

Influenza vaccination coverage among healthcare personnel

Percentage of healthcare personnel (HCP) who receive the influenza vaccination

Nominated by Dana Safran, BCBSMA

Priority Area
Appropriateness of hospital-based care

Steward
CDC

NQF
Endorsed (0431)

Summary

Addresses SQAC Priority Area	NQF-Endorsed or in a National Set	Minimum Scores	Overall Score	Rating
✓	✓	✓	14 (Average 3.5)	Strong

RECOMMENDED FOR INCLUSION

Detailed Measure Evaluation

<i>Reliability and Validity</i> Minimum Score: 2	3	Overall, the measure tested well on validity and reliability, but there remain some questions about how HCP who declined vaccination were handled by different sites. Also, not every health care worker will have a medical record or chart to audit, so there is no gold standard for identifying those who have received vaccination.
<i>Amenability to Targeted Improvement</i> No Minimum Score	3	Vaccination of health care workers has been associated with reduced work absenteeism and with fewer deaths among nursing home patients and elderly hospitalized patients. However, because workers can voluntarily decline vaccination, there are limits on how much improvement is reasonable.
<i>Ease of Measurement</i> Minimum Score: 1	4	Already publicly reported by CMS.
<i>Field Implementation</i> Minimum Score: 1	4	Already used and publicly reported by CMS on a facility level.

References

- NQF Measure Submission Forms:
<http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=68275>, Accessed August 29, 2017
- Wilde JA, McMillan JA, Serwint J, et al. Effectiveness of influenza vaccine in healthcare professionals: a randomized trial. JAMA 1999; 281: 908–913
- Centers for Disease Control and Prevention. "Influenza Vaccination Coverage Among Health-Care Personnel - United States, 2012-13 Influenza Season." MMWR 62(38);781-786.

HBIPS-1: Admission screening for violence risk, substance use, psychological trauma history and patient strengths completed

The proportion of patients admitted to a hospital-based inpatient psychiatric setting who are screened within the first three days of hospitalization for all of the following: risk of violence to self or others, substance use, psychological trauma history and patient strengths.

Nominated by Dana Safran, BCBSMA

Priority Area
Appropriateness of hospital-based care

Steward
Joint Commission

NQF
Endorsed (1922)

Summary

Addresses SQAC Priority Area	NQF-Endorsed or in a National Set	Minimum Scores	Overall Score	Rating
✓	✓	✓	14 (Average 3.5)	Strong
RECOMMENDED FOR INCLUSION				

Detailed Measure Evaluation

<i>Reliability and Validity</i> <i>Minimum Score: 2</i>	3	All of the HBIPS measures have undergone a rigorous process of public comment, alpha testing and broad-scale pilot testing and are recognized by the field as important indicators of hospital-based inpatient psychiatric care.
<i>Amenability to Targeted Improvement</i> <i>No Minimum Score</i>	3	There is strong evidence to support the efficacy and effectiveness of integrating traditional mental health treatment and addiction treatment. Improving on this measure requires better efforts to detect addiction in mental health patients. However, evidence that improving scores on this measure leads to more people receiving integrated treatment is limited.
<i>Ease of Measurement</i> <i>Minimum Score: 1</i>	4	Already used and publicly reported by TJC on a facility level, but not available on Hospital Compare.
<i>Field Implementation</i> <i>Minimum Score: 1</i>	4	Already used and publicly reported by TJC on a facility level.

References

- Measure Submission Forms: <http://www.qualityforum.org/QPS/1922>. Accessed September 1, 2017
- National Association of State Mental Health Program Directors (NASMHPD). Position statement on services and supports to trauma survivors. Alexandria (VA): NASMHPD; 2005
- Rapp CA. The strengths model: case management with people suffering from severe and persistent mental illness. London: Oxford University Press; 1998
- Specifications manual for Joint Commission national quality measures, version 2016A. Oakbrook Terrace (IL): The Joint Commission; Effective 2016 Jul 1. various p.
- Ziedonis DM. Integrated treatment of co-occurring mental illness and addiction: clinical intervention, program, and system perspectives. *CNS Spectr*. 2004 Dec;9(12):892-904, 925

HBIPS-2: Hours of physical constraint

The total number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were maintained in physical restraint.

Nominated by Dana Safran, BCBSMA

Priority Area
Appropriateness of hospital-based care

Steward
Joint Commission

NQF
Endorsed (0640)

Summary

Addresses SQAC Priority Area	NQF-Endorsed or in a National Set	Minimum Scores	Overall Score	Rating
✓	✓	✓	15 (Average 3.75)	Strong
RECOMMENDED FOR INCLUSION				

Detailed Measure Evaluation

<i>Reliability and Validity</i> Minimum Score: 2	3	All of the HBIPS measures have undergone a rigorous process of public comment, alpha testing and broad-scale pilot testing and are recognized by the field as important indicators of hospital-based inpatient psychiatric care.
<i>Amenability to Targeted Improvement</i> No Minimum Score	4	There are documented interventions that facilities can take to reduce use of physical constraints.
<i>Ease of Measurement</i> Minimum Score: 1	4	Requires chart review, but is already publicly reported by CMS.
<i>Field Implementation</i> Minimum Score: 1	4	Already used and publicly reported by CMS on a facility level.

References

- NQF Measure Submission Forms: <http://www.qualityforum.org/QPS/0640>, Accessed August 29, 2017
- Donat DC. An analysis of successful efforts to reduce the use of seclusion and restraint at a public psychiatric hospital. *Psychiatr Serv.* 2003 Aug;54(8):1119-23
- Specifications manual for Joint Commission national quality measures, version 2016A. Oakbrook Terrace (IL): The Joint Commission; Effective 2016 Jul 1.

HBIPS-3: Hours of seclusion use

The total number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were held in seclusion.

Nominated by Dana Safran, BCBSMA

Priority Area
Appropriateness of hospital-based care

Steward
Joint Commission

NQF
Endorsed (0641)

Summary

Addresses SQAC Priority Area	NQF-Endorsed or in a National Set	Minimum Scores	Overall Score	Rating
✓	✓	✓	15 (Average 3.75)	Strong
RECOMMENDED FOR INCLUSION				

Detailed Measure Evaluation

<i>Reliability and Validity</i> Minimum Score: 2	3	All of the HBIPS measures have undergone a rigorous process of public comment, alpha testing and broad-scale pilot testing and are recognized by the field as important indicators of hospital-based inpatient psychiatric care.
<i>Amenability to Targeted Improvement</i> No Minimum Score	4	There are documented interventions that facilities can take to reduce use of seclusion.
<i>Ease of Measurement</i> Minimum Score: 1	4	Requires chart review, but is already publicly reported by CMS
<i>Field Implementation</i> Minimum Score: 1	4	Already used and publicly reported by CMS on a facility level.

References

- NQF Measure Submission Forms: <http://www.qualityforum.org/QPS/0641>, Accessed August 29, 2017
- Donat DC. An analysis of successful efforts to reduce the use of seclusion and restraint at a public psychiatric hospital. *Psychiatr Serv.* 2003 Aug;54(8):1119-23
- Specifications manual for Joint Commission national quality measures, version 2016A. Oakbrook Terrace (IL): The Joint Commission; Effective 2016 Jul 1.

SUB-1: Alcohol use screening

Hospitalized patients 18 years of age and older who are screened within the first three days of admission using a validated screening questionnaire for unhealthy alcohol use.

Nominated by Dana Safran, BCBSMA

Priority Area
Appropriateness of hospital-based care

Steward
Joint Commission

NQF
Endorsed (1661)

Summary

Addresses SQAC Priority Area	NQF-Endorsed or in a National Set	Minimum Scores	Overall Score	Rating
✓	✓	✓	10 (Average 2.5)	Good
RECOMMENDED FOR INCLUSION				

Detailed Measure Evaluation

<i>Reliability and Validity</i> Minimum Score: 2	3	The measure tested well, but there are some concerns over meaningful numbers of exclusions due to cognitive impairment and LOS <1 day.
<i>Amenability to Targeted Improvement</i> No Minimum Score	2	There is evidence to support screening patients for alcohol use, but we were unable to find evidence for the exact population targeted by this measure. Also, the large number of exclusions may impact how improvements in screening are reflected by measure scores.
<i>Ease of Measurement</i> Minimum Score: 1	2	There is public reporting on 3 VA hospitals in Massachusetts, but data for other facilities would need to come from administrative data and medical records.
<i>Field Implementation</i> Minimum Score: 1	3	The measure is collected by TJC, but results are only available for a few hospitals in MA. Nationally, measure scores are available for VA hospitals but few others nationwide, as the measure may not have sufficient volume for many providers.

References

- NQF Measure Evidence and Testing Forms: <http://www.qualityforum.org/QPS/1661>, Accessed August 29, 2017
- Substance Abuse and Mental Health Services Administration (SAMHSA). Results from the 2006 National Survey on Drug Use and Health: national findings [Office of Applied Studies, NSDUH Series H-32, DHHS Publication No. SMA 07-4293]. Rockville (MD): Substance Abuse and Mental Health Services Administration (SAMHSA); 2007. 282 p

Median time to transfer to another facility for acute coronary intervention

The median time from emergency department (ED) arrival to time of transfer to another facility for acute coronary intervention (ACI) for ST-segment myocardial infarction (STEMI) patients that require a percutaneous coronary intervention (PCI).

Nominated by Dana Safran, BCBSMA

Priority Area
Appropriateness of hospital-based care

Steward
CMS

NQF
Endorsed (0290)

Summary

Addresses SQAC Priority Area	NQF-Endorsed or in a National Set	Minimum Scores	Overall Score	Rating
✓	✓	✓	13 (Average 3.25)	Strong
RECOMMENDED FOR INCLUSION				

Detailed Measure Evaluation

<i>Reliability and Validity</i> Minimum Score: 2	3	NQF found the measure to be reliable but had limited concerns about validity due to large numbers of exclusions for one of the data elements. NQF also recommended that this measure be composited with other related measures.
<i>Amenability to Targeted Improvement</i> No Minimum Score	3	There is evidence to support reducing time-to-treatment for patients with AMI. However, we were unable to find evidence that specifically reducing time-to-transfer improves outcomes.
<i>Ease of Measurement</i> Minimum Score: 1	3	Requires chart abstracted data, but already used and publicly reported by CMS on a facility level. However, CMS does not report scores for most hospitals
<i>Field Implementation</i> Minimum Score: 1	4	Already used and publicly reported by CMS on a facility level.

References

- NQF Measure Submission Forms:
<http://www.qualityforum.org/ProjectTemplateDownload.aspx?SubmissionID=278>, Accessed August 29, 2017
- Brodie BR, Stuckey TD, Wall TC, Kissling G, Hansen CJ, Muncy DB, Weintraub RA, Kelly TA. Importance of time to reperfusion for 30-day and late survival and recovery of left ventricular function after primary angioplasty for acute myocardial infarction. J Am Coll Cardiol. 1998 Nov;32(5):1312-9.

Aspirin at arrival

Percentage of emergency department acute myocardial infarction (AMI) patients or chest pain patients (with Probable Cardiac Chest Pain) without aspirin contraindications who received aspirin within 24 hours before ED arrival or prior to transfer.

Nominated by Dana Safran, BCBSMA

Priority Area
Appropriateness of hospital-based care

Steward
CMS

NQF
Endorsement Removed (0286)

Summary

Addresses SQAC Priority Area	NQF-Endorsed or in a National Set	Minimum Scores	Overall Score	Rating
✓	✗ No Alternative	✓	14 (Average 3.5)	Strong
RECOMMENDED FOR INCLUSION				

Detailed Measure Evaluation

<i>Reliability and Validity</i> Minimum Score: 2	3	There are no reliability results at the measure level, but the underlying claims data used for public reporting by CMS is extensively validated and considered the gold standard. Validity testing was strong.
<i>Amenability to Targeted Improvement</i> No Minimum Score	3	NQF removed endorsement because this measure was "topped out". However, scores voluntarily reported by MA hospitals do show some performance gap. There is evidence of a correlation between improved outcomes and immediate use of aspirin, but evidence supporting aspirin use any time within the first 24 hours is less clear.
<i>Ease of Measurement</i> Minimum Score: 1	4	Requires chart review, but is already publicly reported by CMS.
<i>Field Implementation</i> Minimum Score: 1	4	Already used and publicly reported by CMS on a facility level.

References

- Measure Submission and Testing Form: <http://www.qualityforum.org/ProjectTemplateDownload.aspx?SubmissionID=274>, Accessed August 29, 2017
- A Comprehensive Review of Development and Testing for National Implementation of Hospital Core Measures: https://www.jointcommission.org/assets/1/18/A_Comprehensive_Review_of_Development_for_Core_Measures.pdf, Accessed August 16, 2017
- NQF-endorsed Measures for Cardiovascular Conditions: 2014. http://www.qualityforum.org/Projects/c-d/Cardiovascular_Project/Draft_Commenting_Report.aspx. Accessed September 1, 2017

Median time to ECG

Median time from emergency department arrival to ECG (performed in the ED prior to transfer) for acute myocardial infarction (AMI) or Chest Pain patients (with Probable Cardiac Chest Pain).

Nominated by Dana Safran, BCBSMA

Priority Area
Appropriateness of hospital-based care

Steward
CMS

NQF
Endorsement Removed (0289)

Summary

Addresses SQAC Priority Area	NQF-Endorsed or in a National Set	Minimum Scores	Overall Score	Rating
✓	✘ No Alternative	✓	11 (Average 2.75)	Good
RECOMMENDED FOR INCLUSION				

Detailed Measure Evaluation

<i>Reliability and Validity</i> Minimum Score: 2	2	Variation may exist in the assignment of ICD-10-CM codes; therefore, coding practices may require evaluation to ensure consistency. There may be additional variation by provider, facility, and documentation protocol for chart-abstracted data elements.
<i>Amenability to Targeted Improvement</i> No Minimum Score	1	NQF removed endorsement in 2014 for lack of evidence indicating that knowing the door to ECG time improves outcomes, particularly given that door to balloon time for STEMI patients is already measured. This measure is more distal to the outcome of treatment for STEMI patients; as such, the Committee did not find it to be necessary to endorse this measure, and consequently devote resources to calculating this measure, when the outcome measure is already available and in use.
<i>Ease of Measurement</i> Minimum Score: 1	4	Requires chart review, but is already publicly reported by CMS.
<i>Field Implementation</i> Minimum Score: 1	4	Already used and publicly reported by CMS on a facility level.

References

- Measure Submission Forms:
<http://www.qualityforum.org/ProjectTemplateDownload.aspx?SubmissionID=277>, Accessed September 1, 2017
- NQF-endorsed Measures for Cardiovascular Conditions: 2014. http://www.qualityforum.org/Projects/c-d/Cardiovascular_Project/Draft_Commenting_Report.aspx. Accessed September 1, 2017

Acute stroke mortality rate

In-hospital deaths per 1,000 hospital discharges with acute stroke as a principal diagnosis for patients ages 18 years and older. Includes metrics for discharges grouped by type of stroke. Excludes obstetric discharges and transfers to another hospital.

Nominated by Dana Safran, BCBSMA

Priority Area
Appropriateness of hospital-based care

Steward
AHRQ

NQF
Endorsed (0467)

Summary

Addresses SQAC Priority Area	NQF-Endorsed or in a National Set	Minimum Scores	Overall Score	Rating
✓	✓	✓	9 (Average 2.25)	Good

RECOMMENDED FOR INCLUSION

Detailed Measure Evaluation

<i>Reliability and Validity</i> Minimum Score: 2	2	There were some validity concerns about using in-hospital deaths because hospitals may be able to artificially lower their scores by moving stroke patients to other care settings. Evidence suggests that the measure shows meaningful variation between providers, and it is risk-adjusted.
<i>Amenability to Targeted Improvement</i> No Minimum Score	2	During NQF measure testing, expert panels gave the measure a mean rating of 6.1 on a scale of 1-10 for overall usefulness for quality improvement within a hospital. For comparative reporting, the mean score was 4.8.
<i>Ease of Measurement</i> Minimum Score: 1	3	Measure scores are not currently reported, but the software to calculate the measure is maintained by AHRQ and facility-level scores should be possible to calculate from CHIA Case Mix data.
<i>Field Implementation</i> Minimum Score: 1	2	The software to calculate the measure is publicly available, but measure scores are not widely reported or consistently used in performance programs.

References

- NQF Submission Forms: <http://www.qualityforum.org/QPS/0467>, Accessed August 29, 2017
- National Quality Forum: Neurology Endorsement Maintenance Project. <https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=71347>, Accessed August 29, 2017
- Morgenstern LB, Hemphill JC 3rd, Anderson C, Becker K, Broderick JP, Connolly ES Jr, Greenberg SM, Huang JN, MacDonald RL, Messe SR, Mitchell PH, Selim M, Tamargo RJ, American Heart Association Stroke Council and Council on Cardiovascular Nursing. Guidelines for the management of spontaneous intracerebral hemorrhage: a guideline for healthcare professionals from the American Heart Association/American Stroke Association. *Stroke*. 2010 Sep;41(9):2108-29

Thorax CT – Use of contrast material

This measure calculates the percentage of thorax computed tomography (CT) studies that are performed with and without contrast out of all thorax CT studies performed (those with contrast, those without contrast and those with both) at each facility. The measure is calculated based on a one-year window of Medicare claims data.

Nominated by Dana Safran, BCBSMA

Priority Area
Appropriateness of hospital-based care

Steward
CMS

NQF
Endorsed (0513)

Summary

Addresses SQAC Priority Area	NQF-Endorsed or in a National Set	Minimum Scores	Overall Score	Rating
✓	✓	✓	15 (Average 3.75)	Strong
RECOMMENDED FOR INCLUSION				

Detailed Measure Evaluation

<i>Reliability and Validity</i> Minimum Score: 2	4	Measure testing indicates strong measure reliability. The results of testing indicate that the measure is able to identify true differences in performance between individual facilities. Additionally, the Medicare claims data used to calculate the measure is extensively validated for payment purposes. The measure was also rated to have high face validity by experts.
<i>Amenability to Targeted Improvement</i> No Minimum Score	3	The process of identifying thorax CT studies performed concurrently (with a non-contrast study performed first, followed by a study using contrast) is related to improved outcomes, including reduced exposure to radiation, reduced exposure to contrast agents, and more efficient use of imaging resources.
<i>Ease of Measurement</i> Minimum Score: 1	4	Claims-based and already publicly reported by CMS.
<i>Field Implementation</i> Minimum Score: 1	4	Already used and publicly reported by CMS on a facility level.

References

- Measure Submission Form:
<http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=69919>, Accessed September 1, 2017
- National Quality Forum: Pulmonary and Critical Care 2015-2016.
https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0ahUKEwjQtPPJnKXWAhVGjFQKHfKfCW0QFgg1MAE&url=http%3A%2F%2Fwww.qualityforum.org%2FProjects%2Fn-r%2FPulmonary_and_Critical_Care_Measures%2FDraft_Report_for_Comment.aspx&usg=AFQjCNFW0p_dsjDA8z6By26whRK1yB9utg, Accessed September 1, 2017

Cardiac imaging for preoperative risk assessment for non-cardiac, low risk surgery (OP-13)

This measure calculates the percentage of stress echocardiography, single photon emission computed tomography myocardial perfusion imaging (SPECT MPI), cardiac computed tomography angiography (CCTA), or stress magnetic resonance (MR) imaging studies performed at each facility in the 30 days prior to an ambulatory non-cardiac, low-risk surgery performed at any location. The measure is calculated based on a one-year window of Medicare claims data.

Nominated by Dana Safran, BCBSMA

Priority Area
Appropriateness of hospital-based care

Steward
CMS

NQF
Endorsed (0669)

Summary

Addresses SQAC Priority Area	NQF-Endorsed or in a National Set	Minimum Scores	Overall Score	Rating
✓	✓	✓	12 (Average 3)	Good
RECOMMENDED FOR INCLUSION				

Detailed Measure Evaluation

<i>Reliability and Validity</i> Minimum Score: 2	2	Measure testing indicates that it can reliably identify outliers, but it is not a "gold standard" measurement. The claims data for calculating the measure is extensively validated for payment purposes. Though the exclusions of the measure are supported by literature reviews, experts consulted during measure development were unable to reach consensus about their appropriateness.
<i>Amenability to Targeted Improvement</i> No Minimum Score	2	Because the measure may include some appropriate use of imaging, it is unclear what a "target" score would be. As a measure of efficiency it may help to reduce overuse.
<i>Ease of Measurement</i> Minimum Score: 1	4	Claims-based and already publicly reported by CMS.
<i>Field Implementation</i> Minimum Score: 1	4	Already used and publicly reported by CMS on a facility level.

References

- NQF Submission Forms:
<http://www.qualityforum.org/ProjectTemplateDownload.aspx?SubmissionID=50>, Accessed August 29, 2017
- Centers for Medicare and Medicaid Services (CMS). OP-13: cardiac imaging for preoperative risk assessment for non-cardiac low-risk surgery -- literature review. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); 2014 May. 13 p

Child HCAHPS

The main purpose of the Child Hospital Survey is to address the need to assess and improve the experiences of pediatric inpatients and their parents. Like other CAHPS surveys, this questionnaire focuses on aspects of pediatric inpatient care that are important to patients and their parents, and for which patients and their parents are generally the best source of information.

Nominated by Matthew Westfall, Boston Children's Hospital

Priority Area
Appropriateness of hospital-based care

Steward
Center for Quality
Improvement and Patient
Safety – AHRQ

NQF
Endorsed (2548)

Summary

Addresses SQAC Priority Area	NQF-Endorsed or in a National Set	Minimum Scores	Overall Score	Rating
✓	✓	✓	11 (Average 2.75)	Good
RECOMMENDED FOR INCLUSION				

Detailed Measure Evaluation

<i>Reliability and Validity</i> Minimum Score: 2	4	Testing indicates that composite Child HCAHPS scores have good reliability and validity.
<i>Amenability to Targeted Improvement</i> No Minimum Score	4	Research shows that more patient-centered care is associated with positive outcomes.
<i>Ease of Measurement</i> Minimum Score: 1	1	High resource cost: requires fielding of a patient survey. Some providers (e.g. children's hospitals) may currently administer this survey to patients, but it would be resource-intensive to implement at other facilities.
<i>Field Implementation</i> Minimum Score: 1	2	It is used in certain applicable settings (e.g. children's hospitals) but is not currently used in any public reporting or accountability programs, and may not be applicable to many MA providers.

References

- Measure Submission Forms. <http://www.qualityforum.org/QPS/2548>. Accessed September 1, 2017
- Sequist TD, Schneider EC, Anastario M, Odigie EG, Marshall R, Rogers WH, et al. (2008). Quality monitoring of physicians: linking patients' experiences of care to clinical quality and outcomes. *Journal of General Internal Medicine*; 23(11):1784–90

Pediatric all-condition readmission measure

Case-mix-adjusted readmission rates, defined as the percentage of admissions followed by 1 or more readmissions within 30 days, for patients less than 18 years old. The measure covers patients discharged from general acute care hospitals, including children's hospitals.

Nominated by Matthew Westfall, Boston Children's Hospital

Priority Area

Appropriateness of hospital-based care

Steward

Center for Excellence for
Pediatric Quality
Measurement

NQF

Endorsed (2393)

Summary

Addresses SQAC Priority Area	NQF-Endorsed or in a National Set	Minimum Scores	Overall Score	Rating
✓	✓	✓	10 (Average 2.5)	Good
RECOMMENDED FOR INCLUSION				

Detailed Measure Evaluation

<i>Reliability and Validity</i> Minimum Score: 2	3	The measure reliability was generally good. Measures of validity were similar to the adult all-payer readmissions measure that is currently in the SQMS. However, there are some concerns broadly about the appropriateness of all all-cause readmissions measures.
<i>Amenability to Targeted Improvement</i> No Minimum Score	2	Adult-focused studies have demonstrated that quality improvement interventions focused on improving the discharge process, the transition from hospital to ambulatory care, and the provision of timely followup care have been associated with reduced hospital readmission rates. However, there has been little evaluation of pediatric interventions to reduce readmissions because this measure fills a significant gap in readmissions measurement.
<i>Ease of Measurement</i> Minimum Score: 1	3	Data elements for the measure are captured in CHIA Case Mix data, but the measure is not currently calculated or publicly reported.
<i>Field Implementation</i> Minimum Score: 1	2	The measure is used by some providers (e.g. Boston Children's Hospital), but it is not widely implemented.

References

- AHRQ Measure fact Sheet: Pediatric All-Condition Readmission Measure. https://www.ahrq.gov/sites/default/files/wysiwyg/policymakers/chipra/factsheets/chipra_14-p008-1-ef.pdf. Accessed September 1, 2017
- Dougherty D, Schiff J, Mangione-Smith R. The Children's Health Insurance Program Reauthorization Act quality measures initiatives: moving forward to improve measurement, care, and child and adolescent outcomes. *Acad Pediatr*. 2011 May-Jun;11(3 Suppl):S1-10.

Prescriber prescription drug monitoring compliance

Numerator: Quantity of RXs for schedule II and III where prescription drug monitoring program was checked by prescriber prior to prescribing.

Denominator: Quantity of RXs for schedule II and III opioids written by independent provider.

Nominated by Kate Fillo, MA DPH

Priority Area
Opioid Use

Steward
MDPH

NQF
Not Endorsed

Summary

Addresses SQAC Priority Area	NQF-Endorsed or in a National Set	Minimum Scores	Overall Score	Rating
✓	✘ No Alternative	✓	12 (Average 3)	Good

RECOMMENDED FOR INCLUSION

Detailed Measure Evaluation

<i>Reliability and Validity</i> <i>Minimum Score: 2</i>	2	The metric directly measures compliance based on whether providers log in and use the PDMP. It relies on data that is entered independently by both the prescriber and the pharmacy which should improve reliability. However, there is no evidence specifically on the reliability or validity of these exact specifications.
<i>Amenability to Targeted Improvement</i> <i>No Minimum Score</i>	4	Evidence suggests that PDMPs are effective in combating prescription drug abuse.
<i>Ease of Measurement</i> <i>Minimum Score: 1</i>	3	Data is collected by MA DPH but not publicly reported. Data reported back to prescribers is used for monitoring, but not for accountability or performance programs.
<i>Field Implementation</i> <i>Minimum Score: 1</i>	3	Data is collected by MA DPH and reported back to providers at the prescriber level. However, data is not publicly reported at the prescriber level.

References

- PDMP Center of Excellence: Briefing on PDMP Effectiveness.
http://www.pdmpassist.org/pdf/COE_documents/Add_to_TTAC/Briefing%20on%20PDMP%20Effectiveness%203rd%20revision.pdf. Accessed September 1, 2017

Substance use disorder evaluation in the ED following naloxone administration and suspected substance use disorder

Numerator: Presence of clinical procedural terminology (CPT) codes 99408, 99409, Medicare codes G0396 or G0397, or Medicaid codes H0049 or H0050 in the administrative chart for the emergency department.

Denominator: Corresponds to ICD-10 :T40.0-4 (x1-x4) as a diagnosis. Note that some individuals may be represented more than once if there were multiple ED visits in the reporting year.

Nominated by Kate Fillo, MA DPH

Priority Area
Opioid Use

Steward
MDPH

NQF
Not Endorsed

Summary

Addresses SQAC Priority Area	NQF-Endorsed or in a National Set	Minimum Scores	Overall Score	Rating
✓	✘ No Alternative	✘	6 (Average 1.5)	Weak
NOT RECOMMENDED FOR INCLUSION				

Detailed Measure Evaluation

<i>Reliability and Validity</i> <i>Minimum Score: 2</i>	0	There is currently little evidence that submissions to MA DPH align with other data sources. MA DPH is planning to validate submissions against MA APCD and Case Mix data, but this validation has not yet been completed.
<i>Amenability to Targeted Improvement</i> <i>No Minimum Score</i>	2	The measure does not specify a particular substance abuse screening tool; as such the evidence is limited. However, literature supports that substance abuse screening tools may be useful in driving patient outcomes.
<i>Ease of Measurement</i> <i>Minimum Score: 1</i>	2	MA DPH collects this data directly from providers. Similar data is collected in MA APCD, Case Mix, and EMS submissions. However, these sources may frequently conflict with each other making accurate measurement difficult.
<i>Field Implementation</i> <i>Minimum Score: 1</i>	2	DPH collects this data and reports some pieces to providers.

References

- Section 51½ of chapter 111 of the General Laws, added by section 32 of chapter 52 of the acts of 2016, An Act Relative to Substance Abuse, Treatment, Education and Prevention, and amended by section 138 of chapter 133 of the acts of 2016

SCARED: Screen for child anxiety related disorders

The Screen for Child Anxiety Related Disorders (SCARED) is a 41-item inventory rated on a 3 point Likert-type scale. It comes in two versions; one asks questions to parents about their child and the other asks these same questions to the child directly. The purpose of the instrument is to screen for signs of anxiety disorders in children.

Nominated by Julianne Walsh, Bridgewater Pediatric

Priority Area

Integration of behavioral health and primary care

Steward

N/A

NQF

Not Endorsed

Summary

Addresses SQAC Priority Area	NQF-Endorsed or in a National Set	Minimum Scores	Overall Score	Rating
✓	✗ No Alternative	✗	4 (Average 1)	Weak
NOT RECOMMENDED FOR INCLUSION				

Detailed Measure Evaluation

Reliability and Validity
Minimum Score: 2

3

Several reviews have concluded that the tool successfully identifies depressive and disruptive disorders.

Amenability to Targeted Improvement
No Minimum Score

0

The tool is used clinically to identify anxiety issues. However, the tool itself is not a quality measure. There are no metrics about use of the tool, success in reducing anxiety, or appropriate treatment of children who screen as having potential anxiety-related disorders.

Ease of Measurement
Minimum Score: 1

0

Extreme resource cost: survey must be administered and scored individually. Administration can be done online or in writing, but data from the survey is not otherwise available using medical records, claims, or other available data sets.

Field Implementation
Minimum Score: 1

1

Results are not publicly reported anywhere, though they may be used in individual facilities for identifying anxiety and planning clinical interventions.

References

- California Evidence Based Clearinghouse for Child Welfare Evaluation of SCARED. <http://www.cebc4cw.org/assessment-tool/screen-for-childhood-anxiety-related-emotional-disorders-scared/>. Accessed September 1, 2017