NATIONAL QUALITY FORUM

Meeting Summary

Primary Care and Chronic Illness Standing Committee—Measure Evaluation Web Meetings, Fall 2018 Cycle

The National Quality Forum (NQF) convened the Primary Care and Chronic Illness Standing Committee for web meetings on February 4 and 5 to evaluate two measures.

Welcome, Introductions, and Review of Meeting Objectives

NQF Senior Director Sam Stolpe and Co-chairs Dale Bratzler and Adam Thompson welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. Committee members each introduced themselves and disclosed any conflicts of interest.

Topic Area Introduction and Overview of Evaluation Process

NQF reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

Measure Evaluation

During the meeting, the Primary Care and Chronic Illness Standing Committee evaluated two measures for endorsement consideration—one measure for endorsement maintenance and one new measure. A summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on March 18, 2019 for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

Measure Evaluation Criteria Rating Key: H – High; M – Medium; L – Low; I – Insufficient

0729 Optimal Diabetes Care (MN Community Measurement)

Measure Steward/Developer Representative at the Meeting

Collette Pitzen (MN Community Measurement)
Anne Snowden (MN Community Measurement)

Standing Committee Votes

- Evidence: H-0; M-13; L-4; I-1
- Performance Gap: H-10; M-5; L-2; I-0
- Composite Construct (Importance) H-2; M-10; L-4; I-2
- Reliability (Accept Scientific Methods Panel's Recommendation): Yes-17; No-1
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Validity (Accept Scientific Methods Panel's Recommendation): Yes-16; No-1
    - This measure is deemed as complex and was evaluated by the NQF Scientific

Methods Panel.

- Composite Construct (Scientific Acceptability): H-0; M-14; L-2; I-2
- Feasibility: H-4; M-9; L-1; I-2
- Use: Pass-15; No Pass-1
- Usability: H-3; M-9; L-3; I-2

Standing Committee Recommendation for Endorsement: Yes-12; No-6

The Standing Committee recommended the measure for continued endorsement. The Committee noted that there is a lack of evidence provided for the contention that utilizing all 5 individual subcomponents leads to improved outcomes. The Committee had some discussion about the individual components of this composite. Some Committee members recalled the conversation from the last maintenance review of this measure and the Committee's concerns that the measure targets "mild" diabetic patients. Committee members mentioned that the level of CPT and SNOMED coding is still not advanced enough to identify the level of tobacco cessation in an EMR. Committee members noted varying recommendations for evidence on H1Ac and what is considered good control. The Committee noted a wide variation in performance (9% to 63.4%), which the developer explained as some clinics are not performing as well as others. In addition, another Committee member wanted more information on whether gender differences are addressed in the measure's risk adjustment, especially in statin use; the Committee member also noted that women and African Americans tend to have more difficulty in stopping smoking. However, the developer clarified that in the risk adjustment model that there was no statistical differences when looking at gender. In the statin component, gender is addressed by excluding pregnancy, breastfeeding, and women not actively taking birth control. In regards to the conflicting guidelines on blood pressure, the Committee agreed with the measure to leave blood pressure target of less than 140/90 as they felt lowering that target would lead more harm versus benefits. The Committee discussed the composite measure's construction as an all-or-none measure, with some disagreement on this, but ultimately the measure passed this criterion.

The NQF Scientific Methods Panel passed the measure on reliability, validity, and composite construct of the measure. The Committee supported the Methods Panel's recommendation, however, they raised the question that the reliability and validity was based on Minnesota data and inquired if it would be duplicated in other parts of the country, as Minnesota has a higher level of EHR use. One Committee member did recommend weighting of the components of this composite measure; it does not currently have any weighting. The Committee elected to do their own voting on the scientific acceptability composite construction, rather than accept the Scientific Methods Panel recommendation. The measure did ultimately pass this criterion.

The Committee also inquired on patient involvement in the development of the measure. The developer clarified that patients with diabetes and consumers are involved in the development and maintenance of the measure, and patients provide direct feedback via workgroups. The developer also noted that they are also active with the American Diabetes Association. Overall the Committee agreed on the importance of this measure and recommended it for continued endorsement.

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture (Centers for Medicare & Medicaid Services/NCQA)

Measure Steward/Developer Representative at the Meeting

Jenna Williams-Bader (NCQA)
Carrie Anne Welsh (Mathematica)

Standing Committee Votes

- Evidence: H-1; M-13; L-1; I-2
- Performance Gap: H-2; M-11; L-2; I-2
- Reliability: H-2; M-14; L-2; I-0
- Validity: M-10; L-6; I-1
- Feasibility: H-0; M-7; L-11; I-0
- Use: Pass-13; No Pass-5
- Usability: H-1; M-10; L-7; I-0

Standing Committee Recommendation for Endorsement: Yes-X; No-X

The Standing Committee did not vote on the recommendation for endorsement at the meeting because the Committee did not reach consensus on validity—a must-pass criterion. This new eMeasure is intended to reduce overuse of DXA scans. The Committee had some concerns with the evidence behind the measure, noting that the measure could possibly discourage the use of bone density scans, and fractures can be very serious. Committee members also noted some exclusions were missing, but the developer noted that more could be added in future iterations of the measure. The developer stated that the scans are overused in white and Asian women, but there was some disagreement on whether the scans are in fact underused in Hispanic and black women, and Committee members noted that the rates of osteoporosis are increasing in Hispanic and African American women, which may be an actual rate increase, or it may be that women are actually getting diagnosed. During the reliability discussion, Committee members were concerned with the amount of time it would take providers to collect the information needed for the measure, and noted that the measure has been tested with high-level EHR users, who may not be representative of regular measure users. However, the developer explained that they can only test the measures with sites that agree to work with them, who tend to be high-level users. Committee members had serious concerns with the validity of the measure, again raising the threats of the limited exclusions and the idea that if a condition isn't listed in the EHR, it is not present. (Health records may not include all risks needed to calculate the measure.) The Committee did not reach consensus on validity. During the feasibility discussion, the Committee noted some concerns: providers will need to have extensive conversations with patients to collect all the information (which will lengthen visits), and access to risk assessment tools in the EHR is lacking. The measure did not pass feasibility. During the usability and use discussion, the Committee again raised serious concerns around the exclusion criteria and potential negative unintended consequences. The Committee noted that there has been a big increase in the types and number of health conditions that have turned into chronic illnesses and that will result in

more women developing poor bone mass earlier in life and that it is important not to inappropriately reduce testing in patients who should be tested. Since the Committee did not reach consensus on validity, a must-pass criterion, the Committee did not vote on an overall recommendation for endorsement. The Committee will re-vote on the validity and a final recommendation for the measure on the post-comment web meeting on May 6, 2019.

Public Comment

For this evaluation cycle, the commenting period opened on December 5, 2018 and will close on April 16, 2019. As of January 25, one public comment on NQF 0729 was submitted and shared with the Committee prior to the measure evaluation meeting. The comment addressed concern with the evidence on the Hba1c and blood pressure control subcomponents of the composite measure.

All submitted comments were provided to the Committee prior to its initial deliberations during the workgroup calls and in-person meeting.

No public or NQF member comments were provided during the measure evaluation meeting.

Next Steps

Fall 2018 Cycle

NQF will post the draft technical report on March 18, 2019 for public comment for 30 calendar days. The continuous public comment with member support will close on April 16, 2019. NQF will re-convene the Standing Committee for the post-comment web meeting on May 6, 2019.

Spring 2019 Cycle

The spring 2019 cycle intent to submit deadline occurred on January 7, 2019. Twelve measures were submitted to the Primary Care and Chronic Illness project, including 11 maintenance measures and one new measure. Three of the 12 measures are considered complex measures and will be review by NQF's Scientific Methods Panel for the Scientific Acceptability criterion.