Measure Prioritization Advisory Committee

Meeting #1: Measure Development & Endorsement Agenda

June 14-15, 2010

Committee Charge

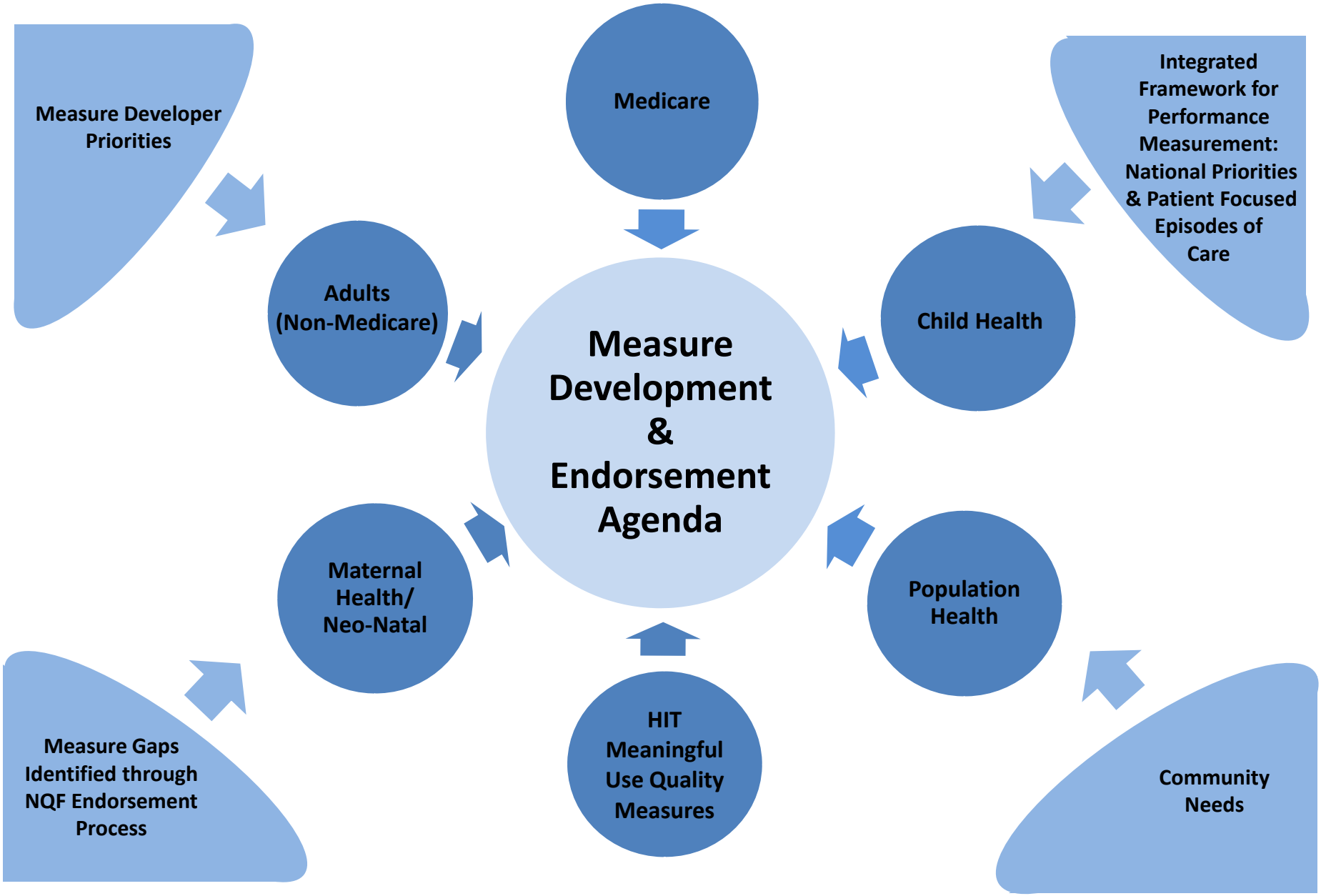
The charge of the Measure Prioritization Advisory Committee is to determine the priorities for a measure development agenda to address identified gaps in endorsed measures.

Meeting Objectives

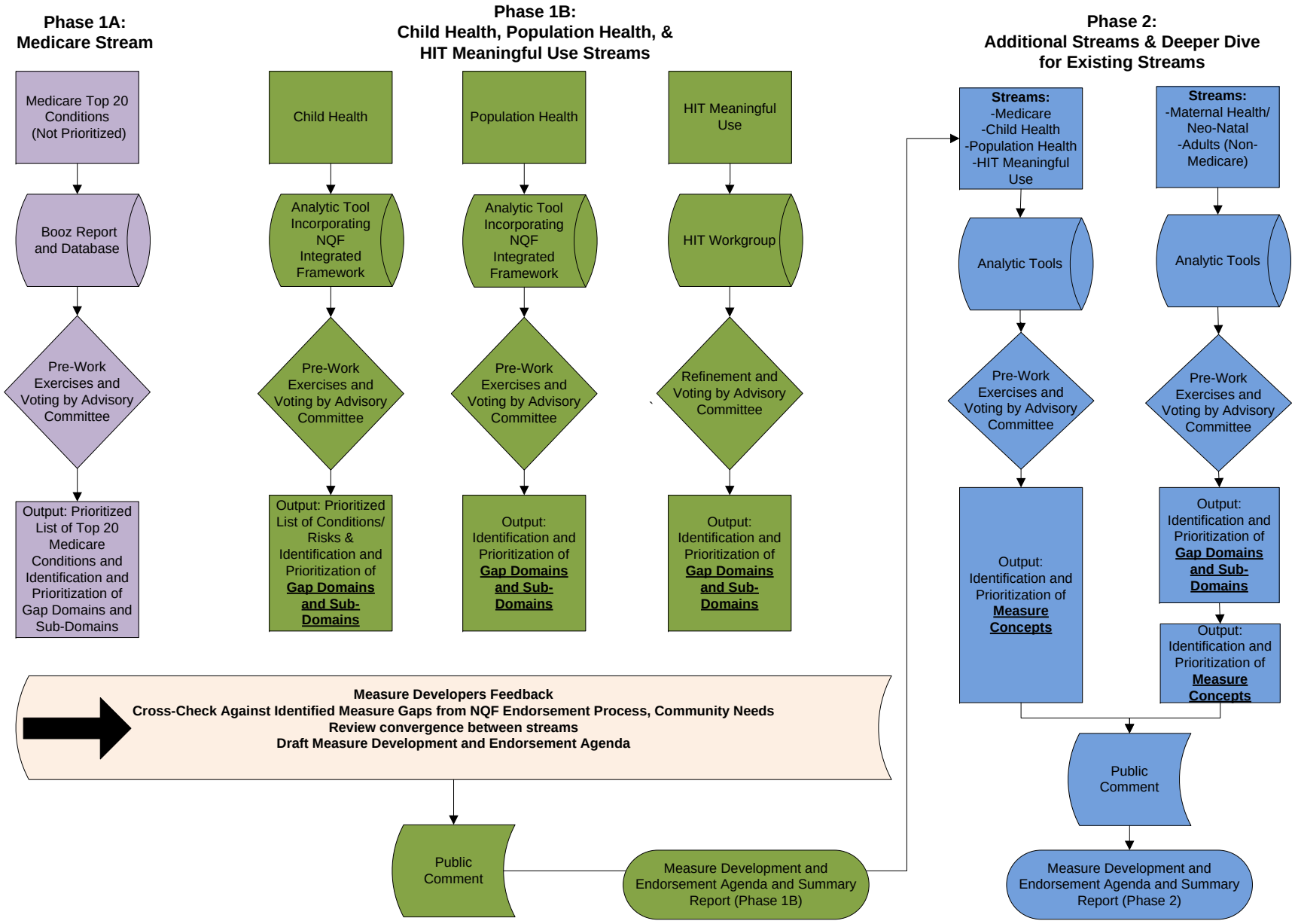
- Set context for, and explain proposed process for the work ahead
- Identify key issues
- Rank child health conditions
- Refine top domains and sub-domains for child health and population health and rank the sub-domains
- Provide update on Gretzky Group activities
- Set up next steps

Background & Context-Setting

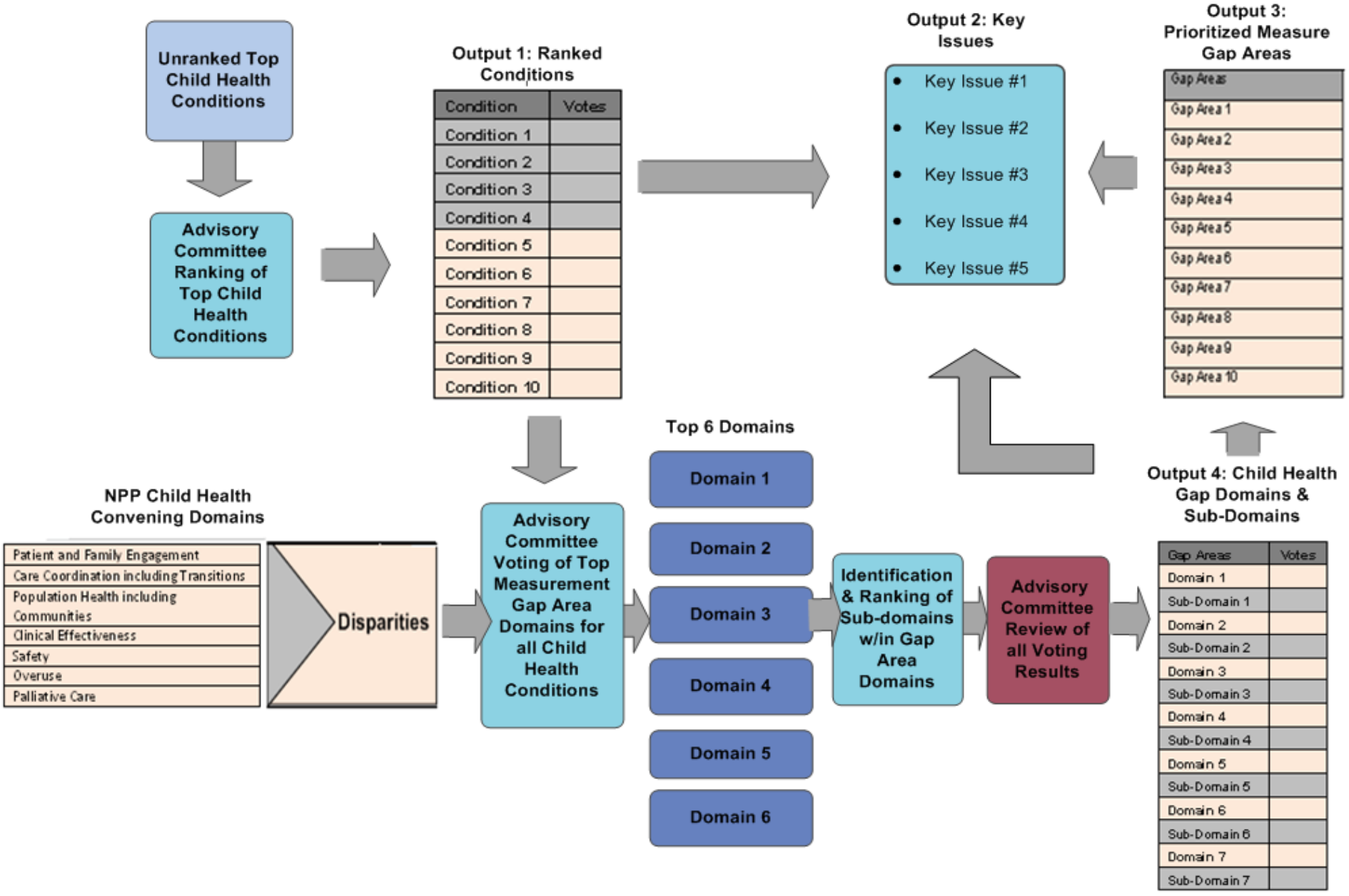
Streams Feeding Phase I and II of the Measure Development and Endorsement Agenda



Measure Development & Endorsement Agenda Project Overview

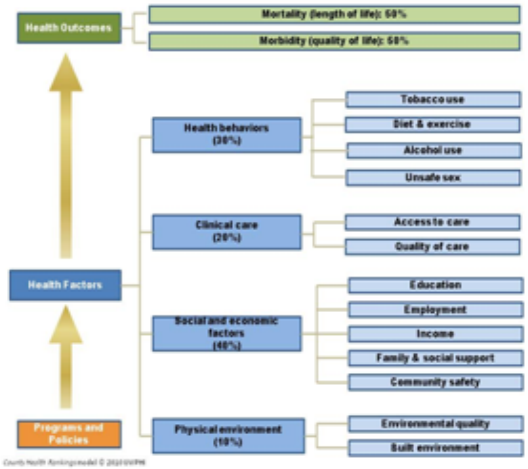


Child Health Stream: Ranking of Conditions & Identification and Prioritization of Gap Domains and Sub-Domains



Population Health Stream: Identification and Prioritization of Gap Domains and Sub-Domains

Input 1: Kindig Model



Input 2: State of the USA Health Indicators

Health Outcomes	Health Systems
Life expectancy at birth	Health care expenditures
Infant Mortality	Insurance coverage
Life expectancy at age 65	Unmet medical, dental, Rx needs
Injury related mortality	Preventive Services
Self-reported health status	Childhood immunization
Unhealthy days physical and mental	Preventable hospitalization
Chronic disease prevalence	
Serious psychological distress	
Health-Related Behaviors	**Social determinants**
Smoking	Socioeconomic status
Physical Activity	Race/ethnicity
Excessive Drinking	Social support
Nutrition	Health literacy
Obesity	Limited English proficiency
Condom Use	Social environment

NPP Population Health Convening Domains

- Clinical Preventive Services
- Healthy Lifestyle Behaviors
- Community Index of Health

→ **Disparities**

→ **Advisory Committee Voting of Top Measurement Gap Area Domains**

→ **Identification & Ranking of Sub-domains w/in Gap Area Domains**

→ **Advisory Committee Review of all Voting Results**

→ **Output 3: Gap Domains & Sub-Domains**

Gap Areas	Votes
Domain 1	
Sub-Domain 1	
Domain 2	
Sub-Domain 2	
Domain 3	
Sub-Domain 3	
Domain 4	
Sub-Domain 4	
Domain 5	
Sub-Domain 5	
Domain 6	
Sub-Domain 6	
Domain 7	
Sub-Domain 7	

Output 1: Key Issues

- Key Issue #1
- Key Issue #2
- Key Issue #3
- Key Issue #4
- Key Issue #5

Output 2: Prioritized Measure Gap Areas

Gap Areas
Gap Area 1
Gap Area 2
Gap Area 3
Gap Area 4
Gap Area 5
Gap Area 6
Gap Area 7
Gap Area 8
Gap Area 9
Gap Area 10

Measurement Development and Endorsement Agenda

Medicare

Output 1: Ranked Conditions

Condition	Votes
1. Depression	30
2. Congestive Heart Failure	25
3. Ischemic Heart Disease	24
4. Diabetes	24
5. Stroke/TIA	24
6. Alzheimer's Disease	22
7. Breast Cancer	20
8. COPD	15
9. AMI	14
10. Colorectal Cancer	14
11. Hip/Pelvic Fracture	8
12. CRD/CKD	7
13. Prostate Cancer	6
14. RA/OA	6
15. Atrial Fibrillation	5
16. Lung Cancer	2
17. Cataract	1
18. Osteoporosis	1
19. Glaucoma	0
20. Endometrial Cancer	0

Output 2: Measure Gap Areas by Measure Domain

Gap Area	Votes
Health Status	
Function	9
Burden	6
Productivity	2
Care Coordination	
Communication	13
Patient Follow-up	11
Medication Management	8
Accountability	8
Use of Care Plans	7
Cost/Efficiency	
Appropriateness/Efficiency	23
Direct Cost	11
Indirect Cost	4
Patient & Family Engagement	
Engagement	7
Experience & Satisfaction	6
Shared Decision Making	5
Self-Management	5
Activation	2
Population Health	
Effective Preventive Services	11
Healthy Lifestyle Behaviors	7
Safety	
Ambulatory Setting	6
Medication Adherence/Use	6
Prevention	5
Standardized HAI	3

Output 3: Prioritized Measure Gap Areas

Gap Areas	Votes
Appropriateness/Efficiency	23
Communication	13
Patient Follow-up	11
Direct Cost	11
Effective Preventive Services	11
Function	9
Medication Management	8
Accountability	8
Use of Care Plans	7
Engagement	7
Healthy Lifestyle Behaviors	7
Burden	6
Experience & Satisfaction	6
Ambulatory Setting	6
Medication Adherence/Use	6
Shared Decision Making	5
Self-Management	5
Prevention	5
Indirect Costs	4
Standardized HAI	3
Productivity	2
Activation	2

Output 4: Key Issues

- Limitations of a condition-by-condition approach
- Inclusion of upstream risk-factors
- Burden as a criterion for prioritization
- Population-based measurement
- Implementation gaps

Population Health

Output 1: Measure Gap Areas by Measure Domain

Gap Areas	Votes
Domain 1	
Sub-Domain 1	
Domain 2	
Sub-Domain 2	
Domain 3	
Sub-Domain 3	
Domain 4	
Sub-Domain 4	
Domain 5	
Sub-Domain 5	
Domain 6	
Sub-Domain 6	
Domain 7	
Sub-Domain 7	

Output 2: Prioritized Measure Gap Areas

Gap Areas
Gap Area 1
Gap Area 2
Gap Area 3
Gap Area 4
Gap Area 5
Gap Area 6
Gap Area 7
Gap Area 8
Gap Area 9
Gap Area 10

Output 3: Key Issues

- Key Issue #1
- Key Issue #2
- Key Issue #3
- Key Issue #4
- Key Issue #5

Child Health

Output 1: Ranked Conditions

Condition	Votes
Condition 1	
Condition 2	
Condition 3	
Condition 4	
Condition 5	
Condition 6	
Condition 7	
Condition 8	
Condition 9	
Condition 10	

Output 2: Measure Gap Areas by Measure Domain

Gap Areas	Votes
Domain 1	
Sub-Domain 1	
Domain 2	
Sub-Domain 2	
Domain 3	
Sub-Domain 3	
Domain 4	
Sub-Domain 4	
Domain 5	
Sub-Domain 5	
Domain 6	
Sub-Domain 6	
Domain 7	
Sub-Domain 7	

Output 3: Prioritized Measure Gap Areas

Gap Areas
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Gap Area 7
Gap Area 8
Gap Area 9
Gap Area 10

Output 4: Key Issues

- Key Issue #1
- Key Issue #2
- Key Issue #3
- Key Issue #4
- Key Issue #5

Final Key Issues

- Key Issue #1
- Key Issue #2
- Key Issue #3
- Key Issue #4
- Key Issue #5

Domain	Sub-Domain	Sub-Sub-Domain	Prioritized Medicare Conditions Measures	Population Health Measures and Gaps	Child Health Measures and Gaps	HIT Measures and Gaps
Domain 1: Outcome	Mortality					
	Health Status (Morbidity, Health Patient Experience	Function	9			
		Burden	6			
		Productivity	2			
Domain 2: Cost and	Cost and Resource Use (38)	Appropriateness/ Efficiency	23			
		Direct Cost	11			
		Indirect Cost	4			
Domain 3: Process	Population Health (Prevention	Effective Preventive	11			
		Healthy Lifestyle Behaviors	7			
	Clinical Care Processes					
	Care Coordination (47)	Communication	13			
		Patient Follow-up	11			
		Medication Management	8			
		Accountability	8			
		Use of Care Plans	7			
	Patient and Family Engagement (25)	Engagement	7			
		Experience & Satisfaction	6			
		Shared Decision Making	5			
		Self-Management	5			
		Activation	2			

HIT

Output 1: Measure Gap Areas by Measure Domain

Gap Areas	Votes
Domain 1	
Sub-Domain 1	
Domain 2	
Sub-Domain 2	
Domain 3	
Sub-Domain 3	
Domain 4	
Sub-Domain 4	
Domain 5	
Sub-Domain 5	
Domain 6	
Sub-Domain 6	
Domain 7	
Sub-Domain 7	

Output 2: Prioritized Measure Gap Areas

Gap Areas
Gap Area 1
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Gap Area 7
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Gap Area 10

Output 3: Key Issues

- Key Issue #1
- Key Issue #2
- Key Issue #3
- Key Issue #4
- Key Issue #5

Committee Scope of Work & Timeline

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June 2010

- Convene Measure Prioritization Advisory Committee to prioritize child health conditions and measure gap areas for child health and population health

July 2010

- Convene Measure Prioritization Advisory Committee to identify important measure gap areas for HIT Meaningful Use Quality Measures and discuss measure developer priorities

August 2010

- Convene Measure Prioritization Advisory Committee to prioritize HIT Meaningful Use Quality Measure gap areas and finalize a measure development and endorsement agenda.

Sept. 2010

- Conduct an informational web meeting to present background information, discuss the Committee's process and provide an opportunity for the public to ask questions prior to the public comment period.

Preliminary Prioritization of Child Health Conditions and Risks: Review of Results

Homework Assignment

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Child Health Ranking Exercise:

1. Committee members performed a preliminary ranking of the conditions and risks utilizing the data and information provided.
2. Committee members submitted their rankings to NQF staff along with their primary considerations and rationale.
3. Committee members submitted questions or comments related to the ranking exercise and the data.
4. NQF staff collated and compiled results for today's meeting.

Top Child Health Conditions and Risks

- Overweight/Obese (≥85th percentile BMI for age)
- Risk of developmental delay
- Environmental allergies (hay fever, respiratory or skin allergies)
- Learning Disability
- Asthma
- ADD/ADHD
- Chronic Ear Infections (3 or more in the past year)
- Behavior or conduct problems
- Migraine headaches
- Stuttering, stammering or other speech problems
- Developmental delay
- Food or digestive allergy
- Anxiety problems
- Depression
- Bone, joint or muscle problems
- Hearing problems
- Vision problems not corrected by glasses
- Autism, Asperger's, PDD, ASD*
- Epilepsy or seizure disorder
- Diabetes
- Brain injury or concussion
- Tourette Syndrome

*** Pervasive Developmental Disorder (PDD) and Autism Spectrum Disorders (ASD)**

Prioritization of Top Child Health Conditions and Risks: Dimensions

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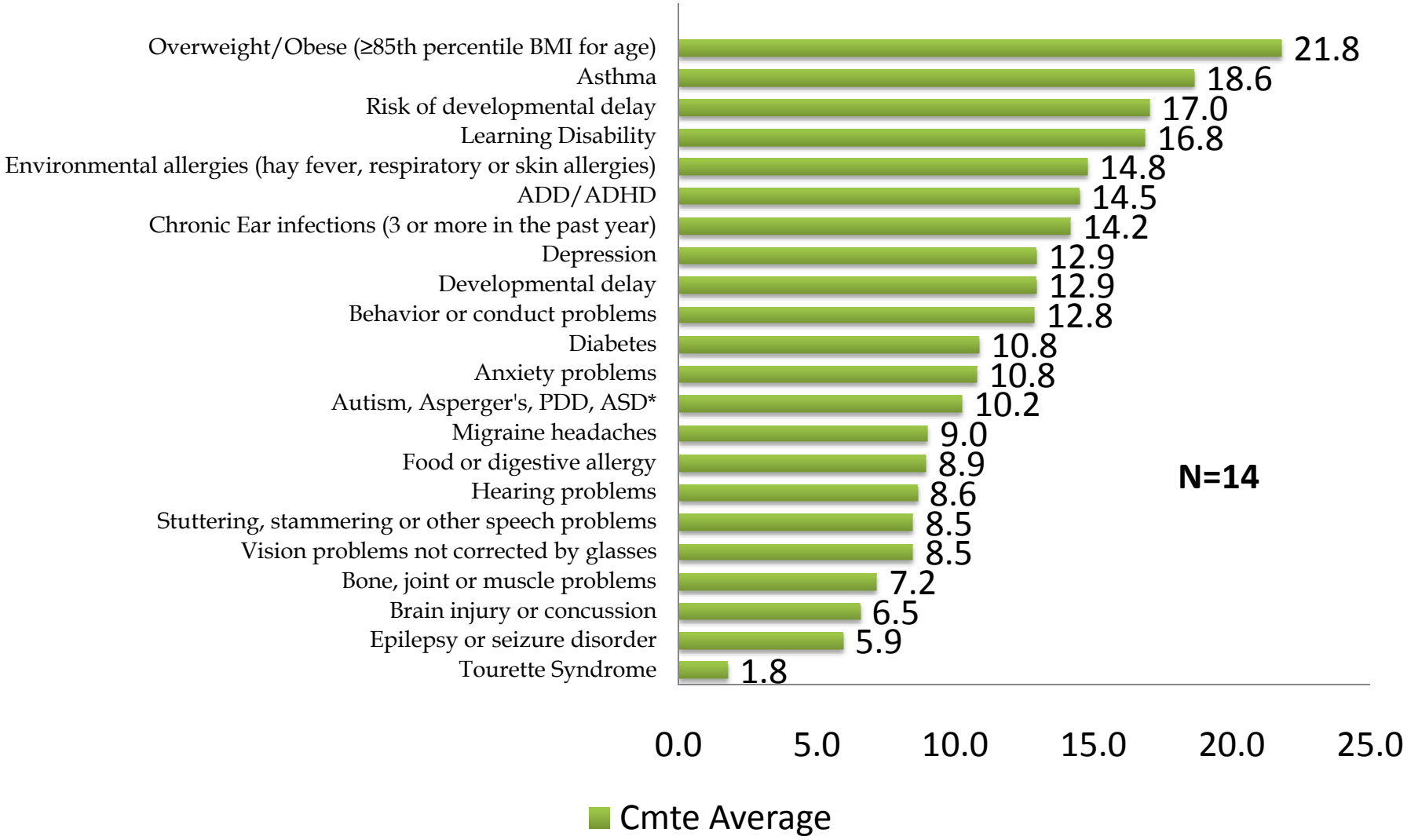
The following dimensions were considered in ranking the conditions and risks:

- **Prevalence**
- **Quality of Life (current and future)/Burden of Illness**
- **System Improvability –methods and models exist or feasible to develop**
- **Infrastructure for measurement success**
- **Motivation for measurement success (legislation, regulation, certification)**

Preliminary Prioritization Results: Committee Averages



Preliminary Prioritization Results: Committee Averages

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Child Health Conditions & Risks - Prioritization		
Importance for each risk/condition: 1 = high; 22 = low		
Child Health Conditions & Risks	**Average**	**Conversion (23-Average)**
Overweight/Obese (≥85th percentile BMI for age)	1.2	21.8
Asthma	4.2	18.8
Risk of developmental delay	6.1	16.9
Learning Disability	6.6	16.4
Environmental allergies (hay fever, respiratory or skin allergies)	8.4	14.6
Chronic Ear infections (3 or more in the past year)	8.9	14.1
ADD/ADHD	8.9	14.1
Depression	9.6	13.4
Developmental delay	10.0	13.0
Behavior or conduct problems	10.3	12.7
Anxiety problems	11.6	11.4
Diabetes	11.6	11.4
Autism, Asperger's, PDD, ASD*	13.2	9.8
Migraine headaches	14.1	8.9
Hearing problems	14.6	8.4
Food or digestive allergy	14.6	8.4
Stuttering, stammering or other speech problems	14.6	8.4
Vision problems not corrected by glasses	14.8	8.2
Bone, joint or muscle problems	15.2	7.8
Brain injury or concussion	15.7	7.3
Epilepsy or seizure disorder	17.3	5.7
Tourette Syndrome	21.2	1.8
*Pervasive Developmental Disorder (PDD), Autism Spectrum Disorders (ASD)		

Preliminary Prioritization Results: Counts

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Conditions	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th	19th	20th	21st	22nd
Overweight/obese	12	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Asthma	0	4	2	2	3	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Risk of developmental delay	1	5	0	1	1	1	0	2	1	0	0	0	1	0	0	0	0	0	0	0	0	1
Learning disability	0	0	3	3	2	2	0	0	1	0	1	1	0	0	0	0	1	0	0	0	0	0
Environmental allergies	0	0	2	3	0	2	1	0	0	1	1	1	0	0	1	1	1	0	0	0	0	0
Chronic ear infections	0	0	2	0	0	0	3	1	2	2	1	1	0	1	1	0	0	0	0	0	0	0
ADD/ADHD	0	1	1	1	0	2	0	4	0	3	0	0	0	0	0	0	0	0	0	0	2	0
Depression	0	1	0	3	1	0	1	2	0	1	0	0	0	2	0	0	1	1	0	1	0	0
Developmental delay	0	0	0	0	2	1	1	2	1	1	3	0	1	0	1	0	0	0	0	0	1	0
Behavior or conduct problems	0	1	0	0	1	0	1	3	2	0	0	1	2	1	0	0	1	0	1	0	0	0
Anxiety problems	0	0	1	1	0	0	1	0	2	1	0	0	4	1	0	0	1	1	1	0	0	0
Diabetes	0	0	2	1	1	0	1	1	1	0	1	0	0	0	0	2	0	0	0	4	0	0
Autism, Asperger's, PDD, ASD	1	0	0	0	0	0	2	0	1	0	1	2	0	0	0	1	0	4	2	0	0	0
Migraine headaches	0	0	0	0	0	0	0	0	1	2	2	1	0	0	1	3	2	1	0	0	1	0
Hearing problems	0	0	0	0	0	2	0	0	0	0	0	0	2	1	2	2	2	1	2	0	0	0
Food or digestive allergy	0	0	0	0	1	0	0	0	0	0	0	2	2	2	1	2	1	1	1	0	0	1
Stuttering, stammering or other speech problem	0	0	0	0	0	0	0	0	1	1	1	2	0	3	0	1	2	1	1	0	0	1
Vision problems not corrected by glasses	0	0	0	0	0	0	2	0	0	0	0	1	0	1	2	2	2	3	1	0	0	0
Bone, joint or muscle problems	0	0	0	0	0	0	1	0	0	0	1	1	1	1	4	0	1	0	2	1	1	0
Brain injury or concussion	0	2	0	0	1	1	0	0	0	1	0	1	0	0	0	0	0	0	1	2	6	0
Epilepsy or seizure disorder	0	0	0	0	0	1	0	0	0	0	1	0	1	0	1	0	0	1	2	6	1	0
Tourette syndrome	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2	11

Preliminary Prioritization Summary of Results:

- Overweight/Obesity ranked highest (12 of 14 ranked it #1); Tourette Syndrome ranked lowest (11 of 14 ranked it #22)
- Strong agreement around Top 5 cluster
- Top and bottom ranked conditions & risks closely linked to prevalence rates
- Middle grouping characterized by movement of select conditions & risks (e.g. anxiety, depression)

Additional Child Health Conditions & Risks to Consider

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1. Oral Health Caries
2. Tobacco Use/Cigarette Smoking (Healthy People)
3. Alcohol/Substance Abuse (Healthy People)
4. Responsible Sexual Behavior (Healthy People)
5. Childhood Immunizations (National Prevention Priorities Commission)
6. Hypertension Screening (National Prevention Priorities Commission)
7. Cervical Cancer Screening (National Prevention Priorities Commission)
8. Chlamydia Screening, Sexually Active (National Prevention Priorities Commission)
9. Vision Screening (National Prevention Priorities Commission)
10. Sickle Cell Disease
11. Physical Inactivity

Key Issues from the Committee

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- Importance of mental health issues among children
  - Under-diagnosed
  - Life-long impact
  - Cost implications
- Implications of childhood risk factors on adult health
  - Consider CVD risk factors bundle under overweight/obesity category (metabolic syndrome, hypertension, hypercholesterolemia/dyslipidemia, & diabetes)
- Difficulty obtaining cost data on children
  - High drug costs associated with autism, ADHD
- Importance of aligning with CHIPRA priorities
- Opportunity to explore the concept of family and caregiver health interactions
  - Childhood asthma is influenced by smoking habits of parents
  - Childhood illness can exact a toll on adult health and care burden for the adult parents/family)

Key Issues for Consideration

1. Defining health problems and conditions for quality measurement
   - Broad-based, consequences-based definition of CSHCN vs. condition specific?
   - Address risks as well as established conditions (e.g., obesity, risk for developmental delay)?
   - Address categories of conditions? (e.g., mental and behavioral health, oral health, etc).
   - Focus on more chronic/ongoing conditions than acute? Focus on conditions with data to anchor to? Conditions listed on slide 27 do not reflect:
     - Common causes of death—(e.g., accidents, congenital anomalies, and cancer for young children and accidents, homicide, and suicide for teens, etc).
     - Most common reasons for health care visits. (e.g., well child care and common acute health issues)
   - Focus on syndromes and problems as well as conditions? Some of the "conditions" on the list are not diagnoses per se, but syndromes or "problems" (e.g., learning disabilities, behavior or conduct problems, etc.). Others are more diagnosis driven like Tourette or depression. Many conditions are not listed (e.g., Down Syndrome, Cystic Fibrosis, CP, etc.).

Key Issues for Consideration

2. Defining quality measurement gap areas: Cross-cutting and disease specific clinical measures
   - Focus on measures that can shift the system (given the need for this for children's health)?
   - Most "gap areas" (recently identified) focused on shifting the system (policy, financing, workforce, and other structural changes will be needed ultimately for high performance to be achieved in many areas defined in frameworks/categories presented here today).
   - Focus on measures that are disease specific and do not push system change per se? Many will require EMR—not uniform, standardized fields do not equal standardized data populating those fields.
   - Focus on measures that are already defined as a priority (e.g., health legislation and/or CHIPRA focuses on obesity, developmental screening, preventive care as defined in Bright Futures required by health plans by Sept. 23, 2010, etc.).

Key Issues for Consideration

3. Defining "child" – 0-17 vs. up to age 26 (health reform legislation goes up to age 26 for dependent coverage now)

4. Placing prenatal, pre-prenatal and neonatal care into OB/Maternity NQF Stream?

5. Not including insurance coverage, duration, adequacy measures as "quality" measures here?

Child Health: Measure Gap Analysis and Prioritization

Prepared by Christina Bethell for consideration by the Measure Prioritization Advisory Committee during June 14-15, 2010 meeting

Presentation Outline

1. Historical context for thinking about what quality measures are relevant for and needed for children's health care

2. Current framing for purposes of the NQF Child Stream measures prioritization exercise and draft domains and sub-domains for measurement to consider

3. Relationship with CHIPRA core measures and other prominent measure prioritization activities

4. Recognizing other issues and factors related to identifying measurement gaps

Example 1: Consumer Information Framework (CIF) (CMS initiated)

Example 2: AHRQ Healthcare Quality Report Framework (IOM initiated)

Illustration: Early Years Consumer-Centered Quality Measurement Framework

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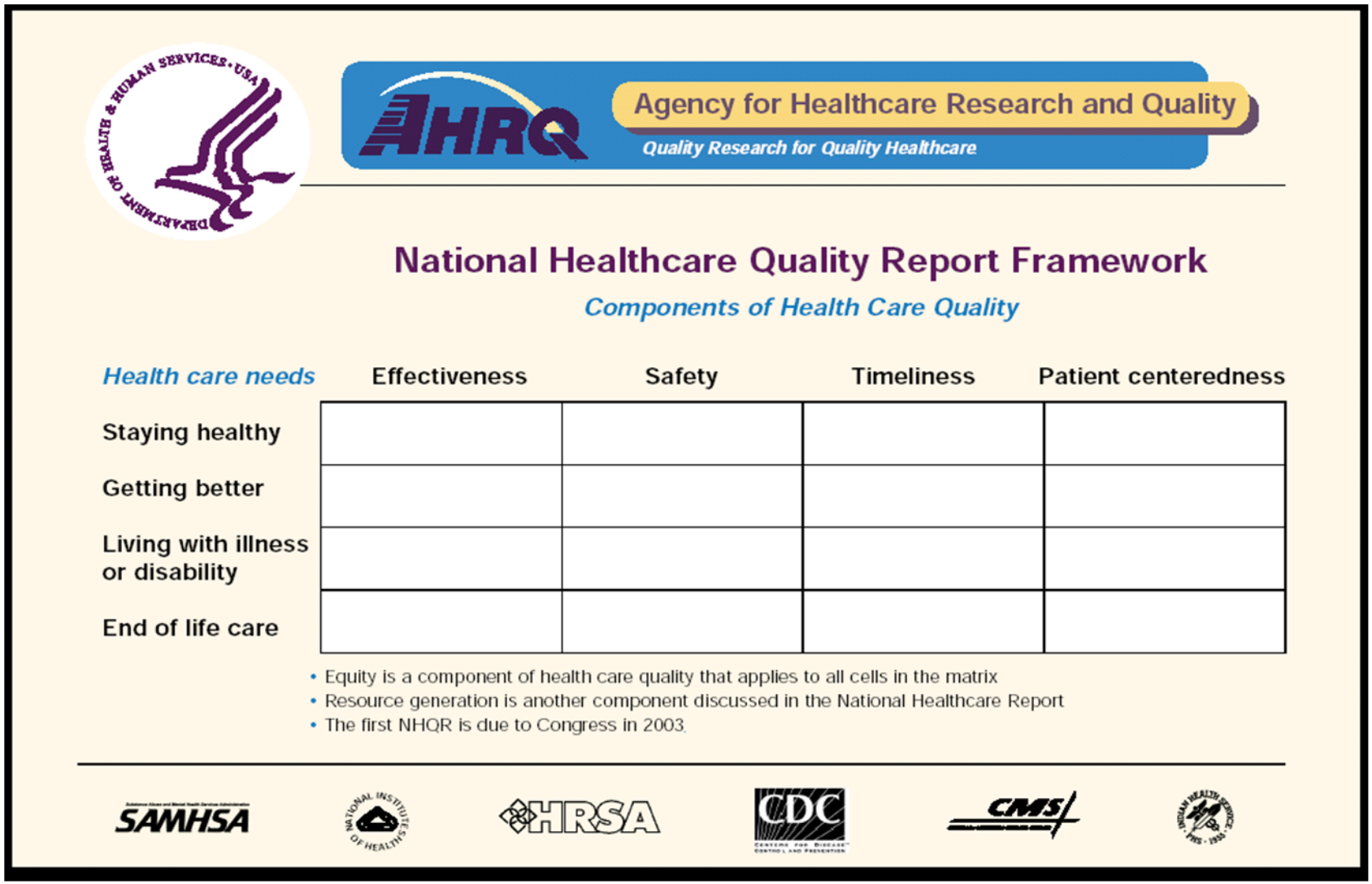
EXAMPLES: Assuming the basics (insurance coverage, etc.)	Healthy Development	Staying Healthy	Getting Better	Living With Illness	End of Life and LTC
Results of Good Care (examples)					
1^{O} Prevention (pre/pre-prenatal; early life and age appropriate ID/FU)					
↓Burden of Illness (child and family) 2^{O} Prevention and Treatment;					
↑Thriving & functioning (readiness for school/work; optimal functioning for age/condition, etc.)					
↓Avoidable negative events (hosp/ER; safety errors)					
Parents/children/youth are effectively engaged and experience care as responsive, caring, supportive, coordinated, comprehensive, culturally sensitive, etc.					
Steps to Good Care (examples)					
Screening and follow up (ongoing for all ages & family)					
Realized access to appropriate care (primary and secondary prevention, acute and chronic condition specific clinical effectiveness measures)					
Effective parent, child, youth and community education and anticipatory guidance					
Medical Home/Chronic Care Model-Oriented Care, including shared decision making, care coordination					



Agency for Healthcare Research and Quality

Quality Research for Quality Healthcare

National Healthcare Quality Report Framework

Components of Health Care Quality

Health care needs	Effectiveness	Safety	Timeliness	Patient centeredness
Staying healthy				
Getting better				
Living with illness or disability				
End of life care				

- Equity is a component of health care quality that applies to all cells in the matrix
- Resource generation is another component discussed in the National Healthcare Report
- The first NHQR is due to Congress in 2003

SAMHSA HRSA CDC CMS

Domains Identified

1. Patient and Family Engagement *
2. Care Coordination, including transitions*
3. Population Health, including preventive care and communities*
4. Clinical effectiveness in acute and chronic care management
5. Safety*
6. Overuse*
7. Palliative Care*

*Aligned with the National Priorities Partnership framework

Process

- Review consensus processes and summary reports available that seek to summarize priority topics and gaps
- Incorporate formal reviews and more up to date internalized knowledge about available measures, level of development and applicability for accountability, QI and for different units of analysis
- Consideration of priorities emerging from CHIPRA, NCQA, IOM, MCHB, CDC and other efforts
- Internalized knowledge about evidence based, feasibility for measurement, etc.

Sub-Domains for Consideration

Domain 1
Patient and Family Centered Care and Engagement *
Communication (including language access), respect, caring and cultural sensitivity
Shared decision making, getting needed information and teamwork
Consumer empowerment including transparency about services, costs and quality and involving families as advisors, etc.
Patient/family centered systems of care (mechanisms for engagement in QI; system awareness of population needs and evidence of response to needs at community level, etc.)
Evidence of patient/family activation (developmentally appropriate for children and youth; culturally appropriate for families)
Other

*Patient experience data required to collect key measures across all domains of measurement (engagement, care coordination, population health, effective care, safety, overuse, palliative care). This domain unbundled patient experience information as it relates to patient/family centeredness and engagement.

Sub-Domains for Consideration

Domain 2
Care Coordination including Transitions
Timely and successful access to referrals and appropriate follow up after referrals, including realized access to services.
Getting needed help coordinating care (including specialist, specialized therapies, school/community resources)
Success/Failure rates in handoffs and follow ups between settings of care (hospital; primary; spec.) and w/families & between child and adult health care (for youth)
Effective transition to adult care and services
Experience of having a Medical or "Health Home" (e.g. usual source; personal doctor; comprehensive, coordinated, family centered care, etc.)*
Other

*NOTE: Medical home is a concept that cuts across Domains 1-4. It is included in care coordination for anchoring purposes.

Sub-Domains for Consideration

Domain 3
Population Health including Primary and Secondary Prevention & Communities
Early and continuous screening and appropriate and timely follow up (e.g. developmental screening, psychosocial family assessment/FU; late ID rates, etc.)
Anticipatory guidance/education (provision and effectiveness) to promote healthy development (e.g. development and behavior, injury prevention, physical care)
Population health outcomes (thriving; physical, social and emotional functioning; obesity; healthy teeth; exercise, readiness for school and work; school engagement, missed school, etc.)
Community and neighborhood resources, safety and support. Knowledge of population health risks and needs and evidence of shared accountability, especially around injury, suicide, violence and abuse, obesity prevention (recreation/exercise and food access, etc.) and mental, social and behavioral health
Other

Sub-Domains for Consideration

Domain 4
Clinical Effectiveness in Acute and Chronic Care Management
Appropriate tests and follow up (e.g. cross-cutting composites with clinical specificity for condition)
Appropriate medications prescribed and managed; patient education and adherence
Effective care plans, risk reduction counseling, self care support; self and family efficacy (process and outcomes)
Burden of illness, symptoms and functioning
Other

Sub-Domains for Consideration

Domain 5
Safety
Adverse event ratios/complication rates, including infections (procedures, surgery, etc.) Beyond CABSI.
Patient communication & knowledge about safe use of medications and devices, informed consent for procedures, etc.
Sedation and medication dosing safety (% with PALS certificate)
Other

Sub-Domains for Consideration

Domain 6
Overuse
Overuse of procedures and surgery, including medical and dental procedures (e.g. PE tubes)
Inappropriate medication use (e.g. antibiotics, depression, ADHD, asthma, etc.)
Avoidable emergency room use and hospitalizations (e.g. avoidable hospitalizations for gastroenteritis, UTI, Asthma, etc.)
Unnecessary repetition of tests and procedures due to poor care coordination/info transfer
Other

Sub-Domains for Consideration

Domain 7 Palliative Care
Pain management and freedom from suffering
Advance preparations (preferences ascertained, outlined in a plan) and honoring preferences
Caregiver/family burden, communication and support and honoring spiritual and cultural beliefs
Access to supportive services
Other

Major Gaps Identified by SNAC

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- Most integrated health care system/medical home
- Specialty care
- Inpatient care
- Care for substance abuse
- Mental health treatment
- Measures of integration of care with services outside of the health care system
- Health outcomes

Relationship to CHIPRA Core Measures and Priorities for Future Measurement

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Immunizations for 2-year-olds

Frequency of ongoing prenatal care (NCQA measure)

ER utilization—Average number of emergency room visits per member per reporting period

Annual number of asthma patients (>1 year-old) with >1 asthma-related ER visit

BMI 2—18 years old (NCQA and nominated by CMS)

Well-child visits—SNAC voted to combine three NCQA measures: 1) WCVs in the first 15 months of life; 2) WCVs in the third, fourth, fifth and sixth years of life; 3) Adolescent Well Care Visits

Total eligibles receiving preventive dental services (EPSDT measure Line 12B)

Adolescent immunization

(SNAC voted to include children with and without chronic health conditions) HEDIS CAHPS 4.0 a. Patient Experiences with Prescription Medicine Composite b. Parent's Experiences with Getting Specialized Services c. Family Centered Care Composite d. Parent Experiences with Coordination of their Child's Care Composite

Timeliness of prenatal care (NCQA measure)

HRSA MCH Health Status Indicator #01A—**% of live births weighing < 2,500 grams**

Relationship to CHIPRA Core Measures and Priorities for Future Measurement

Rates of screening using standardized screening tools for potential delays in social and emotional development (ABCD)

Follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication (continuation and maintenance phase)

Annual dental visit (NCQA measure)

Child and adolescent Major Depressive Disorder (MDD)—suicide risk assessment

Annual hemoglobin A1C testing (all children and adolescents diagnosed with diabetes)

Follow up after hospitalization for mental illness

Chlamydia screening 16-20 females (NCQA)

Cesarean Rate for Low-risk First Birth Women

Use of Clinician & Group primary care CAHPS survey for practitioners participating in Medicaid and CHIP

Access to primary care practitioners, by age and total.

Total EPSDT eligibles who received dental treatment services (EPSDT CMS Form 416)

Pediatric catheter associated blood stream infection rates (ICU and high risk nursery patients)

Pharyngitis—appropriate testing (NCQA measure)

OME—systemic antimicrobials—avoidance of inappropriate use

Relationship to CHIPRA Core Measures and Priorities for Future Measurement

Some Considerations:

1. Focus is on CHIP/Medicaid programs
2. Some core measures focused on prenatal care and birth (which will be addressed in more detail later)
3. Many measures drawn from HEDIS/NCQA set (e.g. immunizations, well visit rates, clinical measures) and specified for health plans
    - Many issues on use by states in a standardized manner at state, plan and provider levels.

Some Considerations:

4. Several measures not fully specified and being assessed in recently awarded state CHIPRA grants (e.g. developmental screening)
5. All measures required to be stratified by race/ethnicity and CSHCN status (often requiring parent/youth reported data and raising key issues in integrating such data into the EHR, etc)
6. We don't really know the relative value of measures yet (added information, usability/actionability, potential for standardization at all levels, etc.)

Relationship to CHIPRA Core Measures and Priorities for Future Measurement

AHRQ issued a U18 RFP to fund 7-9 Centers of Excellence to advance pediatric measures in priority areas, including:

a. Insurance consistency/duration/stability (a topic for NQF?)
b. Preventive health services (beyond immunizations and well visits)
c. Most integrated care setting, including medical home and transition to adulthood
d. Acute and chronic condition care (beyond core measures)
e. Amelioration of effects of physical and mental conditions
f. Aiding in growth and development of infants, young children, school-age children and adolescents with special health care needs (chronic conditions requiring above routine services)
g. Elimination of racial, ethnic and socio-economic disparities in health and health care

Some key issues that may arise in process of identifying gaps

1. Recognition of lack of specificity in sub-domain areas set forth

    - Age specificity, race/ethnicity, health status and condition specificity, etc.
    - Feel free to add specificity to the broad list of sub-domain topics (e.g. early screening for children under age 3; medication management for children with depression, etc.)

2. Early evolution of the population health concept will likely require continued discussion, yet is essential for child health

3. Fundamental issue of sample size requires creative approaches
    - Most measurement areas still require a cross-cutting approach to numerators and denominators in order to achieve appropriate samples. Cross-cutting composites that are specific to the child and condition but scored across children for "appropriateness" (etc.) are likely to be required regardless of the measurement domain assessed.

Some other key issues not explicitly addressed but that will be relevant over time to "prioritization" and "gaps"

Considering the broader context in determining "gaps"

1. What is the ideal full "set" of measurement areas from which we are assessing gaps?

2. For what application (accountability, QI) and for which units of analysis (national, state, community, health plan, practice, individual person) are gaps assessed?

3. From whose perspective are gaps assessed?

Some other key issues not explicitly addressed but that will be relevant over time to "prioritization" and "gaps"

Considering the broader context in determining "gaps"

4. For what populations/subgroups should measurement be most focused
   a. Conditions and impact of the common co-morbidity
   b. According to costs (costs to whom-payers, families, society)?
   c. According to impact on function and school?
   d. According to known quality deficits?
   (Note: See Excel sheet from May 21st Webinar)

5. What information was assessed to determine existing availability of measures (are measure available but not supported in use or are measures not available. Many measures in NQF set but not widely used. Why?)

Some other key issues not explicitly addressed but that will be relevant over time to "prioritization" and "gaps"

Considering importance of considering measures as a group vs. single measures

6. How do measures "fit" together? Are multiple measures possible to obtain with one data collection sweep and strategy?

7. How do we incorporate issues of existing capacity for measurement into what we identify as gaps (are "stretch" measures not possible to collect in a standardized manner now even considered at this point?)

8. Considering measures priorities

Acknowledgements for Conditions and Measure Gaps Analyses

1. Federal Maternal and Child Health Bureau support of the CAHMI Data Resource Center
2. Agency for Healthcare Research and Quality commissioning of health problems and quality analysis
3. CAHMI In-Kind Contributions (CAHMI)

Some encouragement!

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HAVE FUN!!

Whatever the outcome,
this will be a useful exercise!

Child Health Measure Gaps Identified by NQF Endorsement Process

Measure Gaps Identified Through the NQF Endorsement Process

- Collected Over 20 NQF Consensus Development Process (CDP) Reports (2007-Present)
- Focused on Research Recommendations Section of Reports
- Identified Report Recommendations on Measure Gaps Related to Child Health, Population Health, and/or Disparities

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Child Health

- Care Coordination
- Cost/Efficiency/Overuse
- Patient and Family Engagement
- Population Health
- Safety
- Palliative Care

Care Coordination

- Management Care Plan Effectiveness
- Prescription Fill Rate
- Patient Management Across Care Settings

Cost/Efficiency/Overuse

- Appropriate Selection and Use of Medications

Patient and Family Engagement

- Parental Education
- Effective Communication Between Healthcare Professionals and Patient and/or Family
- Patient and Family Experiences of Care

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Population Health

- Environmental Factors/Determinants
- Screening & Surveillance
- Well-Child
  - Screenings and Developmental Milestones
- Mental Health
  - Depression
  - Substance Use Illness

Safety

- Healthcare Associated Infections
- Antimicrobial Therapies' Monitoring
- Serious Treatable Complications

Palliative Care

- Roles and Responsibilities of Healthcare Professionals
- Patient and Family Experiences of Care

Disparities

- Racial, Ethnic and Culturally Appropriate Delivery of End-of Life Services
- Assessment of Quality and Disparities for At-Risk Pops
- Access to Care

HIT Meaningful Use Quality Measures: Gretzky Group Update

Setting the Context

Extraordinary innovation underway:

- ARRA provides financial incentives for "meaningful use" of HIT
- PPACA
  - Emphasis on rapid expansion of public reporting
  - Alignment of existing and new payment programs with value
  - Development of accountable care organizations

Committee Charge

Identify a discrete set of high-leverage measures that might be considered for 2013 meaningful use measures

- Primary outcomes:
  - identify a parsimonious set of measures that support the NPP priority areas and
  - identify 3-5 high impact conditions and associated measures that map across a patient-focused episode of care

Building Blocks/Foundation

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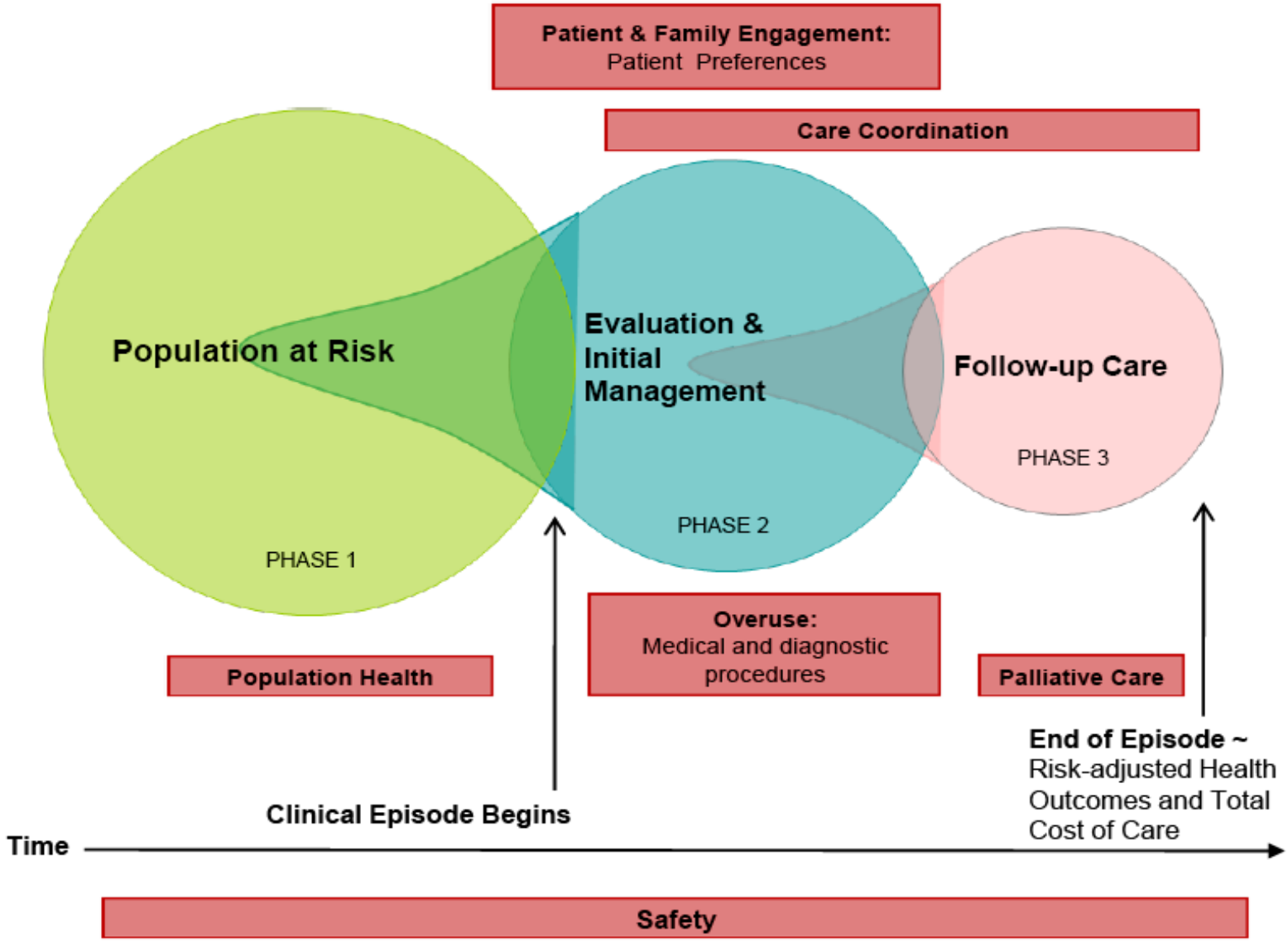
- 2-dimensional Measurement Framework
  - National Priorities set clear aims
  - NQF Episode of Care Framework applied to leading conditions can support achievement of those aims
- Feasibility assessment to determine whether measures are:
  - currently available and ready for use
  - available but require adaptation
  - are not available and therefore require de novo, fast-track development

2-Dimensional Measurement Framework



Population Health: Measure Gap Analysis and Prioritization

Purpose:

Improve the health of the population.

Vision:

We envision communities that foster health and wellness as well as national, state, and local systems of care fully invested in the prevention of disease, injury, and disability – reliable, effective, and proactive in helping all people reduce the risk and burden of disease.

Goals:

The Partners will work together to ensure that:

- All Americans will receive the most effective preventive services recommended by the U.S. Preventive Services Task Force (USPSTF).
- All Americans will adopt the most important healthy lifestyle behaviors known to promote health.
- The health of American communities will be improved according to a national index of health.

Population Health: Potential Gap Areas for Consideration

- Examine what the health care delivery system should do within the healthcare delivery system and in partnership with public health and other community systems to have a maximum impact on health

- Address the most highly impactful USPSTF A and B ranked clinical preventive services, e.g.,
  - ABCs for cardiovascular risk prevention
  - CRC screening
  - Adult immunizations

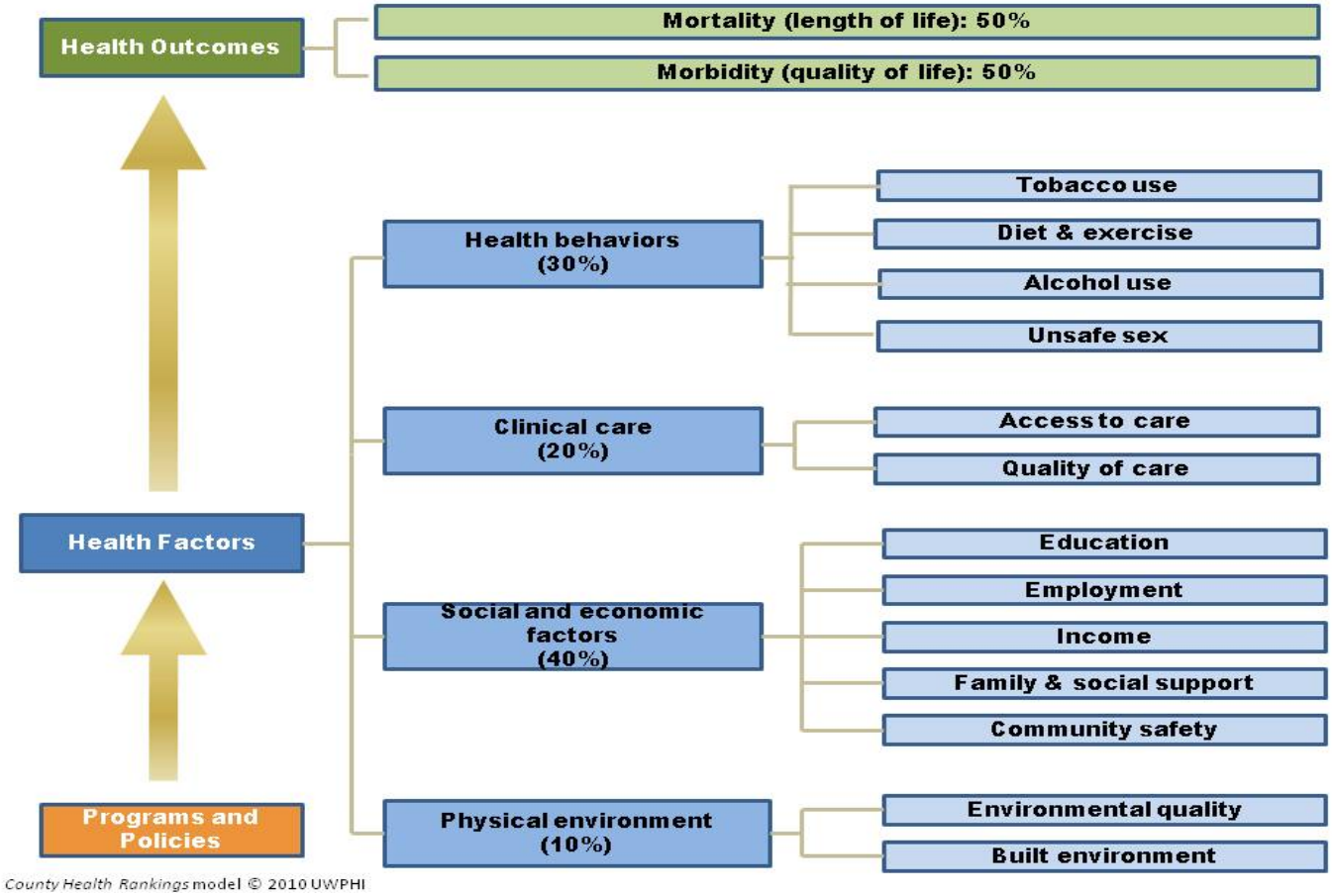
- Address the most important health behaviors, e.g.,
  - Smoking
  - Physical activity
  - Nutrition
  - Risky Alcohol Use

- Consider system level measures for healthcare delivery and public health.

- Consider models that include but also extend beyond the traditional realm of the healthcare delivery system to identify measure gap areas for inclusion in the measure development and endorsement agenda.

There are Many Examples of Population Health Models that Focus Beyond Healthcare Delivery

County Health Rankings: Factors Considered



Health System & Public Health Infrastructure Capabilities for Further Development

- Re-design of care processes to address highest impact services and behaviors
  - Measure it
  - Remind about it
  - Pay for it
  - Make it automatic (opt out vs. opt in)
- Encourage links across sectors
- Care coordination across the patient-focused episode to include community context
  - (behaviors and some services will not be entirely addressed within the walls of the health care system)
- Use of HIT for measurement and quality improvement
- Consider integrating healthcare and public health data
- Development of multi-disciplinary teams and community coalitions

Source: Adapted form Institute of Medicine, *Crossing the Quality Chasm*.

What Might the Health Care System Measure to Best Stimulate Health Improvement?

Domain 1: Clinical Preventive Services

- Most Impactful and Underutilized Services are most likely to Move the Needle on Health
  - Cardiovascular disease prevention (e.g., ABCS)
  - Cancer prevention (e.g., CRC screening)
  - Other?
- Composites?

Impact of Decreasing Utilization Gaps

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Service	Current Utilization	QALYs Saved if Increased to 90%
Tobacco Cessation Counseling	35%	1,300,000
Discuss daily aspirin use	*50%*	*590,000*
Colorectal Cancer Screening	25%	340,000
Influenza immunization	50%	110,000
Breast cancer screening	68%	91,000
Problem drinking screening	*50%*	*71,000*
Vision Screening – adults	*50%*	*31,000*
Cervical cancer screening	79%	29,000
Chlamydia Screening	40%	19,000
Pneumococcal immunization	56%	16,000
Cholesterol screening	87%	12,000
Hypertension screening	90%	0

Source: Maciosek MV, Coffield AB, Edwards NM, et al. Priorities among effective clinical preventive services: results of a systematic review and analysis. *Am J Prev Med*. 2006;31(1): 52-61, pp. 57.

Domain 2: Lifestyle Behaviors

- Address most important causes of burden
  - Diet
  - Physical Activity
  - Smoking
  - Risky Alcohol Use

Actual Causes of Death in 1990 and 2000

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Table: Actual Causes of Death in the United States in 1990 and 2000

Actual Cause	No. (%) in 1990*	No. (%) in 2000
Tobacco	400 000 (19)	435 000 (18.1)
Poor diet and physical inactivity	300 000 (14)	365 000(15.2) (correction of original numbers)
Alcohol consumption†	100 000 (5)	85 000 (3.5)
Microbial agents	90 000 (4)	75 000 (3.1)
Toxic agents	60 000 (3)	55 000 (2.3)
Motor vehicle	25 000 (1)	43 000 (1.8)
Firearms	35 000 (2)	29 000 (1.2)
Sexual behavior	30 000 (1)	20 000 (0.8)
Illicit drug use	20 000 (<1)	17 000 (0.7)
Total	1 060 000 (50)	1 159 000 (48.2)

*Data are from McGinnis and Foege. The percentages are for all deaths.
†In1990 data, deaths from alcohol-related crashes are included in alcohol consumption deaths, but not in motor vehicle deaths. In 2000 data, 16 ,653 deaths from alcohol-related crashes are included in both alcohol consumption and motor vehicle death categories.

Source: Mokdad AH, Marks JS, Stroup DF, et al. Actual causes of death in the United States, 2000. *JAMA*. 2004;291(10):1238-1245.

Domain 3: Mortality and Healthy Years

- Is the health system affecting overall measures of health or lifespan?
  - Measures of mortality
  - Measures of length and quality of life

- Are the health care and public health systems acting to promote health and prevent disease?
- Are appropriate activities, policies, and programs in place?
- Are efforts coordinated?

- Social determinants
- Environmental factors

Issues for Committee Deliberations:

- Ability of healthcare delivery providers to impact and improve these factors
- How else will the broader community, including healthcare delivery providers, understand these factors?

Key Issues: Population Health Domains and Sub-Domains

- How do we define community?
  - Population can be defined narrowly (e.g. insured by a single health plan or defined by geography)
  - Consider different levels of analysis and attribution
  - Considerations around shared accountability
- Other?

Population Health Measure Gaps Identified by NQF Endorsement Process

Measure Gaps Identified Through the NQF Endorsement Process

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Population Health

- Clinical Preventive Services
- Lifestyle Behaviors
- Community Level Measurement

Clinical Preventive Services

- Screening & Surveillance/Monitoring
- Mental Health
  - Depression
  - Substance Use Illness

Lifestyle Behaviors

- Composite Measurement of Lifestyle Behaviors (e.g., physical activity, nutrition)
- Children & Maternal Drivers of Lifestyle Behaviors (e.g., prenatal counseling)
- Assessment of Understanding and Ability to Execute Care Plan
- Environmental/Regulatory Influences

Community Level Measurement

- Environmental Factors/Determinants
- Faith-Based Interventions
- Public Health Interventions at the Community Level

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Disparities

- Racial, Ethnic and Culturally Appropriate Delivery of End-of Life Services
- Assessment of Quality and Disparities for At-Risk Pops
- Access to Care

Next Steps

Immediate Next Steps

- Identify important measure gap areas for HIT Meaningful Use Quality Measures (July/August 2010).
- Develop prioritized measure development and endorsement agenda (August 2010).
- Public Comment (September – October 2010)

Committee Scope of Work & Timeline

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July 2010	• Convene Measure Prioritization Advisory Committee to identify important measure gap areas for HIT Meaningful Use Quality Measures and discuss measure developer priorities
August 2010	• Convene Measure Prioritization Advisory Committee to prioritize HIT Meaningful Use Quality Measure gap areas and finalize a measure development and endorsement agenda
Sept. 2010	• Conduct an informational web meeting to present background information, discuss the Committee's process and provide an opportunity for the public to ask questions prior to the public comment period.
Sept. - Oct. 2010	• NQF will seek comments from NQF Members and the public on the Measure Development and Endorsement Agenda. The comments will be used to inform a final report to HHS as well as next steps in formulating a comprehensive national strategy and priorities for healthcare performance measurement.

Meeting Schedule

Web Meeting #2:

July 22nd, 2010 (10:00 am – Noon EST)

In-person Meeting #2:

August 18-19th, 2010 (Washington, DC)

Web Meeting #3:

September 23rd, 2010 (2:00 – 4:00 pm EST)

General Questions?