An AHRQ and CMS Perspective on the Pediatric Quality Measures Program

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THE HEALTH CARE quality field is at a tipping point, with new and intensifying federal and private-sector investment in measurement, improvement, and alignment efforts.[1] There is widespread agreement that a move toward more standardized quality measurement and reporting is critical if the nation is to make progress toward understanding how to improve health care and the nation's health.[2] Most national quality measures have been focused on adults or the elderly, and are used in the Medicare program or by managed care organizations.[3] With a dearth of standardized child measures, less focus has been placed on measuring and improving health care quality for children covered by public or private insurers. Existing measures have been limited in scope, yet disparities in child health quality remain pervasive.[4] Recognizing that measurement is a critical first step for improving quality[5] and eliminating disparities, the 2009 Children's Health Insurance Program Reauthorization Act (CHIPRA) contained specific provisions aimed at drawing focus and resources to quality measurement and reporting for children.

The Agency for Healthcare Research and Quality (AHRQ), a long-standing leader in the health care quality field[6] as well as in child health services research[7,8] joined with the Centers for Medicare & Medicaid Services (CMS) to implement aspects of CHIPRA including the Pediatric Quality Measures Program (PQMP). With an investment of $60 million over 4 years for the PQMP, AHRQ and CMS have been supporting a set of cooperative agreement grants to 7 Centers of Excellence (COEs) with the goal of increasing the availability of relevant and valid children's health care quality measures for Medicaid/Children's Health Insurance Program (CHIP) and for other public and private sector entities.

As detailed more fully by Mistry et al,[9] the PQMP's contribution to the enhanced relevance of pediatric quality measures was heightened by the identification of high-priority measure topics for assignment to the COEs. The validity of the emerging set of pediatric quality measures has been enriched in large part by adherence to a set of "desirable measure attributes" tracking key provisions in the CHIPRA legislation. Those provisions required measures that would be: evidence based; able to identify disparities by race, ethnicity, and socioeconomic status; applicable to services delivered across a variety of settings, for children in the prenatal period through adolescence; and able to be aggregated at the state, health plan, and provider levels. In addition, the strength of the measures is enhanced by grantees' engagement of key stakeholders and subject matter experts in the process of measure refinement to promote usefulness and adoption, and the availability and use of resources to conduct the extensive testing needed to ensure that measures meet standards of reliability and validity.

The PQMP has worked to close gaps in children's health care quality by increasing the portfolio of new measures and methods as envisioned by the CHIPRA legislation. With a variety of new and innovative measures across diverse topics ranging from developmental screening follow-up to medical complexity and care coordination under development, the measures developed by the COEs will help support the vision of high-quality care for all children. However, it is the adoption and use of these measures that can lead to improvements in the quality of care and elimination of disparities in health care for children over time. As these new measures are implemented, additional important lessons will be learned regarding future directions for measure development, quality improvement in children's health care, and pediatric clinical, translational, and health services research.

REFERENCES

1. Centers for Medicare & Medicaid Services. The physician quality reporting system maintenance of certification program incentive requirements for 2013. Available at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013-MOC_Qualification_Requirements.pdf. Accessed May 16, 2014.
2. US Department of Health and Human Services. 2013 annual progress report to Congress: national strategy for quality improvement in

health care. Available at: http://www.ahrq.gov/workingforquality/nqs/nqs2013annlrpt.htm. Accessed May 16, 2014.
3. Institute of Medicine. *Medicare: A Strategy for Quality Assurance*. Washington DC: National Academies Press; 1990.
4. McCormick MC, Co JP, Dougherty D. Quality improvement in pediatric health care: introduction to the supplement. *Acad Pediatr*. 2013; 13(suppl):S1–S4.
5. Galvin R, McGlynn E. Using performance measurement to drive improvement: a road map for change. *Med Care*. 2003;41(1 suppl): 148–160.
6. Dougherty D, Conway P. The 3Ts roadmap to transform US health care: the "how" of high-quality care. *JAMA*. 2008;299:2319–2321.
7. Clancy CM, Chesley F, Dougherty D. Health care for children and youth in the United States: 13 years of evidence. *Acad Pediatr*. 2013; 13:181–183.
8. Agency for Healthcare Research and Quality. National healthcare quality and disparities reports. Available at: http://www.ahrq.gov/research/findings/nhqrdr/index.html. Accessed May 16, 2014.
9. Mistry KB, Chesley F, LLanos K, et al. Enhancing children's healthcare through the pediatric quality measures program. *Acad Pediatr*. 2014;14(5 Suppl):s19–s26.