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 July 6 and 7, 2020, to evaluate one measure from fall 2019 cycle and two spring 2020 cycle measures.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting. NQF thanked the Committee members for their continued dedication and time during this pandemic, given the COVID-19 impact on the healthcare enterprise. NQF staff reviewed the meeting objectives, and Committee members each introduced themselves and disclosed any conflicts of interests. There were no recusals or conflicts expressed.

Some Committee members were unable to attend the entire meeting; there were early departures and late arrivals. The vote totals reflect members present and eligible to vote. Quorum was met and maintained for the July 6 web meeting. During the July 7 meeting, quorum was not met, and voting was completed offline.

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 meeting, the Prevention and Population Health Standing Committee evaluated two measures submitted for maintenance endorsement consideration. A summary of the Committee's deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on August 14, 2020, for member and public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

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

0032 Cervical Cancer Screening (National Committee for Quality Assurance)

Measure Steward/Developer Representative at the Meeting

Lindsey Roth

Standing Committee Votes

- Evidence: H-14; M-2; L-0; I-0
- Performance Gap: H-7; M-9; L-0; I-0

- Reliability: H-7; M-8; L-1; I-0
- Validity: H-0; M-14; L-2; I-0
- Feasibility: H-15; M-2; L-0; I-0
- Use: Pass-17; No Pass-0
- Usability: H-4; M-12; L-1; I-0

Standing Committee Recommendation for Endorsement: Yes-16; No-0

The Standing Committee recommended measure #0032 for continued endorsement. This is a maintenance measure that reports the percentage of women 21-64 years of age who were screened for cervical cancer using one of the following criteria:

- Women 22-64 years of age who had cervical cytology performed within the last three years;
- Women 30-64 years of age who had cervical high-risk papillomavirus testing performed within the last five years;
- Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus co-testing within the last five years.

The 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 has three ways of screening for cervical cancer, whereas previously there were only two. The Committee agreed with the updated evidence presented and noted the specifications aligned with it. During the discussion of performance gap, the 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 Committee expressed concerns about whether disparities are hidden based on how the data are aggregated and reported within health plans.

The reliability and validity testing were discussed by the 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 Committee agreed. During the discussion on validity, the Committee reviewed the developer's construct validity testing, which showed a correlation between this measure and two other HEDIS (Healthcare Effectiveness Data and Information Set) process measures (Breast Cancer Screening and Cervical Cancer Screening), with the developer hypothesizing that organizations that performed well on this measures 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 Committee and noted by the developer as moderate. The variability of screening practices and rates among health plans also was mentioned by the Committee as an influencing factor.

The Committee also discussed feasibility and use and usability and did not express any concerns. This measure passed on overall suitability for endorsement.

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

Measure Steward/Developer Representative at the Meeting

Karen Orozco

Standing Committee Votes

- Evidence: H-4; M-11; L-2; I-0
- Performance Gap: H-0; M-2; L-13; I-2
- Potential for Reserve Status: Y-14; N-3
- Reliability: H-8; M-7; L-1; I-1
- Validity: H-0; M-6; L-5; I-6
- Feasibility: N/A
- Use: N/A
- Usability: N/A

Standing Committee Recommendation for Endorsement: Measure did not pass on validity

The Standing Committee did not vote on the recommendation for endorsement of #0509 because the measure did not pass the validity criterion—a must-pass criterion. This maintenance measure reports the percentage of patients undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram.

The 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 Committee discussed whether it showed empirical proof that a reminder system leads to higher screening. One report from the National Academy Press was cited by a Committee member as showing that mammogram screening increased by 50% when coupled with a reminder system.

At the outset of the discussion on performance gap, NQF staff shared the preliminary analysis rating of low for this criterion, which indicates the measure is topped out (mean performance reported was 99.6%). NQF staff noted that such a high-performance rate allowed the 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 staff noted that the 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 gap, Committee members asked about the availability of disparities data for a reminder system for mammography. However, the developer indicated it did not have that information specific to this measure. The Committee further noted that providing information on disparities would be valuable, as there might be a rationale to continue this measure for endorsement if disparities were present. The Committee concluded that the gap was low, but that the measure should be eligible for Reserve Status.

The 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 Committee member questioned the variability in guidelines for mammography screening

by age group (e.g., screening or re-screening for a patient age 40-49 has a different recommendation than a patient who is 50 and older), and how this would this variability be taken into account when recording this measure. The developer mentioned that determination of screening or rescreening is up to the provider and varies by facility and patient circumstances; the lack of specificity was purposeful.

During the discussion on validity, NQF staff noted the preliminary analysis rating was insufficient. NQF staff stated that the developer conducted construct validity, calculating Pearson's coefficients. Staff noted, however, that the developer was unable to find a correlation of this measure with two other process measures (including an NQF-endorsed measure), 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. The Committee discussed the comparability across physicians implementing this measure, since that also could be a validity issue if each provider is using a slightly different recommendation. 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. The Committee did not pass this measure on validity, and therefore this measure is not recommended for endorsement.

Since quorum was not maintained during the discussion of this measure and voting was completed offline, the Committee did continue the discussion of feasibility and use and usability. There were no substantial comments from the Committee regarding the remaining criteria. Per NQF policy, any votes captured for the remaining criteria are not applicable since the measure did not pass a "must-pass" criterion of validity.

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 August 14, 2020, for public comment for 30 calendar days. The continuous public comment with member support will close on September 14, 2020. NQF will reconvene the Standing Committee for the post-comment web meeting on September 22, 2020.