



Musculoskeletal Standing Committee Off-Cycle Review Webinar

*Kathryn Streeter
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Welcome and Introductions

Agenda

- Standing Committee Introductions
- Consideration of Candidate Measures
- Public Comment
- Next Steps
- Adjourn

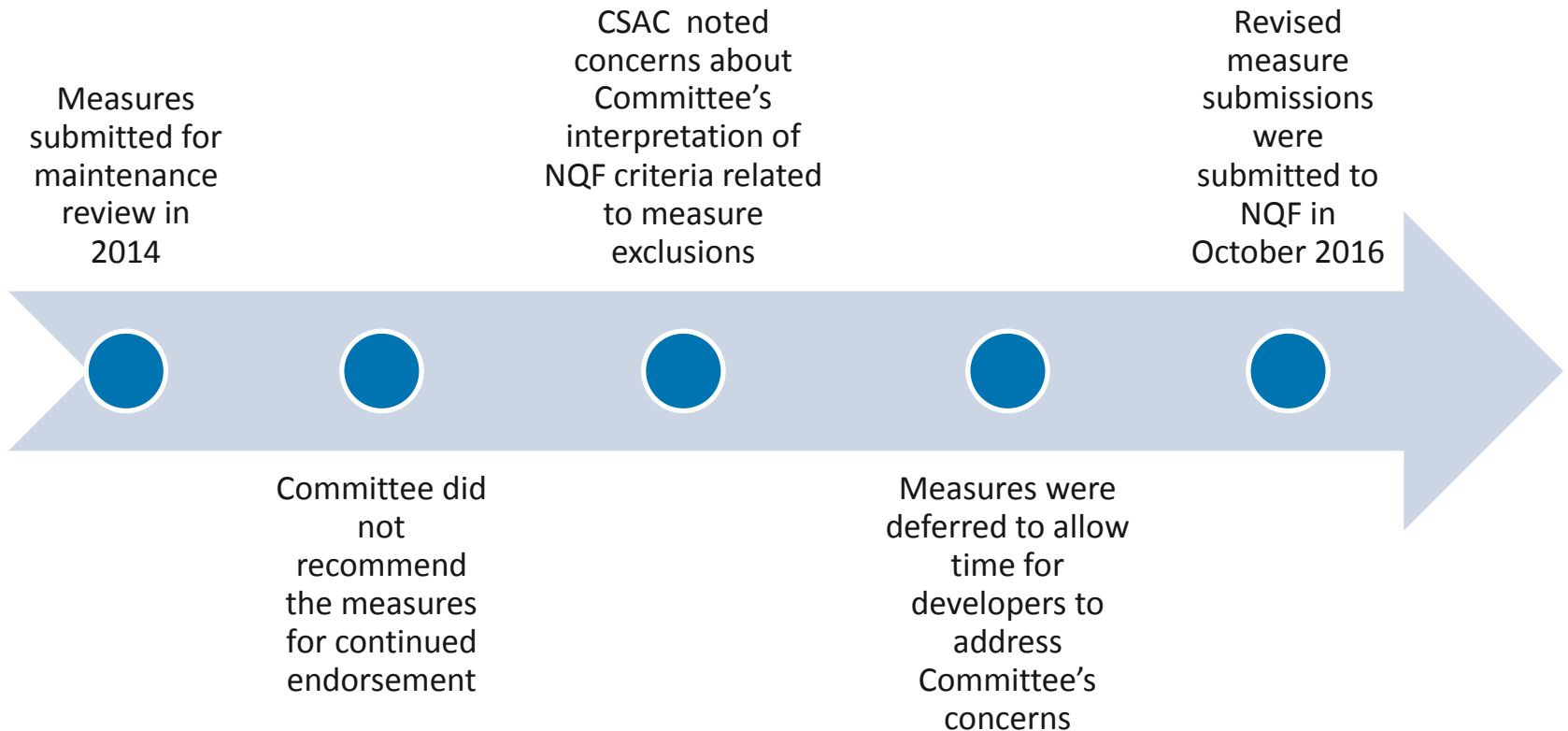
Standing Committee

- Roger Chou, MD FACP (Co-Chair)
- Kim Templeton, MD (Co-Chair)
- Thiru Annaswamy, MD
- Carlos A. Bagley, MD, FAANS
- Steven Brotman, MD, JD
- Craig Butler, MD, MBA, CPE
- Sean Bryan, MD
- Kelly Clayton, BS
- James Daniels, MD, MPH, FAAFP, FACOEM, FACPM
- Christian Dodge, ND
- V. Katherine Gray, PhD
- Marcie Harris Hayes, PT, DPT, MSCI, OCS
- Mark Jarrett, MD, MBA
- Puja Khanna, MD, MPH
- Wendy Marinkovich, BSN, MPH, RN
- Jason Matuszak, MD, FAAFP, CAQSM, RMSK
- Catherine Roberts, MD
- Arthur Schuna, M.S., BCACP
- John Ventura, DC
- Christopher Visco, MD

Off-Cycle Review

0052: Use of Imaging Studies for Low Back Pain

0514: MRI Lumbar Spine for Low Back Pain



Consideration of Candidate Consensus Standards

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

- Since the last evaluation in 2014, CMS and NCQA have worked to harmonize #0052 and #0514
- Have been harmonized:
 - *Definitions of “low back pain” Cancer exclusions*
 - *Adding exclusions for HIV, spinal infection to #0052*
- Still not harmonized
 - *Imaging modalities*
 - *Exclusions, besides cancer*

Do you have recommendations for additional harmonization?

Side-By-Side Comparisons

NQF#	0052 - NCQA	0514 - CMS
Description	The percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis	The percentage of MRI of the lumbar spine studies for low back pain performed in the outpatient setting where conservative therapy was not attempted prior to the MRI
Better quality	Higher score	Lower score
Data Source	Administrative Claims	Administrative Claims
Level of Analysis	Health Plan, Integrated Delivery System	Facility, Region, State
Setting	Clinician Office/Clinic, Emergency Department, Ambulatory Urgent Care	Clinician Office/Clinic, Emergency Department, Hospital-Acute/Critical Care Facility, Imaging Facility, Ambulatory Urgent Care
Numerator	X-Ray, CT, MRI within 28 days of LBP dx	MRI without evidence of prior antecedent conservative therapy (PT/chiropractic treatment in 60 prior, E&M visit between 28-60 prior
Denominator	Patients ages 18-50 with primary dx of uncomplicated LBP (claims from outpatient visit, observation visit, ED visit, osteopathic/chiropractic treatment, PT visit, telehealth visit)	MRIs of Medicare FFS beneficiaries with LBP dx (hospital outpatient only)

Side-By-Side Comparisons

NQF#	0052 - NCQA	0514 - CMS
Exclusions	<ul style="list-style-type: none"> • Recent diagnosis (6 months prior) of uncomplicated low back pain • Cancer – history of to 28 days after IESD • Trauma -3 months prior to IESD to 28 days after IESD • Recent IV drug abuse –12 months prior to IESD to 28 days after IESD • Neurologic impairment–12 months prior to IESD to 28 days after IESD • HIV— history of to 28 days after IESD • Spinal infection–12 months prior to IESD to 28 days after IESD • Major organ transplant–history of to 28 days after IESD • Prolonged use (90 days) of corticosteroids– 12 months prior to IESD and including IESD • Hospice enrollees??? 	<ul style="list-style-type: none"> • Lumbar spine surgery within 90 days prior • Cancer within 12 months prior • Neoplastic abnormalities within 5 years prior • Trauma within 45 days prior • IV drug abuse within 12 months prior • Neurologic impairment within 12 months prior • HIV within 12 months prior • Unspecified immune deficiencies within 12 months prior • Inflammatory and autoimmune disorders within 5 years prior • Infectious conditions within 1 year prior • Congenital spine and spinal cord malformations within 5 years prior • Spinal vascular malformations and/or the cause of occult subarachnoid hemorrhage within 5 years prior • Spinal cord infarction within 1 year prior • Treatment fields for radiation therapy within 5 years prior • Spinal abnormalities associated with scoliosis within 5 years prior • Syringohydromyelia within 5 years prior • Postoperative fluid collections and soft tissue changes within 1 year prior • Intraspinal abscess

Next Steps

Milestone	Due Date
Public Comment Period	Feb 16 – March 15, 2017
Post-Comment Call	TBD: Week of April 3, 2017
NQF Member Voting Period	April 20 – May 4, 2017
CSAC	April 21-22, 2017
Appeals Period	April 25 – May 24, 2017

Project Contact Information

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