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Primary Care and Chronic Illness, Fall 2019 Measure Review Cycle

Standing Committee Post-Comment Web Meeting

Samuel Stolpe, Senior Director
Erin Buchanan, Manager
Isaac Sakyi, Program Analyst

June 30, 2020

Welcome

Project Team — Primary Care and Chronic Illness Standing Committee

Sam Stolpe, PharmD, MPH
Senior Director

Erin Buchanan, MPH
Manager

Isaac Sakyi, MSGH
Analyst

Agenda

- Welcome and Review of Meeting Objectives
- Attendance
- Consideration, Review and Discussion of Measure-Specific Comments
- NQF Member and Public Comment
- Next Steps
- Adjourn

Attendance

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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
- V. Katherine 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

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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

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Fall 2019 Cycle Measures

Six Maintenance Measures Recommended by Committee

- **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*

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Questions?

Consideration, Review and Discussion of Measure-Specific Comments

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

- **Measure Steward:** NCQA
  - Maintenance measure
- **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.
- **Summary of Comments Received:** 3 Comments Received
  - Commenters were concerned about the lack of risk adjustment results included in the testing forms for this measure. Commenters were also concerned about the use of the word “and” in the exclusions as a person may not be coded as both frail AND advanced illness.

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

- **Measure Steward:** NCQA
  - Maintenance measure
- **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.
- **Summary of Comments Received:** 2 Comments Received
  - Commenters were concerned about the lack of risk adjustment results included in the testing forms for this measure. Commenters expressed validity concerns related to not using BP average readings per JNC-7 guidelines.

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

- **Measure Steward:** NCQA
  - Maintenance measure
- **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.
- **Summary of Comments Received:** 2 Comments Received
  - Commenters were concerned about the lack of risk adjustment results included in the testing forms for this measure.

NQF Member and Public Comment

Next Steps

Activities and Timeline – Fall 2019 Cycle

***All times ET**

Meeting	Date/Time
Committee Post-Comment Web Meeting	June 30, 2020 2-4PM
CSAC Review	November 17-18, 2020
Appeals Period (30 days)	November 23-December 23

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
  - No measures passed SMP
- Topic areas
  - 3 prediabetes measures

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Activities and Timeline – Spring 2020 Cycle

***All times ET**

Meeting	Date/Time
Measure Evaluation Web Meeting #1	June 25, 2020, 2 - 4pm
Measure Evaluation Web Meeting #2	June 26, 2020, 2 - 4pm
Fall 2019 Post-Comment Web Meeting	June 30, 2020, 2 - 4pm
Draft Report Comment Period (30 days)	August 3 – September 1, 2020 (tentative)
Committee Post-Comment Web Meeting	September 24 3 – 5pm
CSAC Review	November 17 – 18, 2020
Appeals Period (30 days)	November 23 – December 22, 2020

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Project Contact Info

- Email: primarycare@qualityforum.org
- NQF phone: 202-783-1300
- Project page: 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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Appendix – Full Comments

0059 – AMA Comment

The American Medication Association (AMA) does not believe that this measure meets the criteria on scientific acceptability and we respectfully ask the Standing Committee to reconsider its recommendation for endorsement. During the review of testing by the Scientific Method Panel (SMP), we believe that the concerns regarding the lack of risk adjustment raised by some of the members were not sufficiently addressed by the developer nor do they appear to have been discussed by the Standing Committee. Page 8 of the measure worksheet on the project page on NQF's web site states that some members of the SMP were concerned with the lack of risk adjustment; yet, it appears that the measure developer was not asked to provide any additional information to support their statement that they found no evidence to risk adjust the measure. It is also unclear why these concerns were not communicated to the Standing Committee and reflected in the measure summary on page 14 of the draft report.

The measure evaluation criteria require that developers provide the risk adjustment strategy OR a rationale/data to support no risk adjustment. On review of the testing form, we found a paragraph that described both qualitative and quantitative analyses assessing whether SES affected plan performance; yet, no actual data was provided. In light of concerns raised by the SMP, we believe that the developer should have been required to provide the results of this analysis and it should have been reviewed by the SMP and the Standing Committee prior to any final recommendation on continued endorsement was made. As a result, the AMA does not believe that the measure was sufficiently evaluated and additional information is needed prior to any further action.

0059 – AGS Comment

We support the age limit of 75. We share the methodological concerns about the pharmacy data source of pharmacy, as was noted by the committee in the report.

We also find it concerning that Frailty AND Advanced Illness is used as an exclusion without a definition of frailty or advanced illness being provided. We strongly feel the exclusion for Frailty AND Advanced Illness should instead be an exclusion for Frailty OR Advanced Illness. Measurement of both factors will be imperfect and more likely to be specific than sensitive. Thus, someone who meets criteria for Advanced Illness likely is frail also but may not be coded as such. Similarly, someone who meets criteria for Frailty likely has Advanced Illness but may not be coded as such. By making the exclusion apply to patients who meet criteria for both Frailty AND Advanced Illness, only a small number qualify for exclusion (for example, glycemic control/cancer treatment). Many who should be excluded are being included; the criteria are so strict that most older adults don't qualify for exemption. Making the exclusion OR rather than AND will minimize the chances that quality measures result in unintended harms.

0059 – FAH Comment

Vote: Do not support

The Federation of American Hospitals (FAH) respectfully asks the Standing Committee to reconsider its recommendation for endorsement as we do not believe that this measure meets the criteria on scientific acceptability, specifically the validity subcriterion. Members of the Scientific Method Panel (SMP) raised concerns regarding the lack of risk adjustment; yet, on review of the measure worksheet and the draft report, the FAH does not believe that the concerns were not sufficiently addressed by the developer nor do they appear to have been discussed by the Standing Committee given its absence from pages 7 and 14 of the draft report. Because the validity subcriterion calls for developers to provide the risk adjustment strategy OR a rationale/data to support no risk adjustment, the FAH would expect to see at least a rationale with both qualitative and quantitative analyses with actual results assessing whether SES affected plan performance. The FAH believes that this information should have been required and reviewed by the SMP and the Standing Committee prior to any final recommendation on continued endorsement. As a result, the FAH does not believe that the measure was sufficiently evaluated to pass the validity subcriterion and additional information is needed prior to any further action.

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0061 – AMA Comment

The American Medication Association (AMA) is concerned that this measure may not meet the criteria for scientific acceptability and we respectfully ask that these concerns be addressed prior to endorsement. Specifically, while we strongly support the expansion of the specifications to allow readings from remote monitoring devices, the AMA continues to receive multiple questions from end users regarding the precision of the measure specifications such as what constitutes a "remote monitoring device" and a blood pressure value that is "digitally stored and transmitted", clarification on wording of what is or is not included in the numerator, and whether an in-office visit or telehealth encounter is required along with an associated blood pressure reading. These questions could directly impact the reliability of data collection and should be clarified to facilitate consistent use of the specifications.

The measure evaluation criteria require that developers provide the risk adjustment strategy OR a rationale/data to support no risk adjustment. On review of the testing form, we found a paragraph that provided some explanation of NCQA's policy around risk adjustment for this measure without any qualitative or quantitative analysis assessing whether SES affected plan performance. In light of concerns raised by the SMP, we believe that the developer should have been required to complete these analyses and the information should have been reviewed by the SMP and the Standing Committee prior to any final recommendation on continued endorsement was made. As a result, the AMA does not believe that the measure was sufficiently evaluated and additional information is needed prior to any further action.

0061 – FAH Comment

Vote: Do not support

The Federation of American Hospitals (FAH) respectfully asks the Standing Committee to reconsider its recommendation for endorsement as we do not believe that this measure meets the criteria on scientific acceptability, specifically the validity subcriterion. Members of the Scientific Method Panel (SMP) raised concerns regarding the lack of risk adjustment; yet, on review of the measure worksheet and the draft report, the FAH does not believe that the concerns were not sufficiently addressed by the developer nor do they appear to have been discussed by the Standing Committee given its absence from pages 8 and 16 of the draft report. Because the validity subcriterion calls for developers to provide the risk adjustment strategy OR a rationale/data to support no risk adjustment, the FAH would expect to see at least a rationale with both qualitative and quantitative analyses with actual results assessing whether SES affected plan performance. The FAH believes that this information should have been required and reviewed by the SMP and the Standing Committee prior to any final recommendation on continued endorsement. As a result, the FAH does not believe that the measure was sufficiently evaluated to pass the validity subcriterion and additional information is needed prior to any further action.

0575 – AMA Comment

The American Medication Association (AMA) does not believe that this measure meets the criteria on scientific acceptability and we respectfully ask the Standing Committee to reconsider its recommendation for endorsement. During the review of testing by the Scientific Method Panel (SMP), we believe that the concerns regarding the lack of risk adjustment raised by some of the members were not sufficiently addressed by the developer nor do they appear to have been discussed by the Standing Committee. Page 7 of the measure worksheet on the project page on NQF's web site includes information that some members of the SMP were concerned with the lack of risk adjustment; yet, it appears that the measure developer was not asked to provide any additional information to support their statement that they found no evidence to risk adjust the measure. It is also unclear why these concerns were not communicated to the Standing Committee and reflected in the measure summary on page 18 of the draft report.

The measure evaluation criteria require that developers provide the risk adjustment strategy OR a rationale/data to support no risk adjustment. On review of the testing form, we found a paragraph that described both qualitative and quantitative analyses assessing whether SES affected plan performance; yet, no actual data was provided. In light of concerns raised by the SMP, we believe that the developer should have been required to provide the results of this analysis and it should have been reviewed by the SMP and the Standing Committee prior to any final recommendation on continued endorsement was made. As a result, the AMA does not believe that the measure was sufficiently evaluated and additional information is needed prior to any further action.

0575 – FAH Comment

Vote: Do not support

The Federation of American Hospitals (FAH) respectfully asks the Standing Committee to reconsider its recommendation for endorsement as we do not believe that this measure meets the criteria on scientific acceptability, specifically the validity subcriterion. Members of the Scientific Method Panel (SMP) raised concerns regarding the lack of risk adjustment; yet, on review of the measure worksheet and the draft report, the FAH does not believe that the concerns were not sufficiently addressed by the developer nor do they appear to have been discussed by the Standing Committee given its absence from pages 8 and 18 of the draft report. Because the validity subcriterion calls for developers to provide the risk adjustment strategy OR a rationale/data to support no risk adjustment, the FAH would expect to see at least a rationale with both qualitative and quantitative analyses with actual results assessing whether SES affected plan performance. The FAH believes that this information should have been required and reviewed by the SMP and the Standing Committee prior to any final recommendation on continued endorsement. As a result, the FAH does not believe that the measure was sufficiently evaluated to pass the validity subcriterion and additional information is needed prior to any further action.