

MEASURE PRIORITIZATION ADVISORY COMMITTEE

*Meeting #2: Measure Development & Endorsement
Agenda*

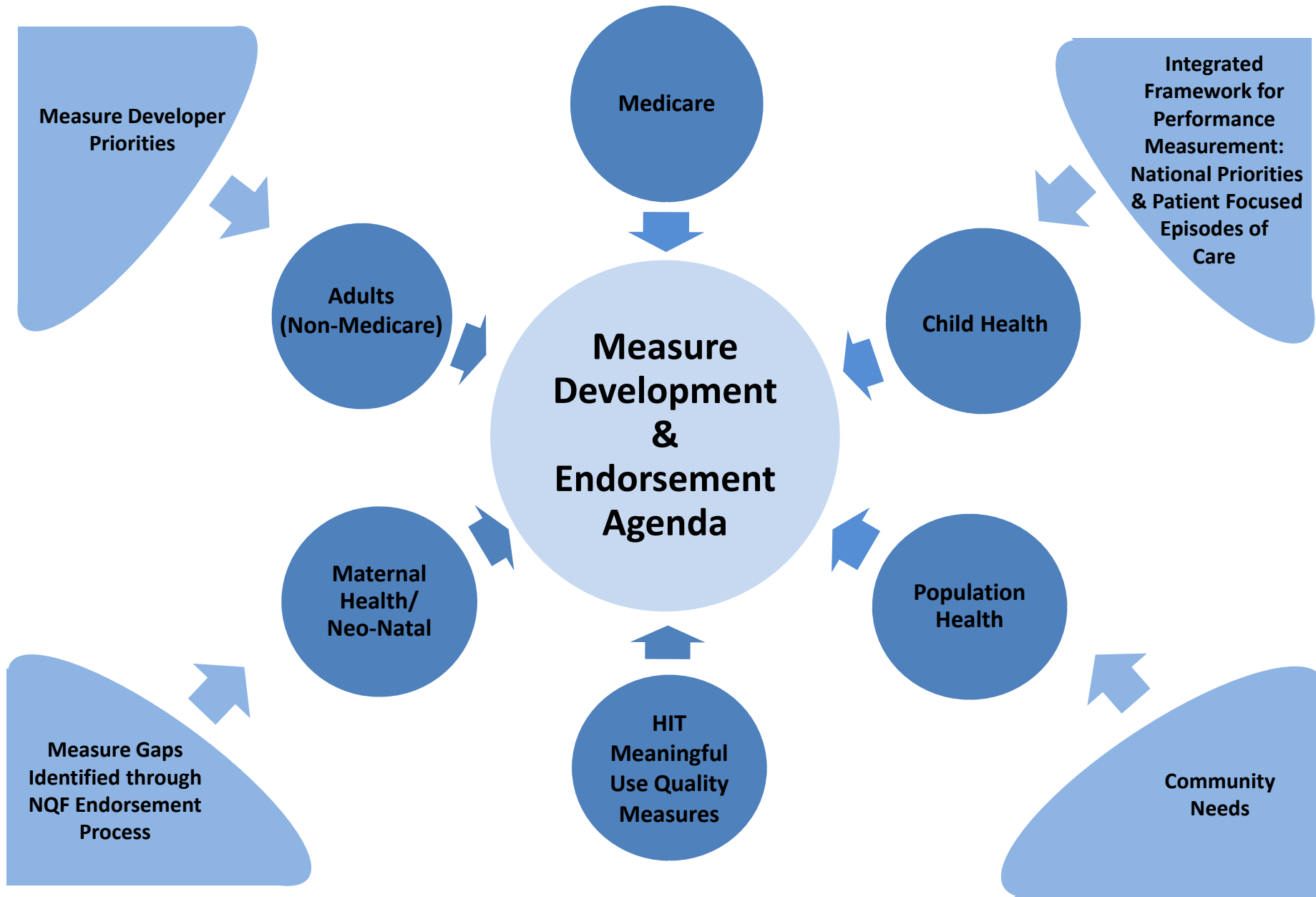
August 18, 2010

The charge of the Measure Prioritization Advisory Committee is to determine the priorities for a measure development agenda to address identified gaps in endorsed measures.

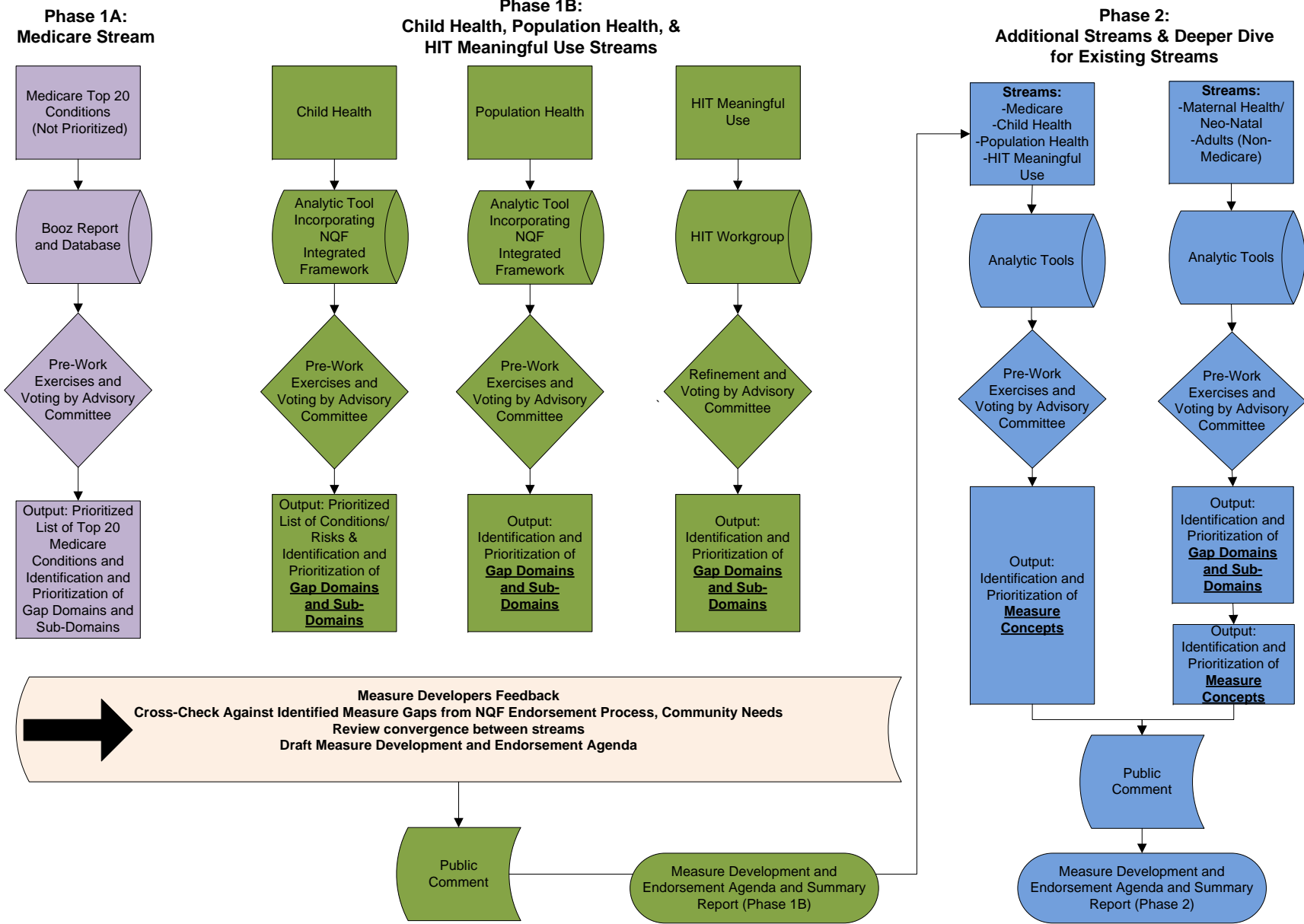
- Set context for, and explain proposed process for the work ahead
- Identify key issues
- Prioritize consolidated list of gap domains and sub-domains
- Set up next steps

Background & Context-Setting

Streams Feeding Phase I and II of the Measure Development and Endorsement Agenda



Measure Development & Endorsement Agenda Project Overview



- Booz is currently conducting an Environmental Scan of pipeline performance measures relating to the National Priorities Partnership (NPP) Priorities, including Child Health and Population Health
- The Environmental Scan focuses on two core sources:
 - Interviews with measure developers
 - Website searches of key words based on a taxonomy of defined search terms

Feb.
2010

- Convene Measure Prioritization Advisory Committee to prioritize high-impact conditions and identified measure gaps (HHS-specified conditions and dimensions/criteria).

March
2010

- Convene Measure Prioritization Advisory Committee to consider additional measure streams to inform measure development and endorsement agenda.

May
2010

- Convene Measure Prioritization Advisory Committee to explain new streams and proposed process and review child health conditions and risks ranking exercise.

June
2010

- Convene Measure Prioritization Advisory Committee to prioritize child health conditions, risks and measure gap areas for child health and population health.

July
2010

- Convene Measure Prioritization Advisory Committee to set context for the HIT Meaningful Use Quality Measure gap stream, review disparities issues as well as discuss measure developer priorities.

Committee Scope of Work & Timeline

August
2010

- Convene Measure Prioritization Advisory Committee to prioritize a consolidated list of gap areas and finalize a measure development and endorsement agenda.

Sept.
2010

- Conduct an informational web meeting to present background information, discuss the Committee's process and provide an opportunity for the public to ask questions prior to the public comment period.

Sept.-
Oct. 2010

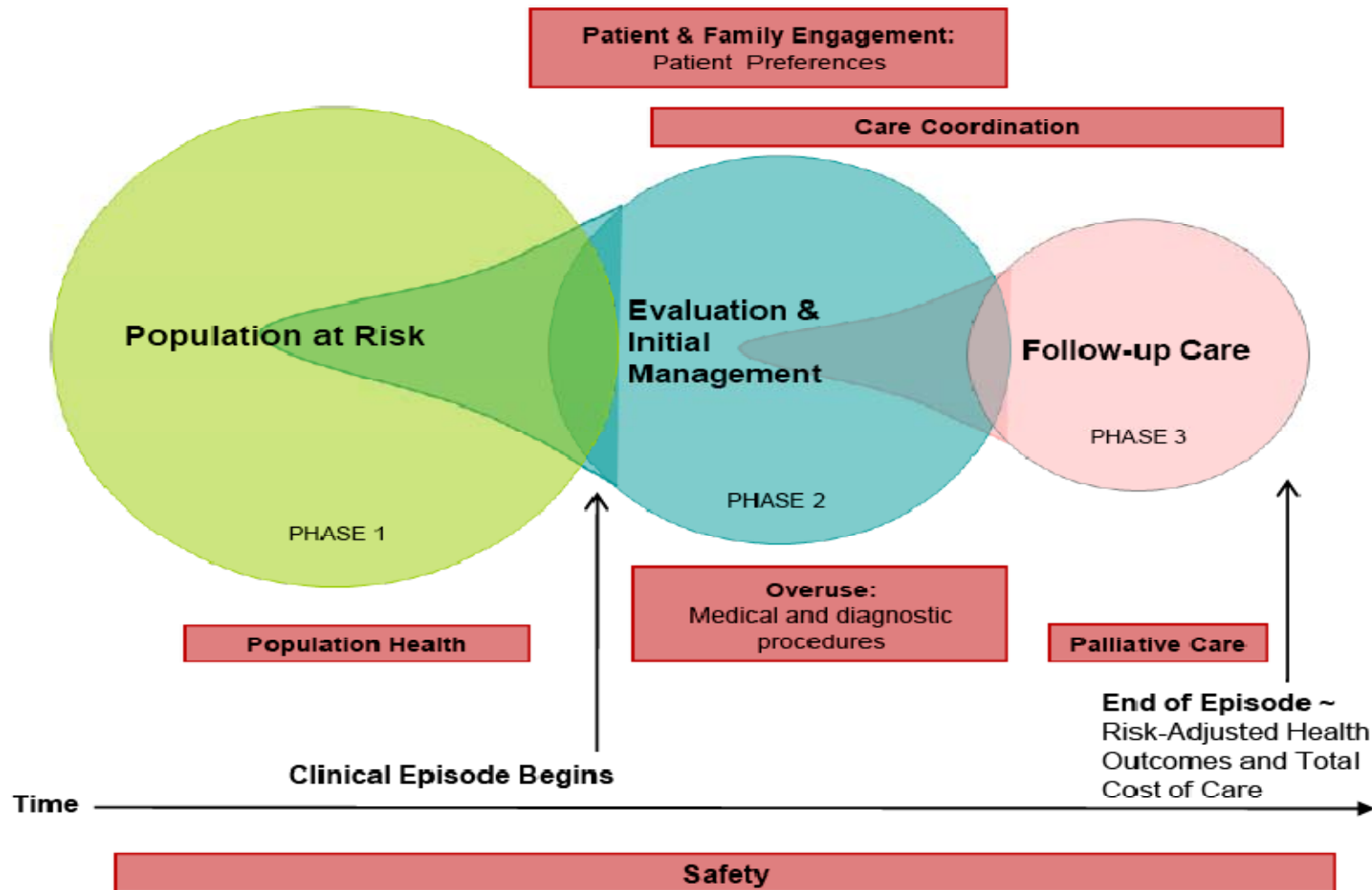
- NQF will seek comments from NQF Members and the public on the Measure Development and Endorsement Agenda. The comments will be used to inform a final report to HHS as well as next steps in formulating a comprehensive national strategy and priorities for healthcare performance measurement.

Nov.
2010

- NQF will develop a draft report, including a measure development and endorsement agenda for review by the committee and HHS.

Integrated Framework for Performance Measurement

- National Priorities Partnership:
 - Patient and Family Engagement
 - Population Health
 - Safety
 - Care Coordination
 - Palliative and End-of-life Care
 - Overuse
- Patient-focused episodes of care



*Preliminary Prioritization of
Gap Domains and Sub-Domains:
Review of Results*

Proposed Exercise:

1. Committee members performed a preliminary voting of the consolidated list of gap domains and sub-domains.
2. Committee members submitted 2 excel spreadsheets (the first on domains and the second on sub-domains) to NQF staff along with their primary considerations and rationale.
3. Committee members submitted questions or comments related to the preliminary voting exercise.
4. NQF staff collated and compiled results for the in-person August meeting.

- **NPP Priorities and patient-focused episode of care framework**
 - NPP Executive Summary
http://www.nationalprioritiespartnership.org/uploadedFiles/NPP/About_NPP/Exec_Sum_no_ticks.pdf
 - Patient-Focused Episodes of Care Report – Executive Summary
http://www.qualityforum.org/Publications/2010/01/Measurement_Framework_Evaluating_Efficiency_Across_Patient-Focused_Episodes_of_Care.aspx
- **Measure Developer priorities** (see July 22 webinar presentation slides on this topic)
- **Gaps identified from the NQF endorsement process** (see materials provided for the July 22 webinar)
- **Disparities-sensitive domains and sub-domains** (see July 22 webinar presentation slides on this topic)
- **HIT-sensitive domains and sub-domains and state of readiness** (see materials provided for the July 22 webinar)

Preliminary voting of gap domains and sub-domains was based on the following dimensions:

- **Impact/burden (including prevalence, cost)**
- **Improvability/variability (including actionability, effectiveness)**
- **Feasibility (including data source, burden of measurement)**

- Reviewed the Medicare, Child Health, and Population Health Measure Gap Domains & Sub-Domains
- Focused on Convergence of Domains and Sub-Domains Across Measurement Streams
- Consolidated to 8 Domains with 34 Sub-Domains Based Upon Identified Areas of Convergence

Domains

- Care Coordination & Management
- Health Care & Public Health System Performance
- Health Status
- Palliative Care
- Patient & Family Engagement
- Population Health
- Resource Use/Overuse
- Safety Processes & Outcomes

Care Coordination & Management

- Communication
- Medication Management (Appropriateness, Adherence)
- Appropriate and Timely Follow-up
- Effective Care Plans
- Transitions
 - Accountability
 - Success/Failure Rates
- Having a Medical or Health Home
- Help Coordinating Care

Health Care & Public Health System Performance

- Patient/Family Centered Systems of Care*
- System Infrastructure & Policies
- Community Index

*Originally under the Patient & Family Engagement Domain but moved to the Health Care & Public Health System Performance Domain since the NQF team determined this sub-domain to be more focused on “systems of care.”

Health Status

- Function, Symptoms, and Quality of Life
- Burden of Illness
- Wellness/Well Being/Population Health Outcomes
- Mortality/Length of Life
- Productivity

Palliative Care

- Pain Management and Symptom Relief
- Advance Preparations Defined and Honored
- Caregiver/Family Burden
- Access to Supportive Services
- Access to Spiritual, Cultural, and Psychological Needs

Patient & Family Engagement*

- Self-Management
 - Activation
 - Consumer Empowerment
- Shared Decision Making
 - Bridge Gap Between Expert and Public Knowledge
 - Patient Communication and Knowledge Regarding Consent & Safety**
- Experience
 - Satisfaction
 - Health Literacy
 - Communication, Respect and Cultural Sensitivity

*The sub-domain, Engagement, was eliminated from the list of sub-domains under the Patient & Family Engagement Domain since the NQF team determined that this sub-domain was already incorporated as part of the Patient & Family Engagement Domain and did not see a need for it to be further emphasized or repeated as a sub-domain.

**Originally under the Safety Processes & Outcomes Domain but the NQF team determined this sub-domain to be more focused on “shared-decision-making.”

Population Health

- Effective Preventive Services
 - Cardiovascular Disease Prevention
 - Early and Continuous Screening
 - Child and Adolescent Health
 - Cancer Prevention
 - Injury Prevention
 - Vaccine-Preventable Illness
- Healthy Lifestyle Behaviors
 - Physical Activity
 - Diet
 - Smoking
 - Risky Alcohol Use
 - Health Promotion
- Environmental Factors
- Social Determinants

Resource Use/Overuse

- Appropriateness/Efficiency
- Direct Cost
 - Overuse of Procedures and Surgery
 - Medication Overuse
 - Avoidable ED and Hospital Readmission
 - Duplicate Testing
- Indirect Cost

Safety Processes & Outcomes

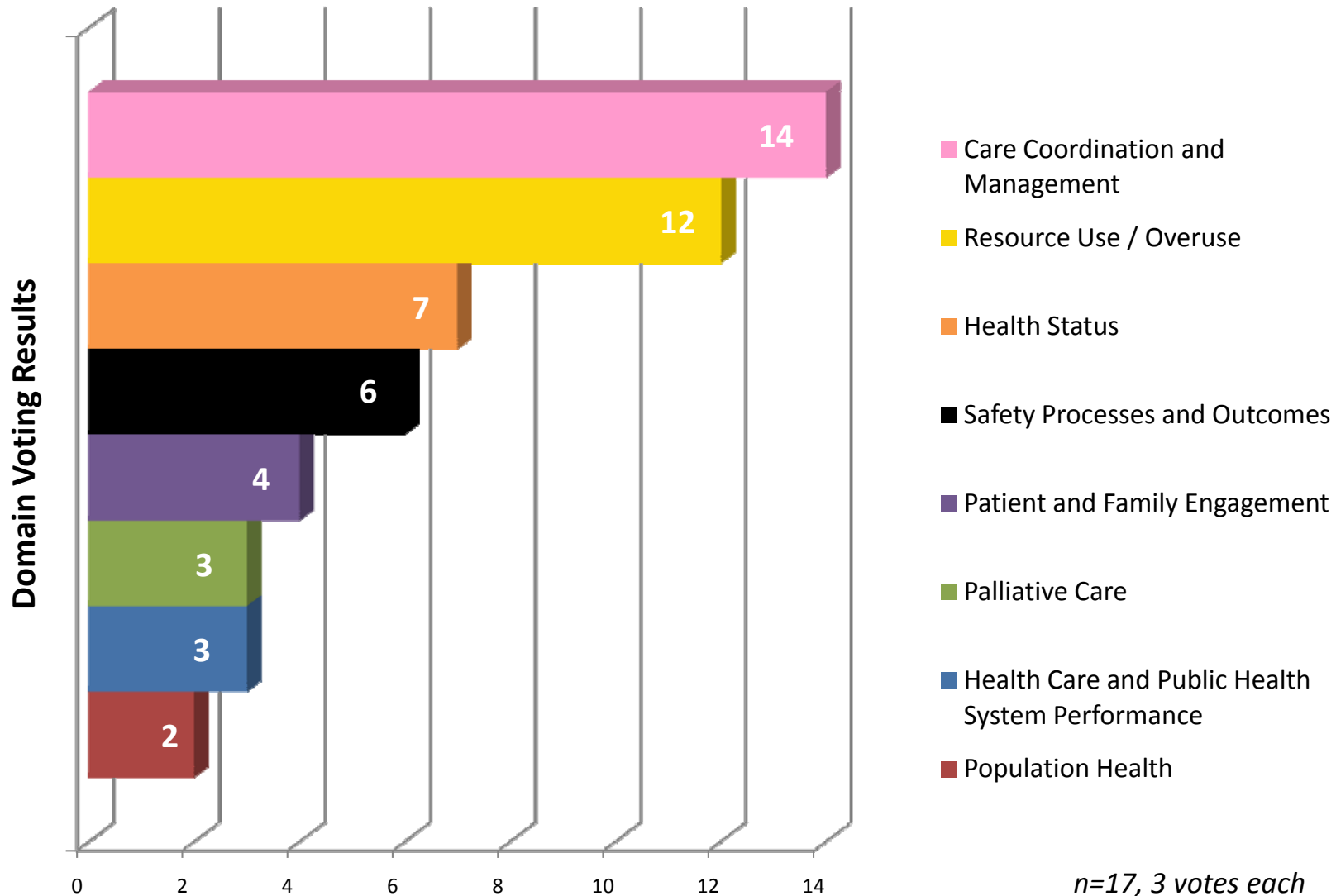
- Prevention of Adverse Events
- Medication Safety
- Ambulatory Setting
- Standardized HAI

Domain Voting Results

Domains	Votes
Care Coordination & Management	14
Resource Use / Overuse	12
Health Status	7
Safety Processes & Outcomes	6
Patient and Family Engagement	4
Palliative Care	3
Health Care & Public Health System Performance	3
Population Health	2

n=17 (30 possible voters); 57% response rate
For domains, participants had three votes each

Domain Voting Results



Sub-Domain Voting Results

Sub-Domains	Votes
Domain 1: Care Coordination & Management	
Transitions*	10
Communication	9
Effective Care Plans	9
Medication Management (Appropriateness, Adherence)	8
Having a Medical or Health Home	6
Help Coordinating Care	5
Appropriate and Timely Follow-up	2
Domain 2: Health Care & Public Health System Performance	
System Infrastructure & Policies	3
Patient/Family Centered Systems of Care	2
Community Index	0

*Accountability, Success/Failure Rates

**Activation, Consumer Empowerment

***Bridge Gap Between Expert and Public Knowledge, Patient Communication and Knowledge Regarding Consent & Safety

^Satisfaction, Health Literacy, Communication, Respect and Cultural Sensitivity

^^Cardiovascular Disease Prevention, Early and Continuous Screening, Child and Adolescent Health, Cancer Prevention, Injury Prevention, Vaccine-Preventable Illness

^^^Physical Activity, Diet, Smoking, Risky Alcohol Use, Health Promotion

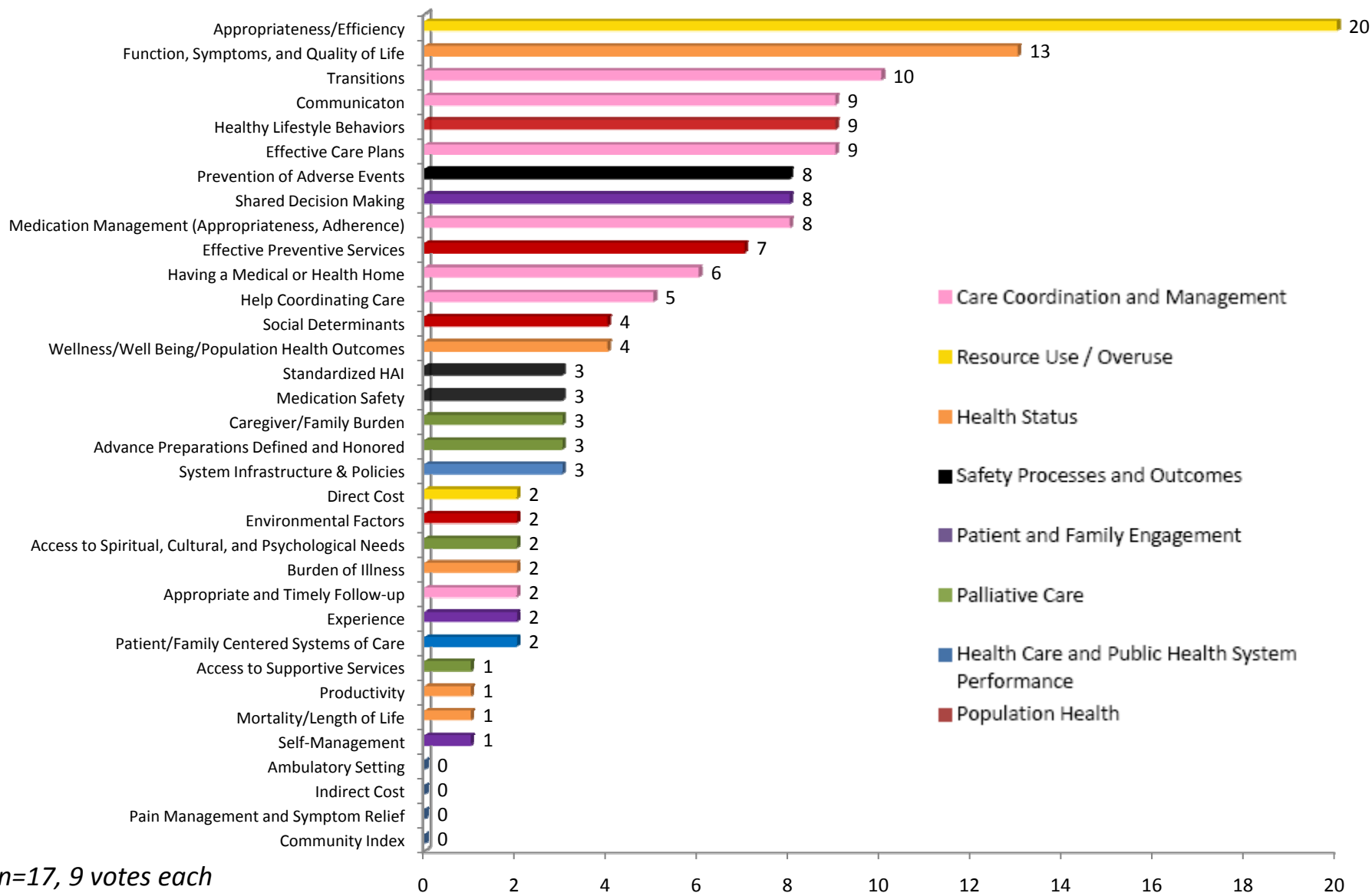
†Overuse of Procedures and Surgery, Medication Overuse, Avoidable ED and Hospital Readmission, Duplicate Testing

n=17 out of 30 possible voters = 57% response rate

For sub-domains, participants had nine votes each

Domain 3: Health Status	
Function, Symptoms, and Quality of Life	13
Wellness/Well Being/Population Health Outcomes	4
Burden of Illness	2
Mortality/Length of Life	1
Productivity	1
Domain 4: Palliative Care	
Advance Preparations Defined and Honored	3
Caregiver/Family Burden	3
Access to Spiritual, Cultural, and Psychological Needs	2
Access to Supportive Services	1
Pain Management and Symptom Relief	0
Domain 5: Patient & Family Engagement	
Shared Decision Making ***	8
Experience ^	2
Self-Management**	1
Domain 6: Population Health	
Healthy Lifestyle Behaviors^^^	9
Effective Preventive Services^^	7
Social Determinants	4
Environmental Factors	2
Domain 7: Resource Use/Overuse	
Appropriateness/Efficiency	20
Direct Cost†	2
Indirect Cost	0
Domain 8: Safety Processes & Outcomes	
Prevention of Adverse Events	8
Medication Safety	3
Standardized HAI	3
Ambulatory Setting	0

Sub-Domain Voting Results



n=17, 9 votes each

Preliminary Prioritization: Summary of Results

- Domain Level – Highest Number of Votes
 - Care Coordination & Management (14)
 - Resource Use / Overuse (12)
- Sub-domain Level – Highest Number of Votes
 - Appropriateness / Efficiency (20)
 - Committee members used multiple votes to support the Appropriateness/Efficiency sub-domain more than in any other sub-domain
 - Function, Symptoms, and Quality of Life (13)

Preliminary Prioritization: Summary of Results

- Analysis of Top 12 sub-domains:
 - **Six Care Coordination & Management** sub-domains were in the top 12
 - **Two Population Health** sub-domains were in the top 12
 - **No sub-domains from the Palliative Care or Health Care & Public Health System Performance** domains were in the top 12

- Domains
 - Health status
 - Primary reason why patients seek care
 - Critical outcome, and outcomes are the fundamental markers of quality
 - Substantial disparities by race, socioeconomic status
 - Conceptual overlap between health status and population health
 - Resource use/overuse
 - Substantial evidence of both overuse and underuse – risk-treatment paradox
 - Relationship to patient engagement and shared decision making

- Sub-domains
 - Function, symptoms, and quality of life are the outcomes that patients care about most
 - Conceptual overlaps
 - “Transitions” and “appropriate and timely follow up”
 - “Effective care plans,” “having a medical home,” and overuse sub-domains
 - “Function/symptoms/quality of life” and “burden of illness”
 - Health status sub-domains and population health sub-domains
 - Potential additional sub-domains under resource use/overuse
 - Cost of complications – safety perspective
 - Caregiver burden – cost-shifting perspective

HIT Meaningful Use Quality Measure Gaps

Gretzky Group Update

Next Steps

- Sept 23, 2010:
 - Informational web meeting to present background information, discuss the Committee's process and provide an opportunity for the public to ask questions prior to the public comment period.
- September 20-October 19, 2010:
 - Public Comment Period

Committee Scope of Work & Timeline

Sept.
2010

- NQF will conduct an informational web meeting to present background information, discuss the Committee's process and provide an opportunity for the public to ask questions prior to the public comment period.

Sept.-
Oct. 2010

- NQF will seek comments from NQF Members and the public on the Measure Development and Endorsement Agenda. The comments will be used to inform a final report to HHS as well as next steps in formulating a comprehensive national strategy and priorities for healthcare performance measurement.

Nov.
2010

- NQF will develop a draft report, including a measure development and endorsement agenda for review by the committee and HHS.

Dec.
2010

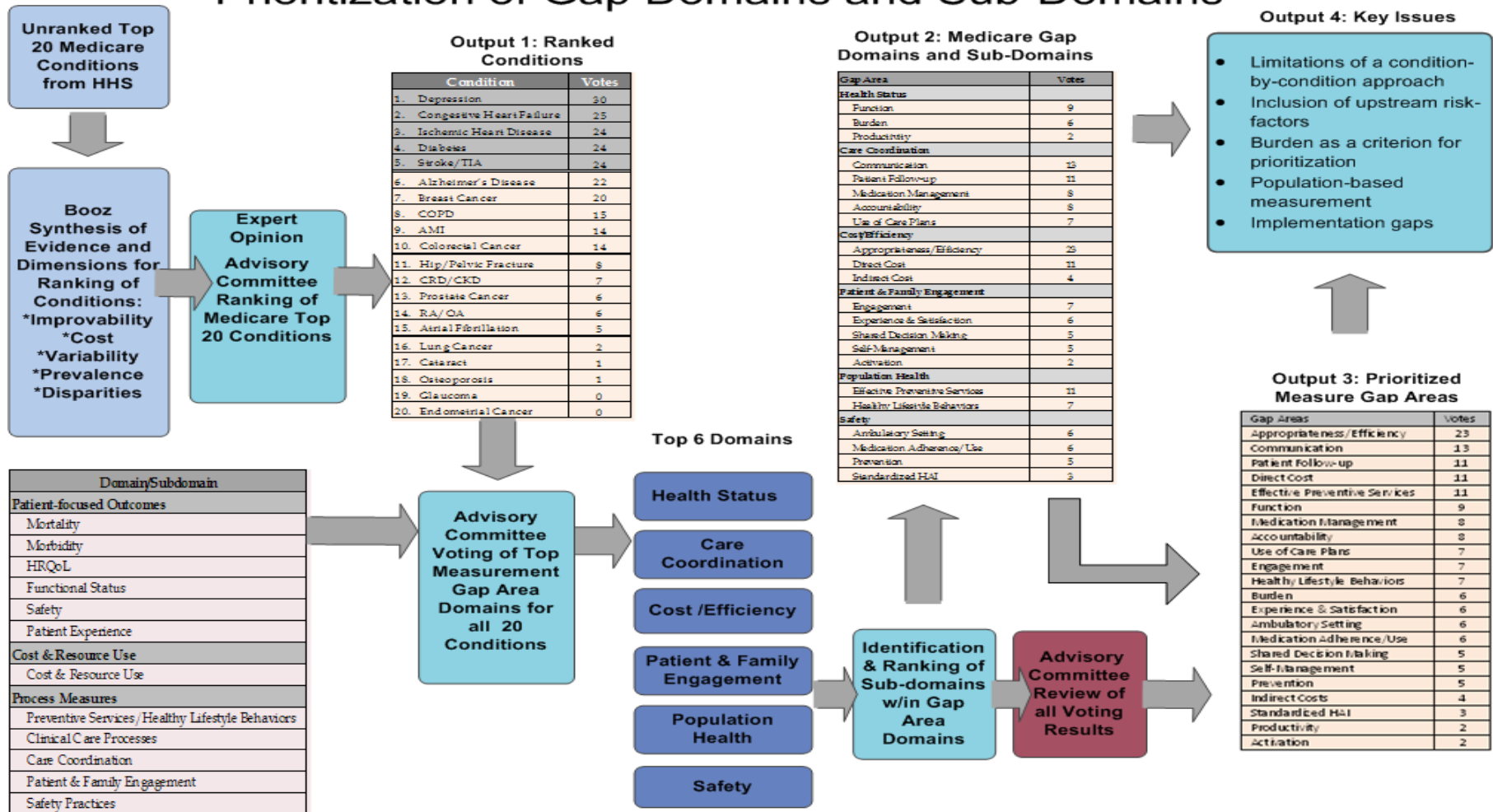
- NQF will finalize the measure development and endorsement agenda and HHS report.

Web Meeting #3:
September 23rd, 2010 (2:00 – 4:00 pm EST)

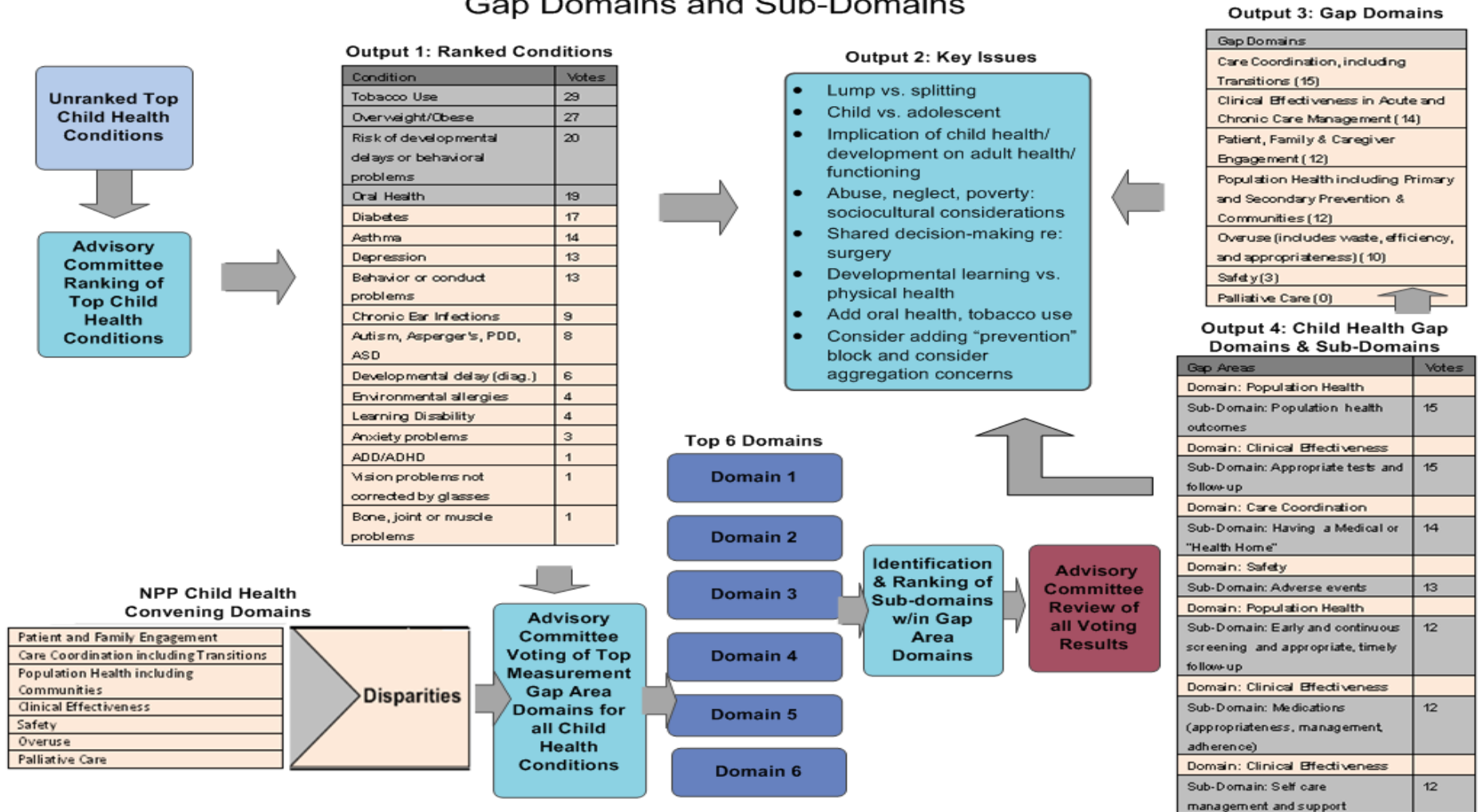
General Questions?

Appendix

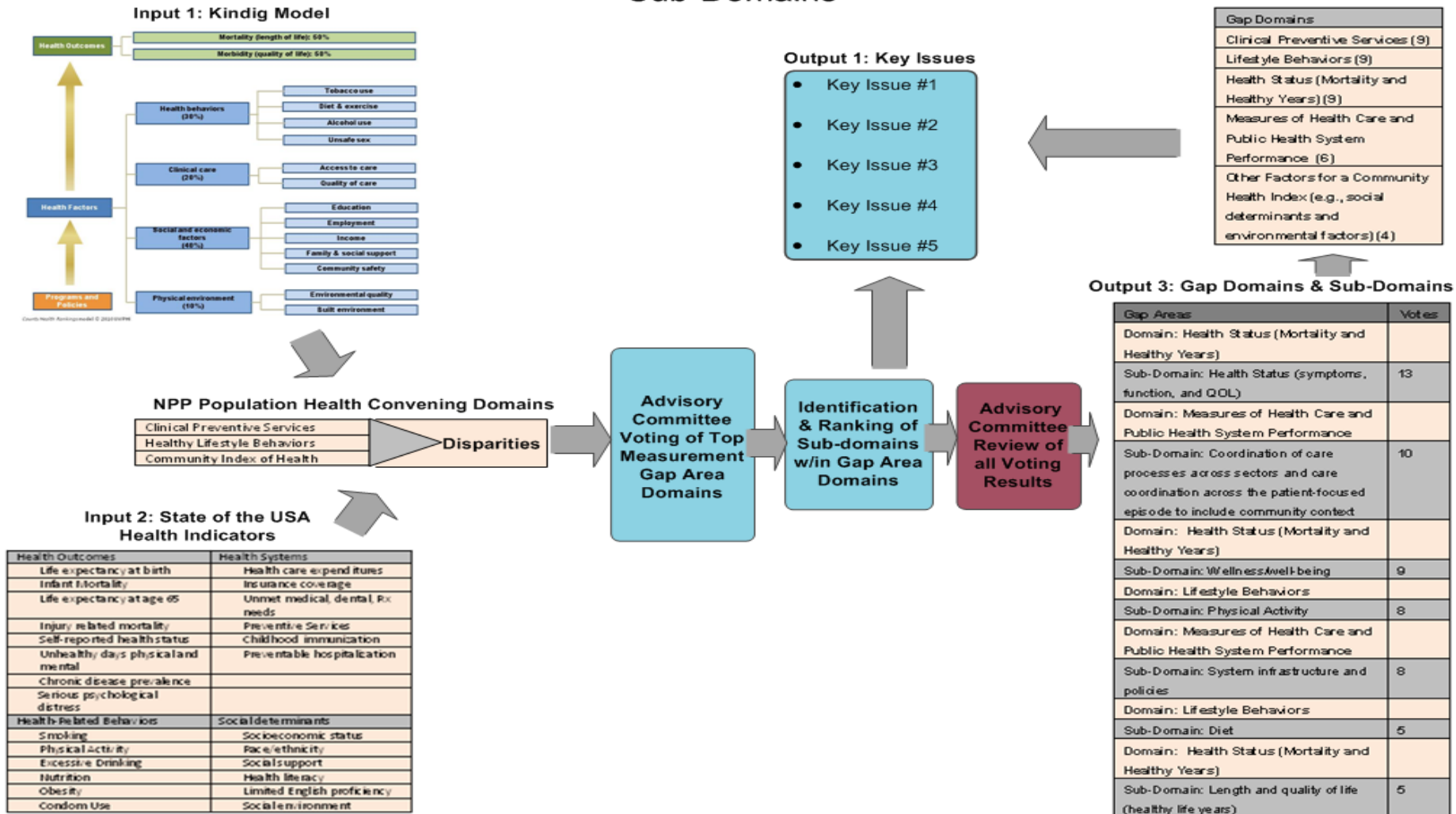
Medicare Stream: Ranking of Conditions & Identification and Prioritization of Gap Domains and Sub-Domains



Child Health Stream: Ranking of Conditions & Identification and Prioritization of Gap Domains and Sub-Domains



Population Health Stream: Identification and Prioritization of Gap Domains and Sub-Domains



32 stakeholder organizations

- Consumers
 - Purchasers/Employers
 - Health professionals/providers
 - Health Plans
 - Accreditation/certification groups
 - Quality alliances
 - Suppliers/Industry
 - Community/Regional Collaboratives
 - Public sector: CMS, AHRQ, CDC, NIH, NGA
- Co-Chairs:
 -  – Donald Berwick
Institute for Healthcare Improvement
 -  – Margaret O'Kane
National Committee for Quality Assurance

- Engage patients and their families in managing their health and making decisions about their care
- Areas of focus:
 - Patient experience of care
 - Patient self-management
 - Informed decision-making



- Improve the health of the population
- Areas of focus:
 - Preventive services
 - Healthy lifestyle behaviors
 - National index to assess health status



- Improve the safety and reliability of America's healthcare system
- Areas of focus:
 - Healthcare-associated infections
 - Serious adverse events
 - Mortality



- Ensure patients receive well-coordinated care within and across all healthcare organizations, settings, and levels of care
- Areas of focus:
 - Medication reconciliation
 - Preventable hospital readmissions
 - Preventable emergency department visits



- Guarantee appropriate and compassionate care for patients with life-limiting illnesses
- Areas of focus:
 - Relief of physical symptoms
 - Help with psychological, social and spiritual needs
 - Effective communication regarding treatment options, prognosis
 - Access to high-quality palliative care and hospice services



- Eliminate overuse while ensuring the delivery of appropriate care
- Areas of focus:
 - Inappropriate medication use
 - Unnecessary lab tests
 - Unwarranted maternity care interventions
 - Unwarranted diagnostic procedures
 - Unwarranted procedures
 - Unnecessary consultations
 - Preventable emergency department visits and hospitalizations
 - Inappropriate nonpalliative services at end of life
 - Potentially harmful preventive services with no benefit



- Co-chaired by Elliott Fisher & Kevin Weiss
- Developed a comprehensive measurement framework to evaluate efficiency across extended episodes of care including:
 - Clear definitions
 - A discrete set of domains
 - Guiding principles for implementation
- Selected two priority conditions - AMI & LBP - to serve as operational examples to measure, report and improve efficiency across episodes

- Patient-focused orientation
 - Follows the natural trajectory of care over time
- Directed at value
 - Quality, costs, and patient preferences
- Emphasizes care coordination
 - Care transitions and hand-offs
- Promotes shared accountability
 - Individual, team, system
- Addresses shared decision making
 - Attention to patient preferences
- Needed to support fundamental payment reform

- Patient-level outcomes (better health)
 - Morbidity and mortality
 - Functional status
 - Health-related quality of life
 - Patient experience of care
- Processes of care (better care)
 - Technical
 - Care coordination/transitions /care planning
 - Decision quality – care aligned with patients' preferences
- Cost and resource use (less overuse, waste, misuse)
 - Total cost of care across the episode
 - Patient opportunity costs

Medicare Conditions and Gap Domains and Sub-Domains

Medicare Conditions

Condition	Votes
1. Major Depression	30
2. Congestive Heart Failure	25
3. Ischemic Heart Disease	24
4. Diabetes	24
5. Stroke/Transient Ischemic Attack	24
6. Alzheimer's Disease	22
7. Breast Cancer	20
8. Chronic Obstructive Pulmonary Disease	15
9. Acute Myocardial Infarction	14
10. Colorectal Cancer	14
11. Hip/Pelvic Fracture	8
12. Chronic Renal Disease	7
13. Prostate Cancer	6
14. Rheumatoid Arthritis/Osteoarthritis	6
15. Atrial Fibrillation	5
16. Lung Cancer	2
17. Cataract	1
18. Osteoporosis	1
19. Glaucoma	0
20. Endometrial Cancer	0

Gap Domains

Health Status
Functional Status
Burden on Patients and Families
Productivity
Care Coordination
Communication
Patient Follow-up
Medication Management
Accountability for Care Coordination
Use of Care Plans
Cost/Efficiency
Appropriateness/Efficiency
Direct Costs
Indirect Costs
Patient & Family Engagement
Patient Engagement
Patient Experience and Satisfaction
Shared Decisionmaking
Patient Self-Management
Patient Activation
Population Health
Effective Preventive Services
Healthy Lifestyle Behaviors
Safety
Ambulatory Safety
Medication Adherence/Use
Prevention of Serious Events
Standardized HAI Rates

Gap Sub-Domains

Gap Area	Votes
Appropriateness/Efficiency	23
Communication	13
Patient Follow-up	11
Direct Costs	11
Effective Preventive Services	11
Functional Status	9
Medication Management	8
Accountability for Care Coordination	8
Use of Care Plans	7
Patient Engagement	7
Healthy Lifestyle Behaviors	7
Burden on Patients and Families	6
Patient Experience and Satisfaction	6
Ambulatory Safety	6
Medication Adherence/Use	6
Shared Decisionmaking	5
Patient Self-Management	5
Prevention of Serious Events	5
Indirect Costs	4
Standardized HAI Rates	3
Productivity	2
Patient Activation	2

Child Health Conditions and Risks and Gap Domains and Sub-Domains

Child Health Conditions and Risks

Condition and Risk	Votes
Tobacco Use	29
Overweight/Obese ($\geq 85^{\text{th}}$ percentile BMI for age)	27
Risk of developmental delays or behavioral problems	20
Oral Health	19
Diabetes	17
Asthma	14
Depression	13
Behavior or conduct problems	13
Chronic Ear Infections (3 or more in the past year)	9
Autism, Asperger's, PDD, ASD	8
Developmental delay (diag.)	6
Environmental allergies (hay fever, respiratory or skin allergies)	4
Learning Disability	4
Anxiety problems	3
ADD/ADHD	1
Vision problems not corrected by glasses	1
Bone, joint or muscle problems	1
Migraine headaches	0
Food or digestive allergy	0
Hearing problems	0
Stuttering, stammering or other speech problems	0
Brain injury or concussion	0
Epilepsy or seizure disorder	0
Tourette Syndrome	0

Gap Domains

Gap Domains	Votes
Care Coordination, including Transitions	15
Clinical Effectiveness in Acute and Chronic Care Management	14
Patient, Family, & Caregiver Engagement	12
Population Health including Primary and Secondary Prevention & Communities	12
Overuse (includes waste, efficiency, and appropriateness)	10
Safety	3
Palliative Care	0

Gap Sub-Domains

Gap Sub-Domains	Votes
Domain 1: Patient and Family Engagement	
Shared decision-making	11
Bridge gap between expert and public knowledge	10
Patient/family centered systems of care	8
Communication, respect cultural sensitivity	7
Health literacy	6
Consumer empowerment, including transparency	3
Patient experience with care	3
Patient/family activation	2

Gap Sub-Domains

Domain 2: Care Coordination including Transitions	
Having a Medical or “Health Home”	14
Access to referrals and appropriate follow-up	11
Success/failure rates in handoffs	11
Help coordinating care	4
Effective transition to adult services	2
Domain 3: Population Health including Primary and Secondary Prevention & Communities	
Population health outcomes	15
Early and continuous screening and appropriate, timely follow-up	12
Community and neighborhood resources, support and safety	8
Population health oriented systems of care (needs assessment, shared accountability, etc)	4
Health Promotion	2

Domain 4: Clinical Effectiveness in Acute and Chronic Care Management	
Appropriate tests and follow-up	15
Medications (appropriateness, management, adherence)	12
Self care management and support	12
Effective care plans	10
Burden of Illness, Symptoms & Functional Status	6
Domain 5: Safety	
Adverse events	13
Patient communication and knowledge regarding consent & safety	2
Medication and sedation safety	1

Domain 6: Overuse	
Overuse of procedures and surgery	11
Medication overuse	10
Avoidable ED and hospital readmission	7
Duplicate testing	2
Domain 7: Palliative Care	
Caregiver/family burden	2
Advance preparations defined and honored	1
Pain management and symptom relief	0
Access to supportive services	0
Access to spiritual, cultural and psychological needs	0

Population Health Gap Domains and Sub-Domains

Gap Domains

Gap Domains	Votes
Clinical Preventive Services	9
Lifestyle Behaviors	9
Health Status (Mortality and Healthy Years)	9
Measures of Health Care and Public Health System Performance	6
Other Factors for a Community Health Index (e.g., social determinants and environmental factors)	4

Gap Sub-Domains

Gap Domains	Votes
Domain 1: Clinical Preventive Services	
Cardiovascular disease prevention	4
Child and adolescent health	3
Cancer prevention	1
Injury prevention	0
Vaccine-preventable illness	0
Domain 2: Lifestyle Behaviors	
Physical Activity	8
Diet	5
Smoking	3
Risky alcohol use	3
Domain 3: Health Status (Mortality and Healthy Years)	
Health status (symptoms, function, and QOL)	13
Wellness/well-being	9
Length and quality of life (healthy life years)	5
Mortality	2
Domain 4: Measures of Health Care and Public Health System Performance	
Coordination of care processes across sectors and care coordination across the patient-focused episode to include community context	10
System infrastructure and policies	8
Domain 5: Other Factors for a Community Health Index	
Environmental factors	2
Social determinants	1