



Measure Information

This document contains the information submitted by measure developers/stewards, but is organized according to NQF's measure evaluation criteria and process. The item numbers refer to those in the submission form but may be in a slightly different order here. In general, the item numbers also reference the related criteria (e.g., item 1b.1 relates to sub criterion 1b).

Brief Measure Information

NQF #: 0037

Corresponding Measures:

De.2. Measure Title: Osteoporosis Testing in Older Women (OTO)

Co.1.1. Measure Steward: National Committee for Quality Assurance

De.3. Brief Description of Measure: The percentage of women 65-85 years of age who report ever having received a bone density test to check for osteoporosis.

1b.1. Developer Rationale: This measure assesses the number of women age 65-85 who report ever having received a bone density test to check for osteoporosis. There is convincing evidence that bone mineral density tests in women 65 years of age and older predicts short-term risk for osteoporotic fractures. There is also evidence that osteoporosis treatment reduces the incidence of fracture in women who are identified to be at risk of an osteoporotic fracture. Fractures, especially in the older population, can cause significant health issues, decline in function, and in some cases, lead to mortality.

S.4. Numerator Statement: The number of women who report having ever received a bone mineral density test of the hip or spine.

S.6. Denominator Statement: Women age 65-85.

S.8. Denominator Exclusions: Women who received hospice care during the year.

De.1. Measure Type: Process

S.17. Data Source: Instrument-Based Data

S.20. Level of Analysis: Health Plan

IF Endorsement Maintenance – Original Endorsement Date: Aug 10, 2009 **Most Recent Endorsement Date:** Dec 30, 2014

IF this measure is included in a composite, NQF Composite#/title:

IF this measure is paired/grouped, NQF#/title:

De.4. IF PAIRED/GROUPED, what is the reason this measure must be reported with other measures to appropriately interpret results? N/A

1. Evidence, Performance Gap, Priority – Importance to Measure and Report

Extent to which the specific measure focus is evidence-based, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-priority (high-impact) aspect of healthcare where there is variation in or overall less-than-optimal performance. **Measures must be judged to meet all sub criteria to pass this criterion and be evaluated against the remaining criteria.**

1a. Evidence to Support the Measure Focus – See attached Evidence Submission Form

[0037_OTO_Evidence.docx](#)

1a.1 For Maintenance of Endorsement: Is there new evidence about the measure since the last update/submission?

Do not remove any existing information. If there have been any changes to evidence, the Committee will consider the new evidence. Please use the most current version of the evidence attachment (v7.1). Please use red font to indicate updated evidence.

Yes

1b. Performance Gap

Demonstration of quality problems and opportunity for improvement, i.e., data demonstrating:

- considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or
- Disparities in care across population groups.

1b.1. Briefly explain the rationale for this measure (e.g., how the measure will improve the quality of care, the benefits or improvements in quality envisioned by use of this measure)

If a COMPOSITE (e.g., combination of component measure scores, all-or-none, any-or-none), SKIP this question and answer the composite questions.

This measure assesses the number of women age 65-85 who report ever having received a bone density test to check for osteoporosis. There is convincing evidence that bone mineral density tests in women 65 years of age and older predicts short-term risk for osteoporotic fractures. There is also evidence that osteoporosis treatment reduces the incidence of fracture in women who are identified to be at risk of an osteoporotic fracture. Fractures, especially in the older population, can cause significant health issues, decline in function, and in some cases, lead to mortality.

1b.2. Provide performance scores on the measure as specified (current and over time) at the specified level of analysis. (*This is required for maintenance of endorsement. Include mean, std dev, min, max, interquartile range, scores by decile. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include.*) This information also will be used to address the sub-criterion on improvement (4b1) under Usability and Use.

PERFORMANCE RATES: The following data are extracted from HEDIS data collection reflecting the most recent years of measurement for this measure. Performance data is summarized at the health plan level and described by mean, standard deviation, minimum health plan performance, maximum health plan performance and performance at the 10th, 25th, 50th, 75th and 90th percentile. Data is stratified by year.

The data below demonstrates the variation in the rate of women who said that they received a bone mineral density test at some point in their life. In 2015, there was a 26.5 percentage point difference between Medicare plans at the 10th percentile and plans at the 90th percentile. This gap in performance underscores the opportunity for improvement.

Medicare Performance

Osteoporosis testing among all women ages 65 and older

YEAR | MEAN | ST DEV | 10TH | 25TH | 50TH | 75TH | 90TH

2013 | 74.8% | 9.3% | 61.5% | 68.9% | 76.8% | 81.9% | 85.6%

2014 | 75.0% | 9.5% | 61.7% | 69.3% | 76.6% | 82.1% | 86.2%

2015 | 74.4% | 9.9% | 60.0% | 67.7% | 76.0% | 81.8% | 86.5%

The data shown above are from HEDIS data collection reflecting the most recent years of data for this measure. In 2016, HEDIS measures covered 17.6 million Medicare members from 495 Medicare Advantage Organizations. The rate for each plan is collected from the Health Outcome Survey; in 2016 the response rate for the survey across 463 plans that fielded the survey was 45 percent, resulting in 302,404 completed surveys. The number of health plans reporting, response rate, and number of completed surveys was similar across years.

1b.3. If no or limited performance data on the measure as specified is reported in 1b2, then provide a summary of data from the literature that indicates opportunity for improvement or overall less than optimal performance on the specific focus of measurement.

N/A

1b.4. Provide disparities data from the measure as specified (current and over time) by population group, e.g., by race/ethnicity, gender, age, insurance status, socioeconomic status, and/or disability. (*This is required for maintenance of endorsement. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included.*) For measures that show high levels of performance, i.e., "topped out", disparities data may demonstrate an opportunity for improvement/gap in care for certain sub-populations. This information also will be used to address the sub-criterion on improvement (4b1) under Usability and Use.

NCQA does not currently report performance data stratified by race, ethnicity. While not specified in the measure, this measure can also be stratified by demographic variables, such as race/ethnicity collected from the survey.

1b.5. If no or limited data on disparities from the measure as specified is reported in 1b.4, then provide a summary of data from

the literature that addresses disparities in care on the specific focus of measurement. Include citations. Not necessary if performance data provided in 1b.4

In a national cohort study (Gillespie and Morin 2017), researchers examined medical claims data from 2008 to 2014 for trends in osteoporosis screening in women age 50 and older. They found that after controlling for other factors, non-Hispanic Black women were least likely to have osteoporosis screening (18.2%) compared with other racial/ethnic categories (range: 22.0%-22.7%, $P < .001$). After controlling for various patient characteristics, non-Hispanic Asian and Hispanic women in the 50-64 and 65-79-year age groups had the highest odds of screening. Outside of racial and ethnic disparities, women with lower socioeconomic status had lower rates of screening for osteoporosis (Gillespie and Morin). In a retrospective cohort study, researchers from the University of California, Davis Health Systems also found that Black women and women with more socioeconomic barriers were less likely to be screened for osteoporosis (Amarnath et al 2015). Interventions that target population screening are needed to improve the rates of osteoporosis screening for all women age 65 and older, but particularly for Black women and those with lower socioeconomic status.

Amarnath, A. L. D., Franks, P., Robbins, J. A., Xing, G., & Fenton, J. J. (2015). Underuse and overuse of osteoporosis screening in a regional health system: a retrospective cohort study. *Journal of general internal medicine*, 30(12), 1733-1740.

Gillespie, C. W., & Morin, P. E. (2017). Trends and disparities in osteoporosis screening among women in the United States, 2008-2014. *The American journal of medicine*, 130(3), 306-316.

2. Reliability and Validity—Scientific Acceptability of Measure Properties

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. **Measures must be judged to meet the sub criteria for both reliability and validity to pass this criterion and be evaluated against the remaining criteria.**

2a.1. Specifications The measure is well defined and precisely specified so it can be implemented consistently within and across organizations and allows for comparability. eMeasures should be specified in the Health Quality Measures Format (HQMF) and the Quality Data Model (QDM).

De.5. Subject/Topic Area (check all the areas that apply):

Endocrine, Musculoskeletal, Musculoskeletal : Osteoporosis

De.6. Non-Condition Specific(check all the areas that apply):

Primary Prevention, Screening

De.7. Target Population Category (Check all the populations for which the measure is specified and tested if any):

Elderly

S.1. Measure-specific Web Page (Provide a URL link to a web page specific for this measure that contains current detailed specifications including code lists, risk model details, and supplemental materials. Do not enter a URL linking to a home page or to general information.)

www.hosonline.org

S.2a. If this is an eMeasure, HQMF specifications must be attached. Attach the zipped output from the eMeasure authoring tool (MAT) - if the MAT was not used, contact staff. (Use the specification fields in this online form for the plain-language description of the specifications)

This is not an eMeasure Attachment:

S.2b. Data Dictionary, Code Table, or Value Sets (and risk model codes and coefficients when applicable) must be attached. (Excel or csv file in the suggested format preferred - if not, contact staff)

No data dictionary Attachment:

S.2c. Is this an instrument-based measure (i.e., data collected via instruments, surveys, tools, questionnaires, scales, etc.)? Attach copy of instrument if available.

Attachment Attachment: [OTO_spec_hos_hedis_volume6_2018.pdf](#)

S.2d. Is this an instrument-based measure (i.e., data collected via instruments, surveys, tools, questionnaires, scales, etc.)? Attach copy of instrument if available.

Patient

S.3.1. For maintenance of endorsement: Are there changes to the specifications since the last updates/submission. If yes, update the specifications for S1-2 and S4-22 and explain reasons for the changes in S3.2.

No

S.3.2. For maintenance of endorsement, please briefly describe any important changes to the measure specifications since last measure update and explain the reasons.

Added an exclusion for patients receiving hospice care.

S.4. Numerator Statement (Brief, narrative description of the measure focus or what is being measured about the target population, i.e., cases from the target population with the target process, condition, event, or outcome) DO NOT include the rationale for the measure.

IF an OUTCOME MEASURE, state the outcome being measured. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).

The number of women who report having ever received a bone mineral density test of the hip or spine.

S.5. Numerator Details (All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

IF an OUTCOME MEASURE, describe how the observed outcome is identified/counted. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).

The number of female patients 65-85 years of age who responded “yes” to question 52 in the Medicare Health Outcomes Survey.

Question 52: “Have you ever had a bone density test to check for osteoporosis, sometimes thought of as ‘brittle bones’? This test would have been done to your back or hip.”

S.6. Denominator Statement (Brief, narrative description of the target population being measured)

Women age 65-85.

S.7. Denominator Details (All information required to identify and calculate the target population/denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b.)

IF an OUTCOME MEASURE, describe how the target population is identified. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).

The number of women 65-85 years of age who responded to question 52 on the Medicare Health Outcome Survey.

Question 52: “Have you ever had a bone density test to check for osteoporosis, sometimes thought of as ‘brittle bones’? This test would have been done to your back or hip.”

S.8. Denominator Exclusions (Brief narrative description of exclusions from the target population)

Women who received hospice care during the year.

S.9. Denominator Exclusion Details (All information required to identify and calculate exclusions from the denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b.)

Women who responded to the Medicare Health Outcomes Survey who were identified with the ‘Hospice Flag’ in the survey response data file.

S.10. Stratification Information (Provide all information required to stratify the measure results, if necessary, including the stratification variables, definitions, specific data collection items/responses, code/value sets, and the risk-model covariates and coefficients for the clinically-adjusted version of the measure when appropriate – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format with at S.2b.)

N/A

S.11. Risk Adjustment Type (Select type. Provide specifications for risk stratification in measure testing attachment)

No risk adjustment or risk stratification

If other:

S.12. Type of score:

Rate/proportion

If other:

S.13. Interpretation of Score (Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score)

Better quality = Higher score

S.14. Calculation Algorithm/Measure Logic (Diagram or describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; time period for data, aggregating data; risk adjustment; etc.)

Step 1: Identify the eligible population – Of those who were selected to receive a survey, identify all female patients age 65-85 who answered Question 52: “Have you ever had a bone density test to check for osteoporosis, sometimes thought of as ‘brittle bones’? This test would have been done to your back or hip.”

Step 2: Determine the number of patients in the eligible population who responded “Yes”.

Step 3: Calculate a rate (the number of patients who responded “yes” divided by the eligible population)

S.15. Sampling (If measure is based on a sample, provide instructions for obtaining the sample and guidance on minimum sample size.)

IF an instrument-based performance measure (e.g., PRO-PM), identify whether (and how) proxy responses are allowed.

Sampling: This measure is collected through the Medicare Health Outcomes Survey: a 64 item mailed survey with telephone follow up. This survey is conducted by certified survey vendors to health plan beneficiaries in their home or place of residence. To allow for adequate sample size, within a health plan, a random sample of 1,200 beneficiaries is surveyed (if a health plan has fewer than 1,200 members, all members of the health plan are sampled). Organizations with fewer than 500 members are excluded from sampling.

Proxy responses: The Health Outcome Survey allows for a family member or “proxy” to fill out the survey. The survey is mailed to patients with the following instructions: “If you are unable to complete this survey, a family member or “proxy” can fill out the survey about you.” At the end of the survey, the respondent is asked the following question:

Who completed the survey form?

Answer= “Person to whom survey was addressed” or “Family member or relative of person to whom the survey was addressed” or “Friend of person to whom the survey was addressed” or “Professional caregiver of person to whom the survey was addressed.”

This information is used to determine if information from proxy respondents is systematically biased or different from patient self-reported data.

S.16. Survey/Patient-reported data (If measure is based on a survey or instrument, provide instructions for data collection and guidance on minimum response rate.)

Specify calculation of response rates to be reported with performance measure results.

The standard protocol for administering the Medicare Health Outcomes Survey employs a combination of mail and telephone administration. The main data collection technique is a mailing of surveys to sampled members. If members fail to respond after two mailings, survey vendors attempt at least six telephone follow-up calls. In addition, if members return a blank or incomplete mail survey, survey vendors attempt at least six telephone follow-up calls to obtain response to unanswered questions. NCQA does not allow the organization or survey vendor to use incentives of any kind.

Minimum Response Rate: To ensure reliable comparisons between health plans a minimum sample size of 100 in the measure denominator is required.

S.17. Data Source (Check ONLY the sources for which the measure is SPECIFIED AND TESTED).

If other, please describe in S.18.

Instrument-Based Data

S.18. Data Source or Collection Instrument (*Identify the specific data source/data collection instrument (e.g. name of database, clinical registry, collection instrument, etc., and describe how data are collected.)*)

IF instrument-based, identify the specific instrument(s) and standard methods, modes, and languages of administration.

The Medicare Health Outcome Survey can be administered by mail or telephone using a CATI protocol. It is offered in English, Spanish, and Chinese (mailed survey only). Detailed instructions for the administration of the Health Outcomes Survey and the complete survey can be found at www.hosonline.org.

S.19. Data Source or Collection Instrument (*available at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)*)

Available at measure-specific web page URL identified in S.1

S.20. Level of Analysis (*Check ONLY the levels of analysis for which the measure is SPECIFIED AND TESTED*)

Health Plan

S.21. Care Setting (*Check ONLY the settings for which the measure is SPECIFIED AND TESTED*)

Outpatient Services

If other:

S.22. COMPOSITE Performance Measure - Additional Specifications (*Use this section as needed for aggregation and weighting rules, or calculation of individual performance measures if not individually endorsed.*)

N/A

2. Validity – See attached Measure Testing Submission Form

[0037-Testing_Form_v7.1_-636555245641753088.docx](#)

2.1 For maintenance of endorsement

Reliability testing: If testing of reliability of the measure score was not presented in prior submission(s), has reliability testing of the measure score been conducted? If yes, please provide results in the Testing attachment. Please use the most current version of the testing attachment (v7.1). Include information on all testing conducted (prior testing as well as any new testing); use red font to indicate updated testing.

Yes

2.2 For maintenance of endorsement

Has additional empirical validity testing of the measure score been conducted? If yes, please provide results in the Testing attachment. Please use the most current version of the testing attachment (v7.1). Include information on all testing conducted (prior testing as well as any new testing); use red font to indicate updated testing.

Yes

2.3 For maintenance of endorsement

Risk adjustment: For outcome, resource use, cost, and some process measures, risk-adjustment that includes social risk factors is not prohibited at present. Please update sections 1.8, 2a2, 2b1,2b4.3 and 2b5 in the Testing attachment and S.140 and S.11 in the online submission form. NOTE: These sections must be updated even if social risk factors are not included in the risk-adjustment strategy. You MUST use the most current version of the Testing Attachment (v7.1) -- older versions of the form will not have all required questions.

No - This measure is not risk-adjusted

3. Feasibility

Extent to which the specifications including measure logic, require data that are readily available or could be captured without undue burden and can be implemented for performance measurement.

3a. Byproduct of Care Processes

For clinical measures, the required data elements are routinely generated and used during care delivery (e.g., blood pressure, lab test, diagnosis, medication order).

3a.1. Data Elements Generated as Byproduct of Care Processes.

Other

If other: Information is gathered through the Health Outcome Survey (HOS).

3b. Electronic Sources

The required data elements are available in electronic health records or other electronic sources. If the required data are not in electronic health records or existing electronic sources, a credible, near-term path to electronic collection is specified.

3b.1. To what extent are the specified data elements available electronically in defined fields (i.e., data elements that are needed to compute the performance measure score are in defined, computer-readable fields) Update this field for maintenance of endorsement.

No data elements are in defined fields in electronic sources

3b.2. If ALL the data elements needed to compute the performance measure score are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources. For maintenance of endorsement, if this measure is not an eMeasure (eCQM), please describe any efforts to develop an eMeasure (eCQM).

The Health Outcomes Survey is conducted through mailed surveys with telephone follow-up. There are currently no plans to conduct this survey over the web or in an electronic form. There is concern that somemany Medicare beneficiaries do not have access to a computer or internet to complete the survey in electronic format. There is also a concern that moving to an internet-based mode of administration will bias results, as older frail adults may be less likely to complete the survey using an internet mode. Given the nature of the questions in the HOS survey, there is also a high priority to ensure confidentiality of the results.

3b.3. If this is an eMeasure, provide a summary of the feasibility assessment in an attached file or make available at a measure-specific URL. Please also complete and attach the NQF Feasibility Score Card.

Attachment:

3c. Data Collection Strategy

Demonstration that the data collection strategy (e.g., source, timing, frequency, sampling, patient confidentiality, costs associated with fees/licensing of proprietary measures) can be implemented (e.g., already in operational use, or testing demonstrates that it is ready to put into operational use). For eMeasures, a feasibility assessment addresses the data elements and measure logic and demonstrates the eMeasure can be implemented or feasibility concerns can be adequately addressed.

3c.1. Required for maintenance of endorsement. Describe difficulties (as a result of testing and/or operational use of the measure) regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues.

IF instrument-based, consider implications for both individuals providing data (patients, service recipients, respondents) and those whose performance is being measured.

NCQA recognizes that, despite the clear specifications defined for HEDIS measures, data collection and calculation methods may vary, and other errors may taint the results, diminishing the usefulness of HEDIS data for managed care organization (MCO) comparison. In order for HEDIS to reach its full potential, NCQA requires all Medicare plans to contract with an NCQA-certified HOS survey vendor to administer the survey. NCQA developed its Survey Vendor Certification Program to establish standardization of data collection and thereby promote comparability of results across Medicare health plans. NCQA provides oversight for Health Outcome Survey implementation and prohibits survey vendors from augmenting or adjusting the HOS protocol or instrument, except as approved by NCQA and CMS. Oversight includes the following elements:

1. Quality Assurance Plan from the survey vendor focused on protocol adherence and implementation of corrective actions and evaluation of their impact on performance
2. Bi-weekly reporting from survey vendors about the data-collection process
3. Site visits for selected survey vendors
4. Offsite monitoring or survey vendor correspondence with respondents, telephone interviews, data record review and other elements

In addition to the HEDIS Survey Vendor Certification, NCQA provides a system to allow “real-time” feedback from measure users. Our Policy Clarification Support System receives thousands of inquiries each year on over 100 measures. Through this system NCQA responds immediately to questions and identifies possible errors or inconsistencies in the implementation of the measure. This system is vital to the regular re-evaluation of NCQA measures.

Input from NCQA auditing and the Policy Clarification Support System informs the annual updating of all HEDIS measures including updating value sets and clarifying the specifications. Measures are re-evaluated on a periodic basis and when there is a significant

change in evidence. During re-evaluation information from NCQA auditing and Policy Clarification Support System is used to inform evaluation of the scientific soundness and feasibility of the measure.

3c.2. Describe any fees, licensing, or other requirements to use any aspect of the measure as specified (e.g., value/code set, risk model, programming code, algorithm).

Broad public use and dissemination of these measures is encouraged and NCQA has agreed with NQF that noncommercial uses do not require the consent of the measure developer. Use by health care physicians in connection with their own practices is not commercial use. Commercial use of a measure requires the prior written consent of NCQA. As used herein, "commercial use" refers to any sale, license or distribution of a measure for commercial gain, or incorporation of a measure into any product or service that is sold, licensed or distributed for commercial gain, even if there is no actual charge for inclusion of the measure.

4. Usability and Use

Extent to which potential audiences (e.g., consumers, purchasers, providers, policy makers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

4a. Accountability and Transparency

Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement (or the data on performance results are available). If not in use at the time of initial endorsement, then a credible plan for implementation within the specified timeframes is provided.

4.1. Current and Planned Use

NQF-endorsed measures are expected to be used in at least one accountability application within 3 years and publicly reported within 6 years of initial endorsement in addition to performance improvement.

Specific Plan for Use	Current Use (for current use provide URL)

4a1.1 For each CURRENT use, checked above (update for maintenance of endorsement), provide:

- Name of program and sponsor
- Purpose
- Geographic area and number and percentage of accountable entities and patients included
- Level of measurement and setting

NCQA STATE OF HEALTH CARE QUALITY ANNUAL REPORT: This measure is publicly reported nationally and by geographic regions in the NCQA State of Health Care annual report. This annual report published by NCQA summarizes findings on quality of care. In 2017, the report included results from calendar year 2016 for health plans covering a record 136 million people, or 43 percent of the U.S. population.

NCQA HEALTH PLAN RATINGS/REPORT CARDS: This measure is used to calculate health plan ratings, which are reported by WedMD and on the NCQA website. These ratings are based on a plan's performance on their HEDIS, CAHPS and accreditation standards scores. In 2017, a total of 521 Medicare Advantage health plans, 614 commercial health plans and 294 Medicaid health plans across 50 states, D.C., Guam, Puerto Rico, and the Virgin Islands were included in the Ratings.

MEDICARE ADVANTAGE DISPLAY PAGE: This measure is listed on the display page for Medicare Advantage (Medicare Part C). This means that while performance on this measure is not tied to incentives; plans have the option to report.

4a1.2. If not currently publicly reported OR used in at least one other accountability application (e.g., payment program, certification, licensing) what are the reasons? (e.g., Do policies or actions of the developer/steward or accountable entities restrict access to performance results or impede implementation?)

N/A

4a1.3. If not currently publicly reported OR used in at least one other accountability application, provide a credible plan for implementation within the expected timeframes -- any accountability application within 3 years and publicly reported within 6

years of initial endorsement. (Credible plan includes the specific program, purpose, intended audience, and timeline for implementing the measure within the specified timeframes. A plan for accountability applications addresses mechanisms for data aggregation and reporting.)

N/A

4a2.1.1. Describe how performance results, data, and assistance with interpretation have been provided to those being measured or other users during development or implementation.

How many and which types of measured entities and/or others were included? If only a sample of measured entities were included, describe the full population and how the sample was selected.

Health plans that report HEDIS calculate their rates and know their performance when submitting to NCQA. The HOS survey is administered to members of health plans with at least 500 beneficiaries. The survey utilizes random sampling for health plans with more than 1,200 members. Additional population descriptions and sampling methods are described in Section S.15. NCQA publicly reports rates across all plans and also creates benchmarks in order to help plans understand how they perform relative to other plans. Public reporting and benchmarking are effective quality improvement methods.

4a2.1.2. Describe the process(es) involved, including when/how often results were provided, what data were provided, what educational/explanatory efforts were made, etc.

NCQA publishes HEDIS results annually in our Quality Compass tool. NCQA also presents data at various conferences and webinars. For example, at the annual HEDIS Update and Best Practices Conference, NCQA presents results from all new measures' first year of implementation or analyses from measures that have changed significantly. NCQA also regularly provides technical assistance on measures through its Policy Clarification Support System, as described in Section 3c.1.

4a2.2.1. Summarize the feedback on measure performance and implementation from the measured entities and others described in 4d.1.

Describe how feedback was obtained.

NCQA measures are evaluated regularly using a consensus-based process to consider input from multiple stakeholders, including but not limited to entities being measured. We use several methods to obtain input, including vetting of the measure with several multi-stakeholder advisory panels, public comment posting, and review of questions submitted to the Policy Clarification Support System. This information enables NCQA to comprehensively assess a measure's adherence to the HEDIS Desirable Attributes of Relevance, Scientific Soundness and Feasibility.

4a2.2.2. Summarize the feedback obtained from those being measured.

In general, health plans have not reported significant barriers to implementing this measure as it is successfully collected through the Medicare Health Outcome Survey.

4a2.2.3. Summarize the feedback obtained from other users

This measure has been deemed a priority measure by NCQA and other entities, as illustrated by its use in programs.

4a2.3. Describe how the feedback described in 4a2.2.1 has been considered when developing or revising the measure specifications or implementation, including whether the measure was modified and why or why not.

During the measure's last major update in 2014, feedback obtained through the mechanisms described in 4a2.2.1 informed how we revised the measure.

Improvement

Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated. If not in use for performance improvement at the time of initial endorsement, then a credible rationale describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

4b1. Refer to data provided in 1b but do not repeat here. Discuss any progress on improvement (trends in performance results, number and percentage of people receiving high-quality healthcare; Geographic area and number and percentage of accountable entities and patients included.)

If no improvement was demonstrated, what are the reasons? If not in use for performance improvement at the time of initial endorsement, provide a credible rationale that describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

Current HEDIS rates indicate that just under three quarters of women over the age of 65 in Medicare Advantage plans report having

received at least one bone mineral density test in their lifetime. In 2015, the spread in national health plan performance was 60.0 to 86.5 percent (10th to 90th percentiles).

4b2. Unintended Consequences

The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).

4b2.1. Please explain any unexpected findings (positive or negative) during implementation of this measure including unintended impacts on patients.

There were no identified unexpected findings for this measure during testing or since implementation.

4b2.2. Please explain any unexpected benefits from implementation of this measure.

There were no identified unexpected benefits for this measure during testing or since implementation.

5. Comparison to Related or Competing Measures

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure.

5. Relation to Other NQF-endorsed Measures

Are there related measures (conceptually, either same measure focus or target population) or competing measures (conceptually both the same measure focus and same target population)? If yes, list the NQF # and title of all related and/or competing measures.
Yes

5.1a. List of related or competing measures (selected from NQF-endorsed measures)

0046 : Screening for Osteoporosis for Women 65-85 Years of Age
0053 : Osteoporosis Management in Women Who Had a Fracture
2417 : Risk Assessment/Treatment After Fracture

5.1b. If related or competing measures are not NQF endorsed please indicate measure title and steward.

5a. Harmonization of Related Measures

The measure specifications are harmonized with related measures;

OR

The differences in specifications are justified

5a.1. If this measure conceptually addresses EITHER the same measure focus OR the same target population as NQF-endorsed measure(s):

Are the measure specifications harmonized to the extent possible?

Yes

5a.2. If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden.

5b. Competing Measures

The measure is superior to competing measures (e.g., is a more valid or efficient way to measure);

OR

Multiple measures are justified.

5b.1. If this measure conceptually addresses both the same measure focus and the same target population as NQF-endorsed measure(s):

Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality); OR provide a rationale for the additive value of endorsing an additional measure. (Provide analyses when possible.)

There are multiple NQF-endorsed measures of osteoporosis prevention and management. During the last measure update in 2014, we undertook a comprehensive harmonization exercise to align several NQF-endorsed osteoporosis measures where possible given the different measure focus, methods of data collection and level of accountability. Below we describe the harmonization between this measure (0037) and the most closely related measure, 0046.

Measure 0046 assesses the percentage of women who have a bone mineral density test to screen for osteoporosis. Measure 0046 is collected using medical record review and is only specified for physician level reporting). The rationale for different data sources is the availability of data for the level of reporting.

Measure 0037 is a health plan level measure. Since the recommended timeframe for osteoporosis testing is at least once since turning age 65 or prior to age 65 if at risk, the measure is specified as “ever” having a bone mineral density test. It is not feasible for a Medicare Advantage plan to have access to enough historical claims data or medical record data to determine if its entire member population has ever had a bone mineral density test. Therefore, a survey method is the recommended data source for collecting this type of historical data.

Measure 0046 is a physician level measure. Physicians are limited by the same lack of historical data, but also have limited resources to field and collect a survey of their patient population. Therefore, this measure looks for documentation in the medical record that a bone mineral density test was performed. This documentation may come from previous medical records requested by the current physician on past care.

The harmonized measure elements described below are reflective of the most recent measure versions submitted for endorsement.

Harmonized Measure Elements between 0037 and 0046:

- Type of Test: Because measure 0037 is a survey measure, the term “bone mineral density test” is used to refer to dual energy x-ray absorptiometry test. The simplified term is used because cognitive testing indicated it was more understandable to survey respondents. We have harmonized the two measures by ensuring both measures only capture testing done of the hip or spine; however 0046 is able to capture more specificity about the type of test done due to the data source used for measure collection.

- Eligible Population: Both measures are focused on women age 65-85 years of age.

- Timeframe for testing: Both measures address whether testing was done at least once in the woman’s lifetime.

Given the two different data sources, we do not expect the two measures (0037 and 0046) to have exactly comparable results; however, the two measures address the same quality gap for different levels of accountability.

- Measure 0037 addresses whether a health plan is addressing the risk for osteoporosis in the patient population by determining the percent of the population that had a bone mineral density test regardless who their provider is. This test may have been done outside of the context of their primary care provider.

- Measure 0046 addresses whether individual providers are addressing the risk for osteoporosis in their patient population by determining if an individual had a bone mineral density test to screen for osteoporosis and if their provider is aware of those results and can advise on appropriate risk reduction.

Measure 0053 addresses a different population than 0037 (i.e., women who have experienced a fragility fracture), and is therefore focused on secondary prevention of future fractures as opposed to screening for osteoporosis. Measure 2417 also focuses on those who had a fragility fracture and then received secondary prevention. Therefore, we consider these measures to be related but not competing. The differences between these measures are reflective of the different guidelines for general population screening and secondary prevention. Where it is appropriate to the measure focus and evidence, we have aligned the measures.

Appendix

A.1 Supplemental materials may be provided in an appendix. All supplemental materials (such as data collection instrument or methodology reports) should be organized in one file with a table of contents or bookmarks. If material pertains to a specific submission form number, that should be indicated. Requested information should be provided in the submission form and required attachments. There is no guarantee that supplemental materials will be reviewed.

No appendix Attachment:

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Co.3 Measure Developer if different from Measure Steward: National Committee for Quality Assurance
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Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.

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Measure Developer/Steward Updates and Ongoing Maintenance

Ad.2 Year the measure was first released: 2003

Ad.3 Month and Year of most recent revision: 05, 2014

Ad.4 What is your frequency for review/update of this measure? Approximately every 3 years, sooner if clinical guidelines or evidence has changed significantly

Ad.5 When is the next scheduled review/update for this measure? 12, 2019

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