NATIONAL QUALITY FORUM

TO: Consensus Standards Approval Committee

FR: Reva Winkler, MD, MPH; Alexis Forman, MPH; Ashley Morsell, MPH

RE: Maintenance Review of NQF-endorsed® measures for diabetes, mental health, and musculoskeletal conditions

DA: December 1, 2010

CSAC ACTION REQUIRED

Thirty-nine NQF-endorsed® measures in the areas of diabetes, mental health, and musculoskeletal measures are now presented to the CSAC for decision regarding continued endorsement under the maintenance process in effect in 2009.

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 (SCs) and Technical Advisory Panels (TAPs) from the Patient Outcomes project carried out these reviews. The 2009 maintenance process for these measures is described below:

Three-Year Maintenance Reviews

1. E-mails Measure Steward up to two months prior to the beginning of the review quarter with a list of measures requiring maintenance review, including:
    a. Include table with NQF #, title, description, specifications and endorsement date;
    b. Include Mmaintenance review form; and
    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 and makes recommendations to CSAC.**
5. **CSAC reviews measures and makes decision regarding continued endorsement.**
6. Updates database and formal notification sent to Measure Steward of CSAC decision; Public notification of CSAC decision posted to website.
7. Thirty-day Appeals Period begins.

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 Committees' evaluations and recommendations are included in the tables below.

DIABETES

The Diabetes TAP from the Patient Outcomes project reviewed the following nine measures from the National Committee for Quality Assurance (NCQA) for patients with diabetes. The TAP recommended that all nine measures maintain endorsement.

Measure	Diabetes TAP Evaluation
0055: Eye exam *Percentage of adult patients with diabetes aged 18-75 years who received a dilated eye exam or seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist or imaging validated to match diagnosis from these photos during the reporting year, or during the prior year, if patient is at low risk** for retinopathy* ***Patient is considered low risk if the following criterion is met: has no evidence of retinopathy in the prior year* Data Source: medical records, electronic health records (EHR), administrative data Level of Analysis: individual, group, facility Measure Developer/Steward: NCQA	**IMPORTANCE:** • Current performance (2009): Commercial 56.5% Medicare 63.5% Medicaid 52.7% • Results have gotten worse. • Coordination of care problems reflect system performance. • Important area; significant gap • New technologies, such as digital retinal exams, not included **TAP RECOMMENDATION:** Maintain endorsement.
0063: Lipid profile *Percentage of adult patients with diabetes aged 18-75 years receiving at least one lipid profile (or ALL component tests)* Data Source: medical records, EHR, administrative data, lab data Level of Analysis: individual, group, facility Measure Developer/Steward: NCQA	**IMPORTANCE:** • Current performance (2009): Commercial 85.0% Medicare 87.3% Medicaid 74.2% • This is really an LCL-C test, not the entire profile. • Medicaid disparity—70% • Fasting requirement is a huge patient barrier, as is draw site, particularly for Medicaid population. **SCIENTIFIC ACCEPTABILITY:** • Specifications do not state fasting is required. • Is this testing measure also needed with the outcome measure (#064)? NCQA reports that only 30% have lab value data—the remaining 70% can only report the test being done. **TAP RECOMMENDATION**: Maintain endorsement.
0064: LDL control *Percentage of patients 18-75 years of age with diabetes whose most recent LDL-C test result during the measurement year was <100 mg/dL* Data Source: medical records, EHR,	**IMPORTANCE:** • Current performance (2009): Commercial 47.0% Medicare 50.0% Medicaid 33.5% **SCIENTIFIC ACCEPTABILITY:**

administrative data, lab data Level of Analysis: individual, group, facility Measure Developer/Steward: NCQA	• Measure has been revised to include only <100 value (previously included two target values: <130 mg/dl and <100mg/dl) • Recommend excluding patients with ESRD/dialysis—NCQA will take under review. • American Diabetes Association (ADA) guidelines provide alternatives to target level <100, i.e., maximum tolerated dose of medication or 30-40% decrease from baseline value—NCQA will look at this in the future. **TAP RECOMMENDATION**: Maintain endorsement.
0056: Foot exam *Percentage of adult patients with diabetes aged 18-75 years who received a foot exam (visual inspection, sensory exam with monofilament, or pulse exam)* Data Source: medical records, EHR, administrative data Level of Analysis: individual, group, facility Measure Developer/Steward: NCQA	**IMPORTANCE:** • No data on current performance **SCIENTIFIC ACCEPTABILITY:** • Current specifications are visual or sensory or pulse exam; intent is for visual + sensory or pulse exam. • ADA guidelines recommend two modalities. • A documentation issue—how to judge when performed adequately—patient reported data may be important. • There are many newer references than those cited—should be updated. • What is the role of vibratory testing versus monofilament testing? Needs clarity in specifications • Consider NQF-endorsed measures from American Podiatric Association (APA)—harmonization; also APA measure for foot care education. • Should include ESRD/dialysis patients and home health patients **FEASIBILTY:** • This is a measure being re-tooled for EHRs—SNOMED codes. **TAP RECOMMENDATION**: Maintain endorsement.
0057: HbA1c test performed *Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year* **0060: HbA1c for pediatric patients** *Percentage of pediatric patients with diabetes*	**IMPORTANCE:** • Current performance (adults 2009): Commercial 89.2% Medicare 89.6% Medicaid 80.6% • Low performance in some groups • Only 30% can get the lab value for the outcome measure; the testing measures are important for the remainder given the under performance.

with a HBA1c test in a 12-month measurement period Data Source: medical records, EHR, administrative data Level of Analysis: individual, group, facility Measure Developer/Steward: NCQA	**TAP RECOMMENDATION**: Maintain endorsement for both measures.
0059: HbA1c >9% (poor control) *Percentage of adult patients with diabetes aged 18-75 years with most recent A1c level greater than 9.0% (poor control)* Data Source: medical records, EHR, administrative data, lab data Level of Analysis: individual, group, facility Measure Developer/Steward: NCQA	**IMPORTANCE:** • Current performance (2009): Commercial 28.2% Medicare 28.0% Medicaid 44.9% • Very high numbers in the Medicaid population **TAP RECOMMENDATION**: Maintain endorsement.
0061: Blood pressure control: BP<140/90 *Patients with most recent systolic blood pressure measurement <140 mm Hg and a diastolic blood pressure <90 mm Hg during the measurement year, as documented through medical record review* **Blood pressure control: BP <130/90** Data Source: medical records, EHR, administrative data Level of Analysis: individual, group, facility Measure Developer/Steward: NCQA	NCQA submitted two target values for this outcome measure: **IMPORTANCE:** • No issues on target value of 140/90 Current performance (2009): Commercial 65.1% Medicare 60.5% Medicaid 59.8% **TAP RECOMMENDATION**: Maintain endorsement. • Still an opinion-based target value—no evidence that this is an appropriate target. • ACCORD trial found no benefit in an aggressive target. • Perhaps lower BP target is appropriate in a younger, healthier population but there is no evidence yet. • Would be useful to collect actual BP values and do sub-analysis for BP <130/80 • Confusion due to JNC 7 target value of ≤120/70 **TAP RECOMMENDATION**: Against endorsement of this outcome target
0062: Urine protein screening *Percentage of adult diabetes patients aged 18-75 years with at least one test for microalbumin during the measurement year or who had evidence of medical attention for*	**IMPORTANCE:** • Current performance (2009): Commercial 82.9% Medicare 88.6% Medicaid 76.9% • Issues on costs of various tests—A/G,

existing nephropathy (diagnosis of nephropathy or documentation of microalbuminuria or albuminuria) Data Source: medical records, EHR, administrative data Level of Analysis: individual, group, facility Measure Developer/Steward: NCQA	creatinine ratio, though can be managed **SCIENTIFIC ACCEPTABILITY:** • Only one measurement per year—what is reliability? • Possible harms are unnecessary referrals for false positive values; though identifying true positives likely outweighs potential harms. • Potential new measures : GFR (predictive value) and early referral to nephrologist (found to have positive impact) **TAP RECOMMENDATION**: Maintain endorsement.

MENTAL HEALTH

The Mental Health Outcomes Steering Committee reviewed 12 measures. The Committee again expressed general dismay at the lack of a comprehensive set of measures for mental health and substance use. The Committee noted that while many of the measures could be improved, the current measures are better than no measures and so was reluctant to recommend removing endorsement. The Committee recommended that 11 of the 12 measures maintain endorsement.

Measure	Steering Committee Evaluation
0004: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a. Initiation, b. Engagement *a. Percentage of adults aged 18 and over diagnosed with AOD abuse or dependence and receiving a related service who initiate treatment* *b. Assessment of the degree to which members engage in treatment with two additional AOD treatments within 30 days after initiating treatment.* Data Source: administrative data Level of Analysis: plan, system, hospital Measure Developer/Steward: NCQA	**IMPORTANCE:** • Meets criteria: Yes • Current performance: Commercial, Medicare and Medicaid plans— Initiation rate: 44.5-56.5% Engagement rate 4.5-15.2 % **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Partially • Testing—no data provided; SC members support the face validity and note the reliability of administrative data. **USABILITY:** • Meets criteria: Completely • Current use: Healthcare Effectiveness Data and Information Set (HEDIS) measure since 2004 **FEASIBILTY:** • Meets criteria: Completely **DISCUSSION:** Dr. Harold Pincus has a grant to perform a formal validation of the measure; the measure is used in VA and Medicaid plans; plans showing improvement; no

	risk adjustment yet though it is clear that VA populations and commercial plans have different patient populations; SC believes this to be a good and useful measure. **SC RECOMMENDATION**: Maintain endorsement.
0103: Major Depressive Disorder: Diagnostic Evaluation *Percentage of patients with a diagnosis of major depressive disorder who met the DSM–IV™ criteria during the visit in which the new diagnosis or recurrent episode was identified* Data Source: claims, registry Level of Analysis: clinician, group Measure Developer/Steward: AMA/PCPI	**IMPORTANCE:** • Meets criteria: No • 2008 Physician Quality Reporting Initiative (PQRI) data: Clinician performance ranged from 0 to 100% (n= 1,328), with an estimated average of 86%. • There is no evidence to suggest that documenting DSM-IV is related to outcomes. **DISCUSSION:** Clinicians should better spend their time on screening and follow-up. "Successful" screening programs have <10% follow-up. **SC RECOMMENDATION**: Do not maintain endorsement.
0104: Major Depressive Disorder: Suicide Risk Assessment *Percentage of patients who had a suicide risk assessment completed at each visit* Data Source: claims, registry Level of Analysis: clinician, group Measure Developer/Steward: AMA/PCPI	**IMPORTANCE:** • Meets criteria: Yes • 2008 PQRI data: Clinician performance ranged from 0 to 100% (n=5,440), with an estimated average of 81%. **SCIENTIFIC ACCEPTABILTY:** • Meets criteria: Partially • Less specificity in "suicide risk assessment" compared to measure #111 • No testing information on reliability; face validity only **USABILTY:** • Meets criteria: Partially • Harmonization with measure #111 • In use in 2008-2010 PQRI **FEASIBILTY:** • Meets criteria: Partially-Completely • Used in PQRI with CPT II codes **DISCUSSION:** Assessment without follow-up for abnormal screening is not optimal. A broader measure including depression and bipolar would be better than two separate measures. **SC RECOMMENDATION**: Maintain endorsement.

0105: New Episode of Depression: (~~a) Optimal Practitioner Contacts for Medication Management,~~ (b) Effective Acute Phase Treatment, (c) Effective Continuation Phase Treatment ~~a.Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication, and who had at least three follow-up contacts with a practitioner during the 84-day (12-week) Acute Treatment Phase~~. *a. Percentage of patients who were diagnosed with a new episode of depression, were treated with antidepressant medication, and remained on an antidepressant drug during the entire 84-day Acute Treatment Phase.* *b. Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication and who remained on an antidepressant drug for at least 180 days.* Data Source: administrative data Level of Analysis: Measure Developer/Steward: NCQA	Revised measure—part (a) has been removed. **IMPORTANCE:** • Meets criteria: Yes • This is a measure of medication adherence—an intermediate outcome measure. • Current performance (2009): Commercial: Acute—63.1%, Continuation—46.3%; Medicare: Acute—62.5%, Continuation—49.3%; Medicaid: Acute—48.2%, Continuation—31.8% **SCIENTIFIC ACCEPTABILTY:** • Meets criteria: Partially • Testing—no data provided; SC members support the face validity and note the reliability of administrative data. **USABILTY:** • Meets criteria: Completely • HEDIS measure **FEASIBILTY:** • Meets criteria: Completely • Based on administrative data **DISCUSSION:** Everyone cannot do the depression outcome measures so medication adherence is a reasonable alternative. The measure does not allow for non-medication intervention. **SC RECOMMENDATION**: Maintain endorsement.
0106: Diagnosis of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents *Percentage of patients newly diagnosed with attention deficit hyperactivity disorder (ADHD) whose medical record contains documentation of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or Diagnostic and Statistical Manual for Primary Care (DSM-PC) criteria being addressed.* Data Source: medical record, EHR Level of Analysis: integrated delivery system; clinic	**IMPORTANCE:** • Meets criteria: Yes • Over diagnosis and overuse of medication in children is a problem. Diagnostic criteria should be met before initiating medication. • No data on current performance **SCIENTIFIC ACCEPTABILTY:** • Meets criteria: Partially • Uses codes 314.01/02; does not include "NOS" code of 314.9; theoretically more precise in diagnosis of ADHD but acknowledge that diagnostic coding is random; 314.9 is likely used a lot for children on medication that will not be captured. • No testing information

Measure Developer/Steward: ICSI	**USABILTY:** • Meets criteria: Partially • No information on current use; measures are "made available to users." **FEASBILITY:** • Meets criteria: Partially • Record review via EHRs **DISCUSSION:** ADHD is different than depression—concern for overuse; limited to DSM—does not include Connors rating scale that can be used for longitudinal assessment; a better measure would use a standard tool to follow patient longitudinally. **SC RECOMMENDATION**: Maintain endorsement.
0107: Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents *Percentage of patients diagnosed with attention deficit hyperactivity disorder (ADHD) and on first-line medication whose medical record contains documentation of a follow-up visit twice a year.* Data Source: medical record, EHR Level of Analysis: integrated delivery system, clinic Measure Developer/Steward: ICSI	**IMPORTANCE:** • Meets criteria: Yes • No data on current performance • Medication management measure—multiple guidelines with different recommendations—this is based on ICSI guidelines: K-12th grades—follow closely in first weeks; once stable, visit every 3-6 months **SCIENTIFIC ACCEPTABILTY:** • Meets criteria: Partially • Uses codes 314.01/02; does not include "NOS" code of 314.9; theoretically more precise in diagnosis of ADHD but acknowledge that diagnostic coding is random; 314.9 is likely used a lot for children on medication that will not be captured. • No testing information **USABILTY:** • Meets criteria: Partially • No information on current use; measures are "made available to users" by Developer. • Harmonization with measure #108 **FEASBILITY:** • Meets criteria: Partially • Record review via EHRs **DISCUSSION:** Twice yearly follow-up is probably not enough. **SC RECOMMENDATION**: Maintain endorsement.

0108: ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication. *a. Initiation Phase: Percentage of children 6-12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for and ADHD medication and who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.* *b. Continuation and Maintenance (C&M) Phase: Percentage of children 6-12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who in addition to the visit in the Initiation Phase had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ends.* Data Source: administrative data Level of Analysis: plan, system, hospital Measure Developer/Steward: NCQA	**IMPORTANCE:** • Meets criteria: Yes • Current performance: Commercial Medicaid Initiation (2009) 36.6% 36.6% (2007) 33.7% 33.5% Continuation (2009) 41.7% 41.7% (2007) 38.7% • 38.9% AAP guidelines: "The clinician should periodically provide a systematic follow-up for the child (ages 6-12) with ADHD. Monitoring should be directed to target outcomes and adverse effects, with information gathered from parents, teachers, and the child." **SCIENTIFIC ACCEPTABILTY:** • Meets criteria: Partially • Testing—no data provided; SC members support the face validity and note the reliability of administrative data. **USABILTY:** • Meets criteria: Partially • HEDIS measure • Harmonization with #107 (age; frequency) **FEASIBILTY:** • Meets criteria: Completely • Based on administrative data **SC RECOMMENDATION**: Maintain endorsement. **STAFF NOTE:** Harmonization challenges—widely conflicting guidelines regarding age and frequency
0003: Bipolar Disorder: Assessment for diabetes* *Percentage of patients treated for bipolar disorder who are assessed for diabetes within 16 weeks after initiating treatment with an atypical antipsychotic agent.* Data Source: medical record Level of Analysis: individual, group, facility, system, plan Measure Developer/Steward: Center for Quality Assessment and Improvement in Mental Health (CQIMH)	**IMPORTANCE:** • Meets criteria: Yes • No data on current performance • Abnormal glucose and other metabolic abnormalities are common with antipsychotic medication. **SCIENTIFIC ACCEPTABILTY:** • Meets criteria: Completely • Good testing for reliability and validity in 2005 during development but no data since **USABILITY:** • Committee members aware that measure being used locally—usually through EHRs; Developer has no current data.

	FEASIBILITY: • Usually via EHRs **DISCUSSION:** Abnormal glucose is important but so are other metabolic abnormalities—measure should include screening for more risk factors; alternatively use of antipsychotic medications would be an indication for glucose and cholesterol screening in a general population measure. **SC RECOMMENDATION**: Maintain endorsement. Recommendations to Developer—update the measure to include screening for other metabolic abnormalities. MEASURE DEVELOPER RESPONSE (11/23/10): "With the exception of an annual review to ensure these measures remain up-to-date in what they measure, no enhancement of them is currently planned. I don't personally have more recent data. Some of these measures are being/will be absorbed and improved by forthcoming initiations."
0109: Bipolar Disorder and Major Depression: Assessment for Manic or hypomanic behaviors* *Percentage of patients treated for depression who were assessed, prior to treatment, for the presence of current and/or prior manic or hypomanic behaviors.* Data Source: medical record Level of Analysis: individual, group, facility, system, plan Measure Developer/Steward: Center for Quality Assessment and Improvement in Mental Health (CQIMH)	**IMPORTANCE:** • Meets criteria: Yes • No data on current performance **SCIENTIFIC ACCEPTABILTY:** • Meets criteria: Completely • Good testing for reliability and validity in 2005 during development but no data since **USABILITY:** • Committee members aware that measure being used locally—usually through EHRs; Developer has no current data. **FEASIBILITY:** • Usually via EHRs **DISCUSSION:** Assessment measures should include the action/follow-up in response to a positive assessment. **SC RECOMMENDATION**: Maintain endorsement. See Developer response to #003.
0110: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use*	**IMPORTANCE:** • Meets criteria: Yes • No data on current performance

Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use Data Source: medical record Level of Analysis: individual, group, facility, system, plan Measure Developer/Steward: Center for Quality Assessment and Improvement in Mental Health (CQIMH)	**SCIENTIFIC ACCEPTABILTY:** • Meets criteria: Completely • Good testing for reliability and validity in 2005 during development but no data since **USABILITY:** • Committee members aware that measure being used locally—usually through EHRs; Developer has no current data. **FEASIBILITY:** • Usually via EHRs **DISCUSSION:** Assessment measures should include the action/follow-up in response to a positive assessment. **SC RECOMMENDATION**: Maintain endorsement. See Developer response to #003.
0111: Bipolar Disorder: Appraisal for risk of suicide* *Percentage of patients with bipolar disorder with evidence of an initial assessment that includes an appraisal for risk of suicide.* Data Source: medical record Level of Analysis: individual, group, facility, system, plan Measure Developer/Steward: Center for Quality Assessment and Improvement in Mental Health (CQIMH)	**IMPORTANCE:** • Meets criteria: Yes • No data on current performance **SCIENTIFIC ACCEPTABILTY:** • Meets criteria: Completely • Good testing for reliability and validity in 2005 during development but no data since **USABILITY:** • Committee members aware that measure being used locally—usually though EHRs; Developer has no current data. • Harmonization—more specificity on risk appraisal than measure #104 **FEASIBILITY:** • Usually via EHRs **DISCUSSION:** A broader measure including both depression and bipolar would be better than two measures. **SC RECOMMENDATION**: Maintain endorsement. See Developer's response to #003.
0112: Bipolar Disorder: Level-of-function evaluation* *Percentage of patients treated for bipolar disorder with evidence of level-of-function evaluation at the time of the initial assessment*	**IMPORTANCE:** • Meets criteria: Yes • No data on current performance **SCIENTIFIC ACCEPTABILTY:** • Meets criteria: Completely

and again within 12 weeks of initiating treatment Data Source: medical record Level of Analysis: individual, group, facility, system, plan Measure Developer/Steward: Center for Quality Assessment and Improvement in Mental Health (CQIMH)	• Good testing for reliability and validity in 2005 during development but no data since **USABILITY:** • Committee members aware that measure being used locally—usually through EHRs; Developer has no current data. **FEASIBILITY:** • Usually via EHRs **DISCUSSION:** Weakest of the bipolar measures but better than nothing. Multiple tools available. Longitudinal, sequential assessment would be a meter measure. **SC RECOMMENDATION**: Maintain endorsement. See Developer's response to #003.

*Dr. Bill Golden disclosed to the Committee that he participated in the development workgroup for the STABLE measures in 2005 though he no longer is involved with the measures. Dr. Golden recused himself from the decisionmaking and offered factual background information only.

MUSCULOSKELETAL CONDITIONS

The Bone and Joint TAP from the Patient Outcomes project reviewed the 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.

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, 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: 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. ~~*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	**IMPORTANCE:** • Meets criteria: Yes • Current performance: 63.36% • Evidence: Completely **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.
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*~~	**IMPORTANCE:** • Meets criteria: Yes • Current performance: 20.7% • Evidence: Completely

~~*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	**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 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	**IMPORTANCE:** • Meets criteria: Yes • Current performance: National average 82.7% • Evidence: Completely **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely **USABILITY:** • 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.
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: 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.
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* 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: 17% • 1c. Evidence: Completely **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely **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* *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	**IMPORTANCE:** • Meets criteria: Yes • Current performance: 81.5% • Evidence: Completely **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely **USABILITY:** • Meets criteria: Completely • Current use: NCQA BPRP **FEASIBILTY:** • 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 patients who refused surgery in the denominator. **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	**IMPORTANCE:** • Meets criteria: Yes • Current performance: 48% • 1c. Evidence: Completely **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Completely **USABILITY:** • Meets criteria: Completely • Current use: NCQA BPRP

Measure Developer/Steward: NCQA	**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.* Data Source: EHR, paper medical record/flowsheet Level of Analysis: clinician-individual, group Measure Developer/Steward: NCQA	**IMPORTANCE:** • Meets criteria: Yes • Current performance: 53% • 1c. Evidence: Partially **SCIENTIFIC ACCEPTABILITY:** • Meets criteria: Minimally **USABILITY:** • Meets criteria: Minimally • Current use: NCQA back recognition program. 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 Measure Developer/Steward: NCQA	**IMPORTANCE:** • Meets criteria: Yes • Current performance: .08% • 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. **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	**IMPORTANCE:** • Meets criteria: Yes

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	• 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"* 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	**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 **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.

REQUEST FOR RETIREMENT

Measure Developers have advised NQF that the measures below have been retired. It is recommended that these measures not maintain endorsement.

NQF#	Title	Description	Measure Steward
0307	LBP: Patient Education	Percentage of patients provided with educational materials that review the natural history of the disease and treatment options, including alternatives to surgery, the risks and benefits, and the evidence. Note: This standard is assessed as a process that applies to all patients. Evaluation is not based on documentation in individual medical records.	NCQA
0308	LBP: Evaluation of Patient Experience	Percentage of physician mechanisms used to evaluate patient experience based on evidence of the following: • an ongoing system for obtaining feedback about patient experience with care • a process for analyzing the data and a plan for improving patient experience. Note: This standard is assessed as a process that applies to all patients. Evaluation is not based on documentation in individual medical records.	NCQA
0311	LBP: Post-surgical Outcomes	Percentage of post-surgical outcomes examined by a physician's system that includes the following: • tracking specific complications of back surgery • periodic analysis of surgical complications data and a plan for improving outcomes. Note: This standard is assessed as a process that applies to all patients. Evaluation is not based on documentation in individual medical records. This standard is applicable only for physicians who perform surgery.	NCQA