



October 23, 2018

To: Consensus Standards Approval Committee (CSAC)
From: Prevention and Population Health Project Team
Re: Prevention and Population Health Spring 2018 Review Cycle

CSAC Action Required

The CSAC will review the recommendation from the Prevention and Population Health project at its October 23, 2018 meeting and vote on whether to uphold the recommendation from the Standing Committee.

This memo includes a summary of the project and measure recommendation received. The following documents accompany this memo:

1. **Prevention and Population Health Draft Report.** The draft report did not require updating following the public comment period since only one comment, unrelated to the Committee's recommendation, was received. The complete draft report and supplemental materials are available on the project webpage.
2. [Comment Table](#). This table lists the one comment received during the post-meeting comment period regarding the Committee's overall portfolio and NQF's response.

Background

Performance measurement is necessary to assess whether healthcare stakeholders effectively use strategies to increase prevention and improve population health. Strengthening measurement of prevention and population health requires joint efforts from communities, public health entities, healthcare providers, and other nonhealthcare stakeholders that influence health outcomes. Growing evidence shows that targeted programs and policies can prevent disease, increase productivity, and yield billions of dollars in savings for the U.S. healthcare system. The United States can reduce the incidence of morbidity and premature mortality by identifying the right measures and implementing evidence-based interventions.

This project sought to identify and endorse measures that can be used to assess prevention and population health in both healthcare and community settings. It also focused on the assessment of disparities in health outcomes. NQF's prevention and population health portfolio includes measures that assess the promotion of healthy behaviors, community-level indicators of health, oral health, and primary prevention strategies. In this cycle, NQF reviewed one breast screening measure for maintenance of endorsement.

Draft Report

The Prevention and Population Health draft report presents the results of the evaluation of the one measure considered under the Consensus Development Process (CDP). The measure is recommended for endorsement.

The measure was evaluated against the 2017 version of the [measure evaluation criteria](#).

	Maintenance	New	Total
Measures under consideration	1	0	1
Measures recommended for endorsement	1	0	1
Measures recommended for inactive endorsement with reserve status	0	0	0
Measures approved for trial use	0	0	0
Measures not recommended for endorsement or trial use	0	0	0
Measures withdrawn from consideration	0	0	0
Reasons for not recommending	Importance – 0 Scientific Acceptability – 0 Use – 0 Overall – 0 Competing Measure – 0	Importance – N/A Scientific Acceptability – N/A Use – N/A Overall – N/A Competing Measure – N/A	

Measure Recommended for Endorsement

- [2372 Breast Cancer Screening](#) (National Committee for Quality Assurance)

Overall Suitability for Endorsement: Yes-12; No-2

Comments and Their Disposition

NQF received one comment from a nonmember organization pertaining to the draft report. However, the comment was not related to the measure under consideration, but rather a comment on the scope of the Committee's portfolio.

A comment table including the comment submitted during the post-evaluation comment period, with a response to the comment and the actions taken by the Standing Committee, is posted to the Prevention and Population Health [project webpage](#).

Appendix A: CSAC Checklist

The table below lists the key considerations to inform the CSAC's review of the measures submitted for endorsement consideration.

Key Consideration	Yes/No	Notes
Were there any process concerns raised during the CDP project? If so, briefly explain.	No	
Did the Standing Committee receive requests for reconsideration? If so, briefly explain.	No	
Did the Standing Committee overturn any of the Scientific Methods Panel's ratings of Scientific Acceptability? If so, state the measure and why the measure was overturned.	N/A	
If a recommended measure is a related and/or competing measure, was a rationale provided for the Standing Committee's recommendation? If not, briefly explain.	No	
Were any measurement gap areas addressed? If so, identify the areas.	No	
Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	

Appendix B: Details of Measure Evaluation

Recommended Measure

2372 Breast Cancer Screening

[Submission](#)

Description: Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer

Numerator Statement: Women who received a mammogram to screen for breast cancer.

Denominator Statement: Women 50-74 years of age.

Exclusions: This measure excludes women with a history of bilateral mastectomy. The measure also excludes patients who use hospice services or are enrolled in an institutional special needs plan or living long-term in an institution any time during the measurement year.

Adjustment/Stratification: No risk adjustment or risk stratification

Rate/proportion better quality = higher score

Level of Analysis: Health Plan, Integrated Delivery System

Setting of Care: Outpatient Services

Type of Measure: Process

Data Source: Claims, Electronic Health Data

Measure Steward: National Committee for Quality Assurance

STANDING COMMITTEE MEETING [07/11/2018]

1. Importance to Measure and Report: The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap)

1a. Evidence: **H-3; M-10; L-2; I-0**; 1b. Performance Gap: **H-2; M-11; L-0; I-2**

Rationale:

- This maintenance measure focuses on the rate of breast cancer screening for women ages 50-74.
- The developer cites a 2016 United States Preventive Services Task Force (USPSTF) recommendation to support the measure as specified. The recommendation includes biennial screening mammography for women aged 50 to 74 years and received a B grade. Previous submissions included the 2009 recommendation from the USPSTF. The focus and grade of the recommendation is unchanged.
- The measure numerator includes all of the following methods of mammograms: screening, diagnostic, film, digital or digital breast tomosynthesis (DBT). The USPSTF recommendation concludes that the current evidence is insufficient to assess the balance of benefits and harms of DBT as a primary screening method for breast cancer. This recommendation received an I grade.

- The developer cites a systematic review from Nelson et al. (2016) that includes more than 65 studies in support of the measure’s focus, including eight randomized control trials (RCTs).
- The Committee raised concerns over the use of this screening measure for accountability and payment programs. The Committee noted that the evidence on the effectiveness of screenings was problematic, that the rate of false positives is about 40%, and that over diagnosis is also an issue.
- The Committee also discussed the role of guidelines in the development of performance measures and the different roles of guidelines and measures in improving quality.
- The Committee acknowledged that a B-rating for a USPSTF cancer screening guideline was relatively high.
- The Committee noted fears about misuse of this measure, as well as other NQF endorsed measures, but acknowledged that developers could not be penalized for the way in which a measure is used in accountability programs during the evaluation. NQF stated that it is aware of the issue of “off-label” measure use and was working with relevant stakeholders, like CMS, to mitigate the issue.
- Ultimately, the Committee agreed that this measure met the Evidence criterion.
- From 2015 to 2017, performance rates for this measure have generally remained stable, with a decrease in performance in commercial plans, an increase in Medicare, and stability in Medicaid.
- The Committee noted that current performance rates still demonstrate wide variation, which is indicative of a sufficient performance gap.
- Some Committee members noted that while performance rates are varied, they may be as high as they should be. Members noted that the highest performance rates for breast cancer screening in any nation are found in Finland and are only as high as 80%. Members speculated that the remaining gap may be attributable to patients opting out of screening.
- Other Committee members mentioned that the Healthy People 2020 target for breast cancer screening is 81%, which has not yet been achieved. Members also noted that these targets were set by a 20% overall increase from starting, and were not rooted in an empirical standard.
- Ultimately, the Committee agreed that this measure met the Performance Gap criterion.

2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-10; M-5; L-0; I-0**; 2b. Validity: **H-2; M-13; L-0; I-0**

Rationale:

- The developer provided measure score-level reliability testing calculated from HEDIS data that included all plans submitting data to NCQA in 2017. The developer used a beta-binomial method to test the signal-to-noise ratio of the measure.
- The Committee expressed no concerns regarding the measure’s reliability, and agreed the measure meets the criterion.
- The developer demonstrated construct validity by assessing the correlation between breast cancer screening and colorectal cancer screening.

- The Committee noted that it could have been better to instead assess the measure's construct validity against a measure of breast cancer mortality but that the testing was sufficient as presented.
- The Committee expressed confusion over the varying timeframes in the numerator (27 months) and denominator (12 months). The developer confirmed that the measure excludes individuals who have not been enrolled in the plan for 27 consecutive months. The Committee noted that the current specifications should be more explicit about the timeframes included in measure.
- Ultimately, the Committee agreed that the measure met the Validity criterion.

3. Feasibility: H-12; M-0; L-2; I-0

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/ unintended consequences identified; 3d. Data collection strategy can be implemented)

Rationale:

- This measure is specified for administrative claims data. All data elements are in defined fields in electronic claims.
- The Committee suggested that the measure should be able to capture those who were offered screening but opted out.
- The Committee had no concerns regarding the measure's feasibility, and agreed the measure meets the criterion.

4. Usability and Use: The maintenance measure meets the Use subcriterion

(Used and useful to the intended audiences for 4a. Accountability and Transparency; 4b. Improvement; and 4c. Benefits outweigh evidence of unintended consequences)

4a. Use: **Pass-12; No Pass-2**; 4b. Usability: **H-5; M-9; L-0; I-0**

Rationale:

- This measure is used in many public reporting and payment programs, including: CMS Medicare Star Rating Program, CMS Medicaid Adult Core Set, CMS Quality Payment Program (QPP), California's Value based Pay for Performance Program, and CMS Qualified Health Plan (QHP) Quality Rating System (QRS).
- The Committee expressed concern that the measure is used in QPP at the individual clinician level despite the measure being specified and tested at the health plan level.
- The Committee agreed that the measure met the Use and Usability criteria.

5. Related and Competing

- This measure is related to the following measures:
 - 0508: Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms (American College of Radiology)
 - 0509: Diagnostic Imaging: Reminder System for Screening Mammograms (American College of Radiology)

Standing Committee Recommendation for Endorsement: **Yes-12; No-2**

Rationale

- The Committee recommended the measure for continued endorsement.

6. Public and Member Comment

NQF did not receive any measure-specific comments during the 30-day public and member comment period.

7. Consensus Standards Approval Committee (CSAC) Endorsement Decision: Yes-X; No-X

8. Appeals