



TAB A

TO: Executive Committee  
FR: Helen Burstin, Chief Scientific Officer  
Marcia Wilson, Senior Vice President, Quality Measurement  
RE: Ratification of Measures for the Pulmonary and Critical Care Project  
DA: July 27, 2016

### **ACTION REQUIRED**

The Executive Committee is asked to ratify the Consensus Standards Approval Committee's (CSAC) recommendation to endorse measures for the current phase of the Pulmonary and Critical Care Project. All of the recommended measures approved by the membership and the CSAC are listed in Appendix A.

### **Measures Evaluated:**

The Pulmonary and Critical Care [Project Standing Committee](#) evaluated 22 measures: four new measures and 18 measures undergoing maintenance review against NQF's standard measure evaluation criteria. Six measures were withdrawn from consideration at the request of the measure developers before Committee review. One measure was deferred to the Patient Safety Committee during the member and public commenting period based on CSAC feedback.

### *Consensus Process*

Standing Committee: Twelve measures were recommended for endorsement, one measure was recommended for endorsement with reserve status and six measures were not recommended for endorsement. The Standing Committee was not able to reach consensus on two measures. (A reconsideration was requested for one of the measures not recommended for endorsement; consequently, this measure was not sent to the CSAC for consideration.)<sup>1</sup>

Member Voting: A total of six member organizations voted on the measures. All of the recommended measures were approved with 67% approval or higher. No votes were received from the Consumer, Health Plan, Public/Community Health Agency or Supplier/Industry Councils.

CSAC: The CSAC reviewed 20 measures and recommended all 12 of the recommended measures for endorsement, plus the one measure recommended for reserve status. The CSAC agreed with the Standing Committee's decision to not recommend five measures for endorsement. For the two measures where the Standing Committee did not reach consensus, the CSAC voted to not recommend those measures for endorsement. (The CSAC memo and Member voting results for this project may be accessed at this [link](#); the project report may be accessed at this [link](#).)

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<sup>1</sup> Reconsideration requested: [Measure #0279 Bacterial Pneumonia Admission Rate \(PQI 11\)](#). Admissions with a principal diagnosis of bacterial pneumonia per 1,000 population, ages 18 years and older.

The CSAC's review included two measures undergoing maintenance review, where the Standing Committee did not reach consensus:

- [Measure #0343 PICU Standardized Mortality Ratio](#). The ratio of actual deaths over predicted deaths for PICU patients.
- [Measure #1799 Medication Management for People with Asthma](#). The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.

The CSAC were provided additional detail regarding the voting by the Standing Committee on each evaluation criteria (see Appendix B). The CSAC had a robust discussion regarding these two measures including input from the Standing Committee Co-Chairs. The CSAC discussion focused on many of the same issues raised during the Standing Committee's deliberations. The CSAC also failed to reach the 60% threshold needed for approval. The CSAC voted not to recommend the two measures for endorsement. For measure #0343, the CSAC voted 8-yes (50%) and 8-no (50%). For measure #1799, the CSAC voted 7-yes (44%) and 9-no (56%). The rationale provided by CSAC members regarding their votes reflected concerns with evidence, usability and deference to the standing committee assessment.

The requirement to reach 60 percent agreement was recommended by the Consensus Task Force to reflect general agreement. As measurement takes on higher stakes, more measures are falling between 40-60 percent agreement which we categorize as "consensus not reached." We recognize that it is problematic for the CSAC to consider measures that fail to reach consensus after standing committee review and public comment. We will consider other consensus-building approaches that ensure that measures are either recommended for endorsement or not recommended for endorsement prior to CSAC consideration.

## Appendix A

### *Measures Recommended:*

- [Measure #0047 Asthma: Pharmacologic Therapy for Persistent Asthma](#). Percentage of patients aged 5 years and older with a diagnosis of persistent asthma who were prescribed long-term control medication.
- [Measure #0091 COPD: Spirometry Evaluation](#). Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry results documented.
- [Measure #0275 Chronic Obstructive Pulmonary Disease \(COPD\) or Asthma in Older Adults Admission Rate \(PQI 05\)](#). Admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per 1,000 population, ages 40 years and older. Excludes obstetric admissions and transfers from other institutions.
- [Measure #0283 Asthma in Younger Adults Admission Rate \(PQI 15\)](#). Admissions for a principal diagnosis of asthma per 1,000 population, ages 18 to 39 years. Excludes admissions with an indication of cystic fibrosis or anomalies of the respiratory system, obstetric admissions, and transfers from other institutions.
- [Measure #0334 PICU Severity-adjusted Length of Stay](#). The number of days between PICU admission and PICU discharge.
- [Measure #0335 PICU Unplanned Readmission Rate](#). The total number of patients requiring unscheduled readmission to the ICU within 24 hours of discharge or transfer.
- [Measure #0468 Hospital 30-day, all-cause, risk-standardized mortality rate \(RSMR\) following pneumonia hospitalization](#). The measure estimates a hospital-level 30-day risk-standardized mortality rate (RSMR).
- [Measure #0513 Thorax CT—Use of Contrast Material](#). This measure calculates the percentage of thorax computed tomography (CT) studies that are performed with and without contrast out of all thorax CT studies performed (those with contrast, those without contrast and those with both) at each facility.
- [Measure #0577 Use of Spirometry Testing in the Assessment and Diagnosis of COPD](#). The percentage of patients 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.
- [Measure #1800 Asthma Medication Ratio](#). The percentage of patients 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
- [Measure #1893 Hospital 30-Day, all-cause, risk-standardized mortality rate \(RSMR\) following chronic obstructive pulmonary disease \(COPD\) hospitalization](#). The measure estimates a hospital-level 30-day risk-standardized mortality rate (RSMR).
- [Measure #2856 Pharmacotherapy Management of COPD Exacerbation](#). This measure assesses the percentage of COPD exacerbations for patients 40 years of age and older who had an acute inpatient discharge or ED encounter on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications

### *Measure Recommended for Inactive Endorsement with Reserve Status:*

- [Measure #0102 COPD: inhaled bronchodilator therapy](#). Percentage of patients aged 18 years or older, with a diagnosis of COPD (FEV1/FVC < 70%) who have an FEV1 < 60% predicted and have symptoms who were prescribed an inhaled bronchodilator.

*Measures Not Recommended:*

- [Measure #0702 Intensive Care Unit \(ICU\) Length-of-Stay \(LOS\)](#). For all eligible patients ≥18 years old admitted to the intensive care unit (ICU), total duration of time spent in the ICU until time of discharge from the ICU; both observed and risk-adjusted LOS reported with the predicted LOS measured using the Intensive Care Outcomes Model - Length-of-Stay (ICOMLOS).
- [Measure #0703 Intensive Care: In-hospital mortality rate](#). For all adult patients admitted to the intensive care unit (ICU), the percentage of patients whose hospital outcome is death; both observed and risk-adjusted mortality rates are reported with predicted rates based on the Intensive Care Outcomes Model - Mortality (ICOMmort).
- [Measure #2794 Rate of Emergency Department Visit Use for Children Managed for Identifiable Asthma: A PQMP Measure](#). This measure estimates the rate of emergency department visits for children ages 2 – 21 who are being managed for identifiable asthma.
- [Measure #2816 Appropriateness of Emergency Department Visits for Children and Adolescents with Identifiable Asthma: A PQMP Measure](#). This measure estimates the proportion of emergency department (ED) visits that meet criteria for the ED being the appropriate level of care, among all ED visits for identifiable asthma in children and adolescents.
- [Measure #2852 Optimal Asthma Control](#). The percentage of pediatric (5-17 years of age) and adult (18-50 years of age) patients who had a diagnosis of asthma and whose asthma was optimally controlled during the measurement period.

*Measures Not Recommended by the CSAC (Consensus Not Reached by the Standing Committee):*

- [Measure #0343 PICU Standardized Mortality Ratio](#). The ratio of actual deaths over predicted deaths for PICU patients.
- [Measure #1799 Medication Management for People with Asthma](#). The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.

## Appendix B – Voting by the Standing Committee

Measure	Evidence	Gap	Reliability	Validity	Feasibility	Usability and Use	Overall Suitability	Post-Comment Voting
<a href="#">0343: PICU Standardized Mortality Ratio</a> (Virtual PICU Systems, LLC) <a href="#">Submission</a>	Accepted Prior Evaluation	<b>Passed with 75% Approval</b> H-4; M-11; L-5; I-0	Accepted Prior Evaluation	<b>Passed with 85% Approval</b> H-2; M-15; L-3; I-0	<b>Passed with 85% Approval</b> H-3; M-14; L-3; I-0	<b>Consensus Not Reached- 40% Approval</b> H-0; M-8; L-12; I-0	Initial Vote: <b>Consensus Not Reached- 45% Approval</b> Y-9; N-11	Re-vote: <b>Consensus Not Reached- 60% Approval</b> Y-9; N-6
<p><b>Committee Concerns for Usability and Use:</b> 1. Use of the measure is not mandatory and there was a lack of interest by providers to monitor this performance in order to improve the quality of care; 2. Little to no improvement has been made since previous endorsement; 3. The lack of public reporting means stakeholders cannot compare performance across different users, facilities, or populations.</p> <p><b>Post-Comment Discussion:</b> Committee members noted the current low mortality and questioned whether there is opportunity for improvement. Others noted that the variability of results is significant and might be due to the heterogeneity of patients in a PICU. One Committee member noted that the rates are stable despite an increase in the severity of illness of patients in PICUs.</p>								
Measure	Evidence	Gap	Reliability	Validity	Feasibility	Usability and Use	Overall Suitability	Post-Comment Voting
<a href="#">1799: Medication Management for People with Asthma</a> (National Committee for Quality Assurance) <a href="#">Submission</a>	<b>Consensus Not Reached- 60% Approval</b> H-1; M-11; L-5; I-3	<b>Passed with 85% Approval</b> H-5; M-12; L-3; I-0	<b>Passed with 95% Approval</b> H-5; M-14; L-1; I-0	<b>Passed with 75% Approval</b> H-0; M-15; L-5; I-0	<b>Passed with 95% Approval</b> H-19; M-1; L-0; I-0	<b>Passed with 65% Approval</b> H-2; M-11; L-6; I-1	Initial Vote: <b>Consensus Not Reached- 60% Approval</b> Y-12; N-8	Re-vote: <b>Consensus Not Reached- 47% Approval</b> Y-8; N-9
<p><b>Committee Concerns for Evidence:</b> Since the last review, the developer conducted a literature search for published peer-reviewed journals related to the correlation between asthma controller medication adherence rates and improved outcomes. A study by Yoon et al showed that, using HEDIS measures, patients who achieved 75% compliance in 2012 did not have fewer hospitalizations or ED visits in 2013 compared to those who were not 75% compliant. Patients who achieved 50% threshold in 2012 did not have fewer hospitalizations, but did have fewer ED visits in 2013, compared to those who were not 50% compliant. The Committee had much discussion on the Yoon study and about the lack of evidence related to 50% and 75% compliance markers.</p> <p><b>Post-Comment Discussion:</b> The Committee revisited their earlier discussion on evidence, particularly the Yoon study. The developers reported that NCQA has discussed the study results with Yoon, et al., noting some inaccuracies in how the measure data was analyzed and that further analyses with new data are on-going. The Committee also noted concerns with the long list of allowable medications and pointed out that the measure does not address whether patients are getting the correct medications for their particular type of asthma.</p>								