

NATIONAL QUALITY FORUM

TO: Consensus Standards Approval Committee

FR: Reva Winkler, MD, MPH and Alexis Forman, MPH

RE: Results of Voting for *National Voluntary Consensus Standards for Patient Outcomes, Second Report for Phases 1 and 2: A Consensus Report: Addendum-Diabetes Composite Measures*

DA: November 2, 2010

The CSAC will be reviewing the draft report *National Voluntary Consensus Standards for Patient Outcomes: Second Report Addendum* at the November 3-4 in-person meeting.

The draft report, *National Voluntary Consensus Standards for Patient Outcomes, Second Report for Phases 1 and 2: A Consensus Report* identified two measures under consideration without a consensus recommendation. This addendum report presents the results of the final evaluation of two diabetes composite measures including updates to the measures based on new evidence. The complete [addendum voting draft report](#) and supplemental materials are available on the [project page](#). The addendum voting draft contains the summary of the Steering Committee discussion and rationale for recommending the measures.

CSAC ACTION REQUIRED

Pursuant to the CDP, the CSAC may consider approval of 2 candidate consensus standards as specified in the “voting draft” of *National Voluntary Consensus Standards for Patient Outcomes, Second Report for Phases 1 and 2: A Consensus Report: Addendum-Diabetes Composite Measures*. This project followed NQF’s version 1.8 of the CDP. All CDP steps were adhered to and no concerns regarding the process were received.

BACKGROUND

NQF’s Patient Outcomes project has evaluated outcome measures in a variety of topics in Phases 1 and 2. Seventeen measures have previously been considered by the CSAC in the past few months. This addendum report recommends two composite measures for diabetes care. In Spring 2010 several research reports from the [ACCORD trial](#) were released with new evidence for treatment target values for blood pressure. The final evaluation of the diabetes measures was deferred until the measure developers were able to consider revisions to the measure specifications in accordance with the new data.

Comments and their Disposition

NQF received comments from 14 organizations on the 2 candidate measures. Some of the same comments were received from multiple organizations. All measure-specific comments were forwarded to the measure developers, who were invited to respond. A [table](#) of detailed comments submitted during the review period, with responses and actions taken by the Steering Committee, is posted on the NQF voting web page.

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Measure specific comments

OT1-009-09 Optimal Diabetes Care

Numerous comments supported the Committee's decision to defer the final recommendation until the review of the updated ICSI guidelines and revisions to the measure were made in August 2010.

Action taken: The Committee reconsidered the revised measure on September 17, 2010. The Committee recommended the revised measure for endorsement.

OT1-029-09 Comprehensive Diabetes Care

Various comments were submitted concerning the HbA1c less than 7 percent component of the composite measure. Some comments suggested that if the measure was not recommended as a stand-alone measure, then it should not be included in the composite. The Steering Committee did not recommend the stand-alone measure of HbA1c < 7 for endorsement, which was considered by the CSAC on October 14 and put forward to the Board for ratification.

Action taken: In July, the Committee reviewed the comments from the Outcomes second draft report. After its discussion of the stand-alone HbA1c measure, the Committee decided to re-evaluate its recommendations for both candidate diabetes composite measures. The Committee reconsidered the measure on September 17, 2010.

With the change in blood pressure threshold, the Steering Committee noted that the individual components of the composite measures were harmonized. The Steering Committee acknowledged the significant differences between the two diabetes composite measures, especially the underlying composite methodology (all/none and weighted), and determined that it was reasonable to recommend both measures for endorsement.

NQF MEMBER VOTING

The 30-day voting period for the second report addendum of the Patient Outcomes project closed on November 1, 2010. Twenty-six Member organizations voted; no votes were received from the Consumer and the Supplier/Industry Councils. Comments were submitted by Humana and the Centers for Medicare and Medicaid Services (CMS) explaining the reasoning behind the no votes on the measures. These comments are included under the voting results for each measure in the memo.

Voting Results

Voting results for the two candidate consensus standards are provided below.

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MEASURE OT1-009-09: Optimal Diabetes Care

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/ (Total - Abstain)	
Consumer	0	0	0	0		% of Councils Approving (>50%)
Health Plan	4	1	0	5	80%	
Health Professional	6	0	1	7	100%	100%
Provider Organization	3	2	0	5	60%	
Public/Community Health Agency	3	0	0	3	100%	
Purchaser	2	0	0	2	100%	Average Council Approval Rate
QMRI	4	0	0	4	100%	
Supplier/Industry	0	0	0	0		
All Councils	22	3	1	26	88%	90%

Voting comment: Humana did not support this measure and submitted the following comment:

- Humana would also like to raise its concerns with OT1-009-09: Optimal Diabetes Care, the all-or-none composite measure. The Minnesota Community Measurement has found improvement in large group populations when the physicians must report in an all-or-none fashion. However since there can be very good reasons why a given measure is inappropriate for that patient or that a patient refuses one element, then all good care elements are not counted. From a data aggregation perspective, being able to capture the appropriate exceptions and applying those to an all-or-none measurement adds greater difficulty technically and from a reporting perspective. For this reason Humana is more supportive of a modified OT1-029-09 measure, with the adjustments as cited.

MEASURE OT1-029-09: Comprehensive Diabetes Care

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/ (Total - Abstain)	
Consumer	0	0	0	0		% of Councils Approving (>50%)
Health Plan	4	1	0	5	80%	
Health Professional	5	1	1	7	83%	83%
Provider Organization	4	1	0	5	80%	
Public/Community Health Agency	3	0	0	3	100%	
Purchaser	0	2	0	2	0%	Average Council Approval
QMRI	3	0	1	4	100%	
Supplier/Industry	0	0	0	0		
All Councils	19	5	2	26	79%	74%

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Voting comments:

1. Humana did not support this measure and submitted the following comment:

- In the first case, OT1-029-09: Diabetes composite, there is a mixing of data drawn from claims and data drawn from chart audit/EHR. We are supportive of this composite measure in principle but would make the following recommendations. Pursue NQF adoption of a modified version of this measure that includes all of the elements except:
 - Blood pressure control of <140/90 unless it is provided by code such as CPT 2 designation. If it is provided via claims, then the data can remain statistically consistent. However our experience is that very few physician or other health care providers consistently submit CPT 2 codes.
 - Smoking cessation advise--this is a process measure and not an outcome. It is too easily managed by a check off box. The Joint Commission has recently provided editorial opinion against measures such as giving advice as ones with no evidence based association with actual outcomes.
 - Humana would want to ensure that the portion of the composite measure relating to HbA1c <7.0 % for special populations be clarified. Such "special populations" must be ones that can easily and consistently be identified.

2. CMS did not support this measure and submitted the following comment:

We find the *HbA1c control for a special population (<7.0 percent)* to be too stringent as a target for glucose control, and highly controversial for all age groups. In fact, it is problematic for elderly populations at risk of hypoglycemia. Tight control of older, medically complex, and often cognitively impaired beneficiaries is often challenging and problematic. Also, we question whether *HbA1c control (<8.0 percent)* and *HbA1c control for a special population (<7.0 percent)* are equally weighted. Finally, "special population" is undefined and ambiguous; therefore a definition would be required for clarification