

Meeting Summary

CQMC Pediatrics Workgroup Meeting #4

The National Quality Forum (NQF) convened a closed session web meeting for the Pediatrics Workgroup on August 12, 2019.

Welcome and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF 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:

- Finalize recommendations for new measures for the set
- Identify measures for removal from the core set

Decision-making Process

Voting and Quorum

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). Quorum was met during the call, although the Workgroup expressed their preference for allowing additional Workgroup members to provide feedback virtually before voting.

Previously Discussed Pediatric Candidate Measures

NQF staff provided an overview of the previously discussed Pediatric Candidate measures and provided a brief synopsis of the Workgroup's decisions.

Prevention and Wellness

1360: Audiological Evaluation no later than 3 months of age

NQF staff shared that the Workgroup during the previous meeting decided to vote on the measure as it was regarded important to measure, due to the significant gap in care e.g. 1-2% of newborns fail audiological screening and increases to 5% in the NICU. The Workgroup was also reminded of the concerns raised regarding the potential difficulty in implementing the measure due to the fragmentation between public health, ambulatory-based care, and hospital-based care. It was noted that there was no similar measure in the current core set.

2803: Tobacco Use and Help with Quitting Among Adolescents

NQF staff shared that the current core set does not have a similar measure. It was noted that the

Workgroup decided not to include the measure on the voting list of measures during this round of work. The Workgroup wanted to wait until specifications includes use of e-cigarettes and will consider this area a gap area.

Asthma

NQF staff shared that per the Workgroup's request to have the current core set measure weighed against the new measures brought forward from the measure scan, the Workgroup decided to include all measures on the voting list.

1800: Asthma Medication Ratio

A Workgroup member who was part of the previous CQMC shared that the Workgroup previously deliberated over including measure 1799 versus 1800 and picked 1799. It was noted that there was no strong rationale for one over the other. NQF staff shared that measure 1800 was also being considered by the ACO and PCMH/Primary Care Workgroup and is used in the Medicaid/CHIP Child Core Set. A Workgroup member reminded the Workgroup that parsimony and alignment should be considered during voting.

N/A: Medication Management for People with Asthma (MIPS ID 444)

NQF staff shared that performance data on the measure indicates that it may be topping out.

N/A: Optimal Asthma Control (MIPS ID 398)

NQF staff shared that the PRO tool is publicly available, but there is a surmountable technical fee to implement into an electronic health record (EHR).

1799 Medication Management for People with Asthma (MMA) in current core set

NQF staff shared that the measure is in the current Pediatric core set and is no longer NQF endorsed.

Overuse/Appropriate Use

NQF staff shared that the Workgroup would be voting on the two overuse/appropriate use measures brought forth from the environmental scan.

0657: Otitis Media with Effusion: Systemic antimicrobials – Avoidance of inappropriate use

The Workgroup agreed that this was an area that required monitoring.

2811e: Acute Otitis Media - Appropriate First-Line Antibiotics

The Workgroup agreed eMeasures are forward moving. It was noted that eMeasures are already being used in MIPS and their inclusion promotes alignment.

Behavioral Health and Substance Use

0004: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

The Workgroup agreed not to include the measure on the voting list as the measure was tested at the health plan level of analysis. The Workgroup noted that there are not enough resources readily available to allow for successful comparisons (e.g., lack of pediatric health providers). The Workgroup decided to consider this measure in the future.

0418/0418e: Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan

The Workgroup expressed support for the measure which also includes an eMeasure version.

1365e: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

The Workgroup was reminded that the measure was removed from the Medicare Child Core Set, replaced by 0418 due to focus being on assessment and not including an "action" (e.g., referral,

follow up). Some Workgroup members voiced support for the measure noting that suicide prevention is a priority.

0712e: Depression Utilization of the PHQ-9 Tool

NQF staff shared that the measure is currently used in MIPS, Medicaid Promoting Interoperability, and Minnesota Health Score. Workgroup members found the measure complimentary to 0418.

2800: Metabolic Monitoring for Children and Adolescents on Antipsychotics

NQF staff shared that the measure would not be included on the voting list because Workgroup members expressed concern with the level of analysis and questioned if the number volume of patients is enough to be considered as a core measure.

2801: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

NQF staff shared that the measure would not be included on the voting list because Workgroup members expressed concern over disparities related to antipsychotic use and thought measure may not be the best option at this time when considering clinician measurement.

The Workgroup agreed to vote on measures 0418/0418e, 1365, and 0712e and opted to exclude 0004, 2800 and 2801 from voting.

Evaluation of Measures for Potential Addition

Women's Health

2903: Contraceptive Care – Most & Moderately Effective Methods

2904: Contraceptive Care - Access to LARC

A Workgroup member inquired how clinicians were to identify individuals at risk of unintended pregnancy. In response, a Workgroup member shared that asking the key question i.e. "Do you intend to get pregnant this year?" to gauge who is at risk.

A Workgroup member shared that 2904 is a sub-set of 2903 thus making 2903 more appropriate but raised concern regarding how to measure a broad range of ages and clinicians offering services. The notion of attribution, whether OB/GYN or pediatric providers were responsible was posed to the Workgroup. It was noted that LARC post-partum was offered at facilities and that LARC use at the clinician level or care provided outside the medical home is less known. The Workgroup generally agreed the topic is important and will vote on these measures. The Workgroup welcomes additional dialogue from members who were not present during the meeting.

Other

0005: CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult, Child

NQF staff provided the measure specifications and noted that the measure is currently used in MIPS. Workgroup members supported the surveys intent as a PRO for patients and/or their representatives to give feedback on their experience which in can help inform improvement. A Workgroup member expressed support for the measure as the current core set does not have a measure looking at patient satisfaction. NQF staff shared that the current ACO and Orthopedics core sets have CAHPS measures. A Workgroup member inquired on the measures data source, to which NQF advised that per the measure developer's submission responses could be submitted via mail, telephone or a combination of telephone with a follow up email linking to a web-based survey. The response rate was generally approximated to be 30-40% or higher using one of these methods with the combination approach adding another 10-15%. The Workgroup decided to include the measure on the list of measures to be voted on for inclusion into the core set.

2393: Pediatric All-Condition Readmission Measure

NQF staff provided the measure specifications, noting that the measure's level of analysis was at the facility level and it was endorsed in 2017. NQF shared that the Measure Applications Partnership (MAP) recommended the measure for future addition to the Medicaid Child Core Set. The Workgroup agreed that the measure is important as it affects the total cost of care and outcomes for the pediatric population and would align with what is being measured in the adult population. A Workgroup co-chair voiced support of including the measure on the voting list. A Workgroup member inquired whether there should be a carve out on the age range (e.g. 0-18 years versus 0-1 years) or based on diagnosis (e.g. respiratory illness) and whether it was necessary to first learn more about performance and better understand get readmission rates. In response the Workgroup co-chair stated that the measure takes into account all factors. The Workgroup welcomed additional dialogue about the measure and agreed to include the measure on the voting list.

Dental Measures

NQF staff shared that during the previous meeting there was interest expressed on expanding the current core set to include dental measures, noting that the number one chronic disease in children is cavities and is related dental hygiene/care. A description of nine dental measure was provided for the group to consider. Specifically, *2508: Prevention: Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk, Dental Services* was highlighted as being in the Medicaid Core Set. A Workgroup member raised concern about whether the services are applicable at the clinician level of analysis, noting that at least one measure was ED related. In response, a Workgroup member shared that measure *2528: Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services* can be performed by clinicians and is in the Bright Futures and is therefore eligible for coverage in all plans. The Workgroup co-chair requested input from additional Workgroup members not present during the meeting. The Workgroup co-chair requested that NQF staff request virtual feedback when sending the meeting summary.

Review of Current Pediatric Core Set for Potential Removals

The Workgroup reviewed the measures in the current core set. NQF reported use and performance data available.

0038 Childhood Immunization Status (CIS)

NQF staff shared the measure specifications and that the measure is used in QHP QRS, MIPS, Medicaid Promoting Interoperability, and the Medicaid Child Core Set. NQF shared MIPS benchmarking data from eCQM reporting and 2012-14 HEDIS data from the NQF submission. The Workgroup co-chair recommended that the measure continue to be promoted and encouraged. A Workgroup member concurred that despite it being difficult to track via claims data keeping the measure in the core set is vital.

N/A Immunization for Adolescents (IMA)

NQF staff shared the measure specifications and that the measure is used in Medicaid Child Core Set, QHP QRS, and MIPS. The Workgroup co-chair stated that similar to 0038, immunizations for the entire pediatric population needs to be encouraged.

1448 Developmental Screening in the First Three Years of Life

NQF staff shared the measure specifications and shared that the measure is used in Medicaid Child Core Set, and MIPS. NQF highlighted a comment from a Workgroup member during the previous Workgroup meeting that the measure does not align with the Bright Futures measurement period (i.e. Bright Futures is "at 9, 18, and 30 months" while measure #1448 specifies "by 12, 24, and 36 months"). A Workgroup member shared that earlier screening leads to early intervention which improves outcomes. It was noted by NQF staff that the measure is no longer NQF endorsed because the developer was no longer able to support it. A Workgroup member shared that similar to

immunizations, despite that the measure is slightly off on the age range and there are some data collection challenges, this measure is still important to include. A Workgroup member inquired if there was a goal for core set size. The Workgroup co-chair shared that there is not a minimum or maximum. The goals are to promote measurement efficiency, address key topics related to the clinical area of interest, promote alignment, and choose the best from related measures.

0033 Chlamydia Screening for Women

NQF staff shared the measure specifications and that the measure is used in Medicaid Child Core Set and QHP QRS. A Workgroup member shared that the target age group of 16-24 years old could also be applicable to the ACO core set. The measure did not garner much response from the Workgroup and the Workgroup co-chair recommended other members should weigh in before voting.

0024: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents

NQF staff shared the measure specifications and that the measure is used in QHP QRS, MIPS, Medicaid Promoting Interoperability, and the Medicaid Child Core Set. A Workgroup member, who previously shared that the measure may be topped out, noted that the MIPS benchmarking showed otherwise and that topping out could be specific to state measurement in Minnesota. Since there are no similar measures being considered the Workgroup generally agreed that the measure stay in the core set.

1516: Well Child Visits in the Third, Fourth, Fifth and Sixth Year of Life

NQF staff shared the measure specifications and that the measure is used in the Medicaid Child Core Set and QHP QRS. NQF highlighted a comment from the previous meeting that the measure was an access measure. The Workgroup did not have much additional discussion about the measure.

1799: Medication Management for People with Asthma (MMA)

NQF staff shared the measure specifications and that the measure is used in QHP QRS. It was highlighted that in the Medicaid Child Core Set the measure was replaced by *1800: Asthma Medication Ratio*. The measure was reported to have lost NQF endorsement in 2016 after the Committee was not convinced of evidence for the 50% and 75% threshold rates. Additionally, NQF's Standing Committee did not come to consensus on evidence for this measure and expressed concerns with the long list of allowable medications and that the measure does not address whether patients are getting the correct medications for their particular type of asthma. The measure was reported by a Workgroup member to be used in some state programs with a requirement of 90% threshold for full reimbursement. The Workgroup will vote on the measure. One option will be to remove the measure and have it replaced by *1800: Asthma Medication Ratio*.

0002: Appropriate Testing for Children with Pharyngitis (CWP)

NQF staff shared the measure specifications and that the measure is used in QHP QRS. The measure was reported to have lost NQF endorsement in 2014, after the Committee raised concerns that claims data cannot track appropriate use of antibiotics and encourage strep testing rather than the avoidance of antibiotics use. A Workgroup member shared that NCQA had re-specified the measure to include children and adult populations in the most recent HEDIS update for 2020. It was noted that the new measure will read "Appropriate Testing for Pharyngitis". NQF staff advised that they would share additional measure details. A Workgroup member inquired if the measure was included in the ACO measure set considering that it now covers all age groups. NQF staff shared that the measure is currently not on the list of measures being reviewed by the ACO Workgroup.

0069: Appropriate Treatment for Children with Upper Respiratory Infection

NQF staff shared the measure specifications and that the measure is used in MIPS, Medicaid Promoting Interoperability, and QHP QRS. A Workgroup member noted that from MIPS

benchmarking data, the measure appears to have topped out. A recommendation was made to vote on removing both 0002 and 0069 as they are both process measures. The Workgroup member supported prioritizing outcomes measures. After the Workgroup meeting, a Workgroup member shared via email that the measure had changed to Appropriate Treatment for Upper Respiratory Infection. Additional details will be shared with the Workgroup.

Next Steps

NQF staff will follow up with the Workgroup via email and offer the opportunity for additional discussion and for members not present at the meeting to share feedback before voting. The Workgroup requested additional discussion on the following measures:

- *2903: Contraceptive Care – Most & Moderately Effective Methods*
- *2904: Contraceptive Care - Access to LARC*
- *2393: Pediatric All-Condition Readmission Measure*
- Dental measures (whether one or more would be appropriate for inclusion)
- *0002: Appropriate Testing for Children with Pharyngitis (CWP)* (based on updated information)
- *0069: Appropriate Treatment for Children with Upper Respiratory Infection* (based on updated information)
- *0033: Chlamydia Screening for Women*

After additional virtual dialogue, voting members will cast their votes for addition and removal through an electronic survey. The final core set will be shared with the full Collaborative for approval.