Meeting Summary

CQMC Pediatrics Workgroup Meeting #3

The National Quality Forum (NQF) convened a closed session web meeting for the Pediatrics Workgroup on July 19, 2019.

Welcome and Review of Web Meeting Objectives

NQF staff and Workgroup 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 destroyed as soon as reasonably practical. NQF staff reviewed the following meeting objectives:

- Review previous discussions on candidate measures and have additional discussion
- Finalize recommendations for new measures for the set
- Identify measures for removal from the core set (as time allows)

Decision-making Process

Voting and Quorum

NQF staff gave an overview of quorum and voting process. The Workgroup was informed that voting and non-voting participants could take part in discussion, but only voting participants would participate in the voting process. Quorum is defined as representation from at least one health insurance provider representative, at least one medical association representative, and at least one representative from the remaining voting participant categories (i.e., consumers, purchasers, regional collaboratives).

NQF staff advised that the Workgroup will thoroughly discuss each item and all views will be heard. Items for which the co-chairs determine that a consensus and quorum has been reached may be approved or disapproved by a voice vote. Items for which voting participants express dissenting opinions or when a quorum has not been reached, the Workgroup co-chairs will subject the applicable item(s) to an electronic vote. In the event that reaching consensus is not possible, the measure will be presented to the Collaborative for additional discussion. The Collaborative will be responsible for the final decision to approve a core measure set.

Principles for measures included in the CQMC core measure sets

1. Advance health and healthcare improvement goals and align with stakeholder priorities.
    a. Address a high-impact aspect of healthcare where a variation in clinical care and opportunity for improvement exist.
2. Are unlikely to promote unintended adverse consequences.
3. Are scientifically sound (e.g., NQF-endorsed or otherwise proven to be evidence-based, reliable, and valid in diverse populations).

    a. The source of the evidence used to form the basis of the measure is clearly defined.
    b. There is high quality, quantity, and consistency of evidence.
    c. Measure specifications are clearly defined.
4. Represent a meaningful balance between measurement burden and innovation.
    a. Minimize data collection and reporting burden, while maintaining clinical credibility (i.e., measures that fit into existing workflows, are feasible, and do not duplicate efforts).
    b. Are ambitious, yet providers being measured can meaningfully influence the outcome and are implemented at the intended level of attribution.
    c. Are appropriately risk adjusted and account for factors beyond control of providers, as necessary.

Principles for the CQMC core measure sets

1. Provide a person-centered and holistic view of quality, including consideration of Social Determinants of Health (SDOH) and experience of care.
2. Provide meaningful and usable information to all stakeholders.
3. Promote parsimony, alignment, and efficiency of measurement (i.e., minimum number of measures and the least burdensome measures).
4. Include an appropriate mix of measure types while emphasizing outcome measures and measures that address cross-cutting domains of quality.
5. Promote the use of innovative measures (e.g., eMeasures, measures intended to address disparities in care, or patient-reported outcome performance measures, or PRO-PMs).
6. Include measures relevant to the medical condition of focus (i.e., "specialty-specific measures").

Discussion of Current Measures in Core Set

NQF staff provided a brief overview of current pediatric measure core sets, highlighting which measures had lost NQF endorsement. NQF staff mentioned that NQF endorsement is not a requirement for inclusion into the core set. NQF staff reminded the Workgroup that the current Pediatric core set has nine measures, grouped into three domains; prevention and wellness, asthma and overuse. Current CQMC core sets focus primarily on the clinician level of analysis (LOA).

Proposed Pediatric Core Measures Set				
NQF #	**Measure Title**	**Measure Steward**	**Applicable to ACO/PCMH**	**Description and Comments**
Prevention and Wellness				
0038	Childhood Immunization Status (CIS)	NCQA	**Applicable to ACOs only**	**Consensus to include in Core Set using Combination 4** **Description of Combination 4:** Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DtaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA) by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates. ***Note 1*:** Included in Core Set of Children's Health Care Quality Measures for Medicaid and CHIP. ***Note 2:*** Currently used in Medicaid meaningful use program. ***Note 3***: Need for measure steward to consider future exclusions for the flu vaccine shortages which are outside a provider's control.
N/A	Immunizations for Adolescents (IMA)	NCQA	**Applicable only to ACOs**	**Consensus to include in Core Set** **Description:** The percentage of adolescents 13 years of age who had the recommended immunizations by their 13th birthday. ***Note 1*:** Included in Core Set of Children's Health Care Quality Measures for Medicaid and CHIP. ***Note 2:*** Updated 2017 IMA measure now includes HPV Vaccine. ***Note 3:*** 100% compliance with measure may not be achievable due to lack of exclusions for patient refusals for HPV vaccine.

Proposed Pediatric Core Measures Set				
NQF #	**Measure Title**	**Measure Steward**	**Applicable to ACO/PCMH**	**Description and Comments**
1448	Developmental Screening in the First Three Years of Life	Oregon Health & Science University	**Applicable only to ACOs**	**Consensus to include in Core Set using hybrid specifications if the measure developer conducts testing at the physician/physician group level.** **Description:** The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life. This is a measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age and by 36 months of age. ***Note 1:*** Included in Core Set of Children's Health Care Quality Measures for Medicaid. ***Note 2:*** 28 states are reporting measure using both reporting methodologies. Provider reporting of measure when using hybrid specifications are low. CMS will continue to work with states on reporting this measure.
0033	Chlamydia Screening for Women	NCQA	**Applicable only to ACOs**	**Consensus to include in core set.** **Description:** The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. ***Note 1:*** Included in Core Set of Children's Health Care Quality Measures for Medicaid. ***Note 2:*** Currently used in Medicaid meaningful use program.

Proposed Pediatric Core Measures Set				
NQF #	**Measure Title**	**Measure Steward**	**Applicable to ACO/PCMH**	**Description and Comments**
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	NCQA	**Applicable to ACOs and PCMHs**	**Consensus to include in core set.** **Description:** Percentage of patients 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had evidence of the following during the measurement year: - Body mass index (BMI) percentile documentation* - Counseling for nutrition - Counseling for physical activity *Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value. ***Note 1:*** Included in Core Set of Children's Health Care Quality Measures for Medicaid. ***Note 2:*** Currently used in Medicaid meaningful use program.
1516	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	NCQA	**Applicable to ACOs and PCMHs**	**Consensus to include in core set** **Description:** Percentage of patients 3–6 years of age who received one or more well-child visits with a PCP during the measurement year. ***Note 1:*** Included in Core Set of Children's Health Care Quality Measures for Medicaid.

Proposed Pediatric Core Measures Set				
NQF #	**Measure Title**	**Measure Steward**	**Applicable to ACO/PCMH**	**Description and Comments**
			Asthma	
1799	Medication Management for People With Asthma (MMA)	NCQA	**Applicable to both ACO and PCMH**	**Consensus to include in core set.** **Description:** The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported: 1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period. ***Note 1:*** Included in Core Set of Children's Health Care Quality Measures for Medicaid. ***Note 2:*** This measure is included in the ACO/PCMH / primary care core set. ***Note32*:** Report only on age stratifications relevant to pediatric populations
			Overuse	
0002	Appropriate Testing for Children With Pharyngitis (CWP)	NCQA	**Applicable to ACOs and PCMHs**	**Consensus to include in core set** **Description:** The percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

Proposed Pediatric Core Measures Set				
NQF #	**Measure Title**	**Measure Steward**	**Applicable to ACO/PCMH**	**Description and Comments**
0069	Appropriate Treatment for Children With Upper Respiratory Infection (URI)	NCQA	**Applicable to ACOs and PCMHs**	**Consensus to include in core set.** **Description:** Percentage of children 3 months to 18 years of age with a diagnosis of upper respiratory infection (URI) who were not dispensed an antibiotic medication. ***Note 1:*** Currently used in Medicaid meaningful use program.

Evaluation of Measures for Potential Addition

NQF staff provided an overview of the agenda and explained that per workgroup request, the measures for consideration had been organized by topic area. NQF staff notified Workgroup members that a link to the voting survey had been sent out to all voting organization Workgroup members; however, the Workgroup decided to wait to vote until both all measures for additional and removal had been discussed. NQF staff reminded Workgroup of their decision to remove measure 0653 and 0654, related to acute otitis externa, from consideration and to consider 1885 in the future but not during this core set update cycle.

Prevention and Wellness

1360: Audiological Evaluation no later than 3 months of age

NQF staff briefed the Workgroup on the measure specifications. A Workgroup co-chair reminded the group of previous meeting discussion, related to challenges of this measure at the clinician level since the clinician relies on the hospital system and care coordination. A co-chair also raised the issue of alignment at the state level. A Workgroup member highlighted that importance of audiological testing before a newborn is discharged from the hospital. The Workgroup discussed challenges operationalizing and capturing testing performed by the pediatricians through electronic health records (EHRs) and the sharing data captured by the hospital. A co-chair shared concerns about capturing results and communicating a follow-up plan for children who fail the screening.

Workgroup members wanted to ensure that there is a way to accurately track follow up. NQF shared the measure was tested at state level and that like facilities capture data and shared it with their state EHDI database. A Workgroup member explained there are advantages and challenges to this measure and provided an example that many newborns have the exam completed before discharge. Some members expressed that this measure is vital as it promotes transition of care for a newborn between the hospital and pediatrician.

Another Workgroup member categorized the measure as a system-level measure. It was noted that the hospital information is supposed to be sent to the primary care provider after which a report is supposed to be generated when the follow up occurs. A Workgroup member mentioned the pediatrician writes the order for the audiological testing. It was noted that there are some urban settings that use hospitalists, who may not be connected to the ambulatory setting.

The Workgroup noted that the measure is important but also considered that core sets focus on clinical level versus the system level measures. NQF staff shared that in some cases measures tested at other levels of analysis were included in other core sets and stated that an option may be to include a note about the level of analysis. NQF staff also offered an option to include the measure in the gaps/future considerations section of the core set.

A Workgroup member shared that payers looking to include core set measures in their physician incentive programs may not choose this measure since it is not at the clinician level. A member stated this can be hard to measure because even if an order is written at the hospital and the baby fails the exam, the follow-up may be performed by an audiologist rather than the pediatrician. It was noted by that primary care physicians are already measured based on exams or care (e.g., mammograms, colonoscopy) provided by other provider and ,therefore, this shouldn't be a reason to not to include the measure.

A Workgroup co-chair suggested that the discussion be reframed and inquired from the Workgroup on whether the intent is to measure that the audiological evaluation has been done or the test has

been ordered. NQF advised that per the measure specifications the denominator is babies who have not passed screening and the numerator is babies that have not passed screening AND the evaluation was performed before the baby was 3 months old. NQF highlighted the 3 month timeframe is important.

NQF shared 2007-2012 performance data indicating average performance of 29%. A Workgroup member inquired if there is adequate volume for measurement, if clinicians are accountable. A Workgroup member expressed that there is a gap in care and that including this measure makes this topic a priority to addres, especially for clinicians. Another Workgroup member verbalized support for this measure, noting that the discussion about attribution must be addressed but stating that the measure is very important. Other Workgroup members continued to note implementation challenges about how best to measure that follow up has been completed.

The Workgroup discussed that 1-2% of newborns fail audiological screening and up to 5% in the NICU and that these rates are significant. The Workgroup requested additional time to consider if they want to keep this measure. NQF staff will update the voting options to reflect the Workgroup's conversation.

2803: Tobacco Use and Help with Quitting Among Adolescents
NQF provided brief measure specification noting that the Workgroup previously requested to continue examining the measure but preferred one that evaluated multiple substances. NQF clarified that testing was done at clinician LOA. This measure is used in MIPS. Performance data from MIPS indicates this measure is topped out but that this may be due in part to self-selection. A Workgroup member added that the MIPS data is likely capturing family medicine that is inherent to taking care of both adults and child populations, noting that all pediatricians might not have the same system. Workgroup members expressed concern that if the measure is topped out, it might be removed from the MIPS program in the near future.

A Workgroup member expressed concerns about the population questioning whether focus would be on adolescents who received a well care visit, noting challenges if individuals change providers. NQF stated that the denominator is "adolescents 12-20 years of age, who have a face to face meeting with the provider prior to the measurement year".

A Workgroup member inquired if tobacco use included e-cigarettes. A Workgroup member shared that USPSTF guidelines have not yet included e-cigarettes. It was noted that e-cigarettes were considered as a pathway to smoking cessation, but that might be changing soon. A Workgroup member stated the importance of including all tobacco products for adolescents, as many young people are not moving away from traditional cigarettes to e-cigarettes. The Workgroup agreed to wait until the measure included e-cigarettes before they consider it for the core set. The updated survey will not include this measure.

Asthma
NQF staff provided an overview of all asthma measures for consideration which included those for potential addition and the current core set measure. NQF staff noted that 1799 in the current core set is no longer NQF endorsed.

1800: Asthma Medication Ratio
NQF staff shared a summary of measure specifications. NQF staff noted that 1799 in the current core set is no longer NQF endorsed. It was noted that measure 1800 is also being considered by the ACO and PCMH/Primary Care Workgroup.

N/A: Medication Management for People with Asthma (MIPS ID 444)
NQF staff shared a summary of measure specifications and noted that the measure was similar to if not the same as measure 1799. The MIPS measure considers a 75% threshold, while measure 1799 also included a 50% threshold. NQF advised they can provide information about why 1799 is no longer endorsed during the next meeting.

N/A: Optimal Asthma Control (MIPS ID 398)
NQF staff shared a summary of measure specifications stating this is a composite measure evaluating different asthma targets. A Workgroup member highlighted that this is an outcome measure, that that there are concerns with the PRO tool as it is in the public domain, but there is a fee to implement it in an EHR. Another Workgroup member shared that systems utilizing this measure reported the technical fee as surmountable.

After a review of asthma measures, Workgroup members inquired if they have to only pick one measure. NQF staff responded that Workgroup is not limited to picking one measure but should consider parsimony.

A Workgroup member with historical CQMC knowledge shared that in the last iteration of the ACO Workgroup convenings, there were long discussions about 1799 versus 1800. In the end, the Workgroup picked one, stating there was no particular reason for the preference. It was noted that for alignment purposes and to reduce measurement burden, the Pediatric Workgroup should align with other CQMC Workgroups and federal programs as much as possible. NQF staff shared that MIPS 444 is topping out. It was also reported that the Medicaid and CHIP Child Core Set now includes 1800, which replaced 1799. The Workgroup will vote on which asthma measure(s) to include during the next meeting.

Overuse/Appropriate Use
0657: Otitis Media with Effusion: Systemic antimicrobials – Avoidance of inappropriate use
NQF staff provided overview of measure specifications and shared that the measure is currently used in the MIPS program.

2811e: Acute Otitis Media - Appropriate First-Line Antibiotics
NQF staff provided overview of measure specifications and shared that use information was not available.

A Workgroup member stated the eMeasures are forward moving and should be included as an alternative reporting option when available. It was noted that eMeasures are already being used in MIPS, thereby their inclusion in the core set promotes alignment. A Workgroup member inquired about how often otitis media and acute otitis media are treated by pediatricians. A Workgroup member explained that the measures are related to appropriate use. There was some interest in including both measures in the core set. The Committee will vote on whether these measures should be added to the core set.

Behavioral Health and Substance Use
0004: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
NQF provided brief measure specifications, sharing there are two rates reported and that the measure is used across various programs (e.g., MIPS, Medicaid Adult Core set, Quality Rating System). Based on the NQF submission this measure is tested at health plan LOA.

NQF reiterated the Workgroups concerns that this seems to be more of a systems-level measure and discussed whether this measure is appropriate to measure at the clinician level. Workgroup members shared that the measure is already being used at the clinician LOA in the different program.

It was noted that this was in the Medicaid Adult Core Set, not the Child Core Set, which could be because the age starts at 13 years.

One of the concerns the Workgroup mentioned is the lack of pediatric behavioral health providers to whom children could be referred. The Workgroup discussed that the measure is important but there might not be resources readily available to allow this measure to be successful. The Workgroup discussed that for measurement improving identification is priority until there are more resources in place.

A Workgroup member inquired if there are other substance use disorder measures being brought forth for consideration. NQF shared that this is the only measure currently identified that addressed the pediatric population, stating the others focus on depression, suicide risk assessment, and monitoring and psychosocial care for adolescents on antipsychotics. Following the brief overview of other measures being considered, Workgroup members stated both depression and screening tools do incorporate some aspects of the substance use. The Workgroup decided to consider this measure for future iterations of the core set.

0418/0418e: Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan
NQF provided brief measure specifications, stating the measure is tested at clinician group and individual clinician LOAs and is currently the in Medicaid and CHIP Child Core Set. The measure is being considered by the ACO and PCMH/Primary Care Workgroup.

Workgroup members expressed support for include this metric, especially since there is an eMeasure version. NQF staff added that both the Pediatric and ACO and PCMH/Primary Care Workgroups are interested in including more behavioral health and substance use measures. The Workgroup will vote on adding this measure to the core set.

1365e: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
NQF provided brief measure specifications, stating the measure was tested at clinician group and individual clinician LOA and that it is used in MIPS. It was noted that the measure was recently removed from the Medicaid Child Core Set.

A Workgroup member shared this measure is important, given the increased incidence of depression and suicide. A Workgroup member, with experience on the Medicaid Child Core Set Workgroup, explained that this measure was removed because focused only on assessment rather than also including other action steps (e.g., referral, follow up). NQF stated that 0418 replaced 1365e in the Medicaid Child Core Set. A Workgroup co-chair explained that the Medicaid Child core set is now in commenting period.

The Workgroup indicated that it will have to decide if they want to add a measure that has been removed from Medicaid Child Core Set. After reviewing the current Medicaid Child Core Set measures, a Workgroup member noted the absence of a suicide prevention measure. It was noted that the Medicaid Child core set currently includes measures focused on hospitalization for mental illness, first line psychosocial care for children and adolescents on antipsychotics, and multiple concurrent antipsychotics management in adolescents.

Some members shared that the measure should be included and that a measure that also address referrals/follow-up could be included as a gap.

A Workgroup member brought up 0004, which is no longer being included since the group noted challenges with patient access to care. The Workgroup member questioned if including only screening measures is adequate when behavioral health outcomes and promoting care integration and

coordination are such high priorities.

0712e: Depression Utilization of the PHQ-9 Tool
NQF shared that the measure has been updated to include adolescent patients 12-17 years of age and that the rates for these the measure's two populations are reported separately. It was shared that the measure is currently used in MIPS, Medicaid Promoting Interoperability, and Minnesota Health Score.

A Workgroup member clarified that the measure denominator is people who have been diagnosed with depression; it is not a population screening measure. Workgroup member asked if the PHQ-9 assessment is performed after a patient has been diagnosed with depression, in which case, it could be considered as a follow-up care. At least one Workgroup member questioned whether primary care providers have the expertise to diagnose patients with depression. A Workgroup member clarified that primary care providers and psychiatrists can use the measure.

Some Workgroup members expressed interest in including this measure in addition to measure 0418 as this measure seems to complement the preventative screening measure. The Workgroup will vote on whether to add this measure to the core set.

2800: Metabolic Monitoring for Children and Adolescents on Antipsychotics
NQF staff shared the measure specifications, stating the measure was a MAP 2018 recommendation for addition to Medicaid Child Core set. This measure is specified and tested at the health plan, integrated delivery system, and population LOAs.

2801: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
NQF staff shared measure specifications, noting it is currently in Medicaid Child Core Set. This measure is specified and tested at the health plan, integrated delivery system, and population LOAs.

Workgroup member shared concerns with the LOAs and questioned whether there is enough patient volume to consider these "core" measures. The Workgroup discussed that these measures are used to gather data to evaluate what is happening at the community and population levels. Workgroup members discussed that there are disparities related to antipsychotic use and these measure may not be the best options at this time when considering clinician measurement. The Workgroup generally agree not to consider these measure for addition at this time.

Women's Health
2903: Contraceptive Care – Most & Moderately Effective Methods
2904: Contraceptive Care - Access to LARC
NQF staff provided high-level specifications for these two measures. These measures are specified and tested at the health plan, population, and facility LOAs. The Workgroup did not have time to discuss these measures during the meeting.

Next Steps
The Workgroup will discuss the remaining measures being considered for addition – 2903, 2904, 0005, and 2393 – during the next meeting. The Workgroup will also discuss if any of the current core set measures should be removed. The Workgroup will also consider is any dental measures should be added to the core set, as this was a gap area identified during the previous meeting. NQF staff added that only one of the dental measures identified is used in MIPS at the clinician LOA. NQF staff shared that voting members of the Workgroup would be sent an updated voting survey after discussing all measures.