

PMAC Pediatric Care Subcommittee Meeting #3
February 6, 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
V	Patti Bingham	Practice Administrator	All Children Pediatrics
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
V	Stephanie Woods	Practice Resource / Provider Enrollment Specialist	Greater Louisville Medical Society

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

Meeting Items

Introductions

Stephanie Clouser called the meeting to order and confirmed the list of meeting attendees. She outlined the goals of the afternoon's meeting.

PMAC Crosswalk Measures Review

Subcommittee chair Julia Richerson led the discussion regarding the measures up for consideration that were suggested by committee members. 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. Measures were discussed in depth and barriers were explored, to aid in the final selection of measures that will occur in the next month.

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

Measure Name	Consensus (if reached)	Notes	Average Score
Contraceptive Care – Most and Moderately Effective Methods: Ages 15–20		<p>Rob - can't write contraceptives for CHI as a faith-based organization;</p> <p>Mike - anyone employed by KyOne is going to have that issue;</p> <p>Julia - it sounds like there are issues around providers' ability to impact;</p> <p>Traci - still think it's important, just because there are barriers doesn't mean we shouldn't report;</p> <p>General question asked - How are other communities handling this issue?;</p> <p>Traci - in NY it wasn't a problem because there were other plenty of other options for contraceptive care if a faith-based organization wouldn't provide;</p> <p>General discussion about referrals and if providers get credit if one of their patients is prescribed contraceptives by someone else (they do);</p> <p>Rob – The measure itself sounds simple, easy to track;</p> <p>Julia - at first pass, it sounds like this would be included, with further discussion around priority;</p> <p>Gil - from a KY Medicaid side, we wouldn't want to penalize providers at places like CHI;</p>	12.6
Screening for Depression and Follow-Up Plan: Ages 12–17 (CDF-CH)		<p>Sounds like it requires a chart review, claims data is not sufficient;</p> <p>Jessica - a real high-value item, but it's much harder to keep track of;</p>	11.9
Tobacco Use and Help with Quitting Among Adolescents		<p>Committee members like the idea of a measure similar to this; NQF #2803; Questions around coding for this to get data</p>	11.8
Number of eligible patients with preventive dental services		<p>Randa - Sounds like there are differences between commercial and Medicaid as far as data tracking and barriers, providers would not score well for those who have private insurance;</p> <p>Mike - might be an issue for rural areas without good access to dental care;</p> <p>Rob - a visit is required for kindergarten entry</p>	11.2
Chlamydia Screening and Follow Up	Moving on	<p>Mike - similar to the depression measures above, the follow-up might be tough to track;</p> <p>Randa - most people already use the other chlamydia measure;</p>	10.3
The percentage of newborns who did not pass hearing screening and have an audiological evaluation no later than 3 months of age		<p>Traci - this is a good idea for a measure, are we suggesting this as another safety net to ensure follow-up?;</p> <p>Julia - right now, this is still the responsibility of the PCP, so including it on the core measures set might raise profile of the measure;</p> <p>Rob and Mike - done before they leave the hospital, so it's a low volume measure for PCPs</p>	9.4

<p>Asthma: proportion of emergency department visits for asthma that meet criteria for the ED being the appropriate level of care among all ED visits for asthma in children and adolescents age 12 to 18 years old with identifiable asthma</p>	<p>Traci - asthma measures are tough to track and sometimes tough for PCPs to control, maybe explore having asthma action plans in place, maybe medication ratio isn't as bad of a measure as we thought, if you don't like ED visits, you could also look at hospitalizations; Gil - wrestles with process measures vs outcome measures, the process measures are where we are better positioned currently, but we need to think about pay for performance concerns (ED utilization, hospitalizations); Julia - right now, it's hard to link back to PCP, there's definitely value in process measures; Gil - tension between current fee-for-service and future pay-for-performance, we need to accelerate payment reform; Patti - Anthem shows them hospitalization information, but not all health plans to; Randa - if we're not ready for this measure this year, we might want to put it on the future considerations list; Rob - good idea to put it on suggested measures, he previously looked at this with Anthem, but they never quite figured it out; Traci - still wants to look again at ratio measure; Julia - suggestion on the table is to include both Asthma measures (medication management and ratio) with suggestion to find/create better measures in the future; Stephanie – noted that the CMS/AHIP pediatric core measures set included medication management, but put ratio in the “future areas for measure development” bucket with a note to “consider for inclusion once additional implementation and testing is conducted; Overall, it sounds like there needs to be another general conversation about asthma measures, the group sounds like it wants to include something asthma-related, but not yet sure what;</p>	<p>8.4</p>
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Further Discussion Measures

As a follow-up to discussion from the last Pediatrics Subcommittee meeting, Julia clarified some question about the denominator inclusions/exclusions for Chlamydia Screening in Women, Asthma Medication Management, and Asthma Medication Ratio.

There was also further discussion around ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication. Rob Revelette noted that the guidelines in the measure are considered the standard of care and said that it should be easy and straightforward to track. Jessica Beal agreed that it is easy to track through claims. There were questions around how high of a priority the measure is for pediatricians.

Next Steps/Scheduling

Stephanie Clouser wrapped up the meeting by giving an overview of what the next month will look like. The Pediatrics committee will meet two more times, and by the end of the fifth meeting, will need to have the following deliverables:

- List of recommended measures
- List of measures that were discussed but not included for recommendation
- Ranked priority list for recommended measures
- Rationale for why each measure was or was not recommended for inclusion

Stephanie and Julia will be in touch with next steps for the final selection process.

The final two meetings are as follows:

- Tuesday, February 20, 3 p.m. to 5 p.m.
- Tuesday, March 6, 3 p.m. to 5 p.m.