TO: Infectious Disease Steering Committee
FR: Reva Winkler, MD, MPH; Alexis Morgan, MPH
SU: Briefing Materials for Orientation Call on July 10, 2012
DA: July 5, 2012

On behalf of the National Quality Forum, we would like to welcome you to the Infectious Disease Endorsement Maintenance Steering Committee. The orientation conference call is scheduled for Tuesday, July 10 from 2:00-4:00 pm ET. The in-person meeting is scheduled for August 28-29, 2012 in Washington, DC.

The purpose of the orientation conference call is to:

- orient committee members to NQF and its consensus development process;
- identify the specific goals of this project and role of the Steering Committee in evaluating measures and making recommendations for endorsement; and
- explain the measure evaluation criteria that the Committee will use to evaluate the measures.

This memorandum provides a brief summary of some of the major items that will be reviewed on the Steering Committee’s orientation call.

**Steering Committee Action:**
- Review this briefing memo and attachments:
  - Attachment A: July 10 orientation call agenda
  - Attachment B: Table of infectious disease measures
  - Attachment C: Measure Evaluation Criteria and Guidance
  - Attachment D: PowerPoint slides for orientation call on July 10
- Review NQF background and processes (hyperlinks provided)
- Review the Measure Evaluation Criteria and Guidance (Attachment C)
- Register for an NQF account to access (if you do not have one already)

**INFECTION DISEASE ENDORSEMENT MAINTENANCE PROJECT**
**PURPOSE AND SCOPE**

NQF endorses performance measures that can be used for accountability and public reporting. Over the past decade, NQF has endorsed over 700 measures in a wide variety of subject areas. NQF endorsed measures are designated as “voluntary consensus standards”. To ensure the currency of NQF’s portfolio of voluntary consensus standards for infectious disease, both newly submitted measures and previously endorsed measures due for maintenance review will be evaluated against the most recent NQF measure evaluation criteria. In addition to ensuring
currency of specifications and evidence for the focus of the measure, endorsement maintenance provides the opportunity to harmonize specifications and to ensure that an endorsed measure represents the “best in class.”

Measures that may be considered in this project are related to infectious disease (viral, bacterial, fungal, or parasitic infections) for adults and children in all settings of care. Potential measures address screening, vaccinations, treatments, diagnostic studies, interventions, or procedures associated with infectious diseases including but not limited to:

- HIV/AIDS;
- Hepatitis;
- Respiratory infections including URI, acute bronchitis, influenza, tuberculosis and other respiratory infections (except pneumonia*);
- Infections of the various organ systems including neurologic, musculoskeletal, gastrointestinal, genitourinary or skin and soft tissues;
- Sexually transmitted infections;
- Opportunistic and atypical infections;
- Sepsis and septic shock;
- Adult immunizations (except influenza and pneumococcal**); and
- Infectious disease threats: bioterrorism, pandemics and emerging infections.

*Measures for pneumonia are being considered in the Pulmonary and Critical Care project.

**Measures for influenza and pneumococcal immunization have recently been considered in the Population Health project: Phase 1.

A table of measures for the Infectious Disease Endorsement Maintenance project is included at Attachment B. The table includes:

- endorsed measures that are due to maintenance review;
- endorsed measures that are not due for maintenance review (the Committee should be aware of all measures in the infectious disease portfolio);
- endorsed measures that are being retired by the developer; and
- new measures.

** ROLE OF THE STEERING COMMITTEE **

The Steering Committee acts as a proxy for the NQF multi-stakeholder membership. The Committee is comprised of individual representing the various stakeholder groups. The Committee works with the NQF staff to achieve the goals of the project. The primary responsibility of the Committee is to evaluate the candidate measures using NQF’s standard measure evaluation criteria and make recommendations to the NQF Membership on which measures should be endorsed as voluntary consensus standards.

In order for the Steering Committee to function effectively, Committee members are expected to:
• Attend meetings and conference calls;
• Identify and acknowledge potential biases (real or perceived);
• Participate in workgroup conference calls as needed and review assigned measures using NQF evaluation criteria and guidance;
• Submit evaluations using the tools provided;
• Lead discussion of some measures at the workgroup call and meeting;
• Participate in the discussion and vote on ratings and recommendations for all measures;
• Review meeting summaries and draft reports; and
• Review public comments and suggest responses

SharePoint site
Steering Committee members have received the access link and password for the project SharePoint site. If you have not received your access information, please let us know.

All project documents will be housed in SharePoint to provide ready access for all members. SharePoint also has a discussion platform that is often used to conduct offline discussions of project or measure issues.

The orientation call and evaluation tutorial will familiarize Committee members with the evaluation criteria. Several documents and references are provided to give the Committee members the background and context for the criteria.

**NQF CRITERIA FOR EVALUATING AND ENDORSING QUALITY PERFORMANCE MEASURES**

Measures considered as potential voluntary consensus standards are evaluated against four major criteria (*Importance to Measure and Report, Scientific Acceptability of Measure Properties, Usability, and Feasibility*). Each criterion has several subcriteria that are used to determine if the criterion is met. The full criteria, subcriteria, and explanatory footnotes should be thoroughly reviewed prior to evaluating measures and are available online and in the *Measure Evaluation Criteria and Guidance* (Attachment C).

In 2010 several projects were undertaken to develop additional guidance on applying the NQF criteria. The specific recommendations from these projects took effect January 2011. The reports provide more information about the criteria that may be useful for committee members. NQF staff will assist the Committee in implementing the guidance.

- Guidance for Evaluating the Evidence Related to the Focus of Quality Measurement
- Guidance for Measure Testing and Evaluating Scientific Acceptability of Measure Properties
- Guidance for Measure Harmonization

**PROCESS FOR STEERING COMMITTEE EVALUATING AND RECOMMENDING MEASURES**
The entire Steering Committee determines to what extent the criteria are met and whether to recommend measures for endorsement. To facilitate the Committee’s work the measures and the Committee will be assigned to four work groups to provide a thorough preliminary review against all criteria and subcriteria to present to the entire Committee. All committee members will participate in the evaluation of all measures at the in-person meeting on August 28-29.

NQF BACKGROUND AND PROCESSES
For Committee members that are not familiar with NQF and its activities, the following information is available and will be important to your understanding of NQF’s measure endorsement activities. NQF project staff is available to answer any questions you may have.

A draft Steering Committee guidebook is available on the SharePoint site. This new document is designed to provide important contextual information for Steering Committees. Your feedback on the usefulness of this document will be very helpful.

National Quality Forum (NQF): www.qualityforum.org
NQF is a private, non-profit organization of more than 400 member organizations representing a variety of stakeholders.
- NQF Mission
- NQF Governance and Leadership
- Membership
- National Priorities Partnership (NPP)
- Measure Applications Partnership (MAP)
- National Quality Strategy

Measure Evaluation and Consensus Process
NQF uses a standardized process and measure evaluation criteria to evaluate each measure for endorsement.
- Consensus Development Process
- Measure Submission
- Measure Evaluation Criteria and Guidance
- ABCs of Measurement

Related Links
- Infectious Disease Endorsement Maintenance (EM) Project Page
- Infectious Disease SharePoint Page

STRATEGIC PARTNERSHIPS
The National Priorities Partnership (NPP), convened by NQF in 2008, is a collaborative effort of 51 major national organizations that collectively influence every part of the healthcare system. By focusing on high-leverage Priorities and Goals and taking collective action to reach them, the Partners aim to transform healthcare from the inside out—where it has the best chance to succeed.
The Measure Applications Partnership (MAP), convened by NQF in 2011, is a public-private partnership created to provide input to the Department of Health and Human Services (HHS) on the selection of performance measures for public reporting and performance-based payment programs. In convening MAP, NQF brings together stakeholder groups in a unique collaboration that balances the interests of consumers, businesses and purchasers, labor, health plans, clinicians and providers, communities and states, and suppliers.

QUALITY OF CARE

NQF endorses quality performance measures that provide information about the quality of care provided. The Institute of Medicine’s (IOM) widely accepted definition of healthcare quality is “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge” (Institute of Medicine, Medicare: A Strategy for Quality Assurance, Volume I 1990, p.21).

A variety of conceptualizations provide a context for determining what to measure as indicative of quality of care including national priorities for quality, the patient-focused episode of care framework, and the evidence-based linkages between specific structures, processes, and outcomes.

National Quality Strategy (HHS, 2011)

The Department of Health and Human Services’ National Quality Strategy has identified three broad aims that will be used to guide and assess local, State, and national efforts to improve health and the health care delivery system.

- **Better Care:** Improve the overall quality, by making health care more patient-centered, accessible, and safe.
- **Healthy People/Healthy Communities:** Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care.
- **Affordable Care:** Reduce the cost of quality health care for individuals, families, employers, and government.

Additionally, six initial priorities have been identified as having the greatest potential for rapidly improving health outcomes and increasing the value and effectiveness of care for all populations—all of which are relevant to this project.

- Making care safer by reducing harm caused in the delivery of care.
- Ensuring that each person and family are engaged as partners in their care.
- Promoting effective communication and coordination of care.
- Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
- Working with communities to promote wide use of best practices to enable healthy living.
- Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.
Episodes of Care Measurement Framework

NQF has endorsed a measurement framework for patient-focused episodes of care. An episode of care is defined as: a series of temporally contiguous healthcare services related to the treatment of a given spell of illness or provided in response to a specific request by the patient or other relevant entity. An episode perspective is required to determine if the delivery system is indeed achieving its intended purpose. This approach allows for care to be analyzed over time and offers a better assessment of the patient’s resultant health status. Figure 1 is a depiction of a generic episode of care integrated with the national priorities. The following domains represent the essential components and subcomponents for measuring efficiency as it relates to an episode of care.

- Health outcomes important to patients
  - Health status/health-related quality of life
  - Patient experience with care
- Cost and resource use
- Processes of care

**Figure 1. Episode of Care and National Priorities**

**Structure-Process-Outcome**

Donabedian’s structure-process-outcome model of quality assessment is also relevant for identifying topics for quality performance measures. Figure 2 indicates the linkages among structure, process, and outcome. As depicted under process, there may be multiple process steps prior to delivering an intervention; however, the evidence is most often about the relationship between the intervention and outcome. NQF’s criteria indicate that process measures should focus on processes with the most direct evidence of influence on relevant outcomes.
Figure 2. Structure-Process-Outcome

Antecedents
- Environmental Factors
- Patient Factors

Structure → Process → Outcome
- Assess
- Identify (potential) problem/diagnose
- Choose/plan intervention
- Provide intervention

Outcome
- Intermediate Clinical Outcome
- Health Outcome