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QUALITY FORUM**

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# Cancer, Spring 2020 Measure Review Cycle

## Measure Evaluation Standing Committee Meeting

Nicole Williams, MPH, Director

Tamara Funk, MPH, Manager

Teja Vemuganti, MPH, Analyst

Robyn Y. Nishimi, PhD, Consultant

*July 10, 2020*

# Welcome

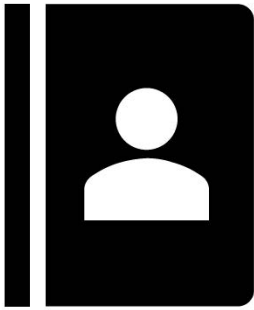


## Welcome

- The CenturyLink web platform will allow you to visually follow the presentation.
- Please mute your lines when you are not speaking to minimize background noise.
- Please do not put the call on hold.
- You may submit questions to project staff via the CenturyLink web platform chat function.
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## Project Team — Cancer Committee



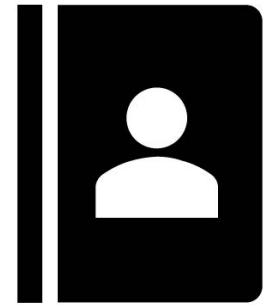
**Nicole Williams,**  
**MPH**  
**Director**



**Tamara Funk,**  
**MPH**  
**Manager**



**Teja Vemuganti,**  
**MPH**  
**Analyst**



**Robyn Y. Nishimi,**  
**PhD**  
**Consultant**

## Agenda

- Introductions and Disclosures of Interest
- Measures Under Review
- Overview of Evaluation Process and Voting Process
- Consideration of Candidate Measures
- Related and Competing Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

# Introductions and Disclosures of Interest

## Cancer

### Spring 2020 Cycle Standing Committee

- Karen Fields, MD, (Co-Chair)
- Shelley Fuld Nassa, MPP (Co-Chair)
- Afsaneh Barzi, MD, PhD
- Gregory Bocsi, DO, FCAP
- Brent Braveman, OTR, PhD, FAOTA
- Steven Chen, MD, MBA, FACS
- Matthew Facktor, MD, FACS
- Heidi Floyd
- Bradford Hirsch, MD
- Jette Hogenmiller, PhD, MN,  
APRN/ARNP, CDE, NTP, TNCC, CEE
- Wenora Johnson
- J. Leonard Lichtenfeld, MD, MACP
- Stephen Lovell
- Jennifer Malin, MD, MACP
- Jodi Maranchie, MD, FACS
- Denise Morse, MBA
- Benjamin Movsas, MD
- Beverly Reigle, PhD, RN
- Robert Rosenberg, MD, FACR
- David J. Sher, MD, MPH
- Danielle Ziernicki, PharmD

# Measures Under Review





## Spring 2020 Cycle Measures

- **One Maintenance Measure for Committee Review**
  - ▣ **0508 Diagnostic Imaging: Inappropriate Use of “Probably Benign” Assessment Category in Screening Mammograms – (American College of Radiology)**

# Overview of Evaluation Process



## **Roles of the Standing Committee** ***During the Evaluation Meeting***

- Act as a proxy for the NQF multistakeholder membership
- Work with NQF staff to achieve the goals of the project
- Evaluate each measure against each criterion
  - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Cancer measures



## Ground Rules for Today's Meeting

### **During the discussions, Committee members should:**

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times
- Keep comments concise and focused
- Allow others to contribute



## Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin Committee discussion for each criterion by:
  - ▣ Briefly explaining information on the criterion provided by the developer
  - ▣ Providing a brief summary of the pre-meeting evaluation comments
  - ▣ Emphasizing areas of concern or differences of opinion
  - ▣ Noting, if needed, the preliminary rating by NQF staff
    - » This rating is intended to be used as a guide to facilitate the Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Committee
- Full Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion

## Endorsement Criteria

- **Importance to Measure and Report (Evidence and Performance Gap):** Extent to which the measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance (**must-pass**)
- **Scientific Acceptability (Reliability and Validity):** Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**)
- **Feasibility:** Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use:** Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare (**must-pass** for maintenance measures)
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure.



## Reserve Status

- Occasionally, measures that are being evaluated for continued endorsement may be “topped out.”
- The Standing Committee may recommend those measures for Inactive Endorsement with Reserve Status (“Reserve Status.”)
- The purpose of Reserve Status is to retain endorsement of reliable and valid quality performance measures that have overall high levels of performance with little variability so that performance could be monitored as necessary to ensure that performance does not decline.
- Use of the Reserve Status should be applied only to highly credible, reliable, and valid measures that have high levels of performance due to quality improvement actions (e.g., not due to documentation practices only)



## Reserve Status (cont.)

- The key issue for continued endorsement is the opportunity cost associated with continued measurement at high levels of performance – rather than focusing on areas with known gaps in care.
- Endorsement with Reserve Status retains these measures in the NQF Portfolio for periodic monitoring, while also communicating to potential users that the measures no longer address high leverage areas for accountability purposes.





## Reserve Status Voting Process

- Standing Committee votes on performance gap.
  - ▣ If greater than 60% vote LOW (not “insufficient”), the Standing Committee votes on CONSIDERATION of the measure for reserve status.
  - ▣ If greater than 60% vote “yes” the Committee continues to discuss the other criteria.
  - ▣ If 60% or fewer vote “yes” the measure goes down.
- If the measure passes all must pass criteria, the Standing Committee will have a final vote for reserve status instead of endorsement.



## Voting on Endorsement Criteria

- Votes will be taken after the discussion of each criterion
- **Importance to Measure and Report**
  - ▣ Vote on Evidence (must pass)
  - ▣ Vote on Performance Gap (must pass)
  - ▣ Vote on Rationale - Composite measures only
- **Scientific Acceptability Of Measure Properties**
  - ▣ Vote on Reliability (must pass)
  - ▣ Vote on Validity (must pass)
  - ▣ Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
  - ▣ Use (must pass for maintenance measures)
  - ▣ Usability



## Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Overall Suitability for Endorsement**
- **Procedural Notes**
  - ▣ If a measure fails on one of the must-pass criteria, there is no further discussion or voting on the subsequent criteria for that measure; Committee discussion moves to the next measure.
  - ▣ If consensus is not reached, discussion continues with the next measure criterion.

## Achieving Consensus

- Quorum: 66% of active committee members (e.g., 16 of 23 members)

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% - 60% yes	Consensus Not Reached (CNR)
<40% yes	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes
- CNR measures move forward to public and NQF member comment, and the Committee will revote during the post-comment web meeting

## Committee Quorum and Voting

- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum. Currently, quorum for the Cancer Committee is 14.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
  - ▣ Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Committee member leaves the meeting and quorum is still present, the Committee will continue to vote on the measures. The Committee member who left the meeting will not have the opportunity to vote on the missed measures.



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# Questions?

# Voting Test

# Consideration of Candidate Measure





## 0508 Diagnostic Imaging: Inappropriate Use of “Probably Benign” Assessment Category in Screening Mammograms

- **Measure Steward:** American College of Radiology (ACR)
  - ▣ Maintenance
- **Brief Description of Measure:**
  - ▣ Percentage of final reports for screening mammograms that are classified as “probably benign”

# Related and Competing Discussion

## Related and 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.

	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	<b>Competing measures-Select best measure</b> from competing measures or justify endorsement of additional measure(s).	<b>Related measures-Harmonize</b> on target patient population or justify differences.
Different target patient population	<b>Related measures-Combine</b> into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue.

## 0508 Related Measures

- NQF #2372: Breast Cancer Screening
- Mammography Follow-up Rates (OP-9), steward: CMS

# NQF Member and Public Comment

# Next Steps

# Activities and Timeline –Spring 2020 Cycle

\*All times ET

Meeting	Date, Time
Draft Report Comment Period	Aug 14-Sept 14
Committee Post-Comment Web Meeting	Sept 23, 11am-1pm*
CSAC Review	Nov 17-18
Appeals Period (30 days)	Nov 23-Dec 22



## Fall 2020 Cycle Updates

- Intent to submit deadline is July 20
- Currently five measures are slated for maintenance, although that number can decline due to deferrals or withdrawals or can increase if new measures are submitted.





## Project Contact Info

- Email: [cancerem@qualityforum.org](mailto:cancerem@qualityforum.org)
- NQF phone: 202-783-1300
- Project page: <http://www.qualityforum.org/Cancer>
- SharePoint site:  
<http://staff.qualityforum.org/Projects/Cancer/SitePages/Home.aspx>

# Questions?

# THANK YOU.

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