NATIONAL QUALITY FORUM

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

December 17, 2010

Steering Committee Members Present: Thomas McInerny, MD (Co-Chair); Marina Weiss, PhD (Co-Chair); Martha Bergren, RN, DNS, NCSN; Carroll Carlson, RN, BSN; Alex Chen, MD, MS; Sharron Docherty, PhD, CPNP; Nancy Fisher, MD, MPH; James Glauber, MD, MPH; Margarita Hurtado, PhD, MHS; Marlene Miller, MD, MSc; Donna Persaud, MD; Ellen Schwalenstocker, PhD, MBA; Bonnie Zima, MD, MPH

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

Measure Developers Present: Mary McIntyre, MD, Alabama Medicaid Agency; Scott Stumbo, MA, Child and Adolescent Health Measurement Initiative; Samantha Tierney, MPH, American Medical Association

Additional Participants: Sean Currigan, MPH, American College of Obstetricians & Gynecologists; Maureen Dailey, RN, MSN, CWOCN, American Nurses Association (ANA); Rita Gallagher, PhD, RN, ANA

WELCOME AND INTRODUCTIONS

Reva Winkler, Child Health Quality Measures Senior Director, described the purpose of the conference call as an opportunity for the Steering Committee to evaluate eight measures before voting on them via electronic survey after the call. Measure developers were invited to participate in this call and respond to questions as necessary.

MEASURE EVALUATION DISCUSSION

Committee Co-Chair Thomas McInerny led and facilitated the session. Committee members were assigned to give a detailed introduction and start the discussion of each measure.

The following four measures (1329, 1330, 1332, 1333) are population-level measures generated from the National Survey of Child Health (NSCH) and are components of measure OT3-045-10: Measure of medical home for children and adolescents, that was endorsed in the recent Child Health Outcomes project.

1329: Children who have a personal doctor or nurse [NSCH] (CAHMI)

The Steering Committee was concerned with parental perceptions of "personal" doctors and nurses, noting that although a practitioner may not have seen a particular patient in years, that patient often still identifies the physician or nurse as his/her primary care provider. A Committee member noted that many patients confuse urgent care providers with their primary care providers. Another Committee member asked whether racial disparity information was adjusted by other variables such as socioeconomic status. The measure developer responded that there are no other adjustment variables, even though the disparities are statistically significant. The developer also noted that this measure represents a minimum threshold for the five components of a Medical Home.

The Committee votes on the evaluation criteria for measure 1329 are below:

	Yes	No		
Importance	13	2		
	Completely	**Partially**	**Minimally**	**Not at all**
Scientific acceptability	0	11	3	1
Usability	1	9	5	0
Feasibility	6	7	2	0
	Yes	**No**	**Abstain**	
Recommend for endorsement	7	8	0	

The Committee voted to not recommend this measure for endorsement.

1330: Children with a usual source for care when sick [NSCH] (CAHMI)
A Committee member asked the measure developer whether the measure counts school health centers or retail urgent care centers. The measure developer responded that this measure includes school nurse offices. Another Committee member asked if age stratification was possible for this measure, noting that younger children often identify their usual sources of care as specific practitioners, whereas older children often identify school health centers.

The Committee votes on the evaluation criteria for measure 1330 are below:

	Yes	No		
Importance	13	2		
	Completely	**Partially**	**Minimally**	**Not at all**
Scientific acceptability	0	12	2	1

Usability	2	10	3	0
Feasibility	6	6	3	0
	Yes	**No**	**Abstain**	
Recommend for endorsement	10	5	0	

The Committee voted to recommend this measure for endorsement.

1332: Children who receive preventive medical visits [NSCH] (CAHMI)
The Committee stated that the data submitted with this measure are inadequate and expressed a wish to see more evidence-based data. A Committee member noted that problems arise because parents define preventive visits differently.

The Committee votes on the evaluation criteria for measure 1332 are below:

	Yes	**No**		
Importance	14	1		
	Completely	**Partially**	**Minimally**	**Not at all**
Scientific acceptability	2	6	6	1
Usability	4	7	4	0
Feasibility	3	7	5	0
	Yes	**No**	**Abstain**	
Recommend for endorsement	7	7	1	

The Committee did not reach consensus on this measure.

1333: Children who receive family-centered care [NSCH] (CAHMI)
This measure is formed from several survey questions. A Committee member noted that reliability and validity information are limited and requested that additional testing information be provided. Another Committee member was concerned with the varying perceptions that parents have of family-centered care. The Committee noted that a new "Medical Home CAHPS" survey is currently being field tested and contains similar questions. The measure developer advised the Committee that the CAHMI team is aware of the new CAHPS measure and offered comments during development. The CAHMI developers believe that their measure has distinct

value at the population-level and are open to harmonization when the Medical Home CAPHS is finalized. The measure developer also noted that this measure varies widely by race.

The Committee votes on the evaluation criteria for measure 1333 are below:

	Yes	No		
Importance	14	1		
	Completely	**Partially**	**Minimally**	**Not at all**
Scientific acceptability	2	8	4	1
Usability	5	6	4	0
Feasibility	6	5	4	0
	Yes	**No**	**Abstain**	
Recommend for endorsement	9	6	0	

The Committee voted to recommend this measure for endorsement.

1344: Children who have problems accessing needed specialist care [NSCH] (CAHMI)
NQF staff reminded the Committee that a similar measure, OT3-036-10: Children who have problems obtaining referrals when needed, was previously endorsed. The measure developer commented that the measures are separate and not related. Committee members noted that this measure has many dimensions and that what the measure assesses may be unclear. The measure developer advised the Committee that specialty mental healthcare is not included in this measure. Committee members commented that this measure involves the subjective issue of "wanted" versus "needed" care. A Committee member asked if the survey provides example answers, and the measure developer confirmed that it does not.

The Committee votes on the evaluation criteria for measure 1344 are below:

	Yes	No		
Importance	15	0		
	Completely	**Partially**	**Minimally**	**Not at all**
Scientific acceptability	0	7	6	2
Usability	1	10	4	0
Feasibility	3	8	4	0
	Yes	**No**	**Abstain**	

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Recommend for endorsement	7	8	0	

The Committee voted to not recommend this measure for endorsement.

1348: Children age 6-17 years who engage in weekly physical activity [NSCH] (CAHMI)
This is an outcome measure and addresses a population health priority. A Committee member was concerned with the parental reporting aspect of this measure because parents are not with their school-aged children all day long and consequently their reports may be inaccurate. The measure developer advised the Committee that the age range reflects the range in the school-aged children section of the survey. A Committee member asked if there were any seasonal effects on reporting and if the measure developer was taking into account that children may not exercise as much in the colder months. The developer stated that this effect is negligible.

The Committee votes on the evaluation criteria for measure 1348 are below:

	Yes	**No**		
Importance	15	0		
	Completely	**Partially**	**Minimally**	**Not at all**
Scientific acceptability	1	6	7	1
Usability	2	11	2	0
Feasibility	4	7	4	0
	Yes	**No**	**Abstain**	
Recommend for endorsement	8	6	1	

The Committee voted to recommend this measure for endorsement.

1337: Children with inconsistent health insurance coverage in the past 12 months [NSCH] (CAHMI)
This is a process and population health measure. The Committee's first concern with this measure was the lack of reliability testing. A Committee member suggested separating the measure into two measures: 1) Children with no health insurance coverage at all and 2) Children with inconsistent health insurance coverage. Another Committee member asked if the survey respondents are provided with a particular definition of insurance before answering the questions. Another Committee member asked if the survey included questions about insured parents still having problems paying for cost sharing. The measure developer noted that the survey does not distinguish between public and private health plans, and that this measure helps

state policymakers to understand how damaging inconsistent coverage is to child health. The measure developer also stated that there is a significant amount of state-to-state variation for this measure, and that it is currently one measure, but a second measure could be easily submitted if the Committee prefers separation.

The Committee votes on the evaluation criteria for measure 1337 are below:

	Yes	No		
Importance	14	1		
	Completely	**Partially**	**Minimally**	**Not at all**
Scientific acceptability	2	8	4	1
Usability	6	6	3	0
Feasibility	5	6	4	0
	Yes	**No**	**Abstain**	
Recommend for endorsement	11	4	0	

The Committee voted to recommend this measure for endorsement.

1349: Child overweight or obesity status based on parental report of body-mass-index (BMI) [NSCH] (CAHMI)
This is a population-based measure. The measure developer clarified that the survey asks parents for the child's height and weight and that BMI is calculated after data collection. The Committee noted that weight estimation issues will arise because of inaccurate reporting by parents of their child's weight. Evidence suggests that greater error in parental estimates of a child's weight occurs in the younger ages; therefore, the measure is limited to the age range within which parental reports are most accurate. A Committee member noted that there may be cultural influences on weight estimation. Additionally, a Committee member stated that younger children should also be reported on because it is easier to intervene in their early years. The developer also noted that reporting on obesity is underestimated by parents, not overestimated.

The Committee votes on the evaluation criteria for measure 1349 are below:

	Yes	No		
Importance	14	1		
	Completely	**Partially**	**Minimally**	**Not at all**
Scientific acceptability	3	4	7	1

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Usability	3	9	2	1
Feasibility	5	6	4	0
	Yes	**No**	**Abstain**	
Recommend for endorsement	8	6	1	

The Committee voted to recommend this measure for endorsement.

AGE HARMONIZATION

The Steering Committee also discussed age harmonization. The CAHMI representative advised the Committee that age 17 means up to the date of the 18th birthday and that this survey is for parents whose child lives at home—children often leave home after age 18. The measure developer from the Alabama Medicaid Agency explained that measure 1381, Asthma emergency department visits, includes up to age 21 because state EPSDT coverage includes 18- to 21-year-olds. Another Committee member expressed the need for consistent language in age harmonization and explained that words such as "to" and "through" can cause confusion when listing age inclusions. The Committee agreed that there are strong arguments for different age inclusions depending on the measure and the data source and that harmonization around an upper age limit may not be useful or desirable. The Committee recommended that the rationale for the upper age limit be identified for all of the recommended measures.

PUBLIC COMMENT

The line was opened for public comment. Rita Gallagher of the ANA stated that it is critical that measures use inclusive language for providers, going beyond physicians to include nurse practitioners, physician assistants, etc. Ms. Gallagher also voiced her support for adding definitions to survey questions, particularly ones regarding health insurance coverage.

NEXT STEPS

The next call is scheduled for Monday, January 10, 2011, from 3:00 to 5:00 pm ET.

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