



## Performance Measurement

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 #0371: “Venous Thromboembolism Prophylaxis” because of uncertain validity.

## Rationale

ACP does not support NQF measure #0371: “Venous Thromboembolism Prophylaxis.” This measure represents an important clinical concept; however, the latest performance data from 2010 approaches a 90% performance rate and by now, this measure is likely topped out. Additionally, the specifications are flawed. The specifications should include exclusion criteria for patients who already receive full-dose anticoagulation therapy. Furthermore, it is unclear why exclusion criteria include patients with mental disorders. Lastly, developers should revise the exclusion criteria to include “hemorrhagic” stroke.

## Measure Specifications

<b>NQF 0371: Venous Thromboembolism Prophylaxis</b>	
<b>Measure Steward:</b>	The Joint Commission
<b>NQF Status:</b>	NQF Endorsed, Last Updated Dec 23, 2014
<b>Use in Federal Program:</b>	Public Reporting, Regulatory and Accreditation Programs, Quality Improvement
<b>Description:</b>	This measure assesses the number of patients who received venous thromboembolism (VTE) prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission. This measure is part of a set of six nationally implemented prevention and treatment measures that address VTE (VTE-2: ICU VTE Prophylaxis, VTE-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring, VTE-5: VTE Warfarin Therapy Discharge Instructions and VTE-6: Hospital Acquired Potentially-Preventable VTE) that are used in The Joint Commission’s accreditation process.
<b>Numerator Statement:</b>	Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given: <ul style="list-style-type: none"><li>• the day of or the day after hospital admission</li><li>• the day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission</li></ul>
<b>Denominator Statement:</b>	All discharged hospital inpatients
<b>Exclusions:</b>	<ul style="list-style-type: none"><li>• Patients less than 18 years of age</li><li>• Patients who have a length of stay (LOS) less than two days and greater than 120 days</li></ul>

	<ul style="list-style-type: none"> <li>• Patients with Comfort Measures Only documented on day of or day after hospital arrival</li> <li>• Patients enrolled in clinical trials related to VTE</li> <li>• Patients who are direct admits to intensive care unit (ICU), or transferred to ICU the day of or the day after hospital admission with ICU LOS greater than or equal to one day</li> <li>• Patients with ICD-9-CM Principal Diagnosis Code of Mental Disorders or Stroke as defined in Appendix A</li> <li>• Patients with ICD-9-CM Principal or Other Diagnosis Codes of Obstetrics or VTE as defined in Appendix A</li> <li>• Patients with ICD-9-CM Principal Procedure Code of Surgical Care Improvement Project (SCIP) VTE selected surgeries as defined in Appendix A</li> </ul>
<b>Type of Measure:</b>	Process
<b>Intended Level of Attribution:</b>	Facility
<b>Care Setting:</b>	Inpatient/Hospital
<b>Data Source:</b>	Electronic Health Data, Paper Medical Records

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Drs. Metersky and Persell reported financial relationships with commercial entities and were recused from authorship of this paper.

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