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Memo

October 6, 2022

To: Primary Care and Chronic Illness (PCCI) Standing Committee, Spring 2022

From: NQF staff

Re: Cancellation of post-comment web meeting

Background

Following the PCCI Standing Committee's measure evaluation meeting on June 23, 2022, NQF received one comment from one NQF-member organization pertaining to the draft report and the measures under review for the spring 2022 cycle. The comment was supportive of the Standing Committee's recommendation. Therefore, NQF, along with the Standing Committee co-chairs, decided to cancel the post-comment web meeting scheduled for October 6, 2022.

For the spring 2022 cycle of the Primary Care and Chronic Illness project, the Standing Committee evaluated one newly submitted measure and three measures undergoing maintenance review against NQF's measure evaluation criteria. The Standing Committee recommended four measures for endorsement:

- NQF #0729 Optimal Diabetes Care (Minnesota [MN] Community Measurement)
- NQF #2797 Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia (University of Michigan)
- NQF #3294 STS Lobectomy for Lung Cancer Composite Score (Society of Thoracic Surgeons [STS])
- NQF #3668 Follow-Up After Emergency Department Visits for Asthma (Albert Einstein College of Medicine/University of California, San Francisco [UCSF])

Comments Received

NQF accepts comments on endorsed measures on an ongoing basis through the [Quality Positioning System \(QPS\)](#). In addition, NQF solicits comments for a continuous 16-week period during each evaluation cycle via an online tool located on the project webpage. For this evaluation cycle, the commenting period opened on May 10, 2022 and closed on June 7, 2022. Comments received by June 7, 2022 were shared with the Standing Committee prior to the measure evaluation meetings. Following the Standing Committee's evaluation of the measures under review, NQF received one comment from one organization (an NQF-member organization) pertaining to the draft report and the measures under review. The comment was supportive of the Standing Committee's recommendation, and NQF, along with the Standing Committee co-chairs, decided to cancel the post-comment web meeting scheduled for October 6, 2022.

NQF members also had the opportunity to express their support (“support” or “do not support”) for each measure submitted for endorsement consideration. No NQF members provided their expressions of support/nonsupport ([Appendix A](#)).

NQF staff have included all comments that were received (both pre- and post-evaluation) in this memo in [Appendix B](#). The appendix contains the commenter’s name, comment, associated measure, and responses (including measure steward/developer responses if appropriate).

Appendix A: NQF Member Expression of Support Results

No NQF members provided their expressions of support/nonsupport.

Appendix B: Comment Brief

Post-Evaluation Measure-Specific Comments on Primary Care and Chronic Illness Spring 2022 Submissions

NQF #0729 Optimal Diabetes Care (Recommended)

Cindy Lemek, Wound Ostomy Continence Nursing Certification Board; Submitted by Cindy Lemek

Comment ID#: 8135 (Submitted: 08/26/2022)

Council / Public: HPR

Level of Support: N/A

Comment

The Wound Ostomy Continence Nursing Certification Board (WOCNCB®) is pleased to make comment regarding the NQF Measure Number 0729 Optimal Diabetes Care. Founded in 1978, the WOCNCB® is a non-profit professional, international nursing organization certifying more than 9,000 registered nurses who are specialists in the fields of wound, ostomy, continence, and foot care. As such, please find the following comments regarding optimal diabetes care and the prevention of diabetic foot ulcers. Diabetes is the most common cause of peripheral neuropathy, which can lead to foot ulceration and potentially an amputation. “Every year, more than one million people with diabetes mellitus (DM) suffer limb loss, and approximately 80% of DM-related lower extremity amputations (LEAs) are preceded by a foot ulcer” (2021 Guideline, JWCON pg. 267). Diabetic foot ulcers (DFU) and amputations not only lead to significant patient morbidity and mortality but also considerable financial burden on the health care system. It is estimated that the cost of managing patients with DFUs ranges from 9-13 billion dollars a year (Raghav, Khan, Labala, Ahmad, Noor & Mishra, 2018). Prevention of DFUs begins in the primary care setting. Early detection of the risk for DFUs in conjunction with patient education will decrease morbidity, foot ulceration, and the need for lower limb amputations. (Ahmad, Asif, Saleem, Majeed & Bint-E-Athar 2017). Primary care interventions to prevent diabetic foot ulcers and amputations may include routine foot screening and inspection, assessing for appropriate footwear, ordering specialized shoes when necessary, and providing the patient with education on prevention of foot ulcers. Patient education includes the need for daily self-foot inspection, never walking barefoot, seeking professional callus care, wearing appropriate shoes, proper skin and nail care, testing water temperature before use, and seeking care when changes in the feet arise. WOCNCB is dedicated to promoting excellence in wound, ostomy, continence, and foot care nursing. We strongly recommend that the NQF add prevention of diabetic foot ulcers to the measure description. Thank you for your consideration. References: 1. Ahmad, A., Asif, K., Saleem, M., Majeed, H. A., & Bint-E-Athar, H. (2017). A study of risk factors of diabetic foot ulcers. *Pakistan Journal of Medical & Health Services*, 11(1), 174–176. 2. 2021 Guideline for Management of Patients with Lower-Extremity Wounds Due to Diabetes Mellitus and/or Neuropathic Disease: An Executive Summary. *Journal of Wound, Ostomy and Continence Nursing*: May/June 2022 - Volume 49 - Issue 3 - p E5 3. Raghav, A., Khan, Z. A., Labala, R. K., Ahmad, J., Noor, S., & Mishra, B. K. (2018). Financial burden of diabetic foot ulcers to world: a progressive topic to discuss always. *Therapeutic advances in endocrinology and metabolism*, 9(1), 29–31. <https://doi.org/10.1177/2042018817744513>

Developer Response

Thank you for your comment! MNCM agrees that promoting daily foot care and assessment by providers is an important part of preventing diabetic foot ulcers and lower extremity amputation. Our diabetes composite measure does not contain a process measure component for foot exam; however, it does contain a very important intermediate outcome related to long term microvascular complications-hemoglobin A1c control. Glycemic control is one of the best tools to prevent or significantly delay problems with peripheral neuropathy and peripheral vasculature. There is another NQF endorsed measure specifically related to diabetes foot exam, NQF # 0056 Diabetes Foot Exam stewarded by the National Committee for Quality Assurance that can be utilized. The denominator for the measure is: 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. The numerator is: Patients who received a foot exam (visual inspection and sensory exam with monofilament and pulse exam) during the measurement period. Collette Cole, RN BSN CPHQ Clinical Measure Developer MN Community Measurement

NQF Response

NQF Committee Response

N/A

Public Comments on Primary Care and Chronic Illness Spring 2022 Draft Report

No comments were received pertaining to the draft report.

Pre-Evaluation Measure-Specific Comments on Primary Care and Chronic Illness Spring 2022 Submissions

No comments were received pertaining to the draft report.