TO: Consensus Standards Approval Committee (CSAC)

FR: EENT Project Team

RE: Eye Care and Ear, Nose and Throat Conditions Member Voting Results

DA: October 13, 2015

The CSAC will review recommendations from the *Eye Care and Ear, Nose and Throat (EENT) Conditions* project at its October 13 conference call.

This memo includes a summary of the project, recommended measures, and themes identified from and responses to the public and member comments.

Member voting on these recommended measures ended on September 28, 2015.

Accompanying this memo are the following documents:

1. **Eye Care and Ear, Nose and Throat Conditions Draft Report.** The draft report has been updated to reflect the changes made following Standing Committee discussion of public and member comments. The complete draft report and supplemental materials are available on the project page.
2. **Comment table.** Staff has identified themes within the comments received. This table lists 57 comments received, developer responses and the NQF/Standing Committee responses.

CSAC ACTION REQUIRED
Pursuant to the CDP, the CSAC may consider approval of 23 candidate consensus standards for endorsement.

Eye Care and Ear, Nose and Throat Conditions Measures Recommended for Endorsement:

Eye Care measures:

- 0086: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
- 0086 eMeasure: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
- 0087: Age-Related Macular Degeneration: Dilated Macular Examination
- 0088: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
- 0088 eMeasure: 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
- 0089 eMeasure: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- 0563: Primary Open-Angle Glaucoma: Reduction of Intraocular Pressure by 15% or Documentation of a Plan of Care

- 0565: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
- 0565 eMeasure: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
- 0564: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
- 0564 eMeasure: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
- 0566: Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement

Eye Care Measure Recommended for eMeasure Approval for Trial Use:

- 2721 eMeasure: Screening for Reduced Visual Acuity and Referral in Children

Ear, Nose and Throat Measures

- 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
- 0657: Otitis Media with Effusion: Systemic antimicrobials – Avoidance of inappropriate use
- 1354: Hearing screening prior to hospital discharge
- 1354 eMeasure: Hearing Screening Prior to Hospital Discharge (EHDI-1a)
- 1360: Audiological Evaluation no later than 3 months of age
- 1361: Signed Part C Individual Family Service Plan (IFSP) before 6 months of age

Ear, Nose and Throat Conditions Measures Recommended for Inactive Endorsement with Reserve Status

- 0656: Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use

Ear, Nose and Throat Conditions Measure Not Recommended

- 0002: Appropriate Testing for Children with Pharyngitis

BACKGROUND

This project identified and recommends endorsement of performance measures for accountability and quality improvement that address eye care and ear, nose and throat specific conditions. The eye care and ear, nose and throat topic area includes measures for eye exam referral for patients with diabetes and avoidance of antibiotics for upper respiratory infection. NQF currently has more than 20 endorsed measures in the area of eye care and ear, nose and throat specific conditions. Eye disorders and vision loss are among the costliest health conditions in the United States. The top three reasons for seeing an ENT specialist are hearing dysfunction, ear infection (otitis externa and otitis media) and nasal congestion. Endorsement of measures for these conditions is important for continued improvements in care quality.

DRAFT REPORT

The Eye Care and Ear, Nose and Throat Conditions Member Draft Report presents the results of the evaluation of 24 measures considered under the CDP. Twenty-one measures are recommended for endorsement as voluntary consensus standards suitable for accountability and quality improvement,

one measure was recommended for inactive endorsement with reserve status, one eMeasure was recommended for Approval for Trial Use, and one measure was not recommended for continued endorsement. The measures were evaluated against the 2015 version of the measure evaluation criteria.

	MAINTENANCE	NEW	TOTAL
Recommended	15	6	21
Recommended for inactive endorsement with reserve status	1	0	1
Recommended eMeasure Approval for Trial Use	0	1	1
Measures not recommended for endorsement	1	0	1
Reasons for not recommending	Overall –1	0	

COMMENTS AND THEIR DISPOSITION

NQF received 57 comments from 13 member organizations and individuals on the draft report and the recommendations for endorsement.

A table of comments submitted during the comment period, with the responses to each comment and the actions taken by the Standing Committee and measure developers, is posted to the EENT project page.

Summary of Comment Themes and Committee Responses

The majority of the comments supported the Committee's recommendations. Two major themes were identified for the remaining comments:

Theme 1 - Disagreement with the Committee recommendations

Comments received disagreed with the Committee recommendations on three measures:

Measure 0002: Appropriate Testing for Children with Pharyngitis. Measure 0002 was not recommended by the Committee for continued endorsement because the measure does not capture test results (positive or negative for strep); rather the measure is focused on performing tests and not on prescribing antibiotics only if the test is positive. The Committee also noted that the measure does not align with AAFP's 5-point scale for treating pharyngitis.

> Once comment submitted, disagreed with the Committee's recommendation stating that this measure is routinely collected and used by health plans for quality improvement purposes. Additionally, the commenter noted *"In light of the recent White House Forum on Antibiotic*

Stewardship, and noting the American Academy of Pediatricians' guidelines for judicious use of antibiotics by distinguishing between viral and bacterial and testing for strep prior to prescribing antibiotics, we believe it is important to maintain focus on the need to discourage antibiotic use when the only diagnosis present is pharyngitis, and no positive test result for strep exists."

Two other comments submitted supported the Committee's recommendation for this measure.

NCQA, the measure developer submitted a comment letter to the Committee describing their efforts at convening a workgroup to review the Committee's concerns with the measure. The NCQA workgroup discussed the limitations of administrative data, the validity of the Centor Criteria (5-point scale), the CDC recommendations and the sensitivity and specificity of rapid testing and culture. The workgroup has recommended to NCQA's Committee on Performance Measurement to "update the age range from 2-18 to 3-18 years of age and continue to require a strep test when antibiotics are prescribed."

Committee Response: The Committee appreciated the developer's continued efforts to improve this measure. After review of the comments, the Committee did not change its recommendation to not endorse the measure. The Committee's concern with this measure is that administering the test (whether positive or negative results) and prescribing an antibiotic is considered good performance. Given the limitation of administrative data, the Committee suggests that a different approach may be needed to capture test results and address appropriate use of antibiotics. A Committee member suggested that removing endorsement may be the incentive to develop a better measure.

Measure 0656: Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use

Two comments received suggested that the Committee reconsider their recommendation of this measure for reserve status, stating that it is a good quality measure and should be recommended for full endorsement with continued active endorsement. One commenter referenced the work of Lester, et al., which highlights that removing incentives from reporting can result in a decrease in performance. Another commenter questioned the burden of data collection this measure may have on physicians.

Committee Response: While the Committee recognizes the commenters' concerns that removing active endorsement of this measure may potentially lead to a decrease in performance, the Committee agreed there is little room for performance improvement with this measure and maintains the recommendation for reserve status.

eMeasure 2721: Screening for Reduced Visual Acuity and Referral in Children – recommended eMeasure Approval for Trial Use

One comment did not agree with the Committee's recommendation for Trial Use of this eMeasure. The commenter's concerns included the appropriateness of the title; whether the changes to the 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.

Committee Response: There was extensive discussion with the measure developer during the in-person meeting regarding this eMeasure for Trial Use. The Committee explained their

concerns, and provided suggestions. The developers made changes and agreed to evaluate 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.

After review of the comment, the Committee suggested the measure developers update the measure title as suggested. The measure developers agreed and updated the measure's title from "Visual Acuity Screening and Referral in Children" to the revised "Screening for Reduced Visual Acuity and Referral in Children".

Theme 2 - Implementation of audiology measures– Accurately capturing cases

One commenter questioned the implementation of the audiology and hearing-related measures: Measure 1354 Hearing Screening Prior to Hospital Discharge (EHDI-1a), Measure 1360: Audiological Evaluation No Later than 3 Months of Age (EHDI-3) and eMeasure 1354: Hearing Screening Prior to Hospital Discharge (EHDI-1a). The Commenter questioned how these measures will be tracked and what their performance rates will be. Specifically for the eMeasure 1354, the commenter raised concerns regarding how accurately the measure can capture cases considering some birth deliveries happen outside of the hospital.

> ***Committee Response*:** During the in-person meeting, the Committee discussed the state-level tracking of these measures by the EHDI program at CDC. The eMeasure version 1354 is included in the EHR Incentive Program (Meaningful Use) for Hospitals.

NQF MEMBER VOTING RESULTS

All of the recommended measures were approved with 71 % approval or higher. Representatives of nine member organizations voted; no votes were received from the Consumer, the Public/ Community Health Agency, and the Supplier/ Industry Councils. Results for each measure can be found in Appendix B. Links are provided to the full measure summary evaluation tables in Appendix A.

REMOVE ENDORSEMENT OF MEASURES

Three measures previously endorsed by NQF have not been re-submitted or were withdrawn from maintenance of endorsement:

Measure	Description	Reason for removal of endorsement
1402 Newborn Hearing Screening (NCQA)	The percentage of children 6 months of age who had documentation of a review of their newborn hearing screening results by their 3-month birthday.	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)	This measure identifies the percentage of patients with Rheumatoid Arthritis who received	The developer determined that the expense and time commitment for such

Measure	Description	Reason for removal of endorsement
	hydroxychloroquine during the measurement year and had a fundoscopic examination during the measurement year or in the year prior to the measurement year.	maintenance of the measure was difficult to justify from a business investment perspective.
0587 Tympanostomy Tube Hearing Test (Resolution Health)	This measure identifies the percentage of patients age 2 through 12 years with OME who received tympanostomy tube(s) insertion during the measurement year and had a hearing test performed within 6 months prior to the initial tube placement.	The developer determined that the expense and time commitment for such maintenance of the measure was difficult to justify from a business investment perspective.

Appendix A-Measure Evaluation Summary Tables

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

0565 Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
Submission |
Description: Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery **Numerator Statement**: Patients who had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following cataract surgery **Denominator Statement**: All patients aged 18 years and older who had cataract surgery **Exclusions**: Patients with significant ocular conditions impacting the visual outcome of surgery **Adjustment/Stratification**: **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual **Setting of Care:** Ambulatory Care : Ambulatory Surgery Center (ASC), Ambulatory Care : Clinician Office/Clinic, Hospital/Acute Care Facility **Type of Measure**: Outcome **Data Source**: Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry **Measure Steward**: American Medical Association - Physician Consortium for Performance Improvement
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: **14-Y; 1-N**; 1b. Performance Gap: **9-H; 6-M; 0-L; 0-I** Rationale: Data provided by the developer shows the average performance score in the PQRS program increased from 90.6 percent in 2010 to 92 percent in 2012. Cataracts is currently the leading cause of blindness in the United States and The American Society of Cataract and Refractive Surgery estimates that 3 million cataract surgeries are conducted each year. Evidence provided by the developer shows a direct pathway between cataract surgery and the health outcome of improved vision, which is also linked to improvements in HRQOL and maintaining independence.
2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria (2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity) 2a. Reliability: **2-H; 12-M; 1-L; 0-I** 2b. Validity: **3-H; 12-M; 0-L; 0-I** Rationale: Reliability testing was conducted at the performance measure score level. Of the 454 physicians who reported, 408 physicians had complete data and a minimum number of 10 patients. Reliability at the minimum level of quality reporting events (10) is 47. The average number of quality reporting events for physicians included was 55.3. Reliability at the average number of quality reporting events was 83 percent. Validity was assessed by systematic assessment of face validity by an expert panel of 21 members who strongly agreed that the measure could distinguish quality of care. Some Committee members raised concerns about the large number of exclusions, noting that more than 50 percent of patients are excluded from this measure. The developer explained that because the measure is not risk-

0565 Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
adjusted, patients with complicated eye conditions may not be expected to achieve such high levels of visual acuity after surgery. The developer also explained that patients who would benefit from cataract surgery but who do not have the capability of reaching 20/40 vision were also excluded. The Committee noted that the measure description does not explicitly state whether the surgical eye or both eyes are being evaluated in the post-surgery checkup. A Committee member clarified that each eye is a separate episode.
3. Feasibility: 9-H; 6-M; 0-L; 0-I *(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. The measure is specified for several data sources, including claims and registry. All data elements are in defined fields in a combination of electronic sources.
4. Use and Usability: 9-H; 6-M; 0-L; 0-I *(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)* Rationale: The measure is used in the PQRS program. PQRS measures will soon be publicly reported and used in the value-based payment modifier. The measure is also used in the IRIS™ registry.
5. Related and Competing Measures This measure relates to measures: 0564 Complications within 30 days Following Cataract Surgery Requiring Additional Surgical Procedures 1536 Cataracts: Improvement in Patient's Visual Function within 90 days following Cataract Surgery (Patient-Reported Outcome Measures) There are no competing measures noted.
Standing Committee Recommendation for Endorsement: **15-Y; 0-N**
6. Public and Member Comment Two commenters were generally in support of this measure.
7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X
8. Board of Directors Vote: Y-X; N-X
9. Appeals

0565 eMeasure Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
Submission |
Description: Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery **Numerator Statement**: Patients who had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following cataract surgery **Denominator Statement**: All patients aged 18 years and older who had cataract surgery **Exclusions**: Patients with significant ocular conditions impacting the visual outcome of surgery **Adjustment/Stratification**: **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual **Setting of Care:** Ambulatory Care : Ambulatory Surgery Center (ASC), Ambulatory Care : Clinician Office/Clinic,

0565 eMeasure Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
Hospital/Acute Care Facility **Type of Measure**: Outcome **Data Source**: Electronic Clinical Data : Electronic Health Record **Measure Steward**: American Medical Association - Physician Consortium for Performance Improvement
STANDING COMMITTEE MEETING [05/03/2015- 05/04/2015] **1. Importance to Measure and Report: <u>The measure meets the Importance criteria</u>** (1a. Evidence, 1b. Performance Gap) 1a. Evidence: **14-Y; 1-N**; 1b. Performance Gap: **9-H; 6-M; 0-L; 0-I** <u>Rationale</u>: The previous discussion and voting on evidence and performance gap for the Claims/Registry version of measure 0565 applies to the eMeasure version.
2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria</u> (2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity) 2a. Reliability and Validity: **15-Y w/ Condition; 0-N** <u>Rationale</u>: Data element validity testing also counts for reliability testing. Validity testing for the eMeasure was conducted at the data element level at one test site, with the percent agreement for two abstractors being high at 96.2 percent for the numerator and 100 percent for the denominator. The Committee approved the eMeasure's reliability and validity with the condition that the eMeasure be tested with a simulated data set and brought back to the Committee during its Post Comment Call on August 21, 2015.
3. Feasibility: 9-H; 6-M; 0-L; 0-I *(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c.Susceptibility to inaccuracies/ unintended consequences identified 3d. Data collection strategy can be implemented)* <u>Rationale</u>: The Committee agreed the eMeasure is feasible as it is used in the EHR Incentive Program (Meaningful Use).
4. Use and Usability: 9-H; 6-M; 0-L; 0-I *(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)* <u>Rationale</u>: The eMeasure is used in the EHR Incentive Program (Meaningful Use).
5. Related and Competing Measures This measure relates to measures: 0564 Complications within 30 days Following Cataract Surgery Requiring Additional Surgical Procedures 1536 Cataracts: Improvement in Patient's Visual Function within 90 days following Cataract Surgery (Patient-Reported Outcome Measures) There are no competing measures noted.
Standing Committee Recommendation for Endorsement: **15-Y; 0-N** The Committee reviewed and accepted the results of the BONNIE testing on August 21, 2015 which fulfilled the conditions for endorsement.
6. Public and Member Comment This measure did not receive public comments.
7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X

0565 eMeasure Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery

8. Board of Directors Vote: Y-X; N-X

9. Appeals

0564 Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures

Submission | S

Description: Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence

Numerator Statement: Patients who had one or more specified operative procedures for any of the following major complications within 30 days following cataract surgery: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence

Denominator Statement: All patients aged 18 years and older who had cataract surgery and no significant ocular conditions impacting the surgical complication rate

Exclusions: Patients with any one of a specified list of significant ocular conditions that impact the surgical complication rate

Adjustment/Stratification:

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

Setting of Care: Ambulatory Care : Ambulatory Surgery Center (ASC), Ambulatory Care : Clinician Office/Clinic, Hospital/Acute Care Facility

Type of Measure: Outcome

Data Source: Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry

Measure Steward: American Medical Association - Physician Consortium for Performance Improvement

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: **Y-13, N-1** 1b. Performance Gap: **H-9**; **M-9**; **L-0**; **I-0;** Evidence Exception: **Y-0; N-0**

Rationale:

The Committee acknowledged the importance of this adverse outcome measure, noting that assessing rates of complications after cataract surgery will be a good indicator of quality of care.

The developer provided rationale stating that "Complications after surgery in eyes without significant ocular conditions that would impact the success of the surgery would reflect care that should be assessed for opportunities for improvement."

Some Committee members raised concerns regarding possible complications or co-morbidities that potentially were beyond the control of the surgeon performing the eye surgery.

The developers explained that the intent of the measure was to be a purely surgeon performance measure by eliminating patients with comorbidities and focusing performance on cases where the surgeon had the most impact on the patient's outcome and where the surgeon could focus on practice improvements. Data presented by the developer showed complication rates within PQRS of 3.4-5.2%. The Committee agreed that there is opportunity for improvement.

Committee members suggested that the developers should present the data for disparities.

2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria

0564 Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-6**; **M-8**; **L-0**; **I-0** 2b. Validity: **H-3**; **M-11**; **L-0**; **I-0**

Rationale:

The Committee agreed the measure's specifications are reasonable.

Some Committee members questioned the broad range of exclusions for the measure, asking whether the list of exclusions were necessary and suggested to the developers that stratification would be useful in distinguishing patients with prior complications before surgery from patients without prior complications before surgery.

The developer responded that they are currently collecting large amounts of data through registries and will be able to stratify data for both complicated and uncomplicated patients.

Committee members discussed the measure's 30-day timeframe. Some members questioned whether the timeframe is a true representation of a thorough assessment of complications after surgery.

The developer noted that a 30-day timeframe is sufficient in capturing post-surgery complications in cataract patients as data have shown most complications can occur within 10 days post-surgery. By increasing the timeframe more than 30 days, the measure could possibly capture patients that had incidental complications not related to the surgery.

For 390 physicians reporting to the IRIS™ Registry reliability testing at the measure score level was 0.87 to 0.97, which the Committee acknowledged as high reliability.

Validity testing was conducted with a systematic assessment of face validity, with 16 expert panelists strongly agreeing the measure will provide an accurate reflection of quality and can be used to distinguish good and poor quality.

3. Feasibility: H-9; M-5; L-0; I-0

(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 acknowledged the measure to be feasible. All data elements are clearly defined and used in PQRS and the IRIS™ registry.

The Committee noted the only concern is the costs associated with participation in the IRIS™ Registry as the physicians would have to have AAO memberships.

4. Use and Usability: H-8; M-6; L-0; I-0

(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)

Rationale:

The measure is currently in PQRS and will soon be publicly reported and used in the value-based payment modifier. The measure is also being used as a feedback mechanism for performance at participating physicians participating in the IRIS™ Registry.

5. Related and Competing Measures

Related measures:

0565 Cataracts: 20/40 or Better Visual Acuity within 90 days following Cataract Surgery

1536 Cataracts: Improvement in Patient's Visual Function within 90 days following Cataract Surgery (Patient-Reported Outcome Measures)

There are no competing measures.

Standing Committee Recommendation for Endorsement: **Y-14**; **N-0**

6. Public and Member Comment

0564 Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
Two commenters were generally in support of this measure. The developer requested the inclusion of this statement: "The developers explained that the intent of the measure was to be a purely surgeon performance measure by eliminating patients with comorbidities and focusing performance on cases where the surgeon had the most impact on the patient's outcome and where the surgeon could focus on practice improvements."
7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X
8. Board of Directors Vote: Y-X; N-X
9. Appeals

0564 eMeasure Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
Submission |
Description: Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence **Numerator Statement**: Patients who had one or more specified operative procedures for any of the following major complications within 30 days following cataract surgery: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence **Denominator Statement**: All patients aged 18 years and older who had cataract surgery and no significant ocular conditions impacting the surgical complication rate **Exclusions**: Patients with any one of a specified list of significant ocular conditions that impact the surgical complication rate **Adjustment/Stratification**: **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual **Setting of Care:** Ambulatory Care : Ambulatory Surgery Center (ASC), Ambulatory Care : Clinician Office/Clinic, Hospital/Acute Care Facility **Type of Measure**: Outcome **Data Source**: Electronic Clinical Data : Electronic Health Record **Measure Steward**: American Medical Association - Physician Consortium for Performance Improvement
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: **Y-13, N-1** 1b. Performance Gap: **H-9**; **M-9**; **L-0**; **I-0;** Evidence Exception: **Y-0; N-0** Rationale: The previous discussion and voting on evidence and performance gap for the Claims/Registry version of measure 0564 applies to the eMeasure version of 0564 as well.
2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria (2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity) 2a and 2b. Reliability and Validity: **14-Y; 0-N** Rationale: For reliability testing of the eMeasure, since data element validity testing was conducted for this eMeasure, it also counts for data element reliability as well.

0564 eMeasure Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
Validity testing for the eMeasure was conducted at the data element level at one test site, with the percent agreement for two abstractors being high at 99-100%. The Committee approved the eMeasure's reliability and validity with the condition that the eMeasure will be tested with a simulated data set and brought back to the Committee during its Post Comment Call on August 21, 2015.
3. Feasibility: H-9; M-5; L-0; I-0 *(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 eMeasure is feasible as it is specified in the EHR Incentive Program (Meaningful Use).
4. Use and Usability: H-8; M-6; L-0; I-0 *(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)* Rationale: The eMeasure is used in the EHR Incentive Program (Meaningful Use).
5. Related and Competing Measures Related measures: 0565 Cataracts: 20/40 or Better Visual Acuity within 90 days following Cataract Surgery 1536 Cataracts: Improvement in Patient's Visual Function within 90 days following Cataract Surgery (Patient-Reported Outcome Measures) There are no competing measures.
Standing Committee Recommendation for Endorsement Y-14; N-0 The Committee reviewed and accepted the results of the BONNIE testing on August 21, 2015 which fulfilled the conditions for endorsement.
6. Public and Member Comment This measure did not receive public comments.
7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X
8. Board of Directors Vote: Y-X; N-X
9. Appeals

0563 Primary Open-Angle Glaucoma: Reduction of Intraocular Pressure by 15% or Documentation of a Plan of Care
Submission |
Description: Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level a plan of care was documented within 12 months **Numerator Statement**: Patients whose glaucoma treatment has not failed (the most recent intraocular pressure (IOP) was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level a plan of care was documented within 12 months Plan of care may include: recheck of IOP at specified time, change in therapy, perform additional diagnostic evaluations, monitoring per patient decisions or health system reasons, and/or referral to a specialist

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

Plan to recheck: in the event certain factors do not allow for the IOP to be measured (e.g., patient has an eye infection) but the physician has a plan to measure the IOP at the next visit; the plan of care code should be reported.

Glaucoma treatment not failed: the most recent IOP was reduced by at least 15% in the affected eye or if both eyes were affected, the reduction of at least 15% occurred in both eyes.

Denominator Statement: All patients aged 18 years and older with a diagnosis of primary open-angle glaucoma

Exclusions: Not applicable.

Adjustment/Stratification:

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

Setting of Care: Ambulatory Care : Clinician Office/Clinic, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility

Type of Measure: Process (Intermediate Outcome)

Data Source: Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Paper Medical Records, Electronic Clinical Data : Registry

Measure Steward: American Academy of Ophthalmology

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

1. Importance to Measure and Report: <u>The measure meets the Importance criteria</u>

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

1a. Evidence: **H-9**; **M-5**; **L-0**; **I-0**; 1b. Performance Gap: **H-9**; **M-5**; **L-0**; **I-0;** Evidence Exception: **Y-0; N-0**

<u>Rationale</u>:

The Committee recognized the measure is an intermediate outcome measure (reduction of intraocular pressure by 15%) with a process component.

The evidence includes the 2010 AAO Guidelines and several randomized clinical trials—all of which supports that reduction of intraocular pressure prevents worsening of vision and blindness in patients with glaucoma significantly.

The PQRS data provided by the developer showed 92% performance for physicians reporting in 2009 increasing to 95% performance for physicians reporting in 2012. The developer emphasized the number of physicians reporting in 2013 only represented 15 percent of all eligible providers, highlighting room for improvement.

The developers provided disparities data for the measure, stating prevalence of OAG in African Americans is considerably higher than non-Hispanic whites in the United States.

Some Committee members suggested the developer include risk-adjustment for future iterations of the measure, stating it would help to account for the growing Hispanic population with glaucoma that may have issues with access to care.

Some Committee members were concerned with the measure's 15% reduction of intraocular pressure stating that there are external factors that can impact the percentage of a patient's pressure from provider related factors to system related factors.

2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria</u>

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-6**; **M-8**; **L-0**; **I-0** 2b. Validity: **H-1**; **M-11**; **L-2**; **I-0**

<u>Rationale</u>:

The Committee agreed that the reliability of the measure was demonstrated, with the developer providing reliability testing at both the measure score level and data element level.

For the measure score reliability, the developer used data from 220 ophthalmologists submitted to the IRIS™

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

Registry for 2014 PQRS reporting that the reliability rate ranged from 0.35 to 1.0. Data element reliability testing was conducted by inter-rater reliability from a single ophthalmology practice at 2 sites with 33% (PQRS claims vs gold standard) and 96.1% (EHR chart abstractions vs gold standard).

Face validity was assessed by an expert panel of 16 members who generally agreed that the measure could distinguish quality of care.

3. Feasibility: H-9; M-5; L-0; I-0

(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 as it is specified for claims, registry and abstraction from health records.

4. Use and Usability: H-6; M-7; L-1; I-0

(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)

Rationale:

The measure is currently in PQRS and will soon be publicly reported and used in value-based payment modifiers. The measure is also being used as a feedback mechanism in the IRIS™ Registry.

The Committee discussed potential unintended consequences of the measure, the potential for under-treatment in patients treated to 15% reduction to meet measure. Some patients may benefit from greater reduction in intraocular pressure.

5. Related and Competing Measures

Related measures:

0086 Primary Open angle Glaucoma: Optic Nerve Evaluation

There are no competing measures.

Standing Committee Recommendation for Endorsement: **Y-13**; **N-1**

6. Public and Member Comment

Three commenters were generally in support of this measure.

7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X

8. Board of Directors Vote: Y-X; N-X

9. Appeals

0086 Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

Submission | S

Description: Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months

Numerator Statement: Patients who have an optic nerve head evaluation during one or more office visits within 12 months

Denominator Statement: All patients aged 18 years and older with a diagnosis of primary open-angle glaucoma

Exclusions: Denominator Exceptions: Documentation of medical reason(s) for not performing an optic nerve head evaluation

Denominator Exclusions: Not applicable

Adjustment/Stratification:

0086 Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

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

Setting of Care: Ambulatory Care : Clinician Office/Clinic, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility, Other

Type of Measure: Process

Data Source: Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry

Measure Steward: American Medical Association - Physician Consortium for Performance Improvement

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-6**; **M-7**; **L-1**; **I-0**; 1b. Performance Gap: **H-7**; **M-7**; **L-0**; **I-0;** Evidence Exception: **Y-0; N-0**

Rationale:

Evidence provided by the developer included Grade A clinical guideline recommendation from AAO, two clinical randomized trials, and nine clinical case series to support the measure.

The Committee agreed the evidence for this measure demonstrates performing optic nerve evaluation results in improved patient outcomes/visual acuity.

The developer noted that although the measure was reported in PQRS at around 95% from 2009-2012, when looking at charts and electronic records, the performance rate was much lower at 79%, thus showing an opportunity for improvement. The developer underscored the disparities within the data, stating there were distinct differences when the data is stratified by racial and ethnic groups.

The members of the Committee raised concerns regarding whether the measure is capturing the right data. Some members questioned whether the reporting physicians are performing the optic nerve head evaluation fully or just checking off a box for claims. The developer noted the measure provides details for what needs to be done in an optic nerve head evaluation and refers back to the preferred practice patterns.

The Committee discussed the challenges of getting patients for the optic nerve evaluation within the 12 month timeframe.

2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-6**; **M-8**; **L-0**; **I-0** 2b. Validity: **H-3**; **M-11**; **L-0**; **I-0**

Rationale:

The Committee determined the measure specifications were precise and consistent with the evidence presented, noting that all codes necessary to calculate the measure were present.

CPT II, ICD-9 and ICD-10 codes identify primary open-angle glaucoma (POAG) patients with optic nerve head evaluation in claims and the IRIS™ Registry.

For both claims and registry data, the developer presented reliability testing at the measure score level. Although, there were high numbers of reporting physicians for the measure in 2013 for PQRS (44, 998 physicians), only 9,616 physicians had all the required data elements eligible for the reliability testing. The reliability for minimum level of events was 0.86 and for those with the average level of events was 0.98. Some members of the Committee noted the low number of eligible reporting physicians in PQRS is a limitation for the reliability and validity of the measure.

The Committee agreed the reliability for the IRIS™ Registry is moderate to high. The reliability for the minimum level of events was 0.72 and was 0.97 for the average number of events.

Validity testing was based on face validity data from an expert panel of 16 members, who strongly agreed that the measure could distinguish quality of care. Committee members noted that a larger group of experts would have made a stronger case, however, agreed the validity testing to be sufficient.

0086 Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

3. Feasibility: H-3; M-8; L-3; I-0

(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 as it is specified for several data sources including PQRS claims and the IRIS™ registry and are thus routinely collected.

4. Use and Usability: H-8; M-5; L-1; I-0

(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)

Rationale:

The measure is currently in PQRS and will soon be publicly reported and used in value-based payment modifiers. The measure is also being used as a feedback mechanism in the IRIS™ Registry.

5. Related and Competing Measures

Related measures

0563 Primary Open Angle Glaucoma: Reduction in Intraocular Pressure by 15% or Documentation of a Plan of Care

There are no competing measures.

Standing Committee Recommendation for Endorsement: **Y-13**; **N-1**

6. Public and Member Comment

Three commenters were generally in support of this measure.

7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X

8. Board of Directors Vote: Y-X; N-X

9. Appeals

0086 eMeasure Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

Submission |

Description: Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months

Numerator Statement: Patients who have an optic nerve head evaluation during one or more office visits within 12 months

Denominator Statement: All patients aged 18 years and older with a diagnosis of primary open-angle glaucoma

Exclusions: Denominator Exceptions: Documentation of medical reason(s) for not performing an optic nerve head evaluation

Denominator Exclusions: Not applicable

Adjustment/Stratification:

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

Setting of Care: Ambulatory Care : Clinician Office/Clinic, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility, Other

Type of Measure: Process

Data Source: Electronic Clinical Data : Electronic Health Record

Measure Steward: American Medical Association - Physician Consortium for Performance Improvement

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)

0086 eMeasure Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
1a. Evidence: **H-6**; **M-7**; **L-1**; **I-0**; 1b. Performance Gap: **H-7**; **M-7**; **L-0**; **I-0;** Evidence Exception: **Y-0; N-0** Rationale: The previous discussion and voting on evidence and performance gap for the Claims/Registry version of measure 0086 applies to the eMeasure version of 0086 as well.
2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria (2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity) 2a and 2b. Reliability and Validity: **14-Y; 0-N** Rationale: The Committee noted that the eMeasure specifications are more detailed than the specifications for claims or registry. Data element validity testing was conducted for this eMeasure (also counts for data element reliability). Validity testing for the eMeasure was conducted with data element validity testing at one test site, with the percent agreement at 93.8%. The Committee approved the eMeasure's reliability and validity testing with the condition that the eMeasure will be tested with a simulated data set and brought back to the Committee during its Post Comment Call on August 21, 2015.
3. Feasibility: H-9; M-5; L-0; I-0 *(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 eMeasure is feasible as it is specified in the EHR Incentive Program (Meaningful Use).
4. Use and Usability: H-5; M-9; L-0; I-0 *(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)* Rationale: The eMeasure is used in the EHR Incentive Program (Meaningful Use).
5. Related and Competing Measures Related measures: 0563 Primary Open Angle Glaucoma: Reduction in Intraocular Pressure by 15% or Documentation of a Plan of Care There are no competing measures.
Standing Committee Recommendation for Endorsement: Y-14; **N-0** The Committee reviewed and accepted the results of the BONNIE testing on August 21, 2015 which fulfilled the conditions for endorsement.
6. Public and Member Comment This measure did not receive any public comments.
7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X
8. Board of Directors Vote: Y-X; N-X
9. Appeals

0087 Age-Related Macular Degeneration: Dilated Macular Examination
Submission |
Description: Type of Score: Proportion

0087 Age-Related Macular Degeneration: Dilated Macular Examination

Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months

Numerator Statement: Patients who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months

Denominator Statement: All patients aged 50 years and older with a diagnosis of age-related macular degeneration

Exclusions: Documentation of medical reason(s) for not performing a dilated macular examination

Documentation of patient reason(s) for not performing a dilated macular examination

Adjustment/Stratification:

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

Setting of Care: Ambulatory Care : Clinician Office/Clinic, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility

Type of Measure: Process

Data Source: Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Paper Medical Records, Electronic Clinical Data : Registry

Measure Steward: American Academy of Ophthalmology

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-8**; **M-4**; **L-1**; **I-0**; 1b. Performance Gap: **H-9**; **M-4**; **L-0**; **I-0;** Evidence Exception: **Y-0; N-0**

Rationale:

Evidence provided by the developer for this measure included the 2015 guidelines from the American Academy of Ophthalmology that shows performing dilated retinal examinations can improve outcomes in diagnosing and treating Age-Related Macular Degeneration (AMD).

The Committee agreed the evidence provided was adequate. Committee members discussed the usefulness and cost effectiveness of dilated macular examination to diagnose wet (least common and severe) versus dry (more common, less severe) AMD.

The developers provided PQRS data from 2009-2012. PQRS performance scores from physicians reporting on the measure were high (94% to 96.1%), however, only 14%-19% of eligible physicians were reporting on this measure. Additionally, the developers noted with data in the IRIS™ registry, only 10% of physicians reporting in the registry met the measure requirement in EHRs. The Committee agreed there is room for improvement.

2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-7**; **M-6**; **L-0**; **I-0** 2b. Validity: **H-2**; **M-9**; **L-2**; **I-0**

Rationale:

The Committee found the measure's specifications and exclusions to be reasonable and consistent.

The Committee agreed the reliability and validity testing provided were sufficient:

The developer conducted reliability testing at the performance measure score and data element level. For measure score reliability, the score ranged from 0.895 to 1.0, using 2014 data from the IRIS™ Registry which included 490 ophthalmologists. Data element testing was conducted by using inter-rater reliability from a single ophthalmologist. For reliability of PQRS claims vs gold standard (chart review): denominator was 96% agreement and numerator was 45% agreement, for reliability of EHR chart abstraction vs gold standard: numerator 96.6%

0087 Age-Related Macular Degeneration: Dilated Macular Examination

agreement.

To demonstrate validity of the measure, the developer provided face validity with an expert panel of 16 members. The expert panel supported that the measure, as specified, would accurately reflect quality of care and could be used to distinguish good and poor quality.

Committee members discussed the validity of the results from this measure considering the discrepancies with PQRS data and data from the IRIS™ Registry. Committee members noted that different data sources may lead to different results with this measure. The developer acknowledged the discrepancies and stated they will work to develop better education on how to use the measure for better consistency across all data sources. Committee members agreed ICD-10 coding will provide greater granularity and better coding distinctions on the severity of the AMD.

3. Feasibility: H-6; M-5; L-2; I-0

(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 acknowledged the measure is feasible to implement, as the measure used in PQRS and the IRIS™ Registry.

4. Use and Usability: H-10; M-3; L-0; I-0

(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)

Rationale:

The measure is currently used in PQRS and in the IRIS™ Registry. PQRS measures will soon be publicly reported and used in the value-based payment modifier.

5. Related and Competing Measures

Related measure:

0566 Age-related Macular Degeneration: Counseling on Antioxidant Supplement

There are no competing measures.

Standing Committee Recommendation for Endorsement: **Y-12**; **N-1**

6. Public and Member Comment

Three commenters were generally in support of this measure. One of these commenters suggested aligning reporting of the severity of disease to a classification scale to unify the varied experiences of ophthalmologists and optometrists.

Developer's Response: The AAO thanks the commenter for their thoughtful response. The measure as submitted to the NQF cannot be edited during this process. However, we agree with the commenter's input, and have in fact already submitted valid staging criteria for AMD that will be incorporated into ICD-10, and will help us better track the progression of the disease and better risk adjust AMD outcomes measures. We definitely will strongly consider aligning the reporting of the disease severity to a preferred classification system as proposed for ICD-10 in the next cycle of revisions.

7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X

8. Board of Directors Vote: Y-X; N-X

9. Appeals

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

Submission |

Description: Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the AREDS formulation

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

for preventing progression of AMD

Note: This can be discussed with all patients with AMD, even those who do not meet the criteria for the AREDS formulation, patients who are smokers (beta-carotene can increase the risk for cancer in these patients) or other reasons why the patient would not meet criteria for AREDS formulation as outlined in the AREDS. The ophthalmologist or optometrist can explain why these supplements are not appropriate for their particular situation. Also, given the some of the purported risks associated with antioxidant use, patients would be informed of the risks and benefits and make their choice based on valuation of vision loss vs. other risks. As such, the measure seeks to educate patients about overuse as well as appropriate use.

Numerator Statement: Patients with AMD or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the AREDS formulation for preventing progression of AMD

Denominator Statement: All patients aged 50 years and older with a diagnosis of age-related macular degeneration

Exclusions: Not applicable.

Adjustment/Stratification:

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

Setting of Care: Ambulatory Care : Clinician Office/Clinic, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility

Type of Measure: Process

Data Source: Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Paper Medical Records, Electronic Clinical Data : Registry

Measure Steward: American Academy of Ophthalmology

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

1. Importance to Measure and Report: <u>The measure meets the Importance criteria</u>

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

1a. Evidence: **H-9**; **M-6**; **L-0**; **I-0**; 1b. Performance Gap: **H-10**; **M-4**; **L-0**; **I-0;** Evidence Exception: **Y-0; N-0**

<u>Rationale</u>:

The developers cited an American Academy of Ophthalmology guideline based on a systematic review of two high-quality randomized, controlled studies: Age-Related Eye Disease Study (AREDS) and Age-Related Eye Disease Study 2 (AREDS2). The evidence demonstrated that counseling patients on the use and risks of antioxidant supplements is related to slowing the progression of age-related macular degeneration.

Committee members discussed the cost effectiveness of counseling on antioxidant supplements for patients with AMD as it helps reduce the risk of progression of AMD and vision lost overtime significantly.

Some Committee members questioned whether counseling was required to be face-to-face. The developer confirmed that the measure requires face–to-face counseling between the physician and the patient.

Data submitted for PQRS indicated an increasing but rather small number of physicians reporting on this measure, with a small increase from 7.8% to 13.9% in 2012. Those who reported have a performance rate of 92% per year. The Committee agreed there is opportunity for improvement.

Some Committee members questioned if there were any data on inappropriate use of antioxidant supplements. ~~The developers stated that overuse of antioxidant supplements is around 20%, especially in younger patients and noted that the measure will not lead to overuse considering it is measuring if counseling has been done.~~

2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria</u>

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-3**; **M-11**; **L-1**; **I-0** 2b. Validity: **H-5**; **M-9**; **L-1**; **I-0**

<u>Rationale</u>:

According to the Committee, the specifications were detailed and consistent with the evidence. The measure is

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

specified for claims, registry and abstraction from health records with all codes necessary to calculate the measure presented (ICD-9, ICD-10 and CPT II codes).

Reliability testing was conducted at the performance measure score and data element level. For measure score reliability, the score ranged from 0.46 to 1.0, using 2014 data from the IRIS™ Registry which included 490 ophthalmologists. Data element reliability testing was tested by inter-rater reliability from a single ophthalmologist. When comparing the reliability of PQRS claims vs gold standard (chart review), the denominator was 96.1% agreement and numerator was 39.2% agreement. When comparing reliability of EHR chart abstraction vs gold standard, the numerator was 75.5% agreement. The Committee agreed the reliability testing provided was sufficient.

Face validity of the measure score was assessed by 16 expert panel members who generally agreed that the measure could distinguish quality of care.

The Committee acknowledged meaningful differences amongst providers. The developer analyzed data submitted by 308 ophthalmologists to the IRIS™ Registry for 2014 PQRS reporting. The mean performance rate for IRIS™ Registry participants in 2014 was 82.0%; performance rates ranged from 0% to 100% with an interquartile range (IQR) of 26.6%. The IQR represents the dispersion in performance scores between the 25th and 75th percentiles. The results suggest that while overall performance on the measure is relatively high, there remains a large range of performance rates across providers.

3. Feasibility: H-12; M-3; L-0; I-0

(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 well specified for use in PQRS and the IRIS™ Registry. All data elements are in defined fields in a combination of electronic sources, including EHRs.

4. Use and Usability: H-10; M-5; L-0; I-0

(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)

Rationale:

The measure is currently used in PQRS and in the IRIS™ registry. PQRS measures will soon be publicly reported and used in the value-based payment modifier. The Committee noted that the performance results can be used for further quality improvement in healthcare by indicating to practitioners the appropriateness of counseling of AMD patients.

5. Related and Competing Measures

Related measure:

0087 Age-related Macular Degeneration: Dilated macular examination

There are no competing measures.

Standing Committee Recommendation for Endorsement: **Y-14**; **N-1**

6. Public and Member Comment

Four commenters were generally in support of this measure. One of the commenters requested that the measure title be changed to “Determination and Counseling of Appropriateness of Antioxidant Supplement” because they felt that the title “Counseling on Antioxidant Supplement” is often interpreted and used in practice as prescribing antioxidant supplement.

Developer's Response: The measure developer thanks the commenter for their input, and agrees with the commenter on the importance of this measure. NQF does not permit changes to the measures that are undergoing review, but we will consider changing the measure’s title in a future revision. We note, however, that the rationale for the measure is included in the measure’s specifications, which is available to the public, and states: “Documentation in the medical record should include a discussion of risk or benefits of the AREDS formulation.

0566 Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement
Counseling can be discussed with all patients with AMD, even those who do not meet the criteria for the AREDS formulation, patients who are smokers (beta-carotene can increase the risk for cancer in these patients) or other reasons why the patient would not meet criteria for AREDS formulation as outlined in the AREDS. The ophthalmologist or optometrist can explain why these supplements are not appropriate for their particular situation. Also, given the purported risks associated with antioxidant use, patients would be informed of the risks and benefits and made their choice based on valuation of vision loss vs. other risks. As such, the measure seeks to educate patients about overuse as well as appropriate use".
7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X
8. Board of Directors Vote: Y-X; N-X
9. Appeals

0088 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
Submission |
Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months **Numerator Statement**: Patients who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy AND the presence or absence of macular edema during one or more office visits within 12 months **Denominator Statement**: All patients aged 18 years and older with a diagnosis of diabetic retinopathy **Exclusions**: Exceptions: Documentation of medical reason(s) for not performing a dilated macular or fundus examination Documentation of patient reason(s) for not performing a dilated macular or fundus examination **Adjustment/Stratification**: **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual **Setting of Care:** Ambulatory Care : Clinician Office/Clinic, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility, Other **Type of Measure**: Process **Data Source**: Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Paper Medical Records, Electronic Clinical Data : Registry **Measure Steward**: American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)
STANDING COMMITTEE MEETING [06/04/2015] **1. Importance to Measure and Report: The measure meets the Importance criteria** (1a. Evidence, 1b. Performance Gap) 1a. Evidence: **H-14**; **M-1**; **L-0**; **I-0**; 1b. Performance Gap: **H-8**; **M-7**; **L-0**; **I-0;** Evidence Exception: **Y-0; N-0** Rationale: Evidence provided by the developers included guidelines from three specialty societies: American Academy of Ophthalmology, Canadian Ophthalmological Society and American Optometric Association. The developer reported numerous randomized control clinical trials and other studies that showed blindness can be reduced with timely treatment. The developer provided performance data (2009-2012) from PQRS with a 96% average performance rate. The developer reported, however, that data from the IRIS™ registry indicates only 36% performance for clinicians that

0088 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

do not report to PQRS.

2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria</u>

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-3**; **M-12**; **L-0**; **I-0** 2b. Validity: **H-5**; **M-9**; **L-1**; **I-1**

<u>Rationale</u>:

The Committee agreed there is a high level of reliability.
For the Claims/Registry measure version, validity of the measure score was assessed by systematic assessment of face validity by an expert panel of 16 members who strongly agreed that the measure could distinguish quality of care.
Although the exceptions are broad (e.g., medical reasons) the exception rate has been low (1.6% in PQRS claims and 5.9% in PQRS GPRO registry). The Committee agreed that the exceptions were reasonable.
One Committee member noted "the denominator is defined in a group of ICD-9 codes that denote the presence of diabetic retinopathy." There was one code 362.07 (used for diabetic macular degeneration) that was not included. The developer responded they would consult with AAO and make the determination to add code 362.07.

3. Feasibility: H-12; M-3; L-0; I-0

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c.Susceptibility to inaccuracies/ unintended consequences identified 3d. Data collection strategy can be implemented)

<u>Rationale</u>:

The Committee agreed this measure is feasible. It is specified for several data sources, including claims and registry.

4. Use and Usability: H-14; M-1; L-0; I-0

(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)

<u>Rationale</u>:

The Committee noted that the measure is currently being used in PQRS and in the IRIS™ registry.

5. Related and Competing Measures

This measure relates to:

0089 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

There are no competing measures.

Standing Committee Recommendation for Endorsement: **Y-15**; **N-0**

6. Public and Member Comment

Three commenters were generally in support of this measure. One of the commenters suggested aligning reporting of the severity of disease to a preferred classification scale such as the International Clinical Diabetic Retinopathy and Diabetic Macular Edema Disease Severity Scale1.
Developer's Response: Thank you for your comment. We appreciate the feedback. The measure currently defines severity as mild non-proliferative, moderate non-proliferative, severe non-proliferative, very severe non-proliferative, and proliferative. This is in alignment with the International Clinical Diabetic Retinopathy and Diabetic Macular Edema Disease Severity Scale. The denominator for the measure is patients with a diagnosis of diabetic retinopathy, so there is no need for a specification for "no apparent diabetic retinopathy." The ICDR has a footnote that if there are 2 or more clinical findings indicating severe non-proliferative diabetic retinopathy the patient should be considered to have very severe non-proliferative diabetic retinopathy. The measure is designed for flexibility and differences in clinical practice to allow the widest number of eligible professionals to be able to report on the measure. With the next revision, we could consider adding information about the ICDR as one possible rating scale for documenting severity.

0088 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X
8. Board of Directors Vote: Y-X; N-X
9. Appeals

0088 eMeasure Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
Submission |
Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months **Numerator Statement**: Patients who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy AND the presence or absence of macular edema during one or more office visits within 12 months **Denominator Statement**: All patients aged 18 years and older with a diagnosis of diabetic retinopathy **Exclusions**: Exceptions: Documentation of medical reason(s) for not performing a dilated macular or fundus examination Documentation of patient reason(s) for not performing a dilated macular or fundus examination **Adjustment/Stratification**: **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual **Setting of Care:** Ambulatory Care : Clinician Office/Clinic, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility, Other **Type of Measure**: Process **Data Source**: Electronic Clinical Data : Electronic Health Record **Measure Steward**: American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)
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-14**; **M-1**; **L-0**; **I-0**; 1b. Performance Gap: **H-8**; **M-7**; **L-0**; **I-0;** Evidence Exception: **Y-0; N-0** Rationale: The previous discussion and voting on evidence and performance gap for the Claims/Registry version of measure 0088 applies to the eMeasure version of 0088 as well.
2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria (2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity) 2a. Reliability: **Y-14; N-0** 2b. Validity: **Y-14; N-0** Rationale: For reliability testing of the eMeasure, since data element validity testing was conducted for this eMeasure, it also counted for data element reliability as well. The data element validity testing presented by the developers included one test site, a single practice, with four clinicians. Overall result: 155 charts were analyzed in October 2012, 89.7% agreement, Kappa=0.52. The Committee approved the eMeasure's reliability and validity with the condition that the eMeasure will be tested with a simulated data set and brought back to the Committee during its Post Comment Call on August 21,

0088 eMeasure Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

2015.

3. Feasibility: H-13; M-1; L-0; I-0

(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. It is specified for several data sources, including electronic sources. A feasibility score card was submitted for the eMeasure with all data elements clearly defined in a combination of electronic sources.

4. Use and Usability: H-14; M-1; L-0; I-0

(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)

Rationale:

The Committee noted this measure is currently used in the Meaningful Use Stage II Payment Program.

5. Related and Competing Measures

This measure relates to:

0089 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

There are no competing measures.

Standing Committee Recommendation for Endorsement: Y-15; N-0

The Committee reviewed and accepted the results of the BONNIE testing on August 21, 2015 which fulfilled the conditions for endorsement.

6. Public and Member Comment

This measure did not receive any public comments.

7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X

8. Board of Directors Vote: Y-X; N-X

9. Appeals

0089 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Submission |

Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months

Numerator Statement: Patients with documentation, at least once within 12 months, of the findings of the dilated macular or fundus exam via communication to the physician who manages the patient's diabetic care

Denominator Statement: All patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed

Exclusions: Documentation of medical reason(s) for not communicating the findings of the dilated macular or fundus exam to the physician who manages the ongoing care of the patient with diabetes

Documentation of patient reason(s) for not communicating the findings of the dilated macular or fundus exam to the physician who manages the ongoing care of the patient with diabetes

Adjustment/Stratification:

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

Setting of Care: Ambulatory Care : Clinician Office/Clinic, Post Acute/Long Term Care Facility : Nursing

0089 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Home/Skilled Nursing Facility, Other

Type of Measure: Process

Data Source: Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry

Measure Steward: American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)

STANDING COMMITTEE MEETING [06/04/2015]

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

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

1a. Evidence: **H-7**; **M-7**; **L-1**; **I-0**; 1b. Performance Gap: **H-4**; **M-11**; **L-0**; **I-0;** Evidence Exception: **Y-0; N-0**

Rationale:

The Committee noted that there was little evidence showing that communication with a primary physician will save vision, however, Committee members agreed that if the eye care specialist is aware that the diabetes is poorly controlled they can encourage the patient toward better glucose control, which will lead to less progression of the retinopathy.

The Committee noted no disparities data was provided. The developers reported that "Several studies showed that whites have greater utilization of specialist care than do other races (Clancy, Franks, 1997; Nguyen, LaVeist, Harris et al 2010). It was difficult to specifically tease out disparities in communication between the specialist and primary care physician."

Committee members noted studies that indicate problems in the flow of communication between physicians. The Committee emphasized the critical need for collaboration and communication among providers caring for patients with diabetes to prevent vision loss.

The Committee shared their experiences with difficulties of communication and that one mode of communication may work better than another depending on individual practices.

The Committee agreed that although data from PQRS from 2009 to 2012 report the average performance rate between 92% and 93%, there is still room for improvement as there is potential to save vision for many individuals with diabetes.

2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-3**; **M-12**; **L-0**; **I-0** 2b. Validity: **H-6**; **M-9**; **L-0**; **I-0**

Rationale:

The developers reported reliability testing on claims and registry data. The performance measure score testing was performed using the PQRS administrative claims database (2013): of the 46,852 physicians reporting the measure, 5204 physicians had all required data elements. For this measure, the reliability at the minimum level of quality reporting events (10) was 0.81. The reliability at the average number of quality reporting events was 0.96. The performance measure score testing was performed using the PQRS GPRO database (2013): of the 1,212 physicians reporting the measure, 751 physicians had all the required data elements. For this measure, the reliability at the minimum level of quality reporting events (10) was 0.82. The reliability at the average number of quality reporting events was 0.97.

The Committee agreed the data included a high number of physicians and noted reliability on claims and registry data was high.

The Committee noted validity of the measure score was assessed by systematic assessment of face validity by an expert panel of 16 members who strongly agreed that the measure could distinguish quality of care.

Members of the Committee did not identify any threats to validity and noted that the exclusion for patient reason is needed because some patients do not want their information sent to their primary care provider or there is no primary care provider.

0089 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

3. Feasibility: H-12; M-3; L-0; I-0

(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 that the measure is feasible for implementation and did not have any concerns regarding data collection. The required data elements are routinely generated and are specified for several data sources, including claims and registry.

4. Use and Usability: H-15; M-0; L-0; I-0

(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)

Rationale:

The Claims/Registry measure is currently being used in the PQRS program and the AAO IRIS™ Registry. This measure will soon be publically reported.

The Committee did not identify any unintended consequences.

5. Related and Competing Measures

This measure relates to:

0088 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

There are no competing measures.

Standing Committee Recommendation for Endorsement: **Y-15**; **N-0**

6. Public and Member Comment

Four commenters were generally in support of the measure.

7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X

8. Board of Directors Vote: Y-X; N-X

9. Appeals

0089 eMeasure Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Submission |

Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months

Numerator Statement: Patients with documentation, at least once within 12 months, of the findings of the dilated macular or fundus exam via communication to the physician who manages the patient's diabetic care

Denominator Statement: All patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed

Exclusions: Documentation of medical reason(s) for not communicating the findings of the dilated macular or fundus exam to the physician who manages the ongoing care of the patient with diabetes

Documentation of patient reason(s) for not communicating the findings of the dilated macular or fundus exam to the physician who manages the ongoing care of the patient with diabetes

Adjustment/Stratification:

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

Setting of Care: Ambulatory Care : Clinician Office/Clinic, Post Acute/Long Term Care Facility : Nursing

0089 eMeasure Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
Home/Skilled Nursing Facility, Other **Type of Measure**: Process **Data Source**: Electronic Clinical Data : Electronic Health Record **Measure Steward**: American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)
STANDING COMMITTEE MEETING [05/03/2015- 05/04/2015] **1. Importance to Measure and Report: <u>The measure meets the Importance criteria</u>** (1a. Evidence, 1b. Performance Gap) 1a. Evidence: **H-7**; **M-7**; **L-1**; **I-1**; 1b. Performance Gap: **H-4**; **M-11**; **L-0**; **I-0;** Evidence Exception: **Y-0; N-0** <u>Rationale</u>: The previous discussion and voting on evidence and performance gap for the Claims/Registry version of measure 0089 applies to the eMeasure version of 0089 as well.
2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria</u> (2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity) 2a. Reliability: **Y-15; N-0** 2b. Validity: **Y-15; N-0** <u>Rationale</u>: For reliability and validity testing, data element validity testing was conducted. The developer conducted the test to calculate parallel forms of reliability for the measure. The test site was a single practice for four clinicians. Overall result: 155 charts were analyzed in October 2012, 89.7% agreement, Kappa=0.52. The Committee agreed that the exclusion for patient reason was needed because some patients do not want their information sent to their primary care provider or there is no primary care provider. The Committee discussed the validity testing appeared to be sufficient and that there were no threats to validity. The Committee approved the eMeasure's reliability and validity with the condition that the eMeasure will be tested with a simulated data set and brought back to the Committee during its Post Comment Call on August 21, 2015.
3. Feasibility: H-12; M-3; L-0; I-0 *(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c.Susceptibility to inaccuracies/ unintended consequences identified 3d. Data collection strategy can be implemented)* <u>Rationale</u>: The Committee agreed this measure is feasible. It is specified for several data sources, including eMeasure. A feasibility score card was submitted for the eMeasure with all data elements in defined fields in a combination of electronic sources.
4. Use and Usability: H-15; M-0; L-0; I-0 *(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)* <u>Rationale</u>: The Committee noted this eMeasure is used in the EHR Incentive Program (Meaningful Use).
5. Related and Competing Measures This measure relates to: 0088 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy There are no competing measures.
Standing Committee Recommendation for Endorsement: **Y-15**; **N-0**

0089 eMeasure Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
The Committee reviewed and accepted the results of the BONNIE testing on August 21, 2015 which fulfilled the conditions for endorsement.
6. Public and Member Comment This measure did not receive any public comments.
7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X
8. Board of Directors Vote: Y-X; N-X
9. Appeals

Eye Conditions: recommended eMeasure Approval for Trial Use

2721 eMeasure ~~Visual Acuity Screening and Referral in Children~~ Screening for Reduced Visual Acuity and Referral in Children

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, 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)

2721 eMeasure ~~Visual Acuity Screening and Referral in Children~~ Screening for Reduced Visual Acuity and Referral in Children

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.

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.

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

2721 eMeasure ~~Visual Acuity Screening and Referral in Children~~ Screening for Reduced Visual Acuity and Referral in Children
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: Y-X; N-X; A-X
8. Board of Directors Vote: Y-X; N-X
9. Appeals

Ear, Nose and Throat Conditions: Measures Recommended

Rating Scale: H=High; M=Moderate; L=Low; I=Insufficient; NA=Not Applicable; Y=Yes; N=No

0653 Acute Otitis Externa: Topical Therapy
Submission |
Description: Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations. **Numerator Statement**: Patients who were prescribed topical preparations. **Denominator Statement**: All patients aged 2 years and older with a diagnosis of AOE **Exclusions**: Measure Exceptions: Documentation of medical reason(s) for not prescribing topical preparations (eg, coexisting acute otitis media, tympanic membrane perforation). Documentation of patient reason(s) for not prescribing topical preparations. **Adjustment/Stratification**: **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual **Setting of Care:** Ambulatory Care : Clinician Office/Clinic **Type of Measure**: Process **Data Source**: Administrative claims, Electronic Clinical Data : Registry **Measure Steward**: American Academy of Otolaryngology Head and Neck Surgery Foundation
STANDING COMMITTEE MEETING [05/03/2015- 05/04/2015] **1. Importance to Measure and Report: <u>The measure meets the Importance criteria</u>** (1a. Evidence, 1b. Performance Gap) 1a. Evidence – **13-H; 2-M; 0-L; 0-I**; 1b. Performance Gap: **11-H; 4-M; 0-L; 0-I** <u>Rationale</u>: In 2007, there were approximately 2.4 million acute otitis externa related visits to ambulatory care centers and emergency departments, impacting 1 in 123 persons in the United States. Just under half of all visits for acute otitis externa were for children 5 to 14 years of age. The Committee acknowledged the importance of this process measure, noting that topical treatment for acute otitis externa is an effective treatment with topical preparations demonstrating efficacy in about 65% to 90% of patients within 7 to 10 days.

0653 Acute Otitis Externa: Topical Therapy

Evidence provided by the developer for the topical therapy measure included two systematic reviews: the 2014 guidelines from AAO-HNS and a 2011 Cochrane Review. The AAO-HNS guidelines recommend "Clinicians should prescribe topical preparations for initial therapy of diffuse, uncomplicated AOE." The 2011 Cochrane Collaboration, states with a high level of confidence that "Topical treatments alone are effective for uncomplicated acute otitis externa."

The developers also presented the evidence across three published meta-analyses of 31 randomized controlled trials to support the clinical practice guideline recommendation for prescription of topical therapy as a first-line treatment for treating acute otitis externa has some minor limitations.

This measure is currently reported in the PQRS program with performance results increasing from 72.4% in 2009 to 83.9% in 2012.

2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria</u>

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **5-H; 8-M; 2-L; 0-I** 2b. Validity: **7-H; 8-M; 0-L; 0-I**

<u>Rationale</u>:

The Committee determined that the measure specifications and codes are clearly specified and reliable.

The Committee asked about the broad exception for "medical reasons." The developer responded that medical exceptions would include immunodeficiency, diabetes or chemotherapy, edema that prevents access to the ear canal or evidence of cellulitis.

Committee members noted that patients wanting systemic antibiotic is not a sufficient reason for exclusion. The developers noted that some children do not cooperate with topical medication and some elderly patients do not have adequate dexterity to place the topical medication. This measure is intended to be used with 0654 Acute Otitis Externa: Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use. Measure 0654 does not have patient reasons as an exlcusions.

The developers and the Committee discussed combinig measures 0653 and 0654 into a single measure. The developers responded that a combined measure would be a good reflection of good care but would not readily identify poor care because the use of systematic antibiotics would not be separated out.

Reliability testing was conducted at the performance measure score level for two groups within the PQRS program: individual and groups using the group reporting option. Only 11 percent of individual clinicians and 22 percent of groups had complete data and a minimum number of 10 patients.

For individual clinicians the reliability at the minimum level of quality reporting events (10) was 0.85. The average number of quality reporting events for physicians included is 33.0. The reliability at the average number of quality reporting events was 0.95.

For groups, the reliability at the minimum level of quality reporting events (10) was 0.80. The average number of quality reporting events for physicians included is 24.6. The reliability at the average number of quality reporting events was 0.91.

Validity was assessed by systematic assessment of face validity by an expert panel of 21 members who generally agreed that the measure could distinguish quality of care.

Some Committee members questioned whether the measure captures when providers prescribe both topical and systemic agents. The developer explained that measures 0653 and 0654 are presented as a pair and are reported together in PQRS.

The Committee questioned whether they should take into account 'gaming' and people not reporting the measure honestly and how this affects the measure's reliability.

3. Feasibility: 12-H; 3-M; 0-L; 0-I

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c.Susceptibility to inaccuracies/ unintended consequences identified 3d. Data collection strategy can be implemented)

0653 Acute Otitis Externa: Topical Therapy

Rationale:

The Committee agreed the measure is feasible for implementation, as all data elements are in defined fields in electronic claims.

4. Use and Usability: 9-H; 6-M; 0-L; 0-I

(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)

Rationale:

The measure has been used in the PQRS program since 2009. PQRS measures will soon be publicly reported and used in the value-based payment modifier.

The Committee raised concerns that reporting this measure within PQRS is voluntary and questioned what types of providers actually report. The developer explained that the PQRS program does not supply them with the types of providers that report the measure but that they receive the number of professionals eligible to report which is 85,000. Of those 85,000 eligible professionals 3,200 report.

5. Related and Competing Measures

This measure directly relates with measure 0654 Acute Otitis Externa: Systematic antimicrobial therapy – Avoidance of inappropriate use. Measure description: Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy. Measures 0653 and 0654 are presented by the developer as a pair.

There are no competing measures.

Standing Committee Recommendation for Endorsement: **15-Y; 0-N**

6. Public and Member Comment

Three commenters were generally in support of this measure.

7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X

8. Board of Directors Vote: Y-X; N-X

9. Appeals

0654 Acute Otitis Externa: Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use

Submission |

Description: Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobials.

Numerator Statement: Patients who were not prescribed systemic antimicrobial therapy.

Denominator Statement: All patients aged 2 years and older with a diagnosis of AOE.

Exclusions: Measure Exceptions: Documentation of medical reason(s) for prescribing systemic antimicrobial therapy (e.g., coexisting diabetes, immune deficiency)

Adjustment/Stratification:

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

Setting of Care: Ambulatory Care : Clinician Office/Clinic

Type of Measure: Process

Data Source: Administrative claims, Electronic Clinical Data : Registry

Measure Steward: American Academy of Otolaryngology – Head and Neck Surgery

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)

0654 Acute Otitis Externa: Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use

1a. Evidence: **14-H; 1-M; 0-L; 0-I**; 1b. Performance Gap: **13-H; 2-M; 0-L; 0-I**

Rationale:

The evidence is directly applicable to the process of care being measured and shows that systemic antibiotics do not result in better outcomes than topical antibiotics alone for uncomplicated cases of otitis externa. The process of care is proximal and closely related to desired outcomes.

Evidence provided by the developer for the systemic antimicrobial therapy measure included two systematic reviews: the 2014 guidelines from AAO-HNS and the 2011 Cochrane Review. The AAO-HNS guidelines recommend "Clinicians should not prescribe systemic antimicrobials as initial therapy of diffuse, uncomplicated acute otitis externa." The 2011 Cochrane Review concluded that using "oral antibiotics has negative implications of cost to the patient and provider, increased likelihood of patient non-compliance compared to topical preparations, and increased risk of negative side effects (e.g., rashes, vomiting, diarrhea, allergic reaction, and altered nasophyayngeal flora.").."

Evidence from three randomized controlled trials showed no differences in bacteriological efficacy or pain duration when systemic antimicrobials are used to treat acute otitis externa.

This measure is currently reported in the PQRS program with performance results increasing from 45.5 percent in 2009 to 73.9 percent in 2012. The Committee acknowledged the performance gap has room for improvement.

2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **5-H; 7-M; 3-L; 0-I** 2b. Validity: **6-H; 9-M; 0-L; 0-I**

Rationale:

The Committee agreed that the method of testing and the testing results demonstrate that this measure is reliable and that the specifications align with the evidence presented by the developer.

This measure is specified for claims or registry, numerator is specified with a CPT II code, and the denominator is specified with ICD-9 CM and ICD-10 CM and CPT codes.

The Committee questioned whether a provider needed to document that they did not prescribe an antibiotic or if this information could be gathered passively. The developer explained that there is a CPT code for providers to indicate that they did not prescribe antibiotics and that Medicare providers need to actively report the code.

Reliability testing was conducted at the performance measure score level for two groups within the PQRS program: individual and groups using the group reporting option. Only 11.9 percent of individual clinicians and 23.7 percent of groups had complete data and a minimum number of patients 10.

For individual clinicians, the reliability at the minimum level of quality reporting events (10) was 0.80. The average number of quality reporting events for physicians included was 31.8. The reliability at the average number of quality reporting events was 0.93.

For groups the reliability at the minimum level of quality reporting events (10) was 0.86. The average number of quality reporting events for physicians included was 30.2. The reliability at the average number of quality reporting events was 0.95.

Validity was assessed by systematic assessment of face validity by an expert panel of 21 members who generally agreed that the measure could distinguish quality of care.

3. Feasibility: 10-H; 3-M; 2-L; 0-I

(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, as all data elements are in defined fields in electronic claims.

The measure has been used in the PQRS program since 2009.

0654 Acute Otitis Externa: Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use

4. Use and Usability: 11-H; 4-M; 0-L; 0-I

(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)

Rationale:

The measure is in use in the PQRS program. PQRS measures will soon be publicly reported and used in the value-based payment modifier.

The Committee noted that the benefits of the measure outweigh potential unintended consequences.

5. Related and Competing Measures

This measure directly relates with measure 0653 Acute Otitis Externa: Topical therapy. Measure description: Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations. Measures 0653 and 0654 are presented by the developer as a pair.

There are no competing measures.

Standing Committee Recommendation for Endorsement: 14-Y; 1-N

6. Public and Member Comment

Three commenters were generally in support of this measure.

7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X

8. Board of Directors Vote: Y-X; N-X

9. Appeals

0657 Otitis Media with Effusion: Systemic antimicrobials – Avoidance of inappropriate use

Submission |

Description: Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials

Numerator Statement: Patients who were not prescribed systemic antimicrobials

Denominator Statement: All patients aged 2 months through 12 years with a diagnosis of OME

Exclusions: Documentation of medical reason(s) for prescribing systemic antimicrobials

Adjustment/Stratification:

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

Setting of Care: Ambulatory Care : Clinician Office/Clinic

Type of Measure: Process

Data Source: Paper Medical Records

Measure Steward: American Academy of Otolaryngology-Head and Neck Surgery

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: **7-H; 6-M; 2-L; 0-I**; 1b. Performance Gap: **7-H; 8-M; 0-L; 0-I**

Rationale:

Evidence provided by the developer for the use of systemic antimicrobials measure included the 2004 guidelines from the American Academy of Family Physicians, and two systematic reviews: American Academy of Otolaryngology-Head and Neck Surgery and American Academy of Pediatrics and a 2011 Cochrane review.

The Committee agreed that there was strong evidence to support not using systemic antimicrobials with patients aged two months through 12 years with a diagnosis of otitis media with effusion.

The Committee also acknowledged that there is a high level of opportunity for improvement. The Committee cited

0657 Otitis Media with Effusion: Systemic antimicrobials – Avoidance of inappropriate use

evidence provided by the developer that in a 2013 study by Forrest, et al., evaluating clinical decision support for management of OME, 78%-93% of physicians employed a "watchful waiting" strategy to manage OME.

The Committee noted the importance of this measure for antibiotic stewardship.

2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria</u>

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **6-H; 4-M; 5-L; 0-I** 2b. Validity: **3-H; 7-M; 5-L; 0-I**

<u>Rationale</u>:

The Committee agreed that the method of testing and the testing results demonstrate that this measure is reliable and that the specifications align with the evidence presented by the developer.

This measure is specified for paper medical records, the numerator is specified with a CPT II code, and the denominator is specified with ICD-9 CM and ICD-10 CM and CPT codes.

While the Committee did agree that the measure was valid, some cautioned that 'medical reasons' as an exclusion was too broad. The developer explained that a non-specific exclusion allowed for co-occurring conditions that might justify prescribing an antimicrobial. The developer shared that there was an 11.43 percent exception rate for this measure and found that co-occurring conditions were example of reasons for exclusions.

Reliability was tested at the data element level in two large pediatric practice networks between 2008-2009. Inter-rater reliability of two independent chart abstractors found 95 percent agreement for the numerator and 74 percent for the denominator.

Validity was assessed by systematic assessment of face validity by an expert panel of 21 members who generally agreed that the measure could distinguish quality of care.

3. Feasibility: 2-H; 9-M; 4-L; 0-I

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c.Susceptibility to inaccuracies/ unintended consequences identified 3d. Data collection strategy can be implemented)

<u>Rationale</u>:

The Committee agreed the measure is feasible for implementation.

Some Committee members questioned why the measure was being submitted with paper medical records for the data source. The developer explained that the measure has only been tested in paper charts. The developer also explained that there is a chart abstraction tool that guides the manual review of medical records. Since this measure is not currently in a program such as PQRS, the developer relied on earlier data from when the measure was originally developed. The developer clarified that while the measure was currently specified to use paper-based testing data, it has the potential to be implemented in an electronic format.

Initially, the Committee did not reach consensus on the criterion 'Feasibility' because members were concerned about the burden of a measure specified for paper medical records. After further discussion the Committee re-voted and passed the measure on the criterion 'Feasibility,' noting that the measure could be reported using electronic medical records.

4. Use and Usability: 1-H; 12-M; 1-L; 1-I

(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)

<u>Rationale</u>:

The measure is not currently being publically reported but is being used in the American Board of Internal Medicine Self-Directed Performance Improvement Module (PIM).

5. Related and Competing Measures

This measure relates with two additional measures addressing otitis media with effusion:

0655 Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use: Percentage of patients aged 2 months through 12 years with a diagnosis of OME were not prescribed or recommended to receive

0657 Otitis Media with Effusion: Systemic antimicrobials – Avoidance of inappropriate use
either antihistamines or decongestants 0656 Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use: Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic corticosteroids These measures all use the same definitions and codes to identify the denominator population. There are no competing measures.
Standing Committee Recommendation for Endorsement: **13-Y; 2-N**
6. Public and Member Comment Two commenters were generally in support of this measure.
7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X
8. Board of Directors Vote: Y-X; N-X
9. Appeals

0655 Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use
Submission |
Description: Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed or recommended to receive either antihistamines or decongestants **Numerator Statement**: Patients who were not prescribed or recommended to receive either antihistamines or decongestants **Denominator Statement**: All patients aged 2 months through 12 years with a diagnosis of OME **Exclusions**: Documentation of medical reason(s) for prescribing or recommending to receive either antihistamines or decongestants **Adjustment/Stratification**: **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual **Setting of Care:** Ambulatory Care : Clinician Office/Clinic **Type of Measure**: Process **Data Source**: Paper Medical Records **Measure Steward**: American Academy of Otolaryngology-Head and Neck Surgery
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: **10-H; 3-M; 1-L; 0-I**; 1b. Performance Gap: **4-H; 10-M; 1-L; 4-I** Rationale: Evidence provided by the developer for the antihistamines or decongestants- avoidance of inappropriate use measure included the 2004 guidelines from the American Academy of Family Physicians and two systematic reviews: the American Academy of Otolaryngology-Head and Neck Surgery and the American Academy of Pediatrics and a 2011 Cochrane review. The AAO-HNS guidelines concluded "Antihistamines and decongestants are ineffective for OME and are not recommended for treatment." The 2011 Cochrane Review recommended against using antihistamines or decongestants due to significantly increased risk for potential harm combined with the evidence of no net benefit of treatment. Citing a 2008 study by Patel et al. provided by the developer, the Committee agreed that there is an opportunity for improvement with 14 percent of physicians in otolaryngology prescribing antihistamines and decongestants.
2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria

0655 Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use
(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity) 2a. Reliability: **3-H; 12-M; 0-L; 0-I** 2b. Validity: **1-H; 14-M; 0-L; 0-I** Rationale: Similarly to measure 0656 and 0657, the Committee agreed that the method of testing and the testing results demonstrate that this measure is reliable and that the specifications align with the evidence presented by the developer. The measure is specified for paper medical records, the numerator is specified with a data collection tool, and the denominator is specified with ICD-9 CM and ICD-10 CM and CPT codes. Validity was assessed by systematic assessment of face validity by an expert panel of 21 members who generally agreed that the measure could distinguish quality of care. Data element reliability was tested in 2008-2009 in two large pediatric practice networks. Inter-rater reliability (IRR) of two independent chart abstractors found 98 agreement) for the numerator and 95% for the denominator (Kappa = 0.70, substantial agreement). IRR is a typical test of data element reliability for chart abstraction. Kappa statistic is used to assess inter-observer agreement.
3. Feasibility: 2-H; 9-M; 4-L; 0-I *(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.
4. Use and Usability: 1-H; 12-M; 1-L; 1-I *(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)* Rationale: The measure is not currently being publically reported but is being used in the American Board of Internal Medicine Self-Directed Performance Improvement Module (PIM).
5. Related and Competing Measures This measure relates to measures: 0656 Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use: Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic corticosteroids 0657 Otitis Media with Effusion: Systemic antibiotics – Avoidance of inappropriate use: Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials These measures all use the same definitions and codes to identify the denominator population. There are no competing measures.
Standing Committee Recommendation for Endorsement: **15-Y; 0-N**
6. Public and Member Comment Two commenters were generally in support of this measure.
7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X
8. Board of Directors Vote: Y-X; N-X
9. Appeals

1354 Hearing screening prior to hospital discharge
Submission |
Description: This measure assesses the proportion of births that have been screened for hearing loss before

1354 Hearing screening prior to hospital discharge

hospital discharge.

Numerator Statement: All live births during the measurement time period born at a facility and screened for hearing loss prior to discharge, or not being screened due to medical reasons or medical exclusions.

Denominator Statement: All live births discharged during the measurement time period born at a facility

Exclusions: Patient deceased prior to discharge and has not received hearing screening.

Adjustment/Stratification:

Level of Analysis: Facility, Population : National, Population : State

Setting of Care: Hospital/Acute Care Facility

Type of Measure: Process

Data Source: Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry

Measure Steward: Centers for Disease Control and Prevention

STANDING COMMITTEE MEETING [06/04/2015]

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

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

1a. Evidence: **H-9**; **M-5**; **L-1**; **I-0**; 1b. Performance Gap: **H-1**; **M-9**; **L-4**; **I-1;** Evidence Exception: **Y-0; N-0**

Rationale:

The developer provided studies that support the process of screening for hearing loss by 1 months of age. The process is performing the hearing screening to detect hearing loss which can cause language delays and disorders.
The Committee noted that the evidence presented, three randomized control trials, one observational trial, a few recommendations from NIH and AAP panels, and the United States Preventative Services Task Force Grade B evidence was straightforward evidence behind screening. One Committee member noted that the U.S. Preventative Task Force inactivated the measure because no new evidence has been published since 2008.
Data provided from the developer showed in 2011 over 97% of newborns in the United States were screened for hearing loss. Of those who were screened, 1.8% did not pass the final or most recent hearing screening. One Committee member noted forty-four states require screening be performed, presumably only three percent of newborns born in hospitals are not getting screened. Committee members noted although there is not much room for improvement, the measure is necessary to ensure hospitals continue to screen newborns.
The Committee expressed concerns regarding disparities, including those births occurring in small and rural facilities but also those births that occur outside the hospital and in bordering states.

2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-9**; **M-6**; **L-0**; **I-0** 2b. Validity: **H-13**; **M-2**; **L-0**; **I-0**

Rationale:

Data element reliability was conducted on two EHDI datasets for Vermont 2013 and Tennessee 2014.
Vermont: Out of the 300 charts reviewed, 10 were found with errors in the hearing screening dates and/or results. (3.3%)
Tennessee: Out of 87,161 birth records in 2014, 180 were found with either missing or incorrect hearing test date (0.2%), and 151 were found with incorrect/inconsistency hearing screening methods and/or results (0.17%)

The Committee noted one sample comes from a state with mandatory UNHS and another state that does not mandate UNHS. Errors ranged from 0.17 to 3.3% (not mandated) and agreed this to be sufficient.

Discussion regarding the denominator exclusion, patient deceased before discharge and have not been screened, was considered appropriate and easy to measure by the Committee.

Some Committee members questioned whether the measure included all live births during the measurement period that were screened for hearing loss. The developer noted the numerator/denominator is for all live births

1354 Hearing screening prior to hospital discharge
that are discharged from the hospital with no coding issues mentioned. The Committee discussed this registry measure is part of the Early Hearing and Detection and Intervention program (EDHI) and is focused at a population level. This measure is paired with other measures relevant to the monitoring and measurement of the early screening evaluation and intervention process.
3. Feasibility: H-12; M-3; L-0; I-0 *(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 as it is currently used in the national EHDI program – CDC collects data from states. One Committee member noted concern regarding how states report on the measure. The developers responded that states report in a variety of ways, through a web-based system, fax, or postal mail.
4. Use and Usability: H-14; M-1; L-0; I-0 *(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)* Rationale: This measure is currently in use in the EHDI program and publicly reported at the state level. There are no unintended consequences.
5. Related and Competing Measures This measure relates to: 1360 Audiological Evaluation no later than 3 months of age 1361 Signed Part C Individual Family Service Plan (IFSP) before 6 months of age There are no competing measures noted.
Standing Committee Recommendation for Endorsement: **Y-14**; **N-1**
6. Public and Member Comment Two commenters were generally in support of this measure. One commenter questioned the implementation of the audiology and hearing-related measures: measure 1354 Hearing Screening Prior to Hospital Discharge (EHDI-1a), measure 1360: Audiological Evaluation No Later Than 3 Months of Age (EHDI-3) and eMeasure 1354: Hearing Screening Prior to Hospital Discharge (EHDI-1a). The Commenter questioned how these measures will be tracked and what their performance rates will be. Developer Response: To make these meaningful metrics, rather than promoting specific performance rates, jurisdictional EHDI programs are strongly encouraged to gather and report data which can be used to establish baseline measurements and assess continuous and measureable improvements in screening, confirmation of hearing status and receipt of intervention services. The NQF eMeasure #1354 is designed as a hospital measure to be obtained through electronic health records and by definition would not include deliveries at home. The Centers for Disease Control and Prevention does not solely rely on hospital data to measure newborn hearing screening performance. The data for monitoring is reported through an annual survey of State EHDI programs which includes "hearing screening prior to one month of age" that includes both hospital and home births. A data field on this survey is "Total Occurrent Births According to Vital Records". Committee Response: During the in-person meeting, the Committee discussed the state-level tracking of these measures by the EHDI program at CDC. The eMeasure version 1354 is included in the EHR Incentive Program (Meaningful Use) for Hospitals.
7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X
8. Board of Directors Vote: Y-X; N-X
9. Appeals

1354 eMeasure Hearing screening prior to hospital discharge

Submission |

Description: This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge.

Numerator Statement: All live births during the measurement time period born at a facility and screened for hearing loss prior to discharge, or not being screened due to medical reasons or medical exclusions.

Denominator Statement: All live births discharged during the measurement time period born at a facility

Exclusions: Patient deceased prior to discharge and has not received hearing screening.

Adjustment/Stratification:

Level of Analysis: Facility, Population : National, Population : State

Setting of Care: Hospital/Acute Care Facility

Type of Measure: Process

Data Source: Electronic Clinical Data : Electronic Health Record

Measure Steward: Centers for Disease Control and Prevention

STANDING COMMITTEE MEETING [06/04/2015]

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

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

1a. Evidence: **H-9**; **M-5**; **L-1**; **I-0**; 1b. Performance Gap: **H-1**; **M-9**; **L-4**; **I-1;** Evidence Exception: **Y-0; N-0**

Rationale:

The previous discussion and voting on evidence and performance gap for the Claims/Registry version of measure 1354 applies to the eMeasure version of 1354 as well.

2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **Y-14; N-1**; 2b. Validity: **Y-14; N-1**

Rationale:

The developers noted this eMeasure has been harmonized with other newborn measures, NQF #716 and NQF #480 to reduce the burden on reporting hospitals.

The Committee accepted the eMeasure's reliability and validity with the condition that the eMeasure will be tested with a simulated data set and brought back to the Committee during its Post Comment Call on August 21, 2015.

3. Feasibility: H-14; M-1; L-0; I-0

(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 this eMeasure is feasible as it is available and will be used in the Meaningful Use program.

The Committee acknowledged this eMeasure will reduce the significant amount of time processing paperwork with the registry version, and will ease usability considerably.

The developer commented that they are currently working with *Integrating the Healthcare Enterprise* to create the content using a quality reporting architecture, QRD-8 architecture, and then take an individual quality report and aggregate it into a quality measure at a population level.

4. Use and Usability: H-14; M-1; L-0; I-0

(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)

1354 eMeasure Hearing screening prior to hospital discharge

Rationale:

This eMeasure will be collected in Meaningful Use in 2016 for accountability purposes.

The Committee discussed the eMeasure is reported at a facility level, thus may provide an opportunity to assess quality at a more granular (hospital) level where one may be able to see regional differences.

A Committee member commented, "the eMeasure will significantly reduce the amount of time processing paperwork and will ease the usability of this measure."

5. Related and Competing Measures

This measure relates to:

1360 Audiological Evaluation no later than 3 months of age

1361 Signed Part C Individual Family Service Plan (IFSP) before 6 months of age

There are no competing measures noted.

Standing Committee Recommendation for Endorsement: **Y-15**; **N-0**

The Committee reviewed and accepted the results of the BONNIE testing on August 21, 2015 which fulfilled the conditions for endorsement.

6. Public and Member Comment

One commenter questioned the implementation of the audiology and hearing-related measures: measure 1354 Hearing Screening Prior to Hospital Discharge (EHDI-1a), measure 1360: Audiological Evaluation No Later Than 3 Months of Age (EHDI-3) and eMeasure 1354: Hearing Screening Prior to Hospital Discharge (EHDI-1a). The Commenter questioned how these measures will be tracked and what their performance rates will be. Specifically for the eMeasure 1354, the commenter raised concerns regarding how accurate can the measure capture cases considering some birth deliveries happen outside of the hospital.

Developer Response: To make these meaningful metrics, rather than promoting specific performance rates, jurisdictional EHDI programs are strongly encouraged to gather and report data which can be used to establish baseline measurements and assess continuous and measureable improvements in screening, confirmation of hearing status and receipt of intervention services. The NQF eMeasure #1354 is designed as a hospital measure to be obtained through electronic health records and by definition would not include deliveries at home. The Centers for Disease Control and Prevention does not solely rely on hospital data to measure newborn hearing screening performance. The data for monitoring is reported through an annual survey of State EHDI programs which includes "hearing screening prior to one month of age" that includes both hospital and home births. A data field on this survey is "Total Occurrent Births According to Vital Records".

Committee Response: During the in-person meeting, the Committee discussed the state-level tracking of these measures by the EHDI program at CDC. The eMeasure version 1354 is included in the EHR Incentive Program (Meaningful Use) for Hospitals.

7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X

8. Board of Directors Vote: Y-X; N-X

9. Appeals

1360 Audiological Evaluation no later than 3 months of age

Submission |

Description: This measure assesses the percentage of newborns who did not pass hearing screening and have an audiological evaluation no later than 3 months of age.

1360 Audiological Evaluation no later than 3 months of age

Numerator Statement: Numerator contains the number of infants born during the time window who have not passed ("Fail / Refer") hearing screening and whose age is less than 91 days at the time of audiological diagnosis.

Denominator Statement: Denominator contains the number of infants born during the time window who have not passed ("Fail / Refer") hearing screening.

Exclusions: Patient deceased: Patient has expired prior to 91 days of age.

Adjustment/Stratification:

Level of Analysis: Facility, Clinician : Group/Practice, Clinician : Individual, Population : National, Population : State

Setting of Care: Ambulatory Care : Clinician Office/Clinic, Hospital/Acute Care Facility

Type of Measure: Process

Data Source: Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry

Measure Steward: Centers for Disease Control and Prevention

STANDING COMMITTEE MEETING [06/04/2015]

1. Importance to Measure and Report: <u>The measure meets the Importance criteria</u>

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

1a. Evidence: **H-11**; **M-2**; **L-0**; **I-0**; 1b. Performance Gap: **H-11**; **M-3**; **L-0**; **I-0;** Evidence Exception: **Y-0; N-0**

<u>Rationale</u>:

Evidence provided by the developer for the measure included a Joint Commission on Infant Hearing Position Statement 2007: “To maximize the outcome for infants who are deaf or hard of hearing, the hearing of all infants should be screened at no later than 1 month of age. Those who do not pass screening should have a comprehensive audiological evaluation at no later than 3 months of age. ” The developer also provided a USPSTF Grade B recommendation.

The Committee noted the evidence provided supports the process of care being measured, identifying hearing loss by 3 months of age to the desired outcome of improving care for the children with hearing loss.

The developer provided national average data from 2007-2012, with an average performance rate of 69.1%, showing opportunity for improvement.

The Committee noted a gap in national performance for babies not born in hospitals and a gap due to loss of documentation/lost to follow-up. Since there is a goal that at least 95% of infants are tested within three months, it is reasonable to request the reporting of births by midwives or other non-hospital locations.

Committee members commented that hospitals struggled with where to refer babies. EHDI-PALS, a website to find audiologist for testing, was released in 2013 to assist with this problem. This national registry stores information on facilities, what type of equipment is available, etc.

2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria</u>

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-7**; **M-7**; **L-0**; **I-0** 2b. Validity: **H-8**; **M-6**; **L-0**; **I-0**

<u>Rationale</u>:

The developer conducted data element validity/reliability testing in 2014 on 3892 patients that were referred to and have a documented audiology evaluation, these data were submitted to the Tennessee state EHDI Information System (EHDI-IS) from 24 audiology facilities within the state of Tennessee.

97 of 3892 records (2.5%) were found having errors including inconsistent values among diagnosis, diagnostic code, and/or missing values

The Committee agreed the validity and reliability testing to be adequate.

Some Committee members raised concerns that the data elements were not clearly defined, lacking how elements are collected to define the type and degree of hearing loss.

1360 Audiological Evaluation no later than 3 months of age
The Committee noted the data provided may not represent all of the states within the U.S. Current legislation varies across states about evaluating for newborn hearing loss.
3. Feasibility: H-10; M-4; L-0; I-0 *(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, as the data is routinely collected through the EHDI program. A Committee member commented that all states require health professionals to identify and report children with hearing loss immediately through Child Prime, so there is a mechanism to provide data.
4. Use and Usability: H-13; M-1; L-0; I-0 *(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)* Rationale: This measure is publicly reported at the state level to the CDC. Some states publically report their findings on EHDI state websites.
5. Related and Competing Measures This measure relates to: 1354 Hearing screening prior to hospital discharge (EHDI-1a) 1361 Signed Part C Individual Family Service Plan (IFSP) before 6 months of age There are no competing measures
Standing Committee Recommendation for Endorsement: **Y-14**; **N-0**
6. Public and Member Comment Two commenters were generally in support of this measure. One commenter questioned the implementation of the audiology and hearing-related measures: measure 1354 Hearing Screening Prior to Hospital Discharge (EHDI-1a), measure 1360: Audiological Evaluation No Later Than 3 Months of Age (EHDI-3) and eMeasure 1354: Hearing Screening Prior to Hospital Discharge (EHDI-1a). The Commenter questioned how these measures will be tracked and what their performance rates will be. Developer Response: To make these meaningful metrics, rather than promoting specific performance rates, jurisdictional EHDI programs are strongly encouraged to gather and report data which can be used to establish baseline measurements and assess continuous and measureable improvements in screening, confirmation of hearing status and receipt of intervention services. The NQF eMeasure #1354 is designed as a hospital measure to be obtained through electronic health records and by definition would not include deliveries at home. The Centers for Disease Control and Prevention does not solely rely on hospital data to measure newborn hearing screening performance. The data for monitoring is reported through an annual survey of State EHDI programs which includes "hearing screening prior to one month of age" that includes both hospital and home births. A data field on this survey is "Total Occurrent Births According to Vital Records". Committee Response: During the in-person meeting, the Committee discussed the state-level tracking of these measures by the EHDI program at CDC.
7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X
8. Board of Directors Vote: Y-X; N-X
9. Appeals

1361 Signed Part C Individual Family Service Plan (IFSP) before 6 months of age

Submission |

Description: This measure assesses the proportion of infants with permanent hearing loss with an Individual Family Service Plan (IFSP) to receive intervention services under Part C of the Individuals with Disabilities Education Act (IDEA) that is signed by the time the infant is 6 months of age. (Updated 6/19/2015)

Numerator Statement: Numerator contains the number of infants born during the time window that have been diagnosed with permanent hearing loss, whose age is less than 6 months at the time of signing an Individual Family Service Plan (IFSP) to receive intervention services under Part C of the Individuals with Disabilities Education Act (IDEA). (Updated 6/19/2015)

Denominator Statement: Denominator contains the number of infants born during the time window who that have been diagnosed with permanent hearing loss.

(Please see attached code list in S.2b)

Exclusions: Patient deceased: Patient has expired prior to 181 days of age.

Adjustment/Stratification:

Level of Analysis: Facility, Clinician : Group/Practice, Clinician : Individual, Population : National, Population : State

Setting of Care: Ambulatory Care : Clinician Office/Clinic

Type of Measure: Process

Data Source: Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry

Measure Steward: Centers for Disease Control and Prevention

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-8**; **M-6**; **L-0**; **I-0**; 1b. Performance Gap: **H-11**; **M-3**; **L-0**; **I-0;** Evidence Exception: **Y-0; N-0**

Rationale:

The Committee agreed that the evidence presented from the Joint Commission on Infant Hearing Position Statement 2007 and the systemic review that looked at 168 studies, *A Systematic Review of the Literature on Early Intervention for Children with a Permanent Hearing Loss (1995-2006),* demonstrated sufficient evidence for the measure.

The Committee acknowledged a gap in performance, with data from the 2012 EHDI program showing average performance rates of 67.1% from 5,718 patients. The developers presented disparities data from Whites, Blacks and Hispanics with the same disparities data across all 3 groups.

Some Committee members discussed the variability with access to services across different states, noting that for rural areas, there may be a shortage of providers available. The developer acknowledged that there was variability in the data, noting different states have their own privacy regulations.

2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-1**; **M-11**; **L-2**; **I-0** 2b. Validity: **H-0**; **M-11**; **L-3**; **I-0**

Rationale:

The Committee determined that the measure specifications were precise and clearly defined, noting that all codes necessary to calculate the measure were presented and consistent with the evidence provided.

For reliability and validity testing, data element validity testing was conducted with data from the state of Tennessee in 2014 from 74 infants (via EHID registry). 25 out of 74 records (33.8%) were found to have inconsistencies between diagnosis code and enrollment status. In addition, 19 records (25.6%) with inconsistencies or missing information were found by comparing the information between the state EHDI-IS with the PTBMIS system, which is the Tennessee Patient Tracking Billing Management Information System. The Committee agreed

1361 Signed Part C Individual Family Service Plan (IFSP) before 6 months of age
there may be some issues with the validity of the data. The Committee raised concerns with the measure's numerator statement, suggesting that the time of enrollment needs to be clarified. Additionally, some Committee members were concerned with the title, "Intervention no later than 6 months of treatment", which they felt did not reflect what the measure is capturing, which is enrollment into the Part C Intervention program within the Family Service Plan (IFSP) before 6 months of age. The developer agreed to update the measure's title, description and numerator to reflect the Committee's suggestions. There were concerns with the lag time in data collection of the measure, since it takes 2 years to collect the data currently. The developers noted that the main reason is children born in December would still need one year to go through the EHDI process before the data can be reported to CDC from the state, this helps to capture the full picture of the process of care.
3. Feasibility: H-3; M-10; L-1; I-0 *(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 specified by use in the EHDI registry. Some members noted that many states still use faxes before turning the data into electronic forms, this may lead to delay and errors in reporting.
4. Use and Usability: H-7; M-7; L-0; I-0 *(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)* Rationale: This measure is currently reported at the state level to the CDC through the EHDI registry.
5. Related and Competing Measures Related measures: 1360 Audiological Evaluation no later than 3 months of age (EHDI 3) 1361 Signed Part C Individual Family Service Plan (IFSP) before 6 months of age There are no competing measures
Standing Committee Recommendation for Endorsement: **Y-13**; **N-1**
6. Public and Member Comment Two commenters were generally in support of this measure. One of the commenters questioned how this measure would be implemented and which provider would be responsible for the implementation of this measure. Committee Response: During the in-person meeting, the Committee discussed the state-level tracking of these measures by the EHDI program at CDC. The Committee concluded that measure 1361 was best measured at the state level. All clinicians involved in care are responsible for submitting data to the EHDI program.
7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X
8. Board of Directors Vote: Y-X; N-X
9. Appeals

Ear, Nose and Throat Conditions Measure Recommended With Reserve Status

0656 Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use

Submission |

Description: Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic corticosteroids

Numerator Statement: Patients who were not prescribed systemic corticosteroids

Denominator Statement: All patients aged 2 months through 12 years with a diagnosis of OME

Exclusions: Documentation of medical reason(s) for prescribing systemic corticosteroids

Adjustment/Stratification:

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

Setting of Care: Ambulatory Care : Clinician Office/Clinic

Type of Measure: Process

Data Source: Paper Medical Records

Measure Steward: American Academy of Otolaryngology-Head and Neck Surgery

STANDING COMMITTEE MEETING [06/03/2015]

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

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

1a. Evidence: **H**-9; **M-5**; **L-1**; **I-1**; 1b. Performance Gap: **H-1**; **M-4**; **L-6**; **I-4;** Evidence Exception: **Y-0; N-0**

Rationale:

Multiple randomized trials were provided by the developer as evidence. The randomized trials highlighted how oral steroids do not have long-term benefits for ear infections and pose risk of side effects.

The Committee members noted that the evidence provided is sufficient on the fact that systemic steroids provide little benefit and significant harm.

Some Committee members noted concerns that medications, antimicrobials and corticosteroids, have been lumped together in the 2004 Guideline and the 2011 Cochrane Review. The developer responded that they are updating the media with effusion clinical practice guidelines and hopes that it will be published early 2016. The updated guideline, to be published early 2016, will have three separate strong recommendations, individually, for the different medications.

The developer presented unpublished data from a national survey that found that about 3% of physicians prescribed oral antibiotics for OME – an improvement from 10% in 2008. Based on the new data, Committee members were not convinced that use of oral steroids in OME represents a significant quality problem. Some Committee members noted that the small percentage of patients that were prescribed steroids actually needed them for another chronic condition like asthma. Therefore, the 3% prescribed oral antibiotics inappropriately would be reduced even further if taken into account the small percent of patients who actually needed the medication.

The developer responded that the prevalence of the condition is between 50 and 90 percent of children. Therefore, even a small amount of systemic steroid prescribing is still very serious to children.

Ultimately the Committee agreed that with such limited resources, issues with much more prevalence should be addressed, such as antibiotic overuse. The measure did not pass the performance gap criteria.

2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-10**; **M-5**; **L-0**; **I-0** 2b. Validity: **H-6**; **M-9**; **L-0**; **I-0**

Rationale:

The Committee agreed that the reliability and validity testing were sufficient to meet the criteria.

Data element reliability was tested in 2008-2009 in two large pediatric practice networks. Inter-rater reliability

0656 Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use
(IRR) of two independent chart abstractors found 99% agreement (Kappa = 0.85, almost perfect agreement) for the numerator and 97% for the denominator (Kappa = 0.65, substantial agreement). Validity was assessed by systematic assessment of face validity by an expert panel of 21 members who generally agreed that the measure could distinguish quality of care. The measure included broad exclusions for "medical reasons", the Committee suggested the exclusions need to be more specified. There are may be diagnoses that may warrant use of steroids such as nasal polyps, asthma, and allergic rhinitis.
3. Feasibility: H-2; M-9; L-4; I-0 *(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 to implement, as the measure is abstracted from paper medical record. Some Committee members noted the measure would be easier to implement if it were an electronic health record.
4. Use and Usability: H-1; M-12; L-1; I-1 *(Meaningful, understandable, and useful to the intended audiences for 4a. Public Reporting/Accountability and 4b. Quality Improvement)* Rationale: This measure is currently not publically reported, however, it is currently being used by the American Board of Internal Medicine Self-Directed Performance Improvement Module (PIM). The Committee agreed the measure is usable, as it measures a very prevalent condition with a clear diagnostic criterion seen frequently in primary care specialist offices but there is no data to support that thought. Although the measure is not in use, the Committee agreed practice seems to have changed such that steroid use is not common.
5. Related and Competing Measures This measure relates to: 0655 Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use; and 0657 Otitis Media with Effusion: Systemic antibiotics – Avoidance of inappropriate use. All three measures use the same definitions and codes to identify the denominator population. There are no competing measures noted.
Standing Committee Recommendation for Inactive Endorsement with Reserve Status: Y-13; N-2
6. Public and Member Comment One commenter generally supported this measure. Two commenters suggested that the Committee reconsider their recommendation of this measure for reserve status, stating that it is a good quality measure and should be recommended for full endorsement with continued active endorsement. One commenter referenced the work of Lester, et al. which highlights that removing incentives from reporting can result in a decrease in performance. One of these commenters also NQF REVIEW DRAFT—Member Votes due by September 23, 2015 by 6:00 PM ET questioned the burden of data collection this measure may have on physicians. Developer's Response: The American Academy of Otolaryngology – Head and Neck Surgery Foundation (AAO-HNSF) appreciates the comment from the American Academy of Family Physicians (AAFP) regarding concern about the potential data collection burden of reporting measure 0656: Otitis Media with Effusion: Systemic Corticosteroids – Avoidance of Inappropriate Use. The AAO-HNSF recently assumed stewardship of this pediatric, paper-based measure. The AAO-HNSF was required to submit measure 0656 for endorsement consideration as a paper-based measure due to existing NQF policy requiring measures to be submitted for endorsement in the

0656 Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use
format in which they were tested. The AAO-HNSF believes the OME paper-based measures could be readily converted to e-measures, and hopes to formulate measure 0656 such that it may be electronically extracted from EHRs and utilized in a registry. This will eliminate the inherent burden of use associated with a paper-based measure. Committee Response: While the Committee recognizes the commenters' concerns that removing active endorsement of this measure may potentially lead to a decrease in performance, the Committee agreed there is little room for performance improvement with this measure and maintains the recommended for reserve status. •
7. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X; A-X
8. Board of Directors Vote: Y-X; N-X
9. Appeals

Appendix B-NQF Member Voting Results

NQF Member Council	Voting	Eligible to Vote	Rate
Consumer	0	37	0%
Health Plan	2	20	10%
Health Professional	3	100	3%
Provider Organizations	2	110	2%
Public/Community Health Agency	0	19	0%
Purchaser	1	20	5%
QMRI	1	80	1%
Supplier/Industry	0	39	0%
All Councils	**9**	**425**	**3%**

0086: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	2	0	1	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**7**	**0**	**2**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

eMeasure 0086: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	2	0	1	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	

All Councils	**7**	**0**	**2**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

0087: Age-Related Macular Degeneration: Dilated Macular Examination

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	2	0	1	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**7**	**0**	**2**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

0088: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	2	0	1	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**7**	**0**	**2**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

eMeasure: 0088 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	2	0	1	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**7**	**0**	**2**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

0089: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	1	0	1	2	100%
Health Professional	2	0	1	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**6**	**0**	**3**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

eMeasure 0089: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	2	0	1	3	100%
Provider Organizations	2	0	0	2	100%

Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**7**	**0**	**2**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

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

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	2	0	1	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**7**	**0**	**2**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

0564: Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	2	0	1	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**7**	**0**	**2**	**9**	**100%**
Percentage of councils approving (>60%)					100%

Average council percentage approval	100%

*equation: Yes/ (Total - Abstain)

eMeasure 0564: Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	2	0	1	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**7**	**0**	**2**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

0565: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	2	0	1	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**7**	**0**	**2**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

eMeasure 0565: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	

Health Plan	2	0	0	2	100%
Health Professional	2	0	1	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**7**	**0**	**2**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

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

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	2	0	1	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**7**	**0**	**2**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

0653: Acute Otitis Externa: Topical Therapy

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	3	0	0	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**8**	**0**	**1**	**9**	**100%**

Percentage of councils approving (>60%)	100%
Average council percentage approval	100%

*equation: Yes/ (Total - Abstain)

0654: Acute Otitis Externa: Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	3	0	0	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**8**	**0**	**1**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

0655: Otitis Media with Effusion: Antihistamines or decongestants Avoidance of inappropriate use

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	3	0	0	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**8**	**0**	**1**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

0656: (for Reserve Status) Otitis Media with Effusion: Systemic corticosteroids - Avoidance of inappropriate use

Measure Council	Yes	No	Abstain	Total Votes	% Approval*

Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	3	0	0	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**8**	**0**	**1**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

0657: Otitis Media with Effusion: Systemic antimicrobials Avoidance of inappropriate use

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	3	0	0	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**8**	**0**	**1**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

1354: Hearing screening prior to hospital discharge

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	2	0	1	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	

All Councils	**7**	**0**	**2**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

eMeasure: 1354 Hearing screening prior to hospital discharge

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	2	0	1	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**7**	**0**	**2**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

1360: Audiological Evaluation no later than 3 months of age

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	2	0	1	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**7**	**0**	**2**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

1361: Signed Part C Individual Family Service Plan (IFSP) before 6 months of age

Measure Council	Yes	No	Abstain	Total Votes	% Approval*

Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	2	0	1	3	100%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**7**	**0**	**2**	**9**	**100%**
Percentage of councils approving (>60%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

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

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	0	2	1	3	0%
Provider Organizations	2	0	0	2	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	1	1	
Supplier/Industry	0	0	0	0	
All Councils	**5**	**2**	**2**	**9**	**71%**
Percentage of councils approving (>60%)					75%
Average council percentage approval					75%

*equation: Yes/ (Total - Abstain)

Voting Comments: America's Health Insurance Plans: We approve of the measure as is. However, provided USPSTF's recent research plan now open for public comment which suggests opening up the age range for visual acuity screening to 6 months - 5 years, we would expect an ad-hoc NQF review of this measure should the report and the relevant recommendations become finalized.