



Meeting of the Board of Directors

OPEN SESSION

November 2, 2016

The Board of Directors of the National Quality Forum (NQF) met on November 2, 2016, at NQF's offices.

Participants

Board Members Attending: Bruce Siegel (Chair); Lawrence Becker (Treasurer); James Chase (Vice Chair); Peter Briss (CDC Designee); Carol Cronin; Leonardo Cuello; Helen Darling (Interim President & CEO); Elizabeth Fowler; Marjorie Ginsburg; Kate Goodrich (CMS Designee); William Kramer; Dolores Mitchell; Carolyn Pare; Laurel Pickering; Louise Probst; Lewis Sandy; David Shahian; Kirsten Sloan (via teleconference); Nancy Wilson (AHRQ Designee)

Board Members Not Attending: Deborah Parham Hopson (HRSA Designee)

Non-Voting Ex Officio Board Members Attending: Paul Tang (HITAC Chair)

NQF Staff: Helen Burstin; Neal Comstock; Kathleen Giblin; Patricia Green; Ann Greiner; Ann Hammersmith (General Counsel and Corporation Secretary); Jason Johnson; Elisa Munthali; Nicole Silverman; Cherish Simpson; Marcia Wilson

OPEN SESSION

The Board convened in open session at 8:32 a.m., ET.

Cost and Resource Use Measures Appeal

Bruce Siegel, Board Chair, recused himself from discussion on the Cost and Resource Use Measures appeal due to his organization participating as an appellant. Jim Chase, Vice Chair, facilitated this discussion.

Dr. Siegel gave a brief statement on behalf of his organization, America's Essential Hospitals, and its members. Along with fellow hospital groups, America's Essential Hospitals has long urged NQF, CMS, and other stakeholders to ensure outcome measures are appropriately adjusted for factors beyond the control of providers, including sociodemographic status. He asked and encouraged fellow Board Members to listen to appellants' concerns regarding these measures while also keeping in mind the bigger picture and the importance of NQF's work on the SDS trial period.

Mr. Chase informed the Board of the difference between recusal and abstention for purposes of discussion and voting. Kate Goodrich and Carolyn Pare recused themselves from the discussion. Carolyn Pare was available to answer questions as Chair of the CSAC.

Helen Burstin, Chief Scientific Officer, gave an overview of materials that were distributed to the Board members and the public. The materials included letters from appellants, the process NQF followed, and NQF responses to the appeals.

NQF received two appeals on the following three cost and resource use measures:

- **#2431:** Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI) (CMS/Yale);
- **#2436:** Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Heart Failure (HF) (CMS/Yale); and
- **#2579:** Hospital-level, risk-standardized payment associated with a 30-day episode of care pneumonia (CMS/Yale).

These measures were endorsed initially with three conditions:

- Consideration for inclusion in the upcoming trial period for risk adjustment for sociodemographic (SDS) factors;
- NQF to pursue future work on developing guidance for attribution; and
- One-year look-back assessment of unintended consequences.

The American Medical Association (AMA) filed a separate appeal, and the American Hospital Association (AHA), the Federation of American Hospitals (FAH), the Association of American Medical Colleges (AAMC), and America's Essential Hospitals (AEH) filed a joint appeal, based on the following reasons:

- Insufficient Resolution of all Conditions of Endorsement in 2015
- Implementation of the SDS Trial

The Cost and Resource Use Standing Committee as well as the CSAC believes that the evidence presented by the developer to date supports upholding endorsement while the field continues to evolve and better data becomes available.

Nancy Foster, Vice President for Quality and Patient Safety Policy, American Hospital Association (AHA), stated that AHA believes the conditions of endorsement for these measures have yet to be realized in the trial period. AHA believes that a clear and concise articulation of the conceptual basis for the measures tested is necessary, as well as an exploration of unintended consequences.

Koryn Rubin, Assistant Director of Federal Affairs, American Medical Association (AMA), stated that the AMA's appeal primarily centers on concerns that the consensus development process was not followed, as two of the three conditions placed on these measures were omitted from review and discussion by the Standing Committee and CSAC. AMA also believes that NQF has not sufficiently addressed the measure condition related to attribution.

Kate Goodrich, Director of the Center for Clinical Standards and Quality (CCSQ) and CMS' Chief Medical Officer, sitting as the Measure Developer, addressed the appellants' concerns. The appellants stated that race should not be used as a proxy for SES according to NQF's guidance. Dr. Goodrich responded that race was never intended as a proxy for SES. In addition, the appellants noted the lack of community level testing and consideration of environmental factors in the measures' risk models. Dr. Goodrich responded that additional analyses were completed, as requested by NQF, using the AHRQ SES index at the census block group level which uses American Community Survey data mapped to the nine-digit ZIP Code. Appellants also raised questions on why the nine-digit ZIP Code SES index was not tested. Dr. Goodrich responded that the results of these analyses were very similar to results of analyses using dual-eligibles, with very weak but statistically significant association with patient outcomes, but small to negligible impact on model performance.

ACTION: The Board moved to uphold endorsement for the following measures:

- **#2431:** Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI) (CMS/Yale);
- **#2436:** Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Heart Failure (HF) (CMS/Yale); and
- **#2579:** Hospital-level, risk-standardized payment associated with a 30-day episode of care pneumonia (CMS/Yale).

Public Comment

There were no comments from the public.

The Board ended the first open session at 10:47 a.m., ET, to convene in closed session.

SECOND OPEN SESSION

The Board convened in open session at 2:40 p.m., ET.

Welcome and Approval of Minutes

Bruce Siegel, Chair, reported the actions taken by the Board during its closed session:

ACTION: The Board approved the closed session minutes from the July 20, 2016, Board of Directors meeting.

ACTION: The Board approved second terms for Jim Chase, Carol Cronin, Liz Fowler, and Dave Shahian.

ACTION: The Board approved Dr. Jack Resneck, Dr. Jonathan Perlin, and Cristie Upshaw Travis to join the Board.

ACTION: The Board approved retention of CDC, AHRQ, and HRSA as voting federal government representatives with three-year terms.

ACTION: The Board approved the following assignments to Board Committees:

1. Leo Cuello will join the Governance Committee as Committee Chair.
2. Jack Resneck will join the Governance Committee.
3. Jonathan Perlin and Cristie Upshaw Travis will join the Finance and Audit Committee.

ACTION: The Board approved the adoption of the Board Member Expectations policy.

ACTION: The Board approved NQF's 2017 proposed budget.

Approval of Open Session Minutes

ACTION: The Board approved the open session minutes from the July 20, 2016, Board of Directors meeting.

The Board considered no other business and the meeting adjourned at 2:44 p.m., ET.

Respectfully submitted,

Ann Hammersmith

General Counsel and Corporation Secretary