



**NATIONAL
QUALITY FORUM**

Driving measurable health
improvements together

Cost and Efficiency, Spring 2022 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

LeeAnn White, Director

Isaac Sakyi, Manager

Tristan Wind, Analyst

Matilda Epstein, Associate

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Welcome

Housekeeping Reminders

- This is a Webex meeting with audio and video capabilities.
- Please mute your computer when not speaking.
- The system will allow you to mute/unmute yourself and turn your video on/off throughout the event.
- We encourage you to keep the video on throughout the event.
- 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 Standing Committee roll call once the meeting begins.

If you are experiencing technical issues, please contact the NQF project team at efficiency@qualityforum.org

Project Team — Cost and Efficiency (C&E) Committee



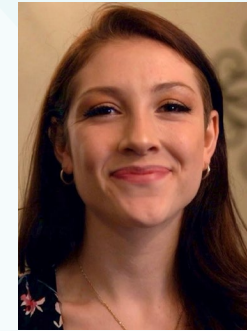
LeeAnn White,
MS, BSN
Director



Isaac Sakyi,
MSGH
Manager



Tristan Wind,
BS, ACHE-SA
Analyst



Matilda Epstein
MPH
Associate



Poonam Bal,
MHSA
Sr. Director



Victoria Quinones
AA, PMP
Project Manager



Taroon Amin,
PhD
Consultant

Agenda

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

Introductions and Disclosures of Interest

Cost and Efficiency Spring 2022 Cycle Standing Committee

- Sunny Jhamnani, MD (Co-Chair)
- Kristine Martin Anderson, MBA (Co-Chair)
- Robert Bailey, MD
- Bijan Borah, MSc, PhD
- Cory Byrd
- Amy Chin, MS
- Lindsay Erickson, MPH
- Risha Gidwani, DrPH
- Emma Hoo
- Sean Hopkins, BS
- Jonathan Jaffrey, MD, MS, MMM
- Dinesh Kalra, MD
- Suman Majumdar, PhD (*inactive*)
- Alefiyah Mesiwala, MD, MPH
- Pamela Roberts, PhD, OTR/L, SCFES, FAOTA, CPHQ, FNAP, FACRM
- Mahil Senathirajah, MBA
- Matthew Titmuss, DPT
- Sophia Tripoli, MPH
- Danny van Leeuwen, Opa, 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 the rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to NQF membership
- Oversee the portfolio of Cost and Efficiency measures

Meeting Ground Rules

- Be prepared, having reviewed the measures beforehand
- Respect all voices
- Remain engaged and actively participate
- Base your evaluation and recommendations on the measure evaluation criteria and guidance
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin the Standing 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; and
 - ▣ noting, if needed, the preliminary rating by NQF staff.
 - This rating is intended to be used as a guide to facilitate the Standing Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Standing Committee.
- The full Standing 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 (must pass)
- **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
- **Overall Suitability for Endorsement**

Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Procedural Notes**
 - ▣ If a measure fails on one of the must-pass criteria, there will be no further discussion or voting on the subsequent criteria for that measure; the Standing Committee discussion moves to the next measure.
 - ▣ If consensus is not reached, the discussion will continue with the next measure criterion, but a vote on overall suitability will not be taken.

Achieving Consensus

- Quorum: 66% of active Standing Committee members (12 of 18 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 based on the number of active and voting-eligible Standing Committee members who participate in the voting activity.
- Consensus Not Reached (CNR) measures move forward to public and NQF member comment, and the Standing Committee will re-vote during the post-comment web meeting.
- Measures that are not recommended will also move on to public and NQF member comment, but the Standing Committee will not re-vote on the measures during the post-comment meeting unless the Standing Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.

****The quorum denominator will change if any Standing Committee members are recused from discussion for a measure.***

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 unless 50% attendance is not reached.
- 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.
 - ▣ Standing Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Standing Committee member leaves the meeting and quorum is still present, the Standing Committee will continue to vote on the measures. The Standing Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Standing Committee during its absence.

Evaluation Process Questions?

Voting Test

Measures Under Review

Spring 2022 Cycle Measures

■ Three New Measures for Standing Committee Review

- **#3623** Elective Primary Hip Arthroplasty Measure (Centers for Medicare & Medicaid Services [CMS]/Acumen, LLC)
- **#3625** Non-Emergent Coronary Artery Bypass Graft (CABG) Measure (CMS/Acumen, LLC)
- **#3626** Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels Measure (CMS/Acumen, LLC)

NQF Scientific Methods Panel (SMP)

- The Scientific Methods Panel (SMP), consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The SMP'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 on reliability and/or validity are eligible to be pulled by a Standing Committee member for discussion and a revote.

NQF Scientific Methods Panel Review

- The SMP independently evaluated the scientific acceptability of the measures:
 - ▣ #3623 Elective Primary Hip Arthroplasty Measure (Centers for Medicare & Medicaid Services [CMS]/Acumen, LLC)
 - ▣ #3625 Non-Emergent Coronary Artery Bypass Graft (CABG) Measure (CMS/Acumen, LLC)
 - ▣ #3626 Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels Measure (CMS/Acumen, LLC)
- The SMP passed all measures.

Consideration of Candidate Measures

#3623 Elective Primary Hip Arthroplasty Measure

- **Measure Steward:** CMS/Acumen, LLC

- ▣ New Measure

- **Brief Description of Measure:**

- ▣ The Elective Primary Hip Arthroplasty episode-based cost measure evaluates a clinician's risk-adjusted cost to Medicare for patients who receive an elective primary hip arthroplasty during the performance period. The measure score is a clinician's risk-adjusted cost for the episode group averaged across all episodes attributed to the clinician. This procedural measure includes costs of services that are clinically related to the attributed clinician's role in managing care during each episode from the 30 days prior to the clinical event that opens or "triggers" the episode, through 90 days after the trigger. Patient populations eligible for the Elective Primary Hip Arthroplasty measure include Medicare beneficiaries enrolled in Medicare Parts A and B.

#3625 Non-Emergent Coronary Artery Bypass Graft (CABG) Measure

- **Measure Steward:** CMS/Acumen, LLC

- ▣ New Measure

- **Brief Description of Measure:**

- ▣ The Non-Emergent CABG episode-based cost measure evaluates a clinician's risk-adjusted cost to Medicare for patients who undergo a CABG procedure during the performance period. The measure score is the clinician's risk-adjusted cost for the episode group averaged across all episodes attributed to the clinician. This procedural measure includes costs of services that are clinically related to the attributed clinician's role in managing care during each episode from 30 days prior to the clinical event that opens, or "triggers," the episode through 90 days after the trigger. Patient populations eligible for the Non-Emergent CABG measure include Medicare beneficiaries enrolled in Medicare Parts A and B.

#3626 Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels Measure

- **Measure Steward:** CMS/Acumen, LLC

- ▣ New Measure

- **Brief Description of Measure:**

- ▣ The Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels episode-based cost measure evaluates a clinician's risk-adjusted cost to Medicare for patients who undergo surgery for lumbar spine fusion during the performance period. The measure score is the clinician's risk-adjusted cost for the episode group averaged across all episodes attributed to the clinician. This procedural measure includes costs of services that are clinically related to the attributed clinician's role in managing care during each episode from 30 days prior to the clinical event that opens, or "triggers," the episode through 90 days after the trigger. Patient populations eligible for Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels measure include Medicare beneficiaries enrolled in Medicare Parts A and B.

NQF Member and Public Comment

Next Steps

Measure Evaluation Process After the Measure Evaluation Meeting

- Staff will prepare a draft report detailing the Standing 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 the developers and Standing Committee members
- Post-comment call: The Standing Committee will reconvene for a post-comment call to discuss the comments submitted
- Staff will incorporate comments and responses to comments into the draft report in preparation for the Consensus Standards Approval Committee (CSAC) meeting
- The CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision

Activities and Timeline – Spring 2022 Cycle

***All times ET**

Meeting	Date, Time
Draft Report Comment Period	August 15, 2022 – September 13, 2022
Committee Post-Comment Web Meeting	TBD
CSAC Review	TBD
Appeals Period (30 days)	TBD

Project Contact Info

- Email: efficiency@qualityforum.org
- NQF phone: 202-783-1300
- Project page:
[https://www.qualityforum.org/Cost and Efficiency.aspx](https://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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