National Consensus Standards for Health and Well Being

Standing Committee Health and Well-Being 2014 Q&A Webinar
April 7, 2015

Adeela Khan, MPH
Kaitlynn Robinson-Ector, MPH
Elisa Munthali, MPH
Robyn Nishimi, PhD

NATIONAL QUALITY FORUM

Welcome & Introductions

NQF Project Staff

- Elisa Munthali, MPH
  - Senior Managing Director, Quality Measurement
- Robyn Nishimi, PhD
  - Project Consultant
- Adeela Khan, MPH
  - Project Manager, Quality Measurement
- Kaitlynn Robinson-Ector, MPH
  - Project Analyst, Quality Measurement

Standing Committee

- Thomas McInerny, MD (Co-Chair)
- Amir Qaseem, MD, PhD, MHA (Co-Chair)
- Chisara N. Asomugha, MD, MSPH
- John Auerbach, MBA
- Michael Baer, MD
- Ron Bialek, MPP, CQIA
- Juan Emilio Carrillo, MD, MPH
- Jane Chiang, MD
- Eric France, MD, MSPH
- Renee Frazier, MHSA, FACHE
- Caroline Rosenthal Gelman, PhD, MSW
- Catherine Hill, DNP, APRN
- Ron Inge, DDS
- David Krol, MD, MPH
- Margaret Luck, SD
- Patricia McKane, DVM MPH
- Amy Minnich, RN, MHSA
- Jacqueline Moline, MD, MSc
- Marcel Salive, MD, MPH
- Katie Sellers, DrPH
- Jason Spangler, MD, MPH
- Michael Stoto, PhD
- Robert Otto Valdez, PhD
- Arjun Venkatesh, MD, MBA

Agenda for the Call

1. Welcome and Introductions
2. Project Overview and Project Background
3. Update on Pneumococcal Specifications
4. Q/A session on Measure Evaluations
5. Adjourn

Health and Well Being Portfolio and Domains/Sub-topics (cont.)

62 endorsed measures in the area of Health and Well Being that measure performance across settings and lifespan including measures in the following domains/sub-topics:

	Process	Outcome	Structural	Composite	Total
Health-Related Behaviors and Practices to Promote Health Living	2	2	0	0	**4**
Community-Level Indicators of Health and Disease	1	9	1	1	**12**
Primary Prevention and/or Screening	25	0	0	0	**25**
Modifiable Social, Economic, and Environmental Determinants of Health	5	9	0	0	**14**
Oral Health	5	2	0	0	**7**
Total	**38**	**22**	**1**	**1**	**62**

Previous Health and Well Being Projects

- First population health consensus development project took place in 2011.
- Significant foundational work including review of NQF measure evaluation criteria; development of guidance and context for population-level measures; and background paper by Jacobson and Teutsch:
  - Environmental scan of population health measures;
  - Integrated measurement framework to include total population, determinants of health and improvement activities;
  - Guidance for measuring and assessing population health, determinants of health and improvement activities; and
  - Alignment between clinical care system and public health system.

Previous Health and Well Being Projects (cont.)

- Phase 1 Population Health Project, now called Health and Well-Being, focused on review and endorsement of 19 clinical preventative services and immunization measures
- **Phase 1 General Recommendations:**
  - Develop a universal measure that integrates multiple populations
  - Vaccination measures should align with standard specifications provided by the Advisory Committee on Immunization Practices (ACIP)
  - Further analysis to harmonize across care settings
    - » CMS indicated that the setting-specific measures require different data sources, exclusions and accountability as a caution regarding harmonization
  - Measures should be stratified for disparities in a future review

Health and Well-Being Phase I Evaluated Measures:

Project Initiation

- **15 measures**: seven new measures and eight measures undergoing maintenance review.
- **Measure 0280:** Dehydration Admission Rate (PQI 10), was deferred from consideration at the request of the Committee and the developer.

Committee Measure Evaluation

- **Thirteen** of the remaining 14 measures **were recommended for endorsement**.
- **Measure 2518:** Care Continuity, Dental Services was designated as **Consensus Not Reached** by the Committee.

CSAC

- CSAC **recommended 13 measures** for endorsement
- **CSAC did not recommend Measure 2518**, noting that the evidence base to support this measure is not strong enough because it is based on expert opinion, rather than empirical evidence.

Health and Well-Being Phase I Endorsed Measures

The 13 measures initially recommended by the Standing Committee were subsequently endorsed by the NQF Board of Directors' Executive Committee on September 17, 2014.

Community-Level Indicator of Health and Disease – 8 outcome measures

- 0272: Diabetes Short-Term Complications Admission Rate (PQI 01)
- 0274: Diabetes Long-Term Complications Admission Rate (PQI 03)
- 0281: Urinary Tract Infection Admission Rate (PQI 12)
- 0285: Rate of Lower-Extremity Amputation Among Patients With Diabetes (PQI 16)
- 0638: Uncontrolled Diabetes Admission Rate (PQI 14)
- 0727: Gastroenteritis Admission Rate (PDI 16)
- 0728: Asthma Admission Rate (PDI 14)

Primary Prevention and/ or Screenings – 1 process measure

- 2372: Breast Cancer Screening

Oral Health – 6 process measures

- 2508: Prevention: Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk
- 2509: Prevention: Dental Sealants for 10-14 Year-Old Children at Elevated Caries Risk
- 2511: Utilization of Services, Dental Services
- 2517: Oral Evaluation, Dental Services
- 2518: Care Continuity, Dental Services
- 2528: Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services

Identified Gaps

Previous Population Health Endorsement Project	MAP Population Health Family of Measures
Social, economic and environmental determinants of health	Social, economic and environmental determinants of health
Physical Environment (e.g. built environments)	Physical Environment
Policy (e.g. smoke free zones)	Policy
Specific sub-populations (e.g. disabilities, elderly)	Specific sub-populations (e.g. disabilities, elderly)
Counseling for physical activity and nutrition in younger and middle-aged adults (18-65)	Nutrition
Composites that assess population experience etc.	Home and Community Living
Population-level blood pressure measure aligned with Million Hearts	Productivity
	Public health preparedness

Health and Well-Being Measures Under Review

Community-Level Indicators of Health and Disease	• 0280: Dehydration Admission Rate (AHRQ)
Modifiable Social, Economic & Environmental Determinants of Health	• 1392: Well-Child Visits in the First 15 Months of Life (NCQA) • 1516: Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (NCQA)
Oral Health	• 2689: Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children • 2695: Follow-Up after Emergency Department Visit by Children for Dental Caries
Primary Prevention and/or Screening	• 1385: Developmental screening using a parent completed screening tool (Parent report, Children 0-5) (CAHMI) • 1407: Immunizations for Adolescents (NCQA)

Questions?

Update of NQF Pneumococcal Vaccination Standardized Specifications

Background

- CMS requested in 2011 that NQF recommend a standardized set of specifications for both types immunizations.
- Specifications were based on the then CDC/ACIP's recommended administration of PPSV23 (Pneumovax) in adults aged ≥65 years and immunocompromised populations.
- ACIP/CDC updated the pneumococcal vaccination guidelines, to recommend that PCV13 (Prevnar 13) be added to the vaccination schedule.

Update of NQF Pneumococcal Vaccination Standardized Specifications

Current NQF endorsed® Pneumococcal Vaccination Measures

Measure Number and Title	Measure Developer
0043: Pneumococcal Vaccination Status for Older Adults (PNU)	National Committee for Quality Assurance
0043: Pneumococcal Vaccination Status for Older Adults (PNU)	Centers for Medicare & Medicaid Services
0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)	Centers for Medicare & Medicaid Services
0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)	Centers for Medicare & Medicaid Services
1653: Pneumococcal Immunization	Centers for Medicare & Medicaid Services

Update of NQF Pneumococcal Vaccination Standardized Specifications

Background

- The small sub-set of the Committee met on March 12 to update the specification
- Drafted 3 sets of specifications that redlined the NQF standard specifications to comport with the changes in the guidelines based on age cohort.
  - Immunocompromised Individuals 6 to 18 years
  - Immunocompromised Adults ≥19 to 64 years
  - Adults ≥ 65 years

Update of NQF Pneumococcal Vaccination Standardized Specifications

Next Steps

- Full Committee will review the standard specifications during April 22 meeting.
- The updated specifications will undergo Member and Public Comment
- Specifications will be published on the NQF Website and shared with measure developers

Measure Evaluation Q & A

Health and Well-Being Measures Under Review

Community-Level Indicators of Health and Disease	• 0280: Dehydration Admission Rate (AHRQ)
Modifiable Social, Economic & Environmental Determinants of Health	• 1392: Well-Child Visits in the First 15 Months of Life (NCQA) • 1516: Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (NCQA)
Oral Health	• 2689: Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children • 2695: Follow-Up after Emergency Department Visit by Children for Dental Caries
Primary Prevention and/or Screening	• 1385: Developmental screening using a parent completed screening tool (Parent report, Children 0-5) (CAHMI) • 1407: Immunizations for Adolescents (NCQA)

What Good Looks Like: For a Process Performance Measure

Key Points

- See NQF guidance for rating quantity, quality, consistency of body of evidence and report from the evidence task force available at the Measure Evaluation webpage.
- A **systematic review** of the evidence is a scientific investigation that focuses on a specific question and uses explicit, prespecified scientific methods to identify, select, assess, and summarize the findings of similar but separate studies. It may include quantitative synthesis (meta-analysis), depending on available data (IOM, 2011).

What Good Looks Like: For a Process Performance Measure

Key Points

- A body of evidence includes all the evidence for a topic, which is systematically identified, based on pre-established criteria for relevance and quality of evidence.
- Expert opinion is not considered empirical evidence, but evidence is not limited to randomized controlled trials
- There is variability in evidence reviews, grading systems, and presentation of the findings; however, the information should be reported as requested in this form so the Steering Committee can evaluate it according to NQF criteria and guidance.

What Good Looks Like: For an Outcome Performance Measure

Key Points

- A health outcome is an end-result (e.g., mortality, complication, function, health status; or sometimes a proxy for health outcome such as hospital admission).
- The health outcome must be linked to at least one healthcare structure, process, intervention, or service.
- Indicate the causal pathway – do not just make a general statement.
- Multiple processes may influence a health outcome – not all need to be included – focus on those with the strongest rationale.
- Do not include rationale or evidence in this item address rationale in the next item (1a.2.1).

What Good Looks Like: Findings from Systematic Review of Body of the Evidence Supporting The Measure

Key Points

- If more than one systematic review of the evidence identified above (in 1a.4, 1a.5, and 1a.6), you may choose to summarize below the one (or more) for which the best information is available to provide a summary of the quantity, quality, and consistency of the body of evidence. Be sure to identify which review is the basis of the responses in this section.
- If more than one systematic review of the evidence is summarized below, provide a separate response for each review for each question and clearly identify which review is the basis of the response – do not combine systematic reviews.

What Good Looks Like: Findings from Systematic Review of Body of the Evidence Supporting The Measure

Key Points

- If the only systematic review of the body of evidence relevant to your measure does not make details available about the quantity, quality, and consistency of the body of evidence; respond to the following questions with what is known from the systematic review. (For example, it is not useful to report that 5,000 articles were reviewed for an entire guideline because it provides no information on the quantity of studies in the body of evidence for a particular process of care.)

What Good Looks Like: Reliability and Validity Testing

Key Points

- See NQF guidance for rating reliability and validity available at the Measure Evaluation webpage.
- Testing is about the measure as specified.
- Testing is evaluated based on whether:
  - 1) the method is appropriate for the specified measure,
  - 2) the sample is representative and of sufficient size, and
  - 3) the results demonstrate adequate results (e.g., reliability and validity).
- Be sure to interpret the results in light of norms for the particular analysis.

What Good Looks Like: Reliability and Validity Testing

Key Points

- The data type(s) and levels of analysis checked below should be consistent with the measure specifications.
- The samples used for testing should be representative of the entities whose performance will be measured and the patients served.
- The sample sizes should be of sufficient sizefor the statistical tests that are used.

What Good Looks Like: Reliability Testing

Key Points

- Empirical reliability testing of the measure as specified is required.
- Reliability testing addresses random error in measurement.
- Reliability testing should be consistent with the measure specifications (including all specified data types and levels of analysis).
- Reliability testing could be conducted for the critical data elements, or the performance measure score, or both.
- Reliability testing at the data element level must include ALL critical data elements for numerator and denominator (e.g., interrater agreement).

What Good Looks Like: Reliability Testing

Key Points

- Reliability testing at the level of the performance score addresses measurement error relative to the quality signal (e.g., (signal-to-noise, inter-unit reliability, ICC).
- A measure tested at only one level is eligible only for a moderate rating, not a high rating.
- Some testing may not be applied as intended (e.g., percent agreement without kappa to adjust for random agreement; inter-rater agreement of only the final score does not address all critical data elements and does not adequately address error relative to quality signal).
- Some methods may not be applicable to the context of performance measures (e.g., consistency/stability of performance scores over time based on different patients and in the context of performance improvement).

What Good Looks Like: Validity Testing

Key Points

- Empirical validity testing of the measure as specified is preferred over face validity.
- Validity testing could be conducted for the critical data elements, or the performance measure score, or both.
- Validity testing at the data element level should include ALL critical data elements for numerator and denominator and often is based on assessing agreement between the data elements used in the measure compared to the data elements in an authoritative source (e.g., sensitivity, specificity, positive predictive value, negative predictive value).

What Good Looks Like: Validity Testing

Key Points

- Validity at the level of the performance measure score refers to the correctness of conclusions about quality that can be made based on the score (i.e., a higher score on a quality measure reflects higher quality) and generally involves testing hypotheses based on the theory of the construct (e.g., correlation with performance measures hypothesized to be related or not related; testing the difference in performance scores between groups known to differ on quality as assessed by some other performance measure).

What Good Looks Like: Validity Testing

Key Points

- Face validity is the weakest demonstration of validity and is subject to challenge by other groups of experts. Face validity is an option ONLY IF: 1) it is systematically assessed; AND 2) it is assessed for the performance score resulting from the measure as specified (will scores on the performance measure distinguish quality; not just that the measure concept is a good idea or the data elements are appropriate or feasible to collect).
- A measure tested at only one level or face validity is only eligible for a moderate rating, not a high rating.

Project Timeline

Milestone	Due Date
Preliminary Evaluations	April 10, 2015
Meeting Materials sent to Committee	April 14, 2015
In-Person Meeting	April 22, 2015
In-Person Meeting Follow-up (if needed)	April 30, 2015
Comment Period	May 29 – June 29, 2015
Post-Comment Call	July 16, 2015
NQF Member Voting Period	July 29 – August 12, 2015
CSAC	September 8, 2015
Board	October 1, 2015
Appeal	October 12 – November 10, 2015

Upcoming Event for NQF Members

Quality Measurement 101: The Basics

April 16, 2015 | 3:00-4:00pm ET

What is a quality measure? How do different people – payers, purchasers, providers, patients, and researchers – use quality measures? Where does measurement fit into healthcare quality improvement?

Please join us for a virtual workshop to answer these questions and more. During this 60-minute session, NQF staff will explain the fundamental concepts and terminology of quality measurement. There will be plenty of time for Q & A.

http://www.qualityforum.org/Events/Education_Programs/2015/Quality_Measurement_101__The_Basics.aspx

Questions?

Project Contact Info

- *Adeela Khan, MPH, akhan@qualityforum.org*
- *Kaitlynn Robinson-Ector, MPH, krobinsonector@qualityforum.org*
- *Elisa Munthali, MPH, emunthali@qualityforum.org*

- NQF Phone: 202-783-1300

- SharePoint site: http://share.qualityforum.org/Projects/health_well_being/SitePages/Home.aspx