



NATIONAL  
QUALITY FORUM

# Primary Care and Chronic Illness, Spring 2019 Measure Review Cycle

Standing Committee Post-Comment Web Meeting

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*September 24, 2019*

# 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, MPH, Senior Vice President, Quality Measurement*

# Agenda for Today's Web Meeting

## September 24, 2019

- Welcome and Roll Call
- Consideration of Consensus Not Reached Measures 0086e and 3060e
  - ▣ *0086e Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation (PCPI Foundation)*
  - ▣ *3060e Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users (PCPI Foundation)*
- Review and Discuss Comments
- Reconsideration Request for Measures 0089 and 0089e
  - ▣ *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)*
- NQF Member and Public Comment
- Next Steps
- Adjourn

# 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

# Primary Care and Chronic Illness Committee

## Members: Terms Ending

- Roger Chou, MD
- Woody Eisenberg, MD
- Richard Murray, MD
- Christine Schindler, PhD, RN, CPNP-AC/PC, WCC
- William Taylor, MD

# Spring 2019 Cycle Measures

## 6 Measures Recommended by Committee

- **0086** Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation (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)
- **3059e** One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk (PCPI Foundation)



# Spring 2019 Cycle Measures

## Two Measures Not Recommended by Committee

- **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)

## One Measure Consensus Not Reached on Reliability by Committee

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

## One Measure Consensus Not Reached on Validity by Committee

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

# 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)
- Does not pass/Not Recommended: Less than/equal to 60% “Yes” votes of the quorum

# Consideration, Review of Comments, and Re-Vote on Consensus Not Reached Measures

# Committee Re-vote on “Consensus not Reached” Measures

For measures that did not reach consensus during the evaluation meeting, the Committee must re-vote on any “must-pass” criterion that did not reach consensus in the initial evaluation.

- If the measure then passes all must-pass criteria (greater than 60% high plus moderate or PASS) either at the initial vote or the re-vote, the Committee must vote on the final recommendation for the measure.
- If a “must-pass” criterion does not receive >60%, at the re-vote at the post-comment call, the evaluation stops and the measure is not recommended for endorsement.
- There is no grey zone for the re-vote at the post-comment call. A measure must pass all “must-pass” criteria and the overall vote by >60%. If a measure does not receive >60%, the measure is not recommended for endorsement.

# Consideration of Candidate Measure

- **0086e** Primary Open-Angle Glaucoma (POAG):  
Optic Nerve Evaluation (PCPI Foundation)
  - ▣ *Consensus Not Reached on Validity by Committee*

# Consideration of Candidate Measure

- **3060e** Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users (PCPI Foundation)
  - ▣ *Consensus Not Reached on Reliability by Committee*

# Review and Discussion of Comments

# Post-Evaluation Comments

## **NQF received 16 comments:**

- 4 supportive comments for re-endorsement of 0086 Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation and 0541 Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category
- 2 comments requesting consensus not reached measure 0086e Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation be re-endorsed
- 10 comments requesting 0089 and 0089, which were not recommended for endorsement, be re-endorsed
  - ▣ 0089 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
  - ▣ 0089e Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care



# Reconsideration of Candidate Measures

# Request for Reconsideration

- Developers are able to request a reconsideration of any measure the Standing Committee did not recommended for endorsement during the in-person meeting.
- There are two reasons that may justify a request to reconsider a measure that is not recommended for endorsement:
  - ▣ *NQF's measure evaluation criteria were not applied appropriately*
  - ▣ *NQF's consensus development process (CDP) was not followed*
- The measure steward and developer team for measures 0089 and 0089e have requested that the Committee reconsider their decision not to recommend these measures:
  - ▣ *Appropriate application of the measure evaluation criteria on evidence, reliability, and validity criteria.*

# Reconsideration Process

- Staff will explain the developer's rationale for reconsideration
- Measure developer will be given a chance to comment
- Lead discussants will share their reactions
- Co-chairs will open up full Committee discussion
- After discussion, the Committee will complete a formal vote on whether they would like to reconsider the measure.
  - ▣ *If greater than 60% of the Committee votes yes, the Committee will continue their review of the measure starting with the criterion the measure did not pass.*
  - ▣ *If greater than 60% of the Committee does not vote yes, the Committee will not reconsider the measure. There is no grey zone for reconsiderations.*

# Developer Rationale for Reconsideration: 0089

- Committee members with ophthalmology and endocrinology backgrounds were supportive of the measure
- Exception to the evidence: under grounds that gap in care can substitute if there is no empirical evidence available
- Limited data available for correlation analysis; despite weak correlation with PQRS 117, measure had strong face validity
- No general measure for care coordination available

# Developer Rationale for Reconsideration: 0089e

- Lack of quorum at meeting where this measure was discussed
- Committee members with ophthalmology and endocrinology backgrounds were supportive of the measure
- Exception to the evidence: under grounds that gap in care can substitute if there is no empirical evidence available
- Moderate correlation results with PQRS 018
- No general measure for care coordination available

# Reconsideration of Candidate Measures

- **0089** Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (PCPI Foundation)
  - ▣ *1a. Evidence: H-0; M-1; L-2; I-13*
  - ▣ *1b. Performance Gap: H-0; M-15; L-0; I-0;*
  - ▣ *Evidence Exception: Yes-7; No-8*
  - ▣ *2a. Reliability: H-1; M-7; L-6; I-1*
  - ▣ *2b. Validity: H-0; M-5; L-11; I-0*
- **Action Item:** Based on the information provided by the developer, would the Committee like to reconsider this measure?

# Voting: If the Committee wishes to Reconsider

Votes will be taken after the discussion of each criterion via Poll Everywhere

- Evidence/Evidence with exception
- Reliability
- Validity
- Feasibility
- Use
- Usability
- Recommendation for Endorsement

**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.**

# 0089 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

- **Measure Steward:** PCPI Foundation
- **Measure Developer:** PCPI Foundation
- **Measure Description:** Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months



# 0089e Request for Reconsideration

- **NQF 0089e** Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (PCPI Foundation)
  - ▣ *1a. Evidence: H-0; M-3; L-3; I-8*
  - ▣ *1b. Performance Gap: H-3; M-10; L-1; I-0*
  - ▣ *Evidence Exception: Yes-8; No-6*
  - ▣ *2a. Reliability: H-1; M-7; L-4; I-2*
  - ▣ *2b. Validity: H-0; M-4; L-9; I-1*
  
- **Action Item:** Based on the information provided by the developer, would the Committee like to reconsider this measure?

# Voting: If the Committee wishes to Reconsider

Votes will be taken after the discussion of each criterion via Poll Everywhere

- Evidence/Evidence with exception
- Reliability
- Validity
- Recommendation for Endorsement

**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.**

# 0089e Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

- **Measure Steward:** PCPI Foundation
- **Measure Developer:** PCPI Foundation
- **Measure Description:** Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months

# NQF Member and Public Comment

# Next Steps

# Activities and Timeline

Process Step	Timeline
Committee Post-Comment Web Meeting	Wednesday, September 24, 2019, 2:00-4:00 pm ET
CSAC Review	October 21-22, 2019
Appeals Period (30 days)	November 6 – December 5, 2019 (tentative)

# Primary Care and Chronic Illness Fall 2019 Cycle Activities

# Fall 2019 Cycle Updates

- Intent to submit deadline – August 1, 2019
- 7 measures submitted on diabetes, COPD, asthma, and carpal tunnel release
  - ▣ *6 maintenance measures*
  - ▣ *1 new measure*
  - ▣ *3 measures considered “complex” and will be reviewed by NQF Scientific Methods Panel for scientific acceptability criterion.*



# Questions?

# 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