



## **Addendum to NQF Policy Pertaining to Measures with Time-Limited Endorsement**

### **Executive Summary**

The NQF Board of Directors has approved an updated policy applicable to measures granted time-limited endorsement. The changes affect both measures that have already been granted time-limited endorsement and those that may in the future.

The healthcare sector is currently in a period of transition from paper records to electronic health records (EHRs). This change has created additional work for measure stewards, who must now develop different specifications for each measure—including paper records, electronic health records, and clinician attestation using CPT-II codes. In addition, since migration to EHRs will occur over several years, public reporting requirements will likely need to allow for the use of different data platforms, at least for a short time. It will be important to ascertain under what circumstances performance results are comparable when different platforms are used. Given the current transition period, stewards of those measures currently granted time-limited endorsement may be given an additional 12 months to complete and augment testing, with the understanding that at the end of this extension period they will submit two, fully-tested versions of their measures—one for the original measure's data source and one for EHRs—and that the testing will be structured to provide information on the comparability of performance results. These measures, including both sets of specifications, will undergo a complete endorsement maintenance review.

Additionally, the time-limited endorsement policy pertaining to new measures has been modified to tighten up the time provided for submission of measure testing results as well as the conditions under which time-limited endorsement will be granted. Measure stewards now have 12 months rather than the previously designated 24 to conduct testing.

### **Background**

In December 2006, the NQF Board approved recommendations from the Ad Hoc Committee on Improving NQFs Consensus Development Process (CDP). One of the approved recommendations was: "NQF should establish a 'time-limited endorsement' for measures that meet all evaluation criteria with the exception of adequate field testing." The ad hoc Committee noted the enormous pressures from public and private purchasers to introduce robust public reporting and pay-for-performance for all settings and types of providers including individual clinicians and specialty providers. For some types of providers, performance measures that have been adequately tested to satisfy all the NQF criteria or meet all thresholds or evidence

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grades may not yet exist. Time-limited endorsement was intended to allow endorsement of measures before testing is completed when urgency of endorsement is a priority. Time-limited measures must meet all the criteria for full endorsement within two years of the time-limited designation for endorsement to remain in effect. In 2007, the NQF Board adopted a revised CDP version 1.8 which includes provision for “time-limited endorsement” to be implemented by the Consensus Standards Approval Committee (CSAC).

As of the end of 2009, NQF had endorsed 163 time-limited measures. Of these, testing results were anticipated for 47 measures in 2009, 112 measures in 2010, and 20 measures in 2011. The measure developers for many of these time-limited measures requested extensions in order to complete measure testing. An important reason for this delay was the shift in attention toward measures that can run off an electronic platform.

Following passage of the American Recovery and Reinvestment Act of 2009, which includes significant funding for health information technology (HIT), there has been a considerable shift toward the development of electronic specifications for quality measures. The Centers for Medicare & Medicaid Services are now moving toward testing of electronic submission of quality measures and approving registries for direct submission of quality measures. Some measure stewards are currently being asked to rapidly retool measures for use with EHRs in anticipation of these measures being selected by the Department of Health and Human Services (DHHS) to assess “meaningful use” of EHRs for purposes of qualifying for federal HIT incentive payments. In this transition period toward more widespread use of EHRs, some degree of flexibility will be needed as NQF and measure stewards migrate to the new HIT platform. Given the current environment, it is clear that measure specifications will be required for different data platforms – electronic health records, paper medical records, clinician attestation – for the next three to five years. To inform decisions about how performance results will be publicly reported, it will be important that measure testing ascertain the comparability of performance measurement results.

It has also become apparent that granting time-limited endorsement, especially for a period as long as 24 months, will make it difficult for stewards to comply with the requirement that they demonstrate actual use of the measure for public reporting purposes at the time of the measure’s three-year endorsement maintenance review. Many purchasers, quality alliances, and others who select measures for public reporting purposes are reticent to require widespread adoption of a measure that has not been adequately tested. It is also important to note that the time-limited endorsement policy was put into place at a time when DHHS needed sizable numbers of new physician-level measures in a very short time period to satisfy a legislative directive. In the current environment, a better policy may be to limit the use of time-limited endorsement to situations where extenuating circumstances exist and, if granted, to require more expeditious testing and submission of results.

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## **Policy Modifications**

Two modifications have been made to the existing policy – a one-time extension for measures that currently have time-limited endorsement status; and a tightening of the measure testing submission timeline and conditions under which time-limited endorsement will be granted in the future.

### **Currently Endorsed Time-Limited Measures**

The first modification to the current Time-limited Endorsement Policy offers stewards an EHR option. This EHR option is intended to encourage and facilitate movement toward electronic specifications and measure testing across data sources. Measure stewards who select this option can receive a 12-month extension to complete measure testing, but in return, are expected to perform testing on two versions of the measure – the version that runs off the original data source, including paper medical records or clinician attestation using CPT-II coding and one that is suitable for an electronic platform. In addition, the testing of both versions should be carried out in a coordinated fashion to help inform decisions about whether it is appropriate to compare performance results produced using different data platforms or whether stratification of results by platform is necessary. This option is available to all measure stewards of time-limited endorsed measures due for review in 2009 and 2010.

#### **EHR Option:**

Under this option, NQF will maintain endorsed status for up to one year from the date when testing results were due (i.e., three years from initial endorsement). No further extensions will be granted for this option.

Measure stewards must agree to the following conditions:

- 1) At the end of the one-year extension, NQF will undertake a full endorsement maintenance review of the measure using current measure [evaluation criteria](#) (measures should only be re-submitted if they are expected to meet the current criteria).
- 2) Stewards will submit two versions of measure specifications, one based on the original specifications for the measure and one suitable for electronic platforms (criterion 2a).
- 3) Stewards will provide testing results to demonstrate meeting the NQF [criteria](#) related to measure testing [reliability (2b); validity (2c); exclusions (2d); risk adjustment (2e); measure scores and demonstration of identification of differences (2f); comparability of data sources (2g); disparities (2h); information produced is usable (3a); susceptibility to inaccuracies/unintended consequences (4d); data

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collection strategy implementation (4e)] based on the use of the current data source (e.g., CPT-II or other administrative data sources) and the use of specifications for EHRs, with comparability analyses provided for the different data sources.

Measure stewards who elect this option are required to submit a plan for CSAC approval within 30 days that details the testing approach for the different data sources, as well as the planned analyses to assess comparability across data sources. Stewards that choose not to select this option will have their measures reviewed on the scheduled date for time-limited review (within 24 months of endorsement). If adequate testing information for the measure (as specified when endorsed) is not submitted, endorsement will be withdrawn.

### **Time-Limited Endorsement Policy Applicable to Future Measures**

The second modification includes a tightening up of the time provided for submission of measure testing results as well as the conditions under which time-limited endorsement will be granted.

The NQF Time-limited Endorsement Policy has been modified as follows:

- Limited Use. Time-limited endorsement is only available for use if all of the following conditions are met:
  - An incumbent measure does not address the specific topic of interest in the proposed measure;
  - A critical timeline must be met (e.g., legislative mandate); and
  - The measure is not complex (e.g., composite, requires risk adjustment).
- Time Period. The measure steward verifies a timeline and committed resources to conduct testing within 12 months if granted time-limited endorsement.