

# Eye Care and Ear, Nose, and Throat Conditions, 2014-2016

FINAL TECHNICAL REPORT

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**NATIONAL  
QUALITY FORUM**

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# Eye Care and Ear, Nose, and Throat Conditions

## FINAL TECHNICAL REPORT

### Executive Summary

Most of the measures in the Eye Care and Ear, Nose, and Throat Conditions (EENT) portfolio were reviewed for maintenance of endorsement. The EENT portfolio contains 10 measures for eye care including 4 outcome measures, 3 for cataract surgery, and 1 for primary open-angle glaucoma. One of the cataract outcome measures is a patient reported outcomes measure. The 10 process measures for ear, nose, and throat conditions (ENT) address ear infections, pharyngitis, and newborn hearing screening. [Appendix B](#) details the full portfolio of EENT measures. The Committee identified several important gaps in the portfolio.

For this project, the Standing Committee evaluated a total of 24 measures, 7 new eMeasures and 17 measures undergoing maintenance review against NQF's standard evaluation criteria. The Committee evaluated 6 new eMeasure versions of endorsed measures that were evaluated as separate measures. Twenty-one measures were endorsed (including the 6 new eMeasures), 1 measure was placed in inactive endorsement with reserve status, and one eMeasure was approved for trial use. Endorsement was removed for 1 measure.

The 21 endorsed measures are:

#### Eye 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
- 0563 Primary Open-Angle Glaucoma: Reduction of Intraocular Pressure by 15% or Documentation of a Plan of Care
- 0086 Primary Open Angle Glaucoma: Optic Nerve Evaluation
- 0086 eMeasure: Primary Open Angle Glaucoma: Optic Nerve Evaluation
- 0087 Age-Related Macular Degeneration: Dilated Macular Examination
- 0566 Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement
- 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

### **Ear, Nose, and Throat Conditions**

- 0653 Acute Otitis Externa: Topical Therapy
- 0654 Acute Otitis Externa: Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use
- 0657 Otitis Media with Effusion: Systemic Antimicrobials – Avoidance of Inappropriate Use
- 0655 Otitis Media with Effusion: Antihistamines or Decongestants – Avoidance of Inappropriate use
- 1354 Hearing Screening Prior to Hospital Discharge (EHDI-1a)
- 1354 eMeasure: Hearing Screening Prior to Hospital Discharge (EHDI-1a)
- 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)

One measure was placed in inactive endorsement with reserve status:

- 0656 Otitis Media with Effusion: Systemic Corticosteroids – Avoidance of Inappropriate Use

One new eMeasure was approved for trial use:

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

Endorsement was removed for the following measure:

- 0002 Appropriate Testing for Children with Pharyngitis

Brief summaries of the measure evaluations are included in the body of the report; detailed summaries of the Committee’s discussion and ratings of the criteria for each measure are in [Appendix A](#).

## Introduction

### Eye Care Conditions

Vision impairment and blindness are major public health problems that take a substantial toll on individuals and society. Poor vision in children affects learning and school success. In adults, studies have shown that vision impairment is associated with an increased risk of falls, hip fractures, depression, social isolation, greater need for community services, and greater risk of admission to nursing homes. More than 3.4 million (3%) Americans 40 years and older are either blind or are visually impaired, and millions more are at risk for developing vision impairment and blindness. Blindness or vision problems are among the top 10 disabilities among adults age 18 years and older.<sup>1</sup> At a cost of \$139 billion in 2013, eye disorders and vision loss are among the costliest health conditions currently facing the United States.<sup>2</sup>

Several common eye conditions threaten the eyesight of many patients annually:

- Glaucoma is a condition of increased pressure inside the eye that can damage the optic nerve and cause vision loss. Glaucoma is the leading cause of blindness in adults over 75 years of age. Glaucoma is also the leading cause of blindness among African Americans.<sup>3</sup>
- Cataracts affect vision by clouding the lens of the eye. By age 80, more than half of Americans either have a cataract or have had cataract surgery.<sup>4</sup> More than 3 million Americans have cataract surgery each year. The total number of people who have cataracts is estimated to increase to 30.1 million by 2020.<sup>5</sup>
- Age-related macular degeneration (AMD) is an eye disorder associated with aging and results in damaging sharp and central vision. The number of people with AMD is estimated to reach 2.95 million in 2020. AMD is the leading cause of permanent impairment of reading and fine or close-up vision among people age 65 years and older.<sup>6</sup>
- Diabetic retinopathy is a common complication of diabetes. It is the leading cause of blindness among U.S. adults age 20 to 74 years.<sup>7</sup> The number of people who experience diabetic retinopathy is expected to triple between 2005 and 2050 from 5.5 million to 16 million people.<sup>8</sup>

### Ear, Nose, and Throat Conditions

A wide variety of conditions affect the ears, nose, and throat including:

- Ear – hearing problems, ear infections, balance disorders, ringing in the ear, nerve pain
- Nose and sinuses – infections, allergies, snoring, problems with smell, appearance of the nose
- Throat – infections, tonsillitis, disorders of the voice box, speech and voice disorders, swallowing disorders, cancers

Many of these conditions are initially treated by primary care clinicians, though in 2010, there were an estimated 20 million visits to ENT specialists, and one-fifth of the visits were for patients under 15 years of age. The top 3 reasons for seeing a specialist are hearing dysfunction, earache or ear infection, and nasal congestion.<sup>9</sup>

Hearing loss affects 1 in 10 Americans. Parent-reported hearing loss affects 5 in 1000 children. About 40% of young adults with hearing loss identified during childhood reported experiencing at least one limitation in daily functioning. It is expected that the lifetime costs for all people with hearing loss who were born in 2000 will total \$2.1 billion (in 2003 dollars).<sup>10</sup>

## NQF Portfolio of Performance Measures for Eye Care and Ear, Nose, and Throat (EENT) Conditions

The EENT Standing Committee (see [Appendix D](#)) oversees NQF's portfolio of EENT measures that includes measures for eye care and ear, nose, and throat conditions (see [Appendix B](#)). This portfolio contains 20 measures: 16 process measures and 4 outcome measures. Additional measures related to EENT are assigned to other topic areas. These include eye exam referral for patients with diabetes (Endocrine) and avoidance of antibiotics for upper respiratory infection (Pulmonary).

**Table 1. NQF EENT Portfolio of Measures**

	Process	Outcome/Resource Use	Composite
Eye Care	6	4	0
Ear, Nose, and Throat Conditions	10	0	0
<b>Total</b>	16	4	0

## National Quality Strategy

NQF-endorsed measures for EENT conditions support the [National Quality Strategy \(NQS\)](#). NQS serves as the overarching framework for guiding and aligning public and private efforts across all levels (local, state, and national) to improve the quality of healthcare in the U.S. The NQS establishes the "triple aim" of better care, affordable care, and healthy people/communities, focusing on 6 priorities to achieve those aims: *Safety, Person and Family Centered Care, Communication and Care Coordination, Effective Prevention and Treatment of Illness, Best Practices for Healthy Living, and Affordable Care*.

Quality measures for EENT care align with several of the NQS priorities, including:

- **Safety:** The EENT measure portfolio includes measures that promote patient safety including appropriate use of antibiotics and maintaining vision.
- **Communication and Care Coordination:** Measures in the EENT portfolio emphasize the importance of ongoing communication and care coordination for diabetic retinopathy, glaucoma, and speech and hearing care.
- **Effective Prevention and Treatment:** Outcome measures for cataracts and glaucoma assess the effectiveness of eye care and prevention of vision loss.
- **Affordable Care:** EENT measures promote appropriate use of antibiotics for acute otitis externa and otitis media with effusion and are cost effective measures.



## Use of Measures in the Portfolio

Endorsement of measures by NQF is valued not only because the evaluation process itself is both rigorous and transparent, but also because evaluations are conducted by multistakeholder Committees comprised of clinicians and other experts from the full range of healthcare providers, employers, health plans, public agencies, community coalitions, and patients—many of whom use measures on a daily basis to ensure better care. Moreover, NQF-endorsed measures undergo routine "maintenance" (i.e., re-evaluation) to ensure that they are still the best-available measures and reflect the current science. Importantly, federal law requires that preference be given to NQF-endorsed measures for use in federal public reporting and performance-based payment programs. NQF measures also are used by a variety of stakeholders in the private sector, including hospitals, health plans, and communities.

Five of the eye care measures and 2 of the endorsed EENT measures are used in federal programs. All 7 are used in the Physician Quality Reporting Program (PQRS) sponsored by the Centers for Medicare & Medicaid Services (CMS). PQRS is a voluntary reporting program in which clinicians select the measures to be reported. In 2015, CMS began reporting PQRS performance measure results on the [Physician Compare website](#). The PQRS measure results will also be used by CMS for the Value-Based Payment Modifier. The 5 eye care eMeasures (also called eCQMs) are also used in the EHR Incentive Program (also known as "Meaningful Use") to promote the use of electronic health records. See [Appendix C](#) for details of federal program use for the measures in the portfolio.

## Improving NQF's Eye Care and Ear, Nose, and Throat Portfolio – Committee Input on Gaps in the Portfolio

The EENT Committee identified numerous areas where additional measure development is needed, including:

- Patient-reported outcomes (PROs) after procedures and treatments to assess improvements in symptoms and functioning from the patient's perspective
- Composite measures for specialist care including the referral, intervention, and outcome (including PROs)
- Appropriateness measures for procedures such as tonsillectomy, stapedectomy, tympanostomy tubes, sinus surgery, and sinus imaging
- Cost and resource use measures for both eye care and ENT conditions
- Inappropriate use of medications for eye care such as medicated drops for glaucoma
- Additional measures of appropriate use of antibiotics and antibiotic stewardship aligned with the [Choosing Wisely](#) campaign for conditions such as sinusitis, acute tympanostomy otorrhea, adenoviral conjunctivitis or as prophylaxis for intravitreal injections, and tonsillectomy
- Appropriate fitting of hearing aids

## EENT Measure Evaluation

On June 3-4, 2015, the EENT Standing Committee evaluated 17 measures undergoing maintenance of endorsement review and 7 newly submitted measures against [NQF's standard evaluation criteria](#). To facilitate the evaluation, the Committee and candidate standards were divided into 4 workgroups for

preliminary review of the measures against the evaluation subcriteria prior to consideration by the entire Standing Committee.

**Table 2. EENT Measure Evaluation Summary**

	Maintenance	New	Total
Measures under consideration	17	7	24
Measures recommended for endorsement	15	6	21
Measures recommended for inactive endorsement with reserve status	1	0	1
eMeasures approved for trial use		1	1
Measures not recommended for endorsement	1		1
Reasons for not recommending	Overall –1		

### Evaluation of eMeasures for Approval for Trial Use

The Standing Committee evaluated 1 new eMeasure for NQF approval for trial use. NQF approval for trial use is intended for eMeasures that are ready for implementation but cannot yet be adequately tested to meet NQF endorsement criteria. NQF uses the multistakeholder consensus process to evaluate and approve eMeasures for trial use that address important areas for performance measurement and quality improvement, though they may not have the requisite testing needed for NQF endorsement. These eMeasures must be assessed to be technically acceptable for implementation. The goal for approving eMeasures for trial use is to promote implementation and the ability to conduct more robust reliability and validity testing that can take advantage of clinical data in EHRs.

### Comments Received Prior to Committee Evaluation

NQF solicits comments on endorsed measures on an ongoing basis through the [Quality Positioning System \(QPS\)](#). In addition, NQF solicits comments prior to the evaluation of the measures via an online tool located on the project webpage. For this evaluation cycle, the pre-evaluation comment period was open from April 20-May 8, 2015, for all of the measures under review. A total of 18 pre-evaluation comments were received ([Appendix F](#)). All submitted comments were provided to the Committee prior to its deliberations.

### Overarching Issues

During the Standing Committee’s discussion of the measures, several overarching issues emerged that were factored into the Committee’s ratings and recommendations for multiple measures and are not repeated in detail with each individual measure.

### *New eMeasure Versions of Endorsed Measures*

Six of the measures evaluated in this project were submitted with new eMeasure specifications. These measures are sometimes referred to as “re-tooled” eMeasures. In general, NQF considers eMeasures to be distinct from the original measure and would give them a different measure number but, because these eMeasures are in federal programs using the existing NQF measure number, the number for the eMeasure has been retained. The eMeasures, however, were evaluated separately from the original measures for all criteria except evidence and opportunity for improvement.

Although these 6 eMeasures are used in the federal EHR Incentive Programs (“Meaningful Use”), these programs do not generate a dataset that can be tested for reliability and validity—the majority of participants report by attestation rather than submitting data. Current NQF criteria requires testing eMeasures in more than 1 EHR system; however, during this evolution toward greater use of eMeasures, NQF accepted testing in a simulated data set with the [BONNIE tool](#), as an alternative approach for re-tooled measures in use in federal programs. The Committee evaluated the results of the BONNIE testing in a simulated data set provided by the measure developers and recommended all 6 new eMeasures for endorsement.

### *Antibiotic Stewardship*

The Standing Committee strongly supported several measures for appropriate use of antibiotics and recommended development of additional measures to promote improvements in antibiotic stewardship. Such measures support NQF’s [National Quality Partners \(NQP\) multistakeholder “Action Team” for Antibiotic Stewardship](#). The goal for the 2015-2016 collaborative efforts by NQP is reducing antimicrobial resistance through aggressive antibiotic stewardship.

### *American Academy of Ophthalmology’s IRIS™ Registry*

In 2014, the American Academy of Ophthalmology (AAO) launched the IRIS™ registry, a qualified clinical data registry that successfully submitted eMeasure data for 2,722 ophthalmologists to federal programs. The registry is providing feedback to physicians every 30 days to foster quality improvement.

During the Committee discussions of eye care measures, representatives from AAO were able to provide additional data and insight about performance based on the data in the IRIS™ registry. In particular, registry data indicates that the performance on various eye care measures may be quite high for those clinicians reporting to PQRS, but the performance on the measures is significantly lower for those who do not report.

### *Topped Out Measures and Concerns about Backsliding*

Committee members were concerned about the implications for measures that seem to be at high levels of performance and advocated continued endorsement and measurement to “hold the gains.” The Committee was generally wary of placing measures in inactive endorsement with reserve status because of possible backsliding in performance if measurement does not continue to focus attention on that aspect of care. PQRS data were particularly concerning because self-reported data are generally biased towards high performers and the performance of nonreporters is not measured.

## Disparities

The Standing Committee discussed the changing demographics for eye disorders, particularly glaucoma and diabetic retinopathy. For example, the number of people with glaucoma is expected to increase from 2.71 million to 7.31 million in 2050, and the largest demographic group is changing from older, white women to Hispanic men by 2035. Committee members noted that access to care may be an issue for some racial groups. A study of Medicare beneficiaries found that rates of eye examinations for elderly persons with diabetes or frequently occurring eye diseases remain far below recommended levels. Factors associated with a reduction in frequency of eye examinations included male gender, being limited in activities of daily living at baseline, distance to the nearest ophthalmologist, and low cognitive function.<sup>11</sup>

## Summary of Measure Evaluation

The following brief summaries of the measure evaluation highlight the major issues that the Committee considered. Details of the Committee's discussion and ratings of the criteria for each measure are included in [Appendix A](#).

### Eye Care

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

**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; **Measure Type:** Outcome; **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; **Data Source:** Electronic Clinical Data, Electronic Clinical Data: Registry

More than 3 million cataract surgeries are performed in the United States every year. This registry measure evaluates the outcome of surgical performance and will be publicly reported on CMS's Physician Compare website next year. Committee members noted that more than 50% of patients are excluded from this measure. The developers explained that, because the measure is not risk-adjusted, patients with complicated eye conditions may not be expected to achieve such a high level of visual acuity after surgery. The Committee also considered potential unintended consequences such as increased return visits to achieve the outcome or a surgeon avoiding operating on patients if achieving 20/40 vision is unlikely. Committee members suggested that a risk-adjusted measure including most patients undergoing cataract surgery would be an improvement. The developers explained that the measure is intended to focus on cases where the surgeon has the most impact on patient outcomes; however, the Committee's recommendation aligns with NQF's goal of capturing the broadest possible population in performance measures. Another endorsed measure in the Eye Care portfolio—1536 Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery—evaluates the outcome of cataract surgery from the patient's perspective.

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

**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; **Measure Type:** Outcome; **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; **Data Source:** Electronic Clinical Data: Electronic Health Record

The technical review found this eMeasure to have appropriate specifications and value sets, and an adequate feasibility assessment that addressed the data elements and measure logic. AAO representatives reported that clinicians use 26 different EHRs to report this measure to the IRIS™ registry. Testing data to meet NQF requirements for eMeasures were not available though data element validity testing had been performed in a single office site with 4 clinicians. The Committee found results of the BONNIE testing in a simulated data set provided by the developers acceptable.

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

**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; **Measure Type:** Outcome; **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; **Data Source:** Electronic Clinical Data, Electronic Clinical Data: Registry

PQRS performance data for this adverse outcome measure was 3.4% in 2010 increasing to 5.2% in 2012. Most complications occur within 10 days of the procedure. Committee members were concerned that the large number of exclusions (27% in the IRIS™ registry and 52% in a 2013 sample Medicare claims file) leaves just the easiest patients in the measure. The Committee noted that the measure would not capture all complications since some complications, such as use of the wrong lens, would not trigger another surgery. Committee members suggest amending the title to “Selected complications...” The Committee recommended future development of a risk-adjusted measure to reduce the number of exclusions and capture more patients in the measure. The developers explained that the measure is intended to focus on cases where the surgeon has the most impact on patient outcomes; however, the Committee’s recommendation aligns with NQF’s goal of capturing the broadest possible population in performance measures.

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

**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; **Measure Type:** Outcome; **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; **Data Source:** Electronic Clinical Data: Electronic Health Record

The technical review found this eMeasure to have appropriate specifications and value sets, and an adequate feasibility assessment that addressed the data elements and measure logic. Testing data to meet NQF requirements for eMeasures were not available though data element validity testing had been performed in a single office site with four clinicians. The Committee found the results of the BONNIE testing in a simulated data set provided by the developers acceptable.

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

**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; **Measure Type:** Process; **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; **Data Source:** Administrative claims, Electronic Clinical Data, Electronic Clinical Data: Registry

This process measure reflects an AAO practice pattern with Grade A evidence and requires documentation of the cup-to-disc ratio and structural elements of the eye to meet the performance measure. PQRS participants report a 90% performance rate but, when the IRIS<sup>TM</sup> registry looked at the specific documentation in the EHRs, the rate fell to 79%. Photo documentation is not included in the measure. The changing demographics toward more Hispanic men with glaucoma may impact this measure because access to care may be an issue.

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

**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; **Measure Type:** Process; **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; **Data Source:** Electronic Clinical Data: Electronic Health Record

As noted above, the specific documentation included in the eMeasure more accurately reflects performance at 79% for participants in the IRIS<sup>TM</sup> registry. The technical review found this eMeasure to have appropriate specifications and value sets, and an adequate feasibility assessment that addressed the data elements and measure logic. Testing data to meet NQF requirements for eMeasures were not available though data element validity testing had been performed in a single office site with 4 clinicians. The Committee found the results of the BONNIE testing in a simulated data set provided by the developers acceptable.

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

**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; **Measure Type:** Process; **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; **Data Source:** Administrative claims, Electronic Clinical Data, Electronic Clinical Data: Electronic Health Record, Paper Medical Records, Electronic Clinical Data: Registry

Large randomized trials have shown that reducing pressure inside the eye prevents vision loss. The AAO practice pattern recommends reduction in intraocular pressure (IOP) of 25% or more. Performance among PQRS participants is high at 95% though participants represent only 15% of eligible providers. The developers reported that 30% of the measure results represent a “plan of care” rather than a reduction in IOP. The developers noted that there are many appropriate reasons for not achieving 15% reduction in intraocular pressure. Committee members also noted that the 15% target value in the measure is less than the 25% or more recommended by the AAO practice pattern. The Committee recommended separating the outcome measure and the plan of care to understand the impact on patients. Committee members noted that the changing racial demographics suggest a need to consider risk adjustment in the future.

### 0087 Age-Related Macular Degeneration: Dilated Macular Examination: Endorsed

**Description:** 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; **Measure Type:** Process; **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; **Data Source:** Administrative claims, Electronic Clinical Data, Electronic Clinical Data: Electronic Health Record, Paper Medical Records, Electronic Clinical Data: Registry

Age-Related Macular Degeneration (AMD) is the most common cause of blindness in people over the age of 75 years. Proper examination yields the findings needed to stage the severity of the condition and to monitor changes over time. Earlier treatment achieves better outcomes. PQRS performance is reported at 94-96%, but for those in the IRIS™ registry not reporting to PQRS, the results are only 10%. A complete exam may not be performed because it requires drops to dilate the eye and documentation of severity may not be complete. ICD-10 coding will provide greater granularity and better coding distinctions on the severity of the AMD. Commenters suggested aligning the severity of disease to a preferred classification scale for standardization. The developer responded that it will consider aligning the reporting of disease severity to a preferred classification system as proposed for ICD-10 in the next cycle of revisions.



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

**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 for preventing progression of AMD; **Measure Type:** Process; **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; **Data Source:** Administrative claims, Electronic Clinical Data, Electronic Clinical Data: Electronic Health Record, Paper Medical Records, Electronic Clinical Data: Registry

The results of the [Age-Related Eye Disease Study \(AREDS\)](#) showed that high levels of antioxidants and zinc significantly reduce the risk of advanced AMD and its associated vision loss. The antioxidants are recommended for patients with intermediate or advanced AMD. There is no known treatment that can prevent the early stages of AMD; however, the AREDS formulations may delay progression of advanced AMD and maintain vision longer for intermediate AMD. Understanding the risks and benefits of the AREDS supplements requires a face-to-face encounter to discuss the findings of the study and how the recommendations apply to each individual. Performance on this measure was 92% for all PQRS participants in 2013 and 82% for the IRIS<sup>TM</sup> registry participants submitting data in a qualified registry for 2014 PQRS. There are no exclusions for this measure. A commenter recommended changing the title of the measure to “Determination and Counseling of Appropriateness of Antioxidant Supplement” because only a minority of the population is eligible for antioxidant therapy. The developer will consider changing the title in the future.

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

**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; **Measure Type:** Process; **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; **Data Source:** Administrative claims, Electronic Clinical Data, Paper Medical Records, Electronic Clinical Data: Registry

Diabetic retinopathy is the leading cause of blindness in working-age people despite the very dramatic reduction in blindness since studies in the early 1980s demonstrated that glucose control can prevent vision loss. The measure requires documentation of the specific findings for diabetic retinopathy. The performance reported by PQRS participants is 96% but only 36% for IRIS<sup>TM</sup> registry participants who do not report to PQRS. The exam for diabetic retinopathy is more difficult than that for AMD. Committee members suggested that ICD-9 code 362.07 for diabetic macular edema be added to the measure. 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). A commenter suggested that it would be helpful to align reporting of the severity of disease (diabetic retinopathy) to a preferred classification scale such as the International Clinical Diabetic Retinopathy (ICDR) and Diabetic Macular Edema Disease Severity Scale.



The developer said that it would consider adding information about the ICDR as one possible rating scale for documenting severity in the next revision of the measure.

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

**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; **Measure Type:** Process; **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; **Data Source:** Electronic Clinical Data: Electronic Health Record

The technical review found this eMeasure to have appropriate specifications and value sets, and an adequate feasibility assessment that addressed the data elements and measure logic. Testing data to meet NQF requirements for eMeasures were not available though data element validity testing had been performed in a single office site with 4 clinicians. The Committee found the results of the BONNIE testing in a simulated data set provided by the developers acceptable.

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

**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; **Measure Type:** Process; **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; **Data Source:** Administrative claims, Electronic Clinical Data, Electronic Clinical Data: Registry

Committee members agreed that, although there is no high-level evidence, this measure makes sense for good care. The clinicians agreed that communication among clinicians has improved, and various methods are used such as EHR (easiest), fax, and report given to the patient. The clinicians agreed 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. The Committee emphasized the critical need for collaboration and communication among providers caring for a patient with diabetes to prevent vision loss.

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

**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; **Measure Type:** Process; **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; **Data Source:** Administrative claims, Electronic Clinical Data, Electronic Clinical Data: Registry

The technical review found this eMeasure to have appropriate specifications and value sets, and an adequate feasibility assessment that addressed the data elements and measure logic. Testing data to meet NQF requirements for eMeasures were not available though data element validity testing had been performed in a single office site with 4 clinicians. The Committee found the results of the BONNIE testing in a simulated data set provided by the developers acceptable.

### **2721 Screening for Reduced Visual Acuity and Referral in Children: eMeasure approved for trial use**

**Description:** The percentage of children who received visual acuity screening at least once by their 6th birthday; and if necessary, were referred appropriately; **Measure Type:** Process; **Level of Analysis:** Clinician: Group/Practice, Clinician: Individual, Clinician: Team; **Setting of Care:** Ambulatory Care: Clinician Office/Clinic; **Data Source:** Electronic Clinical Data: Electronic Health Record

This newly developed eMeasure has not been sufficiently tested to meet NQF's endorsement criteria but is a candidate for [NQF eMeasure approval for trial use](#). 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 [U.S. Preventive Services Task Force](#), the [American Academy of Family Physicians](#), and the [American Academy of Pediatrics](#). On recommendation from the Committee, the developers agreed to change the title from "Amblyopia Screening in Children" to reflect what is being measured—visual acuity (there is no specific screening test for amblyopia). This measure is intended to evaluate primary care providers of children and does not specify a particular test to meet the measure.

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

### *Ear, Nose, and Throat Conditions*

#### **0653 Acute Otitis Externa: Topical Therapy: Endorsed**

**Description:** Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations; **Measure Type:** Process; **Level of Analysis:** Clinician: Group/Practice, Clinician:

Individual; **Setting of Care:** Ambulatory Care: Clinician Office/Clinic; **Data Source:** Administrative claims, Electronic Clinical Data: Registry

Acute otitis externa or “swimmers ear” is a very painful condition that prompts more than 2.4 million patient visits each year. Studies have shown that topical therapy with ear drops provides fast relief of pain and effective resolution of the infection without systemic antibiotics. However, data from the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Care Surveys in 2004 and 2008 found appropriate use of topical therapy only 67% of the time. Performance results of 83.9% were reported by participants in the PQRS program in 2012 (improved from 72.4% in 2009). Little data comparing performance results for primary care versus specialists are available. This measure is based on claims (using CPT II codes) or registry data (PQRS GPRO). The Committee noted the broad exclusions for “medical reasons” would include noncompliant children, immunosuppressed patients, inability to get medication into the ear canal, and extensive cellulitis. The Committee agreed that this measure should be paired with measure 0654 Acute Otitis Externa-Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use.

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

**Description:** Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobials; **Measure Type:** Process; **Level of Analysis:** Clinician: Group/Practice, Clinician: Individual; **Setting of Care:** Ambulatory Care: Clinician Office/Clinic; **Data Source:** Administrative claims, Electronic Clinical Data: Registry

Systematic reviews of the published literature conclude that clinicians should not prescribe systemic antimicrobials as a first line treatment for acute otitis externa and that topical treatments alone are effective. Additionally, oral antibiotics have significant adverse effects for the individual as well a development of antibiotic resistance. This measure is reported in PQRS and has improved for the participants from 45.5% in 2009 to 73.9% in 2012. It is likely that clinicians not reporting this measure to PQRS have much lower performance. This measure is based on claims (using CPT II codes) or registry data (PQRS GPRO). The Committee agreed that this is an important measure of antibiotic stewardship and should be paired with measure 0653 Acute Otitis Externa: Topical Therapy.

#### **0657 Otitis Media with Effusion: Systemic Antimicrobials – Avoidance of Inappropriate Use: Endorsed**

**Description:** Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials; **Measure Type:** Process; **Level of Analysis:** Clinician: Group/Practice, Clinician: Individual; **Setting of Care:** Ambulatory Care: Clinician Office/Clinic; **Data Source:** Paper Medical Records

The majority of children experience an ear infection before entering school. Systematic reviews of the literature support guidelines that indicate that antibiotics do not have long-term effectiveness and thus do not recommend their use for routine therapy. Despite strong empirical evidence and guidelines for more than a decade, antibiotics are prescribed more than 30% of the time according to unpublished data from a national survey reported by the developers to the Committee. This measure is not in current use though the developers are proposing this measure for the Medicaid program. Committee members

noted that, although the measure is specified for chart abstraction, the data should be available in EHRs. Committee members suggested specific exclusions such as “treatment for another medical condition” rather than the broad “medical reasons.” Committee members noted that this measure is quite useable because inappropriate use of antibiotics increases side effects for patients, incurs unnecessary costs, and promotes antibiotic resistance.

#### **0656 Otitis Media with Effusion: Systemic Corticosteroids – Avoidance of Inappropriate Use: Inactive endorsement with reserve status**

**Description:** Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic corticosteroids; **Measure Type:** Process; **Level of Analysis:** Clinician: Group/Practice, Clinician: Individual; **Setting of Care:** Ambulatory Care: Clinician Office/Clinic; **Data Source:** Paper Medical Records

Multiple randomized trials have shown that oral steroids do not have long-term benefits for ear infections and pose a risk of side effects. The developer presented unpublished data from a national survey that found that providers prescribed oral antibiotics for otitis media with effusion (OME) in about 3% of cases—an improvement from 10% in 2008. These new data did not convince Committee members that use of oral steroids in OME represents a significant quality problem. Although the measure is not in use, practice seems to have changed such that steroid use is not common. The Committee agreed that the measure otherwise meets the criteria for endorsement and recommended this measure for inactive endorsement with reserve status. A commenter raised concern about the burden of data collection for physicians. The developer responded that the measure could be readily converted to an eMeasure and hopes to formulate this measure for use in EHRs and in a registry to reduce the burden. Other commenters disagreed with putting this measure in reserve status and expressed concern that removing active endorsement could lead to a decrease in performance. The Committee recognized the commenters’ concern but agreed that this measure has little room for performance improvement.

#### **0655 Otitis Media with Effusion: Antihistamines or Decongestants – Avoidance of Inappropriate Use: Endorsed**

**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; **Measure Type:** Process; **Level of Analysis:** Clinician: Group/Practice, Clinician: Individual; **Setting of Care:** Ambulatory Care: Clinician Office/Clinic; **Data Source:** Paper Medical Records

Several randomized trials have found no significant benefit of use of antihistamines or decongestants compared to placebo for otitis media with effusion. Additionally, studies have identified significantly increased risks for medication side effects, particularly overdosing in young children. Committee members noted that many antihistamines and decongestants are available over the counter so this measure should capture the clinician advising the parents/patient that the drugs are ineffective, have potential side effects (particularly drowsiness for the sedating antihistamines), and incur unnecessary costs.

## 0002 Appropriate Testing for Children with Pharyngitis: Endorsement removed

**Description:** The percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing); **Measure Type:** Process; **Level of Analysis:** Health Plan, Integrated Delivery System; **Setting of Care:** Ambulatory Care: Clinician Office/Clinic; **Data Source:** Administrative claims, Electronic Clinical Data: Laboratory, Electronic Clinical Data: Pharmacy

Pharyngitis (sore throat or throat infection) is a common reason for a medical visit. Most episodes are viral though about 1 in 4 children with acute sore throat has confirmed strep throat that requires antibiotic treatment. This health plan measure is based on administrative claims data and determines the percentage of patients with pharyngitis that are prescribed an antibiotic (denominator) who received a test for strep (numerator). The measure does not use the result of the test to determine whether an antibiotic should be prescribed. Committee members were concerned that this measure is focused on doing tests and not on prescribing antibiotics only if the test is positive. Committee members noted that this measure is not consistent with the [5-point risk assessment](#) recommended by the American Academy of Family Physicians in which low-risk patients are not tested and high-risk patients receive an antibiotic without testing. This HEDIS measure has been in use for more than a decade. Performance rates have been unchanged at 79% for commercial health plans in 2012-2014. The Committee agreed that this is an important topic area to measure but did not recommend this measure for continued endorsement because a measure that specifically addresses appropriate use of antibiotics is needed to improve care for patients.

Two professional societies, the American Academy of Family Physicians and the American Academy of Ophthalmology, agreed with the Committee recommendation; however, another commenter, America's Health Insurance Plans, disagreed noting that the measure is routinely collected by health plans and that it is important to maintain focus on discouraging inappropriate antibiotic use. The Committee agreed that antibiotic stewardship is a critically important topic area to measure; however, the Committee did not recommend this measure for continued endorsement because the measure focuses on doing tests and not on prescribing antibiotics only if the test is positive—the test result is not captured in the measure.

The measure developer, NCQA, responded to the Committee with additional information regarding its internal re-evaluation process which included feedback from an expert workgroup that NCQA convened to help address key concerns raised by the Committee during the EENT in-person meeting. 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 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."

Subsequently, the Committee did not change its recommendation to not endorse the measure. The Committee's concern with this measure is that administering the test and prescribing an antibiotic is considered good performance, regardless of the test result. Given the limitation of administrative data,

the Committee suggested that a different approach may be needed to capture test results accurately and address appropriate use of antibiotics.

#### 1354 Hearing Screening Prior to Hospital Discharge: Endorsed

**Description:** This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge; **Measure Type:** Process; **Level of Analysis:** Facility, Population: National, Population: State; **Setting of Care:** Hospital/Acute Care Facility; **Data Source:** Electronic Clinical Data, Electronic Clinical Data: Registry

Several studies indicate variance in the prevalence of newborns with congenital hearing loss in the United States. The overall estimates are between 1 and 6 per 1,000 newborns. Most children with congenital hearing loss have hearing impairment at birth and are potentially identifiable by newborn and infant hearing screening.<sup>12</sup> This measure is collected as part of the Early Hearing and Detection Intervention (EHDI) program for screening hearing in all newborns. This hospital-level measure is reported to the states and the federal government. Current performance indicates a 1.8% failure rate largely in small, rural areas and for births outside the hospital. Most testing is mandated through state regulation, and results are reported at the state level.

#### 1354 eMeasure Hearing Screening Prior to Hospital Discharge: Endorsed

**Description:** This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge; **Measure Type:** Process; **Level of Analysis:** Facility, Population: National, Population: State; **Setting of Care:** Hospital/Acute Care Facility; **Data Source:** Electronic Clinical Data: Electronic Health Record

This eMeasure is harmonized with other NQF-endorsed measures defining newborns (0480 Exclusive Breastfeeding and 0716 Healthy Term Newborn). The technical review found this eMeasure to have appropriate specifications and value sets, and an adequate feasibility assessment that addressed the data elements and measure logic. Testing data to meet NQF requirements for eMeasures were not available. The Committee found the results of the BONNIE testing in a simulated data set provided by the developers acceptable. This eMeasure is included in the EHR Incentive Program (Meaningful Use) for Hospitals.

#### 1360 Audiological Evaluation No Later Than 3 Months of Age: Endorsed

**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; **Measure Type:** Process; **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; **Data Source:** Electronic Clinical Data, Electronic Clinical Data: Electronic Health Record, Electronic Clinical Data: Registry

Once newborn hearing screening identifies a possible problem, follow-up evaluation by an audiologist is important to confirm a diagnosis, optimally, by 3 months of age. Most states, however, do not require audiologists to report data. Current performance nationwide is 69%. This measure addresses important referral and follow-up of screening as well as important communication among providers of care for

these vulnerable children. During a convening on June 9, 2015, the Measure Applications Partnership (MAP) Medicaid Child Task Force supported the addition of this measure to increase prompt follow-up care for infants who do not pass an initial hearing screening performed in a hospital. The Center for Medicaid and CHIP Services (CMCS) agreed with MAP's recommendation and added this measure to the 2016 Child Core Set.<sup>13</sup> MAP agrees this measure is an important indicator of access.

### **1361 Signed Part C Individual Family Service Plan (IFSP) Before 6 Months of Age: Endorsed**

**Description:** This measure assesses the proportion of infants with permanent hearing loss who have enrolled in intervention services no later than age 6 months of age; **Measure Type:** Process; **Level of Analysis:** Facility, Clinician: Group/Practice, Clinician: Individual, Population: National, Population: State; **Setting of Care:** Ambulatory Care: Clinician Office/Clinic; **Data Source:** Electronic Clinical Data, Electronic Clinical Data: Electronic Health Record, Electronic Clinical Data: Registry

After a diagnosis of hearing loss is made within the EHDI program, appropriate intervention is needed no later than 6 months of age to maintain language skills. This measure captures the date at which an enrollment into the treatment program is signed. The treatment program is typically housed in the department of education in most states. Committee members suggested that a better measure would be the time of first intervention with the child though that data is not readily captured. Nationally, performance is about 69% with room for improvement. The developer and the Committee agreed that the level of analysis is best at the state level. All clinicians involved in care are responsible for submitting data to the EHDI program.

### **Comments Received After Committee Evaluation**

NQF solicited NQF member and public comments on the recommendations in the draft of this report from July 10 to August 10, 2015. NQF received 57 comments from a variety of member organizations across several stakeholder groups. The majority of comments supported the EENT Standing Committee's recommendations. Two major themes were identified for the remaining comments: disagreement with the Committee recommendation and implementation concerns about accurately capturing cases or data collection burden. The Committee discussed the comments during a webinar on August 21, 2015. The Committee responses to the comments are noted in the measure-specific discussion above and in the [Comment spreadsheet](#).



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## Appendix A: Details of Measure Evaluation

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

### Eye Conditions: Measures Endorsed

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

[Submission](#) | [Specifications](#)

**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

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#### 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.

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**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-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.

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**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.

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**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.

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**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.

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

#### **6. Public and Member Comment**

- Two commenters were generally in support of this measure.

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**7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0**

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**8. Board of Directors Vote: Ratified for continued endorsement on November 4, 2015**

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**9. Appeals - none**

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

[Submission](#) | [Specifications](#)

**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 Health Record

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

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**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:

- The previous discussion and voting on evidence and performance gap for the Claims/Registry version of measure 0565 applies to the eMeasure version.

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**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 and Validity: **15-Y w/ Condition; 0-N**

Rationale:

- 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.

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**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 eMeasure is feasible as it is used in the EHR Incentive Program (Meaningful Use).

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**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 eMeasure is used in the EHR Incentive Program (Meaningful Use).

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**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.

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**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.

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## 6. Public and Member Comment

- This measure did not receive public comments.

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## 7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0

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## 8. Board of Directors Vote: Ratified for endorsement on November 4, 2015

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## 9. Appeals - none

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

[Submission](#) | [Specifications](#)

**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

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### 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.

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## **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 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<sup>TM</sup> 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.

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## **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.

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#### **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.

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#### **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.

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

#### **6. Public and Member Comment**

- 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."

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#### **7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0**

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#### **8. Board of Directors Vote: Ratified for continued endorsement on November 4, 2015**

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#### **9. Appeals - none**

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

[Submission](#) | [Specifications](#)

**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

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## **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.

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### **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.
- 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.

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**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).

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**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).

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**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.

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**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.

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**6. Public and Member Comment**

- This measure did not receive public comments.

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**7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0**

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**8. Board of Directors Vote: Ratified for endorsement on November 4, 2015**

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**9. Appeals - none**

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

### [Submission](#) | [Specifications](#)

**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

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

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

Rationale:

- 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.

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## **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-1; M-11; L-2; I-0**

### Rationale:

- 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™ 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.

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## **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.

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## **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.

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## 5. Related and Competing Measures

Related measures:

- 0086 Primary Open angle Glaucoma: Optic Nerve Evaluation

There are no competing measures.

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

## 6. Public and Member Comment

Three commenters were generally in support of this measure.

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**7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0**

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**8. Board of Directors Vote: Ratified for continued endorsement on November 4, 2015**

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**9. Appeals - none**

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

[Submission](#) | [Specifications](#)

**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:** 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

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**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.

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**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.

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**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<sup>TM</sup> registry and are thus routinely collected.

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**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<sup>TM</sup> Registry.

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**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.

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**Standing Committee Recommendation for Endorsement: Y-13; N-1****6. Public and Member Comment**

- Three commenters were generally in support of this measure.

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**7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0**

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**8. Board of Directors Vote: Ratified for continued endorsement on November 4, 2015**

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**9. Appeals - none**

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

[Submission](#) | [Specifications](#)

**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

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## **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:

- 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.

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**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.



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**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).

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**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).

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**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.

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**6. Public and Member Comment**

- This measure did not receive any public comments.

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**7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0**

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**8. Board of Directors Vote: Ratified for endorsement on November 4, 2015**

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**9. Appeals - none**

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## 0087 Age-Related Macular Degeneration: Dilated Macular Examination

[Submission](#) | [Specifications](#)

**Description:** Type of Score: Proportion

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

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### 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.

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## **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% 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.

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## **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.

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## **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.

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## **5. Related and Competing Measures**

Related measure:

- 0566 Age-related Macular Degeneration: Counseling on Antioxidant Supplement

There are no competing measures.

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**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.

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**7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0**

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**8. Board of Directors Vote: Ratified for continued endorsement on November 4, 2015**

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**9. Appeals - none**

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

[Submission](#) | [Specifications](#)

**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 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

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

#### Rationale:

- 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.

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

#### Rationale:

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

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### **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.

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### **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.

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### **5. Related and Competing Measures**

Related measure:

- 0087 Age-related Macular Degeneration: Dilated macular examination

There are no competing measures.

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### **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. 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".

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**7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0**

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**8. Board of Directors Vote: Ratified for continued endorsement on November 4, 2015**

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**9. Appeals - none**

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**0088 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy**[Submission](#) | [Specifications](#)

**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)

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## **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 do not report to PQRS.

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### **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-5; M-9; L-1; I-1**

#### Rationale:

- 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.

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### **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 this measure is feasible. It is specified for several data sources, including claims and registry.



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#### **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 that the measure is currently being used in PQRS and in the IRIS™ registry.

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#### **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.

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#### **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 Scale<sup>1</sup>.
  - 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.

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#### **7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0**

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#### **8. Board of Directors Vote: Ratified for continued endorsement on November 4, 2015**

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#### **9. Appeals - none**

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

[Submission](#) | [Specifications](#)

**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)

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### 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.

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**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, 2015.

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### **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.

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### **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.

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### **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.

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### **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.

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### **6. Public and Member Comment**

- This measure did not receive any public comments.

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### **7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0**

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### **8. Board of Directors Vote: Ratified for endorsement on November 4, 2015**

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### **9. Appeals - none**

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

[Submission](#) | [Specifications](#)

**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 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)

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### 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.

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## **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.

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## **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.

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## **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.

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## 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.

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

## 6. Public and Member Comment

- Four commenters were generally in support of the measure.

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## 7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0

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## 8. Board of Directors Vote: Ratified for continued endorsement on November 4, 2015

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## 9. Appeals - none

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

[Submission](#) | [Specifications](#)

**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 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)

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## **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-7; M-7; L-1; I-1**; 1b. Performance Gap: **H-4; M-11; 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 0089 applies to the eMeasure version of 0089 as well.

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### **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-15; N-0** 2b. Validity: **Y-15; N-0**

#### Rationale:

- 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.

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### **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 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.

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**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 Committee noted this eMeasure is used in the EHR Incentive Program (Meaningful Use).

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**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.

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**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.

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**6. Public and Member Comment**

- This measure did not receive any public comments.

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**7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0**

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**8. Board of Directors Vote: Ratified for endorsement on November 4, 2015**

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**9. Appeals - none**



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

#### [Submission](#) | [Specifications](#)

**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

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#### 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.

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**2. Scientific Acceptability of Measure Properties:** As this e-measure is a candidate for eMeasure Approval for Trial Use, testing for the measure will be submitted at a later time.

(2b1. specifications consistent w/evidence)

**eMeasure Trial Measure Specifications: H-2; M-10; L-2; I-1**

The measure may be considered for endorsement after sufficient data to assess reliability and validity have been submitted to NQF, within three years of approval.

Rationale:

- The Committee acknowledged that this eMeasure is currently being considered for Approval for Trial Use, which does not require the measure to have testing for reliability and validity.
- There was extensive discussion regarding the specifications and intent for the eMeasure since there currently is no uniform way to screen for visual impairment. Some Committee members were concerned that the measure may not be ready for implementation; however, given that the measure is for trial use only, the Committee agreed that the specifications for the eMeasure were sufficient for trial use.
- The developer presented the eMeasure logic, which looks to see if screening was done and if it was done, whether or not the physician concluded the child's vision was fine, if the child's vision was not fine, whether the child was referred to a specialist.
- The Committee recommended that for future testing of the measure, the developers should incorporate information from schools. The developer agreed and noted that capturing school data on referrals is something they will consider in the future but it is not something the measure can handle with the current limited testing.

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**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.

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**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.

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## **5. Related and Competing Measures**

- There are no related or competing measures noted.

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## **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 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.

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## **7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0**

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## **8. Board of Directors Vote: Recommended for Trial Approval on November 4, 2015**

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## 9. Appeals

**The American Optometric Association (AOA) submitted an appeal asking NQF to rescind the Approval for Trial Use for eMeasure #2721: Screening for Reduced Visual Acuity and Referral in Children.**

- The appeal raises the additional issue of the effectiveness and appropriateness of vision screening for children in general. AOA states that the “National Eye Institute (NEI) and the Centers for Disease Control and Prevention (CDC) both report that the only way to be assured of healthy eyes and vision is through a comprehensive eye examination. Screenings do not give any such assurance but can certainly mislead children and their parents into believing care has been rendered when it has not.” Specific concerns raised in the appeal include:
  - Vision screening methodologies fail to identify as many as 73 percent of children with vision issues;
  - Children who are identified by screening as having vision issues usually do not receive an eye examination to diagnose the problem and begin treatment; and
  - The measure fails to track whether children receive follow-up care and treatment if necessary.

### **EENT Standing Committee’s Response:**

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

### **Consensus Standards Approval Committee (CSAC) Review (January 12, 2016):**

- On January 12, 2016, the CSAC convened to discuss the appeal. The CSAC deliberated on the issues raised by the appellant, the response by the developer, and the evaluation of the Eye Care and Ear, Nose and Throat (EENT) Standing Committee. The CSAC voted unanimously to uphold the decision to approve the measure for trial use, determining that the Committee had sufficiently discussed and addressed the appellant’s concerns during the measure’s initial evaluation and post comment period.

### **Board of Directors Executive Committee (February 18, 2016):**

- At its February 18, 2016 meeting the Executive Committee discussed the appeal and after considering the appellant concerns as well as the EENT Standing Committee and CSAC discussions, members voted to ratify the CSAC decision to uphold NQF Approval for Trial Use.

## Ear, Nose, and Throat Conditions: Measures Endorsed

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### 0653 Acute Otitis Externa: Topical Therapy

[Submission](#) | [Specifications](#)

**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

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### 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 – **13-H; 2-M; 0-L; 0-I**; 1b. Performance Gap: **11-H; 4-M; 0-L; 0-I**

Rationale:

- 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.
- 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.

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## **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; 8-M; 2-L; 0-I** 2b. Validity: **7-H; 8-M; 0-L; 0-I**

### **Rationale:**

- 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 exclusions.
- The developers and the Committee discussed combining 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.

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## **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)

### **Rationale:**

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

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#### **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.

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#### **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.

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

#### **6. Public and Member Comment**

- Three commenters were generally in support of this measure.

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#### **7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0**

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#### **8. Board of Directors Vote: Ratified for continued endorsement on November 4, 2015**

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#### **9. Appeals - none**

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

[Submission](#) | [Specifications](#)

**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

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## **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-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 nasopharyngeal 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.

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### **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.

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### **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.

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### **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.

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### **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.

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

### **6. Public and Member Comment**

- Three commenters were generally in support of this measure.

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**7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0**

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**8. Board of Directors Vote: Ratified for continued endorsement on November 4, 2015**

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**9. Appeals - none**

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## **0657 Otitis Media with Effusion: Systemic Antimicrobials – Avoidance of Inappropriate Use**

[Submission](#) | [Specifications](#)

**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

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### **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 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.

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

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## **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.
- 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.

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## **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).

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## 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 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.

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**Standing Committee Recommendation for Endorsement: 13-Y; 2-N**

## 6. Public and Member Comment

- Two commenters were generally in support of this measure.

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**7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0**

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**8. Board of Directors Vote: Ratified for continued endorsement on November 4, 2015**

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**9. Appeals - none**

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## 0655 Otitis Media with Effusion: Antihistamines or Decongestants – Avoidance of Inappropriate Use

[Submission](#) | [Specifications](#)

**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

**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.

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**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: **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.

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**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.

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**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).

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**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.

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**Standing Committee Recommendation for Endorsement: 15-Y; 0-N****6. Public and Member Comment**

- Two commenters were generally in support of this measure.

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**7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0**

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**8. Board of Directors Vote: Ratified for continued endorsement on November 4, 2015**

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**9. Appeals - none**

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## 1354 Hearing Screening Prior to Hospital Discharge

[Submission](#) | [Specifications](#)

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

**Measure Steward:** Centers for Disease Control and Prevention

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### 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.

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## **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 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.

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## **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.

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## **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.

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**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.

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**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.

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**7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0**

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**8. Board of Directors Vote: Ratified for continued endorsement on November 4, 2015**

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**9. Appeals - none**

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## 1354 eMeasure Hearing Screening Prior to Hospital Discharge

[Submission](#) | [Specifications](#)

**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

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### 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.

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**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.

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**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.

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**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 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.”
- The developer provided updated information regarding the Use and Usability of this measure in September 2015: Effective January 1, 2016, The Joint Commission has adopted the EHDl electronic Clinical Quality Measure (eCQM) for data reporting. Any accredited hospital may choose this measure as one of their six required sets to satisfy their accreditation and certification process. A majority of state governments recognize this accreditation as a condition of licensure and the receipt of Medicaid reimbursement. The Joint Commission will continue to provide flexibility in meeting performance measure reporting requirements for calendar year 2016. Vendors may select and submit quarterly data on: a modified sets of chart abstracted measure, eCQM measure sets only, a combination of chart-abstracted and eCQM measure sets

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**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.

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**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.

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**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 (EHDl-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.

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#### 7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0

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#### 8. Board of Directors Vote: Ratified for endorsement on November 4, 2015

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#### 9. Appeals - none

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### 1360 Audiological Evaluation No Later Than 3 Months of Age

[Submission](#) | [Specifications](#)

**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.

**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

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

#### Rationale:

- 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.

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

#### Rationale:

- 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.

- 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.

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### **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.

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### **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.

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### **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

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### **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. The eMeasure version 1354 is included in the EHR Incentive Program (Meaningful Use) for Hospitals.

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#### 7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0

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#### 8. Board of Directors Vote: Ratified for continued endorsement on November 4, 2015

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#### 9. Appeals - none

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### 1361 Signed Part C Individual Family Service Plan (IFSP) Before 6 Mmonths of Age

[Submission](#) | [Specifications](#)

**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

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#### 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.

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**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 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.

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**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.

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#### **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.

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#### **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

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#### **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.

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#### **7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0**

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#### **8. Board of Directors Vote: Ratified for continued endorsement on November 4, 2015**

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#### **9. Appeals - none**

## Ear, Nose, and Throat Conditions: Measure Recommended With Reserve Status

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### 0656 Otitis Media with Effusion: Systemic Corticosteroids – Avoidance of Inappropriate Use

[Submission](#) | [Specifications](#)

**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

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#### 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.

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## **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 (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.

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## **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.

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## **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.

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## 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.

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## 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 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.

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## 7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-14; N-0; A-0

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## 8. Board of Directors Vote: Ratified for inactive endorsement with reserve status on November 4, 2015

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## 9. Appeals - none

## Ear, Nose, and Throat Conditions: Measure Not Recommended

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### 0002 Appropriate Testing for Children with Pharyngitis

#### Submission

**Description:** The percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

**Numerator Statement:** A group A streptococcus test (Group A Strep Tests Value Set) in the seven-day period from three days prior to the Index Episode Start Date (IESD) through three days after the IESD. Codes are detailed in the attached value set directory (VSD).

**Denominator Statement:** Children age 2 years as of July 1 of the year prior to the measurement year to 18 years as of June 30 of measurement year who had an outpatient or ED visit with only a diagnosis of pharyngitis and were dispensed an antibiotic for the episode of care during the 6 months prior to through the 6 months after the beginning of the measurement year.

**Exclusions:** 1) Exclude encounters with more than one diagnosis and ED visits that result in an inpatient admission.

2) Exclude episodes if the patient did not receive antibiotics on or within three days after the date of service.

3) Exclude episodes where a new or refill prescription for an antibiotic medication (Table CWP-C) was filled 30 days prior to the date of service or which was active on the date of service.

**Adjustment/Stratification:**

**Level of Analysis:** Health Plan, Integrated Delivery System

**Setting of Care:** Ambulatory Care : Clinician Office/Clinic

**Type of Measure:** Process

**Data Source:** Administrative claims, Electronic Clinical Data : Laboratory, Electronic Clinical Data : Pharmacy

**Measure Steward:** National Committee for Quality Assurance

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### STANDING COMMITTEE MEETING [02/26/2014-02/27/2014]

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

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

1a. Evidence: **H-2; M-8; L-4; I-1**; 1b. Performance Gap: **H-6; M-7; L-2; I-0**; Evidence Exception: **Y-0; N-0**

Rationale:

- Evidence provided by the developers included guidelines from ACC/AHA and IDSA, which supports the process of care, children who were diagnosed with pharyngitis tested for strep infection before giving antibiotics, have better health outcomes.
- Committee members raised concerns regarding the guidelines provided as evidence, stating other groups such as the American Academy of Family Physicians, that recommend using a decision rule of five points (5-treat patient without testing, 2-4 follow guidelines and test, 1-no

test/no antibiotic). The developers noted that the measure is administrative claims based; therefore, the decisions mentioned in the five points cannot be captured in the measure.

- The Committee discussed the effect of the measure is more encouraging strep testing rather than avoidance of antibiotics use.
- The developer presented the data for performance gap from 2012-2014 for Commercial rates and Medicaid rates. The Committee agreed there is opportunity for improvement with this measure, stating that there was high variance in performance scores across commercial groups (~80%) and Medicaid groups (~68%).

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## **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-1** 2b. Validity: **H-4; M-11; L-0; I-0**

### Rationale:

- The Committee determined the measure specifications were precise, noting that all codes necessary to calculate the measure were present in this health plan level measure. The measure is currently specified for administrative claims, including laboratory and pharmacy claims.
- Reliability and validity testing was conducted with data element validity testing in 5 plans (geographically varied). The overall rate of agreement between the administrative data and medical records data on whether a GAS test was performed was 86% (range, 82%-91%). The sensitivity of the administrative data for accurately identifying medical records was 85%. For validity, the administrative data indicated a diagnosis of pharyngitis in 2% to 19% of cases whereas the medical record did not (false positive rate).
- The Committee questioned the exclusions with the measure, stating the measure does not capture the children who received rapid strep testing then antibiotics immediately afterwards without the physicians obtaining the test results, which is one of the reasons for high antibiotic overuse in the country. The developer noted there is another measure in the HEDIS that captures the overuse of antibiotics. Some Committee members were concerned with this, noting that this measure does not capture the results of the strep testing and could potentially lead to overuse of antibiotics.
- For meaningful difference, data showed patients with commercial insurance were more likely to be tested than those with Medicaid insurance.

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## **3. Feasibility: H-5; M-10; L-0; I-0**

(3a. Data generated during care; 3b. Electronic sources; and 3c. Data collection can be implemented (eMeasure feasibility assessment of data elements and logic)

### Rationale:

- The Committee acknowledged the measure is currently in use. Some members of the Committee noted that claims data as not being the best data source considering human error.

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## **4. Use and Usability: H-8; M-6; L-1; I-0**

(4a. Accountability/transparency; and 4b. Improvement – progress demonstrated; and 4c. Benefits outweigh evidence of unintended negative consequences)

### Rationale:

- The measure is currently publicly reported for health plans by NCQA in Health Plan Rankings/Report Cards, State of HealthCare Quality Report and Quality Compass. The measure is also used for payment incentives in the California Value Based P4P Program.
- The developer provided data for the past three years that showed the measure results for both commercial and Medicaid plans were flat with little improvements. There has been approximately 8% improvement in the commercial population and 12% improvement in Medicaid plans since the beginning of measurement.
- Members of the Committee were concerned with the use and usability of the measure, noting that the measure's focus is on measuring whether or not the physician ordered a strep test, it does not take into account whether the test results were positive or negative. Additionally, it does not capture whether the physician gave antibiotics only to patients who tested positive for strep. The developers responded stating test results from laboratories are currently not available to be included into the measure. To capture laboratories test results, will require chart reviews, which can be burdensome for health plans to measure.

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## 5. Related and Competing Measures

- There are no related or competing measures.

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## Standing Committee Recommendation for Endorsement: Y-5; N-10

- Overall the Committee did not recommend this measure for endorsement. The Committee raised concerns that claims data cannot track appropriate use of antibiotics, but rather only whether providers ordered strep testing. The Committee agreed that the measure encourages strep testing rather than avoidance of antibiotics use.

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## 6. Public and Member Comment

- Two commenters were generally in support of the Committee's recommendation to discontinue endorsement of this measure. One commenter disagreed with the Committee's recommendation to discontinue endorsement of this measure stating that this measure is routinely collected and used by health plans for quality improvement purposes.
  - Developer Response: The AAP guidelines, as well as the Infectious Diseases Society of America and American Heart Association guidelines, are consistent with the intent of NCQA's measure.
  - Committee Response: The Committee agrees that antibiotic stewardship is a critically important topic area to measure; however, the Committee does not recommend this measure for continued endorsement because the measure is focused on doing tests and not on prescribing antibiotics only if the test is positive –the test result is not captured in the measure. . The Committee notes that a measure that specifically addresses appropriate use of antibiotics is needed to improve care for patients.
  - After the Post Comment Call, NCQA, the developer of this measure, provided the Committee with additional information regarding the measure's re-evaluation process which included feedback from an expert workgroup that NCQA convened to help address key concerns raised by the Committee during the EENT in-person meeting. The NCQA workgroup 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." Subsequently, the Committee did not change its

recommendation to not endorse the measure. Committee members expressed continued concerns with the administration of the test and how it does not accurately capture test results (whether positive or negative results), hence, does not address appropriate use of antibiotics.

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## 7. Consensus Standards Approval Committee (CSAC) Vote (October 13, 2015): Y-3; N-11; A-0

### Measures Withdrawn from Consideration

Three measures previously endorsed by NQF have not been re-submitted for maintenance of endorsement or have been withdrawn during the endorsement evaluation process. Endorsement for these measures will be removed.

Measure	Reason for withdrawal
<b>1402 Newborn Hearing Screening (NCQA)</b>	The developer is not currently using this measure in major programs to the extent that the level of effort required to maintain endorsement is equivalent.
<b>0585 Hydroxychloroquine Annual Eye Exam (Resolution Health)</b>	The developer determined that the expense and time commitment for such maintenance of the measure was difficult to justify from a business investment perspective.
<b>0587 Tympanostomy Tube Hearing Test (Resolution Health)</b>	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 B: NQF Eye Care and Ear, Nose, and Throat Conditions Portfolio and Related Measures

### Eye Care Measures

#### *Eye Care Diseases, Macular Degeneration*

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

#### *Eye Care Diseases, Cataracts*

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

#### *Eye Care Diseases, Diabetic Retinopathy*

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

#### *Eye Care Diseases, Glaucoma*

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

### Ear, Nose, and Throat Care Measures

#### *Throat Diseases*

Measure Number	Measure Title
0002	Appropriate testing for children with pharyngitis
0069* [pulmonary]	Appropriate Treatment for Children With Upper Respiratory Infection

### *Ear Diseases*

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

### *Speech and Hearing*

Measure Number	Measure Title
1354	Hearing screening prior to hospital discharge (EHDI-1a)
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

NOTE: \* next to the number indicates that the measure is in another project

## Appendix C: EENT Portfolio—Use in Federal Programs

NQF #	Title	Federal Programs: Finalized as of Month June, 2015
0002	Appropriate testing for children with pharyngitis	Meaningful Use (EHR Incentive Program) - Eligible Professionals; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program
0055	Comprehensive Diabetes Care: Eye Exam (Retinal) Performed (NCQA)	Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Part C Plan Rating; Medicare Shared Savings Program; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program
0069	Appropriate Treatment for Children With Upper Respiratory Infection (URI)	Meaningful Use (EHR Incentive Program) - Eligible Professionals; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program
0086	Primary Open Angle Glaucoma: Optic Nerve Evaluation	Meaningful Use (EHR Incentive Program) - Eligible Professionals; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program
0087	Age-Related Macular Degeneration: Dilated Macular Examination	Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program
0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Meaningful Use (EHR Incentive Program) - Eligible Professionals; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program
0089	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Meaningful Use (EHR Incentive Program) - Eligible Professionals; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program
0563	Primary Open-Angle Glaucoma: Reduction of Intraocular Pressure by 15% or Documentation of a Plan of Care	Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program
0564	Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Meaningful Use (EHR Incentive Program) - Eligible Professionals; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program
0565	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Meaningful Use (EHR Incentive Program) - Eligible Professionals; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program

NQF #	Title	Federal Programs: Finalized as of Month June, 2015
0566	Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement	Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program
0653	Acute Otitis Externa: Topical therapy	Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program
0654	Acute Otitis Externa: Systemic antimicrobial therapy – Avoidance of inappropriate use	Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program
1354	Hearing screening prior to hospital discharge (EHDI-1a)	Hospital Inpatient Quality Reporting; Meaningful Use (EHR Incentive Program) - Hospitals, CAHs
1536	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Ambulatory Surgical Center Quality Reporting; Hospital Outpatient Quality Reporting; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program

## Appendix D: Project Standing Committee and NQF Staff

### Standing Committee

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Director of Research Programs, Associate Professor, Dept. of Family Medicine, Georgetown University Medical Center  
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**Kathleen Yaremchuk, MD, MSA (Co-Chair)**

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**Tamala Bradham, Ph.D., CCC-A**

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**Vy Luong, MPH**

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Project Analyst

## Appendix E: Measure Specifications

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

#### STEWARD

American Medical Association - Physician Consortium for Performance Improvement

#### 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

#### TYPE

Process

#### DATA SOURCE

Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry Not applicable

No data collection instrument provided Attachment

EP\_CMS143\_NQF0086\_ValueSets\_20140530.xlsx

#### LEVEL

Clinician : Group/Practice, Clinician : Individual

#### SETTING

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

#### TIME WINDOW

Once during the measurement period

#### NUMERATOR STATEMENT

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

#### NUMERATOR DETAILS

For Claims/Registry:

Report CPT Category II Code:

2027F: Optic nerve head evaluation performed

For EHR:

eMeasure developed and is included in this submission.

#### DENOMINATOR STATEMENT

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

## DENOMINATOR DETAILS

For Claims/Registry:

Patients aged > or = to 18 years on date of encounter

AND

Diagnosis for primary open-angle glaucoma (ICD-9-CM) [reportable through 9/30/2015]: 365.10, 365.11, 365.12, 365.15

Diagnosis for primary open-angle glaucoma (ICD-10-CM) [reportable beginning 10/01/2015]:

H40.10X0, H40.10X1, H40.10X2, H40.10X3, H40.10X4, H40.11X0, H40.11X1, H40.11X2, H40.11X3, H40.11X4, H40.1210, H40.1211, H40.1212, H40.1213, H40.1214, H40.1220, H40.1221, H40.1222, H40.1223, H40.1224, H40.1230, H40.1231, H40.1232, H40.1233, H40.1234, H40.1290, H40.1291, H40.1292, H40.1293, H40.1294, H40.151, H40.152, H40.153, H40.159

AND

Patient encounter during the reporting period (CPT): 92002, 92004, 92012, 92014, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337

For EHR:

eMeasure has been developed and is included as an attachment with this submission

## EXCLUSIONS

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

Denominator Exclusions: Not applicable

## EXCLUSION DETAILS

Exceptions are used to remove a patient from the denominator of a performance measure when the patient does not receive a therapy or service AND that therapy or service would not be appropriate due to patient-specific reasons. The patient would otherwise meet the denominator criteria. Exceptions are not absolute, and are based on clinical judgment, individual patient characteristics, or patient preferences. The PCPI exception methodology uses three categories of reasons for which a patient may be removed from the denominator of an individual measure. These measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement.

Additional details by data source are as follows:

For Claims/Registry:

Append a modifier to CPT Category II Code:

2027F-1P: Documentation of medical reason(s) for not performing an optic nerve head evaluation



For EHR:

eMeasure has been developed and is included in this submission

#### RISK ADJUSTMENT

No risk adjustment or risk stratification

Not applicable

#### STRATIFICATION

Consistent with CMS' Measures Management System Blueprint and recent national recommendations put forth by the IOM and NQF to standardize the collection of race and ethnicity data, we encourage the results of this measure to be stratified by race, ethnicity, administrative sex, and payer and have included these variables as recommended data elements to be collected.

#### TYPE SCORE

Rate/proportion better quality = higher score

#### ALGORITHM

To calculate performance rates:

1. Find the patients who meet the initial population (ie, the general group of patients that a set of performance measures is designed to address).
2. From the patients within the initial population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial population and denominator are identical.
3. From the patients within the denominator, find the patients who meet the numerator criteria (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator
4. From the patients who did not meet the numerator criteria, determine if the provider has documented that the patient meets any criteria for exception when denominator exceptions have been specified. If the patient meets any exception criteria, they should be removed from the denominator for performance calculation. Although the exception cases are removed from the denominator population for the performance calculation, the exception rate (ie, percentage with valid exceptions) should be calculated and reported along with performance rates to track variations in care and highlight possible areas of focus for QI.

If the patient does not meet the numerator and a valid exception is not present, this case represents a quality failure. No diagram provided

#### COPYRIGHT / DISCLAIMER

5.1 Identified measures:

5a.1 Are specs completely harmonized?

5a.2 If not completely harmonized, identify difference, rationale, impact: Not applicable.

5b.1 If competing, why superior or rationale for additive value: Not applicable.

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## 0087 Age-Related Macular Degeneration: Dilated Macular Examination

### DESCRIPTION

Type of Score: Proportion

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

### TYPE

Process

### DATA SOURCE

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

No data collection instrument provided No data dictionary

### LEVEL

Clinician : Group/Practice, Clinician : Individual

### SETTING

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

### TIME WINDOW

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

### NUMERATOR DETAILS

Macular Thickening – Acceptable synonyms for “macular thickening” include: intraretinal thickening, serous detachment of the retina, pigment epithelial detachment or macula edema

Severity of Macular Degeneration – Early, Intermediate and Advanced

CPT Category II code: 2019F – Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity.

### DENOMINATOR STATEMENT

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

### DENOMINATOR DETAILS

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

Patients aged 50 years and older on date of encounter

AND

ICD-9-CM diagnosis codes: 362.50, 362.51, 362.52

ICD-10-CM diagnosis codes: H35.30, H35.31, H35.32

AND

CPT E/M Codes: 92002, 92004, 92012, 92014, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337

#### 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

#### EXCLUSION DETAILS

CPT Category II code: 2019F-1P; Documentation of medical reason(s) for not performing a dilated macular examination

OR

CPT Category II code: 2019F-2P; Documentation of patient reason(s) for not performing a dilated macular examination

#### RISK ADJUSTMENT

No risk adjustment or risk stratification

Not applicable.

#### STRATIFICATION

We encourage the results of this measure to be stratified by race, ethnicity, primary language, and administrative sex.

#### TYPE SCORE

Rate/proportion better quality = higher score

#### ALGORITHM

Calculation of Performance:

The measure is calculated by creating a fraction with the following components:

Numerator, Denominator, and Denominator Exclusions

Numerator (A) Includes:

Patients who had a dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity

Denominator (PD) Includes:

Patients aged 50 years and older with a diagnosis of age-related macular degeneration

Denominator Exclusions (C) Include:

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

Performance Calculation:

$$A \text{ (\# of patients meeting numerator criteria)} / PD \text{ (\# of patients meeting denominator criteria)} - C \text{ (\# of patients meeting denominator exclusion criteria)}$$

#### Calculation of Reporting:

For reporting purposes, the measure is calculated by creating a fraction with the following components:

#### Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following instances:

- A. Patients who had a dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity
- C. Documentation of medical or patient reason(s) for not performing a dilated macular examination
- D. Patients for whom a dilated macular exam was not performed, reason not otherwise specified

Reporting Denominator (RD) includes:

Patients aged 50 years and older with a diagnosis of age-related macular degeneration

Reporting Calculation:

$$\frac{A (\text{\# patients meeting numerator criteria}) + B (\text{\# of patients with valid exclusions}) + C (\text{\# of patients NOT meeting numerator criteria})}{RD (\text{\# of patients in denominator})}$$
 No diagram provided

#### COPYRIGHT / DISCLAIMER

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

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value: Not applicable.

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

#### STEWARD

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

#### 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

#### TYPE

Process

#### DATA SOURCE

Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Paper Medical Records, Electronic Clinical Data : Registry not applicable

No data collection instrument provided Attachment

EP\_CMS167\_NQF0088\_ValueSets\_20140530.xlsx

#### LEVEL

Clinician : Group/Practice, Clinician : Individual

#### SETTING

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

#### TIME WINDOW

Once during the measurement period

#### 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

#### NUMERATOR DETAILS

##### DEFINITIONS:

Documentation – The medical record must include: documentation of the level of severity of retinopathy AND documentation of whether macular edema was present or absent

Macular Edema – Acceptable synonyms for macular edema include: intraretinal thickening, serous detachment of the retina, or pigment epithelial detachment

Severity of Retinopathy – Mild nonproliferative, moderate nonproliferative, severe nonproliferative, very severe nonproliferative, proliferative

##### FOR ADMINISTRATIVE CLAIMS SPECIFICATIONS:

Report CPT Category II code: 2021F - Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema AND level of severity of retinopathy

##### FOR EHR SPECIFICATIONS:

For HQMF eCQM, see reference attachment in field S2a.

For value sets, please reference the VSAC.

#### DENOMINATOR STATEMENT

All patients aged 18 years and older with a diagnosis of diabetic retinopathy

#### DENOMINATOR DETAILS

For Claims/Registry:

Patients aged = 18 years on date of encounter

AND

Diagnosis for diabetic retinopathy (ICD-9-CM) [reportable through 9/30/2015]: 362.01, 362.02, 362.03, 362.04, 362.05, 362.06

Diagnosis for diabetic retinopathy (ICD-10-CM) [reportable beginning 10/01/2015]: E08.311, E08.319, E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359, E09.311, E09.319, E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E09.351, E09.359, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359

AND

Patient encounter during the reporting period (CPT): 92002, 92004, 92012, 92014, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337

For EHR:

eMeasure developed and is included in this submission.

## 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

## EXCLUSION DETAILS

Exceptions are used to remove a patient from the denominator of a performance measure when the patient does not receive a therapy or service AND that therapy or service would not be appropriate due to patient-specific reasons. The patient would otherwise meet the denominator criteria. Exceptions are not absolute, and are based on clinical judgment, individual patient characteristics, or patient preferences. The PCPI exception methodology uses three categories of exception reasons for which a patient may be removed from the denominator of an individual measure. These measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. For the measure Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy exceptions may include medical or patient reasons for not performing a dilated macular or fundus exam. Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement.

Additional details by data source are as follows:

For Claims/Registry:

Append a modifier to CPT Category II Code:

2021F-1P: Documentation of medical reason(s) for not performing a dilated macular or fundus examination

OR

2021F-2P: Documentation of patient reason(s) for not performing a dilated macular or fundus examination

For EHR:  
eMeasure developed and is included in this submission.

#### RISK ADJUSTMENT

No risk adjustment or risk stratification  
No risk adjustment or risk stratification.

#### STRATIFICATION

Consistent with CMS' Measures Management System Blueprint and recent national recommendations put forth by the IOM and NQF to standardize the collection of race and ethnicity data, we encourage the results of this measure to be stratified by race, ethnicity, administrative sex, and payer and have included these variables as recommended data elements to be collected.

#### TYPE SCORE

Rate/proportion better quality = higher score

#### ALGORITHM

To calculate performance rates:

1. Find the patients who meet the initial population (ie, the general group of patients that a set of performance measures is designed to address).
2. From the patients within the initial population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial population and denominator are identical.
3. From the patients within the denominator, find the patients who meet the numerator criteria (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator
4. From the patients who did not meet the numerator criteria, determine if the provider has documented that the patient meets any criteria for exception when denominator exceptions have been specified (medical or patient reasons for not performing dilated macular or fundus exam). If the patient meets any exception criteria, they should be removed from the denominator for performance calculation. Although the exception cases are removed from the denominator population for the performance calculation, the exception rate (ie, percentage with valid exceptions) should be calculated and reported along with performance rates to track variations in care and highlight possible areas of focus for QI.

If the patient does not meet the numerator and a valid exception is not present, this case represents a quality failure. No diagram provided

#### COPYRIGHT / DISCLAIMER

5.1 Identified measures:

5a.1 Are specs completely harmonized?

5a.2 If not completely harmonized, identify difference, rationale, impact: not applicable

5b.1 If competing, why superior or rationale for additive value: not applicable

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

### STEWARD

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

### 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

### TYPE

Process

### DATA SOURCE

Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry not applicable  
No data collection instrument provided Attachment  
EP\_CMS142\_NQF0089\_ValueSets\_20140530.xlsx

### LEVEL

Clinician : Group/Practice, Clinician : Individual

### SETTING

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

### TIME WINDOW

Once during the measurement period

### 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

### NUMERATOR DETAILS

For Claims/Registry:

Report CPT Category II code: 5010F: Findings of dilated macular or fundus exam communicated to the physician or other qualified health care professional managing the diabetes care

AND

Report HCPCS Code: G8397: Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema AND level of severity of retinopathy

For EHR:

eMeasure developed and is included in this submission.



#### DENOMINATOR STATEMENT

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

#### DENOMINATOR DETAILS

For Claims/Registry:

Patients aged  $\geq$  18 years on date of encounter

AND

Diagnosis for diabetic retinopathy (ICD-9-CM) [reportable through 9/30/2015]: 362.01, 362.02, 362.03, 362.04, 362.05, 362.06

Diagnosis for diabetic retinopathy (ICD-10-CM) [reportable beginning 10/01/2015]: E08.311, E08.319, E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359, E09.311, E09.319, E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E09.351, E09.359, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359

AND

Patient encounter during the reporting period (CPT): 92002, 92004, 92012, 92014, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337

For EHR:

eMeasure developed and is included in this submission.

#### 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 o

#### EXCLUSION DETAILS

Exceptions are used to remove a patient from the denominator of a performance measure when the patient does not receive a therapy or service AND that therapy or service would not be appropriate due to patient-specific reasons. The patient would otherwise meet the denominator criteria. Exceptions are not absolute, and are based on clinical judgment, individual patient characteristics, or patient preferences. The PCPI exception methodology uses three categories of exception reasons for which a patient may be removed from the denominator of an individual measure. These measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. For measure Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care exceptions may include medical or patient reasons 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. Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic

review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement.

Additional details by data source are as follows:

For Claims/Registry:

Append a modifier to CPT Category II Code:

5010F-1P: 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

OR

5010F-2P: 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

AND

Report HCPCS Code: G8397: Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema AND level of severity of retinopathy

For EHR:

eMeasure developed and is included in this submission.

#### RISK ADJUSTMENT

No risk adjustment or risk stratification

No risk adjustment or risk stratification

#### STRATIFICATION

Consistent with CMS' Measures Management System Blueprint and recent national recommendations put forth by the IOM and NQF to standardize the collection of race and ethnicity data, we encourage the results of this measure to be stratified by race, ethnicity, administrative sex, and payer and have included these variables as recommended data elements to be collected.

#### TYPE SCORE

Rate/proportion better quality = higher score

#### ALGORITHM

To calculate performance rates:

1. Find the patients who meet the initial population (ie, the general group of patients that a set of performance measures is designed to address).
2. From the patients within the initial population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial population and denominator are identical.
3. From the patients within the denominator, find the patients who meet the numerator criteria (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator

4. From the patients who did not meet the numerator criteria, determine if the provider has documented that the patient meets any criteria for exception when denominator exceptions have been specified (medical or patient reasons 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). If the patient meets any exception criteria, they should be removed from the denominator for performance calculation. Although the exception cases are removed from the denominator population for the performance calculation, the exception rate (ie, percentage with valid exceptions) should be calculated and reported along with performance rates to track variations in care and highlight possible areas of focus for QI.

If the patient does not meet the numerator and a valid exception is not present, this case represents a quality failure. No diagram provided

#### COPYRIGHT / DISCLAIMER

5.1 Identified measures:

5a.1 Are specs completely harmonized?

5a.2 If not completely harmonized, identify difference, rationale, impact: not applicable

5b.1 If competing, why superior or rationale for additive value: not applicable

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

#### STEWARD

American Academy of Ophthalmology

#### 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

#### TYPE

Process

#### DATA SOURCE

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

No data collection instrument provided No data dictionary

#### LEVEL

Clinician : Group/Practice, Clinician : Individual

#### SETTING

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

#### TIME WINDOW

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

### NUMERATOR DETAILS

Patients whose glaucoma treatment has not failed (the IOP was reduced by at least 15% from the pre-intervention level) OR if the 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

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.

CPT Category II code: 3284F- Intraocular pressure (IOP) reduced by a value of greater than or equal to 15% from the pre-intervention level

OR

A. CPT Category II code: 3285F- Intraocular pressure (IOP) reduced by a value less than 15% from the pre-intervention level

AND

B. CPT Category II code: 0517F- Glaucoma plan of care documented

### DENOMINATOR STATEMENT

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

### DENOMINATOR DETAILS

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

Patients aged 18 years and older

AND

ICD-9 diagnosis codes: 365.10, 365.11, 365.12, 365.15

ICD-10 diagnosis codes: H40.10X0, H40.10X1, H40.10X2, H40.10X3, H40.10X4, H40.11X0, H40.11X1, H40.11X2, H40.11X3, H40.11X4, H40.1210, H40.1211, H40.1212, H40.1213, H40.1214, H40.1220, H40.1221, H40.1222, H40.1223, H40.1224, H40.1230, H40.1231, H40.1232, H40.1233, H40.1234, H40.1290, H40.1291, H40.1292, H40.1293, H40.1294, H40.151, H40.152, H40.153, H40.159

AND

CPT E/M Codes: 92002, 92004, 92012, 92014, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337

## EXCLUSIONS

Not applicable.

#### EXCLUSION DETAILS

Not applicable.

#### RISK ADJUSTMENT

No risk adjustment or risk stratification

Not applicable.

#### STRATIFICATION

We encourage the results of this measure to be stratified by race, ethnicity, primary language, and administrative sex.

#### TYPE SCORE

Rate/proportion better quality = higher score

#### ALGORITHM

Calculation for performance:

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator

Numerator (A) includes:

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

Denominator (PD) includes:

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

Performance calculation:

$A \text{ (\# of patients meeting numerator criteria) / PD (\# of patients in denominator)}$

Calculation for Reporting:

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following instances:

A. 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

C. Patients whose intraocular pressure was reduced by a value of less than 15% from the pre-intervention level AND a glaucoma plan of care was not documented, reason not otherwise specified

OR

Patients who did not have an intraocular pressure documented, reason not otherwise specified

Reporting Denominator (RD) includes:

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

Reporting Calculation:

A (# patients meeting numerator criteria) + C (# of patients NOT meeting numerator criteria) / RD (# of patients in denominator) No diagram provided

#### COPYRIGHT / DISCLAIMER

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

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value: Not applicable.

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

#### STEWARD

American Medical Association - Physician Consortium for Performance Improvement

#### 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

#### TYPE

Outcome

#### DATA SOURCE

Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry Not applicable

No data collection instrument provided Attachment

EP\_CMS132\_NQF0564\_ValueSets\_20140530.xlsx

#### LEVEL

Clinician : Group/Practice, Clinician : Individual

#### SETTING

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

#### TIME WINDOW

Once for each cataract surgery procedure performed during the measurement period

#### 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 de

## NUMERATOR DETAILS

For Registry:

Numerator Instructions: Codes for major complications (eg, retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence): 65235, 65860, 65880, 65900, 65920, 65930, 66030, 66250, 66820, 66825, 66830, 66852, 66986, 67005, 67010, 67015, 67025, 67028, 67030, 67031, 67036, 67039, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67112, 67141, 67145, 67250, 67255

Report HCPCS Code:

G8627: Surgical procedure performed within 30 days following cataract surgery for major complications (eg, retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment or wound dehiscence)

For EHR:

eMeasure developed and is included in this submission.

## DENOMINATOR STATEMENT

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

## DENOMINATOR DETAILS

Denominator Note:

This is an episode-based measure, meaning there may be more than one reportable event for a given patient during the measurement period. The level of analysis for this measure is each cataract surgery during the measurement period. Every cataract surgery during the measurement period should be counted as a measurable denominator event for the measure calculation.

For Registry:

Denominator Instructions: Clinicians who indicate modifier 55, postoperative management only OR modifier 56, preoperative management only, will not qualify for this measure.

Patients aged > or = 18 years on date of encounter

AND

Patient encounter during the reporting period (CPT): 66840, 66850, 66852, 66920, 66930, 66940, 66982, 66983, 66984

For EHR:

eMeasure developed and is included in this submission.

## EXCLUSIONS

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

## EXCLUSION DETAILS

According to the PCPI methodology, exclusions arise when the intervention required by the numerator is not appropriate for a group of patients who are otherwise included in the initial patient or eligible population of a measure (ie, the denominator). Exclusions are absolute and are to be removed from the denominator of a measure and therefore clinical judgment does not enter the decision. For measure Cataracts: Complications within 30 Days Following Cataract

Surgery Requiring Additional Surgical Procedures, exclusions include patients with any one of a specified list of significant ocular conditions that impact the surgical complication rate. Exclusions, including applicable value sets, are included in the measure specifications.

Additional details by data source are as follows:

For Registry:

Please see the attached value set spreadsheet for relevant coding for a specified list of significant ocular conditions that impact the surgical complication rate

For EHR:

eMeasure developed and is included in this submission.

#### RISK ADJUSTMENT

No risk adjustment or risk stratification

Not applicable. No risk adjustment or risk stratification.

This measure does not include a risk adjustment because the measure includes an exclusion for patients with any one of a specified list of significant ocular conditions that impact the likelihood of developing a complication. Excluding these patients captures care for the large majority of patients undergoing cataract surgery.

#### STRATIFICATION

Consistent with CMS' Measures Management System Blueprint and recent national recommendations put forth by the IOM and NQF to standardize the collection of race and ethnicity data, we encourage the results of this measure to be stratified by race, ethnicity, administrative sex, and payer and have included these variables as recommended data elements to be collected.

#### TYPE SCORE

Rate/proportion better quality = lower score

#### ALGORITHM

To calculate performance rates:

1. Find the patients who meet the initial population (ie, the general group of patients that a set of performance measures is designed to address).
2. From the patients within the initial population criteria, find the patients who qualify for the denominator. (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial population and denominator are identical.
3. Find the patients who qualify for denominator exclusions and subtract from the denominator.
4. From the patients within the denominator, find the patients who meet the numerator criteria (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator

If the patient does not meet the numerator, this case represents a quality failure.

This measure does not include a risk adjustment because the measure includes an exclusion for patients with any one of a specified list of significant ocular conditions that impact the likelihood



of developing a complication. Excluding these patients captures care for the large majority of patients undergoing cataract surgery. No diagram provided

#### COPYRIGHT / DISCLAIMER

5.1 Identified measures:

5a.1 Are specs completely harmonized?

5a.2 If not completely harmonized, identify difference, rationale, impact: Not applicable.

5b.1 If competing, why superior or rationale for additive value: Not applicable

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

#### STEWARD

American Medical Association - Physician Consortium for Performance Improvement

#### 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

#### TYPE

Outcome

#### DATA SOURCE

Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry Not applicable

No data collection instrument provided Attachment

EP\_CMS133\_NQF0565\_ValueSets\_20140530.xlsx

#### LEVEL

Clinician : Group/Practice, Clinician : Individual

#### SETTING

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

#### TIME WINDOW

Once for each cataract surgery procedure performed during the measurement period

#### NUMERATOR STATEMENT

Patients who had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following cataract surgery

#### NUMERATOR DETAILS

For Registry:

Report CPT Category II Code:

4175F: Best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following cataract surgery

For EHR:

eMeasure developed and is included in this submission.

#### DENOMINATOR STATEMENT

All patients aged 18 years and older who had cataract surgery

#### DENOMINATOR DETAILS

Denominator Note:

This is an episode-based measure, meaning there may be more than one reportable event for a given patient during the measurement period. The level of analysis for this measure is each cataract surgery during the measurement period. Every cataract surgery during the measurement period should be counted as a measurable denominator event for the measure calculation.

For Registry:

Denominator Instructions: Clinicians who indicate modifier 55, postoperative management only OR modifier 56, preoperative management only, will not qualify for this measure.

Patients aged > or = 18 years on date of encounter

AND

Patient encounter during the reporting period (CPT): 66840, 66850, 66852, 66920, 66930, 66940, 66982, 66983, 66984

For EHR:

eMeasure developed and is included in this submission.

#### EXCLUSIONS

Patients with significant ocular conditions impacting the visual outcome of surgery

#### EXCLUSION DETAILS

According to the PCPI methodology, exclusions arise when the intervention required by the numerator is not appropriate for a group of patients who are otherwise included in the initial patient or eligible population of a measure (ie, the denominator). Exclusions are absolute and are to be removed from the denominator of a measure and therefore clinical judgment does not enter the decision. For measure Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery, exclusions include patients with significant ocular conditions impacting the visual outcome of surgery. Exclusions, including applicable value sets, are included in the measure specifications included in this submission.

Additional details by data source are as follows:

For Registry:

Please see the attached value set spreadsheet for relevant coding for a specified list of significant ocular conditions that impact the surgical complication rate

For EHR:

eMeasure developed and is included in this submission.

## RISK ADJUSTMENT

No risk adjustment or risk stratification

Not applicable. No risk adjustment or risk stratification.

This measure does not include a risk adjustment because the measure excludes patients with significant ocular conditions impacting the visual outcome of surgery. Excluding these patients captures care for the large majority of patients undergoing cataract surgery.

## STRATIFICATION

Consistent with CMS' Measures Management System Blueprint and recent national recommendations put forth by the IOM and NQF to standardize the collection of race and ethnicity data, we encourage the results of this measure to be stratified by race, ethnicity, administrative sex, and payer and have included these variables as recommended data elements to be collected.

## TYPE SCORE

Rate/proportion better quality = higher score

## ALGORITHM

To calculate performance rates:

1. Find the patients who meet the initial population (ie, the general group of patients that a set of performance measures is designed to address).
2. From the patients within the initial population criteria, find the patients who qualify for the denominator. (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial population and denominator are identical.
3. Find the patients who qualify for denominator exclusions and subtract from the denominator.
4. From the patients within the denominator, find the patients who meet the numerator criteria (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator

If the patient does not meet the numerator, this case represents a quality failure.

This measure does not include a risk adjustment because the measure excludes patients with significant ocular conditions impacting the visual outcome of surgery. Excluding these patients captures care for the large majority of patients undergoing cataract surgery. No diagram provided

## COPYRIGHT / DISCLAIMER

5.1 Identified measures:

5a.1 Are specs completely harmonized?

5a.2 If not completely harmonized, identify difference, rationale, impact: Not applicable

5b.1 If competing, why superior or rationale for additive value: Not applicable.

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

### STEWARD

American Academy of Ophthalmology

### 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 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.

### TYPE

Process

### DATA SOURCE

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

No data collection instrument provided No data dictionary

### LEVEL

Clinician : Group/Practice, Clinician : Individual

### SETTING

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

### TIME WINDOW

12 months

### 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

### NUMERATOR DETAILS

Counseling – Documentation in the medical record should include a discussion of risk or benefits of the AREDS formulation. Counseling can be discussed with all patients with AMD, even those who do not meet the criteria for the AREDS formulation, 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 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 NOTE: If patient is already receiving AREDS formulation, the assumption is that counseling about AREDS has already been performed.

CPT Category II code: 4177F - Counseling about the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of age-related macular degeneration (AMD) provided to patient and/or caregiver(s)

#### DENOMINATOR STATEMENT

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

#### DENOMINATOR DETAILS

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

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.

Patients aged 50 years and older on date of encounter

AND

ICD-9 diagnosis codes: 362.50, 362.51, 362.52

ICD-10 diagnosis codes: H35.30, H35.31, H35.32

AND

CPT E/M codes: 92002, 92004, 92012, 92014, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337

#### EXCLUSIONS

Not applicable.

#### EXCLUSION DETAILS

Not applicable.

#### RISK ADJUSTMENT

No risk adjustment or risk stratification

Not applicable.

#### STRATIFICATION

We encourage the results of the measure to be stratified by race, ethnicity, primary language, and administrative sex.

#### TYPE SCORE

Rate/proportion better quality = higher score

## ALGORITHM

Calculation for Performance:

The measure is calculated by creating a fraction with the following components:

Numerator, Denominator, and Denominator Exclusions.

Numerator (A) Includes:

Patients or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the AREDS formulation for preventing progression of age-related macular degeneration

Denominator (PD) Includes:

Patients aged 50 years and older with a diagnosis of age-related macular degeneration

Performance Calculation:

$A \text{ (\# of patients meeting measure criteria)} / PD \text{ (\# of patients in denominator)}$

Calculation for Reporting:

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following instances:

A. Patients or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the AREDS formulation for preventing progression of age-related macular degeneration

C. Documentation that AREDS counseling was not performed for a reason not otherwise specified.

Reporting Denominator (RD) includes:

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

Reporting Calculation:

$A \text{ (\# patients meeting numerator criteria)} + C \text{ (\# of patients NOT meeting numerator criteria)} / RD \text{ (\# of patients in denominator)}$  No diagram provided

## COPYRIGHT / DISCLAIMER

5.1 Identified measures:

5a.1 Are specs completely harmonized?

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value:

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## 0653 Acute Otitis Externa: Topical Therapy

### STEWARD

American Academy of Otolaryngology Head and Neck Surgery Foundation

### DESCRIPTION

Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations.

### TYPE

Process

#### DATA SOURCE

Administrative claims, Electronic Clinical Data : Registry Not applicable.  
No data collection instrument provided No data dictionary

#### LEVEL

Clinician : Group/Practice, Clinician : Individual

#### SETTING

Ambulatory Care : Clinician Office/Clinic

#### TIME WINDOW

This measure is to be reported once for each occurrence of AOE during the reporting period.  
Each unique occurrence is defined as a 30-day period from onset of AOE as indicated by the first occurrence of qualifying diagnosis and CPT codes.

#### NUMERATOR STATEMENT

Patients who were prescribed topical preparations.

#### NUMERATOR DETAILS

Definition: Prescribed: May include prescription given to the patient for topical preparations at one or more visits during the episode of AOE OR patient already receiving topical preparations as documented in the current medication list.

Claims and Registry Specifications

CPT Category II code: 4130F – Topical preparations (including OTC) prescribed for acute otitis externa

#### DENOMINATOR STATEMENT

All patients aged 2 years and older with a diagnosis of AOE

#### DENOMINATOR DETAILS

Claims Specifications

ICD-9-CM diagnosis codes [reportable through 9/30/2015]: 380.10, 380.11, 380.12, 380.13, 380.22

OR

ICD-10-CM diagnosis codes [reportable beginning 10/01/2015]: H60.00, H60.01, H60.02, H60.03, H60.10, H60.11, H60.12, H60.13, H60.311, H60.312, H60.313, H60.319, H60.321, H60.322, H60.323, H60.329, H60.331, H60.332, H60.333, H60.339, H60.391, H60.392, H60.393, H60.399, H60.501, H60.502, H60.503, H60.509, H60.511, H60.512, H60.513, H60.519, H60.521, H60.522, H60.523, H60.529, H60.531, H60.532, H60.533, H60.539, H60.541, H60.542, H60.543, H60.549, H60.551, H60.552, H60.553, H60.559, H60.591, H60.592, H60.593, H60.599, H61.90, H61.91, H61.92, H61.93, H62.40, H62.41, H62.42, H62.43, H62.8X1, H62.8X2, H62.8X3, H62.8X9

AND

CPT codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99382, 99383, 99384, 99385, 99386, 99387, 99392, 99393, 99394, 99395, 99396, 99397

## 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.

## EXCLUSION DETAILS

This measure was developed using the PCPI exception methodology which uses three categories of reasons for which a patient may be removed from the denominator of an individual measure. These measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. Examples are provided in the measure exception language of instances that may constitute an exception and are intended to serve as a guide to clinicians. For the measure Acute Otitis Externa: Topical Therapy, exceptions may include medical reason(s) (e.g., coexisting acute otitis media, tympanic membrane perforation) or patient reasons (e.g., patient decline, other patient reason) for not prescribing topical preparations to patients with a diagnosis of AOE.

Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement. Additional details include:

Claims and Registry Specifications:

1) Documentation of medical reason(s) for not prescribing topical preparations (eg, coexisting acute otitis media, tympanic membrane perforation)

Append modifier to CPT Category II code: 4130F-1P

OR

2) Documentation of patient reason(s) for not prescribing topical preparations (including OTC) for acute otitis externa

Append modifier to CPT Category II code: 4130F-2P

OR

Drug allergy or other adverse effects

ICD-9-CM diagnosis codes [reportable through 9/30/2015]: 995.27

AND

ICD-9-CM diagnosis codes [reportable through 9/30/2015]: E946.0, E946.6, E946.8

OR

ICD-10-CM diagnosis codes [reportable beginning 10/01/2015]: T50.995A

AND

ICD-10-CM diagnosis codes [reportable beginning 10/01/2015]: T49.0X5A, T49.0X5S, T49.6X5A, T49.6X5S, T49.8X5A, T49.8X5S

## RISK ADJUSTMENT

No risk adjustment or risk stratification

No risk adjustment or risk stratification.



## STRATIFICATION

Consistent with CMS' Measures Management System Blueprint and recent national recommendations put forth by the IOM and NQF, the AAO-HSNF and PCPI encourage the collection of race and ethnicity data as well as the results of this measure to be stratified by race, ethnicity, administrative sex, and payer.

## TYPE SCORE

Rate/proportion better quality = higher score

## ALGORITHM

To calculate performance rates:

- 1) Find the patients who meet the initial population (ie, the general group of patients that a set of performance measures is designed to address).
- 2) From the patients within the initial population criteria, find the patients who qualify for the denominator. (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria).
- 3) From the patients within the denominator, find the patients who qualify for the Numerator (ie, the group of patients in the denominator for whom the process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator.
- 4) From the patients who did not meet the numerator criteria, determine if the provider has documented that the patient meets any criteria for the denominator exception when exceptions have been specified [for this measure: medical reason(s) (eg, coexisting acute otitis media), patient reason(s) (eg, patient declined)]. If the patient meets any exception criteria, they should be removed from the denominator for performance calculation. Although the exception cases are removed from the denominator population for the performance calculation, the exception rate (ie, percentage with valid exceptions) should be calculated and reported along with performance rates to track variations in care and highlight possible areas of focus for quality improvement.

If the patient does not meet the numerator and a valid exception is not present, this case represents a quality failure. No diagram provided

## COPYRIGHT / DISCLAIMER

5.1 Identified measures:

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: Not applicable

5b.1 If competing, why superior or rationale for additive value: Not applicable, no competing measures.

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

## STEWARD

American Academy of Otolaryngology – Head and Neck Surgery

#### DESCRIPTION

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

#### TYPE

Process

#### DATA SOURCE

Administrative claims, Electronic Clinical Data : Registry Not applicable

No data collection instrument provided No data dictionary

#### LEVEL

Clinician : Group/Practice, Clinician : Individual

#### SETTING

Ambulatory Care : Clinician Office/Clinic

#### TIME WINDOW

This measure is to be reported once for each occurrence of AOE during the reporting period. Each unique occurrence is defined as a 30-day period from onset of AOE as indicated by the first occurrence of qualifying diagnosis and CPT codes.

#### NUMERATOR STATEMENT

Patients who were not prescribed systemic antimicrobial therapy.

#### NUMERATOR DETAILS

Claims and Registry Specifications

CPT Category II code: 4132F – Systemic antimicrobials not prescribed

#### DENOMINATOR STATEMENT

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

#### DENOMINATOR DETAILS

Claims and Registry Specifications

ICD-9-CM diagnosis codes [reportable through 9/30/2015]: 380.10, 380.11, 380.12, 380.13, 380.22

OR

ICD-10-CM diagnosis codes [reportable beginning 10/01/2015]: H60.00, H60.01, H60.02, H60.03, H60.10, H60.11, H60.12, H60.13, H60.311, H60.312, H60.313, H60.319, H60.321, H60.322, H60.323, H60.329, H60.331, H60.332, H60.333, H60.339, H60.391, H60.392, H60.393, H60.399, H60.501, H60.502, H60.503, H60.509, H60.511, H60.512, H60.513, H60.519, H60.521, H60.522, H60.523, H60.529, H60.531, H60.532, H60.533, H60.539, H60.541, H60.542, H60.543, H60.549, H60.551, H60.552, H60.553, H60.559, H60.591, H60.592, H60.593, H60.599, H61.90, H61.91, H61.92, H61.93, H62.40, H62.41, H62.42, H62.43, H62.8X1, H62.8X2, H62.8X3, H62.8X9

AND

CPT codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342,

99343, 99344, 99345, 99347, 99348, 99349, 99350, 99382, 99383, 99384, 99385, 99386, 99387, 99392, 99393, 99394, 99395, 99396, 99397

#### EXCLUSIONS

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

#### EXCLUSION DETAILS

This measure was developed using the PCPI exception methodology which uses three categories of reasons for which a patient may be removed from the denominator of an individual measure. The measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. Examples are provided in the measure exception language of instances that may constitute an exception and are intended to serve as a guide to clinicians. For this specific measure, Acute Otitis Externa: Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use, one exception may include medical reason(s) (e.g., coexisting diabetes, immune deficiency).

Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement.

Claims and Registry Specifications

Documentation of medical reason(s) for prescribing systemic antimicrobial therapy (eg, coexisting diabetes, immune deficiency)

Append modifier to CPT Category II code: 4131F-1P

#### RISK ADJUSTMENT

No risk adjustment or risk stratification

No risk adjustment or risk stratification.

#### STRATIFICATION

Consistent with CMS' Measures Management System Blueprint and recent national recommendations put forth by the IOM and NQF, the AAO-HSNF and PCPI encourage the collection of race and ethnicity data as well as the results of this measure to be stratified by race, ethnicity, administrative sex, and payer.

#### TYPE SCORE

Rate/proportion better quality = higher score

#### ALGORITHM

To calculate performance rates:

- 1) Find the patients who meet the initial population (ie, the general group of patients that a set of performance measures is designed to address).
- 2) From the patients within the initial population criteria, find the patients who qualify for the denominator. (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria).

3) From the patients within the denominator, find the patients who qualify for the Numerator (ie, the group of patients in the denominator for whom the process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator.

4) From the patients who did not meet the numerator criteria, determine if the provider has documented that the patient meets any criteria for the denominator exception when exceptions have been specified [for this measure: medical reason(s) (eg, coexisting diabetes or immune deficiency). If the patient meets any exception criteria, they should be removed from the denominator for performance calculation. Although the exception cases are removed from the denominator population for the performance calculation, the exception rate (ie, percentage with valid exceptions) should be calculated and reported along with performance rates to track variations in care and highlight possible areas of focus for quality improvement.

If the patient does not meet the numerator and a valid exception is not present, this case represents a quality failure. No diagram provided

#### COPYRIGHT / DISCLAIMER

5.1 Identified measures:

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: Not applicable

5b.1 If competing, why superior or rationale for additive value: Not applicable, no competing measures.

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### 0655 Otitis Media with Effusion: Antihistamines or Decongestants – Avoidance of Inappropriate Use

#### STEWARD

American Academy of Otolaryngology-Head and Neck Surgery

#### 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

#### TYPE

Process

#### DATA SOURCE

Paper Medical Records The Otitis Media with Effusion Chart Review Tool attached in appendix A1 is used to collect the data for this measure.

Available in attached appendix at A.1 No data dictionary

#### LEVEL

Clinician : Group/Practice, Clinician : Individual

#### SETTING

Ambulatory Care : Clinician Office/Clinic

#### TIME WINDOW

This measure is to be reported once for each occurrence of OME in children seen during the reporting period. Each unique occurrence is defined as a 90 day period from the onset of OME, as indicated by the first occurrence of qualifying diagnosis and CPT codes.

#### NUMERATOR STATEMENT

Patients who were not prescribed or recommended to receive either antihistamines or decongestants

#### NUMERATOR DETAILS

The Otitis Media with Effusion Chart Review Tool attached in appendix A1 is used to identify the numerator for this measure.

#### DENOMINATOR STATEMENT

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

#### DENOMINATOR DETAILS

Information for identifying the denominator population is contained in the OME Chart Review Tool attached in appendix A1.

Additionally, the following codes can be used to identify the denominator population:

ICD-9-CM diagnosis codes [reportable through 9/30/2015]: 381.10, 381.19, 381.20, 381.29, 381.3, 381.4

OR

ICD-10-CM diagnosis codes [reportable beginning 10/01/2015]: H65.20, H65.21, H65.22, H65.23, H65.30, H65.31, H65.32, H65.33, H65.411, H65.412, H65.413, H65.419, H65.491, H65.492, H65.493, H65.499, H65.90, H65.91, H65.92, H65.93

AND

CPT codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394

#### EXCLUSIONS

Documentation of medical reason(s) for prescribing or recommending to receive either antihistamines or decongestants

#### EXCLUSION DETAILS

This measure was developed using the PCPI exception methodology. Exceptions are used to remove a patient from the denominator of a performance measure when the patient does not receive a therapy or service AND that therapy or service would not be appropriate due to patient-specific reasons. The patient would otherwise meet the denominator criteria. Exceptions are not absolute, and are based on clinical judgment, individual patient characteristics, or patient preferences. The PCPI exception methodology uses three categories of reasons for which a patient may be removed from the denominator of an individual measure. These measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. Examples are provided in the measure exception language of instances that may constitute an exception and are intended to serve as a guide to clinicians. For measure #0655 Otitis Media with Effusion: Antihistamines or Decongestants—Avoidance of Inappropriate Use,

exceptions may include medical reason(s) (eg, comorbid condition for which antihistamines or decongestants are indicated) for the patient being prescribed or recommended to receive either antihistamines or decongestants. Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement.

Additional details by data source are as follows:

The Otitis Media with Effusion Chart Review Tool attached in appendix A1 includes information needed to identify and calculate the exceptions for this measure

#### RISK ADJUSTMENT

No risk adjustment or risk stratification

Not applicable, no risk adjustment or risk stratification

#### STRATIFICATION

Consistent with CMS' Measures Management System Blueprint and recent national recommendations put forth by the IOM and NQF, AAO-HNSF and the PCPI encourage the results of this measure to be stratified by race, ethnicity, administrative sex, and payer.

#### TYPE SCORE

Rate/proportion better quality = higher score

#### ALGORITHM

To calculate performance rates:

1. Find the patients who meet the initial population (ie, the general group of patients that a set of performance measures is designed to address).
2. From the patients within the initial population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial population and denominator are identical.
3. From the patients within the denominator, find the patients who meet the numerator criteria (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator
4. From the patients who did not meet the numerator criteria, determine if the provider has documented that the patient meets any criteria for exception when denominator exceptions have been specified [for this measure: documented medical reason(s) for the patient being prescribed or recommended to receive either antihistamines or decongestants (eg, comorbid condition for which antihistamines or decongestants are indicated)]. If the patient meets any exception criteria, they should be removed from the denominator for performance calculation. - Although the exception cases are removed from the denominator population for the performance calculation, the exception rate (ie, percentage with valid exceptions) should be calculated and reported along with performance rates to track variations in care and highlight possible areas of focus for QI.

If the patient does not meet the numerator and a valid exception is not present, this case represents a quality failure. No diagram provided

#### COPYRIGHT / DISCLAIMER

5.1 Identified measures:

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: Not applicable

5b.1 If competing, why superior or rationale for additive value: Not applicable

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## 0656 Otitis Media with Effusion: Systemic Corticosteroids – Avoidance of Inappropriate Use

#### STEWARD

American Academy of Otolaryngology-Head and Neck Surgery

#### DESCRIPTION

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

#### TYPE

Process

#### DATA SOURCE

Paper Medical Records The Otitis Media with Effusion Chart Review Tool attached in appendix A1 is used to collect the data for this measure.

Available in attached appendix at A.1 No data dictionary

#### LEVEL

Clinician : Group/Practice, Clinician : Individual

#### SETTING

Ambulatory Care : Clinician Office/Clinic

#### TIME WINDOW

This measure is to be reported once for each occurrence of OME in children seen during the reporting period. Each unique occurrence is defined as a 90 day period from the onset of OME, as indicated by the first occurrence of qualifying diagnosis and CPT codes.

#### NUMERATOR STATEMENT

Patients who were not prescribed systemic corticosteroids

#### NUMERATOR DETAILS

The Otitis Media with Effusion Chart Review Tool attached in appendix A1 is used to identify the numerator for this measure.

#### DENOMINATOR STATEMENT

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

## DENOMINATOR DETAILS

The following codes can be used to identify the denominator population:

ICD-9-CM diagnosis codes [reportable through 9/30/2015]: 381.10, 381.19, 381.20, 381.29, 381.3, 381.4

OR

ICD-10-CM diagnosis codes [reportable beginning 10/01/2015]: H65.20, H65.21, H65.22, H65.23, H65.30, H65.31, H65.32, H65.33, H65.411, H65.412, H65.413, H65.419, H65.491, H65.492, H65.493, H65.499, H65.90, H65.91, H65.92, H65.93

AND

CPT codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394

## EXCLUSIONS

Documentation of medical reason(s) for prescribing systemic corticosteroids

## EXCLUSION DETAILS

This measure was developed using the PCPI exception methodology. Exceptions are used to remove a patient from the denominator of a performance measure when the patient does not receive a therapy or service AND that therapy or service would not be appropriate due to patient-specific reasons. The patient would otherwise meet the denominator criteria. Exceptions are not absolute, and are based on clinical judgment, individual patient characteristics, or patient preferences. The PCPI exception methodology uses three categories of reasons for which a patient may be removed from the denominator of an individual measure. These measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. Examples are provided in the measure exception language of instances that may constitute an exception and are intended to serve as a guide to clinicians. For measure #0656 Otitis Media with Effusion: Systemic Corticosteroids—Avoidance of Inappropriate Use, exceptions may include medical reason(s) (eg, comorbid condition for which systemic corticosteroids are indicated) for the patient being prescribed systemic corticosteroids. Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement.

Additional details by data source are as follows:

The Otitis Media with Effusion Chart Review Tool attached in appendix A1 includes information needed to identify and calculate the exceptions for this measure

## RISK ADJUSTMENT

No risk adjustment or risk stratification

Not applicable. No risk adjustment or risk stratification.



## STRATIFICATION

Consistent with CMS' Measures Management System Blueprint and recent national recommendations put forth by the IOM and NQF, AAO-HNSF and the PCPI encourage the results of this measure to be stratified by race, ethnicity, administrative sex, and payer.

## TYPE SCORE

Rate/proportion better quality = higher score

## ALGORITHM

To calculate performance rates:

1. Find the patients who meet the initial population (ie, the general group of patients that a set of performance measures is designed to address).
2. From the patients within the initial population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial population and denominator are identical.
3. From the patients within the denominator, find the patients who meet the numerator criteria (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator
4. From the patients who did not meet the numerator criteria, determine if the provider has documented that the patient meets any criteria for exception when denominator exceptions have been specified [for this measure: documented medical reason(s) for the patient being prescribed or recommended to receive systemic corticosteroids (eg, comorbid condition for which systemic corticosteroids are indicated)]. If the patient meets any exception criteria, they should be removed from the denominator for performance calculation. --Although the exception cases are removed from the denominator population for the performance calculation, the exception rate (ie, percentage with valid exceptions) should be calculated and reported along with performance rates to track variations in care and highlight possible areas of focus for QI.

If the patient does not meet the numerator and a valid exception is not present, this case represents a quality failure. No diagram provided

## COPYRIGHT / DISCLAIMER

5.1 Identified measures:

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: Not applicable

5b.1 If competing, why superior or rationale for additive value: Not applicable

---

## 0657 Otitis Media with Effusion: Systemic Antimicrobials – Avoidance of Inappropriate Use

## STEWARD

American Academy of Otolaryngology-Head and Neck Surgery

#### DESCRIPTION

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

#### TYPE

Process

#### DATA SOURCE

Paper Medical Records The Otitis Media with Effusion Chart Review Tool attached in appendix A1 is used to collect the data for this measure.

Available in attached appendix at A.1 No data dictionary

#### LEVEL

Clinician : Group/Practice, Clinician : Individual

#### SETTING

Ambulatory Care : Clinician Office/Clinic

#### TIME WINDOW

This measure is to be reported once for each occurrence of OME in children seen during the reporting period. Each unique occurrence is defined as a 90 day period from the onset of OME, as indicated by the first occurrence of qualifying diagnosis and CPT codes.

#### NUMERATOR STATEMENT

Patients who were not prescribed systemic antimicrobials

#### NUMERATOR DETAILS

The Otitis Media with Effusion Chart Review Tool attached in appendix A1 is used to identify the numerator for this measure.

#### DENOMINATOR STATEMENT

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

#### DENOMINATOR DETAILS

The following codes can be used to identify the denominator population:

ICD-9-CM diagnosis codes [reportable through 9/30/2015]: 381.10, 381.19, 381.20, 381.29, 381.3, 381.4

OR

ICD-10-CM diagnosis codes [reportable beginning 10/01/2015]: H65.20, H65.21, H65.22, H65.23, H65.30, H65.31, H65.32, H65.33, H65.411, H65.412, H65.413, H65.419, H65.491, H65.492, H65.493, H65.499, H65.90, H65.91, H65.92, H65.93

AND

CPT codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394

#### EXCLUSIONS

Documentation of medical reason(s) for prescribing systemic antimicrobials

## EXCLUSION DETAILS

Exceptions are used to remove a patient from the denominator of a performance measure when the patient does not receive a therapy or service AND that therapy or service would not be appropriate due to patient-specific reasons. The patient would otherwise meet the denominator criteria. Exceptions are not absolute, and are based on clinical judgment, individual patient characteristics, or patient preferences. The PCPI exception methodology uses three categories of reasons for which a patient may be removed from the denominator of an individual measure. These measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. Examples are provided in the measure exception language of instances that may constitute an exception and are intended to serve as a guide to clinicians. For measure #0657 Otitis Media with Effusion: Systemic Antimicrobials—Avoidance of Inappropriate Use, exceptions may include medical reason(s) (eg, comorbid condition for which systemic antimicrobials are indicated) for the patient being prescribed systemic antimicrobials. Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement.

Additional details by data source are as follows:

The Otitis Media with Effusion Chart Review Tool attached in appendix A1 includes information needed to identify and calculate the exceptions for this measure

## RISK ADJUSTMENT

No risk adjustment or risk stratification

Not applicable. No risk adjustment or risk stratification.

## STRATIFICATION

Consistent with CMS' Measures Management System Blueprint and recent national recommendations put forth by the IOM and NQF, AAO-HNSF and the PCPI encourage the results of this measure to be stratified by race, ethnicity, administrative sex, and payer.

## TYPE SCORE

Rate/proportion better quality = higher score

## ALGORITHM

To calculate performance rates:

1. Find the patients who meet the initial population (ie, the general group of patients that a set of performance measures is designed to address).
2. From the patients within the initial population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial population and denominator are identical.
3. From the patients within the denominator, find the patients who meet the numerator criteria (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator

4. From the patients who did not meet the numerator criteria, determine if the provider has documented that the patient meets any criteria for exception when denominator exceptions have been specified [for this measure: medical reason(s) for the patient being prescribed systemic antimicrobials (eg, comorbid condition for which systemic antimicrobials are indicated)]. If the patient meets any exception criteria, they should be removed from the denominator for performance calculation. --Although the exception cases are removed from the denominator population for the performance calculation, the exception rate (ie, percentage with valid exceptions) should be calculated and reported along with performance rates to track variations in care and highlight possible areas of focus for QI.

If the patient does not meet the numerator and a valid exception is not present, this case represents a quality failure. No diagram provided

#### COPYRIGHT / DISCLAIMER

5.1 Identified measures:

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: Not applicable.

5b.1 If competing, why superior or rationale for additive value: Not applicable.

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### 1354 Hearing Screening Prior to Hospital Discharge

#### STEWARD

Centers for Disease Control and Prevention

#### DESCRIPTION

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

#### TYPE

Process

#### DATA SOURCE

Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry Electronic Health/Medical Record, Public health information system

No data collection instrument provided Attachment

NQF1354\_Fri\_Mar\_14\_19.05.13\_CDT\_2014.xls

#### LEVEL

Facility, Population : National, Population : State

#### SETTING

Hospital/Acute Care Facility

#### TIME WINDOW

The measurement time period varies upon needs of the particular user (e.g. calendar year, quarterly, monthly) but must be the same for both the numerator and denominator.

#### 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.

#### NUMERATOR DETAILS

Numerator =

AND:

AND:

OR: "Diagnostic Study, Result: Newborn Hearing Screen Left (result: 'Pass Or Refer')"

OR: "Diagnostic Study, Result not done: Medical Reasons" for "Newborn Hearing Screen Left "

AND:

OR: "Diagnostic Study, Result: Newborn Hearing Screen Right (result: 'Pass Or Refer')"

OR: "Diagnostic Study, Result not done: Medical Reasons" for "Newborn Hearing Screen Right " during "Occurrence A of Encounter, Performed: Encounter Inpatient"

#### DENOMINATOR STATEMENT

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

#### DENOMINATOR DETAILS

Initial Patient Population =

AND: "Occurrence A of Encounter, Performed: Encounter Inpatient" ends during "Measurement Period"

AND:

OR: "Diagnosis, Active: Liveborn Newborn Born in Hospital" starts during "Occurrence A of Encounter, Performed: Encounter Inpatient"

OR: "Diagnosis, Active: Livebirth" starts during "Occurrence A of Encounter, Performed: Encounter Inpatient"

Denominator =

AND: "Initial Patient Population"

#### EXCLUSIONS

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

#### EXCLUSION DETAILS

Denominator Exclusions =

AND:

AND: "Patient Characteristic Expired: Patient Expired"

AND NOT:

OR: "Diagnostic Study, Result: Newborn Hearing Screen Left"

OR: "Diagnostic Study, Result: Newborn Hearing Screen Right"

during "Occurrence A of Encounter, Performed: Encounter Inpatient"

#### RISK ADJUSTMENT

No risk adjustment or risk stratification

#### STRATIFICATION

#### TYPE SCORE

Rate/proportion better quality = higher score

#### ALGORITHM

(1) The time period included in the estimate is specified (See S.5)

(2) All live birth that were born at a facility and were discharged during the time period are selected.

(3) Result of step 2 is filtered to remove children who died prior to discharge without being screened (See S.10,S.11), This result is saved as the Denominator (See S.7, S.9)

The numerator is calculated using the following step:

(4) Result of step 3 is filtered to be limited to the subset that received a screen (see prior to discharge, or not being screened due to medical reasons or medical exclusions. This result is saved as the numerator (see S.4, S.6).

The measure is then calculated by:

(5) Dividing the numerator (result of step 4) by the denominator (result of step 3). No diagram provided

#### COPYRIGHT / DISCLAIMER

5.1 Identified measures: 0716 : Healthy Term Newborn

0480 : PC-05 Exclusive Breast Milk Feeding and the subset measure PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value:

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### 1360 Audiological Evaluation No Later Than 3 Months of Age

#### STEWARD

Centers for Disease Control and Prevention

#### 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.

#### TYPE

Process

#### DATA SOURCE

Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry Public health information system, Electronic Health Record System

URL Attachment 1360Codes.xls

#### LEVEL

Facility, Clinician : Group/Practice, Clinician : Individual, Population : National, Population : State

#### SETTING

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

#### TIME WINDOW

The measurement time period varies upon needs of the particular user (e.g. calendar year, quarterly, monthly) but must be the same for both the numerator and denominator.

#### 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.

#### NUMERATOR DETAILS

Numerator =

AND: "Audiological Diagnosis performed using "JCIH-EHDI Newborn Hearing Loss Diagnosis Value Set"

AND age of diagnosis is less than 91 days at the time of diagnosis.

JCIH-EHDI Newborn Hearing Loss Diagnosis

value set: please see code list attached in S.2b

#### DENOMINATOR STATEMENT

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

#### DENOMINATOR DETAILS

Denominator =

AND:

| OR: "Diagnostic Study, Result: Hearing Examination (result: 'Refer' using 'JCIH-EHDI Newborn Hearing Loss Referrals value set ')" during "Encounter, Performed: Inpatient Encounter" using "JCIH-EHDI Newborn Hearing Procedure Value Sets.

| OR: "Diagnostic Study, Result not done: Medical Reasons Or Exclusions" using "Joint Commission Medical Reason Value Set" for "JCIH-EHDI Newborn Hearing Procedure Value Set" during "Encounter, Performed: Inpatient Encounter"

| OR: "Diagnostic Study, Result not done: Medical Reasons Or Exclusions" using "Joint Commission Medical Reason Value Set" for "JCIH-EHDI Hearing Screening Left Value Set" during "Encounter, Performed: Inpatient Encounter"

| OR: "Diagnostic Study, Result not done: Medical Reasons Or Exclusions" using "Medical Reasons Value Set" for "JCIH-EHDI Hearing Screen Right Value Set" during "Encounter, Performed: Inpatient Encounter"

| OR: "Diagnostic Study, Result: Newborn Hearing Screen Left (result: 'Refer' using 'JCIH-EHDI Newborn Hearing Loss Referrals value set')" during "Encounter, Performed: Inpatient Encounter" using "JCIH-EHDI Hearing Screen Left Value Set"

| OR: "Diagnostic Study, Result: Newborn Hearing Screen Right (result: 'Refer' using "JCIH-EHDI Newborn Hearing Loss Referrals value set")" during "Encounter, Performed: Inpatient Encounter" using "JCIH-EHDI Hearing Screen Right Value Set"

JCIH-EHDI Newborn Hearing Procedure value set: 170198007: child examination: hearing (procedure); 247299004: general appraisal of hearing (procedure); 252587007: performance test of hearing (procedure); 252957005: children's hearing test (procedure); 398171003: hearing examination (procedure); 417491009: neonatal hearing test (procedure); 427247008: hearing assessment (procedure)

JCIH-EHDI Hearing Screen Left value set: 53108-6: Newborn hearing screen left

JCIH-EHDI Hearing Screen Right value set: 53109-4: Newborn hearing screen right

Joint Commission Medical Reason Value Set: 397745006: medical contraindication (finding), 397773008: surgical contraindication (finding)

Please also see related value sets in S.2b

#### EXCLUSIONS

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

#### EXCLUSION DETAILS

| AND NOT: "JCIH-EHDI Newborn Hearing Loss Diagnosis value set" starts before start of "Patient Characteristic Expired: Patient Expired"

| AND: "Patient Characteristic Expired: Patient Expired" after "Encounter, Performed: Inpatient Encounter"

#### RISK ADJUSTMENT

No risk adjustment or risk stratification

#### STRATIFICATION

#### TYPE SCORE

Rate/proportion better quality = higher score

#### ALGORITHM

- (1) The time period for births included in the estimate is specified
- (2) All live births that occurred during the time period are selected.
- (3) Result of step 2 is filtered to remove children who died prior to 91 days of age

The denominator is calculated using the following step:

- (4) Result of step 3 is filtered to be limited to the subset who did not pass ("Fail / Refer") their hearing screening. This result is saved as the denominator.

The numerator is calculated using the following step:

- (5) Result of step 4 is further filtered limited to the subset for whom an Audiological Diagnosis was made prior to 91 days of age (see 2a.3). This result is saved as the numerator

The measure is calculated using the following step:

- (6) Dividing the numerator (result of step 5) by the denominator (result of step 4).



## COPYRIGHT / DISCLAIMER

### 5.1 Identified measures:

5a.1 Are specs completely harmonized?

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value: Related Measures: no current NQF endorsed measure

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## 1361 Signed Part C Individual Family Service Plan (IFSP) Before 6 Months of Age

### STEWARD

Centers for Disease Control and Prevention

### DESCRIPTION

This measure assesses the proportion of infants with permanent hearing loss who have enrolled in intervention services no later than age 6 months of age.

### TYPE

Process

### DATA SOURCE

Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry Public health information system, Clinical Registry  
URL Attachment 1361Codes\_0518.xls

### LEVEL

Facility, Clinician : Group/Practice, Clinician : Individual, Population : National, Population : State

### SETTING

Ambulatory Care : Clinician Office/Clinic

### TIME WINDOW

The measurement time period varies upon needs of the particular user (e.g. calendar year, quarterly, monthly) but must be the same for both the numerator and denominator.

### 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 enrollment into intervention services.

### NUMERATOR DETAILS

Total number of infants with "Audiological Diagnosis" (Please see the codes in attached spreadsheet in S.2b) and date of "enrollment into education service" (SNOMED-CT TBD) is less than 181 days since birth.

### 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)

#### DENOMINATOR DETAILS

Total number of infants with "Audiological Diagnosis" (SNOMED-CT equals "Hearing Normal" 164059009, "Permanent Conductive" 44057004, "Sensorineural" 60700002, "Mixed" 77507001, or "Auditory Neuropathy Spectrum Disorder" 443805006.

#### EXCLUSIONS

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

#### EXCLUSION DETAILS

Death Value Set.

#### RISK ADJUSTMENT

No risk adjustment or risk stratification

#### STRATIFICATION

#### TYPE SCORE

Rate/proportion better quality = higher score

#### ALGORITHM

- (1) The time period for births included in the estimate is specified
  - (2) All live births that occurred during the time period for a given provider/practice are selected.
  - (3) Result of step 2 is filtered to remove children who died prior to 181 days of age
- The denominator is calculated using the following step:
- (4) Result of step 3 is filtered to be limited to the subset with an Audiological Diagnosis of permanent hearing loss. This result is saved as the denominator.
- The numerator is calculated using the following step:
- (5) Result of step 4 is further filtered to be limited to the subset for whom the date of enrollment into early intervention service is less than 181 days since birth. This result is saved as the numerator.
- The measure is calculated using the following step:
- (6) Dividing the numerator (result of step 5) by the denominator (result of step 4).

#### COPYRIGHT / DISCLAIMER

5.1 Identified measures:

5a.1 Are specs completely harmonized?

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value: Related Measures: no current NQF endorsed measure

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## 2721 Screening for Reduced Visual Acuity and Referral in Children

#### STEWARD

Centers for Medicare and Medicaid Services

#### DESCRIPTION

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

#### TYPE

Process

#### DATA SOURCE

Electronic Clinical Data : Electronic Health Record This measure is calculated using electronic health record data.

No data collection instrument provided Attachment

VisualAcuityScreeningandRef\_v4\_Wed\_May\_27\_21.44.31\_CDT\_2015-635690288204698143.xls

#### LEVEL

Clinician : Group/Practice, Clinician : Individual, Clinician : Team

#### SETTING

Ambulatory Care : Clinician Office/Clinic

#### TIME WINDOW

12 month measurement period (calendar year) plus a 3 year look back period.

#### 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.

#### NUMERATOR DETAILS

Refer to the attached MAT output and code value sets.

Data elements required for the numerator:

Screening test results with physician interpretation (visual acuity screening) with dates of service; Referral information.

See attached code list.

#### DENOMINATOR STATEMENT

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

#### DENOMINATOR DETAILS

Refer to the attached MAT output and code value sets.

Data elements required for the denominator:

Age: Age 3 until their 6th birthday; At least one established visit during the measurement period (office visit, face-to-face interaction, home healthcare services, established office visit, initial office visit).

See attached code list

#### EXCLUSIONS

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

#### EXCLUSION DETAILS

See attached code value sets.

#### RISK ADJUSTMENT

No risk adjustment or risk stratification

N/A

#### STRATIFICATION

N/A

#### TYPE SCORE

Rate/proportion better quality = higher score

#### ALGORITHM

Refer to the attached MAT output and code value sets.

Step 1. Determine the initial patient population.

Step 2. Exclude from the initial patient population children for whom data identified an exclusion to visual acuity screening.

Step 3. Identify numerator events for all patients in the remaining initial patient population.

Step 4. Calculate the rate. No diagram provided

#### COPYRIGHT / DISCLAIMER

5.1 Identified measures:

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: No competing measures

5b.1 If competing, why superior or rationale for additive value: N/A

## Appendix F: Pre-Evaluation Comments

Comments received as of May 8, 2015.

Topic	Commenter	Comment
0002: Appropriate Testing for Children with Pharyngitis	Dr. Leslie Zun, MD, MBA  American Academy of Emergency Medicine	The measure states, " A group A streptococcus test administered in the seven-day period from three days prior to the index episode start date through three days after the index episode start date." There is no evidence that this measure can improve care in the emergency setting. Many of the rapid strep screened in the emergency department are unreliable and not useful in the ED setting. Strep cultures may take time to complete and require contact be made with the patient days after an ED visit.
0086: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	Ms. Kara Webb  American Optometric Association	The American Optometric Association (AOA) encourages optometrists to report this quality measure. An optic nerve evaluation is a critical component of monitoring patients with POAG. As there is currently no cure for glaucoma, patients with glaucoma need to continue treatment for the rest of their lives. Because the disease can progress or change silently, compliance with eye medications and eye examinations is essential, as treatment may need to be adjusted periodically. Early detection, prompt treatment and regular monitoring can help to control glaucoma and therefore reduce the chances of progression vision loss. The optic nerve evaluation is a necessary component of care for the patient with POAG and AOA supports the continued endorsement of this measure.

Topic	Commenter	Comment
0086: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	Ms. Rebecca Hancock American Academy of Ophthalmology	<p>This measure has a significant impact, as in 2011, POAG affected an estimated 2.71M people in the U.S., with that number expected to increase to 7.3M in 2050 as the population ages. The largest demographic group will shift to Hispanic men over the next few decades, and the highest per capita POAG rates will double in New Mexico, Texas and Florida. Glaucoma is the leading cause of blindness in African Americans. Blindness from glaucoma is at least six times more prevalent in African Americans than in non-Hispanic whites. Evidence on Hispanics/Latinos suggests that they have prevalence rates of OAG that are comparable to African Americans.</p> <p>Changes in the optic nerve are one of two characteristics which currently define progression and thus worsening of glaucoma disease status. There is a significant gap in documentation patterns of the optic nerve for both initial and follow-up care, even among specialists. Examination of the optic nerve head and retinal nerve fiber layer provides valuable structural information about glaucomatous optic nerve damage and can occur prior to visual field defects. A detailed examination of the optic nerve greatly improves the sensitivity of detecting glaucoma in patients at risk. Glaucoma is an asymptomatic disease where simple measurement of intraocular pressure will not detect 20% glaucoma patients. A careful, dilated exam of the optic nerve and managing the disease appropriately, the 20-year probability of blindness from glaucoma has been reduced from 26% of patients diagnosed between 1965 – 1980 to 13.5% for patients diagnosed between 1981-2000. The value of a dilated optic nerve evaluation was recognized with the Congressional passage and CMS implementation of the Glaucoma Detection Benefit for African Americans, Hispanics and those with a family history. This preventive benefit designed by the AAO, the American Glaucoma Society and the National Eye Institute and the scientific validity of this exam was affirmed by CMS, and CBO. The cost savings were scored positively by CBO. Moreover, this measure addresses a significant gap in care. Although CMS reports that the performance rate of this measure is 95%, data from IRIS<sup>TM</sup> Registry indicates that the actual performance rate is much lower. CMS' data relies on paper-claims based reporting, which it can overstate performance given that it relies on the addition of quality data codes on the paper claims submitted to Medicare. However, IRIS<sup>TM</sup> Registry provides a more exact rate because it pulls data directly from the patient record in the EHR. In 2014, the performance rate for this measure in IRIS<sup>TM</sup> Registry was 79%, significantly lower than what CMS reports, indicating there is still room for improvement.</p>

Topic	Commenter	Comment
0087: Age-Related Macular Degeneration: Dilated Macular Examination	Ms. Kara Webb American Optometric Association	Age-Related Macular Degeneration (AMD) is the leading cause of severe vision loss in adults over age 50. The Centers for Disease Control and Prevention estimates that 1.8 million people have AMD and another 7.3 million are at substantial risk for vision loss from AMD. Given that AMD impacts high numbers of older individuals and research has demonstrated that this number is expected to grow, the AOA strongly encourages optometrists to report on this measure. In 2014, the Centers for Medicare & Medicaid Services (CMS) raised questions regarding whether this measure should be retired because eligible professionals consistently meet performance on this measure. CMS interprets this as an indication that there is no gap in care. While participation in PQRS has grown since 2007, overall participation in PQRS remains relatively low with only about half (51%) of eligible professionals participating in the program. Assuming that a gap in care has been eliminated based on this relatively low participation rate is misguided. It's axiomatic that doctors who are providing recommended care are more likely to report such compliance through PQRS than those who do not provide the recommended care, so it's likely that compliance rates are lower for half of the physician population that does not report to PQRS. The AOA supports the continued endorsement of this measure by NQF.

Topic	Commenter	Comment
0087: Age-Related Macular Degeneration: Dilated Macular Examination	Ms. Rebecca Hancock American Academy of Ophthalmology	<p>The Academy strongly encourages the Committee recommend this measure for continued NQF endorsement. Approximately 1.75M people age 40 years or older in the U.S. have neovascular AMD or geographic atrophy and 7.3M have large drusen in one or both eyes. AMD causes approximately 46% of cases of severe visual loss in Americans older than 40 years old. AMD is among the top 25 disease conditions in cost for Medicare. AMD is a leading cause of blindness and visual impairment in the Medicare population. In the US, a total of 8M individuals at least 55 years old have monocular or binocular intermediate AMD or monocular advanced AMD, and are at risk for developing advanced AMD. Of this high risk group, it is estimated that 1.3M individuals would develop advanced AMD within 5 years. AMD causes 46% of cases of severe visual loss in Americans older than 40 years. A documented complete macular examination is a necessary prerequisite to determine the presence or absence of macular thickening or hemorrhage, and the severity of AMD, so that the most appropriate decision can be made as to the benefits of prescribing antioxidant vitamins and of the use of anti-vascular endothelial growth factor (anti-VEGF) therapy. Further, periodic assessment is necessary to determine whether there is progression of the disease and to plan the ongoing treatment. Three randomized clinical trials (ANCHOR , MARINA , and PIER ) demonstrated that with effective anti-VEGF treatment at the appropriate stage of disease, 90-96% of patients lost less than 15 letters of visual acuity, and 33 – 40% of patients gained more than 15 letters of visual acuity. Based on this scientific evidence, timely and effective treatment can be provided to patients who are staged accurately, thus avoiding the blindness and visual impairment associated with the natural progression of disease. No data exists on the identification and documentation of the severity of macular degeneration and presence or absence of macular thickening but parallel data for key structural assessments for glaucoma and cataract and diabetic retinopathy suggest that significant gaps are likely. In addition, the Academy has collected data from IRIS<sup>TM</sup>Registry indicating that the performance rates on this measure are not as high as reported by CMS, due to the inability to accurately and precisely measure true performance from paper-claims based reporting. While CMS reports a performance rate for this measure in 2013 of 92%, the performance rate from IRIS<sup>TM</sup>Registry participants is 7.85%. Although this number may be low due to challenges in mapping data points within the EHR (because this is not an e-specified measure), the Academy believes that the performance rates are significantly lower than reported by CMS, and that there is still room for improvement in performance and improved patient outcomes around this measure.</p>



Topic	Commenter	Comment
0088: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Ms. Kara Webb American Optometric Association	<p>For patients with diabetic retinopathy, ensuring that those patients receive timely care is critical. In the early stages of non-proliferative diabetic retinopathy, treatment other than regular monitoring might not be required. Compliant patients who adhere to their doctors' recommendations for diet and exercise and keep blood sugar levels well-controlled can help control the progression of the disease. However, if the disease advances, leakage of fluid from blood vessels can lead to macular edema which ultimately can lead to blindness if left untreated. This quality measure is an important marker for ensuring necessary care is received so that vision can be preserved in those patients with diabetic retinopathy. Physician engagement with patients who have diabetic retinopathy also allows for patient education and guidance. Alarming, a recent study demonstrated that fewer than half of patients with diabetic macular edema knew diabetes could affect their sight.[1] The AOA strongly encourages optometrists to report this quality measure. The AOA would also like to note that, given the value we believe this measure holds, the AOA was discouraged that CMS eliminated this measure from claims based PQRS reporting in 2015.</p> <p>[1]<a href="http://www.hopkinsmedicine.org/news/media/releases/many_people_with_diabetes_still_lose_vision_despite_availability_of_vision_sparing_treatment">http://www.hopkinsmedicine.org/news/media/releases/many_people_with_diabetes_still_lose_vision_despite_availability_of_vision_sparing_treatment</a></p>

Topic	Commenter	Comment
0088: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Ms. Rebecca Hancock American Academy of Ophthalmology;	<p>The Academy encourages the Committee to recommend this measure for continued endorsement. Two randomized clinical trials (DRS and EDTRs) demonstrate a 50% five year decrease in blindness from diabetes when the stage of disease is appropriately identified and treated. This staging is done by direct observation of the patient's retina by the physician.</p> <p>The natural progression of diabetic retinopathy is to advance with age and severity of diabetes mellitus resulting in visual impairment and blindness. Several level 1 randomized controlled trials studies demonstrate the ability of timely treatment to reduce the rate and severity of vision loss from diabetes (– DRS and ETDRS). Treatment of diabetic macular edema, a common cause of visual impairment, has been significantly enhanced with the introduction of anti- VEGF. The Diabetic Retinopathy Clinical Research Network study found that the mean change in visual acuity was significantly greater in patients receiving ranibizumab plus prompt/deferred laser surgery (+9 letters) compared to treatments without anti-VEGF agents. Necessary examination prerequisites to applying the study results are that the presence and severity of both peripheral diabetic retinopathy and macular edema be accurately documented. In the RAND chronic disease quality project, while administrative data indicated that roughly half of the patients had an eye exam in the recommended time period, chart review data indicated that only 19% had documented evidence of a dilated examination. In 2005–2008, 4.2M people with diabetes aged 40 years or older had diabetic retinopathy. The numbers of affected patients will rise , with the number tripling in 2050 to 16M, and 3.4M with vision threatening diabetic retinopathy.</p> <p>Additionally, CMS reports that this measure is being performed at a rate of 95% in 2012, but 2014 data from the Academy's IRIS™ Registry, which is more exact because rather than relying on paper claims, it draws data directly from the patient's record in the EHR, a performance rate of only of 33%.</p>
0089: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Ms. Kara Webb American Optometric Association	<p>The AOA strongly supports the use of this measure and encourages continued endorsement. Ensuring that information on care provided to diabetic patients is properly shared among care team members is essential to providing high quality diabetes care to the millions of Americans with diabetic retinopathy.</p>

Topic	Commenter	Comment
0089: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Ms. Rebecca Hancock American Academy of Ophthalmology	<p>The Academy encourages the Committee to recommend endorsement for this measure, as it supports an important quality domain: coordination of care, and has an important impact on patient outcomes. In 2005–2008, 4.2M people with diabetes aged 40 years or older had diabetic retinopathy, and of these, 655,000 had advanced diabetic retinopathy that could lead to severe vision loss. African Americans and Mexican descendants have a disproportionately high diabetes prevalence compared with European Americans. The numbers of affected patients will rise dramatically, with the number tripling in 2050 to 16.0M with diabetic retinopathy, and 3.4M with vision threatening diabetic retinopathy. The elderly population will have the greatest increases in the numbers with diabetes-related eye disease. In particular, Hispanics will have large increases, comparable to the elderly population, in the numbers of patients with diabetic retinopathy and other eye diseases associated with diabetes.</p> <p>This measure is important, because it supports coordination of care with the ophthalmologist and the primary care physician. It is important that the primary care physician be aware of the patient’s dilated eye examination and severity of retinopathy to manage the ongoing diabetes care. Several studies have shown that better management of diabetes is directly related to lower rates of development of diabetic eye disease (Diabetes Control and Complications Trial - DCCT, UK Prospective Diabetes Study - UKPDS). The impact of the counseling (HgA1C levels and lipids -part of the diabetic yearly exam) dictated by the DCCT trial and the ACCORD study have resulted in slowing of the progression of retinopathy and dramatic decreases in the need for more expensive treatments.</p> <p>Again, data from the Academy’s IRIS™Registry shows that despite performance data published by CMS, that this measure in fact is being performed at a low rate, indicating there is significant room for improvement for this measure. CMS reports that this measure is being performed at a rate of 91%, but 2014 data from the Academy’s IRIS™Registry, which is more exact because rather than relying on attestations from paper claims reporting, draws data directly from the patient record in the EHR, shows that this measure is being performed only at a rate of 23%.</p>

Topic	Commenter	Comment
0563: Primary Open-Angle Glaucoma: Reduction of Intraocular Pressure by 15% or Documentation of a Plan of Care	Ms. Kara Webb American Optometric Association	The American Optometric Association (AOA) encourages optometrists to report this quality measure. Reducing intraocular pressure is critical to slowing or stopping vision loss. By keeping eye pressure under control, continued damage to the optic nerve and continued loss of a patient's visual field may slow or stop. Optometrists often focus on lowering the intraocular pressure to a level that is least likely to cause further optic nerve damage. Target pressure differs for each person, depending on the extent of the damage and other factors and target pressure may change over the course of a lifetime. As this measure reflects high quality care, the AOA supports continued endorsement of this measure.

Topic	Commenter	Comment
0563: Primary Open-Angle Glaucoma: Reduction of Intraocular Pressure by 15% or Documentation of a Plan of Care	Ms. Rebecca Hancock American Academy of Ophthalmology	<p>The Academy encourages the Committee to recommend this outcomes measure for endorsement. Open-angle glaucoma (OAG) occurs in 45M people worldwide, and glaucoma is the second leading cause of blindness, with approximately 8.4M people blind from glaucoma. OAG affects an estimated 2.2M people in the U.S., and that number is likely to increase to 3.3M in 2020 as the population ages. In 2011, 2.71M persons in the U.S. had POAG. This measure helps in addressing health disparities because minority populations have a higher prevalence rate for glaucoma. Overall, there appears to be a threefold higher prevalence of OAG in African Americans relative to non-Hispanic Whites in the United States. Recent evidence on Hispanics/Latinos suggests that they have high prevalence rates of OAG that are comparable to African Americans.</p> <p>In addition, this measure is supported by Level 1 evidence. The goal of glaucoma treatment is to maintain the intraocular pressure (IOP) in a range at which a patient is likely to remain stable or at which worsening of glaucoma will be slow enough that the risk of additional intervention is not justified. Lowering the pretreatment IOP by 25% or more has been shown to inhibit progression of POAG.</p> <p>It is important to maintain a failure indicator (NOT achieving at least a 15% IOP reduction) with this key outcome measure because the results of different studies can lead experienced clinicians to believe that different levels of IOP reduction are appropriate; to minimize the impact of adverse selection for those patients whose IOPs are more difficult to control; and because each patient's clinical treatment may require IOP reduction that varies. The lowering of IOP should be much lower for some populations and may be too aggressive for other populations. Because it is impossible to stratify to account for these situations using a quality data code for PQRS, the "plan or care" option was meant to address the patient-centered needs of various populations that could not be stratified using G codes. This measure addresses a gap in care. Based on studies in the literature reviewing documentation of IOP achieved under care, the gap could be as great as 50% or more in the community of ophthalmologists and optometrists treating patients with primary open-angle glaucoma. Based on loose criteria for control, IOP was controlled in 66% of follow-up visits for patients with mild glaucoma and 52% of visits for patients with moderate to severe glaucoma. In addition, although performance rates reported by CMS for this measure appear high, this measure is not "topped out." The primary method for reporting in 2012 and 2013 was paper-based claims, which can overstate performance. The Academy believes that performance rates are actually lower, and that there is room for improvement around this measure.</p>

Topic	Commenter	Comment
0564: Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Ms. Rebecca Hancock American Academy of Ophthalmology	<p>The Academy encourages the Committee to recommend this important patient safety outcomes measure for endorsement. According to the National Eye Institute report in 2002, more than half of US residents over 65 years have a cataract. Cataracts are a leading cause of blindness, with more than 1.5M cataract surgeries performed annually to improve the vision of those with cataracts. This measure seeks to identify complications from cataract surgery that can reasonably be attributed to the surgeon and reflect situations which - if untreated - generally result in significant avoidable vision loss that would negatively impact patient functioning.</p> <p>Complications that may result in a permanent loss of vision following cataract surgery are uncommon. The advances in technology and surgical skills over the last 30 years have made cataract surgery much safer and more effective. An analysis of a single company's database (commercial age MCO) demonstrated that the rate of complications found for this indicator was approximately 1 to 2%. Nevertheless, the occurrence of one of these events is associated with a significant potential for vision loss that is otherwise avoidable. Furthermore, with an annual volume of 2.8M cataract surgeries in the US, a 2% rate would mean that over 36,000 surgeries are accompanied by these complications (2/3 of 56,000surgeries).</p>

Topic	Commenter	Comment
0565: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Ms. Rebecca Hancock American Academy of Ophthalmology	<p>The Academy encourages the Committee to recommend this important outcomes measure for endorsement. According to the National Eye Institute report in 2002, more than half of US residents over 65 years have a cataract. Cataracts are a leading cause of blindness, with more than 1.5M cataract surgeries performed annually to improve the vision of those with cataracts. Cataract surgery is performed to improve a patient's vision and associated functioning. 20/40 visual acuity is the threshold because it is the level for unrestricted operation of a motor vehicle in the US, it has been consistently used by the FDA in its assessment for approval of IOL and other vision devices, and it is the literature standard to denote success in cataract surgery.</p> <p>Most patients achieve excellent visual acuity after cataract surgery (20/40 or better), and this outcome reflects the care and diligence with which the surgery is assessed, planned and executed. Failure to achieve this after surgery in eyes without comorbid ocular conditions would reflect care that should be assessed for opportunities for improvement. While the number of surgeries failing to achieve this threshold may be small, the volume of cataract surgery in the US of over 2.8M surgeries suggests that the impact could affect more than 100,000 patients per year. Because of the exclusion of comorbid ocular conditions, one would expect performance on this indicator to be as high as possible, with significantly lower rates suggestive of opportunities for improvement. The ASCRS National Cataract Database reported that at 3 months postop, 85.5% of all patients had a 20/40 or better best-corrected visual acuity, 57.2% of patients had 20/25 or better postoperative best-corrected visual acuity, and 74.6% of patients were within <math>\pm 1.0</math> D of target spherical equivalent. Based on 5,788 responses, the mean visual function index score at 3 months postop was 70.3% compared with 55.0% preop. The European Cataract Outcome Study reported for 1999 that 89% of patients achieved a postoperative visual acuity 20/40 or better. The AAO NEON database also found similar rates of success, with an improvement in visual acuity in 92.2% of patients and improvement in VF-14 in over 90% of patients. Best-corrected visual acuity (BCVA) of 20/40 was achieved by 89% of all NEON patients and 96% of NEON patients without preoperative ocular comorbid conditions.</p> <p>While CMS reports that the performance rate for this measure in 2012 was 95%, data from the Academy's IRIS<sup>TM</sup> Registry shows that this measure is being performed at a lower rate, indicating there is significant room for improvement for this measure. Data from the Academy's IRIS<sup>TM</sup> Registry, which is more exact because rather than relying on claims reporting, draws data directly from the patient's record in the EHR, shows that this measure is being performed only at a rate of 87%</p>

Topic	Commenter	Comment
0566: Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement	Ms. Kara Webb American Optometric Association	<p>The American Optometric Association (AOA) encourages doctors of optometry to report this measure. Researchers have linked eye-friendly nutrients such as lutein/zeaxanthin, vitamin C, vitamin E, and zinc to reducing the risk of certain eye diseases, including macular degeneration. Doctors now believe there is a link between nutrition and the progression of dry AMD. Counseling on antioxidant supplements can be helpful to patients. The AOA supports the continued endorsement of this measure by NQF.</p> <p>The AOA also notes that in 2014, the Centers for Medicare &amp; Medicaid Services (CMS) raised questions regarding whether this measure should be retired because eligible professionals consistently meet performance on this measure. CMS interprets this as an indication that there is no gap in care. While participation in PQRS has grown since 2007, overall participation in PQRS remains relatively low with only about half (51%) of eligible professionals participating in the program. Assuming that a gap in care has been eliminated based on this relatively low participation rate is misguided.</p>



Topic	Commenter	Comment
0566: Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement	Ms. Rebecca Hancock American Academy of Ophthalmology	<p>The Academy encourages the Committee to recommend this measure for continued endorsement. Antioxidant vitamins and mineral supplements help to reduce the rate of disease progression. A National Eye Institute-funded randomized controlled study, AREDS, demonstrated that antioxidant supplements help to reduce the rate of progression to advanced AMD by 25% for patients with intermediate or advanced AMD in one eye. This would translate into 329,000 individuals avoiding developing advanced AMD if all high-risk patients took these supplements. Another 103,000 individuals with advanced AMD in one eye (95% confidence interval, 50,000 – 153,000) would avoid developing advanced AMD in the second eye within 5 years if they used the AREDS formula. Based on average costs for treating advanced AMD for five years, this would result in savings of \$2.1–\$14 billion. Thus, counseling on the appropriate use of these antioxidant supplements can promote reduced risk of disease progression and enhanced patient outcome, and reduce economic burden associated with the advancement of disease progression.</p> <p>This measure seeks to enhance the provider-patient relationship to apply the results of Level 1 randomized controlled trials in a manner that accommodates the needs of each individual patient. The NIH reported on the results of the AREDS 2 study in 2013 and made important changes in their recommendations. Because of an increased risk of lung cancer with high dose beta carotene (Vitamin A) in smokers and former smokers, they recommended deleting beta carotene from the recommended AREDS supplement and substituting lutein and zeaxanthin. Many patients with intermediate or advanced macular degeneration in one eye are still confused about the appropriate formulation. Counseling is also necessary to explain to patients why treatment is not recommended in patients with a diagnosis of early macular degeneration, because a study found that there is a significant overuse of treatment, i.e., 20% of patients with AMD are taking the supplements but no treatment benefits have been demonstrated for their stage of disease. This measure addresses a gap in care, as one study found that of those who were considered AREDS candidates, only 61% were taking the correct formulation and dosage. Another study found that of the patients who would benefit from treatment, only 43% were taking the AREDS formula in the appropriate dosage. Of those not taking the supplements, 75% reported that they had never been recommended this treatment by their physician. In addition, the Academy has data from IRIS<sup>TM</sup> Registry indicating that performance on this measure is not as high as reported by CMS due to the claims reporting. While CMS reports a performance rate in 2012 of 90%, the performance rate from IRIS<sup>TM</sup> Registry is only 52%.</p>

Topic	Commenter	Comment
2721: Amblyopia Screening and Referral in Children	Ms. Kara Webb American Optometric Association	<p>The AOA recognizes the importance of early identification and treatment of children with amblyopia. The risk for blindness is considerably higher for the amblyopic patient than for the general population. The treatment of amblyopia is necessary, not only because it improves vision in the amblyopic eye and decreases the risk of blindness in the fellow eye, but also because it facilitates fusion in a high percentage of cases, which, in turn, helps maintain eye alignment. While, the AOA recognizes that quality measures are needed to ensure that children with amblyopia are identified early and receive necessary treatment, the AOA has serious concerns with the quality measure presented. The measure specifications indicate that a visual acuity study will serve as the screening tool which will be used to determine whether a child should be referred for follow up care. However, the AOA is concerned that visual acuity testing alone is insufficient to accurately identify children with amblyopia. It is critical to note that many vision screening methodologies are deficient. When the most common vision screening methodologies are employed, only 5.6 percent of all preschool children are identified as warranting additional care or referral. This is far below the actual number of children who have vision problems. The National Eye Institute (NEI) prevalence study reveals 20.9 percent of preschoolers have significant hyperopia, 10.1 percent have significant astigmatism, 3.8 percent have significant myopia, and 2.4 percent have significant strabismus. Because of deficiencies in screening methodologies, there are alarmingly high rates of false negatives. As written, the measure would rely on an insufficient screening methods which would significantly impact the accuracy of the data captured and unfortunately would do little to improve access to quality eye care for children.</p> <p>Building upon the progress made in ensuring children's access to needed eye care through the Affordable Care Act, the AOA recommends that an alternative measure be developed to accurately and effectively capture whether children are receiving necessary eye examinations. The AOA recommends that asymptomatic/risk free children age 2-5 have a comprehensive eye examination at 3 years of age. Children at risk should also have a comprehensive eye examination at 3 years of age, or as recommended. Children considered to be at risk for the development of eye and vision problems may need additional testing or more frequent re-evaluation. We recommend the measure be revised to capture the percentage of children age 3-6 who received an eye exam by an eye doctor (optometrist or ophthalmologist) at least once by 6 years of age. This type of quality measure would more accurately capture whether children are receiving necessary eye care.</p>

Topic	Commenter	Comment
2721: Amblyopia Screening and Referral in Children	Ms. Rebecca Hancock American Academy of Ophthalmology	The Academy would like to ensure that this measure takes into account how children are screened, the tool that is used, and who is doing the screening to bring needed improvements. The Academy recommends using Prevent Blindness America –approved screening tools, including HOTV or Lea symbols distance visual acuity chart. Additionally, we encourage that the “who” remain open to schools, nurses, physicians, optometrists and other relevant organizations, so as to not limit children’s access to vision screenings. The Academy wants to ensure that the original intent of this measure be preserved. For example, this measure was initially developed to monitor performance in the medical home for vision screening, and this role should be maintained, perhaps with the means to analyze this subgroup. Additionally, we encourage that the measure be maintained as a vision screening measure, rather than an examination measure, as that was not the original intent of the measure.

Topic	Commenter	Comment
General Draft	Ms. Rebecca Hancock American Academy of Ophthalmology	<p>On behalf of the American Academy of Ophthalmology, we appreciate the opportunity to provide comments on the eye care measures undergoing review by NQF's EENT Committee. These measures are important in ensuring that vulnerable populations impacted by eye diseases receive appropriate care aimed at preventing blindness and visual impairment. The measures under consideration include process measures that stage disease ( 0086, 0087, 0088) , cross cutting communication measures (0089), counseling measures with documented positive outcomes and cost saving (0056), intermediate outcomes measure (0563), a surgical outcome measure (0565) and a measure of surgical competency (0564). The conditions evaluated in these quality measures, including cataracts, glaucoma, diabetic retinopathy and acute macular degeneration, are the four leading causes of blindness and visual impairment in the Medicare population. A study published in the British Medical Journal found that removing “topped out” measures from incentive programs can lead to a decline in quality. According to the study, “Policymakers and clinicians need to be aware that removing financial incentives from clinical indicators may mean that recorded performance levels, and therefore potentially patient care, may decline over time.” Without endorsement, it is not likely that these measures would continue to be included in the PQRS measure set, and there would be no evaluation of the performance of the eye care provided to Medicare patients.</p> <p>Although CMS reports high performance rates for these measures, these measures are not “topped out.” Only 59% of eligible providers participated in PQRS in 2013, and just 36% in 2012. If this trend continues, there is no certainty that physicians just starting to measure their quality will perform at the same rate. Also, the actual performance rates are not as high as CMS reports. The primary method for PQRS reporting among ophthalmologists in 2012 and 2013 was paper claims-based reporting. Performance rates based on this reporting method overstate compliance, as the physician attests to the measures by including a quality data code which is tied to the paper claim submitted to CMS. With the rise of EHR and registry reporting, we now can more accurately measure performance because the quality data is pulled from the actual patient record. Using IRIS™ Registry, which pulls data directly from the EHR, the Academy knows that 2014 performance rates are much different than what CMS reports for 2012 and 2013. It is evident that there are gaps in care that were not previously detectable through claims reporting, indicating a need for improvement.</p> <p>The measures undergoing review are based on solid Level 1 evidence and directly impact quality, outcomes, and cost burden to society. We strongly encourage the Committee to recommend these measures for endorsement.</p>

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