



Pulmonary and Critical Care: Off-Cycle Second Quarter Meeting

June 8, 2017

Standing Committee

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Agenda

- Introduce Off-cycle Work
- Provide updates on NQF policy/process
- Review Pulmonary and Critical Care Portfolio
- Perform Gap Analysis and Prioritization Exercise
- Review current measurement landscape

Off-Cycle Activities

Off-Cycle Activities

- What is considered “off-cycle”?
 - During the periods in which no measures are being reviewed, or the “off cycle”, these are Standing Committee activities that may occur outside a funded project’s scope.
 - In order to enable ongoing engagement of committee members throughout their two (or three) year terms, NQF will host quarterly, two-hour web meetings or conference calls for each Standing Committee during the off cycle timeframe.

Off-Cycle Activities

Potential Activities:

- **Ongoing updates on NQF policy/process**
- **Addressing and setting measurement priorities for topic area**
- **Reviewing current measurement landscape**
- Follow-up from the Consensus Development Process
 - Deferred decisions
 - Directives from CSAC or Board of Directors
 - Related and competing measures/harmonization
- Ad hoc reviews
- Topic area consultation to other Committees
- Collaborative opportunities with developers, specialty societies, and implementers

NQF Strategic Vision

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NQF 2017 Kaizen Event

Goals:

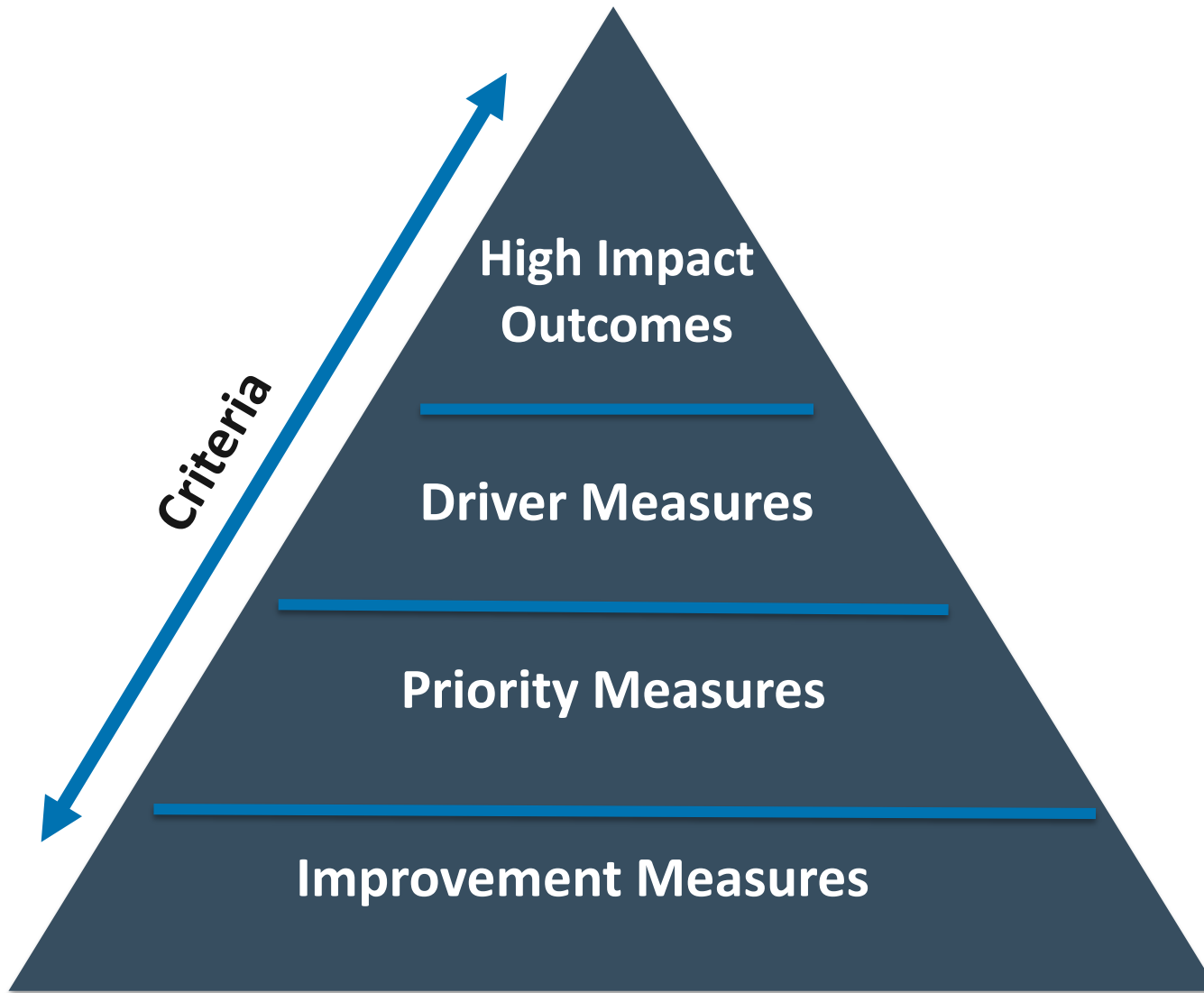
- Improve coordination among CMS, developers and NQF to better facilitate timely evaluation of measures
- Increase opportunities for submitting and for timely review of measures
- Reduce cycle time of the CDP
- Improve flow of information and integration between the CDP and MAP processes
- Implement improvements with projects beginning October 2017

Prioritize Measures

NQF Prioritization Criteria

Criterion	Description
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

Hierarchical Framework



Pulmonary and Critical Care Portfolio

NQF-endorsed measures

ASTHMA

0283	Asthma in Younger Adults Admission Rate (PQI 15)
0728-Endorsed in Health and Well Being Phase 1	Asthma Admission Rate (pediatric)
0047	Asthma: Pharmacologic Therapy for Persistent Asthma
1800	Asthma Medication Ratio (AMR)

ASTHMA/CHRONIC OBSTRUCTIVE PULMONARY DISEASE

0275*	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)
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IMAGING

0513	Thorax CT: Use of Contrast Material
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NQF-endorsed measures

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

0091	COPD: spirometry evaluation
0102	COPD: inhaled bronchodilator therapy
0577	Use of Spirometry Testing in the Assessment and Diagnosis of COPD
0700- Currently under review in Person and Family Centered Care 2015-2017	Health-related Quality of Life in COPD patients before and after Pulmonary Rehabilitation
0701- Endorsed in Person and Family Centered Care 2015	Functional Capacity in COPD patients before and after Pulmonary Rehabilitation
1891- Endorsed in Readmissions 2016-2017	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
1893	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
2856	Pharmacotherapy Management of COPD Exacerbation

NQF-endorsed measures

PNEUMONIA

0231- Currently being reviewed by Health and Well Being 2016-2017	Pneumonia Mortality Rate (IQI #20)
0279- Currently being reviewed by Health and Well Being 2016-2017	Bacterial Pneumonia Admission Rate (PQI 11)
0468	Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following pneumonia hospitalization
0506- Endorsed in Readmissions 2016-2017	Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following pneumonia hospitalization
0708- To be reviewed in Patient Safety	Proportion of Patients Hospitalized with Pneumonia that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)
2579- Endorsed in Cost and Resource	Hospital-level, risk-standardized payment associated with a 30-day episode of care for pneumonia

NQF-endorsed measures

CRITICAL CARE

0334	PICU Severity-adjusted Length of Stay
0335	PICU Unplanned Readmission Rate
0372 (Legacy Measure) & 3053 (eMeasure)- Both currently being reviewed by Patient Safety 2015-2017	Intensive Care Unit Venous Thromboembolism Prophylaxis
1626- Endorsed in Palliative Care and End-of-Life Care 2015-2016	Patients Admitted to ICU who Have Care Preferences Documented
0213- Endorsed in Palliative Care and End-of-Life Care 2015-2016	Proportion of patients who died from cancer admitted to the ICU in the last 30 days of life

Current Measurement Landscape

Existing Measures Context

- Identified all pulmonary and critical care measures that are currently endorsed by NQF
- Reviewed PCC measures in MIPS and in Hospital Compare
- Reviewed “Choosing Wisely”—best practices and measures in relevant areas
 - One measure identified related to spirometry and asthma

- Choosing Wisely

- ***Spirometry: Don't diagnose or manage asthma without spirometry***

- » Members 11 years and older with a diagnosis of asthma who did not have spirometry performed within 3 years of the asthma diagnosis
 - *Denominator: Eligible Population*
 - *Numerator: Distinct members from denominator who did NOT have a spirometry related procedure code within 3 years prior to index case.*

Gap and Parsimony Discussion

- Are there any measurement gaps for the conditions currently represented in the portfolio?
- Are there any pulmonary and critical care *conditions* that are not currently represented in the portfolio for which you believe measure development should be encouraged?
- What important pulmonary and critical care *outcomes* are not currently represented in the portfolio?
- Is there anything in the portfolio that seems unnecessary?

Quality Imperative

Not everything that counts can be counted, and not everything that can be counted counts

~William Bruce Cameron

But.....

You can't improve what you don't measure

~ W. Edwards Deming

