NATIONAL QUALITY FORUM
Driving measurable health improvements together

Consensus Standards Approval Committee Discussion Guide

SPRING 2022 EVALUATION CYCLE
December 9, 2022

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Contents

Background

The **Consensus Standards Approval Committee (CSAC)** is an advisory Committee whose members are appointed by the National Quality Forum's (NQF) Board of Directors. The CSAC reviews measure endorsement recommendations from multistakeholder NQF Standing Committees, which are convened in topical areas to review and recommend submitted standards (i.e., measures) for endorsement. The CSAC activities related to measure endorsement occur within the larger context of NQF's **Consensus Development Process (CDP)**.

The CSAC reviews the submitted measures based on a set of **criteria**, which focus on the strategic importance of measures within the portfolio, cross-cutting issues concerning measure properties, and CDP concerns. The CSAC may uphold a Standing Committee's recommendation(s) or send the measure(s) back to a Standing Committee for reconsideration.

This Discussion Guide contains details of the measure evaluation proceedings for, and the subsequent Standing Committee endorsement recommendations made during the spring 2022 review cycle. Measures that did not have any CDP concerns, as noted in the key considerations criteria on page 4 of this Discussion Guide, will not be discussed during the CSAC meeting. Measures that did not meet these criteria are pulled for CSAC discussion.

This Discussion Guide also contains summaries and links to the respective CDP draft technical reports and public comments received for the Standing Committee's deliberations. The CSAC utilizes this document during measure evaluation meetings to facilitate conversations between the CSAC, Standing Committee co-chairs, and NQF staff. For this cycle, the CSAC will consider 41 measures for endorsement consideration. Of these measures, 14 measures require a CSAC discussion and vote. Twenty-seven measures are included within the consent calendar because they meet all of the key considerations criteria. No measures were pulled from the consent calendar by CSAC members in advance of the CSAC meeting for further discussion. Therefore, all 27 measures remain on the consent calendar (i.e., were not pulled by the CSAC in advance of the meeting), the Standing Committee's endorsement recommendations for these measures are upheld by the CSAC.

After the CSAC reviews measures, NQF staff will publish the voting and consent calendar results and the meeting summary on the **NQF website**. After a measure has been formally endorsed by the CSAC, it enters a 30-day Appeals period. Any party may request an appeal of a CSAC decision, except in the case when a Standing Committee does not recommend a measure for endorsement and the CSAC concurs. CSAC decisions to endorse a measure with reserve status or to approve a measure for trial use are not appealable.

Measures Under Review

The CSAC will review the recommendations from the respective Standing Committees for the NQF measures listed below during its December 9, 2022, meeting and determine whether to uphold the Standing Committee recommendations proposed.

The measure review procedures for the CSAC are twofold. First, the CSAC will review a consent calendar of measures, which indicates measures that will not be discussed during the meeting, as noted in the consent calendar table. Measures will not be discussed if they ***meet all of*** the following key considerations criteria:

1. The measure received 80 percent or greater passing votes for overall suitability for endorsement.
2. No process concern(s) were identified that may have affected the endorsement decision of a measure.
3. No reconsideration request was received for either the Standing Committee's or the CSAC's adjudication.
4. The Standing Committee accepted the Scientific Methods Panel's (SMP) ratings (i.e., did not overturn the SMP's decision), if applicable.
5. No new information was received through public comment that was not available or discussed during the Standing Committee's measure evaluation meeting, which is conflicting to the Standing Committee's recommendation(s).
6. The measure was not pulled for discussion by a CSAC member.
7. No additional concerns were identified that require CSAC discussion (*Note: These concerns should reside within the purview of the CSAC, based on the **CSAC's decision-making rationale***).

Prior to the CSAC meeting, the CSAC reviews the measures on the consent calendar and may submit a request to pull a measure from the consent calendar, along with a clear and compelling rationale that is based on the key considerations criteria noted above. If a measure is pulled by the CSAC for discussion during the meeting, NQF staff will notify the measure developer/steward and the respective Standing Committee co-chairs.

For the measures that remain on the consent calendar (i.e., were not pulled by the CSAC in advance of the meeting), the Standing Committee's endorsement recommendations are upheld by the CSAC for these measures, and they will not be discussed during the CSAC meeting.

During the meeting, the CSAC will review and vote on the measures that require discussion, considering they do not meet all of the key considerations criteria noted above and/or have been pulled by the CSAC in advance of the meeting. For these measures, the respective NQF team and Standing Committee co-chairs will present the respective Standing Committee deliberations, overarching issues, and recommendations for each measure. The CSAC will have an opportunity to ask clarifying questions and then will move to vote on each measure individually. CSAC members will vote on the acceptance of the Standing Committee's recommendation:

- Accept the Standing Committee's recommendation (i.e., to endorse or not endorse)
- Do not accept the Standing Committee's recommendation and return the measure to the Standing Committee for reconsideration

Consent Calendar

CDP Topic Area	Consent Calendar Measures	Measures for Discussion (Maintenance/New) [Criterion Not Met]
All-Cause Admissions and Readmissions	• **NQF #2375** PointRight® Pro 30™ (American Health Care Association [AHCA], PointRight, Inc.) (Maintenance) • **NQF #2827** PointRight® Pro Long Stay ™ (AHCA/PointRight, Inc.) (Maintenance)	• None
Behavioral Health and Substance Use	• None	• **NQF #3312** Continuity of Care After Medically Managed Withdrawal from Alcohol and/or Drugs (Centers for Medicare & Medicaid Services [CMS]/ The Lewin Group) (Maintenance) [1] • **NQF #3313*** Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication (CMS/The Lewin Group) (Maintenance) • **NQF #0710e*** Depression Remission at Twelve Months (MN Community Measurement) (Maintenance) • **NQF #0711*** Depression Remission at Six Months (MN Community Measurement) (Maintenance) • **NQF #0712*** Depression Assessment with PHQ-9/ PHQ-9M (MN Community Measurement) (Maintenance) • **NQF #1884*** Depression Response at Six Months - Progress Towards Remission (MN Community Measurement) (Maintenance) • **NQF #1885*** Depression Response at Twelve Months - Progress Towards Remission (MN Community Measurement) (Maintenance)

CDP Topic Area	Consent Calendar Measures	Measures for Discussion (Maintenance/New) [Criterion Not Met]
Cost and Efficiency	• **NQF #3623** Elective Primary Hip Arthroplasty Measure (CMS/Acumen, LLC) (New) • **NQF #3625** Non-Emergent Coronary Artery Bypass Graft (CABG) (Measure CMS/Acumen, LLC) (New) • **NQF #3626** Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels Measure (CMS/Acumen, LLC) (New)	• None
Geriatrics and Palliative Care	• **NQF #0210** Percentage of patients who died from cancer receiving chemotherapy in the last 14 days of life (American Society for Clinical Oncology [ASCO] (Maintenance) • **NQF #0213** Percentage of patients who died from cancer admitted to the Intensive Care Unit (ICU) in the last 30 days of life (ASCO) (Maintenance) • **NQF #0216** Percentage of patients who died from cancer admitted to hospice for less than 3 days (ASCO) (Maintenance)	• **NQF #1641** Hospice and Palliative Care – Treatment Preferences (University of North Carolina Chapel Hill) (Maintenance) [1]

CDP Topic Area	Consent Calendar Measures	Measures for Discussion (Maintenance/New) [Criterion Not Met]
Patient Safety	• **NQF #2820** Pediatric Computed Tomography (CT) Radiation Dose (University of California, San Francisco) (Maintenance) • **NQF #3450** Practice Environment Scale - Nursing Work Index (PES-NWI) (composite and five subscales) (University of Pennsylvania, Center for Health Outcomes and Policy Research) (Maintenance) • **NQF #3658** Adult Blood Culture Contamination Rate (Centers for Disease Control and Prevention) (New) • **NQF #3671** Inappropriate diagnosis of community-acquired pneumonia (CAP) in hospitalized medical patients (University of Michigan/Michigan Hospital Medicine Safety Consortium) (New) • **NQF #3690** Inappropriate diagnosis of urinary tract infection (UTI) in hospitalized medical patients (University of Michigan/Michigan Hospital Medicine Safety Consortium) (New)	• None
Perinatal and Women's Health	• **NQF #0471e** ePC-02 Cesarean Birth Measure (Joint Commission) (New) • **NQF #3682e** SINC-Based Contraceptive Care, Postpartum Measure (University of California, San Francisco [UCSF]) (New) • **NQF #3699e** SINC-Based Contraceptive Care, Non-Postpartum Measure (UCSF) (New)	• **NQF #3687e** ePC-07 Severe Obstetric Complications Measure (Joint Commission) (New) [1,2,4]

CDP Topic Area	Consent Calendar Measures	Measures for Discussion (Maintenance/New) [Criterion Not Met]
Prevention and Population Health	• **NQF #0041** Preventive Care and Screening: Influenza Immunization (National Committee for Quality Assurance [NCQA]) (Maintenance) • **NQF #0431** Influenza Vaccination Coverage Among Healthcare Personnel (Centers for Disease Control and Prevention [CDC]) (Maintenance) • **NQF #0680** Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) (CMS) (Maintenance) • **NQF #2528** Prevention: Topical Fluoride for Children, Dental Services (American Dental Association [ADA]) (Maintenance) • **NQF #3700** Prevention: Topical Fluoride for Children, Dental or Oral Health Services (ADA) (New) • **NQF #3701** Prevention: Topical Fluoride for Children, Dental or Oral Health Services (ADA) (New)	• None

CDP Topic Area	Consent Calendar Measures	Measures for Discussion (Maintenance/New) [Criterion Not Met]
Primary Care and Chronic Illness	• **NQF #0729** Optimal Diabetes Care (Minnesota Community Measurement [MNCM]) (Maintenance) • **NQF #2797** Transcranial Doppler Ultrasonography Screening Among Children With Sickle Cell Anemia (University of Michigan) (Maintenance) • **NQF #3294** STS Lobectomy for Lung Cancer Composite Score (Society of Thoracic Surgeons [STS]) (Maintenance) • **NQF #3668** Follow-Up After Emergency Department Visits for Asthma (Albert Einstein College of Medicine/University of California, San Francisco [UCSF]) (New)	• None
Renal	• **NQF #2594** Optimal End Stage Renal Disease (ESRD) Starts (The Permanente Foundation/Kaiser Permanente Southern California) (Maintenance)	• **NQF #3659** Standardized Fistula Rate for Incident Patients (CMS/University of Michigan Kidney and Epidemiology Cost Center [UM-KECC] (New) [1] • **NQF #3689** First Year Standardized Waitlist Ratio (FYSWR) (CMS/UM-KECC) (New) [1, 4] • **NQF #3694** Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW) (CMS/UM-KECC) (New) [1, 3] • **NQF #3695** Percentage of Prevalent Patients Waitlisted (PPPW) (CMS/UM-KECC) (New) [1] • **NQF #3696** Standardized Modality Switch Ratio for Incident Dialysis Patients (SMoSR) (CMS/UM-KECC) (New) [1, 3, 4]
Total	**27**	**14**

***The BHSU Standing Committee met for a post-comment meeting on December 2, 2022 and completed votes on six Consensus Not Reached (CNR) measures. In addition to NQF 3312, all six CNR measures will be discussed and voted on, since the CSAC completed their offline review of the consent calendar in November.**

Standing Committee Summaries

The measures that will be discussed and voted on by the CSAC are summarized below in conjunction with the respective Standing Committee key considerations criteria. If there are measures that require CSAC discussion (i.e., they are not listed on the consent calendar), a checklist table is provided. The checklist gives a high-level summary of any CDP concerns that require CSAC consideration and discussion. If no measures require discussion for a particular Standing Committee, then the checklist table is not provided. Additionally, links to the draft technical report and the post-comment brief are provided below for each Standing Committee, accordingly.

All-Cause Admissions and Readmissions

During this measure review cycle, the All-Cause Admissions and Readmissions Standing Committee evaluated two measures undergoing maintenance review against **NQF's standard evaluation criteria**. The Standing Committee recommended both measures for endorsement.

All-Cause Admissions and Readmissions 2022 Draft Report

The draft report presents the results of the Standing Committee's evaluation of the measures considered for endorsement under the CDP. The complete draft report and supplemental materials are available on the project webpage.

Comments and Their Disposition

During the post-measure evaluation public comment period, NQF did not receive any comments pertaining to the draft report or the measures under review. Therefore, the post-comment meeting was cancelled.

A post-comment cancellation memo, which includes the rational for canceling the post-comment meeting is posted to the All-Cause Admissions and Readmissions project webpage for CSAC review.

CSAC Action Required

Since both measures reviewed by the Standing Committee are included in the consent calendar, no additional CSAC action is required.

Behavioral Health and Substance Use

During this measure review cycle, the Behavioral Health and Substance Use (BHSU) Standing Committee evaluated seven measures undergoing maintenance review against **NQF's standard evaluation criteria**. The Standing Committee recommended four measures for endorsement and did not recommend three measures for endorsement. During the June Measure Evaluation Meeting, six of the seven measures reviewed by the BHSU Standing Committee were considered Consensus not Reached (CNR). Due to scheduling conflicts and low post-comment meeting attendance, the BHSU Standing Committee was delayed in convening for the post-comment discussions and for revoting on the six CNR measures until December 2, 2022. As a result of the late post-comment meeting, and since the CSAC had already completed its offline review of the consent calendar measures, the additional six BHSU measures will be discussed and voted on during the December 9th CSAC meeting.

Behavioral Health and Substance Use Spring 2022 Draft Report

The draft report presents the results of the Standing Committee's evaluation of the measures considered for endorsement under the CDP. The complete draft report and supplemental materials are available on the project webpage.

Comments and Their Disposition

During the post-measure evaluation public comment period, NQF received 13 comments from four organizations (including two NQF member organizations) and individuals pertaining to the draft report and the measures under review.

A post-comment memo, which includes the themes identified, responses to the public and member comments, and results of NQF member expressions of support or non-support, is posted to the Behavioral Health and Substance Use project webpage for CSAC review.

CSAC Action Required

Following the approval of the consent calendar and pursuant to the CDP, the CSAC is asked to consider the Standing Committee's endorsement recommendations of seven candidate consensus measures, as they do not meet all of the key considerations criteria.

Measures Recommended for Endorsement

- **NQF #0710e*** Depression Remission at Twelve Months (MN Community Measurement) [Maintenance]
    - Overall Suitability for Endorsement: Y-14; N-1 (denominator =15)
- **NQF #0711*** Depression Remission at Six Months (MN Community Measurement) [Maintenance]
    - Overall Suitability for Endorsement: Y-14; N-1 (denominator =15)
- **NQF #1884*** Depression Response at Six Months - Progress Towards Remission (MN Community Measurement) [Maintenance]
    - Overall Suitability for Endorsement: Y-13; N-1 (denominator = 14)
- **NQF #3312** Continuity of Care After Medically Managed Withdrawal from Alcohol and/or Drugs (CMS/ The Lewin Group) (Maintenance)
    - Overall Suitability for Endorsement: Y-11; N-6 (denominator = 17)

Measures Not Recommended for Endorsement

- **NQF #0712*** Depression Assessment with PHQ-9/ PHQ-9M (MN Community Measurement) [Maintenance]
    - Evidence: H-1; M-7; L-6; I-1 (denominator =15)
- **NQF #1885*** Depression Response at Twelve Months - Progress Towards Remission (MN Community Measurement) [Maintenance]
    - Overall Suitability for Endorsement: Y-8; N-6 (denominator =14)
- **NQF #3313*** Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication (CMS/Lewin Group) [Maintenance]
    - Validity: H-0; M-1; L-12; I-2 (denominator = 15)

***The BHSU Use Standing Committee met for a post-comment meeting on December 2, 2022 and completed votes on six Consensus Not Reached measures. In addition to NQF 3312, all six measures CNR will be discussed and voted on, since the CSAC completed their offline review of the consent calendar in November.**

The checklist table below lists the Standing Committee's key considerations for the CSAC's review and discussion of the measure submitted for endorsement consideration.

Key Consideration Criteria	Yes/No	Notes
1. Received less than 80 percent passing votes for overall suitability for endorsement.	Yes	**Recommended for Endorsement** • **NQF #3312** Continuity of Care After Medically Managed Withdrawal from Alcohol and/or Drugs • Overall Suitability for Endorsement: Y-11; N-6 (denominator = 17) 64.7 percent passing vote
2. Were there any process concerns raised during the CDP project? If so, briefly explain.	No	None
3. Did the Standing Committee or the CSAC receive a request for reconsideration? If so, briefly explain.	No	None
4. Did the Standing Committee overturn any of the SMP 's ratings of Scientific Acceptability? If so, state the measure and why the measure was overturned.	No	None
5. Was there any new information receive through public comment that was not available or discussed during the Standing Committee's measure evaluation meeting that is conflicting to the Standing Committee's	No	None

Key Consideration Criteria	Yes/No	Notes
recommendation(s)? If so, note the measure and briefly explain.		
6. Were any measures pulled for discussion by a CSAC member? If so, briefly explain the rationale.	No	None
7. Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	None

Additional Consideration Not Included in the Consent Calendar Criteria	**Yes/No**	**Notes**

Were there any "consensus not reached" measures voted on during post-comment meeting? If so, what was the measure, the criterion, and the final Standing Committee recommendation?	No	Since the Standing Committee held their post-comment meeting on December 2, 2022, all six CNR measures will be discussed and voted on, in addition to NQF #3312. The votes below occurred during post-comment.
		
		Measures Recommended for Endorsement
		• **NQF #0710e** Depression Remission at Twelve Months (MN Community Measurement) [Maintenance]
		  • Validity: H-1; M-12; L-2; I-0 (denominator = 15) 86.7 percent passing
		  • Overall Suitability for Endorsement: Y-14; N-1 (denominator =15) 93.3 percent passing
		
		• **NQF #0711** Depression Remission at Six Months (MN Community Measurement) [Maintenance]
		  • Validity: H-2; M-10; L-3; I-0 (denominator = 15) 80.0 percent passing
		  • Overall Suitability for Endorsement: Y-14; N-1 (denominator =15) 93.3 percent passing
		
		• **NQF #1884** Depression Response at Six Months - Progress Towards Remission (MN Community Measurement) [Maintenance]
		  • Validity: H-1; M-11; L-2; I-0 (denominator =14) 85.7 percent passing
		  • Overall Suitability for Endorsement: Y-13; N-1 (denominator = 14) 92.9 percent passing

Additional Consideration Not Included in the Consent Calendar Criteria	Yes/No	Notes

Were there any "consensus not reached" measures voted on during post-comment meeting? If so, what was the measure, the criterion, and the final Standing Committee recommendation?	*	**Measures Not Recommended for Endorsement**
		• **NQF #0712** Depression Assessment with PHQ-9/ PHQ-9M (MN Community Measurement) [Maintenance]
		  • Evidence: H-1; M-7; L-6; I-1 (denominator =15) 53.3 percent passing
		
		• **NQF #1885** Depression Response at Twelve Months - Progress Towards Remission (MN Community Measurement) [Maintenance]
		  • Validity Vote: H-1; M-9; L-3; I-1 (denominator = 14) 71.4 percent passing
		  • Overall Suitability for Endorsement: Y-8; N-6 (denominator =14) 57.1 percent passing
		  • The Committee expressed concerns about giving providers credit for only a 50 percent reduction in a PHQ 9 score at twelve months.
		
		• **NQF #3313** Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication (CMS/Lewin Group) [Maintenance]
		  • Evidence: H-0; M-1; L-12; I-2 (denominator =15) 6.7 percent passing
		  • The Committee raised concerns during both the measure evaluation and the post comment meeting that the measure does not include telehealth visits, which are now common method used for behavioral healthcare services.
		  • The developer noted that they are aware of the Committee's concerns regarding the lack of including telehealth services in the measure. However, they need to test the measure with data including telehealth codes before they can update the measure.
		  • A Committee member mentioned a public comment concern about if the follow-up timeline of 28 days allows for metabolic syndrome to develop, and said that regardless of that issue, it is important that patients receive prompt follow-up after being started on a new medication.

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Cost and Efficiency

During this measure review cycle, the Cost and Efficiency Standing Committee evaluated three newly submitted measures for review against **NQF's standard evaluation criteria**. The Standing Committee recommended all three measures for endorsement.

Cost and Efficiency Spring 2022 Draft Report

The draft report presents the results of the Standing Committee's evaluation of the measures considered for endorsement under the CDP. The complete draft report and supplemental materials are available on the project webpage.

Comments and Their Disposition

During the post-measure evaluation public comment period, NQF received three comments from one organization (which is an NQF member organization) pertaining to the measures under review. The Standing Committee reviewed all of the submitted comments (general and measure-specific) and developer responses.

A post-comment memo, which includes the themes identified, responses to the public and member comments, and results of NQF member expressions of support or non-support, is posted to the Cost and Efficiency project webpage for CSAC review. The Cost and Efficiency Committee met for a post-comment web meeting on October 27, 2022 and a meeting summary is available on the project page.

CSAC Action Required

Since all measures reviewed by the Standing Committee are included in the consent calendar, no additional CSAC action is required.

Geriatrics and Palliative Care

During this measure review cycle, the Geriatrics and Palliative Care Standing Committee evaluated four measures undergoing maintenance review against **NQF's standard evaluation criteria**. The Standing Committee recommended all four measures for endorsement.

Geriatrics and Palliative Care Spring 2022 Draft Report

The draft report presents the results of the Standing Committee's evaluation of the measures considered for endorsement under the CDP. The complete draft report and supplemental materials are available on the project webpage.

Comments and Their Disposition

During the post-measure evaluation public comment period, NQF did not receive any comments pertaining to the draft report and the measures under review.

A post-comment memo, which reflects the review of measures and details the rationale behind the consensus not reached measure, is posted to the Geriatrics and Palliative Care project webpage for CSAC review. The Geriatrics and Palliative Care Committee met for a post-comment web meeting on October 18, 2022 and a meeting summary is available on the project webpage.

CSAC Action Required

Following the approval of the consent calendar and pursuant to the CDP, the CSAC is asked to consider the Standing Committee's endorsement recommendation of one candidate consensus measure, as it does not meet all of the key considerations criteria.

Measure Recommended for Endorsement

- **NQF #1641** Hospice and Palliative Care – Treatment Preferences (University of North Carolina-Chapel Hill) [Maintenance]
    - Overall Suitability for Endorsement: Y-11; N-3 (denominator = 14)

The checklist table below lists the Standing Committee's key considerations for the CSAC's review and discussion of the measure submitted for endorsement consideration.

Key Consideration Criteria	Yes/No	Notes
1. Received less than 80 percent passing votes for overall suitability for endorsement.	Yes	**Recommended for Endorsement** • **NQF #1641** Hospice and Palliative Care – Treatment Preferences • Overall Suitability for Endorsement: Y-11; N-3 (denominator = 14) 78.5 percent passing vote
2. Were there any process concerns raised during the CDP project? If so, briefly explain.	No	None

Key Consideration Criteria	Yes/No	Notes
3. Did the Standing Committee or the CSAC receive a request for reconsideration? If so, briefly explain.	No	None
4. Did the Standing Committee overturn any of the SMP 's ratings of Scientific Acceptability? If so, state the measure and why the measure was overturned.	Yes	None
5. Was there any new information received through public comment that was not available or discussed during the Standing Committee's measure evaluation meeting that is conflicting to the Standing Committee's recommendation(s)? If so, note the measure and briefly explain.	No	None
6. Were any measures pulled for discussion by a CSAC member? If so, briefly explain the rationale.	*	*
7. Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	None

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Additional Consideration Not Included in the Consent Calendar Criteria	**Yes/No**	**Notes**
Were there any "consensus not reached" measures voted on during post-comment meeting? If so, what was the measure, the criterion, and the final Standing Committee recommendation?	Yes	• **NQF #1641** Hospice and Palliative Care – Treatment Preferences • Performance Gap: H-1; M-8; L-3; I-2 (denominator =14) (64.2 percent passing) • Overall Suitability for Endorsement: Y-11; N-3 (denominator = 14) (78.5 percent passing) • The Standing Committee acknowledged the measure lacked opportunity for improvement at the hospice setting and agreed there was a performance gap demonstrated at the palliative care setting. Upon revote, the Standing Committee passed the measure on performance gap at the facility level and recommended the measure for continued endorsement.

Patient Safety

During this measure review cycle, the Patient Safety Standing Committee evaluated three newly submitted measure(s) and two measure(s) undergoing maintenance review against **NQF's standard evaluation criteria**. The Standing Committee recommended all five measures for endorsement.

Patient Safety Spring 2022 Draft Report

The draft report presents the results of the Standing Committee's evaluation of the measures considered for endorsement under the CDP. The complete draft report and supplemental materials are available on the project webpage.

Comments and Their Disposition

During the post-measure evaluation public comment period, NQF received 40 comments from 13 organizations (including two NQF-member organizations) and individuals pertaining to the draft report and the measures under review. The Standing Committee reviewed all of the submitted comments (general and measure-specific) and developer responses.

A post-comment memo, which includes the themes identified, responses to the public and member comments, and results of NQF member expressions of support or non-support, is posted to the Patient Safety project webpage for CSAC review. The Patient Safety Standing Committee met for a post-comment meeting on October 13, 2022 and a meeting summary is available on the project webpage.

CSAC Action Required

Since all measures reviewed by the Standing Committee are included in the consent calendar, no additional CSAC action is required.

Additional Consideration Not Included in the Consent Calendar Criteria	**Yes/No**	**Notes**

Were there any "consensus not reached" measures voted on during post-comment meeting? If so, what was the measure, the criterion, and the final Standing Committee recommendation?	Yes	• **NQF #3450** Practice Environment Scale - Nursing Work Index (PES-NWI) (composite and five subscales)
		  • Performance Gap: H-2; M-13; L-0; I-0 (denominator = 15) 100 percent passing vote
		  • Overall Suitability for Endorsement: Y-15; N-0 (denominator = 15) 100 percent passing vote
		  • During the post-comment meeting, the Standing Committee discussed supportive public comments and the clarifying comments from the developer. The Standing Committee indicated that their questions and concerns on the measure had been addressed and had no further comments around performance gap.

Perinatal and Women's Health

During this measure review cycle, the Perinatal and Women's Health Standing Committee evaluated four newly submitted measures against **NQF's standard evaluation criteria**. The Standing Committee recommended one measure for endorsement, two measures for trial use, and did not recommend one measure for endorsement.

Perinatal and Women's Health Spring 2022 Draft Report

The draft report presents the results of the Standing Committee's evaluation of the measures considered for endorsement under the CDP. The complete draft report and supplemental materials are available on the project webpage.

Comments and Their Disposition

During the post-measure evaluation public comment period, NQF received 14 supportive comments from seven organizations and individuals pertaining to the draft report and the measures under review. The Standing Committee reviewed all of the submitted comments (general and measure-specific) and developer responses.

A post-comment memo, which includes the themes identified, responses to the public and member comments, and results of NQF member expressions of support or non-support, is posted to the Perinatal and Women's Health project webpage for CSAC review. The Perinatal and Women's Health Standing Committee met for a post comment meeting on October 19 and October 22 and a meeting summary will soon be available on the project page.

CSAC Action Required

Following the approval of the consent calendar and pursuant to the CDP, the CSAC is asked to consider the Standing Committee's endorsement recommendation(s) of one candidate consensus measure, as it does not meet all of the key considerations criteria.

The CSAC is further asked to review and vote on the reconsideration request received (Appendix A)

Measure Not Recommended for Endorsement

- **NQF #3687e** ePC-07 Severe Obstetric Complications (The Joint Commission) [New]
    - Validity: H-1; M-8; L-6; I-3 (denominator = 18)

The checklist table below lists the Standing Committee's key considerations for the CSAC's review and discussion of the measures submitted for endorsement consideration.

Key Consideration Criteria	Yes/No	Notes
1. Received less than 80 percent passing votes for overall suitability for endorsement.	Yes	**Not Recommended for Endorsement** • **NQF #3687e** ePC-07 Severe Obstetric Complications • The Standing Committee did not recommend the measure on validity H-1; M-8; L-6; I-3 (denominator = 18) 50 percent pass vote
2. Were there any process concerns raised during the CDP project? If so, briefly explain.	Yes	• **NQF #3687e** During the measure evaluation meeting, the Standing Committee did not vote whether or not to accept the SMP's rating for validity because quorum was lost for live voting. The SMP's rating for validity was Moderate (Total Votes-10; H-2; M-6; L-0; I-2). During offline voting, the Standing Committee voted to pass the measure on validity (Total Votes-14; H-3; M-8; L-3; I-0). • Following the measure evaluation meeting, a Standing Committee member, who was not able to attend the measure evaluation meeting, expressed a concern that the Standing Committee did not adequately discuss the measure. The Standing Committee member noted issues with the measure's validity, specifically that it showed poor positive predictive value for several indicators beyond transfusion and/or variation in coding (with a PPV below 50%) and is not comparable across states. • During the post-comment meeting, the Standing Committee discussed the Standing Committee member's concern and feedback from the measure developer. The Standing Committee voted offline to reopen on the measure and revote on validity. The Standing Committee ultimately did not pass the measure on validity during the revote (H-1; M-8; L-6; I-3 (Denominator =18)
3. Did the Standing Committee or the CSAC receive a request for reconsideration? If so, briefly explain.	Yes	TBD

Key Consideration Criteria	Yes/No	Notes
4. Did the Standing Committee overturn any of the SMP 's ratings of Scientific Acceptability? If so, state the measure and why the measure was overturned.	Yes	• **NQF #3687e** During the measure evaluation meeting, the Standing Committee did not vote whether or not to accept the SMP's rating for Validity because quorum was lost for live voting. The SMP's rating for validity was Moderate (Total Votes-10; H-2; M-6; L-0; I-2). During offline voting, the Standing Committee voted to pass the measure on validity (Total Votes-14; H-3; M-8; L-3; I-0). • Following the measure evaluation meeting, a Standing Committee member, who was not able to attend the measure evaluation meeting, expressed a concern that validity testing was not adequately discussed by the Standing Committee. The Standing Committee member noted issues with the measure's validity, specifically that it showed poor positive predictive value (PPV) for several indicators beyond transfusion and/or variation in coding (with a PPV below 50%) and is not comparable across states. • During the post-comment meeting, the Standing Committee discussed the Standing Committee member's concern and response from the measure developer. The developer noted that while some individual data element agreement rates did show lower match rates around 50% or lower, the data element agreement rate for all sites was at a score of 90.4%. The Standing Committee expressed that that poor PPV indicates the measure may be non-representative of SMM events and might be missing true positives. A few Standing Committee members also expressed concerns that validity testing was not compared against a gold standard so that the data truly reflected hospital quality and not just coding variation. • The Standing Committee voted offline to reopen on the measure and revoted on validity. The Standing Committee ultimately did not pass the measure on validity during the revote (H-1; M-8; L-6; I-3 (Denominator = 18)

Key Consideration Criteria	Yes/No	Notes
5. Was there any new information received through public comment that was not available or discussed during the Standing Committee's measure evaluation meeting that is conflicting to the Standing Committee's recommendation(s)? If so, note the measure and briefly explain.	No	None
6. Were any measures pulled for discussion by a CSAC member? If so, briefly explain the rationale.	*	*
7. Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	None

*Cells intentionally left blank.

Reconsideration Request(s)

The Joint Commission, Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (CORE), and CMS have submitted a letter to the CSAC to request reconsideration NQF #3687e *ePC-07 Severe Obstetric Complications* (SOC), citing two areas of concern related to the review of the measure:

1. The Reconsideration Request letter states that NQF's Measure Evaluation Criteria were not applied appropriately as NQF 3687e met NQF's criteria for validity:

- According to information shared by NQF, the Perinatal and Women's Health Standing Committee's re-vote on validity was based in part on the lack of empiric measure score validity, which is not required for new measures.
- Standing Committee members inaccurately generalized data element validity results from the literature, rather than use the actual validity testing results submitted for the SOC eCQM during the NQF process.
- According to information shared by NQF, Standing Committee members' re-vote was also based on an error regarding the measure's positive predictive value (PPV) validity testing results, which was introduced and then propagated by the Committee and NQF staff.

2. NQF's own Consensus Development Process (CDP) was not followed as NQF and the Standing Committee did not follow the public comment process:

- The Perinatal and Women's Health Standing Committee reopened the vote for NQF 3687e at the post-comment meeting in violation of NQF's process, which states that the Standing Committee will not re-vote on the measures unless the decision to reconsider is based on submitted comments or a formal reconsideration request from the measure developer.
- The Measure Developer Guidebook for Submitting Measures to NQF Version 6.5 states on page 19 that during the post-comment web meeting, the Standing Committee will review relevant submitted comments (and developer responses when applicable). The discussion during the post-comment meeting focused on a Committee member's concern that was not submitted as a comment.

The CSAC is further asked to review and vote on the reconsideration request received (Appendix A)

Prevention and Population Health

During this measure review cycle, the Prevention and Population Health Standing Committee evaluated two newly submitted measures and four measures undergoing maintenance review against **NQF's standard evaluation criteria**. The Standing Committee recommended all six measures for endorsement.

Prevention and Population Health Spring 2022 Draft Report

The draft report presents the results of the Standing Committee's evaluation of the measures considered for endorsement under the CDP. The complete draft report and supplemental materials are available on the project webpage.

Comments and Their Disposition

During the post-measure evaluation public comment period, NQF received one comment from one organization (which is an NQF member organization) pertaining to NQF #0041. The comment was supportive of the measure and did not require Standing Committee adjudication. Therefore, the post-comment meeting was cancelled.

A post-comment cancelation memo, which includes the comment and the rationale for canceling the post-comment meeting is posted to the Prevention and Population Health project webpage for CSAC review.

CSAC Action Required

Since all measures reviewed by the Standing Committee are included in the consent calendar, no additional CSAC action is required.

Primary Care and Chronic Illness

During this measure review cycle, the Primary Care and Chronic Illness Standing Committee evaluated one newly submitted measure and three measures undergoing maintenance review against **NQF's standard evaluation criteria**. The Standing Committee recommended all four measures for endorsement.

Primary Care and Chronic Illness Spring 2022 Draft Report

The draft report presents the results of the Standing Committee's evaluation of the measures considered for endorsement under the CDP. The complete draft report and supplemental materials are available on the project webpage.

Comments and Their Disposition

During the post-measure evaluation public comment period, NQF received one comment from one organization (which is an NQF member organization) pertaining to NQF #0729. The comment was supportive of the measure and did not require Standing Committee adjudication. Therefore, the post-comment meeting was cancelled.

A post-comment cancelation memo, which includes the comment and the rationale for canceling the post-comment meeting is posted to the Primary Care and Chronic Illness project webpage for CSAC review.

CSAC Action Required

Since all measures reviewed by the Standing Committee are included in the consent calendar, no additional CSAC action is required.

Renal

During this measure review cycle, the Renal Standing Committee evaluated five newly submitted measures and one measure undergoing maintenance review against **NQF's standard evaluation criteria**. The Standing Committee recommended two measures for endorsement but did not recommend four measures for endorsement.

Renal Spring 2022 Draft Report

The draft report presents the results of the Standing Committee's evaluation of the measures considered for endorsement under the CDP. The complete draft report and supplemental materials are available on the project webpage.

Comments and Their Disposition

During the post-measure evaluation public comment period, NQF received 22 comments from four organizations (one of which was an NQF member organization) and individuals pertaining to the draft report and the measures under review. The Standing Committee reviewed all of the submitted comments (general and measure-specific) and developer responses.

A post-comment memo, which includes the themes identified, responses to the public and member comments, and results of NQF member expressions of support or non-support, is posted to the Renal project webpage for CSAC review. The Renal Standing Committee met on October 6 for a post-comment web meeting and a meeting summary is available on the project webpage.

CSAC Action Required

Following the approval of the consent calendar and pursuant to the CDP, the CSAC is asked to consider the Standing Committee's endorsement recommendations of five candidate consensus measures, as they do not meet all of the key considerations criteria.

Measure Recommended for Endorsement

- **NQF #3695** Percentage of Prevalent Patients Waitlisted (PPPW) (University of Michigan Kidney and Epidemiology Cost Center [UM-KECC]/Centers for Medicare & Medicaid Services [CMS]) [New]
    - Overall Suitability for Endorsement: Y-13; N-5 (denominator = 18)

Measure(s) Not Recommended for Endorsement

- **NQF #3659** Standardized Fistula Rate for Incident Patients (UM-KECC/CMS) [New]
    - The Renal Standing Committee did not vote on overall suitability for endorsement because the measure did not pass on performance gap, a must-pass criterion.
    - Performance Gap: H-0; M-6; L-10; I-0 (denominator = 16)
- **NQF #3689** First Year Standardized Waitlist Ratio (FYSWR) (UM-KECC/CMS) [New]
    - The Renal Standing Committee did not vote on overall suitability for endorsement because the measure did not pass on validity, a must-pass criterion.
    - Validity: H-0; M-6; L-10; I-2 (denominator = 18)
- **NQF #3694** Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW) (UM-KECC/CMS) [New]
    - The Renal Standing Committee did not vote on overall suitability for endorsement because the measure did not pass on validity, a must-pass criterion.

    - Validity: H-7; M-0; L-9; I-2 (denominator = 18)
- **NQF #3696** Standardized Modality Switch Ratio for Incident Dialysis Patients (SMoSR) (UM-KECC/CMS) [New]
    - The Renal Standing Committee did not vote on overall suitability for endorsement because the measure did not pass on validity, a must-pass criterion.
    - Validity: H-0; M-7; L-12; I-0 (denominator = 19)

The checklist table below lists the Standing Committee's key considerations for the CSAC's review and discussion of the measures submitted for endorsement consideration.

Key Consideration Criteria	Yes/No	Notes

1. Received less than 80 percent passing votes for overall suitability for endorsement.	Yes	**Recommended for Endorsement**
		• **NQF #3695** Percentage of Prevalent Patients Waitlisted (PPPW)
		  • Overall Suitability for Endorsement: Y-13; N-5 (denominator = 18) 72.2 percent passing vote
		
		Not Recommended for Endorsement
		• **NQF #3659** Standardized Fistula Rate for Incident Patients
		  • The Standing Committee did not recommend the measure on Performance Gap: H-0; M-6; L-10; I-0 (denominator = 16) 37.5 percent passing vote
		
		• **NQF #3689** First Year Standardized Waitlist Ratio
		  • The Standing Committee did not recommend the measure on validity: H-0; M-6; L-10; I-2 (denominator = 18) 33.3 percent passing vote
		
		• **NQF #3694** Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW)
		  • The Standing Committee did not recommend the measure on validity: H-7; M-0; L-9; I-2 (denominator = 18) 38.8 percent passing vote
		
		• **NQF #3696** Standardized Modality Switch Ratio for Incident Dialysis Patients (SMoSR)
		  • The Standing Committee did not recommend the measure on validity: H-0; M-7; L-12; I-0 (denominator = 19) 36.8 percent passing vote

2. Were there any process concerns raised during the CDP project? If so, briefly explain.	No	None

Key Consideration Criteria	Yes/No	Notes
3. Did the Standing Committee or the CSAC receive a request for reconsideration? If so, briefly explain.	Yes	• The Renal Committee received reconsideration requests for **NQF #3694 and NQF #3696**. • **NQF #3694,** the developer stated that NQF's measure evaluation criteria were not applied properly and that inconsistencies exist in the application of the criteria, particularly for this measure (NQF #3694) and NQF #3695, a very similar measure submitted. The Standing Committee voted to not reconsider the measure because although NQF #3694 and NQF #3695 are similar measures, they do have differences, including different numerators. The Standing Committee also noted that NQF #3694 is a measure that addresses transplant waitlisting in active status and that while nephrologists have a role in optimizing and referring the patients for transplantation, they have nothing to do with the activation of patients on the waitlist suggesting the measure is not an accurate reflection of quality of care provided by nephrologists. The Standing Committee further cited concern with that the testing data as it showed extreme variation in transplant center practice. The Standing Committee stated that the judgement to not recommend NQF #3694 was made based on the subtle differences between the two measures. • **NQF #3696**, the developer stated that the measure evaluation criteria were not applied properly. The developer attested that the Standing Committee did not articulate a clear reason for overturning the SMP's validity decision and that the Standing Committee's focus on measuring patient choice as that is not necessarily a factor given the numerator and denominator details. The Standing Committee voted not to reconsider the measure advising that at the measure evaluation meeting, a clear reason for overturning the SMP's decision was stated. The Standing Committee noted that in addition to the concerns regarding the measure's exclusions and risk adjustment, the Standing Committee raised concern with the weak correlations between this measure and others included in the analysis. Further, the Standing Committee stated that there are many factors that determine whether a patient chooses and maintains home dialysis, which often do not have to do with a facility's quality of care, suggesting that this measure cannot accurately assess a facility's quality of care.

Key Consideration Criteria	Yes/No	Notes
4. Did the Standing Committee overturn any of the SMP 's ratings of Scientific Acceptability? If so, state the measure and why the measure was overturned.	Yes	• **NQF #3689 & NQF #3696** The Standing Committee overturned the validity votes by the SMP for NQF #3689 and NQF #3696 resulting in a no pass for the validity criteria for both measures. For NQF #3689, the Standing Committee raised significant concerns around the measure's exclusions and attribution. For NQF #3696, the Standing Committee raised concerns with the risk adjustment model and exclusions.
5. Was there any new information received through public comment that was not available or discussed during the Standing Committee's measure evaluation meeting that is conflicting to the Standing Committee's recommendation(s)? If so, note the measure and briefly explain.	No	None
6. Were any measures pulled for discussion by a CSAC member? If so, briefly explain the rationale.	*	*
7. Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	None

*Cells intentionally left blank.

Appendix A: Reconsideration Request(s)

Perinatal and Women's Health

Background

The NQF Perinatal and Women's Health Standing Committee reviewed two measures developed by The Joint Commission during the spring 2022 measure evaluation meeting and two post-comment meetings. While both measures were initially recommended by the Standing Committee for endorsement, one measure was re-visited during the post-comment period and the Standing Committee decided to overturn their previous decision and did not pass this measure based on validity concerns:

- **NQF #3687e ePC-07 Severe Obstetric Complications (The Joint Commission) [New]**
  - Validity: H-1; M-8; L-6; I-3 (denominator = 18)

During the first post-comment meeting on October 19, the Standing Committee discussed several concerns relating to the validity of NQF #3687e. The concerns were raised by a Standing Committee member via email to NQF staff and to the entire Standing Committee following the July 6 measure evaluation meeting. The concerns were subsequently shared with the measure developer prior to the post-comment meeting. Since quorum was not achieved at the October 19 post-meeting, the Standing Committee were reconvened on October 21 to vote on whether or not to re-open the measure for further discussion of the validity criterion. Quorum was also not achieved during the October 21 post-comment meeting, so the Standing Committee held a new discussion on the measure's validity, then submitted two votes offline following the meeting: the first was to cast a vote about whether to re-open the measure to revote on validity, and the second was to cast a new vote for the validity criterion. If greater than 60 percent of the Standing Committee voted to re-open the measure, then the new votes for the validity criterion would also be counted. Following the meeting, the Standing Committee voted to re-open the measure discussion on validity, and then voted to not pass the measure on validity.

The Joint Commission, Yale CORE, and CMS, submitted a letter to the CSAC to request reconsideration of its measure, citing concerns that the NQF validity criterion was not properly applied by the Standing Committee, as well as concerns that NQF process was not properly followed in the post-comment time period.

CSAC Action Required

Following the approval of the consent calendar and pursuant to the CDP, the CSAC is asked to consider the Standing Committee's endorsement recommendation of one candidate consensus measure, including a review and vote on the reconsideration request received.

Summary of Request for Reconsideration

The Joint Commission, Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (CORE), and CMS have submitted a letter to the CSAC to request reconsideration NQF #3687e *ePC-07 Severe Obstetric Complications* (SOC), citing two areas of concern related to the review of the measure:

1. The Reconsideration Request letter states that NQF's Measure Evaluation Criteria were not applied appropriately as NQF 3687e met NQF's criteria for validity:

- According to information shared by NQF, the Perinatal and Women's Health Standing Committee's re-vote on validity was based in part on the lack of empiric measure score validity, which is not required for new measures.
- Standing Committee members inaccurately generalized data element validity results from the literature, rather than use the actual validity testing results submitted for the SOC eCQM during the NQF process.
- According to information shared by NQF, Standing Committee members' re-vote was also based on an error regarding the measure's positive predictive value (PPV) validity testing results, which was introduced and then propagated by the Committee and NQF staff.

2. NQF's own Consensus Development Process (CDP) was not followed as NQF and the Standing Committee did not follow the public comment process:

- The Perinatal and Women's Health Standing Committee reopened the vote for NQF 3687e at the post-comment meeting in violation of NQF's process, which states that the Standing Committee will not re-vote on the measures unless the decision to reconsider is based on submitted comments or a formal reconsideration request from the measure developer.
- The Measure Developer Guidebook for Submitting Measures to NQF Version 6.5 states on page 19 that during the post-comment web meeting, the Standing Committee will review relevant submitted comments (and developer responses when applicable). The discussion during the post-comment meeting focused on a Committee member's concern that was not submitted as a comment.

Summary of Perinatal Co-Chair Perspective

In response to the statement that NQF's measure evaluation criteria were not appropriately applied, the Standing Committee would first like to note that while the Standing Committee stated a desire to see empiric measure score validity testing for this measure, they were also aware that it was not required for the measure and that the measure as-is did meet NQF testing requirements. The Standing Committee's decision to not pass the measure on validity was not due to the lack of empiric measure score validity testing.

In response to the statement that Standing Committee members inaccurately generalized data element validity testing results from the literature rather than the actual validity testing results submitted for the eCQM, the Standing Committee agrees that this committee discussed both the measure's validity testing as well as validity testing from the literature and that the Standing Committee's concerns with what was in the literature were greater than their confidence in what was presented in the submission; however, the testing from the literature speaks to whether or not the choice of SMM events is valid and representative,

which was the Standing Committee's main concern. They agreed that the measure's validity testing as presented was okay and showed that data could be pulled from the EHR to calculate this measure, but questioned whether the data in the EHR was sufficiently representative of SMM to begin with.

In response to the statement that the re-vote was based on an error regarding the measure's PPV, through discussion among Standing Committee members and the measure developer it was made clear that the low PPV in question, and the one referred to in Dr. Hirai's comment, was from the literature and referred to SMM criteria that were definition-based, like the CDC's. The Standing Committee's re-vote centered on whether the choice of SMM criteria was the correct choice, partially referencing the low PPV found in the literature, but not because they mistakenly believed that the cited low PPV referred to this eCQM's testing.

Summary of NQF Perspective

In response to the developer's concern #2, that NQF #3687e was re-opened for voting in violation of NQF's process, and that the concern in question was not submitted as a public comment, expert stakeholder Standing Committees have always operated apart from the public comment process and exist, in part, to adjudicate public comments. NQF does not require Standing Committees to submit public comments to have their concerns discussed since several forums already exist for adjudication of Standing Committee concerns, namely pre-evaluation feedback, measure evaluation meetings, and post-comment meetings.

Although NQF has never considered Standing Committee concerns as falling within the public comment domain, the timing of this Standing Committee concern and the manner in which it was shared has revealed a gap in NQF process of how to properly share and adjudicate such a concern. NQF attempted to address this gap by summarizing the concerns shared by the member via email with NQF and the Standing Committee and also sharing the information with the measure developer (The Joint Commission) in advance of the post-comment meeting. However, the format in which this occurred was different from the typical format in which Committee comments are shared with developers and the Standing Committee. The measure developer chose to provide a written response, which the NQF team shared with the Standing Committee in advance of the post-comment meeting.

To ensure the measure developer had full opportunity to address the concerns, NQF provided the developer with an opportunity for verbal response during the post-comment meeting after the concerns were presented, which does not typically occur during post-comment calls.

Reconsideration Request Letter

The text below is verbatim content of the reconsideration request submitted by the measure developer.

Dear Members of the NQF CSAC:

The Joint Commission, Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (CORE), and Centers for Medicare & Medicaid Services (CMS) respectfully request a reconsideration of the Perinatal and Women's Health Standing Committee's recent re-vote on validity for measure 3687e Severe Obstetric Complications (SOC eCQM).

We are submitting this request for the following reasons:

1. The National Quality Forum's (NQF's) Measure Evaluation Criteria were not applied appropriately
    a. Measure 3687e met NQF's criteria for validity
        i. According to information shared by NQF, the Perinatal and Women's Health Standing Committee's re-vote on validity was based in part on the lack of empiric measure score validity, which is not required for new measures.
        ii. Committee members inaccurately generalized data element validity results from the literature, rather than use the actual validity testing results submitted for the SOC eCQM during the NQF process.
        According to information shared by NQF, Committee members' re-vote was also based on an error regarding the measure's positive predictive value (PPV) validity testing results, which was introduced and then propagated by the Committee and NQF staff.
2. NQF's own Consensus Development Process (CDP) was not followed:
    a. NQF and the Standing Committee did not follow the public comment process:
        i. The Perinatal and Women's Health Standing Committee reopened the vote for Measure 3687e at the post-comment meeting in violation of NQF's process which states that the Standing Committee will not re-vote on the measures unless the decision to reconsider is based on submitted comments or a formal reconsideration request from the measure developer.
        ii. The Measure Developer Guidebook for Submitting Measures to NQF Version 6.5 states on page 19 that during the post-comment web meeting, the Standing Committee will review relevant submitted comments (and developer responses when applicable). The discussion during the post-comment meeting focused on a committee member's concern that was not submitted as a comment.

Below we provide additional details about each of the concerns raised above.

1. NQF's Measure Evaluation Criteria Not Applied Appropriately

The NQF measure evaluation criteria were not applied appropriately to 3687e Severe Obstetric Complications during the CDP.

Issue 1ai: Empiric measure score validity is not required for new measures; data element validity (required for new measures) was provided in the measure submission. While the Severe Obstetric

Complications measure passed on validity both by the Scientific Methods Panel and the Standing Committee (at their meeting on July 6, 2022), the re-vote on validity following the Standing Committee's post-comment meeting in October focused at least in part on empiric measure score validity, which is not required per NQF criteria for new measure endorsement. Dr. Ashley Hirai's (a Standing Committee member) comments during the post-comment meeting, as well as Dr. Hirai's paper which was referenced to support her concerns, refer to empiric measure score validity (for example, comparing the SOC measure score to other quality measures); the measure should not be evaluated against criteria used for endorsement maintenance measures. Data element validity is required for new measures and was provided in the measure submission to NQF; data supporting the measure's face validity was also submitted. The testing results provided by the developer for 3687e are in line with those for other recently-NQF-endorsed eCQMs.

Issue 1aii: The Committee did not evaluate the validity of the SOC measure based on the data submitted by the developer.

Committee discussion of validity for this measure, when taken up by the Standing Committee, should have considered the testing conducted for that measure; instead, the Standing Committee discussion during the post-comment call focused on data element validity findings by external sources (published literature), with three adverse consequences: 1) the low positive predictive value (PPV) results noted in the external sources provided by Dr. Hirai during the post-comment meeting were repeatedly mis-represented in discussion of the Committee and by NQF staff as PPV results of the measure; 2) the different approaches and criteria used by the external sources (which limit or prevent appropriate comparison to SOC eCQM results) were not identified for Committee members; and 3) there appeared to be little consideration of the high validity results acquired through testing done by the measure developers for the SOC eCQM under consideration, and the fact that the SOC eCQM is risk-adjusted. Validity testing for this measure (per NQF submission materials) was conducted in six health systems (15 hospitals) and three EHR systems with resulting data element agreement across all sites of 90.4%. The numerator PPV across sites was 94.7%. During the post-comment meetings, The Joint Commission and CORE noted additional evidence for high PPV results in Stage 2 Beta testing (conducted following NQF submission), naming that this testing occurred in an additional five hospitals, involved adjudication in the medical record of the occurrence of each of the numerator events (not only checking for ICD-10 codes) identified in the EHR-pulled data, and resulted in a PPV of 98.9%. In contrast, the studies documented in the articles cited by the Committee member to support her argument about PPV (used as references in the article by Dr. Hirai et al.) had significant differences in approach and/or specification from the SOC eCQM and should not be used to evaluate this measure. We have summarized these differences below.

Sigaskis et al (2016) **used ICD-9 coded data (not ICD-10, as specified and tested in the SOC eCQM)** to report lower PPVs for some similar severe maternal morbidity (SMM) conditions;
Himes and Bodnar (2020) **used ICD-9 coded data (not ICD-10, as specified and testing in the SOC eCQM)** and reported lower PPV based on **a study of only one hospital (and thus one EHR system). The authors note as a limitation:** "Furthermore, it is possible that the approach to coding at our hospital varies significantly from other institutions." (p. 412) In addition, they **screened for SMM not just using CDC SMM indicators but also length of stay (LOS) and intensive care unit (ICU) admission, and then note that: "In particular, ICU admission, transfusion and prolonged post-partum length of stay were particularly poorly performing indicators as others have noted." (p. 412)** The SOC eCQM outcome definition does not include LOS or ICU admission and presents two outcomes--one with and one without transfusion-only encounters--in recognition of possible differences in severity reflected by transfusion

alone.

***Main et al (2016)* used ICD-9 coded data (not ICD-10, as specified and testing in the SOC eCQM).** In addition, the approach to validating cases in this study was argued by the Committee member as "the gold standard" but countered by Dr. Elliott Main himself, who noted that a gold standard for SMM definition does not currently exist.* Dr. Main and the California Maternal Quality Care Collaborative (CMQCC) have been using the CDC SMM definition to great effect in California, Oregon, and Washington. He noted in the second of the post-comment meetings that: "At CMQCC in California, Oregon, and Washington we have a five-year history with over 300 hospitals reporting the CDC measure."

*(It should also be noted that NQF's Maternal Morbidity and Mortality Measurement Recommendations Report, published in August 2021, identifies that there are "varying definitions of maternal mortality and maternal morbidity used by different organizations, such as CDC and WHO, illustrating that definitions can differ across organizations" [p. 7] and recommends the CDC SMM definition as a standardized definition for use in future measure development: "In future development of such a measure, it will be critical to select a standardized definition of SMM (e.g., CDC algorithm, HRSA Title V measures, and/or AIM) since it can be defined differently, which would limit the ability of such a measure to be used for apples-to-apples comparisons. [p. 49])

Lastly, the external data from the literature provided by the Committee member was not risk adjusted, whereas the SOC eCQM is a risk-adjusted measure. A Committee member concern about the use of the SOC eCQM for comparing hospitals across populations appears to not be taking this into account.

Issue 1aiii: Standing Committee Members and NQF staff repeatedly attributed a low PPV from the literature to measure 3687e which impacted the Committee's validity re-vote.

The Scientific Methods Panel passed the measure on validity, and the initial Standing Committee vote (following the July 6th meeting) also passed the measure on validity. During the post-comment call and subsequent meetings, members of the Standing Committee and NQF staff cited that PPV values for "this measure" were below 50%. Data element validity testing for measure 3687e (stated clearly in section 2b.03 of the NQF submission materials) from six health systems (15 hospitals) and three EHR systems resulted in a PPV of 94.7%; additional data provided by the developer in State 2 Beta testing resulted in a PPV of 98.9%. This erroneous attribution of results from the literature to "this measure" was further included in post-comment call documentation (Perinatal SP 2022 Post-comment Memo "The Standing Committee member noted issues with the measure's validity, specifically that it showed poor positive predictive value for several indicators beyond transfusion and/or variation in coding (with a PPV below 50%) and is not comparable across states."), which was referenced by Committee Members as the reason for their vote. This vote occurred outside of the meeting due to a failure to reach quorum during either post-comment call. Additionally, the meeting summary document committee members received ("Meeting Summary Perinatal and Women's Health Standing Committee – Measure Evaluation Web

Meeting" p.3) erroneously stated that the Standing Committee did not reach consensus on the recommendation for endorsement, and that the Standing Committee would revote on the measure's overall suitability for endorsement during the post-comment web meeting. This was false; the SOC eCQM passed Standing Committee voting on all must-pass criteria and was recommended for endorsement. We are concerned that the continued misrepresentation of our measure testing validity results, as well as the erroneous statement in the Meeting Summary, had a negative impact during the re-vote process, for

which Standing Committee members were directed to review the post-comment call transcript and may have reviewed the Meeting Summary.

2. NQF's Public Comment Process Not Followed

Issue 2: The Perinatal and Women's Health Standing Committee reopened the vote for this measure at the post-comment meeting in violation of the National Quality Forum (NQF)'s process which states that the Standing Committee will not re-vote on the measures unless the decision to reconsider is based on submitted comments or a formal reconsideration request from the measure developer.

After the July Standing Committee meeting, a Standing Committee member who was not present at the meeting presented a concern about measure 3687e to NQF staff. This concern was not formally submitted in the member and public comment period. The Meeting Summary Perinatal and Women's Health Standing Committee – Measure Evaluation Web Meeting document states on page 1 that the Standing Committee will not re-vote on the measures during the post-comment meeting unless the Standing Committee decides to reconsider the measure(s) based on submitted comments or a formal reconsideration request from the developer. There were no submitted comments needing a developer response, which was verified with NQF staff via email 09/16/2022, and therefore there were no grounds for a revote. The Standing Committee re-opened the measure to vote at the post-comment meeting in response to information that was not submitted as a comment. It was stated that the NQF team and the Standing Committee decided to treat the member comment like a public comment; however, because NQF and the Committee did not follow the public-comment process, the developer was not provided with the full comment nor given time to respond formally as outlined in the public comment process.

We appreciate the CSAC's efforts in considering these concerns. Measure 3687e Severe Obstetric Complications meets the criteria for strategic importance, and per the Scientific Methods Panel and the initial Standing Committee vote the measure meets scientific acceptability and would add significant value to the overall NQF portfolio. The measure is outcome-focused, has a high opportunity for influencing improvement in maternal health care, is feasible to collect, and has the potential to impact maternal morbidity and mortality rates in the United States. We request CSAC reconsider Measure 3687e Severe Obstetric Complications based on the breaches in the CDP and the adverse outcome they created.

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Measure Evaluation Meeting Summary

The following summary is of the Perinatal and Women's Health Standing Committee deliberations from the July 6, 2022, spring 2022, measure evaluation meeting.

NQF #3687e ePC-07 Severe Obstetric Complications (Joint Commission)

Description: Hospital-level measure scores are calculated as a risk-adjusted proportion of the number of delivery hospitalizations for women who experience a severe obstetric complication, as defined by the numerator, by the total number of delivery hospitalizations in the denominator during the measurement period. The hospital-level measure score will be reported as a rate per 10,000 delivery hospitalizations. **Measure Type**: Outcome; **Level of Analysis**: Facility; **Setting of Care**: Inpatient/Hospital; **Data Source**: Electronic Health Data; Electronic Health Records

Measure Steward/Developer Representatives at the Meeting

- Chris Walas
- Elliott Main
- Katie Balestracci
- Valerie Danilack

Standing Committee Votes

Evidence: Total Votes-14; Pass-14; No Pass-0 (14/14 – 100%, Pass)

Performance Gap: Total Votes-14; H-9; M-4; L-1; I-0 (13/14 – 92%, Pass)

Reliability: Total Votes-14; Yes-14; No-0 (14/14 – 100%, Pass)

- This measure was deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- The Standing Committee accepted the SMP's rating for Reliability: Moderate (Total Votes-10; H-4; M-5; L-1; I-0).

Validity: Total Votes-14; H-3; M-8; L-3; I-0 (11/14 – 79%, Pass)

- This measure was deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- The Standing Committee did not vote whether or not to accept the SMP's rating for Validity because quorum was lost for live voting: Moderate (Total Votes-10; H-2; M-6; L0; I-2) and voted on the measure.

Feasibility: Total Votes-14; H-3; M-10; L-1; I-0 (13/14 – 93%, Pass)

Use: Total Votes-14; Pass-12; No Pass-2 (12/14 – 86%, Pass)

Usability: Total Votes-14; H-5; M-7; L-2; I-0 (12/14 – 86%, Pass)

Standing Committee Recommendation for Endorsement: Total Votes-14; Yes-9; No-5 (9/14 – 64%, Pass)

This facility-level measure was newly submitted for endorsement. It is publicly reported as part of ORYX Performance Measure Reporting and is used in the Critical Access Hospital Accreditation Program, implemented by the Joint Commission.

The Standing Committee members agreed that the evidence shows a link between meaningful intervention on measured processes and improvements to the outcome of severe obstetric complications. The Standing Committee noted that there are substantial gaps as well as disparities in

severe obstetric complication rates. The Standing Committee voted to pass the measure on evidence and performance gap.

This measure was reviewed in advance of the meeting by the NQF Scientific Methods Panel (SMP). The SMP passed the measure on both reliability and validity. The Standing Committee raised concerns about reliability, stating that professional societies may define the same condition differently (e.g., acute renal failure) or facilities may code present on admission (POA) conditions differently, leading to variation in coding. The developer confirmed POA coding to be reliable during testing, and also outlined an education outreach plan to improve coding as the measure is used more. The Standing Committee determined that both the current specifications and the testing submitted show the measure is reliable and voted to accept the SMP's rating of moderate for reliability.

Regarding validity, some Standing Committee members raised concerns that the measure encompasses all severe obstetric complications, which could hamper quality improvement activities for specific conditions. The developer replied that the decision to combine complications into one measure improved the measure's ability to detect differences across hospitals by increasing the denominator. Patient feedback also showed a preference to see an overall score. The developer clarified that hospitals could use the value sets of this eCQM to break out their outcomes by condition for more detailed analysis. The Standing Committee also commented on a few opportunities for future improvements to the measure. First, the Standing Committee stressed that it will be important to see the measure as stratified by race and ethnicity in the future. The measure developer explained that the work of how to best stratify the measure is still being analyzed. The Standing Committee also noted that they would like to see the measure evolve so that hospitals can use it to analyze whether process improvement activities ameliorated any outcomes that are currently viewed as unpreventable, and to foster quality and process improvements to improve outcomes. Quorum was lost during the remainder of the meeting, so the Standing Committee did not vote on whether to accept the SMP's rating of moderate for validity. Instead, the Standing Committee voted after the meeting using an online survey and passed the measure on validity.

The Standing Committee questioned the feasibility of the timestamp data element and the developer clarified that it was removed from the measure because it was not essential for the measure logic. The Standing Committee then passed the measure on feasibility. The Standing Committee had no concerns with and passed the measure on use since the measure is publicly reported and is used for internal and external benchmarking. Many Standing Committee members expressed concerns with potential unintended consequences of the measure. While the measure's design eases the burden of reporting and aids comparability, it does not capture all morbidities and it may lead to a focus on improved coding, rather than improved quality of care, thereby shifting hospital resources in an inappropriate direction. Additionally, the combination of all severe obstetric complications into one measure may harm hospitals that specialize in and see a larger share of patients with certain conditions (e.g., maternal congenital cardiac conditions). The Standing Committee members noted the developer's rationale for the combination of complications and their plan for ongoing monitoring of unintended consequences and educational outreach and ultimately decided to pass the measure on usability and overall suitability.

Post-Comment Meeting Summary

The following summary is of the Perinatal and Women's Health Standing Committee deliberations related to NQF #3687e from October 19, 2022 and October 21, 2022, spring 2022, post-comment meetings.

Post-comment Meeting Summary

As part of the spring 2022 review cycle, the Perinatal and Women's Health Standing Committee reviewed four measures during the measure evaluation meeting on July 6, 2022. The Standing Committee recommended two measures for endorsement and two measures for trial use. The draft report was posted on the project webpage for public and NQF member comment on August 15, 2022, for 30 calendar days. During this commenting period, NQF received 14 public comments but no comments from NQF member organizations.

During the first post-comment meeting on October 19, the Standing Committee discussed several concerns relating to the validity of one of the measures under review: NQF #3687e *ePC-07 Severe Obstetric Complications*. The concerns were raised by a Standing Committee member via an email sent to both NQF staff and the entire Standing Committee following the meeting on July 6. The concerns were subsequently shared with the measure developer prior to the post-comment meeting. Since quorum was not achieved during the meeting on October 19, the Standing Committee decided to reconvene on October 21 to vote on whether to reopen the measure for further discussion of the validity criterion. Quorum was also not achieved during the meeting on October 21; therefore, the Standing Committee held a new discussion on the measure's validity, then submitted two votes offline following the meeting: The first was to cast a vote about whether to reopen the measure to re-vote on validity, and the second was to cast a new vote for the validity criterion. If greater than 60 percent of the Standing Committee voted to reopen the measure, then the new votes for the validity criterion would also be counted.

The Standing Committee's voting results and the discussion of the validity concerns for NQF #3687e are summarized below.

Review of Post-Evaluation Comments

Ms. Funk introduced the four measures and stated that all of the public comments received were in support of the two measures that the Standing Committee recommended for trial use: NQF #3682e *SINC-Based Contraceptive Care, Postpartum* and NQF #3699e *SINC-Based Contraceptive Care, Non-Postpartum.* No public comments were received for NQF #0471e *ePC-02 Cesarean Birth* or NQF #3687e.

NQF #3687e ePC-07 Severe Obstetric Complications

Measure Steward/Developer Representatives at the Meeting

- Christine Walas
- Katie Balestracci
- Doris Peter
- Lisa Suter
- Elliott Main

Standing Committee Vote to Reopen Measure Discussion on Validity: Total Votes–18; Yes–11; No–7 (11/18 – 61%, Yes)

Standing Committee Re-vote on Validity: Total Votes–18; High–1; Moderate–8; Low–6; Insufficient–3 (9/18 – 50%, No Pass)

Following the measure evaluation meeting on July 6, a Standing Committee member, who was unable to attend the measure evaluation meeting, expressed a concern via email to NQF staff and the Standing Committee that the measure was not adequately discussed by the Standing Committee. Specifically, this member commented that the Standing Committee did not address all of the member's validity concerns, which were submitted as part of the pre-evaluation Standing Committee feedback. The member's main outstanding concerns were whether the measure actually captures the construct of severe maternal morbidity (SMM), as state-level variation in SMM is inconsistent and not comparable across states. The member referenced a consensus statement from the American College of Obstetricians and Gynecologists (ACOG), which notes that "definitions of severe maternal morbidity that rely on diagnosis codes, such as the Centers for Disease Control and Prevention's (CDC) definition, may miss cases, have a relatively low positive predictive value (0.40) and, at a practical level, may be difficult for facilities to operationalize."

During the meeting, the Standing Committee expanded upon the concerns relating to validity by explaining that the testing focused solely on verifying whether codes matched the medical record and not whether they represented actual SMM events. A Standing Committee member added that the positive predictive value (PPV) of the CDC indicators shows that the measure may be nonrepresentative of SMM events according to "gold standard" definitions. The developer responded by explaining that the PPV for the numerator of the measure was very high overall and that not all of the individual data elements with lower rates of agreement were used in the final measure specifications. The developer also clarified that blood transfusion is one item that showed differing levels of agreement at different pilot sites and was thus kept as a separate value so that the measure can be stratified by "with or without blood transfusion" to help address these challenges. The developer further elaborated that in an electronic clinical quality measure (eCQM), such as this one, transfusion by units was not found to be a reliable and valid data element that could be pulled.

A few Standing Committee members stressed that validity testing should be compared against a gold standard so that the data truly reflect hospital quality and not just coding variation in order to know whether an SMM event actually occurred. The developer responded by stating that they clinically adjudicated over 200 cases in the numerator that involved SMM using the CDC's definitions. The developer added that secondary testing was conducted where each numerator event was adjudicated using labor and delivery summaries. The developer provided additional clarifications on the ACOG guidelines regarding SMM, stating that while this definition is the gold standard for reviewing cases that are considered SMM, there is no official "gold standard" for describing SMM in the field of maternal healthcare or formal consensus on which conditions define SMM. Another Standing Committee member added that the CDC's definition of SMM was only intended to be a surveillance tool, not to assess quality. The developer explained that the current measure is likely to overestimate SMM so that instances of SMM are not missed. Another Standing Committee member then noted that while overpulling cases is standard for reviewing hospital quality, this is not in line with how the measure will ultimately be used, namely, as a tool to compare hospitals across populations.

Following the meeting, the Standing Committee voted to reopen the measure discussion on validity, and then voted not to pass the measure on validity.

NQF Member and Public Comment

Ms. Funk opened the web meeting to allow for public comment. No public or NQF member comments were provided during this time.