

National Quality Forum

Moderator: Behavioral Health
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2:00 p.m. ET

Operator: This is Conference # 2357677.

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

Kyle Cobb: Hello, everyone, and welcome to the NQF Behavioral Health and Substance
Use Standing Committee orientation call. This is – my name is Kyle Cobb,
and I am a relatively new senior director at NQF and will be replacing Tracy –
OK.

So, we hear a little feedback in here. So, I am going to move away from a
computer that I am sitting – if there are people on the line with computers,
maybe they can mute them – or cell phones. OK. That sounds a little better.

Again, welcome. This is Kyle Cobb. I am a relatively new senior director at
NQF, and I will be replacing my colleague Tracy Lustig, who was formerly
the SD on this project. And we also have some new and maybe familiar staff
who are also on this project, and I will them introduce themselves starting
with Shaconna.

Shaconna Gorham: Good afternoon. My name is Shaconna Gorham, and I am the senior
project manager assigned to this project.

Kirsten Reed: Hi, everyone, this is Kirsten Reed. I am looking forward to working with you
all again as a project manager for this project.

Desmirra Quinnonez: Hi. This is Desmirra Quinnonez. You may see sometimes or hear people refer to me as Dessie. And I am the project analyst on this project.

Kyle Cobb: Terrific. Well, thank you.

And I will now hand it over to Kirsten, who will lead us through the agenda and some introductions and get situated for our call today.

Kirsten Reed: Thanks, Kyle.

All right. So, for today's call, we plan to just give you a quick overview of NQF, although many of you have been around, (were with us) for a long time. So, we won't spend too much time doing that. We will also go over the consensus development process, our portfolio of measure for the upcoming project and, then, we'll also go over the major project activities and the timeline.

We're going to (give you the roles) and then we'll present a high-level introduction to our measure evaluation criteria and we're going to specifically highlight the recent changes to those. And then, finally, we'll show you where and how to access the information that you'll need for the project and discuss next steps.

All right. So, I am going to go through everyone's name. And just if you're on the line, just let us know. Say "Hi." Let just know (today has been cool), what's been going on in your life since we last talked. And (inaudible) (new) committee members. We did have two that stepped off, (Robert Atkins) and – (why am I blanking on her name?) I will get back to that. But, those of them are gone so, now, it is 25 of us.

But, before I get started here, Peter, I know you're on the line. Do you want to say a quick hello and welcome back to the committee?

Peter Briss: Hi. Good afternoon. I'm Peter Briss. My day job is at CDC. And I am lucky enough to be back to co-chair the committee with Harold Pincus. And just welcome or welcome back. I'm really excited about the work.

Kirsten Reed: Thanks. And, Harold, have you joined the call yet? It doesn't sound like it.

All right. Mady, are you on the line?

Shane said he was not able to join, so we'll skip over him.

David?

Julie?

Julie Goldstein Grumet: Hi. This is Julie Goldstein Grumet. I am with the National Action Alliance for Suicide Prevention and the Zero Suicide Institute. Thanks for having me.

Kirsten Reed: Great. Hi, Julie. Thanks.

Charles Gross?

Connie Horgan?

Lisa Jensen?

Lisa Jensen: Hi. This is Lisa Jensen. I work for Veterans Health Administration.

Kirsten Reed: Hi, Lisa.

Dodi Kelleher?

Dolores Kelleher: Hi. This is Dodi. I work primarily with large self-insured employers in designing programs in behavioral health and well-being for their employee population and their family.

Kirsten Reed: Great.

Kraig?

Kraig Knudsen: Hi. I'm Kraig Knudsen. I am with the Ohio Department of Mental Health and Addiction Services. I am the chief of their Bureau of Research and Evaluations.

Kirsten Reed: Great. Thank you.

Mike? Mike, are you on the line?

All right. Tami?

Raquel?

Raquel Mazon Jeffers: Hi. This is Raquel Jeffers. I'm with The Nicholson Foundation, and we are a New Jersey-based foundation that has been doing a lot of work integrating behavioral health into primary care in the state.

Kirsten Reed: Great. Thanks.

Bernadette?

Laurence?

Laurence Miller: Hi. This is Larry Miller. I'm calling from Little Rock, Arkansas, where I am a senior psychiatrist at Medicaid and a clinical professor at our medical school.

Kirsten Reed: Brooke?

Brooke Parish: Hi. My name is Brooke Parish. I'm one of the medical directors with HCSC.

Kirsten Reed: David?

Vanita?

Vanita Pindolia: Hi. This is Vanita with Henry Ford Health System in Detroit, Michigan and (became) very active with many substance abuse-related drug therapy changes and protocols in the area.

Kirsten Reed: Lisa Shea?

Andrew Sperling?

Jeffery Susman?

Michael Trangle?

Bonnie?

Bonnie Zima: Yes. Bonnie Zima, UCLH Child Psychiatry Health Services Research.

Kirsten Reed: And then, finally, Leslie?

OK. And was there anyone who has (re-joined) that I missed but didn't say hello?

Harold Pincus: Hi. It's Harold Pincus. For some reason, I was put on hold for a long time. I'm from ...

Kirsten Reed: Sorry about that, Harold.

Harold Pincus: I am co-chair of the committee and am from New York Presbyterian Hospital and Columbia University Medical Center.

Kirsten Reed: Is there anyone else that we missed?

All right. So, (then), we can get started. All right. So, just a quick overview of what the National Quality Forum is. (You are all) very aware of this. But, it's a non-profit, non-partisan, membership-based organization that is recognized and funded in part by Congress and entrusted with the important public service responsibility of bringing together various public and private sector organizations to reach consensus on how to measure quality in health care as the nation and work to make it better, safer and more affordable.

Next slide.

All right. So, here are just some of the NQF activities in measurement areas. So, we have – of course, have our Performance Measure Endorsement, which is where this project falls under. And then, of course, we have our Measure Applications Partnership, the National Quality Partners, Measurement Science and the Measure Incubator. All right. And, then, the well-known CDP

process and all the fun that comes with it that you guys have all been involved in.

So, of course, there are six steps for our measure endorsement process. And there have been some changes that I'm going to highlight for everyone. And those changes are based on the output from our (KAISAN) event that we held in May of this year. And while a number of these affect the measure developers, members, public and, of course, our internal processes, not everything will have a direct impact on the work that each of you do. So, I will quickly go over these and, then, I will make sure to highlight the ones that will have an effect on our work.

So, the first one there is the Intent to Submit. This is something that is new. And NQF is now requiring that all measure developers notify NQF of their readiness to submit measures for endorsement three months in advance of the actual measure submission deadline.

(Next). Can I ask everyone to mute their lines, please, and then, of course, open it up as you have questions? All right. I'll try again.

All right. So, the plan or the goal behind this Intent to Submit is really to hopefully allow NQF to better plan for measures that are in the pipeline. So, next up, of course, is the Call for Nominations. And nothing has changed within that. And, then, we have our Measure Review, which is really the bulk of our work.

And one thing I do want to note is that we have a newly-formed Scientific Methods Panel. This came about due to the participants in the (KAISAN) event. They noted the challenges that many committee members face when reviewing measures and applying NQF's measure evaluation criteria to the technical aspects of reliability and validity.

Therefore, they recommended removing this responsibility from the committee. NQF will operationalize its recommendation through a methods review, which will be conducted by the newly-formed external NQF Scientific Methods Panel for complex measures.

The Methods Panel will only review the scientific acceptability portion of the measure criteria and only that of the complex measures. It's important to note here that the review will not render endorsement recommendations and they will rather help to inform your decision.

We will still ask that each of you review the scientific acceptability portion of each of the measures and the Methods Panel will hopefully help reduce this burden that's put on you guys and promote consistency across reviews. I will further explain the difference between complex and non-complex measures shortly.

So, next up under the measure review there is just our technical report. We're just really trying to condense it and minimize the length and density. But, again, that will not have any effect on your work.

The next change that we've done here is the public commenting period with member support. And for this, we have in place of the two separate public commenting period that we once had, there was a pre-meeting commenting for 14 days and then a 30-day post-meeting commenting period. NQF will now have one continuous public commenting period which will last for at least 12 weeks.

All of the comments that are received one week prior to our measure evaluation meeting will be included in your materials for discussion during the meeting. All of the other comments will be discussed during our post-comment call in April.

And then with that comes the member support. And we are now giving our members the opportunity to express their support or do not support for each measure to help inform the recommendation that all of you guys put forward – put forward. And this will replace the voting function that you previously knew. And, then, endorsement and appeals – those are remaining pretty straightforward and the same as they have previously.

All right. So, this slide here really depicts one of the major changes to our CDP process, which will affect the way you have worked in the past. As you

know, the timing of projects depended on funding, and committees would sometimes have long gaps between measure review.

NQF will now offer two measure submission opportunities for each topic area each year. Because there will be more opportunities for submission, NQF will limit the number of measures evaluated by the standing committee in each cycle to a maximum of 12 – so, up to eight measures undergoing maintenance review and then up to four new measures.

The two measure review cycles will increase the number of measure evaluation meeting schedules each year. But, due to the increased number of meetings, meetings typically will be conducted all via webinar and not in person. I do know that a number of you have reached out about when the in-person meeting is and booking your travel. So, at least for this current cycle, we will not be having an in-person meeting and all of the review of the measures will be done through webinars.

All right.

Male: Kirsten, you might want to point out that the – that the Intent to Submit period was shortened this time around.

Kirsten Reed: Yes. So, this time – thanks for bringing that up. Because of all the changes and the funding and everything that was happening, we did not have the opportunity for this current cycle to do the Intent to Submit. We just went right into the measure submission deadline. So, that will be beginning with this next cycle. So, the deadline for the Intent to Submit for cycle two or spring 2018 is January 5.

All right. This slide here reflects the previous 22 topical areas that have now been reduced to 15 topical areas. As you can see, several committees were merged. However, our committee was not affected by these changes.

So, this is a new thing as well – expert reviewers. And due to all the topical consolidations, we had, of course, more committee members than available seats. So, we now have a pool of expert reviewers. We can go to the next slide (and get a glimpse a little bit better). Again, this will not really impact

our committee. However, if a measure does come in that requires expertise that is lacking on our committee, we can always reach out to this pool of experts as needed.

All right. And, now, we are onto your roles. Nothing has changed from the last time. You were still acting as the proxy for the NQF multi-stakeholder membership. You were serving two- or three-year terms. You'll be working with us to achieve the goals of this project. You will be evaluating the measures against our criteria, responding to comments and, of course, responding to any direction from the CSAC.

And, then, here are some of your duties as well continued. And this really focuses on overseeing our portfolio of measures, evaluating the new ones, evaluating the ones up for maintenance endorsement, identifying gaps and considering important measure issues that may arise.

And, then, here we have the roles of the wonderful Harold and Peter, who will be assisting us moving forward with facilitating all of our meetings. And they'll really work closely with us to make sure that we're achieving the goals of the project. They will help to keep up all on track and they will represent us at the CSAC meetings.

And then, of course, our role here, really organizing everything and making sure that everything is staying on track, helping you guide – or helping you guys kind of navigate through our process, drafting the reports and preparing all the materials for various Web meetings. And, again, I think I will not reiterate all of these. Our role has not changed.

All right. So, I'm going to jump back in now a little bit to this Methods Panel that I mentioned previously. As I did say that it was created to ensure a higher-level and more consistent reviews of the scientific acceptability of measures. And the Methods Panel really serve in an advisory capacity to NQF on various methodology issues, including those related to measure testing, risk adjustment and measurement approaches.

And then, again, I'm going to reiterate here that they're really helping to inform your endorsement decision and they will not be rendering endorsement recommendations.

All right. So, here is kind of a breakdown of what types of measures fall under the complex category versus the non-complex category. So, complex measures – we are calling those any outcome measures, including intermediate clinical outcomes, instrument based measurement – measures, the PRO-PMs, cost and resource use measures, efficiency measures and composite measures.

And, then, the non-complex measures are those process measures, the structural measures and previously-endorsed measures that were considered complex but with no change or update to their specification for testing. And I am happy to report we will go into our measures that we'll be reviewing during this cycle and none of our measures are complex. So, we are all falling into the non-complex category.

Male: So, at least the measures are (inaudible).

Kirsten Reed: Yes.

Male: And, Kirsten, can I just ask a question just in terms of even though we are not going to have the Methods Panel input this time, but this would be a separate little report about relevant complex measure ...

Kirsten Reed: Yes. Well, kind of.

Male: ... that we can get.

Kirsten Reed: So ...

Male: Or would it be integrated into the material that we get in some way?

Kirsten Reed: It will all be integrated. So, the way – you guys have all seen the PAs that the staff complete. So, those have remained pretty much the same, at least the way that they look. The only difference now is that they are at a separate

scientific acceptability – I guess it's also a PA – where it's kind of just asking different questions to see if ...

Male: Also, when you say PA, it's probably good to say what P and A means.

Kirsten Reed: I'm sorry. The preliminary analysis of the measure. So, within the preliminary analysis, you will that's added, kind of documented, which walks through the validity and the reliability criteria. So, for the non-complex measures, you'll see when you get those that the staff has completed that portion. So, for the – in the future, if we do have a complex measure, those will just be completed by the Methods Panel.

Male: And it will indicate that the Methods Panel provided that?

Kirsten Reed: That's correct. Yes. Currently, it's done by NQF staff. That it's done by the Methods Panel – it will note that it was from the Methods Panel.

Male: OK.

Kirsten Reed: And I will say that NQF staff will also do the preliminary analysis against all of the other criteria, just not the scientific acceptability portion. So, we will still be doing everything else. And then, of course, for the non-complex measures, nothing is changing.

So, I know that was a lot. So, I'm going to pause there before we go into the next section and see if anybody has any questions. All right. Well, we will stop again later. So, if you think of something, I will be here to answer them.

So, I'm going to pass it over to Shaconna.

Shaconna Gorham: Thank you, Kirsten.

So, I am going to do a quick review of the Behavioral Health and Substance Use portfolio.

Next slide.

This standing committee will evaluate measures to be used for accountability and public reporting for all populations and in all settings of care. So, during this cycle one, the project will focus on evaluating five new measures under the following topic areas – so, use and follow-up care of antipsychotics, medication reconciliation, continuity of care and psychosocial function in children.

So, as I said, we have five new measures. NQF solicits new measures for possible endorsements. We have 53 endorsed measures in the – currently in the Behavioral Health and Substance User portfolio.

Given the recent consolidation of topical areas, the maintenance team reviewed all of the current endorsed measures in each portfolio and made some changes to committee assignments. As a result of that, measures were moved into the Behavioral Health portfolio. And those are listed on your slide. We will also include them in the slides to come.

Now, on future meetings, we would like to consider NQF (preservation) criteria when thinking about the priorities for this portfolio. This (preservation) criteria has recently been implemented across various as a way of prioritizing measures using four criterion.

We believe during this cycle one we will have time to do this in later measure evaluation webinars or during the post-meeting webinar. All right. So, on this slide, you see the five measures that we will evaluate in this cycle.

Next slide.

The next seven slides include the five – 53 endorsed measures in the portfolio. There are eight measures in the Alcohol and Other Drug Use category – next slide – six measures in the Care Coordination and one measure grouped under Experience of Care.

We have nine measures grouped under Depression, eight measures under Medication Use, 13 measures under Physical Health for Individuals. That

continues to the next slide, Physical Health for Individuals with Behavioral Health Diagnoses. And, then, we have eight measures under Tobacco.

All right. This slide reflects measures that were removed from the portfolio because endorsement was removed for one reason or another. The withdrawal by the developer could be a reason.

The next slide.

Five measures listed on this slide were removed from the Behavioral Health and Substance User portfolio and moved to portfolios indicated in the right column.

So, as I said, that was a quick review of the portfolio. Do we have any questions? No?

Kyle Cobb: I have a comment. This is Kyle. And just for the committee, the – so, the groupings of the measure was something that was done, I believe, the last cycle. And it is something that we may or you may want to reconsider as we work through the prioritization exercise later this cycle.

It's not – you know, if you're looking at it right now and thinking, "Hmm, you see those aren't the best groupings" and when we think about the future and where we want measurement to go and what our priorities are this may not fit, there is certainly room to make changes.

Vanita Pindolia: This is Vanita. I have a question.

Kyle Cobb: Sure.

Vanita Pindolia: So, from what I understand, there'll be four new measures that would be introduced with each of the two cycles that we'll be reviewing. But, we expanded Behavioral Health and Substance Abuse. What's the criteria used to determine which four come to the committee?

Kyle Cobb: That's a – so, we – so, we have – for this cycle, we are reviewing four new measures. And so, historically, as measures are submitted, either – they come

in two ways. Sometimes, people – developers submit a measure to a specific project. So, some of these measures were specifically submitted to Behavioral Health and Substance Use.

Otherwise, measures can also be assigned to this portfolio through our maintenance group. That said, I think, you know, if the committee feels that there are measures in the portfolio that we have or measures that we're reviewing that would be appropriate in another portfolio, we can have that conversation.

Vanita Pindolia: I guess my questions was more of I thought maybe four would limit – with all of the discussions with substance abuse and everything that's going on, I didn't know if we would have too many and then there were some place that it was being limited and then we would only see four.

Kyle Cobb: OK.

Male: I also think this is part of a – you know, a broader question, if I might add, that it's what are the implications of how they're lumped in this way?

Kyle Cobb: Yes. That's a – the implications of how the measures for this cycle are lumped or in general?

Male: In general.

Female: Yes. So, just, you know, in terms of, you know, to (fall back) in history and thinking about how Behavioral Health operated in the past, you did a series of phased work specific to, you know, specific themes of measurement. And there is – we continue to want to do that for measure review specifically for related and competing measures. We think it's an important way to do review cycles.

That said, you know, there is some flexibility in terms of how we – you know, where we post measures for those review cycles. And the other balance that, I think, is a little harder to get your head wrapped around but – or at least for me it is – we have maintenance measures that are coming back for

maintenance of endorsement that may not necessarily sync to the other measure topics that are submitted on any given cycle.

So, you know, in general, the very long answer to the first question of how do we determine what we're going to review on any cycle is it depends. And it's a combination of maintenance measures coming back and new measures coming in. And the staff here doing our best to really make sure that the – you know, if a measure needs to be put off the cycle for review, that it is so that it can be with similar measures.

I have one more comment, which is, beyond that, we have no control over how many measures are coming back for maintenance and how many measures – or new measures are coming in. So, just to give you some context, for this cycle across all the other projects, we're actually one of the very few projects that has measures right now and, specifically, new measures that have come in for review.

Many of the other projects have had maintenance measures that are up for re-endorsement, have been postponed because the developers weren't ready and others who have decided to defer to other cycles.

So, you know, due to all the changes with our process and while it doesn't seem a lot on your end, internally it is. And for developers, it is even more so in terms of their deadlines and their submissions. So, this cycle is a bit – is a bit different. And we – and I don't want to say that it's a soft launch because this (have launched) and we're really doing this.

But, we are – we are smiling a lot and giving each other high fives to remind ourselves that it's not – it's – you know, the scheduling isn't as perfect as it could be.

Michael Trangle: This is Michael Trangle with a comment and a question, if I could, too.

Kyle Cobb: Absolutely.

Michael Trangle: One is I hope we are factoring in how things play out sort of chronologically or longitudinally. You know, you talked about looking harmonization and

competing measures. But, I also think that there are – in some circumstances, we have measures where we are screening for and identifying certain things.

Kyle Cobb: Yes.

Michael Trangle: And, then, we may be seeing how well we are doing in treatment but we have – but we have nothing to show how people that identified get into treatment – so, where there's a gap. It would be nice to be able to at least think about what we put together in a way where we'll be able to notice that and comment that gap as well.

Kyle Cobb: Agreed.

Harold Pincus: Michael, this is Harold. Just a comment in addition to what you're saying. You know, I think that the way they are lumped is useful. But, if you're lumping measures that exist, this – you don't have – this is not the universe of potential categories. So, for example, there is no category listed for psychosis.

Kyle Cobb: Right.

Harold Pincus: You know – and then one could probably come up with 5 to 20, you know, additional categories. And, so, that's something to think about in terms of how things are – you know, are lumped.

And, you know, again, going back to Michael's points about, you know, one can also categorize these things in terms of at what phase of care these items come into play. And, you know, that's another way of looking at the degree to which there is an appropriate distribution.

Peter Briss: This is Peter. Just getting back to the – to the comment about managing the workflows and how many measures can we do for cycle, what – one of the other big changes that I think is going to help everyone eventually in the – in the new system is you will all recall that if – previously, if one missed the cycle, it could be a fairly substantial gap before they had another opportunity to resubmit.

These days – these days, they are operating with two cycles a year. The opportunities to submit a measure are going to be much more frequent. And so, presumably, if one or more measures missed the cycle either because we didn't have capacity or the developer wasn't quite ready, there will be – there will be a next (train) much more rapidly. And that should help everyone.

Male: Yes. More frequent and predictable.

Kyle Cobb: Yes. And I think the results – the desired results is to – for you to review better measure submissions – stronger measure submissions.

Male: I had a question – I had an additional question about – I noticed that in – that there was a measure that was removed that – the Patient Experience 0726 - Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey was moved to Patient Experience and Function. But, a similar measure, the ECHO, was maintained in our grouping. Could you give some sense of the rationale for that?

Kyle Cobb: Yes. I cannot give you – and I agree that it doesn't make sense for ECHO to be within our portfolio and the other – the ICS measure to have moved to Patient Experience and Function. I also work on the Patient Experience and Function project.

And my understanding is that we are working to consolidate as many of the instrument-based or survey-based measures as possible under that portfolio. So, it sort of begs the question of whether ECHO should stay with Behavioral Health and Substance Use or go to Patient Experience and Function.

Raquel Mazon Jeffers: Hi. This is Raquel. I kind of remember when we close out our last meeting, there was a recommendation on the table to do some of this mapping exercise around the existing measure set ...

Kyle Cobb: Yes.

Raquel Mazon Jeffers: ... that everybody was just talking about, the continuum of care issues, the gaps in measurement, the harmonization of measures. And we have talked

about doing that as an off-cycle process potentially. Has any more thoughts been given to that?

Kyle Cobb: Yes. So, we really are essentially – because we're running two cycles a year now, off-cycle is going to – you know, I don't know what is – ideally off-cycle would be when we're not running two cycles, which will not really happen.

Our goal – and Shaconna mentioned this earlier – is to use some of our review time during our three Web meetings early next year to go sort of the prioritization of the of the portfolio measures, looking at gaps and doing that more in-depth review. And if we don't have time during that point, you know, during the measure review, we will do it. We will – we will find the time to do it. We will work it into the cycle somehow.

Raquel Mazon Jeffers: Great. That sounds great.

Kyle Cobb: You know, we agree that it's a priority and it's – and it's a – it's a – it's an important function of the committee's work to do that sort of curation of the portfolio.

Raquel Mazon Jeffers: Great. That's great.

Desmirra Quinnonez: If there are no other question, we will just take a quick commercial break to introduce you to our timeline for this cycle of work before we dive into the evaluation – the measure evaluation criteria.

So, what you will notice here is instead of having an in-person meeting – a two-day in-person meeting, as Kirsten mentioned or may reference to earlier – we are going to have a series of three measure evaluation Web meetings. And we will go into those a little bit more later on in the call. But, they will start in January. And, then, we will have our post-meeting webinar in February and, then, we will have our post-comment webinar, which will be in April.

And, so, just to remind you all, if you could mute your lines for me so we don't have any feedback, that would be great.

And, so, we are expecting and anticipating your presence at our committee for our measure evaluation Web meetings and primary because we'll be reviewing measures and later we'll have to make the decisions. And, so – and, so, we want everyone to be a part of the conversation as we are going through that.

OK. So, we will go into our timeline a little more in depth a little bit later. But, for now, I will turn it over to Kyle to go over the measure evaluation criteria. Over to you.

Kyle Cobb: Thank you, Dessie. And well done on the timing of the meeting because I had no idea. I just go where I'm told. So, (as was said), the beginning of next year – (yes, like awesome date).

So, I – you know, we have about I think some 20 odd slides coming up that go through the – our measure evaluation criteria. And I – and I will not go through the copious details of them because I would expect at a minimum the committee would be familiar with our evaluation criteria at this point.

I will go through them relatively quickly just highlighting some of the key points for the sections as well as some of the changes to our criteria. But, please feel free to stop me midsentence and ask question as I go through this if you do have questions. And, of course, I'll stop at the end to open it up for additional questions.

So, for the – for the criteria, it's just a reminder that, you know, we established the criteria – you know, while it's established, it's updated on a regular basis and on an annual basis. And most recently, we had some changes to the criteria this past summer. And really, also, a thing to remember is that previously-endorsed measures are expected to meet the current criteria when they come back for maintenance (of endorsement). Just stay on the slide.

So, the criteria, as we all know, is vital to upholding our standards for endorsement which, in turn, support accountability programs and quality

improvement. To this end, our collective work in evaluating measures against these criteria is an essential and important part of the process.

And here we are with our criteria. We – you'll see some page numbers. And this brings you back to the criteria guidance book if you want to go back and forth. The – I will also just mention here briefly that our criteria guidance, the most updated version from this past summer, does have a nice overview on one of the first pages of what the changes to the criteria are as well.

So, if you don't want to go through these slides (and those other points), you can usually go through the criteria and guidance and find it there. So, I'm sure you're all familiar with these. We're going to dig into these a little more in the next slide.

So, number one, I think just important considerations for the committee should this aspect of care or area be measured. We always need to remind ourselves that not everything needs to be measured and, you know, are there opportunities for improvement in this area. And, also, we haven't – have no composite measures this cycle but we may in the future.

I know there is some in this portfolio. But, for composites, you know, why are these component put together and what do they – and do they represent a quality construct?

So, moving on to sub-criterion 1a, I think we all know that the requirements for evidence differ depending on the type of measure. Outcome reviews are, you know, different and, you know, they – you know, we all – the goal is to have more outcome measures.

And they are really essentially the most important ones because they really do provide us with that information that we want to know about health care delivery and are those goals being met. The bulk of measures that we've – as we've already shared in this review cycle, as process measures. And for these, we are looking at quantity, quality and consistency of evidence.

So, next slide.

Here is our algorithm. And I'm sure you are all familiar. And here, we expect just some important highlights. We do – there is an increased emphasis and expectation for maintenance measures to provide performance data.

Simply put, we are no longer allowing maintenance measures to – and I think we will get to this a little later – but provide face validity in their submissions. And we expect, if a measure is out there being used, to be able to provide performance data. And if a measure is not being used, it begs the question for why it's coming back for endorsement.

So, criterion two as we move on to reliability and validity. I think, you know, we just – you know, the motto is in order to be valid, the measure must be reliable. But, reliability does not guarantee validity.

Keep going. Bull's eye. Has anyone not seen this slide? OK. It is a good example of the play between reliability and validity, although I think we could update it a little bit and make a lines a little less fuzzy. But, it is – it continues to be a memorable slide. So, we can keep going.

Male: And just to be clear, what is the bull's eye? Truth?

Kyle Cobb: The truth. Yes. The ultimate.

Male: (Thank you).

Kyle Cobb: So, the idea here is that, you know, reliable – a measure, you know, must be reliable to be valid. But, reliability really does not guarantee validity. So, you could be reliable but completely off the bull's eye. And, so, in this case, you want it to be valid and reliable. And maybe there's a better way to present that that's a little more obviously. But, I think, you know, the idea that something can be reliably not valid.

OK. Measure testing – key points. For empirical analysis, we – you know, specifically, we look for threats to validity such as exclusions and risk

adjustment. But, this is certainly what we are looking for when we ask for empirical analysis.

And moving on reliability testing, there are, as we all know, multiple approaches to testing a measure. And this sort of feeds into some of our work with the Methods Panel now and one of the sort of the goals of having a panel to established maybe perhaps even some more guidance on thresholds when we are looking at these submissions.

You know, we do have the Measure Testing Guidance Report from 2011, which I encourage everybody to refresh yourselves and take a look at. But, that really does provide guidance and clarification on our criteria related to testing – measure testing and scientific acceptability.

So, you will be able to see ranges for, you know – for example, for (CAFA) scores that we are looking for and acceptable types of testing method. But, I think, you know, certainly, our goal as an organization is to provide more structure and higher standards to both reliability and validity testing and our reviews.

Male: And maybe just to underscore your point earlier that while this new innovation of having a Methods Committee provide input – ultimately this committee votes on a measure and, therefore, has to make a decision with the input of the (inaudible).

Kyle Cobb: Exactly. Yes. They really ...

Harold Pincus: But, we don't give up – we don't give up responsibility for ...

Kyle Cobb: Yes.

Harold Pincus: We're looking at the reliability and validity (and that's it).

Kyle Cobb: No, you don't. And thanks, Harold. That's a – it's a good point that, you know, they essentially become consultants. They are another – it's another input into the preliminary analysis that provides you with some analysis. But, it is not a decision.

So, the beautiful algorithm. OK. So, some key points for validity testing. Important to note that we are not – and I mentioned this earlier – we are not accepting face validity for maintenance measures anymore. We expect to see empirical validity testing for all maintenance reviews.

And, you know – so – yes, I think that's another key point. I think I'd bring this up later. But, I just came across it on the measure submission. It's that we have always taken data element validity testing for – we've always allowed that for – in lieu of reliability testing at the data element level.

And we've – well, I sort of found a small loophole with an eMeasure that essentially, you know, had pretty good-looking validity data element testing but it turned out to be unstructured data elements, you know, that were being abstracted on the gold standard and looked good to the abstractors but I think it – you know, they would never pass reliability testing in that context.

So, I think there is – there is – there is some – there is always an exception, as I'm sure you've experienced in the past, and there is always a way that, you know, when you look at these measures, there is always multiple ways to look at it. But, I think, you know, we hope that, again, with the Methods Panel, that we learn something and we were provided with some new ways at looking at these results.

The validity algorithm. You can keep going. I can't even read that slide. So, I don't know how anybody else could. The colors are nice.

And then, of course, threats to validity, which I've already sort of touched on. And, you know, these are all – you know, important to note that as committee members, it's important for you to review and consider what the developer's responses are to these questions in their submissions and how they have thought through the potential threats to validity and assessed the impact of these threats on the – on their measure.

OK. Criterion two. Moving on. So, this is sort of essentially what I've just reviewed and some of the differences, specifically the decreased emphasis on

maintenance measures for reliability and validity testing. However, you know, when it – if they had – if they were – you know, (phased) before they need to come back with empirical testing

OK. Moving on to ...

Male: Can you go back for one second?

Kyle Cobb: Yes.

Male: So, item about must address questions for SDS trial period – so, that is related to the issue of adjusting process measures, you know, based upon SDS – socioeconomic status? And can you say a little bit about that? Is that trial period continuing?

Kyle Cobb: Yes. So, the trial period is continuing and NQF continues to fund that separately. We will – they will be continued to be part of our reviews. But, there is no official – I mean, it is – as I said, it just isn't something that NQF is internally funding. And we are, you know, hopeful to broaden it. But, for the time being, we will be looking at, you know, continuing to look at the question.

Male: So that when we review the measures, there will be information about the relevance of that for each – for particular measures?

Kyle Cobb: Yes.

Male: OK.

Kyle Cobb: OK. So, feasibility. Key points to remember here are, you know, how the data are generated. Is there burden? Do the elements exist in EHRs? In this case, we would look at a feasibility scorecard, which is another artifact that we collect for the measure submission. And, you know – and most importantly with the data collection strategy.

Criterion four, usability and use. Yes. Some updates. We now have a must pass for maintenance measures, the idea being if a measure is not being used

and/or if there is no performance results or feedback, there is really no way to assess the measure for maintenance of endorsement.

So, this – we really, you know – and I think everyone agrees. And this is feedback we've gotten over the years, that it's important to put a little more emphasis on the use for especially maintenance measures. And I think this just summarizes what I just said, you know, why we keep doing these sort of redundant slides.

And, then, on to five, related and competing. You know, again – and I think we all agree that our collective goal is reduce chaos in measurement and to foster harmonization and make decisions about closely related and competing measures.

So, very important and really ties back to our conversation earlier about how we – you know, how we lump or clump or categorize our measures and review them in terms of this new cycle structure.

So – OK. I have a few more slides. But, I'm doing well and everybody has been very patient for me to get through these. Some additional updates. We have ICD-9, -10 coding and then eMeasures. So, it will be done. The – we really – we have updated our guidance on ICD-10 coding.

Specifically, we are far more stringent in our requirements for moving measures out of ICD-9. It's time. They've had – people have had plenty of time. And we have thought through lookbacks and made concessions and (inaudible) centrally a logic flow of if-then for what we accept, which is here.

Similarly, for eMeasures, we have moved on from legacy measures. And we are requiring that all eMeasures go through the rigor of every other measures' reliability and validity testing. And we're also (currently) working with developers to encourage the development of de novo eMeasures that rely on structured data fields.

You know, we do not at this time explicitly say in our criteria that we do not accept unstructured data fields. In part, that's because we'd like to see, you

know, innovation and maybe even things like natural language processing on unstructured fields and ways to, you know, extract data in automated ways that could compute measures. But, at this time, I mean, we really do look for reliance on structure data fields.

So – and I do – we don't have this slide in here. But, also, for eMeasures, we are still offering the trial use program, which, you know, if a measure is coming in that really doesn't have any testing and, you know, there is a – there is a good reason for you to look at it and it to go into the trial program. We will – we will present it to you for your consideration.

OK. Two slides left for my section. Going back to the preliminary analysis, I think Kraig, Shaconna mentioned that there have been some changes made to it. We – you know, we have – we hope it's easier and, you know, makes your review easier and more efficient. The – I think I will say that, in my experience, the new scientific acceptability portion of the PA has some (skip) logic to it, which takes a little getting used to.

And we can – we can fiddle with the PAs and do some highlighting to make things easier for the committee in your review. So, we're open to feedback this cycle in terms of how it helps you to do the review. Having just gone through several PAs, I will say that it gets easier if you've done it a few times, like everything. And, again, the individual evaluation and assignments for the committee members will still be through – collected through a SurveyMonkey.

And, finally, our evaluation process is essentially the same, except you will do a (inaudible) (meeting). But, that's really the only change for you other than the fact that once we are done, we are going to start again. So, there is a – there is some downtime. But, we will be running this pretty regularly. So, that's I think great news in terms of really being able to focus on the portfolio and, you know, like herding it to a place where we can get to some real priority areas and address gaps.

So, I will – I will stop and open it up for questions.

Male: So, Kyle, the – two questions. One is you mentioned before the trial is measured ...

Kyle Cobb: Yes.

Male: ... kind of approach. What's the relation of the trial measure to the sort of measurement incubator efforts? So, that's one. And the second one is – has to do with the process.

Given the fact that this will be all on conference calls, is there going to be a special sort of conference call protocol by which people will raise their hands? I mean, typically, in the in-person meeting, people, you know, put their cards up vertically. But, will we be using some kind of process for identifying commentators?

Kyle Cobb: Yes. So, I will – I will – I will respond in that order. So, trial use measure program versus the measure incubator.

The main difference is that the measures that are coming in through trial use have been – they are eMeasures that have been developed and they are specified and ready for implementation but, in many cases, they just – or in all cases, they really are having a hard time finding testing. And, so – and these folks are looking for input from committees to understand, you know, if this – you know, how far through our criteria does the measure go.

And, so, it's almost like a graduated endorsement. They are going through a number of our criteria but not the testing portion. And the idea for trial use is that it gets exposure through our portfolio. And, in many cases, the feedback we've actually gotten from developers who have measures in this program is that they are able to secure testing easier through the confidence of the committee that has supported it for trial use.

So, I think that's sort of the main points about the trial use program. The incubator is really for people that are interested in developing measures or finding people to develop measures or finding sort of novel ways to develop measures. So, that's number one.

Number two, process and what does it look like to have a series of measure evaluation meetings on the Web. And I will answer that by saying I have no idea, honestly. But, we are thinking about it.

We will be doing – NQF staff will be doing specific facilitation training with the idea that we will be doing work on the Web. It does, really, I agree, change things. And we will be providing some suggested protocols, if you will, for how to raise your hand and how to interact on the Web because it very different. And it's not everything that wants to talk on a phone line and it does change the dynamics. We really absolutely recognize that.

Are there any other questions or comments?

Dolores Kelleher: Hi. This is – hi. This is Dodi Kelleher.

Kyle Cobb: Hi, Dodi.

Dolores Kelleher: I have – hi. I have mostly a curiosity question on outcome measures. In my time, anyway, on the standing committee, the outcome measures have been few relative to the process measures in the portfolio. Is this true mostly of Behavioral Health or is true of the other committees and categories? And are we going to be seeing any in the other cycle?

Kyle Cobb: Yes. I said – I think, you know, it depends. From what I've seen, some of the portfolios have more than others. And I think we all agree that the outcome measure are really the ones that we are driving towards, that we want, and it's the building blocks of identifying those process measures to get to the outcomes that seems to be sort of the – at least in my mind, the measure of where – the metric of where people – or where the portfolios have evolved.

I think it's, you know – you know, a goal of the committee could be to solicit more outcome measures and to identify exactly what those are. And I think, you know, it's – yes. I mean, I can see how we would, of course, like to see more outcome measures.

Peter Briss: Yes. This is Peter. I think it's – I think it's – although in virtually every area of measurement, everybody is trying to move toward outcome measures, they are still relatively rare across almost every subject matter.

Dolores Kelleher: OK.

Kyle Cobb: Yes.

Dolores Kelleher: Yes. That was my curiosity question. My other question and comment is around usability and maintenance.

Kyle Cobb: Yes.

Dolores Kelleher: So, on – (mainly) (inaudible) some measures in a task that were the uptick and use was not everyone had hoped for though it had moved, relatively speaking, and there were some changes made to try to increase the, you know, real use of the measure.

So, in making it a (pass sail), I would just – I would just hope that there would be some guidance and/or discussion about what the threshold was for passing on usability.

Kyle Cobb: We do. Yes. Absolutely. And that has been updated in our criterion guidance. So, it's more than just my statement. And, you know, it – I probably didn't provide you with enough information.

But, we do – similar to all of the criterion in our guidance, it's – there are a series of questions that are associated with it that – to help the committee walk through and think about, you know, is the level of evidence or analysis enough.

Dolores Kelleher: OK. Thanks.

Kyle Cobb: Sure. Any others?

Good. I'm going to pass it on to Dessie.

Desmirra Quinnonez: Thanks, Kyle.

So, we're going to do just a brief SharePoint overview. We're going to go through how you access SharePoint and the different documents that you will be able to find on SharePoint and a little bit of the functionality of the site.

And, so, what I'm going to do – instead of going through the next few slides, I'm actually going to screen share with you so that you will be able to see exactly what you will be looking at when you get into SharePoint.

OK. So, here, you'll notice this is the committee homepage on SharePoint for Behavioral Health and Substance Use. And you will notice on the left-hand side the navigation. You will see different links here. You will be able to access the committee – this is the committee homepage. There is the committee calendar.

Different links that we think are relevant or that you will need to get to can be posted here as well as the committee roster you can find here as well. And to navigate backwards, you can either go back to click right in here on the top – in the sub where you'll see where it's underlined or you can just click your back arrow, and it will take you right back to the committee homepage.

And, so, you will notice here on the right – we'll go through the page – the Behavioral Health – these are reference materials that we think will be valuable for you. And, so, if you click on these links, these links will take you directly to these documents.

So, you can access the standing committee guidebook, the standing committee policy, what a good measure submission looks like. So, you can click on any of these and they will take you directly to that.

You will notice if you go a little further down to General Documents you will our Behavioral Health and – Behavioral Health and Substance User roster as well as the standing committee guidebook. And if you go down just a little further on the page, you will notice the different sections. So, the Measure Documents – so, if you click on any of these, what you will do is you will start to see different documents.

Now, I clicked on Measure Documents. This is where we will have all the documents that you need to do your measure review.

So, if you click on the Measure Review, as I just did, and then you click on a specific measure, it will take you directly into that folder where you'll – where you'll be able to find all of your measure – attachments for evidence, testing attachments, any additional supplemental documents that you may need as well as the measure worksheet, which is what you will primarily be using to do your review.

So, we'll pause there just quickly just to show you just a brief example of what the measure worksheet looks like. And I'll point out just a few areas that you may pay attention to. This is the submission from the Measure Information Form. If you scroll all the way down, you will notice throughout the links they are all hyperlinks.

So, when you click on Evidence, it will take you directly to the evidence attachment. And, so, these are all hyperlinks for your convenience to make it easy for you to be able to navigate throughout the measure worksheet. You will also notice that in the green boxes, you will see guidance for the evidence algorithm as well as the preliminary rating. And you will see that after each of the sections.

One other area I want to point out is in the pink box, you will – (boxes), you will notice the section for committee pre-evaluation comments. And in these pre-evaluation comments, these are where we'll be able to put those comments in after you do your – the measure evaluation survey, which I will show you how to access that as well.

And if you keep scrolling through, it's pretty much the same and uniform throughout the measure worksheet. And there's a lavender box at the end with public and member comments. And this is where staff will take all the member and public comments that we receive. We will put them all together and have them here so that you will be able to view them anytime you need to evaluate the measures.

In addition to that, you will find – as Kirsten and Kyle, I believe, made reference to, the new PA – preliminary analysis – that will be done by staff. And if it's a complex measure, that will be done by the measure – the Scientific Methods Panel.

It will be – actually, we will have everything in the measure worksheet for you. And, so, you will be able to scroll down and see how things were evaluated and go by section just as you do throughout the measure worksheet and the other preliminary analysis.

So, what we'll do is we'll go back to ...

Kyle Cobb: And, actually, that was a good example for folks to just have a preview of the (skip) logic on it. You can see that on question two, it says, "Go to question four." So, question three is blank. So, this is just a small preview for the type of sort of change that folks will have to get used to.

Desmirra Quinnonez: Thanks, Kyle.

Kyle Cobb: Sure.

Desmirra Quinnonez: So, we'll go back to the committee homepage, where you'll access the rest of your documents. So, I made reference to the survey, the Behavioral Health and Substance Use Standing Committee Preliminary Measure Evaluation Survey. We will be getting this out to you before Christmas.

And, so, we will send you an e-mail with blanks and with all the information that you need to access this. And it will be made available. You would just click right underneath the survey to this link and it would pop right up so that you can access your survey and go through for each question.

One other think I do want to bring to your attention is you will notice the plus and minus signs on the page. So, if there is a negative sign here, then you just click on that and it will give you more information.

Just like for meeting documents, today, all of our meeting documents you can find one you go into the project cycle and you can click on the Orientation Web Meeting Cycle One. You can click on the meeting title and it pops up.

So, all of your documents for all of our meetings will be housed there. So, we try to house everything here to make it pretty easy for you and simple and so that you'll have everything that you need to do your preliminary analysis beforehand.

So, we'll go back to – go over next steps.

Male: And just a question. This is a different SharePoint site than what we used last time?

Desmirra Quinnonez: No, it's not (inaudible).

Male: That's the same one?

Desmirra Quinnonez: It is the same one. That's a very good question.

Male: OK.

Desmirra Quinnonez: It's the same site. However, there have been improvements to the site or enhancement to the site to try to make things a little more accessible and to make it easy to follow each phase of work.

Male: OK. Thank you.

Desmirra Quinnonez: And, so – yes. So, this is how the new – and especially to keep it so that now that we're cycling and we're doing two submissions per year – two cycles – you will be able to follow both cycles on the same page without having to go to an archive page.

Kyle Cobb: OK. So, that was a question I had, Dessie. Would ...

Desmirra Quinnonez: Yes.

Kyle Cobb: Can the committee go back and look at old cycles through the (inaudible).

Desmirra Quinnonez: Yes. You actually can go back to old cycles. Let's see if I can pull the – if you go to the top – and I'll screen share this. No. I am going to screen share – I wanted to make sure I could get to it. So, if you go to ...

Female: (Inaudible).

Desmirra Quinnonez: Yes.

Female: (Inaudible) (access to) (inaudible).

Desmirra Quinnonez: Do they?

Female: Yes.

Desmirra Quinnonez: So, not – if you need anything from the previous phases, just let us know. We can send that to you. But, moving forward, all of – from here on out, you will be able to access everything. But anything before now we'll have to get to you.

Kyle Cobb: That seems rather mysterious, but we will trust you, Kirsten.

Desmirra Quinnonez: OK. All right. So, we'll go back to finish up these slides and we'll go to next steps.

So, as I mentioned before, our dates for our upcoming Web – measure evaluation Web meeting – our first Web – measure evaluation Web meeting will be January 19, 2018 – bring in the new year. And we will actually have those preliminary evaluation surveys out to you, as I mentioned, before Christmas so that you will have everything that you need prior to that Web meeting to start the review of your measures.

The measure evaluation Web meeting two will be January 22, and the third Web meeting will be January 24. And we try to keep those within a week's period of time so that everything is fresh on your mind and we can get you everything that you need and make the comments that you need as we are going through the measures.

Following that, in February, on February 6, we will have our closed meeting webinar. And in April, we will wrap up with our post-comment webinar on April 26. And, so, I just want to reiterate one more time that we will not be having an in-person meeting. But, these measure evaluation Web meetings will take the place of that in-person meeting.

OK. And, next, if you do have any questions, any ideas or concerns or even any issues with your survey or with – as you're going through your measures, feel free to contact us. Our e-mail is listed on this page, behavioralhealth@qualityforum.org, and our phone number. And you can click on these links actually to make it easy for you to go right to our Behavioral Health pages and the SharePoint site.

So, are there any question? I know we gave you a lot of information in a short amount of time. But, I'll open the floor now to see if you have any questions of anything about anything that you've heard today.

Female:

Can I just add one thing just process (while) they know it's been a while since we've done these things, but around the survey that will be sent out – so, all of you should have received an e-mail from us around the measure-specific disclosure of interest form.

The reason we do send those out is, of course, if you do have any type of conflict with any of the measures under review, you will have to (refuse) yourself from the discussion of that measure as well as the voting on that measure.

So, once we get all those, that's when we will be assigning each of you to a couple of measures where we ask that you do the deep dive into it and actually complete that survey. So, if you could please get those back to us soon so we can start assigning everyone their measure and make sure we're not assigning you to a measure that you are, of course, conflicted on. That would be great.

And, then, we are going to ask that those surveys are completed a little bit more than a week before our measure evaluation meeting so that we can put

all of your wonderful comments and feedback into the materials and share with the whole committee prior to those meetings.

Kyle Cobb: Well, I think, people, we have – we have – we have – we have done a big, huge push of information and everybody is digesting. Peter and/or Harold, do you have any closing remarks or comments?

Male: No. Well, thank you very much. I mean, it was certainly – even if – for us who have been through this a large number times, this has been a useful refresher course and also very helpful in identifying some of the modifications. I think it's going to be a bit more challenging doing this over the phone.

And, so, we're going to want to think about, you know, what are the kind of protocols we are going to put in place for identifying people to make sure everybody gets the chance to talk who wants to. And also, obviously, there is going to be sort of a, you know, homework that we're going to have to do before each of these meetings. But, it actually, in some ways, will be easier because the homework will be in more bite-sized pieces.

Kyle Cobb: Yes. (Inaudible).

Male: And I just want to ...

Female: Go ahead.

Male: And I just want to say – I just want to say thanks to the staff, as always, for a great – you know, for a great prep work and thanks to the committee for hanging with us while we get through all this information. Thanks.

Female: (Agree).

Female: And we do have one question over the chat asking if the webinar meetings will be video conferences with FaceTime to maybe help us be a little bit more focused. As of now, no, that is not going to be happening.

But, I agree that that would be a nice way to keep everyone on track and more focused. As Kyle said, I mean, we're kind of learning as we go with these things.

So, we appreciate that comment and feedback and, you know, we could potentially get there at some point. But for at least these foreseeable future webinars, we will not be.

And, then, you also asked about the login information. Those are in all of the calendar appointments that you were sent. And then, of course, as we get closer to these meeting dates, agendas are sent out which also include login. But, it's the same platform that we're currently on today.

Any other questions?

Male: Is our SharePoint up and running now?

Female: Yes. And it should be the same login that you've used previously. If not – do you know what the website – or what the e-mail address for help with that info?

Female: I think it's info.

Female: It's just – if you have trouble, just e-mail info@qualityforum.org.

All right. Well, thanks, everybody. Nice to talk and connect again. And we will be in touch in the coming weeks.

Female: (Perfect). Thanks so much everyone.

Female: Thanks.

Male: Thank you.

Male: Thank you.

Male: Thanks.

Female: Goodbye.

Male: Goodbye.

Female: Goodbye.

Male: Goodbye.

END