

THE NATIONAL QUALITY FORUM

MEASURE PRIORITIZATION ADVISORY COMMITTEE SUMMARY OF WEB MEETING #2

A web meeting of the Measure Prioritization Advisory Committee was held on Thursday, July 22, 2010. For those interested in viewing an online archive of the web meeting please click on the link below:

<http://www.MyEventPartner.com/QualityForum/EF51D88181>

The next meeting of the advisory committee will take place on August 18, 2010.

Committee Members in Attendance at the July 22, 2010 Web Meeting:

George J. Isham (Co-Chair)	Ramy Mahmoud
Ellen Stovall (Co-Chair)	Ira Moscovice
Christy Bethell	Farzad Mostashari
Walter Biffi	William Munier
Carey C. Cotterell	Gareth Parry
Anna Fallieras	Greg Pawlson
Lynn Feinberg	Michael Rapp
Frederick L. Grover	Chesley Richards
Nikki Highsmith	Rhonda Robinson-Beale
Fred Jacobs	

Objectives

This was the second web meeting in a series of in-person and web meetings with regard to the Measure Development & Endorsement Agenda Project. This meeting was intended to prepare the committee for the in-person meeting on August 18, 2010. The primary objectives of the web meeting were:

- Set the context for, and explain the proposed process for the work ahead;
- Review the voting results for the child health and population health streams;
- Set the context for HIT meaningful use quality measure gap stream;
- Review the priorities from select measure developers;
- Discuss disparities issues; and
- Set up next steps for the in-person meeting.

Background and Context Setting

Ellen Stovall, Advisory Committee Co-Chair, reviewed the committee charge and provided committee members with an overview of the work at hand.

Janet Corrigan, President and CEO at NQF, discussed the importance of the committee's work and its complexity in working toward building a portfolio of measures that serves the needs of many different groups, for use in payment, public reporting, accreditation/certification,

regulatory activities and quality improvement. She stressed that the committee make-up and process was intended to give voice to various stakeholder groups and measurement users, allowing each to incorporate his or her perspective in the final decision-making process. Particular enthusiasm was noted around the recent discussions around meaningful use measure discussions, with an emphasis on the small window remaining to inform the 2013 and 2015 measures. While the current project was not intended to provide guidance or input for the early 2011 or 2013 selection of meaningful use measures, it is anticipated that the committee's discussions could inform the 2015 measure gaps.

Nalini Pande, Senior Director, Strategic Partnerships at NQF, provided the committee with project background and context setting. She reviewed the different phases of the project, noting the committee's work thus far in identifying and prioritizing measurement gaps for the Medicare, Child Health, and Population Health streams, with HIT meaningful use soon to follow. Future phases of the project will cover maternal health/neo-natal and adults, non-Medicare streams and drill down from domains to measure concepts. Results of the committee's prior conditions' rankings and measurement gaps prioritization work for Medicare, Child Health and Population Health were discussed. It is anticipated that current committee work on measure developer measurement priorities will be further informed by an environmental scan of pipeline measures (conducted by Booz Allen Hamilton) focused on the National Priorities Partnership (NPP) Priorities, including child health and population health. Nalini concluded her comments by offering the committee a high level summary of the progress made to date along with a description of the work that is ahead.

HIT Meaningful Use Measure Gaps

Farzad Mostashari, Senior Advisor Office of the National Coordinator (ONC) for Health Information Technology (HIT) provided the committee with context setting and background regarding the HIT meaningful use quality measure gaps. He stressed the need to take advantage of, and affect the design of, the expected transformation of HIT infrastructure supporting medical care and quality improvement, to measure, monitor, reward, and achieve better patient care. HIT is appreciated to be a powerful quality improvement tool, enabling users to engage in quality improvement activities at the point of care. With regard to meaningful use, the concept of a core set measures that all providers could report allows providers to focus on what matters and achieve population level health improvements using measures that concentrate on issues of greatest healthcare burden (i.e. tobacco use, hypertension and BMI). He stressed the need for the field to move away from condition specific measures and move toward cross-cutting measures centered on issues such as health status, patient engagement and care coordination. He also stressed the importance of developing more outcome measures and those that monitor change over time. Farzad concluded by outlining next steps for ONC, which include establishment of a HHS task force to set an HIT quality agenda for the nation and working with various other organizations on operational and implementation issues related to HIT meaningful use across the country.

Helen Burstin, Senior Vice President, Performance Measures at NQF, provided the committee with an update on the Gretzky Group. She reiterated the charge for the Gretzky Group, which is to “go where the puck will be,” and think about the next generation of quality measurement. The “Gretzky Grid” was presented as means of looking at key measure concepts and their inclusion in meaningful use measure sets for 2013, using the National Priorities Partnership (NPP) Priorities, tracer conditions and leading conditions as a framework. It was also emphasized as a means of identifying measure gaps that could be addressed in time for use in the 2015 meaningful use measure set. The grid criteria were reviewed and include parameters such as state of readiness, HIT-sensitivity, promoting parsimony, and preventable burden. Helen concluded with a discussion of a few specific examples off the grid stressing particular areas including care transitions high rating across state of readiness, HIT-sensitivity, promoting parsimony, and preventable burden.

Select Measure Developer Priorities

William Munier from the Agency for Healthcare Research and Quality (AHRQ) provided the committee with an overview of AHRQ’s measure development priorities. He briefly touched upon AHRQ’s measurement activities, focusing on the organization’s work to develop and implement common formats to standardize patient safety information collection. Shari Ling from the Centers for Medicare and Medicaid Services (CMS) provided the committee with an overview of CMS’s measure development priorities. She reviewed CMS’s vision for 2010-2011 with the committee, detailing the organizations efforts on various topic areas including care coordination, meaningful use of EHRs measures, palliative care, resource use/efficiency, patient safety, multiple chronic conditions, and CHIPRA specific priorities.

Sharon Sprenger from the Joint Commission provided the committee with an overview of the Joint Commission’s measure development priorities. She reviewed the Joint Commission’s vision for 2010-2011 with the committee, focusing on the organization’s activities to develop measures that meet accreditation requirements and establish a framework for future development of quality measures. Greg Pawlson from the National Committee on Quality Assurance (NCQA) provided the committee with an overview of NCQA’s measure development priorities. He reviewed NCQA’s vision for 2010-2011 with the committee, focusing on the organization’s activities of maintaining its current set of measures, with adapting and tailoring measures to EHR environments, as well as creating new composite measures that relate to both quality and resource use/cost. Mark Antman from the Physician Consortium on Performance Improvement (PCPI) as convened by the American Medical Association’s (AMA) provided the committee with an overview of the PCPI’s measure development priorities. He reviewed PCPI’s vision for 2010-2011 with the committee, focusing on the organization’s activities on developing comprehensive measure sets or “dashboards.”

Tom Valuck, Senior Vice President, Strategic Partnerships at NQF, provided the committee with a synthesis of the measure developers’ priorities, highlighting some of the key themes and

issues that were discussed. He reviewed themes including care coordination, efficiency/overuse, child health, safety, functional status and palliative care. Key issues discussed were: comprehensive measure dashboards, composite measures, addressing both, quality and cost, e-measure specifications for EHRs, and finally the need for measures addressing multiple chronic conditions.

Disparities

Tom Valuck, Senior Vice President, Strategic Partnerships at NQF, offered the committee a brief introduction and context setting around disparities. He encouraged the committee to build disparities into the committee's thinking around gap prioritization. Helen Burstin, Senior Vice President, Performance Measures at NQF, provided an overview of ongoing NQF activities in disparities quality measurement and how they relate to the committee's work. She reviewed the important role quality measurement should play towards eradicating disparities, stressing routine assessment of quality by disparities-focused characteristics such as race, ethnicity, primary language, and socioeconomic status. The committee was introduced to primary and secondary criteria developed by an NQF committee to identify disparities-sensitive measures. Eventually, NQF will review all measures in the NQF portfolio across sites and providers to identify disparities-sensitive measures. Helen reviewed the importance of cultural competency and the role it can play in reducing disparities. Cultural competency was framed as an ongoing capacity to provide diverse patient populations high quality care that is safe, family and patient-centered, evidence-based, and equitable. She concluded by encouraging the committee members to view the key measurement domains through the lens of disparities and consider its impact on their prioritization activities.

Nikki Highsmith, Senior Vice President at the Center for Health Care Strategies, Inc (CHCS), and Rhonda Robinson Beale, Chief Medical Officer at United Behavioral Health, provided the committee with some additional thoughts and ideas to consider regarding disparities. Nikki highlighted the need for disparities-focused data collection, the importance of the site of care, access to community based resources, cultural competency and health literacy. Rhonda focused on cultural disparities, stressing the importance of using a broad definition of cultural competency to include the population of mentally ill as a disadvantaged group.

Committee Exercise

Nalini Pande, Senior Director at NQF described the committee's measure prioritization homework assignment, which involved submitting a preliminary voting of the consolidated list of gap domains and sub-domains provided. Along with voting, committee members are asked to submit any key issues, considerations or comments related to their preliminary voting. This ranking will provide a starting point for the committee's prioritization discussion at the upcoming in-person meeting on August 18. Nalini concluded by providing an overview of the resources and tools that the committee had to inform their deliberations.

Ellen Stovall, Advisory Committee Co-Chair, closed the web meeting with a review of both short-term and long-term next steps.

Key Issues

Committee members raised several issues over the course of the two-hour conference call:

- Institute of Healthcare Improvement's (IHI) triple aim focus on population health, experience of care and total cost as a framework for developing composite measures
- A need to promote and support harmonization and parsimony of measurement activities amongst measure developers
- The link between measure development and clinical effectiveness research
- Impact a small sample size and/or low frequency conditions have on measure development, especially in child health
- A need to focus on measures that predict disability
- Challenge of harmonization of individual physician measures with institution measures
- Distinction between disparities in care delivery vs. disparities in health
- Issues around stratification of data at the right level of granularity to target populations at highest risk
- View individuals with serious mental illness as culturally disadvantaged.

Our next meeting will be in-person and held on August, 18, 2010 in Washington, DC. The next web meeting is scheduled for Sept 23, 2010 (2:00 pm- 4:00pm ET).