

THE NATIONAL QUALITY FORUM

Summary of the Conference Call of the Steering Committee for National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data Friday, September 11, 2009 10am - 12pm ET

Steering Committee participants: Charles Cutler, MD (co-chair); Michael O'Toole, MD (co-chair); Philip Aponte, MD; Barry Bershaw, MD; Elizabeth Gilbertson; Sherry Grund, RN; Richard Johannes, MD; Paul Kallaur; Sally Kraft, MD, MPH; Judith Melin, MA, MD; Arnold Milstein, MD, MPH; Dick Salmon, MD, PhD; Sharon Sprenger, MPA, RHIA; Andrew Ury, MD; Kristina Yu-Isenberg, MPH, PhD, RPh

NQF staff participants: Reva Winkler, MD, MPH; Alexis Forman, MPH

Measure Developer participants: Maureen Allen (Active Health Management); Judy Chen (HealthBenchmarks); Phil Renner (NCQA); Kay Schwebke (Ingenix); Connie Hwang (Resolution Health)

Dr. Winkler began the call by summarizing the project activities during the comment period:

- The 30 day comment period was extended by 14 days in response to NQF Member requests for more time due to the large number of measures and the summer months;
- More than 800 comments were received during the comment period that ended on August 26, 2009, from 51 organizations representing all of the NQF Member Councils and 11 non-member organizations.
- The measure developers were asked to respond to measure specific comments.
- The comments received, any measure developer responses and a proposed response were compiled in a large sortable spreadsheet. The general comments and comments on measures not recommended were separated from the large table of measure-specific topics. The measure specific comments are sortable by commenter, measure number or condition topic.
- The Comment table was sent to the Steering with the proposed responses. Steering Committee members were asked to identify any measures for further discussion or reconsideration based on the comments.

General comments

Dr. Cutler reviewed several general issues raised noting that most had been discussed by the Committee previously, often at great length. In response to the comments, additional detail or clarification will be included in the report around

- alignment with National Priorities Partnership goals and priorities;
- concerns about exclusions;
- current high performance such that we should not expect 100% due to technical artifacts, clinical judgment compared to comments that these measures can identify outliers;

THE NATIONAL QUALITY FORUM

- overly optimistic about EHRs; SC struck a balance between what is feasible today and looking toward the future (only 14 of the 72 measures require Level 3 data); and
- the SC found a balance between divergent opinions that there were too many or too few measures.

Other general comments noted by the Steering Committee included:

- the focus on process measures and need for more outcome measures;
- some measures have small denominators that limit usefulness;
- lack of code sets – the code were available but need more direction in locating;
- support of the classification of Levels 1,2, and 3; and
- there will be future opportunities for measures to be considered by NQF.

Measures reconsidered

Six measures were identified for further discussion and consideration by the Steering Committee. Votes on the recommendations of the measures were collected using a Survey Monkey tool after the conference call.

To provide pediatric input for the first two measures, Dr. Charles Homer, Director of National Initiative for Children’s Healthcare Quality was asked as a technical advisor to respond to the comments on the two child health measures (Appendix A).

EC- 015-08 Lead screening (NCQA)

A comment noted an August 2009 change in CDC recommendations away from universal screening of Medicaid patients in favor of local risk assessment and targeted screening.

Discussion included:

- NCQA is planning some changes to the measure in response to the CDC recommendations.
- SC members were unsure how this could be implemented for measuring physician/group performance.
- NQF endorsed measures should be appropriate for accountability

Vote to recommend the measure for endorsement: Yes - 2 No- 13 Abstain -0

The recommendation will be removed from the voting draft report.

EC-072-08 Pediatric rotavirus administration by 8 month (RHI)

Several comments noted that this is now an ACIP recommendation (previously provisional recommendation). Discussion included:

- Do we want multiple individual measures for all immunizations?
- The NQF endorsed NCQA Childhood immunization measure includes rotavirus vaccination

Vote to recommend the measure for endorsement: Yes-2 No-12 Abstain -1

EC-040-08 Diabetes, New Metformin (RHI)

Several comments advocated for inclusion of this measure citing ADA/EASD guidelines that “metformin therapy should be initiated concurrent with lifestyle changes at diagnosis”. The

THE NATIONAL QUALITY FORUM

Steering Committee had originally considered this measure in comparison with EC-262-08 and preferred EC-262-08. Steering Committee discussion:

- Concerns about “newly diagnosed” – 1 year look back – how reliable is that?
- This measure will also capture untreated diabetics who haven’t been in for a visit – a good thing even if not precisely “new”.
- Measure developer clarified that in the 1 year look back they also look for any medications for diabetes as well as the visit/diagnosis.
- This is a Level 2 measure (EC-262-08 is a Level 3 measure – requires A1c value).
- Only metformin is included – no other medications.
- Recent new ADA diagnostic criteria for diabetes – Hgb A1c >6.5.

Vote to recommend the measure for endorsement: Yes -7 No-8 Abstain -0

EC-234-08 Asthma Short-acting Beta Agonist Inhaler for Rescue Therapy (Active Health)

Some comments questioned the need for multiple similar measures given NQF has recently endorsed *MM-011-08 Suboptimal Asthma Control (SAC) and Absence of Controller Therapy (ACT)*

Rate 1: The percentage of patients with persistent asthma who were dispensed more than 5 canisters of a short-acting beta2 agonist inhaler during the same three-month period.

Rate 2: The percentage of patients with persistent asthma during the measurement year who were dispensed more than five canisters of short acting beta2 agonist inhalers over a 90-day period and who did not receive controller therapy during the same 90-day period.

Steering Committee discussion:

- EC-234 addresses under use of meds; the MM-011-08 addresses overuse/suboptimal use – these balance each other.
- Strongly suggest EC-234 and MM-011 be better harmonized or combined in the future.

Vote to recommend for endorsement: Yes – 10 No-5 Abstain -0

EC-227-08 Pneumococcal vaccination

Several comments questioned the reliability of this measure using Level 2 data and also suggested that Level 3 data would be challenging. Discussion:

- Patient data is what clinicians will act on to determine need for vaccination
- General sentiment that the measures should be Level 3 only

Vote to recommend measure as a Level 3 measure only: Yes-11 No-3 Abstain -0

The draft report will be revised to reflect this change.

EC- 058-08 Rheumatoid Arthritis New DMARD Baseline Chest Xray (RHI)

The comment from the American College of Rheumatology noted that this recommendation is in some guidelines but is based on consensus opinion only and not on solid scientific evidence.

Discussion:

- NQF evaluation criteria considers the strength of the evidence and relationship to patient outcomes over guidelines.

Vote to recommend the measure for endorsement: Yes -1 No-11 Abstain -2

The recommendation will be removed from the voting draft report.

THE NATIONAL QUALITY FORUM

Dr. Melin discussed comments on 3 measures (all continue as recommended):

EC-049-08 Hydroxychloroquin annual eye exam (RHI)

- Measure developer to clarify/revise codes as suggested by AAO and renal disease – RHI to send revised specifications

EC-079-08 Methotrexate: LFTs within 12 weeks (RHI)

- Acknowledge that will credit LFTs done too early to evaluate impact on liver – acceptable though not perfect

EC-239-08 EGD in Adults with Alarm Symptoms

- Though reasonable to include unexplained weight loss – it is OK without

Dr. Winkler advised the Committee on the follow-up project activities:

- NQF Member voting to begin on September 28, 2009.
- Consideration by the CSAC on November 4-5, 2009.
- Endorsement expected by end of November.
- 30-day appeals period in December.
- Publication of report and an issue brief at the end of the year.

THE NATIONAL QUALITY FORUM

APPENDIX A: Comments from Dr. Charles Homer

These are two of the most controversial questions in pediatrics and public health.

LEAD SCREENING

Just for those who may not be terribly familiar with the controversies in the field:

- a) Lead is a neurotoxin
- b) On a population wide basis, even low levels have impact on various aspects of cognitive function (although mild)
- c) The types of levels that are now being detected by screening are not readily amenable to treatment...certainly not through chelation, and even environmental abatement is not terribly effective. The purpose of screening is primarily to identify risk groups or geographic areas that require environmental attention – abatement of housing, soil, identification of sources, etc. It is a public health surveillance strategy.
- d) According to the CDC, Medicaid status is no longer a reliable predictor of risk – at least in some areas. Therefore, having a separate policy for Medicaid eligible children (universal screening) vs. all other children (targeted screening) is no longer logical.
- e) There is in this area a longstanding tension between regulatory requirements and typical clinical judgment, for the reasons noted above. Even in the current situation, if you read the MMWR/CDC report, current CMS regulations REQUIRE that Medicaid eligible children be screened. The report says CDC will advise CMS to change this, but it hasn't happened yet.
- f) The NCQA argument that their measure will inform state decisions is not compelling (although reflected somewhat in the MMWR statement). The NCQA measure will indicate the proportion of children (in Medicaid plans) who are screened. The necessary information is the prevalence of (relatively) elevated blood levels in a particular geographic community or among a particular set or subset of children. The two are related only if in pursuit of meeting the HEDIS measure, more kids are screened and so the state has better data it can analyze.

My personal recommendation is that, given the new CDC recommendation, anticipating future changes in CMS regulations and notwithstanding my deep respect for the knowledge of the individuals on the NCQA advisory panel, it doesn't make sense to ask Medicaid plans to report on the proportion of children who are screened. I am sure the measure itself is well constructed and is well tested...it's just that it no longer passes the "importance" criterion.

ROTAVIRUS VACCINATION

1. It is a full ACIP recommendation, so should have the same weight as any other immunization recommendation.
2. The measure developers do not provide any data on variability or disparities, which would be nice to see.
3. The specifications for the measure don't seem very clear to me...source of data, for example.
4. I'd be concerned about harmonization – i.e., seems as though it'd be better to include it in comprehensive immunization performance measures rather than an antigen by antigen approach.