



TO: NQF Board of Directors
FROM: John Bernot, Senior Director, Quality Measurement
Elisa Munthali, Acting Senior Vice President, Quality Measurement
DATE: November 2, 2017
RE: Measure Prioritization and Feedback Update

REQUESTED ACTION:

This is an informational update only; no Board 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.