NATIONAL QUALITY FORUM

TO: Consensus Standards Approval Committee

FR: Elisa Munthali, MPH

RE: Results of Voting for *National Voluntary Consensus Standards for Ambulatory Care – Additional Outpatient Measures 2010: A Consensus Report*

DA: September 1, 2010

The CSAC will review the draft report *National Voluntary Consensus Standards for Ambulatory Care-Additional Outpatient Measures 2010* on the September 8 conference call. This memo includes summary information about the project, comments received, and Member voting results. The complete voting draft report and supplemental materials are available on the project page.

CSAC ACTION REQUIRED

Pursuant to the CDP, the CSAC may consider approval of 17 candidate standards as specified in the "voting draft" of the *National Voluntary Consensus Standards for Ambulatory Care – Additional Outpatient Measures 2010: A Consensus Report*. The project followed NQF's version 1.8 of the CDP. All CDP steps were adhered to with one exception outlined below under Comments Received.

BACKGROUND

NQF has endorsed more than 100 ambulatory care measures through general ambulatory care consensus development projects, as well as more specialized projects focusing on clinically enriched administrative data and specialty clinician measures. These measures lend themselves to addressing larger issues within ambulatory care, including capacity, productivity, and improving patient outcomes. This project focused on emergency and urgent care across settings. Ultimately, these standards will provide stakeholders with an improved picture of the quality of ambulatory care delivered in the United States.

COMMENTS RECEIVED AND THEIR DISPOSITION

In general, comments were supportive of the report's recommendations. Several comments expressed concern with the number of time-limited measures, competing measures, and the scarcity of outcome-focused outpatient measures. Those topic areas are summarized below. Measure-specific comments typically addressed expanding the numerator and/or denominator definitions. These topics were discussed by the Committee prior to making its recommendations.

Please note: Following the Public and Member Comment period, NQF staff were informed that six comments from the Cleveland Clinic were not received through NQF's online submission tool. While, it is unclear to staff whether this problem was due to technical or user error, staff shared those comments with the Committee's Co-chairs. Based on the Co-chairs' and staff review, all but two of the comments had been discussed at length by the Committee. For the

two comments that had not been adequately addressed previously, the Co-chairs and members of the committee with the appropriate clinical expertise were asked to review and respond to the concerns not previously raised about the OME – Antihistamines or decongestants – avoidance of inappropriate use and Endoscopy/polyp surveillance – comprehensive colonoscopy documentation measures. These comments and the Committee's responses are included below.

Otitis media with effusion: antihistamines or decongestants—avoidance of inappropriate use (ACP-012-10)

"This may be a good measure for ages 2-5, but for 6-12 antihistamines/decongestants may be appropriate. Many patients with OME have co-morbid condition of allergies where antihistamines are needed and it will be hard to tell from an electronic search of the record if the antihistamine was prescribed for allergies or OME. Possible confounder in measurement if pt is prescribed antihistamine at time of visit for concomitant allergy symptoms. Recommendation may be written in the progress note but if not written in med list or as an order, would not be a retrievable field without manual chart review. Documentation of physician visits and nursing visits will need to be altered significantly and gathering the information will be difficult – this is an education point but will not impact quality of care significantly enough to be worth the effort in my opinion."

> Steering Committee's response: Antihistamines and decongestants are not appropriate for OME in any age group. (This statement is supported by good evidence.) If the patient has a separate indication for these drugs, e.g. allergic rhinitis, then this should be documented as a diagnosis in the record. It is good quality of care to assure that each indicated medication prescribed has an associated appropriate diagnosis. It is important to note that several EMR's ask for a medical link to a diagnosis. The Committee does not believe any further action is necessary.

Endoscopy/polyp surveillance: comprehensive colonoscopy documentation (ACP-018-10)
"These measures are important for establishing intervals for exam, adenoma detection rates and potential reasons for interval cancers. I do not support requirement for recommendations for FU interval in the initial procedure report as that is often determined once pathology is finalized and should be in a letter sent to the patient if not in the procedure report."

> The intent of the measure is that some follow-up recommendation is issued. However, the measure does not specify what type of recommendation is appropriate. Therefore, the recommendation could involve waiting for pathology results to determine the timing of the next colonoscopy or a timed recommendation could be offered if sufficient information is available. The Committee does not believe any further action is necessary.

<u>General comments received during the comment period</u>

Time-limited measures
The Committee discussed comments addressing the number of time-limited recommended measures (14 out of 17 measures). Committee members echoed similar concerns during their

initial evaluation and concluded that NQF's modified Time-Limited Endorsement Policy would help redress those concerns.

> *Action taken:* The Committee stressed the importance of these process measures to outpatient quality measurement and public reporting and reiterated that each met NQF's measure evaluation criteria, with the exception of testing. Pursuant to the endorsement policy, measure stewards have verified timelines and committed resources to conduct testing within 12 months of endorsement date.

Evaluating best-in-class measures
Several comments questioned the rationale for endorsing similar and/or competing measures. These comments specifically addressed two proposed acute otitis effusion measures that both address inappropriate treatment (ACP-009-10 and ACP-032-10) and two proposed and two NQF-endorsed® electrocardiogram (ECG) measures related to syncope and non-traumatic chest pain - measures # ACP-035-10, ACP-036-10, 0093 and 0090 respectively.

> *Action taken:* Following discussion of the comments, the Committee affirmed its original recommendation to harmonize the ECG measures, which utilize different data source platforms. The Committee evaluated the AOE measures on their own merit and recommended one as a standalone and the other as a paired measure with another AOE measure that assesses appropriate treatment. The evaluation of these measures concluded with the Committee's recommendation for NQF to provide additional guidance in the measure evaluation criteria regarding best-in-class determination. Note: The Consensus Standards Approval Committee (CSAC) discussed NQF's best-in-class criteria during their July 14-15, 2010 meeting.

Colonoscopy measures (ACP-016-10, ACP-017-10, and ACP-018-10)
There were a few comments that cautioned against the reliance on measures that simply capture documentation of procedures performed and not the quality of those procedures.

> *Action taken:* The Steering Committee and measure developer concurred with these comments and agreed that documentation alone does not ensure quality in performance of these procedures. However, they believed that the gap in documentation, and the importance of adequate and appropriate documentation for subsequent clinical management, highlights the importance of improving this area of procedural care. Committee members reiterated that it is imperative to address these serious documentation gaps, while developing the colonoscopy effectiveness measures.

<u>Measure specific comments (All recommended for time-limited endorsement)</u>

Ultrasound determination of pregnancy location (ACP-002-10)
Responding to an inquiry about mechanisms used to determine intrauterine pregnancy, the measure developer confirmed that intrauterine pregnancy is determined by using well-defined sonographic criteria. Additionally the developer added the following to the existing list of exclusions:

- Ultrasound machine not available (at bedside due to time constraint and ED does not have access to ultrasound); and
- Emergency physicians not credentialed in ultrasound guided procedures.

The Committee noted that credentialing is often difficult to determine; ultrasounds may be performed by clinicians and/or technicians other than emergency physicians; and guided procedure may have a different radiological meaning. The Committee recommended that the developer broaden the definition for those not credentialed in ultrasound beyond emergency physicians. They also suggested that the developer remove all references to guided procedures.

> *Action taken:* The developer modified the specifications as recommended by the Committee (see Appendix A in the report).

Another comment noted that CPT I codes are not comprehensive enough to capture patients with lower abdominal pain or vaginal bleeding. The commenter suggested inclusion of appropriate ICD-9-CM diagnosis codes.

> *Action taken:* The measure developer updated the specifications with ICD-9-CM codes.

Rhogam for Rh negative pregnant women at risk of fetal blood exposure (ACP-003-10)
The Committee requested that the measure developer provide clarification that pregnancy will be confirmed before rhogam is administered.

> *Action taken:* The developer modified the specifications as recommended by the Committee (see Appendix A in the report).

Troponin for patients with AMI or chest pain within 60 minutes (ACP-019-10)
A recommendation was presented to expand the measure's application to admitted patients with AMI or chest pain. The Committee was in favor of expanding this measure to include inpatient populations with AMI or chest pain.

> *Action taken:* The developer clarified that both ED and critical care codes are included in the denominator encounter coding.

Head CT or MRI scan results for stroke who received CT scan interpretation in 45 minutes (ACP-021-10)

There was a suggestion to add MRI as another first-line imaging option for acute stroke patients. The Committee agreed with this recommendation.

> *Action taken:* The developer modified the specifications as recommended by the Committee.

NQF MEMBER VOTING

The 30-day voting period for the Ambulatory Care draft report closed on August 20, 2010. Voting participation was low with votes from 22 Member organizations; no votes were received from the Supplier/Industry and Public/Community Health Agency Councils; and only one vote was received from the Consumer Council.

The America's Health Insurance Plans submitted general comments expressing concern about the number of time-limited measures; they abstained from voting on those measures. Measure specific comments were submitted by the American College of Physicians, Advocate Physician Partners, University of Texas-MD Anderson Cancer Center, WellPoint, Cleveland Clinic, and American College of Emergency Physicians. These comments are included under the voting results for each measure in this memo.

Voting Results

Voting results for the 17 candidate consensus standards are provided below.

MEASURE ACP-035-10: Patient(s) with an emergency medicine visit for syncope that had an ECG

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils Approving (>50%)
Consumer	1	0	0	1	100%	100%
Health Plan	3	0	0	3	100%	
Health Professional	6	1	4	11	86%	
Provider Organization	0	0	0	0		
Public/Community Health Agency	0	0	0	0		**Average Council Approval Rate**
Purchaser	4	0	0	4	100%	97%
QMRI	2	0	1	3	100%	
Supplier/Industry	0	0	0	0		
All Councils	**16**	**1**	**5**	**22**	**94%**	

Voting comments: The American College of Physicians voted against this measure "because it is a duplication of a NQF Endorsed PCPI measure. Duplicate measures need to be harmonized."

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MEASURE ACP-036-10: Patient(s) with an emergency medicine visit for non-traumatic chest pain that had an ECG

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils Approving (>50%)
Consumer	1	0	0	1	100%	100%
Health Plan	3	0	0	3	100%	
Health Professional	6	1	4	11	86%	
Provider Organization	0	0	0	0		
Public/Community Health Agency	0	0	0	0		**Average Council Approval Rate**
Purchaser	4	0	0	4	100%	97%
QMRI	2	0	1	3	100%	
Supplier/Industry	0	0	0	0		
All Councils	**16**	**1**	**5**	**22**	**94%**	

Voting comments: The American College of Physicians voted against this measure "because it is a duplication of a NQF Endorsed PCPI measure. Duplicate measures need to be harmonized."

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MEASURE ACP-032-10: Patient(s) two years of age and older with acute otitis externa who were NOT prescribed systemic antimicrobial therapy

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils Approving (>50%)
Consumer	1	0	0	1	100%	100%
Health Plan	3	0	0	3	100%	
Health Professional	6	0	5	11	100%	
Provider Organization	0	0	0	0		
Public/Community Health Agency	0	0	0	0		**Average Council Approval Rate**
Purchaser	4	0	0	4	100%	100%
QMRI	1	0	2	3	100%	
Supplier/Industry	0	0	0	0		
All Councils	**15**	**0**	**7**	**22**	**100%**	

Voting comments: Advocate Physician Partners voted in support of this measure and also submitted the following comment: "The effective application of this measure - particularly the reliance on pharmacy utilization data as a measurement element-is greatly dependent on variables outside of the control of the medical group entities subject to this performance measure. The quality of the data from managed care organizations and pharmacy benefit plans can be suspect at times."

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Measures recommended for time-limited endorsement

MEAUSRE ACP-009-10: Acute otitis externa topical therapy

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils Approving (>50%)
Consumer	1	0	0	1	100%	100%
Health Plan	2	0	1	3	100%	
Health Professional	7	0	4	11	100%	
Provider Organization	0	0	0	0		
Public/Community Health Agency	0	0	0	0		**Average Council Approval Rate**
Purchaser	4	0	0	4	100%	100%
QMRI	1	0	2	3	100%	
Supplier/Industry	0	0	0	0		
All Councils	**15**	**0**	**7**	**22**	**100%**	

Voting comments: Advocate Physician Partners voted in support of this measure and also submitted the following comment: "The effective application of this measure - particularly the reliance on pharmacy utilization data as a measurement element-is greatly dependent on variables outside of the control of the medical group entities subject to this performance measure. The quality of the data from managed care organizations and pharmacy benefit plans can be suspect at times."

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MEASURE ACP-011-10: Acute otitis externa: systemic antimicrobial therapy—avoidance of inappropriate use

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils Approving (>50%)
Consumer	1	0	0	1	100%	100%
Health Plan	2	0	1	3	100%	
Health Professional	7	0	4	11	100%	
Provider Organization	0	0	0	0		
Public/Community Health Agency	0	0	0	0		**Average Council Approval Rate**
Purchaser	4	0	0	4	100%	100%
QMRI	1	0	2	3	100%	
Supplier/Industry	0	0	0	0		
All Councils	**15**	**0**	**7**	**22**	**100%**	

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MEASURE ACP-012-10: Otitis media with effusion: antihistamines or decongestants—avoidance of inappropriate use

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils Approving (>50%)
Consumer	1	0	0	1	100%	100%
Health Plan	2	0	1	3	100%	
Health Professional	7	0	4	11	100%	
Provider Organization	0	0	0	0		
Public/Community Health Agency	0	0	0	0		**Average Council Approval Rate**
Purchaser	4	0	0	4	100%	100%
QMRI	1	0	2	3	100%	
Supplier/Industry	0	0	0	0		
All Councils	**15**	**0**	**7**	**22**	**100%**	

Voting comments: Advocate Physician Partners voted in support of this measure and also submitted the following comment: "The effective application of this measure - particularly the reliance on pharmacy utilization data as a measurement element-is greatly dependent on variables outside of the control of the medical group entities subject to this performance measure. The quality of the data from managed care organizations and pharmacy benefit plans can be suspect at times."

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MEASURE ACP-013-10: Otitis media with effusion: systemic corticosteroids—avoidance of inappropriate use

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils Approving (>50%)
Consumer	1	0	0	1	100%	100%
Health Plan	2	0	1	3	100%	
Health Professional	7	0	4	11	100%	
Provider Organization	0	0	0	0		
Public/Community Health Agency	0	0	0	0		**Average Council Approval Rate**
Purchaser	4	0	0	4	100%	100%
QMRI	1	0	2	3	100%	
Supplier/Industry	0	0	0	0		
All Councils	**15**	**0**	**7**	**22**	**100%**	

Voting comments: Advocate Physician Partners voted in support of this measure and also submitted the following comment: "The effective application of this measure - particularly the reliance on pharmacy utilization data as a measurement element-is greatly dependent on variables outside of the control of the medical group entities subject to this performance measure. The quality of the data from managed care organizations and pharmacy benefit plans can be suspect at times."

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MEASURE ACP-015-10: Otitis media with effusion: systemic antimicrobials—avoidance of inappropriate use

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils Approving (>50%)
Consumer	1	0	0	1	100%	100%
Health Plan	2	0	1	3	100%	
Health Professional	7	0	4	11	100%	
Provider Organization	0	0	0	0		
Public/Community Health Agency	0	0	0	0		**Average Council Approval Rate**
Purchaser	4	0	0	4	100%	100%
QMRI	1	0	2	3	100%	
Supplier/Industry	0	0	0	0		
All Councils	**15**	**0**	**7**	**22**	**100%**	

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MEASURE ACP-002-10: Ultrasound determination of pregnancy location for pregnant patients with abdominal pain

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils Approving (>50%)
Consumer	1	0	0	1	100%	100%
Health Plan	2	0	1	3	100%	
Health Professional	7	0	4	11	100%	
Provider Organization	0	0	0	0		
Public/Community Health Agency	0	0	0	0		**Average Council Approval Rate**
Purchaser	4	0	0	4	100%	100%
QMRI	2	0	1	3	100%	
Supplier/Industry	0	0	0	0		
All Councils	**16**	**0**	**6**	**22**	**100%**	

Voting comments: The Advocate Physician Partners voted in support of this measure and also submitted the following comment: "There is a potential for an unintended consequence as a result of the exclusion of 'licensed independent provider not credentialed in ultrasound'. Those entities who apply this measure could use this exclusion to potentially increase their rate of performance."

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MEASURE ACP-003-10: Rhogam for Rh negative pregnant women at risk of fetal blood exposure

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils Approving (>50%)
Consumer	1	0	0	1	100%	100%
Health Plan	2	0	1	3	100%	
Health Professional	8	0	3	11	100%	
Provider Organization	0	0	0	0		
Public/Community Health Agency	0	0	0	0		**Average Council Approval Rate**
Purchaser	4	0	0	4	100%	100%
QMRI	2	0	1	3	100%	
Supplier/Industry	0	0	0	0		
All Councils	**17**	**0**	**5**	**22**	**100%**	

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MEASURE ACP-016-10: Endoscopy/polyp surveillance: appropriate follow-up interval for normal colonoscopy in average risk patients

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils Approving (>50%)
Consumer	1	0	0	1	100%	80%
Health Plan	1	1	1	3	50%	
Health Professional	9	0	2	11	100%	
Provider Organization	0	0	0	0		
Public/Community Health Agency	0	0	0	0		**Average Council Approval Rate**
Purchaser	4	0	0	4	100%	90%
QMRI	1	0	2	3	100%	
Supplier/Industry	0	0	0	0		
All Councils	**16**	**1**	**5**	**22**	**94%**	

Voting comments: The Advocate Physician Partners voted in support of this measure and also submitted the following comments: "This measure could be strengthened if there was direction in the measure specification on the recommendations for follow up action in the physician note from the gastroenterologist to the primary care physician."

WellPoint voted against this measure "because underuse is still the larger problem. Until this gap in care is better addressed, we believe it is more important to focus on a message that addresses underuse rather than overuse, in order to avoid sending conflicting messages to both patients and providers. Also, we have doubts as to whether this particular measure will lower rates of overuse."

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MEASURE ACP-017-10: Endoscopy/polyp surveillance: colonoscopy interval for patients for history of adenomatous polyps—avoidance of inappropriate use

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils Approving (>50%)
Consumer	1	0	0	1	100%	80%
Health Plan	1	1	1	3	50%	
Health Professional	9	0	2	11	100%	
Provider Organization	0	0	0	0		
Public/Community Health Agency	0	0	0	0		**Average Council Approval Rate**
Purchaser	4	0	0	4	100%	90%
QMRI	1	0	2	3	100%	
Supplier/Industry	0	0	0	0		
All Councils	**16**	**1**	**5**	**22**	**94%**	

Voting comments: WellPoint voted against this measure "because of concerns over the complexity of the guidelines. There are several reasons why an endoscopist may need to schedule a surveillance colonoscopy in less than three years, including incomplete or inadequate previous colonoscopy. It is also not clear from the specifications how this measure will capture all appropriate patients for the denominator (i.e., patients whose previous colonoscopy found advanced adenomatous lesions or >3 adenomas)."

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MEASURE ACP-018-10: Endoscopy/polyp surveillance: comprehensive colonoscopy documentation

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils Approving (>50%)
Consumer	1	0	0	1	100%	80%
Health Plan	1	1	1	3	50%	
Health Professional	8	1	2	11	89%	
Provider Organization	0	0	0	0		
Public/Community Health Agency	0	0	0	0		**Average Council Approval Rate**
Purchaser	4	0	0	4	100%	88%
QMRI	1	0	2	3	100%	
Supplier/Industry	0	0	0	0		
All Councils	**15**	**2**	**5**	**22**	**88%**	

Voting comments: The American College of Physicians voted against this measure because "it lacks the inclusion of recorded colonoscopy withdrawal time."

WellPoint voted against this measure "because we believe that this measure will be difficult to capture and difficult to change. Without a standard template in the EHR, this measure will require subjective interpretations by both physicians and data abstractors. Data abstractors will have to interpret physician notes in the medical record, a task that is both subjective and resource-intensive."

The Advocate Physician Partners voted in support of this measure and submitted the following comments: "This measure could be strengthened if there was direction in the measure specification on the recommendations for follow up action in the physician note from the gastroenterologist to the primary care physician."

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MEASURE ACP-019-10: Troponin results for emergency department acute myocardial infarction (AMI) patients or chest pain patients (with probable cardiac chest pain) received within 60 minutes of arrival

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils Approving (>50%)
Consumer	1	0	0	1	100%	100%
Health Plan	2	0	1	3	100%	
Health Professional	7	1	3	11	88%	
Provider Organization	0	0	0	0		
Public/Community Health Agency	0	0	0	0		**Average Council Approval Rate**
Purchaser	4	0	0	4	100%	91%
QMRI	2	1	0	3	67%	
Supplier/Industry	0	0	0	0		
All Councils	**16**	**2**	**4**	**22**	**89%**	

Voting comments: The Cleveland Clinic voted against this measure "because those patients' evaluated and thought to be having an acute coronary syndrome should have a rapid turnaround time for their troponin lab. This would preferably be from the time ordered not the time of arrival. There is no discrete evidence that obtaining this lab within 60min or less would improve outcomes, a key requirement for NQF endorsement. Quality process measures are valid if they are closely linked to patient outcomes."

The American College of Emergency Physicians voted against this measure "because the measure is not tightly linked to patient outcomes, and that process measures of quality are valid only if the process is tightly linked to patient outcomes. This measure relates to internal ED or hospital cycle times that can predict ED length of stay, but has not been shown to affect patient outcomes directly. In our view, the measure fails as a marker of quality. While this is a useful measure of internal operations it would not be appropriate for public comparisons between EDs or Hospitals, a use that NQF-endorsed measures strive to meet."

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MEASURE ACP-021-10: Head CT or MRI scan results for acute ischemic stroke or hemorrhagic stroke who received head CT or MRI scan interpretation within 45 minutes of arrival

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils Approving (>50%)
Consumer	1	0	0	1	100%	100%
Health Plan	2	0	1	3	100%	
Health Professional	8	0	3	11	100%	
Provider Organization	0	0	0	0		
Public/Community Health Agency	0	0	0	0		**Average Council Approval Rate**
Purchaser	4	0	0	4	100%	100%
QMRI	3	0	0	3	100%	
Supplier/Industry	0	0	0	0		
All Councils	**18**	**0**	**4**	**22**	**100%**	

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MEASURE ACP-023-10: Median time to pain management for long bone fracture

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils Approving (>50%)
Consumer	1	0	0	1	100%	100%
Health Plan	2	0	1	3	100%	
Health Professional	8	0	3	11	100%	
Provider Organization	0	0	0	0		
Public/Community Health Agency	0	0	0	0		**Average Council Approval Rate**
Purchaser	4	0	0	4	100%	100%
QMRI	2	0	1	3	100%	
Supplier/Industry	0	0	0	0		
All Councils	**17**	**0**	**5**	**22**	**100%**	

Voting comments: The Advocate Physician Partners abstained from voting on this measure "because it is not clear from the description of this measure what would be an appropriate, clinically sound median time. Clearly this measure has value but in the absence of a reference point for clinicians, it is difficult to achieve consistent performance."

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MEASURE ACP-043-10: Ultrasound guidance for internal jugular central venous catheter placement

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils Approving (>50%)
Consumer	1	0	0	1	100%	100%
Health Plan	1	0	2	3	100%	
Health Professional	8	0	3	11	100%	
Provider Organization	0	0	0	0		
Public/Community Health Agency	0	0	0	0		**Average Council Approval Rate**
Purchaser	4	0	0	4	100%	100%
QMRI	2	0	1	3	100%	
Supplier/Industry	0	0	0	0		
All Councils	**16**	**0**	**6**	**22**	**100%**	