

**PMAC Pediatric Care Subcommittee Meeting #1**  
**July 3, 2019**  
**Meeting Summary**

**Meeting Attendees**

Name	Title	Organization
Jessica Beal	Integrated Care Program Manager	Passport Health Plan
Stephanie Clouser	Data Scientist	Kentuckiana Health Collaborative
Teresa Coutts	UAW Director	UAW/Ford Community Healthcare Initiative
Traci Downs-Bouchard	Pediatrician	Lake Cumberland Regional Health System
Michael Kuduk	University of Kentucky	Assistant Professor, Dept. of Pediatrics
Rob Revelette	Pediatrician	Catholic Health Initiatives

**Meeting Items**

Introductions

Each attendee introduced themselves to the group.

PMAC Portal Review

Stephanie Clouser introduced the PMAC Portal designed for committee members on the KHC website. In addition to the meeting resources and summaries that were already on there, this year, the PMAC Packet with measure information has been included in a clickable tab format on the portal itself. This should make finding resources easier and members always have the most up-to-date information.

Link to PMAC Portal: [www.KHCollaborative.org/pmacportal](http://www.KHCollaborative.org/pmacportal)

Password: kchms

Rubric Review

Stephanie went through the rubric and how to use it, as a refresher.

Current Measures Review

Subcommittee members used the rubric to discuss the measures currently up for review on the 2018 KY Core Healthcare Measures Set:

- Childhood Immunization Status (Combination 10)
  - Committee members agreed that the influenza part of the Combination 10 measure almost feels like a different vaccination than the others because of the way it is approached. Although there is a performance gap and there are barriers to high scores, there is room for improvement and value-based payment by health plans don't expect perfection

- Immunizations for Adolescents (Combination 2)
  - Like Childhood Immunization Status above, committee members agreed that the HPV part of the Combination 2 measure almost feels like a different vaccination than the others because of the way it is perceived by parents and that it is a relatively new measure (only been collected for a couple of years). Although there is a regional and national performance gap and there are barriers to high scores, there is room for improvement and value-based payment by health plans don't expect perfection
- Tobacco Use and Help with Quitting Among Adolescents
- Well-Child visits in the 3-6 Years of Life
- Well-Child Visits in the First 15 Months of Life
- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
  - This reflects clinical standard of care and across all plans, this is a measure that has a performance gap.
  - Barrier: Providers might need to be educated on the 30-day window for follow-up
- Appropriate Testing for Children with Pharyngitis
- Appropriate Treatment for Children with Upper Respiratory Infection (URI)
  - The group agreed that appropriately treating URI is part of practicing good, evidence-based medicine
- Contraceptive Care – Most and Moderately Effective Methods: Ages 15–20
- Chlamydia Screening in Women (NQF #33)

The committee agreed to include each of the measures that currently are the on Kentucky Core Healthcare Measures Set in their final recommendation to the Oversight Committee.

### Potential Measures Review

The group discussed measures to be considered for addition to the 2019 KCHMS, including measures that were suggested last year but were not approved by the oversight committee and new measures that weren't established yet. This included:

- Adolescent Well-Care Visits
- Developmental Screening in the First Three Years of Life (NQF #1448)
- Number of Eligible Patients with Preventive Dental Services
- Screening for Depression and Follow-Up Plan (Ages 12-17) (NQF #418)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (NQF #24)
- Asthma Hospitalizations (measure not developed as of 2018 KCHMS selection)
- Medication Management for People with Asthma (NQF #105)

The group only had time to discuss Adolescent Well-Care Visits in depth. They will evaluate the others before the next and final meeting.

The discussion about Adolescent Well-Care Visits were as follows:

- Four of the five health plans in KY incent on this, and the measure encourages patients to get started in the habit of receiving routine care early in life to pay off later.
- Adolescent Well-Care Visits are time consuming and not paid particularly well, which can be a burden on resources but very important
- A couple of the other measures on the list, depression screening and weight assessment and counseling, can incorporate some of these things

### Next Steps

The next and final meeting will be on July 10. In the meantime, Stephanie will send a worksheet of the measures up for discussion for committee members to assess and score. The results will be used at the July 10 meeting.