



**NATIONAL
QUALITY FORUM**

Driving measurable health
improvements together

Primary Care and Chronic Illness, Spring 2022 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

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Welcome

Housekeeping Reminders

- This is a Webex meeting with audio and video capabilities.
- Please mute your computer when not speaking.
- The system will allow you to mute/unmute yourself and turn your video on/off throughout the event.
- We encourage you to keep the video on throughout the event.
- 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 — Primary Care and Chronic Illness Committee



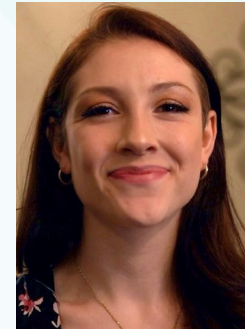
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Agenda

- 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 (PCCI) Spring 2022 Cycle Standing Committee

PCCI Standing Committee

- Dale Bratzler, DO, MPH (Co-chair)
- Adam Thompson, BA (Co-chair)
- Ann Kearns, MD, PhD
- Anna McCollister
- Carlos Bagley, MD FAANS
- Grace Lee, MD
- James Mitchell Harris, PhD
- James Rosenzweig, MD
- Kim Elliott, PhD
- Lindsay Botsford, MD
- Robert Bailey, MD
- Starlin Haydon-Greatting, MS-MPH, BSPHarm, CDM, FAPhA

- William Curry, MD
- William Glomb, MD, FCCP, FAAP

Surgery Standing Committee

- Vilma Joseph, MD, MPH, FASA
- Richard D'Agostino, MD
- Miklos Kertai, MD, PhD
- Michael S. Firstenberg, MD, FACC, FAIM
- Salvatore Scali, MD, FACS, DFSVS, RPVI

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 PCCI measures



Meeting Ground Rules

- Be prepared, having reviewed the measures beforehand
- Respect all voices
- Remain engaged and actively participate
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Keep comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

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; and
 - ▣ noting, if needed, the preliminary rating by NQF staff
 - » This rating is intended to be used as a guide to facilitate the Standing Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Standing Committee
- The full Standing 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 (must pass)
- **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
- **Overall Suitability for Endorsement**



Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Procedural Notes**
 - ▣ If a measure fails on one of the must-pass criteria, there will be no further discussion or voting on the subsequent criteria for that measure; the Standing Committee discussion moves to the next measure.
 - ▣ If consensus is not reached, discussion will continue with the next measure criterion but a vote on overall suitability will not be taken.



Achieving Consensus

- Quorum: 66% of active committee members (13 of 19 members*).

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% - 60% yes	Consensus Not Reached (CNR)
<40% yes	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes based on the number of active and voting-eligible Standing Committee members who participate in the voting activity.
- CNR measures move forward to public and NQF member comment and the Standing Committee will re-vote during the post-comment web meeting.
- Measures which are not recommended will also move on to public and NQF-member comment, but the Standing Committee will not re-vote on the measures during the post-comment meeting unless the Standing Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.

****The quorum denominator will change if any Standing Committee members are recused from discussion for a measure.***

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 unless 50% attendance is not reached.
- 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 Standing Committee member leaves the meeting and quorum is still present, the Standing Committee will continue to vote on the measures. The Standing Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Standing Committee during their absence.



Evaluation Process Questions?

Voting Test

Measures Under Review

Spring 2022 Cycle Measures

- **Three Maintenance Measures for Standing Committee Review**

- ▣ **#0729** Optimal Diabetes Care (Minnesota [MN] Community Measurement)
- ▣ **#2797** Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia (University of Michigan)
- ▣ **#3294** STS Lobectomy for Lung Cancer Composite Score (The Society of Thoracic Surgeons [STS])

- **One New Measure for Standing Committee Review**

- ▣ **#3668** Follow-up After Emergency Department Visits for Asthma (Albert Einstein College of Medicine/University of California, San Francisco [UCSF])

NQF Scientific Methods Panel (SMP)

- The Scientific Methods Panel (SMP), consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The SMP'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 on reliability and/or validity are eligible to be pulled by a Standing Committee member for discussion and a revote.



NQF Scientific Methods Panel Review

- No measures were reviewed by the SMP.

Consideration of Candidate Measures



#3668 Follow-up After Emergency Department Visits for Asthma

- **Measure Steward:** Albert Einstein College of Medicine/UCSF
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ This process measure seeks to capture follow up after asthma-related emergency department (ED) visits for children with asthma after discharge from the ED, as recommended by the NHLBI 2007 guidelines.
 - ▣ This measure assesses the percentage of asthma-related ED visits for children ages 3-21 with a follow-up visit with a primary care clinician or an asthma subspecialist within 14 days of discharge from the ED, within the reporting year, for patients who are enrolled in the health plan for two consecutive months following the ED visit.



#0729 Optimal Diabetes Care

■ **Measure Steward:** MN Community Measurement

- ▣ Maintenance measure

■ **Brief Description of Measure:**

- ▣ The percentage of patients 18-75 years of age who had a diagnosis of type 1 or type 2 diabetes and whose diabetes was optimally managed during the measurement period as defined by achieving ALL of the following:
 - » HbA1c less than 8.0 mg/dL
 - » Blood Pressure less than 140/90 mmHg
 - » On a statin medication, unless allowed contraindications or exceptions are present
 - » Non-tobacco user
 - » Patient with ischemic vascular disease is on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present



#2797 Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia

- **Measure Steward:** University of Michigan

- ▣ Maintenance measure

- **Brief Description of Measure:**

- ▣ The percentage of children ages 2 through 15 years old with sickle cell anemia (Hemoglobin SS) who received at least one transcranial Doppler (TCD) screening within a year.

#3294 STS Lobectomy for Lung Cancer Composite Score

■ Measure Steward: STS

- ▣ Maintenance measure

■ Brief Description of Measure:

- ▣ The STS Lobectomy Composite Score comprises two domains:
 - » Operative Mortality (death during the same hospitalization as surgery or within 30 days of the procedure)
 - » Presence of at least one of these major complications: pneumonia, acute respiratory distress syndrome, bronchopleural fistula, pulmonary embolus, initial ventilator support greater than 48 hours, reintubation/respiratory failure, tracheostomy, myocardial infarction, or unexpected return to the operating room.
- ▣ The composite score is created by a weighted combination of the above two domains resulting in a single composite score. In addition to receiving a numeric score, participants are assigned to rating categories designated by star ratings (1 star, 2 stars, and 3 stars).

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.

Target Population	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.
- The Standing Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.



#3668 Related Measure

- #3559 Pediatric Asthma Emergency Department Use

#3668 Related Measure (cont.)

Category	#3599 Pediatric Asthma Emergency Department Use
Steward/Developer	Albert Einstein College of Medicine/UCSF
Description	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.
Numerator	Number of asthma-related ED visits
Denominator	100 Child Years for children with identifiable asthma
Target Population	Not Specified
Care Setting	Outpatient Services
Level of Analysis	Health Plan



#3668 Related Measure Discussion

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?



#0729 Related Measure

- #0061 Comprehensive Diabetes Care Blood Pressure Control (140/90 mm Hg)

#0729 Related Measure (cont.)

Category	#0061 Comprehensive Diabetes Care Blood Pressure Control (140/90 mm Hg)
Steward/Developer	National Committee for Quality Assurance (NCQA)
Description	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.
Numerator	Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.
Denominator	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.
Target Population	Populations at risk
Care Setting	Outpatient Services
Level of Analysis	Health Plan



#0729 Related Measure Discussion

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?



#2797 Related Measures

- #3166 Antibiotic Prophylaxis Among Children with Sick Cell Anemia
- #3595 Hydroxyurea Use Among Children with Sick Cell Anemia

#2797 Related Measures - 1

Category	#3166 Antibiotic Prophylaxis Among Children with Sickle Cell Anemia
Steward/Developer	The University of Michigan
Description	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.
Numerator	The number of children ages 3 months to 5 years old with SCA who were dispensed appropriate antibiotic prophylaxis for at least 300 days within the measurement year.
Denominator	The number of children ages 3 months to 5 years with sickle cell anemia (SCA) within the measurement year.
Target Population	Not specified
Care Setting	Other: Any setting represented with prescription medication claims data
Level of Analysis	Health Plan

#2797 Related Measures - 2

Category	#0061
Steward/Developer	University of Michigan
Description	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.
Numerator	The number 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.
Denominator	The number of children ages 1 to 18 years with sickle cell anemia (SCA) within the measurement year.
Target Population	Not specified
Care Setting	Other: Any setting represented with prescription medication claims data
Level of Analysis	Health Plan



#2797 Related Measure Discussion

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

NQF Member and Public Comment

Next Steps



Measure Evaluation Process After the Measure Evaluation Meeting

- Staff will prepare a draft report detailing the Standing 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 Standing Committee members
- Post-comment call: The Standing 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 Consensus Standards Approval Committee (CSAC) meeting
- The CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision



Activities and Timeline – Spring 2022 Cycle

*All times ET

Meeting	Date, Time
Measure Evaluation Follow-up Web Meeting	June 28, 2022 12 pm – 3 pm
Draft Report Comment Period	August 3, 2022 – August 31, 2022
CSAC Review	TBD
Appeals Period (30 days)	TBD



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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