NATIONAL QUALITY FORUM

Meeting Summary

Primary Care and Chronic Illness Standing Committee—Post-Comment Web Meeting, Fall 2018 Cycle

The National Quality Forum (NQF) convened the Primary Care and Chronic Illness Standing Committee for a post-comment web meeting on May 6, 2019.

Welcome, Introductions, and Review of Meeting Objectives

Co-chairs Dale Bratzler and Adam Thompson welcomed the Standing Committee and participants to the post-comment web meeting. NQF staff reviewed the meeting objectives.

Review Measures and Public Comments Received

During this review cycle, the Primary Care and Chronic Illness Standing Committee reviewed and recommended continued endorsement for the following measure undergoing maintenance review:

- 0729 *Optimal Diabetes Care* (MN Community Measurement)

The Committee reviewed one new eMeasure:

- 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)

The draft report for this measure cycle was posted on the project webpage for public and NQF member comment on March 18, 2019 for 30 days. This commenting period closed on April 16, 2019. NQF Senior Director Samuel Stolpe provided a summary of the comments received during the public comment period; NQF received five comments from four member organizations. Some comments expressed concerns similar to those raised during the February Standing Committee measure evaluation web meetings. Two themes and one measure-specific comment were identified in the comment memo after the post-evaluation commenting period as follows:

1. Opposition to 0729 *Optimal Diabetes Care*
2. Support for 0729 *Optimal Diabetes Care*
3. Measure-specific comment on 3475e *Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture*

Theme 1 – Opposition to 0729 Optimal Diabetes Care

NQF received two comments from two members with concerns on the conflicting guidelines/evidence for hemoglobin A1c targets and blood pressure control. Both commenters were concerned that the composite does not adequately address recommendations from specific guidelines in the specifications and risk model, and that the measure is not focused on patient-centered, individualized HbA1c goals and/or blood pressure control. One commenter also noted opposition to "all-or-none" composite measures, stating that they are inappropriate for use in value-based payment systems as they equally penalize providers who meet 0/5 or 4/5

components. Additionally, this commenter noted that some of the components are process measures, while others measure outcomes that are highly impacted by social determinants of health, which individual practices cannot control.

The developer responded to the comments noting that the measure is in alignment with evidence. The developer noted the ACCORD guidelines which support the A1C target of less than 8. The developer previously noted that the measure captured a target of A1C less than 7 prior to the release of the ACCORD guidelines. The developer also responded that the blood pressure target of 140/90 is also supported by evidence, as was thoroughly discussed by an expert group convened by the developer given there are two conflicting guidelines on blood pressure control.

The patient representative on the Standing Committee inquired if any unintended consequences were noted during implementation of the measure. The developer did note that patients' average A1C levels have trended upward in Minnesota as well as at the national level.

Some Standing Committee members, including the patient representative, raised concerns on the all-or-none composite construction of the measure. The Committee was concerned that meeting all five components was "aspirational" and that good providers can be penalized for only meeting four of the five components while still providing quality care. One Committee member felt this measure will result in disparities of care because of the all-or-none nature of the measure. The developer did respond that the measure attempts to address disparities through the risk adjustment in the measure. The developer noted that the measure has been in use for 10 years in Minnesota and is patient-centric and also meeting multiple goals simultaneously to improve long-term goals.

NQF noted that the evidence and all-or-none composite construction were discussed previously by the Standing Committee during the February 2019 measure evaluation web meeting where the Standing Committee voted to pass the measure on all criteria and recommended the measure for continued endorsement. However, NQF stated that the Standing Committee can vote to reconsider their previous recommendation if they wish to do so. The Standing Committee voted on whether they would like to reconsider their previous recommendation of continued endorsement for 0729 and elected not to do so.

Standing Committee Votes

- Reconsider recommendation for continued endorsement of 0729: Yes-6; No-9

The Standing Committee vote results did not achieve >60% voting to reconsider their previous recommendation of continued endorsement of 0729 *Optimal Diabetes Care*. The measure will continue to be recommended for endorsement by the Standing Committee and will move forward to the Consensus Development Standards Committee (CSAC) for review in early June 2019.

Theme 2 – Supportive Comments for 0729 Optimal Diabetes Care

Two comments expressed support for the Committee's recommendation for re-endorsement of measure 0729 *Optimal Diabetes Care*. Commenters noted the measure's contribution to helping advance improvement in optimal diabetes care outcomes in Minnesota. The Standing Committee had no further discussion on these comments.

Measure-Specific Comment — 3475e

NQF received one comment on 3475e which supported the Standing Committee's concerns regarding the limited exclusions included in the measure specifications and associated impact on the validity of the measure. NQF Senior Director Samuel Stolpe highlighted that during the February measure evaluation web meeting, the Standing Committee expressed three concerns: The EHR might not be capturing risk factors that the patient has; there are not enough exclusions in the measure; and providers won't offer DXA scans to many women at risk for osteoporosis.

During the post-comment web meeting, the developer noted that the FRAX score is an optional tool and not required in the measure. There are other proxies to the FRAX tool which were vetted through the developer's expert panel which can be used in this measure.

In addition, the developer emphasized that the measure currently has 27 exclusions, which were determined through an extensive literature review and vetted by their expert panel. In response to the NQF Standing Committee concerns around not including COPD, transplants, cranial radiation, and/or cancer in the denominator exclusion of this measure, the developer re-reviewed the evidence following the February measure evaluation web meeting and shared their findings on the post-comment web meeting. The condition of COPD was previously reviewed by their expert panel and currently has mixed evidence linking COPD to increased rates of osteoporotic fractures. The developer indicated that smokers and being on steroids (which are risks associated with COPD) are currently addressed in the measure. Transplants also have mixed evidence linked to osteoporotic fractures. The developer did not find any evidence linking cranial radiation to osteoporotic fractures. For cancer, there is some evidence linking breast cancer to increased risk of osteoporotic fractures; however, the developer's clinical expert panel group would need to look further at this potential exclusion. The developer noted all four of the exclusions mentioned by the NQF Standing Committee can be revisited in the future if the measure is implemented in a CMS federal program.

The Standing Committee was satisfied that the developer would continue to evaluate additional exclusions for the measure. However, one Committee member noted a concern that the literature should not just target linking the above noted exclusions (COPD, transplants, cranial radiation, and/or cancer) to an increased osteoporotic fracture rate, but also look at linkage of those exclusions to osteoporotic disease, before osteoporotic fractures occur.

After reviewing the comment received and the developer's response, the Standing Committee re-voted on the validity criterion, which did not reach consensus at the February measure evaluation web meeting.

Standing Committee Votes

- Validity: High-1; Moderate-11; Low-1; Insufficient-1
- Overall Recommendation for Endorsement: Yes-12; No-2

The Standing Committee passed the measure on the validity subcriterion, and next voted on overall endorsement of the measure. The Standing Committee recommended the measure for overall endorsement. The measure will move forward to the CSAC for review in early June 2019.

Public Comment

No public or NQF member comments were provided during the post-comment web meeting.

Next Steps

Fall 2018 Cycle:
NQF will convene the CSAC web meeting on June 5-6, 2019 for review and approval of the two measures. Following the CSAC review, there will be an appeals period, tentatively scheduled for June 11 through July 10, 2019.

Spring 2019 Cycle:
For the spring 2019 cycle, there will be 10 measures for review. The Standing Committee will have a measure evaluation in-person meeting on June 26, 2019 at NQF offices in Washington DC. The post-measure evaluation web meeting is scheduled for July 1, 2019.