NATIONAL QUALITY FORUM

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OPERATOR: This is Conference #: 83686005.

Welcome everyone. The webcast is about to begin. Please note today's call is being recorded. Please standby.

Reva Winkler: Hi, everybody. This is Reva Winkler, NQF. Thanks very much for joining us today. Our co-chair is Kathleen Yaremchuk and Daniel Merenstein are here with us. And I'm going to ask Vy to do a bit of a roll call so we can see who all on the committee who was able to join us today, Vy?

Vy Luong: Sure. Hi, everyone. Thank you, Reva. I will start the roll call process now. Can you (hold)? So, I know Kathleen and Daniel is with us. Tamala – Tama Bradham?

Tamala Bradham: Yes, I'm here.

Vy Luong: Hi, Tamala. Thank you. Matthew Carnahan?

Matt Carnahan: Yes, I'm here.

Vy Luong: Thank you. Scott Friedman?

Scott Friedman: Present.

Vy Luong: Thank you. Seth Goldberg? Judith Lynch?

Judith Lynch: I'm here.

Vy Luong: Thank you. Richard Madonna?

Richard Madonna: Present.

Vy Luong: Thank you. John McClay? Vaishali Patel? Todd Rambasek?

Todd Rambasek: I'm right here.

Vy Luong: Thank you. Andrew Schachat?

(Andrew Schachat): Schachat.

Vy Luong: Sorry about that. Joshua Stein?

Joshua Stein: Here.

Vy Luong: Mike Stewart? Steven Strode?

Steven Strode: Here.

Vy Luong: Great. And Jacque Youde?

Jacquelyn Youde: Hi, everyone.

Vy Luong: Hi. Thank you. And that concludes the roll call. So, I will hand it over to Reva now.

Reva Winkler: Right. Thanks everybody. We appreciate the time you're taking out of your day to join us for a several follow-up activities. We also should have some of our measure developers on the line, and so let's see who's with us.

Is anybody from NCQA with us?

Stephanie Rodriguez: Yes. This is Stephanie Rodriguez and I also have Ben Hamlin from NCQA.

Reva Winkler: Great. Hi, guys. Anybody from PCPI?

Female: Yes, we're here.

Reva Winkler: OK. Anybody from AAO?

(Bill Rich): (Bill Rich) and (Louise).

Reva Winkler: Hi, (Bill).

(Off-mike)

Reva Winkler: OK, great. And anybody from Otolaryngology-Head and Neck Surgery?

Female: Yes. Here is (Kathleen Bowman) and (Caitlyn Bromheller).

Reva Winkler: OK. Hi, guys. All right, so our developers have joined us as well.

Vy Luong: So I just wanted to ask if there is anyone from CDC or Booz Allen?

Nalini Ambrose: Hi, this is Nalini Ambrose from Booz Allen.

Vy Luong: OK, great. Thank you.

(John Ickwel): (John Ickwel) on the line from CDC.

(Lawrence Stephanie): I'm (Lawrence Stephanie) from CDC.

Vy Luong: Thank you.

(Crosstalk)

Female: … as well.

Reva Winkler: Excellent. OK, so we have a full complement of our developers as well. The purpose of this call is to do two follow-up activities from our in-person meeting in June. The first one is the follow-up of the additional testing that was requested for the six eMeasures for which the committee gave a conditional recommendation for endorsement pending the results of that testing, and so we'll look at the results of the testing today and the action item for the committee will be to determine if the conditions for endorsement have been met.

The second is to discuss the comments that we've received in result of the public comment period that recently concluded on the draft recommendations made by the committee. And while there weren't lots and lots of comments there were some and some that we'd like the committee to be aware of discuss if necessary and determine whether it makes any difference in their recommendations.

So, Kathy, Dan, any comments from you before we get started?

Daniel Merenstein: No, that sounds good.

Kathleen Yaremchuk: I don't have anything to add.

Reva Winkler: OK. So, the first thing is to review the eMeasures testing. If you recall we talked a bit about current situation around eMeasures and particularly eMeasures that are currently in use in programs and the limited testing for liability and validity that are available for them. This is such an evolving environment that sees things kind of change on a rather rapid basis.

And so these measures – eMeasures are really eMeasure versions of measures that have already been endorsed by NQF and they are already in used in federal programs. And so, we know that in those federal programs, as these measures are going to be used for public reporting and payment going forward, CMS plans to test them for reliability and validity prior to their use in those accountability applications.

So, as an interim step to help bridge this lack of ability to really test the measures before there – have widespread data to be collected in the federal programs, we have allowed the use of a synthetic data set using a tool called Bonnie. And our measure developers did, indeed, provide the Bonnie testing. We have provided you with a – probably rather overwhelming looking document with the testing results in it, and for that, to help us out with understanding what's that all about it

I like to introduce my colleague Ann Philips who is a member of our eMeasures review team. We do have a subset of our NQF staff who were pretty well versed in all of the eMeasures issues and that world.

So I'll let Ann describe the testing and the findings, and then I'm sure if she have any questions, she'll be able to answer them.

Ann Philips: Hi, everybody, this is Ann Philips. And first, I'd like to thank the measure developers from AMA-PCPI and the CDC for turning their testing around so quickly. I know that it can be a job to configure all the test patients and you guys did a great job.

Anyway, as part of our eMeasure review, the eMeasure review team, reviews the data element, feasibility analysis provided by the measure developer with every – it is something you don't see in a paper measure. The purpose of the feasibility analysis is to determine if the eMeasure logic team, the eMeasure logic is the machine readable part of the eMeasure, actually collect the data specified in measure. Only this data is generated from electronic health record system at the point of care, and Bonnie allows that data to be tested in a synthetic test pad with configurable patient and it takes quite a lot to configure each patient.

Any measure developer can use Bonnie to create test patients to test every specification in a measure. This is very helpful. If you have a complicated measure with multi step logic, you can see in the Bonnie output exactly how each patient performs and how the test patients perform as a group.

And the eMeasure review team requires that measure developers provide two pieces of information from Bonnie testing.

The first is a screen shot, and that's what you see in the 113-page of document that is kind of an overview of your Bonnie test result, and the second would be a summary of how each individual patient in the patient testing performed up again some measure logic.

The first few pages in the Bonnie testing attachment, the project team sent out with your comment memo, summarized the eMeasure review, team's

evaluation of testing for both AMA-PCPI and the CDCs measures. Page two and three describe in detail what we are looking for in the testing.

And then, if you go to page three of the testing attachment, measure 0565 (out lays out) really nicely starting, actually, yes.

Starting on page 19 and 20 of the testing attachment, there is an Excel document that has provide the detail for each individual patient in the top banks and how they fit into the measure and how they perform in testing.

Page three is just raw data, and those are actually screen shots from the Bonnie tool. There is no way to export the individual patient results at that time.

Overall, the eMeasure review team is satisfied that the AMA PCPI met Bonnie's testing requirements for measures 0565, 0564, 0086, 0088 and 0089. The CDCs result, in your testing document, aren't formatted quite as nicely from measures 1354, but their individual screen shot, starting on page 49, so exactly what the developers needs when running the patient test banks to the measure.

Checks in green text indicate the test patient satisfied the measure logic, red text and an asterisk means they did not.

Finally, each test patient bank tested 100 percent successful for each measure, and that means that each patient performed as expected again the measure as configured by the developer.

If you look on page two, you'll notice that there are percentages of test coverage for each measure. 0565 is at 15 percent and that means that only 15 percent of the measure logic evaluated the true for that particular patient population which might seem alarming. You'd be wanting to see something higher. But if you look at the individual patient configurations for 0565, you'll see that just like real patients, not all the patients are going to fit into the measure. They don't satisfy all of the logic.

Are there any questions? I appreciate your patience for listening to this. So are there any questions about the testing or interpretation of the result?

Male: So when should we be concerned about percentage that process? One, if those numbers – the numbers are very low and some in 100 percent or another, what is the significant provided numbers and when should we be concerned about that?

Ann Philips: I would actually be concerned of the combination of two things. What was the percentage of test coverage and what was the percent successful? You're going to configure each one of these patients individually and you're going to configure each patient to satisfy a piece of the logic.

So in the 15 percent test coverage which seems a little low, if you go to page 19 for 0565 and look at the initial population denominator, denominator exclusion, numerator and denominator exceptions, you can see where the patient fit into the measure and that they didn't satisfy the measure logic, as configured.

So like a real patient population, not everyone is going to fit in the measure. 1354 satisfies a 100 percent, that means each individual patient that was configured by the developer when testing the tool all 17 satisfied some elements of the logic, so they're within the measure.

We are still – you know, when we have 100 percent successful, that means the patients performed as expected by the developer. I would say that this good example of how individual patients can be configured in Bonnie. Did that answer your question?

Male: Yes.

Ann Philips: OK cool. Is there any more questions?

Reva Winkler: OK, if there aren't anymore …

Ann Philips: By your silence, you're all completely confused by this, which I don't blame you. I had to learn to use the tool to help figure out how to do the testing. By

your silence, you're either complete confused or I explained it really well. You are always welcome to e-mail me to the project team if you have any additional question.

Reva Winkler: All right. So, this is Reva. Daniel and Kathleen, when you – we should see how the committee feels in terms of the information provided and the action item for the committee is whether the conditions have been met for acceptable testing using the Bonnie tool for the eMeasures so that they can be recommended for endorsement.

Kathleen Yaremchuk: Would you like as we go through measure by measure?

Reva Winkler: It's up to you. Perhaps, if there aren't any individual measure concerns from the group, you could do it as a group.

Kathleen Yaremchuk: Well, I guess I'll go with that first. Any individual measure concerns from anyone?

(Bill Rich): Yes, I can – and I have no concerns. Reva, I have a comment about the testing in the 15 percent number. And I think on the some of the subtleties on the face value number 15 percent is terrible. But the measure itself is a measure of surgical confidence on cure cataracts. So actually, the ability to capture the numerator and the denominator is actually one of the easier ones that we (had). It's just a definition, really is a small subset of 2.8 million cataracts. So the 15 percent number, it sounds bad on face value. But as it was explained, when you look at exclusions because you're only looking at a subset of patients, it makes sense, so …

Reva Winkler: Great. No problem. I think – (Bill), I recognize your voice. I'm not sure everybody does. I was still from AAO.

Kathleen Yaremchuk: OK. So do we want go and approve this from the committee?

Reva Winkler: Yes.

Kathleen Yaremchuk: Do you want just to yay from everybody?

Reva Winkler: I think so. Unless there's any – I would say of any – unless there are any objections from anybody. It seems as if the group is willing to accept the testing information and recommend the eMeasures for endorsement. Hearing none, I think we can …

Male: I have a question.

Reva Winkler: Yes.

Male: How could we not endorse when I look like all the test patients passed?

Reva Winkler: Well there are – you know, realizing that these are limitations for, you know, the testing from Bonnie only looks at certain aspects of the eMeasures. The thing, I think, that confuses as a little bit is these are eMeasures that we've actually been used for a while and so the bugs have been fairly well worked out. I think you'll find that maybe newer measures that are being developed won't pass the Bonnie testing quite as readily.

Male: So – but these have all passed for Bonnie testing according to the PDF file we were viewed, so it's kind of …

Reva Winkler: Yes, they have.

Male: … forward. OK.

Reva Winkler: All right. OK. So it doesn't sound like there's any objection from the committee and that you are – the condition of testing with the Bonnie tool has been met.

Any other comments on that before we move on to our next agenda item? OK.

So, after the – your meeting in June and the – you made the recommendations on the various measures, the – a draft report containing those recommendations was posted for public comment and we received 57 comments from 13 NQF member organizations, mostly in the professional and public and community health groups.

So, we have collected all of those comments in the Excel table that you've been provided. Many of the comments were supporting of your recommendations. So besides – beyond saying thank you, there is a great deal to discuss.

There were several comments, however, that we want to be sure the committee is aware of. And the first group pertains to three measures with comments that disagreed with the committee recommendation. And so I think it's important for the committee to be aware of this.

And so really, the fundamental question for the committee is once hearing this feedback from folks out there, doesn't change – wants you to change your recommendation at all.

So, the first of the two measure – the first of the three measures is measure 0002 appropriate testing for children with pharyngitis. We have one comment disagreeing with the committee's recommendation to not continue endorsement. If you recall, the committee had a fairly extensive discussion around the fact that this measure is focused to more on testing unless on appropriate use of the antibiotics. The comment or who disagreed and felt the measure should continue to be endorsed speaks to the use of the measure by health plans for quality improvement processes. However, there were two other commenters who did support the committee's recommendation.

So also, I just wanted to point out that we've have additional feedback from the developer for this measure and it was included on your comment table so – and I believe they sent it out yesterday so we want to be sure you have a chance to look at that.

So Kathy and Dan, I think I'll turn it to you for discussion.

Kathleen Yaremchuk: So I guess that the question is any additional input people want to have if they look at those. The first of two comments that are in the spreadsheet are from AAO, head and neck surgery and from AASF in supporting the recommendation of the committee, and then the one that disagree is from the developers suggestion that has been – that this would support judicious use of antibiotics. So I don't know if there are any additional comments. I know we

talked about this when we were altogether, and if anybody has any additional thoughts regarding this.

Daniel Merenstein: Yes, I would just – This is Dan. The committee responds to the response that Reva (inaudible) there is right on. I mean they say that this increase on inappropriate usage. And that just totally missed the whole discussion we had, so I think our response is appropriate.

Jacquelyn Youde: This is (Jackie) and I agree with Dan.

Kathleen Yaremchuk: Any other comments?

Steven Strode: I have one question. How often do you – how was recommendation comments changed the decision making of the organization?

Reva Winkler: This is Reva. You know, it really depends on the circumstances, but occasionally, it's not too often. If it's a single, occasionally, we will see a whole group of comments from multiple commenters that will impact the committee's recommendation.

Steven Strode: Yes. So again, I agree with everybody else. Well, I'm sensitive to the comments and appreciate them. I think we – these were already vetted and I agree with our preliminary – our initial decision.

Kathleen Yaremchuk: So we would – do we need to take a vote or we just move on to the next?

Reva Winkler: As long as anybody doesn't have any objections, we can just sort of take what the committee seems to be saying. Well, the role for the committee is to jump up and down and object if you feel we're misinterpreting your intentions.

The next one, just to be sure we go through them, is the measure 656, Otitis Media with Effusion, systemic care, corticosteroids, avoidance of inappropriate use. This measure – the committee recommended for endorsement with reserve status and two commenters asked the committee to reconsider the recommendation because it is a good measure. I think you can read the comments.

So Kathy, I'll give that back to you.

Kathleen Yaremchuk: OK. So I guess any comments from the committee regarding this again. And the discussion about it was that it is an important measure for antibiotics use. And I think part of – when we had our discussion was that because adherence was high now, their question was whether there was value in it.

Todd Rambasek: I'm sorry. This is Todd Rambasek. You said antibiotics, did you mean steroids?

Kathleen Yaremchuk: Yes, steroids. Sorry.

Todd Rambasek: Yes. So I mean that's – this is Todd again. That's my exact recollection of our discussion that adherence was high. I'm not sure I'm understanding the American Academy of Family Physician comments here because it say they have a concern about the data collection burden. But there is – is there any data collection if it's in reserve status?

Reva Winkler: This is Reva. I mean reserve status really is an NQF term. You know, how people are using the measure out in the field is really determined locally. And so really, the reserve status designation really is meant to indicate, "Well, the measures are good measure." The opportunity for improvement, from use to this measure, might be quite limited, a bit of a cautionary note, if you will.

Male: Is that from the AAFP. Maybe I can't find it. Was it from the AAFP?

Todd Rambasek: Yes, it was submitted by – This is Todd Rambasek. It's submitted by (Heidi Robertson). It said the American Academy of Family Physicians agrees with the clinical evidence supporting this measure. However, there is concern about data collection burden this measure may have upon physician.

Male: OK.

Todd Rambasek: And I guess one of the – other than reserve status, they want us to completely pull out (to this). No data collection are all – I mean I'm just – their concern about the burden of the measure it seems like us putting our reserve status is doing what they want us to do, or maybe I got it wrong.

Reva Winkler: Todd, this is Reva. I mean I think part of the issue with measures that have high performance or considered "Top out" is to weigh it against burden of data collection. If, really, you're not going to get a lot of actionable information from the results, then the concerns about burden of data collection and analysis become much more significant, so there is an element of that in the consideration of measures with high performance.

Todd Rambasek: They wanted us to not to put it on reserve. They wanted us to just completely pull it.

Male: It's hard – I think that they wrote that, I mean, because they don't fairly agree or disagree. They disagree with the clinical evidence supporting the measure, right? So are they saying they disagree with the committee.

Reva Winkler: I don't think they were clear, and so I don't think you can know, for sure, what they wanted but they did want to provide a bit of feedback.

Male: I think they meant to say they agree with the committee because they talked to me before and they said they were going to agree with everything that we had done at (AAFP, right).

Kathleen Yaremchuk: So, any other discussion?

Reva Winkler: OK. If not, we'll move on to the last measure that there were some disagreement and this is the eMeasure on visual acuity screening and referral in children. I know there's been – the committee had a lot of conversation around this one. This one was recommended from approval for trial use, if you recall. This is not endorsement, but this is a measure that's still being developed. The committee had a lot of discussion with the measure developer.

The commenter didn't agree with approving it for trial use. It had sort of variety of concerns around the title, whether the revisions that committee recommended with the developer still were supported by the U.S. Preventive Services Task Force evidence and some comments of how we characterized the committee's discussion in the report, which we can certainly clarify.

You see the developer provided a response to the comments, which is provided for you. We want the committee to be aware of the conversation that's going on, you know, during the comment period and whether it impacts your recommendation or not.

Any comments from the committee and reaction?

Todd Rambasek: Yes. This is Todd. They said – their comment says this will fail us to identify 73 percent of children with visual impairment. I'm not sure I understand that.

Richard Madonna: Well, this is Richard Madonna. I think, Todd, what they're getting at is that there are many other problems that children can have in that age group besides reduction in visual acuity, such as binocular vision problems and other ocular health concerns. So, I think that's where that number is coming from.

(Godfrey Manuel): So, this is (Godfrey Manuel). I appreciate those comments. I think we have those discussions. And I think our conclusion is still correct.

Richard Madonna: Well, this is Rich again. I think if we – I asked the comments in front of me in the third paragraph, I don't know if it's quite laid out the same way in front of you. The paragraph that starts further more visual acuity is not a condition. I think is that – is an important point.

I know we've gone through the title of this measure a number of times but I think that we may want to look at that again. I don't think it changes anything that we've already done, but we've gone from – (amblyopia) screening which we all, I think, agreed is probably not appropriate because we needed a, for example, some of us thought we needed a full examination to screen (amblyopia), but this is saying that visual acuity is not a condition. And I think probably it does make sense to just look at this and correlate screening for reduced visual acuity in children of visual impairment screening and referral in children as the commenter states. So that's the first paragraph.

(Godfrey Manuel): I'm sorry. Can you say – can you repeat how you want to change the title was this …

(Off-mike)

Richard Madonna: Either screening for reduce visual acuity and referral in children or reduce visual acuity screening in referral in children or visual – vision impairment screening and referral of children. I think actually it does make more sense. It doesn't change the essence of anything else, I don't believe.

Joshua Stein: This is Josh. Isn't it up to the developer to decide what they want the title to be not us?

Richard Madonna: I'll throw that back to Reva.

Reva Winkler: Yes. Well, I think that ultimate – you're right, it is up to the developer but they actually change the title of it during our review as a result of conversations with you all. So your input, I think, can influence them. And so, it might be appropriate to ask the developers, who are on the line with us, their response to Richard's suggestion.

Nalini Ambrose: Hi. Thanks, Reva.

Reva Winkler: Go ahead.

Joshua Stein: Go ahead.

Nalini Ambrose: Hi. This is Nalini Ambrose from Booz Allen Hamilton. We lead the contract for – under which this measure was developed. And as Reva mentioned, I think we had a lot of discussion about this measure and taking committee recommendations to change the title to visual acuity screening and referral. But based on the (OAs) comment, if the suggestion would be to revise it to call reduced visual acuity screening and referral of vision impairment, I don't think we – there would be any objections from our team. So, you know, we'll be very open to accepting recommendations from this group.

Joshua Stein: Well. So I think it's semantics. When you do screening, you're screening obviously for abnormality. So whether you say visual acuity screening or screening for decrease visual acuity, I don't think it makes a difference to me. But I think the way it's written right now, I think, it's fairly accurate and it reflects what actually we're doing.

So I think that – either way, I don't think it makes so much difference but I think …

Richard Madonna: I'm sorry, Josh. You know, I agree with you with semantics. But we might as well be accurate when we are dealing with those semantics. And I think probably reduce visual acuity is the conditions we are all looking for, vision impairment we're looking for.

Joshua Stein: Yes. So screening for reduce visual acuity and referral in children would be fine with me and I'm sure probably not that many people would object to that, and that's still basically is what we're doing in this particular measure.

Reva Winkler: Any other comments from anybody? We can follow-up with the developers before we finalize the report with the title they finally land on based on your input and the comments received.

Was there any other discussion on the other aspects of the comments?

Richard Madonna: Yes. Again, this is Rich. I do think that the American Optometric Association is correct in stating that the draft report is not accurately reflect all of the concerns that we had.

Reva Winkler: OK.

Richard Madonna: Yes, I guess that's – I'll put a period on that.

Rebecca Hancock: Yes. And Reva, this is Rebecca Hancock from American Academy of Ophthalmology. And I'll just add that we also thought the report didn't cover some of the committee's discussion about some, you know, their concerns with the measures intent specifications and other things.

Reva Winkler: Yes. Thank you. We'll be happy to revise some of the language in the report. Any other comments on this measure and the comments received?

All right. So, what I'm hearing is the committee is comfortable with maintaining the recommendation. They provided some feedback to the developer about a potential change the title in response to comment. And

NQF staff will revise some of the language in the draft report to respond to the comments about how the discussion was characterized.

Is there anything else about that measure the committee wants to discuss?

(Bill Rich): Reva, this is (Bill Rich), as someone who has practice with the pediatric ophthalmologist for 40 years in very practical way specifying deduction in vision is much more identify – for the physicians looking at the measure rather than visual disability, visual dysfunction. I think it's much more concrete specifying the decrease in vision. That's what people have done in vision screening in children for decades. So, this is a practical (inaudible) practicing with the docs that look at measures.

I wouldn't know how to interpret. I know they wouldn't either. But they know how to – they can interpret screening for decreased visual acuity.

Richard Madonna: This is Rich. I agree with (Bill).

Reva Winkler: OK, Dan and Kathy, do you think we've wrapped up that first set of comments.

Kathleen Yaremchuk: I think so.

Daniel Merenstein: I think so.

Reva Winkler: OK. Then the only other comment we want to just bring to your attention was the implementation of the audiology measures. I know this was something the group talked about in terms of, you know, the (HEI) program and how data is collected for the three different measures, and the comment or question how the measures will be tracked and particularly about the eMeasure, particularly how accurate capturing out of hospital births could be.

And I think this was a discussion that the committee had as well and the developer provided a substantial response to those issues. Any thoughts from the committee on the comment or developer response?

Female: I don't have anything to add.

Reva Winkler: Yes. And Jackie, you and Tamala I think had a lot of discussion around this. Anything from you guys?

OK. All right. It doesn't sound like it. Again, the action item for all of these – I'm sorry.

Tamala Bradham: This is Tammy. I'm sorry I was trying to unmute my phone. I've been – We've had dialogue with the CDC and I've been very pleased and feel like that these new – the way – especially the third measure, we reworded it, was very appropriate. And I think the responses from the comments from everybody has been to continue with these measures.

Jacquelyn Youde: I was in the same situation with my mute button, Tammy. I agree with what Tammy just said as well.

Judith Lynch: This is Judith. I also agree.

Reva Winkler: Great. Thanks, ladies. So, I guess the issue for the entire committee for – based on any of these comments, I'm not hearing that the committee wishes to change any of their recommendations based on the feedback received during the public comment period. Just be sure that that's an accurate reflection of your intentions.

Male: Agree.

Reva Winkler: OK. Otherwise, Dan and Kathy, that's it for me. Yes? Question?

Richard Madonna: Reva, this is – Yes, this is Rich Madonna again. I was just kind of looking at that visual screen here again and the last comment that the American Optometric Association makes about the fact that CMS apparently is really moving forward with the measure despite the lukewarm support, I would say, for the measure from this group and then their last comment is we urge NQF to address this issue with CMS. How does – And this is more of a question than a comment. How does all of that work …

Reva Winkler: OK.

Richard Madonna: … because it seems like …

Reva Winkler: Well …

Richard Madonna: … they are moving and yet …

(Off-mike)

Reva Winkler: Hello?

Richard Madonna: … passively …

(Off-mike)

Reva Winkler: Yes. This is Reva. As it turns out, I spoke with CMS earlier in the week about this very question. And they were preparing their proposed rule about the same time this committee was discussing the issues. So, timing kind of – was overlapping. They have received the feedback from their measure developer and my understanding is they are not at this point planning to go forward with the measure at this time.

Richard Madonna: Thank you.

Female: So because it is in their proposed rule. So would that mean that they're going to take it out in the final rule?

Reva Winkler: That was the implication of the conversation I had, yes.

Rebecca Hancock: So, Reva, this is Rebecca Hancock from Ophthalmology and we submitted a couple of comments about the report itself and noticed one specific error in the report that …

Reva Winkler: Right.

Rebecca Hancock: … that one of the glaucoma measures wasn't available in PQRS anymore which is not the case. So are there …

Reva Winkler: Yes.

Rebecca Hancock: … are those – the comments going to be addressed in the revision of the report and the …

Reva Winkler: Yes, if you – Yes. If you look in the comment table, the responses, we will be making revisions based on your comments.

Rebecca Hancock: OK. And then we were asked to respond to a comment regarding the AMD measures. Are those going to be discussed today or no?

Reva Winkler: Which measure specifically, Rebecca?

Rebecca Hancock: It was – I'll get the numbers, 0566 and 0087. We've sent out two comments and asked us to submit a – to submit a response which we did.

Reva Winkler: These were included on the comment table that the committee had for review.

Rebecca Hancock: OK.

(Off-Mike)

Reva Winkler: Did anybody from the committee want to further discuss the comments and responses from the developer?

Female: I don't have anything else.

(Off-Mike)

Reva Winkler: All right. We do want to see if there's any public comment before we finish up.

(Off-Mike)

Female: We'll talk about that later.

Female: OK.

Operator: At this time, if you would like to make a comment, please press star then the number one on your telephone keypad.

And there are no public comments at this time.

Reva Winkler: Right. Any further comments from the committee?

All right. Then, Kathy and Dan, I think Vy just wants to close with some information on the next steps for this project?

Vy Luong: Sure. Thank you, Reva and Kathy and Dan and everyone else, for joining the call today. As you know, we will be taking everything that you've said into consideration and we'll be updating the draft report to reflect this.

Next steps for the (EENT) project includes membership voting where once we update the draft report, the draft report along with the member voting memo will be posted on our project page. And members of NQF are welcome to start voting for the different measures within our project. And membership voting starts from September 9th and it runs to September 23rd. After that once we received all the memberships loading, well, compile together a CSAC memo which will be reviewed by the CSAC, the Consensus Standards Approval Committee.

During their October 13th Conference Call and that usually runs from three to five so on a Tuesday, just so you have that as a reference. So, once the CSAC reviews the EENT standing committees recommendation, they will vote, they – it's takes them about a week to vote via survey monkey after their October 13th call.

And after they vote on the measures for recommendations for endorsements, it goes off to the executive committee of the board of directors for measure ratification starting their November 13th conference call. That happens, some project goes into an appeals period from November 19th to December 18th the public and somebody in appeals and any of the recommended measures within our EENT project.

And we expect the final report to be posted and completed by January 2016. I guess I'll stop there to see if anyone has any questions regarding the logistics and the timing of the meeting and events.

Female: A few question, is the committee able to review the revised version of the draft report before it opens up to NQF member voting and can you explain what information is included in the CSAC memo.

Vy Luong: Sure. So, typically we sent the committee when we finished the draft report for member voting, we sent it to the committee as well as the developers during the same time as when we open up the member voting. I can ask Reva if she wants to chime in with that. But that's the approach the NQF usually takes.

Reva Winkler: Yes.

Vy Luong: And for CSAC memo, the CSAC memo will be basically a broad overview, if you go into the CSAC public page on NQF under the governance and the leadership section, you should be able to see past CSAC memos and the way it's set up, it's usually just an overview of the project up to date all the different steps leading up to the CSAC review.

So, you know, what the standing committee has got and what the membership voting was, what's the post comment call really discuss and up until that point. Does that clarify your – does that answer your question?

Female: Yes. And then if the memo provided the CSAC so that will be available online?

Vy Luong: Yes. Everything will be posted one week before the call for CSAC and also (inaudible). Any other questions?

Female: Can you briefly review some were two and some were three years what the community does moving forward if anything?

Vy Luong: Sure. So, currently, we're in the process I know that EENT project after January 2016, we are not anticipating a project – an active project after that, however, we will be doing off cycle activities for the standing committee such as reviewing the EENT portfolio and NQF staff has been discussing among their selves and with our standing committee advisory panel, different approaches that we can take to convene the EENT standing committee as well

as other standing committee during their off cycle years to address some of the concerns within the individual topic areas.

So, more to come on that but we'll be – once we finalize the details, we'll be sending out an Outlook invite probably for two meetings next year. So, we definitely want to keep the committee involved with the EENT project.

And Reva, do you have anything to add?

Reva Winkler: Yes. I mean, they are – actually, between projects it's not at all rare for questions about measures to come up. We do – there are revisions as things evolve, things may change during annual updates, there maybe measure feedback that would be important to discuss with the committee.

So there are a lot of things that come up between actual formal projects that we would like to involve the committee and the conversation and so, we anticipate getting here together to discuss those kinds of things.

Vy Luong: Any other question?

All right, I take that silence as no more questions. I just want to take a second to thank you everyone for coming on the call today, I know it's August, and most people maybe on vacation. So, we really do appreciate that here at NQF.

Kathleen Yaremchuk: And I guess, this is Kathy, just one comment. We all – it's hard because of different time zones to find the time that works for everybody, yes, it's Friday and for many it's clinic time, and there's other kinds of responsibilities that this get to, so our appreciation for participating and the ability to set this time aside for this.

Vy Luong: Yes. Thank you. And I guess if we have no further questions, I guess we can end the call an hour early.

Reva Winkler: Thanks, everybody.

Vy Luong: Thank you.

Male: Thank you.

Female: Thank you.

Male: Bye.

Male: OK. Bye-bye.

Male: Thank you.

Female: Thanks. Bye-bye.

Operator: Ladies and gentlemen, this does conclude today's conference call. You may now disconnect.

END