MASSACHUSETTS CHILD HEALTH QUALITY COALITION

Statewide Quality Advisory Committee Members
C/o Áron Boros, Executive Director
The Center for Health Information and Analysis
Two Boylston Street, 5th floor
Boston, MA 02116

May 15, 2014

Dear Members of the Massachusetts Statewide Quality Advisory Committee,

The Massachusetts Child Health Quality Coalition (CHQC) is pleased to submit comments on measures of pediatric health care quality to support the work of the Statewide Quality Advisory Committee and its annual review of the Standard Quality Measures Set (SQMS) through its open call for measures and ongoing review. The CHQC is the neutral convener for a broad set of stakeholders who are developing a shared understanding of pediatric health care quality priorities across Massachusetts. Members include primary care and specialist providers, parent and family advocates, hospitals, health plans, health professional groups, state and local agencies, community organizations, and policy experts. The CHQC has been addressing pediatric quality measurement issues as a fundamental component of its work. The broad-based membership has come together to provide insights on prioritizing and using measures that support quality improvement.

Our comments cover several major aspects of measuring pediatric quality: principles for selecting measures, comments on the current pediatric measures in SQMS, observations and principles for pediatric behavioral health measures, and suggestions for supplemental efforts to optimize the value of the SQMS for patients, families, providers, payers and policy makers.

General Principles

The CHQC offers the following general principles as guides for the SQMS approach to measuring pediatric health care quality:

- Seek measures that look at the health of the whole child, including both measures of preventive care and screening as well as disease-specific measures. The benefits of early recognition of developmental issues cannot be overstated; timely interventions have proven to produce significant long-term benefits.
- Include measures that reflect care provided to the child, regardless of the provider or specialty service providing the care (primary care, specialty care, tertiary care). Administrative data will capture this, but measures that rely on chart review may not. The extent to which primary care providers can collaborate with specialty providers, particularly for children with complex conditions, varies by practice setting and geographic access to specialty care.
- Consider the burden of reporting on providers that detracts from improvement efforts and capacity. In selecting the measure set, recognize the value of measures that can be calculated from administrative data sets, especially the measures that can be reported using the data contained in the Commonwealth's All Payer Claims Database (APCD).

- Consider the burden of data collection cost effectiveness for all. Avoid duplicative measures and evaluate the benefit of ongoing collection when there is little variation across providers and high performance levels over several consecutive measurement years.
- Include measures of patient and family experience.

Current Pediatric Measures in SQMS

The CHQC members deal with specific pediatric measures on an ongoing basis as practicing providers and /or from the policy perspective as leaders in pediatric care or as family members. Their experiences with some measures in the SQMS offer important insights.

The mandate to include HEDIS and other measure sets in the SQMS is understandable given the history and uses of measurement in Massachusetts. Certain measures are more generally perceived as valuable and actionable: CAHPS Patient Experience Survey measures, the HEDIS Ambulatory Care-ED measure, and the developmental screening measures.

The ability to act upon other measures at an individual provider level is less clear. For example:

- CHQC members have noted that the HEDIS childhood immunization measures may not demonstrate sufficient variation among providers in Massachusetts to make these measures meaningful, with the exception of the Human Papillomavirus (HPV) Vaccine measures. We suggest focusing on areas where improvement can be achieved, perhaps retaining the option to reinstate a measure as needed to ensure that current performance does not erode.
- Several of the measures address defined conditions or situations that relate to small numbers of children. The HEDIS measure on annual pediatric HgbA1c testing for children with diabetes and the CDC's measure of central line associated blood steam infections in NICUs and PICU typically provide little actionable data in any individual setting. Aggregating data across providers and settings may be more useful when dealing with small population subsets, even though this specification differs from other measures and may limit the application of these results.

Pediatric Behavioral Health (BH) Measures

The CHQC has focused on the needs of children with behavioral health issues and appreciates the attention that is being given to this subset of measures. Measures in this domain an provide critical support for the integration of behavioral health and medical care for vulnerable populations in the Commonwealth, in both the short and long-term, across all payers. As the Commissioner for the Department of Mental Health has noted in recent meetings, the value of measuring pediatric behavioral health care is clear when one considers that fifty percent of all adult psychiatric disorders are diagnosed by a child's 14th birthday, and seventy-five percent by age 24.

The current child/adolescent behavioral health measurement set is weighted toward measurement of screening success and medication management. The CHQC members are hopeful that the Commonwealth will move toward measures of outcomes related to successful screening and medication management. Additional process measurement, specifically for care coordination, could provide valuable support for the transition to a measurement set that balances process, outcome and patient experience measures. A more complete set of measures will help to build evidence and knowledge about the links between screening, referral, treatment and outcomes.
The CHQC supports further development in the area of pediatric BH measurement:

- Behavioral health outcome measures
- Behavioral health care coordination measures

Principles for Selecting Behavioral Health Measures
The CHQC suggests several principles for use in selecting behavioral health measures for the SQMS:

- Consider a set of behavioral health measures that covers key domains that are important:
  - Maternal screening during pregnancy and postpartum
  - Screening across the major pediatric age cohorts
    a. Developmental screening, including screening for autism in early years up to age 3
    b. Child and adolescent depression screening
    c. Child and adolescent Risky Behavior screening
  - Safe and judicious medication use and management
  - Follow up post hospitalization for mental illness
- Consider the whole child rather than disease specific measurement. Children have behavioral health needs across the major categories of depression, anxiety, trauma and disruptive behavior, and may receive care for these conditions from multiple provider types.

Optimizing SQMS for Pediatric Care and Health
CHQC appreciates the collaborative process and spirit of CHIA's approach to pediatric measures within the SQMS. The disparity in the robustness of pediatric measurement relative to adult quality measures is quite striking. We support additional research and evaluation of existing measures and support for the development of new measures.

We remain optimistic that a pediatric measure set can drive improvement, minimize the burden of data collection, and align measurement across similar programs. A systematic review of current measures could provide clarity for all users of the SQMS on

- existing gaps in measurement,
- duplication across measures,
- the relative impact of various measures, including data collection inconsistencies and artifacts that might be corrected. The URI and pharyngitis measures are examples in the pediatric measure set of the impact coding practices can have on reported performance.

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CHQC has collaborated in local measurement development efforts, and we are interested in exploring possibilities for including developing measures in future initiatives by the SQAC. Efforts worth noting include the following.

- AHRQ's *Pediatric Quality Measures Program (PQMP)* currently funds a set of seven Centers of Excellence, including one at Boston Children's Hospital, that are working to address known gaps in measurement of pediatric health care. These Centers are working on measure development in several domains, including pediatric care coordination, Emergency Department utilization, and patient safety. Their work includes a suite of six measures to assess the safe and judicious use of antipsychotics in children and adolescents and it is currently being considered for inclusion in HEDIS.
- CHIPRA Demonstration Grantees and other groups are evaluating pediatric measure sets containing existing measures, such as the CMS/AHRQ *Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)*, the CMS *Clinical Quality Measures (CQMs): Pediatric Recommended Core Measures* set being used as part of the *Meaningful Use* reporting requirements, and the *National Quality Forum.*

The SQAC and CHIA are setting priorities for quality measurement in the Commonwealth with the potential for far reaching applications by policy makers, providers and payers. We wish to support you in these efforts and advance the efforts for a comprehensive and effective approach to measuring pediatric quality.

Sincerely,

Karen Smith
Executive Director
Massachusetts Child Health Quality Coalition
42 Pleasant St.
Watertown, MA 02472

Cc: Massachusetts Child Health Quality Coalition co-chairs

- Carolyn Langer, MD, JD, MPH, Chief Medical Officer Mass Health, Director, Office of Clinical Affairs, UMass Medical School/Commonwealth Medicine
- Andrew Balder, MD, Senior Medical Director, BMC HealthNet/Well Sense Health Plans