Pediatric Quality Measures for Medicaid Released

BY MARY ELLEN SCHNEIDER

Officials at the Centers for Medicare and Medicaid Services recently released an initial set of pediatric quality measures that states can choose to use as part of their Medicaid and State Children's Health Insurance Programs.

The set of 24 measures focuses on prevention and health promotion, immunizations, screening, well-child visits, management of acute and chronic conditions, family experiences with care, and access to services.

The measures are likely to seem familiar to pediatricians since 14 of the 24 are current NCQA Healthcare Effectiveness Data and Information Set (HEDIS) measures reported by Medicaid managed care plans.

The measures are part of an effort by the federal government to encourage quality reporting within Medicaid and the State Children's Health Insurance Program (SCHIP), but they will be voluntary and the requirements of the program would be up to individual states to determine.

The new measures program was established as part of the Children's Health Insurance Program Reauthorization Act of 2009, which required the federal government to identify a core set of child health quality measures for voluntary use by state programs. The government's charge was to identify existing pediatric measures that are in use by public and private health plans. The initial measure set was developed in consultation with child health care providers, according to CMS.

CMS is seeking public comments on which measures should remain part of the core set, which measures need further development, and what type of technical assistance physicians and other health care providers would need to report on these measures. Comments are due by March 1. Under statute, CMS must make the final measure set available to states by Jan. 1, 2013.

Currently, there is no funding set aside by the federal government to provide financial incentives for successfully reporting on these measures, but CMS and the states are exploring ways that they could encourage voluntary reporting, such as provider incentive payments provided under the American Recovery and Reinvestment Act, according to CMS.

The move to develop pediatric-specific quality measures was praised by the American Academy of Pediatrics. The organization was involved in the creation of the initial measure set and encouraged Congress to invest in the development of measures appropriate for children.

That's definitely an area where pediatrics has fallen behind, said Dr. Stuart A. Cohen, a pediatrician in San Diego and an AAP delegate to the American Medical Association. Right now, pediatric quality measures are mostly built off measures from adult medicine, he said.

There is also a lack of research into what measures would have the greatest impact on quality. Dr. Cohen said that current measurement in pediatrics focuses on areas like immunizations and antibiotic usage, but it's unclear on whether those are the best measures of high-quality pediatric care. He speculated that future research could begin with outcomes of care and work backward to determine what kind of care was given. "We don't have those measures," he said.

Although details about how the measurement program would be set up by the states are still a ways off, Dr. Cohen said he would like to see an appeals process put in place to ensure that physicians have the opportunity to dispute inaccurate data, a safeguard that is in place in most private pay-for-performance programs.

Under the CHIP Reauthorization Act that created the quality measures program, CMS was also tasked with developing an electronic health record format specifically for children. CMS officials are working to coordinate that effort, as well as work on the meaningful-use criteria for EHRs, with the quality-measurement program. ■

A list of each measure and summaries of why they are being recommended are available at www.ahrq.gov/chip/corebackgrnd.htm.