



WA State Common Measure Set on Healthcare Quality
Pediatrics Measures Ad Hoc Workgroup
 Meeting #2: Monday, August 15, 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 second meeting of the Pediatric Measures Ad Hoc Workgroup. Workgroup members introduced themselves. Eleven of 13 members of the workgroup were in attendance for the meeting. Meeting attendance is recorded on page two of this meeting summary. The slide deck for this meeting is available on the Healthier Washington website.
II. Follow-up from July 18 meeting	<p>There were several follow-up tasks from the July 18 meeting; these were discussed with accompanying information:</p> <ol style="list-style-type: none"> 1. Send out the measure specifications for the Mental Health Service Penetration measure. 2. Send out the measure specifications for two similar measures for the workgroup’s review: (a) Substance Use Disorder Service Penetration, and (b) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment. 3. Follow-up with the Department of Health to find out about any measures and/or data available on Elementary School Entry Immunization Status (Deb Doyle on point) 4. Send out the measure specifications for the two asthma measures: (a) Asthma Medication Ratio (NQF #1800); and, (b) Medication Management for People with Asthma (NCQA, currently on Common Measure Set). 5. Send out the measure specifications for the Asthma measure from the State of Alabama Medicaid program. 6. Send our measure specifications for two measures related to antibiotic use: (a) Appropriate Treatment for Children with URI (NQF #0069); and (b) Antibiotic Utilization (NCQA). 7. Send out current performance rates for pediatric-related measures in the Common Measure Set (from 2015 report).
III. Measure Review	<p>The workgroup continued to go through a list of potential measures, including the CMS 2016 Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP as well as PQRS measures. The workgroup went through a yes/no/maybe exercise. A summarized listing of the measures on the YES/MAYBE list at the conclusion of this meeting starts on page three of this meeting summary. This is a cumulative list, reflecting actions at both the July and August meetings.</p> <p>A list of measures that have been reviewed and removed from further consideration is available upon request. It is a lengthy document. Measures are removed from further consideration for one or more of the following reasons:</p> <ol style="list-style-type: none"> 1. Measure reliant on clinical or survey data that we cannot access at this time to support statewide measurement and public reporting 2. Measure applies to small, subset of population with concern about relevancy for broader audience and to inform health care purchasing 3. Concern regarding small N 4. Measure not supported with current and detailed measure specifications supported by identifiable measure steward
IV. Wrap-up	The next meeting will be held on September 12 from 1-3 pm. Measure review will continue at that time.

August 15, 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
Laura Pennington	Washington State Health Care Authority (by phone)

Attendance/Other (By Phone/Webinar): None

To date, the following measures have been reviewed by the Workgroup and have been placed on the **YES/MAYBE** lists:

Decisions To Date	Measure	Measures Steward	NQF-Endorsed	Category	Type of Data Needed	Product Line	PQRS or CMS?	On Common Measure Set Now?	Brief Measure Description
YES	1 Follow-up Care for Children Prescribed ADHD medication (ADD)	NCQA HEDIS	Yes #0108	ADHD	Claims	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.
YES	2 Medication Management for People with Asthma	NCQA HEDIS	Yes #1799	Asthma	Claims	Commercial Medicaid	CMS	Yes	The percentage of members 5-85 years of age who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 50% of their treatment period.
YES	3 Childhood Immunization Status by Age 2	NCQA HEDIS	Yes #0038	Immunizations	Registry	NA	CMS	Yes	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertusis (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.
YES	4 Human Paillomavirus Vaccine (HPV) for Female and Male Adolescents by Age 13	NCQA HEDIS	Yes #1959	Immunizations	Registry	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.
YES	5 Immunizations for Adolescents	NCQA HEDIS	Yes #1407	Immunizations	Registry	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.
YES	6 Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	NCQA HEDIS	Yes # 1516	Screening	Claims	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.
YES	7 Well Child Visits in the First Fifteen Months of Life (W15)	NCQA HEDIS	No	Screening	Claims	Commercial Medicaid		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.

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MAYBE	8	Child and Adolescent's Access to Primary Care Practitioners	NCQA HEDIS	No	Access	Claims	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.
MAYBE	9	Appropriate Testing for Children with Pharyngitis	NCQA HEDIS	Yes #0002	Antibiotics	Claims	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).
MAYBE	10	Annual number of asthma patients (>1 year old) with >1 asthma-related emergency room (ER) visit	State of Alabama Medicaid Program	No	Asthma	Claims	Commercial? Medicaid		No	Numerator is the number of asthma patients (> 1 year) with asthma-related ER visit; denominator is all children > 1 year diagnosed with asthma or treatment with at least 2 short-acting beta adrenergic agents during the measurement year.
MAYBE	11	PCP connection after ED visits for asthma	PQMP - CAPQuAM	No	Asthma	Claims	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.
MAYBE	12	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)	NCQA HEDIS	Yes #0004	Behavioral Health	Claims	Commercial Medicaid		No	The percentage of adolescent members with a new episode of alcohol or other drug (AOD) dependence who received the following: (1) initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis; and (2) initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.
MAYBE	13	Mental Health Service Penetration	WA State DSHS	No	Behavioral Health	Claims	Commercial Medicaid		Yes	The percentage of members with a mental health service need who received mental health services in the measurement year. Separate reporting for age groups: 6-17 years and 18-64 years.
MAYBE	14	Substance Use Disorder Service Penetration	WA State DSHS	No	Behavioral Health	Claims	Medicaid only		Yes	The percentage of members with a substance use disorder treatment need who received a substance use disorder treatment in the measurement year.
MAYBE	15	Opioid Prescribing for Children and Adolescents	Suggested by Dr. Gary Franklin	No	Behavioral Health	Claims	NA		No	Percent of children less than 20 years old receiving a prescription for opioids for an acute condition who receive <= 3 days of a short acting opioid.

Decisions To Date	Measure	Measures Steward	NQF-Endorsed	Category	Type of Data Needed	Product Line	PQRS or CMS?	On Common Measure Set Now?	Brief Measure Description	
MAYBE	16	Depression Screening By 13 years of age	NCQA	Yes #1394	Behavioral Health	Medical Record Data Required	NA		No	The percentage of adolescents 13 years of age who had a screening for depression using a standardized tool.
MAYBE	17	Maternal Depression Screening	NCQA	Yes #1401	Behavioral Health	Medical Record Data Required	Commercial Medicaid		NO	The percentage of children 6 months of age who had documentation of a maternal depression screening for the mother.
MAYBE	18	Oral Health: Primary Caries Prevention Intervention as Part of Well/III Child visit as Offered by Primary Care Medical Providers	WA State HCA	No	Oral Health	Claims	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).
MAYBE	19	Annual Dental Visit (ADV)	NCQA HEDIS	No-Endorsement Removed	Oral Health	Claims	Medicaid		No	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.
MAYBE	20	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NCQA HEDIS	Yes #0024	Screening	Claims and Medical Record	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 of the following during the measurement year: (1) BMI percentile documentation; (2) counseling for nutrition; and (3) counseling for physical activity.
MAYBE	21	Chlamydia Screening in Women	NCQA HEDIS	Yes #0033	Screening	Claims	Commercial Medicaid	CMS	Yes	The percentage of young women ages 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
MAYBE	22	Lead Screening in Children (LSC)	NCQA HEDIS	No	Screening	Claims	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.
MAYBE	23	Audiological Evaluation no later than 3 months of age	Centers for Disease Control and Prevention	Yes #1360	Screening	Medical Record Data Required	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.
MAYBE	24	Developmental Screening in the First Three Years of Life	Oregon Health Sciences University	Yes #1448	Screening	Claims?	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.