NATIONAL QUALITY FORUM
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Meeting Summary

Primary Care and Chronic Illness Standing Committee – Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Primary Care and Chronic Illness Standing Committee for a web meeting on February 11, 2022, to evaluate three measures.

Welcome, Introductions, and Review of Meeting Objectives

Paula Farrell, NQF director, welcomed the Standing Committee and participants to the web meeting. Ms. Farrell also reviewed the meeting objectives. The Standing Committee members each introduced themselves and disclosed any conflicts of interest; none of the Standing Committee members disclosed a conflict with the measures under review. Oroma Igwe, NQF manager, reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

During the meeting, some Standing Committee members were unable to attend the entire meeting. There were early departures and late arrivals. The vote totals reflect members present and eligible to vote. Quorum was met and maintained for the entirety of the meeting.

Measure Evaluation

During the meeting, the Primary Care and Chronic Illness Standing Committee evaluated three measures (one maintenance and two new) for endorsement consideration. A more detailed summary of the Standing Committee's deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on March 25, 2022, for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

A measure is recommended for endorsement by the Standing Committee when greater than 60 percent of eligible voting members select a passing vote option (Pass; High and Moderate; 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 a must-pass criterion, voting during the measure evaluation meeting will cease. The Standing Committee will not re-vote on the measures 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 a 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 the criteria that did not reach consensus and potentially overall suitability for endorsement during the post-comment web meeting.

Voting Legend:

- *Evidence (Outcome Measures) and Use:* Pass/No Pass
- *Accepting Scientific Methods Panel (SMP) Rating and Overall Suitability for Endorsement*: Yes/No
- *All Other Criterion:* H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable

NQF #3667 Days at Home for Patients With Complex, Chronic Conditions (Centers for Medicare & Medicaid Services [CMS]/Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation [CORE])

Description: This is a provider group-level measure of days at home or in community settings (that is, not in acute care such as inpatient hospital or emergent care settings or post-acute settings such as Skilled Nursing Facilities (SNFs)) among adult (age 18 years or older) Medicare FFS beneficiaries with complex, chronic conditions who are aligned to participating provider groups. The measure includes risk adjustment for differences in patient mix across provider groups, with an adjustment based on patients' risk of death. An additional adjustment that accounts for patients' risk of transitioning to a long-term nursing home is also applied to encourage home- and community-based care in alignment with CMS's policy goals. A higher risk-adjusted score indicates better performance; **Measure Type**: Outcome; **Level of Analysis**: Accountable Care Organization; **Setting of Care**: Post-Acute Care, Inpatient/Hospital; **Data Source**: Claims

Measure Steward/Developer Representatives at the Meeting

- Susannah Bernheim

Standing Committee Votes

- **Evidence**: Total Votes-18; Pass-14; No Pass-4 (14/18 – 77.8 percent, Pass)
- **Performance Gap**: Total Votes-18; H-1; M-10; L-2; I-5 (11/18 – 61.1 percent, Pass)
- **Reliability**: Total Votes-19; Yes-14; No-5 (14/19 – 73.7 percent, Pass)
    - This measure was deemed complex and was evaluated by the SMP.
    - The Standing Committee accepted the SMP's rating for Reliability: Moderate (Total Votes-11; H-5; M-6; L-0; I-0)
- **Validity**: Total Votes-18; H-0; M-3; L-7; I-8 (3/18 – 16.7 percent, No Pass)
    - This measure was deemed complex and was evaluated by the SMP.
    - The SMP's rating for Validity: Consensus Not Reached (Total Votes-10; H-0; M-4; L-5; I-1)
    - Because the SMP did not reach consensus, the Standing Committee voted on the measure's validity.
- **Feasibility**: Vote not taken
- **Use**: Vote not taken
- **Usability**: Vote not taken

Standing Committee Recommendation for Endorsement: Vote Not Taken

The Standing Committee did not recommend this outcome measure for initial endorsement.

This accountable care organization (ACO)-level measure was newly submitted for endorsement. The measure is not yet implemented in a federal program. The Standing Committee agreed that the evidence supported the measure but questioned whether the denominator would capture patients with substantial disease. The developer clarified that patients must have a Hierarchical Condition Category (HCC) composite risk score of greater than or equal to 2.0, which would include a wide cohort with a variety of chronic conditions, and the Standing Committee passed the measure on evidence. The Standing Committee noted that substantial variation in time was spent at home, and there was an opportunity to improve care; however, it had concerns about the strength of the disparities data, considering the analysis used Medicare ACO data while the measure was specified for all Medicare

patients. The Standing Committee also questioned whether variability among ACOs truly indicated a national performance gap but ultimately passed the measure on performance gap.

The SMP reviewed this measure and passed it on reliability but did not reach consensus on validity. The Standing Committee reviewed the major reliability concerns that the SMP addressed, which mainly focused on the measure's specifications. The Standing Committee requested clarification on whether the measure was only meant to be used in ACOs or could be used more broadly at the provider group level. A few Standing Committee members also questioned whether days at home could be considered a valid surrogate for care coordination. The developer clarified that the terms of ACO and the provider group are considered synonymous in this measure and that the provider group would encompass any entity that is committed to providing care with a focus on care coordination. The developer acknowledged that directly measuring care coordination is challenging, and based on the developer's research, days at home could be used to signal good care coordination. The Standing Committee ultimately voted to accept the SMP's rating for reliability.

The Standing Committee noted that the developer conducted face validity and construct validity testing. While face validity testing did indicate the measure may be valid, the construct validity testing found that NQF #3667 did not correlate well with the other measures. The developer emphasized that the lack of correlation may be due to the other measures having smaller sample sizes and not being risk-adjusted. The Standing Committee highlighted the SMP's main concerns with validity: the risk adjustment models, measure exclusions, and meaningful differences in performance. The Standing Committee expressed concerns about social determinants of health (SDOH) factors not being included in the risk adjustment model. The developer noted that there is no national, standardized approach to address SDOH factors, and the small sample size hindered the developer's ability to account for SDOH factors. Thus, the developer decided to utilize dual eligibility as an alternative to SDOH in the risk adjustment model. The Standing Committee also raised concerns with the exclusions, specifically with low outliers and the impact they may have on the unintended consequences of the measure. Due to these concerns, the Standing Committee did not pass the measure on validity.

Because validity is a must-pass criterion, the Standing Committee had no further conversation on NQF #3667.

NQF #3661 Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma (American College of Pathologists)

Description: Percentage of surgical pathology reports for primary colorectal, endometrial, gastroesophageal or small bowel carcinoma, biopsy or resection, that contain impression or conclusion of or recommendation for testing of mismatch repair (MMR) by immunohistochemistry (biomarkers MLH1, MSH2, MSH6, and PMS2), or microsatellite instability (MSI) by DNA-based testing status, or both; **Measure Type**: Process; **Level of Analysis**: Clinician: Individual, Clinician: Group/Practice; **Setting of Care**: Outpatient Services; **Data Source**: Other (specify), Electronic Health Data

Measure Steward/Developer Representatives at the Meeting

- Gregary Bocsi

Standing Committee Votes

- **Evidence**: Total Votes-18; H-4; M-13; L-1; I-0 (17/18 – 94.4 percent, Pass)
- **Performance Gap**: Total Votes-19; H-11; M-8; L-0; I-0 (19/19 – 100 percent, Pass)

- **Reliability (Group/Provider):** Total Votes-18; H-7; M-11; L-0; I-0 (18/18 – 100 percent, Pass)
- **Reliability (Individual):** Total Votes-19; H-8; M-11; L-0; I-0 (19/19 – 100 percent, Pass)
- **Validity**: Total Votes-19; H-N/A; M-19; L-0; I-0 (19/19 – 100 percent, Pass)
- **Feasibility**: Total Votes-19; H-6; M-13; L-0; I-0 (19/19 – 100 percent, Pass)
- **Use**: Total Votes-19; Pass-19; No Pass-0 (19/19 – 100 percent, Pass)
- **Usability**: Total Votes-19; H-11; M-8; L-0; I-0 (19/19 – 100 percent, Pass)

Standing Committee Recommendation for Endorsement: Total Votes-19; Yes-19; No-0 (19/19 – 100 percent, Pass)

The Standing Committee recommended the measure for initial endorsement.

This individual and group clinician-level measure was a newly submitted measure for endorsement. The measure is publicly reported nationally in the Quality Payment Program's (QPP) Merit-Based Incentive Payment System (MIPS). The Standing Committee stated that evidence existed to support the measure and agreed that measuring MMR and MSI biomarker testing status would improve quality. The Standing Committee agreed that a performance gap existed and requested more information that the disparities data provided. The developer noted that disparities data are not readily available in laboratory information systems; however, literature showed that White, non-Hispanic patients were more likely to receive testing than Black, non-Hispanic patients. Studies also show lower testing rates are found in patients with Medicare, Medicaid, and no insurance versus private insurance. The Standing Committee passed the measure on evidence and performance gap.

When discussing the specifications, the Standing Committee expressed concern about the cost associated with testing. The developer reassured the Standing Committee that the test is now universally reimbursed. The Standing Committee noted that reliability testing was only performed at the individual clinician level, while the measure is specified at the individual clinician and group clinician levels. The developer highlighted that additional testing at the group clinician level was not done because the individual clinician data would be aggregated to create group clinician data, further strengthening the reliability. While it appeared that a majority of the Standing Committee accepted this rationale, the Standing Committee chose to vote on reliability for the group and individual clinician levels separately to confirm and ultimately passed the measure at both levels. During the feasibility discussion, the Standing Committee highlighted that this is an audit-based measure, which might add burden to users of the measure. The Standing Committee discussed that the measure has been in use since 2020, and there is no evidence of any unintended consequences. Ultimately, the Standing Committee passed the measure on feasibility, use, usability, and overall suitability for endorsement.

NQF #3332 Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool) (Massachusetts General Hospital)

Description: Percentage of children from 3.00 to 17.99 years of age seen for a pediatric well child visit who have a Pediatric Symptom Checklist (PSC) Tool administered as a component of that visit; **Measure Type**: Process; **Level of Analysis**: Health Plan, Population: Regional and State, Facility; **Setting of Care**: Outpatient Services; **Data Source**: Claims, Paper Medical Records, Electronic Health Records, Electronic Health Records: Electronic Health Records

Measure Steward/Developer Representatives at the Meeting

- Michael Murphy

- Michael Jellinek

Standing Committee Votes

- **Evidence**: Total Votes: 19; M-14; L-5; I-0 (14/19 – 73.7 percent, Pass)
- **Performance Gap**: Total Votes: 19; H-3; M-16; L-0; I-0 (19/19 – 100 percent, Pass)
- **Reliability**: Total Votes: 19; M-18; L-1; I-0 (18/19 – 94.7 percent, Pass)
- **Validity**: Total Votes: 19; H-4; M-12; L-3; I-0 (16/19 – 84.2 percent, Pass)
- **Feasibility**: Total Votes: 19; H-4; M-15; L-0; I-0 (19/19 – 100 percent, Pass)
- **Use**: Total Votes: 19; Pass-19; No Pass-0 (19/19 – 100 percent, Pass)
- **Usability**: Total Votes: 19; H-4; M-13; L-2; I-0 (17/19 – 89.5 percent, Pass)

Standing Committee Recommendation for Endorsement: Total Votes: 19; Yes-17; No-2 (17/19 – 89.5 percent, Pass)

The Standing Committee recommended the measure for continued endorsement.

This health plan-level measure was originally endorsed in 2017. The Standing Committee agreed that the updated evidence further supported the measure and passed the measure on the evidence criterion. The Standing Committee noted variable performance and a clear performance gap and requested more information on racial disparities. The developer explained that large racial and ethnic disparities were not observed in this measure. Ultimately, the Standing Committee passed the measure on performance gap.

The Standing Committee expressed concerns that this maintenance process measure was not "moving the needle" enough and requested more information on why an outcome or patient-reported outcome performance measure had not been developed yet. The developer emphasized that the screening tool's primary function is to optimize the number of encounters in which pediatricians engage their patients in this screen and the propensity for pediatricians to take care of their patients; the developer also emphasized that every patient encounter does not and should not necessarily warrant a referral. The developer explained to the Standing Committee that the screening tool has built capacity for providers to counsel, manage, and refer children with behavioral health issues and either provide them with or direct them to the right care. Although the Standing Committee expressed a desire for further development of the measure towards increased assessment of patient-related outcomes and integration of care models, it acknowledged that the measure has proven to be successful in its core purpose. The Standing Committee noted that validity testing at both the patient encounter and accountable levels were strong, and the measure was able to identify differences in quality. The Standing Committee passed the measure on reliability and validity.
The Standing Committee noted the measure as demonstrably feasible and well integrated into practice. The Standing Committee also acknowledged that the measure is in use but expressed concerns about potential unintended consequences, such as taking away time from other concerns and the overburdening of referral resources. Ultimately, the Standing Committee passed the measure on feasibility, use, usability, and overall suitability for endorsement.

Public Comment

No public or NQF member comments were provided during the measure evaluation meeting.

Next Steps

NQF will post the draft technical report on March 25, 2022, for public comment for 30 calendar days. The continuous public commenting period with member support will close on April 25, 2022. NQF will reconvene the Standing Committee for the post-comment web meeting on May 25, 2022.