NATIONAL QUALITY FORUM
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Meeting Summary

Primary Care and Chronic Illness Standing Committee – Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Primary Care and Chronic Illness Standing Committee for a web meeting on February 16, 2021, to evaluate Primary Care and Chronic Illness measures. The meeting was led by NQF Director Poonam Bal, NQF Senior Director Samuel Stolpe, NQF Manager Erin Buchanan, and NQF Senior Analyst Isaac Sakyi.

Welcome, Introductions, and Review of Meeting Objectives

Poonam Bal welcomed the Standing Committee and participants to the web meeting and reviewed the meeting objectives. Dale Bratzler and Adam Thompson, co-chairs of the Primary Care and Chronic Illness Standing Committee, provided welcoming remarks. The co-chairs emphasized the importance of staying focused throughout the process and confining comments to the specific measure criterion being discussed. Erin Buchanan and Isaac Sakyi introduced themselves and their roles. NQF Senior Managing Director Wunmi Isijola conducted roll call and reviewed NQF's disclosures of interest policy. The Standing Committee members had no conflicts of interest to disclose.

Some Standing Committee members were unable to attend the entire meeting due to early departures and late arrivals. The vote totals reflect members present and eligible to vote. Quorum consisted of 16 out of 23 active Standing Committee members and was met and maintained for the entirety of the meeting.

Topic Area Introduction and Overview of Evaluation Process

Ms. Bal provided an overview of the topic area and the current NQF portfolio of endorsed measures. There are currently 47 measures in the Primary Care and Chronic Illness portfolio. Additionally, Ms. Buchanan presented the Consensus Development Process (CDP) and the measure evaluation criteria.

A measure is recommended for endorsement by the Standing Committee when the vote margin on all must-pass criteria (Importance, Scientific Acceptability, Use), and overall, is greater than 60 percent of voting members in favor of endorsement. A measure is not recommended for endorsement when the vote margin on any must-pass criterion or overall is less than 40 percent of voting members in favor of endorsement. The Standing Committee has not reached consensus if the vote margin on any must-pass criterion or overall is between 40 and 60 percent, inclusive, in favor of endorsement. When the Standing Committee has not reached consensus, all measures for which consensus was not reached will be released for NQF member and public comment. The Standing Committee will consider the comments and re-vote on those measures during a webinar convened after the commenting period closes.

Measure Evaluation

During the meeting, the Primary Care and Chronic Illness Standing Committee evaluated seven measures for endorsement consideration. A detailed summary of the Standing Committee's deliberations will be compiled and provided in the draft technical report. NQF will post the draft

technical report on March 30, 2021, for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

Rating Scale: H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable

#3568 Person-Centered Primary Care Measure PRO-PM (American Board of Family Medicine /Virginia Commonwealth University)

Description: The Person-Centered Primary Care Measure instrument is an 11-item patient reported assessment of primary care. Patients complete the PCPCM instrument once a year. These instruments are used to calculate a performance score for the participating entity. That entity could be an individual clinician or a practice. The 11 items of the PCPCM assess primary care aspects rarely captured yet thought responsible for primary care effects on population health, equity, quality, and sustainable expenditures. These include: accessibility, comprehensiveness, integration, coordination, relationship, advocacy, family and community context, goal-oriented care, and disease, illness, and prevention management; **Measure Type**: Outcome: PRO-PM; **Level of Analysis**: Clinician : Group/Practice, Clinician: Individual; **Setting of Care**: Outpatient Services; **Data Source**: Instrument-Based Data

Measure Steward/Developer Representatives at the Meeting

- Rebecca Etz
- Bob Phillips
- Denise Pavletic

Standing Committee Votes

- Evidence: Pass-21; No Pass-0 (21/21, 100 percent)
- Performance Gap: H-4; M-16; L-0; I-0 (20/20, 100 percent)
- Reliability: Yes-19; No-1 (19/20, 95 percent)
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's rating for Reliability: Moderate (H-2; M-3; L-1; I-2)
- Validity: Yes-19; No-1 (19/20, 95 percent)
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's ratings for Validity: Moderate (H-0; M-6; L-0; I-2)
- Feasibility: H-2; M-18; L-0; I-0 (20/20, 100 percent)
- Use: Pass-20; No Pass-0 (20/20, 100 percent)
- Usability: H-2; M-19; L-0; I-0 (21/21, 100 percent)

Standing Committee Recommendation for Endorsement: Yes-21; No-0 (21/21, 100 percent)

Dr. Bratzler provided a brief description of the measure. The measure developer, Rebecca Etz, provided an overview of the measure. During the overview, the developer noted concerns associated with common method bias—a form of bias that occurs when variations in responses are caused by the instrument rather than the actual predispositions of the respondents that the instrument attempts to uncover. The developer suggested that the measure depends on a single factor, which has been noted to minimize the risks associated with common method bias. In the discussion on evidence, the Standing Committee noted that the measure is an experience of care measure. The Standing Committee noted that the 11 items on the instrument had varying levels of meaningfulness to patients, with some of the items having only 60 percent agreement among patients that they are meaningful. In response, the developer noted that 99 percent of patients thought the instrument would be helpful for providers to improve their care overall. The Standing Committee questioned whether there was a healthcare action

that a provider could use to improve their performance on the measure, to which it was noted that the developer had provided a number of actions to improve performance for each of the other items. In the discussion on performance gap, the Standing Committee noted that the submission exhibited appropriate variation in provider performance. In the discussion of disparities, the developer noted that the testing included those with a self-reported minority status. The Standing Committee also noted that the performance scores of the minority patients did not differ significantly between other patients. The developer was asked whether they would be considering social risk factors in the future, to which the developer responded that the social deprivation index is currently being evaluated for use within the measure. The developer also reviewed the extent to which the measure varies in performance between urban and rural settings and reinforced that the measure does well across settings. The developer was asked to what extent minorities were engaged in the development of the instrument. In response, the developer stated that a wide range of diverse patients were included in the development, including an oversampling of minorities. The Standing Committee agreed that the submission met NQF requirements for performance gap. In the discussion on reliability, the Standing Committee reviewed the testing and results and expressed concern with the scaling being done on a continuous scale rather than an ordinal scale. The Standing Committee also expressed concern about the use of proxies, especially with the use of caregivers or guardians of pediatric patients, to which the developer noted that the results were similar between proxies. The Standing Committee also noted that the NQF Scientific Methods Panel (SMP) rated this measure as moderate for reliability, to which the Standing Committee agreed. In the review of the validity submission, the Standing Committee expressed some concerns related to missing data, noting that incomplete surveys with fewer than eight of the items completed were discarded but were also not noted to be an exclusion. It was suggested that the missing data may be systematic, and the developer was asked whether there were any analyses regarding this matter. The developer noted that 99.8 percent of the surveys were completed, which was not a problem. The developer also noted that incomplete instruments generally are not included as exclusions. The Standing Committee noted the SMP's concern with the F-test of homogeneity used, stating that it may not be the best approach to determining meaningful differences between providers but that the SMP still recommended the measure with moderate validity. The Standing Committee voted to uphold the SMP's moderate rating. In the discussion on feasibility, the Standing Committee noted the use of the American Board of Family Medicine's (ABFM) qualified clinical data registry—the PRIME registry—as an electronic reporting vehicle. It was also noted that some burden will be associated with this measure since it is a patient-reported outcome. The developer noted that the measure was specified and tested using both a paper-based and an electronic modality. The measure is fielded in the PRIME registry, which the developer noted has resulted in a lower response rate at a 12–14 percent return. The Standing Committee's vote reflected the consensus that the measure meets NQF criteria for feasibility. In the discussion on use and usability, the Standing Committee noted that the measure has not yet been implemented in a federal program but was approved by the Measure Application Partnership (MAP) with conditional support for rulemaking into the Merit-Based Incentive Payment System. The measure was supported for both use and usability and recommended for overall endorsement. The Standing Committee recommended the measure for NQF endorsement.

#3532 Discouraging the Routine Use of Occupational and/or Supervised Physical Therapy After Carpal Tunnel Release (American Academy of Orthopaedic Surgeons)

Description: Percentage of patients 18+ with carpal tunnel syndrome who received surgical carpal tunnel release, and who should not routinely be prescribed postoperative physical and/or occupational therapy within 6 weeks after release.; **Measure Type**: Process; **Level of Analysis**: Facility, Clinician: Individual; **Setting of Care**: Inpatient/Hospital, Outpatient Services; **Data Source**: Claims

Measure Steward/Developer Representatives at the Meeting

- Ryan Pezold
- Rob Kamal

Standing Committee Votes

- Evidence: M-20; L-1; I-0 (20/21, 95 percent)
- Performance Gap: H-3; M-12; L-5; I-1 (18/21, 85 percent)
- Reliability: H-3; M-16; L-2; I-0 (19/21, 90 percent)
- Validity: M-13; L-6; I-1 (19/20, 95 percent)
- Feasibility: H-13; M-7; L-0; I-0 (20/20, 100 percent)
- Use: Pass-19; No Pass-2 (19/21, 90 percent)
- Usability: H-0; M-13; L-7; I-1 (19/21, 90 percent)

Standing Committee Recommendation for Endorsement: Yes-10; No-10

Dr. Bratzler offered a brief description of the measure. The measure developer, Ryan Pezold, provided an overview of the measure. The developer noted that the measure is intended to curtail the routine use of physical and occupational therapy after carpal tunnel surgery to prevent unnecessary use of healthcare resources. In the discussion on evidence, the Standing Committee noted that the evidence that routine physical therapy beyond home exercise does not support better outcomes for patients. The Standing Committee also noted that there are some patients for whom prescribed physical therapy is appropriate and might count against physicians. In response to concerns about exceptions, the developer suggested that although there is no precise target, targets are still expected to be close to 100 percent. The Standing Committee agreed that overall, the evidence to support discouraging the routine use of physical and occupational therapy was appropriate. In the discussion on performance gap, it was noted that this criterion was only tested within Veterans Affairs (VA) facilities, which reflected a concern for performance in other settings. The Standing Committee noted that the VA is a closed system, which is less likely to exhibit wide variation than an open system. In the discussion on reliability, the Standing Committee reviewed the reliability testing and analyses submitted by the developer. The Standing Committee found that the submission contained appropriate testing and results, although one Standing Committee member voiced the opinion that the specifications are imprecise because they do not include a method for capturing appropriate referral to physical and occupational therapy. In the validity discussion, the Standing Committee noted the difficulty in describing all of the appropriate referrals that would potentially be exclusions for the measure. One Standing Committee member expressed concern that the Standing Committee was overthinking the concerns associated with appropriate referral, noting that surgeons who are following good practice routinely avoid the use of physical therapy. The Standing Committee reviewed the validity testing provided by the developer, which consisted of face validity. The Standing Committee found that this testing met baseline NQF validity requirements. The discussion on feasibility noted that this measure uses data generated in the routine delivery of care. In the discussion on use, the Standing Committee expressed no concerns, given this was a new measure that had not been implemented yet. The Standing Committee reiterated concerns about unintended consequences during the usability section but agreed the measure appeared usable. In the final vote for the overall recommendation for endorsement of the measure, the Standing Committee did not reach consensus. The Standing Committee will discuss and re-vote on the measure during the post-comment web meeting on May 28, 2021.

#0058 Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) (National Committee for Quality Assurance (NCQA))

Description: The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.; **Measure Type**: Process;

Level of Analysis: Health Plan; **Setting of Care**: Emergency Department and Services, Outpatient Services; **Data Source:** Claims

Measure Steward/Developer Representatives at the Meeting

- Deidra Washington
- Brittany Wade
- Bob Rehm
- Mary Barton
- Dani Rainia

Standing Committee Votes

- Evidence: H-8; M-11; L-0; I-0 (19/19, 100 percent)
- Performance Gap: H-10; M-8; L-0; I-0 (18/18, 100 percent)
- Reliability: H-12; M-7; L-0; I-0 (19/19, 100 percent)
- Validity: H-11; M-8; L-0; I-0 (19/19, 100 percent)
- Feasibility: H-14; M-6; L-0; I-0 (18/18, 100 percent)
- Use: Pass-20; No Pass-0 (20/20, 100 percent)
- Usability: H-10; M-9; L-1; I-0 (19/20, 95 percent)

Standing Committee Recommendation for Endorsement: Yes-20; No-0 (20/20, 100 percent)

Mr. Thompson provided a brief description of the measure. The measure developer, Deidra Washington, offered an overview of the measure and summarized their submission. The Standing Committee reviewed the evidence that supports the measure provided by the developer and did not raise any concerns. In the discussion on both performance gap and disparities, the Standing Committee did not express any concerns. The Standing Committee then reviewed the measure specifications and reliability testing method and results. The Standing Committee noted that the numerator of this measure has been updated since the last review and requested clarity on whether a patient could be dispensed antibiotics more than once per episode. The developer informed the Standing Committee that a second medication dispensing event would not factor into the same episode for this measure, to which the Standing Committee agreed that the measure specifications were appropriate, and reliability was within acceptable limits. The Standing Committee noted that the developer used a Pearson correlation for construct validity for two health plans and that the results demonstrated the measure was valid. In the discussion on feasibility, the Standing Committee highlighted that data for this measure is routinely generated in the care delivery process, and elements are defined in electronic data. The Standing Committee mentioned that the measure is used by multiple different programs through the National Committee for Quality Assurance (NCQA), thereby meeting the use criterion. The Standing Committee raised no concerns regarding usability and recommended the measure for continued endorsement.

#0069 Appropriate Treatment for Upper Respiratory Infection (NCQA)

Description: The Appropriate Treatment for Upper Respiratory Infection (URI) measure assesses whether members 3 months of age and older with a diagnosis of upper respiratory infection were not dispensed an antibiotic prescription. The measure includes patients enrolled in commercial, Medicaid, and Medicare health plans.; **Measure Type**: Process; **Level of Analysis**: Health Plan; **Setting of Care**: Emergency Department and Services, Outpatient Services; **Data Source**: Claims

Measure Steward/Developer Representatives at the Meeting

- Deidra Washington
- Brittany Wade
- Bob Rehm

- Mary Barton
- Dani Rainia

Standing Committee Votes

- Evidence: H-12; M-8; L-0; I-0 (20/20, 100 percent)
- Performance Gap: H-11; M-10; L-0; I-0 (21/21, 100 percent)
- Reliability: H-17; M-3; L-0; I-0 (20/20, 100 percent)
- Validity: H-15; M-6; L-0; I-0 (21/21, 100 percent)
- Feasibility: H-20; M-1; L-0; I-0 (21/21, 100 percent)
- Use: Pass-21; No Pass-0 (21/21, 100 percent)
- Usability: H-6; M-12; L-1; I-0 (18/19, 95 percent)

Standing Committee Recommendation for Endorsement: Yes-21; No-0

Mr. Thompson provided a brief description of the measure. The measure developer, Deidra Washington, offered an overview of the measure and summarized their submission. The Standing Committee reviewed the evidence that supports the measure provided by the developer and did not raise any concerns. In the discussion on performance gap, the Standing Committee noted some fluctuation in year-over-year performance but noted that this was most likely due to changes in the measure specifications. Despite the fluctuation, the data still demonstrated a substantive range in performance between plans for both commercial and Medicaid Plans. Although the Standing Committee expressed concerns that there was no disparities information provided, it agreed that a performance gap remains and passed the measure for this criterion. The Standing Committee reviewed the measure specifications as well as the reliability testing method and results and found them to be both appropriate and within acceptable limits. The Standing Committee noted that the measure was valid and agreed that conducting validity tests using convergent validity analyses was appropriate. The Standing Committee did not note any threats to validity. During the discussion on feasibility, the Standing Committee mentioned that this measure was based on medical claims, which are routinely generated in the care delivery process and passed the measure on this criterion. The Standing Committee also noted that the measure is used within the Healthcare Effectiveness Data and Information Set (HEDIS) measure set and in other programs, and although there was a concern raised regarding the extent to which the measure is used by patients, the measure passed on the use criterion. The Standing Committee highlighted that the fluctuation in year-over-year performance data made it difficult to determine whether performance was actually improving but agreed that the measure was nonetheless usable. The Standing Committee recommended the measure for continued endorsement.

#3166 Antibiotic Prophylaxis Among Children With Sickle Cell Anemia (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; **Measure Type**: Process; **Level of Analysis**: Health Plan; **Setting of Care**: Other; **Data Source**: Claims

Measure Steward/Developer Representatives at the Meeting

- Sarah Reeves

Standing Committee Votes

- Evidence: Carried the vote from previous review
- Performance Gap: H-12; M-5; L-0; I-0 (17/17, 100 percent)
- Reliability: M-20; L-0; I-0 (20/20, 100 percent)
- Validity: H-13; M-6; L-0; I-0 (19/19, 100 percent)
- Feasibility: H-10; M-9; L-0; I-0 (19/19, 100 percent)

- Use: Pass-19; No Pass-0 (19/19, 100 percent)
- Usability: H-4; M-14; L-1; I-0 (18/19, 95 percent)

Standing Committee Recommendation for Endorsement: Yes-19; No-0

Dr. Bratzler provided a brief description of the measure. The measure developer, Sarah Reeves, offered an overview of the measure and summarized their submission. The Standing Committee indicated that no new evidence was provided in this new submission and agreed to accept the previous evidence review without voting. The Standing Committee did not raise any concerns during their discussion on performance gap. The developer used data element validity to demonstrate the reliability of this measure, and the Standing Committee agreed the results indicated that the measure was reliable. For validity, the developer conducted data element and measure score testing. The Standing Committee did not have any concerns about the validity of this measure. In the discussion on feasibility, the Standing Committee noted that data for this measure are routinely generated in the care delivery process, and elements are defined in electronic data. The Standing Committee also noted that this measure is used in the Michigan Medicaid program; they suggested that in the future, the developer could include a toolkit that can be used by health plan collaboratives to use the measure. The Standing Committee requested clarity regarding the inclusion of this measure in national measure sets, such as the child core set, and what it is doing in an effort to promote the use of this measure to show improvement in other programs. The developer noted that this measure has been recommended for the child core measure set for four years but has yet to be included in the set; nevertheless, the developer will continue to advocate for its inclusion. The Standing Committee did not have any other concerns about use and usability and recommended the measure for continued endorsement.

#3595 Hydroxyurea Use Among Children With Sickle Cell Anemia (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.; **Measure Type**: Process; **Level of Analysis**: Health Plan; **Setting of Care**: Other; **Data Source**: Claims

Measure Steward/Developer Representatives at the Meeting

- Sarah Reeves

Standing Committee Votes

- Evidence: H-13; M-6; L-0; I-0 (19/19, 100 percent)
- Performance Gap: H-15; M-5; L-0; I-0 (20/20, 100 percent)
- Reliability: M-20; L-0; I-0 (20/20, 100 percent)
- Validity: H-19; M-1; L-0; I-0 (20/20, 100 percent)
- Feasibility: H-13; M-7; L-0; I-0 (20/20, 100 percent)
- Use: Pass-20; No Pass-0 (20/20, 100 percent)
- Usability: H-11; M-9; L-0; I-0 (20/20, 100 percent)

Standing Committee Recommendation for Endorsement: Yes-19; No-0 (19/19, 100 percent)

Dr. Bratzler provided a brief description of the measure. The measure developer, Sarah Reeves, offered an overview of the measure and summarized their submission. The developer noted that this measure examines the proportion of children ages one through 17 with sickle cell anemia who had at least 300 days of hydroxyurea within a year. During the discussion on evidence, the Standing Committee raised the concern that this measure could provide a disincentive for using, perhaps, some newer medication that might be more expensive but would have fewer side effects and asked the developer whether there are other treatments that could provide a similar benefit with less toxicity and side effects. The developer explained that until last year, hydroxyurea was the only medication to reduce pain crises. Two

new medications on the market have been approved, but there is not enough evidence to support their use instead of hydroxyurea. Having no other concerns, the Standing Committee passed this measure on the evidence criterion. The Standing Committee noted that there was a performance gap and were hopeful that this measure would promote movement towards closing the gap. For validity, the developer conducted data element and measure score testing. The Standing Committee did not have any concerns about the validity of this measure. Moving forward, the Standing Committee raised a concern that if a patient is on auto refill, they may receive the prescription but not actually be taking it. The developer acknowledged that auto refill could falsely inflate the numerator; however, the numerator is only 5 percent and inflation is unlikely to influence the measure by a large amount. The developer noted that gaps may potentially be in the continuum of connecting the patient with the medication and while it considered developing prescription measures, the developer noted that those are less likely to be implemented in Medicaid programs or individual health plans. The Standing Committee asked the developer to speak on how contraindications are handled by this measure. The developer stated that contraindications were rare, but patient refusal is an issue and depended largely on the patient-provider relationship. When asked about the co-pay that patients typically pay, the developer indicated it would look into those costs but that prescriptions are mostly 30-day with three refills. The Standing Committee suggested that the developer could work with the Pharmacy Quality Alliance in the future to promote the use of this medication. When asked about the difference between commercial and Medicaid patients, the developer stated that rates were nearly identical. The Standing Committee also asked whether the developer believed the data was generalizable, to which the developer responded that they also looked at this measure in New York Medicaid and saw similarly low rates. Based on the testing results and the developer's response, the Standing Committee agreed the measure was valid. For feasibility, the Standing Committee noted that all data elements were available in electronic claims data and asked the developer whether they paired diagnosis and pharmacy claims data. The developer stated that they identified patients by diagnosis of sickle cell anemia and looked at their prescriptions over time rather than looking at pharmacy claims due to missing diagnosis codes in the pharmacy claims data. For usability, the Standing Committee noted high usability in the Michigan Medicaid program and asked the developer whether any other Medicaid programs expressed interest in the measure. The developer stated that the measure was being piloted in Michigan but was delayed due to COVID-19. The Standing Committee noted a large opportunity for improvement during the use discussion but expressed no concerns. The Standing Committee recommended the measure for NQF endorsement.

#3599 Pediatric Asthma Emergency Department Use (Albert Einstein College of Medicine/University of California San Francisco)

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; **Measure Type**: Outcome; **Level of Analysis**: Health Plan; **Setting of Care**: Outpatient Services; **Data Source**: Claims

Measure Steward/Developer Representatives at the Meeting

- Michael Cabana
- Chuck McCulloch
- Naomi Bardach

Standing Committee Votes

- Evidence: Pass-15; Do Not Pass-4 (15/19, 79 percent)
- Performance Gap: H-5; M-12; L-1; I-0 (17/18, 94 percent)
- Reliability: Yes-19; No-0 (19/19, 100 percent)

    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's rating for Reliability: Moderate (H-2; M-5; L-0; I-1)
- Validity: H-2; M-12; L-5; I-0 (17/19, 89 percent)
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's ratings for Validity: CNR (H-0; M-3; L-2; I-1)
- Feasibility: H-13; M-5; L-0; I-0 (18/18, 100 percent)
- Use: Pass-18; No Pass-2 (18/20, 90 percent)
- Usability: H-1; M-17; L-0; I-0 (18/18, 100 percent)

Standing Committee Recommendation for Endorsement: Yes-18; No-1 (18/19, 95 percent)

Mr. Thompson provided a brief description of the measure. The measure developer, Michael Cabana, offered an overview of the measure and summarized their submission. The developer noted that the goal of this measure is to improve clinical care and therefore prevent pediatric emergency department visits for asthma. During the evidence discussion, the Standing Committee raised concerns over the construction of the measure including 100 child years instead of a standard format. The developer indicated that rationale for the measure construction was framed as case rate per 100 child years because the numerator captures more than whether a patient has at least one pediatric asthma visit during the measurement year. The Standing Committee also raised concerns about the age range of three to 21 years. The developer noted that there are different triggers for asthma exacerbations based on age. In response, the Standing Committee asked for clarification regarding the mention of a Vermont Collaborative in the evidence. The developer noted that the evidence was based on a controlled trial, not a randomized control trial. The Standing Committee agreed that the evidence supported the measures. The Standing Committee also noted that a performance gap was evident and expressed no concerns. This measure was evaluated by the Scientific Methods Panel (SMP) and was rated as moderate for reliability. The Standing Committee had no concerns about reliability and voted to accept the SMP's rating. The SMP did not reach consensus on validity for this measure. The Standing Committee noted overall good validity but asked the developer to provide rationale for the HEDIS measures that were chosen for validity testing. The developer indicated that the measure was compared against HEDIS measures based on the SMP's recommendation during the previous submission. The developer explained that the HEDIS measures that were chosen and related were expected to be correlated with this measure, and the HEDIS measures that were not related were expected to not have a correlation. The developer noted a sensitivity analysis was performed on the second diagnosis, looking at the relationship between mental health and asthma medication to make sure the findings still held. After this discussion, the Standing Committee agreed the measure was valid. The Standing Committee did not raise any concerns regarding feasibility and passed the measure on this criterion. During the discussion on use, the Standing Committee expressed concerns with the measure's limited use so far considering the measure was only tested in two states. The Standing Committee also raised concerns that the states where the measures were being used for testing lack racial diversity, but they passed the measure on use since it was a new measure. For usability, the Standing Committee asked the developer to speak on the lack of diverse settings where this measure is being implemented. The developer noted that social determinants of health were considered during measure development through the risk adjustment model and that the populations in the states used to test the measure are diverse. The Standing Committee noted that seeing data for multiple years may alleviate concerns surrounding usability and did not foresee any unintended consequences of implementing the measure. The Standing Committee recommended the measure for NQF endorsement.

Related and Competing Measures

The Standing Committee was not able to discuss related and competing measures during the evaluation meeting and will discuss harmonization during the post-comment meeting.

Public Comment

Two comments were received prior to the measure evaluation meeting on NQF #3568. The first comment indicated support of the measure citing high-face validity, testing performed across broad populations, and relevance to improvement activities. The second commenting organization did not express support for this measure, citing lack of empirical analysis.

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

Next Steps

NQF will post the draft technical report on March 30, 2021, for public comment for 30 calendar days. The continuous public commenting period with member support will close on April 28, 2021. NQF will reconvene the Standing Committee for the post-comment web meeting on May 28, 2021.