



**National Quality Forum
Prevention and Population Health, Draft Report, Fall 2017 Cycle
April 12, 2018**

NAACOS appreciates the opportunity to provide feedback on the National Quality Forum (NQF) Prevention and Population Health, Draft Report. As the largest association of ACOs, representing more than 5 million beneficiary lives through over 300 Medicare Shared Savings Program (MSSP) ACOs, Next Generation, and commercial ACOs we care deeply about this issue. NAACOS is an ACO member-led and member-owned non-profit organization that works on behalf of ACOs across the nation to improve the quality of Medicare delivery, population health and outcomes, and health care cost efficiency. ACOs are inherently focused on population health and outcomes and we greatly value the chance to provide feedback on the report's draft recommendations.

NQF's prevention and population health portfolio includes measures that assess the promotion of healthy behaviors, community-level indicators of health, oral health, and primary prevention strategies. In this report NQF seeks to identify and endorse measures that can be used to assess prevention and population health in both healthcare and community settings. It also focuses on the assessment of disparities in health outcomes. The Committee reviewed seven measures for endorsement and as a result recommended four measures: 0034 Colorectal Cancer Screening (COL) (National Committee for Quality Assurance); 2511 Utilization of Services, Dental Services (American Dental Association on behalf of the Dental Quality Alliance); 2517 Oral Evaluation, Dental Services (American Dental Association on behalf of the Dental Quality Alliance); 2528 Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services (American Dental Association on behalf of the Dental Quality Alliance). Consensus was not reached on two measures: 0024 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (National Committee for Quality Assurance); 2509 Prevention: Dental Sealants for 10-14 Year-Old Children at Elevated Caries Risk (American Dental Association on behalf of the Dental Quality Alliance) while one measure was not recommended: (2508 Prevention: Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk (American Dental Association on behalf of the Dental Quality Alliance).

0034 Colorectal Cancer Screening

We are pleased to see that the committee discussed and therefore recognized the need to exclude patients with limited life expectancy from the measure 0034 Colorectal Cancer Screening. However, NAACOS feels the exclusion for patients in hospice, while intended by the developer to address this issue, is an incomplete way to solve this problem. Modern perspectives on palliative care acknowledge that hospice is the final phase of a gradual transition away from curative care (intended to prolong life) toward palliative care (intended to relieve suffering). Patients can and should receive palliative care for periods long before hospice, and in many cases such patients would not be appropriate for cancer screenings like colonoscopy, due to limited life expectancy as well as inconsistency with patient-specific goals. Therefore, we do not support the committee's recommendation and feel this is an overly simplistic solution to the problem which could result in inappropriate treatment. We instead urge the committee to discuss and explore more appropriate solutions to this problem.

2508 and 2509 Dental Sealants for Children at Elevated Caries Risk

NAACOS is in agreement with the committee's findings on the need to clarify whether a child who has received sealants has met the recommended guidelines and that the following measures should exclude children with previously sealed molars:

- 2509 Prevention: Dental Sealants for 10-14 Year-Old Children at Elevated Caries Risk (American Dental Association on behalf of the Dental Quality Alliance)
- 2508 Prevention: Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk (American Dental Association on behalf of the Dental Quality Alliance)

However, we disagree with the committee's decision not to endorse these measures. The challenges children face related to access and availability to timely dental care are great. Many of these children, of diverse backgrounds, often do not see a dentist until acute issues present resulting in multiple extractions of permanent teeth. State sponsored Medicaid managed care programs strongly encourage and even in some cases mandate that Medicaid health plan benefits for dental sealants be covered. Many payers have taken innovative approaches to improve the value of their dental benefits by endorsing the training and reimbursement of pediatricians to provide dental sealants to children as they may be the only provider these children see as a result of dental access, and availability issues, benefit design or fear of dentists in general. In addition, these types of programs help assuage the fears of children and families about following up with a dentist. Therefore, we recommend that the committee instead endorse measures: 2509 Prevention: Dental Sealants for 10-14 Year-Old Children at Elevated Caries Risk (American Dental Association on behalf of the Dental Quality Alliance); and 2508 Prevention: Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk (American Dental Association on behalf of the Dental Quality Alliance).

We thank the NQF for their focus and work in the area of population health. As the premier Alternative Payment Model (APM) focused on population health, ACOs welcome the ability to continue to share input in the committee's future work in this area.

Sincerely,



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