



WA State Common Measure Set on Healthcare Quality
Pediatrics Measures Ad Hoc Workgroup
 Meeting #3: Monday, September 12, 2016
 1:00 – 3:00 pm
Meeting Summary

Agenda Item	Summary of Workgroup Activity and/or Action(s)
I. Welcome and Introductions	Susie Dade, Deputy Director of the Washington Health Alliance welcomed the group to the third meeting of the Pediatric Measures Ad Hoc Workgroup. Workgroup members introduced themselves. Twelve of 13 members of the workgroup were in attendance for the meeting. Meeting attendance is recorded on page three of this meeting summary. The slide deck for this meeting is available on the Healthier Washington website. Ms. Dade provided a very brief refresher on the group’s process and measure selection criteria.
II. New Measure Review	Two new measures were reviewed by the workgroup, including: <ol style="list-style-type: none"> 1. Pediatric All Cause Readmissions, NQF #2392 (Measure Steward: Center for Excellence for Pediatric Quality Measurement). This measure calculates case-mix adjusted readmission rates defined as the percentage of admissions followed by one or more readmissions within 30 days, for patients less than 18 years old. The measure covers patients discharged from general acute care hospitals, including children’s hospitals. This measure was added as a YES measure to the YES/MAYBE list. 2. Dyslipidemia screening for patients aged 12 years; the American Academy of Pediatrics recommends screening children for dyslipidemia at least once between the ages of 9 and 11 years using a non-HDL cholesterol test that does not require children to fast – children with abnormal results should be followed up with a fasting lipid profile. Currently, there is no nationally developed measure that pertains to the broader pediatric population. Given that there is no measure that is yet available, this topic was tabled and the workgroup asked that it be added to an “aspirational list” of important topics and/or measures for consideration in future years.
III. Measure Review	The workgroup reviewed the entire list of YES/MAYBE measures that had been developed during the first two meetings. The workgroup tentatively agreed upon a list of fifteen pediatric measures to recommend for the Washington State Common Measure Set for 2017. The recommendations will be finalized at the October 3 workgroup meeting. Please see pages 4-5 for additional detail. Keep the following eight pediatric-related measures <u>that are currently approved for the Common Measure Set</u> : <ol style="list-style-type: none"> 1. Childhood Immunization Status by Age 2 2. Human Papillomavirus Vaccine for Female Adolescents by Age 13 (also continue to report for Male Adolescents by Age 13) 3. Immunizations for Adolescents 4. Oral Health: Primary Caries Prevention Intervention as Part of Well/Ill Child Visit by Primary Care Medical Providers (Medicaid only) 5. Child and Adolescent’s Access to Primary Care Practitioners (4 rates) 6. Appropriate Testing for Children with Pharyngitis 7. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (3 rates) 8. Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (1 combined rate)

	<p>Add the following seven pediatric-related measures that <u>would be new on the Common Measure Set</u></p> <ol style="list-style-type: none"> 9. Well Child Visits in the First Fifteen Months of Life (report rate of children with six or more visits in measurement period) 10. Follow-up Care for Children Prescribed ADHD Medication 11. PCP Connection After ED Visits for Asthma (<i>provided that detailed measure specifications can be obtained and the measure looks “do-able” upon review of the specifications</i>) 12. Lead Screening in Children (Medicaid only) 13. Audiological Evaluation No Later than 3 Months of Age 14. Developmental Screening in the First Three Years of Life (<i>provided that detailed measure specifications can be obtained and the measure looks “do-able” upon review of the specifications</i>) 15. Pediatric All-Condition Readmissions (<i>provided that detailed measure specifications can be obtained and the case-mix adjustment methodology looks reasonable for implementation using claims administrative data</i>)
IV. Review of Measures that Span Peds and Adult Populations	<p>The workgroup also reviewed five measures that are currently on the Common Measure Set that include a pediatric population (but are not limited to a pediatric population). They offered the following advice regarding these five measures:</p> <ol style="list-style-type: none"> A. Medication Management for People with Asthma (age range 5-85) – Keep this measure but move to reporting 75% adherence threshold (rather than 50%) to align with national benchmarks. B. Chlamydia Screening for Women (age range 16-24) – Keep this measure but increase awareness about how the measure is calculated (i.e., how sexual activity is identified) and why performance rates may be low. C. Mental Health Service Penetration (age range 6-17, 18 and older) – Keep this measure D. Substance Use Disorder Penetration (age range 6-17, 18 and older) – Keep this measure E. Follow-up After Hospitalization for Mental Illness @ 7 days and 30 days (age range 6 years and older) – Keep this measure
V. Future “Aspirational” List	<p>The workgroup recommends that the following topics be added to a future “aspirational” list for further consideration when there are nationally vetted measures available and/or when there is ready access to necessary data sources (e.g., EHR data) in Washington:</p> <ul style="list-style-type: none"> • Opioid prescribing for children and adolescents (measure should be consistent with CDC guidelines) • Depression screening by age 13 years of age • Maternal depression screening • Dyslipidemia screening for patients aged 12 years
VI. Wrap-up	<p>The next meeting, scheduled for October 3, will be held by phone.</p>

September 12, 2016 -- Attendance/Workgroup members:

Committee Member	Organization	ATTENDED in Person	ATTENDED by Phone	DID NOT ATTEND
Nwando Anyaoku, MD	Swedish Medical Group	X		
Jared Capouya, MD	MultiCare Health System			X
Frances Chalmers, MD	WA Chapter, American Academy of Pediatrics	X		
Tanya Dansky, MD	Amerigroup	X		
Sallie Davis-Kirsch, PhD	Seattle Children's	X		
Debra Doyle, MS	WA State Department of Health	X		
Michael Dudas, MD	Virginia Mason	X		
Michael Barsotti, MD	Sacred Heart Children's Hospital	X		
Howard Jeffries, MD	Seattle Children's	X		
Stuart Minkin, MD	Allegro Pediatrics	X		
Angela Riley, MD	Molina Healthcare Washington	X		
Gina Sucato, MD	Group Health Cooperative		X	
Carol Wagner	WA State Hospital Association		X	

Attendance/Staff:

Name	Organization
Susie Dade	Washington Health Alliance
Laurie Kavanagh	Washington Health Alliance
Shuva Duwadi	Washington State Health Care Authority

Attendance/Guests (By Phone/Webinar):

- Jody Daniels
- Kyle Davidson
- Paula Larson-Sandoz
- Allison Williams
- Ashley Ryals
- Anne Buchan
- Don Ashley
- Stefanie Zier
- Carolina Lucero
- Michelle Terry
- Mary Anderson
- Jeanene James
- Mandy Stahre
- Barbara Lantz
- Stacey Speelman
- Christine Stalie
- Glenn Puckett
- Jodi Kunkel
- Kelly McPherson
- Melissa Thoemke

Pediatric Measures Selection Workgroup: Recommended Measures as of September 12, 2016

Measure	Measure Steward	NQF-Endorsed	Type of Data Needed	Data Source(s) in WA	Product Line	Included in PQRS or CMS?	On Common Measure Set Now?	Brief Measure Description	Likely Units of Analysis for Public Reporting					Notes	
									State	County/ACH ¹	Health Plan	Medical Group/Clinic ²	Hospital		
1	Childhood Immunization Status by Age 2	NCQA HEDIS	Yes #0038	Registry (WA IIS)	DOH	NA	CMS	Yes	The 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 haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	X	X				
2	Human Papillomavirus Vaccine (HPV) for Female and Male Adolescents by Age 13	NCQA HEDIS	Yes #1959	Registry (WA IIS)	DOH	NA	CMS	Yes	The percentage of female and male adolescents 13 years of age who had three doses of the HPV vaccine by their 13 birthday. Rates reported separately for male and female.	X	X				The NCQA measure is for females only. We added males for the WA State Common Measure Set and apply the same measure specs to different gender and report separately.
3	Immunizations for Adolescents	NCQA HEDIS	Yes #1407	Registry (WA IIS)	DOH	NA	PQRS, CMS	Yes	The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday.	X	X				
4	Oral Health: Primary Caries Prevention Intervention as Part of Well/III Child visit as Offered by Primary Care Medical Providers	WA State HCA	No	Claims	HCA	Medicaid only		Yes	Total number of patients (Age 0- 6), who received a Fluoride Varnish application (FV) during a routine preventive health visit (with primary care medical provider or clinic).	X	X				Rates are very low suggesting this is an area for significant improvement.
5	Child and Adolescent's Access to Primary Care Practitioners (4 rates reported)	NCQA HEDIS	No	Claims	Alliance, NCQA	Commercial Medicaid	CMS	Yes	The percentage of members 12 months - 19 years of age who had a visit with a PCP during the measurement year. Four separate rates are reported by age grouping: 12-24 months; 25 months - 6 years; 7-11 years; and 12-19 years.	X	X	X			Adult access to primary care measure also included in Common Measure Set; tracking access, particular for Medicaid population, important
6	Appropriate Testing for Children with Pharyngitis	NCQA HEDIS	Yes #0002	Claims	Alliance, NCQA	Commercial Medicaid	PQRS, CMS	Yes	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 before dispensing an antibiotic).	X	X	X	X		
7	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NCQA HEDIS	Yes #0024	Claims and Medical Record	NCQA	Commercial and Medicaid	CMS	Yes	The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year: (1) BMI percentile documentation; (2) counseling for nutrition; and (3) counseling for physical activity.	X		X			
8	Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	NCQA HEDIS	Yes # 1516	Claims	Alliance, NCQA	Commercial Medicaid	CMS	Yes	The percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.	X	X	X	X		
9	Well Child Visits in the First Fifteen Months of Life (W15)	NCQA HEDIS	No	Claims	Alliance, NCQA	Commercial Medicaid	CMS	No	The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life: No well child visits, one well child visit, two well child visits, three well child visits, four well child visits, five well child visits, six or more well child visits.	X	X	X	X		Well child visits is a high priority for the State; it is recommended that we only report results for six or more well child visits.
10	Follow-up Care for Children Prescribed ADHD medication (ADD)	NCQA HEDIS	Yes #0108	Claims	Alliance, NCQA	Commercial Medicaid		No	The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.	X	X	X	X		Pertains to ages 6-12 years; two rates reported (initiation phase (30 days) and continuation phase (9 months))

Pediatric Measures Selection Workgroup: Recommended Measures as of September 12, 2016

Measure	Measure Steward	NQF-Endorsed	Type of Data Needed	Data Source(s) in WA	Product Line	Included in PQRS or CMS?	On Common Measure Set Now?	Brief Measure Description	Likely Units of Analysis for Public Reporting					Notes	
									State	County/ACH ¹	Health Plan	Medical Group/Clinic ²	Hospital		
11	PCP Visit After ED Visits for Asthma	PQMP - CAPQuAM	No	Claims	Potentially the Alliance	Commercial Medicaid		No	Numerator: 1. Visit(s) to a primary care provider that occurred within 14 days following the ED visit 2. Visit(s) to a primary care provider that occurred within 30 days following the ED visit 3. Have at least one fill of an asthma controller medication within 2 months after the ED visit (including the day of visit); Denominator: All ED visits in which asthma was a primary or secondary diagnosis in children who are continuously enrolled for at least the 2 months following the ED visit.	X	X				Will need to access detailed measure specifications which are not currently readily available, and assess "do-ability."
12	Lead Screening in Children (LSC)	NCQA HEDIS	No	Claims	NCQA	Medicaid		No	The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.			X <small>Medicaid only</small>			
13	Audiological Evaluation no later than 3 months of age	Centers for Disease Control and Prevention	Yes #1360	Medical Record Data Required	DOH	NA		No	This measure assesses the percentage of newborns who did not pass hearing screening and have an audiological evaluation no later than 3 months of age.	X	X				DOH has agreed to produce results on a yearly basis at the state and county levels, per Debra Doyle
14	Developmental Screening in the First Three Years of Life	Oregon Health Sciences University	Yes #1448	Claims?	Potentially the Alliance	NA		No	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.	X	X				Will need to access detailed measure specifications which are not currently readily available, and assess "do-ability."
15	Pediatric All-Condition Readmissions	Center of Excellence for Pediatric Quality Measurement	Yes #2392	Claims	Potentially the Alliance	Commercial Medicaid		No	This measure calculates case-mix adjusted readmission rates, defined as the percentage of admissions followed by one or more readmissions within 30 days for patients less than 18 years old. The measure covers patients discharged from general acute care hospitals, including children's hospitals.	X				X	Will need to access detailed measure specifications which are not currently readily available and assess whether case-mix adjustment is "do-able."