



**NATIONAL
QUALITY FORUM**

Driving measurable health
improvements together

Cost and Efficiency, Spring 2021 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

Matthew Pickering, Senior Director
Janaki Panchal, Manager
Yemsrach Kidane, Project Manager
Sean Sullivan, Administrative Assistant
Taroon Amin, Consultant

July 9, 2021 & July 13, 2021

Funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001.

Welcome



Housekeeping Reminders

- This is a [Webex meeting](#) with audio and video capabilities
- Optional: Dial **1-844-621-3956** and enter access code **173 418 5245**
 - ▣ Password (if needed): CostSp2021
- 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.

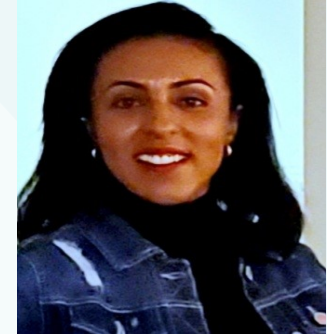
Cost and Efficiency Project Team



Matthew Pickering, PharmD
NQF Senior Director



Janaki Panchal, MSPH
NQF Manager



Yemsrach Kidane, PMP
NQF Project Manager



Sean Sullivan, MA
NQF Administrative Assistant



Taroon Amin, PhD, MPH
NQF Consultant

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 Spring 2021 Cycle 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 (*inactive*)

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

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 (High Impact and Performance Gap):** The measure addresses a demonstrated high-impact aspect of healthcare AND demonstrates resource use or cost problems and opportunity for improvement (**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 High Impact and 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 (14 of 21 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.

Spring 2021 Cycle Measures

- **Five Maintenance Measures for Standing Committee Review**

- ▣ **NQF #1598** Total Resource Use Population-based Per Member Per Month (PMPM) Index (HealthPartners)
- ▣ **NQF #1604** Total Cost of Care Population-based PMPM Index (HealthPartners)
- ▣ **NQF #2431** Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI) (Yale Center for Outcomes Research and Evaluation [Yale CORE])
- ▣ **NQF #2436** Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure (HF) (Yale CORE)
- ▣ **NQF #2579** Hospital-level, risk-standardized payment associated with a 30-day episode of care for pneumonia (PN) (Yale CORE)

- **No New Measures for Standing Committee Review**

NQF Scientific Methods Panel Review

- The Scientific Methods Panel (SMP) independently evaluated the Scientific Acceptability of all five measures:
 - ▣ **NQF #1598** Total Resource Use Population-based PMPM Index (HealthPartners)
 - ▣ **NQF #1604** Total Cost of Care Population-based PMPM Index (HealthPartners)
 - ▣ **NQF #2431** Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI) (Yale CORE)
 - ▣ **NQF #2436** Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure (HF) (Yale CORE)
 - ▣ **NQF #2579** Hospital-level, risk-standardized payment associated with a 30-day episode of care for pneumonia (PN) (Yale CORE)
- All five measures passed the SMP review.

Consideration of Candidate Measures

1598 Total Resource Use Population-based PMPM Index

- **Measure Steward:** HealthPartners

- ▣ Maintenance measure

- **Brief Description of Measure:**

- ▣ The Resource Use Index (RUI) is a risk adjusted measure of the frequency and intensity of services utilized to manage a provider group's patients.
 - ▣ Resource use includes all resources associated with treating members including professional, facility inpatient and outpatient, pharmacy, lab, radiology, ancillary and behavioral health services.
 - ▣ A Resource Use Index when viewed together with the Total Cost of Care measure (NQF-endorsed #1604) is intended to provide a more complete picture of population-based drivers of healthcare costs.

1604 Total Cost of Care Population-based PMPM Index

- **Measure Steward:** HealthPartners

- ▣ Maintenance measure

- **Brief Description of Measure:**

- ▣ Total Cost of Care reflects a mix of complicated factors such as patient illness burden, service utilization and negotiated prices. Total Cost Index (TCI) is a measure of a primary care provider's risk adjusted cost effectiveness at managing the population they care for.
- ▣ TCI includes all costs associated with treating members including professional, facility inpatient and outpatient, pharmacy, lab, radiology, ancillary and behavioral health services.
- ▣ A Total Cost Index when viewed together with the Total Resource Use measure (NQF-endorsed #1598) is intended to provide a more complete picture of population-based drivers of healthcare costs.

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 | Competing measures-Select best measure from competing measures or justify endorsement of additional measure(s). | Related measures-Harmonize on target patient population or justify differences. |
| Different target patient population | Related measures-Combine 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.
- Standing Committee will not be asked to select a best-in-class measure if all related and competing measures are not currently under review. Standing Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.



1598 Related Measures

- No related or competing measures specified



1604 Related Measures

- No related or competing measures specified

NQF Member and Public Comment

Next Steps



Activities and Timeline – Spring 2021 Cycle

*All times ET

| Meeting | Date, Time* |
|------------------------------------|---------------------------------------|
| Measure Evaluation Web Meeting #2 | July 13, 2021 10am – 5pm |
| Draft Report Comment Period | August 27 – September 27, 2021 |
| Committee Post-Comment Web Meeting | October 22, 2021, 2pm – 5pm |
| CSAC Review | November 30 – December 1, 2021 |
| Appeals Period (30 days) | December 7, 2021 – January 5, 2022 |



Project Contact Info

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- 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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Recap of Day 1

Voting Test

Consideration of Candidate Measures



2431 Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for acute myocardial infarction (AMI)

- **Measure Steward:** Yale CORE/Centers for Medicare & Medicaid Services (CMS)
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ This measure estimates hospital-level, risk-standardized payment for an AMI episode-of-care starting with inpatient admission to a short term acute-care facility and extending 30 days post-admission for Medicare fee-for-service (FFS) patients who are 65 years of age or older with a principal discharge diagnosis of AMI.



2436 Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure (HF)

- **Measure Steward:** Yale CORE/CMS

- ▣ Maintenance measure

- **Brief Description of Measure:**

- ▣ This measure estimates hospital-level, risk-standardized payment for a HF episode of care starting with inpatient admission to a short term acute-care facility and extending 30 days post-admission for Medicare FFS patients who are 65 years of age or older with a principal discharge diagnosis of HF.

Break



2579 Hospital-level, risk-standardized payment associated with a 30-day episode of care for pneumonia (PN)

- **Measure Steward:** Yale CORE/CMS

- ▣ Maintenance measure

- **Brief Description of Measure:**

- ▣ This measure estimates hospital-level, risk-standardized payment for an eligible pneumonia episode of care starting with inpatient admission to a short term acute-care facility and extending 30 days post-admission for Medicare FFS patients who are 65 years or older with a principal discharge diagnosis of pneumonia or principal discharge diagnosis of sepsis (not including severe sepsis) that have a secondary discharge diagnosis of pneumonia coded as present on admission (POA) and no secondary diagnosis of severe sepsis coded as POA.

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.

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1598 Related Measures

- No related or competing measures specified



1604 Related Measures

- No related or competing measures specified

2431 Related Measures

- NQF #0230: Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization
- NQF #0505: Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization.
- NQF #2158: Medicare Spending Per Beneficiary (MSPB) Hospital
- NQF #2436: Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure (HF)
- NQF #2579: Hospital-level, risk-standardized payment associated with a 30-day episode of care for pneumonia (PN)
- NQF #3474: Hospital-level, risk-standardized payment associated with a 90-day episode of care for elective primary total hip and/or total knee arthroplasty (THA/TKA)

2436 Related Measures

- NQF #0229: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization
- NQF #0330: Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following heart failure (HF) hospitalization
- NQF #2158: Medicare Spending Per Beneficiary (MSPB) Hospital
- NQF #2431: Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI)
- NQF #2579: Hospital-level, risk-standardized payment associated with a 30-day episode of care for pneumonia (PN)
- NQF #3474: Hospital-level, risk-standardized payment associated with a 90-day episode of care for elective primary total hip and/or total knee arthroplasty (THA/TKA)

2579 Related Measures

- NQF #0230: Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization
- NQF #0468: Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following pneumonia hospitalization
- NQF #0506: Hospital 30-day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization
- NQF #2158: Medicare Spending Per Beneficiary (MSPB) Hospital
- NQF #2436: Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure (HF)
- NQF #3474: Hospital-level, risk-standardized payment associated with a 90-day episode of care for elective primary total hip and/or total knee arthroplasty (THA/TKA)

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 Consensus Standards Approval Committee (CSAC) meeting
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision



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Questions?

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