NATIONAL QUALITY FORUM
Driving measurable health improvements together

Prevention and Population Health Spring 2020 Cycle: CDP Technical Report

FINAL TECHNICAL REPORT
MARCH 26, 2021

This report is funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM 500-T0001.

http://www.qualityforum.org

Contents

Executive Summary

Traditionally, medical care has been the primary focus of efforts to improve the health and well-being of individuals and populations. As a result, nearly all national health expenditures have been attributed to healthcare services. Yet, medical care has a relatively small influence on health outcomes when compared to interventions that address smoking, lower educational attainment, poverty, poor diet, and physical environmental hazards (e.g., unsafe housing and polluted air).[1] There is growing recognition of the role of social determinants of health (SDOH) in influencing health outcomes. Maintaining and improving the health and well-being of individuals and populations will require a multidisciplinary, multifactorial approach to address SDOH.

Performance measures are needed to assess improvements in population health as well as the extent to which healthcare stakeholders are using evidence-based strategies (e.g., prevention programs, screening, and community needs assessments). To support this effort, the National Quality Forum (NQF) endorses and maintains performance measures related to prevention and population health through a multistakeholder consensus development process. The purpose of this project was to review prevention and population health measures submitted for endorsement or undergoing endorsement maintenance during the spring 2020 cycle.

NQF's prevention and population health portfolio of measures includes measures for health-related behaviors to promote healthy living; community-level indicators of health and disease; social, economic, and environmental determinants of health; primary prevention and/or screening; and oral health.

For this project, the Prevention and Population Health Standing Committee evaluated two measures undergoing maintenance review against NQF's standard evaluation criteria. The Standing Committee recommended one measure for endorsement and one measure was not recommended for endorsement. The Consensus Standards Approval Committee (CSAC) voted unanimously to uphold the Standing Committee's recommendation to support NQF #0032 and endorse the measure. The CSAC also voted unanimously to uphold the Standing Committee's recommendation to not support NQF #0509 and not endorse the measure.

The Standing Committee recommended the following measure for endorsement:

- **NQF 0032** Cervical Cancer Screening (National Committee for Quality Assurance)

The Standing Committee did not recommend the following measure:

- **NQF 0509** Diagnostic Imaging: Reminder System for Screening Mammograms (American College of Radiology)

Brief summaries of the measures reviewed are included in the body of the report; detailed summaries of the Standing Committee's discussion and ratings of the criteria for each measure are in Appendix A.

Introduction

The United States continues to lag behind other nations in key population health indicators, such as infant mortality, obesity, and life expectancy, despite spending more on healthcare than any other nation in the world.[2] Population health describes the "health outcomes of a group of individuals, including the distribution of such outcomes within the group."[3] Both medical care and SDOH influence health outcomes. SDOH are the conditions or factors within the places where people live, learn, work, play, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[4] Specific SDOH factors may include availability of safe housing and local food markets, access to healthcare services, and culture. As one of the five overarching goals for the decade, *Healthy People 2030* highlights the importance of addressing SDOH by including "social, physical, and economic environments that promote attaining the full potential for health and well-being for all."[5] Nearly 60 percent of deaths in the United States have been attributed to SDOH,[6] yet less than 5 percent of national health expenditures have been attributed to prevention services.[7] To further address the population-based needs, healthcare systems are increasingly expanding their roles in partnering with patients and communities to better understand and address SDOH.

Performance measurement is necessary to assess whether healthcare stakeholders are using strategies to increase prevention and improve population health. Strengthening measurement of prevention and population health will require joint efforts from communities, public health entities, and other non-healthcare stakeholders (e.g., education, transportation, and employment) that influence health outcomes. A large body of evidence demonstrates 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.

To support this goal, NQF maintains a portfolio of measures endorsed through a multistakeholder consensus development process and has developed best practices for prevention and population health. 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. For example, NQF has endorsed several measures related to immunizations and preventive health screenings that are widely used in public reporting and accountability programs.

This project seeks to identify and endorse measures that can be used to assess prevention and population health in both healthcare and community settings. It also focuses on the assessment of disparities in health outcomes. The measures reviewed during the spring 2020 cycle focused on screening for cervical cancer and a reminder system for screening for mammograms. These measures promote population health and lower morbidity and cost over an individual's lifetime.

NQF Portfolio of Performance Measures for Prevention and Population Health Conditions

The Prevention and Population Health Standing Committee (Appendix C) oversees the majority of NQF's portfolio of Prevention and Population Health measures (Appendix B), which includes measures for immunization, oral health, and cancer screening. This portfolio contains 32 measures: 21 process measures, 10 outcome measures, and one composite measure (see Table 1 below).

Table 1. NQF Prevention and Population Health Portfolio of Measures

	Process	Outcome	Composite
Immunization	10	0	1
Pediatric Dentistry	4	1	0
Weight/BMI	1	0	0
Diabetes	0	1	0
Admission Rates	0	7	0
Cancer Screening	3	0	0
Cardiovascular/Pulmonary	0	1	0
Well-Child Visits	2	0	0
Colonoscopy	1	0	0
Total	21	10	1

Additional measures related to prevention and population health have been assigned to other portfolios. These include various diabetes assessment and screening measures for Severe Mental Illness (SMI) (Behavioral Health and Substance Use), HIV viral load (Primary Care and Chronic Illness), Angiotensin-converting enzyme inhibitor/Angiotensin II receptor blockers (ACEI/ARB) medication measures (Cardiovascular), asthma admission rates (All-Cause Admissions and Readmissions), and total cost of care and total resource population-based measures (Cost and Efficiency).

Prevention and Population Health Measure Evaluation

On July 6 and 7, 2020, the Prevention and Population Health Standing Committee evaluated two measures undergoing maintenance review against NQF's standard measure evaluation criteria.

Table 2. Prevention and Population Health Measure Evaluation Summary

	Maintenance	New	Total
Measures Under Review	2	0	2
Endorsed Measures	1	0	1
Measures Not Endorsed	1	0	1

Comments Received Prior to Standing Committee Evaluation

NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). In addition, NQF accepts comments for a continuous 16-week period during each evaluation cycle via an online tool located on the project webpage. For this evaluation cycle, the commenting period opened on May 11, 2020, and closed on September 14, 2020. Pre-meeting commenting closed on June 19, 2020. As of that date, no comments were submitted.

Comments Received After Standing Committee Evaluation

The continuous 16-week public commenting period with NQF member support closed on September 14, 2020. Following the Standing Committee's evaluation of the measures under review, NQF received three comments from two member organizations pertaining to the draft report and to the measures under review. All comments for each measure under review have been summarized in Appendix A.

Throughout the 16-week continuous public commenting period, NQF members had the opportunity to express their support ("support" or "do not support") for each measure submitted for endorsement consideration to inform the Standing Committee's recommendations. An NQF member, the measure developer, emphasized the importance and evidence supporting #0509 and stated future plans to submit the measure for endorsement reconsideration. Another NQF member supported the decision not to endorse #0509, noting that although reminder systems have positive effects, the ability to reliability detect if all patients have equal access to reminders is inconsistent with the measure's varying age recommendations. The same member also offered their support of #0032 and a recommendation to consider increasing the denominator population for patients 65 years and older.

Overarching Issues

During the Standing Committee measure discussions, one overarching issue emerged that was factored into the Standing Committee ratings and recommendations.

Disparities Data

The Standing Committee emphasized the importance of providing disparities information for Population Health measure submissions to discern meaningful difference in performance among and between groups. Of particular concern was a lack of disparities performance data for process measures where known disparities in outcomes are related to the process measure. Specifically, the Standing Committee noted that collecting data for measures in a manner that permits analysis for disparities should be considered as a requirement and, furthermore, reporting on inequities, if identified, should also be

required. The Standing Committee viewed the lack of such an approach as a lost opportunity to use measurement to reduce inequities in healthcare quality. It also noted that a measure that appears "topped out" in overall performance might have underlying population disparities and remain appropriate for continued endorsement. The absence of disparities data (e.g., race, ethnicity, sex, and payer) inhibits the ability to discern meaningful differences in performance among and between measured entities.

Summary of Measure Evaluation

The following brief summaries of the measure evaluations highlight the major issues that the Standing Committee considered. Details of the Standing Committee's discussion and ratings of the criteria for each measure are included in Appendix A.

Cancer Screening

#0032 Cervical Cancer Screening (National Committee for Quality Assurance): Endorsed

Description: The percentage of women 21-64 years of age who were screened for cervical cancer using any of the following criteria:

- Women 21-64 years of age who had cervical cytology performed within the last three years.
- Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.
- Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last five years.

Measure Type: Process; **Level of Analysis**: Health Plan; **Setting of Care**: Outpatient Services; **Data Source**: Claims, Electronic Health Data, Paper Medical Records

The Standing Committee recommended the measure for continued endorsement. The Standing Committee began its discussion with evidence, which has been updated to meet the 2018 United States Preventive Services Task Force guidelines. It was specifically noted that this measure now encompasses three ways of screening for cervical cancer, whereas previously, there were only two. The Standing Committee agreed with the updated evidence presented and noted the specifications aligned with it. During the discussion of performance gap, the Standing Committee reviewed the new information on disparities provided by the developer; literature has found less screening among Hispanic and Asian populations. The performance data differential among commercial and Medicaid plans also was discussed. Although acknowledging a gap, members of the Standing Committee expressed concerns about whether disparities are hidden based on how the data are aggregated and reported within health plans and encouraged a more systematic and thorough approach to collecting disparities data for the measure.

The reliability and validity testing were discussed by the Standing Committee. The reliability statistics of 1.0 for commercial plans (402 plans) and 0.99 for Medicaid plans (245 plans) suggest the measure has high reliability, to which the Standing Committee agreed. The developer also noted it had developed a new signal-to-noise approach that examined within-plan reliability, which also yielded reliability statistics exceeding 0.90. During the discussion on validity, the Standing Committee reviewed the

developer's construct validity testing, which showed a correlation between this measure and two other Healthcare Effectiveness Data and Information Set (HEDIS) process measures (*Breast Cancer Screening and Cervical Cancer Screening*), with the developer hypothesizing that organizations that performed well on this measure should perform well on the other two. The specific range of the correlation coefficients (i.e., 0.32-0.67 for commercial and Medicaid plans) was discussed by the Standing Committee and noted by the developer as moderate. Some Standing Committee members questioned the measures used in the construct validity testing, indicating a preference that the measure be correlated with an outcome. Other Standing Committee members, however, stated that the approach taken and use of other screening measures were appropriate.

The Standing Committee did not express concerns related to feasibility noting the data elements used to calculate performance are readily accessed from claims, an electronic medical record or by chart abstraction. They did not express use or usability concerns as the measure has been implemented in publicly reporting programs for years The CSAC voted unanimously to uphold the Standing Committee's recommendation and endorse NQF #0032.

#0509 Diagnostic Imaging: Reminder System for Screening Mammograms (American College of Radiology): Not Endorsed

Description: Percentage of patients undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram. **Measure Type**: Structure; **Level of Analysis**: Clinician: Individual; **Setting of Care**: Inpatient/Hospital, Outpatient Services; **Data Source**: Claims, Registry Data

The Standing Committee did not vote on the recommendation for endorsement because the measure did not pass the validity criterion—a must-pass criterion. The Standing Committee began its discussion with evidence, which was updated by the developer with a 2018 study of a randomized controlled trial comparing three outreach interventions to promote screening mammography that reinforced the previous evidence. While the presented evidence was accurate, the Standing Committee discussed whether it showed empirical proof that a reminder system leads to higher screening and, more importantly, improved outcomes. One report from the National Academy Press was cited by a Standing Committee member as showing that mammogram screening increased by 50 percent when coupled with a reminder system.

At the outset of the discussion on performance gap, NQF noted the preliminary analysis rating of low for this criterion, which indicates the measure is topped out (mean performance reported was 99.6 percent). NQF noted that such a high-performance rate allowed the Standing Committee to consider this measure for Reserve Status. The purpose of Reserve Status is to retain endorsement of reliable and valid measures that have overall high levels of performance so that performance can be monitored, as necessary, to ensure that performance does not decline. NQF noted that Reserve Status should only be applied to highly credible, reliable, and valid measures that have high levels of performance due to quality improvement actions (e.g., not due to documentation practices only).

During the discussion on performance gaps, Standing Committee members asked about the availability of disparities data, but the developer indicated it did not have that information specific to this measure.

The Standing Committee further noted that requiring information on disparities would be valuable, as there might be a rationale to continue this measure for endorsement if disparities were present. Based on the available performance data, the Standing Committee concluded that the gap was low and voted 14 to three in favor of Reserve Status, which allowed the Standing Committee evaluation to continue. The Standing Committee reviewed and discussed the measure's reliability; a beta-binomial model measuring the ratio of signal to noise was provided showing a reliability statistic of 0.98 (79,450 physicians) for physicians having a minimum of 10 events in the period 2015-2018, suggesting the measure has high reliability. One Standing Committee member questioned how the variability in guideline recommendations for mammography screening by age group, screening or rescreening for a patient aged 40-49 years versus 50 years and older, is reflected when reporting measure performance. The developer stated the age determination for screening or rescreening is up to the provider and varies by facility and patient circumstances. They state the lack of specificity is purposeful.

The developer conducted construct validity, calculating Pearson's coefficients, having hypothesized that good performance on this measure likely indicates physicians who follow guidelines are working within practices that have good systems for tracking patients or do not unnecessarily recall patients. However, the developer was unable to identify a correlation of this measure with two other process measures (including an NQF-endorsed measure). The Standing Committee discussed the comparability across physicians implementing this measure, since that also could be a threat to validity if providers use slightly different recommendations. For example, while the data on performance could be high among providers following the same recommendations, the rates could be very different when comparing the same measure across providers/facilities. Since quorum was not maintained during the discussion of this measure, voting was completed offline. The Standing Committee did not pass this measure on validity—a must-pass criterion. Per NQF policy, any votes captured for the remaining criteria are not applicable since the measure did not pass the "must-pass" criterion of validity. The Standing Committee did not recommend the measure for endorsement. The CSAC voted unanimously to uphold the Standing Committee's recommendation and did not endorse NQF #0509.

References

1 Eggleston EM, Finkelstein JA. Finding the Role of Health Care in Population Health. *JAMA*. 2014;311(8):797-798.

2 OECD. *Tackling Wasteful Spending on Health*. OECD; 2017. https://www.oecd-ilibrary.org/social-issues-migration-health/tackling-wasteful-spending-on-health_9789264266414-en. Last accessed March 2020.

3 Kindig D, Stoddart G. What Is Population Health? *Am J Public Health*. 2003;93(3):380-383.

4 Social Determinants of Health - Healthy People 2030 | health.gov. https://health.gov/healthypeople/objectives-and-data/social-determinants-health. Last accessed March 2021.

5 Healthy People 2030 Framework - Healthy People 2030 | health.gov. https://health.gov/healthypeople/about/healthy-people-2030-framework. Last accessed March 2021.

6 Kindig DA, Asada Y, Booske B. A Population Health Framework for Setting National and State Health Goals. *JAMA*. 2008;299(17):2081-2083.

7 Lots to Lose: How America's Health and Obesity Crisis Threatens our Economic Future | Bipartisan Policy Center. https://bipartisanpolicy.org/report/lots-lose-how-americas-health-and-obesity-crisis-threatens-our-economic-future/. Last accessed March 2020.

Appendix A: Details of Measure Evaluation

Rating Scale: H=High; **M**=Moderate; **L**=Low; **I**=Insufficient; **NA**=Not Applicable

Note: Vote totals may differ between measure criteria and between measures as Standing Committee members often have to join calls late or leave calls early. NQF ensures that quorum is maintained for all live voting. All voting outcomes are calculated using the number of Standing Committee members present for that vote as the denominator. Quorum for the Prevention and Population Health Standing Committee is 16 out of 24 members.

Measure Endorsed

#0032 Cervical Cancer Screening
Submission | Specifications
Description: The percentage of women 21-64 years of age who were screened for cervical cancer using any of the following criteria: -Women 21-64 years of age who had cervical cytology performed within the last three years. -Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years. -Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last five years. **Numerator Statement**: The number of women who were screened for cervical cancer. **Denominator Statement**: Women 24-64 years of age as of the end of the measurement year. **Exclusions**: This measure excludes women who had a hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix any time during their medical history through the end of the measurement year. **Adjustment/Stratification**: No risk adjustment or risk stratification **Level of Analysis:** Health Plan **Setting of Care:** Outpatient Services **Type of Measure**: Process **Data Source**: Claims, Electronic Health Data, Paper Medical Records **Measure Steward**: National Committee for Quality Assurance
STANDING COMMITTEE MEETING July 6, 2020 **1. Importance to Measure and Report: The measure meets the Importance criteria.** (1a. Evidence, 1b. Performance Gap) 1a. Evidence: **Total Votes-16; H-14**; **M-2**; **L-0**; **I-0**; 1b. Performance Gap: **Total Votes-16; H-7**; **M-9**; **L-0**; **I-0** Rationale: • The Standing Committee noted that the measure had been updated to comport with the most recent U.S. Preventative Services Task Force guidelines on cervical cancer screening for women, which now includes a third mechanism to meet the measure (cervical high-risk human papillomavirus testing performed within the last five years). • In response to a question from the Standing Committee, the developer noted that the guidelines indicate 21 years, but the measure has a three-year look back and hence the denominator states women 24-64 years. • The Standing Committee noted that a performance gap remains, and the developer reported that disparities existed between commercial and Medicaid lines of business. The developer also noted that the literature indicated less screening in Hispanic and Asian populations.
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: **Total Votes-16; H-7**; **M-8**; **L-1**; **I-0**; 2b. Validity: **Total Votes-16; H-0**; **M-14**; **L-2**; **I-0**

#0032 Cervical Cancer Screening

Rationale:

- The developer noted it had refined its methodology for signal-to-noise reliability testing to estimate within plan variation, but the new statistic still indicates good reliability (0.94-0.965).
- One Standing Committee member felt the specifications could more clearly state that any one of the methods counted as success for the measures so that implementation would be unambiguous and reliable.
- The Standing Committee noted that the developer provided construct validity to look at a correlation between this measure and two HEDIS measures (*Breast Cancer Screening* and *Chlamydia Screening in Women*). While some Standing Committee members noted that the correlation between the measure pairs were not strong but weak to moderate. Other Standing Committee members noted that a meaningful correlation between different screening measures could be appropriate depending on the situation; although, correlation to an intermediate outcome or outcome would be better.
- One Standing Committee member inquired whether plans with better screening rates on the measure have better outcomes. The developer noted it did not have that data; although, one Standing Committee member noted that we know from the evidence that screening leads to better outcomes.

3. Feasibility: Total Votes-17; H-15; M-2; L-0; 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:

- The Standing Committee noted that the data elements can be used through an electronic medical record or by chart abstraction. The Standing Committee did not express concern about feasibility.

4. Use and Usability

4a. Use; 4a1. Accountability and transparency; 4a2. Feedback on the measure by those being measured and others; 4b. Usability; 4b1. Improvement; 4b2. The benefits to patients outweigh evidence of unintended negative consequences to patients)

4a. Use: **Total Votes-17; Pass-17; No Pass-0** *4b. Usability:* **Total Votes-17; H-4; M-12; L-1; I-0**

Rationale:

- The Standing Committee noted that the measure is publicly reported and did not express concern about use.
- Similarly, the Standing Committee did not express concern about usability.

5. Related and Competing Measures

- This measure is related to NQF #0579 *Annual Cervical Cancer Screening* of follow-up for high-risk women. Both measures focus on cervical cancer screening, but the denominator for #0579 is high-risk women. The developer states the exclusions are aligned.
- Because the measures focus on different denominator populations, no vote was taken by the Standing Committee.

6. Standing Committee Recommendation for Endorsement: **Total Votes-16; Y-16**; **N-0**

7. Public and Member Comment

- The American Geriatrics Society (AGS) provided a comment on the inclusions of this measure, the population of women age 65 plus who have new sexual partners are excluded from this measure. As specified, the measure is for screening women 18-64 years old. The comment further explains that there is an ongoing gap in testing for many older adults who have aged out of these recommendations and this disproportionately affects Black and Brown communities. In addition, older women, especially those who have not been screened when they were younger, remain at risk for cervical cancer and associated mortality.

8. Consensus Standards Approval Committee (CSAC) Vote July 28, 2020: Y-10; N-0

Decision: Approved for continued endorsement.

9. Appeals

#0032 Cervical Cancer Screening
No appeals were received.

Measure Not Endorsed

#0509 Diagnostic Imaging: Reminder System for Screening Mammograms
Submission | Specifications
Description: Percentage of patients undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram **Numerator Statement**: Patients whose information is entered into a reminder system with a target due date for the next mammogram **Denominator Statement**: All patients undergoing a screening mammogram **Exclusions**: Documentation of medical reason(s) for not entering patient information into a reminder system (eg, further screening mammograms are not indicated, such as patients with a limited life expectancy, other medical reason(s)) **Adjustment/Stratification**: No risk adjustment or risk stratification **Level of Analysis:** Clinician: Individual **Setting of Care:** Inpatient/Hospital, Outpatient Services **Type of Measure**: Structure **Data Source**: Claims, Registry Data **Measure Steward**: American College of Radiology
STANDING COMMITTEE MEETING July 6, 2020 **1. Importance to Measure and Report: The measure did not meet the Importance criteria.** (1a. Evidence, 1b. Performance Gap) 1a. Evidence: **Total Votes-17; H-4**; **M-11**; **L-2**; **I-0**; 1b. Performance Gap: **Total Votes-17; H-0**; **M-2**; **L-13**; **I-2;** Reserve Status: **Total Votes-17; Y-14; N-3** Rationale: • The Standing Committee expressed concern that the measure involves entering a reminder for the patient's next screening mammogram into the provider's reminder system and does not ensure the patient actually received the reminder nor actually returned for the mammogram, which is the most important component. • In response to a question about the evidence specific to reminder systems (vs. the importance of receiving mammograms), the developer noted that the original submission included a recommendation for reminder systems by the Community Services Task Force. It also noted that it had conducted a systematic review of the quality, quantity, and consistency of evidence to demonstrate reminder systems increase mammogram screening. • The developer noted it also had provided updated evidence, a 2018 randomized controlled trial that examined interventions, and noted a reminder system can increase screening mammogram adherence. • The Standing Committee noted that the evidence provided indicated mammography screening improved, and one Standing Committee member mentioned a National Academy Press report that cited a meta-analysis that showed receipt of mammography increased by 50% from baseline if reminder systems were used. • The Standing Committee noted that there was no information provided related to disparities. In response to the Standing Committee's query, the developer stated it was not aware of disparities related to the use of a reminder system for mammography or the receipt of a reminder, but it is aware of disparities (e.g., by race, ethnicity, and income status) related to receiving a mammogram. One Standing Committee member noted there was evidence of disparities in the use of reminder systems for other areas, and it would have been useful for the developer indicated this. The Standing Committee emphasized that providing evidence on disparities would be valuable and might be part of the rationale to continue endorsement.

#0509 Diagnostic Imaging: Reminder System for Screening Mammograms

- Based on the provided "topped out" measure performance, NQF policy states the Standing Committee may vote to consider the measure for Reserve Status if the measure is recommended for endorsement. The Standing Committee voted the measure for Reserve Status (**Y-14; N-3**).

2. Scientific Acceptability of Measure Properties: The measure did not meet the Scientific Acceptability criteria; failed on validity.

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

2a. Reliability: **Total Votes-17; H-8**; **M-7**; **L-1**; **I-1**; 2b. Validity: **Total Votes-17; H-0**; **M-6**; **L-5**; **I-6**

Rationale:

- Some Standing Committee members expressed no concerns about the empiric reliability (signal-to-noise) testing, which yielded a result of 0.98; the developer stated this indicated high reliability by convention.
- Other Standing Committee members questioned the measure's reliability because of the variability of the timing of the due date for the next mammogram that is entered into the system. They questioned the reliability given this variability in screening intervals by age. For example, how can reliable comparisons in performance be made if one site based it on one policy and another on a different policy for time intervals for the reminder?
- Especially of concern to the Standing Committee in this regard is the 40-49-year age cohort. It was noted that the U.S. Preventive Services Task Force does not specify a time period for routine screening for this cohort; yet this is an all-age group measure with specific evidence-based guidance for the timing of reminders for other age cohorts.
- The developer indicated that American College of Radiology (ACR) has guidelines, and there also are site-specific and patient-specific policies, but there is no specific guidance for this age group. The developer acknowledged that the time interval is variable by age cohort, but stated the evidence showed that the greater need is to have the reminder system in place for all ages.
- One Standing Committee member asked whether patient opt out of the reminder was an option, and the developer responded it was not.
- For validity testing, the Standing Committee noted that the developer's empiric testing did not seek to correlate performance on this measure with improved mammography rates. The developer performed correlation analyses with other process measures, hypothesizing physicians who did well on this measure also would do well on the other measures. The Standing Committee noted the developer found no correlation to performance on these measures.
- The Standing Committee also generally felt an important element of validity is that performance is almost perfect, but no empiric data provided for this measure proves that this translates to better mammography screening rates, and, ultimately, improvement in breast cancer rates. Other Standing Committee members noted that there is good evidence that mammography screening improves breast cancer outcomes so a measure that promotes this will improve outcomes.
- The Standing Committee did not pass the measure on validity.

3. Feasibility: H-X; M-X; L-X; I-X The Standing Committee did not vote on this criterion since the measure did not pass scientific acceptability.

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

4. Use and Usability The Standing Committee did not vote on these criteria since the measure did not pass scientific acceptability.

4a. Use; 4a1. Accountability and transparency; 4a2. Feedback on the measure by those being measured and others; 4b. Usability; 4b1. Improvement; 4b2. The benefits to patients outweigh evidence of unintended negative consequences to patients)

4a. Use: **Pass-X; No Pass-X** *4b. Usability:* **H-X; M-X; L-X; I-X**

5. Related and Competing Measures

#0509 Diagnostic Imaging: Reminder System for Screening Mammograms
• The developer identified NQF #2372 *Breast Cancer Screening* (health plan level) as a related measure. The Standing Committee did not discuss this criterion because the measure did not meet the scientific acceptability criterion.
6. Standing Committee Recommendation for Endorsement: **Y-X**; **N-X**
7. Public and Member Comment • The AGS provided a comment that did not support this measure. The comment mentioned that reminders for disease prevention can be a contentious issue from a risk management perspective as there is no way to reliably ascertain if all patients have equal access to such reminders. Ultimately, the measure would not help the population. • ACR) provided comments addressing a portion of the Standing Committee's feedback, mentioning its intensions to address the associated issues in the near future. The comment emphasized the criterion of importance and evidence that was discussed to support the measure as a reason for reconsideration for endorsement. Specifically, it was noted that the Standing Committee discussed the improvement of mammography screening adherence, according to a National Academy Press report meta-analysis showing that adherence to regular-interval mammography screening increased by 50 percent from baseline if reminder systems were used. ACR acknowledged that the measure did not meet NQF's must-pass criterion to achieve appropriate empirical validity evidence based on the testing data submitted, which hypothesized that physicians who perform well on NQF #0509 would also perform well on related measures. They plan to reassess the methodology appropriate for establishing validity and reanalyze the data collected for NQF #0509.
8. Consensus Standards Approval Committee (CSAC) Vote July 28, 2020: Y-10; N-0 Decision: Not approved for continued endorsement.
9. Appeals No appeals were received.

Appendix B: Prevention and Population Health Portfolio—Use in Federal Programs[a]

NQF #	Title	Federal Programs: Finalized or Implemented
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Medicaid (Implemented); Marketplace Quality Rating System (QRS) (Implemented)
0032	Cervical Cancer Screening (CCS)	Medicaid (Implemented); QRS (Implemented)
0034	Colorectal Cancer Screening (COL)	Medicare Shared Savings Program (MSSP); (Implemented) MIPS Program (Implemented); QRS (Implemented); Medicare Part C Star Rating (Implemented)
0038	Childhood Immunization Status (CIS)	Medicaid (Implemented); QRS (Implemented)
0039	Flu Vaccinations for Adults Ages 18 and Older	Medicaid (Implemented); QRS (Implemented)
0041	Preventive Care and Screening: Influenza Immunization	MSSP (Implemented); MIPS Program (Implemented)
0041e	Preventive Care and Screening: Influenza Immunization	MIPS Program (Implemented); Medicaid Promoting Interoperability Program for Eligible Professionals (Implemented)
0226	Influenza Immunization in the ESRD Population (Facility Level)	No federal program usage was specified for this measure.
0272	Diabetes Short-Term Complications Admission Rate (PQI 01)	Medicaid (Implemented)
0274	Diabetes Long-Term Complications Admission Rate (PQI 03)	No federal program usage was specified for this measure.
0275	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 05)	Medicaid (Implemented)

[a] Per CMS Measures Inventory Tool as of 01/28/2021

NQF #	Title	Federal Programs: Finalized or Implemented
0277	Congestive Heart Failure Rate (PQI 08)	Medicaid (Implemented)
0279	Community-Acquired Pneumonia Admission Rate (PQI 11)	No federal program usage was specified for this measure.
0281	Urinary Tract Infection Admission Rate (PQI 12)	No federal program usage was specified for this measure.
0283	Asthma in Younger Adults Admission Rate (PQI 15)	Medicaid (Implemented)
0285	Lower-Extremity Amputation Among Patients With Diabetes Rate (PQI 16)	No federal program usage was specified for this measure.
0431	Influenza Vaccination Coverage Among Healthcare Personnel	Prospective Payment System-Exempt Cancer Hospital Quality Reporting (Implemented); Hospital Inpatient Quality Reporting (Implemented); Inpatient Rehabilitation Facility Quality Reporting (Implemented); Long-Term Care Hospital Quality Reporting (Implemented); Home Health Value Based Purchasing (Implemented)
0638	Uncontrolled Diabetes Admission Rate (PQI 14)	No federal program usage was specified for this measure.
0658	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Ambulatory Surgical Center Quality Reporting (Implemented); Hospital Outpatient Quality Reporting (Implemented); MIPS Program (Implemented)
0680	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)	No federal program usage was specified for this measure.
0681	Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long-Stay)	No federal program usage was specified for this measure.
1392	Well-Child Visits in the First 15 Months of Life	Medicaid (Implemented); QRS (Implemented)
1407	Immunizations for Adolescents	MIPS Program (Implemented); Medicaid (Implemented); QRS (Implemented)

NQF #	Title	Federal Programs: Finalized or Implemented
1516	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Medicaid (Implemented); QRS (Implemented)
1659	Influenza Immunization	Care Compare (Implemented); Inpatient Psychiatric Facility Quality Reporting (Implemented)
2372	Breast Cancer Screening	Medicare Part C Star Rating (Implemented); MSSP (Implemented); MIPS Program (Implemented); Medicaid (Implemented); QRS (Implemented)
2511	Utilization of Services, Dental Services	No federal program usage was specified for this measure.
2517	Oral Evaluation, Dental Services	No federal program usage was specified for this measure.
2528	Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services	No federal program usage was specified for this measure.
2689	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	No federal program usage was specified for this measure.
2695	Follow-Up After Emergency Department Visits for Dental Caries in Children	No federal program usage was specified for this measure.
3484	Prenatal Immunization Status	No federal program usage was specified for this measure.

Appendix C: Prevention and Population Health Standing Committee and NQF Staff

STANDING COMMITTEE

Thomas McInerny, MD (Co-Chair)
Retired
Honeoye Falls, New York

Amir Qaseem, MD, PhD, MHA (Co-Chair)
Director, American College of Physicians
West Philadelphia, Pennsylvania

Philip Alberti, PhD
Senior Director, Health Equity Research & Policy, Association of American Medical Colleges
Washington, District of Columbia

Jayaram Brindala, MD, MBA, MPH
Retired Chief Medical Officer for Population Health, AdventHealth
Maitland, Florida

Ron Bialek, MPP, CQIA
President, Public Health Foundation
Washington, District of Columbia

Juan Emilio Carrillo, MD, MPH
Clinical Associate Professor of Medicine, Weill Cornell Medicine
New York, New York

Gigi Chawla, MD, MHA
Chief of General Pediatrics, Children's Minnesota
Minneapolis, Minnesota

Larry Curley
Executive Director, National Indian Council on Aging
Albuquerque, New Mexico

Barry-Lewis Harris, II, MD
Regional Medical Director, Corizon Health
Memphis, Tennessee

Catherine Hill, DNP, APRN
Chief Nursing Officer/Director of Quality and Clinical Outcomes, Texas Health Resources
Frisco, Texas

Amy Nguyen Howell, MD, MBA, FAAFP
Chief Medical Officer, America's Physician Groups
Los Angeles, California

Ronald Inge, DDS
Chief Dental Officer & Vice President of Professional Services, Delta Dental of Missouri
St. Louis, Missouri

Julia Logan, MD, MPH
Associate Medical Director, California Department of Health Care Services
Sacramento, California

Patricia McKane, DVM, MPH
State MCH Epidemiologist and Director Lifecourse Epidemiology and Genomics,
Michigan Department of Health and Human Services
Lansing, Michigan

Amy Minnich, RN, MHSA
Senior Director, Geisinger Health System
Danville, Pennsylvania

Bruce K. Muma, MD, FACP
Chief Medical Officer and President and CEO, Henry Ford Physician Network
Detroit, Michigan

Jason Spangler, MD, MPH, FACPM
Executive Director, Medical Policy, Amgen, Inc.
Washington, District of Columbia

Rosalyn Carr Stephens, RN, MSN, CCM
Clinical Director, Population Health, AmeriHealth Caritas
Washington, District of Columbia

Matt Stiefel, MPA, MS
Senior Director, Center for Population Health, Care Management Institute, Kaiser Permanente
Oakland, California

Marcel Salive, MD, MPH
Health Scientist Administrator, Division of Geriatrics and Clinical Gerontology,
National Institute on Aging
Rockville, MD

Michael Stoto, PhD
Professor of Health Systems Administration and Population Health, Georgetown University
Washington, District of Columbia

Arjun Venkatesh, MD, MBA
Yale University School of Medicine, RWJF Clinical Scholar
New Haven, Connecticut

Renee Walk, MPH
Strategic Policy Advisor, Wisconsin Department of Employee Trust Funds
Madison, Wisconsin

Whitney Bowman-Zatzkin, MPA, MSR
Executive Director, Rare Dots Consulting
Burke, Virginia

NQF STAFF
Sheri Winsper, RN, MSN, MSHA
Senior Vice President, Quality Measurement

Michael Katherine Haynie
Senior Managing Director, Quality Measurement

Sai Ma, MPA, PhD
Managing Director/Senior Technical Expert, Quality Measurement

Apryl Clark, MHSA
Acting Vice President, Quality Measurement

Nicole Williams, MPH
Director, Quality Measurement

Kate Buchanan, MPH
Senior Project Manager, Quality Measurement

Chris Dawson, MHA
Manager, Quality Measurement

Mike DiVecchia, PMP
Senior Project Manager, Quality Measurement

Isaac Sakyi, MSGH
Senior Analyst, Quality Measurement

Robyn Y. Nishimi, PhD
Senior Consultant

Sharon Hibay, DNP, BS, RN
Measure Consultant

Appendix D: Measure Specifications

0032 Cervical Cancer Screening

STEWARD

National Committee for Quality Assurance

DESCRIPTION

The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

-Women 21–64 years of age who had cervical cytology performed within the last 3 years.

-Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.

-Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.

TYPE

Process

DATA SOURCE

Claims, Electronic Health Data, Paper Medical Records. This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

LEVEL

Health Plan

SETTING

Outpatient Services

NUMERATOR STATEMENT

The number of women who were screened for cervical cancer.

NUMERATOR DETAILS

ADMINISTRATIVE:

Number of women who were screened for cervical cancer through either of the following criteria:

-Women 24–64 years of age as of December 31 of the measurement year who had cervical cytology (Cervical Cytology Lab Test Value Set; Cervical Cytology Result or Finding Value Set) during the measurement year or the two years prior to the measurement year.

-Women 30–64 years of age as of December 31 of the measurement year who had cervical high-risk human papillomavirus (hrHPV) testing (High Risk HPV Lab Test Value Set, High Risk HPV Test Result or Finding Value Set) during the measurement year or the four years prior to the measurement year and who were 30 years or older on the date of the test.

NOTE: Evidence of hrHPV testing within the last 5 years also captures patients who had cotesting; therefore additional methods to identify cotesting are not necessary.

See attached value sets.

MEDICAL RECORD:

Number of women who were screened for cervical cancer through either of the following criteria:

-Women 24–64 years of age as of December 31 of the measurement year who had cervical cytology during the measurement year or the two years prior to the measurement year. Documentation in the medical record must include both of the following:

A note indicating the date when the cervical cytology was performed; and

The result or finding.

Count any cervical cancer screening method that includes collection and microscopic analysis of cervical cells. Do not count lab results that explicitly state the sample was inadequate or that "no cervical cells were present"; this is not considered appropriate screening.

Do not count biopsies because they are diagnostic and therapeutic only and are not valid for primary cervical cancer screening.

NOTE: Lab results that indicate the sample contained "no endocervical cells" may be used if a valid result was reported for the test.

-Women 30–64 years of age as of December 31 of the measurement year who had cervical high-risk human papillomavirus (hrHPV) testing during the measurement year or the four years prior to the measurement year and who were 30 years or older as of the date of testing. Documentation in the medical record must include both of the following:

A note indicating the date when the hrHPV test was performed. Generic documentation of "HPV test" can be counted as evidence of hrHPV test; and

The results or findings.

Do not count biopsies because they are diagnostic and therapeutic only and are not valid for primary cervical cancer screening.

NOTE: Evidence of hrHPV testing within the last 5 years also captures patients who had cotesting.

DENOMINATOR STATEMENT

Women 24-64 years of age as of the end of the measurement year.

DENOMINATOR DETAILS

Use administrative data to identify all women 24-64 years of age as of the end of the measurement year.

EXCLUSIONS

This measure excludes women who had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during their medical history through the end of the measurement year.

EXCLUSION DETAILS

ADMINISTRATIVE:

Exclude women who had evidence of hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix (Absence of Cervix Diagnosis Value Set, Hysterectomy with No

Residual Cervix Value Set) any time during their medical history through the end of the measurement year.

See attached value sets.

MEDICAL RECORD:

Exclude women where there is documentation in the medical record of “complete,” “total” or “radical” abdominal or vaginal hysterectomy any time during their medical history through the end of the measurement year. The following also meet criteria:

-Documentation of a “vaginal pap smear” in conjunction with documentation of “hysterectomy.”

-Documentation of hysterectomy in combination with documentation that the patient no longer needs pap testing/cervical cancer screening. Documentation of hysterectomy alone does not meet the criteria because it is not sufficient evidence that the cervix was removed.

RISK ADJUSTMENT

No risk adjustment or risk stratification

STRATIFICATION

N/A

TYPE SCORE

Rate/proportion better quality = higher score

ALGORITHM

Step 1: Determine the eligible population: identify women 24-64 years of age as of the end of the measurement year.

Step 2: Exclude women who had evidence of hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during their medical history through the end of the measurement year.

Step 3: Determine the numerator: identify the number of women who were screened for cervical cancer following the instructions in the numerator details listed in Section S.5.

Step 4: Divide the numerator from Step 3 by the denominator from Step 2 to determine the rate. 123834| 140881| 122107| 150289

COPYRIGHT / DISCLAIMER

0509 Diagnostic Imaging: Reminder System for Screening Mammograms

STEWARD

American College of Radiology

DESCRIPTION

Percentage of patients undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram

TYPE

Structure

DATA SOURCE

Claims, Registry Data. We're using data submitted to CMS through claims and registries for the Merit-based Incentives Payment Program.

LEVEL

Clinician : Individual

SETTING

Inpatient/Hospital, Outpatient Services

NUMERATOR STATEMENT

Patients whose information is entered into a reminder system with a target due date for the next mammogram

NUMERATOR DETAILS

Numerator Note:

The reminder system should be linked to a process for notifying patients when their next mammogram is due and should include the following elements at a minimum: patient identifier, patient contact information, dates(s) of prior screening mammogram(s) (if known), and the target due date for the next mammogram. Use of the reminder system is not required to be documented within the final report to meet performance for this measure.

Performance Met: Patient information entered into a reminder system with a target due date for the next mammogram (7025F)

Performance Not Met: Patient Information not entered into a reminder system, reason not otherwise specified (7025F with 8P)

DENOMINATOR STATEMENT

All patients undergoing a screening mammogram

DENOMINATOR DETAILS

Denominator Criteria (Eligible Cases):

All patients, regardless of age

AND

Diagnosis for mammogram screening (ICD-10-CM): Z12.31

Diagnosis for mammogram screening (ICD-9-CM)[for use 1/1/2015-9/30/2015]: V76.11, V76.12

AND

Patient procedure during the performance period (CPT or HCPCS): 77067

EXCLUSIONS

Documentation of medical reason(s) for not entering patient information into a reminder system [(eg, further screening mammograms are not indicated, such as patients with a limited life expectancy, other medical reason(s)]

EXCLUSION DETAILS

Documentation of medical reason(s) for not entering patient information into a reminder system (e.g., further screening mammograms are not indicated, such as patients with a limited life expectancy, other medical reason(s) (7025F with 1P)

RISK ADJUSTMENT

No risk adjustment or risk stratification

STRATIFICATION

We encourage the results of this measure to be stratified by race, ethnicity, sex, and payer.

TYPE SCORE

Rate/proportion better quality = higher score

ALGORITHM

To calculate performance rates:

1) Find the patients who meet the initial patient population (ie, the general group of patients that the performance measure is designed to address).

2) From the patients within the initial patient population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial patient population and denominator are identical.

3) From the patients within the denominator, find the patients who qualify for the Numerator (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator

If the patient does not meet the numerator, this case represents a quality failure. 108475| 145989| 141015| 142351

COPYRIGHT / DISCLAIMER

responsible for the review and enhancement (“Maintenance”) of the Measures as of December 31, 2014.

ACR encourages use of the Measures by other health care professionals, where appropriate.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED “AS IS” WITHOUT WARRANTY OF ANY KIND.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, ACR, the PCPI and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

Appendix E: Pre-Evaluation Comments

As of June 19, 2020, no NQF member comments were received during the pre-commenting period.

National Quality Forum
1099 14th Street NW, Suite 500
Washington, DC 20005
http://www.qualityforum.org