NATIONAL QUALITY FORUM

Memo

TO: NQF Members

FR: NQF Staff

RE: Voting Draft Report: *NQF-Endorsed Measures for Pulmonary and Critical Care*

DA: June 23, 2016

Background

The Pulmonary and Critical Care Committee evaluated 22 measures against NQF's standard evaluation criteria—four new measures and 18 measures undergoing maintenance of endorsement review. Twelve measures were recommended for endorsement, and one measure was recommended for inactive endorsement with reserve status. The Committee did not reach consensus on two measures and did not recommend six measures for endorsement. Measure #0708: Proportion of Patients with Pneumonia that have a Potentially Avoidable Complication (during the episode time window), which was initially reviewed by the Pulmonary and Critical Care project, has been deferred to the Patient Safety Standing Committee in the upcoming Patient Safety project.

Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). Second, NQF solicits member and public comments prior to the evaluation of the measures via an online tool located on the project webpage. Third, NQF opens a 30-day comment period to both members and the public after measures have been evaluated by the full committee and once a report of the proceedings has been drafted.

Pre-evaluation comments

The pre-evaluation comment period was open February 10-24, 2016 for all 22 measures under review. No pre-evaluation comments were received.

Post-evaluation comments

The draft report went out for Public and Member comment April 20, 2016 to May 20, 2016. During this commenting period, NQF received 24 comments from three member organizations and two public organizations.

A complete table of comments submitted post-evaluation, along with the responses to each comment and the actions taken by the Standing Committee, is posted to the project page on the NQF website, along with the measure submission forms.

The Committee reviewed all comments received and considered the pre-meeting comments prior to making an endorsement recommendation. The Committee also responded to all post-evaluation comments. Revisions to the draft report and the accompanying measure specifications are identified as red-lined changes. (Note: Typographical errors and grammatical changes have not been red-lined, to assist in reading.)

"Consensus Not Reached" Measures

On June 13, 2016, the Committee considered comments received and developer responses in further evaluation of 8 measures for which the Committee did not reach consensus on a recommendation during the March 15-16 in-person meeting. On re-vote the Committee recommended 2 measures, did not recommend 4 measures and again did not reach consensus for 2 measures. The 2 measures without a consensus recommendation have been placed on the NQF Member voting ballot along with the measures recommended for endorsement.

Measures for which consensus was not reached by the Committee:

- #0343: PICU Standardized Mortality Ratio
- #1799: Medication Management for People with Asthma

Details of the comments received and the Committee's discussion are red-lined in the draft report.

Comments and their Disposition

Three major themes were identified in the post-evaluation comments, as follows:

1. Feasibility of Electronic Clinical Data and Paper Medical Records
2. Secondary Diagnoses of COPD and Asthma
3. Patient Refusals

Theme 1 – Feasibility of Electronic Clinical Data and Paper Medical Records

Many of the submitted Pulmonary and Critical Measures use electronic clinical data and paper medical records. A commenter expressed that it was not feasible for health plans to implement measures

Developer Responses:

Measure #0047: Asthma: Pharmacologic Therapy for Persistent Asthma (The American Academy of Asthma Allergy and Immunology): The developer states that performance measurement is not just for health plans. Not every quality measure is going to work for everybody. Physicians are increasingly participating in performance measurement activities and provider performance initiatives. Measurement at all levels of the system is fast becoming the standard in health care.

Measure # 0334: PICU Severity-adjusted Length of Stay (Virtual PICU Systems, LLC): The developer notes that the measure was never designed for use by health plans. The measures (and their validity and reliability) stem from the use of clinical data (whether paper or electronic). The measures are to be collected and reported at the PICU level specific to patients using patient level data. They are currently used by over 100 PICUs nationally and could readily be provided by health care organizations to insurers.

Measure # 0335: PICU Unplanned Readmission Rate (Virtual PICU Systems, LLC): The developer states that based on the cited literature and the fact that the measures were explicitly designed to use clinical data to avoid the well-published shortcomings of administrative data, they feel the concern over feasible use by health plans is largely not applicable or invalid.

Measure #2852: Optimal Asthma Control (MN Community Measurement): The developer states that this measure is not specified for health plans.

Committee Response: The Committee expressed similar concerns during the in-person meeting but agreed these measures are not intended for Health Plans and fulfil important gap areas and advise the developers to work towards converting these measures to more accessible data sources.

Theme 2 - Secondary Diagnoses of COPD and Asthma

A commenter stated that secondary diagnoses of COPD and Asthma should be captured along with the primary diagnosis for NQF measures #0275 and #0283 since acute conditions can exacerbate COPD or asthma.

Developer Response: The developer agrees that various acute conditions can exacerbate COPD and asthma. However, the suggestion to include secondary diagnoses of COPD and asthma is not desirable. Doing so will capture hospitalizations where COPD and asthma are recorded as complicating comorbidities but that did not principally occasion the admission. The intended use of the measure is to capture population rates of hospitalizations for COPD or asthma, a portion of which are potentially preventable. The developer agrees that in some cases an acute condition along with the COPD or asthma may occasion the hospitalization, but that acute condition may not be an ambulatory care sensitive condition.

Committee Response: The Committee stated this was a reasonable consideration but without further data to understand the effects of adding the secondary diagnosis, agreed with the developer that adding the secondary diagnosis could cause more harm than help.

Theme 3 – Patient Refusals

A commenter noted for several measures *(#0047: Asthma: Pharmacologic Therapy for Persistent Asthma* and *#0091 COPD: Spirometry Evaluation*) that "patient refusal should not be an exclusion to the denominator" noting that patient education explaining the benefits of treatment is expected. The commenter stated that "asking the patient if he/she wants an inhaled steroid, and getting a refusal should not be terms for removing the patient from the denominator."

> **Developer Response (measure #0047):** We believe that if the patient refuses, the provider should not be penalized as not meeting the measure. This is standard practice. For instance, the same exclusion would apply for a quality measure pertaining to influenza vaccination. The provider is not penalized for patients refusing to receive influenza vaccine. It is the job of the provider to educate patients so that they are making an informed decision. In some cases, even though patients have been made fully aware of the evidence, they will still decline a diagnostic or therapeutic intervention based on their values and preferences.
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> **Developer Response (measure #0091):** ATS would like to retain the patient reason denominator exclusion in the specifications for this measure. "Spirometry is a patient effort-based test. Some COPD patients are unable to perform spirometry due to mental status, frailty, getting dizzy/lightheaded during spirometry, etc. Exclusions for patient reasons are numerically small, however, pulmonary physicians see a disproportionate number of these COPD patients who may be unable to perform the spirometry test."
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> **Action Item*:*** The Committee expressed similar concerns during the in-person meeting but agreed with the developer that patient recusals are appropriate exclusions.

NQF Member Voting

Information for electronic voting has been sent to NQF Member organization primary contacts. Accompanying comments must be submitted via the online voting tool.

Please note that voting concludes on July 7, 2016 at 6:00 pm ET – no exceptions.