

National Quality Forum

Measure Comment Report for GI AND GU PROJECT

Comments received as of 8/27/2012

ID#	Council/ Public	Commenter	Comment	Topic
2758	Council	Submitted by Ms. Carmella Bocchino, MBA, RN America's Health Insurance Plans	This measure may be subject to a small numbers problem raising reliability issues.	C 2065: Gastrointestinal Hemorrhage Mortality Rate (IQI #18)
2757	Council	Submitted by Ms. Carmella Bocchino, MBA, RN America's Health Insurance Plans	We are concerned that this measure does not meet the importance criterion as it does not focus on a demonstrated high-impact aspect of healthcare. Also, this measure is not easily collected through administrative data and will require burdensome chart abstraction. We recommend combining this measure with #C 2038 into a single prolapse surgery measure.	C 2063: Use of cystoscopy concurrent with prolapse repair surgery
2756	Council	Submitted by Ms. Carmella Bocchino, MBA, RN America's Health Insurance Plans	This measure is appropriate for registry use as it is difficult to obtain data from other sources.	C 2062: IBD preventive care: corticosteroid related iatrogenic injury – bone loss assessment
2755	Council	Submitted by Ms. Carmella Bocchino, MBA, RN America's Health Insurance Plans	This measure is appropriate for registry use as it is difficult to obtain data from other sources.	C 2059: IBD preventive care: corticosteroid sparing therapy
2754	Council	Submitted by Ms. Carmella Bocchino, MBA, RN America's Health Insurance Plans	We are concerned that this is already the standard of care patients should be receiving. We recommend revising the exclusionary criteria so that patients whose visits are not reimbursable by an insurer are captured in the denominator. Follow-up visits are often included in the package of services for which insurers make a bundled payment.	C 2054: Assessment of treatment within one year of SUI surgery
2753	Council	Submitted by Ms. Carmella Bocchino, MBA, RN America's Health Insurance Plans	We recommend revising the measure name to more accurately reflect measurement of the number of women who have had complications through the use of Cystoscopy during surgery for Stress Urinary Incontinence. Also, it will be difficult to identify appropriate denominator exclusions through administrative data and will require burdensome chart abstraction.	C 2052: Reduction of Complications through the use of Cystoscopy during Surgery for Stress Urinary Incontinence
2752	Council	Submitted by Ms. Carmella Bocchino, MBA, RN America's Health Insurance Plans	This is a process measure and assesses documentation of patient counseling. This measure cannot be easily collected through administrative data and will require burdensome chart abstraction.	C 2051: Patients Counseled About Risks Associated with the Use of Mesh in Sling Surgery Prior to Surgery

2751	Council	Submitted by Ms. Carmella Bocchino, MBA, RN America's Health Insurance Plans	This measure assesses standard practice and it would be difficult to assess how well counseling is performed.	C 2050: Patient counseling on treatment options, including behavioral and surgical treatments prior to SUI surgery
2750	Council	Submitted by Ms. Carmella Bocchino, MBA, RN America's Health Insurance Plans	This measure is not easily collected through administrative data and will require burdensome chart abstraction.	C 2049: Complete Workup for Assessment of Stress Urinary Incontinence Prior to Surgery
2749	Council	Submitted by Ms. Carmella Bocchino, MBA, RN America's Health Insurance Plans	We are concerned that this measure does not meet the importance criterion as it does not focus on a demonstrated high-impact aspect of healthcare. This measure is not easily collected through administrative data, as it is unclear whether physicians code for this element of surgery, and will also require burdensome chart abstraction.	C 2038: Performing vaginal apical suspension (uterosacral, iliococcygeus, sacrospinous or sacral colpopexy) at the time of hysterectomy to address uterovaginal prolapse
2748	Council	Submitted by Ms. Carmella Bocchino, MBA, RN America's Health Insurance Plans	We are concerned that this measure does not meet the importance criterion as it does not focus on a demonstrated high-impact aspect of healthcare. While we recognize that this measure is designed to assess appropriateness of care, we believe better measures of appropriateness that are not clinical processes of care measures need to be developed. This measure will also require burdensome chart abstraction.	C 2037: Objective characterization of pelvic organ prolapse prior to surgery
2747	Council	Submitted by Ms. Carmella Bocchino, MBA, RN America's Health Insurance Plans	While this measure can be calculated using administrative data, there may be challenges with assessing the numerator at the health plan level in instances where patients have received the vaccination but who have also changed health plans.	0635: Chronic Liver Disease - Hepatitis A Vaccination
2746	Council	Submitted by Ms. Carmella Bocchino, MBA, RN America's Health Insurance Plans	This measure cannot be easily collected through administrative data and will require burdensome chart abstraction; however, it is a good registry measure. We are also concerned that as written, the "sensitivity" of the measure appears to be problematic (issues with identifying appropriate use) and could therefore falsely suggest overuse.	0622: GERD - Upper Gastrointestinal Study in Adults with Alarm Symptoms

2745	Council	Brad Conway, American College of Gastroenterology; Submitted by Mr. Brad Conway	<p>The College supports the measure in concept. However, we recommend that the measure developer provide clearer guidance on the denominator, and more specifically, the patient population excluded from the denominator. We also seek guidance on whether this measure is designed for only reporting quality measures via the Medicare Physician Quality Reporting System (PQRS) or when using the AGA Digestive Health Recognition Program as outlined in the description.</p> <p>In order to promote wide adoption for this measure and a clearer understanding of the relevant patient population in the exclusions, we recommend that for Stage 2 the measure developer provide a description that is without reference to PQRS or a specific registry, and instead, use the common current procedural terminology (CPT) codes or defined services clearly outlining the relevant population.</p> <p>The College also recommends adding budesonide in the measure specifications as it is a corticosteroid for the purposes of this measure.</p>	C 2062: IBD preventive care: corticosteroid related iatrogenic injury – bone loss assessment
2744	Council	Brad Conway, American College of Gastroenterology; Submitted by Mr. Brad Conway	<p>The College supports the measure in concept. However, we recommend that the measure developer provide clearer guidance on the denominator, and more specifically, the patient population excluded from the denominator. We also seek guidance on whether this measure is designed for only reporting quality measures via the Medicare Physician Quality Reporting System (PQRS) or when using the AGA Digestive Health Recognition Program as outlined in the description.</p> <p>In order to promote wide adoption for this measure and a clearer understanding of the relevant patient population in the denominator exclusions, we also recommend that for Stage 2 the measure developer provide a description that is without reference to PQRS or a specific registry, and instead, use common current procedure terminology (CPT) codes or defined diagnoses clearly outlining the relevant population.</p> <p>The College also recommends adding budesonide in the measure specifications as it is a steroid and should be included in a measure regarding corticosteroid sparing therapy.</p>	C 2059: IBD preventive care: corticosteroid sparing therapy