NATIONAL QUALITY FORUM
Driving measurable health improvements together

Meeting Summary

Prevention and Population Health Standing Committee – Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Prevention and Population Health Standing Committee for two web meetings on February 18 and 20, 2020, to evaluate three prevention and population health measures.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. Committee members each introduced themselves and disclosed any conflicts of interests; none were disclosed. Quorum was met and maintained throughout both web meetings. The vote totals reflect the members present and eligible for each vote. There were no recusals.

Topic Area Introduction and Overview of Evaluation Process

NQF staff provided an overview of the topic area and the current NQF portfolio of endorsed measures. There are currently 32 measures in the Prevention and Population Health Committee's portfolio. Additionally, NQF reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

Measure Evaluation

During the meetings, the Prevention and Population Health Standing Committee evaluated three measures for endorsement consideration. A detailed summary of the Committee's deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on the NQF website on March 30, 2020. The draft technical report will be posted for 30 calendar days.

Rating Scale: H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable

0658 Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (American Gastroenterological Association)

Measure Steward/Developer Representatives at the Meeting

Brandon Robinson, David Godzina, David Johnson, and Heidi Bossley

Standing Committee Votes

- Evidence: M-15; L-0; I-3
- Performance Gap: H-2; M-11; L-2; I-0
- Reliability: H-4; M-11; L-2; I-0
- Validity: H-4; M-12; L-2; I-0
- Feasibility: H-8; M-10; L-0; I-0
- Use: Pass-16; No Pass-1
- Usability: H-7; M-10; L-1; I-0

Standing Committee Recommendation for Endorsement: Yes-15; No-3

The Standing Committee recommended the measure for continued endorsement. The measure captures the percentage of patients aged 50 years to 75 years receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.

The Committee noted that the measure is a process appropriateness measure that captures documentation. When discussing Evidence, Committee members agreed it would be ideal if there was direct evidence for the correlation between the colonoscopy follow-up recommendation and the 10-year timing of the follow-up, but acknowledged the feasibility and time interval are prohibitive barriers. The Committee also noted that the 2017 U.S. Multi-Society Task Force (USMSTF) recommendation of recommending a colonoscopy every 10 years is a tier 1 recommendation, which is very strong.

The mean performance score is 85%, which is an increase from the previous review but there is still room for improvement. The Committee expressed concern, however, that the mean performance score from the Centers for Medicare and Medicaid Services (CMS) data is 100% and so the measure may be topped out. The developer replied that the CMS dataset is self-selected and is likely comprised of high performers, whereas the other dataset, GI Quality Improvement Consortium, Ltd. (GIGuIC), a qualified clinician data registry, has a broader set of reporters and likely more reflective of what is happening in the field, generally. The Committee noted that the developer should consider whether the measure is topped out during the measure's next maintenance review cycle. Further, it recommended that during the next maintenance review the developer cite disparities.

The Committee noted that the developers conducted a beta-binomial analysis of both reported datasets and achieved a reliability score of 0.9, which is high. Some members of the Committee expressed concern that this high reliability score could be the result of selection bias for CMS reporters and that the minimum case count of 10 does not allow for a sufficient reliability score. The developer responded that the average number of cases for the CMS data was 23 and GiGuIC was 83. The Committee did not have any concerns with the validity, feasibility, use, or usability of the measure. The measure is publicly reported in CMS quality payment programs (QPP) and GIGuIC.

3484 Prenatal Immunization Status (National Committee for Quality Assurance)

Measure Steward/Developer Representatives at the Meeting

Lindsey Roth

Standing Committee Votes

- Evidence: H-8; M-8; L-1; I-0
- Performance Gap: H-9; M-9; L-0; I-0
- Quality Construct of Composite: H-6; M-10; L-1; I-0
- Reliability: H-4; M-1; L-0; I-1
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel (SMP).
    - The Committee voted to uphold the SMP recommendation: Yes-17; No-1
- Validity: H-2; M-3; L-1; I-0
    - This measure is deemed as complex and was evaluated by the NQF SMP.
    - The Committee voted to uphold the SMP recommendation: Yes-18; No-1.
- Scientific Acceptability of Composite: H-4; M-14; L-2; I-0
- Feasibility: H-14; M-5; L-1; I-0
- Use: Pass-20; No Pass-0

- Usability: H-8; M-11; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-21; No-0

The Standing Committee recommended the measure for NQF endorsement. This composite measure assesses the percentage of deliveries in the measurement period in which women received two vaccinations: influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations. The Committee agreed that the evidence provided supported the measure, and that there is evidence of a performance gap within and between health care plans. The Committee requested that the developer provide data on racial, ethnic, and socioeconomic status (SES) disparities in performance during the measure's next review cycle.

The Committee supported the SMP's ratings of high reliability. With respect to the validity of the measure, the Committee agreed it was theoretically sound, but noted that the recommendations of timing for the influenza and Tdap vaccines differ—the influenza vaccine can be given at any time during pregnancy while Tdap administration is recommended in the third trimester. Since the measure excludes women who give birth prior to 37 weeks, the Committee stated that this might not be a random subsection of pregnant women and is an unintended consequence of the composite construction. The developer responded to the Committee's concerns, noting that the measure is intended to hold the reporting entities accountable for the optimal timing of the Tdap vaccine while also providing health plans the full, appropriate window for administering the vaccines. The Committee also raised questions about the hospice exclusion; the developer noted that the hospice exclusion is uniform across all its measures. The Committee agreed that measure reporting is feasible. It also stated that the measure is currently reported by numerous health plans with no identified potential harms. The Committee did not express any concerns with Use or Usability. Overall, the Committee agreed that the scientific basis for the measure is strong.

3483 Adult Immunization Status (National Committee for Quality Assurance)

Measure Steward/Developer Representatives at the Meeting

Mary Barton, Lindsey Roth

Standing Committee Votes

- Evidence: H-7; M-12; L-0; I-0
- Performance Gap: H-1; M-18; L-0; I-0
- Quality Construct of Composite: H-0; M-9; L-7; I-3
- Reliability: H-4; M-1; L-0; I-1
    - This measure is deemed as complex and was evaluated by the SMP.
    - The Committee voted to uphold the SMP recommendation: Yes-12; No-7
- Validity: H-2; M-3; L-1; I-0
    - This measure is deemed as complex and was evaluated by the SMP
    - The Committee voted to uphold the SMP recommendation: Yes-15; No-3
- Scientific Acceptability of Composite: H-2; M-13; L-3; I-1
- Feasibility: H-5; M-13; L-1; I-0
- Use: Pass-15; No Pass-3
- Usability: H-2; M-9; L-7; I-0

Standing Committee Recommendation for Endorsement: Consensus Not Reached

The Standing Committee did not vote on the recommendation for endorsement at the meeting because the Committee did not reach consensus on quality construct of the composite —a must-pass criterion. This new composite measure assesses the percentage of adults 19 years of age and older who are up-to-

date on four recommended vaccines: influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, and pneumococcal.

The Committee agreed that the overall evidence for the measure is strong. It did note, however, that the measure is based on the 2018 Advisory Committee on Immunization Practices (ACIP), wherein only a Td booster was recommended. In January 2020, ACIP recommended that people aged 19 or older could either receive a Td or Tdap booster every 10 years. The Committee reviewed the measure based on the 2018 guidelines; the developer responded that it would update the measure at its next appropriate interval. The Committee noted that there is a significant performance gap among different health plans and payer types.

The Committee discussed the concern that the measure is neither an all-or-nothing or a binomial distribution, since the denominator is the total number of recommended vaccines in the population, which could be between two to four based on the population's age range. The developer responded that it did consider scoring the measure as an all-or-nothing, but stakeholders did not find the results useful. Many Committee members expressed concerns about on the utility of a composite score over an individual score for each vaccine component.

The Committee noted the high reliability score, but indicated such a strong score generally negated a concern that the beta-binomial test for this measure construct, which is not a pure binomial, was not appropriate. The Committee agreed with the SMP on a moderate rating for Validity and had no concerns about feasibility. The measure is currently reported by numerous health plans with no identified potential harms. The Committee did not express concerns with the Use or Usability criteria. The Committee will re-vote on the composite construct on the post-comment web meeting on May 5, 2020.

Public Comment

No public or NQF member comments were provided during the measure evaluation meeting.

Next Steps

NQF will post the draft technical report on March 30, 2020, for public comment for 30 calendar days. The continuous public comment with member support will close on April 19, 2020. NQF will re-convene the Standing Committee for the post-comment web meeting on May 5, 2020, during which time the Committee will re-vote on the construct criterion of NQF 3483: Adult Immunization Status.