CQMC Core Quality Measures Collaborative

Meeting Summary

Pediatrics Workgroup Meeting 1

The National Quality Forum (NQF) convened a closed session web meeting for the Core Quality Measures Collaborative (CQMC) Pediatrics Workgroup on March 22, 2022.

Welcome and Review of Web Meeting Objectives

NQF staff and co-chairs welcomed participants to the meeting. NQF staff read the antitrust statement and reminded the Workgroup of the voluntary nature of the CQMC and the obligation of all participants to comply with all applicable laws. NQF also acknowledged that the CQMC is a membership-driven and funded effort with additional funding provided by the Centers for Medicare & Medicaid Services (CMS) and America's Health Insurance Plans (AHIP).

NQF staff facilitated roll call and reviewed the following meeting objectives:

- Review the CQMC's work from last year, including the 2021 Pediatrics Core Set
- Discuss potential additions and removals to the Pediatrics Core Set as part of the annual maintenance process

Review of Last Year's Work

NQF staff provided an overview of the CQMC's work during 2020-2021. During this time, the CQMC maintained the ten clinical core sets. The CQMC also updated and released the following supporting documents: Approaches to Future Core Set Prioritization, Measure Selection Criteria, and the Implementation Guide. In 2022, CQMC also updated the Analysis of Measurement Gap Areas and Measure Alignment report and posted the updated core sets. This year, the CQMC will continue to update these core sets and documents and will also convene a new Health Equity Workgroup to discuss disparities-sensitive measures and health equity-related measures for future CQMC consideration.

Pediatric Core Set Work

NQF staff shared that the Pediatrics Workgroup last met in June 2021 to discuss potential updates to the pediatric core set. While the group discussed three different measures last year, including a measure on screening for clinical depression and follow-ups, a measure on appropriate treatment for children with upper respiratory infection, and a measure on psychosocial screening for pediatric patients, the group was in consensus not to make any changes to the core set. The 2021 core set includes twelve measures in the areas of prevention and wellness, asthma, resource overuse, behavioral health, and patient experience. Since there were no changes to the core set, the gap areas in the set also remained similar. The workgroup emphasized the increasing importance of behavioral health measures for the pediatric population, emphasized by the COVID-19 pandemic.

In 2021, the Workgroup also updated notes on measures, including updated notes related to telehealth eligibility for all twelve measures, and two measure-specific notes. For measure #1407 *Immunizations for Adolescents,* a note about 100% compliance not being expected for the measure was deemed irrelevant by the group and was removed. For measure #0418 *Preventive Care and Screening: Screening for Depression and Follow-Up Plan*, a note about loss of NQF endorsement was added; while the measure lost endorsement because the developer did not resubmit it for maintenance, the developer confirmed that they plan to maintain this measure independently, and they will continue to use this measure in programs for the foreseeable future. The group felt it was important to keep this measure because of the importance of behavioral health for the pediatric population.

Measures for Maintenance

NQF staff shared that the CQMC updated the measure selection principles in 2022 to ensure they are relevant, focused on outcome measures, digital measures, and address priorities such as coordination and health equity. As part of this update, it was noted that the CQMC will not consider cost measures as cost is captured as part of the payment models in which the measures may be used.

NQF staff then reviewed the process for 2022 core set maintenance. NQF staff reminded the Workgroup that annual maintenance helps the core set remain aligned with the measure selection principles. NQF will bring forward major updates for the Workgroup's consideration (i.e., changes to endorsement and program use; recently endorsed or fully developed measures in the topic area; measures recommended for use in federal programs), as well as measures identified for discussion by Workgroup members prior to the meeting. No formal voting will be conducted during the Workgroup meetings; proposed changes to the core set will proceed to voting after the conclusion of all measure discussions. As a reminder, organizations can use summaries and other meeting materials to help inform those votes.

NQF shared that during the 2022 maintenance process, there were no measures identified based on loss of endorsement or removal from measurement programs. There were also no specific measures identified for addition based on the gaps list. However, NQF staff identified three newly-endorsed measures for potential addition to the core set.

Potential Additions to the Core Set

3599: Pediatric Asthma Emergency Department Use

The first measure discussed was measure #3599 *Pediatric Asthma Emergency Department Use*. NQF staff shared that this measure was newly endorsed by NQF's Primary Care and Chronic Illness Standing Committee during the fall 2020 review cycle. #3599 is an outcome measure endorsed at the health plan level of analysis and addresses the asthma domain of the core set. Currently, there is only one asthma related measure in the core set, #1800 *Asthma Medication Ratio*. The measure developer also shared that #3599 was developed under the Pediatric Quality Measures Program, which is administered by the Agency for Healthcare Research and Quality (AHRQ) and supported by CMS.

A member commented that this measure differs from existing asthma measures related to emergency department use, which typically focus on utilization at the individual level rather than the population level. A co-chair commented that this measure provides actionable information at the disease burden level or at the individual level. A limitation of this measure is that it is endorsed at the health plan level of analysis, rather than clinician-level (which is typically preferred for CQMC). A member asked how patients in the denominator are defined at levels of analysis smaller than the health plan level. The developer shared that they considered the link between activities at the practice level and overall measure performance when assessing usability and feasibility of #3599, and provided additional context from testing in Vermont and California (findings from California studies are not yet published as of March 2022). Quality improvement collaboratives in both states received information on their performance on #3599 in the Medicaid population; clinics were able to use process-oriented quality improvement efforts based on National Heart, Lung, and Blood Institute guidelines that reduced asthma emergency department utilization in their overall patient population. A member added that from the payer perspective, they frequently come across situations where measures are defined at the plan level rather than clinician level; while attribution is ultimately possible, there may be various models of attribution. Workgroup members did not express additional concerns related to attribution, and NQF staff confirmed that this measure would be added to the voting survey

3595: Hydroxyurea Use Among Children with Sickle Cell Anemia and 2797: Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia

Next, the Workgroup reviewed both #3595 *Hydroxyurea Use Among Children with Sickle Cell Anemia* and #2797 *Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia*. NQF staff shared that these measures would be discussed in parallel, as they address a similar disease area and are from the same measure developer.

NQF staff shared that #2797 was originally endorsed in 2016 and updated in 2017 as a part of the NQF Pediatric Performance Portfolio and a Workgroup member had flagged it for consideration for addition by the group. This is a preventative measure for an area that is identified as a gap in care. This measure is the percentage of children ages 2 to 15 with sickle cell anemia who received at least one transcranial doppler screening within a year. This process measure is endorsed at the health plan level and represents a disease area not yet in the pediatric core set.
#3595 was newly endorsed by NQF's Primary Care and Chronic Illness Standing Committee as part of the fall 2020 cycle. This measure represents the percentage of children ages 1 to 18 with sickle cell anemia who were dispensed hydroxyurea for at least 300 days within the measurement year. This process measure is also endorsed at the health plan level and addresses the same disease area not yet represented in the pediatric core set. The measure developer shared that #2797 was also developed as part of the Pediatric Quality Measures Program and that these measures are important for reducing stroke risk and reducing pain among children with sickle cell anemia. The developer shared that these measures are aligned with the National Heart, Lung, and Blood Institute guidelines and are important from an equity lens, as children with sickle cell anemia are often marginalized, sickle cell anemia is under-addressed in quality measurement, and low quality of care disproportionately affects children who are racial and ethnic minorities in the United States.

A Workgroup member asked whether individual providers would typically have enough patients to make this measure statistically reliable. The developer noted that care can be fragmented across institutions and providers, and children often lack access to quality care. Because of this, the developers felt that folding this measure down to the provider level could continue to induce health disparities among this population, and they recommended that the measure be considered at the health plan level. The developer shared that attribution at the provider level dropped a significant proportion of children from the measure, and they felt the measure is not valid at the provider level. The developer also reiterated the importance of this measure for health equity.

A co-chair asked if any Workgroup members had experience implementing these measures. The developer shared that these measures are being used with a quality collaborative of nine health plans in southeast Michigan; if the health plans are able to collaborate to improve performance on #2797, #3595, and another measure related to antibiotic prophylaxis, the plans receive incentive payments from the state. Workgroups related to specialty pharmacy access, case managers, and community health workers are collaborating to improve performance on these measures.

A co-chair asked the group whether they would like to vote on the inclusion of these measures separately, or if the measures should be considered for addition as a pair. The developer provided additional context that #2797 and #3595 address a similar population, but the processes and stakeholders involved for improvement in each measure are different (e.g., yearly screening vs. ongoing monitoring and visits for medication; need to connect with radiology specialists vs pharmacists). A member commented that both measures have room for significant improvement and asked whether including both measures would be parsimonious. Another member shared that their payer organization is currently looking at sickle cell anemia measures, and these measures align with the work their organization is considering; the member agreed with the developer's comments that the measures address different processes, therefore these measures should be considered separately. NQF staff confirmed that #2797 and #3595 would be included separately on the voting survey.

Additional Updates

1516: Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life and N/A: Child and Adolescent Well-Care Visits

NQF staff shared an update on #1516 *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life,* which is currently in the core set. The measure developer, NCQA, is combining #1516 with another measure, *Adolescent Well-Care Visits*. The new combined measure, *Child and Adolescent Well-Care Visits,* is very similar to #1516, specified at the health plan level of analysis and excludes members in hospice; however, it will have an expanded age range (3-21 years instead of 3-6 years) and will include visits to both primary care providers and obstetricians/gynecologists (OB/GYNs). The new measure has not been submitted for NQF endorsement.

NQF staff proposed that the group votes to remove #1516 and replace it with *Child and Adolescent Well-Care Visits* for the purposes of alignment but invited the group to provide additional input on this approach. The developer shared that they do not intend to maintain endorsement for #1516; instead, *Child and Adolescent Well-Care Visits* will be submitted for endorsement in the future and will be used in programs going forward. A co-chair noted that *Child and Adolescent Well-Care Visits* is one of the NCQA measures that has been identified to be stratified to address healthcare disparities and is also telehealth applicable. The group had no further questions or comments, and NQF staff confirmed this measure will be included in the voting survey.

3488: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (Ages 13-17)

NQF staff shared that Workgroup members expressed interest in discussing measures currently available to address pediatric behavioral health, including measures in the 2022 Medicaid Child Core Set as well as in HEDIS reporting. #3488 *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13-17* is currently in the Medicaid Child Core Set, as well as in HEDIS. This is a process measure that is endorsed at the health plan level and addresses behavioral health and substance use, which is a key gap area for the workgroup. NQF staff noted that the Behavioral Health Workgroup discussed this measure in 2020, but the measure did not pass during voting due to lack of an affirmative vote from the provider voting category.

A member shared payers experience challenges obtaining data related to this topic, due to HIPAA and privacy laws, and implementation may be particularly difficult given privacy concerns for a pediatric population. Another member shared that another challenge may be availability of follow-up services; in areas where follow-up services are not available, there is little room for improvement. Access may have been further reduced during the COVID-19 pandemic. Another member asked which providers would be held accountable for measure performance, noting that they assumed primary care physicians would be held responsible if specialists are unavailable; a member noted that the specifications include "[visits] with any practitioner." The developer added that the measure allows telehealth encounters to count as a follow-up visit; while they acknowledge this does not solve all access problems, this may mitigate the impact of access issues on measure performance.

A co-chair asked NQF staff for additional guidance on how the Pediatrics Workgroup should consider recommendations from the Behavioral Health Workgroup on this measure, and whether the Workgroups should align on inclusion of measures. NQF staff clarified that the discussion from other Workgroups should be considered for alignment purposes but acknowledged that Workgroups may consider the same measure from different lenses (e.g., Behavioral Health Workgroup considered whether the measure was appropriate for behavioral health specialists addressing the adult population; Pediatrics Workgroup is focusing on the 13-17 age group), and it is possible to include a measure for one core set and reject it for another core set.

The Workgroup did not share any further comments or concerns on this measure. NQF staff confirmed that this measure will be included in the voting survey.

3489: Follow-Up After Emergency Department Visit for Mental Illness (Ages 6-17)

The next measure brought forth was #3489 *Follow-Up After Emergency Department Visit for Mental Illness: Age 6 to 17*. #3489 is structured similarly to #3488 but addresses patients with a principal diagnosis of mental illness or intentional self-harm instead of alcohol or other drug abuse or dependence. #3489 is used in the Medicaid Child Core Set as well as in HEDIS reporting. This is a process measure endorsed at the health plan level. It was endorsed by NQF's Behavioral Health and

Substance Use Standing Committee during spring cycle 2019.

A member reiterated that the healthcare system was under high stress pre-pandemic and has been overwhelmed by volume during COVID-19, and constrained availability of follow-up services is directly applicable to this measure. Another member noted that the comments on privacy and availability of data also apply. A member asked for clarification on the age group specified in the measure; a member noted that the full measure includes all members 6 or older, but the Pediatrics Workgroup is considering a pediatric subset (ages 6 through 17). The member commented that effective interventions for children ages 6 through 11 years might be very different than interventions for children 12 and older.

A co-chair asked for clarification on why the Behavioral Health Workgroup voted to include #3489 in their core set, but not #3488. NQF staff shared that Behavioral Health Workgroup members prioritized #3489 because of its focus on mental health. During voting, members shared that #3488 was more applicable to primary care providers rather than behavioral health specialists, and the topic area could be covered by other measures.

The Workgroup did not share any further comments or concerns on this measure. NQF staff confirmed that this measure will be included in the voting survey.

N/A: Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults

The next measure was *Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults*. This process measure is specified at the health plan level, and an electronic clinical quality measure (eCQM) version of the measure is used in HEDIS reporting. NQF staff shared that this measure is based on another NQF-endorsed measure developed by Minnesota Community Measurement (MNCM), #0712 *Depression Assessment with PHQ-9/PHQ-9M.* However, #0712 addresses adult patients (18+) while the NCQA adaptation of the measure addresses members 12 years and older. NQF staff shared that #0712 was previously considered by the Behavioral Health Workgroup, but the Workgroup voted not to include this measure based on concerns with selecting a tool-specific measure.

A representative from MNCM provided an update to measure specifications, sharing that #0712 has been updated to address patients 12 and older; with these changes, both measures are fully aligned other than the level of analysis (NCQA measure is at the health plan level, MNCM measure is at the provider level). MNCM noted that the updated version of #0712, including patients 12 years or older, is anticipated to go through endorsement maintenance later this year.

A member shared that their organization screens patients 12 years and older for depression, but they have difficulty reporting on this measure based on data availability; claims data related to mental health diagnoses are not always provided back to the accountable organization based on privacy concerns. Another member shared that they use #0712 statewide and collect clinical data from primary care and behavioral health providers; in their experience, data privacy is not an issue because the accountable entity responsible for follow-up is the same provider who made the diagnosis, and this measure has been used without issues for many years.

A co-chair asked again whether the Pediatrics Workgroup should discuss the inclusion of #0712 to align with the Behavioral Health Workgroup. NQF clarified that #0712 was previously discussed by the Workgroup but was not voted for inclusion, so the measure is currently not in any of the CQMC core sets.

A co-chair noted that there was neither strong support nor strong concern for this measure and proposed that this measure be added to the voting survey to gather further information from the Workgroup. NQF confirmed that this measure will be included in the voting survey, along with information on the Behavioral Health Workgroup's discussion for context.

N/A: Depression Remission or Response for Adolescents and Adults

The next measure discussed was *Depression Remission or Response for Adolescents and Adults*. This measure is included in HEDIS and is an outcome measure endorsed at the health plan level. This measure is an adaptation of two existing measures, #0711 and #1884, which were both developed by MNCM and are NQF endorsed. The Behavioral Health Workgroup previously discussed #0711 and #1884 in 2020, but the Workgroup only voted to include #1884 and not #0711 due to the preference for a measure addressing depression response rather than complete remission.

MNCM and NCQA provided additional clarification that #0711 and #1884 are endorsed at the provider level; the NCQA adaptation of these measures is specified at the health plan level but has not been endorsed by NQF.

The co-chairs opened discussion on the measure. A member noted this is a patient-reported outcome performance measure (PRO-PM), and it is a goal to prioritize these measures. Another member asked whether there is performance data available for the NCQA measure; the developer provided a link to a special report on results for HEDIS measures using electronic clinical data, but noted NCQA is still working on establishing benchmarks. The Workgroup discussed that this is a newer measure and may not have sufficient information on use and performance.

NQF staff asked whether the measure should be added to the gaps list for now and revisited when more information is available. A co-chair suggested that the measure be added to the voting survey to get a better idea of the Workgroup's perspective on the measures, given the lack of strong support or strong objections. NQF staff confirmed that they will add this measure to the voting survey, but this measure can be added to the gaps list to be revisited in the future if it is not included during this round of maintenance.

NQF staff shared that additional measure suggestions were shared from the Workgroup but were not included in materials due to timing. NQF staff proposed that to maximize meeting time, these measures could be discussed ad hoc. There were no concerns shared from the Workgroup regarding ad hoc discussion of these two measures. NQF staff shared measure specification links with the Workgroup and moved forward with discussion.

0108: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)

The Workgroup discussed measure #0108 *Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH).* This measure was previously discussed during the initial creation of the Pediatrics core set in April 2016 but was not included due to attribution and sample size. A co-chair shared that ADHD is more prevalent in the population of children than some of the other diseases included in the core set (e.g., asthma) and this measure may be relevant for the group to reconsider. Several members agreed that attribution and sample size should no longer be an issue for this measure. A member noted that sample size may be a challenge at the individual clinician level, but it is feasible to collect this measure at the clinician group level. A member commented that this measure is well aligned with existing guidelines and evidence. Another member commented that this measure is well suited for telehealth care and this area poses an opportunity to innovate and improve access to care.

A co-chair summarized that #0108 is in use and the Workgroup is in consensus that this is an important topic to address. NQF staff confirmed that this measure will be included in the voting survey and will also be reflected in an updated version of the measure scan.

0576: Follow-Up After Hospitalization for Mental Illness

The last measure brought forward during the meeting was #0576 *Follow-Up After Hospitalization for Mental Illness.* As with #0108, this measure was previously discussed in 2016 but was not included in the initial core set due to concerns around attribution and sample size. #0576 is a process measure that is endorsed at the health plan level. It is also a long-standing measure in HEDIS and used in several programs including the Medicaid Child Core Set.

A member commented that this measure might also face challenges with access to mental health providers. It is similar in terms of topic area and structure to #3489, but it addresses a smaller and more acute population (children who have met criteria to be hospitalized, vs. emergency department visit) and has been used for many years. A member commented that they do not use #0576 at the individual physician level, but some of their health plans use the metric and find it helpful.

NQF staff asked the group whether there is value in adding both #0576 and #3489 separately, or if the measures are similar enough that only one should be included for parsimony. A co-chair encouraged the Workgroup to consider the future of pediatric measurement and what set of measures would encourage a robust system with access to mental health providers to prevent emergency department visits and hospitalizations in the future. The Workgroup did not offer any additional comments. NQF staff shared that since this measure seems to have some support, the team will add it to the voting survey and measure scan.

Discussion on Core Set Presentation Notes

NQF staff asked the group to review the notes on the current core set measures and confirm whether any additional updates are required. A Workgroup member mentioned that one of the measures discussed during the meeting, *Child and Adolescent Well-Care Visits,* is being stratified by the developer (NCQA) to identify healthcare disparities. The member asked whether any other NCQA measures in the current core set have also been identified for stratification, and commented that if so, that would be useful information to include in the notes. NQF staff commented that stratification is a topic they will discuss in the new CQMC Health Equity Workgroup for the CQMC and noted that the team will consider including information on stratification as appropriate. NQF encouraged Workgroup members to share any additional feedback via email.

Future Work

NQF staff shared that the team is soliciting feedback from each of the Workgroups on future activities and considerations for the CQMC. CQMC has received feedback from members on the need to consider the specific mix of subtopics represented in each core set in addition to the considerations currently included in the measure set and individual measure selection principles. The CQMC is developing a framework of priority conditions and topic areas for each core set, to help guide Workgroup discussion on condition/topic areas most important to measure for each specialty area as part of value-based care.

The co-chairs asked for clarification on whether the team has already developed a framework that the group is providing input on, or whether the group should be suggesting topics for a future framework. NQF staff clarified that they are working on developing the structure of the framework for each core set and are asking each Workgroup for input on the most important clinical areas that should be represented within each core set (e.g., behavioral health is likely a priority area for the Pediatrics core set). After the framework is developed, NQF will identify measures within each priority area.

Members commented that access to care and equity should be addressed within the core set, but an equity lens should span the entire core set (i.e., a standalone equity section is not appropriate). A member commented that related to equity, the group will need to consider not only what to stratify, but how to stratify (e.g., by social vulnerability index, self-identified data, attributed data) Another member commented that substance use measures should be represented in the core set, and that it would be helpful to consider measures further upstream than those discussed during the meeting (e.g., consider more screening measures, such as screening for tobacco and vape use).

The Workgroup agreed that additional follow-up offline or in a separate ad hoc meeting would be helpful to allow additional time to think through priority areas for a framework. NQF also encouraged members to consider additional questions about the future of the core sets – e.g., whether there should be a maximum core set size, preferred data sources for measures, etc. – and any additional considerations related to health equity in the Pediatrics core set. NQF encouraged members to share any additional feedback via email.

Next Steps

NQF staff shared that they would update the measure scan and materials to include the two new measures (#0108 and #0576) that were discussed. NQF will also circulate a survey to vote on any additions or removals from the core set discussed during the meeting. Voting will be open for a four-week period; after votes are tallied and reviewed by the Steering Committee, NQF will follow up via email for any additional clarifications and next steps as necessary. NQF also reminded the group that the Full Collaborative extended virtual meeting will be on April 19 from 11:00 AM – 5:00 PM ET. NQF staff and the Workgroup co-chairs thanked the group for their attention and participation before adjourning the meeting.