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Cost and Efficiency, Spring 2020 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

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July 10, 2020

Welcome

Welcome

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Cost and Efficiency Project Team



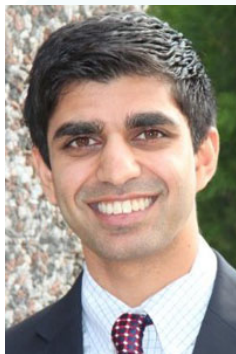
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Agenda

- Introductions and Disclosures of Interest
- Measures Under Review
- Overview of Evaluation Process and Voting Process
- 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 2020 Cycle Standing Committee

Cheryl Damberg, PhD (Co-chair)

Sunny Jhamnani, MD (Co-chair)

Kristine Martin Anderson, MBA

Robert Bailey, MD

Bijan Borah, MSc, PhD

John Brooks, PhD

Cory Byrd

Amy Chin, MS

Lindsay Erickson, MPH

Troy Fiesinger, MD, FAAFP

Emma Hoo

Sean Hopkins, BS

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Donald Klitgaard, MD, FAAFP

Lisa Latts, MD, MSPH, MBA, FACP

Jason Lott, MD, MHS, MSHP, FAAP

Alefiyah Mesiwala

Jack Needleman, PhD

Janis Orlowski, MD, MACP

John Ratliff, MD, FACS, FAANS

Mahil Senathirajah

Srinivas Sridhara, PhD, MHS

Danny van Leeuwen, RN, MPH

Measures Under Review

Spring 2020 Cycle Measures

■ Six New Measures for Committee Review

- 3561 Medicare Spending Per Beneficiary-Post Acute Care Measure for Inpatient Rehabilitation Facilities (Centers for Medicare and Medicaid Services/Acumen LLC)
- 3562 Medicare Spending Per Beneficiary – Post Acute Care Measure for Long-Term Care Hospitals (Centers for Medicare and Medicaid Services/Acumen LLC)
- 3563 Medicare Spending Per Beneficiary – Post Acute Care Measure for Skilled Nursing Facilities (Centers for Medicare and Medicaid Services/Acumen LLC)
- 3564 Medicare Spending Per Beneficiary – Post Acute Care Measure for Home Health Agencies (Centers for Medicare and Medicaid Services/Abt Associates)
- 3574 Medicare Spending Per Beneficiary (MSPB) Clinician (Centers for Medicare and Medicaid Services/Acumen LLC)
- 3575 Total Per Capita Cost (TPCC) (Centers for Medicare and Medicaid Services/Acumen LLC)

NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of all six measures.
- 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.



NQF Scientific Methods Panel Review

- All six measures passed the SMP review.
- Scientific Acceptability is a must-pass criteria. All six measures were evaluated to be methodologically sound for validity and reliability.

Overview of Evaluation Process



Roles of the Standing Committee ***During the Evaluation Meeting***

- Act as a proxy for the NQF multistakeholder membership
- Work with NQF staff to achieve the goals of the project
- Evaluate each measure against each criterion
 - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Cost and Efficiency measures



Ground Rules for Today's Meeting

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 Opportunity for Improvement):** Extent to which the measure focus demonstrates a high-impact aspect of healthcare, 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 (must pass)
 - ▣ Vote on Opportunity for Improvement (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 (e.g., 16 of 23 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



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 the missed measures.

Questions?

Voting Test

Consideration of Candidate Measures



3561: Medicare Spending Per Beneficiary (MSPB) – Post Acute Care (PAC) Measure for Inpatient Rehabilitation Facilities (IRFs)

- **Measure Steward:** Centers of Medicare and Medicaid Services/Acumen LLC
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ This measure was developed to address the resource use domain of the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act).
 - ▣ This resource use measure is intended to evaluate each IRF's efficiency relative to that of the national median IRF. Specifically, the measure assesses Medicare spending by the IRF and other healthcare providers during an MSPB episode.
 - ▣ The measure reports the ratio of the payment-standardized, risk-adjusted MSPB-PAC Amount for each IRF divided by the episode-weighted median MSPB-PAC Amount across all IRFs.

3562: Medicare Spending Per Beneficiary – Post Acute Care Measure for Long-Term Care Hospitals (LTCHs)

- **Measure Steward:** Centers of Medicare and Medicaid Services/Acumen LLC
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ This measure was developed to address the resource use domain of the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act).
 - ▣ This resource use measure is intended to evaluate each LTCH's efficiency relative to that of the national median LTCH. Specifically, the measure assesses Medicare spending by the LTCH and other healthcare providers during an MSPB episode.
 - ▣ The measure reports the ratio of the payment-standardized, risk-adjusted MSPB-PAC Amount for each LTCH divided by the episode-weighted median MSPB-PAC Amount across all LTCH facilities.

Lunch



3563: Medicare Spending Per Beneficiary – Post Acute Care Measure for Skilled Nursing Facilities (SNFs)

- **Measure Steward:** Centers of Medicare and Medicaid Services/Acumen LLC
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ This measure was developed to address the resource use domain of the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act).
 - ▣ This resource use measure is intended to evaluate each SNF's efficiency relative to that of the national median SNF. Specifically, the measure assesses Medicare spending by the SNF and other healthcare providers during an MSPB episode.
 - ▣ The measure reports the ratio of the payment-standardized, risk-adjusted MSPB-PAC Amount for each SNF divided by the episode-weighted median MSPB-PAC Amount across all SNFs.



3564: Medicare Spending Per Beneficiary – Post Acute Care Measure for Home Health Agencies

- **Measure Steward:** Centers of Medicare and Medicaid Services/Abt Associates
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ This measure was developed to address the resource use domain of the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act).
 - ▣ This resource use measure is intended to evaluate each home health (HH) agency's efficiency relative to that of the national median home health agency (HHA). Specifically, the measure assesses Medicare spending by the HHA and other healthcare providers during an MSPB-PAC HH episode.
 - ▣ The measure reports the ratio of the payment-standardized, risk-adjusted MSPB-PAC Amount for each HHA divided by the episode-weighted median MSPB-PAC Amount across all HHAs.

Break

3574: Medicare Spending Per Beneficiary Clinician

- **Measure Steward:** Centers of Medicare and Medicaid Services/Acumen LLC

- ▣ New measure

- **Brief Description of Measure:**

- ▣ This measure assesses the cost to Medicare for services by a clinician and other healthcare providers during an MSPB episode, which focuses on a patient's inpatient hospitalization.
- ▣ The MSPB episode spans from 3 days prior to the hospital stay ("index admission") through to 30 days following discharge from that hospital.
- ▣ The measure includes the costs of all services during the episode window, except for a limited list of services identified as being unlikely to be influenced by the clinician's care decisions and that are considered clinically unrelated to the management of care.
- ▣ The episode is attributed to the clinician(s) responsible for managing the beneficiary's care during the inpatient hospitalization. The MSPB Clinician measure score is a clinician's average risk-adjusted cost across all episodes attributed to the clinician. The beneficiary populations eligible for the MSPB Clinician measure include Medicare beneficiaries enrolled in Medicare Parts A and B during the performance period.

3575: Total Per Capita Cost

- **Measure Steward:** Centers of Medicare and Medicaid Services/Acumen LLC
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ The Total Per Capita Cost (TPCC) measure assesses the overall cost of care delivered to a beneficiary with a focus on the primary care they receive from their provider(s).
 - ▣ The measure is attributed to clinicians providing primary care management for the beneficiary, who are identified by their unique Taxpayer Identification Number and National Provider Identifier pair (TIN-NPI) and clinician groups, identified by their TIN number.
 - ▣ Clinicians are attributed beneficiaries for one year, beginning from a combination of services indicate that a primary care relationship has begun.
 - ▣ The resulting periods of attribution are then measured on a monthly level, assessing all Part A and Part B cost for the beneficiary for those months that occur during the performance period. The beneficiary populations eligible for the TPCC include Medicare beneficiaries enrolled in Medicare Parts A and B during the performance period.

Break

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.



3561 Related Measures

- 2158 : Medicare Spending Per Beneficiary (MSPB) – Hospital (CMS/Acumen LLC)



3562 Related Measures

- 2158 : Medicare Spending Per Beneficiary (MSPB) – Hospital (CMS/Acumen LLC)



3563 Related Measures

- 2158 : Medicare Spending Per Beneficiary (MSPB) – Hospital (CMS/Acumen LLC)



3564 Related Measures

- 2158 : Medicare Spending Per Beneficiary (MSPB) – Hospital (CMS/Abt Associates)



3574 Related Measures

- 2158 : Medicare Spending Per Beneficiary (MSPB) – Hospital (CMS/Acumen LLC)



3575 Related Measures

- 1604 : Total Cost of Care Population-based PMPM Index (CMS/Acumen LLC)

NQF Member and Public Comment

Next Steps

Activities and Timeline –Spring 2020 Cycle

*All times ET

Meeting	Date, Time
Draft Report Comment Period	August 10-September 08, 2020
Committee Post-Comment Web Meeting	July 28-29, 2020
CSAC Review	October 1, 2020, 3-5 PM ET
Appeals Period (30 days)	November 23-December 22, 2020



Fall 2020 Cycle Updates

- Intent to submit deadline: August 3, 2020
- Full Measure submission deadline: November 16, 2020



Project Contact Info

- Email: efficiency@qualityforum.org
- NQF phone: 202-783-1300
- Project page: <http://www.qualityforum.org/efficiency>
- SharePoint site:
<http://share.qualityforum.org/Projects/efficiency/SitePages/Home.aspx>

Questions?

THANK YOU.

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