NATIONAL QUALITY FORUM
Driving measurable health improvements together

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 web meetings on June 25, 2020, June 26, 2020, and July 10, 2020 to evaluate three measures.

Welcome, Introductions, and Review of Meeting Objectives

On each of these meetings, NQF 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 interests.

Some Committee members were unable to attend the entire meeting. There were early departures and late arrivals. The vote totals reflect members present and eligible to vote. Quorum was met and maintained for the entirety of all the meetings.

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 48 quality 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 three 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 August 5, 2020 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

3569e Prediabetes: Screening for Abnormal Blood Glucose (American Medical Association)

This is an electronic clinical quality measure (eCQM).

Measure Steward/Developer Representatives at the Meeting

Beth Tapper, Koryn Rubin, Kate Kirley, Greg Wozniak, Ronald Ackerman

Standing Committee Votes

- Evidence: H-4; M-17; L-1; I-0
- Performance Gap: H-5; M-17; L-0; I-0
- Reliability: H-1; M-16; L-5; I-0
- Validity: H-0; M-11; L-8; I-3
- Feasibility: H-0; M-5; L-14; I-1

- Use: Pass-17; No Pass-3
- Usability: H-0; M-18; L-1; I-1

Standing Committee Recommendation for Endorsement: Consensus Not Reached

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. The Committee will revote on the measure on the post-comment web meeting on September 24, 2020. The Committee noted that this is a new process measure which assesses the percentage of patients aged 40 years and older with a BMI greater than or equal to 25 who are seen for at least two office visits—or at least one preventive visit during the 12-month period who were screened for abnormal blood glucose at least once in the last three years. The Committee indicated support of measures that address prediabetes, acknowledging a gap in NQF-endorsed measures that specifically address the issue. Concerning the evidence criterion, Committee members agreed this is an important area of measurement and determined that the evidence submitted generally supports the measure. The Committee noted that the developer cited guidelines from the American Diabetes Association (ADA) as well as from the United States Preventative Services Task Force (USPSTF). The Committee questioned the fact that the measure does not have an age upper limit, noting the USPSTF guidance related to screening for diabetes for patients with high BMI ages between 40-70. The Committee agreed that gap that exists based on the literature despite the lack actual data of patient care.

During the discussion around reliability, Committee members raised concerns that this measure was only tested in two electronic health record (EHR) systems and was not tested with an EHR system less robust than Epic or Cerner. The Committee was concerned with the electronic clinical quality measure (eCQM) feasibility scorecard for Epic and Cerner, noting that the accuracy results were not clear and that there may be poorer results in smaller EHR systems. The Committee passed the measure on reliability. Regarding validity testing, the Committee raised several concerns. It noted that several of the data elements had accuracy issues and could present challenges with acquiring data across different providers. Consensus was not reached on the validity of this measure. The measure was not regarded as feasible by Committee members citing the lack of fasting glucose being listed as such and the fact that that comfort measures are not necessarily standard. The Committee did not express any concerns with use and usability. This measure will be available for public comment.

3570e Intervention for Prediabetes (American Medical Association)

This is an eCQM.

Measure Steward/Developer Representatives at the Meeting

Beth Tapper, Koryn Rubin, Kate Kirley, Greg Wozniak, Ronald Ackerman

Standing Committee Votes

- Evidence: H-0; M-16; L-2; I-2
- Performance Gap: H-2; M-16; L-1; I-1
- Reliability: H-0; M-16; L-3; I-0
- Validity: H-0; M-13; L-3; I-3
- Feasibility: H-0; M-5; L-15; I-1
- Use: Pass-18; No Pass-0

- Usability: H-0; M-10; L-6; I-2

Standing Committee Recommendation for Endorsement: Yes-5; No-13

The Standing Committee did not recommend the measure for initial endorsement. This is a new process measure which assesses the percentage of patients aged 18 years and older with identified abnormal lab result in the range of prediabetes during the 12-month measurement period who were provided an intervention. The Committee noted that overall there was good evidence for this measure and passed on this criterion. The Committee also noted that this measure could be an outcome measure but recognized that providers may not have the processes in place to achieve those outcomes and therefore a process measure is still useful. The Committee had no concerns about performance gap. In terms of reliability, the Committee raised concerns sampling methodology. The Committee noted that convenience sampling did not necessarily indicate systematic bias. The Committee passed this measure on reliability. The Committee passed the measure on validity, but noted that the measure had concerns associated with the feasibility scorecard in that the accuracy of the data elements was questionable. The Committee did not pass the measure on feasibility, raising concerns that the fields needed to collect this measure are not present in the EHR. The Committee did not have any concerns on use. For usability, the Committee noted that there are potential issues with lack of discrete fields to document the referral and patient lacking access to a diabetes prevention program because their insurance doesn't cover it. The Committee passed this measure on usability. The Committee observed that there are no related and competing measures to discuss for this measure. This measure will be available for public comment.

3571e Retesting of Abnormal Blood Glucose in Patients with Prediabetes

This is an eCQM.

Measure Steward/Developer Representatives at the Meeting

Beth Tapper, Koryn Rubin, Kate Kirley, Greg Wozniak, Ronald Ackerman

Standing Committee Votes

- Evidence: H-0; M-4; L-6; I-7
    - Exception to Evidence: Y-10; N-7
- Performance Gap: H-1; M-10; L-3; I-3
- Reliability: H-0; M-12; L-5; I-0
- Validity: H-0; M-9; L-7; I-1
- Feasibility: H-0; M-7; L-9; I-0
- Use: Pass-15; No Pass-2
- Usability: H-0; M-7; L-6; I-3

Standing Committee Recommendation for Endorsement: Consensus Not Reached.

The Standing Committee did not vote on the recommendation for endorsement at the meeting because the Committee did not reach consensus on evidence and validity—both must-pass criteria. The Committee will revote on the measure on the post-comment web meeting on September 24, 2020. This is a new process measure which assesses the percentage of patients aged 18 years and older who had an abnormal fasting plasma glucose, oral glucose tolerance test, or hemoglobin A1c result in the range

of prediabetes in the previous year who have a blood glucose test performed in the one-year measurement period.

The Committee began the discussion with a review of the evidence. The Committee questioned whether there was evidence to suggest that testing within one year is the correct time frame. The developer noted that the ADA recommended at least an annual retesting. Nonetheless, the Committee noted that there may be unintended consequences associated with testing frequently, namely false positives in testing for diabetes, which will increase along with testing frequency. One Committee member noted that this is a process measure with little evidence to back it and expressed concern that the quality measurement enterprise generally has sufficient process measures and not enough outcome measures. The Committee did not pass the measure on evidence and did not achieve consensus on the vote to grant an exception to evidence. The Committee observed the developer's review of the literature that suggests a gap in care, noting that the United States has 84 million adults with prediabetes, that nine out of 10 patients who have prediabetes are not aware, and that missed opportunities among primary care providers in diagnosing and managing patients with prediabetes represent a gap in care. In the discussion on validity, the Committee expressed some concern that the measure may not have had all data elements tested and that the eCQM feasibility scorecard assessment indicated the many data elements had issues in the accuracy domain, indicating that these data elements may not be accurately captured. The Committee did not achieve consensus on validity.

In the review of the measure's feasibility, the Committee was also concerned that reporting the measure may be challenging since the accuracy of the data elements was not clear. In the discussion on use, the Committee noted that the measure has not been implemented, but the developer has the intention of submitting the measure to CMS for the MIPS program. During the discussion on usability, the Committee noted that diabetes testing is not completely harmless since going into a primary care provider for regular screening can be burdensome for patients due to peripheral costs and inconvenience. The Committee did not achieve consensus on usability. This measure will be available for public comment.

Public Comment

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

Next Steps

NQF will post the draft technical report on August 5, 2020 for public comment for 30 calendar days. The continuous public comment with member support will close on September 3, 2020. NQF will reconvene the Standing Committee for the post-comment web meeting on September 24, 2020.