



Measure Information

This document contains the information submitted by measure developers/stewards, but is organized according to NQF's measure evaluation criteria and process. The item numbers refer to those in the submission form but may be in a slightly different order here. In general, the item numbers also reference the related criteria (e.g., item 1b.1 relates to subcriterion 1b).

Brief Measure Information

NQF #: 0622

Corresponding Measures:

De.2. Measure Title: GERD - Upper Gastrointestinal Study in Patients with Alarm Symptoms

Co.1.1. Measure Steward: ActiveHealth Management

De.3. Brief Description of Measure: The percentage of patients with in the overall and high risk population with gastroesophageal reflux disease (GERD) with alarm symptoms who have had an upper gastrointestinal study. (2 separate Denominators)

1b.1. Developer Rationale: This measure is aimed at optimizing the care and identifying complications of GERD in the presence of alarm symptoms. The principal reason to evaluate via endoscopy in patients with GERD and alarm symptoms is to detect structural abnormalities that may need additional diagnostic evaluation, evaluate the success of medical therapy, and for potential biopsy opportunities as part of a diagnostic differential for such symptomatology. This measure was developed with the goal to help reduce the progression of complicated esophageal diseases and investigate patients with a higher-risk of upper gastrointestinal malignancy.

S.4. Numerator Statement: Patients who have had at least 1 esophageal procedure, upper GI study (Upper GI radiologic exam with high density barium, with or without delayed films, esophageal or gastric motility study, gastric emptying study, gastric analysis test, upper GI endoscopy, or upper GI series), or gastrectomy or evidence of at least 1 gastric or esophageal cancer diagnosis in the past 12 months. *Note-cancer diagnosis implies diagnostic testing was done, and therefore completes numerator

S.7. Denominator Statement: Denominator 1: Patients with a diagnosis of chronic GERD with alarm symptoms (e.g., dysphagia, iron deficiency anemia, weight loss) in the past 12 months.

Denominator 2: High risk patients (i.e., obese, male, or age > 50) with a diagnosis of GERD with alarm symptoms (i.e., dysphagia or weight loss) in the past 12 months

S.10. Denominator Exclusions: Specific Exclusions:

1. Patients with esophageal varices.
2. Patients with gastric restrictive procedures.
3. Patients with weight loss surgery.
4. 1. Patients with a metastatic malignancy,

General exclusions:

1. Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months
2. Patients who have been in a skilled nursing facility in the last 3 months
3. Patients who are terminally ill or in Hospice

De.1. Measure Type: Process

S.23. Data Source: Other

S.26. Level of Analysis: Other

IF Endorsement Maintenance – Original Endorsement Date: Dec 04, 2009 **Most Recent Endorsement Date:** Dec 04, 2009

IF this measure is included in a composite, NQF Composite#/title:

IF this measure is paired/grouped, NQF#/title:

De.4. IF PAIRED/GROUPED, what is the reason this measure must be reported with other measures to appropriately interpret results?

1. Evidence, Performance Gap, Priority – Importance to Measure and Report

Extent to which the specific measure focus is evidence-based, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-priority (high-impact) aspect of healthcare where there is variation in or overall less-than-optimal performance. **Measures must be judged to meet all subcriteria to pass this criterion and be evaluated against the remaining criteria.**

1a. Evidence to Support the Measure Focus – See attached Evidence Submission Form GERD_Evidence_-Revised_-_4-.docx

1b. Performance Gap

Demonstration of quality problems and opportunity for improvement, i.e., data demonstrating:

- considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or
- disparities in care across population groups.

1b.1. Briefly explain the rationale for this measure (e.g., the benefits or improvements in quality envisioned by use of this measure)

This measure is aimed at optimizing the care and identifying complications of GERD in the presence of alarm symptoms. The principal reason to evaluate via endoscopy in patients with GERD and alarm symptoms is to detect structural abnormalities that may need additional diagnostic evaluation, evaluate the success of medical therapy, and for potential biopsy opportunities as part of a diagnostic differential for such symptomatology. This measure was developed with the goal to help reduce the progression of complicated esophageal diseases and investigate patients with a higher-risk of upper gastrointestinal malignancy.

1b.2. Provide performance scores on the measure as specified (current and over time) at the specified level of analysis. (This is required for endorsement maintenance. Include mean, std dev, min, max, interquartile range, scores by decile. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included). This information also will be used to address the subcriterion on improvement (4b.1) under Usability and Use.

There are currently no large population studies summarizing the performance gap of upper endoscopy on GERD patients with alarm symptoms (i.e., either dysphagia or unintentional weight loss). From a test of this measure done on a sample population of 2.46 million, we found 392 patients with GERD AND either dysphagia or unintentional weight loss. Of these patients, 260 had an upper endoscopy performed during the measurement year. This translates to a performance gap of 33.7% [1].

1b.3. If no or limited performance data on the measure as specified is reported in 1b2, then provide a summary of data from the literature that indicates opportunity for improvement or overall less than optimal performance on the specific focus of measurement.

2.46 million lives were included in the sample population, representing a cross-sectional nationwide sample from our client population, 49% male, 51% female, with an average age of 37 years. Test was performed in 2012. 392 patients had both GERD and at least one alarm symptom. 260 of these patients had an Upper GI study done.

1. ActiveHealth Management, Inc., testing done from June 3rd, 2009 to June 3rd, 2010, includes both commercial and Medicare population.

1b.4. Provide disparities data from the measure as specified (current and over time) by population group, e.g., by race/ethnicity, gender, age, insurance status, socioeconomic status, and/or disability. (This is required for endorsement maintenance. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include.) This information also will be used to address the subcriterion on improvement (4b.1) under Usability and Use.

Most large population studies are done in Asian countries due to the higher rate of upper gastrointestinal malignancy; however there is insufficient data demonstrating the disparities between different population groups within the United States.

1b.5. If no or limited data on disparities from the measure as specified is reported in 1b4, then provide a summary of data from the literature that addresses disparities in care on the specific focus of measurement. Include citations.

No citations.

1c. High Priority (previously referred to as High Impact)

The measure addresses:

- a specific national health goal/priority identified by DHHS or the National Priorities Partnership convened by NQF; OR
- a demonstrated high-priority (high-impact) aspect of healthcare (e.g., affects large numbers of patients and/or has a substantial impact for a smaller population; leading cause of morbidity/mortality; high resource use (current and/or future); severity of illness; and severity of patient/societal consequences of poor quality).

1c.1. Demonstrated high priority aspect of healthcare

Affects large numbers, High resource use, Patient/societal consequences of poor quality

1c.2. If Other:

1c.3. Provide epidemiologic or resource use data that demonstrates the measure addresses a high priority aspect of healthcare.

List citations in 1c.4.

Gastroesophageal reflux disease (GERD) is a condition when stomach contents are refluxed into the esophagus and result in troublesome symptoms (e.g., heartburn or acid regurgitation) or complications (e.g., esophagitis, stricture). GERD is a common disorder of the upper gastrointestinal tract and has an incidence of 10-38% in the western adult population. In 2004, 27 percent of elderly Medicare patients used GERD medications, spending a total of \$5.6 billion [1].

Hospitalizations for esophageal disorders increased from 516,895 to 646,785 from 1998 to 2005. Alarming symptoms have been considered a marker suggesting complications of GERD or malignancy [4,5]. In 2005, 9.1 percent of hospitalizations with a primary GERD diagnosis had alarm symptoms, which are serious enough to warrant further exploration for esophageal disorders. In the same year, 4.2 percent of hospitalizations with a GERD diagnosis had an esophageal disorder. From 1998 to 2005, dysphagia, esophageal adenocarcinoma, and esophagitis were the fastest growing esophageal disorders with a GERD diagnosis, increasing by 264 percent, 195 percent, and 94 percent, respectively. The number of primary GERD hospitalizations with alarm symptoms increased by 39 percent since 1998 [1]. In a 2002 questionnaire study, the odds ratio of patients with dyspepsia and alarm symptoms for both gastrointestinal cancer and mortality over a 3-year period were significantly raised [6]. With the increase in incidence of esophageal adenocarcinoma and esophagitis, along with some evidence suggesting delays in cancer diagnosis due to failure to investigate patients with alarm features [7,8], the need for endoscopic evaluation upon such alarm symptoms in patients with GERD becomes more vital.

1c.4. Citations for data demonstrating high priority provided in 1a.3

1. Zhao, Encinosa. AHRQ Statistical Brief: Gastroesophageal reflux disease (GERD) hospitalizations in 1998 and 2005
2. Nwokediuko. Gastroesophageal reflux disease: a population based study. *Gastroenterology Research* 2009;2(3):152-156
3. Pohl, Welch. The role of overdiagnosis and reclassification in the marked increase of esophageal adenocarcinoma incidence. *J Natl Cancer Inst* 2005 97(2):142-6
4. British Society of Gastroenterology. Dyspepsia management guidelines. London: British Society of Gastroenterology, 2002.
5. Talley NJ, Silverstein MD, Agraus L, et al. AGA technical review: evaluation of dyspepsia. *American Gastroenterological Association. Gastroenterology* 1998;114:582-95
6. Meineche-Schmidt V, Jorgensen T. "Alarm symptoms" in patients with dyspepsia: a three-year prospective study from general practice. *Scand J Gastroenterol* 2002;37:999-1007
7. Martin IG, Young S, Sue-Ling H, et al. Delays in diagnosis of oesophagogastric cancer: a consecutive case series. *BMJ* 1997;314:467-70
8. Christie J, Shepherd NA, Codling BW, et al. Gastric cancer below the age of 55: implications for screening patients with uncomplicated dyspepsia. *Gut* 1997;41:513-17

1c.5. If a PRO-PM (e.g. HRQoL/functional status, symptom/burden, experience with care, health-related behaviors), provide evidence that the target population values the measured PRO and finds it meaningful. (Describe how and from whom their input was obtained.)

2. Reliability and Validity—Scientific Acceptability of Measure Properties

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. ***Measures must be judged to meet the subcriteria for both reliability and validity to pass this criterion and be evaluated against the remaining criteria.***

2a.1. Specifications The measure is well defined and precisely specified so it can be implemented consistently within and across organizations and allows for comparability. eMeasures should be specified in the Health Quality Measures Format (HQMF) and the Quality Data Model (QDM).

De.5. Subject/Topic Area (check all the areas that apply):

Gastrointestinal (GI), Gastrointestinal (GI) : Gastro-Esophageal Reflux Disease (GERD)/Peptic Ulcer

De.6. Non-Condition Specific (check all the areas that apply):

S.1. Measure-specific Web Page (Provide a URL link to a web page specific for this measure that contains current detailed specifications including code lists, risk model details, and supplemental materials. Do not enter a URL linking to a home page or to general information.)

www.activehealth.com

S.2a. If this is an eMeasure, HQMF specifications must be attached. Attach the zipped output from the eMeasure authoring tool (MAT) - if the MAT was not used, contact staff. (Use the specification fields in this online form for the plain-language description of the specifications)

Attachment:

S.2b. Data Dictionary, Code Table, or Value Sets (and risk model codes and coefficients when applicable) must be attached. (Excel or csv file in the suggested format preferred - if not, contact staff)

Attachment **Attachment:** [NQF_622_-_CODE_SET_Revised_1.8.13.xlsx](#)

S.3. For endorsement maintenance, please briefly describe any changes to the measure specifications since last endorsement date and explain the reasons.

At the recommendation of the Concept Review Committee, the following changes were made to the measure specifications:

1. Exclusions for previous malignancy were clarified.
2. Patients with Barrett's esophagus were removed from the denominator exclusions.
3. The age limit was removed to allow pediatric populations to be included.
4. The numerator and denominator descriptions were reworded for clarity.
5. The title was updated to reflect patients of all ages.
6. The denominator was separated into two denominator, to better identify high risk populations.

S.4. Numerator Statement (Brief, narrative description of the measure focus or what is being measured about the target population, i.e., cases from the target population with the target process, condition, event, or outcome)

IF an OUTCOME MEASURE, state the outcome being measured. Calculation of the risk-adjusted outcome should be described in the calculation algorithm.

Patients who have had at least 1 esophageal procedure, upper GI study (Upper GI radiologic exam with high density barium, with or without delayed films, esophageal or gastric motility study, gastric emptying study, gastric analysis test, upper GI endoscopy, or upper GI series), or gastrectomy or evidence of at least 1 gastric or esophageal cancer diagnosis in the past 12 months. *Note-cancer diagnosis implies diagnostic testing was done, and therefore completes numerator

S.5. Time Period for Data (What is the time period in which data will be aggregated for the measure, e.g., 12 mo, 3 years, look back to August for flu vaccination? Note if there are different time periods for the numerator and denominator.)

S.6. Numerator Details (All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

IF an OUTCOME MEASURE, describe how the observed outcome is identified/counted. Calculation of the risk-adjusted outcome should be described in the calculation algorithm.

Numerator: [for both the General Population and the High Risk]

One of the following:

1. Presence of at least 1 ESOPHAGEAL PROCEDURES procedure from claims or HIE in the past 12 months
2. Presence of at least 1 UPPER GI STUDY procedure from claims or HIE in the past 12 months

3. Presence of at least 1 GASTRECTOMY procedure from claims or HIE in the past 12 months
4. Presence of at least 1 CANCER GASTRIC diagnosis from claims or HIE in the past 12 months
5. Presence of at least 1 CANCER ESOPHAGEAL diagnosis from claims or HIE in the past 12 months
6. Presence of patient data via online PHR or telephonic nurse assessment confirming at least 1 PDD- EGD IN PAST 12 MTHS (OR UPPER GI STUDY) result in the past 12 months

(NOTE: Words written in capital letters are element names. Please refer to the code set for description.)

S.7. Denominator Statement *(Brief, narrative description of the target population being measured)*

Denominator 1: Patients with a diagnosis of chronic GERD with alarm symptoms (e.g., dysphagia, iron deficiency anemia, weight loss) in the past 12 months.

Denominator 2: High risk patients (i.e., obese, male, or age > 50) with a diagnosis of GERD with alarm symptoms (i.e., dysphagia or weight loss) in the past 12 months

S.8. Target Population Category *(Check all the populations for which the measure is specified and tested if any):*

Elderly

S.9. Denominator Details *(All information required to identify and calculate the target population/denominator such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)*

DENOMINATOR –1- General population

All of the following:

1. One of the following:
 - a. Presence of at least 2 GERD INCLUDING BARRETT'S diagnosis from claims in the past 12 months
 - b. Presence of at least 1 GERD INCLUDING BARRETT'S diagnosis from HIE in the past 12 months
 - c. Presence of patient data via online PHR or telephonic nurse assessment confirming at least 1 PDD- GERD in the past 12 months
2. One of the following:
 - a. Presence of at least 2 WEIGHT LOSS diagnosis from claims or 1 WEIGHT LOSS diagnosis from HIE in the past 12 months
 - b. Presence of at least 2 DYSPHAGIA diagnosis from claims or HIE in the past 12 months
 - i. EXCLUSION: if the following is correct: Presence of at least 2 DYSPHAGIA - MISC. CAUSES diagnosis from claims or 1 DYSPHAGIA - MISC. CAUSES diagnosis from HIE in the past 12 months
 - c. Presence of patient data via online PHR or telephonic nurse assessment confirming at least 1 PDD- GERD WARNING SYMPTOMS result in the past 12 months
3. One of the following:
 - a. Presence of at least 1 fill PUD/GERD DRUGS for 60 day total supply from claims in the past 12 months
 - b. Presence of at least 1 fill PUD/GERD DRUGS drug from HIE in the past 12 months
 - c. Presence of patient data via online PHR or telephonic nurse assessment confirming at least 1 fill PUD/GERD DRUGS drug in the past 12 months

DENOMINATOR – 2 - High Risk Patients with Alarm Symptoms

All of the following:

1. One of the following:
 - a. Presence of at least two OBESITY diagnosis from claims in the past 12 months
 - b. Presence of at least one OBESITY diagnosis from HIE in the past 12 months
 - c. Presence of at least one disability claim for OBESITY filed in the past 12 months

- d. Presence of patient data via online PHR or telephonic nurse assessment confirming at least 1 PDD- OBESITY result in the past 12 months
- e. Patient is male
- f. Patient is over 50 years of age
- g. Presence of at least 1 MU BMI LOINC code for a BMI \geq 30 result from claims or HIE in the past 12 months
- h. Presence of patient data via online PHR or telephonic nurse assessment confirming PDD- BMI for most recent BMI \geq 30 result in the past 12 months
- i. Presence of at least 1 BMI \geq 30 diagnosis from claims or HIE in the past 12 months
- 2. One of the following:
 - a. Presence of at least 2 GERD INCLUDING BARRETT'S diagnosis from claims in the past 12 months
 - b. Presence of at least 1 GERD INCLUDING BARRETT'S diagnosis from HIE in the past 12 months
 - c. Presence of patient data via online PHR or telephonic nurse assessment confirming a diagnosis of GERD in the past 12 months
- 3. One of the following:
 - a. Presence of at least 2 WEIGHT LOSS diagnosis from claims or 1 WEIGHT LOSS diagnosis from HIE in the past 12 months
 - b. Presence of at least 2 DYSPHAGIA diagnosis from claims or HIE in the past 12 months
 - i. EXCLUSION: if the following is correct: Presence of at least 2 DYSPHAGIA - MISC. CAUSES diagnosis from claims or or 1 DYSPHAGIA - MISC. CAUSES diagnosis from HIE in the past 12 months
 - c. Presence of patient data via online PHR or telephonic nurse assessment confirming at least 1 PDD- GERD WARNING SYMPTOMS result in the past 12 months
- 4. One of the following:
 - a. Presence of at least 1 fill PUD/GERD DRUGS for 60 day total supply from claims in the past 12 months
 - b. Presence of at least 1 fill PUD/GERD DRUGS from HIE in the past 12 months
 - c. Presence of patient data via online PHR or telephonic nurse assessment confirming 1 fill of PUD/GERD DRUGS in the past 12 months

(NOTE: Words written in capital letters are element names. Please refer to the code set for description.)

S.10. Denominator Exclusions (Brief narrative description of exclusions from the target population)

Specific Exclusions:

- 1. Patients with esophageal varices.
- 2. Patients with gastric restrictive procedures.
- 3. Patients with weight loss surgery.
- 4. 1. Patients with a metastatic malignancy,

General exclusions:

- 1. Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months
- 2. Patients who have been in a skilled nursing facility in the last 3 months
- 3. Patients who are terminally ill or in Hospice

S.11. Denominator Exclusion Details (All information required to identify and calculate exclusions from the denominator such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

SPECIFIC DENOMINATOR EXCLUSIONS:

One of the following:

- 1. Presence of at least 1 ESOPHAGEAL VARICES diagnosis from claims or HIE in the past 12 months
- 2. Presence of at least 1 GASTRIC RESTRICTIVE PROCEDURE procedure from claims or HIE anytime in the past
- 3. Presence of at least 1 WEIGHT LOSS SURGERY (ICD9) diagnosis from claims or HIE anytime in the past
- 4. Presence of at least 1 METASTATIC MALIGNANCY(INCL CHEMO/RADIATION) diagnosis from claims or HIE in the past 12 months
- 5. Presence of patient data via online PHR or telephonic nurse assessment confirming at least 1 PDD- GASTRIC BYPASS SURGERY

result in the past 12 months

(NOTE: Words written in capital letters are element names. Please refer to the code set for description.)

S.12. Stratification Details/Variables (All information required to stratify the measure results including the stratification variables, definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format with at S.2b)

This measure is not stratified.

S.13. Risk Adjustment Type (Select type. Provide specifications for risk stratification in S.12 and for statistical model in S.14-15)

No risk adjustment or risk stratification

If other:

S.14. Identify the statistical risk model method and variables (Name the statistical method - e.g., logistic regression and list all the risk factor variables. Note - risk model development and testing should be addressed with measure testing under Scientific Acceptability)

No risk adjustment or risk stratification

S.15. Detailed risk model specifications (must be in attached data dictionary/code list Excel or csv file. Also indicate if available at measure-specific URL identified in S.1.)

Note: Risk model details (including coefficients, equations, codes with descriptors, definitions), should be provided on a separate worksheet in the suggested format in the Excel or csv file with data dictionary/code lists at S.2b.

NoAttachment

S.15a. Detailed risk model specifications (if not provided in excel or csv file at S.2b)

S.16. Type of score:

Rate/proportion

If other:

S.17. Interpretation of Score (Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score)

Better quality = Higher score

S.18. Calculation Algorithm/Measure Logic (Describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; aggregating data; risk adjustment; etc.)

- 1.) Identify those patients who meet denominator criteria, e.g. have a diagnosis of chronic GERD AND who have evidence of a fill for PUD/GERD medication(s) AND who have evidence of warning signs, in the stated timeframe
- 2.) Subtract those patients who meet exclusionary criteria, e.g. have other of GERD alarm-like symptoms
- 3.) Identify those patients who meet the numerator criteria, e.g. who have evidence of an esophageal procedure, specified GI study, gastrectomy, or gastric or esophageal cancer in the specified timeframe.
- 4.) Divide the numerator by the denominator (minus the exclusions) and multiply by 100 to calculate measure score (percentage):

Measure Score = [Numerator/(Denominator-Exclusions)] X 100

S.19. Calculation Algorithm/Measure Logic Diagram URL or Attachment (You also may provide a diagram of the Calculation Algorithm/Measure Logic described above at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)

NoAttachment

S.20. Sampling (If measure is based on a sample, provide instructions for obtaining the sample and guidance on minimum sample size.)

IF a PRO-PM, identify whether (and how) proxy responses are allowed.

This measure is not based on a sample.

S.21. Survey/Patient-reported data (If measure is based on a survey, provide instructions for conducting the survey and guidance on minimum response rate.)

IF a PRO-PM, specify calculation of response rates to be reported with performance measure results.

This measure is not based on a survey.

S.22. Missing data (specify how missing data are handled, e.g., imputation, delete case.)

Required for Composites and PRO-PMs.

S.23. Data Source (Check ONLY the sources for which the measure is SPECIFIED AND TESTED).

If other, please describe in S.24.

Other

S.24. Data Source or Collection Instrument (Identify the specific data source/data collection instrument e.g. name of database, clinical registry, collection instrument, etc.)

IF a PRO-PM, identify the specific PROM(s); and standard methods, modes, and languages of administration.

We allow data from several different sources including claims, health information exchanges, provider and patient surveys, our patient health portal, and through feedback given to our nurses via telephonic engagement. All data is processed through ActiveHealth Management's clinical rule engine, CareEngine. Electronic clinical data source for pharmacy, lab, and EHR data is ActiveCareTeam (clinical workflow tool and dashboard) and MyActiveHealth (PHR). Healthcare provider surveys and patient surveys are included as a part of our clinical alerts (aka Care Considerations) feedback section. Patient self-reported data is included as a part of our patient portal (My ActiveHealth) and our disease management program (Active DM).

The individual sources for this measure are not tested separately. We ingest and store all data in a centralized warehouse from multiple sources. All data sources are tested simultaneously.

S.25. Data Source or Collection Instrument (available at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)

NoAttachment

S.26. Level of Analysis (Check ONLY the levels of analysis for which the measure is SPECIFIED AND TESTED)

Other

S.27. Care Setting (Check ONLY the settings for which the measure is SPECIFIED AND TESTED)

Other

If other: We do not differentiate between practice settings when testing the measures. All data is used agnostic of practice set

S.28. COMPOSITE Performance Measure - Additional Specifications (Use this section as needed for aggregation and weighting rules, or calculation of individual performance measures if not individually endorsed.)

2a. Reliability – See attached Measure Testing Submission Form

2b. Validity – See attached Measure Testing Submission Form

GERD_Scientific_Acceptability-634935183980211876.docx

3. Feasibility

Extent to which the specifications including measure logic, require data that are readily available or could be captured without undue burden and can be implemented for performance measurement.

3a. Byproduct of Care Processes

For clinical measures, the required data elements are routinely generated and used during care delivery (e.g., blood pressure, lab test, diagnosis, medication order).

3a.1. Data Elements Generated as Byproduct of Care Processes.

generated by and used by healthcare personnel during the provision of care, e.g., blood pressure, lab value, medical condition, Coded by someone other than person obtaining original information (e.g., DRG, ICD-9 codes on claims)
If other:

3b. Electronic Sources

The required data elements are available in electronic health records or other electronic sources. If the required data are not in electronic health records or existing electronic sources, a credible, near-term path to electronic collection is specified.

3b.1. To what extent are the specified data elements available electronically in defined fields? (*i.e., data elements that are needed to compute the performance measure score are in defined, computer-readable fields*)

ALL data elements are in defined fields in a combination of electronic sources

3b.2. If ALL the data elements needed to compute the performance measure score are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources.

3b.3. If this is an eMeasure, provide a summary of the feasibility assessment in an attached file or make available at a measure-specific URL.

Attachment:

3c. Data Collection Strategy

Demonstration that the data collection strategy (e.g., source, timing, frequency, sampling, patient confidentiality, costs associated with fees/licensing of proprietary measures) can be implemented (e.g., already in operational use, or testing demonstrates that it is ready to put into operational use). For eMeasures, a feasibility assessment addresses the data elements and measure logic and demonstrates the eMeasure can be implemented or feasibility concerns can be adequately addressed.

3c.1. Describe what you have learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues.

IF a PRO-PM, consider implications for both individuals providing PROM data (patients, service recipients, respondents) and those whose performance is being measured.

We use a combination of data sources to mitigate the risk of inaccuracies or errors. We recognize that generally, electronic data have inherent errors and inaccuracies related to incorrect coding, or missing data, which can result in less specificity in the definition of the denominator and /or the numerator. To minimize these errors and inaccuracies, we use clinically enriched data (laboratory results, medication lists) to augment the data. In addition, where possible, we corroborate the data. For example, to confirm a patient has diabetes, we not only confirm the presence of an ICD-9 code for diabetes from claims, we also substantiate this finding with the presence of diabetic medications. We have a mechanism in place to solicit feedback from providers via a feedback form, if they detect errors with the measure.

We do not anticipate significant unintended consequences from the implementation of this measure. Our measures are all developed from evidence-based literature or from clinical practice guidelines and are designed to encourage appropriate care of the patient.

3c.2. Describe any fees, licensing, or other requirements to use any aspect of the measure as specified (*e.g., value/code set, risk model, programming code, algorithm*).

None

4. Usability and Use

Extent to which potential audiences (e.g., consumers, purchasers, providers, policy makers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

4a. Accountability and Transparency

Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement (or the data on performance results are available). If not in use at the time of initial endorsement, then a credible plan for implementation within the specified timeframes is provided.

4.1. Current and Planned Use

NQF-endorsed measures are expected to be used in at least one accountability application within 3 years and publicly reported within 6 years of initial endorsement in addition to performance improvement.

| Planned | Current Use (for current use provide URL) |
|---|---|
| Public Reporting | |
| Quality Improvement (Internal to the specific organization) | |

4a.1. For each CURRENT use, checked above, provide:

- Name of program and sponsor
- Purpose
- Geographic area and number and percentage of accountable entities and patients included

4a.2. If not currently publicly reported OR used in at least one other accountability application (e.g., payment program, certification, licensing) what are the reasons? (e.g., Do policies or actions of the developer/steward or accountable entities restrict access to performance results or impede implementation?)

The ActiveHealth website has recently undergone a renovation to enhance its appearance and user experience. Our measures are an integral part of the ActiveHealth website and have undergone renovation as well. We have recently launched several of our measures on the quality measures web page and anticipate more robust reporting and other capabilities to be developed over the course of the next one to two years, as we fine tune our recent changes. While the measure specifications will be publicly available, the performance results of individuals or organizations will not be reported due to proprietary reasons.

4a.3. If not currently publicly reported OR used in at least one other accountability application, provide a credible plan for implementation within the expected timeframes -- any accountability application within 3 years and publicly reported within 6 years of initial endorsement. (Credible plan includes the specific program, purpose, intended audience, and timeline for implementing the measure within the specified timeframes. A plan for accountability applications addresses mechanisms for data aggregation and reporting.)

Within the next one to two years, performance results for this measure on a year to year basis will be available for public viewing on the ActiveHealth website. Calendar year data from our test population of over 20 million lives will be aggregated, reported, and displayed on our quality measure web page. While the measure specifications will be publicly available, the performance results of individuals or organizations will not be reported due to proprietary reasons.

4b. Improvement

Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated. If not in use for performance improvement at the time of initial endorsement, then a credible rationale describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

4b.1. Progress on Improvement. (Not required for initial endorsement unless available.)

Performance results on this measure (current and over time) should be provided in 1b.2 and 1b.4. Discuss:

- Progress (trends in performance results, number and percentage of people receiving high-quality healthcare)
- Geographic area and number and percentage of accountable entities and patients included

For this measure examining the number of people with chronic GERD and alarm symptoms who had an appropriate GI study, we identified a total of 733 patients from our entire national book of business, who fulfilled the criteria for the denominator from 2002 to 2008. We found a compliance rate of 19% over a 6 year period from 2002 to 2008. In our 2011 test data alone, we identified 392 people who met the denominator criteria, 260 people who met the numerator criteria, and a compliance rate of 66%.

Addendum 1/11/2012: After discussing with the NQF, we have separated the denominator in to an overall general population and a high risk population. Due to the lag and timing of the NQF's decision, testing this measure with the NEW denominator is currently under way and will be available shortly. The testing and performance results currently in the submission form reflect the original measure denominator.

4b.2. If no improvement was demonstrated, what are the reasons? If not in use for performance improvement at the time of

initial endorsement, provide a credible rationale that describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

4c. Unintended Consequences

The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).

4c.1. Were any unintended negative consequences to individuals or populations identified during testing; OR has evidence of unintended negative consequences to individuals or populations been reported since implementation? If so, identify the negative unintended consequences and describe how benefits outweigh them or actions taken to mitigate them.

None

5. Comparison to Related or Competing Measures

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure.

5. Relation to Other NQF-endorsed Measures

Are there related measures (conceptually, either same measure focus or target population) or competing measures (conceptually both the same measure focus and same target population)? If yes, list the NQF # and title of all related and/or competing measures.

5.1a. List of related or competing measures (selected from NQF-endorsed measures)

5.1b. If related or competing measures are not NQF endorsed please indicate measure title and steward.

5a. Harmonization

The measure specifications are harmonized with related measures;

OR

The differences in specifications are justified

5a.1. If this measure conceptually addresses EITHER the same measure focus OR the same target population as NQF-endorsed measure(s):

Are the measure specifications completely harmonized?

5a.2. If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden.

5b. Competing Measures

The measure is superior to competing measures (e.g., is a more valid or efficient way to measure);

OR

Multiple measures are justified.

5b.1. If this measure conceptually addresses both the same measure focus and the same target population as NQF-endorsed measure(s):

Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality); OR provide a rationale for the additive value of endorsing an additional measure. (Provide analyses when possible.)

| |
|---|
| Appendix |
| <p>A.1 Supplemental materials may be provided in an appendix. All supplemental materials (such as data collection instrument or methodology reports) should be organized in one file with a table of contents or bookmarks. If material pertains to a specific submission form number, that should be indicated. Requested information should be provided in the submission form and required attachments. There is no guarantee that supplemental materials will be reviewed.</p> <p>Attachment Attachment: NQF_GI_GU_GERD_Project_Stage2_Checklist_Memo_ActiveHealth_Final_-GW--634935197536392385.docx</p> |
| Contact Information |
| <p>Co.1 Measure Steward (Intellectual Property Owner): ActiveHealth Management</p> <p>Co.2 Point of Contact: Bani, Vir, bvir@activehealth.net, 212-651-8200-</p> <p>Co.3 Measure Developer if different from Measure Steward: Active Health Management</p> <p>Co.4 Point of Contact: Lindee, Chin, lchin@activehealth.net, 212-590-2674-</p> |
| Additional Information |
| <p>Ad.1 Workgroup/Expert Panel involved in measure development Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.</p> <p>Bani Vir, MD: Medical Director, Clinical Research & Development, ActiveHealth Management, Inc. Lindee Chin, MD: Medical Director, Clinical Research & Development, ActiveHealth Management, Inc. George Wu, MD: Medical Director, Clinical Research & Development, ActiveHealth Management, Inc. Rajesh Mehta, Director of Pharmacy Informatics, Clinical Research & Development, ActiveHealth Management, Inc. Flora Chang, PharmD, Director of Pharmacy Informatics, Clinical Research & Development, ActiveHealth Management. Judy Flood, Nurse Informatics QM Manager, Clinical Research & Development, ActiveHealth Management.</p> <p>ActiveHealth Management measures are developed by our Quality Measures Management Committee, a division of the Clinical Research and Development Department, composed of physicians of varying specialties and pharmacists. This committee evaluates available clinical evidence guidelines, reliability of data from various sources, and the necessity to develop measures to help improve standards of healthcare.</p> |
| <p>Measure Developer/Steward Updates and Ongoing Maintenance</p> <p>Ad.2 Year the measure was first released: 2008</p> <p>Ad.3 Month and Year of most recent revision: 12, 2012</p> <p>Ad.4 What is your frequency for review/update of this measure? Annually</p> <p>Ad.5 When is the next scheduled review/update for this measure? 12, 2012</p> |
| <p>Ad.6 Copyright statement: This information, including any attachments hereto, is the sole, exclusive, proprietary and confidential property of ActiveHealth Management, Inc., and is for the exclusive use of The National Quality Forum. Any use, copying, disclosure, dissemination or distribution by anyone other than the National Quality Forum is strictly prohibited.</p> <p>Ad.7 Disclaimers:</p> |
| Ad.8 Additional Information/Comments: |