



Primary Care and Chronic Illness Standing Committee— Post-Comment Web Meeting, Spring 2019 Cycle

The National Quality Forum (NQF) convened the Primary Care and Chronic Illness Standing Committee for a post-comment web meeting on September 24, 2019.

Welcome, Introductions, and Review of Meeting Objectives

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

Background

During this review cycle, the Primary Care and Chronic Illness Standing Committee reviewed 10 measures during the June and July 2019 measure evaluation meetings. Six were recommended for endorsement; two were not recommended for endorsement; and the Committee did not reach consensus on two measures.

Recommended:

- 0086 Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation (PCPI Foundation)
- 0541 Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category (Pharmacy Quality Alliance)
- 2522 Rheumatoid Arthritis: Tuberculosis Screening (American College of Rheumatology)
- 2523 Rheumatoid Arthritis: Assessment of Disease Activity (American College of Rheumatology)
- 2525 Rheumatoid Arthritis: Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy (American College of Rheumatology)
- 3059e One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk (PCPI Foundation)

Not Recommended:

- 0089 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (PCPI Foundation)
- 0089e Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (PCPI Foundation)

Consensus Not Reached:

- 0086e Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation (PCPI Foundation)
- 3060e Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users (PCPI Foundation)

Review Comments and Re-vote of Consensus Not Reached Measures

0086e Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

Measure Steward/Developer Representatives at the Meeting

Elvia Chavarria and Samantha Tierney
The PCPI Foundation

Standing Committee Votes

Validity: H- 2; M- 7; L- 5; I- 0

Standing Committee Recommendation for Endorsement: Yes- 11; No- 3

The Committee did not initially reach consensus on validity for measure 0086e at the measure evaluation meeting on July 1, 2019. Committee Co-chair Dr. Bratzler and NQF senior director Dr. Stolpe summarized the Committee's previous concerns on validity, including: (1) consideration of the appropriate coding of this measure which includes normal-tension and low-tension glaucoma; (2) if the appropriate measure title and target population is primary open-angle glaucoma or the general glaucoma population; and (3) that the empirical validity result using Pearson's correlation coefficients to compare performance of 0086e with PQRS 117 *Diabetes: Eye Exam* was weak at the EHR level (0.36).

The developer noted again their plan to share the Committee's feedback on coding and the measure title with their technical expert panel during their annual update process. After the review of public comments and the developer response on 0086e, the Committee re-voted on the validity criterion and the overall recommendation for endorsement. The Committee passed the measure on the validity criterion and overall recommendation for NQF endorsement.

3060e Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users

Measure Steward/Developer Representatives at the Meeting

Elvia Chavarria and Samantha Tierney
The PCPI Foundation

Standing Committee Votes

Reliability: M-5; L-7; I-2

Standing Committee Recommendation for Endorsement: Yes - N/A; No - N/A

The Committee did not initially reach consensus on reliability on measure 3060e at the measure evaluation meeting on June 26, 2019. Dr. Stolpe summarized previous Committee concerns on reliability which included: (1) the occurrence rate is very small, with only 30 events in the first data set, and 22,000 events from 4.8 million visits in the second. The Committee felt that this implies that there may be an issue with who is self-reporting as an active injection drug user, compounded by the potential for self-reporters to be the same population that would be willing to get tested. (2) The Committee also previously noted that injection drug users do not typically schedule care, so the exclusion of emergency departments as a care setting is also a potential confounder. (3) The developer noted that the larger data set excluded all providers who had fewer than 10 events due to potential reidentification issues in the deidentified data. This

indicates that the measure was not tested to specifications due to misalignment of exclusion criteria in the testing and specifications.

The developer shared with the Committee on the post-comment call that the second data set has a structured field which does capture a good portion of active injection drug users at the site, but not for the entire data set. There were no public comments received on this measure during the commenting period. The Standing Committee had no further discussion. The Committee re-voted on reliability criterion and did not pass the measure on the reliability criterion—a must-pass criterion. Therefore, the measure is not recommended for endorsement.

Review of Measures and Public Comments Received

The draft report for this measure cycle was posted on the project webpage for public and NQF member comment from August 1-30, 2019. NQF Project Manager Hiral Dudhwala summarized the comments received during the public comment period. NQF received 16 comments from six member organizations. A summary of the public comments are in the [comment memo](#) and [comment table](#).

NQF received four public comments supporting re-endorsement for recommended measures 0086 *Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation* and 0541 *Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category*. NQF received two public comments supporting re-endorsement for consensus not reached measure 0086e *Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation*. The Committee had a thorough discussion on measure 0086e (noted in the summary of 0086e above). NQF received 10 public comments supporting re-endorsement of 0089 and 0089e, which were not recommended for endorsement. The Committee also had a thorough discussion of the reconsideration of 0089 and 0089e (noted in the summary of reconsideration below). For the remaining measures, the Committee did not elect to reconsider any of their previous recommendations for endorsement.

Request for Reconsideration

Measure Steward/Developer Representatives at the Meeting

Elvia Chavarria, Jamie Lehner, and Samantha Tierney
The PCPI Foundation

Standing Committee Votes on 0089 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Reconsideration: Yes - 3; No - 11

Standing Committee Votes on 0089e Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Reconsideration: Yes - 3; No - 11

The measure developer, PCPI Foundation submitted a request for reconsideration on measures 0089 *Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care* and 0089e *Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care*. During the call, NQF senior project manager Suzanne Theberge summarized the developer's rationale for reconsideration: (1) Committee members with ophthalmology and endocrinology

backgrounds supported the measure; (2) the measure could pass under the exception to evidence criterion, where gap in care can substitute for empirical evidence; (3) while there was limited data available for the empirical validity correlation analysis, and despite weak correlation results of 0089, it was still positive and the measure also had strong face validity; (4) the Committee had expressed a preference for a general measure on care coordination, but no general measure currently exists; (5) and there was a lack of Committee quorum on the call for the discussion of 0089e.

During the post-comment call, the developer emphasized that the measures address a CMS priority area of effective communication and coordination. One Committee member was supportive of the measures, as care coordination between the primary care practitioner and/or endocrinologist with the ophthalmologist is important. The Committee member noted that all providers caring for the patient need to know the level of diabetic retinopathy and dates of evaluation by the ophthalmologist. He also indicated that obtaining evidence on these measures would be extremely challenging. Another Committee member noted that it would be more beneficial for the primary care practitioner to receive a note from the ophthalmologist or a copy of the ophthalmologist office visit note. Some Committee members reiterated the discussion from the measure evaluation web meetings in July 2019: There is no evidence indicating that communication will lead to improved health outcomes for the patient. In addition, the level of retinopathy or knowing the outcome of the diabetic retinopathy evaluation will not change the endocrinologist's or primary care practitioner's treatment of the diabetic patient. One Committee member noted unintended consequences as the lack of interoperability of the current systems allows clinicians other than the treating practitioner to receive the ophthalmologist reports. Finally, one Committee member stressed that the measures did not pass multiple NQF criteria and should not be recommended for endorsement.

NQF noted that five organizations submitted supportive comments to re-endorse the two measures during the commenting period. The Committee voted on whether they would like to reconsider measures 0089 and 0089e, and by a vote of 3-Yes, 11-No, they elected not to reconsider measures 0089 and 0089e. Both measures are not recommended for NQF re-endorsement.

Public Comment

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

Next Steps

Spring 2019 Cycle:

NQF will convene the CSAC at an in-person meeting on October 21-22, 2019 for review and approval of the 10 measures. Following CSAC review, there will be an appeals period tentatively scheduled from November 6 through December 5, 2019.

Fall 2019 Cycle:

For the spring 2019 cycle, there will be seven measures for review. Three measures are considered "complex" and will be reviewed by the NQF Scientific Methods Panel for the scientific acceptability criterion.