

NATIONAL QUALITY FORUM

Moderator: Cost Resource Use
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OPERATOR: This is Conference #: 94454803.

Operator: Welcome everyone. The webcast is about to begin. Please note today's call is being recorded. Please standby.

Hiral Dudhwala: Good afternoon everyone. My name is Hiral Dudhwala. I'm the Project Manager at NQF. And thank you very much. Good afternoon. Thank you for joining us for our first webinar for the Cost and Resource Use Project.

And today, we will be reviewing the New Committee Member Orientation. And we will go ahead and started. Thank you again for joining us.

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OK. So, you can see here, this is our project team at NQF. We all work very closely with the Cost and Resource Use Project. And, you know, you'll here from throughout the presentation today and we are excited to work with you all.

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So the agenda for the call today, we will be going over a few items. To start with, we will do a Standing Committee introduction. We have some new members to our committee this year, so it'll be great for them to introduce themselves as well as the current committee members.

From there, we will go over an overview of NQF, the Consensus Development Process, and Roles of the Standing Committee, co-chairs, NQF staff.

Next, we will do an overview of NQF's Cost and Resource Use measure portfolio. We will also review our project activities and timelines. I'll go through an overview of NQF's measure evaluation criteria. Also review our SharePoint and tutorial with committee members and then go through some next steps that will be occurring with this project.

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OK. So, let's start off with -- I did want to see if our new committee members are on the line and if they can introduce themselves. I'm going to go through their names. And if so, if you are on the call, if you can just introduce yourself and provide a brief summary of your background that would be wonderful.

So, I'm going to start with Dr. Troy Fiesinger, are you on the call?

OK. All right. Let me move forward. Another new committee member is Kristine Martin Anderson, are you present?

Kristine Martin Anderson: Yes, I am. Hi, I'm Kristine. I'm the Executive Vice President at Booz Allen Hamilton focused on health, mostly federal health. And I have been working in the quality arena for 28 years or so and really looking forward to joining this committee.

Hiral Dudhwala: OK, thank you so much, Kristine. We're happy ...

Kristine Martin Anderson: Sure.

Hiral Dudhwala: ... to have you on. Betty Rambur? OK. Well, Srinivas Sridhara, I think he will be joining us late unless you are on the call already.

All right. Well, I'm going to go ahead and open it up to some of our current committee members, if there's anyone who would be able to join the call if you

can just introduce yourself and provide a brief background, that would be helpful.

Martin Marciniak: Hello, my name is Martin Marciniak. I worked with GlaxoSmithKline. My background, I have a background in pharmacy. I'm also a policy economist.

Brent Asplin: Good afternoon. This is Brent Asplin. Brent Asplin, I'm the co-chair, so I'm an Emergency Physician (Health Systems Exec), was most recently, chief clinical officer with Mercy Health in Ohio and Kentucky, and currently independent.

Hiral Dudhwala: OK. Thank you, Brent.

Larry Becker: Hi, this is Larry Becker. I am recently retired from Xerox as a Benefits Director. I sit on the board of NQF and I'm also on the board of PCORI.

Hiral Dudhwala: Thank you, Larry. Is there any additional new members or current members on the line that didn't get a chance to introduce themselves?

Herbert Wong: Yes. This is Herb Wong and I am Senior Economist for the Agency for Healthcare Research and Quality. I've been a long standing member of the Cost and Resource Committee. My area of expertise is really in healthcare market particularly hospital markets.

Hiral Dudhwala: Thank you, Mr. Wong. OK, is there anybody else who would like to introduce themselves? All right. Well, thank you all for joining the call today and for your participation.

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So for the next item in the agenda, I'm going to pass it to my colleague, Suzanne Theberge, who's the Senior Project Manager here at QNF with the Cost and Resource Use projects. Suzanne?

Suzanne Theberge: Good afternoon, everybody. This is Suzanne Theberge, as Hiral said, I'm one of the senior project managers on the team. And I'm going to talk briefly about NQF and the Consensus Development Process.

So as you many of you probably know, NQF was established in 1999. We're a non-profit, non-partisan membership-based organization.

We have over 430 members and our membership is really diverse, it ranges from hospitals and medical groups to health plans, physician societies, nursing organizations, purchasers, patient and consumers, public and community health agencies, local and state-based agencies and health organizations, biopharmaceutical research companies, medical device companies, federal partners, basically anybody has an interest in healthcare improvement and measurement.

We have over 800 expert volunteers participating in our committees every year and we really appreciate the time that folks spent with us. We could not do this work without our community members. And I think one of the last things to note that's really important about NQF work is that we are completely transparent in everything that we do, we're a forum, and we keep everything open to our membership and to the public and share all of our materials.

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I'm going to talk briefly about some of our measurement areas. One of our main focus areas is a Performance Measure Endorsement which is what we'll be doing in this cost and research use project. We have over 650 endorsed measures now in multiple clinical areas and then we have over 20 standing committees

I'm going to talk in more detail in a few minutes about the actual endorsement process, but that's a seven-step process and it takes about 9 to 12 months to complete.

Our Measures Application Partnership advises HHS on selecting measures for more than 20 federal programs. MAP was created in response to the Affordable Care Act provision in 2010. And MAP convenes private and public sector organizations with a stake in measurement improvement for federal care healthcare programs.

MAP provides input to HHS on measures for public reporting, performance based payment and other program, and also encourages alignment across public programs and between public and private programs.

And MAP has provided feedback on Medicare programs – on the measure sets for adults and children in Medicaid, health insurance exchanges, dual eligibles and more. And that involved 150 individuals and 90 organizations.

Our National Quality Partners convene stakeholders around critical health and healthcare needs. We've worked on antimicrobial stewardship, maternity care, readmission, patient and family-centered care and more.

And finally, one of our other big areas of work is our work in Measurement Science. We bring folks together to talk about ideas and get – provide guidance on how to improve measurement and which measurement gaps to focus on. We've done projects on home and community-based services, population health, rural health, and lots of work on Measurement Science including sociodemographics factors and risk adjustment and more.

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I'd like to talk now for a couple of minutes about Consensus Development Process which is what we'll be going through with this project.

There are seven steps for measure endorsement. The first step is a Call for Nominations to the Standing Committee which we've just recently completed and that's when we put out a call to ask for experts to sit on our committees and then review the set of nominations and take comments on that.

Concurrent with the call for nominations, we are also holding our call for measures which is an open period where we ask people to submit measures on a particular topic area. During that time, we also work closely with the measure developers to provide technical assistance and information to help them submit.

Once we've got all of our measures, we have our committee in place. We begin the candidate consensus standard review. That's the time in which we compare the measures against our set of standard criteria.

We will be going over the criteria in much more details but they include importance to measure and report scientific acceptability of the measure, the feasibility, usability and use, and then related and competing measures.

We bring the committee together via conference calls and in-person meeting to discuss the measures and make commendations on whether the submitted measures meet our criterion. Once that meeting is over and the recommendations have been made, NQF staff write everything else and put out a report for NQF member in public comment, for 30-day period in which we take comments from all interested parties.

Once that closes the staff takes comment and then source them into bucket for responses, we respond to some, the measure developers will respond to others and then we take some comments and turn them back to the committee for review and discussion.

The committee will meet on a post-comment webinar and discuss the comments that we received, review your recommendation, and make decisions on whether any recommendations need to change.

Following that, the staff will revise the report and put that out for NQF member voting on the measures.

After the members vote, we take the measures out to our Consensus Standard Approval Committee for ratification and endorsement. CSAC has 17 members. It's a majority of consumer and purchaser committee and they make the final recommendation for endorsement.

Finally, we have a 30-day appeals period for the newly endorsed measures. And after that is over, the project is considered complete, NQF staff publish a final report and the project is over.

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Just to briefly touch base on the MAP again. In pursuit of the National Quality Strategy, the MAP looks at performance measures and help select them to achieve the goals of improvement, transparency, and value for all. We provide input to HHS during pre-rulemaking, identify gaps for measure development testing and endorsement, and encourages measure alignment. And MAP just provided input on over 200 measures under consideration by HHS, (inaudible) (20) federal measurement programs.

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And this next slide is a diagram that shows a little bit of information about how the endorsement process and the MAP process informed each other. The endorsement helps get MAPs – help get measures into MAP and MAP comments on measures and recommendation on measures also informed the endorsement process.

And now I will turn it over to Rachel to talk about roles and responsibilities on the project. Rachel?

Rachel Roiland: Thank you, Suzanne. Hello everyone. My name is Rachel Roiland and I'm also a Senior Project Manager working on the Cost and Resource Use Project this year.

As Suzanne said, I'm going to be going over the highlights of everyone's roles and responsibilities during the course of this project.

So, members of this Standing Committee, your general duties are to really search as representatives for this whole family of NQF stakeholders, and to really bring those various perspectives to the table and bring those perspectives when you're discussing the measures and the review.

And as members of the Standing Committee, you serve two- our three-year terms and that will be decided that the in-person meeting is sort of a random lottery as to whether it's a two- or three-year term.

And then during your term, you'll be working with the QNF staff to achieve the goals of this project as well as any other projects that may occur during the time of your membership on the committee.

And then for this particular project, our goal to really focus on evaluating candidate measures against the measure evaluation criteria. And our Senior Director Erin O'Rourke will be going through those in detail in just a few moments. But after we review the measures as Suzanne also mentioned, Committee members respond to public comments that are submitted to the project.

We have a few opportunities for the public to weigh in on the measures and our processes, and we really look to the committee to help us adequately address those comments to make sure that we are – involving the public and responding to their – the issues that they raised.

And finally also it's the role of the Standing Committee to respond to any directions from feedback and they may have times ask the committee for more information about the decision or just may ask them to weigh in another projects or measures, so really look to the Standing Committee to be our source of expertise for the CSAC if they needed.

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With respect to measure evaluation specifically, we do ask that all committee members review all measures. And again, this gets back to the importance of the various perspective around the table being heard when we're talking about an individual measures but we do ask members to review all measures that will be reviewing and through that we can have rich discussion and deliberation about how the measure meets each – meet or does not each criterion of evaluation, and then provide a rationale for the rating that the committee will be giving each measure and each criteria.

We also ask the committee to make recommendations to NQF membership for endorsement, so that's sort of the next step after deliberations the committee as a whole will make a recommendation on whether or not the measure should

be endorse. And that's really sort of the bulk of the work around specific measure evaluation.

But beyond looking at individual measures, we also ask the committee to oversee the full portfolio of Cost and Resource Use measures that we have and a staff will be presenting that portfolio to you in further detail. And at the end of the in-person meeting having a bit of a discussion about perhaps work of the portfolio be better aligned or harmonized as always what (we've) seen from the portfolio.

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And important members of our committee are also our co-chairs. We're in the process of finalizing the co-chairs with this committee right now. But the co-chairs are really our co-partners in helping make sure that we do achieve the goals of this process. For those of you who have been to an NQF meeting before you know that co-chairs are vital to help in co-facilitate those meetings. And they really help us staff anticipate questions, or identify additional information that the Standing Committee may need. With their expertise they may be able to identify issues that – that we are not able to.

Co-chairs are also vital in helping us keep on track and focus on the tasking issues in front of us. This is particularly important again at the in-person meeting where discussions can – can have a variety of topics and they help us make sure that we're focused on the important issues when talking about a specific measure.

They are also a representative of the committee at CSAC meetings. And most importantly they are also members of the Standing Committee. So they bring their own expertise and perspective. In addition to facilitating the full discussion, we asked that they bring that to the table as well and share that with the group.

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And then we as staff, it's really our responsibility to work closely with you all to make sure that you're all aware of the project's progress and also that we're

adhering to this consensus development process. We really try to solve this process and the transparency of that process so we really see that as a vital role for us throughout the course of the time we work together.

And some specific task that we're – we sort of handle are listed there on the slide that you're seeing right now. It may include organizing meetings and conference calls. Again, guiding the Standing Committee through the steps of the (CDP) and advising you all on NQF policies and procedures. And also doing an initial pass of measure submissions in reviewing those submissions and putting together preliminary analysis for you all so that you have the right information so that you can appropriately evaluate the measures.

As Suzanne also said, we draft reports for the Standing Committee to review and I have to put out for public comments. And also facilitate any communication and collaboration with other NQF projects that might be a relevant to the work that we're doing.

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And just going back to sort of how much we value transparency, we really see our most important duty is the amount of communication and that's with a variety of parties including the Standing Committee as well as the public. And so, we respond to NQF member or public queries about the project. We also do a lot of internal documentation of the projects progress just to make sure that we are adhering to the process and we have documentation that we are doing that.

We also post project's information to our project's website so that again it help promote transparency and make sure everyone has access to the information that we'll be reviewing that in-person meetings and other meetings. And we also work closely with measure developers to ensure that their measures' submission have the right information so that you all can evaluate the measures appropriately.

And finally, again, as Suzanne said, we published the final project report that represents the committee's deliberations and discussions and decisions.

And with that, I'll actually open it up for any questions that new committee members might have or other committee members who might have joined us.

All right. Well, if there's no questions. I do just want to see if Betty has joined us. I just want to see if you ...

Betty Rambur: Yes.

Rachel Roiland: Hi, Betty.

Betty Rambur: This is Betty Rambur, hi. I was on the line but for some reason you can't hear me. Thank you so much. I'm Betty Rambur. I'm the new Routhier Chair for Practice at University of Rhode Island. And I just relocated from Vermont where I was very involved with health and payment reform and on (inaudible) care board overseeing a (inaudible) of things including use of measures to implement payment reform.

Rachel Roiland: Great. Well thank you so much, Betty, for joining us and welcome.

Betty Rambur: Thank you.

Rachel Roiland: I do just want to see Dr. Troy Fiesinger, have you joined us?

Troy Fiesinger: Yes, I'm on the line. I was muted – just listening.

Rachel Roiland: OK. Thank you. Do you want to introduce yourself a little bit for us?

Troy Fiesinger: Sure. I'm Troy Fiesinger. I'm representing the American Academy of Family Physicians. I'm a family physician in Houston in a large (inaudible) practice. In the middle of everything that's happening in health care and I'm really just have the opportunity to weigh in on national policy and help develop some solid well-thought out measures.

Rachel Roiland: Great, thank you so much. All right. Well, with that, I will turn it over to our Senior Director Erin O'Rourke to give us an overview of our Cost and Resource Use portfolio.

Erin O'Rourke: So as Rachel was saying, one of the responsibilities we tasked our Standing Committees with is to maintain your portfolio of measures. So for this committee, obviously, the Cost and Resource Use measures, we'll ask you to do that in a number of ways, some are to review measures through NQF endorsement process. We'll also ask you to identify where we don't have endorsed cost and resource measures and where you would recommend to do development effort focus.

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So I do want to note that NQF has been pretty active in recent years in the Cost and Resource Use space. We've done a number of projects, touching on really a quite a few parts of the measures life cycle. We've obviously had a number of endorsement prospects to review and endorse measure. We've also had a project that focus on developing evaluation criteria for episode groupers.

We had a project that took a deep dive to help better understand how we can use cost and resource measure together to start to assess efficiency. As Suzanne was saying, the measure application partnership has also touched on this and developed a core set of measures to help promote affordability of care. And then, finally, we had another that took a deep dive at affordability from the consumer perspective to try to assess what that really means to patients and consumers and how we can scores that measure in that space.

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So I did just want to reorient everyone to some key definitions that NQF Cost and Resource Use standing committee have been using over the years. For defining cost of care as a measure of total health care spending, including total resource use and unit prices by payer or consumer for health care service or group or – or group of health care services associated with a specified patient population, time period and unit of clinical accountability.

Efficiency of care is a measure of cost of care associated with specified level of care. And value of care is a measure of a specified stakeholders, (offices) and individual patients, consumer organizations, payers, providers so on and

so forth, preference-weighted assessment of a particular combination of quality and cost of care.

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So this will probably be very familiar to those of you have been serving on the committee for a while. For our new members, so I really wanted to highlight a conceptual framework that the costumers with few standing committees have been operating also, to try to put together the idea of how we truly gets the value. This builds on some of the concepts in the NQF patient focus episode of care.

We really want to highlight that measure of cost and quality must be aligned in order to truly understand efficiency and value. NQF supports using and reporting cost – resource use measures in the context of quality performance preferably outcome measures, using resources measures, independently of quality of measures does not really provide an accurate assessment of efficiency or value and could potential lead to adverse on intended consequences.

And our previous consensus development process as we really sought to endorse resource use or cost measures as building blocks towards measuring efficiency of care. We're broadly defining efficiency as resource use or cost associated with specific level of performance with respect to the other five IOM aims of quality, safety, timeliness, effectiveness, equity and patient-centeredness.

Resource used measures can also be used to assess value by integrating stakeholder preference-weighted as we covered on the last slide, to the – get to that, that concept of value, and as building blocks in understanding efficiency and value, NQF supports using and reporting resource measures and the quality of – the context of quality performance.

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Again, I just wanted to orient the new members to some principles that the committee has been operating also for the past two years. National Voluntary

Consensus Standards for Cost and Resource Use, we've developed principles is highlight that resource use measures must demonstrate their important to measure, have scientifically acceptable properties, and are usable and feasible. Resource use measures that meet these criteria may be used in conjunction with quality measures to assess efficiency. Considerations to include the measure type, measurement period, the number of quality measures that should be paired with those resource use measure, and quality measures may be used to monitor for underuse on needed care.

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So obviously this project will evaluate measures related to Cost and Resource Use that can be used for accountability and public reporting purposes. This phase is going to involve the review of three all conditions-focused maintenance measures – NQF number 2158, Payment-Standardized Medicare Spending per Beneficiary; NQF 1598, Total Resource Use Population-based per Member per Month Index; and NQF 1604, Total Cost of Care Population-based PMPM Index.

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So just to give you a better idea of where we have measures. We wanted to put forward the NQF-endorsed portfolio of Cost and Resource Use Measures. So you'll see in addition to the ones will be taking a look at. In this project, we have some 30-day episode of care measures focusing on AMI, heart failure and pneumonia.

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So to quickly give you the overview and how we'll be going through the process, this is new member orientation call. We'll reconvene you in March with the full standing committee to go through the Measure Evaluation Q&A Call. We strongly encourage everyone to join this call as we'll be through a document that I think was actually new for this committee and for the process which is our staff conducted preliminary analysis. This is – what we hope is an improvement to the CDP process to facilitate the committee members' review of the measures. Basically staff takes each measure and goes through

the NQF evaluation criteria and highlight some relevant information from the submission form in the testing attachment.

We've packaged it all into the measure form information form that we provide to you. But really it's an attempt to, hopefully, make your life a little easier and pull out some of the most relevant pieces of information about measure. So, we would encourage everyone to join that call so you can see that document and understand what the materials for the in-person meeting will look like.

We will have a one in-person meeting on March 15th. This is where we'll be doing the bulk of work to review the measures as well as some – more cost-cutting conversations to provide some strategic guidance around the measurement areas.

We have a few post-meeting conference calls scheduled in case we need them if there's anything that we're not able to take care about the in-person meetings. After that, we'll reconvene you after the public comment period, so the committee can consider the public comment and refund as must to say.

So with that, I can pause and see if there are any questions?

All right, so hearing none.

Male: Great. Really good job.

Erin O'Rourke: Thank you. So with that, why don't we go on into the measure evaluation criteria overview.

Just as a ground setting, measures overview against all the evaluation criteria that are current at the time of the review. The NQF criteria haven't changed too much over time. However, the guidance on how to evaluate measures against that criteria has changed. In particular, we really – looking to raise the rigor of review over time. And because measures that have been previously endorsed are not automatically expected to meet the current criteria, we asked the committee to really look at each measure again – again each criteria.

So with that, we like to -- really had it for the committee, the NQF endorses measures for accountability applications such as public reporting, payment program accreditation, as well as for quality improvement.

So how do we decide what is good enough for accountability purposes? For that, we standardized criteria that are known to all. Developers know what is expected of them, and users know that a measure has been evaluated in certain way. So criteria have evolved over time in response to stakeholder feedback. And we recognize that the quality measurement enterprise is constantly growing and evolving – and as we gain experience, we learned lessons in the fields, we need to expand to meet the demands for measures. The criteria evolve to reflect the ongoing needs of all NQF stakeholders.

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So just a few notes as we're going through. The page numbers on these slides referenced the committee guidebook that you find on our website, and I believe we should have also e-mailed to you. So please let us know if you if you don't have a copy of that.

The criteria are in a specific order and there is a hierarchy. There's a logic to looking at them in the specific order. The first one will be importance to measure and report, followed by the reliability and validity that is the scientific acceptability of measure properties.

Number – criteria one and two are must-pass criteria. So if a measure fails on either importance or scientific acceptability, we cannot continue the review, the sub-criteria validity how to demonstrate the major criteria are met. So how do you know a measure is important scientifically acceptable, et cetera.

The criteria (parallel) best practices for measure development. For example, you begin by identifying what is important to measure and then later move on to what is feasible. Most criteria, sub-criteria involved a matter of degree rather than an all or nothing determination. And it requires both evidence and expert judgment to do these evaluations.

So with that, we just want to go through each criteria, provide you a little more information. And again, details are available in the committee member guidebook.

So criterion number one assesses importance to measure and report. Obviously, we all like to feel we're performing well, but NQF-endorsed measures have a goal to drive improvement. So everybody is already getting an A, there isn't really great deal of improvement possible. We focus on looking for measures where there still an opportunity to improve. An opportunity for improvement might be overall performance, significant variation in performance, variation among different subpopulations.

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So, again, this is one, we probably will not spend a tremendous amount of focus on – by nature the committees has previously agreed in your measure evaluation criteria that by the definition cost and resource measures are important. And, obviously, getting cost under control is important goal of the National Quality Strategy. Therefore, widely recognize that we need these measures. So, for those of you that have served on some of quality measures evaluation criteria, you'll see the focus is different here, less on importance, more on the scientific acceptability of the measures.

So with that, we can shift on to criteria number two, Reliability and Validity, Scientific Acceptability of Measure Properties. Again, reliability and validity are not all or none properties, they're a matter of degree. We also recognize that reliability and validity are not static. They can vary with different conditions of using the measure.

However, in order to be valid a measure must be reliable. However, the converse is not too and reliability does not guarantee validity. Empirical evidence of reliability and validity that is measure testing is expected. Reliability and validity are demonstrated for the measure as specified and not to measure concepts. Measure specifications are addressed under reliability and validity.

Sub-criterion 2a1, ask if they're precise specifications that are the foundation for the reliability. 2b1 ask if specifications are consistent with the evidence as a foundation for validity.

NQF does allow flexible testing options rather than prescriptive. We don't set specific thresholds rather we ask the committee to consider if results are within acceptable norms.

Insufficient evidence cannot be evaluated or considered for endorsement that is untested measures. We recognize that testing does not replace the need for the committee's expertise and judgment.

So reliability and validity can be tested for either the data elements or the measure score. Testing can be done on samples. And if there's empirical evidence of data element validity, separate reliability of data elements is not required. Face validity of the measure score as an indicator of resource used can be accepted systematically, et cetera.

OK, next slide.

I also just to refresh everyone of the concepts of reliability and validity and piggyback to high school science. We like to show this chart that I think is probably familiar to everyone but assume the center of target is your true scores. On this graphic each dot is the measurement. In the first target, all the measurements are quite similar, but they do a very good job of hitting the target. This is to show a measure that's reliable but not valid.

The second target, the measurements aren't very close to each other or to the center of the target. This portrays the measure that is neither reliable nor valid.

The third target, all the measures are close to each other and to the center of target. This portrays the measure that is both reliable and valid.

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So, just some key points relate to emphasize on testing. All right, empirical analysis is to demonstrate the reliability and validity of the measure as specified, including analysis of issues that pose threats the validity of conclusions about quality of care such as exclusions, risk adjustment for outcome and resource use measures, methods to identify differences in performance, and comparability of data sources and methods.

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So, again, let me emphasize that these are examples of how a developer may test. There are other ways that could potentially be use with the reliability. Reliability of the measure score refers to the proportion of variation in the performance scores due to systematic differences across the measured entities.

Reliability of the data elements refers to repeatability or reproducibility of the data and uses patient-level data. An example of how this could be assess as innovator reliability. We ask the committee to consider whether the testing the developer use with an appropriate method and included adequate representation of providers and patients and whether the results of that testing are within acceptable norms.

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Again, I just want to briefly show you something that you could dive into deeper in your committee member guidebook. This is our algorithm for rating reliability. You can find it on page 45. They recognized that it's a bit challenging to read on this slide, so I won't go through this, but we do want to emphasize that when you see the preliminary analysis at our March 3rd call, we do use the stepwise algorithm to come to our initial ratings.

This is, again, how we'd like to – we'd ask the committee members to consider reliability when you're looking at each measure. Again, I don't want to go through this step by step, but when you have time we would ask that you spend a little time getting comfortable with it in the guidebook.

So with that, I do want to highlight a few key points about validity testing. For empirical testing, we could look at the measure score. It assesses a

hypothesized relationship of the measure results to some other concepts. It assesses the correctness of the conclusions about quality, or in our case, resource use.

Testing the data elements assesses the correctness of the data elements compared to a gold standard. Some developers could also test using face validity. This is subjective determination by experts that appears to reflect quality of care or, again, in our case, resource use.

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Then similarly we have a algorithm for rating validity. Again, it's on page 50 of your guidebook. We'll be using this to make our determinations in the – to assess preliminary analysis and we would invite the committee to spend a little bit of time getting comfortable with the algorithm.

So under validity we also assess potential threats to validity. There's a number that we got listed on this slide. The developers have responded to questions on how they thought about these potential threats to validity and assess the impact of these threats on their measures.

So under this, some criterion will be asking if patients have been inappropriate excluded from the measure, if there are differences in patient mix for outcome and resource use measures. Measure scores are generated with multiple data sources or method and how systematic missing or incorrect data are handled.

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So again, on this slide, I show some of the differences of how we're asking committees to consider new versus maintenance measures. We really do want to highlight for maintenance measures. There's no difference in how we'll be looking at the measure specifications. We ask developers to provide any updates to the measure specs.

For maintenance measure, there'll be a decrease emphasis if prior testing was adequate, there's no need for additional testing. However, we do want to highlight that we have asked developers to address the questions that have

come out of NQF trial period for risk adjustment for sociodemographic status. So, you will be seeing new work on the measures to address that – those concerns.

So moving on to criterion three, feasibility. So feasibility is the extent to the – to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measures. The measures that we'll be looking at generally are based off of claims data.

So, generally, we have not had too many feasibility concerns. We have had issues in the past around some proprietary elements of the measures so we do ask the Committee to consider that if there are proprietary elements or (fees) for using some measures particularly around understanding the risk adjustments model.

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So finally, we asked the Committee to consider Usability and Use. Some questions to ask here are, have measures been in use for a while, are they working, are the measures is helping to drive improvements, are we going the right directions, and do the benefits of the measure outweigh the harm out? We do ask you to consider other any unintended consequences we have not known about. And the transparency for use of this measure has become more wide – has increased through widespread implementation.

So again, this slide shows you some the things and emphasis bring you versus maintenance measures. We really do ask the Committee to spend a little more time on usability and use of maintenance measures. We do want to ensure that NQF endorsed measures are driving improvement and the same time we aren't causing any unintended consequences. So this is really some that we were able to ask the committee to spend some time.

Next slide.

So this is not an issue for this particular project, however, criteria in number five does look at related or competing measures. We really do want to do what we can to address measurement burden and we recognize that too many

measures can cause chaos. So we try to foster harmonization and make decisions about closely related or competing measures. So as a Standing Committee – when you recommend a measure for endorsement, you may then have to determine if there are any related or competing measures, it may also have to make recommendations about this should be handled.

Again, with the measures in these projects, we don't see this as an issue but again, that's – the determination will ask you to make as a Standing Committee.

So to give you a little bit of an idea of how these all comes together. The first step in the process is to conduct a preliminary analysis. Again, this is a document staff put together to assist the committee's evaluation. We put each measure against the criteria we just covered and prepare a document for you all to – to use in your initial review. Again, this is seen as a starting point for committee's discussion and evaluation.

We then assigned each individual a certain subset of measures to do an in-depth evaluation and ask you to serve as a lead discussant during the meeting to just help kick start our conversation with the entire committee about that measure.

Finally, a measure evaluation and recommendations will be discussed at the in-person meeting. And again, the entire committee will discuss and rate each measure against the evaluation criteria and make recommendations for endorsement.

So recommendations for endorsement and Endorsement Plus. 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 a possible Endorsement Plus designation. And that is it meets evidence criteria without exception, it has good results on reliability testing of the measure score, good results on empirical validity testing of the measure score so not just face validity, and it's well-vetted in real world settings by those being measured and others.

The Committee votes on recommending the Endorsement Plus designation indicating that a measure exceeds the NQF criteria in key areas.

So, do you want to pause for some questions recognizing that was quite a lot that we just went through rather quickly. So, if there's any questions on the criteria we could take those now.

OK. I'm hearing none. I'm going to turn it over to (Irvin Singh), our project analyst, who'll be giving you a brief tutorial on the SharePoint site that we'll be using to distribute your materials to you.

(Irvin Singh): Sure. Thank you, Erin. Yes. So I'm (Irvin Singh), I'm the Project Analyst for the Cost and Resource Use team. And I'm going to over a brief introduction of SharePoint and talk about how you can access all the documents and materials regarding the Cost and Resource Use project.

So basically the quick overview, SharePoint is going to be the page in which you're going to access all of the pertinent documents related to this project. And I would highly suggest to bookmark that link that you see before you so that you can get easy access to all of the documents that you need for the Cost and Resource Use project.

And if you can see on the bottom of the list, you can see all the documents that you're going to see on SharePoint such as measure document sets, the Standing Committee guidebook, and all other logistic information that you need to fully participate in the Standing Committee.

So then when you click that link, this is going to be the home page that you're going to see. All of the – all the documents that you're going to see is going to be grouped in four categories. It's going to be grouped in reference materials, general documents, measure documents, and meeting and call documents.

So one thing to keep in mind when you're gong through SharePoint on the page is the plus and minus sign. And basically what this does is at it's going to break down into more of a granular level base on which meeting that you're in or which measure that you're looking at, you'll go to a more finite level so you'll be able to see and access any of the documents that are going to be need

– needing and using for this project. And all of the four groups that I mentioned earlier is going to work in the same way in each of the category that you'll be using.

And then finally, this is going to be the more pertinent documents that you're going to be using as a measure worksheet and measure information. And this is where the crux of the measure analysis is going to take place. You'll be able to access and see a pieces of information like the statistical analysis justifications, empirical evidence on the measure and much more. And this is basically going to be your starting point when it comes to the overall measure analysis through the measure worksheet.

And with now, I'm going to turn it over to Hiral, who's going to talk more about next steps and contact information.

Hiral Dudhwala: OK. Thank you, (Irvin). All right. So, on the slide, you'll see I highlighted a couple of activities that will be going on in the next month and a half that we wanted to highlight. So the – so right now, we are at the new committee member orientation, you know, for our new members as well as current members.

Next, we have pre-meeting public comments occurring which is from February 20th through March 6th which will allow for public comment on measures that will be reviewed during this phase. Following that will be our full committee orientation measure evaluation Q&A call webinar. And that's taking place on March 3rd from 12 p.m. to 2 p.m. Eastern Time. You should all have that appointment in your Outlook.

And then following that it is a one day in-person meeting which is set for March 15th from 8:00 a.m. to 5:30 p.m. Eastern Time. And again, you know, all of these should be showing up in your appointment, if not please let us know but these are the immediate next meetings that would pertain to our committee members to be aware of and then we'll keep you posted about, you know, next steps after the in-person meeting as well.

Next slide.

Next slide. Thank you.

OK, so here is our project contact information. We have our e-mail box which is the efficiency@qualityforum.org. If you have any questions at all regarding anything whether it'd be related to the meetings, the appointments, please don't hesitate to e-mail us there.

Our NQF phone number is also there as well as our project page for the Cost and Resource Use – this is the public project page, which is also a good source of resource where you can refer to.

And then the SharePoint site which (Irvin) shared with you. The link again is there and that's where you can access materials that you will need to do your portion of the review and work with this project. So, again, feel free to contact us, you know, if you have any questions or if you think of something, you know, we're here to help out as we can.

So, is there any additional questions? This would be a great time about anything related to the committee or anything that you had heard from our presentation today. Feel free to let us know right now. So we're opening it up for questions.

OK. And I am not seeing anything in the chat box either. So if you think of something later on, you know, again, just feel free to contact us and we are very excited to have the members that are a part of this committee to work with us on this project. We have a very dynamic committee and we thank you so much for your participation and your commitment and we look forward to working with you and meeting you at the in-person meeting.

So, with that being said, I think we'll go ahead and adjourn and give everyone back an hour of their time. So, thank you very much.

Female: Thank you.

Male: Thank you very much. Have a great day.

Female: Bye-bye.

Male: Thank you.

Female: Thanks, bye.

Male: Thank you.

END