

**PMAC Pediatric Care Subcommittee Meeting #2**  
**January 16, 2018**  
**Meeting Summary**

**Meeting Attendees**

Attendance	Name	Title	Organization
IP	Julia Richerson (chair)	Pediatrician	Family Health Centers
IP	Jessica Beal	Behavioral Health Program Manager	Passport Health Plan
IP	Stephanie Clouser	Data Scientist	Kentuckiana Health Collaborative
IP	Randa Deaton	Corporate Director	UAW Ford Healthcare Initiative
V	Traci Downs-Bouchard	Pediatrician	Lake Cumberland Regional Health System
V	Donna Grigsby	Pediatrician	UK Healthcare, Pediatrics
V	Michael Kuduk	Assistant Professor, Dept. of Pediatrics	University of Kentucky
V	Gilbert Liu	Medical Director	Kentucky Department for Medicaid Services
V	Rob Revelette	Pediatrician/Past President	Catholic Health Initiatives/KY Chapter of American Academy of Pediatrics

\* Attendance: In-Person (IP) or Virtual (V)

**Meeting Items**

Introductions

Stephanie Clouser called the meeting to order and asked each subcommittee member to identify themselves and their organization. Each attendee introduced themselves to the group.

Stephanie also explained the measures review process, thanking everyone for submitting scores for measures, which will help guide the discussion over the next few meetings.

PMAC Crosswalk Measures Review

Subcommittee chair Julia Richerson led the discussion regarding the measures up for consideration on the crosswalk. A summary sheet (see attached) of the scores was created to help identify where subcommittee members initially stood on the proposed measures. Measures were ordered from highest average score to lowest and were discussed in that order. A general consensus was reached about each of the measures that placed them in one of three buckets:

1. Agreed that the measure is towards the top with regards to inclusion
2. Agreed that the measure warranted more discussion as a “borderline” measure
3. Agreed that the measure was lowly rated/a low priority for the committee (Moving on)

The following is a summary of the conversation around each measure:

Measure Name	NQF #	General Consensus	Comments/Notes	Score
<b>Pediatric Care</b>				
ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	108	Borderline	<p><u>Traci</u> - not as high of a priority for her;</p> <p><u>Rob</u> - agrees that as far as outcomes go, it's not as high on the list, but noted a performance gap;</p> <p><u>Mike</u> - more important issues, getting people in for follow-up can be a challenge, don't show up for follow-up;</p> <p><u>Jessica</u> - based on newly diagnosed patients only can cause a problem;</p> <p><u>Donna</u> - in the big scheme of things, this is not where we're going to move the needle for children's health;</p> <p><u>Randa</u> - as a purchaser, ADHD isn't at the top of the list, not a large health impact (pointed out that it scored lowest in Health Impact criteria item);</p>	14.0
Immunizations for Adolescents	1407	Top	<p>There was general discussion about combinations and which one(s) will be used;</p> <p><u>Julia</u> – noted that we were looking at combo 1 for this meeting's conversation;</p> <p><u>Donna</u> - sees value in it, it's important, but not including HPV and second meningitis vaccination is concerning, no hesitation in including if we extend that;</p> <p><u>Jessica</u> – noted that this is a hybrid measure for Passport, which adds to provider burden;</p> <p><u>Julia</u> – noted that we have a young immunization registry;</p> <p><u>Randa</u> – issues around incomplete records;</p> <p><u>Traci</u> - if you add HPV, provider scores will go down;</p> <p><u>Mike</u> - want that second meningitis for the measure, in his area HPV is a tough sell to parents, hard to get some kids into the system and would be good to get in requirements for physicals, overall ranks this measure highly, as it's central to what they do as pediatricians;</p> <p><u>Rob</u> - state mandates have taken this out of pediatrician's hands, Kentucky scores relatively high; question around whether Trumenba is on the law (Rob thought it was, Julia thought it wasn't);</p> <p><u>Randa</u> – this measure is low hanging fruit, but incomplete data is a challenge</p>	13.5
Childhood Immunization Status	38	Top	<p><u>Donna</u> - variation in patient needs something to think about;</p> <p><u>Jessica</u> - Passport very interested in immunizations, noted that this is a hybrid measure;</p> <p><u>Mike</u> – flu vaccine is a really hard sell, ability to influence anti-vaxxers;</p> <p><u>Rob</u> - same comments as before for CIS, noted daycare requirements;</p> <p><u>Traci</u> - priority item, but flu vaccine is a challenge</p>	13.1
Medication Management for	1799	Top	<p><u>Julia</u> - this is the better of the two asthma measures, still not great;</p> <p><u>Traci</u> - problem with both asthma measures is that it doesn't really deal with the problem, people weren't correctly</p>	13.1

People with Asthma			diagnosing/identifying patients, need a different measure such as ER follow-up, doesn't know that it measures what we think it's measuring; <u>Mike</u> - does not measure diagnosis of asthma, measures rescue vs asthma, reasonable for a limited focus; <u>Randa</u> - as a purchaser, this is higher priority, misdiagnosis doesn't really impact this measure; <u>Jessica</u> - the question is whether this measure really impacts outcomes	
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	69	Top	<u>Mike</u> – questions about competing diagnoses; <u>Gil</u> - a quality concern for Kentucky, performance gap	12.9
Chlamydia Screening in Women			<u>Donna</u> - for long-term health impact on women, it's important; <u>Rob</u> - if she's sexually active, he refers to GYN, so it's less of a concern for him; <u>Randa</u> - noted that this is also being looked at by the preventive committee; <u>Traci</u> - high priority, many people test positive for chlamydia while pregnant;	12.8
Developmental Screening in the First Three Years of Life	1448	Top	<u>Mike</u> - central to everything he does as a general pediatrician; <u>Traci</u> – this screening practice is a standard of care, many children don't do preschool or start kindergarten late, so they should be screened by pediatrician; <u>Jessica</u> - billing and coding issues associated with this measure; <u>Julia</u> - still on CHIPRA core set	12.7
Appropriate Testing for Children with Pharyngitis	2	Top	<u>Rob</u> - goes hand in hand with URI measure, can cut down on costs and cut down on visits long-term when they are taught/trained	12.6
Well-Child Visits in the First 15 Months of Life			<u>Donna</u> - this is the heart of what we do, goes hand in hand with immunizations; <u>Jessica</u> – asked a more general question around what pediatricians would get excited to work toward, also mentioned an opportunity as pediatricians to train the next generation with measures around well child visits; <u>Mike</u> – classifies his overarching priorities as a pediatrician: 1) get immunization rate as high as possible 2) get measures that reinforce development in children of all ages 3) chronic disease management (ADHD, asthma, obesity); <u>Rob</u> - check-ups and immunizations are the only things that affect all of his patients, the others are smaller groups;	12.1
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	24	Moving on	<u>Jessica</u> - would put it in the bottom half; group agreed	11.9

Well-Child visits in the 3-6 years of life	1516	Top	See comments for 15-month well-child visits above	11.9
CG-CAHPS			<u>Mike</u> - these are more subjective measures, people don't appreciate straight talk sometimes, high satisfaction is not necessarily an indicator of good care; <u>Traci</u> - hard to manage because of some of the questions, it might not be measuring what we think we're measuring; <u>Julia</u> - nationally, one of the rising areas of focus for value-based payment; <u>Randa</u> - noted that on CMS/AHIP set, it was ranked on PCP but not on peds, perhaps more appropriate in the adult setting; <u>Gil</u> - one of the goals is to reduce primary data collection and rely on readily available data, might be tough for small practices with limited resources (capturing data and reporting)	
	5			11.0
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	4	Moving on		10.9
Follow-up after Hospitalization for Mental Illness	576	Moving on		10.7
Non-recommended Cervical Cancer Screening in Adolescent Females		Moving on		10.3
Asthma Medication Ratio			<u>Rob</u> - a lot of kids lose their albuterol or want multiple for different places, so amount prescribed does not necessarily accurately describe how it is being used; <u>Julia</u> - not applicable for children because they have multiple sites of care;	
	1800	Moving on		10.3

### Outside Measures Review

Several measures were suggested by committee members for future discussion for inclusion (see attached).

In the remaining time of the meeting, Julia asked members to provide comments about why they chose those measures to add to the list for consideration. The following are some comments from that conversation:

- Preventive dental services (recommended by Donna Grigsby)
  - Donna's thoughts - Impact in our area that poor dental care has on our children's overall health; have an opportunity to make an impact; can be a challenge for some areas; don't know how you hold medical provider responsible for that
- Depression screening (recommended by Jessica Beal and Julia)
  - Jessica - Important because of skyrocketing suicide rates among teens; hits a behavioral health measure; not tough follow-up standards (or to find resources); Julia - already required to report so not too much of a stretch to include in core measures list
  - Rob agrees with this suggestion, depression/anxiety rampant in his patient population

- The percentage of newborns who did not pass hearing screening and have an audiological evaluation no later than 3 months of age (recommended by Julia)
  - Julia - Measurable and a developmental emergency
  - Rob - kids get measured right off the bat in the nursery, if the system is working the way it should, pediatricians don't get involved
- Contraceptive Care – Most and Moderately Effective Methods: Ages 15–20 (recommended by Julia)
  - Julia - Would like to research this, and work on reliable contraceptive methods
- Gil Liu also noted that we don't have a lot of outcome measures, wondered about hospitalization rates for asthma, other ambulatory conditions
  - Rob - we need to be careful with ED visits, get care from ED first and don't follow up with PCP

### Next Steps/Scheduling

Upcoming meetings are as follows:

- Tuesday, February 6, 2:30 p.m. to 4:30 p.m.
- Tuesday, February 20, 3 p.m. to 5 p.m.
- Tuesday, March 6, 3 p.m. to 5 p.m.