

Measure Developers' Webinar

February 19, 2013



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Agenda

- Taxonomy Updates
- Composite Measures
- Patient Reported Outcomes Project Update

Taxonomy Updates

- **We have made some edits to some of our taxonomy elements.**
 - *Population Health & Infrastructure Support* removed from the “cross-cutting area” node
 - *Adult/Elderly Care* removed from “target population node”
 - *Patient Engagement/Experience* no longer an option for “measure type”

Taxonomy Updates (cont.)

Removal of Endorsement Maintenance Review Committee:

- We have deleted “*Population Health/Prevention*” and “*Healthcare Infrastructure*” from the 21 topic areas.
 - The measures assigned to those committees have been re-assigned.
 - Measure developers affected by changed received an updated maintenance schedule.
- We renamed the “Functional Status” topic area ***Health & Functional Status***.



Comments or Questions?

Composite Measure Evaluation Guidance Project

Karen Pace and Karen Johnson

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Purpose of Project

- To review and update NQF's guidance on evaluating composite performance measures for potential NQF endorsement
 - Original criteria developed in 2008
 - Since then, have updated criteria for evidence, measure testing, and usability
- [Composite Project web page](#)

TEP Members

Elizabeth R. DeLong, PhD *†
Duke University Medical Center

Elizabeth Goldstein, PhD
CMS

Patrick Romano, MD, MPH *
UC Davis School of Medicine

Sherrie Kaplan, PhD, MPH
The University of California - Irvine

John D. Birkmeyer, MD
University of Michigan

Lyn Paget, MPH
Informed Medical Decisions Foundation

Dale Bratzler, DO, MPH
Oklahoma University Health Services Ctr.

David Shahian, MD †
Massachusetts General Hospital

James Chase, DO, MPH
Minnesota Community Measurement

Steven Wright, PhD †
Veteran's Health Administration

Nancy Dunton, PhD, FAAN
University of Kansas Medical Center

Alan Zaslavsky, PhD
Harvard Medical School

* Co-chairs; † Served on previous Composite TEP

Project Activities and Timeline

Meeting	Date
Orientation call	October 11, 2012
In-person meeting	November 2, 2012
Post-meeting conference call	November 15, 2012
Draft report for public & member comment	November 29-December 28, 2012
CSAC review of draft report	December 10, 2012
Conference call to adjudicate comments	January 3, 2013
Conference call to finalize report	February 21, 2013
CSAC review of final recommendations	March 20, 2013
Board ratification	April 5, 2013

Draft Report and Comments

- Draft report: November 29, 2012
 - Definition revisited
 - Guiding principles
 - Two composite-specific criteria for evaluation (must-pass)
 - Guidance for all criteria, as pertaining to composites
- 43 comments from 5 member organizations and the public

Key Features – being finalized

- Definition – essentially the same
 - combination of 2 or more component measures
 - Into single measure with single score
- Types of measures that should/should not be classified as composite performance measures for purposes of NQF measure submission, evaluation, and endorsement
- Component measures do not need to be individually endorsed
 - Endorsement applies to composite as whole, not the components unless individually submitted, evaluated, endorsed
 - Component measures need to meet specific subcriteria
 - Evidence
 - Performance gap

Key Features – being finalized

- Guidance for reliability and validity testing
 - Testing conducted for the composite as a whole at level of composite score (not data elements)
- Composite-specific criteria – similar to initial composite criteria, but organized into 2 criteria and more detail
 - Under Importance to Measure and Report – requirements for describing the composite
 - Under Scientific Acceptability of Measure Properties – expectations for empirical analyses to support composite construction

Next Steps

- Conference call to finalize report

Date/Time: Thursday, February 21, 2013, 3:00-5:00 pm ET

Dial-in number: 888-799-5160

Confirmation Code: 91821791

Webinar: : <http://nqf.commpartners.com/se/Rd/Mt.aspx?170900>

- CSAC review of final recommendations

- Board ratification

Project Staff

- Helen Burstin, MD, MPH
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- Karen Pace, PhD, MSN
Senior Director
- Karen Johnson, MS
Senior Director
- Elisa Munthali, MPH
Senior Project Manager



Questions??

Patient-Reported Outcomes (PROs) in Performance Measurement

Karen Pace

Update for Measure
Developer Webinar

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Project Goals and Methods

- Goals
 - Identify key characteristics for selecting PROMs to be used in PRO-PMs
 - Identify any unique considerations for evaluating PRO-PMs for NQF endorsement and use in accountability and performance improvement applications
 - Lay out the pathway to move from PROMs to NQF-endorsed PRO-PMs
- Methods
 - Two workshops with expert panel
 - Two commissioned papers on methodological issues

Current Status and Timeline

- [Project webpage](#)
- Status
 - Member and Public Commenting: Draft Report
 - Closed on Friday, November 23, 2012
 - Steering Committee Review of Comments 12/3/12
 - CSAC Review 12/10/12; voted to approve
 - Board approval as of 1/5/2013
- Next step – incorporate into NQF criteria and processes

Patient-reported Outcome (PRO)

- The concept of any report of the status of a patient's health condition that comes directly from the patient, without interpretation of the patient's response by a clinician or anyone else. PRO domains included in this project encompass:
 - health-related quality of life including functional status;
 - symptom and symptom burden;
 - experience with care; and
 - health-related behaviors.

Distinctions among PRO, PROM, and PRO-PM: Two Examples

Target Population	Patients with clinical depression	Persons with intellectual or developmental disabilities
PRO (concept)	Symptom: depression	Functional Status-Role: employment
PROM (instrument, tool, single-item measure)	PHQ-9 ©, a standardized tool to assess depression	Single-item measure on National Core Indicators Consumer Survey : <i>Do you have a job in the community?</i>
PRO-PM (PRO-based performance measure)	Percentage of patients with diagnosis of major depression or dysthymia and initial PHQ-9 score >9 with a follow-up PHQ-9 score <5 at 6 months (NQF #0711)	The proportion of people with intellectual or developmental disabilities who have a job in the community

Clarifications after Comment

- PRO-PMs should be treated equally to health outcome performance measures
- Some of the recommendations have broader implications for other performance measures and will require further review and action by NQF (e.g., CSAC, task force, Board)
 - Evidence that outcome is responsive to intervention
 - Performance measures focused on conducting an assessment (including administering a PROM)

Guiding Principles

- Psychometric Soundness
- Person-Centered
- Meaningful
- Amenable to change
- Implementable

Recommendations

1. Those developing PRO-PMs to be considered for NQF endorsement should follow the basic steps shown in the pathway in Figure 2. Doing so will help ensure that the eventual PRO-PM and its supporting documentation conform to NQF endorsement criteria.

Figure 2. Pathway from PRO to NQF-endorsed PRO-PM

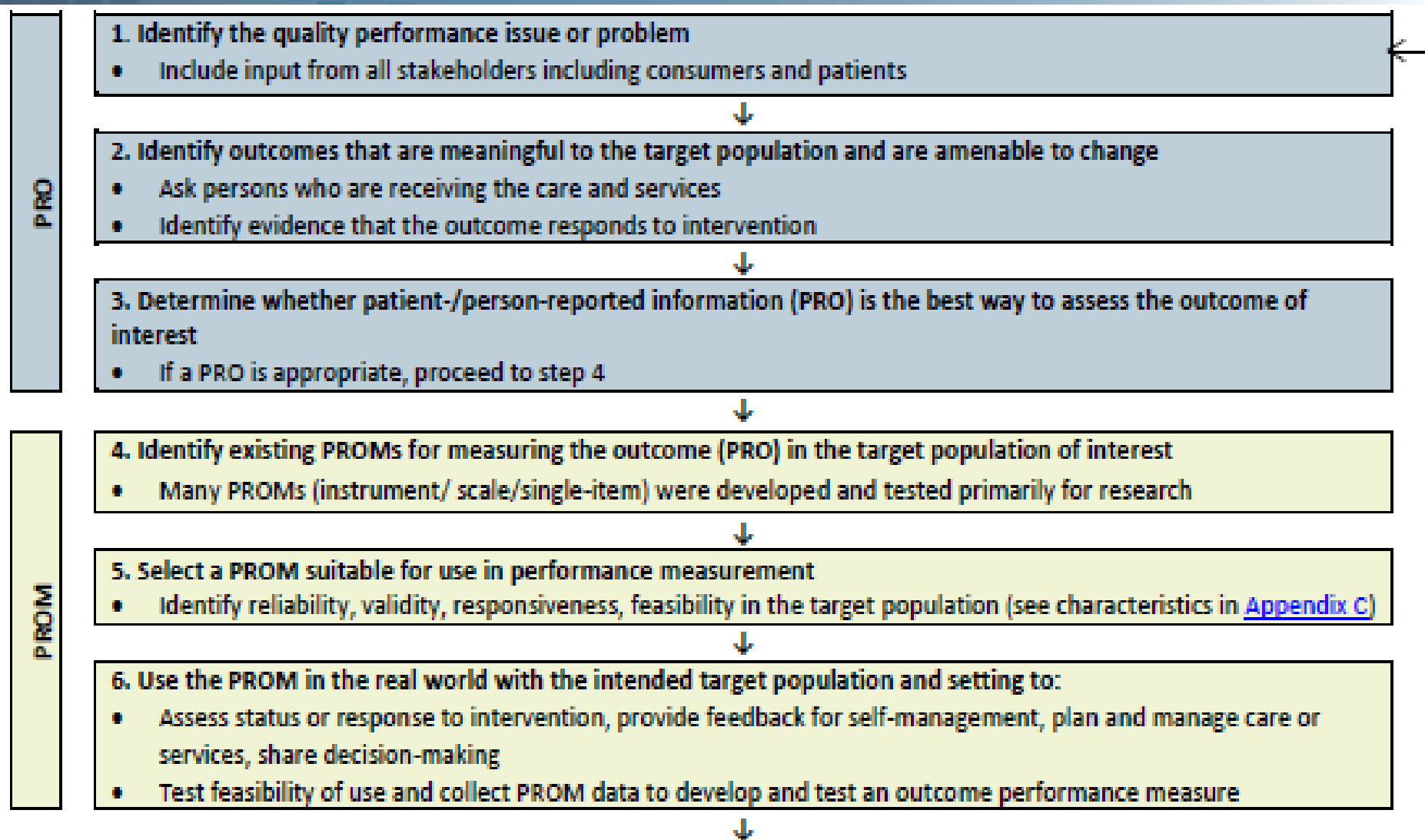
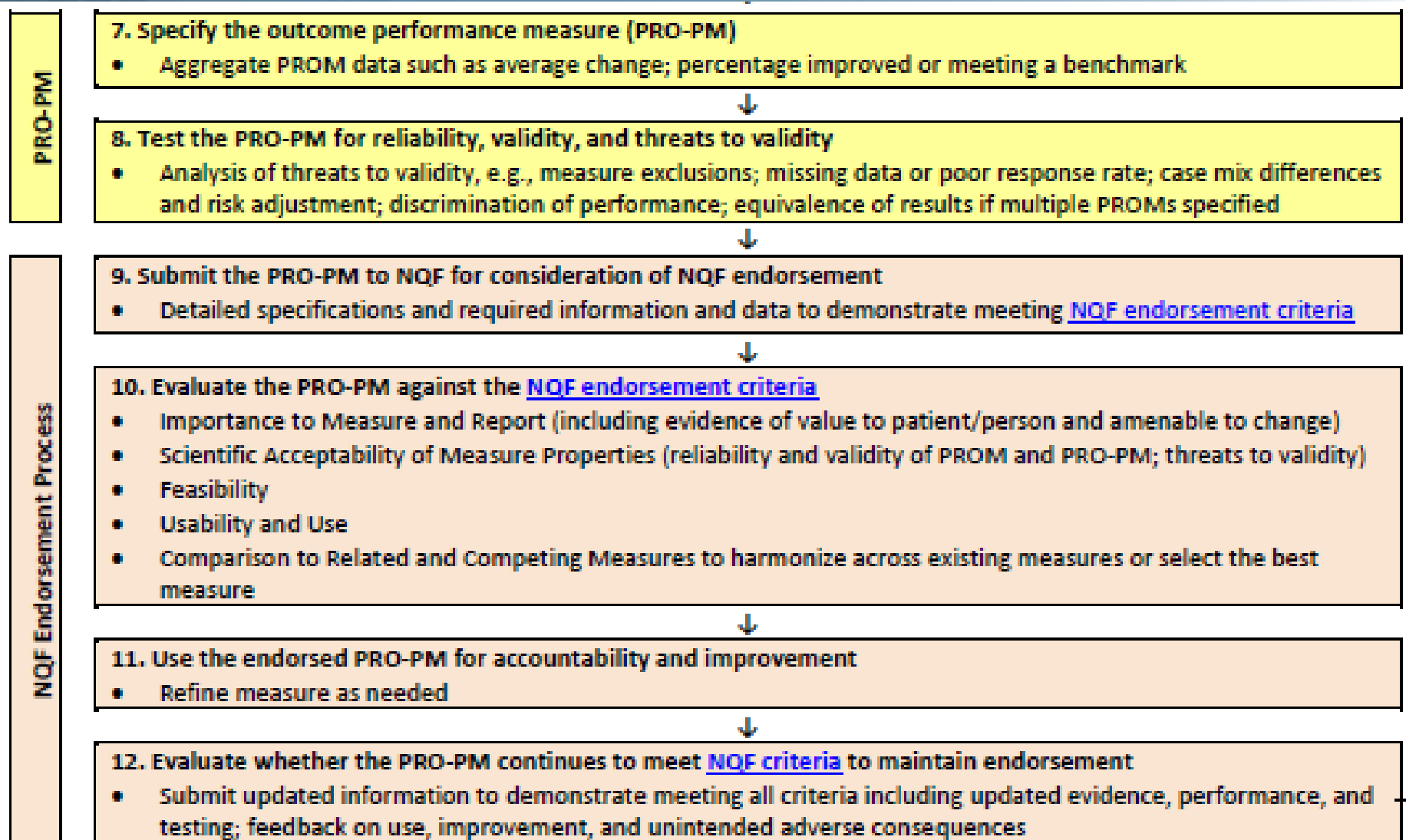


Figure 2. Pathway from PRO to NQF-endorsed PRO-PM



Recommendations

2. The NQF criterion or guidance for importance to measure and report should require evidence that the target population values the measured PRO and finds it meaningful.
3. NQF should consider adding a criterion or guidance related to evidence to require identification of the causal pathway linking the relevant structures; (processes, interventions, or services); intermediate outcomes; and health outcomes.
4. NQF should consider applying the existing criterion and guidance regarding evidence for a process performance measure to health outcome performance measures, including PRO-PMs – i.e., *a systematic assessment and grading of the quantity, quality, and consistency of the body of empirical evidence* that at least one of the identified healthcare structures, processes, interventions, or services influences the outcome.

Recommendations

- 5. NQF should consider providing explicit guidance when a performance measure focused on collecting assessment data, including administering a PROM, meets the exception for the evidence criterion and guidance for focusing on outcomes or processes most proximal to desired outcomes. In such exceptions, the following additional requirements could be considered.
 - The performance measure is specified so that it requires providers to administer a specific PROM or clinical test at designated intervals and record the PROM or assessment value in the health record, not merely check off that it was administered.
 - The developer submits a credible plan to implement the performance measure, collect data, and develop and test the outcome performance measure.

Recommendations

6. NQF should require measure specifications for PRO-PMs that include all the following: the specific PROM(s); standard methods, modes, and languages of administration; whether (and how) proxy responses are allowed; standard sampling procedures; the handling of missing data; and calculation of response rates to be reported with the performance measure results.

Recommendations

7. NQF should require testing for PRO-PMs that demonstrates the reliability of both the underlying PROM in the target population and the performance measure score.

8. NQF should require testing for PRO-PMs that demonstrate the validity of both the underlying PROM in the target population and the performance measure score. Empirical validity testing of the performance measure is preferred. If empirical validity testing of the performance measure is not possible, a systematic assessment of face validity should be accomplished with experts other than those who created the measure, including patients reporting on the PROM, and this assessment should specifically address the approach to aggregating the individual PROM values.

Recommendations

- 9.** NQF should require analysis of missing data and response rates to demonstrate that potential problems in these areas do not bias the performance measure results.

- 10.** NQF's feasibility criterion should consider the burden to both individuals providing PROM data (patients, service recipients, respondents) and the providers whose performance is being measured. The electronic capture criterion needs to be modified to include PROM data, not just clinical data.

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Questions?