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# Child and Adult Core Sets Annual Review Workgroup

## Meeting to Review Measures for the 2027 Core Sets
## Day 2

**February 5, 2025**

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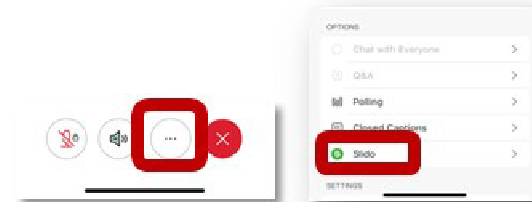


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# Welcome and Review Day 1

# Workgroup Members Roll Call

# Workgroup Roll Call

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# 2027 Core Sets Annual Review Workgroup *(1/4)*

| Voting Members | |
|---|---|
| **Co-Chair: Kim Elliott,** PhD, MA, CPHQ, CHCA | Health Services Advisory Group |
| **Co-Chair: Rachel La Croix,** PhD, PMP<br>*Nominated by the National Association of Medicaid Directors* | Florida Agency for Health Care Administration |
| **Benjamin Anderson,** JD | Families USA |
| **Richard Antonelli,** MD, MS | Boston Children's Hospital |
| **Palav Babaria,** MD, MHS | California Department of Health Care Services |
| **Stacey Bartell,** MD<br>*Nominated by the American Academy of Family Physicians* | American Academy of Family Physicians |
| **Laura Boutwell,** DVM, MPH<br>*Nominated by the National Association of Medicaid Directors* | Virginia Department of Medical Assistance Services |
| **Matt Brannon,** MBA<br>*Nominated by the National Association of Medicaid Directors* | West Virginia Bureau for Medical Services |
| **Emily Brown** | Attane Health |
| **Joanne Bush,** MFSC<br>*Nominated by the National Association of Medicaid Directors* | Iowa Department of Human Services |
| **Stacey Carpenter,** PsyD, IMH-E® | ZERO TO THREE |

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# 2027 Core Sets Annual Review Workgroup *(2/4)*

| Voting Members | |
|---|---|
| **Roshanda Clemons,** MD<br>*Nominated by the Medicaid Medical Directors Network* | Nevada Department of Health and Human Services |
| **Lindsay Cogan,** PhD, MS | New York State Department of Health |
| **Erica David-Park,** MD, MBA, FAAPMR | AmeriHealth Caritas |
| **Anne Edwards,** MD, FAAP<br>*Nominated by American Academy of Pediatrics* | American Academy of Pediatrics |
| **Clara Filice,** MD, MPH, MHS<br>*Nominated by the Medicaid Medical Directors Network* | MassHealth |
| **Angela Filzen,** DDS<br>*Nominated by the American Dental Association* | G.A. Carmichael Family Health Center |
| **Sara Hackbart,** MS<br>*Nominated by the National MLTSS Health Plan Association* | Elevance Health |
| **Richard Holaday,** MHA<br>*Nominated by the National Association of Medicaid Directors* | Delaware Division of Medicaid and Medical Assistance |
| **Jeff Huebner,** MD, FAAFP<br>*Nominated by the National Association of Medicaid Directors* | Wisconsin Department of Health Services |
| **David Kelley,** MD, MPA | Pennsylvania Department of Human Services |

# 2027 Core Sets Annual Review Workgroup *(3/4)*

| Voting Members | |
|---|---|
| **David Kroll,** MD<br>*Nominated by the American Psychiatric Association* | Department of Psychiatry, Mass General Brigham Health, Harvard Medical School |
| **Jakenna Lebsock,** MPA | Arizona Health Care Cost Containment System (AHCCCS) |
| **Hannah Lee-Brown,** PharmD, RPh, CPHQ<br>*Nominated by the Academy of Managed Care Pharmacy* | Novo Nordisk |
| **Katherine Leyba**<br>*Nominated by the National Association of Medicaid Directors* | New Mexico Human Services Department |
| **Chimene Liburd,** MD, MBA, FACP, CPE, CPC<br>*Nominated by the Medicaid Medical Directors Network* | The District of Columbia Health Care Finance Agency |
| **Angela Parker,** RHIT<br>*Nominated by the National Association of Medicaid Directors* | Kentucky Department of Medicaid Services |
| **Lisa Patton,** PhD | CVP |
| **Laura Pennington,** MHL<br>*Nominated by the Medicaid Medical Directors Network* | Washington Health Care Authority |
| **Grant Rich,** PhD, MA | Alaska Department of Health |
| **Lisa Satterfield,** MS, MPH, CAE, CPH<br>*Nominated by the American College of Obstetricians and Gynecologists* | American College of Obstetricians and Gynecologists |

# 2027 Core Sets Annual Review Workgroup *(4/4)*

| Voting Members | |
|---|---|
| **Bonnie Silva**<br>*Nominated by ADvancing States* | Colorado Department of Health Care Policy & Financing |
| **Kai Tao,** ND, MPH, FACNM<br>*Nominated by the American College of Nurse-Midwives* | Illinois Contraceptive Access Now of AllianceChicago and Erie Family Health Center |
| **Sara Tomlinson,** DDS, RDH<br>*Nominated by the American Dental Association* | North Carolina Department of Health and Human Services |
| **Bonnie Zima,** MD, MPH<br>*Nominated by the American Academy of Child and Adolescent Psychiatry and American Psychiatric Association* | UCLA Mental Health Informatics & Data Science (MINDS) Hub |

# 2027 Core Sets Annual Review Workgroup: Federal Liaisons

| Federal Liaisons (Non-voting) |
| --- |
| Agency for Healthcare Research and Quality, DHHS |
| Center for Clinical Standards and Quality, CMS, DHHS |
| Centers for Disease Control and Prevention, DHHS |
| Health Resources and Services Administration, DHHS |
| Office of the Assistant Secretary for Planning and Evaluation, DHHS |
| Office of Disease Prevention and Health Promotion, DHHS |
| Substance Abuse and Mental Health Services Administration, DHHS |
| US Department of Veteran Affairs |

# Measure Suggested for Addition:

# Depression Remission or Response for Adolescents and Adults

# Measures on the 2026 Core Sets Related to Depression Remission or Response for Adolescents and Adults *(1/2)*

| Measure Name | Data Collection Method | Number of States Reporting for 2023 Core Sets |
|---|---|---|
| **Child Core Set** | | |
| Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH) | Administrative or EHR | 26 |
| Postpartum Depression Screening and Follow-Up: Under Age 21 (PDS-CH)* | ECDS | Not applicable (new to 2025 Core Set) |
| Prenatal Depression Screening and Follow-Up: Under Age 21 (PND-CH)* | ECDS | Not applicable (new to 2026 Core Set) |

*** Provisional Core Set measure (voluntary for 2026 reporting)**

EHR = electronic health record; ECDS = Electronic Clinical Data Systems. Data systems that may be eligible for ECDS reporting include, but are not limited to, member eligibility files, electronic health records, personal health records, clinical registries, health information exchanges, administrative claims systems, electronic laboratory reports, electronic pharmacy systems, immunization information systems, and disease/case management registries.

# Measures on the 2026 Core Sets Related to Depression Remission or Response for Adolescents and Adults *(2/2)*

| Measure Name | Data Collection Method | Number of States Reporting for 2023 Core Sets |
|---|---|---|
| **Adult Core Set** | | |
| Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD) | Administrative or EHR | 31 |
| Postpartum Depression Screening and Follow-Up: Age 21 and Older (PDS-AD)* | ECDS | Not applicable (new to 2025 Core Set) |
| Prenatal Depression Screening and Follow-Up: Age 21 and Older (PND-AD)* | ECDS | Not applicable (new to 2026 Core Set) |

*** Provisional Core Set measure (voluntary for 2026 reporting)**

EHR = electronic health record; ECDS = Electronic Clinical Data Systems. Data systems that may be eligible for ECDS reporting include, but are not limited to, member eligibility files, electronic health records, personal health records, clinical registries, health information exchanges, administrative claims systems, electronic laboratory reports, electronic pharmacy systems, immunization information systems, and disease/case management registries.

# Addition: Depression Remission or Response for Adolescents and Adults *(1/4)*

| | |
|---|---|
| **Description** | The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9[a] score, who had evidence of response or remission within 120-240 days (4–8 months) of the elevated score. The following rates are reported:<br>1. **Follow-Up PHQ-9.** The percentage of members who have a follow-up PHQ-9 score documented within 120−240 days (4–8 months) after the initial elevated PHQ-9 score.<br>2. **Depression Remission.** The percentage of members who achieved remission within 120−240 days (4–8 months) after the initial elevated PHQ-9 score.<br>3. **Depression Response.** The percentage of members who showed response within 120−240 days (4–8 months) after the initial elevated PHQ-9 score. |
| **Measure steward** | National Committee for Quality Assurance (NCQA) |
| **Measure type** | Outcome |
| **Suggested to replace current measure?** | No. The individual who suggested this measure noted that there are behavioral health measures in the Core Sets, such as Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH) and Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD), that indicate whether a depression screening has occurred and if there was follow-up. This measure differs from those other measures since it is an outcome measure that would indicate results of depression screenings, as well as the efficacy of the follow-up on positive screening results. |

[a] The Patient Health Questionnaire (PHQ)-9 is a nine-item depression module that assesses mental health disorders. More information and the list of questions is available at https://pmc.ncbi.nlm.nih.gov/articles/PMC1495268/.

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# Addition: Depression Remission or Response for Adolescents and Adults *(2/4)*

| | |
|---|---|
| **Data collection method** | HEDIS Electronic Clinical Data Systems (ECDS)<br>(Note: ECDS includes data from administrative claims, electronic health records, case management systems, and health information exchanges/clinical registries.) |
| **Denominator** | Members ages 12 and older as of the start of the intake period (May 1 of the year prior to the measurement period through April 30 of the measurement period) who meet both of the following criteria:<br>• Meet requirements for participation.*<br>• Meet the depression encounter and PHQ-9 total score requirements as described by the index episode start date (IESD). The IESD is the earliest date during the intake period when a member has a PHQ-9 total score greater than 9 documented within a 31-day period, including and around (15 days before and 15 days after) an interactive outpatient encounter** with a diagnosis of major depression or dysthymia.<br>The measure's denominator is the same for all three rates within each age group.<br>* The definition for participation is shown on the next slide.<br>** An interactive outpatient encounter is a bidirectional communication that is face-to-face, phone based, an e-visit or virtual check-in, or via secure electronic messaging. This does not include communications for scheduling appointments. |

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# Addition: Depression Remission or Response for Adolescents and Adults *(3/4)*

| | |
|---|---|
| **Denominator** (continued) | Participation is defined as the identifiers and descriptors for each organization’s coverage used to define members’ eligibility for measure reporting. Participation includes both allocation and continuous enrollment criteria.<br>• Allocation criteria: The member was enrolled with a medical benefit from May 1 of the year prior to the measurement period through December 31 of the measurement period.<br>• Continuous enrollment criteria: The member must be enrolled with a medical benefit from May 1 of the year prior to the measurement period through December 31 of the measurement period. A gap in enrollment is allowed only in the measurement period (January 1 to December 31). No gaps in enrollment are allowed from May 1 of the year prior to the measurement period through December 31 of the year prior to the measurement period. The member must be enrolled on the last day of the measurement period. |
| **Numerator** | The measure includes numerators for three rates:<br>1. **Depression Follow-Up.** A PHQ-9 total score in the member’s record during the depression follow-up period (120−240 days after the IESD).<br>2. **Depression Remission.** Members who achieve remission of depression symptoms, as demonstrated by the most recent PHQ-9 total score of less than 5 during the depression follow-up period (120−240 days after the IESD).<br>3. **Depression Response.** Members who indicate a response to treatment for depression, as demonstrated by the most recent PHQ-9 total score of at least 50 percent lower than the PHQ-9 score associated with the IESD, documented during the depression follow-up period (120−240 days after the IESD). |

# Addition: Depression Remission or Response for Adolescents and Adults *(4/4)*

| | |
|---|---|
| **Stratifications** | The HEDIS Measurement Year 2025 measure specifications include stratifications by age group (12-17 years, 18-44 years, 45-64 years, and 65 years and older) for this measure. NCQA, the measure steward, noted that the measure may be considered for stratification by race and ethnicity, along with additional stratification categories, when the number of health plan submissions and average denominator sizes are consistently sufficient to support these changes. |
| **Testing or use in state Medicaid and CHIP programs** | The measure was field-tested in Medicaid in 2014, with the testing dataset including one Medicaid health plan with an integrated delivery system, as well as aggregate data from five Medicaid health plans.<br>California Medicaid is currently using this measure as part of the state's Medi-Cal Accountability Set, requiring all managed care plans to report on this measure. As of data from 2022, Massachusetts, Pennsylvania, Washington, and Wisconsin also collect data on this measure, with Massachusetts using the measure in value-based purchasing. |
| **Other** | Logical Observation Identifiers Names and Codes (LOINC) codes are required to determine the result of the PHQ-9 screening, which is required for the denominator and numerator calculations. |

# Workgroup Member Discussion

# Opportunity for Public Comment

# Vote on Measure

# Additions: Measure Vote #3

**Should the Depression Remission or Response for Adolescents and Adults measure be added to the Core Sets?**

- Yes, I recommend adding this measure to the Core Sets
- No, I do not recommend adding this measure to the Core Sets

Measure Suggested for Addition:
Initial Opioid Prescribing for Long Duration

# Measures on the 2026 Core Sets Related to Initial Opioid Prescribing for Long Duration

| Measure Name | Data Collection Method | Number of States Reporting for 2023 Core Set |
|---|---|---|
| **Adult Core Set** | | |
| Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD) | Administrative | 42 |
| Concurrent Use of Opioids and Benzodiazepines (COB-AD) | Administrative | 38 |

# Addition: Initial Opioid Prescribing for Long Duration *(1/2)*

| | |
|---|---|
| **Description** | The percentage of individuals aged 18 years and older with at least one initial opioid prescription for more than seven cumulative days' supply. A lower rate indicates better performance. |
| **Measure steward** | Pharmacy Quality Alliance (PQA) |
| **Measure type** | Process |
| **Suggested to replace current measure?** | Yes, Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD). Note that the OHD-AD measure will be retired for the 2026 Adult Core Set. |
| **Data collection method** | Administrative |
| **Denominator** | Individuals who meet all the following criteria:<br>• One or more prescription claims for an opioid during the measurement year.<br>• A negative medication history for any opioid medication during a lookback period of 90 days prior to each opioid prescription claim.<br><br>Notes:<br>• The prescription claims can be for the same or different opioids.<br>• For multiple opioid claims with the same date of service, calculate the number of days covered by an opioid using the prescription claims with the longest days' supply.<br>• For multiple opioid claims with different dates of service, sum the days' supply for all the prescription claims regardless of overlapping days' supply.<br>• Count the unique individuals (i.e., if an individual has multiple lookback periods, count the individual only once in the denominator). |

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# Addition: Initial Opioid Prescribing for Long Duration *(2/2)*

| | |
|---|---|
| **Numerator** | Individuals from the denominator population with over seven cumulative days' supply for all opioid prescription claims within any opioid initiation period.*<br><br>* Defined as the three-day time period when the numerator is assessed and includes the date of the initial opioid prescription plus two days. Since individuals may have multiple initial opioid prescriptions, there may be multiple opioid initiation periods (meaning that an individual may have multiple opportunities to fall into the numerator multiple times). If the opioid initiation period extends beyond the end of the measurement year, the opioid initiation period is truncated to the last day of the measurement year (i.e., December 31). |
| **Stratification** | PQA, the measure steward, indicated that this measure allows for stratification by race, ethnicity, sex, and geography. They confirmed that they currently stratify their measures by age and sex during their standard measure testing process, but not by race, ethnicity, and geography. PQA piloted optional collection of race and ethnicity data in its most recent testing plans. |
| **Testing or use in state Medicaid and CHIP programs** | The measure was tested using Medicaid administrative claims data (i.e., prescription claims and medical claims) and enrollment data from four states. The measure steward was not aware of any state Medicaid and/or CHIP programs that are currently using the measure. The measure steward also noted that while PQA measures are developed and specified at the health plan level, specifications can be (and have been) successfully applied to the state level. |
| **Other** | The measure steward anticipates adding a cancer-related pain exclusion beginning in February 2025, which is additive to the current cancer diagnosis exclusion and is intended to better align with CDC guidelines and further avoid unintended consequences. |

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# Workgroup Member Discussion

# Opportunity for Public Comment

# Vote on Measure

# Additions: Measure Vote #4

**Should the Initial Opioid Prescribing for Long Duration measure be added to the Core Sets?**

- Yes, I recommend adding this measure to the Core Sets
- No, I do not recommend adding this measure to the Core Sets

# Break

# Measure Suggested for Addition:

# Early Childhood Oral Evaluation by a Dental Provider Following a Medical Preventive Service Visit

# Measure on the 2026 Core Sets Related to Early Childhood Oral Evaluation by a Dental Provider Following a Medical Preventive Service Visit

| Measure Name | Data Collection Method | Number of States Reporting for 2023 Core Set |
|---|---|---|
| **Child Core Set** | | |
| Oral Evaluation, Dental Services (OEV-CH) | Administrative | 39 |

# Addition: Early Childhood Oral Evaluation by a Dental Provider Following a Medical Preventive Service Visit *(1/2)*

| | |
|---|---|
| **Description** | Percentage of enrolled children aged six months through five years who received a comprehensive or periodic oral evaluation with a dental provider within six months following a medical preventive service visit. |
| **Measure steward** | American Dental Association on behalf of the Dental Quality Alliance (DQA) |
| **Measure type** | Process |
| **Suggested to replace current measure?** | No |
| **Data collection method** | Administrative |
| **Denominator** | Unduplicated number of enrolled children aged six months through five years with a medical preventive service visit between July 1 of the year prior to the reporting year and June 30 of the reporting year. |
| **Numerator** | Unduplicated number of enrolled children aged six months through five years who received a comprehensive or periodic oral evaluation as a dental service within six months following a medical preventive service. |
| **Stratifications** | The technical specifications include stratifications by age group (ages 6 months to <1 year, ages 1 through 2, and ages 3 through 5) for this measure. The measure steward indicated that stratification of the measure by additional factors is feasible, as demonstrated by the DQA oral health dashboard, which reports all measures stratified by age, race/ethnicity, sex, and geography, among other characteristics for which there is sufficient data completeness. |

# Addition: Early Childhood Oral Evaluation by a Dental Provider Following a Medical Preventive Service Visit *(2/2)*

| | |
|---|---|
| **Testing or use in state Medicaid and CHIP programs** | Testing was conducted using Medicaid and CHIP enrollment and claims data contained within the Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF) from CMS using data for the following states: Alaska, Delaware, Michigan, New Mexico, North Carolina, and Washington.<br>This measure was approved at DQA's June 2024 membership meeting; consequently, the measure has not yet been implemented by state programs. This measure is included in DQA's online, interactive oral health dashboard for reporting dental quality measures using T-MSIS data for all 50 states plus DC. The DQA dashboard is available at: https://www.ada.org/resources/research/dental-quality-alliance/dqa-improvement-initiatives. |

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# Workgroup Member Discussion

# Opportunity for Public Comment

# Vote on Measure

# Additions: Measure Vote #5

**Should the Early Childhood Oral Evaluation by a Dental Provider Following a Medical Preventive Service Visit measure be added to the Core Sets?**

- **Yes, I recommend adding this measure to the Core Sets**
- **No, I do not recommend adding this measure to the Core Sets**

Measure Suggested for Addition:
Adults with Diabetes – Oral Evaluation

# Measures on the 2026 Core Sets Related to Adults with Diabetes – Oral Evaluation

| Measure Name | Data Collection Method | Number of States Reporting for 2023 Core Set |
|---|---|---|
| **Adult Core Set** | | |
| Oral Evaluation During Pregnancy: Ages 21 to 44 (OEVP-AD) | Administrative | Not applicable (new to 2025 Core Set) |
| Glycemic Status Assessment for Patients with Diabetes (GSD-AD) | Administrative or hybrid | 37* |
| PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD) | Administrative | 40 |

* Hemoglobin A1c Control for Patients With Diabetes (HBD-AD) was modified by the measure steward and renamed as Glycemic Status Assessment for Patients with Diabetes (GSD-AD) in the 2025 Adult Core Set. The number of states reporting column reflects the number of states who reported the previous version of the measure for 2023 Adult Core Set reporting.

# Addition: Adults with Diabetes – Oral Evaluation *(1/2)*

| | |
|---|---|
| **Description** | Percentage of enrolled adults aged 18 years and older with diabetes who received a comprehensive or periodic oral evaluation or a comprehensive periodontal evaluation within the reporting year. |
| **Measure steward** | American Dental Association on behalf of the Dental Quality Alliance (DQA) |
| **Measure type** | Process |
| **Suggested to replace current measure?** | No |
| **Data collection method** | Administrative |
| **Denominator** | Unduplicated number of enrolled adults aged 18 years and older with diabetes. |
| **Numerator** | Unduplicated number of enrolled adults with diabetes who received a comprehensive or periodic oral evaluation or a comprehensive periodontal evaluation. |
| **Stratifications** | The measure specifications include ten age stratifications (age 18, ages 19 through 20, ages 21 through 24, ages 25 through 34, ages 35 through 44, ages 45 through 54, ages 55 through 64, ages 65 through 74, ages 75 through 84, and age 85+). The measure steward indicated that stratification of the measure by additional factors is feasible, as demonstrated by the DQA oral health dashboard, which reports all measures stratified by age, race/ethnicity, sex, and geography, among other characteristics for which there is sufficient data completeness. |
| **Testing or use in state Medicaid and CHIP programs** | Measure testing was conducted using data from the Iowa and Oregon Medicaid programs. The Oregon Health Authority has included the finalized measure as a metric in its Coordinated Care Organization Quality Incentive Program for several years. Additionally, the measure is included in DQA's online, interactive oral health dashboard for reporting dental quality measures using T-MSIS data for all 50 states plus the DC. The DQA dashboard is available at https://www.ada.org/resources/research/dental-quality-alliance/dqa-improvement-initiatives. |

# Addition: Adults with Diabetes – Oral Evaluation *(2/2)*

| | |
|---|---|
| **Other** | This measure was discussed at the 2020 Core Sets Annual Review meeting but was not recommended for addition to the Core Sets. Although the Workgroup noted that the Adults with Diabetes – Oral Evaluation measure would fill a gap in the Adult Core Set and is feasible to report (having been implemented in one state's incentive program), some Workgroup members expressed concern that the measure was still undergoing testing and that it might be more related to diabetes (for which there are several other Adult Core Set measures) than oral health care. The specifications were also not finalized at the time of the 2020 meeting.<br><br>The individual that submitted the measure for addition to the 2027 Core Sets acknowledged the previous Workgroup discussion. They noted that DQA has since completed testing for the measure in Medicaid programs and that the measure now has finalized specifications. |

# Workgroup Member Discussion

# Opportunity for Public Comment

# Vote on Measure

# Additions: Measure Vote #6

**Should the Adults with Diabetes – Oral Evaluation measure be added to the Core Sets?**

- Yes, I recommend adding this measure to the Core Sets
- No, I do not recommend adding this measure to the Core Sets

# Break

# Gap Areas for the Public Call for Measures for the 2028 Child and Adult Core Sets

# Approach

- Each year, the Workgroup discusses measure gaps in the Child and Adult Core Sets, to inform the Call for Measures for the subsequent annual review.
- Today, Mathematica will provide a high-level overview of gap areas identified during last year's Core Sets Review cycle.
- Then, the Workgroup will discuss gap areas for the 2028 Public Call for Measures.
- We will provide an opportunity for public comment at the end of the discussion.

# Gap Areas Identified by the 2026 Core Sets Review Workgroup *(1/3)*

- **Maternal and Perinatal Health**
  - Maternal morbidity and mortality
  - Maternal substance use disorder
  - Hypertension management for pregnant individuals
  - Patient-centered contraceptive counseling
  - Menopause and bleeding disorders
  - Urinary incontinence
- **Patient-Reported Outcomes and Experiences of Care**
  - Patient-reported outcome, patient engagement, and person-centered primary care measures
  - Consumer experience related to respectful care, beyond what is included in the CAHPS® Health Plan Survey
  - Consumer experience related to meeting health-related social needs
  - Patient-reported outcomes related to oral health; for example, the Oral Impact Health Profile

# Gap Areas Identified by the 2026 Core Sets Review Workgroup *(2/3)*

- **Behavioral Health Care**
  - **Outcome measures, particularly depression treatment outcomes**
  - **Screening and referral to treatment for anxiety disorders**
  - **Assessment of correlations in social media or internet use with depression and suicide rates among adolescents**
  - **Timely use of evidence-based suicide risk strategies after an ED visit for suicidal ideation or attempts**
  - **Measurement of opioid utilization through initiation of therapy or more nuanced approaches to pain management**
  - **Refinement of existing measures of attention-deficit/hyperactivity disorder treatment**

# Gap Areas Identified by the 2026 Core Sets Review Workgroup *(3/3)*

- **Stratification and Social Drivers of Health**
  - Measurement of screening for social needs or interventions
  - Assessment of social drivers of health across the lifespan
  - Stratification of measures by population subgroups including pregnant individuals, individuals with serious mental illness, and individuals with developmental disabilities
  - Standardized approach to defining disability and stratification of measures by disability status
  - Measurement of barriers to health care related to lack of accommodation for language and disability
  - Assessment of adverse childhood experiences
- **Other Gap Areas Mentioned by the 2026 Workgroup**
  - Adult immunization
  - Screening and treatment for Hepatitis C
  - Oral health integration
  - Ability to assess the impact of health interventions of improvement in patient outcome

# Workgroup Discussion of Gap Areas

- **What are the gap areas in the current Child and Adult Core Sets that could be addressed by the Public Call for Measures to strengthen and improve the Core Sets?**
- **Approach: Round robin with Workgroup members in order of the roster used for the roll call**
  - **Mention one gap area or plus-one a gap area mentioned by another Workgroup member**

# Opportunity for Public Comment

# Workgroup Reflections and Future Directions

# Agenda

- Recap of Workgroup recommendations
- Feedback on the 2027 Core Sets Annual Review process

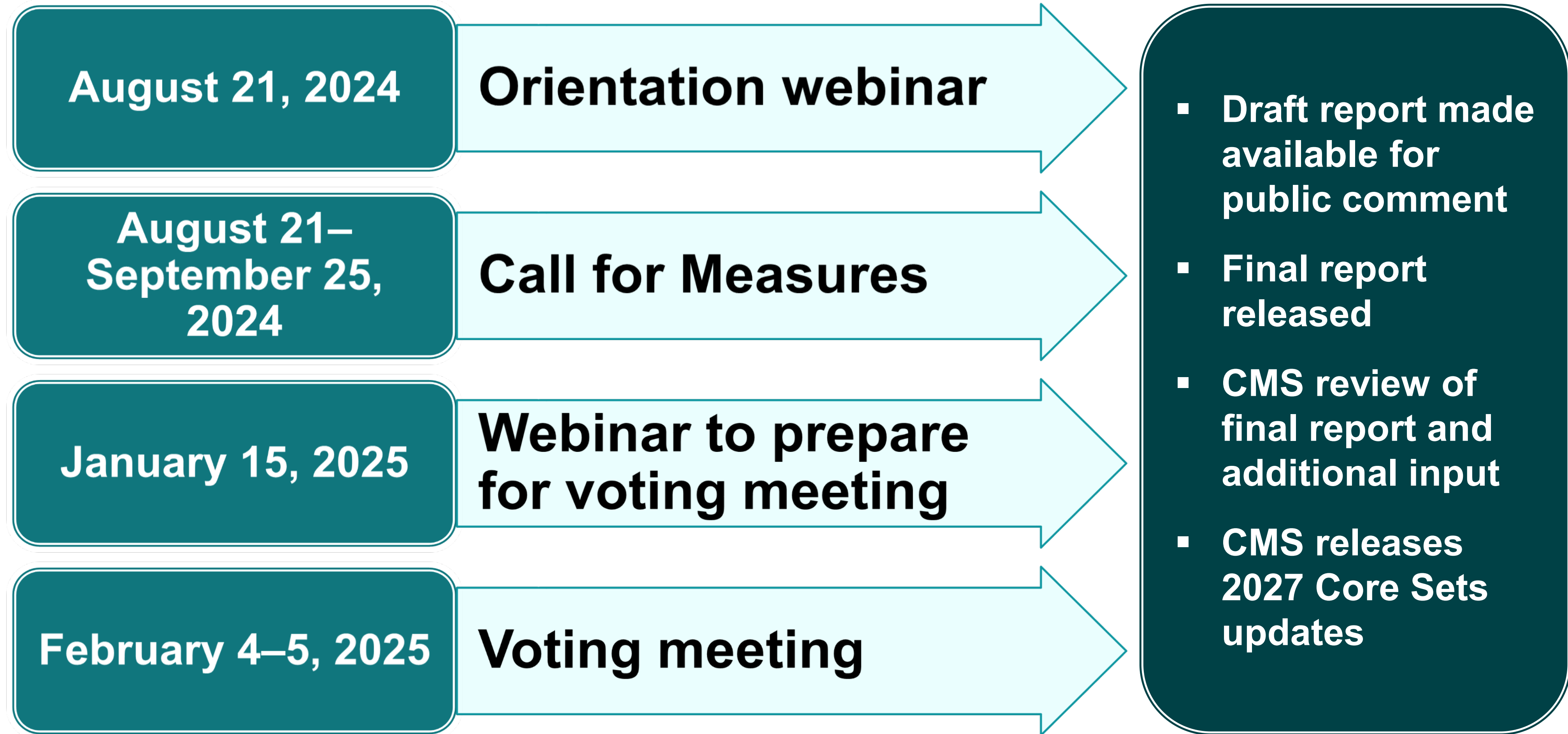
# Opportunity for Public Comment

# Next Steps and Wrap-Up

# Co-Chair Wrap-Up Remarks

**Kim Elliott**
**Rachel La Croix**

# 2027 Core Sets Annual Review Workgroup Milestones



# Questions

**If you have questions about the Child and Adult Core Sets Annual Review, please email the Mathematica Core Sets Review Team at MACCoreSetReview@mathematica-mpr.com.**

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# Thank you for participating in the 2027 Child and Adult Core Sets Annual Review!