NATIONAL QUALITY FORUM

CONFERENCE CALL FOR THE CHILD HEALTH QUALITY MEASURES (CHQM) STEERING COMMITTEE

April 11, 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; Faye Gary, EdD, RN, FAAN; James Glauber, MD, MPH; Margarita Hurtado, PhD, MHS; Kathy Jenkins, MD, MPH; Philip Kibort, MD, MBA; Allan Lieberthal, MD, FAAP; Marlene Miller, MD, MSc; Ellen Schwalenstocker, PhD, MBA

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

Measure Developers Present: Katherine Ast, American Medical Association; Christina Bethell, PhD, MPH, MBA, Child and Adolescent Health Measurement Initiative; Sepheen Byron, MHS, National Committee for Quality Assurance; Sara Copeland, MD, Health Resources and Services Administration; John Eichwald, MA, Centers for Disease Control and Prevention; Nicolia Eldred-Skemp, Child and Adolescent Health Measurement Initiative; Marion MacDorman, PhD, National Center for Health Statistics; Craig Mason, PhD, Centers for Disease Control and Prevention; Colleen Reuland, MS, Child and Adolescent Health Measurement Initiative; Theresa Richburg, BSN, Alabama Medicaid Agency; Sarah Scholle, MPH, DrPH, National Committee for Quality Assurance; David Small, American Medical Association; Junelle Speller, MPH, American Academy of Pediatrics; Scott Stumbo, MA, Child and Adolescent Health Measurement Initiative; Samantha Tierney, MPH, American Medical Association

Additional Participants: Julianna Belelieu, TeenScreen at Columbia University; Denise Dougherty, PhD, Agency for Healthcare Research and Quality

WELCOME AND INTRODUCTIONS

Dr. Winkler and Ms. Theberge welcomed the Steering Committee and described the purpose of the conference call as an opportunity for the Committee to discuss and respond to measure comments from the NQF membership and the public. Measure developers were invited to participate in this call and respond to questions as necessary.

GAP AREAS & SUGGESTED AREAS FOR MEASURE DEVELOPMENT

Commenters proposed a large number of gap areas, which were added to the voting report. Committee members offered additional suggestions for gaps:

- the need for the NQF measurement process to be better equipped in order to develop a more comprehensive quality strategy;
- prioritizing measurement areas would be helpful; and
- a request for medical home language in measure specifications to be clarified. NQF staff informed the group that language is determined by the measure developers, but NQF could promote certain expectations regarding language clarification.

DISCUSSION OF MEASURE COMMENTS

The Committee reviewed a sortable Excel spreadsheet of the more than 360 comments received. Of these, 152 were from the public and 208 from NQF Members. Additionally, 47 organizations representing 8 stakeholder groups commented. The Committee discussed several measure issues at length.

Specific Measures

1348: Children age 6-17 who engage in weekly physical activity
1349: Child overweight or obesity status based on parental report of BMI
Comments raised concerns regarding the accuracy of parental reporting, the level of measurement, and their similarity to NQF's currently endorsed measure, *0024: Body mass index (BMI) 2 through 18 years of age*. Several Committee members voiced their continued concern for the accuracy of parent reporting. The Committee noted that this measure would be useful at the population level to analyze trends over time and assist in monitoring changes in the population. It was noted that that the population-level measure would have a different denominator than a provider-level measure would, due to the fact that provider-level measures require visits and insurance coverage. The Committee did not change the recommendation for endorsement on either of these measures.

1385: Developmental screening using a parent completed screening tool (0-5)
1399: Developmental screening by 2 years of age
1448: Developmental screening in the first three years of life
These measures received comments regarding the age ranges specified by the measure developers. The developers explained that measure 1399 is a clinician-level measure, and measure 1448 is a population or plan level measure, and that the two measures are harmonized. The Committee echoed the previous comment that clinician- and plan-level measures require an interaction with the healthcare system, whereas population measures do not. The measures' developers have proposed changes to the specifications to clarify these issues. The Committee did not change their recommendations on these measures and agreed to the specification changes. The voting report includes a table submitted by the developers depicting the alignment of these measures for more clarification.

1333: Children who receive family centered care
1330: Children with a usual source for care when sick
Comments noted a similarity to *0724: Measure of medical home for children and adolescents,* a measure previously endorsed in NQF's Child Health Outcomes project. These two measures are components of the endorsed medical home measure. The Committee discussed whether there is sufficient value in having these measures also endorsed. Committee members suggested that the measures were perhaps overlapping, but not duplicative and that these measures would be useful in tracking progress of intermediate steps as a practice moves towards a comprehensive medical home. The Committee did not change the original recommendation of these measures.

1337: Children with insufficient health coverage in the past 12 months
This measure received a comment stating that the Current Population Survey (CPS) collects this information on health coverage, and questioned the necessity of endorsing this measure as a

second method of collecting such information. The measure developer stated that this measure allows for stratification that the CPS does not, and that this measure identifies gaps in coverage. The Committee did not change the original recommendation of the measure.

1381: Asthma emergency department visits
Comments raised concerns about this measure's specification of only one emergency department (ED) visit to count in the measures since it would capture appropriate ED visits for first time asthma diagnosis. One Steering Committee member noted that this measure depends on the capabilities to have a registry of asthma patients to quickly identify known asthmatics, and that emergency room visits would otherwise be appropriate if a patient has not been diagnosed with asthma. Committee members suggested that this measure would assist in learning what percentage of patients had more than two emergency department visits and perhaps might be stronger if divided into two parts. After consideration of the comments, the Committee again voted to recommend the measure for endorsement.

Measures Without Consensus

After reviewing the comments on measures without consensus, the Committee voted again to reach a final recommendation using an electronic survey after the call.

1332: Children who receive preventive medical visits
The comments on this measure were mixed. One comment suggested that it is duplicative of the EPSDT (Medicaid) measure but Committee members noted that Medicaid patients represent only 30 percent of children and this measure would capture all children. In response to a comment that questioned the language used in the survey for this measure, the developer noted that the survey question language is actually similar to "well child" and "check-ups" for the parents to comprehend more easily. The developer also assured the Committee that the cognitive tests conducted on the survey question were positive for good understanding of the measure's intention. The Committee voted to recommend this measure for endorsement.

1365: Child and adolescent major depressive disorder: Suicide risk assessment
Four comments recommended endorsing this measure. In addition, the developer submitted a number of comments in support of the measure and provided additional evidence. The Committee members again noted that this measure does not specify specific tool(s) for the assessment, the need for sensitivity in making a suicide risk assessment, potential clinician liability, and that the U.S. Preventive Services Task Force (USPSTF) recommendation on this subject was inconclusive. NQF reminded the Committee that this measure is only eligible for time-limited endorsement due to a lack of testing. The Committee requested that NQF staff provide them with this measure's submission form and its previous discussion points. Following the call, the Committee narrowly voted to recommend this measure for time limited endorsement.

1552: Blood pressure screening by age 13
Several comments referred to the Bright Futures guidelines and asked if screening should be measured annually. The Committee agreed that blood pressure (BP) screening is important but that the need to use graphs to interpret the result in percentiles can be difficult, though this could be improved with automatic computation in an electronic health record (EHR). Another Committee member noted that the bar should be raised for clinicians by requiring them to record

and interpret the screening results. The Committee voted to recommend this measure for endorsement.

Clinician-Level Reporting

- 1354: Hearing screening prior to hospital discharge (EHDI-1a)
- 1357: Outpatient hearing screening of infants who did not complete screening before hospital discharge
- 1360: Audiological evaluation no later than 3 months of age (EHDI-3)
- 1361: Intervention no later than 6 months of age (EHDI-4a)
- 1395: Chlamydia screening and follow up
- 1401: Maternal depression screening
- 1402: Newborn hearing screening
- 1406: Risky behavior assessment or counseling by age 13 years
- 1407: Adolescent immunization by 13 years of age (NCQA)
- 1412: Pre-school vision screening in the medical home
- 1419: Primary caries prevention intervention as part of well/ill child care as offered by primary care medical providers 1506: Immunizations by 18 years of age
- 1507: Risky behavior assessment or counseling by age 18 years

All of these measures received comments questioning the appropriateness of their clinician-level reporting status, and stating that these measures depend not only on clinicians, but also on other external factors and other healthcare professionals. The Committee noted that the measures were developed and tested for clinical-level measurement and agreed that topics such as immunizations, chlamydia screening, maternal depression screening, newborn hearing screening results documentation, vision screening, and risky behavior screening are appropriate for clinician-level measurement. After reconsideration of clinician as a level of analysis for these measures, the Committee decided not to change their original recommendations.

Change in Level of Analysis for CDC Hearing Measures

NQF staff informed the Steering Committee that in response to comments, the Centers for Disease Control and Prevention (CDC) has suggested removing clinician as a level of analysis for measures *1354: Hearing screening prior to hospital discharge*; *1357: Outpatient hearing screening of infants who did not complete screening before discharge*; *1360: Audiological evaluation no later than 3 months of age*; and *1361: Intervention no later than 6 months of age*. Staff also mentioned that these measures will be categorized differently because they have relatively new and untested EHR specifications, but the population-level analysis will remain. The Committee agreed with this change.

CAHMI/MCHB Stewardship Issue Regarding the National Survey of Children's Health

In response to comments, NQF staff informed the Steering Committee that the Child and Adolescent Health Measurement Initiative (CAHMI) submitted clarifying revisions to the stewardship of the National Survey of Children's Health (NSCH). The draft report has been edited using this language to reflect all NSCH measures as stewarded by CAHMI/MCHB.

Disparities and Population-Level Measures

Several comments questioned the lack of information and measures addressing disparities. The Committee briefly reviewed the stratification specifications of the measures. Committee members noted two stratification approaches for these measures, many of the measures can be stratified for disparities and others can be categorized as measures that directly address disparities. Committee members noted that disparities have become a national priority and developers should address the disparities related questions in the measure submissions. The Committee agreed that measures at the population, system, plan, or large group level be specified for stratification to evaluate for disparities. Committee members noted that statistical issues and small numbers limit stratification at the individual clinician-level of analysis, and also noted that many clinicians cite the difficulty in asking for and recording ethnicity data in their practices.

Several comments questioned the utility of population-level measures, particularly for providers. The Committee agreed that this set of measures addresses the needs of many potential users and that the population-level measure support the population health priorities and goals of the National Priorities Partnership and the new National Quality Strategy.

The Committee approved two new paragraphs drafted by NQF staff to address these issues in the voting report.

Data Collection

Several comments identified the burden of manual chart review for some of the measures. NQF staff advised the Steering Committee that all measures will ultimately be re-tooled for EHR specifications using a Measure Authoring Tool, which will be available in late 2011. eSpecifications will be required of all measures in 2012.The Committee continued to recommend the measures in view of the burden of chart review.

CHANGES TO SPECIFICATIONS IN RESPONSE TO COMMENTS

NQF staff informed the Steering Committee that measure developers have proposed several changes to measure specifications in response to issues raised during commenting. The Committee agreed to all the suggested changes.

PUBLIC COMMENT

No comments were received from the public during the call.

NEXT STEPS

NQF Staff stated that the voting survey will be sent to the committee following the call. Staff informed the committee that votes are due by 9 am ET on Monday, April 18, 2011. Staff also reminded the Committee of the following timeline:

- Member Voting: April 25-May 24 2011
- CSAC Meeting: June 13, 2011
- Board Ratification: June 20-27, 2011