NATIONAL QUALITY FORUM

Meeting Summary

HHSM-500-2012-00009I—Task Order 11

MAP Medicaid Child Task Force In-person Meeting

Expedited Review of the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP

Friday, October 17, 2014

The National Quality Forum (NQF) convened an in-person meeting of the Measure Applications Partnership (MAP) Medicaid Child Task Force on Friday, October 17, 2014.

Task Force Members in Attendance:

Name	Organization
Foster Gesten, MD	Task Force Chair
Sandra White, MD, MBA	Aetna
Beth Feldpush, DrPH	America's Essential Hospitals
Alvia Siddiqi, MD, FAAFP	American Academy of Family Physicians
Terry Adirim, MD, MPH, FAAP	American Academy of Pediatrics
Susan Lacey, RN, PhD, FAAN	American Nurses Association
Susan Fleischman, MD	Kaiser Permanente
Cynthia Pellegrini	March of Dimes
Carol Sakala, PhD, MSPH	National Partnership for Women and Families
Anne Cohen, MPH	Subject Matter Expert
Marc Leib, MD, JD	Subject Matter Expert

Welcome and Review of Meeting Objectives

Dr. Gesten welcomed members and the public audience to the in-person meeting, and introduced Ann Hammersmith, General Counsel, NQF, who conducted introductions and disclosures of interest for all task force members. Dr. Gesten reviewed the meeting objectives, which were to:

- Consider states' experiences implementing the Medicaid Child Core Set
- Develop concrete recommendations for strengthening the Medicaid Child Core Set:
  - Most important measure gaps and potential measures
  - Other strategic or implementation issues

Dr. Gesten also reviewed the MAP Medicaid Child Task Force Charge to remind members of the purpose and structure of this expedited review, which is to provide input to HHS on the Child Core Set by November 14, 2014. Because a comprehensive retirement review was recently completed, the focus for this expedited review is to identify opportunities to strengthen the Child Core Set by recommending measures to fill critical gap areas. MAP also reviewed measures that are being developed as part of the

AHRQ-CMS Pediatric Quality Measures Program to explore their potential inclusion in MAP's second, more in-depth review, which will be completed by August 31, 2015.

Feedback from States on Using the Medicaid Child Core Set

Guest panelists David Kelley, Chief Medical Officer, Pennsylvania Department of Public Welfare Office of Medical Assistance Programs, and William Golden, Medical Director, Arkansas Medicaid, shared their states' experiences collecting and reporting the Medicaid Child Core Set. Dr. Kelley and Dr. Golden both stated that the Child Core Set measures are being used as an important tool to drive improvements on priority issues. The panelists identified implementation and measure-specific challenges to reporting the Medicaid Child Core set, including:

- Greater clarity is needed in the technical specifications, especially around definitions.
- Measures that require chart review pose significant data collection burdens. Not only can they be resource-intensive, but also there may be legal and or technical barriers for the state to review medical records from hospitals and health systems.
- The differences in reporting mechanisms across care settings and benefit structures also pose challenges. States that have "carve-outs" for mental health services experience challenges in gathering data on follow-up care and other details.
- States and their contracted health plans and providers are involved in multiple quality reporting initiatives, such as the Meaningful Use incentives and accreditation for managed care organizations. Greater alignment of measures among these programs would help reduce reporting burden.

The panelists also provided feedback on strategic issues and measure gap areas:

- Greater capacity for electronic data abstraction and measurement would reduce some of the effort associated with data collection and quality reporting for multiple programs. It would also allow for quality improvement activities that are incorporated into the EHR clinical workflow.
- More measures are needed on mental health topics, such the complex care issues of children in the foster care system, medication use and overuse, and adolescent suicide.

The task force discussed the various potential reasons states have for not reporting relatively few of the Child Core Set measures. Karen LLanos, CMS, mentioned some of the challenges states have expressed to them, including data access and technical capacity. It was also noted that states may be using other measures to address local needs.

Child Health Topics Panel

Sarah Lash, Senior Director, NQF, provided additional information on high-impact conditions and quality issues in response to questions that arose during the Task Force's September webinar:

- **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT):** A substantial body of evidence regarding pediatric health risk and treatment standards underscores the continuing importance of EPSDT. There are several measurement domains within preventive care with implications for long-term physical, emotional, social, educational, and functional outcomes.
- **Poor Birth Outcomes:** Additional information was provided regarding the impact and cost of poor birth outcomes relative to other high-impact conditions. More than half of hospital stays related to short gestation, low birth weight, or inadequate fetal growth were covered by Medicaid. Notably, looking at average expenditures per child, the three most costly conditions (i.e., infant respiratory distress syndrome, premature birth/low birth weight, and cardiac and circulatory birth defects) are all related to poor birth outcomes. However, since these conditions do not occur as frequently as other conditions with lower costs per child, they did

not appear at the top of the list of the five most costly conditions shown during the September webinar.

- **Mental Health:** Additional information was provided on which mental conditions were included in the five most costly conditions analysis. This analysis found mental disorders were the most costly conditions to treat; nearly half of the $13.8 billion spent on mental disorders in 2011 was covered by Medicaid and about 41.5% of mental health expenditures on children were for prescription medicines.

Krishna Aravamudhan, Dental Quality Alliance (DQA), provided an overview of oral health issues and recently developed measures that could be used to drive improvement. Dr. Aravamudhan cited that dental caries are the most common chronic disease in children in United States and, if left untreated, can lead to problems in eating, speaking, learning, and lower quality of life. DQA developed a suite of evidence-based oral health measures to evaluate access, process, and outcomes of oral health services, including:

- Utilization of services
- Oral evaluation
- Topical fluoride Intensity
- Sealant use in 6-9 year old children
- Sealant use in 10 -14 year old children

Prioritizing Measure Gap Areas

To set the context for the measure gap discussion, Ms. Lash reviewed the measures currently in the Child Core Set, as well as overlapping perinatal and maternity measures in the Adult Core Set. Though the two measurement programs are separate, both CMS and States regard them as working together to provide the full spectrum of measures that promote better outcomes for Medicaid enrollees.

Based on the measure gaps identified during the September 23 web meeting, staff conducted research on NQF-endorsed measures for the Task Force to consider for addition to the Child Core Set. The topics with available measures included care coordination, mental health, and inpatient and readmission measures. In addition, based on a request from CMS, the Task Force considered oral health measures to identify a potential replacement for a problematic measure (Percentage of Eligibles That Received Dental Treatment Services). The current measure is not adequate for assessing the quality and appropriateness of services because it is unclear if an increase in the rate represents a positive or negative outcome.

Measure-Specific Recommendations on Strengthening the Child Core Set

Elizabeth Carey, Senior Project Manager, NQF, reviewed the MAP Measure Selection Criteria, which are intended to assist MAP with identifying characteristics that are associated with ideal measure sets used for public reporting and payment programs. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective; the rigorous endorsement evaluation ensures measures are evidence-based, reliable, and valid. Ms. Carey gave an overview of the available measures in oral health, mental health, care coordination, and inpatient care before Task Force members discussed and voted on candidate measures.

Six measures passed the 60% consensus threshold to gain MAP's support for phased addition to the Child Core Set. Their use would strengthen the measure set, but the Task Force is aware that additional resources are required for each new measure and understands that CMS may need flexibility to add the

measures gradually. Therefore, the Task Force recommends that CMS consider these measures for phased addition to the Child Core Set in the following priority order.

1. #2508 Prevention: Dental Sealants for 6-9 Year Old Children at Elevated Cares Risk to the Child Core Set to replace the current dental treatment measure in the Child Core Set, Percentage of Eligibles That Received Dental Treatment Services. This measure more accurately captures the quality of care delivered and is linked to improved outcomes. It also addresses a legislative mandate.
2. #2548 The Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version (Child HCAHPS) is part of the CAHPS suite of surveys that address patient and family experience of care specific to the pediatric population.
3. #2509 Prevention: Dental Sealants for 10-14 Year-Old Children at Elevated Caries Risk provides a continuation in age range to #2508. This second, similar measure is necessary to evaluate the application of sealants to the second set of molars, which develop at a later age.
4. #1365 Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment targets a high prevalence mental health condition that can result in severe outcomes without appropriate treatment. It helps to address a potential gap in measures related to behavioral health.
5. #0477 Under 1500g Infant Not Delivered at Appropriate Level of Care measures an important missed opportunity to provide treatment and guidance for high-risk pregnancies in a regional manner that promotes care coordination across facilities.
6. #0480 PC-05 Exclusive Breast Milk Feeding is part of a set of five 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) and complements other perinatal measures in the Child and Adult Core Sets.

Particular emphasis was given to the top three recommendations. Two measures, #2548 and #1365, are currently undergoing evaluation and were recommended with conditional support pending NQF endorsement; the other four measures are NQF-endorsed and recommended with full support.

Cross-Cutting Recommendations on Strengthening the Child Core Set

During the Task Force's review of measures in the Child Core Set, members discussed numerous cross-cutting and strategic issues. While not specific to the use of particular measures, these observations can guide ongoing implementation of the measurement program and inform future iterations of the Child Core set, including:

- Lack of an overarching data infrastructure to facilitate reporting
- Alignment of maternal and child health measures across Adult and Child Core Sets
- Medicaid's role in mitigating social and environmental determinants of health, especially as it relates to the prevention and management of obesity
- Translating measures to the state level of analysis (from facility, health plan, etc.)
- Alignment with the Meaningful Use and other measurement programs and moving toward electronic measure specifications
- The mother-child dyad and the impacts of a mother's health care on child health outcomes
- More systematic look at where to foster measure development (e.g., PCORI)

Additionally, Task Force members highlighted a few of the measures in the development pipeline to revisit when more information is available during its 2015 review:

- Sepsis
- Behavioral health, especially the measures of antipsychotic use
- ADAPT care transitions measure
- Abuse and neglect
- Pre-conception and inter-conception health

Summary and Next Steps

Dr. Gesten provided closing remarks and NQF staff noted important upcoming events related to the Task Force's review include:

- October 27 – November 7: Public Comment on draft final report
- November 10: MAP Coordinating Committee review of draft report
- November 14: Final report due to HHS and made available to the public

Dr. Gesten thanked the Task Force, presenters, and public for their participation, and the meeting was adjourned.