Preventive Care: Review of the Performance Measures by the Performance Measurement Committee of the American College of Physicians

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Introduction

The United States healthcare system has shifted its efforts to focus on priority areas of value-based care and to deliver integrated preventive care services at lower costs. In spite of these efforts, intricacies of the current system impede physician’s abilities to seamlessly embed screening protocols and preventive care interventions (1). Lack of awareness and appropriate knowledge, adherence issues beyond the physicians control, and unintended consequences of the pressures to comply with a value-based system pose barriers to quality outcomes among primary care physicians and the populations they serve (2-4).

While the impact of screening interventions on lifestyle changes is questionable, stakeholders agree that preventive care measures play a significant role in achieving measureable improvements of clinical outcomes (5). Failure to acknowledge the importance of this role needlessly endangers the health of current and future populations (6).

The American College of Physicians (ACP) Performance Measurement Committee (PMC) reviewed performance measures related to Preventive Care to assess whether the measures are evidence-based, methodologically sound, and clinically meaningful.

Methods

Between November 8, 2017 and April 13, 2018 we searched to identify relevant performance measures from the National Quality Forum (NQF), the Centers for Medicare and Medicaid Services Quality Payment Program (QPP) and the National Quality Measures Clearinghouse (NQMC) websites. The inclusion criteria were performance measures endorsed by the National Quality Forum, currently used in the Centers for Medicare and Medicaid Services’ (CMS) Value-Based Payment programs (VBP) or currently used in federal reporting programs. The PMC identified and reviewed 28 performance measures.

To determine the validity of the selected performance measures as indicators of the quality of health care provided by internal medicine physicians, reviewers used a modification of the RAND-UCLA appropriateness method. The committee chair (NF) and immediate past chair (CM) served as moderators for the panel process and did not rate the measures.

Results

Among the 28 measures* in preventive care measures list, 6 (21%) were rated as valid, 10 (36%) were rated as not valid, and 12 (43%) were rated as uncertain validity. While the measures rated as invalid represent important clinical concepts, lack of support is mainly based on methodological flaws.

*Access the full list of recommendations here
Recommendation
ACP does not support NQF #2602: “Controlling High Blood Pressure for People with Serious Mental Illness.”

Rationale
ACP does not support NQF measure #2602: “Controlling High Blood Pressure for People with Serious Mental Illness” because the specifications are flawed and the measure is not based on the most current recommendations of the United States Preventive Services Task Force (USPSTF) and the American Heart Association (AHA) on blood pressure monitoring. Developers do not cite any information to validate the importance of implementing a “blood pressure control” measure to specifically target patients who are diagnosed with serious mental illness. Furthermore, the numerator specifies office screening as the preferred monitoring method, while the USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment. Therefore, implementation could promote overuse of pharmacotherapy in patients whose blood pressure is adequately controlled in the ambulatory setting. We suggest developers update the numerator specifications to include an average of several measurements. Doing so will likely increase the accuracy of the measurement results and reduce the potential for overtreatment. Furthermore, this measure will not reward clinicians who help patients reduce blood pressure measurements outside of the parameters specified in the numerator. For example, clinicians who help patients reduce systolic blood pressure measurements from 180 mmHg to 145 mmHg will not receive credit for this measure. Also, the specifications should include some element of risk-adjustment. Treatment success will likely be confounded by the mental illness. This measure is specified to evaluate performance at the system-level of analysis and variations in assessment skills according to specialty and clinical expertise may produce unstable estimates. Finally, implementation at the individual clinical level of analysis poses significant provider burden because blood pressure data and mental health data may exist in separate medical records.

Measure Specifications

| NQF 2602: Controlling High Blood Pressure for People with Serious Mental Illness |
|---------------------------------|---------------------------------------------------------------|
| **Measure Steward:** | National Committee for Quality Assurance |
| **NQF Status:** | NQF Endorsed, Last Updated May 09, 2018 |
| **Use in Federal Program:** | Public Reporting, Quality Improvement (external benchmarking to organizations), Quality Improvement (Internal to the specific organization), Regulatory and Accreditation Programs |
| **Description:** | The percentage of patients 18-85 years of age with serious mental illness who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year.  
Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0018: |
Controlling High Blood Pressure). It was originally endorsed in 2009 and is owned and stewarded by NCQA. The specifications for the existing measure (Controlling High Blood Pressure NQF #0018) have been updated based on 2013 JNC-8 guideline. NCQA will submit the revised specification for Controlling High Blood Pressure NQF #0018 in the 4th quarter 2014 during NQF’s scheduled measure update period. This measure uses the new specification to be consistent with the current guideline.

| Numerator Statement: | Patients whose most recent blood pressure (BP) is adequately controlled during the measurement year (after the diagnosis of hypertension) based on the following criteria:  
- Patients 18-59 years of age as of December 31 of the measurement year whose BP was <140/90 mm Hg.  
- Patients 60-85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes whose BP was <140/90 mm Hg.  
- Patients 60-85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of diabetes whose BP was <150/90 mm Hg. |

| Denominator Statement: | All patients 18-85 years of age as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND a diagnosis of hypertension on or before June 30th of the measurement year. |

| Exclusions: | All patients who meet one or more of the following criteria should be excluded from the measure:  
- Evidence of end-stage renal disease (ESRD) or kidney transplant  
- A diagnosis of pregnancy |

| Type of Measure: | Outcome |

| Intended Level of Attribution: | Health Plan |

| Care Setting: | Outpatient Services |

| Data Source: | Claims, Electronic Health Records, Paper Medical Records |
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**Disclosure of Interests and Management of Conflicts:**
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Drs. Metersky and Persell reported financial relationships with commercial entities and were recused from authorship of this paper.

**APPROVED BY THE ACP BOARD OF REGENTS ON:**
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References


