NATIONAL QUALITY FORUM

CONFERENCE CALL NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR THE CHILD HEALTH QUALITY MEASURES (CHQM) STEERING COMMITTEE

January 10, 2011

Steering Committee Members Present: Thomas McInerny, MD (co-chair); Marina Weiss, PhD (co-chair); Martha Bergren, RN, DNS, NCSN; Sarah Brown, MSPH; Carroll Carlson, RN, BSN; Alex Chen, MD, MS; Sharron Docherty, PhD, CPNP; Nancy Fisher, MD, MPH; Faye Gary, EdD, RN, FAAN; James Glauber, MD, MPH; Margarita Hurtado, PhD, MHS; Kathy Jenkins, MD, MPH; Allan Lieberthal, MD, FAAP; Marlene Miller, MD, MSc; Donna Persaud, MD; James Quirk, MD, PhD; Ellen Schwalenstocker, PhD, MBA; Bonnie Zima, MD, MPH

NQF Staff Present: Reva Winkler, MD, MPH; Suzanne Theberge, MPH; Gene Cunningham, MS; Emma Nochomovitz, MPH

Measure Developers Present: Christina Bethell, PhD, MPH, MBA, Child and Adolescent Health Measurement Initiative; Amos Deinard, MD, MPH, University of Minnesota; Charles Homer, MD, MPH, National Committee for Quality Assurance; Sarah Scholle, MPH, DrPH, National Committee for Quality Assurance; Scott Stumbo, MA, Child and Adolescent Health Measurement Initiative; Samantha Tierney, MPH, American Medical Association

Additional Participants: Rita Gallagher, PhD, RN, American Nurses Association

WELCOME AND INTRODUCTIONS

Dr. Winkler welcomed the Steering Committee and described the purpose of the conference call as an opportunity for the Committee to discuss measure follow up issues. The Committee voted on measures via electronic survey after the call. Measure developers were invited to participate in this call and respond to questions as necessary.

DISCUSSION OF FOLLOW UP ISSUES

The Committee was given a summary of the voting on the recommendations for all measures evaluated in the project.

Consistency of Recommendations

The Committee was asked to review their recommendations for over all consistency. It was noted that measures *1402: Newborn hearing screening* and *1403: Newborn bloodspot screening* have similar constructs, i.e., that the results of the newborn screening can be recorded in the outpatient chart by six months of age. However, the Committee recommended measure 1402, but not measure 1403, because they identified multiple concerns with the newborn blood spot screening measure:

- the newborn bloodspot screening results need to be returned to the patient's primary care provider (PCP) or specialist in less than a week because six months is too late for treatment after detecting an abnormal screening result;

- newborn bloodspot screening results are more difficult to acquire than those of newborn hearing screenings and newborn bloodspot screenings are more problematic with identification and follow-up issues;
- bloodspot screening result problems are systemic, not based on individual mistakes. Committee members thought licensed practitioners should have a web-based system to access results rather than relying on paper. Another Committee member stated that following up on screening results should be the provider's responsibility; and
- when asked if there were cases of children who did not receive an intervention, the measure developer noted that screening results were not present in a small number of cases during their field test.

After the discussion, the Committee decided they would re-vote on the recommendation for measure *1403: Newborn bloodspot screening*.

The Committee voted to not recommend measure 1403:

1403	**Yes**	**No**		
Importance	14	1		
	Completely	**Partially**	**Minimally**	**Not at all**
Scientific acceptability	3	6	5	1
Usability	2	5	7	1
Feasibility	0	9	5	1
	Yes	**No**	**Abstain**	
Recommend for endorsement	5	8	2	

The Committee also discussed measures *1392: Well child visits* (recommended) and *1411: Adolescent well care* (not recommended). The Committee did not think that the recommendations were inconsistent, because adolescent behavior is less controlled by parents and many adolescents do not comply with recommended healthcare. The Committee decided to leave these recommendations unchanged.

Measures without a Consensus Recommendation

NQF staff advised the Committee that several measures had either a tie or a one-vote margin in favor of the measure during the voting period; neither of these results is a clear consensus. These measures will move forward without a consensus recommendation from the Committee. The Committee will reconsider the measures after reviewing the feedback from the public comment period.

Deferred Measures

During the initial review the Committee deferred final decision on some measures pending a response from the developer:

1419: Primary caries prevention

The Committee reviewed the revised specifications and clarified that the measure is applicable to Medicaid and Children's Health Insurance Program (CHIP) patients to receive fluoride varnish (FV) from their medical providers. The developer confirmed that the American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP) support provision of FV to high-risk children by medical providers.

The measure developer also noted that although the AAP recommends dental care for all children by age one or the first tooth general dentists are not seeing them due to a lack of training for or experience with very young children. This results in children one to two years of age not receiving dental care.

The Committee voted to recommend measure 1419:

1419	**Yes**	**No**		
Importance	15	0		
	Completely	**Partially**	**Minimally**	**Not at all**
Scientific acceptability	3	9	3	0
Usability	3	11	1	0
Feasibility	1	10	4	0
	Yes	**No**	**Abstain**	
Recommend for endorsement	12	2	1	

1396: Healthy physical development: healthy physical activity by 6 years of age
1512: Healthy physical development: healthy physical activity by 13 years of age
1514: Healthy physical development: healthy physical activity by 18 years of age

The Committee had originally noted that the counseling components of these measures were not evidence-based. The measure developer noted that the US Preventive Services Task Force noted evidence for effectiveness of "intense" counseling and felt there was no harm in encouraging counseling. The Committee was given the specifications for the body mass index (BMI) measurement measure already endorsed by NQF for comparison. The Committee reviewed the results of assessment of reliability provided by the developer.

The Committee voted to recommend measure 1396:

1396	**Yes**	**No**		
Importance	15	0		
	Completely	**Partially**	**Minimally**	**Not at all**

Scientific acceptability	0	11	4	0
Usability	4	8	3	0
Feasibility	4	9	2	0
	Yes	**No**	**Abstain**	
Recommend for endorsement	12	2	1	

The Committee voted to recommend measure 1512:

1512	**Yes**	**No**		
Importance	15	0		
	Completely	**Partially**	**Minimally**	**Not at all**
Scientific acceptability	0	11	4	0
Usability	4	6	5	0
Feasibility	4	7	4	0
	Yes	**No**	**Abstain**	
Recommend for endorsement	11	3	1	

The Committee voted to recommend measure 1514:

1514	**Yes**	**No**		
Importance	15	0		
	Completely	**Partially**	**Minimally**	**Not at all**
Scientific acceptability	0	11	4	0
Usability	4	6	5	0
Feasibility	3	8	4	0
	Yes	**No**	**Abstain**	
Recommend for endorsement	11	3	1	

1394: Depression screening by 13 years of age
1515: Depression screening by 18 years of age

The Committee had originally voiced concern over lack of specified, standardized tools for these measures. The developer presented revised specification that includes six standardized tools. The Committee noted that follow-up is very important but is not included in the measure. A Steering Committee member asked if the purpose of this measure was to actually standardize screening or

to raise consciousness around the subject. The measure developer informed the Committee that the purpose of this measure is to make screening systematic using a specified tool, and that in doing so, expectations to use standardized tools will be significantly increased. A Committee member noted that the Bright Futures recommendations do not specify a tool, and most physicians are not familiar with the varying screening tools. Another Steering Committee member noted that although so much more needs to be done, detection is the necessary first step. NQF staff advised the Committee that should evidence change regarding the specified tools, an *ad hoc* review or revisions at the time of the three-year maintenance review changes can be made. Another Committee member asked what would be done if evidence changed regarding the screening tools. A staff member stated that there is an NQF mechanism in place to perform maintenance or ad hoc reviews of measures in case evidence changes.

The Committee voted to recommend measure 1394:

1394	**Yes**	**No**		
Importance	14	1		
	Completely	**Partially**	**Minimally**	**Not at all**
Scientific acceptability	3	10	2	0
Usability	4	10	1	0
Feasibility	2	10	3	0
	Yes	**No**	**Abstain**	
Recommend for endorsement	13	2	0	

The Committee voted to recommend measure 1515:

1515	**Yes**	**No**		
Importance	15	0		
	Completely	**Partially**	**Minimally**	**Not at all**
Scientific acceptability	4	9	2	0
Usability	4	9	2	0
Feasibility	2	9	4	0
	Yes	**No**	**Abstain**	
Recommend for endorsement	13	2	0	

1397: Sudden Infant Death Syndrome Counseling

The Committee noted the change made to this measure's specifications to expect counseling within four weeks or by the first outpatient visit in response to their concerns that six months is too late.

The Committee voted to recommend measure 1397:

1397	Yes	No		
Importance	15	0		
	Completely	**Partially**	**Minimally**	**Not at all**
Scientific acceptability	2	9	3	1
Usability	3	9	2	1
Feasibility	2	9	4	0
	Yes	**No**	**Abstain**	
Recommend for endorsement	11	3	1	

Time-Limited Endorsement

The Committee agreed that since testing information has been submitted and reviewed for measures submitted by National Committee for Quality Assurance (NCQA), they are recommended for full endorsement rather than time-limited endorsement.

Testing of Individual Survey Measures

The Steering Committee expressed concerns with evaluating individual measures pulled out of the National Survey of Children's Health (NSCH). A Steering Committee member requested clarification of exactly what the committee is endorsing in endorsing these measures. The measure developer explained that the measures are submitted for population-level measurement only and that further work would need to be done to use these measures at other levels of analysis. The Committee directed NQF staff to clearly explain the intended use of the measure in the report. The measure developer offered to provide some statements for these measures to be included in the report.

Age Harmonization

As a follow-up to the Committee discussion on December 17, some measure developers provided the Committee with feedback regarding their age inclusions. Some measures have an upper limit of age 21 due to the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program specifications, while others end at 18, an age when children may no longer be living at home. The Committee agreed that a harmonization may not be achieved but a rationale for age limit choices should be included.

Population Health

The Committee then discussed population-level measures, which are on the leading edge of NQF projects and part of the major focuses of the National Priorities Partnership. A Steering Committee member stated that it would be helpful in the future to identify the measure levels

(population, health plan, individual, etc.) and to group measures according to their subject matter.

Matrix of Candidate Measures

The committee reviewed a draft matrix of child health measures endorsed by NQF, which is separated into topic areas and depicts how these new measures fit in with past work, will be updated and included in the final report. Feedback from the Committee was encouraged.

MEMBER AND PUBLIC COMMENT

There were no comments.

NEXT STEPS

Suzanne Theberge, NQF Child Health Quality Measures project manager, stated that a survey will be sent to the committee for voting following the call. She also encouraged feedback on the previous call's summary and draft report.