



WA State Common Measure Set on Healthcare Quality  
**Pediatrics Measures Ad Hoc Workgroup**  
 Meeting #1: Monday, July 18, 2016  
 1:00 – 3:00 pm  
Meeting Summary

Agenda Item	Summary of Workgroup Activity and/or Action(s)
I. Welcome and Introductions	<p>Susie Dade, Deputy Director of the Washington Health Alliance welcomed the group to the first meeting of the Pediatric Measures Ad Hoc Workgroup. Workgroup members introduced themselves. All 13 members of the workgroup were in attendance for the meeting. In addition, there were 14 individuals (non-workgroup members) in listen mode via phone/webinar. Meeting attendance is recorded on page four of this meeting summary. The slide deck for this meeting is available on the Healthier Washington website.</p>
II. Orientation	<p>Ms. Dade reviewed the origin and charge for this workgroup, including a review of the legislation (ESHB 2572), the purpose of the workgroup and its relationship to the Performance Measures Coordinating Committee, the overall timeline to complete the work, and the plan for group process and decision-making. Ms. Dade went on to review the (1) intended uses of the Common Measure Set, (2) the objects of measurement (i.e., the potential units of analysis), and (3) measure selection criteria – all approved in advance by the WA State Performance Measurement Committee and used in 2014 and 2015 for determination of the Common Measures Set. The workgroup heard about the intended uses of the measure set and it was emphasized that, among other things, the measure set will be used to assess performance, <u>publicly</u> report results and to inform public and private health care purchasing.</p> <p>Ms. Dade reviewed the specific charge for this particular workgroup which includes giving consideration to all of the pediatric-related measures in the current Common Measure Set, along with potential new measure and make recommendations regarding which measures to keep, remove and/or replace, or add. The total number of pediatric-related measures should not exceed 17 measures.</p> <p>The workgroup also discussed the selection criteria which include the following:</p> <ol style="list-style-type: none"> <li>1. The measure set is of manageable size.</li> <li>2. <b>Measures are based on <i>readily available data in WA (health care insurance claims, EHR or registry data, survey data)</i>.</b></li> <li>3. Preference given to nationally-vetted measures (e.g., NQF-endorsed) and other measures currently used by public agencies within WA.</li> <li>4. <b>Each measure should be valid and reliable, and produce sufficient numerator and denominator size to support credible <u>public reporting</u>.</b></li> </ol>

Agenda Item	Summary of Workgroup Activity and/or Action(s)
Orientation (continued)	<p>5. Measures target issues where we believe there is significant potential to improve health system performance in a way that will positively impact health outcomes and reduce costs.</p> <p>6. If the unit of analysis includes health care providers, the measure should be amenable to influence of providers.</p> <p>7. The measure set is useable by multiple parties (e.g., payers, provider organizations, public health, communities, and/or policy-makers).</p> <p>Numbers 2 and 4 are in bold as these were emphasized with the workgroup as being particularly important to support successful implementation of the measures in 2017. The workgroup was reminded that this is not a measurement <i>development</i> activity; the workgroup’s charge is to <i>select</i> measures that are developed and tested (i.e., where detailed measure specifications are readily available).</p> <p>Ms. Dade outlined the process that we will use with the workgroup to select and recommend measures, which will be as follows (using selection criteria):</p> <ol style="list-style-type: none"> <li>1. Begin with a review of pediatric measures <u>currently</u> included in the Common Measure Set, discuss whether to include each measure going forward (yes/no/maybe)</li> <li>2. Follow with a review of known, <u>potential</u> measures, discuss whether to include each measure (yes/no/maybe)</li> <li>3. Take second pass through the yes/maybe list</li> <li>4. Review list and narrow recommended measures (total number of measures not to exceed 17)</li> </ol> <p>Workgroup members had the opportunity to make suggestions and/or ask questions for clarification.</p> <p>The workgroup discussed the realities of what data is <u>currently</u> available within Washington to support performance measurement in 2017, with a particular focus on the availability of clinical and survey data. As was true in 2014 and 2015, the appetite for performance measures dependent upon clinical data (i.e., information direct from the medical record) is greater than our current ability to deliver robust and aggregated clinical data from thousands of healthcare practices across Washington state. A clinical data warehouse does not now exist in Washington state, but is under development and an important component of Healthier Washington’s Analytics-Interoperability-Measurement (AIM) work with a multi-year horizon for completion. As a consequence, the workgroup will likely identify numerous measures that they will consider important but that will have to be removed from further consideration this year based on a lack of data to support measurement in 2017. These items may be placed on a “parking lot” for future consideration.</p>

Summary of Actions, Pediatric Measures Ad Hoc Workgroup, July 18, 2016

<p>III. Measure Review</p>	<p>The workgroup began by familiarizing themselves with the Pediatric measures <i>already approved</i> for the Common Measure Set and then going through a yes/no/maybe exercise with this list.</p> <p>The workgroup then began to go through the list of potential new measures. Again, the workgroup went through a yes/no/maybe exercise with this list. At the conclusion of the meeting, there were four measures on the YES list, eight measures on the MAYBE list, and four measures on the NO list.</p> <p>Measures removed from further consideration for one or more of the following reasons:</p> <ol style="list-style-type: none"> <li>1. Measure reliant on clinical or survey data that we cannot access at this time to support broad, statewide measurement and public reporting</li> <li>2. Measure applies to small, subset of population with concern about relevancy for broader audience and to inform health care purchasing</li> <li>3. Concern regarding small N</li> <li>4. Measure not supported with current and detailed measure specifications</li> </ol> <p>A detailed listing of measures considered at this meeting starts on page five.</p> <p>There are several follow-up tasks from this meeting:</p> <ol style="list-style-type: none"> <li>1. Send out the measure specifications for the Mental Health Service Penetration measure.</li> <li>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.</li> <li>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)</li> <li>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).</li> <li>5. Try to get the measure specifications for the Asthma measure from the State of Alabama Medicaid program.</li> <li>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).</li> <li>7. Send out current performance rates for pediatric-related measures in the Common Measure Set (from 2015 report).</li> </ol>
<p>IV. Next steps and wrap-up</p>	<p>The next meeting will be held on August 15 from 1-3 pm. Measure review will continue at that time.</p>

Summary of Actions, Pediatric Measures Ad Hoc Workgroup, July 18, 2016

**July 18, 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		
Keith Georgeson, 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

**Attendance/Other (By Phone/Webinar):**

- |                    |                      |
|--------------------|----------------------|
| 1. Greg Arnold     | 8. Becky Myhre       |
| 2. Phyllis Caven   | 9. Marlo Moss        |
| 3. Whitney Johnson | 10. Anikia Nelson    |
| 4. Elizabeth Kang  | 11. Manda Oien       |
| 5. Alia Katabi     | 12. Christine Stalie |
| 6. Lindy MacMillan | 13. Kristen Tjaden   |
| 7. Lisa McKay      | 14. Heather Weiher   |

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The following measures from the currently approved Common Measure Set were reviewed by the workgroup and were placed on the **YES\*** list:

	Measure Name	Measure Steward	NQF-Endorsed?	Data Source in WA
1.	Childhood Immunization Status (by Age 2)	NCQA (HEDIS)	Yes # 0038	WA Department of Health
2.	Human Papillomavirus for Female and Male Adolescents (by Age 13)	NCQA	Yes #1959	WA Department of Health
3.	Immunizations for Adolescents (by Age 13)	NCQA	Yes #1407	WA Department of Health
4.	Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	NCQA (HEDIS)	Yes #1516	WA Health Alliance

The following measures from the currently approved Common Measure Set were reviewed by the workgroup and were placed on the **MAYBE\*\*** list:

	Measure Name	Measure Steward	NQF-Endorsed?	Data Source in WA
1.	Appropriate Testing for Children with Pharyngitis (Ages 2-18 years)	NCQA (HEDIS)	Yes # 0002	WA Health Alliance
2.	Child and Adolescent's Access to Primary Care Practitioners (12-24 months, 25 months-6 years, 7-11 years, 12-19 years)	NCQA (HEDIS)	No	WA Health Alliance
3.	Mental Health Service Penetration (Ages 6-17 years)	DSHS	No	DSHS, Health Plans
4.	Substance Use Disorder Service Penetration (Ages 6-17 years)	DSHS	No	DSHS
5.	Oral Health: Primary Caries Prevention Offered by Primary Care (0-6 years)	HCA	No	HCA
6.	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Ages 3-17 year)	NCQA (HEDIS)	Yes #0024	Health Plans (via NCQA Quality Compass)

\*YES List: Measures that will very likely be retained on the Common Measure Set

\*\*MAYBE List: Measures that may be included on the Common Measure Set

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The following measures from the list of potential new measures were reviewed by the workgroup and were placed on the **MAYBE\*\*** list:

	Measure Name	Measure Steward	NQF-Endorsed?	Data Source in WA
1.	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (Ages 13-17 years)	NCQA (HEDIS)	Yes # 0004	Health Plans (via NCQA Quality Compass)
2.	Annual Number of Asthma Pediatric Patients with >1 Asthma-Related ER Visit (Ages 1 and older)	State of Alabama Medicaid Program	No	TBD

The following measures from the list of potential new measures were reviewed by the workgroup and were placed on the **NO\*\*\*** list:

	Measure Name	Measure Steward	NQF-Endorsed?
1.	Identification of Alcohol and Other Drug Services	NCQA (HEDIS)	No
2.	Acute Otitis Externa: Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use	American Academy of Otolaryngology	No
3.	Acute Otitis Externa: Topical Therapy	American Academy of Otolaryngology	No
4.	Asthma – Short Acting Beta Antagonist Inhaler for Rescue Therapy	ActiveHealth Management	Yes #0620

\*\*\*NO List: Measures removed from any further consideration for inclusion in the Common Measure Set