NATIONAL QUALITY FORUM

Behavioral Health
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Operator: This is Conference #93571602.

Welcome to the conference. Please note today's call is being recorded.
Please stand by.

Tracy Lustig: Hello, everyone. Welcome to today's Q&A call for the Behavioral Health
Standing Committee. This is Tracy Lustig. I'm a senior director on this
project at NQF, and I'm here with my team.

And I want to remind we that we – you know, we had our orientation call
where we went through the criteria we use to look at measures and decide
whether they should be endorsed. And as part of this process, we, the NQF
staff, are going to be provided or have provided you with what we call a
Preliminary Analysis, which is call PA for short. And we do this for each of
the measures.

In the PA, we look over the developers' submission for each measure and we
give you an overview of it along with our notes of particular things we think
you should pay attention to and our own analysis of how well the submission
meets our criteria. And that is what we are going to be looking at in today's
call.

One thing I really want to emphasize to you up front is that the PA is meant to
be a starting point for your analysis. We certainly expect you to examine the
details of the submissions. And we also recognize that you as the experts may
not agree 100 percent with our own analysis. And that is perfectly fine. And

that is why at the in-person meeting, we are going to work through each submission and then discuss where needed and then eventually vote on the criteria. You have each received your assignments for the measures for which you are lead discussants. But we certainly hope you are going to familiarize yourself with all of the measures.

And we actually since our orientation call had three more measures added to our portfolio. So, we are going to have 13 in total that we will be looking at at our meeting. The three new measures, for your information, are 3205, which is Medication Continuation Following Inpatient Psychiatric Discharge; 3207, which is Medication Reconciliation on Admission; and 3229, which is an Adult Smoking Prevalence measure. And all three of these are new measures.

If you have already looked, you may note that we have posted 11 of the 13 PAs. And these are for you to be looking at and using. And we hope to have the last two posted in the next day or so.

So, again, for today's call, we are going to take one sample PA and walk through it with you so we can give you an idea of what to look for when you are looking through it.

Female: Thank you.

Tracy Lustig: For those of you that have been through this process before, there are – some things have changed. Our forms have changed a little bit. And so, we hope the walkthrough is going to be information both for those of you who have done this before as a refresher and then for those of you who are looking at it for the first time.

One other piece of housekeeping. I want to remind the committee that if you want to be able to ask questions, you do need to also dial in in addition to being on the Web with us. And so, the dial-in number is appearing right now on our agenda.

And before we proceed in, I'd like to go around the table and let you know – I should have let you know who else is here with me today.

Elisa Munthali: Good afternoon. My name is Elisa Munthali. I'm vice president for quality measurement. Thank you for being on the call.

Desmirra Quinnonez: Hi. I'm Desmirra or Debbie Quinnonez, and I'm the project analyst on the project.

Kirsten Reed: And this is Kirsten Reed, and I'm the project manager on this project.

Karen Johnson: And my name is Karen Johnson. I'm another senior director here at NQF, and I'm just consulting with the project team.

Tracy Lustig: So, before we begin, are there any sort of opening questions for us before we dive in?

OK. Great. And if I can remind everyone also, please mute your line if you are not asking a question of us.

So, now, I'm going to turn to our sample PA. And so, overall, when you see the PA, the first thing that appears is the Measure Worksheet. And this is what I was explaining before, which is sort of the big overview of the very large submission that the developers gave us. The developers' actual submission and all their supplemental materials actually appear at the very end of after the Measure Worksheet itself. All right. We will get it done so you can see it really well.

And so, you all remember – I'm sorry. Before I dive into it, you will see the very first thing is what we call brief measure information. And this really gives you a snapshot of the measure that you are looking at. And so, it will give you the number, the titles, who the steward is and some very brief descriptions of the measure, what it's aiming to do, the numerator and denominator in a concise manner, the type of measure, the source. So, this really, again, just gives you an overview of the measure itself.

For this PA, like I said, is just going to be one example. Each PA is going to be a little bit different because it depends on if that is a new measure or maintenance measure or the type of measure it is. So, again, this is just to give you a flavor for what you will be looking at.

So, the next thing on the Measure Worksheet is we start to go through the main criteria, which we went through on the orientation call. So, in our first criterion, this is the importance to measure and report. And this is really – why we put it first is we really want to get the measures that have the greatest potential of driving improvement. And we are looking for measures that are evidence-based and reflect variation in performance or less-than-optimal performance or that there are disparities in performing on this measure. This criterion and both of its sub-criteria are must pass for NQF, which means that if the measure doesn't meet these criteria, that the measure may not be endorsed.

And so, the very first thing we will put right up front here you will see are what we really put emphasis on for the measure. The key questions are is there a systematic review and what we call the QQC. That's the quality, quantity and consistency of the evidence. And this is really important. Have they let us know the number of studies, what kind of studies they are, what the quality is and how consistent their results are? And importantly, has the evidence itself been graded? And the distinction is if this is based on a guideline or a systematic review, we are not – we are interested in whether the recommendation is graded, but we also specifically want to see if the evidence itself is graded.

And so, as we move our way down, if this is a measures that is not a new measure but up for maintenance review, we will provide a very brief summary of what evidence was presented in the last time this measure was looked at. You will notice a lot of items here are underlined. These are actually hyperlinks. And what we try to do for you as much as possible is to really succinctly summarize the evidence but then provide you links to the actual Measure Submission Form that will give you much more detail. And the things we try to highlight for you are actual recommendations and especially the strength of the evidence.

And then, for measures, again, that are up for maintenance, we try to let you know here what updates there are, whether the updates are in the same direction as the evidence is presented before – so, we would just see that as

the evidence being strengthened – or if there is anything that is significantly different since the last time the measure was looked at.

And then, finally, we try to put a couple of questions for you to consider. These may be very simple questions that, like here, the evidence hasn't changed. So, do we need to discuss it again? Or if there are things that are concerning to us that we see, we may put more specific questions.

The next thing we will do is provide you some guidance on how we think that the evidence that is presented fits our algorithm for how this should be rated. You will see a very simple formula here. And just to show you quickly, you have in your committee guideline book or your guidebook how to use these algorithms. And I will show you an example here.

So, these appear in your guidebook. And it is really a way to work your way through and decide how you think that this criteria should be rated. So, the first you would look for – is it a measure outcome? Yes or no. In this case, it is a process measure, so it is a "No". And then, you work your way through in terms of what type of evidence has been presented, if the QQC has been presented. And by working your way through these algorithms, it help you decide according to our criteria how the measure should be rated. And so, we will present to you our reasoning here.

We also put down what the highest possible rating is according to our analysis. There are some cases where because of the type of evidence that is given, it is not possible in our – under our criteria to rate it as high. And so, we will let you know where we fall out. Again, this is our guidance to you. And we hope that you will go through that same process we did to see if you agree with us.

So, after this part of the evidence, we turn to our criterion of sub-criteria of performance gaps. And this is really meant to address whether there is an actual quality problem that is being addressed, if there are opportunities for improvement that can be demonstrated by data that indicate overall poor performance or variation in performance or even variation in performance for certain subpopulations.

And so, again, here, what we will try to do for you – as succinctly as we can, we often try to give you a table or something that can really, again, give you a snapshot of what the data are that the develop provided us with. And then – so, that is the performance gap here. And often, the developer will also provide some data on disparities showing, again, how the measure performance can vary by subpopulation. Again, we will give you some questions to think about related to what has been presented here and, then, pre preliminary rating for opportunity for improvement.

The last thing you will see in each section is this area that says "Committee Pre-Evaluation Comments." And this is where, once you do your surveys and have your own thoughts about this, this will get added in. That way, we will have everything all together in one place.

So, that was me very quickly going through this first criterion. The others are similar. But, I want to – we will certainly go through all of them.

But, before we do that, again, I have been doing a lot of talking. I wanted to make sure – are there something I haven't covered here or any questions that anyone has at this time?

(Raquel Jeffers): I have a question. This is (Raquel Jeffers). Where are we recording our thoughts? Are you going to show us that? Because I just can't see – I think this might have changed from the last round. But, I don't see the place that we are actually entering our …

(Crosstalk)

Tracy Lustig: Sure. So, you have – I believe you have gotten already a survey that when you are assigned your – the measures that you are a lead discussant on, you should have gotten a link for you to fill out your comments. And those will actually get populated into this Measure Worksheet later on.

Karen Johnson: Sorry. This is Karen. If you were here with us the last time around, you probably do remember that we used to have both in the paper worksheet as well as the survey, we would actually ask you to – we would give you a place for you to write down your rating and, on the survey that we actually did, used

to ask you to rate. We don't do that anymore. So, the surveys that you will see would be just asking your thoughts. So, we are not going to even ask you to preliminarily rate. A little bit less work, perhaps.

Tracy Lustig: In the email that was sent to you guys last Friday on the 10th – that have the link to those surveys, which are on SharePoint. But I have received today already two emails from people who aren't able to access it. (Inaudible) it is saying "Access is denied."

So, one of our colleagues here is looking into that issue. So, if you did try to click that link and it didn't work, just stand by and, hopefully, we will get that fixed before this call is over. But, if you still have questions about how to access the survey or how to complete it, please feel free to shoot us an email.

(Raquel Jeffers): Yes. I'm still getting an "Access denied." This is (Raquel).

Tracy Lustig: Yes. Sorry about that. Yes. We just sent that over to our Web team to try to figure out the issue.

(Harold): Could you say – this is – this is (Harold). Could you say a bit more about the kinds of comments that committee members would respond with that are most useful?

Tracy Lustig: I think, a lot of the comments that would be most useful would be where you have questions about whether what has been presented supports the criteria, whether it supports the specifics or the specifications of the measure. If you think the evidence or the testing is weak, that would be important to know. And then, certainly, if there are things that you know based on your expertise that aren't reflected here, that would be – those would be all helpful things.

Any other?

Karen Johnson: In that survey, there's some canned questions. And sometimes, those canned questions are very similar or maybe even the same ones that you will see on the Measure Worksheet. But, sometimes, there are – there are some different ones on the worksheet. So maybe, sometimes, responding to some of those questions as well might be a way to go. You know, if everything looks great,

you can be really succinct and say, you know, everything looks super. But, if – especially the things that you are most concerned with might be the things that you want to note there.

Again – and Tracy will show you – well, you can see here on the screen that the – kind of the pinkish-colored box is there, the committee pre-evaluation comments. That is where we will take what you write and we will populate that. And we will do that before the in-person meeting. So, it will be a day or two before or some – I'm not quite sure what the timeline is, but we will get those on there. And that way, before the meeting, you will be able to see what all your colleagues have said that are doing the survey for a particular measure.

Female: Can you just say again – so we are not going to be rating on the survey as high, moderate, low, insufficient. We are just going to be writing some of our preliminary thoughts. Is that correct? I know you just said that, but …

Tracy Lustig: No. That is correct. I mean, you may want to on your own think about how you would rate it because that will certainly be part of the discussion, especially for the measure that you are a lead discussant. So, if it is helpful for you to go through that exercise of going through the algorithms just so you are familiar with it, that's great. But, I think, mostly, the comments that will be important are to let your colleagues on the committee know what you think are the key issues that need to be discussed at the in-person meeting.

(Peter):   And this is (Peter). Is there – is there a mechanism by which – by which people – you'd like people who aren't necessarily the leader or secondary discussants to make preliminary comments? Or should we save those for the meeting itself?

Karen Johnson: You know, if you want to, just because you are not the lead discussant doesn't mean you couldn't make comments. So, please feel free to go in, do that deep dive, take a look, write in comments. That is absolutely fine. You know, the more comments beforehand, probably the better other than, you know, you might have to read through some things. But …

Tracy Lustig: Yes. And we try to assign everyone measures that were aligned with your expertise areas and that you weren't conflicted with. But, certainly, we may have missed ones or you may have particular knowledge about certain topics that you feel that you could contribute more to. And we would like – we are saying we'd always welcome more.

Karen Johnson: Yes. As long as you are not recuse for them.

Tracy Lustig: Yes.

Karen Johnson: For a particular measure. If you are recuse, then we prefer you not make comments on it.

Female: I had a question on when we get these forms, is there an easy way to see if there's other NQF-endorsed already that are similar? I know I saw one for one of mine that I'm reviewing. But, it took a little while to dig through all the documents to find the right one to see that.

Tracy Lustig: Well, one place certainly is at the end of our Measure Worksheet, we have a section on what is called related and competing measures. And those would be measures that are most closely aligned with this one, usually because of the same measure focus. But, in terms of other similar ones, it would probably be through our – the QPS system. And that is where you can log on and look at any of our measures. And you can search by keywords. So, that might be a way to try to find some. We are – we are certainly not listing at the end of the Measure Worksheet every possible, you know, slightly related measure. We have just included ones that are – that are the most aligned with it. But, if – but, if you have specific questions on one, you can also always reach out to us separately and we can help you find other ones.

Female: Great. Thanks.

Tracy Lustig: Sure. These are all – these are all great question. I'm glad we are getting through this. Anything else before we move on?

All right. Terrific.

(Charlie Grosse): Wait. This is (Charlie Grosse). When do you expect the survey link to be working so we can make sure to go in and check?

Tracy Lustig: Well, we certainly want it to be as quickly as possible, too. Like Kirsten was saying, we have reached out to our Web team. So, we hope we will hear something, I mean, later today.

Kirsten Reed: Yes. Hopefully, by the time this call is over, it will all be fixed.

(Charlie Grosse): Can you – can you – I'm just speaking selfishly. Can you send to me – but, I assume everybody would like this – an update when it is working?

Tracy Lustig: Of course. Yes.

(Charlie Grosse): Yes. Great. Thank you.

Tracy Lustig: All right. All right. So, moving on in the Measure Worksheet, just like criteria one, we go through the second criteria, which is – as a reminder, is the scientific acceptability of the measure properties. And so, the best way to think about this is that the first criteria was really about the clinical evidence behind the measure and this criterion is really all about the measurement science behind the measure. Is it reliable and valid? Those are the key things we are looking at here. And again, this measure – this criterion and the sub-criterion are must-pass criteria in order to get endorsed.

And so, right at the very beginning of our Reliability here – and I wanted to point out again you will see at each of the headers of the criterion and sub-criterion – when you click on these, these are hyperlinks that will bring you to the measure form that the developer submitted. So, that is where you can see really everything in detail. But, the first thing we want to look at is the foundation of our – of this measure, which is the specifications. And this is what are the definitions, codes used, the instructions on the measure so that other people would be able to use the measure.

And so, right up front, what we tell you is the data source. And then, we go through the key specifications. Again, you will here if codes are used, what definitions are provided, how the numerator and denominator are defined and

what the exclusions are. So, that is – we like to call it here the building blocks of the measure. And so, we put that for you right up front. And then, again, some questions. You know, is it clearly defined? Is the logic clear? Is it likely that this measure can be consistently implemented? So, again, that is the first thing we put right up front.

And then, we get into the testing of the measure. And so, our criteria do require testing of reliability. This can be done at the data element level, the performance measure score level or both. And developers – we don't prescribe to them how necessarily to do their reliability testing. There's a variety of methods and statistics that can be used. But, it really is important for you all when you are looking at it to determine if the method was appropriate, if the sample was adequate, if the results look good to you.

And so, again, if this is a maintenance measure, we will quickly up front tell you what they did last time, not with the full-on results but just a snapshot again and, then, what have they done since then. And so, after that, we will tell you what kind of testing they did. And then, once again, a snapshot of, first, the methods that they used and, then, the results. Again, sometimes, if it is – if it is the most clear, we will create a table for you here that – so you can really see clearly what the results are.

But, again, like I keep saying, this is the snapshot of what was done and then some things for you to think about. And then, again, like with measure criterion one, we give you our guidance on the algorithm. That, again, is provided in your guidebook for reliability of how we worked through what the possible highest rating is and then what we think that the rating comes out to. Once again, I want to repeat this is starting place for you and we certainly want you to go through the process and see if you agree.

And then …

(Crosstalk)

(Harold):   This is (Harold).

Tracy Lustig: Yes?

(Harold):   This is (Harold). I have missed it. But, where was the section – if it was sort of a resubmission, where was the section saying what the problem was the last time around?

Tracy Lustig: So, up toward the front, we will – we will give you a summary a very – like you see here, a very high level of what was done. When you go into the actual Measure Submission Form, if it has been done exactly right, what you should see is that the old data are in blue and/or black, I guess and, then, the newer data should be in red so that it really pops out to you as what is new. But …

(Harold):   But, if there is something that summarizes what the – what the problems where to which they would be responded?

Tracy Lustig: We usually try to make – if there was a problem that we see either from the last report or in another way, we will try to certainly put that as a bullet right up front so that you know that this was something that they were expected to do. I can remember from the ones I have done there may have been – I don't remember anything there being a problem with testing. I remember putting in some items about more like harmonization issues. But, if there were something that we know of, that we will try to certainly highlight that here.

(Harold):   And when you say here …

Tracy Lustig: I'm sorry. Right at the beginning where we talk about the summary of testing. So, one thing that we do is, like I said, first, there is a snapshot of what they did in the past and then what they have done new. But, then, under Summary of Testing, this summary is supposed to reflect both the older testing and the newer testing. So, it is a summary of all testing that has been done. And so, that is where we would put an issue like that if we – if we are aware of it. Certainly, having a committee that has been around for a lot of the phases of this, you may have some insights that we didn't capture somewhere. And that is, again, where we welcome you to put your comments in so that we have those reflected.

OK. So, like we are going through, again, your algorithm here that we will go through and then that was just for reliability. Then, we will also go through validity. And as a reminder, a valid measure – you can make correct conclusions about quality of care. So, we look back to the specifications and we see if the specifications are consistent with evidence. Back in one, that is sort of the key thing.

And then, we get into our validity testing. And so, again, just like with reliability, we are not prescriptive of what testing methods that the developer uses. But, we do want you to consider, again, are their hypotheses conceptually sound? Did they use an appropriate testing method? Is the sample adequate? And looking at the results.

The validity can be measured at the measure score level or the data element level. And we also can look at face validity or empirical validity or both, which is always nice. And so, like in this example here, they did face validity only, which is usually presenting the measure to some expert panels and having them determine if the measure really reflect quality? Can this measure be used to distinguish good from poor quality?

And then, the last part of validity goes into an examination of things that could threaten validity. And the first thing that we look at is exclusions and whether the appropriate people are excluded and looking at the developer's reasoning for the exclusions, if they include it, and are there – and is there anyone who is inappropriately excluded.

So, then, the other things that we would look at for threats to validity are things like is the measure risk-adjusted? Can the measure statistically or significantly show meaningful differences in performance? Often, this is provided to us already when we were showing that there is a gap in performance. And if there is more than one data source or method, we need to look at the comparability of those sources.

And then, the last thing we will look at is whether the developer has addressed any issues related to missing data. So, again, all of these are factors that could affect the validity of the measure. And once again, we go through algorithms

specific to validity. We go through what our possible ratings are and, then, the area will be populated again with your comments.

So, I know, again, that is very quick. It is very similar to what we did for – we do for each criterion. Any specific question to this area?

All right. One thing I should have noted – this is an example here under the validity algorithm where you will see the highest possible rating is "moderate." And in this case, the developer provided face validity only. And when you go through our algorithm, that will – when you go through it, you can see. But, the highest possible rating you can have in that case is "moderate" according to our criteria. So, that is why it is indicated here.

And so, our third criterion is feasibility. And this is not a must-pass criteria. But, certainly, we are interested in the extent to which this measure creates undue burden and also considering the ease of its implementation and use. So, our goal is to cause as little burden as possible. So, it is great when measures can be done in a way that they use data from activities that are performed as part of the regular process and don't require additional work. It is not considered a must-pass mostly because we really wanted to think about it in ways that we can make it more feasible but if it's thought that the feasibility is lower, especially for measures that we find to be scientifically sound in terms of the other criteria.

So, again, here, this is a – this is a shorter section usually here. But, we look at the submission forms and think about where the data sources are coming from. Is it something that is part of the regular care process? And so, we think about how the data are captured. And then, you will see here like, for example, we have some specific questions related to the registry that is mentioned.

And then, the last questions are what I was alluding to. Are the required data elements routinely generated and used during care delivery? That way, it is sort of just part of the process and not creating a burden of extra work. And then, how are the required data elements available? There is also in your guidebook for these ones where there aren't full on algorithms. We do have

charts for how you should think about high, moderate, low or insufficient for feasibility. And then, again, the comments.

Do we have any questions related to feasibility?

OK. And then, we move on to usability and use. And again, this is another criterion that is important but not a must-pass for us. We do –NQF measures are – endorsed measures are considered suitable for both accountability and quality improvement purposes. And the expectation is that endorsed measures will not only be used but will ultimately lead to improved patient outcomes because that is, obviously, what we all want.

Because it takes time for newly-developed measures to be selected and used – for us and then implemented, the usability and use criterion is not designated as must-pass for initial endorsement. But, it does become more critical when we are looking at measures that are up for maintenance endorsement. We do expect that endorsed measures will be used both internally for improvement and as well as externally for accountability.

But, the usability and use criterion goes beyond just requiring that they are used. We also want to see that use of the measure had led to demonstrable improvement in health care quality. It also reflects the need for consideration of any unintended negative consequences that are coming up as a result of the use either to – you know, to the individuals that are being measured especially. And finally, we want to allow those being measured to provide feedback and help modify the measure, if needed.

So, these are all the factors the factors that we are looking at under the usability and use section. So, you will see here where we talk about whether the measure is publicly reported, whether it is used in any accountability programs and then detail those here.

Next, we will get into – for the maintenance measures, can they show that there are – that there is improvement since the measure has been used? And if not, the committee may want to think about why haven't been any

improvement especially for some of our measures, we may – we have several years of data.

Again, here, we want to document any unexpected findings reported by the developer, any potential harm. And for vetting of the measure, this is part of where – are the people who have been measures or people who are using the measure provided any feedback on the use of the measure? And we try to also document here whether our MAP workgroups have commented on this measure.

So, again, question – typical questions, you know. How effective has this measure been? If there hasn't been improvement, why not? What do the users and the targets of the measure think of the measure, if we have any of this information? And again, our rating at the very end.

Any questions on use and usability?

(Peter): What is in – what is in – on measure that have been in place for a while – this is (Peter), what has been your experience of how much information that are actually used to answer those questions. And the reason that I asked that is that – is that – often, there is no – there is not a lot of systematic work at trying to answer those questions. So, how much – how much have you been finding when people try to answer those questions?

Karen Johnson: The improvement questions specifically or any of the ones?

(Peter): Any of the ones in that (class) or anything from – I suspect, generally speaking, a little systematic effort to collecting – either any of the – any of the following things ranging from how do affected people feel about the measure to how does it actually move the needle. And so – and, so, I was just trying to get a feel for how feasible it really is in the real world to reliably answer that question.

Karen Johnson: Well, I think, in terms of the actual use in programs, often, the developers know at least some of the uses. They might not know everything. There is, I think, at least one or two – the measures in this project where we think that there's actually more use than they were aware of. So, we try to tell you that.

But, generally, they often know if things were being used in federal programs, not necessarily in more of the private programs.

In terms of improvement, you know, it would be really fantastic to say, hey – you know, my favorite example measure is the foot exam for diabetics. Right? You know, knowing the real improvement for that would be, you know, a drop in amputation rate. But, it is really hard to actually make that connection. So, we generally don't see that kind of thing, although that would be like the stellar example of what we would see. So, often, if they can provide at least performance over time on the measure, then you can see potentially whether improvement has been happening.

And you have to weight that, of course, with whether, you know, are more people just using it. So, maybe, it looks like the rates aren't doing much but, you know, a lot more are using it now. So, you have to be careful, you know, looking at those temporal trends sometimes. But, often, that is about all we have for improvement. And often, we only get a year or two or three. We don't usually get a whole lot more than that.

With the unexpected findings, to be honest with you, we don't usually get much there. And that is really where particularly folks around the table could really help out because, often, people that are on the table are actually using those measure or being measured by those measures. So, sometimes, there is actually more knowledge among the committee members than there are from the submission itself.

And then, finally, that last one, vetting of the measure, that is actually a brand-new criterion for us. We just put it in place mid to late last year. And we are – kind of waited with bated breath to see what people are going to tell us about vetting. It is – we don't actually think that a lot of people or a lot of developers are vetting the measure in the way that we have defined vetting. So, we actually think that that is a bit aspirational. So, we will be seeing what people say about vetting. And the vetting actually is not just getting feedback and potentially using it but also, you know, are they – as a developer or an implementer, are they making information and technical advice available to people who are implementing the measure or being used by the measure? So,

that one is – we will have to see. I don't think we have seen a lot yet so far. But, you guys are some of the first ones to see these new criteria come through our process.

So, I don't know if that helps you or not. Hopefully, it did. It is a bit – a bit of a mixed bag, I think.

(Peter):   Thank you. Very helpful.

Male: And I think, the point is that it is very hard to document in a valid way attribution to the measure or the use of the measure.

Tracy Lustig: Yes.

Karen Johnson: It really is. I mean, it would be great to be able to see that. So, again, most of what we see for that improvement specifically is just movement of the measure itself. So, what was the performance rate last year or what is it this year or what was it, you know, five years ago? That sort of thing.

Male: And that – and that – and that is informative not just in terms of the – I mean, some inference one might make about the impact of the measure, but it is also a way of seeing whether the measure has been topped out.

Karen Johnson: Yes. Although you will – we will probably talk more about topped out under the opportunity for improvement piece.

Male: Right.

Karen Johnson: Yes. And I don't think that that actually comes up necessarily in any of these measures. I don't remember that coming up. But, if it does, we will talk about that in the meeting if it does come up because we have kind of a special way of potentially handling those kind of measures.

Tracy Lustig: Yes. I can't – I can't recall any of ours that have a topped out issue. We do have one where they provide the last three years of data and they are – the numbers seem to be pretty stable.

Karen Johnson: Yes.

Tracy Lustig: So, there could be discussion about why those aren't moving more significantly.

(Raquel Jeffers): So, this is (Raquel Jeffers) again. I have just a question. Back in October, we were asked to review a measure, Initiation Engagement of Alcohol and other Drug-Dependent Treatment, 0004.

Tracy Lustig: Yes.

(Raquel Jeffers): And I don't see it on the roster for – I mean, instead, there is other measure 3172, which is the Continuity of (inaudible) Therapy for Alcohol Use Disorder.

Tracy Lustig: Right.

(Raquel Jeffers): Are we meant to see that as a …

(Off-Mic)

(Raquel Jeffers): … 0004 or – because I understood, I guess, when we left off in October that we would see 0004 appearing on the agenda for the face-to-face meeting.

Tracy Lustig: Sorry. That may have been a misunderstanding. So, 0004 was not up for maintenance. We had the meeting about it because of some issues that were related due to new evidence that had come out. And a result of that, the developer is doing some reanalysis. And that is not necessarily ready for this meeting. That will occur at a future date.

We have notified the developer that 0004 – if they have any updates for us at this point, we'd welcome them. And we do have the measure listed under the related and competing section of 3172 and 3175. But, that measure – because of the work that they have to do – we are not ready to have that full discussion yet about harmonization or whether if there is a best in class.

(Raquel Jeffers): OK. So, we should just review 3172 and 3175 separate from any …

(Crosstalk)

Tracy Lustig: Right.

(Raquel Jeffers): OK. Thank you.

Tracy Lustig: Yes. OK. Which is the perfect segue into our next section here, which is related and competing measures. And so, the last part of our process in many ways here is to think about the other measures in the NQF portfolio and in our portfolio in particular and think about whether there are any existing measures that could be considered duplicative or overlapping. Are they similar or similar enough but not identical specifications?

In terms of competing measures, those are the ones that address the same measure focus and the same target population. And related measures, you know, address the same measure focus or the same target population. And so, what we try to do in those cases if there's two measures that are really competing, the committee would like have to have a discussion about which was the better of the two because we don't have to have a burden of all these different measures that are doing the same thing.

When it comes to related measures, this is where – you know, they are not looking at quite exactly the same thing, but we try to make them as harmonized as possible. And by that, we mean we try to look at how they define their numerator or denominator, how they define their exclusions. And so, that way, if people are working in this area and they are using more than one measure and that is appropriate, they are not getting confused and it is not a burden to have different specifications for things that are similar.

You will see under the measures we are looking at in this – at this meeting we have identified some that we may want to consider talking about, ones that have been talked about in the past as well as, for example, we have a whole slew of measures related to smoking cessation. And when you look really in the weeds to the details of those measures, they can have slight differences in what they mean by smoking cessation, which medications they mean, when they say an intervention, what they mean by an intervention, whether it is behavioral or medication. And so, those are the types of things that we would

try – like to try to align those measures as much as we can. So, that might be an example of a discussion we will have at this meeting.

And so, what we present to you in this section on the PA is the measures that we have identified as being related or competing and, then, any history about – because quite often, you have looked at these measure before and maybe in the past, you have already decided they are as harmonized as much as possible and, so, there may not be a need to re-discuss but just more of a reminder to you of what was said last time. Or it could be an example of last time, two developers agreed to harmonize. And so, we might want to revisit and see if they have actually done that. So, that is what we would do in this – in this section.

Any other questions about related and competing measures?

(Michael Triangle): Well, does that – this is (Michael Triangle) calling. Does that mean that even if one of the potential ones that needs to be harmonized is in due for review now, we would review it now so that we could make a decision on both?

Tracy Lustig: We haven't identified anywhere we think it would require a full review. That would be doing a competing. I think, that ones that you will where we have listed – we mostly listed related measures. And we have – we have actually notified all the developers of those related measures that this may come up for discussion in our in-person meeting and that they should be prepared to be part of that discussion, but nothing that would require a full review by you.

We are going to prepare some sort of cheat sheets of showing you the comparison of what we think are the key issues that you might want to discuss harmonizing like in that example I gave of you looking across the seven smoking measure and how they define cessation. That might be one thing we would suggest to you what we might want to look at. But, also, at our in-person meeting, you may all look at these and say, "You know what, we think these are harmonized as much as they can be and doesn't really require as much of a discussion."

(Peter): And what is the likely – what is the likely disposition based on that discussion? So, if some of the – taking this example a little farther, if some of the tobacco measures might benefit from a little more alignment, does it – does that mean that it is most likely that we would (give) that advice to the developer or does that mean that it is most likely we would – we would not endorse the measure waiting for those kind of changes?

Tracy Lustig: Yes. So, all we can provide is advice. We can suggest that they harmonize. And when those other measures are up for review, that would probably be reflected in those PAs of what was suggested. But, as far as I know, is there other …

Karen Johnson: Well, I think, right now, like at the point in time right now, your – you know, we would make it very clear and the developer would hear your recommendations. We'd write those in the report. If you did that last time around, we hopefully have got it this time around. And you know, you could say, "Hey, we asked for this last time. You didn't do it, and we are not willing to endorse anymore."

I mean, that is an option to you this time if you had that discussion last time and, you know – or, say, next time around – so, three or four years down the road – you've made recommendations this time and you are willing to wait three years. But, three years down the road, you might not be willing to wait any longer. So, it kind of depends on what recommendations were made and, you know, how – you know, how serious you are about really, really wanting to see things changed, if there are any …

(Crosstalk)

Karen Johnson: Right.

(Peter): And the balance of good between – assuming that the measure is measuring something important having a – having a – what is the – what is the value of having improvements that may be more or less subtle versus what is the – what is the value of having a measure in place that might reflect an important topical area.

Karen Johnson: Absolutely. Absolutely.

Tracy Lustig: And one of the examples from our portfolio, if you want to look, is measure 0576, which is Follow Up After a Hospitalization for Mental Illness. And there was another measure – I can't remember the exact number. But, it had to do with follow up after hospitalization for schizophrenia. That measure was not up for review last time. But in the last time that the measures were looked at, there was discussion of making schizophrenia a stratification within the measure. And I don't believe that that was done since last time. And so, we have noted that in the PA and that may be a discussion like you have just raised.

(Lisa): Hi. This is (Lisa). I'm sorry I had to join late. But, I was wondering – I know some of the measures, especially the newer ones, have been out for public comment. Are we – as part of our evaluation, will we be getting – be able to look at the public comments to also get some understanding about feasibility and so forth?

Tracy Lustig: Yes. Actually, when I scroll down to the very end here of our measure – of our worksheet here, you will see there is a very small blank box right now where it says "Pre-Meeting Public and Member Comments." Those will be also imported before the meeting so that you will have everything in front of you.

(Raquel Jeffers): So, the – just the criteria for the use and usability section – this is (Raquel Jeffers) again.

Tracy Lustig: Yes.

(Raquel Jeffers): Is – that's not – does the measure have to pass that criteria in order to be endorsed? And same with criteria five – same question.

Tracy Lustig: Those are not must-pass criteria. OK. Anything else?

All right. Well, this last area here is – I think this should be new for everyone. But, this is a new designation that has been developed at NQF. And it is

called Endorsement Plus. And so, it is – it is really trying to highlight the measures that have met the criteria in the most important ways and areas. And so, we alluded to this kind of when we were talking about whether the measure has been vetted by other people.

And so, here, we will tell you whether the measure is a candidate for this new designation. And really what it is based on is that it meets the evidence for measure focus without exception, has been shown to be reliable. It has to be shown to be reliable by score level testing. And that is a key point. It has also been shown to be valid. And that also needs to be demonstrated by score level testing. It can't be based on face validity. And they have to really show that the measure has been vetted by those being measured or other users.

And so, if a measure, after going through all of these criteria, meets all of those, then we say that the measure can be eligible for this designation. And – but, if not, we give you a quick reasoning here why. And so, like in this example, you will see that it is not eligible because they only provided face validity testing.

And so, this is a new element to our process here. And has there been any experience with it so far that we …

(Crosstalk)

Karen Johnson: No. I think we will get our first experience next week.

Tracy Lustig: All right.

Karen Johnson: So, we will see how it goes. But, what we will do – we will tell you – as Tracy said, we will tell you whether it is eligible or not. But, then, it will be the committee, you guys would then have the discussion and the committee would decide whether they – you feel like you want to confer that designation or not.

Tracy Lustig: And so, that is – that is really the Measure Worksheet itself. And like I mentioned previously, you will see as I scroll here afterward is we attach the actual evidence forms and testing forms and other information. It's a lot of

pages that gives you much, much more details when you are doing your deeper dive on them. You can really get in the weeds with them – with the developers.

Karen Johnson: One thing – it is – it is at the very top of the Measure Worksheet. But, just in case you guys don't know this trick, right before – in front of the Brief Measure Information bar, to navigate the links in the worksheet, you hit the Control and click the link. It's the Alt left arrow to get you back. So, it is real easy to go back and forth in the – in the form.

If you are a Mac user, it might – it isn't quite so easy. It's not the Alt left arrow. If we have Mac users on the line, just send us an email. It's somewhere in my email box that will tell you how to navigate easier. It is not in my head right now, so I can't remember what you use. I can never remember for the Mac side.

Male: Who is speaking? So we know who to email it to.

Karen Johnson: This is Karen. So …

Tracy Lustig: You can just email the Behavioral Health team.

Karen Johnson: Yes.

Tracy Lustig: And we will get you your answer.

Karen Johnson: Yes. I will look it up. And sorry I can't remember off the top of my head.

Tracy Lustig: All right. So, it's kind of like with our orientation call. We just dumped a lot of information on you rather quickly. Are there any more questions for us now? And also know that you can always email us. I know that the next couple of weeks are very fast-paced to get everything done we need to do for this meeting. So, we are here to help you however you need us.

Male: Here is an aspirational question that you might say it's beyond the scope. So, feel free. You know, I'm looking at the list of measures to be reviewed, you know. And then, I know that we have other ones that aren't coming for

review, you know, at our face-to-face meeting – coming up for review at that time. But I'm just wondering if anyone has sort of like just categorized all of our measures – behavioral health measures and put them into categories. You know, it could range from like inpatient, transition of care, outpatient, adult, you know, adolescent.

But, just to kind of see if there …

(Off-Mic)

Male: … apps that we might not have thought of. You know, it just seems like (they're) kind of coming up not in – not in a way where we are looking at the flow of patients as they are doing preventative work, you know, disease work, outpatient, inpatient. But, it just seems to kind of come up from my perspective with whatever developer comes up and we react to it in a reactive nature.

Tracy Lustig: So, we are …

(Harold):   Can I just answer that? It's (Harold).

Tracy Lustig: Yes, please.

(Harold):   Because I think that this is an important issue because it relates, number one, to how we sort of assess measure in terms of their – the value added of adding to the endorsed list. And secondly, you know, part of our responsibility is to identify gaps. And it is hard to identify gaps without really getting a sense of, you know, in some kind of organized way, what is out there for what populations or purposes.

Tracy Lustig: So, we are as aspirational as you are. We have actually, yes, begun to think of different ways to present the entire portfolio to you in sort of visual representation where we can really show you where the concentration of measures are. In the past, we looked at some old reports and there are – there were tables that were based on the National Quality Strategy. But we are actually trying to map them more in the way that you are – you are talking

about, thinking about the continuum of care, thinking about different settings of care, you know, early prevention care, treatment, maintenance of care.

So, we are definitely preparing the portfolio in that way. And we do plan to have that discussion at our meeting to think about where the gaps are and where we should be encouraging developers to be concentration on measure development …

Male: Great.

Tracy Lustig: … (in) our portfolio.

(Peter):   That other thing that you didn't say – this is (Peter). The other thing that you didn't say as a way of stratifying for that that might be helpful is sort of by condition.

Tracy Lustig: Yes. I think, we are going to have to have a couple of different tables because unless I could make it 3D, you know, it is going to be hard to capture. And that is what we have been – we have been a bit with. It is how to present it to you. But, I absolutely agree that we may want to show it to you in several different ways so that we can really identify where the gaps are.

(Peter):   And if it were easy, it wouldn't require people of your talent level and it would have been done already.

Tracy Lustig: You are too kind. We will do our best. And – but, that is a large part of what we want to do on the day two of our agenda once we can hopefully get through all the measures in a timely way and we will have the time to really have these larger discussion.

Male: Thank you.

Tracy Lustig: Great.

Female: If anybody is interested, it looks like the survey link is working now.

Kirsten Reed: Yes. I was just going to say that. They said there was a permission issue. So, you guys all should be able to access it. But, if there are any lingering issues, please let me know and we will get it fixed soon.

Tracy Lustig: All right. Well, if there aren't any other questions, I will turn it over to Kirsten to give you next steps.

(Bonita):   This is (Bonita). I had a – I had a – just a general question. If you could enlighten me at least – when NQF decided to add that last new plus measure of – if it meets – I forget the three categories that were listed.

Tracy Lustig: The Endorsement Plus?

(Bonita):   The Endorsement Plus. Can you give a little background on why usability was not included? I struggle on the provider side when we have quality metrics in a – I mean, that is a critical part of the usability because, then, we don't like to have pay for performance linked to something that it is not as usable – if that makes sense.

Karen Johnson: Yes. Well, I will give you a couple of thoughts. I won't tell you – you know, the exact thinking. But, you know, usability – we want our measures to be used and them to work well. But, that is not one of our must-pass criteria. So, part of it is the Endorsement Plus is meant to reflect measures that really exceed our criteria in some way. So, that is why we are asking, you know, is it score level testing. So, evidence and reliability and validity are all must-pass criteria whereas usability and use – still extremely important but not what we call must-pass.

That said, however, that vetting piece, we do think, although aspirational, is very important and that is a way – that is actually part of our usability and use criterion. So, it is covered. But, it is covered through that vetting piece. So, it is probably a little bit more narrow view of usability and use, perhaps. But, it is there a little bit. So, hopefully, that helps some. And I don't if Elisa has any other ideas or does that cover it.

Elisa Munthali: I think, it covers it. I mean, it is an issue that comes up quite a bit and we do recognize attention. Just to say something about our evaluation criteria, we

are responsive to all of the comments and feedback we have received from you on the committee and others outside that are not a part of our table. And so, we are constantly revisiting it and it is something that we hope to revisit soon, how we evaluate use and usability within our criteria. So, not totally off the table but, for now, this is where we go.

Karen Johnson: Yes. At some point, it may become a must-pass.

Elisa Munthali: Yes.

Tracy Lustig: And I know that in the measures we will be looking at, we have designated a few that are, by our assessment, eligible for Endorsement Plus. But, that could be part of the discussion about whether you all agree that a particular measure should get that designation because it is not required just because on first glance, we think that it meets the very high-level criteria. I think, this designation is meant to be for those measures which really stand apart.

Karen Johnson: Yes. Absolutely.

Tracy Lustig: All right.

Kirsten Reed: All right. So, as I mentioned, the surveys should be all ready to go. And as Tracy said earlier, all but two of the PAs are up and ready. So, for the last two, we will get them out in the next couple of days. And the surveys are due back from you guys by the end of the day on Tuesday, the 21st. So …

Tracy Lustig: We know that – if you have one of the PAs that you haven't gotten yet, you may need a couple of extra days. And that is – that is fine.

Kirsten Reed: Yes. We'll work with you guys. And then, obviously, our in-person meeting is the next big event, which is coming up in less than two weeks. I just checked online and it looks like all of you have registered for the meeting. So, thank you for being on top of things and we are looking forward to seeing you. Prior to the meeting, we will send you a few more last-minute updates to help you prepare and, yes, other than that, I think we are all set. So, thank you so much.

(Harold): This is (Harold). One question. I just went to the survey.

Kirsten Reed: Yes.

(Harold): And it is not clear to me if you are in the middle of it and you have to do something else how you save your responses thus far.

Kirsten Reed: I don't believe that you can. I think we ran into this last year. So, what we'd recommend is just throwing in your answers into a Word document and, then, when you are ready, kind of just copy and pasting it into the actual survey.

Karen Johnson: Can you do it one measure at a time? Does it save one measure at a time?

Kirsten Reed: Yes, one measure at a time ...

(Crosstalk)

Karen Johnson: So, like if you – if you can get through one of your measures but you can't get to the second one, I think you are OK. It's just if you are halfway through one, Word would be your friend.

(Crosstalk)

Karen Johnson: Yes.

Kirsten Reed: Or each of the different measures that you are assigned. So …

Female: Is there a way to just print out those survey instruments so we could work on paper until we are ready to submit it?

Kirsten Reed: Yes. We can send you guys a list of all the questions that are asked within that survey.

Male: Yes. OK.

Female: That will be helpful because ...

(Crosstalk)

Male: Yes. Maybe do that in a Word document. That way, we can do what you just said.

Kirsten Reed: Sure. That works.

Male: Yes.

Kirsten Reed: And we will get that shortly.

Male: We will be much – more accommodating and nicer when we attend the face to face then.

Female: I hope, yes, they're killing us.

Male: Says you.

Female: Could you also say just a couple of words there – are these other documents, the testing forms, the evidence form that are also available on the – for each measure.

Tracy Lustig: So, those are all the forms …

                 (Crosstalk)

Tracy Lustig: I'm sorry. Go ahead.

Female: I was just wondering are those the same things that you can – that you are toggling back and forth to from the measure.

Tracy Lustig: Yes. So, when the developer submits a measure to us, there is the Measure Information Form, which is kind of everything. And then, there are specific forms for the evidence and for the testing. And all of those forms are literally attacked to this – to this Measure Worksheet that we just went through and it is all on SharePoint as well.

Karen Johnson: The exception might be sometimes, depending on the kind of measure and how wordy the developer might be, they may also give you some appendices

and extra supplemental things. The supplemental files are also available for you to look at. The ones that really come to mind are for the e-measures, there is going to be an Excel sheet that has the value sets and those kinds of things that go with the e-measure.

And every now and again, you might see – and I don't remember if it was the case for any of the measures in this project. But, sometimes, developers will have like a standalone product that, you know, further describes some of their development or some of their testing or something like that, and the might provide that to you just as an FYI. It is not necessarily part of the official submission. It is more for your benefit if you want to look at it. Those can get really long, so we don't put those as part of the information – the Measure Worksheet that you are seeing.

Female: Debbie?

Desmirra Quinnonez: Sorry. Hi. This is Debbie. I'm going to give you – if you give me just one second, I will give you a brief overview of snapshot of where you can find those additional documents on SharePoint. We went over this in the orientation. So, I will refresh your memory for you. Just one second and I will pull it up for you.

(Charlie Grosse): OK. Just FYI, when (Harold) said he had access to the survey, I got envious, so this is (Charlie Grosse) – and I went and checked and I have access now too. So, you fixed it ...

(Crosstalk)

Kirsten Reed: Yes. That is a beautiful thing.

(Crosstalk)

Female: ... being a Mac user, so I will respond to you soon.

(Crosstalk)

Desmirra Quinnonez: OK. Can everyone view the screen now? You see the SharePoint homepage. So, if you look on here and you SharePoint, you will see the committee home, which is where we are now. And if you scroll down, you will see each – under the section that says "Measure Documents," you will see each of the measures listed by number, their name and description and measure steward. And you can scroll down.

So, when you click on one of those measures, it will take you directly into a folder when you will see all the additional supplemental documents. You will see the Measure Worksheet, which is what Tracy was just working off of, the Measure Submission Form and any additional attachments will be right in there. And you can just click on it and it will open up for you and you put in your username and password information.

OK. And if you have any questions or any trouble, you can always give us a call or shoot us an email at our behavioralhealth@qualityforum.org email address.

Karen Johnson: OK. And real quick, the Measure Worksheets – have you put all of those as PDF?

Desmirra Quinnonez: Yes.

Karen Johnson: Excellent. I can answer the Mac question right now since they are in PDF. Apparently, when you have Macs, you can open in something called the preview program. If you are using the preview program to open your PDF, use the Command key and the left square bracket key. Those together should be able to take you back. So, you know, click on the hyperlink and then the Command key plus left square bracket to get you back.

If you are using Adobe Reader on the Mac, you would use the Command key and left arrow key, which is what you would do if you are on a regular PC. So, hopefully, that works. That is what my colleague here who has a Mac says worked for him.

Tracy Lustig: Great. Anything else?

All right. Well, you have 45 minutes back to do other fun things with. As always, we are here. If you need us, just shoot us an email. And we look forward to seeing you in a couple of weeks.

Female: Thanks.

Female: Thank you.

Tracy Lustig: Thank you, everyone.

Female: Thank you. Bye-bye.

END