



**NATIONAL  
QUALITY FORUM**

Driving measurable health  
improvements together

# Cost and Efficiency Fall 2020 Measure Review Cycle

## Measure Evaluation Standing Committee Meeting

Matthew Pickering, NQF Senior Director

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Taroon Amin, Consultant

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**Welcome**



## Housekeeping Reminders

- This is a Ring Central meeting with audio and video capabilities
  - ▣ (Optional) Dial-in: **1-(470)-869-2200**
  - ▣ Meeting ID: **149 876 0422**
- Please place yourself on mute when you are not speaking
- We encourage you to use the following features
  - ▣ Chat box: to message NQF staff or the group
  - ▣ Raise hand: to be called upon to speak
- We will conduct a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at [efficiency@qualityforum.org](mailto:efficiency@qualityforum.org)

## Cost and Efficiency Project Team



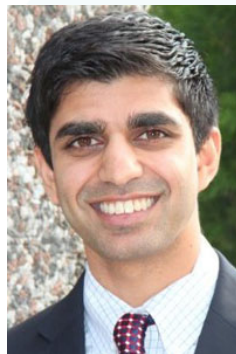
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## Agenda

- Introductions and Disclosures of Interest
- Overview of Evaluation Process and Voting Process
- Voting Test
- Measures Under Review
- Consideration of Candidate Measures
- Related and Competing Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

# Introductions and Disclosures of Interest

## Cost and Efficiency Standing Committee

Kristine Martin Anderson, MBA (Co-chair)

Sunny Jhamnani, MD (Co-chair)

Cheryl Damberg, PhD

Robert Bailey, MD

Bijan Borah, MSc, PhD

John Brooks, PhD

Cory Byrd

Amy Chin, MS

Lindsay Erickson, MPH

Risha Gidwani, DrPH\*

Emma Hoo

Sean Hopkins, BS

Jonathan Jaffery, MD, MS, MMM\*

Dinesh Kalra, MD\*

Donald Klitgaard, MD, FAAFP

Suman Majumdar, PhD\*

Alefiyah Mesiwala, MD, MPH

Pamela Roberts, PhD, MSHA, OTR/L\*

Mahil Senathirajah, MBA

Matthew Titmuss, DPT\*

Sophia Tripoli, MPH\*

Danny van Leeuwen, RN, MPH

\* denotes new standing committee members

# Overview of Evaluation Process and Voting Process





## Roles of the Standing Committee During the Evaluation Meeting

- Act as a proxy for the NQF multistakeholder membership
- Evaluate each measure against each criterion
  - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Cost and Efficiency measures



## Meeting Ground Rules

### **During the discussions, Committee members should:**

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times
- Keep comments concise and focused
- Allow others to contribute



## Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin Committee discussion for each criterion by:
  - ▣ Briefly explaining information on the criterion provided by the developer
  - ▣ Providing a brief summary of the pre-meeting evaluation comments
  - ▣ Emphasizing areas of concern or differences of opinion
  - ▣ Noting, if needed, the preliminary rating by NQF staff
    - » This rating is intended to be used as a guide to facilitate the Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Committee
- Full Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion



## Endorsement Criteria

- **Importance to Measure and Report (Evidence and Performance Gap):** Extent to which the 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 (**must-pass**).
- **Scientific Acceptability (Reliability and Validity):** Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**).
- **Feasibility:** Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use:** Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare (**must-pass** for maintenance measures).
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure.



## Voting on Endorsement Criteria

- Votes will be taken after the discussion of each criterion
- **Importance to Measure and Report**
  - ▣ Vote on Evidence (must pass)
  - ▣ Vote on Performance Gap (must pass)
  - ▣ Vote on Rationale - Composite measures only
- **Scientific Acceptability Of Measure Properties**
  - ▣ Vote on Reliability (must pass)
  - ▣ Vote on Validity (must pass)
  - ▣ Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
  - ▣ Use (must pass for maintenance measures)
  - ▣ Usability



## Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Overall Suitability for Endorsement**
- **Procedural Notes**
  - ▣ If a measure fails on one of the must-pass criteria, there is no further discussion or voting on the subsequent criteria for that measure; Committee discussion moves to the next measure.
  - ▣ If consensus is not reached, discussion continues with the next measure criterion.



## Achieving Consensus

- Quorum: 66% of active committee members (15 of 22 members).

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% - 60% yes	Consensus Not Reached (CNR)
<40% yes	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes.
- CNR measures move forward to public and NQF-member comment and the Committee will revote during the post-comment web meeting.
- Measures which are not recommended will also move on to public and NQF-member comment, but the Committee will not revote on the measures during the post comment meeting unless the Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.



## Committee Quorum and Voting

- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
  - ▣ Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Committee member leaves the meeting and quorum is still present, the Committee will continue to vote on the measures. The Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Committee during their absence.





# Evaluation Process Questions?

# Voting Test

# Measures Under Review



## NQF Scientific Methods Panel

- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The Panel's comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measures to be evaluated by the Standing Committee.
- Certain measures that do not pass reliability and/or validity are eligible to be pulled by a standing committee member for discussion and revote.



## Fall 2020 Cycle Measures

- **1 Maintenance Measure for Committee Review**
  - ▣ **2158** Medicare Spending Per Beneficiary (MSPB) Hospital (Acumen, LLC)



## NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of this measure:
  - **2158** Medicare Spending Per Beneficiary (MSPB) Hospital
- The measure passed with high rating on reliability and moderate rating for validity

# Consideration of Candidate Measures



## 2158 Medicare Spending Per Beneficiary (MSPB) Hospital

- **Measure Steward: Acumen, LLC**

- Maintenance measure

- **Brief Description of Measure:**

- The MSPB Hospital measure evaluates hospitals' risk-adjusted episode costs relative to the risk-adjusted episode costs of the national median hospital. Specifically, the MSPB Hospital measure assesses the cost to Medicare for Part A and Part B services performed by hospitals and other healthcare providers during an MSPB Hospital episode, which is comprised of the periods 3-days prior to, during, and 30-days following a patient's hospital stay. The MSPB Hospital measure is not condition specific and uses standardized prices when measuring costs. Beneficiary populations eligible for the MSPB Hospital calculation include Medicare beneficiaries enrolled in Medicare Parts A and B who were discharged between January 1 and December 1 in a calendar year from short-term acute hospitals paid under the Inpatient Prospective Payment System (IPPS).



# Related and Competing Discussion



## Related and Competing Measures

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.

	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	<b>Competing measures-Select best measure</b> from competing measures or justify endorsement of additional measure(s).	<b>Related measures-Harmonize</b> on target patient population or justify differences.
Different target patient population	<b>Related measures-Combine</b> into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue.



## Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- Committee will not be asked to select a best-in-class measure if all related and competing measures are not currently under review. Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.



## 2158 Related Measures

- 3574: Medicare Spending Per Beneficiary (MSPB) Clinician (this measure is no longer NQF-endorsed) (CSAC Not Approved) (Acumen, LLC)

Medicare Spending Per Beneficiary (MSPB) PAC measures:

- 3561: Medicare Spending Per Beneficiary – Post Acute Care Measure for Inpatient Rehabilitation Facilities (Acumen, LLC)
- 3562: Medicare Spending Per Beneficiary – Post Acute Care Measure for Long-Term Care Hospitals (Acumen, LLC)
- 3563: Medicare Spending Per Beneficiary – Post Acute Care Measure for Skilled-Nursing Facilities (this measure is no longer NQF-endorsed) (CSAC Not Approved) (Acumen, LLC)
- 3564: Medicare Spending Per Beneficiary – Post Acute Care Measure for Home Health Agencies (this measure is no long NQF-endorsed) (CSAC Not Approved) (Abt Associates)

# NQF Member and Public Comment

# Next Steps



## Measure Evaluation Process After the Measure Evaluation Meeting

- **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
- Staff compiles all comments received into a comment table which is shared with developers and Committee members
- Post-comment call: The Committee will reconvene for a post-comment call to discuss comments submitted
- Staff will incorporate comments and responses to comments into the draft report in preparation for the CSAC meetings
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision



# Activities and Timeline – Fall 2020 Cycle

\*All times ET

Meeting	Date, Time EST
Draft Report Comment Period	March 26 – April 26, 2021
Committee Post-Comment Web Meeting	June 2, 2021 2:00 pm – 4:00 pm
CSAC Review	June 29 – 30, 2021
Appeals Period (30 days)	July 7 – August 5, 2021





## Spring 2021 Cycle Updates

- Intent to submit deadline was January 5, 2021
- 8 measures submitted
  - ▣ 8 complex measures sent to the Scientific Methods Panel for review of scientific acceptability criterion
- Topic areas
  - ▣ PMPM (Cost per member per month)
  - ▣ Cardiovascular
  - ▣ Pneumonia
  - ▣ Arthroplasty
  - ▣ Lumbar Spine Fusion



## Project Contact Info

- Email: [efficiency@qualityforum.org](mailto:efficiency@qualityforum.org)
- NQF phone: 202-783-1300
- Project page:  
[http://www.qualityforum.org/Cost and Efficiency.aspx](http://www.qualityforum.org/Cost_and_Efficiency.aspx)
- SharePoint site:  
<https://share.qualityforum.org/portfolio/CostEfficiency/SitePages/Home.aspx> -

**Questions?**

**THANK YOU.**

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