

TO: Board of Directors
FR: Helen Burstin, Chief Scientific Officer
Marcia Wilson, Senior Vice President, Quality Measurement
RE: Ratification of Measures in the Eye Care and Ear, Nose and Throat (EENT) Conditions Project
DA: October 28, 2015

ACTION REQUESTED

The Executive Committee is asked to ratify the Consensus Standards Approval Committee's (CSAC) recommendation to endorse measures for the Eye Care and Ear, Nose and Throat (EENT) Conditions Project. All of the recommended measures approved by the membership and the CSAC are listed below.

Measures Evaluated:

The [EENT Project Standing Committee](#) evaluated twenty-four measures: seven new eMeasure and seventeen measures undergoing maintenance review against NQF's standard measure evaluation criteria. Three measures were withdrawn from consideration at the request of the measure developers.

Consensus Process

Standing Committee: Twenty-one measures are recommended for endorsement, one measure was recommended for inactive endorsement with reserve status, one eMeasure was recommended for Approval for Trial Use, and one measure was not recommended for continued endorsement.

Member Voting: A total of nine member organization voted on the measures. All of the recommended measures were approved, with 71 percent approval or higher by the councils. No votes were received from the Consumer, Public/Community Health Agency, and the Supplier/Industry Councils.

CSAC: CSAC supported all of the Standing Committee's recommendations. The CSAC memo and Member voting results for this project may be accessed at this [link](#); the project report may be accessed at this [link](#).

Measures Recommended:

- [Measure #0086 Primary Open-Angle Glaucoma \(POAG\): Optic Nerve Evaluation](#) Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months
- [eMeasure #0086 Primary Open-Angle Glaucoma \(POAG\): Optic Nerve Evaluation](#) Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months (eMeasure version)

- [Measure #0087 Age-Related Macular Degeneration: Dilated Macular Examination](#) Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months
- [Measure #0088 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy](#) Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months
- [eMeasure #0088 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy](#) Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months (eMeasure version)
- [Measure #0089 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care](#) Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months
- [eMeasure #0089 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care](#) Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months (eMeasure version)
- [Measure #0563 Primary Open-Angle Glaucoma: Reduction of Intraocular Pressure by 15% or Documentation of a Plan of Care](#) Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level a plan of care was documented within 12 months
- [Measure # 0565 Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery](#) Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery
- [eMeasure# 0565 Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery](#) Percentage of patients aged 18 years and older with a diagnosis of uncomplicated

cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery (eMeasure version)

- [Measure # 0564 Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures](#) Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence
- [eMeasure# 0564 Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures](#) Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence (eMeasure version)
- [Measure # 0566 Age-Related Macular Degeneration \(AMD\): Counseling on Antioxidant Supplement](#) Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the AREDS formulation for preventing progression of AMD
- [Measure # 0653 Acute Otitis Externa: Topical Therapy](#) Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations
- [Measure #0654 Acute Otitis Externa: Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use](#) Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy
- [Measure #0655 Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use](#) Percentage of patients aged 2 months through 12 years with a diagnosis of OME were not prescribed or recommended to receive either antihistamines or decongestants
- [Measure #0657 Otitis Media with Effusion: Systemic antimicrobials – Avoidance of inappropriate use](#) Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials
- [Measure #1354 Hearing Screening Prior to Hospital Discharge](#) This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge
- [eMeasure #1354 Hearing Screening Prior to Hospital Discharge \(EHDI-1a\)](#) This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge (eMeasure version)

- [Measure #1360 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
- [Measure #1361 Signed Part C Individual Family Service Plan \(IFSP\) before 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.

Measure Recommended for eMeasure Trial Approval:

- [eMeasure #2721 Screening for Reduced Visual Acuity and Referral in Children](#) The percentage of children who received visual acuity screening at least once by their 6th birthday; and if necessary, were referred appropriately.

Measure Recommended for Inactive Endorsement with Reserve Status:

- [Measure #0656 Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use](#) Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic corticosteroids

Measure Not Recommended:

- [Measure #0002 Appropriate Testing for Children with Pharyngitis](#) The percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

During the maintenance review of the measure 0002 Appropriate Testing for Children with Pharyngitis the EENT Standing Committee identified several concerns with this health plan measure based on administrative claims data. The measure does not use the result of the test to determine whether an antibiotic should be prescribed. Committee members were concerned that this measure is focused on doing tests and not on appropriately prescribing antibiotics only if the test is positive. Committee members noted that this measure is not consistent with the 5-point risk assessment recommended by the American Academy of Family Physicians (AAFP) in which low risk patients are not tested and high risk patients receive an antibiotic without testing. This HEDIS measure has been in use for more than a decade. Performance rates have been unchanged at 79% for commercial health plans in 2012 – 2014. The Committee agreed that this is an important topic area to measure but did not recommend this measure for continued endorsement because a measure that specifically addresses appropriate use of antibiotics is needed to improve care for patients.

Two professional societies, the AAFP and the American Academy of Ophthalmology, agreed with the Committee recommendation, however, America's Health Insurance Plans, disagreed noting that the measure is routinely collected by health plans and that it is important to maintain focus on discouraging inappropriate antibiotic use. NCQA, the measure developer of this measure, re-evaluated the measure with an expert workgroup convened to address concerns raised by the EENT Committee. The NCQA workgroup discussed the limitations of administrative data, the validity of the Centor Criteria (5-point scale), the CDC recommendations and the sensitivity and specificity of

rapid testing and culture. The workgroup recommended to NCQA's Committee on Performance Measurement to "update the age range from 2-18 to 3-18 years of age and continue to require a strep test when antibiotics are prescribed." The Committee maintained their recommendation against the measure.

During the October CSAC meeting, CSAC heard the explanation of the Committee's concerns regarding measure 0002 Appropriate Testing for Children with Pharyngitis from the Committee co-chairs and rebuttal arguments from the measure developer. CSAC voted 79% to support the Committee recommendation to not endorse the measure.