



NATIONAL  
QUALITY FORUM

# NQF Endocrine Standing Committee Off-Cycle Meeting—Fall 2016

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Helen Burstin, Chief Scientific Officer*

*November 3, 2016*

# Agenda

- Introductions/role call
- Introduction to off-cycle activities
- MAP Overview
  - *Statutory Authority in Pre-Rulemaking*
  - *MAP Structure and Scope*
  - *Approach to Pre-Rulemaking*
- Refresher
  - *NQF's evaluation criteria*
  - *Endocrine portfolio*
  - *Issues from recent Endocrine evaluation*
- NQF's Strategic Direction
- Discussion
- Next steps

# Standing Committee Members

- James (Jamie) Rosenzweig (Co-Chair)
- Robert (Bob) Bailey
- William (Bill) Curry
- Starlin Haydon-Greatting
- Janice Miller
- William (Bill) Taylor
- Grace Lee
- Tracey Breen
- Vicky Ducworth
- James (Jim) Dudl
- Ingrid Duva
- Ann Kearns
- Anne Leddy
- Anna McCollister-Slipp



# Off-Cycle Activities

- Goals
  - *Maintain engagement of Standing Committee members*
  - *Provide venue for additional CDP or non-CDP activities*
- Timeframe: Quarterly
- Possible upcoming topics
  - *Identifying and prioritizing gaps in measurement*
  - *MACRA*
  - *Updates in guidelines, etc.*
  - *T1D Exchange*
  - *NQF evaluation criteria – refresher course*
  - *NQF evaluation criteria – Scientific Acceptability deep dive*



# *Measure Applications Partnership (MAP) Overview*

# Statutory Authority in Pre-Rulemaking

# Measure Applications Partnership

## Statutory Authority

The Affordable Care Act (ACA) requires HHS to contract with the consensus-based entity (i.e., NQF) to **“convene multi-stakeholder groups to provide input on the selection of quality measures” for public reporting, payment, and other programs.** (ACA Section 3014).



# The Role of MAP

## In pursuit of the National Quality Strategy, the MAP:

- Informs the selection of performance measures to achieve the goal of improvement, transparency, and value for all
- Provides input to HHS during pre-rulemaking on the selection of performance measures for use in public reporting, performance-based payment, and other federal programs
- Identifies gaps for measure development, testing, and endorsement
- Encourages measurement alignment across public and private programs, settings, levels of analysis, and populations to:
  - *Promote coordination of care delivery*
  - *Reduce data collection burden*





# What is Rulemaking?

- Rulemaking refers to the process that government agencies (such as the Department of Health and Human Services (HHS)) use to create regulations.

Congress sets broad policy mandates by passing statutes

The public is informed of and can comment on proposed rules

The proposed rule becomes the final rule with some minor modifications.

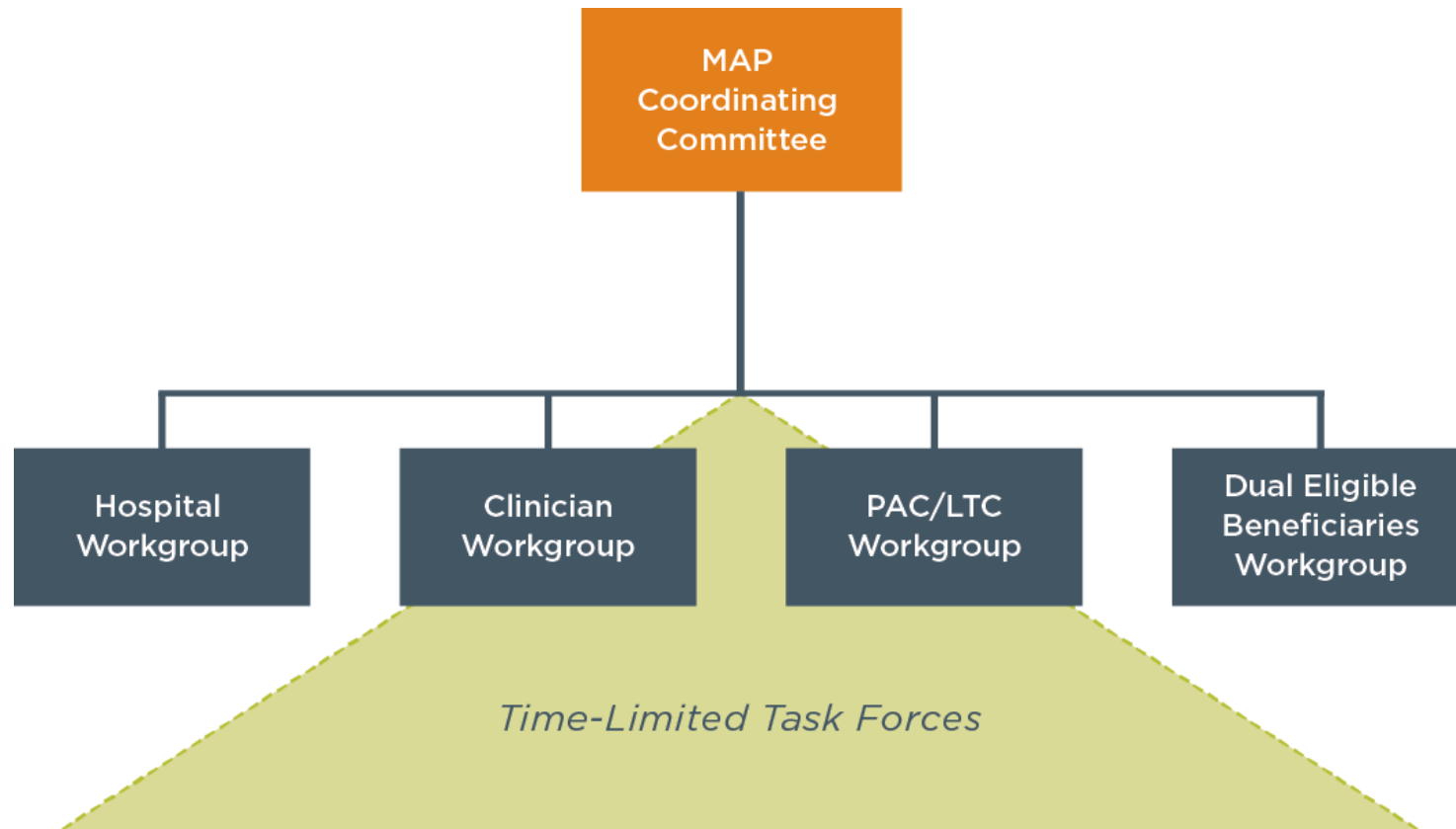
# What is the value of pre-rulemaking input?

- Facilitates multi-stakeholder dialogue that includes HHS representatives
- Allows for a consensus-building process among stakeholders in a transparent open forum
- Proposed laws are “closer to the mark” because the main provisions related to performance measurement have already been vetted by the affected stakeholders
- Reduces the effort required by individual stakeholder groups to submit official comments on proposed rules

# MAP Structure and Scope



# MAP Structure





# MAP Members

## Three types of members:

- **Organizational Representatives**
  - *Constitutes the majority of MAP members*
  - *Include those that are interested in or affected by the use of measures*
  - *Organizations designate their own representatives*
- **Subject Matter Experts**
  - *Serve as individual representatives bringing topic specific knowledge to MAP deliberations*
  - *Chairs and co-chairs of MAP's Coordinating Committee, workgroups, and task forces are considered subject matter experts*
- **Federal Government Liaisons**
  - *Serve as ex-officio, non-voting members representing a Federal agency*



# MAP Coordinating Committee Charge

- Advise HHS on the coordination of performance measurement strategies across public sector programs, across settings of care, and across public and private payers;
- Set the strategic direction for the Measure Applications Partnership; and
- Give direction to and ensure alignment among the MAP advisory workgroups.

# MAP Coordinating Committee Members

- **Elizabeth McGlynn, PhD, MPP**
- **Harold Pincus, MD**
- Academy of Managed Care Pharmacy\*
- AdvaMed
- AFL-CIO
- America's Health Insurance Plans
- American Board of Medical Specialties
- American Academy of Family Physicians
- American College of Physicians
- American College of Surgeons
- American HealthCare Association
- American Hospital Association
- American Medical Association
- American Nurses Association
- AMGA\*
- Blue Cross and Blue Shield Association
- Consumers Union
- Healthcare Financial Management Association
- Maine Health Management Coalition
- The Joint Commission
- The Leapfrog Group
- National Alliance for Caregiving\*
- National Association of Medicaid Directors
- National Business Group on Health
- National Committee for Quality Assurance
- National Partnership for Women & Families
- Network for Regional Healthcare Improvement
- Pacific Business Group on Health
- Pharmaceutical Research and Manufacturers of America (PhRMA)
- Providence Health and Services
- Richard Antonelli, MD, MS
- Doris Lotz, MD, MPH
- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Office of the National Coordinator for Health Information Technology (ONC)



# MAP Hospital Workgroup Charge

**MAP Hospital Workgroup provides input on measures to be implemented through the federal rulemaking process for the following programs:**

- Hospital Inpatient Quality Reporting (IQR)
- Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use)
- Hospital Value-Based Purchasing (VBP)
- Hospital Readmissions Reduction Program (HRRP)
- Hospital-Acquired Conditions Payment Reduction (HACRP)
- Hospital Outpatient Quality Reporting (OQR)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR)
- Ambulatory Surgical Center Quality Reporting (ASCQR)
- PPS-Exempt Cancer Hospital Quality Reporting (PCHQR)
- End-Stage Renal Disease (ESRD) QIP



# MAP Hospital Workgroup Members

- **Cristie Upshaw Travis, MSHHA**
- **Ronald S. Walters, MD, MBA, MHA, MS**
- America's Essential Hospitals
- American Hospital Association
- Baylor Scott & White Health (BSWH)
- Blue Cross Blue Shield of Massachusetts
- Children's Hospital Association
- Geisinger Health System
- Medtronic-Minimally Invasive Therapy Group
- Mothers Against Medical Error
- National Association of Psychiatric Health Systems (NAPHS)
- National Rural Health Association
- Nursing Alliance for Quality Care
- Pharmacy Quality Alliance
- Premier, Inc.
- Project Patient Care
- Service Employees International Union
- The Society of Thoracic Surgeons
- University of Michigan
- Gregory Alexander, PhD, RN, FAAN
- Elizabeth Evans, DNP
- Lee Fleisher, MD
- Jack Jordan
- R. Sean Morrison, MD
- Ann Marie Sullivan, MD
- Lindsey Wisham, BA, MPA
- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)

# MAP Clinician Workgroup Charge

**MAP Clinician Workgroup provides input on measures to be implemented through the federal rulemaking process for the following programs:**

- Merit-based Incentive Payment System (MIPS) track of the Quality Payment Program
- Medicare Shared Savings Program (Accountable Care Organizations)

# MAP Clinician Workgroup Members

- **Bruce Bagley, MD**
- **Amy Moyer**
- American Academy of Ophthalmology
- American Academy of Pediatrics
- American Association of Nurse Practitioners
- American College of Cardiology
- American College of Radiology
- Anthem
- Association of American Medical Colleges
- Carolina's HealthCare System
- Consumers' CHECKBOOK
- Council of Medical Specialty Societies
- Health Partners, Inc.
- National Center for Interprofessional Practice and Education
- Pacific Business Group on Health
- Patient-Centered Primary Care Collaborative
- Primary Care Information Project
- St. Louis Area Business Health Coalition
- Dale Shaller, MPA
- Michael Hasset, MD, MPH
- Eric Whitacre, MD, FACS
- Leslie Zun, MD
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Health Resources and Services Administration (HRSA)

# MAP PAC/LTC Workgroup Charge

**MAP PAC/LTC Workgroup provides input on measures to be implemented through the federal rulemaking process for the following programs:**

- Nursing Home Quality Initiative
- Home Health Quality Reporting
- Inpatient Rehabilitation Facility Quality Reporting
- Long-Term Care Hospital Quality Reporting
- Hospice Quality Reporting

**The 2016-2017 Pre-Rulemaking Process will pilot test a feedback loop process with the PAC/LTC Workgroup.**

# MAP Post Acute Care / Long Term Care (PAC/LTC) Workgroup Members

- **Gerri Lamb, PhD**
- **Debra Saliba, MD, MPH**
- Aetna
- AMDA – The Society for Post-Acute and Long-Term Care Medicine
- American Occupational Therapy Association
- American Physical Therapy Association
- Caregiver Action Network
- HealthSouth Corporation
- Johns Hopkins University School of Medicine
- Kindred Healthcare
- National Association of Area Agencies on Aging
- The National Consumer Voice for Quality Long-Term Care
- National Hospice and Palliative Care Organization
- National Partnership for Hospice Innovation
- National Pressure Ulcer Advisory Panel
- National Transitions of Care Coalition
- Visiting Nurses Association of America
- Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN
- Kim Elliott, PhD, CPH
- Caroline Fife, MD, CWS, FUHM
- Paul Mulhausen, MD, MHS
- Eugene Nuccio, PhD
- Thomas von Sternberg, MD
- Centers for Medicare & Medicaid Services (CMS)
- Office of the National Coordinator for Health Information Technology (ONC)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

# MAP Also Provides Guidance on Programs Not Subject to Rulemaking

- Current

- *Demonstrations to integrate care for dual eligible beneficiaries*
- *Medicaid Adult Core Set*
- *Medicaid/CHIP Child Core Set*

- Past

- *Health Insurance Exchange Quality Rating System*

- Potential for Future

- *Programs from the Centers for Medicare and Medicaid Innovation (CMMI)*
- *And others...*

# Role of the Dual Eligible Beneficiaries Workgroup in Pre-Rulemaking

## **Cross-Program and Cross-Setting Measurement Considerations for Complex Consumers**

- Medicare-Medicaid dual eligible beneficiaries access all types of healthcare, therefore their care is measured in all of the programs reviewed during pre-rulemaking
- Members of the Duals Workgroup participate in the setting-specific workgroups as non-voting liaisons to share their perspectives
- The Dual Eligible Beneficiaries Workgroup meets to consider cross-program and cross-setting measurement issues relevant to complex consumers (e.g., care transitions, person-centered care)

# MAP Dual Eligible Beneficiaries Workgroup Charge

- Consider the range of measurement issues relevant to consumers with complex medical and social needs, such as
  - *Persistent gaps in available measures*
  - *Stratification and risk adjustment*
  - *Multiple chronic conditions*
  - *Shared accountability*
- Maintain a “family of measures” relevant to dual eligible beneficiaries to promote uptake and alignment of these measures across a variety of programs



# MAP Dual Eligible Beneficiaries Workgroup Members

- **Jennie Chin Hansen, RN, MS, FAAN**
- **Nancy Hanrahan, PhD, RN, FAAN**
- AARP Public Policy Institute
- AMDA – The Society for Post-Acute and Long-Term Care Medicine
- American Occupational Therapy Association
- Association for Community Affiliated Health Plans
- Centene Corporation
- Consortium for Citizens with Disabilities
- Easter Seals
- Homewatch CareGivers
- iCare
- Medicare Rights Center
- National Association of Medicaid Directors
- National Association of Social Workers
- New Jersey Hospital Association
- SNP Alliance
- Alison Cuellar, PhD
- K. Charlie Lakin, PhD
- Ann Lawthers, ScD
- Pamela Parker, PhD
- Kimberly Rask, MD, PhD
- Administration for Community Living
- Centers for Medicare and Medicaid Services (CMS), Medicare-Medicaid Coordination Office
- Office of the Assistant Secretary for Planning and Evaluation

# Charge of the MAP Medicaid Adult and Child Task Forces

- Each year, the Medicaid Task Forces advise HHS on strengthening the Adult and Child Core Sets of measures by:
  - *Reviewing states' experiences voluntarily reporting measures*
  - *Refining previously identified measure gap areas and recommending potential measures for addition to the sets*
  - *Recommending measures for removal from the sets that are found to be ineffective*

# MAP Medicaid Adult Task Force

- **Harold Pincus, MD (chair)**
- Academy of Managed Care Pharmacy
- American Association of Nurse Practitioners
- American College of Physicians
- American Health Insurance Plans
- Association for Community Affiliated Health Plans
- Humana, Inc.
- March of Dimes
- National Association of Medicaid Directors
- National Rural Health Associates
- Ann Marie Sullivan, MD
- Kim Elliott
- Substance Abuse and Mental Health Services Administration (SAMHSA)

# MAP Medicaid Child Task Force

- **Foster Gesten, MD, FACP (chair)**
- American Academy of Pediatrics
- American's Essential Hospitals
- American Nurses Association
- Association for Community Affiliated Plans
- Blue Cross and Blue Shield Association
- Children's Hospital Association
- Kaiser Permanente
- March of Dimes
- National Association of Medicaid Directors
- Patient-Centered Primary Care Collaborative
- Luther Clark, MD
- Richard Antonelli, MD
- National Partnership for Women and Families
- Agency of Healthcare Research and Quality
- Centers for Medicare & Medicaid Services
- Health Resources and Services Administration
- Office of the National Coordinator for Health IT

# Approach to Pre-Rulemaking

# MAP Pre-Rulemaking Approach

A closer look into how recommendations will be made

- The MAP Coordinating Committee examined key strategic issues during their September 27<sup>th</sup> meeting to inform preliminary evaluations of measures under consideration;
- Each MAP workgroup will familiarize themselves with finalized program measure set for each program during the fall web-meetings and identify gaps in the current measure sets;
- The MAP workgroups will evaluate measures under consideration during their December in-person meetings informed by the preliminary evaluations completed by NQF staff;
- The MAP Coordinating Committee will examine the key cross issues identified by the MAP workgroups during their January 24-25<sup>th</sup> in-person meeting.



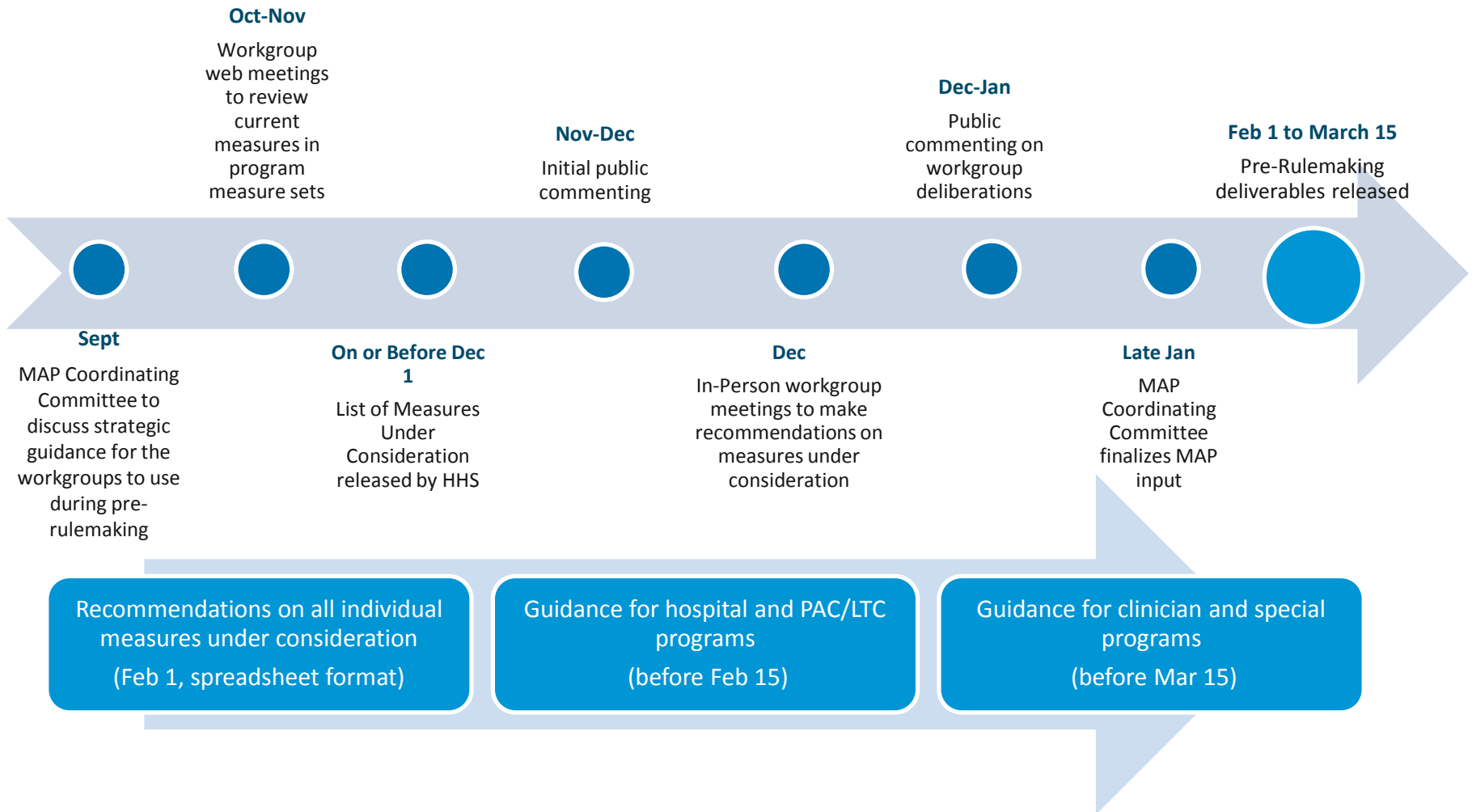
# The MAP Season So Far:

## September 27<sup>th</sup> Coordinating Committee Meeting

- The Coordinating Committee met to review and revise the pre-rulemaking process including:
  - *Updating the MAP decision categories*
  - *Revising the preliminary analysis algorithm*
  - *Developing a feedback loop pilot*
- Discussion on these topics will assist MAP Workgroups and NQF staff apply the MAP preliminary analysis algorithm in their pre-rule making work

# MAP Approach to Pre-Rulemaking

## A look at what to expect







# MAP: Upcoming Activities

## Web Meetings

- All MAP Pre-Rulemaking Process Review – November 16, 12-2pm ET
- Dual Eligible Beneficiaries Workgroup – **January 2017**
  - *Reviews recommendations from other groups and provide cross-cutting input during the second round of public comment*

## In-Person Meetings

- Hospital Workgroup – **December 8-9**
- Clinician Workgroup – **December 12-13**
- PAC/LTC Workgroup – **December 14-15**
- Coordinating Committee – **January 24-25**

# *Quick Refresher*

# Measure Evaluation Criteria (abbreviated)

## **1. Importance to Measure and Report (must-pass)**

- 1a. Evidence to Support the Measure Focus (must-pass)
- 1b. Performance Gap, including Disparities (must-pass)
- 1c. For composite measures: Quality Construct and Rationale (must-pass)

## **2. Scientific Acceptability of Measure Properties (must-pass)**

- 2a. Reliability [includes additional subcriteria] (must-pass)
- 2b. Validity [includes additional subcriteria] (must-pass)
- 2c. For composite measures: Empirical Analysis Supporting Composite Construction (must-pass)

## **3. Feasibility**

- 3a. Required data elements routinely generated and used during care delivery
- 3b. Availability in electronic health records or other electronic sources OR a credible, near-term path to electronic collection is specified
- 3c. Data collection strategy can be implemented

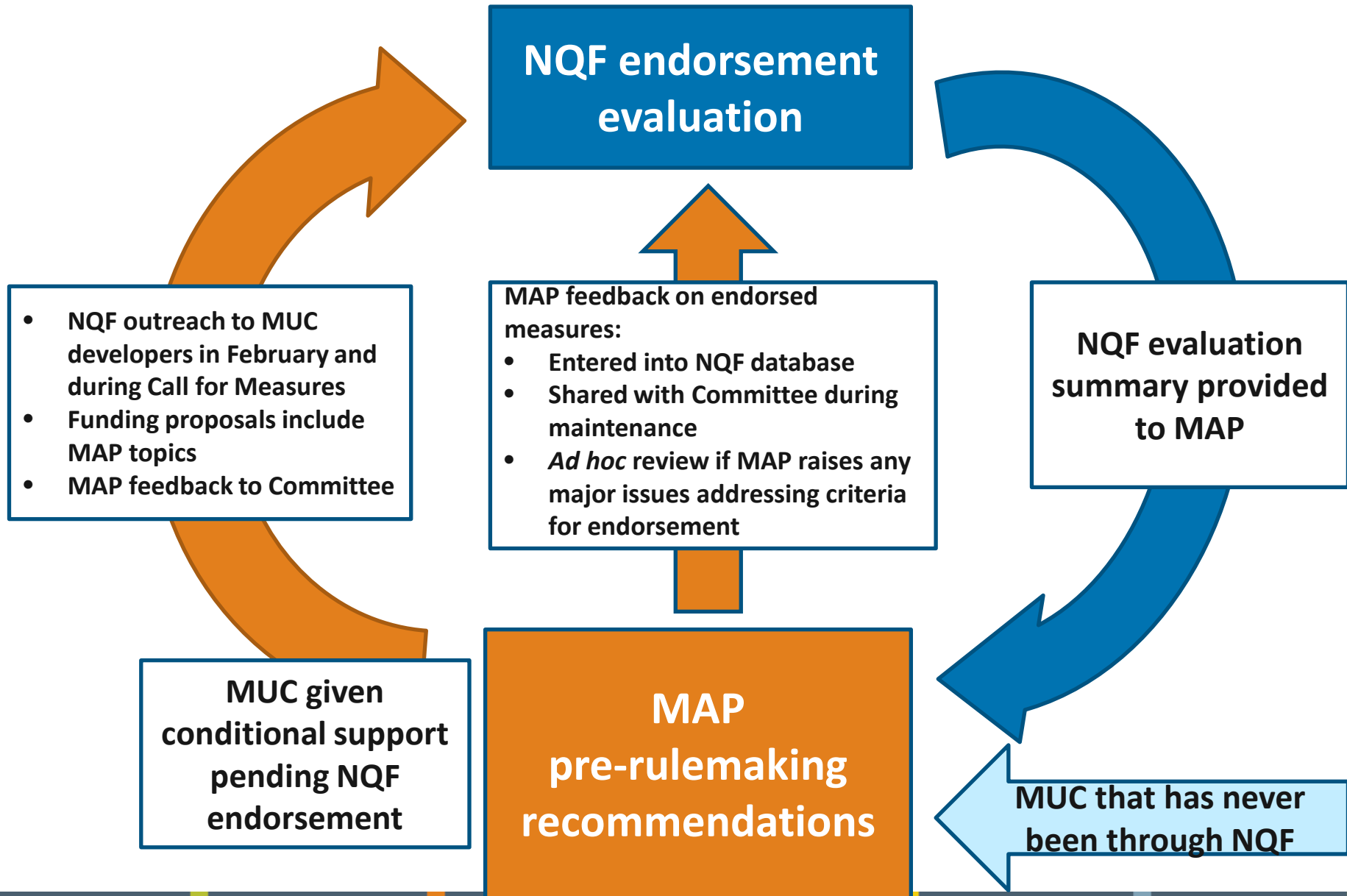
## **4. Usability and Use**

- 4a. Accountability and transparency
- 4b. Improvement
- 4c. The benefits to patients outweigh evidence of unintended negative consequences to patients
- 4d. Vetting of the measure by those being measured and others

## **5. Comparison to Related or Competing Measures**

- 5a. Measure specifications are harmonized OR differences are justified
- 5b. Superior measure is identified OR multiple measures are justified

# CDP-MAP INTEGRATION – INFORMATION FLOW





# NQF's Endocrine

## ■ Diabetes

- *Population at Risk*
- *Evaluation and On-going Management*
  - » Eye care, Foot care, Blood Glucose Testing, Cardiovascular, Kidney Disease, Medication
- *Exacerbation and Complex Treatments*
  - » Outcomes (complications, amputations, admissions), resource use

## ■ Osteoporosis

- *Population at Risk*
- *Evaluation and On-Going Management*
- *Exacerbation of Osteoporosis: Fracture and Complications*

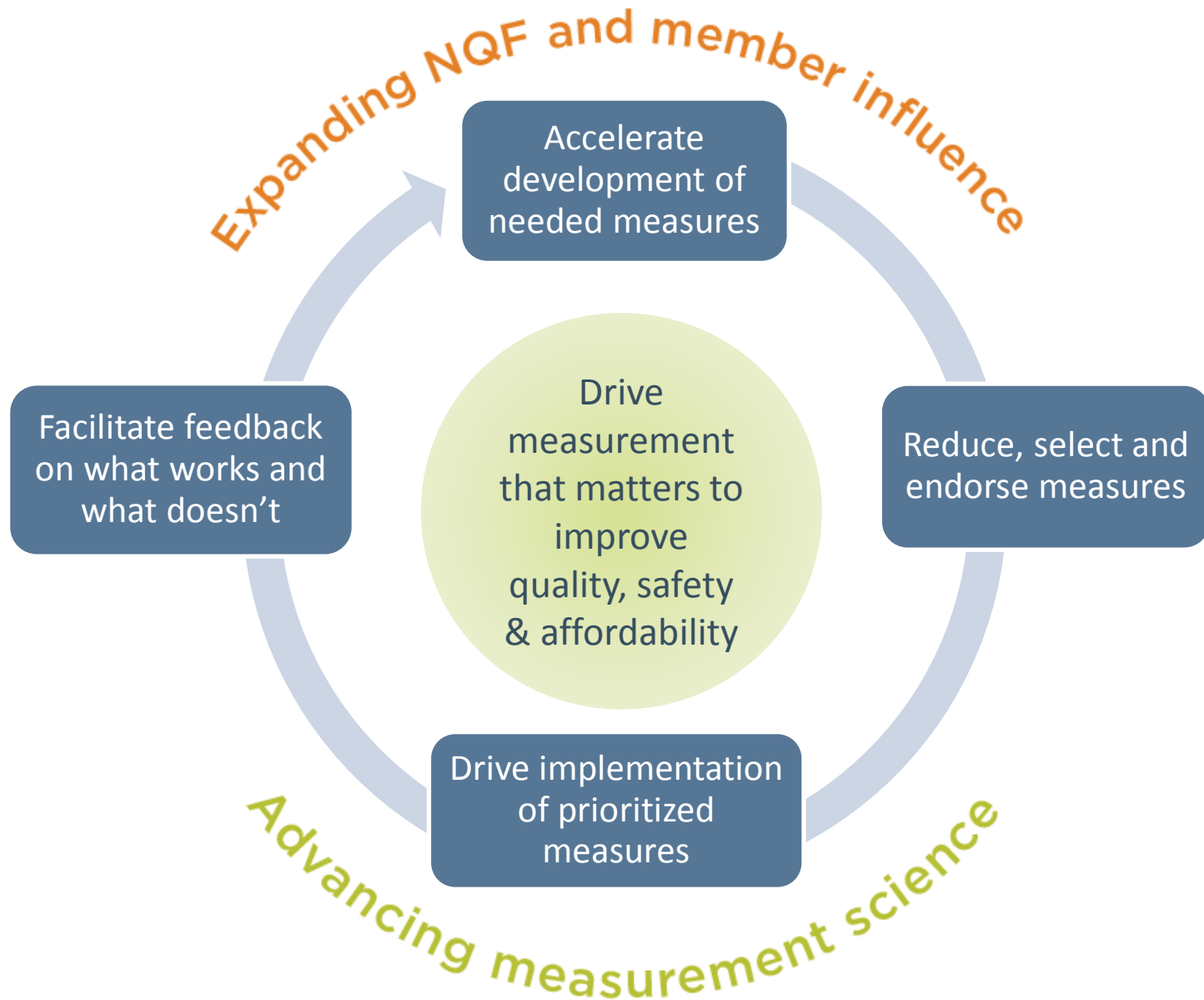


# Previous Evaluation Cycles: Issues

- Threshold values used in measurement
  - *Blood pressure <140 systolic, <90 diastolic; HbA1c values < 8%*
- Implications of Removing Endorsement
  - *Didn't want to signal that care process is unimportant*
- Several competing measures, but unable to chose superior measure
- Several related measures—with some concrete feedback on how to harmonize
- Little improvement in recent years for several measures

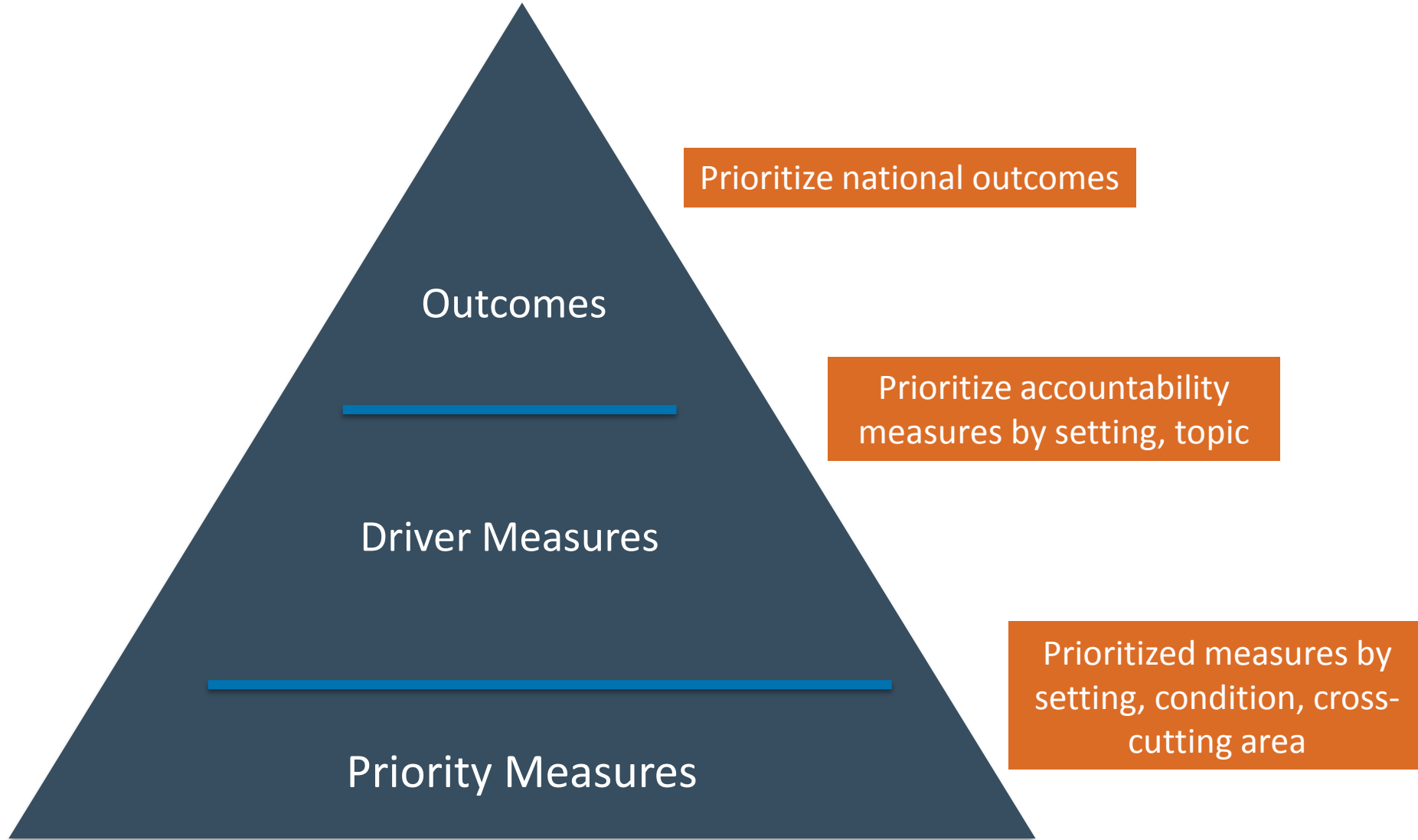
# *NQF Strategic Direction*

# NQF: Lead. Prioritize. Collaborate.





# Prioritization



# Discussion: Given NQF's Strategic Direction...

- What are your thoughts when you hear people say “we have too many measures”?
- Considering the Endocrine portfolio—and the measures we identified as competing—reflect on the reluctance to de-endorse some of them with the tension of “too many measures”.
  - *What, if anything, would convince you to recommend de-endorsement?*
  - *What if we enforced having a best-in-class decision?*
- Consider the “improvement” subcriterion: should this be must-pass?
  - *What are the pros/cons?*
  - *Would you as a Standing Committee adhere if this did become must-pass?*

# Discussion: Given NQF's Strategic Direction...

- How do you think about “topped out” measures?
  - *How could we strengthen guidance about what is “topped out”?*
- We’ve strengthened our policy for Reserve Status. Would this make you more likely to recommend endorsement with Reserve Status?
- Should relevance to the full portfolio be considered?
  - *If so, can you think of criteria that we would use?*
  - *OR, can you think of different processes that would be helpful?*
- What do you think about endorsement for QI vs. for accountability?
- Do you have ideas on how we might prioritize measures?
  - *Any ideas on criteria we could use?*

# *Public Comment*

# *Next Steps*



# Scheduling Dates and Topics for Three More Off-Cycle Webinars

- Solidify topics/speakers
- Doodle polls to assess availability
- Calendar invites
- ***Let me know in the next few weeks if you have other topic areas you think would be of interest!***

***Thank You!***