



DATE: October 20, 2016
TO: Performance Measures Coordinating Committee
FROM: Pediatrics Measures Selection Work Group
RE: **PRELIMINARY Pediatric Measures Recommendations for 2016**

INTRODUCTION AND BACKGROUND INFORMATION

In 2014, the Washington State Legislature passed ESHB 2572, a law relating to improving the effectiveness of health care purchasing and transforming the health care delivery system. A portion of this legislation (Section 6) relates to the development and use of a statewide common measure set on healthcare quality and cost. Governor Inslee appointed a Performance Measures Coordinating Committee (PMCC) in June 2014 to oversee this work. In December 2014, the PMCC approved the first Common Measure Set for Washington, including 52 measures. The first report from this initial measure set was released by the Washington Health Alliance on December 8, 2015. The measure set was modified for 2016 to include new measures on behavioral health and the second report for the common measure set (now 55 measures) will be released by the Washington Health Alliance in December 2016.

Looking ahead, work is progressing to adjust the measure set for 2017. At their March 25, 2016 meeting, the PMCC selected pediatrics as the priority focus area for measure review and, potentially, the selection of additional measures to be added to the Common Measure Set in 2017.

Under the direction of the PMCC, an ad hoc work group was formed for the specific purpose of reviewing and exploring potential pediatric health measures. The charge to this work group was as follows:

Consider all of the pediatric-related measures in the current Common Measure Set and make recommendations regarding which measures to keep, remove and/or replace, or add, noting that the total number of pediatric-related measures should not exceed 17 measures.

Membership on the Pediatrics Measures Selection Work Group is listed in Appendix A on page 6.

The work group was instructed to formulate their recommendations using the same measure selection criteria used in 2014 and 2015, and considering what is feasible to implement in Washington State *with currently available data sources*. The Washington Health Alliance provided staff support for this ad hoc work group, providing both facilitation and technical expertise.

The work group met four times between July and October 2016. In the course of their work, the pediatrics measures work group was made aware of and gave consideration to over 135 pediatric-related measures, including a review of the following measure sets that had overlap with one another:

- NCQA HEDIS 2016 and 2017
- 2016 Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP
- NQF Pediatric Portfolio and Related Measures
- CMS – Physician Quality Rating System

RECOMMENDATIONS

Table 1 on page 3 summarizes the Pediatric Measures Selection Work Group’s recommendations for moving forward with 13 quality measures that are *specific only to the pediatric population* (ages 17 and younger). Please see Appendix B on page 7 for more detailed information about each of these 13 measures.

Table 2 on page 4 summarizes the Pediatric Measures Selection Work Group’s recommendations regarding six quality measures *that include but are not limited to a pediatric population*. The Work Group did not include these six when considering the cap of 17 pediatric-only measures. All six of these measures are currently approved for the Common Measure Set. Please see Appendix C on page 9 for more detailed information about each of these six measures.

It is the Work Group’s understanding that these recommendations will be released for public comment during November 2016 and finalized in December 2016 based on input from the Performance Measures Coordinating Committee and the public.

Table 1 – Summary of Recommendations, *Pediatric-only* Quality Measures

Measures CURRENTLY in the Common Measure Set		Add NEW Measures to the Common Measure Set	REMOVE the Following Measure
Keep measure as is, NO CHANGES	Keep measure, MODIFY as noted		
<p>1. Childhood Immunization Status by Age 2 – Combination 10</p> <p>2. Oral Health – Primary Caries Prevention Intervention as Part of Well/III Child Visit by Primary Care</p> <p>3. Child and Adolescent’s Access to Primary Care Practitioners (4 rates)</p> <p>4. Appropriate Testing for Children with Pharyngitis</p> <p>5. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (3 rates)</p> <p>6. Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (1 combined rate)</p>	<p>7. Immunizations for Adolescents by Age 13</p> <ul style="list-style-type: none"> • <i>Utilize new NCQA HEDIS 2017 version which now includes HPV vaccination</i> • <i>Publicly report two rates: (1) HPV vaccine and (2) Combination 2 (meningococcal, Tdap, HPV)</i> 	<p>8. Well Child Visits in the First Fifteen Months of Life</p> <ul style="list-style-type: none"> • <i>Report 1 rate of children with six or more visits in measurement period</i> <p>9. Follow-up Care for Children Prescribed ADHD Medication</p> <p>10. Lead Screening Children</p> <ul style="list-style-type: none"> • <i>For Medicaid only</i> <p>11. Audiological Evaluation No Later than 3 Months of Age</p> <p>12. PCP Connection After ED Visits for Asthma</p> <ul style="list-style-type: none"> • <i>Provided that the measure is “do-able” upon programming review of specifications</i> <p>13. Pediatric All- Condition Readmissions</p> <ul style="list-style-type: none"> • <i>Provided that the measure is “do-able” upon programming review of specifications</i> 	<p>Human Papillomavirus Vaccine for Female Adolescents by Age 13</p> <ul style="list-style-type: none"> • This measure retired by NCQA HEDIS; HPV vaccine added to “Immunizations for Adolescents” measure

Table 2 – Summary of Recommendations, Measures that *Include (but are not limited to) Pediatrics*

Measures CURRENTLY in the Common Measure Set	
Keep measure as is, NO CHANGES	Keep measure, MODIFY as noted
<ol style="list-style-type: none"> 1. Immunization for Influenza (Age range = 6 months and older) 2. Chlamydia Screening for Women (<i>see additional notes</i>) (Age range = 16 – 24 years) 3. Mental Health Service Penetration (Age ranges = 6-17 years, 18 years and older) 4. Substance Use Disorder Services Penetration (Age ranges = 6-17 years, 18 years and older) 5. Follow-up After Hospitalization for Mental Illness @ 7 days and 30 days (Age range = 6 years and older) 	<ol style="list-style-type: none"> 6. Medication Management for People with Asthma (Age range = 5 – 85 years) <ul style="list-style-type: none"> • <i>Report 75% adherence threshold</i> (rather than the 50% adherence threshold originally approved) • This will align Washington state with NCQA benchmark availability and CMS’ use of the measure

Notes re: Chlamydia Screening for Women:

This measure may have been the most controversial and the Work Group had a robust discussion regarding whether to continue to include this measure (which spans the pediatric and adult populations) in the Common Measure Set. There are good reasons for both keeping it and removing it. As a reminder, the measure is, *“the percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.”*

Concerns regarding the measure are primarily based on two issues. First, there is concern about the measure specifications and some feel that the indicators used to “identify sexual activity” are flawed. These indicators include pharmacy data (contraceptives), pregnancy and pregnancy testing. Hormonal therapies/contraceptives are used for several indications in the adolescent population, only one of which is pregnancy prevention. And, while pregnancy testing may reflect sexual activity status, pregnancy is on the differential diagnosis list for multiple complaints including abdominal pain, nausea, vomiting, fatigue and acne, regardless of whether the patient admits to sexual activity. Second, sexual health is protected in the state of Washington starting at age 13. Some adolescent females (likely many) who are sexually active do not want their parents/guardians to know this information. Consequently, many of these young women either refuse to be screened (to avoid having a claim submitted for payment) or choose to be screened at health clinics where confidentiality can be guaranteed typically because these clinics are free or very low cost (e.g.,

school clinics, Planned Parenthood). Combined, these two concerns raise red flags about whether denominators overestimate sexual activity and/or why numerators may be inaccurately low.

On the flip side, chlamydia is a common sexually transmitted disease that can infect both men and women. It can cause serious, permanent damage to a woman's reproductive system, making it difficult or impossible for her to get pregnant later on. It can also cause a potentially fatal ectopic pregnancy. The most recent data for Washington indicates that only about 39% of commercially insured young women and about 51% of Medicaid insured young women were screened for chlamydia; national 90th percentile benchmarks indicate this rate can be as high as 60% and 69% respectively.

Because this is considered a serious public health issue where we know we have significant room for improvement (difficulties with the measure notwithstanding), the Work Group agreed that it should continue to be measured and publicly reported in Washington. The Work Group also agreed that text should accompany the measure result that is intended to increase awareness about how the measure is defined and why performance rates may be low, particularly among pediatricians.

“Parking Lot” – Aspirational Measures/Topics of Interest

During the Work Group's process, they encountered five measures/topics they were very supportive of but that we had to set aside, primarily because (a) there was not a nationally vetted measure and/or (b) we could not identify a readily available data source in Washington state to support public reporting statewide. The Work Group asks that the following topics remain on a “parking lot” of pediatric measurement areas that should be considered a priority in the future as new measures and/or data sources emerge within the state, e.g., a statewide clinical data repository that will support measurement and public reporting.

1. Depression screening by age 13 years of age
2. Maternal depression screening
3. Dyslipidemia screening for patients aged 12 years
4. Developmental Screening in the First Three Years of Life
5. Opioid prescribing for children and adolescents (measure should be consistent with CDC guidelines)

Appendix A

Pediatric Measures Selection Work Group Members

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12. Gina Sucato, MD, MPH
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13. Carol Wagner, RN, MBA
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Appendix B – (two pages)

Recommendations for *Pediatric-Only* Measures for the 2017 Common Measure Set

Measure	Measure Steward	NQF-Endorsed	Type of Data Needed	Data Source(s) in WA	Product Line	Included in PQRS or CMS?	On Common Measure Set Now?	Brief Measure Description	Likely Units of Analysis for Public Reporting					
									State	County/ACH ¹	Health Plan	Medical Group/Clinic ²	Hospital	
1	Childhood Immunization Status by Age 2 - Combination 10	NCQA HEDIS	Yes #0038	Registry (WA IIS)	DOH	NA	CMS	Yes	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HIB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	X	X			
2	Immunizations for Adolescents by Age 13	NCQA HEDIS	Yes #1407	Registry (WA IIS)	DOH	NA	PQRS, CMS	Yes	The percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and three doses of the human papillomavirus (HPV) vaccine, by their 13th birthday. Washington state will report two rates: (1) HPV Vaccine, and (2) Combination 2, compliance for all three vaccines.	X	X			
3	Oral Health: Primary Caries Prevention Intervention as Part of Well/III Child visit as Offered by Primary Care Medical Providers	WA State HCA	No	Claims	HCA	Medicaid only		Yes	Total number of patients (Age 0- 6), who received a Fluoride Varnish application (FV) during a routine preventive health visit (with primary care medical provider or clinic).	X	X			
4	Child and Adolescent's Access to Primary Care Practitioners (4 rates reported)	NCQA HEDIS	No	Claims	Alliance, NCQA	Commercial Medicaid	CMS	Yes	The percentage of members 12 months - 19 years of age who had a visit with a PCP during the measurement year. Four separate rates are reported by age grouping: 12-24 months; 25 months - 6 years; 7-11 years; and 12-19 years.	X	X	X		
5	Appropriate Testing for Children with Pharyngitis	NCQA HEDIS	Yes #0002	Claims	Alliance, NCQA	Commercial Medicaid	PQRS, CMS	Yes	The percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing before dispensing an antibiotic).	X	X	X	X	
6	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NCQA HEDIS	Yes #0024	Claims and Medical Record	NCQA	Commercial and Medicaid	CMS	Yes	The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year: (1) BMI percentile documentation; (2) counseling for nutrition; and (3) counseling for physical activity.	X		X		
7	Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	NCQA HEDIS	Yes # 1516	Claims	Alliance, NCQA	Commercial Medicaid	CMS	Yes	The percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year. Washington state reports one combined rate.	X	X	X	X	

Appendix B – (continued)

Recommendations for *Pediatric-Only* Measures for the 2017 Common Measure Set

Measure	Measure Steward	NQF-Endorsed	Type of Data Needed	Data Source(s) in WA	Product Line	Included in PQRS or CMS?	On Common Measure Set Now?	Brief Measure Description	Likely Units of Analysis for Public Reporting					
									State	County/ACH ¹	Health Plan	Medical Group/Clinic ²	Hospital	
8	Well Child Visits in the First Fifteen Months of Life (W15)	NCQA HEDIS	No	Claims	Alliance, NCQA	Commercial Medicaid	CMS	No	The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life: No well child visits, one well child visit, two well child visits, three well child visits, four well child visits, five well child visits, six or more well child visits. Washington state will report one rate of children with six or more visits).	X	X	X	X	
9	Follow-up Care for Children Prescribed ADHD medication (ADD) - Continuation and Maintenance	NCQA HEDIS	Yes #0108	Claims	Alliance, NCQA	Commercial Medicaid		No	The percentage of children ages 6-12 with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 300 days and who, in addition to a visit within the first 30 days, had at least two follow-up visits with a practitioner within 270 days (9 months) following the first 30 day initiation phase.	X	X	X	X	
10	Lead Screening in Children (LSC)	NCQA HEDIS	No	Claims	NCQA	Medicaid		No	The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.	X Medicaid only		X Medicaid only		
11	Audiological Evaluation no later than 3 months of age	Centers for Disease Control and Prevention	Yes #1360	Medical Record Data Required	DOH	NA		No	This measure assesses the percentage of newborns who did not pass hearing screening and have an audiological evaluation no later than 3 months of age.	X	X			
12	PCP Visit After ED Visits for Asthma	PQMP - CAPQuAM	No	Claims	Potentially the Alliance	Commercial Medicaid		No	Numerator: 1. Visit(s) to a primary care provider that occurred within 14 days following the ED visit 2. Visit(s) to a primary care provider that occurred within 30 days following the ED visit 3. Have at least one fill of an asthma controller medication within 2 months after the ED visit (including the day of visit); Denominator: All ED visits in which asthma was a primary or secondary diagnosis in children who are continuously enrolled for at least the 2 months following the ED visit.	X	X			
13	Pediatric All-Condition Readmissions	Center of Excellence for Pediatric Quality Measurement	Yes #2392	Claims	Potentially the Alliance	Commercial Medicaid		No	This measure calculates case-mix adjusted readmission rates, defined as the percentage of admissions followed by one or more readmissions within 30 days for patients less than 18 years old. The measure covers patients discharged from general acute care hospitals, including children's hospitals.	X				X

**Measures 12 and 13 require additional review by programming staff at the Alliance to determine feasibility.*

Appendix C

Recommendations for Measures that Include (but are not limited to) Pediatrics

These measures are already approved for the Common Measure Set. It is recommended that measure #2, Medication Management for People with Asthma, be modified to report 75% adherence (rather than 50%).

Measure	Measure Steward	NQF-Endorsed	Type of Data Needed	Data Source(s) in WA	Product Line	Included in PQRS or CMS?	On Common Measure Set Now?	Brief Measure Description	Likely Units of Analysis for Public Reporting					
									State	County/ACH ¹	Health Plan	Medical Group/Clinic ²	Hospital	
1	Immunization for Influenza	AMA-PCI	Yes #0041	Registry	DOH	NA		Yes	The percentage of patients aged 6 months and older seen for a visit and who received an influenza immunization OR who reported previous receipt of an influenza immunization	X	X			
2	Medication Management for People with Asthma	NCQA HEDIS	Yes #1799	Claims	Alliance, NCQA	Commercial Medicaid	CMS	Yes	The percentage of members 5-85 years of age who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 75% of their treatment period.	X	X	X	X	
3	Chlamydia Screening in Women	NCQA HEDIS	Yes #0033	Claims	Alliance, NCQA	Commercial Medicaid	CMS	Yes	The percentage of young women ages 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	X	X	X	X	
4	Mental Health Service Penetration	WA State DSHS	No	Claims	Health Plans, DSHS	Commercial Medicaid		Yes	The percentage of members with a mental health service need who received mental health services in the measurement year. Separate reporting for age groups: 6-17 years and 18-64 years.	X	X			
5	Substance Use Disorder Service Penetration	WA State DSHS	No	Claims	DSHS	Medicaid only		Yes	The percentage of members with a substance use disorder treatment need who received a substance use disorder treatment in the measurement year. Separate reporting for age groups: 6-17 years and 18-64 years.	X	X			
6	Follow-up After Hospitalization for Mental Illness @ 7 days and 30 days	NCQA HEDIS	Yes #0576	Claims	NCQA	Commercial Medicaid		Yes	The percentage of discharges for members 6 years and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner.			X		