

## **Aligning Quality Measurement to the Future of Pediatric Practice Summit March 31 - April 1, 2015**

### **Meeting Highlights**

#### **Purpose and Objectives**

(Rationale) While pediatric quality measurement is a career for some, many pediatricians and subspecialists seek guidance on how to select and implement quality measures in practice. The profession of pediatrics does not lack in the number of quality measures available to implement with many being developed and published in the last few years. The challenge now is for the profession to reach a consensus around measurement domains and specific measures that are beneficial to children and families, are meaningful to pediatricians and subspecialists, and are clinically relevant at the practice level.

The purpose of this Summit was to bring together experts from across the profession of pediatrics to build and begin working toward a shared agenda for ongoing dialogue, policy, collaborative action, and standardization related to the development, promotion, and implementation of quality health measures that matter for children and families, primary care pediatricians, pediatric subspecialists, researchers, and other stakeholders.

The American Academy of Pediatrics (AAP), in partnership with the American Board of Pediatrics (ABP), convened a national, multi-stakeholder Summit to accomplish the following objectives:

- Develop consensus around 4-5 key Measurement Domains (i.e. population health, continuity of care) that best align to the future direction of child health and the profession of pediatrics;
- Develop consensus around 2-3 sample measures within each selected Measurement Domain that are a priority for the profession to come together to develop;
- Identify keys to successful education, outreach, and integration of measures into day-to-day practices of pediatricians and subspecialists; and
- Outline a recommended pathway for the profession of pediatrics (internal and external partners) to come together and establish an organized approach to addressing Summit objectives.

#### **Meeting Highlights**

Over 35 experts in pediatric quality measurement and leaders within the profession of pediatrics attended the Summit, representing all aspects of measurement and implementation, and multiple stakeholder perspectives (see Appendix A for a full list of participants). The Summit opened with a series of presentations to set the agenda and frame the discussion for the duration of the meeting. Dr Danielle Laraque and Dr Sandra Hassink spoke to the challenge of aligning quality measurement to the practice transformation movement that is impacting all levels of the profession of pediatrics. Shifts in child and family demographics, including a growing number of families living at or below the poverty line, in combination with dramatic changes in pediatric systems and models of care delivery, particularly the emphasis on the medical home model, are changing the way pediatricians provide care and treatment.

Dr Ramesh Sachdeva provided an overview of quality measurement in pediatrics and spoke about the necessity and challenges of making rigorously developed measures meaningful at the practice level. He emphasized the importance of differentiating between measures for improvement in clinical care and measures for accountability, as well as the need for the profession of pediatrics to identify and promote the use of measures that have value to both primary and subspecialty care.

Dr Geoff Simon spoke about the challenges and opportunities of implementing quality measures into the workflow of a busy, day-to-day primary care practice. He noted that pediatricians and subspecialists want to do what is best for children, are motivated to improve and learn, and understand that quality measurement is part of those goals. He stressed that pediatricians need measures that truly demonstrate improvements in care and outcomes, and that measures need to be “user-friendly” for practitioners.

The following key points and challenges emerged from the opening session:

- In pediatrics, we continue to see a gap in health care quality.
- Quality measures, when developed and implemented strategically, can improve child health. For this to happen, children and families need to remain the central focus of all measurement initiatives.
- Practitioners recognize the value of quality measurement and see its potential benefits, yet struggle to identify quality measures in ways that meaningfully impact their patients and practices.
- In order for practitioners to implement quality measures in a way that drives positive, impactful changes in child health and pediatric health care, measures need to be:
  - Evidence-based and grounded in research
  - Clinically relevant
  - Integrated into workflow
  - Meaningful for patients, parents, and families
  - Tied to payment
  - Tied to professional satisfaction and life-long learning

A primary focus of the Summit was to develop a strategy for bridging the gap between what constitutes quality at a *micro* level (i.e., where practitioners are focusing on specific conditions, practices, or individuals) and what constitutes quality at a *macro* level (i.e., population- and systems-levels). To that end, Summit participants identified 5 domains for child health quality measurement that will make a “big picture” difference and yield tangible advancements in child health outcomes:

- Functional Health and Life Course Outcomes
- Care Coordination
- Appropriateness of Care
- Patient and Family Experience
- Social Determinants of Health

Summit participants then worked within each of these domains through a series of interactive sessions to explore potential measures, discuss opportunities and challenges, and share guidance. The following summarizes some key findings:

Potential strategies to share guidance:

- Use established communication channels and events to disseminate measures, launch ideas, and engage pediatricians and subspecialists in meaningful quality measurement;
- Provide feedback to pediatricians and subspecialists on their quality measurement work through Maintenance of Certification (MOC), hospital-based improvement projects, or other practice work;
- Provide toolkits and resources with “ready to use” measures that can be implemented in a meaningful way at the practice level;
- Provide opportunities for pediatricians and subspecialists to participate in learning collaboratives (virtual or in-person); and
- Establish training in quality improvement/quality measurement from medical school and include this as CME.

Potential strategies to integrate into practice:

- Use existing registries as a clearinghouse for metrics and build on other existing work (chapter quality network, etc.);
- Use measures to count for multiple requirements (meaningful use, Medicaid, etc.);
- Collectively advocate for:
  - Pediatric-friendly functionality and common measures within electronic health record (EHR) systems. EHRs should have output that is flexible and can be user-defined; practices should be able to place information in the record *one time* and then pull it out however the user specifies, without re-entry needed
  - Alignment of measures across payers and regulators; and
- Tools and resources that support practice workflow that is inclusive of quality measurement, routine data collection, and a team-based approach.

Meeting participants suggested actionable items for future consideration:

- Generate three aspirational goals for children’s health, and align them to measures;
- Define the core measures that we believe are in the best interest of the profession, then approach EHR vendors and encourage them to add these measures to their products;
- Develop a driver diagram that articulates a vision that can be operationalized and tells the story in a way that brings stakeholders in to the process (some examples already exist);
- Strengthen the business case for child health investment, which drives to a different set of metrics;
- Develop an infrastructure beyond the EHR to use to collect data on these measures in a way that will ease organizational burden and permit standardization (as defined by the profession); and
- Identify existing measures (independent of EHR) to rally around that will help improve child health incomes, and promote their use (possibly link to MOC).

## Suggested Next Steps

Participants agreed that there is a sense of urgency from pediatricians who need measures that can be meaningfully integrated in to practice and demonstrate outcomes, and that this Summit marked the *beginning* of a process to build and implement a strategic framework and working model to support quality measurement in the field of pediatrics. It was determined that it is necessary to convene a short-term work group to focus on identifying meaningful, practical measures that pediatricians and subspecialists can implement right away at the practice level. This group will identify these measures based on criteria they establish, which will take into account how measures are developed (e.g., are they based in sound research methodology? Have they been validated?), as well as the feasibility of implementing these measures in practices (e.g., are they measuring things that are meaningful to practitioners? Are the measures relatively easy to incorporate into workflow?). Once the work group identifies a set of existing measures that meet these criteria, they will develop a plan for disseminating these measures to pediatricians and subspecialists. This group will also create a plan for presenting these measures to payers and advocating for payment.

There was further consensus that this work needs a Steering Committee to focus on long-term goals, oversee future efforts, serve as a hub for short-term work groups, focus on advocacy and leadership at the national level, and identify and engage a broad spectrum of stakeholders to carry pieces of this work forward. As this work progresses and evolves, the Steering Committee will continue to engage summit participants and additional partners in collaborative discussion and action to ensure meaningful integration of evidence-based, clinically relevant quality measures in day-to-day pediatric care.