



Pulmonary and Critical Care Standing Committee

June 2017 Off-Cycle Quarterly Webinar

The National Quality Forum (NQF) convened a public webinar for the Pulmonary and Critical Care Standing Committee on Thursday, June 8, 2017. An archived recording of the webinar is available for playback.

Welcome, Introductions, and Review of Webinar Objectives

Poonam Bal, Senior Project Manager, National Quality Forum (NQF), began by welcoming participants to the webinar. Ms. Bal explained that the off-cycle webinars represent an opportunity to bring the Standing Committee together on a quarterly basis, when there are no measures being reviewed, to continue the Committee's important work in pulmonary and critical care performance measurement. Ms. Bal reviewed the meeting objectives:

1. Introduce the purpose of the quarterly off-cycle activities;
2. Provide updates on changes to NQF policies and processes;
3. Explain NQF's new measure prioritization criteria;
4. Review NQF's Pulmonary and Critical Care (PCC) portfolio and the current measurement landscape; and
5. Discuss measure gaps and redundancy in the NQF PCC portfolio.

Review of Off-Cycle Activities

Ms. Bal provided an overview of the quarterly off-cycle activities with respect to timing – when measures are not being reviewed – and the possible formats for these activities (e.g., webinars, conference calls). Ms. Bal also provided the Committee with examples of potential off-cycle activities (e.g., updates on NQF policies/processes, review of current measurement landscape, ad hoc reviews, etc.).

NQF Policy and Process Updates

NQF staff wanted to provide an update to the Pulmonary and Critical Care Standing Committee on various efforts at NQF and the impact on the Standing Committee.

Ms. Bal explained NQF's strategic direction for the next three years, which would impact the role of the Committee and how measures are reviewed:

- Identifying priority measures and driving more effective implementation of these priority

measures;

- Accelerating development of needed measures;
- Reducing, selecting, and endorsing measures; and
- Better understanding what works and what doesn't work in measurement

She also summarized the NQF 2017 Kaizen Event that recently occurred on May 18-19, 2017. The Kaizen focused heavily on The Consensus Development Process and could significantly change the review process and the duties of the Committee. The main goals of this event were to:

- 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 consensus development process (CDP); and
- Improve flow of information and integration between the CDP and Measure Applications Partnership processes

As a result of the Kaizen, several changes to the CDP are being proposed. Ms. Bal encouraged the Standing Committee to review and comment on the proposed changes before the public commenting period closes on June 23.

NQF Measure Prioritization Criteria

Robyn Nishimi, NQF Consultant, introduced the current measure prioritization criteria to the Standing Committee to assist in its review of the PCC portfolio. The criteria was created as are as follows:

- 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

Dr. Nishimi pointed out that the Standing Committee should also think about measures in a hierarchical framework based on the type of measure. If measures meet the criteria listed above, the next criteria to consider is if the measure is a high-impact outcome, driver, priority or improvement measure. How the measure would be prioritized will depend on the portfolio and the needs of that healthcare area. Based on the framework, high-impact outcome measures are the most desirable followed by driver and priority measures. While important for improving quality overall, the least desirable from an NQF endorsement/portfolio point of view is the category "improvement measures" since these measures are generally best for internal quality improvement and benchmarking, not NQF's focus on measures for

accountability.

Review of the Pulmonary and Critical Care Portfolio of Work and Landscape

Dr. Nishimi also provided an overview of the Pulmonary and Critical Care Standing Committee's portfolio of work. The portfolio contains all currently endorsed pulmonary and critical care measures regardless of whether the Pulmonary and Critical Care Standing Committee or a different Standing Committee reviewed them. The 25 identified measures are divided into six categories based on the specific conditions: Asthma, Chronic Obstructive Pulmonary Disease (COPD), Asthma and COPD, Pneumonia, Critical Care and Imaging.

Dr. Nishimi also mentioned that NQF staff searched for and documented any pulmonary and critical care measures being used in hospital and clinician federal programs, specifically in Hospital Compare and the Merit-Based Incentive Payment System (MIPS). Eleven pulmonary and critical care measures were identified, a majority of which were NQF endorsed. Dr. Nishimi pointed out that two measures in the MIPS program were reviewed by the Standing Committee last year and had either not been endorsed or had lost NQF endorsement.

At the recommendation of the Pulmonary and Critical Care Standing Committee co-chairs, NQF staff also searched "Choosing Wisely", an initiative that seeks to advance a national dialogue on avoiding wasteful or unnecessary medical tests, treatments and procedures, for any relevant measures or measure concepts. Dr. Nishimi noted that one measure concept related to spirometry and asthma was identified during this search.

Committee Discussion

After review of the Standing Committee's portfolio of work and prioritization criteria, Dr. Dale Bratzler, Committee co-chair, facilitated a discussion among webinar participants using the discussion questions listed below. The Standing Committee was asked to keep the prioritization criteria in mind when responding to the discussion questions, but no formal exercise was conducted using the criteria. (The questions had been shared with the Committee members prior the webinar.)

- 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?

In response to the first discussion question related to measurement gaps for the conditions currently represented in the portfolio, the Committee identified the following gaps:

- Asthma
 - Evaluation of environmental and allergic factors within the diagnosis and management of asthma
- Pneumonia

- o Choice of agent
 - o Usual interstitial pneumonia (UIP)
- Critical Care
 - o Delirium and rehabilitation, specifically around mobility
 - o More broad critical care measures, such as measures that focus on Central Line-associated Bloodstream Infections (CLABSIs), Catheter-associated Urinary Tract Infections (CAUTIs), pressure ulcers, Venous Thromboembolism (VTE) and Sepsis infections (NQF staff noted some infection- and VTE-related measures did exist and that in future iterations of the portfolio, staff would call attention to them.)
 - o Tracking and reduction of unplanned exacerbations
- Imaging:
 - o Appropriate use measures
- All Conditions
 - o Antimicrobial stewardship measures

In response to the second question, the Committee agreed the current portfolio lays a strong conceptual foundation for pulmonary and critical care performance measurement, but a few conditions or areas of focus are not captured. The pulmonary and critical care conditions that are not currently represented in the portfolio for which the Standing Committee encouraged further measure development are:

- Post-intensive Care Syndrome,
- Cystic Fibrosis (CF),
- Lung cancer screening,
- Transfusion,
- Chronically ventilated children who are now living into adulthood,
- Sarcoidosis,
- Pulmonary hypertension,
- Idiopathic pulmonary fibrosis.
- Extracorporeal Membrane Oxygenation (ECMO) utilization, and
- Long-term acute care for mechanically-ventilated patients.

For the third question regarding important pulmonary and critical care outcomes that are not currently represented in the portfolio, the Standing Committee focused on the patient and recommended the development of patient-reported outcomes, especially around functional status, and patient and family engagement.

When asked what measures in the portfolio seemed unnecessary, one committee member stated that NQF# 1893: *Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization* could not accurately attribute the result to the quality of care provided since there is no recommended intervention for reducing mortality. Another committee member mentioned that while he understood the rationale behind NQF# 0335: *PICU Unplanned Readmission Rate*, the measure did not appear strong enough to evaluate. Dr. Bratzler highlighted that the Committee has extensively discussed this concern during the regular review

process, but eventually agreed the results of the measure were stronger when paired with NQF# 0334: *PICU Severity-adjusted Length of Stay*.

Dr. Bratzler also noted that one of his concerns was that measures in the portfolio were endorsed for a particular level of analysis (e.g., population level), but CMS or other payers were using them for other purposes (e.g., clinician-level). He urged NQF to be attentive to this issue and to discourage this practice.

Opportunity for Public Comment

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

Next Steps

In closing, Dr. Bratzler, Dr. Nishimi, and Ms. Bal thanked webinar participants for their participation. Ms. Bal also reminded the Committee that the Pulmonary and Critical Care Standing Committee will re-convene for another off-cycle meeting via webinar on August 31, 2017.