NATIONAL QUALITY FORUM

Memo

October 23, 2018

To: Consensus Standards Approval Committee (CSAC)

From: Primary Care and Chronic Illness Project Team

Re: Primary Care and Chronic Illness Spring 2018

CSAC Action Required

The CSAC will review recommendations from the Primary Care and Chronic Illness project at its October 23, 2018 meeting and vote on whether to uphold the recommendations from the Standing Committee.

This memo includes a summary of the project, measure recommendations, themes identified and 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 Spring 2018 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 14 comments received during the post-meeting comment period and the NQF/Standing Committee responses.

Background

Primary care has a central role in improving the health of people and populations. Primary care practitioners manage the uniqueness and complexities of each patient. In this setting, the diagnosis and treatment of the patient is focused on the health of the entire patient and not a single disease. Chronic illnesses are long-lasting or persistent health conditions or diseases that patients and providers must manage on an ongoing basis. The Primary Care and Chronic Illness portfolio includes endocrine conditions; nonsurgical eyes, ears, nose, and throat conditions; infectious disease; musculoskeletal disorders; and pulmonary disease.

The 20-person Primary Care and Chronic Illness Standing Committee reviewed seven measures: six were recommended for endorsement, and one was not recommended for endorsement.

Draft Report

The Primary Care and Chronic Illness Spring 2018 draft report presents the results of the evaluation of seven measures considered under the Consensus Development Process (CDP). Six are recommended for endorsement and one was not recommended.

The measures were evaluated against the 2017 version of the measure evaluation criteria.

	Maintenance	New	Total
Measures under consideration	7	0	7
Measures recommended for endorsement	6	0	6
Measures recommended for inactive endorsement with reserve status	0	0	0
Measures approved for trial use	0	0	0
Measures not recommended for endorsement or trial use	1	0	1
Measures withdrawn from consideration	6	0	6
Reasons for not recommending	Importance – 0 Scientific Acceptability – 1 Use – 0 Overall Suitability – 0 Competing Measure – 0	Importance – 0 Scientific Acceptability – 0 Overall Suitability – 0 Competing Measure – 0	

Measures Recommended for Endorsement

- 0046 Screening for Osteoporosis for Women 65-85 Years of Age (NCQA)

Overall Suitability for Endorsement: Yes-20; No-0

- 0053 Osteoporosis Management in Women Who Had a Fracture (NCQA)

Overall Suitability for Endorsement: Yes-19; No-0

- 0055 Comprehensive Diabetes Care: Eye Exam (retinal) Performed (NCQA)

Overall Suitability for Endorsement: Yes-20; No-0

- 0056 Diabetes: Foot Exam (NCQA)

Overall Suitability for Endorsement: Yes-19; No-0

- 0057 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (NCQA)

Overall Suitability for Endorsement: Yes-18; No-0

- 0062 Comprehensive Diabetes Care: Medical Attention for Nephropathy

Overall Suitability for Endorsement: Yes-18; No-0

Measures Not Recommended for Endorsement

(See Appendix B for the Committee's votes and rationale)

- 0037 Osteoporosis Testing in Older Women (OTO) (NCQA)

Comments and Their Disposition

NQF received 14 comments from three member organizations and individuals pertaining to the draft report and to the measures under consideration.

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.

The Standing Committee reviewed all of the submitted comments (general and measure specific) and developer responses. Committee members focused their discussion on measures or topic areas with the most significant and recurring issues.

Themed Comments

Support of Committee's Recommendations

NQF received one general comment supporting all of the Committee's recommendations. NQF received six individual comments on measures supporting the Committee's recommendations for re-endorsement. The measures that received comments in support of the Committee's recommendations are:

- 0046 Screening for Osteoporosis for Women 65-85 Years of Age
- 0053 Osteoporosis Management in Women Who Had a Fracture
- 0055 Comprehensive Diabetes Care: Eye Exam (retinal) performed
- 0056 Diabetes: Foot Exam
- 0057 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
- 0062 Comprehensive Diabetes Care: Medical Attention for Nephropathy

Measure-Specific Comments

NQF received seven measure-specific comments. Of these seven comments, six supported the Committee's recommendations, and one did not support.

Of these seven comments, six suggested several revisions to the specifications to improve the measures. In addition to suggestions for revisions to the specifications, four comments raised overuse concerns.

0037 Osteoporosis Testing in Older Women (OTO)

NQF received one post-evaluation comment supporting the Committee's decision to not recommend the measure. The commenter agreed with the Committee's concern that the measure relies on patient recall and self-reporting of a bone density test. If the measure loses

NQF endorsement, the commenter recommends that the developer consider retiring the measure from the HEDIS measure set.

Committee Response

The Committee reviewed the comment and developer's response during the September 25, 2018 Post-Comment Web Meeting. The Committee thanked the commenter for their comments and had no additional concerns to discuss. The Committee maintained the decision to not recommend re-endorsement.

Developer Response

The USPSTF recommends osteoporosis screening for all women age 65 and older, and this measure addresses an important known quality gap in receiving such screenings. If the measure loses NQF endorsement, NCQA will work with CMS to identify alternative methods of capturing osteoporosis screening for Medicare Advantage members.

0046 Screening for Osteoporosis for Women 65-85 Years of Age

NQF received one post-evaluation comment supporting the Committee's decision to recommend the measure. While the commenter supported the measure, they shared several recommendations concerning the measure specifications. The commenter expressed concern that implementation of the measure could promote the overuse of screening. In addition, the commenter made recommendations to improve the denominator, including incorporating additional ICD 10 codes and expanding the denominator exclusions to include patients who have already been assessed with the FRAX tool and patient refusal.

Committee Response

The Committee reviewed the comments and developer's response during the September 25, 2018 Post-Comment Web Meeting. The Committee agreed with the developer that patient refusal can be an issue but also acknowledged the challenge of excluding patients from measures due to refusal. The Committee discussed the overuse issue and agreed it is a valid concern but believed that the benefit of dual-energy x-ray absorptiometry (DXA) scan outweighs potential overuse issues. They also suggested inclusion of additional tests (quantitative CT). The Committee maintained the decision to recommend re-endorsement.

Developer Response

Thank you for this comment. With regard to concerns about overuse of screening due to poor record continuity, the numerator allows for documentation in the medical record of the patient ever having received a DXA test of the hip or spine. Providers should get a patient's test history (and any associated reports with results) before ordering a DXA test. Documenting such results from prior tests counts for meeting the numerator, and the provider would not need to perform another DXA. While some women are at lower risk of developing osteoporosis due to identifiable patient factors, the USPSTF recommends all women over the age of 65 (regardless of individual patient factors) be screened for osteoporosis, and the measure aligns with this recommendation statement. NCQA will explore appropriateness and feasibility of counting a FRAX tool assessment as meeting the numerator for this measure. Member refusals of screening are not valid exclusions. Therefore, these members should remain in the measure

denominator if they meet criteria. It is anticipated that the impact of these members is relatively low and would not result in bias when comparing results across providers. NCQA will review and consider including G0438 and G0439 as eligible encounters for the measure. If recommended by our measurement advisory panels we will update the specifications to include these codes during the measure's annual NQF update.

0053 Osteoporosis Management in Women Who Had a Fracture

NQF received one post-evaluation comment supporting the Committee's decision to recommend the measure. While the commenter supported the measure, they expressed concern that implementation of the measure could promote the overuse of bone mineral density testing. The commenter recommended that the developer expand the denominator exclusion to include women with fracture related to traumatic injury and consider revising the fracture definition to only include women with vertebral and hip fractures.

Committee Response

The Committee reviewed the comments and developer's response during the September 25, 2018 Post-Comment Web Meeting. Committee members recommended not to expand the denominator exclusions to the measure due to concerns over losing a large cohort of women if the definition of fractures was limited to vertebral and hip fractures. The Committee maintained the decision to recommend re-endorsement.

Developer Response

Thank you for this comment and suggestion. The intent of this measure is secondary prevention of future fragility fractures. The measure does not include fractures that are likely due to trauma (such as fractures of the finger, toe, face or skull). Further, the measure does not require a bone mineral density (BMD) test be performed after the fragility fracture as the measure also allows the provider to go directly to treatment if they do not think a BMD test will alter the diagnosis/course of treatment. To help address the concern about overuse of BMD testing, the measure has an exclusion which removes patients who received a BMD test in the 2 years prior to the fracture. NCQA is currently taking this measure through our HEDIS reevaluation process. We are reviewing the fracture codes included in this measure and will consider if further limiting the facture codes would help address the concern about overuse. Any proposed changes to the measure will be brought to our measurement advisory panels for feedback. If changes are recommended by the panels and approved by NCQA's Committee on Performance Measurement, the specification will be updated during the measure's annual NQF review.

0055 Comprehensive Diabetes Care: Eye Exam (retinal) Performed

NQF received one post-evaluation comment supporting the Committee's decision to recommend the measure. While the commenter supported the measure, they expressed concern that implementation of the measure could promote overuse of retinal eye exams, if a physician cannot obtain confirmation of a previous eye exam during the calendar year. The commenter also raised concerns that the use of the measure will increase physician burden and suggested claims evidence be accepted for documentation requirements. The commenter noted that CMS has proposed the removal of this measure from Medicare Shared Savings Program. In

addition, the commenter made recommendations to expand the denominator population to include all patients over the age of 18 years.

Committee Response

The Committee reviewed the comments and developer's response during the September 25, 2018 Post-Comment Web Meeting. A Committee member agreed there are challenges in capturing the data for this measure, as patients can go to many different locations for the eye exam (not just ophthalmologists) and noted that claims data would be more effective. Related, Committee members also noted issues with penalizing performance of one provider based on acquiring data from another provider. The Committee was satisfied with the developer's response and willingness to work on the feasibility issues of the measure. The Committee maintained the decision to recommend re-endorsement.

Developer Response

Thank you for this comment. This measure is intended for the broad population of patients with diabetes and aligns with current clinical guideline recommendation from the American Diabetes Association. The measure as specified assesses annual eye exams unless a negative result was found in the year prior, allowing those with no finding of retinopathy to have an exam every other year.

0056 Diabetes: Foot Exam

NQF received one post-evaluation comment that does not support the Committee's decision to recommend the measure due to several concerns. The commenter noted a lack of evidence to support the benefits of regular pulse exams and raised concerns that implementation of the measure could promote the overuse of Ankle Brachial Index and procedures for peripheral arterial disease. The commenter recommended that the developer make several revisions to the specifications.

Committee Response

The Committee reviewed the comments and developer's response during the September 25, 2018 Post-Comment Web Meeting. The Committee agreed that they understand the concerns, but the measure aligns with the American Diabetes Association guidelines. The Committee maintained the decision to recommend re-endorsement.

Developer Response

Thank you for this comment. This measure is aligned with the evidence and current clinical guideline recommendation from the American Diabetes Association.

0057 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing

NQF received one post-evaluation comment supporting the Committee's decision to recommend the measure. However, the commenter made recommendations to enhance the measure to target patients who have a diagnosis of diabetes and are engaged with the clinician. The commenter stated that the measure as currently specified favors larger health systems.

Committee Response

The Committee reviewed the comments and developer's response during the September 25, 2018 Post-Comment Web Meeting. The Committee did not have any concerns with either the comment or the developer's response. The Committee maintained the decision to recommend re-endorsement.

Developer Response

Thank you for this comment. As noted, this measure is aligned with current clinical guideline recommendations from the American Diabetes Association. With regard to HbA1c results from ED admissions, the measure does not explicitly allow that. However, NCQA will evaluate whether that is an issue with the current specification during the next re-evaluation of the measure.

0062 Comprehensive Diabetes Care: Medical Attention for Nephropathy

NQF received one post-evaluation comment supporting the Committee's decision to recommend the measure. However, the commenter recommended that the developer expand the denominator exclusion to include patients with dementia and in hospice/palliative care. The commenter also expressed concern about using test results from emergency department (ED) admissions which potentially could induce action on false positive results. Finally, the commenter expressed concern with the high performance rate.

Committee Response

The Committee reviewed the comments and developer's response during the September 25, 2018 Post-Comment Web Meeting. The Committee did not have additional comments and appreciated the developer's willingness to consider the commenter's recommendations the next time their advisory panels review the measure. The Committee maintained the decision to recommend re-endorsement.

Developer Response

Thank you for this comment. NCQA will consider the appropriateness of exclusions for dementia and patients with life limiting diagnoses during the next re-evaluation of the measure. Please note that the measure currently does exclude patients receiving hospice care. With regard to test results from ED admissions, the measure does not explicitly allow that. However, NCQA will also evaluate whether that is an issue with the current specification during the next re-evaluation of the measure.

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. Three NQF members provided their expression of support. Appendix C details the expression of support.

Removal of NQF Endorsement

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

Measure	Measure Description	Reason for Removal of Endorsement
0045 Communication with the Physician or Other Clinician Managing on-Going Care Post Fracture for Men and Women Aged 50 Years and Older	Percentage of adults 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's on-going care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is reported by the physician who treats the fracture and who therefore is held accountable for the communication.	The measure developer withdrew this measure from endorsement consideration because it is no longer in use. NQF will remove endorsement.
0519 Diabetic Foot Care and Patient Education Implemented	The percentage of home health episodes of care in which diabetic foot care and patient/caregiver education were included in the physician-ordered plan of care and implemented for diabetic patients since the previous OASIS assessment.	The measure developer withdrew this measure from endorsement consideration because it is no longer in use and is determined to no longer be reliable and/or valid by the developer. NQF will remove endorsement.
2416 Laboratory Investigation for Secondary Causes of Fracture	Percentage of patients age 50 and over with fragility fracture who have had appropriate laboratory investigation for secondary causes of fracture ordered or performed prior to discharge from inpatient status.	The measure developer withdrew this measure from endorsement consideration because it is no longer in use. NQF will remove endorsement.

Measure	Measure Description	Reason for Removal of Endorsement
2417 Risk Assessment/Treatment After Fracture	Patients age 50 or over with a fragility fracture who have either a dual-energy X-Ray absorptiometry (DXA) scan ordered or performed, or a prescription for FDA-approved pharmacotherapy for osteoporosis, or who are seen by or linked to a fracture liaison service prior to discharge from inpatient status,. If DXA is not available and documented as such, then any other specified fracture risk assessment method may be ordered or performed.	The measure developer withdrew this measure from endorsement consideration because it is no longer in use. NQF will remove endorsement.
2467 Adherence to ACEIs/ARBs for Individuals with Diabetes Mellitus	The measure addresses adherence to angiotensin converting enzyme inhibitors (ACEIs)/angiotensin receptor blockers (ARBs). The measure is reported as the percentage of eligible individuals with diabetes mellitus who had at least two prescriptions for ACEIs/ARBs and who have a Proportion of Days Covered (PDC) of at least 0.8 during the measurement period (12 consecutive months).	The measure developer withdrew this measure from endorsement consideration because it is no longer in use. NQF will remove endorsement.
2468 Adherence to Oral Diabetes Agents for Individuals with Diabetes Mellitus	The measure addresses adherence to oral diabetes agents (ODA). The measure is reported as the percentage of eligible individuals with diabetes mellitus who had at least two prescriptions for a single oral diabetes agent or at least two prescriptions for multiple agents within a diabetes drug class and who have a Proportion of Days Covered (PDC) of at least 0.8 for at least one diabetes drug class during the measurement period (12 consecutive months)	The measure developer withdrew this measure from endorsement consideration because it is no longer in use. NQF will remove endorsement.

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	No measures were reviewed by the Scientific Methods Panel during the Spring 2018 cycle.
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	0046 Screening for Osteoporosis for Women 65-85 Years of Age and 0053 Osteoporosis Management in Women Who Had a Fracture were identified as related. The Committee agreed that the two measures are already harmonized to the extent possible. 0056 Comprehensive Diabetes: Foot Exam is competing with 0417 Diabetic Foot & Ankle Care, Peripheral Neuropathy – Neurological Evaluation. 0417 was not reviewed in this current cycle and will undergo maintenance review in the upcoming Fall 2018 cycle. The Committee agreed that no final recommendations can be made on harmonization or selection of best-in-class of the two measures until 0417 undergoes NQF's maintenance review in the Fall 2018 cycle.
Were any measurement gap areas addressed? If so, identify the areas.	No	All seven measures submitted are maintenance measures. No new measures were submitted to the Primary Care and Chronic Illness project in the Spring 2018 cycle.
Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	

Appendix B: Measures Not Recommended for Endorsement

The table below lists the Committee's vote and rationale for measures not recommended for endorsement.

Legend: H = High; M = Moderate; L = Low; I = Insufficient

Measure	Voting Results	Standing Committee Rationale
0037 Osteoporosis Testing in Older Women (OTO)	**Evidence** H-0; M-6; L-2; I-12 **Gap** H-0; M-14; L-0; I-6 **Reliability** H-0; M-9; L-4; I-7 **Validity** H-0; M-5; L-0; I-15 **Feasibility** N/A **Usability and Use** *Use* N/A *Usability* N/A	The measure did not pass the validity criterion. The Committee had concerns about the evidence regarding the intervention of patient self-reporting of a bone density test. In addition, a patient representative on the Committee expressed that patient self-reporting will not have a direct impact on the patient (i.e., how will the survey benefit the patient?). The Committee was also concerned about whether the patient/proxy recall about having had a bone density test is accurate, since no tests have validated the patient response.

Appendix C: NQF Member Expression of Support Results

Two NQF members provided their expressions of support. Five measures under consideration received support from NQF members. One measure received equal votes for support and do not support from NQF members. One measure did not receive support from NQF members. Results for each measure are provided below.

0037 Osteoporosis Testing in Older Women (OTO) (NCQA)

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

0046 Screening for Osteoporosis for Women 65-85 Years of Age (NCQA)

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

0053 Osteoporosis Management in Women Who Had a Fracture (NCQA)

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

0055 Comprehensive Diabetes Care: Eye Exam (retinal) performed (NCQA)

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

0056 Diabetes: Foot Exam (NCQA)

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

0057 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (NCQA)

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

0057 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (NCQA)

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

Appendix D: Details of Measure Evaluation

Rating Scale: H=High; M=Moderate; L=Low; I=Insufficient; NA=Not Applicable

0046 Screening for Osteoporosis for Women 65-85 Years of Age

Submission | **Specifications**

Description: Percentage of women 65-85 years of age who ever had a central dual-energy x-ray absorptiometry (DXA) test to check for osteoporosis.

Numerator Statement: The number of women who have documentation in their medical record of having received a DXA test of the hip or spine.

Denominator Statement: Women age 65-85.

Exclusions: Diagnosis of osteoporosis at the time of the encounter.

Patient receiving hospice services anytime during the measurement period.

Adjustment/Stratification: No risk adjustment or risk stratification

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

Setting of Care: Outpatient Services

Type of Measure: Process

Data Source: Electronic Health Data, Electronic Health Records, Paper Medical Records

Measure Steward: National Committee for Quality Assurance

STANDING COMMITTEE MEETING 6/21/2018

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

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

1a. Evidence: **H-14; M-6; L-0; I-0**; 1b. Performance Gap: **H-0; M-18; L-1; I-1**

Rationale:

- Overall, the Committee agreed that the draft US Preventative Services Task Force Recommendation (2018) supported screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women age 65 years and older.
- Performance data extracted from Physician Quality Reporting System (PQRS) suggest a persistent performance gap. The mean performance rates for the years 2009-2012 ranged from 55.1% to 61.2%. In 2012, 505,070 eligible providers (6.1%) chose to report on this measure.
- The Committee expressed concern that this measure's last performance data are from 2012 and they would prefer to see more current data.
- The Committee did not express any major concerns with the disparities data on osteoporosis screening in women.

2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria</u>

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

2a. Reliability: **H-0; M-20; L-0; I-0**; 2b. Validity: **H-N/A; M-20; L-0; I-0**

<u>Rationale</u>:

- A Committee member was concerned that the measure is excluding the long-term, institutionalized population.
- Another Committee member recommended that exclusions, such as the palliative care population, could potentially be added in the future.
- The Committee determined that the measure specifications were precise, and the specifications were consistent with the evidence presented.
- The measure was tested prior to the 2014 maintenance review for reliability of the critical data elements using the inter-abstractor method. The developer did not submit updated reliability testing. The Committee concluded the measure was reliable with a numerator kappa score of 0.77, indicating there is substantial agreement.
- The measure is not tested for empirical validity. The developer provided face validity testing and justification for no empirical validity testing, noting that the only available data for this measure are from reporting in the CMS Quality Payment Program (QPP), however these data are not constructed in a way that allowed the developer to test empirical validity of the measure.
- The Committee accepted the developer's justification for lack of empirical validity testing and agreed with the face validity methodology and results for the measure. Face validity was assessed with several panels of experts from diverse backgrounds. The panel of experts concluded with good agreement that the measure as specified is measuring what it intends to measure and that the results of the measurement allow users to make the correct conclusions about the quality of care that is provided and will accurately differentiate quality across providers.

3. Feasibility: H-0; M-20; 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)

<u>Rationale</u>:

- The Committee noted a potential challenge to measurement at the clinician level when a patient changes healthcare providers or health plan. In response, a Committee member recommended that the measure should be made available as an electronic clinical quality measure (eCQM) in the future.
- Overall, the Committee agreed that the data elements are routinely generated, used during care delivery and the measure is moderately feasible to implement.

4. Use and Usability: <u>The measure meets the Use and Usability criteria</u>

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

Rationale:

- The measure is used in the QPP, which is a public reporting/accountability program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals (EPs).
- Overall, the Committee agreed with a moderate rating for usability of the measure. The measure has demonstrated a slight improvement in performance rates by 2.6% from 2009-2012, and there is still opportunity for more improvement.
- Committee members expressed usability concerns, noting that the measure specifications could lead to a potential unintended consequence of overuse of a DXA test. However, the Committee concluded that the benefits from having the test outweighed the consequences of potential extra screenings.

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5. Related and Competing Measures

- This measure is related to 0053: Osteoporosis Management in Women Who Had a Fracture.
- Measure 0053 was identified as related to measure 0046, as both involve bone density testing. However, following the review of the specifications for measures 0046 and 0053, the Committee believed that the two measures have significant differences in the measure focus and target population. Measure 0053 addresses women who have experienced a fracture and are focused on secondary prevention of future fractures as opposed to measure 0046, which addresses screening for osteoporosis. The Committee also discussed the denominator age range for the two measures and agreed that both appropriately address different age ranges and cannot be aligned. As a result, the Committee agreed the two measures are already harmonized to the extent possible.

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6. Standing Committee Recommendation for Endorsement: **Yes-20; No-0**

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7. Public and Member Comment

- NQF received two post-evaluation comments supporting the Committee's decision to recommend the measure. While one commenter supported the measure, they shared several recommendations concerning the measure specifications. The commenter expressed concern that implementation of the measure could promote the overuse of screening. In addition, the commenter made recommendations to improve the denominator, including incorporating additional ICD 10 codes and expanding the denominator exclusions to include patients who have already been assessed with the FRAX tool and patient refusal.

  Measure Steward/Developer Response

  Thank you for this comment. With regard to concerns about overuse of screening due to poor record continuity, the numerator allows for documentation in the medical record of the patient ever having received a DXA

test of the hip or spine. Providers should get a patient's test history (and any associated reports with results) before ordering a DXA test. Documenting such results from prior tests counts for meeting the numerator, and the provider would not need to perform another DXA. While some women are at lower risk of developing osteoporosis due to identifiable patient factors, the USPSTF recommends all women over the age of 65 (regardless of individual patient factors) be screened for osteoporosis, and the measure aligns with this recommendation statement. NCQA will explore appropriateness and feasibility of counting a FRAX tool assessment as meeting the numerator for this measure. Member refusals of screening are not valid exclusions. Therefore, these members should remain in the measure denominator if they meet criteria. It is anticipated that the impact of these members is relatively low and would not result in bias when comparing results across providers. NCQA will review and consider including G0438 and G0439 as eligible encounters for the measure. If recommended by our measurement advisory panels we will update the specifications to include these codes during the measure's annual NQF update.

- The Committee reviewed the comments and developer's response during the September 25, 2018 Post-Comment Web Meeting. The Committee agreed with the developer that patient refusal can be an issue but that it is challenging to exclude patients from measures due to refusal. The Committee discussed the overuse issue and agreed it is a valid issue but felt that the benefit of DXA outweighs potential overuse issues. They also suggested inclusion of additional tests (quantitative CT). The developer stated they will specifically look at the feedback received from the Committee and commenters during their currently on-going re-evaluation of the measure, and the Committee agreed this is an acceptable response. The Committee maintained the decision to recommend re-endorsement.

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8. Consensus Standards Approval Committee (CSAC) Vote: Yes-X; No-X

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9. Appeals

0053 Osteoporosis Management in Women Who Had a Fracture

Submission | **Specifications**

Description: The percentage of women age 50-85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis.

Numerator Statement: Patients who received either a bone mineral density test or a prescription for a drug to treat osteoporosis after a fracture occurs.

Denominator Statement: Women who experienced a fracture, except fractures of the finger, toe, face or skull. Three denominator age strata are reported for this measure:

Women age 50-64

Women age 65-85

Women age 50-85

Exclusions: - Exclude women who had a bone mineral density test during the 24 months prior to the index fracture.

- Exclude women who had a claim/encounter for osteoporosis treatment during 12 months prior to the index fracture.

- Exclude women who received a dispensed prescription or had an active prescription to treat osteoporosis during the 12 months prior to the index fracture.

- Exclude women who are enrolled in a Medicare Institutional Special Needs Plan (I-SNP) or living long-term in an institution any time during the measurement year.

- Exclude women receiving hospice care during the measurement year.

Adjustment/Stratification: No risk adjustment or risk stratification

Level of Analysis: Clinician : Group/Practice, Health Plan, Clinician : Individual, Integrated Delivery System

Setting of Care: Outpatient Services

Type of Measure: Process

Data Source: Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records

Measure Steward: National Committee for Quality Assurance

STANDING COMMITTEE MEETING 6/21/2018

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

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

1a. Evidence: **H-3; M-16; L-0; I-0**; 1b. Performance Gap: **H-7; M-12; L-0; I-1**

Rationale:

- Overall, the Committee agreed that the American Association of Clinical Endocrinologists guidelines (2016) supported the measure intent for bone density testing for women aged 65 and older and younger postmenopausal women at increased risk for bone loss and fracture.
- One Committee member noted that the evidence of the draft US Preventive Services Task Force Recommendation (2018) is focused on primary prevention whereas this measure intent is secondary prevention.
- Performance data extracted from Healthcare Effectiveness Data and Information Set (HEDIS) data suggest a persistent performance gap. The mean performance rates for the years 2014-2016 for Medicare Advantage Health Plans ranged from 35.9% to 40%.
- Performance data extracted from Physician Quality Reporting System (PQRS) data suggest a persistent performance gap. The mean performance rates for the years 2009-2012 ranged from 56.5% to 70.6%. In 2012, 204,369 eligible providers (0.8%) chose to report on this measure. The Committee noted the low reporting by eligible providers on

this measure in PQRS, however, the Committee is aware that it is a voluntary reporting program.
- The Committee did not express any major concerns with the disparities evidence on osteoporosis screening and treatment.

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2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria</u>

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

2a. Reliability: **H-0; M-19; L-0; I-0**; 2b. Validity: **H-N/A; M-16; L-2; I-1**

<u>Rationale</u>:

- The Committee determined that the measure specifications were precise, and the specifications were consistent with the evidence presented.
- One Committee member noted that fracture types are not clearly specified (i.e. trauma/ emergent fractures). The developer noted this recommendation and will review and remove it from the value code set in future updates, where appropriate.
- The measure was tested for reliability at the measure score level using the beta binomial method (ratio of signal to noise) at for health plan analysis. The developer did not submit updated reliability testing. Generally, a minimum reliability score of 0.7 is used to indicate sufficient signal strength to discriminate performance between accountable entities. This measure had an overall reliability score of 0.92 from 2012 HEDIS data.
- The measure was also tested prior to the 2014 maintenance review for reliability of the critical data elements using the inter-abstractor method for the clinician level of analysis. The Committee concluded the measure was reliable with a numerator kappa score of 0.47, indicating there is moderate agreement.
- The measure is not tested for empirical validity at the clinician level of analysis. The developer provided face validity testing and a justification for no empirical validity testing, noting that the only available data for this measure are from reporting in the CMS Quality Payment Program (QPP) and these data are not constructed in a way that allowed the developer to test empirical validity of the measure. Face validity was assessed with several panels of experts from diverse backgrounds. The panel of experts concluded that the measure as specified is measuring what it intends to measure and that the results of the measurement allow users to make the correct conclusions about the quality of care that is provided and will accurately differentiate quality across providers.
- The measure was tested prior to the 2014 maintenance review for empirical validity at the health plan level of analysis. The developer tested validity by exploring whether performance for the measure correlated with a similar measure, using the Pearson correlation test. The results indicate a p-value less than 0.05, confirming a correlation (although weak) with the similar measure.
- The Committee expressed concern that the measure currently excludes long-term, institutionalized populations. The Committee believed that the developer should revisit exclusions in future updates to the measure. Specifically, the Committee discussed the addition of the palliative care population as an exclusion in future updates to the measure.

- The Committee agreed with the NQF staff preliminary ratings of moderate for reliability and validity. The Committee accepted the developer's justification for lack of empirical validity testing and agreed with the face validity methodology and results for the measure at the clinician level of analysis.

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3. Feasibility: H-0; M-15; L-4; 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:

- Overall, the Committee agreed that the data elements are routinely generated, used during care delivery and the measure is moderately feasible to implement.

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4. Use and Usability: The measure meets the Use and Usability criteria

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: **Pass-19; No Pass-0;** 4b. Usability: **H-0; M-17; L-1; I-1**

Rationale:

- The measure is used for both public reporting and in accountability programs. The developer described seven current accountability uses of the measure. The Committee had no concerns about the use of the measure.
- Committee members expressed concern with usability that the measure specifications could lead to a potential unintended consequence of overuse of a DXA test. However, the Committee concluded that the benefits from having the test outweighed the consequences of potential extra screenings.
- The Committee was supportive of the developer expanding the current exclusions (such as the addition of a palliative care population) in a future iteration of the measure.
- The Committee hopes the measure will be updated with more robust clinician level data, which is currently in use in the QPP.
- Overall, the Committee agreed with a moderate rating for usability of the measure. The measure has demonstrated a slight improvement in performance rates at both the health plan and clinician level, and there is still opportunity for more improvement.

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5. Related and Competing Measures

- This measure is related to 0046: Screening for Osteoporosis for Women 65-85 Years of Age.
- Measure 0046 was identified as related to measure 0053, as both involve bone density testing. However, following the review of the specifications for measures 0046 and 0053, the Committee believed that both measures have significant differences in the measure focus and target population. Measure 0053 addresses women who have experienced a fracture and are focused on secondary prevention of future fractures as opposed to measure 0046, which addresses screening for osteoporosis. The Committee

also discussed the denominator age range for the two measures and agreed that the two measures appropriately address different age ranges and cannot be aligned. As a result, the Committee agreed the two measures are already harmonized to the extent possible.

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6. Standing Committee Recommendation for Endorsement: **Yes-19; No-0**

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7. Public and Member Comment

- NQF received two post-evaluation comments supporting the Committee's decision to recommend the measure. While one commenter supported the measure, they expressed concern that implementation of the measure could promote the overuse of bone mineral density testing. The commenter recommended that the developer expand the denominator exclusion to include women with fracture related to traumatic injury and consider revising the fracture definition to only include women with vertebral and hip fractures.

  Measure Steward/Developer Response

  Thank you for this comment and suggestion. The intent of this measure is secondary prevention of future fragility fractures. The measure does not include fractures that are likely due to trauma (such as fractures of the finger, toe, face or skull). Further, the measure does not require a bone mineral density (BMD) test be performed after the fragility fracture as the measure also allows the provider to go directly to treatment if they do not think a BMD test will alter the diagnosis/course of treatment. To help address the concern about overuse of BMD testing, the measure has an exclusion which removes patients who received a BMD test in the 2 years prior to the fracture. NCQA is currently taking this measure through our HEDIS reevaluation process. We are reviewing the fracture codes included in this measure and will consider if further limiting the facture codes would help address the concern about overuse. Any proposed changes to the measure will be brought to our measurement advisory panels for feedback. If changes are recommended by the panels and approved by NCQA's Committee on Performance Measurement, the specification will be updated during the measure's annual NQF review.
- The Committee reviewed the comments and developer's response during the September 25, 2018 Post-Comment Web Meeting. A Committee member recommended not to expand the denominator exclusions to the measure due to concerns over losing a large cohort of women if the definition of fractures was limited to vertebral and hip fractures, and other Committee members agreed. The Committee maintained the decision to recommend re-endorsement.

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8. Consensus Standards Approval Committee (CSAC) Vote: Yes-X; No-X

9. Appeals

0055 Comprehensive Diabetes Care: Eye Exam (retinal) performed

Submission | **Specifications**

Description: The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.

Numerator Statement: Patients who received an eye screening for diabetic retinal disease. This includes people with diabetes who had the following:

-a retinal or dilated eye exam by an eye care professional (optometrists or ophthalmologist) in the measurement year

–a negative retinal exam or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.

-Bilateral eye enucleation anytime during the patient's history through December 31 of the measurement year

For exams performed in the year prior to the measurement year, a result must be available.

Denominator Statement: Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.

Exclusions: Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began.

Exclusions (optional):

-Exclude patients who did not have a diagnosis of diabetes, in any setting, AND who had a diagnosis of gestational or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year

-Exclude patients 65 and older with an advanced illness condition and frailty

Adjustment/Stratification: No risk adjustment or risk stratification

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

Setting of Care: Outpatient Services

Type of Measure: Process

Data Source: Claims, Electronic Health Data, Paper Medical Records

Measure Steward: National Committee for Quality Assurance

STANDING COMMITTEE MEETING 6/21/2018

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

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

1a. Evidence: **H-4; M-16; L-0; I-0**; 1b. Performance Gap: **H-8; M-12; L-0; I-0**

Rationale:

- The Committee agreed that the updated evidence presented from clinical practice guidelines from the American Diabetes Association (2018), the American Academy of Ophthalmology (2017), and the American Geriatrics Society (2013) supported the measure intervention, as the performance of retinal exams leads to identification and/or maintenance of diabetic retinopathy and improvement in quality of life.
- Performance data extracted from Healthcare Effectiveness Data and Information Set (HEDIS) data suggest that a majority of adults with diabetes do not receive annual eye exams and performance levels for this measure are low. Performance rates for the years 2014-2016 are as follows: commercial mean rate: 50.5%-52.6%; Medicare mean rate: 68.5%-70.2%; Medicaid mean rate: 54.4%-54.9%. Additional performance data provided by the developer included NCQA's Diabetes Recognition Program (DRP) from 2015-2017: 61.4%-62.8%; and 2015 Physician Quality Reporting System (PQRS) reporting year: 78.1%.
- To support evidence of disparities, Committee members noted that many studies have demonstrated that underserved and poorer populations have less good control of their diabetes mellitus and that control is a key driver of retinopathy progression and severity.

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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-0; M-20; L-0; I-0**; 2b. Validity: **H-0; M-20; L-0; I-0**

Rationale:

- The Committee determined that the measure specifications were precise and the specifications were consistent with the evidence presented. One committee member recommended expanding the denominator population to include those less than 65 years old in the future.
- The measure was tested for reliability at the level of the measure score using the beta binomial method. The Committee concluded the measure was reliable, as the majority of reliability ratings for the different health plans and physicians were greater than 0.8.
- The Committee agreed with the NQF staff preliminary ratings of moderate for both the reliability and validity criteria and did not pursue further discussion.

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3. Feasibility: H-1; M-19; 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 Committee noted a potential challenge to measurement at the provider level because data may not be readily available as a result of patients visiting different providers for the eye exam or using vision benefits instead of their regular health insurance for the exam.

- Overall, the Committee agreed that the data elements are routinely generated, used during care delivery and the measure is moderately feasible to implement.

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4. Use and Usability: <u>The measure meets the Use and Usability criteria</u>

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: **Pass-20; No Pass-0;** 4b. Usability: **H-0; M-19; L-0; I-1**

<u>Rationale</u>:

- The measure is used for both public reporting and in accountability programs. The developer described seven current accountability uses of the measure. The Committee had no concerns about the use of the measure.
- Committee members expressed concern that the measure specifications require the exam to be performed too frequently, leading to overuse of a retinal eye exam. However, the Committee concluded that the benefits from having the exam outweighed the consequences of potential extra screenings.
- Overall, the Committee agreed with a moderate rating for usability of the measure. Committee members noted that although the measure has demonstrated a slight improvement in performance for Medicare plans, a slight decline for commercial plans, and no change for Medicaid plans over the past three years, there is still opportunity for more improvement.

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5. Related and Competing Measures

- No related or competing measures noted.

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6. Standing Committee Recommendation for Endorsement: **Yes-20; No-0**

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7. Public and Member Comment

- NQF received two post-evaluation comments supporting the Committee's decision to recommend the measure. While one commenter supported the measure, they expressed concern that implementation of the measure could promote overuse of retinal eye exams, if a physician cannot obtain confirmation of a previous eye exam during the calendar year. The commenter also raised concerns that the use of the measure will increase physician burden and suggested claims evidence be accepted for documentation requirements. The commenter noted that CMS has proposed the removal of this measure from Medicare Shared Savings Program. In addition, the commenter made recommendations to expand the denominator population to include all patients over the age of 18 years.

  Measure Steward/Developer Response

  Thank you for this comment. This measure is intended for the broad population of patients with diabetes and aligns with current clinical guideline

recommendation from the American Diabetes Association. The measure as specified assesses annual eye exams unless a negative result was found in the year prior, allowing those with no finding of retinopathy to have an exam every other year.

- The Committee reviewed the comments and developer's response during the September 25, 2018 Post-Comment Web Meeting. A Committee member agreed there are challenges in capturing the data for this measure, as patients can go to many different locations for the eye exam (not just ophthalmologists) and noted that claims data would be more effective. Related, Committee members also noted issues with penalizing performance of one provider based on acquiring data from another provider. The developer explained that providers are incentivized as part of Merit-based Incentive Payment System (MIPS) and also noted that the health plan level of analysis allows both claims data and medical documentation but does not allow verbal patient report of eye exam. Further, the developer noted the concerns and stated they will work to improve the feasibility issues at the physician level. The Committee was satisfied with the developer's response on working to improve the feasibility issues of the measure. The Committee maintained the decision to recommend re-endorsement.

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8. Consensus Standards Approval Committee (CSAC) Vote: Yes-X; No-X

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9. Appeals

0056 Comprehensive Diabetes: Foot Exam

Submission | **Specifications**

Description: The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year.

Numerator Statement: Patients who received a foot exam (visual inspection and sensory exam with monofilament and pulse exam) during the measurement period.

Denominator Statement: Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year.

Exclusions: -Patients with a diagnosis of secondary diabetes due to another condition (e.g. a diagnosis of gestational or steroid-induced diabetes)

-Patients who have had either a bilateral amputation above or below the knee, or both a left and right amputation above or below the knee before or during the measurement period.

-Exclude patients who were in hospice care during the measurement year

Adjustment/Stratification: No risk adjustment or risk stratification

Level of Analysis: Clinician : Group/Practice, Clinician : Individual
Setting of Care: Outpatient Services
Type of Measure: Process
Data Source: Electronic Health Data, Paper Medical Records
Measure Steward: National Committee for Quality Assurance

STANDING COMMITTEE MEETING 6/21/2018

1. Importance to Measure and Report: The measure meets the Importance criteria
(1a. Evidence, 1b. Performance Gap)
1a. Evidence: **H-0; M-20; L-0; I-0**; 1b. Performance Gap: **H-5; M-15; L-0; I-0**
Rationale:

- The Committee agreed that the updated evidence presented from clinical practice guidelines from the American Diabetes Association (2018) and the American Geriatrics Society (2013) supported the measure intervention, as the performance of foot exams leads to identification of improper foot care, treatment to prevent further damage to the foot, and improvement in diabetes complications and quality of life.
- The developer provided performance data for NCQA's Diabetes Recognition Program (DRP) from 2015, 2016, and 2017. The mean ranged from 71.7%-75.2%. The developer also provided performance data from the 2015 PQRS reporting year with a mean of 56.3%. The Committee agreed that the results indicated a continued opportunity for improvement.
- The developer did not provide disparities data for the measure but cited the Centers for Disease Control and Prevention data (2010) that examined diabetic adults that received a foot exam in a given year. The data was categorized based on race/ethnicity, age, sex, and education level. The Committee agreed that the data show variation in performance rates between subpopulations and reflect disparities in care.

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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-20; M-; L-; I-**; 2b. Validity: **H-7; M-13; L-0; I-0**
Rationale:

- The measure was tested for reliability at the level of the measure score using the beta binomial method. The Committee concluded the measure was reliable, as the majority of reliability results were above .90.
- The measure was tested for validity using a Pearson correlation test. The Committee agreed that testing results showed relevant association with other measures of quality in NCQA's DRP, which NCQA hypothesized to be related measures in the DRP and that the measure has sufficient validity. Face validity was also assessed with several panels of experts from diverse backgrounds. The panel of experts concluded with good agreement that the measure as specified is measuring what it intends to measure and that the results of the measurement allow users to make the correct conclusions about

the quality of care that is provided and will accurately differentiate quality across providers.
- Committee members stated concern that the upper age limit of 75 specified in the denominator was not justified by the evidence and recommended that the developer remove the upper age limit. The developer recognized the Committee's concern, but noted that this measure is part of a bundle and therefore the age limit has been standardized across measures.

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3. Feasibility: H-2; M-12; L-6; 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 Committee expressed concern that currently there is no common data element that collects the information in the form of structured data without requiring extra work for the clinician. Members noted that the measure requires three actions to occur in order to meet the requirements of the measure, which may create confusion regarding proper documentation. Some members believed this may result in difficulties extracting accurate data.
- Ultimately the Committee agreed that the measure was feasible to implement, as the measure has already been in use and the data elements necessary to compute the measure score are generated during care and are easily captured.

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4. Use and Usability: The measure meets the Use and Usability criteria

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: **Pass-20; No Pass-0;** 4b. Usability: **H-1; M-19; L-0; I-0**

Rationale:

- The measure is currently used in NQCA's DRP and in the CMS Quality Payment Program (QPP).
- According to the developer, performance rates have stayed stable, despite a decrease in the number of reporting physicians seeking recognition in the NCQA's DRP since 2015. The Committee acknowledged that there has been little improvement in performance of the measure over time.
- The Committee agreed that there is room for performance improvement, and that the measure does not present unintended consequences to individuals or populations.

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5. Related and Competing Measures

- This measure is competing with measure 0417 Diabetic Foot & Ankle Care, Peripheral Neuropathy – Neurological Evaluation. The developer noted differences between measures 0056 and 0417 in that measure 0056 identifies adults with diabetes (age 18-75) who had a foot exam (visual inspection with sensory and pulse exam) during the reporting year. Measure 0417 identifies adults with diabetes (age 18 and older) who had

a lower extremity neurological exam at least once during the measurement year. In addition, data sources vary for these two measures. Measure 0056 is specified for paper medical records, administrative claims and electronic clinical data while measure 0417 is specified for administrative claims only.

- 0417 was not reviewed in this current cycle and will undergo maintenance review in the upcoming Fall 2018 cycle. The Committee will not be charged with selecting a best-in-class measure during the current review cycle. During a discussion about the two competing measures, some Committee members believed strongly that the measures address a common measure focus and should be harmonized, while other Committee members believed that the measures fulfill different purposes and target different clinicians, and therefore should not be harmonized. One Committee member would like measure 0056 to include patients with dementia as a denominator exclusion, which is already present in the specification for 0417. Another Committee member noted that while 0417 requires an extensive lower extremity neurological examination, it was unsure clear whether there was evidence supporting that clinical practice. Overall, the Committee agreed that no final recommendations can be made on harmonization or selection of best-in-class of the two measures until 0417 undergoes NQF's measure evaluation maintenance review in the Fall 2018 cycle.

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6. Standing Committee Recommendation for Endorsement: **Yes-19; No-0**

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7. Public and Member Comment

- NQF received two post-evaluation comments. One comment supports the Committee's recommendations to re-endorse the measure. The other comment does not support the Committee's decision to recommend the measure due to several concerns. The commenter noted a lack of evidence to support the benefits of regular pulse exams and raised concerns that implementation of the measure could promote the overuse of Ankle Brachial Index and procedures for peripheral arterial disease. The commenter recommended that the developer make several revisions to the specifications.

  Measure Steward/Developer Response

  Thank you for this comment. This measure is aligned with the evidence and current clinical guideline recommendation from the American Diabetes Association.

- The Committee reviewed the comments and developer's response during the September 25, 2018 Post-Comment Web Meeting. The Committee agreed that they understand the concerns, but the measure aligns with the ADA guidelines. The Committee maintained the decision to recommend re-endorsement.

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8. Consensus Standards Approval Committee (CSAC) Vote: Yes-X; No-X

9. Appeals

0057 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing

Submission | **Specifications**

Description: The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received an HbA1c test during the measurement year.

Numerator Statement: Patients who had an HbA1c test performed during the measurement year.

Denominator Statement: Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.

Exclusions: Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began.

Exclusions (optional):

-Members who do not have a diagnosis of diabetes in any setting, during the measurement year or the year prior to the measurement year and who had a diagnosis of gestational diabetes or steroid-induced diabetes in any setting, during the measurement year or the year prior to the measurement year.

Adjustment/Stratification: No risk adjustment or risk stratification

Level of Analysis: Health Plan

Setting of Care: Outpatient Services

Type of Measure: Process

Data Source: Claims, Electronic Health Data, Paper Medical Records

Measure Steward: National Committee for Quality Assurance

STANDING COMMITTEE MEETING 6/21/2018

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

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

1a. Evidence: **H-5; M-14; L-0; I-0**; 1b. Performance Gap: **H-4; M-15; L-0; I-0**

Rationale:

- The Committee agreed that the updated evidence presented from clinical practice guidelines from the American Diabetes Association (2018), the American Geriatrics Society (2013), and systematic review from VA/DoD (2010) supported the measure. While this measure focuses on HbA1c testing, the Committee acknowledged the presence of new guidelines from the American College of Physicians related to HbA1c targets in certain populations.

- The Developer provided performance data extracted from Healthcare Effectiveness Data and Information Set (HEDIS) data from 2014 to 2016. The mean performance rates ranged from 89.42% to 89.91% for commercial plans, 86.31 % to 86.66% for Medicaid, and 92.72% to 93.54% for Medicare.
- The developer did not provide disparities data but cited the Centers for Disease Control and Prevention data (2010) that examined diabetic adults that received two or more HbA1c tests within the last year. The data were categorized based on race/ethnicity, age, sex, and education level. The Committee agreed that the data show variation in performance rates between subpopulations and reflect disparities in care.

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2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria</u>

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

2a. Reliability: **H-3; M-16; L-0; I-0**; 2b. Validity: **H-5; M-14; L-0; I-0**

<u>Rationale</u>:

- The Committee determined that the measure specifications were precise and the specifications were consistent with the evidence presented.
- The measure was tested for reliability at the measure score level using the beta binomial method. The Committee concluded the measure was reliable, as the majority of reliability ratings for the different health plans were greater than 0.96.
- The measure was tested for validity using a Pearson correlation test. The Committee agreed that testing results showed relevant association with other measures of quality in NCQA's Diabetes Recognition Program (DRP), which NCQA hypothesized to be related measures in the DRP and that the measure has sufficient validity. Face validity was also assessed with several panels of experts from diverse backgrounds. The panel of experts concluded with that the measure as specified is measuring what it intends to measure and that the results of the measurement allow users to make the correct conclusions about the quality of care that is provided and will accurately differentiate quality across providers.
- The Committee agreed with the NQF staff preliminary ratings of moderate for both the reliability and validity criteria and did not pursue further discussion.

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3. Feasibility: H-15; M-4; 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)

<u>Rationale</u>:

- The Committee noted that the data for this measure are easily captured through structured fields from lab results.
- Overall, the Committee agreed that the data elements are routinely generated, used during care delivery and the measure is highly feasible to implement.

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4. Use and Usability: <u>The measure meets the Use and Usability criteria</u>

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: **Pass-19; No Pass-0;** 4b. Usability: **H-10; M-5; L-3; I-0**

Rationale:

- The measure is used for both public reporting and in accountability programs. The developer described seven current accountability uses of the measure. The Committee had no concerns about the use of the measure.
- A Committee member did note that the performance scores for this measure may soon become topped out and inquired if this measure is still a good assessment of quality. Other Committee members believed that while the performance scores are relatively high and the measure may become topped out in the future, there is still great value in this measure. The measure is easily collectible and also helps to identify patients on a practice-level with gaps in care.
- The Committee agreed that there are many benefits from using this measure and that many unintended consequences could result from its retirement.
- A Committee member did note that there is increasing resistance in the field for lower impact process measures and that this could pose an issue in the future.

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5. Related and Competing Measures

- No related or competing measures noted.

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6. Standing Committee Recommendation for Endorsement: **Yes-18; No-0**

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7. Public and Member Comment

- NQF received two post-evaluation comment supporting the Committee's decision to recommend the measure. One comment made recommendations to enhance the measure to target patients who have a diagnosis of diabetes and engaged with the clinician. The commenter stated that the measure as currently specified favors larger health systems.

  Measure Steward/Developer Response
  Thank you for this comment. As noted, this measure is aligned with current clinical guideline recommendations from the American Diabetes Association. With regard to HbA1c results from ED admissions, the measure does not explicitly allow that. However, NCQA will evaluate whether that is an issue with the current specification during the next re-evaluation of the measure.
- The Committee reviewed the comments and developer's response during the September 25, 2018 Post-Comment Web Meeting. The Committee did not have any concerns with either the comment or the developer's response. The Committee maintained the decision to recommend re-endorsement.

8. Consensus Standards Approval Committee (CSAC) Vote: Yes-X; No-X

9. Appeals

0062 Comprehensive Diabetes Care: Medical Attention for Nephropathy

Submission | **Specifications**

Description: The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a nephropathy screening test or monitoring test or had evidence of nephropathy during the measurement year.

Numerator Statement: Patients receiving a nephropathy screening or monitoring test or having evidence of nephropathy during the measurement year

Denominator Statement: Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.

Exclusions: Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began.

Exclusions (optional):

-Exclude patients who did not have a diagnosis of diabetes, in any setting, AND who had a diagnosis of gestational or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year

-Exclude patients 65 and older with an advanced illness condition and frailty

Adjustment/Stratification: No risk adjustment or risk stratification

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

Setting of Care: Outpatient Services

Type of Measure: Process

Data Source: Claims, Electronic Health Data, Other, Paper Medical Records

Measure Steward: National Committee for Quality Assurance

STANDING COMMITTEE MEETING 6/21/2018

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

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

1a. Evidence: **H-0; M-18; L-0; I-0**; 1b. Performance Gap: **H-0; M-18; L-0; I-0**

Rationale:

- The Committee agreed that the updated evidence presented from clinical practice guidelines from the American Diabetes Association (2018) the American Geriatrics Society (2013), and the American Association of Clinical Endocrinologists (2015)

supported the link between nephropathy screening and improvement in diabetes complications and quality of life.

- The Developer provided performance data extracted from Healthcare Effectiveness Data and Information Set (HEDIS) data from 2014 to 2016. The mean performance rates ranged from 83.0% to 89.1% for commercial plans, 80.9 % to 89.9% for Medicaid, and 91.5% to 95.6% for Medicare.
- The developer did not provide disparities data but cited the Centers for Disease Control and Prevention data (2008) that report the incidence of end stage renal disease (ESRD). The data were categorized based on race/ethnicity, age, sex, and education level. The Committee agreed that the data show variation in performance rates between subpopulations and reflect disparities in care.

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2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria</u>

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

2a. Reliability: **H-10; M-8; L-0; I-0**; 2b. Validity: **H-1; M-16; L-1; I-0**

<u>Rationale</u>:

- The Committee had questions about the numerator's inclusion of patients on angiotensin converting enzyme inhibitors (ACEI) or angiotensin-receptor blockers (ARB) being noted as sufficient screening for nephropathy. A patient could be on these medications for a condition other than nephropathy. The Committee concluded that most practitioners would be monitoring nephropathy for individuals on these medications.
- The Committee had questions about the numerator's inclusion of patients with end stage renal disease or those utilizing renal replacement therapy. Members were concerned that this inclusion would not accurately reflect the quality of care for patients at risk for nephropathy. The Committee discussed the purpose of this measure and clarified that this measure focuses solely on whether patients are being evaluated for nephropathy. The management of care quality should be captured in a different measure. The developer also noted that this measure is used as part of a bundle of measures to assess overall diabetes care quality.
- A Committee member suggested for future development that glomerular filtration rate (GFR) be included in the numerator. The developer is working with the National Kidney Foundation on measures in this area.
- The measure was tested for reliability at the level of the measure score using the beta binomial method. The Committee concluded the measure was reliable, as the majority of reliability ratings for the different health plans and physicians were greater than 0.9.
- The measure was tested for validity using a Pearson correlation test. The Committee agreed that testing results showed relevant association with other measures of quality in NCQA's Diabetes Recognition Program (DRP), which NCQA hypothesized to be related measures in the DRP and that the measure has sufficient validity. Face validity was also assessed with several panels of experts from diverse backgrounds. The panel of experts concluded with good agreement that the measure as specified is measuring what it intends to measure and that the results of the measurement allow users to make the

correct conclusions about the quality of care that is provided and will accurately differentiate quality across providers.

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3. Feasibility: H-5; M-13; 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 Committee noted a potential challenge to measurement since dialysis is often not done in the provider's office, the information related to dialysis treatment needed for this measure is often captured within a different system.
- Overall, the Committee agreed that the data elements are routinely generated, used during care delivery and the measure is moderately feasible to implement.

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4. Use and Usability: The measure meets the Use and Usability criteria

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: **Pass-18; No Pass-0;** 4b. Usability: **H-10; M-8; L-0; I-0**

Rationale:

- The measure is used for both public reporting and in accountability programs. The developer described seven current accountability uses of the measure. The Committee had no concerns about the use of the measure.
- The Committee did not have any questions or comments on Usability.

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5. Related and Competing Measures

- No related or competing measures noted.

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6. Standing Committee Recommendation for Endorsement: **Yes-18; No-0**

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7. Public and Member Comment

- NQF received two post-evaluation comment supporting the Committee's decision to recommend the measure. One comment recommended that the developer expand the denominator exclusion to include patients with dementia and in hospice/palliative care. The commenter also expressed concern about using test results from emergency department (ED) admissions which potentially could induce action on false positive results. Finally, the commenter expressed concern that the performance rate is high on the measure.

Measure Steward/Developer Response

Thank you for this comment. NCQA will consider the appropriateness of exclusions for dementia and patients with life limiting diagnoses during the next re-evaluation of the measure. Please note that the measure currently does exclude patients receiving hospice care. With regard to test results from ED admissions, the measure does not explicitly allow that. However, NCQA will also evaluate whether that is an issue with the current specification during the next re-evaluation of the measure.

- The Committee reviewed the comments and developer's response during the September 25, 2018 Post-Comment Web Meeting. The Committee did not have any additional comments, but the developer noted they appreciated commenter's the recommendations and will be considering them when the measure next is reviewed by their advisory panels. The Committee maintained the decision to recommend re-endorsement.

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8. Consensus Standards Approval Committee (CSAC) Vote: Yes-X; No-X

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9. Appeals