



## Primary Care and Chronic Illness Standing Committee— Measure Evaluation In-Person Meeting

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The National Quality Forum (NQF) convened the Primary Care and Chronic Illness Standing Committee for an in-person meeting on June 21, 2018 at the NQF offices in Washington, DC to evaluate seven measures.

### Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the in-person 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 staff provided an overview of the topic area and the current NQF portfolio of endorsed measures. There are currently 55 endorsed measures in the Primary Care and Chronic Illness portfolio. Additionally, 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 seven maintenance measures for endorsement consideration. A summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on July 30, 2018 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 – Moderate; L – Low; I – Insufficient

### 0037 Osteoporosis Testing in Older Women (OTO) National Committee for Quality Assurance (NCQA)

#### *Measure Steward/Developer Representatives at the Meeting*

Bob Rehm, NCQA

Emily Morden, NCQA

#### *Standing Committee Votes*

- Evidence: H-0; M-6; L-2; I-12
- Performance Gap: H-0; M-14; L-0; I-6
- Reliability: H-0; M-9; L-4; I-7
- Validity: H-0; M-5; L-0; I-15
- Feasibility: The Committee did not discuss or vote on this criterion since the measure did not pass the validity criterion.
- Use: The Committee did not discuss or vote on this criterion since the measure did not pass the validity criterion.

- Usability: The Committee did not discuss or vote on this criterion since the measure did not pass the validity criterion.

#### *Standing Committee Recommendation for Endorsement*

The Standing Committee did not vote on the recommendation for endorsement because the measure did not pass the validity criterion—a must-pass criterion. The Committee indicated its strong support of measures that address osteoporosis testing. However, Committee members had several concerns with the validity of the measure. One concern by the Committee was how asking a question in a survey to the patient/proxy will lead to a better health outcome. There is evidence supporting screening for osteoporosis with a bone density test; however, the intervention of patient self-reporting of a bone density test is not supported by the evidence. In addition, a patient representative on the Committee also expressed that patient self-reporting will not have an impact directly on the patient (i.e., how will the survey benefit the patient?). Finally, the Committee acknowledged that the measure captures a large patient population at the health plan level; however, several Committee members had concerns about whether the patient/proxy recall about having had a bone density test is accurate, given that no testing has been done to support that the patient response is valid.

The measure will be made available for public comment.

#### **0046 Screening for Osteoporosis for Women 65-85 Years of Age (NCQA)**

##### *Measure Steward/Developer Representatives at the Meeting*

Bob Rehm, NCQA

Emily Morden, NCQA

##### *Standing Committee Votes*

- Evidence: H-14; M-6; L-0; I-0
- Performance Gap: H-0; M-18; L-1; I-1
- Reliability: H-0; M-20; L-0; I-0
- Validity: M-20; L-0; I-0
- Feasibility: H-0; M-20; L-0; I-0
- Use: Pass-20; No Pass-0
- Usability: H-1; M-18; L-0; I-1

##### *Standing Committee Recommendation for Endorsement: Yes-20; No-0*

The Standing Committee recommended the measure for continued endorsement. The Committee indicated its strong support of measures that address osteoporosis screening. The Committee agreed there is strong evidence supporting osteoporosis screening. The Committee did express a feasibility concern for the measure when there is a change in healthcare providers. In response, a Committee member recommended that the measure should be made available as an eCQM in the future. In addition, the Committee discussed a potential unintended consequence of the measure could be overuse of a dual-energy x-ray absorptiometry (DXA) test. However, the Committee felt the benefit of a DXA test outweighed this unintended consequence.

### 0053 Osteoporosis Management in Women Who Had a Fracture (NCQA)

#### *Measure Steward/Developer Representatives at the Meeting*

Bob Rehm, NCQA

Emily Morden, NCQA

#### *Standing Committee Votes*

- Evidence: H-3; M-16; L-0; I-0
- Performance Gap: H-7; M-12; L-0; I-1
- Reliability: H-0; M-19; L-0; I-0
- Validity: M-16; L-2; I-1
- Feasibility: H-0; M-15; L-4; I-0
- Use: Pass-19; No Pass-0
- Usability: H-0; M-17; L-1; I-1

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

The Standing Committee recommended the measure for continued endorsement. The Committee indicated its strong support of measures that address osteoporosis testing and management. The Committee agreed there is moderate evidence supporting the measure. In addition, the Committee discussed that a potential unintended consequence of the measure could be overuse of a bone mineral density test. However, the Committee felt the benefit of the test outweighed this unintended consequence. In future updates to the measure, the Committee recommended that the measure clearly specify the types of fractures (i.e., trauma/emergent fractures) and remove from the value code set, where appropriate. In addition, the Committee recommended that the exclusions be re-visited. One Committee member was concerned that the measure is excluding the long-term, institutionalized population. Another Committee member recommended that additional exclusions could potentially be added in the future, such as the palliative care population. Finally, the Committee hopes to see more robust data available on the measure at the clinician level of analysis, which is currently in use in the CMS Quality Payment Program.

### 0055 Comprehensive Diabetes Care: Eye Exam (retinal) performed (NCQA)

#### *Measure Steward/Developer Representatives at the Meeting*

Bob Rehm, NCQA

Dan Roman, NCQA

#### *Standing Committee Votes*

- Evidence: H-4; M-16; L-0; I-0
- Performance Gap: H-8; M-12; L-0; I-0
- Reliability: H-0; M-20; L-0; I-0
- Validity: H-0; M-20; L-0; I-0
- Feasibility: H-1; M-19; L-0; I-0
- Use: Pass-20; No Pass-0
- Usability: H-0; M-19; L-0; I-1

*Standing Committee Recommendation for Endorsement: Yes-20; No-0*

The Standing Committee recommended the measure for continued endorsement. The Committee indicated its strong support of this measure addressing retinal eye exam for the diabetic population. The Committee agreed that moderate evidence supports the measure. The Committee discussed that a potential unintended consequence of the measure could be overuse of a retinal eye exam. However, the Committee felt the benefit of the eye exam outweighed this unintended consequence. One Committee member noted a challenge to get diabetic patients to come in for this eye exam, as supported by the performance gap present in this measure. The Committee also noted a challenge for primary care practitioners to get the reports on this eye exam, when performed by other clinicians and/or vision centers. Finally, one Committee member recommended expanding the denominator population to include those less than 65 years old in the future.

**0056 Comprehensive Diabetes Care: Foot Exam (NCQA)**

*Measure Steward/Developer Representatives at the Meeting*

Bob Rehm, NCQA

Dan Roman, NCQA

*Standing Committee Votes*

- Evidence: H-0; M-20; L-0; I-0
- Performance Gap: H-5; M-15; L-0; I-0
- Reliability: Committee did not re-vote and accepted the reliability rating of High from last maintenance review
- Validity: H-7; M-13; L-0; I-0
- Feasibility: H-2; M-12; L-6; I-0
- Use: Pass-20; No Pass-0
- Usability: H-1; M-19; L-0; I-0

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

The Standing Committee recommended the measure for continued endorsement. The Committee indicated its support of this measure addressing foot exams for the diabetic population. The Committee agreed that moderate evidence supports the measure. In addition, the performance gap continues to exist. One Committee member recommended expanding the denominator population to include those greater than 75 years old in the future.

**0057 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (NCQA)**

*Measure Steward/Developer Representatives at the Meeting*

Bob Rehm, NCQA

Dan Roman, NCQA

*Standing Committee Votes*

- Evidence: H-5; M-14; L-0; I-0
- Performance Gap: H-4; M-15; L-0; I-0
- Reliability: H-3; M-16; L-0; I-0

- Validity: H-5; M-14; L-0; I-0
- Feasibility: H-15; M-4; L-0; I-0
- Use: Pass-19; No Pass-0
- Usability: H-10; M-5; L-3; I-0

*Standing Committee Recommendation for Endorsement: Yes-18; No-0*

The Standing Committee recommended the measure for continued endorsement. The Committee indicated its support of the measure addressing the rates of hemoglobin A1c (HbA1c) testing. The Committee supported this measure's continued endorsement. A Committee member did note that there is increasing resistance in the field for lower impact process measures and that this could pose an issue in the future.

**0062 Comprehensive Diabetes Care: Medical Attention for Nephropathy (NCQA)**

*Measure Steward/Developer Representatives at the Meeting*

Bob Rehm, NCQA

Dan Roman, NCQA

*Standing Committee Votes*

- Evidence: H-0; M-18; L-0; I-0
- Performance Gap: H-0; M-18; L-0; I-0
- Reliability: H-10; M-8; L-0; I-0
- Validity: H-1; M-16; L-1; I-0
- Feasibility: H-5; M-13; L-0; I-0
- Use: Pass-18; No Pass-0
- Usability: H-10; M-8; L-0; I-0

*Standing Committee Recommendation for Endorsement: Yes-18; No-0*

The Standing Committee recommended the measure for continued endorsement. The Committee indicated its support of this measure addressing medical attention for nephropathy. The Committee agreed that moderate evidence supports the measure. The Committee had questions about the numerator's inclusion of patients on angiotensin converting enzyme inhibitors (ACEI) or angiotensin-receptor blockers (ARB) being noted as sufficient screening for nephropathy. A patient could be on these medications for another condition other nephropathy. The Committee concluded that most practitioners would be monitoring nephropathy for individuals on these medications. The Committee discussed the purpose of this measure and clarified that this measure focuses solely on whether patients are being evaluated for nephropathy. The management of care quality should be captured in a different measure. The developer also noted that this measure is used as part of a bundle of measures to assess overall diabetes care quality. One Committee member noted that depending on the electronic health record, the information required to collect the data for this measure may not exist in defined data fields.

## **Public Comment**

No public or NQF member comments were provided during the in-person measure evaluation meeting. No public or NQF member comments were received during the pre-commenting period (May 1, 2018-June 12, 2018).

## **Next Steps**

NQF will post the draft technical report on July 31, 2018 for public comment for 30 calendar days. The continuous public comment with member support will close on August 29, 2018. NQF will re-convene the Standing Committee for the post-meeting web meeting on June 26, 2018 for the related and competing discussion and the NQF prioritization initiative follow-up. NQF will re-convene the Standing Committee for the post-comment web meeting on September 19, 2018.