NATIONAL QUALITY FORUM

Memo

March 27, 2018

To: Consensus Standards Approval Committee (CSAC)

From: John Bernot, Vice President, Quality Measurement Initiatives
Elisa Munthali, Senior Vice President Quality Measurement

Re: Measure Prioritization, Feedback, and Burden

NQF will provide an informational update to the CSAC on the Measure Prioritization, Feedback, and Burden initiatives at its March 27, 2018 meeting.

Strategic Initiatives

NQF has engaged in several strategic initiatives with the goal of evaluating redundancy in measurement, unnecessary burden, and measurement that is not adding value. As part of these efforts, NQF has launched initiatives on measure prioritization, measure feedback and is seeking ways to assess the burden of measurement.

Prioritization Initiative

Prioritization of Measures

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 identification and creation of a set of measures that matter and motivate improvement. The following final measure 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 has developed a rubric based on the four prioritization criteria, on which to evaluate measures. NQF has introduced the criteria and rubric to several Committees and is in the process pilot testing and refining the rubric for implementation.

In version 1.0 of the prioritization effort, participating Committees include Palliative and End-of-Life Care, Cancer, Endocrine, Renal, and Neurology. Committees subjectively evaluated approximately 134 measures, of which 11 were eMeasures and 14 were risk-adjusted. Standout findings from the prioritization exercise include:

- No driver measures were identified by Committees
- Measures in the NQF portfolio were relatively evenly classified into Priority, Quality Improvement, and Not Priority, though this varied by Committee.
- Broad endorsement of the approach described by NQF, and strong concurrence that prioritization among the many endorsed performance standards is urgent
- Persistent gaps in measure sets remain, and conceptualizing an ideal set of hierarchical measures is difficult without literature to support those linkages

In early 2018, NQF made significant revisions to the initiative and created a quantifiable measure prioritization rubric in order to reflect feedback received from the aforementioned Standing Committees. These changes include:

- Removing "Actionability" from the Rubric: the concept of "actionability" was difficult to define and derive a sufficiently differential relative ranking scheme for measures.
- Further defining the scoring for the meaningful category to include an observable change in status for the patient, including change in symptoms, change in functional status, change in wait times, and other like components.
- Removing extra credit for targeting an NQF-identified gap: this point disfavors existing NQF measures that are already filling a gap, and the vast majority of submitted new measures are targeting a priority area.

NQF is currently pilot testing version 2.0 of the measure prioritization rubric. To date, the rubric has been tested with the Patient Safety, Behavioral Health, and Cancer Committees. Committees were introduced to a refined rubric, and offered an opportunity to comment and suggest revisions to the rubric on the basis of how the measures were ranked according to their prioritization scores.

Identification and Prioritization of Gaps

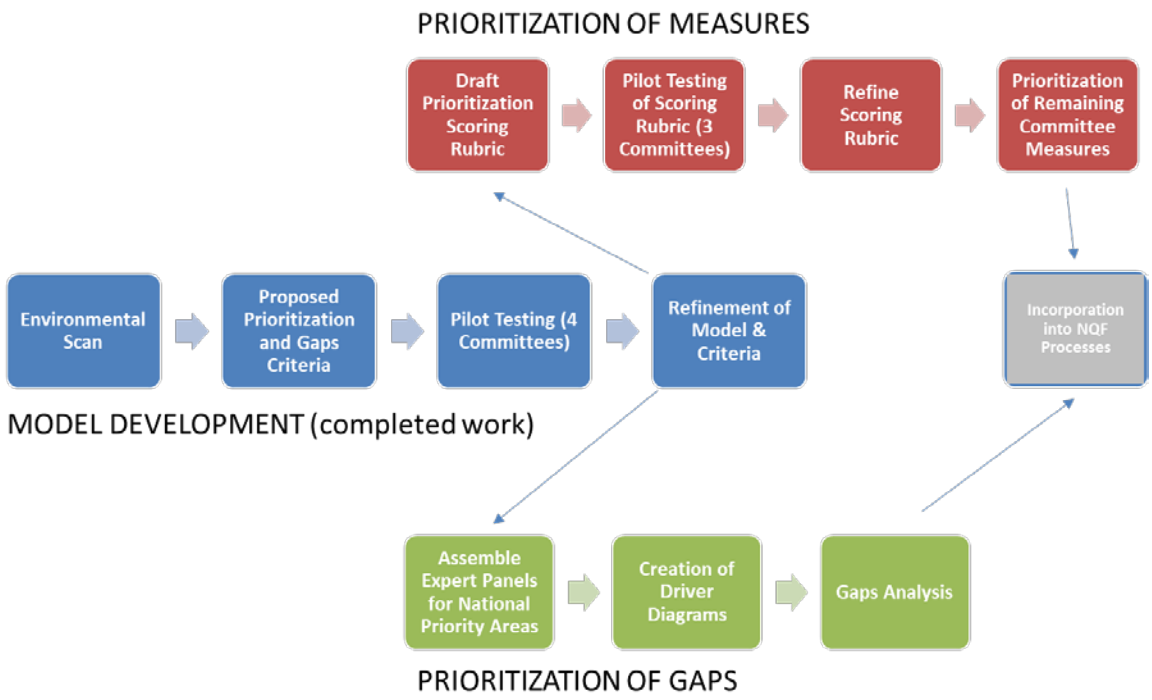
As part of the prioritization initiative, NQF has recognized the need to identify gaps. The identification and prioritization of gaps will help to inform whether high priority areas are being adequately measured. Part of the identification of gaps is establishing a causal link between healthcare performance measures that are capable of driving high-impact national metrics. NQF is in the process of creating 'driver diagrams', which illustrate those links based on a literature review of each of the seven identified national priorities. The development of driver diagrams for each national priority will provide a framework through which to identify and categorize gaps. The national priorities are as follows:

- Health outcomes (including mortality, functional status)
- Patient experience (including care coordination, shared decision making)
- Preventable harm/complications
- Prevention/healthy behaviors
- Total cost/low value care
- Access to needed care

- Equity of care

The driver diagrams will require validation and expert opinion to supplement the literature review. The driver diagrams also are able to show where current NQF-endorsed measures exist, and where there are gaps in performance measurement.

Full Implementation of Prioritization Initiative



Collecting Measure Feedback

NQF has launched a feedback initiative to gather substantive information on the implementation and use of measures. 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. This information is used to identify unintended consequences, potential gaming, and assess measure validity and burden in practice. 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. NQF has also launched the Feedback Tool, permitting the public and NQF members to submit feedback on one or more measures at any time. The Feedback Tool is accessible directly from the QPS

page for any individual measure, or from the NQF homepage. Links pre-populated with measure information can be circulated, facilitating the collection of feedback from large stakeholder groups. Finally, NQF has amended the Guidance on Evaluating Usability and Use in the Measure Evaluation Criteria (beginning with the Fall 2017 measure evaluation cycle) so that Use is now must-pass for maintenance measures. As a result, NQF will systematically collect feedback on the measure by those being measured and other stakeholders as part of the measure endorsement process.

NQF has continued to engage with members of Quality Improvement Organizations (QIOs) to identify viable sources of feedback data. The American Health Quality Association (AHQA) has assembled a task force and is in the process of developing a data collection tool. AHQA has asked for NQF's input on the tool. In mid-March, NQF hosted a conference call to discuss what input was needed and how NQF can best to facilitate AHQA's work. NQF and AHQA will continue to collaborate via monthly conference calls.

Measure Burden

While quality metrics provide meaningful information to patients and clinicians, they also require significant resources to implement. Quality measure implementation faces a number of challenges, including high numbers of mandatory metrics, variation and changes in metrics used, complexity of measures, and significant required time for data entry. NQF currently conducts this work, to the extent possible, through its harmonization and best-in-class evaluations, but recognizes the need to further evaluate the burden of measurement.

CSAC Action Required

NQF is seeking the CSAC's input and developed the following questions for discussion during the CSAC meeting:

- Are there other concepts or considerations that should be incorporated into measure prioritization, feedback, and/or burden??
- Do you have suggestions for the most effective mechanisms for disseminating information on measure prioritization, feedback, and/or burden that were not discussed?
- Are there aspects of this work that should take precedence for implementation?
- For each of the initiatives, are there external partners or other complimentary initiatives that NQF should be engaging with on this work?

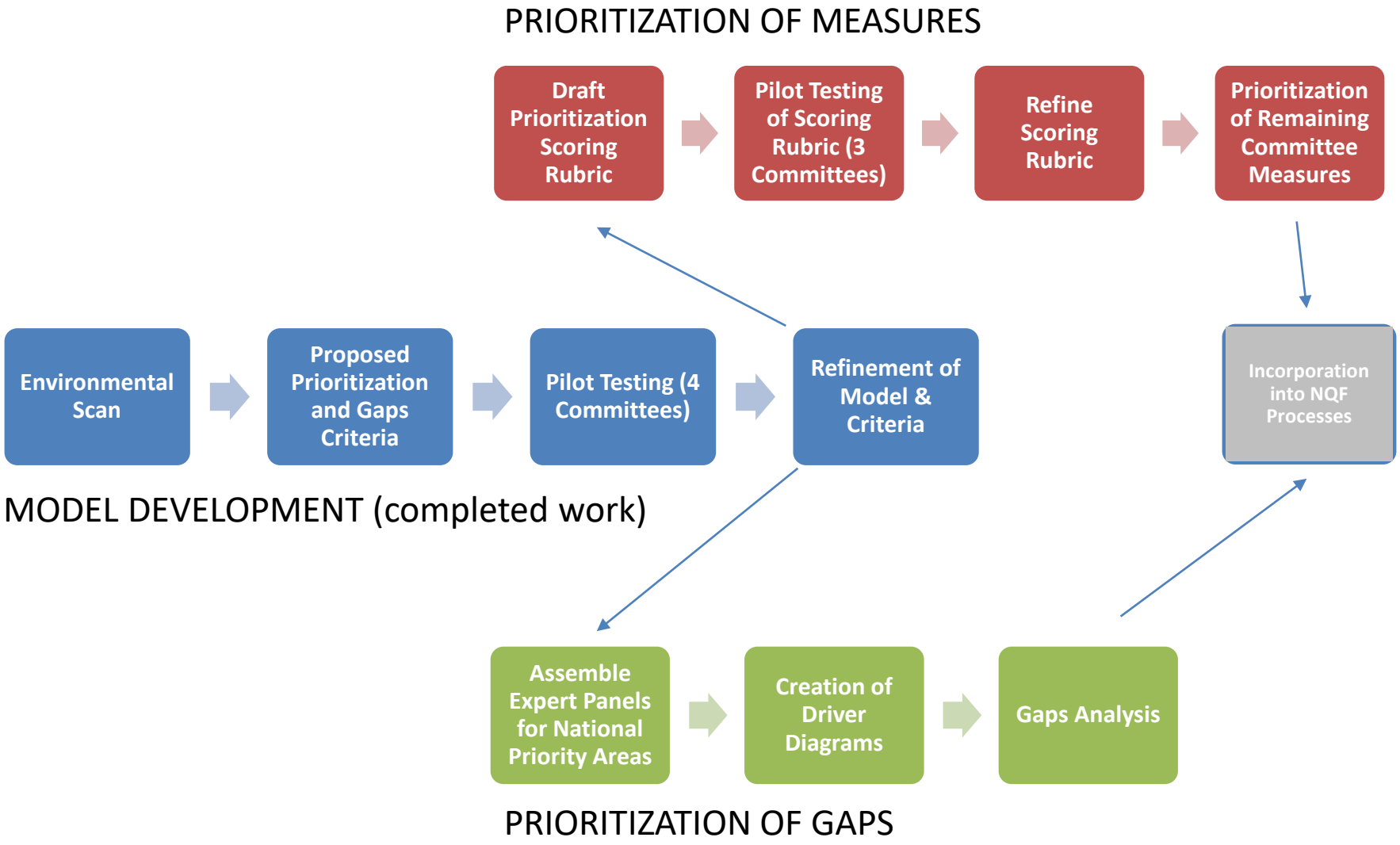
NATIONAL QUALITY FORUM

Strategic Initiatives

March 27, 2018

Prioritization Initiative

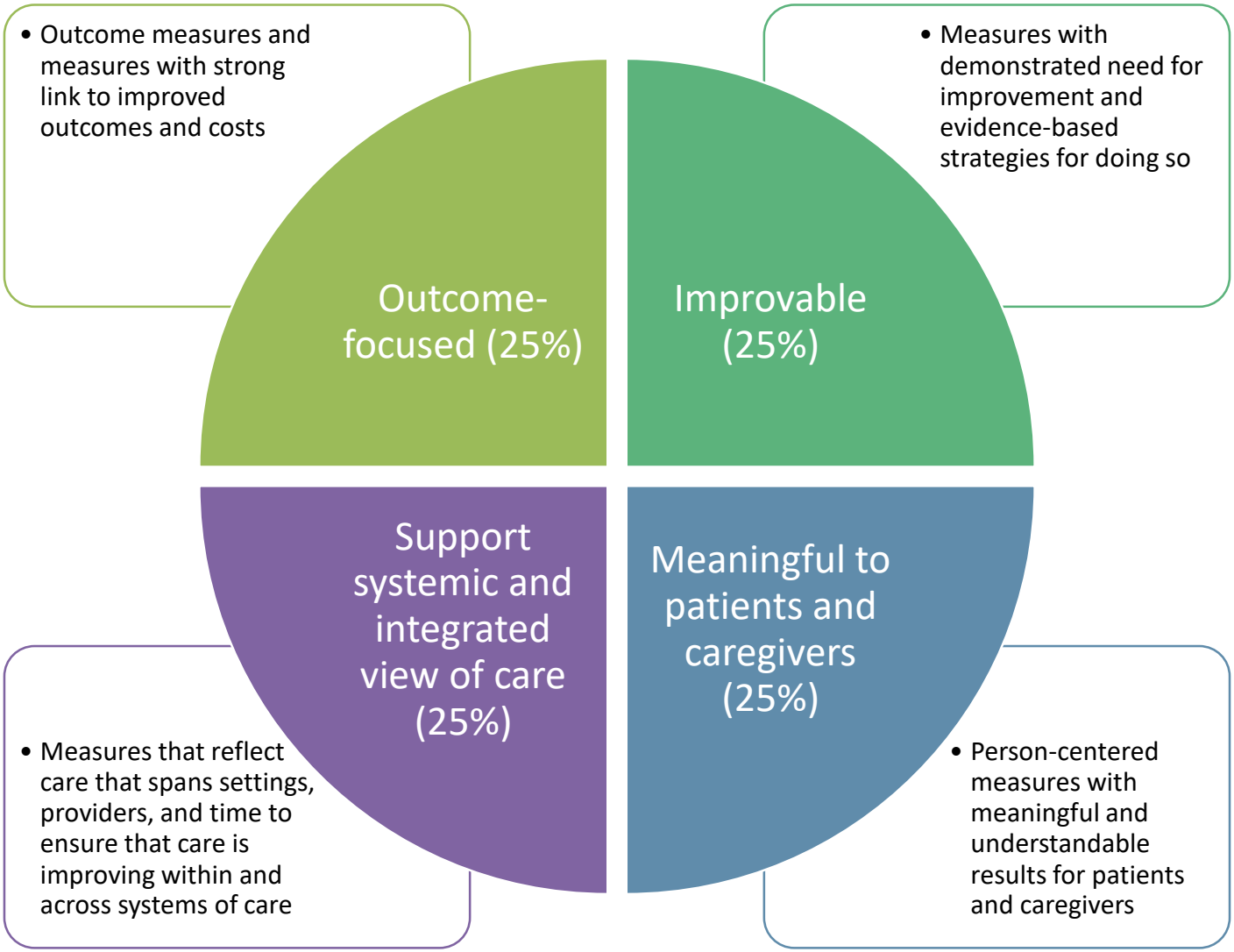
NQF Prioritization Initiative



Measure Prioritization Rubric

- Based on the four prioritization criteria
- Version 2.0 of the rubric is currently being pilot tested with the following Committees:
  - *Patient Safety*
  - *Behavioral Health*
  - *Cancer*

NQF Measure Prioritization Criteria



Measure Prioritization Criteria Rubric

- The rubric is divided into four equally weighted sections. A summary of the measure criteria that is evaluated is listed below:

Outcome-focused	•The rubric differentiates between process, intermediate clinical outcome, outcome and cost and resource use measures, with higher scores going to the later.
Improvable	•The rubric aims to identify measures that can lead to the biggest gains in improvement, Measures that score highest on the NQF criteria of 'gap' are given the most weight in this category.
Meaningful to Patients and Family Caregivers	•The rubric gives weight to Patient-Reported Outcome measures and measures that address change experienced by the patient—including but not limited to: change in symptoms, change in functional status, change in activities, and wait times.
Support Systemic/integrated view of care	•The rubric identifies measures that identify quality care across providers and care settings. Measures that are composites, agnostic to setting/applicable to multiple settings, agnostic to condition and/or readmissions or other system outcomes are given more weight.

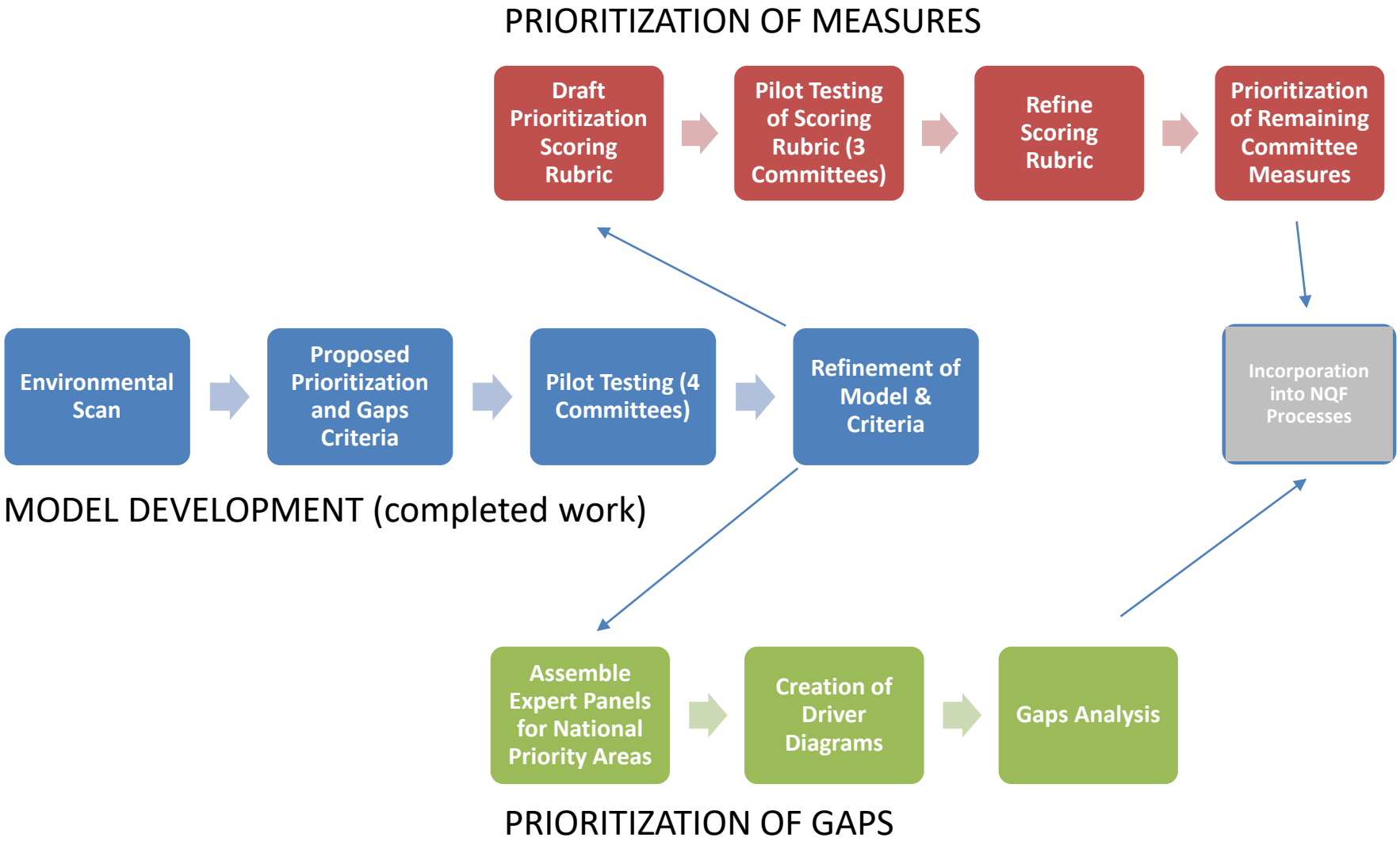
Example of Prioritization Scoring: *Patient Safety*

Number	Title	Score	Prioritization Rating
141	Patient Fall Rate	3.75	
202	Falls with Injury	3.75	
138	Urinary Catheter-Associated Urinary Tract Infection for Intensive Care Unit (ICU) Patients	3.75	
139	Central Line Catheter-Associated Blood Stream Infection Rate for ICU and High-Risk Nursery (HRN) Patients	3.75	
674	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	3.44	
679	Percent of High Risk Residents with Pressure Ulcers (Long Stay)	3.44	
450	Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate (PSI 12)	3.13	
2909	Perioperative Hemorrhage or Hematoma Rate	3.13	
531	Patient Safety for Selected Indicators	3.13	
2723	Wrong-Patient Retract-and-Reorder (WP-RAR) Measure	3.13	
3000	PACE-Acquired Pressure Ulcer-Injury Prevalence Rate	2.81	
2940	Use of Opioids at high Dosage in Persons without Cancer	2.81	
2950	Use of Opioids from Multiple Providers in Persons without Cancer	2.81	
2951	Use of Opioids from Multiple Providers and at High Dosage in Persons without Cancer	2.81	
2993	Potentially Harmful Drug-Disease Interactions in the Elderly	2.81	
3001	PACE Participant Fall Rate	2.81	
3003	PACE- Participants Falls with Injury	2.81	
347	Death Rate in Low-Mortality Diagnosis Related Groups (PSI 2)	2.81	
352	Failure to Rescue In-Hospital Mortality (risk adjusted)	2.81	
353	Failure to Rescue 30-Day Mortality (risk adjusted)	2.81	
689	Percent of Residents Who Lose Too Much Weight (Long-Stay)	2.81	
684	Percent of Residents with a Urinary Tract Infection (Long-Stay)	2.81	
3025	Ambulatory Breast Procedure Surgical Site Infection (SSI) Outcome Measure	2.50	
556	INR for Beneficiaries Taking Warfarin and Interacting Anti-Infective Medications	2.19	
101	Falls: Screening for Future Fall Risk	1.88	

Next Steps

- Continue to refine Version 2.0 of the prioritization rubric
- Solicit feedback from NQF staff and evaluate remaining Committee's measure portfolios

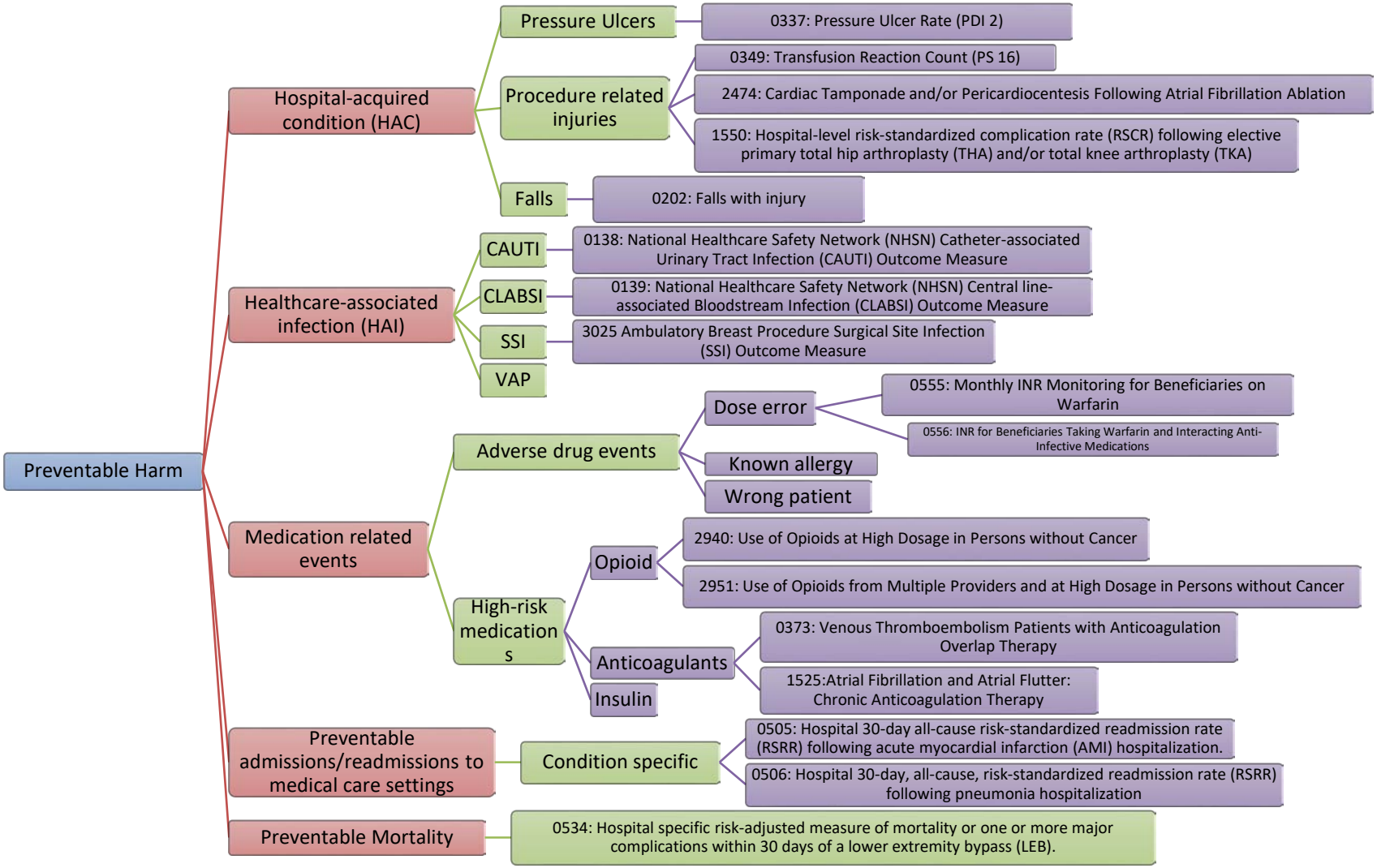
NQF Prioritization Initiative



Categorization of Gaps by National Priority Area

National Priorities	Translation into Patient Voice
Health outcomes (including mortality, functional status)	Are you getting better?
Patient experience (including care coordination, shared decision making)	How was your care?
Preventable harm/complications	Did you suffer any adverse effects from your care?
Prevention/healthy behaviors	Do you need more help staying healthy?
Total cost/low value care	Did you receive the care you needed and no more?
Access to needed care	Can you get the care you need when and where you need it?
Equity of care	Are you getting high quality care regardless of who you are or where you live?

DRAFT - Driver Diagram for National Priority Area: Preventable harm/complications



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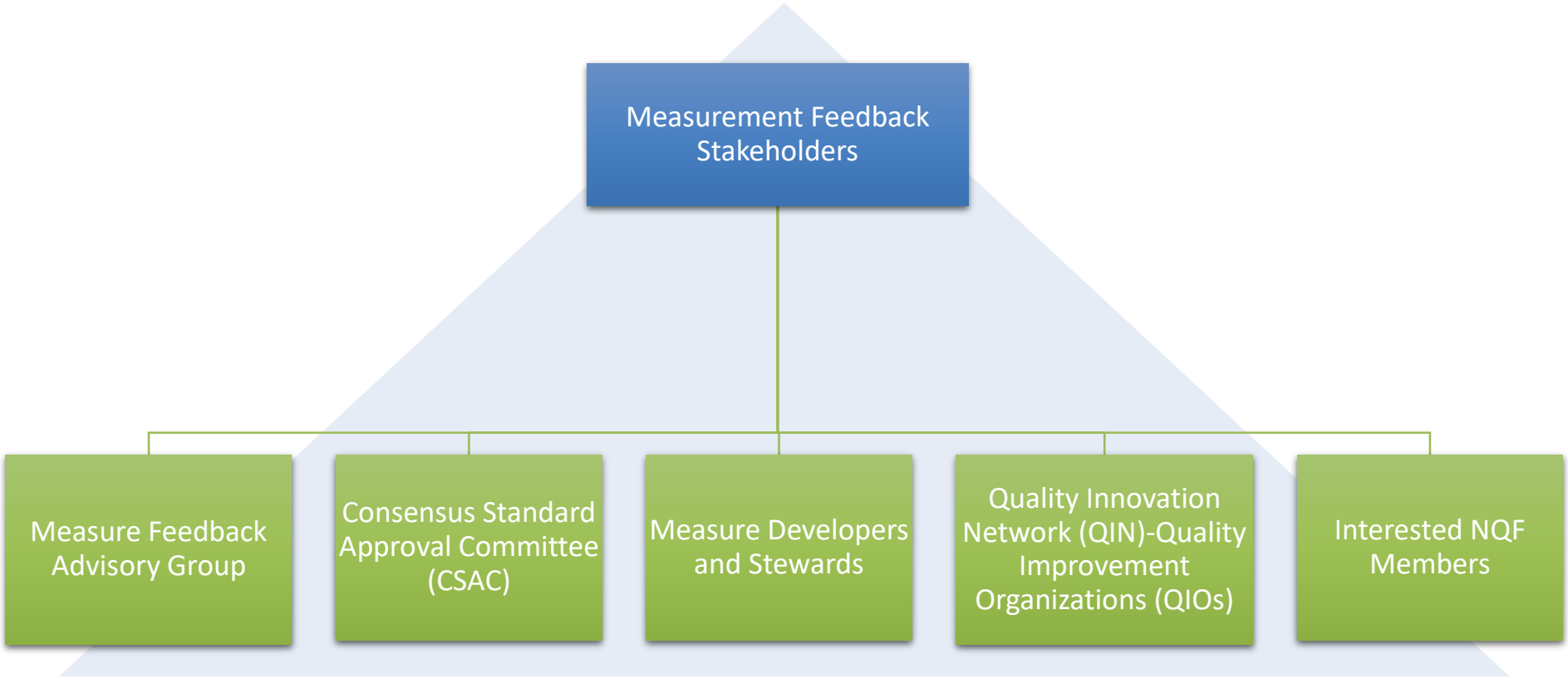
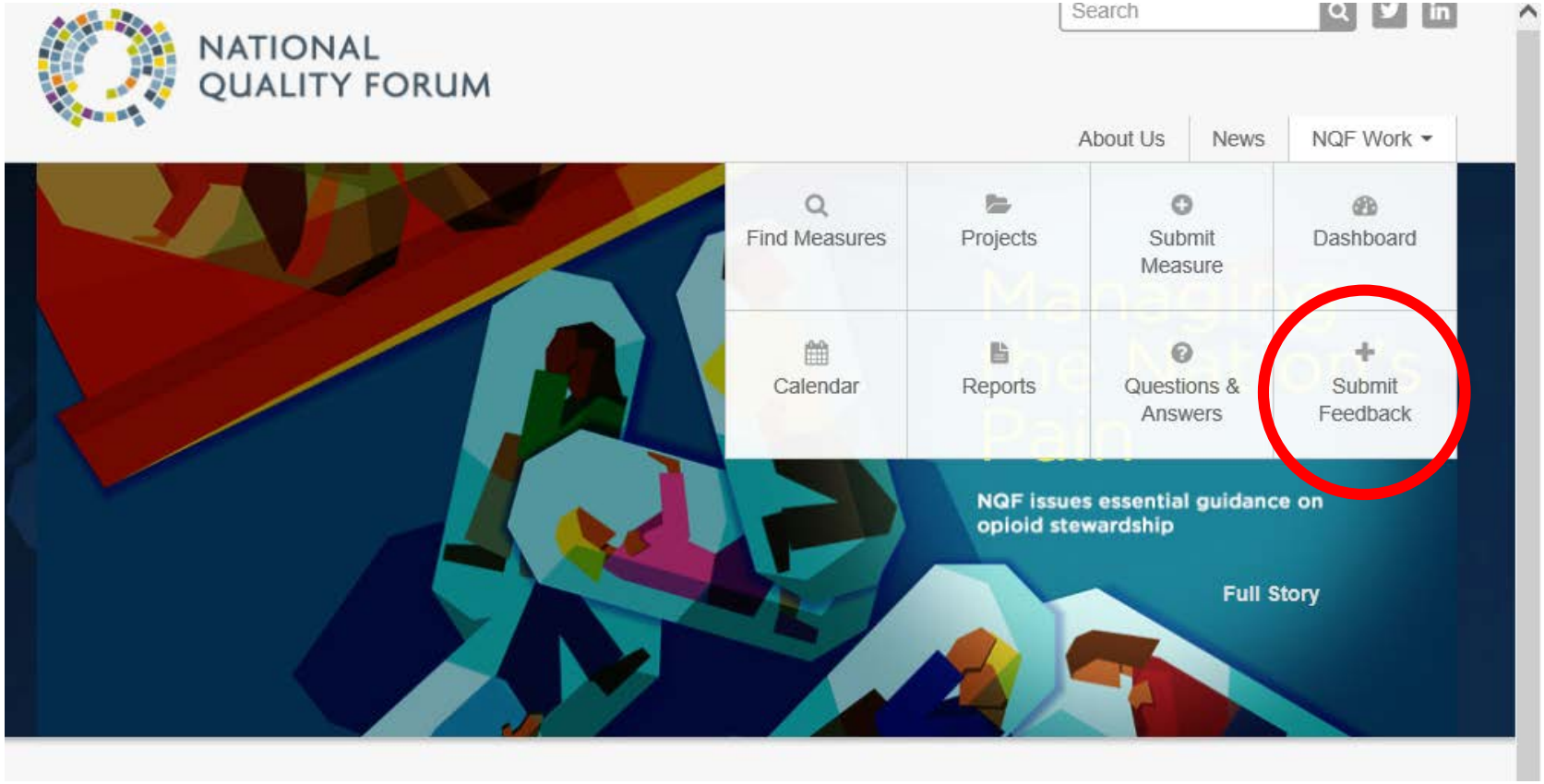
Measure Feedback

Identifying Stakeholder Priorities

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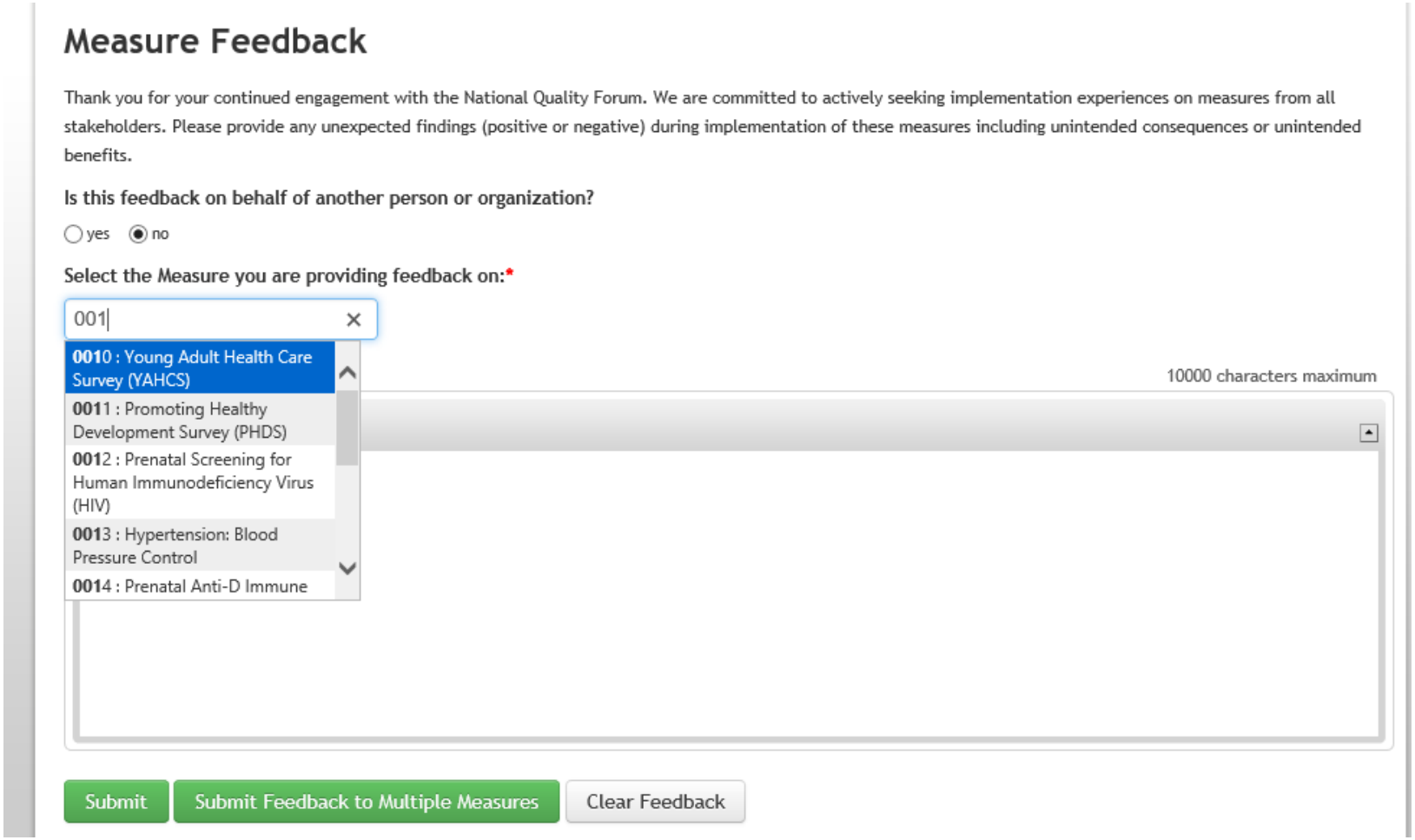
Measure Feedback
Thank you for your continued engagement with the National Quality Forum. We are committed to actively seeking implementation experiences on measures from all stakeholders. Please provide any unexpected findings (positive or negative) during implementation of these measures including unintended consequences or unintended benefits.
Is this feedback on behalf of another person or organization?
yes
no
Select the Measure you are providing feedback on:*
001
0010 : Young Adult Health Care Survey (YAHCS)
0011 : Promoting Healthy Development Survey (PHDS)
0012 : Prenatal Screening for Human Immunodeficiency Virus (HIV)
0013 : Hypertension: Blood Pressure Control
0014 : Prenatal Anti-D Immune
10000 characters maximum
Submit
Submit Feedback to Multiple Measures
Clear Feedback

Measure Feedback

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- NQF is continuing to focus on burden reduction through measure harmonization to the extent possible and our best-in-class assessments, but recognizes the need to do more in this space. NQF acknowledges the need to evaluate the burden of measurement in a formal, systematic method and welcomes the input of CSAC.

CSAC Discussion

CSAC Discussion

- Are there other concepts or considerations that should be incorporated into measure prioritization, feedback, and/or burden?
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