



Primary Care and Chronic Illness Standing Committee Post-Comment Web Meeting Spring 2018 Cycle

The National Quality Forum (NQF) convened a public web meeting for the Primary Care and Chronic Illness Standing Committee on September 25, 2018 from 3:00 pm to 5:00 pm ET.

Welcome, Introductions, and Review of Web Meeting Objectives

NQF Vice President John Bernot welcomed the Primary Care and Chronic Illness Committee, developers, and others on the call. The co-chairs, Dr. Dale Bratzler and Mr. Adam Thompson, also offered welcoming remarks. NQF project manager Madison Jung reviewed the agenda and objectives for the call, and conducted the Committee roll call.

Committee Discussion of Comments Received

Ms. Jung briefly reviewed the project, reminding the PCCI Committee that they had recommended six measures and did not recommend one measure. NCQA submitted all seven measures. Ms. Jung then noted that the project received 14 comments. Seven supported the Committee's recommendations in general. Seven were measure-specific comments, and each received a response from the developer.

Dr. Bernot then launched the Committee discussion by reviewing a summary of the comment received on the first measure, 0037 *Osteoporosis Testing in Older Women (OTO)*, which was not recommended. The commenter agreed with the Committee's concerns and suggested the retirement of the measure from the HEDIS measure set. The Committee agreed with the draft response proposed by NQF and had no concerns to discuss.

Dr. Bernot briefly summarized the comments on 0046 *Screening for Osteoporosis for Women 65-85 Years of Age*, and then turned the discussion over to Dr. Bratzler to lead the Committee discussion. The Committee agreed with the developer that patient refusal can be an issue but that it's challenging to exclude patients from measures due to refusal. The Committee discussed the overuse issue and agreed that it is a valid issue but felt that the benefit of DXA outweighs potential overuse. They also suggested inclusion of additional tests (quantitative CT). NCQA stated that they will look at the feedback received from the Committee and commenters during their currently on-going re-evaluation of the measure, and the Committee agreed that this is an acceptable response.

Dr. Bernot summarized the comment regarding overuse of testing, and the developer response for measure 0053 *Osteoporosis Management in Women Who Had a Fracture*, and then turned the discussion over to the Committee. A Committee member recommended no changes 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.

Dr. Bernot summarized the comment on 0055 *Comprehensive Diabetes Care: Eye Exam (retinal) Performed*, regarding overuse of the retinal eye exam and the measure's proposed removal

from Medicare Share Savings Program (MSSP). Co-Chair Dr. Bratzler 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.

Committee members also noted related issues with judging endocrinologists based on paperwork provided by ophthalmologists. Another Committee member asked the developer whether this measure was intended to incentivize health plans or physicians. 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 that they will work to improve the feasibility issues at the physician level.

Dr. Bernot introduced the comment on 0056 *Diabetes Foot Exam*, which disagreed with the Committee's recommendation to endorse based on overuse concerns and a stated lack of evidence for the measure. The Committee understood the concerns, but it pointed out that the measure aligns with the ADA guidelines.

Dr. Bernot summarized the comment on 0057 *Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing*, which supported the Committee's recommendation and suggested enhancements for the measure, as well as noted that the measure as currently specified favors larger health systems. The Committee did not have any concerns with either the comment or the developer's response.

Dr. Bernot synthesized the comment for 0062 *Comprehensive Diabetes Care Medical Attention for Nephropathy*, which supported the measure but suggested expansions to the exclusions to include patients with dementia and in hospice/palliative care, and also expressed concern about using test results from emergency department (ED) admissions which potentially could induce action on false positive results. The Committee did not have any additional comments, but the developer noted that they appreciated the recommendations and will consider them when the measure next is reviewed by their advisory panels.

Public Comment

No public comments were received during the call.

Next Steps

Project manager Hiral Dudhwala reviewed the steps and dates for the rest of this phase of work (spring 2018), and summarized the upcoming timeline for the next phase (fall 2018). She briefly summarized the topics of the eight measures submitted for review in fall 2018. Ms. Dudhwala also notified the Committee that staff will be reaching out soon regarding rotating Committee members onto and off of the Expert Reviewer pool to meet the needs for the upcoming work, and notified the Committee that NQF will be opening a call for nominations on October 1 to fill gap areas.

The co-chairs thanked the Committee for their time and adjourned the call.