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Driving measurable health improvements together

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All Cause Admissions and Readmissions, Fall 2019 Measure Review Cycle

Standing Committee Orientation

Suzanne Theberge, Senior Project Manager, NQF
Oroma Igwe, Project Manager, NQF
Taroon Amin, Consultant, NQF

January 13, 2020

Welcome

Project Team

- Suzanne Theberge, Senior Project Manager, NQF
- Oroma Igwe, Project Manager, NQF
- Asaba Mbenwoh Nguafor, Project Analyst, NQF
- Taroon Amin, Consultant, NQF

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Agenda for the Call

- Standing Committee introductions
- Overview of NQF, the Consensus Development Process, and roles of the Standing Committee, co-chairs, NQF staff
- Overview of measure evaluation process
- Review of project activities and timelines
- Overview of NQF's portfolio of Admissions and Readmissions measures
- Overview of NQF's measure evaluation criteria
- Overview of social risk
- SharePoint tutorial
- Review of measure worksheet example
- Next steps

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Readmissions Standing Committee

*New Committee Members

- **John Bulger, DO, MBA (co-chair)**
- **Cristie Travis, MSHA (co-chair)**
- Frank Briggs, PharmD, MPH
- Mae Centeno, DNP, RN, CCRN, CCNS, ACNS-BC
- Helen Chen, MD
- *Edward Davidson, PhD, MPH, FASCP
- *Richard James Dom Dera, MD, FAAFP
- Paula Minton Foltz, RN, MSN
- Brian Foy, MHA
- *Lisa Freeman
- *Faith Green, MSN, RN, CPHQ, CPC-A
- Leslie Kelly Hall
- *Michelle Lin, MD, MPH, MS
- *Kenneth McConnochie, MD, MPH
- *Dheeraj Mahajan, MD, CIC, CMD
- *Zeyno Nixon, PhD, MPH
- *Amy O'Linn, DO, FHM, FACP
- *Gaither Pennington, RN, BSN
- *Carole Pulaski, MSA, BSN, CPHQ
- Pamela Roberts, PhD, MSHA, ORT/L, SCFES, FAOTA, CPHQ, FNAP, FACRM
- *Sheila Roman, MD, MPH
- *Teri Sholder, RN, BSN, MHA, CPHQ, CPC
- *Chloe Slocum, MD, MPH
- *Anthony White

Overview of NQF, the CDP, and Roles

The National Quality Forum: A Unique Role

Established in 1999, NQF is a nonprofit, nonpartisan, membership-based organization that brings together public and private sector stakeholders to reach consensus on healthcare performance measurement. The goal is to make healthcare in the U.S. better, safer, and more affordable.

Mission: To lead national collaboration to improve health and healthcare quality through measurement

- An Essential Forum
- Gold Standard for Quality Measurement
- Leadership in Quality

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NQF Activities in Multiple Measurement Areas

- **Performance Measure Endorsement**
  - 600+ NQF-endorsed measures across multiple clinical areas
  - 15 empaneled standing expert committees
- **Measure Applications Partnership (MAP)**
  - Advises HHS on selecting measures for 20+ federal programs
- **National Quality Partners**
  - Convenes stakeholders around critical health and healthcare topics
  - Spurs action: recent examples include antibiotic stewardship, advanced illness care, shared decision making, and opioid stewardship
- **Measurement Science**
  - Convenes private and public sector leaders to reach consensus on complex issues in healthcare performance measurement
  - Examples include HCBS, rural issues, telehealth, interoperability, attribution, risk-adjustment for social risk factors, diagnostic accuracy, disparities
- **Measure Incubator**
  - Facilitates efficient measure development and testing through collaboration and partnership

NQF Consensus Development Process (CDP) 6 Steps for Measure Endorsement

- Intent to Submit
- Call for Nominations
- Measure Evaluation
- Public Commenting Period with Member Support
- Measure Endorsement
  - **Consensus Standards Approval Committee (CSAC)**
- Measure Appeals

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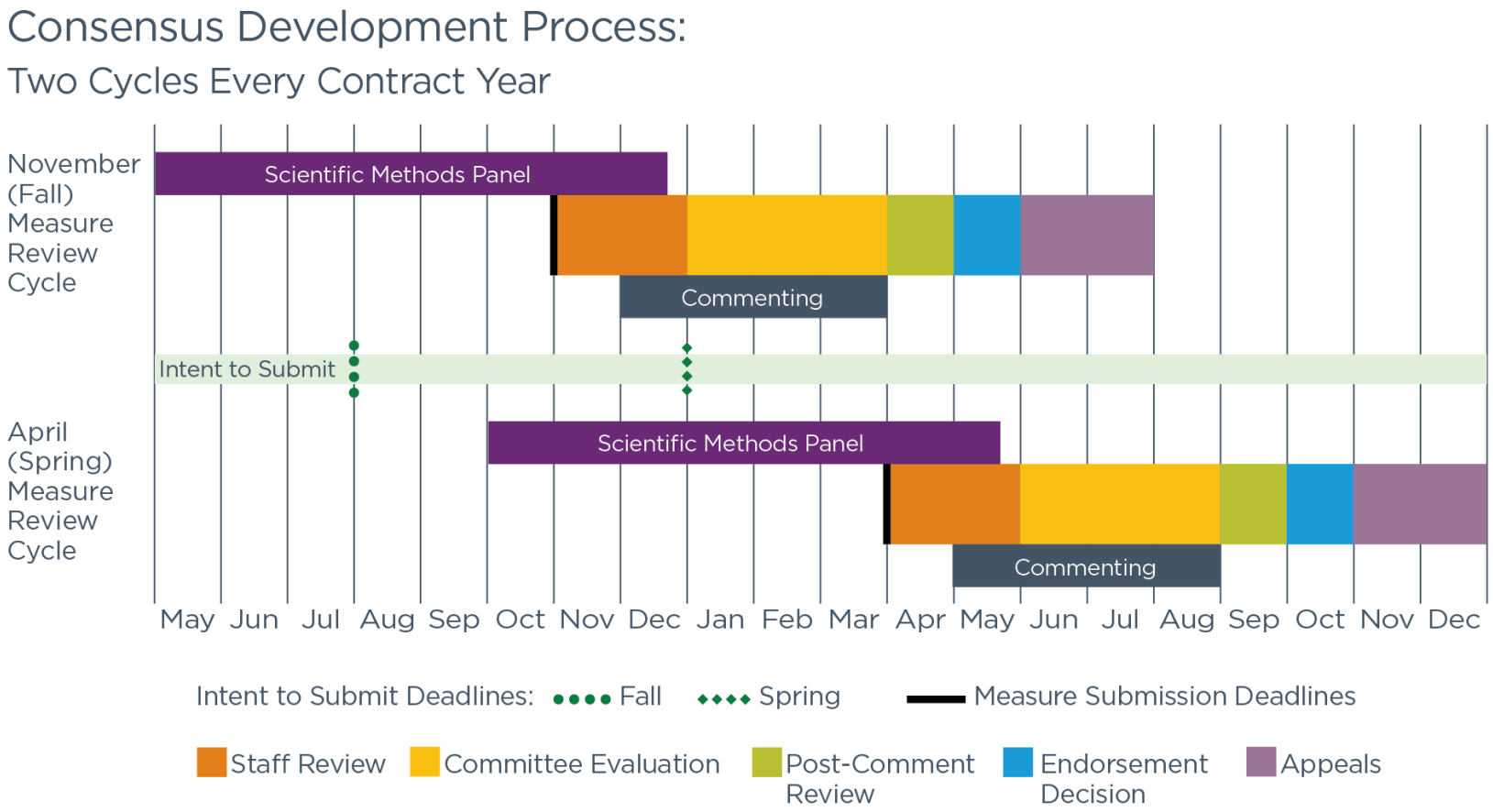
Measure Review: Two Cycles Per Year



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14 Measure Review Topical Areas

	All Cause Admission/ Readmissions	Behavioral Health	
Cancer	Cardiovascular	Care Coordination	Infectious Disease
Cost and Resource Use	Endocrine	Eyes, Ears, Nose and Throat Conditions	Palliative and End-of Life Care
Gastrointestinal	Genitourinary	Health and Well Being	Musculoskeletal
Neurology	Patient Safety	Pediatrics	Perinatal
Person and Family-Centered Care	Pulmonary and Critical Care	Renal	Surgery

All Cause Admission/ Readmissions	Behavioral Health & Substance Use	Cancer
Cardiovascular	Cost and Efficiency	Geriatric and Palliative Care[A]
Neurology	Patient Experience & Function	Patient Safety[B]
Perinatal and Women's Health	Prevention and Population Health[C]	Primary Care and Chronic Illness
Renal	Surgery	

☐ Denotes expanded topic area

[A] Geriatric & Palliative Care includes pain-focused measures from other domains
[B] Patient Safety will include acute infectious disease and critical measures
[C] Prevention and Population Health is formerly Health and Well Being

Role of the Standing Committee
General Duties

- Act as a proxy for the NQF multistakeholder membership
- Serve initial 2-year or 3-year terms
  - Opportunity to renew for 2 additional years (4 cycles)
- Work with NQF staff to achieve the goals of the project
- Evaluate candidate measures against the measure evaluation criteria
- Respond to comments submitted during the review period
- Respond to any directions from the CSAC
- Refer to the Standing Committee Guidebook for more information

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Role of the Standing Committee
Meeting Participation

- Meeting attendance
  - Must notify NQF staff if unable to attend in advance of the meeting
- Quorum requirements
  - NQF quorum=66% of active members
  - Committee recommendations can only be made with a quorum of Committee votes
    - » Not based on Robert's Rules of Order
  - Votes may be requested via email if quorum is not reached during the meeting
    - » Materials (i.e., recording, transcripts) will be sent to inform votes
  - Meetings may be cancelled (and rescheduled) if quorum not reached and vote is required
- Measure-specific disclosure of interest
  - Must be completed to participate in the measure evaluation discussion (each cycle)

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Role of the Standing Committee Measure Evaluation Duties

- All members evaluate ALL measures being considered for endorsement
- Evaluate measures against each criterion
  - Indicate the extent to which each criterion is met and rationale for the rating
- Make recommendations to the NQF membership for endorsement
- Oversee Admissions & Readmissions portfolio of measures
  - Promote alignment and harmonization
  - Identify gaps

Role of the Standing Committee Co-chairs

- Co-facilitate Standing Committee (SC) meetings with NQF staff
- Work with NQF staff to achieve the goals of the project
- Assist NQF in anticipating questions and identifying additional information that may be useful to the SC
- Keep SC on track to meet goals of the project without hindering critical discussion/input
- Represent the SC at CSAC meetings
- Participate as a SC member

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Role of NQF Staff

NQF project staff works with SC to achieve the goals of the project and ensure adherence to the consensus development process:

- Organize and staff SC meetings and conference calls
- Guide SC through the CDP and advise on NQF policy and procedures; **ensure NQF evaluation criteria is appropriately applied and process is followed**
- Review measure submissions and prepare materials for Committee review
- Draft and edit reports for SC review
- Ensure and facilitate communication among all project participants (including SC and measure developers)
- Facilitate collaboration between different NQF projects

Role of NQF Staff
Communication

- Respond to NQF member or public queries about the project
- Maintain documentation of project activities
- Post project information to NQF's website
- Work with measure developers to provide necessary information and communication for the SC to fairly and adequately evaluate measures for endorsement
- Publish final project report

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Role of Methods Panel

- Scientific Methods Panel was created to ensure higher-level and more consistent reviews of the scientific acceptability of measures
- The Methods Panel is charged with:
  - Conducting evaluation of complex measures for the Scientific Acceptability criterion, with a focus on reliability and validity analyses and results
  - Serve in advisory capacity to NQF on methodologic issues, including those related to measure testing, risk adjustment, and measurement approaches.
- The Methods Panel review will help inform the Standing Committee's endorsement decision. The Panel will not render endorsement recommendations.

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Questions?

Overview of Measure Evaluation Process

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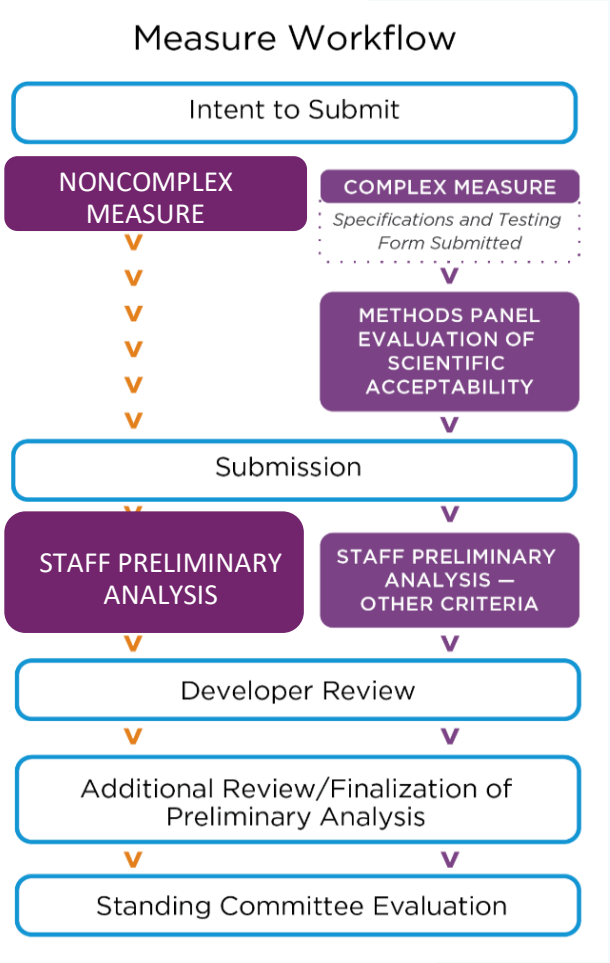
Measure Evaluation Workflow



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NQF Consensus Development Process (CDP) Measure Evaluation

Complex Measures

- Outcome measures, including intermediate clinical outcomes
- Instrument-based measures (e.g., PRO-PMs)
- Cost/resource use measures
- Efficiency measures (those combining concepts of resource use and quality)
- Composite measures

Noncomplex Measures

- Process measures
- Structural measures
- Previously endorsed complex measures with no changes/updates to the specifications or testing

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When Measures Are Submitted to NQF

- NQF team reviews measures for the following:
  - All required submission form items have a response
  - Submission meets the minimum requirements to be reviewed (e.g., testing is performed at requisite levels (data element and/or measure score)
- Committee completes measure-specific disclosures of interest
- NQF staff creates a measure worksheet for each measure
  - Includes: all submission materials (i.e., measure specifications, testing information, evidence information) staff analysis, and summary of Methods Panel review

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Complex Measure Evaluation

- Complex measures are reviewed by the SMP when:
  - Newly submitted
  - Maintenance measures with updated testing
  - NQF staff requests (e.g., expert opinion needed to support review of testing, review of unfamiliar methodology)
- All measures reviewed by the SMP can be discussed by the Standing Committee
  - Standing Committee will evaluate and make recommendations for endorsement for:
    - » Measures that pass SMP review
    - » Measures where the SMP did not reach consensus
  - Measures that did not pass the SMP can be pulled by a Standing Committee member for further discussion

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Committee Measure Evaluation Process

- Committee members are notified of Methods Panel evaluation results (if complex measures reviewed by SMP)
- Members have the opportunity to pull failed measures for discussion (and re-vote for eligible measures)

Committee Consideration of Measures that Do Not Pass the SMP

- Any measure pulled by a Standing Committee member will be discussed
  - Request should be submitted with a brief rationale
- Some measures may be eligible for vote by the Standing Committee
  - Eligibility will be determined by NQF Staff and SMP co-chairs
  - Measures that failed the SMP due to the following will not be eligible for re-vote:
    - » Inappropriate methodology or testing approach applied to demonstrate reliability or validity
    - » Incorrect calculations or formulas used for testing
    - » Description of testing approach, results, or data are insufficient for SMP to apply the criteria
    - » Appropriate levels of testing not provided or otherwise did not meet NQF's minimum evaluation requirements

Committee Consideration of Measures that Do Not Pass the SMP

- For measures eligible for vote by the Committee:
  - The full Committee must vote on whether to uphold the SMP's vote on R/V
    - » Vote to uphold→ No further discussion of the measure
    - » CNR or vote to overturn SMP vote→ SC discusses and votes on Reliability and/or Validity
- Maintenance Measures
  - Endorsement will be removed for maintenance measures not pulled for discussion

Committee Measure Evaluation Process

~3 week review period for Measure Worksheets:

- Measure Information Form (MIF): describes measure and specifications (e.g., title, description, numerator, denominator)
- Preliminary analysis by NQF staff
- Committee preliminary ratings
- Member and public comments
- Information submitted by the developer
  - Evidence and testing attachments
  - Spreadsheets
  - Additional documents

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Committee Measure Evaluation Process

- **Preliminary analysis (PA):** To assist the Committee evaluation of each measure against the criteria, NQF staff and Methods Panel (if applicable) will prepare a PA of the measure submission and offer preliminary ratings for each criterion.
  - The PA will be used as a starting point for the Committee discussion and evaluation
  - Methods Panel will complete review of Scientific Acceptability criterion for complex measures
- **Individual evaluation:** Each Committee member will conduct an in-depth evaluation on all measures under review
  - Each Committee member will be assigned a subset of measures for which they will serve as lead discussant in the evaluation meeting

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Committee Measure Evaluation Process

- NQF staff compiles votes and redistributes measure worksheet with summary of all members preliminary analyses
- **Lead discussants** are assigned to each measure for Committee evaluation meetings
- **Measure evaluation and recommendations at the in-person/web meeting**: The entire Committee will discuss and rate each measure against the evaluation criteria and make recommendations for endorsement.

Evaluation Process Continues

- **Staff will prepare a draft report** detailing the Committee's discussion and recommendations
  - This report will be released for a 30-day public and member comment period
- **Post-comment call**: The Committee will re-convene for a post-comment call to discuss comments submitted
- **Final endorsement decision by the CSAC**
- **Opportunity for public to appeal endorsement decision** (for endorsed measures only)

Overview of NQF's All-Cause Admissions and Readmissions Portfolio

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All-Cause Admissions and Readmissions Portfolio of Measures

- This project will evaluate measures related to All-Cause Admissions and Readmissions that can be used for accountability and public reporting for all populations and in all settings of care. This project will address topic areas including:
  - All-cause admissions/readmissions
  - Condition-specific admissions/readmissions
- NQF solicits new measures for possible endorsement
- NQF currently has 51 endorsed measures within this topic area. Endorsed measures undergo periodic evaluation to maintain endorsement—"maintenance."

All-Cause Admissions and Readmissions Fall 2019 Cycle Measure

- **3495** Hospital-Wide 30-Day, All-Cause, Unplanned Readmission (HWR) Rate – Clinician Group/Practice Level of Analysis (*Centers for Medicare & Medicaid Services/Yale New Haven Health Services Corporation Center for Outcomes Research and Evaluation*)

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All-Cause Admissions and Readmissions Portfolio of Measures

	All-Cause	Condition-Specific
Hospital	5	14
Home health	4	0
Skilled nursing facility	4	0
Long-term care facility	1	0
Inpatient rehab facility	1	0
Inpatient psychiatric facility	1	0
Dialysis facility	2	0
Health plan	1	0
Population-based	4	11
Hospital outpatient/ambulatory surgery center	0	1
Integrated delivery system	1	0
Accountable care organizations (ACO)	1	0
Total	25	26

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Activities and Timeline
*All times ET

Meeting	Date/Time
Orientation Call	Monday, January 13, 2020, 1:303:30 pm ET
Measure Evaluation Web Meeting	Tuesday, February 4, 2020, 1:00-3:00 pm ET
Post-Meeting Conference Call	Tuesday, February 18, 2020, 1:00-3:00 pm ET
Post Draft Report Comment Call	Tuesday, April 28, 2020, 1:00-3:00 pm ET

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Measure Evaluation Criteria Overview

NQF Measure Evaluation Criteria for Endorsement

NQF endorses measures for accountability applications (public reporting, payment programs, accreditation, etc.) as well as quality improvement.

- Standardized evaluation criteria
- Criteria have evolved over time in response to stakeholder feedback
- The quality measurement enterprise is constantly growing and evolving—greater experience, lessons learned, expanding demands for measures—the criteria evolve to reflect the ongoing needs of stakeholders

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Major Endorsement Criteria *(page 32 in the SC Guidebook)*

- **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** (**must-pass** for maintenance measures): 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 34-42)*

1. Importance to measure and report - Extent to which the specific measure focus is evidence-based and important to making significant gains in healthcare quality 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

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

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Subcriterion 1a: Evidence *(page 36-42)*

- Outcome measures
  - Empirical data demonstrate a relationship between the outcome and at least one healthcare structure, process, intervention, or service. If not available, wide variation in performance can be used as evidence, assuming the data are from a robust number of providers and results are not subject to systematic bias.
- Structure, process, intermediate outcome measures
  - The quantity, quality, and consistency of the body of evidence underlying the measure should demonstrate that the measure focuses on those aspects of care known to influence desired patient outcomes
    - » Empirical studies (expert opinion is not evidence)
    - » Systematic review and grading of evidence
      - *Clinical Practice Guidelines – variable in approach to evidence review*
- For measures derived from patient (or family/parent/etc.) report
  - Evidence should demonstrate that the target population values the measured outcome, process, or structure and finds it meaningful.
  - Current requirements for structure and process measures also apply to patient-reported structure/process measures.

Rating Evidence: Algorithm 1 *(page 37)*

[Screen share Evidence algorithm]

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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

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Criterion 2: Reliability and Validity–Scientific Acceptability of Measure Properties (pages 42-54)

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)

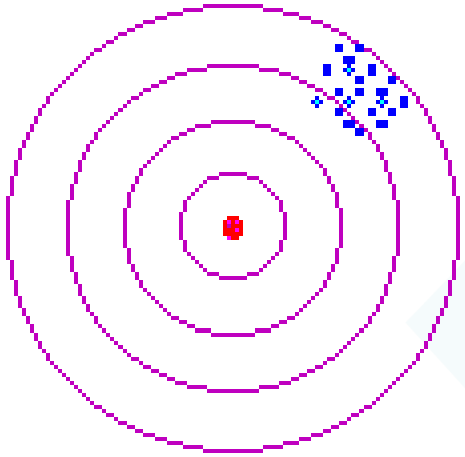
- 2a1. Precise specifications including exclusions
- 2a2. Reliability testing—data elements or measure score

2b. Validity (must-pass)

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

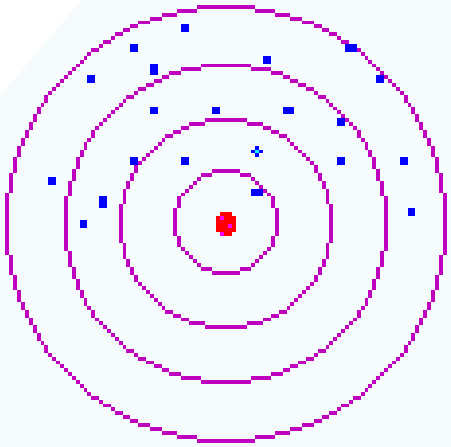
Reliability and Validity *(page 46)*

Assume the center of the target is the true score.



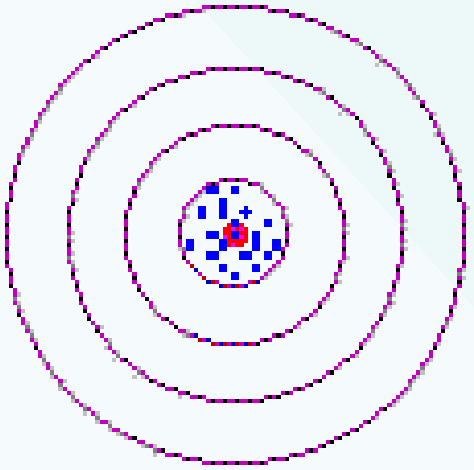
Reliable Not Valid

Consistent, but wrong



Neither Reliable Nor Valid

Inconsistent & wrong



Both Reliable And Valid

Consistent & correct

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Evaluating Scientific Acceptability – Key Points *(page 45)*

Empirical analysis to demonstrate the reliability and validity of the measure as specified, including analysis of issues that pose threats to the validity of conclusions about quality of care such as exclusions, risk adjustment/stratification for outcome and resource use measures, methods to identify differences in performance, and comparability of data sources/methods.

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Reliability Testing — Key Points *(page 48)*

- 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

Rating Reliability: Algorithm 2 *(page 47)*

[Screen share Reliability algorithm]

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Validity Testing *(pages 48-54)*

- 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
    - » Empirical validity testing is expected at time of maintenance review; if not possible, justification is required.
    - » Requires systematic and transparent process, by identified experts, that explicitly addresses whether performance scores resulting from the measure as specified can be used to distinguish good from poor quality. The degree of consensus and any areas of disagreement must be provided/discussed.

Rating Validity: Algorithm 3 *(page 53)*

[Screen share Validity algorithm]

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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)

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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 regarding use of social risk factors in risk-adjustment approach

Criterion 3: Feasibility *(pages 54-55)*

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

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Criterion 4: Usability and Use *(pages 55-56)*

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.

Use (4a) Must-pass for maintenance measures

4a1: 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.

4a2: Feedback by those being measured or others: Those being measured have been given results and assistance in interpreting results; those being measured and others have been given opportunity for feedback; the feedback has been considered by developers.

Usability (4b)

4b1: Improvement: Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated.

4b2: 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).

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Criteria 3-4: Feasibility and Usability and Use

Feasibility

New measures	Maintenance measures
• Measure feasible, including eMeasure feasibility assessment	NO DIFFERENCE: Implementation issues may be more prominent

Usability and Use

New measures	Maintenance measures
• 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	

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Criterion 5: Related or Competing Measures *(pages 57-58)*

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.

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Updated Guidance for Measures that Use ICD-10 Coding

- For CY2019 and beyond, reliability testing should be based on ICD-10 coded data.
- Validity testing should be based on ICD-10 coded data
- If providing face validity (FV), both FV of the ICD-10 coding scheme and FV of the measure score as an indicator of quality is required update

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eMeasures

- "Legacy" eMeasures
  - Beginning September 30, 2017 all respecified measure submissions for use in federal programs will be required to the same evaluation criteria as respecified measures – the "BONNIE testing only" option will no longer meet endorsement criteria
- For all eMeasures: Reliance on data from structured data fields is expected; otherwise, unstructured data must be shown to be both reliable and valid

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Social Risk Overview

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Background

- NQF conducted a two-year trial period from 2015-2017. During this time, adjustment of measures for social risk factors was no longer prohibited
- The NQF Board of Directors reviewed the results of the trial period and determined there was a need to launch a new social risk initiative
- As part of the Equity Program, NQF will continue to explore the need to adjust for social risk
- Each measure must be assessed individually to determine if SDS adjustment is appropriate (included as part of **validity** subcriterion)
- The Standing Committee will continue to evaluate the measure as a whole, including the appropriateness of the risk adjustment approach used by the measure developer
- Efforts to implement SDS adjustment may be constrained by data limitations and data collection burden

Standing Committee Evaluation

The Standing Committee will be asked to consider the following questions:

- Is there a conceptual relationship between the SDS factor and the measure focus?
- What are the patient-level sociodemographic variables that were available and analyzed during measure development?
- Does empirical analysis (as provided by the measure developer) show that the SDS factor has a significant and unique effect on the outcome in question?
- Does the reliability and validity testing match the final measure specifications?

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Questions?

SharePoint Overview

SharePoint Overview

http://share.qualityforum.org/Projects/admissions_readmissions/SitePages/Home.aspx

- Accessing SharePoint
- Standing Committee Policy
- Standing Committee Guidebook
- Measure Document Sets
- Meeting and Call Documents
- Committee Roster and Biographies
- Calendar of Meetings

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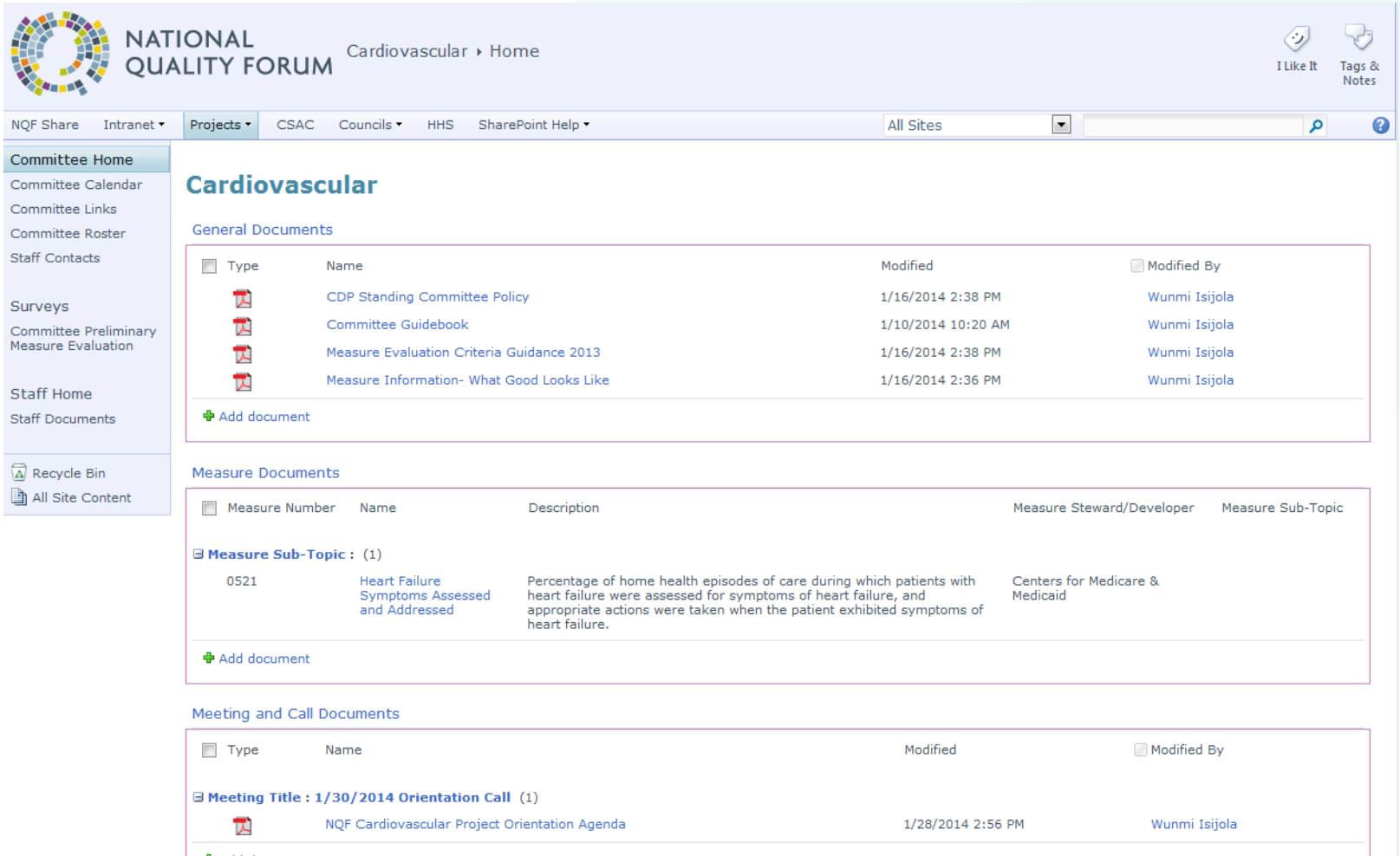
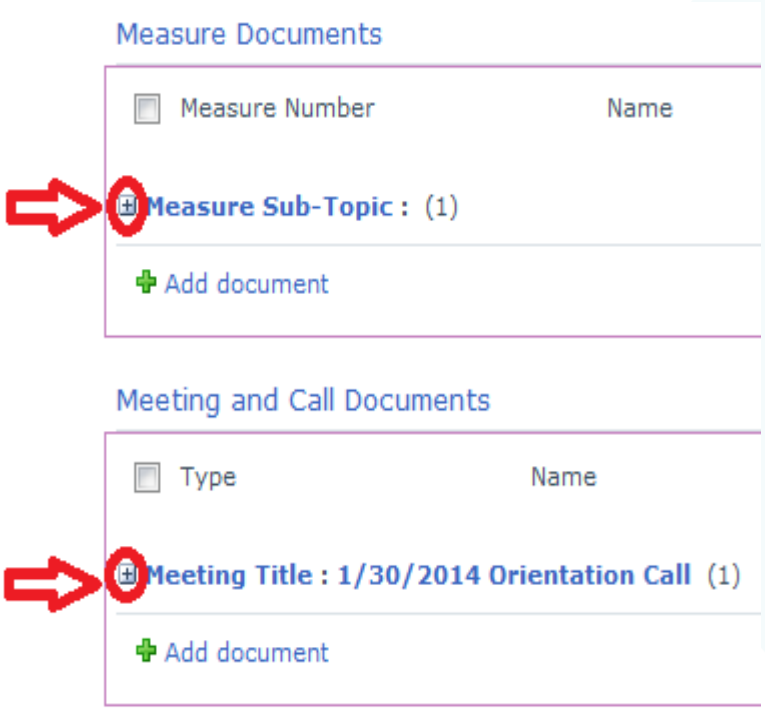
SharePoint Overview

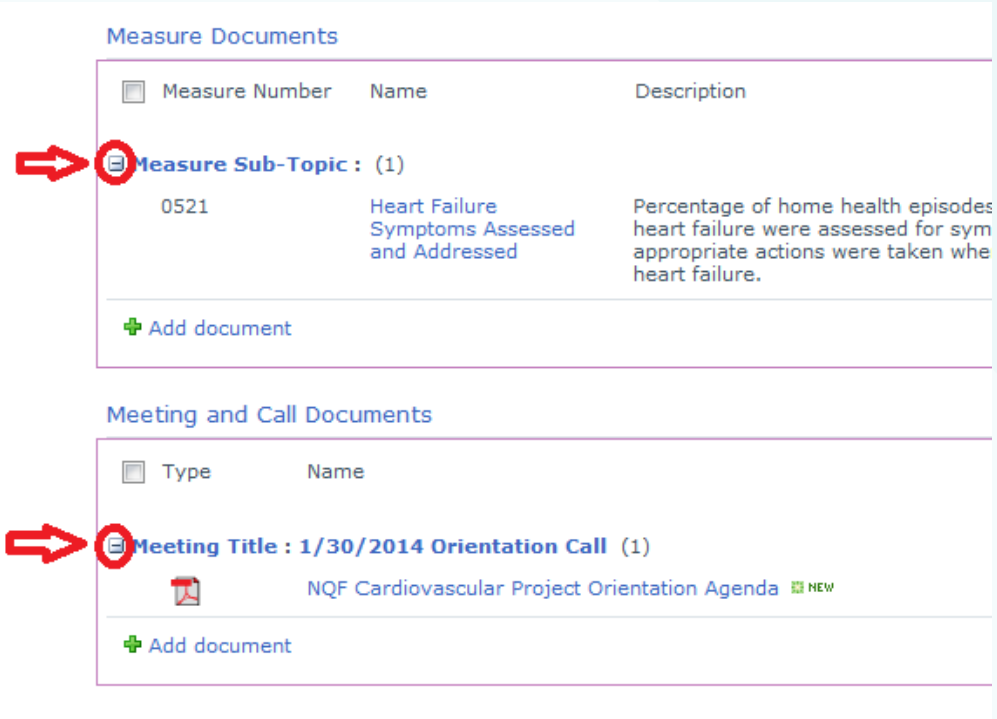
- Screen shot of homepage:



SharePoint Overview

- Please keep in mind:
- + and – signs :





Next Steps

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Next Steps

- Committee members to receive Measure Worksheets for review
  - » January 17, 2020
- Measure Evaluation Web Meeting
  - » February 4, 2020 1:00 pm – 3:00 pm ET
- Post-Measure Evaluation Web Meeting
  - » February 18, 2020 1:00 pm – 3:00 pm ET
- Post-Comment Web Meeting
  - » April 28, 2020 1:00 pm – 3:00 pm ET

NATIONAL QUALITY FORUM

Project Contact Info

- Email: readmissions@qualityforum.org
- NQF phone: 202-783-1300
- Project webpage: http://www.qualityforum.org/All_Cause_Admissions_and_Readmissions.aspx
- SharePoint site: http://share.qualityforum.org/Projects/admissions_readmissions/SitePages/Home.aspx

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Questions?

THANK YOU.

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