

# THE NATIONAL QUALITY FORUM

## National Voluntary Consensus Standards for Patient Outcomes Summary of the Diabetes/Metabolic Technical Advisory Panel Conference Call December 15, 2009: 2:00-3:30 pm Eastern Standard Time

**TAP Members present:** Sheldon Greenfield, MD (chair); R. Keith Campbell, RPh, FASHP, CDE; Karen Fitzner, PhD; Richard Hellman, MD, FACP, FACE; Allen Nissenson, MD, FACP, FASN; Erica Swegler, MD

**NQF Staff present:** Reva Winkler, MD, MPH; Alexis Forman, MPH; Emma Nochomovitz, MPH

**Audience Members Registered:** Joyce Dubow; Brian Fillipo; Patrice Holtz; Iver Juster

### Introduction

A conference call for the National Voluntary Consensus Standards for Patient Outcomes Diabetes/Metabolic Technical Advisory Panel (TAP) was held on Tuesday, December 15th, 2009. Dr. Reva Winkler, NQF Project Consultant and the Outcomes Project advisor, began the meeting and requested that the TAP members introduce themselves and disclose any specific interests pertaining to the measure development.<sup>1</sup>

### Orientation to NQF

Dr. Winkler presented a standard slide set being used to orient all Committees in the project that outlines the following topics:

- description of NQF organization, mission and vision, multi-stakeholder membership, activities and recent accomplishments;
- encouragement to use NQF's new website;
- the National Priorities Partnership priorities and goals;
- growth in NQF endorsed measures and evolution of quality measurement; and
- the steps of NQF's formal Consensus Development Process.

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<sup>1</sup> Dr. Nissenson disclosed that he is involved with the Center for Medicare and Medicaid's Pay for Performance program, which may adopt NQF endorsed measures. Dr. Swegler disclosed that she is participating in an episode-based cost evaluation project for diabetes with the American Board of Medical Specialties, under a grant from the Robert Wood Johnson Foundation. Dr. Fitzner is involved with efforts by the American Association for Diabetes Educators to advance measures related to diabetes care and diabetes education. Dr. Hellman disclosed that he is involved with measure development with PCPI.

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## Project Goals

Dr. Winkler advised the TAP that the goals of this project which is funded by the Department of Health and Human Services is to expand NQF's current portfolio of outcome measures, specifically focusing on the top 20 Medicare conditions. The two goals of the project are:

- to identify, evaluate and endorse additional measures suitable for public reporting and quality improvement that specifically address outcomes of healthcare (including cross-cutting (not condition-specific) outcome measures as well as specific outcome measures for 20 common conditions); and
- to identify gaps in existing outcome measures and recommend potential outcome measures to fill those gaps.

## Role of the TAP

Dr. Winkler advised the TAP members that their role is to:

- provide technical input to the Steering Committee regarding the sub-criteria in the standard measure evaluation criteria;
- TAP will suggest gaps in important outcome measures where additional measures are needed; and
- the TAP Chair sits on the Steering Committee.

## NQF Evaluation Criteria

TAP members were advised that new measure evaluation criteria were approved by Board of Directors in August 2008 to clarify, strengthen and recommend changes to endorsement criteria in order to achieve:

- a stronger link to national priorities and higher-level performance measures;
- greater measure harmonization;
- greater emphasis on outcome measures; and
- for process measures, a tighter outcomes-process link.

## Project Scope and Timeline

The TAP members were advised that the project defines outcomes after Donabedian :

*“outcome refers to changes (desirable or undesirable) in individuals and populations that are attributed to healthcare. “*

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The timeline was presented highlighting the Steering Committee meeting on April 20-21, 2010 and endorsement in Fall 2010.

## Currently endorsed outcome measures for diabetes and chronic kidney disease

A list of currently endorsed outcome measures within the framework created by the Steering Committee for the identification of key gap areas was presented:

- **Patient function, symptoms, health-related quality of life (physical, mental, social)**
  - none
- **Intermediate clinical outcomes (physiologic, biochemical)**
  - 0059 -Hemoglobin A1c management - Percentage of adult patients with diabetes aged 18-75 years with most recent A1c level greater than 9.0% (poor control) (Alliance/NCQA)
  - EC-013-09\*\* Comprehensive Diabetes Care: HbA1c control (<8.0%) (NCQA)
  - 0064 - Diabetes Measure Pair: A) Lipid management: low density lipoprotein cholesterol (LDL-C) <130, B) Lipid management: LDL-C <100 \* -A) Percentage of adult patients with diabetes aged 18-75 years with most recent (LDL-C) <130 mg/dL; B) Percentage of patients 18-75 years of age with 0547diabetes whose most recent LDL-C test result during the measurement year was <100 mg/dL (Alliance/NCQA)
  - 0061 – Blood Pressure management - Percentage of adult patients with diabetes aged 18-75 years with most recent blood pressure <140/80 mm Hg (Alliance/NCQA)
  - *SUBMITTED MEASURE: OT1-009-09 Optimal Diabetes Care – Composite “all or none” measure of BP < 130/80 and LDL < 100 and Hgb A1c < 8 and non-smoker and daily aspirin if age 41+ years. (Minnesota Community Measurement)*
- **Patient and/or caregiver experience with care; knowledge, understanding, motivation; health risk status/ behavior (including adherence)**
  - 0550 – CKD, Diabetes and Hypertension – medication possession ratio (MPR) for ACEI/ARB therapy (CMS)
  - 0547 – Diabetes and MPR for statin therapy (CMS)
  - 0545 – MPR for chronic meds (oral hypoglycemic, statins and ACEI/ARBs) in diabetics over age 18 years (CMS)

**NQF Steering Committee draft – do not circulate**

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- **Healthcare service utilization as proxy for patient outcome (e.g., change in condition) or potential indicator of efficiency**
  - 0272 -Diabetes, short-term complications (PQI 1) [AHRQ]
- **Non-mortality clinical morbidity related to disease control and treatment**
  - 0274 -Diabetes, long-term complications (PQI 3) [AHRQ]
  - 0285 -Lower extremity amputations among patients with diabetes (PQI 16) [AHRQ]
- **Mortality**
  - None

There are no outcome measures currently endorsed for Chronic Kidney Disease.

## TAP discussion

Members of the Panel raised several questions or comments:

- the danger of performance measurement that does not actually improve quality;
- the scarcity of data providing strong scientific evidence for measures in some of these conditions, such as Chronic Kidney Disease;
- the lack of money, time, resources among measure developers to create meaningful measures based in hard science;
- the potential for more measures creating additional barriers to harmonization; and
- how to ensure meaningful public reporting in the absence of consideration for comparative effectiveness research, case-mix, harmonization of clinical practice guidelines, and an understanding of the link between process and outcome.

TAP members provided several specific recommendations for how they would like to see this project and NQF evolve:

- close consideration of the role of comorbid conditions in affecting patient outcomes (i.e. depression as it relates to diabetes);
- attention to risk-stratification and potential confounders;
- utilizing money and energy from NQF and their contract with HHS to further develop/test measures;
- focusing on the improvement of methodological issues and changes in science underlying currently endorsed measures; and
- creating a diabetes patient registry to ease the collection of data for performance measurement, assuming funds to do so are available

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## TAP action

NQF staff advised the TAP members that they have two action items to work on:

- identification of any additional outcome measures for diabetes or CKD that could be considered in this project; and
- suggestions for outcome measures to be developed within the Steering Committee's framework.

In conclusion, the Panel was told to expect at least one additional future meeting or call to review the submitted Diabetes measure in detail and further discuss potential gaps in submitted measures.

## Audience comment

No audience member offered comment at the end of the call.