

Washington Common Measure Set on Healthcare Quality and Cost

Pediatric Measure Workgroup

Meeting #2

August 15, 2016



Leading health system improvement

Today's Meeting Agenda

- 1:00** **Welcome, Introductions, Quick Review**
- 1:10** **Follow-up from July 18**
- 1:40** **Measure Review Process Continues**
- 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

Follow-up from July 18

1. Measure Specifications – Mental Health Service Penetration

- Already approved for the Common Measure Set
- First results available later this Fall
- PMCC unlikely to remove the measure so soon after approving it
- Workgroup could recommend not measuring for age group 6-17 years of age but would need clear rationale

2. Measure Specifications for Two BH Related Measures

- Substance Use Disorder Service Penetration (same comments as above apply)
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (NCQA, NQF 0004) – No plans reported results for this measure to Quality Compass in 2015

Follow-up from July 18

3. Elementary School Entry Immunization Status

- DOH currently collects parent self-reported data
- DOH questions whether adding to Common Measure Set (in addition to other immunization measures) would add benefit and whether they have the resources to support using this data for public reporting

4. Measure Specifications for Two Related Asthma Measures

- Asthma Medication Ratio
- Medication Management for People with Asthma
 - This measure is currently approved for the Common Measure Set.
 - This measure is included in the CMS 2016 Core Set of Children's Health Care Quality measures.

Follow-up from July 18

5. **Asthma Measure – State of Alabama Medicaid Program**
 - In use in Alabama, results reported at state level only
 - No measure steward available to maintain measure at this time; the measure has not yet been translated to ICD-10

6. **Measure Specifications for Two Related Antibiotic Measures**
 - **Appropriate Treatment for Children with URI**
 - Not on Common Measure Set but currently reported by the Alliance
 - PQRS Measure
 - **NCQA Antibiotic Utilization measure**
 - Purely a utilization measure
 - Results reported by age group

Measure Review

Measure	Measures Steward	NQF-Endorsed	Category	Type of Data Needed	Product Line	Brief Measure Description
1 Follow-up Care for Children Prescribed ADHD medication (ADD)	NCQA HEDIS	Yes #0108	ADHD	Claims	Commercial Medicaid	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.
2 Accurate ADHD Diagnosis	PQMP - PMCoE	No	ADHD	Medical Record Data Required	NA	Percentage of patients aged 4 through 18 years whose diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) was based on a clinical exam with a physician or other healthcare professional, as appropriate which includes: confirmation of functional impairment in two or more settings AND assessment of core symptoms of ADHD including inattention, hyperactivity, and impulsivity, either through use of a validated diagnostic tool based on DMS-IV-TR criteria for ADHD or through direct assessment of the patient.
3 ADHD Chronic Care Follow-up	PQMP - PMCoE	No	ADHD	Claims	Commercial Medicaid	Percentage of patients aged 4 through 18 years with a primary or secondary diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) in the year prior to the measurement year who have at least one follow-up visit in the measurement year with ADHD as the primary diagnosis

Measure Review

	Measure	Measures Steward	NQF-Endorsed	Category	Type of Data Needed	Product Line	Brief Measure Description
4	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	NCQA HEDIS	Yes #0069	Antibiotics	Claims	Commercial Medicaid	The percentage of children 3 months - 18 years who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.
5	Antibiotic Utilization (ABX)	NCQA HEDIS	No	Antibiotics	Claims	Commercial Medicaid	This measure summarizes the following data eight categories of outpatient utilization of antibiotic prescriptions during the measurement year, stratified by age and gender.

Measure Review

Measure	Measures Steward	NQF-Endorsed	Category	Type of Data Needed	Product Line	Brief Measure Description	
6	Asthma Medication Ratio (AMR)	NCQA HEDIS	Yes #1800	Asthma	Claims	Commercial Medicaid	The percentage of members 5-85 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
7	Appropriateness of ED visits for children and adolescents with identifiable asthma	PQMP - CAPQuAM	No	Asthma	Medical Record Data Required	NA	This measure <u>estimates</u> the proportion of ED visits that meet criteria for the ED being the appropriate level of care, among all ED visits for identifiable asthma in children and adolescents.
8	PCP connection prior to ED visits for children with identifiable asthma	PQMP - CAPQuAM	No	Asthma	Claims	Commercial Medicaid	Numerator: Evidence of connection to the primary care medical system prior to first ED visit and/or hospitalization that has a primary or secondary diagnosis of asthma among children whom our specifications identify with asthma. Denominator: All first ED visits and / or hospitalizations, in which asthma was a primary or secondary diagnosis in children who are eligible because they meet the criteria for identifiable asthma and have been enrolled for the 6 consecutive months prior to the ED visit/admission.
9	PCP connection after ED visits for asthma	PQMP - CAPQuAM	No	Asthma	Claims	Commercial Medicaid	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.
10	Rate of ED visit use for children managed for persistent asthma	PQMP - CAPQuAM	No	Asthma	Claims and Medical Record	?	This measure estimates the rate of emergency department visits for children ages 2-21 who are being managed for identifiable asthma. The measure is reported in visits per 100 child years.
11	Asthma Pharmacologic Therapy for Persistent Asthma - Ambulatory Care Setting	AMA-convened Physician Consortium for Performance Improvement	Yes #0047	Asthma	Claims	NA	Percentage of patients aged 5 years and older with a diagnosis of persistent asthma who were prescribed long term control medication. Three rates are reported for this measure: <ol style="list-style-type: none"> 1. Patients prescribed inhaled corticosteroids (ICS) as their long term control medication 2. Patients prescribed other alternative long term control medications (non-ICS) 3. Total patients prescribed long-term control medication

Measure Review

Measure	Measures Steward	NQF-Endorsed	Category	Type of Data Needed	Product Line	Brief Measure Description	
12	Opioid Prescribing for Children and Adolescents	Suggested by Dr. Gary Franklin	No	Behavioral Health	Claims	NA	Percent of children less than 20 years old receiving a prescription for opioids for an acute condition who receive \leq 3 days of a short acting opioid. (Alternatively, could look at \geq 3 days.)
13	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	NCQA HEDIS	Yes #2800	Behavioral Health	Claims	Commercial Medicaid	The percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.
14	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)	NCQA HEDIS	No	Behavioral Health	Claims	Commercial Medicaid	The percentage of children and adolescents 1-17 years of age who were on two or more concurrent antipsychotic medications.
15	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	NCQA HEDIS	Yes #2801	Behavioral Health	Claims?	Commercial Medicaid	The percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.
16	Antipsychotic Use in Children Under 5 Years Old	Pharmacy Quality Alliance	Yes #2337	Behavioral Health	Claims	NA	The percentage of children under age 5 who were dispensed antipsychotic medications during the measurement period.
17	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	NCQA HEDIS	No	Behavioral Health	Medical Record Data Required	NA	The percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia who have a PHQ-9 or PHQ-A tool administered at least once during a four-month period.
18	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	AMA-convened Physician Consortium for Performance Improvement	Yes #1365	Behavioral Health	Medical Record Data Required	NA	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk

Measure Review

Measure		Measures Steward	NQF-Endorsed	Category	Type of Data Needed	Product Line	Brief Measure Description
19	Depression Screening By 13 years of age	NCQA	Yes #1394	Behavioral Health	Medical Record Data Required	NA	The percentage of adolescents 13 years of age who had a screening for depression using a standardized tool.
20	Depression Screening By 18 Years of Age	NCQA	Yes #1515	Behavioral Health	Medical Record Data Required	NA	The percentage of adolescents 18 years of age who had a screening for depression using a standardized tool.
21	Maternal Depression Screening	NCQA	Yes #1401	Behavioral Health	Medical Record Data Required	Commercial Medicaid	The percentage of children 6 months of age who had documentation of a maternal depression screening for the mother.
22	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	Yes #0418	Behavioral Health	Medical Record Data Required	Commercial Medicaid	Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented
23	Mental Health Utilization (MPT)	NCQA HEDIS	No	Behavioral Health	Claims	Commercial Medicaid	The number and percentage of members receiving the following mental health services during the measurement year: any service, inpatient, intensive outpatient or partial hospitalization, outpatient or ED

Measure Review

	Measure	Measures Steward	NQF-Endorsed	Category	Type of Data Needed	Product Line	Brief Measure Description
24	HbA1c Test for Pediatric Patients	NCQA	No	Diabetes	Claims	Commercial Medicaid	Percentage of patients 5-17 years of age with diabetes with a HbA1c test during the measurement period.
25	Annual Dental Visit (ADV)	NCQA HEDIS	No-Endorsement Removed	Oral Health	Claims	Medicaid	The percentage of members 2-20 years of age who had at least one dental visit during the measurement year. This measure applies only if dental care is a covered benefit in the Medicaid contract.
26	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	American Dental Association	Yes #2689	Oral Health	Claims	NA	Number of emergency department visits for caries-related reasons per 100,000 member months for all enrolled children (ages 0 - 20)
27	Pediatric All-Condition Readmission Measure	Center of Excellence for Pediatric Quality Measurement	Yes #2393	Patient Safety	Claims	NA	This measure calculates case-mix-adjusted readmission rates, defined as the percentage of admissions followed by 1 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.
28	Pediatric Patient Safety for Selected Indicators (PDI 19) - Composite Measure	Agency for Healthcare Research & Quality	No - Endorsement Removed	Patient Safety	Claims	?	Pediatric Patient Safety for Selected Indicators (PDI 19) is a weighted average of the observed-to-expected ratios for the following component indicators: PDI 01 Accidental Puncture or Laceration Rate, PDI 02 Pressure Ulcer Rate, PDI 05 Iatrogenic Pneumothorax Rate, PDI 10 Postoperative Sepsis Rate, PDI 11 Postoperative Wound Dehiscence Rate, and PDI 12 Central Venous Catheter-Related Blood Stream Infection Rate.

Measure Review

Measure		Measures Steward	NQF-Endorsed	Category	Type of Data Needed	Product Line	Brief Measure Description
29	Lead Screening in Children (LSC)	NCQA HEDIS	No	Screening	Claims	Medicaid	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.
30	Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	NCQA HEDIS	No	Screening	Claims	Commercial Medicaid	The percentage of adolescent females 16-20 years of age who were screened unnecessarily for cervical cancer.
31	Well Child Visits in the First Fifteen Months of Life (W15)	NCQA HEDIS	No	Screening	Claims	Commercial Medicaid	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.
32	Audiological Evaluation no later than 3 months of age	Centers for Disease Control and Prevention	Yes #1360	Screening	Medical Record Data Required	NA	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.

Measure Review

Measure		Measures Steward	NQF-Endorsed	Category	Type of Data Needed	Product Line	Brief Measure Description
33	Blood Pressure Screening by 13 Years of Age	NCQA	Yes #1552	Screening	Medical Record Data Required	NA	The percentage of adolescents 13 years of age who had a blood pressure screening with results during the measurement year or the year prior to the measurement year.
34	Blood Pressure Screening by 18 Years of Age	NCQA	Yes #1553	Screening	Medical Record Data Required	NA	The percentage of adolescents 18 years of age who had a blood pressure screening with results during the measurement or the year prior to the measurement year.
35	Developmental Screening in the First Three Years of Life	Oregon Health Sciences University	Yes #1448	Screening	Claims?	NA	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.
36	Hearing screening prior to hospital discharge	Centers for Disease Control and Prevention	Yes #1354	Screening	Medical Record Data Required	NA	This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge.

Measure Review

Measure	Measures Steward	NQF-Endorsed	Category	Type of Data Needed	Product Line	Brief Measure Description
37 Developmental screening using a parent completed screening tool	Child and Adolescent Health Measurement Initiative	Yes #1385	Screening	Patient Reported, Survey	NA	The measure assesses whether the parent or caregiver completed a developmental screening tool meant to identify children at-risk for developmental, behavioral and social delays. The items are age-specific and anchored to parent-completed tools (a majority of health care providers implementing the Bright Futures recommendations for standardized screening for all children utilize parent-completed tools due to their validity and feasibility). The age-specific items assess whether children 10-71 months are screened.
38 Screening for Reduced Visual Acuity and Referral in Children	CMS	Yes #2721	Screening	Medical Record Data Required	Commercial Medicaid	The percentage of children who received visual acuity screening at least once by their 6th birthday; and if necessary, were referred appropriately.
39 Frequency of Selected Procedures (FSP)	NCQA HEDIS	No	Utilization	Claims	Commercial Medicaid	This measure summarizes the utilization of frequently performed procedures that often show wide regional variation and have generated concern regarding potentially inappropriate utilization: bariatric weight loss surgery (ages 0-19); tonsillectomy (ages 0-9);.
40 Ambulatory Care (AMB)	NCQA HEDIS	No	Utilization	Claims	Commercial Medicaid	This measure summarizes utilization of ambulatory care in the following categories: outpatient visits, ED visits. Results reported as visits per 1,000 member months.
41 Inpatient Utilization-General Hospital Acute Care (IPU)	NCQA HEDIS	No	Utilization	Claims	Commercial Medicaid	This measure summarizes utilization of acute inpatient care and services in the following categories: total inpatient, maternity, surgery, medicine.

Next Steps for Pediatric Work Group

- High level meeting summary will be posted on the HCA website
- Next Work Group scheduled:
 - Monday, September 15, 1-3 pm
- In advance of next meeting:
 - Identify and email any additional measures for discussion at next meeting to Susie Dade no later than Friday, August 26 – LAST CHANCE!