NATIONAL QUALITY FORUM

Musculoskeletal Standing Committee Off-Cycle Review Webinar

Kathryn Streeter
Karen Johnson

December 12, 2016

Welcome and Introductions

Agenda

- Standing Committee Introductions
- Brief Introduction to Off-Cycle Work
- Roles of the Standing Committee
- Overview of Measure Evaluation Process
- Context
- Consideration of Candidate Measures
- Harmonization Discussion
- Public Comment
- Next Steps
- Adjourn

Standing Committee

- Roger Chou, MD FACP (Co-Chair)
- Kim Templeton, MD (Co-Chair)
- Thiru Annaswamy, MD
- Carlos A. Bagley, MD, FAANS
- Steven Brotman, MD, JD
- Craig Butler, MD, MBA, CPE
- Sean Bryan, MD
- Kelly Clayton, BS
- James Daniels, MD, MPH, FAAFP, FACOEM, FACPM
- Christian Dodge, ND
- V. Katherine Gray, PhD
- Marcie Harris Hayes, PT, DPT, MSCI, OCS
- Mark Jarrett, MD, MBA
- Puja Khanna, MD, MPH
- Wendy Marinkovich, BSN, MPH, RN
- Jason Matuszak, MD, FAAFP, CAQSM, RMSK
- Catherine Roberts, MD
- Arthur Schuna, M.S., BCACP
- John Ventura, DC
- Christopher Visco, MD

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 Musculoskeletal portfolio of measures
  - *Promote alignment and harmonization*
  - *Identify gaps*

Changes to NQF Processes

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

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
- ~~Board Ratification~~
- 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.*

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**	

Process for Measure Discussions

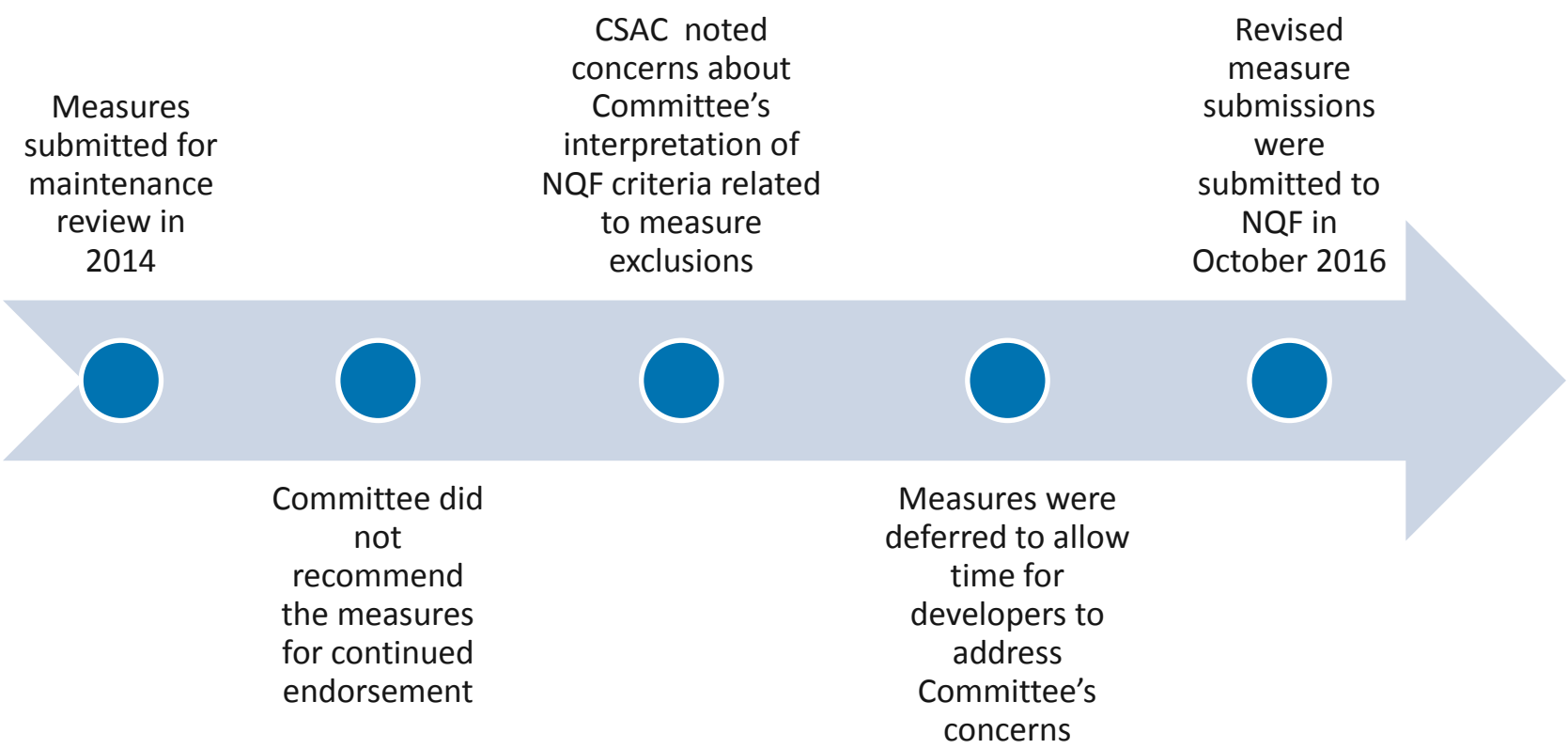
- Measure developer will introduce their measure (2-3 min.)
- Discussants will begin committee discussion by:
  - *Providing a summary of the pre-meeting evaluation comments*
  - *Emphasizing areas of concern or differences of opinion*
- Developers will be available to respond to questions at the discretion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

Off-Cycle Review

0052: Use of Imaging Studies for Low Back Pain
0514: MRI Lumbar Spine for Low Back Pain



Consideration of Candidate Consensus Standards

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.

Harmonization Discussion

- Since the last evaluation in 2014, CMS and NCQA have worked to harmonize #0052 and #0514
- Have been harmonized:
  - *Definitions of "low back pain" Cancer exclusions*
  - *Adding exclusions for HIV, spinal infection to #0052*
- Still not harmonized
  - *Imaging modalities*
  - *Exclusions, besides cancer*

Do you have recommendations for additional harmonization?

Side-By-Side Comparisons

NQF#	0052 - NCQA	0514 - CMS
Description	The percentage of patients with a primary diagnosis of low back pain who did not have an **imaging study** (plain X-ray, MRI, CT scan) within 28 days of diagnosis	The percentage of MRI **of the lumbar spine** studies for low back pain performed in the outpatient setting where conservative therapy was not attempted prior to the MRI
Better quality	Higher score	Lower score
Data Source	Administrative Claims	Administrative Claims
Level of Analysis	Health Plan, Integrated Delivery System	Facility, Region, State
Setting	Clinician Office/Clinic, Emergency Department, Ambulatory Urgent Care	Clinician Office/Clinic, Emergency Department, Hospital-Acute/Critical Care Facility, Imaging Facility, Ambulatory Urgent Care
Numerator	**X-Ray, CT, MRI** within 28 days of LBP dx	**MRI** without evidence of prior antecedent conservative therapy (PT/chiropractic treatment in 60 prior, E&M visit between 28-60 prior
Denominator	Patients ages **18-50** with primary dx of uncomplicated LBP (claims from outpatient visit, observation visit, ED visit, osteopathic/chiropractic treatment, PT visit, telehealth visit)	MRIs of **Medicare FFS beneficiaries** with LBP dx (hospital outpatient only)

Side-By-Side Comparisons

NQF#	0052 - NCQA	0514 - CMS
Exclusions	• Recent diagnosis (6 months prior) of uncomplicated low back pain • Cancer – history of to 28 days after IESD • Trauma -3 months prior to IESD to 28 days after IESD • Recent IV drug abuse –12 months prior to IESD to 28 days after IESD • Neurologic impairment–12 months prior to IESD to 28 days after IESD • HIV—– history of to 28 days after IESD • Spinal infection–12 months prior to IESD to 28 days after IESD • Major organ transplant–history of to 28 days after IESD • Prolonged use (90 days) of corticosteroids–12 months prior to IESD and including IESD • Hospice enrollees???	• Lumbar spine surgery within 90 days prior • Cancer within 12 months prior • Neoplastic abnormalities within 5 years prior • Trauma within 45 days prior • IV drug abuse within 12 months prior • Neurologic impairment within 12 months prior • HIV within 12 months prior • Unspecified immune deficiencies within 12 months prior • Inflammatory and autoimmune disorders within 5 years prior • Infectious conditions within 1 year prior • Congenital spine and spinal cord malformations within 5 years prior • Spinal vascular malformations and/or the cause of occult subarachnoid hemorrhage within 5 years prior • Spinal cord infarction within 1 year prior • Treatment fields for radiation therapy within 5 years prior • Spinal abnormalities associated with scoliosis within 5 years prior • Syringohydromyelia within 5 years prior • Postoperative fluid collections and soft tissue changes within 1 year prior • Intraspinal abscess

Next Steps

Milestone	Due Date
Comment Period	January 25 – February 23, 2017
Post-Comment Call	Week of March 13th, 2017
NQF Member Voting Period	March 31 – April 13, 2017
CSAC	April 21-22, 2017
Appeals Period	April 25 – May 24, 2017

Project Contact Information

- Project Email: musculoskeletal@qualityforum.org
- Kathryn Streeter: kstreeter@qualityforum.org
- NQF Phone: 202-783-1300
- SharePoint site: http://share.qualityforum.org/Projects/musculoskeletal/SitePages/Home.aspx