



NATIONAL  
QUALITY FORUM

# Renal Standing Committee

## Off-Cycle Conference Call: Measure Prioritization

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*August 28, 2017*

# Agenda

- Welcome/Roll Call
- Background on NQF Prioritization Process – Background and Approach
- Discuss Prioritization of Measures in Renal Portfolio
- Public Comment
- Next Steps
- Adjourn



# Standing Committee

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**Bobbi Wager, MSN, RN**

**John Wagner, MD, MBA**

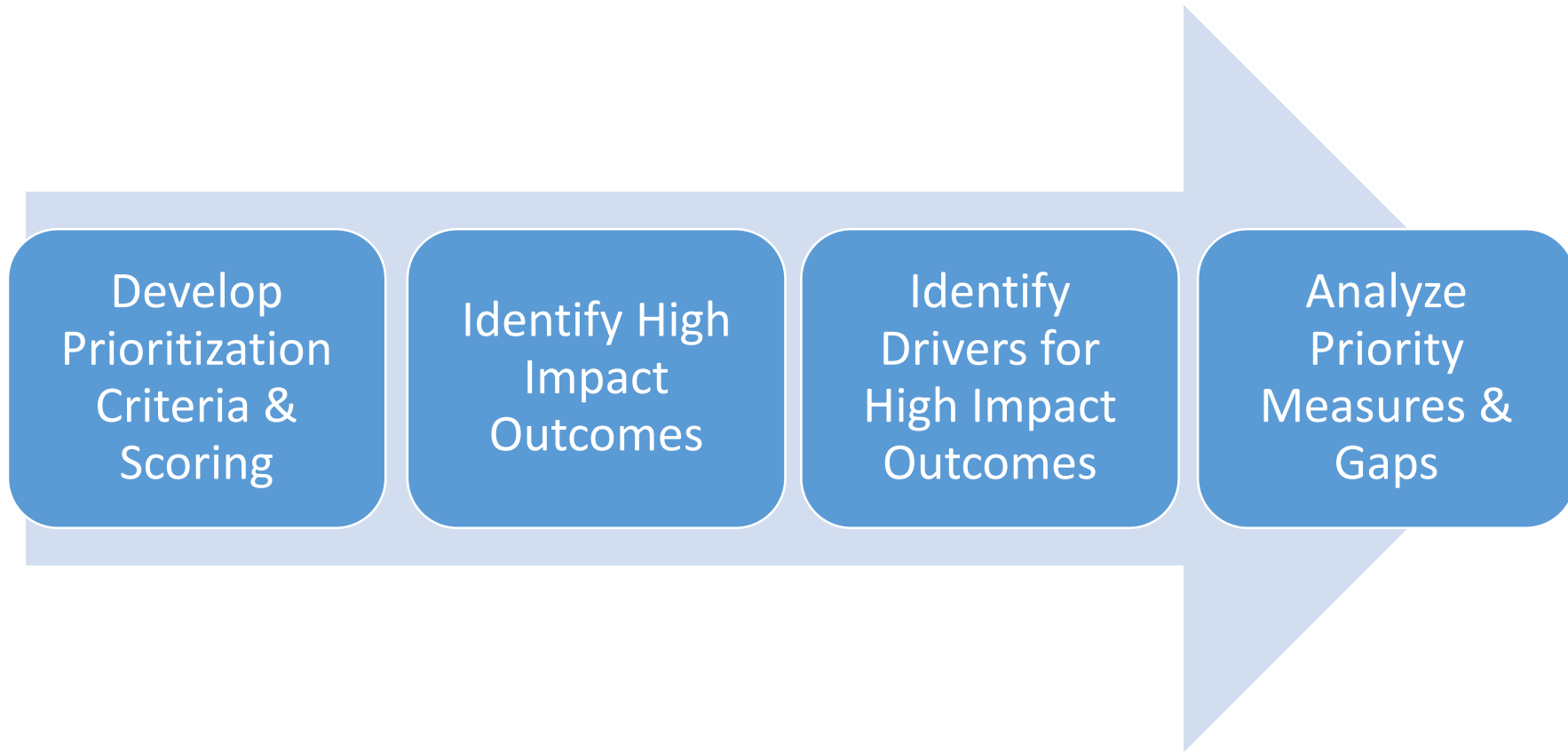
**Joshua Zaritsky, MD, PhD**

# NQF Strategic Vision



# Prioritize Measures

# NQF Measure Prioritization Process



# 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

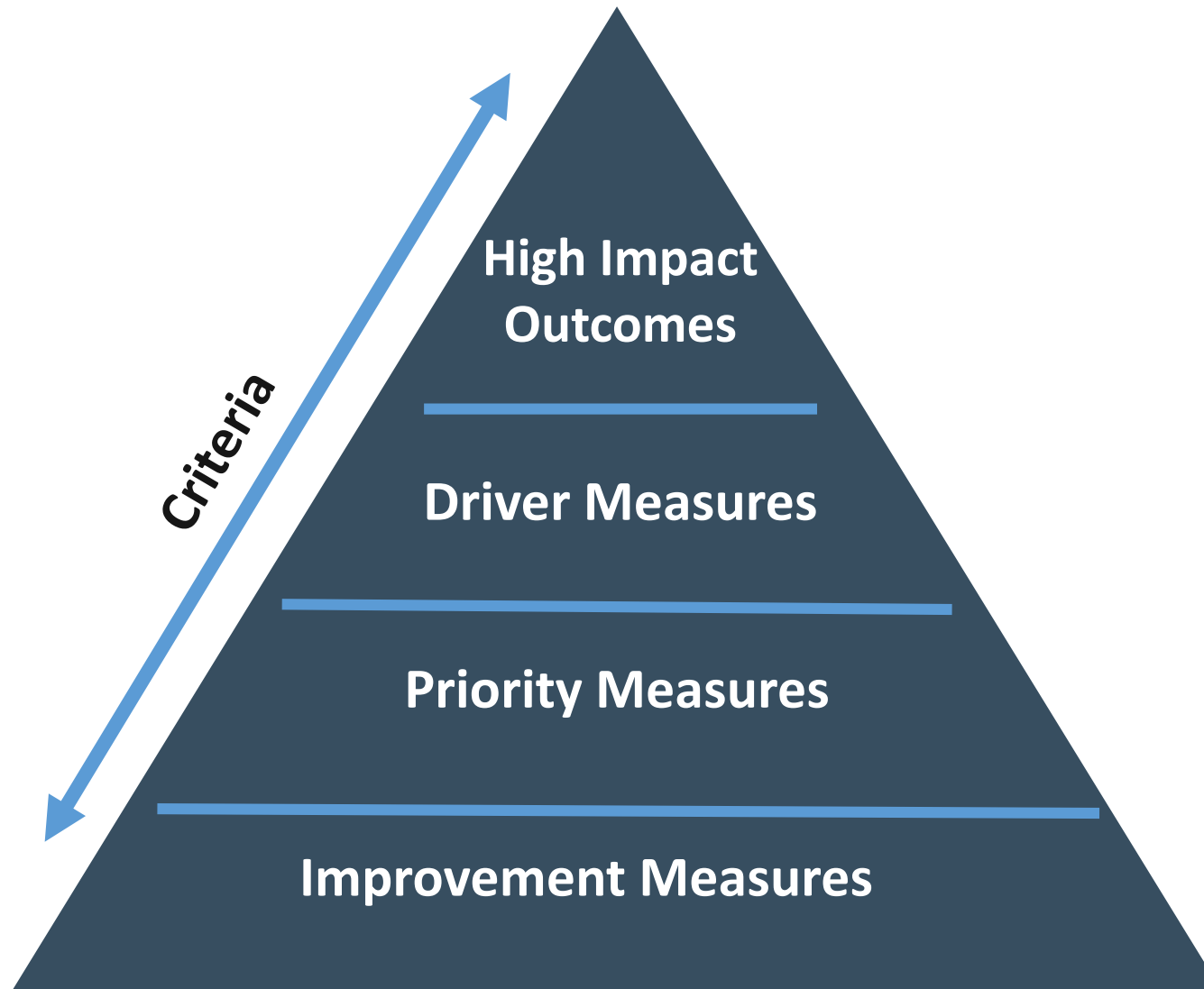


# NQF Prioritization Criteria

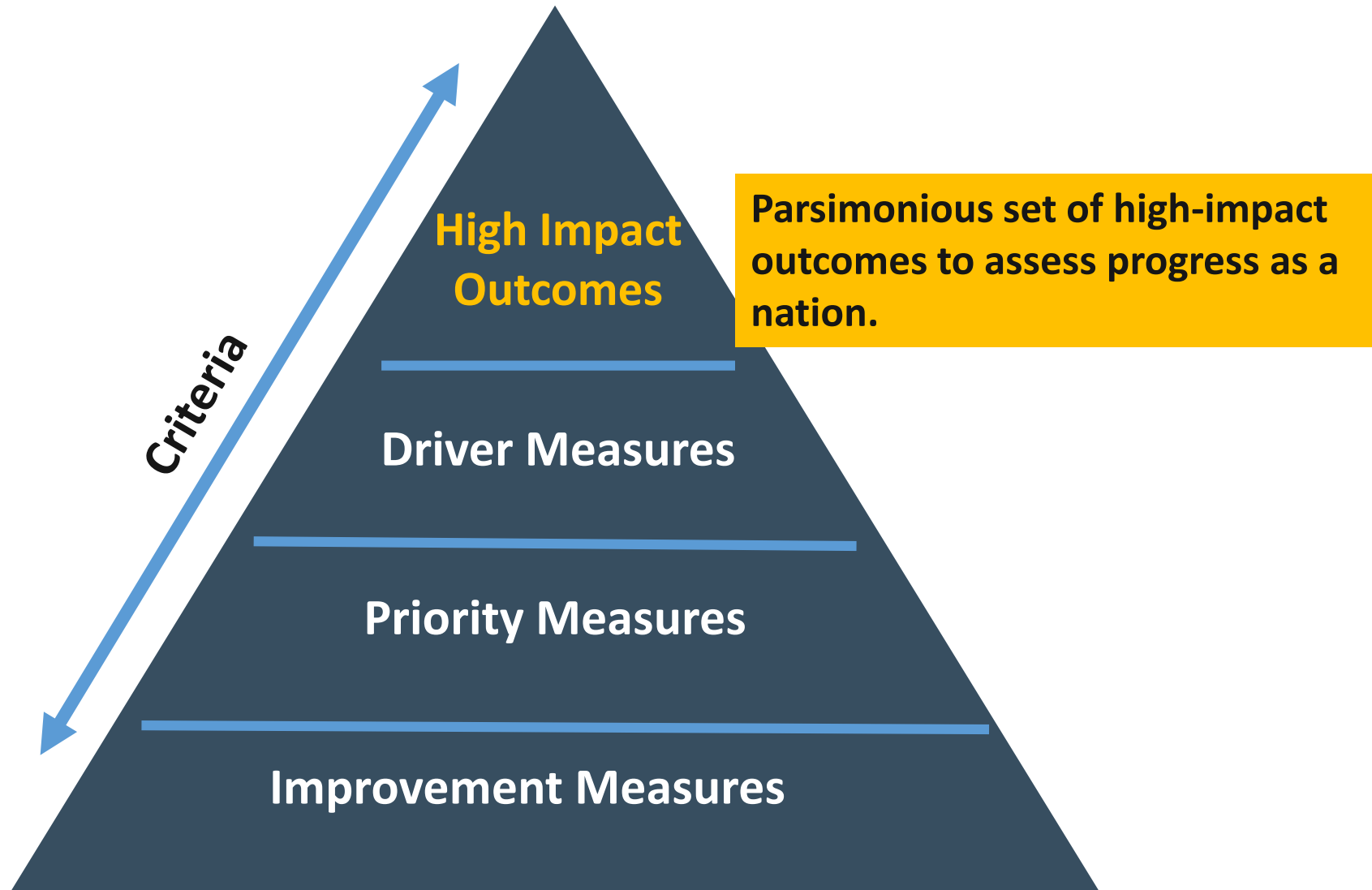
Criterion	Description
<b>Outcome-focused</b>	Preference for outcome measures and measures with strong link to improved outcomes and costs
<b>Improvable and actionable</b>	Preference for actionable measures with demonstrated need for improvement and evidence-based strategies for doing so
<b>Meaningful 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



# Hierarchical Framework



# Hierarchical Framework



# High-Impact Outcomes

## High Impact Outcomes

**Health outcomes (including mortality, functional status)**

**Patient experience (including care coordination, shared decisionmaking)**

**Preventable harm/complications**

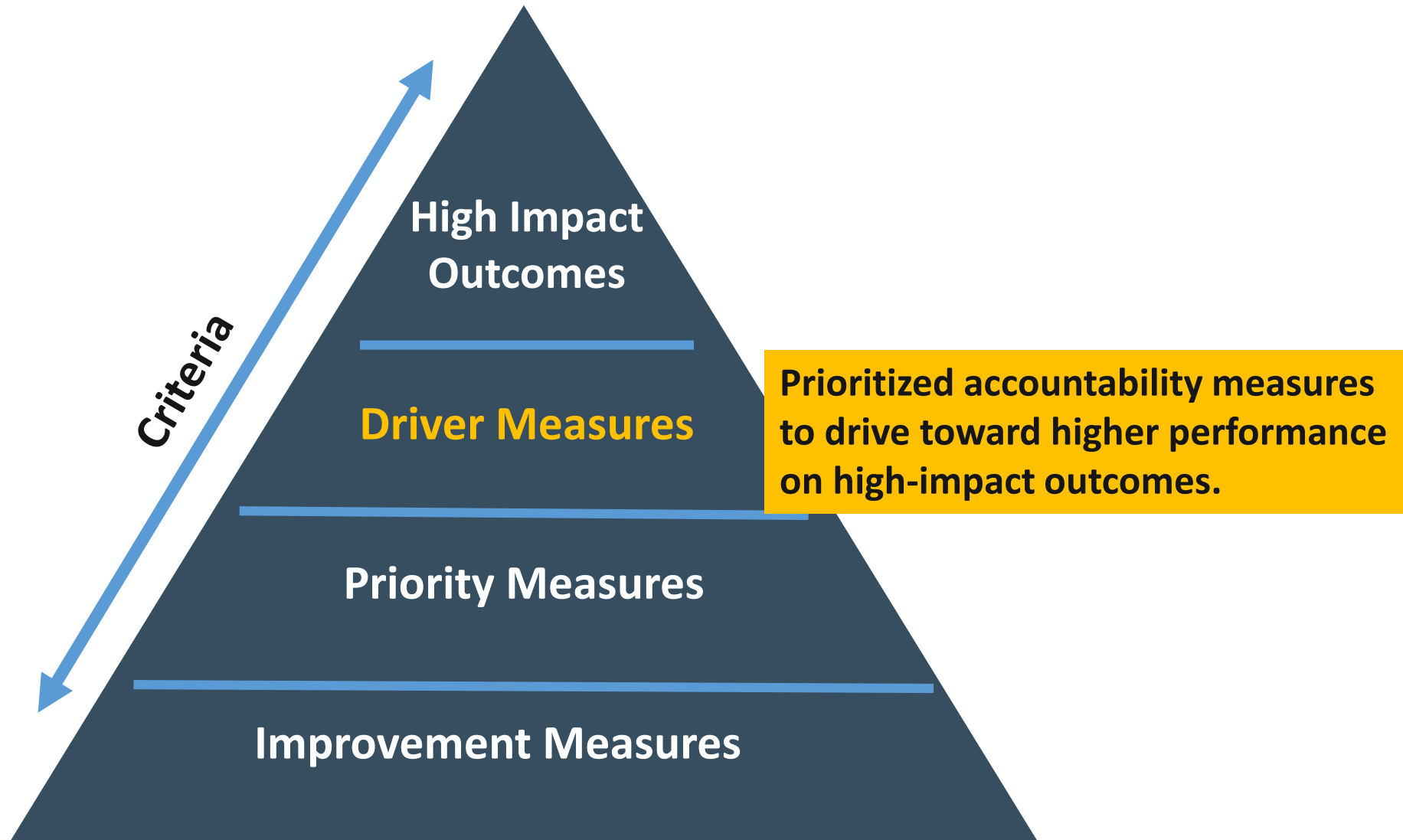
**Prevention/healthy behaviors**

**Total cost/high-value care**

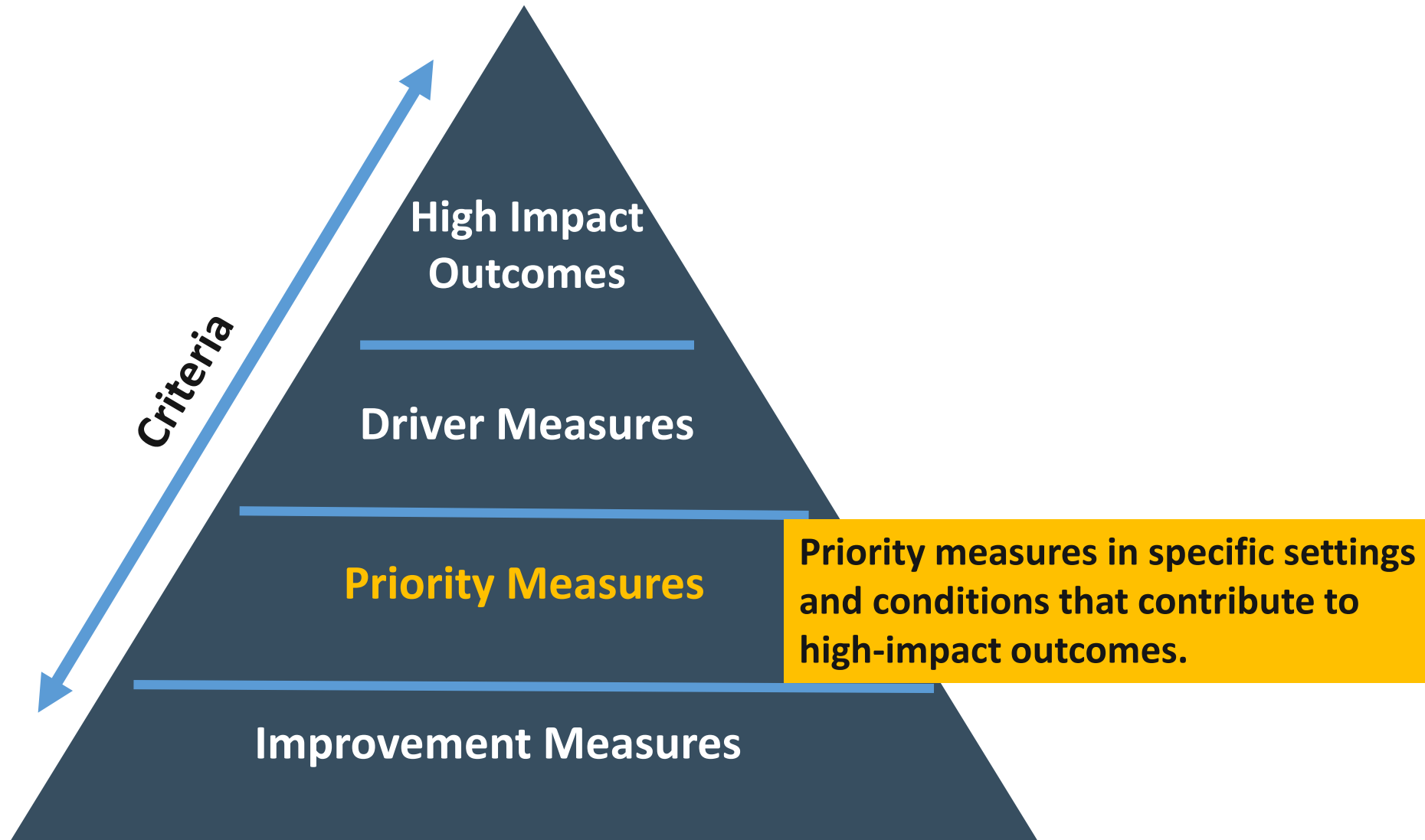
**Access to needed care**

**Equity of care**

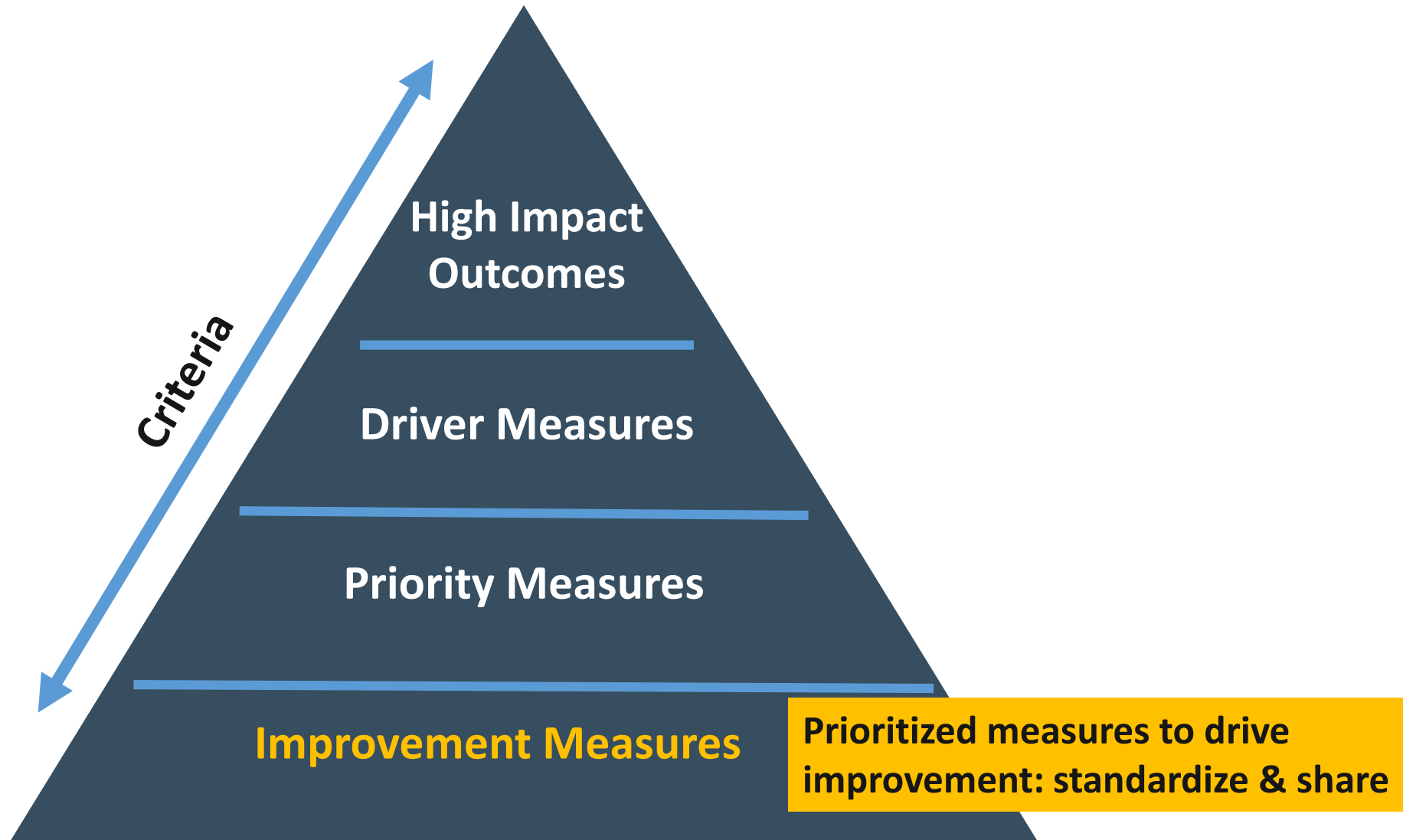
# Hierarchical Framework



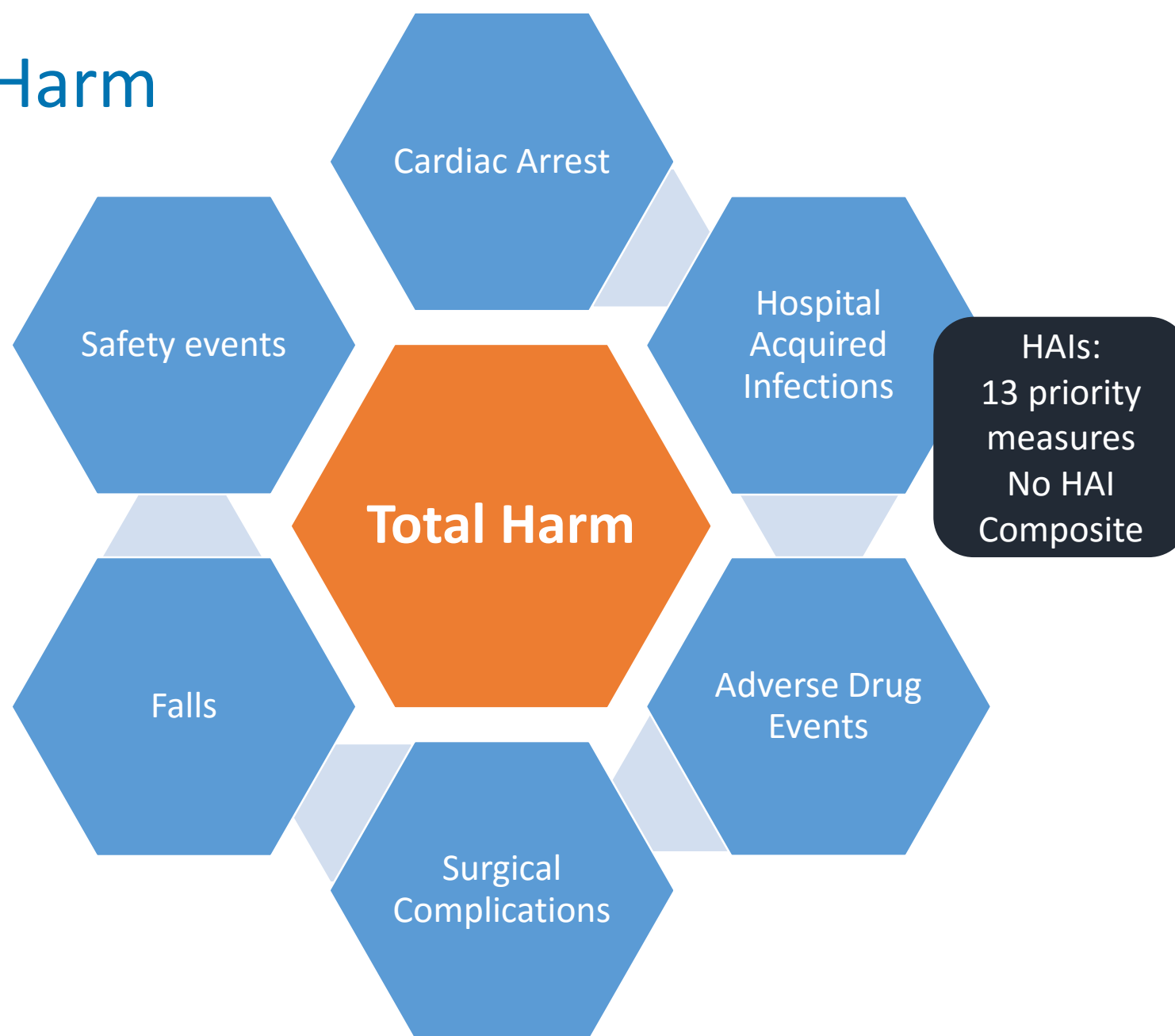
# Hierarchical Framework



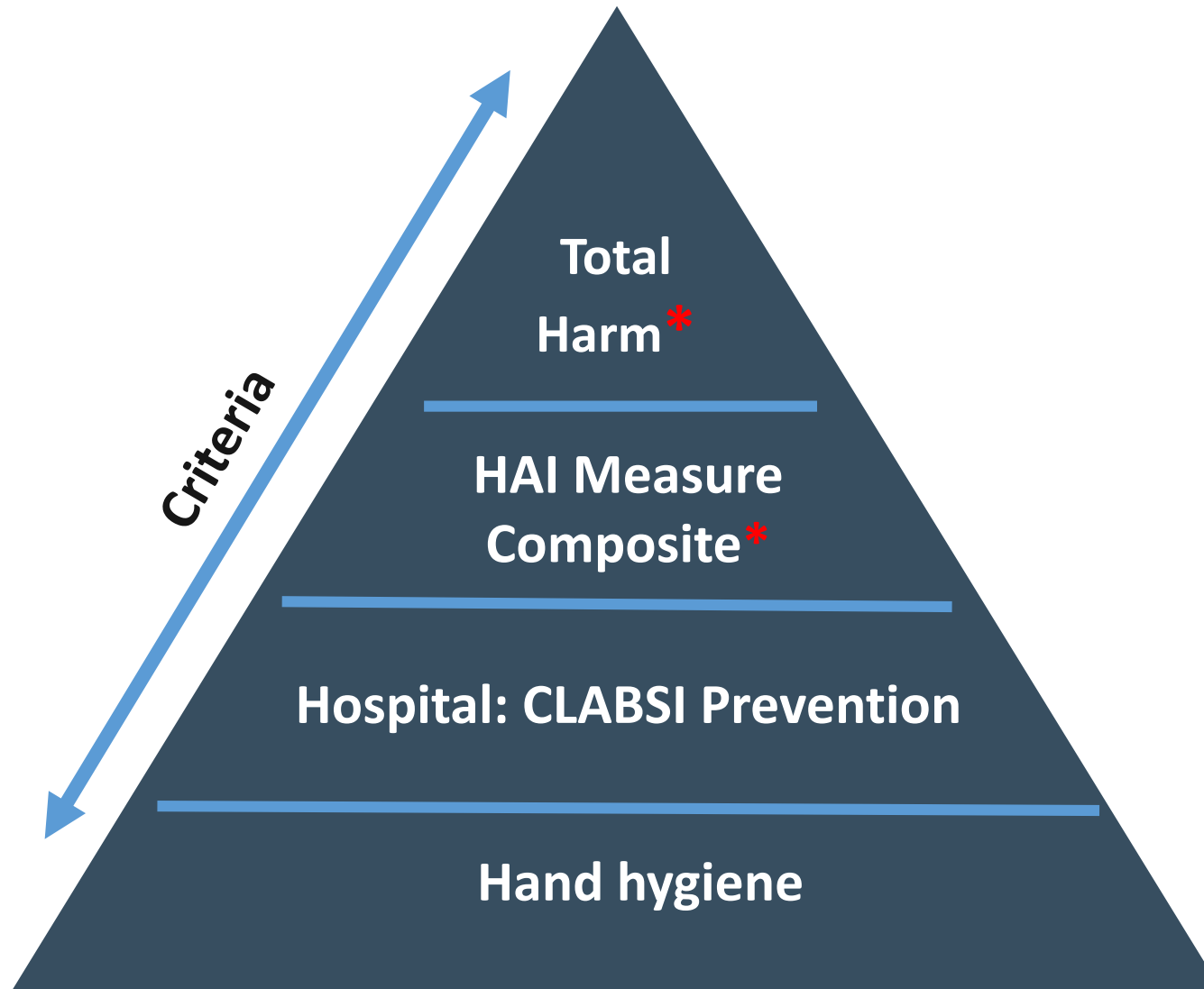
# Hierarchical Framework



# Total Harm



# Example: Total Harm



\* Gap

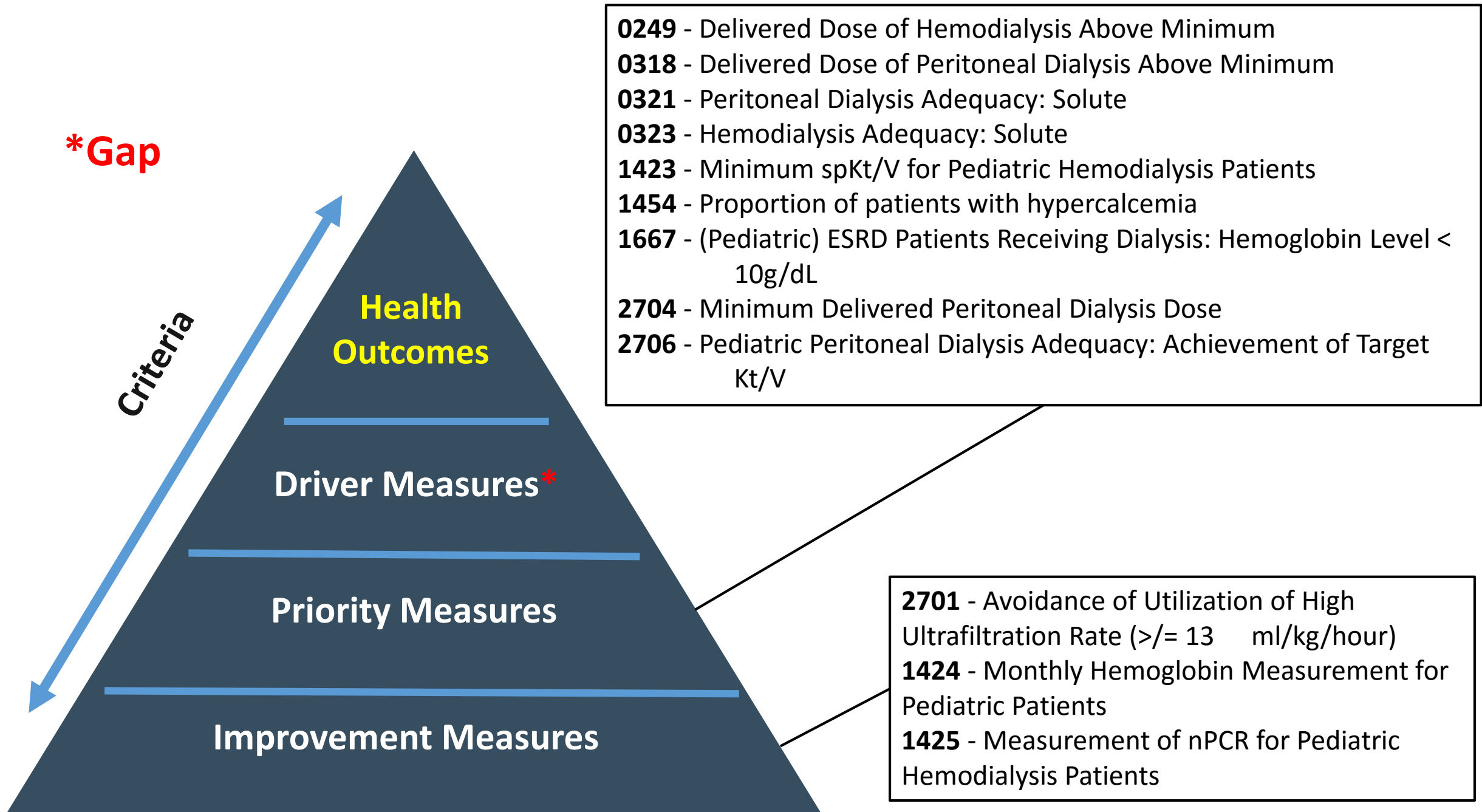


# Prioritization: Next Steps

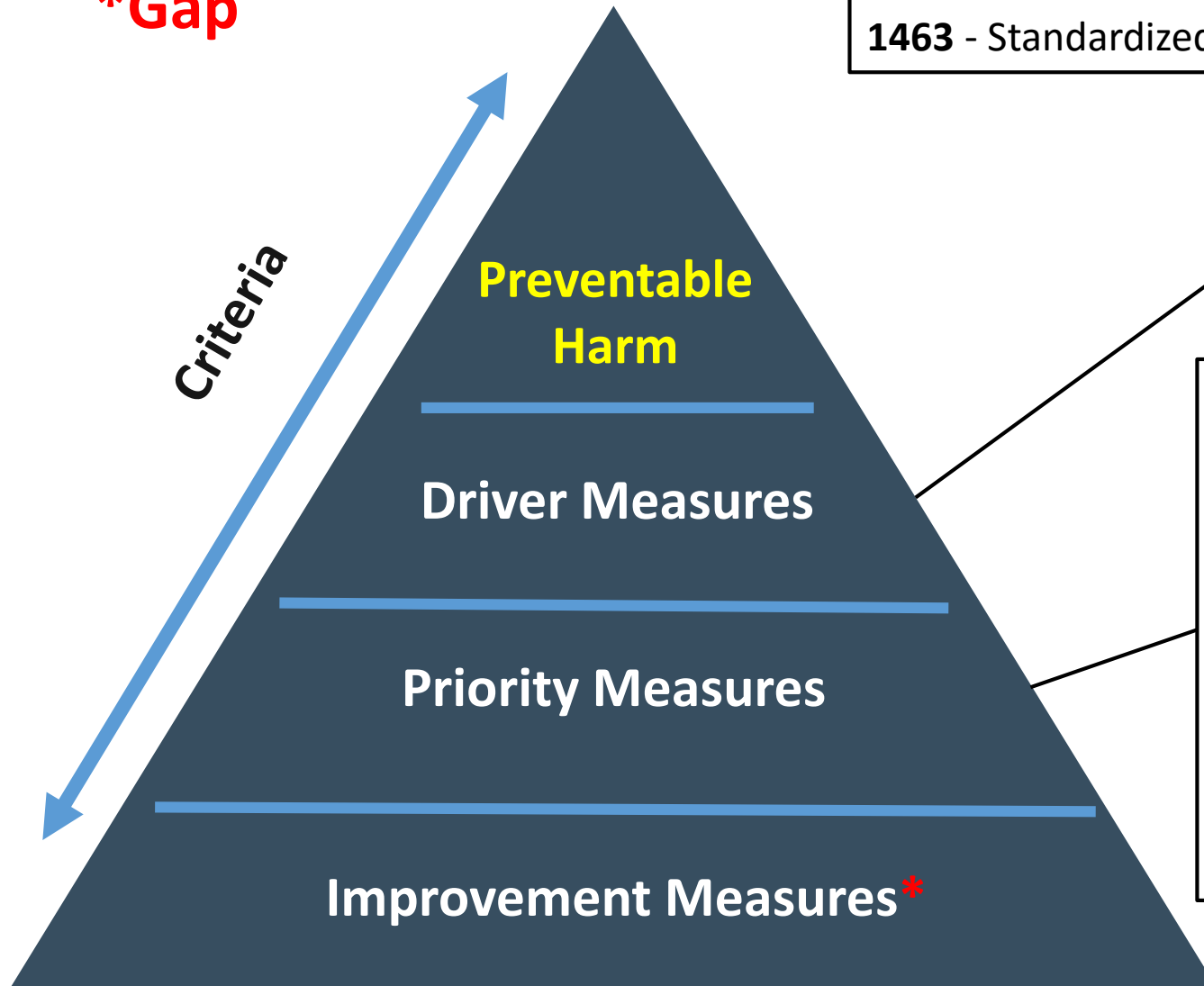
- Develop approach to assess the attributable effect of potential measures that can drive toward improved performance on the high-impact outcome
- NQF will build the prioritization approach for measures and gaps into future endorsement and selection work
- NQF will explore potential partnerships to share and standardize prioritized improvement measures

# Approach for Prioritization

- Start with a high-impact outcome (e.g., patient experience)
- Identify the **driver** measures (Prioritized accountability measures to drive toward higher performance on high-impact outcomes)
  - Do any exist?
  - If so, prioritize; if not, what would they look like?
- Identify the **priority** measures
  - Prioritize using the criteria
    - Outcome focused; improvable and actionable; meaningful to patients and caregivers; support systemic and integrated view of care
  - Identify gaps
- Identify improvement measures
- Go to next outcome (preventable harm)...and so on



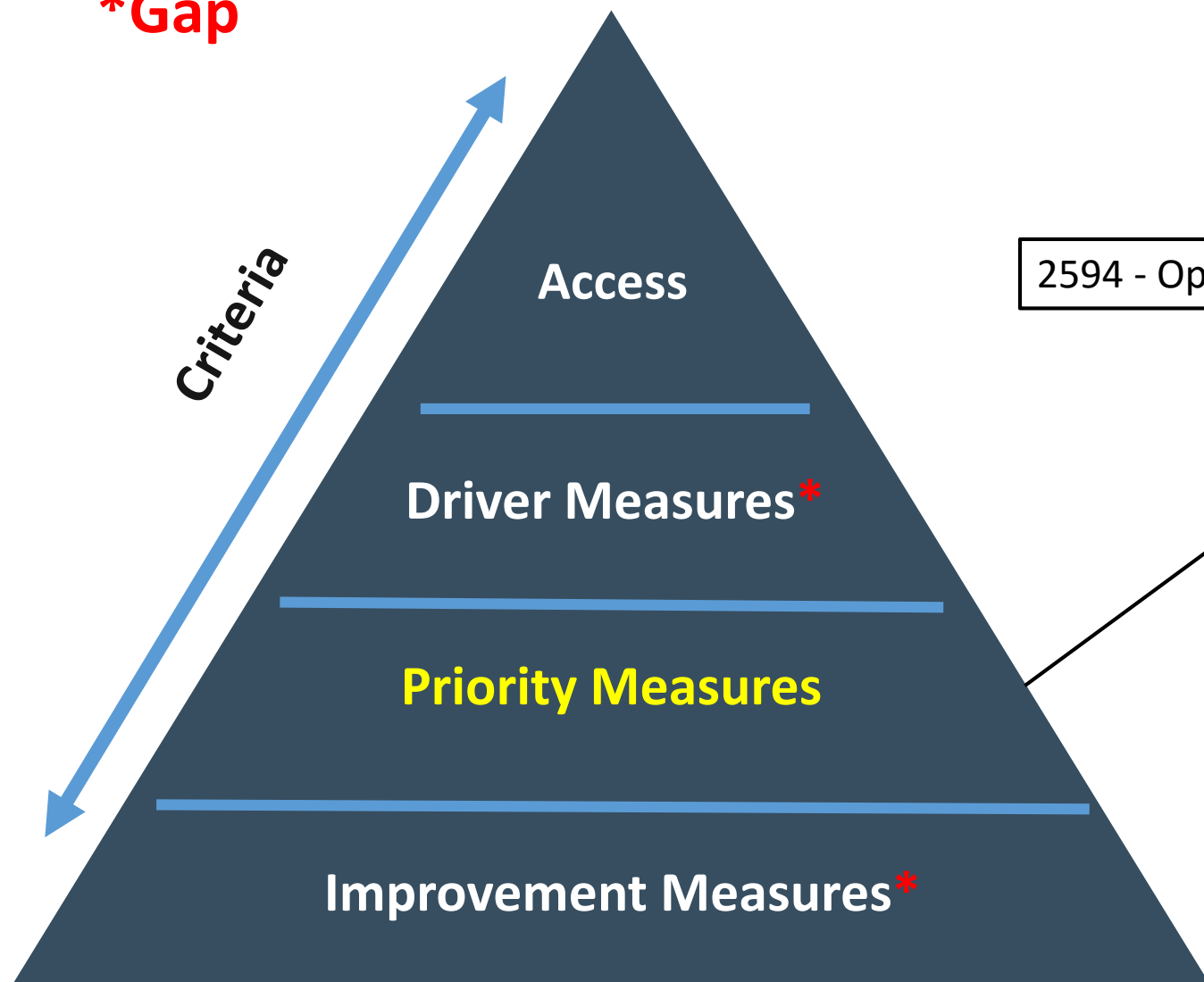
**\*Gap**



**0369** - Dialysis Facility Risk-adjusted Standardized Mortality Ratio  
**1460** - Bloodstream Infection in Hemodialysis Outpatients  
**1463** - Standardized Hospitalization Ratio for Admissions

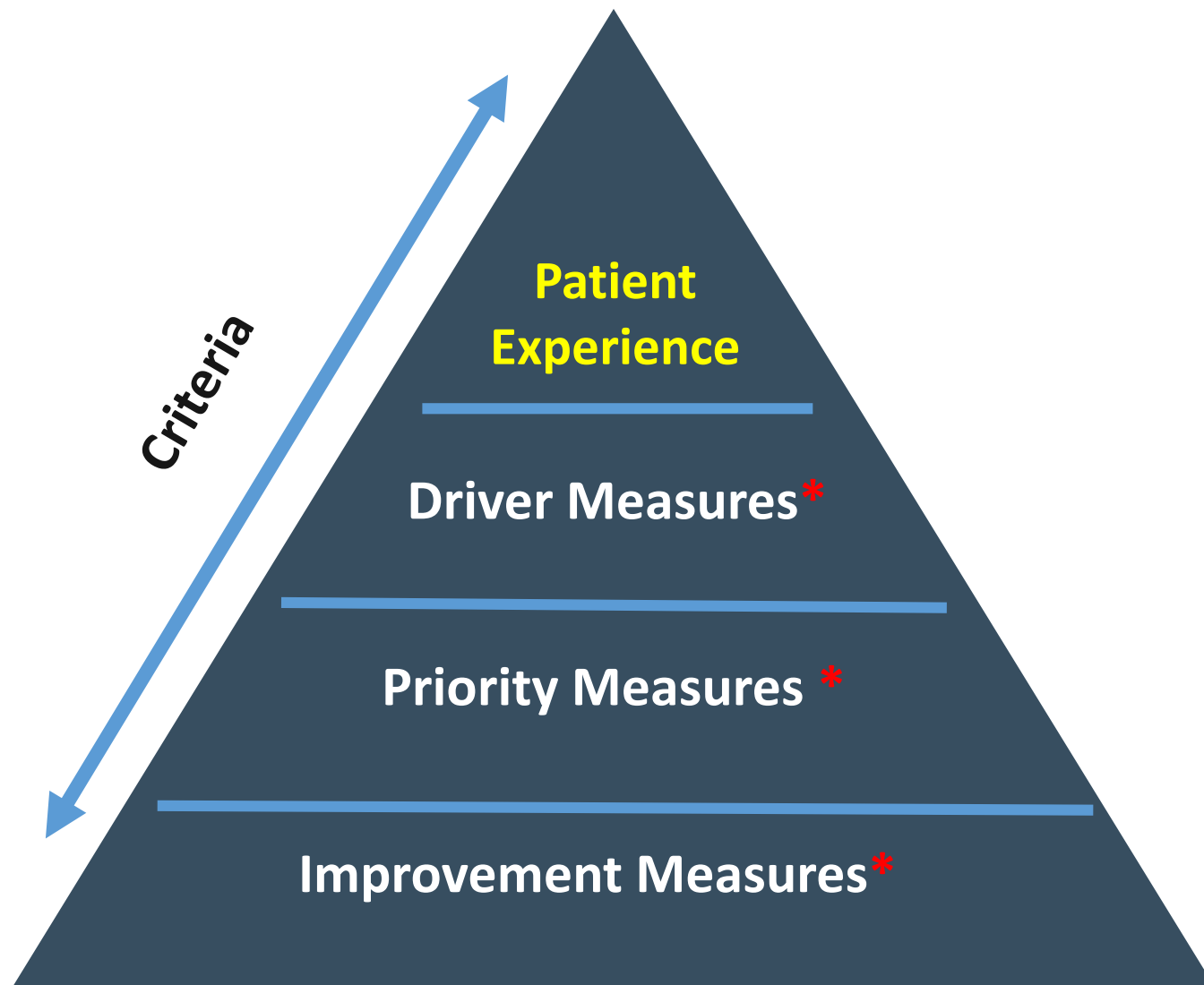
**0256** - Hemodialysis Vascular Access: Minimizing use of catheters as Chronic Dialysis Access  
**0257** - Hemodialysis Vascular Access: Maximizing Placement of Arterial Venous Fistula (AVF)  
**2977** - Hemodialysis Vascular Access: Standardized Fistula Rate  
**2978** - Hemodialysis Vascular Access: Long-term Catheter Rate  
**2979** - Standardized Transfusion Ratio for Dialysis Facilities

**\*Gap**

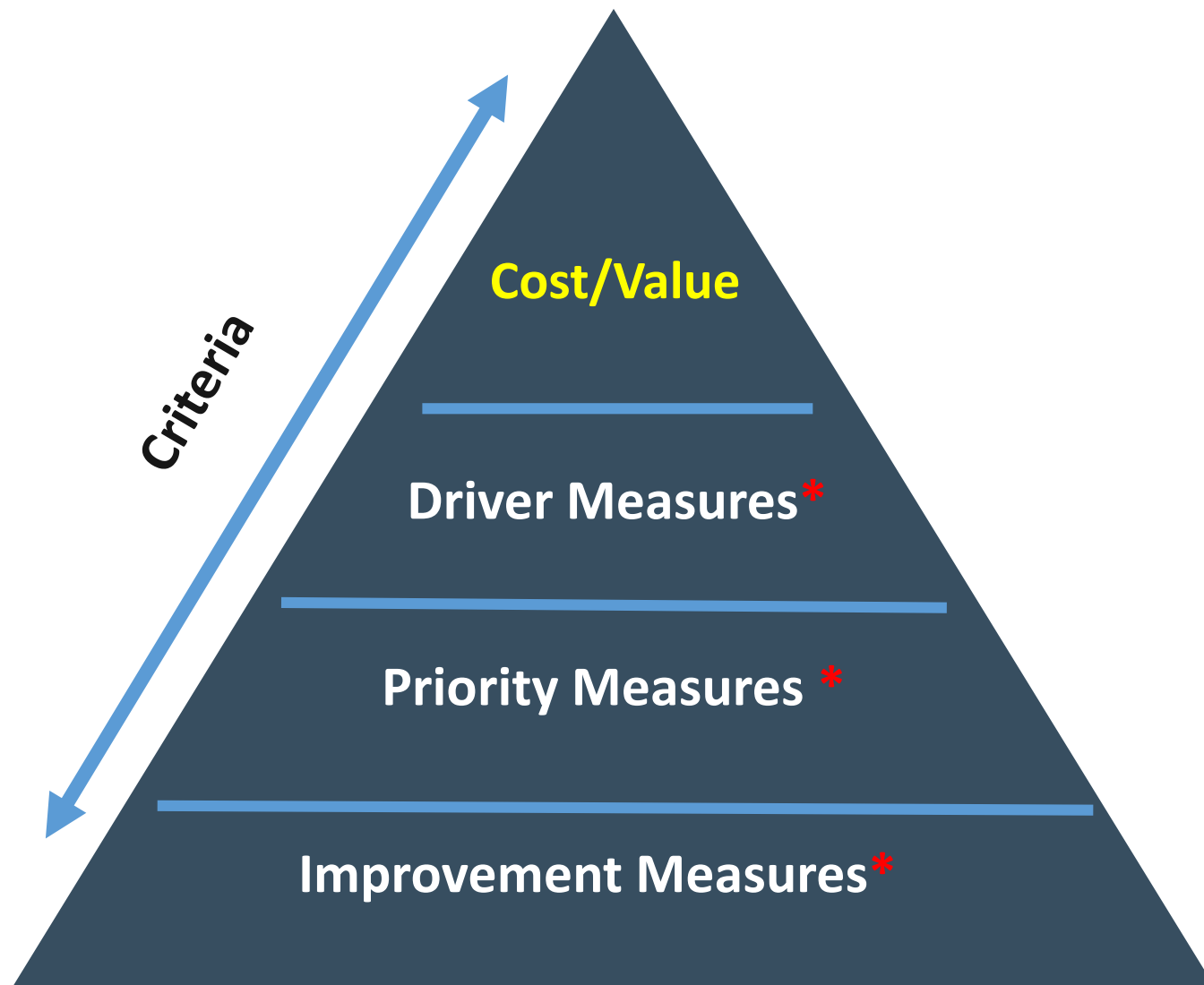


2594 - Optimal End Stage Renal Disease (ESRD) Starts

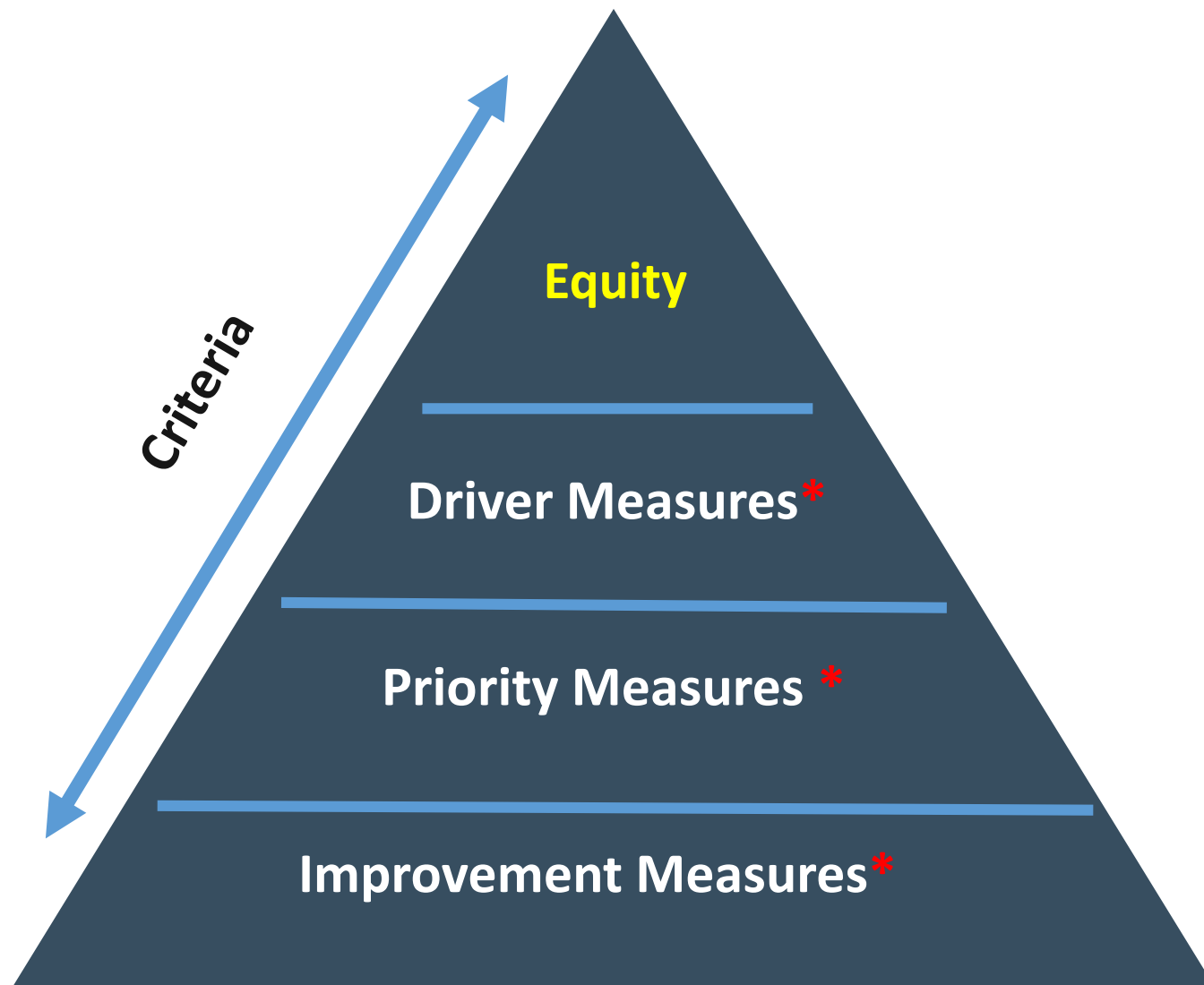
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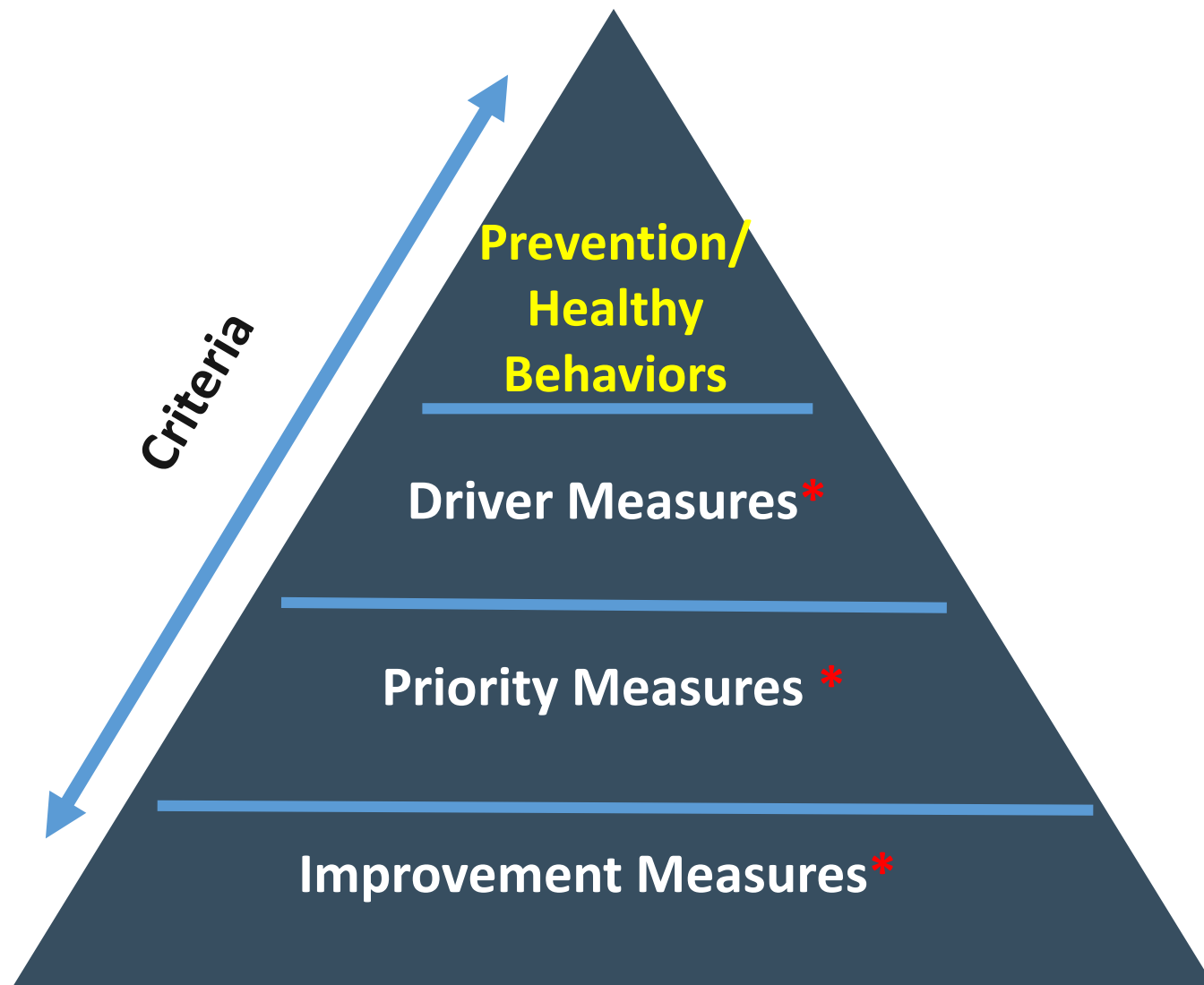


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# Public and Member Comment

# Next Steps

Thank you!