



April 2, 2013

## Background

In 2012 the NQF Board Executive Committee created the Consensus Task Force (CTF) charged with:

- 1) Reviewing different approaches to establishing consensus;
- 2) Identifying the strengths and weaknesses of the current process; and
- 3) Recommending enhancements to the current process.

The Task Force, which included members of the Board of Directors, Consensus Standards Approval Committee (CSAC), and individuals from the NQF membership, sought input from a broad spectrum of NQF members regarding the current process through a variety of avenues including focus groups.

The CSAC, which serves in an advisory capacity to the Board of Directors on ongoing enhancements to the CDP, was asked to review the CTF preliminary recommendations for a redesigned consensus development process (CDP) and provide input. The CTF recommendations were shared with the CSAC on March 20-21, 2013 at the CSAC in-person meeting. After thorough discussion on the proposed CDP redesign, CSAC members expressed strong support for some of the proposed changes, i.e., those that would increase the efficiency of the CDP, but strong reservations about other changes, i.e., those that would change the definition of the consensus body from the entire membership to elected measure review committees representing different constituencies within the NQF membership.

CSAC expressed support for the following efficiency goals:

1. Greatly reducing waiting time to begin review of measures once submitted and project start-up time by changing from ad hoc review committees to standing committees;
2. Separating the technical evaluation of measures from the review committees themselves;
3. Improving the quality and consistency of review committee discussions through training of committee members and by facilitating their deliberations; and,
4. Gathering input from NQF members and the public early in the review process, i.e., before the committee makes an endorsement recommendation.

## Significant Points from the CSAC Discussion

- CSAC members agreed with the CTF recommendation that there is benefit to the Technical Review/Blinded Peer Review process in that it ensures a balanced, unbiased evaluation of the evidence and testing components.
- Some CSAC members noted that evaluating measures in Consensus Bodies that are not structured around clinical areas may cause NQF to lose the ability to have a holistic view of all the measures within a given clinical condition category. There was also concern that the new process may not allow for sufficient discussion of related and competing measures, potentially affecting the opportunity to harmonize measures; possibly leading to an increased proliferation of measures.
- The Standing Elected Consensus Bodies were proposed in part to address concerns related to project start-up time and lag time between review periods. However, CSAC raised concern as to whether the representatives in the Elected Consensus Bodies were the appropriate individuals to be charged with achieving consensus. Oftentimes, members on the Steering Committee need an understanding of the clinical area related to the measure, as well as education and training to understand the technical aspects of performance measurement in order to make an informed endorsement recommendation. CSAC suggested Standing Topical Committees instead of ECBs to review measures. Standing Topical Committees would have representation of the relevant clinical knowledge while also decreasing the project start-up time and diminishing or eliminating the time between review periods. There was also discussion of potential opportunities to enhance the voice of the consumers, patients, and purchasers in these discussions through facilitation and training.
- CSAC members stressed that improvements should ensure integrity of the measure review, noting that there is great value in group discussion during a Steering Committee meeting. This is particularly true for committee members who may not have the technical expertise to effectively evaluate complex risk adjustment and other methodologies.
- Some CSAC members voiced strong reservations about what they viewed as diminished strength of consumers and purchasers in the proposed redesign of the endorsement process.
- On the other hand, some members voiced strong concerns that the consumer and purchaser members on the consensus bodies would lack sufficient expertise and that giving them what they viewed as veto power, in effect, could undermine the integrity of the decision making.
- CSAC members suggested that the additional input or voting periods in the proposed redesign may be overly burdensome for members, i.e., Election of Consensus Body representatives, Public and Member Comment with Straw Poll on Support prior to Consensus Bodies Preliminary Vote, and Member Comment with Straw Poll prior Consensus Bodies Final Vote. Instead, CSAC members suggested considering use of continuously open commenting periods on submitted and endorsed measures (e.g., open comment periods for submitted measures once they are posted to the project page, prior to the Steering Committee meeting). This would not only provide more points of engagement for membership but also inform committee members of

implementation concerns raised by members prior to the committee endorsement recommendation.

- CSAC members raised concern with the Elected Consensus Bodies with regards to the ability of the consensus body to reach consensus. They emphasized the importance of members serving as individuals, not as constituent representatives. CSAC members believed that a representative model could lead to polarization within the consensus bodies. CSAC members were concerned that the elected consensus body representatives would be unduly influenced by their stakeholder group, which could lead to their making decisions favoring their constituency rather than considering the trade-offs needed in a multi-stakeholder process.
- Consumers on the CSAC emphasized the importance of a training component to enhance consumer engagement. Historically, participation by consumers and purchasers has been challenging due to the highly technical and clinical nature of evaluation of performance measures, contributing to difficulty of finding members for technical review committees. This results in Steering Committee evaluations that are dominated by clinicians and providers, only to be reviewed at the end of the process by the CSAC which is seated with a simple majority of consumers and purchasers. There is a clear need to get early input from consumers and purchasers. This difference in perspective between Steering Committees and CSAC may produce dissonant results. Additionally, CSAC members suggested that Steering Committee composition is not simply an issue of adequate representation. There are issues related to imbalance in confidence and expertise that put the users of measures at a disadvantage to other members who speak with authority on the technical merits of the measures. There was also great interest in committee facilitation that can improve interaction and encourage full participation among committee members.

## Options Going Forward

Option #1: Proceed with proposed process redesign model for both consensus and efficiency aspects of the consensus development process and consider a large-scale pilot to test new model

Option #2: Proceed with process redesigns related to efficiency with small tests of change to demonstrate effectiveness of process changes (e.g., single flow processing, standing steering committees, technical review/blinded peer review). The Task Force would then take up discussions about a new proposal on the consensus process.

Option #3: Proceed with incremental efforts to achieve consensus with small test of change to demonstrate effectiveness of process changes (e.g., use of voting threshold and quorum).

Option #4: Proceed with both process redesigns related to efficiency and incremental efforts to achieve consensus that have been met with a positive reaction to date, with small tests of change to demonstrate effectiveness of process changes. Those modifications include:

Efficiency goals

1. Move from ad hoc Steering Committees to Standing Committees in order to enable the following:
  - a. Reduce project start-up time
  - b. Reduce time between measure submission and measure review
  - c. Move to single flow processing of measures
2. Utilize technical review/blinded peer reviewers to provide input on evidence and testing of the measures to the Standing Committee
3. Enhance the ability of Consumers/Purchasers to serve as effective Steering Committee members, ensuring the voice of the patient is not lost
4. Enhance the current CDP process to best enable contributions from all Steering Committee members during measure evaluation discussions (e.g., facilitation, training)
5. Address the need for NQF member and public input prior to endorsement recommendation

#### Consensus goals

1. Build on the work of the Consensus Task Force, establishing when consensus has been reached and developing an approach to establish quorums and thresholds for approval of measures within the current CDP process
2. Develop a process for additional deliberation when it is unclear whether consensus has been reached