



NATIONAL
QUALITY FORUM

Medicaid Adult and Child Workgroups In-Person Meeting

May 8-10, 2018

Welcome

Medicaid Adult and Child Workgroup NQF Staff Support Team

- Debjani Mukherjee: Senior Director
- Shaconna Gorham: Senior Project Manager
- May Nacion: Medicaid Child Project Manager
- Miranda Kuwahara: Medicaid Adult Project Manager

Welcome

- **Restrooms**

- Exit main conference area, past elevators, on right.

- **Breaks**

- 11:30am – 15 minutes
- 1:00pm – Lunch provided by NQF

- **Laptops and cell phones**

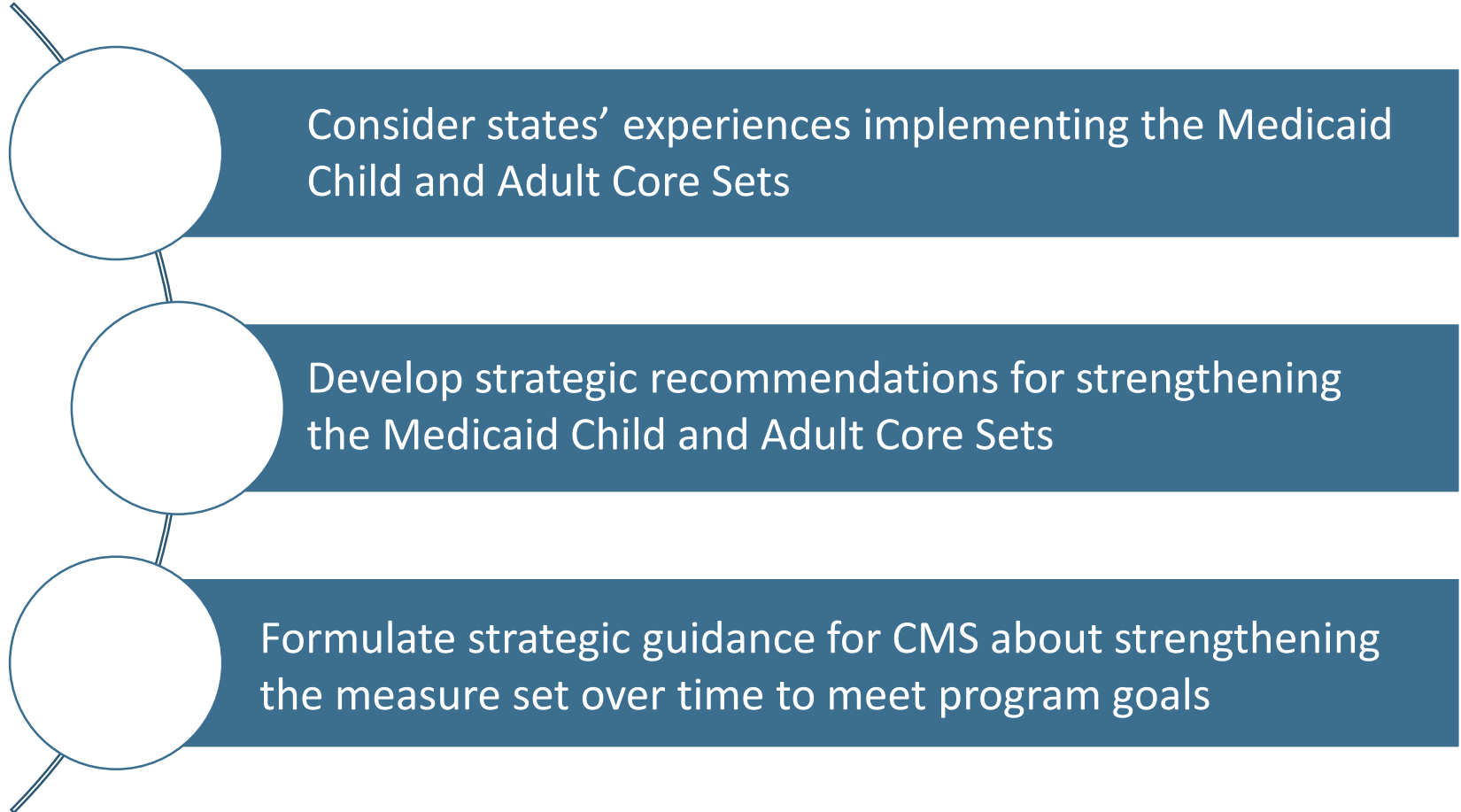
- Wi-Fi network
 - » User name: **guest**
 - » Password: **NQFguest**
- Please mute your cell phone during the meeting

- **Public comment period**

- Dedicated times for public comment
- Comment via chat box at any time and comments will be shared during dedicated times

Review of Meeting Objectives

Meeting Objectives



Structure of May Workgroup Deliberations

May 8 Child Workgroup Only

- State Medicaid Presentation
- Child Core Set Measures

May 9 Joint Meeting

- Shared Measures and Strategic Issues
- State Medicaid Presentation

May 10 Adult Workgroup Only

- State Medicaid Presentation
- Adult Core Set Measures

May 2018 In-Person Meeting

Introductions of Workgroup Members and Disclosures of Interest

NQF Medicaid Child Workgroup Membership

- Richard Antonelli, MD (Co-Chair)
- Lindsay Cogan, PhD (Co-Chair)

| Organizational Members (voting) | Organizational Representative |
|--|--|
| Aetna Medicaid | Angela N Moemeka, MD, MBA, FAAP |
| American Academy of Pediatrics (AAP) | Terry Adirim, MD, MPH |
| American Nurses Association (ANA) | Rhonda Anderson, RN |
| Anthem Indiana Medicaid | Julie Keck, MD |
| Children's Hospital Association (CHA) | Gary Freed, MD, MPH |
| National Association of Medicaid Directors (NAMD) | Fred Oraene |
| National Association of Pediatric Nurse Practitioners (NAPNAP) | Shayna Dahan, BSN, RN, MSN, CPNP, PMHS |
| National Partnership for Women & Families | Carol Sakala, PhD, MSPH |
| Ohio Department of Medicaid | Mary Applegate, MD |
| Sargent Shriver National Center on Poverty Law | Stephanie Altman, JD |

NQF Medicaid Child Workgroup Membership

Individual Subject Matter Experts (voting)

| |
|--|
| Kamala Allen, MHS |
| David Einzig, MD |
| Amy Houtrow, MD, PhD |
| David Kelley, MD, MPA |
| Stephen Lawless, BS, MD, MBA, FAAP, FCCM, FSMB |
| Kenneth Schellhase, MD |
| Jeff Schiff, MD, MBA |
| Margaret Tomcho, MD, MPH |

Federal Government Members (non-voting)

| Agency | Agency Representative |
|---|-----------------------------|
| Agency for Healthcare Research and Quality (AHRQ) | Kamila Mistry, PhD, MPH |
| Centers for Medicare & Medicaid Services (CMS) | Marsha Smith, MD, MPH, FAAP |
| Health Resources and Services Administration | Suma Nair, MS, RD |

Medicaid Adult and Child Workgroup Overview

Key Changes for 2017-2018

MAP Medicaid Evolution from Taskforces to Workgroups

- In 2017-2018, the MAP Medicaid Adult and Child committees convened as Workgroups. Members have been seated through a formal nominations process.
- The Workgroups convene twice to complete annual review of the core sets (January via webinar and May in-person)



Charge of the Medicaid Adult and Child Workgroups

Each year, the Medicaid Workgroups provide input to the MAP Coordinating Committee on recommendations to HHS for strengthening the Adult and Child Core Set measures by:

- Reviewing states' experiences with voluntary on reporting of measures
- Refining previously identified measure gap areas
- Recommending potential measures for addition or removal from the current Sets, with a focus on addressing high-priority measure gap areas

CMS Goals: Child and Adult Core Sets

Three-part goal for Child and Adult Core Sets:

- Increase number of states reporting Core Set measures
- Increase number of measures reported by each state
- Increase number of states using Core Set measures to drive quality improvement

How CMS Uses Core Set Data

Core set data is used to obtain a snapshot of quality across Medicaid and the Children's Health Insurance Program (CHIP):

- ▣ Annual Child Health Quality Report
- ▣ Annual Adult Health Quality Report
- ▣ Chart pack and other analyses
- ▣ Inform policy and program decisions

Medicaid Annual Review of Measures

- The Medicaid Workgroups' annual review began January 2018 and ends with a report due to CMS by August 2018.
- HHS uses the Workgroups' recommendations to inform the statutorily required annual updates of the Adult and Child Core Sets.
- Guided by MAP's Measure Selection Criteria (MSC), a preliminary analysis algorithm, and feedback from the most recent year of state implementation, the Workgroups review measures in the current Core Sets.
- Guided by state feedback, review of state reporting, and data on prevalent conditions affecting the Medicaid and CHIP populations, the Workgroups identify and prioritize gaps for programs and settings.

Measure Review and Voting Process

- Staff compiled measures that address existing high-priority gap areas in the Core Sets.
- Measures are suggested for review by Workgroup members and comprise the measures for consideration list for the in-person meeting May 8-10, 2018
- Measure descriptions are included in a discussion guide used during the in-person meeting
- Voting on Measures
 - Workgroup members who recommended measures for discussion are designated lead discussants during the in-person meeting
 - Ensuing discussions will include all workgroup members
 - Public comments will be solicited following workgroup discussions
 - After discussion of each measure and public comments, the Workgroup will vote on the measure

Measure Voting Process Cont'

- The Workgroups must reach a decision about every measure discussed
 - Each decision should be accompanied by a rationale that explains why the decision was reached
- Decision Categories include:
 - » Support
 - » Support with conditions
 - » Do not support
- Tallying the votes:
 - Quorum - 66% of Workgroup required to be present for voting
 - >60% of votes denote the result of voting

Questions?

Key Points from Staff Review of Child Core Set

Measures Recommended for Phased Addition in FFY 2017 Medicaid and CHIP Child Core Set

The Medicaid Child TF recommended five measures for phased addition:

| Rank | NQF # | Measure Name | Recommendation |
|------|----------------|---|----------------|
| 1* | 2903 | Contraceptive Care: Most & Moderately Effective Methods | Support |
| | 1800 | Asthma Medication Ratio | Support |
| 2 | 3154 | Informed Participation | Support |
| 3* | 0418/ 0418e | Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan | Support |
| 4 | 2800 | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Support |

* Adopted in 2018 Core Set

NQF. Strengthening the Core Set of Healthcare Quality Measures for Children Enrolled in Medicaid and CHIP, 2017.

http://www.qualityforum.org/Publications/2017/08/Strengthening_the_Core_Set_of_Healthcare_Quality_Measures_for_Children_Enrolled_in_Medicaid,_2017.aspx

Measures Recommended for Removal in FFY 2017 Medicaid and CHIP Child Core Set

The Medicaid Child TF supported all but five of the 27 measures for continued use in the program

| NQF # | Measure Name |
|-------|---|
| 1391* | Frequency of Ongoing Prenatal Care |
| 1517* | Prenatal and Postpartum Care- Timeliness of Prenatal Care |
| 1799* | Medication Management for People with Asthma |
| 1365 | Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment |
| N/A | Behavioral Health Risk Assessment (for Pregnant Women) |

* No longer NQF endorsed

NQF. Strengthening the Core Set of Healthcare Quality Measures for Children Enrolled in Medicaid and CHIP, 2017.

http://www.qualityforum.org/Publications/2017/08/Strengthening_the_Core_Set_of_Healthcare_Quality_Measures_for_Children_Enrolled_in_Medicaid,_2017.aspx

CMS – Medicaid and CHIP Child Core Set Update for 2018 Reporting - Issued November 14, 2017

- Based on Medicaid Taskforce's recommendations, CMCS updated the 2018 Child Core Set:
 - Added three measures:
 - » NQF #2903: Contraceptive Care: Most & Moderately Effective Methods
 - » NQF #1800: Asthma Medication Ratio
 - » NQF #0418/0418e: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
 - Removed four measures:
 - » NQF #1391: Frequency of Ongoing Prenatal Care
 - » NQF #1799: Medication Management for People with Asthma
 - » NQF #1365: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
 - » Behavioral Risk Assessment (for pregnant women) measure.

CMCS Informational Bulletin. 2017 Updates to the Child and Adult Core Health Care Quality Measurement Sets. Available: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib111417.pdf>. Accessed December 2017.

Medicaid and CHIP Child Core Set Measures for FFY 2018 Use

Primary Care Access and Preventive Care

| NQF # | Measure Name | Measure Steward |
|-----------------|--|-----------------|
| 0024 | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents (WCC-CH) | NCQA |
| 0033 | Chlamydia Screening in Women Ages 16–20 (CHL-CH) | NCQA |
| 0038 | Childhood Immunization Status (CIS-CH) | NCQA |
| 1392 | Well-Child Visits in the First 15 Months of Life (W15-CH) | NCQA |
| 1407 | Immunizations for Adolescents (IMA-CH) ^a | NCQA |
| 1448* | Developmental Screening in the First Three Years of Life (DEV-CH) | OHSU |
| 1516 | Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34-CH) | NCQA |
| 0418/ 0418e† | Screening for Depression and Follow-Up Plan: Ages 12-17 (CDF-CH) | CMS |
| N/A | Child and Adolescent Access to Primary Care Practitioners (CAP-CH) | NCQA |
| N/A | Adolescent Well-Care Visit (AWC-CH) | NCQA |

• *No longer NQF Endorsed.

• NCQA: National Committee for Quality Assurance; OHSU: Oregon Health and Science University; CMS: Centers for Medicare & Medicaid Services

† Newly Added Measure

Medicaid and CHIP Child Core Set Measures for FFY 2018 Use, cont.

Maternal and Perinatal Health

| NQF # | Measure Name | Measure Steward |
|-------|--|-----------------|
| 0139 | Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH) | CDC |
| 0471 | PC-02: Cesarean Section (PC02-CH) | TJC |
| 1360 | Audiological Evaluation No Later Than 3 Months of Age (AUD-CH) | CDC |
| 1382 | Live Births Weighing Less Than 2,500 Grams (LBW-CH) | CDC |
| 1517* | Prenatal and Postpartum Care- Timeliness of Prenatal Care (PPC-CH) | NCQA |
| 2902 | Contraceptive Care – Postpartum Women Ages 15–20 (CCP-CH) | OPA |
| 2903† | Contraceptive Care- Most and Moderately Effective Methods: Ages 15-20 (CCW-CH) | OPA |

† Newly Added Measure

*No longer NQF Endorsed

AMA-PCPI = American Medical Association-Physician Consortium for Performance Improvement; CDC = Centers for Disease Control and Prevention; NA = Measure is not NQF endorsed; NCQA = National Committee for Quality Assurance; OPA = U.S. Office of Population Affairs.

Medicaid and CHIP Child Core Set Measures for FFY 2018 Use, cont.

Behavioral Health Care

| NQF # | Measure Name | Measure Steward |
|-------|--|---------------------------------|
| 0108 | Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH) | NCQA |
| 0576 | Follow-Up After Hospitalization for Mental Illness: Ages 6–20 (FUH-CH) | NCQA |
| 2801 | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) | NCQA |
| NA | Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH) | AHRQ- CMS CHIPRA NCINQ |

AHRQ = Agency for Healthcare Research and Quality; AMA-PCPI = American Medical Association-Physician Consortium for Performance Improvement; CHIPRA = Children's Health Insurance Program Reauthorization Act; CMS = Centers for Medicare & Medicaid Services; NCINQ = National Collaborative for Innovation in Quality Measurement; NCQA = National Committee for Quality Assurance

Medicaid and CHIP Child Core Set Measures for FFY 2018 Use, cont.

Dental and Oral Health Services

| NQF # | Measure Name | Measure Steward |
|-------|---|-----------------|
| 2508 | Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk (SEAL-CH) | DQA (ADA) |
| NA | Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH) | CMS |

Care of Acute and Chronic Conditions

| NQF # | Measure Name | Measure Steward |
|-------|--|-----------------|
| NA | Ambulatory Care: Emergency Department (ED) Visits (AMB-CH) | NCQA |
| 1800† | Asthma Medication Ratio: Ages 5-18 (AMR-CH) | NCQA |

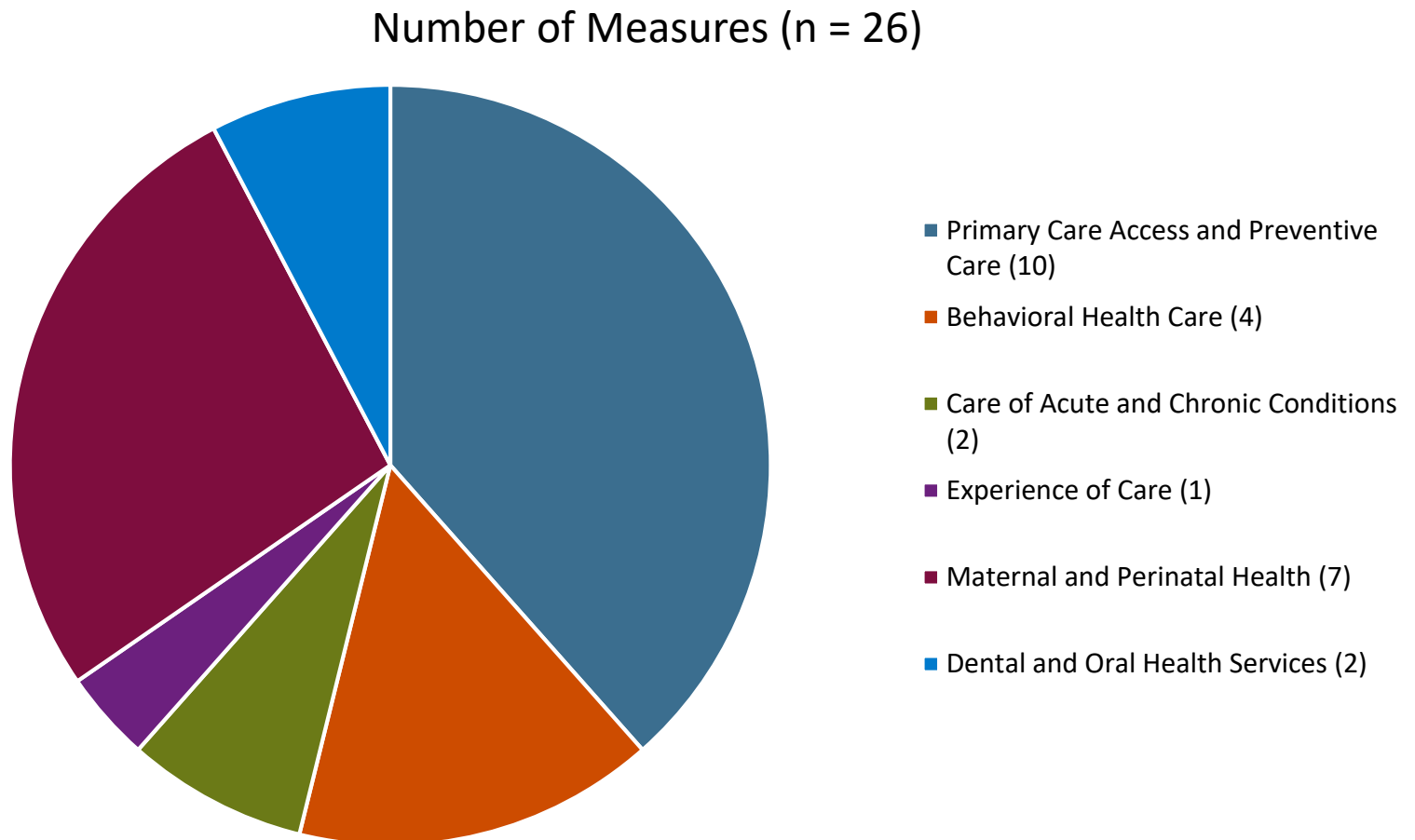
Experience of Care

| NQF # | Measure Name | Measure Steward |
|-------|--|-----------------|
| NA | Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH) | NCQA |

† Newly Added Measure

DQA (ADA) = Dental Quality Alliance (American Dental Association); CMS = Centers for Medicare & Medicaid Services; NCQA = National Committee for Quality Assurance

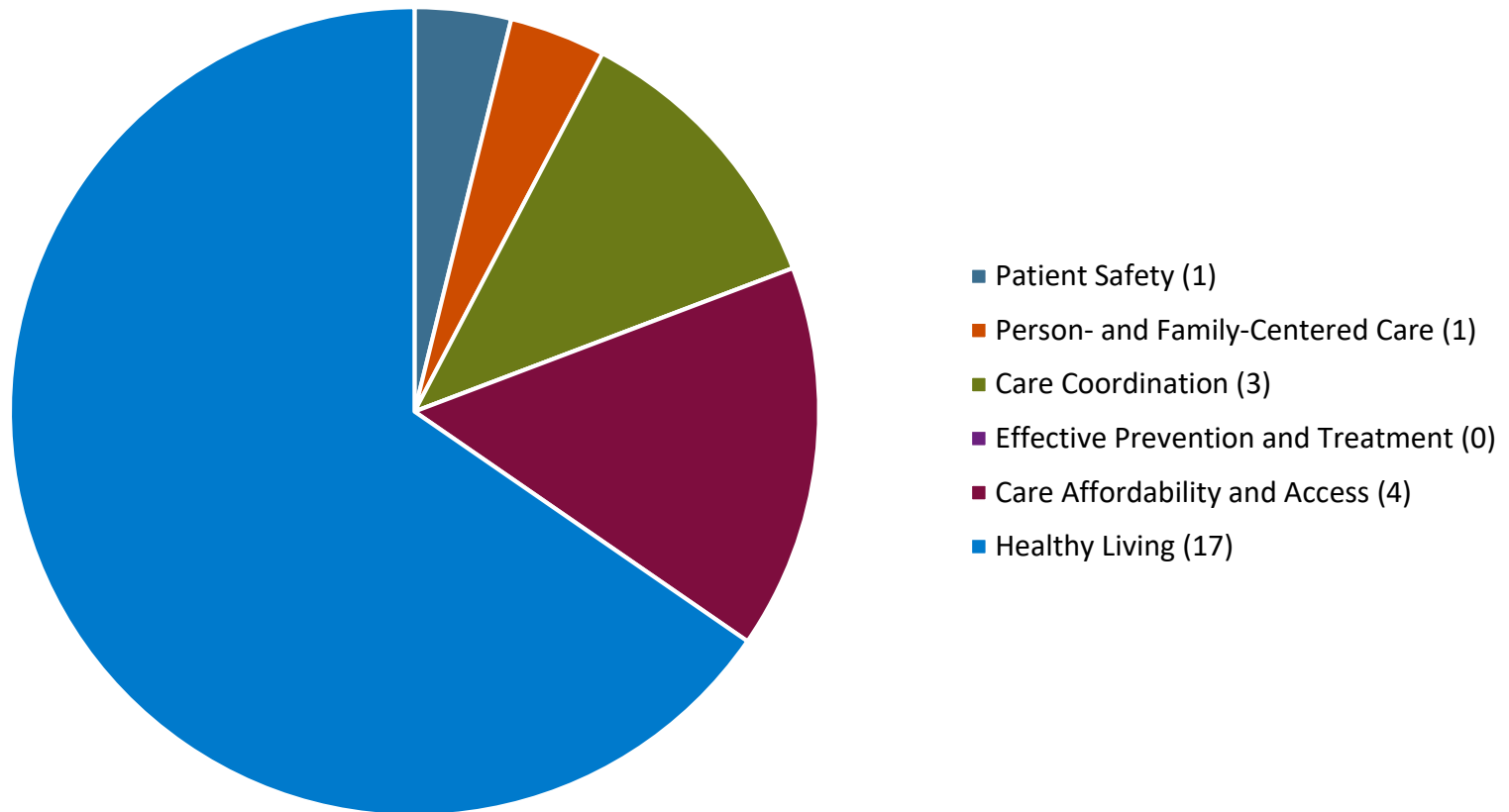
2018 Medicaid Child Core Set Properties: Conditions



Data aggregated from 2018 Child Core Set

2018 Medicaid Child Core Set Properties: National Quality Strategy Priorities

Number of Measures (n = 26)



Data obtained from NQF's Quality Positioning System

2018 Medicaid and CHIP Child Core Set Properties: Measure Characteristics

| Medicaid Child Core Set Characteristics | | Number of Measures (n = 26) |
|---|-------------------------------|--------------------------------|
| NQF Endorsement Status | Endorsed | 19 |
| | Not Endorsed | 7 |
| Measure Type | Structure | 0 |
| | Process | 19 |
| | Intermediate Clinical Outcome | 2 |
| | Outcome | 5 |

Child Core Set Measure Updates

(Maintenance, Loss of Endorsement, New Endorsement)

Endorsement Removed

- #1448: Developmental Screening in the First Three Years of Life
 - Developer withdrew from NQF maintenance review because they could no longer support the measure

Questions



CMS Policy Objectives for the Medicaid & CHIP Child and Adult Core Sets

National Quality Forum, (NQF) Medicaid Measures Application Partnership (MAP)

*Karen Matsuoka, PhD
Chief Quality Officer
Center for Medicaid and CHIP Services (CMCS)*



- What is the charge for the Medicaid Measure Applications Partnership (MAP) Work Group?
- What are the Medicaid & CHIP Child and Adult Core Sets?
- How do CMS and states use the Medicaid Child and Adult Core Sets?
- Opportunities to Boost State-Level Measurement through Streamlining
- What is the timeline?
- Important considerations

MAP Medicaid Work Group Charge



- The charge of the MAP Medicaid Work Group is to advise the MAP Coordinating Committee on recommendations to CMS for strengthening and revising measures and the identification of high priority measure gaps in the Core Sets of Health Care Quality Measures for Adult and Children enrolled in Medicaid and CHIP.
- MAP can assist CMS in identifying ways to strengthen the Medicaid Adult and Child Core Sets through incremental annual updates
 - *Adding measures to fill gaps*
 - *Retiring current measures that no longer reflect current clinical guidance, are retired by a measure steward, or are recommended by stakeholders for removal*
 - *Aligning with other CMS/HHS programs*
- MAP will convene the Work Group beginning May 2018 with a report due to CMS by August 2018.

Building a Foundation for Quality Measurement and Improvement in Medicaid and CHIP...



What are the Medicaid & CHIP Child & Adult Core Sets?



- **Voluntary quality reporting by states on consistent metrics across these domains**
 - *Primary Care Access and Preventive Care*
 - *Perinatal Health*
 - *Care of Acute and Chronic Conditions*
 - *Behavioral Health Care*
 - *Dental and Oral Health Services (Child Core Set)*
 - *Experience of Care*
- **Child Core Set (26 measures in the 2018 Core set)**
 - *Initial Core Set released in 2010*
 - *States have completed the 8th year of voluntary reporting*
 - *50 States reported on at least one Child Core Measure (median = 18 measures) for FFY2016 (term “states” includes the 50 states and the District of Columbia)*
- **Adult Core Set (33 measures in the 2018 Core Set)**
 - *Initial Core Set released in 2012*
 - *States have completed the 5th year of voluntary state reporting*
 - *41 states reported on at least one Adult Core Measure for FFY2016 (median = 17)*

CMCS Goals for Measurement and Reporting

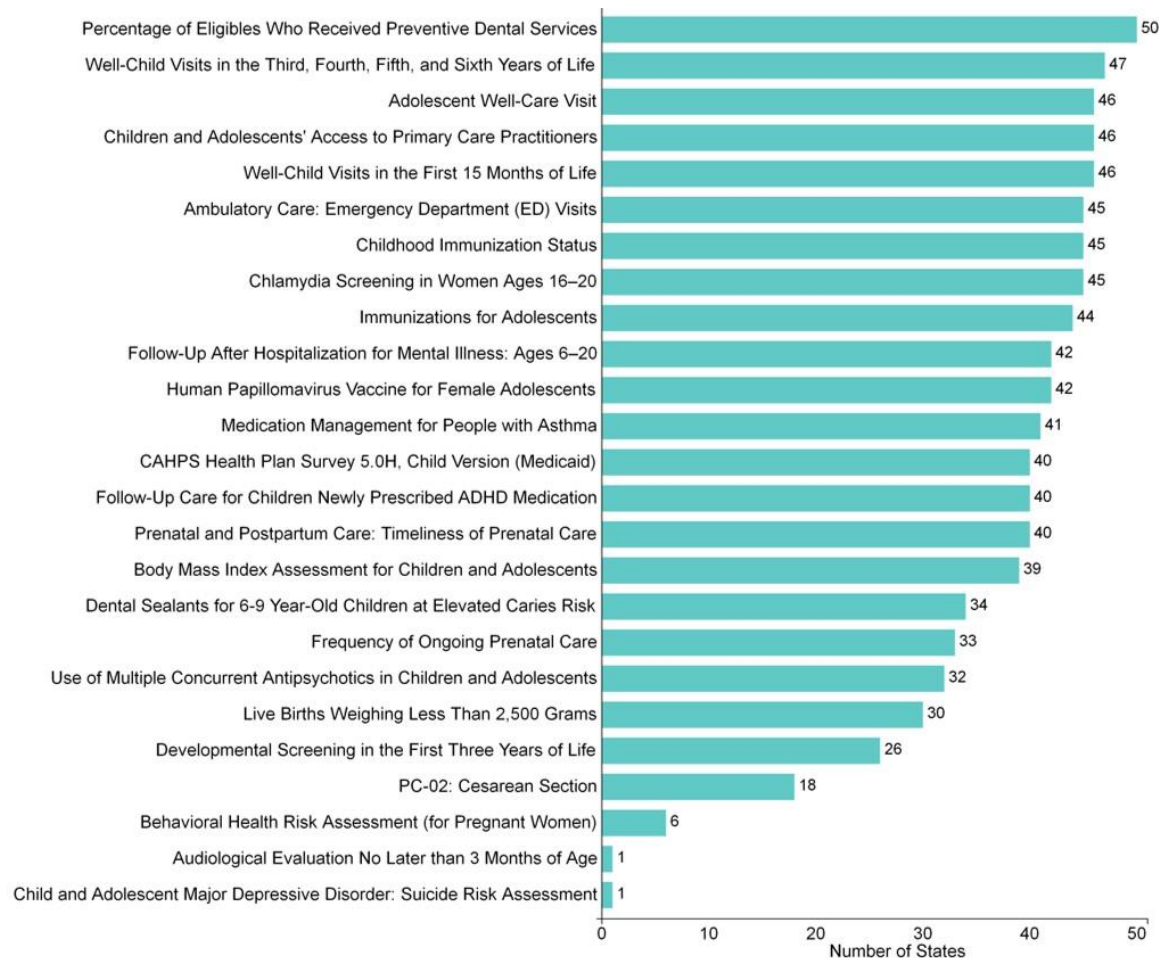


- Increase number of states reporting Core Set measures through technical assistance and outreach to states
- Increase number of measures reported by each state
- Improve the quality of the data reported (completeness, accuracy)
- Streamline data collection and reporting processes
- Support states to drive improvements in health care quality and health outcomes using Core Set data

Number of States Reporting the Child Core Set Measures, FFY 2016



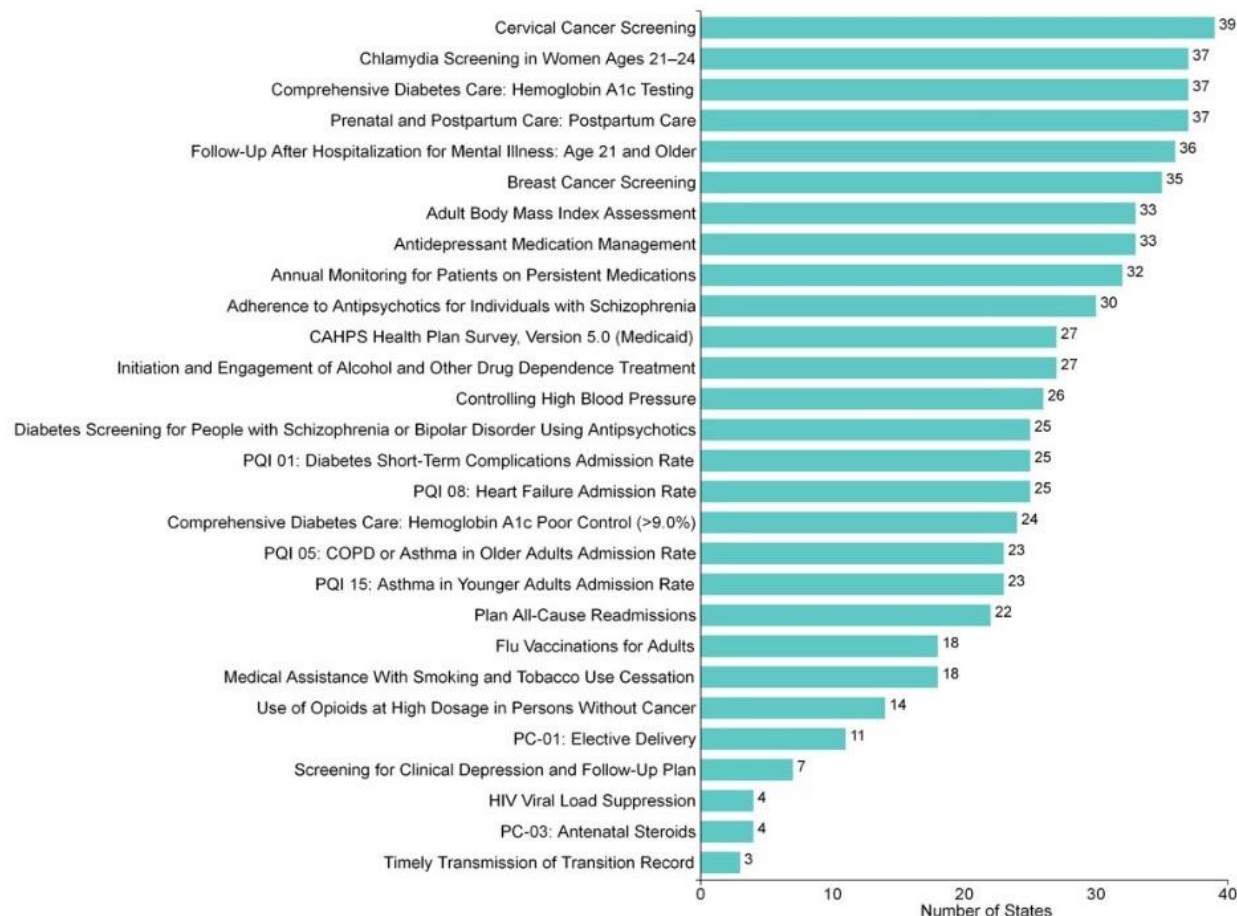
50 states
voluntarily
reported at
least one
Child Core
Set
measure for
FFY 2016



Sources: Mathematica analysis of MACPro reports and Form CMS-416 reports for the FFY 2016 reporting cycle.

Notes: The term “states” includes the 50 states and the District of Columbia. The 2016 Child Core Set includes 26 measures. This chart excludes the CLABSI measure, which is obtained from CDC’s National Healthcare Safety Network.

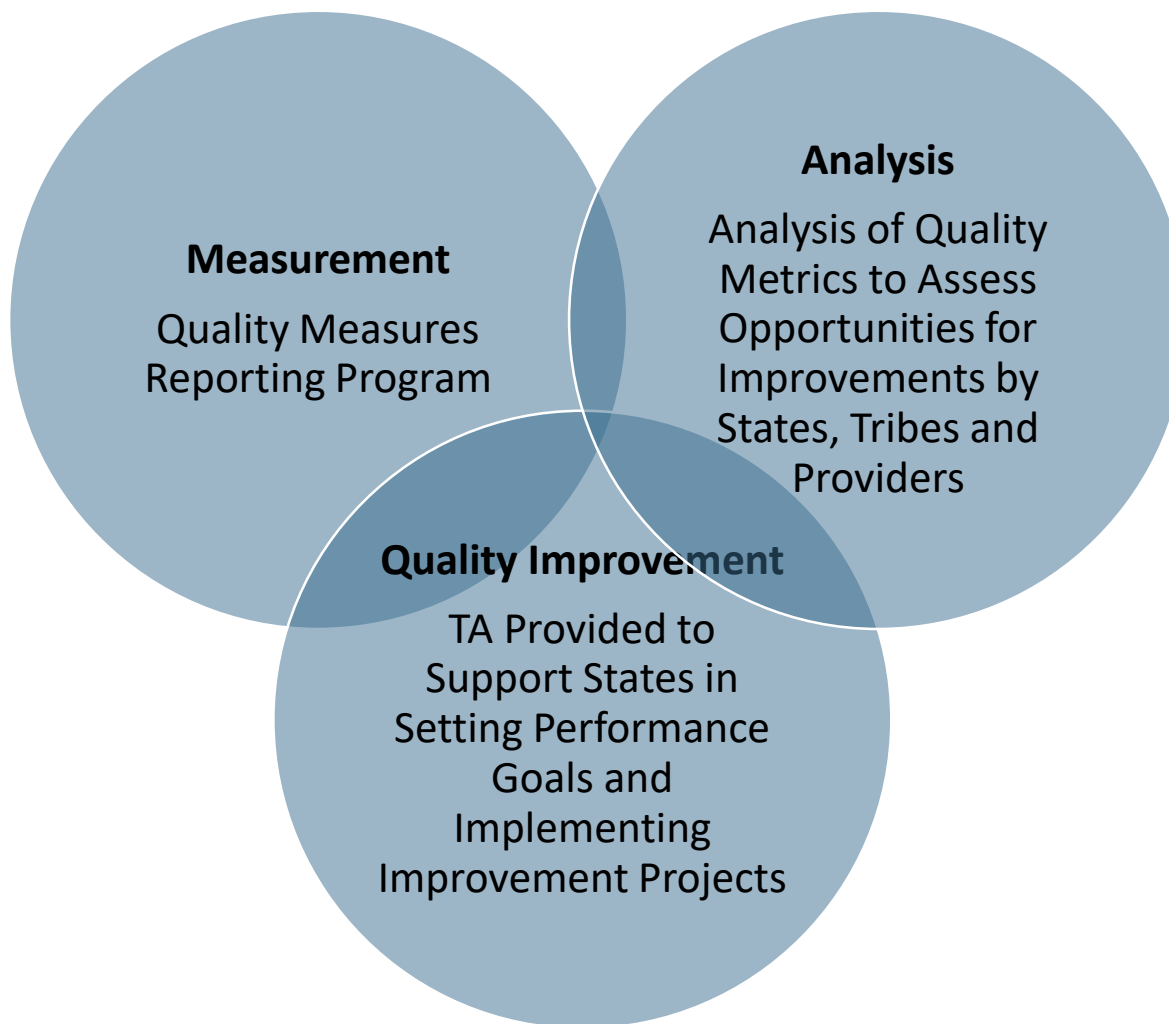
Number of States Reporting the Adult Core Set Measures, FFY 2016



41 states
voluntarily
reported at least
one Adult Core
Set measure for
FFY 2016

Source: Mathematica analysis of MACPro reports for the FFY 2016 reporting cycle.
Notes: The term "states" includes the 50 states and the District of Columbia.

Building a Foundation for Quality Measurement and Improvement in Medicaid and CHIP...cont.

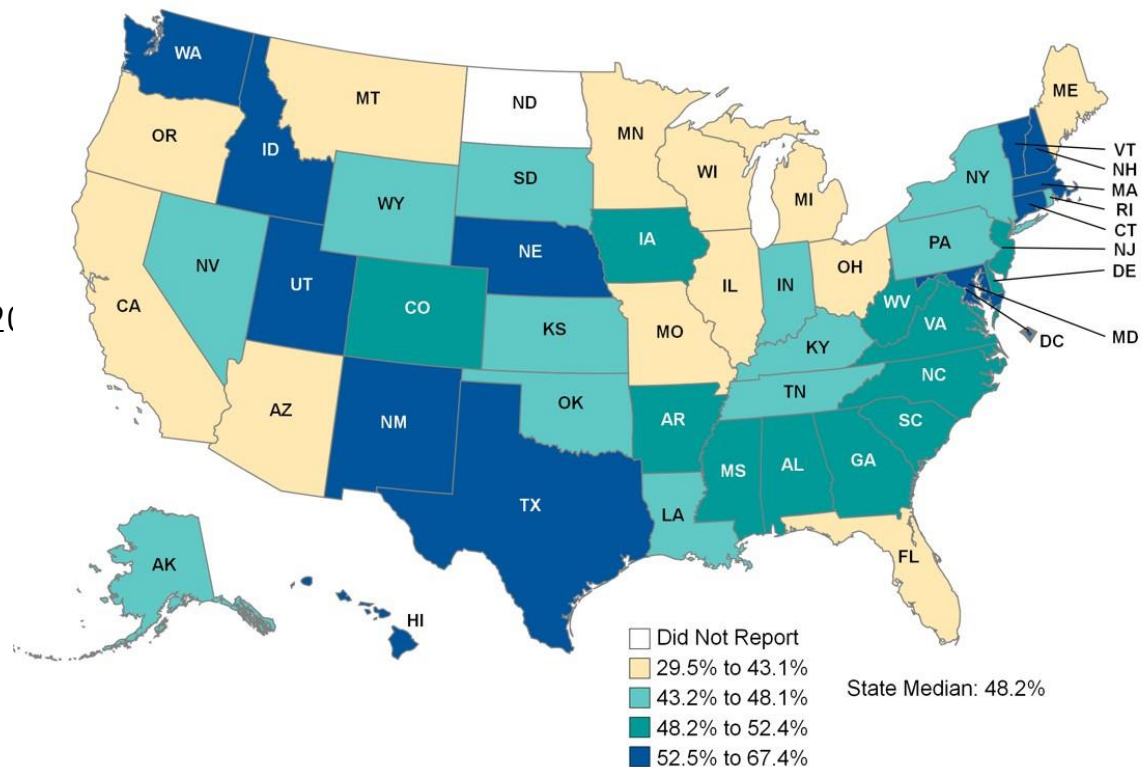


Preventive Dental Services

Tooth decay, or dental caries, is one of the most common chronic diseases of children. The disease is almost entirely preventable through a combination of good oral health habits at home, a healthy diet, and early and regular use of preventive dental services. This measure assesses the percentage of children ages 1 to 20 that received preventive dental services.

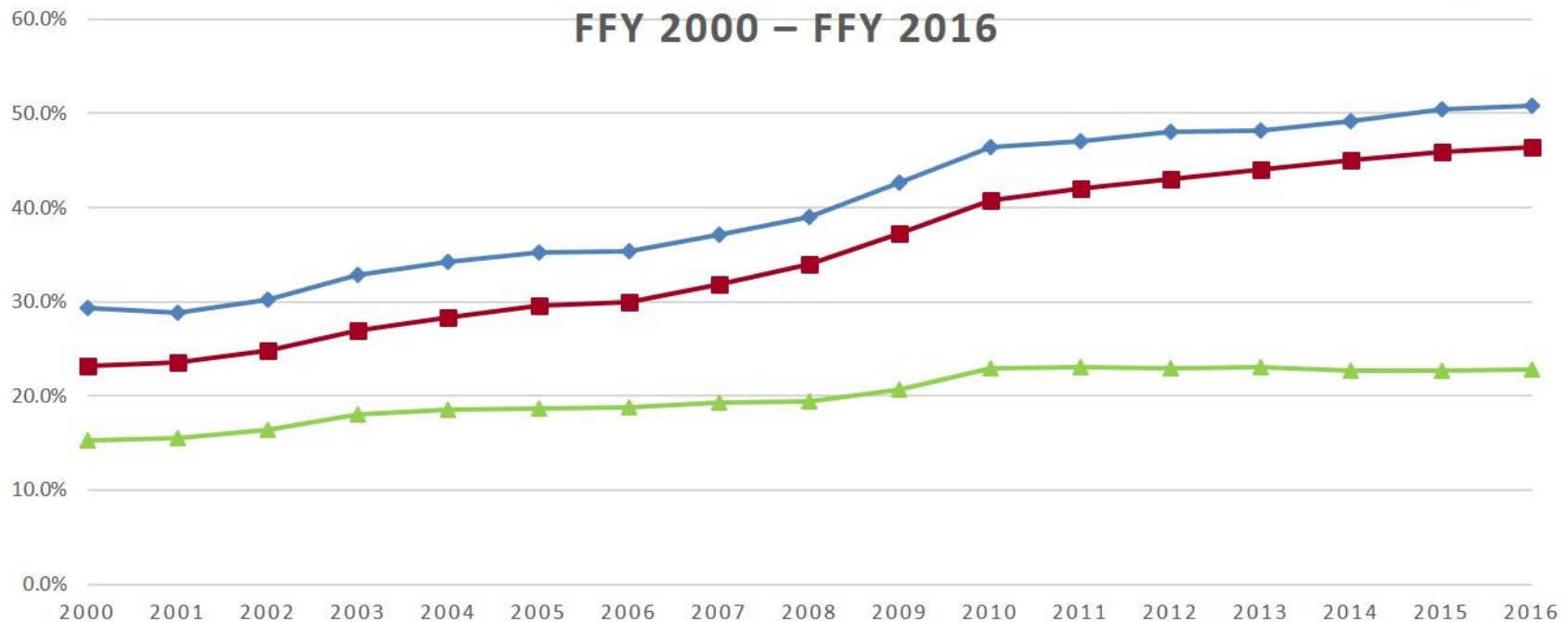
48 percent of Children ages 1 to 20 received a preventive dental service (50 states)

Percentage of Eligibles Who Received Preventive Dental Services, FFY 2016 (n = 50 states)



Steady Progress on Access to Dental Care

PROPORTION OF CHILDREN, AGE 1-20, ENROLLED IN MEDICAID FOR AT LEAST 90 DAYS WHO RECEIVED DENTAL HEALTH SERVICES, FFY 2000 – FFY 2016



Source: FFY 2000-2016 CMS-416 reports, Lines 1, 1b, 12a, 12b, and 12c

Note: Data reflect updates as of 9/11/2017.

1 With the exception of FL and OH, the national FFY 2011 percentage used FFY 2011 data reported by states to CMS as of May 28, 2013. Due to errors in FL's FFY 2011 data that could not be corrected, the state's FFY 2012 data were used in the FFY 2011 national percentage. As FFY 2011 data for OH were reported after May 28, 2013, these data were not included in the FFY 2011 national percentage.

2 With the exception of CT and OH, the national FFY 2012 percentage used data reported by states to CMS as of April 10, 2014. FFY 2011 data for CT were used in the FFY 2012 national percentage because final FFY 2012 data for CT were not available as of April 10, 2014. As FFY 2011 data for OH were not used in the FFY 2011 national percentage, OH's FFY 2012 data were similarly excluded from the FFY 2012 national percentage.

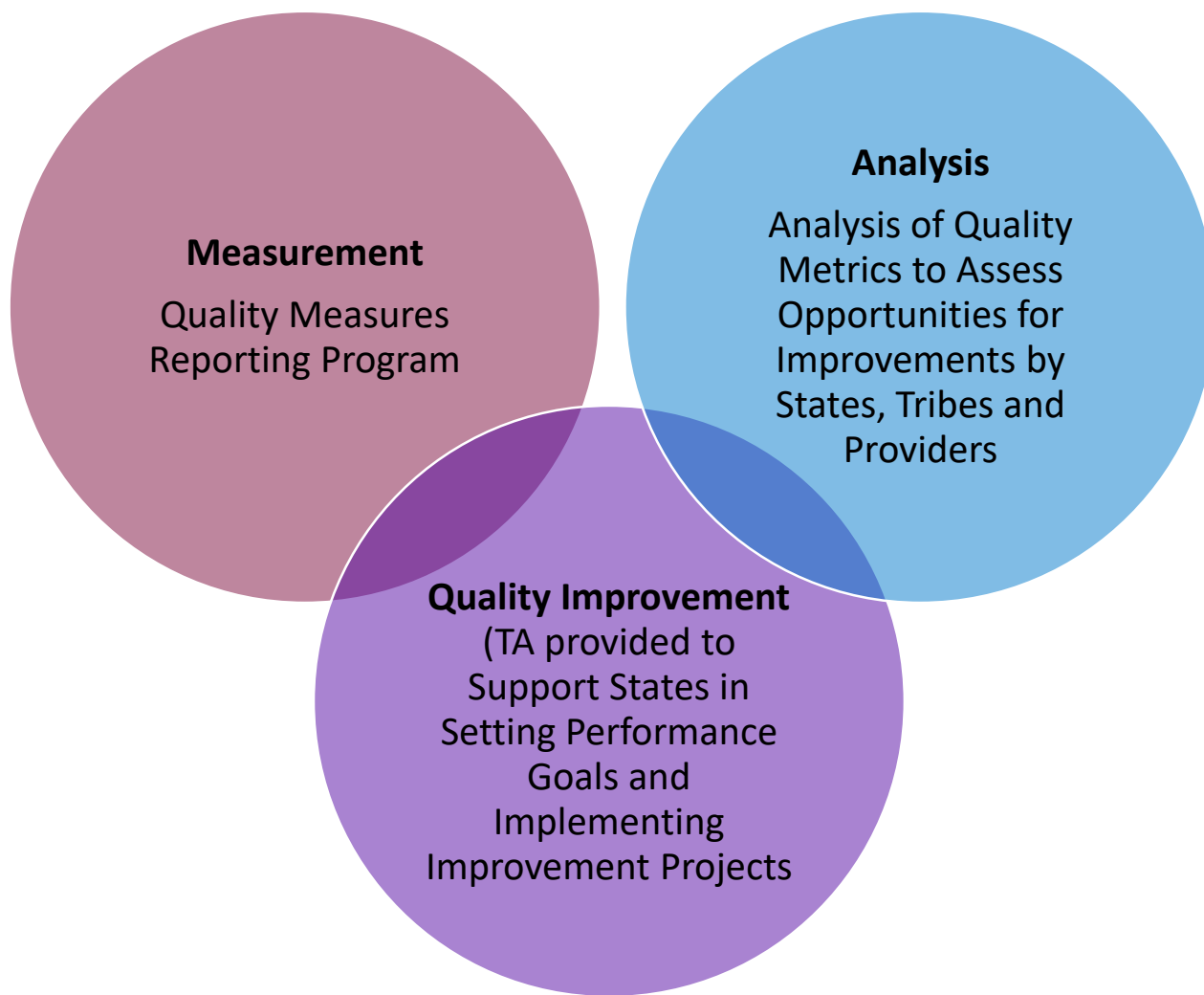
3 With the exception of OH, the national FFY 2013 percentage used data reported by states to CMS as of December 15, 2014. As FFY 2011 data for OH were not used in the FFY 2011 national percentage, OH's FFY 2013 data were similarly excluded from the FFY 2013 national percentage.

4 With the exception OH, the national FFY 2014 percentage used data reported by states as of October 1, 2015. As FFY 2011 data for OH data were not used in the FFY 2011 national percentage, OH's FFY 2014 data were similarly excluded from the FFY 2014 national percentage.

5 With the exception OH, the national FFY 2015 percentage used data reported by states as of September 29, 2016. As FFY 2011 data for OH data were not used in the FFY 2011 national percentage, OH's FFY 2015 data were similarly excluded from the FFY 2015 national percentage.

6 With the exception OH, the national FFY 2016 percentage used data reported by states as of September 11, 2017. As FFY 2011 data for OH data were not used in the FFY 2011 national percentage, OH's FFY 2016 data were similarly excluded from the FFY 2016 national percentage. Due to system challenges, data from North Dakota is not included in FFY 2016 analysis.

Building a Foundation for Quality Measurement and Improvement in Medicaid and CHIP...cont'd



Examples of Work in Two States

- **Florida 2013:** CMS used 1115 waiver approval process to get provisions in the STCs focused on improving stakeholder engagement and data quality, and requiring oral health Performance Improvement Projects.
- State placed P Dent improvement targets and sanctions in MCO contract.
- P Dent performance has improved from 19% in FY 12 to 36% in FY 16.



- **California 2015:** CMS used 1115 delivery system reform process to get \$740M allocated to dental improvement over five years.
- Focus will be primarily on provider incentives for P Dent and continuity of care through provider incentives.
- At least 10 percentage points of improvement required by 2020; state can earn additional \$10M by exceeding targets, up to 15 percentage points of improvement.



CMCS Goals for Measurement and Reporting...



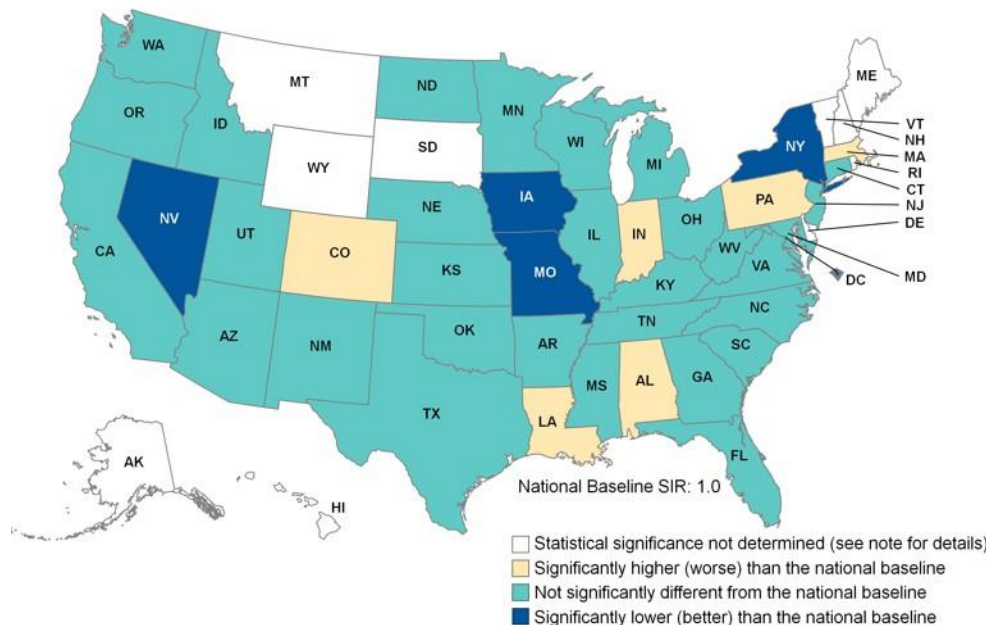
- Increase number of states reporting Core Set measures through technical assistance and outreach to states
- Increase number of measures reported by each state
- Improve the quality of the data reported (completeness, accuracy)
- **Streamline data collection and reporting processes**
- Support states to drive improvements in health care quality and health outcomes using Core Set data

Examples of Streamlining Already Underway

CLABSI measure

Central Line-Associated Blood Stream Infections (CLABSI) in Neonatal Intensive Care Units (NICUs), 2015 (n = 42 states)

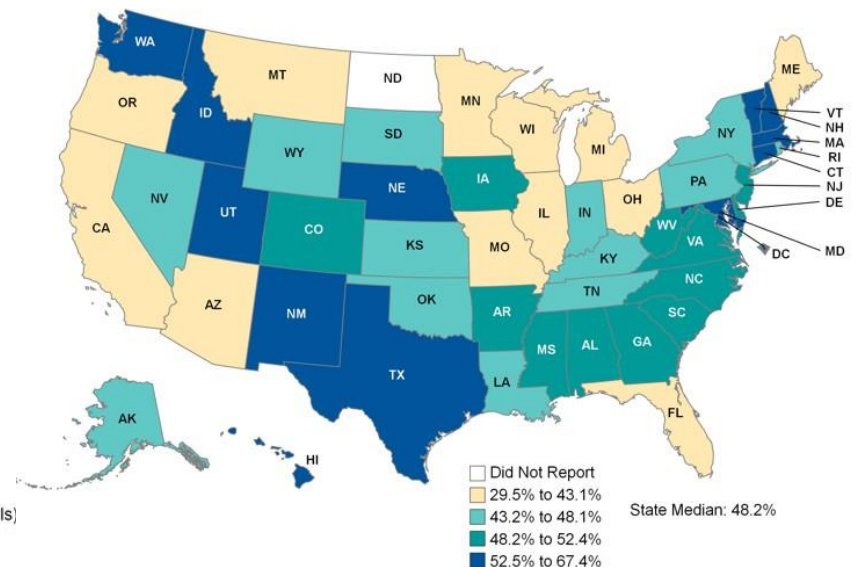
Source: Centers for Disease Control and Prevention, 2015 National and State Healthcare-Associated Infections Standardized Infection Ratio Report, Table 3d



PIDENT measure

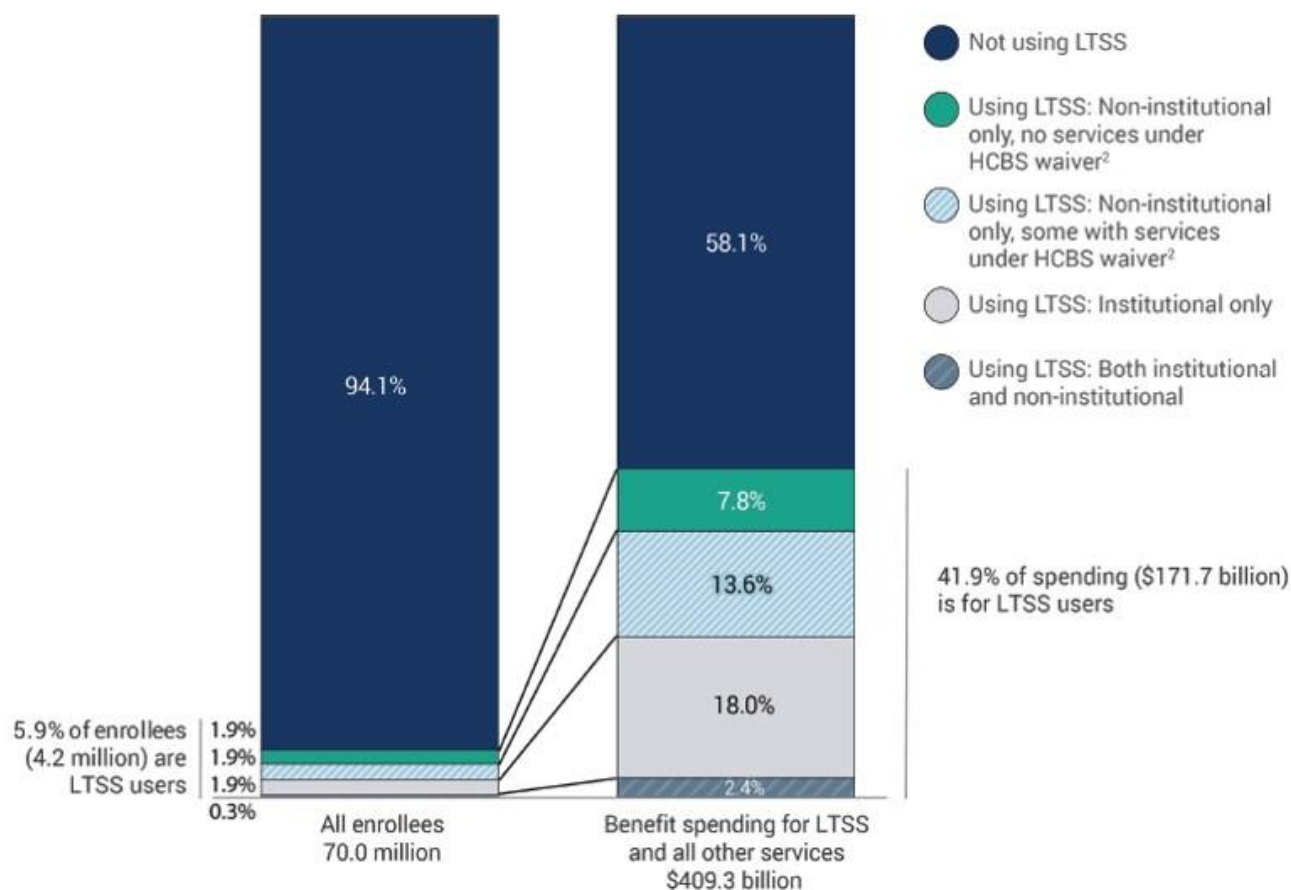
Percentage of Eligibles Who Received Preventive Dental Services, FFY 2016 (n = 50 states)

Source: Mathematica analysis of Form CMS-416 reports (annual EPSDT report), Lines 1b and 12b, for the FFY 2016 reporting cycle



Streamlining to Fill High Priority Population Gap in the Adult Core Set

Distribution of Medicaid Enrollment and Benefit Spending by Users and Non-Users of Long-Term Services and Supports, Updated FY2013



Source: MACPAC 2017 analysis of MSIS data as of December 2016 and CMS-64 Financial Management Report net expenditure data.
<https://www.macpac.gov/publication/distribution-of-medicaid-enrollment-and-benefit-spending-by-users-and-non-users-of-long-term-services-and-supports/>

The Minimum Data Set (MDS) 3.0



- The MDS 3.0 is one component of a federally-required standardized assessment, Resident Assessment Instrument (RAI), consisting of a core set of screening, clinical and functional status elements, that collects health, functional, psychosocial and preference information for residents receiving post-acute and long-term care in Medicare and/or Medicaid certified nursing homes and non-critical access swing bed facilities, regardless of the individual's payer source.
- Federal RAI requirements are not applicable to individuals residing in non-certified units of long-term care facilities or licensed-only facilities, however this does not preclude a State from mandating the RAI for residents who live in these units.
- MDS assessments are completed at specified intervals to meet Omnibus Budget Reconciliation Act of 1987 (OBRA '87) and/or Medicare Prospective Payment System (PPS) requirements.
- While facilities must complete all Federally required MDS 3.0 items, States have some flexibility in adding additional items to Section S.

MDS Long-Stay Measures

| Data Source | Measure Title | NQF # |
|-------------|--|-------|
| MDS 3.0 | Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) | 0674 |
| MDS 3.0 | Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay) | 0677 |
| MDS 3.0 | Percent of High Risk Residents with Pressure Ulcers (Long Stay) | 0679 |
| MDS 3.0 | Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long-Stay) | 0681 |
| MDS 3.0 | Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long Stay) | 0683 |
| MDS 3.0 | Percent of Residents With a Urinary Tract Infection (Long Stay) | 0684 |
| MDS 3.0 | Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay) | 0685 |
| MDS 3.0 | Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay) | 0686 |
| MDS 3.0 | Percent of Residents Who Were Physically Restrained (Long Stay) | 0687 |
| MDS 3.0 | Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay) | 0688 |
| MDS 3.0 | Percent of Residents Who Lose Too Much Weight (Long Stay) | 0689 |
| MDS 3.0 | Percent of Residents Who Have Depressive Symptoms (Long Stay) | 0690 |
| MDS 3.0 | Percent of Long-Stay Residents Who Received An Antipsychotic Medication | N/A |
| MDS 3.0 | Percentage of Long-Stay Residents Who Received An Antianxiety Or Hypnotic Medication | N/A |
| MDS 3.0 | Percentage of Long-Stay Residents Whose Ability To Move Independently Worsened | N/A |

- The OASIS regulations apply to Home Health Agencies (HHAs) that must meet the home health Medicare Conditions of Participation (CoP).
- Medicare-certified HHAs are required to collect a standard set of data items, known as OASIS (Outcome and Assessment Information Set), as part of a comprehensive assessment of all patients who are receiving skilled care covered by Medicare or Medicaid.
- OASIS data elements must be collected and transmitted for all Medicare, Medicaid, and Advantage patients.

OASIS in Home Health Quality Reporting

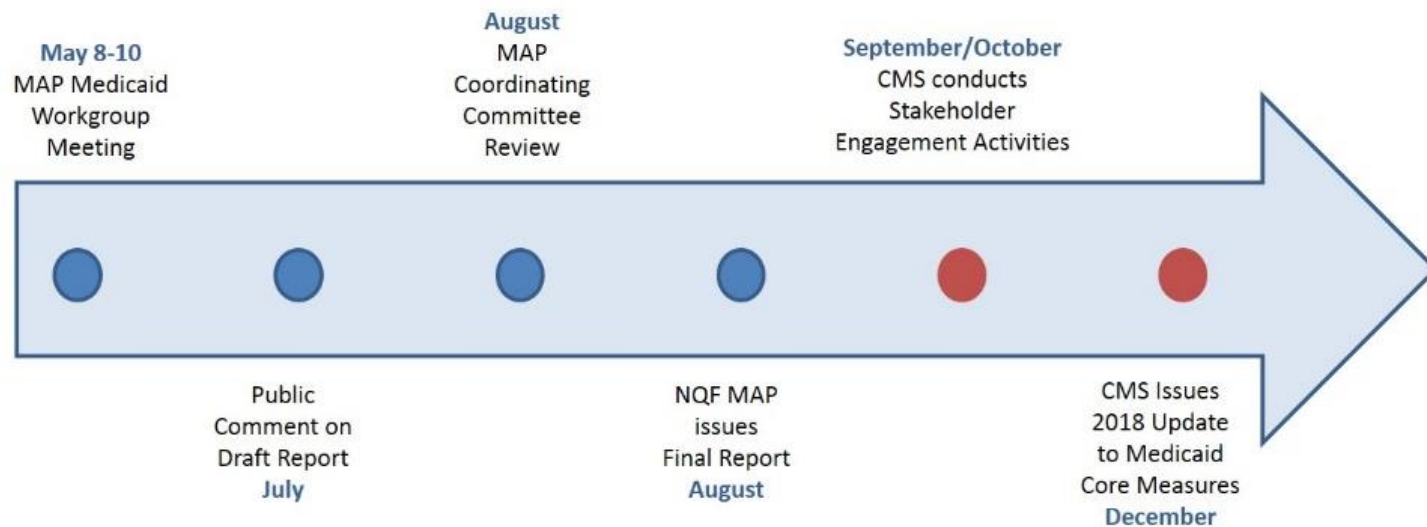
| Data Source | Measure Title | NQF # |
|-------------|--|---------------------|
| OASIS | Improvement in Ambulation- Locomotion | 0167 |
| OASIS | Improvement in Bathing | 0174 |
| OASIS | Improvement in Bed Transferring | 0175 |
| OASIS | Improvement in Management of Oral Medications | 0176 |
| OASIS | Improvement in Pain Interfering with Activity | 0177 |
| OASIS | Improvement in Status of Surgical Wounds | 0178 |
| OASIS | Timely Initiation of Care | |
| OASIS | Multifactor Fall Risk Assessment Conducted for All Patients who Can Ambulate | |
| OASIS | Diabetic Foot Care and Patient / Caregiver Education Implemented during All Episodes of Care | |
| OASIS | Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened | Application of 0678 |
| OASIS | Depression Assessment Conducted | |
| OASIS | Changes in Skin Integrity Post-Acute care | |
| OASIS | Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) | Application of 0674 |
| OASIS | Improvement in Dyspnea | |
| OASIS | Drug Education on All Medications Provided to Patient/Caregiver during All Episodes of Care | |
| OASIS | Influenza Immunization Received for Current Flu Season | |
| OASIS | Pneumococcal Polysaccharide Vaccine Ever Received | |
| OASIS | Drug Regimen Review Conducted with Follow-Up for Identified Issues | |
| OASIS | Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function | Application of 2631 |

Source: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Measures.html>

Next Steps (after MAP feedback process)

- **CMS reviews MAP feedback with various internal/external stakeholders:**

- *Internal discussions at the Center for Medicaid and CHIP Services*
- *Broader discussions with CMS's agency-level Quality Measures Task Force*
- *State level stakeholder feedback*



Annual updates to both Core Sets to be released by January 1, 2019

- MAP can assist CMS to identify ways to strengthen the Child & Adult Core Set:
 - Which measures can be added to fill key gap areas
 - Which measures to retire (i.e. measures that no longer reflect current clinical guidance, are retired by a measure steward, or are recommended by stakeholders for removal)
 - Ways to better align with other CMS/HHS programs

- Focus on incremental changes
 - CMS and states continue to learn about current Child & Adult Core Set measures
 - Connecting existing data to measures
 - Using data for quality improvement
 - Consider state staff time and resources it takes to learn/incorporate new measures

Important Considerations

- The Core Sets are tools states can use to monitor and improve the quality of Eligible Beneficiary Workgroup) health care provided to Medicaid and CHIP enrollees
 - They are intended for quality improvement not payment purposes
- The Core Sets are for state-level reporting, not provider-level reporting
- Under statute, state reporting on these measure sets is currently voluntary
- Alignment with other quality measure programs (such as CMS-American Health Insurance Plans (AHIP) Core Sets, Health Homes Core Set, and Dual
 - Trade-off between measure alignment across programs and fit-for-purpose of state-level program

CMCS Measurement Resources

- **State-Level Medicaid & CHIP Measures**
 - Medicaid & CHIP [Child Core Measures](#)
 - Medicaid [Adult Core Measures](#)
- **Plan-Level Medicaid & CHIP Measures**
 - Medicaid & CHIP Managed Care Quality Rating System
- **Provider-Level CMS Measures**
 - [Health Homes Core Measures](#)
 - [Home and Community Based Services CAHPS](#)
 - [Behavioral Health Clinics Core Measures](#)
 - [CCSQ/AHIP Core Quality Measures Collaborative](#)
 - » Adult Core Sets
 - » Pediatric Core Set

forthcoming

Questions?

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Using Children's Oral Health Quality Measures

NQF Medicaid MAP Meeting
Washington, D.C. - May 8, 2018

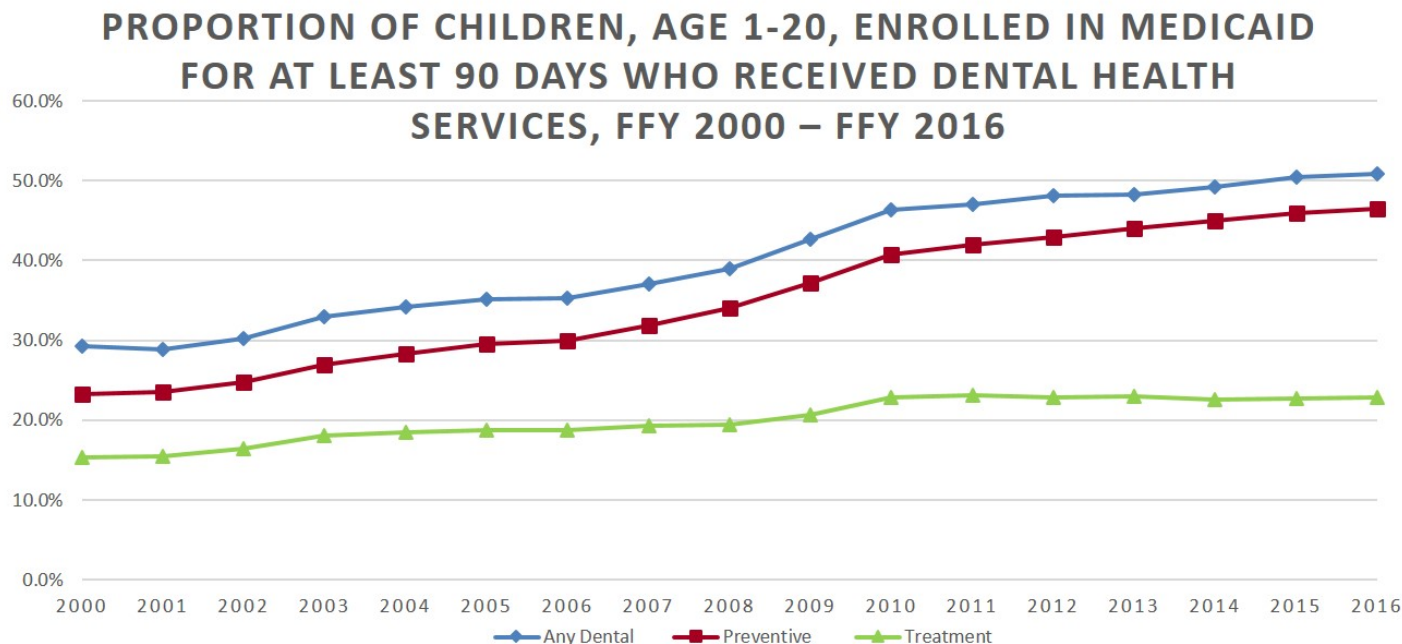
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Using the Child Core Set Measures: Oral Health

- CMS uses the measures
 - To understand state programs
 - To support state programs' to improve
- States use the measures
 - To monitor plans
 - To encourage improvement
- Moving from measuring access to measuring outcomes



Steady Progress on Access to Dental Care



Source: FFY 2000-2016 CMS-416 reports, Lines 1, 1b, 12a, 12b, and 12c. Note: Data reflect updates as of 9/11/17.

1 With the exception of FL and OH, the national FFY 2011 percentage used FFY 2011 data reported by states to CMS as of May 28, 2013. Due to errors in FL's FFY 2011 data that could not be corrected, the state's FFY 2012 data were used in the FFY 2011 national percentage. As FFY 2011 data for OH were reported after May 28, 2013, these data were not included in the FFY 2011 national percentage.

2 With the exception of CT and OH, the national FFY 2012 percentage used data reported by states to CMS as of April 10, 2014. FFY 2011 data for CT were used in the FFY 2012 national percentage because final FFY 2012 data for CT were not available as of April 10, 2014. As FFY 2011 data for OH were not used in the FFY 2011 national percentage, OH's FFY 2012 data were similarly excluded from the FFY 2012 national percentage.

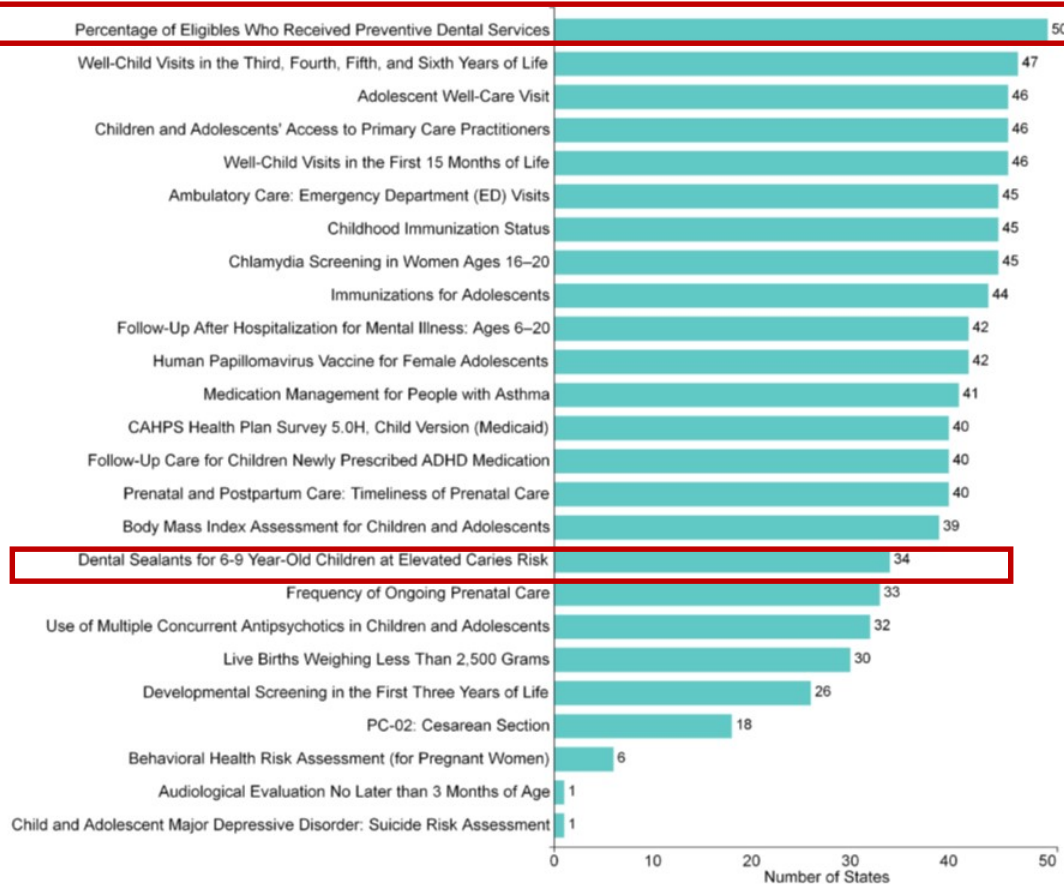
3 With the exception of OH, the national FFY 2013 percentage used data reported by states to CMS as of December 15, 2014. As FFY 2011 data for OH were not used in the FFY 2011 national percentage, OH's FFY 2013 data were similarly excluded from the FFY 2013 national percentage.

4 With the exception OH, the national FFY 2014 percentage used data reported by states as of October 1, 2015. As FFY 2011 data for OH data were not used in the FFY 2011 national percentage, OH's FFY 2014 data were similarly excluded from the FFY 2014 national percentage.

5 With the exception OH, the national FFY 2015 percentage used data reported by states as of September 29, 2016. As FFY 2011 data for OH data were not used in the FFY 2011 national percentage, OH's FFY 2015 data were similarly excluded from the FFY 2015 national percentage.

6 With the exception OH, the national FFY 2016 percentage used data reported by states as of September 11, 2017. As FFY 2011 data for OH data were not used in the FFY 2011 national percentage, OH's FFY 2016 data were similarly excluded from the FFY 2016 national percentage. Due to system challenges, data from North Dakota is not included in FFY 2016 analysis.

Number of States Reporting the Child Core Set Measures



Number of States Reporting the Child Core Set Measures, FFY 2016

PDENT: 50

SEAL: 34 (up from 26 in FFY 15)

- Sources: Mathematica analysis of MACPro reports and Form CMS-416 reports for the FFY 2016 reporting cycle.
- Notes: The term “states” includes the 50 states and the District of Columbia.
- The 2016 Child Core Set includes 26 measures. This chart excludes the Central Line-Associated Bloodstream Infection (CLABSI) measure, which is obtained from the CDC’s National Healthcare Safety Network.
- ADHD = Attention-deficit/hyperactivity disorder; CAHPS = Consumer Assessment of Healthcare Providers and Systems.

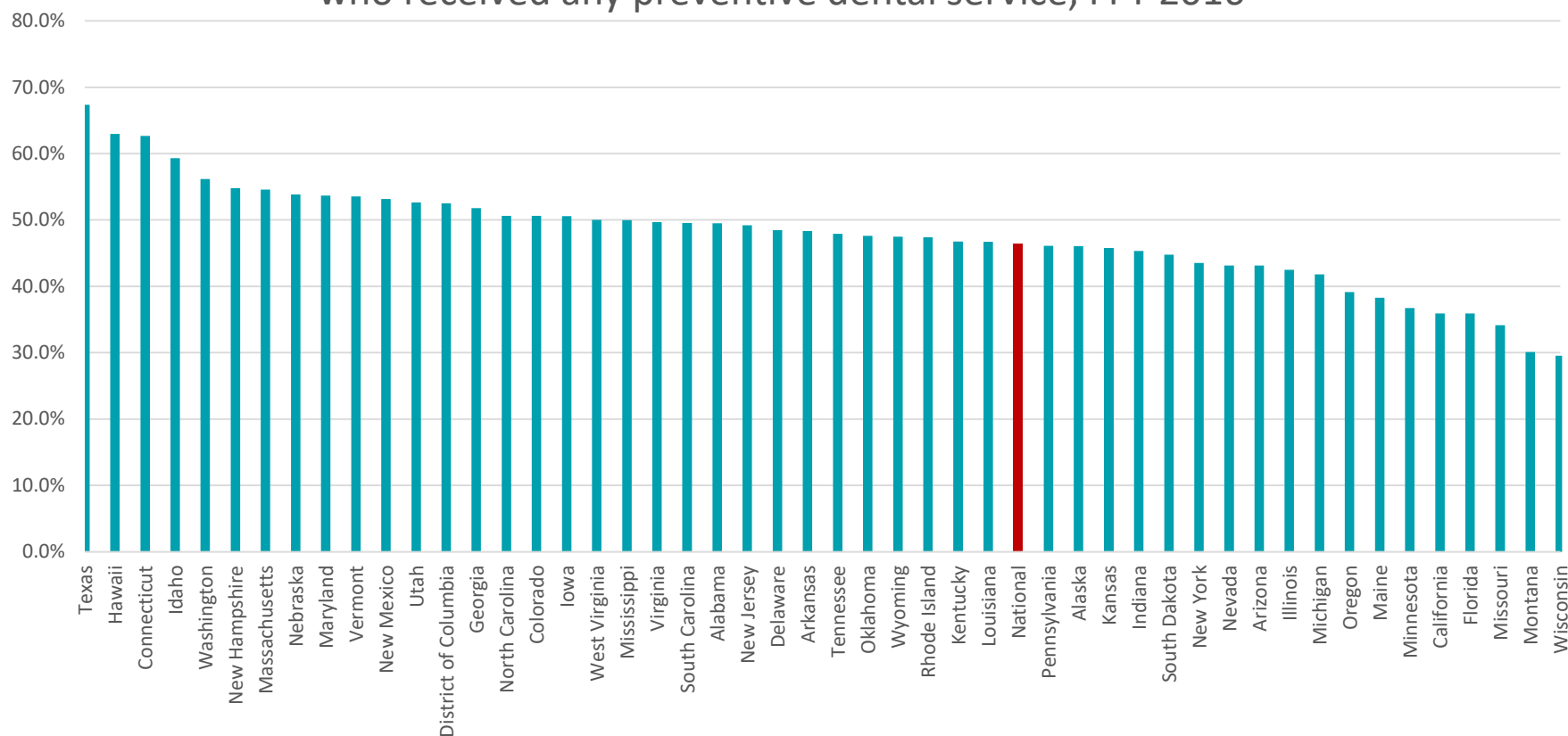
CMS Uses PDENT: Oral Health Initiative (OHI)

- Aim: Increase by 10 percentage points the proportion of children receiving a **preventive dental service (PDENT)**
- National Goal:
 - FFY 11 Baseline = 42%
 - FFY 16 Progress = 46%
- Each state has its own baseline and goal.



Preventive Dental Services by State

Percentage of children, age 1-20, enrolled in Medicaid for at least 90 days who received any preventive dental service, FFY 2016



Source: FFY 2016 CMS-416 reports, Lines 1b and 12b

Note: Data reflect updates as of 09/11/17.

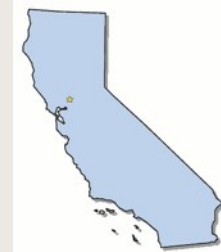
How States Use Oral Health Quality Measures



- Health plan contracting
 - Set improvement goals
 - Incentives/penalties
- Performance Improvement Projects
- Quality strategies
- Provider payment
 - Incentives
 - Pay for performance
 - Shared savings
- Provider motivation

How We Use Quality Measures to Work with States

- **Florida:** Used 1115 waiver approval process to include provisions in the STCs focused on improving stakeholder engagement and data quality, and requiring Performance Improvement Projects to bolster “supply” and “demand.”
 - State added sanctions to MCO contract if improvement goals not met.
 - 22 percentage points of improvement achieved by 2016.
- **California:** Used 1115 waiver renewal and delivery system reform process to include \$750M for dental improvement over five years.
 - Focus on provider incentives, including incentives to promote use of caries management and continuity of care.
 - At least 10 percentage points of improvement required by 2020; state can earn additional \$ by exceeding targets, up to 15 percentage points of improvement.
 - In the just-concluded project year 1, state exceeded target of 3 percentage point improvement.



We Can do More to Promote Better Care

- In 2011, 6 states spent \$68M for surgical care in ORs or ASCs for children with preventable dental conditions¹
- Emergency department visits for non-traumatic dental conditions are on the rise among children²
- In 2015, 57% of children ages 6 to 9 on Medicaid got a preventive dental service; 16% of those children got a sealant on a permanent molar³
- In 2016, 8% of 1 to 5 year olds on Medicaid got an oral health service from a non-dentist (e.g., a primary care provider)⁴

Sources: 1Buen, et al, Potentially preventable dental care in operating rooms for children enrolled in Medicaid, JADA, September 2016; 2Wall, et al, Dental-related emergency department visits on the increase in the United States, ADA Health Policy Institute Research brief, May 2013; 4FFY 2016 Form CMS 416, Lines 1b and 12f.

Children's OHI Value-Based Payment Project

- Innovation is happening – there are clinicians redesigning care approaches to achieve better oral health outcomes for children
- Supporting three state Medicaid/CHIP agencies to **select, design** and **test** Value-Based Payment (VBP) approach in order to sustain, and eventually scale, models that reward providers for achieving desired health outcomes.
 - Washington, DC: Intensive preventive services to divert young children from OR settings
 - New Hampshire: Preventive services delivered by hygienists in WIC clinics
 - Michigan: Designing a dental home pilot in the state's new managed care contract
- New quality measures will be needed
 - Focus more on health outcomes
 - Permit analysis at the provider level
- Timeframe: March 2017 – August 2019

<https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-functional-areas/value-based-payment/index.html>

Questions?



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Florida Medicaid Child Core Set Reporting and Quality Improvement in Dental Care

Rachel La Croix

Agency for Health Care Administration

Presented to:

MAP Medicaid Child Core Set Workgroup

May 8, 2018



Florida Medicaid – A Snapshot

| | |
|-----------------------------------|--|
| Eligibles | <ul style="list-style-type: none"> • Approximately 4 million Floridians enrolled in Medicaid • Elders, disabled, families, pregnant women, children in families below poverty. <ul style="list-style-type: none"> • 47% of children • 63% of deliveries • 1.7 million adults – parents, aged, and disabled • 61% of nursing home days in Florida • Fourth largest Medicaid population in the nation. |
| Expenditures | <ul style="list-style-type: none"> • \$26.8 billion estimated Medicaid expenditures in Fiscal Year 2017-18. • Average spending: \$6,619 per eligible. • Fifth largest nationwide in Medicaid expenditures. |
| How Services are Delivered | <ul style="list-style-type: none"> • 3.1 million receive services through 16 Medicaid managed care plans. <ul style="list-style-type: none"> • Long-term Care – 100,209 enrollees as of March 2018 • Managed Medical Assistance – 3,076,326 enrollees as of March 2018 <ul style="list-style-type: none"> • Includes specialty plans • Comprehensive <ul style="list-style-type: none"> • Offer both long-term care and managed medical assistance • Small percentage of recipients receive services through Fee-for-Service <ul style="list-style-type: none"> • Most of these are eligible for a limited benefit package (e.g., dual eligibles, medically needy) |



Medicaid Budget – How it is Spent

FY 2015-16

| Eligible Populations | Percentage of Enrollees | Percentage of Expenditures |
|----------------------|-------------------------|----------------------------|
| Adults* | 20% | 15% |
| Children* | 59% | 27% |
| Blind & Disabled | 13% | 36% |
| Elderly (65+) | 8% | 21% |

*Adults and children refers to non-disabled adults and children.

Source: Final SFY 2015-16 expenditures from Medicaid Data Analytics Fee-for-Service Claims and Eligibility reports.



20 of 26 Child Core Set Measures Reported in January 2018

- Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Assessment
- Chlamydia Screening in Women Ages 16-20
- Childhood Immunization Status*
- Well-Child Visits in the First 15 Months of Life
- Immunizations for Adolescents
- Developmental Screening in the First Three Years of Life
- Well-Child Visits in the 3rd, 4th, 5th, & 6th Years of Life
- Children & Adolescents' Access to Primary Care Practitioners
- Adolescent Well-Care Visit
- Frequency of Ongoing Prenatal Care
- CAHPS Health Plan Survey – Child Version*
- Prenatal & Postpartum Care: Timeliness of Prenatal Care
- Ambulatory Care: Emergency Department Visits
- Medication Management for People with Asthma
- Follow-up Care for Children Prescribed ADHD Medication
- Follow-up after Hospitalization for Mental Illness*
- Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents
- Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk
- Percentage of Eligibles who Received Preventive Dental Services



*These measures are slightly modified from the Core Set specifications.

Child Core Set Measures Not Reported by Florida Medicaid in January 2018

- PC-02: Cesarean Section
- Live Births Weighing Less Than 2500 Grams
 - *These two measures require vital records data housed in another state agency.*
- Audiological Evaluation No Later Than 3 Months of Age
- Behavioral Health Risk Assessment (for Pregnant Women)
- Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
 - *The data collection method for these measures is Electronic Health Records.*
- Contraceptive Care – Postpartum Women Ages 15-20
 - *This measure was added to Medicaid managed care plan reporting for calendar year 2017 and will be reported next year.*



Data & Quality Improvement Activities Related to Child Core Set Measures

- Use single, streamlined query for CMS-416 data reporting
- Mandatory Statewide Performance Improvement Projects (PIPs):
 - *Timeliness of Prenatal Care and Well-Child Visits in the First 15 Months*
 - *Preventive Dental Services*
- Activities to Support PIPs:
 - *PIP Check-in Teams*
 - *Quarterly EQRO Meeting Presentations*
 - *Technical Assistance*
- Consumer Engagement/Social Media Campaign re: Dental Coverage
- Managed Care Contract Targets re: Performance Measures



Improving Dental Performance in Florida Medicaid

- The Agency looks at multiple measures related to dental performance:
 - *Preventive Dental Services*
 - *Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk*
 - *Dental Treatment Services*
 - *Annual Dental Visit*
- The two key measures we focus on are Preventive Dental Services and Annual Dental Visit.
- CMS Children's Oral Health Initiative helped drive Florida's goal: to increase the Preventive Dental Services rate by 10 percentage points by FFY 2015.



Streamlined CMS-416 Query

- The Agency closely looked at data used to compile the CMS-416 report and found opportunities for improvement
 - Health access settings were only required to list one or two procedure codes on claims even though more procedures could be completed in one encounter.
 - Data on services rendered to Medicaid recipients that was not being reported or was under-reported (e.g., school-based dental programs and dental schools; grant-funded programs; dentists providing free care)
- Internal workgroup did a line-by-line review of the coding used for the CMS-416 query and achieved agreement on the areas where updates were required.
- A single, refined query was developed and programmed.
- Additional steps – updated the billing system to allow for more detailed information on claims from health access settings; identified areas where data are unreported or under-reported for future targeted interventions.



Florida Medicaid Program Progress on Provision of Dental Services

- Agency, External Quality Review Organization, and federal CMS support for PIPs
- Oral health social media campaign with community stakeholders to raise awareness of dental benefits and their importance.
- Consumer-friendly web page about benefits and how to find a provider.
- Participated in intensive technical assistance from federal CMS with other competitively selected states.



Support for Health Plan Preventive Dental Services PIPs – EQRO Quarterly Meetings

- February 2015:
 - *Agency presentation on Florida's Oral Health Action Plan*
 - *Federal CMS presentation on setting up Dental PIPs and successful interventions*
- February 2016:
 - *Agency presentation on Preventive Dental PIP Interventions, Challenges, Successes, and Sharing Best Practices*
- May 2016:
 - *Agency presentation on findings from 1st Preventive Dental PIP Check-ins with plans*
 - *Department of Health presentation on School Based Sealant program*
 - *EQRO presentation – Applying Plan-Do-Study-Act Methodology and Interim Measurement Cycles to a Preventive Dental Services PIP*
- August 2016:
 - *Agency presentation on findings from 2nd Preventive Dental PIP Check-ins with plans – successful interventions and lessons learned*



Support for Health Plan Preventive Dental Services

PIPs – Agency Outreach and PIP Check-ins

- Fall 2015 – Agency staff talked individually with plans about the availability of school-based sealant programs
- Spring 2016 – Agency staff conducted first quarterly PIP Check-in meetings
 - *3-4 Quality Bureau staff on each PIP Check-in Team*
 - *Face-to-face visits on-site at health plans*
 - *Discussed each plan's Preventive Dental Services PIP*
 - » Use of PDSA and other quality improvement strategies
 - » Biggest barriers and corresponding interventions
 - » Frequency of data collection/progress assessment
 - » Available resources



Consumer Engagement re: Dental Benefits

- Outreach Materials – develop/adopt and distribute materials to educate parents on the importance of oral health
- Consumer-friendly Webpage:
http://ahca.myflorida.com/medicaid/Policy_and_Quality/Quality/clinical_quality_initiatives/oral_health/index.shtml
- New Logo – standard and identifiable across all health plans and the Florida Medicaid Program
- Social Media Campaign



Consumer-friendly Webpage

**AGENCY FOR HEALTH CARE ADMINISTRATION**

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Local Navigation

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- » Medicaid Policy and Quality

Medicaid Quality

- Performance Evaluation and Research
- Clinical Quality Review and Initiatives
- Quality Performance Review and Clinical Monitoring
- Utilization Management Contracts

Medicaid Policy

- Federal Authorities
 - Federal Waivers and Programs
- Managed Care Contracting and Policy Development
- Medical and Behavioral Health Coverage Policy
 - Primary and Preventive Care Policy
 - Health Care Policy Research



Florida Medicaid Dental

Dental Care for Your Health

Dental Care for Children Ages 0-20: What Florida Medicaid Covers

Florida Medicaid wants to make sure your child is healthy. Part of being healthy is taking care of your teeth. Below is a list of services that will help your child have healthy teeth, with no cost to you.

| | | |
|--|---|--|
| <ul style="list-style-type: none">• Office Visits• Cleanings• Fluoride Application• Sealants• Space Maintainers• Orthodontics (limited) | <ul style="list-style-type: none">• Oral Exams (initial and every 6 months)• X-rays• Fillings and Crowns• Root Canals• Periodontal Services• Prosthodontics (Dentures) | <ul style="list-style-type: none">• Analgesia and Sedation• Injectable Medications• Palliative Treatment• Hospitalization |
|--|---|--|

Some Services may require permission from your health plan before the dentist performs the service. This is called a prior authorization. For more details about dental services, contact your health plan.

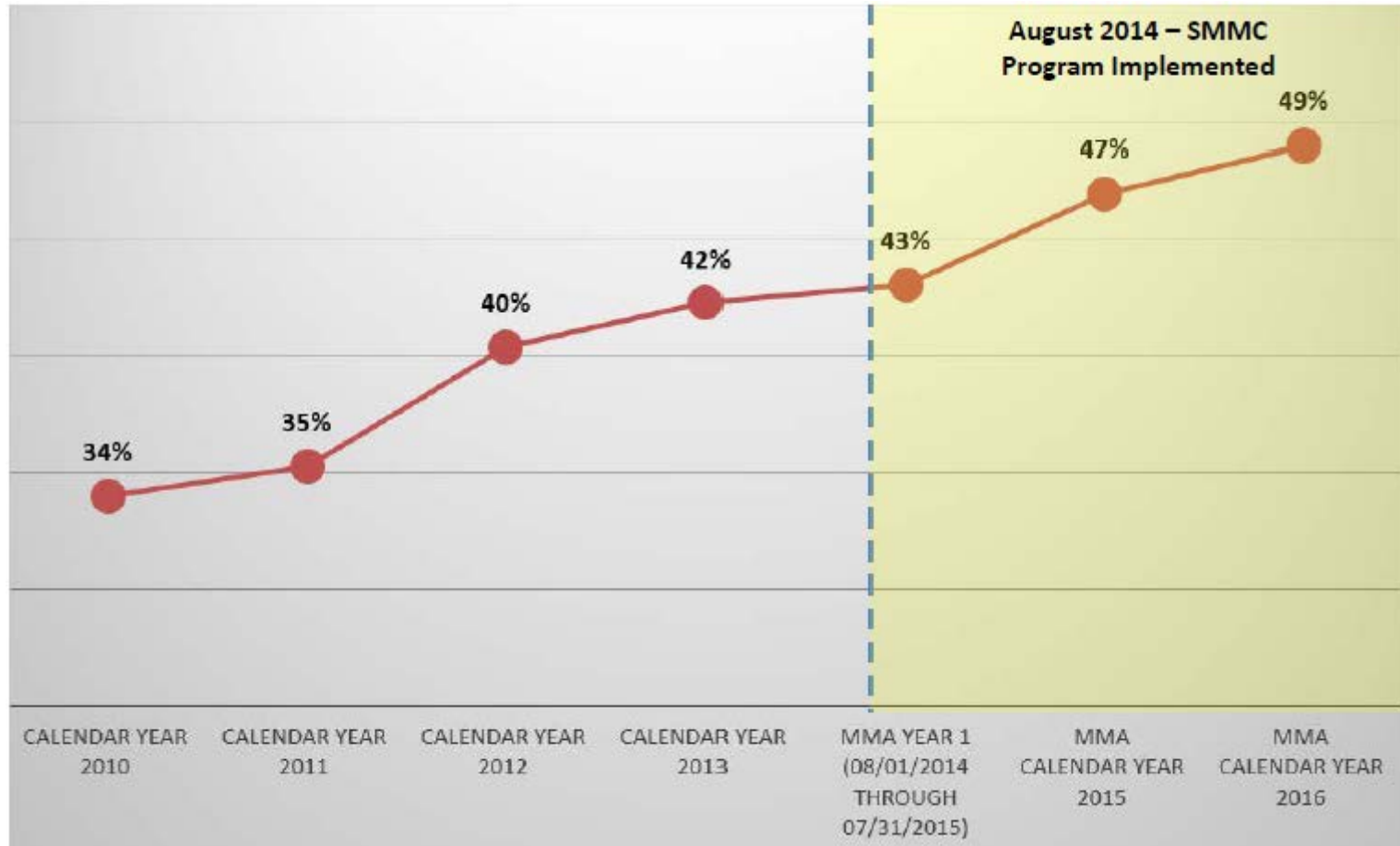


Health Plan Contract Targets for Dental Performance Measures

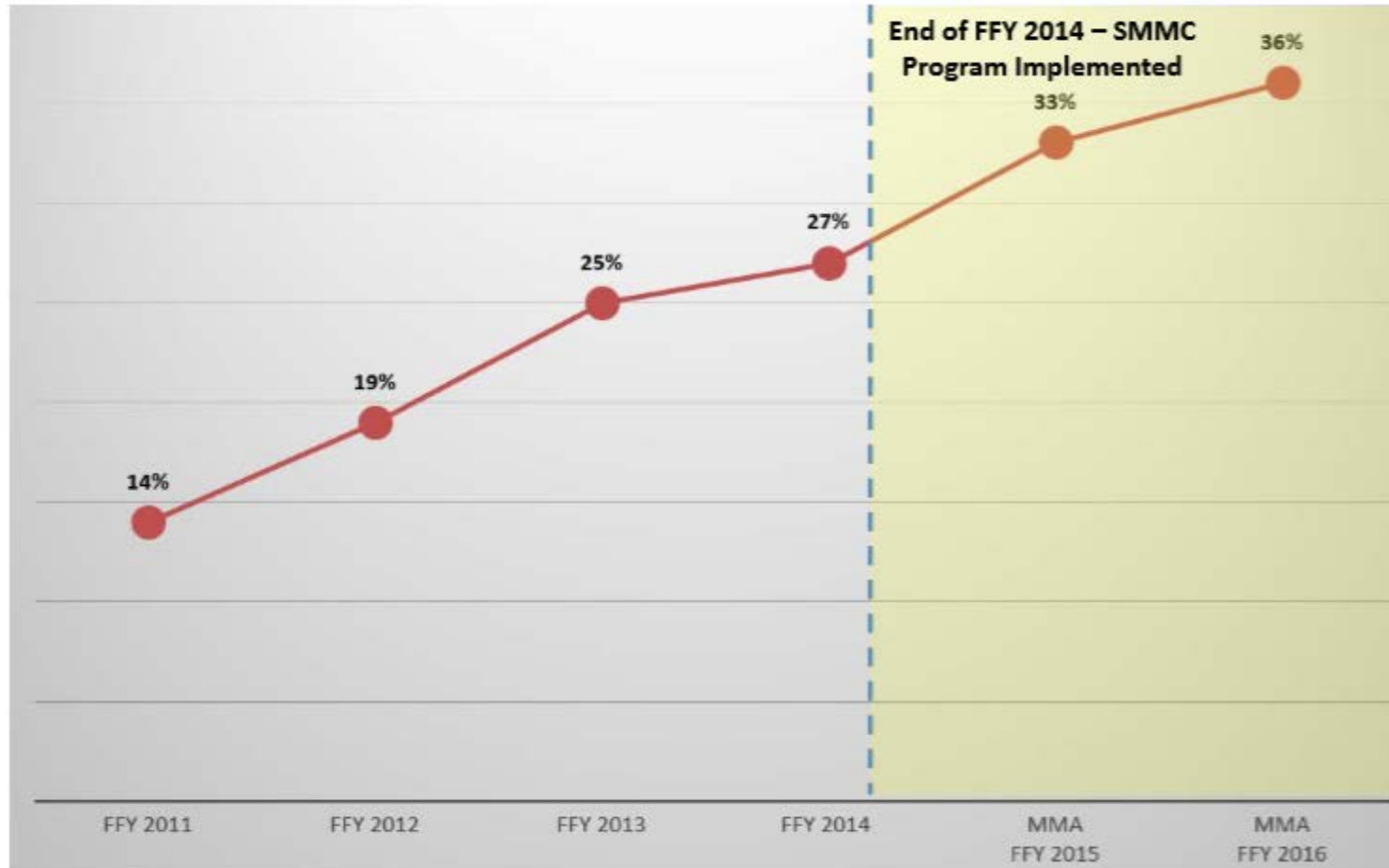
- Targets set for:
 - Annual Dental Visit: National Medicaid 50th Percentile rate for health plans
 - Preventive Dental Services:
 - FFY 2014-15 and FFY 2015-16: 28%
 - FFY 2016-17: 37%
 - Higher targets in subsequent years
 - Dental Treatment Services:
 - FFY 2016-17: 17%
 - FFY 2017-18: 20%
 - Higher targets in subsequent years
- Liquidated Damages and Corrective Action Plans if plans' rates on these measures do not meet the targets.



HEDIS Annual Dental Visit: Gains Under Statewide Medicaid Managed Care



Preventive Dental Services: Gains Under Statewide Medicaid Managed Care



Note: FFY 2014 was a transition year between Florida's prior managed care delivery system and SMMC program implementation.



Statewide Prepaid Dental Health Program

- The Florida Legislature has directed the Agency to implement a statewide Medicaid prepaid dental program for children and adults by March 2019.
- The prepaid dental program will be separate from the MMA integrated comprehensive care program.
- October 2017 – Agency released an Invitation to Negotiate to competitively procure the Statewide Prepaid Dental Health Program.
- Continuing progress on improving dental performance measures is a key focus.



Prepaid Dental Health Program: Performance Measures

Continuing Dental Performance Measures

- Annual Dental Visit
- Preventive Dental Services
- Dental Treatment Services
- Sealants for 6-9 Year-old Children at Elevated Caries Risk

Additional Dental Performance Measures

- Oral Evaluation
- Topical Fluoride for Children at Elevated Caries Risk
- Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children
- Follow-up after Emergency Department Visits for Dental Caries in Children



Questions?

Thank you!

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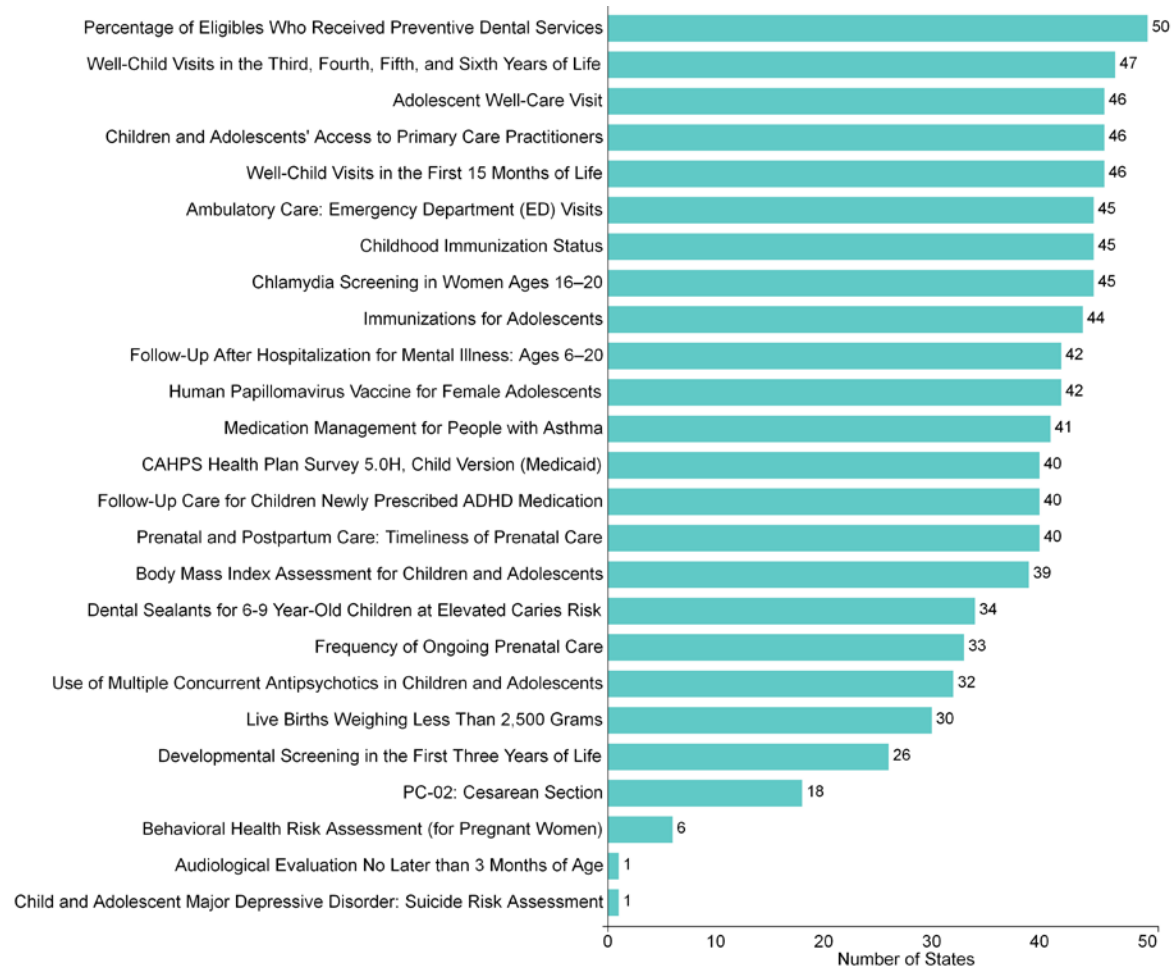
Break

Staff Review of FFY 2016 State Reporting

Overview of Medicaid Child Core Set FFY 2016 Reporting

- 50 states voluntarily reported at least one Child Core Set measure
- States reported a median of 18 measures
- Most frequently reported measures assess children's access to primary care, well-child visits, use of dental services, receipt of childhood immunizations, chlamydia screening, and ED visits
- FFY 2016 is the first year of reporting for 2 measures:
 - Use of Multiple Concurrent Antipsychotics in Children and Adolescents
 - Audiological Evaluation no later than 3 months of age

Number of States Reporting the Child Core Set Measures, FFY 2016

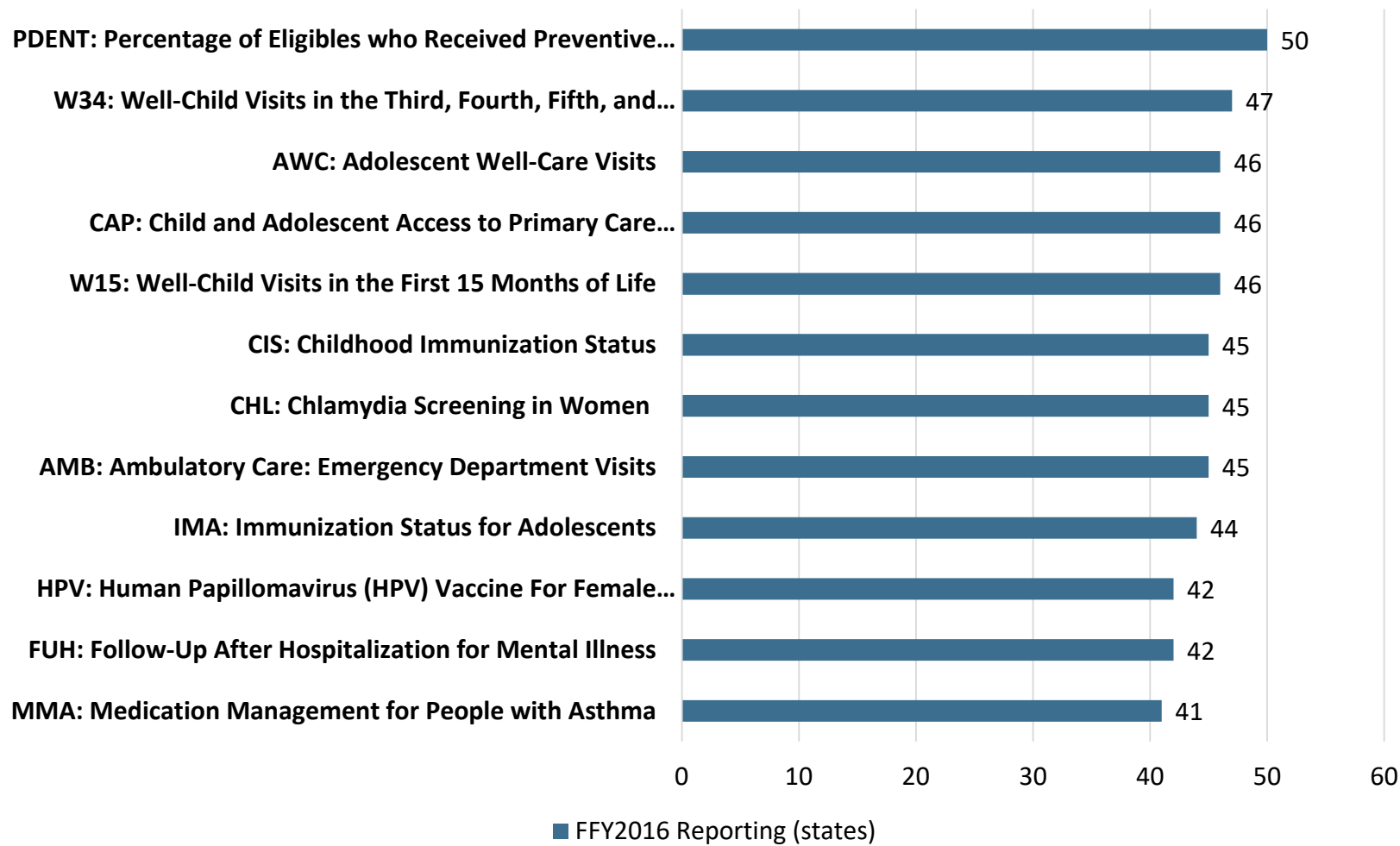


50

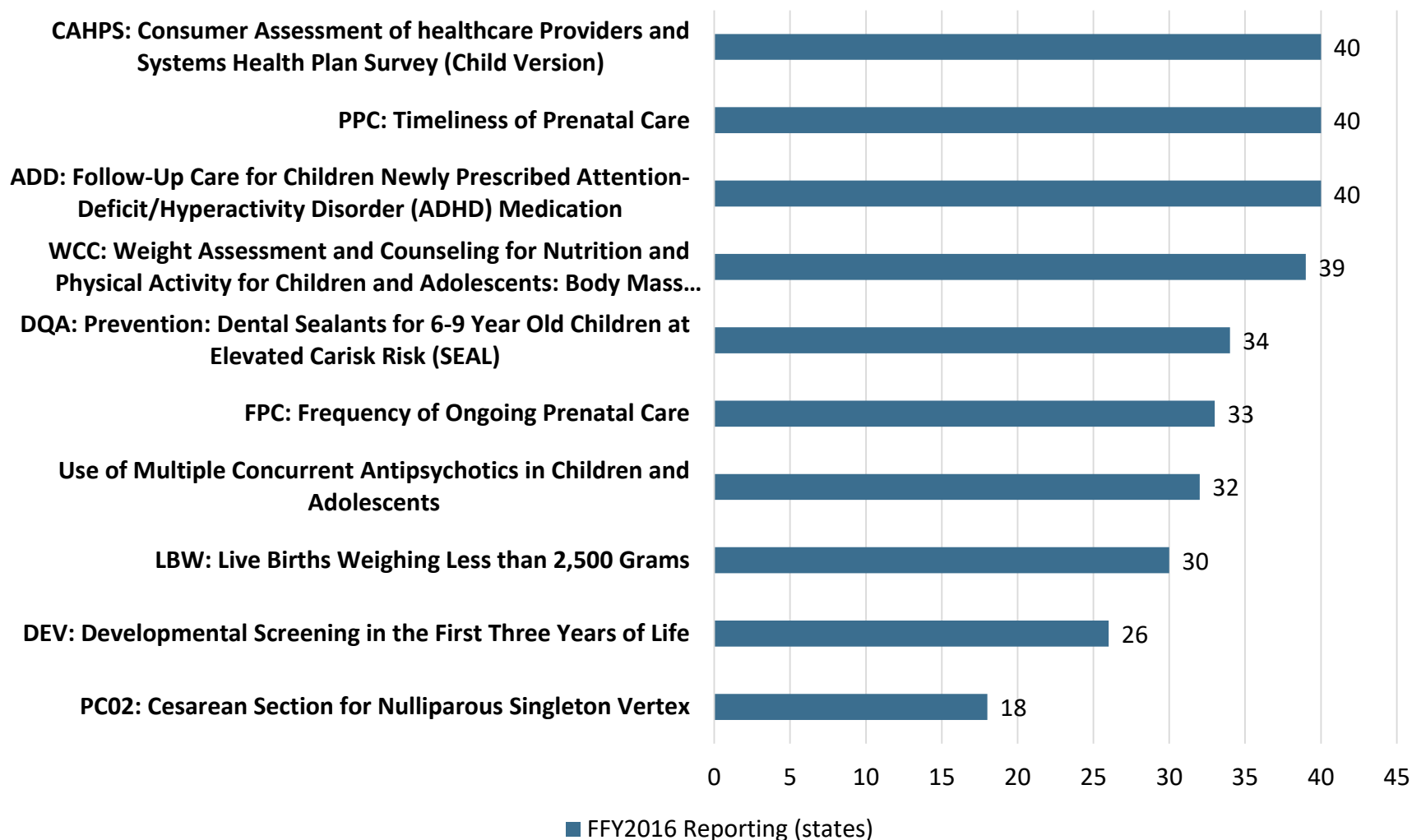
states voluntarily
reported at least one
Child Core Set
measure for FFY 2016

Sources: Mathematica analysis of MACPro reports and Form CMS-416 reports for the FFY2016 reporting cycle.

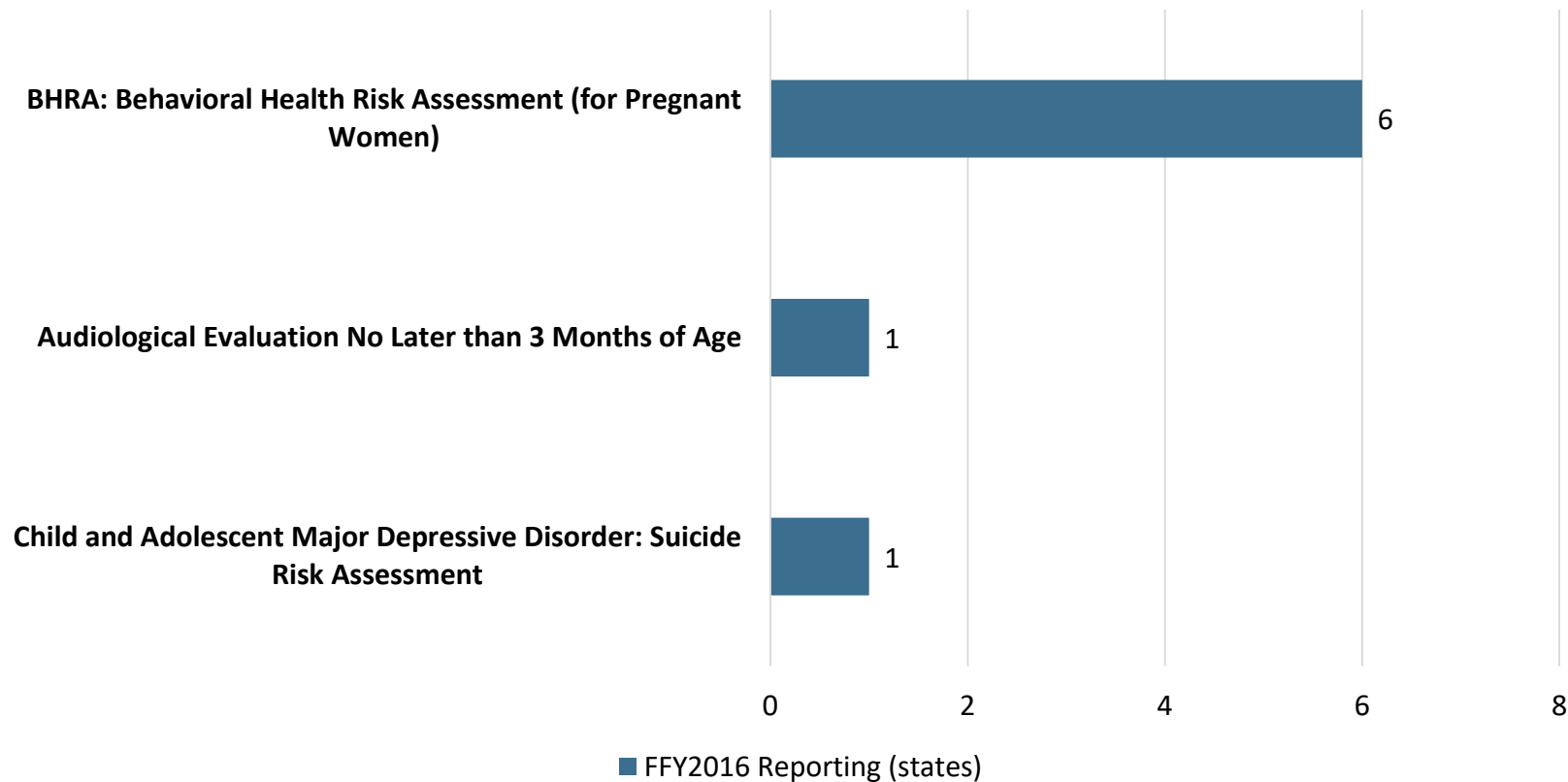
Measures with High Levels of Reporting (12)



Measures Reported More Frequently (10)



Measures with Low Levels of Reporting (3)



Not endorsed— Behavioral Health Risk Assessment (for Pregnant Women) (BHRA) —

No longer part of Core Set

Measure Steward: formerly AMA-PCPI

| | |
|------------------------------|--|
| Description: | Percentage of women, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: depression screening, alcohol use screening, tobacco use screening, drug use screening (illicit and prescription, over the counter), and intimate partner violence screening. |
| Numerator Statement | <p>Patients who received the following behavioral health screening risk assessments at the first prenatal visit.</p> <ul style="list-style-type: none">• Depression screening• Alcohol use screening• Tobacco use screening• Drug use (illicit and prescription, over the counter) screening• Intimate partner violence screening <p>To satisfactorily meet the numerator, ALL screening components must be performed.</p> |
| Denominator Statement | All patients, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care. |
| Exclusions: | None |
| Data Source: | Electronic Health Records |
| Type: | Process |

NQF #1360: Audiological Evaluation no later than 3 months of age

Measure Steward: Centers for Disease Control and Prevention

QPS Link: <http://www.qualityforum.org/qps/1360>

| | |
|------------------------------|---|
| Description: | This measure assesses the percentage of newborns who did not pass hearing screening and have an audiological evaluation no later than 3 months of age. |
| Numerator Statement | Numerator contains the number of infants born during the time window who have not passed ("Fail / Refer") hearing screening and whose age is less than 91 days at the time of audiological diagnosis. |
| Denominator Statement | Denominator contains the number of infants born during the time window who have not passed ("Fail / Refer") hearing screening. |
| Exclusions: | Patient deceased: Patient has expired prior to 91 days of age |
| Data Source: | Electronic Health Records, Other, Registry Data |
| Type: | Process |

NQF #1365: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

– No longer part of Core Set

Measure Steward: Physician Consortium for Performance Improvement

QPS Link: <http://www.qualityforum.org/QPS/1365>

| | |
|------------------------------|---|
| Description: | Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk |
| Numerator Statement | Patient visits with an assessment for suicide risk |
| Denominator Statement | All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder |
| Exclusions: | None |
| Data Source: | Electronic Health Records |
| Type: | Process |

Measure Review

- States collect, report and use a majority of the measures. Therefore, they do not warrant detailed discussion.
- Focus on measures with the least number of state reporting.
 - How might participation in reporting these measures be increased?
 - What can we learn about the measures that are (or are not) a good fit for this program based on the handful that relatively few states report?

Based on information, do any members of the Workgroup wish to propose any low reported measures for removal?

Potential Reasons for Removal from Core Set

- Consistently high levels of performance (e.g., >95%), indicating little room for additional improvement
- Multiple years of very low numbers of states reporting, indicating low feasibility or low priority of the topic
- Change in clinical evidence has made the measure obsolete
- Measure does not provide actionable information for state Medicaid program and/or its network of plans/providers
- Superior measure on the same topic has become available

Measure by Measure Review of the Child Core Set

2016 and 2017 Recommendations to CMS for Removal that remain on the Child Core Set

| Year | NQF # | Measure Name | Measure Steward | Program Alignment |
|------|-------|---|-----------------|---|
| 2016 | N/A | Child and Adolescents' Access to Primary Care Practitioners | NCQA | CMS Measures Inventory Tool |
| 2017 | 1517* | Prenatal and Postpartum Care: Timeliness of Prenatal Care | NCQA | Qualified Health Plan (QHP) Quality Rating System (QRS) (Implemented) |

*Endorsement removed

2018 Workgroup Recommendations for Removal from the Child Core Set

| NQF # | Measure Name | Measure Steward | Program Alignment |
|-------|---|-----------------|--|
| 0108 | Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication | NCQA | Medicare and Medicaid Electronic Health Record Incentive Program for Eligible Professionals (No Status), Merit-Based Incentive Payment System (MIPS) Program (Finalized), Qualified Health Plan (QHP) Quality Rating System (QRS) (Implemented) CMS Measures Inventory Tool Certified Community Behavioral Health Clinics (CCBHC) Measures |
| N/A | Use of Multiple Concurrent Antipsychotics in Children and Adolescents | NCQA | CMS Measures Inventory Tool |

2018 Workgroup Recommendations for Removal from the Child Core Set, cont.

| NQF # | Measure Name | Measure Steward | Program Alignment |
|-------|--|-----------------|--|
| 0024 | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents- Body Mass Index Assessment for Children/Adolescents | NCQA | Medicare and Medicaid Electronic Health Record Incentive Program for Eligible Professionals (No Status) Merit-Based Incentive Payment System (MIPS) Program (Finalized) Qualified Health Plan (QHP) Quality Rating System (QRS) (Implemented) AHIP Pediatric Core Set CMS Measures Inventory Tool CCBHC |

2018 Workgroup Recommendations for Removal – Measures Will Not Be Discussed

| NQF # | Measure Name | Measure Steward | Rationale |
|-------|----------------------------|-----------------|---|
| 1800 | Asthma Medication Ratio | NCQA | Removal of this measure does not align with CMS priorities as this measure was just added to the 2018 Core Set to replace #1799: Medication Management for People with Asthma after thorough discussion during the 2017 Medicaid in-person meeting. |
| N/A | Adolescent Well-Care Visit | NCQA | Removal of this measure does not align with CMS priorities to improve pediatric outcomes |

Workgroup Recommendations for Removal

– Measures Will Not Be Discussed

| NQF # | Measure Name | Measure Steward | Rationale |
|-------|---|----------------------|---|
| 2902 | Contraceptive Care-Postpartum | OPA | Removal of this measure does not align with CMS priorities to improve maternal and infant-health outcomes. This was just added to the 2017 Child and Adult Core Sets |
| 0471 | PC-02: Cesarean Birth | The Joint Commission | Removal of this measure does not align with CMS priorities to improve maternal and infant-health outcomes |
| 1382 | Live Births Weighing Less Than 2,500 Grams | CDC | Removal of this measure does not align with CMS priorities to improve maternal and infant-health outcomes |
| 1517* | Prenatal and Postpartum Care: Timeliness of Prenatal Care | NCQA | This measure was discussed during the 2017 in-person meeting and recommended for removal only if there was a suitable alternative measure. A suitable alternative has not been presented. |

*Endorsement removed

NQF #0108– Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

Measure Steward: National Committee on Quality Assurance

QPS Link: <http://www.qualityforum.org/QPS/0108>

Discussion Guide Link:

[http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP Medicaid Child Discussion Guide.html#8MENT](http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP%20Medicaid%20Child%20Discussion%20Guide.html#8MENT)

Not Endorsed – Use of Multiple Concurrent Antipsychotics in Children and Adolescents

Measure Steward: National Committee on Quality Assurance

Discussion Guide Link:

[http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP Medicaid Child Discussion Guide.html#9MENT](http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP_Medicaid_Child_Discussion_Guide.html#9MENT)

NQF #0024– Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents- Body Mass Index Assessment for Children/Adolescents –

Measure Steward: National Committee on Quality Assurance

QPS Link: <http://www.qualityforum.org/QPS/0024>

Discussion Guide Link:

[http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP Medicaid Child Discussion Guide.html#7CC](http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP%20Medicaid%20Child%20Discussion%20Guide.html#7CC)

Opportunity for Public Comment

Lunch

Measure Voting Process

- The Workgroup must reach a decision about every measure discussed
 - Each decision should be accompanied by one or more statements that explain why each decision was reached
- Tallying the votes:
 - Quorum—66% of Workgroup required to be present for voting
 - >60% of votes denote the result of voting

Medicaid Decision Categories

SUPPORT

- Addresses a previously identified measure gap
- Ready for immediate use
- Promotes alignment across programs and settings

CONDITIONAL SUPPORT

- Pending endorsement from NQF
- Pending CMS confirmation of feasibility

DO NOT SUPPORT

- Measure and/or measure focus inappropriate or a poor fit for the Core Sets
- Duplication of efforts
- Resource constraints
- State Medicaid agencies will need to tweak and/or vary the level of analysis to increase measure adoption and implementation

Workgroup Votes to Recommend Each Measure for Removal

- Vote to support or conditionally support removal of:
 - #0108 Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
 - N/A Use of Multiple Concurrent Antipsychotics in Children and Adolescents
 - #0024 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents- Body Mass Index Assessment for Children/Adolescents



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Pediatric Quality Measures Program

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**Agency for Healthcare Research and Quality
US Department of Health and Human Services**



PQMP: Background

- The **Pediatric Quality Measures Program (PQMP)** is an AHRQ/CMS partnership focused on developing and implementing pediatric quality measures, in conjunction with states and private sector partners, with the overall goal of improving quality of care for children, particularly those in Medicaid/CHIP
- **The first phase** launched in 2011 in response to a CHIPRA (2009) mandate to develop new measures
- **The second phase** launched in 2016 and focuses on assessing the **feasibility and usability** of the new PQMP measures at the state, health plan, and provider levels to support performance monitoring and QI



PQMP: Main Objectives

- Develop new, publicly available portfolio of pediatric quality measures
- Strengthen partnerships with states and other public/private stakeholders to implement measures to improve quality at multi-level (state, health plan, hospital, provider)
- Build knowledge base regarding the connection between measurement and improvement to facilitate the use and uptake of measures
- OVERALL, improve the quality of care and outcomes for US children, with a specific focus on children in Medicaid/CHIP



PQMP: Program Overview

PQMP I

- Increased the availability of relevant and valid child health quality measures in key gap areas for use by public and private sector entities
- Supported **seven** Centers Of Excellence (COEs)

PQMP II

- Supports implementation of new measures and demonstration QI projects, and learning about their feasibility/usability in improving quality of care for children in real-world settings
- Supports **six** Grantees



PQMP I: Projects

| COE | PI Name | Key Measure Topic Areas |
|--------------------------------|---------------------|--|
| University of Michigan | Gary Freed | <ul style="list-style-type: none">• Sepsis (diagnosis and treatment);• Sickle cell disease (testing, screening, guidance, monitoring, ED visits, patient satisfaction);• Overuse of imaging for headaches and seizures;• Outpatient care of asthma;• Availability of specialty services. |
| Mount Sinai School of Medicine | Lawrence Kleinman | <ul style="list-style-type: none">• Temperatures for low birthweight neonates;• Emergency department visits for asthma;• Mental health follow-up;• High-risk obstetrics;• Medication reconciliation. |
| Seattle Children's Hospital | Rita Mangione-Smith | <ul style="list-style-type: none">• Mental healthcare in hospital settings (assessment, discharge, follow-up);• Transitions of care (provider communication and record quality). |



PQMP I: Projects (cont'd)

| COE | PI Name | Key Measure Topic Areas |
|--|-----------------|---|
| Medical College of Wisconsin | Ramesh Sachdeva | <ul style="list-style-type: none">• Perinatal Care;• Follow-up after developmental screening;• Linkage between dental treatment and dental prevention;• ADHD (diagnosis, first-line treatment, follow-up). |
| National Committee for Quality Assurance | Sarah Scholle | <ul style="list-style-type: none">• Antipsychotic medication management and metabolic monitoring;• Depression care (monitoring and remission/response). |
| Boston Children's Hospital | Mark Schuster | <ul style="list-style-type: none">• Pediatric 30-day readmissions;• Family experience of pediatric inpatient care (Child HCAHPS Survey);• Adolescent Assessment of Preparation for Transition (ADAPT) to Adult-Focused Health Care. |
| Children's Hospital of Philadelphia | Jeffrey Silber | <ul style="list-style-type: none">• Pediatric Global Health Measure (PGH-7);• Continuity of insurance. |



NQF-Endorsed PQMP Measures

| COE | PQMP Measure | NQF # |
|----------|---|-------|
| CEPQM | Pediatric All-Condition Readmission Measure | 2393 |
| CEPQM | Pediatric Lower Respiratory Infection Readmission Measure | 2414 |
| CEPQM | Child Hospital CAHPS (Child HCAHPS) Survey | 2548 |
| CEPQM | Adolescent Assessment of Preparation for Transition (ADAPT) to Adult-Focused Health Care | 2789 |
| Q-METRIC | Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia | 2797 |
| NCINQ | Metabolic Monitoring for Children and Adolescents on Antipsychotics | 2800 |
| NCINQ | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | 2801 |
| NCINQ | Tobacco Use and Help with Quitting Among Adolescents | 2803 |
| COE4CCN | Adolescent Psychosis: Screening for Drugs of Abuse in the Emergency Department | 2806 |
| CHOP | Acute Otitis Media - Appropriate First-Line Antibiotics | 2811 |
| COE4CCN | Family Experiences with Coordination of Care (FECC)-1 Has Care Coordinator | 2842 |
| COE4CCN | Family Experiences with Coordination of Care (FECC)-3: Care Coordinator Helped to Obtain Community Services | 2843 |
| COE4CCN | Family Experiences with Coordination of Care (FECC)-5: Care Coordinator Asked About Concerns and Health | 2844 |
| COE4CCN | Family Experiences with Coordination of Care (FECC)-7: Care Coordinator Assisted with Specialist Service Referrals | 2845 |
| COE4CCN | Family Experiences with Coordination of Care (FECC)-8: Care Coordinator Was Knowledgeable, Supportive and Advocated for Child's Needs | 2846 |
| COE4CCN | Family Experiences with Coordination of Care (FECC)-9: Appropriate Written Visit Summary Content | 2847 |
| COE4CCN | Family Experiences with Coordination of Care (FECC)-15: Caregiver Has Access to Medical Interpreter When Needed | 2849 |
| COE4CCN | Family Experiences with Coordination of Care (FECC)-16: Child Has Shared Care Plan | 2850 |
| CEPQM | GAPPS: Rate of Preventable Adverse Events Per 1,000 Patient-Days Among Pediatric Inpatients | 3136 |
| COE4CCN | Continuity of Primary Care for Children with Medical Complexity | 3153 |
| CHOP | Informed Participation | 3154 |
| Q-METRIC | Antibiotic Prophylaxis Among Children with Sickle Cell Anemia | 3166 |



PQMP II: Projects

| Grantee Institution | PI Name | Key Measure Topic Areas |
|---|---------------------|---|
| University of California, San Francisco | Michael Cabana | <ul style="list-style-type: none">• Asthma (ED use and primary care coordination);• Sickle cell disease screening and treatment guidance. |
| University of Michigan | Gary Freed | <ul style="list-style-type: none">• Sickle cell disease (antibiotic prophylaxis and ultrasonography screening);• Overuse of imaging for headaches and seizures;• Outpatient care of asthma. |
| Seattle Children's Hospital | Rita Mangione-Smith | <ul style="list-style-type: none">• Mental healthcare in hospital settings (assessment, discharge, follow-up);• Transitions of care (provider communication and record quality). |



PQMP II: Projects (cont'd)

| Grantee Institution | PI Name | Key Measure Topic Areas |
|--|--------------------|---|
| National Committee for Quality Assurance | Sarah Scholle | <ul style="list-style-type: none">• Antipsychotic medication management and metabolic monitoring;• Depression care (utilization, screening, follow-up). |
| Boston Children's Hospital | Sara Toomey | <ul style="list-style-type: none">• Pediatric 30-day readmissions;• Family experience of pediatric inpatient care (Child HCAHPS Survey). |
| University of Florida | Elizabeth Shenkman | <ul style="list-style-type: none">• Linkage between dental treatment and dental prevention;<ul style="list-style-type: none">○ PDENT-CH: Percentage of Eligibles Who Received Preventive Dental Services○ SEAL-CH: Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk• Judicious antipsychotic use in children and adolescents and metabolic screening and monitoring. |



PQMP II: Key Features to Drive Impact

Enhance understanding regarding the **feasibility** and **usability** of newly developed measures by:

- Testing a variety of different measurement and QI approaches to support adoption and use of evidence-based measures
- Building “key” stakeholder partnerships to build evidence and address gaps in children’s quality measurement
- Capturing key learnings on contextual factors that influence measurement and QI success/failure in order to support states’ data collection and improvement efforts



PQMP II: Key Features to Drive Impact (cont'd)

Develop and implement a **PQMP Learning Collaborative (PQMP-LC)** among grantees and a community of stakeholders working toward dissemination and implementation (D&I) of pediatric quality measures by:

- Providing research, implementation, and knowledge-sharing support to the six PQMP grantees
- Expanding the knowledge base on pediatric quality measure implementation through collaboration with a broad group of stakeholders
- Improving the understanding of best practices for D&I to build capacity and sustainability for performance monitoring and QI efforts at multiple levels and across multiple topic areas

Questions?



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Measure by Measure Review: Potential Gap-Filling Measures for Addition to the Child Core Set

Measure Review for Potential Addition to the Child Core Set

- Workgroup annual recommendations are guided by the Measure Selection Criteria, feedback from state implementation and Medicaid population specific gap areas
- A Medicaid specific algorithm and preliminary analysis was used as a standardized way to organize discussion on potential measure recommendations.
- Medicaid Workgroup members submitted measure recommendations for strengthening the core sets


Tools Used to Guide Measure Review

MAP's Measure Selection Criteria (MSC)

| | |
|---|--|
| 1 | NQF- endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective |
| 2 | Program measure set adequately addresses each of the National Quality Strategy's three aims |
| 3 | Program measure set is responsive to specific program goals and requirements |
| 4 | Program measure set includes an appropriate mix of measure types |
| 5 | Program measure set enables measurement of person- and family-centered care and services |
| 6 | Program measure set includes considerations for healthcare disparities and cultural competency |
| 7 | Program measure set promotes parsimony and alignment |

Tools Used to Guide Measure Review

MAP's Preliminary Analysis Algorithm




The measure addresses a critical quality objective not currently, adequately addressed by the measures in the program set.



The measure is an outcome measure or is evidence-based.




The measure addresses a quality challenge.




The measure contributes to efficient use of resources and/or supports alignment of measurement across programs.



The measure can be feasibly reported.



The measure is reliable or valid for the level of analysis, program, and/or setting(s) for which it is being considered.



If a measure is in current use, no implementation issues that outweigh the benefits of the measure have been identified.

2017 Recommendations to Address High Priority Gaps

- Substance Abuse
- Care Coordination
 - ▣ Aspects of care integration, social services coordination, cross-sector measures and care coordination for conditions requiring community linkages
- Mental Health
- Overuse and Medically Unnecessary Care
 - ▣ Underuse of care is equally important
- Cost Measures

2015, 2016 & 2017 Recommendations for Addition Not Accepted by CMS

| Year | NQF # | Measure Name | Measure Steward | Program Alignment |
|------|-------|---|--|-------------------|
| 2015 | 0477* | Under 1500g Infant Not Delivered at Appropriate Level of Care | California Maternal Quality of Care Collaborative | N/A |
| 2015 | 2393 | Pediatric All-Condition Readmission Measure | Center of Excellence for Pediatric Quality Measurement | N/A |
| 2016 | 2797 | Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia | Q-Metric | N/A |

*Endorsement removed

2015, 2016 & 2017 Recommendations for Addition Not Accepted by CMS, cont.

| Year | NQF # | Measure Name | Measure Steward | Program Alignment |
|------|----------------|---|---|--|
| 2016 | 0480/ 0480e | PC-05 Exclusive Breast Milk Feeding | The Joint Commission | Hospital Compare (Implemented), Hospital Inpatient Quality Reporting (Implemented), Medicare and Medicaid Electronic Health Record Incentive Program for Hospitals and Critical Access Hospitals (Implemented) |
| 2017 | 3154 | Informed Participation | The Children's Hospital of Philadelphia | N/A |
| 2017 | 2800 | Metabolic Monitoring for Children and Adolescents on Antipsychotics | NCQA | N/A |

2018 Workgroup Recommendations for Strengthening the Child Core Set

| NQF # | Measure Name | Measure Steward | Program Alignment |
|-------|---|--|-------------------|
| 2393 | Pediatric All-Condition Readmission Measure | Center of Excellence for Pediatric Quality Measurement | N/A |
| 2548 | Child HCAHPS | AHRQ | N/A |
| 3166 | Antibiotic Prophylaxis Among Children with Sickle Cell Anemia | Q-METRIC | N/A |
| 2797 | Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia | Q-METRIC | N/A |
| 2800 | Metabolic Monitoring for Children on Multiple Antipsychotics | NCQA | N/A |

2018 Workgroup Recommendations for Addition – Measures Will Not Be Discussed

| NQF # | Measure Name | Measure Steward | Rationale |
|-------|--|-------------------|--|
| N/A | Behavioral Health Risk Assessment (for Pregnant Women) | Formerly AMA-PCPI | This measure has been removed from the 2018 Core Set; the steward retired this measure. Adding this measure to the 2019 Child Core Set does not align with CMS priorities. |

NQF #2393 – Pediatric All-Condition Readmission Measure

Measure Steward: Center for Excellence for Pediatric Quality Measurement

QPS Link: <http://www.qualityforum.org/QPS/2393>

Discussion Guide Link:

[http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP Medicaid Child Discussion Guide.html#6CC](http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP%20Medicaid%20Child%20Discussion%20Guide.html#6CC)

NQF #2548 – Child HCAHPS

Measure Steward: Agency for Healthcare Research and Quality

QPS Link: <http://www.qualityforum.org/QPS/2548>

Discussion Guide Link:

[http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP Medicaid Child Discussion Guide.html#10PRO](http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP_Medicaid_Child_Discussion_Guide.html#10PRO)

NQF #3166 – Antibiotic Prophylaxis Among Children with Sickle Cell Anemia

Measure Steward: QMETRIC-University of Michigan

QPS Link: <http://www.qualityforum.org/QPS/3166>

Discussion Guide Link:

[http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP Medicaid Child Discussion Guide.html#12SCD](http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP%20Medicaid%20Child%20Discussion%20Guide.html#12SCD)

NQF# 2797– Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia

Measure Steward: QMETRIC- University of Michigan

QPS Link: <http://www.qualityforum.org/QPS/2797>

Discussion Guide Link:

[http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP Medicaid Child Discussion Guide.html#11SCD](http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP%20Medicaid%20Child%20Discussion%20Guide.html#11SCD)

NQF# 2800 – Metabolic Monitoring for Children on Multiple Antipsychotics

Measure Steward: NCQA

QPS Link: <http://www.qualityforum.org/QPS/2800>

Discussion Guide Link:

[http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP Medicaid Child Discussion Guide.html#13MENT](http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP%20Medicaid%20Child%20Discussion%20Guide.html#13MENT)

Opportunity for Public Comment & Break

Workgroup Votes to Recommend Each Measure for Inclusion

- Vote to support (or conditionally support) inclusion of:
 - #2393 Pediatric All-Condition Readmission Measure
 - #2548 Child HCAHPS
 - #3166 Antibiotic Prophylaxis Among Children with Sickle Cell Anemia
 - #2797 Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia
 - #2800 Metabolic Monitoring for Children on Multiple Antipsychotics

Prioritizing Remaining Measure Gap Areas

2017 Recommendations to Address High Priority Gaps

- Substance Abuse
- Care Coordination
 - Aspects of care integration, social services coordination, cross-sector measures and care coordination for conditions requiring community linkages
- Mental Health
- Overuse and Medically Unnecessary Care
 - Underuse of care is equally important
- Cost Measures

2017 Recommendations to Address High-Priority Gaps, cont.

- Screening for abuse and neglect
- Injuries and trauma
 - Trauma is one of the leading causes of death among adolescents
- Sickle-cell disease
- Exposure to Adverse Childhood Experiences (ACEs)
- Patient-reported outcome measures
- Access to Durable medical equipment (DME)
- Dental care access for children with disabilities – could stratify current measures
- Duration of children's health insurance coverage over a 12-month period

NQF. Strengthening the Core Set of Healthcare Quality Measures for Children Enrolled in Medicaid and CHIP, 2016.

http://www.qualityforum.org/Publications/2016/08/Strengthening_the_Core_Set_of_Healthcare_Quality_Measures_for_Children_Enrolled_in_Medicaid,_2016.aspx

Strategy for Filling High-Priority Measure Gaps

- Have any of the gap areas been satisfied?
- Are we missing any gap areas?
- Can the Workgroup highlight 2-3 highest-priority measure gaps for future development efforts?
 - Does enough evidence exist?
 - Is there a reliable data source?

Opportunity for Public Comment

Adjourn for the Day