NATIONAL QUALITY FORUM

Memo

TO: NQF Members

FR: NQF Staff

RE: Voting Draft Report: *NQF-Endorsed Measures for Eye Care, Ear, Nose and Throat Conditions*

DA: September 14, 2015

Background

Vision impairment and blindness are major public health problems that take a substantial toll on individuals and society. Eye disorder and vision loss are among the costliest health conditions in the United States, costing $139 billion in 2013 alone.[1] A wide variety of conditions affect the ear, nose and throat (ENT) and, while many of these conditions are initially treated by primary care clinicians, in 2010 there were an estimated 20 million visits to ENT specialists and one-fifth of the visits were for patients less than 15 years of age. Quality measures for Eye Care, Ear, Nose and Throat (EENT) conditions align with several of the National Quality Strategy (NQS) priorities, including Safety, Communication and Care Coordination, Effective Prevention and Treatment, and Affordable Care[2].

On June 3-4, 2015, NQF convened a multi-stakeholder EENT Standing Committee composed of 16 individuals to evaluate 17 NQF-endorsed maintenance measures and seven new eMeasures in this project. Six of the new eMeasures are versions of NQF-endorsed measures that were evaluated as separate measures during the in-person meeting.

Twenty-one measures were recommended for endorsement, including six new eMeasures. One measure was recommended for inactive endorsement with reserve status, one eMeasure was recommended for approval for Trial Use, and one measure was not recommended for continued endorsement. The EENT Standing Committee recommendations are discussed in the Eye Care and Ear Nose and Throat Conditions Voting draft report on the project page.

Comments Received

NQF solicits comments on measures undergoing review in various ways and 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

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[1] Wittenborn J, Rein D. *Cost of Vision Problems: The Economic Burden of Vision Loss and Eye Disorders in the United States*. Chicago, IL: NORC; 2013. Available at http://www.preventblindness.org/sites/default/files/national/documents/Economic%20Burden%20of%20Vision%20Final%20Report_130611.pdf. Last accessed July 2015.

[2] Sloan FA, Yashkin AP, Chen Y. Gaps in receipt of regular eye examinations among Medicare beneficiaries diagnosed with diabetes or chronic eye diseases. *Ophthalmology*. 2014;121 (12):2452–2460.

measures have been evaluated by the full Committee and once a report of the proceedings has been drafted.

Pre-evaluation comments

For this evaluation cycle, the pre-evaluation comment period for the twenty-four measures under review was open from June 13, 2015 until June 27, 2015. Eighteen pre-evaluation comments were received from the American Academy of Emergency Medicine, the American Optometric Association, and the American Academy of Ophthalmology. The majority of the comments were supportive of the measures. All pre-evaluation comments were provided to the Committee prior to their initial deliberations during the in-person Meeting.

Post-evaluation comments

The Draft Report was posted 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 and several members of the public:

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

A complete table of comments submitted pre- and post-evaluation, along with the responses to each comment and the actions taken by the Standing Committee, is posted to the EENT project page on the NQF website along with the measure submission forms.

The Committee reviewed the comments received and considered the pre-meeting comments prior to making an endorsement recommendation. The Committee also reviewed and acknowledged all post-evaluation comments. Revisions to the draft report and the accompanying measure specifications are identified as red-lined changes. (Note: Typographical errors and grammatical changes have not been red-lined, to assist in reading.)

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. Measure comments expressing concerns with the Committee recommendations
2. Implementation – Accurately capturing cases

Theme 1 - Measure comments expressing concerns with the Committee recommendations

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

Measure 0002: Appropriate Testing for Children with Pharyngitis. The comment submitted by America's Health Insurance Plans, 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 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."*

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

Developer Response:

Thank you for your comment. 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.

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

Committee Response:

The Committee appreciates the developer's continued efforts to improve this measure. After review of the comment letter, the Committee does not change its recommendation to not endorse the measure. The Committee's concern with this measure is that administering the test (whether positive or negative results) and prescribing an antibiotic is considered good performance. Given the limitation of administrative data, the Committee suggests that a different approach may be needed to capture test results and address appropriate use of antibiotics.

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

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

Committee Response:

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

eMeasure 2721: Screening for Reduced Visual Acuity and Referral in Children. One commenter, The American Optometric Association, 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.

Another comment requested NQF to update the draft report to reflect the EENT Standing Committee's discussion regarding the testing and specifications of this measure for Trial Use.

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.

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.

NQF Response:

The draft report has been updated to further reflect the discussion of the Committee during the in-person meeting and post-comment call. The developer has updated the title of the measure to reflect the intent of what is being captured, to the revised "Screening for Reduced Visual Acuity and Referral in Children" measure title.

Theme 2 - Implementation of audiology measures– Accurately capturing cases

One comment from the American Academy of Ophthalmology questioned the implementation of the audiology and hearing-related measures: measure 1354 Hearing Screening Prior to Hospital Discharge (EHDI-1a), measure 1360: Audiological Evaluation No Later Than 3 Months of Age (EHDI-3) and eMeasure 1354: Hearing Screening Prior to Hospital Discharge (EHDI-1a). The Commenter questioned how these measures will be tracked and what their performance rates

will be. Specifically for the eMeasure 1354, the commenter raised concerns regarding how accurately the measure can capture cases considering some birth deliveries happen outside of the hospital.

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.

NQF Member Voting

Information for electronic voting has been sent to NQF Member organization primary contacts. Accompanying comments must be submitted via the online voting tool.

Please note that voting concludes on September 28, 2015 at 6:00 pm ET – no exceptions.