NATIONAL QUALITY FORUM

Memo

TO: Eye Care, Ear, Nose and Throat Conditions (EENT) Standing Committee

FR: NQF Staff

RE: Post-Comment Call to Review eMeasures testing and Comments on the Recommendations for Endorsement

DA: August 21, 2015

Background

The EENT Standing Committee met during a two-day in person meeting on June 3-4, 2015 to evaluate 24 measures-seven new eMeasures and 17 measures undergoing maintenance review - against NQF's standard evaluation criteria. Of the seven new eMeasures evaluated, six new eMeasures were versions of endorsed measures that were evaluated as separate measures. Fifteen measures were recommended for endorsement, six eMeasures were recommended with the condition of further testing in a simulated data set, one measure was recommended for inactive endorsement with reserve status and one eMeasure was recommended for approval for Trial Use. The Committee did not recommend continued endorsement for one measure. The EENT Standing Committee recommendations are discussed in the draft report *Eye Care and Ear Nose and Throat Conditions.*

Purpose of the Call

The EENT Standing Committee will meet via conference call on August 21, 2015 from 12-2 PM ET. The purpose of this call is to:

- Review testing completed by developers for the six new eMeasures using the BONNIE tool.
- Review and discuss comments received during the post-evaluation public and member comment period.
- Provide input on proposed responses to the post-evaluation comments.
- Determine whether reconsideration of any measures or other courses of action is warranted.

Due to time constraints, during this call we will review comments by exception, in the case the Committee disagrees with the proposed responses.

Standing Committee Actions

1. Review this briefing memo and Draft Report.
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments.
3. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

Conference Call Information

Please use the following information to access the conference call line and webinar:
Speaker dial-in #: 1-855-294-2060 (*NO CONFERENCE CODE REQUIRED)*

Web Link: http://nqf.commpartners.com/se/Rd/Mt.aspx?853385
Registration Link: http://nqf.commpartners.com/se/Rd/Rg.aspx?853385

Review of eMeasures Testing

Six of the measures evaluated in this project were submitted with new eMeasure specifications and are currently being used in federal programs. These eMeasures, were evaluated separately from the original measures for all criteria except Importance to Measure and Report. Even though these eMeasures are in use in federal programs, data is not yet available to assess reliability and validity. NQF is aware of the current challenges in testing eMeasures and will accept testing in a simulated data set for measures currently in use in federal programs until data is available to test for reliability and validity.

NQF agreed to accept feasibility testing using a simulated data set, generated by the BONNIE testing tool. The BONNIE testing tool is commonly used in developing electronic clinical quality measures in evaluating eMeasure logic, and is an alternative testing approach for evaluating eMeasures currently in use in federal programs. During the in-person meeting, the EENT Standing Committee evaluated these eMeasures against NQF's criteria and recommended all six eMeasures for endorsement with the condition of further testing in a simulated data set.

After the in-person meeting, the measure developers, the American Medical Association-Consortium for Performance Improvement (AMA-PCPI) and the Centers for Disease Control and Prevention (CDC), provided NQF with testing outputs using the BONNIE tool. The BONNIE testing document includes an assessment of the testing outputs from NQF's eMeasures review team for the following measures:

- 0565 eMeasure: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
- 0564 eMeasure: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
- 0086 eMeasure: Primary Open Angle Glaucoma: Optic Nerve Evaluation
- 0088 eMeasure: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
- 0089 eMeasure: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- 1354 eMeasure: Hearing Screening Prior to Hospital Discharge (EHDI-1a)

NQF's guidance for testing using the BONNIE tool requires that the measure developer submit a summary describing how the testing was specified for the synthetic patient test bank created to test a measure, the results of that testing and a report generated by BONNIE to support the testing summary. Detail provided in the summary should include the test patient specifications configured in terms of the measure population criteria, detail what portion(s) of the measure logic were satisfied, outline data criteria details referencing the Quality Data Model, describe risk adjustment if present, and outline the overall results for each test patient. Reporting generated by the BONNIE testing tool supports the testing summary and indicates the percentage of test coverage for the measure logic that has evaluated to true for the patient test bank.

Both AMA-PCPI and the CDC provided descriptive testing summaries and testing results from BONNIE, which demonstrated adequate data element feasibility. Both developers agreed to provide updated testing for reliability and validity when the eMeasures are next reviewed for maintenance of endorsement.

ACTION ITEM: After review of the BONNIE testing information, does the Committee agree that the six eMeasures should be recommended for endorsement?

Comments Received

NQF solicits comments on measures undergoing evaluation for endorsement in various ways and at various times throughout the evaluation process. First, NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). Second, NQF solicits member and public comments prior to the evaluation of the measures via an online tool located on the project webpage. Third, NQF opens a 30-day comment period to both members and the public after measures have been evaluated by the full committee and once a report of the proceedings has been drafted.

Pre-evaluation comments

The pre-evaluation comment period was open from April 20, 2015 to May 8, 2015 for 24 of the measures under review. A total of 18 pre-evaluation comments were received, the majority of the comments were supportive of the measures. All of these pre-evaluation comments were provided to the Committee prior to their initial deliberations.

Post-evaluation comments

The Draft Report went out for Public and Member comment from July 10, 2015 to August 10, 2015. During this commenting period, NQF received 57 comments from 13 member organizations:

Consumers – 0	Professional – 6
Purchasers – 0	Health Plans – 1
Providers – 0	QMRI – 0
Supplier and Industry – 2	Public & Community Health - 4

In order to facilitate discussion, the majority of the post-evaluation comments have been categorized into major topic areas or themes. Where possible, NQF staff has proposed draft responses for the Committee to consider. Although all comments and proposed responses are subject to discussion, we will not necessarily discuss each comment and response on the post-comment call. Instead, we will spend the majority of the time considering the major topics and/or those measures with the most significant issues that arose from the comments. Note that the organization of the comments into major topic areas is not an attempt to limit Committee discussion.

We have included all of the comments that we received (both pre- and post-evaluation) in the Comment Table. This comment table contains the commenter's name, comment, associated measure, topic (if applicable), and—for the post-evaluation comments—draft responses for the Committee's consideration. Please refer to this comment table to view and consider the individual comments received and the proposed responses to each.

Comments and their Disposition

The majority of the comments received supported the EENT Standing Committee's recommendations. Two major themes were identified in the post-evaluation comments, as follows:

1. Disagrees with the Committee Recommendations
2. Implementation – Accurately Capturing Cases

Theme 1 - Disagrees with the Committee Recommendations

Comments submitted that disagreed with the Committee's recommendation for the three following measures.

- ***Measure 0002: Appropriate Testing for Children with Pharyngitis.*** The comment submitted disagreed with the Committee's recommendation not to continue endorsement of this measure as this measure is routinely collected and used by health plans for quality improvement purposes. Additionally, the commenter noted *"In light of recent of the recent White House Forum on Antibiotic Stewardship, and noting the American Academy of Pediatricians' guidelines for judicious use of antibiotics by distinguishing between viral and bacterial and testing for strep prior to prescribing antibiotics, we believe it is important to maintain focus on the need to discourage antibiotic use when the only diagnosis present is pharyngitis, and no positive test result for strep exists."*

Two other commenters supported the Committee's recommendation not to maintain endorsement.

Proposed 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.

- ***Measure 0656: Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use.*** Two comments received suggested that the Committee reconsider their recommendation of this measure for reserve status, stating that it is a good quality measure and should be recommended for full endorsement with continued active endorsement. One commenter referenced the work of Lester, et al. which highlights that removing incentives from reporting can result in a decrease in performance.

  Another commenter questioned the burden of data collection this measure may have on physicians.

  Proposed 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.

- ***eMeasure 2721: Visual Acuity Screening and Referral in Children***. One commenter did not agree with the Committee's recommendation for Trial Use of this eMeasure. The commenter highlighted some 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.

Proposed Committee Response: There was extensive discussion with the measure developer during the in-person meeting regarding this eMeasure for Trial Use. The Committee explained their concerns, and provided suggestions. The developers made 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.

Theme 2 - Implementation of Audiology Measures– Accurately Capturing Cases

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

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

Proposed 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.

ACTION ITEM: After review and discussion of the comments, does the Committee wish to change their recommendation for any measures?