

Cost and Efficiency Project

Technical Expert Panel Orientation Call

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Agenda for the Call

- Welcome and Introductions
- Role of Technical Expert Panel
- Overview of NQF and the Consensus Development Process
- Cost and Efficiency Measure Overview
- Overview of Measure Evaluation Criteria
- Public Comment
- Next Steps

NQF Staff

Project staff

- Ashlie Wilbon, Senior Director
- Kate McQueston, Senior Project Manager
- Kay Woods, Project Manager
- Taroon Amin, Consultant

NQF Quality Measurement leadership staff

Elisa Munthali, Senior Vice President

Orthopedic Surgery

- Timothy Henne, MD, Orthopedics Associate of Michigan
- Bryan Little, MD, Detroit Medical Center
- Anthony Mascioli, MD, University of Tennessee/ Campbell Clinic
- Kimberly Templeton, MD, University of Kansas Medical Center

Cardiology

- Tim Dewhurst, MD, FACC, Kaiser Permanente state of WA
- William Downey, MD, Atrium HealthCare System
- Sunny Jhamnani, MD, Dignity Health & Banner Health
- Mladen Vidovich, MD, University of Illinois/ Jesse Brown VA Medical Center

Neurology

- Ketan Bulsara, MD, Yale Department of Neurosurgery
- James Burke, MD, University of Michigan
- Millie Hepburn, PhD, Rn, SCRN, ACNS-BC, Pace University
- David Seidenwurm, MD, Sutter Health

Vascular Surgery

- Salvatore Scali, MD, FACS, RPVI, University of Florida
- Clifford Sales, MD, Overlook Medical Center
- Sherene Shalhub, MD, University of Wisconsin
- Christopher Smolock, MD, The Cleveland Clinic
- Theodore Hwan You, MD, University of Pittsburgh

Internal/Family Medicine

- Lindsay Botsford, MD, MBA/FAAFFP, Memorial Hermann Healthcare
- Scott Fields, MD, Chief Medical Officer, OCHIN

Ophthalmology

- Frank Burns, MD, Suburban Excimer Laser Center
- Kristen Carter, MD, Clarity Eye Care & Surgery
- David Vollman, MD, MBA, Washington University/ VA St. Louis Health Care System/ Center for Clinical Excellence BJC Healthcare

Gastroenterology

- Audrey Calderwood, MD, Dartmouth-Hitchcock Medical Center
- Doug Corley, MD, PhD, Kaiser Permanente Northern California/ University of California San Francisco
- Johannes Koch, MD, Virginia Mason Medical Center
- Larissa Temple, MD, Memorial Sloan-Kettering Cancer Center
- Brian Johnson, MD, Boston University

Role of Technical Expert Panel

Measure Evaluation Inputs to the Standing Committee





Cost and Efficiency: Spring 2019 Cycle

- Evaluation of eight new episode-based, clinician-level measures submitted for spring 2018 Cycle
 - » 3508 Elective Outpatient Percutaneous Coronary Intervention (PCI)
 - » 3509 Routine Cataract Removal with Intraocular Lens (IOL) Implantation
 - » **3510** Screening/Surveillance Colonoscopy
 - » 3511 Revascularization for Lower Extremity Chronic Critical Limb Ischemia
 - » 3512 Knee Arthroplasty
 - » 3513 Simple Pneumonia with Hospitalization
 - » **3514** Intracranial Hemorrhage or Cerebral Infarction
 - » 3515 ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)
- Steward is CMS/Acumen

TEP Measure Evaluation

- **1.** Review the measure specifications
- 2. Complete the measure feedback form and submit with preliminary evaluation
- 3. Attend public webinar in April to discuss clinical specifications with all TEP members
- 4. TEP feedback is summarized by NQF staff and provided to Standing Committee

Clinical Logic Evaluation

Clinical Logic

- To what extent is the measure population clinically appropriate?
- To what extent are the definitions used to identify the measure population clinically consistent with the intent of the measure?

Evidence to Support Clinical Logic

 To what extent does the submission adequately describe the evidence that supports the decisions/logic for grouping claims (i.e., identifying the measure population, exclusions) to measure the clinical condition for the episode?

Measure Trigger and End Mechanisms of the Episode

 Given the condition being measured, and the intent of the measure, describe the alignment of the length of the episode (including what triggers the start and end) with the clinical course of this condition.

Adjustments for Comparability – Inclusion/Exclusion Evaluation

Clinical Inclusions and Exclusions

- Describe the clinical relevancy of the exclusions to narrowing the target population for the episode, condition/clinical course or co-occurring conditions, and measure intent.
- Do the exclusions represent a large number or proportion of patients?
- To what extent is the rationale for clinical exclusions adequately described and clinically relevant?
- To what extent are the relevant conditions represented in the codes listed in the submission for clinical inclusions and exclusions?

Adjustments for Comparability – Risk-Adjustment Evaluation

Risk adjustment

- To what extent are the covariates (factors) included in the riskadjustment model clinically relevant and consistent with the measure's intent?
 - » Are there additional clinical factors that should be considered for inclusion? Factors that should be excluded?

Overview of NQF and Consensus Development Process (CDP)

The National Quality Forum: A Unique Role

Established in 1999, NQF is a nonprofit, nonpartisan, 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



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NQF Activities in Multiple Measurement Areas

Performance Measure Endorsement

- 600+ NQF-endorsed measures across multiple clinical areas
- **1**5 empaneled standing expert committees

Measure Applications Partnership (MAP)

Advises HHS on selecting measures for 20+ federal programs

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



Measure Review: Two Cycles Per Year

Consensus Development Process:

Two Cycles Every Contract Year



Cost and Efficiency Measure Overview

Cost and Efficiency Portfolio of Measures

- This project will evaluate measures related to Cost and Efficiency that can be used for accountability and public reporting for all populations and in all settings of care.
- NQF solicits new measures for possible endorsement
- NQF currently has seven endorsed measures within this topic area. Endorsed measures undergo periodic evaluation to maintain endorsement — "maintenance".
- No endorsed efficiency measures

Cost, Resource Use, Efficiency, and Value



Cost and Resource Use Measure Specifications

- No numerator and denominator like traditional process measures, closer to outcome measures in structure (e.g., score is calculated using an observed/expected ratio)
- Not based on clinical guidelines
- Specifications unique to cost measures
 - Costing method
 - Attribution
 - Resource use service categories
 - Construction logic
 - Clinical hierarchies & severities
 - Measure trigger and end mechanisms
 - Co-morbid interactions
 - Peer groups
 - Benchmarking and comparative estimates
 - Concurrency of clinical events

Overview of Measure Evaluation Criteria

Major Endorsement Criteria

- 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

Scientific Acceptability

 Reliability and Validity-scientific acceptability of measure properties

- Reliability
 - » Specifications
 - » Testing
- Validity
 - » Testing
 - » Exclusions
 - » Risk adjustment
 - » Meaningful differences in performance
 - » Multiple data sources
 - » Missing Data

Public Comment

Next Steps

Next Steps

- TEP members to complete TEP Feedback Form
 COB Monday, April 1, 2019
- Technical Expert Panel (TEP) Calls (1 hour)
 - **TEP** members to discuss their clinical evaluation of measure
 - » April 8, 12-1 pm ET-Gastroenterology TEP Call
 - » April 8, 2-3 pm ET-Ophthalmology TEP Call
 - » April 10, 12-1 pm ET-Orthopedic Surgery TEP Call
 - » April 10, 2-3 pm ET-Pneumonia TEP Call
 - » April 11, 12-1 pm ET-Vascular Surgery TEP Call
 - » April 11, 2-3 pm ET-Neurology TEP Call
 - » April 15, 12-1:30 pm ET-Cardiovascular TEP Call
- NQF staff will incorporate TEP feedback on measure and share with Cost and Efficiency Standing Committee in preparation for the Standing Committee's in-person meeting
 - June 27, 2019

Questions?

Project webpage: <u>https://www.qualityforum.org/Cost_and_Efficiency.aspx</u>

Project email address: <u>efficiency@qualityforum.org</u>

Thank You