

Meeting Summary

ACO and PCMH/Primary Care Workgroup Meeting 5

The National Quality Forum (NQF) convened a closed session web meeting for the ACO and PCMH/Primary Care Workgroup on February 7, 2020.

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. NQF staff reviewed the following meeting objectives:

- Discuss follow-up items from Meeting 4, including comparing readmissions measures and reviewing measure specification/use updates
- Review current core set measures (alongside potential measures for addition) and flag potential measures for removal

Follow-Up Items from Meeting 4

The workgroup under the guidance of the co-chairs requested to review current core set measures against the new proposed measures that the workgroup would be considering for addition into the core set. NQF staff therefore presented measures under the same topic area for the workgroup to consider.

All-Cause Admission/Readmission

The workgroup reviewed measure *1768: Plan All-Cause Readmissions (PCR)* stewarded by NCQA and *1789: Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)* stewarded by CMS. It was noted that measure *1768* had not been maintained since 2014. A workgroup member shared that NCQA would provide an update on the measure during the week beginning February 9, 2020. The workgroup discussed the use of claims-based versus instrument-based measures, as both measures were noted as being claims-based. A workgroup member shared that *1789* was more elaborate in its risk adjustment and is used by more providers as it is currently part of MIPS. A member shared that most health plans use *1768* in their accountability programs. It was shared that *1789* was originally a hospital level measure; however, a health plan member shared that it successfully uses the measure at the ACO level. CMS shared that it is currently working on a third 'all-cause' measure and would share more information soon to help inform the workgroup's decision on which measure should be added to the core set. It was noted that neither measure *1768* nor *1789* were tested at the PCMH level. A co-chair asked the workgroup to review both measures to understand their nuances before the next meeting and to vote to ensure that the more meaningful measure is included in the core set. A member inquired if either measure requires the use of a risk adjustment tool that is proprietary. NQF staff advised that they would have to research and return back to the workgroup with findings.

Prevention and Wellness

NQF staff provided an update on prevention and wellness measure *0097: Medication Reconciliation Post-Discharge*. The measure was noted as used in Medicare Part C and D Star Rating program, Physician Compare, and MIPS but scheduled for removal from MIPS in 2021. A member shared that the measure would be removed and replaced with a more robust measure of care transition. A member noted that measure *0097* is a check-box measure that has topped out. It was shared by a member that the measure would no longer be a stand-alone in Stars but part of a composite measure for care transition. The workgroup was split on whether to keep the measure in the core set and revisit it after the composite measure is available or to be proactive and remove the measure. The co-chairs, noting that there was no consensus, advised that the measure be included on the voting list. NQF staff were tasked with confirming which measures would be included in MIPS 2021 and Medicare Part C and D Star Rating program. CMS advised the workgroup that it is looking to the CQMC to help drive which measures it should include in its programs as a way of ensuring harmony across public and private payors to reduce provider reporting burden.

Review of ACO and PCMH/Primary Care Core Set Proposed and Current Measures

Per the workgroup's request NQF staff grouped similar measures together for review.

Prevention and Wellness

0032: Cervical Cancer Screening

N/A: Non-recommended Cervical Cancer Screening in Adolescent Females (HEDIS)

2372: Breast Cancer Screening

0034: Colorectal Cancer Screening

0028: Preventive Care Screening: Tobacco Use: Screening and Cessation Intervention (New measure brought forward 0028e- eMeasure version)

0421: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (New measure brought forward 0421e- eMeasure version)

0033: Chlamydia Screening in Women (CHL) (new measure being brought forth for potential consideration for addition into the core set)

3059e: Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk (new measure being brought forth for potential consideration for addition into the core set)

The workgroup did not have any comments on measures *0032: Cervical Cancer Screening*, *N/A: Non-recommended Cervical Cancer Screening in Adolescent Females (HEDIS)*, *2372: Breast Cancer Screening*, *0034: Colorectal Cancer Screening*, or *0421: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up*.

It was noted that measure *1395: Chlamydia Screening and Follow Up*, is in the current Pediatric core set but that the workgroup was considering measure *0033: Chlamydia Screening in Women (CHL)*. A co-chair noted that the measure is important but not particularly strong.

For measure *3059e: Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk*, NQF staff noted that the HIV/Hepatitis C in favor of adding this measure into its core set.

For measure *0028: Preventive Care Screening: Tobacco Use: Screening and Cessation Intervention*, a workgroup member noted that the specifications were fine, but can be challenging to operationalize, i.e. conducting a screening at every encounter in the measurement timeframe even after being advised of use can become irritating to the patient. It was noted that the measure steward was aware

of the issue and was considering adding verifying screening to the numerator. The measure was noted as having three target populations i.e. Elderly, Populations at Risk, Populations at Risk: Individuals with multiple chronic conditions and that CMS had chosen to measure Populations at Risk.

Cardiovascular Care

0018: Controlling High Blood Pressure

N/A: Controlling High Blood Pressure (HEDIS 2016)

0071: Persistent Beta Blocker Treatment After Heart Attack (flagged for potential removal)

0068: Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic

0541: Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category (new measure being brought forth for potential consideration for addition into the core set)

N/A: Statin Therapy for Patients with Diabetes (SPD) (new measure being brought forth for potential consideration for addition into the core set)

N/A: Statin Therapy for Patients with Cardiovascular Disease (SPC) (new measure being brought forth for potential consideration for addition into the core set)

N/A: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (new measure being brought forth for potential consideration for addition into the core set)

NQF staff shared that measure *N/A: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented*, was recommended for ACO review by the Cardiology workgroup as they usually see more complex cases. A member noted that the current core set already has a high blood pressure measure and that adding another may be duplicative. A member noted that *0018*, *N/A: Controlling High Blood Pressure (HEDIS 2016)* and *N/A: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented* do not align with the JNC 8 hypertension guideline recommendations on the age bracket. NQF staff noted that the age bracket on both measure *0018* and *N/A: Controlling High Blood Pressure (HEDIS 2016)* had been updated to 18-85 years of age. Measure *0018* was noted as coming up for maintenance during the NQF spring 2020 CDP cycle with an updated blood pressure target of 140 over 90. The member shared that they were not aware of the updates and would therefore not be in support of the new measure being proposed for addition i.e. *N/A: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented*.

Measure *0071: Persistent Beta Blocker Treatment After Heart Attack*, was noted by a co-chair as potentially topped out and that replacement with statin measures may be more valuable for the core set.

Measure *0068: Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic*. A member noted that it can be problematic to retrieve the data using prescription claims. Another member noted the measure as low bar as there are usually many opportunities to prescribe aspirin. The workgroup therefore agreed to include the measure on the voting list for potential removal from the core set.

It was shared with the workgroup that statin measure *N/A: Statin Therapy for Patients with Diabetes (SPD)* and *N/A: Statin Therapy for Patients with Cardiovascular Disease (SPC)* are new measures being brought forward for the workgroup's consideration. The workgroup agreed to include both measures on the voting list.

Measure *0541: Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category*, did not garner much support from the workgroup and will not be included in the voting survey.

Diabetes

0059: Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)

0055: Comprehensive Diabetes Care: Eye Exam

0057: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing

0056: Comprehensive Diabetes Care: Foot Exam

0062: Comprehensive Diabetes Care: Medical Attention for Nephropathy

Measure 0056 was noted as having been removed from the NCQA Comprehensive Diabetes Care measures for HEDIS 2020 and thus flagged for removal by the workgroup. Measure will be included in the voting list for potential removal from the core set.

Pulmonary

1799: Medication Management for People with Asthma

0058: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

Measure 1799 was noted as having lost endorsement. NQF staff shared that the Pediatric workgroup had opted to vote on measure *1800: Asthma Medication Ratio* for potential inclusion into the Pediatric core set and voted on the potential removal of *1799* from the Pediatric core set. A member shared that *1800* was going to replace *1799* in HEDIS. The workgroup agreed to keep *0058* in the core set and vote on the removal of *1799*.

Behavioral Health/Substance Use

NQF staff shared that Behavioral Health is sub-categorized into three, i.e. depression, serious mental illness, and substance use. It was noted that the current core set has two depression measures.

Depression

0710: Depression Remission at Twelve Months (flagged for potential removal)

1885: Depression Response at Twelve Months- Progress Towards Remission

0418/0418e: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (new measure being brought forth for potential consideration for addition into the core set)

NQF staff shared that *0418/0418e: Preventive Care and Screening: Screening for Depression and Follow-Up Plan* is being considered for potential addition into the Pediatric core set. A member recommended the removal of *0710*, as it was reported that treating patients to depression remission is very difficult. For both measures *0710* and *1885* a member expressed concern over the arbitrary timeframe for check-in's and the definition of adequate treatment, to which some workgroup members agreed that the timeframes are not based on anything clinical. A member shared that NCQA has released a couple of depression Electronic Clinical Data Systems (ECDS) measures, one of which looks at remission or response that appears to have a broader window of measurement which the workgroup can consider reviewing. A member inquired if the workgroup could consider reviewing measure *0104e: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment*. NQF staff shared that the measures were considered by the pediatrics group and would need to verify if the ACO workgroup had reviewed the measure. A member advised that this could be an alternative if the other depression measures do not make it into the core set.

Serious Mental Illness

1879: Adherence to Antipsychotic Medications for Individuals with Schizophrenia (new measure being brought forth for potential consideration for addition into the core set)

A member questioned whether the measure assumes that an individual will be on antipsychotics forever even though there is a possibility for recovery. In response a member stated that it is best to

have a proxy measure because completely adequate measures do not exist. A member noted that the measure specifications only mention prescription medication and questioned whether injections provided at the physician's office are included. It was confirmed that "prescription medication" includes those dispensed at a provider's office (e.g., an injection administered at a provider's office).

Next Steps

The workgroup was notified that in the next coming weeks a voting survey will be sent out for the measures that have been discussed to date (i.e., those in the categories of Prevention and Wellness, Cardiovascular Care, Diabetes, and Pulmonary). NQF staff will work with the co-chairs to identify a one-hour meeting for the workgroup to meet and finalize its discussion on the remaining topics areas: Behavioral Health/Substance Use, Care Coordination/Patient Safety, Patient Experience, Readmissions, and Utilization and Cost/Overuse. If ready, the results of the voting survey will also be shared and discussed during the meeting. NQF staff will follow up with workgroup on the following:

1. Bring forth measure *0104e: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment* for consideration.
2. Provide information on where measure *0097: Medication Reconciliation Post-Discharge* is being used.
3. Provide the workgroup with an update on measure *1768: Plan All-Cause Readmissions (PCR)*.