



Cost and Efficiency Spring 2022 Post-Comment Web Meeting

The National Quality Forum (NQF) held the Cost and Efficiency spring 2022 post-comment web meeting on Thursday, October 27, 2022, from 12:00 PM – 2:00 PM ET.

Welcome, Review of Meeting Objectives, and Attendance

Dr. Matthew Pickering, NQF senior director, welcomed the participants to the web meeting. Standing Committee Co-Chairs Ms. Kristine Martin Anderson and Dr. Sunny Jhamnani welcomed the Standing Committee to the web meeting. Dr. Pickering conducted the Standing Committee roll call and provided an overview of the meeting's objectives:

- Review and discuss comments received during the post-evaluation public and member commenting period
- Provide input on proposed Standing Committee responses to the post-evaluation comments

During the spring 2022 review cycle, the Cost and Efficiency Standing Committee reviewed three new measures undergoing endorsement evaluation during a web meeting on July 12, 2022. The Standing Committee recommended all three measures for endorsement. NQF posted the draft report on the project webpage for the NQF member and public commenting period, which opened on August 26, 2022, for 30 calendar days.

Discussion of Post-Evaluation Comments

Dr. Pickering opened the discussion by stating the purpose of the meeting: to review and discuss the comments received after the measure evaluation meeting and garner feedback on the proposed Standing Committee responses. He summarized the three comments received during the 30-day public commenting period, which came from one NQF member organization, the American Medical Association (AMA). Dr. Pickering noted that all three comments did not express support for the measures under review. The following measures received comments:

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

Dr. Pickering emphasized that the post-evaluation comments have been categorized into the following themes to facilitate the discussion:

- Reliability Testing and Minimum Reliability Thresholds
- Social Risk Adjustment
- Cost and Quality Correlations

For the reliability testing and minimum reliability thresholds theme, Dr. Pickering summarized that the

commenter expressed concern with the testing results, specifically noting the accountable-entity reliability testing did not meet the minimum acceptable threshold of 0.7. Dr. Pickering summarized the developer's response, which noted that for each measure, the mean reliability statistic exceeded 0.7, as shown in the testing materials. Furthermore, NQF's Scientific Methods Panel (SMP) reviewed and passed the measure on reliability. Dr. Pickering then summarized the proposed Standing Committee response, expressing that the Standing Committee considered the reliability testing, including the SMP's input on reliability and validity testing, and agreed to recommend the measure for endorsement. Following the proposed Standing Committee response, Dr. Pickering opened the discussion to the Standing Committee, which did not raise any concerns.

Dr. Pickering reviewed the second theme, social risk adjustment, noting that the commenter voiced concern with the current risk adjustment model. Namely, the commenter posited that the risk adjustment model is inadequate due to the adjusted R-squared result of 0.160 and that inadequate testing and adjustment for social risk factors occurred. Dr. Pickering also summarized the developer's response, stating that testing included additional analyses that reflected guidance from NQF and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) on what considerations should be accounted for when assessing whether social risk factors (SRFs) should be adjusted. Furthermore, the developer highlighted minimal impact on measure scores when adjusting for beneficiary dual status but emphasized the potential risk of masking providers' poor performance, which could exacerbate disparities in care. In their response, the developer shared that provider characteristics play a more significant role in the higher costs of episodes for patients with dual status, far more than patient factors. The developer's response emphasized that the testing approach was discussed with the Standing Committee. The developer further clarified that a low R-squared value is conceptually neither required nor expected for a "valid" measure. Dr. Pickering summarized the proposed Standing Committee response, stating that the Standing Committee recognizes the need to ensure that providers serving people with SRFs are not penalized unfairly due to a lack of social risk adjustment. While the developer did test for SRFs for the measure's risk adjustment model, some of the measures under review did not include these SRFs in the final model. Although the Standing Committee does recognize the importance of maximizing the predictive value of a risk adjustment model, elements of a risk model should be included or excluded based on a conceptual and empirical rationale. The Standing Committee considered the developer's risk adjustment approach, including the SMP's input on validity testing, which was inclusive of the risk adjustment modeling approach. Ultimately, the Standing Committee agreed to recommend these measures for endorsement.

Dr. Pickering then opened the discussion to the Standing Committee, noting that many of these issues had been discussed in previous measure evaluations and had referenced NQF's draft [Technical Guidance](#), which elucidates best practices when considering social and/or functional risk factors in risk adjustment models for quality measurement. Dr. Pickering noted that the NQF criteria will be updated based on the Technical Guidance to further clarify risk adjustment decision-making processes. No additional concerns were raised by the Standing Committee.

Lastly, Dr. Pickering reviewed the third theme: cost and quality correlations. Dr. Pickering summarized that the commenter raised concern that the empirical validity testing did not include a correlation analysis with a quality measure. Specifically, the developer calculated the correlation between the cost measure and a Merit-Based Incentive Payment System (MIPS) quality measure for unplanned readmissions that was constructed using the public specifications. The results confirmed the expected relationship, namely that clinicians who have lower costs tend to have lower rates of unplanned readmissions, as demonstrated by the medium-to-high Pearson correlation between the cost measure and the unplanned readmissions quality measure. Dr. Pickering summarized the proposed Standing

Committee response, stating that the Standing Committee recognizes that cost and resource use measures should be used in the context of and reported with quality measures. The Standing Committee discussed the relationship between cost and quality measures, emphasizing the importance of reporting performance to demonstrate improvements in cost while ensuring similar or higher levels of care quality. However, NQF criteria do not currently require a cost measure to be correlated with a quality measure. Rather, empirical validity testing should demonstrate that the measure's data elements are correct and/or the measure score correctly reflects the cost of care or resources provided. Thus, the Standing Committee considered the developer's empirical validity testing, including the SMP's input on validity testing, and agreed to recommend these measures for endorsement.

Opening the floor for Standing Committee discussion, the Standing Committee expressed concern with the developer's response because it implied a Pearson correlation coefficient of 0.27 to be moderate, whereas the Standing Committee considered it to be low. The Standing Committee questioned whether NQF is considering adding a criterion to address the relationship between cost and quality measures, to which Dr. Pickering responded by highlighting that this concern has been shared internally with NQF leadership. No additional concerns were raised by the Standing Committee as Dr. Pickering concluded reviewing the public comments.

NQF Member and Public Comment

Dr. Pickering opened the web meeting to allow for public comment. No public or NQF member comments were provided during this time.

Next Steps

Tristan Wind, NQF analyst, reviewed the next steps. Mr. Wind informed the Standing Committee that the Consensus Standards Approval Committee (CSAC) will consider the Standing Committee's recommendations during its meetings on December 9 and December 12, 2022. Following the CSAC meeting, the 30-day Appeals period will be held from December 14, 2022, to January 13, 2023.