



NATIONAL  
QUALITY FORUM

# Improving Diagnostic Quality & Safety, 2016-2017

Web Meeting #3

*March 16, 2017*

# Agenda

- Welcome and Introduction
- Review of Public and Member Comments
- Measure Prioritization Criteria
- Committee Discussion
- Public and Member Comment
- Next Steps

# Welcome and Introductions

# Committee Panel

- *Mark Graber, MD, FACP, Co-Chair*
- *Missy Danforth, Co-Chair*
- Jennifer Campisano, JD
- Michael Dunne, PhD
- David Grenache, PhD
- Helen Haskell, MA
- Carlos Higuera-Rueda, MD
- Marilyn Hravnak, RN, PhD, ACNP-BC, FCCM, FAAN
- Mira Irons, MD
- Nicholas Kuzma, MD
- Kathryn McDonald, PhD
- Prashant Mahajan, MD, MPH, MBA
- Lavinia Middleton, MD
- David Newman-Toker, MD, PhD
- Martha Radford, MD
- David Seidenwurm, MD
- Thomas Sequist, MD
- Hardeep Singh, MD, MPH

# Review of Public and Member Comments

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- Comment ID 002
- Technologies and Tools—Advanced imaging and laboratory diagnostics are available.
  - *Of course, we believe that laboratory diagnostics need to be available to clinicians in order to provide information necessary for diagnoses. Our question revolves around the word ‘advanced’. Does this adjective refer to imaging and laboratory, or just to imaging? If it refers to laboratory diagnostics, what does “advanced” mean with respect to laboratory testing? Does it mean genetic or genomic testing is available? If it does mean this, it is important to note that not all laboratories are capable of these methodologies. Equipment to perform these types of analyses are expensive and require specific expertise for interpretation.*

# Discussion Questions

- What does the Committee mean by "advanced" imaging and laboratory diagnostics?
- What does the Committee consider reasonable expectations with regard to laboratory capabilities? Is access to advanced testing methodologies via reference laboratories acceptable?
- Alternatives to consider:
  - *Access to advanced imaging and laboratory diagnostics*
  - *Other ideas?*

# Review of Public and Member Comments

- Comment ID 002
- Structure: Organizational Characteristics—Organization measures diagnostic performance (lab, etc.)
  - *What does “diagnostic performance” mean? Does it refer to utilization of the laboratory? Or does it refer to compliance with clinical practice guidelines? The ability to successfully meet this criterion will require tools such as an EHR data warehouse, clinical and practice guidelines and significant information technology support.*
  - *We recommend that this measurement concept be written as “Organization measures diagnostic performance and utilization of laboratory testing”.*

# Discussion Questions

- Does the Committee want to provide additional guidance or detail with regard to what constitutes "measuring diagnostic performance" for the purpose of this measure concept?
  - *Diagnostic/laboratory utilization?*
  - *Or diagnostic quality/safety broadly construed?*

# Review of Public and Member Comments

- Comment ID 015
- General Overall Comments
  - *The NAM report identified the importance of effective teamwork in the diagnostic process among health care professionals, patients and their families. However, the framework uses language that is unclear. References to “provider” might be misinterpreted by many to refer to clinicians and clarifying a broader intention could be helpful, i.e. that all references to providers could include any member of the care delivery team.*

# Discussion Questions

- Does the Committee want to further define a “provider” for the purposes of this report?
  - ▣ *Does “provider” refer to:*
    - » *Clinicians*
    - » *Non-clinician health professionals*
    - » *All members of the care team*
    - » *Healthcare organizations (e.g., hospitals, physician practices, outpatient care facilities, etc.)*
    - » *All of the above*

# Review of Public and Member Comments

- Comment ID 016
- Draft Framework – Process
  - *If creating sub-domains is seen as important, consider creating three domains that recognize both the interactivity of the healthcare process as well as the major dyads that exist: “clinician-patient,” “non-clinician healthcare professionals – patient,” and “clinician-non-clinician healthcare professionals.”*

# Discussion Questions

- Does the Committee agree that additional sub-domains are needed?
- What do you think about the commenter's suggestion of the following 'dyads' as process subdomains?
  - *clinician-patient*
  - *non-clinician healthcare professionals – patient*
  - *clinician-non-clinician healthcare professionals*
- Alternatives to consider:
  - *Patient-provider*
  - *Provider-provider*

# Review of Public and Member Comments

- Comment ID 021
- Draft Framework – Structure
  - *People Subdomain: We would like to emphasize the fact that all members of the laboratory team (PhDs, laboratory professionals, etc.) should be able to support the diagnostic process. While we agree that support staff should “operate to the top of their licenses to free up cognitive load of the MD,” ASCP suggests extending this measure concept to recognize certification in cases where non-physician staff are not licensed. Further, ASCP strongly supports inclusion of clinical laboratory professionals... in assisting clinicians in test selection and interpretation of results.*

# Discussion Questions

- Does the Committee agree to expand the measure concept “Support staff operate at the top of their license to free up cognitive load of the MD” to recognize non-physician and non-licensed staff and to include clinical laboratory professionals?
- Alternatives to Consider
  - *Staff operates at the top of their license or training*
  - *Staff operates at the top of their license or certification*

# Review of Public and Member Comments

- Comment ID 021
- Draft Framework – Structure
  - *Technologies and Tools Subdomain: While ASCP agrees that the measure concept examples included in the draft framework are a step toward ensuring that health information technologies support patients and healthcare professionals in the diagnostic process, the subdomain should also include mention of laboratory information systems (LIS). Interoperability between electronic health records and LISs is critical to achieving accurate and timely results communication.*

# Discussion Questions

- Does the Committee agree that the Technologies and Tools subdomain should include mention of interoperability between EHRs and laboratory information systems?

# Measure Prioritization Criteria

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Criteria (High, Medium, Low)	
Importance	
Face Validity	
Feasibility	
Usability	

# Measure Prioritization Criteria: Importance

Criteria (High, Medium, Low)	Questions
<b>Importance</b>	<ul style="list-style-type: none"><li>○ Evidence: Is there evidence to support the measure focus?</li><li>○ Impact: To what extent does the measure or measure concept address an issue/topic that:<ul style="list-style-type: none"><li>* Affects large numbers of patients and/or has a very substantial impact for smaller populations;</li><li>* is a leading cause of morbidity/mortality; or</li><li>* contributes to inappropriate resource use (current and/or future)</li></ul></li></ul>

# Measure Prioritization Criteria: Face Validity

Criteria (High, Medium, Low)	Questions
<b>Face Validity</b>	<ul style="list-style-type: none"><li>○ Does the concept have face validity as a measure of diagnostic performance?</li></ul>

# Measure Prioritization Criteria: Feasibility

Criteria (High, Medium, Low)	Questions
<b>Feasibility</b>	<ul style="list-style-type: none"><li>○ Availability and ease of capturing data for this measure concept</li><li>○ Readiness of organizations to tackle the problem</li><li>○ Will this add significantly to measurement burden for providers?</li></ul>

# Measure Prioritization Criteria: Usability

Criteria (High, Medium, Low)	Questions
Usability	<ul style="list-style-type: none"><li>○ Importance/usefulness of resulting information for patients, providers, vendors, payers/purchasers</li><li>○ ‘Actionability’, or likelihood that measuring this issue will drive changes in organizational behavior</li></ul>

# Committee Discussion

# Public and Member Comment

# Next Steps

# Next Steps for Improving Diagnostic Quality & Safety

- In-Person Meeting #2
  - *April 12-13, 2017*
- Committee Web Meeting #4
  - *April 18, 2017 2 PM-4 PM ET*
- Draft Framework Report on May 16, 2017
  - *Public Comment Period from May 16-June 14, 2017*
- Committee Web Meeting #5
  - *June 27, 2017 1 PM-3 PM ET*

# Project Contact Information

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<http://share.qualityforum.org/Projects/Diagnostic%20Accuracy/SitePages/Home.aspx>

# Questions?

# Thank you.