



## Meeting Summary

### Core Quality Measures Collaborative Pediatrics Workgroup Meeting

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As part of the Partnership for Quality Measurement (PQM), Battelle convened the Core Quality Measures Collaborative (CQMC) Pediatrics Workgroup on Wednesday, April 17, 2024, to discuss potential measure removals from the [Pediatrics Core Set](#).

#### Welcome and Opening Remarks

Kate Buchanan, MPH, Battelle CQMC Lead, welcomed workgroup members. Ms. Buchanan informed the workgroup Battelle now holds the Centers for Medicare & Medicaid Services (CMS) consensus-based entity (CBE) contract, which was formerly held by National Quality Forum (NQF). She reviewed the anti-trust compliance statement and stated that CQMC is a membership-driven and -funded effort, with additional support from CMS and AHIP. Ms. Buchanan gave an overview of the meeting agenda, noting that this is a light maintenance year so the workgroup would be discussing only potential measure removals.

Ms. Buchanan introduced the workgroup co-chairs, Anne Edwards, MD, FAAP and Lily Higgins, MD, MBA, MS, who is a new co-chair. She then provided a list of voting and non-voting members.

Ms. Buchanan outlined the core set maintenance process, noting the intent of the core sets and CQMC [Principles for Core Set Measure Selection](#) in the core set. Ms. Buchanan said that core set maintenance typically occurs every year but there was a gap this year due to the contract transitioning from NQF to Battelle.

#### 2022 Maintenance Review Recap

Ms. Buchanan provided a high-level recap of measures under review and results from the 2022 cycle. During the 2022 cycle, the workgroup added five measures to the core set:

- [CBE #3599: Pediatric Asthma Emergency Department Use](#)
- [CBE #3595: Hydroxyurea Use Among Children with Sickle Cell Anemia](#)
- [CBE #2797: Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia](#)
- [CBE #3489 Follow-Up After Emergency Department Visit for Mental Illness \(Ages 6-17\)](#)
- [CBE #0108 Follow-Up Care for Children Prescribed ADHD Medication \(ADD\)](#)

A co-chair said that CBE #3489 and CBE #0108 were important measures discussed at the last meeting, as mental health among adolescents has become a higher priority focus. For the sickle cell measures, the workgroup recognized there may be providers with low numbers of patients with sickle cell disease, so the denominator was a concern; however, this population often lacked focus and could use improvement in care. The workgroup reviewed all measures for their potential to address health disparities.

The workgroup also discussed [CBE #1516: Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life](#) and [Child and Adolescent Well-Care Visits](#). Workgroup members suggested considering pediatric behavioral health measures used in the 2022 Medicaid Child Core Set as well as in Healthcare Effectiveness Data and Information Set (HEDIS) reporting. These include:

- [CBE #3488: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence](#)
- [CBE #3489: Follow-Up After Emergency Department Visit for Mental Illness](#)
- [Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults](#)
- [Depression Remission or Response for Adolescents and Adults](#)

Ms. Buchanan noted that several measures currently utilized in the 2022 core set and HEDIS reporting are slated for consideration in the 2025 review cycle. During this cycle, the workgroup will evaluate potential additions and removals.

## The Current Core Set

Ms. Buchanan provided an overview of the current [Pediatrics core set](#), noting that it has 17 measures: 15 process measures and two outcome measures. Six measures relate to patient prevention and wellness, three to behavioral health, three to overuse, two to asthma, two to sickle cell anemia, and one is a patient experience measure.

## Measures for Consideration – Removal

Ms. Buchanan noted one measure was identified for potential removal: [CBE #0002 Appropriate Testing for Children with Pharyngitis](#). The National Committee for Quality Assurance (NCQA) retired the measure from CBE endorsement in 2015. The measure is currently used in the Merit-based Incentive Payment System (MIPS), and Medicaid Promoting Interoperability Program for Eligible Professionals. CMS removed the measure from the Marketplace Quality Rating System in 2023.

Battelle identified the measure for removal discussion because during the most recent annual review committee, members expressed concern that the measure is focused on testing rather than prescribing antibiotics. They also noted it is not consistent with the 5-point risk assessment recommended by the American Academy of Family Physicians (AAFP) in which low-risk patients are not tested and high-risk patients receive an antibiotic without testing. The measure developer clarified that they updated this measure to include the pediatric and adult population, [Appropriate Testing to Pharyngitis \(CWP\)](#). Dr. Edwards added that during the last workgroup meeting, the COVID-19 public health emergency was ongoing, and the workgroup discussed the measure in the context of avoiding unnecessary office visits.

A co-chair asked if this measure was in any other CQMC core set. A workgroup member replied that this measure had not yet been considered by the Accountable Care Organizations (ACOs), Patient-Centered Medical Homes (PCMHs), and Primary Care measure core set. Another member mentioned that their organization still uses this measure with its updated title and specifications that now include a wider population.

A member noted a trend in antibiotics being dispensed without testing and asked if the developer saw similar data. The developer did not have that data on hand but referenced a [new resource around responsible antibiotic use](#).

Regarding the rationale of the measure not being consistent with the 5-point risk assessment recommended by the AAFP in which low-risk patients are not tested and high-risk patients receive an antibiotic without testing, the workgroup said that the majority of patients are low risk and are not being tested. The developer said these guidelines were discussed with their expert panel who took into consideration the population's underlying comorbidities.

The workgroup did not express interest in voting to remove this measure. Ms. Buchanan confirmed that the measure set will be updated to reflect the measure's current specification.

The workgroup did not raise other measures for removal discussion.

## Gaps Discussion

Ms. Buchanan provided an overview of gaps areas in measure development mentioned in previous workgroup meetings. The areas of behavioral health, social determinants of health, substance use measures, patient-reported outcomes, contraceptive care, obesity, care coordination, and age-specific measures were previously discussed.

The workgroup discussed measures that could be considered for addition to the core set during 2025 full maintenance review:

- [CBE #2803 Tobacco Use and Help with Quitting Among Adolescents](#), once it is updated to include vaping and e-cigarette use;
- [Depression Remission or Response for Adolescents and Adults \(HEDIS\)](#), when benchmarking data is available;
- [CBE #2721e Screening for Reduced Visual Acuity and Referral in Children](#), if endorsed by the time of review;
- [CBE #1360 Audiological Evaluation No Later Than 3 Months of Age](#);
- [CBE #0004 Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment](#) once it is up to date. A co-chair added that this measure has changed for NCQA. The new title for NCQA's measure #0004 is "Initiation and Engagement of Substance Use Disorder Treatment."

A co-chair asked when telehealth visits would be appropriate and included in measure specifications. The developer replied that for the well-child visit measure (CBE #1516), they plan to remove the telehealth visit component for the 2025 reporting year due to alignment with the [Bright Futures Guidelines](#) which recommend a complete physical exam during visits. The developer will discuss this topic with the technical expert panel (TEP) this summer and ask whether telehealth should remain for some age categories.

A member asked about the landscape of measures focused on the social determinants of

health. The developer said they anticipate receiving first-year data from health plans from a [new measure on social needs screening](#) this summer and will analyze some of the feasibility issues with screening. Another member mentioned that many providers in their health group felt that in the pediatrics world there is discomfort when it comes to sharing social determinants of health information. A member added that physician and clinician settings a level of accountability and resources needed to ensure proper screenings are conducted.

The workgroup identified potential areas of measurement gaps, which include virtual or telehealth visits and deficiencies in care coordination. A co-chair mentioned the [Family Experiences with Care Coordination \(FECC\) survey](#) and that although survey-based measures have challenges, it is important to continue to address the topic of care coordination and barriers that arise in pediatric care. A workgroup member mentioned their support for addressing the gap area of care coordination and a focus on access to medical homes. They noted that the [Title V Maternal and Child Health \(MCH\) Services Block Grant](#) has a measure on care coordination and that the [National Survey of Children's Health](#) includes a composite measure that assesses the usual source of sick care, having a personal doctor or nurse, receiving family-centered care, receiving effective care coordination, and not having problems getting needed referrals.

## Next Steps

Kelsey Conner, Battelle, informed the group that because they did not move to vote on CBE #0002 voting will not take place this year. Ms. Buchanan and the co-chairs gave closing remarks before adjourning the meeting.