NATIONAL QUALITY FORUM

Moderator: Benita Kornegay-Henry
July 8, 2019
8:00 am CT

(Suzanne Cavaras): Okay. Good afternoon, everyone. It looks like we've got a bunch of folks dialing in, so in the interest of time, I think we're going to go ahead and get started. Thank you, everyone, for joining us today especially on such short notice. We really appreciate your being willing to hop on this call today, so we can finish the last measure. This is the NQFT.

My name is (Suzanne Cavaras), the senior project manager, and I'm joined by (Sam) and (Asaba) who are also on the call, as well, and we are going to do a very quick agenda and roll call, and then we will dive into the content of the meeting. So, as you all know, we are just here to look at one last measure 0089E. And we are going to see if we have quorum today, and if we don't, we will let you know next steps for voting, but let's go ahead and move into the roll call and see where we're at with that, and then we'll dive right into the (conference) since we only have an hour. So, (Dale).

(Dale): Yes, I'm here.

(Suzanne Cavaras): Thank you. Adam?

(Adam): Yes, I'm here.

(Suzanne Cavaras): Great, thank you. (Lindsay Bockford)? (William Curry)? (Kim Elliott)?

(Kim Elliott): I'm here.

(Suzanne Cavaras): Thank you. (Scott Freedman)?

(Scott Freedman): Present.

(Suzanne Cavaras): Thank you. (Don Goldman)? (Katherine Gray)?

(Katherine Gray): Here.

(Suzanne Cavaras): Thank you. (Faith Green)? (Daniel Granger)? (Starlen Hadengreeting)?

(Starlen Hadengreeting0: I'm here.

(Suzanne Cavaras): Thank you. (Jeffrey Lewis)? (Katherine McClain)? (Anna McColuster-Slip)? (Sanali Nurain)? (Jane Throsenfeck)? (Victoria Shanrugen)? (Vishi Sing)? (William Taylor)?

(William Taylor): I'm here.

(Suzanne Cavaras): Thank you, and (John Ventura)?

(John Ventura): I'm present.

(Suzanne Cavaras): Thank you, and did anyone join and miss their name on the roll call or join in the last minute or so.

(Don Goldman): Yes, (Don Goldman)'s here but in transit. I'm just on the phone.

(Suzanne Cavaras): Okay. Great, thank you, (Don). Anyone else?

(Vicki Shamagan): Hi, this is (Vicki Shamagan). I'm also just on the phone trying to figure out how to get in on the computer.

(Suzanne Cavaras): Okay. Great. So, by my count, we have ten folks. (Sam) and (Saba), did you get anything different than that?

(Sam): That's what I had, as well, thanks.

(Suzanne Cavaras): All right. So, we're not at quorum, but we are amazed that we managed to get half of you on the line today. Thank you so much. So, what we are going to do is have you vote the Survey Monkey. That link is embedded in the calendar invite that we sent out, the update, too, this morning.

Let us know if you don't have that, and we can send it to you again. So, we can't vote without a quorum, so what we will do is as we discuss the measure, we will go through each of the criteria. We'll discuss everything. There will be no voting, but if you're on the call, you can vote as we go on the Survey Monkey. We just won't be announcing the results of that, and then we will share the recording and transcript and voting poll with the folks who are not on the call today and ask them to vote over the next day or so after listening to the recording, and we'll let you know within a few days what the results are.

So, with that, we are going to just dive right into it. As a reminder, the committee has looked at nine of the ten measures, and they're reviewing the cycle. You recommended six measures up on the screen here on a range of topics. The committee did not recommend 0089 diabetic retinopathy, a communication measure, and the committee did not reach consensus on reliability on one measure 3060E and then did not reach consensus on validity on another measure 0086E, and you'll be re-voting on those last two at the post comment call in September.

So, with that, we will get into the last measure that we have for the cycle 0089E. As a reminder, this is the electronic, the e-measure version of the measure that you reviewed last week, so some similar issues, some different ones because it is an e-measure, and we will proceed as we have with all of our other measures. We'll have the developer give a very brief introduction. We've asked them to keep it to one to two minutes since they only have an hour today, and then we will turn it over to our lead discussant.

I know that they'll have to leave early today, and so we've asked them to just go through all of the criteria for the measure briefly, and then we'll turn it over to the committee to discuss as we do have to discuss everything without a quorum. We'll just have him do the full intro before you start. So, with that, we will turn it over to PCPI to see their brief introduction. PCPI, I am not sure - oh, actually, I think I see a couple of other committee members who have joined on the webinar. If anybody missed the roll call, can you let us know if you're on the phone?

(Anna McColuster): (Anna McColuster) here.

(Suzanne Cavaras): Okay. Great, anyone else? I thought I saw (Starlen Hadengreeting). Are you here, as well?

(Starlen Hadengreeting): Yes, I am.

(Suzanne Cavaras): All right. Great, so still not quite at quorum but much closer, and we can pause again and see where we're at once we get to voting, and perhaps we'll have gotten quorum by then. I know some folks were going to come a little late, and others might have to leave early. So, with that, PCPI, are you on the line and ready to introduce your measure?

(Sam Tierney): Yes, hello, this is (Sam Tierney) with the PCPI. Can you hear me okay?

(Suzanne Cavaras): Yes, we can, thank you.

(Sam Tierney): Okay. Great. Well, thank you so much for the opportunity to present the measure and for scheduling this additional call. I will keep my comments brief, but since it's been a week since we last discussed the measure, I just wanted to remind the committee of the value of this measure from our perspective, so as we discussed before, diabetic retinopathy is a prevalent complication of diabetes affecting close to 30% of diabetic patients need I state.

Coordination of care between the eye care specialist and the provider managing a patient's ongoing diabetes care is essential to stem the progression of vision loss. It not only facilitates the exchange of information about the severity and progression of a patient's diabetic retinopathy, their need for follow-up visits and treatment plans, but it also has been shown to increase rates of adherence to recommended ocular care.

Despite its importance, data from a literature demonstrates wide ranges and rates of this communication occurring from a low of 15% to a high of 81%.

Additionally, data from the use of this e-measure in particular showed a mean rate around 65%. You'll recall in the last call that there was a lot of discussion about the evidence to support the measure and the possibility of invoking (unintelligible) exception to the evidence requirement.

With regards to that, I will say that communicating results from one physician to another physician is an intervention that has not been and is unlikely to be subjected to randomized control trials, and that does not have a strong evidence base. I think you have to find it.

However, give this measure's focus on care coordination which is the key national priority area in a well-recognized gap in the measurement landscape, the exception to NQF's empirical body of evidence for this measure seems quite appropriate, and that's our comments, so thank you for the opportunity, and we look forward to the discussion.

(Suzanne Cavaras): This is (Suzanne). I will just add that because the committee has already discussed the evidence on the paper-based version of this measure, you have the option to carry that vote because they are the same evidence if the committee would like to do so or you can discuss and vote.

(Dale): (Suzanne), this is (Dale). So, I understand that since we're not actually voting today anyway, since we don't have that opportunity, since we don't have a quorum.

(Suzanne Cavaras): Yes, that's true, yes.

(Dale): So, do we just discuss and say, well, that's our recommendation and then let the rest of the committee decide because we don't have a quorum.

(Suzanne Cavaras): Yes.

(Sam): Yes…

(Suzanne Cavaras): You know, we should probably - oh, go ahead, (Sam).

(Sam): Yes, it's a good point, and the way that we've structured the poll actually is probably more reflective of your comment there, (Dale), so we'll just have everybody vote for evidence on the poll.

(Dale): All right. So, I think (Bill Saylor) was our lead discussion for this effort.

(Bill Saylor): So, does that mean I'm on? This is (Bill).

(Sam): You're on, (Bill).

(Bill Saylor): Okay. So…

((Crosstalk))

(Sam): (Bill), I know you need to leave in a minute or two, so if you wanted to go through and…

(Bill Saylor): I have till 3:25.

(Sam): Okay. So, if you wanted to go through all of the assessment that you completed at this point, if that would be easier for you, then you're welcome to do that as your approach, as well.

(Bill Saylor): Yes, I think I need to so that the people can have the whole summary before they go and discuss things.

(Sam): Yes. Thank you.

(Bill Saylor): So, for evidence, so first of all, everybody knows it's that particular melt with the communication physician manage the ongoing diabetes care, and I'll simply say the description itself there was some lack of clarity about what's to be included in the report from the person who does the eye exam to the person who manages the diabetes care.

It's a little unclear exactly how it's communicated, verbal, written, whatever, and it's a little unclear to whom it's provided since it's the person managing the diabetes care, and that sometimes ambiguous certainly between the primary care provider and the endocrinologist. This looks the same as what we saw with the measure we discussed last time except since it's the e-measure, the source is VHR instead of the claims and (registry) sources that were used for the non-e-measure.

Running down to the measure worksheet, the new evidence that was presented was American Academy of Ophthalmology guideline with Level 3 evidence, non-empiric evidence expert opinion saying that communication is a good thing, and nobody can argue with that. It's already been mentioned that with the lack of empiric evidence, we would require an exception since usually NQF requires empiric evidence through a systematic review. You can't do a systematic review when there wasn't any evidence to review.

My comments since I probably won't have a chance to make it later is that without any evidence, we should stick to what we were charged to do and maintain the credibility of NQF in that process by saying that there's no

evidence to do this, and so we should withdraw this measure. It's my own opinion. The opportunity for improvement there clearly is a gap in order of 74%, most recently 81% at the beginning. I don't think anybody would question that we wanted it closer to 100% that there's room to improve. Reliability is the next criteria to consider. Reliability testing, we had…

(Dale): So, (Bill), should we at least open up and see if anyone else has any conversation or discussion about evidence and just remind the group to (Sam)'s point earlier, when we voted on this metric, the non-e-version last week, we found evidence insufficient, but we did on an 8 to 7 vote agree to grant - how did we say it - exception, and we continued the discussion.

Man 1: I think we agreed that he was doing a run through all of the points because he has to leave in ten minutes.

(Dale): Okay. I'm fine. I'm sorry.

(Bill Saylor): Okay. On the reliability question, there was that issue of NQF processes required individual and group to be analyzed separately. That was not done here, but I guess that can be done later, and it's not a huge impediment since we can then assume that what was shown for reliability can apply to the groups. Similarly, NQF requires separate analyses for outpatient post-acute ancillary which were the groups that were looked at, and we can assume that this is only applied to outpatient with the data we have.

NQF rated this as (indeterminant) because of the lack of those separate analyses, but my editorial comment is that doesn't seem to present an overwhelming obstacle where the evidence does and reliability can be overcome. What's coming with validity seems to be more problematic. I'm scrolling down to get to my validity comments. NQF calls the validity testing

weak as the committee believes the developer should be given an exception for face validity testing only.

The big issues from my point of view were that the exclusion category was unspecified. There was no assessment for missing data, and there was no risk adjustment. Those seemed to be much more problematic, and that was the case that we discussed the previous non-e-measure. Feasibility is the next category. NQF noted for the e-measure that the data elements for communication from provider to provider currently unavailable in structured fields. We move onto use and usability, neither of which seems to be problematic, and a quick run through here.

The feedback to the developer requested clarification about again the type of communication, was it verbal or written? What information is included in the communication, and it wasn't mentioned, but I had my own question about how was it known to whom the communication should be given, given the fact that sometimes there's an endocrinologist and a primary provider involved in managing diabetes, getting to visibility and use, and I have to admit that it's difficult for me sometimes to understand the distinction between the two.

The comments made in relation to this measure by members of the committee involved the idea that there's a fairly tangential connection between the communication and the improvement in vision which is the purpose and one commentator asked if it made sense to have the separate measure about follow-up after the exam rather than to incorporate this into the exam itself, and I think given what the committee already discussed last time, that maybe is quick a run through as I can do.

(Dale): All right. Thanks, (Bill). So, (Sam), I'm going to leave it to you guys. Do you want to just walk through each of the individual criteria and why the other

members of the committee open up for any comments first would be evidence?

(Sam): I think that'd be the appropriate route, yes, so let's start with evidence and welcome some comments either from discussions or from the rest of the committee.

(Dale): Are there any other comments about evidence for this particular metric?

(Katherine Gray): This is (Katherine). I just have a question, and this could be for the developer, but is this any way easier to use since it's an e-measure or, you know, equally problematic? I mean, I was just curious about its usability?

(Sam Tierney): Hi, this is (Sam Tierney). Oh, yes. Please go ahead.

(Yvette): Hi, this is Yvette (unintelligible) from CPCI to measure. So, this measure is being used as a theme that's going to go to the program, so we have not received any feedback like about, you know, like the feasibility of this measure, feasibility about this measure which we have through JERA or any other tracking system, so we have not received any questions about this.

(Sam Tierney): This is (Sam Tierney) of the CPCI. I'll just add to what (Yvette) said, I think - and we do get feedback about some of our measures, so I think the fact that we haven't gotten any about challenges with implementation or otherwise is a good sign that it is, you know, feasible and fairly easy to collect, and I think just to your point the question you asked about sort of the differences between this measure and the registry measure, I think, you know, so practically an e-measure should be, you know, easier to use because it relies on data directly from electronic health record.

I know that there are various groups have different opinions about whether that's actually the case or not, but I think that we would hope that is the case, and I just wanted to address the question about what is required, so within our e-measure, we have definitions about communications that specifically speak to what types of communications qualify, and it is broad.

It allows, you know, letter, verbal communication, and then we also have some specifics about what we expect to be included in the communication specifically what we define findings because that's a language in the numerator, and that specifically refers to including the level of severity of retinopathy and the presence or absence of macular edema, so there are some definitions that answer, I think, some of the questions that were raised about, well, what exactly qualifies, and just wanted to share that, as well.

(Dale): All right. Thank you. So, I'm going to hold us to at least the menu of were there any other additional comments about actual evidence for the metric, and if not, the secondary would be GAP, and I think that actually was demonstrated for the previous measure. I don't remember, (Bill), if you talked explicitly about GAP, but there was GAP in performance as I recall.

(Bill Saylor): Yes, no problem with GAP that I saw.

(Dale): Any other comments about either evidence or GAP? Then the next criterion to discuss is reliability, and (Bill) did a nice job of reviewing the discussion for the NQF staff some of the points that were made last time about reliability. Hearing no comments, are there any other comments about reliability around the staff related as sufficient because of the level of analysis the same issue that we discussed with the metric?

So, next would be validity. I'm watching the slides roll before my eyes here. Remember this is the one that we discussed with the non-e-measure where as I recall, I don't believe we passed on this particular criterion, and it was in part because the testing was largely just validity. We also I think as I recall we had some challenges.

(Bill Saylor): (Bill), there were also problems with missing data and the lack of risk adjustment.

(Dale): Didn't we also have some comments about the comparability to measure to the other measure on just performance of the eye exam before referral?

(Bill Saylor): Yes, and still again, the correlation with the measure of a couple of other measures, one of which had a really, really low correlation coefficient putting the level very weak.

(Dale): Other committee members have any other comments about validity?

(Sam Tierney): This is (Sam Tierney) from the PCPI. Can I make a comment about validity just to clarify something?

(Dale): Sure.

(Sam Tierney): I know you're asking for committee member feedback. I just wanted to highlight that, you know, we did do an empirical analysis to support validity because NQF requirements have gone beyond the face validity information that we've included from the last edition which is, you know, the fun of that NQF has requested. I just wanted to clarify, so we do have a very strong coefficient of correlation for one of the measures that we compared this

measure to, and that is another measure for diabetic retinopathy and therefore a measure that is very likely to be reported on by eye care professionals.

The other measure which we compared to that, you know, did have a low coefficient of correlation was a measure around eye exams for diabetic patients which was more likely to be reported on by primary care physicians, and so I think that would explain the likely low coefficient of correlation there compared to the other one which is very high because since it's PQS, there's a provider based program, you know, comparing apples to apples or apples to oranges would likely affect the coefficient of correlation, so just wanted to clarify that and share that additional feedback. Thank you.

(Dale): Okay. Thanks for that. That makes sense. Other committee members have any points to discuss related to validity? Next is feasibility where here there were differences. I don't think we discussed it for the other measure, but feasibility, there were some differences with respect to the ECQM. NQF staff, can you scroll up to the pre-evaluation comments? I just want to make sure I look at all of those real quickly.

(Sam): You bet.

(Dale): Thanks. So I think the PCPI is a developer addressed this concern in the comments that they made earlier. Any other comments about feasibility for this ECQM? So I know this metric has been used in both PQRS and Lipps Program, so it's had use for sure. Any other comments about use of the metric? It is used as feedback. The question is does that feedback, is there good evidence that it will improve the overall outcome and result in more efficient healthcare? I think there were some concerns raised about whether or not just receiving the report would change the actual care.

In terms of benefits versus harms, no real harms. I don't think there are any unintended consequences with this particular performance measure, and quite honestly, as I think I stated last time that this is it for me in a practice that has primary care clinicians that are held accountable for whether the patients got the eye exam done or not by variety of different cares, and so it's one way that I can document that it happened.

I'm not convinced that it changes the way that we treat diabetic patients, but we do have to report on it. Are there other comments about usability and same or other NQF that I mischaracterized usability at all?

(Sam): It sounds like you characterized it just the way we did, as well. Any other committee members wish to weigh in at this point? If not, then we have reached the end of our discussion on this measure. Of course, we sent out the links for this, so you should be able to vote now, if you wish. We'd recommend you do so. We do have a couple of items that we need to do for wrap up, so I can hand it over to (Suzanne) for the final steps. I guess (unintelligible) also has final steps that you were going to do, as well, but (Suzanne).

(Suzanne Cavaras): Thanks, thank you. Yes, so folks who are on the phone, it would be great if you could vote today and just get those votes in, and again, we'll share the transcript and recording with the full committee and ask people to vote offline. Anyone who was not on today, this is the last call, and forgive me, I have skipped draft number and public comments, so we'll pause, and then we'll do the next step. We are now going to open the lines and the chat function for the comment period.

Anyone would like to make a comment, please speak now or submit your comment via the chat. All right. Thank you. Yes, so as I was saying, just

thanks so much for all of your time over the last couple of weeks. We know the extra webinars were additional work in addition to the in-person meeting, and we really appreciate you all coming to DC and also to getting on the phone with us this afternoon and last week, so we will let you know the results of the vote once we have them, and we will be writing everything up and putting it out for comment.

We'll share the draft report with you when it's up for comment on August 1, and then we will speak to you again in September to resolve the two measures that did not reach consensus and to adjudicate any comments that were received. (Asaba), anything else to add?

(Asaba): The only comments is that the Survey Monkey is going to close on Wednesday at five o'clock, so all the committee members that are here today, if you can go ahead and do it today, hopefully get it out of the way. That way, we can just (unintelligible) to be here for his conversation.

(Suzanne Cavaras): All right. Are there any questions from the committee? Well, hearing none, we can adjourn today's call and the spring cycle measure evaluations webinars. And thank you again very much for your time and participation over the last couple of weeks.

(Dale): All right. Thank you.

(Sam): Thanks.

(Katherine Gray): Okay. Thank you.

(Sam): Thanks, everybody.

(Suzanne Cavaras): Bye-bye.

(Asaba): Goodbye.

END