

National Consensus Standards for Cancer

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July 13, 2018

Project Team





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Agenda for Today's Web Meeting July 13, 2018

- Welcome
- Introductions and Disclosure of Interest
- Overview of Evaluation Process
- Review of Candidate Measure #3365e
- NQF Member and Public Comment
- Next Steps
- Adjourn

Introductions and Disclosure of Interest

Cancer Standing Committee

Karen Fields, MD, Co-Chair Shelley Fuld Nasso, MPP, Co-Chair Gregary Bocsi, DO, FCAP Brent Braveman, PhD, OTR/L, FAOTA Jennifer Carney, MD Steven Chen, MD, MBA, FACS Matthew Facktor, MD, FACS Heidi Floyd Jennifer Harvey, MD, FACR Bradford Hirsch, MD Jette Hogenmiller, PhD, MN, APRN/ARNP, CDE, NTP, TNCC, CEE

Joseph Laver, MD, MHA J. Leonard Lichtenfeld, MD, MACP Stephen Lovell Jennifer Malin, MD, MACP Jodi Maranchie, MD, FACS Ali McBride, PharmD, MS, BCPS, BCOP Benjamin Movsas, MD Diane Otte, RN, MS, OCN Beverly Reigle, PhD, RN David J. Sher, MD, MPH Danielle Ziernicki, PharmD

Overview of Evaluation Process

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NQF's Major Endorsement Criteria

- Voting is by criterion in the order presented on the Measure Worksheet
 - Evidence (must pass)
 - Performance Gap (must pass)
 - Reliability (must pass)
 - Validity (must pass)
 - Feasibility
 - Usability and Use (must pass for maintenance measures)
 - Overall Suitability for Endorsement
- 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; we move to the next measure.

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 portfolio of Cancer measures

Ground Rules for Today's Meeting

During the discussion, please do your best to:

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Attend the meeting at all times
 - If you need to step away, please send a chat
- Raise your hand (on Web platform) to let us know if you'd like to speak and announce your name prior to speaking
- Keep comments focused on the discussion topic
- Indicate agreement without repeating what has already been said

Process for Measure Discussion

- Brief introduction by developer (2-3 minutes)
- Lead discussants will begin Committee discussion for <u>each criterion</u>:
 - Providing a brief summary of the pre-meeting evaluation comments and/or Workgroup discussion
 - ^D Emphasizing areas of concern or differences of opinion
 - Noting, if needed, the preliminary rating by NQF
 - » 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
- Full Committee will discuss

Quorum and Minimum Agreement

Quorum: 66% of the Committee

 To be recommended, measures must have greater than 60% of the Committee vote Yes (high + moderate)

Greater than 60%: Pass/Recommended

 Greater than 60% "Yes" votes of the quorum (this percent is the sum of high and moderate)

40%-60%: Consensus Not Reached (CNR) status

CNR measures move forward to comment and the Committee will revote

Less than 40%: Not Pass/Not Recommended

Consideration of Candidate Measure 3365e

Measure under Review

- NQF ID: 3365e
- Title: Treatment of osteopenia or osteoporosis in men with non-metastatic prostate cancer on androgen deprivation therapy
- Developer: Large Urology Group Practice Association (LUGPA)
- Measure Type: Process
- Data Source: Electronic Health Records
- Level of Analysis: Clinician: Group/Practice, Clinician: Individual
- Care Setting: Outpatient Services
- Status: New measure

NQF Member and Public Comment

Measure Prioritization Update

NQF's Strategic Direction



Learn more about NQF's Strategic Plan at

http://www.qualityforum.org/NQF_Strategic_Direction_2016-2019.aspx

NQF Prioritization Initiative



NQF Measure Prioritization Criteria

Prioritization Phase 1

Prioritization Phase 2

Outcome-focused (25%)

 Outcome measures and measures with strong link to improved outcomes and costs

Improvable (25%)

 Measures with demonstrated need for improvement and evidence-based strategies for doing so

Meaningful to patients and caregivers (25%)

 Person-centered measures with meaningful and understandable results for patients and caregivers

Support systemic and integrated view of care (25%)

 Measures that reflect care that spans settings, providers, and time to ensure that care is improving within and across systems of care

Equity Focused

• Measures that are disparities sensitive

Breakdown of the Criteria

Outcome-focused

• Measures are scored based on measure type: Process/Structural, Intermediate clinical outcome or process tightly linked to outcome, Outcome/CRU

Improvable

• Measures are scored based the percentage of committee members votes on the "Gap" Criteria during measure evaluation and maintenance review for "High," "Moderate," or "Low."

Meaningful to patients and caregivers

- Measures are scored based on if they are (1) a PRO and (2) if they are tagged as meaningful to patients.
- A meaningful change or health maintenance to the patients and caregivers encompasses measures that address the following areas: Symptoms, Functional status, Health related quality of life or wellbeing. Patient and caregiver experience of care (Including Financial Stress, Satisfaction, Care coordination/continuity of care Wait times, Patient and caregiver autonomy/empowerment) and Harm to the patient, patient safety, or avoidance of an adverse event

Support systemic and integrated view of care

- Measures are scored based on if (1) if they are a composite measure, (2) if they are applicable to multiple settings, (3) if they are condition agnostic, and (4) if they reflect a system outcome.
- A system outcome is defined as a measure that: Addresses issues of Readmission, Addresses issues of Care-coordination, Results from the care of multiple providers, or Addresses aspects to enhance healthcare value (including a cost or efficiency component)

NQF Prioritization Initiative: Pilot Results

- The results of V.2 of the prioritization rubric were piloted with the Cancer, Primary Care, and Patient Safety Committees.
- Themes:
 - Support for process
 - Specific placement of measures/ topics relative to each other
 - Variance in the score results

What is your overall impression of the ranking/score results generated by the NQF Prioritization Rubric?



- AGREE
- NEUTRAL
- DISAGREE
- STRONGLY DISAGREE WITH RESULTS





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Questions for Committee

- Do the initial scoring results yield the outcomes you might have expected?
 - Are the highest and lowest impact measures scoring correctly based on the rubric?
 - Do you have any feedback on the way the rubric is generating results or suggestions for updates in future iterations?
- Survey to be sent by email following the presentation and can be accessed at <u>this survey link</u>.

Next Steps

Project Timeline – Spring 2018 Cycle *All times ET

Activity	Date
Measure Evaluation Meeting	Friday, July 13, 11:00am-1:00pm
Measure Evaluation Meeting 2 (Hold)	Monday, July 16, 1:00-3:00pm
Report Posted for Public Comment	August 7-September 5, 2018
Post Draft Report Comment Call	Wednesday, September 26, 2:00-4:00pm
CSAC Review Recommendations	October 19-November 8, 2018
Appeals Period	November 13-December 12, 2018
Final Report Posted	January 2019

Adjourn