



NATIONAL
QUALITY FORUM

Primary Care and Chronic Illness

Standing Committee In-Person Measure Evaluation Meeting

John Bernot, MD

Kathryn Goodwin, MS

Hiral Dudhwala, RN, MSN/MPH

Madison Jung

June 21, 2018

Welcome

- Restrooms

- *Exit main conference area, past elevators, on right.*

- Breaks

- *10:20am – 15 minutes*
- *12:25pm – Lunch provided by NQF*
- *2:30pm – 15 minutes*

- Laptops and cell phones

- *Wi-Fi network*
 - » User name: **guest**
 - » Password: **NQFguest**
- *Please mute your cell phone during the meeting*

NQF Staff

- Project staff
 - ▣ *John Bernot, Vice President, Quality Measurement Initiatives*
 - ▣ *Katie Goodwin, Senior Project Manager*
 - ▣ *Hiral Dudhwala, Project Manager*
 - ▣ *Madison Jung, Project Manager*

- NQF Quality Measurement leadership staff
 - ▣ *Elisa Munthali, Senior Vice President of Quality Measurement*

Agenda for Today's Meeting

- Welcome
- Introductions and Disclosure of Interest
- Portfolio Review
- Overview of Evaluation Process and Voting Process
- Review of Candidate Measures
- NQF Member and Public Comment
- Additional Topics: Prioritization, Health Equity
- Next Steps
- Adjourn

Introductions and Disclosures of Interest

Primary Care and Chronic Illness

Spring 2018 Cycle Standing Committee

- Dale Bratzler, DO, MPH
(Co-Chair)
- Adam Thompson, BA
(Co-Chair)
- Thiru Annaswamy, MD
- Robert Bailey, MD
- Lindsay Botsford, MD
- Roger Chou, MD
- William Curry, MD, MS
- Jim Daniels, BSN
- Kim Elliott, PhD
- V. Katherine Gray, PhD
- Ann Kearns, MD, PhD
- Anne Leddy, MD, FACE
- Grace Lee, MD
- Anna McCollister-Slipp
- Janice Miller, DNP, CRNP, CDE
- Andrew Schachat, MD
- Steven Strode, MD, Med,
MPH, FAAFP
- William Taylor, MD
- Kimberly Templeton, MD
- John Ventura, DC

Primary Care and Chronic Illness

Expert Reviewers

- Emily Aaronson, MD
- Amesh Adalja, MD
- Esther Babady, PhD, D(ABMM)
- Carlos Bagley, MD, FAANS
- Gerene Bauldoff, PhD, RN, FAAN
- Kenneth Benson
- Tamala Bradham, DHA, PhD, CCC-A
- Kathleen Brady, MD, MSCE
- Steven Brotman, MD, JD
- Craig Butler, MD, MBA, CPE
- Laura Evans, MD, MSc
- Woody Eisenberg, MD
- Scott Friedman, MD
- Piero Garzaro, MD
- William Glomb, MD, FCCP, FAAP
- Donald Goldmann, MD
- Stephen Grossbart, PhD
- James Mitchell Harris, PhD
- Marci Harris Hayes, PT, DPT, MSCI, OCS
- Jeffrey Hart, MS
- Starlin Haydon-Greatting, MS, BS, Pharm, FAPhA
- Mark Jarrett, MD, MBA
- Ella Kazerooni, MD, MS

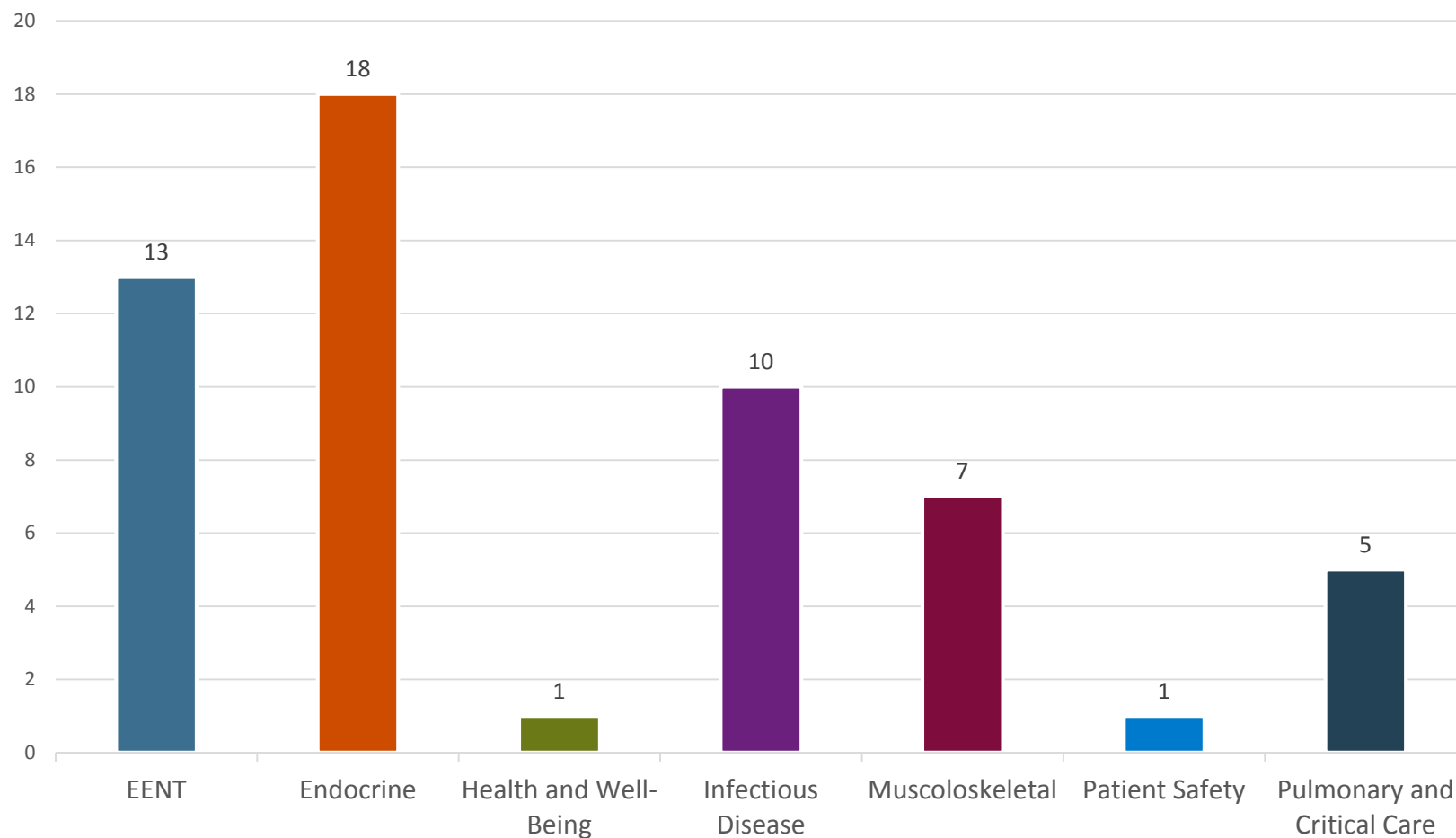
Primary Care and Chronic Illness

Expert Reviewers

- Michael Lane, MD, MSc, MPHS, CPPS
- David Lang, MD
- Jeffrey Lewis, BA
- Jason Matuszak, MD, FAAFP, CAQSM, RMSK
- Richard Madonna, OD, MA, FAAO
- John McClay, MD
- Daniel Merenstein, MD
- Richard Murray, MD
- Melinda Neuhauser, PharmD, MPH, FCCP, FASHP
- Rocco Orlando, MD, FACS
- Susan Pollart, MD
- Todd Rambasek, MD, FAAAAI
- Crystal Riley, PharmD, MHA, MBA, CPHQ, CHPIT
- Catherine Roberts, MD
- James Rosenzweig, MD
- Christine Schindler, PhD, RN, CPNP-AC/PC, WCC
- Michael Stewart, MD, MPH
- Christopher Visco, MD
- Chana West, RN, MSN
- Kathleen Yaremchuk, MD, MSA
- Jacquelyn Youde, AuD, CCC-A

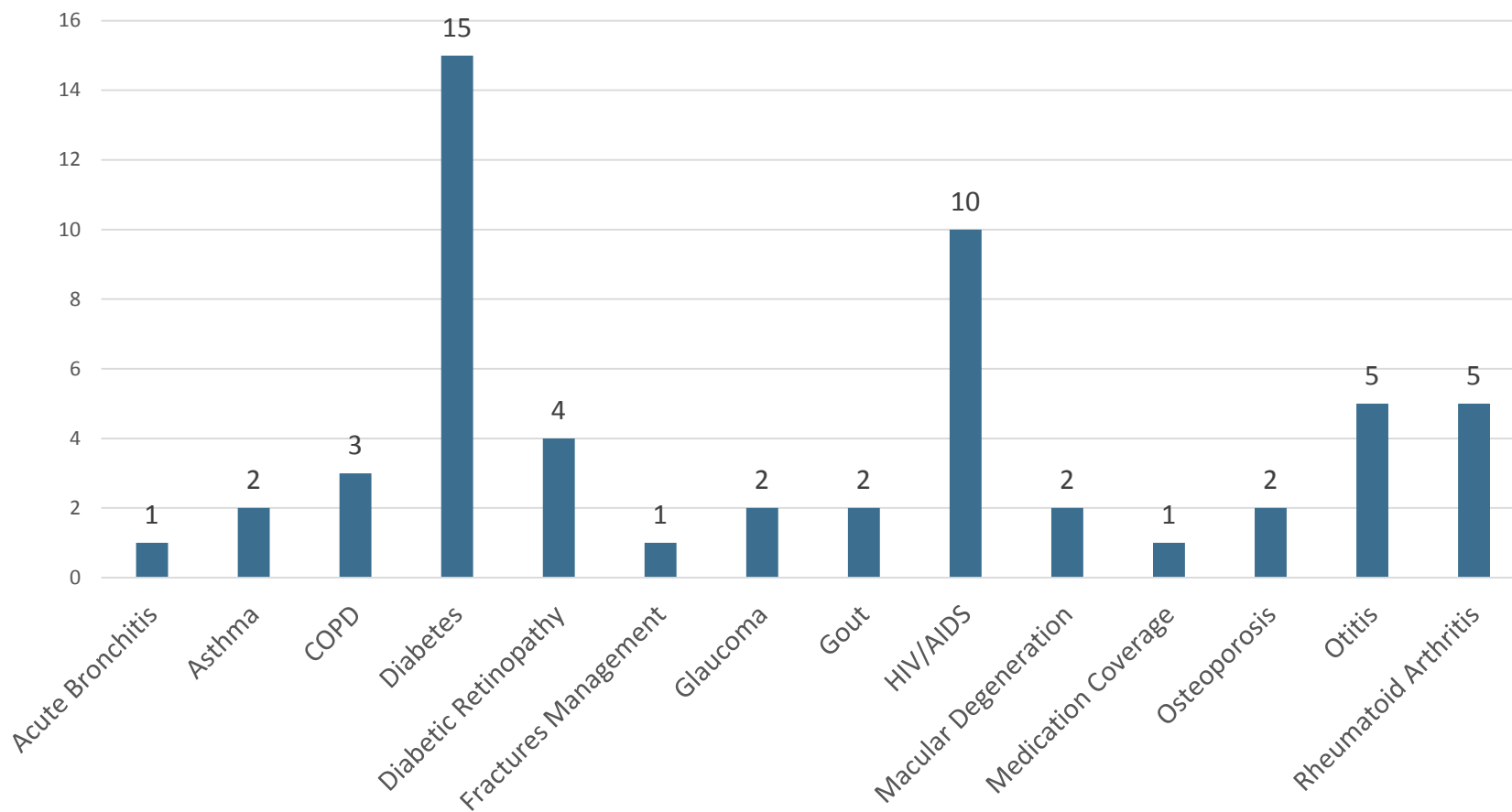
Portfolio Review

Primary Care and Chronic Illness Maintenance Measures – Which NQF Projects Did They Come From?



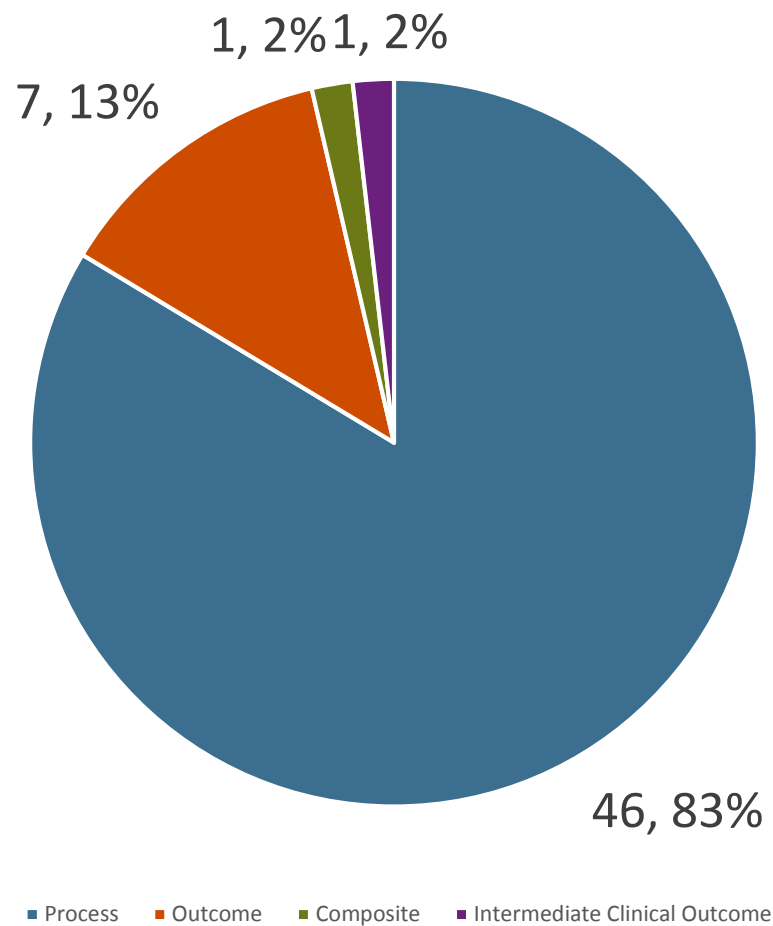
Total: 55

Primary Care and Chronic Illness Maintenance Measures – Measures by Health Topic



Total: 55

Measure Types



Total: 55
eCQMs: 16

Overview of Evaluation Process

Roles of the Standing Committee

During the Evaluation Meeting

- Act as a proxy for the NQF multi-stakeholder 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 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 (except at breaks)
- Keep comments concise and focused
- Avoid dominating a discussion and allow others to contribute
- Indicate agreement without repeating what has already been said

Questions?

Voting Overview

Consideration of Candidate Measures

Consideration of Candidate Measures

- 0053 Osteoporosis Management in Women Who Had a Fracture

Break

Consideration of Candidate Measures

Consideration of Candidate Measures

- 0037 Osteoporosis Testing in Older Women (OTO)

Consideration of Candidate Measures

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

Related and Competing Measures 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.

Considerations for assessing strengths and weaknesses of the measures

- Specifications consistent with evidence
 - *Measure focus*
 - *Denominator definition*
 - *Exclusions*
- Clarity of specifications
- Testing: reliability and validity
- Validity: any threats to validity
- Feasibility
- Usability and Use

Related and Competing Measures

	0037 Osteoporosis Testing in Older Women (OTO)	0046 Screening for Osteoporosis for Women 65-85 Years of Age	0053 Osteoporosis Management in Women Who Had a Fracture
Steward	National Committee for Quality Assurance	National Committee for Quality Assurance	National Committee for Quality Assurance
Description	The percentage of women 65-85 years of age who report ever having received a bone density test to check for osteoporosis.	Percentage of women 65-85 years of age who ever had a central dual-energy x-ray absorptiometry (DXA) test to check for osteoporosis.	The percentage of women age 50-85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis.
Type	Process	Process	Process
Data Source	Instrument-Based Data	Electronic Health Data, Electronic Health Records, Paper Medical Records	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records
Level	Health Plan	Clinician : Group/Practice, Clinician : Individual	Clinician : Group/Practice, Health Plan, Clinician : Individual, Integrated Delivery System
Setting	Outpatient Services	Outpatient Services	Outpatient Services

Related and Competing Measures

	0037 Osteoporosis Testing in Older Women (OTO)	0046 Screening for Osteoporosis for Women 65-85 Years of Age	0053 Osteoporosis Management in Women Who Had a Fracture
Numerator Statement	The number of women who report having ever received a bone mineral density test of the hip or spine.	The number of women who have documentation in their medical record of having received a DXA test of the hip or spine.	Patients who received either a bone mineral density test or a prescription for a drug to treat osteoporosis after a fracture occurs.
Denominator Statement	Women age 65-85.	Women age 65-85.	<p>Women who experienced a fracture, except fractures of the finger, toe, face or skull. Three denominator age strata are reported for this measure:</p> <ul style="list-style-type: none"> • Women age 50-64 • Women age 65-85 • Women age 50-85
Exclusions	Women who received hospice care during the year.	<p>Diagnosis of osteoporosis at the time of the encounter.</p> <p>Patient receiving hospice services anytime during the measurement period.</p>	<ul style="list-style-type: none"> • Exclude women who had a bone mineral density test during the 24 months prior to the index fracture. • Exclude women who had a claim/encounter for osteoporosis treatment during 12 months prior to the index fracture. • Exclude women who received a dispensed prescription or had an active prescription to treat osteoporosis during the 12 months prior to the index fracture. • Exclude women who are enrolled in a Medicare Institutional Special Needs Plan (I-SNP) or living long-term in an institution any time during the measurement year. • Exclude women receiving hospice care during the measurement year.

NQF Member and Public Comment

Lunch

Consideration of Candidate Measures

Consideration of Candidate Measures

- 0055 Comprehensive Diabetes Care: Eye Exam (retinal) performed

Consideration of Candidate Measures

- 0056 Comprehensive Diabetes Care: Foot Exam

Related and Competing Measures Discussion

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- 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.

Considerations for assessing strengths and weaknesses of the measures

- Specifications consistent with evidence
 - *Measure focus*
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 - *Exclusions*
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- Testing: reliability and validity
- Validity: any threats to validity
- Feasibility
- Usability and Use

Related and Competing Measures

	0056 Diabetes: Foot Exam	0417e Diabetic Foot & Ankle Care, Peripheral Neuropathy – Neurological Evaluation
Steward	National Committee for Quality Assurance	American Podiatric Medical Association
Description	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year.	Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities within 12 months
Type	Process	Process
Data Source	Electronic Health Data, Paper Medical Records	Claims, Other, Paper Medical Records
Level	Clinician : Group/Practice, Clinician : Individual	Clinician : Individual
Setting	Outpatient Services	Outpatient Services

Related and Competing Measures

0056 Diabetes: Foot Exam		0417e Diabetic Foot & Ankle Care, Peripheral Neuropathy – Neurological Evaluation
Numerator Statement	Patients who received a foot exam (visual inspection and sensory exam with monofilament and pulse exam) during the measurement period.	<p>Patients who had a lower extremity neurological exam performed at least once within 12 months</p> <p>Definition:</p> <p>Lower Extremity Neurological Exam – Consists of a documented evaluation of motor and sensory abilities and should include: 10-g monofilament plus testing any one of the following: vibration using 128-Hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold), however the clinician should perform all necessary tests to make the proper evaluation.</p>
Denominator Statement	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year.	All patients aged 18 years and older with a diagnosis of diabetes mellitus
Exclusions	<ul style="list-style-type: none"> Patients with a diagnosis of secondary diabetes due to another condition (e.g. a diagnosis of gestational or steroid-induced diabetes) Patients who have had either a bilateral amputation above or below the knee, or both a left and right amputation above or below the knee before or during the measurement period. Exclude patients who were in hospice care during the measurement year 	Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure, for example patient bilateral amputee, patient has condition that would not allow them to accurately respond to a neurological exam (dementia, Alzheimer's, etc.), patient has previously documented diabetic peripheral neuropathy with loss of protective sensation.

Break

Consideration of Candidate Measures

Consideration of Candidate Measures

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

Consideration of Candidate Measures

- 0062 Comprehensive Diabetes Care: Medical Attention for Nephropathy

NQF Member and Public Comment

Next Steps

Activities and Timeline

Process Step	Timeline
Committee Post-Measure Evaluation Web Meeting (2 hours)	Tuesday, June 26, 2018, 2:00-4:00 pm
Draft Report Comment Period (30 days)	July 30 – August 29, 2018
Committee Post-Comment Web Meeting	Wednesday, September 19, 2018, 1:00-3:00pm
CSAC Review	October 15 - November 2, 2018
Appeals Period (30 days)	November 6 - December 5, 2018

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:
<http://share.qualityforum.org/Projects/Primary%20Care%20and%20Chronic%20Illness/SitePages/Home.aspx>

Adjourn



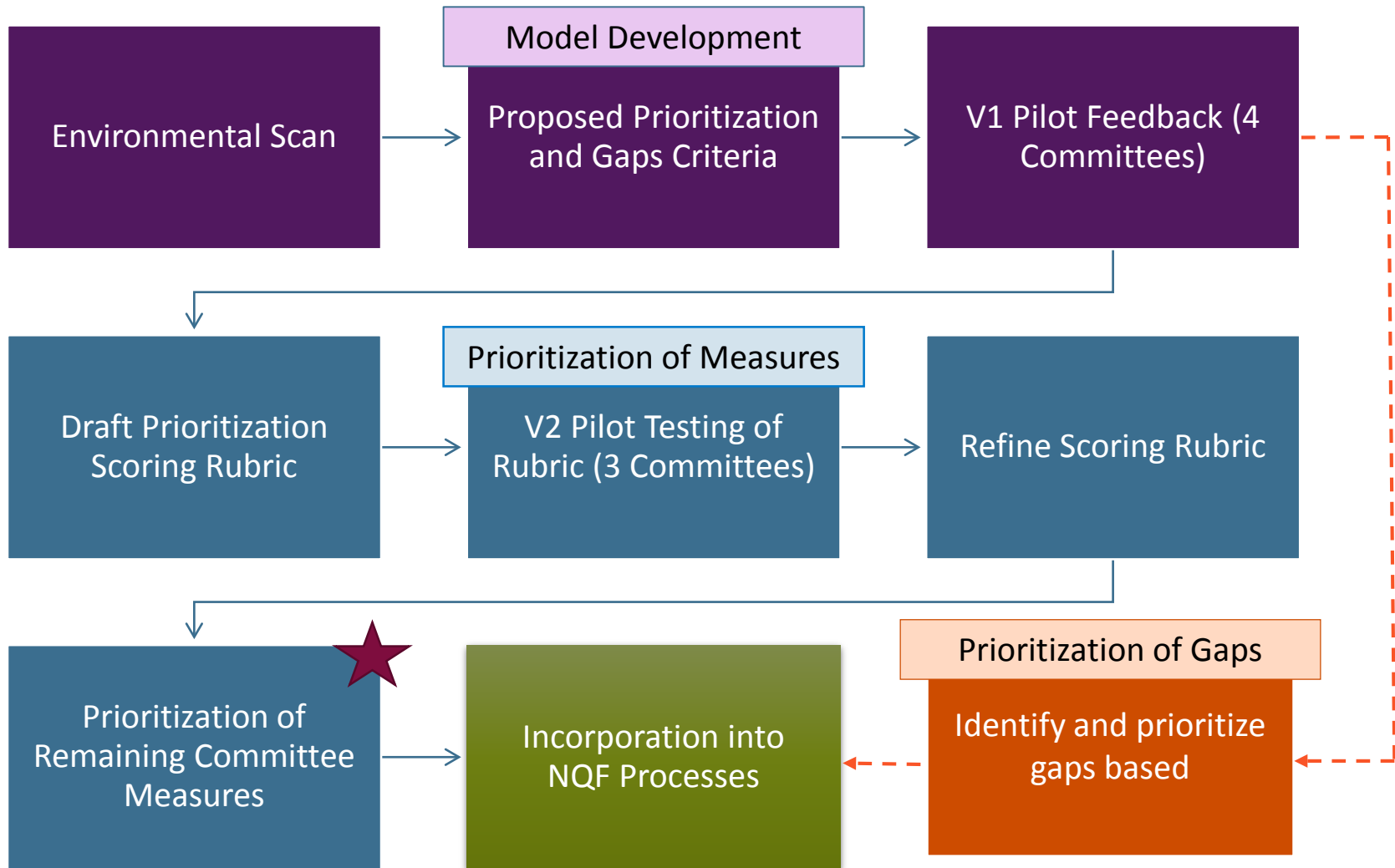
NQF Prioritization Initiative

NQF's Strategic Direction



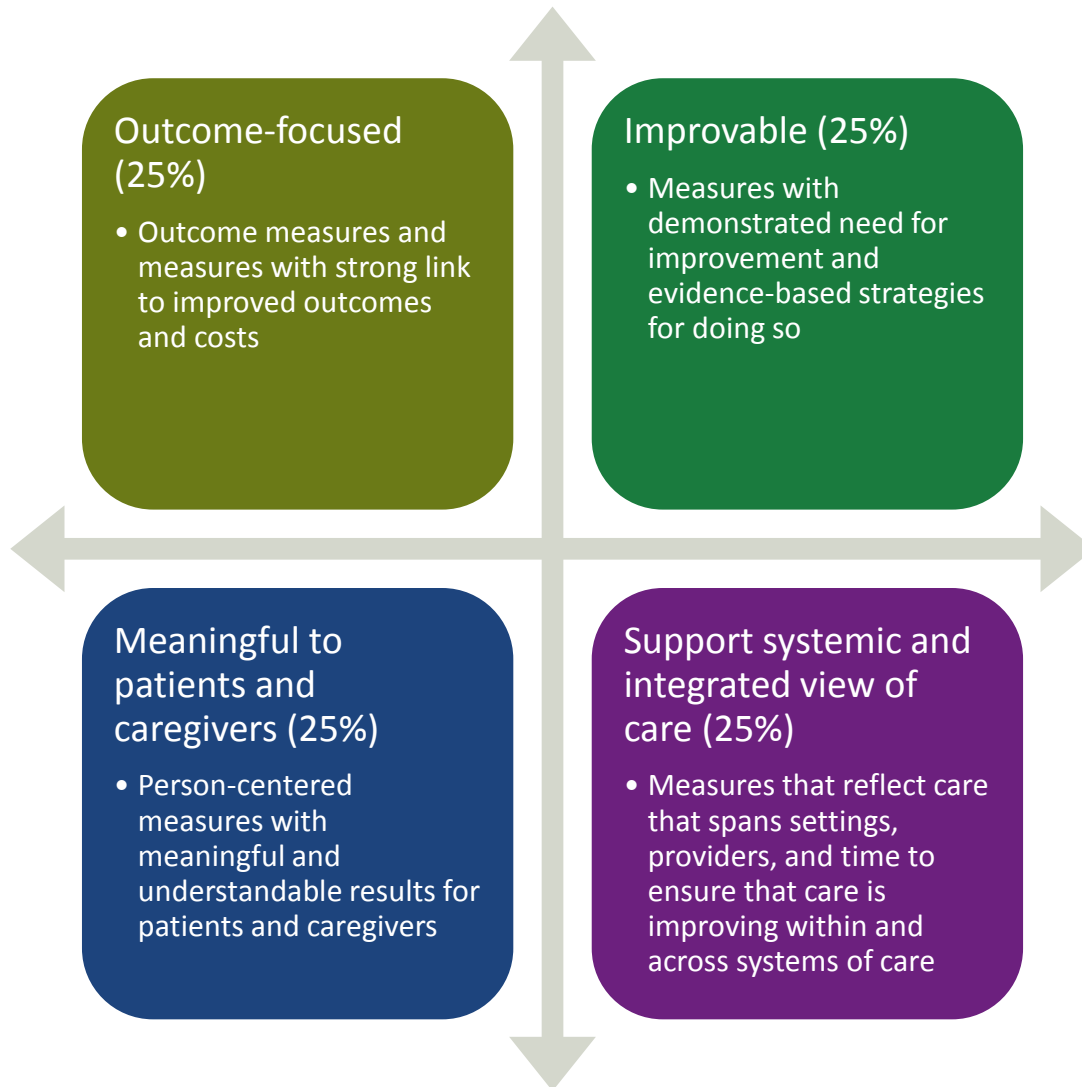
Learn more about NQF's Strategic Plan at
http://www.qualityforum.org/NQF_Strategic_Direction_2016-2019.aspx

NQF Prioritization Initiative



NQF Measure Prioritization Criteria

Prioritization Phase 1



Prioritization Phase 2

Equity Focused

- Measures that are disparities sensitive

Breakdown of the Criteria

Outcome-focused

- Measures are scored based on measure type: Process/Structural, Intermediate clinical outcome or process tightly linked to outcome, Outcome/CRU

Improvable

- Measures are scored based the percentage of committee members votes on the “Gap” Criteria during measure evaluation and maintenance review for “High,” “Moderate,” or “Low.”

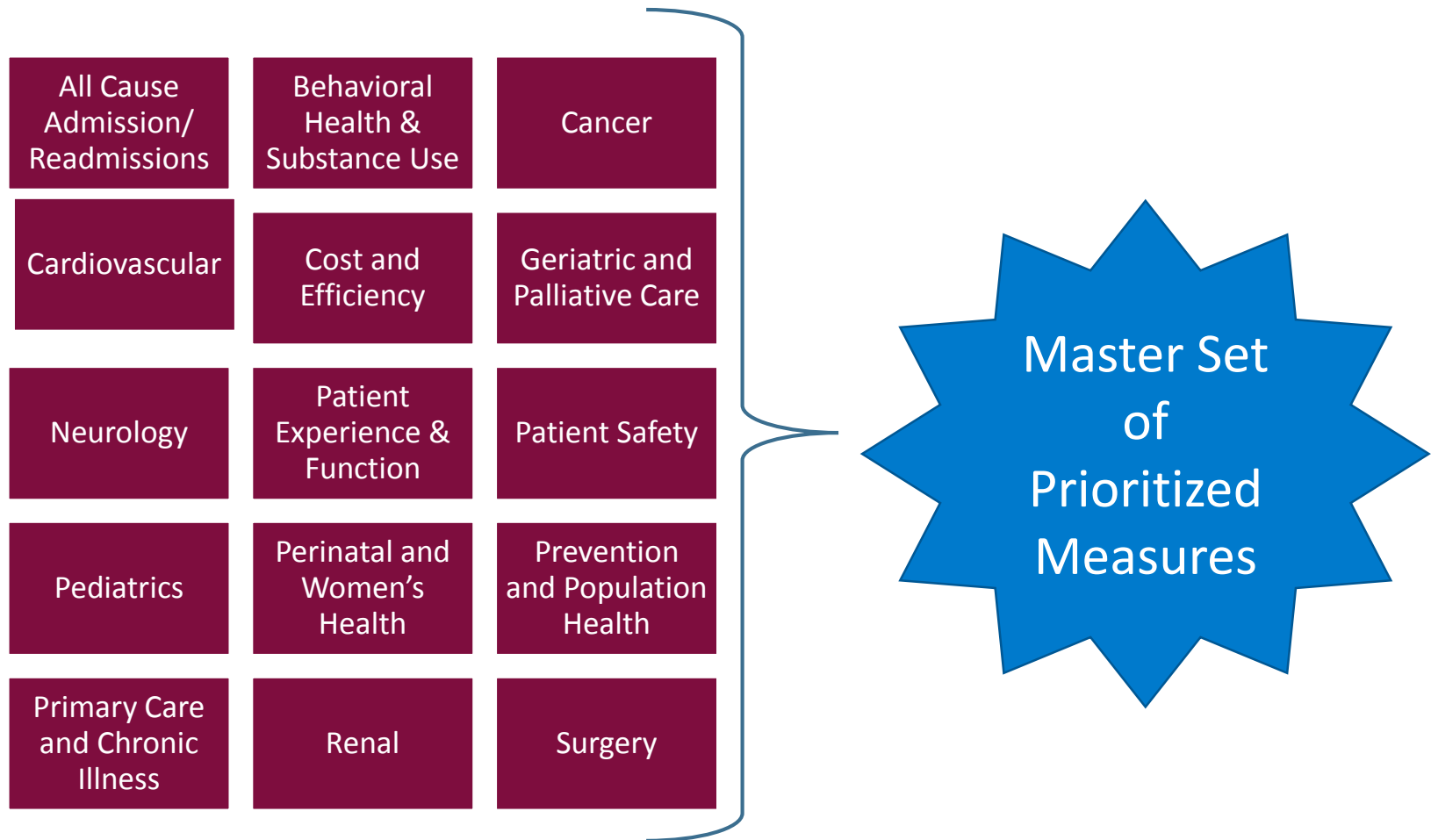
Meaningful to patients and caregivers

- Measures are scored based on if they are (1) a PRO and (2) if they are tagged as meaningful to patients.
- A meaningful change or health maintenance to the patients and caregivers encompasses measures that address the following areas: Symptoms, Functional status, Health related quality of life or well-being. Patient and caregiver experience of care (Including Financial Stress, Satisfaction, Care coordination/continuity of care Wait times, Patient and caregiver autonomy/empowerment) and Harm to the patient, patient safety, or avoidance of an adverse event

Support systemic and integrated view of care

- Measures are scored based on if (1) if they are a composite measure, (2) if they are applicable to multiple settings, (3) if they are condition agnostic, and (4) if they reflect a system outcome.
- A system outcome is defined as a measure that: Addresses issues of Readmission, Addresses issues of Care-coordination, Results from the care of multiple providers, or Addresses aspects to enhance healthcare value (including a cost or efficiency component)

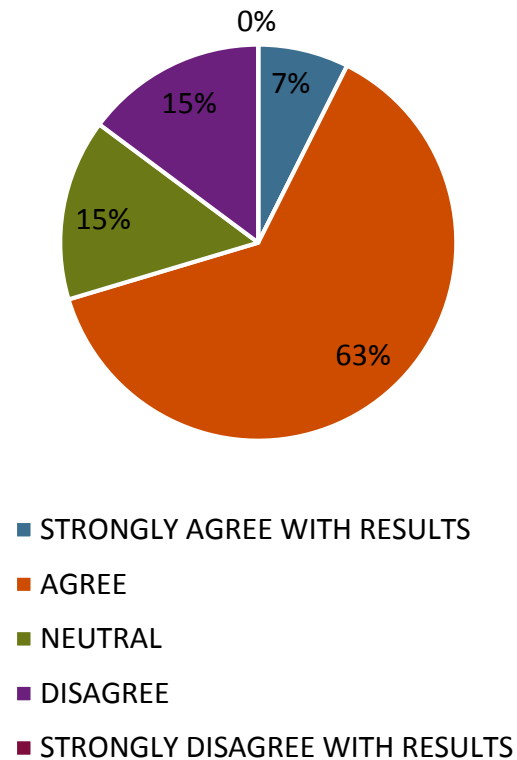
Prioritization will be conducted within and across portfolios



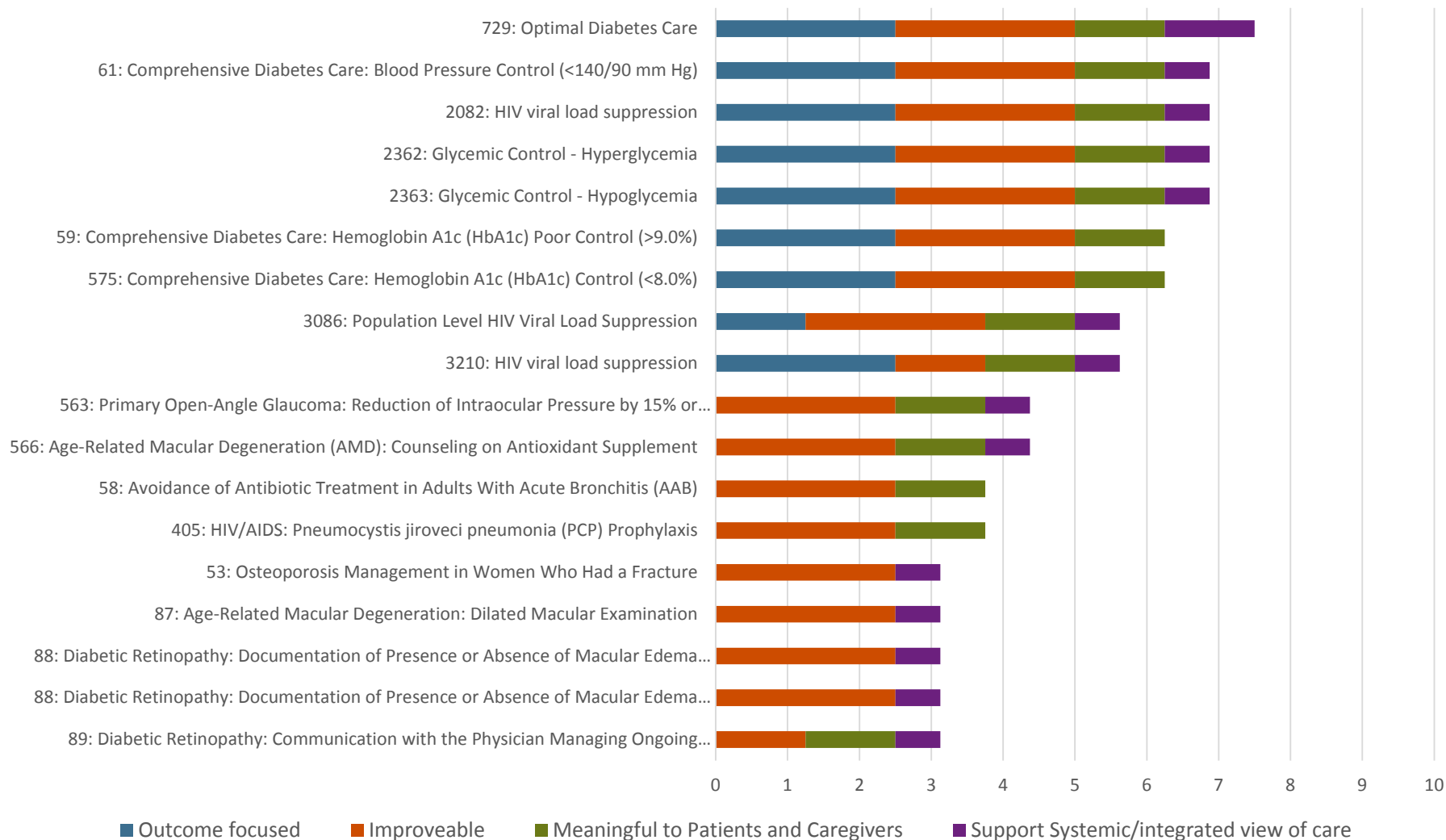
NQF Prioritization Initiative: Pilot Results

- The results of V.2 of the prioritization rubric were piloted with the Cancer, Primary Care, and Patient Safety Committees.
- Themes:
 - *Support for process*
 - *Specific placement of measures/ topics relative to each other*
 - *Variance in the score results*

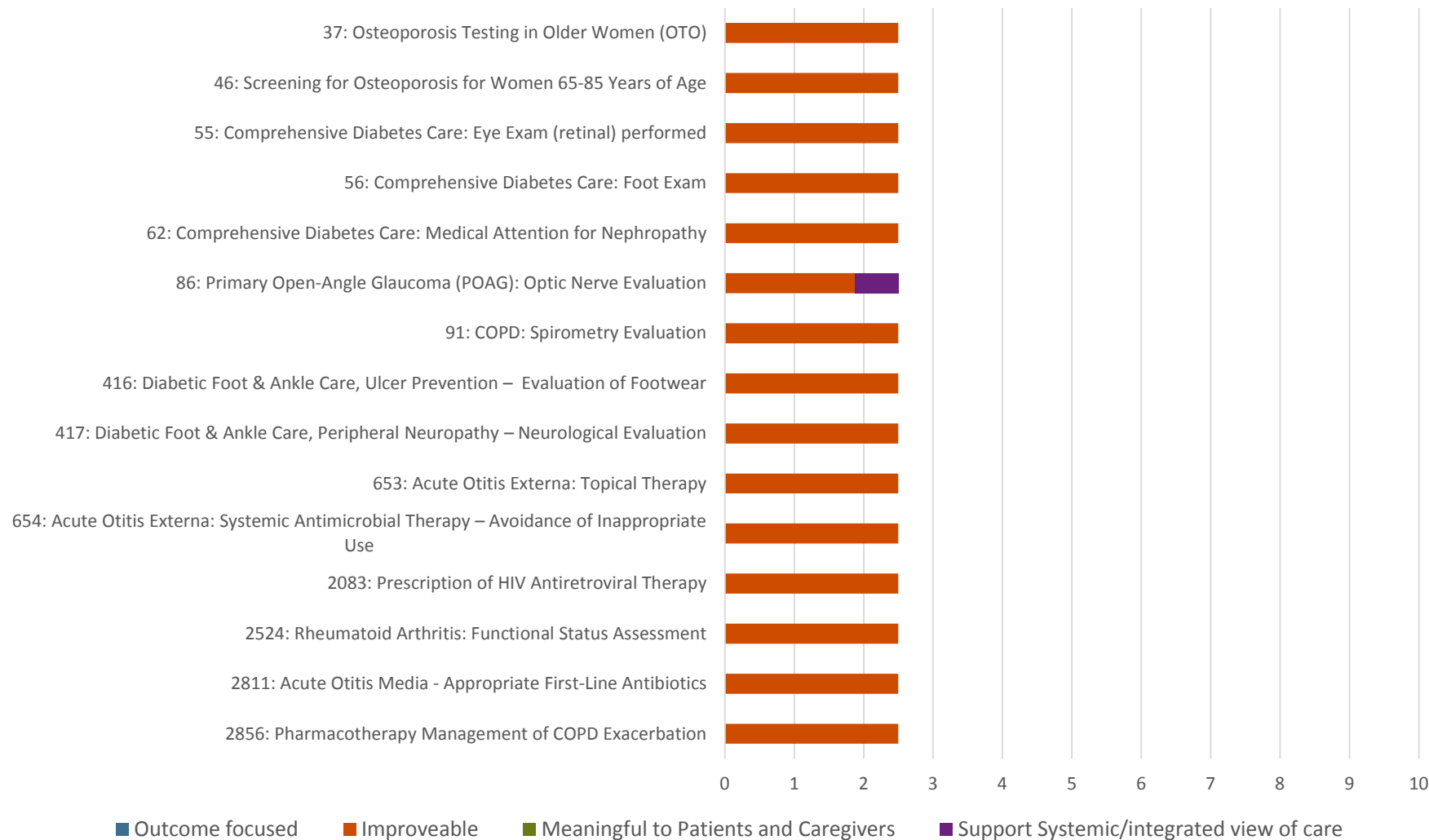
What is your overall impression of the ranking/score results generated by the NQF Prioritization Rubric?



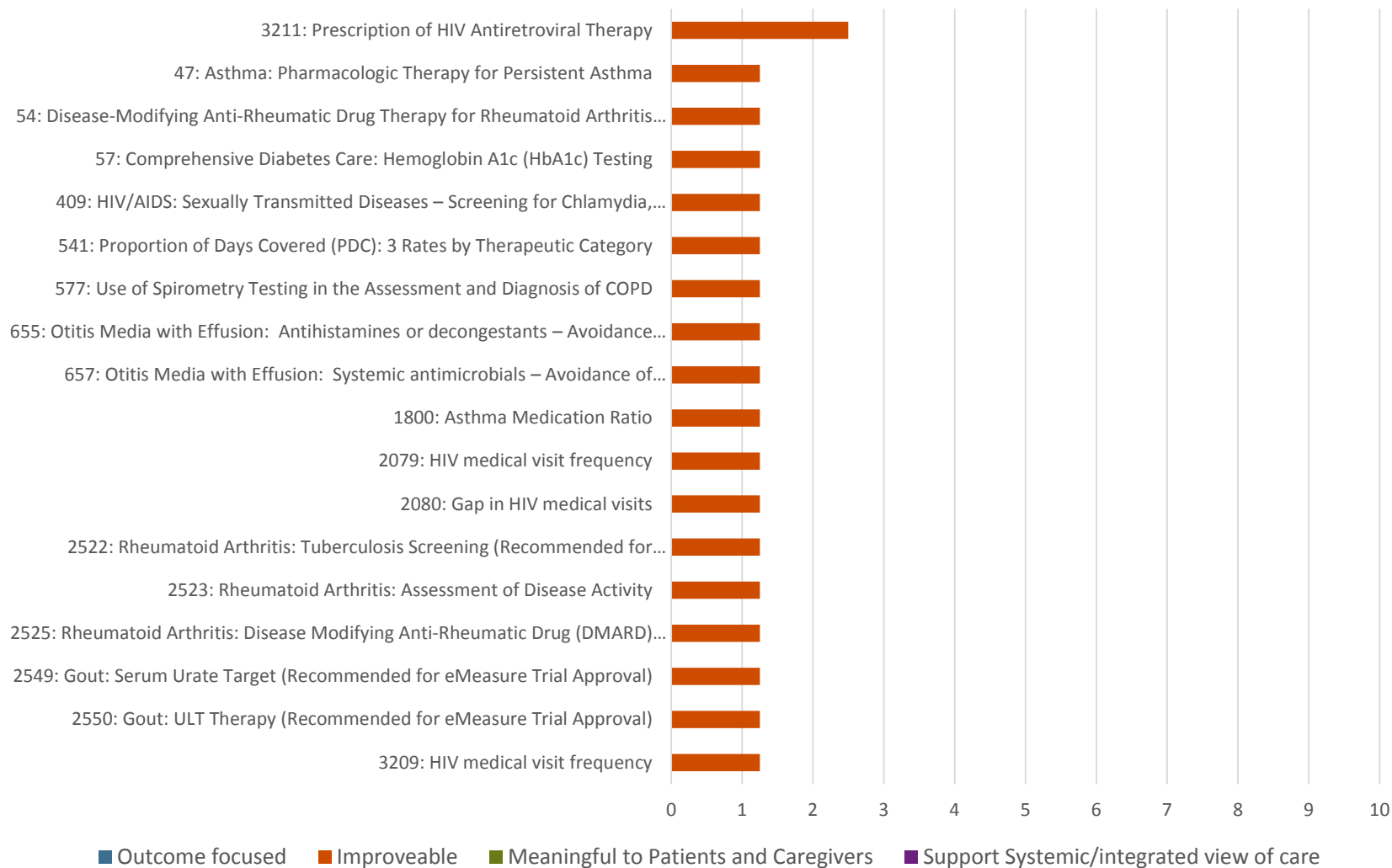
Primary Care Portfolio Prioritization Scoring: 1/3



Primary Care Portfolio Prioritization Scoring: 2/3



Primary Care Portfolio Prioritization Scoring: 3/3



NQF Prioritization Initiative: What's Next?

Activity	Date
Roll out at Spring 2018 Standing Committee Meetings	May-June 2018
Compile Phase I results from across Committees	June-August 2018
Measure Evaluation Annual Report Appendix	September 2018
Presentation/Update at NQF Annual Meeting	March 2019

Questions for Committee

- Do the initial scoring results yield the outcomes you might have expected?
 - Are the highest and lowest impact measures scoring correctly based on the rubric?
 - Do you have any feedback on the way the rubric is generating results or suggestions for updates in future iterations?
- Survey to be sent by email following the presentation.

NQF Health Equity Program

Inform
Payment

Identify
Disparities
and At-Risk
Populations

Quality
Measurement

Best Practices