National Consensus Standards for All-Cause Admissions and Readmissions

Q&A Call
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NATIONAL QUALITY FORUM

Welcome and Agenda

Agenda

- Welcome
- Measure Evaluation Criteria Overview
- Preliminary Analysis Example – Measure #0730
- Next Steps
- Adjourn

Measure Evaluation Tutorial

Evaluation process

- **Preliminary analysis**: To assist the Committee evaluation of each measure against the criteria, NQF staff will prepare a preliminary analysis of the measure submission.
  - This will be used as a starting point for the Committee discussion and evaluation
- **Individual evaluation assignments:** Each Committee member will be assigned a subset of measures for in-depth evaluation.
  - Those who are assigned measures will lead the discussion of their measures with the entire Committee
- **Measure evaluation and recommendations at the in-person meeting:** The entire Committee will discuss and rate each measure against the criteria and make recommendations for endorsement.

Evaluation Process Continued…

- For the **Admissions and Readmissions 2015-2017 Project**, there are a total of 17 measures – 6 maintenance and 11 new measures.
- NQF has recently streamlined the maintenance process:
  - In the **maintenance** measure forms, you will see that any new information is in **red** and old information is in **black**.
  - The intent was to decrease the developer and Committee workload, particularly when there were no updates to the measures.
  - During the in-person meeting, if there are no updates to the criteria and the Committee agrees, then we will not vote on those criteria.

NQF Endorsement Criteria

Hierarchy and Rationale (page 32)

- **Importance to measure and report:** Goal is to measure those aspects with greatest potential of driving improvements; if not important, the other criteria are less meaningful (must-pass)
- **Reliability and Validity-scientific acceptability of measure properties** : Goal is to make valid conclusions about quality; if not reliable and valid, there is risk of improper interpretation (***must-pass***)
- **Feasibility**: Goal is to, ideally, cause as little burden as possible; if not feasible, consider alternative approaches
- **Usability and Use**: Goal is to use for decisions related to accountability and improvement; if not useful, probably do not care if feasible
- Comparison to related or competing measures

Criterion #1: Importance to Measure and Report (page 36-38)

1. **Importance to measure and report -** Extent to which the specific measure focus is evidence-based, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-priority (high-impact) aspect of healthcare where there is variation in or overall less-than-optimal performance.

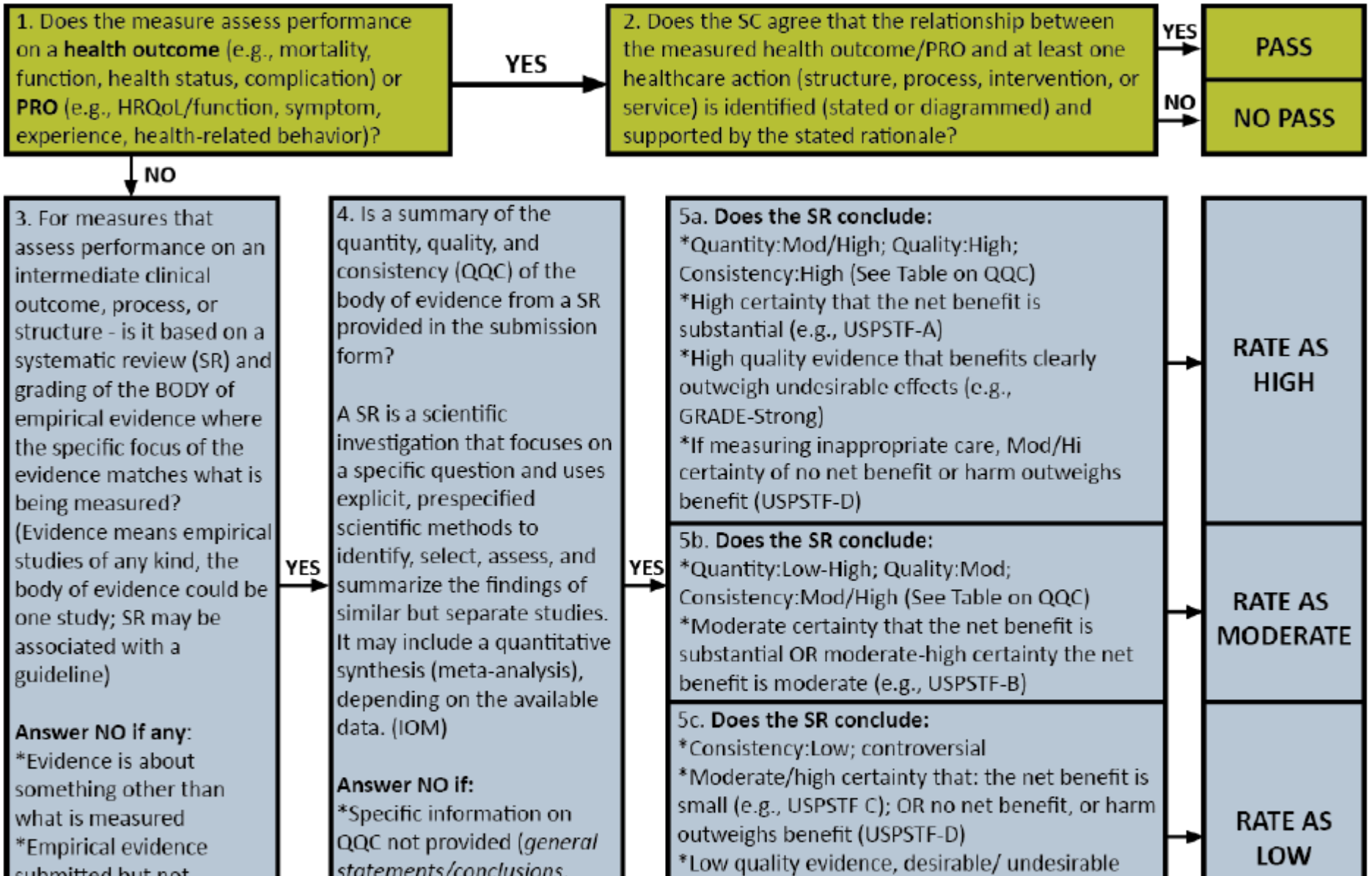
   1a. Evidence: the measure focus is evidence-based

   1b. Opportunity for Improvement: demonstration of quality problems and opportunity for improvement, i.e., data demonstrating considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or
   disparities in care across population groups (pages 41-42)

   1c. Quality construct and rationale (composite measures only)

Rating Evidence: Algorithm #1 – page 38

Algorithm #1. Guidance for Evaluating the Clinical Evidence



Criterion #1: Importance to measure and report

Criteria emphasis is different for new vs maintenance measures

New measures	Maintenance measures
• Evidence – Quantity, quality, consistency (QQC) • Established link for process measures with outcomes	**DECREASED EMPHASIS**: Require measure developer to attest evidence is unchanged evidence from last evaluation; Standing Committee to affirm no change in evidence IF changes in evidence, the Committee will evaluate as for new measures
• Gap – opportunity for improvement, variation, quality of care across providers	**INCREASED EMPHASIS**: data on current performance, gap in care and variation

Criterion #2: Reliability and Validity– Scientific Acceptability of Measure Properties (page 43 -46)

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of health care delivery

2a. **Reliability (must-pass)**

- 2a1. Precise specifications including exclusions
- 2a2. Reliability testing—data elements or measure score

2b. **Validity (must-pass)**

- 2b1. Specifications consistent with evidence
- 2b2. Validity testing—data elements or measure score
- 2b3. Justification of exclusions—relates to evidence
- 2b4. Risk adjustment—typically for outcome/cost/resource use
- 2b5. Identification of differences in performance
- 2b6. Comparability of data sources/methods
- 2b7. Missing data

Reliability Testing (page 46)
Key points - page 47

- Reliability of the ***measure score*** refers to the proportion of variation in the performance scores due to systematic differences across the measured entities in relation to random variation or noise (i.e., the precision of the measure).
  - Example - Statistical analysis of sources of variation in performance measure scores (signal-to-noise analysis)

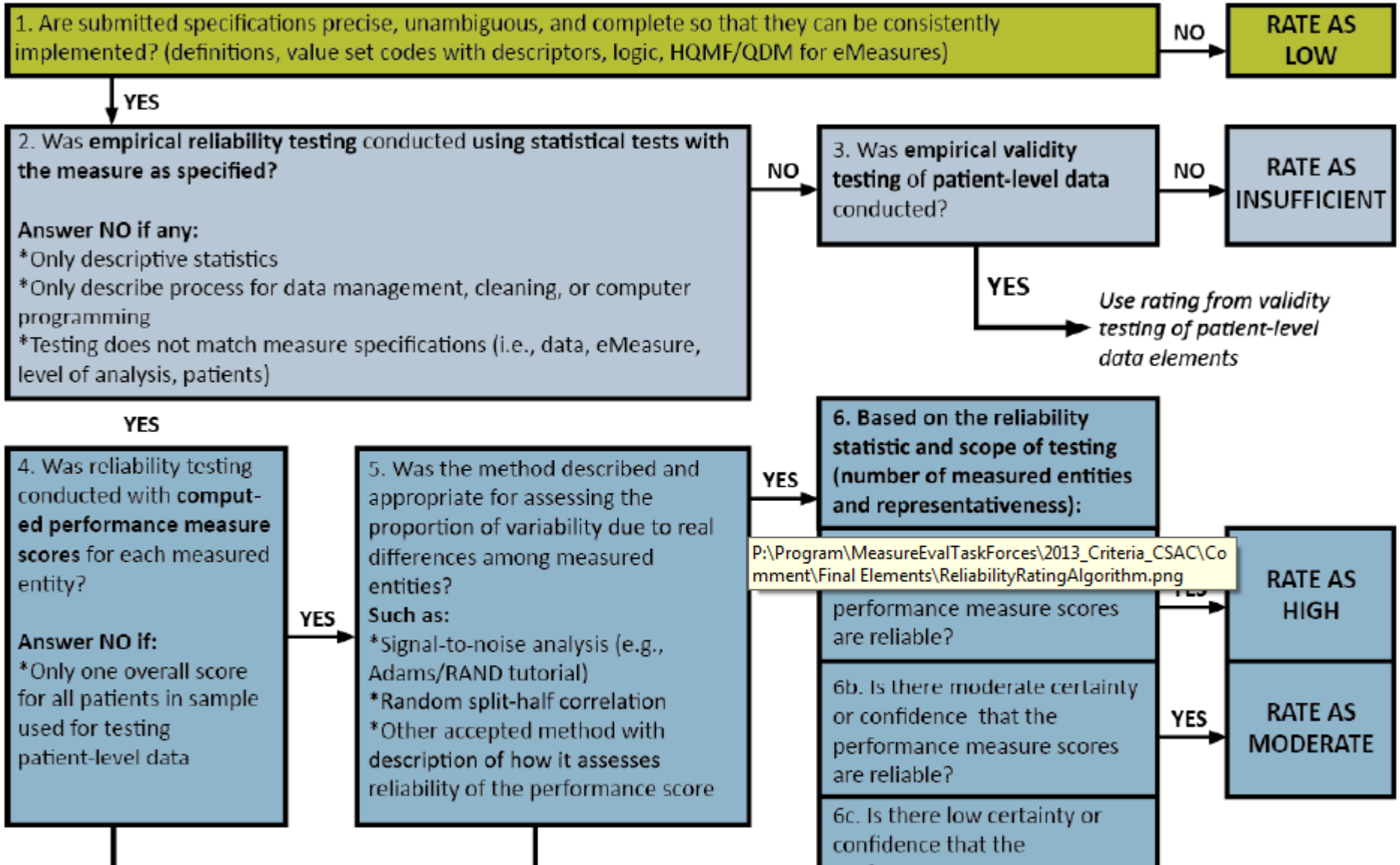
- Reliability of the ***data elements*** refers to the repeatability/reproducibility of the data and uses patient-level data
  - Example –inter-rater reliability

- Consider whether testing used an appropriate method and included adequate representation of providers and patients and whether results are within acceptable norms

- Algorithm #2 – page 48

Rating Reliability: Algorithm #2 – page 48

Algorithm #2. Guidance for Evaluating Reliability



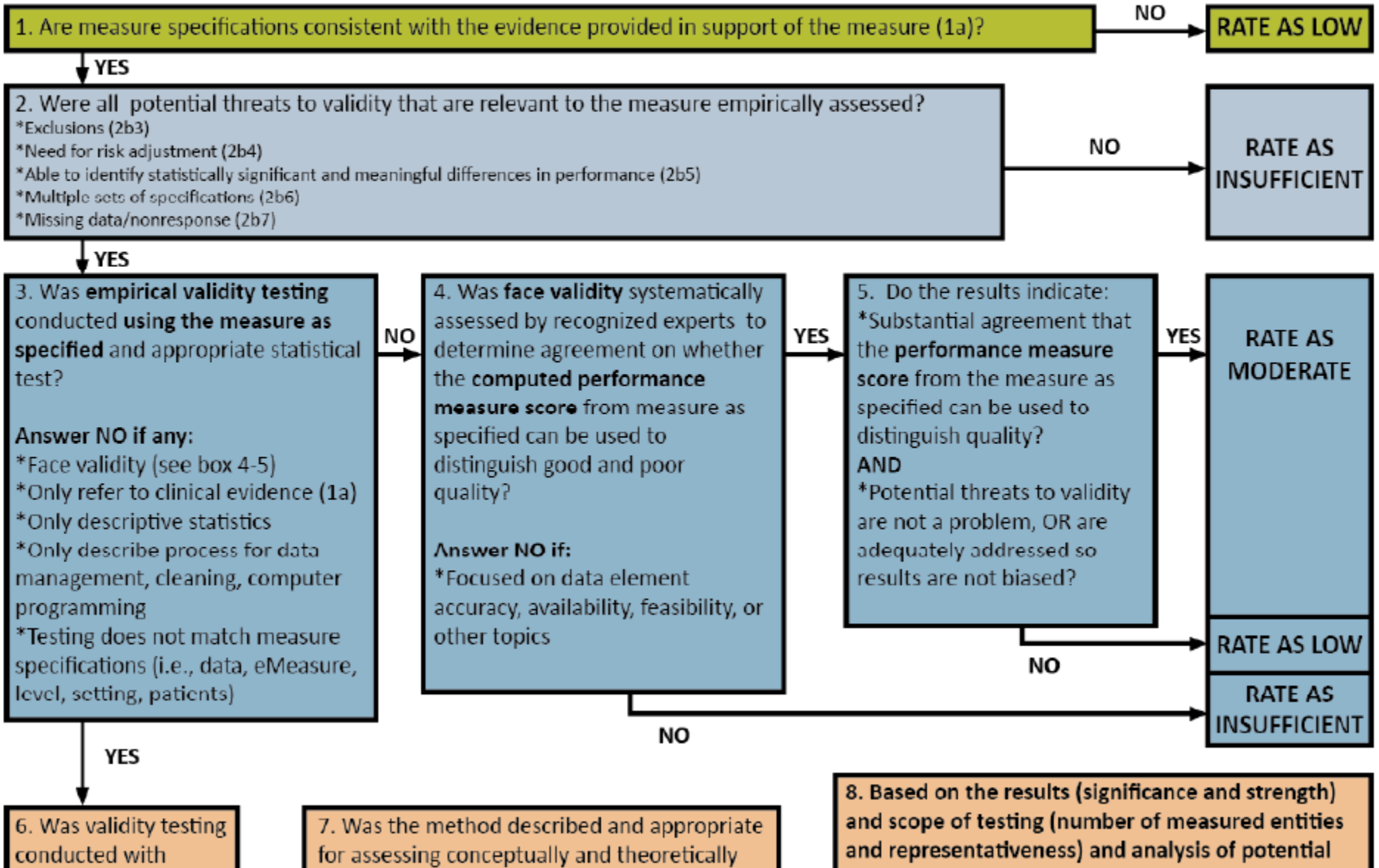
P:\Program\MeasureEvalTaskForces\2013_Criteria_CSAC\Comment\Final Elements\ReliabilityRatingAlgorithm.png

Validity testing (pages 49 - 50)
Key points – page 51

- **Empirical testing**
  - *Measure score* – assesses a hypothesized relationship of the measure results to some other concept; assesses the correctness of conclusions about quality
  - *Data element* – assesses the correctness of the data elements compared to a "gold standard"
- **Face validity**
  - Subjective determination by experts that the measure appears to reflect quality of care

Rating Validity: Algorithm #3 – page 52

Algorithm #3. Guidance for Evaluating Validity



Threats to Validity

- Conceptual
  - Measure focus is not a relevant outcome of healthcare or not strongly linked to a relevant outcome
- Unreliability
  - Generally, an unreliable measure cannot be valid
- Patients inappropriately excluded from measurement
- Differences in patient mix for outcome and resource use measures
- Measure scores that are generated with multiple data sources/methods
- Systematic missing or “incorrect” data (unintentional or intentional)

Criterion #2: Scientific Acceptability

New measures	Maintenance measures
• Measure specifications are precise with all information needed to implement the measure	NO DIFFERENCE: Require updated specifications
• Reliability • Validity (including risk-adjustment)	**DECREASED EMPHASIS**: If prior testing adequate, no need for additional testing at maintenance with certain exceptions (e.g., change in data source, level of analysis, or setting) Must address the questions for SDS Trial Period

Criterion #3: Feasibility (page 53)
Key Points – page 54

Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement.

3a: Clinical data generated during care process

3b: Electronic sources

3c: Data collection strategy can be implemented

Criterion #4: Usability and Use (page 54) Key Points – page 55

Extent to which potential audiences (e.g., consumers, purchasers, providers, policymakers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

4a: Accountability and Transparency: Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement

4b: Improvement: Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated

4c: Benefits outweigh the harms: The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).

Criteria #3-4: Feasibility and Usability and Use

New measures	Maintenance measures
Feasibility	
• Measure feasible, including eMeasure feasibility assessment	NO DIFFERENCE: Implementation issues may be more prominent
Usability and Use	
• Use: used in accountability applications and public reporting	**INCREASED EMPHASIS**: Much greater focus on measure use and usefulness, including both impact and unintended consequences
• Usability: impact and unintended consequences	

Criterion #5: Related or Competing Measures (page 55-56)

If a measure meets the four criteria and there are endorsed/new related measures (same measure focus or same target population) or competing measures (both the same measure focus and same target population), the measures are compared to address harmonization and/or selection of the best measure.

- 5a. The measure specifications are harmonized with related measures **OR** the differences in specifications are justified.
- 5b. The measure is superior to competing measures (e.g., is a more valid or efficient way to measure) **OR** multiple measures are justified.

Measure Worksheet and Measure Information

- Measure Worksheet
  - Preliminary analysis
  - Public comments
  - Information submitted by the developer
    - Evidence and testing attachments
    - Spreadsheets
    - Additional documents

Questions?

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Next Steps

Next Steps/Upcoming Dates

Meeting	Date/Time
SDS Webinar #3	May 13, 2016 [12-2 pm ET]
In-Person Meeting (2 days in Washington, D.C.)	June 8-9, 2016 [8:30 am-5:00 pm ET both days]
Post-Meeting Follow-up Call	June 21, 2016 [2-4 pm ET]
Post- Draft Report Call	October 5, 2016 [12-2 pm ET]

Project Contact Info

- Email: readmissions@qualityforum.org
- NQF Phone: 202-783-1300
- Project page: https://www.qualityforum.org/Project_Pages/All-Cause_Admissions_and_Readmissions_2015-2017.aspx
- SharePoint site: http://share.qualityforum.org/Projects/admissions_readmissions/SitePages/Home.aspx

Questions?

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