

Re: Overlooked Quality Measures

We read with interest the recently published article, "Categorization of National Pediatric Quality Measures," by House et al.¹

Although the authors reported the methods by which they identified 257 unique quality measures focused on children, we were surprised they did not find several that were contained within the National Quality Measure Clearinghouse (NQMC) maintained by the Agency for Healthcare Research and Quality. Our Center of Excellence in the Pediatric Quality Measures Program had 35 pediatric-specific quality measures accepted into the NQMC and posted online by the NQMC before December 31, 2015. This was the date the authors reported as the last date of searching for inclusion in their results. Of our measures posted by the NQMC, 18 were for the care of children with sickle cell disease, 5 for pediatric sepsis, 5 for follow-up of high BMI in the outpatient setting, 2 for the availability of subspecialists, and 1 for the overuse of imaging. We were indeed surprised to note that none of our measures appear to be included in the study by House et al.

Given these omissions, we were left wondering whether there might be other measures, posted in national resources for quality measures, similarly not found by the authors and what impact this may have on the results of their study.

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CONFLICT OF INTEREST: The authors have indicated they have no potential conflicts of interest to disclose.

REFERENCE

1. House SA, Coon ER, Schroeder AR, Ralston SL. Categorization of national pediatric quality measures. *Pediatrics*. 2017;139(4): e20163269

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Authors' Response

We appreciate Drs Freed and Dombkowski's comments about the measures included in our study. For this article, our focus was on identifying and categorizing broadly used pediatric quality measures with national uptake, with a particular focus on those measure sets required for regulatory or public reporting. We regret that we did not better delineate this focus within the methods section of our article. The landscape of pediatric quality measurement is ever-changing, and there are countless measure sets evolving through various stages of development at any given point in time. To the best of our understanding, the Pediatric Quality

Measures Program Centers for Excellence are engaging in iterative work to develop, test, and implement quality measures surrounding topics that are critical to pediatric health care. These centers have done excellent work to propose measures that are reliable and valid, and through continued efforts, these measures are likely to be implemented and adopted on a broad scale. However, at the time of our data gathering, it was our impression that measures from these Centers were still undergoing rigorous review and had not yet been widely adopted. The work being done at the Pediatric Quality Measures Program Centers for Excellence is critically important to this field, and we look forward to seeing how the rigorous processes used at these centers advance quality measurement in the field of pediatrics, in particular, as these measures are integrated into the landscape of publicly reported measures applicable to children. We thank Drs Freed and Dombkowski for their comments and their important work in this area.

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