



Endocrine Standing Committee November 2016 Off-Cycle Quarterly Webinar

The National Quality Forum (NQF) convened a public webinar for the Endocrine Standing Committee on Thursday, November 3, 2016. Materials for the call, including the agenda, slide deck, and transcript, have been posted on the [Endocrine project page](#).

Welcome, Member Introductions, and Introduction to Off-Cycle Activities

Karen Johnson, Senior Director at NQF, opened the meeting by welcoming the Committee to the webinar and briefly reviewing the agenda. Dr. Jamie Rosenzweig, co-chair of the Committee, began Committee introductions by welcoming the Committee and providing a brief description of his background and expertise. Committee members, in turn, introduced themselves. Ms. Johnson briefly described the purpose of NQF's off-cycle activities and identified topics currently under consideration for future webinars. Finally, Helen Burstin, Chief Scientific Officer at NQF, welcomed the Committee and underscored the importance of the Endocrine Standing Committee's availability and expertise for future NQF work.

Measure Applications Partnership (MAP) Overview

For the first part of the webinar, Ms. Johnson provided an overview of the Measure Applications Partnership (MAP), including its statutory authority from the Affordable Care Act, organizational structure, membership categories, overall charge, Workgroup-specific program responsibilities, and upcoming events for November 2016 through March 2017. Dr. Burstin also described the MAP's expanded role for the upcoming year to provide feedback on existing measures that are being used in the various programs. Dr. Burstin noted that this may be an opportunity to further engage the Endocrine Standing Committee.

Refresher

Ms. Johnson then provided a brief "refresher" to remind the Endocrine Committee of NQF's standard evaluation criteria, the status of NQF's current portfolio of Endocrine measures, and gaps in the portfolio. Ms. Johnson also reminded the Committee of several of the main issues encountered during its 2014-2015 deliberations, including:

- Discussion of threshold values used in measurement (e.g., blood pressure <140 systolic, <90 diastolic; HbA1c values < 8%)
- Disinclination of the Committee to remove endorsement, at least in part due to concerns that this would signal that the associated care processes are unimportant
- Inability to select a superior measure(s) when there were competing measures
- Provision of concrete feedback for harmonization for several related measures

- Little evidence of performance improvement in recent years for several measures

Ms. Johnson also briefly informed the Committee of:

- A new evaluation subcriterion (“vetting of the measure”) included under the Usability and Use criterion
- A change in focus for evaluation of previously-endorsed measures (i.e., increased emphasis on the opportunity for improvement, feasibility, and usability and use criteria)
- The integration of the endorsement and MAP processes
- Use of “lessons learned” from allowing more frequent opportunities for measure submissions, as piloted in the 2014-2015 Endocrine endorsement project

NQF’s Strategic Direction

Dr. Burstin then provided a summary of NQF’s strategic direction for the next three years. She emphasized the focus on measurement science and accelerating the development of the next generation of measures that will be most effective in driving improvement. In addition to briefly describing NQF’s Measure Incubator, Dr. Burstin also discussed NQF’s goal to better understand—through obtaining feedback from the field—what works and what doesn’t work in measurement. Finally, Dr. Burstin described NQF’s current efforts to develop criteria for prioritizing both measures and gaps in measurement. She specifically discussed the role of the Standing Committee in helping to prioritize measures and measurement gaps for the Endocrine portfolio.

Committee Discussion

Ms. Johnson and Dr. Burstin then facilitated a discussion with the Standing Committee, using a set of questions focused on concerns about having too many measures, reluctance to remove endorsement, and continued endorsement when there may be lack of opportunity for improvement.

Input from the Standing Committee included the following:

- Need for consistent criteria for removing endorsement. Ms. Johnson noted that this need has been addressed to some extent by a clarification of NQF’s policy regarding Inactive Endorsement with Reserve Status, an endorsement category that is now consistently applied to measures that do not meet the “Opportunity for Improvement” subcriterion.
- Need for post-implementation surveillance overall and, relatedly, surveillance to track what happens if a measure loses endorsement. Dr. Burstin agreed, noting that collection of feedback is part of NQF’s strategic direction; however, she also noted the difficulties in obtaining this feedback and invited Committee members to help NQF think of ways to motivate provision of feedback to NQF. One member suggested recruiting volunteer organizations to provide particular types of feedback.
- Need for cross-Committee input. Members noted that patients rarely have only one medical condition and feedback on measurement from a variety of disciplines would help promote more person-centered measurement.

- Need for increased focus on the question of unintended consequences of measurement.
- Need for continued discussion around what “topped out” could, or should mean, as well as on efforts needed to push some process measures from an already high performance to an even higher performance (e.g., from 96% to 98%).
- Need for better understanding of data sources, which can inform discussions of both the Opportunity for Improvement and Validity subcriteria. For measures that rely on data from electronic health records, Committee members noted both opportunities for better data capture as well as potential for gaming.
- At least some agreement that NQF should develop criteria to allow for consideration of a measure in context of other measures that are included in the portfolio (e.g., if an outcome measure is endorsed, what, if any, process measures might still be needed in the portfolio?).
- Need to push both improvement science and measurement science to focus on health outcomes, particularly those related to cardiovascular disease, heart attacks, and strokes. Members noted that prevention is an area where more measurement is needed. One option might be for NQF to bring together several NQF Standing Committees (e.g., Cardiovascular and Endocrine) for discussion during an upcoming off-cycle webinar.

Opportunity for Public Comment

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

Next Steps

Ms. Johnson closed the meeting by describing next steps needed to finalize upcoming off-cycle webinar topics and meeting dates and thanking Committee members for their attendance.