NATIONAL QUALITY FORUM
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Memo

June 29, 2021

To: Consensus Standards Approval Committee (CSAC)

From: Primary Care and Chronic Illness Project Team

Re: Fall 2020

CSAC Action Required

The CSAC will review recommendations from the Primary Care and Chronic Illness project at its June 29-30, 2021 meeting and vote on whether to uphold the recommendations from the Committee.

This memo includes a summary of the project, measure recommendations, themes identified, responses to the public and member comments, and the results from the NQF member expression of support. The following documents accompany this memo:

1. **Primary Care and Chronic Illness Draft Report**. The draft report has been updated to reflect the changes made following the Standing Committee's discussion of public and member comments. The complete draft report and supplemental materials are available on the project webpage.

2. **Comment Table**. Staff has identified themes within the comments received. This table lists four comments received during the post-meeting comment period and the NQF/Standing Committee responses.

Background

The most common contact point for many people within the United States (U.S.) healthcare system is their primary care provider. As such, primary care has a central role in improving the health of people and populations. Primary care practitioners work with each patient to manage the health of that individual. In the primary care setting, diagnosis and treatment focuses on the health of the entire patient and not a single disease. The review and evaluation of measures affecting primary care and dealing with chronic illness has long been a priority of NQF, with endorsement for such measures going back to NQF's inception. At present, there are 48 NQF-endorsed primary care and chronic illness measures. For the fall 2020 cycle, the Standing Committee reviewed measures related to respiratory health, sickle cell anemia, overuse, and patient-reported outcomes.

Draft Report

The Primary Care and Chronic Illness fall 2020 draft report presents the results of the evaluation of seven measures considered under the Consensus Development Process (CDP) and all are recommended for endorsement.

The measures were evaluated against the 2019 version of the measure evaluation criteria.

Measures	Maintenance	New	Total
Measures under Review	3	4	7
Measures recommended for endorsement	3	4	7
Measures not recommended for endorsement	0	0	0
Reasons for not recommending	Importance – 0 Scientific Acceptability -0 Use - 0 Overall - 0 Competing Measure – 0	Importance – 0 Scientific Acceptability -0 Use - 0 Overall - 0 Competing Measure – 0	0

CSAC Action Required

Pursuant to the CDP, the CSAC is asked to consider endorsement of seven candidate consensus measures.

Measures Recommended for Endorsement

- **NQF #0058** Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) (National Committee for Quality Assurance (NCQA))

Overall Suitability for Endorsement: Y-20; N-0

- **NQF #0069** Appropriate Treatment for Upper Respiratory Infection (NCQA)

Overall Suitability for Endorsement: Y-21; N-0

- **NQF #3166** Antibiotic Prophylaxis Among Children with Sickle Cell Anemia (University of Michigan)

Overall Suitability for Endorsement: Y-19; N-0

- **NQF #3532** Discouraging the routine use of occupational and/or supervised physical therapy after carpal tunnel release (American Academy of Orthopaedic Surgeons)

Overall Suitability for Endorsement: Yes-16; No-0

- **NQF #3568** Person-Centered Primary Care Measure PRO-PM (American Board of Family Medicine/Virginia Commonwealth University)

Overall Suitability for Endorsement: Y-21; N-0

- **NQF #3595** Hydroxyurea Use Among Children with Sickle Cell Anemia (University of Michigan)

Overall Suitability for Endorsement: Y-19; N-0

- **NQF #3599** Pediatric Asthma Emergency Department Use (Albert Einstein College of Medicine/University of California San Francisco)

Overall Suitability for Endorsement: Y-18; N-1

Comments and Their Disposition

NQF received four comments from two member organizations pertaining to the draft report and to the measures under review.

A table of comments submitted during the comment period, with the responses to each comment and the actions taken by the Standing Committee and measure developers, is posted to the Primary Care and Chronic Illness project webpage.

Comment Themes and Committee Responses

Comments about specific measure specifications and rationale were forwarded to the developers, who were invited to respond. Committee members focused their discussion on the measure that required a revote on the overall suitability for endorsement.

Themed Comments

The major theme identified in the post-evaluation comments was a focus on patient-centeredness.

Theme 1 – A Patient-Centered focus across three measures

One commenter noted that three of the measures which were evaluated (NQF #3166, NQF 3568, and NQF #3595) measure person-centered, person-reported experiences.

Committee Response:

No response required.

Measure-Specific Comments

NQF #3568: Person-Centered Primary Care Measure PRO-PM

One commenter raised concerns about survey timing, related measure harmonization. The commenter raises concerns that there is a potential for a 12-month delay between a practice interaction and survey administration could reduce ability of patients to recall details of those interactions and cause a delay in response to patient feedback. The commenter recommends that the developer harmonize this measure with other patient survey measures such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys to reduce patient and provider burden.

Measure Steward/Developer Response:

In response, the developer noted that it is standard for many outcome measures to be framed around at 12 month reporting period and the intention is not to provide feedback regarding a specific event, but rather to provide feedback regarding aggregate performance in relation to the clinician/practice's patient population. The developer notes that CAHPS surveys have very little overlap with the PCPCM as consumer based surveys are designed to link with a specific experience or event. In contract, the PCPCM is a relationship based survey, designed to assess the broad scope of primary care. The developer states that their measure development process examined data to support decreasing the burden to providers and to patients.

Committee Response:

No response required.

NQF #3568: Person-Centered Primary Care Measure PRO-PM

One commenter expressed approval of this comment due to its focus on person-centered, person-reported experiences.

Measure Steward/Developer Response:

No response required.

Committee Response:

No response required.

NQF #3166: Antibiotic Prophylaxis Among Children with Sickle Cell Anemia

One commenter expressed approval of this comment due to its focus on person-centered, person-reported experiences.

Measure Steward/Developer Response:

No response required.

Committee Response:

No response required.

NQF #3595: Hydroxyurea Use Among Children with Sickle Cell Anemia

One commenter expressed approval of this comment due to its focus on person-centered, person-reported experiences.

Measure Steward/Developer Response:

No response required.

Committee Response:

No response required.

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. One NQF member provided their expressions of support for NQF #3595, NQF #3166, and NQF 3568. Appendix C details the expression of support.

Removal of NQF Endorsement

One measure previously endorsed by NQF have not been re-submitted, and endorsement has been removed.

Measure	Measure Description	Reason for Removal of Endorsement
NQF #3153: Continuity of Primary Care for Children with Medical Complexity	This measure assesses the percentage of children with medical complexity age 1 to 17 years old who have a Bice-Boxerman continuity of care index (hereafter referred to as Bice-Boxerman COC index) of >=0.5 in the primary care setting over a 12-month period.	The developer is no longer able to support measure.

Appendix A: CSAC Checklist

The table below lists the key considerations to inform the CSAC's review of the measures submitted for endorsement consideration.

Key Consideration	Yes/No	Notes
Were there any process concerns raised during the CDP project? If so, briefly explain.	No	*
Did the Standing Committee receive requests for reconsideration? If so, briefly explain.	No	*
Did the Standing Committee overturn any of the Scientific Methods Panel's ratings of Scientific Acceptability? If so, state the measure and why the measure was overturned.	No	*
If a recommended measure is a related and/or competing measure, was a rationale provided for the Standing Committee's recommendation? If not, briefly explain.	Yes	*
Were any measurement gap areas addressed? If so, identify the areas.	No	*
Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	*

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Appendix B: Measures Not Recommended for Endorsement

The Primary Care and Chronic Illness Standing Committee recommended all candidate measures for endorsement.

Appendix C: NQF Member Expression of Support Results

One NQF members provided their expressions of support/nonsupport. Three of seven measures under review received support from NQF members. Results for each measure are provided below.

NQF #3568: Person-Centered Primary Care Measure PRO-PM (American Board of Family Medicine)

Member Council	Support	Do Not Support	Total
Health Plan	0	1	1

NQF #3166: Antibiotic Prophylaxis Among Children with Sickle Cell Anemia (University of Michigan/QMETRIC)

Member Council	Support	Do Not Support	Total
Health Professional	1	0	1

NQF #3595: Hydroxyurea Use Among Children with Sickle Cell Anemia (University of Michigan)

Member Council	Support	Do Not Support	Total
Health Professional	1	0	1

Appendix D: Details of Measure Evaluation

Measures Recommended

#0058 Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

Submission

Description: The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.

Numerator Statement: The number of dispensed antibiotic medications following an episode of acute bronchitis/bronchiolitis. The measure is reported as an inverted rate (i.e., 1 – numerator/denominator) to reflect the proportion of episodes during which an antibiotic was not dispensed (a higher rate is better).

Denominator Statement: Episodes for members age 3 months and older with a diagnosis of acute bronchitis or bronchiolitis during the intake period.

Exclusions: As listed in the denominator details, the final denominator population does not include episodes with a history of select comorbid conditions, history of antibiotic use, or presence of a competing diagnosis

Adjustment/Stratification: No risk adjustment or risk stratification

Level of Analysis: Health Plan

Setting of Care: Emergency Department and Services, Outpatient Services

Type of Measure: Process

Data Source: Claims

Measure Steward: National Committee for Quality Assurance

STANDING COMMITTEE MEETING February 16, 2021

1. **Importance to Measure and Report: The measure meets the Importance criteria.**

(1a. Evidence, 1b. Performance Gap)

1a. **Total Votes-19; H-8; M-11; L-0; I-0**; 1b. Performance Gap: **Total Votes-18; H-10; M-8; L-0; I-0**

Rationale:

- The Standing Committee agreed the measure was supported by evidence based a 2014 clinical practice guideline for the diagnosis, management, and prevention of bronchiolitis from the American Academy of Pediatrics, a 2016 clinical practice guideline for Acute Bronchitis from the American Academy of Family Physicians, and a 2017 Cochrane Review for antibiotics for acute bronchitis and passed the measure on evidence.
- In the discussion of both performance gap and disparities, the Standing Committee did not express any concerns. The Standing Committee passed this measure on performance gap.

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-19; H-12; M-7; L-0; I-0**; 2b. Validity: **Total Votes-19; H-11; M-8; L-0; I-0**

Rationale:

- The Standing Committee noted that the numerator of this measure has been updated since the last review to broaden the age range and include the Medicare line of business as well changing the measure to an episode-based measure. Committee members requested clarity on whether a patient could be dispensed antibiotics more than once per episode. The developer informed the Standing Committee that a second medication dispensing event would not factor into the same episode for this measure.
- Measure score level reliability testing was conducted using a beta-binominal model to assess the signal-to-noise ratio with 2019 HEDIS data. Using this method, the mean commercial reliability score was 0.963 and the mean Medicaid reliability score was 0.982.
- The Standing Committee agreed the measure specifications were appropriate and reliability was within acceptable limits.

- Validity testing was performed at the measure score level through construct validity testing. The developer conducted Pearson correlation for construct validity using HEDIS health plan data for two measures:
    - The developer predicted a positive correlation with *Appropriate Treatment for Upper Respiratory Infection* and found a correlation coefficient of 0.68 in both Medicaid and commercial plans (where $p < 0.001$).
    - The developer predicted a negative correlation with *Antibiotic Utilization* and found a correlation coefficient of -0.60 Medicaid plans and a correlation coefficient of -0.64 commercial plans (where $p < 0.001$).
- The Standing Committee agreed that the validity results demonstrated that the measure is valid and passed the measure on this criterion.

3. Feasibility: Total Votes-18; H-14; M-6; 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 data for this measure are routinely generated in the care delivery process and elements are defined in electronic data.

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-20; Pass-20; No Pass-0** *4b. Usability:* **Total Votes-20; H-10; M-9; L-1; I-0**

Rationale:

- The Standing Committee noted the measure is in use in several programs (NCQA Quality Compass; NCQA Health Plan Rating/Report Cards; NCQA Health Plan Accreditation; Integrated Healthcare Association; CDC Measuring Outpatient Antibiotic Prescribing; CDC Core Elements of Outpatient Antibiotic Stewardship) and had a mechanism to receive and provide feedback.
- The Standing Committee noted that it was difficult to determine if performance had improved since the measure denominator age range had changed from 2018 to 2019. While improvement in performance becomes more important for a maintenance measure, the lack of data seemed appropriate due to the specification change.
- The Standing Committee did not anticipate any untended consequences.
- The Standing Committee passed the measure on use and usability.

5. Related and Competing Measures

- This measure is related to the following measure:
    - #0069 Appropriate Treatment for Upper Respiratory Infection

6. Standing Committee Recommendation for Endorsement: **Total Votes-20; Y-20**; **N-0**

7. Public and Member Comment

- No public or member comment received for this measure.

8. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X

9. Appeals

#0069 Appropriate Treatment for Upper Respiratory Infection

Submission

Description: The Appropriate Treatment for Upper Respiratory Infection (URI) measure assesses whether members 3 months of age and older with a diagnosis of upper respiratory infection were not dispensed an antibiotic prescription. The measure includes patients enrolled in commercial, Medicaid, and Medicare health plans.

Numerator Statement: The numerator of the measure includes the number of dispensed prescriptions for an antibiotic medication on or 3 days after the Episode Date.

Denominator Statement: Episodes for members 3 months of age and older as of July 1 of the year prior to the measurement year who had an outpatient, telephone, e-visit or virtual check-in, an observation visit or ED

encounter with a diagnosis of upper respiratory infection (URI) during the intake period (July 1st of the year prior to the measurement year to June 30th of the measurement year).

Exclusions: Exclude visits that result in an inpatient stay.

Exclude Episode Dates when the member had a claim/encounter with any diagnosis for a comorbid condition during the 12 months prior to or on the Episode Date.

Exclude Episode Dates where a new or refill prescription for an antibiotic medication was filled 30 days prior to the Episode Date or was active on the Episode Date.

Exclude Episode Dates where the patient had a claim/encounter with a competing diagnosis on or three days after the Episode Date.

Adjustment/Stratification: No risk adjustment or risk stratification

Level of Analysis: Health Plan

Setting of Care: Emergency Department and Services, Outpatient Services

Type of Measure: Process

Data Source: Claims

Measure Steward: National Committee for Quality Assurance

STANDING COMMITTEE MEETING February 16, 2021

1. **Importance to Measure and Report: The measure meets the Importance criteria.**

(1a. Evidence, 1b. Performance Gap)

1a. Evidence: **Total Votes-20**; **H-12; M-8; L-0; I-0**; 1b. Performance Gap: **Total Votes-21; H-11; M-10; L-0; I-0**

Rationale:

- The Standing Committee agreed the measure was supported by evidence based on two Cochrane systematic reviews and one clinical practice guideline and passed the measure on evidence.
- In the discussion of performance gap, the Standing Committee noted some fluctuation in year-over-year performance but noted that this was most likely due to changes in the measure specifications. The Standing Committee expressed no other concerns and passed the measure on performance gap.

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: **H-17; M-3; L-0; I-0**; 2b. Validity: **H-15; M-6; L-0; I-0**

Rationale:

- The Standing Committee noted that the numerator of this measure has been updated since the last review to broaden the age range and changed the measure to an episode-based measure.
- Measure score level reliability testing was conducted using a beta-binominal model to assess the signal-to-noise ratio with 2019 HEDIS data. Using this method, the mean commercial reliability score was 0.983, and the mean Medicaid reliability score was 0.92.
- The Standing Committee agreed the measure specifications were appropriate and reliability was within acceptable limits.
- Validity testing was performed at the measure score level through construct validity testing. The developer conducted Pearson correlation for construct validity using HEDIS health plan data for two measures:
    - The developer predicted a positive correlation with *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis* and found a correlation coefficient of 0.68 in both Medicaid and commercial plans (where $p < 0.001$).
    - The developer predicted a positive Correlation with *Use of Imaging Studies for Low Back Pain* and found a correlation coefficient of 0.41 Medicaid plans and a correlation coefficient of 0.622 commercial plans (where $p < 0.001$).
    - The developer predicted a negative correlation with *Antibiotic Utilization* and found a correlation coefficient of -0.73 Medicaid plans and a correlation coefficient of -0.74 commercial plans (where $p < 0.001$).
- The Standing Committee agreed that the validity results demonstrated that the measure is valid and passed the measure on this criterion.

3. **Feasibility: Total Votes-21; H-20; M-1; 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 data for this measure are routinely generated in the care delivery process and elements are defined in electronic data.

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-21; Pass-21; No Pass-0** *4b. Usability:* **Total Votes-19; H-6; M-12; L-1; I-0**

Rationale:

- The Standing Committee noted the measure is in use in several programs (NCQA Health Plan Rating/Report Cards; NCQA State of Health Care Quality; Qualified Health Plan (QHP) Quality Rating System (QRS); CDC Measuring Outpatient Antibiotic Prescribing; Quality Payment Program; NCQA Health Plan Accreditation; NCQA Quality Compass) and had a mechanism to receive and provide feedback.
- The Standing Committee noted that it was difficult to determine if performance had improved since the measure denominator age range had changed from 2018 to 2019. While improvement in performance becomes more important for a maintenance measure, the lack of data seemed appropriate due to the specification change.
- The Standing Committee did not anticipate any untended consequences.
- The Standing Committee passed the measure on use and usability.

5. **Related and Competing Measures**

- This measure is related to the following measure:
    - #0058 Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

6. **Standing Committee Recommendation for Endorsement**: **Total Votes-21; Y-21**; **N-0**
7. **Public and Member Comment**

- No public or member comment received for this measure.

8. **Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X**
9. **Appeals**

#3166 Antibiotic Prophylaxis Among Children with Sickle Cell Anemia

Submission

Description: The percentage of children ages 3 months to 5 years old with sickle cell anemia (SCA) who were dispensed appropriate antibiotic prophylaxis for at least 300 days within the measurement year.

Numerator Statement: The numerator is the number of children ages 3 months to 5 years old with SCA who were dispensed appropriate antibiotic prophylaxis for at least 300 days within the measurement year.

Denominator Statement: The denominator is the number of children ages 3 months to 5 years with sickle cell anemia (SCA) within the measurement year.

Exclusions: There are no denominator exclusions.

Adjustment/Stratification: No risk adjustment or risk stratification

Level of Analysis: Health Plan

Setting of Care: Other

Type of Measure: Process

Data Source: Claims

Measure Steward: QMETRIC - University of Michigan

STANDING COMMITTEE MEETING February 16, 2021

1. **Importance to Measure and Report: The measure meets the Importance criteria.**

(1a. Evidence, 1b. Performance Gap)

1a. Evidence: **Unanimous decision by the Standing Committee to carry over vote from previous review;** 1b. Performance Gap: **Total Votes-17; H-12; M-5; L-0; I-0**

Rationale:

- The developer noted that there were no changes to evidence since the previous review.
- During the previous review in 2017, the measure developer provided two key sources of evidence. The first was a systematic evidence review and clinical practice guidelines published by the *National Heart, Lung, and Blood Institute: Evidence-Based Management of Sickle Cell Disease* in 2014.
- The Standing Committee unanimously decided to carry over the evidence vote from the previous review.
- The Standing Committee considered performance gap data, including measure scores as specified across six states from 2005-2010, ranging from 15.6 percent (Florida) to 27.9 percent (Texas).
- The developer cited a study assessing compliance with penicillin prophylaxis for sickle cell disease showing that adherence was significantly greater in patients with private versus public insurance (17/28 [61 percent] vs. 33/90 [37 percent], respectively). Variation within insurance types is not captured.
- The developer noted that disparities by insurance or socioeconomic status were not identified in the Medicaid data but highlighted that approximately 90 percent of children with sickle cell anemia have been enrolled in Medicaid at some point in time.
- The Standing Committee did not raise any concerns and passed the measure on performance gap.

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-20; M-20; L-0; I-0**; 2b. Validity: **Total Votes-19; H-13; M-6; L-0; I-0**

Rationale:

- A separate method of reliability testing was not provided by the developer since empirical validity testing was conducted with Medicaid Analytic eXtract (MAX) data for six state Medicaid programs provided by the Centers for Medicare & Medicaid Services (CMS) (2005-2012).
- Based on the results, the Standing Committee agreed the measure was reliable.
- Regarding validity, the developer conducted data element testing using both ICD-9-CM and ICD-10-CM diagnosis codes.
- Results from both ICD-9-CM and ICD-10-CM diagnosis codes indicate that children with sickle cell anemia can be identified with a high level of accuracy in administrative data.
- Face validity convened by the Quality Measurement, Evaluation, Testing, Review, and Implementation Consortium (QMETRIC) concluded that this measure has a very high degree of face validity through a detailed review of concepts and metrics considered to be essential to effective Sickle Cell Disease (SCD) management and treatment.
- The Standing Committee did not have any concerns about the validity of this measure.

3. Feasibility: Total Votes-19; H-10; M-9; 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 data for this measure are routinely generated in the care delivery process and elements are defined in electronic data.

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-19; Pass-19; No Pass-0** *4b. Usability:* **Total Votes-19; H-4; M-14; L-1; I-0**

Rationale:

- The Standing Committee noted that this measure will be used in the Michigan Medicaid program.

- The Standing Committee suggested that in the future, the developer could include a toolkit that can be used by health plan collaboratives to use the measure.
- The Standing Committee requested clarity regarding the inclusion of this measure in national measure sets, such as the child core set, and regarding what it is doing to try to promote use of this measure to show improvement in other programs.
- The developer noted that this measure has been recommended for the child core measure set for four years but has not been included in the set yet, but the developer will continue to advocate for its inclusion.

5. **Related and Competing Measures**

- This measure is related to the following measure:
    - #2797 Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia

6. **Standing Committee Recommendation for Endorsement**: **Total Votes-19; Y-19**; **N-0**
7. **Public and Member Comment**

- No public comments were received during the pre-evaluation commenting period.
- One comment was received during the public commenting period. One commenter expressed approval of this comment due to its focus on person-centered, person-reported experiences.

8. **Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X**
9. **Appeals**

#3532 Discouraging the routine use of occupational and/or supervised physical therapy after carpal tunnel release.

Submission

Description: Percentage of patients 18+ with carpal tunnel syndrome who received surgical carpal tunnel release, and who should not routinely be prescribed postoperative physical and/or occupational therapy within 6 weeks after release.

Numerator Statement: Number of patients with carpal tunnel syndrome, who underwent carpal tunnel release, and who did not receive postoperative hand, physical therapy (low, moderate, or high complexity) and/or occupational therapy (low, moderate, or high complexity) within 6 weeks (42 days) of the carpal tunnel release.

Denominator Statement: Patients 18 years or older, with a diagnosis of carpal tunnel syndrome, undergoing carpal tunnel syndrome release.

Exclusions: N/A

Adjustment/Stratification: No risk adjustment or risk stratification

Level of Analysis: Facility, Clinician : Individual

Setting of Care: Inpatient/Hospital, Outpatient Services

Type of Measure: Process

Data Source: Claims

Measure Steward: American Academy of Orthopaedic Surgeons

STANDING COMMITTEE MEETING February 16, 2021

1. **Importance to Measure and Report: The measure meets the Importance criteria.**

(1a. Evidence, 1b. Performance Gap)

1a. Evidence: **Total Votes-21; M-20; L-1; I-0**; 1b. Performance Gap: **Total Votes-21; H-3; M-12; L-5; I-1**

Rationale:

- The Standing Committee agreed the evidence supported that routine physical therapy beyond home exercise does not support better outcomes for patients but noted that the evidence did not necessarily indicate that the physical therapy would be harmful. There are some patients where prescribed physical therapy is appropriate. The Standing Committee requested clarity on the target for this measure and if it allowed a buffer for appropriate referrals. The developer suggested that while there is not a precise target, results are expected to be close to 100 percent.
- The Standing Committee expressed concern that performance data was only from VA facilities, noting that the VA is a closed system which is less likely to exhibit wide variation than an open

system, and would like to see broader data but agreed that enough variation existed to justify the measure.
- The Standing Committee passed the measure on evidence and performance gap.

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-21; H-3; M-16; L-2; I-0**; 2b. Validity: **Total Votes-20; M-13; L-6; I-1**

Rationale:
- Reliability testing was conducted at the measure score level using a signal-to-noise analysis.
- The Standing Committee found the submission to contain acceptable testing and results; although, one Standing Committee member voiced the opinion that the specifications are imprecise because they do not include a method for capturing appropriate referral to physical and occupational therapy.
- Validity testing was conducted at the measure score level using face validity, which the Standing Committee found acceptable.
- When considering exclusions around appropriate referral, the Standing Committee highlighted the difficulty in describing all of the appropriate referrals that would potentially be exclusions for the measure. One Standing Committee member expressed concern that the Standing Committee is overthinking the concerns associated with appropriate referral, noting that surgeons who are following good practice routinely avoid the use of physical therapy.
- The Standing Committee ultimately passed the measure on reliability and validity, with validity passing with a narrow margin.

3. **Feasibility: Total Votes-20; H-13; M-7; 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 all data elements required for the measure are coded by someone other than the person obtaining original information and all data elements used in the measure are in defined fields in electronic claims.

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-21; Pass-19; No Pass-2** *4b. Usability:* **Total Votes-21; H-0; M-13; L-7; I-1**

Rationale:
- While the measure is not currently in use, the developer plans to submit this measure to the Centers for Medicare and Medicaid services for consideration for inclusion in Merit-Based Incentive Payment System.
- The Standing Committee reiterated concerns about unintended consequences due to appropriate referrals not being accounted for in the measure.
- The Standing Committee passed the measure on use and usability, with usability passing with a narrow margin.

5. **Related and Competing Measures**

- No related or competing measures were noted.

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

Rationale
- The Standing Committee reiterated concerns about capturing appropriate referrals and the unintended consequences of aiming for a 100% compliance target. While the measure passed on all criterion, the Standing Committee was not able to come to consensus on overall suitability.
- During the post-comment meeting, the Standing Committee voted to recommend this measure for endorsement.

7. **Public and Member Comment**

- No public or member comment received for this measure

8. **Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X**
9. **Appeals**

#3568 Person-Centered Primary Care Measure PRO-PM

Submission

Description: The Person-Centered Primary Care Measure instrument is an 11-item patient reported assessment of primary care. Patients complete the PCPCM instrument once a year. These instruments are used to calculate a performance score for the participating entity. That entity could be an individual clinician or a practice. The 11 items of the PCPCM assess primary care aspects rarely captured yet thought responsible for primary care effects on population health, equity, quality, and sustainable expenditures. These include: accessibility, comprehensiveness, integration, coordination, relationship, advocacy, family and community context, goal-oriented care, and disease, illness, and prevention management.

The target population of the PCPCM Performance Measure (PRO-PM) is all patients, active in a practice.

Patients are defined as active if they have had a documented interaction with the practice within 12 months of the patient's birth month. In the PCPCM PRO, patients are presented with 11 structured items. After each item, patients are asked to state their level of endorsement. The same scale is used for all 11 items: Definitely, Mostly, Somewhat, Not At All. Active patients receive the PCPCM PRO through mail, email, or patient portal, during the month of their birth (e.g., patients born in January will receive a request to complete the PCPCM PRO in January).

The PCPCM PRO-PM is calculated as a continuous variable on a 0 to 100 point scale, in which a higher value equates to better quality.

The time frame used to evaluate quality with the PCPCM PRO-PM is one year.

Receiving patient responses in the month of their birth allows a practice to receive monthly feedback in between quality reporting periods.

Scoring for the PCPCM PRO-PM is completed through a simple 4 step process using the PCPCM PRO to assess the broad scope of primary care from a patient's perspective.

Step One: Exclude incomplete patient responses.

Any PCPCM PRO instrument for which a patient failed to answer at least 8 of the 11 items is excluded from calculations.

Step Two: Calculate PCPCM PRO item specific mean scores.

Patients choose one of four response options for each item in the PCPCM PRO instrument. In scoring the PCPCM PRO, the first step requires determining an item mean score for each of the 11 items. Since the instrument scale is word based – Definitely, Mostly, Somewhat, Not At All – each response option must be assigned a value. Values are assigned as follows: Definitely = 4, Mostly = 3, Somewhat = 2, Not At All = 1.

Calculating the mean score for each item then requires looking across all PCPCM PRO instruments received for the entity being assessed during the analysis period. For example, if the entity is a clinician, then all completed (see Step One) PCPCM PRO instruments collected for that clinician are included in the calculation. If the entity is a practice, then all PCPCM PRO instruments collected for that practice are included in the analysis.

An entity's score for each PCPCM PRO item is calculated as a mean, i.e., the summary of all responses across PCPCM PRO instruments received for the entity, divided by the number of instruments received. This process leads to 11 item specific PCPCM PRO scores. Means should be reported to two decimal points.

Step Three: Calculate the PCPCM PRO total score.

The PCPCM PRO total score for the entity is calculated by determining the mean of the 11 scored PRO items. This is done by adding the mean scores of all 11 PRO items and then dividing by 11. PRO means should be reported to two decimal points.

Step Four: Converting PCPCM PRO total scores and to PCPCM PRO-PM performance score.

In order to use the PCPCM PRO as a performance measure for reporting, the 4 point PCPCM PRO scale must be converted to a 0-100 performance scale. To do this, the PCPCM PRO total score for an entity, as calculated in Step Three, is divided by 4 and then multiplied by 100.

Thus, a PCPCM PRO total score of 2.78 (based on a scale of 1-4) becomes a PCPCM PRO-PM performance score of 69.5 (on a scale of 0-100).

The monthly data collection allows for assessed entities to receive regular feedback during the course of the year. However, PCPCM PRO-PM performance scores are calculated based on quality reporting program requirements or a 12-month time frame.

There is no stratification required with the PCPCM.

Numerator Statement: The PCPCM PRO-PM allows all patients to report their assessment of the quality of primary care received through responses to PCPCM PRO instrument.

The target population is all active patients in a practice during the performance reporting period. A patient is defined as active if the patient has had a documented interaction with the practice within 12 months of the patient's birth month. The PCPCM PRO is the same for all patients, regardless of age. Because the PCPCM PRO applies to all patients and is not particular to a clinical encounter, it is administered once a year to each patient during their birth month.

The target population is defined the same, regardless of unit of analysis (clinician or practice).

The numerator is the sum of all PCPCM PRO scores for active patients.

Denominator Statement: The target population for the denominator is the same as for the numerator.

The denominator is the total number of complete PCPCM PRO instruments received in the reporting period. A completed PRO instrument is defined as a PRO instrument for which the patient has responded to at least 8 of 11 items.

Exclusions: None.

Adjustment/Stratification: No risk adjustment or risk stratification

Level of Analysis: Clinician : Group/Practice, Clinician : Individual

Setting of Care: Outpatient Services

Type of Measure: Outcome: PRO-PM

Data Source: Instrument-Based Data

Measure Steward: American Board of Family Medicine

STANDING COMMITTEE MEETING February 16, 2021

1. **Importance to Measure and Report: The measure meets the Importance criteria.**

(1a. Evidence, 1b. Performance Gap)

1a. Evidence: **Total Votes-21; Pass-21; No Pass-0**; 1b. Performance Gap: **Total Votes-20; H-4; M-16; L-0; I-0**

Rationale:

- The Standing Committee noted that the 11 items on the instrument had varying levels of meaningfulness to patients, with some of the items having only 60% agreement among patients that they are meaningful. The developer responded that 99% of patients thought the overall instrument would be helpful for providers to improve their care.
- The Standing Committee also questioned whether there were any healthcare actions providers could take to improve their performance. The developer provided a number of actions to improve performance for each of the items.
- The Standing Committee agreed that there was evidence to support this measure.
- The Standing Committee noted that the submission exhibited variation in provider performance.
- The Standing Committee highlighted that development of and testing of the measure included a diverse population and that performance did not appear to differ across urban and rural settings and among minority patients.
- The Standing Committee passed the measure on evidence and performance gap.

2. **Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria.**

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

Does the Standing Committee accept the Scientific Methods Panel's Moderate rating for Reliability?

Total Votes-20; Yes-19; No-1

Does the Standing Committee accept the Scientific Methods Panel's Moderate rating for Validity?

Total Votes-20; Yes-19; No-1

- This measure was deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- The NQF Scientific Methods Panel's ratings for Reliability: **H-2; M-3; L-1; I-2**

- The NQF Scientific Methods Panel's ratings for Validity: **H-0; M-6; L-0; I-2**
- The Standing Committee voted to accept the NQF Scientific Methods Panel's Moderate rating of reliability and validity.

Rationale:

- The developer noted concerns associated with common method bias—a form of bias that happens when variations in responses are caused by the instrument rather than the actual predispositions of the respondents that the instrument attempts to uncover. The developer suggested that the measure hangs on a single factor, which has been noted to minimize the risks associated with common method bias.
- Data element level reliability testing was conducted using exploratory factor analysis, Rasch item fit statistics, and Cronbach's alpha testing, and score level reliability testing was conducted using intra-class correlation coefficient (ICC) analysis between providers.
- The Standing Committee expressed concerns about scaling being done on a continuous rather than an ordinal basis and the use of proxies in the measure, especially with the use of caregivers or guardians of pediatric patients, to which the developer noted that the results were similar between proxies.
- The Standing Committee voted to uphold the NQF SMP's rating of moderate for reliability.
- The Standing Committee expressed some concerns related to missing data, noting that incomplete surveys with fewer than eight of the items completed are discarded but were not noted to be an exclusion. The developer noted that incomplete instruments did not necessarily justify an exclusion and that the missingness may be systematic. Additionally, the developer noted that 99.8% of the surveys were completed, implying that missingness was not a major problem.
- The Standing Committee also noted that the SMP had expressed concerns about the use of a F-test of homogeneity for determining meaningful differences between providers.
- The Standing Committee questioned whether the developer would be considering social risk factors in the future, to which the developer responded that the social deprivation index is currently being evaluated for use within the measure.
- After receiving clarity on these items, the Standing Committee upheld the NQF SMP's rating of moderate for validity.

3. **Feasibility: Total Votes-20; H-2; M-18; 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:

- Data elements used are collected directly from patients. Patients are invited to fill out the PCPCM PRO instrument electronically. In almost all cases, patients are sent an email with an embedded link either to an electronic survey platform, or to an electronic PRO module as part of the PRIME registry. The most likely format will be electronic sources; however, paper-based instruments can be used.
- The Standing Committee highlighted some general implementation issues around patient-reported measures, such as patient comfort with collection mechanisms and survey fatigue, but agreed the measure was feasible.

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-20; Pass-20; No Pass-0** *4b. Usability:* **Total Votes-21; H-2; M-19; L-0; I-0**

Rationale:

- The Standing Committee noted that the measure is part of the PRIME Qualified Clinical Data Registry (QCDR) and was approved by the Measure Application Partnership with conditional support for rulemaking into the Merit-based Incentive Payment System.
- In the implementation of the PCPCM PRO-PM to date, performance scores and feedback are provided electronically to practices and clinicians. PCPCM PRO-PM scores are calculated at the point of data collection and then shared with the measured entity.

- The measure has not been implemented and therefore does not have year-over-year performance data for review.
- The Standing Committee passed the measure on use and usability.

5. **Related and Competing Measures**

- No related or competing measures were noted.

6. **Standing Committee Recommendation for Endorsement**: **Total Votes-21; Y-21**; **N-0**
7. **Public and Member Comment**

- Two public comments were received for this measure during the pre-evaluation period, which can be found in Appendix F.
- Two public comments were received during the public comment period.
    - One commenter expressed approval of this comment due to its focus on person-centered, person-reported experiences.
    - One commenter raised concerns about survey timing, related measure harmonization. The commenter raises concerns that there is a potential for a 12-month delay between a practice interaction and survey administration could reduce ability of patients to recall details of those interactions and cause a delay in response to patient feedback. The commenter recommends that the developer harmonize this measure with other patient survey measures such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys to reduce patient and provider burden.
    - In response, the developer noted that it is standard for many outcome measures to be framed around at 12 month reporting period and the intention is not to provide feedback regarding a specific event, but rather to provide feedback regarding aggregate performance in relation to the clinician/practice's patient population. The developer notes that CAHPS surveys have very little overlap with the PCPCM as consumer based surveys are designed to link with a specific experience or event. In contract, the PCPCM is a relationship based survey, designed to assess the broad scope of primary care. The developer states that their measure development process examined data to support decreasing the burden to providers and to patients.

8. **Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X**
9. **Appeals**

#3595 Hydroxyurea Use Among Children with Sickle Cell Anemia

Submission

Description: The percentage of children ages 1 to 18 years with sickle cell anemia (SCA) who were dispensed hydroxyurea for at least 300 days within the measurement year.

Numerator Statement: The number of children ages 1 to 18 years with sickle cell anemia (SCA) who were dispensed hydroxyurea for at least 300 days within the measurement year.

Denominator Statement: The number of children ages 1 to 18 years with sickle cell anemia (SCA) within the measurement year.

Exclusions: NA

Adjustment/Stratification: No risk adjustment or risk stratification

Level of Analysis: Health Plan

Setting of Care: Other

Type of Measure: Process

Data Source: Claims

Measure Steward: University of Michigan

STANDING COMMITTEE MEETING February 16, 2021

1. **Importance to Measure and Report: The measure meets the Importance criteria.**

(1a. Evidence, 1b. Performance Gap)

1a. Evidence: **Total Votes-19; H-13; M-6; L-0; I-0**; 1b. Performance Gap: **Total Votes-20; H-15; M-5; L-0; I-0**

Rationale:

- The Standing Committee considered the cited RCT and observational studies, Clinical Practice Guideline recommendation from the National Heart, Lung, and Blood Institute, and a logic model submitted by the developer, which linked daily receipt of hydroxyurea to substantial reduction of the incidence of pain crises and acute chest syndrome among children with SCA.
- The Standing Committee expressed concern on the measure disincentivizing the use of newer medications that might be more expensive but have fewer side effects. The developer noted that two newer medications on the market did not have sufficient evidence to support its use over hydroxyurea.
- The Standing Committee considered the performance gap data, which showed the rates of hydroxyurea dispensed for at least 300 days within the measurement year for children with sickle cell anemia in the Michigan Medicaid program (2010-2018).
- Regarding disparities, the developer noted that due to the disproportionate burden among minorities, sickle cell anemia is often considered to be an indicator of a health disparity.
- The Standing Committee passed the measure on evidence and performance gap.

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-20; M-20; L-0; I-0**; 2b. Validity: **Total Votes-20; H-19; M-1; L-0; I-0**

Rationale:

- A separate method of reliability testing was not provided by the developer since empirical validity testing was conducted.
- The Standing Committee noted that data element validity was used to support reliability and had no concerns.
- For validity, the developer conducted data element testing using both ICD-9-CM and ICD-10-CM diagnosis codes.
- Results from both ICD-9-CM and ICD-10-CM diagnosis codes indicate that children with sickle cell anemia can be identified with a high level of accuracy in administrative data.
- The Standing Committee raised a concern about patients on auto refill receiving the medication but not taking them. The developer acknowledged that auto refill could falsely inflate the numerator; however, inflation is unlikely to influence the measure. The developer mentioned that they have considered developing prescription measures; however, they are less likely to be implemented in Medicaid programs or individual health plans.
- The Standing Committee questioned the developer on how contraindications are handled by this measure. The developer noted that although rare, patient refusal is an issue and depended largely on the patient-provider relationship.
- Responding to the Standing Committee's question about the generalizability of the measure, the developer noted that similarly low rates were observed in New York Medicaid.
- Based on the testing results and the developer's responses, the Committee agreed the measure was valid.

3. Feasibility: Total Votes-20; H-13; M-7; 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 all data elements required for the measure are routinely generated and used during care delivery, and all data elements used in the measure are in defined fields in electronic claims.
- The Standing Committee questioned whether diagnosis and pharmacy claims data were paired. The developer stated that they identified patients by diagnosis of sickle cell anemia and looked at their prescriptions over time, rather than looking at pharmacy claims due to missing diagnosis codes in the pharmacy claims data.

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-20; Pass-20; No Pass-0** *4b. Usability:* **Total Votes-20; H-11; M-9; L-0; I-0**

Rationale:

- The Standing Committee noted that there was high usability in the Michigan Medicaid program and asked the developer if any other Medicaid programs expressed interested in the measure.
- The developer stated that the measure was being piloted in Michigan but was delayed due to COVID-19.
- The Committee noted a large opportunity for improvement during the use discussion and had no concerns.

5. **Related and Competing Measures**

- This measure is related to the following measures:
    - #2797 Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia
    - #3166 Antibiotic Prophylaxis Among Children with Sickle Cell Anemia

6. **Standing Committee Recommendation for Endorsement**: **Total Votes-19; Y-19**; **N-0**
7. **Public and Member Comment**

- No public comments were received during the pre-evaluation commenting period.
- One comment was received during the public commenting period. One commenter expressed approval of this comment due to its focus on person-centered, person-reported experiences.

8. **Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X**
9. **Appeals**

#3599 Pediatric Asthma Emergency Department Use

Submission

Description: This measure estimates the rate of emergency department visits for children ages 3 – 21 who are being managed for identifiable asthma, using specified definitions. The measure is reported in visits per 100 child-years.

The rate construction of the measure makes it a more actionable measure compared to a more traditional quality measure percentage construct (e.g., percentage of patients with at least one asthma-related ED visit). The rate construction means that a plan can improve on performance either through improvement efforts targeting all patients with asthma, or through efforts targeted at high-utilizers, since all visits are counted in the numerator. For a percentage measure, efforts to address high-utilizers will be less influential on performance and potentially have no effect at all even if a high utilizer goes from 8 visits a year to 1, since in order to improve performance, a high-utilizer has to get down to zero visits.

This measure was developed under the Pediatric Quality Measurement Program, funded by the Centers for Medicare and Medicaid Services and administered by the Agency for Healthcare Research and Quality. https://www.ahrq.gov/pqmp/about/what-is-pqmp.html

Numerator Statement: Number of asthma-related ED visits

Denominator Statement: 100 Child Years for children with identifiable asthma

Exclusions: Children with specified concurrent or pre-existing diagnosis and children who have not been consecutively enrolled in the reporting plan for at least three months, including the month being assessed.

Adjustment/Stratification: Statistical risk model

Level of Analysis: Health Plan

Setting of Care: Outpatient Services

Type of Measure: Outcome

Data Source: Claims

Measure Steward: Albert Einstein College of Medicine

STANDING COMMITTEE MEETING February 16, 2021

1. **Importance to Measure and Report: The measure meets the Importance criteria.**

(1a. Evidence, 1b. Performance Gap)

1a. Evidence: **Total Votes-19; Pass-15; No Pass-4;** 1b. Performance Gap: **Total Votes-18; H-5; M-12; L-1; I-0**

Rationale:

- The Standing Committee noted that the developer assessed evidence by measuring the relationship between improved performance on specific asthma care processes, achieved through a state-wide quality improvement collaborative in Vermont, and decreased asthma ED visits.
- The Standing Committee asked for clarification regarding the mention of the Vermont Collaborative. The developer noted that the evidence was based on a controlled trial, not a randomized control trial.
- The developer provided data for two states: California and Massachusetts. The Standing Committee noted that the results suggest relatively high mean rate of ED use among children with identifiable asthma and moderate variability in plan performance both between states as well as between plans within states. Presented data also showed some disparities when considering race and ethnicity.
- The Standing Committee agreed the evidence supported the measures and a performance gap existed.

2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria

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

Does the Standing Committee accept the Scientific Methods Panel's Moderate rating for Reliability?

Total Votes-19; Yes-19; No-0

Validity: **Total Votes-19; H-2; M-12; L-5; I-0**

- This measure was deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- The NQF Scientific Methods Panel's ratings for Reliability: **H-2; M-5; L-0; I-1**
- The NQF Scientific Methods Panel's ratings for Validity: **H-0; M-3; L-2; I-1**
- The Standing Committee voted to accept the NQF Scientific Methods Panel's Moderate rating of reliability and voted on validity.

Rationale:

- The Standing Committee raised concerns over the construction of the measure to include 100 child-years instead of a standard format. The developer indicated that rationale for the measure construction was because the numerator captures more than if a patient has at least one pediatric asthma visit during the measurement year.
- The Standing Committee also raised concerns about the age range of 3 to 21 years. The developer noted that there are different triggers for asthma exacerbations based on age.
- Reliability testing was conducted at the score level using a split-sample analysis and ICC calculations for score level reliability testing in health plans in Massachusetts and California.
- After hearing the developer's rationale and reviewing the SMP feedback, the Standing Committee voted to uphold the SMP vote of moderate for reliability.
- Since the SMP did not reach consensus on validity for this measure, the Standing Committee discussed and voted on validity for this measure.
- Score level validity testing was conducted through construct validity by using predicted performance for the plan-level random effect in the risk adjustment models and then transformed that into a Z-score, and predictive validity as a secondary analysis at the clinic level in Vermont, assessing a quality innovation (QI) learning collaborative reduction in ED utilization through a difference in difference analysis.
- The SMP members raised concerns about the risk adjustment model noting concerns about the results and factors that were included.
- The SMP also noted that secondary asthma presentation was identified as a potential confounder for the measure. The developer noted that inclusion of the second diagnosis of asthma is important to the measure in order to capture all relevant incidences of asthma but did not have concerns about missing the diagnosis if listed lower than secondary since research has shown that pediatric patients do not tend to have a lot of diagnoses, and so, asthma appearing lower down in a long list of diagnoses is unlikely.
- The Standing Committee noted that there was overall good validity but asked the developer to provide rationale for the HEDIS measures that were chosen for validity testing. The developer indicated that the measure was compared against the HEDIS measure based on the recommendation of the SMP during the previous submission. The developer explained that HEDIS measures that were chosen that were related and were expected to be correlated with

this measure, and then HEDIS measures that were not related were expected to not have a correlation. The developer noted a sensitivity analysis was performed on the second diagnosis looking at the relationship between mental health and asthma medication to make sure the findings still held.

- The Standing Committee passed the measure on validity.

3. **Feasibility: Total Votes-18; H-13; M-5; 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 all data elements required for the measure are routinely generated and used during care delivery, and all data elements used in the measure are in defined fields in electronic claims.

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-20; Pass-18; No Pass-2** *4b. Usability:* **Total Votes-18; H-1; M-17; L-0; I-0**

Rationale:

- The measure is not currently in use but is planned for use in the Agency for Healthcare Research and Quality (AHRQ) Pediatric Quality Measurement Program.
- The Standing Committee expressed concerns over the limited use of the measure and that the measure was only tested in two states. It also raised concerns that the states where the measures were tested lacked racial diversity. The developer noted that social determinants of health were considered during measure development through the risk adjustment model and that the populations in the states used to test the measure are diverse.
- The Standing Committee noted that seeing data for multiple years may alleviate concerns around usability and did not foresee any unintended consequences of implementing the measure.
- The Standing Committee passed the measure on use and usability.

5. **Related and Competing Measures**

- This measure is related to the following measures:
    - #0728 Asthma Admission Rate (PDI 14)
    - #1381 Asthma Emergency Department Visits

6. **Standing Committee Recommendation for Endorsement**: **Total Votes-19; Y-18**; **N-1**
7. **Public and Member Comment**

- No public or member comment received for this measure.

8. **Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X**
9. **Appeals**