



**National Quality Forum
Consensus Development Process
Focus groups- summary**

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Agenda

- Purpose of Focus Groups
- Summary of Comments
 - Achieving Consensus
 - Balance of Interest
- Opportunities for consideration for Consensus Development
 - Process Transparency and Consistency
 - Balance of Interest
 - Member Engagement
 - Steering Committee
 - Weight of Power
- Next Steps

Purpose of our Focus Groups

- To gain member perspective on NQF's Consensus Development Process including:
 - Recommendations for enhancements to the current process/ approach.
 - Reviewing different approaches to:
 - Establishing consensus
 - Balance of interest
- Focus Groups were composed of:
 - 13 Consumer/Purchaser Members
 - 4 QMRI Members
 - 8 Provider Members
 - 7 Health Professional Members
 - 7 Public/Community Health, Health Plan, and Supplier Industry Members

Composition of Focus Groups

Focus Group #1, Consumers/Purchasers Councils (4 Attendees)	Focus Group #2, Providers Council (8 Attendees)	Focus Group #3, Health Professionals Council (7 Attendees)	Focus Group #4, Quality Measurement, Research & Improvement Council (4 Attendees)	Focus Group #5, Public and Community Health Agencies, Health Plan, and Supplier and Industry Councils (7 Attendees)	Focus Group #6, Consumers/Purchasers Councils (9 Attendees)
AARP	American Hospital Association	American Academy of Pediatrics	American Board of Medical Specialties	Aetna	The Alliance
CMS	American Association of Medical Colleges	American Association of Nurse Anesthetists	The Joint Commission	America's Health Insurance Plans	AFT Healthcare
National Business Coalition on Health	National Association of Children's Hospitals and Related Institutions	American College of Surgeons	University HealthSystem Consortium	Pfizer	Childbirth Connection
National Partnership for Women and Families	National Association of Public Hospitals and Health Systems	American Health Information Management Association	American Medical Association-Physician Consortium for Performance Improvement	Advamed	Connecticut Center for Patient Safety
	The Alliance for Home Health Quality and Innovation	American Osteopathic Association		Lilly	Consumer Coalition for Quality Health Care
	National Association of Psychiatric Health Systems	Emergency Nurses Association		GlaxoSmithKline	Health Watch USA
	Premier Inc.	Society of Thoracic Surgeons			St. Louis Business Health Coalition
	Federation of American Hospitals				Pacific Business Group on Health
					Lamaze International



Atmosphere of our Groups

- Participants believe in the importance of the NQF's CDP and were glad to be asked to participate
- 40 Participants dedicated nearly ½ day of their time to engage with NQF and offer up requested feedback
- Participants recognized the importance of member involvement both in the focus group but also in ongoing CDP work (they knew they are part of this and they participated in the focus groups to demonstrate that they are in this with NQF)
- Realization and recognition that consensus is messy and hard work *but is critical and worthwhile*
- Participants highlighted key needs in the following categories in order to retain the ability to build consensus:
 - Membership engagement
 - Through participation
 - In really hashing out consensus
 - Through voting and commenting
 - Consistency of process
 - Balance of Interests (through process and on committees)
- Summary comments captured from the focus group sessions in this presentation represent views expressed by individual participants across the focus group sessions.
- The comments are the opinions of the individual participants in the focus group sessions and should not be read as consensus statements.



Summary of Comments

Summary of Suggested Changes: Achieving Consensus

- Desire to have a broadened consensus building process, which includes membership outside of Steering Committees, CSAC and Board –
 - ability to understand, come together and share perspectives both in and across councils
- Consensus does not mean simple majority
 - Overwhelming response that 51% is not consensus
 - Membership agreement by vote would be ideal
- Perception that the process is inconsistently applied
- Consistency of application of criteria by the committees is a prerequisite to consensus
 - The right people at the table
 - Transparency
- Clear communications on key milestones and criteria of the milestone

Please do not offset the impact ... our nation so desperately needs by minimizing the purchaser and consumer voice in NQF

Summary of Suggested Changes : Achieving Consensus

- Many questions around how do you get on the committee, CSAC, and Board; belief that there is an inside track that gets you in the running. Do not trust that it is fair and balanced.
- Belief that process is applied inconsistently
- Groups need to be led by facilitator; cannot have one member dominating and swaying; work needs to be around gaining understanding, investigating divergent opinions, and reaching consensus
- Appreciate ability to make a difference through commenting
- CSAC has differing weight of council representations than the committees, giving the feeling to those involved early in the process that they could be blindsided later in the process
 - Define how to balance across the whole process
 - Defined criteria on when CSAC can re-hash measure vs. oversee process

Written Comments: Achieving Consensus

Response	4. Do you feel that there are step(s) in the CDP that have an inappropriately large representation or influence on the process? If yes, what step(s) and why is that of concern to you?	5. Do you feel there is enough transparency into CSAC and Board deliberations and that decisions are transparent? If no, why?	6. My vote matters. If no, why?	8. Did you used to vote and stop voting?	2. At what agreement threshold do you consider consensus achieved?	2. At what agreement threshold do you consider consensus achieved? (Percentage of respondents)	7. I feel that commenting has the most impact when the committee considers it	7. I feel that commenting has the most impact when the committee considers it (Percentage of respondents)
Y	23	15	24	5	51%: 4	10.3%	After: 7	17.5%
N	8	17	13	28	60-65%: 1	2.6%	Before: 27	67.5%
OTHER	9	8	3	7	66%: 6	15.4%	Other: 6	15.0%
					75%: 14	35.9%		
					80%: 1	2.6%		
Y	57.5%	37.5%	60.0%	12.5%	Other: 13	33.3%		
N	20.0%	42.5%	32.5%	70.0%				
OTHER	22.5%	20.0%	7.5%	17.5%				

*Focus Groups were composed of:

13 Consumer/Purchaser Members

8 Provider Members

7 Public/Community Health,

Health Plan, and Supplier Industry Members

4 QMRI

7 Health Professional Members

***Participant* Priority Recommendations for Change: Achieving Consensus**

- Transparency
- SC credibility and composition (selection and consistency)
 - Reconsider how to balance stakeholders throughout process: some felt too much consumer and purchaser emphasis / others too much influence by clinicians
- Consensus in 2 ways: 1. scientific acceptability (objective) and 2. importance, usability, feasibility (subjective)
- Timeline for the year so member organizations can prioritize/plan and vote
- Member engagement – outreach, education, ease of commenting and association with measure evaluation to criteria
- Addressing member vote and what it means – vote should matter
- Clear and consistent pathways of what happens and when consensus is or is not reached – no one-offs
- When there is only one voting organization in a council that participates in a vote it should not equate to 100% council support when CSAC reviews member voting
- Multi-stakeholder engagement through process
- Process should utilize facilitator to reduce variability across steering committees

Summary of Suggested Changes: Balance of Interest

- 1 organization, 1 vote during the member voting process
 - everyone should be able to participate equally; however, it is important to view votes within the context of the different stakeholders
- Need to consider the council vote AND the popular vote
- It isn't clear to members if the CDP adequately balances the input of stakeholders
- Request for increased transparency
- End use of the measure is important in determining the balance of interest
- Objections need to be couched in evidence or criteria (consider allowing public/member comments to be provided against the criteria)
- Commenting earlier in the process
- Perceived conflict of interest because some members are from supplier and industry organizations and may not be seated on a committee - impacts value of membership
- Balance of interests defined by many who participated as broad but not unanimous support; a measure should move forward when there is general buy-in and support and no continuing acrimony

Summary of Suggested Changes: Balance of Interest

- Key is having composition on SC be balanced
- Credibility of clinical expertise is essential;
- Including understanding of end user early in the process; need feedback loops
- Need for technical experts for evaluating measure testing, etc.
- Unclear who gets on a committee and how they are seated - term limits and transparency
- Given that there is uncertainty in SC seating, perhaps SC deliberations should not have as much power in the process
- Information needs to be provided in a way to allow everyone, especially consumers and purchasers, to understand measure details in order to represent interests
- Consider having more consumer and purchaser input at steering committee level- patient needs and interests must be understood

Written Comments

Response	Q.1-Do you feel the CDP currently balances the interest of the different stakeholders?	Q.2-Do you feel CDP currently balances your interest?	Q.3- Do you believe that NQF appropriately considers input from all stakeholders?	Q.5- Is calculating voters by each council the best way to balance the interests of multiple stakeholders?
Yes	8	9	21	16
No	26	22	10	18
Other	3	6	6	3
Yes	21.6%	24.3%	56.8%	43.2%
No	70.3%	59.5%	27.0%	48.6%
Other	8.1%	16.2%	16.2%	8.1%

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***Participant* Priority Recommendations for Change: Balance of Interest**

- Member groups give input multiple places in process including through councils (instead of voting)
- Multi-stakeholder input at all levels and build in feedback loop from end users into the process
- Need new faces in NQF BOD and CSAC
- CSAC and BOD are duplicative – who takes ownership of the process?
 - CSAC has disproportionate influence and seems to be more political
 - BOD should be accountable for the endorsed measures
 - If consensus is working well, the role of the CSAC should be as a rubber stamp.
- Is it still appropriate to have a majority consumer/purchaser influence on the CSAC and Board?
- Reach out to members that are users and experts to ensure input
- CSAC has too much power too late in the process- need to include consumer/ purchaser input earlier in process.
- Use other consumer/purchaser input rather than CSAC; go broader and leverage CVEs, etc.

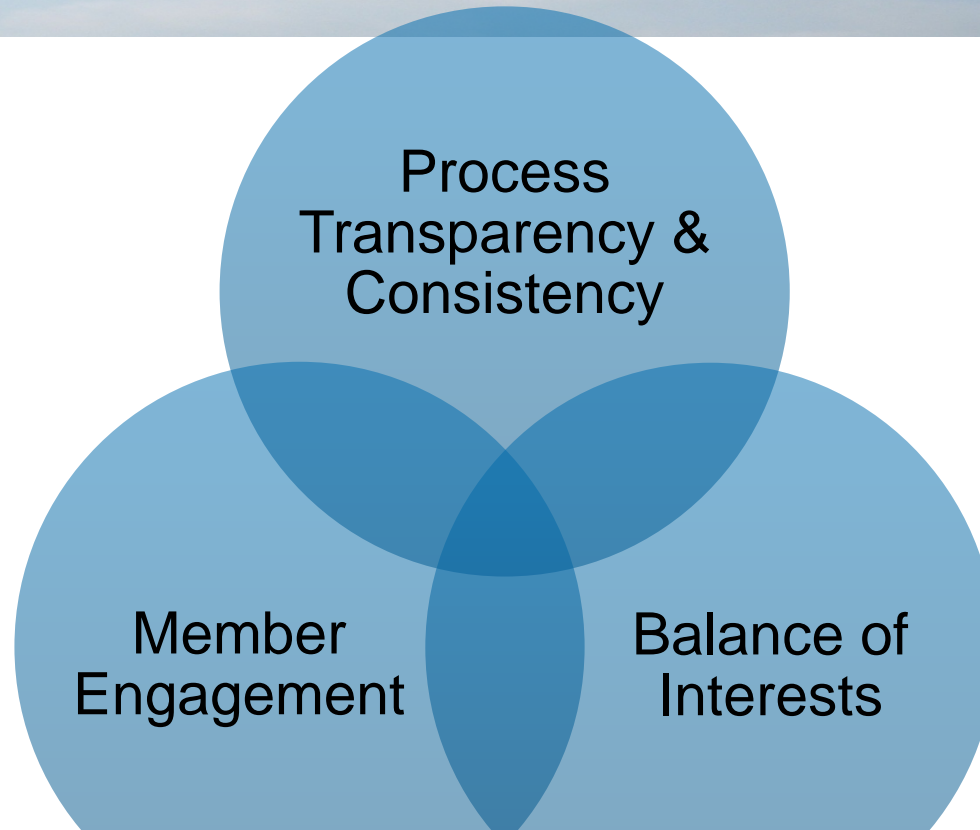


Need to keep in mind all of the interests in the stakeholders and end users;
CMS is not the only group using measures

Opportunities for Consideration: Primary Themes

- Achieving consensus should feel like consensus to members
Changing role for NQF from *Vessel* to *Conduit* to consensus. Must play an active role to hashing out consensus among stakeholders
- Think of needed output for useful and meaningful measures from the start (patient and user perspective)
- Consistency and transparency in the CDP process are key to keeping and/or reestablishing credibility among members
- Integrity of Steering Committees is key for buy-in
 - Balance of SC members
 - Requirements for engagement
- Role of CSAC and Committees vs. Board is uncertain to members and should be reconsidered
- Stakeholder balance between Steering Committee and CSAC (with the consumer/purchaser majority) create unbalanced process. Should consider including consumer/purchaser input earlier in process and having consistent balance throughout

Keys to Achieving Consensus



Our focus group participants shared these key themes across all 5 dialogues. There was also a significant amount of overlap with many areas touching all three themes and the themes themselves contributing to one another. For example Steering Committee selection and make-up touches all of the above categories.

Opportunities for Consideration: Transparency and Consistency of Process

Current process issues fall into a few categories:

1. NQF process variability
 1. Understand why this is occurring and fix process if needed
 2. Apply the process transparently and consistently every time...no exceptions
2. NQF has instances where some measures seem to get pushed through the process after perceived lack of consensus resulting in feeling of 'case by case', playing favorites, etc.
 1. Build consistent process for these problem categories (clear tollgates, criteria)
 2. Apply the process transparently and consistently every time...no exceptions
3. What should we do when we stumble upon something we haven't thought of?
 1. Build a process to transparently address new or problem areas and share real-time with membership
 2. Make sure # 1 includes: Problem definition, share problem, suggest solutions, ask for feedback and then determine next steps...share next steps and why

“We don't have to get our way but we do need to hear and be heard and be confident that the process is transparent, consistent and fair” ---Focus group participant

Transparent and Consistent process: Balancing Interests

Opportunities for Consideration:

- Build a measure vetting process with defined standards (and committee composition) for:
 - Scientific credibility
 - End use
 - Usability
 - Priority/need
- Voting should matter - recommendation to explore 2-3 proposals of how this could/should happen
 - Consider the role and balance of the council vs. individual stakeholder
- Consider use of Minority report
- Inclusion of Consumers and purchaser earlier in process (re-consider correct SC and board balance)

Consensus does not mean everyone is perfectly satisfied but everyone needs to understand the decision – Focus Group participant

Transparent and Consistent Process: Member Engagement

Opportunities for Consideration:

- Create new NQF Member engagement outreach program
 - Process, member engagement guidebook, criteria
- Ensure member updates, visibility, communication and/ or opportunities throughout the process
- Member communication needs to be in plain language; understandable by consumers and purchasers and others outside the specialty area
- Explore ideas for improved member interactive forums (to build consensus among members)
- Improve website usability
- Identify key stakeholder groups from the outset then keep them abreast of progress through multiple modes of outreach
- Consider requiring a certain percentage of engagement as a part of membership
- Creating of a member engagement guidebook:
 - How you can get involved
 - How to comment
 - How to vote
- Notify membership 60 days prior to upcoming vote with a range of when it will occur

“We want ...the ability to understand, come together and share perspectives both in the council and across councils.” Focus group member

Steering Committees: Participant Recommendations for Change

- Define: Steering Committee composition standards including end users, subject matter experts & patient point of view
- Consider need for different composition for different types of measures (payment, quality improvement, etc.)
- Define Steering committee selection - clearly define how members are selected and qualified
- Define: Terms for Steering Committee members
- Define: Steering Committee members rules of engagement
 - Presence at all meetings
 - Presence on all calls
- NQF staff or outside party to facilitate SC meetings
 - Everyone gets a voice
 - Consensus needs hashing out
 - The loudest voice can not dominate
 - Ensure full contextual (technical understanding) by those who are not 'insiders'
- Consensus as defined by simple majority is not enough- explore moving this to 66+%

Weight of Power

Key points voiced:

- Current process has decision making powers with 2 committees and the Board of Directors
- NQF membership should have some decision making power
- Membership can share thoughts through commenting and voting
- CSAC has different weighting than the Steering Committee

Opportunities for Consideration:

1. Revisit need for both CSAC and BOD
2. Provide for more direct representation of member voting
3. Consider standard balance/weighting of interests throughout process
4. Revisit process options to allow 2

CSAC has too much power late in the process

“If you want consumer and purchaser input, it should be earlier in the process or included at the outset.”

--Focus group participant

New Models- out of the box

- Bi- cameral
- If certain level of disagreement then....
- Quorum of councils to participate

Potential Opportunities for Improvement

- Explore other models?
- Voting model development
- Process for measure vetting (set-up)
- Member Engagement Strategy
 - Website
 - Outreach plan
- Creating transparency through process definition
 - Define, communicate – what we have
 - What are we missing
 - Create what is missing
 - Create process for things we don't have
- Steering committee re-definition
- Definition of NQF role as Conduit including
 - Define process/ role differences
 - Facilitation training?

Questions

