



## Correspondence

### Agreement and compliance with process measures proposed by the AASLD Practice Metrics Committee: An Italian perspective



Dear Editor,

In a recent study [1], the Practice Metrics Committee of the American Association for the Study of Liver Diseases (AASLD) proposed a set of evidence-based quality measures for adult patients with cirrhosis, to be used for care quality evaluation. The system encompasses 26 process measures, 7 clinical outcome measures, and 13 patient-reported outcome measures and, as the authors indicate in the discussion, is not yet ready for application. In order to evaluate how it would be perceived by liver specialists in a different country, the Italian Association for the Study of the Liver (AISF) translated the 26 process measures statements [1] and distributed them to all active members (n=668), who were asked

if they agreed/did not agree with each statement, and in which proportion of patients (%) they had applied the procedure over the previous month. Information was collected on the professional position/qualification of the responders, and on the estimated number of in- and outpatients with liver disease and cirrhosis seen in their centres. 109 (16%) questionnaires were returned. Agreement with the proposed statements was very high (average 96.5%; range 82–100%), with the lowest values (<90%) being obtained for statements 6, 25, 26 (Table 1). Compliance with the procedures over the previous month was also high (average 68%; range 32–85%), with lowest values (<60%) being obtained for statements 6, 23, 24, 26 (Table 1). When AISF members were grouped by professional position (specialist trainees, physicians, academics), no significant differences in agreement/compliance were observed, except for statement 13, with specialist trainees being less proactive in providing advice on driving after an episode of hepatic encephalopathy (41 vs. 67 and 74%; post-hoc significant for trainees vs. academics).

**Table 1**

Yearly estimated patient volumes, agreement and compliance with the 26 process measures/statements proposed by the Practice Metrics Committee of the American Association for the Study of Liver Diseases in a sample of doctors affiliated to the Italian Association for the Study of the Liver. Bold typeface marks agreement <90% and compliance <60%.

	Responses (n)			Mean ± SD (min–max)	
	Agreement	No (n)	No (%)	Responses (n)	Mean ± SD (%)
Liver, ward (n patients/year)	103			446 ± 915 (0–6500)	
Liver, outpatients (n patients/year)	107			988 ± 1204 (0–7000)	
Cirrhosis, ward (n patients/year)	105			237 ± 448 (0–4000)	
Cirrhosis, outpatients (n patients/year)	106			354 ± 452 (0–2500)	
	Agreement			Compliance	
	Responses (n)	No (n)	No (%)	Responses (n)	Mean ± SD (%)
Statement 1	109	3	2.7	107	66 ± 38
Statement 2	105	3	2.9	106	70 ± 43
Statement 3	107	0	0.0	108	75 ± 41
Statement 4	106	4	3.8	106	65 ± 43
Statement 5	109	7	6.4	108	69 ± 41
Statement 6	107	19	<b>17.8</b>	101	<b>53 ± 46</b>
Statement 7	107	2	1.9	105	75 ± 39
Statement 8	108	0	0.0	105	74 ± 39
Statement 9	107	2	1.8	107	73 ± 39
Statement 10	108	0	0.0	107	68 ± 40
Statement 11	108	0	0.0	107	69 ± 42
Statement 12	108	1	0.9	106	71 ± 42
Statement 13	106	0	0.0	107	66 ± 40
Statement 14	107	1	0.9	106	68 ± 39
Statement 15	107	1	0.9	106	80 ± 38
Statement 16	108	0	0.0	106	80 ± 37
Statement 17	108	1	0.9	107	66 ± 41
Statement 18	108	7	6.5	105	66 ± 42
Statement 19	108	3	2.8	106	85 ± 30
Statement 20	109	1	0.9	107	60 ± 38
Statement 21	108	0	0.0	107	80 ± 36
Statement 22	108	4	3.7	107	76 ± 39
Statement 23	100	8	8.0	98	<b>59 ± 42</b>
Statement 24	109	4	3.8	103	<b>54 ± 41</b>
Statement 25	109	12	<b>11.0</b>	104	71 ± 38
Statement 26	106	13	<b>12.3</b>	102	<b>32 ± 36</b>

When AISF members were grouped by affiliation, no significant differences in agreement or compliance were observed. However, those affiliated to gastroenterology/hepatology/infectious diseases departments reported higher volumes of outpatients with both liver disease and cirrhosis compared to those affiliated to internal medicine departments ( $1243 \pm 1403$  vs.  $552 \pm 510$ ,  $p=0.006$  and  $454 \pm 528$  vs.  $171 \pm 139$ ,  $p=0.003$ , respectively). In summary, AISF members generally agreed and complied with a series of process measures statements proposed by the AASLD Practice Metrics Committee. Lowest compliance was observed for statements 6 (no administration of fresh frozen plasma/platelets to patients undergoing paracentesis), 23 (counselling/substance abuse treatment program within 2 months of positive screening), 24 (documentation of the risk-benefit of undergoing a surgical procedure in the medical records) and 26 (systematic assessment of frailty). In the first three instances, lower compliance may relate to differences in routine practices between the USA and Italy, while low rates of assessment of frailty are more likely to be due to the fact that neither the tools nor the outcomes of such practice have been fully

defined. The likelihood of occurrence of the situation described in the statement may have also played a role.

#### **Conflict of interest**

None declared.

#### **Reference**

- [1] Kanwal F, Tapper EB, Ho C, Asrani SK, Ovchinsky N, Poterucha J, et al. Development of quality measures in cirrhosis by the Practice Metrics Committee of the American Association for the Study of Liver Diseases. *Hepatology* 2019;69:1787–97.

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15 July 2019