



TO: Board of Directors
FR: Helen Burstin, Chief Scientific Officer
Marcia Wilson, Senior Vice President, Quality Measurement
RE: Ratification of Measures for the Pediatric Measures Project
DA: May 2, 2016

ACTION REQUIRED

The Executive Committee is asked to ratify the Consensus Standards Approval Committee's (CSAC) recommendation to endorse measures for the current phase of the Pediatric Measures Project. All of the recommended measures approved by the membership and the CSAC are listed below.

Measures Evaluated:

The Pediatric Measures Steering Committee evaluated 23 newly-submitted measures and one revised version of a previously reviewed measure against NQF's standard evaluation criteria. In addition, 3 measures were withdrawn from consideration by the measure developers prior to the Committee's review and evaluation.

Consensus Process

Steering Committee: 15 measures were recommended for endorsement and 9 measures were not recommended for endorsement.

Member Voting: Six of the recommended measures were approved with 75% approval or higher. Nine of the measures were in the consensus not reached zone (40-60%); one, 2801: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics received 40% approval, and the rest received 60% approval. Representatives of 18 member organizations voted; no votes were received from the Consumer, Public/Community Health Agency, and Supplier/Industry Councils.

CSAC: CSAC supported all of the Steering Committee's recommendations. The CSAC memo and Member voting results for this project may be accessed at this [link](#); the project report may be accessed at this [link](#).

Measures Recommended:

- [Measure #2789 Adolescent Assessment of Preparation for Transition \(ADAPT\) to Adult-Focused Health Care.](#) The Adolescent Assessment of Preparation for Transition (ADAPT) to Adult-Focused Health Care measures the quality of preparation for transition from pediatric-focused to adult-focused health care as reported in a survey completed by youth ages 16-17 years old with a chronic health condition. The ADAPT survey generates measures for each of the 3 domains: 1) Counseling on Transition Self-Management, 2) Counseling on Prescription Medication, and 3) Transfer Planning.

- [Measure #2797 Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia.](#) The percentage of children ages 2 through 15 years old with sickle cell anemia (Hemoglobin SS) who received at least one transcranial Doppler (TCD) screening within a year.
- [Measure #2800 Metabolic Monitoring for Children and Adolescents on Antipsychotics.](#) The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.
- [Measure #2801 Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics.](#) Percentage of children and adolescents 1-17 years of age with a new prescription for an antipsychotic, but no indication for antipsychotics, who had documentation of psychosocial care as first-line treatment.
- [Measure #2803 Tobacco Use and Help with Quitting Among Adolescents.](#) Percentage of adolescents 12 to 20 years of age during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.
- [Measure #2806 Adolescent Psychosis: Screening for Drugs of Abuse in the Emergency Department.](#) Percentage of children/adolescents age =12 to =19 years-old seen in the emergency department with psychotic symptoms who are screened for alcohol or drugs of abuse.
- [Measure #2820 Pediatric Computed Tomography Radiation Dose.](#) The measure requires hospitals and output facilities that conduct Computed Tomography (CT) examinations in children to: 1. Review their CT radiation dose metrics, 2. calculate the distribution of the results, and 3. compare their results to benchmarks. This would then imply a fourth step to investigate instances where results exceed a trigger value for underlying cause, such as issues with protocol, tech, equipment, patient, etc.
- [Measure #2842 Family Experiences with Coordination of Care \(FECC\)-1 Has Care Coordinator.](#) 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 full NQF submission includes a set of 10 of the FECC quality measures; this submission relates to FECC 1: Has Care Coordinator.
- [Measure #2843 Family Experiences with Coordination of Care \(FECC\)-3: Care Coordinator Helped to Obtain Community Services.](#) 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 full NQF submission includes a set of 10 of the FECC quality measures; this submission relates to FECC 3: Care Coordinator Helped to Obtain Community Services.
- [Measure #2844 Family Experiences with Coordination of Care \(FECC\)-5: Care Coordinator Asked About Concerns and Health.](#) 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 full NQF submission includes a set of 10 of the FECC quality measures; this submission relates to FECC 5: Has Care Coordinator Asked About Concerns and Health.
- [Measure #2845 Family Experiences with Coordination of Care \(FECC\)-7: Care Coordinator Assisted with Specialist Service Referrals.](#) 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 full NQF submission

includes a set of 10 of the FECC quality measures; this submission relates to FECC 7: Care Coordinator Assisted with Specialist Service Referrals.

- [Measure #2846 Family Experiences with Coordination of Care \(FECC\)-8: Care Coordinator Was Knowledgeable, Supportive and Advocated for Child's Needs.](#) 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 full NQF submission includes a set of 10 of the FECC quality measures; this submission relates to FECC 8: Care Coordinator Was Knowledgeable, Supportive and Advocated for Child's Needs.
- [Measure #2847 Family Experiences with Coordination of Care \(FECC\)-9: Appropriate Written Visit Summary Content.](#) 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 full NQF submission includes a set of 10 of the FECC quality measures; this submission relates to FECC 9: Appropriate Written Visit Summary Content.
- [Measure #2849 Family Experiences with Coordination of Care \(FECC\)-15: Caregiver Has Access to Medical Interpreter When Needed.](#) 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 full NQF submission includes a set of 10 of the FECC quality measures; this submission relates to FECC 15: Caregiver Has Access to Medical Interpreter When Needed.
- [Measure #2850 Family Experiences with Coordination of Care \(FECC\)-16: Child Has Shared Care Plan.](#) 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 full NQF submission includes a set of 10 of the FECC quality measures; this submission relates to FECC 16: Child Has Shared Care Plan.

Measure(s) Not Recommended:

- [Measure #2799 Use of Multiple Concurrent Antipsychotics in Children and Adolescents.](#) The percentage of children and adolescents 1–17 years of age who were on two or more concurrent antipsychotic medications.
- [Measure #2802 Overuse of Imaging for the Evaluation of Children with Post-Traumatic Headache.](#) Percentage of children, ages 2 through 17 years old, with post-traumatic headache who were evaluated in the emergency department (ED) within 24 hours after an injury, and imaging of the head (computed tomography [CT] or magnetic resonance imaging [MRI]) was obtained in the absence of documented neurologic signs or symptoms that suggest intracranial hemorrhage or basilar skull fracture.
- [Measure #2805 Pediatric Psychosis: Timely Inpatient Psychiatric Consultation.](#) Percentage of children/adolescents age ≥ 5 to ≤ 19 years-old admitted to the hospital with psychotic symptoms who had a psychiatric consult (in person or by telepsychiatry) within 24 hours of admission.
- [Measure #2807 Pediatric Danger to Self: Discharge Communication with Outpatient Provider.](#) Percentage of children/adolescents age ≥ 5 to ≤ 19 years-old admitted to the hospital with

dangerous self-harm or suicidality, should have documentation in the hospital record of discussion between the hospital provider and the patient's outpatient provider regarding the plan for follow-up (discussion can be by phone or email).

- [Measure #2815 CAPQuaM PQMP Mental Health Follow Up Measure Timeliness 1: Delayed Coordination of Care Following Mental Health Discharge.](#) This measure describes the presence or absence of delay in follow up visits with mental health and primary care clinicians following hospital discharge of a child with a primary mental health diagnosis or from a mental health facility.
- [Measure #2817 Accurate ADHD Diagnosis.](#) Percentage of patients aged 4 through 18 years whose diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) was based on a clinical exam with a physician or other healthcare professional, as appropriate which includes: confirmation of functional impairment in two or more settings AND assessment of core symptoms of ADHD including inattention, hyperactivity, and impulsivity, either through use of a validated diagnostic tool based on DMS-IV-TR criteria for ADHD or through direct assessment of the patient.
- [Measure #2818 ADHD Chronic Care Follow-up.](#) Percentage of patients aged 4 through 18 years with a primary or secondary diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) in the year prior to the measurement year who have at least one follow-up visit in the measurement year with ADHD as the primary diagnosis.
- [Measure #2848 Family Experiences with Coordination of Care \(FECC\)-14: Healthcare Provider Communicated with School Staff About Child's Condition.](#) 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 full NQF submission includes a set of 10 of the FECC quality measures; this submission relates to FECC 14: Healthcare Provider Communicated with School Staff About Child's Condition.
- [Measure #2851 Family Experiences with Coordination of Care \(FECC\)-17: Child Has Emergency Care Plan.](#) 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 full NQF submission includes a set of 10 of the FECC quality measures; this submission relates to FECC 17: Child Has Emergency Care Plan.