



NATIONAL
QUALITY FORUM

National Consensus Standards for Cardiovascular Conditions

Standing Committee Orientation

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Welcome

Project Team

- Melissa Mariñelarena, RN, MPA, CPHQ, Senior Director
- Poonam Bal, MHSA, Senior Project Manager
- May Nacion, MPH, Project Manager
- Vanessa Moy, MPH, Project Analyst

Agenda for the Call

- Standing Committee Introductions
- Overview of NQF, the Consensus Development Process, and Roles of the Standing Committee, co-chairs, NQF staff
- Overview of NQF's portfolio of Cardiovascular measures
- Overview of NQF's measure evaluation criteria
- SharePoint Tutorial
- Next steps

Cardiovascular Standing Committee

Mary George, MD, MSPH, FACS, FAHA (Co-Chair)

Thomas Kottke, MD, MSPH (Co-Chair)

- Sana Al-Khatib, MD, MHS
- Carol Allred, BA
- Linda Baas, PhD, RN
- Linda Briggs, DNP
- Leslie Cho, MD
- Joseph Cleveland, MD
- Michael Crouch, MD, MSPH, FAAFP
- Elizabeth DeLong, PhD
- Kumar Dharmarajan, MD, MBA
- William Downey, MD
- Brian Forrest, MD
- Naftali Frankel, MS*
- Ellen Hillegass, PT, EdD, CCS, FAACVPR, FAPTA
- Thomas James, MD
- Charles Mahan, PharmD, PhC, RPh
- Joel Marrs, Pharm.D., FCCP, FASHP, FNLA, BCPS-AQ Cardiology, BCACP, CLS
- Gerard R. Martin, MD
- Kristi Mitchell, MPH
- Gary Puckrein, PhD
- Nicholas Ruggiero, MD FACP FACC FSCAI FSVM FCPP
- Susan Strong*
- Jason Spangler, MD, MPH, FACPM
- Mladen Vidovich, MD
- Daniel Waxman, MD, PhD

*New Committee Member

Overview of NQF, the CDP, and Roles

The National Quality Forum: A Unique Role

Established in 1999, NQF is a non-profit, non-partisan, membership-based organization that brings together public and private sector stakeholders to reach consensus on healthcare performance measurement. The goal is to make healthcare in the U.S. better, safer, and more affordable.

Mission: To lead national collaboration to improve health and healthcare quality through measurement

- An Essential Forum
- Gold Standard for Quality Measurement
- Leadership in Quality



NQF Activities in Multiple Measurement Areas

■ Performance Measure Endorsement

- *600+ NQF-endorsed measures across multiple clinical areas*
- *15 empaneled standing expert committees*

■ Measure Applications Partnership (MAP)

- *Advises HHS on selecting measures for 20+ federal programs/Medicaid*

■ National Quality Partners

- *Convenes stakeholders around critical health and healthcare topics*
- *Spurs action: recent examples include antibiotic stewardship, advanced illness care, shared decision making, and opioid stewardship*

■ Measurement Science

- *Convenes private and public sector leaders to reach consensus on complex issues in healthcare performance measurement*
 - » *Examples include HCBS, rural issues, telehealth, interoperability, attribution, risk-adjustment for social risk factors, diagnostic accuracy, disparities*

■ Measure Incubator

- *Facilitates efficient measure development and testing through collaboration and partnership*

NQF Consensus Development Process (CDP)

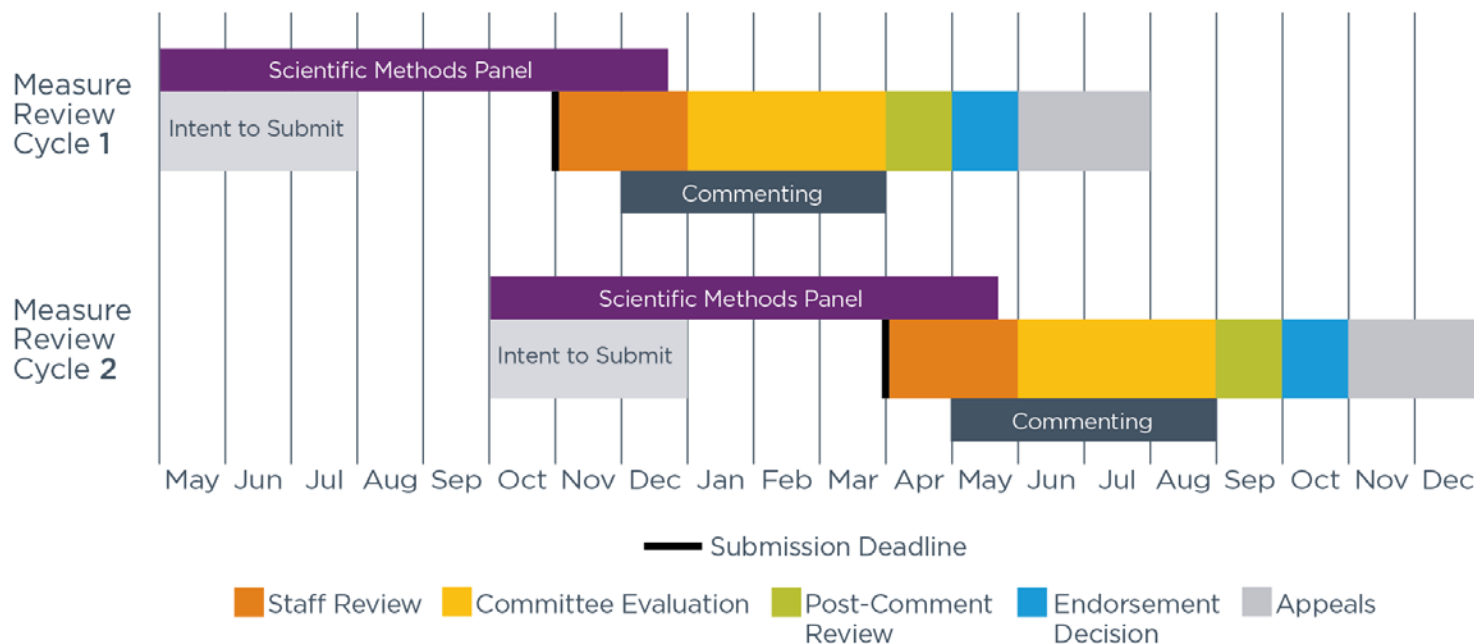
6 Steps for Measure Endorsement

- Intent to Submit
- Call for Nominations
- Measure Evaluation
 - *New structure/process*
 - *Newly formed NQF Scientific Methods Panel*
 - *Measure Evaluation Technical Report*
- Public Commenting Period with Member Support
- Measure Endorsement
- Measure Appeals

Measure Review: Two Cycles Per Year

Consensus Development Process:

Two Cycles Every Contract Year



15 New Measure Review Topical Areas

	All Cause Admission/Readmissions	Behavioral Health	
Cancer	Cardiovascular	Care Coordination	Infectious Disease
Cost and Resource Use	Endocrine	Eyes, Ears, Nose and Throat Conditions	Palliative and End-of Life Care
Gastrointestinal	Genitourinary	Health and Well Being	Musculoskeletal
Neurology	Patient Safety	Pediatrics	Perinatal
Person and Family-Centered Care	Pulmonary and Critical Care	Renal	Surgery



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

Denotes expanded topic area

^A Cost & Efficiency will include efficiency-focused measures from other domains

^B Geriatric & Palliative Care includes pain-focused measures from other domains

^C Patient Safety will include acute infectious disease and critical measures

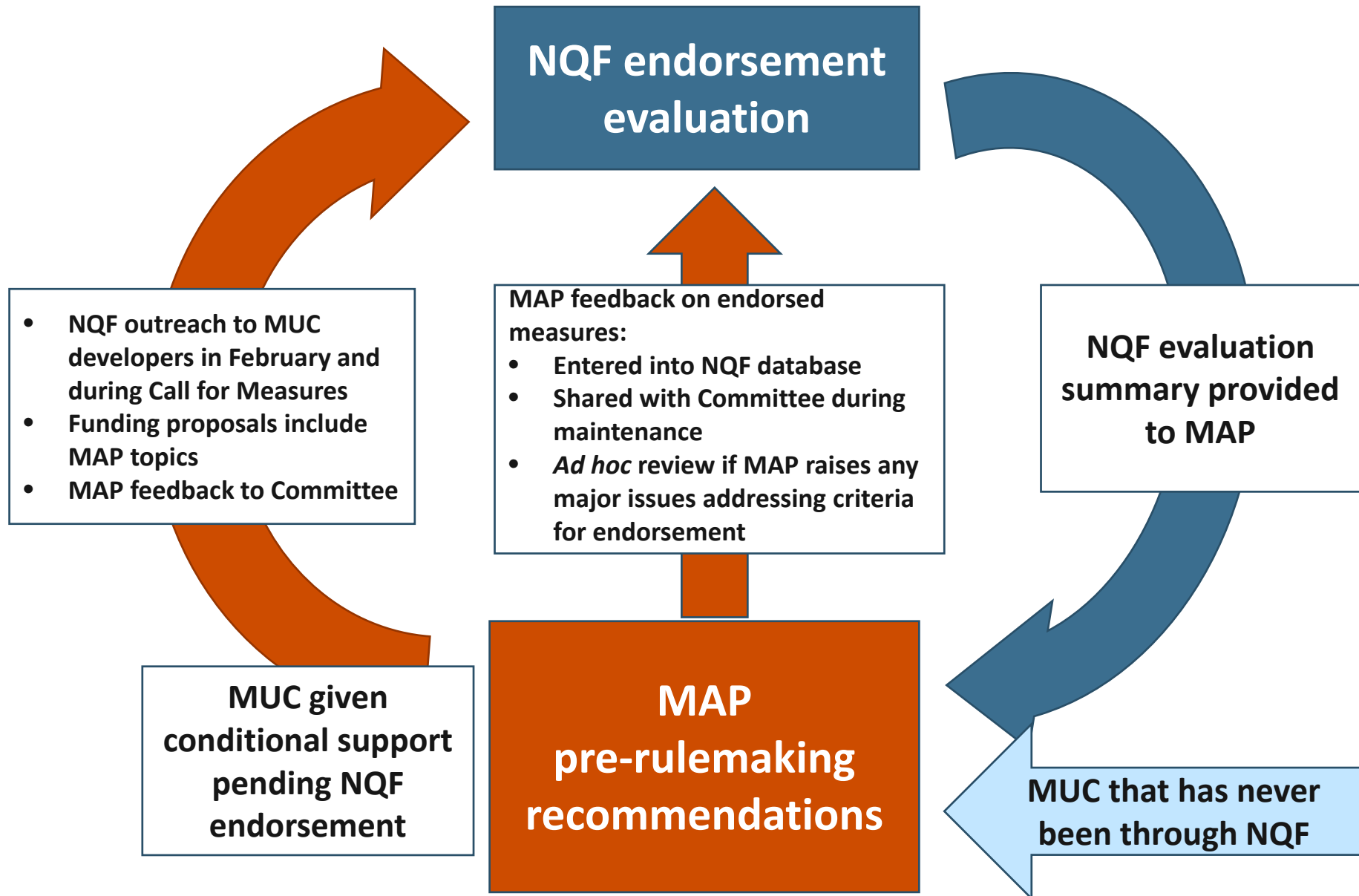
^D Prevention and Population Health is formerly Health and Well Being

Measure Application Partnership (MAP)

In pursuit of the National Quality Strategy, the MAP:

- Informs the selection of performance measures to achieve the goal of improvement, transparency, and value for all
- Provides input to HHS during pre-rulemaking on the selection of performance measures for use in public reporting, performance-based payment, and other federal programs
- Identifies gaps for measure development, testing, and endorsement
- Encourages measurement alignment across public and private programs, settings, levels of analysis, and populations to:
 - *Promote coordination of care delivery*
 - *Reduce data collection burden*

CDP-MAP INTEGRATION – INFORMATION FLOW



Role of the Standing Committee

General Duties

- Act as a proxy for the NQF multistakeholder membership
- Serve 2-year or 3-year terms
- Work with NQF staff to achieve the goals of the project
- Evaluate candidate measures against the measure evaluation criteria
- Respond to comments submitted during the review period
- Respond to any directions from the CSAC

Role of the Standing Committee

Measure Evaluation Duties

- All members evaluate ALL measures
- 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) meetings
- Work with NQF staff to achieve the goals of the project
- 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

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:
 - *Organize and staff SC meetings and conference calls*
 - *Guide the SC through the steps of the CDP and advise on NQF policy and procedures*
 - *Review measure submissions and prepare materials for Committee review*
 - *Draft and edit reports for SC review*
 - *Ensure communication among all project participants (including SC and measure developers)*
 - *Facilitate necessary communication and collaboration between different NQF projects*

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

Role of Methods Panel

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

Role of the Expert Reviewers

- In 2017, NQF executed a CDP redesign that resulted in restructuring and reducing the number of topical areas as well as a bi-annual measure review process
- Given these changes, there is a need for diverse yet specific expertise to support longer and continuous engagement from standing committees

Role of the Expert Reviewers

- The expert reviewer pool serves as an adjunct to NQF standing committees to ensure broad representation and provide technical expertise when needed
- Expert reviewers will provide expertise as needed to review measures submitted for endorsement consideration by:
 - *Replacing an inactive committee member;*
 - *Replacing a committee members whose term has ended; or*
 - *Providing expertise that is not currently represented on the committee.*
- Expert reviewers may also:
 - *Provide comments and feedback on measures throughout the measure review process*
 - *Participate in strategic discussions in the event no measures are submitted for endorsement consideration*

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

Non-Complex Measures

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

Questions?

Overview of NQF's Cardiovascular Portfolio

Cardiovascular 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. The first phase of this project will address topic areas including:
 - *Acute Myocardial Infarction (AMI)*
 - *Cardiac Surgery*
 - *Cardiac rehabilitation*
 - *Coronary Artery Disease*
 - *Percutaneous Coronary Intervention (PCI)*
- NQF solicits new measures for possible endorsement.
- NQF currently has more than 50 endorsed measures within the cardiovascular area. Endorsed measures undergo periodic evaluation to maintain endorsement—“maintenance”.

Cardiovascular Portfolio of Measures Under Review

Measures for maintenance evaluation

Percutaneous Coronary Intervention (PCI)

- **0133** In-Hospital Risk Adjusted Rate of Mortality for Patients Undergoing PCI
- **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

Rehabilitation

- **0642** Cardiac Rehabilitation Patient Referral From an Inpatient Setting
- **0643** Cardiac Rehabilitation Patient Referral From an Outpatient Setting

New Measure for evaluation

- **3309** Risk-Standardized Survival Rate (RSSR) for In-Hospital Cardiac Arrest

Cardiovascular Portfolio of NQF-Endorsed Measures

Atrial Fibrillation/Atrial Flutter

- **1525** Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
- **2474** Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation

Blood Pressure Control

- **0018** Controlling High Blood Pressure

Coronary Artery Disease

- **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
- **0070** Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
- **2906** Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%) – Legacy eMeasure

Cardiovascular Portfolio of NQF-Endorsed Measures

Cardiac Catheterization

- **0355** Bilateral Cardiac Catheterization Rate (IQI 25)
- **0715** Standardized adverse event ratio for children < 18 years of age undergoing cardiac catheterization

Cardiac Imaging

- **0669** Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low Risk Surgery
- **0672** Cardiac stress imaging not meeting appropriate use criteria: Testing in asymptomatic, low risk patients
- **0670** Cardiac stress imaging not meeting appropriate use criteria: Preoperative evaluation in low risk surgery patients

Statin Use

- **2712** Statin Use in Persons with Diabetes

Stent Placement

- **2379** Adherence to Antiplatelet Therapy after Stent Implantation
- **2396** Carotid artery stenting: Evaluation of Vital Status and NIH Stroke Scale at Follow Up

Cardiovascular Portfolio of NQF-Endorsed Measures

Implantable Cardioverter Defibrillator (ICD)

- 0965 Patients with an ICD implant who receive ACE-I/ARB and beta blocker therapy at discharge
- 0694 Hospital Risk-Standardized Complication Rate following Implantation of Implantable Cardioverter-Defibrillator (ICD)

Cardiovascular Implantable Electronic Device (CIED)

- 2461 In-Person Evaluation Following Implantation of a Cardiovascular Implantable Electronic Device (CIED)

Ischemic Vascular Disease

- 0068 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- 0073 Ischemic Vascular Disease (IVD): Blood Pressure Control
- 0076 Optimal Vascular Care

Cardiovascular Portfolio of NQF-Endorsed Measures

Heart Failure

- **0277** Heart Failure Admission Rate (PQI 8)
- **2438** Beta-Blocker Therapy (i.e., Bisoprolol, Carvedilol, or Sustained-Release Metoprolol Succinate) for LVSD Prescribed at Discharge
- **2443** Post-Discharge Evaluation for Heart Failure Patients
- **2455** Heart Failure: Post-Discharge Appointment for Heart Failure Patients
- **2450** Heart Failure: Symptom and Activity Assessment
- **2439** Post-Discharge Appointment for Heart Failure Patients
- **0083** Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- **2908** Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) (eMeasure paired with 0083)
- **0081** Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- **2907** Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) (eMeasure paired with 0081)
- **0079** Heart Failure: Left Ventricular Ejection Fraction Assessment (Outpatient Setting)
- **2764** 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 (Trial Use eMeasure)
- **0229** Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following heart failure (HF) hospitalization for patients 18 and older
- **0358** Heart Failure Mortality Rate (IQI 16)

Cardiovascular Portfolio of NQF-Endorsed Measures

Acute Myocardial Infarction (MI)

- **0090** Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain
- **0290** Median Time to Transfer to Another Facility for Acute Coronary Intervention
- **0142** Aspirin prescribed at discharge for AMI
- **0642** Cardiac Rehabilitation Patient Referral from an Inpatient Setting
- **0643** Cardiac Rehabilitation Patient Referral from an Outpatient Setting
- **0137** ACEI or ARB for left ventricular systolic dysfunction- Acute Myocardial Infarction (AMI) Patients
- **0071** Persistence of Beta-Blocker Treatment After a Heart Attack
- **2377** Defect Free Care for AMI
- **2473** Hospital 30-Day Risk-Standardized Acute Myocardial Infarction (AMI) Mortality eMeasure
- **0730** Acute Myocardial Infarction (AMI) Mortality Rate
- **0230** Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization for patients 18 and older.

Cardiovascular Portfolio of NQF-Endorsed Measures

Percutaneous Coronary Intervention (PCI)

- **2411** Percutaneous Coronary Intervention (PCI): Comprehensive Documentation of Indications for PCI
- **2452** Percutaneous Coronary Intervention (PCI): Post-procedural Optimal Medical Therapy
- **0671** Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)
- **0964** Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients
- **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
- **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
- **0133** In-Hospital Risk Adjusted Rate of Mortality for Patients Undergoing PCI
- **2459** Risk Adjusted Rate of Bleeding Events for patients undergoing PCI

NQF-Endorsed Cardiovascular Measures in Other Projects

Surgery

- **0114** Risk-Adjusted Post-Operative Renal Failure
- **0115** Risk-Adjusted Surgical Re-exploration
- **0116** Anti-Platelet Medication at Discharge
- **0117** Beta Blockade at Discharge
- **0118** Anti-Lipid Treatment Discharge
- **0119** Risk-Adjusted Operative Mortality for CABG
- **0122** Risk-Adjusted Operative Mortality MV Replacement + CABG Surgery
- **0123** Risk-Adjusted Operative Mortality for Aortic Valve Replacement (AVR) + CABG Surgery
- **0126** Selection of Antibiotic Prophylaxis for Cardiac Surgery Patients
- **0127** Preoperative Beta Blockade
- **0128** Duration of Antibiotic Prophylaxis for Cardiac Surgery Patients
- **0129** Risk-Adjusted Prolonged Intubation (Ventilation)
- **0130** Risk-Adjusted Deep Sternal Wound Infection Rate
- **0131** Risk-Adjusted Stroke/Cerebrovascular Accident
- **0134** Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG)
- **0696** The STS CABG Composite Score
- **1502** Risk-Adjusted Operative Mortality for MV Repair + CABG Surgery

NQF-Endorsed Cardiovascular Measures in Other Projects (continued)

Patient Experience and Function

- **2020** Adult Current Smoking Prevalence
- **0028** Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
- **1933** Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

Readmissions

- **0505** Hospital 30-Day All-Cause, Risk-Standardized Readmission Rate (RSSR) Following Acute Myocardial Infarction (AMI) Hospitalization
- **0330** Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSSR) Following Heart Failure Hospitalization

Removed Measures from Phase 4

Measure	Reason
0092 Emergency Medicine: Aspirin at Arrival for Acute Myocardial Infarction (AMI)	Measure was not submitted for maintenance review. Measure is considered “topped out, meaning it no longer addresses a performance gap area.
0163 Primary PCI received within 90 minutes of hospital arrival	Measure was not submitted for maintenance review. Measure is considered “topped out, meaning it no longer addresses a performance gap area.
0164 Fibrinolytic Therapy received within 30 minutes of hospital arrival	Measure was not submitted for maintenance review. Measure is considered “topped out, meaning it no longer addresses a performance gap area.
0288 Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	The Standing Committee expressed multiple concerns about the specifications, reliability, and validity of the measure. The measure did not pass overall suitability.

MAP Measures Under Consideration 2017

Clinician

- Optimal Vascular Care (MNCM)
- Ischemic Vascular Disease Use of Aspirin or Anti-platelet Medication (MNCM)
- ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI) (Acumen, LLC)
- Revascularization for Lower Extremity Chronic Limb Ischemia (Acumen, LLC)
- Elective Outpatient Percutaneous Coronary Intervention (PCI) (Acumen, LLC)
- Patient reported and clinical outcomes following ilio-femoral venous stenting (Society of Interventional Radiology)

Activities and Timeline *All times ET

Meeting	Date/Time
Cycle 1	
Orientation Call & QA Call	Tuesday, December 19, 3:00-5:00 PM
Committee Measure Evaluation Web Meeting #1	Monday, January 29, 1:00-3:00 PM
Committee Measure Evaluation Web Meeting #2	Tuesday, January 30, 3:00-5:00 PM
Committee Measure Evaluation Web Meeting #3	Wednesday, January 31, 3:00-5:00 PM
Committee Post-Meeting	Friday, February 9, 2:00-4:00 PM
Cycle 2	
Committee Measure Evaluation Tutorial Web Meeting	Thursday, May 24, 2:00-4:00 PM
Committee In-Person Meeting (1 day in Washington, D.C.)	Friday, June 22, 9:00 AM-5:00 PM
Committee Post-Meeting Web Meeting	Friday, June 29, 2:00-4:00 PM
Post Draft Report Comment Web Meeting	Thursday, August 16, 2:00-4:00 PM

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

Major Endorsement Criteria (page 28)

- **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:** 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 30-39)

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.

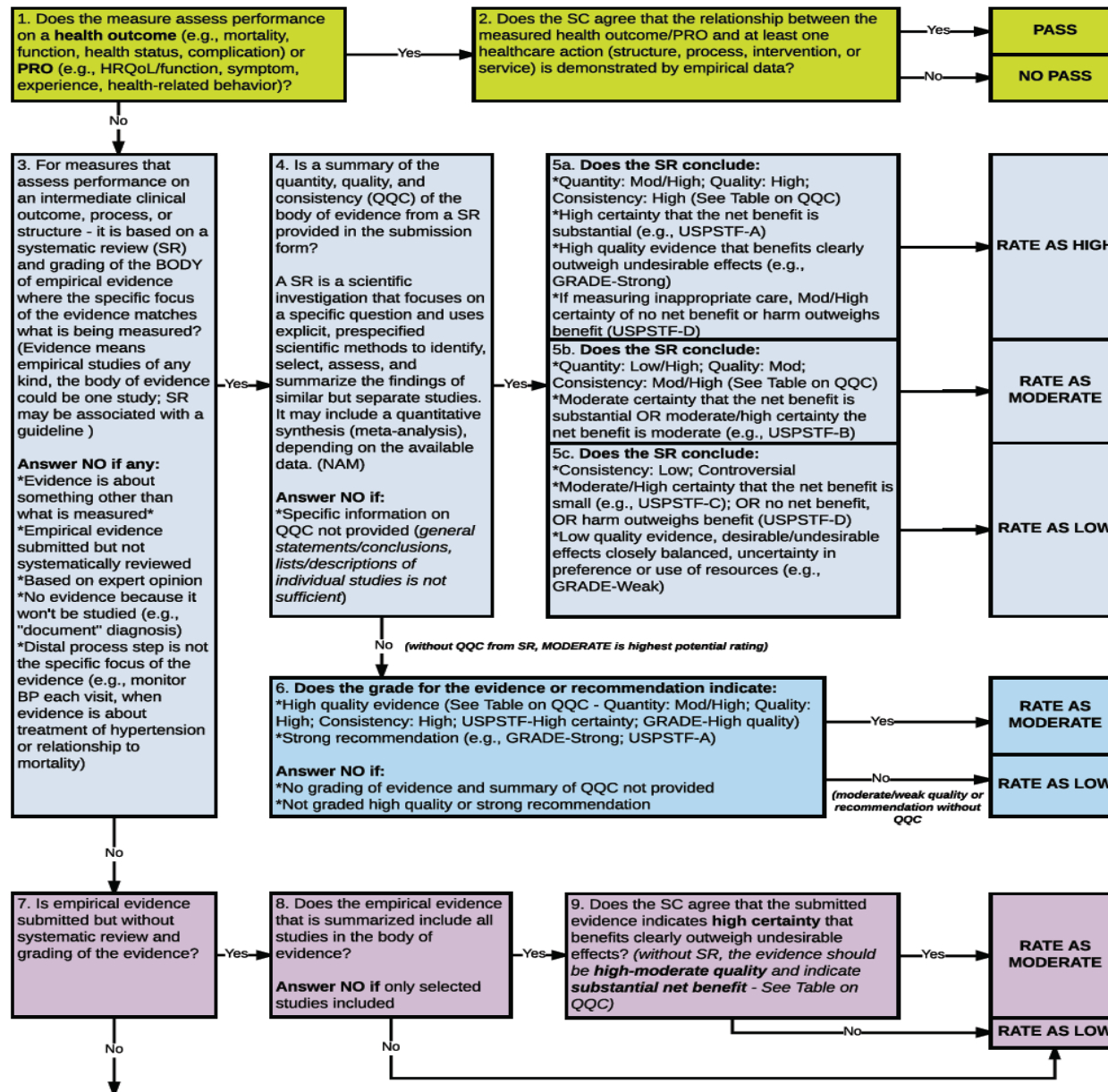
1a. Evidence: *the measure focus is evidence-based*

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)*

Subcriterion 1a: Evidence (page 31-37)

- 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.*



Criterion #1: Importance to measure and report

Criteria emphasis is different for new vs. maintenance measures

New measures	Maintenance measures
<ul style="list-style-type: none">• Evidence – Quantity, quality, consistency (QQC)• Established link for process measures with outcomes	<p>DECREASED EMPHASIS: Require measure developer to attest evidence is unchanged evidence from last evaluation; Standing Committee to affirm no change in evidence</p> <p>IF changes in evidence, the Committee will evaluate as for new measures</p>
<ul style="list-style-type: none">• Gap – opportunity for improvement, variation, quality of care across providers	<p>INCREASED EMPHASIS: data on current performance, gap in care and variation</p>

Criterion #2: Reliability and Validity—Scientific Acceptability of Measure Properties (page 39 -48)

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

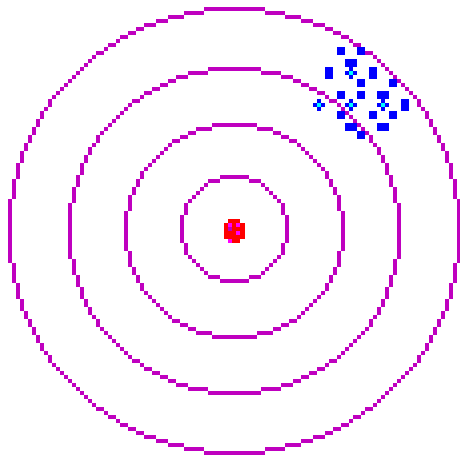
2b4. Identification of differences in performance

2b5. Comparability of data sources/methods

2b6. Missing data

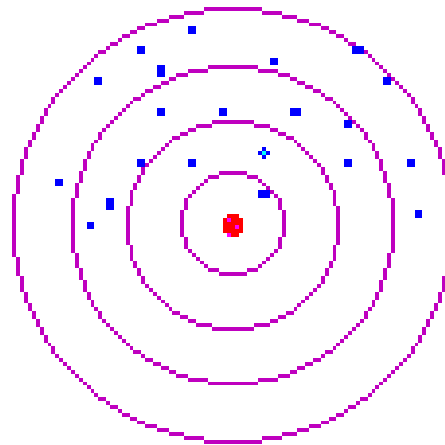
Reliability and Validity (page 40)

Assume the center of the target is the true score...



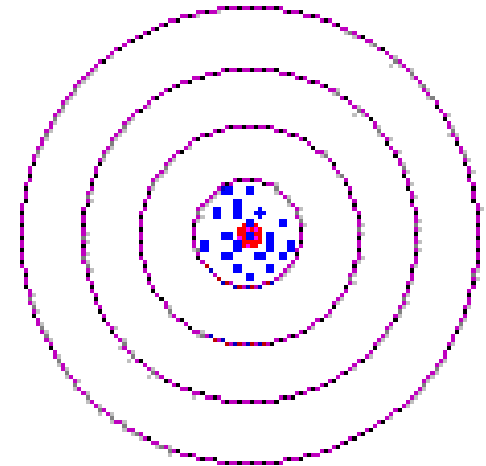
**Reliable
Not Valid**

Consistent,
but wrong



**Neither Reliable
Nor Valid**

Inconsistent &
wrong



**Both Reliable
And Valid**

Consistent &
correct

Evaluating Scientific Acceptability – Key Points (page 41)

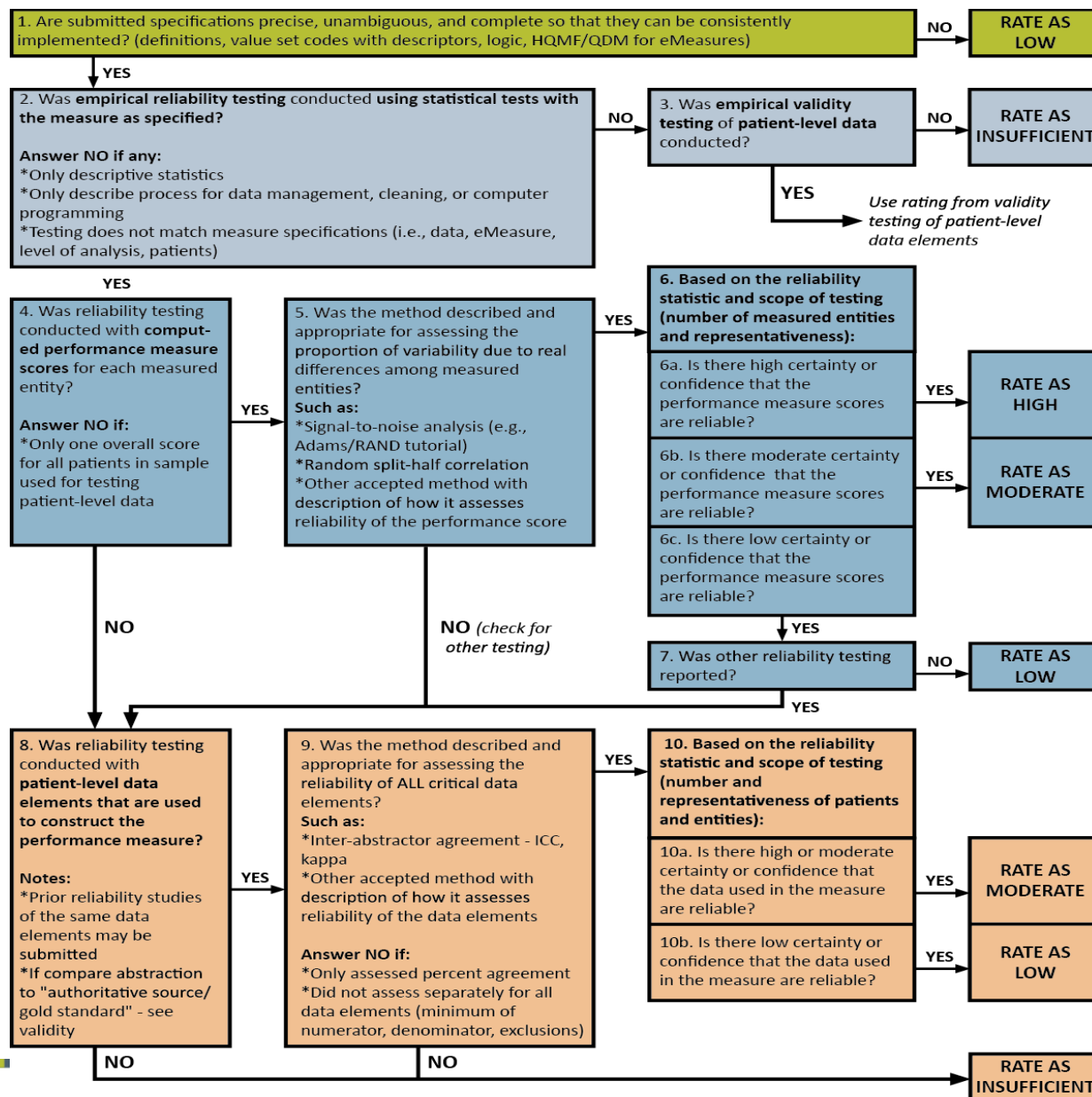
Empirical analysis to demonstrate the reliability and validity of the *measure as specified*, including analysis of issues that pose threats to the validity of conclusions about quality of care such as exclusions, risk adjustment/stratification for outcome and resource use measures, methods to identify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

Reliability Testing

Key points - page 42

- 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 43



Validity testing (pages 44 - 49)

Key points – page 47

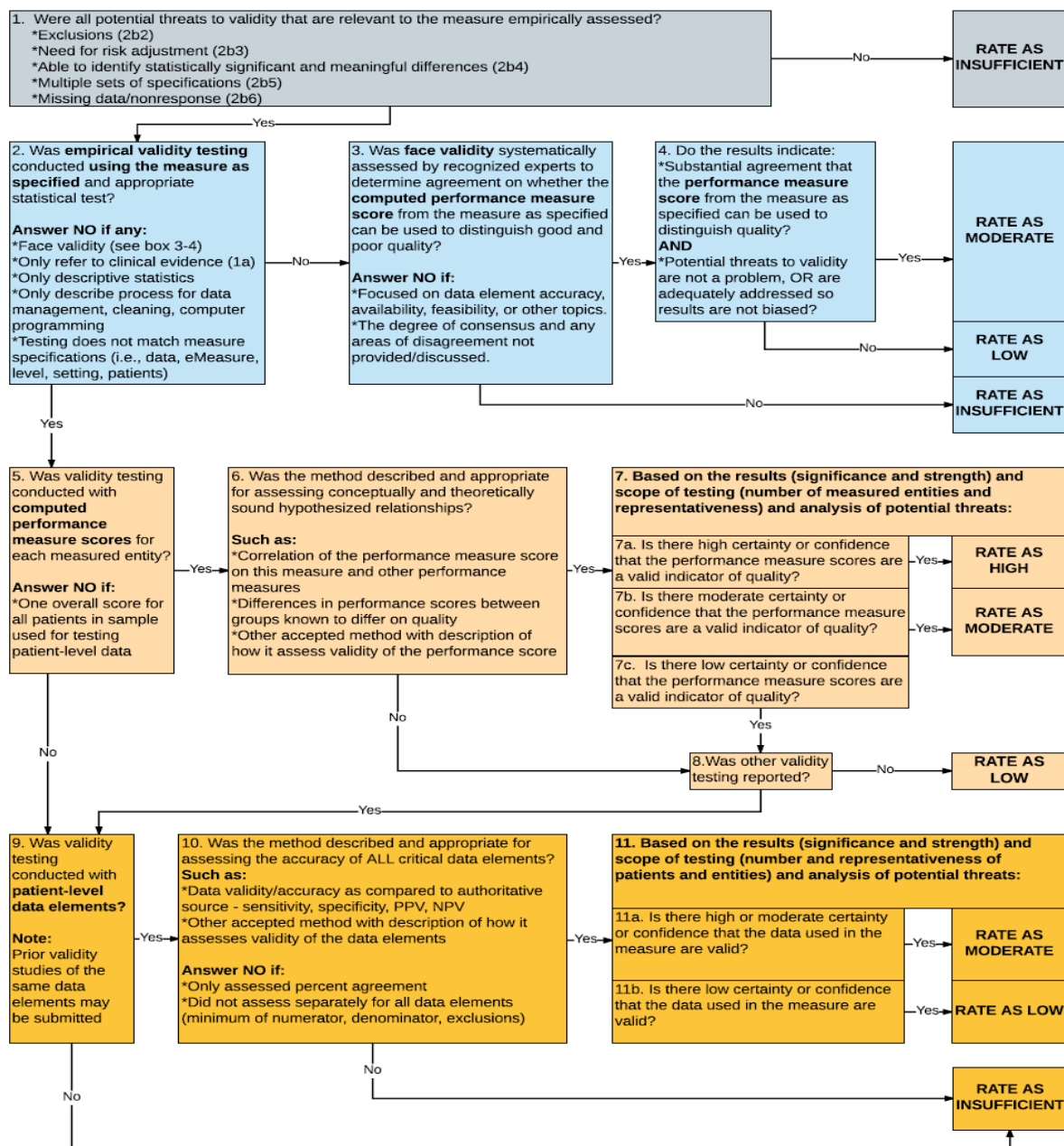
■ Empirical testing

- *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 48



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
<ul style="list-style-type: none">• Measure specifications are precise with all information needed to implement the measure	NO DIFFERENCE: Require updated specifications
<ul style="list-style-type: none">• Reliability• Validity (including risk-adjustment)	<p>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)</p> <p>Must address the questions regarding use of social risk factors in risk-adjustment approach</p>

Criterion #3: Feasibility (page 49)

Key Points – page 50

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 (page 50)

Key Points – page 51

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) Now 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

New measures	Maintenance measures
Feasibility	
<ul style="list-style-type: none">Measure feasible, including eMeasure feasibility assessment	NO DIFFERENCE: Implementation issues may be more prominent
Usability and Use	
<ul style="list-style-type: none">Use: used in accountability applications and public reporting	INCREASED EMPHASIS: Much greater focus on measure use and usefulness, including both impact and unintended consequences
<ul style="list-style-type: none">Usability: impact and unintended consequences	

Criterion #5: Related or Competing Measures (page 51-52)

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: Fall 2017 and 2018

- Gap can be based on literature and/or data based on ICD-9 or ICD-10 coding
- Submit updated ICD-10 reliability testing if available; if not, testing based on ICD-9 coding will suffice
- Submit updated validity testing
 - *Submit updated empirical validity testing on the ICD-10 specified measure, **if available***
 - ***OR** face validity of the ICD-10 coding scheme **plus face validity** of the measure score as an indicator of quality*
 - ***OR** face validity of the ICD-10 coding scheme **plus score-level** empirical validity testing based on ICD-9 coding*
 - ***OR** face validity of the ICD-10 coding scheme **plus data element** level validity testing based on ICD-9 coding, with face validity of the measure score as an indicator of quality due at **annual update***

eMeasures

- “Legacy” eMeasures
 - *Beginning September 30, 2017 all respecified measure submissions for use in federal programs will be required to the same evaluation criteria as respecified measures – the “BONNIE testing only” option will no longer meet endorsement criteria*
- For all eMeasures: Reliance on data from structured data fields is expected; otherwise, unstructured data must be shown to be both reliable and valid

Evaluation Process

- Preliminary analysis (PA): To assist the Committee evaluation of each measure against the criteria, NQF staff and Methods Panel (if applicable) will prepare a PA of the measure submission and offer preliminary ratings for each criteria.
 - *The PA will be used as a starting point for the Committee discussion and evaluation*
 - *Methods Panel will complete review of Scientific Acceptability criterion for complex measures*
- Individual evaluation: Each Committee member conducts an in-depth evaluation on all measures (responses collected via SharePoint)
 - *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 will discuss and rate each measure against the evaluation criteria and make recommendations for endorsement.
- **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**
- **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 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

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?*

Questions?

SharePoint Overview

SharePoint Overview

<http://share.qualityforum.org/Projects/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

SharePoint Overview

- Screen shot of homepage:

The screenshot shows the SharePoint homepage for the National Quality Forum Cardiovascular project. The header includes the NQF logo, the text 'NATIONAL QUALITY FORUM Cardiovascular > Home', and user tools like 'I Like It' and 'Tags & Notes'. A navigation bar contains links such as 'NQF Share', 'Intranet', 'Projects', 'CSAC', 'Councils', 'HHS', and 'SharePoint Help'. A search bar is set to 'All Sites'. A left sidebar lists navigation options: 'Committee Home' (with sub-links for Calendar, Links, Roster, and Contacts), 'Surveys' (with a link for Preliminary Measure Evaluation), 'Staff Home' (with a link for Staff Documents), 'Recycle Bin', and 'All Site Content'. The main content area is titled 'Cardiovascular' and is divided into three sections: 'General Documents', 'Measure Documents', and 'Meeting and Call Documents'. Each section contains a table of documents with columns for Type, Name, Modified, and Modified By. The 'General Documents' table lists four documents related to CDP policy and evaluation criteria. The 'Measure Documents' table lists one document under the sub-topic 'Heart Failure Symptoms Assessed and Addressed'. The 'Meeting and Call Documents' table lists one document for the '1/30/2014 Orientation Call'.

NATIONAL QUALITY FORUM Cardiovascular > Home

NQF Share Intranet **Projects** CSAC Councils HHS SharePoint Help All Sites

Committee Home
Committee Calendar
Committee Links
Committee Roster
Staff Contacts

Surveys
Committee Preliminary Measure Evaluation

Staff Home
Staff Documents

Recycle Bin
All Site Content

Cardiovascular

General Documents

Type	Name	Modified	Modified By
	CDP Standing Committee Policy	1/16/2014 2:38 PM	Wunmi Isijola
	Committee Guidebook	1/10/2014 10:20 AM	Wunmi Isijola
	Measure Evaluation Criteria Guidance 2013	1/16/2014 2:38 PM	Wunmi Isijola
	Measure Information- What Good Looks Like	1/16/2014 2:36 PM	Wunmi Isijola

[Add document](#)

Measure Documents

Measure Number	Name	Description	Measure Steward/Developer	Measure Sub-Topic
Measure Sub-Topic : (1)				
0521	Heart Failure Symptoms Assessed and Addressed	Percentage of home health episodes of care during which patients with heart failure were assessed for symptoms of heart failure, and appropriate actions were taken when the patient exhibited symptoms of heart failure.	Centers for Medicare & Medicaid	

[Add document](#)

Meeting and Call Documents




Type	Name	Modified	Modified By
Meeting Title : 1/30/2014 Orientation Call (1)			
	NQF Cardiovascular Project Orientation Agenda	1/28/2014 2:56 PM	Wunmi Isijola

[Add document](#)




SharePoint Overview

- Please keep in mind:
- + and – signs:



Measure Documents

 Measure Number	Name
 Measure Sub-Topic : (1)	
 Add document	

Meeting and Call Documents

 Type	Name
 Meeting Title : 1/30/2014 Orientation Call (1)	
 Add document	

Measure Documents

 Measure Number	Name	Description
0521	Heart Failure Symptoms Assessed and Addressed	Percentage of home health episodes heart failure were assessed for sym appropriate actions were taken whe heart failure.
 Add document		

Meeting and Call Documents

 Type	Name
 Meeting Title : 1/30/2014 Orientation Call (1)	
	NQF Cardiovascular Project Orientation Agenda 
 Add document	

Measure Worksheet and Measure Information

■ Measure Worksheet

- *Preliminary analysis, including eMeasure Technical Review if needed, and preliminary ratings*
- *Member and Public comments*
- *Information submitted by the developer*
 - » Evidence and testing attachments
 - » Spreadsheets
 - » Additional documents

Next Steps

Next Steps

- Preliminary Evaluation Survey
- Three Measure Evaluation Web Meetings
 - *Monday, January 29, 2018, 1:00-3:00 PM*
 - *Tuesday, January 30, 2018, 3:00-5:00 PM*
 - *Wednesday, January 31, 2018, 3:00-5:00 PM*

Project Contact Info

- Email: cardiovascular@qualityforum.org
- NQF Phone: 202-783-1300
- Project page:
http://www.qualityforum.org/Project_Pages/Cardiovascular.aspx
- SharePoint site:
<http://share.qualityforum.org/Projects/Cardiovascular/SitePages/Home.aspx>

Questions?

THANK YOU