



NATIONAL
QUALITY FORUM

National Consensus Standards for Pediatric Performance Measures

Post-Comment Call Web Meeting

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May 30, 2017

Pediatric Performance Measures Standing Committee

Co-Chairs:

- John Brookey, MD, FAAP (Co-Chair)
- Jeffrey Susman, MD (Co-Chair)

Committee Members:

- Lauren Agoratus, MA
- Martha Bergren, DNS, RN, NCSN, APHN-BC, FNASN, FASHA, FAAN
- James Bost, MD, PHD
- Tara Bristol-Rouse, MA
- Karen Dorsey, MD, PHD
- Maureen Ediger
- David Einzig, MD
- Deborah Fattori, MSN, RN, PPCNP-BC
- Kerri Fei, MSN, RN
- Jonathan Finkelstein, MD, MPH
- Karen Harpster, PHD, OTR/L

- Amy Houtrow, MD, PHD, MPH
- David Keller, MD
- Kraig Knudsen, MD
- Susan Konek, MA, RD, CSP FAND
- Marlene Miller, MD, MSc
- Rajiv Modak, MD
- Jill Morrow-Gorton, MD
- Ricardo Quinonez, MD, FAAP
- Jeff Schiff, MD, MBA
- Carol Stanley, MS, CPHQ
- Jonathan Thackeray, MD, FAAP (*not in attendance*)

Inactive:

- James Duncan, MD, PHD
- Kevin Slavin, MD, FAAP
- Virginia Moyer, MD, MPH

Call Agenda

- Welcome & Introduction
- Review and Discuss Comments Received
- Consensus Not Reached
- Requests for Reconsideration
- Public Comment
- Next Steps

Measures Status: Recommended

Recommended:

- 3136: GAPPS: Rate of preventable adverse events per 1,000 patient-days among pediatric inpatients
- 3153: Continuity of Primary Care for Children with Medical Complexity
- 3166: Antibiotic Prophylaxis Among Children with Sickle Cell Anemia

Measures Status: Consensus Not Reached

Consensus Not Reached:

- 3154: Informed Coverage

Measures Status: Not Recommended

Not Recommended:

- 2816: Appropriateness of Emergency Department Visits for Children and Adolescents with Identifiable Asthma
- 3189: Rate of Emergency Department Visit Use for Children Managed for Identifiable Asthma: Visits per 100 Child-years
- 3219: Anticipatory Guidance and Parental Education
- 3220: Ask About Parental Concerns
- 3221: Family Centered Care
- 3222: Assessment of Family Alcohol Use, Substance Abuse and Safety
- 3223: Assessment of Family Psychosocial Screening

Review and Discuss Comments Received

Theme 1 – Support for Committee recommendations

- Five of the comments received offered support for the Committee's endorsement recommendations, both for decisions to recommend endorsement and not to recommend endorsement.
- One comment supported all of Committee's recommendations.
- Two comments supported the Committee's decision to recommend *#3166: Antibiotic Prophylaxis Among Children with Sickle Cell Anemia* and *#3153: Continuity of Primary Care for Children with Medical Complexity*.
- Two comments agreed with the Committee's decision not to recommend *#3220: Ask About Parental Concerns* and *#3221: Family Centered Care*.
- **Proposed Committee Response:** Thank you for providing this comment.
- **Action Item:** Does the Committee agree with the proposed response?

Theme 2 – Gaps for future measure development

- Several gap areas were identified during the comment period for consideration by the Committee for inclusion in the project’s final report. Specifically, commenters suggested several NQF measure gaps that could be addressed by the measure concepts listed below at the clinic/systems levels:
 - *The identification of a team to work together to plan and test improvements in eliciting parental strengths and needs within a practice site.*
 - *Defining parental strengths and needs within a practice site.*
 - *Integrating tools such as process flows, prompts, and reminders into practice flow to support the engagement of parents.*
 - *Clinic/systems-level measures that offer more specificity about appropriate “antibiotic prophylaxis.”*
- **Proposed Committee Response:** Thank you for providing this comment. This gap has been added to the gaps list.
- **Action Item:** Does the Committee agree with the proposed response?

Measure Specific Comments

3136: GAPPS: Rate of preventable adverse events per 1,000 patient-days among pediatric inpatients

- The commenter submitted questions and suggested updates intended to clarify automated triggers to increase the specificity and clarity of the measure specifications.
- Another commenter raised concern that commented that implementing the trigger tool might be difficult and require significant resources; this commenter also was concerned that the tool lacks validity in identifying adverse events.
- The developer addressed these issues in their response. To see the full response, please see the Post-Comment Call Memo or Comments excel table.

Measure Specific Comments

3136: GAPPS: Rate of preventable adverse events per 1,000 patient-days among pediatric inpatients

- **Proposed Committee Response:** Thank you for providing this comment on measure #3136. The Committee discussed the measure specifications and validity during the in-person meeting. The Committee did note that that the highest possible score for reliability was a moderate, since the measure is tested at the data-element level only; the highest possible score for validity is also moderate, since validity testing is patient-level data element. Overall, the Committee determined that the measure as specified and tested offered sufficient validity for endorsement. The Committee also will evaluate the developer's responses on the post-comment call.
- **Action Item:** The Committee should review the comments and the developer's responses, evaluate whether the concerns have been adequately addressed and, if so, approve the proposed responses provided. Additional information may be added to the response, depending on the discussion.
Does the Committee agree with the proposed response?

Consensus Not Reached

Consensus Not Reached

3154: Informed Coverage

■ Lead Discussants:

- *Amy Houtrow, MD, PhD, MPH*
- *Kerri Fei, MSN, MSN, RN*
- *Kraig Knudsen, MD*
- *David Keller, MD*
- *Jeff Schiff, MD, MBA*

- The Committee did not reach consensus on Reliability (1-H; 11-M; 9-L; 3-I).
- A memo from the developer responding to the issue of overlap, as well as other questions brought up by the Committee during the in-person meeting, is provided in Appendix A of the Post-Comment Memo. With respect to the issue of the overlapping performance scores, the developer summarized the graph (previously provided) as follows:
 - *24 of 43 states (55.8%) can be distinguished from more than 1/2 of the other states;*
 - *11 (25.6%) states can be distinguished from more than 2/3 of the other states;*
 - *At each end of the spectrum (high and low performers), 3 of 43 states (7.0%) and 3 of 43 states (7.0%), respectively, can be distinguished from 3/4 of the other states.*

Consensus Not Reached

Measure Specific Comment

3154: Informed Coverage

- The commenter agreed with the intent of the measure to more accurately capture the continuity of coverage in the Medicaid program, but recommends that this measure be further validated and re-evaluated for endorsement in the future.
- **Developer Response:** We appreciate that the AAP agrees with the intent of our measure to more accurately capture the continuity of coverage in the Medicaid program so that states can improve coverage. The AAP suggested that our measure “requires assumptions that may not be universally accepted,” without telling us which assumptions are objectionable. We would point out that with our assumptions, our results were carefully validated against the gold standard ACS (American Community Survey). Our results, in both development and validation, were superior to the current metrics of Continuity Ratio (Ku et al.) and Duration (currently used by CMS). Informed Coverage had better correlation with the ACS and less error deviation than the other metrics. See Validity Testing, Section 2b2.3, Table 2: Pearson Correlations. Also, see Validity Testing, Section 2b2.3, Table 3: Median Absolute Errors.

Consensus Not Reached

3154: Informed Coverage

- **Action Item:** After review of additional materials provided by the developer and the comment above from the developer, the initial primary discussants—Amy Houtrow, Kerri Fei, Kraig Knudsen, David Keller, and Jeff Schiff—will lead the discussion on the new reliability information during the post-comment call. The Committee will vote on reliability and the overall recommendation.
 - *Greater than 60% of the Committee must vote high/moderate for Reliability and overall recommendation for the measure to be recommended*

Requests for Reconsideration

Request for Reconsideration

3189: Rate of Emergency Department Visit Use for Children Managed for Identifiable Asthma: Visits per 100 Child-years

■ **Developer Rationale for Reconsideration:**

At the in-person meeting, measure #3189 passed on Evidence and Gap, and was voted insufficient for Reliability. In general, the sense of the group [the Committee] at the in-person meeting was that measure #3189 is a very viable measure, but having to conform to the NQF procedure, the group required a little bit more data, which is provided herein:

- 1) Reliability
- 2) Inclusion/Exclusion
- 3) Pharmacy Data
- 4) Race Disparities
- 5) Data Element Validity

- The developer provided a memo outlining in detail why the measure should be reconsidered and what changes have been made in the last review. The memo is included in the [Post-Comment and Voting Memo](#) in Appendix C.

Request for Reconsideration

3189: Rate of Emergency Department Visit Use for Children Managed for Identifiable Asthma: Visits per 100 Child-years

■ Lead Discussants:

- *Karen Dorsey, MD, PhD*
- *Jonathan Finkelstein, MPH*
- *Carol Stanley, MS*
- *Ricardo Quinonez, MD, FAAP*

- The measure did not pass Reliability (N/A-H; 1-M; 4-L; 18-I).
- Concerns raised at in-person meeting
 - *The Committee concluded that the submitted testing information was insufficient to meet NQF's minimum standards and the measure did not pass*
- No comments were received specific to this measure during the post-meeting commenting period.

Request for Reconsideration

3189: Rate of Emergency Department Visit Use for Children Managed for Identifiable Asthma: Visits per 100 Child-years

- **Action Item:** After reviewing the information provided by the developer, does the Committee wish to reconsider this measure?
 - *Yes/No vote, greater than 60% of the Committee must vote yes for the reconsideration to move forward*
- If so, the initial primary discussants, Karen Dorsey, Jonathan Finkelstein, Carol Stanley, and Ricardo Quinonez, will lead the discussion of each criterion, starting with Reliability, and the Committee will vote on each criterion to reach a recommendation.

Request for Reconsideration

2816: Rate of Emergency Department Visit Use for Children Managed for Identifiable Asthma: Visits per 100 Child-years

- **Developer Rationale for Reconsideration:**

At the in person meeting, for measure #2816, consensus was not reached for Evidence, the measure passed on Gap, and did not pass on Reliability. While the developer has requested reconsideration for both measures, they did not provide a separate, specific rationale for this measure. The developer noted that the data provided for #3819 also informs this measure; no additional information was provided specifically related to appropriateness. The updated data are included with the information on #3189 begins on page 17 of Appendix B.

- The developer provided a memo outlining in detail why the measure should be reconsidered and what changes have been made in the last review. The memo is included in the [Post-Comment and Voting Memo](#) in Appendix B.

Request for Reconsideration

2816: Rate of Emergency Department Visit Use for Children Managed for Identifiable Asthma: Visits per 100 Child-years

■ Lead Discussants:

- *Ricardo Quinonez, MD, FAAP*
- *Marlene Miller, MD, MSc*
- *Jeffrey Susman, MD*
- *James Bost, MD, PhD*

■ The measure did not achieve consensus on Evidence (12-Pass; 10-No Pass) and did not pass Validity (N/A-H; 1-M; 17-L; 5-I)

- *The developer used data element level validity testing, which is accepted under NQF guidance to assess both Reliability and Validity; therefore, the Committee did not vote separately on Reliability.*

Request for Reconsideration

2816: Rate of Emergency Department Visit Use for Children Managed for Identifiable Asthma: Visits per 100 Child-years

- Concerns raised at in-person meeting
 - *A number of significant concerns with the construction and testing of the measure and the appropriateness criteria; specifically the measure was tested in only one hospital making it difficult to discern meaningful differences among institutions*
 - *Not all critical data elements were tested*
 - *The measure specifications permit variable use of pharmacy data, as available*
- One commenter supported the concerns about the lack of risk adjustment brought up by the NQF Pulmonary and Critical Care Standing Committee during a previous review; the Pediatric Committee did not discuss this issue since the discussion did not progress to that aspect of validity given the other concerns.
 - *The developer addressed these issues in their response. To see the full response, please see the Post-Comment Call Memo or Comments excel table.*

Request for Reconsideration

2816: Rate of Emergency Department Visit Use for Children Managed for Identifiable Asthma: Visits per 100 Child-years

- **Action Item:** After review of the comment received and the information provided by the developer, does the Committee wish to reconsider this measure?
 - Yes/No vote, greater than 60% of the Committee must vote yes for the reconsideration to move forward
- If so, the initial primary discussants, Ricardo Quinonez, Marlene Miller, Jeffrey Susman, and James Bost, will lead the discussion of each criterion, starting with Evidence and the Committee will vote on each criterion to reach a recommendation.

Public Comment

Next Steps/Committee Timeline

Next Steps

- Member Vote
 - ▣ June 12 – 26, 2017
- CSAC Review
 - ▣ July 11-12, 2017
- Appeals
 - ▣ July 17 – August 15, 2017

Project Contact Information

- Email: Pediatric Performance Measures
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- NQF Phone: 202-783-1300 (note—general NQF line)
- Project page:
[http://www.qualityforum.org/Pediatric Project 2016-2017.aspx](http://www.qualityforum.org/Pediatric_Project_2016-2017.aspx)
- SharePoint site:
<http://share.qualityforum.org/Projects/Pediatric/SitePages/Home.aspx>

Thank You!