

NATIONAL QUALITY FORUM

**Moderator: Health and Well-Being
July 16, 2015
1:00 p.m. ET**

OPERATOR: This is Conference #: 82965636.

Elisa Munthali: Thank you very much and good afternoon and welcome everyone to the Health and Well-Being Phase 2 Standing Committee Post-Draft Report Comment call. My name is Elisa Munthali. I'm joined by colleagues Mitra Ghazinour and Kaitlynn Robinson-Ector. (Robin Mashinmi) is also working with us but could not join us today.

But before we review the meeting objectives and go over our roll call, I'd like to ask our committee co-chairs, Tom McInery and Amir Qaseem if they have any introductory remarks.

Thomas McInery: Hi, this is Tom McInery. I just want to thank everyone for calling in and being such wonderful participants in this important committee and we look forward to a very good call.

Amir Qaseem: And welcome. This is Amir Qaseem. Welcome everyone and we receive reasonable amount of comments and some very good comments as well, and I look forward to the discussion.

Elisa Munthali: Thank you both. As Amir and Tom mentioned, we're meeting today to review and discuss comments that we received during our recent 30-day comment period on our draft report. And before we do that, I'll ask Kaitlynn to go over our roll call so we can know who is here from the committee.

Kaitlynn Robinson-Ector: OK. Great. So we have Tom McInery.

Thomas McNery: (Yes).

Kaitlynn Robinson-Ector: We have Amir Qaseem. Do we have Chisara Asomugha.

Chisara Asomugha: Yes. This is Chisara Asomugha.

Kaitlynn Robinson-Ector: Great. Thank you. Do we have John Auerbach? OK. Do we have Michael Baer? Do we have Ron Bialek?

Ron Bialek: Yes. I'm here.

Kaitlynn Robinson-Ector: Great. Thank you. Do we have Juan Emilio Carrilo? OK. Thank you. Do we have Jane Chiang? Eric France? Renee Frazier?

Renee Frazier: I'm here.

Kaitlynn Robinson-Ector: Great. Thank you. Catherine Hill? Ron Inge? David Krol?

David Krol: I'm here.

Kaitlynn Robinson-Ector: Great. Thank you. Margaret Luck?

Margaret Luck: I'm here.

Kaitlynn Robinson-Ector: OK. Thanks. Patricia McKane? Amy Minnich?

Amy Minnich: Here.

Kaitlynn Robinson-Ector: Great. Jacqueline Moline? Caroline Rosenthal Gelman? And Marcel Salive? Katie Sellers? Jason Spangler? Mike Stoto? Robert Valdez and Arjun Venkatesh?

Arjun Venkatesh: I'm here.

Kaitlynn Robinson-Ector: Thank you. OK. I'll pass it on to Elisa.

Thomas McNery: So this is – how many committee members are on the call please?

Elisa Munthali: 1, 2, 3, 4, 5, 6, 7, 8, 9 – 9. So, technically ...

Kaitlynn Robinson-Ector: Elisa, there more people on the webinar.

Elisa Munthali: OK. So Tom, even though we didn't hear everyone speak up we understand there more people on the webinar and for the rest of the committee, the reason why – and everyone else joining us, the reason why we're asking is we want to make sure we have quorum. The committee is set at 23 participants and so a quorum would be 12, a simple majority out of 23.

So we are ...

Thomas McInerny: Can we have a discussion without quorum or no?

Elisa Munthali: We technically cannot so what we're going to ask for the assistance from our CommPartners, our web platform partners to see if they can bring over anyone else from the committee that might be on the closed line.

Female: And the operator is checking for those folks right now and ...

Elisa Munthali: Perfect.

Female: ... while we're doing that, just a reminder for our committee members joining us by phone today, your lines will be open for the duration of the call so please be sure to keep your computer speakers turned down and please do not place the call on hold. It would appear as though at the moment we have all committee members in. It looks like we have one additional participant joining and that information was just provided for you there in the messages area, so you'll be able to see those folks.

Elisa Munthali: OK. Great. So perhaps, Kaitlynn, if you can do, you know, read the names of the folks you didn't hear from. I think they're maybe on the line right now.

Kaitlynn Robinson-Ector: Sure. So I'm just going over the roll call again. Do we have John Auerbach? Do we have Michael Baer?

Elisa Munthali: We see John raising his hand on the web so it sounds like ...

Kaitlynn Robinson-Ector: Great.

Elisa Munthali: ... but to participate and to have an open line, you have to dial in to the telecom number. We can place that in the chat box.

Kaitlynn Robinson-Ector: OK. So, next person would be – Juan Carrillo. Jane Chiang? Eric France? Catherine Hill? Ron Inge, Patricia McKane, Jacqueline Moline, Caroline Rosenthal Gelman, Marcel Salive, Katie Sellers, Jason Spangler, Mike Stoto, and Robert Valdez. OK, so we have our 12, although they're not ...

(Off-Mike)

Kaitlynn Robinson-Ector: Yes.

(Off-Mike)

Elisa Munthali: OK. Sorry about that. Although they're not on the telecom line, we see them raising their hands on the webinar so we are going to resend the teleconference line so we can go ahead and get started.

Mitra Ghazinour: OK. Hi, everyone. This is Mitra Ghazinour and I'm a new project manager supporting the committee and I have been with NQF for the past four years in supporting projects including the Measure Application Partnership Post-Acute Care/Long-Term care and also Person and Family Centered Care endorsement project.

So, we'll just start with keeping a brief overview of the member and public comments and as you're all well aware of, the draft report was processed for member and public comment from May 29 through June 29. And during the comment period, NQF received 37 comments from six member organizations including the supplier professional health plan, quality measurements, and public and community health councils, as well as additional comments from the public.

Although all comments are subject to discussion, we will not discuss each and every comment. Instead, you'll spend the majority of the time considering the

major topic and – or those measures with the most significant issues that rose to the top.

So, the majority of the comments were supportive of the committee's recommendation. There were several comments related to the factors that may impact implementation of the measures. Other comments raised concerns about the focused of some of the measures being too broad or too rigid. And the last major theme related to the NQF revised pneumococcal vaccination standard specification, and concerns about the potential unintended consequences.

So now, I will turn it over to Elisa for the discussion items.

Elisa Munthali: OK, thank you, Mitra. As Mitra mentioned, there were several major themes that we identified from the comments that we received. The first focus is on implementation issues, and these were related to a couple of measures. The first measure was measure 2695 and this follow up after emergency department visit by children for dental care.

We received two comments from two individual entities that were concerned about the potential difficulty in implementing this measure without relying on recall because it relies on self-supported information and follow up phone calls.

Other concerns about implementation were raised with regards to measure 2689. This is Ambulatory Care Sensitive Emergency Department visits for dental cares in children. Also we receive two comments here and the commentaries were troubled by the underlying assumption that E.D. visits for dental care carries – implies that there's an unaddressed disease.

The commentaries also requested that the developer specifically define how they intend to assess the severity of whatever unintended – and unaddressed disease through a care mechanism. And finally with regards to implementation, there was a comment about the dehydration admission rate measure from ARC, this is 0280. As you remember this is the measure that was differed from phase one barring additional data from ARC and we received that in phase two and was reevaluated?

And so, the commenter just wanted to note that this would not be widely used by health plans and maybe more appropriate for use in non-acute settings such as nursing homes or long-term care facilities.

So I'm going to stop there before we go into the second theme but I don't know if there are any discussion items. Some of these comments that will be raised will also be discussed during our in-person meeting, so I don't know if there's any need for further discussion but we'd like to open up the lines for that.

Ron Bialek: Hi, this is Ron. I just – I have a sort of clarifying question. So when we went through the measures, we looked at reliabilities, validity, we look at a variety of components. And, with these measures moving increasingly towards population health measures, there's likely to be some discomfort or systems not necessarily fully in place to capture some of the data on a consistent basis from every provider in every plan.

And, that seems, you know, some of the comments here, is that something that we absolute – is that something that would say to us that we should overturn, you know, our decision to support a measure? You know, do we have to be taking into consideration that – well, this is something that might require a slightly different system or different approach to collecting new data from health plan?

Elisa Munthali: Yes, I mean you bring up a very good point especially in these newer topic areas, newer in the sense to – I think the external world but also to NQF. Ron, as you know you are on our first population health project and some of these issues haven't been – they haven't been fully thought through in terms of population health measures, but the committee did evaluate all of the measures against the criteria. What we can do is add in our report, this particular consideration to population level measures and it – but you did evaluate it as you should have against all of the criteria – NQF criteria.

Ron Bialek: OK, and then it's ultimately up to – if let's say CMS wish to use a measure. They would take into consideration some of those other elements?

Elisa Munthali: Yes and, you know ...

Ron Bialek: OK.

Elisa Munthali: ... what we say often is that we try to separate the use of the measure or implementation of the measure and we're really looking at the scientific merits of the measure and CMS will determine how indeed they would use that.

Ron Bialek: Thank you, I appreciate that.

Elisa Munthali: Are there any other questions? OK great.

So the second theme brought up concerns about the measure focus and these were highlighted in particular to two well-child visit measures. Measure 1392 which is a well-child visit in the first 15 months of life and 1516 which is well-child visits in third to sixth years of life.

The first measure which looks at the first 15 months, raised concerns that the measure might be too broad and doesn't really assess access to specific services and I remember this being a major topic of conversation during our in-person meeting.

With regard to the second measure that looks at the well-child visits from the third to the sixth year of life, commentaries generally supported the committee's recommendation for further review of an evidence-based with regard to the scheduling timeframe so that it can be applied to multiple annual well-child visit.

Another commentary did not support the endorsement of this measure because they thought it was too rigid for the four-year criteria. And they highlighted the burden that the threshold would have on practices that might not be able to contact parents to schedule the visits within the time period.

So I will stop there. Those are the only questions related to our concerns that were brought up about the measure focus and they're only brought up on these two measure.

OK. So the final theme that we were able to identify was, you know, some concerns or some issues related to our recently revised pneumococcal vaccination – standard specification. And just as a reminder, these specifications were recently revised because of changes to pneumococcal vaccine standards by the CDC. As you know, as we've reported in 2008 the Federal Government asked NQF to help with aligning the various pneumococcal vaccines out there. And so we developed standard specifications.

And these specifications were voted on by the standing committee during the April 2015 in-person meeting and of course they were put out for comments. And so, although the comments generally supported the committee's effort to update the specs, they caution that the absence of a national immunization administration database would make it very difficult to guard against repeated vaccines.

Another commenter also noted that that, the vaccines are cost prohibitive especially one of them, I think it's the PPV23 vaccine. And this may penalize physicians and others working on underserved populations. For those populations who may not be able to afford the vaccine.

And lastly one of the commenter noted that the exceptions – there should be exceptions made for patients with limited life expectancy. For example, excluding those patients that are in hospice care.

And so, those were the comments of the vaccine. We wanted to really highlight this theme because it is standard specifications – NQF standard specifications, but the concerns were quite significant. And so we wanted to talk about this – the concerns that raised just now. And so I will turn it over to Tom and Amir who can lead us into discussion on the vaccine standard specification.

Amir Qaseem: Tom, you want to start?

Thomas McInery: Yes, I agree that keeping track via Code Immunization Registry is very important to make sure that the patients are appropriately immunized and neither over-immunized nor under-immunized. And I am not clear what's

happening with the adult immunizations. I know many if not most states now have Immunization Registries for Children and we are able to use those to assess children's immunization status pretty well.

The other question about the cost, if this is a preventive service under the Affordable Care Act this should be a covered benefit at no expense to the patient. And I would think that would cover both commercial, Medicare and Medicaid insured patients. Am I correct in that?

Elisa Munthali: I think – we're not sure, we're trying to look that up.

Thomas McNery: Thank you. Amir?

Amir Qaseem: I think more to add, I mean I think you're absolutely right about some of the issues you're bringing up, but is this, I'd like to hear from the committee as well regarding some of the issues about – that were brought up in terms of some adding some of the exclusions in the measure – ask the major develop to add that. So much so I understand that I, you know, even if they're (coward) and completely free, there definitely some exceptions to the rule.

And not having them might worry with that, but right now, yes, we all say that the majority is not going to be used to reach the 100 percent even if it – we can come up to 80 percent or 90 percent, that's good enough. But, what I'm seeing it is, when it comes to some of these performance measures that's not the case because they are being – the use is being expanded and expectations are changing. And that's my concern and I think that one of the comments that came up, I can see what they're with that as well, but let's see what the committee has to say. I think they're important points, and they – technically they apply to all vaccinations not just pneumococcal, right? So.

Elisa Munthali: Yes. And Amir I just wanted – one point of clarification, I just wanted to remind the committee that these – this is not an – submitted performance measure, these are NQF standard specifications. And, we want to have the committee talk through these issues and help us decide whether or not we go forward with these specifications, if these issues that have been raised are significant enough to – for us to go back and see what else we can do given that these are the new guidelines.

Amir Qaseem: So for the committee, what do you all think?

Arjun Venkatesh: You know it's Arjun here and I guess my view on it is that we're thinking about this in the context of having a measure that's orient or just having kind of reevaluated globally and that, you know, we have to kind of decide what to do based on the decision we already made. And to me, it means that we would look for something in public comment that said this is such a striking exclusion that we didn't consider during our discussions. That, you know, validity of the entire measure is in question.

And I don't think that's the case. I think that there's avenues for us to still make sure that feedback from public comment goes to the developer to improve the measure. And so I think that if we really felt that, you know, some of these things need to be exclusions in the measure we should say that it's such a big deal that we think that the validity of the measure as a whole is in question because of that exclusion. I'm not getting that feeling.

The other thing around cost is, you know, I think that a price of virtually all measures that involve the use of any type of medication or device or anything along those lines. And, in this case it actually involves vaccination and vaccines that while one is expensive, I think has fairly broad covered as – from what I'm aware of, across any public or private formulary. And so, I'm not sure that the cost type (reason) should change our ideas about endorsement or specification. That if, you know, for others – that's, you know, kind of – so, to me it's a separation of measurement and payment. It, you know, church and state that I don't think that that should really go into how we consider our endorsement decisions necessarily.

So, that's just, you know, a couple of thoughts.

Amir Qaseem: So, Arjun, I agree. I mean I think that – I think it's one of those issues, my opinion is the clinicians just need to be aware of, the potential for the (O.R. use) for this, especially like, you know, if someone is being seen by multiple providers or something that Tom just mentioned, that having the poor medical record continuity, those issues that we just need to be aware of. But I think

that's just going down as well with the state immunization registry that are in place.

And I agree, I think one of the points you're making is that overall, those issues are not big enough not to have this in place. Anyone else?

Michael Stoto: This is Michael Stoto. I agree, too. I mean it seems that that point of these measures is to say what the ideal should be and leave it up to the plans and others to figure out how to do it. And I think that this measure does that pretty well.

Female: Anyone else?

Amir Qaseem: Tom, what I'm hearing is actually just – and Elisa, we're hearing support for this, keeping it the way we had it.

Elisa Munthali: Yes. Yes. That's ...

Thomas McNery: Yes.

Elisa Munthali: That's what we hear as well.

Thomas McNery: Sounds right.

Elisa Munthali: Yes. Great. OK, thank you very much. We will write in our notes that it sounds like this consensus still on the committee's original endorsement recommendations and votes for the pneumococcal vaccine standard specification.

But before we turn it over to Tom, I don't know – and to Amir, I don't know if everyone got a chance to look at the background document we sent as a result of the conversation that – really good conversation the committee had over e-mail on inclusion of social determinants and the draft report. And for those who are not part of the committee, we just wanted to give you just a little bit of background following the in-person meeting. The committee did and write – while the report was out for comments. The committee spontaneously engaged in discussion, very thoughtful discussions about the need to include

social determinants and other measures outside the clinical care delivery system in the report.

They felt that it wasn't strongly focused on or mentioned in the report and they asked staff to come up with language to speak to this concern. And so, we have drafted some language and distribute it to the committee for review. You may not have had an opportunity to review it in the last couple of days but if you had, we wanted to get initial thoughts. If not, I think we have about two weeks to have you return it back to us. And whatever we finally land on will be included in the final report.

And so, I just like to open up the floor but also to thank you so much. I thought it was very thoughtful discussion. And just open up the – open up the floor for initial thoughts

Renee Frazier: This is Renee. As you know I'm also on the corresponding, I guess, committee that's been trying to collaborate on the discussions around social determinants and how to get a way to pick measures that we – and I'm not from the clinical side, I'm from the community side that are non-traditional to what NQF has looked at.

And as we look at the action guide that we developed and we've actually gotten to phase two of this action guide. One thing that was sent to us, last week was over 400 suggested measures that a community could use associated with community health improvement population health partnership. And, all those measures, I'm happy to say there were significant amount addressing social determinants. And the challenge will be the – there's not a lot of traditional baseline clinical scientific data for use in using those measures and much of what will come out of the work of these other group is testing the ability to collect data to use those measures in a meaningful way.

So, I'm just glad we're having this cross conversation of how we might do that because, I mean, this committee I think has to be able to figure out how we really use these measures. And I think one of the e-mails that I've wrote was the conversation that I had with a community leader and we got to talking

about health and community health. And their thoughts about measures were totally different than the traditional thoughts that we have about disease.

And they started to talk about transportation and housing, and I was really pleased to know that NQF is on the right track. Because I think we now all understand it, we just have to figure out how to make it work.

We don't know enough. We don't have enough scientific type models to – right now but we'll have to use some of the things that traditionally have been used like the risk factor surveys. We're going to have to accept some of the other things that are used by the CDC to measure some of these social determinants.

Elisa Munthali: Yes. Thank you so much, Renee. Renee and I worked together on that project. And to just give a little bit of background about the 400 plus measures, those are measures that are in use by the 10 communities that we've been working with across the United States. And Renee is very right. A lot of them are not NQF endorsed. They're not clinically-based, but they do talk about the upstream determinants of health. And so, I think what we can do – we're trying to – in year three, trying to make sense of those measures. We may do some mapping to the IOM core measure sets placing those measures in domains.

But in year three, we will be working very closely with the communities and the committee to start looking at those measures more closely, but what I can do is share with you a draft of that so it's the entire list of 400 measures. We have it made. It's just a laundry list.

So, we just want to warn you. We are trying to organize it in a way that will be meaningful and can advance our work here on population health.

Michael Stoto: So, excuse me. This is Michael Stoto. I certainly agree with all the sentiments here, but I'm trying to figure out exactly what this language means in terms of actions or – and so on. You know maybe that the real action is with that, the action guide committee, and then we just have to deal with the stuff that comes to us, is there something more to it than that?

Elisa Munthali: I think you can make recommendations based on, you know, knowledge of what your counterparts and peers are doing on the other committee and what kinds of work. The work is different but it is connected. So, I think maybe looking at the list of 400 may give us an idea of some of those sorts of measures we want some more concretes, and I think you can definitely make recommendations of the kinds of measures you'd like to see NQF look at in the future.

Michael Stoto: So who would we be making recommendations to?

Elisa Munthali: This should be going to the federal government. So this would be going to CMS, they fund this project. They also in conjunction with ARC fund the other projects as well. And so, as much as we're trying as (staff) to bring alignments across all of our work and making sure that you know what's happening there and they know as well.

So, the problem that we're having also with some of the communities is they're unsure about – there's so many measures out there, but that's why you have the 400 from the 10 and they're unsure about which ones to use and – there a lot of issues too about even some of those measures that they're using. So we're trying to make sense of it, trying work everything out right now.

Michael Stoto: OK.

Elisa Munthali: Are there any thoughts or suggestion? OK great it doesn't sound like we have any today and that's fine, we have at least two weeks. Please definitely let us know what you think, we have a bit of time from now until the time that the final report is due. We were very fortunate not to have too many comments, most of them agreed with your recommendations, so we thank you so much again for all of your hard work and is it time for member and public comments?

Female: Yes.

Elisa Munthali: OK, so (Shawnn) and the operator. Would you mind opening up the lines for member and public comment?

(Shawnn): If you would like to make a comment or ask a question at this time, please press star, one on your telephone keypad. The operator will compile the list now. Operator, do we have may call as holding?

Operator: We have a comment from James Gallant.

(Shawnn): Thank you.

James Gallant: Hello.

Elisa Munthali: Hello.

James Gallant: Yes. Yes, my name is James Gallant of the Marquette County Suicide Prevention Coalition. And I was the one that brought the comment about the process and the voting procedures and I noticed that you didn't discuss that. And on your memo from the staff, it said very clearly in page two, it says, review and consider the full text of all comments received. And, it appears it even on that Excel sheet it cut off my comment under the questions and the question was that – is the opinion of staff, of Dr. (Wilson) in particular the one that said the standing committee do not follow the by-laws of the National Quality Forum's Forum's board, is that the consensus of the standing committee, because you didn't really vote on that and get that 60 percent to get consensus of group.

It appears that the staff is making an awful lot of these decisions without the consent of the groups. And, even on this – this vaccination, rewrite – the draft came from the staff, but the group didn't actually vote to get a consensus that this will be our starting point draft, and you just kind of moved right on, so the staff made the decision.

Now, the District of Columbia, Nonprofit Corporation Acts also talks about voting within the National Quality Form and it says that, there will be a majority vote of a quorum at the meetings and it doesn't seem it's being followed, it's like they're saying that there's no rules in the committee.

And I have seen at the state level in Michigan in local level in Marquette, Michigan. You get to the meeting, they say, there's no rules here and so they

can just try to make it up on the fly. So I ask you to please review my comment officially and come to consensus, are you following the bylaws of the National Quality Forum? And if not, to reconsider this entire process that you're on right now, and that you could then say wait a minute we got to turn this around. And if you turn it around by example then locally at the state level because each one of you members are from the states, right? They're all from around the country. And at the local level they would then be, you know, following by example, by your example.

To do the – to be consistent with the bylaws of the agency they work for, you know, and – and does the member organizations actually have a agreement on this in their boards, and your talking about these huge agencies that they – it's one person, it's one person saying on behalf of the entire group that ...

Elisa Munthali: This.

James Gallant: ... this is – what's that?

Elisa Munthali: Oh Mr. Gallant sorry, we wanted to give an opportunity, thank you so much for your comments ...

James Gallant: Wait, wait a minute ...

Elisa Munthali: Hello?

Operator: And there are no further comments at this time.

Elisa Munthali: OK, great. So thank you so much, I'll turn it over to Mitra.

Mitra Ghazinour: Thank you. So, as – so this was the last committee call and we just wanted to thank you for your contribution and the time – all the contributions and inputs and the time that you put into this work, we really appreciate it. And, so the next step will be that – the measures will be reviewed by the NQF consensus standards approval committee members on August 11th, via a conference call.

The CSAC members will be asked to complete a survey after the call to take your votes on the measures. Then, the last step, the measures will be brought forth to the executive committee on September 2nd for the final

(identification). Additionally, there would be a 30 days appeals process, appeals period for anyone who would like to – the committee to reconsider the measures. And lastly the report will be finalized and submitted to HHS on November 26th.

Are there any questions regarding the timeline?

Amir Qaseem: So, Mitra, this is Amir, the question I have is in terms of – so this committee will dissolve as of November of this year?

Elisa Munthali: Actually, no because you're a standing committee there is also a work that we'll be doing in-between funded projects. We can't say anything at the moment but we are very confident that we might have a project that very – we can't really say anything yet. We haven't finalized anything.

But, either way there will be some work that we'll be doing in that interim period like looking at the access to care framework and we maybe putting together a work with other committee to do that.

Amir Qaseem: All right, I was just following up because I heard that this is the last call, so I wasn't sure what that mean.

Elisa Munthali: For this phase, yes.

Amir Qaseem: Oh OK, OK.

Elisa Munthali: Yes. Then you and Tom will be on the feedback call.

Amir Qaseem: Oh OK.

Mitra Ghazinour: So Tom, do you have any closing remarks?

Thomas McNery: Excuse me, please.

Mitra Ghazinour: Any closing remarks before we end the call?

Thomas McNery: So, again, I would just like to thank the committee so much, the members I thought did a terrific job considering these measures very carefully and

making very important comments starting our face to face session, and I appreciate your participation.

Elisa Munthali: And this is Elisa. On behalf of all of us at NQF, we wanted to echo Tom and Amir, thanks to the committee and to developers as well. It's not an easy process to go through, we appreciate all of the work, all of your review and we look forward to continuing to work with you.

So with that, we just want to thank everyone, members of the public as well for joining in. And our next milestone will be the CSAC meeting on August. Thank you so much.

Amir Qaseem: Thank you.

Female: Great, thank you.

Thomas McNery: Thank you all, welcome.

Male: Thank you.

Thomas McNery: Bye-bye.

Female: Thanks, bye.

Operator: This concludes today's call ...

Elisa Munthali: Bye-bye.

Operator: ... and you may now disconnect.

END