



NATIONAL  
QUALITY FORUM

# Primary Care and Chronic Illness Standing Committee In-Person Measure Evaluation Meeting—Spring 2019 Cycle

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*June 26, 2019*

# Welcome

- Restrooms
  - ▣ *Exit main conference area, past elevators, on right.*
- Breaks
  - ▣ *10:30am – 15 minutes*
  - ▣ *12:00pm – Lunch provided by NQF*
  - ▣ *2:15pm – 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
  - ▣ *Samuel Stolpe, PharmD, MPH, NQF Senior Director*
  - ▣ *Suzanne Theberge, MPH, Senior Project Manager*
  - ▣ *Hiral Dudhwala, RN, MSN/MPH, Project Manager*
  - ▣ *Asaba Nguafor, RN, MSN/MPH, Project Analyst*
  
- NQF Quality Measurement leadership staff
  - ▣ *Elisa Munthali, Senior Vice President, Quality Measurement*

# Agenda for Today's Meeting

- Welcome
- Introductions and Disclosure of Interest
- Overview of Evaluation Process and Voting Process
- Review of Candidate Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

# Introductions and Disclosures of Interest

# Primary Care and Chronic Illness

## *Spring 2019 Cycle Standing Committee*

- Dale Bratzler, DO, MPH  
(Co-chair)
- Adam Thompson, BA  
(Co-chair)
- Lindsay Botsford, MD
- William Curry, MD, MS
- Kim Elliott, PhD
- Scott Friedman, MD
- Donald Goldmann, MD
- V. Katherine Gray, PhD
- Faith Green, MSN, RN,  
CPHQ, CPC-A
- Daniel Greninger, MD
- Starlin Haydon-Greatting, MS,  
BS, Pharm, FAPhA
- Jeffrey Lewis, BA
- Catherine MacLean, MD, PhD
- Anna McCollister-Slipp
- Sonali Narain, MBBS, MPH
- James Rosenzweig, MD
- Victoria Shanmugam, MD
- Rishi Singh, MD
- William Taylor, MD
- John Ventura, DC

# Primary Care and Chronic Illness

## *Expert Reviewers*

- Amesh Adalja, MD
- Thiru Annaswamy, MD, MA
- Esther Babady, PhD, D(ABMM)
- Carlos Bagley, MD, FAANS
- Robert Bailey, MD
- Kathleen Brady, MD, MSCE
- Kenneth Benson
- Tamala Bradham, DHA, PhD, CCC-A
- Craig Butler, MD, MBA, CPE
- Roger Chou, MD
- Jim Daniels, BSN
- Woody Eisenberg, MD
- Laura Evans, MD, MSc
- Piero Garzaro, MD
- William Glomb, MD, FCCP, FAAP
- Stephen Grossbart, PhD
- James Mitchell Harris, PhD
- Jeffrey Hart, MS
- Marci Harris Hayes, PT, DPT, MSCI, OCS

# Primary Care and Chronic Illness

## *Expert Reviewers*

- Mark Jarrett, MD, MBA
- Ann Kearns, MD, PhD
- Michael Lane, MD, MSc, MPHS, CPPS
- David Lang, MD
- Grace Lee, MD
- Jason Matuszak, MD, FAAFP, CAQSM, RMSK
- Janice Miller, DNP, CRNP, CDE
- John McClay, MD
- Kevin McVary, MD
- Richard Murray, MD
- Melinda Neuhauser, PharmD, MPH, FCCP, FASHP
- Rocco Orlando, MD, FACS
- Crystal Riley, PharmD, MHA, MBA, CPHQ, CHPIT
- Catherine Roberts, MD
- Christine Schindler, PhD, RN, CPNP-AC/PC, WCC
- Steven Strobe, MD, Med, MPH, FAAFP
- Kimberly Templeton, MD
- Christopher Visco, MD
- Jacquelyn Youde, AuD, CCC-A



# 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 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

# NQF's Major Endorsement Criteria

## Criterion #1: Importance to Measure and Report

Criteria emphasis is different for new vs. maintenance measures

New measures	Maintenance measures
<ul style="list-style-type: none"><li>• Evidence – Quantity, quality, consistency (QQC)</li><li>• Established link for process measures with outcomes</li></ul>	<p><b>DECREASED EMPHASIS:</b> Require measure developer to attest evidence is unchanged evidence from last evaluation; Standing Committee to affirm no change in evidence</p> <p>IF changes in evidence, the Committee will evaluate as for new measures</p>
<ul style="list-style-type: none"><li>• Gap – opportunity for improvement, variation, quality of care across providers</li></ul>	<p><b>INCREASED EMPHASIS:</b> data on current performance, gap in care and variation</p>

# Criterion #2: Scientific Acceptability — Reliability and Validity

New measures	Maintenance measures
<ul style="list-style-type: none"><li>• Measure specifications are precise with all information needed to implement the measure</li></ul>	NO DIFFERENCE: Require updated specifications
<ul style="list-style-type: none"><li>• Reliability</li><li>• Validity (including risk-adjustment)</li></ul>	<p><b>DECREASED EMPHASIS:</b> If prior testing adequate, additional testing not required unless there has been: a change in data source, level of analysis, or setting; or if previous testing was limited to face validity only.</p> <p>All measures must address use of social risk factors in risk-adjustment approach.</p>

# Criteria #3 & 4: Feasibility and Usability and Use

## Feasibility

New measures	Maintenance measures
<ul style="list-style-type: none"><li>Measure feasible, including eMeasure feasibility assessment</li></ul>	NO DIFFERENCE: Implementation issues may be more prominent

## Usability and Use

New measures	Maintenance measures
<ul style="list-style-type: none"><li>Use: used in accountability applications and public reporting</li></ul>	<b>INCREASED EMPHASIS:</b> Much greater focus on measure use and usefulness, including both impact and unintended consequences. Use is must pass sub-criterion.
<ul style="list-style-type: none"><li>Usability: impact and unintended consequences</li></ul>	

# Questions?

# Voting Overview



# Voting

- Votes will be taken after the discussion of each criterion
- Importance to measure and report (must pass):
  - *Vote on Evidence*
  - *Vote on Gap*
  - *Composite measures only - rationale*
- Scientific acceptability of measure properties (must pass):
  - *Vote on Reliability*
  - *Vote on Validity*
  - *Composite measures only – quality construct*
- Feasibility
- Use (must pass)
  - *Must pass for maintenance measures*
- Usability
- **If a measure does not pass a must-pass criterion, discussion and subsequent voting on remaining criteria will stop.**
- **Vote on the measure as specified.**

# Achieving Consensus

- Quorum: 66% of the Committee
- 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

# Spring 2019 Cycle Measures

## Ten Measures for Committee Review

- **0086** Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation (PCPI Foundation)
- **0086e** Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation (PCPI Foundation)
- **0089** Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (PCPI Foundation)
- **0089e** Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (PCPI Foundation)
- **0541** Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category (Pharmacy Quality Alliance)
- **2522** Rheumatoid Arthritis: Tuberculosis Screening (American College of Rheumatology)
- **2523** Rheumatoid Arthritis: Assessment of Disease Activity (American College of Rheumatology)
- **2525** Rheumatoid Arthritis: Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy (American College of Rheumatology)

# Spring 2019 Cycle Measures

## Ten Measures for Committee Review (continued)

- **3059e** One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk (PCPI Foundation)\*
- **3060e** Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users (PCPI Foundation)\*

*\*Recommended for eMeasure Trial Approval*

# Scientific Methods Panel Review

## **Reviewed and passed Scientific Acceptability criterion**

- **0541** Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category (Pharmacy Quality Alliance)

## **Reviewed and consensus not reached on Scientific Acceptability validity criterion**

- **2549e** Gout: Serum Urate Target (American College of Rheumatology) (*Deferred to future cycle*)\*

\*Recommended for eMeasure Trial Approval

# Consideration of Candidate Measures

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- **2522** Rheumatoid Arthritis: Tuberculosis Screening (American College of Rheumatology)

# Consideration of Candidate Measures

- **2523** Rheumatoid Arthritis: Assessment of Disease Activity (American College of Rheumatology)



# Consideration of Candidate Measures

- **2525** Rheumatoid Arthritis: Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy (American College of Rheumatology)

# Break

# Consideration of Candidate Measures

# Consideration of Candidate Measures

- **0541** Proportion of Days Covered (Pharmacy Quality Alliance)

# Consideration of Candidate Measures

- **3059e** One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk (PCPI Foundation)

# NQF Member and Public Comment

# Lunch

# Consideration of Candidate Measures



# Consideration of Candidate Measures

- **3060e** Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users (PCPI Foundation)

# Consideration of Candidate Measures

- **0086** Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation (PCPI Foundation)

# Consideration of Candidate Measures

- **0086e** Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation (PCPI Foundation)

# Break

# Consideration of Candidate Measures

- **0089** Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (PCPI Foundation)

# Consideration of Candidate Measures

- **0089e** Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (PCPI Foundation)

# NQF Member and Public Comment

# Next Steps



# Activities and Timeline

Process Step	Timeline
Committee Post-Measure Evaluation Web Meeting (2 hours)	Tuesday, July 1, 2019, 2:00-4:00 pm ET
Draft Report Comment Period (30 days)	August 1 – August 30, 2019
Committee Post-Comment Web Meeting	Wednesday, September 24, 2019, 2:00-4:00 pm ET
CSAC Review	Late October – early November 2019 (tentative)
Appeals Period (30 days)	November 6 – December 5, 2019 (tentative)

# 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>

# Adjourn