

# NATIONAL QUALITY FORUM

TO: Consensus Standards Approval Committee

FR: Reva Winkler, MD, MPH and Suzanne Theberge, MPH

RE: Results of Voting for *National Voluntary Consensus Standards for Patient Outcomes, Child Health (Phase III): A Consensus Report*

DA: October 27, 2010

The Consensus Standards Approval Committee (CSAC) will review the draft report *National Voluntary Consensus Standards for Patient Outcomes: Child Health* at the November 3-4, 2010 in-person meeting. This memo includes summary information about the project, the recommended measures, and the member voting results. The complete [voting draft report](#) and supplemental materials are available on the [project page](#).

NQF Member voting closes at 6:00 p.m. ET on Tuesday, October 26. Results will be sent separately.

## CSAC ACTION REQUIRED

Pursuant to the Consensus Development Process (CDP), the CSAC may consider approval of nine candidate consensus standards as specified in the “voting draft” of *National Voluntary Consensus Standards for Patient Outcomes, Child Health (Phase III): A Consensus Report*. This project followed the National Quality Forum’s (NQF’s) version 1.8 of the CDP. All CDP steps were adhered to and no concerns regarding the process were received.

## BACKGROUND

NQF’s multi-phase Patient Outcomes project has addressed a wide variety of topics in Phases I and II and mental health in Phase III. Also in Phase III, a Child Health Outcomes Steering Committee (Committee) evaluated 26 candidate child health outcome measures. The [voting draft report](#) contains a summary of the Committee discussion and rationale for recommending the measures. The Committee recommended 15 measures for endorsement.<sup>1</sup> The recommended measures are of two types—measures at the provider-level and measures at the population-level:

Provider level measures—These measures are developed and intended for use at the facility or group level of analysis and are not intended to measure individual clinicians.

- OT3-027-10: Ventriculoperitoneal (VP) shunt malfunction rate in children (Children’s Hospital Boston) *for time-limited endorsement*
- OT3-028-10: Standardized mortality ratio for neonates undergoing non-cardiac surgery (Children’s Hospital Boston) *for time-limited endorsement*
- OT3-029-10: Standardized adverse event ratio for children <18 years of age undergoing cardiac catheterization (Children’s Hospital Boston) *for time-limited endorsement*
- OT3-031-10: Healthy term newborn (California Maternal Quality Care Collaborative)
- OT3-043-10: Pediatric Symptom Checklist (PSC) (Massachusetts General Hospital ) *for time-limited endorsement*
- OT3-046-10: Validated family-centered survey questionnaire for parents’ and patients’ experiences during inpatient pediatric hospital stay (Children’s Hospital Boston) *for time-limited endorsement*

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## Population-level measures

- OT3-055-10: Gastroenteritis admission rate (pediatric) (AHRQ)
- OT3-057-10: Asthma admission rate (pediatric) (AHRQ)

Candidate Standards derived from the National Survey of Children's Health (NSCH) 2007:

- OT3-032-10: Number of school days children miss due to illness
- OT3-036-10: Children who have no problems obtaining referrals when needed
- OT3-038-10: (a) Children who did not receive sufficient care coordination services when needed (b) Children who did not receive satisfactory communication among providers when needed
- OT3-039-10: Children who live in communities perceived as safe
- OT3-041-10: Children who attend schools perceived as safe
- OT3-044-10: Children who have inadequate insurance coverage for optimal health
- OT3-045-10: Measure of medical home for children and adolescents

NOTE: At the November 3-4 meeting, CSAC is being asked to consider the best approach to evaluating survey measures, either as individual measures or as quality measures within the survey as a single entity. The decisions from that discussion will determine further action on the population measures derived from the NSCH.

## **COMMENTS AND THEIR DISPOSITION**

NQF received 102 comments from 22 organizations on the draft report. A [table of detailed comments](#) submitted during the review period, with responses and actions taken by the Steering Committee, is posted on the NQF web page.

### **General comments**

The Committee noted that many comments were supportive of the report's recommendations and some comments raised issues that the Committee had previously discussed in detail. Many comments also offered recommendations for important measures to fill gaps in child health.

*Action taken:* NQF staff added a paragraph to the report with recommendations for measure development.

The Committee noted that several comments indicated that the survey measures may be considered subjective assessments.

*Action taken:* The Committee agreed. They had considered the subjective nature of some of the parent perception measures during their deliberations. No changes to the recommendations were made.

The Committee reviewed the numerous comments regarding school nurses.

*Action taken:* NQF staff advised the Committee that NQF is planning to add a school nurse to the Steering Committee for the upcoming Child Health Quality Measures 2010 project. The

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Committee also indicated that inclusion of school nurses is a gap in needed measures and that there is wide variation in the availability of school nurses.

Several comments questioned the appropriateness of individual clinician measurement for these measures:

- OT3-027-10 Ventriculoperitoneal (VP) shunt malfunction rate in children (Children’s Hospital Boston);
- OT3-028-10 Standardized mortality ratio for neonates undergoing non-cardiac surgery (Children’s Hospital Boston);
- OT3-029-10 Standardized adverse event ratio for children <18 years of age undergoing cardiac catheterization (Children’s Hospital Boston);
- OT3-031-10 Healthy term newborn (California Maternal Quality Care Collaborative);
- OT3-043-10 Pediatric Symptom Checklist (PSC) (Massachusetts General Hospital); and
- OT3-046-10 Validated family-centered survey questionnaire for parents’ and patients’ experiences during inpatient pediatric hospital stay (Children’s Hospital Boston).

*Action taken:* The developers agreed with the comments that these measures are not intended for individual clinician measurement. NQF staff is working with the measure developers to amend the measure submission to remove measurement at the individual clinician level.

## Measure-specific comments

### *Measure not recommended:*

#### ***OT3-048-10: Plan of care for inadequate hemodialysis (AMA PCPI)***

Several commenters requested reconsideration of this measure that was not recommended by the Committee.

*Action taken:* The Committee reviewed their original concerns about the measure including need for age stratification or adjustment to account for the weight of the child (a validity concern); concerns about the adequacy of specification for the plan of care; lack of a known gap in care for the plan of care; and the evidence for a relationship between a plan of care and dialysis outcomes. The Committee decided not to reconsider their original recommendations and suggested that the measure could be considered in NQF’s upcoming End Stage Renal Disease (ESRD) project if adequate pediatric expertise was included on the ESRD Steering Committee.

#### ***OT3-045-10: Measure of medical home for children and adolescents (CAHMI)***

Consumer and purchaser organizations raised concerns with the lack of alignment with definitions of medical home from other organizations and the endorsed National Committee for Quality Assurance (NCQA) structural measure.

*Action taken:* The Committee reviewed the comments and responded that this measure is particularly useful for pediatrics because:

- OT3-045-10 is more aligned with pediatric practice;
- OT3-045-10 captures the perception of the parent (an outcome) compared to the NCQA structural measure;
- OT3-045-10 is a population-level measure; and

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- The current NCQA measure (NQF #0059) is not specific to pediatrics and is expected to change.

After reviewing and discussing the comments, the Committee decided not to change its recommendation.

## NQF MEMBER VOTING

The 30-day voting period for the Child Health Outcomes project closed on October 26, 2010. The voting results will be provided to the CSAC separately.

### Voting results and comments

Voting results for the candidate consensus standards are provided below. Three organizations, Centers for Medicare & Medicaid Services (CMS), American Medical Association (AMA), and the Physicians Consortium for Performance Improvement (PCPI), submitted comments with their votes. During the comment period the AMA and the PCPI had requested that the level of analysis for the provider-level measures not include individual clinicians. The measure developers agreed that the measures were not intended for individuals, but rather for groups or facilities. The voting comment letters from AMA and PCPI point out that the measure information for two measures has not been altered to reflect the response to their concern on level of analysis. NQF staff is working with the developers to change the measure information accordingly. The CMS voting comments for several measures are indicated below.

<b>Measure OT3-027-10: Ventriculoperitoneal (VP) shunt malfunction rate in children</b>						
<b>Measure Council</b>	<b>Yes</b>	<b>No</b>	<b>Abstain</b>	<b>Total Votes</b>	<b>% Approval Yes/(Total - Abstain)</b>	<b>% of Councils Approving (&gt;50%)</b>  <b>Average Council Approval Rate</b>
Consumer	4	0	0	4	100%	
Health Plan	4	0	0	4	100%	
Health Professional	4	0	1	5	100%	
Provider Organizations	1	0	0	1	100%	
Public/Community Health Agency	0	0	0	0		
Purchaser	3	0	0	3	100%	
QMRI	2	0	0	2	100%	
Supplier/Industry	0	0	0	0		
<b>All Councils</b>	<b>18</b>	<b>0</b>	<b>1</b>	<b>19</b>	<b>100%</b>	

<b>Measure OT3-028-10: Standardized mortality ratio for neonates undergoing non-cardiac surgery</b>						
<b>Measure Council</b>	<b>Yes</b>	<b>No</b>	<b>Abstain</b>	<b>Total Votes</b>	<b>% Approval Yes/(Total - Abstain)</b>	<b>% of Councils Approving (&gt;50%)</b>
Consumer	4	0	0	4	100%	
Health Plan	4	0	0	4	100%	

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Health Professional	4	0	1	5	100%	<b>Average Council Approval Rate</b>  100%
Provider Organizations	1	0	0	1	100%	
Public/Community Health Agency	0	0	0	0		
Purchaser	3	0	0	3	100%	
QMRI	2	0	0	2	100%	
Supplier/Industry	0	0	0	0		
<b>All Councils</b>	<b>18</b>	<b>0</b>	<b>1</b>	<b>19</b>	<b>100%</b>	

<b>Measure OT3-029-10: Standardized adverse event ratio for children &lt;18 years of age undergoing cardiac catheterization</b>						
Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	<b>% of Councils Approving (&gt;50%)</b>  100%
Consumer	4	0	0	4	100%	
Health Plan	4	0	0	4	100%	
Health Professional	4	0	1	5	100%	
Provider Organizations	1	0	0	1	100%	
Public/Community Health Agency	0	0	0	0		
Purchaser	3	0	0	3	100%	<b>Average Council Approval Rate</b>  100%
QMRI	2	0	0	2	100%	
Supplier/Industry	0	0	0	0		
<b>All Councils</b>	<b>18</b>	<b>0</b>	<b>1</b>	<b>19</b>	<b>100%</b>	

<b>Measure OT3-031-10: Healthy term newborn</b>						
Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	<b>% of Councils Approving (&gt;50%)</b>  100%
Consumer	4	0	0	4	100%	
Health Plan	4	0	0	4	100%	
Health Professional	5	0	0	5	100%	
Provider Organizations	1	0	0	1	100%	
Public/Community Health Agency	0	0	0	0		
Purchaser	3	0	0	3	100%	<b>Average Council Approval Rate</b>  100%
QMRI	2	0	0	2	100%	
Supplier/Industry	0	0	0	0		
<b>All Councils</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>19</b>	<b>100%</b>	

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Comments from CMS: When considering meaningful use and the potential to pay on outcomes, it would be in the best interest to determine what other systems inputs contribute to the outcomes. Additionally, outcomes stratification by payer source, race/ethnicity, and type of birth would provide a better perspective of factors affecting newborn outcomes. (Vote: Approve)

<b>Measure OT3-032-10: Number of school days children miss due to illness</b>						
<b>Measure Council</b>	<b>Yes</b>	<b>No</b>	<b>Abstain</b>	<b>Total Votes</b>	<b>% Approval Yes/(Total - Abstain)</b>	
Consumer	4	0	0	4	100%	
Health Plan	1	2	1	4	33%	
Health Professional	4	0	1	5	100%	
Provider Organizations	1	0	0	1	100%	
Public/Community Health Agency	0	0	0	0		<b>Average Council Approval Rate</b>  83%
Purchaser	2	1	0	3	67%	
QMRI	2	0	0	2	100%	
Supplier/Industry	0	0	0	0		
<b>All Councils</b>	<b>14</b>	<b>3</b>	<b>2</b>	<b>19</b>	<b>82%</b>	

Comments from CMS: There are measurement concerns due to the parental role in school absenteeism, the subjectivity of the term “illness,” and the measurement operational methods. These concerns would impact the validity of the measure. The concept of the measure is important, in fact health plans have collected data related to missed school days due to asthma and the data has been invaluable. The data collection should be limited to specific conditions; “illness” is too vague and subjective. (Vote: Disapprove)

<b>Measure OT3-036-10: Children who have problems obtaining referrals when needed</b>						
<b>Measure Council</b>	<b>Yes</b>	<b>No</b>	<b>Abstain</b>	<b>Total Votes</b>	<b>% Approval Yes/(Total - Abstain)</b>	
Consumer	4	0	0	4	100%	
Health Plan	1	2	1	4	33%	
Health Professional	5	0	0	5	100%	
Provider Organizations	1	0	0	1	100%	
Public/Community Health Agency	0	0	0	0		<b>Average Council Approval Rate</b>  89%
Purchaser	3	0	0	3	100%	
QMRI	2	0	0	2	100%	
Supplier/Industry	0	0	0	0		
<b>All Councils</b>	<b>16</b>	<b>2</b>	<b>1</b>	<b>19</b>	<b>89%</b>	

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Comments from CMS: These measures [OT3-038-10 and OT3-036-10] assess related concepts that should be combined as a composite measurement. (Vote: Approve)

<b>Measure OT3-038-10 (a): Children who did not receive sufficient care coordination services when needed</b>						
Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	
Consumer	4	0	0	4	100%	<b>% of Councils Approving (&gt;50%)</b>
Health Plan	2	1	1	4	67%	
Health Professional	5	0	0	5	100%	
Provider Organizations	1	0	0	1	100%	
Public/Community Health Agency	0	0	0	0		<b>Average Council Approval Rate</b>
Purchaser	3	0	0	3	100%	
QMRI	2	0	0	2	100%	
Supplier/Industry	0	0	0	0		
<b>All Councils</b>	<b>17</b>	<b>1</b>	<b>1</b>	<b>19</b>	<b>94%</b>	

<b>Measure OT3-038-10 (b): Children who did not receive satisfactory communication among providers when needed.</b>						
Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils
Consumer	4	0	0	4	100%	<b>Approving</b>
Health Plan	2	1	1	4	67%	<b>(&gt;50%)</b>
Health Professional	5	0	0	5	100%	100%
Provider Organizations	1	0	0	1	100%	
Public/Community Health Agency	0	0	0	0		<b>Average</b>
Purchaser	3	0	0	3	100%	<b>Council</b>
QMRI	2	0	0	2	100%	<b>Approval Rate</b>
Supplier/Industry	0	0	0	0		94%
<b>All Councils</b>	<b>17</b>	<b>1</b>	<b>1</b>	<b>19</b>	<b>94%</b>	

Comment from CMS: These measures [OT3-038-10 and OT3-036-10] assess related concepts that should be combined as a composite measurement. (Vote: Approve)

**Measure OT3-039-10: Children who live in communities perceived as safe**

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Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils
Consumer	4	0	0	4	100%	<b>Approving (&gt;50%)</b>
Health Plan	2	1	1	4	67%	
Health Professional	5	0	0	5	100%	100%
Provider Organizations	1	0	0	1	100%	
Public/Community Health Agency	0	0	0	0		<b>Average</b>
Purchaser	2	1	0	3	67%	<b>Council</b>
QMRI	2	0	0	2	100%	<b>Approval Rate</b>
Supplier/Industry	0	0	0	0		89%
<b>All Councils</b>	<b>16</b>	<b>2</b>	<b>1</b>	<b>19</b>	<b>89%</b>	

Comment from CMS: The term “safe” is not defined within the measure. Environmental safety and concerns would play an equally important part of safety as violence. We cannot determine from the question an actionable item to address. Also, the measure is too subjective and the point of accountability is blurred. (Vote: Disapprove)

<b>Measure OT3-041-10: Children who attend schools perceived as safe</b>						
Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils
Consumer	4	0	0	4	100%	<b>% of Councils Approving (&gt;50%)</b>
Health Plan	2	1	1	4	67%	
Health Professional	5	0	0	5	100%	
Provider Organizations	1	0	0	1	100%	
Public/Community Health Agency	0	0	0	0		<b>Average Council Approval Rate</b>
Purchaser	2	1	0	3	67%	
QMRI	2	0	0	2	100%	
Supplier/Industry	0	0	0	0		
<b>All Councils</b>	<b>16</b>	<b>2</b>	<b>1</b>	<b>19</b>	<b>89%</b>	

Comment from CMS: The term “safe” is not defined within the measure, so the basis of this measurement is unclear. This measurement may not be actionable for states or communities without additional details regarding jurisdiction and authority. The measure is too subjective and the point of accountability is blurred. (Vote: Disapprove)



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<b>Measure OT3-043-10: Pediatric Symptom Checklist (PSC)</b>						
Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	
Consumer	4	0	0	4	100%	
Health Plan	3	1	0	4	75%	
Health Professional	4	0	1	5	100%	
Provider Organizations	1	0	0	1	100%	100%
Public/Community Health Agency	0	0	0	0		<b>Average Council Approval Rate</b>
Purchaser	3	0	0	3	100%	
QMRI	2	0	0	2	100%	
Supplier/Industry	0	0	0	0		
<b>All Councils</b>	<b>17</b>	<b>1</b>	<b>1</b>	<b>19</b>	<b>94%</b>	

<b>Measure OT3-044-10: Children who have inadequate insurance coverage for optimal health</b>						
Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	
Consumer	4	0	0	4	100%	
Health Plan	1	2	1	4	33%	
Health Professional	5	0	0	5	100%	
Provider Organizations	1	0	0	1	100%	83%
Public/Community Health Agency	0	0	0	0		<b>Average Council Approval Rate</b>
Purchaser	2	1	0	3	67%	
QMRI	2	0	0	2	100%	
Supplier/Industry	0	0	0	0		
<b>All Councils</b>	<b>15</b>	<b>3</b>	<b>1</b>	<b>19</b>	<b>83%</b>	

Comment from CMS: In concept, we recognize the importance of the measure, but it is impossible to operationalize, because the measure is too subjective, terms and parameters are unclear, and it is very resource intensive to assess adequate coverage in relation to need. (Vote: Disapprove)

<b>Measure OT3-045-10: Measure of medical home for children and adolescents</b>						
Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	
Consumer	0	4	0	4	0%	
Health Plan	2	1	1	4	67%	
Health Professional	4	1	0	5	80%	
Provider	1	0	0	1	100%	67%

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Organizations						
Public/Community Health Agency	0	0	0	0		<b>Average Council Approval Rate</b>  63%
Purchaser	1	2	0	3	33%	
QMRI	2	0	0	2	100%	
Supplier/Industry	0	0	0	0		
<b>All Councils</b>	<b>10</b>	<b>8</b>	<b>1</b>	<b>19</b>	<b>56%</b>	

<b>Measure OT3-046-10: Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay</b>						
Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	
Consumer	4	0	0	4	100%	<b>% of Councils Approving (&gt;50%)</b>  100%
Health Plan	4	0	0	4	100%	
Health Professional	4	0	1	5	100%	
Provider Organizations	1	0	0	1	100%	
Public/Community Health Agency	0	0	0	0		
Purchaser	3	0	0	3	100%	<b>Average Council Approval Rate</b>  100%
QMRI	2	0	0	2	100%	
Supplier/Industry	0	0	0	0		
<b>All Councils</b>	<b>18</b>	<b>0</b>	<b>1</b>	<b>19</b>	<b>100%</b>	

<b>Measure OT3-055-10: Gastroenteritis admission rate (pediatric)</b>						
Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	
Consumer	4	0	0	4	100%	<b>% of Councils Approving (&gt;50%)</b>  100%
Health Plan	4	0	0	4	100%	
Health Professional	4	0	1	5	100%	
Provider Organizations	1	0	0	1	100%	
Public/Community Health Agency	0	0	0	0		
Purchaser	3	0	0	3	100%	<b>Average Council Approval Rate</b>  100%
QMRI	2	0	0	2	100%	
Supplier/Industry	0	0	0	0		
<b>All Councils</b>	<b>18</b>	<b>0</b>	<b>1</b>	<b>19</b>	<b>100%</b>	

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Comment from CMS: The data collection and measurement should only be applied at the population level, because of accountability concerns. (Vote: Approve)

<b>Measure OT3-057-10: Asthma admission rate (pediatric)</b>						
<b>Measure Council</b>	<b>Yes</b>	<b>No</b>	<b>Abstain</b>	<b>Total Votes</b>	<b>% Approval Yes/(Total - Abstain)</b>	
Consumer	4	0	0	4	100%	<b>% of Councils Approving (&gt;50%)</b>
Health Plan	4	0	0	4	100%	
Health Professional	4	0	1	5	100%	
Provider Organizations	1	0	0	1	100%	
Public/Community Health Agency	0	0	0	0		<b>Average Council Approval Rate</b>
Purchaser	3	0	0	3	100%	
QMRI	2	0	0	2	100%	
Supplier/Industry	0	0	0	0		
<b>All Councils</b>	<b>18</b>	<b>0</b>	<b>1</b>	<b>19</b>	<b>100%</b>	<b>100%</b>

Comment from CMS: The data collection and measurement should only be applied at the population level, because of accountability concerns. (Vote: Approve)

## NOTES

- Several measures are recommended for time-limited endorsement. These measures were submitted for consideration prior to NQF's change in policy regarding time-limited endorsement.