Changes to NQF's Consensus Development Process

Geriatrics and Palliative Care Standing Committee Web Meeting

Karen Johnson
Kathryn Goodwin
Kirsten Reed

February 21, 2018

Welcome

Agenda for the Call

- Standing Committee roll call
- CDP redesign overview
- Changes to NQF evaluation criteria
- Public comment
- Next steps

NQF Staff

- Project staff
  - Karen Johnson, Senior Director
  - Kathryn Goodwin, Senior Project Manager
  - Kirsten Reed, Project Manager

- NQF Quality Measurement leadership staff
  - Elisa Munthali, Senior Vice President

Standing Committee

- Sean Morrison, MD *(co-chair)*
- Deborah Waldrop, PhD, LMSW, ACSW *(co-chair)*
- Bob Archuleta, MD
- Margie Atkinson, D Min, BCC
- Samira Beckwith, LCSW, FACHE, LHD*
- Amy Berman, BSN
- Eduardo Bruera, MD
- Cleanne Cass, DO, FAAHPM, FAAFP
- George Handzo, BCC, CSSBB
- Arif Kamal, MD, MBA, MHS, FACP, FAAHPM
- Katherine Lichtenberg, DO, MPH, FAAFP*
- Alvin Moss, MD, FACP, FAAHPM
- Douglas Nee, Pharm D, MS
- Laura Porter, MD
- Cindi Pursley, RN, CHPN
- Lynn Reinke, PhD, ARNP, FAAN*
- Amy Sanders, MD, MS,FAAN
- Tracy Schroepfer, PhD, MSW
- Linda Schwimmer
- Christine Seel Ritchie, MD, MSPH
- Robert Sidlow, MD, MBA, FACP
- Karl Steinberg, MD, CMD, HMDC
- Paul Tatum, MD, MSPH, CMD, FAAHPM, AGSF
- Gregg VandeKieft, MD, MA
- Debra Wiegand, PhD, MBE, RN, CHPN, CCRN, FAHA, FPCN, FAAN

*Denotes new Standing Committee member

Overview of CDP Redesign

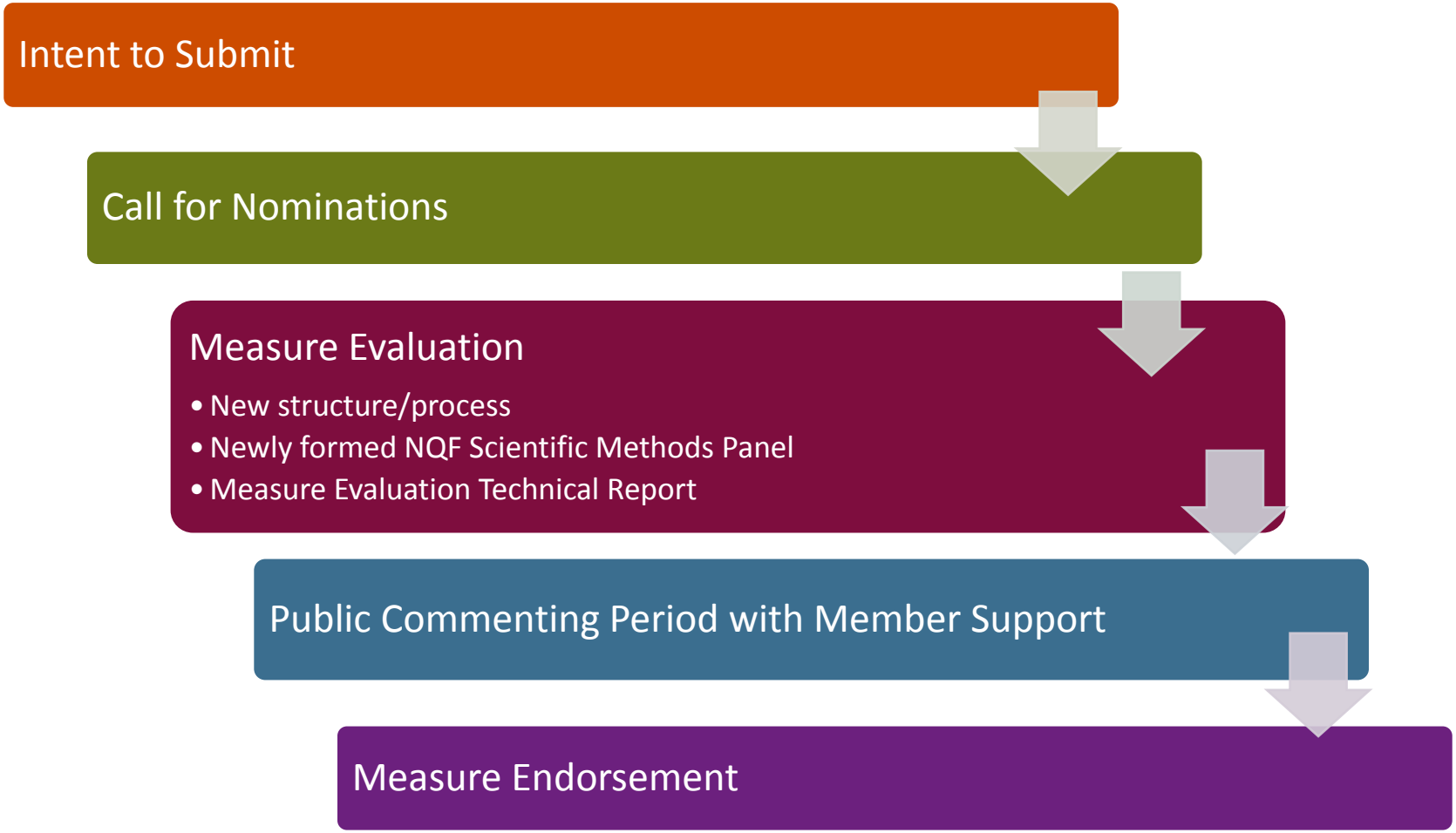
The National Quality Forum: A Unique Role

Established in 1999, NQF is a nonprofit, nonpartisan, membership-based organization that brings together public and private sector stakeholders to reach consensus on healthcare performance measurement. The goal is to make healthcare in the U.S. better, safer, and more affordable.

Mission: To lead national collaboration to improve health and healthcare quality through measurement

- An Essential Forum
- Gold Standard for Quality Measurement
- Leadership in Quality

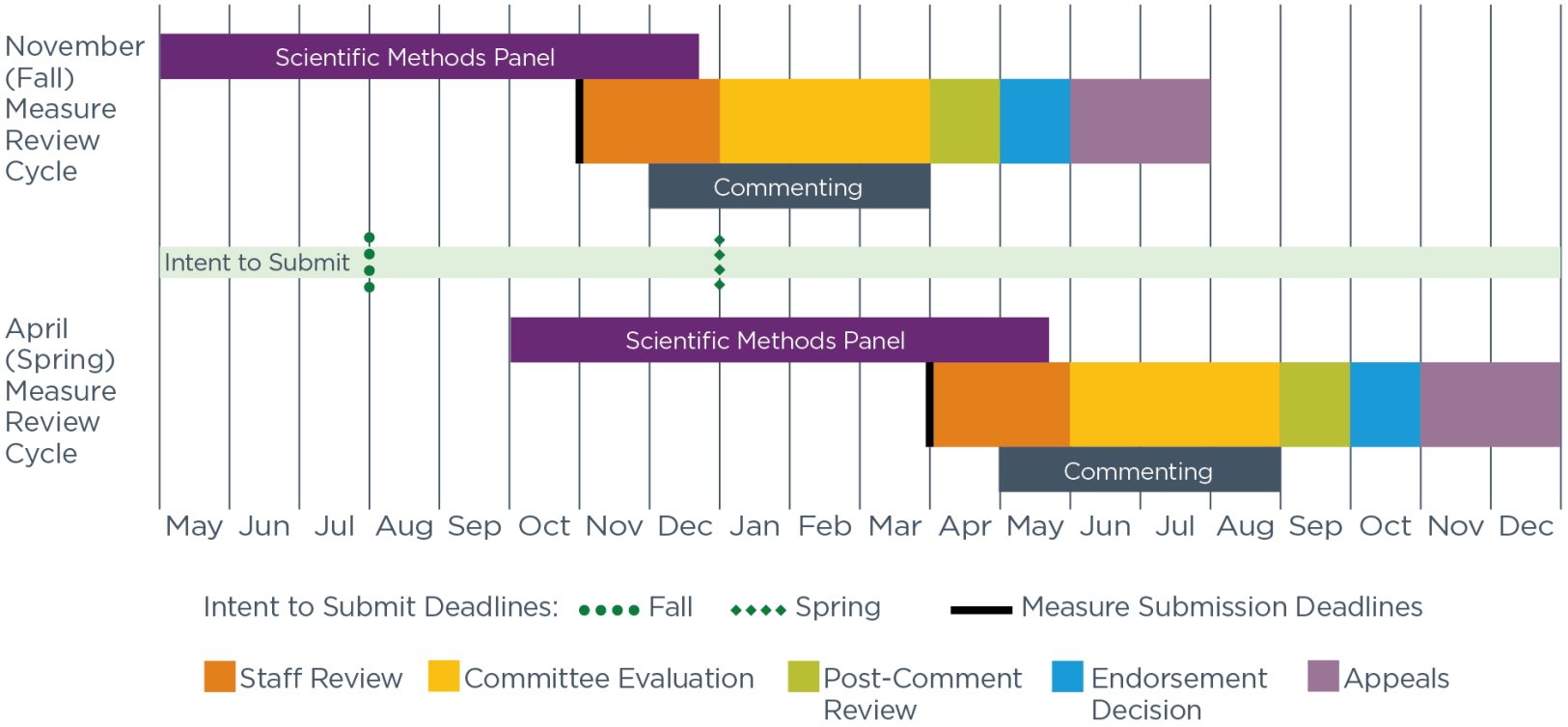
NQF Consensus Development Process (CDP): 6 Steps for Measure Endorsement



Measure Review: Two Cycles Per Year

Consensus Development Process:

Two Cycles Every Contract Year



15 New Measure Review Topical Areas

	All Cause Admission/ Readmissions	Behavioral Health	
Cancer	Cardiovascular	Care Coordination	Infectious Disease
Cost and Resource Use	Endocrine	Eyes, Ears, Nose and Throat Conditions	Palliative and End-of Life Care
Gastrointestinal	Genitourinary	Health and Well Being	Musculoskeletal
Neurology	Patient Safety	Pediatrics	Perinatal
Person and Family-Centered Care	Pulmonary and Critical Care	Renal	Surgery

All Cause Admission/ Readmissions	Behavioral Health & Substance Use	Cancer
Cardiovascular	Cost and Efficiency[A]	Geriatric and Palliative Care[B]
Neurology	Patient Experience & Function	Patient Safety[C]
Pediatrics	Perinatal and Women's Health	Prevention and Population Health[D]
Primary Care and Chronic Illness	Renal	Surgery

☐ Denotes expanded topic area

[A] Cost & Efficiency will include efficiency-focused measures from other domains
[B] Geriatric & Palliative Care includes pain-focused measures from other domains
[C] Patient Safety will include acute infectious disease and critical measures
[D] Prevention and Population Health is formerly Health and Well Being

Measure Review

- NEW!! Scientific Methods Panel
  - *Evaluate Scientific Acceptability of Complex Measures*
  - *Serve in Advisory Capacity to NQF*
- Methods Review by Staff
  - *NQF will continue to provide preliminary analysis, review for noncomplex measures*
- Shift from in-person meetings to web-based meetings

Role of Methods Panel

- Scientific Methods Panel created to ensure higher-level and more consistent reviews of the scientific acceptability of measures
- The Methods Panel is charged with:
  - *Conducting evaluation of complex measures for the Scientific Acceptability criterion, with a focus on reliability and validity analyses and results*
  - *Serving in advisory capacity to NQF on methodologic issues, including those related to measure testing, risk adjustment, and measurement approaches*
- The Methods Panel review will help inform the Standing Committee's endorsement decision. The panel will not render endorsement recommendations.

Measure Evaluation

Complex Measures

- Outcome measures, including intermediate clinical outcomes
- Instrument-based measures (e.g., PRO-PMs)
- Cost/resource use measures
- Efficiency measures (those combining concepts of resource use and quality)
- Composite measures

NonComplex Measures

- Process measures
- Structural measures
- Previously endorsed complex measures with no changes/updates to the specifications or testing

Role of the Expert Reviewers

- In 2017, NQF executed a CDP redesign that resulted in restructuring and reducing the number of topical areas as well as a biannual measure review process.

- Given these changes, there is a need for diverse yet specific expertise to support longer and continual engagement from standing committees.

Role of the Expert Reviewers

- The expert reviewer pool serves as an adjunct to NQF standing committees to ensure broad representation and provide technical expertise when needed.
- Expert reviewers will provide expertise as needed to review measures submitted for endorsement consideration by:
  - *replacing an inactive committee member;*
  - *replacing a committee member whose term has ended; or*
  - *providing expertise that is not currently represented on the committee.*
- Expert reviewers may also:
  - *Provide comments and feedback on measures throughout the measure review process*
  - *Participate in strategic discussions in the event no measures are submitted for endorsement consideration*

Measure Evaluation Report

"Old" Technical Report	New Technical Report
Executive Summary	Executive Summary
Introduction	Measure Evaluation
NQF Portfolio of Performance Measures	Details of Measure Evaluation (Appendix)
Measure Evaluation	Use in Federal Programs (Appendix)
Details of Measure Evaluation (Appendix)	Standing Committee and NQF Staff (Appendix)
Use in Federal Programs (Appendix)	Measure Specifications (Appendix)
Standing Committee and NQF Staff (Appendix)	Related and Competing Measures (Side-by-Side Table) (Appendix)
Measure Specifications (Appendix)	
Related and Competing Measures (Side-by-Side Table) (Appendix)	

Public Commenting Period with Member Support

- Extended opportunity for public and NQF member commenting
- 16+ week commenting period
  - *Comments can be submitted at any time throughout this period*
- Members now have the opportunity to express their support

Consensus Standards Approval Committee (CSAC)

- NQF Board-approved advisory committee's role remains the same
  - *Provide guidance to NQF leadership regarding enhancements to the CDP*
  - *Maintains Measure Evaluation Criteria*
  - *Renders Final Endorsement Decision*

Measure Appeals

- 30-day appeals period remains the same
- Any interested party may file an appeal on an endorsed measure during this period
- The Appeals Board will review all appeals submitted to NQF
  - *The five-member Appeals Board is composed of NQF Board members and former CSAC and/or committee members*
  - *The Appeals Board adjudicates appeals to measure endorsement decisions without a review by the CSAC—the decision will be final*

Enhanced Training and Education

All Stakeholders

- Public
- NQF Members
- Measure Developers
- Standing Committee Members and Co-Chairs
- NQF Staff

Questions?

2017 Changes to NQF Evaluation Criteria and Guidance

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 (page 28)

- **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 quality; 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**

Evidence (subcriterion 1a): Strengthen requirements for outcome measures

Revised Criterion

- For all outcomes: **Empirical data** demonstrate a relationship between the outcome and at least one healthcare structure, process, intervention, or service. **If not available, wide variation in performance** can be used as evidence, assuming the data are from a robust number of providers and results are not subject to systematic bias.
- **For measures derived from patient report**, evidence should demonstrate that the target population values the measured outcome, process, or structure and finds it meaningful.
  - *Additional guidance: Examples of such evidence include, but are not limited to, patient input in the development of the instrument, survey, or tool; focus group input regarding the value of the performance measure derived from the instrument/survey/tool.*

Evidence (subcriterion 1a): Additional guidance for instrument-based measures

- Current requirements for structure and process measures (i.e., a systematic assessment and grading of the quantity, quality, and consistency of the body of evidence that the measured structure/process leads to a desired health outcome) **also apply to patient-reported structure/process measures**.

Evidence (subcriterion 1a): Additional guidance for thresholds and timeframes

- Evidence for specific timeframes or thresholds included in a measure **should be presented**. If evidence is limited, then literature regarding standard norms would be **considered**.

Performance Gap (subcriterion 1b): Additional guidance

- **For maintenance measures**
  - *Measure stewards are expected to provide current performance data. If limited data are available (e.g., use is voluntary),* ***data from the literature*** *can be considered.*

Reliability (subcriterion 2a): Potential for additional guidance

- Establishing thresholds for testing results
  - *NQF will ask our newly formed Scientific Methods Panel for input on norms and/or rules of thumb*

Validity (subcriterion 2b): Remove "evidence aligns with specifications"

- Subcriterion 2b.1 now removed
  - *The measure specifications are consistent with the evidence presented to support the focus of measurement under criterion 1a. The measure is specified to capture the most inclusive target population indicated by the evidence, and exclusions are supported by the evidence.*
- Evidence now considered as part of subcriterion 1a

Validity (subcriterion 2b): Strengthen guidance for face validity

Revised Guidance

- **Empirical validity testing is expected at time of maintenance review**; if not possible, justification is required.
- Face validity of the measure score as a quality indicator may be adequate if accomplished through a systematic and transparent process, by identified experts, and explicitly addresses whether performance scores resulting from the measure as specified can be used to distinguish good from poor quality. **The degree of consensus and any areas of disagreement must be provided/discussed.**

Validity (subcriterion 2b): Exclusions criterion re-worded

- **Revised criterion**
  - *Exclusions are supported by the clinical evidence and are of sufficient frequency to warrant inclusion in the specifications of the measure*
    - » Previous wording: Exclusions are supported by the clinical evidence; otherwise, they are supported by evidence of sufficient frequency of occurrence so that results are distorted without the exclusion
- Potential for updated guidance
  - *Will ask NQF's newly formed Scientific Methods Panel for input on what might be sufficient frequency and how to handle nonuniformity of frequency across providers*

Validity (subcriterion 2b): Missing data requirement (2b.6) applicable to all measures

Revised criterion

- Analyses identify the extent and distribution of missing data (or nonresponse) and demonstrate that performance results are not biased due to systematic missing data (or differences between responders and nonresponders) and how the specified handling of missing data minimizes bias.
  - *Previous criterion: For **eMeasures**, **composites**, and **PRO-PMs** (or other measures susceptible to missing data), analyses identify the extent and distribution of missing data (or nonresponse) and demonstrate that performance results are not biased due to systematic missing data (or differences between responders and nonresponders) and how the specified handling of missing data minimizes bias.*

Usability and Use: Now partly must-pass for maintenance measures

- **Use**: Change to must-pass for **maintenance** measures
  - *In use in accountability program within 3 years and publicly reported within 6 years*
  - *Measure has been vetted by those being measured or others*
- **Usability***: still not must-pass
  - *Demonstrated improvement*
  - *Benefits outweigh evidence of unintended negative consequences to patients*

*Information for these two subcriteria may be obtained via literature, feedback to NQF, and from developers during the submission process.

Updated guidance for measures that use ICD-10 coding: Fall 2017 and 2018

- Gap can be based on literature and/or data based on ICD-9 or ICD-10 coding
- Submit updated ICD-10 reliability testing if available; if not, testing based on ICD-9 coding will suffice
- Submit updated validity testing
  - *Submit updated empirical validity testing on the ICD-10 specified measure, **if available***
  - ***OR** face validity of the ICD-10 coding scheme **plus face validity** of the measure score as an indicator of quality*
  - ***OR** face validity of the ICD-10 coding* scheme ***plus score-level** empirical validity testing based on ICD-9 coding*
  - ***OR** face validity of the ICD-10 coding scheme **plus data element** level validity testing based on ICD-9 coding, with face validity of the measure score as an indicator of quality due at **annual update***

Best practices for ICD-10 coding

- Use team of **clinical and coding experts** to identify specific areas where questions of clinical comparability exist, evaluate consistency of clinical concepts, and ensure appropriate conversion
- Determine **intent**
- If desired, use appropriate conversion tool
  - *Not required, but also not **sufficient by itself***
  - *If using conversion tool, consider both forward and backward mapping*

Best practices for ICD-10 coding (continued)

- Assess for material change, if possible
  - *Assess extent to which the population identified with the new code set overlaps with that identified in the old code set*
  - *Assess whether the conversion results in rates that are similar within defined tolerances; options include:*
    - Test using dual-coded data if possible **OR**
    - Face validity (using the above code-conversion process, including use of clinical/coding experts) **OR**
    - Criterion validity (if dual-coded data not available) **OR**
    - Consistency across time (pre/post conversion)
- Solicit stakeholder comments

eMeasures

- "Legacy" eMeasures
  - *Beginning September 30, 2017 all respecified measure submissions for use in federal programs will be required to meet the same evaluation criteria as respecified measures—the* ***"BONNIE testing only" option will no longer meet endorsement criteria***

- For all eMeasures: Reliance on data from structured data fields is expected; otherwise, unstructured data must be shown to be both reliable and valid

Questions?

Public Comment

Next Steps

Next Steps

- Committee Web Meeting #2: Performance Measure Basics: May 9, 2018
- Submission deadline for Cycle 2: April 16, 2018
- Orientation Web Meeting: May 29, 2018
- Measure Evaluation Web Meeting #1: June 27, 2018
- Measure Evaluation Web Meeting #2: June 28, 2018
- Measure Evaluation Web Meeting #3: June 29, 2018

Project Contact Info

- Email: palliative@qualityforum.org
- NQF Phone: 202-783-1300
- Project page: http://www.qualityforum.org/Geriatrics_and_Palliative_Care.aspx
- SharePoint site: http://share.qualityforum.org/Projects/Geriatric%20and%20Palliative%20Care/SitePages/Home.aspx

Questions?


THANK YOU