NATIONAL QUALITY FORUM

Memo

April 26, 2018

To: Prevention and Population Health Standing Committee

From: NQF staff

Re: Post-comment web meeting to discuss public comments received and NQF member expression of support

Purpose of the Call

The Prevention and Population Health Standing Committee will meet via web meeting on April 30, 2018, from 11:00am to 1:00pm ET. The purpose of this call is to:

- Review and discuss comments received during the post-evaluation member and public comment period;
- Provide input on proposed responses to the post-evaluation comments;
- Review and discuss NQF members' expressions of support of the measures under consideration; and
- Determine whether reconsideration of any measures or other courses of action are warranted.

Standing Committee Actions

1. Review this memo and draft report.
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments.
3. Review the NQF members' expressions of support of the submitted measures.
4. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

Conference Call Information

Please use the following information to access the conference call line and webinar:

Speaker dial-in #: **877-362-4940** *(No conference code required)*
Web Link: http://nqf.commpartners.com/se/Rd/Mt.aspx?581169
Registration Link: http://nqf.commpartners.com/se/Rd/Rg.aspx?581169

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 will require joint efforts from communities, public health entities, healthcare providers, and other non-healthcare 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 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. 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 two screening measures and five measures related to pediatric dentistry for maintenance of endorsement.

The 18-person Prevention and Population Health Standing Committee reviewed seven measures for endorsement. It recommended four measures for endorsement; did not reach consensus on an endorsement decision for two measures; and recommended that endorsement be withdrawn for one measure. The Committee's recommendations from the February 9th measure evaluation meeting are below:

Measures that were Recommended

- 0034 Colorectal Cancer Screening (COL)
- 2511 Utilization of Services, Dental Services
- 2517 Oral Evaluation, Dental Services
- 2528 Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services

Measures where Consensus was Not Reached

- 0024 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- 2509 Prevention: Sealants for 10-14 Year-Old Children at Elevated Caries Risk, Dental Services

Measure that was Not Recommended

- 2508 Prevention: Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk, Dental Services
    - *Developer has submitted a request for reconsideration.*

Committee Request for Additional Information

During the evaluation of measures, the Committee requested additional information from measure developers in order to inform a recommendation for those measures where consensus was not reached. The Committee will re-vote on the criteria for which consensus was not reached during the April 30 post-comment call.

#2509 Prevention: Sealants for 10-14 Year-Old Children at Elevated Caries Risk, Dental Services (American Dental Association for Dental Quality Alliance)

During the February 9 measure evaluation meeting, Committee members expressed concern that children who received sealants on their second molars might not have met the recommended clinical guidelines. Specifically, Committee members questioned whether a child

who has a sealant on a permanent second molar in the target year actually meant that they had received the recommended sealant that year, since it could have happened in a prior year. The Committee did not reach consensus on the Validity sub-criterion.

The Committee will revote on the measure's validity during the April 30 post-comment web meeting. If the measure passes the Validity criterion, the Committee will then vote on the measure's overall suitability for endorsement.

The developer provided a memo (Appendix B) to address the Committee's concerns with the measure, including the lack of denominator exclusions and accounting for prior sealant placement. Following the Committee's evaluation, the DQA Measure Development and Maintenance Committee (MDMC) evaluated the comments of the NQF Standing Committee, public comments to the Prevention and Population Health Draft Report, and public comments to the DQA's annual measure review processes. The DQA MDMC reaffirmed that NQF #2509 measures what it intends to measure, is a valid indicator of quality, and can be used to compare performance between programs and between plans.

The MDMC also determined that incorporating exclusions for prior sealant placement does not improve the measure's ability to meet its intent, introduces potential threats to feasibility and reliability, and would require a re-setting of the baseline measurement for implementers who have just begun collecting data on the measure, thereby delaying progress on current quality improvement efforts. The MDMC compared measure scores provided by two dental benefits administrators (DBAs) for the existing measure and for the measure with exclusions for children who already had all four molars previously sealed. The measure scores increased, but the increases were less than one percentage point, ranging from 30 percent to 76 percent. The increase was significant for Medicaid, but not CHIP. They also compared two measure scores over time to assess trends and found relative performance and performance over time follow a similar pattern. These findings are detailed in Table 1 and Figure 1 below Appendix B.

Request for Reconsideration

#2508 Prevention: Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk, Dental Services

During the February 9 measure evaluation meeting, Committee members questioned whether children who received a sealant on a permanent first molar, within the target year, also means that they specifically have received the recommended sealants. The Committee also expressed concern that the exclusion of children without dental benefits is not taken into account when the measure is being computed. Developers noted that the number of children enrolled in Medicaid without dental benefits is minimal, but that the exclusion does apply to Medicaid plans.

On April 2, the DQA requested reconsideration of NQF #2508 *Prevention: Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk, Dental Services*, for which the Committee

recommended that endorsement be removed. The measure failed the Validity sub-criterion. The Committee will vote on whether it wishes to reconsider the measure during the April 30 post-comment web meeting. If a majority of the Committee votes in favor of reopening the measure for reconsideration, the Committee will begin voting on the Validity criterion and vote on all remaining criteria (Feasibility, Usability, Use, and Overall Suitability for Endorsement.

The developer provided a memo (Appendix C) to address the Committee's concerns with the measure, including the lack of denominator exclusions and accounting for prior sealant placement. Following the Committee's evaluation, the DQA MDMC evaluated the comments of the NQF Standing Committee, public comments to the Prevention and Population Health Draft Report, and public comments to the DQA's annual measure review processes. The DQA MDMC reaffirmed that NQF #2508 measures what it intends to measure, is a valid indicator of quality, and can be used to compare performance between programs and between plans. The MDMC also determined that incorporating exclusions for prior sealant placement does not improve the measure's ability to meet its intent, introduces potential threats to feasibility and reliability, and would require a re-setting of the baseline measurement for implementers who have just begun collecting data on the measure, thereby delaying progress on current quality improvement efforts. The MDMC compared measure scores provided by two DBAs for the existing measure and for the measure with exclusions for children who already had all four molars previously sealed. The measure scores increased, ranging from an increase of 1.8 percentage points to 5.1 percentage points. These findings are detailed in Table 1 and Figure 1 below in Appendix C.

Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). Second, NQF solicits member and public comments during a 16-week comment period via an online tool on the project webpage.

Pre-evaluation Comments

NQF solicits comments prior to the evaluation of the measures via an online tool on the project webpage. For this evaluation cycle, the pre-evaluation comment period was open from December 11, 2017 to February 1, 2018 for the measures under review. The majority of the comments received were supportive of the measures' foci. One commenter suggested the developer revise one of the sealant measures based on the volume of children in the denominator who are not eligible to receive sealants. The Committee considered these comments during the measure evaluation meeting on February 9, 2018.

Post-evaluation Comments

The draft report was posted on the project webpage for public and NQF member comment on March 14, 2018, for 30 calendar days. During this commenting period, NQF received 15 comments from four member organizations:

Member Council	# of Member Organizations Who Commented
Consumer	0
Health Plan	1
Health Professional	1
Provider Organization	2
Public/Community Health Agency	0
Purchaser	0
QMRI	0
Supplier/Industry	0

All comments that were received (both pre- and post-evaluation) are included in the comment table (excel spreadsheet) posted to the Committee SharePoint site. This comment table contains the commenter's name and affiliation, comment, associated measure, topic (if applicable), and—for the post-evaluation comments—draft responses (including measure steward/developer responses) for the Committee's consideration. Please review this table in advance of the meeting and consider the individual comments received and the proposed responses to each.

To facilitate discussion, the majority of the post-evaluation comments have been organized by the measures they address. Although all comments are subject to discussion, the intent is not to discuss each individual comment on the April 30 post-comment call. Additionally, please note measure stewards/developers were asked to respond where appropriate. Where possible, NQF staff has proposed draft responses for the Committee to consider.

Comments and Their Disposition

NQF received public comments on all seven measures under review. NQF staff requested responses from measure developers where necessary.

Recommended Measures

0034 Colorectal Cancer Screening (COL) (National Committee for Quality Assurance)

NQF received three post-evaluation comments from two organizations about this measure. One comment did not support the Committee's recommendation and expressed concern over the lack of exclusions for patients with limited life expectancy who are not in hospice care. The other comment expressed concern about the lack of reliability and validity testing for the measure when collected through abstraction from the medical record. The commenter also noted that the submission does not include testing results for the testing of exclusions.

Measure Steward/Developer Response:

The developer responded to both comments, noting that the hospice/living long-term in institutional care exclusion is an important step towards ensuring that these patients are removed from measures that require services at an intensity and frequency that may be inappropriate. The developer will continue to assess whether there are

additional ways to identify members who should be removed from these types of measures. The developer also responded that reliability and validity was included for both administrative claims data and data extracted from medical record review. The developer also noted that the exclusions are identifiable in claims or by medical record abstraction and all HEDIS measures are audited to ensure that members of the eligible population who are excluded are done so appropriately.

Proposed Committee Response:
The Committee agrees with the developer's rationale.

Action Item:
None required.

2511 Utilization of Services, Dental Services (ADA on behalf of DQA)

NQF received one comment about this measure. The comment requested clarification on whether the measure is specified for Medicaid plans only or if it is also specified for commercial plans with a dental benefit. The commenter also requested clarification on how this measure differs from the existing NCQA HEDIS measure Annual Dental Visit (NQF #1388), a similar measure that is no longer NQF endorsed but is currently in use in various public reporting programs.

Measure Steward/Developer Response:
The developer responded that NQF #2511 is calculated using administrative enrollment and claims data, and it is specified for reporting at the program (e.g., Medicaid or CHIP) or plan (e.g., MCO or DBA) level. The developer also noted a primary difference between NQF #2511 and the NCQA HEDIS Annual Dental Visit (ADV) measure is the denominator. NQF #2511 requires a 6-month continuous enrollment during the reporting year, while the HEDIS measure requires a full-year of enrollment and allows for no more than a 45-day gap in enrollment. The extended enrollment requirement of the HEDIS measure results in a significant decrease in the percentage of members eligible for the measure.

Proposed Committee Response:
The Committee agrees with the developer's rationale.

Action Item:
None required.

2517 Oral Evaluation, Dental Services (ADA on behalf of DQA)

NQF received one comment about this measure. The commenter requested clarification on whether the measure is specified for Medicaid plans only or if it also is specified for commercial plans with a dental benefit. The commenter also asked the Committee to look for opportunities for harmonization with existing Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSTD) reporting requirements. The commenter further noted that, conceptually, any visit that satisfies measure #2511 would also satisfy measure #2517, and vice versa; and recommend that the Committee consider the value of having both measures in the Prevention and Population Health portfolio.

Measure Steward/Developer Response:
The developer responded that NQF #2517 is calculated using administrative enrollment and claims data, and it is specified for reporting at the program (e.g., Medicaid or CHIP) or plan (e.g., MCO or DBA) level. The developer also noted that there is no counterpart on the CMS-416 EPSDT data for the DQA's Oral Evaluation measure. The DQA was formed at the request of CMS and maintains regular communication with CMS about its measure development activities so as to promote alignment and harmonization in dental quality measurement. NQF #2511, Utilization of Services, is an access measure assessing whether children are able to access the dental care system. NQF #2517 is a process measure – whether children are receiving regular oral evaluations, including diagnostic services that are critical to evaluating oral disease and dentition development and to developing an appropriate oral health prevention regimen and treatment plan.

Proposed Committee Response:
The Committee agrees with the developer's rationale.

Action Item:
None required.

2528 Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services (ADA on behalf of DQA)

NQF received one comment on this measure. The commenter requested clarification on whether the measure is specified for Medicaid plans only or if it is also specified for commercial plans with a dental benefit. The commenter supported the Standing Committee's request for clarification of how to identify individuals who are at "high" or "moderate" risk.

Measure Steward/Developer Response:
The developer responded that NQF #2528 is calculated using administrative enrollment and claims data, and it is specified for reporting at the program (e.g., Medicaid or CHIP) or plan (e.g., MCO or DBA) level. The developer also provided the rationale for the risk assessment levels, noting that testing data found that significant performance gaps existed within the elevated caries risk populations. During initial measure development, it was recognized that the ability to make reliable distinctions between at-risk levels (e.g., between "moderate" and "high" risk) was not well established. Consequently, the measure adopted a clearer cut dichotomous distinction of "low" risk and "elevated" risk. (The measure does not require distinguishing "moderate" risk from "high" risk.)

Proposed Committee Response:
The Committee agrees with the developer's rationale.

Action Item:
None required.

Consensus Not Reached Measures

#0024 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (NCQA)

The Committee did not reach consensus on the Validity criterion for this measure. The Committee questioned whether assessing this pediatric measure with the adult measure was

appropriate, and several members believed that the measure's moderate correlation with adult body mass index (BMI) assessment was not sufficient justification for the measure's validity. The Committee recommended that the developer assess construct validity using either a similar measure of screening in the pediatric population (e.g., lead screening) or a measure of recent obesity, diabetes, or metabolic disorder diagnoses. The Committee did not reach consensus on whether the measure meets the Validity criterion.

Two comments were submitted on this measure. One comment expressed support for the measure as specified, while the other expressed concern about the lack of reliability and validity testing for the measure when collected through abstraction from the medical record. The commenter also noted that the submission does not include testing results for the testing of exclusions.

Measure Steward/Developer Response:

The reliability and validity testing information represents results for both administrative claims and medical record review (i.e., the measure as specified). The exclusions are identifiable in claims or by medical record abstraction; all HEDIS measures are audited in order to ensure members of the eligible population who are excluded are done so appropriately.

Proposed Committee Response:

TBD

Action Item:

The Committee will re-vote on the Validity sub-criterion and, if it passes, will then vote on Overall Suitability for Endorsement.

#2509 Prevention: Sealants for 10-14 Year-Old Children at Elevated Caries Risk, Dental Services.

The Committee did not reach consensus on the Validity criterion for this measure. Committee members expressed concern that children who received sealants on their second molars might not have met the recommended clinical guidelines. Specifically, Committee members questioned whether a child has a sealant on a permanent second molar in the target year actually meant that they had received the recommended sealant that year, since it could have happened in a prior year.

NQF received two comments on this measure. One comment agreed with the Committee's concern about the need for an exclusion of patients with previously sealed molars. Additionally, however, the commenter noted support for the measure's endorsement. The second comment called for clarification as to whether the measure is specified exclusively for Medicaid plans or if it also applied to commercial plans with a dental benefit. The commenter also agreed with the Committee's request for clarification on how individuals are classified as "high" or "moderate" risk.

Measure Steward/Developer Response:

The developer responded that this measure is calculated using administrative enrollment and claims data, and it is specified for reporting at the program (e.g., Medicaid or CHIP) or plan (e.g., MCO or DBA) level. Further, the developer responded to

the concerns regarding exclusions in their memo for measure #2509 (Appendix B). The developer also provided the rationale for the risk assessment levels, noting that testing data found that significant performance gaps existed within the elevated caries risk populations. During initial measure development, it was recognized that the ability to make reliable distinctions between at-risk levels (e.g., between "moderate" and "high" risk) was not well established. Consequently, the measure adopted a clearer distinction of "low" risk and "elevated" risk. (The measure does not require distinguishing "moderate" risk from "high" risk.)

Proposed Committee Response:

TBD

Action Item:

The Committee will re-vote on the Validity sub-criterion and, if it passes, will then vote on Overall Suitability for Endorsement during the April 20 post-comment web meeting.

Measures Not Recommended

#2508 Prevention: Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk, Dental Services (DQA)

The Committee did not recommend this measure for endorsement based on the Validity criterion. Committee members questioned whether children who received a sealant on a permanent first molar, within the target year, also means that they specifically have received the recommended sealants. The Committee also expressed concern that the exclusion of children without dental benefits is not taken into account when the measure is being computed. Developers noted that the number of children enrolled in Medicaid without dental benefits is minimal, but that the exclusion does apply to the Medicaid plans.

NQF received five post-evaluation comments on this measure. All five comments raised concern over the measure's specifications, specifically the lack of exclusions for individuals with zero sealable molars. One comment disagreed with the measure's inclusion of individuals with "elevated" risk in the denominator, noting there is evidence that current tools to assess caries risk are not reliable. One comment also requested the creation of implementation guidelines.

Measure Steward/Developer Response:

The developer addressed many of the commenters' concerns regarding clinical exclusions in its memo (Appendix C). Further, the developer responded to comments individually, noting that the current state of science on caries risk assessment and developed guidance on risk categorization found that current caries risk assessment tools share many common elements to assess risk and affirmed that they have dichotomous predictive ability to quantify "low risk" and "elevated risk. " Consequently, the MDMC continues to support the focus of the measure on the priority population of children at elevated risk for developing dental caries.

Proposed Committee Response:

TBD

Action Item:
The Committee will vote on whether to reconsider this measure. Should the Committee wish to reconsider the measure, the Committee will vote on the Validity sub-criterion as well as the remaining criteria, including Feasibility, Usability, Use, and Overall Suitability for Endorsement.

NQF Member Expression of Support

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 Committee's recommendations. Two NQF members provided their expressions of support: See Appendix A.

Appendix A: NQF Member Expression of Support Results

Two NQF members provided their expressions of support. One of seven measures under consideration received support from NQF members. Results for each measure are provided below.

0024: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (NCQA)

Member Council	Support	Do Not Support	Total
Consumer	0	0	0
Health Plan	0	0	0
Health Professional	1	0	1
Provider Organization	0	0	0
Public/Community Health Agency	0	0	0
Purchaser	0	0	0
QMRI	0	0	0
Supplier/Industry	0	0	0
All Councils	**1**	**0**	**1**

2508: Prevention: Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk, Dental Services (American Dental Association on behalf of the Dental Quality Alliance)

Member Council	Support	Do Not Support	Total
Consumer	0	0	0
Health Plan	0	1	1
Health Professional	0	0	0
Provider Organization	0	0	0
Public/Community Health Agency	0	0	0
Purchaser	0	0	0
QMRI	0	0	0
Supplier/Industry	0	0	0
All Councils	**0**	**1**	**1**

2509: Prevention: Dental Sealants for 10-14 Year-Old Children at Elevated Caries Risk, Dental Services (American Dental Association on behalf of the Dental Quality Alliance)

Member Council	Support	Do Not Support	Total
Consumer	0	0	0
Health Plan	0	1	1
Health Professional	0	0	0
Provider Organization	0	0	0
Public/Community Health Agency	0	0	0
Purchaser	0	0	0
QMRI	0	0	0
Supplier/Industry	0	0	0
All Councils	**0**	**1**	**1**

2528: Topical Fluoride for Children at Elevated Caries Risk, Dental Services (American Dental Association on behalf of the Dental Quality Alliance)

Member Council	Support	Do Not Support	Total
Consumer	0	0	0
Health Plan	0	1	1
Health Professional	0	0	0
Provider Organization	0	0	0
Public/Community Health Agency	0	0	0
Purchaser	0	0	0
QMRI	0	0	0
Supplier/Industry	0	0	0
All Councils	**0**	**1**	**1**

Appendix B: Consensus Not Reached Measure #2509 Additional Information from Developer

DQA
DENTAL QUALITY ALLIANCE®
Improving Oral Health Through Measurement

DENTAL QUALITY ALLIANCE RESPONSE TO COMMENTS EXPRESSED BY THE NQF STANDING COMMITTEE

FOR

MEASURE #2509- PREVENTION: DENTAL SEALANTS FOR 10-14 YEAR-OLD CHILDREN AT ELEVATED CARIES RISK

EXECUTIVE SUMMARY

Measure Intent: To compare program and plan performance over time related to the application of sealants for a population at inferred risk for dental caries by measuring the percentage of enrolled children 10-14 years of age, at elevated caries risk, who received a sealant on a permanent second molar tooth during the reporting year.

- The measure is intended to be used to distinguish differences in sealant placement between reporting entities in the performance year, identify disparities in sealant placement, and monitor improvement over time.
- The measure is not designed to provide the absolute percentage of children who have ever had a sealant on a permanent second molar (sealant prevalence in the population) because this cannot be reliably measured using administrative claims data.

Initial measure testing indicated that the measure enables these comparisons. Face validity assessments by the DQA's Measure Development and Maintenance Committee (MDMC) as well as the stakeholder community at large affirmed that the measure is a valid process measure with a higher score signifying higher quality.

Measure Review: The DQA MDMC evaluated the comments of the NQF Standing Committee, public comments to the Prevention and Population Health Draft Report, and public comments to the DQA's annual measure review processes. The NQF Standing Committee and one public commenter wished to account for previously sealed molars within the measure. The MDMC evaluated feasibility, reliability, and validity, including reviewing data offered by two dental plans for one state's Medicaid and CHIP programs and considering stakeholder feedback.

Findings from Measure Review: Incorporating exclusions from previously sealed molars increased the measure scores by less than 1 percentage point. These increases were statistically significant in the Medicaid program, but not in the CHIP program. The MDMC concluded that the apparent effect of incorporating exclusions is a slight increase in the baseline measurement, but relative performance and performance over time follow a similar pattern.

MDMC Determinations:

Based on its comprehensive review, the DQA MDMC reaffirmed that the measure:

- measures what it intends to measure,

- is a valid indicator of quality, and
- can be used to compare performance between programs and between plans.

The MDMC also determined that incorporating exclusions for prior sealant placement:

- does not improve the measure's ability to meet its intent,
- introduces potential threats to feasibility and reliability, and
- would require a re-setting of the baseline measurement for implementers who have just begun collecting data on the measure, thereby delaying progress on current quality improvement efforts.

Measure Score Validity: "Validity asks if a measure truly provides the information that it claims to. A measure that isn't valid is mistakenly evaluating something besides the topic of the measure. Such a measure will not lead to sound conclusions about the quality of care provided." (NQF Glossary)

1. **Measure Intent:** The intent of Measure #2509 is to compare program (e.g., Medicaid) and plan performance related to the application of sealants for a population at inferred risk for caries by measuring the percentage of enrolled children 10-14 years of age, at elevated caries risk, who received a sealant on a permanent second molar tooth during the reporting year.

Intended to evaluate relative performance. The measure specifications note that:

- This measure will not delineate those whose teeth have not erupted, those who have already received sealants in prior years, and those with decayed/filled teeth not candidates for sealants.
- This measure is not designed to provide the absolute percentage of children who have ever had a sealant on a permanent second molar.
- The measure is intended to be used for monitoring variations in sealant placement between reporting entities and disparities in sealant placement.

Many of these limitations stem from lack of critical data within administrative claims including lack of ability to identify unerupted teeth, lack of diagnostic codes to identify decayed teeth, and lack of tooth surface level data in many program level databases.

Valid process measure. Testing indicated that the measure enables program and plan level process-of-care comparisons. Performance gaps and disparities in performance at a point in time can be identified. Face validity assessments by the MDMC as well as the stakeholder community at large affirmed that the measure is a valid process measure with a higher score signifying higher quality.

Consequently, the measure provides the information it claims to, and measure guidance explicitly clarifies what it is not designed to do in order to avoid mistaken interpretations of the measure score. The measure enables sound conclusions about the quality of care provided.

2. **Accounting for Prior Sealant Placement**

The NQF Standing Committee expressed concern that prior sealant placement is not accounted for in the measure, noting that those may represent system "successes."

Rationale for not accounting for prior sealant placement. Feasibility, reliability and validity concerns were identified. To accurately capture prior sealant data, a child's complete dental treatment history during the tooth eruption years would need to be captured in administrative claims data. Due to enrollment churn, these historical data frequently are not available. The lack of historical data could be addressed by requiring continuous enrollment in prior years during the tooth eruption period; however, the consequent substantial decrease in the denominator-eligible population raised significant face validity concerns about the representativeness of the resulting sample. Additionally, excluding children with prior sealants could create potentially biased measurement when there are variable observation windows across reporting entities for capturing prior sealant placement. A plan with more historical data will be able to identify more exclusions with a consequent increase in its measure score that is not reflective of improved quality but merely of having more historical data available.

Re-examination of lack of denominator exclusions. The MDMC reviewed data offered by two Dental Benefit Administrators (DBAs) that participate in the one of the same Medicaid and CHIP programs included in original testing to lend insight into the impact on measure performance when exclusions for prior sealant placement are incorporated. Data without incorporating enrollment criteria in years prior to the reporting year were provided.

Table 1 compares the measure scores provided by the two DBAs for the current measure and for the measure with exclusions for children who already had all four molars previously sealed, using a 3-year look-back period. (Note: Plan 1 did not have data available prior to 2013, so the 3-year look back could only be used for 2016.) As expected, the measure scores increased, but the increases were less than 1 percentage point, ranging from 0.30% percentage point to 0.76% percentage point. The differences in the measure scores were statistically significant (based on non-overlapping 95% confidence intervals) in the Medicaid program, but not in the CHIP program.

Figure 1 compares the two measure specifications for several years. (Note: Plan 1 did not have data available prior to 2013, so multiple year data were evaluated based on data from Plan 2.). The data suggest that the apparent effect of incorporating exclusions is a slight increase in the baseline measurement, but relative performance and performance over time follow a similar pattern.

Impact of exclusions on relative performance: electronic patient record-level validation. We had detailed patient record-level data available from 77 dental practice locations representing more than 60,000 children <21 years of age (>19,000 10-14 years). We used these data to compare the relative rankings of the 77 practices based on their measure scores calculated without any exclusions with the relative rankings based on their measure scores calculated excluding children with no sealable molars for any reason (prior sealants, restorations, extractions, unerupted teeth, missing teeth, and active caries). We used Kendall's tau correlation coefficient, a statistical test of associations based on ranks of data, to compare the relative rankings. This correlation coefficient is a more conservative measure of correlation than Spearman's rho. Values >0.70 indicate high correlation. The correlation coefficient between the two approaches was 0.96 ($p<0.001$), signifying nearly perfect positive correlation in the relative rankings for the two approaches (with and without exclusions) in calculating the measure scores. [Spearman's rho=0.996, $p<0.001$] These results further supported the conclusion that the measure scores calculated without exclusions enable comparable distinctions in performance.

Based on these evaluations, it appears that not accounting for exclusions does not compromise the measure's ability to distinguish performance between reporting entities.

3. Summary

Based on the following considerations, the DQA MDMC reaffirmed that the measure:

- measures what it intends to measure,
- is a valid indicator of quality, and
- can be used to compare performance between programs and between plans.

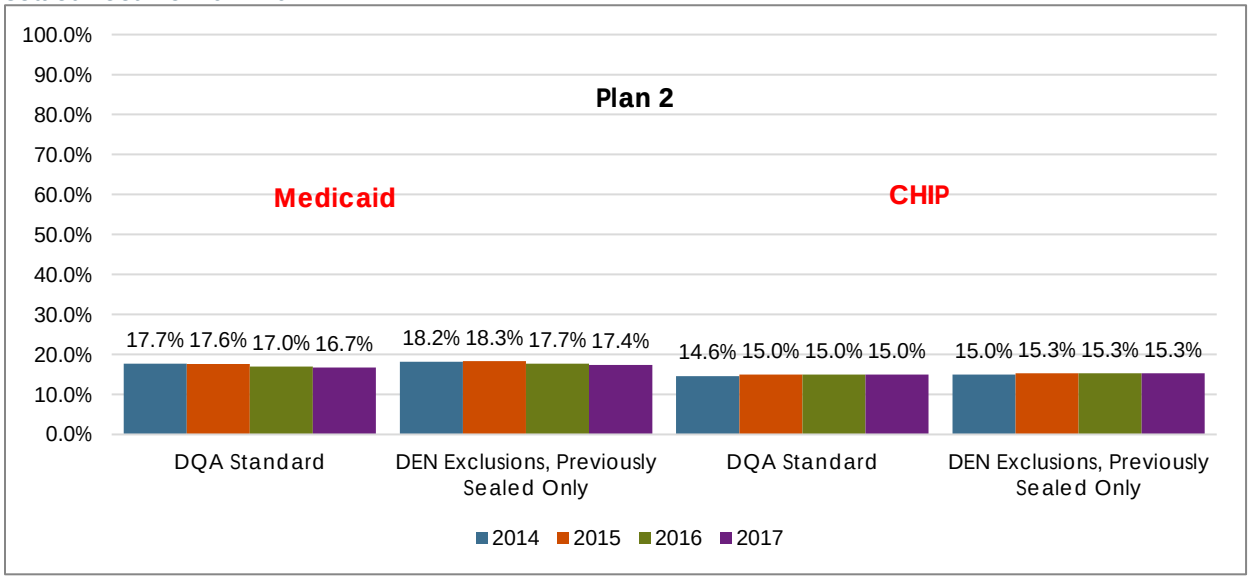
The MDMC also determined that incorporating exclusions for prior sealant placement:

- does not improve the measure's ability to meet its intent,
- introduces potential threats to feasibility, and
- would require a re-setting of the baseline measurement for implementers who have just begun collecting data on the measure, thereby delaying progress on current quality improvement initiatives.

Table 1: #2509 (Sealants, 10-14 years) Measure Score Comparisons with and without Exclusions for Previously Sealed Teeth

		Denominator	Measure Score	95% CI, Lower Bound	95% CI, Upper Bound
Plan 1					
Medicaid	2016-DQA Current Measure	347260	17.04%	0.1691	0.1716
	2016-Exclude Previously Sealed	327778	17.79%	0.1766	0.1792
CHIP					
	2016-DQA Current Measure	46110	17.24%	0.1690	0.1759
	2016-Exclude Previously Sealed	43823	17.94%	0.1758	0.1829
Plan 2					
Medicaid	2014-DQA Current Measure	157734	17.70%	0.1751	0.1789
	2014-Exclude Previously Sealed	151899	18.20%	0.1801	0.1839
	2015-DQA Current Measure	215113	17.60%	0.1744	0.1776
	2015-Exclude Previously Sealed	204487	18.30%	0.1813	0.1847
	2016-DQA Current Measure	260807	17.00%	0.1686	0.1714
	2016-Exclude Previously Sealed	248681	17.70%	0.1755	0.1785
	2017-DQA Current Measure	264111	16.70%	0.1656	0.1684
	2017-Exclude Previously Sealed	248829	17.40%	0.1725	0.1755
CHIP	2014-DQA Current Measure	29510	14.60%	0.1420	0.1500
	2014-Exclude Previously Sealed	28687	15.00%	0.1459	0.1541
	2015-DQA Current Measure	22175	15.00%	0.1453	0.1547
	2015-Exclude Previously Sealed	21493	15.30%	0.1482	0.1578
	2016-DQA Current Measure	31012	15.00%	0.1460	0.1540
	2016-Exclude Previously Sealed	30308	15.30%	0.1489	0.1571
	2017-DQA Current Measure	30835	15.00%	0.1460	0.1540
	2017-Exclude Previously Sealed	29990	15.30%	0.1489	0.1571

Figure 1: #2509 (Sealants, 10-14 years) Measure Scores with and without Exclusions for Previously Sealed Teeth for 2014-2017



Appendix C: Request for Reconsideration Measure #2508 Additional Information from Developer

DQA
DENTAL QUALITY ALLIANCE®
Improving Oral Health Through Measurement

DENTAL QUALITY ALLIANCE RESPONSE TO COMMENTS EXPRESSED BY THE NQF STANDING COMMITTEE

FOR

MEASURE #2508- PREVENTION: DENTAL SEALANTS FOR 6-9 YEAR-OLD CHILDREN AT ELEVATED CARIES RISK

EXECUTIVE SUMMARY

Measure Intent: To compare program and plan performance over time related to the application of sealants for a population at inferred risk for dental caries by measuring the percentage of enrolled children 6-9 years of age, at elevated caries risk, who received a sealant on a permanent first molar tooth during the reporting year.

- The measure is intended to be used to distinguish differences in sealant placement between reporting entities in the performance year, identify disparities in sealant placement, and monitor improvement over time.
- The measure is not designed to provide the absolute percentage of children who have ever had a sealant on a permanent second molar (sealant prevalence in the population) because this cannot be reliably measured using administrative claims data.

Initial measure testing indicated that the measure enables these comparisons. Face validity assessments by the DQA's Measures Development and Maintenance Committee (MDMC) as well as the stakeholder community at large affirmed that the measure is a valid process measure with a higher score signifying higher quality. Moreover, the inclusion of the measure in the CMS CHIPRA Core Set supports face validity.

Measure Review: The DQA MDMC evaluated the comments of the NQF Standing Committee, public comments to the Prevention and Population Health Draft Report, and public comments to the DQA's annual measure review processes. The NQF Standing Committee expressed comments to account for previously sealed teeth within the measure. The MDMC evaluated feasibility, reliability, and validity, including reviewing data offered by two dental plans for one state's Medicaid and CHIP programs and considered stakeholder feedback.

Findings from Measure Review: Incorporating exclusions for previously sealed molars increased the measure scores, ranging from a 1.8 percentage point increase to a 5.1 percentage point increase. These were statistically significant in both programs. However, patterns in performance over time were similar. The MDMC concluded that the apparent effect of incorporating exclusions is a modest increase in the baseline measure, but relative performance and performance over time follow a similar pattern.

MDMC Determinations.

Based on its comprehensive review, the DQA MDMC reaffirmed that the measure:

- measures what it intends to measure,
- is a valid indicator of quality, and
- can be used to compare performance between programs and between plans.

The MDMC also determined that incorporating exclusions for prior sealant placement:

- does not improve the measure's ability to meet its intent,
- introduces potential threats to feasibility and reliability, and
- would require a re-setting of the baseline measurement for implementers who have just begun collecting data on the measure, thereby delaying progress on current quality improvement efforts.

Measure Score Validity: "Validity asks if a measure truly provides the information that it claims to. A measure that isn't valid is mistakenly evaluating something besides the topic of the measure. Such a measure will not lead to sound conclusions about the quality of care provided." (NQF Glossary)

1. **Measure Intent:** The intent of Measure #2508 is to compare program (e.g., Medicaid) and plan performance over time related to the application of sealants for a population at inferred risk for caries by measuring the percentage of enrolled children 6-9 years of age, at elevated caries risk, who received a sealant on a permanent first molar tooth during the reporting year.

Intended to evaluate relative performance. The measure specifications note that:

- This measure will not delineate those whose teeth have not erupted, those who have already received sealants in prior years, and those with decayed/filled teeth not candidates for sealants.
- This measure is not designed to provide the absolute percentage of children who have ever had a sealant on a permanent second molar.
- The measure is intended to be used for monitoring variations in sealant placement between reporting entities and disparities in sealant placement.

Many of these limitations stem from lack of critical data within administrative claims including lack of ability to identify unerupted teeth, lack of diagnostic codes to identify decayed teeth, and lack of surface level data in many program level databases.

Valid process measure. Testing indicated that the measure enables program and plan level process-of-care comparisons. Performance gaps and disparities in performance at a point in time can be identified. Face validity assessments by the MDMC as well as the stakeholder community at large affirmed that the measure is a valid process measure with a higher score signifying higher quality.

Consequently, the measure provides the information it claims to, and measure guidance explicitly clarifies what it is not designed to do in order to avoid mistaken interpretations of the measure score. The measure enables sound conclusions about the quality of care provided.

In addition, among all of the DQA measures, this measure has enjoyed the greatest adoption, which speaks to the measure's ability to serve as a valid quality indicator, including adoption by the Centers for Medicare and Medicaid Services in the CHIPRA Core Set of Child Quality Measures, with reporting by 34 states in 2016, and inclusion in the Covered California State Marketplace quality reporting.

2. Accounting for Prior Sealant Placement

The NQF Standing Committee expressed concern that prior sealant placement is not accounted for in the measure, noting that those may represent system "successes."

Rationale for not accounting for prior sealant placement. Feasibility, reliability and validity concerns were identified. To accurately capture prior sealant data, a child's complete dental treatment history during the tooth eruption years would need to be captured in administrative claims data. Due to enrollment churn, these historical data are frequently not available. The lack of historical data could be addressed by requiring continuous enrollment in prior years during the tooth eruption period; however, the consequent substantial decrease in the denominator-eligible population raised significant face validity concerns about the representativeness of the resulting sample. Additionally, excluding children with prior sealants could create potentially biased measurement when there are variable observation windows

across reporting entities for capturing prior sealant placement. A plan with more historical data will be able to identify more exclusions with a consequent increase in its measure score that is not reflective of improved quality but merely of having more historical data available.

Re-examination of lack of denominator exclusions. The MDMC reviewed data offered by two Dental Benefit Administrators (DBAs) that participate in the one of the same Medicaid and CHIP programs included in original testing to lend insight into the impact on measure performance when exclusions for prior sealant placement are incorporated. Data without incorporating enrollment criteria in years prior to the reporting year were provided.

Table 2 compares the measure scores provided by the two DBAs for the current measure and for the measure with prior sealants excluded, using a 3-year look-back period. (Note: Plan 1 did not have data available prior to 2013, so the 3-year look back could only be used for 2016.) As expected, the measure scores increased, ranging from an increase of 1.8 percentage points to 5.1 percentage points. The differences in the measure scores were statistically significant (based on non-overlapping 95% confidence intervals) in both programs.

Figure 2 compares the two measure specifications for several years. (Note: Plan 1 did not have data available prior to 2013, so multiple year data were evaluated based on data from Plan 2.). The data suggest that the apparent effect of incorporating exclusions is an increase in the baseline measurement, but relative performance and performance over time follow a similar pattern.

Impact of exclusions on relative performance: electronic patient record-level validation. We had detailed patient record-level data available from 77 dental practice these practices locations representing more than 60,000 children <21 years of age (>14,000 6-9 years). We used these data to compare the relative rankings of the 77 practices based on their measure scores calculated without any exclusions with the relative rankings based on their measure scores calculated excluding children with no sealable molars for any reason (prior sealants, restorations, extractions, unerupted teeth, missing teeth, and active caries). We used Kendall's tau correlation coefficient, a statistical test of associations based on ranks of data, to compare the relative rankings. This correlation coefficient is a more conservative measure of correlation than Spearman's rho. Values >0.70 indicate high correlation. The Kendall's tau correlation coefficient between the two approaches was 0.83 ($p<0.001$), signifying high positive correlation in the relative rankings for the two approaches (with and without exclusions) in calculating the measure scores. [Spearman's rho=0.94, $p<0.001$] These results further supported the conclusion that the measure scores calculated without exclusions enable comparable distinctions in performance.

Based on these evaluations, it appears that not accounting for exclusions does not compromise the measure's ability to distinguish performance between reporting entities.

Measure Focus on Children at Elevated Risk for Caries. The DQA sealant measures focus measurement on children inferred at being elevated caries risk as a **priority population** to focus quality measurement. Testing data found that significant performance gaps existed within the elevated caries risk populations. During initial measure development, it was recognized that the ability to make reliable distinctions between at-risk levels (e.g., between "moderate" and "high" risk) was not well established. Consequently, the measure adopted a clearer cut dichotomous distinction of "low" risk and "elevated" risk. The recent findings of an American Dental Association – American Academy of Pediatric Dentistry

Caries Risk Assessment Expert Panel[a], which reviewed the current state of science on caries risk assessment and developed guidance on risk categorization, found that current caries risk assessment tools share many common elements to assess risk and **affirmed that they have dichotomous predictive ability to quantify "low risk" and "elevated risk"**: "*Current tools have derived various methods to categorize risk based on expert consensus. The categorization of risk differs between the tools. However, all tools appear to qualify "low risk" in a similar manner: lack of disease and presence of protective factors. Current CRA tools could be effectively used in identifying "low risk" patients."* Consequently, the MDMC continues to support the focus of the measure on the priority population of children at elevated risk for developing dental caries.

Consideration of the impact of measurement change on the broader stakeholder community.
The MDMC values the feedback it has received from the stakeholders involved with the pay-for-quality program. However, it is reluctant to make changes based on the experience of one of 34 states that have adopted #2508. Any consideration to change the measure would require significant stakeholder engagement to ensure that such changes result in net benefits in quality improvement efforts across all measure implementers. The MDMC will continue to welcome, encourage, and carefully consider feedback from the oral health stakeholder community.

3. Summary

Based on the following considerations, the DQA MDMC reaffirmed that the measure:

- measures what it intends to measure,
- is a valid indicator of quality, and
- can be used to compare performance between programs and between plans.

The MDMC also determined that incorporating exclusions for prior sealant placement (and additional reasons):

- does not improve the measure's ability to meet its intent,
- introduces potential threats to feasibility, and
- would require a re-setting of the baseline measurement for implementers who have just begun collecting data on the measure, thereby delaying progress on current quality improvement initiatives.

[a] Guidance on Caries Risk Assessment. A Report of the Expert Panel. April 3, 2018. (Available upon request).

Table 2: #2508 (Sealants, 6-9 years) Measure Score Comparisons with and without Exclusions for Previously Sealed Teeth

		Denominator	Measure Score	95% CI, Lower Bound	95% CI, Upper Bound
Plan 1					
Medicaid	2016-DQA Current Measure	321038	24.49%	0.2434	0.2464
	2016-Exclude Previously Sealed	263981	28.77%	0.2860	0.2895
CHIP	2016-DQA Current Measure	46767	22.97%	0.2259	0.2335
	2016-Exclude Previously Sealed	38947	26.74%	0.2630	0.2718
Plan 2					
Medicaid	2014-DQA Current Measure	161553	27.00%	0.2678	0.2722
	2014-Exclude Previously Sealed	141771	30.00%	0.2976	0.3024
	2015-DQA Current Measure	220022	25.70%	0.2552	0.2588
	2015-Exclude Previously Sealed	184174	29.80%	0.2959	0.3001
	2016-DQA Current Measure	243165	25.10%	0.2493	0.2527
	2016-Exclude Previously Sealed	198213	29.70%	0.2950	0.2990
	2017-DQA Current Measure	215350	24.30%	0.2412	0.2448
	2017-Exclude Previously Sealed	171338	29.40%	0.2918	0.2962
CHIP	2014-DQA Current Measure	21092	25.10%	0.2451	0.2569
	2014-Exclude Previously Sealed	18870	27.60%	0.2696	0.2824
	2015-DQA Current Measure	17376	24.70%	0.2406	0.2534
	2015-Exclude Previously Sealed	15617	27.10%	0.2640	0.2780
	2016-DQA Current Measure	25147	23.10%	0.2258	0.2362
	2016-Exclude Previously Sealed	23085	24.90%	0.2434	0.2546
	2017-DQA Current Measure	23931	22.80%	0.2227	0.2333
	2017-Exclude Previously Sealed	21894	24.60%	0.2403	0.2517

Figure 2: #2508 (Sealants, 6-9 years) Measure Scores with and without Exclusions for Previously Sealed Teeth for 2014-2017