NATIONAL QUALITY FORUM
Driving measurable health improvements together

Memo

September 24, 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

Purpose of the Call

The Primary Care and Chronic Illness Standing Committee will meet via web meeting on September 24, 2020 from 3 – 5PM 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;
- Achieve consensus on measure where consensus was not reached; 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:

1. Standing Committee members, public participants, and NQF staff dial **800-768-2983** to access the audio platform.
2. Access code: **5866339**
3. Weblink: https://core.callinfo.com/callme/?ap=8007682983&ac=5866339&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 three measures. The Standing Committee did not reach consensus on two measures and the other measure was not recommended.

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 May 1 to June 12, 2020 for the measures under review. The comments received were mixed in both their critiques and support of the measures. While commenters agreed that addressing abnormal blood glucose is critical, there was not clear consensus on how that should be achieved nor if the three measures proffered by the American Medical Association (AMA) are the correct measures. All of 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 August 5, 2020 for 30 calendar days. The Standing Committee's recommendations will be reviewed by the Consensus Standards Approval Committee (CSAC) on October 13, 2020. The CSAC will determine whether or not to uphold the Standing Committee's recommendation for each measure submitted for endorsement consideration. All committee members are encouraged to attend the CSAC meeting to listen to the discussion. During this commenting period, NQF received a total of 34 comments. Three of the comments received were from one member organization:

Member Council	**# of Member Organizations Who Commented**
Consumer	0
Health Plan	0
Health Professional	1
Provider Organization	0
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 September 24 post-comment call. Instead, we will spend the majority of the time considering the three themes 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

Four major themes were identified in the post-evaluation comments, as follows:

1. Alignment of measure exclusions across the three measures
2. Concerns with data capture
3. Committee Voting

Theme 1 - Alignment of measure exclusions

Several commenters noted that the three measures which were evaluated have different exclusions. Commenters also suggested adding an exclusion such as exclusion of patients who are older and/or have multiple comorbidities and limited life expectancy.

> **Measure Steward/Developer Response:**
> While the AMA agrees that additional work is needed to capture some of the data elements and we believe that the validity of the measure will improve over time, the kappa statistics provided under section 2a2 in the testing form demonstrate moderate to perfect strength of agreement across all three eCQMs. These results are consistent with other eCQMs validity results provided at the time of initial endorsement and feasibility scorecard results.
>
> The TEP had lengthy discussions on what exclusions were most appropriate and whether an upper age limit should be included. The TEP believed that there was sufficient evidence to support screening above the age of 70 years and the American Diabetes Association clinical guideline recommendation includes all adults age 45 and older without an upper age limit. Analyses of diabetes prevention programs (DPPs) also demonstrate that individuals 65 years of age and older can meaningfully participate in these programs and achieve the desired goals. Kramer and colleagues studied the feasibility and effectiveness of these programs in senior and community centers (2018). While the number of participants enrolled in the study was small (n=134), they were successful in positively addressing many risk factors including reduced weight and waist circumference and increased physical activity. In an evaluation of the first four years of the National DPP, individuals 65 years of age and older were more likely to achieve the weight lost goal of =>5% and physical activity of 150 minutes each week than those participants aged 18-44 and 44-64 (Ely, 2017). Beginning in 2013, the YMCA received a Health Care

Innovation Award from the Centers for Medicare and Medicaid Services (Alva, 2018). YMCA provided DPPs across 17 regional networks to Medicare beneficiaries with a program goal of at least a 5% decrease in body weight and an increase of 150 minutes of physical activity each week. Average age of the participants was 71 years at enrollment. During the first three years, participants in the intervention group were less like to be admitted to the hospital or visit the emergency department and Medicare spending was significantly reduced. We believe that these studies further support the lack of an upper age cutoff in the measure.

In addition, we believe that the exclusions for hospice and palliative care and comfort measures would capture most of the reasons why screening may not be appropriate. The TEP also recognized that the appropriate benchmark for this measure is not 100% due to some of the same concerns highlighted in this comment.

References:
Alva ML, Hoerger TJ, Jeyaraman R, Amico P, Rojas-Smith L. Impact Of The YMCA Of The USA Diabetes Prevention Program On Medicare Spending And Utilization. Health Aff (Millwood). 2017;36(3):417-424. doi:10.1377/hlthaff.2016.1307
Ely EK, Gruss SM, Luman ET, et al. A National Effort to Prevent Type 2 Diabetes: Participant-Level Evaluation of CDC's National Diabetes Prevention Program. Diabetes Care. 2017;40(10):1331-1341. doi:10.2337/dc16-2099
Kramer MK, Vanderwood KK, Arena VC, et al. Evaluation of a Diabetes Prevention Program Lifestyle Intervention in Older Adults: A Randomized Controlled Study in Three Senior/Community Centers of Varying Socioeconomic Status. Diabetes Educ. 2018;44(2):118-129. doi:10.1177/0145721718759982

Proposed Committee Response:

Thank you for your comment. The Committee will review these comments during its deliberations on the Post-Comment Call scheduled on September 24, 2020.

Theme 2 - Concerns with data capture

Several commenters raised concerns over the measures' feasibility noting that currently there is no easy way to capture what an intervention and it is likely not well-documented in EHRs.

Measure Steward/Developer Response:

While the AMA agrees that additional work is needed to capture some of the data elements and we believe that the validity of the measure will improve over time, the kappa statistics provided under section 2a2 in the testing form demonstrate moderate to perfect strength of agreement across all three eCQMs. These results are consistent with other eCQMs validity results provided at the time of initial endorsement and feasibility scorecard results.

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weight and waist circumference and increased physical activity. In an evaluation of the first four years of the National DPP, individuals 65 years of age and older were more likely to achieve the weight lost goal of =>5% and physical activity of 150 minutes each week than those participants aged 18-44 and 44-64 (Ely, 2017). Beginning in 2013, the YMCA received a Health Care Innovation Award from the Centers for Medicare and Medicaid Services (Alva, 2018). YMCA provided DPPs across 17 regional networks to Medicare beneficiaries with a program goal of at least a 5% decrease in body weight and an increase of 150 minutes of physical activity each week. Average age of the participants was 71 years at enrollment. During the first three years, participants in the intervention group were less like to be admitted to the hospital or visit the emergency department and Medicare spending was significantly reduced. We believe that these studies further support the lack of an upper age cutoff in the measure.

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Proposed Committee Response:

Thank you for your comment. The Committee will review these comments during its deliberations on the Post-Comment Call scheduled on September 24, 2020.

Theme 3 – Committee voting

One commenter expressed concerns the measures should have received a full evaluation of the evidence criterion due to updated testing information. The commenter note that these measures have votes of Yes/No instead of votes of High, Moderate, Low, or Insufficient, which is consistent with measure evaluation criteria.

NQF Staff Response:

Thank you for your comment. According to the NQF measure evaluation guidance (page 15), outcome measures are evaluated based on a “pass” or “no pass” basis. Both 0471: PC-02 Cesarean Birth and 0716: Unexpected Complications in Term Newborns are outcome measures, and therefore received a “pass” or “no pass” rating.

Proposed Committee Response:

Thank you for your comment. Since 0471: PC-02 Cesarean Birth and 0716: Unexpected Complications in Term Newborns are both outcome measures, the Committee evaluated the Evidence using a “pass” or “no pass” rating, as described on page 15 of the NQF measure evaluation guidance.

Measure-Specific Comments

3569e Prediabetes: Screening for Abnormal Blood Glucose

Preferred “abnormal blood glucose” over “prediabetes” which is suggested to be a risk factor rather than a disease. Some commenters opposed the missing upper age limit (40-70 years) included in AAFP and USPSTF guidelines. One commenter suggested that confirmation of results should be included in this measure. Several commenters had concerns with data capture, such as fasting glucose or exclusions not in EHR distinct field, and that the measure was only tested in EPIC and Cerner.

Measure Steward/Developer Response:

While the AMA agrees that additional work is needed to capture some of the data elements and we believe that the validity of the measure will improve over time, the kappa statistics provided under section 2a2 in the testing form demonstrate moderate to perfect strength of agreement across all three eCQMs. These results are consistent with other eCQMs validity results provided at the time of initial endorsement and feasibility scorecard results.

The TEP had lengthy discussions on what exclusions were most appropriate and whether an upper age limit should be included. The TEP believed that there was sufficient evidence to support screening above the age of 70 years and the American Diabetes Association clinical guideline recommendation includes all adults age 45 and older without an upper age limit. Analyses of diabetes prevention programs (DPPs) also demonstrate that individuals 65 years of age and older can meaningfully participate in these programs and achieve the desired goals. Kramer and colleagues studied the feasibility and effectiveness of these programs in senior and community centers (2018). While the number of participants enrolled in the study was small (n=134), they were successful in positively addressing many risk factors including reduced weight and waist circumference and increased physical activity. In an evaluation of the first four years of the National DPP, individuals 65 years of age and older were more likely to achieve the weight lost goal of =>5% and physical activity of 150 minutes each week than those participants aged 18-44 and 44-64 (Ely, 2017). Beginning in 2013, the YMCA received a Health Care Innovation Award from the Centers for Medicare and Medicaid Services (Alva, 2018). YMCA provided DPPs across 17 regional networks to Medicare beneficiaries with a program goal of at least a 5% decrease in body weight and an increase of 150 minutes of physical activity each week. Average age of the participants was 71 years at enrollment. During the first three years, participants in the intervention group were less like to be admitted to the hospital or visit the emergency department and Medicare spending was significantly reduced. We believe that these studies further support the lack of an upper age cutoff in the measure.

In addition, we believe that the exclusions for hospice and palliative care and comfort measures would capture most of the reasons why screening may not be appropriate. The TEP also recognized that the appropriate benchmark for this measure is not 100% due to some of the same concerns highlighted in this comment.

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Proposed Committee Response:

Thank you for your comment. The Committee will review these comments during its deliberations on the Post-Comment Call scheduled on September 24, 2020.

Action Item:

The Committee should review the comments and the developer's response and be prepared to discuss any recommendations for the developer to consider.

3570e Intervention for Prediabetes

Preferred intensive behavioral counseling interventions, rather than prescribing metformin or referring the patient out. Suggestion that this does not align with AAFP or USPSTF recommendations or best practices. One commentator noted that referrals can unnecessarily drive up costs and may lead to unnecessary treatment. In addition, MDDPs or CDC-recognized programs are not accessible to many areas in the country, so are not a viable alternative, particularly in rural areas. One commentator suggested that prediabetes is not a disease and should not be treated as such.

Measure Steward/Developer Response:

While the USPSTF recommends follow-up within three years for those individuals with a normal result, the ADA recommends annual testing for those individuals with abnormal test results. We specified this measure to be consistent with this recommendation.

The TEP determined that a decision on whether re-testing was appropriate should be made for each individual patient rather than automatically excluding individuals such as those with limited life expectancy. The following denominator exceptions for this measure in the measure submission form were inadvertently omitted from the measure submission form:

- Documentation of medical reason(s) for not providing an intervention for prediabetes (eg, limited life expectancy, lack of program availability, other medical reason)

- Documentation of patient reason(s) for not providing an intervention (eg, patient refusal)

Proposed Committee Response:

Thank you for your comment. The Committee will review these comments during its deliberations on the Post-Comment Call scheduled on September 24, 2020.

Action Item:

The Committee should review the comments and the developer's response and be prepared to discuss any recommendations for the developer to consider.

3571e Retesting of Abnormal Blood Glucose in Patients with Prediabetes

One commentator noted, “there is limited evidence on the best rescreening intervals for adults with normal results; however, screening every 3 years is a reasonable option.” In contrast, this measure requires re-testing at least annually.

In addition, the exclusions for this measure are different from the others. Comfort care is not included in this measure.

Other comment agreed that retesting is needed but that the testing should include a variety of tests, a specific timeframe, coverage by insurance, and ease of access to tests.

Measure Steward/Developer Response:

Thank you for this comment. We agree that it is important to include annual re-testing for individuals with abnormal results through a wide variety of evidence-based tests consistent with current clinical recommendations. For this reason, the measure is specified with multiple testing options to allow for various factors that might influence test choice such as insurance coverage or clinical scenarios where one test might be preferred (e.g., difficulty fasting).

Proposed Committee Response:

Thank you for your comment. The Committee will review these comments during its deliberations on the Post-Comment Call scheduled on September 24, 2020.

Action Item:

The Committee should review the comments and the developer’s response and be prepared to discuss any recommendations for the developer to consider.

NQF Member Expression of Support

No NQF members provided expression of support.