NATIONAL QUALITY FORUM

Meeting Summary

Renal Standing Committee August 2017 Off-Cycle Webinar

The National Quality Forum (NQF) convened a public webinar for the Renal Standing Committee on Monday, August 28, 2017. An archived recording of the webinar is available for playback.

Welcome, Introductions, and Review of Webinar Objectives

Andrew Lyzenga, NQF Senior Director, began by welcoming participants to the webinar. Mr. Lyzenga provided opening remarks and emphasized that NQF's measure prioritization initiative offers an opportunity to improve the portfolio of renal measures as well as the national healthcare measurement enterprise as a whole. Mr. Lyzenga noted that this particular webinar was intended to serve as an introduction and orientation to the preliminary prioritization framework and process, and represented an opportunity for Committee members to provide input and feedback on those items as they continue to be developed.

Jean-Luc Tilly, NQF Senior Data Analytics Manager, provided an introduction to NQF's Prioritization Framework and Criteria.

Introduction to NQF Prioritization Framework and Criteria

Mr. Tilly provided an overview of the NQF Prioritization Criteria. This overview began with Mr. Tilly explaining the rationale for the prioritization criteria. Prioritizing measures and gaps will contribute to NQF's strategic plan to accelerate the development of needed measures and to select, endorse, and reduce measures as appropriate. Mr. Tilly also noted that these criteria will not replace NQF's measure evaluation criteria for endorsement, which assess evidence, scientific acceptability, feasibility, and usability and use.

Mr. Tilly presented on the four-prioritization criteria elements:

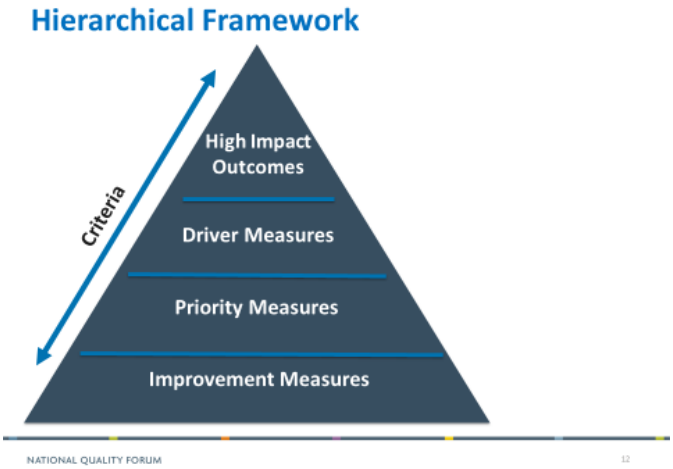
- Outcome-focused: preference for outcome measures and measures with strong link to improved outcomes and costs
- Improvable and actionable: preference for actionable measures with demonstrated need for improvement and evidence-based strategies for doing so
- Meaningful to patients and caregivers: preference 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

Mr. Tilly then provided an overview of the seven high-impact outcomes that NQF has identified to assess the quality and value of the overall healthcare system:

- High-impact outcomes
- Patient experience (including care coordination, shared decision-making)

- Preventable harm/complications
- Prevention/healthy behaviors
- Total cost/high-value care
- Access to needed care
- Equity of care

Mr. Tilly concluded this section of the webinar by providing a synopsis of the hierarchical framework (see diagram below) that will be used to prioritize measures and gaps:



The first level of the hierarchy (top of the pyramid) includes the seven high-impact outcomes. The second level of the pyramid identifies driver measures that can be used to drive toward higher performance on the high-impact measures. The third level of the pyramid identifies priority measures within specific settings and conditions that also contribute to improved performance of the high-level outcomes. The fourth level (bottom of the pyramid) identifies a set of internal quality improvement measures.

NQF Renal Measures and Prioritization

After the introduction to the prioritization criteria and framework, Committee members discussed how these activities related to NQF's portfolio of renal measures. Mr. Lyzenga presented a set of examples demonstrating how the criteria and framework might be applied to the renal portfolio.

Committee members asked whether the intent of the prioritization initiative was to identify measures that have a demonstrable empirical link to high-level outcomes, or just a conceptual link. Mr. Tilly addressed this question, stating that this exercise should help to identify measures with a conceptual link to high-impact outcomes, while also noting that identifying measures empirically linked to the high-impact outcomes would be desirable.

The Committee discussed the nature and aims of the prioritization initiative, noting that it seems to focus on identifying high-priority measures that apply across conditions and settings. Because renal care is largely focused on a specific condition (chronic kidney disease) and a particular setting (dialysis facilities), Committee members observed that it may be challenging to fit many measures from the renal portfolio into the framework. NQF staff confirmed that, in its current iteration, the framework's higher-

level domains (high-impact outcome measures and driver measures) are focused on cross-cutting measurement, but that the third and fourth domains—priority measures and quality improvement measures—are intended to include condition- or setting-specific measures, which is where much of the Committee's work would likely occur. The Committee noted that, while the number of patients needing dialysis is relatively small compared to the national population, this group is still important. These measures are critical to a small subset of patients even if they are not easily mapped to national goals or the broader outcomes of interest. NQF staff agreed that this is an important consideration that will continue to be examined as the prioritization initiative is further developed.

With respect to measurement of total cost and high-value care, Committee members suggested there is a need to remember that cost is only one part of the value equation – quality is also an element, and should not be ignored when measuring value.

Committee members noted that many measures in the renal portfolio do not necessarily fit "neatly" into any particular category of the framework. Measures of vascular access, for example, could be considered as high-impact outcomes, preventable harm, and patient experience, among other categories. However, other measures, such as the rate of bloodstream infections in hemodialysis outpatients, can be clearly linked to specific high-impact outcomes.

The Committee noted that this exercise may offer opportunities to identify gaps as well as high-priority measures, and to move the portfolio toward higher-value measures in general. Committee members provided input on further development of the framework, noting that there is literature looking at racial, ethnic, and financial disparities and their impact on access to renal care, which should be examined when considering measurement of both equity and access. Committee members also noted that there are patient-reported outcomes for renal care that have not been submitted for NQF endorsement and could be considered in the future for gap-filling purposes.

Opportunity for Public Comment

Mr. Lyzenga opened the call up to the public for comment. No public comments were offered.

In closing, NQF staff and the Committee co-chairs thanked webinar attendees for their participation.