National Quality Forum

Comments on Measure Maintenance Process

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Kathryn Coltin, Harvard Pilgrim Health Care	Comments on the Proposed Maintenance Process	I applaud the proposal to review each endorsed measure every 3 years and to require measure stewards to report each year on changes to the measure specifications. However, the only proposed process for reviewing measures off cycle seems to be the Ad Hoc Review process and this process does not necessarily guarantee that a measure will be reviewed in a timely manner when new evidence is published. An example might be the breast cancer screening measure which is not scheduled for review until Cycle B, although a controversial change in the screening recommendations were issued by the USPSTF last fall. I would like to suggest that measure stewards be required to indicate each year whether the scientific evidence supporting a given measure either: (1) continues to support the measure without substantive changes; (2) supports changes to the measure which are reflected in the version submitted that year; or (3) suggests changes to the measure that are not reflected in the version submitted that year. If (3), the measure steward should indicate why the measure was not revised to reflect the latest scientific evidence (e.g. new evidence is based on a single study requiring replication, evidence may not be generalizable to the target population of the measure, evidence is still evolving, etc.)	One of the responsibilities of a measure steward is to ensure that their measure continues to align with the current scientific evidence. Once the measure is updated and evidence is available, the steward should update and test their measure to align with the new evidence. We acknowledge that there will be coordination with stewards in regards to these kinds of updates.
Kathryn Coltin, Harvard Pilgrim Health Care	Comments on the Measure Review Schedule	The proposed measure review cycles reflect a good balance between practicality and urgency, with the right degree of flexibility. What isn't clear is how a measure was classified for assignment to a panel. For example, was breast cancer screening is included in the 8 measures classified as Cancer: breast or the 9 measures classified as Prevention: Screening? Since both panels are in Cycle B, this isn't as big an issue as if one potential classification would put a measures in Cycle A while another would put it in Cycle C. The measures assigned to the Pulmonary panel indicate that there are 0 measures for bronchitis. However, there is an NQF-endorsed measure called "Inappropriate antibiotic treatment for adults with acute bronchitis". Was this measure classified in some other category? Will a more detailed review schedule listing the individual measures assigned to each panel be posted on the NQF website?	In the future, it is our intent to post on our web site the list of measures grouped by condition and cycle. Prior to a full release, we would like to publish how we have assigned the measures with each measure steward to assure it makes sense to the steward and is in line with their maintenance schedules. We anticipate to start posting timelines and specific information on the cycles and measures this summer.
Kathryn Coltin, Harvard Pilgrim Health Care	Comments on the Proposed Maintenance Process	I support the principle of endorsing a "best in class" measure. However, I'm concerned about possible unintended consequences when a version based on clinically-enriched claims data always trumps a claims only version; even when a claims-only version can produce valid and reliable rates. My principal concerns are: (1) that this policy may impede the public reporting of good claims-based performance measures and lead to a decline in the number of measures that are currently publicly reported by plans or regional collaboratives; and (2) that health plans will have fewer NQF-endorsed measures that are feasible for the plan to produce and include in P4P arrangements. Measures that depend on clinically-enriched claims data may not be feasible to report for a variety of reasons, such as:(1) a low adoption rate of EHRs or registries in a geographic area, at least currently; (2) a failure of providers to share clinical data with health plans or regional measurement initiatives; (3) an inadequate sample of patients for whom clinical data are available; or (4) a biased sample due to having clinical data from only those practices with the capability to use and share clinical data and such practices also being better performers. If a valid and reliable	In their forthcoming meeting, CSAC will be addressing the need for additional clarification on how NQF committees determine “best in class” when there are competing measures. They will report their findings to the NQF board of directors at its September meeting.

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		measure can be produced from claims data alone, endorsing only the "better" measure that depends on what may be unavailable, inadequate or biased clinically-enriched claims data could be a case of the perfect being the enemy of the good.	
Kay Schwebke, Ingenix	Comments on the Proposed Maintenance Process	1. As a measure developer, we disagree that the currency and relevance need to be reviewed and updated annually. This is inconsistent with the 3-year-cycle NQF endorsement review process, where relevance and other measure criteria will be reviewed. We suggest that the measure developer submit this specific information as part of the 3-year maintenance process, not annually. We do agree with communicating specification changes on an annual basis. This would capture common, typically minor specification changes, such as medication updates and annual code updates. We would ask that measure developers be given at least one month notice to provide this documentation. Also, we encourage use of a simple, efficient and brief online form that allows the submission this information. 2. The maintenance process document states that an ad hoc review may be conducted on an endorsed measure, practice, or event at any time with adequate justification to substantiate the review. As written, it is unclear when the measure developer would be contacted. If NQF staff determines that such a review is justified, then we suggest contacting the measure developer as soon as possible, ideally before information is posted to the NQF website.	At the time of annual maintenance the measure steward is required to submit updated specifications with brief justification for changes and information regarding any impact the changes have on measure scores. If there were no updates to a measure, the measure steward will simply indicate that no updates were made. Once NQF staff have determined that an ad hoc review is justified, the measure steward will be notified.
Rachel Nelson, US Citizen	Comments on the Proposed Maintenance Process	Annual maintenance will be useful to help all users assure they are using the most current version of the endorsed measure.	Does not require a response.
Rachel Nelson, US Citizen	Comments on the Proposed Maintenance Process	Waiving annual maintenance provisions during the cycle year seems sensible. For maximum clarity, it may bear describing that feature of the new process in the "Annual Measure Maintenance" section on pages 1-2, in addition to or in lieu of the statement at the bottom of page 3.	Does not require a response.
Ranyan Lu, UnitedHealthcare	Comments on the Proposed Maintenance Process	As a health plan measure owner and developer, we agree with the maintenance policy that measure owners should provide updates to NQF on the minor measure specification changes such as changes to a drug NDC code list on an annual basis. We would like NQF to give measure developers enough time to provide such updates each year. We also agree with the 3-year endorsement maintenance cycle policy that measure owners and developers need to review and update the currency and relevance of the measure as well as harmonize the specifications to ensure the measure represents the “best in class”. We would like NQF to provide details on the process of measure resubmission, review, and endorsement. To allow measure developer to have enough time to prepare for the resubmission, we would like NQF to give at least 3 months notice	We acknowledge that the annual maintenance updates will need to be well coordinated between the measure steward and NQF. In the coming months, we will share a proposed timeline that will enable these updates to be scheduled well in advance, allowing measure stewards to align them with their timelines and obligations (e.g., quarterly updates). In addition, the necessary information and timelines for the endorsement

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			maintenance will be shared with the measure stewards, and advance notification will be given when possible.
Ranyan Lu, UnitedHealthcare	Comments on the Measure Review Schedule	We disagree with the policy of annual review and update on the currency and relevance of the measure unless there are significant changes in the care standard or guidelines in the clinical areas being measured. For measures without significant changes in care standard, annual review and update on the measure currency and relevance will create additional and unnecessary work that requires resources to support. We would like NQF to take into consideration of limited resources of health plans to support various stakeholders.	At the time of annual maintenance, the measure steward is required to submit updated specifications with brief justification for changes and information regarding any impact the changes have on measure scores. If there were no updates to a measure, the measure steward will simply indicate that no updates were made.
David Stumpf, UnitedHealth Group	Comments on the Proposed Maintenance Process	United Health Group appreciates the constraints around updating quality measures in the midst of the introduction of the ICD-10-CM and PCS code sets. As a result of this added strain on the industry, we must be extra careful to integrate the various threads of work into our planning rather than isolate major components into siloed efforts; which would likely result in overlaps and duplicative expenditures of valuable resources. It is with this in mind that we recommend the following considerations for the future quality measurement maintenance framework. 1. The "frozen" date for ICD-9 and ICD-10 codes must take into account various translation efforts including: ICD-9 to ICD-10, ICD-10 to ICD-9, ICD-9 to SNOMED and ICD-10 to SNOMED. The transition timeline also must allow sufficient time for analysis of the final disposition of the ICD code sets and adequate comparative analysis can be performed against existing quality measures. 2. A minimum window of 3 months following the "frozen" date for ICD-9 and ICD-10 must precede the date for submission of measures specified using ICD-10. This window is critical to allow sufficient time after the ICD code sets have stabilized to perform appropriate analysis against those codes and correlating measures.	NQF has convened a code maintenance expert panel that has developed a guidance document addressing the coding update and how to support it through the maintenance process.
David Stumpf, UnitedHealth Group	Comments on the Proposed Maintenance Process	Furthermore, determination of the most appropriate timeframe should take into consideration industry activity that may take place between October 2013 and January 2014. Items to consider include: new codes for CPT and ICD, year-end activities and the impact of holidays on key resource availability. It is likely that the industry as a whole will struggle to meet these deadlines if these considerations are not planned accordingly.	See response above.
Lea Anne Gardner RN, PhD (on behalf of the Performance Measurement Subcommittee), American College of Physicians	Comments on the Proposed Maintenance Process	The document does not state what happens if the measure steward misses the annual maintenance or 3-year review deadline. It would be helpful to have a description of the next steps for each review time period. For missing an annual maintenance review, would there be an automatic suspension of NQF endorsement pending the update? Would there be a notation that the measure is not up-to-date on the NQF website? Missing the 3-year review is even more serious because the measure may no longer be valid. If this occurs NQF should place a label stating that the measure specifications may not be up to date. At the time of the annual maintenance will there be a process	NQF is exploring how to flag measures that have not completed annual maintenance within the database. If the measure steward does not participate in the three year endorsement maintenance process, the

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		to identify changes to the evidence or other new information entered by the measure steward? If this situation occurs, what is the NQF process to review that information and determine whether to launch an ad hoc review? We recommend that there be a rigorous approach to grading and evaluating measure evidence that should be applied to both the measure steward and measure maintenance committee.	measure will be put forward for removal of endorsement. NQF recently convened a task force looking at review and evaluation of evidence. The recommendations from this group will be available for comment this spring.
Lea Anne Gardner RN, PhD (on behalf of the Performance Measurement Subcommittee), American College of Physicians	Comments on the Proposed Maintenance Process	From our reading of the document, it sounds like the ad hoc review is prompted/requested by parties external to NQF rather than through the annual maintenance process. It should be the responsibility of the measure developer/steward to alert NQF. If an external group comes to NQF questioning a measure stating the evidence has changed, NQF should alert the measure steward and say that an ad hoc review and response would be due in 3 months or so. It would be helpful if this document spells out in more detail a timeline for acting on a request for ad hoc reviews.	The ad hoc review can be requested by the measure steward, any other party, or NQF staff. The measure steward will play an active role in the review. In addition, they may provide additional information or background materials for the review or work with NQF to determine a reasonable timeframe to complete a review of the evidence as needed. An annual update may result in an ad hoc review if changes to the evidence or measure itself meet any of the three criteria justifying an ad hoc review.
Constance Hwang, Resolution Health, Inc.	Comments on the Proposed Maintenance Process	In our experience as a measure developer, annual measure maintenance typically results in minor changes to medical and pharmacy coding. Where applicable, major changes in the scientific evidence related to a quality measure should be raised for discussion by the measure developer or other parties by following the proposed ad hoc procedure. In light of this ad hoc mechanism, asking measure developers to formally submit documentation on the "currency and relevance" of all endorsed measures to NQF on an annual basis could be burdensome and yield minimal change for the majority of existing measures. We would like to better understand the extent of the submission materials expected for this annual maintenance, particularly in regards to justification of a measure's currency and relevance.	At the time of annual maintenance, the measure steward is required to submit updated specifications with brief justification for changes and information regarding impact the changes have on measure scores. If there were no updates to a measure, the measure steward will indicate no updates were made.
Joyce Bruno Reitzner, American College of Chest Physicians	Comments on the Proposed Maintenance Process	Proposed Maintenance Process On behalf of the American College of Chest Physicians (ACCP) the ACCP Quality Improvement Committee (QIC) appreciates the opportunity to comment on the NQF Consensus Standards Maintenance and Endorsement Cycle Process. While the QIC appreciates the overall principles of the measure maintenance and endorsement review process, they felt that the implementation and adherence to the policy might be difficult due to its complexity. The QIC noted the following: 1. Given that the emergence of new evidence is a critical factor driving the reassessment of performance measures, the document lacks rigor with regard to requiring that performance measures be based on the highest level of evidence for continued existence.	Measures undergoing endorsement maintenance review are held to the same standard as new measures being considered for endorsement, and are evaluated against the four measure evaluation criteria for endorsement. NQF's measure steward agreement articulates the role of a measure steward and is available on NQF's web

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		2. The document did not clearly articulate the criteria for performance measure modification beyond currency and relevance of the performance measure and ensuring that only the "best in class" measure is used. The QIC felt the need for greater assessment to be given to ensuring the usability and feasibility of the performance measure. Furthermore, data on adherence, gaps, and trends should be used to evaluate a measure's continued existence. 3. Measure Stewards are discussed throughout the documents, although their role and level of accountability is not clearly defined. 4. The QIC requested the ability to review the "operationalization" document discussed on page two. 5. The QIC asked for more information on how Maintenance Committees would be convened and who would comprise them. 6. The QIC is concerned that this document does not take in consideration current EHR initiatives and how the data collected will impact this process. 7. The QIC felt that the NQF is not holding itself to its own standards with regard to the quality of the performance measures.	site. NQF will post to their web site a companion document clarifying how the endorsement maintenance process aligns with the established 9-step CDP. Topic-specific steering committees selection will be conducted using NQF's established Call for Nominations process and will have multi-stakeholder representation. NQF measure maintenance staff works closely with the HIT staff to ensure understanding of the potential changes that would impact measure annual maintenance and endorsement maintenance.
Joyce Bruno Reitzner, American College of Chest Physicians	Comments on the Measure Review Schedule	On behalf of the American College of Chest Physicians (ACCP) the ACCP Quality Improvement Committee (QIC) appreciates the opportunity to comment on the measure review schedule. The QIC felt that the measure review timeframe is reasonable, overall. The QIC suggests that the NQF add some flexibility to the 3-year cycle to account for the rapidly changing climate of the healthcare system, i.e. changes in technology and healthcare reform. The QIC noted that many of the NQF measures have been approved without a strong evidence base. Therefore, they are concerned that measures that perform poorly will default to the process and continue to be implemented much longer than they should. The QIC noted that if measures were not grouped by condition (e.g. having all the pulmonary measures reviewed in one year) and, rather, were spread out over the 3-year cycle, then any major developments could be shared with the measures scheduled for annual reviews. Furthermore, the QIC also questioned where critical care measures are accounted for on this review schedule.	The NQF measure evaluation criteria apply both to new and previously endorsed measures. NQF has convened a task force to further define the evidence criteria included in the evaluation criteria. The purpose of the three year cycle by topic area is to allow for both new and current measures to be evaluated simultaneously. In addition, by reviewing measures for one specific topic at the same time, NQF hopes to promote the endorsement of a set of measures that represent comprehensive patient care. The current set of 23 topics is intended to facilitate review of a given condition or focus regardless of setting or attribution. The pulmonary committee has been expanded to pulmonary/critical care.
Catherine MacLean,	Comments on the	WellPoint supports NQF's development of a standardized process for maintaining endorsed standards. However, we request clarification regarding how the ad-hoc process will work.	The ad hoc review can be requested by the measure steward or any other party

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WellPoint	Proposed Maintenance Process	Specifically, what happens if there is a significant change in the evidence and an ad-hoc request is not made? Will NQF initiate the ad-hoc process itself? Also, if an ad-hoc review is requested for a specific standard, and there are similar standards that do not have ad-hoc reviews requested, will NQF conduct ad-hoc reviews of all similar standards? For example, if there is a significant change in evidence regarding blood pressure in patients with heart disease, will NQF conduct ad-hoc reviews of all relevant standards?	such as NQF staff. At a point when a significant change in evidence occurs, NQF staff will initiate the process regardless of whether a request has been made from an external individual or organization. If the new or revised evidence is applicable to more than one measure that is NQF-endorsed then all of the measures will be included in the process.
John Bott, AHRQ (contractor)	Comments on the Proposed Maintenance Process	We would suggest that the three year cycle measure endorsement maintenance process should be seen as satisfying the annual measure maintenance process for a measure in that given year. It seems redundant for NQF and the measure developers to document and review the changes are for a measure in year A (in the annual maintenance process) and in the same year A document and review essentially the same data points for the maintenance process. Some efficiencies can be picked up by NQF and the measure developers by meeting both needs for the year in one review process. Tweaking one or both processes and forms may need to occur to realize such efficiencies. Essentially, the information provided and reviewed for the annual process could be seen (and thus constructed) as a subset of the information provided and reviewed in the three year maintenance process.	It is our intent to have the endorsement maintenance process include the annual update. We agree that it would be duplicative to require the measure steward to also provide separate information on the annual updates.
John Bott, AHRQ (contractor)	Comments on the Proposed Maintenance Process	The draft discusses that annual maintenance may be staggered throughout the year (p. 2). However, it is silent on how that decision is reached. Suggest that NQF consult with measure developers to arrive upon an annual cycle that works with the measure developer's calendar and work flow.	We acknowledge that the annual maintenance updates and endorsement maintenance will need to be well coordinated between the measure steward and NQF. In the coming months, we will share a proposed timeline that will enable these updates to be scheduled well in advance and also allow for measure stewards to align them with their other timelines and obligations (e.g., quarterly updates). In addition, the necessary information and timelines for the endorsement maintenance will also be shared with the measure stewards and we will provide as much advance notice as possible.
John Bott, AHRQ (contractor)	Comments on the Proposed	Because there is no definition of the committees and frequency of their meetings we are unable to understand if the result of the proposal could be a bunching up of a large number of AHRQ's measures in a narrow time window for maintenance. For example, we have a number of endorsed	NQF intends to share which cycle a steward's measures have been included in the coming months for input from

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	Maintenance Process	complication measures. Would all such complication measures that come up for endorsement in a given year be reviewed by the "safety committee"? Does the safety committee receive and review measures once a year, semi-annually or quarterly? Would the post-operative complication measures be reviewed by the "surgery committee", etc.? One high level reaction to the committee structure is that we recommend that NQF works with the measure developers to find a schedule that works for the committees as well as measure developers. We would want to arrive upon a schedule that allows us to provide the needed time and attention for each measure's maintenance.	each measure steward. Once this information has been finalized, a proposed timeline for the three cycles will be distributed. We anticipate that several of the topics in a cycle will need to be phased over a year to enable adequate time for stewards to provide the information and for the membership to review. We will work with measures stewards to the greatest extent possible to accommodate their needs.
John Bott, AHRQ (contractor)	Comments on the Proposed Maintenance Process	Under "Process" (p. 3), the second bullet discusses a "request for implementation comments". If this refers to public comment, we would suggest that it would be beneficial to share such comments with the measure developer at the close of the comment period. This would allow measure developers to review and identify what the issues are and potential solutions in preparation for the maintenance committee meeting. The fourth bullet under "Process" also discusses the implementation comments. This appears to say that NQF will examine similar measures to determine which is "best in class" with the exception of considering the implementation comments. This seems contradictory to the NQF endorsement criteria where the "feasibility" criteria requires judging the measure based on how practical it is to implement it. If everything else is equal regarding two measures, it seems NQF's evaluation criteria would score a measure as lower that was very difficult to implement, and score the other higher that was easy to implement. Suggest that the implementation comments be allowed as an aspect of the determination of best in class. The document is non-committal on a minimum notice of providing measure developers the measure maintenance schedule. An adequate amount of lead time is needed especially for measure developers that have a large amount of endorsed measures as well as small organizations. We suggest that a reasonable amount of lead time would be something to the effect that by October 1st of year A the measure maintenance schedule is released for year B. This would afford a minimum of several months notice so as to allot adequate time and resources to prepare materials for one or more measure maintenance process(es).	In addition to soliciting comments on whether the measure continues to meet the NQF measure evaluation criteria, we intend to seek information on how the measure has been used or implemented. This information will be provided to the measure stewards for their input which is consistent with our current process of sharing responses to measures during the comment periods. In their forthcoming meeting, CSAC will be addressing the need for additional clarification on how NQF committees determine "best in class" when there are competing measures. They will report to the NQF board of directors on this issue at its September meeting.
John Bott, AHRQ (contractor)	Comments on the Proposed Maintenance Process	The "Criteria for Justification of Ad Hoc Review" (p. 5) has as one of the criteria: "…performance score may yield invalid conclusions about quality of care (e.g. misclassification…)". Every measure has a degree of margin of error and methods are employed to minimize that error. A given measure was endorsed after examining such attributes of the measure and concluding that level of error for the measure was found to be acceptable. The criteria as it is written could be read as undermining or revisiting a prior CDP and endorsement decision. What may be a fair interpretation, or revision, of this criteria is allowing for ad hoc review when a type of measure validity issue is detected which is something other than what was already considered and found acceptable in the endorsement process.	Implementation of a measure may reveal additional information about the measure including potential unintended consequences that merit further attention.

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Gaye Fortner, HC21	Comments on the Proposed Maintenance Process	I appreciate the opportunity to comment on the proposed reorganization of the consensus development and maintenance processes for quality measures. There are a number of potential benefits arising from this new system: 1)Greater clarity for NQF members and the public over how measures are reviewed, endorsed, and then maintained, over the current system. 2)Enabling volunteers to put their experience on one steering committee to use in a way that makes more sense than the current system, in which steering committee members work on one project and then disband. This will allow for greater consistency in measure evaluation, and for relationships to build among steering committee members, leading to potentially enhanced discussions in the evaluation process, based on an evolving trust among the members. 3)Reducing administrative burden on NQF and member organizations in terms of recruitment, application, and start-up activities.	Does not require a response.
Gaye Fortner, HC21	Comments on the Measure Review Schedule	Concerns, which should be addressed as this proposal continues to be refined: 1) There is potential for measure developers to become frustrated with the annual maintenance cycle. I would like to propose, however, that apart from the EHR-specification work, that the measure maintenance cycle be crafted in such a way that creates appropriate balance between ensuring that the measure remains appropriately specified and not placing onerous burden on developers. 2) While the potential opportunities for having a standing three-year committee are great, so are the potential challenges if these committees are not balanced to provide all stakeholders' perspectives. 3) The concept of having new measures competing against already-endorsed measures that are up for maintenance is one that makes much sense. I support endorsing measures that are considered "best in class" and in addition, to achieve parsimony whenever possible, we must also continue to ensure that all measures are harmonized.	We agree that burden on the measure stewards should be minimized, for this reason the annual update involves updating specifications only. These are no standing committees, but committees will be newly formed every three years based on the scope and breadth of the measures reviewed.
Gary Ewart, American Thoracic Society	Comments on the Proposed Maintenance Process	The American Thoracic Society (ATS) and its Quality Improvement Committee (QIC) generally commend the NQF Consensus Standards Maintenance and Endorsement Cycle Process as important and rigorous. We wish to express some concern regarding representation on the 27 maintenance committees and reservations regarding the ability of NQF to implement the policy in a responsive way. Performance measures need to be responsive to the emergence of new evidence or practice standards in its reassessment and revision of performance measures. The ATS is concerned that the process lacks specificity and rigor as to how a requirement that performance measures be based on the highest level of evidence for continued existence will be determined. Further, as professional specialty societies do not have an invited voice on such maintenance committees, we are concerned with the appropriate level of expertise to conduct these assessments and judgments. Further, the document did not clearly articulate the criteria for performance measure modification beyond currency and relevance of the performance measure and ensuring that only the "best in class" measure is used. We feel additional criteria might include scientific strength of the evidence, usability, and feasibility of the performance measure. Furthermore, data on adherence, gaps, and trends should be used to evaluate a measure's continued existence.	All measures regardless of whether they are currently endorsed or under consideration are evaluated based on the NQF measure evaluation criteria. In recognition of the need for greater specificity of several of the criteria, two task forces have been convened to provide additional direction on the evidence required for a measure and the testing that should be completed to ensure its reliability and validity. The recommendations from these task forces will be incorporated into the measure evaluation criteria. As with all NQF steering committees, representation from multiple stakeholders is sought including consumers, purchasers, and health professionals. The topic-specific

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			steering committees will be convened using the NQF established process including a call for nominations. Clarification will be added to the process document.
Gary Ewart, American Thoracic Society	Comments on the Measure Review Schedule	The American Thoracic Society (ATS) and its Quality Improvement Committee (QIC) appreciated the opportunity to comment on the measure review schedule. We find the measure review timeframe to be reasonable overall but, as per our other comment, endorse flexibility and responsiveness to the 3-year cycle to account for the rapidly changing climate of the healthcare system, changes in technology, changes in practice, and changes in standards of care due to healthcare reform. We note that some NQF measures have been approved without a strong evidence base and suggest an added level of scrutiny for those measures with less than grade A evidence, that might include data on adherence, gaps, and trends to evaluate a measure's continued existence or need for revision. Steps should be put into place to ensure that measures that perform poorly do not simply default to the standard process and continue to be implemented. One approach might be a yearly review across the topic with scheduled measures at each cycle over the 3 year period, but allow for earlier prioritization at any year for those in which major developments might necessitate earlier review. We further note the need to ensure specialty society representation and expertise on relevant committees, e.g. pulmonary. We lastly question whether critical care measures are accounted for on this review schedule without a standing maintenance committee (the same concern for sleep measures once deployed).	The ad hoc review process is intended to address some of the concerns raised. NQF strives to balance the need to assure that measures are evidence-based, scientifically acceptable, feasible, and usable at all times with the need to maintain a stable portfolio of measures intended for public reporting. To this end, multiple approaches are being implemented: the ad hoc review process, the annual updates, and the three year endorsement maintenance. In addition, we recognize that as measurement evolves and the NQF portfolio changes additional committees or revisions to the existing 23 topics may need to be made to accommodate new or emerging topics. The current set of 23 topics are intended to facilitate review of a given condition or focus regardless of setting or attribution.
Debbie Robin, American Gastroenterological Association Institute	Comments on the Proposed Maintenance Process	It is not clear from the proposal how the Measure Steward (owner/developer), for purposes of maintenance, will be identified when multiple organizations have been involved in the development of a measure or measures set. For example, the standard Physician Consortium for Performance Improvement® (PCPI) process generally includes at least one lead specialty society as a co-developer. In such cases would the PCPI be considered the Measure Steward by NQF for it maintenance processes? The American Gastroenterological Association (AGA) Institute appreciates the opportunity to comment on this process and looks forward to the NFQ's response.	All organizations who participate in the development of a measure are encouraged to participate in NQF processes and measure developer activities. To enable consistent communications and updates on measures, measure developers are asked to identify at the time of endorsement one entity who will be the primary contact.
Jane Han, STS	Comments on the Proposed Maintenance Process	STS applauds NQF's efforts to regularize its measure endorsement and maintenance policy, as it provides needed structure to this complex process	Does not require a response.

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Christine Chen, Pacific Business Group on Health	Comments on the Proposed Maintenance Process	The Pacific Business Group on Health appreciates the opportunity to comment on the proposed reorganization of the consensus development and maintenance processes for quality measures. We see a number of potential benefits arising from this new system: -Greater clarity for NQF members and the public over how measures are reviewed, endorsed, and then maintained, over the current system. -Enabling volunteers to put their experience on one steering committee to use in a way that makes more sense than the current system, in which steering committee members work on one project and then disband. This will allow for greater consistency in measure evaluation, and for relationships to build among steering committee members, leading to potentially enhanced discussions in the evaluation process, based on an evolving trust among the members. -Reducing administrative burden on NQF and member organizations in terms of recruitment, application, and start-up activities.	Does not require a response.
Christine Chen, Pacific Business Group on Health	Comments on the Proposed Maintenance Process	We want to express some concerns, which we think should be addressed as this proposal continues to be refined: -There is potential for measure developers to become frustrated with the annual maintenance cycle. We understand that at the front end, measure maintenance may be intensive due to changes in specifications related to new electronic medical record data collection alterations that must be made. We would recommend that, apart from the EHR-specification work, that the measure maintenance cycle be crafted in such a way that creates appropriate balance between ensuring that the measure remains appropriately specified and not placing onerous burden on developers.	We acknowledge that the annual maintenance updates and endorsement maintenance will need to be well coordinated between the measure steward and NQF. In the coming months, we will share a proposed timeline that will enable these updates to be scheduled well in advance allowing measure stewards to align them with their timelines and obligations (e.g., quarterly updates). In addition, the necessary information and timelines for the endorsement maintenance will be shared with the measure stewards, and advanced notification will be given when possible.
Christine Chen, Pacific Business Group on Health	Comments on the Proposed Maintenance Process	While the potential opportunities for having a standing three-year committee are great, so are the potential challenges if these committees are not balanced to provide all stakeholders' perspectives. In our current environment, it is not always possible to recruit sufficient consumers and purchasers to participate on each steering committee to assure a full and balanced consideration of issues, despite the best efforts of NQF and others. We believe that NQF should develop strategies and mechanisms to ensure that the standing committees reflect the views of the consumer and purchaser constituencies, given the expanded responsibilities that will be expected of committee members, and the volume of potential committees. Such mechanisms could include standardized guidance for all committees or, having cross-cutting advisory body of consumers and purchasers. -the concept of having new measures "competing" against already-endorsed measures that are up for maintenance is one that makes sense. We support endorsing measures that are considered "best In class" and In addition, to achieve parsimony whenever possible, We must also continue to	NQF is committed to ensuring input from all stakeholders, particularly from consumers and purchasers. We anticipate the schedule across three cycles should allow for more representation of consumers and purchasers. In their forthcoming meeting, The CSAC will be addressing the need for additional clarification on how NQF committees determine "best in class"

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		ensure that all measures are harmonized. However, We are very concerned that "best-In-class" be determined not only by "best science," but also by what is most feasible and meets the need for measures that meet priority concerns of providers, consumers and purchasers.	when there are competing measures. They will report their findings to the NQF board of directors on this issue at its September meeting.
Rebecca Zimmermann, MPP, America's Health Insurance Plans	Comments on the Proposed Maintenance Process	Part 1 AHIP appreciates the opportunity to comment on NQF's measure maintenance process. Assessing and updating measures to reflect changes in evidence and specifications is an important step in ensuring that the endorsed set represents the most valid and reliable measures. NQF recommends four criteria for the measure maintenance evaluation - 1) the appropriateness (i.e., is evidence-based) of a given measure, 2) the scientific and clinical appropriateness of a measure's specifications, 3) that the specifications are harmonized, and 4) whether the endorsed measure represents the "best in class" for that particular measure. The first two criteria contain the word "appropriateness." Given that "appropriateness" can refer to a very specific type of measure or criteria, we recommend using different terminology as it would be less confusing. AHIP recommends revising the first criteria to "the measure is evidence-based" and the second revised to "the measure's specifications are scientific and clinically valid."	Both new measures and measures undergoing endorsement maintenance review are evaluated against the four measure evaluation criteria for endorsement. The language in the process document will be modified to provide additional clarification.
Rebecca Zimmermann, MPP, America's Health Insurance Plans	Comments on the Proposed Maintenance Process	Part 2 Best in Class Measures The report outlines a maintenance process that will compare endorsed measures to new measures and select the "best in class" measure for continued endorsement. However, the report does not establish criteria on how measures will be assigned "best in class." It will be key to establish "best in class" criteria prior to adopting the recommendations in the report. We believe that "best in class" measures should demonstrate significant, meaningful improvement in the design of the measure over what is already endorsed. However, without explicit criteria, measure maintenance workgroups may interpret "best in class" differently.	In their forthcoming meeting, The CSAC will be addressing the need for additional clarification on how NQF committees determine "best in class" when there are competing measures. They will report their findings to the NQF board of directors on this issue at its September meeting.
Sharon Sprenger, The Joint Commission	Comments on the Proposed Maintenance Process	1. As a measure developer we fully support that the Measure Steward/developer is responsible for updating and maintaining the currency and relevance of the measure on an annual basis and confirming exiting or minor specifications to NQF. Our current maintenance review process occurs every 6 months . However, more explicit information needs to be shared with measure developers as to the specific information that must be documented and shared annually. For example in our semiannual maintenance process, release notes are created and publicly posted describing all modifications; would this documentation be acceptable? If there is a prototype of a standardized template for submission it would be helpful to have the opportunity to review.	At the time of annual maintenance, the measure steward is only required to submit updated specifications with brief justification for any changes and information regarding any impact the changes have on measure scores. If there were no updates to a measure, the measure steward will simply indicate that no updates were made. Over the coming months, NQF will work with stewards to determine the best process and templates for these reviews.

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Sharon Sprenger, The Joint Commission	Comments on the Proposed Maintenance Process	2. If for extenuating reasons a measure developer cannot meet a review cycle for a given disease/topic, what is the process to submit a measure(s) out of cycle?	Depending on the urgency of the need, there may be additional opportunities to submit new measures for consideration.
Sharon Sprenger, The Joint Commission	Comments on the Proposed Maintenance Process	3. It is noted that due to a large number of measures for cardiovascular and surgery measure maintenance that the work will need to be conducted in two stages and may involve subcommittees or technical advisory panels. As a measure developer who purposefully designs measures to work as a set, we would request that all our measures be reviewed at the same time.	We fully intend to have measures that are clinically relevant and linked reviewed at the same time and will work with stewards to ensure that measures that were developed as a set are reviewed in a similar manner.
Sharon Sprenger, The Joint Commission	Comments on the Proposed Maintenance Process	4. As written, an ad hoc review may be conducted on an endorsed measure, practice, or event at any time with adequate justification to substantiate the review. This process needs to be more clearly defined and the criteria need to be measurable. For example, the evidence supporting the focus of the measure, practice, or event has changed and it no longer reflects updated evidence. If the evidence in the guideline supporting the measures is changed and actually given a higher grade, does this need to be reported to or reviewed by NQF? Also, at least three experts are required to review the evidence and provide input to the CSAC. What are the criteria for their selection?	We will review the criteria to determine if we can provide further clarification. NQF will utilize an expedited Consensus Development Process for previously endorsed measures that require re-examination, such that each CDP step will be no less than 10 business days, including a call for nominations for technical advisors, review of the proposed slate, and commenting
Rebecca Zimmermann, MPP, America's Health Insurance Plans	Comments on the Proposed Maintenance Process	Part 3 Transition Period for Removal of Endorsement of Measures NQF should provide additional clarity regarding measures that lose their NQF endorsement. The removal of endorsement of measures that are in use could have a profound effect on payers, consumers, and providers – especially those with multi-year performance contracts. Providers will need to change their clinical and data collection processes, payers will have to update their quality and payment programs, and consumers will need to be educated on new quality data. It would be helpful if NQF provided a detailed plan on how measures will transition from endorsed to non-endorsed status. Given that measures may be in use in provider contracts and quality public reporting programs, AHIP recommends a transition period of no less than two years. This will allow for measure vendors to update their products, for providers to update their clinical and data collection processes, and for payers to update performance contracts or quality reporting programs. Process	NQF is aware of the need to clarify how and when endorsement of a measure is removed and will be addressing this question in the near future. The results of the measure use assessment initiative will be shared with the topic-specific steering committees when available. As with all NQF steering committees, representation from multiple stakeholders is sought including consumers, purchasers, and health professionals. The topic-specific steering committees will be convened using the NQF established process

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		NQF has recently undertaken an NQF measure use assessment initiative. When available, the results of this initiative should be used to inform the measure maintenance process. Committee Assignments It is unclear from the report how members of the maintenance committees will be selected. AHIP asks for additional clarity around the selection of experts to these committees.	including a call for nominations.
Rebecca Zimmermann, MPP, America's Health Insurance Plans	Comments on the Proposed Maintenance Process	Part 4 Post-Maintenance Committee Review NQF should include the steps that follow the maintenance committee review of measures, including any plans for member comment, CSAC review and NQF Board approval. Next Steps As there may be some overlap among the 27 maintenance committees recommended in the report, NQF should develop a crosswalk indicating which committee endorsed measures will be assigned to - for example, cancer screening measures could be assigned to the Prevention committee or the Cancer committee.	The endorsement maintenance process will follow the nine-step Consensus Development Process, including member comment, CSAC review, and board approval. It is our intent to post to our web site the list of measures grouped by condition and cycle in the future. Prior to a full release, we would like to share how we have assigned the measures with each measure steward to assure that it makes sense to the steward and is in line with their maintenance schedules to the greatest extent possible. We anticipate that we will be able to start posting timelines and more specific information on the cycles and measures this summer.
Sharon Sprenger, The Joint Commission	Comments on the Proposed Maintenance Process	5. In addition to the standard evaluation requirements under the CDP, evaluation for the purposes of harmonizing specifications shall be undertaken. This process and what it entails must be clearly defined. As a measure developer we are concerned that this process ensures that the clinical integrity and intent of our measures is maintained. In addition, there is a need to clarify and consider differing requirements for different care settings and the explicit intent of the measures being considered for harmonization.	A project aimed at developing operational guidance on harmonization is underway. The recommendations that result will be incorporated into the NQF process.
Sharon Sprenger, The Joint Commission	Comments on the Proposed Maintenance Process	6. It is also noted that through this maintenance and endorsement cycle process that it will be determined whether the endorsed measure represents the "best in class." We are concerned with unintended consequences if explicit criteria are not developed and applied to make this determination. For example, a measure derived from the EHR or clinically enriched administrative data may not be the "best in class" and the paper-based measure may still be the "best in class."	In their forthcoming meeting, CSAC will be addressing the need for additional clarification on how NQF committees determine "best in class" when there are competing measures. meeting and They will report their findings to the NQF board of directors at its September meeting.
Sharon Sprenger,	Comments	7. "Measure Re-tooling Initiative" – Re-tooling measures in Cycle B or C and undergoing material	The measures that are undergoing

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The Joint Commission	on the Proposed Maintenance Process	changes in 2010 will be reviewed under the Ad Hoc Process for continued endorsement. Since the "re-tooled" measure has yet to be endorsed, which measure is actually under review? Is it the e-measure only or can this review impact continued endorsement for the original measure?	retooling at this time will not result in new measures, but approved e-specifications for the currently endorsed measures. The endorsement maintenance review applies to endorsed measures regardless of specifications.
Sharon Sprenger, The Joint Commission	Comments on the Proposed Maintenance Process	8. Information is needed as to the composition of the disease/topic specific committees and the frequency with which they will meet during their respective review cycles.	As with all NQF steering committees, representation from multiple stakeholders are sought including consumers, purchasers, and health professionals. The topic-specific steering committees will be convened using the NQF established process including a call for nominations. The necessary information and timelines for the endorsement maintenance will be shared with the measure stewards and subsequently published on the NQF web site. We will provide as much advance notice as possible.
Sharon Sprenger, The Joint Commission	Comments on the Proposed Maintenance Process	9. How will new measures be addressed that are ready for endorsement far outside their regularly scheduled cycle?	Having the three cycle schedule in place ensures the opportunity to submit new measures on a regular basis. Depending on the urgency of the need, there may be additional opportunities to submit new measures for consideration.
Sharon Sprenger, The Joint Commission	Comments on the Measure Review Schedule	1.We appreciate the need to create cycles to regularize the schedule for review. However, there will need to be flexibility based on the evolving health care environment, specifically meaningful use, health care reform, health information technology, etc. 2.NQF needs to recognize and be prepared to develop rapid cycle improvements if this new process becomes overly burdensome and resource intensive for measure developers and others involved.	NQF is committed to revisiting this maintenance process to be responsive to changes in the environment and needs of its stakeholders.
Patrick Romano, UC Davis Health System	Comments on the Proposed Maintenance Process	The draft proposal states that "annual maintenance for measures may be staggered throughout the year for workload purposes..." This comment appears to be focused on the workload for NQF. Please consider the workload for measure developers/stewards as well. The assignment of a particular month or quarter for annual maintenance should be determined collaboratively with each measure developer/steward, as many stewards have fixed timetables when they must release their measure specification to their vendors and other stakeholders. Some stewards may need to	We acknowledge that the annual maintenance updates will need to be well coordinated between the measure steward and NQF. In the coming months, we will share a proposed timeline that will enable these updates

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		submit all of their annual maintenance proposals in one submission, because they may be linked to the availability of new ICD-9-CM codes or CMS submission requirements.	to be scheduled well in advance, allowing measure stewards to align them with their timelines and obligations (e.g., quarterly updates). In addition, the necessary information and timelines for the endorsement maintenance will be shared with the measure stewards, and advance notification will be given when possible.
Patrick Romano, UC Davis Health System	Comments on the Proposed Maintenance Process	The number of Maintenance committees may be excessive, and may present a substantial burden on NQF members to fill all of the necessary positions. Specifically, the Committees appear to be aligned along two completely orthogonal axes: (1) specialty/disciplinary areas, such as cancer, cardiovascular, and diabetes; and (2) domains of quality, such as efficiency, disparities/equity, functional outcomes, mortality, population health, prevention, and safety. In addition, there are broad clinical categories such as child health and surgery. So how will the NQF assign measures for child cancer, cancer prevention, functional outcomes in cancer, efficiency of cancer care, cancer mortality, cancer surgery, etc.? Will such measures be reviewed by two difference Maintenance Committees, and if so, how will any disagreements be reconciled? We suggest some simplification of the Maintenance Committee structure to minimize undue burden on measure stewards as well as NQF member organizations. Please consider a smaller number of cross-cutting Committees with ad hoc Subcommittees in particular clinical disciplines.	The development of internal decision rules has allowed us to streamline the number of committees.
Leah Binder, The Leapfrog Group	Comments on the Measure Review Schedule	This new process fits the needs of health industry providers and clinicians, because they tend to draw on numerous experts in the 27 categories. It is less feasible for consumer advocates and purchasers, who do not always have subject experts available but bring important insights to the maintenance process. Moreover, purchasers and consumers tend to have fewer representatives available to participate in these processes. I would suggest a separate committee of consumers and purchasers to review the evidence and analyze the extent to which the measure is usable and relevant to their constituencies.	NQF is committed to ensuring input from all stakeholders-- particularly from consumers and purchasers. We anticipate the schedule across three cycles should allow for more representation of consumers and purchasers.
Patrick Romano, UC Davis Health System	Comments on the Proposed Maintenance Process	The Review Draft refers in several places to ensuring that an endorsed measure represents "best in class." However, it is not clear on how this concept of "best in class" will be operationalized. First, "classes" must be defined, then measures must be assigned to those "classes," and then the quality of measures within each class must be ranked. Further guidance about the three steps in this process will be necessary.	In their forthcoming meeting, CSAC will be addressing the need for additional clarification on how NQF committees determine “best in class” when there are competing measures. They will report their findings to the NQF board of directors at its September meeting.
Patrick Romano, UC Davis Health System	Comments on the Measure Review Schedule	As the Review Draft suggests, certain Maintenance committees will have so many measures to review that not all of their measures could be reviewed in a single year. More generally, the proposed 3-year cycle for these Maintenance committees means that many measures may need to be reviewed well before when maintenance review would otherwise be required (e.g., in Cycle A instead of Cycle B or C). Please consider whether these Maintenance committees could instead be	NQF will consider different operational approaches to the work of the topic-specific steering committees over the course of the entire project to minimize measure steward burden.

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		regarded as standing committees that would meet once each year to review whatever measures in their domain were eligible for maintenance in that year. This could be accomplished if the number of Maintenance committees was reduced, with subcommittees or ad hoc committees to support and augment their work as needed. For measure developers/stewards whose work is limited to specific clinical areas, such as child health or cardiovascular health, the proposed scheme would force them to shepherd all of their measures through the maintenance process in a single year, instead of distributing the burden across the 3-year cycle.	
Bernard M. Rosof, MD, MACP, Physician Consortium for Performance Improvement®	Comments on the Proposed Maintenance Process	The Physician Consortium for Performance Improvement® (PCPI) appreciates the opportunity to comment on the National Quality Forum's (NQF) National Voluntary Consensus Standards Maintenance and Endorsement Cycle Process report. We commend the efforts by NQF to establish a maintenance and endorsement cycle that enables NQF, Measure Stewards, and all stakeholders to coordinate respective schedules. This more predictable pathway will help all of us to ensure that we are able to build and maintain a relevant measure portfolio. Our comments below are provided in the spirit of assuring clarity for all readers of the document. We also provide our suggestions for some areas that may need further consideration.	Does not require a response.
Bernard M. Rosof, MD, MACP, Physician Consortium for Performance Improvement®	Comments on the Proposed Maintenance Process	Overarching Comments We were pleased to hear on the April 19th NQF webinar that the intent of this new process is for Measure Stewards to have the opportunity to submit new measures, retire measures, and provide maintenance of continuing measures at the same time. We feel strongly that this approach is important to advance measurement. That is, we seek to continually evaluate and revise our measure sets as appropriate and welcome the opportunity to submit to NQF the results of our careful deliberations in total. Because we were not clear of this intent on our first read of the draft document, other readers may be uncertain as well and therefore some clarification language may be helpful. On a related note, when NQF begins a Cycle, would we be able to submit new measures on a topic even if we currently are not maintaining a set in that clinical topic/cycle? We believe that is your intent, but clarification would be helpful.	New measures can be submitted regardless of whether or not the steward has previously endorsed measures in this topic area. NQF will review the document to ensure that the language is clear regarding our intent.
Bernard M. Rosof, MD, MACP, Physician Consortium for Performance Improvement®	Comments on the Proposed Maintenance Process	Page 1. Maintenance for Performance Measures On our first read of page 1, it seems that the Measure Steward is responsible for annual updates, and NQF is responsible for maintenance. We believe NQF's intention is that the Measure Steward initiates and proactively informs NQF of annual updates, while NQF informs Measure Stewards of the timing of maintenance. As the Measure Steward, we would be responsible for providing our maintenance materials. We suggest a few additional sentences would help to clarify for all Measure Stewards that they are responsible for the act of maintaining their measures and providing information to NQF.	Measure stewards are responsible for the act of maintaining their measures and providing information to NQF. Given NQF's responsibility for maintaining endorsement, we will solicit this information as outlined in this process. NQF will review the document to ensure that the language is clear.
Bernard M. Rosof,	Comments	Page 1. Annual Measure Maintenance	NQF intends to implement this new

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MD, MACP, Physician Consortium for Performance Improvement®	on the Proposed Maintenance Process	We recognize that putting a new process and schedule in place is particularly difficult in its first year of implementation as current schedules will be disrupted—both for NQF and for Measure Stewards. To avoid a situation where anyone organization is overwhelmed in the first year, 2010, we would welcome an opportunity to further discuss with NQF the full impact of the 2010 Cycle. It may be prudent to consider a smaller set of conditions/areas for 2010 or at the very least to stagger the timing for each condition/area.	process for two of the topic areas outlined in the document (cardiovascular and surgery). All other 2010 endorsement maintenance is currently being conducted through current projects. We will work with measure stewards to coordinate schedules to the greatest extent possible.
Bernard M. Rosof, MD, MACP, Physician Consortium for Performance Improvement®	Comments on the Proposed Maintenance Process	Page 2. Maintenance Committees We suggest that text be added to the document to clarify the communication/coordination efforts planned between the newly proposed Maintenance Committees and the original reviewing Steering Committees under each topic. We heard on the NQF webinar that members of the original Steering Committee may serve on the new Maintenance Committees, but we are not certain whether that will be encouraged. We see advantages with some intentional overlap to encourage consistency in the review process for each individual topic over time. We also would like to talk further with NQF about how specific measures may be divided across the clinical topic areas. We all struggle with the fact that measures may be grouped in different ways. For example, the PCPI Geriatrics Measure Set includes measures across three topic-specific Committees: Incontinence, End-of-Life, and Safety. We request that NQF consider these situations and permit a single Maintenance Committee to review the entire measure set.	We acknowledge that some topic-specific steering committees overlap from previous reviews encouraging consistency. Previous steering committee members are welcome to submit their names for consideration if they so choose during the call for nominations. In the future, it is our intent to post on our web site the list of measures grouped by condition and cycle. Prior to a full release, we would like to publish how we have assigned the measures with each measure steward to assure it makes sense to the steward and is in line with their maintenance schedules. We anticipate to start posting timelines and specific information on the cycles and measures this summer.
Bernard M. Rosof, MD, MACP, Physician Consortium for Performance Improvement®	Comments on the Proposed Maintenance Process	Page 2. Maintenance Committees (cont.) Additionally, the PCPI recognizes that issues such as collecting data on race, ethnicity, and primary language for every measure are overarching, hence the need for a separate Disparities & Cultural Competency Committee. However, the PCPI is also likely to address issues related to disparities and cultural competency in the context of measure development for specific clinical conditions or topics. We therefore recommend that NQF provide direction to each Maintenance Committee on evaluating these issues addressed within individual committees.	The NQF measure evaluation criteria currently includes guidance on stratification to assess disparities.
Bernard M. Rosof, MD, MACP, Physician Consortium for	Comments on the Proposed Maintenance	Page 3. Process We were glad to hear on the NQF webinar that NQF intends to provide Steward forms that are pre-populated with information from the NQF database of currently endorsed measures. This step will	In their forthcoming meeting, CSAC will be addressing the need for additional clarification on how NQF committees determine "best in class"

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Performance Improvement®	Process	serve as a helpful "check" that we are in alignment. It is unclear to us from reading the document as to the criteria that will be used for considering measures "directly competing as 'best in class.'' Such comparisons may be very time consuming and costly, so we all would want to discuss expectations in advance.	when there are competing measures. They will report their findings to the NQF board of directors at its September meeting.
Bernard M. Rosof, MD, MACP, Physician Consortium for Performance Improvement®	Comments on the Proposed Maintenance Process	Page 5. NQF Ad Hoc Review We suggest clarification of the term "any party" to identify organizations/individuals eligible to request an ad hoc review. Page 5. Ad Hoc Review Process We have concerns that the ad hoc review process appears less rigorous than the initial and maintenance review processes, with "at least three technical experts" providing input to the CSAC. We anticipate that there may be circumstances that would warrant review by a full Steering Committee or Maintenance Committee, and suggest that the ad hoc process allow for these options.	The use of the term "any party" is intended to be as inclusive as possible. A review can be requested by anyone who is aware of a concern or issue that meets any one of the criteria justifying an ad hoc review. For ad hoc reviews, NQF will utilize an expedited Consensus Development Process for previously endorsed measures that require re-examination, such that each CDP step will be no less than 10 business days, including a call for nominations for technical advisors, review of the proposed slate, and commenting.
Bernard M. Rosof, MD, MACP, Physician Consortium for Performance Improvement®	Comments on the Proposed Maintenance Process	Page 5. Ad Hoc Review Process (cont.) We respectfully request that a notice be provided to Measure Stewards when NQF determines a need to conduct an ad hoc review on a given topic, given that individual Stewards may already be conducting their own review of that topic. We would also recommend that specification changes be made or recommended only in consultation with the Measure Stewards when the CSAC renders its decision "on endorsement status and/or specification changes." Again, we commend the efforts by NQF to establish a more predictable pathway for maintenance and endorsement and we believe the revised process will be beneficial to NQF, the Measure Stewards, and all other stakeholders. We appreciate the opportunity to comment.	The measure steward will play an active role in the review. In addition, they may provide additional information or background materials for the review or work with NQF to determine a reasonable timeframe to complete a review of the evidence as needed. We will clarify the initial step in the ad hoc process to include communication with the measure steward.
Melanie Shahriary, RN, BSN, American College of Cardiology	Comments on the Proposed Maintenance Process	Operationalizing the New Processes The document posted for review refers to a separate document that will articulate the operational details of this process; however this was not available for review. We would urge you to delay finalizing the proposed new process until members have the opportunity to review and comment on the detailed operational plans. While we appreciate the effort to provide a high-level review, we do not believe it is possible to adequately evaluate the proposed process without additional details regarding implementation... In particular, we had questions regarding: 1) The selection of the many maintenance and ad hoc review committees. Our strong	The topic-specific steering committees will be convened using the NQF established process including a call for nominations. For ad hoc reviews, NQF will utilize an expedited Consensus Development Process for previously endorsed measures that require re-examination, such that each CDP step will be no less than 10 business days,

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		recommendation would be that, in both cases, this should be a fully transparent process similar to the current process for calling for nominees and selecting steering committees or Technical Expert Panels (TEPs). 2) The length of the terms for the volunteer members of the harmonization committees 3) NQF's plans for ongoing training and support for the maintenance committees: NQF is taking on a significant responsibility for training committee members and facilitating committee processes to ensure uniform application of its criteria. We feel that the document should address this issue and, at least at a high level, say something about how this responsibility will be met. 4) How existing steering committees or TEPs for some ongoing or upcoming projects, e.g., those related to efficiency and patient safety, will fit in with the disease/topic specific maintenance committees: There is mention in the document of ongoing and upcoming projects. How will these fit in with the maintenance process? How will the 27 maintenance committees evolve over time as ongoing or upcoming projects are completed? More details regarding this issue would be helpful. In addition, it would be useful to be able to review the standardized template for requesting implementation comments (p. 3 of the document) to see what specific information will be expected at the time of measure maintenance. We are also concerned that the proposed process creates a complex bureaucratic infrastructure, which seems unlikely to work within the proposed ambitious timelines. We would also note that the proposed process may not be in sync with many measure developer's internal priorities and timelines. The ACCF/AHA process for performance measure development, for example, is closely tied to our clinical practice guideline processes. Those processes are, in turn, responsive primarily to changes in the clinical evidence, not fixed time intervals.	including a call for nominations for technical advisors, review of the proposed slate, and commenting. The endorsement maintenance process follows NQF's established consensus development process and uses the NQF measure evaluation criteria. We considered known upcoming projects when drafting the cycle schedule. At the time of annual maintenance, the measure steward is only required to submit updated specifications with brief justification for any changes and information regarding any impact the changes have on measure scores. Over the coming months, NQF will work with stewards to determine the best process and templates for these reviews. We acknowledge that the annual maintenance updates and endorsement maintenance will need to be well coordinated between the measure steward and NQF.
Melanie Shahriary, RN, BSN, American College of Cardiology	Comments on the Proposed Maintenance Process	Frequent Updates/Potentially De-endorsing Measures We would assume that the operational document will include explicit details on the criteria that maintenance committees will use to judge what is "best in class" when new measures that are similar to existing endorsed measures are submitted for consideration. One of NQF's goals should be to endorse measures that have been so well constructed that the reasonable expectation is that, barring exceptional circumstances, such as those enumerated in the Criteria for Justification of Ad Hoc Review on p. 5, they will pass the test of time and not require re-specification. Extreme caution should be exercised in deciding to displace or de-endorse existing measures, especially if they are in current use. We believe there is a risk that each component of the proposed process (i.e., annual updates and 3-year maintenance reviews) may encourage both minor and major changes to measure specifications, which will inevitably lead to confusion for health care providers, payers, and the public. Constant change is unworkable, especially given the national scope of NQF activity. The practical ability of health care providers to stay current with continually	In their forthcoming meeting, CSAC will be addressing the need for additional clarification on how NQF committees determine "best in class" when there are competing measures. They will report their findings to the NQF board of directors at its September meeting. Based on previous experience, we do not anticipate that the majority of measures will have material changes at the time of annual maintenance update. Endorsement maintenance reviews

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		changing measures is quite limited. Simple is always more effective. In addition, frequent changes may make longitudinal analyses impossible. In many cases, a 5-year review cycle would achieve a better balance between the stability needed and the NQF goal of moving towards a more parsimonious and harmonized portfolio of measures. At the end of the 5-year cycle, NQF should require evidence that the measure has been implemented, is still relevant, and that there is some evidence that it is contributing to performance improvement.	against the full measure evaluation criteria will occur every three years. This time frame was determined to be reasonable to allow for stability in the NQF measure portfolio while ensuring that the importance, scientific acceptability, usability and feasibility are maintained.
Melanie Shahriary, RN, BSN, American College of Cardiology	Comments on the Proposed Maintenance Process	Cross-Topic Harmonization We would also like to see greater detail in the document regarding how cross-topic harmonization will be achieved (e.g., if there are secondary preventive measures for stroke and MI, how is harmonization performed, how will decisions be made as to whose specifications will take precedence)? We are aware that NQF is in the process of convening a steering committee to provide operational guidance on measures harmonization. We would urge you to proceed with caution in this area and to avoid applying ad hoc criteria in the interim before the Measures Harmonization steering committee has completed its work. NQF's Quality Mission Our major concern is that there is a very real risk of losing sight of the ultimate goal of all these efforts, which is to improve quality. This complex process may further detract from the mission of quality improvement. We believe that, in addition to putting in place these necessary structures and processes for endorsement and maintenance of measures, NQF should have a parallel structure to keep an eye on the mission and to continually assess the organization's progress towards achieving it. Despite the extensive and intensive efforts to measure and publicly report on the performance of providers and the health care system, there does not appear to be a robust plan in place to test whether using NQF-endorsed measures and publicly reporting the results actually improves the quality of care for patients. The ACCF and the AHA have established quality improvement initiatives and registries with this goal. We would be happy to contribute our experience and expertise to efforts to test and monitor the performance of performance measures and their impact on patient outcomes. Proposed Ad Hoc Process We have some concerns about the ad hoc review process described on page 5. Through this process, it appears that anyone can request an ad hoc, off-schedule review of any measure. Perhaps this process will almost never be used. However, this could present a problem from a measure developer's point of view. We would suggest that NQF consider whether some changes in the proposed process might be useful, specifically: 1) All requests for ad hoc review and the documentation of the decision-making as to whether the review will go forward should be posted to the public regardless of whether the request for review goes forward. 2) Initial decisions about whether an ad-hoc review goes forward should be made by the measures maintenance committee with input from NQF staff (currently this initial decision is delegated solely to NQF staff). 3) The measures maintenance committee should participate in the review process. As currently	The operational guidance developed within the measure harmonization project will be used by all topic-specific steering committees. An external contractor will be evaluating the use of NQF-endorsed® measures. NQF will utilize an expedited Consensus Development Process for previously endorsed measures that require re-examination, such that each CDP step will be no less than 10 business days, including a call for nominations for technical advisors, review of the proposed slate, and commenting.

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		proposed, the plan is for an ad hoc 3-member TEP to review the request. There have been instances in the recent past where the thoughtful and, in some cases, unanimous, recommendations of TEPs have been ignored or overridden by the steering committee or CSAC. Because these will be relatively small groups, we are concerned that this process could end up being entirely dominated by the CSAC.	
Zakiya Pierre, National Committee for Quality Assurance	Comments on the Proposed Maintenance Process	General Comments: 1. Role of NQF Review Committees NCQA recommends that NQF ensure its review committees do not conduct primary evidence reviews. NCQA asserts that it is the role of nationally recognized bodies such as the U.S. Preventive Services Task Force to thoroughly review evidence and construct the relevant guidelines. In order to promote consistency and historical knowledge, NCQA recommends that committee members are diverse in background and tenure on the committee. If there is limited committee membership tenure, NCQA recommends that the committee members have diverse membership tenure, there should members who were on the committee when the measure was originally endorsed as well as new members. 2. Redundancy of NQF Processes In order to reduce redundancy in processes, NCQA recommends that the role of NQF be focused on endorsement and ensuring measure stewards are following sound processes of development, such as adhering to nationally-recognized guidelines and obtaining public comment. For example, NQF Public Comment is duplicative of processes that NCQA and other organizations, such as the American Medical Association Physician Consortium for Performance Improvement, conduct as part of their measure development activities. 3. Forms NCQA notes that previous NQF forms have added considerable burden to the endorsement and maintenance processes. NCQA recommends that NQF move to an online submission form with pre-populated data fields for measures with existing endorsement. If online submission forms are not possible, NCQA recommends that NQF create one form that is applicable to all processes (endorsement and maintenance) using a platform such as MS Word without form fields. If the online submission form is possible, NCQA recommends that the form be pre-populated.	We agree that steering committees should focus on whether or not the measure meets the evaluation criteria, including the sub criteria on evidence. We acknowledge that some steering committee overlap from previous reviews could encourage consistency. Previous steering committee members are welcome to submit their names for consideration if so they so choose during the call for nominations. While we attempt to reduce redundancy in processes, public comment is a critical step in the NQF Consensus Development Process. NQF is working toward providing pre-populated submission forms when feasible and hopes to be able to make it available to stewards in the future.
Zakiya Pierre, National Committee for Quality Assurance	Comments on the Proposed Maintenance Process	Detailed Comments: 1. Call for Measures – New Focus Areas a. To help measure stewards, NCQA proposes that NQF conduct calls for measures only twice a year to help align all of the various processes, such as once in January and once in July. 2. Annual Measure Review a. NCQA recommends that NQF allow measure stewards to submit all updates between November and December of the calendar year. b. NCQA requests that NQF clarify how measure stewards must submit the annual updates. Will they still require the measure appendices? Is there a new form/process? 3. Endorsement Maintenance -- Three-Year Cycle	The necessary information and timelines for the endorsement maintenance will be shared with the measure stewards and we will provide as much advance notice as possible. Annual maintenance only involves submission of updated specifications with brief justification for any changes and information regarding any impact

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		a. NCQA recommends that timing of guideline releases be added as a formal criterion to timing of re-evaluation. b. NCQA notes that Cycle A is slated to be completed by 2010. As we are in the midst of 2010, NCQA recommends that the earliest Cycle A can begin is 2011. c. NCQA recommends that NQF establish a cut-off point for doing maintenance "make-up" that we are undergoing at this moment. We propose that it should end at least six to 12 months prior to rolling out the cycle schedule to allow time to align projects and workload. d. NCQA recommends that any changes in measures cannot be effective immediately, as measures that appear in our products would need to undergo our own processes before changes can be made. 4. Ad hoc Review a. NCQA recommends that NQF only allow ad-hoc review in unusual circumstances. b. NCQA recommends that NQF fold ad-hoc reviews into their existing re-evaluation process, which NQF states may stray from the three-year timing if the situation warrants. i. Measures that have been challenged can appear on the NQF website with a note stating the case. ii. Measure stewards will then have an opportunity to re-evaluate the measure as we ordinarily would; we would present our timeline to NQF for consideration.	the changes have on measure scores. Over the coming months, NQF will work with stewards to determine the best process and templates for these reviews. As we transition to the new process and schedule, NQF continues to conduct maintenance reviews using steering committees and technical advisory panels already convened through current projects. NQF posts all ad hoc reviews to the web site.
Edward Garcia, MHS, Centers for Medicare and Medicaid Services	Comments on the Proposed Maintenance Process	CMS General Comments Regarding NQF Maintenance: 1. NQF should amend the Maintenance Policy to specifically state that a measure is not "de-endorsed" until the final decision of the Maintenance Review Committee is made. Currently if a measure's endorsement status expires (at the end of three years), the current policy does not state whether or not that measure is still endorsed. a. CMS recommends that the policy should allow for the measure to remain endorsed until the measure has completed review by the maintenance committee. b. CMS recommends that If the measure is recommended to be 'de-endorsed," the public should be placed on notice and implementers should be granted a period of time to complete implementation with continued endorsement until a specified date. 2. NQF should limit its review of measure specifications (both during maintenance and under initial endorsement review) to the measure numerator, denominator, exclusions, and measure logic. Other details associated with the implementation of the measure (such as setting-specific coding) should not be considered. This clarification should be made by NQF throughout its Endorsement and Maintenance policies.	There is no automatic removal of endorsement. Every measure undergoes a review process (endorsement maintenance or ad hoc review). Removal of endorsement is not final until the NQF board of directors ratification of the decision to remove. NQF is aware of the need to clarify how and when endorsement of a measure is removed and will be addressing this question in the near future. The measure and specifications submitted to NQF must provide detailed information (including the setting for which it is specified) to enable any party to implement the measure.
Edward Garcia, MHS, Centers for Medicare and Medicaid Services	Comments on the Proposed Maintenance Process	Proposed Maintenance Policy-specific Comments/Questions: 1. Annual Measure Maintenance (page 1) • What kind of review is expected during the annual update? Is the measure steward expected to review evidence, measure performance and conduct harmonization if necessary? What is the distinction between this review and that of the three year maintenance review? o What will NQF do with the information on the annual basis?	Annual maintenance only involves submission of updated specifications with brief justification for any changes and information regarding any impact the changes have on measure scores. If there were no updates to a measure, the

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		o We agree with the concept of annual acknowledgement that someone maintains a measures. We believe that the review should be limited. We should not be expected to expound on every detail of the measure specs. • "… if changes have been made, the details and underlying reason(s) for the change(s). Will NQF evaluate the change to determine if it is material, if so will an Ad Hoc Review be triggered? 2. Measure Endorsement Maintenance—3-year Cycle Maintenance Committees (page 2) • How will NQF assign measures that relate to both a crosscutting topic (e.g. care coordination, efficiency, etc.) and a specific condition be assigned? • When will NQF release the list of specific measures assigned to each Committee? • There is concern that measure developers may have to wait nearly three years before an applicable call for measures is available due to this cycle structure. • Measures may fall into several categories, (e.g., breast cancer screening could fall into cancer or prevention). Does NQF have a guideline on how measures are classified and if a steward does not agree with the NQF classification for one of their measures, is this debatable? o e.g., where do readmission/hospitalization measures go? Efficiency or complications? • It is our understanding the disparities are to be addressed at the measure level and if disparities exist, the measure be stratified accordingly. If this continues to be NQF's position, what is the purpose of the Disparities & cultural competency committee? If the focus is to be on cultural competency, then the name should be changed to reflect such. • How will instrument based measures (OASIS, MDS) be categorized? Will these measure sets be split into topic areas? This may make reevaluation difficult. (Despite NQF noting that they plan to have different TEPs formed by settings under each Committee). o This may increase the burden on stewards of whole sets associated with nursing homes, Home Health, etc. to provide maintenance support on a continuous rate rather than at a particular time for an entire set.	measure steward can indicate that no updates were made. If material changes are made to a measure, either the measure steward or NQF staff can request the ad hoc review. NQF has developed a set of decision rules that have been used to assign measures to review committees. In the coming months we will share how we have assigned their measures with each measure steward. The necessary information and timelines for the endorsement maintenance will also be shared with the measure stewards and we will provide as much advance notice as possible. Depending on urgency of need, there may be additional opportunities to submit new measures for consideration. We anticipate that the disparities & cultural competency committee will review cross-cutting measures of disparities and cultural competency.
Edward Garcia, MHS, Centers for Medicare and Medicaid Services	Comments on the Proposed Maintenance Process	3. Measure Endorsement Maintenance—3-year Cycle Process (page 3) "NQF management may, in its discretion, require less de novo submission of information if the previous endorsement date and/or annual cycle indicates that the information is on file and current" • What specific situations does NQF envision here? • What time frame does NQF intend as "current"? 4. Exceptions to 3-year Endorsement Maintenance Cycle Time-limited endorsement testing and alternative path requirements (page 4) "…—i.e., the "within 6-month rule" does not apply." • What is the "6-month rule"? 5. Criteria for Justification of Ad Hoc Review (page 5) "Material changes have been made to a currently endorsed measure (i.e. expansion of a measure to a different population or setting" • Since some material changes may result in a new measure, (This is dependent on making a concrete definition of "new measure", e.g.., does expansion or changing the denominator to a new population or setting result in a new measure?) will this allow for new measures to circumvent the full CDP process?	For measures that may have an abbreviated endorsement period in order to align to the cycle schedule, NQF staff working with the measure steward, may determine that the measure information on file is up to date and require limited information be submitted for review. NQF will remove the example provided in the time-limited discussion. Ad hoc reviews of measures resulting from material changes are not intended to enable others to circumvent the full

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			CDP process; rather, it is intended to allow for changes that ensure that existing endorsed measures are up-to-date.
Harold D. Miller, Network for Regional Healthcare Improvement	Comments on the Proposed Maintenance Process	On behalf of NRHI, I wanted to offer a few comments on the proposed new NQF process for measure maintenance: - In general, the proposal is a very rational approach to measure maintenance, particularly as the portfolio of measures continues to grow. - The statement "Failure to provide information for annual measure maintenance or failure to participate in the 3-year endorsement maintenance cycle shall result in removal of NQF endorsement" seems overly rigid. I think we all agree that we need more of the right kinds of measures in the NQF portfolio, so losing an otherwise good measure simply because a measure steward no longer exists or does not have the capacity to respond adequately to annual or tri-annual requests for information would be undesirable. We also do not want to discourage organizations from becoming measure developers/stewards by creating in-feasibly high demands on them for maintenance. The threshold for endorsing a measure initially should remain appropriately high, but it would seem wise to also have a high threshold for removing endorsement when there is no evidence that the endorsed measure is no longer valid. The policy on this could be similar in tone to the provision in the draft document which says "NQF management may, in its discretion, require less de novo submission of information if the previous endorsement date and/or annual cycle indicates that the information is on file and current." - Although in general it will be desirable to retire inferior measures when new "best in class" measures come along, I think we should make some provisions for at least temporarily grandfathering previously endorsed measures in situations where they are being actively used in a formal quality improvement or public reporting process. Measuring trends in performance is generally very important to assessing and rewarding progress, and changing measures mid-stream has the potential to be very disruptive. Consequently, there should probably be provisions for multi-year transitional overlaps between old and new measures, in order to give measurement/reporting programs an opportunity to begin collecting the new measures while still reporting trends in the old measures. - In the same vein, it will also be important to recognize that which measure is "best in class" may differ from setting to setting, based on the availability of data, the resources to collect and analyze the data, etc. We do not want to choose measures that are "better" in theory but which are impractical for many communities or providers to use, nor do we want to preclude those communities and providers with advanced capabilities from using better measures if they can. - As a general principle, I would urge that we look for ways to structure NQF input processes so that participation is at least feasible, and ideally easy, for NQF members and other stakeholders with limited time and resources. Particularly as the number of existing and new measures grows, it will not be sufficient to simply provide opportunities for comment; NQF will need to proactively seek out input from those who do not have the time or ability to identify which issues will affect them or to participate in lengthy committee processes.	At the time of annual maintenance, the measure steward is only required to submit updated specifications with brief justification for any changes and information regarding any impact the changes have on measure scores. If there were no updates to a measure, the measure steward will simply indicate that no updates were made. Over the coming months, NQF will work with stewards to determine the best process and templates for these reviews to minimize burden throughout the process. NQF is aware of the need to clarify how and when endorsement of a measure is removed and will be addressing this question in the near future. In their forthcoming meeting, CSAC will be addressing the need for additional clarification on how NQF committees determine "best in class" when there are competing measures. They will report their findings to the NQF board of directors at its September meeting. NQF is committed to revisiting this maintenance process to be responsive to changes in the environment and needs of its stakeholders.