

Washington Common Measure Set on Healthcare Quality and Cost

Pediatric Measure Workgroup

Meeting #3

September 12, 2016



Leading health system improvement

Today's Meeting Agenda

**1:00 Welcome, Introductions,
Quick Review**

1:10 Measure Review Process Continues

- Pediatric All-Condition Readmission
- Screening for Dyslipidemia
- Review YES/MAYBE list (items 1-20) and finalize recommendation
- Review additional items (A-E) for recommendations/suggestions

2:50 Opportunity for Public Comment

2:55 Wrap-up

3:00 Adjourn

Our Charge

Consider all of the pediatric-related measures in the current Common Measure Set and make recommendations regarding which measures to keep, remove and/or replace, or add.

The total number of pediatric-related measures should not exceed 17 measures.

The work group should use the same selection criteria used by previous workgroups.

Measure Selection Criteria

Measures are based on *readily available data in WA* (we must identify the data source).

Each measure should be valid and reliable, and produce sufficient numerator and denominator size to support credible public reporting.

- Results must meet denominator threshold for public reporting:
 - medical groups/clinics (100)
 - counties/ACHs (30)

We are not developing measures “from scratch.”

Measure Selection Process

1. Begin with review of current measure set; we'll discuss whether to keep each measure (yes/no/maybe)
 - Rationale for measures that we recommend removing
2. Then review known, potential new measures
 - Going category-by-category, we'll discuss whether to include each measure (yes/no/maybe) based on selection criteria
3. Take second pass through the yes/maybe list keeping in mind the maximum is 17 measures
4. Consider any additional measures recommended by group members
5. Review list and finalize recommended measure set for pediatrics

Measure Review

- **Pediatric All-Condition Readmission**
- **Screening for Dyslipidemia**

YES/MAYBE Measure Review

1. Follow-up care for Children Prescribed ADHD Medication
2. Childhood Immunization Status by Age 2
3. HPV Vaccine for Adolescents by Age 13
4. Immunizations for Adolescents by Age 13
5. Well Child Visits in the 3rd, 4th, 5th and 6th Years of Life
6. Well Child Visits in the First 15 Months of Life
7. Child and Adolescents' Access to Primary Care Practitioners
8. Appropriate Testing for Children with Pharyngitis
9. Annual Number of Asthma Patients (>1 year) with ≥ 1 asthma ER visit
10. PCP Connection After ED Visits for Asthma
11. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
12. Opioid Prescribing for Children and Adolescents
13. Depression Screening by 13 years of age
14. Maternal Depression Screening
15. Oral Health: Primary Caries Prevention Intervention in Primary Care
16. Annual Dental Visit
17. Weight Assessment and Counseling for Nutrition and Physical Activity
18. Lead Screening in Children
19. Audiological Evaluation No Later than 3 Months of Age
20. Developmental Screening in the First Three Years of Life

Additional Measure Review

1. Medication Management for People with Asthma (1 rate: ages 5-85)
2. Chlamydia Screening for Women (1 rate: ages 16-24)
3. Mental Health Service Penetration (two rates: ages 6-17, 18-64)
4. Substance Use Disorder Service Penetration (two rates: ages 6-17, 18-64)
5. Follow-up After Hospitalization for Mental Illness @ 7 days and 30 days (1 rate: ages 6 years and older)

Next Steps for Pediatric Work Group

- High level meeting summary will be posted on the HCA website
- Next Work Group scheduled:
 - Monday, October 3, 1-3 pm