

## Pediatric Design Group

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The pediatric design group met on November 17, 2014 and recommended the following measures for inclusion in the SIM core quality measure set. They reviewed all of the pediatric measures currently in use by any of the commercial health plans (Aetna, Anthem, Cigna, ConnectiCare, United) as well as the 2014 Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (CHIPRA).

Measure #	Measure title	NQF #	Measure steward	Description	Recommendation
Domain: patient/caregiver experience					
1	CAHPS	NA	NCQA	Consumer Assessment of Healthcare Providers and Systems® CAHPS 5.0H (Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items)	CHIPRA recommended measure. Design group recommends adjustments appropriate to measurement of ACO.
Domain: access and availability of care					
	None				
Domain: care coordination/patient safety					
2	Asthma admission rate (child)	0728	AHRQ	Admissions with a principal diagnosis of asthma per 100,000 population, ages 2 through 17 years. Excludes cases with a diagnosis code for cystic fibrosis and anomalies of	No comment

				the respiratory system, obstetric admissions, and transfers from other institutions	
Domain: preventive health					
3	Weight assessment and counseling for nutrition and physical activity for children/adolescents	0024	NCQA	<p>Percentage of patients 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had evidence of the following during the measurement year:</p> <ul style="list-style-type: none"> <li>- Body mass index (BMI) percentile documentation</li> <li>- Counseling for nutrition</li> <li>- Counseling for physical activity</li> </ul>	Recommend adoption if collection is practicable with minimal burden to ACO. Recognize that status as MU2 capability may improve likelihood of collection
Composite 4, 5, 6, 7	Developmental screening in the first three years of life. Three age breakouts (ages 1, 2, and 3)	1448	OHSU	The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life. This is a measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age and by 36 months of age	Group felt this measure was important

	Well-child visits in the first 15 months of life	1392	NCQA	<p>Percentage of patients 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. Seven rates are reported:</p> <ul style="list-style-type: none"> <li>•No well-child visits</li> <li>•One well-child visit</li> <li>•Two well-child visits</li> <li>•Three well-child visits</li> <li>•Four well-child visits</li> <li>•Five well-child visits</li> <li>•Six or more well-child visits</li> </ul>	Group felt this measure was important
	Well-child visits in the third, fourth, fifth and sixth years of life	1516	NCQA	Percentage of patients 3–6 years of age who received one or more well-child visits with a PCP during the measurement year	Group felt this measure was important
	Adolescent well-care visits	NA	NCQA	The percentage of enrolled adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetric/gynecologic (OB/GYN) practitioner during the	Group felt this measure was important

				measurement year.	
8	Postpartum depression screening	NA	AMA/ PCPI	Percentage of pediatric visits for children 6 months and younger that include maternal depression screening.	Co-pays are a major barrier to screening. Recommended ONLY if co-pays can be eliminated.
9	Annual preventive dental visit	NA	CMS	The percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the reporting period.	Recommended if data are available
Domain: at-risk population					
Asthma					
10	Medication Management for People with Asthma	1799	NCQA	The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported.  1. The percentage of patients who	Group felt this measure was important and added a measure to track asthma admissions to inpatient hospitals

				<p>remained on an asthma controller medication for at least 50% of their treatment period.</p> <p>2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period.</p>	
Domain: Behavioral Health (BH)					
ADHD					
11	<p>Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication</p>	0108	NCQA	<p>The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.</p> <ul style="list-style-type: none"> <li>• Initiation Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.</li> <li>• Continuation and Maintenance (C&amp;M) Phase. The percentage of</li> </ul>	<p>Group felt this first measure was important</p>

				members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended	
Domain: acute care					
12	Appropriate treatment for children with upper respiratory infection	0069	NCQA	Percentage of children 3 months to 18 years of age with a diagnosis of URI who were not dispensed an antibiotic medication	

\*AHRQ = Agency for Healthcare Research and Quality, ACC = American College of Cardiology, AHA = AmericanHeart Association, AMA = American Medical Association, MCM = Minnesota Community Measurement, NCQA = National Committee on Quality Assurance, PCPI = Physician Consortium for Performance Improvement, QIP = Quality Insights of Pennsylvania.