# NQF Measure Portfolio Report

*November 20, 2012*

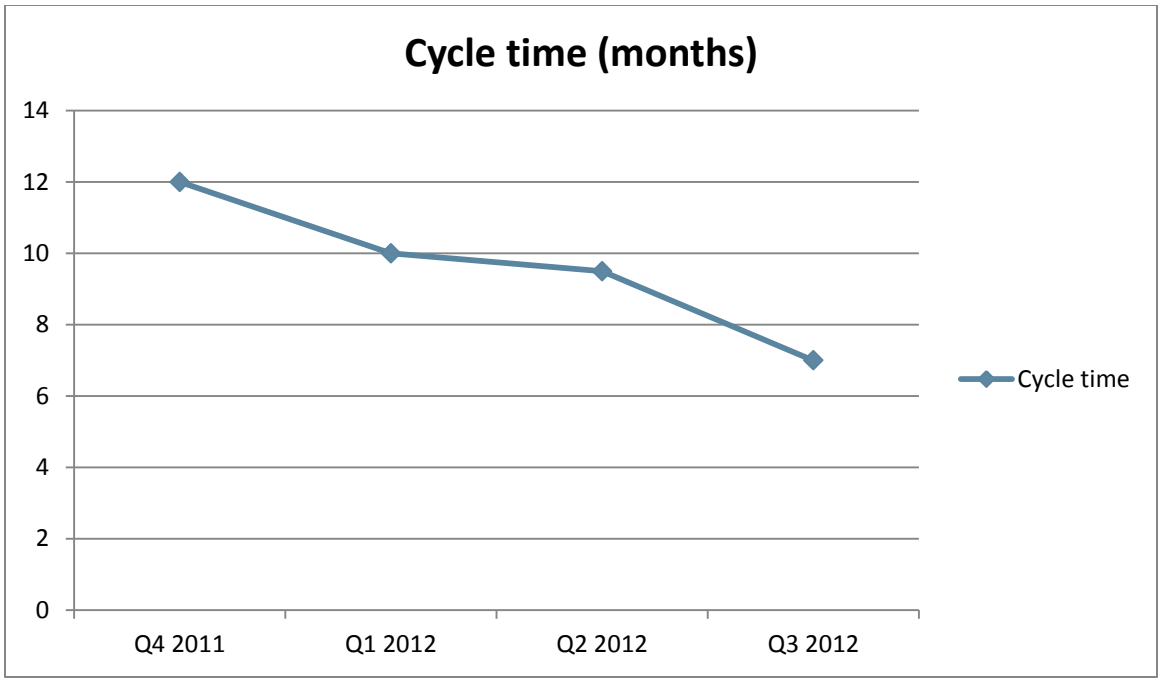
In the last five years, NQF has worked to move toward measures that add value and reduce burden. This movement has been facilitated through tougher evaluation criteria that place greater emphasis on evidence and a clear link to outcomes, demonstrable impact and gaps in care, and testing that demonstrates that measures are reliable and valid. NQF has also laid the foundation for the next generation of measures, including guidance on composite measurement, patient-reported outcome measures, resource use, population health, disparities-sensitive measures and eMeasures. These activities are intended to inform the path to targeted, prioritized measure development. NQF can continually serve the public good by helping to stimulate measure development that fills measurement gaps and bring forward new, high value measures for endorsement as quickly as possible.

In this report, we provide a high-level overview of the current use of measures in the NQF portfolio. This report provides a snapshot of the portfolio at a time of great change in the healthcare system and the portfolio reflects signs of this change. This year also marked an important shift to a more collaborative relationship for NQF with measure developers through improvement events designed to build decision logic and guidance on harmonization and greater technical support to developers to help ensure that important measures can meet the requirements for endorsement. Additionally, NQF held its first measure developer workshop on the measure evaluation criteria, harmonization and competing measures, transition to eMeasures, and opportunities to fill critical measurement gaps with remarkable attendance and engagement across the developer community.

There is increasing evidence that NQF's stringent criteria, portfolio management strategies, and collaborative efforts with developers are having a desired effect on the portfolio. For example, in 2012 we have observed:

- Guidance expressing NQF's strong preference for outcome measures, and that process measures must demonstrate a clear link to outcomes has led to **more endorsed outcome measures**;
- A focus on harmonization has resulted in **fewer duplicative measures** and a focus by steering committees in selecting the best-in-class measure whenever possible; and
- Clearly defined requirements for measure testing have **greatly reduced the number of untested measures** submitted to NQF.

There has also been ongoing consensus development process (CDP)-related lean improvement work, including development of standard work for staff, developers and committee members; clarity on "what good looks like" for measure developers; and reduction of cycle time from measure submission to endorsement. For example, in the last year the average cycle time to endorsement has been reduced to 7 months. NQF continues to explore all possible avenues to balance efficiency and speed with its rigor and multi-stakeholder consensus process.

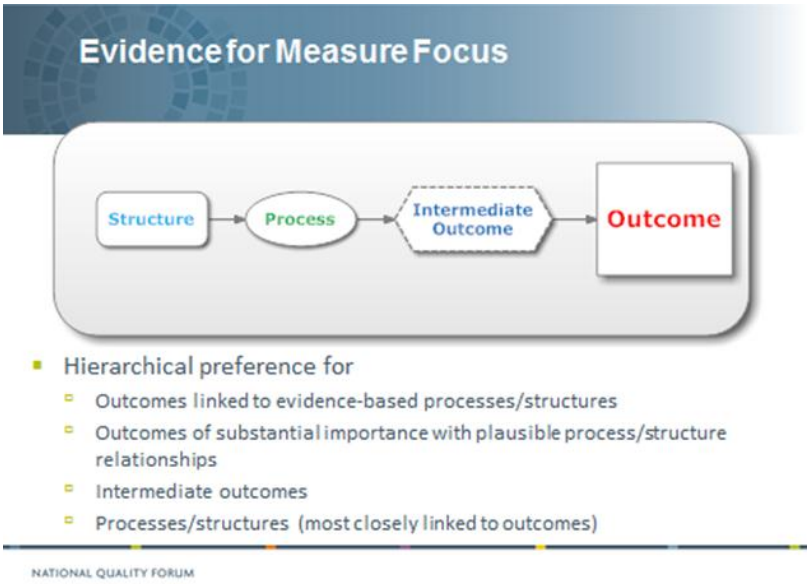



## The NQF Portfolio: Constricting and Expanding to Meet Evolving Needs

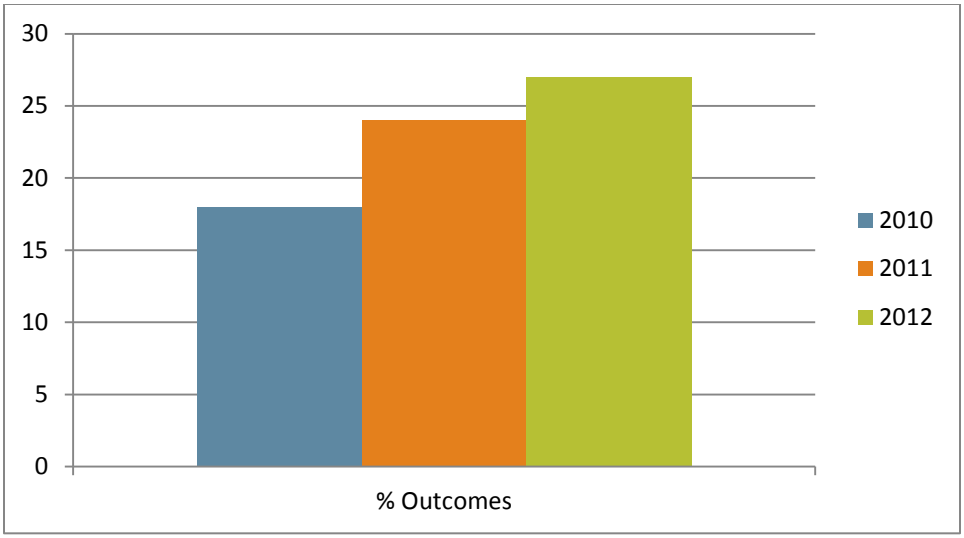
While NQF focuses on reducing burden by eliminating needless duplication in the portfolio, there are important factors encouraging the portfolio toward greater expansion, including the need to address multiple data platforms, particularly eMeasures; pressure to have measures applicable to multiple clinical specialties and settings of care; national pursuit of new payment models such as bundled payment; and the need for more advanced measures that help close cross-cutting gaps, such as care coordination and patient-reported outcomes. The NQF portfolio now contains approximately 700 measures. NQF has also committed to continually reducing measurement burden through ongoing harmonization and assessment of competing measures. Of the projects started and completed in the last 12 months, 288 new and maintenance measures have been submitted for consideration and 181 were endorsed. While variable across projects, the NQF endorsement rate for these projects is approximately 60 percent. Overall, measures undergoing maintenance were endorsed at a rate of 55% and new measures submitted for endorsement were endorsed at a rate of 89%. In this last year, clinical projects with large numbers of process measures had markedly lower rates of endorsement for maintenance measures (e.g., perinatal care - 44%, pulmonary - 44%, and renal disease - 36%). Newer prioritized areas of measurement had higher rates of endorsement, including disparities measures at 75% and palliative care at 64% endorsement. Endorsement was also higher in some highly used areas of measurement, such as preventive services and immunization measures at 76% endorsement.

## Shift to Outcomes

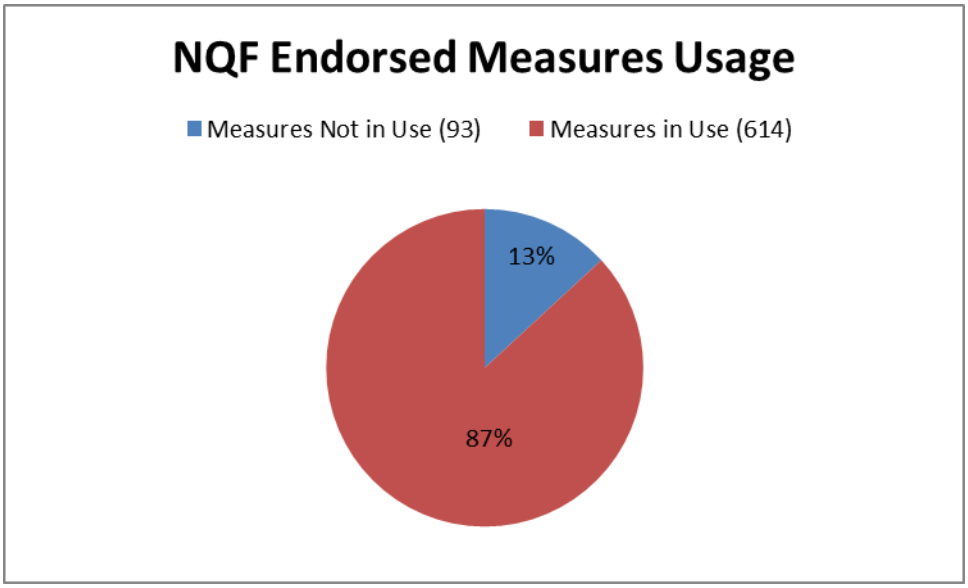
NQF has worked to provide clear guidance to the field about the measures that are needed to fill urgent measure gaps in order to drive quality improvement and accountability. As stated in the NQF Evidence Task Force Report, NQF has a clear preference for outcome measures with links to evidence-based processes. For process measures, a close link to outcomes is required. Process measures that cannot demonstrate a relation to outcomes are not recommended for endorsement.



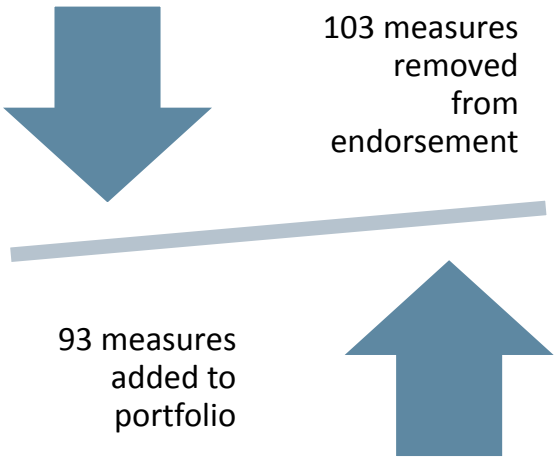

NQF is working closely with measure developers through frequent convening and technical assistance to increasingly move the field toward even more of a focus on composite and outcome measures. NQF completed a large-scale outcomes endorsement project in 2010-2011. The continued growth in the number and proportion of outcome measures across the last three years (shown below) reflects the more pervasive shift that has been a product of the consensus development process.



## Measure Usage




The number of measures in active use remains very high. This year's analysis reflects a more dynamic portfolio, with significant shifts that reflect the changes we have made to the endorsement process.

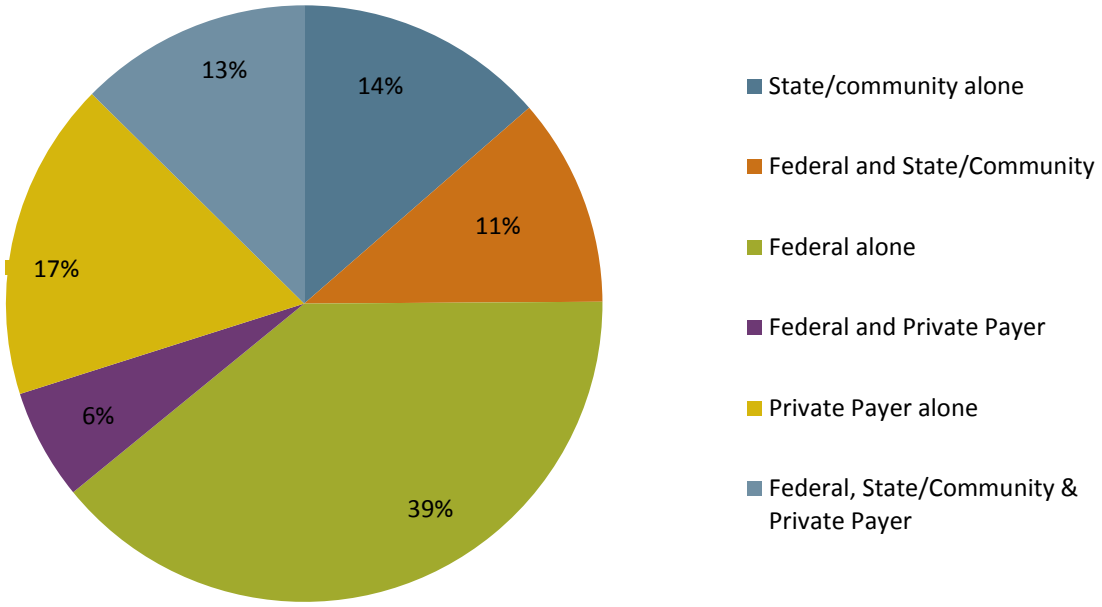



In a sub-analysis of the measures without any identified use, we found that 59 out of 93 measures (63%) without an identified use were endorsed in the past two years and may not yet have been selected for use or are in early implementation stages. We have also removed 103 measures from the portfolio through endorsement maintenance, of which 82% were in active use in the prior year's analysis.

The removal of 103 measures from endorsement is a significant increase over 2011 in which 47 measures were removed from endorsement. Prior to 2011, maintenance measures were reviewed in a separate review process and continued endorsement of maintenance measures was assumed. These numbers for the last two years speak to the effect of NQF's endorsement maintenance and harmonization efforts, ensuring that the portfolio is current and includes the measures that best meet the evaluation criteria.

## Uses of Measures

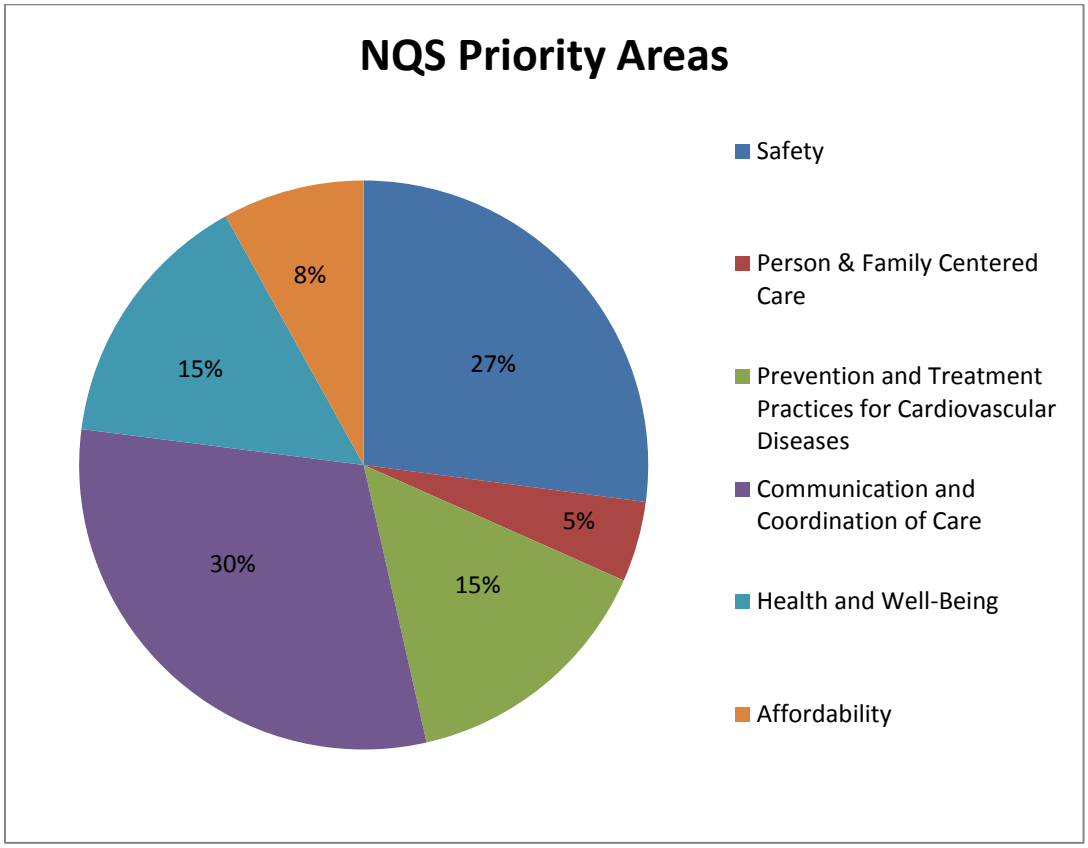
The range of uses for NQF-endorsed measures continues to grow with some evidence of greater alignment of uses across the portfolio. While the federal government remains the dominant user of the portfolio, there are growing numbers of measures in use across both public programs, including state and federal programs, as well as private-sector programs.[1] NQF is committed to working toward collection of a standardized set of real-time information about the use and effectiveness of measures from frontline users. This demonstrates the alignment between measures used by federal, state, community alliances, and private payers. The following graph provides the overlapping uses between the measures in use across different sectors.




[1] Additional information on uses of endorsed measures in specific federal programs will be added when the MAP analyses are complete.

## Filling Measurement Gaps in the National Quality Strategy

The measures within the portfolio increasingly map to the NQS priorities and goal areas. Endorsement projects that are planned for 2013, pending approval of funding, will focus on patient and family engagement, functional status and healthcare infrastructure aspects of care coordination. A newly funded resource use project will bring in additional measures in 2013 for the affordability priority.




## Conclusion

In summary, measures within the NQF portfolio continue to evolve across NQS priority areas and by type of measures with an increasing number of those focusing on outcomes. In addition, the measures continue to be used and future efforts to identify uses will expand to analyze not only the number of programs or sectors using them but also what potential impact or improvements they have driven. This expanded focus will take considerable time and collaborative efforts both with developers and end users but will prioritize the goal we all strive toward – improving patient care.