CHANGES TO NQF's HARMONIZATION AND COMPETING MEASURES PROCESS

Information for Measure Developers

January 2013

Background

Resolving issues around harmonizing measures and handling competing measures remains one of the key challenges in NQF measure endorsement projects. The current quality landscape contains a proliferation of measures, including some that could be considered duplicative or overlapping, and others that measure similar but not the same concepts and/or patient populations somewhat differently. This guidance will address related measures, measures intended to address either the same measure focus or the same target population; and competing measures, measures intended to address both the same focus and the same target population. Such duplicative measures and/or those with similar but not identical specifications may increase data collection burden and create confusion or inaccuracy in interpreting performance results for those who implement and use performance measures.

As a consensus standards-setting organization, NQF is uniquely positioned to help guide measure harmonization efforts and the selection of superior competing measures. These efforts can collectively move the field toward a more parsimonious set of national performance standards. Recognizing that NQF can take on more of a facilitator role while accounting for the needs of measure developers, NQF has proposed a revised process to ensure harmonization and competing measures issues are adequately addressed and provide adequate time to develop to resolve questions. Building upon the Guidance for Measure Harmonization[1] Consensus Report and Guidance on Competing Measures[2], NQF performance measures staff consulted with multiple

Guidance for Related and Competing Meaures

The endorsement of multiple competing measures should be by exception, with adequate justification.

NQF prefers endorsement of measures that include the broadest possible target patient population for whom the measure is appropriate, as indicated by the evidence.

NQF prefers endorsement of measures that assess performance for the broadest possible application (e.g., for as many possible individuals, entities, settings, and levels of analysis) for which the measure is appropriate.

Desired Outcomes

Consistency in measure results for patients and purchasers.

Improved interpretability across levels of analysis and data sources.

Reduced burden for providers.

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[1] National Quality Forum (NQF), Guidance for Measure Harmonization: A Consensus Report, Washington, DC: NQF; 2010.
[2] National Quality Forum (NQF), Guidance on Competing Measures, Washington, DC: NQF; 2011.

stakeholders impacted by these issues (including measure developers and implementers) to identify challenges to our current process and potential solutions.

What is the Problem?

NQF's current process for resolving issues of related measures needs to be enhanced to support measure harmonization throughout the measure development lifecycle and across NQF consensus development projects. Additionally, the process to select between competing measures has been challenging for Steering Committee members. Since related and competing measure issues are often addressed within the Consensus Development Process (CDP), significant time delays can be created when requesting that developers accomplish harmonization within project timelines. Throughout NQF's discussions with key stakeholders, several overarching themes have been identified below.

What are the Challenges Related to the Measure Development and the Consensus Development Process when Addressing Related and Competing Issues?

- NQF recognized that, from the perspective of the developer, achieving harmonization does not mean that measures must be completely identical. By making measures identical, both developers and users recognized that important evidence-based elements of measures addressing smaller patient populations may be lost.

- Not all developers have a process to ensure they are not inadvertently creating a similar or competing measure.

- Developers will proceed with a competing measure if their workgroups and staff feel strongly that they need, for example, a clinician-level measure for the same measure focus as an existing facility-level measure. They don't view measures on the same topic but at different levels of accountability to be truly "competing."

- Developers are often unaware of what measures exist in the field, prior to submission. This remains a challenge as there are no reliable processes to notify individuals of measures in development to enable proactive identification of related or duplicative measures.

Improvement Methodology

Prior to the improvement event, NQF solicited internal staff, developers, and users for feedback on their perceptions of the current NQF harmonization and competing measures process. Through these sensing sessions, NQF learned that responders believe that NQF policy lacks clear direction and process in part due to inconsistencies across NQF staff and project steering committees. The results of the sensing sessions were presented to the CSAC, where CSAC members reviewed 5 critical areas:

1. **Perception of NQF harmonization and competing measures process**
   Respondents identified that the current process is not clear and consistent across steering committees.
2. **Recommendations for improving the process**
   Respondents believe that NQF needs clear criteria for defining related/competing measures.

3. **Developer processes for addressing harmonization**
   Respondents understood that developers lack consistent processes when addressing harmonization issues.
4. **Role of Steering Committee vis-à-vis NQF staff**
   Respondents identified that the role of NQF staff should be to identify related/competing measures at start of project, and actively facilitate the steering committee's discussion.
5. **Information NQF staff needs to provide**
   Respondents expressed the need for NQF to more clearly identify aspects of the measures needing harmonization before the measures go to the steering committee for consideration. Also, more guidance is needed for steering committees to select a superior measure, when there are two competing measures.
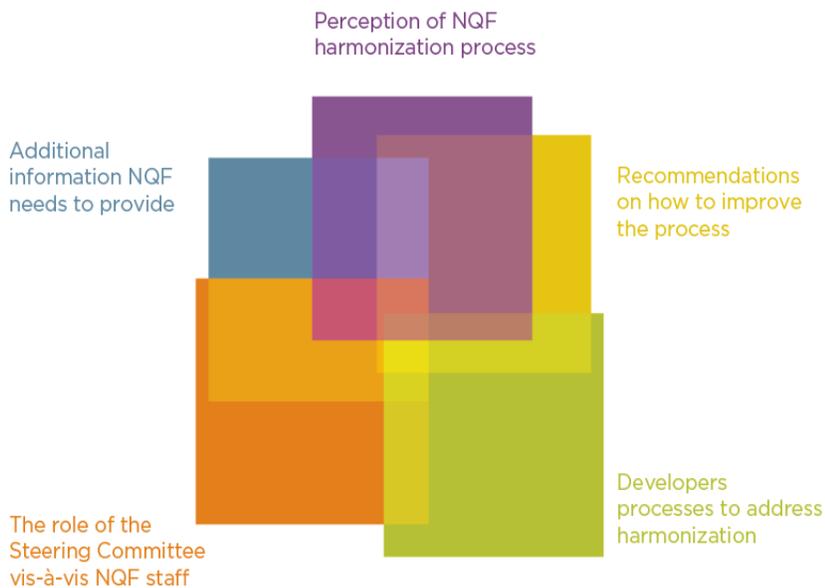
Overview of In-Person Improvement Event

Perception of NQF harmonization process

Additional information NQF needs to provide

Recommendations on how to improve the process

The role of the Steering Committee vis-à-vis NQF staff

Developers processes to address harmonization

Figure 2: Five Critical Areas reviewed by the CSAC

NQF staff and external measure developers were invited to participate in a week long CDP improvement event focused on related and competing efforts undertaken within the current CDP. Using a Lean/Six-Sigma workout, this workgroup was tasked with developing process enhancements to the current CDP.

Keeping in mind, the five critical areas identified by the CSAC, the workgroup developed detailed process enhancements and strategies for implementation. Participants in the improvement event walked through existing harmonization and competing measures guidance, while identifying problems and assumptions associated with the guidance. Through a process mapping exercise and case study, the participants identified salient process enhancement opportunities and were tasked with identifying critical areas for improvement. These critical areas are identified in the table below.

Participants in the improvement event also noted significant challenges when measures outside of an ongoing CDP project are identified as competing or requiring harmonization. Developers found it challenging when their measures were pulled into a related or competing discussion without sufficient lead time. Unable to compare differences in the measures, developers are left unprepared to provide justification for those differences or begin to address how measures could be harmonized.

Critical Area	Description
Definitions	NQF needs to provide clearer, more consistent definitions for: Harmonization, Related, Competing, Conceptual harmonization, Superior, Best-in-class, and Alignment. (Appendix A)
NQF's role in supporting harmonization	- NQF is a facilitator and final arbiter with regards to harmonization and selecting superior measures - Developers should be brought in earlier in the process to provide input on what measures should be considered related and competing - A Harmonization Advisory Subcommittee is needed to provide guidance on overarching issues
Data Burden	- Reduce burden of data collection and improve interpretability of measure results for patients and users - Balance the value of multiple measures vs. data burden - Consider the transition period required for changes in measure specifications
Timing of harmonization within NQF processes	- Prior to the project launch, NQF staff should compile a list of related/competing measures and provide it to developers and the steering committee well in advance of the Steering Committee meeting - A plan for harmonization should be identified early between developers, allowing developers time to make smaller changes before the next annual update. For more significant changes, endorsement should continue with an expectation that updates will take place, based on the agreed upon plans for harmonization, before the measure returns for maintenance.
Consistency of measure results	- Improve the interpretability of measure results for consumers and purchasers - Allow measures with different settings and levels of analysis to be complementary, not competing - Looking at data sources and considering the quality of information received from different data sources and the quantity of entities who can report using the different data sources

Considering these critical areas, the improvement team developed the following 6 solutions each of which is explained in detail in the following section.

- Decision Logic
- Structured Discussion Guide
- Early Identification/Triage
- Harmonization Advisory Subcommittee

What are some of the Major Improvements Proposed to the Harmonization and Competing Measures Process?

Decision Logic

Building on the existing NQF guidance, this document would provide more clarity for processing related / competing measures. The decision logic (Appendix B) would include shortcuts consistent with existing guidance to quickly identify competing measures and empower staff to identify potential issues earlier in the project. The decision logic would also help project committees apply NQF guidance more consistently.

Early Identification/Triage

Using the decision logic, early identification and triaging of measures that are deemed related or competing would allow developers to have a venue and time to respond to a staff initiated list. At the same time notification to developers whose measures are outside of a current project will occur earlier in the consensus development process. This process enhancement would allow developers more time to provide justification for their measure and allow the project team to facilitate dialogue with developers earlier.

Structured Discussion Guide

The purpose of the guide would be to provide staff with a consistent framework to lead steering committee discussions on related and competing measures. The guide will lay out the general format of these discussions, identify the main areas or specifications the group should discuss, and define how to capture these deliberations in real time.

Harmonization Advisory Subcommittee

This subcommittee will be comprised of measure developers and CSAC members who will provide guidance and regular review of definitions and processes for harmonization and selecting between competing measures. Policy issues, such as whether measure concepts looking at mortality (e.g., 30-day and inpatient mortality) are truly competing, would be addressed by this group and would allow for consistent application of NQF guidance across all CDP projects.

Appendix A: Standard Definitions for Related and Competing Measures

Key Term	Definition
Alignment	Encouraging the use of similar, standardized performance measures across and within public and private sector efforts. Note: Alignment is not synonymous to harmonization.
Combining measures	To merge two or more measures together to construct a single measure.
Competing measures	Measures that are intended to address both the same focus and the same target population.
Conceptual harmonization	Whether the measures are intended to address the same focus and target population; harmonizing the concepts or constructs being addressed in a measure (e.g., measure title, brief description, numerator and denominator statements, exclusions, and level of analysis).
Expanding measures	To broaden the measure focus or target population of a measure.
Harmonization	The standardization of specifications for related measures with the same measure focus (e.g., **influenza immunization** of patient in hospitals or nursing homes), or related measures for the same target population (e.g., eye exam and HbA1c for **patients with diabetes**), or definitions applicable to many measures (e.g., age designation for children) so that they are uniform or compatible, unless differences are justified (e.g., dictated by the evidence). The dimensions of harmonization can include numerator, denominator, exclusions, calculation, and data source and collection instructions. The extent of harmonization depends on the relationship of the measures, the evidence for the specific measure focus, and differences in data sources.
Joint ownership/shared stewardship	Two or more individuals or organizations that are the intellectual property (IP) owners of a measure and are responsible for maintaining the measure.
Measure focus	Target process, condition, event, outcome (e.g., numerator).
Related measures	Measures that are intended to address either the same measure focus or the same target population.
Superior	Identifying the best measure (i.e., Best-in-Class), which assess performance for the broadest possible application for which the measure is appropriate (e.g., for as many possible individuals, entities, settings, and levels of analysis), for endorsement from among competing measures.
Target population	The population (age, setting, time frame) being measured (e.g., denominator).
Technical harmonization	Harmonizing the measure specifications (e.g., numerator details, denominator details, exclusion details, risk adjustment, stratification details, calculation algorithm, sampling methodology, definitions, data source, data elements, code

	sets, and code values).
Usefulness and usability	Useful-capable of being put to use and serviceable for an end or purpose Usable-capable of being used by intended audiences; convenient and practicable for use.

Appendix B: Decision Logic to Identify Related and Competing Measures

Goal: This decision logic should be used to complete the initial triage of measures; in order to quickly identify related and competing measure issues early in a CDP project.

Step	Question	Answer	Action
1	*Begin categorization of measure. Does the measure address the same target population[3] or the same measure focus as another endorsed or new measure?*	NO	**STOP**; no further action is needed
		YES	**Go to Step 2**
2	*Do the measures address BOTH the same target population AND the same measure focus?*	NO	**Go to Step 3**
		YES	**Go to Step 4**
3	*Do the measures address EITHER the same target population OR the same measure focus?*	NO	**STOP**; no further action is needed
		YES	Categorize measures as related, and determine whether the measures can be combined and stratified. Can the measure components be harmonized?
4	*Determine whether or not the measures are specified for at least one of the same care settings.*	NO	Categorize measures as competing with a rationale of different care settings. Put forward to the Steering Committee to discuss which components can be harmonized.
		YES	**Go to Step 5**
5	*Determine whether the measures are specified for at least one of the same levels of analysis.*	NO	Categorize measures as competing with a rationale of different levels of analysis. Put forward to the Steering Committee to discuss which components can be harmonized.
		YES	Categorize the measures as competing.

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[3] Note: Different age groups alone should not lead to a categorization of "different population."