



NATIONAL  
QUALITY FORUM

# Eye Care, Ear, Nose and Throat (EENT) Standing Committee Off-Cycle Review Webinar

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# Agenda

- Standing Committee Introductions and Disclosure of Interests
- Consideration of Candidate Measures
- Harmonization Discussion
- Public Comment
- Next Steps
- Adjourn

# Introductions and Disclosures of Interest

# Standing Committee

- Kathleen Yaremchuk, MD, MSA (Co-Chair)
- Daniel Merenstein, MD (Co-Chair)
- Tamala Bradham, Ph.D., CCC-A
- Matthew Carnahan, MD, MS
- Scott Friedman, MD
- Seth Goldberg, MD
- David Keller, MD
- Richard Madonna, O.D.
- John McClay, MD
- Vaishali Patel, Pharm.D., M.S.
- Ricardo Quinonez, MD, FAAP
- Todd Rambasek, MD
- Andrew Schachat, MD
- Joshua Stein, MD, MS
- Michael Stewart, MD, MPH
- Steven Strobe, MD, MEd, MPH, FAAFP
- Jacquelyn Youde, Au.D., CCC-A

# EENT Portfolio Review

## NQF Portfolio of measures for Eye Care and Ear, Nose Throat Conditions

# EENT Portfolio Eye Care

## Macular Degeneration

- 0087: Age-Related Macular Degeneration: Dilated Macular Examination
- 0566: Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement

## Cataracts

- 1536: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
- 0564: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
- 0565: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery

## Diabetic Retinopathy

- 0088: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
- 0089: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- 0055 Comprehensive Diabetes Care: Eye Exam (Retinal) Performed (NCQA) [endocrine]

## Glaucoma

- 0563: Primary Open-Angle Glaucoma: Reduction of Intraocular Pressure by 15% or Documentation of a Plan of Care
- 0086: Primary Open Angle Glaucoma: Optic Nerve Evaluation

## Vision screening

- 2721: Amblyopia Screening in Children [approved for trial use]

# EENT Portfolio

## Ear, Nose and Throat Conditions

### Ear Conditions

- 0653: Acute Otitis Externa: Topical therapy
- 0654 : Acute Otitis Externa: Systemic antimicrobial therapy – Avoidance of inappropriate use
- 0655: Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use
- 0656: Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use
- 0657: Otitis Media with Effusion: Systemic antimicrobials – Avoidance of inappropriate use

### Throat Conditions

- 0002: Appropriate testing for children with pharyngitis (endorsement removed)
- 0069 Appropriate Treatment for Children With Upper Respiratory Infection (URI) [pulmonary] (Not submitted)

### Speech and Hearing

- 1354:Hearing screening prior to hospital discharge (EHDI-1a) (eMeasure)
- 1360:Audiological Evaluation no later than 3 months of age (EHDI-3)
- 1361:Intervention no later than 6 months of age (EHDI-4a)

# EENT Measures Retired by the Developer

Measure #, Title, and Developer	Reason for Retiring Measure
1402 Newborn Hearing Screening (NCQA)	The developer is not currently using this measure in major programs to the extent where the level of effort required to maintain endorsement is equivalent.
0585 Hydroxychloroquine annual eye exam (Resolution Health)	The developer determined that the expense and time commitment for such maintenance of the measure was difficult to justify from a business investment perspective.
0587 Tympanostomy Tube Hearing Test (Resolution Health)	The developer determined that the expense and time commitment for such maintenance of the measure was difficult to justify from a business investment perspective.



# Consideration of Candidate Measures

# NQF Endorsement Criteria

- **Importance to measure and report:** Goal is to measure those aspects with greatest potential of driving improvements; if not important, the other criteria are less meaningful (*must-pass*)
- **Scientific acceptability of measure properties:** Goal is to make valid conclusions about quality; if not reliable and valid, there is risk of improper interpretation (*must-pass*)
- **Feasibility:** Goal is to, ideally, cause as little burden as possible; if not feasible, consider alternative approaches
- **Usability and Use:** Goal is to use for decisions related to accountability and improvement; if not useful, probably do not care if feasible
- **Comparison to related or competing measures**

# Process for Measure Discussions

- Measure developer will introduce their measure (2-3 min.)
- Discussants will begin committee discussion by:
  - *Providing a summary of the pre-meeting evaluation comments*
  - *Emphasizing areas of concern or differences of opinion*
- Developers will be available to respond to questions at the discretion of the committee
- Committee will vote on criteria/sub-criteria

# Achieving Consensus

- Quorum: 66% of the Committee
- To be recommended, measures must have greater than 60% of the Committee Yes (high + moderate)
- 40%-60%: Consensus Not Reached (CNR) status
- Less than 40%: Not Recommended
- CNR measures move forward to comment and the Committee will revote

## **2640: Otitis Media with Effusion – Antibiotics Avoidance (The Children's Hospital of Philadelphia Pediatric Quality Measures Program Center of Excellence)**

## **2811: Acute Otitis Media – Appropriate First-Line Antibiotics (The Children’s Hospital of Philadelphia Pediatric Quality Measures Program Center of Excellence)**

# Related or Competing Measures

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

- 5a. The measure specifications are harmonized with related measures **OR** the differences in specifications are justified.
- 5b. The measure is superior to competing measures (e.g., is a more valid or efficient way to measure) **OR** multiple measures are justified.

# Harmonization Discussion

- There are three related measures
  - *0655 : Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use*
  - *0656 : Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use*
  - *0657 : Otitis Media with Effusion: Systemic antimicrobials – Avoidance of inappropriate use*
- Measure developers have not worked to harmonize the measures

***Do you have recommendations for harmonization?***



# Side-By-Side Comparisons

NQF Title/#	0655: OME: Antihistamines or decongestants – Avoidance of inappropriate use (AAO/AMA-PCPI)	0656: OME: Systemic corticosteroids – Avoidance of inappropriate use (AAO/AMA-PCPI) [NOTE: this measure is on Reserve Status]	0657: OME: Systemic antimicrobials – Avoidance of inappropriate use (AAO/AMA-PCPI)	2640: OME - Antibiotics Avoidance (CHOP)
Description	Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed or recommended to receive either <b>antihistamines or decongestants</b>	Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed <b>systemic corticosteroids</b>	Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed <b>systemic antimicrobials</b>	The proportion of encounters with a diagnosis of Otitis Media with Effusion (OME) made at age 2 months to 12 years, where patients were not prescribed <b>systemic antimicrobials</b> .
Data Source	Paper Medical Records	Paper Medical Records	Paper Medical Records	EHRs (eMeasure)
Level of Analysis	Clinicians: Individual and Group/Practice	Clinicians: Individual and Group/Practice	Clinicians: Individual and Group/Practice	Clinicians: Individual and Group/Practice; Facility
Setting	Clinician Office/Clinic	Clinician Office/Clinic	Clinician Office/Clinic	Clinician office/clinic and urgent care settings
Numerator	Patients not prescribed/recommended antihistamines/decongestants	Patients not prescribed systemic corticosteroids	Patients not prescribed systemic antimicrobials (standardized code set not provided)	Eligible encounters where systemic antibiotic not prescribed (identified using RxNorm codes)

# Side-By-Side Comparisons

NQF Title/#	0655: OME: Antihistamines or decongestants – Avoidance of inappropriate use (AAO/AMA-PCPI)	0656: OME: Systemic corticosteroids – Avoidance of inappropriate use (AAO/AMA-PCPI) [NOTE: this measure is on Reserve Status]	0657: OME: Systemic antimicrobials – Avoidance of inappropriate use (AAO/AMA-PCPI)	2640: OME - Antibiotics Avoidance (CHOP)
Denominator or	<p>Patients 2mo. -12 yrs with OME dx</p> <p>Specified with ICD-9-CM and ICD-10-CM and CPT codes.</p> <p>CPT Codes: 99245</p>	<p>Patients 2 mo. - 12 yrs with OME dx</p> <p>Specified with ICD-9-CM and ICD-10-CM and CPT codes.</p> <p>CPT Codes: 99245</p>	<p>Patients 2 mo. - 12 yrs with OME dx</p> <p>Specified with ICD-9-CM and ICD-10-CM and CPT codes.</p> <p>CPT Codes: 99245</p>	<p><b>Outpatient encounters</b> for patients age 2-155 mo. with OME dx.</p> <p>Specified with ICD-9-CM, ICD-10-CM, SNOMED-CT, and CPT codes.</p> <p>ICD-10:</p> <p>H74.1 Adhesive middle ear disease</p> <p>H74.11 Adhesive right middle ear disease</p> <p>H74.12 Adhesive left middle ear disease</p> <p>H74.13 Adhesive middle ear disease, bilateral</p> <p>CPT Codes: 99211, 99255,</p>

# Side-By-Side Comparisons

NQF Title/#	0655: OME: Antihistamines or decongestants – Avoidance of inappropriate use (AAO/AMA-PCPI)	0656: OME: Systemic corticosteroids – Avoidance of inappropriate use (AAO/AMA-PCPI) [NOTE: this measure is on Reserve Status]	0657: OME: Systemic antimicrobials – Avoidance of inappropriate use (AAO/AMA-PCPI)	2640: OME - Antibiotics Avoidance (CHOP)
Exclusions	Documentation of medical reason(s) for prescribing or recommending patients receive either antihistamines or decongestants	Documentation of medical reason(s) for prescribing systemic corticosteroids	Documentation of medical reason(s) for prescribing systemic antimicrobials	Diagnosis at the visit of common childhood infection for which antibiotics are frequently indicated (identified with ICD-9-CM, ICD-10-CM, and SNOMED-CT codes)

# Public Comment

# Next Steps

# Activities and Timeline

Milestone	Due Date
Post Meeting Call	March 24, 2017
Comment Period	April 27 – May 30, 2017
Post-Comment Call	Week of June 12 <sup>th</sup> , 2017
NQF Member Voting Period	June 21 – July 6, 2017
CSAC	July 11-12, 2017
Appeals Period	July 14 – August 13, 2017

# Project Contact Information

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# Adjourn