



# NATIONAL QUALITY FORUM

Driving measurable health  
improvements together

## Memo

June 30, 2020

**To:** Primary Care and Chronic Illness Standing Committee

**From:** NQF staff

**Re:** Post-comment web meeting to discuss public comments received and NQF member expression of support

### COVID-19 Updates

Considering the recent COVID-19 global pandemic, many organizations needed to focus their attention on the public health crisis. In order to provide greater flexibility for stakeholders and continue the important work in quality measurement, the National Quality Forum (NQF) extended commenting periods and adjusted measure endorsement timelines for the Fall 2019 cycle.

Commenting periods for all measures evaluated in the Fall 2019 cycle were extended from 30 days to 60 days. Based on the comments received during this 60-day extended commenting period, measures entered one of two tracks:

#### **Track 1: Measures Continuing in Fall 2019 Cycle**

**Measures that did not receive public comments or only received comments in support of the Standing Committees' recommendations** will be reviewed by the CSAC on July 28 – 29.

- **Exceptions**

Exceptions were granted to measures if non-supportive comments received during the extended post-comment period were similar to those received during the pre-evaluation meeting period and have already been adjudicated by the respective Standing Committees during the measure evaluation Fall 2019 meetings.

#### **Track 2: Measures Deferred to Spring 2020 Cycle**

**Fall 2019 measures requiring further action or discussion from a Standing Committee were deferred to the Spring 2020 cycle.** This includes measures where consensus was not reached or those that require a response to public comments received. Measures undergoing maintenance review will retain endorsement during that time. Track 2 measures will be reviewed during the CSAC's meeting in November.

During the Primary Care and Chronic Illness post-comment web meeting on June 30, 2020, the Standing Committee will be reviewing Fall 2019 measures assigned to Track 2. A complete list of Track 1 measures can be found in [Appendix A](#).

### Purpose of the Call

The Primary Care and Chronic Illness Standing Committee will meet via web meeting on June 30, 2020 from 2:00pm - 4:00pm ET. The purpose of this call is to:

- Review and discuss comments received during the post-evaluation public and member comment period;
- Provide input on proposed responses to the post-evaluation comments;
- Review and discuss NQF members' expression of support of the measures under consideration; and
- Determine whether reconsideration of any measures or other courses of action are warranted.

## Standing Committee Actions

1. Review this briefing memo and draft report.
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments (see comment table and additional documents included with the call materials).
3. Review the NQF members' expressions of support of the submitted measures.
4. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

## Conference Call Information

Please use the following information to access the conference call line and webinar:

Follow the instructions below 15 minutes prior to the scheduled start time.

1. Standing Committee members, public participants, and NQF staff dial **800-768-2983** to access the audio platform.
2. Access code: **2770682**
3. Weblink: <https://core.callinfo.com/callme/?ap=8007682983&ac=2770682&role=p&mode=ad>

## Background

NQF has endorsed more than 40 measures addressing improvements in primary care and care for chronic illnesses. NQF reviews measures in these important healthcare areas under a consolidated measure portfolio that reflects the importance of addressing chronic illness in primary care settings. Measures may focus on nonsurgical eyes or ears, nose, and throat conditions; endocrine conditions; musculoskeletal conditions; nonacute pulmonary conditions; or nonacute infectious disease conditions.

The 23-person Primary Care and Chronic Illness Standing Committee reviewed six measures. All six measures were recommended for endorsement.

Recommended:

- **NQF 0059** Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (NCQA)
- **NQF 0061** Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg) (NCQA)
- **NQF 0575** Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%) (NCQA)
- **NQF 0577** Use of Spirometry Testing in the Assessment and Diagnosis of COPD (NCQA)
- **NQF 1800** Asthma Medication Ratio (NCQA)
- **NQF 2856** Pharmacotherapy Management of COPD Exacerbation (NCQA)

## Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF solicits comments on endorsed measures on an ongoing basis

through the Quality Positioning System (QPS). Second, NQF solicits member and public comments during a 16-week comment period via an online tool on the project webpage.

### Pre-evaluation Comments

NQF solicits comments prior to the evaluation of the measures via an online tool on the project webpage. For this evaluation cycle, the pre-evaluation comment period was open from December 5, 2019 to January 21, 2020 for the measures under review. The majority of the comments received were Measuring Appropriate Clinical Targets for Heterogeneous Populations and Use of Socioeconomic Status in Risk Adjustment for Intermediate Outcomes. These pre-evaluation comments were provided to the Committee prior to the measure evaluation meeting.

### Post-evaluation Comments

The draft report was posted on the project webpage for public and NQF member comment on March 26, 2020 for 30 calendar days. During this commenting period, NQF received 10 comments from 3 member organizations:

<b>Member Council</b>	<b># of Member Organizations Who Commented</b>
Consumer	0
Health Plan	0
Health Professional	0
Provider Organization	3
Public/Community Health Agency	0
Purchaser	0
QMRI	0
Supplier/Industry	0

We have included all comments that we received (both pre- and post-evaluation) in the comment table (excel spreadsheet) posted to the Committee SharePoint site. This comment table contains the commenter's name, comment, associated measure, topic (if applicable), and—for the post-evaluation comments—draft responses (including measure steward/developer responses) for the Committee's consideration. Please review this table in advance of the meeting and consider the individual comments received and the proposed responses to each.

In order to facilitate discussion, the majority of the post-evaluation comments have been categorized into major topic areas or themes. Although all comments are subject to discussion, the intent is not to discuss each individual comment on the June 30, 2020 post-comment call. Instead, we will spend the majority of the time considering the theme discussed below, and the set of comments as a whole. Please note that the organization of the comments into major topic areas is not an attempt to limit Committee discussion. Additionally, please note measure stewards/developers were asked to respond where appropriate. Where possible, NQF staff has proposed draft responses for the Committee to consider.

## Comments and Their Disposition

### *Themed Comments*

A theme was identified in the post-evaluation comments, namely that commenters suggested that the reports should contain more detail.

#### **Theme - Final Report Expansion**

Commenters expressed concern that the memo does not sufficiently describe how each discussion led to the ratings and recommendations for the individual measures under review. Commenters requested that the NQF staff expand some sections to reflect the depth of conversation that occurred.

##### **Measure Steward/Developer Response:**

No response from the developer needed.

##### **Staff Response:**

Thank you for your comments. The NQF staff will review the report, transcript of the Committee discussion and transcript of the SMP discussion to look for opportunities to expand the text of the Final Report appropriately.

### *Measure-Specific Comments*

#### **0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)**

Commenters were concerned about the lack of risk adjustment results included in the testing forms for this measure. Commenters were also concerned the use of the word “and” in the exclusions. The commenters noted that a person may not be coded as both frail as well as advanced illness.

##### **Measure Steward/Developer Response:**

NCQA recognizes that there is a growing body of literature that might support risk adjustment or stratification of intermediate outcome measures. However, at this time, NCQA does not currently risk adjust this plan-level measure given the potential to mask poor performance and disparities in care. To date, we have not observed a need to case-mix adjust the large population that is identified by this measure's denominator. Additionally, NCQA conducted a study on the Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) measure among Medicare Advantage plans to assess whether to account for a member's socioeconomic status (SES) when comparing plan performance. A qualitative assessment included key informant interviews exploring ways in which SES may affect performance on this and other select HEDIS measures, and whether there was a conceptual basis for case-mix adjustment or other strategies. In the quantitative analysis, we assessed whether SES affected plan performance, using member low-income status, dual eligibility, and disability as proxies for SES. For this measure, adjusting for SES did not have a meaningful impact on results. When adjusting for disparity in performance between low- and high-SES populations, plan ranks were not substantially impacted. When accounting for clinical and demographic factors, we found that low-SES beneficiaries were as likely, or more likely, to receive recommended care as high-SES beneficiaries. Our results suggest there is neither a conceptual nor empirical basis for risk adjustment for this measure. NCQA discussed risk adjustment and stratification with the Scientific Method Panel and they voted to approve the measures as valid and reliable. That information was provided to the Steering Committee, who then voted to approve the re-endorsement of this measure.

##### **Proposed Committee Response:**

Thank you for your comments. The Committee will review these comments during its deliberations on the Post-Comment Call scheduled on June 30, 2020.

**Action Item:**

Committee to discuss implications of the comments received.

**0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

Commenters were concerned about the lack of risk adjustment results included in the testing forms for this measure.

**Measure Steward/Developer Response:**

NCQA recognizes that there is a growing body of literature that might support risk adjustment or stratification of intermediate outcome measures. However, at this time, NCQA does not currently risk adjust this plan-level measure given the potential to mask poor performance and disparities in care. To date, we have not observed a need to case-mix adjust the large population that is identified by this measure's denominator. Additionally, this measure of health plan performance is specified to be reported separately by commercial, Medicaid and Medicare plan types, which serves as a proxy for income and other socioeconomic factors. NCQA discussed risk adjustment and stratification with the Scientific Method Panel and they voted to approve the measures as valid and reliable. That information was provided to the Steering Committee, who then voted to approve the re-endorsement of this measure.

**Proposed Committee Response:**

Thank you for your comments. The Committee will review these comments during its deliberations on the Post-Comment Call scheduled on June 30, 2020.

**Action Item:**

Committee to discuss implications of the comments received.

**Committee to discuss implications of the comments received.**

**0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)**

Commenters were concerned about the lack of risk adjustment results included in the testing forms for this measure.

**Measure Steward/Developer Response:**

NCQA recognizes that there is a growing body of literature that might support risk adjustment or stratification of intermediate outcome measures. However, at this time, NCQA does not currently risk adjust this plan-level measure given the potential to mask poor performance and disparities in care. To date, we have not observed a need to case-mix adjust the large population that is identified by this measure's denominator. Additionally, NCQA conducted a study on a measure similar to the Comprehensive Diabetes Care: HbA1c Control (<8.0%) measure, the Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) measure, among Medicare Advantage plans to assess whether to account for a member's socioeconomic status (SES) when comparing plan performance. A qualitative assessment included key informant interviews exploring ways in which SES may affect performance on this and other select HEDIS measures, and whether there was a conceptual basis for case-mix adjustment or other strategies. In the quantitative analysis, we assessed whether SES affected plan performance, using member low-income status, dual eligibility, and disability as proxies for SES. For this measure, adjusting for SES did not have a meaningful impact on results. When adjusting for disparity in performance between low- and high-SES populations, plan ranks were not substantially impacted. When accounting for clinical and demographic factors, we found that low-SES beneficiaries were as likely, or more likely, to receive recommended care as high-SES beneficiaries. Our results suggest there is neither a conceptual nor empirical basis for risk adjustment for the Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) measure. Given the similarities between the Poor Control measure and the Comprehensive Diabetes Care: HbA1c Control

(<8.0%) measure, we concluded that the findings of the study are applicable to the latter measure as well. NCQA discussed risk adjustment and stratification with the Scientific Method Panel and they voted to approve the measures as valid and reliable. That information was provided to the Steering Committee, who then voted to approve the re-endorsement of this measure.

**Proposed Committee Response:**

Thank you for your comments. The Committee will review these comments during its deliberations on the Post-Comment Call scheduled on June 30, 2020.

**Action Item:**

Committee to discuss implications of the comments received.

## **NQF 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. No NQF members provided their expressions of support.

## **Appendix A: Fall 2019 Track 1 Measures**

The following measures did not receive public comments or only received comments in support of the Standing Committees' recommendations and will be reviewed by the CSAC on July 28 – 29:

- 0577: Use of Spirometry Testing in the Assessment and Diagnosis of COPD (National Committee for Quality Assurance)
- 1800: Asthma Medication Ratio (National Committee for Quality Assurance)
- 2856: Pharmacotherapy Management of COPD Exacerbation (National Committee for Quality Assurance)