



TO: Composite Expert Panel
FR: Karen Pace, Karen Johnson, Elisa Munthali
SU: Orientation and Briefing for October 11, 2012 Conference Call
DA: October 5, 2012

On behalf of the National Quality Forum, we would like to welcome you to the Composite Measure Evaluation Expert Panel. The proposed [roster](#) is currently posted for 14-day review and comment before the appointments are finalized, but we are proceeding with the upcoming conference call.

The purpose of the call is to:

- orient panel members to the project;
- identify key questions/issues for discussion and resolution at the in-person meeting; and
- identify additional key references on composite measure methods to help inform the panel's deliberations.

Please use the following information to access the conference call:

Date/Time: Thursday, October 11, 12:00-2:00 pm ET

Title: Composite Measure Evaluation Guidance Expert Panel – Orientation Call

Please see the agenda for the telephone dial-in number and the meeting confirmation code.

Webinar: <http://nqf.commpartners.com/se/Rd/Mt.aspx?282198>

You will be prompted to enter your name, location (optional), and e-mail address. Then click on “Click here to enter presentation.”

For technical support, please e-mail nqf@commpartners.com.

Expert Panel Action

- Sign in to SharePoint to make sure you can access materials (login information sent separately via email). Let us know immediately if you cannot access the materials posted there.
- Review the prior NQF report and white paper on composite measures (available on SharePoint)
- Review this briefing memo and be prepared to discuss the key questions.
- Review the background information on NQF and identify any questions.

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PROJECT OVERVIEW

The purpose of the Composite Measure Evaluation Guidance Project is to review and update NQF's guidance on evaluating composite performance measures for potential NQF endorsement.

This project will follow NQF's Consensus Development Process (CDP), except there will be no voting. More information about the project and CDP is available at:

- [Composite Measure Evaluation Guidance Project Page](#)
- [Prior Composite Project Page](#)
- [SharePoint](#)
- [NQF CDP](#)

Project Timeline

Activity	Date
Conference Call	10/11; 12-2 pm ET
In-person meeting	11/2; 8-5 pm ET
Conference Call	11/15, 3-5 pm ET
Draft Report for Public Review and Comment	11/28-12/27
CSAC review of draft report for comment	12/10; 3-5 pm ET
Conference Call to adjudicate comments	1/3/2013
CSAC review of final recommendations	1/8/2013; 3-5 pm ET
Board Ratification	1/21/2013

Role of Expert Panel Members

The Expert Panel member appointments are made to an individual, not an organization; therefore, “substitutions” of other individuals from an organization for an appointed member at calls and meetings are not permitted. However, all meetings and expert panel calls are open to the public.

The activities of the Expert Panel include:

- Attend meetings and conference calls
- Participate in the discussions at the in-person meeting
- Review and provide feedback on draft papers and reports
- Help develop recommendations
- Review and respond to comments received on the draft report and recommendations

BRIEFING FOR 10/11 CONFERENCE CALL

The first composite evaluation guidance was developed in 2008. NQF has been receiving and evaluating composite measures since that time (Note: we are retrieving and will post a list of these measures on SharePoint). During that time NQF has updated guidance on evaluating evidence and measure testing and has implemented an online measure submission form. However, the composite measure submission form was not put online until last year. In addition to the need to realign the unique composite criteria with the latest guidance, an important set of methodological issues has emerged that needs further review, including:

- clarification regarding types of composite measures;
- when components of a composite should be NQF-endorsed;
- testing requirements for composite measures;
- the combination of process and outcome measures into a single composite versus a composite of processes paired with relevant outcome measures;
- cross-cutting versus condition-specific composite measures; and
- measure harmonization.

Clarification of what is classified as a composite performance measure for purposes of NQF endorsement

The term composite is a general term with many day-to-day uses. Composite performance measure methods are based primarily on the science of creating multi-item scales and NQF has additional evaluation criteria that must be met for endorsement of a composite measure. Therefore, composite measures must be correctly identified. NQF has defined a composite performance measure as follows:

A composite measure is a combination of two or more individual measures in a single measure that results in a single score.

The current guidance acknowledges there are different approaches to combining individual measures. The two most common ones seen in submissions to NQF are:

- all-or-none composites, for which the components are assessed at the patient level (e.g., whether each patient received each required process or suffered any complication, then aggregated for the healthcare entity); and
- composites for which the performance measure scores for the healthcare entity are combined in some way (such as a weighted average).

Several unique situations bear mentioning.

- Some all-or-none measures are simply submitted as requiring multiple conditions (e.g., assess vaccination status and administer flu vaccine).
- Although all-or-none measures have been referred to as composites, the opposite any-or-all measures (e.g., any or all of a list of complications) typically have not been referred to or submitted as composites.
- Some measures have been described as composites but individual measures were not combined at either the patient level or performance measure level, (e.g., volume was used to identify the shrinkage target in a hierarchical model). These measures were not classified as composites for NQF purposes.
- The current guidance already indicates that measures paired or grouped for purposes of reporting (but computed separately) are not considered composites. Lately, some developers have submitted measures such measures in one measure submission form, but specified so that scores are computed separately. This is still not a composite because one score is not produced.
- The performance measures derived from CAHPS have in the past been thought of as composites because they are constructed as multi-item scales. However, the CAHPS performance measures are based on separate domains and computed separately so they do not fit our current definition of a combination of individual measures that results in a single score.

The inconsistency in what has been considered a composite performance measure has resulted in inconsistent measure submissions and inconsistent evaluation of the additional analyses indicated for composite measures.

NQF-endorsement of individual components

The current guidance indicates that the component measures should be NQF-endorsed or evaluated as meeting the NQF criteria.

The components of the composite (i.e., individual measures or component composite measures) must be either NQF-endorsed measures or determined to meet the individual measure evaluation criteria as the first step in evaluating the composite measure. A component measure might not be important enough in its own right as an individual measure, but it could be

determined to be an important component of a composite. (This does not apply to subscales of scales/instruments that cannot be used independently of the total scale.)

It is unclear what is required when a component measure is not NQF endorsed.

- If a measure really meets NQF criteria, then there should be no reason it would not be “important enough” to be an individual performance measure.
- Some have interpreted “not important enough” as meaning the component does not need to meet the criteria for importance – high impact, performance gap, or evidence. If a component does not meet these criteria, particularly evidence and performance gap, then the basis for including it in a composite performance measure is unclear. For example, a performance measure of merely obtaining a lab test is not considered to meet the criteria of importance because it is so distal to the desired outcome and is often based on expert opinion; however, this type of component has been suggested for inclusion in a composite measure.
- Another question related to importance is whether balancing measures that do not meet the importance criteria should be included in a composite measure. A balancing measure is not the main focus of interest but is used to identify adverse consequences. For example, a performance measure about treating substance use that requires identification of patients with substance use problems will not be accurate if most patients are not even screened. Therefore, the screening measure might be considered a balancing measure. As another example, when measuring outcomes, a measure of case mix severity could be a balancing measure for concern about adverse patient selection. Some balancing measures would meet NQF criteria. For example, readmission might be a balancing measure for a performance measure on average length of stay.
- It also is unclear how to implement the guidance for all-or-none measures where the components are aggregated at the patient level and not necessarily based on individual performance measures. The evidence base for each individual component may not be clearly described, especially with the new guidance requiring quantity, quality, and consistency of the body of evidence.

Testing requirements for composite measures

Current criteria require testing for reliability and validity of the composite measure score (even if the individual measures have demonstrated reliability and validity). This requirement of empirical testing of reliability and validity of the composite measure score is consistent with the 2010 guidance on measure testing.

The additional testing requirements for composites include:

- Component analysis to demonstrate that the included components fit the conceptual construct;
- Component analysis to demonstrate that the included components contribute to the variation in the overall composite score;
- analysis to support selected weighting methodology; and
- Analysis of missing component score

Some of these additional testing requirements for composite measures are based on the science of multi-item scales. The current guidance recognizes that composite measures might not always be based on one underlying construct and thus the premise of inter-correlations might not apply; for such cases, the guidance indicates that the developer could submit other analyses with rationale. However, the requirement for analysis of contribution of individual components to the composite score seems to be relevant regardless of the approach to composite development. These analyses are not always submitted. Developers who have submitted all-or-none composite measures sometimes have not submitted them as a composite measure with the additional analyses.

Combination of process and outcome measures into a composite measure

The current guidance does not address the question of whether composite measures could include both process and outcome measures. NQF has endorsed composite measures of all process, all outcome, and combination of process and outcome. The rationale for combining process and outcome is not clear. Because health outcomes are integrative, reflecting the influence of multiple care processes and disciplines involved in the care, , a composite of the process measures *paired* with a separate outcome measure may be more conceptually consistent with the evidence and also may be more interpretable.

Cross-cutting versus condition-specific composite measures

One of the reasons for developing composite measures is to provide a summary measure about quality of care. When composite measures include components across conditions, information on performance on a specific diagnosis or procedure is no longer transparent, which may call into question the usefulness of such composite measures. For example, a hospital may be a center of excellence for one type of condition or procedure, but not for all. A composite measure that includes outcomes for a wide array of procedures or diagnoses may be dominated by those from the center of excellence and may not be representative of outcomes for the other conditions.

Measure harmonization

The challenges with measure harmonization are amplified with composite measures. Typically, more measures (involving multiple developers) will be involved in harmonization discussions. While using previously endorsed measures as the component measures will ensure harmonization often that has not occurred.

Key Questions for Discussion on 10/11 Conference Call

- Are there additional issues that should be addressed?
- Are there key references since the 2008 report and white paper that can help inform the panel's discussion and recommendations?
- What approach and/or resources will facilitate the Expert Panel's discussions and recommendations regarding evaluation of composite measures?

NQF BACKGROUND

Background information on NQF is available on the NQF website. Specific items of interest with hyperlinks are listed below.

National Quality Forum (NQF): www.qualityforum.org

NQF is a private, non-profit organization of more than 400 member organizations representing a variety of stakeholders. The National Quality Forum (NQF) operates under a three-part mission to improve the quality of American healthcare:

- Building consensus on national priorities and goals for performance improvement and working in partnership to achieve them;
- Endorsing national consensus standards for measuring and publicly reporting on performance; and
- Promoting the attainment of national goals through education and outreach programs.

NQF is a Standard setting organization and endorses voluntary consensus standards for:

- Performance measures
- Serious reportable events
- Preferred practices
- Frameworks

In addition, NQF is a neutral convener of stakeholders for identifying priorities and goals for healthcare quality and making recommendations for use of performance measures in federal programs for public reporting and performance-based payment.

- [NQF Mission and Vision](#)
- [NQF Governance and Leadership](#)
- [Membership](#)
- [National Priorities Partnership \(NPP\)](#)
- [Measure Applications Partnership \(MAP\)](#)
- [National Quality Strategy](#)

COMMUNICATION AND TRAVEL

NQF will communicate with Expert Panel members by email and SharePoint.

SharePoint

By now you should have received an email from NQF with your SharePoint log-in information. The link for the site is:

<http://share.qualityforum.org/Projects/Composite%20Measures%20Guidance%20Evaluation/SitePages/Home.aspx>

There is a SharePoint Help menu located on the top menu bar (with drop-down links).

Project staff will post all project documents to the SharePoint site. You can download files and save them to your desktop, print them, or just view them online. While you can “Create email alerts” that will notify you when documents are posted, we will also email the members via Outlook anytime we post files.

If you have questions about the SharePoint page, please don’t hesitate to call or email! This is a new feature we are implementing in response to past Committee member requests. We will be using it to help organize the many files we need to share with our Committees. We welcome your feedback on how it’s working.

In addition to being a document hub, SharePoint also contains a project calendar, contact information for project staff, and other features. As the project progresses, we’ll be implementing a discussion board and a survey tool.

Travel

The NQF Meetings Department will contact you next week to provide instructions for making travel arrangements for the November 2 in-person meeting.