Meeting Summary

Pediatrics Workgroup Web Meeting 1

The National Quality Forum (NQF) convened a web meeting for the Pediatrics Workgroup on June 4, 2021.

Welcome, Roll Call, and Review of Web Meeting Objectives

NQF staff welcomed participants to the meeting, as well as introducing the co-chairs of the Pediatrics Workgroup (continuing provider co-chair Dr. Anne Edwards and new payer co-chair Dr. Lia Rodriguez). The co-chairs provided welcoming remarks. NQF staff reviewed the antitrust statement, as well as acknowledging that CQMC is a member-funded effort with additional support from the Centers for Medicare & Medicaid Services (CMS) and America's Health Insurance Plans (AHIP).

NQF staff facilitated roll call and reminded the group that the roster includes both voting and non-voting members; while both types of members can participate in discussion, only voting members will be asked to cast votes on any changes to the core set. NQF staff reviewed the meeting objectives:

- Review the CQMC's work from last year, including the 2020 Pediatrics Core Set
- Discuss potential additions and removals to the Pediatrics Core Set as part of ad-hoc maintenance
- Discuss future considerations for the content and characteristics of the Pediatrics Core Set

Last Year's Work

NQF staff provided a brief overview of the CQMC's achievements in 2019-2020. During the past year, the CQMC workgroups reviewed and released updated versions of the eight original condition-specific core sets, including the ACO/PCMH/Primary Care, Cardiology, Gastroenterology, HIV/Hepatitis C, Medical Oncology, OB/GYN, Orthopedics, and Pediatrics core sets. The CQMC also created two new condition-specific core sets, the Behavioral Health and Neurology core sets. Finally, the CQMC released several guiding documents including an updated description of approaches for future core set prioritization, a compilation of measurement gap areas identified by the workgroups and opportunities for alignment, and an implementation guide intended for stakeholders looking to implement core sets as part of value-based payment programs. NQF staff shared that in 2021, the CQMC will build on prior work by developing new guides on measure model alignment and digital measurement, developing a new cross-cutting measure set, updating the Implementation Guide, and maintaining the current core sets.

NQF shared an overview of the Pediatrics Workgroup's updates to the core set last cycle. During the last cycle of updates, the Pediatrics workgroup met six times to discuss and update the measures before the final updated core set was published in September 2020. The final core set included 12

measures in the areas of Prevention and Wellness, Asthma, Overuse, Behavioral Health, and Patient Experience.

The core set also listed the following measurement gap areas for future consideration:

- Behavioral health measures, including general suicide risk assessment
- Patient-reported outcomes, including clinical outcomes, patient and family engagement, and disparities measures
- Contraceptive care
- Substance use screening
- Social determinants of health (SDOH) and access to care
- Care coordination
- Telehealth-appropriate measures

Considerations for Ad-Hoc Maintenance

NQF staff opened the discussion on ad-hoc maintenance of the core sets by reminding Workgroup members of the measure selection principles for the CQMC core sets. Maintaining the core sets annually helps ensure that the measures in the core sets remain person-centered and holistic; relevant, meaningful, and actionable; parsimonious; scientifically sound; feasible; and unlikely to promote unintended adverse consequences. NQF also reminded the Workgroup that the final core set is intended to align quality measures that are used by public and private payers in value-based programs, so the Workgroup should consider what measures can be used for accountability that outpatient providers can influence. During ad-hoc maintenance, NQF will not perform a comprehensive literature review for relevant measures to consider for the core set, but will flag major updates (e.g., measures that have lost endorsement) and review any measures that Workgroup members note should be urgently considered for addition or removal.

NQF shared the process for discussion, where NQF staff will introduce the measure and then the co-chairs will facilitate discussion by the Workgroup. NQF reminded the Workgroup that formal voting will not be conducted during the meeting. If the Workgroup is able to reach consensus that a measure should stay in the set or a measure should not be considered for addition, these items do not need to be voted on. Any proposed changes to the core set will go through a formal electronic vote after the meeting and will need to achieve a supermajority vote (at least 60% affirmative votes and at least one affirmative vote from each voting category).

A Workgroup member noted that CMS has not yet released the list of measures being used for the Merit-Based Incentive Payment System (MIPS) in the upcoming year. The member asked whether the CQMC core sets are intended to inform CMS' use of measures, or whether CQMC's decisions should be informed by CMS' decisions. NQF shared that the group should strike a balance between understanding how measures are currently used to inform alignment, as well as providing input to CMS and other payers on the measures that they recommend prioritizing for use. NQF asks that the Workgroup consider the current use of measures in programs and whether measures are appropriate for the set. NQF will also share other Workgroups' discussion on the measures as possible to ensure alignment is considered. CMS also shared that pediatrics measures are more prominent in the

Marketplace Quality Rating System and the Medicaid child core set, noting that the measures considered both inside and outside of the Measure Applications Partnership (MAP) include a mix of measures that are newly developed or already endorsed and in use. CMS noted that this may be an important discussion point for the future (i.e., whether new measures being used in CMS programs should be considered for CQMC).

Measures for Removal

0418/0418e: Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan

NQF shared that the first measure flagged for discussion is measure #0418/0418e Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan. This measure was added to the Pediatrics core set during the previous year to address the important gap area of behavioral health. This measure lost NQF endorsement in November 2020, but the developer is planning to maintain this measure outside of the NQF process. The measure is also high-performing in MIPS based on Medicare Part B claims data, but not based on eCQM or MIPS CQM data. NQF also noted that this measure is currently used in MIPS, Medicare Shared Savings Program, Medicaid Promoting Interoperability Program for Eligible Professionals, and Medicaid. This measure was added to several other CQMC core sets; only the OB/GYN Workgroup has discussed #0418/0418e to date, and elected to keep #0418 in the core set given the important topic and continued maintenance (albeit outside of NQF processes).

A Workgroup member asked for additional clarification on why the measure is no longer endorsed, and whether there are any viable alternatives to replace the measure. NQF shared that the measure was not re-submitted for the maintenance process due to resource constraints and that they were not aware of any similar measures but invited the Workgroup to share any possible alternatives. The Workgroup did not offer any additional alternatives.

A co-chair asked Workgroup members to share their experience working with this measure. A payer Workgroup member shared that they do not currently use #0418 but were planning on implementing it next year due to provider requests. The member shared that they implemented #0418 in their program 2-3 years ago and decided to remove the measure due to difficulties with implementation, but providers pushed back on the removal, stating that screening was an important to track during COVID-19. Another Workgroup member shared that they also use this metric for their physician incentive plan and their pediatricians use this measure. The member flagged that this measure relies on claims data to track performance, but some payers classify depression screening as a behavioral health/mental health issue that cannot be shared back to the provider due to privacy concerns. The member also flagged that providers sometimes have limited resources and have difficulty connecting patients with additional resources after screening and identifying patients with depression.

Another Workgroup member echoed the importance of tracking #0418 during COVID-19; they added that while this is a challenging area to provide via telehealth, it is important to measure outcomes in this area to ensure providers are held accountable for establishing processes to achieve similar quality outcomes between in-person and telehealth care. The member shared that even though this is a process measure that seems likely to top out, this is an important topic to highlight and keep in

the core set for now. Another member agreed that it is important to understand the impact of different modalities of care.

A Workgroup member shared that it may be helpful to comment on the lack of resources to evaluate and treat mental health conditions, as providers may be concerned that there are not enough resources to follow up on screening. A co-chair asked Workgroup members whether providers are discouraged from using the measure due to lack of resources. A Workgroup member noted that the measure specifications are dependent on documentation of a follow-up plan, and clinicians will not be penalized if they are unable to fulfill the follow-up plan due to resources. Members noted that some physicians are reluctant to start screening for depression knowing that they do not have the resources to follow up on screening. A Workgroup member shared that in their experience, providers can use the measure to ask for more resources. They also shared that as part of their value-based program, they currently score the measure based on screening only and do not score on the follow-up plan aspect. They are also working with their local Academy of Pediatrics to identify resources available for follow-up.

A co-chair asked whether other participants also experienced segmented behavioral health data from claims, as this could impact the usability of this measure. A Workgroup member asked whether the measure is dependent on claims data, or whether the provider is able to track directly since the measure asks for depression screening at all encounters. A Workgroup member shared that with disparate electronic medical records (EMRs), claims data may be the only way to track data for this measure. Another Workgroup member shared that in their experience, pediatricians perform the screenings and submit the claims, but when the depression/behavioral health diagnoses are charged, the claims data cannot be released back to the provider per ACO contract. A co-chair summarized that privacy concerns can result in data not being shared back to the provider.

NQF staff thanked the group for their discussion and shared that since no members were in favor of removing the measure, #0418/0418e will remain in the core set without a formal vote. NQF also shared that notes could be added to the core set presentation re: importance of telehealth, possible difficulty with data segmentation, and resource availability for follow-up.

0069: Appropriate Treatment for Children with Upper Respiratory Infection (URI)

NQF shared that the second measure flagged for potential removal is #0069 Appropriate Treatment for Children with Upper Respiratory Infection. In addition to reviewing the specifications, NQF also noted that this measure is currently active in MIPS and the Marketplace Quality Rating System and was listed as a telehealth-eligible measure for CMS in 2020. #0069 had high performance in MIPS for 2020 based on registry data, but it is not topped out based on eCQM data. HEDIS performance rates from 2019 were also not topped out, with median performance ranging from 78.6 (Commercial HMO) to 87.0 (Medicaid HMO).

A co-chair opened discussion by asking Workgroup members to share their experience with using the measure, including performance and opportunities for improvement. A Workgroup member shared that for their pediatrics-specific network, performance is very high (98% average compliance). However, their overall ACO performance is lower (80s) and the lowest performance is for urgent care

and family practice physicians. Another Workgroup member shared that they have similar experience from their programs, where urgent care physicians have the lowest performance on this measure. Another Workgroup member shared that they do not have performance data for the past year, but their most recent performance data was closer to that cited in HEDIS and that there is still room for improvement on this measure. They shared that MIPS performance rates tend to be high since clinicians choose to report on the measures they perform best on.

NQF confirmed that since the group agrees there is still room for improvement, #0069 will remain in the core set without proceeding to a formal vote.

Measures for Addition

NQF staff noted that as part of the ad-hoc maintenance process, the staff reviewed newly endorsed measures and measures supported for rulemaking during the MAP process. While no Pediatrics-related measures were supported for rulemaking during MAP, NQF identified one newly endorsed measure for the Workgroup to consider.

3332: Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool)

NQF shared that #3332 Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool) was endorsed in late 2018, and that the measure developer was available to answer any questions on the measure. NQF provided an overview of the measure specifications and highlighted the performance data submitted during endorsement (statewide data in Massachusetts 71.2% for children 3-17 years, 62.8% for all children from 6 months-20 years), as well as the measure's current use in Massachusetts Medicaid (MassHealth), American Board of Pediatrics Maintenance of Certification program, and Massachusetts Medicaid (MassHealth) Primary Care Clinician (PCC) Plan quality improvement efforts. A co-chair also noted that the measure addresses the behavioral health gap area, which is high priority especially given COVID-19.

A Workgroup member noted that #3332 is a process measure and asked the developer for additional clarification on whether there is a standardized scoring system for this tool. The developer clarified that the PSC tool includes a long form (35 items) and a short form (17 items) with a standard cutoff score to indicate potential behavioral problems, and the tool includes three subscales (externalizing, internalizing, attention).

A co-chair asked Workgroup members to share their experience with using the PSC or other similar tools at their institutions, and whether adoption is feasible. A Workgroup member shared that they have used the PSC for over 5 years for their over 10,000 patient base and have found it to be a very useful screening tool. They use both PSC-17 and PSC-35 and have found PSC-17 is easy to use because it is shorter, but PSC-35 is more useful after middle school. Another Workgroup member shared that they use other screening tools but do not require providers to specifically use the PSC. Another Workgroup member added that the PSC looks like a useful tool, but they have concerns with limiting the measure to use of a single tool instead of multiple tools. The developer shared that in Massachusetts, this measure is one of eight options that pediatricians can use (each measure pertaining to a different tool). In Massachusetts, approximately 70% of pediatricians opted to use the

PSC tool because it is free and easy to use; since this was the most commonly used tool in Massachusetts, the developers opted to submit this version of the measure to NQF. Workgroup members noted that while this screening is valuable, the specific NQF endorsed measure #3332 may not be right for the Pediatrics core set since the measure only pertains to one specific tool.

NQF staff confirmed that since no members were in favor of adding the measure to the core set, it will not be considered for addition at this time and will not require voting. NQF staff thanked the developers for sharing this measure and taking the time to answer questions from the Workgroup.

Additional Measures and Notes Flagged by Workgroup

2803: Tobacco Use and Help With Quitting Among Adolescents

NQF shared that the Workgroup flagged substance use as an important topic area last year. The Workgroup had flagged #2803 as an important measure to revisit once it was updated to reflect multiple substances, including vaping or e-cigarettes. However, the measure lost NQF endorsement in December 2020 during the most recent review for maintenance, and it has not been updated to include new guidance on vaping and e-cigarettes. NQF shared that they will continue to monitor #2803 for any updates and will keep substance use as a topic area in the gaps list for the next maintenance cycle. The Workgroup did not offer any additional comments.

0108: Follow-Up Care for Children Prescribed ADHD Medication (ADD)

NQF shared that the Workgroup discussed this measure while creating the initial Pediatrics core set, but did not discuss this measure last year. NQF noted that #0108 was included in the Behavioral Health core set and flagged this measure as a potential opportunity for alignment, but shared that if the committee still agrees that #0108 is not appropriate for the Pediatrics set it does not need to be discussed. A Workgroup member asked for additional clarification on why the measure was not originally included. NQF stated that they would follow up on this question with the Workgroup following the meeting.

Additional Notes in the Core Set Presentation

Finally, NQF staff asked the Workgroup whether the information in the "Notes" column of the current core set presentation was still accurate and relevant, or if any of the notes should be updated or deleted. A co-chair asked NQF to elaborate on the intended use of the notes; NQF shared that the additional notes presented in the core set are intended to help core set users (including those implementing measures in value-based programs) to understand the nuances of the measure specifications and to share any key points on implementation and interpretation discussed by the Workgroup.

Workgroup members flagged that the note on #1407 Immunizations for Adolescents (IMA) should be removed, as the lack of exclusions pertains to multiple vaccines (not just HPV) and 100% compliance is unlikely for any measure. A Workgroup member also noted that from their experience, performance on #1407 ranges from 20 to 100% and there is definite opportunity for improvement on this measure. The Workgroup widely agreed that the note on #1407 should be removed.

A Workgroup member asked whether the notes on telehealth eligibility will be removed or updated. NQF shared that they can revisit the specifications of these measures to check for any updates regarding telehealth consideration. NQF can also revisit the previous resource listing telehealth eligibility from CMS and update the notes accordingly.

NQF confirmed that the next steps for the core set presentation are to remove the current note for #1407 and to revisit the telehealth measures for additional updates.

Future Considerations for the Pediatrics Workgroup

NQF provided background on the current state of the Pediatrics core set, including an overview of the characteristics of the Pediatrics core set in 2017 and 2020. From 2017 to 2020, the total number of measures in the core set increased from 9 to 12; outcome measures rose from 0 to 1, PRO-PMs rose from 0 to 1, cross-cutting measures rose from 0 to 2, eCQMs rose from 5 to 7, and clinician-level measures rose from 0 to 3. NQF shared that the CQMC's future goals include increasing the number of innovative measures in the core sets, including digital measures and measures that address disparities and social determinants of health.

A Workgroup member commented that to address disparities, it is less important to include specific measures and more important for CQMC to recommend stratification of measures along certain groups. This stratification should also be incorporated into value-based contracting, where payers need to be incentivized to make progress on reducing disparities. Another Workgroup member agreed with this comment.

Another Workgroup member commented that in their experience, it is more difficult to use digital measures with pediatric populations, but where there is ability to use digital blood pressure and weight measures, it would be helpful to incorporate these into the electronic medical record.

A Workgroup member shared that PRO-PMs are difficult to administer to a pediatric population because of legal constraints (e.g., not legally able to administer surveys to patients under the age of 18) and asked whether other Workgroup members were aware of any other tools typically administered to children. Another Workgroup member commented that providers tend to ask a lot of patient-reported information over the course of the visit (e.g., asking children how the medication is working for them) but there are not always measures established to document and report this information. Another Workgroup member shared that anxiety measures are a prominent gap area for this population and the GAD-7 tool exists to assess anxiety, but to their knowledge no PRO-PM has been developed from that tool and there are no plans to develop a measure from that tool.

A co-chair asked the group for additional thoughts on measurement opportunities that reflect the broader ecosystem affecting pediatrics, including factors such as school performance as markers of future health, ways to think about the lifecourse and developmental milestones, social and emotional growth, etc. A Workgroup member again emphasized the importance of depression and anxiety measures for the pediatric population.

NQF and the co-chairs also invited comments on whether the Workgroup feels that clinician-level measures are a gap area, as well as any insight on whether the topics covered in the Pediatrics set are aligned with the areas currently used by regional collaboratives or if there are additional topics that the regional collaboratives are considering. There were no comments offered by the Workgroup. NQF welcomed additional feedback via email.

Next Steps

NQF staff shared that the Workgroup's discussion will be summarized and will be posted on the CQMC SharePoint page. NQF will also update the notes and core set presentation based on discussion from the meeting and will share this language with the group once updated. NQF will not send a voting survey at this time, as the group was able to come to consensus on all measures during discussion and there are no proposed changes to the core set.

NQF shared that this is the only Pediatrics workgroup meeting scheduled for this year, and invited participants to join future full Collaborative meetings to stay informed and thanked the group for their participation. The co-chairs also thanked Workgroup members for their engagement during the meeting.