

National Quality Forum

Moderator: Leslie Vicale
August 17, 2015
2:00 p.m. ET

Operator: This is Conference #: 84557693.

Welcome to the conference.

Please note today's call is being recorded.

Please standby.

Leslie Vicale: Good afternoon, everyone, thank you for joining us. This is NQF. I'm Leslie Vicale, I'm a Project Manager. I'd like to welcome everyone for joining us today.

I'm joined by our Senior Director Sharon Hibay, Melissa M., Ashley Ridlon and Laura Ibragimova, also joined here by Elisa Munthali and Helen Burstin.

So first, we wanted to just note the purpose of the call is for the Ad Hoc Measure 0018 Controlling High Blood Pressure. And we wanted to note to everyone for the sake of a transfer to the call, whenever you're speaking, please just restate your name before you on today's call.

So before I go, (any further) I wanted to, (first, take ball) any of the committee members who've joined that call today, so I'll go through the names and you just let me know if you're on the call. And in addition, if you joined through the web, we ask that you dial in so that you can participate in the discussion as well, so Mary George?

Mary George: I'm here.

Leslie Vicale: Thank you, Mary. Thom Kottke?

Thom Kottke: Here.

Leslie Vicale: Sana Al-Khatib?

Sana Al-Khatib: I'm here, good afternoon.

Leslie Vicale: Thanks, Sana. Carol Allred.

Carol Allred: Here.

Leslie Vicale: Thanks, Carol. Linda Briggs?

Linda Briggs: I'm here.

Leslie Vicale: Thanks, Linda. Leslie Cho?

Leslie Cho: Here.

Leslie Vicale: Thanks, Leslie. Joe Cleveland? Michael Crouch? Elizabeth DeLong?

Elizabeth DeLong: Here.

Leslie Vicale: Thanks, Elizabeth. Ellen Hillegass?

Ellen Hillegass: Here.

Leslie Vicale: Thank you. Judd Hollander?

Judd Hollander: Here.

Leslie Vicale: Thanks, Judd. Thom James?

Thom James: Present.

Leslie Vicale: Thanks, Thom. Joe Marrs?

Joe Marrs: I'm here.

Leslie Vicale: Great. Gerard Martin? Kristi Mitchell?

Kristi Mitchell: Here.

Leslie Vicale: Thanks, Kristi. George Philippides?

George Philippides: Here.

Leslie Vicale: Thanks, George. Nicholas Ruggiero? Jason Spangler?

Jason Spangler: Present.

Leslie Vicale: Thanks, Jason. Henry Ting? And Mladen Vidovich?

Mladen Vidovich: Present.

Leslie Vicale: Thanks, Mladen.

Mladen Vidovich: Thank you.

Leslie Vicale: OK. Before we continue, I wanted to see if Helen Burstin, our Chief Scientific Officer, have any remarks before the call.

Helen Burstin: Hi, everybody, and thank you for joining us in the dogs days of August. So the remarkable, we have a quorum of this committee, very dedicated. So thank you so much.

I just wanted to give a tiny bit of context for this call, I think this is the first ad hoc review that this committee have done. We are now doing all of our ad hoc reviews as part of our standing committees. And basically, the intend here is that if a measure comes forward, either from the developer or from external folks, in terms of either change in the evidence or concerns about a change in some of the science, or validity, or intend to consequences, there's an opportunity for the committee to just review that one element to the measure.

So when NCQA submitted this update of 0018, so the Hypertension Measure that's in very, very wide spread use, given the fact that we had heard significant concerns from many different groups as well as support for this change in the measure which also actually went through the (MAP) process as well last year. We (though this) would be a great opportunity for the Cardiovascular Standing Committee to weight-in in particular.

So as you're going through this today, we're only asking you to focus on the issue (in hand), which is the change in evidence, and really keeping to these specific issues around evidence assessment at NQF, which is about the quality, quantity and consistency of evidence for the change that underlies the change in the measure.

So I suspect we will have some good discussion today and as well as some public comments. So with that, I'll turn it back over. If anybody has any from the committee or the chairs, there's any specific question about this process, I'm happy to take them before we luncheon.

Thom or Mary, any questions in particular?

Thom Kottke: I don't...

Mary George: Not for me.

Helen Burstin: OK. Or the committee members, any questions? Great, thanks.

Leslie Vicale: OK. Well then, I wanted to – Thanks, Helen. I wanted to go ahead and let everyone on the call, the committee members know that following the call, you'll be receiving e-mail from myself, from Leslie, that will contain a SurveyMonkey link, where you'll be able to vote based on the discussion today as Ad Hoc of Measure 0018.

The survey will contain two questions and we do ask that the committee members complete the survey within 7 days by (inaudible) on the 24th, that would be next Monday.

However, we do still encourage you to go ahead and place your votes sooner than later while the information is still fresh in your mind. So all the committees will have the opportunity to review the summary memo, the transcript and recording of the webinar in order to assist with any voting.

So now, I'd like to turn it over to Thom and Mary. And thank you very much, Thom and Mary, so please go ahead.

Thom Kottke: OK, this is Thom. Thanks everybody on the committee for taking time to review this measure. That's about all I'm going to say because I have to refuse myself to develop some of the NCQA Cardiovascular Measurement Advisory Panel. So I'll turn it over to Mary, and that's anything more for the rest of the call.

Mary George: Thank you, Thom. And what I'd like to do now is to ask any other committee members that might have a conflict of interest with this measure, to (recuse) themselves. So if anyone else has a conflict, would you identify yourself?

All right. The change in this measure – so the couple of them for considerations, the existing measure had blood pressure controlled to level of 140 over 90 for adults ages 18 to 85. And this change now separates us into three separate populations with specific different target blood pressures.

Specifically, were those ages 18 to 59, blood pressure control as defined at a level of less than 140 over 90. For diabetics, ages 60 to 85, control as the level 140 over 90. And for adults, ages 60 to 85, control as defined as 150 over 90. The other aspects of the measure remain the same including the same exclusions. And I'll just remind you that the SiSaf endorse three years ago.

And now, I'll like to turn it over to NCQA to say just a few comments about the measure.

Dan Roman: Hi, Mary. This is Dan Roman with NCQA, I'm a Senior Research Associate here and I lead the Cardiovascular and Diabetes measure development for HEDIS measures.

I am joined by a few other colleagues and I just want to give them a change to introduce themselves and say might speak up throughout the discussion today. In the room with me...

Bob Rehm: Bob Rehm, Assistant Vice President of Performance Measurement.

Renee Ethier: Renee Ethier, Coordinator of Performance Measurement.

(Angel Pital): (Angel Pital), Healthcare Analyst, Performance Measurement.

Dan Roman: And I believe we have some folks on the phone.

Thom Kottke: Mary, are you able to speak – Mary Barton is speaking (inaudible) for her shoes on. I think (Cape Cod), somewhere on the deck and hopefully, has her phone on mute.

Mary Barton: Can you hear me now?

Thom Kottke: Yes. Thanks, Mary.

Mary Barton: OK, all right. I'm going to go back to mute.

Female: Hi, (Mary Barton).

Dan Roman: OK. With that, let me just start to introduce the measure here. So as described here, discussing our controlling high blood pressure measure, it was originally developed in 1999 and first endorse in 2009. Aside from it's used in NCQA accreditation and recognition program, this measure is use in other programs like the Medicare done Star Ratings, PQRS and meaningful use.

The measure is focused on patient with hypertension age 18 to 85 and assesses whether or not their blood pressure is adequately controlled.

In 2014, we updated the definition of adequate control to align with the recommendations from the 2014 evidence-based guideline for the management for high blood pressure – in adults, which is the report from the panel members appointed to the 8th Joint National Committee.

Again, as Mary described, the change we made is included relaxing the blood pressure threshold for patients 16 and older to less than 150 over 90 for the general population. And we also added a threshold goal to specify that all diabetics should be treated to (inaudible) of less than 140 over 90.

The change was discussed thoroughly with our Cardiovascular Measures Advisory Panel, our diabetes measurement advisory panel. Our Geriatrics Advisory Panel and ultimately our committee for performance measurement, all of whom approved of this change. We submitted that in 2014 and I think that that brings us to the purpose of today's meeting which is to discuss the updated measure.

Thank you.

Mary George: Thank you very much. So I will go through a review of the submitted evidence. This measure as you know is an intermediate outcome measure and the developers submitted this evidence, the systematic review from the panel. And they did provide a QQC with that which was – essentially the QQC from the review panel.

The panel graded the evidence were adults 18 to 59, as well as the changes for diabetics 60 to 85. Both of those were rated as "expert opinion". And the panel graded the evidence for adults age 60 to 85, I believe it was "moderate quality" from the studies themselves.

The systematic review had specific inclusion and exclusion criteria for evidence, which I think is important in understanding this review.

They included evidence only from randomized control trials and specifically excluded any metaanalysis of RCTs. They exclude studies of the sample size less a hundred or when the followup in the RCTs was less than one year. The recommendations a two-thirds vote of the panel, in support of the recommendations. And the panel follows the ION recommendations or guideline development which requires an explanation of differences of opinion regarding the recommendation and therefore, when the panel put out their recommendation, there was an accompanying paper published labeled as

a minority to sent from those the disagreed with relaxing the blood pressure for those ages 60 to 85.

Recommendations for those older adults was based on six studies, two of which we're thought to have been underpowered. Two were done in the Japanese population. And high that one of – was specifically a trial that for ages 80 and older.

As I mentioned that the recommendations for those under 60, the systematic review found that the evidence was based on expert opinion because there was a lack of evidence from RCTs on which to based that.

It appears that after reading the evidence from the panel is, what the minority report, there was a lack of evidence to support a blood pressure less than 140 over 90 because that was not the target of any other specific trials that were reviewed, the targets were a target of less than 150 over 90.

And using the criteria for grading this recommendation, I think because two of the recommendations were based on expert opinion, they have to be reviewed according to the criteria for evaluating evidence separately from the other recommendation for which there was empiric evidence.

And so, if you follow that guideline for recommendations based on expert opinion, it appears to me as though that would probably land us in the insufficient evidence with the exception.

And in reviewing, the criteria for the 60 to 85 without diabetes, we did have empiric evidence and I think it really as a matter of how people want to evaluate that evidence some of the recommendation, the evidence statements mentioned that there was insufficient evidence regarding setting of blood pressure control level less than 150, as most of the trial did not used that as their target.

I don't have a lot else to say on the evidence, I will remind the committee that we have two other majors coming up in Phase III on Optimal Vascular Care for those coronary artery disease that have a blood pressure goal, of less 140 over 90, in the specific population.

There was nothing in the review that specifically looked and addressing what other vulnerable populations. Committee members should also be aware that ACC/AHA is currently writing national guidelines for hypertension management which are do out in 2016.

So with that, I'd like to open it up to the committee for discussion.

Any comments or questions for the developers from the committee?

Sana Al-Khatib: I just have a quick question. This is Sana Al-Khatib. Since we are aware that ACC and AHA are actually working on a guideline document on management of hypertension, would it not be prudent to wait until we see what that guideline document, you know, shows before we update this measure? Is there urgency regarding updating the measure now?

Bob Rehm: I'm not sure who you were addressing the question to, Sana, but this Bob Rehm of NCQA, if you're addressing it to us, we'd be happy to respond.

Sana Al-Khatib: Yes. Actually, I was addressing it to you.

Bob Rehm: OK. Thank you. This was an ad hoc review requested by an ad hoc review request which is a process NQF has. So this was not initiated on NCQA's behalf. This measure has been in use as Dan says, 1999, and it was revised for use in NCQA programs and also the Medicare Star Rating system couple of years back. So this measure is – we have a blood pressure measure, it's an important clinical area. High importance to many populations.

So, you know, we did not, we waited for the panel convened known as the JNCA panel and called other names by the folks. But we waited for that group to take a look at our preexisting measure which was to use shorthand to 140 over 90 measure. And then, when that evidence became available to us and we responded. If and when the ACC provides new guidance that is either in contrast with our current measure, and with the evidence that we (cite) here, then we would reevaluate the measure accordingly.

But in general, we don't wait because many people back in the day were waiting for the NHLBI guidelines for three to four years. So it's not probably prudent to always wait because there's always – then you're always in waiting more.

So, and again, this was an ad hoc request so we're simply responding to NQF's request.

Helen Burstin: Yes. Thanks, Bob. This is Helen. Let me just clarify. When this came in as an annual update, that was – it included a material change, so it automatically triggered in ad hoc review on our part anytime there's material change on a measure particularly around evidence so with automatically become an ad hoc. So that's actually how it came forward since there was a significant change in the (inaudible) of it.

Sana Al-Khatib: Thanks for clarifying.

Mary George: Other questions from the committee?

Joe Marrs: This is Joe Marrs. My question for NCQA, was there any consideration to evaluating the different age cut points that were specified in the American Society of Hypertension and International Society of Hypertension guidelines versus the JNCA group?

Dan Roman: This is Dan Roman with NCQA. When we updated the guidelines, we did look at across the other available guidelines. Again, this is the update to the – JNCA guidelines came out in 2014, we reacted that year and updated our measure. We evaluated the available guidelines and discussed all of them with our panel, our clinical advisory panels and decided that we would move forward with this update.

So we did evaluate the available guidelines, I know that there are been some updates to some of the national guidelines since this came out. But that was just in the last year, we don't have...

Linda Briggs: This is Linda Briggs. Can I have quick question also about the cohort here because while there is evidence for the patients over the age of 60 to 85 for the

blood pressure goal of less than 150 over 90. There really isn't any stipulation about diabetes versus non-diabetes in that population that I saw. And I'm not real clear on what the rationale is for teasing out diabetics and giving them a lower blood pressure goal in that same age group when that's not what the JNCA guidelines went with.

Dan Roman: This is Dan Roman again with NCQA. The JNCA recommendations do specify that all patients with diabetes regardless of age should be treated to a goal of less than 140 over 90.

We previously did not have tease out in our measure because the goal was less than 140 over 90 for everyone, because we added in the threshold for the 60 to 85 year old and the general population. We had to tease out that, otherwise we'll including diabetics 50 to 85 and saying that they should be treated to less than 150 over 90.

Again, the JNCA recommendation for all diabetics is to be treated to a goal of less than 140 over 90. The rationale the provided is that, there were no studies that showed that or that that focus on treating to any specific goal and they basically describe the evidence that supported the goals of less than 150 and extrapolate it that it should be one – less than 140 over 90. And basically said, there's no reason to change that and that's essentially what they describe in JNCA guideline and the supplement, the evidence review that they provided.

Linda Briggs: But it was professional opinion, expert opinion was the grade of evidence for diabetics.

Dan Roman: Correct. That's correct.

Mary George: Other questions from the committee?

Leslie Vicale: If there are no other questions or comments from the committee, we can go ahead and open it up for public comment.

Operator: Yes, ma'am. If you like to make a comment, please press star then the number one on your telephone keypad.

I think at this time, there were no public comments.

Mary George: Leslie, would you (inaudible) whether there's any questions about the upcoming Phase III?

Leslie Vicale: Thanks, Mary.

Yes. You can go ahead and we can start the discussion about any questions committee members might have regarding the Phase III measures that will be under review.

Mary George: So I think every (inaudible) and has all of the information for the Phase III review, to any of the committee members have any questions for NQF about that.

Sana Al-Khatib: This is Sana Al-Khatib. I actually have a couple of questions. I went on the website to try to submit my responses regarding the measures that were assigned to me. And I couldn't find a new list of the measures under the survey, you know, button if you will. I don't know, it's still list the old (MedAce II).

So maybe I'm not looking in the right place but I'm yet to be able to find that place where I can submit my evaluations.

Leslie Vicale: Hi, Sana. This is Leslie. And we're trying to pull that up on screen sharing right now, so you can take a look. So, actually, on the left hand side of the committee teams, you'll notice that there are actually – there's two links to evaluation that you're going to look for the 2015 link. And that should have the measures for the Phase III projects.

Sana Al-Khatib: Yes. I only found the '15 and 2014, I can't find the 2015.

Leslie Vicale: OK. We're going to pull that up on our page that we can...

Sana Al-Khatib: OK.

Leslie Vicale: ... show on the left hand side where that is.

Sana Al-Khatib:: That would be great. And then, as you looking for that, let me ask my next question, one of the measures, I was assigned three measures and one of my measures, did not have the materials that I need to review with. One can I expect to get those?

Leslie Vicale: Thanks, Sana. Yes. We're still working with the developers on a few additional items at this point.

Sana Al-Khatib: OK.

Leslie Vicale: And so, those measures that have not been – that would be (why), and as of measures become available, I'm individually e-mailing the committee members who are the lead (inaudible) to notify them, that the measures are available for their review. I hope that helps.

Sana Al-Khatib: Yes. I definitely helped. Thank you very much.

And I see here that you have the (CV3) committee. Yes, I don't have that on my screen, maybe I need to refresh or something.

Jason Spangler: This is Jason. I'm actually on the same page and under surveys where it says, "Committee Preliminary Measure Evaluation". When you click that, it has the one from December of 2014.

Sana Al-Khatib: Right. That's what I'm getting.

Jason Spangler: That's exactly what I'm getting.

Leslie Vicale: If you click (CV3) Committee Preliminary...

Sana Al-Khatib: Yes. I don't have that on my list.

Leslie Vicale: OK. So we'll go ahead and we'll work with I.T. We'll followup with everyone offline...

Sana Al-Khatib: That would be great.

Leslie Vicale: ... to make sure that you have the correct link.

Sana Al-Khatib: Perfect. Thank you.

Jason Spangler: Thank you.

Mary George: Other questions from the committee?

If not, Leslie, I'm going to turn it back over to you.

(Off-Mike)

Leslie Vicale: Thank you so much, Mary. So I wanted to go ahead and remind everyone that there will be an e-mail sent out following this call, with the survey link. So you all can go ahead and vote on the updates to the evidence of measure 0018.

And again, the e-mail, we'll have the SurveyMonkey link, and the transcript, and the recording, and the summary memo with the synopsis memo, will be provided to everyone. If they wanted to go back and review, any of the information or the discussion during the call today.

So I also wanted to go ahead and note some of the upcoming important dates that we have, and the timelines for these three. So as you all know, next Monday, August 24 from 12:00 to 1:00 P.M., we have our next standing committee, Q&A call. And during that call, we will be reviewing (e-measure) review process as well as the 5th Year Demographic Status Trial, (FTF) trial information.

After those items are discussed with the committee members, again, we'll have – sometimes, you go ahead and ask some questions that you may have regarding the measures that are being reviewed during Phase III if any questions you come off and you'd like to discuss that. The measure developers will also be invited to that call, as well as if you do have any questions that you would like to post, in advance to the in-person meeting.

And following that, on September 9th and 10th, that (CV), this Cardiovascular Standing Committee in-person meeting will be here at NQF in Washington, D.C. for two days. And then, following that, on September 25th, we will host the closed in-person conference call webinar and from 2:00 to 4:00 P.M.

Following, public and member comment will begin on October 16th and carried through November 16th.

Now, it's important to note that based on this ad hoc review of measure 0018, it will follow along with direct to the CV Phase III timeline in terms of public comment when it gets reviewed by the SiSaf as well as when it gets the endorse to review by the executive board.

We also finally wanted to let you all know the Cardiovascular Phase II report will b send to (AFH) on August 31st and posted to the public page. So anyone who described our project as the Cardiovascular Project will receive that notification when that updated to the project page and by the committee members. I will be sending out an e-mail as well to notify you all when that final report is available.

Are there any questions that you all have for the project staff here at NQF?

Jason Spangler: Leslie, this is Jason. I'm on who's working on your screen but I'm looking at the page you have there. And that page, I guess that's a staff, so I'm looking at the address at the top. That is not the same page that we have when you go to share.qualityforum.org. I know sure that staff.qualityforum.org. So I see that you have the Phase III survey, staff like that, just to reiterate, that's not the same page we get on our share.qualityforum.org.

Leslie Vicale: OK. Thank you very much for letting us know. And we'll go ahead and we'll work with our I.T. who ensure that you all have the correct web (inaudible) just available for you to complete you evaluation. We do appreciate you bringing that to our attention.

Jason Spangler: Great. Thank you.

Leslie Vicale: And before we go, we also did want to open it up one more time for public comment for measure 0018.

Operator, can you go ahead and open up the call once more?

Operator: Yes, ma'am. Once again, make a public comment, please press star then the number one.

Mary Barton: Well, this is Mary Barton of NCQA, if you could just say one thing.

Leslie Vicale: Interesting. Go right ahead, Mary.

Did you have a comment?

Mary Barton: Hello. This is Mary Barton, I did not – can you hear me?

Leslie Vicale: Yes. We can hear you, Mary. Go right ahead.

Mary Barton: OK. Thank you so much. I just wanted to thank the panel for taking a look at this evidence. We, the NCQA, are very glad to have the NQF endorsement process working along side the changes and evidence for this measure. And what we are really most, you know, what was really impressive to us as review the JNCA guidance and expect it was impressive to some of you as well. Was to what degree (inaudible) practice in this – and this is based on expert opinion.

And, in fact, I remember being told by some folks who are part of that JNCA pane that the only thin that a grade A evidence was the – diastolic (of) 90. And really, none of the systolic blood pressure had the kind of superb evidence that they wanted to see and create in their guidelines. So I certainly can appreciate how tricky this is. But I would just want to add that our geriatric panel and (inaudible) committee measurement, and really everyone with expertise in geriatric medicine the we discuss this with, was extremely supportive of the idea of holding older folks to slightly looser standard in order to avoid harm. And that was really strength to us as we took this change through our panel. And that was – that's a basis really of the evidence and the (inaudible) of the evidence that you see in our submission form.

Thanks very much.

Leslie Vicale: Thanks, Mary. Are there any other comments?

Operator: There are no public comments at this time.

Leslie Vicale: Well, thank you again everyone. Is anyone have any questions, please feel free to forward them to the Cardiovascular team or to myself, Leslie Vicale, I'm the project manager and my information is listed on this, Cardiovascular Project webpage, public webpage.

And we do appreciate our committee members who joined us today, our committee co-chairs, Thom and Mary, and Mary for going through the information today, along NCQA, thank you for joining us to provide updates. And again, if anyone has any questions, feel free to contact us.

Thank you.

Mary George: This is Mary George. And I just want to thank the committee members and the NCQA as well.

Male: Thank you.

Male: All right, thanks, bye-bye.

Female: Thank you, everyone.

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