NATIONAL QUALITY FORUM

Memo

TO: Consensus Standards Approval Committee (CSAC)

FR: NQF Eye Care, Ear, Nose and Throat Project Team

RE: Appeal on Eye Care and Ear, Nose and Throat Conditions Measure

DA: January 12, 2016

In accordance with the NQF Consensus Development Process (CDP), the measures recommended by the NQF Eye Care and Ear, Nose and Throat Conditions (EENT) Standing Committee were released for a 30-day appeals period, which closed on December 7, 2015. NQF received one letter of appeal from the American Optometric Association (AOA) asking NQF to rescind the Approval for Trial Use for eMeasure ***#2721: Screening for Reduced Visual Acuity and Referral in Children***.

The following documents are appended to this memo:

1. **Appendix A** – Appeal Letter for eMeasure 2721: Screening for Reduced Visual Acuity and Referral in Children from the American Optometric Association
2. **Appendix B** – Measure evaluation summary table

CSAC ACTION REQUIRED

The CSAC will review the letter of appeal and this memo in consideration of the appeal. The CSAC will determine whether to uphold NQF Approval for Trial Use for eMeasure ***#2721: Screening for Reduced Visual Acuity and Referral in Children***.

Summary of Issues Raised in the Appeal

During the public comment period, the American Optometric Association (AOA) submitted substantial comments that were discussed in detail by the Standing Committee. The appeal raises the additional issue of the effectiveness and appropriateness of vision screening for children in general. AOA states that the "National Eye Institute (NEI) and the Centers for Disease Control and Prevention (CDC) both report that the only way to be assured of healthy eyes and vision is through a comprehensive eye examination. Screenings do not give any such assurance but can certainly mislead children and their parents into believing care has been rendered when it has not." Specific concerns raised in the appeal include:

- Vision screening methodologies fail to identify as many as 73 percent of children with vision issues;
- Children who are identified by screening as having vision issues usually do not receive an eye examination to diagnose the problem and begin treatment; and
- The measure fails to track whether children receive follow-up care and treatment if necessary.

Summary of the EENT Standing Committee's Response to the Appeal Letter
The EENT Standing Committee reviewed the appeal letter and provided responses via email. All responses supported the EENT Standing Committee's original recommendation to move eMeasure *#2721 Screening for Reduced Visual Acuity and Referral in Children* forward for NQF Approval for Trial Use. While the EENT Standing Committee acknowledged the appellant's concerns, the Committee agreed that those concerns were discussed in detail during the two day in-person meeting and post-comment call. The Committee recognized that, although the measure may not be perfect, by approving it for trial use, the eMeasure will be tested and further developed, which can lead to better eye care screening measures for children.

Summary of Standing Committee Evaluation (June – August 2015)
The intent of the measure is to encourage early screening for vision impairments in preschool age children in the primary care setting so they can be appropriately referred to eye care specialists. The measure is based on recommendations from the US Preventive Services Task Force, the American Academy of Family Physicians, and the American Academy of Pediatrics. On recommendation from the Committee, the developers agreed to change the title from "Amblyopia Screening in Children" to reflect what is being measured – visual acuity (there is no specific screening test for amblyopia). This measure is intended to evaluate primary care providers of children and does not specify a particular test to meet the measure. AOA comments noted that visual acuity is not a condition and suggests revising the title to "Vision Impairment Screening and Referral in Children."

There was extensive discussion with the measure developer during the in-person meeting regarding this eMeasure for Trial Use in which the Committee explained their concerns and provided suggestions. Committee members indicated that disparities are a concern for identifying vision problems in children and that referral and closing the referral loop is critical for quality care. Committee members suggested the developers consider how the measure would address school-based vision screening. The Committee agreed to recommend this new eMeasure for Approval for Trial Use to understand how it will perform in the field. The developers made some changes and agreed to address the Committee's concerns during testing of the eMeasure. An eMeasure approved for trial use should not be used for accountability purposes. AOA comments raised concerns that the eMeasure does not indicate how children will be tracked and measured for follow-up care. After the Post Comment Call, the developers agreed to revise the measure title as "Screening for Reduced Visual Acuity and Referral in Children."

Additional details of the measure evaluation are included in Appendix B.

AMERICAN OPTOMETRIC ASSOCIATION
1505 PRINCE ST., STE. 300, ALEXANDRIA, VA 22314 | 800.365.2219

December 7, 2015

Bruce Siegel, MD, MPH
Chairman, Board of Directors
National Quality Forum
1030 15th St., Suite 800
Washington, DC 20005

Dear Dr. Siegel,

The American Optometric Association (AOA) represents approximately 33,000 doctors of optometry and optometry students. Doctors of optometry serve patients in nearly 6,500 communities across the country, and in 3,500 of those communities are the only eye doctors. Doctors of optometry provide more than two-thirds of all primary eye and vision health care in the United States. The AOA is a member of the National Quality Forum (NQF) and has been very active in providing input to the NQF's Eye, Ear, Nose and Throat Standing Committee regarding the measures under consideration.

The AOA is very concerned with the actions taken regarding the "Screening for Reduced Visual Acuity and Referral in Children" quality measure and is requesting an appeal of the Board's decision to move forward with initial endorsement and approval of this measure for trial use. This quality measure directly and materially affects one of the most important interests of our members, providing high quality eye care to children. Advocating for a measure that will fail to identify all children in need of eye care will certainly impede their social and academic growth.

When the reduced visual acuity measure was discussed by the EENT committee, the committee had a hearty discussion and identified many flaws and limitations. This measure is questionable in its effectiveness for many reasons, both clinical and practical. For example, there is no universal screening mechanism, there is no screening methodology that is sensitive and specific enough for the task, the qualifications of screeners vary from site to site, and—most importantly—the measure will do nothing to improve quality. Children who are identified by screening as having a potential vision problem usually do not receive an all-important eye examination to diagnose the problem and begin treatment.

The AOA is very concerned that the measure will fail to successfully identify children with vision impairments in need of care. So-called vision screening methodologies fail to identify as much as 73 percent of children with vision issues in need of correction. The only preventive service that adequately identifies vision issues and leads directly to care is an eye examination by an optometrist or ophthalmologist. The National Eye Institute (NEI) and the Centers for Disease Control and Prevention (CDC) both report that the **only** way to be assured of healthy eyes and vision is through a comprehensive eye examination. Screenings do not give any such assurance but can certainly mislead children and their parents into believing care has been rendered when it has not.

The AOA emphasizes this point: Children who fail the proposed screening need an eye examination to determine whether and how to address their vision needs, and children who pass the proposed screening also need an eye examination because screening misses most vision problems that need treatment. Therefore, there is no value to screening children in lieu of an eye examination. The screening measure even fails to track whether screened children receive an eye examination with follow-up care and treatment if necessary. Because screenings are misunderstood by parents to be more diagnostic than they are, screenings actually become a barrier to care instead of promoting access to care.

With regard to the measure title itself, it must be noted that visual acuity is not a "condition." Everyone, with the exception of those with no light perception, has "visual acuity" that can be described in a recognizable and accepted term. As such, "Visual Acuity Screening" would not be acceptable public health terminology for a quality measure. "Screening" has a strict public health definition related to finding "conditions" early so that actions can be taken to address the condition or to minimize the risk of progression. One could screen for "Vision Impairment" (e.g., visual acuity of 20/40 or less in the better eye) and use vision acuity testing methods as the testing methodology. However, most eye conditions are better treated before vision impairment occurs. With the exception for the disputed screening measure for amblyopia between ages 3 to 5, which received a grade B,[1] no form of vision screening is recommended at any age by the U.S. Preventive Services Task Force. Thus, the measure title itself requires additional attention for accuracy and relevance.

The AOA believes this measure must be reworked significantly before it is ready to be used even on a limited trial basis and requests that the NQF Board rescind the decision regarding this quality measure.

Thank you for your consideration. If you have additional questions, please contact Jensen N. Jose at jjose@aoa.org.

Sincerely,

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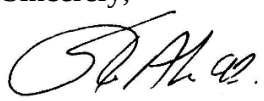

Steven A. Loomis, O.D.
AOA President

[1] U.S. Preventive Services Task Force. "*Visual Impairment in Children Ages 1-5: Screening*." Last accessed November 24, 2015. http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/visual-impairment-in-children-ages-1-5-screening.

Appendix B - Measure Evaluation Summary Tables

LEGEND: Y = Yes; N = No; H = High; M = Moderate; L = Low; I = Insufficient

2721 eMeasure Screening for Reduced Visual Acuity and Referral in Children (Trial Approval)

Submission |

Description: The percentage of children who received visual acuity screening at least once by their 6th birthday; and if necessary, were referred appropriately.

Numerator Statement: Children who received visual acuity screening to detect the presence of vision problems between their 3rd and 6th birthdays, and if necessary, were referred to an eye care specialist.

Denominator Statement: Children who turn 6 years of age during the measurement period and who had a least one visit during the measurement period.

Exclusions: Children with an active diagnosis of amblyopia or blindness during the measurement period.

Adjustment/Stratification:

Level of Analysis: Clinician : Group/Practice, Clinician : Individual, Clinician : Team

Setting of Care: Ambulatory Care : Clinician Office/Clinic

Type of Measure: Process

Data Source: Electronic Clinical Data : Electronic Health Record

Measure Steward: Centers for Medicare and Medicaid Services

STANDING COMMITTEE MEETING [05/03/2015- 05/04/2015]

1. Importance to Measure and Report: The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap)

1a. Evidence: **H-1**; **M-9**; **L-3**; **I-2**; 1b. Performance Gap: **H-10**; **M-4**; **L-0**; **I-1;** Evidence Exception: **Y-0; N-0**

Rationale:

- Guidelines from American Academy of Pediatrics (AAP) and U.S. Preventive Services Task Force (USPSTF) were used as evidence for this eMeasure. The developers noted the process of care, visual screening and referral, can help to detect the presence of vision problems in children. Overall, the Committee agreed the process of care is closely related to the desired health outcome of better vision.
- The Committee agreed there is opportunity for improvement with the data the developers presented. The developers noted the performance score of 69.4% for this eMeasure based on 2013 data of 578 pediatric patients from a testing site at one urban northeastern teaching hospital that provides primary care services to a large pediatric population. The Committee acknowledged the disparities with visual screening for children in low income families and across all races.
- The Committee questioned the exclusion “children with an active diagnosis of amblyopia or blindness during the measurement period” noting there may be some children with an active diagnosis of refractive error which should be included in the exclusion as well. The developers stated they could add in the exclusion for the future after it has been tested, they only tested this with the exclusion of amblyopia or blindness.
- The developers clarified for the Committee that the measure is intended for primary care providers. The Committee members raised concerns that state laws vary for visual screening in children and that visual acuity screening is not always conducted within the healthcare system,

2721 eMeasure Screening for Reduced Visual Acuity and Referral in Children (Trial Approval)
which makes it difficult to capture all data. • The developers acknowledged that school screening is not captured in the measure. The developers suggested school screening could potentially be exclusionary criteria for when the measure is tested in real life settings and noted they will also test at school-based clinic settings for this measure to help explore the possibility of obtaining data from school systems to EHRs. The developers noted that this eMeasure is intended for use in the EHR incentive program and the goal is to have children screened before school starts.
2. Scientific Acceptability of Measure Properties: As this e-measure is a candidate for eMeasure Approval for Trial Use, testing for the measure will be submitted at a later time. (2b1. specifications consistent w/evidence) **eMeasure Trial Measure Specifications: H-2**; **M-10**; **L-2**; **I-1** The measure may be considered for endorsement after sufficient data to assess reliability and validity have been submitted to NQF, within three years of approval. Rationale: • The Committee acknowledged that this eMeasure is currently being considered for Approval for Trial Use, which does not require the measure to have testing for reliability and validity. • There was extensive discussion regarding the specifications and intent for the eMeasure since there currently is no uniform way to screen for visual impairment. Some Committee members were concerned that the measure may not be ready for implementation, however, given that the measure is for trial use only, the Committee agreed that the specifications for the eMeasure were sufficient for trial use. • The developer presented the eMeasure logic, which looks to see if screening was done and if it was done, whether or not the physician concluded the child's vision was fine, if the child's vision was not fine, whether the child was referred to a specialist. • The Committee recommended that for future testing of the measure, the developers should incorporate information from schools. The developer agreed and noted that capturing school data on referrals is something they will consider in the future but it is not something the measure can handle with the current limited testing.
3. Feasibility: H-3; M-10; L-1; I-1 *(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/ unintended consequences identified 3d. Data collection strategy can be implemented)* Rationale: • The Committee agreed the measure is feasible for implementation with EHR systems. • Some Committee members expressed concerns with data duplication within EHR systems.
4. Use and Usability: H-2; M-6; L-4; I-3 *(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)* Rationale: • The Committee acknowledged that this eMeasure is currently being considered for Trial Use. Therefore, it is not ready for accountability purposes since it has not been in use. If granted approval for Trial Use, sufficient data may be obtained to meet the criteria.

2721 eMeasure Screening for Reduced Visual Acuity and Referral in Children (Trial Approval)
• The developer plans to implement this measure as part of the Medicaid CHIP program.
5. Related and Competing Measures • There are no related or competing measures noted.
Standing Committee Recommendation for eMeasure Approval for Trial Use: **Y-10**; **N-5**
6. Public and Member Comment • Three commenters were generally in support of this measure. Two commenters did not agree with the Committee recommending this measure for Trial Use. The two commenters highlighted key concerns: the appropriateness of the title; whether the revised measure can still be supported by the U.S. Preventive Services Task Force (USPSTF)'s amblyopia recommendations; and whether the Committee's concerns with the measure were addressed in the draft report. o Developer Response: The ONC CHIPRA project team thanks the American Optometric Association for their detailed review and thorough comments on the Visual Acuity Screening and Referral in Children measure. The intent of the measure is to encourage early screening for vision impairments in preschool age children in the primary care setting so they can be appropriately referred to eye care specialists. The measure is based on recommendations from the USPSTF, the American Academy of Family Physicians, and the American Academy of Pediatrics. As noted in the report, the measure still requires further development and testing before it can be formally implemented. The ONC CHIPRA team will factor in all of the AOA's comments into our recommendations to CMS for future enhancement of the measure. The Committee again discussed this eMeasure and the concerns raised in the comments. Further discussions with the developer indicate that the developer is aware of the concerns and will consider the feedback as the eMeasure is further developed. The developers made some changes and agreed to test some concerns during testing of the eMeasure. While some members of the Committee were concerned with the limited testing of this eMeasure to date, the Committee supported continued development and testing of the eMeasure. During the Post Comment Call, the Committee suggested that the developers update the title of the measure to reflect the appropriateness and accuracy of what the measure is truly capturing, which is screening for reduced visual acuity and referral in children. The developers agreed and have updated the measure's title to reflect the public comments and Committee's request.
7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0
8. Board of Directors Vote: Recommended for Trial Approval on November 4, 2015
9. Appeals: Received one appeal from the American Optometric Association (AOA).