

NATIONAL QUALITY FORUM

TO: NQF Members

FR: NQF Staff

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

DA: October 1, 2010

Background

To date, NQF has endorsed more than 200 outcome measures in a variety of topic areas. As greater focus is placed on evaluating the outcomes of episodes of care, additional measures of patient outcomes are needed to fill gaps in the current portfolio. The results or outcomes of an episode of healthcare are inherently important because they reflect the reason consumers seek healthcare (e.g., to improve function, decrease pain, or survive), as well as the result healthcare providers are trying to achieve. Outcome measures also provide an integrative assessment of quality reflective of multiple care processes across the continuum of care. There are a variety of types of outcome measures such as health or functional status, physiologic measurements, adverse outcomes, patient experience with care, and morbidity and mortality. NQF's multi-phase Patient Outcomes project seeks to expand NQF's portfolio of outcome measures.

NQF's 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.

NQF Member Voting

Information for electronic voting has been sent to NQF Member organization primary contacts. Accompanying comments must be submitted by e-mail and must identify submitter, organization, and the specific ballot item that the comments accompany.

Please note that voting concludes on Monday, November 1, 2010, at 6:00 pm ET – no exceptions.

**NQF REVIEW DRAFT: DO NOT CITE OR QUOTE
NQF MEMBER VOTES DUE TO NQF BY NOVEMBER 1, 2010 6:00PM ET**

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**NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR PATIENT OUTCOMES,
SECOND REPORT FOR PHASES 1 AND 2: A CONSENSUS REPORT**

ADDENDUM – DIABETES COMPOSITE MEASURES

DRAFT REPORT FOR VOTING

**NQF VOTING DRAFT—DO NOT CITE OR QUOTE
NQF VOTING closes November 1, 2010, 6:00 PM ET**

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NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR PATIENT OUTCOMES, SECOND REPORT FOR PHASES 1 AND 2: A CONSENSUS REPORT –

ADDENDUM – DIABETES COMPOSITE MEASURES

NQF's 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.

Candidate Consensus Standards Recommended for Endorsement

OT1-009-09: Optimal diabetes care (Minnesota Community Measurement)

The percentage of adult diabetes patients who have optimally managed modifiable risk factors (A1c, LDL, blood pressure, tobacco non-use, and daily aspirin usage) with the intent of preventing or reducing future complications associated with poorly managed diabetes.

Patients ages 18-75 with a diagnosis of diabetes, who meet all the numerator targets of this composite measure: A1c <8.0, LDL <100, blood pressure (BP) <~~130/80~~140/90, tobacco non-user, and for patients age 41+ daily aspirin use unless contraindicated.

On initial submission, ~~t~~The Committee noted that this “all or none” composite measure aligns with endorsed component measures with the exception of the BP target level at <130/80.

Committee members referred to the recently published results of the ACCORD trial¹⁰ that did not find improved outcomes for aggressive blood pressure management below 140/90, while the occurrence of adverse outcomes such as syncope were higher. The Committee generally supported the measure but asked the developers about any potential changes to the measure in light of the ACCORD trial. The developers responded that the measure is based on the guidelines from the Institute for Clinical Systems Improvement (ICSI) and they ~~would will~~-wait until any changes are made to the guidelines before considering changes to the measure. ICSI ~~expects to~~ completed its review of the diabetes guidelines in August 2010. Overall the Committee was

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supportive of the measure and would recommend after resolution of the BP threshold. In addition, some Committee members suggested that the developer should also consider including eye exams and screening for renal function.

In late July 2010, the measure developer submitted revisions to the measure specifications to change the blood pressure target to <140/90. After the revisions, the Committee recommended the measure go forward for endorsement and noted that this patient-centered measure is more “aspirational” by setting a high performance target. ~~Committee members also suggested that there are other important factors in care of patients with diabetes that are not captured in this measure, such as screening for eye care and kidney function.~~ This measure is publicly reported in Minnesota at the clinician group level.

OT1-029-09: Diabetes composite (National Committee for Quality Assurance [NCQA])

The percentage of individuals 18-75 years of age with diabetes (type 1 and type 2) who had each of the following:

- *HbA1c poor control (>9.0 percent)^{*}*
- *HbA1c control (<8.0 percent)*
- *HbA1c control for a special population (<7.0 percent)*
- *Blood pressure control (\geq 140/90 mm Hg)^{*}*
- *Eye examination*
- *Smoking status and cessation advice or treatment*
- *LDL control (\geq 130 mg/dL)*
- *LDL control (<100 mg/dL)*
- *Nephropathy assessment*

This composite measure includes eight endorsed component measures which were recently reviewed by the Diabetes TAP for their scheduled maintenance review. While the Committee did not recommend endorsement of the measure #OT1-028-09 *HbA1c control (<7.0 percent)* as a standalone measure as discussed ~~later~~ in the is-main report, the Committee was supportive of all three HbA1c control measures being used together to describe the complete picture of diabetes

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management by a provider. The composite uses threshold cutoffs and weights to generate a summary score out of a possible 100 points.

The Committee considered several comments regarding inclusion of the HbA1c <7 component measure. The Committee revisited the implications of the recent published results of the ADVANCE⁷ and ACCORD trials,^{8,9} that suggested that very strict control does not lead to better clinical outcomes and may be associated with significant side effects. The Committee decided to re-evaluate this measure at the same time as the final evaluation of the revised- OT1-009-09 Optimal Diabetes Care measure.

The Steering Committee re-considered this weighted composite measure at the same time as final review of measure OT1-009-09. The Committee suggested that this measure is more comprehensive and flexible though some members expressed concern that the embedded thresholds in the measure are not very “aspirational.” The Committee reviewed the submitted table of performance results by health plan in the measure submission, which demonstrated that most of the measure thresholds were set at levels at or below the national means. This measure is in use in NCQA’s Physician Recognition Program with wide acceptance among clinicians.

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.

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NOTES

7. Information regarding the Action in Diabetes and Vascular Disease: Preterax and Diamicro MR Controlled Evaluation (ADVANCE) trial is available at www.advance-trial.com/static/html/prehome/prehome.asp.
8. ACCORD Study Group, Effects of intensive glucose lowering in type 2 diabetes, *N Engl J Med*, 2008;358(24):2545-2559. Epub 2008 Jun 6. Press announcement available at <http://public.nhlbi.nih.gov/newsroom/home/GetPressRelease.aspx?id=2573>.
9. ACCORD Study Group, Effects of intensive blood-pressure control in type 2 diabetes mellitus, *N Engl J Med*, 2010;362(17):1575-1585. Epub 2010 Mar 14.
10. Information regarding the FACIT tools is available at www.facit.org.
11. ACCORD Study Group, Effects of intensive blood-pressure control in type 2 diabetes mellitus, *N Engl J Med*, 2010;362(17):1575-1585. Epub 2010 Mar 14.