NATIONAL QUALITY FORUM

Cancer Standing Committee: Strategic Discussion Web Meeting

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Welcome

Agenda for the Call

- Introductions
- Overview of NQF's Cancer Portfolio
- Overview of the fall 2019 Cycle
- Review of NQF's Measure Evaluation Criteria
- Next steps

Project Team

- Melissa Mariñelarena, RN, MPA, CPHQ, Senior Director
- Katie Goodwin, MS, Senior Project Manager
- Tamara Funk, Project Manager
- Hannah Bui, MPH, Project Analyst

Cancer Standing Committee

- Karen Fields, MD, Co-chair
- Shelley Fuld Nasso, MPP, Co-chair
- Gregary Bocsi, DO, FCAP
- Steven Chen, MD, MBA, FACS
- Matthew Facktor, MD, FACS
- Heidi Floyd
- Bradford Hirsch, MD
- Jette Hogenmiller, PhD, MN, APRN/ARNP, CDE, NTP, TNCC, CEE
- 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
- Robert Rosenberg, MD, FACR
- David J. Sher, MD, MPH
- Danielle Ziernicki, PharmD

Overview of NQF's Cancer Portfolio

Cancer Portfolio of NQF-Endorsed Measures

Breast

- **0508** Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms
- **0509** Diagnostic Imaging: Reminder System for Screening Mammograms
- **1878** Human epidermal growth factor receptor 2 (HER2) testing in breast cancer
- **0219** Post breast conservation surgery irradiation
- **1857** Patients with breast cancer and negative or undocumented human epidermal growth factor receptor 2 (HER2) status who are spared treatment with trastuzumab
- **1858** Trastuzumab administered to patients with AJCC stage I (T1c) – III and human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy
- **0387** Oncology: Hormonal therapy for stage IC through IIIC, ER/PR positive breast cancer
- **0559** Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB - III hormone receptor negative breast cancer
- **0220** Adjuvant hormonal therapy

Colon

- **0225** At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer
- **0385** Oncology: Chemotherapy for AJCC Stage III Colon Cancer Patients
- **0223** Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis to patients under the age of 80 with AJCC III (lymph node positive) colon cancer
- **1859** KRAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy
- **1860** Patients with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

Cancer Portfolio of NQF-Endorsed Measures

Hematology

- **0377** Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow
- **0379** Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry
- **0378** Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy
- **0380** Hematology: Multiple Myeloma: Treatment with Bisphosphonates

Lung/Thoracic

- **1854** Barrett's Esophagus

Prostate

- **1853** Radical Prostatectomy Pathology Reporting
- **0389** Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
- **0390** Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients

Other

- **0383** Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384)
- **0384** Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology (paired with 0383)
- **0386** Oncology: Cancer Stage Documented
- **2930** Febrile Neutropenia Risk Assessment Prior to Chemotherapy
- 3490 Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy

Overview of the Fall 2019 Measures

Fall 2019 Measures

Maintenance Measures

- **0129** Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer (Commission on Cancer, American College of Surgeons)
- **0220** Adjuvant hormonal therapy is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0 or Stage IB – Stage III hormone receptor positive breast cancer (Commission on Cancer, American College of Surgeons)
- **0223** Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer (Commission on Cancer, American College of Surgeons)
- **0383** Oncology: Medical and Radiation - Plan of Care for Pain (ASCO)

Fall 2019 Measures

Maintenance Measures

- **0384** Oncology: Medical and Radiation - Pain Intensity Quantified (PCPI)
- **1858** Trastuzumab administered to patients with AJCC stage I (T1c) – III human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy (ASCO)
- **1859** RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy (ASCO)
- **1860** Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies (ASCO)

Fall 2019 Measures

New Measures

- **0384e** Oncology: Medical and Radiation - Pain Intensity Quantified (PCPI)

- **3478** Surgical Treatment Complications for Localized Prostate Cancer (Alliance of Dedicated Cancer Centers)

Review of NQF's Measure Evaluation Criteria

NQF Measure Evaluation Criteria for Endorsement

NQF endorses measures for accountability applications (public reporting, payment programs, accreditation, etc.) as well as quality improvement.

- Standardized evaluation criteria
- Criteria have evolved over time in response to stakeholder feedback
- The quality measurement enterprise is constantly growing and evolving—greater experience, lessons learned, expanding demands for measures—the criteria evolve to reflect the ongoing needs of stakeholders

Major Endorsement Criteria *(page 28-29 in the SC Guidebook)*

- **Importance to measure and report**: Goal is to measure those aspects with greatest potential of driving improvements; if not important, the other criteria are less meaningful (**must-pass**)
- **Reliability and Validity-scientific acceptability of measure properties** : Goal is to make valid conclusions about quality; if not reliable and valid, there is risk of improper interpretation (**must-pass**)
- **Feasibility**: Goal is to, ideally, cause as little burden as possible; if not feasible, consider alternative approaches
- **Usability and Use** (**must-pass** for maintenance measures): Goal is to use for decisions related to accountability and improvement; if not useful, probably do not care if feasible
- **Comparison to related or competing measures**

Criterion #1: Importance to Measure and Report *(page 31-39)*

1. Importance to measure and report - Extent to which the specific 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.

1a. Evidence: the measure focus is evidence-based

1b. Opportunity for Improvement: demonstration of quality problems and opportunity for improvement, i.e., data demonstrating considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or

disparities in care across population groups

1c. Quality construct and rationale (composite measures only)

Subcriteron 1a: Evidence *(page 32-38)*

- Outcome measures
  - *Empirical data demonstrate a relationship between the outcome and at least one healthcare structure, process, intervention, or service. If not available, wide variation in performance can be used as evidence, assuming the data are from a robust number of providers and results are not subject to systematic bias.*
- Structure, process, intermediate outcome measures
  - *The quantity, quality, and consistency of the body of evidence underlying the measure should demonstrate that the measure focuses on those aspects of care known to influence desired patient outcomes*
    - » Empirical studies (expert opinion is not evidence)
    - » Systematic review and grading of evidence
      - *Clinical Practice Guidelines – variable in approach to evidence review*
- For measures derived from patient (or family/parent/etc.) report
  - *Evidence should demonstrate that the target population values the measured outcome, process, or structure and finds it meaningful.*
  - *Current requirements for structure and process measures also apply to patient-reported structure/process measures.*

Rating Evidence: Algorithm #1 *(page 35)*

[Screen share Evidence algorithm]

Criterion #1: Importance to measure and report

Criteria emphasis is different for new vs. maintenance measures

New measures	Maintenance measures
• Evidence – Quantity, quality, consistency (QQC) • Established link for process measures with outcomes	**DECREASED EMPHASIS**: Require measure developer to attest evidence is unchanged evidence from last evaluation; Standing Committee to affirm no change in evidence IF changes in evidence, the Committee will evaluate as for new measures
• Gap – opportunity for improvement, variation, quality of care across providers	**INCREASED EMPHASIS**: data on current performance, gap in care and variation

Criterion #2: Reliability and Validity–Scientific Acceptability of Measure Properties (pages 40 – 50)

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of health care delivery

2a. Reliability (must-pass)

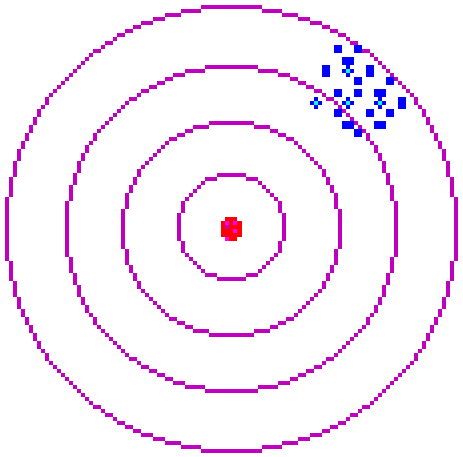
- *2a1. Precise specifications including exclusions*
- *2a2. Reliability testing—data elements or measure score*

2b. Validity (must-pass)

- *2b1. Validity testing—data elements or measure score*
- *2b2. Justification of exclusions—relates to evidence*
- *2b3. Risk adjustment—typically for outcome/cost/resource use*
- *2b4. Identification of differences in performance*
- *2b5. Comparability of data sources/methods*
- *2b6. Missing data*

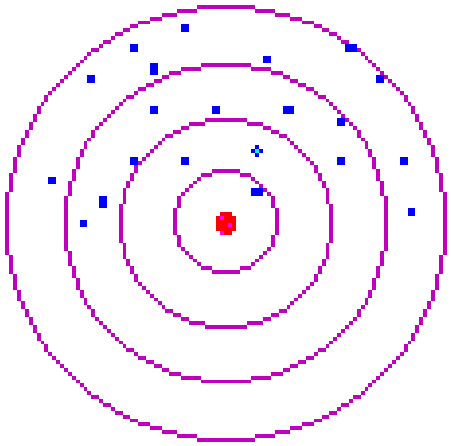
Reliability and Validity *(page 41)*

Assume the center of the target is the true score.



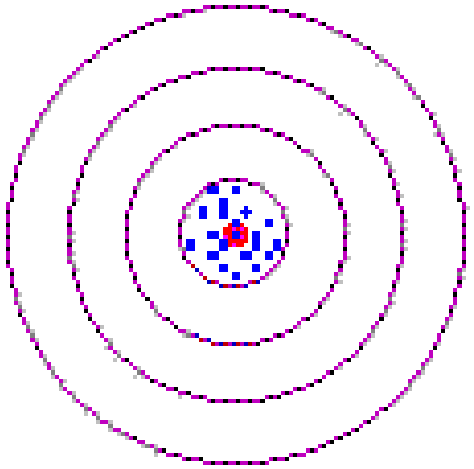
Reliable Not Valid

Consistent, but wrong



Neither Reliable Nor Valid

Inconsistent & wrong



Both Reliable And Valid

Consistent & correct

Evaluating Scientific Acceptability – Key Points *(page 42)*

Empirical analysis to demonstrate the reliability and validity of the measure as specified, including analysis of issues that pose threats to the validity of conclusions about quality of care such as exclusions, risk adjustment/stratification for outcome and resource use measures, methods to identify differences in performance, and comparability of data sources/methods.

Reliability Testing – Key Points *(page 43)*

- Reliability of the **measure score** refers to the proportion of variation in the performance scores due to systematic differences across the measured entities in relation to random variation or noise (i.e., the precision of the measure).
  - *Example – Statistical analysis of sources of variation in performance measure scores (signal-to-noise analysis)*
- Reliability of the **data elements** refers to the repeatability/ reproducibility of the data and uses patient-level data
  - *Example – inter-rater reliability*
- Consider whether testing used an appropriate method and included adequate representation of providers and patients and whether results are within acceptable norms
- Algorithm #2

Rating Reliability: Algorithm #2 *(page 44)*

[Screen share Reliability algorithm]

Validity testing *(pages 45-49)*

- Empirical testing
  - *Measure score* – assesses a hypothesized relationship of the measure results to some other concept; assesses the correctness of conclusions about quality
  - *Data element* – assesses the correctness of the data elements compared to a "gold standard"
- Face validity
  - Subjective determination by experts that the measure appears to reflect quality of care
    - » Empirical validity testing is expected at time of maintenance review; if not possible, justification is required.
    - » Requires systematic and transparent process, by identified experts, that explicitly addresses whether performance scores resulting from the measure as specified can be used to distinguish good from poor quality. The degree of consensus and any areas of disagreement must be provided/discussed.

Rating Validity: Algorithm #3 *(page 49)*

[Screen share Validity algorithm]

Threats to Validity

- Conceptual
  - *Measure focus is not a relevant outcome of healthcare or not strongly linked to a relevant outcome*
- Unreliability
  - *Generally, an unreliable measure cannot be valid*
- Patients inappropriately excluded from measurement
- Differences in patient mix for outcome and resource use measures
- Measure scores that are generated with multiple data sources/methods
- Systematic missing or "incorrect" data (unintentional or intentional)

Criterion #2: Scientific Acceptability

New measures	Maintenance measures
• Measure specifications are precise with all information needed to implement the measure	NO DIFFERENCE: Require updated specifications
• Reliability • Validity (including risk-adjustment)	**DECREASED EMPHASIS**: If prior testing adequate, no need for additional testing at maintenance with certain exceptions (e.g., change in data source, level of analysis, or setting) Must address the questions regarding use of social risk factors in risk-adjustment approach

Criterion #3: Feasibility *(pages 50-51)*

Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement.

3a: Clinical data generated during care process
3b: Electronic sources
3c: Data collection strategy can be implemented

Criterion #4: Usability and Use *(pages 51-52)*

Extent to which potential audiences (e.g., consumers, purchasers, providers, policymakers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

Use (4a) Must-pass for maintenance measures

4a1: Accountability and Transparency*: Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement.*

4a2: Feedback by those being measured or others*: Those being measured have been given results and assistance in interpreting results; those being measured and others have been given opportunity for feedback; the feedback has been considered by developers.*

Usability (4b)

4b1: Improvement*: Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated.*

4b2: Benefits outweigh the harms*: The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).*

Criteria #3-4: Feasibility and Usability and Use

Feasibility

New measures	Maintenance measures
• Measure feasible, including eCQM feasibility assessment	NO DIFFERENCE: Implementation issues may be more prominent

Usability and Use

New measures	Maintenance measures
• Use: used in accountability applications and public reporting	**INCREASED EMPHASIS**: Much greater focus on measure use and usefulness, including both impact and unintended consequences
• Usability: impact and unintended consequences	

Criterion #5: Related or Competing Measures *(pages 52-53)*

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.

- 5a. The measure specifications are harmonized with related measures **OR** the differences in specifications are justified.
- 5b. The measure is superior to competing measures (e.g., is a more valid or efficient way to measure) **OR** multiple measures are justified.

Updated Guidance for Measures that Use ICD-10 Coding

- For CY2019 and beyond, reliability testing should be based on ICD-10 coded data.
- Validity testing should be based on ICD-10 coded data
- If providing face validity (FV), both FV of the ICD-10 coding scheme and FV of the measure score as an indicator of quality is required update

Electronic Clinical Quality Measures (eCQMs)

- Must meet all current evaluation criteria at time of initial submission or endorsement maintenance
- Specifications
  - *Health Quality Measure Format (HQMF)*
  - *Published value sets in VSAC*
- Feasibility Assessment
  - *Feasibility Scorecard*
  - *Measure logic*
- Reliability & Validity Testing
  - *Data element validation required (effective August 2019)*
  - *Testing in EHR systems from more than one EHR vendor*

Evaluation Process

- **Preliminary analysis (PA)**: To assist the Committee evaluation of each measure against the criteria, NQF staff and Methods Panel (if applicable) prepares a PA of the measure submission and offer preliminary ratings for each criteria.
  - *The PA is used as a starting point for the Committee discussion and evaluation*
  - *Methods Panel completes review of Scientific Acceptability criterion for complex measures*
- **Individual evaluation**: Each Committee member conducts an in-depth evaluation on all measures under review
  - *Each Committee member will be assigned a subset of measures for which they will serve as lead discussant in the evaluation meeting*

Evaluation Process

- **Measure evaluation and recommendations at the in-person/web meeting**: The entire Committee discusses and rates each measure against the evaluation criteria and makes recommendations for endorsement
- **Staff prepares a draft report** detailing the Committee's discussion and recommendations
  - *This report is released for a 30-day public and member comment period*
- **Post-comment call**: The Committee re-convenes for a post-comment call to discuss comments submitted
- **Final endorsement decision by the CSAC**
- **Appeals (if any)**

Questions?

Social Risk Overview

Background

- NQF conducted a two-year trial period from 2015-2017. During this time, adjustment of measures for social risk factors was no longer prohibited
- The NQF Board of Directors reviewed the results of the trial period and determined there was a need to launch a new social risk initiative
- As part of the Equity Program, NQF continues to explore the need to adjust for social risk
- Each measure is assessed individually to determine if SDS adjustment is appropriate (included as part of **validity** subcriterion)
- The Standing Committee evaluates the measure, including the appropriateness of the risk adjustment approach used by the measure developer
- Efforts to implement SDS risk adjustment may be constrained by data limitations and data collection burden

Standing Committee Evaluation

The Standing Committee is asked to consider the following:

- Is there a conceptual relationship between the SDS factor and the measure focus?
- What are the patient-level sociodemographic variables that were available and analyzed during measure development?
- Does the empirical analysis (as provided by the measure developer) show that the SDS factor has a significant and unique effect on the outcome in question?
- Does the reliability and validity testing match the final measure specifications?

Questions?

Next Steps

Fall 2019 Cycle

- **Orientation Meeting**: TBD, week of 11/21 – 1/21
- **Measure Evaluation Meeting**: TBD, week of 2/17 – 2/21

Project Contact Info

- Email: cancerem@qualityforum.org
- NQF phone: (202) 783-1300
- Project page: http://www.qualityforum.org/Project_Pages/cancer.aspx
- SharePoint site: http://share.qualityforum.org/Projects/cancer/SitePages/Home.aspx

Questions?


THANK YOU