



September 18, 2018

**To:** Primary Care and Chronic Illness Standing Committee  
**From:** NQF staff  
**Re:** Post-comment web meeting to discuss public comments received and NQF member expressions of support

### Purpose of the Call

The Primary Care and Chronic Illness Standing Committee will meet via web meeting on September 25, 2018 from 3:00-5:00 pm 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' expressions 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 the [draft report](#).
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments.
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:

**Speaker dial-in #:** 844-263-6305 (NO CONFERENCE CODE REQUIRED)  
**Web link:** <http://nqf.commpartners.com/se/Rd/Mt.aspx?696584>  
**Registration link:** <http://nqf.commpartners.com/se/Rd/Rg.aspx?696584>

### Background

Primary care has a central role in improving the health of people and populations. Primary care practitioners manage the uniqueness and complexities of each patient. In this setting, the diagnosis and treatment of the patient is focused on the health of the entire patient and not a single disease. Chronic illnesses are long-lasting or persistent health conditions or diseases that patients and providers must manage on an ongoing basis. The Primary Care and Chronic Illness portfolio includes endocrine conditions; nonsurgical eyes, ears, nose, and throat conditions; infectious disease; musculoskeletal disorders; and pulmonary disease.

The 20-person Primary Care and Chronic Illness Standing Committee reviewed seven measures: six were recommended for endorsement, and one was not recommended for endorsement.

### 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, 2018 to August 29, 2018 for the measures under review. As of June 12, 2018, no comments were submitted for the Committee’s consideration.

### Post-evaluation Comments

The draft report was posted on the project webpage for public and NQF member comment on July 31, 2018 for 30 calendar days. During this commenting period, NQF received 14 comments from three member organizations and no comments from nonmember organizations:

Member Council	# of Member Organizations Who Commented
Consumer	1
Health Plan	1
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 before 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 25 post-comment call. Instead, we will spend the majority of the time considering the 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 have proposed draft responses for the Committee to consider.

## Comments and their Deposition

### *Themed Comments*

#### **Support of Committee's Recommendations**

NQF received one general comment supporting all of the Committee's recommendations overall. NQF received six individual comments on measures supporting the Committee's recommendations for re-endorsement. The individual measures that received comments in support of the Committee's recommendations are:

- 0046 Screening for Osteoporosis for Women 65-85 Years of Age
- 0053 Osteoporosis Management in Women Who Had a Fracture
- 0055 Comprehensive Diabetes Care: Eye Exam (retinal) performed
- 0056 Diabetes: Foot Exam
- 0057 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
- 0062 Comprehensive Diabetes Care: Medical Attention for Nephropathy

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

Thank you for your comment.

### *Measure-Specific Comments*

NQF received seven measure-specific comments. Of these seven comments, six supported the Committee's recommendations, and one did not support.

Of these seven comments, six suggested several revisions to the specifications to improve the measures. In addition to suggestions for revisions to the specifications, four comments raised overuse concerns.

#### **0037 Osteoporosis Testing in Older Women (OTO)**

NQF received one post-evaluation comment supporting the Committee's decision to not recommend the measure. The commenter agreed with the Committee's concern that the measure relies on patient self-report of a bone density test. If the measure loses NQF endorsement, the commenter recommends that the developer consider retiring the measure from the HEDIS measure set.

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

The USPSTF recommends osteoporosis screening for all women age 65 and older, and this measure addresses an important known quality gap in receiving such screenings. If the measure loses NQF endorsement, NCQA will work with CMS to identify alternative methods of capturing osteoporosis screening for Medicare Advantage members.

#### **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 25, 2018.

**Action Item**

No Committee action required.

**0046 Screening for Osteoporosis for Women 65-85 Years of Age**

NQF received one post-evaluation comment supporting the Committee's decision to recommend the measure. While the commenter supported the measure, they shared several recommendations concerning the measure specifications. The commenter expressed concern that implementation of the measure could promote the overuse of screening. In addition, the commenter made recommendations to improve the denominator, including incorporating additional ICD 10 codes and expanding the denominator exclusions to include patients who have already been assessed with the FRAX tool and patient refusal.

**Measure Steward/Developer Response**

Thank you for this comment. With regard to concerns about overuse of screening due to poor record continuity, the numerator allows for documentation in the medical record of the patient ever having received a DXA test of the hip or spine. Providers should get a patient's test history (and any associated reports with results) before ordering a DXA test. Documenting such results from prior tests counts for meeting the numerator, and the provider would not need to perform another DXA. While some women are at lower risk of developing osteoporosis due to identifiable patient factors, the USPSTF recommends all women over the age of 65 (regardless of individual patient factors) be screened for osteoporosis, and the measure aligns with this recommendation statement. NCQA will explore appropriateness and feasibility of counting a FRAX tool assessment as meeting the numerator for this measure. Member refusals of screening are not valid exclusions. Therefore, these members should remain in the measure denominator if they meet criteria. It is anticipated that the impact of these members is relatively low and would not result in bias when comparing results across providers. NCQA will review and consider including G0438 and G0439 as eligible encounters for the measure. If recommended by our measurement advisory panels we will update the specifications to include these codes during the measure's annual NQF update.

**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 25, 2018.

**Action Item**

On the Post-Comment Call, the Committee will discuss the commenter's concern and the developer's response.

**0053 Osteoporosis Management in Women Who Had a Fracture**

NQF received one post-evaluation comment supporting the Committee's decision to recommend the measure. While the commenter supported the measure, they expressed concern that implementation of the measure could promote the overuse of bone mineral density testing. The commenter recommended that the developer expand the denominator exclusion to include women with fracture related to traumatic injury and consider revising the fracture definition to only include women with vertebral and hip fractures.

**Measure Steward/Developer Response**

Thank you for this comment and suggestion. The intent of this measure is secondary prevention of future fragility fractures. The measure does not include fractures that are likely due to trauma (such as fractures of the finger, toe, face or skull). Further, the measure does not require a bone mineral density (BMD) test be performed after the fragility fracture as the measure also allows the provider to go directly to treatment if they do not think a BMD test will alter the diagnosis/course of treatment. To help address the concern about overuse of BMD testing, the measure has an exclusion which removes patients who received a BMD test in the 2 years prior to the fracture. NCQA is currently taking this measure through our HEDIS reevaluation process. We are reviewing the fracture codes included in this measure and will consider if further limiting the fracture codes would help address the concern about overuse. Any proposed changes to the measure will be brought to our measurement advisory panels for feedback. If changes are recommended by the panels and approved by NCQA's Committee on Performance Measurement, the specification will be updated during the measure's annual NQF review.

**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 25, 2018.

**Action Item**

On the Post-Comment Call, the Committee will discuss the commenter's concern and the developer's response.

**0055 Comprehensive Diabetes Care: Eye Exam (retinal) Performed**

NQF received one post-evaluation comment supporting the Committee's decision to recommend the measure. While the commenter supported the measure, they expressed concern that implementation of the measure could promote overuse of retinal eye exams, if a physician cannot obtain confirmation of a previous eye exam during the calendar year. The commenter also raised concerns that the use of the measure will increase physician burden and suggested claims evidence be accepted for documentation requirements. The commenter noted that CMS has proposed the removal of this measure from Medicare Shared Savings Program. In addition, the commenter made recommendations to expand the denominator population to include all patients over the age of 18 years.

**Measure Steward/Developer Response**

Thank you for this comment. This measure is intended for the broad population of patients with diabetes and aligns with current clinical guideline recommendation from the American Diabetes Association. The measure as specified assesses annual eye exams unless a negative result was found in the year prior, allowing those with no finding of retinopathy to have an exam every other year.

**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 25, 2018.

**Action Item**

On the Post-Comment Call, the Committee will discuss the commenter's concern and the developer's response.

**0056 Diabetes: Foot Exam**

NQF received one post-evaluation comment that does not support the Committee's decision to recommend the measure due to several concerns. The commenter noted a lack of evidence to support the benefits of regular pulse exams and raised concerns that implementation of the measure could promote the overuse of Ankle Brachial Index and procedures for peripheral arterial disease. The commenter recommended that the developer make several revisions to the specifications.

**Measure Steward/Developer Response**

Thank you for this comment. This measure is aligned with the evidence and current clinical guideline recommendation from the American Diabetes Association.

**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 25, 2018.

**Action Item**

On the Post-Comment Call, the Committee will discuss the commenter's concern and the developer's response.

**0057 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing**

NQF received one post-evaluation comment supporting the Committee's decision to recommend the measure. However, the commenter made recommendations to enhance the measure to target patients who have a diagnosis of diabetes and engaged with the clinician. The commenter stated that the measure as currently specified favors larger health systems.

**Measure Steward/Developer Response**

Thank you for this comment. As noted, this measure is aligned with current clinical guideline recommendations from the American Diabetes Association. With regard to HbA1c results from ED admissions, the measure does not explicitly allow that. However, NCQA will evaluate whether that is an issue with the current specification during the next re-evaluation of the measure.

**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 25, 2018.

**Action Item**

On the Post-Comment Call, the Committee will discuss the commenter's concern and the developer's response.

**0062 Comprehensive Diabetes Care: Medical Attention for Nephropathy**

NQF received one post-evaluation comment supporting the Committee's decision to recommend the measure. However, the commenter recommended that the developer expand the denominator exclusion to include patients with dementia and in hospice/palliative care. The

commenter also expressed concern about using test results from emergency department (ED) admissions which potentially could induce action on false positive results. Finally, the commenter expressed concern that the performance rate is high on the measure.

**Measure Steward/Developer Response**

Thank you for this comment. NCQA will consider the appropriateness of exclusions for dementia and patients with life limiting diagnoses during the next re-evaluation of the measure. Please note that the measure currently does exclude patients receiving hospice care. With regard to test results from ED admissions, the measure does not explicitly allow that. However, NCQA will also evaluate whether that is an issue with the current specification during the next re-evaluation of the measure.

**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 25, 2018.

**Action Item**

On the Post-Comment Call, the Committee will discuss the commenter's concern and the developer's response.

## **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. Two NQF members provided their expressions of support: See [Appendix A](#).

## Appendix A: NQF Member Expression of Support Results

Two NQF members provided their expressions of support. Five measures under consideration received support from NQF members. One measure received equal votes for support and do not support from NQF members. One measure did not receive support from NQF members. Results for each measure are provided below.

### 0037 Osteoporosis Testing in Older Women (OTO) (NCQA)

Member Council	Support	Do Not Support	Total
Consumer	0	0	0
Health Plan	0	1	1
Health Professional	0	0	0
Provider Organization	0	0	0
Public/Community Health Agency	0	0	0
Purchaser	0	0	0
QMRI	0	0	0
Supplier/Industry	0	0	0
<b>All Councils</b>	<b>0</b>	<b>1</b>	<b>1</b>

### 0046 Screening for Osteoporosis for Women 65-85 Years of Age (NCQA)

Member Council	Support	Do Not Support	Total
Consumer	0	0	0
Health Plan	1	0	1
Health Professional	1	0	1
Provider Organization	0	0	0
Public/Community Health Agency	0	0	0
Purchaser	0	0	0
QMRI	0	0	0
Supplier/Industry	0	0	0
<b>All Councils</b>	<b>2</b>	<b>0</b>	<b>2</b>



**0053 Osteoporosis Management in Women Who Had a Fracture (NCQA)**

Member Council	Support	Do Not Support	Total
Consumer	0	0	0
Health Plan	1	0	1
Health Professional	1	0	1
Provider Organization	0	0	0
Public/Community Health Agency	0	0	0
Purchaser	0	0	0
QMRI	0	0	0
Supplier/Industry	0	0	0
<b>All Councils</b>	<b>2</b>	<b>0</b>	<b>2</b>

**0055 Comprehensive Diabetes Care: Eye Exam (retinal) Performed (NCQA)**

Member Council	Support	Do Not Support	Total
Consumer	0	0	0
Health Plan	1	0	1
Health Professional	1	0	1
Provider Organization	0	0	0
Public/Community Health Agency	0	0	0
Purchaser	0	0	0
QMRI	0	0	0
Supplier/Industry	0	0	0
<b>All Councils</b>	<b>2</b>	<b>0</b>	<b>2</b>

**0056 Diabetes: Foot Exam (NCQA)**

Member Council	Support	Do Not Support	Total
Consumer	0	0	0
Health Plan	1	0	1
Health Professional	0	1	1
Provider Organization	0	0	0
Public/Community Health Agency	0	0	0
Purchaser	0	0	0
QMRI	0	0	0
Supplier/Industry	0	0	0
<b>All Councils</b>	<b>1</b>	<b>1</b>	<b>2</b>

**0057 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (NCQA)**

<b>Member Council</b>	<b>Support</b>	<b>Do Not Support</b>	<b>Total</b>
Consumer	0	0	0
Health Plan	1	0	1
Health Professional	1	0	1
Provider Organization	0	0	0
Public/Community Health Agency	0	0	0
Purchaser	0	0	0
QMRI	0	0	0
Supplier/Industry	0	0	0
<b>All Councils</b>	<b>2</b>	<b>0</b>	<b>2</b>

**0057 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (NCQA)**

<b>Member Council</b>	<b>Support</b>	<b>Do Not Support</b>	<b>Total</b>
Consumer	0	0	0
Health Plan	1	0	1
Health Professional	1	0	1
Provider Organization	0	0	0
Public/Community Health Agency	0	0	0
Purchaser	0	0	0
QMRI	0	0	0
Supplier/Industry	0	0	0
<b>All Councils</b>	<b>2</b>	<b>0</b>	<b>2</b>