NATIONAL QUALITY FORUM

Moderator: Cardiovascular Standing Committee
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Operator: This is Conference #: 98592703.

Welcome, everyone, the webcast is about to begin. Please note, today's call is being recorded. Please standby.

Vanessa Moy: Hello. Good afternoon, everyone. Welcome to the first orientation webinar for the Cardiovascular CDP Project. I just wanted to introduce myself and the rest of my NQF colleagues on this team. My name is Vanessa Moy and I'm the Project Analyst here. And I'll pass it on to my colleagues who will introduce their selves.

May Nacion: My name is May Nacion, I'm the Project Manager.

Melissa Mariñelarena: Hi. This is Melissa Mariñelarena the Senior Director. I'd like to welcome everyone back to another phase of cardiovascular. And for those committee members that are new, welcome to our project. And if you notice, May and Vanessa are new, so I'd like to welcome them to the team as well.

Vanessa Moy: OK. Thank you, Melissa. So just go over a brief overview of the agenda for the call today. So on this call, we planned to just give you an overview of National Quality Forum, NQF, the Consensus Development Process or the CDP, and our portfolio of current CV measures.

We'll also go over the major project activities and the timeline, orient you to the roles of the committee, the co-chairs and staff. Then, we'll also present a high level introduction to the measures evaluation criteria. Then, we'll tell

you more about our ongoing STS or social risk trial period. And then, finally, we'll show you where and how to access the information that you'll need for this project and discuss the next steps in the project.

So on the next slide, I just want to do a quick roll call for all of you, the standing committee. Just let us know, if you're here, that would be great.

I hear some – sorry, I hear some feedback on the call. If you don't mind muting your line, that would be great. I'll just start the roll call. Is Mary George here? OK, thank you.

Mary George: Can you still hear it when I mute it right now?

Vanessa Moy: Oh, yes, I can hear you. Is this Mary George? OK, thank you. Is Tomas Kottke here?

Tomas Kottke: Yes, this is Tom Kottke, Co-Chair. Thank you, everybody, for once again, re-upping for the standing committee and welcome to the new members.

Vanessa Moy: Thank you. Thanks, Tom. Is Sana Al-Khatib here? How about Carol Allred? OK. How about – is Linda Baas here?

Linda Baas: Yes, I'm here.

Vanessa Moy: Oh, hi, Linda. Is Linda Briggs? How about Leslie Cho?

Leslie Cho: Yes, here.

Vanessa Moy: Well, thank you. How about Joseph Cleveland? OK, Michael Crouch? How about Elizabeth DeLong? Kumar Dharmarajan? How about William Downey?

William Downey: Here.

Vanessa Moy: Hello. Thank you.

William Downey: Hi.

Vanessa Moy: How about Brian Forrest? Naftali Frankel? Ellen Hillegass?

Ellen Hillegass: Here.

Vanessa Moy: Hello.

Ellen Hillegass: Hi.

Vanessa Moy: Hello. How about Tomas James?

Tomas James: I'm here and I wouldn't miss it.

Vanessa Moy: That's great, thank you. Charles Mahan?

Charles Mahan: Here, thank you.

Vanessa Moy: OK, thanks. Joel Marrs? How about Gerard R. Martin? OK, Kristi Mitchell? How about Gary Puckrein?

Gary Puckrein: Here.

Vanessa Moy: OK, thank you. Nicholas Ruggiero? How about Susan Strong?

Susan Strong: Hello, it's Susan.

Vanessa Moy: Hello, thank you. How about Jason Spangler?

Jason Spangler: Present.

Vanessa Moy: OK, thank you. Mladen Vidovich? And how about Daniel Waxman? OK.

Is there anyone else that maybe just joined in the line or would like to introduce themselves?

Linda Briggs: Hi, it's Linda Briggs. I chatted that I'm here.

Vanessa Moy: OK, thank you. Thanks, Linda. And I believe there's a couple committee members who are here but they are waiting to get an open line. So we'll just see with that.

Melissa Mariñelarena: Yes, Kumar and Naftali, we see you up on the screen with your hands raised? If you haven't already dialed, into the numbers so that we can hear you, if you would do that, please. If not, you can send a message in the chat box.

Vanessa Moy: Thank you. So six steps we're just going to go over the overview of NQF, the CDP and Roles.

So just a little bit more about NQF, it was established in 1999 and it's a non-profit, non-partisan, membership-based organization that is recognized and funded by, impart, by Congress and entrusted with the important public service responsibility that brings together various public and private sector organizations that will reach consensus on how to measure quality and healthcare, as well as the nation to make it more better, safer and more affordable care.

So the mission of NQF is to lead national collaboration to improve health and healthcare quality through measurement. So part of the mission is to have an essential forum such as you, the standing committee.

So as a forum NQF, we have a approximately 430 organizational members, and the membership is the diverse group of members that includes hospitals and medical groups, health plans, physician societies and nursing organization, purchasers, consumers, and local- and state-based agencies and some more different other multistakeholder that we have in the membership group.

Also, we are – have a gold standard for quality measurement. And also we are a leadership in quality. One of the things that we value in NQF is transparency, so gradually, throughout this project, we'll upload everything that we do as open to the public, to the member participation, and also all materials for this project are accessible on our project website. So gradually, throughout the span of this project, we'll pay post-up webinar materials such as today's orientation call and the agenda. OK.

And just to talk a little bit more about NQF Activities in Multiple Measurement Areas. As you may know, one of the things that NQF does as

we do the CDP or Consensus Development Process for performance measurement endorsement. So currently, we have endorsed about over 600 NQF measures across multiple clinical areas, with about 15 and panel standing expert committees.

So the endorsement process is a six-step process that typically, recurs seven to eight months to complete. And the measures are typically, they're evaluated based upon NQF standard evaluation criteria. Those criteria are important to measure and report scientific acceptability of the measure, properties, the feasibility, usability and use, and also the related and competing measures. Those are the criteria of NQF.

And then, we also have MAP which is called the Measure Application Partnership which NQF advises HHS, the Department of Health and Human Services, on selecting measures for over 20 federal programs or Medicaid agencies.

Just a little background about MAP, it was created in response to the Affordable Care Act or ACA Provision in 2010, and it convenes private and public sector organizations that has a stake in measure improvement for federal health programs, and we also provide input to HHS on measures for public reporting, performance-based payment and other programs, as well as encouraging alignment across public programs between public and private sectors. We also provide a feedback on Medicare Programs, core measure sets for adults and children in Medicaid, health insurance exchanges and dual eligible beneficiaries.

There's also other activities that NQF participate in such as the National Quality Partners which convenes stakeholders around critical health and healthcare topics. Also have recent projects such as spurs action like antibiotic stewardship, the advanced illness care, and also the shared decision-making.

Also NQF currently is have framework projects, measurement framework and guidance also known as part of the measurement science which convenes private and public sector leaders to reach consensus on complex issues such as

healthcare performance measurement. Some of the projects that NQF have done previously includes HCBS or the health community-based services, telehealth and interoperability are some of the examples that has been done previously through this measurement science.

Also NQF – also has a measure incubator which facilitates efficient measurement development and testing also through collaboration and partnership with other organizations.

Just going to go over, just briefly, over the NQF Consensus Development Process or CDP. So this slide, we've got some of the revisions to the CDP that we initiated during the summer of 2017. As previously mentioned, there are six steps to the measure endorsement, I'll just briefly go over the steps.

The first one is intent to submit which is a brand new process for the CDP. May will talk more detail about the specific changes to each of the CDP process in upcoming slides. So little bit more about the intent to submit is that, NQF would require measure stewards or developers to submit an intent to submit form. That will be submitted at least three months prior to the designated cycles, measure submission deadline.

So for instance, the cycle two, the next intent to submit form would be on January 5th, for instance. So this intent to submit form will notify NQF with the measure steward or developers readiness to submit measures for endorsement consideration, and will allow adequate opportunity for technical assistance, for the measures prior to submitting the measures for evaluation.

And the other step for CDP includes the call for nominations, the measure evaluation which has different structures and components to it. One of the new parts of the measure evaluation step includes the newly formed NQF scientific methods panel. This panel would review the scientific accessibility of complex measures such as risk adjusted measure for composite measures, or any measures that maybe deemed, than use to go through the scientific methods panel that maybe complex, such as different rate – level rates.

Also another change to this process is the public commenting period with membership support. Instead of having separate comment period. This

period will be continuous and we'll open over a 16-week period. And the other two steps remain the same, the measure endorsement and measure appeals process. OK.

So on the slide, just a brief overview of the changes for the CDP, there are now two cycles per year that we ask for measure submission opportunities instead of one. Because there will be more opportunities for submission, NQF will limit the number of measures evaluated by you, the standing committee, in each cycles.

So for instance, for this cycle, we'll allow a maximum of 12 measures that can be up to eight maintenance measures and four that could be measures. But for the cycle, for instance, we have a total of five measures. And May would talk more about it in the upcoming slides. But it's just a depiction of the different parts and steps of the changes made to this new CDP process.

So on the slide, it shows the different topical areas. Originally NQF had 22 topical areas that have been reduced to the new 15 topical areas. As we can see, several committees were emerged into primary care and chronic illness. And two of them were merged into patient experience and function, had to know they're on the right hand side of the slide, by the different colors that are the new topical areas that have been merged.

NQF with the help of the qualified clinicians and counter experts created these topics areas after a thorough review and evaluation of NQF full portfolio. So the merging of these committees and the balancing of the NQF portfolio, they provide an adequate representation across different clinical topic areas and also equip committees with the need, the expertise to conduct the measure evaluation.

So this next slide, we did mention a little bit about MAP. Just to go through a little bit about it quickly. So MAP in pursuit of the National Quality Strategy, MAP informs the selection of performance measures which achieve the goal of improvement, transparency, and value for all. It also provides input to HHS during pre-rulemaking on the selection of performance measures that would be use in the public reporting, performance-based payment, and other

federal programs. It also identifies gaps for measure development, testing, and endorsement.

And as previously mentioned, encourages measurement alignment across public and private sectors. And also it helps with the levels of analysis and populations such as promoting coordination of care delivery and also reducing data collection burden.

So currently, MAP has provided input on over 200 measures which has been under consideration by HHS for almost nearly 20 federal performance measurement programs.

So on this next slide, I'm not going to go over it in detail, just going to give a brief overview. It's just showing the CDP and MAP integration, information flow, how it's interconnected or interrelated with one another. We're just talking MUC list and pre-rulemaking recommendations and also the endorsement evaluation part and how it all flows with one another.

I'll just pause for a bit and see if you have any questions. OK. If not, then just going to continue on just to the roles of you as the standing committee and your general duties.

You'll be acting as a proxy for the NQF multistakeholder membership and you'll also be serving a two- or three-year term as a standing committee. We'll also work together with – work together to achieve the goals of this project. And also throughout this process, you'll be evaluating measures against the measure evaluation criteria. As well as responding to comments submitted during the review period. And then, you also respond to any directions from the CSAC.

So as we bring you all together as experts to evaluate the measures in-depth and make recommendations to NQF membership for endorsement and also you'll be able – you'll also be voting on the measures as well.

As a note, as I mentioned previously, you'll be serving two- to three-year terms. And if you any objections to serving longer than two-year term, please let us know, and you can e-mail us through the project mailbox.

So the next slide, we'll talk a little bit more about your duties as you evaluate the measures. So as a member of this committee, you'll be evaluating all of the measures. And you also evaluate against the criterion. And also, you'll make recommendations to the NQF measurement membership for endorsement. Also you'll oversee the cardiovascular portfolio of measures which promote alignment and harmonization of measures for instance or identify any gaps in the measures portfolio.

As we mentioned also, we have two co-chairs on the standing committee. So as a role, as a co-chair, you'll be helping us to co-facilitate the standing committee meetings. You'll also work with us, the staff, to achieve the goals of the projects. Also assist NQF in anticipating questions and identifying additional information that maybe useful to the standing committee.

Keep track of the standing committee's goals and make sure that it's met without hindering critical discussion or input. You'll also represent this committee at CSAC meetings. And lastly, participate as a standing committee member.

So the next slide is just a little bit more information about our goals as an NQF staff and project team. We'll work with all of you, the standing committee to make sure the goals are met, and ensure there's adherence to the CDP process. We'll also organize and staff the meetings and conference calls. One of our other roles is to guide you as the standing committee do the steps of the CDP and advice on any NQF policy and procedures.

Another role is, we'll review measure submissions and prepare materials for you, the committee such as two days webinar, materials like the orientation slides and agenda. We'll also draft and edit reports for the standing committee to review and ensure communication among all project participants including you, the standing committee, and measure developers. Last, we'll facilitate necessary communication and collaboration between different NQF projects.

So additional roles at NQF is one of them is communication with you. We'll respond and also with the public, so we respond to NQF member or public queries about the project. We'll also maintain documentation or project

activities. We'll post project information to NQF's website since we've been very value transparency throughout this process.

We also work with measure developers to provide necessary information and communication to give the standing committee to fairly and adequately evaluate the measures for endorsement. Lastly, we'll publish a final project report. And also, in addition to the work with you, the standing committee, we also work with the public, and we'll also make sure that web information is up to date and accurate, and also to help the measure developers to the submission process.

Just to give you a little more information about the role of the newly form methods panel. So the scientific methods panel was created to ensure higher-level and more consistent reviews of the scientific acceptability portion of the measure criteria. So the methods panel is charged with conducting evaluation of complex measures for the scientific acceptability criterion, with a specific focus on reliability and validity analysis and results.

Also they'll serve as an advisory capacity to NQF on methodological issues or methodology including those that are related to measure testing, risk adjustment, and measurement approaches. The method panel review will also review – will help us review with inform the standing – you, standing committee to the endorsement decision. And the panel will not render endorsement recommendations.

So there's also a new part of the CDP process that maybe applicable or may not. It's also the role of expert reviewers. So in 2017, NQF recently executed a CDP redesign that resulted in restructuring and reducing the number of topical areas which we mentioned previously in the slides, as well as a bi-annual measure review process. So given these changes, there is a need for diverse or specific expertise to support longer and continuous engagement from you, the standing committee.

So due to the reduction of the topical areas to 15 instead of 22, we might have a pull-up expert reviewers to provide additional expertise and supporting for standing committee.

So just a little bit more on the next slide about the roles of the expert reviewers. They will serve as like an adjunct to the – to you, the standing committees, to ensure a more broad representation and provide technical expertise when needed. So the expert reviewers, they'll provide expertise to review the measures submitted for endorsement consideration by – might replacing an inactive committee member for instance. Or replace a committee members whose term has ended or provide expertise that is not currently represented on the committee.

So for the review – expert reviewers, they may also provide comments and feedback on measures throughout the measure review process. And also participate in strategic decisions in the event that no measures are submitted for endorsement consideration.

So a little bit more, the new role of the expert reviewer just presents a greater opportunity to streamline the committee member management process and to adjust some of the logistical challenges experience previously in the past. Still, the expert reviewers will still adhere to the standing committee policy. Also if, as previously mentioned, although each topical area does not have an expert reviewer pool but we wanted to bring this up just in case we – you might have expert panel, expert reviewer pool. If there is any gap on this particular committee, we would assess the reviewer pool first to determine if there's a gap and then fill it, fill this gap if needed.

So the next slide is the NQF concept CDP measure evaluation process. So for instance, for a complex measures, the scientific methods panel will evaluate these measures based upon the reliability and validity, and also provide a preliminary recommendation to NQF staff and the standing committee to you. So complex measures, so a little bit more about complex measures and how we define them. They maybe – they may include outcome measures such as inter including intermediate clinical outcomes or instrument-based measures like PRO-PMs, cost and resource use measures, appears just – some of the list of the complex measures.

So for non-complex measures, NQF staff will still complete the preliminary analysis against all of the measure evaluation criteria, including the scientific

acceptability criterion. So for both of these complex and non-complex measures, when the preliminary analysis is complete, NQF staff will send the preliminary analysis to the developers for review.

In the case that measures are rated by us, the staff, or the scientific methods panel as low or insufficient for reliability or validity, it will be removed from the current evaluation cycle, which would allow time for additional testing, and any clarification for NQF technical support or review prior to considerations of the measures in the future cycle.

For all other measures developers will have up to two weeks to provide further clarifications on the measures if needed.

And I'll just pause for a sec. I know I went through a lot of slides, don't know if any of you had any questions for us?

Tomas James: Yes, this is Tom James. My question is to where socioeconomic determinants of health fit in on any of this at this time?

Melissa Mariñelarena: Hi, this is Melissa. So the methods panel will take a look at that as part of risk adjustment since outcome measures will be going to the method's panel. But again, it's just a small part of the risk adjustment model that we look at.

We still ask the standing committee to look at it and consider STS risk adjustment as well. So I think we have one new measure, an outcome measure that we'll be going to the methods panel, but then, you know, they'll provide their input, but then the committee, again, will look at it as well. We do – it is expected for you to look at it. And like Vanessa said, the standing committee still makes the final recommendation.

Tomas James: OK. And I know that was in flux previously.

Vanessa Moy: Yes. You know, we ended – the initial trial ended – I think we have a slide on it. The initial trial ended earlier this year. And I think we're going to continue looking at STS. So we're still asking for outcome measures and really any measures still subject to the same conditions as they were before.

Tomas James: OK, thank you.

Vanessa Moy: Yes. Does anybody else have any questions? OK.

And I know a lot of you have been together for a long time and know a lot of this information. But it's been awhile since we got together and we have two new committee members that we want to be able to give this information to. And then, we also want to focus on the changes to the CDP process. So thank you for hanging in there with us on this, what's today, Tuesday afternoon?

Female: Yes.

Female: Yes.

Vanessa Moy: So now I'll hand it to May who will now talk more about the Cardiovascular Portfolio.

May Nacion: OK, next slide. So now we're just going to shift again to the cardiovascular portfolio. Next slide. OK, perfect.

So this project is (inaudible), there are two phases for the new CDP process. So this project will have two phases a fall and a spring phase. And we will evaluate measures related to CV condition that can be used for accountability and public reporting purposes.

So for the first phase the topic address will be AMI, Surgery, Rehabilitation, Coronary Artery Disease and PCI. Currently, we have over 50 endorsed CV measures and these measures periodically go through a maintenance process to maintain endorsement.

And so the measures are reviewed against all the evaluation criteria that are current at the time of the review. Because measures have been endorsed previously does not mean they are automatically expected to meet the current criteria. Next slide.

So just go into a little bit more detail. Listed here are the five measures the CV project will be reviewing in the space. So there are four maintenance

measures and one new measure which is the risk-standardized survival rate. That's a new measure. Next one.

So these won't – we won't go into a whole lot of detail in these next few slides but really this is just to illustrate the robust number of measures for CV disease and the various CV areas that already have the measures.

Next slide. Next slide. Next slide.

So this slide, oh, and the next four slides illustrates the large number of measures we actually have for the following areas which are heart failure, so next slide, thanks. We have a lot in heart failure.

AMI, we have a lot in AMI as well. Next slide.

PCI, next slide. And Surgery.

So here – this and the next slide also illustrates that we also have a lot of safety measures that are included in other NQF project. So here there's – all of these CV measures are actually included under Surgery. Next slide.

And we have CV measures under patient experience as well as readmission. Next slide.

So during the last CV phase, there were three measures that are previously endorsed by NQF but were not resubmitted for maintenance of endorsement. And so endorsement for these measures were removed. The Committee also removed endorsement for one maintenance measures which is number 0288, the last – last row on the slide. And because they expressed multiple concerns about the specifications, reliability and validity of the measure. Next slide.

And so time back to how MAP and CDP are integrated. Last week, there were three MAP workgroups that met to discuss the measures under consideration for measurement program. So, we actually have six CD related measures that were discussed during the MAP clinician workgroup meeting. One that's currently endorsed which is the optimal vascular care measure and then four other new measures.

Melissa, do you want to …

Melissa Marinelarena: Sure. So, I just wanted to give you just like a brief overview what happened at MAP. The Optimal Vascular Care measure was reviewed by you in CV 4, I believe, a little over year ago. They submitted – the measure developer submitted ischemic vascular disease use of aspirin or anti-platelet medication which is one of the components of the composite. And that one, just a recommendation that MAP makes is either support for rulemaking, conditional support for rulemaking and they'll attach different conditions on it, refine and resubmit prior to rulemaking or do not support for rulemaking.

The optimal vascular care measure was supported for rulemaking. The ischemic vascular disease use of aspirin or anti-platelet, one of the components to that measure was conditionally supported for rulemaking.

And the reason that one was conditionally supported is because there are some related measures already and some of the federal programs, some of the federal payment programs for clinicians.

The ST-elevation myocardial infarction with PCI and revascularization for lower extremity chronic limb ischemia, and elective outpatient percutaneous coronary intervention, those were also conditionally supported for rulemaking. The patient reported and clinical outcomes following ilio-femoral venous stenting, the workgroup – the recommendation was to refine and resubmit this measure prior to rulemaking. And the reason for that was because this measure is in early development and has not yet been tested.

Again, this is just the clinician workgroup that met last week. The reports in the spreadsheets will go out for comment beginning this Thursday, the 24th until early January. And then the coordinating committee which oversees – sort of like the overarching body from MAP will meet January 25th and 26th and finalize these recommendations.

Are there any questions about MAP? OK. If anybody has questions just let us know.

May Nacion: All right. And so last but not least for this section is the overview of all of our meetings for cycles 1 and cycle 2. For cycle 1, instead of in-person meeting, we're actually going to have three web meetings to discuss the measure evaluation, so that it'll start on January 29th and end on January 31st. For cycle 2, we will actually have a one day in-person meeting on June 22nd. Next slide.

So we're just going to move on to see if you've got any questions regarding the CV portfolio or any of the MAP discussions that Melissa discussed.

So if there are no questions, we're just going to move on to the next section which is the measure evaluation criteria overview. All right.

So, switching here, I'm just going to give you an overview of the changes although the site actually have more information, so much of the recent NQF guidance was actually established in 2010. The criteria have actually just been updated as of summer 2017. So the criteria themselves haven't changed but the guidance on how to evaluate the measures against the criteria have changed. Next slide.

So NQF endorses measures for accountability and quality improvement, but how do we decide what's good enough. So we've created a standardized criteria that is known to all. Our developers know what's expected and end users know that a measure has been evaluated in a certain way. Next slide.

There are five major criteria. That's criteria in our – are in a specific order. And the first one is importance to measure and report, followed by reliability and validity, feasibility, usability and use, and then measures compared to any related or competing measures, so criteria number one and two are must-pass criteria.

Just an FYI, there was page numbers at the top of the slide actually refer to the page numbers in the committee guidebook, which are on the NQF website as well as will be on your committee SharePoint pages. Next slide.

Criterion 1, Importance to Measure and Report. So here again, importance to measure and report doesn't necessarily speak to the topic is important. You

know, everything we do in healthcare is important but in terms of having the right measures, not everything needs to be measured. Next slide.

So there's going to be orange text from here on that and that really just reflects the recent changes to our criteria. So for the evidence sub-criteria of importance to measure and report, the requirements for evidence differ a bit depending on the type of measure. So outcome measures are inherently important and really are the reason that people want to know about healthcare delivery, so empirical data or performance data are needed.

Then the structure, process and intermediate outcome measures. The current requirements for this also apply to patient reported measures. Here we want to look at the quantity, quality and type of study for these. Published empirical studies with a systematic review in grading are desired. And expert panel decisions are not ideal source of evidence. Next slide.

This is actually just a picture of our algorithm and how you go about rating evidence. Depending on the information provided and your answers would determine the rating. Next slide.

This is an important slide. This actually just shows you the difference in emphasis placed on – on the – within sub-criterion based if it's a new measure or maintenance measure. For maintenance measures, there's a less emphasis on evidence if – is unchanged from the last evaluation. And increased emphasis on performance and gaps. Next slide.

Just friendly reminders for those aren't speaking if you could mute your line just in case. All right.

Moving on too quick here number two, is reliability and validity. This is a must. Again, this is a must-pass criteria.

Male: OK.

May Nacion: Hello? OK. The empirical evidence of reliability and validity is expected. Reliability and validity can be tested for data elements and/or the measure score. It does not have to be both. Testing can be done on samples, prior

evidence may be use as appropriate. If there's empirical evidence of data element validity, separate reliability of data elements is not required. Next slide.

This graphic illustrates the difference between reliability and validity. So note that in order to be valid the measure must be reliable but reliability does not guarantee validity. So we're always aiming for the third target here which is where all the measures are close to each other and to the center of the target. This portrays the measure that's both valid and reliable. Next slide.

So the key takeaway from this slide is that empirical analysis is required to demonstrate reliability and validity. Next slide.

So more about reliability. So when determining reliability, you have to look at testing, perform at the measure score or data element level. The key points here are what we mean by reliability of the measure score and data elements. So reliability of the measure score is a proportion of variation in scores due to systemic differences across the measured entities in relation to noise, so a signal to noise analysis. And while reliability of data elements is the repeatability of the data. Next slide.

So much like the algorithm for evidence, we also have an algorithm for rating reliability. So the developer test at the measure score and/or data element level. Based on that information was the testing method described appropriate. So, depending on this information and your answers determines the rating. Next slide.

Switching to validity, when determining validity, you also have to look at testing, again, perform at the measure score and/or data element level. Validity of the measure score assesses the correctness of conclusions about quality. And validity of data elements assesses the correctness of the data compared to a gold standard. In addition, there's also face validity.

Here the main point is that, for maintenance measures empirical validity is expected. However, we will still accept the face validity if its justification. And also the degree of consensus and any disagreement should be provided for face validity. Next slide.

So just like reliability, we have an algorithm for rating validity. And again depending on the information provided and what you answers to that – to that is determines the rating. Next slide.

With validity, you also have to consider any threats to that validity. So developer should have responded to questions on how they thought about potential threats to validity and assess the impact of these threats on the measure. Next slide.

So here the slide is important, and again, it's emphasizing the different place on reliability and validity depending on if it's a new measure or a maintenance measure. For maintenance measures, there's a decrease emphasis on scientific acceptability if there was no additional testing. However, the developer must address the questions regarding social risk factors in the risk-adjustment approach. Next slide.

Moving to criterion 3, feasibility. So here feasibility is, you know, is the data available, is it retrievable, can it be implemented. So well known and obviously more reason measures tend to be feasible with the established data collection strategies.

So with newer measures, you have to ask, you know, what the developers plan is, how does developer expect to collect this data, does that plan seem feasible and is there undo burden. Next slide.

For criterion 4, usability and use. Here the major point is that use is now a must-pass for maintenance measures. Next slide.

This slide again reiterating the point that for maintenance measures, there is increase emphasis on use and that it should be used in accountability application and public reporting. Next slide.

Criterion 5 was related or competing measures. So, here we really want to see what we can do to foster harmonization and make decisions about closely related and competing measures. So as a standing committee, you recommend a measure for endorsement. You may have to decide whether

there are any related or competing measures. And you may also have recommendations about how they should be handled. Next slide.

So this is regarding updates for measures that use ICD-10 coding and what is an acceptable submissions. So, some best practices for ICD-10 coding include using a team of clinical and coding experts, determining intent, using appropriate conversion tool that's – if desired, assessing from material changes if possible and soliciting stakeholder comments. Next slide.

Regarding e-measures, so changes here include eliminating the body testing only option for maintenance measures. And for all e-measures data from instructed fields is expected. Otherwise, unstructured data have to show both reliability and validity. Next slide.

So now we've gotten to the evaluation process. So there are essentially two ways, I guess you could say, of the evaluation. First is the preliminary analysis conducted by staff or the Methods Panel if applicable as a starting point for committee discussions and evaluation.

Next then is your individual evaluation. So each committee member is responsible for evaluating all the measures to be discussed. In addition, each member will also be assigned as lead discussants for some of the measures. It is their responsibility to lead the discussion of their assigned measures during the evaluation meeting. Next slide.

Just to discuss more about the evaluation process. So during the meeting which will be three days of webinars for us for the first cycle, the committee will evaluate each measure and provide a recommendation to endorse or not endorse the measure. Afterwards, you know, staff will write a draft report based on the evaluation meeting. Report will then be release for a three-day public commenting period and then we'll come back together for a post-comment call to discuss any public comments that we received. We will then present a recommendation to CSAC for final endorsement and if needed, go through appeals.

So this concludes our section on measure evaluation criteria. Next slide.

Any question? I know it's a lot. If there are no questions, I'll just keep moving.

So here we're just going to briefly talk about social risk. And so just give you a brief update on – on that work from – from NQF side. The next slide.

Just to give you a brief background, NQF convene an expert panel to consider if when and how outcome performance measures should be adjusted for socioeconomic status or related demographic factors. The Board review the results of the trial period and determine that there was still a need to launch a new social risk initiative. Next slide.

So for you as standing committee the key point really is that, you will evaluate the measure as a whole and including the appropriateness of the risk-adjustment approach used by the measure developer. Each measure must be assessed individually to determine if social risk adjustment is appropriate. And the social risk adjustment section is actually included as part of the validity sub-criterion, so that's where you'll find it once you start evaluating the measures.

And then we'll move on to questions. Any questions regarding social risk? I know that was quite brief. All right, we'll just keep plugging along and I'll turn it back over to Vanessa for SharePoint overview.

Vanessa Moy: Thank you, May. So just a little about the SharePoint overview.

So before I begin, just going through screen share of the SharePoint. Each of you should have received an e-mail with log-in information and details on how to access the SharePoint this week. This e-mail will be from NQF Nominations Department. So please reach out to use if you have not receive the e-mail from the nominations department this week and then we'll have the nominations department team assist you with getting the access to the SharePoint.

So just a little bit before I screen share, SharePoint is a platform that we use as NQF where we put up information throughout the span of this project that has the guidebooks, meeting materials and measure document.

And on this slide, you can click on the link and it will direct you to the SharePoint site. And let me just screen share, if you can hold for a bit.

So, on this screen share site, this is the screen – the homepage of the committee SharePoint. As you can see, it says cardiovascular. And under the reference material section, you can click on the links and it has a PDF file of those links that you may download into your desktop for instance.

If you're interested to know more about the new changes to the measure evaluation criteria and guidance, you can click on that here and it will direct you to download that file. And also if you click on the left-hand side, you see different tabs or links such as the committee calendar, committee roster and staff context.

So for instance, if you would like to know the current updates to the calendar, you can click on it on the left side. And then it shows you all of the different list – of the webinars and meetings throughout the cycle and next cycle as well.

And if you would like to get a hold of your committee standing members or colleagues, you can click on the committee roster. So it's delaying showing up but here on this list is all your names and contact information. And if you have an assistance e-mail address that you would like us to include on the SharePoint site, or in any calendar invites for a future webinar meetings or in-person meeting, just e-mail us, by through the project mailbox and we'll add it in here as well. Also if you like to get a hold of us, the staff, you will be able to see our contact information as well under staff contacts.

Also, as you scroll down below the committee homepage, let me go back to it, the homepage. If you scroll below, we're still in the process finalizing the measure document, but under here, you will be able to retrieve those measure documents with the measure worksheets. And also you also see the meeting and call documents here.

Let's see now, if you click on it – if you click on the plus sign, it will expand this document. Expand this where you can see the orientation webinar

materials that we discuss today such as the agenda and these orientations slides. And you can download this as well to your desktop and view it. We'll gradually update this throughout the stand of this project with all the webinar materials and also the measure documents as well.

Also, the next thing I'll go over, hold on if you can hold for a sec. I'll also go over the measure worksheet and measure information. So just a little bit briefly about the measure worksheet, there's different components to the measure worksheet, but the main portion would be the preliminary analysis, which us the staff will do ahead of time and also if possible the portion of it will go through the scientific methods panel if needed for the scientific accessibility portion.

So in the measure worksheet, we will have component such as the members and public comments section. And also it has information submitted by the measure developer such as evidence and testing attachments, spreadsheet, if they do provide it for us, and also any additional documents that the measure developer wanted you as a committee to view and see.

I'll just do a quick screenshot of the measure worksheet. So here is just the measure worksheet at the very top, it will just be a brief measure information with details of the specifications of a measure, such as – such as the numerator and denominator, the type of measure. For instance, this one is an outcome measure.

And also in this measure worksheet, you will also see different attachments to it, such as the testing attachment which will also include in this measure worksheet. And also, you also see the evidence attachment also will be also included in this measure worksheet as well. And this will be all included in SharePoint once we have it finalize and we'll also include all the preliminary analysis that we as a staff have completed as well.

So hold on a sec. OK.

So the next thing that I'll talk about is next steps for the project. So as May previously mentioned, we're also going to – after this call, we'll also send a preliminary evaluation survey. But we're still in the process of assigning work

groups and lead discussants for each of you to evaluate each of the measures. And in those assign groups, you will review the measure more in-depth, although, you are responsible to know the all the five measures in this current portfolio for the cycle.

So also listed on the slide are the dates for the measure evaluation web meetings. Please plan to attend all of these measure evaluation calls, as we will be talking very in-depth about each of these measures that we will assign you in the upcoming weeks.

And there are consecutive here, there are January 29th, January 30th, and January 31st. Also, I would like to say that for this cycle, we are having instead of in-person meeting, we'll be hosting of three measure evaluation web meetings for the cycle. So it is very important if you could attend these webinar meetings.

And also here on this next slide, is if you would like to get a hold of us, here is our project e-mail inbox, it's cardiovacular@qualityforum.org. If you also like to get a hold of us through phones, here is are phone number listed here.

As briefly mentioned, we value transparency, so throughout the project, you can also click on this project page link which would direct you to all the webinar materials and reports for this cardiovascular project. And also below it is the SharePoint site where you will have access this coming week from the nominations department, so if you click on, it should direct you to the platform, the SharePoint platform.

I'll pause, does any of you have any questions or comments? OK, I guess you don't have any questions or comments.

OK, are there any public comments? We could open up the line.

Operator: Ladies and gentlemen, if you would like to make a public comment, please press star one on your telephone keypad. Again, star one to make a public comment.

And currently, there are no public comments at this time.

Vanessa Moy: Perfect. OK, thank you very much.

Operator: We do have a public comment that just came into the queue, that will come from the line of Dr. Brian Forrest.

Brian Forrest: Hello.

Vanessa Moy: Hello.

Brian Forrest: Yes, this is Dr. Forrest. My line stayed muted the whole time, I just want to make sure you guys had me.

Vanessa Moy: We got you, thank you. Welcome back.

Brian Forrest: OK, all right.

Melissa Mariñelarena: Well, if there are no other question, we will give everybody an hour back of your time. Again, thank you all very much for working on this project with us again. We've been together some of us for a while now and welcome to our new members. If you have any additional questions, please let us know like May and Vanessa highlighted the changes but I think we're all still trying to implement them. So if there's any question, please do not hesitate to reach out to us.

OK. Well, everybody have a good day. You'll hear from us soon. Happy Holidays.

Male: Thank you.

Female: Thank you.

Male: Thank you very much.

Male: Thank you.

Female: Bye-bye.

Female: Thank you.

Operator: That will conclude today's conference call. You may now disconnect.

END