

Meeting Summary

MAP Medicaid Task Force Web Meeting

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

Tuesday, September 23, 2014

The National Quality Forum (NQF) convened a web meeting of the Measure Applications Partnership (MAP) Child Medicaid Task Force on Tuesday, September 23, 2014. An [online archive](#) of the meeting is available.

Task Force Members in Attendance:

Name	Organization
Foster Gesten, MD Task Force Chair	National Association of Medicaid Directors
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
Andrea Benin, MD	Children's Hospital Association
Cynthia Pellegrini	March of Dimes
Carol Sakala, PhD, MSPH	National Partnership for Women and Families
Anne Cohen, MPH	Subject Matter Expert: Disability

Welcome and Review of Meeting Objectives

Dr. Gesten welcomed members and the public audience to the web meeting, and reviewed the meeting objectives, which were to:

- Establish understanding of program goals for the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)
- Identify measure gap areas for further exploration during the in-person meeting

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 on the Child Core Set by November 14, 2014. A second, more in-depth review will be completed by August 31, 2015.

Overview of Medicaid/CHIP and the Reporting Program

Elizabeth Carey, Project Manager, NQF, provided background information on the Medicaid and CHIP programs. Ms. Carey shared key characteristics about the Medicaid and CHIP enrollee population,

including program history, demographics, benefits, health status, and expenditures. Ms. Carey noted that while most kids are healthy, an important sub-group to consider is children with complex health needs, who represent about 6 percent of the total number of children on Medicaid but nearly 40 percent of costs. Also, mental disorders are the most costly conditions to treat; nearly half of the \$13.8 billion spent on mental disorders in 2011 was covered by Medicaid.

The Task Force commented that conditions and costs provide useful filters for assessing measures and measure gaps. They also requested additional information on:

- Medicaid costs associated with complications of childbirth and poor birth outcomes,
- Greater specificity on mental health and neurobehavioral diagnoses,
- Mix of inpatient and outpatient services accessed by Medicaid and CHIP recipients,
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) diagnosis statistics, and
- Site of care for measures in the Child Core Set.

NQF will provide additional information on these topics at the group's upcoming in-person meeting.

CMS Program Goals for Child Core Set

Karen Llanos, CMS, provided a brief summary of CMS' goals for Child Core Set reporting, the statutory requirement for annual updates and previous efforts to strengthen the Core Set, and the input requested from MAP during this expedited review.

CMS' three-part goal for the Child Core Set is to increase the number of states reporting Core Set measures, increase the number of measures reported by each state, and increase the number of states using Core Set measures to drive quality improvement.

CMS now has four years of experience with this voluntary reporting program and providing technical assistance and analytic support for States. In 2012, all states (including DC) reported two or more of the Child Core Set measures. This information was made available in the [2013 Annual Secretary's Report on the Quality of Care for Children in Medicaid and CHIP](#).

CHIPRA requires the initial Core set of measures to be "improved" annually beginning in January 1, 2013. Previous updates to the Child Core Set included identifying measures to be added (three in 2012) and measures to be retired (one in 2012 and three in 2013). The next annual updates to the Child Core Set will be released by January 2015. Ms. Llanos stressed the value of multi-stakeholder perspectives and encouraged MAP to identify opportunities to strengthen the Child Core Set by recommending measures to fill critical gap areas and promote better alignment with other measurement programs.

Task force members had several questions and comments:

- Ms. Llanos highlighted several challenges for States, including reporting on measures that do not use administrative claims, aligning state-defined priorities with the Core Set, accessing information for hospital-based measures, and implementing newer measures.
- The voluntary nature of the program was stressed, and that the focus is to better understand the quality of care being provided and identifying areas for improvement, rather than on payment incentives.
- Dr. Foster summarized by noting that MAP's input will be valuable to consider the "ideal" number of measures that balances parsimony with relevance to measure and report, the challenges states are experiencing with reporting, and themes from other MAP groups such as placing emphasis on settings of care and on prevention.

Program Experience to Date

Sarah Lash, Senior Director, NQF, shared measure characteristics of the Child Core Set and results gathered from reporting states. Ms. Lash also reviewed measures already retired from the Child Core Set and the reasons why. A range of clinical conditions are represented across the measures.

Measures are concentrated in the National Quality Strategy priority area of Healthy Living and Well-Being. Task Force members highlighted the large number of prevention measures as compared to measures for specific conditions, access to care, or consumer experience. It was also noted that most measures are at the health plan level of analysis.

Dr. Gesten facilitated a discussion of the information needed from state panelists at the in-person meeting. Members suggested feedback on challenges and barriers to reporting, underlying factors influencing participation, the states' understanding of the purpose of the Core Set, and perceived measure gaps.

Forming MAP's Input on Strengthening the Child Core Set

Dr. Gesten invited discussion of gap areas in the Medicaid Child Core Set, yielding the following suggestions:

- Care coordination
 - Home- and community-based care
 - Social services coordination
- Screening for abuse and neglect
- Injuries and trauma
- Mental health
 - Access to outpatient and ambulatory mental health services
 - ER use for behavioral health
- Overuse/ medically unnecessary care
 - Appropriate use of CT scans
- Inpatient measures
- Durable medical equipment
- Cost measures, specifically targeting people with chronic needs

Additionally, the lack of an overarching data infrastructure to facilitate reporting was noted as a strategic issue for further discussion.

Opportunity for Public Comment

Dr. Gesten invited public participants to share their comments. Rhonda Medows, United Health Group, recommended that MAP consider aligning the Child Core Set with the Health Insurance Exchange quality measures and children's quality measures used in State Employee Health Plans.

Summary and Next Steps

Dr. Gesten reflected on the next steps for NQF Staff and the Task Force in preparation for the in-person meeting in October. Planned information sources to support deliberations for strengthening the Medicaid Child Core Set include:

- A comprehensive spreadsheet that captures the characteristics of measures in the Core Set, including the ability to sort by site of care
- Information about available measures in key gap areas

- EPSDT information on conditions and diagnosis, if available
- The Annual Secretary's Report on the Quality of Care for Children in Medicaid and CHIP
- Slides from the Medicaid Adult Task Force that mapped conditions for readmissions with measures in the Adult Core Set
- child health measures endorsed by NQF in the past year
- Status of the AHRQ-CMS Pediatric Quality Measures in development

NQF staff noted important upcoming events for the Task Force include:

- October 17: In-Person Meeting of Child Medicaid Task Force
- October 27 – November 7 (tentative): 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. Foster thanked the Task Force, presenters, and public for their participation, and the web meeting was adjourned.