



TO: Consensus Standards Approval Committee
FROM: John Bernot, Senior Director, Quality Measurement
Elisa Munthali, Acting Senior Vice President, Quality Measurement
DATE: November 8, 2017
RE: Measure Prioritization and Feedback Update

REQUESTED ACTION:

This is an informational update only; no CSAC action required.

Background

Prioritization of Measures and Gaps

NQF is committed to reducing redundancy in measurement, unnecessary burden, and measurement that is not adding value. To drive a meaningful dialogue at the national level, NQF has promulgated a set of prioritization criteria and a hierarchical framework that highlight the most significant measures and gaps. Together, they contribute to the creation of a set of measures that matter and motivate improvement. The following final prioritization criteria are based on an environmental scan of prioritization efforts across the U.S. and the world:

1. Outcome-focused: Preference for outcome measures and measures with a strong link to improved outcomes and costs.
2. Improvable and actionable: Preference for actionable measures with a demonstrated need for improvement and evidence-based strategies.
3. Meaningful to patients and caregivers: Preference for person-centered measures with meaningful and understandable results for patients and caregivers.
4. Support systemic/integrated view of care: Preference for measures that reflect care that spans settings, providers, and time to ensure that care is improving within and across systems.

NQF is applying these criteria to identify measures across a hierarchical measurement approach:



The top of the pyramid focuses on a small set of national priorities that track to the domains of the National Quality Strategy and align with other national efforts, such as the Institute of Medicine (IOM)/National Academy of Medicine (NAM) Vital Signs, Institute of Healthcare Improvement (IHI) Whole System Measures, and the Peterson-Kaiser Health System Tracker. The selected national priorities include well-being; patient experience; total cost/high value care; preventable harm and complications; prevention and healthy behaviors; access to needed care; and equity of care.

The prioritization initiative presents a unique opportunity to identify measures with broad impact that have a direct correlation to high-impact outcomes and relate these to other national initiatives. NQF staff is working closely with NAM Vital Signs to align our efforts, including mapping the NAM Vital Signs to the NQF's high-impact outcomes. Additionally, NQF staff is working with NAM team members to identify standardized measures that can proxy as indicators for individual NAM Vital Signs.

The prioritization criteria and approach is being used to identify priority measures by condition, cross-cutting area, and setting.

To date, the prioritization criteria and approach have been pilot tested with multiple standing committees including the Palliative and End-of-Life Care, Cancer Care, Neurology and Renal Standing Committees. In addition, the MAP Medicaid and CHIP committees utilized the criteria to select the highest priority measure gaps. For example, the Palliative Care and End-of-Life committee used the criteria and the prioritization approach to identify important priority gaps such as a safety gap area related to the provision of care that was discordant with patients' views. In the area of health and well

being, the Committee identified caregiver well-being as an important gap. Committee responses to the approach have been generally positive and identified areas in need of greater clarity going forward. NQF staff is working to finalize definitions for driver and priority measures and develop driver diagrams for each high impact outcome to ensure that the approach is replicable and value-added to NQF's core processes. Following pilot testing, this work will be embedded into all ongoing NQF measure selection and endorsement work to ensure a consistent approach to prioritization of measures and gaps.

Measure Feedback

NQF has launched a feedback initiative to gather substantive information on the implementation and use of measures. Measure users can provide information on the use of endorsed measures, including potential benefits and unintended consequences, as well as a better understanding of measure burden. Feedback from end-users on the use and implementation of measures would be highly valuable in measure endorsement and selection discussions. This information could support measure prioritization and burden reduction efforts.

The initiative aims to develop and implement a system to procure continuous feedback on any measure at any time and directly integrate the feedback into NQF processes. The initiative also aims to focus on measure redundancy and burden by collecting feedback on burden and benefits of measures, as well as related efforts to remove measures that do not add value. To achieve this goal, NQF is engaging with stakeholders to assess the current state of available measure feedback data by classifying those data and identifying incentives to provide measurement feedback.

In February of 2017, NQF convened the Feedback Advisory Group. The multistakeholder Advisory Group consists of stakeholders from NQF member organizations, including the American Medical Association (AMA), American Nurses Association (ANA), American Hospital Association (AHA), American College of Physicians (ACP), Aetna and the Pacific Business Group on Health (PBGH). The goal of the meeting was to develop a plan to solicit feedback from NQF members, identify the most important data to collect, and gauge interest among these organizations in providing feedback to NQF. There were discussions of potential approaches to collecting measure feedback, including the use of a feedback portal on the NQF website as well as targeting specific stakeholders by collaborating with advisory group members (e.g., direct links to the NQF feedback portal from the member's website).

The recently launched portal on the NQF website allows end-users to easily transmit feedback on a single measure or a group of measures at any time. NQF is working with members of the Feedback Advisory Group to consider strategies to drive end-users to submit feedback.



In order to better understand members' willingness to provide measure feedback, staff presented the feedback initiative at several venues, including the 2017 NQF Annual Conference, the NQF Measure Developers Workshop in May 2017, and the NQF Member Meetup in Chicago, Illinois in June 2017.

Based on input from the Advisory Group and presentation attendees, one of the most important functions of feedback is to determine how the measure is being used after endorsement. In response to this input, NQF has made a significant change to the CDP measure evaluation criteria. This change requires that measure developers have a process to collect measure use feedback and submit it to NQF with their endorsement data. In support of this, NQF has been collaborating with stakeholders to determine how to best facilitate the ongoing submission of feedback. NQF continues to seek ways to identify incentives to provide measure feedback while minimizing potential burden. In that spirit, NQF is also working to identify external sources of feedback that can supplement online data collection. For example, NQF staff facilitated several conference calls with members of Quality Improvement Organizations (QIOs) in the summer of 2017 to determine whether feedback that is already being collected by the QIOs could be integrated into the NQF feedback initiative. Collaborations such as this could enrich the quality of the feedback while eliminating stakeholder burden of entering the same data multiple times.

Health Equity Program



NATIONAL
QUALITY FORUM

Employs A Comprehensive, Multi-Year, Action-Oriented Approach

Aligns with NQF's transformation of pursuing improvement in healthcare quality for all

Includes a planned, broad portfolio of cross-cutting projects that put into action guidance laid out by NQF's substantive work in health equity

Incorporates our leadership of practical, action-oriented initiatives and facilitation of measure development to address critical gaps

Brings together partners to leverage national efforts

Builds on Ability to Convene Stakeholders and A Decade of Thought Leadership

Measure Selection and Endorsement

- Healthcare Disparities & Cultural Competence
- Health and Wellbeing
- Prevention and Population Health
- MAP Adult and Child Core Sets
- Measure Prioritization

Measurement Frameworks

- Population Health
- Rural Health
- Home and Community-Based Services
- Food Insecurity and Housing Instability
- Cultural Competency

Principles and Best Practices

- Disparities-Sensitive Measure Criteria
- Guiding Principles for Culturally Competent Care
- Community Action Guide
- Risk Adjustment for Socioeconomic Status (SES)

Implementation Guidance

- Approach for Taking Action on Social Determinants of Health (SDOH)
- Roadmap to Promote Health Equity and Eliminate Disparities

NQF's Health Equity Program



IDENTIFY
disparities
and at-risk
populations

INFLUENCE
performance
measurement

INSPIRE
implementation
of best
practices

INFORM
payment

Identify Disparities and Those Affected by Health Inequity

IDENTIFY
disparities
and at-risk
populations

NQF Will:

- Promote a common understanding and standardized language around health equity to address data and infrastructure challenges
- Gather innovative strategies for social risk factor data collection and use

Projects:

- Approaches to address data challenges
- Identification, showcase of innovative examples from the field
- SDOH measurement frameworks

Influence Performance Measurement

NQF Will:

- Facilitate development of needed measures to promote health equity and reduce disparities
- Drive toward the systematic approach laid out in the NQF Health Equity Roadmap for using measures to eliminate disparities and promote health equity

Projects:

- Measure concepts to fill measurement gaps
- Facilitation of measure development and testing
- Technical expertise on high priority measures

Inspire Implementation of Best Practices through Innovative Approaches



NQF Will:

- Lead and engage strategic partners to implement effective interventions and best practices
- Disseminate effective interventions, best practices, and lessons learned
- Facilitate use of innovative, successful interventions

Projects:

- Practical, applied implementation guidance
- Education and peer forums to share resources and solutions

Inform Payment

INFORM
payment

NQF Will:

- Convene experts to address the impact of payment on health equity
- Spur resource allocation to those meaningfully affecting change
- Create tools and resources to facilitate uptake of payment models that promote health equity
- Explore emerging issues related to risk adjusting performance measures for social risk factors

Projects:

- Continuing work on SDS Trial
- Convening experts to develop payment guidance

Business Development

- Seek new private and public funding from external partners to support Program activities
- Present a “menu” of potential funding opportunities that align with NQF priorities for the Program
- Use multiple funding approaches
- Align and coordinate funder outreach across departments

Program Milestones

OCTOBER

- All-Staff Meeting
- Board of Directors call
- Press Release
- NQF Go
- All Member Call

NOVEMBER

- CDP Standing Committees
- Board of Directors Meeting
- CSAC Meeting

DECEMBER

- MAP Workgroups
- NQP Leadership Consortium

Disparities: Implementation of Roadmap



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A Roadmap for Promoting Health Equity and Reducing Disparities



Recommendations

- **Recommendation 1:** Collect social risk factor data
- **Recommendation 2:** Use and prioritize stratified health equity outcome measures
- **Recommendation 3:** Prioritize measures in the domains of Equitable Access and Equitable High-Quality Care for accountability purposes
- **Recommendation 4:** Invest in preventative and primary care for patients with social risk factors
- **Recommendation 5:** Redesign payment models to support health equity



Recommendations



Recommendation 6: Link health equity measures to accreditation programs

Recommendation 7: Support outpatient and inpatient services with additional payment for patients with social risk factors

Recommendation 8: Ensure organizations disproportionately serving individuals with social risk can compete in value-based purchasing programs

Recommendation 9: Fund care delivery and payment reform demonstration projects to reduce disparities

Recommendation 10: Assess economic impact of disparities from multiple perspectives

Discussion Questions

- How can we emphasize disparities reduction in the CDP?
- How can NQF help promote the development of equity measures?
- What does CSAC see as potential next steps for this work?

Social Risk Factor Initiative 2.0



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Continuation of the SDS Trial/Social Risk Factor Initiative

- April 2015, NQF began a two-year, self-funded trial of a policy change that allowed risk-adjustment of performance measures for social risk factors.

- Findings from the trial (April 2015 to April 2017):
 - adjustment may be feasible but remains challenging
 - limited availability of adequate social risk factors data
 - significant heterogeneity of social risk data and modeling approaches



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Continuation of the SDS Trial/Social Risk Factor Initiative

- NQF Board approved a new 3-year initiative, where NQF will continue to allow the inclusion of social risk factors in outcome measures.

Through the continuation of the SDS Trial, NQF will:

- Identify preferred methodologies to link the conceptual basis for adjustment with the analyses to support it
- Develop guidance for measure developers
- Explore alternative data sources and provide guidance to the field on how to obtain and use advanced social risk factors data
- Evaluate risk models for appropriate social and clinical factors
- Explore the impact of social risk adjustment on reimbursement and access to care

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Continuation of the SDS Trial/Social Risk Factor Initiative



As part of the implementation of the SDS Trial, NQF will:

- Continue to consider if an outcome measure submitted for endorsement consideration, includes the appropriate social and clinical factors in its risk model.
- Convene the new Scientific Methods Panel and Disparities Standing Committee to provide guidance on the methodological questions that arose during the initial trial period.

**CDP Redesign
Update: Scientific
Methods Panel**



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Charge

- Conduct evaluation of complex measures for the criterion of Scientific Acceptability, with a focus on reliability and validity analyses and results
 - Promote more consistent evaluations of Scientific Acceptability criterion
 - Reduce standing committee burden
 - Promote greater participation of consumers, patients, and purchasers on NQF standing committees
- Serve in an advisory capacity to NQF on methodologic issues, including those related to measure testing, risk adjustment, and measurement approaches

Process

- NQF staff assign measures to panel members for review based on relevant expertise, availability, and disclosures
- A minimum of three panel members will independently evaluate each measure
 - The majority recommendation from the three evaluations will serve as the overall assessment of reliability and validity.
 - If there is substantial disagreement in the ratings between the three reviewers, the panel co-chairs will evaluate the measure and determine the overall recommendation from the panel.
 - As per the current measure evaluation process, information about measures being evaluated will continue to be posted on NQF's public webpages.

Ensuring Consistency of Evaluations

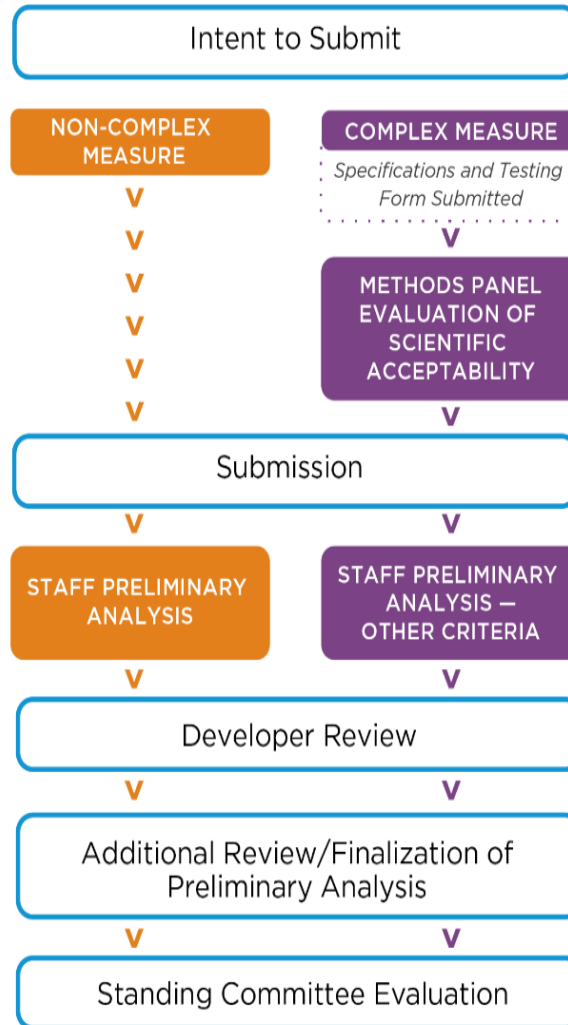
- Scientific Methods Panel members will:
 - Receive guidance documents that outlines charge, terms, roles and responsibilities, and instructions on evaluating measures for scientific acceptability (similar to standing committees guidance)
 - Use the same algorithms for rating reliability and validity as used by standing committees
 - Use template worksheet to aid their evaluations
- Panel co-chairs will provide additional evaluations if there is disagreement on the ratings among the panel reviewers.
- NQF will convene the Panel monthly to discuss methodological issues within the context of NQF's evaluation criteria.

Expected Workload

- NQF anticipates that each Panel member will evaluate the scientific acceptability of 15-20 measures per year (depending on availability, need for recusal, expertise, etc.)
- Panel members will participate on monthly webinars and an annual in-person meeting to discuss methodologies and other testing-related issues, provide guidance regarding these issues, and promote consistency in the evaluation of measures against NQF's endorsement criteria.

Scientific Acceptability Review

Measure Workflow



NQF's New Projects and Initiatives



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New Projects/Initiatives

- CDP
 - 14 topical areas
- Measure Applications Partnership (MAP)
 - Rural Health Workgroup (New!)
- Ambulatory Care Patient Safety
- Improving Attribution Models
- Food Insecurity and Housing Instability
- Health Equity Program

2017-2018 CSAC Schedule

- Next CSAC Meeting: December 12, 2017, 3-5p ET

- 2018 Measure Review
 - May 2018
 - June 2018
 - September 2018
 - October 2018