

Meeting Summary

Pediatrics Workgroup Meeting 6

The National Quality Forum (NQF) convened a closed session web meeting for the Pediatrics Workgroup on August 24, 2020.

Welcome and Review of Web Meeting Objectives

NQF staff and co-chairs welcomed participants to the meeting. NQF staff read the antitrust statement and reminded the Workgroup of the voluntary nature of the CQMC and the obligation of all participants to comply with all applicable laws. NQF staff notified Workgroup members that the meeting is being recorded for the purpose of accurately capturing the discussion for meeting minutes and to allow CQMC members to listen to the meeting for a limited time only. The recording will be deleted as soon as reasonably practical.

NQF staff reviewed the following meeting objectives:

- Briefly review full Collaborative voting results
- Discuss core set presentation
- Identify measure gaps
- Discuss core set adoption (time permitting)

Review of Full Collaborative Voting Results

NQF staff shared that the full Collaborative voting results for the Pediatrics core set have been finalized. NQF staff reminded the Workgroup that in order to be considered valid, the full Collaborative votes must achieve quorum (i.e., representation from at least 20% of health plan members, 20% of provider members, and 20% of other members such as consumer, purchaser, and regional collaborative groups), and this threshold was met for the full Collaborative vote on the Pediatrics set. In order for a specific vote to pass, at least 60% of voting participants must cast an affirmative vote and at least one representative from each voting category must cast an affirmative vote.

NQF staff shared the final voting totals and noted that all recommendations were in agreement with the original recommendations from the Workgroup. One measure (#1799 *Medication Management for People with Asthma*) was replaced with #1800 *Asthma Medication Ratio*, and three other measures (#2811e, #0418/0418e, and #0005) were added to the core set. There were no comments or questions from the Workgroup.

Current Measures

Measure	Voting Totals	Result
1799: Medication Management for People with Asthma (MMA)	Keep: 3 Remove: 20	Remove

0038: Childhood Immunization Status (CIS)	Keep: 24 Remove: 0	Keep
1407: Immunization for Adolescents (IMA)	Keep: 24 Remove: 0	Keep
1448: Developmental Screening in the First Three Years of Life	Keep: 23 Remove: 1	Keep
0033: Chlamydia Screening for Women	Keep: 23 Remove: 1	Keep
0024: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	Keep: 23 Remove: 0	Keep
1516: Well Child Visits in the Third, Fourth, Fifth and Sixth Year of Life	Keep: 24 Remove: 0	Keep
0002: Appropriate Testing for Children with Pharyngitis (CWP)	Remove 0002 only: 4 Remove 0069 only: 5 Remove both 0002 and 0069: 1 Do not remove either 0002 or 0069: 12	Keep both 0002 and 0069
0069: Appropriate Treatment for Children with Upper Respiratory Infection		

Measures for Addition

Measure	Voting Totals	Result
1360: Audiological Evaluation no later than 3 months of age	Add: 3 Do not add: 18	Do not add
2803: Tobacco Use and Help with Quitting Among Adolescents	Add: 5 Do not add: 17	Do not add
1800: Asthma Medication Ratio	Add: 21 Do not add: 2	Add
N/A: Medication Management for People with Asthma (MIPS ID 444)	Add: 1 Do not add: 21	Do not add
Optimal Asthma Control (MIPS ID 398)	Add: 1 Do not add: 20	Do not add
2811e: Acute Otitis Media - Appropriate First-Line Antibiotics	Add: 18 Do not add: 3	Add
0418/0418e: Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan	Add: 25 Do not add: 1	Add
1365e: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Add: 2 Do not add: 21	Do not add
0712e: Depression Utilization of the PHQ-9 Tool	Add: 4 Do not add: 20	Do not add
2903: Contraceptive Care – Most & Moderately Effective Methods	Add: 5 Do not add: 15	Do not add
2904: Contraceptive Care - Access to LARC	Add: 3 Do not add: 18	Do not add
0005: CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult	Add: 20 Do not add: 5	Add

2393: Pediatric All-Condition Readmission	Add: 3 Do not add: 16	Do not add
2508: Prevention: Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk, Dental Services	Add: 1 Do not add: 22	Do not add
2528: Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services	Add: 2 Do not add: 21	Do not add

Core Set Presentation

NQF staff shared the previous core set presentation with the Workgroup as well as a first draft of the proposed updated core set presentation, which is intended to be aligned with the other CQMC core sets as much as possible. Notable updates to the core set presentation include the following:

- Removal of the column describing recommended use at ACO/PCMH level and describing that information in the Notes column
- Inclusion of notes from the previous core set and from the meeting summaries
- Inclusion of an introductory paragraph with information on recommended use of the core sets, selection principles, and the multistakeholder approach used to develop the core sets
- Inclusion of a section at the end of the document describing updates to the core set from the previous version
- Measure numbers now include links to the measure specifications for additional detail

A Workgroup member noted that #0038 *Childhood Immunization Status (CIS)* includes a note on telehealth eligibility for CMS programs in 2020 and asked for additional clarification on the note as immunizations cannot be provided via telehealth visits. NQF staff shared that these notes were included as other groups have expressed interest in notes on telehealth options as part of the measure specifications and this note was included based on CMS documentation on measures that include telehealth. A Workgroup member agreed that including the notes on telehealth was important, especially given changes in healthcare provision due to COVID-19, and also noted that #1407 *Immunizations for Adolescents (IMA)* did not have a telehealth eligibility note, which might also require additional clarification. NQF will confirm whether telehealth visits are counted for the denominator of these measures. A Workgroup member emphasized that “telehealth eligible” would mean that the patient would be eligible to be counted in the measure denominator, but the immunization action in the numerator would need to be done in person.

A Workgroup member asked why some of the measures listed in the core set presentation were noted as “Applicable to ACOs only.” NQF staff shared that this information was included in the previous core set presentation but the group had not discussed whether this notation should still apply to the measures in the new core set presentation. NQF staff shared that the distinction was likely based on the expected patient volume that would be necessary in order for the measure to be reliable and valid but welcomed comments from the Workgroup. A Workgroup member shared that they thought of the Pediatrics core set as being more general (not specifically in ACOs/PCMHs) and felt that a more general note on using measures only with the appropriate sample size would suffice. Another Workgroup member shared that the ACO-specific note might exclude large practices that are not specifically using an ACO model but would serve enough patients for the measure to be applicable to report. Another Workgroup member agreed that the ACO/PCMH distinction was not necessary for the Pediatrics set, although the ACO/PCMH set does not have many measures that could apply to a pediatric population. The Workgroup member also shared that if the distinction is made for one measure, it should be made for all measures in the core set. A Workgroup member asked if there is a specific sample size cutoff that is used to distinguish the level where a measure can be used, but another member shared there is no agreed-upon threshold. A Workgroup member

shared that some Workgroups had discussed including sample size notes on specific measures with volume concerns (e.g., the CAHPS measure). The Workgroup felt that for purposes of clarity, the ACO comments should be removed but measure-specific notes on sample size or a caveat in the introduction paragraph should be included in the final core set presentation.

The Workgroup also discussed the notes that were carried over from the original core set presentation (e.g., “The Workgroup recommends that the exclusion criteria for this measure be expanded to account for flu vaccine shortages”). The Workgroup commented that some of the comments should be revised to be more general (e.g. “....to account for intermittent vaccine shortages”). A Workgroup member also commented that these notes are intended to be for the measure steward but including them in the core set presentation may imply that users can use the measure with modified specifications, which is not recommended. The notes also read as recommendations from the current Workgroup rather than the first iteration of the Workgroup. The Workgroup member recommended that those notes be taken out. Another Workgroup member expressed that clarifying the notes instead of removing them completely would be helpful for programs considering using the core sets in pay-for-performance programs. NQF staff shared that the team will work on revising the wording for the core sets and will share the revised wording with the Workgroup.

Measure Gaps

NQF staff shared that the team has been updating a list of measure gaps for Pediatrics based on past conversations from the Workgroup, and that they would like feedback from the group as to if the list is accurate and complete.

The proposed updated gaps list is as follows:

- Improved behavioral health measures for pediatric populations top priority of workgroup, including general suicide risk assessment and referrals/follow-up
- Patient reported outcomes, including patient experience and patient and family engagement
- Net promoter scores
- Adolescent well-care visit measure that includes virtual visits
- Need a better measure of access. #1516 *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* currently serves this purpose.
- Contraceptive care
- Substance use screening measures. Reconsider #2803 *Tobacco Use and Help with Quitting Among Adolescents* after measure has been updated to include vaping and e-cigarette use.
- Social determinants of health and access
- Care coordination
- Revisit #2721e *Screening for Reduced Visual Acuity and Referral in Children* in the future. This measure is currently approved for trial use but is not fully endorsed.
- Revisit #1360 *Audiological Evaluation No Later Than 3 Months of Age*.

A Workgroup member noted that additional measures may now have telehealth options, and these should be confirmed with developers, as necessary. Another member noted that while patient experience no longer needs to be emphasized as a gap (since the CAHPS measure has been added), patient-reported clinical outcomes are still needed in the core set. Patient-reported outcomes should also reflect considerations on racial bias and health equity wherever possible. NQF staff asked for clarification on the net promoter scores item; one Workgroup member shared that this can probably be categorized as a suggested methodology to assess patient experience and does not need to be listed as its own gap area.

NQF staff also shared that the Pediatrics group has made progress in including more innovative and high-bar measures (e.g., increasing number of outcome measures, PRO-PMs, cross-cutting measures, eCQM reporting options) and any thoughts or comments on ways to set goals for advancing the characteristics of the measure sets are welcome via email.

Core Set Adoption

NQF staff shared that the Implementation Workgroup discussed strategies for promoting adoption of the core sets, and some other Workgroups have discussed ways to improve adoption as well. The NQF staff welcomed any comments specific to Pediatrics but the Workgroup did not offer any comments at this time. NQF may follow-up with the workgroup regarding specific adoption considerations and welcomed comments via email.

Next Steps

NQF staff shared that the CQMC will release the updated Pediatrics core set as the first batch of four maintained core sets in September. NQF also shared that this is likely the last meeting for the Pediatrics workgroup for this year. Next year, the Workgroup will likely be convened 1-2 times to make ad hoc revisions to the core set and discuss progress towards core set goals and implementation. NQF thanked the co-chairs and members for their efforts as part of the Workgroup.