NATIONAL QUALITY FORUM

Conference Calls for the Bone/Joint Technical Advisory Panel
Summary of the Musculoskeletal Maintenance Measures Evaluation

November 12 and 17, 2010

TAP Members participating: Diane Jewell PT, DPT, PhD, CCS (Chair); Robert Karpman, MD, MBA; Debra Palmer, RN, ONC, MSN, FNP-C; Debra Sietsema, PhD, RN

NQF Staff participating: Reva Winkler, MD, MPH; Alexis Forman, MPH

Others participating: Katherine Ast, John Bott, Sepheen Byron, Johann Chanin, Jeffrey Geppert, Diedra Joseph, Zakiya Pierre

2009 MAINTENANCE PROCESS

In May, 2010, the NQF Board of Directors approved a new process that standardized reviews of existing measures in a regular cycle of topic-based measure evaluation. Prior to implementation of the new Endorsement Maintenance Process, NQF had begun reviews for measures under the following topic areas: Diabetes, Mental Health, and Musculoskeletal. Existing Steering Committees and Technical Advisory Panels from the Patient Outcomes project were used to complete these reviews. The 2009 maintenance process for these measures is described below:

Three-Year Maintenance Reviews

1. *Email Measure Steward up to 2 months prior to the beginning of the review quarter with a list of measures requiring maintenance review*
    a. *Include table with NQF #, Title, Description, Specifications & Endorsement Date*
    b. *Include Maintenance Review Form*
    c. *Include links to Maintenance webpage for Policies and Criteria*
2. *Measure Steward has 30 calendar days to provide updates*
3. *Measures posted for Public Comment for 30 days*
4. ***Maintenance Committee reviews Measures & makes recommendations to CSAC***
5. ***CSAC reviews Measures and makes decision regarding continued endorsement***
6. *Update database and formal notification sent to Measure Steward of CSAC decision; Public notification of CSAC decision posted to website*
7. *30-day Appeals Period*

In this process, the Maintenance Committees were asked to review the information submitted by the developers and determine whether the measures still meet the NQF measure evaluation criteria. The summary of the Committee evaluation and recommendations are included in the tables below.

MUSCULOSKELETAL

The Bone and Joint Technical Advisory Panel (TAP) from the Patient Outcomes project reviewed 18 measures from the American Medical Association Convened Physician Consortium

for Performance Improvement (AMA/PCPI), the National Committee for Quality Assurance (NCQA), and the Agency for Healthcare Research and Quality **(**AHRQ). The TAP recommended 17 of the 18 measures maintain endorsement; their recommendation was split for the remaining measure. NCQA's low back pain measures are a part of NCQA's Back Pain Recognition program (BPRP) which distinguishes providers who provide excellent quality of care. Approximately, one hundred providers have been recognized thus far. Of those one hundred, 50 percent were medical doctors (of all types) and the remaining 50 percent were chiropractors. To achieve recognition, providers must receive at least 40 of the 100 possible points. Submitted data is all self-reported.

Measure	Bone/Joint TAP Evaluation
0050: Osteoarthritis: Functional and pain assessment ~~*Percentage of patients with osteoarthritis who were assessed for function and pain.*~~ *Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis with assessment for function and pain.* Data Source: electronic administrative data, electronic health record (EHR), paper medical record/flowsheet, hybrid-electronic data collection supplemented with medical record abstraction Level of Analysis: Clinician-individual, group Measure Developer/Steward: AMA/PCPI	**IMPORTANCE:** • Meets criteria: Yes • Current performance: No data available • Evidence: Completely **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely **USABILITY:** • Meets criteria: Completely • Current use: Physician Quality Reporting Initiative (PQRI) measure **FEASIBILTY:** • Meets criteria: Completely **DISCUSSION:** The TAP questioned the age range of this measure considering the prevalence is in the older population. It was suggested that the Measure Developer think about risk adjusting this measure since there are factors that may influence pain and function such as age and co-morbidities. The Panel recommended the developer clarify whether a standardized scale should be used to qualify in the numerator. The Measure Developer informed the TAP that this measure is due for maintenance with PCPI. PCPI is currently waiting on the new American College of Rheumatology guideline updates, which are expected to be released during the first quarter of 2011. **TAP RECOMMENDATION:** Maintain endorsement.
0051: Osteoarthritis: Assessment for use of anti-inflammatory or analgesic over-the-counter (OTC) medications.	**IMPORTANCE:** • Meets criteria: Yes • Current performance: 63.36% • Evidence: Completely

~~*Percentage of patient visits with assessment for use of anti-inflammatory or analgesic OTC medications.*~~ *Percentage of patient visits for patients aged 21 years and older with a diagnosis of AO with an assessment for use of anti-inflammatory or analgesic OTC medications.* Data Source: electronic administrative data, EHR, paper medical record/flowsheet, hybrid-electronic data collection supplemented with medical record abstraction Level of Analysis: clinician-individual, group Measure Developer/Steward: AMA/PCPI	**SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely **USABILITY:** • Meets criteria: Completely • Current use: PQRI measure **FEASIBILTY:** • Meets criteria: Not at all **DISCUSSION:** The TAP pointed out that the two cohorts used during testing indicated that this measure was not feasible. A Panel member stated that it is difficult to find which OTC medications patients are taking in the medical records. The Measure Developer noted this was the reason for specifying a CPT II code to capture the data. The developer advised that this measure is due for maintenance with PCPI. PCPI is currently waiting on the new American College of Rheumatology guideline updates, which are expected to be released during the first quarter of 2011. **TAP RECOMMENDATION:** Maintain endorsement.
0052: Low back pain: Use of imaging studies ~~*This measure assesses if imaging studies (plain x-ray, MRI, CT scan) are over-utilized in the evaluation of patients with acute low back pain.*~~ *The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.* Data Source: electronic administrative data, EHR, paper medical record/flowsheet Level of Analysis: clinician-individual, group; integrated delivery system; health plan; population-national, regional/network Measure Developer/Steward: NCQA	**IMPORTANCE:** • Meets criteria: Yes • Current performance: Commercial plans national average: 72.7% (2009) Medicaid plans national average: 75.6% (2009) Commercial rates distribution: 10th percentile= 69.9%, 50th percentile= 73.3%, 90th percentile= 80.8% Medicaid performance distribution: 10th percentile= 69.5%, 50th percentile= 76.1%, 90th percentile= 81.5% • Evidence: Completely **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely **USABILITY:** • Meets criteria: Completely • Current use: Healthcare Effectiveness Data and Information Set (HEDIS) measure **FEASIBILTY:**

	• Meets criteria: Completely **DISCUSSION:** The TAP felt this measure was evidence-based and there was opportunity for improvement. **TAP RECOMMENDATION:** Maintain endorsement.
0053: Osteoporosis management in women who had a fracture ~~*The percentage of women 65 years and older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the date of fracture. Because women who suffer a fracture are at an increased risk of additional fractures and are more likely to have osteoporosis, this measure assesses how well women at high risk for a second fracture are managed.*~~ *This measure calculates the percentage of women 67 years of age and older who suffered a fracture and who had either a bone mineral density (BMD) test or a prescription for a drug to treat or prevent osteoporosis within the six months after the fracture occurred. Women who suffer a fracture are at an increased risk of additional fractures and are more likely to have osteoporosis; thus, this measure assesses how well plans manage women at high risk for a second fracture.* Data Source: electronic administrative data, lab data, pharmacy data Level of Analysis: clinician-individual, group; integrated delivery system; health plan; program-disease management; population—all levels Measure Developer/Steward: NCQA	**IMPORTANCE:** • Meets criteria: Yes • Current performance: 20.7% • Evidence: Completely **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely **USABILITY:** • Meets criteria: Completely • Current use: HEDIS measure **FEASIBILTY:** • Meets criteria: Completely **DISCUSSION:** Performance improvement is small. The Panel felt there was room for improvement. **TAP RECOMMENDATION:** Maintain endorsement.
0054: Disease-modifying antirheumatic drug therapy in rheumatoid arthritis ~~*Percentage of patients with RA who are not on disease modifying anti-rheumatic drug (DMARD) therapy within the last 30 days.*~~ *Percentage of adult patients aged 18 years and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one*	**IMPORTANCE:** • Meets criteria: Yes • Current performance: national average 82.7% • Evidence: Completely **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely **USABILITY:**

ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD). Data Source: electronic administrative data, registry data, pharmacy data Level of Analysis: clinician-individual; integrated delivery system; health plan; population—national, regional/network, state Measure Developer/Steward: NCQA	• Meets criteria: Completely • Current use: HEDIS measure **FEASIBILTY:** • Meets criteria: Completely **DISCUSSION:** The numerator time window was extended after the submission of the original measure. In the original measure the time window was 30 days. Although there is relatively high performance, the TAP felt there were no other measures to address this issue. **TAP RECOMMENDATION:** Maintain endorsement.
0305: Back pain: Surgical timing *The percentage of patients without documentation of red flags who had surgery within the first 6 weeks of back pain onset (overuse measure, lower performance is better).* Data Source: electronic administrative data, paper medical record/flowsheet Level of Analysis: clinician-individual, group Measure Developer/Steward: NCQA	**IMPORTANCE:** • Meets criteria: Yes • Current performance: 35% • 1c. Evidence: Completely **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely **USABILITY:** • Meets criteria: Completely • Current use: NCQA's low back pain measures are a part of NCQA's Back Pain Recognition (BPRP) program. Approximately one hundred providers have been recognized thus far. Of those one hundred, 50 percent were medical doctors (of all types) and the remaining 50 percent were chiropractors **FEASIBILTY:** • Meets criteria: Completely **DISCUSSION:** The TAP stated that overuse is generally 6-8 weeks after the onset of back pain. **TAP RECOMMENDATION:** Maintain endorsement.
0306: Back pain: Patient reassessment *The percentage of patients with documentation that a physician conducted a reassessment of both of the following:* • *Pain, and* • *Functional status*	**IMPORTANCE:** • Meets criteria: Yes • Current performance: 17% • 1c. Evidence: Completely **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely

Data Source: electronic administrative data, paper medical record/flowsheet Level of Analysis: clinician-individual, group Measure Developer/Steward: NCQA	**USABILITY:** • Meets criteria: Completely • Current use: NCQA BPRP **FEASIBILTY:** • Meets criteria: Completely **DISCUSSION:** The TAP felt this measure was evidence-based and there was opportunity for improvement. **TAP RECOMMENDATION:** Maintain endorsement.
0309: Back pain: Appropriate use of epidural steroid injections *The percentage of patients with back pain who have received an epidural steroid injection in the absence of radicular pain AND those patients with radicular pain who received an epidural steroid injection without image guidance (overuse measure, lower performance is better).* Data Source: electronic administrative data, paper medical record/flowsheet Level of Analysis: clinician-individual, group Measure Developer/Steward: NCQA	**IMPORTANCE:** • Meets criteria: Yes • Current performance: .06% • Evidence: Completely **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely **USABILITY:** • Meets criteria: Completely • Current use: NCQA BPRP **FEASIBILTY:** • Meets criteria: Completely **DISCUSSION:** It was suggested that patients with neurogenic claudication be included in this measure. The TAP noted that physicians are performing well on this measure. **TAP RECOMMENDATION:** Maintain endorsement.
0310: Back pain: Shared decision making *The percentage of patients with whom a physician or other clinician reviewed the treatment options, including alternatives to surgery prior to surgery. To demonstrate shared decision making, there must be documentation in the patient record of a discussion between the physician and the patient that includes all of the following:* • *Treatment choices, including alternatives to surgery* • *Risks and benefits* • *Evidence and effectiveness*	**IMPORTANCE:** • Meets criteria: Yes • Current performance: 81.5% • Evidence: Completely **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely **USABILITY:** • Meets criteria: Completely • Current use: NCQA BPRP **FEASIBILTY:**

Note: this measure is applicable only for physicians who perform surgery Data Source: electronic administrative data, paper medical record/flowsheet Level of Analysis: clinician-individual, group Measure Developer/Steward: NCQA	• Meets criteria: Completely **DISCUSSION:** There was a discussion regarding the definition of informed consent and shared decisionmaking. The Measure Developer indicated that shared decisionmaking precedes informed consent. One member noted the difficulty of objectively measuring given variations in health literacy, comprehension, and language access. The Measure Developer stated that treatment options could be discussed with the caregiver. It was suggested that the Measure Developer clarify the numerator to indicate that the discussion can occur between the clinician and the caregiver. Members of the TAP advised the Measure Developer to clarify the denominator to specify that emergency room patients are excluded from the measure. The TAP also recommended including in the denominator patients who refused surgery. **TAP RECOMMENDATION:** Maintain endorsement.
0312: Back pain: Repeat imaging studies *The percentage of patients who received inappropriate repeat imaging studies in the absence of red flags or progressive symptoms (overuse measure, lower performance is better).* Data Source: electronic administrative data, paper medical record/flowsheet Level of Analysis: clinician-individual, group Measure Developer/Steward: NCQA	**IMPORTANCE:** • Meets criteria: Yes • Current performance: 48% • 1c. Evidence: Completely **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely **USABILITY:** • Meets criteria: Completely • Current use: NCQA BPRP **FEASIBILTY:** • Meets criteria: Completely **DISCUSSION:** The TAP felt there is true overuse in repeat imaging studies. The Measure Developer indicated that this measure is still in the pilot phase and the patient sample criteria have yet to be established. **TAP RECOMMENDATION:** Maintain endorsement.
0313: Back pain: Advice against bed rest *The percentage of patients with medical record documentation that a physician advised them against bed rest lasting four days or longer.*	**IMPORTANCE:** • Meets criteria: Yes • Current performance: 53% • 1c. Evidence: Partially

Data Source: EHR, paper medical record/flowsheet Level of Analysis: clinician-individual, group Measure Developer/Steward: NCQA	**SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Minimally **USABILITY:** • Meets criteria: Minimally • Current use: NCQA BPRP. Also used as a PQRI measure **FEASIBILTY:** • Meets criteria: Completely **TAP RECOMMENDATION:** Maintain endorsement.
0314: Back pain: Advice for normal activities *The percentage of patients with medical record documentation that a physician advised them to maintain or resume normal activities.* Data Source: electronic administrative data, EHR, paper medical record/flowsheet Level of Analysis: clinician-individual, group Measure Developer/Steward: NCQA	**IMPORTANCE:** • Meets criteria: Yes • Current performance: 69.5% • Evidence: Minimally **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely **USABILITY:** • Meets criteria: Partially • Current use: NCQA BPRP. Also used as a PQRI measure **FEASIBILTY:** • Meets criteria: Completely **DISCUSSION:** TAP members indicated that the evidence presented was not strong and was based primarily on expert consensus. **TAP RECOMMENDATION:** Maintain endorsement.
0315: Back pain: Appropriate imaging for acute back pain *The percentage of patients with a diagnosis of back pain for whom the physician ordered imaging studies during the 6 weeks after pain onset, in the absence of "red flags" (overuse measure, lower performance is better).* Data Source: electronic administrative data, paper medical record/flowsheet Level of Analysis: clinician-individual, group	**IMPORTANCE:** • Meets criteria: Yes • Current performance: .08% • Evidence: Completely **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely **USABILITY:** • Meets criteria: Completely • Current use: NCQA BPRP **FEASIBILTY:**

Measure Developer/Steward: NCQA	• Meets criteria: Completely **DISCUSSION:** The TAP felt there is true overuse in repeat imaging studies. **TAP RECOMMENDATION:** Maintain endorsement.
0316: Back pain: Mental health assessment *The percentage of patients with a diagnosis of back pain for whom documentation of a mental health assessment is present in the medical record prior to intervention or when pain lasts more than 6 weeks.* Data Source: electronic administrative data, paper medical record/flowsheet Level of Analysis: clinician-individual, group Measure Developer/Steward: NCQA	**IMPORTANCE:** • Meets criteria: Yes • Current performance: 34.8% • Evidence: Minimally **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely **USABILITY:** • Meets criteria: Completely • Current use: NCQA BPRP **FEASIBILTY:** • Meets criteria: Completely **DISCUSSION:** TAP members indicated that the evidence presented was not strong. Evidence provided states mental health assessment is needed when pain lasts more than 12 weeks, not 6 weeks. The Measure Developer noted that the 6-week timeframe was chosen by a multi-stakeholder advisory panel. **TAP RECOMMENDATION:** Members of the TAP were split.
0317: Back pain: Recommendations for exercise *The percentage of patients with back pain lasting more than 12 weeks, with documentation of physician advice for supervised exercise.* Data Source: electronic administrative data, paper medical record/flowsheet Level of Analysis: clinician-individual, group Measure Developer/Steward: NCQA	**IMPORTANCE:** • Meets criteria: Yes • Current performance: 82.6% • Evidence: Expert opinion only **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely **USABILITY:** • Meets criteria: Partially • Current use: NCQA BPRP **FEASIBILTY:** • Meets criteria: Completely **DISCUSSION:**

	The measure refers to patients specifically with chronic back pain. TAP members suggested including patient selection in the denominator. There may be different recommendations for exercise for the Medicare population such as those with osteoporotic spine fracture or back pain. The TAP discussed the meaning of "supervised exercise"—does going to the health club count? Members of the TAP pointed out that the denominator included patients who actually did get referred. The Measure Developers stated that they would review the denominator details. **TAP RECOMMENDATION:** Maintain endorsement.
0319: Back pain: Physical exam *The percentage of patients with documentation of a physical examination on the date of the initial visit with the physician.* Data Source: EHR, paper medical record/flowsheet Level of Analysis: clinician-individual, group Measure Developer/Steward: NCQA	**IMPORTANCE:** • Meets criteria: Yes • Current performance: 91.7% • Evidence: Completely **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely **USABILITY:** • Meets criteria: Completely • Current use: NCQA back recognition program. Also used as a PQRI measure **FEASIBILTY:** • Meets criteria: Completely **DISCUSSION:** The TAP felt this measure was a part of the standard of care. It was suggested to the Measure Developer to further identify the performance gap (PCPs versus specialists). **TAP RECOMMENDATION:** Maintain endorsement.
0322: ~~Back pain: Initial Assessment~~ Back pain: Initial visit *The percentage of patients with a diagnosis of back pain who have medical record documentation of all of the following on the date of the initial visit to the physician.* 1. *Pain assessment* 2. *Functional status* 3. *Patient history, including notation of presence or absence of "red flags"*	**IMPORTANCE:** • Meets criteria: Yes • Current performance: 75% • Evidence: Completely **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely **USABILITY:** • Meets criteria: Completely • Current use: NCQA back recognition program. Also used as a PQRI measure

4. *Assessment of prior treatment and response, and* 5. *Employment status* Data Source: EHR, paper medical record/flowsheet Level of Analysis: clinician-individual, group Measure Developer/Steward: NCQA	**FEASIBILTY:** • Meets criteria: Completely **DISCUSSION:** TAP members felt this measure could be combined with measure 0319. The Panel stated that the physical exam should occur at the initial visit. **TAP RECOMMENDATION:** Maintain endorsement.
0354: Hip fracture mortality rate (IQI 19) risk adjusted *This measure is used to assess the number of deaths per 100 discharges with principal diagnosis code of hip fracture. Thirty-day mortality may be somewhat different than in-hospital mortality, leading to information bias. Mortality rates should be considered in conjunction with length of stay and transfer rates. Risk adjustment for clinical factors (or at minimum 3M™ All-Patient Refined Diagnosis-Related Groups [APR-DRGs]) is recommended.* Data Source: electronic administrative data Level of Analysis: facility-hospital Measure Developer/Steward: AHRQ	**IMPORTANCE:** • Meets criteria: Yes • Current performance: Overall in-hospital deaths—2.61% • Evidence: Completely **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely • Risk-adjusted rate includes males and females. • Annual reassessment of risk model **USABILITY:** • Meets criteria: Completely • Current use: 13 state and hospital associations **FEASIBILTY:** • Meets criteria: Completely **DISCUSSION:** TAP members felt this measure is a more accurate outcome measure than existing measures related to hip fracture mortality rates, which provides more evidence in evaluation outcomes associated with hospitalized hip fracture patients. **TAP RECOMMENDATION:** Maintain endorsement.