NATIONAL QUALITY FORUM

National Consensus Standards for Cost and Resource Use 2016-2017

Full Committee Orientation & Measure Evaluation Tutorial

Erin O' Rourke, Senior Director
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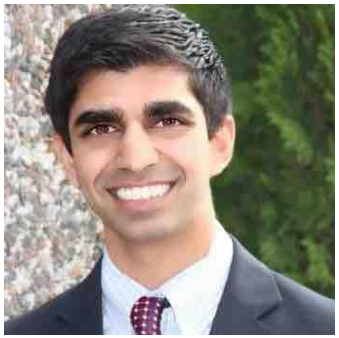
Irvin Singh, Project Analyst

March 3, 2017

Welcome

Project Team

Erin O' Rourke
Senior Director



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Agenda for the Call

- Standing Committee Introductions
- Role of the Standing Committee
- Overview of NQF's Cost & Resource Use measure portfolio
- Review of project activities and timelines
- Overview of NQF's measure evaluation criteria
- Review of Measure Preliminary Analysis Worksheet
- Next steps

Cost and Resource Use Standing Committee

- Brent Asplin, MD, MPH (co-chair)
- Cheryl Damberg, PhD (co-chair)
- Larry Becker
- Mary Ann Clark, MHA
- Jennifer Eames Huff, MPH
- Troy Fiesinger, MD, FAAFP
- Nancy Garrett, PhD
- Andrea Gelzer, MD, MS, FACP
- Lisa Latts, MD, MSPH, MBA, FACP *(Inactive 2016-2017)*
- Martin Marciniak, MPP, PhD
- Kristine Martin Anderson, MBA
- James Naessens, ScD, MPH
- Jack Needleman, PhD
- Janis Orlowski, MD, MACP
- Carolyn Pare *(Inactive 2016-2017)*
- Betty Rambur, PhD, RN
- John Ratliff, MD, FACS, FAANS
- Andrew Ryan, PhD *(Inactive 2016-2017)*
- Srinivas Sridhara, PhD, MHS
- Lina Walker, PhD *(Inactive 2016-2017)*
- Bill Weintraub, MD, FACC
- Herbert Wong, PhD
- Dolores Yanagihara, MPH

Role of the Standing Committee

Role of the Standing Committee

General Duties

- Act as a proxy for the NQF multi-stakeholder membership
- Serve 2-year or 3-year terms
- Work with NQF staff to achieve the goals of the project
- Evaluate candidate measures against the measure evaluation criteria
- Respond to comments submitted during the review period
- Respond to any directions from the CSAC

Role of the Standing Committee

Measure Evaluation Duties

- All members review ALL measures
- Evaluate measures against each criterion
  - *Indicate the extent to which each criterion is met and rationale for the rating*
- Make recommendations to the NQF membership for endorsement
- Oversee Cost and Resource Use portfolio of measures
  - *Promote alignment and harmonization*
  - *Identify gaps*

Questions?

Overview of NQF's Cost and Resource Use Portfolio

Key Definitions (EOC Framework)

This project will build on definitions established by prior consensus-drive work:

- ***Cost of care*** is a measure of total healthcare spending, including total resource use and unit price(s), by payor or consumer, for a healthcare service or group of healthcare services, associated with a specified patient population, time period, and unit(s) of clinical accountability.
- ***Efficiency of care*** is a measure of cost of care associated with a specified level of quality of care.
- ***Value of care*** is a measure of a specified stakeholder's (such as an individual patient's, consumer organization's, payor's, provider's, government's, or society's) preference-weighted assessment of a particular combination of quality and cost of care.

Resource Use: A Building Block

Activities and Timeline

Meeting	Date/Time
Full Committee Orientation/ Measure Evaluation Q & A Call	March 3, 2017, 12:00 – 2:00 PM EST
In-Person Meeting (1 day in Washington, D.C.)	March 15, 2017 8:00 AM – 4:00 PM EST
Post-Meeting Conference Call	March 22, 2017, 2:00 – 4:30 PM EST March 24, 2017, 1:00 – 3:30 PM EST
Post Comment Report Call	June 6, 2017, 2:00 – 4:30 PM EST June 8, 2017, 1:00 – 3:30 PM EST

Questions?

Measure Evaluation Criteria Overview

NQF Measure Evaluation Criteria for Endorsement

NQF endorses measures for accountability applications (public reporting, payment programs, accreditation, etc.) as well as quality improvement.

- Standardized evaluation criteria
- Criteria have evolved over time in response to stakeholder feedback
- The quality measurement enterprise is constantly growing and evolving – greater experience, lessons learned, expanding demands for measures – the criteria evolve to reflect the ongoing needs of stakeholders

Major Endorsement Criteria

Hierarchy and Rationale

- ***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 cost and resource use; 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***

Criterion #1: Importance to Measure and Report

1. **Importance to measure and report -** Extent to which the specific measure focus is important to making significant contributions toward understanding healthcare costs for a specific high-impact aspect of healthcare where there is variation or a demonstrated high-impact aspect of healthcare or overall poor performance.

   1a. High Priority: *the measure addresses one of the following:*

   - *A specific national health goal/priority identified by DHHS or the National Priorities Partnership convened by NQF.*

   - *A demonstrated high-impact aspect of healthcare (e.g., affects large numbers, leading cause of morbidity/mortality, high resource use [current and/or future], severity of illness, and patient/societal consequences of poor quality).*

Criterion #1: Importance to Measure and Report

1. **Importance to measure and report -** Extent to which the specific measure focus is important to making significant contributions toward understanding healthcare costs for a specific high-impact aspect of healthcare where there is variation or a demonstrated high-impact aspect of healthcare or overall poor performance.

   1b. Opportunity for Improvement: *demonstration of quality problems and opportunity for improvement, i.e., data demonstrating considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or*
   disparities in care across population group

   1c. Measure Intent: *This requirement involves describing the measure intent of the resource use measure and the measure construct.*

Criterion #2: Reliability and Validity – Scientific Acceptability of Measure Properties (page 41 -51)

2. **Scientific Acceptability** - Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the cost or resources used to deliver care.

*2a. **Reliability (must-pass)***

2a1. Precise specifications including exclusions
2a2. Reliability testing—data elements or measure score

*2b. **Validity (must-pass)***

2b1. Specifications consistent with intent
2b2. Validity testing—data elements or measure score
2b3. Justification of exclusions—supported by evidence
2b4. Risk adjustment—typically for outcome/cost/resource use
2b5. Identification of differences in performance
2b6. Comparability of data sources/methods
2b7. Missing data

Criterion #3: Feasibility (page 51)
Key Points – page 52

3. **Feasibility** - Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement.

   *3a**: Clinical data generated during care process***

   *3b**: Electronic sources***

   *3c**: Data collection strategy can be implemented***

Criterion #4: Usability and Use (page 52)
Key Points – page 53

4. **Usability and Use** -Extent to which potential audiences (e.g., consumers, purchasers, providers, policymakers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

   4a. ***Accountability and Transparency:*** Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement.

   4b. ***Improvement:*** Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated.

   4c. ***Benefits outweigh the harms:*** The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).

   4d. ***Vetting by those being measured and others:*** Those being measured have been given results and assistance in interpreting results; those being measured and others have been given opportunity for feedback; the feedback has been considered by developers.

Criterion #5: Related or Competing Measures (page 53-54)

5. **Related or Competing:** 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**.**

   5a. The measure specifications are harmonized with related measures **OR** the differences in specifications are justified.

   5b. The measure is superior to competing measures (e.g., is a more valid or efficient way to measure) **OR** multiple measures are justified.

Evaluation process

- **Preliminary analysis**: To assist the Committee evaluation of each measure against the criteria, NQF staff will prepare a preliminary analysis of the measure submission and offer preliminary ratings for each of the criteria.
  - *These will be used as a starting point for the Committee discussion and evaluation*

Evaluation process (continued)

- **Measure evaluation and recommendations at the in-person meeting:** The entire Committee will discuss and rate each measure against the evaluation criteria and make recommendations for endorsement.

Recommendation for Endorsement and Endorsement +

- The Committee votes on whether to recommend a measure for NQF endorsement.
- Staff will inform the Committee when a measure has met the criteria for possible "Endorsement +" designation:
  - *Good results on reliability testing of the measure score*
  - *Good results on empirical validity testing of the measure score (not just face validity)*
  - *Well-vetted in real world settings by those being measured and others*
- Committee votes on recommending the "Endorsement +" designation, indicating that the measure exceeds NQF criteria in key areas.

Questions?

Measure Preliminary Analysis Worksheet

Measure Worksheet and Measure Information

- Measure Worksheet
  - *Preliminary analysis, including eMeasure Technical Review if needed, and preliminary ratings*
  - *Pre-evaluation comments*
  - *Public comments*
  - *Information submitted by the developer*
    - » Evidence and testing attachments
    - » Spreadsheets
    - » Additional documents

Screen Share of Preliminary Analysis

- **NQF #:** 2860
- **Measure Title:** Thirty-day all-cause readmission following psychiatric hospitalization in an inpatient psychiatric facility (IPF)
- **Measure Steward:** Centers for Medicare & Medicaid Services

Questions?

Next Steps

Next Steps

- Pre-Meeting Public Comment
  - *February 20, 2017 – March 6, 2017*
- Full Committee Orientation/Measure Evaluation Q&A Call
  - *March 3, 2017, 12:00 PM – 2:00 PM EST*
- In-Person Meeting
  - *March 15, 2017 8:00 AM – 4:00 PM EST*
- Post-Meeting Conference call
  - *March 22, 2017 2:00-4:30 PM EST*
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Project Contact Info

- Email: efficiency@qualityforum.org
- NQF Phone: 202-783-1300
- Project page:

http://www.qualityforum.org/Cost_and_Resource_Use_Project_2016-2017.aspx

- SharePoint site:

http://share.qualityforum.org/Projects/costRU/SitePages/Home.aspx

Questions?