



## 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 July 28, 2025, to discuss potential measure additions and removals from the [Pediatrics Core Set](#).

#### Welcome and Opening Remarks

Kate Buchanan, MPH, Battelle CQMC Lead, welcomed workgroup members. She reviewed the anti-trust compliance statement and stated that CQMC is a membership-driven and -funded effort, with additional support from the Centers for Medicare & Medicaid Services (CMS) and AHIP. Ms. Buchanan gave an overview of the meeting agenda, noting that this is a full maintenance year so the workgroup would be discussing measure additions and removals.

Ms. Buchanan introduced the workgroup co-chairs, Nita Mohanty, MD, MS, FAAP, and Lily Higgins, MD, MBA, MS, and they provided opening remarks. Ms. Buchanan then provided a list of voting and non-voting members. Next, she outlined the core set maintenance process, noting the intent of the core sets and CQMC [Principles for Core Set Measure Selection](#).

#### 2024 Maintenance Review Recap

Ms. Buchanan provided a high-level recap of results from the 2024 cycle during which the workgroup discussed removal of one measure from the core set but ultimately decided not to add the measure to the voting ballot. The measure steward of [consensus-based entity \(CBE\) 0002 Appropriate Testing for Children with Pharyngitis](#) retired it from endorsement in 2015. The previous workgroup expressed concern that the measure focused on testing rather than prescribing antibiotics. They also noted the measure 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. Despite these concerns, the workgroup did not express interest in voting to remove the measure.

#### The Current Core Set

Ms. Buchanan provided an overview of the current [Pediatrics Core Set](#), noting that it has 17 measures: 15 process measures, one outcome measure, and one patient-reported outcome performance measure (PRO-PM). Six measures relate to 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 – Addition

Ms. Buchanan reviewed the process to assess potential additions to the core set, indicating that Battelle requested feedback from workgroup members and conducted an environmental scan with a 3-year lookback period. The sources for the scan include: CMS Measures Inventory Tool (CMIT), CMS Measures Under Consideration Entry/Review Information Tool (MERIT), PQM Submission Tool and Repository (STAR), measures discussed in previous meetings, CQMC analysis of [Measurement Gap Areas and Measure Alignment white paper](#), Quality Payment Program (QPP), and Healthcare Effectiveness Data and Information Set (HEDIS).

The workgroup considered eight measures for addition to the core set:

1. [Depression Remission or Response for Adolescents and Adults \(DRR-E\)](#)
2. [Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults \(DMS-E\)](#)
3. [CBE #1360 Audiological Evaluation no later than 3 months of age](#)
4. [Initiation and Engagement of Substance Use Disorder Treatment \(IET\)](#)
5. [CBE #3488 Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence](#)
6. [CBE #2517 Oral Evaluation, Dental Services](#)
7. [Follow-Up After Acute Care Visits for Asthma \(AAF-E\)](#)
8. [Depression Screening and Follow-Up for Adolescents and Adults \(DSF-E\)](#).

## Measure Discussion – Addition

- *Measure Titles:* [Depression Remission or Response for Adolescents and Adults \(DRR-E\)](#) and [Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults \(DMS-E\)](#). (The workgroup discussed these measures together.)

*Use/Endorsement:* Both are HEDIS measures, not currently used in CMS programs, and have not been submitted for endorsement.

*Reasoning for Potential Addition:* The measures address both the age-specific and behavioral health gap areas.

*Comments:* Regarding the DRR-E measure, some workgroup members were concerned that a lack of behavioral health services in some areas would impact performance on the measure, making comparisons across entities difficult. A co-chair raised another depression HEDIS measure for discussion, [Depression Screening and Follow-Up for Adolescents and Adults \(DSF-E\)](#), that is not currently in the core set. The other co-chair said the American Academy of Pediatrics (AAP) prefers the DSF-E measure to the DRR-E, at least until the behavioral health landscape improves. Lastly, a co-chair mentioned that it is important to monitor use of the PHQ-9 and is supportive of measure DMS-E.

*Ballot:* All three measures (DRR-E, DSF-E, and DMS-E) will be added to the ballot.

- *Measure Title:* [CBE #1360 Audiological Evaluation no later than 3 months of age](#)

*Use/Endorsement:* The measure is endorsed but is not in use in any CMS programs.

*Reasoning for Potential Addition:* Battelle staff identified this measure since the core set does not currently have any measures focused on audiological health.

*Comments:* Both co-chairs voiced support for this measure because hearing is important for children's speech and social development. The AAP also supports the measure. A workgroup member asked if the Battelle CQMC team had been in touch with the measure stewards at the Centers for Disease Control and Prevention (CDC). Ms. Buchanan replied that the Battelle CQMC team reached out but was not able to contact the measure stewards. Another workgroup member stated they had no concerns about the measure.

*Ballot:* The measure will be added to the ballot.

- *Measure Titles:* [Initiation and Engagement of Substance Use Disorder Treatment \(IET\)](#) and [CBE #3488 Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence](#). (The workgroup discussed these measures together.)

*Use/Endorsement:* A variety of CMS programs use both measures. IET has not been submitted for endorsement. CBE #3488 is endorsed.

*Reasoning for Potential Addition:* Both measures address substance use gap areas.

*Comments:* A co-chair noted that these are pay-for-performance measures in the state of Pennsylvania. A workgroup member based in Washington, DC noted that there is one pediatric substance use provider in the city and felt that the measure may be difficult to implement in less-populous areas. Another workgroup member noted that these measures may be hard to document in the emergency department and that most emergency departments will not have a program in place to refer young adults for substance use counseling. A co-chair responded that the data are pulled from diagnosis codes in real time. Additionally, many of the follow-up providers do not need to specialize in the pediatric population; they can typically see ages 13 and older. A workgroup member asked if the measures were telehealth eligible. A representative from the National Committee for Quality Assurance (NCQA), who stewarded both measures, confirmed that some components of the measures are telehealth eligible. A co-chair emphasized that substance use in the pediatric population is a high-need area and that measurement may encourage more awareness.

*Ballot:* Both measures will be added to the ballot.

- *Measure Title:* [CBE #2517 Oral Evaluation, Dental Services](#)

*Use/Endorsement:* The Medicaid Child Core Set and the Marketplace Quality Rating System use the measure, which is endorsed.

*Rationale for Potential Addition:* According to CMS, tooth decay, or dental caries, is one of the most common, yet preventable chronic diseases among children in the United States. Medicaid programs are required to cover comprehensive oral health care for all beneficiaries under age 21 as part of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. This measure is widely used across CMS data systems, including the Pediatric Universal Foundation, Medicaid and CHIP Child (MAC) Core Set,

MAC Scorecard, MAC Quality Rating System, Marketplace Quality Rating System, and NCQA HEDIS measure set. Adding the measure to the CQMC Pediatrics core measure set would align with these other data streams and would reinforce the importance of oral health to children's overall health.

*Comments:* A co-chair emphasized the importance of oral health, especially because there may be changes to longstanding practices around addition of fluoride to drinking water. A workgroup member asked if a primary care physician can satisfy the measure. The co-chair responded that only dentists could report on the measure. The other co-chair stated that the measure aligns with AAP's Bright Futures Guidelines, an initiative by AAP that provides guidance for all preventive care screenings and health supervision visits for children.

*Ballot:* The measure will be added to the ballot.

- *Measure Title:* [Follow-Up After Acute Care Visits for Asthma \(AAF-E\)](#)

*Use/Endorsement:* This is a new measure. It is not endorsed or used in CMS programs.

*Rationale for Potential Addition:* NCQA is proposing this measure as a replacement for [CBE #1800 Asthma Medication Ratio](#), which is being retired.

*Comments:* A co-chair said that while CBE #1800 has been a HEDIS measure for many years, the measure is not reflective of how well a patient's asthma is managed. Asthma management recommendations have changed, including Single Maintenance and Reliever Therapy (SMART) in the pediatric population. They believed looking at follow-up after acute care visits is a better way to evaluate whether a patient's asthma is well-managed. The other co-chair, representing AAP, felt the same. A workgroup member asked what kind of acute care visits would satisfy the measure and whether telehealth visits would satisfy the measure. Following the meeting, an NCQA representative confirmed that telehealth visits are included in the denominator for urgent care, provided there is also a place of service code 20 on the claim, and in the numerator for follow-up visits, but not telehealth urgent care visits.

*Ballot:* This measure will be added to the ballot.

## Measures for Consideration – Removal

Ms. Buchanan noted two measures were identified for potential removal: [CBE #2811e Acute Otitis Media - Appropriate First-Line Antibiotics](#) and [CBE #1800 Asthma Medication Ratio](#).

CBE #2811e lost endorsement in 2024, and the steward, The Children's Hospital of Pennsylvania, is no longer seeking endorsement. Ms. Buchanan noted that the Battelle CQMC team was not able to contact the steward, so whether the measure is being maintained or is still in use is unclear. A co-chair noted that there is a lot of interest in antibiotic stewardship, but in the case of otitis media, there is not much deviation from standard of practice. The other co-chair did not feel strongly about this measure and did not see inappropriate use of antibiotics for treatment of otitis media as a major issue.

The measure steward of CBE #1800, NCQA, is proposing the measure for removal. [Follow-Up After Acute Care Visits for Asthma \(AAF-E\)](#) will replace CBE #1800.

The workgroup did not raise other measures for removal discussion.

Both CBE #2811e and CBE #1800 will be placed on the ballot for removal.

## 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, measures specific to the pediatric population, and telehealth/virtual visit measures were previously discussed.

A co-chair stated that, among AAP members, obesity, care coordination, and telehealth are high-priority gaps in measurement. The other co-chair noted that a HEDIS measure on obesity could be added to the core set: [Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents \(WCC\)](#). The co-chair noted that some health plans use this as a pay-for-performance measure. Providers are often calculating body mass index (BMI) percentile and counseling patients and caregivers about weight, but sometimes neither is documented. The co-chair felt that it should be straightforward to get data for the measure via the electronic health records.

A co-chair noted that few social determinants of health (SDOH) measures include the pediatric population. The co-chair shared that AAP members have mixed opinions about SDOH measures, noting that screening for social needs is a very sensitive area in pediatrics. Some providers feel that screening should be done, but other providers have concerns about being penalized for a lack of resources to address social needs in their communities. Additionally, providers are hesitant to share SDOH data with health plans. As a counterpoint, the co-chair noted that SDOH screenings are needed to know how to build support and services. Ms. Buchanan noted that the CQMC Steering Committee is having an ongoing conversation about SDOH measures because workgroups were voting differently on these measures; a broader approach that spans core sets may be needed.

A co-chair emphasized the importance of contraceptive care, especially long-acting reversible contraceptives (LARC), in the pediatric population. The other co-chair agreed that AAP supports measuring contraceptive counseling amongst the pediatric population, but that the measurement strategy needs to be discussed further, as there are some situations where contraceptives are prescribed for indications other than contraceptive care. For example, many adolescents use contraception to regulate their menstrual cycle, and this use case should be included in a measure.

## Next Steps

Jessica Lemus, Battelle, provided an overview of voting procedures and informed the group that voting will open once the meeting summary is available. The voting link will be sent from [CQMC@battelle.org](mailto:CQMC@battelle.org). Ms. Lemus reminded the group of supermajority rules around voting and provided an overview of the Full Collaborative Approval process. Ms. Buchanan and the co-chairs gave closing remarks before adjourning the meeting.