THE NATIONAL QUALITY FORUM

MEASURE PRIORITIZATION ADVISORY COMMITTEE
SUMMARY OF IN-PERSON MEETING #2: MEASURE DEVELOPMENT & ENDORSEMENT AGENDA

An in-person meeting of the Measure Prioritization Advisory Committee was held on August 18, 2010. For those interested in listening to an online audio recording of the meeting please visit:
http://www.qualityforum.org/MeasureDevelopmentandEndorsementAgenda.aspx#t=2&s=&p=2%7C

The next meeting of the Advisory Committee will take place on September 23, 2010.

Committee Members in Attendance:

George J. Isham (Co-Chair)
Bobbie Berkowitz (via phone)
Christina Bethell (via phone)
Walter Biffl
Kent Bottles
Dale W. Bratzler
Carey C. Cotterell
John F. Derr
Anna Fallieras
Lynn Feinberg
Frederick L. Grover (via phone)
Nikki Highsmith
Fred M. Jacobs
Alyssa Keefe
Ira Moscovice
Farzad Mostashari
William Munier
Gareth Parry
Greg Pawlson (via phone)
Mike Rapp (via phone)
Chesley Richards
Rhonda Robinson-Beale
John Spertus
Madhavi Vemireddy (via phone)

NQF Staff in Attendance:

Janet Corrigan, President and CEO
Tom Valuck, Senior Vice President, Strategic Partnerships
Helen Burstin, Senior Vice President, Performance Measures
Karen Adams, Vice President, National Priorities
Nalini Pande, Senior Director, Strategic Partnerships
Edison Machado, Senior Director, Strategic Partnerships
Sarah Lash, Program Director, Strategic Partnerships

This was the second in-person meeting in a series of in-person and web meetings with regard to the National Quality Forum's (NQF) Measure Development and Endorsement Agenda Project. The primary objectives of the meeting were to:

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

CONTEXT-SETTING & BACKGROUND

George Isham, Committee Co-Chair, provided committee members with an overview of the work at hand, the committee charge, and the objectives of the meeting.

Janet Corrigan, President and Chief Executive Officer of NQF, provided the committee with context and background on the project. She highlighted the importance and alignment of this work with payment reform in the context of the American Recovery and Reinvestment Act (ARRA) and the Affordable Care Act (ACA) legislation. Both of these laws require a robust set of performance measures to serve a variety of needs: meaningful use measures, various new and emerging payment systems, and expanded public reporting. This committee will set the agenda to fill the gaps in measures, and will help drive fundamental change in the care delivery system. This project aligns with the development of a national strategy for health care performance measurement that will include a clear agenda to ensure that resources are directed to high leverage areas. Further, this project will continually scan the environment to identify and make mid-course corrections, as necessary.

The committee commented on issues such as:

- Achieving fundamental change requires a paradigm shift, with a move to more complex measures;
- Shifting from a provider-centric model to a patient-centric model is critical; and
- Considering the acceleration of patient self-management and engagement with technology (e.g., smart phones) is important.

Nalini Pande, Senior Director, Strategic Partnerships at NQF provided the committee with additional context, an overview of this project, and the timeline for key deliverables. She described the key topic areas and work streams of the Measurement Development and Endorsement Agenda Project. She noted that this committee has focused on the prioritization of Medicare conditions and gaps, child health conditions, risks and gaps as well as population health gaps and that the committee's goal for the meeting was to prioritize a consolidated list of measure gap domains and sub-domains.

Karen Adams, Vice President of National Priorities at NQF described the Integrated Framework for Performance Measurement. The Framework is comprised of the National Priorities Partnership (NPP) priorities and the patient-focused episode of care framework. She described the Integrated Framework as a continuum of care from the population at risk, through evaluation and initial management, to follow-up care. The six NPP priorities are highlighted at specific phases of the patient-focused episode of care. These priorities are: patient and family engagement, care coordination, population health, overuse, and palliative care.

The committee reflected and provided comments on the Framework:

- The integrated Framework has a disease model focus;
- The medical model does not capture the patient's active role in self-management;
- The model has an acute care focus and does not include a focus on longitudinal or long term care that will prevent the need for acute care;
- The patient and family should be at the center of the Framework; and
- How does Health IT or payment reform fit in to this model?

COMMITTEE EXERCISE: PRELIMINARY VOTING ON THE CONSOLIDATED LIST OF GAPS

Tom Valuck, Senior Vice President, Strategic Partnerships at NQF described the committee's preliminary exercise which was conducted prior to this in-person meeting. Committee members were asked to prioritize the consolidated list of gap domains and sub-domains and provide their primary considerations and rationale for their rankings. The preliminary voting was based on the following dimensions:

- Impact and burden (including prevalence and cost);
- Improvability and variability (including actionability and effectiveness); and
- Feasibility (including data source and burden of measurement).

Dr. Valuck presented the results from this preliminary exercise. The domain rankings showed that the Care Coordination and Management and Resource Use/Overuse domains ranked the highest. The sub-domain rankings showed that the Appropriateness/Efficiency and Functions, Symptoms, Quality of Life sub-domains were ranked the highest. From the committee's discussion of the preliminary ranking results, several themes arose:

- The potential for consolidation of select population health and health status sub-domains;
- The need for a timeline for prioritization to set a vision for long-term or more near term needs;
- The existence of inconsistent scoring on domains and sub-domains (e.g., population health as a domain ranked low but some of population health's sub-domains ranked high); and
- The infrastructure domain permeates all other domains.

The committee also made the following specific recommendations for re-structuring the categories:

- Move the sub-domain "Population Health Outcomes" (currently part of Domain #3, Health Status) into Domain #6, Population Health;
- Move Domain #2's sub-domain "Community Index" to Domain #6, Population Health;
- Rename Domain #2 (previously named Health Care and Public Health System Performance) as "System Infrastructure Supports" and include the following sub-domains:
    - Patient and family centered systems of care;
    - System capacity and health IT;
    - Performance measurement;
    - Workforce development; and
    - Research, quality improvement, and knowledge dissemination.

HIT MEANINGFUL USE QUALITY MEASURE GAPS

Helen Burstin, Senior Vice President, Performance Measures at NQF provided an overview of the work that NQF is doing to identify a discrete set of high-leverage measures that might be considered for 2013 meaningful use measures. The project began with the identification of potential 2013 measures. The team synthesized input from federal agencies, the Gretzky Group, and through an environmental scan of EHR-based measures available from leading public and private health systems.

As part of the identification and selection process, measure selection criteria were created. These criteria included:

- State of readiness;
- HIT-sensitive;
- Promotes parsimony;
- Preventable burden;
- Supports health risk status and outcomes assessment; and
- Enables longitudinal measurement.

Based on the environmental scan and the use of tracer conditions, several measurement gaps were identified: population health, medication safety (e.g., EDs), adherence to medications (patient self-report), use of generic medications, reduce cost of redundant testing, and general health status (and delta measures).

The committee discussed the following themes and issues:

- Interoperability (structural measures and longitudinal measures);
- The absence of long term care in meaningful use requirements;
- EHR use should drive quality improvement and encourage further EHR use;
- Whether meaningful use requires a centralized data system; and
- The existence of cross-cutting methodological issues related to risk adjustment.

PRIORITIZATION OF THE CONSOLIDATED LIST OF GAPS

Committee members prioritized the eight (8) gap domains. Each committee member was allowed three votes. The results are presented in TABLE 1.

TABLE 1. DOMAIN VOTING RESULTS

Domains	Votes
Resource Use/Overuse	16
Care Coordination & Management	15
Health Status	8
Safety Processes & Outcomes	8
Patient and Family Engagement	7
System Infrastructure Supports	5
Population Health	4
Palliative Care	0

Several themes arose over the course of the discussion of the domain voting results:

- Palliative care voting results do not reflect the importance of this area, but reflect the relative prioritization of this area for measure development;
- Infrastructure supports are critical to achieving performance in all other domains;
- Care coordination and resource use are central to hospital care – is this framework and domain voting results too hospital-centric?
- Voting results would vary if considering a specific population (e.g., child health); and
- Domains are not fully defined.

Following discussions, committee members prioritized the 38 sub-domains. Each committee member was allowed nine votes. The results are presented in TABLE 2.

TABLE 2. SUB-DOMAIN VOTING RESULTS

	Votes
Domain 1: Care Coordination & Management	
Communication	11
Medication Management (Appropriateness, Adherence)	9
Transitions[1]	9
Having a Medical or Health Home	4
Appropriate and Timely Follow-up	3
Effective Care Plans	2
Help Coordinating Care	1
Domain 2: Systems Infrastructure Supports	
System Capacity & HIT	8
Patient/Family Centered Systems of Care	7
Research, Quality Improvement, and Knowledge Dissemination	7
Workforce Development	4
Performance Measurement	3
Domain 3: Health Status	
Function, Symptoms, and Quality of Life	16
Productivity	2
Well Being	2
Burden of Illness	0
Mortality/Length of Life	0
Domain 4: Palliative Care	
Advance Preparations Defined and Honored	2
Pain Management and Symptom Relief	2
Access to Supportive Services	1
Access to Spiritual, Cultural, and Psychological Needs	0
Caregiver/Family Burden	0
Domain 5: Patient & Family Engagement	

[1] Accountability, Success/Failure Rates

Shared Decision Making[2]	19
Self-Management[3]	6
Experience[4]	0
Domain 6: Population Health	
Effective Preventive Services[5]	10
Healthy Lifestyle Behaviors[6]	7
Population Health Outcomes	4
Community Index	2
Environmental Factors	1
Social Determinants	1
Domain 7: Resource Use/Overuse	
Appropriateness/Efficiency	23
Direct Cost[7]	2
Indirect Cost	0
Domain 8: Safety Processes & Outcomes	
Prevention of Adverse Events	13
Medication Safety	9
Ambulatory Setting	2
Standardized HAI	2

Several themes arose over the course of the discussion:

- Voting results for the domains may not be as important as the results for the sub-domains;
- Voting is for measure development prioritization, not resource allocation;
- Domain and sub-domain rankings are inconsistent (e.g., population health as a domain ranked low but some of population health's sub-domains ranked high);
- It was recommended to remove domains as an organizing structure and instead total the sub-domain scores within each domain to achieve each "domain score";
- Advanced preparations under palliative care could be moved to patient and family engagement;
- There is a dearth of ambulatory measures;
- There is an urgent need to measure cost of care and productivity;

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[2] Bridge Gap Between Expert and Public Knowledge, Patient Communication and Knowledge Regarding Consent & Safety

[3] Activation, Consumer Empowerment

[4] Satisfaction, Health Literacy, Communication, Respect and Cultural Sensitivity

[5] Cardiovascular Disease Prevention, Early and Continuous Screening, Child and Adolescent Health, Cancer Prevention, Injury Prevention, Vaccine Preventable Illness

[6] Physical Activity, Diet, Smoking, Risky Alcohol Use, Health Promotion

[7] Overuse of Procedures and Surgery, Medication Overuse, Avoidable ED and Hospital Readmission, Duplicate Testing

- The community plays an important role in shaping a patient's beliefs about, and uses of, health care;
- There are important linkages between the health care system and public health;
- The public health system may not be sufficiently addressed through this work;
- There is a need to define each domain and sub-domain (e.g. is efficiency defined as quality and cost over the continuum of care; is direct cost included in efficiency?); and
- How do we link efficiency and outcome measures?

The next web meeting is scheduled for September 23, 2010 (2:00 – 4:00 pm ET).