NATIONAL QUALITY FORUM

Measure Applications Partnership

# Medicaid Adult and Child Task Forces In-Person Meeting

*May 23-25, 2017*

# Welcome

# Welcome

- **Restrooms**
  - *Exit main conference area, past elevators, on right.*
- **Breaks**
  - *11:00am – 15 minutes*
  - *1:00pm – Lunch provided by NQF*
  - *2:50pm – 15 minutes*
- **Laptops and cell phones**
  - *Wi-Fi network*
    - » User name: **guest**
    - » Password: **NQFguest**
  - *Please mute your cell phone during the meeting*

# Introductions of Task Force Members and Disclosures of Interest

# Medicaid Adult Task Force Membership

| Adult Task Force Chair | Harold Pincus, MD – Columbia University's College of Physicians and Surgeons/New York Presbyterian Hospital |
|---|---|

| Organizational Representatives (Voting) | Organizational Members |
|---|---|
| Diane Calmus, JD | National Rural Health Association |
| Mary Kay Jones, MPH, BSN, RN, CPHQ | Centene Corporation |
| Rhys Jones, MPH | America's Health Insurance Plans |
| Sue Kendig, JD, WHNP-BC, FAANP | American Association of Nurse Practitioners |
| Deborah Kilstein, RN, MBA, JD | Association for Community Affiliated Health Plans |
| Rachel La Croix, PhD, PMP | National Association of Medicaid Directors |
| Roanne Osborne-Gaskin, MD, MBA, FAAFP | American Academy of Family Physicians |
| Clarke Ross, DPA | Consortium for Citizens with Disabilities |
| Marissa Schlaifer, RPh, MS | Academy of Managed Care Pharmacy |

# Medicaid Adult Task Force Membership

| Federal Government Members (Non-Voting) | |
|---|---|
| Suma Nair, MS, RD | Health Resources and Services Administration (HRSA) |
| Lisa Patton, PhD | Substance Abuse and Mental Health Services Administration (SAMHSA) |
| Marsha Smith, MD | Centers for Medicare & Medicaid Services (CMS) |

# Review of Meeting Objectives

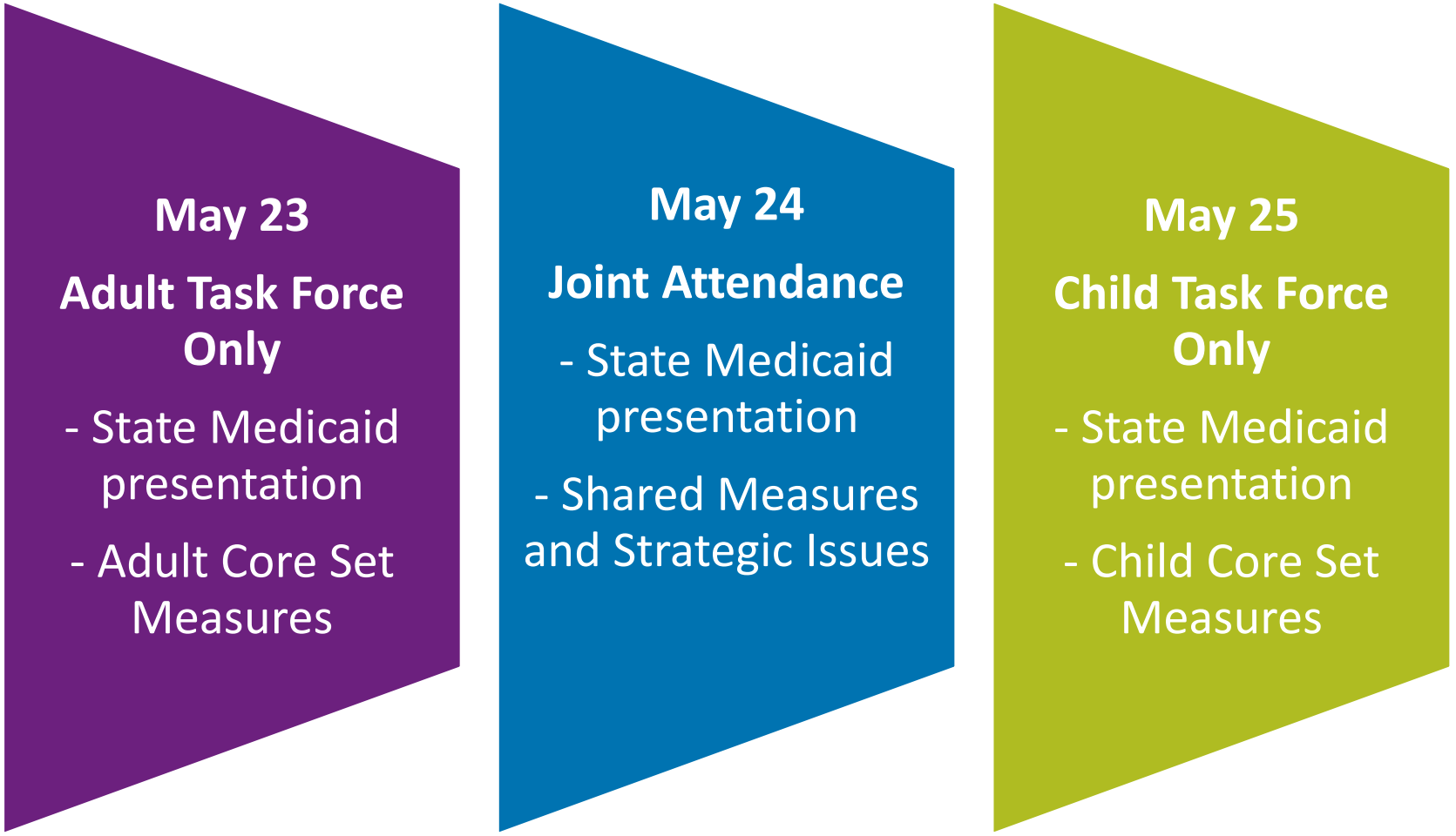
# Meeting Objectives

- Consider states' experiences implementing the Medicaid Child and Adult Core Sets
- Develop strategic recommendations for strengthening the Medicaid Child and Adult Core Sets
- Formulate strategic guidance to CMS about strengthening the measure sets over time to meet program goals

# MAP Medicaid Child and Adult Task Forces' Charge

- For this review, the charge of the MAP Medicaid Child and Adult Task Forces is to:
  - *Review states' experiences reporting measures to date*
  - *Refine previously identified measure gap areas and recommend potential measures for addition to the set*
  - *Recommend measures for removal from the set that are found to be ineffective*
- The Task Forces consist of current MAP members from the MAP Coordinating Committee and MAP Workgroups with relevant interests and expertise.

# Structure of Task Force Deliberations



# Key Points from Staff Review of the Core Set

# CMS Goals: Child and Adult Core Sets

- Three-part goal for Adult and Child Core Sets:

1. *Increase number of states reporting Core Set measures*
2. *Increase number of measures reported by each state*
3. *Increase number of states using Core Set measures to drive quality improvement*

# How CMS Uses Core Set Data

- Core set data used to obtain a snapshot of quality across Medicaid and CHIP (Children's Health Insurance Program):
  - *Annual Child Health Quality Report*
  - *Annual Adult Health Quality Report*
  - *Chart pack and other analyses*
  - *Inform policy and program decisions*

# Medicaid Adult Core Set

- The Affordable Care Act (ACA) called for the creation of a core set of quality measures for adults enrolled in Medicaid
  - *Initial Adult Core Set of measures was published in 2012*
- States voluntarily submit data annually to CMS
- The 2017 report is MAP's fifth set of annual recommendations to HHS on the Adult Core Set

# MAP Measure Selection Criteria

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

# Task Force Measure – Specific Recommendations

- In 2016, MAP supported the continued use of the 28 measures in the Adult Core Set
- MAP supported or conditionally supported six new measures, from a total of 14 measures discussed
  - *Recommended measures would fill gaps in the measure set*
  - *Measures not yet reviewed for endorsement by NQF received conditional support, pending NQF endorsement*

# Measures Recommended for Addition to the Adult Core Set

| Measure Name and NQF Number |
| --- |
| **NQF #2152: Preventive Care and Screening: Unhealthy Alcohol Use** |
| **NQF #0541: Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category** |
| **NQF #2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)** |
| **NQF #2605: Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence** |
| **NQF #2829: Elective Delivery (Conditional Support)*** |
| **NQF #1799: Medication Management for People with Asthma** |

*Conditionally supported measure, pending NQF endorsement

Adopted in 2017 Core Set

# CMS - Adult Core Set Update for 2017 Reporting

## Issued December 5, 2016

- Based on MAP's recommendations, CMCS updated the 2017 Adult Core Set:
  - Added three measures:
    - » NQF #2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin (HbA1c) Poor Control (>9.0%)
    - » NQF #2605: Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence
    - » NQF #2902: Contraceptive Care – Postpartum

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/cib120516.pdf. Accessed February 2017.

# CMS - Adult Core Set Update for 2017 Reporting

## Issued December 5, 2016

- CMCS also added the electronic clinical quality measure (eMeasure) format of NQF #0469 PC-01 Elective Delivery, paper measure, already a measure on the adult core set. The NQF eMeasure number is 2829. This provides states with choice on how they would like report the measure.

- *Based on recommendations from the states, CMCS retired one measure, the Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care.*

# Medicaid Adult Core Set Measures: FFY 2017

| NQF # | Measure Name | Measure Steward |
|---|---|---|
| **Primary Care Access and Preventive Care** | | |
| 0032 | Cervical Cancer Screening (CCS-AD) | NCQA |
| 0033 | Chlamydia Screening in Women Ages 21–24 (CHL-AD) | NCQA |
| 0039 | Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD) | NCQA |
| 0418 | Screening for Clinical Depression and Follow-Up Plan (CDF-AD) | CMS |
| 2372 | Breast Cancer Screening (BCS-AD) | NCQA |
| N/A | Adult Body Mass Index Assessment (ABA-AD) | NCQA |
| **Maternal and Perinatal Health** | | |
| **0469**/ 2829 | PC-01: Elective Delivery (PC01-AD) | TJC |
| 0476 | PC-03: Antenatal Steroids (PC03-AD) | TJC |
| 2902 | Contraceptive Care – Postpartum Women Ages 15–44 (CCP-AD)* | OPA |
| N/A | Postpartum Care Rate (PPC-AD) | NCQA |

CMS: Centers for Medicare & Medicaid Services; NCQA: National Committee for Quality Assurance; NQF: National Quality Forum; TJC: The Joint Commission; OPA: U.S. Office of Population Affairs

**Newly Added Measure**

# Medicaid Adult Core Set Measures: FFY 2017 cont.

| NQF # | Measure Name | Measure Steward |
|---|---|---|
| **Care of Acute and Chronic Conditions** | | |
| 0018 | Controlling High Blood Pressure (CBP-AD) | NCQA |
| 0057 | Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C-AD) | NCQA |
| 0059 | Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD) | NCQA |
| 0272 | PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD) | AHRQ |
| 0275 | PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD) | AHRQ |
| 0277 | PQI 08: Heart Failure Admission Rate (PQI08-AD) | AHRQ |
| 0283 | PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD) | AHRQ |

NCQA: National Committee for Quality Assurance; AHRQ: Agency for Healthcare Research & Quality

# Medicaid Adult Core Set Measures: FFY 2017 cont.

| NQF # | Measure Name | Measure Steward |
|---|---|---|
| **Care of Acute and Chronic Conditions** | | |
| 1768 | Plan All-Cause Readmissions (PCR-AD) | NCQA |
| 2082 | HIV Viral Load Suppression (HVL-AD) | HRSA |
| 2371 | Annual Monitoring for Patients on Persistent Medications (MPM-AD) | NCQA |
| **Experience of Care** | | |
| 0006 | Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid) (CPA-AD) | AHRQ |

NCQA: National Committee for Quality Assurance; AHRQ: Agency for Healthcare Research & Quality; HRSA = Health Resources and Services Administration

# Medicaid Adult Core Set Measures: FFY 2017 cont.

| NQF # | Measure Name | Measure Steward |
|---|---|---|
| **Behavioral Health Care** | | |
| 0004 | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD) | NCQA |
| 0027 | Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) | NCQA |
| 0105 | Antidepressant Medication Management (AMM-AD) | NCQA |
| 0576 | Follow-Up After Hospitalization for Mental Illness: Age 21 and Older (FUH-AD) | NCQA |
| 1879 | Adherence to Antipsychotics for Individuals with Schizophrenia (SAA-AD) | CMS |
| 1932 | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD) | NCQA |
| 2605 | Follow-Up After Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence (FUA-AD)* | NCQA |
| 2607 | Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)* | NCQA |
| 2940 | Use of Opioids at High Dosage in Persons Without Cancer | PQA |

NCQA: National Committee for Quality Assurance; CMS: Centers for Medicare & Medicaid Services; PQA: Pharmacy Quality Alliance

**Newly Added Measure**

# Medicaid Adult Core Set Measure Characteristics

| Medicaid Adult Core Set Characteristics | | # of Measures (n = 30) |
|---|---|---|
| NQF Endorsement Status | Endorsed | 28 |
| | Not Endorsed | 2 |
| Measure Type | Structure | 0 |
| | Process | 21 |
| | Outcome | 8 |
| | Patient Experience of Care | 1 |
| Data Collection Method | Administrative Claims | 24 |
| | Electronic Clinical Data | 18 |
| | eMeasure Available | 9 |
| | Survey Data | 3 |
| Alignment | In use in one or more Federal Programs | 22 |
| | In the Child Core Set | 4* |

# Core Set Measure Update

## (Maintenance, Loss of endorsement, New endorsement)

# NQF #2940 – Use of Opioids at High Dosage in Person without Cancer

## Measure Steward: PQA

- Added to the 2017 Adult Core Set – prior to NQF endorsement
- Endorsed January 2017

# NQF #0418 – Screening for Clinical Depression and Follow-up Plan

## Measure Steward: CMS

- Update on measure:
  - #0418 is the original number for #3148, which is undergoing maintenance review through the Behavioral Health 2016-2017 Project
  - #3132 is the eMeasure version of #3148 and is currently a new measure under the Behavioral Health 2016-2017 project.
  - #3148 and #3132 were both recommended for endorsement. Currently in the public comment phase.

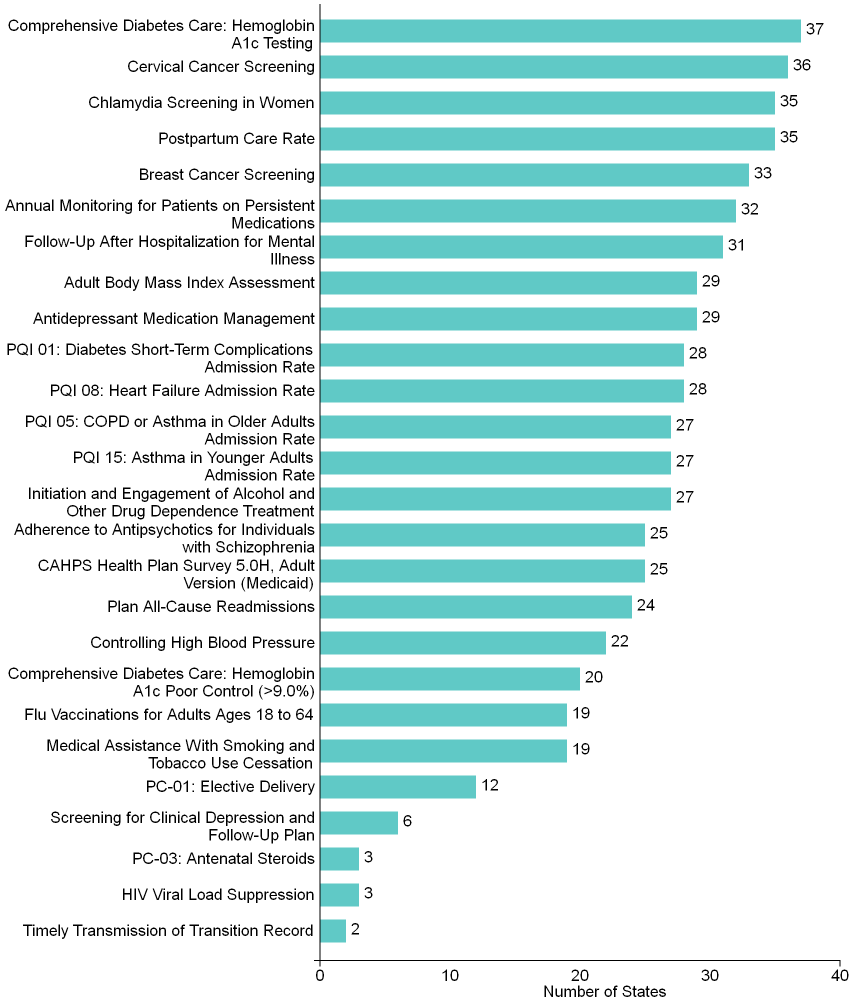
# *Staff Review of FFY 2015 State Reporting*

# Medicaid Adult Core Set: FFY 2015 Reporting Overview

**Adult Core Set participation is strong, with room for improvement**

- 39 states voluntarily reported at least one Adult Core Set measure
- States reported a median of 16 measures
- The prevalence of chronic illnesses like diabetes is high among adults covered by Medicaid.
  - *Comprehensive Diabetes Care: Hemoglobin A1c Testing was reported by the highest number of states (37 states)*
- First year reporting one new measure:
  - *Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)*
- Retired one measure:
  - *Comprehensive Diabetes Care LDL-Screening*

# Number of States Reporting the Adult Core Set Measures, FFY 2015



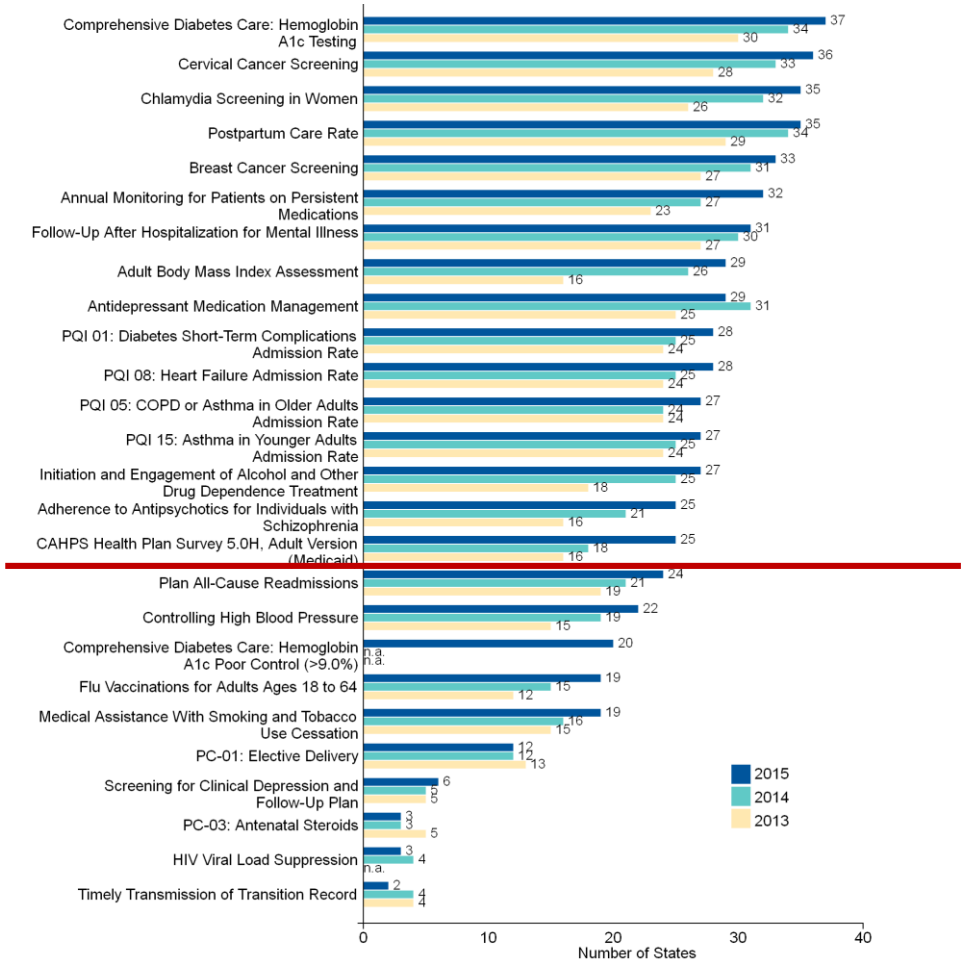

**39** states voluntarily reported at least one Adult Core Set measure for FFY 2015

Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: The term "states" includes the 50 states and the District of Columbia.
This chart includes the Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure reported by states via MACPro. For FFY 2015, CMS also collected data on the MSC measure from the 47 states participating in the CMS 2014–2015 Nationwide Adult Medicaid Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

# Number of States Reporting the Adult Core Set Measures, FFY 2013–2015




State reporting increased for **20** of the 25 measures included in both the 2014 and 2015 Adult Core Sets

Sources: Mathematica analysis of FFY 2013–2014 CARTS reports and FFY 2015 MACPro reports.

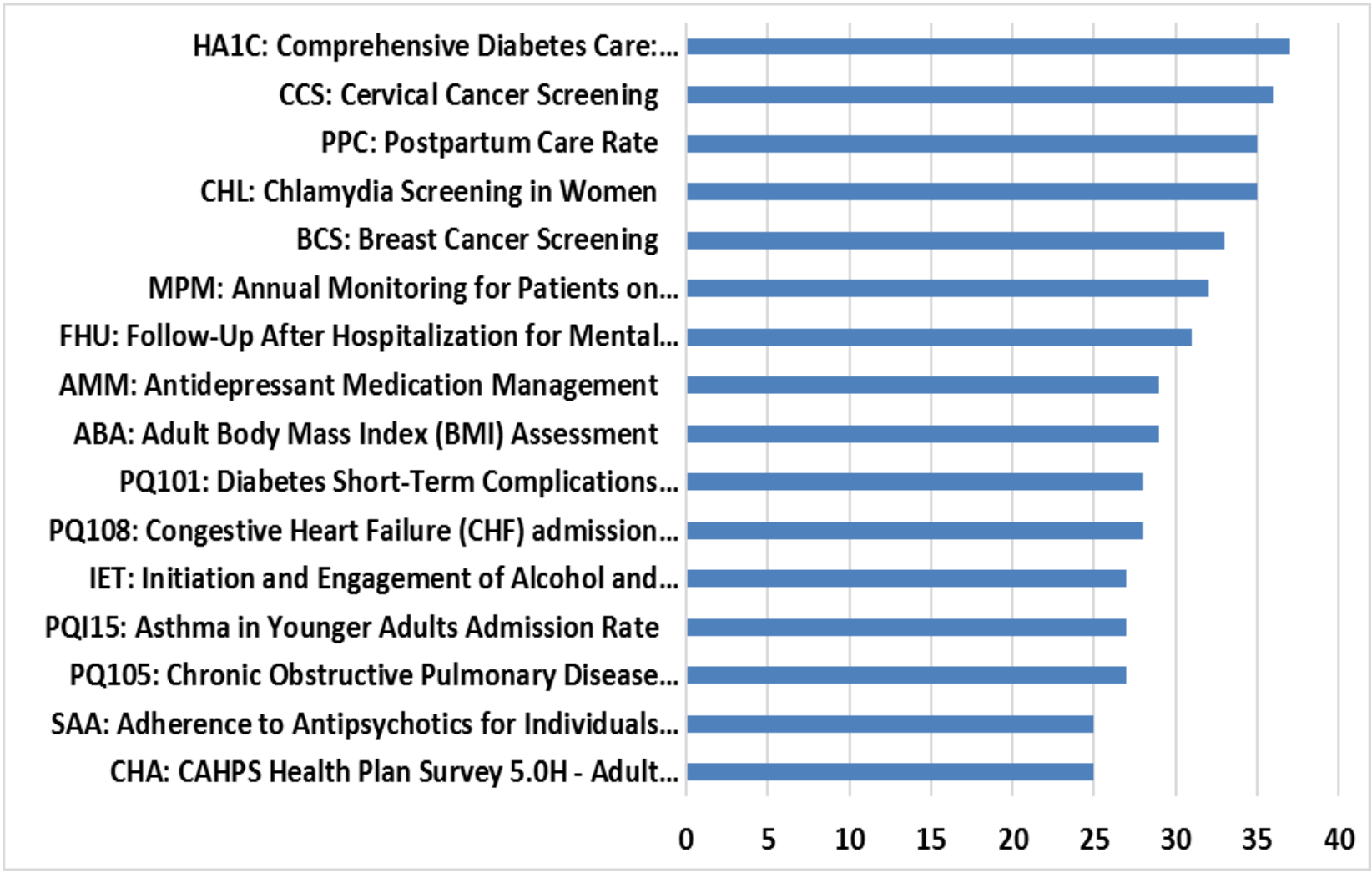
Notes: The term "states" includes the 50 states and the District of Columbia.

This chart includes the Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure reported by states via MACPro. For FFY 2015, CMS also collected data on the MSC measure from the 47 states participating in the CMS 2014–2015 Nationwide Adult Medicaid Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

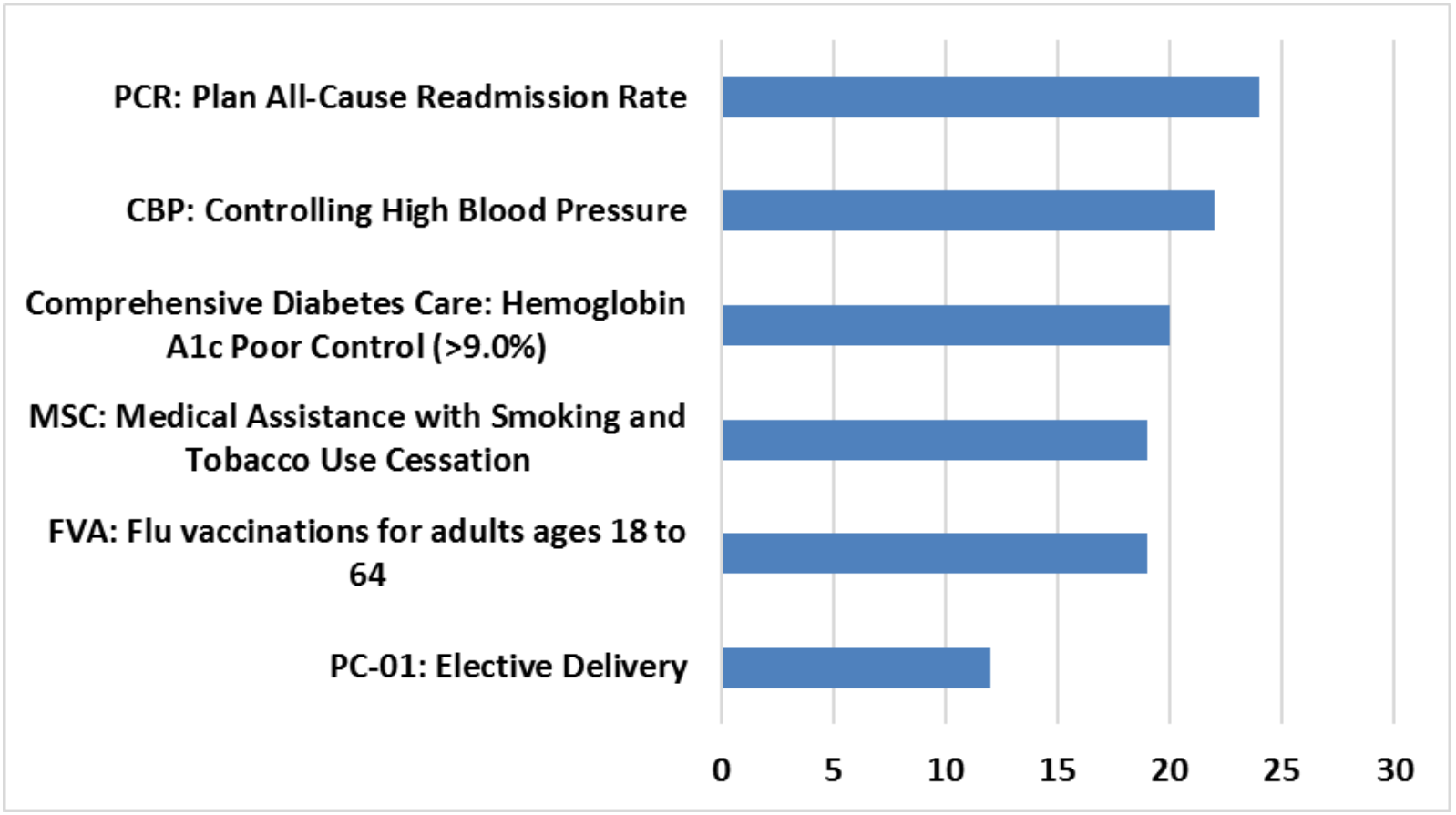
n.a. = not applicable; measure not included in the Adult Core Set for the reporting period.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

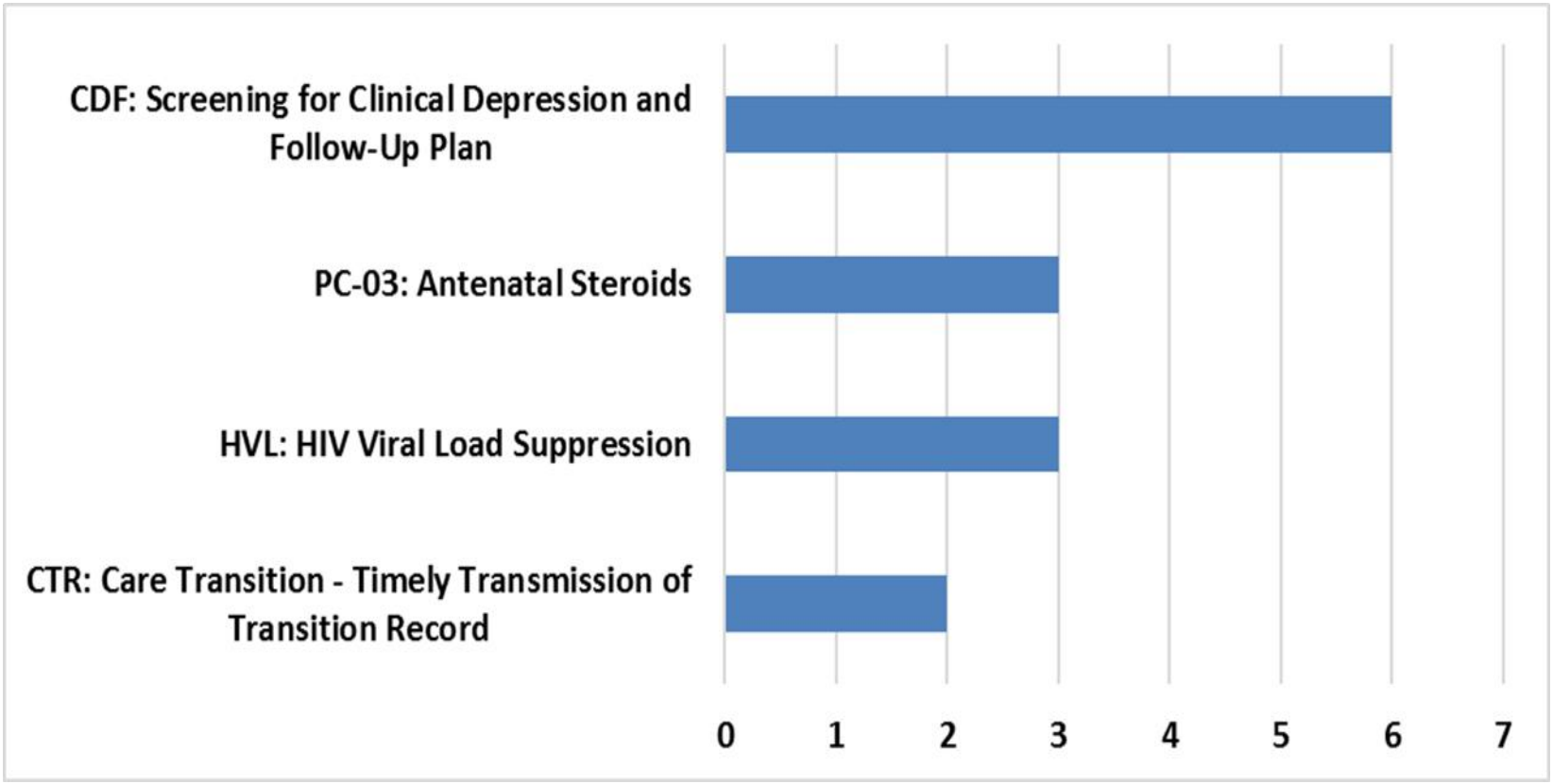
# Measures with High Levels of Reporting (16)



# Measures with Medium Levels of Reporting (6)



# Measures with Low Levels of Reporting (4)



# Overview of State Reporting: Adult Core Set Measures, FFY 2015

| Number of Measures Reported | | Flu Vaccinations for Adults Ages 18 to 64 | Breast Cancer Screening | Cervical Cancer Screening | Chlamydia Screening in Women | Adult Body Mass Index Assessment | Screening for Clinical Depression and Follow-up Plan | Postpartum Care Rate | PC-01: Elective Delivery | PC-03: Antenatal Steroids | Comprehensive Diabetes Care: Hemoglobin A1c Testing | Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%) | PQI 01: Diabetes Short-Term Complications Admission Rate | PQI 05: COPD or Asthma in Older Adults Admission Rate | PQI 08: Heart Failure Admission Rate | PQI 15: Asthma in Younger Adults Admission Rate | Plan All-Cause Readmissions | Annual Monitoring for Patients on Persistent Medications | HIV Viral Load Suppression | Antidepressant Medication Management | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | Adherence to Antipsychotics for Individuals with Schizophrenia | Follow-Up After Hospitalization for Mental Illness | Medical Assistance With Smoking and Tobacco Use Cessation | Timely Transmission of Transition Record | CAHPS Health Plan Survey 5.0H, Adult Version (Medicaid) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total | 16 (Median) | 19 | 33 | 36 | 35 | 29 | 6 | 35 | 12 | 3 | 37 | 20 | 28 | 27 | 28 | 27 | 24 | 22 | 3 | 29 | 27 | 25 | 31 | 19 | 2 | 25 |
| Alabama | 17 | X | X | X | X | X | X | X | X | -- | X | -- | X | X | X | X | X | -- | -- | X | -- | X | X | -- | -- | -- |
| Arizona | 7 | -- | -- | -- | -- | -- | -- | X | -- | -- | -- | -- | X | X | X | X | X | -- | -- | -- | -- | -- | -- | -- | -- | X |
| Arkansas | 14 | -- | X | X | X | -- | -- | -- | X | -- | X | -- | X | X | X | X | X | -- | -- | X | -- | X | X | -- | -- | -- |
| California | 16 | -- | X | X | X | -- | -- | X | -- | -- | X | -- | X | X | X | X | X | X | -- | X | X | X | X | -- | -- | -- |
| Colorado | 22 | X | X | X | X | X | X | X | -- | -- | X | X | X | X | X | X | X | X | -- | X | X | X | X | X | -- | X |
| Connecticut | 18 | -- | X | X | X | X | -- | X | -- | -- | X | X | X | X | X | X | X | X | -- | X | X | X | X | -- | -- | -- |
| Delaware | 25 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | X |
| Dist. of Col. | 15 | X | -- | X | X | X | -- | X | -- | -- | X | X | -- | -- | -- | -- | -- | X | -- | X | X | X | X | X | -- | X |
| Georgia | 25 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | X | X | X | X | X | X | X |
| Illinois | 15 | -- | X | X | X | X | -- | X | -- | -- | X | -- | X | X | X | X | -- | X | -- | X | X | X | X | -- | -- | -- |
| Iowa | 17 | -- | X | X | X | X | -- | X | -- | -- | X | X | X | X | X | X | X | X | -- | X | X | X | X | -- | -- | -- |
| Kentucky | 14 | -- | X | X | X | X | -- | X | -- | -- | X | -- | -- | -- | -- | -- | -- | X | -- | X | X | X | X | X | -- | X |
| Louisiana | 22 | X | X | X | X | X | -- | X | X | -- | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | X |
| Maryland | 13 | X | X | X | X | X | -- | X | -- | -- | X | X | -- | -- | -- | -- | -- | X | -- | -- | X | -- | -- | X | -- | X |
| Massachusetts | 14 | -- | X | X | X | X | -- | X | X | -- | X | X | -- | -- | -- | -- | -- | X | -- | X | X | X | X | -- | -- | -- |
| Michigan | 15 | -- | X | X | X | X | -- | X | X | -- | X | -- | X | X | X | X | X | -- | -- | X | -- | -- | -- | -- | -- | X |
| Minnesota | 19 | X | X | X | X | X | -- | X | -- | -- | X | X | X | X | X | X | X | -- | -- | X | X | -- | X | X | -- | X |
| Mississippi | 13 | -- | X | X | X | X | -- | X | -- | -- | X | X | -- | -- | -- | -- | -- | X | -- | X | X | -- | X | -- | -- | X |
| Missouri | 15 | X | X | X | X | X | -- | X | -- | -- | X | -- | -- | -- | -- | -- | X | -- | -- | X | X | X | X | X | -- | X |
| Montana | 10 | -- | X | X | X | -- | -- | X | -- | -- | X | -- | X | X | X | X | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |

# Overview of State Reporting: Adult Core Set Measures, FFY 2015 cont.

| | Number of Measures Reported | Flu Vaccinations for Adults Ages 18 to 64 | Breast Cancer Screening | Cervical Cancer Screening | Chlamydia Screening in Women | Adult Body Mass Index Assessment | Screening for Clinical Depression and Follow-up Plan | Postpartum Care Rate | PC-01: Elective Delivery | PC-03: Antenatal Steroids | Comprehensive Diabetes Care: Hemoglobin A1c Testing | Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%) | PQI 01: Diabetes Short-Term Complications Admission Rate | PQI 05: COPD or Asthma in Older Adults Admission Rate | PQI 08: Heart Failure Admission Rate | PQI 15: Asthma in Younger Adults Admission Rate | Plan All-Cause Readmissions | Annual Monitoring for Patients on Persistent Medications | Controlling High Blood Pressure | HIV Viral Load Suppression | Antidepressant Medication Management | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | Adherence to Antipsychotics for Individuals with Schizophrenia | Follow-Up After Hospitalization for Mental Illness | Medical Assistance With Smoking and Tobacco Use Cessation | Timely Transmission of Transition Record | CAHPS Health Plan Survey 5.0H, Adult Version (Medicaid) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nebraska | 5 | -- | X | X | X | X | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | X |
| Nevada | 3 | -- | -- | -- | -- | -- | -- | -- | -- | -- | X | X | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | X |
| New Hampshire | 17 | X | -- | X | -- | -- | -- | X | X | -- | X | X | X | X | X | X | -- | X | X | -- | X | X | -- | X | X | -- | X |
| New Jersey | 8 | -- | X | X | X | X | -- | X | -- | -- | X | -- | -- | -- | -- | -- | -- | X | X | -- | -- | -- | -- | -- | -- | -- | -- |
| New Mexico | 15 | -- | X | X | X | X | -- | X | -- | -- | X | -- | X | X | X | X | X | X | -- | -- | X | -- | X | X | -- | -- | -- |
| New York | 24 | X | X | X | X | X | -- | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | X |
| North Carolina | 14 | -- | X | X | X | X | -- | -- | -- | -- | X | -- | X | X | X | X | X | X | -- | -- | X | X | X | -- | -- | -- | -- |
| Ohio | 10 | -- | -- | X | X | -- | -- | X | -- | -- | X | -- | X | -- | X | -- | X | -- | -- | -- | X | X | -- | X | -- | -- | -- |
| Oklahoma | 16 | X | X | X | X | X | -- | X | -- | -- | X | -- | X | X | X | X | X | X | -- | -- | -- | -- | -- | X | X | -- | X |
| Oregon | 18 | X | -- | X | X | -- | X | X | X | -- | X | X | X | X | X | X | X | -- | X | -- | -- | X | -- | X | X | -- | X |
| Pennsylvania | 21 | X | X | X | X | X | -- | X | X | -- | X | X | X | X | X | X | -- | X | X | -- | X | X | X | X | X | -- | X |
| Rhode Island | 19 | X | X | X | X | X | X | X | -- | -- | X | X | -- | -- | -- | -- | X | X | X | -- | X | X | X | X | X | X | X |
| South Carolina | 19 | X | X | X | X | X | -- | X | X | -- | X | -- | X | X | X | X | X | X | -- | -- | -- | X | X | X | X | -- | X |
| Tennessee | 21 | X | X | X | X | X | -- | X | -- | -- | X | X | X | X | X | X | X | X | X | -- | X | X | X | X | X | -- | X |
| Texas | 19 | X | X | X | X | X | -- | X | -- | -- | X | -- | X | X | X | X | -- | X | X | -- | X | X | X | X | X | -- | X |
| Vermont | 17 | -- | X | X | X | -- | -- | X | -- | -- | X | X | X | X | X | X | X | X | X | -- | X | X | X | X | -- | -- | -- |
| Virginia | 7 | -- | X | -- | -- | -- | -- | X | -- | -- | X | -- | -- | -- | -- | -- | -- | -- | X | -- | X | -- | -- | X | -- | -- | X |
| Washington | 17 | -- | X | X | X | X | -- | X | -- | -- | X | -- | X | X | X | X | X | X | X | -- | X | X | X | X | -- | -- | -- |
| West Virginia | 18 | X | X | X | X | X | -- | X | -- | -- | X | X | X | X | X | X | -- | X | X | -- | -- | -- | X | X | X | -- | X |

Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: The term "states" includes the 50 states and the District of Columbia. This table is based on state reporting of 26 Adult Core Set measures for FFY 2015, including the Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure reported via MACPro. For FFY 2015, CMS also publicly reported data on the MSC measure obtained from the 47 states participating in the CMS 2014–2015 Nationwide Adult Medicaid CAHPS survey.

X = measure was reported by the state; -- = measure was not reported by the state.

CAHPS = Consumer Assessment of Healthcare Providers and Systems; COPD = Chronic Obstructive Pulmonary Disease; HIV = Human Immunodeficiency Virus.

# *Questions*

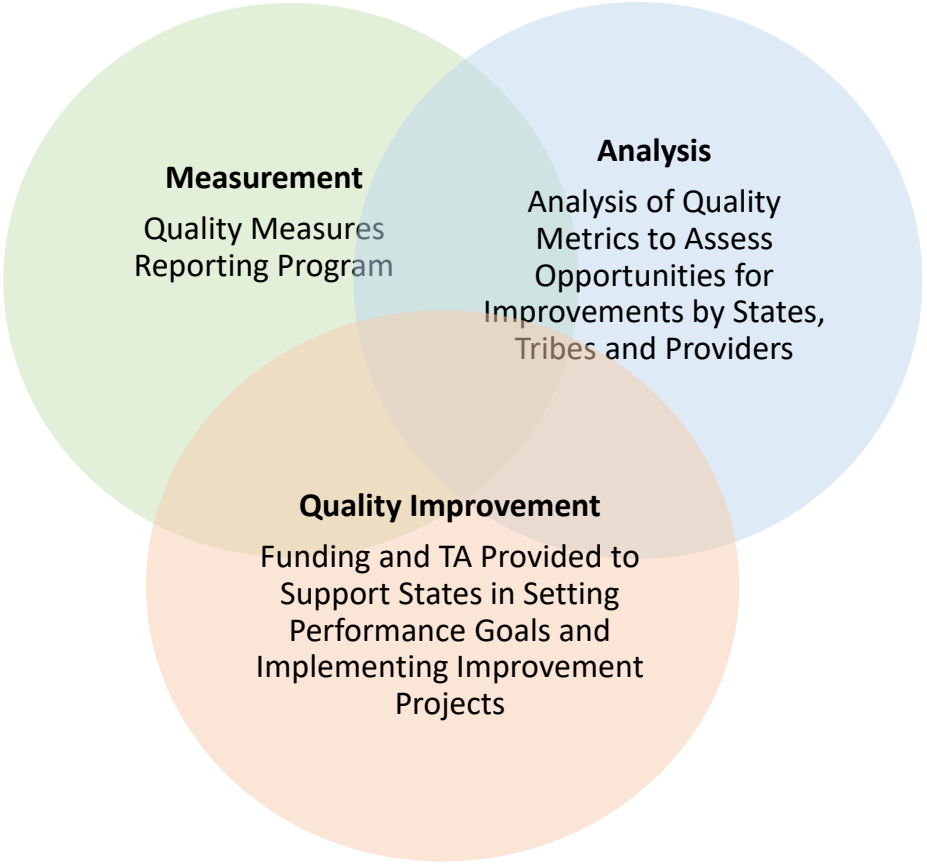
# Key Considerations

*NQF Medicaid MAP In-Person Meeting*

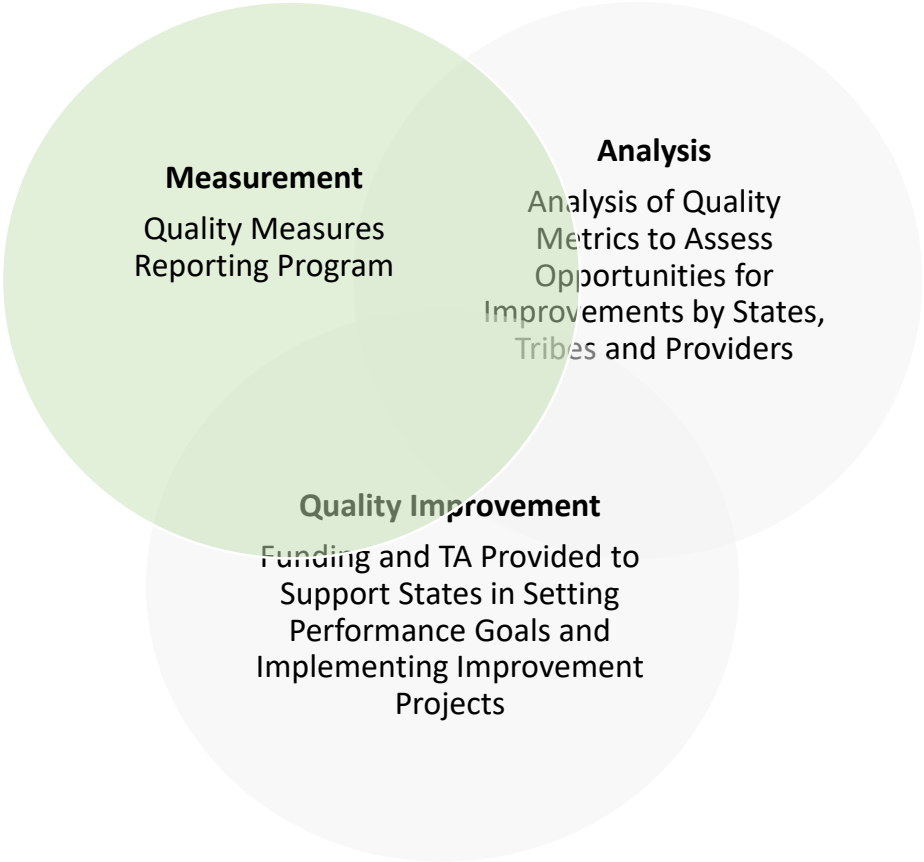
*May 23-25, 2017*

*Karen Matsuoka PhD, CMCS Chief Quality Officer and Director, Division of Quality and Health Outcomes*

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



# 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 5 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 (27 measures in the 2017 Core set)**
  - Initial Core Set released in 2010
  - Recently completed 8th year of voluntary reporting
  - 50 States + DC reported on at least one Child Core Measure (median = 16 measures) for FFY2015
- **Adult Core Set (30 measures in the 2017 Core Set)**
  - Initial Core Set released in 2012
  - Recently completed 4rd year of voluntary reporting
  - 39 states reported on at least one Adult Core Measure for FFY2015 (median = 16), with 7 states reporting at least one measure for the first time

# CMCS Goals for Measurement and Reporting

- Increase number of states reporting Core Set measures
- Maintain or 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

# Input Requested for 2017

- The charge of the MAP Medicaid Task Force 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 Set of Health Care Quality Measures for Adult and Children enrolled in Medicaid and CHIP.
- 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
  - 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 Medicaid Core Sets are tools states can use to monitor and improve the quality of health care provided to Medicaid and CHIP enrollees
  - They are intended for quality improvement not payment purposes
- The Medicaid Core Sets are for state-level reporting, not provider-level reporting
- Under statute, state reporting on these measure sets is voluntary
- Alignment with other quality measure programs (such as CMS-American Health Insurance Plans (AHIP) Core Sets, Health Homes Core Set, and Dual Eligible Beneficiary Workgroup)
  - 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 forthcoming
  - Medicaid & CHIP Managed Care Quality Rating System
- Provider-Level CMS Measures
  - Health Homes Core Measures
  - Behavioral Health Clinics Core Measures
  - CCSQ/AHIP Core Quality Measures Collaborative
    - Adult Core Sets – first 7 released February 2016
    - Pediatric Core Sets forthcoming

# Questions & Contact Information

Questions?

Karen Matsuoka, PhD
Medicaid & CHIP Chief Quality Officer
Karen.Matsuoka@cms.hhs.gov

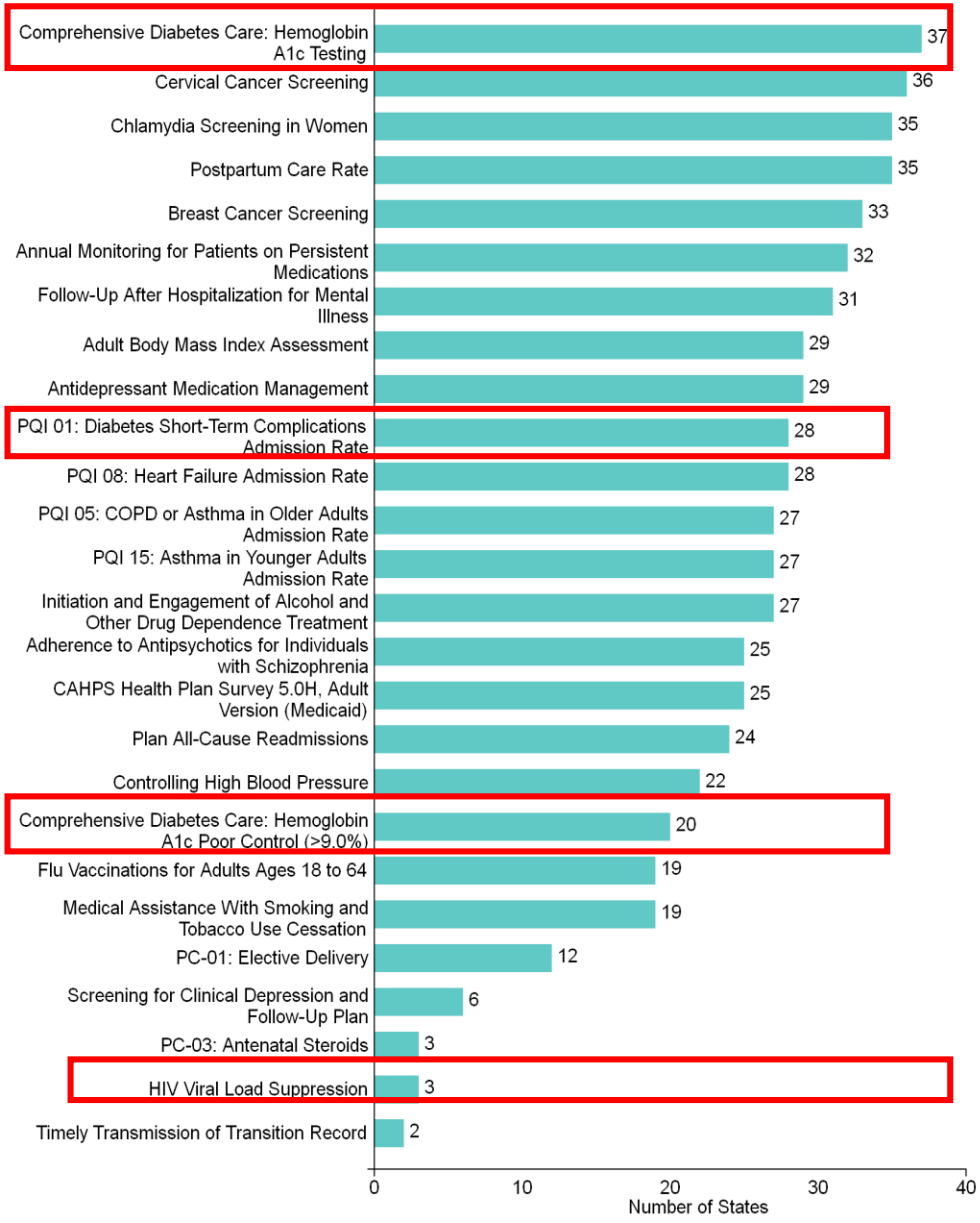
# Using the Adult Core Set for Learning and Improvement at CMS

*NQF Medicaid MAP In-Person Meeting*
*May 23-25, 2017*

*Deirdra Stockmann, PhD*
*Division of Quality and Health Outcomes*
*Center for Medicaid and CHIP Services*

# How does CMS use the Adult Core Set?

- Increase understanding of programs
  - Example: HIV viral load
- Improve quality of care and health outcomes
  - Example: Diabetes management
- Considerations for using measures for improvement
  - Meaningful process measures
  - Outcome measures



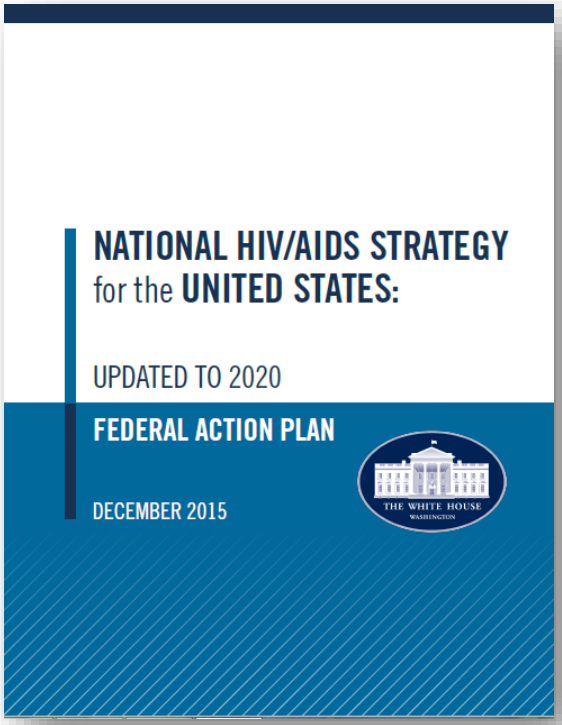

# Number of States Reporting the Adult Core Set Measures, FFY 2015

Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

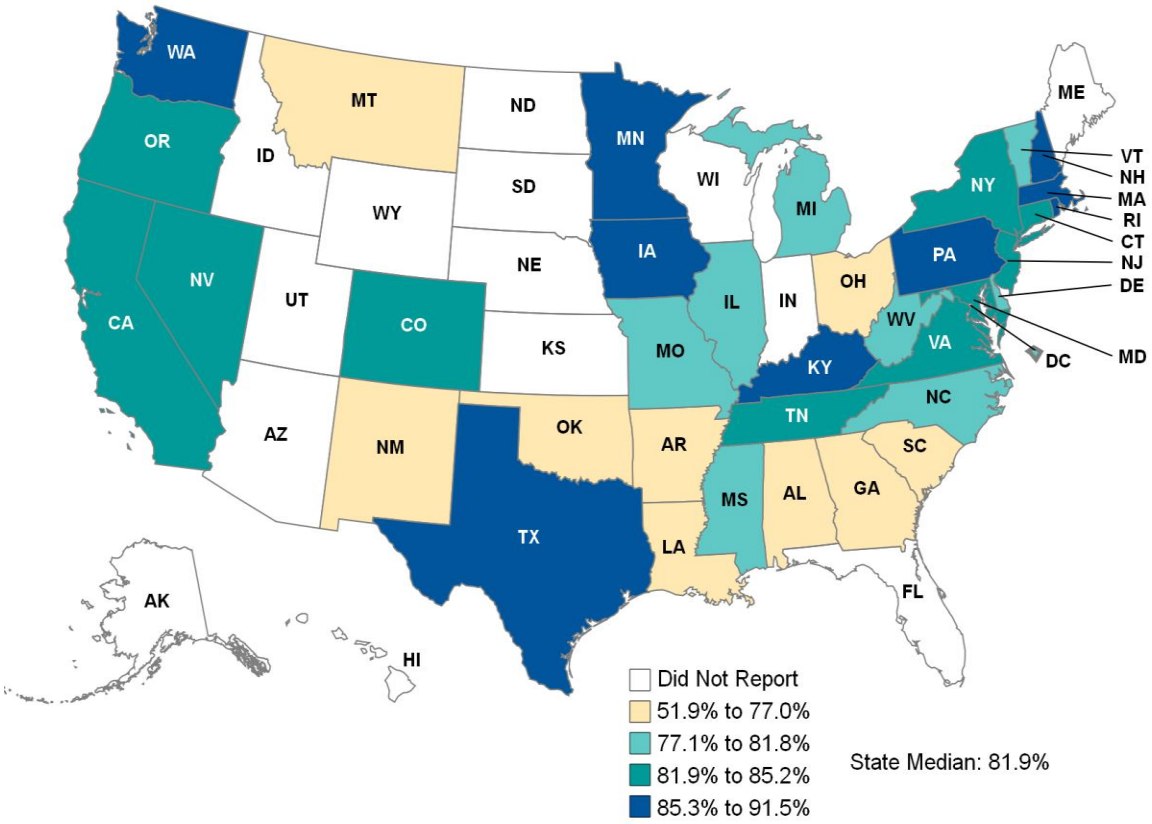
Notes: This chart is based on state reporting of 26 Adult Core Set measures for FFY 2015, including the Adult Core Set Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure reported via MACPro. For FFY 2015, CMS also publicly reported data on the MSC measure obtained from the 47 states participating in the CMS 2014-2015 Nationwide Adult Medicaid CAHPS survey. CAHPS = Consumer Assessment of Healthcare Providers and Systems.

# HIV Viral Load

- Least-reported measure in the Adult Core Set
- Improving rates of HIV viral load suppression is a national goal
- Viral load suppression is an indicator of effective disease management, better health and decreased risk of transmission
- HIV Health Improvement Affinity Group
  - Partnership with the Centers for Disease Control and Prevention (CDC) and Health Resources Services Administration (HRSA)
  - Goals: Increase states' ability to collect and report the HIV Viral Load Suppression measure and support state efforts to use the measure to drive improvement
  - 19 states participating



# Geographic Variation in the Percentage of Adults Ages 18 to 75 with Diabetes (Type 1 or Type 2) Who Had a Hemoglobin A1c Test, FFY 2015 (n = 37 states)




Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

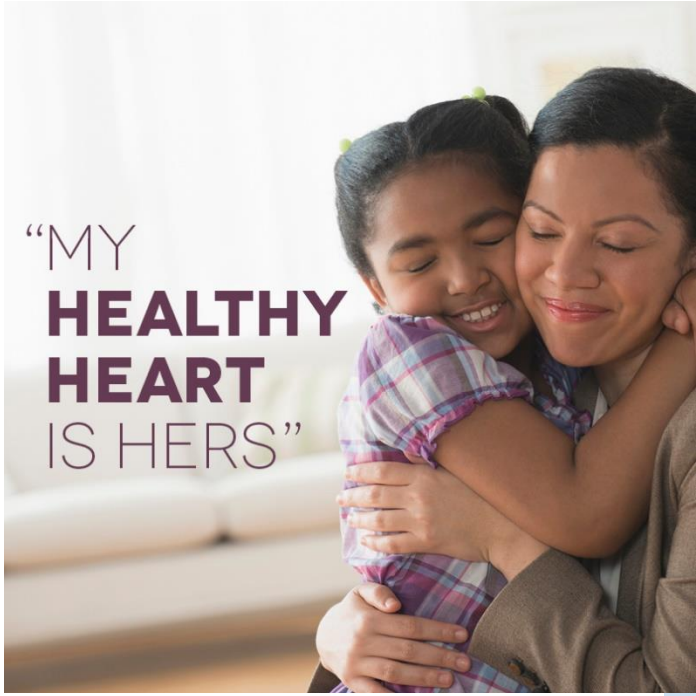
Note: Data displayed in this chart include adults ages 18 to 64 for 24 states and ages 18 to 75 for 13 states.

# Diabetes Care

- More commonly-reported measures in the Adult Core Set
- Effective disease management improves health and reduces costs of treating preventable complications
- Diabetes Prevention and Management Affinity Group
  - Goal: Support state efforts to improve access to and quality of diabetes prevention and management services to improve health outcomes
  - Five states participating

# Using measures for improvement

- What we do:
  - Work with states identify actions to test
  - Work with states identify intermediate metrics or indicators
  - Facilitate state-to-state exchange
- What we have learned:
  - Some process measures are more useful for quality improvement than others
  - Many states prefer to use outcome measures to drive improvement



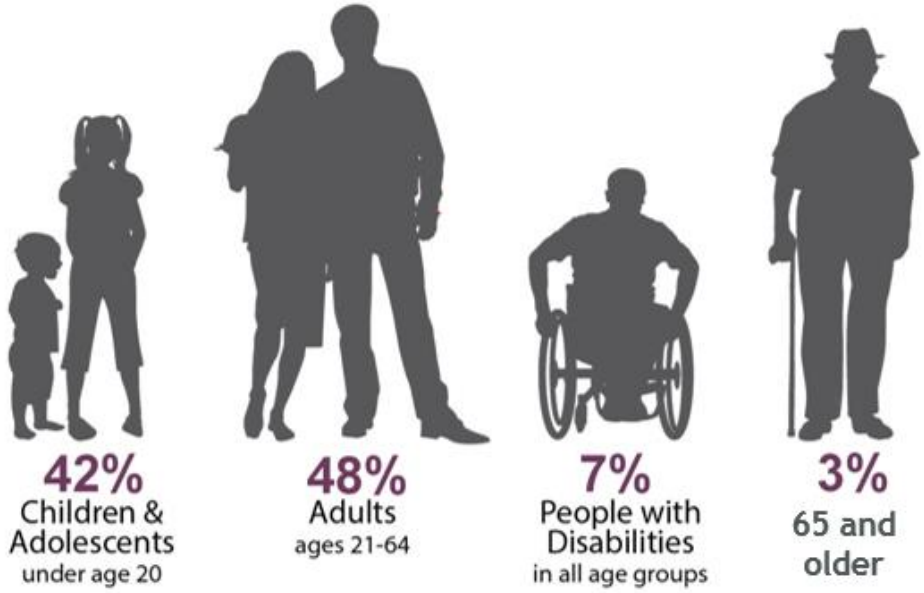
# Questions?

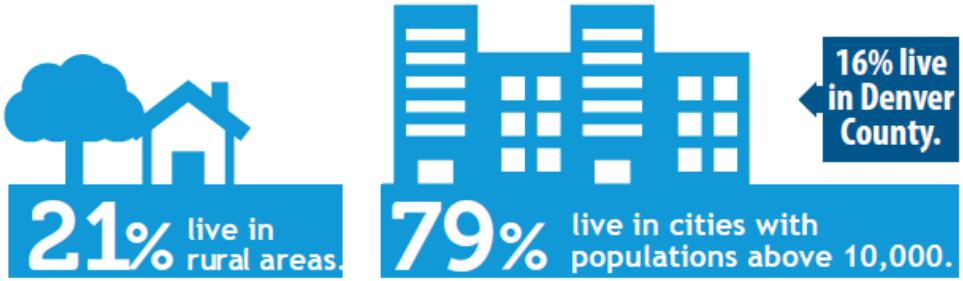
# *Colorado's Medicaid Program and Measuring Quality*

Judy Zerzan, MD, MPH
Chief Medical Officer

# Who We Serve

## FY 2015-16 Medicaid Case Load




## 75% of Medicaid adults work


Drivers

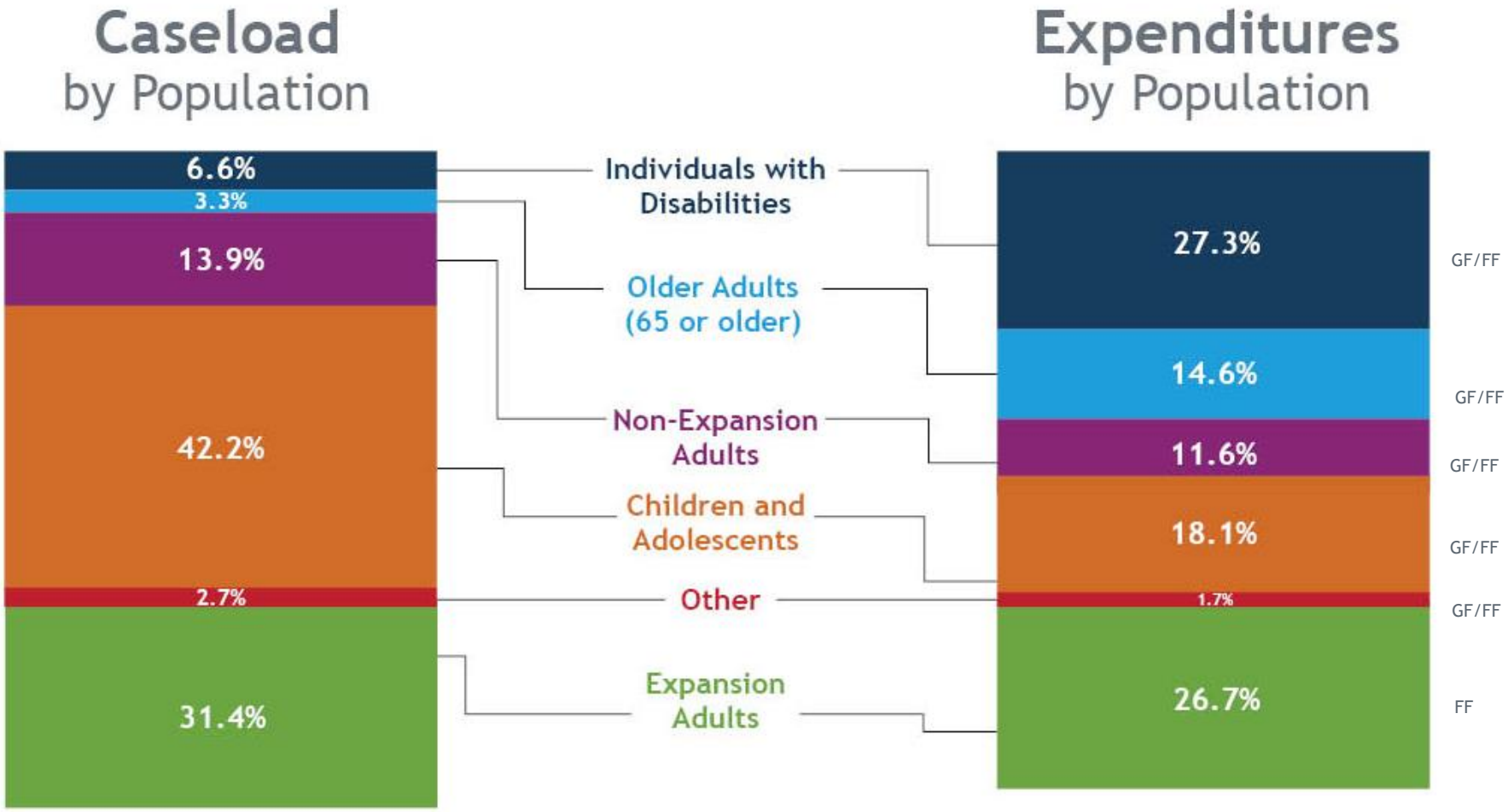

Child care workers


Waiters & waitresses


Cashiers

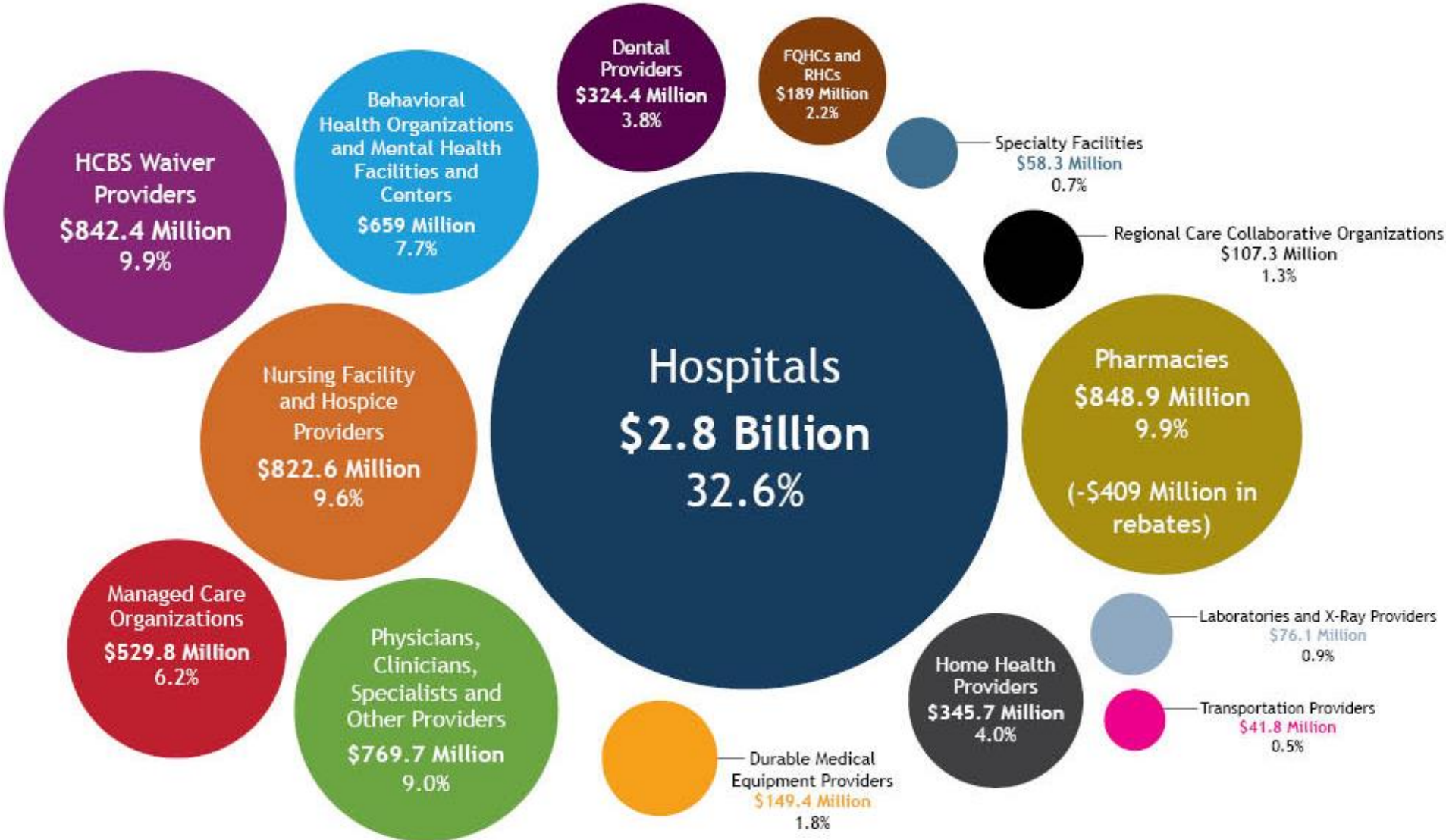
| 2016 Federal Poverty Levels by Family Size | | |
|---|---|---|
| | Family of 1 | Family of 4 |
| 133% | $15,804 | $32,328 |
| *Some earning more may still qualify. | | |

# Our Members



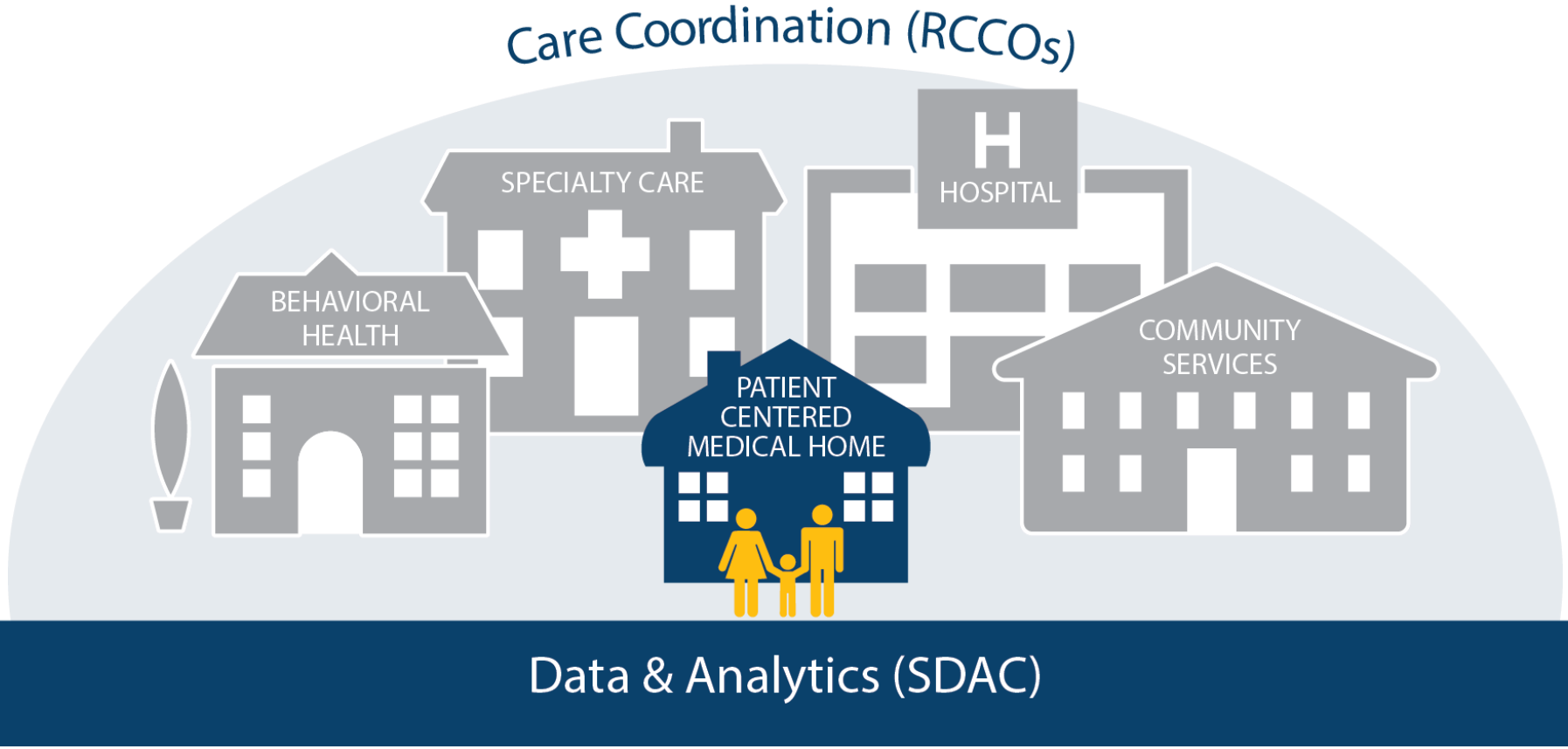

FY15-16 Data

# *Who Gets Payments for Services*

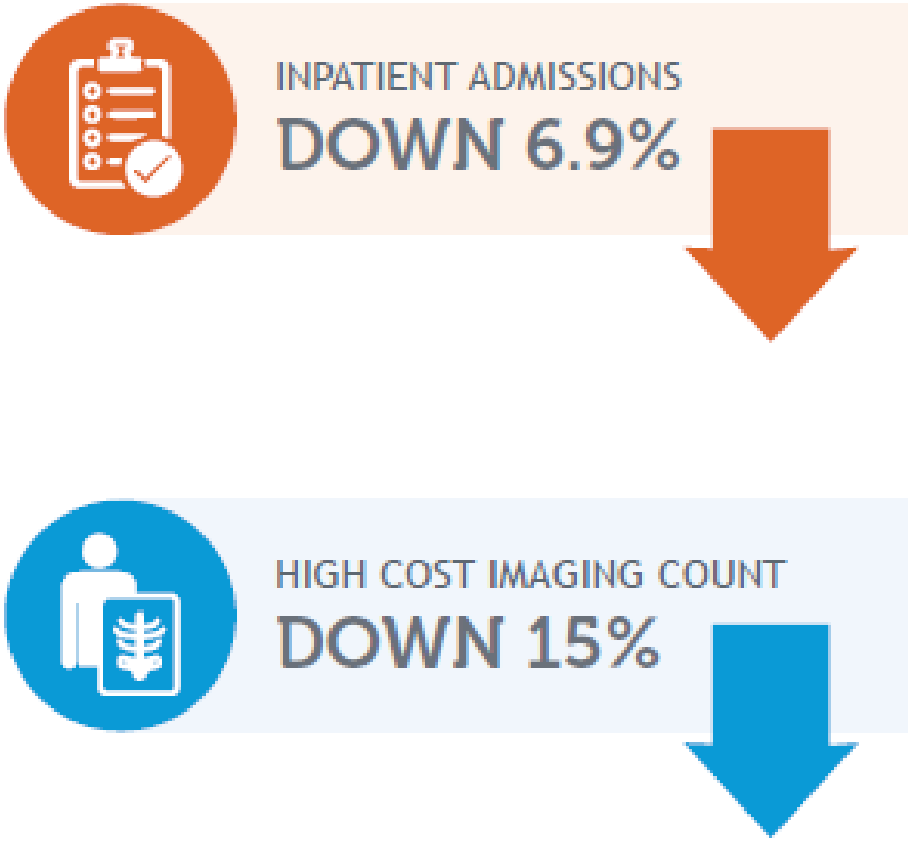



FY15-16 data

# Our Delivery System: Accountable Care Collaborative



# *Managing Care Appropriately*




FY11-16 data

# *Adult Core Set Measures*

# Core Set Reported

- Hemoglobin A1C testing
- A1C poor control
- Adult BMI
- Antidepressant med management
- Controlling high blood pressure
- Breast cancer screening
- Cervical cancer screening
- Chlamydia screening
- Plan all cause readmission
- Use of opiates at high doses
- Adherence to antipsychotics for individuals with schizophrenia
- Diabetes screening for people using antipsychotic medications
- CAHPS
- Flu shots 50-64 (CAHPS)
- Initiation/Engagement alcohol and drug dependence treatment
- Medical help with tob cessation
- Annual monitoring adults on persistent medications
- PQI 01: Admissions for diabetes, short-term complications
- PQI: 05: Admissions for chronic obstructive pulmonary disease
- PQI 08: Admissions for congestive heart failure
- PQI 15: Admissions for adult asthma

# *Core Set Not Reported*

- Screening for depression and follow-up plan
  - Report screening but not follow-up
- Timely transmission of transition record
- HIV viral load suppression
- Elective delivery prior to 39 weeks
  - Birth certificate data feeds
- Appropriate use of antenatal steroids

# *Implementation Challenges*

- Behavioral health carve out
- Data for PQI measures are not age/risk adjusted due to issues with AHRQs software and our firewalls
- Measures that come from CAHPS data: changing to PCMH version
- Currently collecting admin (claims) only

# *Suggestions*

- Alignment and Focus
  - SIM, CPC+, MACRA – multipayor with churn
  - eCQMs
- Measures I wish existed
  - Social determinants – social needs screening?
  - Functional outcomes
  - Prevention and more outcomes
  - Patient experience
  - Shared decision making
  - Social determinants – social needs screening?
- Align age breakouts – e.g. HEDIS

# *How Colorado is Driving Improvement*

# *APM Goal*

Provide sustainable, appropriate funding for primary care that rewards high value, high quality care.

- Sustainable investment that rewards performance and creates delivery system alignment
- Achieve points and earn enhanced payment

# *Self-Reported Structural Measures*

6 domains & 30 choices

| | | |
|---|---|---|
| Continuous Quality Improvement | Team Based Care | Access |
| Care Management | Care Coordination | Providing Self-Management Support |

# *Claims Based Clinical Performance Measures*

4 domains with 16 adult and 13 pediatric choices

- Behavioral Health
- Chronic Care Management
- Cost Containment
- Preventive

# *eCQM Reported Clinical Performance Measures*

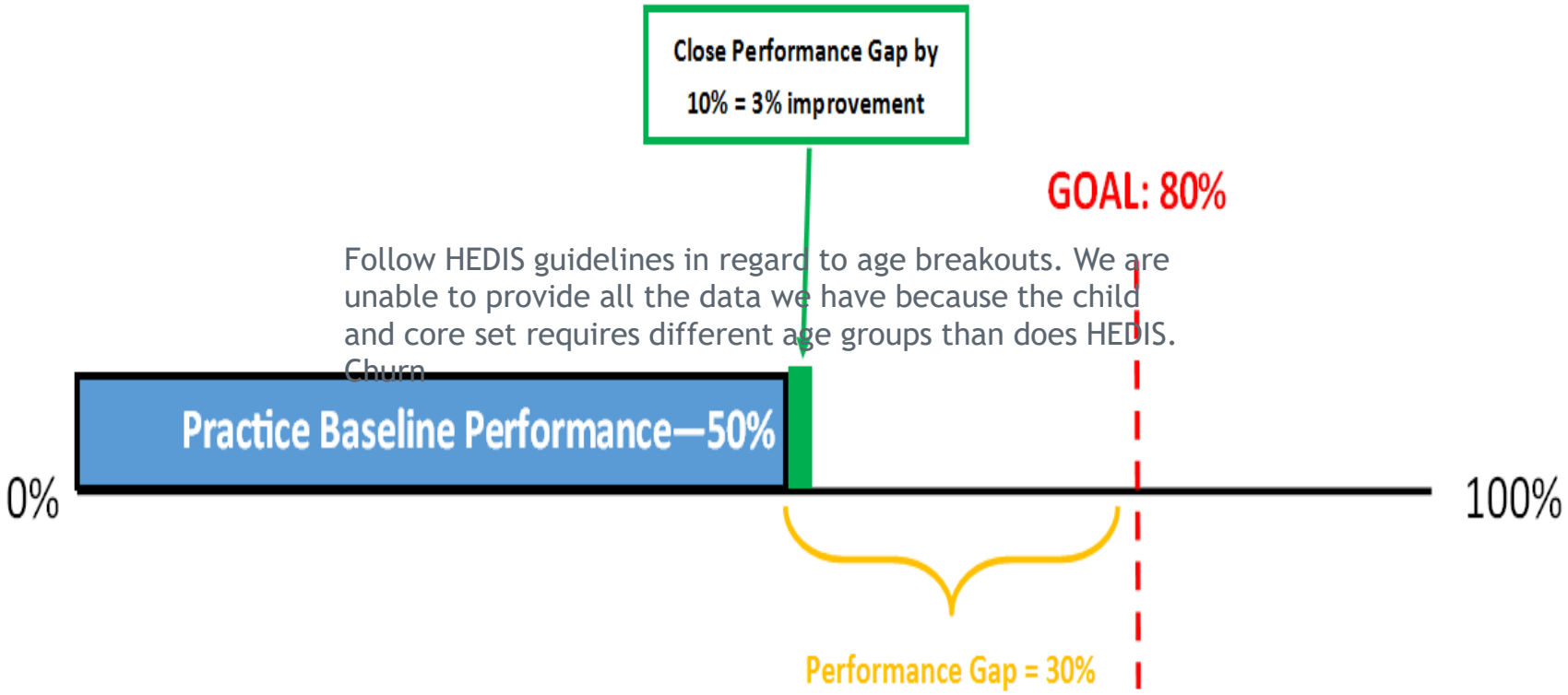
3 domains with 10 adult and 4 pediatric choices

Behavioral Health

Chronic Care Management

Preventive

# Close the gap



# Report Cards

**Draft FQHC Report Card Summary Table**
Data from FY 2015-2016

| FQHC | ER per 1000 (Z-Score)* | Total Cost of Care (Z-Score)* | Diabetes HbA1c | LARC Insertions | Prenatal Visits | Readmits per 1000 (Z-Score)* | New Chronic Opioid Users | Depression Screens | Child Well Visits |
|---|---|---|---|---|---|---|---|---|---|
| A | 619 (-0.49) | $3,078.45 (-0.12) | 75.0% | 9.5% | 82.4% | 3 (-0.41) | 1.3% | 0.7% | 42.9% |
| B | 1,215 (0.19) | $4,867.86 (-0.10) | 79.6% | 4.8% | 84.6% | 7 (-0.48) | 2.5% | 50.1% | 71.4% |
| C | 635 (-0.47) | $3,786.36 (-0.64) | 82.0% | 4.3% | 16.9% | 6 (-0.33) | 1.8% | 0.2% | 19.7% |
| D | 531 (-0.39) | $2,545.52 (-0.04) | 71.2% | 6.9% | 44.6% | 5 (-0.34) | 0.3% | 1.4% | 27.9% |
| E | 271 (-1.34) | $2,183.53 (-1.13) | 50.0% | 4.6% | 33.3% | 2 (-0.46) | 0.7% | 0.8% | 25.0% |
| F | 1,077 (0.11) | $5,666.60 (-0.11) | 72.7% | 2.7% | 100.0% | 21 (-0.12) | 1.0% | 1.6% | 50.0% |
| G | 730 (-0.10) | $3,245.44 (0.07) | 91.7% | 6.0% | 55.5% | 7 (0.46) | 0.7% | 0.8% | 17.0% |
| H | 919 (0.51) | $3,490.81 (0.05) | 81.0% | 6.7% | 43.3% | 7 (-0.05) | 1.1% | 1.8% | 23.1% |
| I | 850 (0.07) | $5,800.52 (0.67) | 84.4% | 5.7% | 42.6% | 14 (0.31) | 1.2% | 5.3% | 17.7% |
| J | 588 (-0.44) | $3,915.07 (0.46) | 80.0% | 2.7% | 83.3% | 7 (-0.21) | 3.5% | 6.0% | 33.3% |
| K | 733 (-0.17) | $3,813.95 (-0.29) | 83.9% | 5.0% | 39.6% | 6 (0.09) | 1.5% | 0.3% | 15.7% |
| L | 663 (-0.55) | $4,130.16 (-0.07) | 85.7% | 6.3% | 93.9% | 8 (-0.23) | 1.4% | 0.7% | 28.6% |
| M | 782 (-0.03) | $3,716.38 (0.36) | 85.1% | 7.2% | 46.4% | 8 (-0.19) | 1.2% | 1.4% | 0.0% |
| N | 744 (0.10) | $3,566.38 (0.27) | 78.4% | 6.1% | 50.8% | 7 (0.27) | 1.1% | 1.3% | 15.5% |
| O | 904 (0.36) | $4,044.52 (0.36) | 40.3% | 7.2% | 33.0% | 13 (0.70) | 1.1% | 1.1% | 9.7% |
| P | 1,192 (0.83) | $4895.39 (0.19) | 67.4% | 5.8% | 37.1% | 8 (0.03) | 1.8% | 0.8% | 5.5% |
| Q | 907 (0.45) | $4,088.95 (0.59) | 76.1% | 4.7% | 53.1% | 7 (0.50) | 1.3% | 1.2% | 22.7% |
| R | 1,953 (1.03) | $6,187.56 (0.13) | 73.7% | 2.3% | 55.6% | 31 (0.15) | 1.9% | 0.5% | 11.1% |
| Statewide FQHC Averages | 875 | $4,063.90 | 73.5% | 5.8% | 45.3% | 9 | 1.2% | 1.7% | 17.3% |
| KPI Weights | 15% | 15% | 5.5% | 5.5% | 5.5% | 5.5% | 5.5% | 5.5% | 5.5% |

*KPI was risk adjusted. Risk-adjusted Z-scores are shown in parentheses, indicating how the FQHC was ranked in comparison to others
**Shading indicates how the KPI is performing in relation to the mean. Red indicates poor performance and green indicates good perfomance
***Blank columns indicate KPI calculation is not yet complete
****Clinica Tepeyac and Marillac are not included. They are new FQHC's and do not have sufficient data for the selected time period

# *Thank You!*

# Group Discussion: Key Themes from State Experiences

- What are states' most significant challenges and how could changes to the Core Set be helpful?
- Will any points of feedback from the states need to influence the decision process about specific measures?
- What are states' most notable successes related to quality measurement? How are they using the measures?

# Break

# *Measure by Measure Review of the Adult Core Set*

# Measure by Measure Review

- The majority of the measures appear to be functioning well and do not warrant detailed discussion.
- Focus on measures with low levels of reporting.
- 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?

# 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
- Et cetera

# Medicaid Decision Categories

**SUPPORT**

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

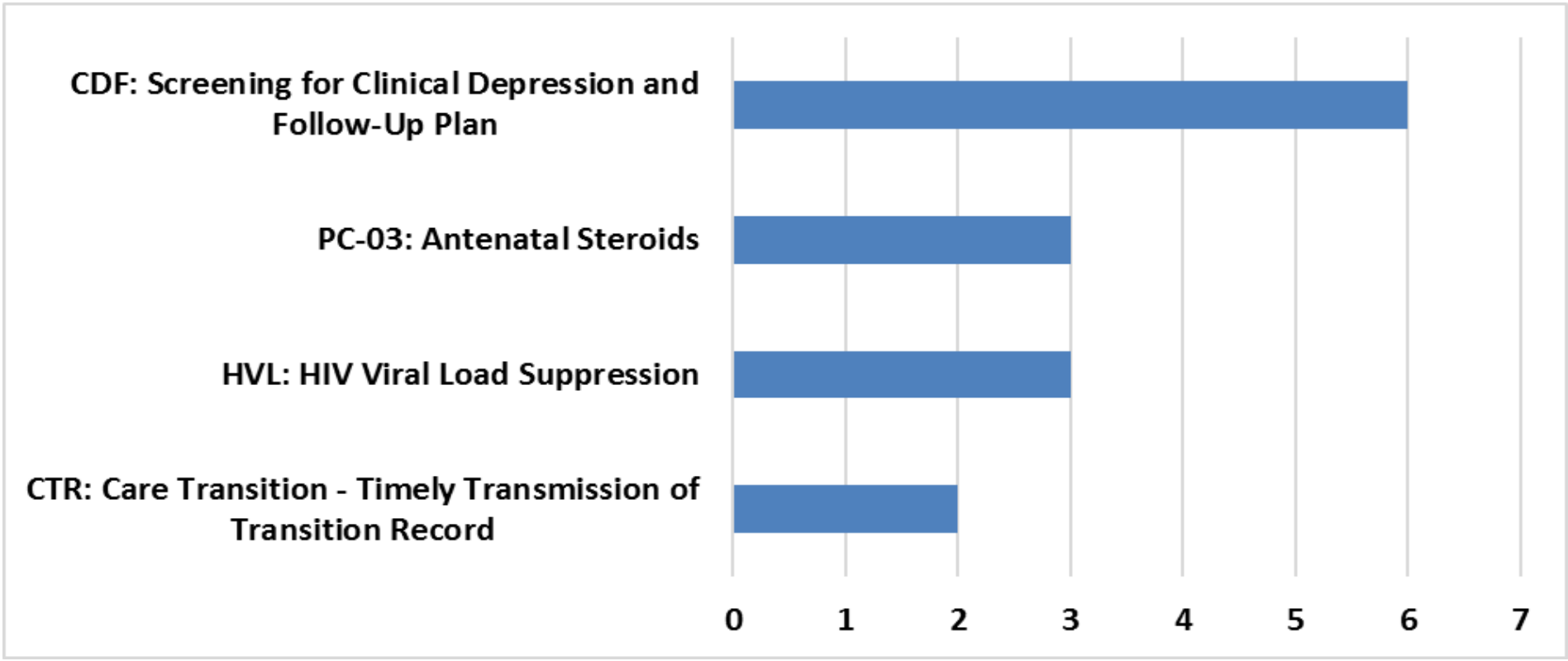
**CONDITIONAL SUPPORT**

- Pending endorsement from NQF
- Pending change by the measure steward
- Pending CMS confirmation of feasibility
- Et cetera

**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

# Measures with Five or Fewer States Reporting (4)




Note: CTR is no longer part of the Adult Core Set

# NQF #0418: Screening for Clinical Depression and Follow-Up Plan (CMS)

| | |
|---|---|
| **Description** | Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen. |
| **Numerator** | See details in multiple formats - Patients screened for depression on the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen |
| **Denominator** | See details in multiple formats - All patients aged 12 years and older |
| **Exclusions** | See details in multiple formats - A patient is not eligible if one or more of the following conditions are documented: Patient refuses to participate; Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status; Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium; Patient has an active diagnosis of Depression; Patient has a diagnosed Bipolar Disorder |
| **Data Source** | Claims (Only), Registry |
| **Type** | Process |
| **# of states reported** | 6 |

# NQF #0476: PC-03 Antenatal Steroids (The Joint Commission)

| | |
|---|---|
| **Description** | This measure assesses patients at risk of preterm delivery at >=24 and <32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. This measure is a part of a set of five nationally implemented measures that address perinatal care. (PC-01: Elective Delivery, PC-02: Cesarean Birth, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding). |
| **Numerator** | Patients with antenatal steroid therapy initiated prior to delivering preterm newborns. |
| **Denominator** | Patients delivering live preterm newborns with >=24 and <34 weeks gestation completed with ICD-10-PCS Principal or Other Procedure Codes for delivery as defined in Appendix A, Table 11.01.1 available at: http://manual.jointcommission.org/releases/TJC2016A/ |
| **Exclusions** | • Less than 8 years of age<br>• Greater than or equal to 65 years of age<br>• Length of Stay >120 days<br>• Documented Reason for Not Initiating Antenatal Steroids<br>• ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for fetal demise as defined in Appendix A, Table 11.09.1 available at: http://manual.jointcommission.org<br>• Gestational Age < 24 or >= 34 weeks or UTD |
| **Data Source** | Paper Records |
| **Type** | Process |
| **# of states reported** | 3 |

# NQF #2082: HIV Viral Load Suppression (HRSA)

| | |
|---|---|
| **Description** | Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.<br>A medical visit is any visit in an outpatient/ambulatory care setting with a nurse practitioner, physician, and/or a physician assistant who provides comprehensive HIV care. |
| **Numerator** | Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year. |
| **Denominator** | Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year. |
| **Exclusions** | None |
| **Data Source** | Laboratory, Other, Paper Medical Records |
| **Type** | Outcome |
| **# of States Reported** | 3 |

# NQF #0648: Care Transition – Transition Record Transmitted to Health Care Professional (AMA-PCPI) –No longer part of Core Set

| | |
|---|---|
| **Description** | Percentage of patients, regardless of age, discharged from an inpatient facility (eg, hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge. |
| **Numerator** | Patients for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge. |
| **Denominator** | All patients, regardless of age, discharged from an inpatient facility (eg, hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home/self care or any other site of care. |
| **Exclusions** | Patients who died<br>Patients who left against medical advice (AMA) or discontinued care |
| **Data Source** | Claims (Only), Other, Paper Records |
| **Type** | Process |
| **# of states reported** | 2 |

# Measures for Potential Removal

- Do any members of the Task Force wish to propose a measure for removal?

# Discussion

- 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?

# Opportunity for Public Comment

# Lunch

# Measure by Measure Review: Potential Gap-Filling Measures

# Measure Review: Potential Addition to the Core Set

- MAP's 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 TF members submitted measure recommendations for strengthening the core sets

# MAP Preliminary Analysis Algorithm

1. The measure addresses a critical quality objective not currently, adequately addressed by the measures in the program set.
2. The measure is an outcome measure or is evidence-based.
3. The measure addresses a quality challenge.
4. The measure contributes to efficient use of resources and/or supports alignment of measurement across programs.
5. The measure can be feasibly reported.
6. The measure is NQF-endorsed or has been submitted for NQF-endorsement for the program's setting and level of analysis.
7. If a measure is in current use, no implementation issues have been identified.

# MAP Preliminary Analysis Algorithm: Medicaid Specific Sub-Criteria Additions

- Added the following Medicaid specific sub-criteria to the MAP preliminary analysis algorithm:
  - *Medicaid adult and child population high impact areas and health conditions as an additional focus.*
  - *Data collection and measure implementation feasibility.*
  - *Consideration of issues related to resource needs for implementation.*
  - *Consideration of the threat of variation (i.e. the potential need for varying a measure) prior to implementation at the state level.*

# TF Measure Recommendations – Discussion Prior to Voting

- Taskforce member(s) who identified measures for discussion will describe their perspective on the measure and how it adds to the information in the preliminary analysis framework.
- Other Taskforce members should participate in the discussion to make their opinions known. However, in the interest of time, one should refrain from repeating points already presented by others.
- After discussion of each measure, the Taskforce will vote on the measure with three options:
  - *Support*
  - *Conditional Support*
  - *Do Not Support*

# 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 change by the measure steward
- Pending CMS confirmation of feasibility
- Et cetera

**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

# MAP 2016 Recommendations to Address High Priority Gaps

- Access to primary, specialty, and behavioral healthcare
  - *Access to care by a behavioral health professional*
- Behavioral health and integration with primary care*
- Beneficiary-reported outcomes
  - *Health-related quality of life*
- Care coordination
  - *Integration of medical and psychosocial services*
  - *Primary care and behavioral health integration*
- Cultural competency of providers
- Efficiency
  - *Inappropriate emergency department utilization*

*** Denotes newly identified gap area**

# MAP 2016 Recommendations to Address High Priority Gaps, cont.

- Long-term supports and services
  - *Home and community-based services*
- Maternal/Reproductive health
  - *Inter-conception care to address risk factors*
  - *Poor birth outcomes (e.g., premature birth)*
  - *Postpartum complications*
  - *Support with breastfeeding after hospitalization*
- Promotion of wellness
- Treatment outcomes for behavioral health conditions and substance use disorders
  - *Psychiatric re-hospitalization*
  - *Follow-up*
  - *Clinical improvement*

# MAP 2016 Recommendations to Address High Priority Gaps, cont.

- Workforce/Access
- New or chronic opiate use (45 days)
- Polypharmacy
- Engagement and activation in healthcare
- Trauma-informed care

# 2015 & 2016 Recommendations Not Accepted by CMS

| NQF # | Measure Name | Measure Steward |
|---|---|---|
| 2152 | Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling | AMA-convened Physician Consortium for Performance Improvement |
| 0541 | Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category | PQA |
| 2951 | Use of Opioids from Multiple Providers and at High Dosage in Persons Without Cancer | PQA |
| 2950 | Use of Opioids from Multiple Providers in Person Without Cancer | PQA |
| 2602 | Controlling High Blood Pressure for People with serious Mental Illness | NCQA |
| 1927 | Cardiovascular Health Screening for People With Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications | NCQA |

# TF Recommendations for Strengthening the Adult Core Set

| NQF # | Measure Name | Measure Steward |
|---|---|---|
| n/a | Concurrent Use of Opioids and Benzodiazepines | Pharmacy Quality Alliance (PQA) |
| 2967 | CAHPS @ Home and Community-Based Services Experience Measures | CMS |
| n/a | Personal Outcomes Measures | The Council on Quality and Leadership |

# Concurrent Use of Opioids and Benzodiazepines (Pharmacy Quality Alliance)

| | |
|---|---|
| **Description** | This measure examines the percentage of individuals 18 years and older with concurrent use of prescription opioids and benzodiazepines. |
| **Numerator Statement** | The number of individuals from the denominator with:<br>- 2 or more prescription claims for any benzodiazepine (Table COB-B: Benzodiazepines) filled on 2 or more separate days, AND<br>- Concurrent use of opioids and benzodiazepines for 30 or more cumulative days.<br>Concurrent use is identified using the dates of service and days supply of an individual's opioid and benzodiazepine prescription drug claims. The days of concurrent use is the sum of the number of days during the treatment period with overlapping days supply for an opioid and a benzodiazepine. |
| **Denominator Statement** | The number of individuals from the eligible population with 2 or more prescription claims for any opioid (see Table COB-A: Opioids) filled on 2 or more separate days, for which the sum of the days supply is 15 or more days during the measurement period. |
| **Exclusions** | Hospice: Any patient with a hospice indicator from the enrollment database during the measurement year is excluded from the denominator.<br>Cancer diagnosis: Any patient with a cancer diagnosis during the measurement year is excluded from the denominator.<br>Commercial, Medicaid, or Medicare data (if available):<br>• ICD-9 or ICD-10 codes, based on the American Medical Association-convened<br>• A cancer diagnosis is defined as having at least one claim with any of the listed cancer diagnoses, including primary diagnosis or any other diagnosis fields during the measurement year.<br>Medicare Data (if ICD codes not available)<br>• RxHCCs 8, 9, 10, 11 for Payment Year 2015; or<br>• RxHCCs 15, 16, 17, 18, 19 for Payment Year 2016 |
| **Data Source** | Administrative claims |
| **Type** | Intermediate Outcome |

# NQF #2967: CAHPS @ Home and Community-Based Services Experience Measures (CMS)

| | |
|---|---|
| **Description** | CAHPS Home- and Community-Based Services measures derive from a cross disability survey to elicit feedback from adult Medicaid beneficiaries receiving home and community based services (HCBS) about the quality of the long-term services and supports they receive in the community and delivered to them under the auspices of a state Medicaid HCBS program. The unit of analysis is the Medicaid HCBS program, and the accountable entity is the operating entity responsible for managing and overseeing a specific HCBS program within a given state. |
| **Numerator Statement** | The CAHPS Home- and Community-Based Services measures are created using top-box scoring. This refers to the percentage of respondents that give the most positive response. Details regarding the definition of the most positive response are noted below. HCBS service experience is measured in the following areas. Attached Excel Table S.2b includes the specific item wording for each measure and the response options that go into the numerator. |
| **Denominator Statement** | The denominator for all measures is the number of survey respondents. Individuals eligible for the CAHPS Home- and Community-Based Services survey include Medicaid beneficiaries who are at least 18 years of age in the sample period, and have received HCBS services for 3 months or longer and their proxies. Eligibility is further determined using three cognitive screening items, administered during the interview:<br>Q1. Does someone come into your home to help you? (Yes, No)<br>Q2. How do they help you?<br>Q3. What do you call them?<br>Individuals who are unable to answer these cognitive screening items are excluded. Some measures also have topic-specific screening items as well. Additional detail is provided in S.9. |
| **Exclusions** | Individuals less than 18 years of age and individuals that have not received HCBS services for at least 3 months should be excluded. During survey administration, additional exclusions include individuals that failed any of the cognitive screening items mentioned in the denominator statement below. There were 227 beneficiaries excluded due to not passing the cognitive screener (53 Aged/Disabled, 59 ID/DD, 25 TBI, and 90 SMI). Allowing proxy respondents in future administrations has the potential to further reduce these numbers. |
| **Data Source** | Patient Reported Data |
| **Type** | Outcome: PROs |

# Personal Outcomes Measures (The Council on Quality and Leadership)

| | |
|---|---|
| **Description** | The Council on Quality and Leadership's(CQL), the Personal Outcome Measures, is designed to determine the quality of life of people with disabilities in 21 areas as well as determine if supports are in place to assist individuals in achieving their desired outcomes. The Personal Outcome Measures looks at individual outcomes in a person-centered definition of quality of life as well as if and how the organization serving the person has put individualized supports in place. Rather than defining quality as mere compliance with organization standards, the Personal Outcome Measures focus on personally defined quality of life, including self-determination, choice, self-advocacy, and community inclusion. As such, the Personal Outcome Measures includes the following five factors: My Human Security; My Community; My Relationships; My Choice; and, My Goals. |
| **Numerator Statement** | The numerator is the number of people who have the question present. |
| **Denominator Statement** | The denominator is the number of total people interviewed. |
| **Exclusions** | If the person chose not to participate in the interview. If the person is unable to respond to questions, we would spend time with them and, if still unable to obtain information from them, we would talk to people who know the person well. |
| **Data Source** | Patient Reported Outcome |
| **Type** | Not provided |

# Task Force Votes to Recommend Each Measure for Inclusion

- Vote to support (or conditionally support) inclusion of:
  - *Concurrent Use of Opioids and Benzodiazepines*
  - *CAHPS @ Home and Community-Based Services Experience Measures*

- *Future Consideration:*
  - *Personal Outcomes Measures*

- Are there other measures Task Force members propose for addition?

# Ranking Measures with Support for Addition

- Task Force will prioritize measures selected for use. Priority will indicate the order in which MAP recommends CMS add the measures to the set.
- Prioritization/ranking will be done after MIH and asthma discussion/vote on day 2.

- Recommended measures:
  - *TBD*

# Opportunity for Public Comment and Break

# Prioritizing Remaining Measure Gap Areas

# MAP 2016 Recommendations to Address High Priority Gaps

- Access to primary, specialty, and behavioral healthcare
  - *Access to care by a behavioral health professional*
- Behavioral health and integration with primary care*
- Beneficiary-reported outcomes
  - *Health-related quality of life*
- Care coordination
  - *Integration of medical and psychosocial services*
  - *Primary care and behavioral health integration*
- Cultural competency of providers
- Efficiency
  - *Inappropriate emergency department utilization*

*** Denotes newly identified gap area**

# MAP 2016 Recommendations to Address High Priority Gaps, cont.

- Long-term supports and services
  - *Home and community-based services*
- Maternal/Reproductive health
  - *Inter-conception care to address risk factors*
  - *Poor birth outcomes (e.g., premature birth)*
  - *Postpartum complications*
  - *Support with breastfeeding after hospitalization*
- Promotion of wellness
- Treatment outcomes for behavioral health conditions and substance use disorders
  - *Psychiatric re-hospitalization*
  - *Follow-up*
  - *Clinical improvement*

# MAP 2016 Recommendations to Address High Priority Gaps, cont.

- Workforce/Access
- New or chronic opiate use (45 days)
- Polypharmacy
- Engagement and activation in healthcare
- Trauma-informed care

# Strategy for Filling High Priority Measure Gaps

- Have any of the gap areas been satisfied?
- Based on measures and measure concepts under development, will any of the gap areas have available measures in the near future?
- Additional gap areas needed?
- Can the Task Force communicate 2-3 high-priority measure gaps for future development efforts?
  - *Does enough evidence exist?*
  - *Is there a reasonable data source?*

# Opportunity for Public Comment

# Adjourn for the Day

NATIONAL QUALITY FORUM

Measure Applications Partnership

# Joint Medicaid Adult and Child Task Forces In-Person Meeting

*Day 2: May 24, 2017*

# Welcome

# Welcome

- Restrooms
  - *Exit main conference area, past elevators, on right.*
- Breaks
  - *11:00am – 15 minutes*
  - *1:00pm – Lunch provided by NQF*
  - *2:50pm – 15 minutes*
- Laptops and cell phones
  - *Wi-Fi network*
    - » User name: **guest**
    - » Password: **NQFguest**
  - *Please mute your cell phone during the meeting*

# Introductions of Task Force Members and Disclosures of Interest

# Medicaid Child Task Force Membership

| | |
|---|---|
| **Child Task Force Chair** | Richard Antonelli, MD – Boston Children's Hospital/ Harvard Medical School |

| Organizational Representatives (Voting) | Organizational Members |
|---|---|
| Terry Adirim, MD, MPH, FAAP | American Academy of Pediatrics |
| Kathryn Beattie, MD | America's Essential Hospitals |
| Andrea Benin, MD | Children's Hospital Association |
| Ann Greiner, MUP | Patient-Centered Primary Care Collaborative |
| Deborah Kilstein, RN, MBA, JD | Association for Community Affiliated Plans |
| Gregory Craig, MPA, MS | American Nurses Association |
| Rachel La Croix, PhD, PMP | National Association of Medicaid Directors |
| Roanne Osborne-Gaskin, MD, MBA, FAAFP | American Academy of Family Physicians |
| Amy Poole-Yaeger, MD | Centene Corporation |
| Amy Richardson, MD, MBA | Aetna |
| Carol Sakala, PhD, MSPH | National Partnership for Women and Families |

# Medicaid Child Task Force Membership

| SME (Voting) | |
|---|---|
| Kim Elliot, PhD, CPHQ | Health Services Advisory Group |

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

# Review of Meeting Objectives

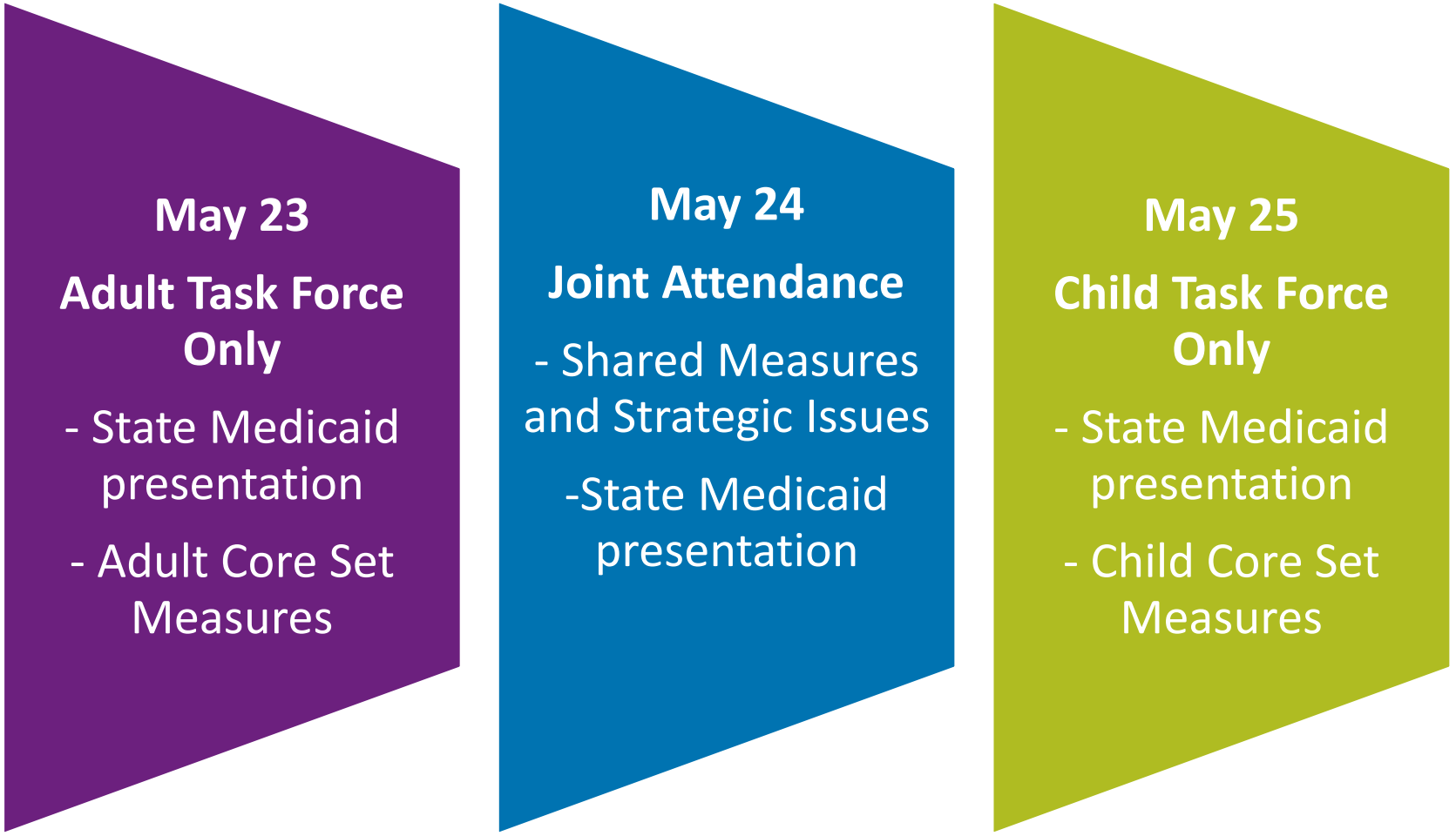
# Meeting Objectives

- Consider states' experiences implementing the Medicaid Child and Adult Core Sets
- Develop strategic recommendations for strengthening the Medicaid Child and Adult Core Sets
- Formulate strategic guidance to CMS about strengthening the measure set over time to meet program goals

# MAP Medicaid Child and Adult Task Forces' Charge

- For this review, the charge of the MAP Medicaid Child and Adult Task Forces is to:
  - *Review states' experiences reporting measures to date*
  - *Refine previously identified measure gap areas and recommend potential measures for addition to the set*
  - *Recommend measures for removal from the set that are found to be ineffective*
- The Task Force consists of current MAP members from the MAP Coordinating Committee and MAP Workgroups with relevant interests and expertise.

# Structure of Task Force Deliberations



# Today's Action Items: Combined Adult and Child Task Force Discussion

- Issues of Shared Importance:
  - *Maternal and Perinatal Health Measures*
  - *Asthma Measures*
  - *Supporting States' Ability to Participate in Reporting*

# Recap of Relevant Points from Previous Day

# CMS Goals: Child and Adult Core Sets

- Three-part goal for Adult and Child Core Sets:

1. *Increase number of states reporting Core Set measures*
2. *Increase number of measures reported by each state*
3. *Increase number of states using Core Set measures to drive quality improvement*

# How CMS Uses Core Set Data

- Core set data used to obtain a snapshot of quality across Medicaid and CHIP (Children's Health Insurance Program):
  - *Annual Child Health Quality Report*
  - *Annual Adult Health Quality Report*
  - *Chart pack and other analyses*
  - *Inform policy and program decisions*

CENTERS FOR MEDICARE & MEDICAID SERVICES

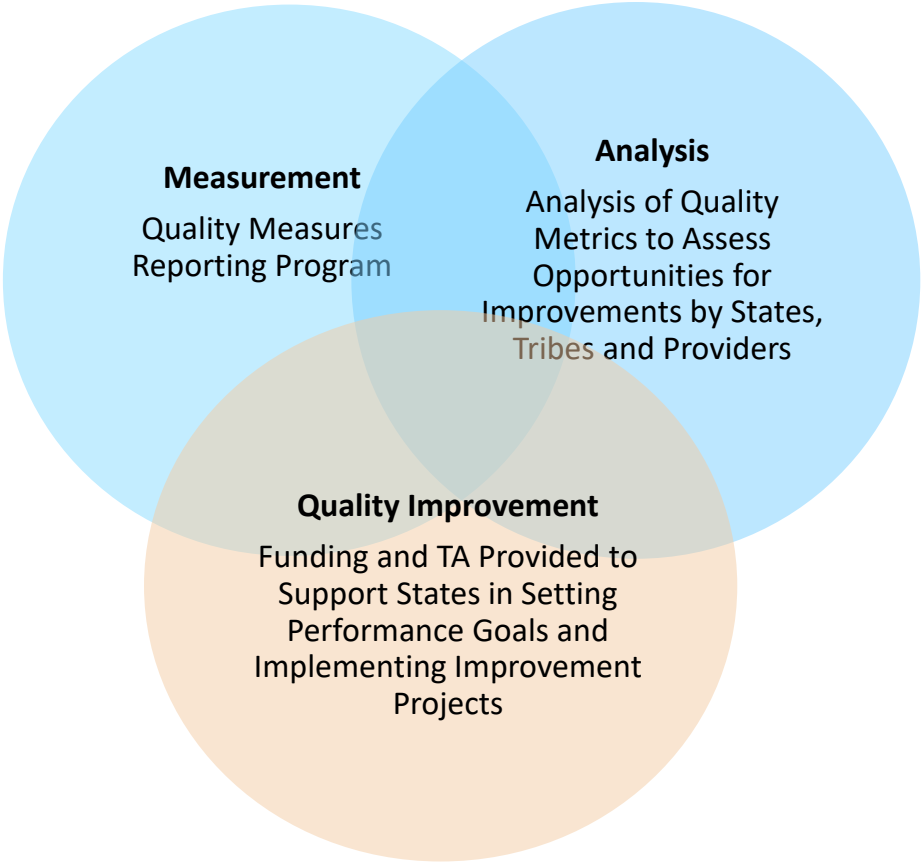
# Key Considerations

*NQF Medicaid MAP In-Person Meeting*

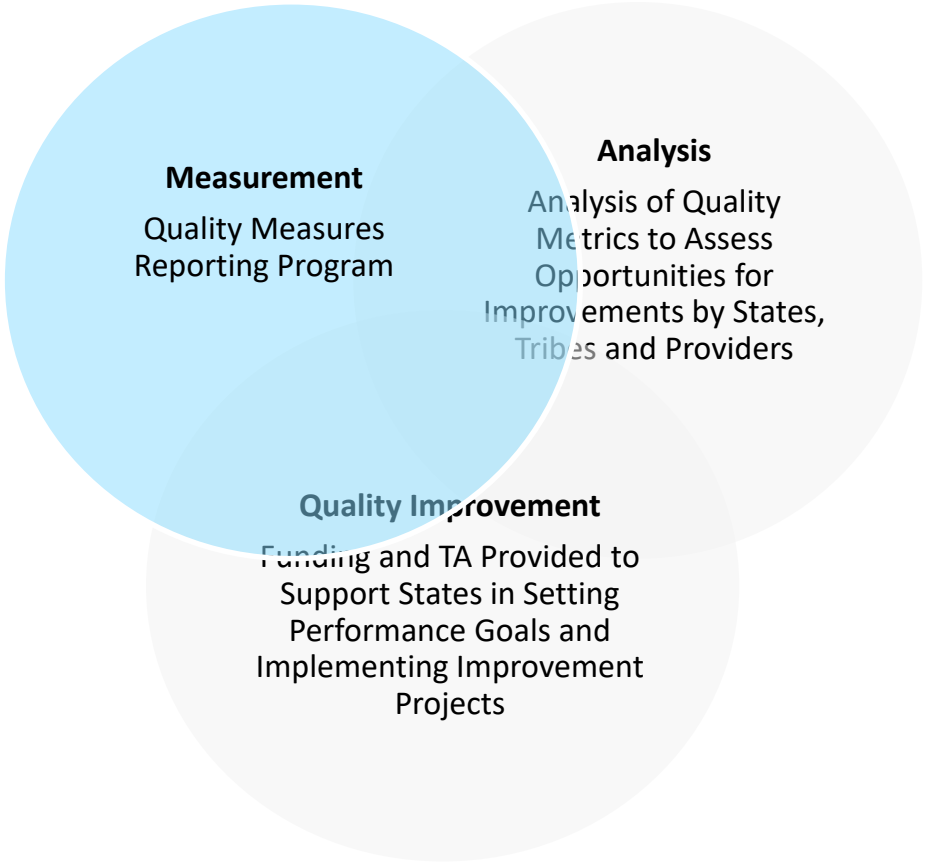
*May 23-25, 2017*

*Karen Matsuoka PhD, CMCS Chief Quality Officer and Director, Division of Quality and Health Outcomes*

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



# 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 5 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 (27 measures in the 2017 Core set)**
  - *Initial Core Set released in 2010*
  - *Recently completed 8th year of voluntary reporting*
  - *50 States + DC reported on at least one Child Core Measure (median = 16 measures) for FFY2015*
- **Adult Core Set (30 measures in the 2017 Core Set)**
  - *Initial Core Set released in 2012*
  - *Recently completed 4rd year of voluntary reporting*
  - *39 states reported on at least one Adult Core Measure for FFY2015 (median = 16), with 7 states reporting at least one measure for the first time*

# CMCS Goals for Measurement and Reporting

- Increase number of states reporting Core Set measures
- Maintain or 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

# Input Requested for 2017

- The charge of the MAP Medicaid Task Force 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 Set of Health Care Quality Measures for Adult and Children enrolled in Medicaid and CHIP.
- 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*
  - *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 Medicaid Core Sets are tools states can use to monitor and improve the quality of health care provided to Medicaid and CHIP enrollees
  - *They are intended for quality improvement not payment purposes*
- The Medicaid Core Sets are for state-level reporting, not provider-level reporting
- Under statute, state reporting on these measure sets is voluntary
- Alignment with other quality measure programs (such as CMS-American Health Insurance Plans (AHIP) Core Sets, Health Homes Core Set, and Dual Eligible Beneficiary Workgroup)
  - *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 forthcoming
  - *Medicaid & CHIP Managed Care Quality Rating System*
- Provider-Level CMS Measures
  - *Health Homes Core Measures*
  - *Behavioral Health Clinics Core Measures*
  - *CCSQ/AHIP Core Quality Measures Collaborative*
    - » Adult Core Sets – first 7 released February 2016
    - » Pediatric Core Sets forthcoming

# Questions & Contact Information

Questions?

Karen Matsuoka, PhD
Medicaid & CHIP Chief Quality Officer
Karen.Matsuoka@cms.hhs.gov

# CMCS Maternal and Infant Health Initiative

Lekisha Daniel-Robinson, MSPH
Technical Director, Maternal and Infant Health Initiative
Centers for Medicare and Medicaid Services

# Maternal and Infant Health Initiative: Background

- Launched July 2014 with the goal of assisting states in exploring program and policy opportunities that improve outcomes and reduce the cost of care for women and infants in Medicaid and CHIP.
  - Builds on the work of an Expert Panel that identified strategies CMS and states could undertake to improve maternal and infant outcomes in Medicaid/CHIP
  - Supports states to improve measurement, engage providers and beneficiaries, identify quality improvement opportunities and implement value-based payment strategies.
  - Assists states to improve performance on states' maternal and infant health goals and on the Core Set of Maternity and Perinatal Measures for Medicaid and CHIP

# Maternal and Infant Health Initiative: Strategies and Activities

**Strategies**

1. Engage states, providers, and beneficiaries
2. Leverage federal partnerships
3. Strengthen technical assistance
4. Measure quality and improve performance

**Major Activities**

1. Improving Postpartum Care Action Learning Series
2. Measuring Contraceptive Access Grant Initiative and Learning Community
3. Mobile Messaging Pilot Project
4. Exploring value-based payment strategies

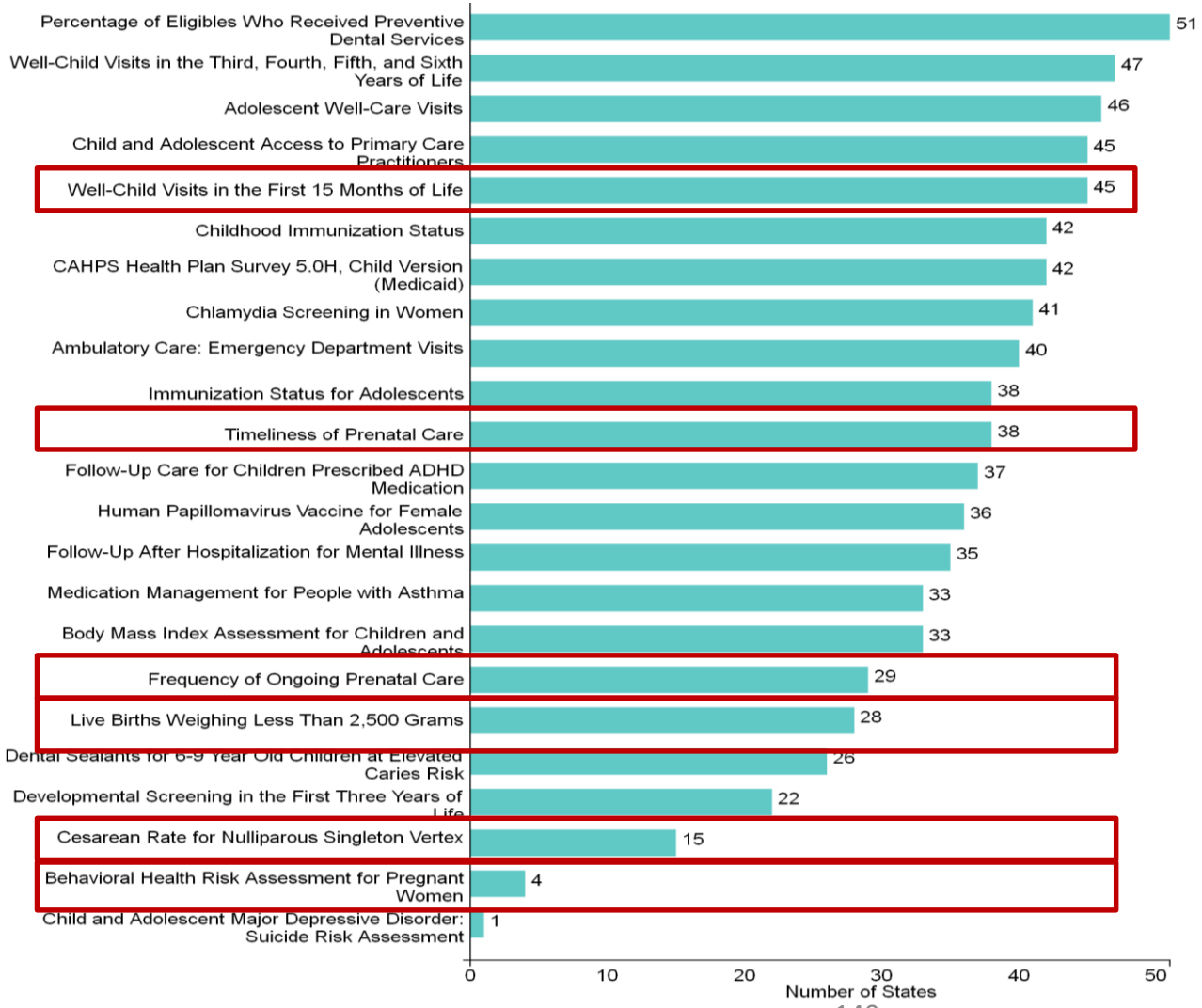
# Core Set of Maternal and Perinatal Health Measures for Medicaid and CHIP

| NQF # | CMS Measure Set | Measure Steward | Measure Name |
|---|---|---|---|
| 0139 | Child Core | CDC | Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH) |
| 0469/2829* | Adult Core | TJC | PC-01: Elective Delivery (PC01-AD) |
| 0471 | Child Core | TJC | PC-02: Cesarean Section (PC02-CH) |
| 0476 | Adult Core | TJC | PC-03: Antenatal Steroids (PC03-AD) |
| 1382 | Child Core | CDC | Live Births Weighing Less than 2,500 Grams (LBW-CH) |
| 1392 | Child Core | NCQA | Well-Child Visits in the First 15 Months of Life (W15-CH) |
| 2902 | Child Core | OPA | Contraceptive Care – Postpartum Women Ages 15-20 (CCP-CH)* |
| 2902 | Adult Core | OPA | Contraceptive Care – Postpartum Women Ages 21-44 (CCP-AD)* |
| NA | Child Core | AMA-PCPI | Behavioral Health Risk Assessment (for Pregnant Women) (BHRA-CH) |
| NA | Child Core | NCQA | Frequency of Ongoing Prenatal Care (FPC-CH) |
| NA | Child Core | NCQA | Timeliness of Prenatal Care (PPC-CH) |
| NA | Adult Core | NCQA | Postpartum Care Rate (PPC-AD) |

* This measure was added to the 2017 Adult Core Set. More information on 2017 Updates to the Child and Adult Core Health Care Quality Measurement Sets is available at https://www.medicaid.gov/federal-policy-guidance/downloads/cib120516.pdf.

AMA-PCPI = American Medical Association-Physician Consortium for Performance Improvement; CDC = Centers for Disease Control and Prevention; CHIP = Children's Health Insurance Program; CMS = Centers for Medicare & Medicaid Services; NA = Measure is not NQF endorsed; NCQA = National Committee for Quality Assurance; NQF = National Quality Forum; OPA = U.S. Office of Population Affairs; TJC = The Joint Commission.

# Number of States Reporting the Child Core Set Measures

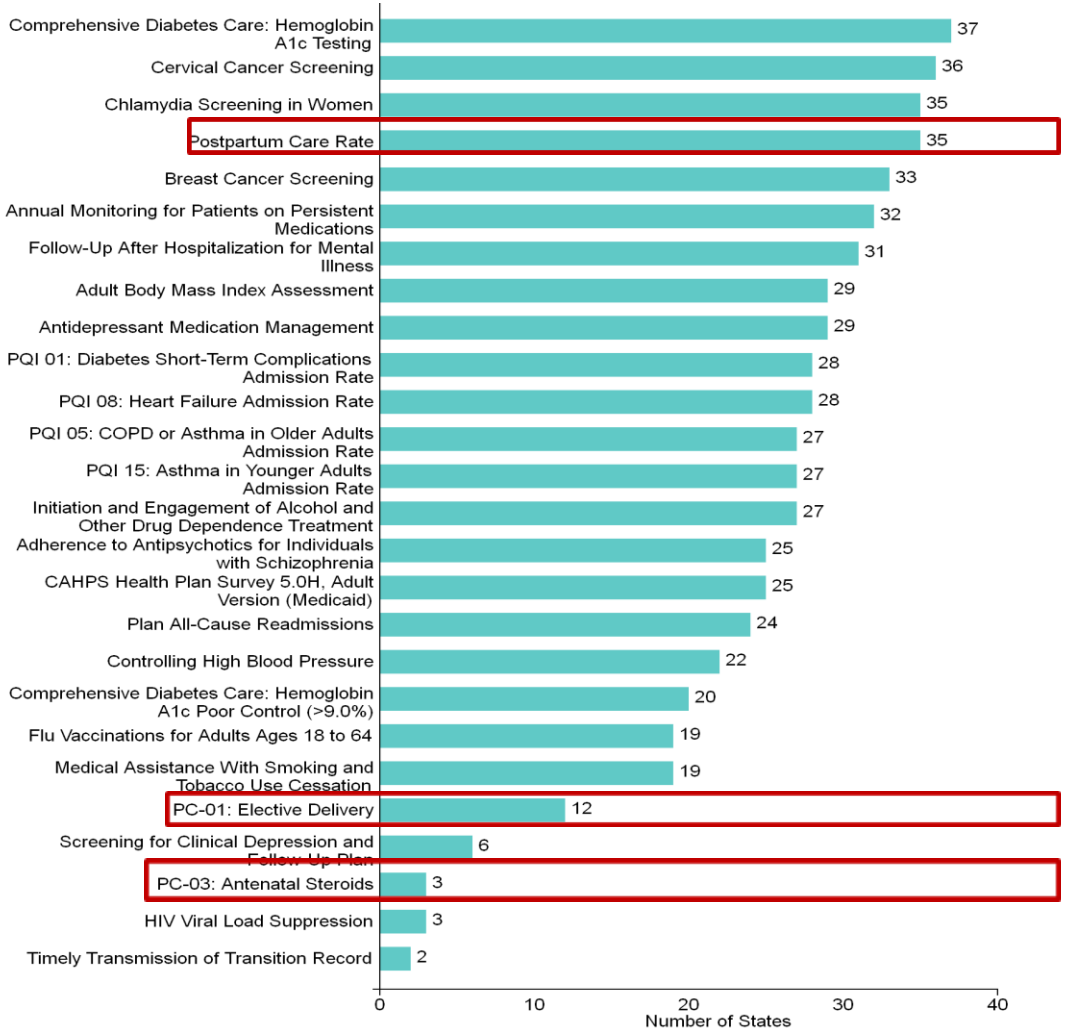



Sources: Mathematica analysis of MACPro reports and Form CMS-416 reports for the FFY 2015 reporting cycle.

Notes: The term "states" includes the 50 states and the District of Columbia.

This chart excludes the Central Line-Associated Bloodstream Infection (CLABSI) measure. Beginning in FFY 2012, data for the CLABSI measure were obtained from the CDC's National Healthcare Safety Network. ADHD = Attention-deficit/hyperactivity disorder; CAHPS = Consumer Assessment of Healthcare Providers and Systems.

# Number of States Reporting the Adult Core Set Measures



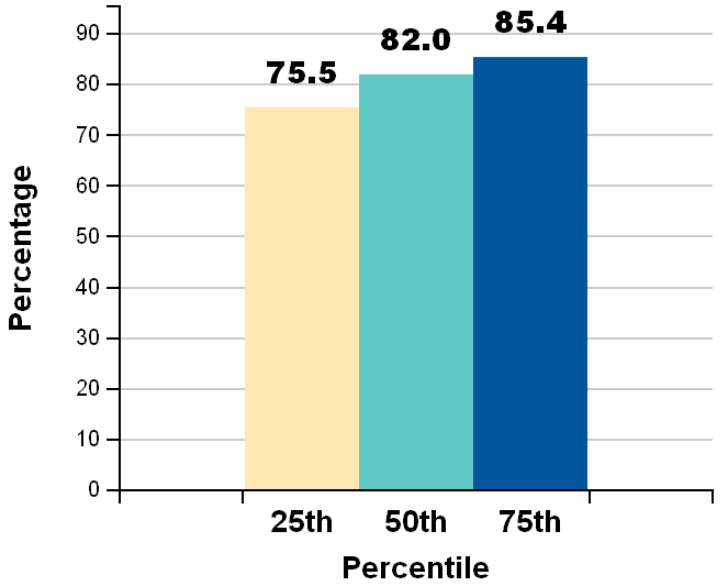

Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: The term "states" includes the 50 states and the District of Columbia. This chart includes the Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure reported by states via MACPro. For FFY 2015, CMS also collected data on the MSC measure from the 47 states participating in the CMS 2014-2015 Nationwide Adult Medicaid Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

# Timeliness of Prenatal Care

Initiation of prenatal care during the first trimester of pregnancy facilitates a comprehensive assessment of a woman's health history, pregnancy risk, and health knowledge. Early screening and referrals for specialized care can prevent pregnancy complications resulting from pre-existing health conditions or promote access to recommended care. The measure indicates how often pregnant women received timely prenatal care (during the first trimester or within 42 days of Medicaid/CHIP enrollment).

**Percentage of Pregnant Women with a Prenatal Care Visit in the First Trimester or within 42 Days of Medicaid/CHIP Enrollment, FFY 2015 (n = 37 states)**




Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of Medicaid/CHIP enrollment. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

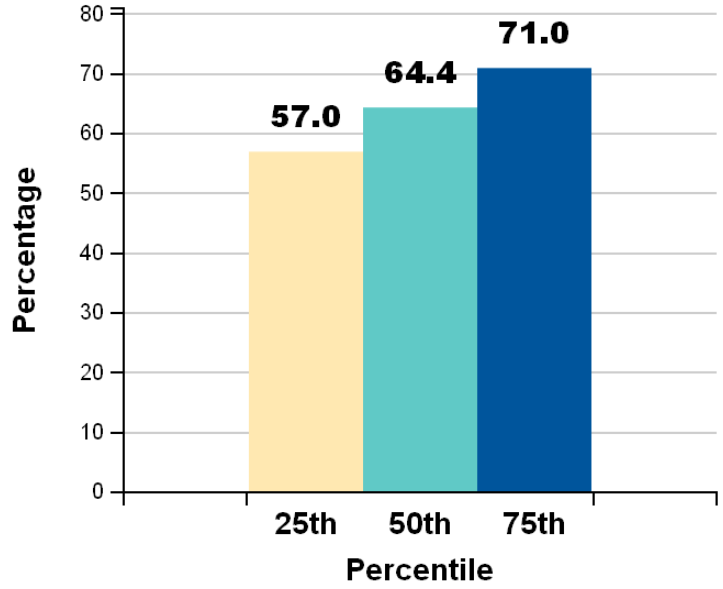
A median of **82** percent of pregnant women had a prenatal care visit in the first trimester or within 42 days of Medicaid/CHIP enrollment (37 states)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

# Frequency of Ongoing Prenatal Care

Ongoing prenatal care enables prenatal care providers to make periodic assessments of a woman's pregnancy risk and health status, perform recommended screenings and laboratory tests, and provide timely referrals for specialized care. Regular prenatal care enables providers to promote positive maternal and infant health outcomes. This measure assesses whether pregnant women had more than 80 percent of the expected number of prenatal care visits.

**Percentage of Pregnant Women Receiving More Than 80 Percent of the Expected Number of Prenatal Care Visits, FFY 2015 (n = 29 states)**




Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received more than 80 percent of the expected number of prenatal visits. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

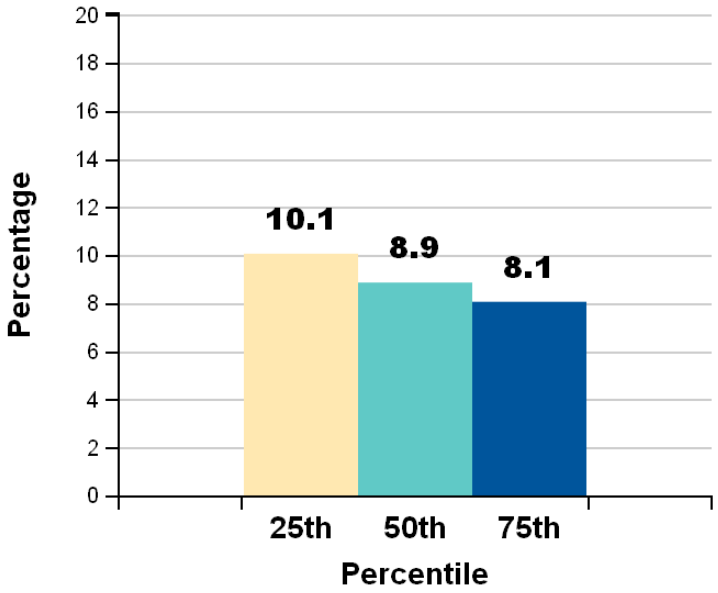
A median of **64** percent of pregnant women had more than 80 percent of the expected number of prenatal visits (29 states)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

# Live Births Weighing Less Than 2,500 Grams

An infant's birth weight is a common measure of infant and maternal health and well-being. Infants weighing less than 2,500 grams at birth may experience serious and costly health problems and developmental delays. Pregnant women are at higher risk of a low-birthweight baby if they have chronic health conditions (e.g., high blood pressure or diabetes), low weight gain during pregnancy, high stress levels, or high-risk behaviors (e.g., drinking alcohol, smoking cigarettes, or using drugs).

**Percentage of Live Births Weighing Less than 2,500 Grams, FFY 2015 (n = 25 states) [Lower rates are better]**




Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of live births that weighed less than 2,500 grams during the reporting period. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

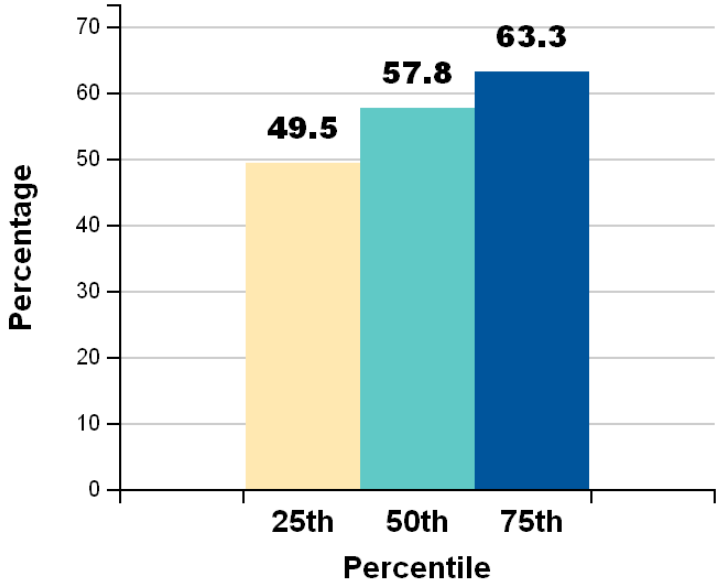
A median of **8.9** percent of live births financed by Medicaid or CHIP weighed less than 2,500 grams (25 states)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

# Postpartum Care Rate

Postpartum visits provide an opportunity to assess women's physical recovery from pregnancy and childbirth, and to address chronic health conditions (such as diabetes and hypertension), mental health status (including postpartum depression), and family planning (including contraception and inter-conception counseling). The postpartum care measure assesses how often women delivering a live birth received timely postpartum care (between 21 and 56 days after delivery).

**Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery, FFY 2015 (n = 34 states)**




Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.
Note: This measure identifies the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 21 and 56 days after delivery.

A median of **58** percent of women delivering a live birth had a postpartum care visit on or between 21 and 56 days after delivery (34 states)

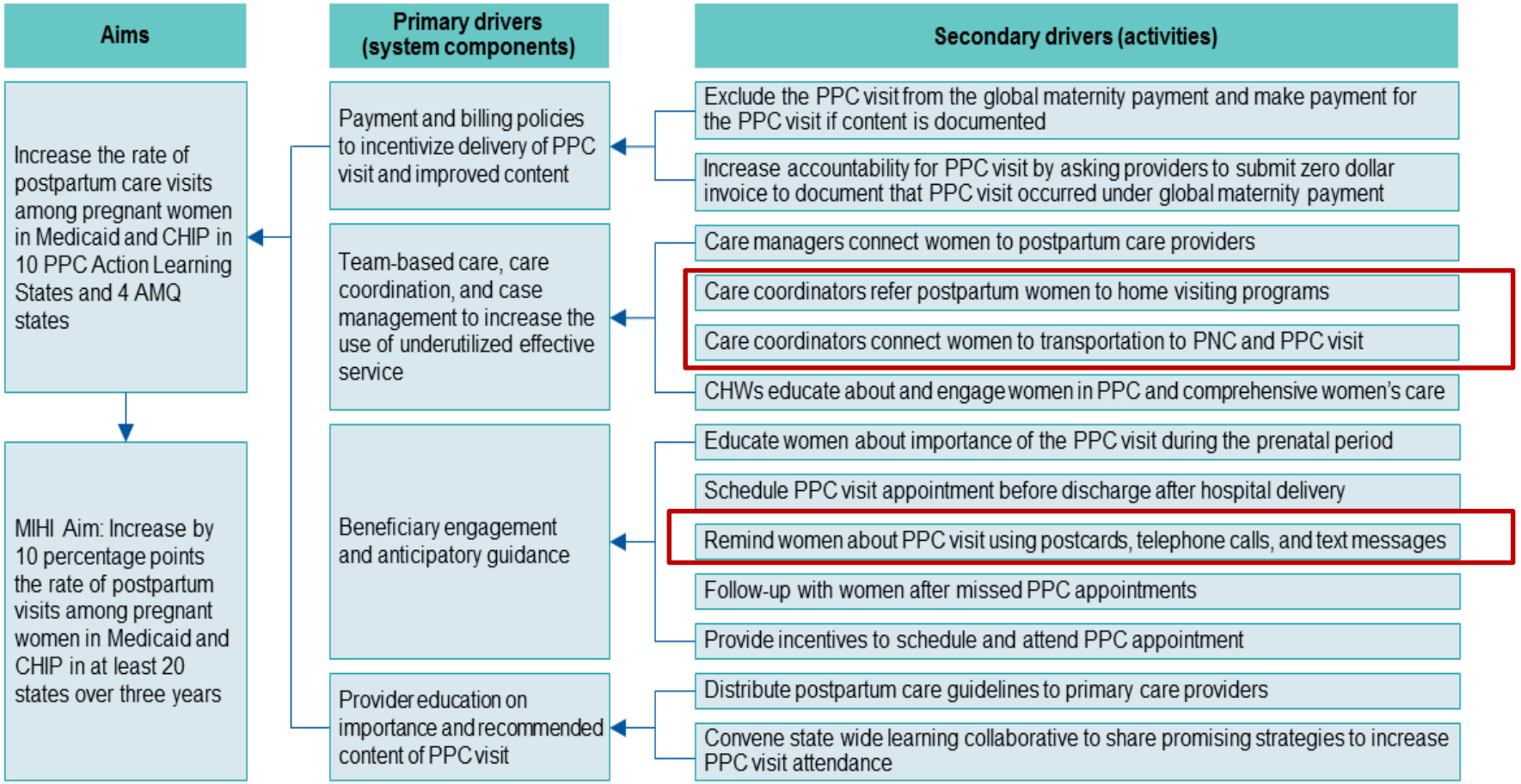
Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

# Maternal and Infant Health Initiative: Measure Challenges

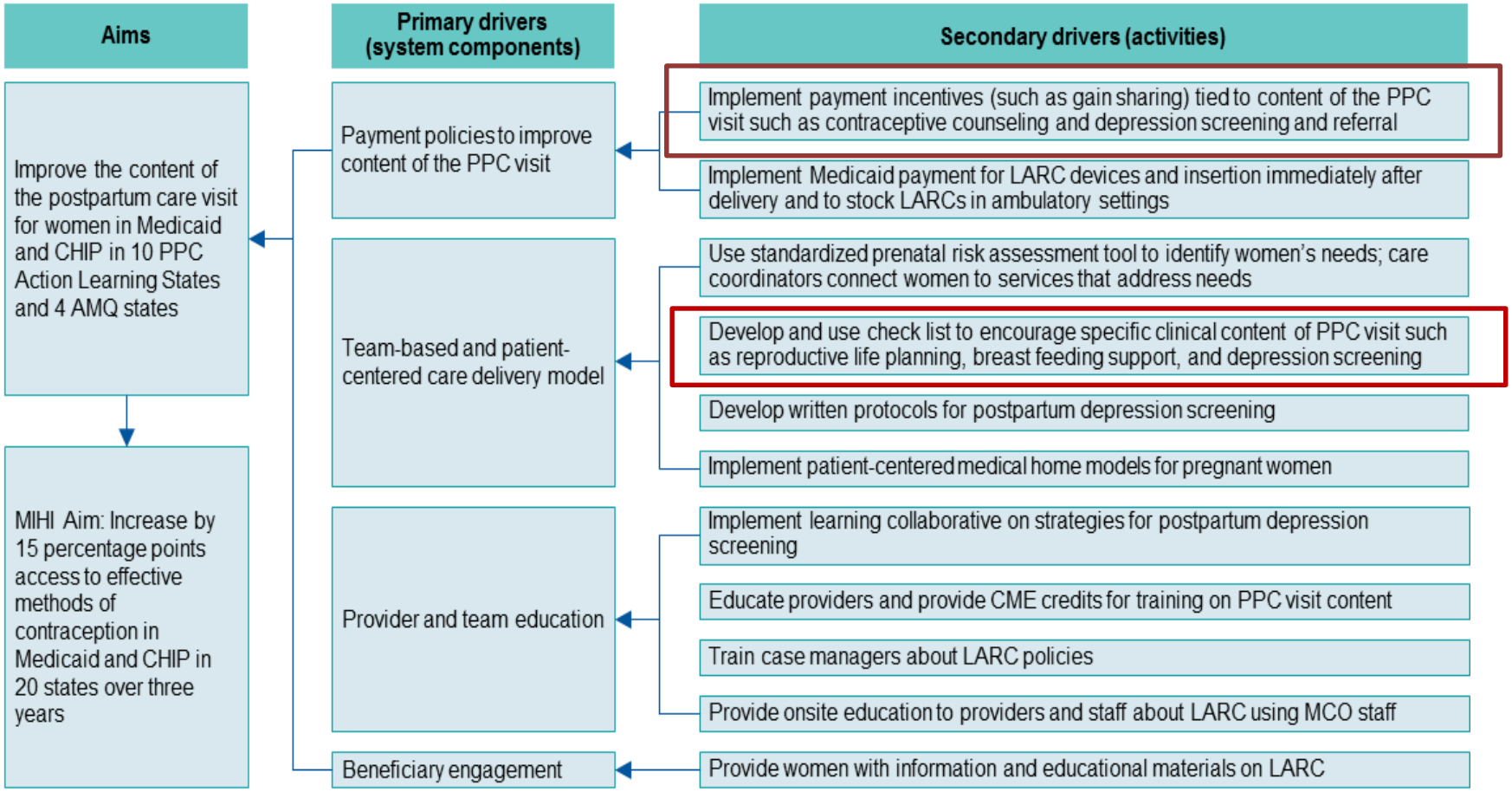
Postpartum Care Measure

- Tracking postpartum visits can be difficult for states with global billing payments
- Global billing can have the unintended effect of limiting accountability for ensuring postpartum visits occur (since billing & payment for the maternity episode occurs at time of delivery)
- The measure does not adequately address the content of visit

# Aims and Key System Drivers and Activities to Improve the Rate of Postpartum Care Visits



# Aims and Key System Drivers and Activities to Improve the Content of the Postpartum Care Visit



# Using Measurement to Drive Change

| | |
|---|---|
| Delivery System Reforms | • Promote effective care delivery models<br>• Increase use of existing reimbursable services through provider activation<br>• Assess population management strategies<br>• Inform policy and coverage changes<br>• Inform Value-Based Payment Opportunities |

# Maternal and Infant Health Quality

**http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Maternal-and-Infant-Health-Care-Quality.html**

# Questions?

# Measure Applications Partnership (MAP) Medicaid Task Forces

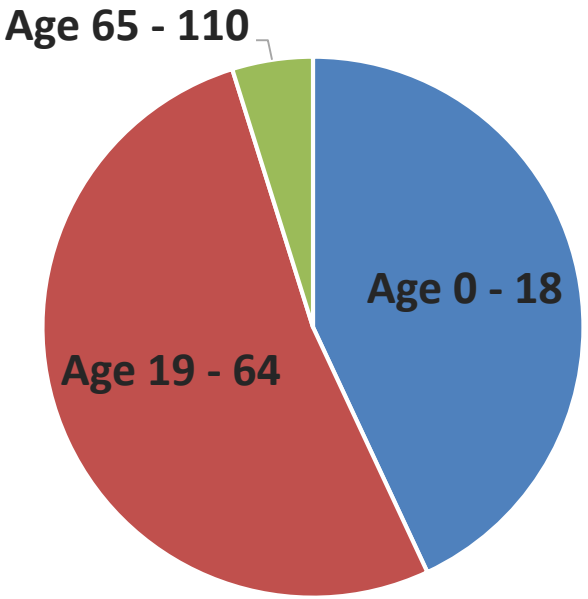
**Mary Applegate, MD, FAAP, FACP**
Medical Director, Ohio Department of Medicaid
NQF MAP Medicaid State Perspective Panel
May 24, 2017

# Ohio Medicaid Snapshot: Enrollment Overview

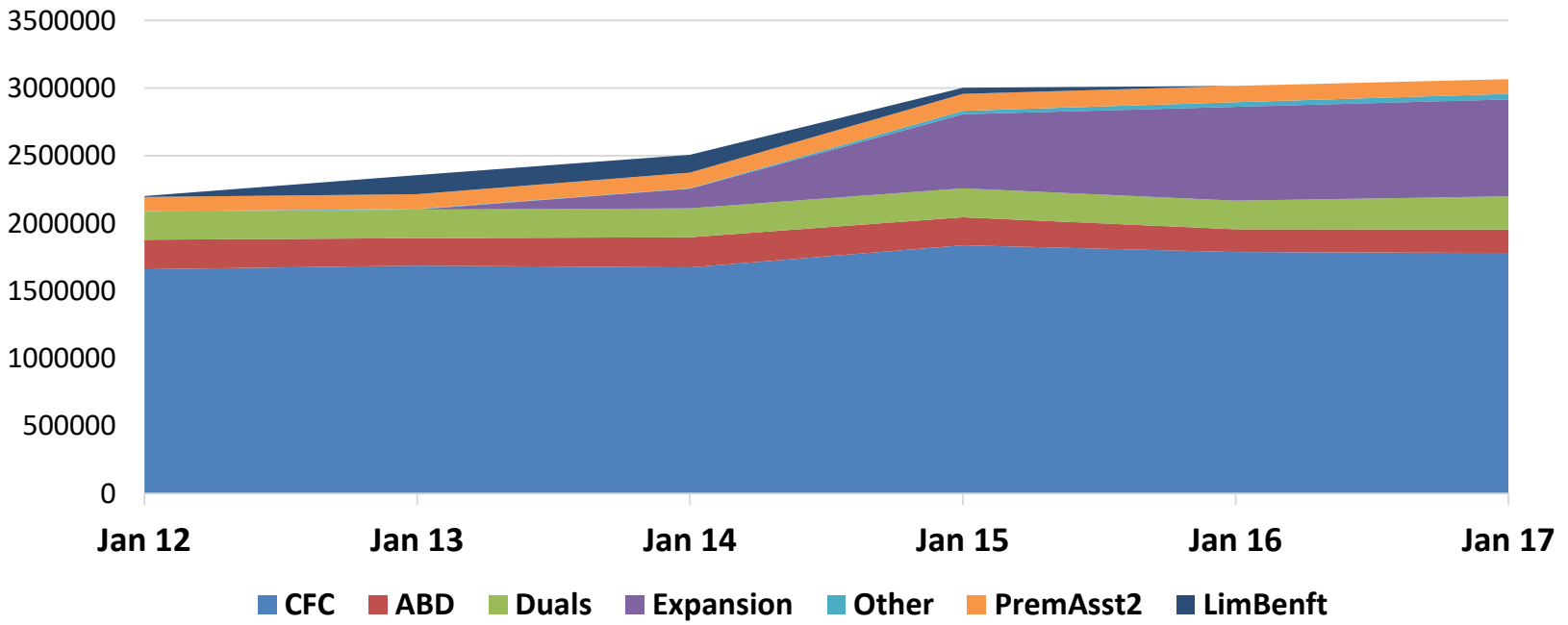
- January 2017 enrollment: 3,054,806
- 89% covered by a managed care plan
- Children in Custody, Adopted Children, BCCP Individuals, Medicaid eligible individuals enrolled in BCMH Program are currently served by a managed care plan
- As of January 1, 2017 there are 714,997 covered in the expansion category
  - » All enrolled or enrolling in private managed care plans
- Long-term services and supports: approximately 88,000 served by HCBS waivers; 56,000 living in long-term care facilities

# Ohio Snapshot: Age of Ohio Medicaid Population

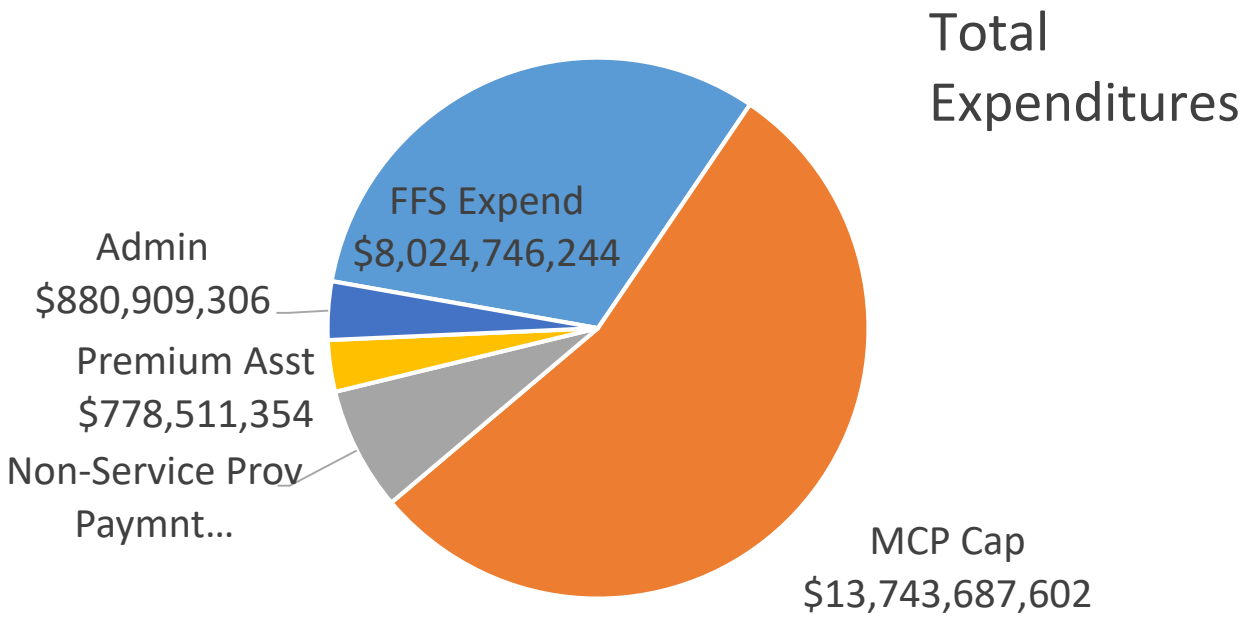
January 2017



# Ohio Medicaid Enrollment



# Ohio Medicaid Expenditures – SFY 2016



# Maternity Core Set

## 2017 Core Set of Maternity Measures for Medicaid and CHIP

| NQF # | CMS Measure Set | Measure Steward | Measure | Comment |
|---|---|---|---|---|
| 0469/2829 | Adult | TJC | PC-01: Elective Delivery * | Monitored at hospital level (HEN) |
| 0471 | Child | TJC | PC-02: Cesarean Section | Episode of care |
| 0476 | Adult | TJC | PC-03: Antenatal Steroids | Ohio focused on progesterone |
| 1382 | Child | CDC | Live Births Weighing less than 2,500 Grams | Plan auto-assignment based on this/Infant Mortality-related measures |
| 1392 | Child | NCQA | Well-Child Visits in the First 15 Months of Life | Good, but what about Adolescent well care? |
| 2902 | Child | OPA | Contraceptive Care - Postpartum Women Ages 15-20* | CMS specs not issued yet |
| 2902 | Adult | OPA | Contraceptive Care - Postpartum Women Ages 21-44* | CMS specs not issued yet |
| NA | Child | AMA-PCPI | Behavioral health Risk Assessment for Pregnant Women | Data source challenging |
| NA | Child | NCQA | Frequency of Ongoing Prenatal Care | Not linked to outcomes |
| NA | Child | NCQA | Timeliness of Prenatal Care | Aligns with Community efforts |
| NA | Adult | NCQA | Postpartum Care Rate | Adult QIP |

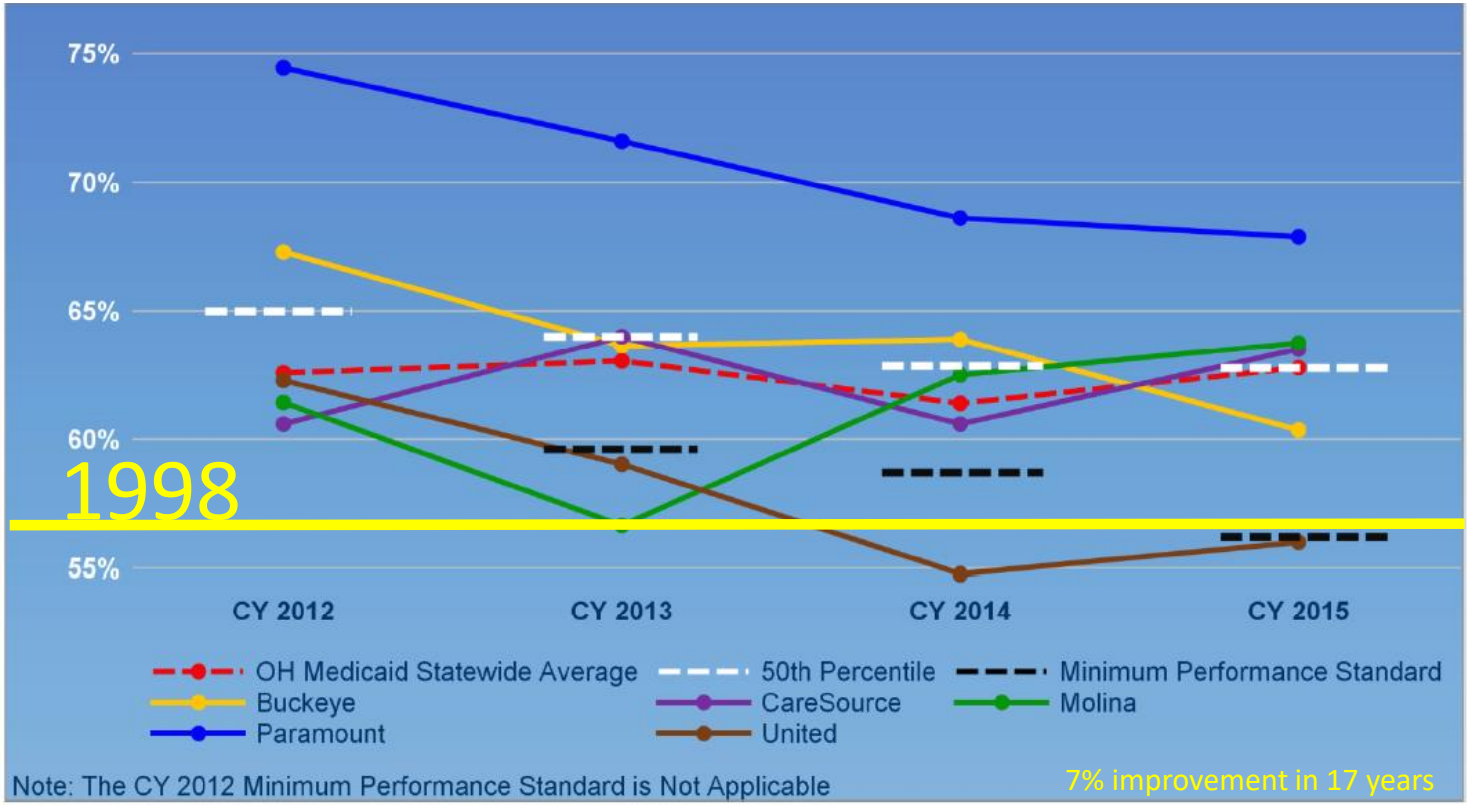
* This measure added to the 2017 Adult/Child Core Sets.

**OPA - U.S. Office of Population Affairs**

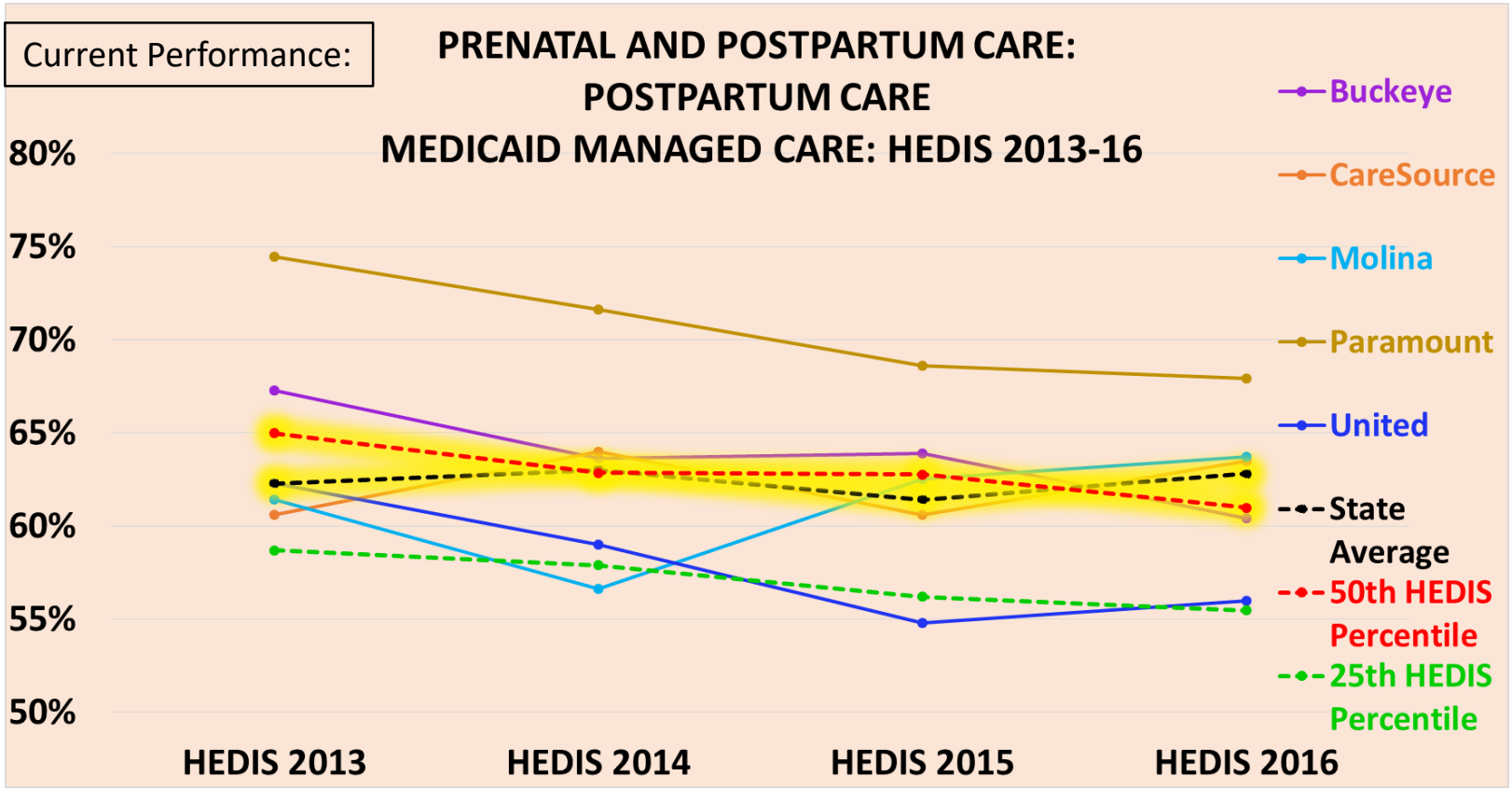
**TJC = The Joint Commission**

**AMA-PCPI = American Medical Association-Physician Consortium for Performance Improvement**

# Prenatal and Postpartum Care - Postpartum Care, CY 2012 - 2015

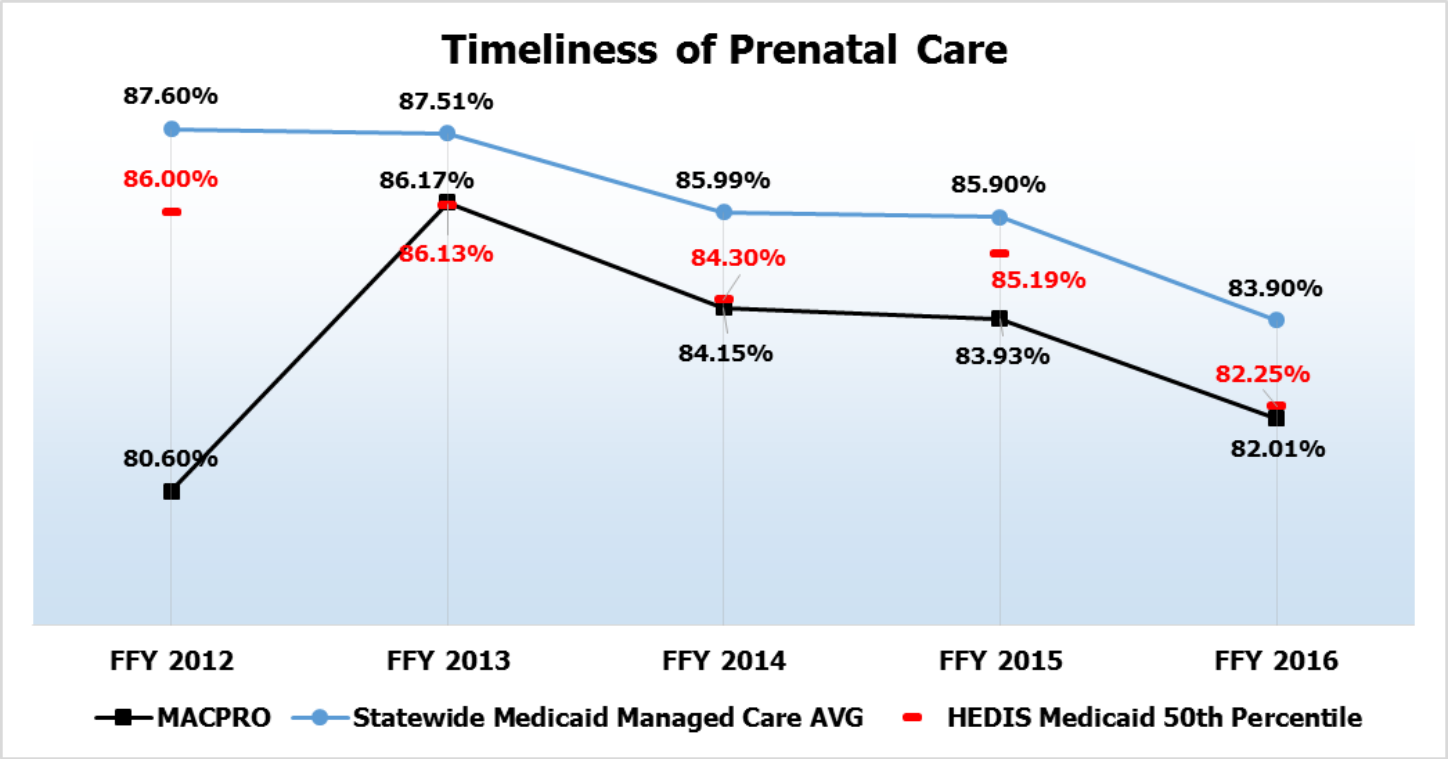


Current Performance:

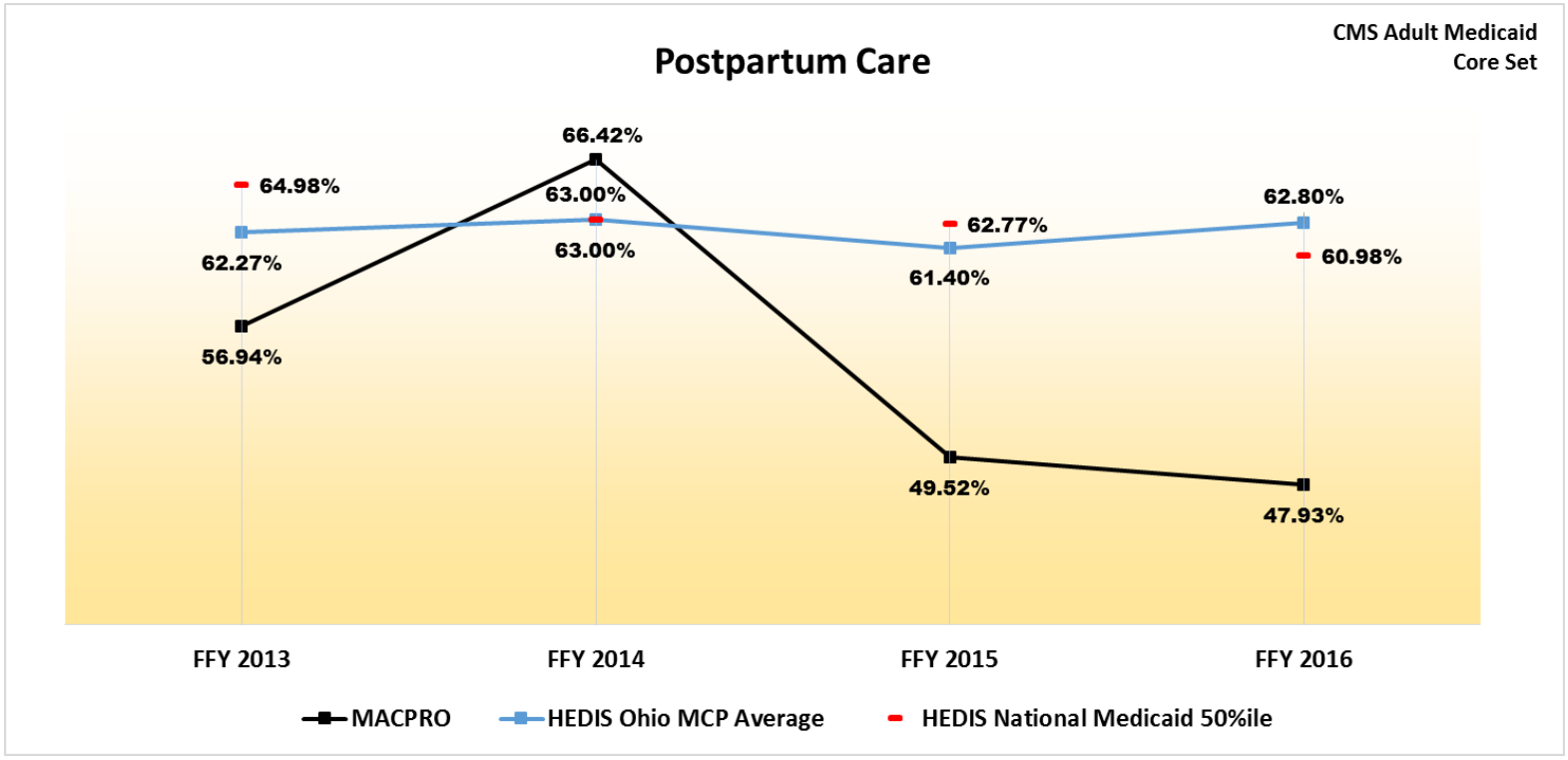


# Most Common Reporting Challenges

- **Administrative burden/feasibility** of attaining (EHR/Manual) data at service level
  - A ramping up process during health system transformation
- **Duplication of effort** compared to HEDIS (all managed care)
  - Does not drive improvement
- **Metric measures processes**
  - Can be improved by data collecting artifact without improving patient health status
- **Measure not meaningful at practice/best** evidence level, not connected tightly to actually making the person better, or not actionable within health/Medicaid system
- **Managing work load**
  - All the coding/development of processes/integration into existing processes, explaining all nuance to results (Adult Quality Grant very helpful)
- **Improvements related to measure being driven through other mechanism**
  - e.g. episodes of care, public health (non- Medicaid-claims), with other reporting mechanisms



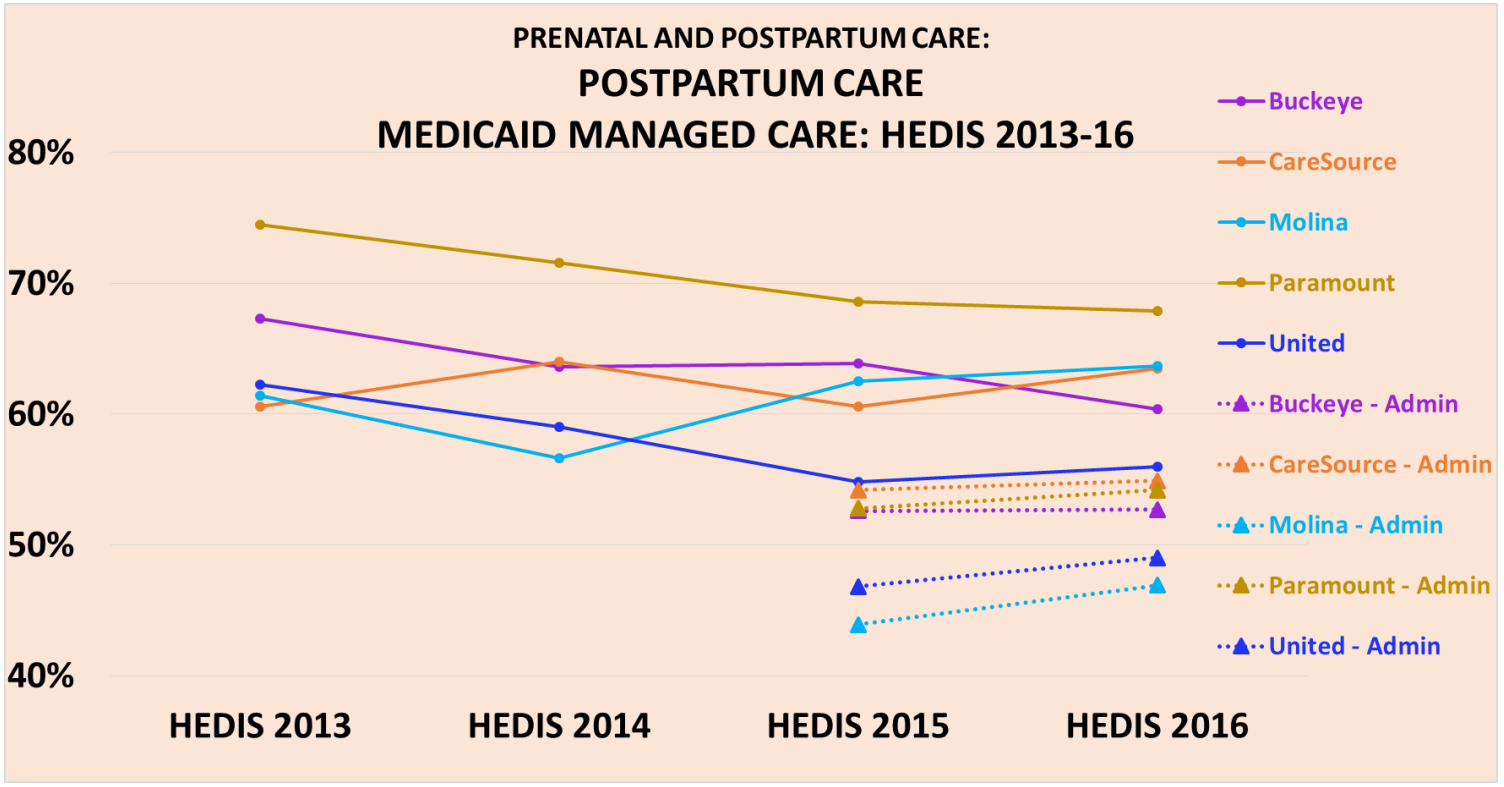

*MACPRO: Combined Medicaid FFS administrative results with self-reported audited HEDIS results




*MACPRO: FFY 2013 – FFY 2015 rates reported for Medicaid Managed Care Population

FFY 2016 rates reported for all Medicaid (CFC and ABD)

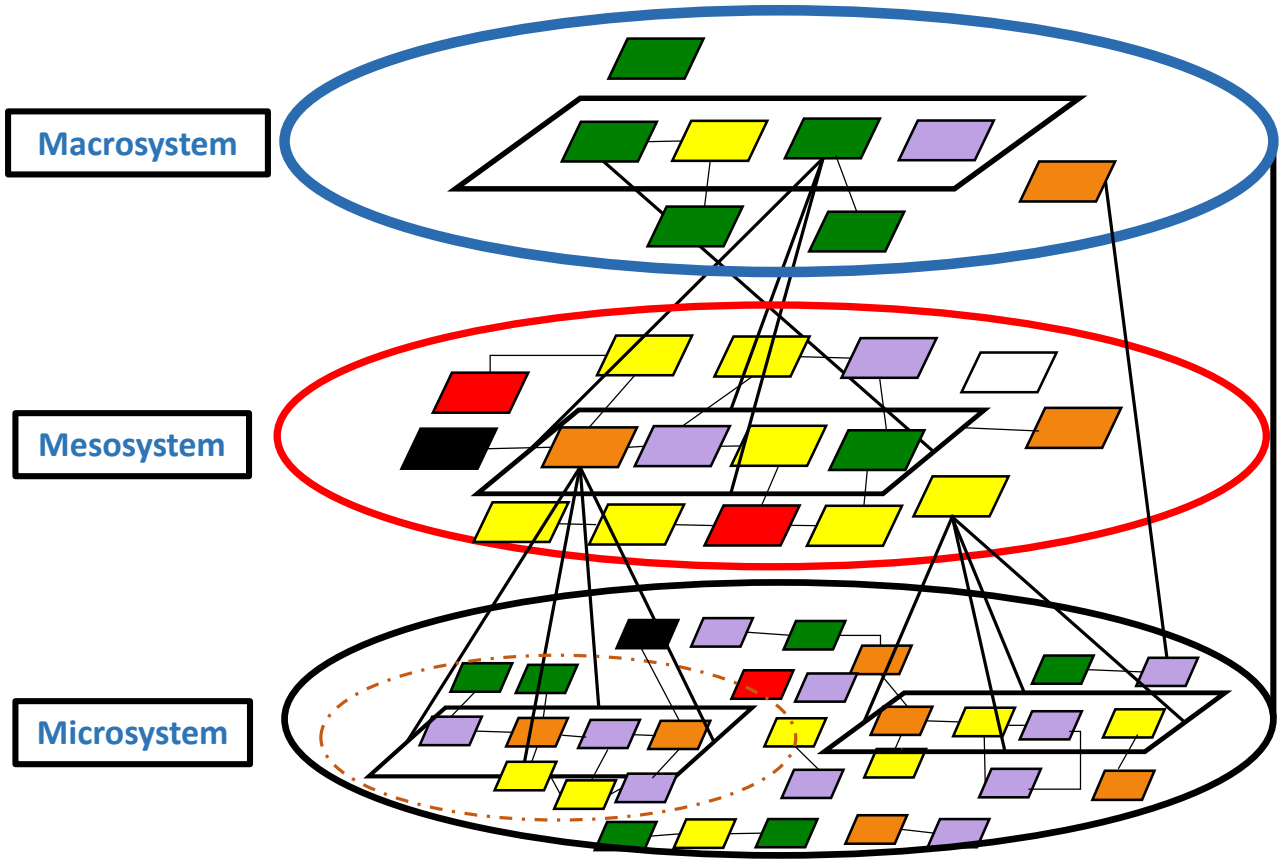
# ODM MCP HEDIS rates: Hybrid (reported rate) vs. Administrative rate



# Issues for Consideration

- To assess the impact of the core measures sets, we must first ask what purpose they serve (in order to improve desired reporting)
- Transition from a primary reporting priority to
  - indicators of population health status and
  - efforts to improve health outcomes.
- Can we bring focus to guide doing a better job?
- MACPRO – combines FFS and Managed care, reporting/communicating function only
- HEDIS exists in Managed Care, raising duplication concerns in the core set
- Hybrid methodology simply allows for a measure of the amount of process work the plans can do to improve HEDIS results: less useful unless all plans spend the same effort on hybrid data

# Collaboration, Cooperation & Coordination Are Difficult




State or federal reported measures

Plan or health system measures
Community measures

Clinician/Practice/Individual measures

# Episodes of Care: Wave 1 shift to performance period 2, CY2017 Medicaid quality metric thresholds

*As shared previously:*

- The State's goal is to set quality metric thresholds at the **top quartile of current performance** to encourage delivery of high quality care
- However, to ensure a majority of providers eligible for incentives can participate, in **Year 1**, the quality metric thresholds will be at a level where **75% of providers pass all metrics tied to incentive payments**
- Quality metric thresholds will **ramp up** to **top quartile** performance level over the **next 5 years**

| | Quality metric | Perf. year 2016 | Perf. year 2017 |
|---|---|---|---|
| **Asthma exacerbation** | QM1: Follow-up visit rate | 28% | 33% |
| | QM2: Controller medication prescription fill-rate | 26% | 29% |
| **COPD exacerbation** | QM1: Follow-up visit rate | 50% | 54% |
| **Perinatal** | QM1: HIV screening rate | 50% | 51% |
| | QM2: GBS screening rate | 50% | 58% |
| | QM3: C-section rate | 45% | 41% |
| | QM4: Post-partum visit rate | 50% | 55% |

# EPISODE of CARE PROVIDER REPORT

**PERINATAL** | Q1 + Q2 2016

Reporting period covering episodes that ended between **January 1, 2016 to June 30, 2016**

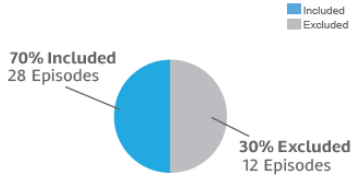
PAYER: Ohio – Medicaid FFS PROVIDER ID: 0000000000 PROVIDER: ABC Womens Health Center

## Eligibility requirements for gain or risk-sharing payments

- **Episode volume:** You have at least 5 episodes in the current performance period.
- **Spend:** Your average risk-adjusted spend per episode is below the commendable threshold.
- **Quality:** You are not currently eligible for gain-sharing because you have not passed all quality metrics linked to gain-sharing.
- **This report is informational only.** Eligibility for gain or risk–sharing will be determined at the end of the performance period and any applicable payments will be calculated at that time.

## Episodes included, excluded & adjusted

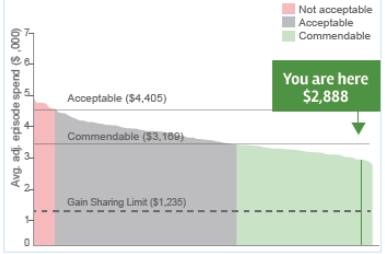
Total episodes: 40




**71%** of your episodes have been risk adjusted

## Risk adjusted average spend per episode

Distribution of provider average episode spend (risk adj.)



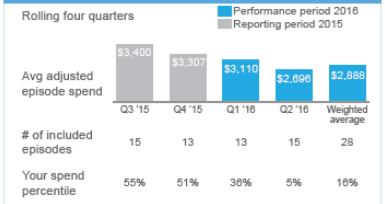

## Quality metrics

You achieved 3 of 4 quality metrics linked to gain sharing

| | |
|---|---|
| HIV screening | 30% ✗ |
| GBS screening | 60% ✓ |
| C-section | 30% ✓ |
| Follow-up visit within 60 days | 70% ✓ |

## Key performance

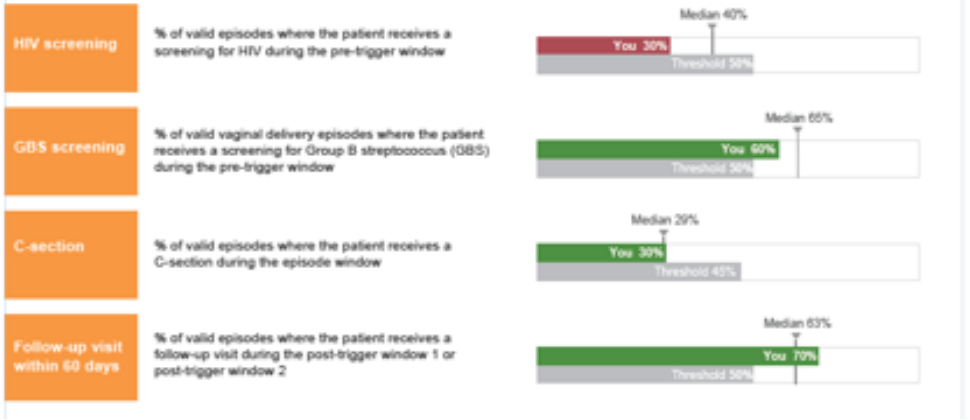
Rolling four quarters




DISCLAIMER: The information contained in these reports is intended solely for use in the administration of the Medicaid program. The data in the reports are neither

## Quality and utilization metrics comparison to threshold and other providers

Metrics linked to gain sharing




Direct feedback about performance drives improvement
Direct link to financial gain = value based purchasing

Ohio Department of Medicaid
John R. Kasich, Governor
Barbara R. Sears, Director

# Issues for Consideration

- Measures are split into different child/adult age divisions from a longitudinal population health management perspective.
  - Some pertinent ones still in adult/child core sets with inconsistent age ranges in the methodology remaining a challenge ( Chlamydia: 16-24 vs 21-24 years)
- The 3 measure sets may not hang together as true indicators of the overall health of our pediatric and adult populations.
  - Is STI screening more important than suicide attempts or drug overdoses in children?
  - School performance and social vulnerability measures could be helpful in the pediatric set,
  - Preterm Birth rates in the Maternity set.
- What measures may correlate most to meaningfully saving lives or improving health trajectories?

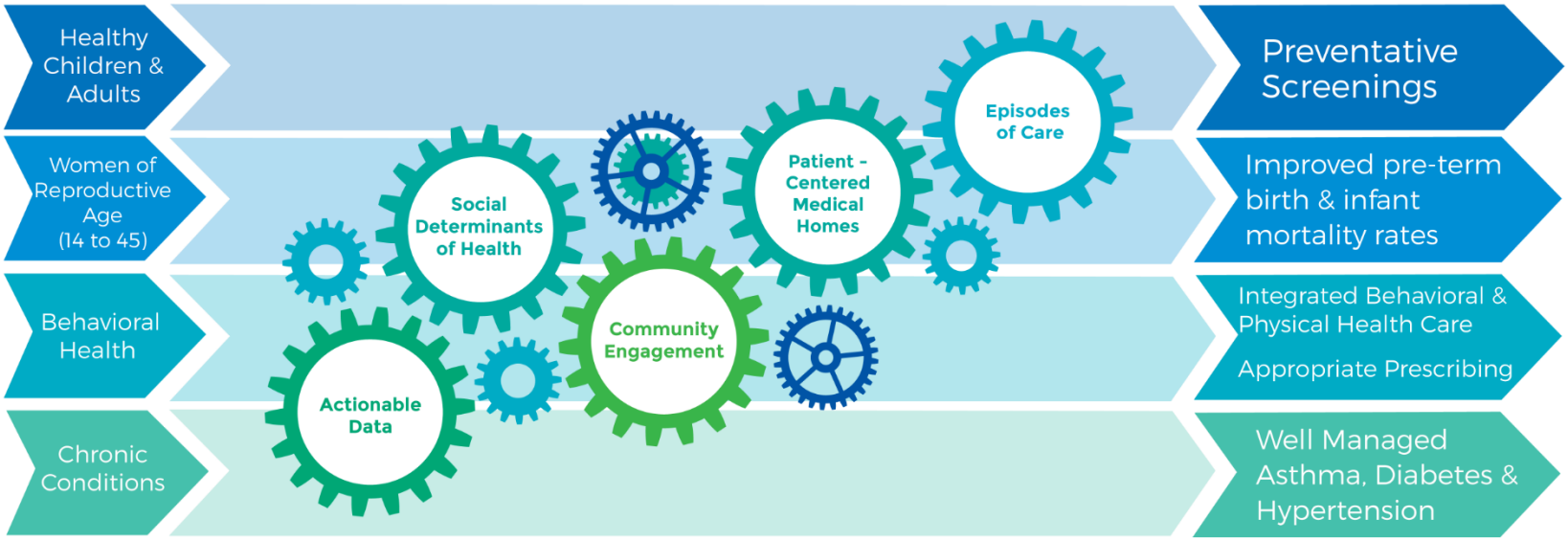
# Ideal Measure Considerations

- **Timely…** EHR-derived, with proper TA/support to implement
- **Actionable…** with feedback to clinicians and MCPs for continuous monitoring and improvement purposes
- **Directly…** connected to making people better
- **Specific to population streams…** by geography, MCP, practice site/ACO
  - Can focus on priority populations
  - Trends/patterns over time, drilled down to communities to better understand what strategies are effective : insight!
- **Composite…** measures, interactive dashboard helpful
- Examples of future wish list:
  - School measures ideal as a marker for pediatric health: Kindergarten readiness, 3rd grade reading and high school graduation.
  - Social vulnerability index helpful across all populations to bring together all the social determinants of health

# Ohio Medicaid's Transformational Quality Strategy

## Making Ohio Better by improving the health of Ohioans.

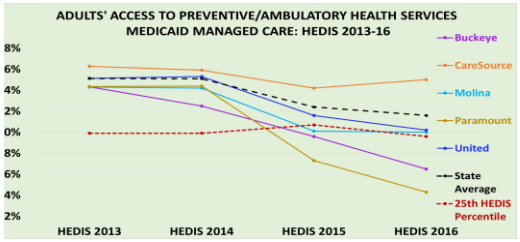
| Focus Populations | Design & Implement "Pay for Value" | Desired Health Improvements: Health Equity |
|---|---|---|

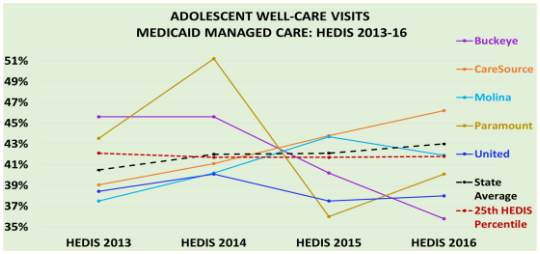


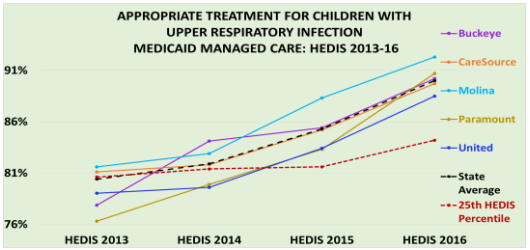

**SPECIAL INITIATIVES** Behavioral Health Redesign & Infant Mortality Reduction

Ohio Department of Medicaid
John R. Kasich, Governor
Barbara R. Sears, Director

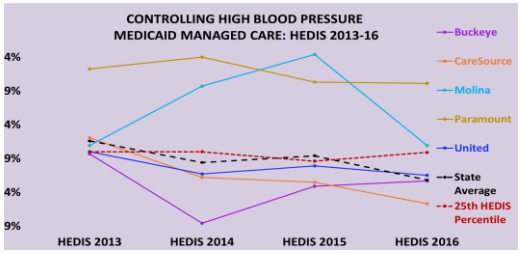
Buckeye Dashboard – 1 page/ flip side

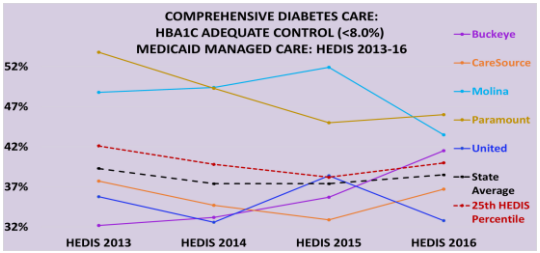


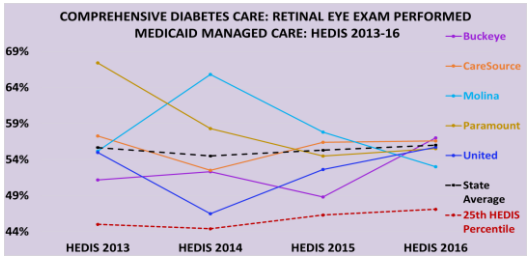



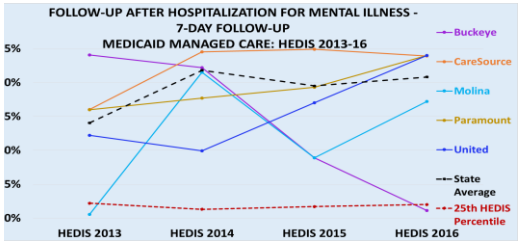

Healthy Adults and Healthy Children

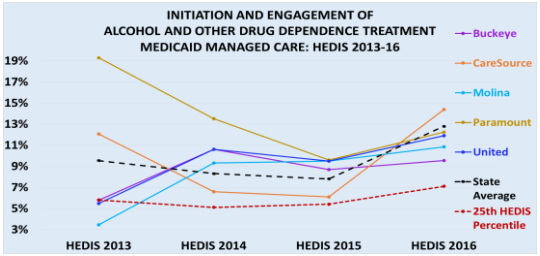


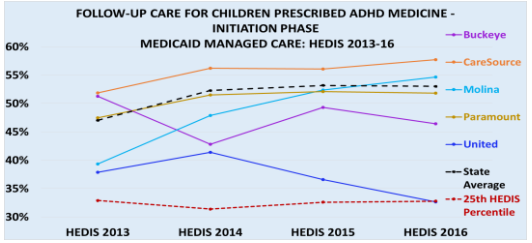



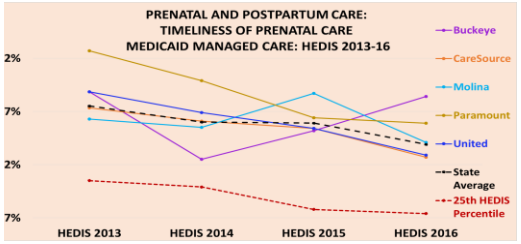

Chronic Conditions

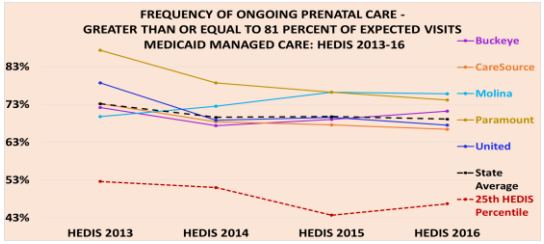


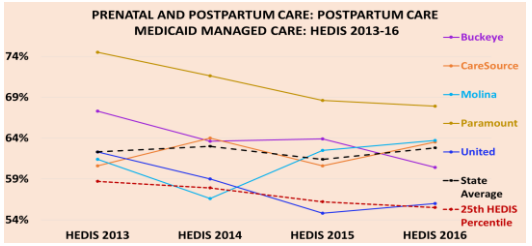




Behavioral Health




Women of Reproductive Age

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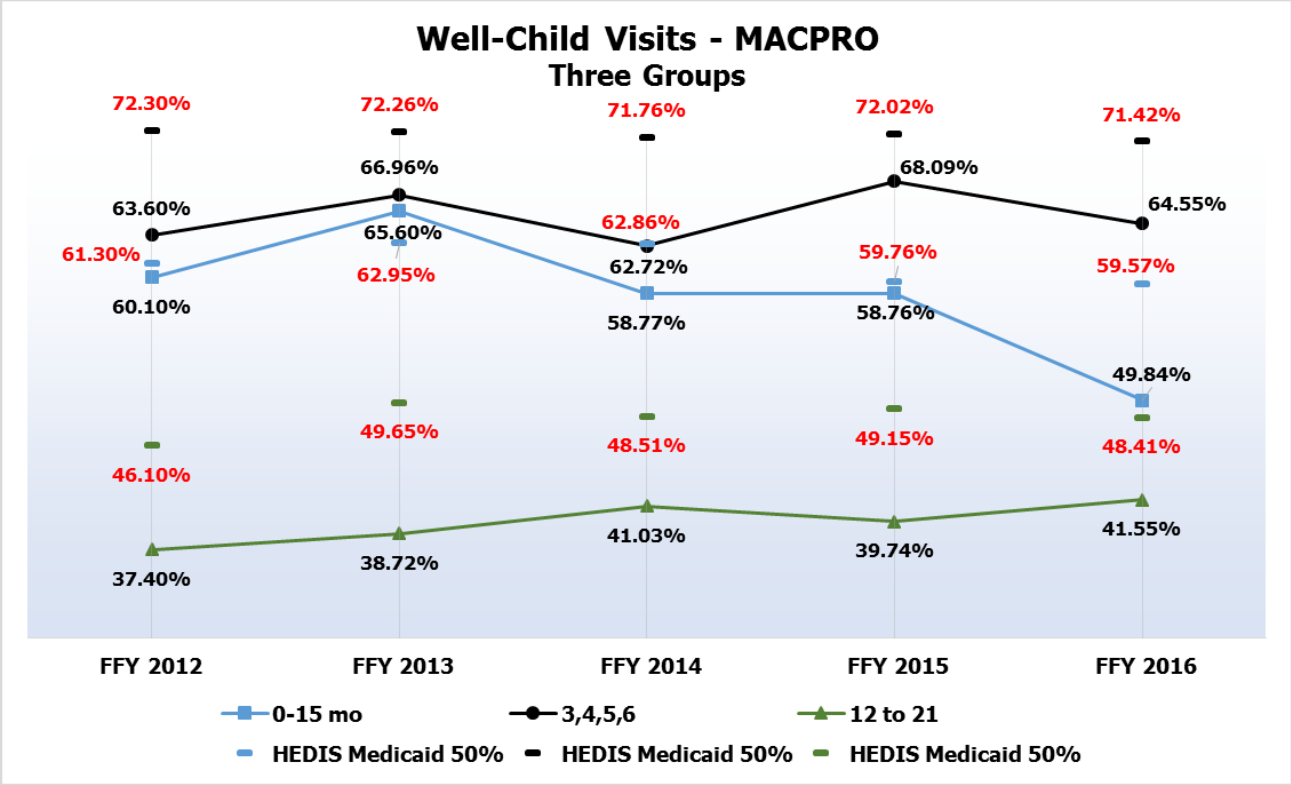
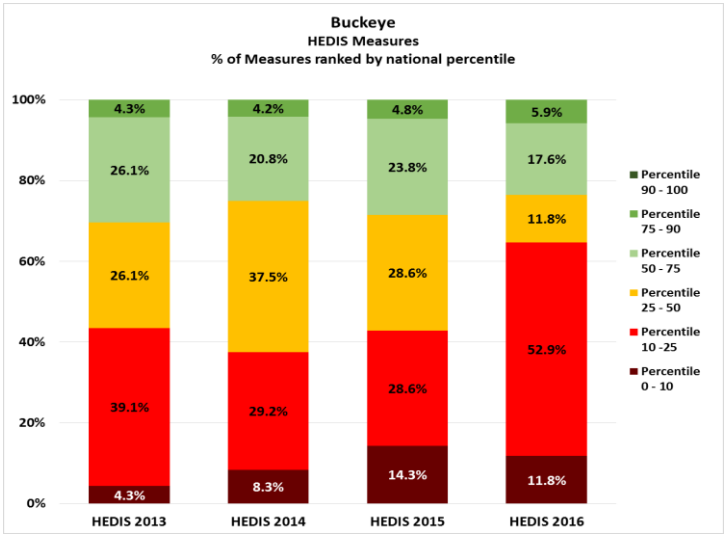
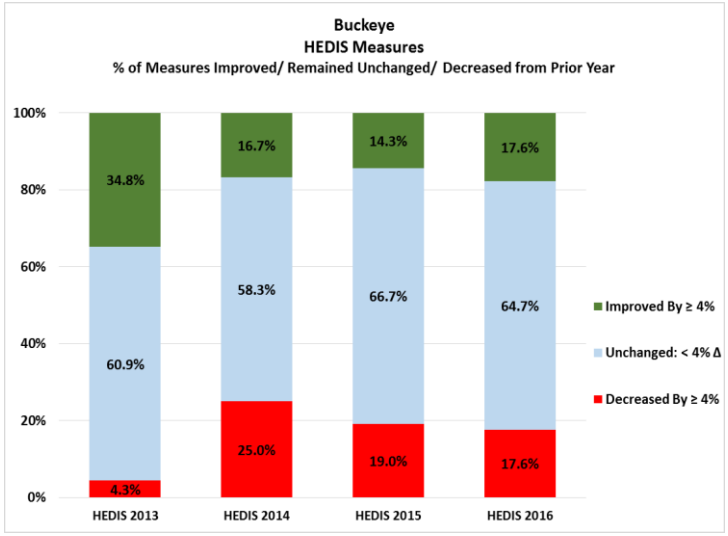


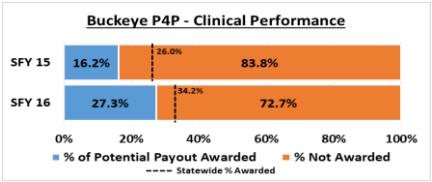

*MACPRO: Combined Medicaid FFS administrative results with self-reported audited HEDIS results

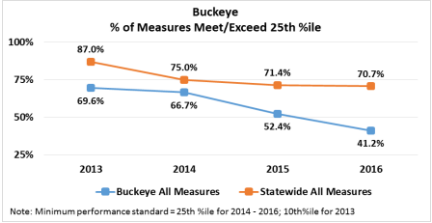
## Medicaid Managed Care HEDIS/CAHPS 2016

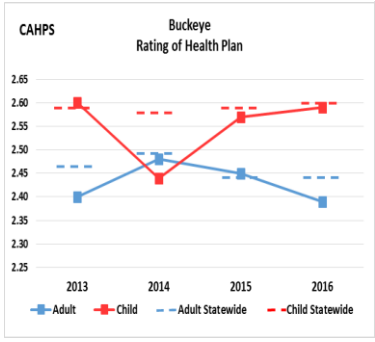
# Plan view: Buckeye

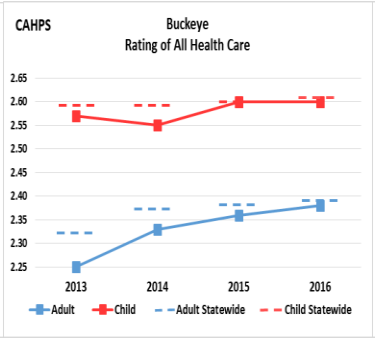


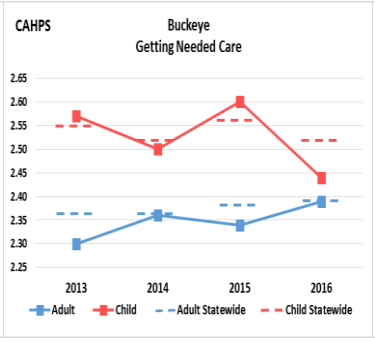



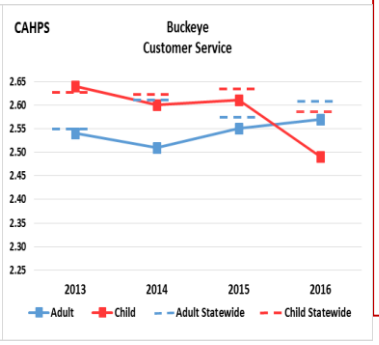




**Summary of Results by Population Stream**

**Behavioral Health** ⚠
Worsening or steady trend in most results between HEDIS 2013 and 2016, continuing to dramatically decrease for 7-Day Follow-Up After Hospitalization for Mental Illness. Buckeye is one of the two lowest performing plans in HEDIS 2016 behavioral health measures.

**Women of Reproductive Age** ✓
Strong improvement in timeliness of prenatal care moving from worst to best from 2014 – 2016 and modest improvement in ongoing prenatal care over the same time period. However, Buckeye's performance was inconsistent on preventive screenings for women measures.

**Healthy Adults and Children** ⚠
Worsening results between HEDIS 2013 and 2016 for the adults' access to care and adolescent and child access to care and well-care visits. Buckeye is one of the two lowest performing plans in HEDIS 2016 for five of the six adult and children measures. In addition, their rating on children Getting Needed Care dropped severely from 2015 to 2016.

Ohio Department of Medicaid
John R. Kasich, Governor
Barbara R. Sears, Director

# Ohio CPC Clinical Quality Requirements

| Category | Measure Name | Population | Population health priority | NQF # |
|---|---|---|---|---|
| Pediatric Health (4) | Well-Child Visits in the First 15 Months of Life | Pediatrics | | 1392 |
| | Well-Child visits in the 3rd, 4th, 5th, 6th years of life | Pediatrics | | 1516 |
| | Adolescent Well-Care Visit | Pediatrics | | HEDIS AWC |
| | Weight assessment and counseling for nutrition and physical activity for children/adolescents: BMI assessment for children/adolescents | Pediatrics | Obesity, physical activity, nutrition | 0024 |
| Women's Health (5) | Timeliness of prenatal care | Adults | Infant Mortality | 1517 |
| | Live Births Weighing Less than 2,500 grams | Adults | Infant Mortality | N/A |
| | Postpartum care | Adults | Infant Mortality | 1517 |
| | Breast Cancer Screening | Adults | Cancer | 2372 |
| | Cervical cancer screening | Adults | Cancer | 0032 |
| Adult Health (7) | Adult BMI | Adults | Obestiy | HEDIS ABA |
| | Controlling high blood pressure (starting in year 3) | Adults | Heart Disease | 0018 |
| | Med management for people with asthma | Both | | 1799 |
| | Statin Therapy for patients with cardiovascular disease | Adults | Heart Disease | HEDIS SPC |
| | Comprehensive Diabetes Care: HgA1c poor control (>9.0%) | Adults | Diabetes | 0059 |
| | Comprehensive diabetes care: HbA1c testing | Adults | Diabetes | 0057 |
| | Comprehensive diabetes care: eye exam | Adults | Diabetes | 0055 |
| Behavioral Health (4) | Antidepressant medication management | Adults | Mental Health | 0105 |
| | Follow up after hospitalization for mental illness | Both | Mental Health | 0576 |
| | Preventive care and screening: tobacco use: screening and cessation intervention | Both | Substance Abuse | 0028 |
| | Initiation and engagement of alcohol and other drug dependence treatment | Adults | Substance Abuse | 0004 |

**Detailed requirement definitions are available on the Ohio Medicaid website:**
http://medicaid.ohio.gov/Providers/PaymentInnovation/CPC.aspx#1600563-cpc-requirements

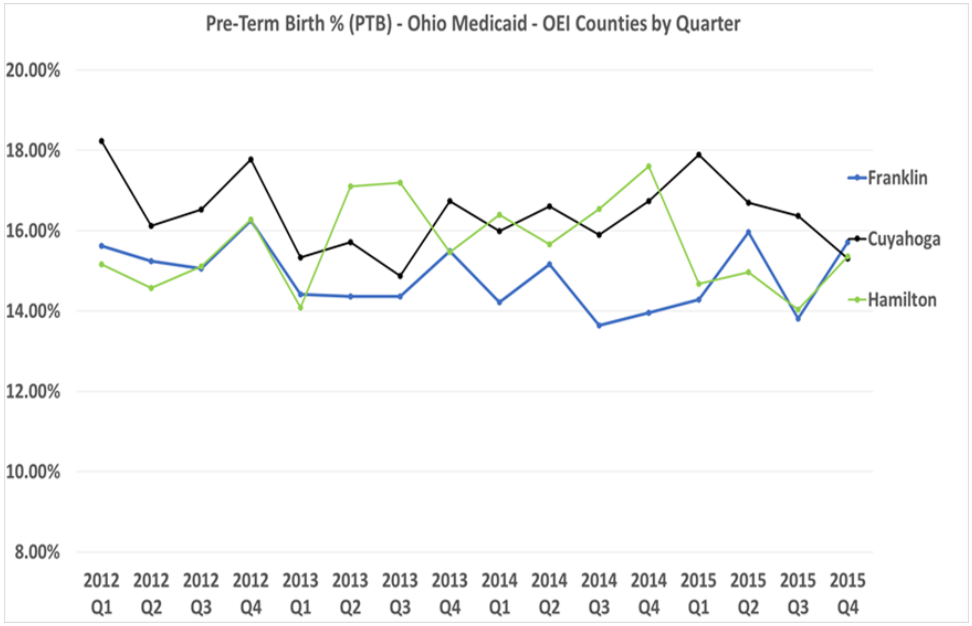
## Measures will evolve

- Measures will be refined based on learnings from initial roll-out
- Hybrid measures that require electronic health record (EHR) may be added to the list of core measures
- Hybrid measures may replace some of the core measures
- Reduction in variability in performance between different socioeconomic demographics may be included as a CPC requirement

Ohio | Governor's Office of Health Transformation

Note: All CMS metrics in relevant topic areas were included in list except for those for which data availability poses a challenge (e.g., certain metrics requiring EHR may be incorporated in future years)

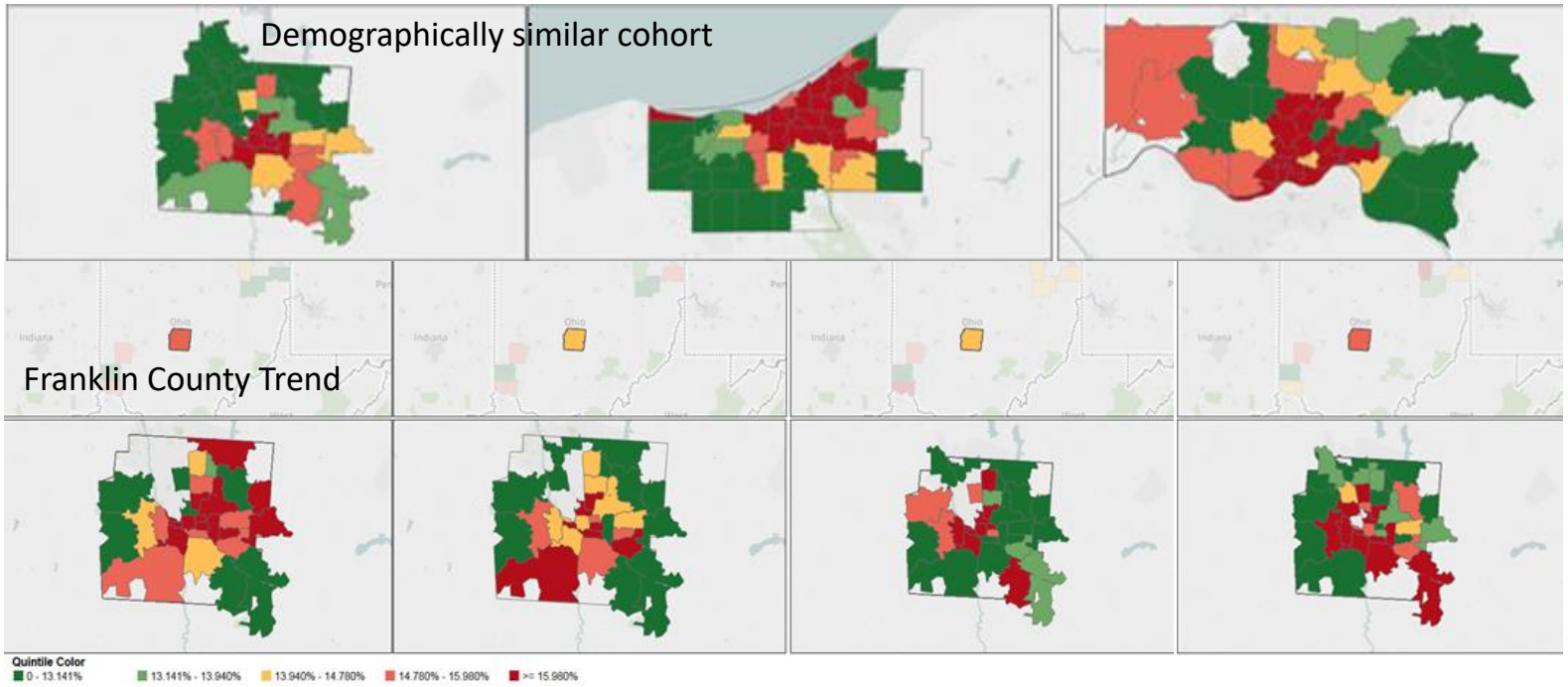
# Cuyahoga, Franklin, and Hamilton Counties— Pre-Term Birth (%)
# Trends by Quarter| CY 2012-2015



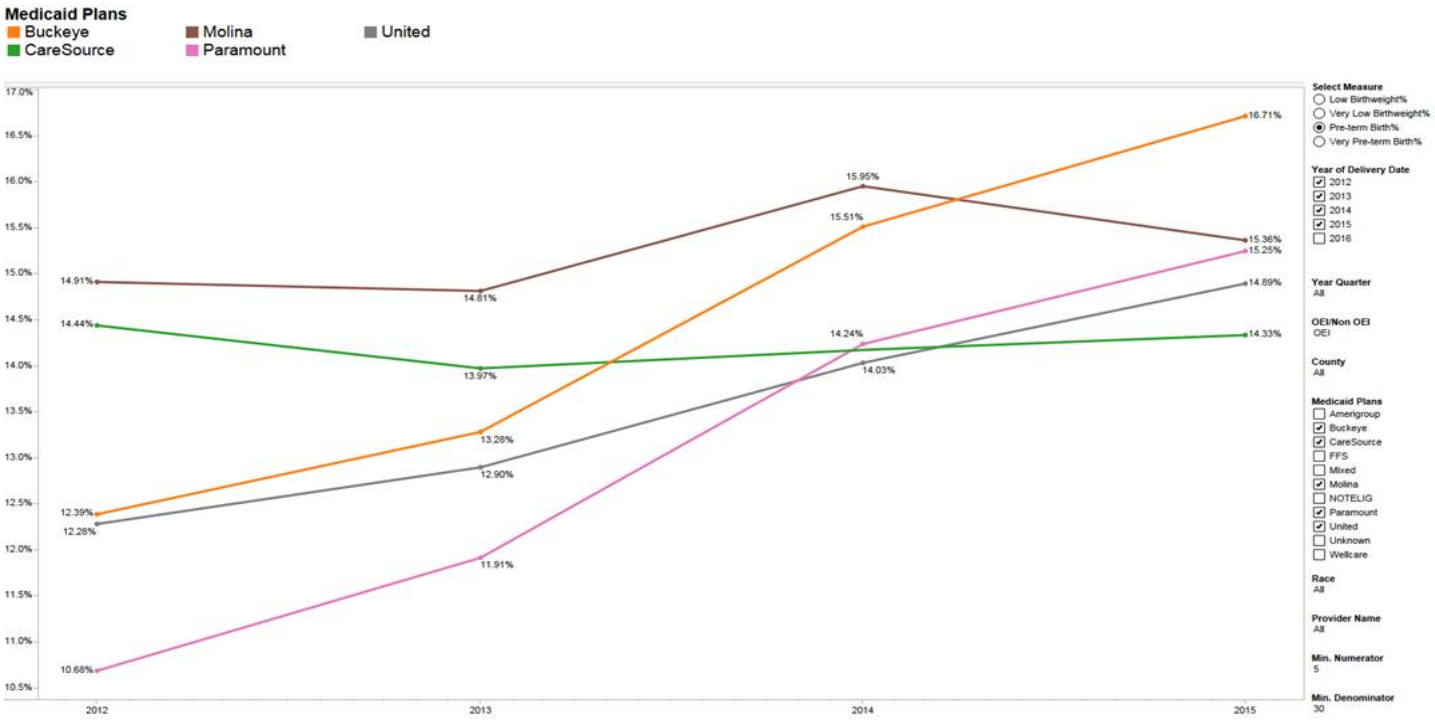

| County | PTB Rate 2012-2015 | PTB Rate 2015 | Annual Target for Real Impact* |
|---|---|---|---|
| Cuyahoga | 16.39% | 16.59% | From **1094** to **1043** PTB Infants |
| Franklin | 14.82% | 14.92% | From **1009** to **960** PTB Infants |
| Hamilton | 15.67% | 14.75% | From **675** to **635** PTB Infants |

*95% statistical significance assuming the number of births per county remains the same

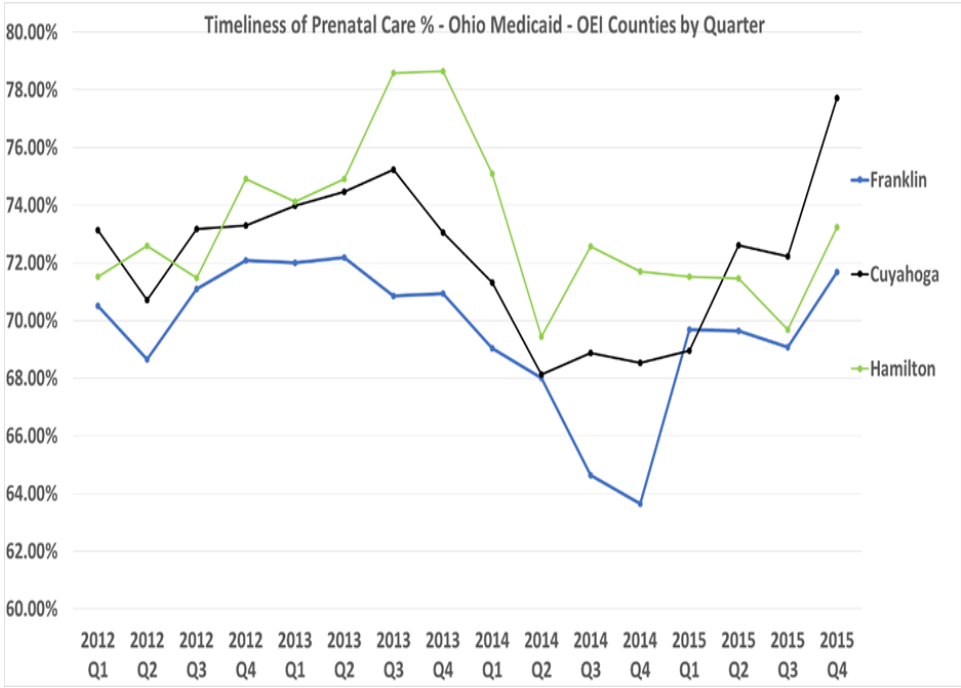
# County Views— Pre-Term Birth (%) OEI Quintiles | CY 2012-2015 Yearly Comparison

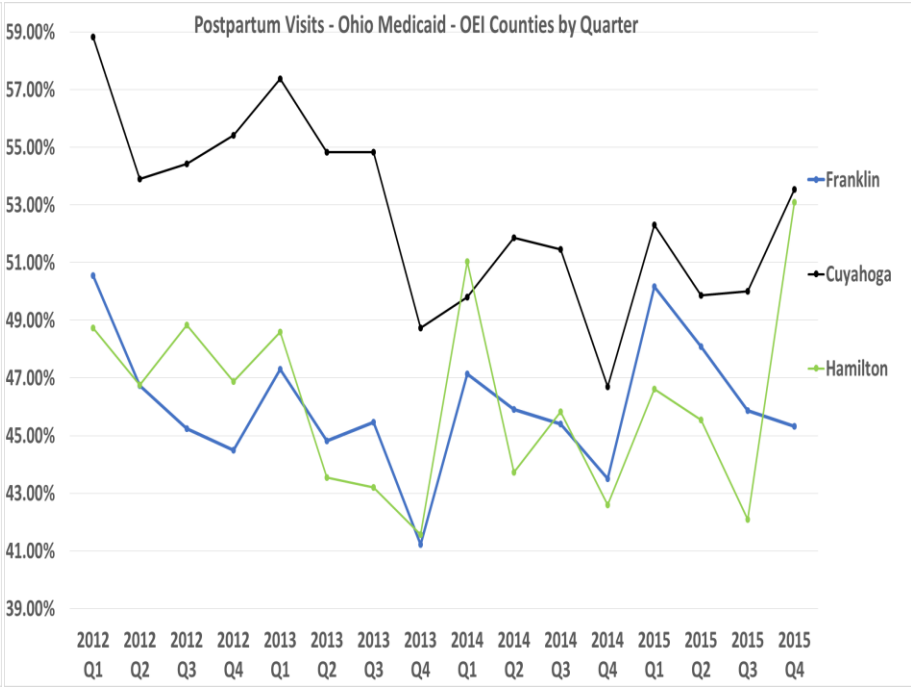


# Yearly Trends by MCP — Pre-Term Birth (%)
# All OEI Counties | CY 2012-2015



# Cuyahoga, Franklin, and Hamilton Counties— Prenatal & Post Partum Care Trends by Quarter| CY 2012-2015



# Measure Feedback: County Rankings

**PRETERM BIRTH CY 2015**

| | | |
|---|---|---|
| 1 | Butler | 12.15% |
| 2 | Stark | 13.74% |
| 3 | Mahoning | 14.33% |
| 4 | Lucas | 14.63% |
| 5 | Hamilton | 14.75% |
| **6** | **Franklin** | **14.92%** |
| 7 | Montgomery | 15.54% |
| 8 | Summit | 16.38% |
| 9 | Cuyahoga | 16.59% |

**VERY PRETERM BIRTH CY 2015**

| | | |
|---|---|---|
| 1 | Butler | 2.23% |
| 2 | Mahoning | 2.44% |
| 3 | Stark | 2.52% |
| 4 | Lucas | 2.57% |
| 5 | Montgomery | 2.90% |
| **6** | **Franklin** | **2.91%** |
| 7 | Summit | 3.41% |
| 8 | Hamilton | 3.62% |
| 9 | Cuyahoga | 3.97% |

**IM ODM METHODOLGY 2014**

| | | |
|---|---|---|
| 1 | Montgomery | 6.18% |
| 2 | Stark | 6.50% |
| 3 | Summit | 7.90% |
| 4 | Mahoning | 8.05% |
| **5** | **Franklin** | **8.48%** |
| 6 | Hamilton | 8.50% |
| 7 | Lucas | 9.36% |
| 8 | Butler | 9.85% |
| 9 | Cuyahoga | 10.22% |

**PRENATAL CARE CY 2015**

| | | |
|---|---|---|
| 1 | Summit | 73.97% |
| 2 | Montgomery | 73.66% |
| 3 | Cuyahoga | 72.81% |
| 4 | Butler | 72.33% |
| 5 | Lucas | 71.68% |
| 6 | Hamilton | 71.44% |
| 7 | Mahoning | 70.56% |
| 8 | Stark | 70.35% |
| **9** | **Franklin** | **69.99%** |

**POST PARTUM VISITS 2015**

| | | |
|---|---|---|
| 1 | Lucas | 54.03% |
| 2 | Stark | 52.12% |
| 3 | Summit | 52.10% |
| 4 | Cuyahoga | 51.39% |
| **5** | **Franklin** | **47.36%** |
| 6 | Hamilton | 46.73% |
| 7 | Butler | 46.51% |
| 8 | Mahoning | 45.65% |
| 9 | Montgomery | 45.13% |

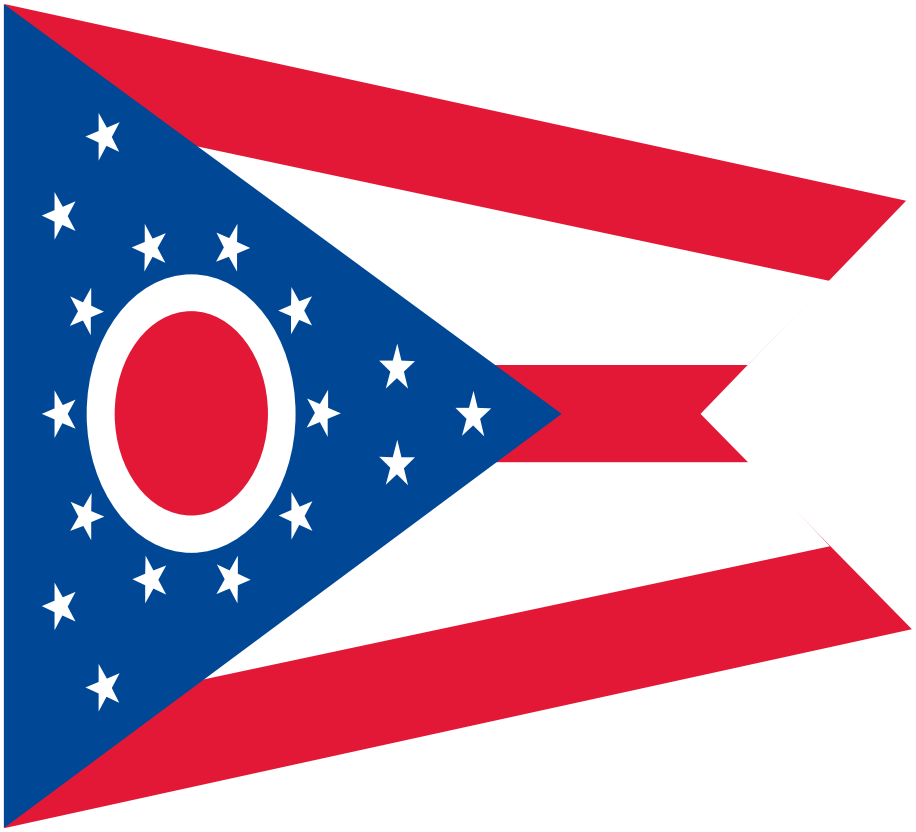
**VERY LOW BIRTHWEIGHT 2015**

| | | |
|---|---|---|
| 1 | Butler | 1.03% |
| 2 | Mahoning | 1.65% |
| 3 | Stark | 1.66% |
| 4 | Montgomery | 1.66% |
| 5 | Lucas | 1.76% |
| **6** | **Franklin** | **1.77%** |
| 7 | Hamilton | 2.40% |
| 8 | Summit | 2.48% |
| 9 | Cuyahoga | 2.76% |

**PROGESTERONE USE IN HIGH RISK WOMEN CY 2015**

| | | |
|---|---|---|
| 1 | Summit | 32.07% |
| 2 | Stark | 30.18% |
| **3** | **Franklin** | **28.92%** |
| 4 | Lucas | 26.58% |
| 5 | Hamilton | 24.78% |
| 6 | Montgomery | 23.84% |
| 7 | Cuyahoga | 23.21% |
| 8 | Butler | 22.12% |
| 9 | Mahoning | 17.83% |

MAKING
OHIO
BETTER



# Group Discussion: Key Themes from State Experiences

- What are states' most significant challenges and how could changes to the Core Set be helpful?
- Will any points of feedback from the states need to influence the decision process about specific measures?
- What are states' most notable successes related to quality measurement? How are they using the measures?

# Break

# Issues of Shared Importance:

# Adult & Child Continuum of Care; Looking at Maternal and Perinatal Health Measures Across the Core Set

# Measure Alignment

- To what degree are the Adult and Child Core Sets already aligned?

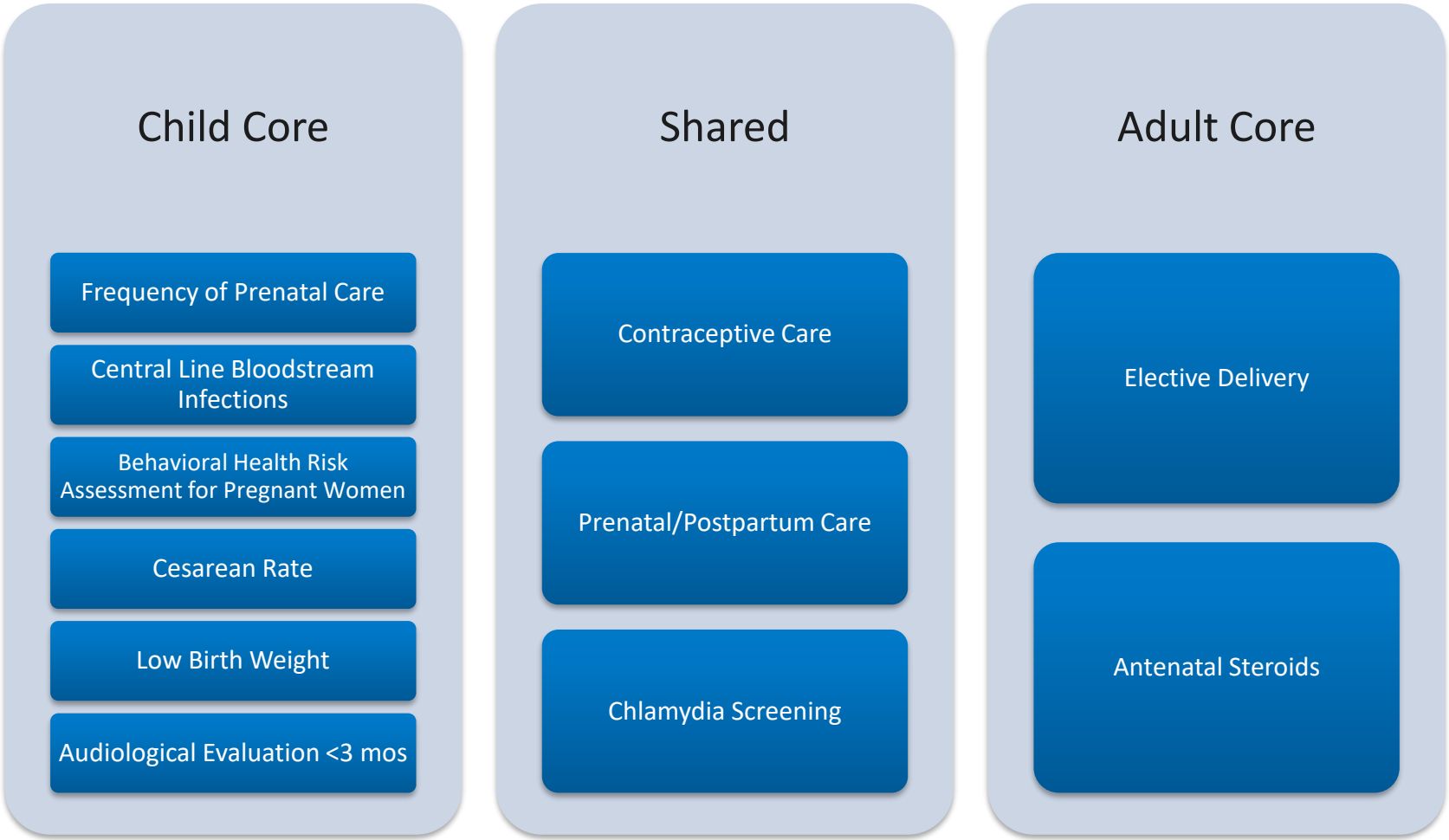
- Shared measures with different age groups reported:
  - *Chlamydia Screening (#0033)*
  - *Contraceptive Care- Postpartum Women (#2902)*

- Single measure with rates split across the measure sets (#1517):
  - *Timeliness of Prenatal Care (Child)*
  - *Postpartum Care (Adult)*

# Maternal/Perinatal Care is a Measurement Priority

- With 11 total measures, Maternal/Perinatal Care is the most frequently measured topic across the Child and Adult Core Sets
- Relevant measures are present in both sets and need to be viewed together to see the full picture of quality
- Despite the relatively large number of measures, some MAP members continue to regard this as a gap area – specifically, measures that relate to mitigating the risk of poor birth outcomes

# Overlapping Maternal and Perinatal Health Measures



# Potential Maternal and Perinatal Care Measures

- 32 total measures on perinatal/maternity care could be considered
  - *22 endorsed*
  - *10 not endorsed from Pediatric Quality Measures Program*
- Includes 2 measures recommended in 2016 and not yet added
  - *PC-05 Exclusive Breast Milk Feeding (#0480 and #2830 e-measure)*
- Topics include:
  - *Capacity of facility to handle high-risk delivery*
  - *Perinatal Care*
  - *Safety / complications / obstetric trauma*
  - *Contraception access/use*
  - *Other*
- Updates on:
  - *Frequency of Ongoing Prenatal Care (#1391, included in child core set)*
  - *Timeliness of Prenatal/Postpartum Care (#1517, included in both core sets)*

# Maternal and Perinatal Care Measures in Child/Adult Core Sets

## Updates

## (Maintenance and Loss of endorsement)

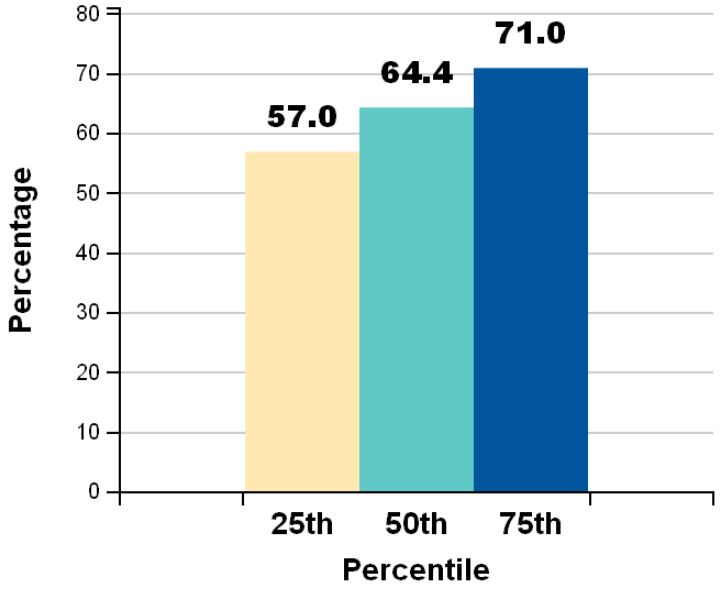
# Endorsement removed in 2016

- NQF #1517 Prenatal & Postpartum Care
  Measure Steward: NCQA
- NQF #1391 Frequency of Ongoing Prenatal Care (FPC)
  Measure Steward: NCQA

# Frequency of Ongoing Prenatal Care

Ongoing prenatal care enables prenatal care providers to make periodic assessments of a woman's pregnancy risk and health status, perform recommended screenings and laboratory tests, and provide timely referrals for specialized care. Regular prenatal care enables providers to promote positive maternal and infant health outcomes. This measure assesses whether pregnant women had more than 80 percent of the expected number of prenatal care visits.

**Percentage of Pregnant Women Receiving More Than 80 Percent of the Expected Number of Prenatal Care Visits, FFY 2015 (n = 29 states)**




Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received more than 80 percent of the expected number of prenatal visits. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

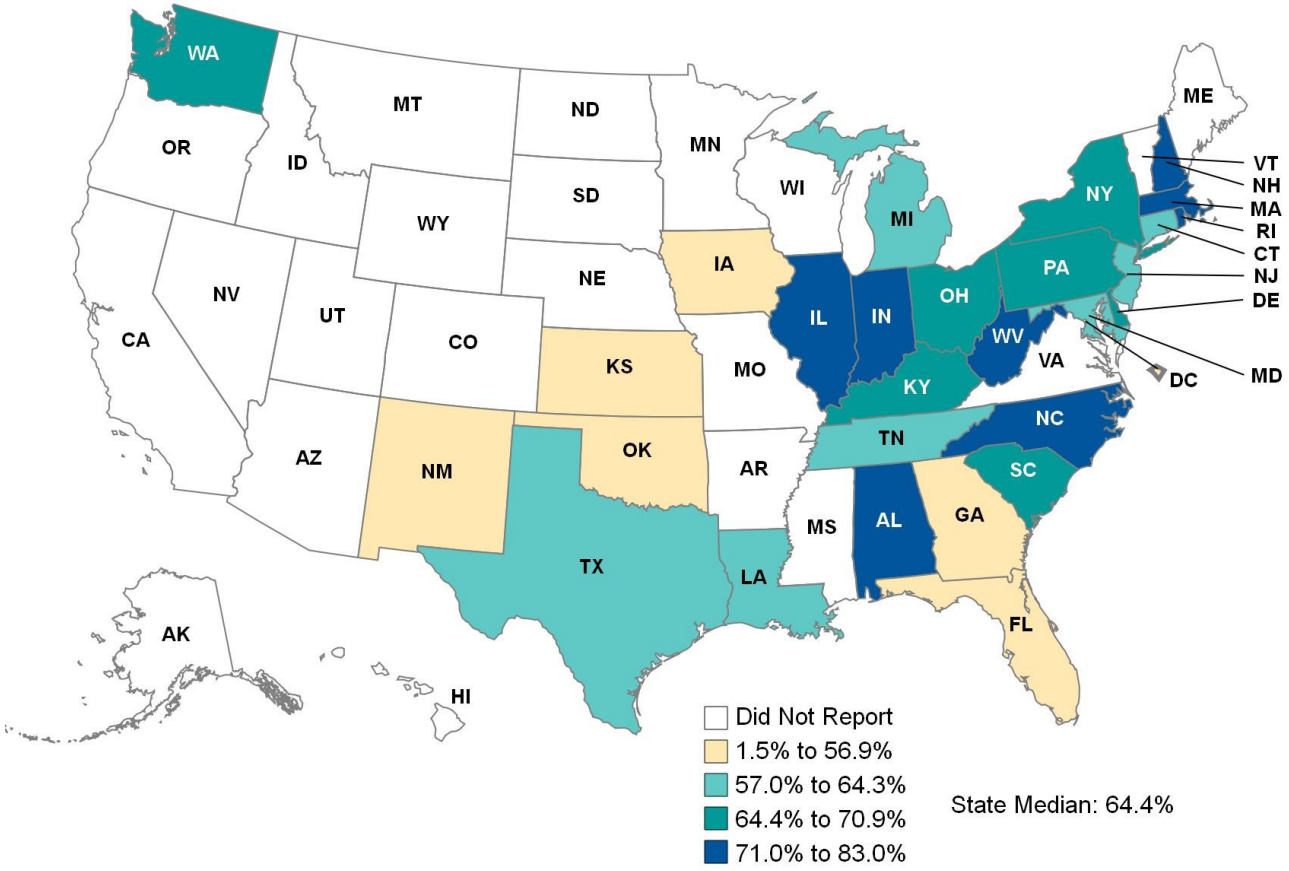
A median of

**64** percent of pregnant women had more than 80 percent of the expected number of prenatal visits (29 states)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

# Frequency of Ongoing Prenatal Care cont.

**Geographic Variation in the Percentage of Pregnant Women Receiving More Than 80 Percent of the Expected Number of Prenatal Care Visits, FFY 2015 (n = 29 states)**




Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

# NQF #1391 – Frequency of Ongoing Prenatal Care (FPC)

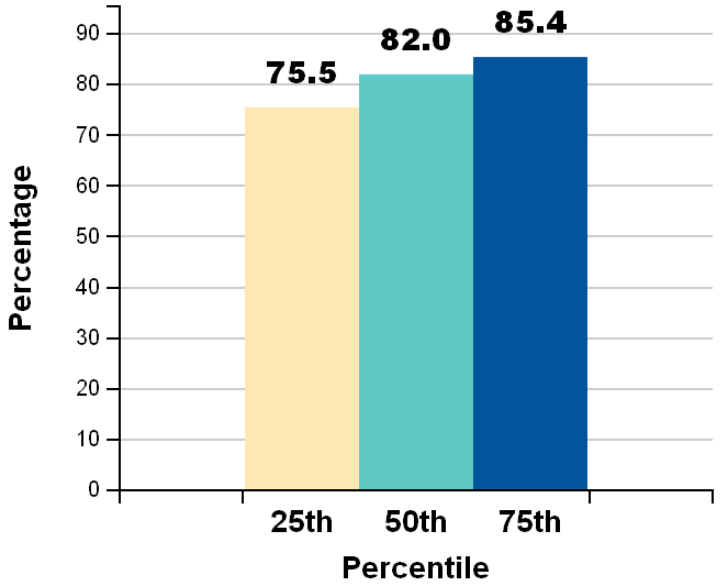
## Measure Steward: National Committee for Quality Assurance

- The Perinatal Standing Committee did not recommend this measure for continued endorsement because:
  - *Evidence indicates that outcomes are worse if a mother has no prenatal care, however….there is no empirical evidence that relates frequency of prenatal visits to outcomes for moms and babies. ACOG guidelines are based on opinion only.*
  - *Measure is called a "proxy for access" but does not assess the capacity of a plan to provide prenatal care. The measure reflects the challenges women face - taking time off work, transportation, child care.*
  - *Measure inhibits innovative strategies and new models of care.*
- This measure did not pass the Evidence criterion and the developer subsequently withdrew the measure for consideration after the public comment period. Therefore, endorsement was removed.

# Timeliness of Prenatal Care

Initiation of prenatal care during the first trimester of pregnancy facilitates a comprehensive assessment of a woman's health history, pregnancy risk, and health knowledge. Early screening and referrals for specialized care can prevent pregnancy complications resulting from pre-existing health conditions or promote access to recommended care. The measure indicates how often pregnant women received timely prenatal care (during the first trimester or within 42 days of Medicaid/CHIP enrollment).

**Percentage of Pregnant Women with a Prenatal Care Visit in the First Trimester or within 42 Days of Medicaid/CHIP Enrollment, FFY 2015 (n = 37 states)**




Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of Medicaid/CHIP enrollment. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

A median of

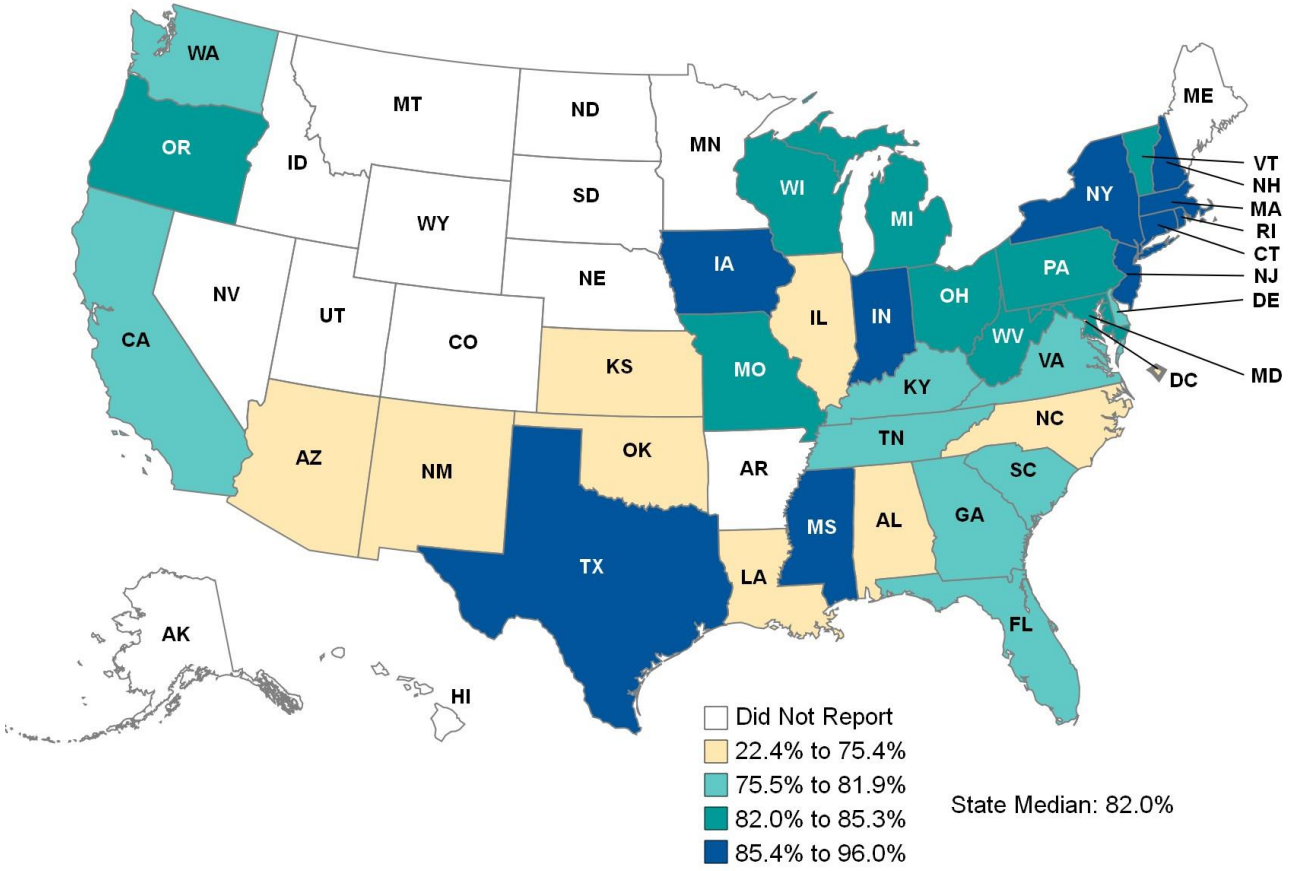
**82** percent

of pregnant women had a prenatal care visit in the first trimester or within 42 days of Medicaid/CHIP enrollment (37 states)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

# Timeliness of Prenatal Care cont.

**Geographic Variation in the Percentage of Pregnant Women with a Prenatal Care Visit in the First Trimester or within 42 Days of Medicaid/CHIP Enrollment, FFY 2015 (n = 37 states)**



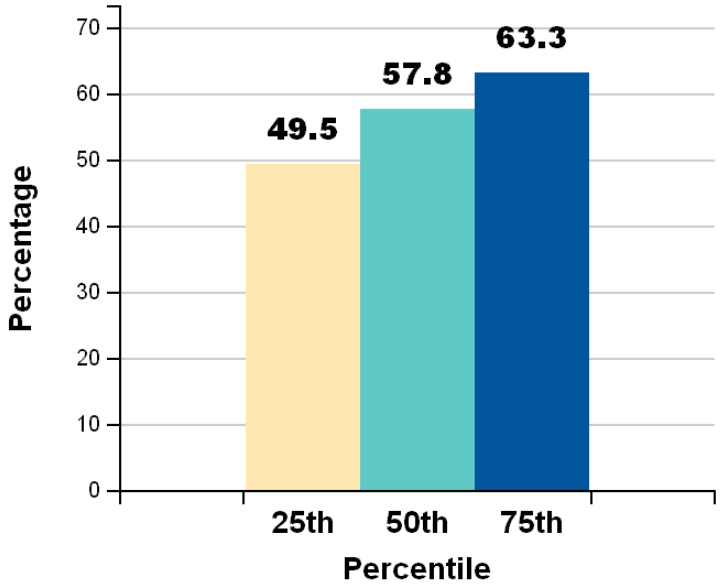

Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

# Postpartum Care Rate

Postpartum visits provide an opportunity to assess women's physical recovery from pregnancy and childbirth, and to address chronic health conditions (such as diabetes and hypertension), mental health status (including postpartum depression), and family planning (including contraception and inter-conception counseling). The postpartum care measure assesses how often women delivering a live birth received timely postpartum care (between 21 and 56 days after delivery).

**Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery, FFY 2015 (n = 34 states)**




Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.
Note: This measure identifies the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 21 and 56 days after delivery.

A median of

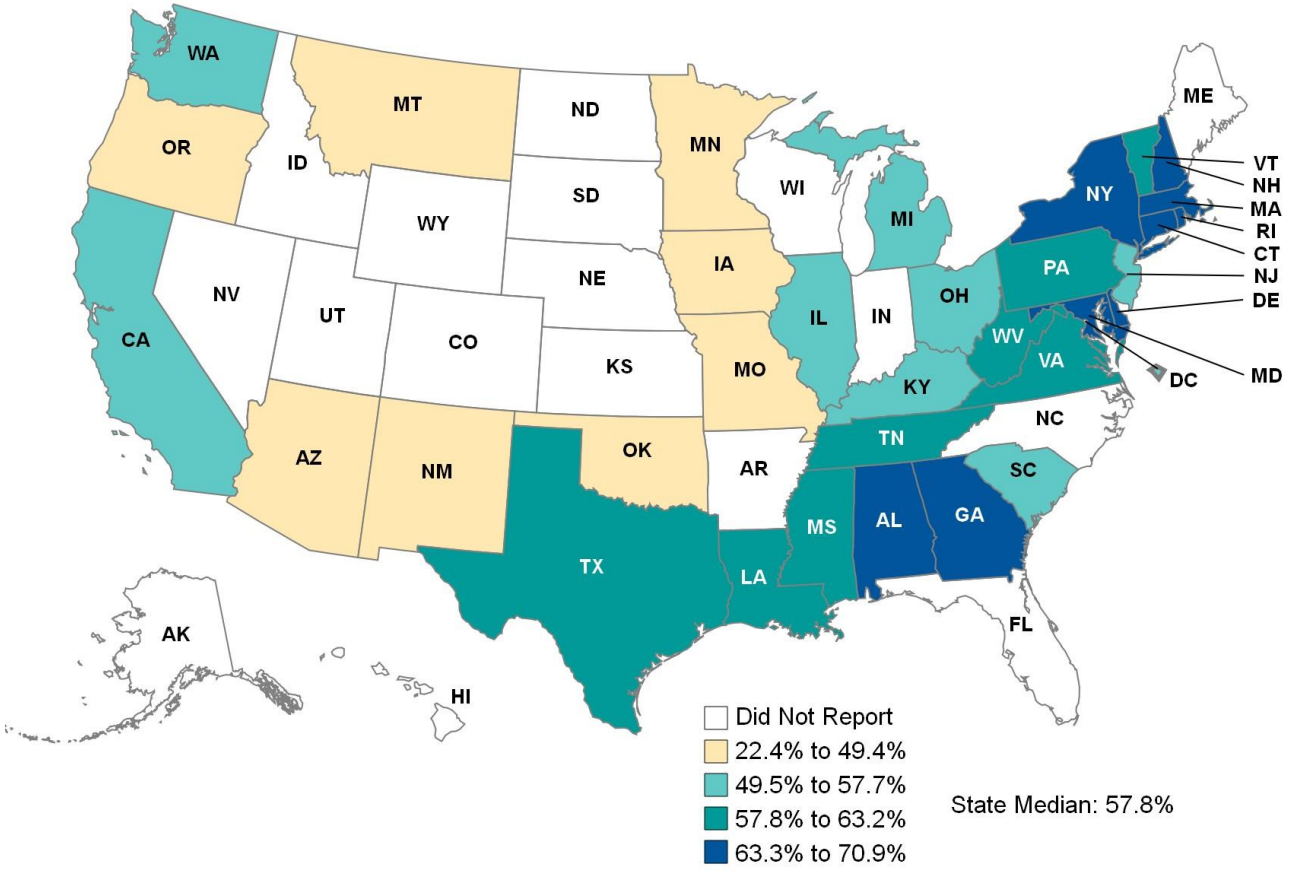
**58** percent

of women delivering a live birth had a postpartum care visit on or between 21 and 56 days after delivery (34 states)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

# Postpartum Care Rate cont.

**Geographic Variation in the Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery, FFY 2015 (n = 34 states)**




Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

# NQF #1517 – Prenatal and Postpartum Care (PPC)

## Steward: National Committee for Quality Assurance

- Consensus Standards Approval Committee (CSAC) did not recommend this measure for continued endorsement because:
  - *This measure only assesses visits but not the content of those visits and there is no evidence for the timing of visits.*
  - *The current ACOG guidelines recommend a schedule of prenatal visits based primarily on expert opinion.*
  - *Concerns about validity: limited number of codes; nothing about the content of the visits.*
- CSAC voted not to recommend the measure due to lack of empirical evidence and validity issues, therefore, endorsement was removed.

# MAP Measure Selection Criteria

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

# 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
- Et cetera

# Measures for Discussion

- Based on updated endorsement information on Frequency of Ongoing Prenatal Care (#1391) and Prenatal and Postpartum Care (PPC) (#1517) do any members of the Task Force have any thoughts for moving forward?

- Do any members of the Task Force wish to propose a measure for removal?

# Measure Review: Potential Addition to the Core Set

- MAP's 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 TF members submitted measure recommendations for strengthening the core sets

# MAP Preliminary Analysis Algorithm

1. The measure addresses a critical quality objective not currently, adequately addressed by the measures in the program set.
2. The measure is an outcome measure or is evidence-based.
3. The measure addresses a quality challenge.
4. The measure contributes to efficient use of resources and/or supports alignment of measurement across programs.
5. The measure can be feasibly reported.
6. The measure is NQF-endorsed or has been submitted for NQF-endorsement for the program's setting and level of analysis.
7. If a measure is in current use, no implementation issues have been identified.

# MAP Preliminary Analysis Algorithm: Medicaid Specific Sub-Criteria Additions

- Added the following Medicaid specific sub-criteria to the MAP preliminary analysis algorithm:
  - *Medicaid adult and child population high impact areas and health conditions as an additional focus.*
  - *Data collection and measure implementation feasibility.*
  - *Consideration of issues related to resource needs for implementation.*
  - *Consideration of the threat of variation (i.e. the potential need for varying a measure) prior to implementation at the state level.*

# TF Measure Recommendations – Discussion Prior to Voting

- Taskforce member(s) who identified measures for discussion will describe their perspective on the measure and how it adds to the information in the preliminary analysis framework.
- Other Taskforce members should participate in the discussion to make their opinions known. However, in the interest of time, one should refrain from repeating points already presented by others.
- After discussion of each measure, the Taskforce will vote on the measure with three options:
  - *Support*
  - *Conditional Support*
  - *Do Not Support*

# 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 change by the measure steward
- Pending CMS confirmation of feasibility
- Et cetera

**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

# Adult TF – 2015 MIH Recommendations Not Accepted by CMS

| NQF # | Measure Name | Measure Steward |
|---|---|---|
| 2903 | Contraceptive Care – Most & Moderately Effective Methods | U.S. Office of Population Affairs |

# 2017 TF Recommendations for Strengthening the Adult Core Set – Task Force Votes

- No Adult TF recommendations for Maternal and Perinatal Care measure(s) for addition

- Are there measures Task Force members would propose for addition?

# Child TF – 2015 & 2016 MIH Recommendations Not Accepted by CMS

| NQF # | Measure Name | Measure Steward |
|---|---|---|
| 0480 | PC-05 Exclusive Breast Milk Feeding | The Joint Commission |
| 2830 | PC-05 Exclusive Breast Milk Feeding (e-measure) | The Joint Commission |
| 0477 | Under 1500g Infant Not Delivered at Appropriate Level of Care | California Maternal Quality Care Collaborative |
| 2903 | Contraceptive Care – Most & Moderately Effective Methods | U.S. Office of Population Affairs |

# 2017 TF Recommendations for Strengthening the Child Core Set

| NQF # | Measure Name | Measure Steward |
|---|---|---|
| 0480 | PC-05 Exclusive Breast Milk Feeding | The Joint Commission |
| 2830 | PC-05 Exclusive Breast Milk Feeding (e-measure) | The Joint Commission |
| 2903 | Contraceptive Care – Most & Moderately Effective Methods | U.S. Office of Population Affairs |

# NQF #2903: Contraceptive Care – Most & Moderately Effective Methods

## Measure Steward: US Office of Population Affairs

| | |
|---|---|
| **Description:** | The percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a most effective (i.e., sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately effective (i.e., injectables, oral pills, patch, ring, or diaphragm) FDA-approved methods of contraception.<br>The proposed measure is an intermediate outcome measure because it represents a decision that is made at the end of a clinical encounter about the type of contraceptive method a woman will use, and because of the strong association between type of contraceptive method used and risk of unintended pregnancy. |
| **Numerator Statement** | Women aged 15-44 years of age at risk of unintended pregnancy who are provided a most (sterilization, intrauterine device, implant) or moderately (pill, patch, ring, injectable, diaphragm) effective method of contraception. |
| **Denominator Statement** | Women aged 15-44 years of age who are at risk of unintended pregnancy. |
| **Exclusions:** | The following categories of women are excluded from the denominator: (1) those who are infecund for non-contraceptive reasons; (2) those who had a live birth in the last 2 months of the measurement year; or (3) those who were still pregnant or their pregnancy outcome was unknown at the end of the year. |
| **Data Source:** | Administrative claims |
| **Type:** | Intermediate Clinical Outcome |

QPS Link: http://www.qualityforum.org/QPS/2903

# NQF #0480 – PC-05 Exclusive Breast Milk Feeding

## Measure Steward: The Joint Commission

## QPS Link: http://www.qualityforum.org/qps/3041

| | |
|---|---|
| **Description:** | PC-05 assesses the number of newborns exclusively fed breast milk during the newborn´s entire hospitalization. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective<br>Delivery, PC-02: Cesarean Birth, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns). |
| **Numerator Statement** | Newborns that were fed breast milk only since birth |
| **Denominator Statement** | Single term liveborn newborns discharged alive from the hospital with ICD-10-CM Principal Diagnosis Code for single liveborn newborn as defined in Appendix A, Table 11.20.1 available at: http://manual.jointcommission.org/releases/TJC2016A/ |
| **Exclusions:** | • Admitted to the Neonatal Intensive Care Unit (NICU) at this hospital during the hospitalization<br>• ICD-10-CM Other Diagnosis Codes for galactosemia as defined in Appendix A, Table 11.21<br>• ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for parenteral infusion as defined in Appendix A, Table<br>11.22<br>• Experienced death<br>• Length of Stay >120 days<br>• Patients transferred to another hospital<br>• Patients who are not term or with < 37 weeks gestation completed |
| **Data Source:** | Electronic Health Record, Paper Records |
| **Type:** | Process |

# NQF #2830 – PC-05 Exclusive Breast Milk Feeding (e-measure)

## Steward: The Joint Commission

## QPS Link: http://www.qualityforum.org/QPS/2830

| | |
|---|---|
| **Description:** | PC-05 assesses the number of newborns exclusively fed breast milk during the newborn´s entire hospitalization. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Section, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns). PC-05, Exclusive Breast Milk Feeding, is one of two measures in this set that have been reengineered as eCQMs and are included in the EHR Incentive Program and Hospital Inpatient Quality Reporting Program. |
| **Numerator Statement** | Newborns that were fed breast milk only since birth |
| **Denominator Statement** | Single term newborns discharged from the hospital who did not have a diagnosis of galactosemia, were not subject to parenteral nutrition, and had a length of stay of less than or equal to 120 days |
| **Exclusions:** | - Newborns who were admitted to the Neonatal Intensive Care Unit (NICU)<br>- Newborns who were transferred to an acute care facility<br>- Newborns who expired during the hospitalization |
| **Data Source:** | Electronic Clinical Data, Electronic Clinical Data: Electronic Health Record |
| **Type:** | Process |

# Child Task Force Votes to Recommend Each Measure for Inclusion

- Vote to support inclusion of:
  - *#2903: Contraceptive Care – Most & Moderately Effective Methods*
  - *#0480: PC-05 Exclusive Breast Milk Feeding*
  - *#2830: PC-05 Exclusive Breast Milk Feeding (e-measure)*

- Are there other measures Task Force members would propose for addition?

# Opportunity for Public Comment

# Lunch

# Issues of Shared Importance:

# Adult & Child Continuum of Care; Looking at Asthma Measures Across the Core Set

# Potential Asthma Measures

- 12 total measures on asthma could be considered
  - *5 endorsed*
  - *7 not yet endorsed mostly from Pediatric Quality Measures Program*
- Topics include:
  - *Pharmacologic Therapy for Persistent Asthma*
  - *Asthma Medication Ratio/ Admission Rate*
  - *Primary Care Connection*
  - *Rate of Emergency Department Visit*
  - *Other*
- Updates on:
  - *Medication Management for People with Asthma (MMA) (#1799 included in the Child Core Set).*

# Asthma Measures in Child/Adult Core Sets

# Updates

## (Maintenance and Loss of endorsement)

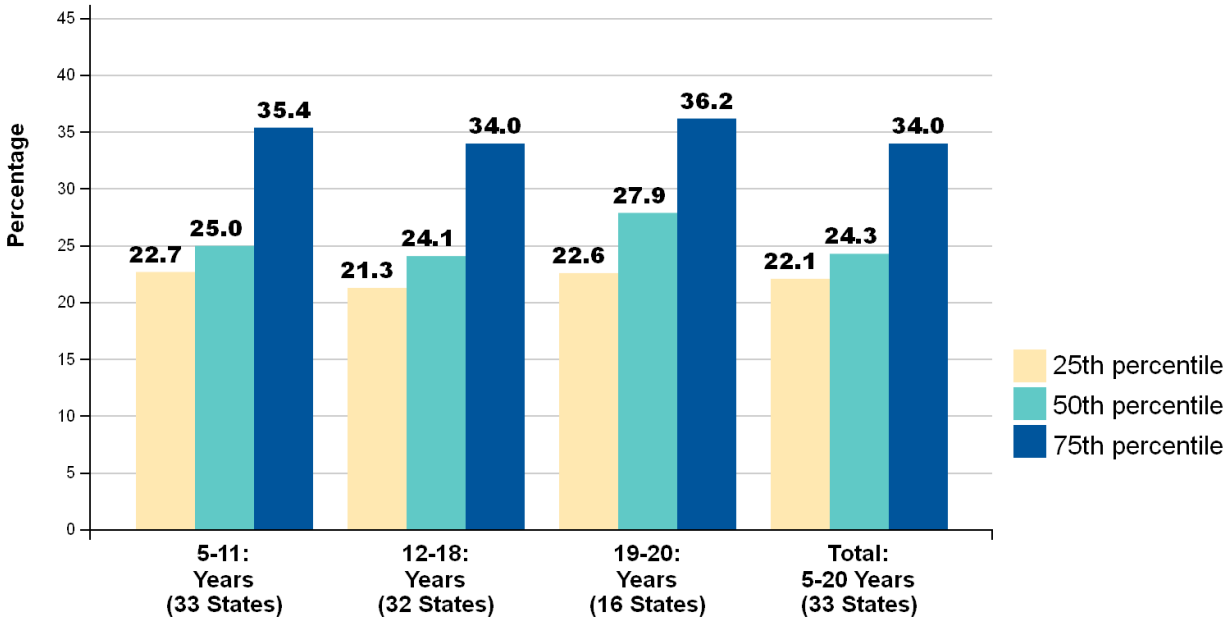
# Endorsement removed in 2016

- NQF #1799 Medication Management for People with Asthma
  Measure Steward: NCQA

# Medication Management for People with Asthma

Asthma is a preventable and treatable condition that can be managed through use of appropriate medications. Children with persistent asthma who regularly take their prescribed controller medications experience fewer asthma episodes, resulting in less frequent trips to the emergency department and decreased costs associated with care. This measure is an indicator of consistent use of asthma controller medications among children with moderate to severe asthma.

**Percentage of Children Ages 5 to 20 Who Remained on Asthma Controller Medication for at Least 75 Percent of their Treatment Period, FFY 2015**




Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of children who remained on an asthma controller medication for at least 75 percent of their treatment period. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

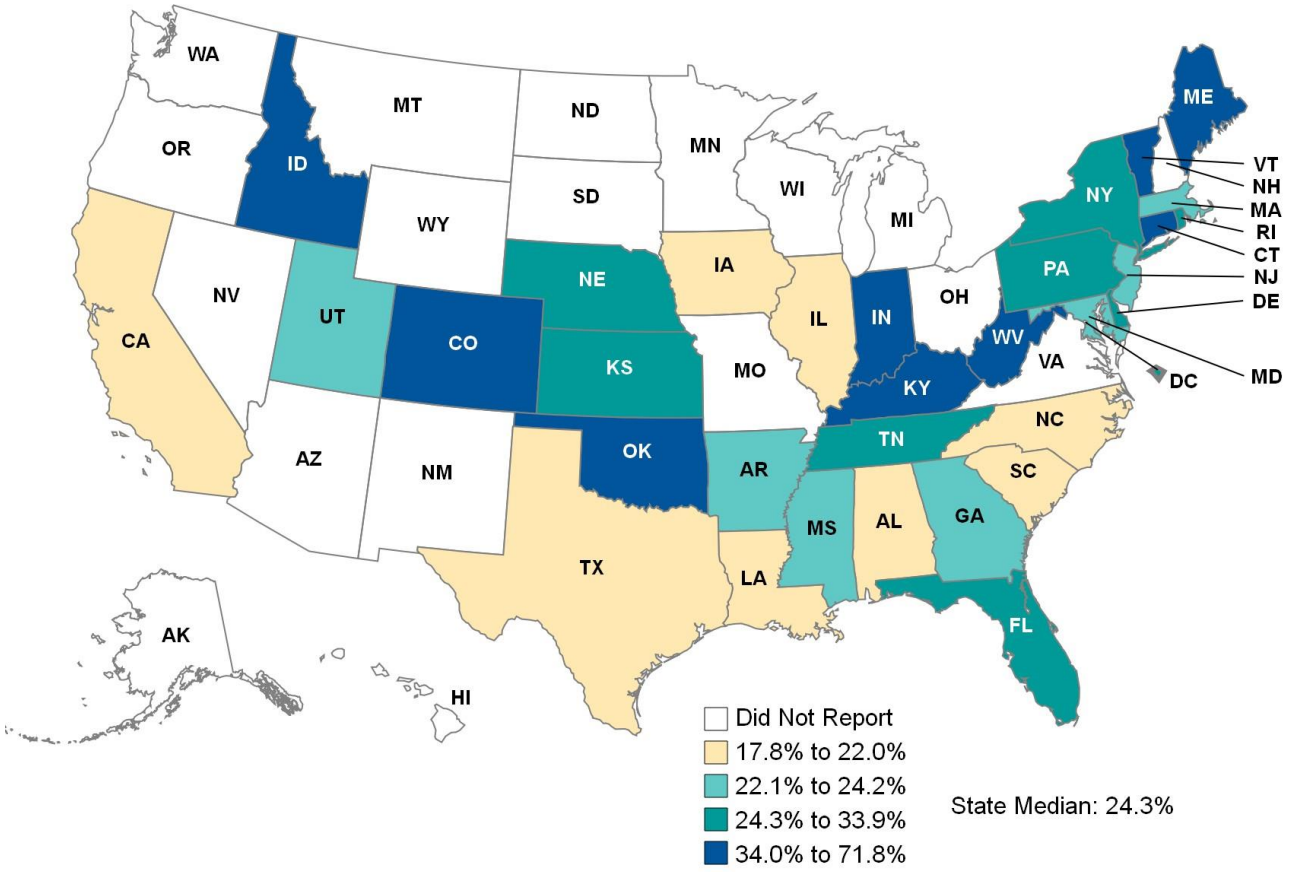
A median of

**24** percent of children ages 5 to 20 remained on asthma controller medication for at least 75 percent of their treatment period (33 states)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

# Medication Management for People with Asthma cont.

**Geographic Variation in the Percentage of Children Ages 5 to 20 Who Remained on Asthma Controller Medication for at Least 75 Percent of their Treatment Period, FFY 2015 (n = 33 states)**




Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

# NQF #1799 – Medication Management for People with Asthma

## Measure Steward: National Committee for Quality Assurance

- The Consensus Standards Approval Committee (CSAC) removed endorsement because:
  - *Lack of evidence and inaccuracies with the data analysis on new literature*
  - *Long list of allowable medications*
  - *Measure not addressing whether patients are getting the correct medications for their particular type of asthma*

# Alternative Ambulatory Setting Asthma Measures

- Consider as alternatives to address measure gap upon removal of #1799 Medication Management for People with Asthma:
  - *NQF #0047 Asthma: Pharmacologic Therapy for Persistent Asthma and NQF #1800 Asthma Medication Ratio*
    - » Both address prescribing patterns and not medication adherence, while #1799 addressed patient adherence to prescribing asthma medications
    - » Both have comparable target populations and promote the use of long-term asthma controller medications
    - » Widespread use in both public reporting and quality improvement programs supports the measures' credibility for large-scale voluntary implementation

# Alternative Ambulatory Setting Asthma Measures cont.

- *NQF #0047 Asthma: Pharmacologic Therapy for Persistent Asthma and NQF #1800 Asthma Medication Ratio*
  - NQF #0047: measure stratification captures information related to prescription type
  - NQF #1800: focuses on a ratio, making it easier to identify patients who may have inappropriate prescription treatment plans
  - NQF #1800 is identical to #1799 in target population, data source, and level of analysis making the reporting burden minimal for states that have experience reporting on #1799

# Measures for Discussion

- Based on updated endorsement information on measure #1799, do any members of the Task Force have any thoughts for moving forward?

- Do any members of the Task Force wish to propose a measure for removal?

# TF Recommendations for Strengthening the Adult Core Set - Task Force Votes

- No Adult TF recommendations for asthma measure(s) for addition.

- Are there measures Task Force members would propose for addition?

# Prioritization/Ranking Measures with Support for Adult Core Set Additions

- The Adult Task Force voted on maternity care and asthma care measures (TBD).
- The Adult Task Force will prioritize yesterday's measure votes with today's decisions on maternity and asthma care measures.
- Priority will indicate the order in which MAP recommends CMS add the measures to the set.
- Recommended measures (TBD).

# TF Recommendations for Strengthening the Child Core Set – Task Force Votes

| NQF # | Measure Name | Measure Steward |
|---|---|---|
| **1800** | **Asthma Medication Ratio** | **NCQA** |

# NQF #1800: Asthma Medication Ratio

## Measure Steward: National Committee for Quality Assurance

QPS Link: http://www.qualityforum.org/qps/1800

| | |
|---|---|
| **Description:** | The percentage of patients 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. |
| **Numerator Statement** | The number of patients who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. |
| **Denominator Statement** | All patients 5–64 years of age as of December 31 of the measurement year who have persistent asthma by meeting at least one of the following criteria during both the measurement year and the year prior to the measurement year:<br>• At least one emergency department visit with asthma as the principal diagnosis<br>• At least one acute inpatient claim/encounter with asthma as the principal diagnosis<br>• At least four outpatient visits or observation visits on different dates of service, with any diagnosis of asthma AND at least two asthma medication dispensing events. Visit type need not be the same for the four visits.<br>• At least four asthma medication dispensing events |
| **Exclusions:** | Exclude patients who had any of the following diagnoses any time during the patient's history through the end of the measurement year (e.g., December 31): COPD; Emphysema; Obstructive Chronic Bronchitis; Chronic Respiratory Conditions Due To Fumes/Vapors; Cystic Fibrosis; Acute Respiratory Failure<br>Exclude any patients who had no asthma medications (controller or reliever) dispensed during the measurement year. |
| **Data Source:** | Administrative claims |
| **Type:** | Process |

# NQF #0047: Asthma: Pharmacologic Therapy for Persistent Asthma

## Measure Steward: The American Academy of Asthma Allergy and Immunology

QPS Link: http://www.qualityforum.org/qps/0047

| | |
|---|---|
| **Description:** | Percentage of patients aged 5 years and older with a diagnosis of persistent asthma who were prescribed long-term control medication<br><br>Three rates are reported for this measure:<br>1. Patients prescribed inhaled corticosteroids (ICS) as their long term control medication<br>2. Patients prescribed other alternative long term control medications (non-ICS)<br>3. Total patients prescribed long-term control medication |
| **Numerator Statement** | Patients who were prescribed long-term control medication |
| **Denominator Statement** | All patients aged 5 years and older with a diagnosis of persistent asthma |
| **Exclusions:** | Denominator Exceptions:<br>Documentation of patient reason(s) for not prescribing inhaled corticosteroids or alternative long-term control medication (eg, patient declined, other patient reason)<br><br>For this measure, exceptions may include patient reason(s) (eg, patient declined). Although this methodology does not require the external reporting of more detailed exception data, the AAAAI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. In further accordance with PCPI exception methodology, the AAAAI advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement. |
| **Data Source:** | Claims (Only), Electronic Health Record (Only), Paper Records, Registry |
| **Type:** | Process |

# Child Task Force Votes to Recommend Each Measure for Inclusion

- Vote to support (or conditionally support) inclusion of:
  - *#1800: Asthma Medication Ratio*

- Are there other measures Task Force members would propose for addition?

# Break

# Supporting States' Ability to Report Measures and Recommendations to Strengthen the Core Sets

# Methodological Issues

- Stratification/segmentation of Medicaid populations
- Addressing quality improvement (QI) across age groups

# Strategic Issues-Population Stratification

**Reasons for Population Stratification:**

- Health severity classes among condition groups
- Stratification of patient population by risk
- Stratification of patient population by age
- Stratification of patient population by other factors of interest

# Discussion

- What are the most important elements for stratification within Medicaid?
- How can stratification be maximized through quality measurement? How best to incorporate stratification into measure mechanics?

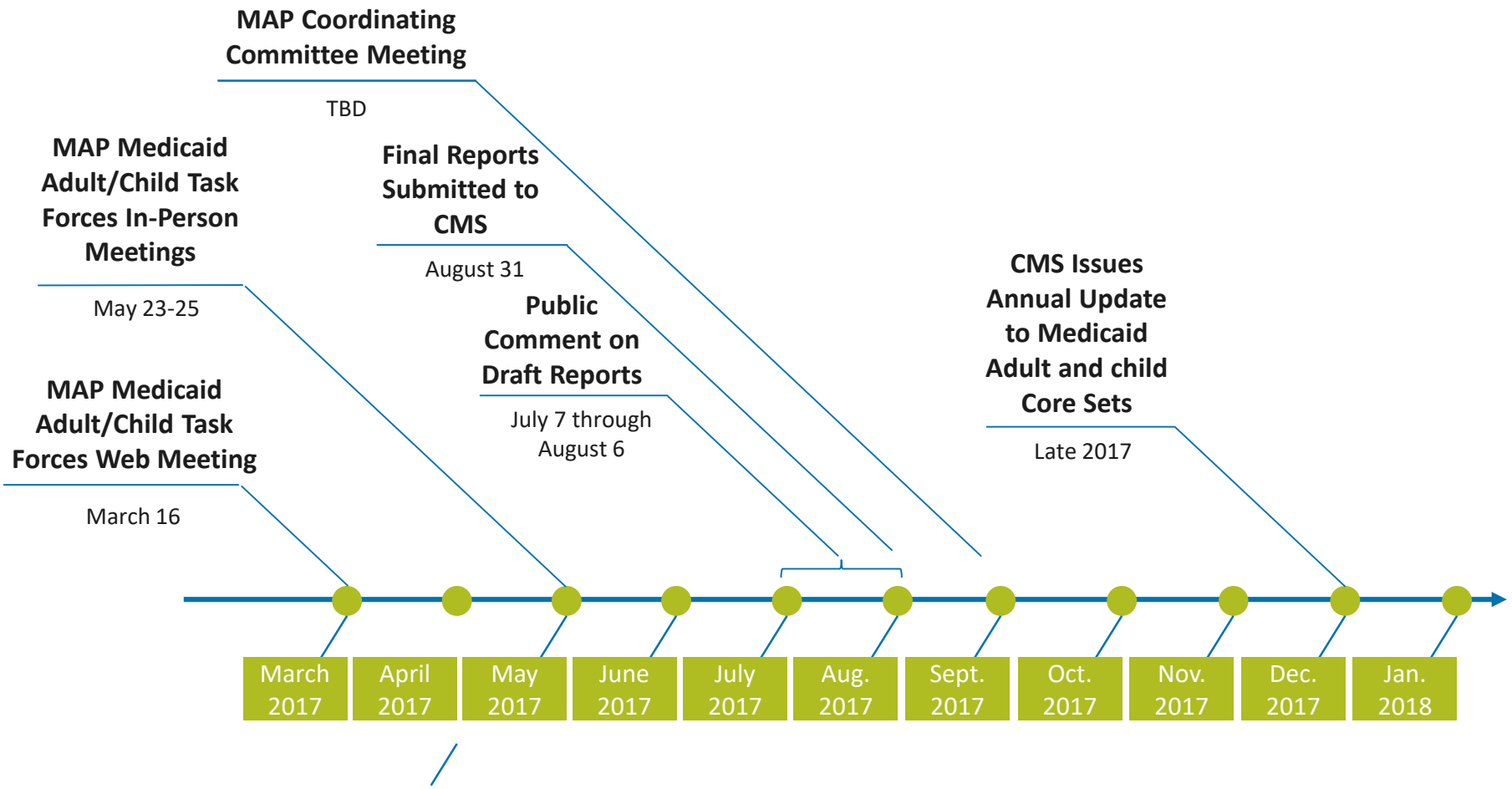
# Discussion Questions

- What are some real challenges from the group's perspective?
- What are some opportunities for change?
- What are some alignment issues that states can address in the near future?
- How can HHS/CMS address and facilitate alignment at the state level?

# Opportunity for Public Comment

# Next Steps

# 2017 Timeline



# MAP Medicaid Adult and Child Task Forces NQF Staff Support Team

- Debjani Mukherjee: Senior Director
- Shaconna Gorham: Senior Project Manager
- May Nacion: Project Manager
- Miranda Kuwahara: Project Analyst

# Project Contact Info

- **Email**
  - *Adult Task Force:* mapmedicaidadult@qualityforum.org
  - *Child Task Force:* mapmedicaidchild@qualityforum.org
- **NQF Phone:** 202-783-1300
- **Project page:** http://www.qualityforum.org/MAP_Task_Forces.aspx
- **SharePoint sites**
  - *Adult Task Force:* http://share.qualityforum.org/Projects/MAP%20Medicaid%20Adult%20Task%20Force/SitePages/Home.aspx
  - *Child Task Force:* http://share.qualityforum.org/Projects/MAP%20Medicaid%20Child%20Task%20Force/SitePages/Home.aspx

# Adjourn for the Day

NATIONAL QUALITY FORUM

Measure Applications Partnership

# Medicaid Adult and Child Task Forces In-Person Meeting

*Day 3: May 25, 2017*

# Highlights from Day #2

- Maternal and Perinatal Health Measures
- Asthma Measures
- Strengthening State Reporting

# Key Points from Staff Review of Core Set

# CMS Goals: Child and Adult Core Sets

- Three-part goal for Child and Adult Core Sets:
  1. *Increase number of states reporting Core Set measures*
  2. *Increase number of measures reported by each state*
  3. *Increase number of states using Core Set measures to drive quality improvement*

# How CMS Uses Core Set Data

- Core set data used to obtain a snapshot of quality across Medicaid and CHIP (Children's Health Insurance Program):
  - *Annual Child Health Quality Report*
  - *Annual Adult Health Quality Report*
  - *Chart pack and other analyses*
  - *Inform policy and program decisions*

# MAP Measure Selection Criteria

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

# Task Force Measure-Specific Recommendations

- MAP supported all but two of the 26 measures for continued use in the program
- MAP recommended up to five measures for phased addition to the 2017 Child Core Set from a total of 13 measures discussed.
  - *These measures would promote measurement of identified high-priority quality issues*
  - *Measures not yet reviewed for endorsement by NQF received conditional support, pending NQF endorsement*

# Measures Recommended for Phased Addition in FFY 2017 Child Core Set

| Rank | NQF # | Measure Name | MAP Recommendation |
|---|---|---|---|
| 1 | 2797 | Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia | Support |
| | 0480 | PC-05 Exclusive Breast Milk Feeding | Conditional Support* |
| | 2830 | PC-05 Exclusive Breast Milk Feeding (e-measure) | Conditional Support* |
| 2 | 2801 | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | Support |
| 3 | 2902 | Contraceptive Care – Postpartum | Conditional Support* |

Adopted in 2017 Core Set

*Conditionally supported measure, pending NQF endorsement

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

# Measures Recommended for Removal in FFY 2017 Child Core Set

| NQF # | Measure Name |
|---|---|
| N/A | Frequency of Ongoing Prenatal Care |
| N/A | Child and Adolescents' Access to Primary Care Practitioners |

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

# CMS - Child Core Set Update for 2017 Reporting

## Issued December 5, 2016

- CMS updated the 2017 Child Core Set:
  - Added two measures:
    - » NQF #2801: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
    - » NQF #2902: Contraceptive Care – Postpartum
  - Removed one measure:
    - » NQF #1959: HPV Vaccination for Female Adolescents
- CMS and the Agency for Healthcare Research and Quality (AHRQ) will continue to test the Child HCAHPS measure to assess feasibility. This measure has not been included in the 2017 core set.

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/cib120516.pdf. Accessed February 2017.

# HPV Status Update

- 2017 Child Core Set
  - *#1959: Human Papilloma Virus (HPV)*
    - » retired by NCQA as a standalone measure
    - » Added to #1407: Immunizations for Adolescents (IMA)
    - » Proposal:
      - *Combine HPV and IMA as one measure and assess receipt of all recommended vaccines (meningococcal, Tdap and HPV) for females and males.*
      - *Adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) and three doses of HPV vaccine by their 13th birthday.*

- CMS will update the IMA measure in the 2017 technical specifications and resource manual

# Medicaid Child Core Set Measures for FFY 2017 Use

| NQF # | Measure Name | Measure Steward |
|---|---|---|
| **Primary Care Access and Preventive Care** | | |
| 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 |
| N/A | Child and Adolescent Access to Primary Care Practitioners (CAP-CH) | NCQA |
| N/A | Adolescent Well-Care Visit (AWC-CH) | NCQA |

NCQA: National Committee for Quality Assurance; OHSU: Oregon Health and Science University

# Medicaid Child Core Set Measures for FFY 2017 Use, cont.

| NQF # | Measure Name | Measure Steward |
|---|---|---|
| **Maternal and Perinatal Health** | | |
| 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 |
| 2902 | Contraceptive Care – Postpartum Women Ages 15–20 (CCP-CH) | OPA |
| N/A | Behavioral Health Risk Assessment (for Pregnant Women) (BHRA-CH) | AMA-PCPI |
| N/A | Frequency of Ongoing Prenatal Care (FPC-CH) | NCQA |
| N/A | Timeliness of Prenatal Care (PPC-CH) | NCQA |

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.

**Newly Added Measure**

# Medicaid Child Core Set Measures for FFY 2017 Use, cont.

| NQF # | Measure Name | Measure Steward |
|---|---|---|
| **Behavioral Health Care** | | |
| 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 |
| 1365 | Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment (SRA-CH) | AMA-PCPI |
| 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

**Newly Added Measure**

# Medicaid Child Core Set Measures for FFY 2017 Use, cont.

| NQF # | Measure Name | Measure Steward |
|---|---|---|
| **Dental and Oral Health Services** | | |
| 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** | | |
| NA | Ambulatory Care: Emergency Department (ED) Visits (AMB-CH) | NCQA |
| NA | Medication Management for People with Asthma (MMA-CH) | NCQA |
| **Experience of Care[b]** | | |
| 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 |

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

# 2017 Medicaid Child Core Set Properties: Measure Characteristics

| Medicaid Child Core Set Characteristics | | Number of Measures (n = 27) |
|---|---|---|
| NQF Endorsement Status | Endorsed | 17 |
| | Not Endorsed | 10 |
| Measure Type | Structure | 0 |
| | Process | 24 |
| | Outcome | 3 |
| Data Collection Method | Administrative Claims | 21 |
| | Electronic Clinical Data | 15 |
| | eMeasure Available | 6 |
| | Survey Data | 2 |
| Alignment | In use in one or more other federal programs | 10 |
| | In the Medicaid Adult Core Set | 3* |

*Frequency of Ongoing Prenatal Care has one rate in the child set and one rate in the adult set

# Core Set Measure Updates

## (Maintenance, Loss of endorsement, New endorsement)

# Endorsement Removed

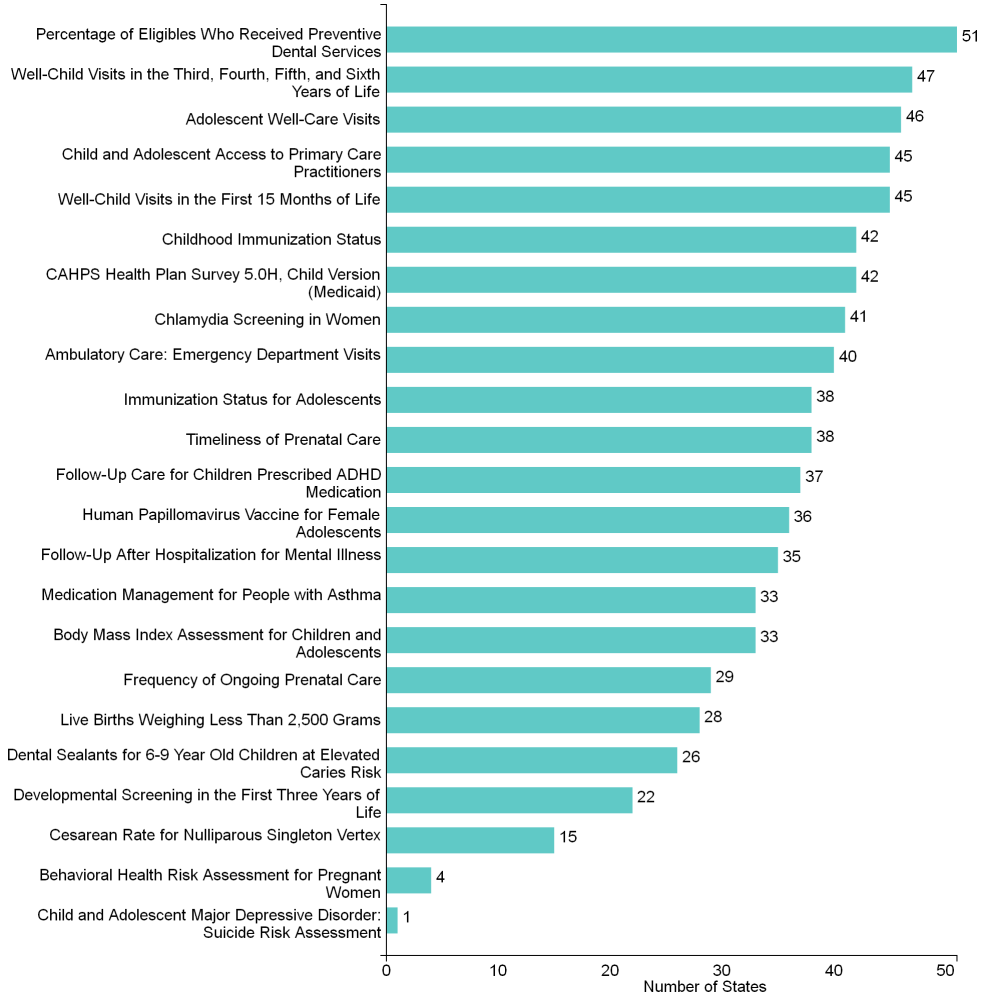
- #1391: Frequency of Ongoing Prenatal Care
  - *Did not meet evidence criterion and developer withdrew from consideration*
- #1517: Timeliness of Prenatal Care
  - *CSAC did not recommend measure for continued endorsement*
- #1799: Medication Management for People with Asthma
  - *CSAC did not recommend measure for continued endorsement*

# *Staff Review of FFY 2015 State Reporting*

# Overview of Medicaid Child Core Set FFY 2015 Reporting

- 51 states voluntarily reported at least one Child Core Set measure
- States reported a median of 16 measures
- Most frequently reported measures assess children's access to primary care, well-child visits, use of dental services, receipt of childhood immunizations, and satisfaction with care received
- First year reporting of 2 newest measures:
  - *Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk*
  - *Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment*
- Retired one measure:
  - *Percentage of Eligibles that Received Dental Treatment Services*

# Number of States Reporting the Child Core Set Measures, FFY 2015




**51** states voluntarily reported at least one Child Core Set measure for FFY 2015

Sources: Mathematica analysis of MACPro reports and Form CMS-416 reports for the FFY 2015 reporting cycle.

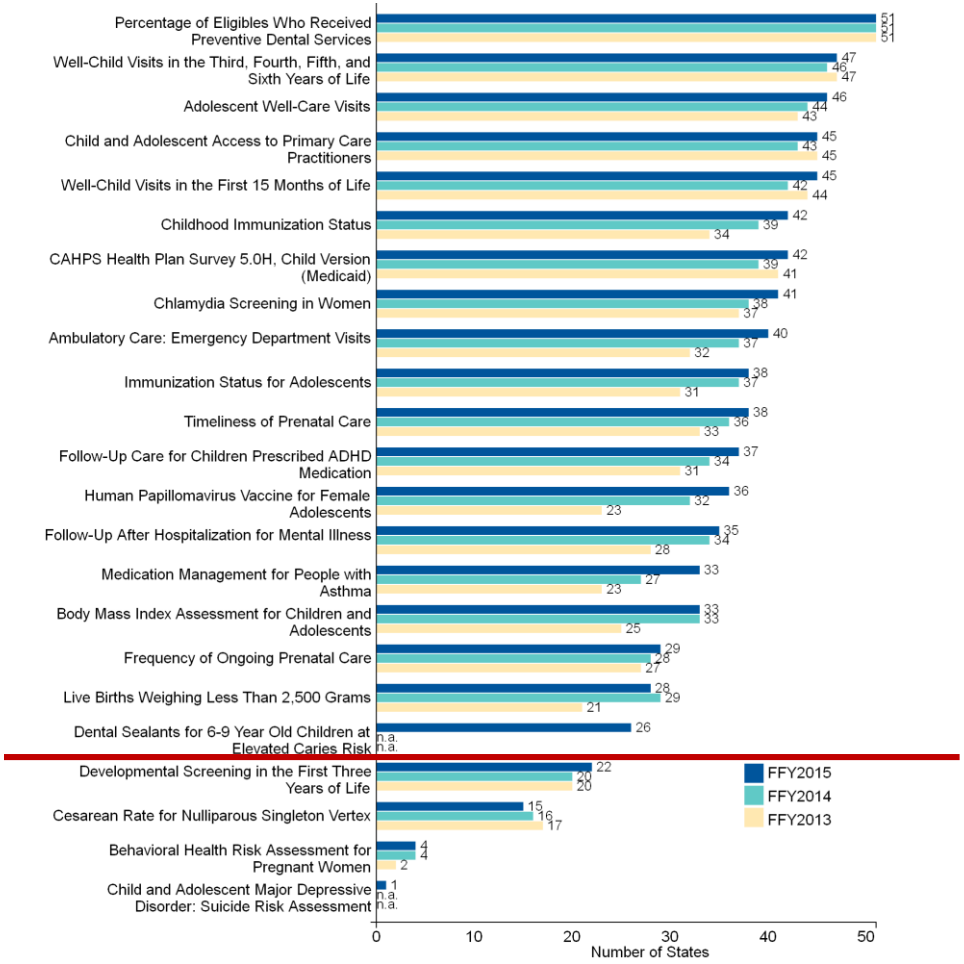
Notes: The term "states" includes the 50 states and the District of Columbia.

This chart excludes the Central Line-Associated Bloodstream Infection (CLABSI) measure. Beginning in FFY 2012, data for the CLABSI measure were obtained from the CDC's National Healthcare Safety Network.

ADHD = Attention-deficit/hyperactivity disorder; CAHPS = Consumer Assessment of Healthcare Providers and Systems.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

# Number of States Reporting the Child Core Set Measures, FFY 2013–2015



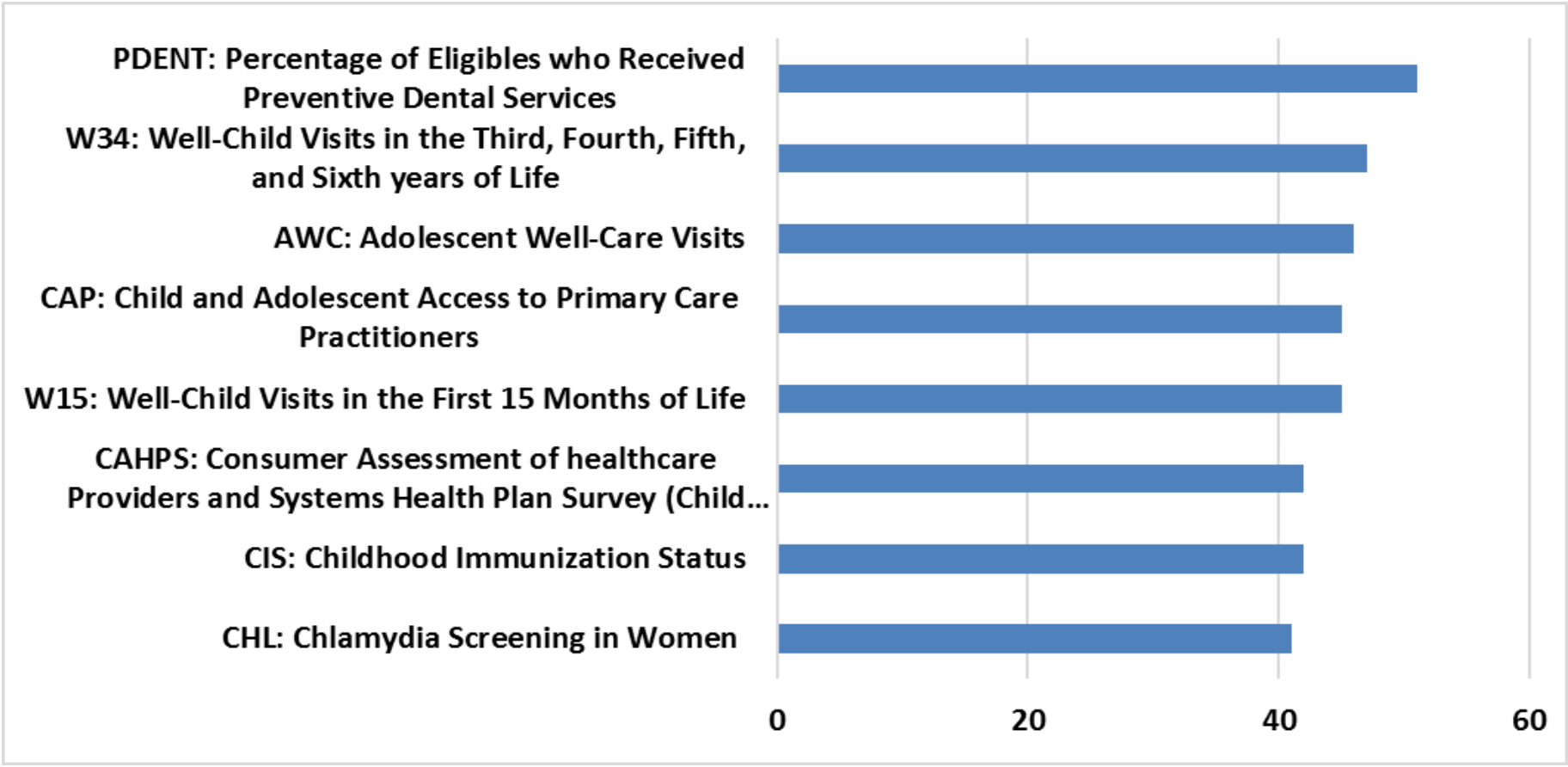

State reporting increased for **16** of the 23 measures included in both the 2014 and 2015 Child Core Sets

Sources: Mathematica analysis of FFY 2013–2014 CARTS reports, FFY 2015 MACPro reports, and FFY 2013–2015 Form CMS-416 reports.

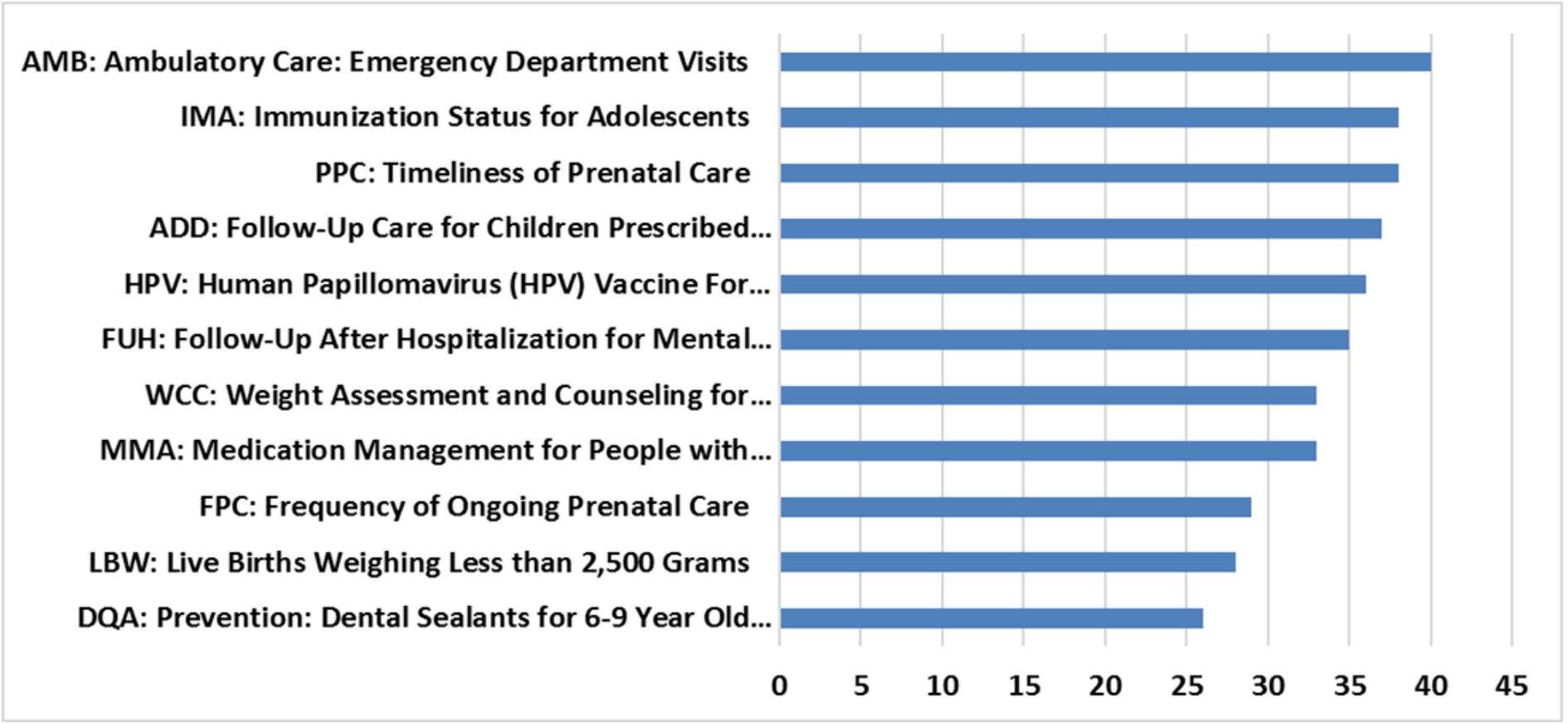
Notes: The term "states" includes the 50 states and the District of Columbia.
This chart excludes the Central Line-Associated Bloodstream Infection (CLABSI) measure. Beginning in FFY 2012, data for the CLABSI measure were obtained from the CDC's National Healthcare Safety Network.
ADHD = Attention-deficit/hyperactivity disorder; CAHPS = Consumer Assessment of Healthcare Providers and Systems; n.a. = not applicable; measure not included in the Child Core Set for the reporting period.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

# Measures with High Levels of Reporting (8)

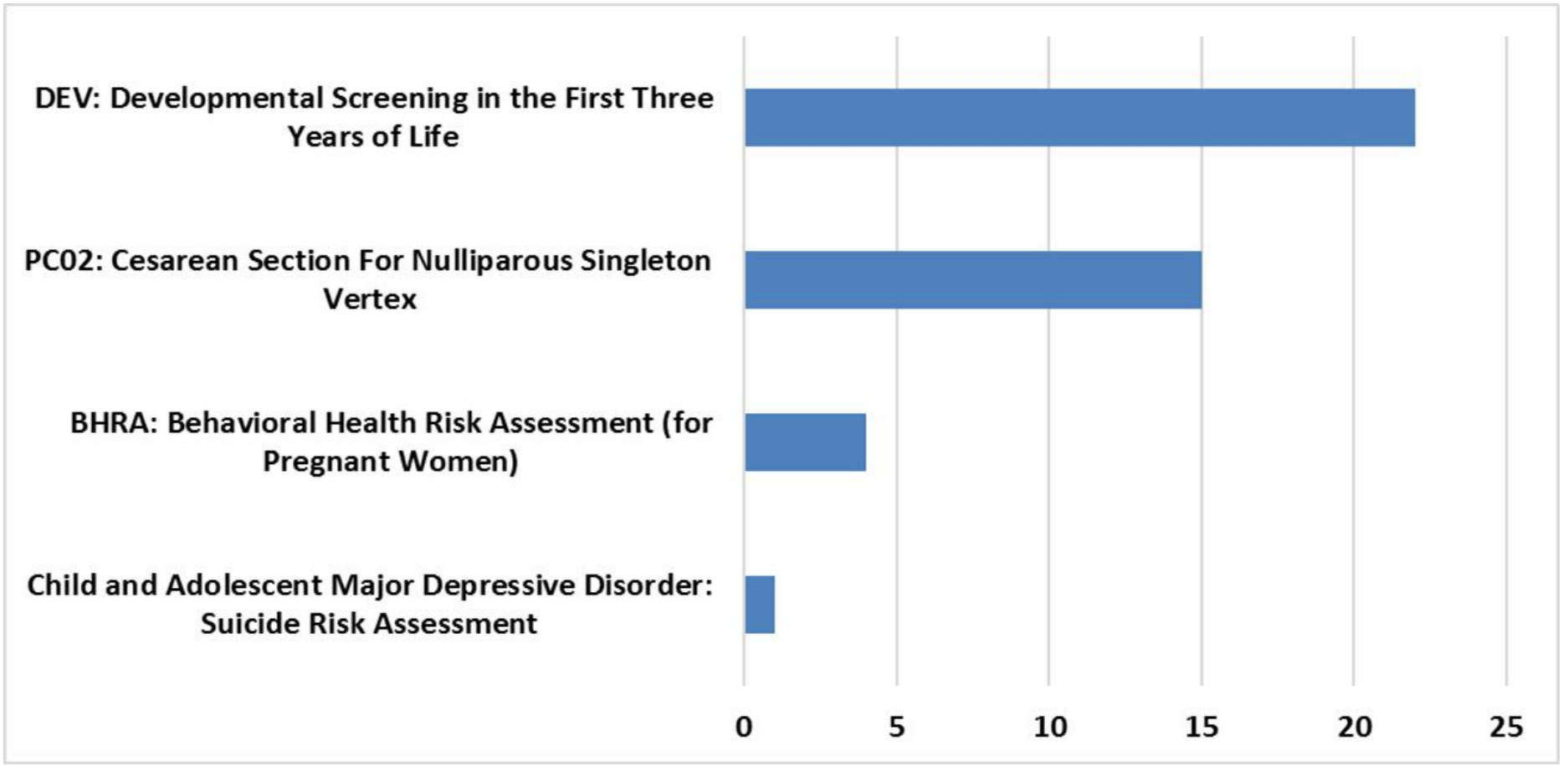


# Measures Reported More Frequently in 2015 (11)




Note: HPV is no longer part of the Core Set

# Measures with Low Levels of Reporting (4)



# Overview of State Reporting of the Child Core Set Measures, FFY 2015

| | Number of Measures Reported | State Reported at Least One Measure for Both Medicaid and CHIP Populations | Child and Adolescent Access to PCPs | Well-Child Visits in the First 15 Months of Life | Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life | Adolescent Well-Care Visits | Childhood Immunization Status | Immunizations for Adolescents | Human Papillomavirus Vaccine for Female Adolescents | Developmental Screening in the First Three Years of Life | Chlamydia Screening in Women | Body Mass Index Assessment for Children and Adolescents | Timeliness of Prenatal Care | Frequency of Ongoing Prenatal Care | Percentage of Live Births Weighing Less Than 2,500 Grams | Cesarean Rate for Nulliparous Singleton Vertex | Behavioral Health Risk Assessment for Pregnant Women | Ambulatory Care: Emergency Department Visits | Medication Management for People with Asthma | Follow-Up After Hospitalization for Mental Illness | Follow-Up Care for Children Prescribed ADHD Medication | Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment | Preventive Dental Services | Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk | CAHPS Health Plan Survey 5.0H, Child Version (Medicaid) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total | 16 (Median) | 46 | 45 | 45 | 47 | 46 | 42 | 38 | 36 | 22 | 41 | 33 | 38 | 29 | 28 | 15 | 4 | 40 | 33 | 35 | 37 | 1 | 51 | 26 | 42 |
| Alabama | 21 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | X | X | X | X | -- | X | X | X |
| Alaska | 13 | X | X | X | X | X | -- | -- | X | X | X | -- | -- | -- | X | -- | -- | X | -- | X | X | -- | X | -- | X |
| Arizona | 9 | X | X | X | X | X | -- | -- | -- | -- | -- | -- | X | -- | -- | -- | -- | X | -- | -- | -- | -- | X | X | X |
| Arkansas | 15 | X | X | X | X | X | X | X | -- | -- | X | -- | -- | -- | X | X | -- | X | X | X | X | -- | X | -- | X |
| California | 14 | X | X | -- | X | -- | X | X | X | -- | X | X | X | -- | -- | -- | -- | X | X | X | X | -- | X | X | -- |
| Colorado | 18 | X | X | X | X | X | X | X | -- | X | X | X | X | -- | X | -- | -- | X | X | X | X | -- | X | X | X |
| Connecticut | 18 | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | -- | -- | X | X | X | X | -- | X | -- | X |
| Delaware | 19 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | -- | X | X | X | X | -- | X | -- | X |
| Dist. of Col. | 16 | X | X | X | X | X | X | X | X | -- | X | X | X | X | X | -- | -- | -- | X | X | X | -- | X | -- | -- |
| Florida | 17 | X | X | X | X | X | X | X | X | -- | X | X | X | X | -- | -- | -- | X | X | X | X | -- | X | -- | X |
| Georgia | 21 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | X | -- | X |
| Hawaii | 1 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | X | -- | -- |
| Idaho | 13 | X | X | X | X | X | X | X | X | -- | X | -- | -- | -- | -- | -- | -- | X | X | -- | -- | -- | X | X | X |
| Illinois | 21 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | X | X | X | X | -- | X | X | X |
| Indiana | 20 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | X | X | X | X | -- | X | -- | X |
| Iowa | 21 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | X | X | X | X | -- | X | X | X |
| Kansas | 11 | X | X | X | X | X | -- | -- | -- | -- | -- | -- | X | X | -- | -- | -- | -- | X | X | X | -- | X | -- | X |
| Kentucky | 19 | X | X | X | X | X | X | X | X | -- | X | X | X | X | X | -- | -- | X | X | X | X | -- | X | X | X |
| Louisiana | 20 | X | X | X | X | X | X | X | X | -- | X | X | X | X | X | X | -- | X | X | X | X | -- | X | X | X |
| Maine | 12 | X | X | X | X | X | -- | -- | -- | X | X | -- | -- | -- | -- | -- | -- | X | X | X | X | -- | X | -- | X |

# Overview of State Reporting of the Child Core Set Measures, FFY 2015 cont.

| | Number of Measures Reported | State Reported at Least One Measure for Both Medicaid and CHIP Populations | Child and Adolescent Access to PCPs | Well-Child Visits in the First 15 Months of Life | Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life | Adolescent Well-Care Visits | Childhood Immunization Status | Immunizations for Adolescents | Human Papillomavirus Vaccine for Female Adolescents | Developmental Screening in the First Three Years of Life | Chlamydia Screening in Women | Body Mass Index Assessment for Children and Adolescents | Timeliness of Prenatal Care | Frequency of Ongoing Prenatal Care | Percentage of Live Births Weighing Less Than 2,500 Grams | Cesarean Rate for Nulliparous Singleton Vertex | Behavioral Health Risk Assessment for Pregnant Women | Ambulatory Care: Emergency Department Visits | Medication Management for People with Asthma | Follow-Up After Hospitalization for Mental Illness | Follow-Up Care for Children Prescribed ADHD Medication | Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment | Preventive Dental Services | Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk | CAHPS Health Plan Survey 5.0H, Child Version (Medicaid) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Maryland | 16 | X | X | X | X | X | X | X | X | -- | X | X | X | X | -- | -- | -- | X | X | -- | X | -- | X | -- | X |
| Massachusetts | 19 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | -- | X | X | X | X | -- | X | X | -- |
| Michigan | 18 | -- | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | X | -- | -- | X | -- | X | -- | X |
| Minnesota | 6 | X | X | X | X | X | X | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | X | -- | -- |
| Mississippi | 17 | X | X | X | X | X | X | X | X | -- | X | X | X | -- | X | -- | -- | -- | X | X | X | -- | X | X | X |
| Missouri | 12 | X | -- | X | X | X | X | X | -- | -- | X | -- | X | -- | -- | -- | -- | X | -- | X | -- | -- | X | X | X |
| Montana | 14 | X | X | X | X | X | X | X | X | -- | X | X | -- | -- | -- | -- | -- | X | -- | X | -- | -- | X | X | X |
| Nebraska | 15 | X | X | X | X | X | X | X | X | -- | X | X | -- | -- | X | -- | -- | X | X | -- | -- | -- | X | X | X |
| Nevada | 9 | X | X | X | X | X | X | -- | -- | -- | -- | -- | -- | -- | X | -- | -- | -- | -- | X | -- | -- | X | -- | X |
| New Hampshire | 14 | -- | X | -- | X | X | X | X | X | X | -- | X | X | X | X | X | -- | -- | -- | -- | -- | -- | X | -- | X |
| New Jersey | 15 | X | X | X | X | X | X | X | X | -- | X | X | X | X | -- | -- | -- | X | X | -- | X | -- | X | -- | -- |
| New Mexico | 15 | X | X | X | X | X | X | X | X | -- | X | X | X | X | -- | -- | -- | X | -- | -- | X | -- | X | -- | X |
| New York | 21 | X | X | X | X | X | X | X | X | -- | X | X | X | X | X | X | X | X | X | X | X | -- | X | X | X |
| North Carolina | 22 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | X | X | X |
| North Dakota | 1 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | X | -- | -- |
| Ohio | 11 | X | X | X | X | X | -- | -- | -- | -- | X | -- | X | X | X | -- | -- | -- | -- | -- | X | -- | X | -- | X |
| Oklahoma | 20 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | -- | X | X | X | X | -- | X | X | X |
| Oregon | 15 | X | X | X | X | X | X | X | -- | X | X | -- | X | -- | -- | -- | -- | X | -- | X | X | -- | X | X | X |
| Pennsylvania | 21 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | X | -- | X |
| Rhode Island | 20 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | -- | X | X | X | X | -- | X | X | X |

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

# Overview of State Reporting of the Child Core Set Measures, FFY 2015 cont.

| | Number of Measures Reported | State Reported at Least One Measure for Both Medicaid and CHIP Populations | Child and Adolescent Access to PCPs | Well-Child Visits in the First 15 Months of Life | Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life | Adolescent Well-Care Visits | Childhood Immunization Status | Immunizations for Adolescents | Human Papillomavirus Vaccine for Female Adolescents | Developmental Screening in the First Three Years of Life | Chlamydia Screening in Women | Body Mass Index Assessment for Children and Adolescents | Timeliness of Prenatal Care | Frequency of Ongoing Prenatal Care | Percentage of Live Births Weighing Less Than 2,500 Grams | Cesarean Rate for Nulliparous Singleton Vertex | Behavioral Health Risk Assessment for Pregnant Women | Ambulatory Care: Emergency Department Visits | Medication Management for People with Asthma | Follow-Up After Hospitalization for Mental Illness | Follow-Up Care for Children Prescribed ADHD Medication | Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment | Preventive Dental Services | Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk | CAHPS Health Plan Survey 5.0H, Child Version (Medicaid) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| South Carolina | 17 | X | X | X | X | X | -- | -- | X | -- | X | -- | X | X | X | X | -- | X | X | X | X | -- | X | X | X |
| South Dakota | 2 | X | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | X | -- | X |
| Tennessee | 18 | X | X | X | X | X | X | X | X | -- | X | X | X | X | -- | -- | -- | X | X | X | X | -- | X | X | X |
| Texas | 20 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | -- | X | X | X | X | -- | X | X | X |
| Utah | 14 | -- | X | X | X | X | X | X | X | -- | X | X | -- | -- | -- | -- | -- | X | X | -- | X | -- | X | -- | X |
| Vermont | 18 | X | X | X | X | X | X | X | X | X | X | -- | X | -- | X | -- | -- | X | X | X | X | -- | X | X | X |
| Virginia | 9 | X | -- | X | X | X | X | -- | -- | -- | -- | -- | X | -- | -- | -- | -- | -- | -- | X | -- | -- | X | X | X |
| Washington | 16 | X | X | X | X | X | X | X | X | -- | X | X | X | X | X | X | -- | X | -- | -- | -- | -- | X | -- | X |
| West Virginia | 19 | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | X | -- | X | X | X | X | -- | X | X | -- |
| Wisconsin | 6 | X | -- | -- | -- | -- | X | -- | -- | -- | -- | -- | X | -- | -- | -- | -- | X | -- | X | -- | -- | X | -- | X |
| Wyoming | 15 | X | X | X | X | X | X | X | X | X | X | X | -- | -- | -- | -- | -- | X | -- | -- | X | X | X | X | -- |

Sources: Mathematica analysis of MACPro reports and Form CMS-416 reports for the FFY 2015 reporting cycle.

Notes: The term "states" includes the 50 states and the District of Columbia.

The 2015 Child Core Set includes 24 measures. This table excludes the Central Line-Associated Bloodstream Infection (CLABSI) measure. Beginning in FFY 2012, data for the CLABSI measure were obtained from the CDC National Healthcare Safety Network.

X = measure was reported by the state; -- = measure was not reported by the state.

ADHD = Attention-deficit/hyperactivity disorder; CAHPS = Consumer Assessment of Healthcare Providers and Systems; PCP = Primary Care Practitioner.

# *Questions*

# Using Children's Oral Health Quality Measures

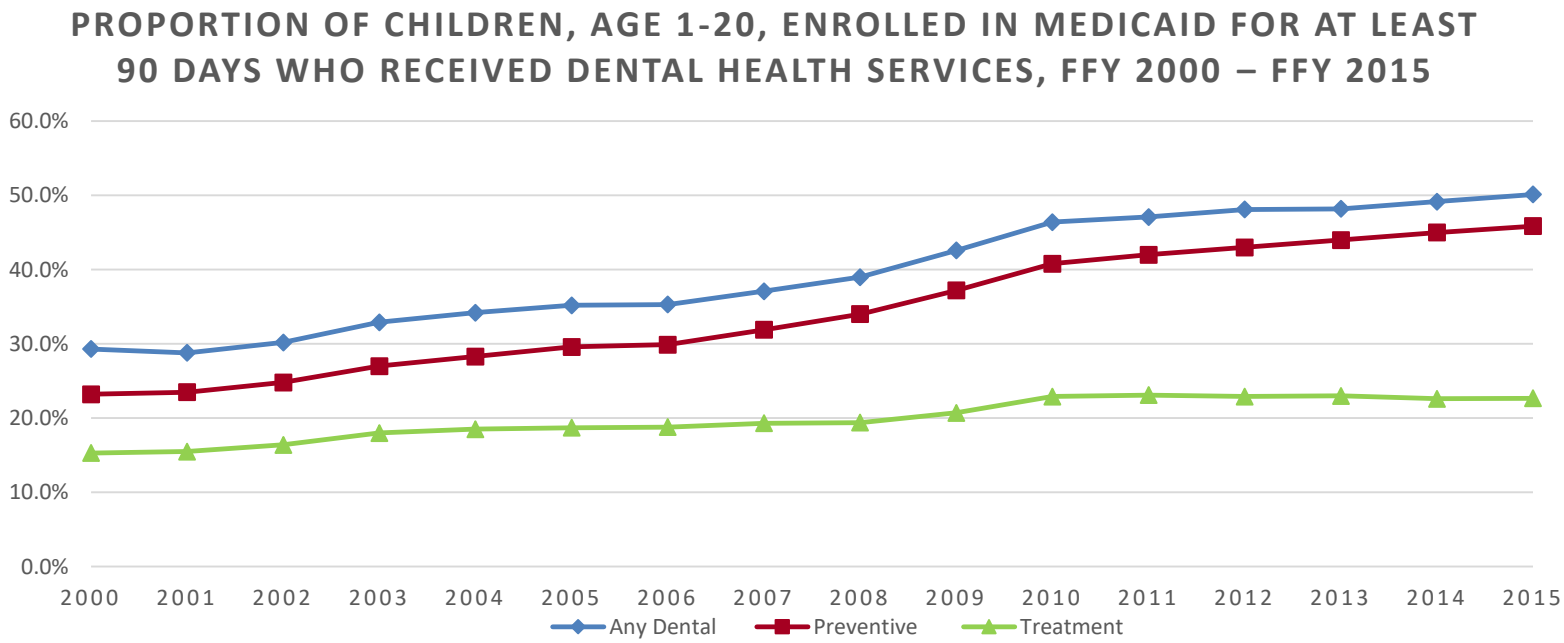
## NQF Medicaid MAP Meeting
## Washington, D.C.
### May 25, 2017

**Laurie Norris, JD**
**Senior Policy Advisor for Oral Health**
**Division of Quality and Health Outcomes**
**Center for Medicaid and CHIP Services**
**laurie.norris@cms.hhs.gov**

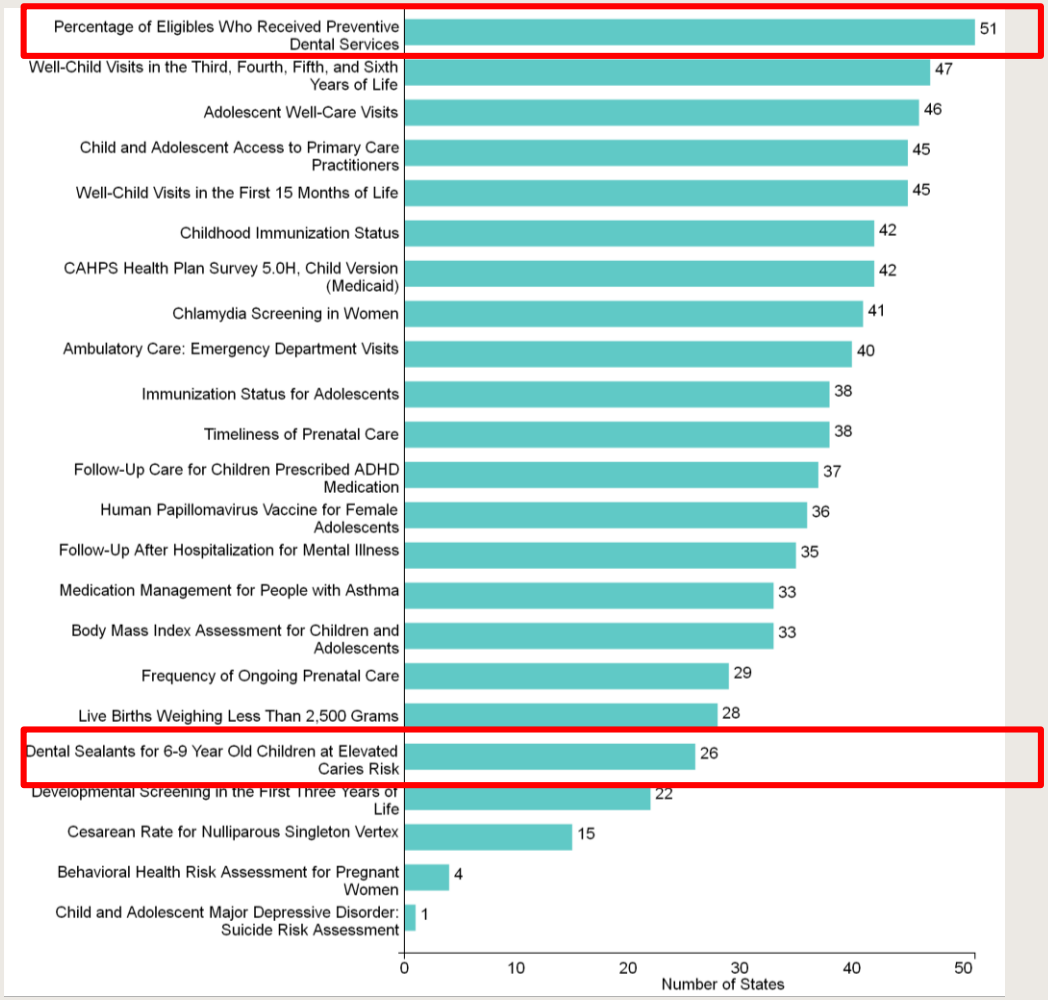
# Using the Child Core Set Measures: Oral Health

- 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 2000-2015 CMS-416 reports, Lines 1, 1b, 12a, 12b, and 12c
Note: Data reflect updates as of 10/2/15.
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 of OH, the national FFY 2015 percentage used data reported by states as of July 13, 2016. 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.




# Number of States Reporting the Child Core Set Measures, FFY 2015

PDENT: 51 (FFY 12)
SEAL: 26 (FFY 15)

- Sources: Mathematica analysis of MACPro reports and Form CMS-416 reports for the FFY 2015 reporting cycle.
- Notes: The term “states” includes the 50 states and the District of Columbia.
- The 2015 Child Core Set includes 24 measures. This chart is based on state reporting of 23 Child Core Set measures for FFY 2015. This chart excludes the Central Line-Associated Bloodstream Infection (CLABSI) measure. Beginning in FFY 2012, data for the CLABSI measure were 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

- Aim: Increase by 10 percentage points the proportion of children receiving a **preventive dental service (PDENT)**
- National Goal:
  - FFY 11 Baseline = 42%
  - FFY 15 Progress = 46%
  - FFY 18 Goal = 52%
- Each state has its own baseline and goal.

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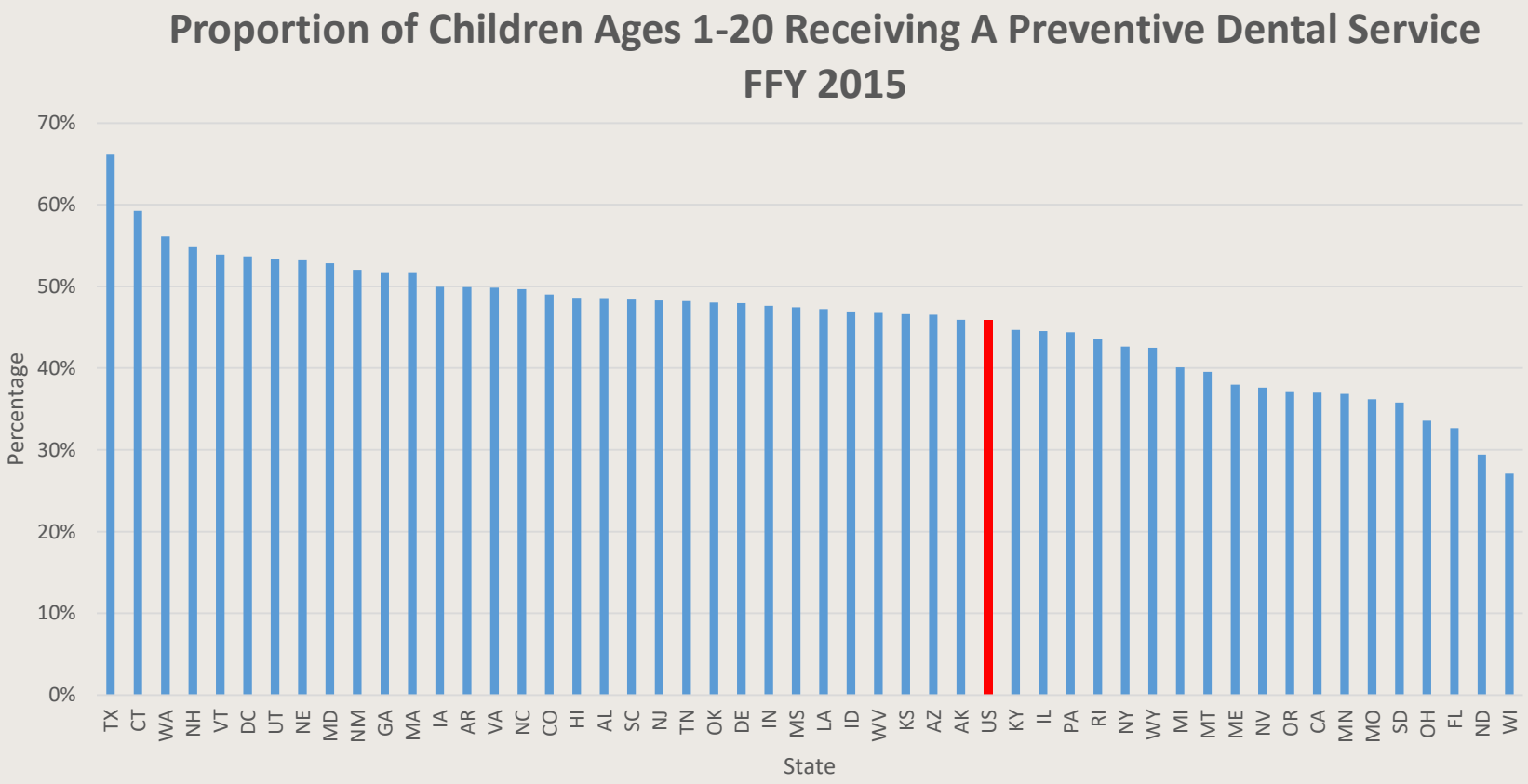
Health Care Quality Measures

# Preventive Dental Services (PDENT), by State




Source: FFY 2015 CMS-416 reports, Lines 1b and 12b.
Note: With the exception of OH, the national FFY 2015 percentage used data reported by states as of August 30, 2016.

Medicaid/CHIP Health Care Quality Measures

# 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

# Coverage = Access to Care

## By race/ethnicity:

| Child had a dental visit within the previous year 2000 and 2014 | | |
|---|---|---|
| | 2000 | 2014 |
| **Hispanic children** | 56.8% | 78.2% |
| **Black children** | 67.2% | 79.3% |
| **White children** | 74.9% | 80.5% |

Source: Larson, K, Cull, WL, Racine, AD, Olson, LM. *Trends in Access to Health Care Services for US Children: 2000–2014*. Pediatrics, Vol. 138, Issue 6, December 2016.

## By source of insurance:

In 2012, after adjusting for demographic and parent characteristics, there was no difference between public and private insurance as to parent-reported use of dental care by children.

Source: Shariff, JA and Edelstein, BL. *Medicaid Meets Its Equal Access Requirement For Dental Care, But Oral Health Disparities Remain.* Health Affairs, Vol. 35 No. 12, December 2016.

# More Care ≠ Better Care

- In 2011, 6 states spent $68M for surgical care in ORs or ASCs for children with preventable dental conditions[1]
- Emergency department visits for non-traumatic dental conditions are on the rise among children[2]
- 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 molar[3]
- In 2015, 7% of 1 to 5 year olds on Medicaid got a fluoride varnish treatment in primary care[4]

Sources: [1]Bruen, et al, *Potentially preventable dental care in operating rooms for children enrolled in Medicaid*, JADA, September 2016; [2]Wall, et al, *Dental-related emergency department visits on the increase in the United States*, [3]ADA Health Policy Institute Research brief, May 2013; [4]FFY 2015 Form CMS 416, Lines 1b, 12b, 12d and 12f.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

# Children's OHI Value-Based Payment Project

- Innovation is happening – there are clinicians redesigning care approaches to achieve better oral health outcomes for children
- Support four state Medicaid/CHIP agencies to **select**, **design** and **test** Value-Based Payment (VBP) approach in order to sustain, and eventually scale, that model.
- What is value-based payment?
  - A way to reward providers for achieving desired health outcomes.
  - Models include rewarding for performance in Fee-For-Service, capitation, alternative payment models (bundles, episode-based payment, global payment) and comprehensive population-based payments.
- New quality measures will be needed
  - Focus more on health outcomes
  - Permit analysis at the provider level
- Timeframe: March 2017 – August 2019
- More information about the project can be found here: https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-functional-areas/value-based-payment/index.html

# Questions?

Laurie Norris, JD
Senior Policy Advisor for Oral Health
Centers for Medicare & Medicaid Services (CMS)
laurie.norris@cms.hhs.gov
410-786-6543

# *Questions*

NEW YORK STATE OF OPPORTUNITY. Department of Health

# New York State Perspective Child Core Set

Lindsay Cogan, PhD, MS
Director, Division of Quality Measurement
Office of Quality and Patient Safety
New York State Department of Health
May 25, 2017
NQF Measurement Application Partnership

# Overview

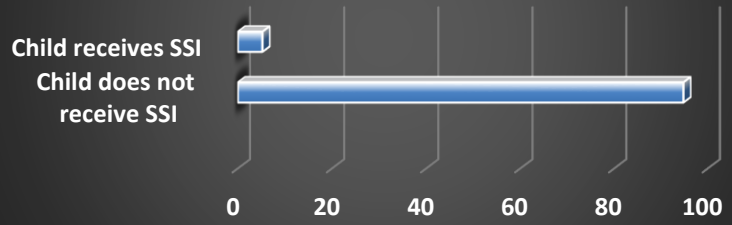
- New York State (NYS) Medicaid program
- Child Core Set Reporting in NYS
- Uses of Quality Measures
- Value-Based Payment
- Future of Core Set

# NYS Medicaid and Children: Profile

## In 2015: **2,249,708**

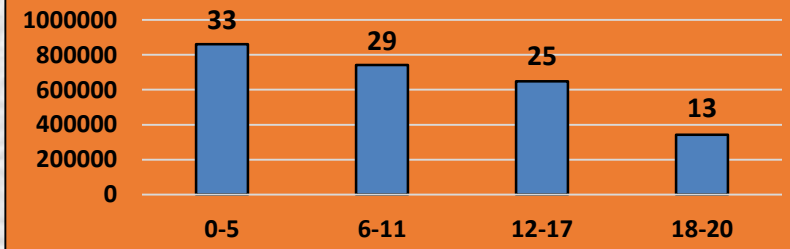
## Children Covered by Medicaid in NYS

### Percent of Child Membership by SSI




Children account for 43% of all Medicaid Enrollees

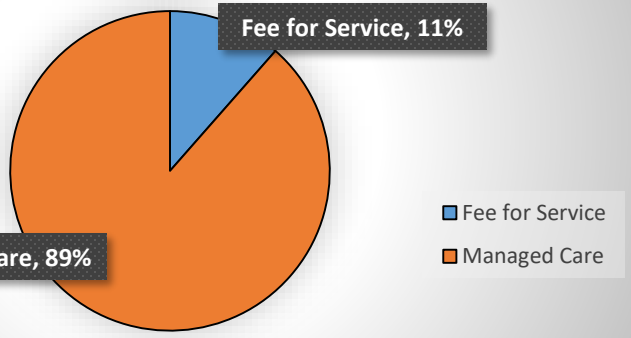
### Percent and Number of Children Ages 1 - 20



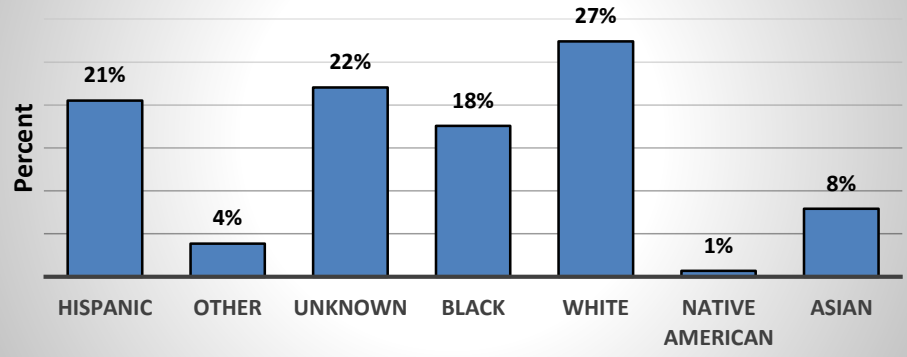

### Child Membership Payer Percentage

**Membership**

FFS (297,516)
MC (2,293,698)



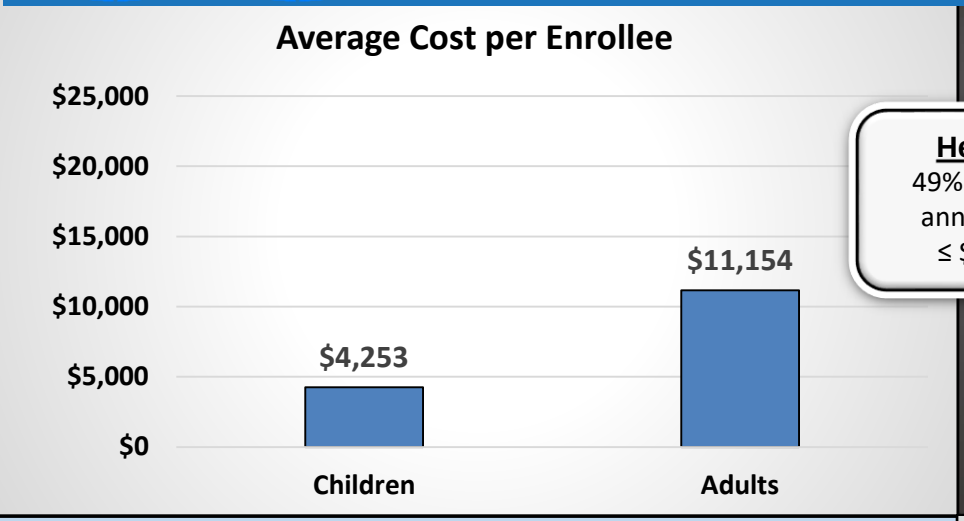

### Enrolled Children by Race

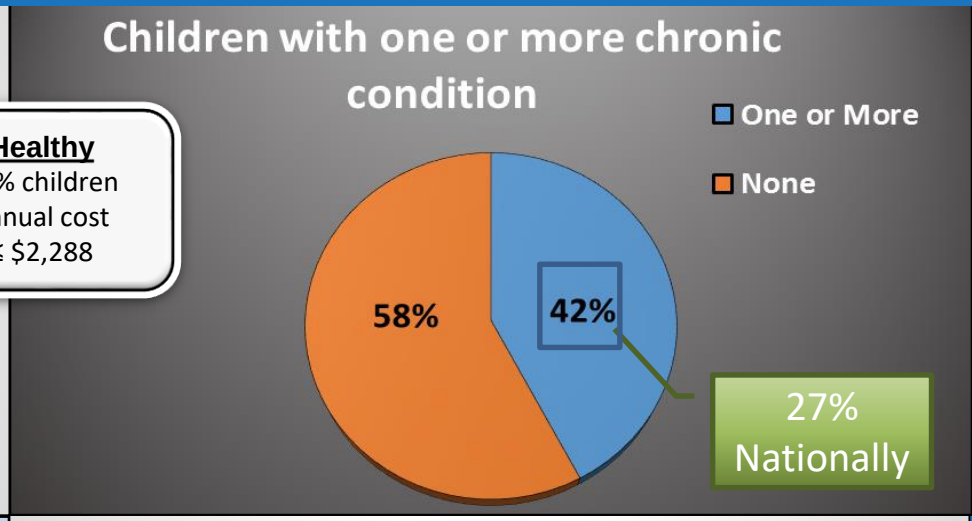


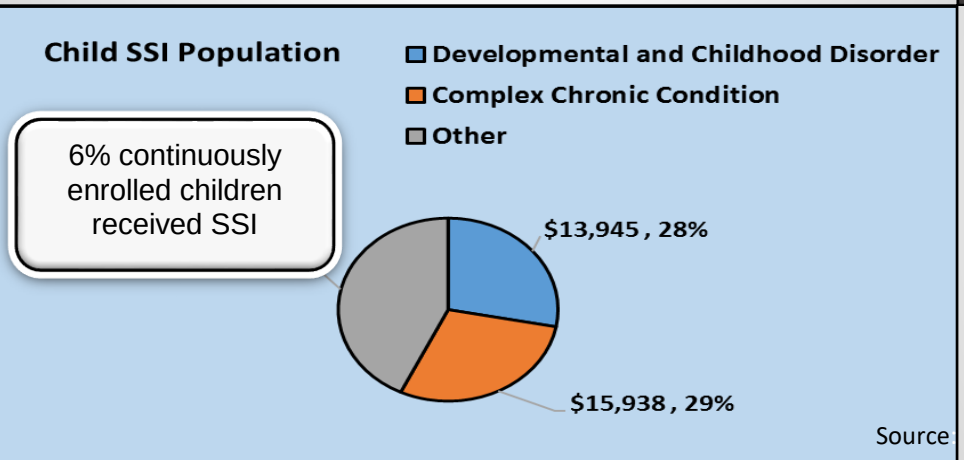
# NYS Medicaid and Children: Cost

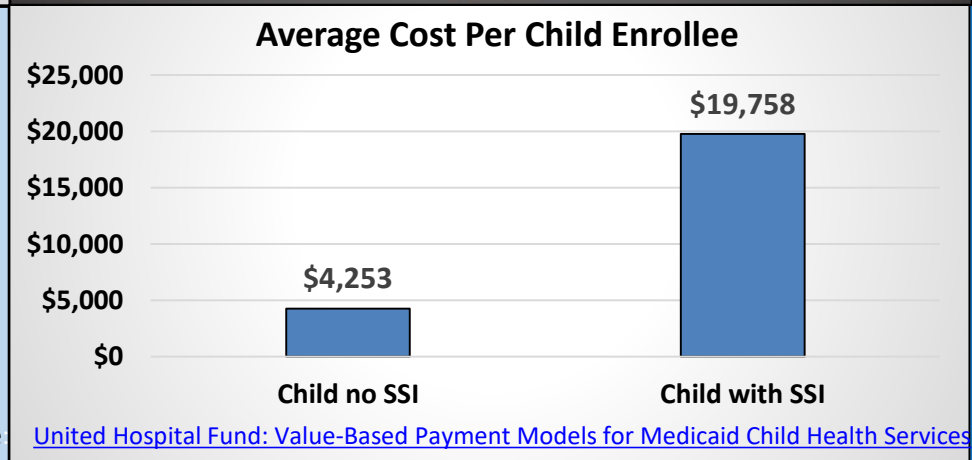
In 2014: **1,767,435 continuously enrolled children**

- **Most children are healthy and low-cost**
- **Small proportion of children are very costly (~5-6%)**




Source: United Hospital Fund: Value-Based Payment Models for Medicaid Child Health Services

# NYS Medicaid Managed Care Program

- 1997 – 2003
  - Medicaid managed care
  - Public Health Law, Article 29 D, Section 2995 Mandated HMO Reporting
  - Expanded eligibility for low-income adults (Family Health Plus Program)
  - Family planning expansion program
- 2004 – 2008
  - Enrollment of dually-eligible individuals (Medicaid Advantage)
  - Mandatory enrollment of SSI
- 2009 – 2012
  - Expansion of Mandatory Managed Care to additional counties
  - Mandatory enrollment of previously excluded populations
- 2013 – Present
  - Benefit Package changes (i.e. carved-out behavioral health back in)
  - Mandatory enrollment of previously excluded populations (i.e. Persons with developmental disabilities, Foster Care Children, Nursing home)
  - Medicaid expansion

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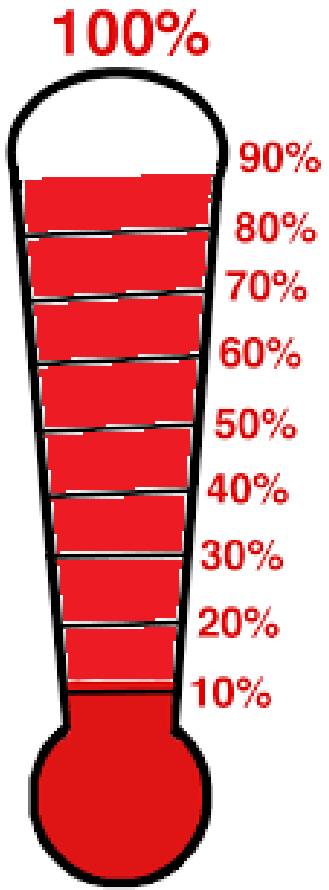
# NYS Child Core Set Reporting

- NYSDOH began reporting Child Core Set in 2013
- NYSDOH reported on 23 of 26 quality measures in 2016
- NYSDOH did not report the following measures:
  - Audiological Evaluation No Later than 3 Months of Age
  - Developmental Screening in the First Three Years of Life
  - Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment

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# Quality Reporting Infrastructure

Leverage strong outpatient reporting

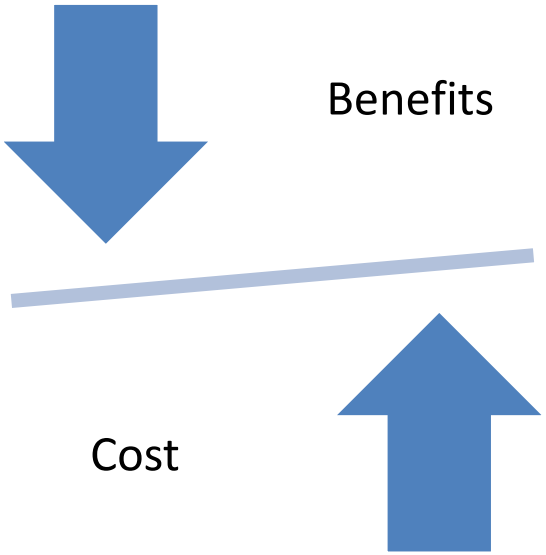
- Managed Care
- HEDIS®

Existing projects

- Prenatal Care Quality Improvement Project

Unable to report

- Non-HEDIS
- Provider-based
- Electronic data



# Uses of Quality Measures

- Accountability
  - Data transparency
  - Financial incentives to managed care plans
- Quality Improvement
  - Almost all working with Managed Care Plans (i.e. Performance Improvement Projects)
  - Stratification of already existing measures by priority populations
    - Seriously Emotionally Disturbed Children
    - Children with Special Health Care Needs
- Research
  - Evaluate different programs and populations
  - Tie process measures to outcomes

# Prenatal Care Quality Improvement Project

- In 2009, NYS updated standards for prenatal care
- Conducted a multi-site study of high volume parental care practices
- Sample of medical records of women in Medicaid delivered a live birth from 2009-2013
- Developed a portal for providers to input information

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# NYS Medicaid Prenatal Care Standards

Psychosocial Risk Assessment, Screening, Counseling and Referral for Care

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

| | Screened Initial 2 Visits (Total N= 767) | |
|---|---|---|
| | n | % |
| All of the Above | 622 | 81 |

- Counseling and referral ranged from 69%-100%
- Follow-up ranged from 51%-100%

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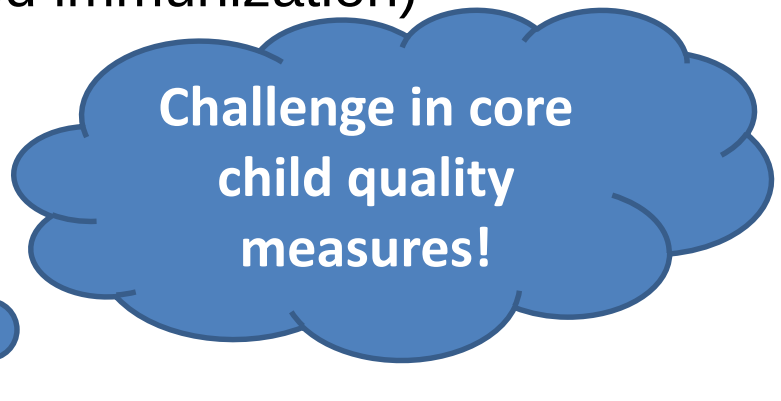
# Counting What Counts*

- Preventive Services
  - Proxy measures (i.e. Childhood immunization)
- Access to Care
  - Children's access to PCP
- Patient Safety
  - CLABSI
- **Evidence-Based Care**
  - Preventable Hospitalization Rate
- Person-Centered Care
  - CAHPS




* IOM. Counting What Counts Measuring Progress Toward Better Health at Lower Cost.

# Phase 1: Current Measures

- Outcomes with children are challenge
  - Small numbers
  - May not be known for many years
- Important not to abandon evidence-based process of care measures
- Many measures were developed for very specific purposes
  - None of which were to look at the health care system as a whole
- Are the best current measures we have good enough?

# Screening/Assessment Measures

- Maternity Care— Behavioral Health Risk Assessment
- Chlamydia Screening in W
- Developmental Scr of Life
- Child ve Disorder: ssment for ent

The Fortune is in the Follow-up

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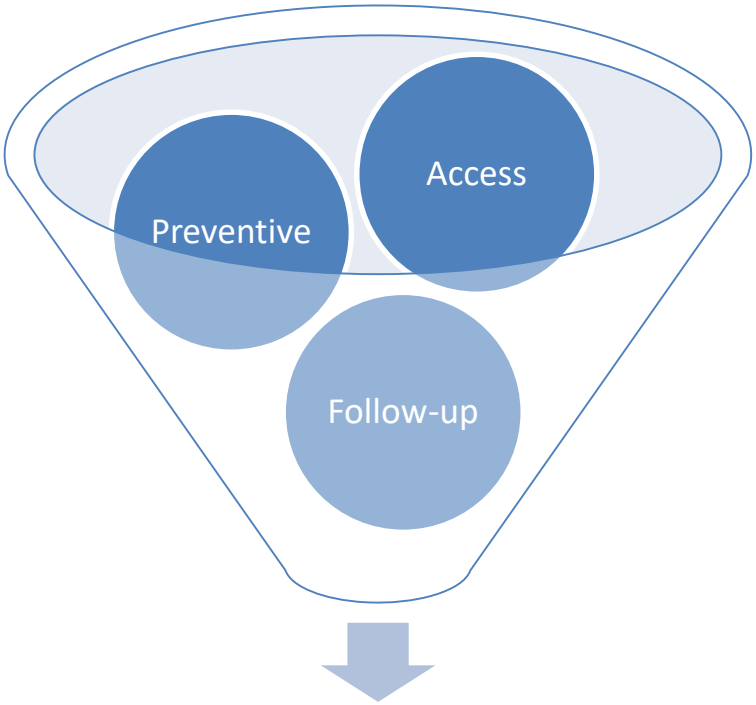
# Phase 2: System Performance

- Measures that allow us to say something about the system as a whole
- Composites: The whole is greater than the sum of the parts




Whole spectrum of care

- When we only look at the individual measures it can obscure broader messages and themes
- Opportunities for improvement

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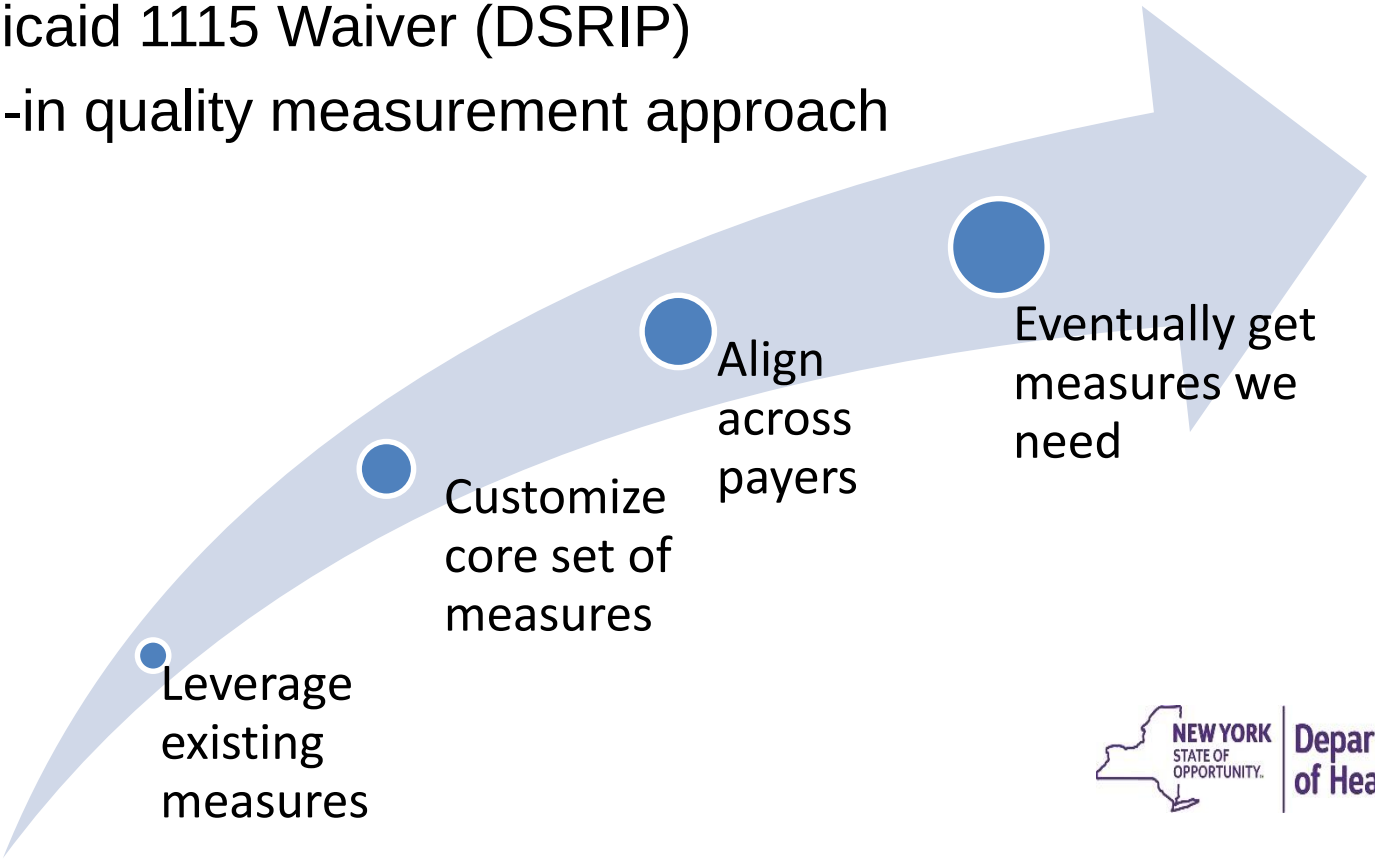
# Value-Based Payment

- NYS has big goals to reach: 80% of all payments to be value based arrangements
  - Advancing Primary Care (SIM)
  - Medicaid 1115 Waiver (DSRIP)
- Phased-in quality measurement approach

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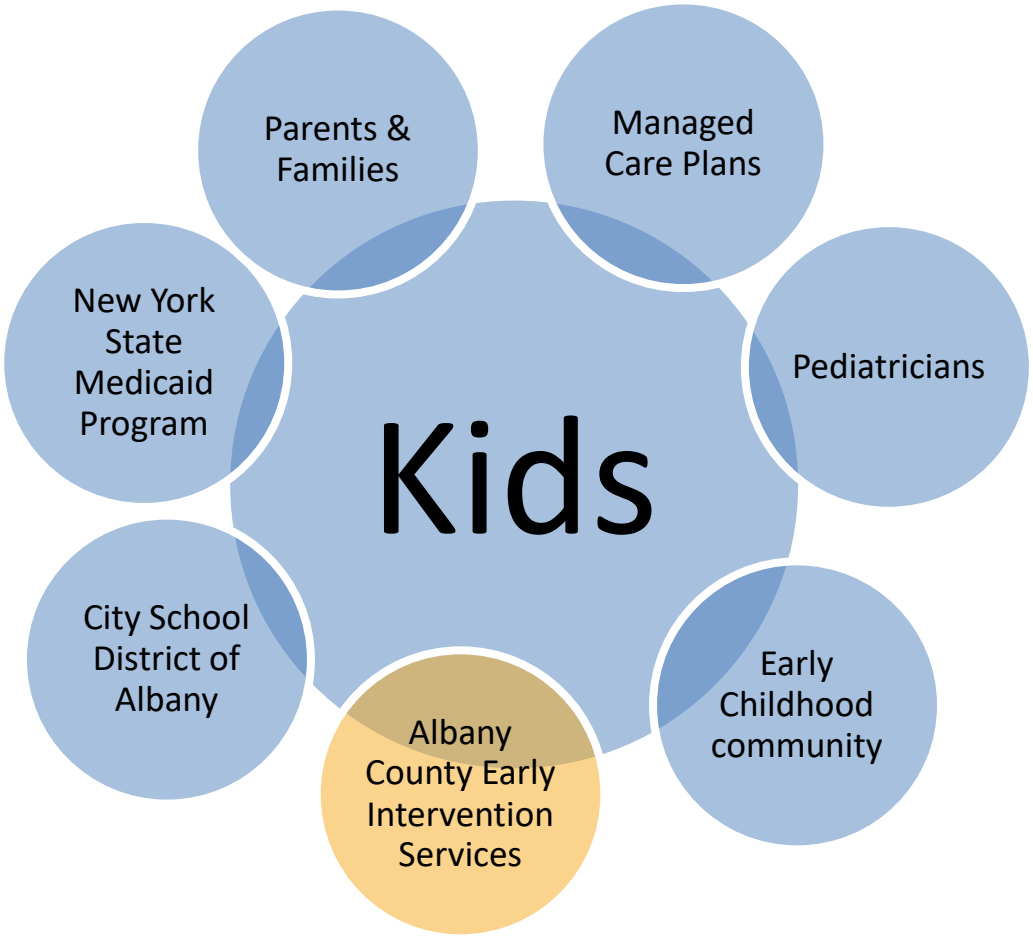
# Kindergarten Readiness

- The health care sector plays a critical role in ensuring school readiness
- Multiple early childhood interactions provide opportunity for
    - Ongoing surveillance-monitoring over time
    - Formal developmental screening at critical stages
    - Timely referral for Early Intervention (EI) services
- New York State Medicaid data suggest opportunity for improvement
- Leverage a health care value-based payment model to facilitate progress towards universal school readiness

# Albany Connections—Albany County Pilot

Albany All Kids Ready will incentivize Managed Care Organizations (MCOs) and pediatricians for services to ensure school readiness




- Developmental Screening in the First Three Years of Life
- Single Point of Entry- Albany County Early Intervention
- Track screenings, positive identification, referrals, services, and eventually kindergarten readiness

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# Future of the Core Set

- More quality measures does not mean better quality or better outcomes
  - Fragmented measures
  - Increasing burden and cost
  - Not yielding information that is actionable
- Move measurement in the direction that assesses progress across the system

# Questions

Thank you


- Lindsay.Cogan@health.ny.gov
- (518)486-9012


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# Group Discussion: Key Themes from State Experiences

- What are states' most significant challenges and how could changes to the Core Set be helpful?
- Will any points of feedback from the states need to influence the decision process about specific measures?
- What are states' most notable successes related to quality measurement? How are they using the measures?

# *Break*

# Measure by Measure Review of the Child Core Set

# Measure by Measure Review

- The majority of the measures appear to be functioning well and do not warrant detailed discussion.
- Focus on measures with low levels of reporting
- 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?

# 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
- Et cetera

# Medicaid Decision Categories

**SUPPORT**

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

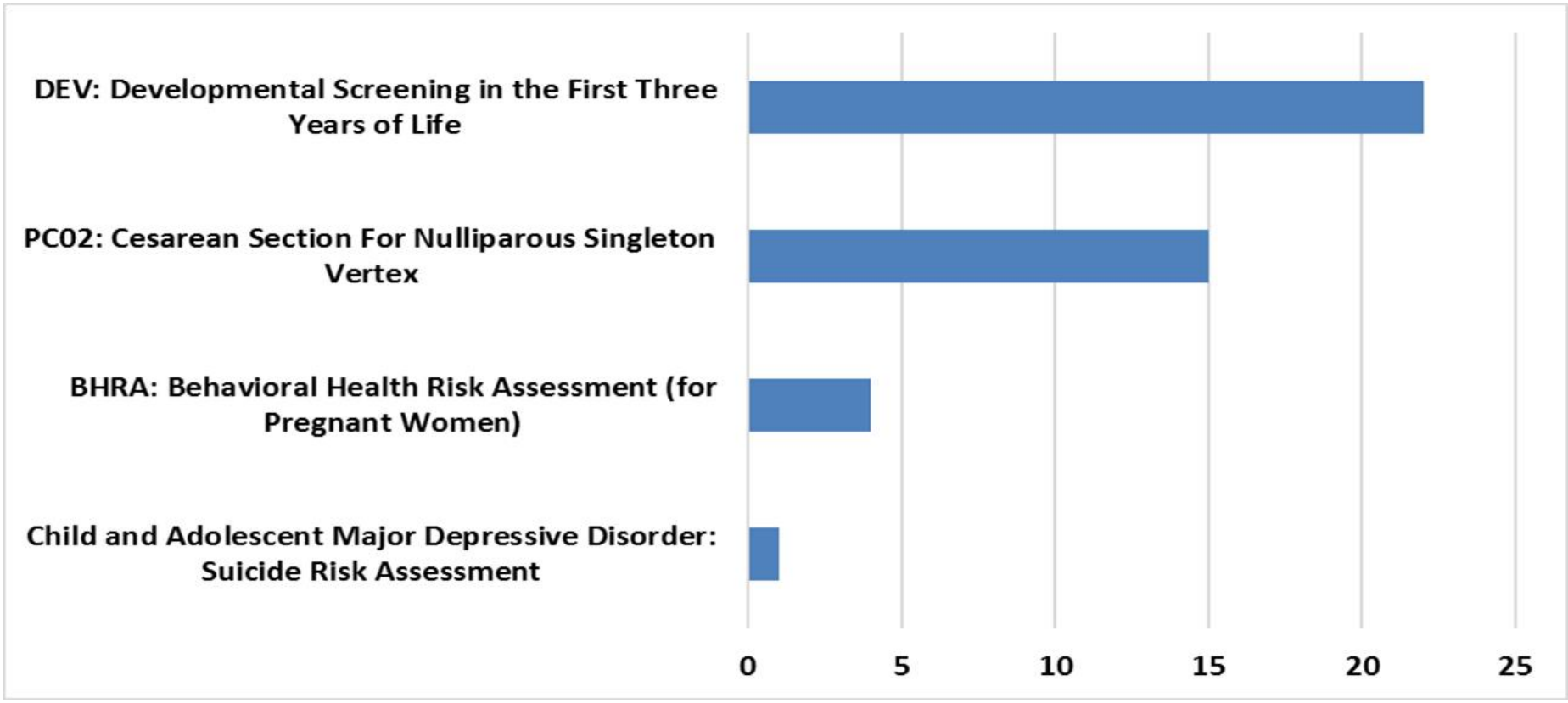
**CONDITIONAL SUPPORT**

- Pending endorsement from NQF
- Pending change by the measure steward
- Pending CMS confirmation of feasibility
- Et cetera

**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

# Measures with Low Levels of Reporting (4)



# NQF #1448: Developmental Screening in the First Three Years of Life

## Measure Steward: Oregon Health & Science University

QPS Link: http://www.qualityforum.org/qps/1448

| | |
|---|---|
| **Description:** | The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life. This is a measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age and by 36 months of age. |
| **Numerator Statement** | The numerator identifies children who were screened for risk of developmental, behavioral and social delays using a standardized tool. National recommendations call for children to be screened at the 9, 18, and 24- OR 30-month well visits to ensure periodic screening in the first, second, and third years of life. The measure is based on three, age-specific indicators. |
| **Denominator Statement** | Children who meet the following eligibility requirement:<br>• Age: Children who turn 1, 2 or 3 years of age between January 1 and December 31 of the measurement year.<br>• Continuous Enrollment: Children who are enrolled continuously for 12 months prior to child's 1st, 2nd or 3rd birthday.<br>Allowable Gap No more than one gap in enrollment of up to 45 days during the measurement year. |
| **Exclusions:** | None |
| **Data Source:** | Administrative claims, Electronic Clinical Data, Paper Medical Records |
| **Type:** | Process |
| **# of States reported** | 22 |

# NQF #0471: PC-02: Cesarean Birth (PC02)

## Measure Steward: The Joint Commission

QPS Link: http://www.qualityforum.org/qps/0471

| | |
|---|---|
| **Description:** | This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section. This measure is part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding). |
| **Numerator Statement** | The outcome being measured is: Patients with cesarean births with ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for cesarean birth as defined in Appendix A, Table 11.06 available at: http://manual.jointcommission.org/releases/TJC2016A/ |
| **Denominator Statement** | The outcome target population being measured is: Nulliparous patients delivered of a live term singleton newborn in vertex presentation ICD-10-PCS Principal or Other Diagnosis Codes for delivery as defined in Appendix A, Tables 11.01.1 available at: http://manual.jointcommission.org/releases/TJC2016A/ |
| **Exclusions:** | • ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes for contraindications to vaginal delivery as defined in Appendix A, Table 11.09<br>• Less than 8 years of age<br>• Greater than or equal to 65 years of age<br>• Length of Stay >120 days<br>• Gestational Age < 37 weeks or UTD |
| **Data Source:** | Paper Medical Records |
| **Type:** | Outcome |
| **# of States reported** | 15 |

# *Not endorsed* – Behavioral Health Risk Assessment (for Pregnant Women) (BHRA)

## 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** | Patients who received the following behavioral health screening risk assessments at the first prenatal visit.<br>• Depression screening<br>• Alcohol use screening<br>• Tobacco use screening<br>• Drug use (illicit and prescription, over the counter) screening<br>• Intimate partner violence screening<br>To satisfactorily meet the numerator, ALL screening components must be performed. |
| **Denominator Statement** | Equals initial patient population. |
| **Exclusions:** | None |
| **Data Source:** | Electronic Health Records |
| **Type:** | Process |
| **# of States reported** | 4 |

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

## Measure Steward: AMA-convened 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:** | Other |
| **Type:** | Process |
| **# of States reported** | 1 |

# Measures for Potential Removal

- Do any members of the Task Force wish to propose a measure for removal?

# Discussion

- 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?

# Opportunity for Public Comment

# Lunch

# *Status of Pediatric Quality Measures Program (PQMP) Measure Development and Endorsement*

# Pediatric Quality Measures Program (PQMP) Background

- Established under the Children's Health Insurance Program Reauthorization Act (CHIPRA, Public Law 111-3), Section 401(b), PQMP is intended to:
  - Improve and strengthen the core set of children's health care quality measures.
  - Expand on existing pediatric quality measures used by public and private health care purchasers and advance the development of such new and emerging quality measures.
  - Increase the portfolio of evidence-based, consensus pediatric quality measures available to public and private purchasers of children's health care services, providers, and consumers.

https://www.ahrq.gov/policymakers/chipra/pqmpback.html

# Pediatric Quality Measures Program (PQMP)Measures

- 16 NQF-endorsed measures:
  - 2393 Pediatric All-Condition Readmission Measure
  - 2414 Pediatric Lower Respiratory Infection Readmission
  - 2789 Adolescent Assessment of Preparation for Transition (ADAPT) to Adult-Focused Health Care
  - 2797 Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia
  - 2800 Metabolic Monitoring for Children and Adolescents on Antipsychotics
  - 2801 Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
  - 2803 Tobacco Use and Help with Quitting Among Adolescents
  - 2806 Pediatric Psychosis: Screening for Drugs of Abuse in the Emergency Department

# Pediatric Quality Measures Program (PQMP) Measures

**Family Experiences with Coordination of Care (FECC):**

- 2842 -1 Has Care Coordinator
- 2843 -3: Care coordinator helped to obtain community services
- 2844 -5: Care coordinator asked about concerns and health
- 2845 -7: Care coordinator assisted with specialist service referrals
- 2846 -8: Care coordinator was knowledgeable, supportive and advocated for child's needs
- 2847 -9: Appropriate written visit summary content
- 2849 -15: Caregiver has access to medical interpreter when needed
- 2850 -16: Child has shared care plan

# Pediatric Quality Measures Program (PQMP): Measures (Available and in Development)

- 90 measures available including perinatal care, child clinical preventive services, management of acute conditions and chronic conditions, patient reported outcomes, duration of enrollment and coverage, availability of services, and medication reconciliation
- 24 measures in development including perinatal/prenatal care, child clinical preventive services, management of acute conditions and chronic conditions, and other measures, such as foster care.

Pediatric Quality Measures Program. Content last reviewed September 2016. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/policymakers/chipra/factsheets/quality-measures.html

Pediatric Quality Measures Program. Content last reviewed April 2015. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/policymakers/chipra/factsheets/factsheets2.html

# Measure by Measure Review: Potential Gap-Filling Measures for Addition

# Measure Review for Potential Addition to the Core Set

- MAP 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 TFs members submitted measure recommendations for strengthening the core sets

# MAP Preliminary Analysis Algorithm

1. The measure addresses a critical quality objective not currently, adequately addressed by the measures in the program set.
2. The measure is an outcome measure or is evidence-based.
3. The measure addresses a quality challenge.
4. The measure contributes to efficient use of resources and/or supports alignment of measurement across programs.
5. The measure can be feasibly reported.
6. The measure is NQF-endorsed or has been submitted for NQF-endorsement for the program's setting and level of analysis.
7. If a measure is in current use, no implementation issues have been identified.

# MAP Preliminary Analysis Algorithm: Medicaid Specific Sub-Criteria Additions

- Added the following Medicaid specific sub-criteria to the MAP preliminary analysis algorithm:
  - *Medicaid adult and child population high impact areas and health conditions as an additional focus.*
  - *Data collection and measure implementation feasibility.*
  - *Consideration of issues related to resource needs for implementation.*
  - *Consideration the threat of variation (i.e. the potential need for varying a measure) prior to implementation at the state level.*

# TF Measure Recommendations - Discussion Prior to Voting

- Taskforce member(s) who identified measures for discussion will describe their perspective on the measure and how it adds to the information in the preliminary analysis framework.
- Other Taskforce members should participate in the discussion to make their opinions known. However, in the interest of time, one should refrain from repeating points already presented by others.
- After discussion of each measure, the Taskforce will vote on the measure with three options:
  - *Support*
  - *Conditional Support*
  - *Do Not Support*

# 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 change by the measure steward
- Pending CMS confirmation of feasibility
- Et cetera

**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

# MAP 2016 Recommendations to Address High-Priority Gaps

- Care coordination
  - *Home- and community-based care*
  - *Social services coordination*
  - *Cross-sector measures that would foster joint accountability with the education and criminal justice systems*
  - *Care integration to assess efficacy and outcomes from integrated behavioral health in primary care Medical Homes, as well as collaborative care between primary and subspecialty care providers for patients with chronic conditions**
  - *Adolescent Preparation for Transition to Adult-Focused Healthcare**
  - *Care coordination for conditions requiring community linkages**

*** Denotes newly identified gap area**

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

# MAP 2016 Recommendations to Address High-Priority Gaps, cont.

- Screening for abuse and neglect
- Injuries and trauma
  - *Specifically trauma as it is one of the leading causes of death among adolescents**
- Sickle-cell disease
- Overuse/medically unnecessary care
  - *Appropriate use of CT scans*
  - *Measures that assess appropriate use, misuse, and overuse**
- Exposure to Adverse Childhood Experiences (ACEs)*
- Patient-reported outcome measures
- Substance abuse*

*** Denotes newly identified gap area**

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

# MAP 2016 Recommendations to Address High-Priority Gaps, cont.

- Durable medical equipment (DME)
- Cost measures
  - *Targeting people with chronic needs*
  - *Families' out-of-pocket spending*
- Dental care access for children with disabilities – could stratify current measures
- Duration of children's health insurance coverage over a 12-month period*
- Mental health
  - *Access to outpatient and ambulatory mental health services*
  - *ED use for behavioral health*
  - *Behavioral health functional outcomes that stem from trauma-informed care**

*** Denotes newly identified gap area**

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

# 2015 & 2016 Recommendations Not Accepted by CMS

| NQF # | Measure Name | Measure Steward |
|---|---|---|
| 2393 | Pediatric All-Condition Readmission Measure | Center of Excellence for Pediatric Quality Measurement |
| 2797 | Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia | Q-Metric |

# TF Recommendations for Strengthening the Child Core Set

| NQF # | Measure Name | Measure Steward |
|---|---|---|
| 1659 | Influenza Immunization | CMS |
| 2800 | Metabolic Monitoring for Children and Adolescents on Antipsychotics | NCQA |
| 3154* | Informed Coverage | The Children's Hospital of Philadelphia |
| 3166* | Antibiotic Prophylaxis Among Children with Sickle Cell Anemia | QMetric |
| N/A | Emergency Department Visits - Potentially Treatable in Primary Care | New Hampshire DHHS |

* Pending endorsement

# TF Recommendations for Strengthening the Child Core Set

| NQF # | Measure Name | Measure Steward |
|---|---|---|
| 2842 | Family Experiences with Coordination of Care (FECC)-1 Has Care Coordinator | Seattle Children's Research Institute |
| 2843 | Family Experiences with Coordination of Care (FECC) -3: Care coordinator helped to obtain community services | |
| 2844 | Family Experiences with Coordination of Care (FECC) -5: Care coordinator asked about concerns and health | |
| 2845 | Family Experiences with Coordination of Care (FECC) -7: Care coordinator assisted with specialist service referrals | |
| 2846 | Family Experiences with Coordination of Care (FECC)-8: Care coordinator was knowledgeable, supportive and advocated for child's needs | |
| 2847 | Family Experiences with Coordination of Care (FECC) -9: Appropriate written visit summary content | |
| 2849 | Family Experiences with Coordination of Care (FECC)-15: Caregiver has access to medical interpreter when needed | |
| 2850 | Family Experiences with Coordination of Care (FECC)-16: Child has shared care plan | |

# NQF #1659 – Influenza Immunization

## Measure Steward: National Committee on Quality Assurance

| | |
|---|---|
| **Description:** | Inpatients age 6 months and older discharged during October, November, December, January, February or March who are screened for influenza vaccine status and vaccinated prior to discharge if indicated. |
| **Numerator Statement** | Inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge if indicated. |
| **Denominator Statement** | Acute care hospitalized inpatients age 6 months and older discharged during the months of October, November, December, January, February or March. |
| **Exclusions:** | The following patients are excluded from the denominator:<br>• Patients less than 6 months of age<br>• Patients who expire prior to hospital discharge<br>• Patients with an organ transplant during the current hospitalization (Appendix_A.Table 12.10 Organ Transplant codes.xls)<br>• Patients for whom vaccination was indicated, but supply had not been received by the hospital due to problems with vaccine production or distribution<br>• Patients who have a Length of Stay greater than 120 days<br>• Patients who are transferred or discharged to another acute care hospital<br>• Patients who leave Against Medical Advice (AMA) |
| **Data Source:** | Administrative Claims, Other, Paper Records |
| **Type:** | Process |

# NQF #2800 – Metabolic screening for children and adolescents newly on antipsychotics

## Measure Steward: National Committee on Quality

| | |
|---|---|
| **Description:** | The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. |
| **Numerator Statement** | Children and adolescents who received glucose and cholesterol tests during the measurement year. |
| **Denominator Statement** | Children and adolescents who had ongoing use of antipsychotic medication (at least two prescriptions). |
| **Exclusions:** | No exclusions |
| **Data Source:** | Administrative claims |
| **Type:** | Process |

# NQF #3154* – Informed coverage (IC)

## Measure Steward: The Children's Hospitals of Philadelphia

| | |
|---|---|
| **Description:** | The metric is designed to more accurately measure coverage among children enrolled in Medicaid or CHIP at the state level and overcome the current inability in the Medicaid Analytic eXtract (MAX) dataset. Informed Coverage assesses the continuity of enrollment of children in publicly financed insurance programs (Medicaid and CHIP), as defined by the ratio of enrolled month to eligible months over an 18 month observation window. Informed Coverage uses a natural experiment based on the random event of appendicitis to "inform" the estimate of coverage in a given state. |
| **Numerator Statement** | The numerator for Informed Coverage represents the sum (within a state) of months enrolled in Medicaid/CHIP for all children over an 18-month window. |
| **Denominator Statement** | The sum (within a state) of months eligible for Medicaid/CHIP for all children (0-18 years) over an 18-month window. In addition, months that could be defined as "eligible" are based on known events recorded in the MAX data that would affect eligibility (birth or ageing out). |
| **Exclusions:** | For the appendicitis calculation, the population is limited to children between the ages of 2 to 16 years old. To determine what is the best assumption to use (either the Appendectomy Coverage Rate (or ACR), PI, or PE) inside each state, we compare the observed appendectomy coverage rate in a state, to the estimated coverage rate that would be calculated in that state with either PI, or PE assumptions. |
| **Data Source:** | Administrative data |
| **Type:** | Outcome |

- ***Pending NQF endorsement**

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

## Measure Steward: Q-METRIC

| | |
|---|---|
| **Description:** | The percentage of children ages 3 months to 5 years old with sickle cell anemia (SCA, hemoglobin [Hb] SS) who were dispensed appropriate antibiotic prophylaxis for at least 300 days within the measurement year. |
| **Numerator Statement** | The numerator is the number of children ages 3 months to 5 years old with SCA (Hb SS) who were dispensed appropriate antibiotic prophylaxis for at least 300 days within the measurement year. |
| **Denominator Statement** | The denominator is the number of children ages 3 months to 5 years with SCA (Hb SS) within the measurement year. |
| **Exclusions:** | There are no denominator exclusions. |
| **Data Source:** | Claims Only |
| **Type:** | Process |

- ***Pending NQF endorsement**

# N/A– Emergency Department Visits - Potentially Treatable in Primary Care

## Measure Steward: New Hampshire DHHS

| | |
|---|---|
| **Description:** | Ambulatory emergency department visits for conditions potentially treatable in primary care per 1,000 member months by age group. |
| **Numerator Statement** | Count of ambulatory emergency department visits by members for conditions potentially treatable in primary care, during the measurement period, for the eligible population, based on the most current HEDIS specification for Ambulatory Care (AMB) - ED visits definition (Procedure Codes: 99281, 99282, 99283, 99284, 99285 OR Revenue Codes: 0450, 0451, 0452, 0456, 0459, 0981; Claim Type: Outpatient, Outpatient Crossover); Age groups are 0-17 years, 18-64 years, and 65+ years of age |
| **Denominator Statement** | Total member months for each age group breakout.<br>• Member months are a count of how many months each member is in the managed care program.<br>• Continuous enrollment is not a requirement. Therefore a member who is enrolled for a full quarter will add 3 member months to the total; while a member who is in the program for 1 month of a quarter will add only 1 month to the total.<br>• Age determined at the end of each month.<br>• Count members enrolled for a partial month as being enrolled for one month. |
| **Exclusions:** | None |
| **Data Source:** | Administrative Claims |
| **Type:** | Cost and Resource Use |

# NQF #2842– Family Experiences with Coordination of Care (FECC)-1 Has Care Coordinator

## Meausre Steward: Seattle Children's Research

| | |
|---|---|
| **Description:** | The Family Experiences with Coordination of Care (FECC) Survey was developed to gather information about the quality of care coordination being received by children with medical complexity (CMC) over the previous 12 months. The FECC Survey is completed by English- and Spanish-speaking caregivers of CMC aged 0-17 years with at least 4 medical visits in the previous year, and it includes all of the information needed to score 20 separate and independent quality measures, a sub-set of 8 of which are included in this submitted measure set. |
| **Numerator Statement** | The numerator for FECC-1 is specified in the Detailed Measure Specifications (see S.2b). A brief description of each numerator is laid out in Table 1 in section De.3, and a more detailed description of FECC-1 follows:<br>FECC-1: Caregivers of CMC should report that their child has a designated care coordinator. |
| **Denominator Statement** | The eligible population of caregivers for the FECC Survey overall is composed of those who meet the following criteria:<br>1. Parents or legal guardians of children 0-17 years of age<br>2. Child classified as having a complex, chronic condition using the Pediatric Medical Complexity Algorithm (PMCA) (see Simon TD, Cawthon ML et al. 2014)<br>3. Child had at least 4 visits to a healthcare provider over the previous year |
| **Exclusions:** | 1. Child had died<br>2. Caregiver spoke a language other than English or Spanish |
| **Data Source:** | Claims (Only), Patient Reported Data |
| **Type:** | Process |

# NQF #2843– Family Experiences with Coordination of Care (FECC)- 3: Care coordinator helped to obtain community services

| | |
|---|---|
| **Description:** | The Family Experiences with Coordination of Care (FECC) Survey was developed to gather information about the quality of care coordination being received by children with medical complexity (CMC) over the previous 12 months. The FECC Survey is completed by English- and Spanish-speaking caregivers of CMC aged 0-17 years with at least 4 medical visits in the previous year, and it includes all of the information needed to score 20 separate and independent quality measures, a sub-set of 8 of which are included in this submitted measure set. |
| **Numerator Statement** | FECC-3: Caregivers of CMC who report having a designated care coordinator and who require community services should also report that their care coordinator helped their child to obtain needed community services in the last year. |
| **Denominator Statement** | The eligible population of caregivers for the FECC Survey overall is composed of those who meet the following criteria:<br>1. Parents or legal guardians of children 0-17 years of age<br>2. Child classified as having a complex, chronic condition using the Pediatric Medical Complexity Algorithm (PMCA) (see Simon TD, Cawthon ML et al. 2014)<br>3. Child had at least 4 visits to a healthcare provider over the previous year |
| **Exclusions:** | 1. Child had died<br>2. Caregiver spoke a language other than English or Spanish |
| **Data Source:** | Claims (Only), Patient Reported Data |
| **Type:** | Process |

# NQF #2844– Family Experiences with Coordination of Care (FECC)- 5: Care coordinator asked about concerns and health

| | |
|---|---|
| **Description:** | The Family Experiences with Coordination of Care (FECC) Survey was developed to gather information about the quality of care coordination being received by children with medical complexity (CMC) over the previous 12 months. The FECC Survey is completed by English- and Spanish-speaking caregivers of CMC aged 0-17 years with at least 4 medical visits in the previous year, and it includes all of the information needed to score 20 separate and independent quality measures, a sub-set of 8 of which are included in this submitted measure set. |
| **Numerator Statement** | FECC-5:Caregivers of CMC who report having a care coordinator and who report that their care coordinator has contacted them in the last 3 months should also report that their care coordinator asked them about the following:<br>• Caregiver concerns<br>• Health changes of the child |
| **Denominator Statement** | The eligible population of caregivers for the FECC Survey overall is composed of those who meet the following criteria:<br>1. Parents or legal guardians of children 0-17 years of age<br>2. Child classified as having a complex, chronic condition using the Pediatric Medical Complexity Algorithm (PMCA) (see Simon TD, Cawthon ML et al. 2014)<br>3. Child had at least 4 visits to a healthcare provider over the previous year |
| **Exclusions:** | 1. Child had died<br>2. Caregiver spoke a language other than English or Spanish |
| **Data Source:** | Claims (Only), Patient Reported Data |
| **Type:** | Process |

# NQF #2845– Family Experiences with Coordination of Care (FECC) -7: Care coordinator assisted with specialist service referrals

| | |
|---|---|
| **Description:** | The Family Experiences with Coordination of Care (FECC) Survey was developed to gather information about the quality of care coordination being received by children with medical complexity (CMC) over the previous 12 months. The FECC Survey is completed by English- and Spanish-speaking caregivers of CMC aged 0-17 years with at least 4 medical visits in the previous year, and it includes all of the information needed to score 20 separate and independent quality measures, a sub-set of 8 of which are included in this submitted measure set. |
| **Numerator Statement** | FECC-7: Caregivers of CMC who report having a care coordinator for their child should also report that the care coordinator assists them with specialty service referrals by ensuring that the appointment with the specialty service provider occurs |
| **Denominator Statement** | The eligible population of caregivers for the FECC Survey overall is composed of those who meet the following criteria:<br>1. Parents or legal guardians of children 0-17 years of age<br>2. Child classified as having a complex, chronic condition using the Pediatric Medical Complexity Algorithm (PMCA) (see Simon TD, Cawthon ML et al. 2014)<br>3. Child had at least 4 visits to a healthcare provider over the previous year |
| **Exclusions:** | 1. Child had died<br>2. Caregiver spoke a language other than English or Spanish |
| **Data Source:** | Claims (Only), Patient Reported Data |
| **Type:** | Process |

# NQF #2846– Family Experiences with Coordination of Care (FECC) - 8: Care coordinator was knowledgeable, supportive and advocated for child's needs

| | |
|---|---|
| **Description:** | The Family Experiences with Coordination of Care (FECC) Survey was developed to gather information about the quality of care coordination being received by children with medical complexity (CMC) over the previous 12 months. The FECC Survey is completed by English- and Spanish-speaking caregivers of CMC aged 0-17 years with at least 4 medical visits in the previous year, and it includes all of the information needed to score 20 separate and independent quality measures, a sub-set of 8 of which are included in this submitted measure set. |
| **Numerator Statement** | FECC-8: Caregivers of CMC who report having a care coordinator should also report that their care coordinator:<br>• Was knowledgeable about their child's health<br>• Supported the caregiver<br>• Advocated for the needs of the child |
| **Denominator Statement** | The eligible population of caregivers for the FECC Survey overall is composed of those who meet the following criteria:<br>1. Parents or legal guardians of children 0-17 years of age<br>2. Child classified as having a complex, chronic condition using the Pediatric Medical Complexity Algorithm (PMCA) (see Simon TD, Cawthon ML et al. 2014)<br>3. Child had at least 4 visits to a healthcare provider over the previous year |
| **Exclusions:** | 1. Child had died<br>2. Caregiver spoke a language other than English or Spanish |
| **Data Source:** | Claims (Only), Patient Reported Data |
| **Type:** | Process |

# NQF #2847– Family Experiences with Coordination of Care (FECC) - 9: Appropriate written visit summary

| | |
|---|---|
| **Description:** | The Family Experiences with Coordination of Care (FECC) Survey was developed to gather information about the quality of care coordination being received by children with medical complexity (CMC) over the previous 12 months. The FECC Survey is completed by English- and Spanish-speaking caregivers of CMC aged 0-17 years with at least 4 medical visits in the previous year, and it includes all of the information needed to score 20 separate and independent quality measures, a sub-set of 8 of which are included in this submitted measure set. |
| **Numerator Statement** | FECC-9: Caregivers of CMC who report receiving a written visit summary during the last 12 months from their child's main provider's office should report that it contained the following elements:<br>• Current problem list<br>• Current medication list<br>• Drug allergies<br>• Specialists involved in the child's care<br>• Planned follow-up<br>• What to do for problems related to outpatient visit |
| **Denominator Statement** | The eligible population of caregivers for the FECC Survey overall is composed of those who meet the following criteria:<br>1. Parents or legal guardians of children 0-17 years of age<br>2. Child classified as having a complex, chronic condition using the Pediatric Medical Complexity Algorithm (PMCA) (see Simon TD, Cawthon ML et al. 2014)<br>3. Child had at least 4 visits to a healthcare provider over the previous year |
| **Exclusions:** | 1. Child had died<br>2. Caregiver spoke a language other than English or Spanish |
| **Data Source:** | Claims (Only), Patient Reported Data |
| **Type:** | Process |

# NQF #2849– Family Experiences with Coordination of Care (FECC) - 15: Caregiver has access to medical interpreter when needed

| | |
|---|---|
| **Description:** | The Family Experiences with Coordination of Care (FECC) Survey was developed to gather information about the quality of care coordination being received by children with medical complexity (CMC) over the previous 12 months. The FECC Survey is completed by English- and Spanish-speaking caregivers of CMC aged 0-17 years with at least 4 medical visits in the previous year, and it includes all of the information needed to score 20 separate and independent quality measures, a sub-set of 8 of which are included in this submitted measure set. |
| **Numerator Statement** | FECC-15: Caregivers of CMC who self-identify as having a preference for conducting medical visits in a language other than English should have access to a professional medical interpreter (live or telephonic) at all visits for which an interpreter is needed. |
| **Denominator Statement** | The eligible population of caregivers for the FECC Survey overall is composed of those who meet the following criteria:<br>1. Parents or legal guardians of children 0-17 years of age<br>2. Child classified as having a complex, chronic condition using the Pediatric Medical Complexity Algorithm (PMCA) (see Simon TD, Cawthon ML et al. 2014)<br>3. Child had at least 4 visits to a healthcare provider over the previous year |
| **Exclusions:** | 1. Child had died<br>2. Caregiver spoke a language other than English or Spanish |
| **Data Source:** | Claims (Only), Patient Reported Data |
| **Type:** | Process |

# NQF #2850– Family Experiences with Coordination of Care (FECC) - 16: Child has shared care plan

| | |
|---|---|
| **Description:** | The Family Experiences with Coordination of Care (FECC) Survey was developed to gather information about the quality of care coordination being received by children with medical complexity (CMC) over the previous 12 months. The FECC Survey is completed by English- and Spanish-speaking caregivers of CMC aged 0-17 years with at least 4 medical visits in the previous year, and it includes all of the information needed to score 20 separate and independent quality measures, a sub-set of 8 of which are included in this submitted measure set. |
| **Numerator Statement** | FECC-16: Caregivers of CMC should report that their child's primary care provider created a shared care plan for their child. |
| **Denominator Statement** | The eligible population of caregivers for the FECC Survey overall is composed of those who meet the following criteria:<br>1. Parents or legal guardians of children 0-17 years of age<br>2. Child classified as having a complex, chronic condition using the Pediatric Medical Complexity Algorithm (PMCA) (see Simon TD, Cawthon ML et al. 2014)<br>3. Child had at least 4 visits to a healthcare provider over the previous year |
| **Exclusions:** | 1. Child had died<br>2. Caregiver spoke a language other than English or Spanish |
| **Data Source:** | Claims (Only), Patient Reported Data |
| **Type:** | Process |

# Task Force Votes to Recommend Each Measure for Inclusion

- Vote to support (or conditionally support) inclusion of:
  - #1659: Influenza Immunization
  - #2800: Metabolic Monitoring for Children and Adolescents on Antipsychotics
  - #3154: Informed Coverage*
  - #3166: Antibiotic Prophylaxis Among Children with Sickle Cell Anemia*
  - N/A: Emergency *Department Visits - Potentially Treatable in Primary Care*

***pending NQF endorsement***

# Task Force Votes to Recommend Each Measure for Inclusion

- Vote to support inclusion of Family Experiences with Coordination of Care (FECC):
  - #2842: FECC-1 Has Care Coordinator
  - #2843: FECC -3: Care coordinator helped to obtain community services
  - #2844: FECC -5: Care coordinator asked about concerns and health
  - #2845: FECC -7: Care coordinator assisted with specialist service referrals
  - #2846: FECC-8: Care coordinator was knowledgeable, supportive and advocated for child's needs
  - #2847: FECC -9: Appropriate written visit summary content
  - #2849: FECC-15: Caregiver has access to medical interpreter when needed
  - #2850: FECC-16: Child has shared care plan

- Are there other measures Task Force members would propose for addition?

# Ranking Measures with Support for Addition

- Task Force will prioritize measures selected for use. Priority will indicate the order in which MAP recommends CMS add the measures to the set.

- Recommended measures
  - *TBD*

# Opportunity for Public Comment and Break

# Prioritizing Remaining Measure Gap Areas

# MAP 2016 Recommendations to Address High-Priority Gaps

- Care coordination
  - *Home- and community-based care*
  - *Social services coordination*
  - *Cross-sector measures that would foster joint accountability with the education and criminal justice systems*
  - *Care integration to assess efficacy and outcomes from integrated behavioral health in primary care Medical Homes, as well as collaborative care between primary and subspecialty care providers for patients with chronic conditions**
  - *Adolescent Preparation for Transition to Adult-Focused Healthcare**
  - *Care coordination for conditions requiring community linkages**

*** Denotes newly identified gap area**

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

# MAP 2016 Recommendations to Address High-Priority Gaps, cont.

- Screening for abuse and neglect
- Injuries and trauma
  - *Specifically trauma as it is one of the leading causes of death among adolescents**
- Sickle-cell disease
- Overuse/medically unnecessary care
  - *Appropriate use of CT scans*
  - *Measures that assess appropriate use, misuse, and overuse**
- Exposure to Adverse Childhood Experiences (ACEs)*
- Patient-reported outcome measures
- Substance abuse*

*** Denotes newly identified gap area**

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

# MAP 2016 Recommendations to Address High-Priority Gaps, cont.

- Durable medical equipment (DME)
- Cost measures
  - *Targeting people with chronic needs*
  - *Families' out-of-pocket spending*
- Dental care access for children with disabilities – could stratify current measures
- Duration of children's health insurance coverage over a 12-month period*
- Mental health
  - *Access to outpatient and ambulatory mental health services*
  - *ED use for behavioral health*
  - *Behavioral health functional outcomes that stem from trauma-informed care**

*** Denotes newly identified gap area**

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

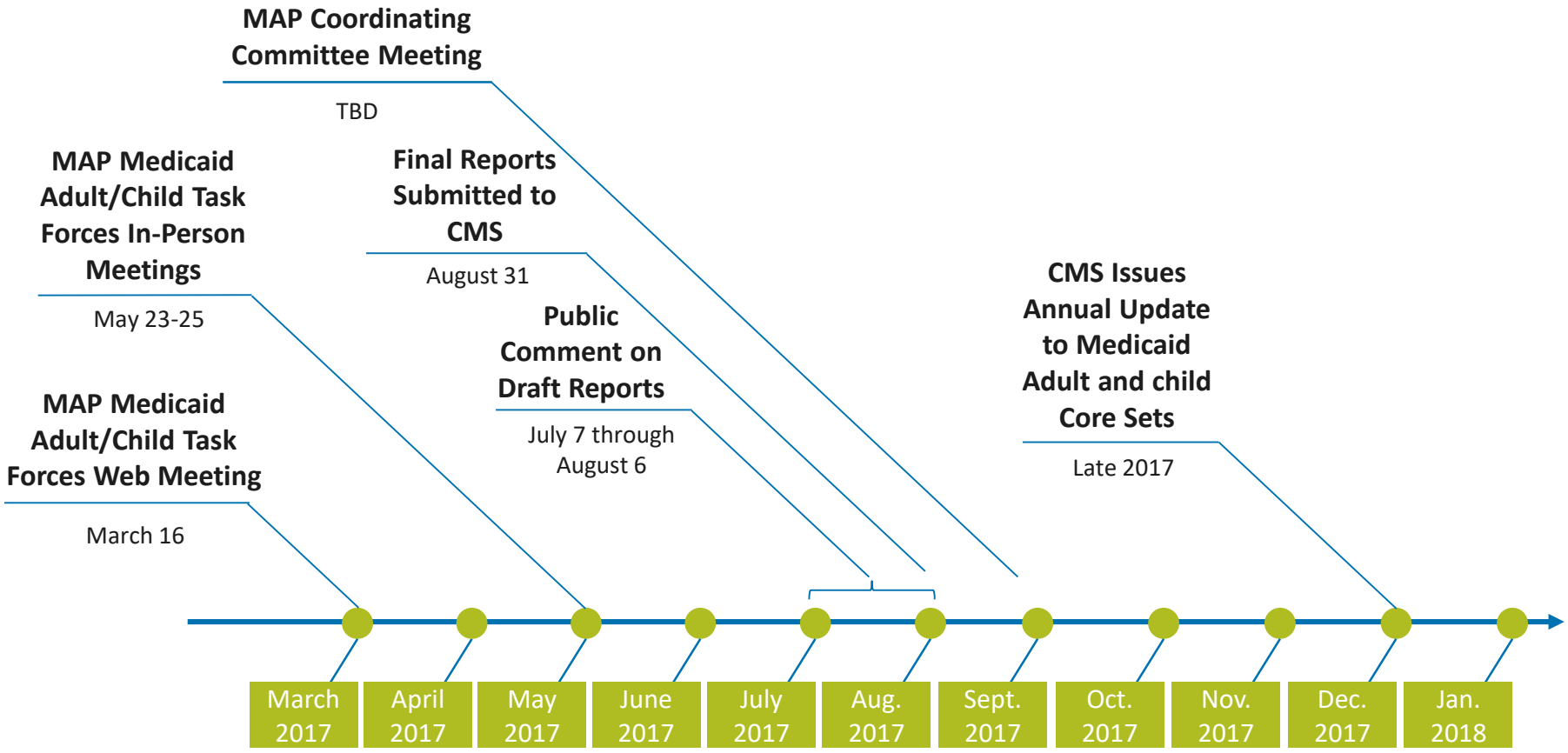
# Strategy for Filling High Priority Measure Gaps

- Have any of the gap areas been satisfied?
- Do others need to be added?
- Can the Task Force highlight 2-3 highest-priority measure gaps for future development efforts?
  - *Does enough evidence exist?*
  - *Is there a reasonable data source?*

# Opportunity for Public Comment

# Next Steps

# 2017 Timeline



# MAP Medicaid Adult and Child Task Forces NQF Staff Support Team

- Debjani Mukherjee: Senior Director
- Shaconna Gorham: Senior Project Manager
- May Nacion: Project Manager
- Miranda Kuwahara: Project Analyst

# Project Contact Info

- **Email**
  - *Adult Task Force:* mapmedicaidadult@qualityforum.org
  - *Child Task Force:* mapmedicaidchild@qualityforum.org
- **NQF Phone:** 202-783-1300
- **Project page:** http://www.qualityforum.org/MAP_Task_Forces.aspx
- **SharePoint sites**
  - *Adult Task Force:* http://share.qualityforum.org/Projects/MAP%20Medicaid%20Adult%20Task%20Force/SitePages/Home.aspx
  - *Child Task Force:* http://share.qualityforum.org/Projects/MAP%20Medicaid%20Child%20Task%20Force/SitePages/Home.aspx

# Thank You for Participating!