NATIONAL QUALITY FORUM
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Meeting Summary

Prevention and Population Health Standing Committee – Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Prevention and Population Health Standing Committee for a web meeting on February 28, 2023, to evaluate three measures for the fall 2022 cycle.

Welcome, Review of Meeting Objectives, Introductions, and Overview of Evaluation and Voting Process

Leah Chambers, NQF director, welcomed the Standing Committee and participants to the web meeting. Dr. Matthew Pickering, NQF managing director, provided welcoming remarks and informed the Standing Committee that the Centers for Medicare & Medicaid Services' (CMS) contract to serve as the consensus-based entity is set to end on March 26 of this year. CMS recently completed a competitive process to award the next phase of work and announced its award decision: NQF was not awarded the contract, so its work will conclude on March 26, 2023. Dr. Pickering further mentioned that NQF will be working with CMS and the successor contractor in the weeks ahead to make a smooth transition, which will include further communication with this Standing Committee and other NQF Committee volunteers. However, Dr. Pickering underscored that this does not change the Standing Committee's focus for the measure evaluation meeting, and NQF looks forward to working with the Standing Committee to review the fall 2022 measures.

NQF staff reviewed the meeting objectives. Following the review, the Standing Committee members each introduced themselves and disclosed any conflicts of interest. None of the Standing Committee members disclosed a conflict of interest. Additionally, Gabrielle Kyle-Lion, NQF manager, reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

Some Standing Committee members were unable to attend the entire meeting due to early departures and late arrivals. The vote totals reflect members present and eligible to vote. A quorum of 12 active Standing Committee members was met and maintained for the entirety of all the meetings. Voting results are provided below.

Measure Evaluation

During the meeting, the Prevention and Population Health Standing Committee evaluated three maintenance measures for endorsement consideration. Prior to the review of the measures, Dr. Pickering noted that for the fall 2022 cycle, measures were reviewed by the Scientific Methods Panel (SMP) if they were deemed as complex (i.e., outcome, cost, composite, or instrument-based measures) and/or if they included testing methods that are not commonly used. None of the Prevention and Population Health measures were evaluated by the SMP.

A measure is recommended for endorsement by the Standing Committee when greater than 60 percent of eligible voting members select a passing vote option (i.e., Pass, High and Moderate, or Yes) on all must-pass criteria and overall suitability for endorsement. A measure is not recommended for endorsement when less than 40 percent of voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. If a measure does not pass on a must-pass criterion,

voting during the measure evaluation meeting will cease. The Standing Committee will not re-vote on the measure(s) during the post-comment meeting unless the Standing Committee decides to reconsider the measure(s) based on submitted comments or a formal reconsideration request from the developer. The Standing Committee has not reached consensus on the measure if between 40 and 60 percent of eligible voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. The Standing Committee will re-vote on criteria for which it did not reach consensus and potentially on overall suitability for endorsement during the post-comment web meeting. The Standing Committee was unable to discuss related and competing measures during the meeting; therefore, the discussion will occur during the post-comment meeting.

Voting Legend:

- *Evidence (Outcome Measures) and Use:* Pass/No Pass
- *Accepting the SMP Rating and Overall Suitability for Endorsement*: Yes/No
- *All Other Criterion:* H – High; M – Moderate; L – Low; I – Insufficient; NA – Not Applicable
- *Maintenance Criteria for Which the Standing Committee Decided Additional Discussion/Vote Was Not Needed (Evidence, Reliability, Validity only):* Accepted Previous Evaluation

NQF #0028 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (National Committee for Quality Assurance [NCQA])

Description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within the measurement period AND who received cessation counseling intervention on the date of the encounter or within the previous 12 months if identified as a tobacco user; **Measure Type**: Process; **Level of Analysis**: Clinician: Individual; **Setting of Care**: Other; **Data Source**: Claims; Registry Data

Measure Steward/Developer Representatives at the Meeting

- Fern McCree
- Megan Traynor
- Nicole Harmon
- Kristen Bishop
- Jules Reich
- Chrissy Craig
- Sepheen Byron

Standing Committee Votes

- **Evidence**: Total Votes-16; H-8; M-8; L-0; I-0 (16/16 – 100.0%, Pass)
- **Performance Gap**: Total Votes-16; H-2; M-14; L-0; I-0 (16/16 – 100.0%, Pass)
- **Reliability**: Total Votes-16; H-0; M-13; L-2; I-1 (13/16 – 81.3%, Pass)
- **Validity**: Total Votes-17; H-0; M-15; L-0; I-2 (15/17 – 88.2%, Pass)
- **Feasibility**: Total Votes-17; H-3; M-14; L-0; I-0 (17/17 – 100.0%, Pass)
- **Use**: Total Votes-17; Pass-17; No Pass-0 (17/17 – 100.0%, Pass)
- **Usability**: Total Votes-17; H-1; M-14; L-0; I-2 (14/14 – 88.2%, Pass)
- **Standing Committee Recommendation for Endorsement**: Total Votes-17; Yes-17; No-0 (17/17 – 100.0%, Pass)

The Standing Committee recommended the measure for continued endorsement. This clinician-level measure was originally endorsed in 2010 and last retained endorsement in 2020. It is publicly reported nationally in quality and accountability programs. No public comments were received for this measure prior to the measure evaluation meeting.

The Standing Committee agreed that although the evidence was updated, it is directionally the same and more robust than the evidence from the previous review. Therefore, the Standing Committee did not raise any questions or concerns and passed the measure on evidence.

During the discussion on performance gap, the Standing Committee noted that significant variation in performance was noted in the measure evaluation worksheet. The Standing Committee pointed out that disparities data were not provided for the measure itself; rather, data were provided from the National Health Interview Survey, which demonstrated disparities exist by age, race, insurance type, and disability status for those who receive advice to quit tobacco use. One Standing Committee member asked the developer to clarify why there is a lack of information on disparities data for the measure rates. Additionally, one member noted it would be helpful if the developer provided disparities data on tobacco usage. The developer replied that while disparities data are not available to use or include in the measure submission, they agreed that disparities data are important and will be taken into consideration going forward. The Standing Committee accepted the developer's response and passed the measure on performance gap.

During the discussion on reliability, two overarching issues arose. The first was with respect to the measure's high reliability results. The Standing Committee stated that the reliability numbers may be based on a minimal sample size for some providers and questioned whether the developer's results accurately reflect reliability for those providers with small case volumes. The Standing Committee acknowledged that the developer's signal-to-noise ratio method was appropriate. However, it specifically asked the developer to provide more context on how the calculation was done. The developer replied that a large sample size was used to conduct reliability testing across each of the three rates (i.e., those screened for tobacco use, those who received a form of cessation intervention, and those who were screened AND received an intervention) and that the testing is consistent with previous reliability results for this measure. For the second issue, the Standing Committee discussed the difference in wording between the United States Preventive Services Task Force (USPSTF) recommendation and what was used within the measure. Specifically, the USPSTF recommendation states that both behavioral interventions *and* the United States (U.S.) Food and Drug Administration (FDA)-approved pharmacotherapy are recommended, whereas the measure focuses on behavioral interventions *or* pharmacotherapy. The developer explained that the difference in wording is intended to give providers the ability to determine what intervention is most appropriate for each patient. Additionally, the developer stated that they will review the recommendations to ensure the measure adequately aligns with the USPSTF's guidelines going forward. Ultimately, the Standing Committee agreed that this wording difference would not make a significant difference in practice and passed the measure on reliability.

The Standing Committee noted that the developer conducted new validity testing since the last review and that the results showed strong correlations. The Standing Committee mainly focused its discussion on missing data as a threat to validity. Specifically, one member was concerned with how one can assume records are accurate if the extent of the missing data is unknown. Another Standing Committee member asked how missing data are treated, specifically, are missing data being excluded, or if the event is missing, does the developer assume the event did not occur? Other Standing Committee members were particularly concerned with the impact this has on assessing disparities. The developer

stated that if data are missing, performance rates would be reflective of the underreporting of the intervention. Essentially, if a provider is missing data, they would receive a lower score. The developer stated that information on missing data is not available from the publicly available data they use for the measure analysis and will take the Standing Committee's comments into consideration going forward. The Standing Committee accepted the developer's response and passed the measure on validity.

Regarding feasibility, the Standing Committee did not raise any concerns other than clarification on why the electronic clinical quality measure (eCQM) version of the measure was withdrawn. The developer explained that the eCQM version of the measure is still in use in the Healthcare Effectiveness Data and Information Set (HEDIS); however, it was voluntarily withdrawn from NQF endorsement review due to its inability to meet the testing requirements. The Standing Committee did not have any additional questions and passed the measure on feasibility.

The Standing Committee acknowledged that the measure is publicly reported in the Quality Payment Program (QPP) Merit-Based Incentive Payment System (MIPS) and the Million Hearts Clinical Quality Measures set. The Standing Committee questioned why the developer did not report any improvement results from the QPP. The developer explained that publicly reported data were limited and that they use customer feedback to improve the measure for future use. The Standing Committee did not have any additional questions or concerns and passed the measure on use, usability, and overall suitability for endorsement.

NQF #0038 Childhood Immunization Status (CIS) (NCQA)

Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DtaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine. The Childhood Immunization Status measure includes an indicator for each individual vaccine. In addition to the individual indicators, NCQA uses various combination rates in its quality measurement programs. However, given the burden of testing needs and the magnitude of data that would need to be generated for NQF endorsement if combination rates were submitted, NCQA has opted to submit the measure with only the individual indicators that form the foundation of the measure; **Measure Type**: Process; **Level of Analysis**: Health Plan; **Setting of Care**: Outpatient Services; **Data Source**: Paper Medical Records; Claims

Measure Steward/Developer Representatives at the Meeting

- Sepheen Byron
- Megan Traynor
- Nicole Harmon
- Kristen Bishop
- Jules Reich
- Chrissy Craig
- Fern McCree

Standing Committee Votes

- **Evidence**: Total Votes-14; M-14; L-0; I-0 (14/14 – 100.0%, Pass)
- **Performance Gap**: Total Votes-14; H-2; M-11; L-0; I-1 (13/14 – 92.9%, Pass)
- **Reliability**: Total Votes-14; H-0; M-14; L-0; I-0 (14/14 – 100.0%, Pass)

- **Validity**: Total Votes-14; H-0; M-12; L-0; I-2 (12/14 – 85.7%, Pass)
- **Feasibility**: Total Votes-14; H-6; M-8; L-0; I-0 (14/14 – 100.0%, Pass)
- **Use**: Total Votes-14; Pass-14; No Pass-0 (14/14 – 100.0%, Pass)
- **Usability**: Total Votes-14; H-7; M-7; L-0; I-0 (14/14 – 100.0%, Pass)
- **Standing Committee Recommendation for Endorsement:** Total Votes-14; Yes-14; No-0 (14/14 – 100%, Pass)

The Standing Committee recommended the measure for continued endorsement. This health plan-level measure was originally endorsed in 2009 and last retained endorsement in 2017. It is publicly reported nationally in multiple quality and accountability programs. No public comments were received for this measure prior to the measure evaluation meeting.

The Standing Committee noted that the measure is based on Advisory Committee on Immunization Practices (ACIP) guidelines; however, it questioned why an overall grade of evidence had not been provided. The developer noted that each of the vaccines were evaluated by ACIP over time and the way ACIP presents the evidence for each vaccine is different based on when the review occurred. As a result, an overall grade was not provided for each vaccine. The developer noted that they summarized the evidence for each vaccine given by ACIP but did not conduct their own systematic review. Therefore, an overall grade for the evidence was not provided by the developer. The Standing Committee also asked the developer whether the new ACIP recommendations for the COVID-19 vaccine have been considered for this measure. The developer replied that they have been monitoring what has been happening with the COVID-19 vaccine, particularly, they have been waiting for the evidence on COVID-19 vaccination to mature. The Standing Committee further asked when the developer anticipates that an update will be made to the measure to include COVID-19. The developer noted that because there are different vaccines and dosing requirements, they will look to add COVID-19 into the measure once those recommendations are finalized. The Standing Committee did not raise any additional questions and passed the measure on evidence.

During the discussion on performance gap, the Standing Committee raised the same issue with the data as was raised with NQF #0028, namely that while disparities are present for vaccination coverage, the developer's submission does not provide actual data from the measure results to support this fact. Rather, the developers referenced literature from the National Immunization Survey that showed disparities in vaccination coverage. The developer noted that the National Committee for Quality Assurance (NCQA) is adding race and ethnicity stratification to measures in HEDIS. However, in the meantime, the literature shows that disparities exist. A Standing Committee member stated that although disparities may exist, performance on the vaccinations within this measure is relatively high. The Standing Committee member further questioned when performance is considered good enough for a measure to be retired to allow other measures to come into use. The developer noted that knowing when to retire a measure is hard and that typically once you remove the measure, the performance declines. The developer further noted that due to the disparities that exist with immunizations, as well as the backsliding that happened during COVID-19 for immunizations, now is not the right time to retire these measures. One Standing Committee member noted that in their practice, they have seen disparities rise in immunizations, and part of that has been due to not having a defined visit for a subsequent vaccine in a series to be administered. The Standing Committee member expressed that it would be helpful to build a defined visit into the measure. The Standing Committee did not raise any additional questions and passed the measure on performance gap.

During the discussion on reliability, the Standing Committee noted that the reliability is high for the individual vaccinations within the measure. The Standing Committee asked the developer to clarify how all the data still have the same reliability if they are coming from different sources. The developer noted that HEDIS measures are audited to ensure that reported data are legitimate, and because of this fact, the developer has confidence that the data are still reliable even though the data may be coming from different sources. The Standing Committee did not have any additional questions and passed the measure on reliability.

During the validity discussion, the Standing Committee noted that the analysis was strong and appropriate and questioned why NQF staff gave the validity testing a preliminary rating of insufficient. NQF staff clarified that the insufficient rating was given because testing was only presented for four out of the 10 vaccines included in the measure. The developer verbally noted that they conducted testing on all vaccines and found similarly strong results for the vaccines that were not included in the submission. The Standing Committee asked NQF staff how they would rate the validity testing if the results were similar to what was presented. NQF staff noted that this is challenging to know without reviewing the results. However, the Standing Committee can consider the developer's verbal attestation of the results for its consideration when voting. The Standing Committee noted that it is comfortable with the verbal attestation the developer gave and passed the measure on validity.

The Standing Committee noted that the developer's submission describes multiple data sources that can be used to collect information for the measure and anticipates simplification as electronic health records (EHRs) become more widespread. A Standing Committee member noted that it would be helpful to know the degree to which health plans are not using EHRs to calculate these rates. However, this Standing Committee member noted that the feasibility rating should be moderate. The Standing Committee did not have any additional questions and passed the measure on feasibility.

The Standing Committee acknowledged that the measure is publicly reported nationally in the NCQA Health Plan Rating system and is included in the NCQA State of Health Care Annual Report. It is also used in the CMS Medicaid Child Core Set, CMS Health Insurance Marketplaces – Quality Rating System, CMS EHR Incentive Program, MIPS QPP, NCQA Health Plan Accreditation, and Quality Compass. The Standing Committee had no concerns about the measure's usability and passed the measure on use, usability, and overall suitability for endorsement.

NQF #1407 Immunizations for Adolescents (NCQA)

Description: Percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday; **Measure Type**: Process; **Level of Analysis**: Health Plan; **Setting of Care**: Outpatient Services; **Data Source**: Claims; Paper Medical Records; Electronic Health Records; Registry Data

Measure Steward/Developer Representatives at the Meeting

- Sepheen Byron
- Megan Traynor
- Nicole Harmon
- Kristen Bishop
- Jules Reich
- Chrissy Craig
- Fern McCree

Standing Committee Votes

- **Evidence**: Total Votes-15; M-15; L-0; I-0 (15/15 – 100.0%, Pass)
- **Performance Gap**: Total Votes-15; H-1; M-14; L-0; I-0 (15/15 – 100.0%, Pass)
- **Reliability**: Total Votes-15; H-8; M-7; L-0; I-0 (15/15 – 100.0%, Pass)
- **Validity**: Total Votes-14; H-1; M-13; L-0; I-0 (14/14 – 100.0%, Pass)
- **Feasibility**: Total Votes-14; H-1; M-13; L-0; I-0 (14/14 – 100.0%, Pass)
- **Use**: Total Votes-14; Pass-14; No Pass-0 (14/14 – 100.0%, Pass)
- **Usability**: Total Votes-14; H-3; M-11; L-0; I-0 (14/14 – 100.0%, Pass)
- **Standing Committee Recommendation for Endorsement:** Total Votes-14; Yes-14; No-0 (14/14 – 100.0%, Pass)

The Standing Committee recommended the measure for continued endorsement. This health plan-level measure was originally endorsed in 2011 and last retained endorsement in 2019. It is publicly reported nationally in quality and accountability programs. No public comments were received for this measure prior to the measure evaluation meeting.

The Standing Committee stated that the developer attested to no change in the evidence since its last endorsement. Additionally, the developer noted that no new additions were made to the body of evidence related to meningococcal and/or tetanus, diphtheria, and pertussis (Tdap) vaccination since the previous submission. Raising no additional discussion, the Standing Committee passed the measure on evidence.

The Standing Committee noted that based on the HEDIS data, a high level of mean performance rates for each of the vaccines was found within the measure with minimal standard deviations. However, the Standing Committee agreed that substantial disparities are present in childhood vaccination rates and applauded the developer for developing this measure to address this issue. The Standing Committee acknowledged that the measure can be stratified by certain patient characteristics, such as race, ethnicity, and socioeconomic status (SES), to assess healthcare disparities if the data are captured by the health plan. Additionally, the Standing Committee noted that the developer cited evidence from the National Immunization Survey, which concluded that while national coverage for most routine childhood vaccinations remains stable, disparities do exist. The Standing Committee noted that the developer did not provide measure data to support this claim and expressed that this revelation should not preclude the Standing Committee from accepting the measure. Raising no additional discussions, the Standing Committee passed the measure on performance gap.

The Standing Committee stated that the measure specifications appear to be clear and precise and have not changed since the last review. The Standing Committee noted that the developer conducted new reliability testing on the measure and found that Medicaid plans had similar signal-to-noise reliability estimates to commercial plans, ranging from 0.92 to 0.95, indicating a high level of reliability for the measure. Therefore, the Standing Committee passed the measure on reliability.

The Standing Committee noted that the developer conducted new validity testing on the measure. The validity testing was conducted using construct validity by correlating vaccine rates (i.e., Tdap; measles, mumps, and rubella [MMR]; Human papillomavirus [HPV]; and Meningococcal) for adolescents with vaccine rates for children under two years of age. The results were stratified by the payer. Correlations

were noted as positive for commercial health plans (0.52 – 0.79) and Medicaid plans (0.41 –0.59). The Standing Committee requested the p-values for validity testing from the developer. The developer stated that all p-values were less than 0.001 and statistically significant. Therefore, the Standing Committee passed the measure on validity.

The Standing Committee noted that the measure is not currently developed as an eCQM and asked the developer whether they had plans to add the measure as an eCQM. The developer replied that they do have plans to add clinical quality language to the measure and expect to add electronic clinical data systems reporting to this measure soon. The Standing Committee noted that the developer reported that the data elements needed to compute the measure are generated and collected by healthcare personnel and coded by someone other than the original person obtaining the information. The Standing Committee did not raise any additional questions and passed the measure on feasibility.

The Standing Committee acknowledged that the measure is publicly reported nationally in the NCQA Health Plan Rating system and is included in the NCQA State of Health Care Annual Report. It is also used in the CMS Medicaid Child Core Set, CMS Health Insurance Marketplaces – Quality Rating System, NCQA Health Plan Accreditation, and Quality Compass. Further, the Standing Committee noted that the developer reported that they publicly report rates across all plans and create benchmarks to help health plans understand how they perform relative to others. The Standing Committee passed the measure on use. The Standing Committee noted that the developer reported that performance rates for this measure remained high throughout the COVID-19 pandemic. Further, the developer noted no unexpected harm from the use of the measure. Therefore, the Standing Committee passed the measure on usability and overall suitability for endorsement.

Public Comment

Dr. Pickering opened the lines for NQF member and public comments. No comments were provided at this time. One Standing Committee member spoke as an NQF public member to praise NQF's work and reiterated the importance of population health.

Next Steps

Dr. Pickering provided an overview of the next steps. NQF will begin drafting a meeting summary of the Standing Committee's deliberations. Dr. Pickering reiterated the earlier statement about the transition of the endorsement and maintenance work to the new successor. Dr. Pickering thanked the Standing Committee for its time, engagement, and participation in this work and adjourned the call.