

## Meeting Summary

### Pediatrics Workgroup Meeting 5

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The National Quality Forum (NQF) convened a closed session web meeting for the Pediatrics Workgroup on April 24, 2020.

#### 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 staff notified Workgroup members that the meeting is being recorded for the purpose of accurately capturing the discussion for meeting minutes and to allow CQMC members to listen to the meeting for a limited time only. The recording will be deleted as soon as reasonably practical.

NQF staff reviewed the following meeting objectives:

- Review voting results and discuss Steering Committee recommendations
- Identify and discuss measure gaps (time permitting)
- Discuss core set presentation and implementation (time permitting)

#### Review of Voting Results and Steering Committee Recommendations

NQF staff reviewed the workgroup voting results and noted that of 15 voting organizations, 12 organizations submitted votes. The workgroup voted to remove one measure from the existing core set and to add two measures to the maintained core set. The recommendations to add measure *0418: Preventive Care and Screening: Screening for Depression and Follow-Up Plan* and keep measure *0033: Chlamydia Screening for Women* are in alignment with the votes from other workgroups (the OB/GYN workgroup voted to add 0033, the OB/GYN and Medical Oncology workgroups voted to add 0418, and the ACO workgroup is considering addition of 0418). Replacement of asthma measure *1799: Medication Management for People with Asthma (MMA)* with *1800: Asthma Medication Ratio* was also recommended by the ACO workgroup. Finally, it was noted that the contraceptive care measures were not recommended for addition by the Pediatrics workgroup, but the OB/GYN workgroup voted to add *2903: Contraceptive Care – Most & Moderately Effective Methods* and *2904: Contraceptive Care – Access to LARC*.

NQF staff reminded the workgroup that after the workgroup votes to recommend additions and removals from the core set, the Steering Committee reviews the results and makes any recommendations for additional deliberation before the results are moved to the full collaborative for final voting. The Steering Committee did not share any specific concerns on measures, but they recommended that the Pediatrics workgroup review and discuss the close votes and re-vote if necessary to build greater consensus.

The detailed voting results are as follows:

### ***Current Measures***

| <b>Measure</b>   | <b>Voting Totals</b>  | <b>Result</b>  |
|--|-----------------------|--|
| 1799: Medication Management for People with Asthma (MMA)   | Keep: 1<br>Remove: 11 | Remove   |
| 0038: Childhood Immunization Status (CIS)  | Keep: 10<br>Remove: 2 | Keep   |
| 1407: Immunization for Adolescents (IMA)   | Keep: 11<br>Remove: 1 | Keep   |
| 1448: Developmental Screening in the First Three Years of Life                                       | Keep: 8<br>Remove: 4  | Keep   |
| 0033: Chlamydia Screening for Women  | Keep: 7<br>Remove: 5  | Keep   |
| 0024: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents | Keep: 9<br>Remove: 3  | Keep   |
| 1516: Well Child Visits in the Third, Fourth, Fifth and Sixth Year of Life                           | Keep: 9<br>Remove: 3  | Keep   |
| 0002: Appropriate Testing for Children with Pharyngitis (CWP)  | Keep: 6<br>Remove: 6  | Keep   |
| 0069: Appropriate Treatment for Children with Upper Respiratory Infection                            | Keep: 5<br>Remove: 7  | Keep<br><i>(One affirmative vote to remove from each voting category, but did not reach 60% threshold)</i> |

### ***Measures Proposed for Addition***

| <b>Measure</b>   | <b>Voting Totals</b>                | <b>Result</b>    |
|--|-------------------------------------|------------------|
| 1360: Audiological Evaluation no later than 3 months of age                                | Add: 7<br>Do not add: 5             | Do not add (58%) |
| 2803: Tobacco Use and Help with Quitting Among Adolescents                                 | Add: 5<br>Do not add: 6<br>Other: 1 | Do not add       |
| 1800: Asthma Medication Ratio  | Add: 10<br>Do not add: 2            | Add              |
| N/A: Medication Management for People with Asthma (MIPS ID 444)                            | Add: 2<br>Do not add: 10            | Do not add       |
| Optimal Asthma Control (MIPS ID 398)   | Add: 3<br>Do not add: 9             | Do not add       |
| 0657: Otitis Media with Effusion: Systemic antimicrobials – Avoidance of inappropriate use | Add: 6<br>Do not add: 6             | Do not add       |
| 2811e: Acute Otitis Media - Appropriate First-Line Antibiotics                             | Add: 7<br>Do not add: 5             | Do not add (58%) |

|  |                          |                  |
|--|--------------------------|------------------|
| 0418/0418e: Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan    | Add: 12<br>Do not add: 0 | Add              |
| 1365e: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment                 | Add: 6<br>Do not add: 6  | Do not add       |
| 0712e: Depression Utilization of the PHQ-9 Tool  | Add: 6<br>Do not add: 6  | Do not add       |
| 2903: Contraceptive Care – Most & Moderately Effective Methods                                       | Add: 7<br>Do not add: 5  | Do not add (58%) |
| 2904: Contraceptive Care - Access to LARC  | Add: 5<br>Do not add: 7  | Do not add       |
| 0005: CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult   | Add: 7<br>Do not add: 5  | Do not add (58%) |
| 2393: Pediatric All-Condition Readmission  | Add: 6<br>Do not add: 5  | Do not add (58%) |
| 2508: Prevention: Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk, Dental Services | Add: 2<br>Do not add: 10 | Do not add       |
| 2528: Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services             | Add: 4<br>Do not add: 8  | Do not add       |

### Review of Measures with Close Votes

Per recommendation from the Steering Committee, NQF staff presented the measures with close votes for review and discussion. The workgroup began its discussion with *0033: Chlamydia Screening for Women*. A co-chair reminded the group that past discussion focused on adolescent confidentiality and there are special considerations for the measure within the adolescent population. The other co-chair noted that screening rates were low for adolescents but noted that it made sense to keep the measure, as it aligns with the OB/GYN core set. A member commented that they were in favor of keeping the measure as large disparities remain in both Medicaid and other payer populations, thus indicating that the incidence of chlamydia was still problematic and needed addressing. A member noted that *0033* is in the CMS adult and child core sets. The group agreed that the measure should be kept in the core set (as was voted), and there was no need to re-vote on this measure.

The workgroup reviewed *0002: Appropriate Testing for Children with Pharyngitis (CWP)*. NQF staff noted that in the voting survey, multiple organizations commented that NCQA had re-specified the measure in the most recent HEDIS update and the re-specification should be noted in the updated core set. A member commented that performance of the measure was high, and that *0002* rewarded running the test itself rather than appropriate follow-up, interpretation, and treatment based on the test results. A member commented that between measure *0002* and measure *0069: Appropriate Treatment for Children with Upper Respiratory Infection*, the core set should only contain one measure on pharyngitis/upper respiratory infection. Multiple members indicated they would prefer a measure on appropriate treatment to a measure on testing. A member asked if NQF had information on measure performance available; NQF staff shared that *0069* (treatment) had topped out according to MIPS benchmarking data, but there were no notes on performance of *0002*. The group agreed to re-vote on the inclusion of either *0002* or *0069* in the core set.

The workgroup began review of the close votes on measures for addition, starting with *1360: Audiological Evaluation No Later Than 3 Months of Age*. A co-chair noted that in past discussion, the group agreed that *1360* was important, but they were unable to decide the appropriate level for handling audiological evaluation. NQF staff shared that past discussion had centered on high

variability in opportunity for improvement and limited ability for individual clinicians to affect the measure and that the topic was a focus at the state level and in the Medicaid set. One workgroup member commented that despite the additional burden, 1360 had important implications for speech development and it seemed most appropriate to assign the responsibility to family physicians or pediatricians. Another workgroup member agreed and suggested that the group recommend that states direct clinicians to resources for the evaluation. One workgroup member noted concern with the small denominator and reliability of the measure for any individual provider. A member noted that 1360 is collected for the Medicaid core set through EHRs but was unsure if this was feasible at the provider or plan level. As there was no clear consensus, NQF staff stated that 1360 would be sent out for a re-vote.

The workgroup then reviewed *2803: Tobacco Use and Help with Quitting Among Adolescents*. NQF staff noted that in past discussion, workgroup members had expressed a preference for a measure dealing with multiple substances including tobacco, although there were no candidate measures available that met this gap. Other workgroup members recommended reviewing 2803 after the measure maintenance cycle, or adding 2803 but tracking updates and noting any changes as soon as they were available. A co-chair noted that another concern with 2803 was limited intervention resources for referring adolescents when tobacco use concerns were identified. One member suggested that this measure be added to the list of high-priority topics and gaps for the future, given that existing measure does not capture vaping/e-cigarette use. Another member shared that for the adult version of this measure, patients are screened for all types of tobacco use, and that vaping cannot be added to the measure until more evidence is available to justify its addition (USPSTF is currently updating their guidance). The group agreed that 2803 should be added to the list of high-priority gaps to address in the future, and that no additional voting on 2803 was needed.

The workgroup opted to review the two otitis media measures, *0657: Otitis Media with Effusion: Systemic Antimicrobials – Avoidance of Inappropriate Use* and *2811e: Acute Otitis Media – Appropriate First-Line Antibiotics*, together. NQF noted that the workgroup had provided positive comments on 2811e in the past because eCQMs were more forward-moving. A workgroup member stated that there was no need for both measures to be in the core set, and that they would prefer the inclusion of 2811e (appropriate use) to 0657 (avoidance of inappropriate use). Another member concurred and noted that a larger patient group would be affected by 2811e. The group agreed to re-vote on the inclusion of 2811e only.

The workgroup reviewed the depression measures, *0418/0418e: Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan*, *1365e: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment*, and *0712e: Depression Utilization of the PHQ-9 Tool*, at the same time. While there was a strong consensus to add 0418e, the votes on 1365e and 0712e were close. One workgroup member noted that the ACO/PCMH workgroup was likely to vote for the inclusion of 0418, so the workgroups would be aligned on this measure, and that for context the ACO group had voted against the adult version of the suicide risk assessment measure because it was a process measure with no follow-up. A member stated that the number of pediatric patients with major depressive disorder would probably be low, and the measure might be statistically unreliable. Another member disagreed, stating that the number of suicides among children is growing quickly even in children as young as 9 and 10 years old. A member noted that 1365e was still likely to have a limited denominator given that the measure was diagnosis-specific. The group noted that suicide was not always tied to a diagnosis of major depressive disorder and suggested that a measure for suicide risk assessment for all children should be included in future core set iterations. NQF staff acknowledged the suggestion and will add general suicide risk assessment for children to the list of future gaps to address for the Pediatrics core set.

The workgroup then reviewed the two measures on contraceptive care, *2903: Contraceptive Care – Most & Moderately Effective Methods* and *2904: Contraceptive Care – Access to LARC*. A co-chair noted that past discussion on these measures was centered around patient confidentiality. A co-chair also noted that *2904* was a subset of *2903*'s population, and it might make sense to include only one measure. A member commented that the confidentiality issue is state-specific, based on laws around reproductive choice, these measures were publicly reported for the Medicaid core set for the first time with 2018 data, and that the performance of the measures was low. One member expressed concern about the wording of the measure (“among... women at risk of unintended pregnancy”) and stated that none of the protective factors listed in the measure are a guarantee against unintended pregnancy. A member felt that the measure was more appropriate for collecting data on population health instead of driving quality. A member responded that the measures are meant to address intentional choice about timing of pregnancy and access for the Medicaid population. A co-chair noted that the group had mixed opinions and asked whether the group would prefer to re-vote or simply note this for further discussion in future. The group agreed that the area of contraceptive care should be listed as a gap to be addressed in future iterations and that *2903* and *2904* did not need to be moved to a re-vote.

Next, the workgroup reviewed *0005: CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult*. NQF staff reminded the group that past discussion on *0005* included concerns on patient burden and the impact of health literacy on measure performance. NQF staff also noted that this measure is included in the ACO/PCMH core set, and that the ACO/PCMH group agreed to keep this measure in the core set with a note on the minimum number of cases needed for validity. A co-chair noted that many organizations are emphasizing patient satisfaction and asked if any workgroup members had more experience with putting the CAHPS surveys into practice. A workgroup member shared that in their experience, the completion rates could be as high as 75-80% for some practices, but the rates were highly dependent on the practice. A member shared that the ACO/PCMH group included this measure because it was one of the only patient-reported measures available and they wanted to represent the patient voice in the measure set. A member asked if there was any data available on the effect of health literacy on the measure, but the workgroup was not aware of any data on this. Another member stated that the CAHPS surveys place an extremely high burden on providers, especially for low-volume providers that already have other mechanisms to track patient experience. The member stated that in their experience, providers felt that the data from CAHPS was not helpful or timely and was only being collected for regulatory requirements. The group agreed to add *0005* to the list of measures for re-voting.

Finally, the workgroup reviewed *2393: Pediatric All-Condition Readmission*. A workgroup member commented that readmissions for pediatrics is different from readmissions for adults, and this measure does not capture unplanned readmissions due to preexisting conditions in children. Another workgroup member commented that this was not a Medicaid core set measure, and while it was possibly usable at the plan level, it was unlikely to be helpful at the practice level. The group agreed that the measure should not be added to the core set (as was voted) and did not need to be re-voted on.

## Next Steps

NQF staff and the workgroup co-chairs thanked the group for their attention and participation. The workgroup was informed that NQF will send out a survey with the 5 measures that the group had agreed to re-vote on, and that NQF will add additional topics to the list of core set gaps based on the discussion. NQF stated that the other topics on the agenda (i.e., measure gaps, core set presentation,

core set adoption) would be revisited at a future convening, but any suggestions or comments were welcome via email. NQF staff will follow up with a meeting summary and link to the voting survey.