



Pediatric Quality Measures: What Happened with the National Quality Forum

Sara Copeland, MD
Medical Officer

U.S. Department of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)
Maternal and Child Health Bureau
Division of Children and Youth with Special Health Needs
Genetics Services Branch

Process for NQF Consensus

1. Call for Intent to Submit Candidate Standards
2. Call for Nominations
3. Call for Candidate Standards
4. Candidate Consensus Standard Review 
5. Public and Member Comment
6. Member Voting
7. Consensus Standards Approval Committee Decision
8. Board Ratification
9. Appeals

Candidate Consensus Standard Review

- Proportion of infants covered by newborn bloodspot screening (HRSA)
- Newborn blood spot screening (NCQA)
 - The percentage of children who turned 6 months old during the measurement year who had documentation of newborn metabolic screening by 6 months of age.
- Hearing Screening Measures- from CDC
 - Hearing Screening prior to hospital discharge
 - Hearing Screening refer rate at hospital discharge
 - Outpatient hearing screening of infants who did not complete screening before hospital discharge
 - Infants identified with risk factors for hearing loss within the medical home
 - Infants identified with risk factors for hearing loss and have an audiological diagnosis
 - Audiological evaluation no later than 3 months of age
 - Intervention no later than 6 months of age
 - Referral to intervention within 48 hours

Candidate Review Results

- **Proportion of infants covered by newborn bloodspot screening (HRSA) - Endorse, time limited**
- **Newborn blood spot screening (NCQA) - Do Not Endorse**
 - The percentage of children who turned 6 months old during the measurement year who had documentation of newborn metabolic screening by 6 months of age.
- **Hearing Screening Measures- from CDC**
 - Hearing Screening prior to hospital discharge - Endorse
 - Hearing Screening refer rate at hospital discharge- Do Not Endorse
 - Outpatient hearing screening of infants who did not complete screening before hospital discharge - Endorse, time limited
 - Infants identified with risk factors for hearing loss within the medical home- Do Not Endorse
 - Infants identified with risk factors for hearing loss and have an audiological diagnosis- Skipped (Withdrawn because of dependence on above
 - Audiological evaluation no later than 3 months of age - Endorse
 - Intervention no later than 6 months of age- Endorse
 - Referral to intervention within 48 hours - Do Not Endorse

Discussion of Endorsed Measures

- **Proportion of infants covered by Newborn Bloodspot Screening (NBS) –**
 - What percentage of infants had bloodspot newborn screening performed as mandated by state of birth?
 - The number of infants born will come from state birth certificates and hospital discharge records. Details of each state mandate will define which infants may be excluded

Discussion of Endorsed Measures

- **Hearing screening prior to hospital discharge –**
 - This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge.
- **Outpatient hearing screening of infants who did not complete screening before hospital discharge –**
 - This measure assesses the proportion of all newborn infants who did not complete a hearing screen prior to discharge, who went on to receive an outpatient screen before the child was 31 days of age.
- **Audiological Evaluation no later than 3 months of age**
 - This measure assesses the percentage of newborns who did not pass hearing screening and have an audiological evaluation no later than 3 months of age.
- **Intervention no later than 6 months of age**
 - This measure assesses the proportion of infants with permanent hearing loss who have been referred to intervention services no later than age 6 months of age

Next Steps

- a draft of the committee's recommendations--or "draft report"-- is posted on the NQF website for review and comment by members of NQF and the public.

End Result if Endorsed

- Since NQF's inception, the Institute of Medicine (IOM), federal task forces, and major stakeholders have recommended that it be tasked with managing a set of standardized quality measurements.
- In January 2009, NQF entered into a contract with the Department of Health and Human Services to help establish a portfolio of quality and efficiency measures for use in reporting on and improving healthcare quality.
- The federal government uses standardized performance measures in its public reporting and payment programs. NQF-endorsed measures are the measures of first choice by the federal government and private purchasers. ...set the stage for standardization and public reporting

Previous Measures: Aortic Aneurysm

- With NQF's endorsement decision, the measures are deemed scientifically acceptable and suitable for public reporting. CMS has indicated that these measures are intended for public reporting purposes, and is considering including these proposed measures for payment determination



Contact:

Sara Copeland, MD

Medical Officer

scopeland@hrsa.gov

301-443-8860