Core Quality Measures Collaborative

Meeting Summary

ACO and PCMH/Primary Care Workgroup Meeting #4

The National Quality Forum (NQF) convened a closed session web meeting for the ACO and PCMH/Primary Care Workgroup on October 8, 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. NQF staff reviewed the following meeting objectives:

- Finalize recommendations for new measures for the set
- Identify measures for removal from 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.

Previously Discussed Candidate Measures

Per the Workgroups request during meeting #3, NQF staff brought forth measures that the Workgroup requested similar measures to be reviewed together.

Behavioral Health/Substance Use

2940: Use of Opioids at High Dosage in Persons Without Cancer (PQA-health plan)
2950: Use of Opioids from Multiple Providers in Persons Without Cancer (PQA-health plan)
Use of Opioids from Multiple Providers (UOP) HEDIS 2020 Measure
Use of Opioids at High Dosage (HDO) HEDIS

A Workgroup member expressed concern that the PQA measures were developed and tested at the health plan level and may not be easily applicable in the ACO world, as practices do not generally have access to pharmacy claims data. A co-chair inquired if states have databases that provide prescription data information to ensure accountability. After an extensive discussion on the availability of pharmacy data, it was noted that groups in the CMS ACO programs receive claims data as part of their claims data feeds, but the data lag by 3 months on average. Groups in other programs would need to negotiate data access as part of the program. A Workgroup member shared that their organization tested the two HEDIS measures in their ACO and HMO programs and had a preference

for the HDO measure. The member noted their organization had issues with small denominator size for the UOP measure, even at the ACO/HMO level.

A Workgroup member shared that measures 2940 and 2950 were submitted under the MUC list and there was concern expressed over the reliability due to the low reporting rates and the measures singular focus on dose and duration guidelines can be misapplied and lead to immediate discontinuation which can lead to patient harm. A Workgroup member shared that CMS in its call letter highlighted the need for appropriate exclusions for persons in hospice/palliative care. It was clarified that the measures have hospice/palliative care exclusions; however, the underlying data may not reliably capture hospice/palliative care status.

The Workgroup decided not to move the multiple prescriber (2950 and UOP) measures forward due to concerns with the reliability and denominator size. The Workgroup felt additional discussion of a high-dosage (2940 or HDO) measure would be helpful and asked members to share comments and feedback on the HDO measure. The HDO measure was considered easier to implement for this application than measure 2940.

3175: Continuity of Pharmacotherapy for Opioid Use Disorder (PQA-health plan/population)
Pharmacotherapy for Opioid Use Disorder (POD) HEDIS 2020 Measure
Risk of Continued Opioid Use (COU) HEDIS 2020 Measure
A Workgroup member expressed concern over the population of the POD measure at the individual provider level and that the measure is very new without much public reporting. A co-chair agreed but voiced support for the concept and suggested that the Workgroup reviews the measure in the future. A Workgroup member noted that the measures are better suited for the health plan level and recommended that the measure specifications be rewritten and tested at the clinical and PCMH level before the Workgroup decides their appropriateness for inclusion into the core set. The Workgroup decided not to include any of the measures on the voting survey.

0576: Follow-Up After Hospitalization for Mental Illness (FUH)
The Workgroup requested confirmation regarding who is eligible to provide follow-up. NQF staff shared that per the specifications follow-up must be provided by a mental health practitioner and that the definition of a mental health practitioner was provided in the detailed specifications. A co-chair noted that specialized care is important but that access to specialists such mental health practitioners is a challenge. The measure thus excludes of primary care/family providers who in most cases provide the follow up service. A Workgroup member inquired on what diagnoses were included under the mental illness and noted that the measure does not evaluate the quality of care of the entire person. The Workgroup decided not to include the measure in the voting survey.

Evaluation of Measures for Potential Addition

Readmissions
1768: Plan All-Cause Readmissions (PCR) (previously discussed)
1789: Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)
2879e: Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data
NQF staff shared that planned procedures were excluded in the measures. A Workgroup member noted that measure 1768 was used at the plan level for many years and expressed concern over its appropriateness at the ACO level being too small, as even hospitals use 3-year old data when assessing this measure. A Workgroup member noted that measure 1768 was most popular but that

CMS used measure 1789 for its ACO and hospital programs. Another member alluded to CMS working on harmonizing measures 1768 and 1789 by researching the differences and specifications that differentiate the measures. A member noted that 1789 is endorsed at the ACO level. A member shared concern over the implementation challenges with measure 2879e. The Workgroup would like to review a more detailed comparison of 1768 and 1789 on the next call to help inform their decision. A co-chair voiced support for the inclusion of a readmission measure into the core set and requested NQF staff to search for other measures then provide an update at the next meeting before making a decision on the voting list. The Workgroup decided not to proceed with measure 2879e due to implementation concerns expressed by a member.

Other

3455: Timely Follow-Up After Acute Exacerbations of Chronic Conditions
1604: Total Cost of Care Population-based PMPM Index
1598: Total Resource Use Population-based PMPM Index

A co-chair shared their views on 3455, that it being a new concept the measure may not be ready for prime time as there is not much empirical testing and evidence. A Workgroup member noted that during the measure review process the committee used an exception for the evidence criteria. The Workgroup agreed that the measure should be reconsidered in the future. Measures 1604 and 1598 use a commercial population health software product for risk adjustment and there is a cost associated with using the software. A Workgroup member alluded to using the measure in their star rating program and described the cost as manageable when spread across all users. A member expressed concern over the measures focus on value versus quality which is the CQMC focus. NQF staff shared that the Orthopedic Workgroup reviewed a cost measure which examined resource utilization. A co-chair suggested posing the question of proprietary and value measures to the Steering Committee. The Workgroup agreed to consider the measure in the future. The Workgroup agreed not to include any of the three measures on the voting list.

Review of Current Core Set for Potential Removals

Per the Workgroup's request NQF staff shared the current core set measures together with new measures that are being considered for inclusion in all of the ACO core set focus areas.

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: Preventative Care Screening: Tobacco Use: Screening and Cessation Intervention (New measure brought forward 0028e- eMeasure version)
0421: Preventative 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)
3059e: Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk (new measure)

A co-chair inquired about the new changes built into 0028e, i.e. counseling within a 24-month period effective 2019. A Workgroup member shared that there were some updates and changes made to most of the measure specifications, which were available in a cross-

walk of 79 measures. A co-chair requested NQF staff to share the cross-walk at the next Workgroup meeting before deciding which wellness measures to remove from the core set.

Cardiovascular Care
0018: Controlling High Blood Pressure
N/A: Controlling High Blood Pressure (HEDIS 2016)
0071: Persistent Beta Blocker Treatment After Heart Attack
0068: Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic
0541: Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category (new measure)
N/A: Statin Therapy for Patients with Diabetes ((SPD) new measure)
N/A: Statin Therapy for Patients with Cardiovascular Disease ((SPC) new measure)
Measure 0071 was flagged as having topped out at the ACO level and the Workgroup reached consensus to flag the measure for removal. A co-chair asked Workgroup members to share their experience on measure 0068. Workgroup members did not provide any commentary on the measure.

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
A Workgroup member shared that measure 0056 was removed from the NCQA Comprehensive Diabetes Care measures for HEDIS 2020. Another member expressed concern with documenting some of the care elements in the electronic health record (EHR), noting that measure 0055 could be performed by an optometrist under a different benefit plan e.g. a vision plan versus a health plan and difficult to reflect in the patients EHR. The Workgroup agreed to flag 0056 for potential removal.

Pulmonary
1799: Medication Management for People with Asthma
0058: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
1800: Asthma Medication Ratio (new measure)
The Workgroup discussed the possible removal of measure 1799 but could not reach a consensus.

Behavioral Health/Substance Use
0710: Depression Remission at 12 Months
1885: Depression Response at Twelve Months- Progress Towards Remission
0418/0418e: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (new measure)
A co-chair expressed concern over the measure specification that stipulates that follow up time should be between 11-13 months after the initial screening noting that the timing is arbitrary and therefore misguided for intent. A member agreed noting that the PHQ-9 score had to drop to less than five, but that progress is relative in patients. A Workgroup member shared that based on their experience that the eMeasure was not used widely and that the appropriate time for depression

follow up was between 5-7 months. For measure *1885*, the Workgroup voiced support for progression over remission. The Workgroup agreed to flag measure *0710* for potential removal.

Care Coordination

0097: Medication Reconciliation

3455: Timely Follow-Up After Acute Exacerbations of Chronic Conditions (new measure)

A co-chair noted that measure *0097* was not specified at the commercial group, stating that gathering of data is a challenge thus making the measure more of a check box without driving significant quality change. A member inquired on who would be responsible for the reconciliation, to which NQF staff advised per specifications prescribing practitioner, clinical pharmacist, or registered nurse. A Workgroup member advised that NCQA in its call letter proposed retiring the measure. The co-chairs requested NQF staff to review the call letter and share the reason for the proposed retirement with the Workgroup during the next meeting before deciding whether to keep or remove the measure.

Next Steps

The Workgroup will continue to discuss if any measures should be removed from the core set and review a cross-walk of the prevention/wellness measures and additional information on some of the discussed measures to determine which should remain and be removed from the core set. After discussing all measures, the Workgroup will cast final votes via an electronic survey. NQF staff will work on scheduling the next meeting and communicate with the Workgroup once a date is set.