

## Meeting Summary

### ACO and PCMH/Primary Care Workgroup Meeting #3

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The National Quality Forum (NQF) convened a closed session web meeting for the ACO and PCMH/Primary Care Workgroup on August 29, 2019.

#### Welcome and Review of Web Meeting Objectives

NQF staff and co-chairs welcomed participants to the meeting. NQF staff read the antitrust statement and reminded the Workgroup of the voluntary nature of the CQMC and the obligation of all participants to comply with all applicable laws. NQF staff notified Workgroup members that the meeting is being recorded for the purpose of accurately capturing the discussion for meeting minutes and to allow CQMC members to listen to the meeting for a limited time only. The recording will be deleted as soon as reasonably practical. The meeting objective was to evaluate measures for addition to the core set.

#### Decision-Making Process

NQF staff provided background content in the slides which included an overview of quorum, the voting process, and measure selection principles. Quorum was met during the call, but no final votes took place during the meeting.

#### Evaluation of Measures for Addition

Workgroup co-chairs encouraged group members to focus on measures most applicable and important to measure, especially due to the large number of measures being considered. One Workgroup member wanted the group to reconsider the total cost of care measure that was discussed in 2016 but not selected for inclusion.

NQF staff shared that the Excel spreadsheet was updated to reflect the general consensus about measures discussed to date. A final voting survey will be sent out to members after the Workgroup discusses all measures for addition and removal. Staff shared findings from the environmental scan of ACO and PCMH/Primary Care measures, which included NQF-endorsed measures and measures in MIPS and other federal programs. Measures about statin use were re-discussed and compared to related HEDIS measures. Measures focused on behavioral health and substance use were also discussed during the meeting. Key points from the discussion are included below. The Workgroup's goal was to narrow the list of measures for potential inclusion.

#### Cardiovascular Care

*N/A: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (MIPS)*

NQF staff reminded group that this measure was discussed during the previous meeting and that the Workgroup requested to compare the measure to the similar HEDIS measure. NQF staff provided measure specification information. The Cardiology Workgroup is also discussing this measure for addition to their core set. NQF staff shared that the Cardiology Workgroup focused on this measure rather than the HEDIS measure due to its level of analysis. It was discussed that this measure, used in

MIPS, does not require documentation of prescription fill. The Workgroup expressed that the HEDIS measure is more robust and also assesses adherence. Workgroup members expressed preference for the HEDIS measure over the measure used in MIPS. A co-chair reminded the Workgroup that the HEDIS measure is tested and specified at the health plan level. Another Workgroup member stated that clinicians are being held responsible for this measure. The Workgroup discussed that the denominators are captured differently, but that the HEDIS measure has various options for reporting so it would not be restrictive. Workgroup members expressed preference for the HEDIS measure over the MIPS measure and agreed to remove this measure from consideration.

*N/A: Statin Therapy for Patients With Cardiovascular Disease (SPC) (HEDIS)*

Workgroup members discussed this measure in comparison to *Statin Therapy for the Prevention and Treatment of Cardiovascular Disease*. The Workgroup decided to keep this measure for consideration.

*N/A: Statin Therapy for Patients With Diabetes (SPD) (HEDIS)*

NQF staff shared the measure specifications. At least one member expressed that since the Workgroup is moving forward with the HEDIS measure for Cardiovascular disease, they would prefer moving forward with the HEDIS measure for diabetes as well. The Workgroup discussed that although medication adherence is sometimes difficult to track and document it is a key gap area for many organizations. The Workgroup highlighted that it is important that core set measure align with measures already being reported and those in Federal programs. The Workgroup discussed the differences in the denominator for the two measures. For example, the HEDIS measure uses diagnosis codes and prescriptions, while the PQA measure uses prescription claims for diabetes medications. A Workgroup member shared measure 2712 uses prescription claims since it was created for Medicare Part D. Workgroup members inquired if both measure might be included as options in the core set, but there was consensus that the group should aim for a parsimonious set. The Workgroup agreed to keep this measure on the list for consideration.

*2712: Statin Use in Persons with Diabetes (PQA)*

Workgroup members preferred the HEDIS measure over this measure. The Workgroup agreed to remove this measure from consideration.

## **Behavioral Health & Substance Use**

### ***Depression***

*0104/0104e: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment*

NQF staff shared the measure specifications. This measure also has an eCQM version and is used in MIPS. The Pediatric Workgroup is considering the child suicide risk assessment measure for inclusion. It was discussed that the measure is specified to use multiple tools and definitions and guidance on the minimum requirements are in the specifications. Workgroup members asked about “time zero” for depression – for example, first time based on claim or PHQ-9. A member responded that the risk assessment should be completed at the visit where diagnosis is made or when remission is identified. Members expressed concern that this measure only focuses on screening; follow-up is not assessed. The Workgroup agreed to remove this measure from consideration.

*0418/0418e: Preventive Care and Screening: Screening for Depression and Follow-Up Plan*

NQF staff shared the specifications and that this measure is also being considered by the Pediatrics Workgroup. Workgroup members generally liked this measure. A Workgroup member stated this measure was selected for inclusion in their quality collaborative’s core set as an important depression measure. The Workgroup pointed out that this measure is used in the Medicaid Adult and Child Core Sets. The Workgroup liked that this measure focuses on prevention and includes follow-up. The Workgroup agreed to keep this measure for consideration.

#### *0711: Depression Remission at Six Months*

NQF shared that the related measure (#0710) focusing on remission at 12 months is already in the core set. A member shared that because the follow-up timing does not align with clinical practice, the measure would incentive appointment times that may not make sense. NQF staff shared the measure specifications and that the measure is used in MIPS and publicly reported in Minnesota. Workgroup members expressed concern with the 6-month timeline and shared that PHQ-9 score < 5 is difficult to achieve. A Workgroup member liked that this is an outcomes-focused measure. Generally, the Workgroup preferred the 12-month remission measure already in the core set. The Workgroup agreed to remove this measure from consideration.

#### *N/A: Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions*

NQF staff shared the measure specifications and that the measure is used in MIPS. Workgroup members expressed that accurate data collection is a major challenge for this measure and that it would be difficult to implement in an ACO or primary care setting. However, members pointed out that promoting integration and coordination of care for patients with co-occurring behavioral health and chronic medical issues is a priority. The Workgroup agreed to remove this measure from consideration but re-consider it again in the future since the topic is a priority.

#### **Schizophrenia**

##### *1879: Adherence to Antipsychotic Medications for Individuals with Schizophrenia*

NQF staff shared the measure specifications. Members voiced support for this measure since medication adherence is closely linked to outcomes. The Workgroup discussed that denominators for this measure may be small for the purposes of this core set. There was discussion that this is a measure that if selected should only be included for ACOs not PCHM/primary care. A member emphasized the cost and complexity of living with schizophrenia and its high impact on individuals, families, and society should be considered. The Workgroup agreed to keep this measure for consideration as an ACO measure.

##### *0576: Follow-Up After Hospitalization for Mental Illness (FUH)*

NQF staff shared the measure specifications. The measure includes two follow-up rates –within 7- and 30-days. This measure is tested and specified at the health plan level. It is used in various federal programs. There was discussion about who qualifies as a practitioner and discussion that it varies from state to state. The definition of practitioner is included in the detailed measure specifications. The Workgroup discussed that this measure would only be applicable at the ACO level versus primary care or PCMH. The Workgroup stated that follow-up with a primary care provider should be allowable, citing an example of the low number of psychiatrists to patients in rural settings. Workgroup members stated this is an important measure as follow-up for these patients is crucial. Some members expressed that it is counterintuitive to penalize primary care providers for not coordinating appropriate care. Other members supported the measure at the ACO level. NQF staff will follow-up with specifics about which practitioners are allowed to provide follow-up services. This measure will stay on the list for further consideration.

#### **Substance Use**

##### *2152: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling*

NQF staff provided the measure specifications. This measure is also being considered by the Pediatrics Workgroup. The Workgroup generally agreed that this topic is important and the measure is analogous to the depression screening and follow-up measure. The Workgroup agreed that this measure should stay on the list for consideration.

*N/A: Evaluation or Interview for Risk of Opioid Misuse*

NQF shared the specifications and that this measure is also being considered by the Orthopedics Workgroup. Data from MIPS showed high performance across deciles. The Workgroup emphasized that the measure does not include follow-up after evaluation. At least one member felt other opioid-related measures were more meaningful. The Workgroup expressed desire for measures that move beyond simple documentation. After discussion of other potential opioid measures, the Workgroup agreed to remove this measure from consideration.

*0004: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment*

NQF staff shared the measure specifications. This measure looks at initiation within 14 days and engagement within 34 days. The Pediatrics Workgroup is also considering this measure. There was some concern about the lack of clinician control over this measure. The Workgroup decided to keep it for further consideration, but some members noted it would be best listed as a gap for future core set iterations.

*2940: Use of Opioids at High Dosage in Persons Without Cancer*

NQF staff shared the measure specifications. The developer emphasized that the morphine threshold was reduced to 90mEq to be consistent with CDC guidelines. A member expressed a concern related to small denominators. The member shared they chose the HEDIS version of this measure for use by their organization since it allowed for a larger denominator population. A member noted that the PQA measure is used in the Adult Core Set. NQF staff stated that the NCQA measure was not originally identified in the environmental scan since it is not NQF endorsed or used in a federal program with the specifications available. This measure will remain on the list for further consideration. NQF staff will provide a comparison of this measure and the related HEDIS measure during the next meeting.

*2950: Use of Opioids from Multiple Providers in Persons Without Cancer*

NQF staff provided the specifications. There is also a measure similar to this measure used in HEDIS. A member shared that the HEDIS measure was adapted from the PQA measure. Members shared that the HEDIS measure may be more usable. The HEDIS measure uses clinical data whereas the PQA uses pharmacy data. Another Workgroup member explained their organization did not select to use either version of the measure because of small numerators. It was also noted that in integrated delivery systems, there is no accommodation to account for multiple providers managing patients' medications. The Workgroup was interested in additional data about denominator and numerator sizes for both measures. The Workgroup decided to keep this measure for consideration and compare it with the HEDIS measure.

*2951: Use of Opioids from Multiple Providers and at High Dosage in Persons Without Cancer*

NQF shared that this measure combines two related individual measures. Workgroup members expressed there would be more difficulty with volume of patients with this measure. There was also interest in looking at these rates separately; it was discussed that these are not necessarily the same patients or issues. The Workgroup agreed to remove this measure from consideration.

*3175: Continuity of Pharmacotherapy for Opioid Use Disorder.*

NQF staff shared the measure specifications and that this measure is coming back through endorsement review to potentially expand endorsement to the clinician level. Workgroup members shared that there is a similar HEDIS measure. A member stated that influencing continuity is difficult because many patients do not follow up. There was discussion about the timing of the gap (which would penalize for a gap of more than 7 days). At least one member felt there were more meaningful measures in this area. Another member asked if there were other measures that look at Medication Assisted Treatment (MAT). NQF staff shared MAT is considered as a treatment option in measure 0004. Workgroup members discussed that focusing on MAT use is an important priority. There was

some discussion that this measure might fit best as a gap for future core set iterations. The Workgroup agreed to keep this measure on the list for consideration. This measure will be compared to the similar HEDIS measure.

*3389: Concurrent Use of Opioids & Benzodiazepines*

The Workgroup discussed that this is a good measure but questioned whether it is a “core” measure for purposes of the set. Workgroup members discussed fragmentation of health care system and the potential impact of this measure on patient harm. There was some concern about the volume of patients for this measure. The Workgroup agreed to keep this measure on the list for consideration.

## **Next Steps**

The Workgroup will continue to discuss the remaining measures for addition during the next meeting. The Workgroup will also discuss if any measures should be removed from the core set. After discussing all measures, the Workgroup will cast final votes via an electronic survey. The next meeting is scheduled for September 20, 2019.