PUBLIC COMMENT SUMMARY REPORT

Project Title: CHIPRA Electronic Clinical Quality Measure Validity Testing 2016

Dates:

The Call for Public Comment ran from November 21, 2017 to December 20, 2017.

The Public Comment Summary was made on January 29, 2018.

Project Overview:

The Office of the National Coordinator for Health Information Technology (ONC) has contracted with Mathematica Policy Research to conduct testing on two pediatric electronic clinical quality measures (eCQM) focused on the completion of pediatric screenings. The first measure—Vision Screening and Referral in Children—was described in a separate public comment call posting.

The second measure – ADHD: Symptom Reduction in Follow-up Period – calculates the percentage of children, ages 4 through 18, with a diagnosis of attention-deficit hyperactivity disorder (ADHD), who demonstrated a 25 percent reduction in symptoms within 12 months from their baseline assessment as measured using the National Institute for Children’s Health Quality (NICHQ) Vanderbilt Assessment Scales, regardless of treatment prescribed. A summary of the ADHD: Symptom Reduction in Follow-up Period measure that was posted for public comment is included in Appendix A.

The contract name is CHIPRA Electronic Clinical Quality Measure Validity Testing 2016. The contract number is HHSP233201600017I, task order HHSP23337006T. As part of its measure development process, ONC requested that interested parties submit comments on the ADHD: Symptom Reduction in Follow-up Period measure being tested under this project.

Project Objectives:

The project’s primary objectives include:

• Complete feasibility, validity, and reliability testing on the two pediatric eCQMs;
• Gather patient perspective on the importance and usability of the measures;
• Revise measure specifications, as is necessary, based on the testing results.

Information about the comments received:

The project team conducted outreach to notify stakeholders and the general public about the comment period. Outreach included the following:

• Posting on the CMS public comment website
• Sending emails to the following stakeholders and stakeholder organizations:
  o Academic Pediatric Association
American Academy of Child & Adolescent Psychiatry
American Academy of Family Physicians
American Academy of Nursing
American Academy of Pediatricians
American Association for Physician Leadership
American Board of Family Medicine
American Board of Medical Specialties
American Board of Pediatrics
American Board of Psychiatry and Neurology
American Health Information Management Association
American Medical Association
American Medical Group Association
American Medical Informatics Association
American Pediatric Society
American Psychiatric Association
American Psychiatric Nurses Association
American Psychological Association
Association of American Educators
CHADD (The National Resource on ADHD)
Council of Pediatric Subspecialties
Family Voices
Healthcare Information and Management Systems Society (HIMSS) Electronic Health Record Association
Mathematica Patient Family Advisory Board
Institute for Healthcare Improvement
Institute for Patient- and Family-Centered Care
National Association of Pediatric Nurse Practitioners
National Association of Social Workers
National Institute for Children's Health Quality
National Patient Advocate Foundation
National Patient Safety Foundation
Patient Voice Institute
School Social Work Association of America
The American Council for School Social Work
The Society for Developmental and Behavioral Pediatrics

Requesting information about the public comment posting be shared within the following forums, workgroups, listservs, newsletters, or group meetings:

- C3 Forum
- eCQI Resource Center
- eHealth Provider Workgroup
- eHealth Vendor Workgroup
Stakeholder comments—general and measure-specific

We received one comment about the ADHD: Symptom Reduction in Follow-up Period measure from the American Psychiatric Association (APA). This submission had five distinct concerns about the measure.

These comments and responses listed below are summary statements. Verbatim comments and associated responses can be found in the table at the end of this document.

1. A potential negative unintended consequence of this measure is that a patient could receive an incorrect diagnosis of ADHD.

Response: This measure does not assess the appropriateness of an ADHD diagnosis, but instead assesses a patient’s symptom improvement based on the assumption of an accurate diagnosis.

2. The exclusion criteria share similar symptoms with ADHD, therefore the appropriate patients may not be included in the measure.

Response: Patients are excluded from the denominator if they are diagnosed with any of the comorbid conditions included in the exclusion criteria. The goal of the exclusions is to limit the possibility that lack of improvement in a patient’s ADHD symptoms is due to their comorbid conditions. This measure does not assess the appropriateness of an ADHD diagnosis, but instead assesses a patient’s symptom improvement based on the assumption of an accurate diagnosis.

3. This measure omits the action responsible for achieving symptom reduction.

Response: The proposed measure is an outcome measure designed to identify the proportion of patients who achieve a 25 percent symptom reduction between the beginning of treatment and follow-up. The measure is agnostic to the choice of treatment and is not prescriptive about the process used, relying on clinician judgment to achieve the desired outcome. As noted in the clinical recommendation statement, depending on the patient’s age, either behavioral therapy or FDA-approved medication may be an appropriate approach to achieving symptom reduction. If a practice’s staff choose to do so, they could monitor their physicians’ use of different treatments, but this process tracking is outside of the measure’s parameters.

4. Given that this measure evaluates screenings completed by classroom teachers, the APA was concerned that there may be diminished validity and reliability of the information reported due to educational quality (for example, unique teacher traits such as patience and experience, class size, classroom set up, and available student accommodations), which can vary from one school year to the next. APA recommended aligning the measurement period with the school year, since academic performance and academic demands may vary between school years.
Response: If the measure is implemented into a federal quality-reporting program, the typical reporting measurement period aligns with calendar year reporting. The goal of providing a 12-month follow-up period from the baseline assessment is to allow providers time to identify and implement a treatment regime that is effective for the patient. Although we acknowledge that the patient’s teacher will likely change between the school years, the measure also allows for the use of parent assessments to evaluate symptom change. If a 25 percent improvement is seen between the parent’s baseline and follow-up assessments or the teacher’s baseline and follow-up assessments, the patient is included in the measure’s numerator.

5. The specified desire for a 25 percent reduction in symptoms will be difficult to interpret given known variation in pediatricians’ diagnoses of ADHD.

Response: This measure does not assess the appropriateness of an ADHD diagnosis, but instead assesses a patient’s symptom improvement. The 25 percent symptom reduction is assessed using the patient’s baseline and follow-up Vanderbilt results. The measure specifies that the baseline assessment meets the ADHD diagnostic threshold so that there is room for improvement in the scores. The 25 percent reduction threshold was based on a literature review and expert workgroup led by Donna Woods that concluded that a 25 percent reduction was an achievable symptom reduction goal regardless of the type of treatment the provider provided to the patient (Sachdeva et al. 2013).

Preliminary recommendations

Given the recommendations above, we made no revisions to the measure specification. The full verbatim public comments and associated responses can be found in the table at the end of this document.

Overall analysis of the comments and recommendations

We expect that the concerns outlined in this comment will be common questions asked about this measure. We hope the feedback we provided addresses the concerns expressed in the comment.

References

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
<th>Denominator</th>
<th>Denominator exclusion</th>
<th>Numerator</th>
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</thead>
<tbody>
<tr>
<td>ADHD: Symptom Reduction in Follow-up Period</td>
<td>The percent of children ages 4 through 18, with a diagnosis of attention-deficit hyperactivity disorder (ADHD), who demonstrated a 25 percent reduction in symptoms within 12 months from their baseline assessment as measured using the National Institute for Children's Health Quality (NICHQ) Vanderbilt Assessment Scales, regardless of treatment prescribed.</td>
<td>Patients ages 4 through 18, with a visit during the measurement period, who have an active diagnosis of ADHD, and who met the following criteria:</td>
<td>Patients with a diagnosis of any of the following disorders that began before the start of the encounter that occurred during the measurement period:</td>
<td>Patients who demonstrated a 25 percent reduction in either or both of the inattentive or hyperactive symptom mean scores from either the teacher or parent perspectives within 12 months from the baseline Vanderbilt assessment.</td>
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<tr>
<td>Date Posted</td>
<td>Measure</td>
<td>Text of Comments</td>
<td>Name, Credentials, and Organization of Commenter</td>
<td>Response</td>
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<td>12/19/2017</td>
<td>ADHD: Symptom Reduction in Follow-up Period</td>
<td>We assume this measure is intended for use by pediatricians, and not mental health specialty care providers. Granted this will seemingly improve access to care, and more children will be prescribed stimulants, which is a good thing from the perspective of more mental health problems being treated at an early age. However, a negative unintended consequence of this measure is the likelihood of the patient receiving the correct diagnosis of ADHD.</td>
<td>American Psychiatric Association</td>
<td>Thank you for your comment. This measure may be used for either pediatricians or specialists focused on treating pediatric patients with mental and behavioral health diagnoses. This measure does not assess the appropriateness of an ADHD diagnosis but instead assesses a patient’s symptom improvement based on the assumption of an accurate diagnosis.</td>
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<td>12/19/2017</td>
<td>ADHD: Symptom Reduction in Follow-up Period</td>
<td>We question the measure’s exclusion criteria, particularly in light of concerns that the correct diagnosis of ADHD is made. Considering the conditions included in the exclusion criteria share similar symptoms with ADHD, are the appropriate patients being included in this quality measure, and therefore illustrating accurate clinician performance as it relates to this patient population? Further, who is specified to make the diagnoses outlined in the measure exclusions. While there is guidance by the AAP for pediatricians to follow for the diagnosis and treatment of patients with ADHD, the diagnostic accuracy of measure excluded conditions, like Bipolar Disorder, are reduced.</td>
<td>American Psychiatric Association</td>
<td>Thank you for your comment. Patients are excluded from the denominator if they are diagnosed with any of the comorbid conditions included in the exclusion criteria. The goal of the exclusions is to limit the possibility that lack of improvement in a patient’s ADHD symptoms is due to their comorbid conditions. This measure does not assess the appropriateness of an ADHD diagnosis but instead assesses a patient’s symptom improvement based on the assumption of an accurate diagnosis.</td>
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<td>12/19/2017</td>
<td>ADHD:</td>
<td>This measure omits the action responsible for achieving symptom reduction. What is the benefit of this measure in an accountability program or internal quality improvement program? What would an outcome measure that does not explicitly examine the outcomes resulting from a specific treatment illustrate about the quality of care provided? Also, how can a physician’s office use the findings to enact quality improvement, if they don’t know what to improve?</td>
<td>American Psychiatric Association</td>
<td>Thank you for your comment. This measure is an outcome measure designed to identify the proportion of patients who achieve a 25 percent symptom reduction between the beginning of treatment and follow-up. The measure is agnostic to the choice of treatment and is not prescriptive about the process used, relying on clinician judgment to achieve the desired outcome. As noted in the clinical recommendation statement, depending on the patient’s age, either behavioral therapy or FDA-approved medication may be an appropriate approach to achieving symptom reduction. If a practice’s staff choose to do so, they could monitor their physicians’ use of different treatments, but this process tracking is outside of the measure’s parameters.</td>
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<td>ADHD:</td>
<td>The 12-month maximum range in time between the initial patient diagnostic visit and the follow-up visit presents a wide range of variability. Given that this measure evaluates screenings completed by classroom teachers, much could be said about the possibility for diminished validity and reliability of the information reported because educational quality (e.g., unique teacher traits like patience and experience; class size; classroom set up; available student accommodations; etc.) can alter from one school year to the next. It might be feasible to measure this directly in relation to the school year since it is about academic performance, and academic demands will vary more between years than within years. Measurement periods could occur and be informed by prior year visits, like June 30 of the following year if diagnosed between July and December, or by December 30, if diagnosed between January and June.</td>
<td>American Psychiatric Association</td>
<td>Thank you for your comment and suggestion. If the measure is implemented into a federal quality-reporting program, the typical measurement period aligns with calendar year reporting. The goal of providing a 12-month follow-up period from the baseline assessment is to allow providers time to identify and implement a treatment regime that is effective for the patient. Although we acknowledge that the patient’s teacher will likely change between the school years, the measure also allows for the use of parents’ assessments to evaluate symptom change. If a 25 percent improvement is seen between the parent’s baseline and follow-up assessments or the teacher’s baseline and follow-up assessments, the patient is included in the measure’s numerator.</td>
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<td>12/19/2017</td>
<td>ADHD: Symptom Reduction in Follow-up Period</td>
<td>The specified desire for a 25% reduction in symptoms will be difficult to interpret based on known variation of pediatricians diagnoses of ADHD. Further, there is no scientific evidence that a 25% reduction in symptoms equates to falling below diagnostic threshold.</td>
<td>American Psychiatric Association</td>
<td>Thank you for your comment. This measure does not assess the appropriateness of an ADHD diagnosis but instead assesses a patient’s symptom improvement. The 25 percent symptom reduction is assessed using the patient’s baseline and follow-up Vanderbilt results. The measure specifies that the baseline assessment meet the ADHD diagnostic threshold so that there is room for improvement in the scores. The 25 percent reduction threshold was based on a literature review and expert workgroup led by Donna Woods that concluded that a 25 percent reduction was an achievable symptom reduction goal regardless of the type of treatment the provider provided to the patient (Sachdeva et al. 2013).</td>
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Source: ADHD: Symptom Reduction in Follow-up Period measure’s public comment period than spanned from November 21 to December 20, 2017. Comments were captured in JIRA.

Note: Citations indicated in the comments column are copied verbatim from the public comment submission.