



NATIONAL
QUALITY FORUM

NQF Strategic Initiatives Update

October 23, 2018



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NQF Prioritization Initiative

Project Team

- John Bernot, MD, Vice President, Quality Measurement Initiatives
- Kate McQueston, MPH, Senior Project Manager
- Jean-Luc Tilly, Senior Manager, Data Analytics
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Why?

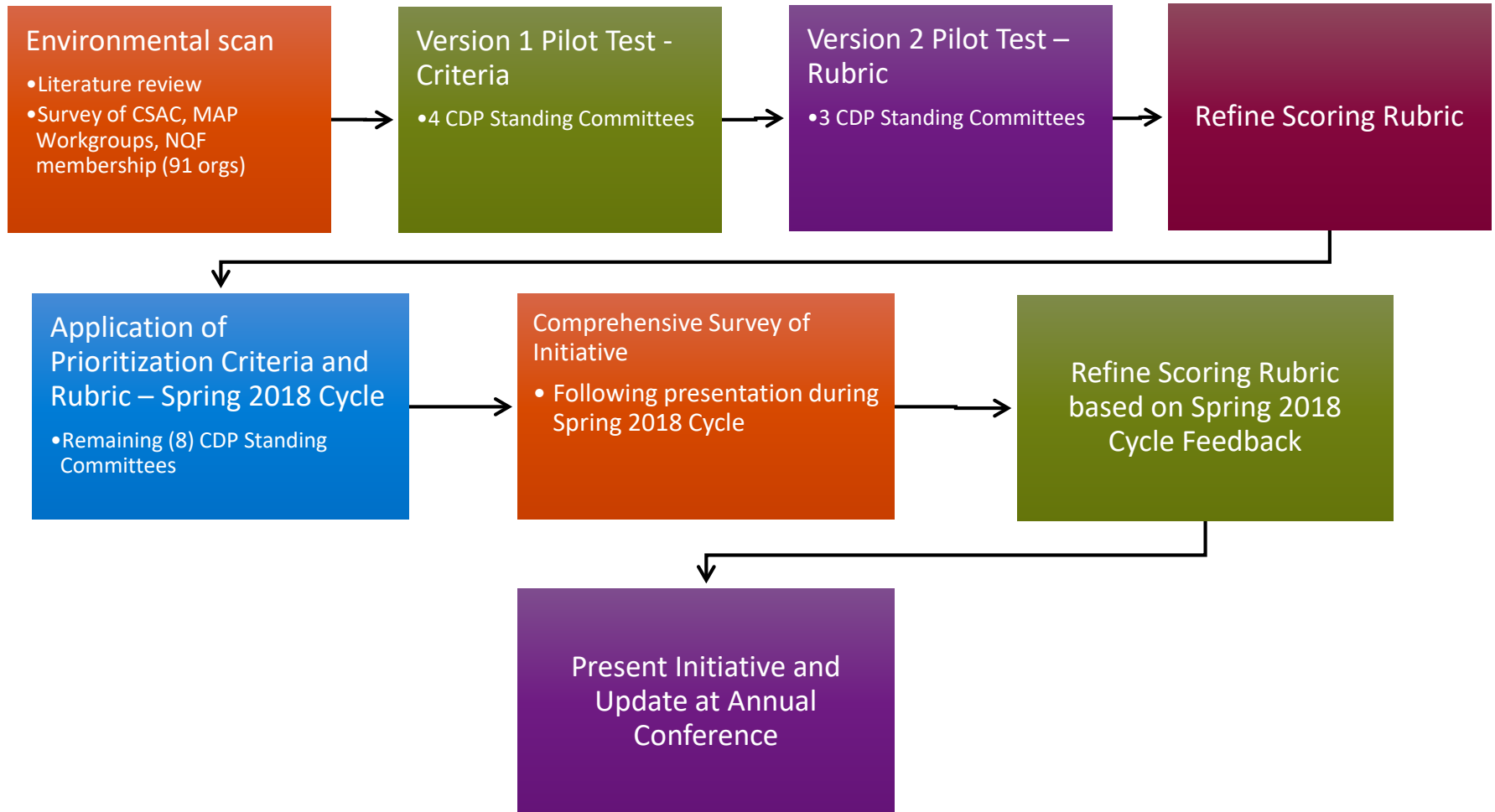
What is the goal of prioritization?

1. Identify prioritized sub-lists, sortable and filterable, by disease topics and for different stakeholder groups.
2. Identify a list of the highest scoring priority measures.
3. Reduce the number of measures in use and encourage measure harmonization across the healthcare field by sharing prioritization scores with appropriate measure stakeholders.

What is the goal of prioritization?

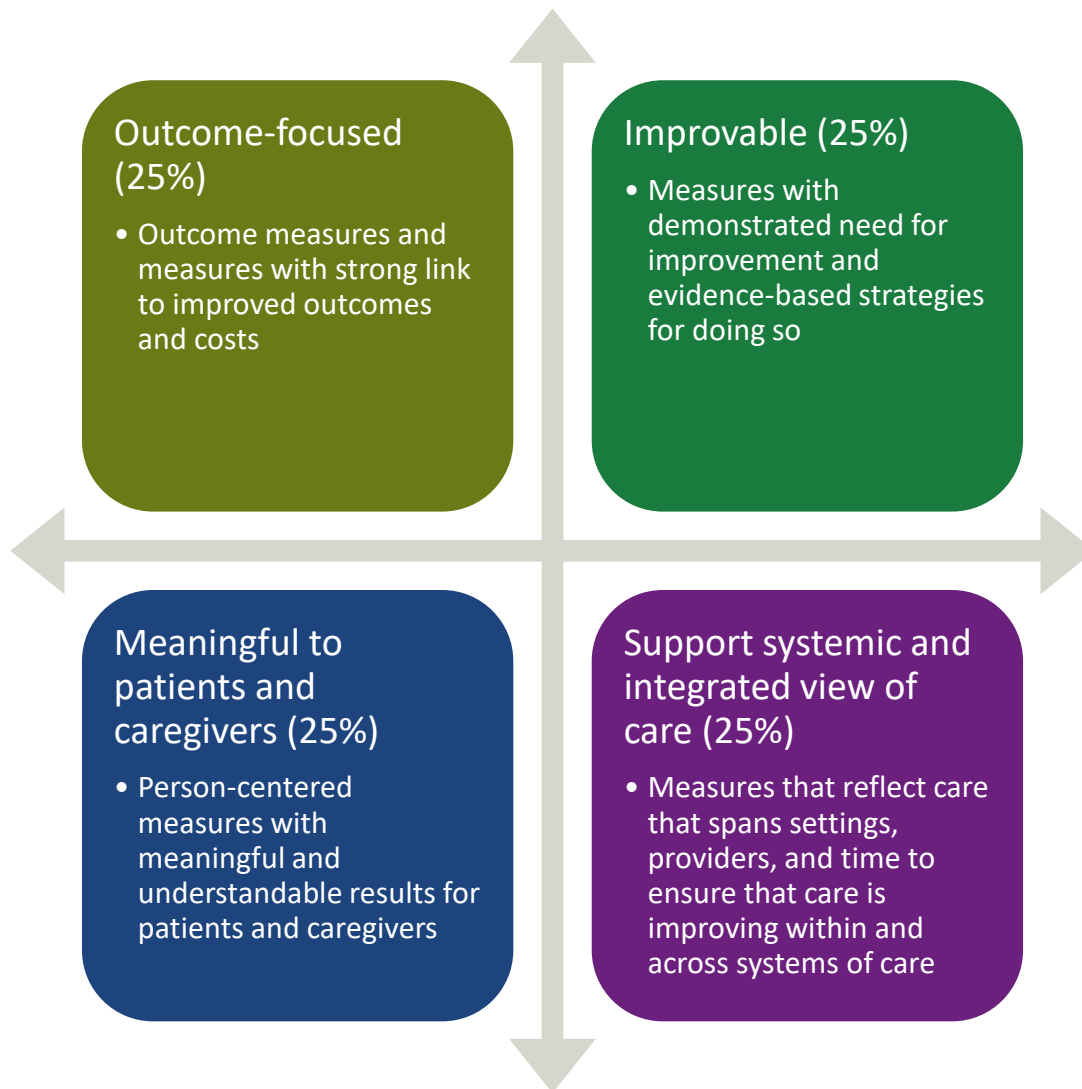
What it is	What it isn't
A new (and overdue!) initiative	Set in stone, it is an iterative process
A tool: A mechanism to help harmonize measure use and better track improvement at the national level.	It doesn't define most important measures for all circumstances or for all providers at every level. A lower score does not mean that a measure is a "bad" measure, as it may be extremely useful in QI projects or in specific uses.
Part of a landscape: Prioritization is intended to be used as a supplement to other important components of the endorsement process including the evidence review, scientific acceptability, etc.	Prioritization does not stand alone, but should be thought of in the context of other available information.
Multi-stakeholder: The prioritization has been informed by engaging stakeholders in all aspects of development and will continue to seek additional feedback going forward	Prioritization is not an initiative using only input internal to NQF.

NQF Prioritization Initiative



NQF Measure Prioritization Criteria

Prioritization Phase 1



Prioritization Phase 2

Equity Focused

- Measures that are disparities sensitive

Breakdown of the Criteria

Outcome-focused

- Measures are scored based on measure type: Process/Structural, Intermediate clinical outcome or process tightly linked to outcome, Outcome/CRU

Improvable

- Measures are scored based the percentage of committee members votes on the “Gap” Criteria during measure evaluation and maintenance review for “High,” “Moderate,” or “Low.”

Meaningful to patients and caregivers

- Measures are scored based on if they are (1) a PRO and (2) if they are tagged as meaningful to patients.
- A meaningful change or health maintenance to the patients and caregivers encompasses measures that address the following areas: Symptoms, Functional status, Health related quality of life or well-being. Patient and caregiver experience of care (Including Financial Stress, Satisfaction, Care coordination/continuity of care Wait times, Patient and caregiver autonomy/empowerment) and Harm to the patient, patient safety, or avoidance of an adverse event

Support systemic and integrated view of care

- Measures are scored based on if (1) if they are a composite measure, (2) if they are applicable to multiple settings, (3) if they are condition agnostic, and (4) if they reflect a system outcome.
- A system outcome is defined as a measure that: Addresses issues of Readmission, Addresses issues of Care-coordination, Results from the care of multiple providers, or Addresses aspects to enhance healthcare value (including a cost or efficiency component)

Results from Prioritization Scoring

- Screen share excel

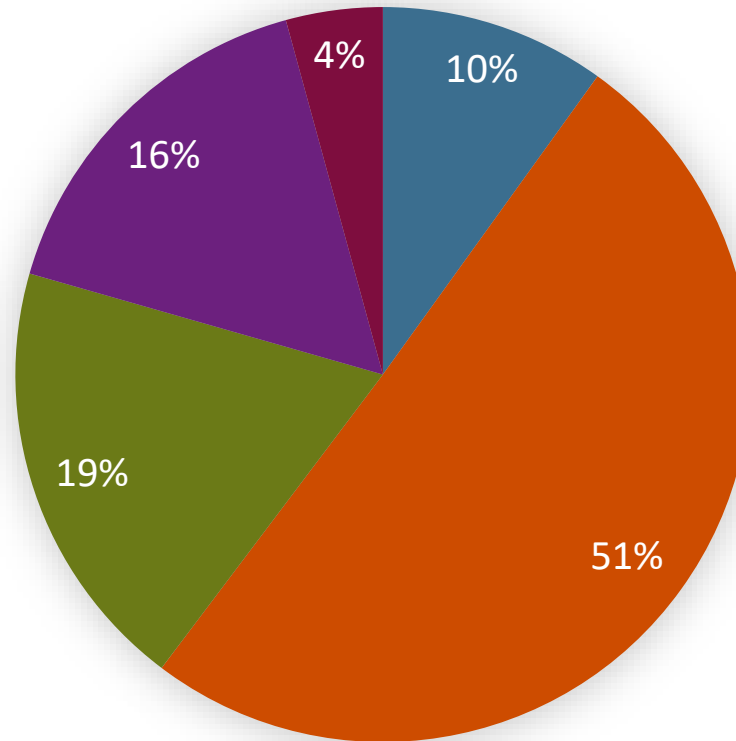


NQF Prioritization Initiative: Follow up Survey

Total Responses	142
Survey Open	30-Apr-18
Survey Closed	8-Aug-18

August 15, 2018

Q2: Impression of Ranking/Scoring Results Generated by the NQF Prioritization Rubric



■ Strongly Agree with Results ■ Agree ■ Neutral ■ Disagree ■ Strongly Disagree with Results

Q4: Subtheme—Concern with specific measure/measure topic rated too high

- Patient Falls
- Infection rate measures for newborns
- Pediatric all cause readmission



Noted as too high by multiple survey participants

- ED Throughput Measures
- Complications and Readmissions following THA and TKA
- Admissions for gastroenteritis
- Readmission for EDAC
- Emergency Department Visits for Children with Dental Caries
- Perforated Appendix Admission Rate
- Defect free care for AMI
- Standardized Mortality Ratio for Dialysis Facilities
- Health Care-Associated Bloodstream Infections in Newborns
- Cesarean delivery
- Retained Surgical Item or Unretrieved Device Fragment Count
- Vascular Access—Functional Arteriovenous Fistula (AVF) or AV Graft or Evaluation for Placement
- Bilateral Cardiac Catheterization

Q4: Subtheme—Concern with measure type rated too high

Outcome measures

- *“Process and structural measures fell to the bottom of the list because primary screening criteria weighed outcomes measures more highly. I understand the emphasis on outcomes measures, but there are no criteria to examine the LINKS between process measures, structural measures and outcomes.”*
- *“Intermediate outcomes were missed”*

Patient Reported Outcome Measures

- *“Overall, I think that PRO-based measures are being scored too highly...just because patients/caregivers are able to report on something, doesn't mean it's on what they matter.”*
- *“I am thinking that PRO's automatically receiving an additional point under "importance to patients" may want to be revised. There are plenty of areas of healthcare that are important for me as a patient to be measured, that I do not necessarily need to report on”*

Q4:Subtheme—Additional Feedback

- Concerns/Suggestions for prioritization methodology
 - ▣ *Group measures in order to prioritize them.*
 - ▣ *Scores highlight need for harmonization (Patient Falls example).*
 - ▣ *Inconsistency in scores for measures on the same topic.*
- Suggestions for new criteria
 - ▣ *Suggestion that evidence base and feasibility should be included.*
 - ▣ *Suggestion to add population impacted by the condition.*
- Other issues
 - ▣ *Balancing public health issues and specific accountability measures.*
 - ▣ *Are different processes needed for ranking qualitative measures?*
 - ▣ *Many closely related scores require more granularity in the rubric.*

Q6: Subtheme—Concern with specific measure/measure topic rated too low

- Exclusive Breast Milk Feeding
- Episiotomy
- Unexpected complication in term newborn
- Medication reconciliation
- Childhood Immunization Status
- Elective delivery
- Nursing skill mix and Nursing Hours per Patient Day

- Health literacy, communication, and quality of life
- 3-Item Care Transition Measure (CTM-3)
- Bloodstream infection rates
- CABG readmissions and EDACs for CHP
- Uncontrolled Diabetes Admission Rate
- Controlling High Blood Pressure
- Pediatric dialysis measures

Noted as too low by multiple survey participants

- Hospitalizations per 1000
- Antenatal Steroids
- Unplanned cancer readmissions
- Cataract Measures
- Dementia- Cognitive Assessment
- National Institutes of Health Stroke Scale (NIHSS) Score Performed for Ischemic Stroke Patients
- Dyspnea Measures
- Musculoskeletal disorder Measures
- Advance care planning measures
- Functional Status measures
- Multifactorial fall risk assessment

Q6: Subtheme—Concern with measure type rated too low

Outcome measures

- *"I think outcome-focused measure should be scored higher... because good and patient-centered outcome is the ultimate goal of delivering care and is the most direct measure for quality and safety"*
- *"Process measures should be lower as in the rubric"*

Meaningfulness to patients and caregivers

- *"I keep hearing from patients and advocates I work with that care coordination is critically important, yet many measures of care coordination are process measures, so they would score low, particularly if not patient-reported."*
- *"Patient priority seems to be under represented according to various committee members"*
- *"Meaningful to patients" is really hard to quantify. Not dying is likely pretty meaningful, but how do you put it on a scale with other outcomes?"*

Q7: Subtheme— Suggestions for Existing Criteria

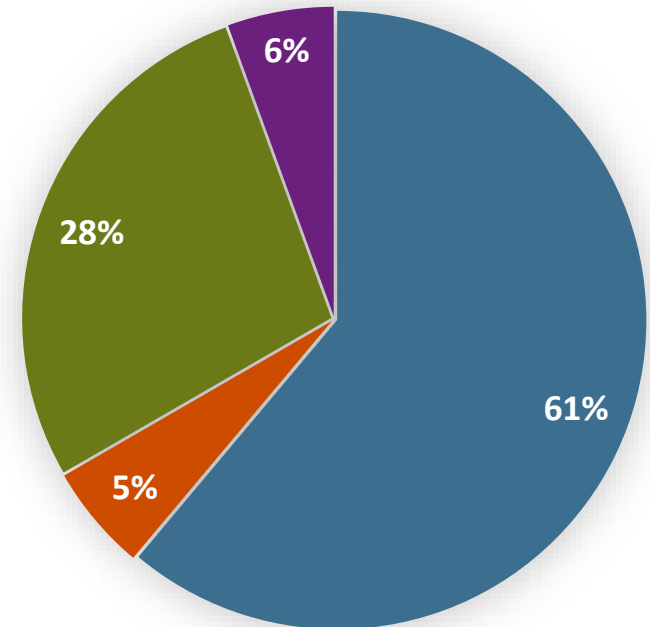
- Most comments on the existing criteria related to the themes of outcome-focused and patient and caregiver focused.

- ▣ *Outcome-Focus*

- » Several survey participants advocated for more focus on process measures that influence outcome measures.
- » Other survey participants note importance of ensuring the prominence of outcome measures
- » Participants suggested separate evaluation and scoring for different measure types (i.e. outcomes, process, structural measures).

- ▣ *Comments on Meaningfulness to Patients*

- » Patient priorities and patient safety need more emphasis in the criteria.
- » PRO's may not be a fair proxy for “meaningfulness”



- Outcome-Focused
- Improvability
- Meaningfulness to Patients
- Systemic view of care

Q7: Subtheme— Suggestions to change approach

- Improving qualitative methods for developing the criteria:
 - ▣ *“We need a psychometrician to validate the rubric. Based on the first pass, the current rubric did not do an informative job distinguishing the priorities.”*
 - ▣ *“Consider using Delphi methods.”*
- Adding more committee involvement:
 - ▣ *“I think there could be more of a role for committees in reviewing these rankings more in-depth, such as during a measure's review cycle, when we are immersed in details of the measure anyway.”*
 - ▣ *“Not clear why this didn't go through committee process to assign values.”*
 - ▣ *“I believe the standing committee should have been involved in the process earlier.”*
- Assessing population health/causal models for health care:
 - ▣ *“The criteria are singularly unhelpful and clinically parochial if the goal is to improve the health of the population.”*
 - ▣ *“I would strongly suggest we develop an overarching causal model or pathway, develop measurement families, and come to some decisions about disease specific versus conceptually broad measures (e.g., screening for lipids when indicated versus screening in heart disease, diabetes, patients on antipsychotics, etc.). Overall, I am disappointed in the prioritization results and trust NQF will carefully consider the preliminary feedback we have provided. ”*

Q7: Subtheme— Suggestions to change approach

- Establishing what it means to be a priority:
 - ▣ *“It would be helpful if there were a national priority list that we could compare against to help set priorities and ensure we have measures for the highest priority items. Also think we should give some higher consideration to electronic measures as in the future the ideal is electronic quality measures.”*
 - ▣ *“I think the concept of priority also depends on whose point of view we are taking - for example, gastroenteritis admissions may be high priority for NQF because that's an area where there aren't many quality measures, but may be low priority to the public or payers because it's relatively low-prevalence/low-severity and not obviously preventable through disease management or other outpatient strategies.”*
 - ▣ *“High impact population health issues with significant ability to improve should be of the highest priority.”*
- Assessing different types of measures differently:
 - ▣ *“Ranking for outcome, process and structure measures should be completed separately and with weighted components.”*
 - ▣ *“I have no objections to separating the outcome from the process measures for evaluating priorities, as long as outcome measures continue to be the priority. In measuring quality and safety, outcome measures should be more prominent as they directly reflect what happens to patients; process measures may not be directly connected to outcomes but are connected to better practices that could lead to higher quality or safety. “*

Q7: Subtheme— Suggestions to add/change criteria

Disparities

Rates of
occurrence of
adverse events

Prevalence

Burden of
illness

Mortality rates

Q7: Subtheme— Recommendations to provide more information on approach and process

- Lack of clarity on how the scores will be used
 - ▣ *“Does a lower score put a measure “at risk” for going away?”*
- Questions on how often the results will be updated
- Difficultly understanding the approach
 - ▣ *“I would want more information for all of the rankings. The approach is great but the process that is used to make the rankings does not have great face validity. I would like to see more of the evidence/scoring used to create the rankings”*
- Concerns that the process is too slow

Support for NQF prioritization effort

"Overall this is a great effort. I believe it is doing what it seems intended to do which is give a framework for evaluating the value of each measure using a standard set of criteria. "

"I think this is a great idea and badly needed. I would encourage you tap some outside resources."

"Agree with prioritization"

"Prioritization scorings seems appropriate"

"I think it was a fair process"

"The prioritization project is a work in progress I am interested in the second phase of the project pertaining to disparities."

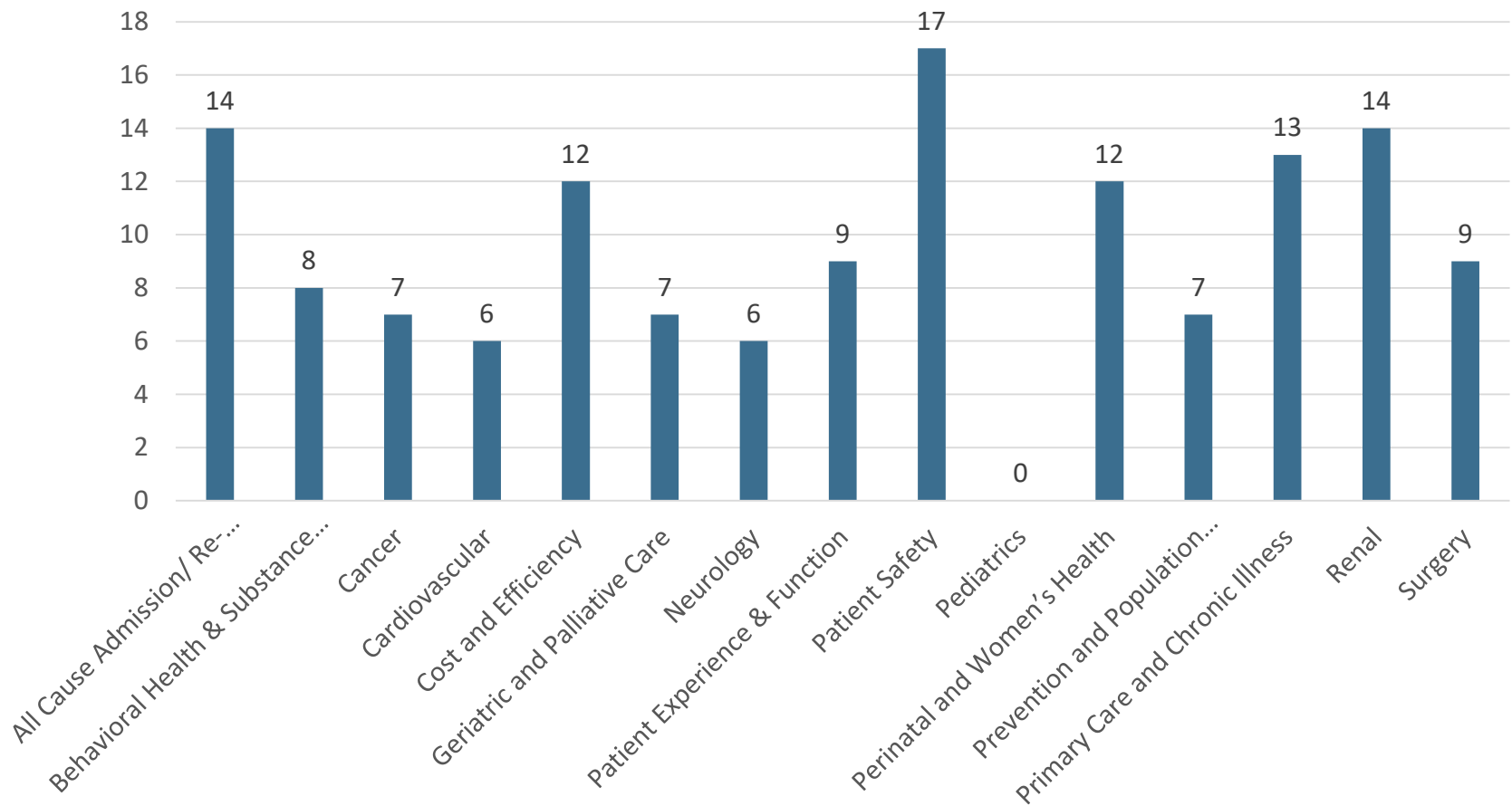
"I appreciate and support this process of identifying priority measures. I look forward to helping to fine tune them."

"I think the NQF prioritization initiative was well thought out and executed. "

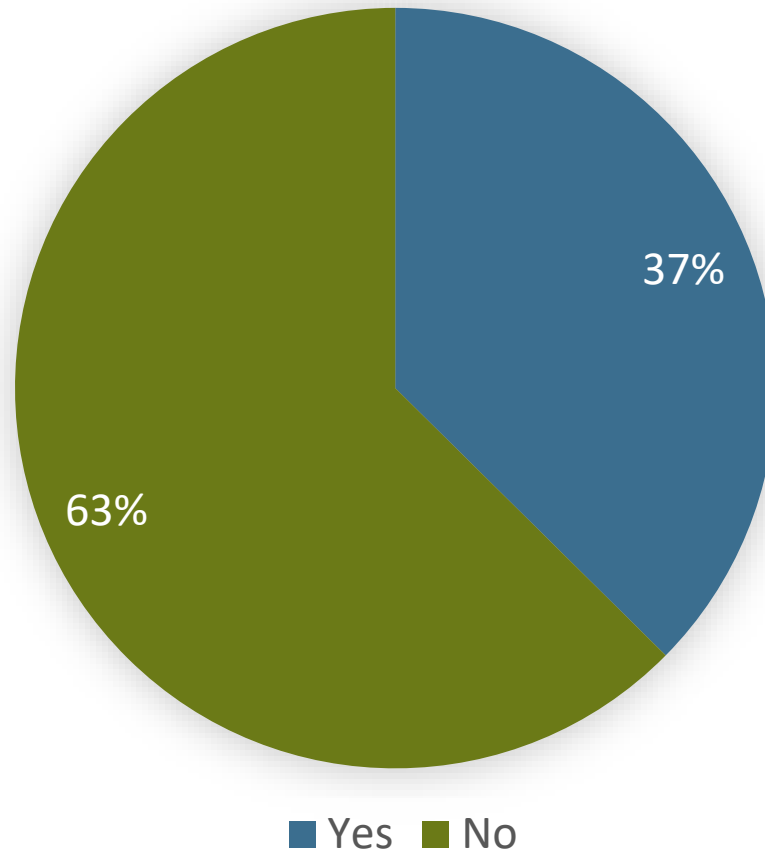
Next Steps?

- Hold an internal or external workshop(s) to discuss how the NQF prioritization criteria can better evaluate the following criteria:
 - ▣ *Outcome-focused*
 - » Potentially revise description and scoring of processes closely linked to outcomes and intermediate clinical outcomes. Should scores include severity of outcomes (mortality, burden of illness, etc.)
 - ▣ *Patient and Caregiver focused*
 - » Potentially revise scoring, particularly around PROs (improve discernment between PRO and patient experience measures) and revise definition of meaningfulness to patients and caregivers.
 - ▣ *Equity focused*
 - » Examine, if and how, measures assessing disparities should be included in the
- Begin work assessing measure groups/use cases:
 - ▣ *Begin grouping like measures and measures addressing the same topic, setting, construct, or care pathway.*

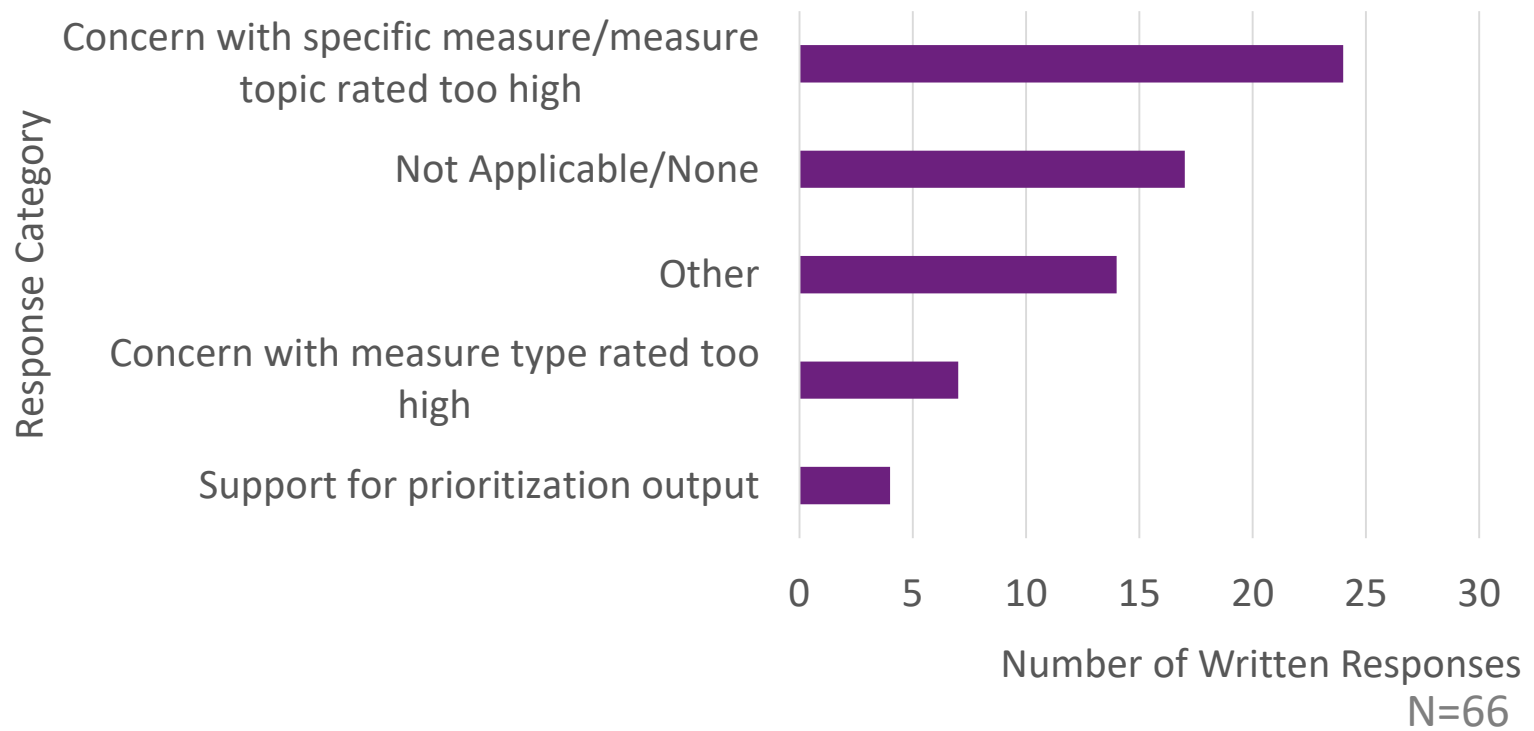
Q1: Survey Participants by NQF Standing Committee



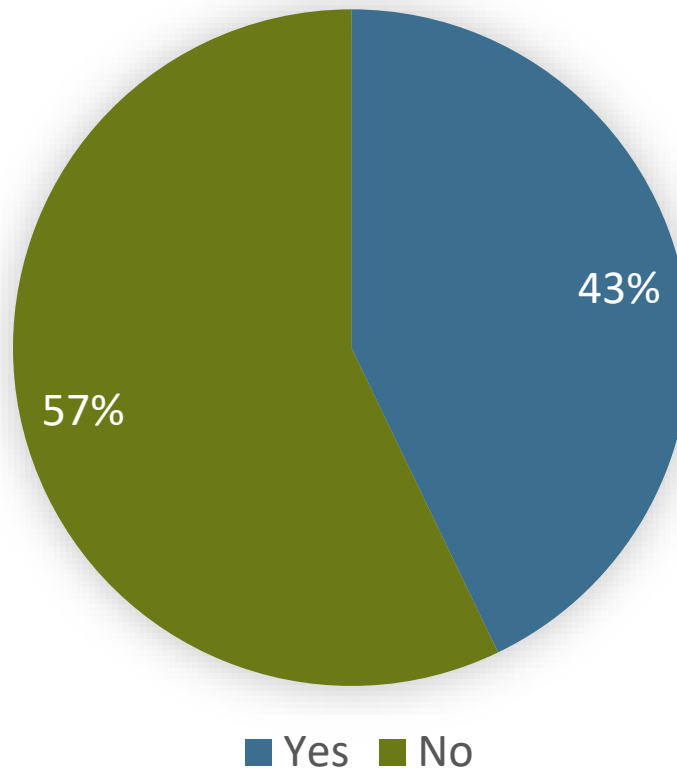
Q3: Are there any measures that you believe have been assigned too high of a score and, in your opinion, should be lower?



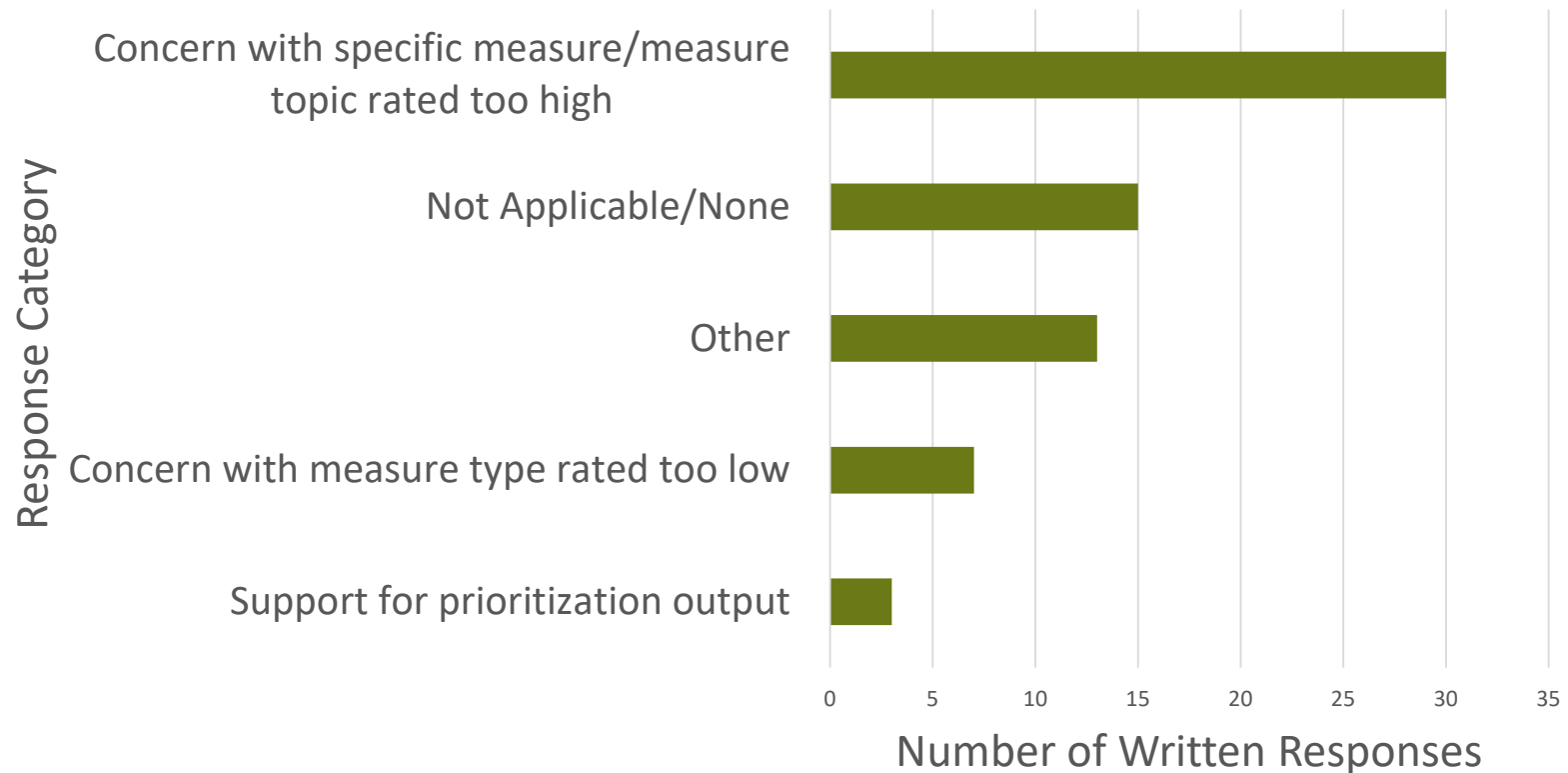
Q4: Regarding the measure(s) that you felt are too highly scored, please list the measure(s) and a rationale for why you think the measure was too high in this list. (For example, "I do not believe that Measure X is a priority measure in the field of patient safety as there is no best practice to improve this measure and better measures, such as Measure X exist to address this issue."



Q5: Are there any measures that you believe have been assigned too low of a score and, in your opinion, should be higher?

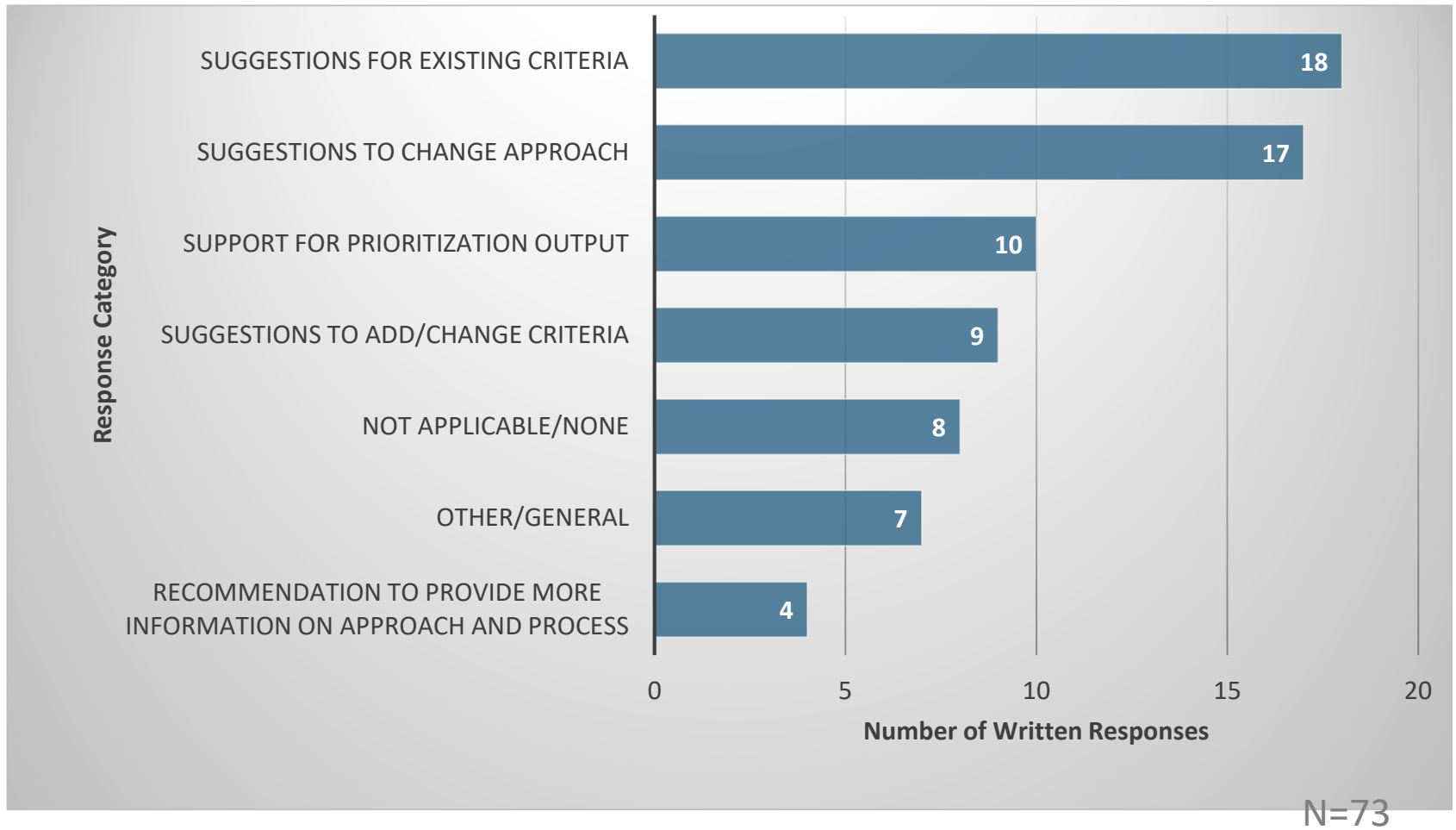


Q6: Regarding the measure(s) that you felt are scored too low, please list the measure(s) and a rationale for why you think the measure was too low in this list.



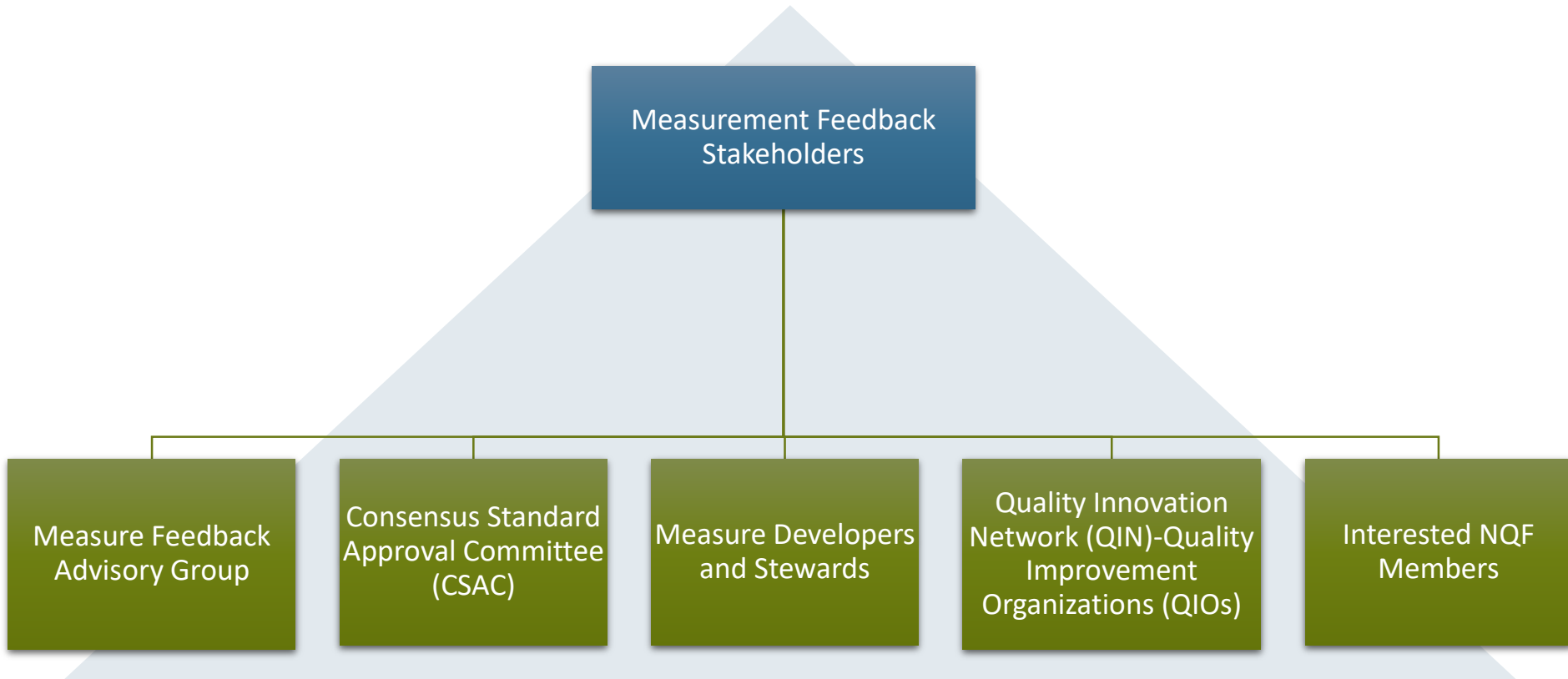
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Q7: Please provide any additional thoughts or comments regarding the prioritization criteria, measure rankings, or the scoring of particular measures.



Feedback Initiative

Identifying Stakeholder Priorities



Collaboration with AHQA

- AHQA is in the final stages of testing their feedback collection tool
 - ▣ *NQF will receive update at the end of October 2018*
 - ▣ *Web form on AHQA's website*
 - ▣ *Asks for feedback on NQF measures, such as:*
 - » Have you experienced challenges with implementation on this measure?
 - » How often do you use this measure?
 - » Have you identified any unexpected findings or potential harm with this measure?
- NQF and AHQA continue to collaborate via monthly conference calls



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Task Order 75CFMC18F0007: Measure Feedback Loop

October 23, 2018

Project Team

- John Bernot, MD, Vice President, Quality Measurement Initiatives
- Kate McQueston, MPH, Senior Project Manager
- Jean-Luc Tilly, Senior Manager, Data Analytics
- Madison Jung, Project Manager
- Navya Kumar, MPH, Project Analyst

Project Scope and Objectives

- 18 months – will conclude mid-March 2020
- 1. Convene a Measure Feedback Loop Committee
- 2. Environmental Scan Report
- 3. CDP Use and Usability Document
- 4. Options for Piloting the Measure Feedback Loop Paper
- 5. Implementation Plan

Convene Measure Feedback Loop Committee

- Call for Nominations: October 1 – 30, 2018
 - ▣ *No more than 25 individuals*
 - ▣ *The Committee will consist of relevant stakeholders that may include federal, state and local government agencies, health insurers or plans, managed care health plans, healthcare providers and practitioners, research entities, measure developers, industry groups, consumers, purchasers, and employers.*
- 14-day roster public comment period

Report Deliverables

- Environmental Scan Report
 - ▣ *A current and comprehensive view of what data/information is currently available, and how often updates are made available*
- CDP Use and Usability Document
 - ▣ *A comprehensive view of current efforts to inform CDP standing committees on how measure feedback is gathered and evaluated within the process*
- Options for Piloting the Measure Feedback Loop Paper
 - ▣ *Design more than one option for measure feedback pilots and recommend a novel approach for providing valuable feedback to the CDP standing committees on measure use*
- Implementation Plan
 - ▣ *Develop an implementation plan to operationalize the select feedback loop pilot. This implementation plan is intended to address potential barriers and solutions to ensure pilot success as well as a monitoring and evaluation plan to track pilot performance and incorporate feedback received during the implementation process*

Overview of Meeting Timeline

- NQF will hold nine web meetings (seven 2-hour meetings and two 3-hour meetings), and up to nine conference calls to accomplish this task order's objectives.

Meeting	Date
Web Meeting #1: Introduction and Orientation for the Committee [2 hours]	January 22, 2019, 2-4 pm ET
Web Meeting #2: Environmental Scan Report on Measure Performance Data [2 hours]	February 19, 2019, 2-4 pm ET
Web Meeting #3 and #4: Measure Feedback and the NQF CDP Process, Part 1 and 2 [3 hours each]	April 30, 2019, 2-5 pm ET May 7, 2019, 2-5 pm ET
Web Meeting #5: Options for Piloting the Measure Feedback Loop, Part 1 [2 hours]	July 24, 2019, 1-3 pm ET
Web Meeting #6 and #7: Options for Piloting the Measure Feedback Loop, Parts 2 and 3 [2 hours each]	September 3, 2019, 2-4 pm ET September 5, 2019, 2-5 pm ET
Web Meeting #8: Implementation Plan [2 hours]	November 19, 2019, 2-4 pm ET
Web Meeting #9: Project Wrap Up [2 hours]	January 16, 2020, 1-3 pm ET