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Cardiovascular Fall 2020 Measure Review Cycle

Standing Committee Orientation

Amy Moyer, NQF Director
Janaki Panchal, NQF Manager
Karri Albanese, NQF Analyst
Mike DiVecchia, NQF Project Manager

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Housekeeping Reminders

- The CenturyLink web platform will allow you to visually follow the presentation
- Please mute your computer and dial into the call to participate
  - Dial **800-768-2983** and enter passcode **7445915**
- Feel free to use the chat feature to communicate with NQF Staff or the group
- To reduce feedback, please mute your line when you are not speaking
- We will do a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at **cardiovascular@qualityforum.org**

Welcome

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Project Team

Amy Moyer, MS, PMP
Director

Janaki Panchal, MSPH
Manager

Karri Albanese,
Analyst

Mike DiVecchia, MBA, PMP
Project Manager

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Agenda for the Call

- Standing Committee Attendance and Introductions
- Overview of NQF, the Consensus Development Process (CDP)
- Overview of Roles of the Standing Committee, Co-chairs, Scientific Methods Panel, and NQF Staff
- Overview of the Measure Evaluation Process
- Overview of NQF's Portfolio of Cardiovascular Measures
- Overview of NQF's Measure Evaluation Criteria
- Overview of Social Risk
- SharePoint Tutorial
- Next Steps

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Cardiovascular Standing Committee

- Thomas Kottke, MD, MSPH (Co-Chair)
- Tim Dewhurst, MD, FACC (Co-Chair)
- Jacqueline Hawkins Alikhaani*
- David Boston, MD, MS*
- Linda Briggs, DNP
- Leslie Cho, MD
- Helene Clayton-Jeter, OD
- Abdulla Damluji, MD, MPH, PhD*
- Kumar Dharmarajan, MD, MBA
- William Downey, MD
- Howard Eisen, MD
- Naftali Zvi Frankel, MS
- Jake Galdo, PharmD, MBA, BCPS, BCGP
- Lori Hull-Grommesh, DNP, RN, APRN-BC, ACNP-BC, NEA-BC, FAANP*
- Wen-Chih Hank Wu, MD, MPH*
- Tiffany Johnson*
- Charles Mahan, PharmD, PhC, RPh
- Soeren Mattke, MD, DSc
- Gwen Mayes, JD, MMSc
- Kristi Mitchell, MPH
- David Walsworth, MD, FAAFP
- Daniel Waxman, MD, PhD, FACC
- Jeffrey Wexler*

*denotes new Standing Committee members

Overview of NQF and the Consensus Development Process (CDP)

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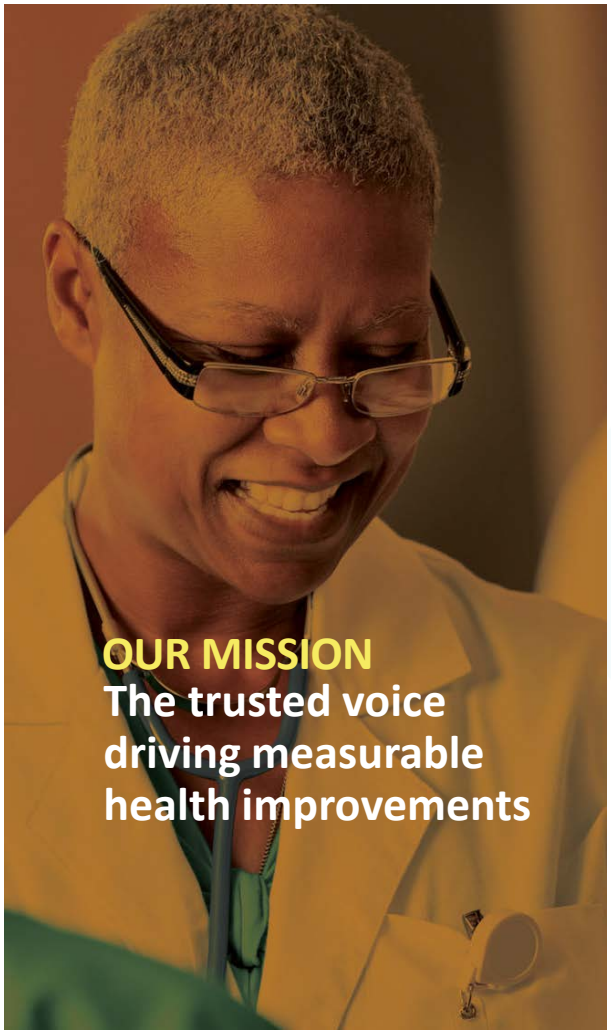
The National Quality Forum – A Unique Role



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NQF Activities in Multiple Measurement Areas

- **Performance Measure Endorsement**
  - 400+ NQF-endorsed measures across multiple clinical areas
  - 15 empaneled standing expert committees including the Scientific Methods Panel
- **Measure Applications Partnership (MAP)**
  - Provides recommendations to HHS on selecting measures for 19 federal programs
- **Advancing Measurement Science**
  - Convenes private and public sector leaders to reach consensus on complex issues in healthcare performance measurement
  - Examples include CMS-funded projects such as HCBS, rural issues, telehealth, interoperability, attribution, risk-adjustment for social risk factors, diagnostic accuracy and disparities
- **Other Measurement Work**
  - Creation of action-oriented playbooks and implementation guides that include measurement frameworks and/or opportunities for organizations to measure progress on high-priority healthcare topics
  - Conducts Strategy Sessions with stakeholders to identify measure gaps and opportunities

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NQF Consensus Development Process (CDP)

6 Steps for Measure Endorsement

- Intent to Submit
  - Scientific Methods Panel (SMP) if applicable
    - » Review of complex measures for scientific acceptability
- Call for Nominations
- Measure Evaluation
- Public Commenting Period with Member Support
- Measure Endorsement
  - Consensus Standards Approval Committee (CSAC)
- Measure Appeals

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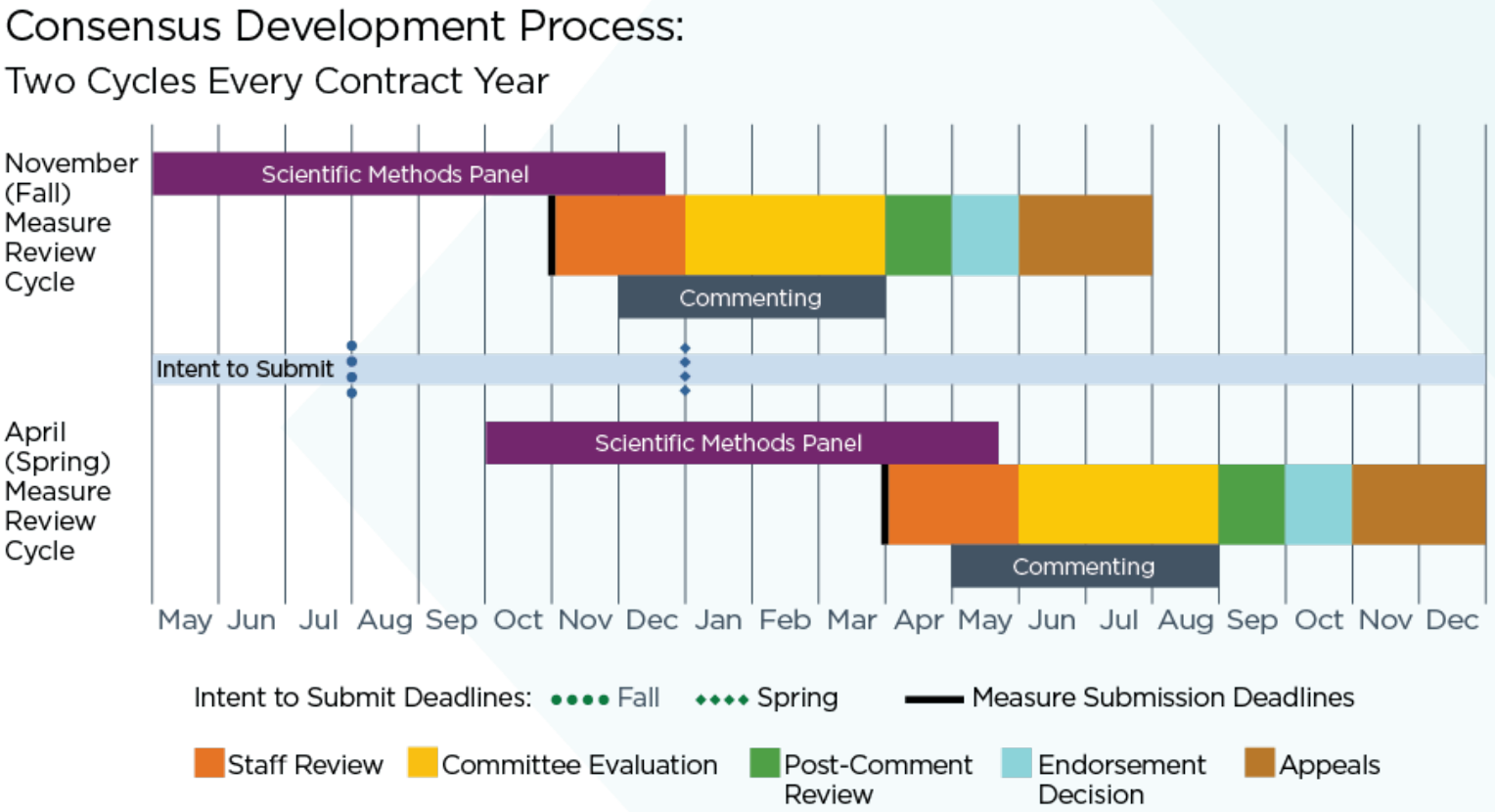
Measure Review: Two Cycles Per Year



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14 Measure Review Topical Areas

- All Cause Admission/Readmissions
- Behavioral Health and Substance Use
- Cancer
- Cardiovascular
- Cost and Efficiency
- Geriatric and Palliative Care
- Neurology
- Patient Experience and Function
- Patient Safety
- Perinatal and Women's Health
- Prevention and Population Health
- Primary Care and Chronic Illness
- Renal
- Surgery

Overview of Roles of the Standing Committee, Co-chairs, Scientific Methods Panel, and NQF Staff

Role of the Standing Committee
General Duties

- Act as a proxy for the NQF multi-stakeholder membership
- Serve initial 2-year or 3-year terms
  - Opportunity to renew for 2 additional years (4 cycles)
- Work with NQF staff to evaluate and endorse measures
- Evaluate candidate measures against the measure evaluation criteria
- Respond to comments submitted during the public commenting period
- Respond to any directions from the CSAC
- Refer to the Standing Committee Guidebook for more information

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Role of the Standing Committee
Meeting Participation

- Meeting attendance
  - Must notify NQF staff in advance of meeting if unable to attend
- Quorum requirements
  - NQF Quorum=66% of active members
  - Committee recommendations can only be made with a quorum of Committee votes
    - » Not based on Robert's Rules of Order
  - Votes may be requested via email if quorum is not reached during the meeting
    - » Materials (i.e., transcripts upon request) will be sent to inform votes
  - Meetings may be cancelled (and rescheduled) if quorum not reached and vote is required
- Measure-specific disclosure of interest
  - Must be completed to participate in the measure evaluation discussion (each cycle)

Role of the Standing Committee
Measure Evaluation Duties

- All members evaluate measures being considered for endorsement
- Evaluate measures against each criterion
  - Indicate the extent to which each criterion is met and rationale for the rating
- Make recommendations to the NQF membership for endorsement
- Oversee Cardiovascular portfolio of measures
  - Promote alignment and harmonization
  - Identify gaps

Role of the Standing Committee Co-Chairs

- Co-facilitate Standing Committee (SC) discussion with NQF staff
- Assist NQF in anticipating questions and identifying additional information that may be useful to the SC
- Keep SC on track to meet goals of the project without hindering critical discussion/input
- Represent the SC at CSAC meetings
- Participate as a SC member

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Role of Scientific Methods Panel

- The Scientific Methods Panel (SMP) was created to ensure high-level consistent reviews of the scientific acceptability of measures
- The SMP is charged with:
  - Conducting evaluation of complex measures for the Scientific Acceptability criterion, with a methodological focus on reliability and validity analyses and results
  - Serve in broad advisory capacity to NQF on methodologic issues, including those related to measure testing, risk adjustment, and measurement approaches
- The SMP review will help inform the standing committee's endorsement decision; SMP will not render endorsement recommendations

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Role of NQF Staff

- NQF project staff works with SC to achieve the goals of the project and ensure adherence to the consensus development process:
  - Facilitate SC meetings, ensuring that goals are met
  - Organize and staff SC meetings and conference calls
  - Guide SC through the CDP and advise on NQF policy and procedures; ensure NQF evaluation criteria are appropriately applied and process is followed
  - Review measure submissions and prepare materials for Committee review
  - Draft and edit reports for SC review
  - Ensure and facilitate communication among all project participants (including SC and measure developers)
  - Assist measure developers in understanding NQF criteria and process
  - Facilitate collaboration between different NQF projects

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Role of NQF Staff
Communication

- Respond to NQF member or public queries about the project
- Maintain documentation of project activities
- Post project information to NQF's website
- Work with measure developers to provide necessary information and communication for the SC to fairly and adequately evaluate measures for endorsement
- Publish final project report

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Roles Questions?

Overview of the Measure Evaluation Process

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Measure Evaluation

Overview

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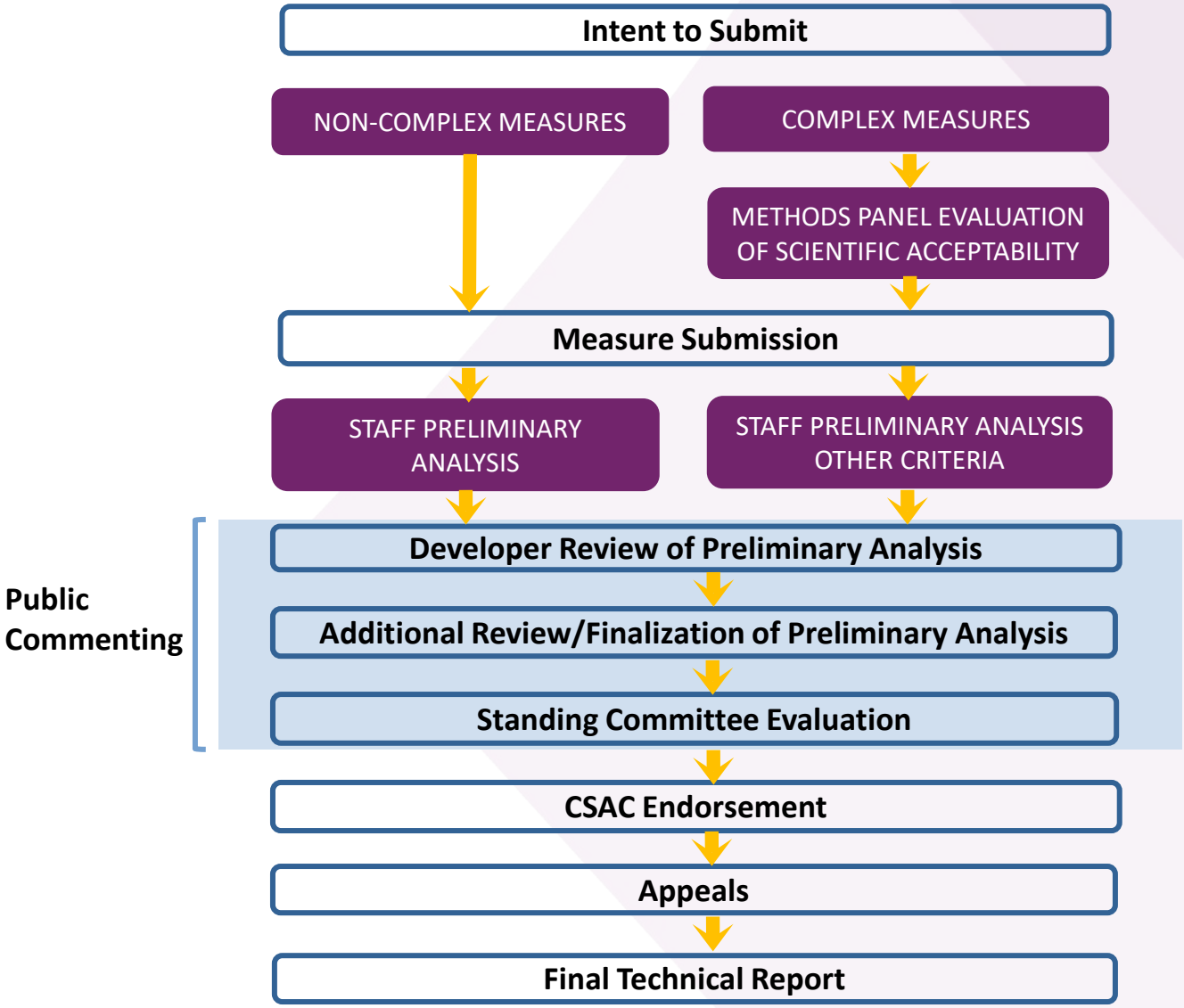
Measure Evaluation Workflow



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NQF Consensus Development Process (CDP) Measure Evaluation

Complex Measures

- Outcome measures, including intermediate clinical outcomes
- Instrument-based measures (e.g., PRO-PMs)
- Cost/resource use measures
- Efficiency measures (those combining concepts of resource use and quality)
- Composite measures

Noncomplex Measures

- Process measures
- Structural measures
- Previously endorsed complex measures with no changes/updates to the specifications or testing

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Complex Measures

Scientific Methods Panel

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Complex Measure Evaluation by the Scientific Methods Panel (SMP)

- Complex measures include composite, instrument-based (including PRO-PM), cost/resource, efficiency, and outcome (including intermediate clinical outcome) measures
- Complex measures are reviewed by the SMP when:
  - Newly submitted
  - Maintenance measures with updated testing
  - NQF staff requests (e.g., expert opinion needed to support review of testing, review of unfamiliar methodology)
- The SMP will provide evaluations and ratings of **reliability** and **validity** to the standing committees
  - Measures that did not get a "pass" for either reliability and validity during preliminary analyses are discussed at the SMP evaluation meetings, and are re-voted

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Post-SMP Evaluation

- All eligible measures reviewed by the SMP can be discussed by the Standing Committee
  - Standing Committee will evaluate and make recommendations for endorsement for:
    - » Measures that pass SMP review
    - » Measures where the SMP did not reach consensus
  - Measures that did not pass the SMP can be pulled by a standing committee member for further discussion
- Eligibility will be confirmed by NQF Staff and SMP co-chairs
- Measures that failed the SMP due to the following will not be eligible for re-vote:
  - » Inappropriate methodology or testing approach applied to demonstrate reliability or validity
  - » Incorrect calculations or formulas used for testing
  - » Description of testing approach, results, or data is insufficient for SMP to apply the criteria
  - » Appropriate levels of testing not provided or otherwise did not meet NQF's minimum evaluation requirements

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Measure Evaluation

Standing Committee

Committee Measure Evaluation Process
SMP Measures

- Standing Committee members are notified of the SMP evaluation results (if complex measures reviewed by SMP)
- Standing Committee members can pull failed measures for discussion (and re-vote for eligible measures)
- Any measure pulled by a Standing Committee member will be discussed
  - Request should be submitted with a brief rationale
- Some measures may be eligible for vote by the Standing Committee
  - Eligibility will be determined by NQF staff and SMP co-chairs

NQF Process After Measure Submission

- NQF staff performs quality checks on measure submission
- Standing Committee members complete measure-specific disclosures of interest
- NQF staff creates a measure worksheet for each measure

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Measure Evaluation Process Overview

~3 week review period for Measure Worksheets:

- Measure Information Form (MIF): describes measure and specifications (e.g., title, description, numerator, denominator)
- Preliminary analysis by NQF staff
- Committee preliminary ratings
- Member and public comments
- Information submitted by the developer
  - Evidence and testing attachments
  - Spreadsheets
  - Additional documents

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Committee Measure Evaluation Process Preliminary Analysis

- **Preliminary analysis (PA)**: NQF staff will prepare a PA form and offer preliminary ratings for each criteria
  - The PA will be used as a starting point for the Committee evaluation
  - SMP will complete review of Scientific Acceptability criterion for complex measures
- **Individual evaluation**: Each Committee member will conduct an in-depth evaluation on all measures under review

Committee Measure Evaluation Process
Measure Evaluation Meeting

- NQF staff compiles the Committee's comments and redistributes measure worksheet with summary of all members' preliminary evaluation
- **Lead discussants** are assigned to each measure for committee evaluation meetings
- **Measure evaluation and recommendations at the in-person/web meeting**: The entire Committee will discuss and rate each measure against the evaluation criteria and make recommendations for endorsement

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Committee Measure Evaluation Process Post Comment Call

- **Staff will prepare a draft report** detailing the Committee's discussion and recommendations
  - This report will be released for a 30-day public and member comment period
- **Post-comment call**: The Committee will re-convene for a post-comment call to discuss comments submitted
- **Final endorsement decision by the CSAC**
- **Opportunity for public to appeal endorsement decision**

Overview of NQF's Cardiovascular Portfolio

Cardiovascular Use Portfolio of Measures

- This project will evaluate measures related to Cardiovascular conditions that can be used for accountability and public reporting for all populations and in all settings of care. This project will address topic areas including:
  - coronary artery disease (CAD)
  - ischemic vascular disease (IVD)
  - acute myocardial infarction (AMI)
  - cardiac catheterization
  - percutaneous catheterization intervention (PCI)
  - heart failure (HF)
  - hyperlipidemia
  - hypertension
  - rhythm disorders
  - implantable cardioverter-defibrillators (ICDs)
  - cardiac imaging

- NQF currently has 41 endorsed measures within this topic area. Endorsed measures undergo periodic evaluation to maintain endorsement – “maintenance”.

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Cardiovascular Portfolio of NQF-endorsed Measures

- 0018 Controlling High Blood Pressure
- 0066 Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)
- 0067 Chronic Stable Coronary Artery Disease: Antiplatelet Therapy
- 0068 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet
- 0070/0070e Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
- 0071 Persistence of Beta-Blocker Treatment After a Heart Attack
- 0073 Ischemic Vascular Disease (IVD): Blood Pressure Control
- 0076 Optimal Vascular Care
- 0079 Heart Failure: Left Ventricular Ejection Fraction Assessment (Outpatient Setting)
- 0081/0081e Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- 0083/0083e Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

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Cardiovascular Portfolio of NQF-endorsed Measures (continued)

- 0133 In-Hospital Risk Adjusted Rate of Mortality for Patients Undergoing PCI
- 0229 Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following heart failure (HF) hospitalization
- 0230 Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization
- 0290 Median Time to Transfer to Another Facility for Acute Coronary Intervention
- 0355 Bilateral Cardiac Catheterization Rate (IQI 25)
- 0358 Heart Failure Mortality Rate (IQI 16)
- 0535 30-day all-cause risk-standardized mortality rate following percutaneous coronary intervention (PCI) for patients without ST segment elevation myocardial infarction (STEMI) and without cardiogenic shock
- 0536 30-day all-cause risk-standardized mortality rate following Percutaneous Coronary Intervention (PCI) for patients with ST segment elevation myocardial infarction (STEMI) or cardiogenic shock
- 0642 Cardiac Rehabilitation Patient Referral From an Inpatient Setting
- 0643 Cardiac Rehabilitation Patient Referral From an Outpatient Setting

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Cardiovascular Portfolio of additional NQF-endorsed Measures

- 0669 Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low Risk Surgery
- 0694 Hospital-level Risk-Standardized Complication Rate following Implantation of Implantable Cardioverter-Defibrillator
- 0730 Acute Myocardial Infarction (AMI) Mortality Rate
- 0964 Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients
- 0965 Discharge Medications (ACE/ARB and beta blockers) in Eligible ICD Implant Patients
- 1525 Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
- 2377 Defect Free Care for AMI
- 2379 Adherence to Antiplatelet Therapy after Stent Implantation
- 2438 Beta-Blocker Therapy (i.e., Bisoprolol, Carvedilol, or Sustained-Release Metoprolol Succinate) for LVSD Prescribed at Discharge
- 2439 Post-Discharge Appointment for Heart Failure Patients

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Cardiovascular Portfolio of additional NQF-endorsed Measures (continued)

- 2443 Post-Discharge Evaluation for Heart Failure Patients
- 2450 Heart Failure: Symptom and Activity Assessment
- 2455 Heart Failure: Post-Discharge Appointment for Heart Failure Patients
- 2459 In-hospital Risk Adjusted Rate of Bleeding Events for patients undergoing PCI
- 2461 In-Person Evaluation Following Implantation of a Cardiovascular Implantable Electronic Device (CIED)
- 2764/2764e Fixed-dose Combination of Hydralazine and Isosorbide Dinitrate Therapy for Self-identified Black or African American Patients with Heart Failure and LVEF <40% on ACEI or ARB and Beta-blocker Therapy
- 2473 Hybrid hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI)
- 2474 Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation
- 3309 Risk-Standardized Survival Rate (RSSR) for In-Hospital Cardiac Arrest
- 3534 30 Day All-cause Risk Standardized Mortality Odds Ratio following Transcatheter Aortic Valve Replacement (TAVR)

Fall 2020 Measures For Review

- Maintenance measures
  - 0229 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization
  - 0230 Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization

Fall 2020 Measures Reviewed by the SMP

Passed Reliability and Validity

- 0229 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization
- 0230 Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization

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Activities and Timeline

*All times ET

Meeting	Date/Time
Orientation Call	January 5, 2021, 3:30-5:30 pm
Measure Evaluation Web Meeting 1	February 9, 2021, 10:00 am-12:00 pm
Measure Evaluation Web Meeting 2	February 10, 2021, 10:00 am-12:00 pm
Measure Evaluation Web Meeting 3	February 17, 2021, 2:00-4:00 pm
Post-Comment Call	May 27, 2021, 2:00-4:00 pm

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Portfolio Questions?

Measure Evaluation Criteria Overview

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

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Major Endorsement Criteria *(page 32 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**

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Criterion #1: Importance to Measure and Report *(page 34-42)*

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)

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Subcriterion #1a: Evidence *(page 36-42)*

- 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 37)*

- [Screen share Evidence algorithm]

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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

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Criterion #2: Reliability and Validity – Scientific Acceptability of Measure Properties (pages 42-54)

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)

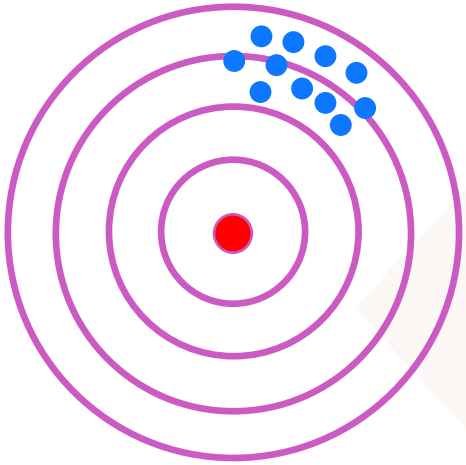
- 2a1. Precise specifications including exclusions
- 2a2. Reliability testing—data elements or measure score

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

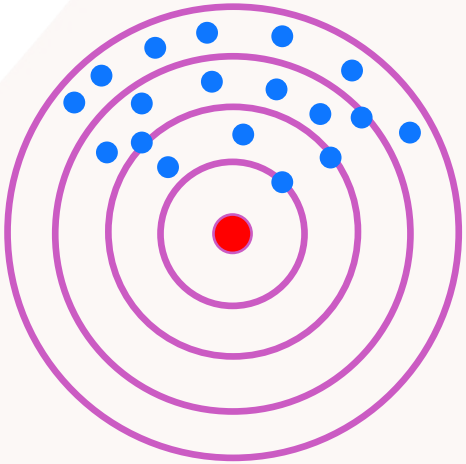
Reliability and Validity *(page 44)*

Assume the center of the target is the true score



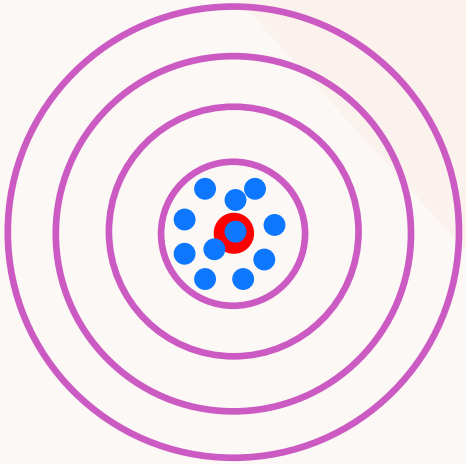
Reliable
Not Valid

Consistent,
but wrong



Neither Reliable
Nor Valid

Inconsistent &
wrong



Both Reliable
And Valid

Consistent &
correct

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Evaluating Scientific Acceptability – Key Points *(page 45)*

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
- Comparability of data sources/methods

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Reliability Testing – Key Points *(page 48)*

- 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 47)*

- [Screen share Reliability algorithm]

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Validity Testing *(pages 48-54)*

- 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 53)*

- [Screen share Validity algorithm]

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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)

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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 54-55)*

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

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Criterion #4: Usability and Use *(pages 55-56)*

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).

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Criteria #3-4: Feasibility and Usability and Use

Feasibility

New measures	Maintenance measures
• Measure feasible, including eMeasure 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 • Usability: impact and unintended consequences	**INCREASED EMPHASIS**: Much greater focus on measure use and usefulness, including both impact and unintended consequences

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Criterion #5: Related or Competing Measures *(pages 56-57)*

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.

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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

eCQMs (Electronic Clinical Quality Measures)

- eCQMs must be tested empirically using the HQMF specifications. The minimum requirement is testing in EHR systems from more than one EHR vendor.
- Beginning Summer 2019, data element validation is required for all eCQMs (demonstration of score-level validation is also encouraged).
- For eCQMs based solely on structured data fields, reliability testing is not required if data element validation is demonstrated.
  - If data element testing is not possible, justification is required and must be accepted by the Standing Committee.
- A feasibility assessment (scorecard) is required to address the data elements and includes an assessment of the measure logic.

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eCQMs

- NQF staff technical review
  - Each submitted eCQM undergoes a technical review by NQF staff before going to the Standing Committee for evaluation.
  - For this technical review, NQF staff:
    - » Confirms that the measure uses the industry accepted eCQM technical specifications
    - » Determines if value sets have been vetted through the Value Set Authority Center (VSAC)
    - » Reviews the feasibility of each data element
    - » Confirms that the measure logic has been adequately unit tested using a simulated data set.
  - The technical review is included as part of the staff preliminary analyses within the measure worksheet.

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Measure Evaluation Criteria Questions?

Social Risk Overview

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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 will continue to explore the need to adjust for social risk
- Each measure must be assessed individually to determine if SDS adjustment is appropriate (included as part of **validity** subcriterion)
- The Standing Committee will continue to evaluate the measure as a whole, including the appropriateness of the risk adjustment approach used by the measure developer
- Efforts to implement SDS adjustment may be constrained by data limitations and data collection burden

The Social Risk Trial is funded by the Centers for Medicare and Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001.

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Standing Committee Evaluation

- The Standing Committee will be asked to consider the following questions:
  - 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 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?

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Social Risk Questions?

Committee SharePoint

SharePoint Overview

https://share.qualityforum.org/portfolio/Cardiovascular/SitePages/Home.aspx

Accessing SharePoint

- Standing Committee Policy
- Standing Committee Guidebook
- Measure Document Sets
- Meeting and Call Documents
- Committee Roster and Biographies
- Calendar of Meetings

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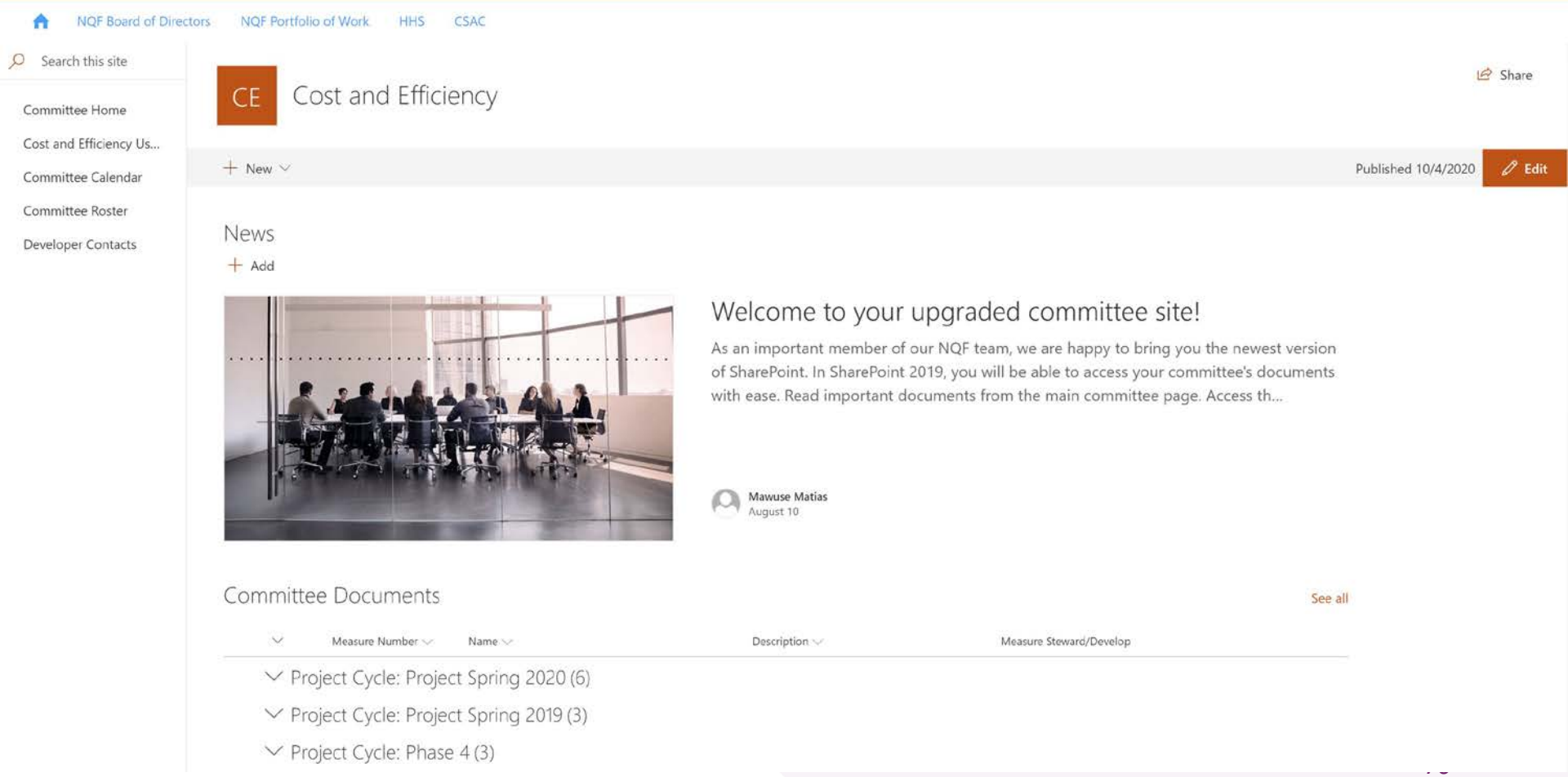
SharePoint Overview – Committee Homepage



Next Steps

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What's Next

- Complete Measure-Specific DOIs
- Measure Worksheets shared with the Committee in January
- Preliminary Evaluation Survey due January 26, 2021
- Measure Evaluation Web Meetings
  - February 9, 10:00 am-12:00 pm ET
  - February 10, 10:00 am-12:00 pm ET
  - February 17, 2:00-4:00 pm ET

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Project Contact Info

- Email: cardiovascular@qualityforum.org
- NQF phone: 202-783-1300
- Project page: http://www.qualityforum.org/Cardiovascular.aspx
- SharePoint site: https://share.qualityforum.org/portfolio/Cardiovascular/SitePages/Home.aspx

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Questions?

THANK YOU.

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