



# NQF Endocrine Standing Committee Off-Cycle Meeting—Summer 2017

*Karen Johnson, Senior Director*

*August 23, 2017*

# Agenda

- Introductions/role call
- Overview of NQF's prioritization criteria and framework
- Apply the prioritization criteria/framework to NQF's portfolio of Endocrine measures
- Overview of changes to NQF's endorsement process
- Public and Member Comment
- Next steps

# Standing Committee Members

- James (Jamie) Rosenzweig (Chair)
- Robert (Bob) Bailey
- William (Bill) Curry
- Starlin Haydon-Greatting
- Janice Miller
- William (Bill) Taylor
- Grace Lee
- Vicky Ducworth
- James (Jim) Dudl
- Ingrid Duva
- Ann Kearns
- Anne Leddy
- Anna McCollister-Slipp

# Prioritization of Measures and Gaps – Approach

# National Quality Strategy

**Better Care**

**Healthier People,  
Healthier Communities**

**Smarter Spending**

## PRIORITIES

Make care safer by reducing harm caused in the delivery of care.

Strengthen person and family engagement as partners in care.

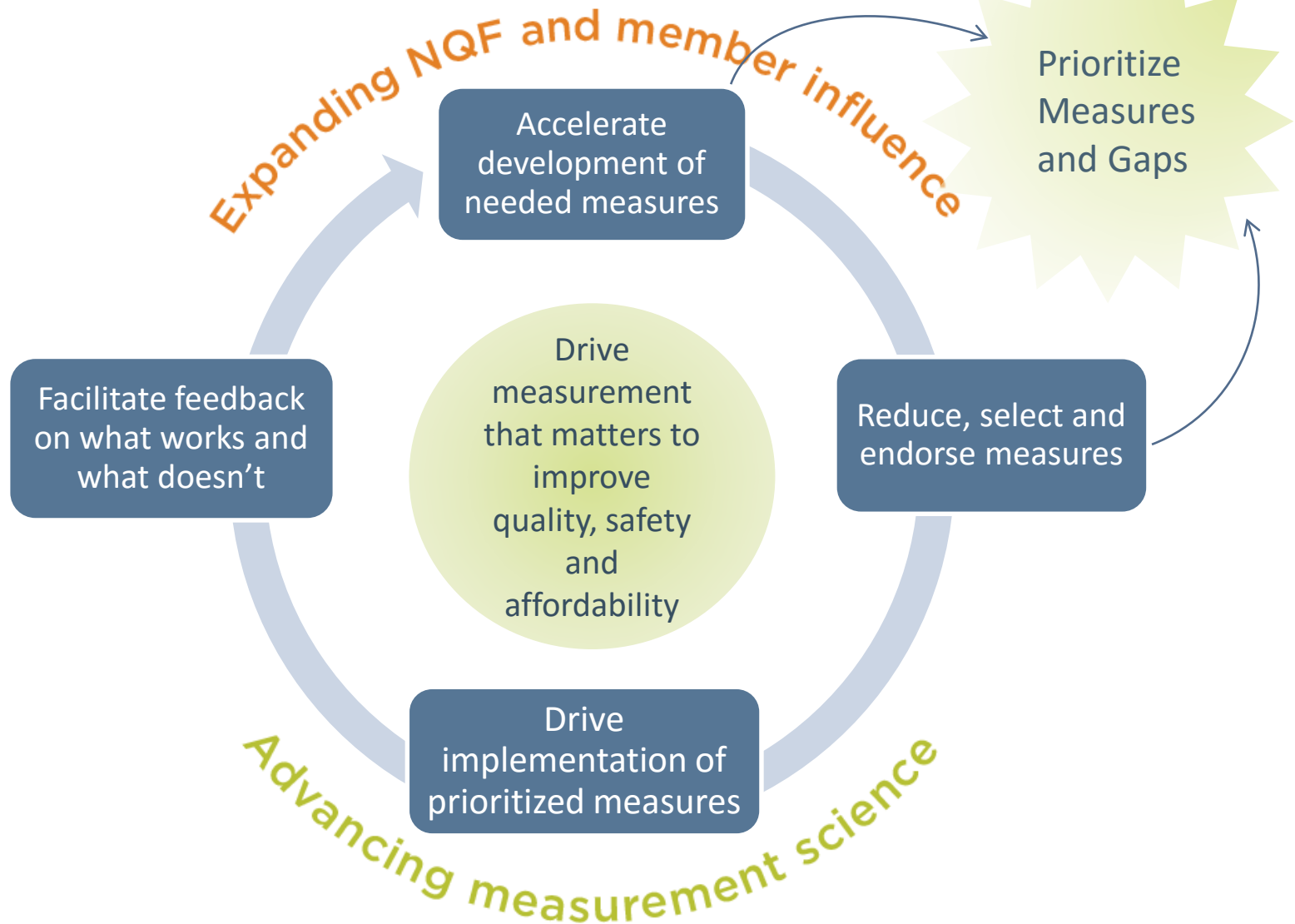
Promote effective communication and coordination of care.

Promote effective prevention and treatment of chronic disease.

Work with communities to promote best practices of healthy living.

Make care affordable.

# NQF: Lead. Prioritize. Collaborate.



# Prioritization Criteria: Environmental Scan

- National Quality Strategy
- IOM Vital Signs
- NQF Prioritization Advisory Committees
- Healthy People 2020 Indicators
- Kaiser Family Foundation Health Tracker
- Consumer priorities for Hospital QI and Implications for Public Reporting, 2011
- IOM: Future Directions for National Healthcare Quality and Disparities Report, 2010
- IHI Whole System Measures
- Commonwealth Fund International Profiles of Healthcare Systems, 2015
- OECD Healthcare Quality Project
- OECD Improving Value in Healthcare: Measuring Quality
- Conceptual Model for National Healthcare Quality Indicator System in Norway
- Denmark Quality Indicators
- UK NICE standards – Selecting and Prioritizing Quality Standard Topics
- Australia's – Indicators used Nationally to Report on Healthcare, 2013
- European Commission Healthcare Quality Indicators
- Consumer-Purchaser Disclosure Project – Ten criteria for meaningful and usable measures of performance



# NQF Prioritization Criteria

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



# High-Impact Outcomes

## High Impact Outcomes

**Health outcomes (including function and survival)**

**Patient experience (including care coordination, shared decision-making)**

**Preventable harm/complications**

**Prevention/healthy behaviors**

**Total cost/low-value care**

**Access to needed care**

**Equity of care**

# High-Impact Outcomes

## High Impact Outcomes: Person-Centered Translation

*Are you getting better?*

*How was your care?*

*Did you suffer adverse events from your care?*

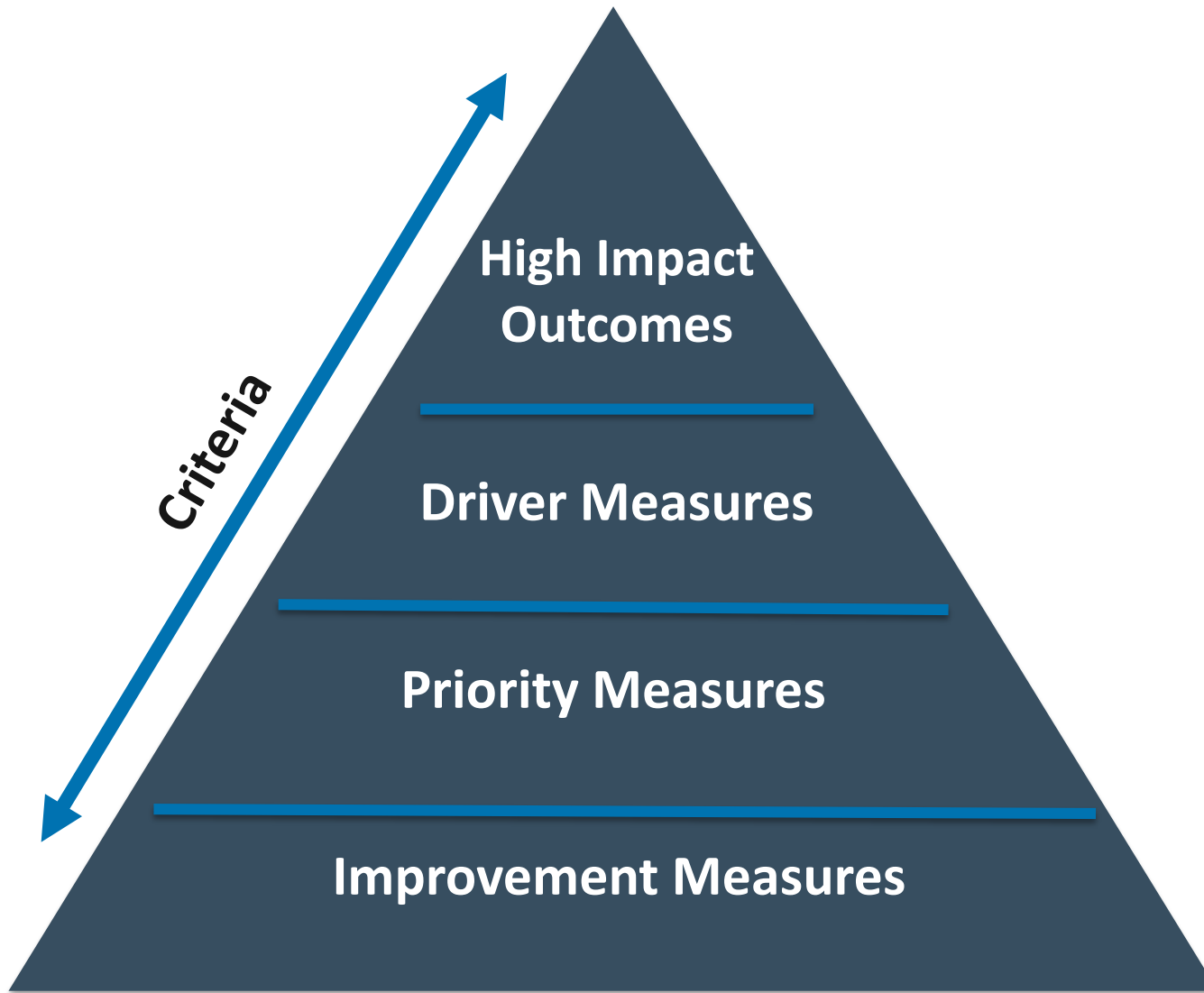
*Do you need more help staying healthy?*

*Did you receive the care you needed and no more?*

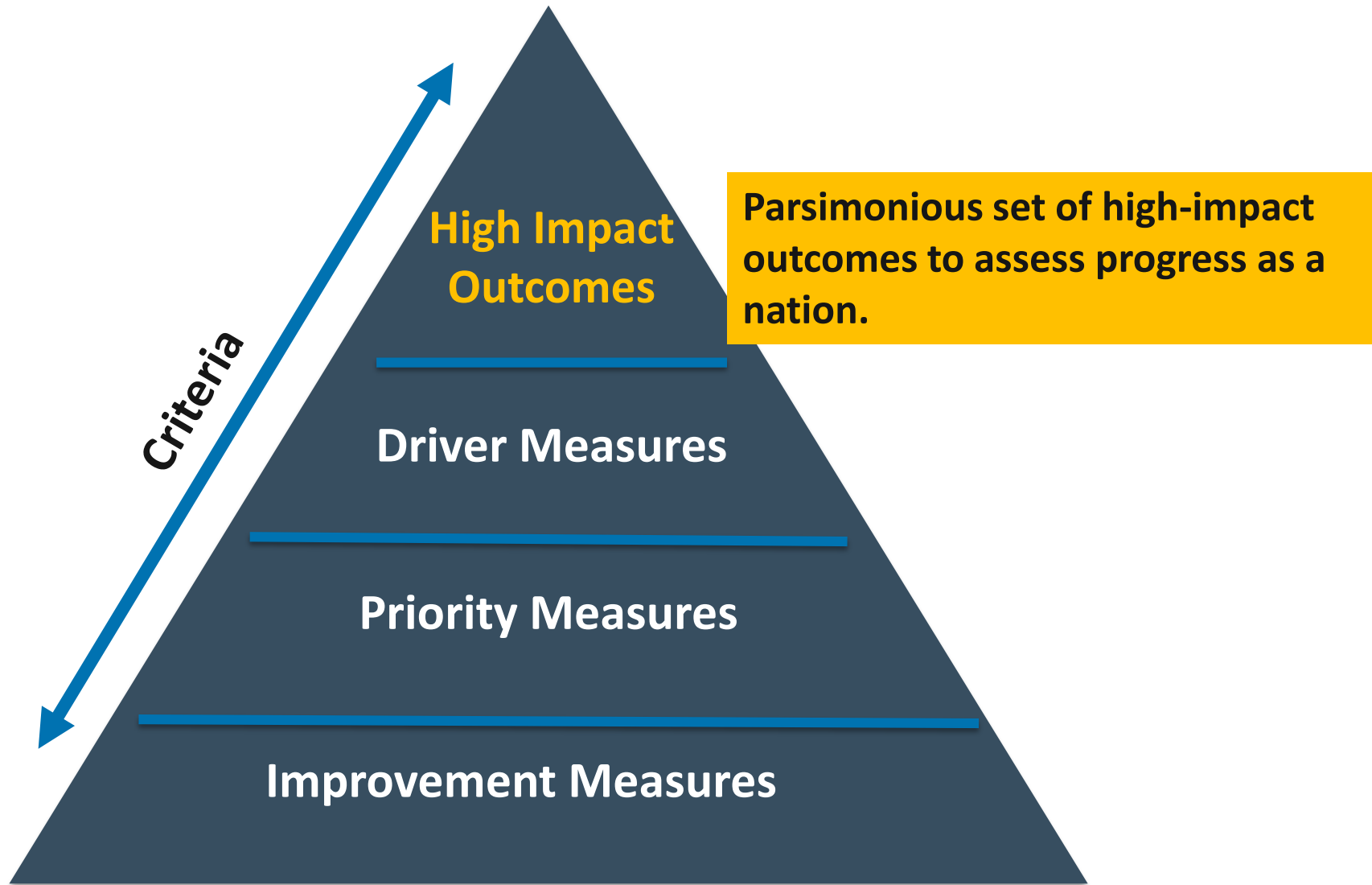
*Can you get the care you need when and where you need it?*

*Are you getting high quality care regardless of who you are or where you live?*

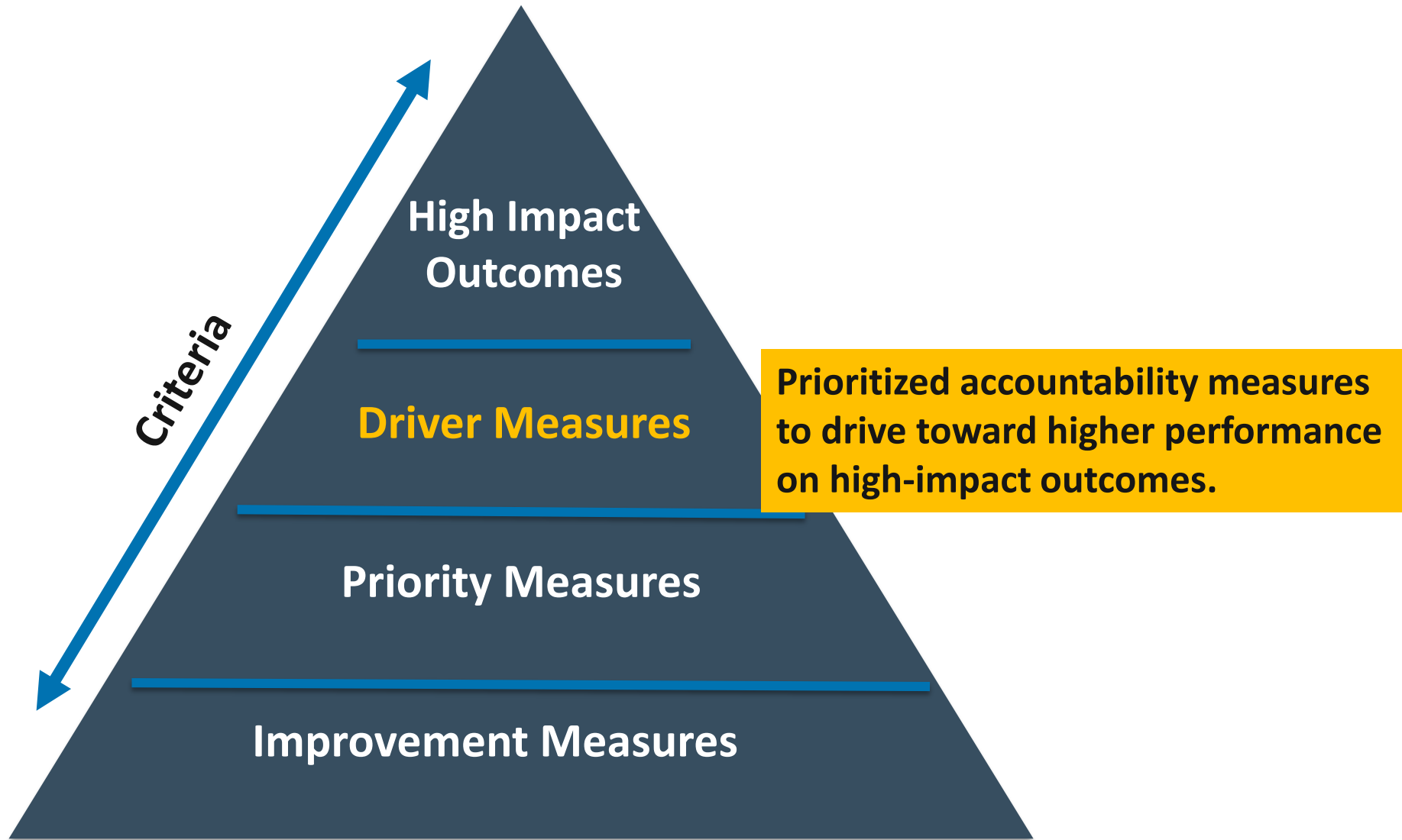
# Hierarchical Framework



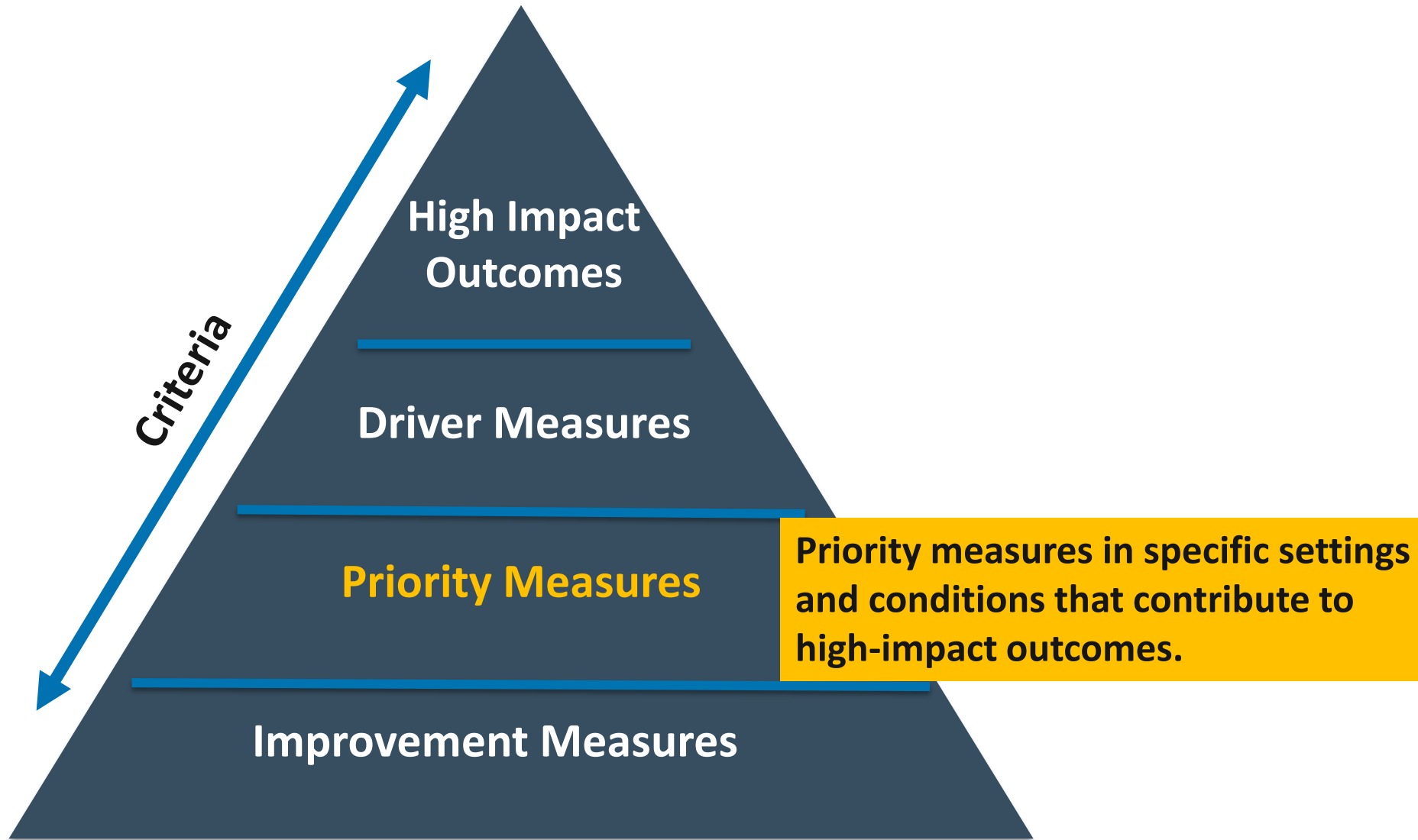
# Hierarchical Framework



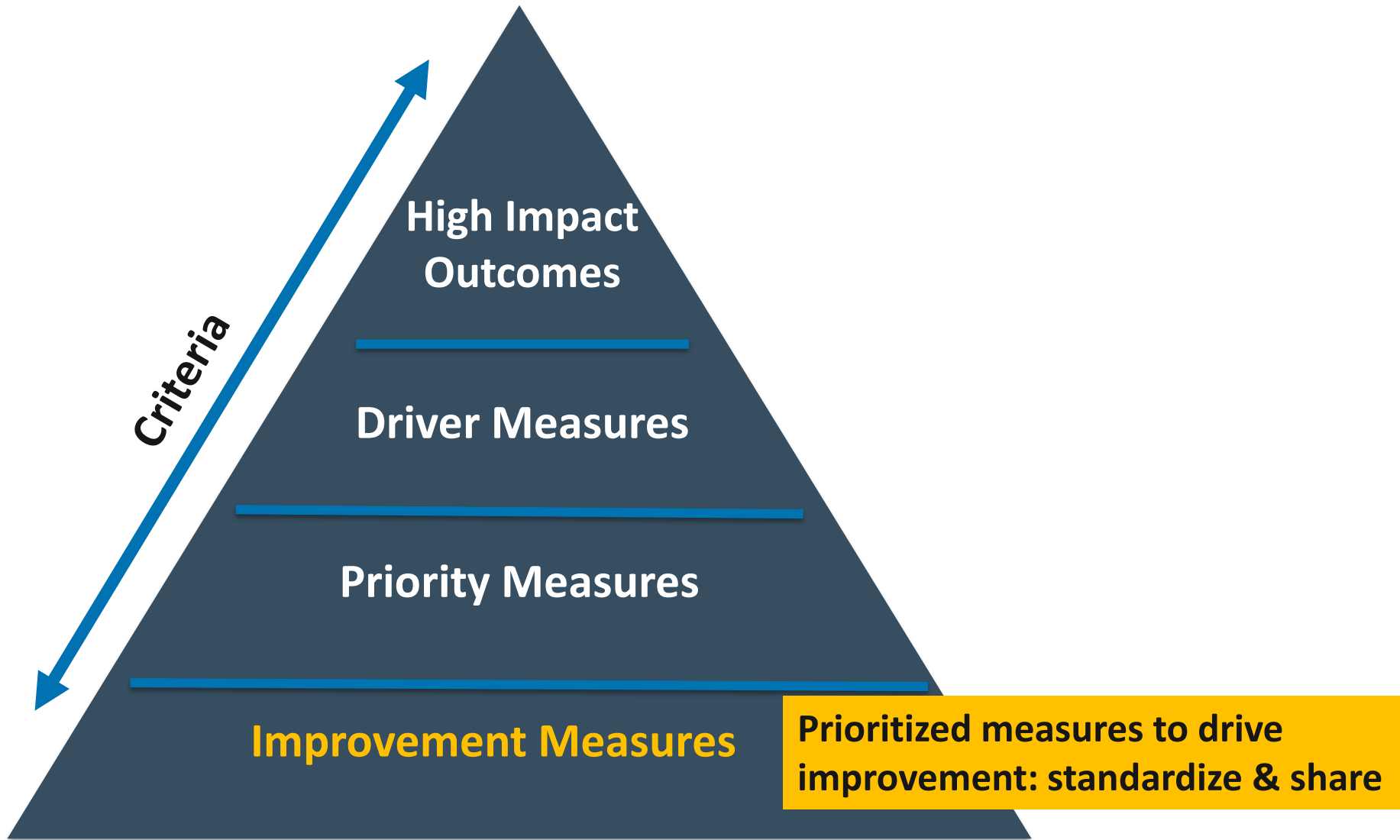
# Hierarchical Framework



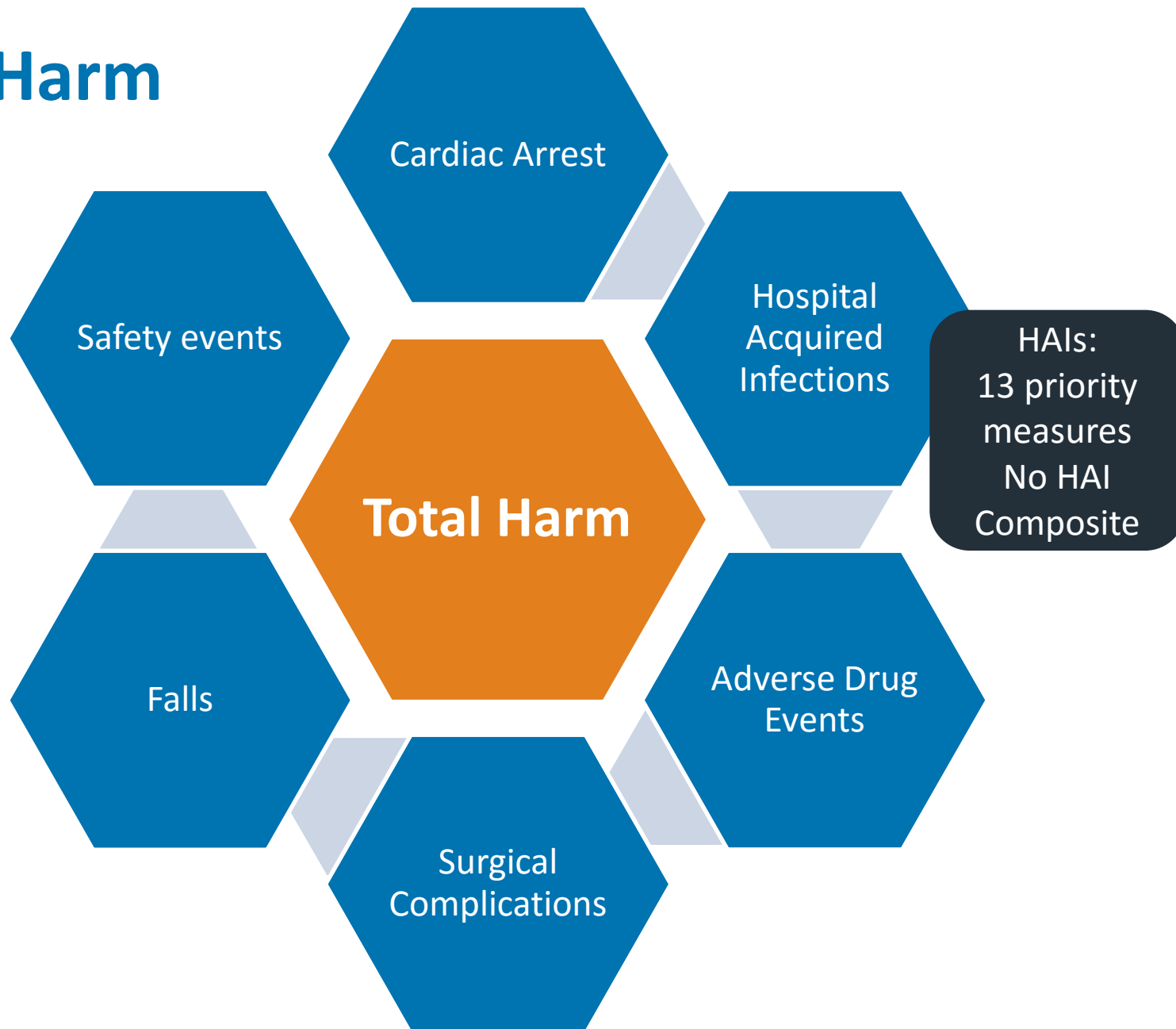
# Hierarchical Framework



# Hierarchical Framework

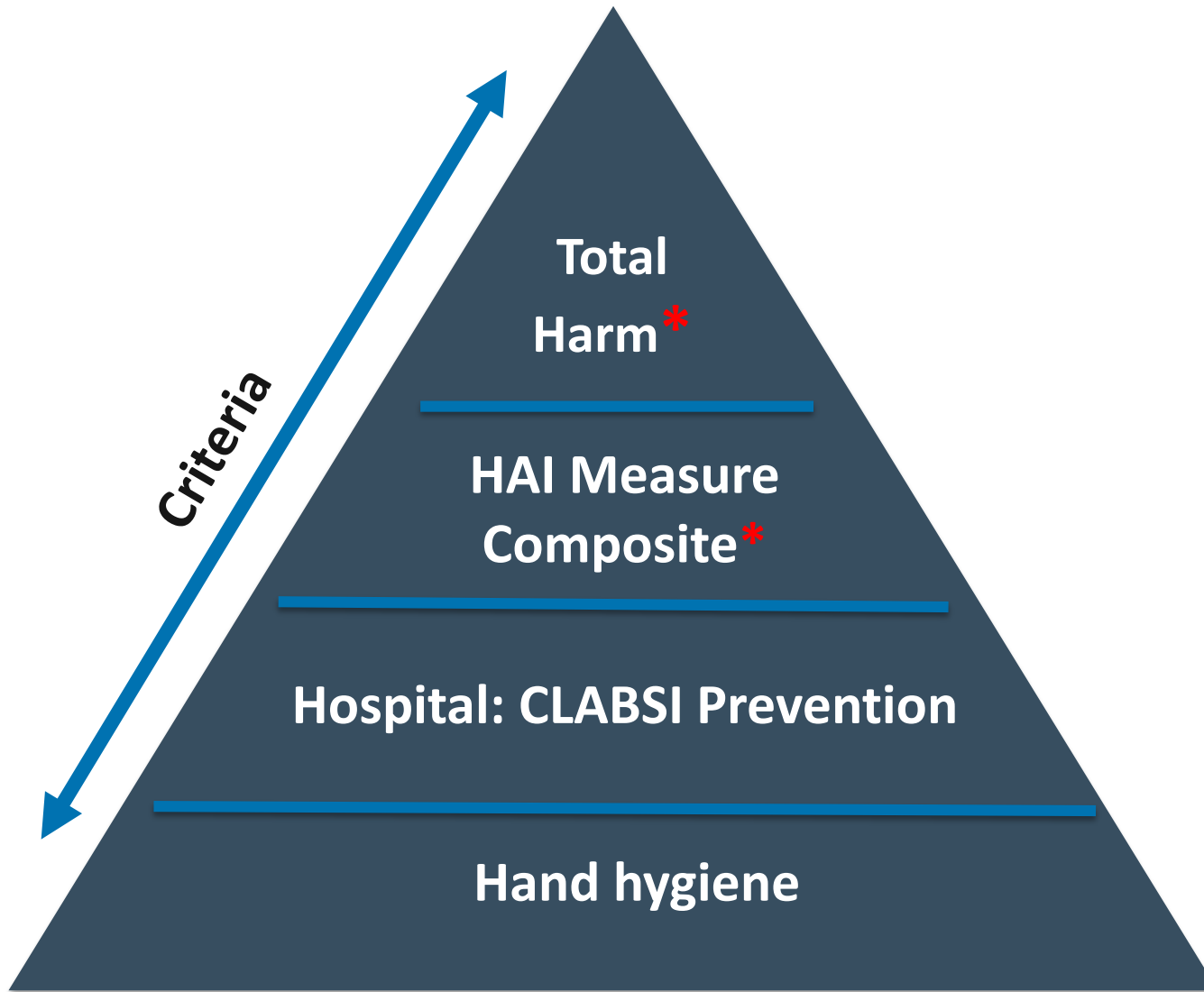


# Total Harm



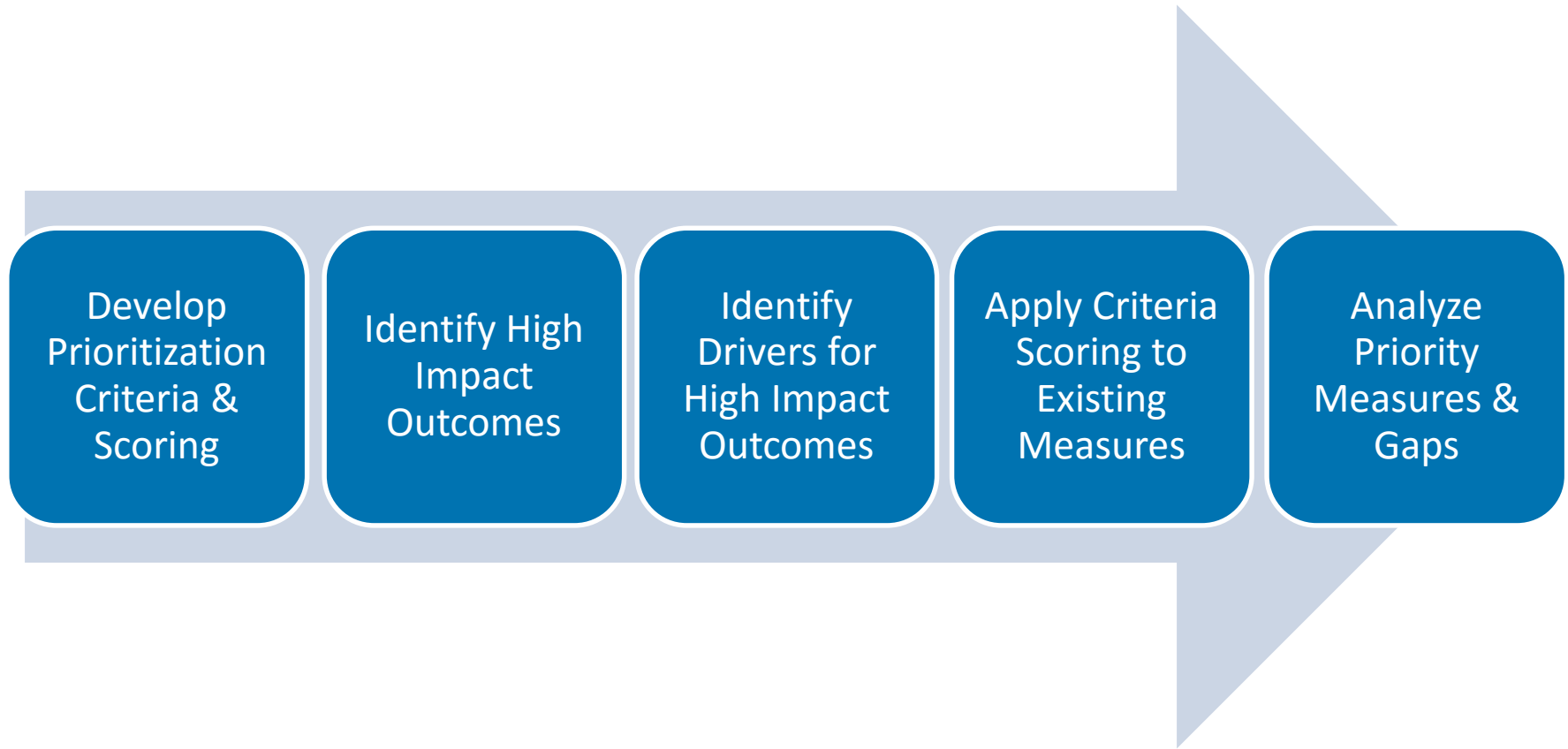


# Example: Total Harm



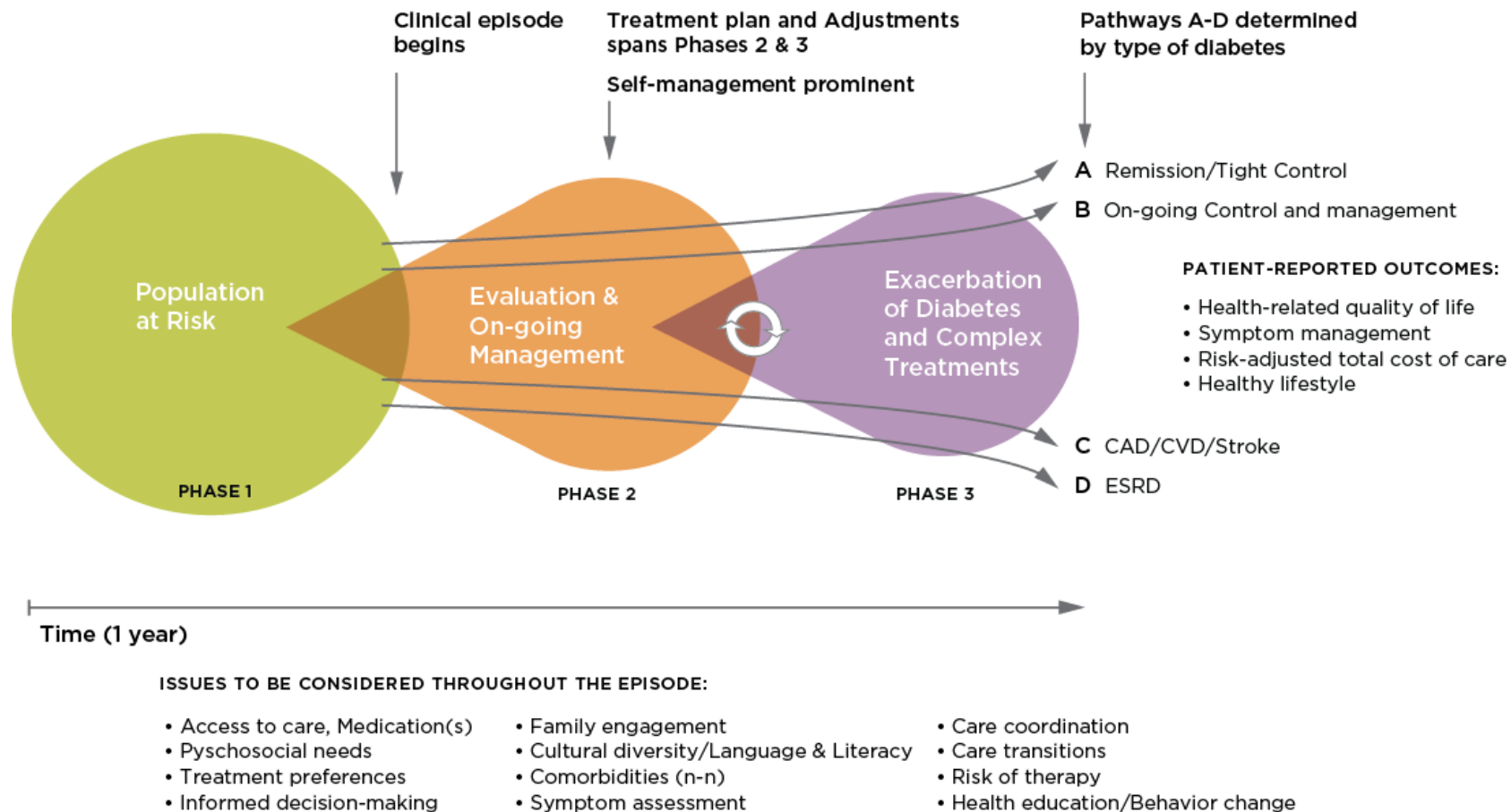
**\* Gap**

# NQF Measure Prioritization Process

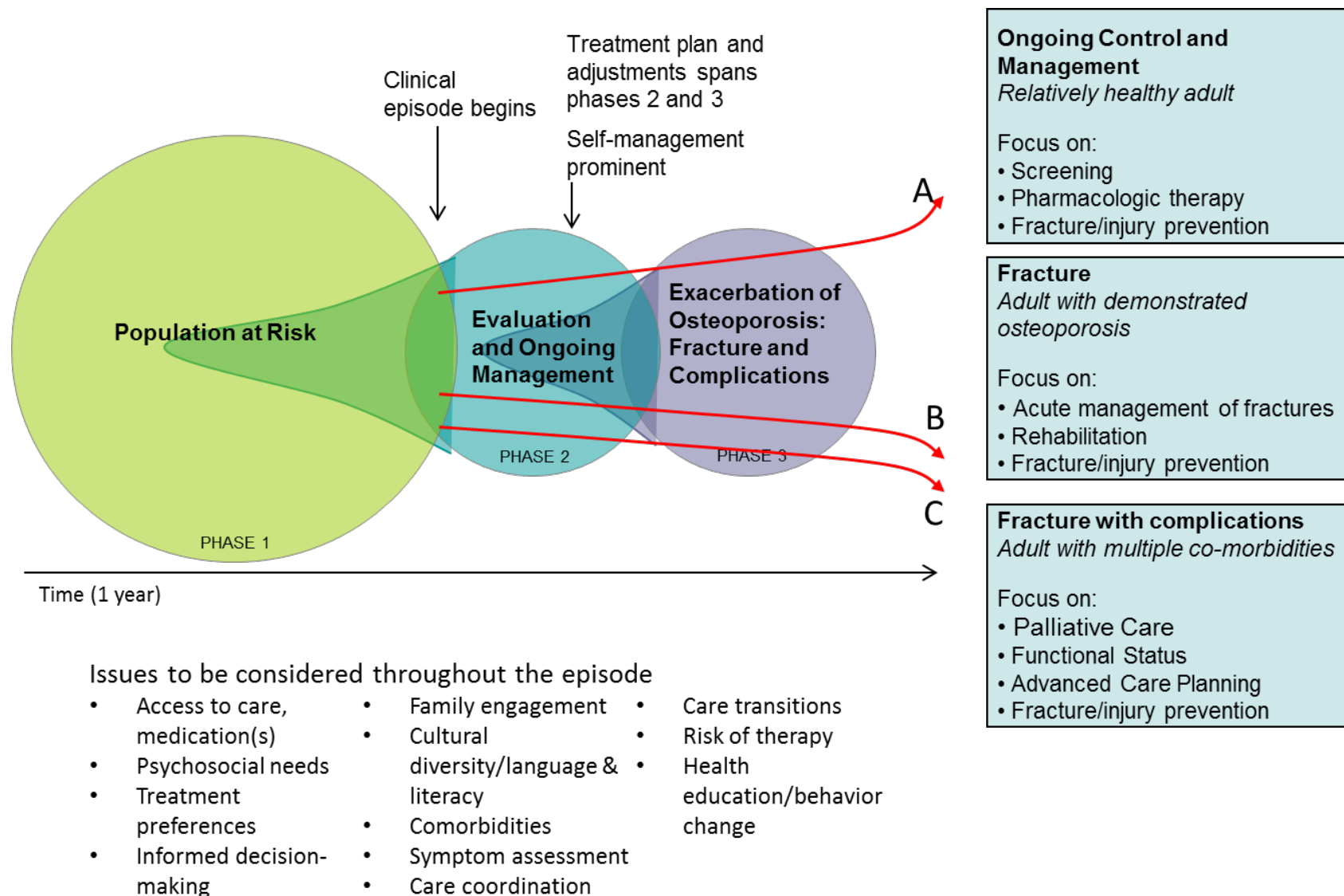


# Prioritization of Measures and Gaps for Endocrine Conditions

# Patient-Focused Episode of Care for Diabetes



# Patient-Focused Episode of Care for Osteoporosis



# Previously-Identified Gaps in Measurement

- Measures of other endocrine-related conditions, particularly thyroid disease, both for adults and for the pediatric population
- Incidence of heart attacks and strokes among persons with diabetes, measured at the health plan level
- Measures of overuse, particularly for thyroid conditions (e.g., ultrasound for thyroid nodules, over-diagnosis/overtreatment of thyroid cancer)
- Measures for pre-diabetes/metabolic syndrome
- “Delta” measures for intermediate clinical outcomes (e.g., HbA1c levels)
- Education measures (e.g., for diabetes) that go beyond asking if education was provided and instead assess whether the patient was able to understand and apply the education (needed at diagnosis, not just when complications arise)
- Measures that use other types of patient information (e.g., time-in-range measures for patients with continuous glucose monitors)
- More complex measures, including composite measures, for diabetes screening and for neuropathy care
- Measures of hypoglycemia among the elderly, including medication safety measures
- Measures of occurrence and severity of hypoglycemia in the outpatient setting
- Measures focusing on the use of testosterone
- Measures of Body Mass Index (BMI) in adult patients with diabetes mellitus

# Approach for Prioritization

- Start with a high-impact outcome (health outcome)
- Discuss strawman **priority** measures
  - *Prioritize endorsed measures using the prioritization criteria*
    - » Outcome focused; improvable and actionable; meaningful to patients and caregivers; support systemic and integrated view of care
  - *Identify gaps, if any (concepts for measures not yet developed or endorsed)*
    - » Remember, so far we have endorsed measures only for diabetes and osteoporosis
- Discuss strawman **improvement** measures
- Go to next outcome...and so on

# Health Outcomes (Including Function and Survival)

Priority measures	Improvement measures
<b>#0354: Hip Fracture Mortality Rate (IQI 19) [Hospital]</b>	
<b>#0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (&gt;9.0%) [Health Plan]</b>	



# Preventable Harm/Complications

Priority measures	Improvement measures
<b>#0285: Lower-Extremity Amputation among Patients with Diabetes Rate (PQI 16) [Population]</b>	
<b>#0272: Diabetes Short-Term Complications Admission Rate (PQI 01) [Population]</b>	
<b>#0274: Diabetes Long-Term Complications Admission Rate (PQI 03) [Population]</b>	
<b>#0638: Uncontrolled Diabetes Admission Rate (PQI 14) [Population]</b>	
<b>#2362: Glycemic Control – Hyperglycemia [Hospital]</b>	
<b>#2363: Glycemic Control – Hypoglycemia [Hospital]</b>	

# Prevention/Healthy Behaviors

Priority measures	Improvement measures
#0729: Optimal Diabetes Care [Clinician office]	#0024: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
#0545: Adherence to Statins for Individuals with Diabetes Mellitus [Health plan; clinician office]	#0421: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
#2467: Adherence to ACEIs/ARBs for Individuals with Diabetes Mellitus [Health plan; clinician office]	#0055: Comprehensive Diabetes Care: Eye Exam (retinal) performed [Health plan]
#2468: Adherence to Oral Diabetes Agents for Individuals with Diabetes Mellitus [Health plan; clinician office]	#0056: Comprehensive Diabetes Care: Foot Exam [Clinician office]
	#0417: Diabetic Foot & Ankle Care, Peripheral Neuropathy – Neurological Evaluation [Clinician office]
	#0062: Comprehensive Diabetes Care: Medical Attention for Nephropathy [Health plan]
	#0519: Diabetic Foot Care and Patient Education Implemented [Home health]
	#0053: Osteoporosis Management in Women Who Had a Fracture [Health plan; clinician office]
	#2417: Risk Assessment/Treatment After Fracture [Hospital]

# Patient experience

Priority measures	Improvement measures

# Total Cost/Low-Value Care

Priority measures	Improvement measures

# Access to Needed Care

Priority measures	Improvement measures

# Equity of Care

Priority measures	Improvement measures

# Changes to NQF's Endorsement Process



# NQF Consensus Development Process (CDP)

## Changes to NQF's Endorsement Process



### Key Changes in the Measure Endorsement Process:

- ▣ *Additional Opportunities to Submit*
- ▣ *Intent to Submit*
- ▣ *Measure Evaluation Review Cycle*
- ▣ *Methods Review*
- ▣ *Measure Evaluation Technical Report (Content and Structure)*
- ▣ *Continuous Public Commenting Period with Member Expression of Support*
- ▣ *Enhancing Training and Education*





# NQF Consensus Development Process (CDP)

## Measure Submission



- ☐ *Measure Review Cycle Frequency*
- ☐ *Increased Opportunities to Submit*
- ☐ *Timely Submission Requirements*
- ☐ *Intent to Submit*



# Intent to Submit

Measure stewards/developers notify NQF at least three months prior to the measure submission deadline of their intent to submit a measure.

## ■ Objective:

- *Allow NQF to adequately plan for measures*
- *Provide developers technical assistance prior to submitting measures*

## ■ Information to be included:

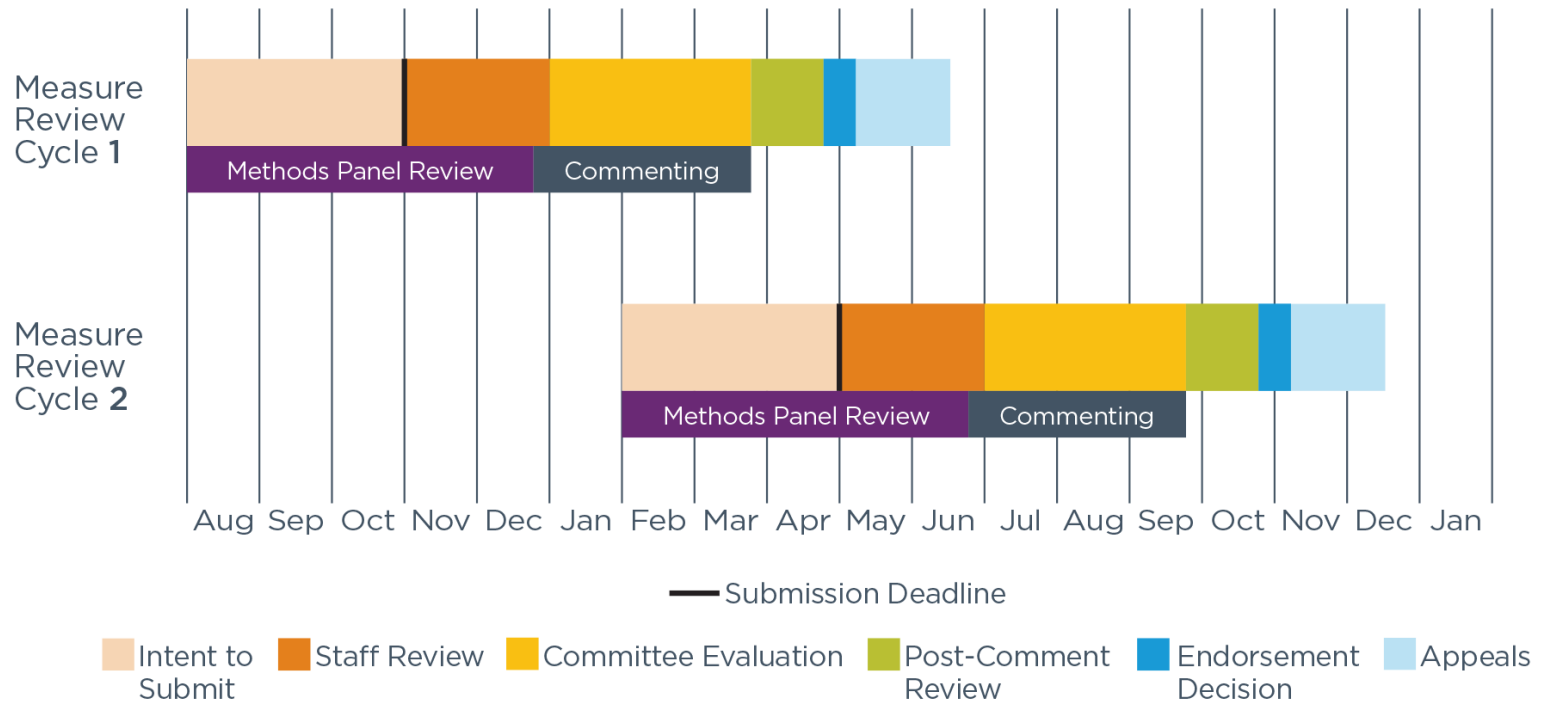
- **Planned submission date** (cycle and year)
- Measure name
- Measure description
- Measure title
- Measure type
- Submission type
- Level of analysis
- Data source
- Numerator/Denominator statement



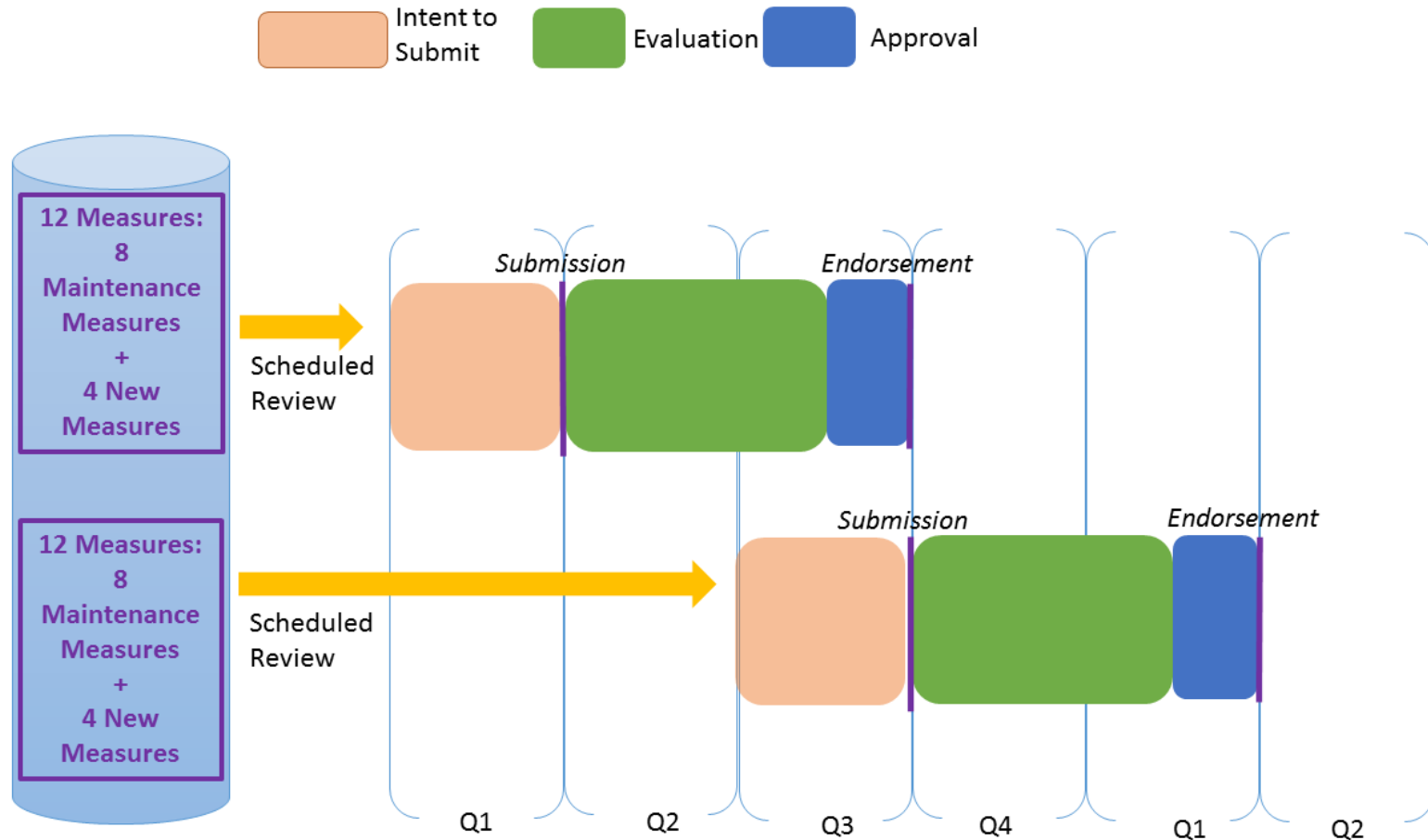


# NQF Consensus Development Process (CDP)

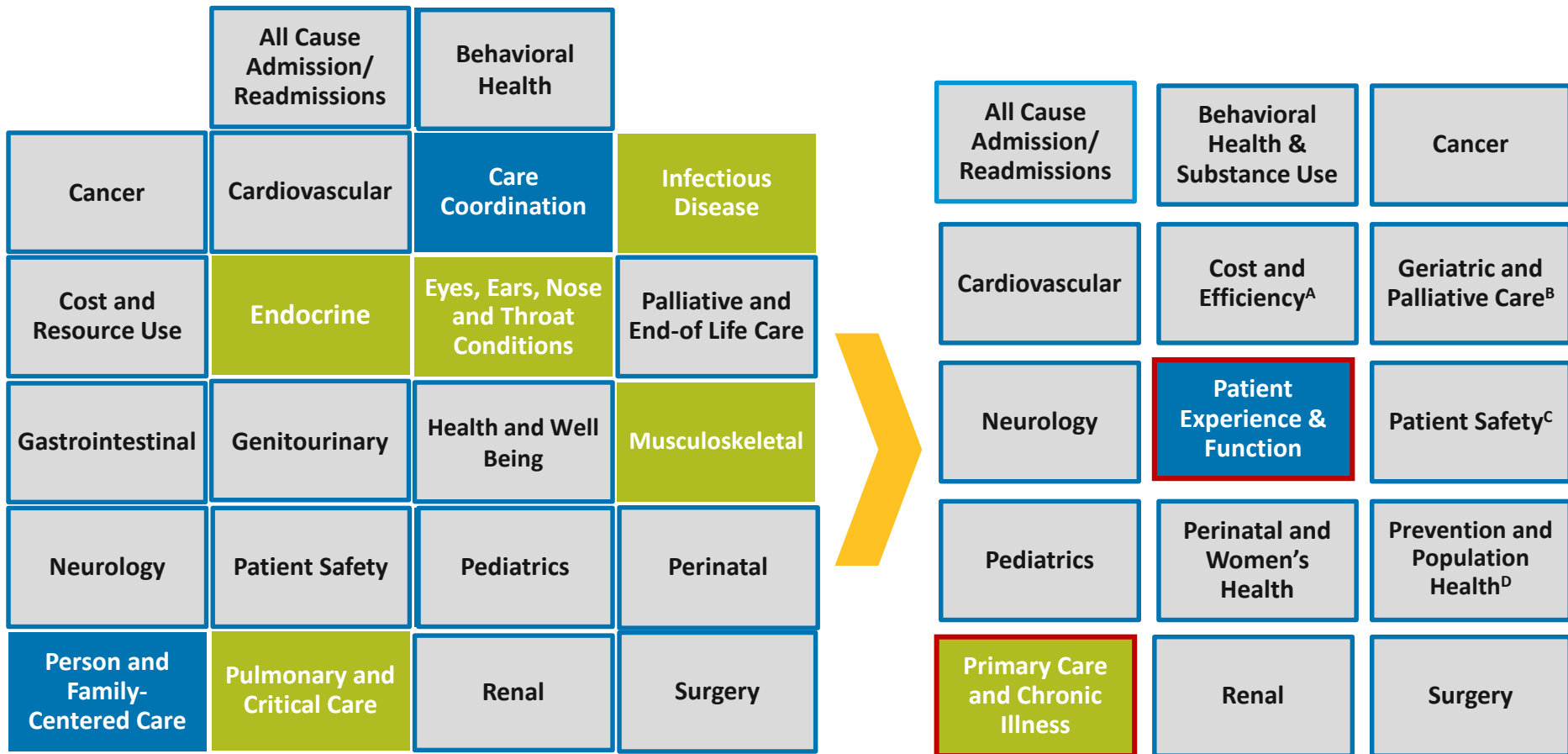
Consensus Development Process:  
Two Cycles Every Contract Year



# Schedule of Measure Review Cycle



# 15 New Measure Review Topical Areas



  Denotes expanded topic area

<sup>A</sup> Cost & Efficiency will include efficiency-focused measures from other domains

<sup>B</sup> Geriatric & Palliative Care includes pain-focused measures from other domains

<sup>C</sup> Patient Safety will include acute infectious disease and critical measures

<sup>D</sup> Prevention and Population Health is formerly Health and Well Being



# NQF Consensus Development Process (CDP)

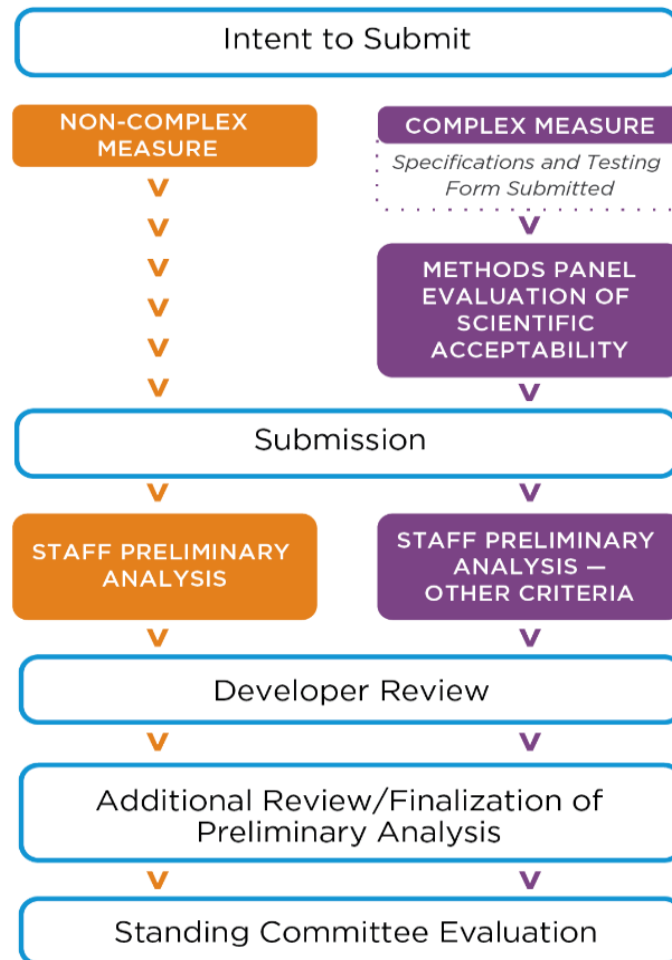
## Candidate Consensus Standards Review

- ☐ *Scientific Methods Panel*
- ☐ *Methods Review by Staff*
- ☐ *Full Measure Review by Committee*



# Technical Review

## Measure Workflow





# Complex vs. Non-Complex Measures

## □ *Complex Measures*





- *Outcome measures, including intermediate clinical outcomes*
- *Instrument-based measures (e.g., PRO-PMs)*
- *Cost/resource use measures*
- *Efficiency measures (those combining concepts of resource use and quality)*
- *Composite measures*





# Measure Evaluation Technical Report

## Content and Structure

-  *Executive Summary*
-  *Measure Summaries*
-  *Standing Committee' Measure Criteria Deliberation Details*
-  *Full Measure Specifications for all reviewed measures*



# NQF Consensus Development Process (CDP)

## Continuous Commenting Period and Member Support

- ❑ *Extended opportunity for public and NQF member commenting*

- ❑ *12 Week Continuous Commenting Period*

- ❑ ***NEW Member Benefit***

- ❖ *NQF members can express their support ('Support' or 'Do Not Support') for each measure to inform the committee's recommendation.*



# Any questions??

# Public and Member Comment

# Next Steps

# Thank you!