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# Primary Care and Chronic Illness, Fall 2019 Measure Review Cycle

## Standing Committee In-Person Measure Evaluation Meeting

Samuel Stolpe, Senior Director

Suzanne Theberge, Senior Project Manager

Hiral Dudhwala, Project Manager

Isaac Sakyi, Program Analyst

*February 11, 2020*



# Welcome

- Restrooms
  - ▣ Exit main conference area, past reception, on left
- Breaks
  - ▣ 10:00am – 15 minutes
  - ▣ 12:00pm – Lunch provided by NQF
  - ▣ 2:15pm – 15 minutes
- Laptops and cell phones
  - ▣ Wi-Fi network
    - » Username: **guest**
    - » Password: **NQFGuest**
  - ▣ Please mute your cell phone during the meeting

# Welcome

## Project Team — Primary Care and Chronic Illness Standing Committee



**Sam Stolpe,  
PharmD, MPH**



**Hiral Dudhwala,  
RN, MSN/MPH**



**Suzanne Theberge,  
MPH**



**Isaac Sakyi,  
MSGH**

## Agenda

- Introductions and Disclosures of Interest
- Overview of Evaluation Process and Voting Process
- Consideration of Six Candidate Measures
- NQF Member and Public Comment
- Related and Competing Measures
- Next Steps
- Adjourn

# Introductions and Disclosures of Interest

## Primary Care and Chronic Illness Fall 2019 Cycle Standing Committee

- Dale Bratzler, DO, MPH (Co-chair)
- Adam Thompson, BA (Co-chair)
- Robert Bailey, MD
- Kenneth Benson, BS
- Lindsay Botsford, MD, MBA, FAAFP
- William Curry, MD, MS
- James M. Daniels, MD, MPH, RMSK, FAAFP, FACOEM, FACPM
- Kim Elliott, PhD
- Laura Evans, MD, MSc
- William Glomb, MD, FCCP, FAAP
- Donald Goldmann, MD
- Katherine V. Gray, PhD
- Faith Green, MSN, RN, CPHQ, CPC-A
- Stephen Grossbart, PhD
- James Mitchell Harris, PhD
- Starlin Haydon-Greatting, MS, BS, PharmD, FAPhA
- Ann Kearns, MD, PhD
- David Lang, MD
- Grace Lee, MD
- Anna McCollister-Slipp
- Janice Miller, DNP, CRNP, CDE
- Crystal Riley, PharmD, MHA, MBA, CPHQ, CHPIT
- Steven Strode, MD, Med, MPH, FAAFP

## Primary Care and Chronic Illness Fall 2019 Cycle Expert Reviewers

- Amesh Adalja, MD
- Esther Babady, PhD, D(ABMM)
- Carlos Bagley, MD, FAANS
- Kathleen Brady, MD, MSCE
- Craig Butler, MD, MBA, CPE
- Piero Garzaro, MD
- Daniel Greninger, MD
- Jeffrey Hart, MS
- Marci Harris Hayes, PT, DPT, MSCI, OCS
- Mark Jarrett, MD, MBA
- Michael Lane, MD, MSc, MPHS, CPPS
- Jeffrey Lewis, BA
- Catherine MacLean, MD, PhD
- Jason Matuszak, MD, FAAFP, CAQSM, RMSK
- John McClay, MD
- Kevin McVary, MD
- Melinda Neuhauser, PharmD, MPH, FCCP, FASHP
- Catherine Roberts, MD
- James Rosenzweig, MD
- Rishi Singh, MD
- Kimberly Templeton, MD
- John Ventura, DC
- Christopher Visco, MD
- Jacquelyn Youde, AuD, CCC-A



## Fall 2019 Cycle Measures

### Six Maintenance Measures for Committee Review

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

*\*Reviewed by Scientific Methods Panel*

## NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of these measures:
  - ▣ 0059 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) – (NCQA)
  - ▣ 0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg) – (NCQA)
  - ▣ 0575 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%) – (NCQA)
- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.

# Overview of Evaluation Process



## **Roles of the Standing Committee** ***During the Evaluation Meeting***

- Act as a proxy for the NQF multistakeholder membership
- Work with NQF staff to achieve the goals of the project
- Evaluate each measure against each criterion
  - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Primary Care and Chronic Illness measures



## Ground Rules for Today's Meeting

### **During the discussions, Committee members should:**

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times
- Keep comments concise and focused
- Avoid dominating a discussion and allow others to contribute
- Indicate agreement without repeating what has already been said



## Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin Committee discussion for each criterion by:
  - ▣ Briefly explaining information on the criterion provided by the developer
  - ▣ Providing a brief summary of the pre-meeting evaluation comments
  - ▣ Emphasizing areas of concern or differences of opinion
  - ▣ Noting, if needed, the preliminary rating by NQF
    - » This rating is intended to be used as a guide to facilitate the Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Committee
- Full Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion

## Endorsement Criteria

- **Importance to measure and report:** Goal is to measure those aspects with greatest potential of driving improvements; if not important, the other criteria are less meaningful (must-pass)
- **Reliability and Validity-Scientific Acceptability of measure properties:** Goal is to make valid conclusions about quality; if not reliable and valid, there is risk of improper interpretation (must-pass)
- **Feasibility:** Goal is to, ideally, cause as little burden as possible; if not feasible, consider alternative approaches
- **Usability and Use:** Goal is to use for decisions related to accountability and improvement; if not useful, probably do not care if feasible
- **Comparison to related or competing measures**

## Voting on Endorsement Criteria

- **Importance to Measure and Report (must-pass):**
  - Vote on evidence (if needed) and performance gap
- **Scientific Acceptability (must pass):**
  - Vote on reliability and validity (if needed)
- **Feasibility:**
  - Vote on feasibility
- **Usability and Use (Use is must-pass for maintenance measures):**
  - Vote on usability and use
- **Overall Suitability for Endorsement**

If a measure fails on one of the must-pass criteria, there is no further discussion or voting on the subsequent criteria for that measure; we move to the next measure.





## Achieving Consensus

- Quorum: 66% of the Committee (16 of 23 members)
- Pass/Recommended: Greater than 60% “Yes” votes of the quorum (this percent is the sum of high and moderate)
- Consensus not reached (CNR): 40-60% “Yes” votes (inclusive of 40% and 60%) of the quorum
- Does not pass/Not Recommended: Less than 40% “Yes” votes of the quorum
- CNR measures move forward to public and NQF-member comment and the Committee will revote during the Committee post-comment web meeting

## Committee Quorum and Voting

- If at any point quorum is lost during a meeting, the Committee will continue the measure discussion but will not vote during the meeting. Following the meeting, staff will only send the voting survey to those Committee members who participated in the meeting. Staff will not request votes from any Committee member who did not attend the meeting.
- If staff have to request votes from the Committee following the meeting, Committee member votes must be submitted within 48 hours of receiving the request from NQF staff.
- If a Committee member leaves the meeting and quorum is still present, the Committee can continue to vote on the measures. The Committee member who left the meeting does not need to vote on the missed measures.



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# Questions?

# Voting Test

# Consideration of Candidate Measures



## 1800 Asthma Medication Ratio

- **Measure Steward:** National Committee for Quality Assurance
  - ▣ Maintenance measure
- **Brief Description of Measure:** The percentage of patients 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

# Break

# Consideration of Candidate Measures





## 2856 Pharmacotherapy Management of COPD Exacerbation

- **Measure Steward:** National Committee for Quality Assurance
  - ▣ Maintenance measure
- **Brief Description of Measure:** This measure assesses the percentage of COPD exacerbations for patients 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1-November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:
  - 1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
  - 2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.



## 0577 Use of Spirometry Testing in the Assessment and Diagnosis of COPD

- **Measure Steward:** National Committee for Quality Assurance
  - ▣ Maintenance measure
- **Brief Description of Measure:** This measure assesses the percentage of patients 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

# NQF Member and Public Comment

# Lunch

# Consideration of Candidate Measures

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

- **Measure Steward:** National Committee for Quality Assurance
  - ▣ Maintenance measure
  - ▣ Reviewed and passed by NQF Scientific Methods Panel for Scientific Acceptability Criterion
- **Brief Description of Measure:** The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is >9.0% during the measurement year.



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

- **Measure Steward:** National Committee for Quality Assurance
  - ▣ Maintenance measure
  - ▣ Reviewed and passed by NQF Scientific Methods Panel for Scientific Acceptability Criterion
- **Brief Description of Measure:** The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.

# Break



# Consideration of Candidate Measure



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

- **Measure Steward:** National Committee for Quality Assurance
  - ▣ Maintenance measure
  - ▣ Reviewed and passed by NQF Scientific Methods Panel for Scientific Acceptability Criterion
- **Brief Description of Measure:** The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.

# NQF Member and Public Comment

# Related and Competing Discussion

## Related and Competing Measures

If a measure meets the four criteria and there are endorsed/new related measures (same measure focus or same target population) or competing measures (both the same measure focus and same target population), the measures are compared to address harmonization and/or selection of the best measure (Table 8).

	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	<b>Competing measures-Select best measure</b> from competing measures or justify endorsement of additional measure(s).	<b>Related measures-Harmonize</b> on target patient population or justify differences.
Different target patient population	<b>Related measures-Combine</b> into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue.



## 0059 Related Measures

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

- 2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (NCQA)
- 0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%) (NCQA)



## 0575 Related Measures

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

- 2608 Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (NCQA)
- 0729 Optimal Diabetes Care (Minnesota Community Measurement)
- 0059 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (NCQA)

## 0061 Related Measures

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

- 0729 Optimal Diabetes Care (Minnesota Community Measurement)
- 0018 Controlling High Blood Pressure (NCQA)
- 2602 Controlling High Blood Pressure for People with Serious Mental Illness (NCQA)
- 2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg) (NCQA)
- 0073 Ischemic Vascular Disease (IVD): Blood Pressure Control (NCQA)
- 0076 Optimal Vascular Care (Minnesota Community Measurement)





## 1800 Related Measures

1800 Asthma Medication Ratio (NCQA)

- 0047 Asthma: Pharmacologic Therapy for Persistent Asthma  
(American Academy of Asthma Allergy and Immunology)



## 0577 Related Measures

0577 Use of Spirometry Testing in the Assessment and Diagnosis of COPD (NCQA)

- 0091 COPD: Spirometry Evaluation (American Thoracic Society)
- 0102 COPD: inhaled bronchodilator therapy (American Thoracic Society)
- 2856 Pharmacotherapy Management of COPD Exacerbation (NCQA)



## 2856 Related Measures

### 2856 Pharmacotherapy Management of COPD Exacerbation (NCQA)

- 0102 COPD: inhaled bronchodilator therapy (American Thoracic Society)
- 0577 Use of Spirometry Testing in the Assessment and Diagnosis of COPD (NCQA)

# Next Steps



## Activities and Timeline – Fall 2019 Cycle

**\*All times ET**

Meeting	Date/Time
Committee Post-Measure Evaluation Web Meeting (if needed)	February 13, 2020, 2-4 pm
Draft Report Comment Period (30 days)	March 18 – April 16, 2020 (tentative)
Committee Post-Comment Web Meeting	May 11, 2020, 1-3pm
CSAC Review	June 2020
Appeals Period (30 days)	June 23 – August 22, 2020 (tentative)

## Spring 2020 Cycle Updates

Intent to submit deadline was January 7, 2020

5 new measures submitted

- ▣ 2 complex measures sent to the Scientific Methods Panel for review of scientific acceptability criterion
- ▣ Topic areas
  - » 3 prediabetes measures
  - » 1 Pediatric Asthma Emergency Department Use measure
  - » 1 Person-Centered Primary Care Measure



## Project Contact Info

- Email: [primarycare@qualityforum.org](mailto:primarycare@qualityforum.org)
- NQF phone: 202-783-1300
- Project page:  
[http://www.qualityforum.org/Primary\\_Care\\_and\\_Chronic\\_Illness.aspx](http://www.qualityforum.org/Primary_Care_and_Chronic_Illness.aspx)
- SharePoint site:  
<http://share.qualityforum.org/Projects/Primary%20Care%20and%20Chronic%20Illness/SitePages/Home.aspx>

# Questions?



**THANK YOU.**

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