

Scientific Methods Panel Fall 2019 Measure Evaluation Meeting

October 28-29, 2019

Welcome, Introductions, and Disclosures of Interest

Agenda for Day 1

- Welcome, Introductions, and Disclosures of Interest
- Meeting Overview: Process and Criteria
- Measure Evaluations
 - Subgroup 1
 - Subgroup 2
 - Subgroup 3

NQF Scientific Methods Panel Team

Content Leads

- Karen Johnson, MS
- Ashlie Wilbon, MS, MPH, FNP-C
- Sam Stolpe, PharmD, MPH
- Michael Abrams, MPH, PhD
- Andrew Lyzenga, MPP
- Project Management
 - Yetunde Ogungbemi, BS

Scientific Methods Panel Members

J. Matt Austin, PhD	Jack Needleman, PhD
Bijan Borah, MSc, PhD	David Nerenz, PhD, Co-chair
John Bott, MBA, MSSW	Eugene Nuccio, PhD
David Cella, PhD, Co-chair	Sean O'Brien, PhD*
Daniel Deutscher, PT, PhD*	Jennifer Perloff, PhD
Lacy Fabian, PhD	Patrick Romano, MD, MPH*
Marybeth Farquhar, PhD, MSN, RN	Sam Simon, PhD
Jeffrey Geppert, EdM, JD	Alex Sox-Harris, PhD, MS*
Laurent Glance, MD	Michael Stoto, PhD
Joseph Hyder, MD*	Christie Teigland, PhD
Sherrie Kaplan, PhD, MPH	Ronald Walters, MD, MBA, MHA, MS
Joseph Kunisch, PhD, RN-BC, CPHQ	Terri Warholak, PhD, RPh, CPHQ, FAPhA*
Paul Kurlansky, MD	Eric Weinhandl, PhD, MS*
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Meeting Overview: Process and Criteria

Background: Scientific Methods Panel

Formed in 2017

 Direct outcome of May 2017 Kaizen event to redesign NQF's Consensus Development Process (CDP)

Charge of the panel

- Conduct evaluation of complex measures for the criterion of Scientific Acceptability, with a focus on reliability and validity analyses and results
- Serve in an advisory capacity to NQF on methodologic issues, including those related to measure testing, risk-adjustment, and measurement approaches

SMP Measure Evaluation Process

- Developers submit measure specifications and testing attachment
- NQF staff determine which measures are sent to SMP
- NQF team reviews measures for the following:
 - Testing is performed at requisite levels (data element and/or measure score)
 - Testing is aligned with specifications
 - Administrative claims measures are specified and/or tested using ICD-10 codes
 - All required submission form items have a response
 - Maintenance measures submitted with a rationale when providing face validity only

SMP Measure Evaluation Process

- SMP completes measure-specific disclosures of interest
- NQF staff assigns measures to SMP subgroups
 - Based on number of measures, number of panelists, expertise, need for recusal, and previous experience on panel
- Panel given four weeks to complete initial evaluations
 Apply the NQF Scientific Acceptability criteria for reliability and validity via a standardized form ("preliminary analysis" form)
- NQF staff collates initial evaluations and ratings, and provided to developers
 - Developers provided additional information to SMP, based on their initial evaluations, as desired

SMP Measure Evaluation Process

- SMP members given opportunity to pull measures for discussion
- NQF staff develops discussion guide and determines meeting agenda
 - Based on initial ratings, provision of additional information, and whether pulled by SMP members or staff
- NQF staff make meeting materials available to the public
 - Specifications, testing attachment, SMP preliminary analysis, discussion guide, agenda, slides
- SMP meets in-person to discuss and vote on measures
- NQF staff provide summaries of the SMP discussion and votes to standing committees

Fall 2019 Evaluation Cycle Statistics

A total of 55 measures submitted

- Of these, 22 were evaluated by the SMP
 - » 10 new, remainder are maintenance measures being considered for continued endorsement

Type

- Health outcomes: 10
- Intermediate clinical outcomes: 6
- composite measures: 3
- PRO-PMs: 3
- Initial SMP results
 - Passed both reliability and validity: 13
 - Did not pass either reliability or validity: 3
 - Consensus not reached (CNR) on reliability and/or validity: 6

Measure Discussion Process

- Staff will introduce the measure
- Lead discussant will summarize key concerns
- Other subgroup members are invited to comment
- Developers given 2-3 minutes for an initial response
- Discussion opened to full panel
 - A few people are recused: <u>they cannot discuss or vote</u>
 - Developers can respond to questions from panelists
- Subgroup members will cast final vote; other panelists will cast "shadow vote"

Meeting Materials

Annotated agenda (provided to SMP members)

Identifies subgroup members, lead discussants, and those recused for specific measures

Discussion Guide

Includes pertinent information from the submission

- » Goal is to minimize need for back-and-forth with submission materials and to guide discussion so that we address critical questions/concerns
- Measures are include in same order as the agenda
 - » By subgroup, then by rating (CNR, non-passing, passed but pulled, passed but not pulled)
- Appendix B: Additional information provided by developers

The Voting Process

Official subgroup votes

- Done via Poll Everywhere
- Only members of the subgroup who provided a preliminary analysis is eligible to vote
- Results from this vote will be the official vote of the SMP
- Shadow voting: An information-gathering exercise
 - Done via SurveyMonkey
 - Any panelist who did not provide a preliminary analysis is eligible to vote
 - Results from this vote will aid NQF staff in determining if changes to the voting process should be made in the future

Overall Ratings

High

- Score-level testing is required
- A measure may be eligible for "HIGH" but the sampling method/results may make you choose "MODERATE" instead

Moderate

- The highest eligible rating if only data element testing or face validity testing is conducted
- A measure may be eligible for "MODERATE" but the sampling method/results may make you choose "LOW" instead

Low

Used primarily if testing results are not satisfactory

Insufficient

- Use when you don't have sufficient information to assign a HIGH, MODERATE, or LOW rating
 - » Example: unclear specifications; unclear testing methodology

- Health outcomes, intermediate clinical outcomes, cost/resource use, structure, process
 - For both reliability and validity, NQF requires EITHER data element testing OR score-level testing
 - » We'd prefer both, but currently do not require both
 - » Impacts rating, as described above
 - » Exception: face validity for new measures accepted
 - If data element validity testing provided, we <u>do not</u> require additional reliability testing
 - » In this case, use the rating you give for validity as the rating for reliability
 - » This is not as common as it used to be

Composite measures

- NQF has specific definitions for "composite" measures
 - "Traditional" composites
 - All-or-none measures
 - Does NOT include multi-item scales in surveys/questionnaires
- Require reliability testing of the composite measure score
 - Can also show reliability testing of the components, but this is not sufficient to pass the criterion
- Score-level validity testing not required until maintenance
- Additional subcriterion: Empirical analyses to support the composite construction
 - How this is addressed by the developer will depend on the type of composite

Instrument-based measures

- For reliability and validity, require testing at both levels
 - Data element level
 → must demonstrate R/V of the relevant items in the instrument
 - Measure score level
 → testing of the actual performance measure
- We do allow multiple performance measures under same NQF number: need only one PA form, but may require multiple ratings

eCQMs (eMeasures):

- Testing from >1 EHR system required
 While more would be great, it is not required
- Reliability testing not required if based on data from structured data fields; unstructured fields require both reliability and validity testing
- New (summer 2019) requirement: data element validation
 - If data element testing is not possible, justification is required and must be accepted by the Standing Committee

Some Additional Reminders...

Testing must align with specifications

- Not a new requirement, but NQF is more rigorously upholding this requirement, particularly for level of analysis and minimum sample sizes
 - » If multiple LoAs specified, each must be tested separately
- It is possible for you to "pass" part of the measure
- Often there are several performance measures included under one NQF number
 - Each must be evaluated separately; some might pass and others not pass

Some Additional Reminders...

For risk-adjusted measures

- Inclusion (or not) of certain factors in the risk-adjustment approach <u>should not</u> be a reason for rejecting a measure
 - » Concerns with discrimination, calibration, or overall method of adjustment are still grounds for rejecting a measure

For all measures

- Incomplete or ambiguous specifications are grounds for rejecting a measure—but remember that there is an option to get clarifications, although this must be done early on
- Empirical validity testing is expected at time of maintenance evaluation
 - If not possible, justification is required and must be accepted by the Standing Committee

Some Additional Reminders...

- Recently, the SMP articulated additional guidance for submissions
 - 1. Desire for more detail when describing methodology
 - 2. Desire for more than one overall statistic if reporting on signalto-noise reliability
 - 3. Desire for detail in description of construct validation (i.e., narrative describing the hypothesized relationships; narrative describing why you think examining these relationships would validate the measure; expected direction of the association; expected strength of the association; specific statistical tests used; results; interpretation of those results (including how they related to hypothesis and whether they have helped to validate the measure)
 - Lack of #2 and #3 <u>should not</u> be grounds for rejecting a measure

Voting Test

Achieving Consensus

- Quorum: 66% of the Subgroup Pass/Recommended: Greater than 60% "Yes" votes (high + moderate ratings) of the quorum
- Consensus not reached (CNR): 40-60% "Yes" votes (inclusive of 40% and 60%) of the quorum
- Does not pass/Not Recommended: Less than 40% "Yes" votes of the quorum

Measure Evaluations: Subgroup 1

2456 Medication Reconciliation: Number of Unintentional Medication Discrepancies per Patient

- Preliminary Voting Result: Consensus Not Reached
 Reliability: H-0; M-4; L-2: I-0
 - Validity: H-0; M-3;L-2; I-1
- Staff Lead: Andrew Lyzenga
- Lead Discussant: Jennifer Perloff
- Measure Developer: Brigham and Women's Hospital

1623 Bereaved Family Survey

- Preliminary Voting Result: Fail
 - Reliability: H-3; M-2; I-0; I-1
 - Validity: H-1; M-1; L-3; I-1
- Staff Lead: Karen Johnson
- Lead Discussant: Christie Teigland
- Measure Developer: Department of Veterans Affairs / Hospice and Palliative Care

Break

0575 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Preliminary Voting Result: Pass

- Reliability: H-1; M-4; L-0; I-0
- Validity: H-2; M-2; L-0; I-1
- Staff Lead: Sam Stolpe
- Lead Discussant: Sherrie Kaplan
- Measure Developer: NCQA

0059 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

- Preliminary Voting Result: Pass
 Reliability: H-2; M-3; L-0; I-0 Validity: H-1; M-3; L-0; I-1
- Staff Lead: Sam Stolpe
- Lead Discussant: Sherrie Kaplan
- Measure Developer: NCQA

0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Preliminary Voting Result: Pass

- Reliability: H-2; M-3; L-0; I-0
- Validity: H-3; M-1; L-0; I-1
- Staff Lead: Sam Stolpe
- Lead Discussant: Sherrie Kaplan
- Measure Developer: NCQA

Opportunity for Public Comment

Lunch Break

0425 Functional status change for patients with lumbar impairments

- Preliminary Voting Result: Pass
 - Reliability: H-3; M-1; L-0; I-1
 - Validity: H-4; M-1; L-0; I-0
- Staff Lead: Sam Stolpe
- Lead Discussant: Sherrie Kaplan
- Measure Developer: Focus on Therapeutic Outcomes, Inc.

Measure Evaluations: Subgroup 2

0696 STS Composite CABG Score

Preliminary Voting Result: Consensus Not Reached

- Reliability: H-0; M-6; L-1, I-0
- Validity: H-2; M-1; L-3; I-1
- *Composite: H-3; M-2; L-1; I-1*
- Staff Lead: Michael Abrams
- Lead Discussant: Jeff Geppert
- Measure Developer: The Society of Thoracic Surgeons (STS)
3537 Intraoperative Hypotension among Non-Emergent Noncardiac Surgical Cases

- Preliminary Voting Result: Consensus Not Reached
 - Reliability: H-4; M-0; L-2; I-1
 - Validity: H-1; M-3; L-3; I-0
- Staff Lead: Andrew Lyzenga
- Lead Discussant: Larry Glance
- Measure Developer: Mathematica

Break

0018 Controlling High Blood Pressure

Preliminary Voting Result: Consensus Not Reached

- Reliability: H-4; M-1; L-0; I-2
- Validity: H-0; M-4; L-2; I-1
- Staff Lead: Ashlie Wilbon
- Lead Discussant: Daniel Deutscher
- Measure Developer: National Committee for Quality Assurance (NCQA)

3534 30 Day All-cause Risk Standardized Mortality Odds Ratio following Transcatheter Aortic Valve Replacement (TAVR)

- Preliminary Voting Result: Fail
 - **Reliability:** H-0; M-2; L-3; I-2
 - Validity: H-0; M-4; L-2; I-1
- Staff Lead: Karen Johnson
- Lead Discussant: Alex Sox-Harris
- Measure Developer: American College of Cardiology

Measure Evaluations: Subgroup 3

3478 Surgical Treatment Complications for Localized Prostate Cancer

- Preliminary Voting Result: Consensus Not Reached
 - Reliability: H-0; M-3; L-1; I-1
 - Validity: H-0; M-3; L-1; I-1
- Staff Lead: Ashlie Wilbon
- Lead Discussant: John Bott
- Measure Developer: Alliance of Dedicated Cancer Centers

Opportunity for Public Comment

Wrap-Up and Recap of Day 1

Adjourn for Day 1



Scientific Methods Panel Fall 2019 Measure Evaluation Meeting

October 28-29, 2019

Welcome and Review of Objectives

Agenda for Day 2

- Welcome
- Measure Evaluations
 Subgroup 3 measures
 Subgroup 4 measures
- Process Review
- Methods Discussion
- Informational Update
- Next Steps
- Adjourn

Measure Evaluations: Subgroup 3 (continued)

3492 Acute Care Use Due to Opioid Overdose

- Preliminary Voting Result: Consensus Not Reached
 - Reliability: H-4; M-0; L-1; I-2
 - Validity: H-1; M-3; L-0; I-3
- Staff Lead: Michael Abrams
- Lead Discussant: Marybeth Farquhar
- Measure Developer: Yale CORE/CMS

Measure Evaluations: Subgroup 4

NATIONAL QUALITY FORUM

3528 CDC and VON Harmonized Outcome Measure for Late Onset Sepsis and Meningitis in Very Low Birthweight Neonates

- Preliminary Voting Result: Fail
 - Reliability: H-1; M-1; L-3; I-1
 - Validity: H-0; M-4; L-2; I-0
- Staff Lead: Michael Abrams
- Lead Discussant: Sam Simon
- Measure Developer: Centers for Disease Control and Prevention

3483 Adult Immunization Status

- Preliminary Voting Result: Pass
 - Reliability: H-4; M-1; L-0; I-1
 - Validity: H-2; M-3; L-1; I-0
 - Composite: H-5; M-0; L-1; I-0
- Staff Lead: Ashlie Wilbon
- Lead Discussant: J. Matt Austin
- Measure Developer: NCQA

3484 Prenatal Immunization Status

Preliminary Voting Result: Pass

- Reliability: H-4; M-1; L-0; I-1
- Validity: H-2; M-3; L-1; I-0
- Composite: H-5; M-0; L-1; I-0
- Staff Lead: Ashlie Wilbon
- Lead Discussant: J. Matt Austin
- Measure Developer: NCQA

Break

Process Review: Fall 2019 Cycle

Discussion Questions

- What is your opinion of our change to allow developers to provide additional information after your preliminary analysis?
- Was our process for allowing you to pull measures effective? If not, what should we change?
- Have you found the evaluation via in-person more effective than via webinars?
- What do you think about the "shadow voting" and the results thereof? Based on results for this cycle, would you recommend any changes in voting?
- How can we better support your evaluations?

Opportunity for Public Comment

Lunch Break

Methods Discussion

Discussion Topics

- Non-traditional "quality" measures
- Others from meeting "parking lot"

Informational Update: Other Measurement Science Efforts at NQF

Next Steps

Next Steps

- Measure submission deadline: Nov 1-15
- NQF staff will summarize the relevant measure information and discussions of the SMP, and provide to the various standing committees
 - These committees will evaluate measures in the Jan-Feb timeframe
 - CSAC decisions expected in June 2020
- Next Intent to Submit deadline: January 5, 2020

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- The ROI of 20 Years of Quality and the Road Ahead
- Healthcare Centers of Excellence: How Payers and Purchasers Define Success
- The Role of Healthcare Quality in Artificial Intelligence
- Hearing Directly from Patients and Consumers: Rating Systems and Activating Consumers

BREAKOUTS

- Seeking Better Solutions for Marginalized Populations
 - How Quality is Responding to Public Health Crises

Project Contact Info

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- NQF phone: 202-783-1300
- Project page: <u>http://www.qualityforum.org/Project_Pages/Neurology.aspx</u>
- SharePoint site: <u>http://share.qualityforum.org/Projects/Neurology%202015/Si</u> <u>tePages/Home.aspx</u>



Adjourn Day 2

Thank You