NATIONAL QUALITY FORUM

Eye Care, Ear, Nose and Throat (EENT) Standing Committee Off-Cycle Orientation Webinar

Shaconna Gorham

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Welcome and Introductions

Standing Committee

- Kathleen Yaremchuk, MD, MSA (Co-Chair)
- Daniel Merenstein, MD (Co-Chair)
- Tamala Bradham, Ph.D., CCC-A
- Matthew Carnahan, MD, MS
- Scott Friedman, MD
- Seth Goldberg, MD
- Richard Madonna, O.D.
- John McClay, MD
- Vaishali Patel, Pharm.D., M.S.
- Todd Rambasek, MD
- Andrew Schachat, MD
- Joshua Stein, MD, MS
- Michael Stewart, MD, MPH
- Steven Strode, MD, MEd, MPH, FAAFP
- Jacquelyn Youde, Au.D., CCC-A

Agenda

- Standing Committee Introductions
- Brief Introduction to Off-Cycle Work
- Roles of the Standing Committee
- Overview of Measure Evaluation Process
- Overview of eMeasures
- Next Steps
- Adjourn

Roles of the Standing Committee

- Act as a proxy for the NQF multi-stakeholder membership
- Serve 2-year or 3-year terms
- Work with NQF staff to achieve the goals of the project
- Evaluate candidate measures against the measure evaluation criteria
- Respond to comments submitted during the review period
- Respond to any requests from the CSAC

Roles of the Standing Committee
Measure Evaluation Duties

- All members review ALL measures
- Evaluate measures against each criterion
  - *Indicate the extent to which each criterion is met and rationale for the rating*
- Make recommendations to the NQF membership for endorsement
- Oversee EENT portfolio of measures
  - *Promote alignment and harmonization*
  - *Identify gaps*

Changes to NQF Processes

- Off-cycle opportunities for Standing Committees
- Modifications to the CDP process
- Additional staff guidance (preliminary analysis and ratings)
- Change in emphasis when evaluating maintenance measures
- Recommendation for Endorsement and Endorsement +

NQF Consensus Development Process (CDP)

- Call for nominations for Standing Committee
- Call for candidate standards (measures)
- Candidate consensus standards review (measure review)
- Public and member comment
- NQF member voting
- Consensus Standards Approval Committee (CSAC) decision
- Appeals

Evaluation Process

- **Preliminary analysis**: To assist the Committee evaluation of each measure against the criteria, NQF staff prepared a preliminary analysis of the measure submissions and offered preliminary ratings for each of the criteria.
  - *These will be used as a starting point for the Committee discussion and evaluation*
- **Discussion assignments**: Those who were assigned measures will lead the discussion of their measures with the entire Committee
- **Measure evaluation and recommendations**: The entire Committee will discuss and rate each measure against the criteria and make recommendations for endorsement.

Evaluation Process

- NQF has recently streamlined the maintenance process:
  - *In the maintenance measure forms, you will see that any new information is in red and old information is in black.*
  - *The intent was to decrease the developer and Committee workload, particularly when there were no updates to the measures.*
  - *During the webinar, if there are no updates to the specific criterion, the Committee may decide not to discuss or vote on that criterion.*

Recommendation for Endorsement and Endorsement +

- The Committee votes on whether to recommend a measure for NQF endorsement.
- Staff will inform the Committee when a measure has met the criteria for possible "Endorsement +" designation:
  - *Meets evidence criteria without exception*
  - *Good results on reliability testing of the measure score*
  - *Good results on empirical validity testing of the measure score (not just face validity)*
  - *Well-vetted in real world settings by those being measured and others*
- Committee votes on recommending the "Endorsement +" designation, indicating that the measure exceeds NQF criteria in key areas.

NQF Endorsement Criteria

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

Criterion #1: Importance to Measure and Report

Criteria emphasis is different for new vs. maintenance measures

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

Criterion #2: Scientific Acceptability

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

Criteria #3-4: Feasibility and Usability and Use

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

Related or Competing Measures

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

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

Process for Measure Discussions

- Measure developer will introduce their measure (2-3 min.)
- Discussants will begin committee discussion by:
  - *Providing a summary of the pre-meeting evaluation comments*
  - *Emphasizing areas of concern or differences of opinion*
- Developers will be available to respond to questions at the discretion of the committee
- Committee will vote on criteria/sub-criteria

Achieving Consensus

- Quorum: 66% of the Committee
- To be recommended, measures must have greater than 60% of the Committee Yes (high + moderate)
- 40%-60%: Consensus Not Reached (CNR) status
- Less than 40%: Not Recommended
- CNR measures move forward to comment and the Committee will revote

Questions???

Orientation to Electronic Clinical Quality Measures (eCQMs)

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Jason C. Goldwater, MA, MPA
Senior Director

February 17th, 2017

Specifications of an eCQM

- Health Quality Measures Format (HQMF)
- Quality Data Model (QDM)
- Value Sets
- Quality Data Reporting Architecture (QRDA)

How are eCQMs Developed in the World?

- *De Novo*
- Respecified from an existing paper measure
- Respecified from an existing legacy measure
- A potentially new or respecified measure accepted for trial use.

How are eCQMs Assessed and Evaluated

- Evidence-Base – Is the measure actually needed?
- Reliability – Is the measure well-defined?
- Validity – Are the measure specifications consistent with the evidence?
- Feasibility – Can the specifications, including measure logic, require data that are readily available or could be captured without undue burden
- Usability - Extent to which potential audiences (e.g., consumers, purchasers, providers, policymakers) are using or could use performance results for both accountability and performance improvement

How are eCQMs Assessed and Evaluated (con't)

- Testing – eCQM must be tested in **more** than one EHR
- Value sets – The value sets must be published in the Value Set Authority Center (VSAC).
- Format – The eCQM must be formatted with the most recent version of HQMF*
- There must be alignment between the measure artifacts sent to NQF as part of the measure submission process.

Different Scenarios of eCQM Review and Approval

- *De Novo* – Evaluated as a new measure
- Respecified Paper-Measure – Evaluated as a new measure
- Respecified Legacy Measure – Evaluated as a new measure, but testing requirements different
- Measure for Trial Use – Evaluated as a new measure, but no testing required

Potential Problems with Legacy Measures

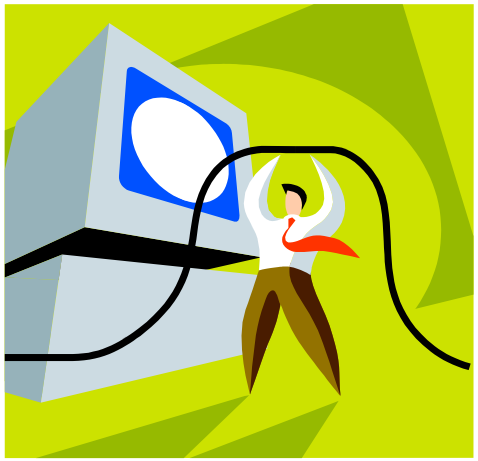
- Difficulty with finding EHR systems
- Difficulty with test data
- Difficulty with feasibility
- Difficulty in comprehension of a legacy measure

The Use of BONNIE As A (Temporary) Solution

- BONNIE is a tool developed by the MITRE Corporation
- BONNIE is a software tool that allows Meaningful Use (MU) Clinical Quality Measure (CQM) developers to test and verify the behavior of their measure logic.
- The main goal of the application is to reduce the number of defects in eMeasures by providing a robust and automated testing framework
- The Bonnie application can convert the eMeasure into the appropriate electronic specification that allows calculation of the measure directly from the logic.

How Does BONNIE Work?

- Synthetic patient test deck
- Execute the measure logic against the test deck
- Evaluate the metric to determine if there are any errors
- Isolate where the errors are and make corrections



How to Evaluate Legacy Measures with BONNIE

- Accurate metric
- Realistic scenario
- Appropriate assessments
- Existence of data
- Accurate capture of data
- Impact on workflow
- Value on quality of care

Questions???

Next Steps

Milestone	Due Date
Pre-Meeting Comment Period	February 15 – March 1, 2017
Measure Evaluation Web Meeting	March 14, 2017
Comment Period	April 27 – May 30, 2017
Post-Comment Call	Week of June 12th, 2017
NQF Member Voting Period	June 21 – July 6, 2017
CSAC	July 11-12, 2017
Appeals Period	July 14 – August 13, 2017

Project Contact Information

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