



NATIONAL
QUALITY FORUM

Cost and Efficiency Project

Technical Expert Panel Orientation Call (Orthopedic Surgery)

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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

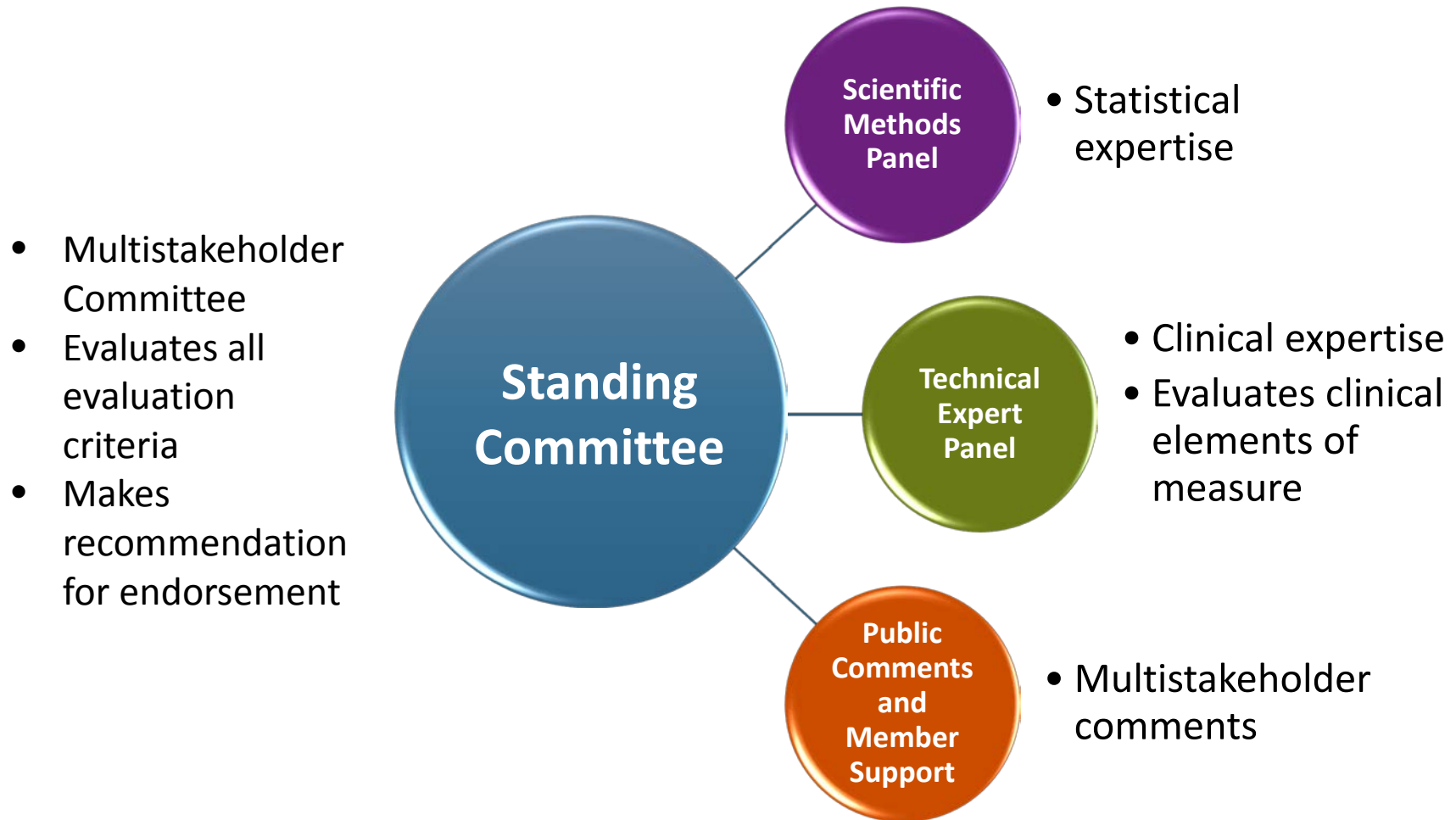
- Project staff
 - ▣ *Ashlie Wilbon, Senior Director*
 - ▣ *Kate McQueston, Senior Project Manager*
 - ▣ *Poonam Bal, Senior Project Manager*
 - ▣ *Hiral Dudhwala, Project Manager*
 - ▣ *Taroon Amin, Consultant*
- NQF Quality Measurement leadership staff
 - ▣ *Elisa Munthali, Senior Vice President*

Technical Expert Panel

- 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

Role of Technical Expert Panel

Measure Evaluation Inputs to the Standing Committee



Cost and Efficiency: Fall 2018 Cycle

- Evaluation of one new measure submitted for fall 2018 Cycle
 - ▣ 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)*
 - ▣ *Steward is CMS/Yale-CORE*
- Anticipate submission of one episode-based orthopedic surgery measure in spring 2019

TEP Measure Evaluation

1. Review the measure specifications
2. Complete the measure feedback form and submit with preliminary evaluation
3. Attend public webinar in January 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 risk adjustment 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



NQF Activities in Multiple Measurement Areas

- **Performance Measure Endorsement**

- *600+ NQF-endorsed measures across multiple clinical areas*
- *15 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**

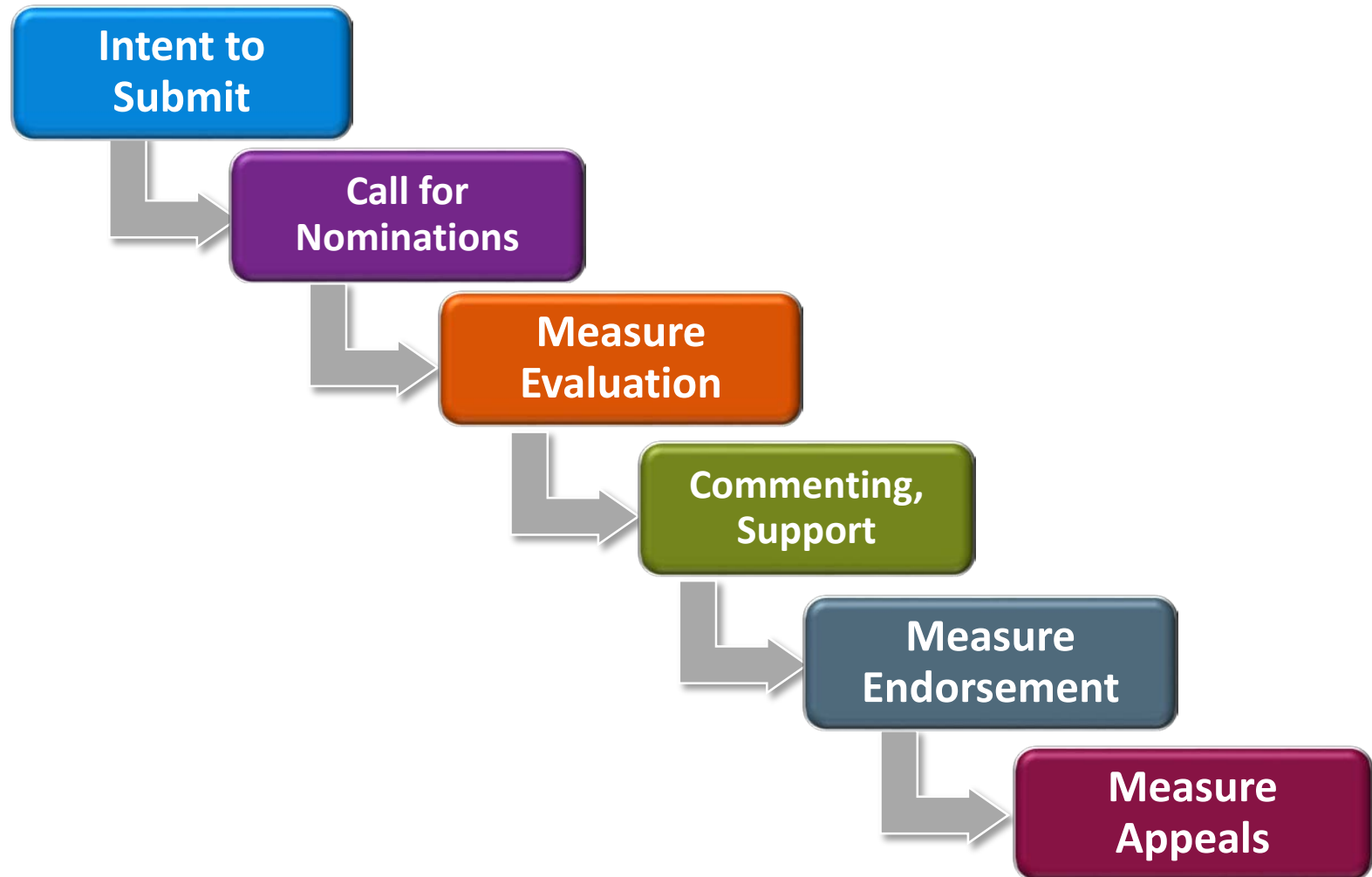
- *Convenes private and public sector leaders to reach consensus on complex issues in healthcare performance measurement*
 - » Examples include HCBS, rural issues, telehealth, interoperability, attribution, risk adjustment for social risk factors, diagnostic accuracy, disparities

- **Measure Incubator**

- *Facilitates efficient measure development and testing through collaboration and partnership*

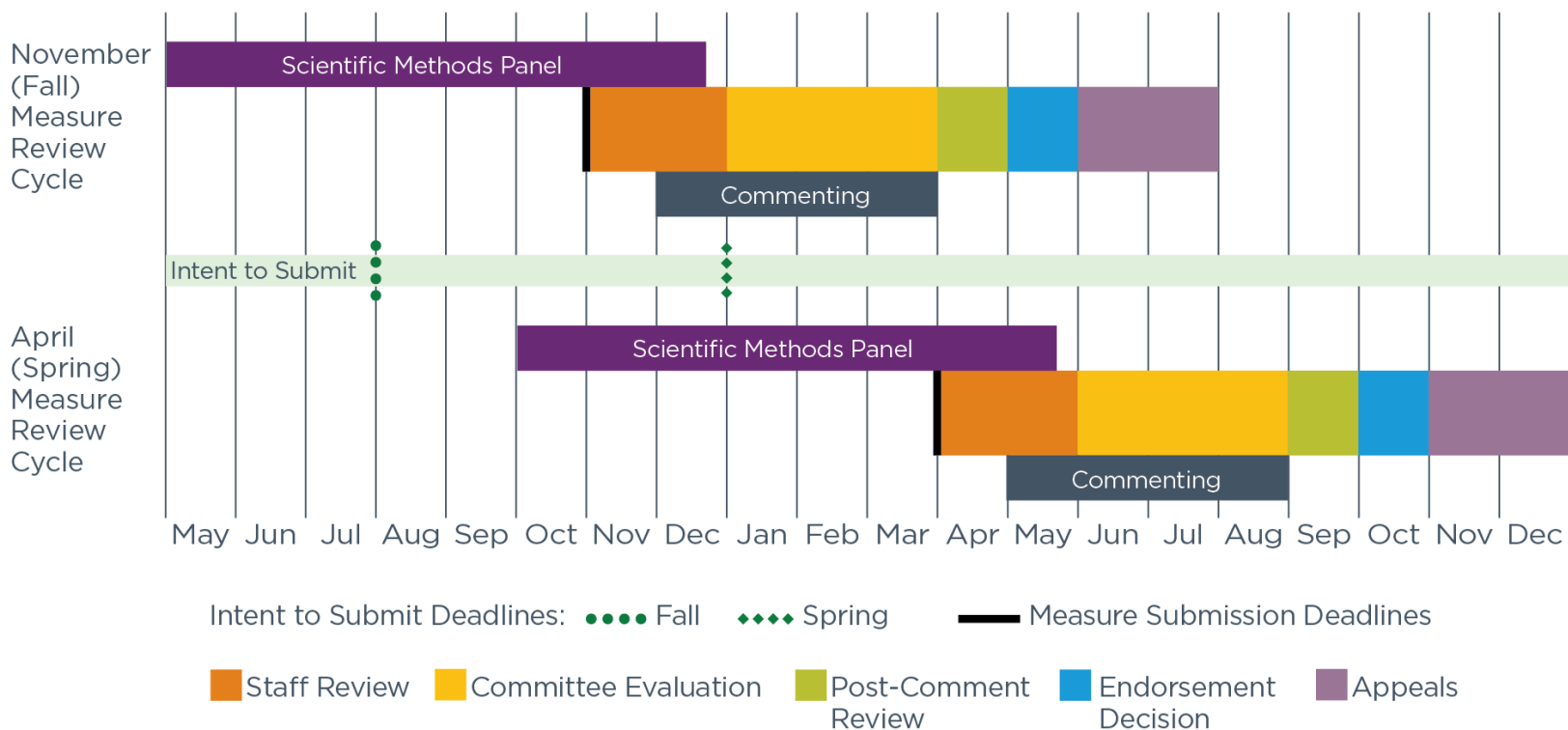
NQF Consensus Development Process (CDP)

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 on NQF 3474
 - ▣ *COB January 4, 2019*
- Technical Expert Panel (TEP) Call (1 hour)
 - ▣ *January 11, 2019, 12-1 pm EST*
 - ▣ *TEP members to discuss their clinical evaluation of NQF 3474*
- NQF staff will incorporate TEP feedback on NQF 3474 and share with Cost and Efficiency Standing Committee in prep for the Standing Committee's Measure Evaluation Web Meetings
 - ▣ *February 12 and February 13, 2019, 2-4 pm EST*

Questions?

- Project webpage: [https://www.qualityforum.org/Cost and Efficiency.aspx](https://www.qualityforum.org/Cost_and_Efficiency.aspx)
- Project email address: efficiency@qualityforum.org

Thank You