



# Measure Evaluation Criteria “Pulse Check”

Karen Johnson

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# Context

- CSAC oversees NQF's evaluation criteria
- Typically, NQF staff will invite CSAC input and/or approval regarding significant changes to the criteria and guidance
  - *No formal timeline for changes, although typically finalize any changes in the summer*
  - *Criteria evolve in response to the broader performance measurement enterprise (e.g., lessons learned, innovative methods, needs of stakeholders)*
- Today's discussions are meant to be more general
  - *Are we still on track? Are there things we need to consider specifically?*

# Usability and Use Criterion

Extent to which potential audiences (e.g., consumers, purchasers, providers, policymakers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

## Use (4a) **Now must-pass for maintenance measures**

**4a1: Accountability and Transparency:** *Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement.*

**4a2: Feedback by those being measured or others:** *Those being measured have been given results and assistance in interpreting results; those being measured and others have been given opportunity for feedback; the feedback has been considered by developers.*

## Usability (4b)

**4b1: Improvement:** *Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated.*

**4b2: Benefits outweigh the harms:** *The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).*

# Focus on Public Reporting of Measure Results

- **4a1: Accountability and Transparency:** Performance results are used in at least one accountability application within three years after initial endorsement and are **publicly reported within six years after initial endorsement.**
- **Pulse check**
  - *Is public reporting still important enough to include in criteria?*
  - *Is six year timeframe reasonable?*
  - *Will we exclude many measures that are being used in accountability applications?*
    - » **QCDR measures used in MIPS**

# Feasibility

Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement.

***3a: Clinical data generated during care process***

***3b: Electronic sources***

***3c: Data collection strategy can be implemented***

» Fees/licensing issues considered here

## ■ Pulse check

- *Perhaps particularly important for certain types of measures (e.g., eCQMs, instrument-based measures)*
- *BUT typically not a “discriminator” of measures*

# “Off-Label Use” of NQF-Endorsed Measures

- Assumption: The label of “NQF-endorsed” applies only when a measure is used as specified, tested, and endorsed
  - *This may not be stated explicitly in our materials*
  - *Level of analysis is critical*
  - *Care setting perhaps less so??*
  
- **Pulse check**
  - *Rural core set example*
  - *Should there be an NQF response? If so, what?*



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# Inactive Endorsement with Reserve Status

- **Purpose:** To retain endorsement of reliable and valid quality performance measures that have overall high levels of performance with little variability so that performance could be monitored as necessary to ensure that performance does not decline
- Meant to be used infrequently
- Standing Committee will periodically review measures in reserve status
- A maintenance review may occur upon a request from the Standing Committee or measure steward to return the measure to active endorsement



# Inactive Endorsement with Reserve Status

- 25 measures currently “on reserve”
- **Pulse check**
  - *Given strategic direction for fewer endorsed measures, does Reserve Status still make sense?*

# Approval for Trial Use

- Purpose: To support eCQMs that are ready for implementation, but cannot yet be adequately tested to meet NQF endorsement criteria
- Moderate uptake: Since 2015, 11 measures currently have ATU status
- **Pulse check**
  - *Should we consider expansion of ATU beyond eCQMs? If so, what types of measures might benefit (e.g., instrument-based measures)?*