

# National Consensus Standards for Eye Care, Ear, Nose and Throat (EENT) Measures

*Standing Committee Meeting  
June 3-4, 2015*



NATIONAL  
QUALITY FORUM

# NQF Project Staff

- Reva Winkler, MD, MPH, Senior Director
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# Disclosures of Interest

# EENT Standing Committee

- Kathleen Yaremchuk, MD, MSA (Co-Chair)
- Daniel Merenstein, MD (Co-Chair)
- Tamala Bradham, Ph.D., CCC-A
- Matthew Carnahan, MD, MS
- Scott Friedman, MD
- Seth Goldberg, MD
- Judith Lynch, NP
- Richard Madonna, O.D.
- John McClay, MD
- Vaishali Patel, Pharm.D., M.S.
- Todd Rambasek, MD
- Andrew Schachat, MD
- Joshua Stein, MD, MS
- Michael Stewart, MD, MPH
- Steven Strode, MD, MEd, MPH, FAAFP
- Jacquelyn Youde, Au.D., CCC-A

# Role of the Standing Committee:

- Act as a proxy for the NQF multi-stakeholder membership
- Serve 2-year or 3-year terms
- Work with NQF staff to achieve the goals of the project
- Evaluate candidate measures against the measure evaluation criteria
- Respond to comments submitted during the review period
- Respond to any directions from the CSAC

# Role of the Standing Committee

## *Measure Evaluation*

- All members should review all measures
- Discussants assigned to each measure
  - Responsible for thorough review of measures before the June in-person meeting and presenting during meeting
- Evaluate measures against each criterion
  - Indicate the extent to which each criterion is met and rationale for the rating
- Make recommendations to the NQF membership for endorsement
- Oversee EENT portfolio of measures

# EENT Portfolio Review

NQF Portfolio of measures  
for Eye Care and Ear, Nose  
Throat Conditions



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# EENT Portfolio

## Eye Care

### Macular Degeneration

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

### Cataracts

- 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

### Diabetic Retinopathy

- 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 Comprehensive Diabetes Care: Eye Exam (Retinal) Performed (NCQA) [endocrine]

### Glaucoma

- 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

### Vision screening

- 2721: Amblyopia Screening in Children [new]



# EENT Portfolio

## Ear, Nose and Throat Conditions

### Ear Conditions

- 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

### Throat Conditions

- 0002: Appropriate testing for children with pharyngitis
- 0069 Appropriate Treatment for Children With Upper Respiratory Infection (URI) [pulmonary]

### Speech and Hearing

- 1354:Hearing screening prior to hospital discharge (EHDI-1a) (eMeasure)
- 1360:Audiological Evaluation no later than 3 months of age (EHDI-3)
- 1361:Intervention no later than 6 months of age (EHDI-4a)

# EENT Measures Being Retired by the Developer

Measure #, Title, and Developer	Reason for Retiring Measure
1402 Newborn Hearing Screening (NCQA)	The developer is not currently using this measure in major programs to the extent where the level of effort required to maintain endorsement is equivalent.
0585 Hydroxychloroquine annual eye exam (Resolution Health)	The developer determined that the expense and time commitment for such maintenance of the measure was difficult to justify from a business investment perspective.
0587 Tympanostomy Tube Hearing Test (Resolution Health)	The developer determined that the expense and time commitment for such maintenance of the measure was difficult to justify from a business investment perspective.

# Activities and Timeline

Process Step	Timeline
Post-meeting webinar	June 22, 12:00-2:00 PM ET
Draft report posted for NQF Member and Public comment	July 10-August 10, 2015
SC call to review and respond to comments	August 21, 12:00-2:00 PM ET
Draft report posted for NQF Member vote	September 9-23, 2015
CSAC review and approval	October 13, 2015
Endorsement by the Board	November 13, 2015
Appeals	November 19-December 18, 2015

# Ground Rules for Today's Meeting

## **During the discussions, Committee members should:**

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times (except at breaks)
- Keep comments concise and focused
- Foster meaningful participation - prevent dominating and encourage contribution
- Indicate agreement without repeating what has already been said

# Process for Measure Discussions

- Measure developer will introduce their measure (2-3 min.)
- Lead discussants will begin committee discussion by:
  - Providing a summary of the pre-meeting evaluation comments
  - Emphasizing areas of concern or differences of opinion
- Developers will be available to respond to questions at the discretion of the committee
- Committee will vote on criteria/sub-criteria

# Voting on Endorsement Criteria

- **Importance to measure and report:** Goal is to measure those aspects with greatest potential of driving improvements; if not important, the other criteria are less meaningful (*must-pass*)
  - Vote on the evidence and gap sub-criterion
- **Scientific acceptability of measure properties:** Goal is to make valid conclusions about quality; if not reliable and valid, there is risk of improper interpretation (*must-pass*)
  - Vote on the reliability and validity sub-criterion
- **Feasibility:** Goal is to, ideally, cause as little burden as possible; if not feasible, consider alternative approaches
  - Vote on the feasibility criterion
- **Usability and Use:** Goal is to use for decisions related to accountability and improvement; if not useful, probably do not care if feasible
  - Vote on the usability and use criterion

# Voting During Today's Meeting

## ➤ Voting Tools:

- All voting members will have a remote clicker to vote
- All voting members not attending in-person will vote via proxy staff member on location

## ➤ Instructions:

- Point clicker towards staff member at the east side of the room (beside the windows)
- When voting, remote will briefly display vote choice
- You may change your response without duplicating your vote, only the last option pressed before voting is closed will register

# Consideration of Candidate Measures



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## 0653: Acute Otitis Externa: Topical therapy (*American Academy of Otolaryngology – Head and Neck Surgery*)

- **Description:** Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations
- **Measure Type:** Process
- **Data Source:** Administrative claims, Electronic Clinical Data : Registry
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual



# Break

## 0654: Acute Otitis Externa: Systemic antimicrobial therapy – Avoidance of inappropriate use (*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
- **Measure Type:** Process
- **Data Source:** Administrative claims, Electronic Clinical Data : Registry
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual

## 0657: Otitis Media with Effusion: Systemic antimicrobials – Avoidance of inappropriate use (*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
- **Measure Type:** Process
- **Data Source:** Paper Medical Records
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual

## 0656: Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use (*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
- **Measure Type:** Process
- **Data Source:** Paper Medical Records
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual



# **NQF Member and Public Comment**



# Lunch

## 0655: Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use (*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
- **Measure Type:** Process
- **Data Source:** Paper Medical Records
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual



## 0002: Appropriate testing for children with pharyngitis (NCQA)

- **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
- **Data Source:** Administrative claims, Electronic Clinical Data : Laboratory, Electronic Clinical Data : Pharmacy
- **Level of Analysis:** Health Plan, Integrated Delivery System

# eMeasures

*Definition: a measure that is specified in the accepted standard health quality measure format (HQMF) and uses the Quality Data Model (QDM) and value sets vetted through the National Library of Medicine's Value Set Authority Center (VSAC).*

*HQMF specifications include the data elements, allowable value sets and the computer language for the calculation of the measure.*

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eMeasure Title	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery					
eMeasure Identifier (Measure Authoring Tool)	133	eMeasure Version number	3			
NQF Number	0565	GUID	39e0424a-1727-4629-89e2-c46c2fbb3			
Measurement Period	January 1, 20xx through December 31, 20xx					
Measure Steward	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)					
Measure Developer	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)					
Measure Developer	National Committee for Quality Assurance					
Endorsed By	National Quality Forum					
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					
Copyright	Copyright 2013 National Committee for Quality Assurance (NCQA) and American Medical Association. All Rights Reserved.					
Disclaimer	<p>Physician Performance Measures (Measures) and related data specifications have been developed by the American Medical Association (AMA) - convened Physician Consortium for Performance Improvement(R) (PCPI[R]) and the National Committee for Quality Assurance (NCQA). These Measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications. The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, eg, use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and the AMA, (on behalf of the PCPI) or NCQA. Neither the AMA, PCPI, NCQA nor its members shall be responsible for any use of the Measures.</p> <p>THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.</p> <p>Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, PCPI, NCQA and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT[R]) or other coding contained in the specifications.</p> <p>CPT(R) contained in the Measure specifications is copyright 2004-2013 American Medical Association. LOINC(R) copyright 2004-2013 Regenstrief Institute, Inc. This material contains SNOMED Clinical Terms(R) (SNOMED CT[R]) copyright 2004-2013 International Health Terminology Standards Development Organisation. ICD-10 copyright 2013 World Health Organization. All Rights Reserved.</p> <p>Due to technical limitations, registered trademarks are indicated by (R) or [R] and unregistered trademarks are indicated by (TM) or [TM].</p>					



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Data criteria (QDM Data Elements)

"Diagnosis, Active: Acute and Subacute Iridocyclitis" using "Acute and Subacute Iridocyclitis Grouping Value Set (2.16.840.1.113883.3.526.3.1241)"

"Diagnosis, Active: Amblyopia" using "Amblyopia Grouping Value Set (2.16.840.1.113883.3.526.3.1448)"

"Diagnosis, Active: Burn Confined to Eye and Adnexa" using "Burn Confined to Eye and Adnexa Grouping Value Set (2.16.840.1.113883.3.526.3.1409)"

"Diagnosis, Active: Cataract Secondary to Ocular Disorders" using "Cataract Secondary to Ocular Disorders Grouping Value Set (2.16.840.1.113883.3.526.3.1410)"

"Diagnosis, Active: Central Corneal Ulcer" using "Central Corneal Ulcer Grouping Value Set (2.16.840.1.113883.3.526.3.1428)"

"Diagnosis, Active: Certain Types of Iridocyclitis" using "Certain Types of Iridocyclitis Grouping Value Set (2.16.840.1.113883.3.526.3.1415)"

"Diagnosis, Active: Chorioretinal Scars" using "Chorioretinal Scars Grouping Value Set (2.16.840.1.113883.3.526.3.1449)"

"Diagnosis, Active: Choroidal Degenerations" using "Choroidal Degenerations Grouping Value Set (2.16.840.1.113883.3.526.3.1450)"

"Diagnosis, Active: Choroidal Detachment" using "Choroidal Detachment Grouping Value Set (2.16.840.1.113883.3.526.3.1451)"

"Diagnosis, Active: Choroidal Hemorrhage and Rupture" using "Choroidal Hemorrhage and Rupture Grouping Value Set (2.16.840.1.113883.3.526.3.1452)"

"Diagnosis, Active: Chronic Iridocyclitis" using "Chronic Iridocyclitis Grouping Value Set (2.16.840.1.113883.3.526.3.1416)"

"Diagnosis, Active: Cloudy Cornea" using "Cloudy Cornea Grouping Value Set (2.16.840.1.113883.3.526.3.1417)"

"Diagnosis, Active: Corneal Edema" using "Corneal Edema Grouping Value Set (2.16.840.1.113883.3.526.3.1418)"

"Diagnosis, Active: Corneal Opacity and Other Disorders of Cornea" using "Corneal Opacity and Other Disorders of Cornea Grouping Value Set (2.16.840.1.113883.3.526.3.1419)"

"Diagnosis, Active: Degeneration of Macula and Posterior Pole" using "Degeneration of Macula and Posterior Pole Grouping Value Set (2.16.840.1.113883.3.526.3.1420)"

"Diagnosis, Active: Degenerative Disorders of Globe" using "Degenerative Disorders of Globe Grouping Value Set (2.16.840.1.113883.3.526.3.1454)"

"Diagnosis, Active: Diabetic Macular Edema" using "Diabetic Macular Edema Grouping Value Set (2.16.840.1.113883.3.526.3.1455)"

"Diagnosis, Active: Diabetic Retinopathy" using "Diabetic Retinopathy Grouping Value Set (2.16.840.1.113883.3.526.3.327)"

"Diagnosis, Active: Disorders of Optic Chiasm" using "Disorders of Optic Chiasm Grouping Value Set (2.16.840.1.113883.3.526.3.1457)"

"Diagnosis, Active: Disorders of Visual Cortex" using "Disorders of Visual Cortex Grouping Value Set (2.16.840.1.113883.3.526.3.1458)"

"Diagnosis, Active: Disseminated Chorioretinitis and Disseminated Retinochoroiditis" using "Disseminated Chorioretinitis and Disseminated Retinochoroiditis Grouping Value Set (2.16.840.1.113883.3.526.3.1459)"

"Diagnosis, Active: Focal Chorioretinitis and Focal Retinochoroiditis" using "Focal Chorioretinitis and Focal Retinochoroiditis Grouping Value Set (2.16.840.1.113883.3.526.3.1460)"

"Diagnosis, Active: Glaucoma" using "Glaucoma Grouping Value Set (2.16.840.1.113883.3.526.3.1423)"

"Diagnosis, Active: Glaucoma Associated with Congenital Anomalies, Dystrophies, and Systemic Syndromes" using "Glaucoma Associated with Congenital Anomalies, Dystrophies, and Systemic Syndromes Grouping Value Set (2.16.840.1.113883.3.526.3.1461)"

"Diagnosis, Active: Hereditary Choroidal Dystrophies" using "Hereditary Choroidal Dystrophies Grouping Value Set (2.16.840.1.113883.3.526.3.1462)"

"Diagnosis, Active: Hereditary Corneal Dystrophies" using "Hereditary Corneal Dystrophies Grouping Value Set (2.16.840.1.113883.3.526.3.1424)"

"Diagnosis, Active: Hereditary Retinal Dystrophies" using "Hereditary Retinal Dystrophies Grouping Value Set (2.16.840.1.113883.3.526.3.1463)"

"Diagnosis, Active: Injury to Optic Nerve and Pathways" using "Injury to Optic Nerve and Pathways Grouping Value Set (2.16.840.1.113883.3.526.3.1427)"

"Diagnosis, Active: Moderate or Severe Impairment, Better Eye, Profound Impairment Lesser Eye" using "Moderate or Severe Impairment, Better Eye, Profound Impairment Lesser Eye Grouping Value Set (2.16.840.1.113883.3.526.3.1464)"

"Diagnosis, Active: Nystagmus and Other Irregular Eye Movements" using "Nystagmus and Other Irregular Eye Movements Grouping Value Set (2.16.840.1.113883.3.526.3.1425)"

"Diagnosis, Active: Open Wound of Eyeball" using "Open Wound of Eyeball Grouping Value Set (2.16.840.1.113883.3.526.3.1430)"

"Diagnosis, Active: Optic Atrophy" using "Optic Atrophy Grouping Value Set (2.16.840.1.113883.3.526.3.1466)"

"Diagnosis, Active: Optic Neuritis" using "Optic Neuritis Grouping Value Set (2.16.840.1.113883.3.526.3.1467)"

"Diagnosis, Active: Other Background Retinopathy and Retinal Vascular Changes" using "Other Background Retinopathy and Retinal Vascular Changes Grouping Value Set (2.16.840.1.113883.3.526.3.1469)"

"Diagnosis, Active: Other Corneal Deformities" using "Other Corneal Deformities Grouping Value Set (2.16.840.1.113883.3.526.3.1470)"

"Diagnosis, Active: Other Disorders of Optic Nerve" using "Other Disorders of Optic Nerve Grouping Value Set (2.16.840.1.113883.3.526.3.1471)"

"Diagnosis, Active: Other Disorders of Sclera" using "Other Disorders of Sclera Grouping Value Set (2.16.840.1.113883.3.526.3.1472)"

"Diagnosis, Active: Other Endophthalmitis" using "Other Endophthalmitis Grouping Value Set (2.16.840.1.113883.3.526.3.1473)"

"Diagnosis, Active: Other Proliferative Retinopathy" using "Other Proliferative Retinopathy Grouping Value Set (2.16.840.1.113883.3.526.3.1480)"

"Diagnosis, Active: Other Retinal Disorders" using "Other Retinal Disorders Grouping Value Set (2.16.840.1.113883.3.526.3.1474)"

"Diagnosis, Active: Other and Unspecified Forms of Chorioretinitis and Retinochoroiditis" using "Other and Unspecified Forms of Chorioretinitis and Retinochoroiditis Grouping Value Set (2.16.840.1.113883.3.526.3.1475)"

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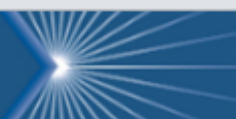
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Ready



# Evolution of eMeasures

- HITECH Act enacted in 2009 to promote the adoption and meaningful use of health information technology
- ONC and CMS EHR Incentive Programs “Meaningful Use”
  - Gain in experience with development and use of eMeasures
  - eMeasure specifications created for existing quality measures (“re-tooled measures”)
  - Encourage development of eMeasures that use the unique capabilities of EHRs
- Development and testing of eMeasures has been challenging
  - testing of eMeasures hindered by limited use of eMeasures until recently
  - eMeasures used in MU largely by attestation
- eMeasures used by a small number of clinicians for PQRS

# NQF criteria for evaluation of eMeasures

- eMeasures are considered separate measures from their related, traditional measure based on other data sources (paper, claims, registry, etc.)
- NQF has provided a Technical Review of the measure specifications in the preliminary analysis.
- eMeasures are expected to meet the same criteria as all other measures with some specific applications for eMeasures:
  - Testing for reliability and validity in EHR systems from more than 1 EHR vendor.
  - Feasibility assessment that addresses data elements and measure logic



# eMeasures

- “Re-tooled measures”: eMeasure versions of existing measures
  - Current NQF policy would consider the eMeasures as a separate measures, however, both are used in federal programs (PQRS and Meaningful Use) using the same number
  - The eMeasure and claims/registry versions of the measure will be considered separately in this evaluation
- New guidance for testing of eMeasures for re-tooled measures
  - Option for use of BONNIE testing tool

## 0565: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery (*AMA-PCPI*)

- **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
- **Data Source:** Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual

## 0565 eMeasure: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery (*AMA-PCPI*)

- **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
- **Data Source:** Electronic Clinical Data : Electronic Health Record
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual



# Break

## 0564: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures (*AMA-PCPI*)

- **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
- **Data Source:** Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual

## 0564 **eMeasure**: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures (AMA-PCPI)

- **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
- **Data Source:** Electronic Clinical Data : Electronic Health Record
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual

## 0563: Primary Open-Angle Glaucoma: Reduction of Intraocular Pressure by 15% or Documentation of a Plan of Care (*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.
- **Measure Type:** Process/Intermediate Outcome
- **Data Source:** Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry, Paper Medical Records
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual

## 0086: Primary Open Angle Glaucoma: Optic Nerve Evaluation (*AMA-PCPI*)

- **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
- **Data Source:** Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual



## 0086 eMeasure: Primary Open Angle Glaucoma: Optic Nerve Evaluation (*AMA-PCPI*)

- **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
- **Data Source:** Electronic Clinical Data : Electronic Health Record
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual



# **NQF Member and Public Comment**



*Adjourn*



# Day 2: Continental Breakfast



# Welcome and Recap of Day 1

## 0087: Age-Related Macular Degeneration: Dilated Macular Examination (*American Academy of Ophthalmology*)

- **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
- **Data Source:** Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry, Paper Medical Records
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual

## 0566: Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement (*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
- **Measure Type:** Process
- **Data Source:** Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry, Paper Medical Records
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual

## 0088: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy (*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
- **Measure Type:** Process
- **Data Source:** Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry, Paper Medical Records
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual



## 0088 eMeasure: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy (*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
- **Measure Type:** Process
- **Data Source:** Electronic Clinical Data : Electronic Health Record
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual



# Break

## 0089: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (*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
- **Measure Type:** Process
- **Data Source:** Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual

## 0089 eMeasure: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (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
- **Measure Type:** Process
- **Data Source:** Electronic Clinical Data : Electronic Health Record  
**Level of Analysis:** Clinician : Group/Practice, Clinician : Individual

# eMeasure Approval for Trial Use

- To promote implementation and the ability to conduct more robust reliability and validity testing that can take advantage of clinical data in EHRs
- eMeasures that are ready for implementation but cannot yet be adequately tested to meet NQF endorsement criteria
- NQF approval of eMeasures for trial use address important areas for performance measurement and quality improvement (meet Importance criteria)
- eMeasures must be assessed to be technically acceptable for implementation (eMeasure Technical Review; specifications)
- eMeasure feasibility assessment must be completed (Feasibility)
- While trial measures are not intended for accountability purposes, there should be a plan for future use and discussion of how the measures will be useful for accountability and improvement. (Use and Usability)

## 2721 eMeasure: Amblyopia Screening in Children (CMS)

- ***Candidate for NQF eMeasure Approval for Trial Use***
- **Description:** The percentage of children who were screened for the presence of amblyopia at least once by their 6th birthday; and if necessary, were referred appropriately.
- **Measure Type:** Process
- **Data Source:** Electronic Clinical Data : Electronic Health Record
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual, Clinician : Team

## 1354: Hearing screening prior to hospital discharge (EHDI-1a) (CDC)

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

## 1354 eMeasure: Hearing screening prior to hospital discharge (EHDI-1a) (CDC)

- **Description:** This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge
- **Measure Type:** Process
- **Data Source:** Electronic Clinical Data : Electronic Health Record
- **Level of Analysis:** Facility





# **NQF Member and Public Comment**



# Lunch

## 1360: Audiological Evaluation no later than 3 months of age (EHDI-3) (CDC)

- **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
- **Data Source:** Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual, Facility, Population : National, Population : State

## 1361: Intervention no later than 6 months of age (EHDI-4a) (CDC)

- **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
- **Data Source:** Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual, Facility, Population : National, Population : State



# **Discussion:**

## **EENT Portfolio - Opportunity for Improvement/Gaps**

# Gaps in Portfolio of Eye Care measures

- Committee to review measures in topic area and suggest measure concepts that are needed to fill a measurement gap
  - Outcome measures
  - Patient-reported outcome measures
  - Appropriate use measures
  - Cost and resource use measures
  - Process measures strongly related to patient outcomes by empiric evidence
  - Population health/screening measures

# Gaps in Portfolio of Ear, Nose and Throat-related measures

- Committee to review measures in assigned topic area and suggest measure concepts that are needed to fill a measurement gap
  - Outcome measures
  - Patient-reported outcome measures
  - Appropriate use measures
  - Cost and resource use measures
  - Process measures strongly related to patient outcomes by empiric evidence
  - Population health/screening measures



# **NQF Member and Public Comment**



# Next Steps and Committee Timeline



NATIONAL  
QUALITY FORUM

# Activities and Timeline

Process Step	Timeline
Post-meeting webinar	June 22, 12:00-2:00 PM ET
Draft report posted for NQF Member and Public comment	July 10-August 10, 2015
SC call to review and respond to comments	August 21, 12:00-2:00 PM ET
Draft report posted for NQF Member vote	September 9-23, 2015
CSAC review and approval	October 13, 2015
Endorsement by the Board	November 13, 2015
Appeals	November 19-December 18, 2015



*Adjourn*