



September 17, 2019

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

Purpose of the Call

The Primary Care and Chronic Illness Standing Committee will meet via webinar on September 24, 2019, from 2:00 pm to 4:00 pm ET. The purpose of this call is to:

- Review and discuss comments received during the post-evaluation public and member comment period for the spring 2019 review cycle.
- Provide input on proposed responses to the post-evaluation comments.
- Discuss and revote on measures 0086e and 3060e, which did not reach consensus during the measure evaluation meetings.
- Discuss the request for reconsideration for measures 0089 and 0089e.
- 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).
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:

- Standing Committee members, public participants, and NQF staff dial **800-768-2983** to access the audio platform.
- Access code: **2770682**
- Weblink: <https://cc.callinfo.com/r/1ivndow5rrtmv&eom>

Background

This report reflects the review of measures in the Primary Care and Chronic Illness project. High-quality performance measurement that captures the complexity of primary care and chronic illnesses is essential to improve diagnosis, treatment, and management of conditions. NQF reviews measures in these important healthcare areas under a consolidated measure portfolio that reflects the importance of caring for chronic illness in primary care settings.

The 20-person Primary Care and Chronic Illness Standing Committee reviewed 10 measures. Six were recommended for endorsement; two were not recommended for endorsement; and the Committee did not reach consensus for two of the measures.

Recommended Measures

- 0086 Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation (PCPI Foundation)
- 0541 Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category (Pharmacy Quality Alliance)
- 2522 Rheumatoid Arthritis: Tuberculosis Screening (American College of Rheumatology)
- 2523 Rheumatoid Arthritis: Assessment of Disease Activity (American College of Rheumatology)
- 2525 Rheumatoid Arthritis: Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy (American College of Rheumatology)
- 3059e One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk (PCPI Foundation)

Measures Not Recommended

- 0089 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (PCPI Foundation)
- 0089e Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (PCPI Foundation)

Consensus Not Reached

- 0086e Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation (PCPI Foundation)
- 3060e Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users (PCPI Foundation)

Comments Received

NQF solicits comments on measures undergoing review 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 May 1 to June 12, 2019 for the measures under review. One comment was submitted during this time on measure 2525 related to the value set of the measure, which was 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 August 1, 2019 for 30 calendar days. During this commenting period, NQF received 16 comments from six member organizations:

Member Council	# of Member Organizations Who Commented
Consumer	0
Health Plan	1
Health Professional	4
Provider Organization	0
Public/Community Health Agency	0
Purchaser	0
QMRI	1
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 and—for the post-evaluation comments—responses (including measure steward/developer responses, if any) for the Committee's consideration. Please review this table before the meeting and consider the individual comments received and the proposed responses to each.

In order to facilitate discussion, some 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 September 24 post-comment call. Instead, we will spend the majority of the time considering the one 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.

Comments and Their Disposition

Themed Comments

One theme was identified in the post-evaluation comments, as follows:

1. Supportive comments

Theme 1 – Supportive Comments

Four comments expressed support for the Committee's recommendation for re-endorsement of measure 0086 *Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation* and 0541 *Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category*. One commenter noted measure 0086 contributes to advance improvement in routine evaluation of open-angle glaucoma. Three commenters applauded quality measure 0541 for adjusting for beneficiary-level sociodemographic status characteristics.

Proposed Committee Response:

Thank you for your comments.

Action Item:

No Committee action required.

Measure-Specific Comments

0086e Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

Two comments requested that the Committee recommend measure 0086e for endorsement; the Committee did not reach consensus on validity at the measure evaluation meeting. One commenter noted that measure 0086e contributes to advancing improvement in routine evaluation of open-angle glaucoma and also noted that the measure is widely reported by ophthalmologists participating in the Merit-Based Payment System (MIPS) program. The developer of measure 0086e (PCPI Foundation) submitted a comment noting the importance of routine optic nerve evaluations. The developer also addressed the validity testing of the measure on which the Committee did not reach consensus, noting that although the correlation analysis results were weak, the developer was restricted by limited data as the only available eMeasure was PQRS 117 *Diabetes: Eye Exam*. Finally, the developer commented that 0086e does have a score of 93.8 percent agreement through comparison of automated versus manual EHR review, as well as 87.5 percent face validity score by their expert panel.

Proposed Committee Response:

Thank you for your comments. The Committee will review these comments during its deliberations on the Post-Comment Call scheduled on September 24, 2019.

Action Item:

After discussion, the Committee must revote on the validity criterion. If the measure passes validity, the Committee will vote on overall suitability for endorsement.

0089 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care and 0089e Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Ten comments by five organizations suggested that the Committee recommend re-endorsement for measures 0089 and 0089e, which were not recommended for continued endorsement at the Committee measure evaluation web meetings. Measure 0089 did not reach consensus on evidence and reliability criteria. In addition, measure 0089 did not pass the validity criterion. Measure 0089e did not pass the evidence and validity criteria and did not reach consensus on reliability.

Four commenters (including one from the developer) stressed the importance of care coordination measures. Commenters noted that both 0089 and 0089e are widely reported by ophthalmologists participating in the Merit-Based Payment System (MIPS) program and continues to measure a gap in care. One commenter also referenced the American Academy of Ophthalmology's Preferred Practice Pattern guideline which recommends that ophthalmologists should communicate findings and level of retinopathy to the primary care physician.

One commenter noted high reliability results for both 0089 and 0089e. In regard to the validity testing, two commenters (including the developer) noted that the correlation analysis results for 0089 were weak; however, the developer was restricted by data with limited options for available measures for comparison. For 0089e, the developer commented that the correlation analysis results for validity were moderate and significant.

Finally, the American Society of Retina Specialists (ASRS) submitted a comment noting several concerns with the evaluation process of measures 0089 and 0089e during the Committee's evaluation web meetings.

ASRS referenced evidence in their comment which they believe supports measures 0089 and 0089e meeting the evidence requirement. In addition, ASRS expressed concern that the Committee did not reach consensus on reliability of both measures when the measure score reliability results were high. In regard to the validity testing, ASRS commented that although the correlation analysis results were weak, the results still demonstrated positive correlation. ASRS feels NQF has passed other measures for validity with similar correlation results.

Finally, ASRS expressed concern that there was a lack of quorum for the July 8 Committee web meeting, when measure 0089e was reviewed, raising a concern that there was not meaningful discussion on measure 0089e. In addition, ASRS also noted the July 8 Committee meeting was scheduled under an extremely short turnaround time, and that some Committee members and ASRS' technical expert lead was unavailable to attend and participate in support of the 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 September 24, 2019.

NQF Response:

Thank you for your comments regarding the quorum and short turnaround time for scheduling the July 8 call. NQF makes every effort for all Committee meetings to achieve quorum and for all Committee calls/meetings to be posted to our website one week prior to the call. In this case, due to the number of measures under review in this cycle, the Committee was unable to complete their evaluations in the scheduled dates of June 26 and July 1. The July 8 call was added after the July 1 call was completed, and the date was selected based on when the majority of the Committee could attend. We do understand your concerns and will do the best we can to schedule Committee calls with more notice in the future.

Action Item:

The Committee should review and discuss the comments (along with the next item, the reconsideration requests by the developer) during its deliberations on the Post-Comment Call scheduled on September 24, 2019

Request for Reconsideration

The measure developer, PCPI Foundation, has requested that the Committee reconsider their decision not to recommend measures 0089 and 0089e. [Appendix A](#) contains the full text of the PCPI Foundation's request.

0089 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

PCPI Foundation noted concerns with the evaluation of measure 0089 during the Committee's evaluation web meetings. PCPI Foundation noted that the committee did not reach consensus on evidence and reliability and that the measure did not pass the validity criteria. PCPI Foundation felt that Committee members with an ophthalmology and endocrinology background were more supportive of this measure.

PCPI Foundation stressed the importance of care coordination measures and noted that the Centers for Medicare & Medicaid Services (CMS) six healthcare quality priority areas include "Promote Effective Communication & Coordination of Care." PCPI Foundation expressed that NQF's exception to the evidence requirement is most appropriate in this circumstance. PCPI Foundation also noted Committee members' concern on reducing the number of measures and the comments that a general physician communication measure would be preferred. However, PCPI Foundation noted there is no general measure that addresses this issue at this time.

In regard to validity, PCPI Foundation noted that the correlation analysis results for 0089 were weak; however, the developer was restricted by data with limited options for available measures for comparison. Despite weak correlation results, PCPI Foundation noted strong face validity results.

0089e Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

PCPI Foundation noted concerns with the evaluation of measure 0089e during the Committee's evaluation web meetings. In particular, PCPI Foundation expressed concern that there was a lack of quorum for the July 8 Committee web meeting where measure 0089e was reviewed. Therefore, there was not meaningful discussion on measure 0089e. PCPI Foundation also felt that Committee members with an ophthalmology and endocrinology background were more supportive of measure.

PCPI Foundation stressed importance of care coordination measures and noted that the Centers for Medicare & Medicaid Services (CMS) six healthcare quality priority areas include "Promote Effective Communication & Coordination of Care." PCPI Foundation expressed that NQF's exception to the evidence requirement is most appropriate in this circumstance. PCPI Foundation also noted Committee members' concern on reducing the number of measures and that a general physician communication measure would be preferred. However, PCPI Foundation noted there is no general measure that addresses this issue at this time.

In regard to validity, PCPI Foundation noted that the correlation analysis results for 0089e were moderate and significant (0.59) and noted that NQF initial review demonstrated a moderate overall validity rating.

Proposed Committee Response

Thank you for your comments. The Committee will review the reconsideration requests during its deliberations on the Post-Comment Call scheduled on September 24, 2019.

Action Item

The Committee must determine whether or not to accept the request for reconsideration. This is done via a yes/no vote, with greater than 60 percent of the

Committee needing to vote yes for the reconsideration to move forward. If accepted, the Committee must discuss and vote on the evidence, reliability, and validity of 0089 and 0089e. If the measure passes each criterion, the Committee must discuss and vote on the remaining criteria and an overall recommendation for endorsement.

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. Zero NQF members provided their expressions of support.

Appendix A: Reconsideration Request of 0089 and 0089e

September 6, 2019

Dale Bratzler, DO, MPH
Co-Chair, Primary Care and Chronic Illness Standing Committee

Adam Thompson, BA
Co-Chair, Primary Care and Chronic Illness Standing Committee

National Quality Forum
1030 15th Street NW Suite 800
Washington DC 20005

Dear Dr. Bratzler and Mr. Thompson,

The PCPI wishes to thank the NQF Primary Care and Chronic Illness Standing Committee for considering the maintenance of endorsement for several PCPI-stewarded measures. The committee did not recommend two PCPI measures for endorsement (NQF 0089 and 0089e) and we are submitting this letter requesting the committee's reconsideration of the aforementioned measures because we believe that NQF's measure evaluation criteria were not applied appropriately. Further details on each measure are included below.

NQF# 0089: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

The committee did not reach consensus on the evidence and reliability of measure #0089 and the measure did not pass the validity criteria. We wish to point out that the committee members with an ophthalmology and endocrinology background – who provide care to patients with diabetes and diabetic retinopathy – were mostly supportive of the measure. Furthermore, various ophthalmology specialty organizations submitted comments in support of this measure.

The Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care measure assesses whether findings of a macular or fundus exam for patients with diabetic retinopathy were communicated to the physician who manages the ongoing care of the patient with diabetes. Diabetic retinopathy is a prevalent complication of diabetes and a key indicator of systemic complications of diabetes. Coordination of care between the eye care specialist and the physician managing a patient's ongoing diabetes care is essential in stemming the progression of vision loss.

The measure addresses one of the Centers for Medicare & Medicaid Services (CMS) six healthcare quality priority areas, namely the Promote Effective Communication & Coordination of Care priority area which has also been a focus area for the NQF. In fact, in 2014, NQF produced a report highlighting gaps in care coordination measures and prioritizing ways to address them. The multistakeholder Care Coordination Committee recommended measure developers address performance measure gaps in four high-impact areas including promoting "the purposeful collaboration of all members of a care team, achieved through continuous monitoring of individuals' care plans, multidirectional communication, and problem-solving".

The measure is currently implemented and reported by eligible providers within the CMS Merit-Based Incentive Payment System (MIPS). Data from the 2019 CMS Benchmark Report highlight ongoing gaps in care related to this measure as the performance rate for the registry version of the measure was 83.4% indicating that 16.6% of patients did not have documentation of communication with the physician managing the patient's diabetes care. We understand that the committee felt that there is little evidence indicating that communication between physicians will lead to improved health outcomes for patients. We also recognize that this area has not been subjected to research studies and thus does not have a strong evidence base. However, there continues to be strong support for these types of measures to ensure coordination of care among all members of a care team. As a result, NQF criteria allow for an exception to NQF's empirical body of evidence requirement which is most appropriate in this circumstance.

The PCPI was thoughtful of comparable measures for NQF 0089 for correlation analysis and found the measure was likely comparable to PQRS 117 Diabetes: Eye Exam. Based on our research, this was the only publicly reported measure that was comparable to NQF 0089 thus we were limited in the data available for correlation analysis. Both registry and claims versions of the measure demonstrated a weak correlation with PQRS 117 Diabetes: Eye Exam. Despite weak correlation for registry (0.16) and claims (0.11) testing with PQRS 117, this measure resulted in a strong face validity rating of 93.75% for registry and 93.75% for claims according to an expert panel.

Finally, some committee members expressed that with the focus on reducing the number of measures, a general physician communication measure would be preferred to one, or several, communication-related measures. However, there isn't yet a general measure that addresses this issue. We recommend that until that happens, this measure maintain its endorsement.

NQF# 0089e: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

The committee did not reach consensus on the evidence and reliability of the measure and the measure did not pass the validity criteria. One of the issues we are most concerned with is the lack of quorum during the committee discussion when the developer is available to answer questions. It is our belief that when quorum is achieved all committee members are able to voice their perspectives and no one member's input is amplified. We also wish to point out that the committee members with an ophthalmology and endocrinology background - who provide care to patients with diabetes and diabetic retinopathy – were mostly supportive of the measure. Furthermore, various ophthalmology specialty organizations submitted comments in support of this measure.

The Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care measure assesses whether findings of a macular or fundus exam for patients with diabetic retinopathy were communicated to the physician who manages the ongoing care of the patient with diabetes. Diabetic retinopathy is a prevalent complication of diabetes and a key indicator of systemic complications of diabetes. Coordination of care between the eye care specialist and the physician managing a patient's ongoing diabetes care is essential in stemming the progression of vision loss.

The measure addresses one of the Centers for Medicare & Medicaid Services (CMS) six healthcare quality priority areas, namely the Promote Effective Communication & Coordination of Care priority area which has also been a focus area for the NQF. In fact, in 2014, NQF produced a report highlighting gaps in care coordination measures and prioritizing ways to address them. The multistakeholder Care Coordination Committee recommended measure developers address performance measure gaps in four high-impact areas including promoting “the purposeful collaboration of all members of a care team, achieved through continuous monitoring of individuals’ care plans, multidirectional communication, and problem-solving”. The measure is currently implemented and reported by eligible providers within the CMS Merit-Based Incentive Payment System (MIPS). Data from the 2019 CMS Benchmark Report highlight ongoing gaps in care related to this measure as the performance rate for the EHR version of the measure was 61.7% indicating that 38.3% of patients did not have documentation of communication with the physician managing the patient’s diabetes care. We understand that the committee felt that there is little evidence indicating that communication between physicians will lead to improved health outcomes for patients. We also recognize that this area has not been subjected to research studies and thus does not have a strong evidence base. However, there continues to be strong support for these types of measures to ensure coordination of care among all members of a care team. As a result, NQF criteria allow for an exception to NQF’s empirical body of evidence requirement which is most appropriate in this circumstance.

This measure was correlated with PQRS 018 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy. The correlation is moderate and significant with a 0.59 correlation statistic. The initial NQF review also noted that this measure demonstrated a moderate overall validity rating. We request that the committee reconsider the validity of the measure given the moderate correlation.

Finally, some committee members expressed that with the focus on reducing the number of measures, a general physician communication measure would be preferred to one, or several, measures. However, there isn’t yet a general measure that addresses this issue. We recommend that until that happens, this measure maintain its endorsement.

Sincerely,

Marjorie Rallins, DPM, MSMI
PCPI Vice President and Chief Scientific Office