



**NATIONAL
QUALITY FORUM**

Driving measurable health
improvements together

Primary Care and Chronic Illness Fall 2020 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

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February 17, 2021

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Welcome



Housekeeping Reminders

- This is a Ring Central meeting with audio and video capabilities:
 - ▣ Day 1: <https://meetings.ringcentral.com/j/1489968017>
 - » Optional: Dial **470-869-2200** passcode: **1489968017#**
 - ▣ Day 2 (As needed): <https://meetings.ringcentral.com/j/1496928931>
 - » Optional: Dial **470-869-2200** passcode: **1496928931#**
- Please place yourself on mute when you are not speaking
- We encourage you to use the following features
 - ▣ Chat box: to message NQF staff or the group
 - ▣ Raise hand: to be called upon to speak
- We will conduct a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at primarycare@qualityforum.org



Project Team

- Samuel Stolpe, PharmD, MPH, Senior Director
- Poonam Bal, MHSA, Director
- Erin Buchanan, MPH, Manager
- Isaac Sakyi, MSGH, Senior Analyst
- Yemsrach Kidane, PMP, Project Manager

Agenda

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

Introductions and Disclosures of Interest

Primary Care and Chronic Illness Fall 2020 Cycle Standing Committee

- Dale Bratzler DO, MPH
(Co-chair)
- Adam Thompson, BA
(Co-chair)
- Amesh Adalja, MD
- Thiru Annaswamy, MD, MA
- Robert Bailey, MD
- Lindsay Botsford, MD, MBA, FAAFP
- William Curry, MD, MS
- Kim Elliott, PhD
- Donald Goldmann, MD
- V. Katherine Gray, PhD
- Stephen Grossbart, PhD
- James Mitchell Harris
- Jeffrey Hart, MS
- Starlin Haydon-Greatting, MS, BS,
Pharm, FAPhA
- Ann Kearns, MD, PhD
- Michael Lane, MD, MSc, MPHS, CPPS
- David Lang, MD
- Grace Lee, MD
- Anna McCollister
- Rocco Orlando, MD, FACS
- Crystal Riley, PharmD, MHA, MBA,
CPHQ, CHPIT
- James Rosenzweig, MD
- Steven Strobe, M.D., M.Ed., M.P.H.,
FAAFP

Overview of Evaluation Process and Voting Process



Roles of the Standing Committee During the Evaluation Meeting

- Act as a proxy for the NQF multistakeholder membership
- Evaluate each measure against each criterion
 - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Primary Care and Chronic Illness measures



Meeting Ground Rules

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
- Allow others to contribute



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 staff
 - » 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 (Evidence and Performance Gap):** Extent to which the measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance (**must-pass**).
- **Scientific Acceptability (Reliability and Validity):** Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**).
- **Feasibility:** Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use:** Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare (**must-pass** for maintenance measures).
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure.



Voting on Endorsement Criteria

- Votes will be taken after the discussion of each criterion
- **Importance to Measure and Report**
 - ▣ Vote on Evidence (must pass)
 - ▣ Vote on Performance Gap (must pass)
 - ▣ Vote on Rationale - Composite measures only
- **Scientific Acceptability Of Measure Properties**
 - ▣ Vote on Reliability (must pass)
 - ▣ Vote on Validity (must pass)
 - ▣ Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
 - ▣ Use (must pass for maintenance measures)
 - ▣ Usability



Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Overall Suitability for Endorsement**
- **Procedural Notes**
 - ▣ 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; Committee discussion moves to the next measure.
 - ▣ If consensus is not reached, discussion continues with the next measure criterion.



Achieving Consensus

- Quorum: 66% of active committee members (16 of 23 members).

Vote	Outcome
Greater than 60% yes (greater than xx members)	Pass/Recommended
40% - 60% yes (between xx and xx members)	Consensus Not Reached (CNR)
<40% yes (less than xx members)	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes.
- CNR measures move forward to public and NQF-member comment and the Committee will revote during the post-comment web meeting.
- Measures which are not recommended will also move on to public and NQF-member comment, but the Committee will not revote on the measures during the post comment meeting unless the Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.



Committee Quorum and Voting

- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
 - ▣ Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Committee member leaves the meeting and quorum is still present, the Committee will continue to vote on the measures. The Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Committee during their absence.



Evaluation Process Questions?

Voting Test

Measures Under Review

NQF Scientific Methods Panel

- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The Panel's comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measures to be evaluated by the Standing Committee.
- Certain measures that do not pass reliability and/or validity are eligible to be pulled by a standing committee member for discussion and revote.

Fall 2020 Cycle Measures

■ Three Maintenance Measures for Committee Review

- ▣ **0058** Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB) – (National Committee for Quality Assurance)
- ▣ **0069** Appropriate Treatment for Children With Upper Respiratory Infection (URI) – (National Committee for Quality Assurance)
- ▣ **3166** Antibiotic Prophylaxis Among Children with Sickle Cell Anemia – (QMETRIC - University of Michigan)

■ Four New Measures for Committee Review

- ▣ **3532** Discouraging the routine use of supervised physical therapy and/or occupational therapy after carpal tunnel release – (American Academy of Orthopaedic Surgeons)
- ▣ **3568** Person-Centered Primary Care Measure – (American Board of Family Medicine/Virginia Commonwealth University)
- ▣ **3595** Hydroxyurea Use Among Children with Sickle Cell Anemia – (University of Michigan)
- ▣ **3599** Pediatric Asthma Emergency Department Use (Albert Einstein College of Medicine/University of California San Francisco)

NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of these measures:
 - ▣ 3568 Person-Centered Primary Care Measure (Passed SMP Review)
 - ▣ 3599 Pediatric Asthma Emergency Department Use (Consensus was not reached by the SMP)

Consideration of Candidate Measures

3568 Person-Centered Primary Care Measure PRO-PM

- **Measure Steward:** American Board of Family Medicine/Virginia Commonwealth University
- New measure
- **Brief Description of Measure:**
 - ▣ The Person-Centered Primary Care Measure instrument is an 11-item patient reported assessment of primary care. Patients complete the PCPCM instrument once a year. These instruments are used to calculate a performance score for the participating entity. That entity could be an individual clinician or a practice. The 11 items of the PCPCM assess primary care aspects rarely captured yet thought responsible for primary care effects on population health, equity, quality, and sustainable expenditures. These include: accessibility, comprehensiveness, integration, coordination, relationship, advocacy, family and community context, goal-oriented care, and disease, illness, and prevention management.



3532 Discouraging the routine use of occupational and/or supervised physical therapy after carpal tunnel release

- **Measure Steward:** American Academy of Orthopaedic Surgeons
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ Percentage of patients 18+ with carpal tunnel syndrome who received surgical carpal tunnel release, and who should not routinely be prescribed postoperative physical and/or occupational therapy within 6 weeks after release.

Lunch



3599 Pediatric Asthma Emergency Department Use

- **Measure Steward:** Albert Einstein College of Medicine/University of California San Francisco
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ This measure estimates the rate of emergency department visits for children ages 3 – 21 who are being managed for identifiable asthma, using specified definitions. The measure is reported in visits per 100 child-years.
 - ▣ The rate construction of the measure makes it a more actionable measure compared to a more traditional quality measure percentage construct (e.g., percentage of patients with at least one asthma-related ED visit). The rate construction means that a plan can improve on performance either through improvement efforts targeting all patients with asthma, or through efforts targeted at high-utilizers, since all visits are counted in the numerator. For a percentage measure, efforts to address high-utilizers will be less influential on performance and potentially have no effect at all even if a high utilizer goes from 8 visits a year to 1, since in order to improve performance, a high-utilizer has to get down to zero visits.



0058 Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

- **Measure Steward:** National Committee for Quality Assurance
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.

Break



0069 Appropriate Treatment for Upper Respiratory Infection

- **Measure Steward:** National Committee for Quality Assurance
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ The Appropriate Treatment for Upper Respiratory Infection (URI) measure assesses whether members 3 months of age and older with a diagnosis of upper respiratory infection were not dispensed an antibiotic prescription. The measure includes patients enrolled in commercial, Medicaid, and Medicare health plans.



3166 Antibiotic Prophylaxis Among Children with Sickle Cell Anemia

- **Measure Steward:** QMETRIC - University of Michigan
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ The percentage of children ages 3 months to 5 years old with sickle cell anemia (SCA) who were dispensed appropriate antibiotic prophylaxis for at least 300 days within the measurement year.



3595 Hydroxyurea Use Among Children with Sickle Cell Anemia

- **Measure Steward:** University of Michigan

- ▣ New measure

- **Brief Description of Measure:**

- ▣ The percentage of children ages 1 to 18 years with sickle cell anemia (SCA) who were dispensed hydroxyurea for at least 300 days within the measurement year.

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.

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



Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- Committee will not be asked to select a best-in-class measure if all related and competing measures are not currently under review. Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.



3568 Related Measures

- None



3532 Related Measures

- None



3599 Related Measures

- 0728: Asthma Admission Rate (PDI 14) (Agency for Healthcare Research and Quality)
- 1381: Asthma Emergency Department Visits (Alabama Medicaid Agency)



0058 Related Measure

- 0069: Appropriate Treatment for Upper Respiratory Infection
(National Committee for Quality Assurance)



0069 Related Measure

- 0058: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) (National Committee for Quality Assurance)



3166 Related Measure

- 2797: Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia (Q-METRIC – University of Michigan)



3595 Related Measures

- 2797: Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia (Q-METRIC – University of Michigan)
- 3166: Antibiotic Prophylaxis Among Children with Sickle Cell Anemia (QMETRIC - University of Michigan)

NQF Member and Public Comment

Next Steps



Measure Evaluation Process After the Measure Evaluation Meeting

- **Staff will prepare a draft report** detailing the Committee's discussion and recommendations
 - ▣ This report will be released for a 30-day public and member comment period
- **Staff compiles all comments received into a comment table which is shared with developers and Committee members**
- **Post-comment call:** The Committee will reconvene for a post-comment call to discuss comments submitted
- **Staff will incorporate comments and responses to comments into the draft report in preparation for the CSAC meetings**
- **CSAC meets to endorse measures**
- **Opportunity for public to appeal endorsement decision**



Activities and Timeline – Fall 2020 Cycle

*All times ET

Meeting	Date, Time
Measure Evaluation Web Meeting #2 (as needed)	February 17, 2021, 11am – 3pm
Draft Report Comment Period	March 30 – April 28, 2021
Committee Post-Comment Web Meeting	May 28, 2021, 11am – 1pm
CSAC Review	June 29 - 30, 2021
Appeals Period (30 days)	July 7 – August 5, 2021

Next Cycle - Spring 2021 Cycle Updates

- Intent to submit deadline was January 5, 2021
- One new measure submitted
 - ▣ 3617 Measuring the Value-Functions of Primary Care: Provider Level Continuity Measure



Project Contact Info

- Email: 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:
<https://share.qualityforum.org/portfolio/PrimaryCareChronicIllness/SitePages/Home.aspx>

Questions?

THANK YOU.

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