



Cancer Standing Committee June 2017 Off-Cycle Quarterly Webinar #1

The National Quality Forum (NQF) convened a public webinar for the Cancer Standing Committee on Monday, June 19, 2017. An archived recording of the webinar is available for playback.

Welcome, Introductions, and Review of Webinar Objectives

Melissa Mariñelarena, NQF Senior Director, Dr. Karen Fields and David Cella, PhD, Standing Committee co-chairs began by welcoming participants to the webinar. Dr. Fields and Dr. Cella provided opening remarks and emphasized that this webinar offers the opportunity to focus on prioritizing measures and gaps, including the previously identified gaps, in an effort to improve the cancer portfolio. Ms. Mariñelarena provided a brief introduction to off-cycle activities and then reviewed the meeting objectives:

- Identify the highest priority measures and gaps in the cancer portfolio using NQF's Prioritization Criteria:
 - Review the contents of the portfolio by cancer type
 - Apply the prioritization criteria to the existing cancer measures

Jean-Luc Tilly, NQF Project Manager, provided an introduction to NQF's Prioritization Criteria.

Introduction to NQF Prioritization Criteria

Mr. Tilly provided an overview of the NQF Prioritization Criteria. This overview began with Mr. Tilly explaining that the rationale for the prioritization criteria is part of NQF's new strategic plan. Prioritizing measures and gaps will contribute to NQF's strategic plan to accelerate the development of needed measures and reduce, select and endorse measures. These criteria will not replace NQF's measure evaluation criteria that assess evidence, scientific acceptability, feasibility, and usability and use.

Mr. Tilly provided an overview of the four prioritization criteria:

- Outcome-focused: Preference for outcome measures and measures with strong link to improved outcomes and costs
- Improvable and actionable: Preference for actionable measures with demonstrated need for improvement and evidence-based strategies for doing so
- Meaningful to patients and caregivers: Preference for person-centered measures with meaningful and understandable results for patients and caregivers
- Support systemic and integrated view of care: Preference for measures that reflect care that spans settings, providers, and time to ensure that care is improving within and across systems of care

Mr. Tilly then provided an overview of the seven high-impact outcomes that NQF has identified to assess the quality and value of the overall healthcare system:

PAGE 2

- Functional status/well-being
- Patient experience (including care coordination, shared decision-making)
- Preventable harm/complications
- Prevention/healthy behaviors
- Total cost/high-value care
- Access to needed care
- Equity of care

Mr. Tilly concluded this section of the webinar by providing an overview of the hierarchical framework that will be used to prioritize measures and gaps. The first level of the hierarchy (top of the pyramid) includes the seven high-impact outcomes. The second level of the pyramid identifies driver measures that can be used to drive toward higher performance on the high-impact measures. The third level of the pyramid identifies priority measures within specific settings and conditions that also contribute to improved performance of the high-level outcomes. The fourth level (bottom of the pyramid) identifies a set of internal quality improvement measures.

NQF Cancer Measures and Gaps Prioritization Exercise

After the introduction to the prioritization criteria, Ms. Mariñelarena provided a background on how NQF staff applied the prioritization criteria to the measures in the cancer portfolio. This initial work was provided to the Standing Committee prior to the webinar.

Drs. Fields and Cella facilitated the pilot exercise with the Committee. The Committee was asked to consider the following questions for each of the high-impact outcomes:

1. Does the Committee agree these measures (where applicable) improve the high-impact outcome?
2. What kind of measure(s) and/or measure concept(s) are needed to fill the gaps for each high-impact outcome?
3. Does the Committee agree these existing measure(s) are priority measures? Internal QI measures?

In general, the Committee did not agree that majority of the measures in the cancer portfolio contribute to the high-level outcomes as identified in the pilot exercise. NQF staff will review the Committee's input and update the pilot exercise document.

Opportunity for Public Comment

Ms. Mariñelarena opened the call up to the public for comment. No public comments were offered.

In closing, Drs. Fields and Cella thanked webinar attendees for their participation.