



Tab 9-B

**Meeting of the Board of Directors
September 19, 2013**

A meeting of the Board of Directors of the National Quality Forum (NQF) was held on September 19, 2013, at the offices of the National Quality Forum, Washington, DC.

Participants

Board Members: Helen Darling (Chair); Terry Adirim (HRSA Designee); Lawrence Becker (Treasurer); Peter Briss (CDC Designee); Christine Cassel (President & CEO); Jack Cochran (by phone); Maureen Corry; Leonardo Cuello; Joyce Dubow; Charles Kahn, III; Donald Kemper; Donald Kemper; William Kramer; Shari Ling (CMS Designee); Harold Miller; Dolores Mitchell; Elizabeth Mitchell; Samuel Nussbaum; Gerald Shea; Bruce Siegel; John Tooker; Richard Umbdenstock; Nancy Wilson (AHRQ Designee)

Non-Voting Ex Officio Board Members: Frank Opelka (CSAC Chair); Paul Tang (HITAC Chair)

Staff: Karen Adams; Taroon Amin; Helen Burstin; Ann Greiner; Ann Hammersmith (General Counsel and Corporation Secretary); Nicole Silverman; Jeffrey Tomitz; Thomas Valuck

EXECUTIVE SESSION

The Board met in executive session at 8:30 a.m.

CLOSED SESSION

The Board met in closed session at 8:43 a.m. and took the following actions:

ACTION: The Board approved the audit of NQF's 401(k) Retirement Plan.

ACTION: The Board approved NQF's IRS Form 990 for submission.

ACTION: The Board approved the following slate for open seats on the Board of Directors:

Jim Chase
Carol Cronin
Liz Fowler
Marjorie Ginsburg
Ardis Dee Hoven
Karen Ignagni
Dolores Mitchell
David Shahian

ACTION: The Board approved the direction of the Strategic Plan.

OPEN SESSION

Helen Darling, Chair, called the meeting to order in open session at 1:15 p.m.

Welcome and Approval of Minutes

Helen Darling, Chair, welcomed Board members and reported the actions taken by the Board during its closed session. Ms. Darling also recognized the contributions of outgoing chair, Bill Roper, and outgoing Board members, Chip Kahn, Sam Nussbaum, Bernie Rosof, John Rother, and Gerry Shea.

ACTION: The Board approved the minutes of the May 16, 2013 Board meeting.

Report on Measure #0659, Endoscopy/Polyp Surveillance

Dr. Christine Cassel, President and CEO, introduced the report on Measure #0659, Endoscopy/Polyp Surveillance. Dr. Cassel noted that NQF used the Executive Committee to assist with an issue that arose with this measure because she and the Board chair decided that NQF needed Board-level input on this issue. Dr. Cassel noted that this is a new model for NQF. The desire is for the full Board to spend most of its time at Board meetings in fiduciary and strategic discussions and have the Executive Committee deal with things that come up between Board meetings as well as procedural issues.

Dr. Helen Burstin, Senior Vice President for Performance Measurement, presented information regarding Measure #0659. NQF received a reconsideration letter from a measure developer and a series of medical societies about this measure, which had a split vote at the CSAC.

The Executive Committee examined the issue and noted that the Steering Committee approved the measure but recommended that a better measure should come forward quickly. In addition, the measure received support from a majority of member councils, although it was not supported by the consumer and purchaser councils. Consumers and purchasers expressed concern about broad

exceptions in the measure which might limit the measure's usefulness as an indicator of colonoscopy overuse.

The Executive Committee said that the measure should maintain endorsement given the general support of the measure during the endorsement process. The Committee strongly recommended that the measure be improved in an expeditious manner and noted the general need to address issues of broad exceptions and exclusions in measures.

The Board discussed giving the developer a deadline to improve the measure rather than a general directive to move quickly. The Board noted that the biggest issue was sending a message to developers to beware of sweeping exclusions

Kaizen Activity

Dr. Helen Burstin led a discussion of the Kaizen activity and gave context for the work. Dr. Burstin noted that the Kaizen was a rapid improvement event where multiple stakeholders came together over four to five days to address a specific problem. Dr. Burstin thanked CMS and ONC for their support in this effort.

The Consensus Task Force's work informed the Kaizen's goals. The Task Force had a two-pronged mission:

- (1) consider ways to increase the efficiency and effectiveness of our process; and
- (2) define consensus.

NQF has already implemented some changes to decrease the endorsement cycle time, such as being specific about expectations of developers. In addition, NQF realized that coming up with improvement processes for comment is not enough: NQF needs to bring stakeholders together, including some of NQF's biggest critics. Improving the time from submission to endorsement is a piece of the puzzle, but NQF also needs to be mindful of the cycle time for measure development.

The Kaizen went through every step in the endorsement process, identified waste or variation, and mapped what the future state should look like. The Kaizen identified areas that NQF could begin to accomplish in the next three to six months.

Kaizen participants mapped the following four separate streams in the life cycle of a measure:

- (1) development of a measure concept;
- (2) level of testing needed to ensure that a measure is ready to submit to NQF;
- (3) the endorsement process; and
- (4) the contracting process.

The Kaizen resulted in several key findings at a high level:

- (1) The ultimate customer is the patient, their caregiver, their family or the consumer and these customers should be the driving force for what measures are developed.
- (2) A more iterative endorsement process is necessary.
- (3) Collaborative planning with NQF's stakeholders is better than NQF coming up with a process in isolation and seeking comment.

Other valuable information includes:

- (1) Patients and other stakeholders are often not engaged up front in the measure development process.
- (2) The submission process itself is very time consuming, e.g., measure submission form.
- (3) Developers didn't understand that NQF timelines are frequently set by the deliverables in our CMS contract, so we can't delay and wait for measure changes.
- (4) Measures should fit a more patient-centered approach.
- (5) Steering Committee deliberations tend to have a negative culture and tone. NQF needs to be more collegial and recognize the work that's gone into a developed measure.

Dr. Burstin then outlined the future state that was agreed upon in the Kaizen:

- (1) Early multi-stakeholder input is necessary to determine what measure concepts are developed.
- (2) Creation of a training program and a pool of stakeholders that developers can pick from to facilitate their technical panels would be helpful.
- (3) Creating national templates for evidence and testing that flow through the development process would be useful for all measures.
- (4) Different measure development pathways are possible depending upon how a given measure will be used.
- (5) NQF should continue to provide technical support and more of a coaching model for developers.

The Kaizen also revealed strong support for moving to standing committees, more meeting facilitation and management. All parties would also welcome moving to a more open flow of measure submission, rather than waiting for the next project to review a measure that's ready now. The option of being able to indicate "support" or "not support" was also viewed favorably.

The parties involved in the Kaizen also reached "strong agreement" to support what came out of the Kaizen. Project teams have been formed across the four streams of work to implement the future state map, each co-chaired by an NQF employee and an external stakeholder. Each team has proposed milestones, pilots, and metrics to assess success.

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Dr. Cassel stated that NQF may want to do one of these assessments with just the specialty societies. The AMA has agreed to host a meeting where NQF will describe how its processes are becoming more efficient. This could be a good way to reach out to the specialty groups. Dr. Cassel remarked that the Kaizen was a hugely successful event and identified barriers rather than finger pointing. NQF's goal is to ensure that 100% of measures submitted to NQF meet the criteria. Ideally, no dollars should be invested in developing a measure that ultimately doesn't meet NQF's standards.

The Board discussed the Kaizen process and agreed that this is a step in the right direction.

Gerry Shea informed the Board about the Buying Value project that he has been working on.

There were no comments from the public regarding any items on the Board agenda.

The Board considered no other business and the meeting adjourned at 2:38 p.m.

Respectfully submitted,

Ann F. Hammersmith
Corporation Secretary