



NATIONAL QUALITY FORUM

Driving measurable health
improvements together

Memo

October 6, 2020

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 October 6, 2020, from 12:00-2:00pm ET. The purpose of this call is to:

- Review and discuss comments received during the post-evaluation public and member comment period;
- Provide input on proposed responses to the post-evaluation comments;
- Review and discuss NQF members' expression 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 briefing memo and draft report.
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments (see comment table and additional documents included with the call materials).
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:

1. Standing Committee members, public participants, and NQF staff dial **800-768-2983** to access the audio platform.
2. Access code: **5866339**
3. Web link: <https://core.callinfo.com/callme/?ap=8007682983&ac=5148141&role=p&mode=ad>

Background

Population health is the collective well-being and functional ability of an identified group of people to experience their full capabilities. It has multiple environmental, behavioral, social, and biological determinants. Population health is generally understood as a systems-level concept that describes health outcomes of a group of individuals that are measured through a broad spectrum of public health, clinical care, socioeconomic, and physical environmental determinants that function interdependently and cumulatively. Population health not only focuses on disease and illness across multiple sectors, but

also on health and well-being, prevention, and health promotion, as well as disparities in such outcomes and improvement activities within a group and/or between groups. Identifying valid and reliable measures of performance across these multiple sectors can be challenging. Data collection, health assessments at individual and aggregate levels, payment structures, quality of patient care, public health interventions, and other components present challenges in shaping widespread, standardized implementation of population health measures. Overcoming these challenges is critical to any strategy to understand and improve the health of populations.

The [Prevention and Population Health Portfolio Standing Committee](#) (PDF) oversees NQF's portfolio of prevention and population health measures. [Measures](#) in this portfolio focus on healthy lifestyle behaviors and community interventions that improve health and well-being, as well as social and economic conditions.

The Committee evaluates newly submitted and previously endorsed measures against NQF's measure evaluation criteria, identifies portfolio gaps, provides feedback on gaps in measurement, and conducts ad hoc reviews. On July 6-7, 2020, the Prevention and Population Health Standing Committee evaluated two measures against NQF's standard evaluation criteria.

Critical issues discussed during the meeting included reviewing updated evidence, reliability and validity testing, and disparities. For this cycle, the Standing Committee evaluated two measures undergoing maintenance review against NQF's standard evaluation criteria. The Standing Committee recommended Measure 0032: Cervical Cancer Screening (National Committee for Quality Assurance) for endorsement. Measure 0509: Diagnostic Imaging: Reminder System for Screening Mammograms (American College of Radiology) was not recommended for endorsement as it did not pass the validity criterion – a must-pass criterion.

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 May 11 to June 19, 2020 for the measures under review. No comments were received during this time.

Post-evaluation Comments

The draft report was posted on the project webpage for public and NQF member comment on August 14, 2020 for 30 calendar days. During this commenting period, NQF received three comments from two member organizations:

Member Council	# of Member Organizations Who Commented
Health Professional	2

We have included all comments that we received (both pre- and post-evaluation) in the comment table (excel spreadsheet) posted to the Committee SharePoint site. This comment table contains the commenter's name, 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.

Measure-Specific Comments

Please note that the following comments may be abbreviated for the purposes of this memo. For full comment text, please refer to the Prevention and Population Health Spring 2020 Comment Table.

Measure 0032: Cervical Cancer Screening

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 impacts Black and Brown communities. In addition, older women and especially those who have not been screened when they were younger remain at risk for cervical cancer and associated mortality.

Measure Steward/Developer Response:

Thank you for your comment. The Cervical Cancer Screening measure is based on current recommendations from the US Preventive Services Task Force (USPSTF), which recommends against screening for cervical cancer in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer. The USPSTF also states that once screening has stopped, it should not resume in women older than 65 years, even if they report having a new sexual partner. Thus, the measure does not assess screening for women age 65 and older.

Proposed Committee Response:

TBD

Action Item:

TBD

Measure 0509: Diagnostic Imaging: Reminder System for Screening Mammograms

The American Geriatrics Society (AGS) provided a comment *not* in support of 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.

Proposed Committee Response:

Thank you for your comment.

The American College of Radiology (ACR), provided comments addressing a portion of the Standing Committee's feedback, mentioning their intentions 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 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% 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 #509 would also perform well on related measures. They plan to re-assess the methodology appropriate for establishing validity and reanalyze the data collected for NQF #509.

Proposed Committee Response:

Thank you for your comment.

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. No NQF members provided their expressions of support.