NATIONAL QUALITY FORUM

Meeting Summary

Cost and Efficiency Standing Committee—Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Cost and Efficiency Standing Committee for two meetings on June 27, 2019 to evaluate three measures.

Welcome, Introductions, and Review of Meeting Objectives

Ashlie Wilbon, NQF Senior Director, along with Co-chair Cheryl Damberg welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives.

Topic Area Introduction and Overview of Evaluation Process

Navya Kumar, NQF Project Analyst, discussed the current NQF portfolio of endorsed measures. There are currently seven endorsed measures in the Cost and Efficiency portfolio. Additionally, Kate Buchanan, NQF Senior Project Manager, provided an overview of the evaluation process noting that both the Scientific Methods Panel (SMP) and seven NQF-convened Technical Expert Panels (TEP) provided evaluation inputs to the Standing Committee.

The Scientific Methods Panel (SMP) evaluated the scientific acceptability criteria of reliability and validity; five of the seven measures did not pass the SMP review; therefore, only three of the eight submitted by the developer were reviewed by the Committee. Ms. Buchannan also noted that the SMP did not reach consensus on the validity testing for seven of the eight the measures. For this reason, the Cost and Efficiency Committee was asked to re-evaluate and vote on validity taking into consideration the SMP evaluation in addition to their own assessment of the specifications and the threats to validity for the three measures under review. The TEP members provided qualitative evaluative inputs based on their clinical expertise and review of the clinical elements of the measure.

Measure Evaluation

During the meeting, the Cost and Efficiency Standing Committee evaluated three measures for endorsement consideration. A summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on August 8, 2019 for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

Measure Evaluation Criteria Rating Key: H – High; M – Medium; L – Low; I – Insufficient

3509 Routine Cataract Removal with Intraocular Lens (IOL) Implantation (CMS/Acumen)

Measure Steward/Developer Representatives at the Meeting

- Nirmal Choradia
- Sri Nagavarapu
- Suzanne Pershing

Standing Committee Votes

- Performance Gap: H-2; M-7; L-1; I-1
- Reliability: SMP: H-3; M-3; L-0; I-0
- Standing Committee: Yes-10; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Scientific Methods Panel rated this criterion as moderate. The Committee voted to uphold the rating.
- Validity: H-2; M-9; L-1; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Scientific Methods Panel rated this criterion as Consensus Not Reached.
- Feasibility: H-10; M-2; L-0; I-0
- Use: Pass-12; No Pass-0
- Usability: H-2; M-7; L-2; I-1

Standing Committee Recommendation for Endorsement: Yes-11; No-1

It is a cost measure that calculates clinicians' risk-adjusted cost to Medicare for beneficiaries who receive routine cataract removal with intraocular lens (IOL) implantation. The developer provided data demonstrating that routine cataract surgery is the most common surgical procedure in the United States with a range of cost performance at the clinician group and the clinician levels. The Committee agreed that it was important to measure but noted that the there was little variation because the interquartile range was very small. The developer responded that although the interquartile difference appears small because there is a such a high volume of these procedures the savings across all episodes will add up to a large cost reduction.

The Scientific Methods Panel (SMP) reviewed the scientific acceptability of the measure. The SMP passed the measure on the reliability criteria but did not reach consensus on validity. Overall, the Committee agreed that the reliability testing was appropriate and voted to uphold the SMP rating of moderate. For the evaluation of validity, the Committee members and SMP questioned the appropriateness of the exclusions. The developer replied that the exclusions are consistent with two other NQF-endorsed measures related to cataract surgery outcomes and that they wanted consistency among measures to better align cost to quality. The Committee discussed the HCC risk-adjustment model that the developer used. The Committee questioned why the developer did not include variables specific to the procedure. Weighing all of the validity sub criteria, the Committee ultimately passed the measure on validity.

The Committee did not have any concerns on the feasibility. Several Committee members stated that they were unsure how the usability of the measure could allow physicians to drive down costs. The developer responded that physicians conduct a high volume of these procedures and in

aggregate the savings will increase. Overall, the Committee did not have any major concerns on the use or usability. The Standing Committee recommended this measure for NQF endorsement.

3510 Screening/Surveillance Colonoscopy (CMS/Acumen)

Measure Steward/Developer Representatives at the Meeting

- Nirmal Choradia

Standing Committee Votes

- Performance Gap: H-3; M-6; L-3; I-0
- Reliability: SMP: H-4; M-2; L-0; I-0
- Standing Committee: Yes-12; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Scientific Methods Panel rated this criterion as high. The Committee voted to uphold the rating.
- Validity: H-0; M-11 L-1; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Scientific Methods Panel rated this criterion as Consensus Not Reached.
- Feasibility: H-8; M-4; L-0; I-0
- Use: Pass-11; No Pass-1
- Usability: H-2; M-8; L-2; I-0

Standing Committee Recommendation for Endorsement: Yes-10; No-2

This cost measure evaluates clinicians' risk-adjusted cost to Medicare for beneficiaries who receive a screening/surveillance colonoscopy. The developer provided data demonstrating that routine screening/surveillance colonoscopy has a range of cost performance at the clinician group and the clinician levels. The developer also provided citations demonstrating that poor bowel preparation increases the potential for missed lesions, canceled procedures, adverse events, and higher episode costs. The Committee agreed that there is an opportunity for improvement to decrease costs associated with screening/surveillance colonoscopy. Several Committee members did express concern about the small interquartile range and the relationship between the variation in performance and its relationship to poor quality. The developer replied that overutilization of services such as anesthesia or inadequate bowel prep that requires a repeated colonoscopy drive up costs.

The SMP evaluated the scientific acceptability criteria and voted to pass on reliability but did not come to consensus on the validity testing. The Committee agreed that the reliability testing scores were high and voted to uphold the SMP rating of high. With regards to validity, the Committee sought clarity on the developers approach to risk adjustment, how social factors were considered,

and analysis of within and between clinician differences in performance, particularly for those that have a disproportionate share of high-risk patients.

There were no major concerns on the feasibility the measure. The Committee expressed similar concerns as with 3509 with regards to the usability of the measure. The Standing Committee recommended this measure for NQF endorsement.

3512 Knee Arthroplasty (CMS/Acumen)

Measure Steward/Developer Representatives at the Meeting

- Sri Navagarapu
- Rose Do
- Adolf Yates

Standing Committee Votes

- Opportunity for Improvement: H-6; M-6; L-0; I-0
- Reliability: SMP: H-1; M-4; L-1; I-0
- Standing Committee: H-3; M-9; L-0; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Scientific Methods Panel rated this criterion as moderate. The Committee re-voted to uphold the rating.
- Validity: H-1; M-8; L-3; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Scientific Methods Panel rated this criterion as Consensus Not Reached.
- Feasibility: H-8; M-4; L-0; I-0
- Use: Pass-12; No Pass-0
- Usability: H-3; M-7; L-2; I-0

Standing Committee Recommendation for Endorsement: Yes-11; No-1

The measure is a cost and resource use measure evaluating clinicians' risk-adjusted cost to Medicare for beneficiaries who receive a knee arthroplasty. The developer provided a testing form and construction logic to demonstrate the high impact in terms of patient population and Medicare spending, along with the opportunity for incentivizing cost-effective, high-quality clinical care in this field.

The Standing Committee stated that this measure addresses significant, high-volume spending and high resource use, and it provides an opportunity for improvement. For reliability, the SMP and the Committee's preliminary analysis was moderate. The measure had a correlation of 0.8 for the group level and 0.75 for the clinician level. The Committee noted that this was lower compared to the previous two measures discussed. The developers provided additional analysis. The Committee commented that this measure can be applied at the group level. While the

Committee felt that the measure, for reliability, should be rated as high in contrast to the SMP vote based on the information that the developer provided, the Committee ultimately voted this criterion as moderate. For validity, the Committee discussed the wide range for the dual status. The Committee noted that they would have preferred that the measure be stratified for the duals. In addition, the Committee noted that there was no analysis that the risk adjustment was fully adjusted for appropriate differences in post-acute care services. The developers responded to this point by commenting that post-acute care should be seen as a free-floating source of variation as it is rapidly changing to become narrower. The Committee replied to the developer, noting concern about unintended consequences of sending patients home too soon, without appropriate post-acute care.

The Committee provided similar comments as it had for the previous two measures for feasibility and use. The usability criterion had additional discussion. The Committee discussed avoidable cost and if this measure will discourage appropriate post-acute services as a potential unintended consequence. The developers responded that they do attempt to align their quality measures with previously endorsed measures and have aligned the cost measures with related readmissions measures within the post-acute care setting. The Standing Committee ultimately recommended the measure for NQF endorsement.

Public Comment

The American Society of Cataract and Refractive Surgery (ASCRS) provided one public comment during the measure evaluation meeting. The commenter discussed the inclusion of pass-through drugs in 3509. CMS created this status for new drugs that come onto the market that are administered during surgery. The drugs are not bundled into the facility fee but are paid for under Part B during the three-year pass through period. After the pass-through period ends, CMS assesses the usage of that drug, bundles it into the facility fee and readjusts the fee. ASCRS disagrees with inclusion of pass-through drugs in 3509 because they are concerned that an unintended consequence is the increased usage of pass-through drugs not based on a clinical need but to improve performance on the measure. ASCRS requested that the Committee not endorse the measure until the pass-through drugs are removed.

Next Steps

NQF will post the draft technical report on August 8, 2019 for public comment for 30 calendar days. The continuous public comment with member support will close on September 6, 2019. NQF will re-convene the Standing Committee for the post-comment web meeting on September 25, 2019.