



Measure Feedback Loop

***Web Meeting 2 – Environmental Scan
Report on Measure Performance Data***

Allen Frommelt
Kate McQueston
Jean-Luc Tilly
Madison Jung
Navya Kumar

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Welcome and Introductions

Agenda

- Welcome and Roll Call
- Review of Environmental Scan Findings to Date
- Review of Key Informant Interview Results
- Opportunity for Public Comment
- Next Steps

NQF Project Staff

- Allen Frommelt, PhD, Senior Director
- Kate McQueston, MPH, Senior Project Manager
- Jean-Luc Tilly, Senior Manager, Data Analytics
- Madison Jung, Project Manager
- Navya Kumar, MPH, Project Analyst

Federal Liaisons

CMS

- Maria Durham
- Sophia Chan
- Patrick Wynne
- Melissa Evans

Measure Feedback Loop Committee

- **Co-chair:** Rose Baez, RN, MSN, CPHQ, CPPS
- **Co-chair:** Edison Machado, MD, MBA
- Constance Anderson, BSN, MBA
- Robert Centor, MD, MACP
- Elvia Chavarria, MPH
- Dan Culica, MD, PhD
- Melody Danko Holsomback
- Anne Deutsch, RN, PhD
- Tricia Elliott, MBA, CPHQ
- Lee Fleisher, MD
- Mark E. Huang, MD
- Joseph Kunisch, PhD, RN-BC, CPHQ
- Claire Noel-Miller, MPA, PhD
- Ekta Punwani, MHA
- Koryn Rubin, MHA
- Elizabeth (Beth) Rubinstein
- Sue Sheridan, MIM, MBA, DHL
- Jill Shuemaker, RN, CPHIMS
- Heather Smith, PT, MPH
- Deborah Struth, MSN, RN, PhD(c)
- Sara Toomey, MD, MPhil, MPH, MSc

Measure Feedback Loop Project

Measure Feedback Loop

■ Objective

- ▣ *To understand outcomes, and what the unintended consequences are, if any*
- ▣ *To understand how a measure actually performs when in use, and what the possible issues or risks are that may be associated with measure implementation*
- ▣ *To help address whether the measure is having its intended effects on improving quality of care and health measure*

■ Definitions

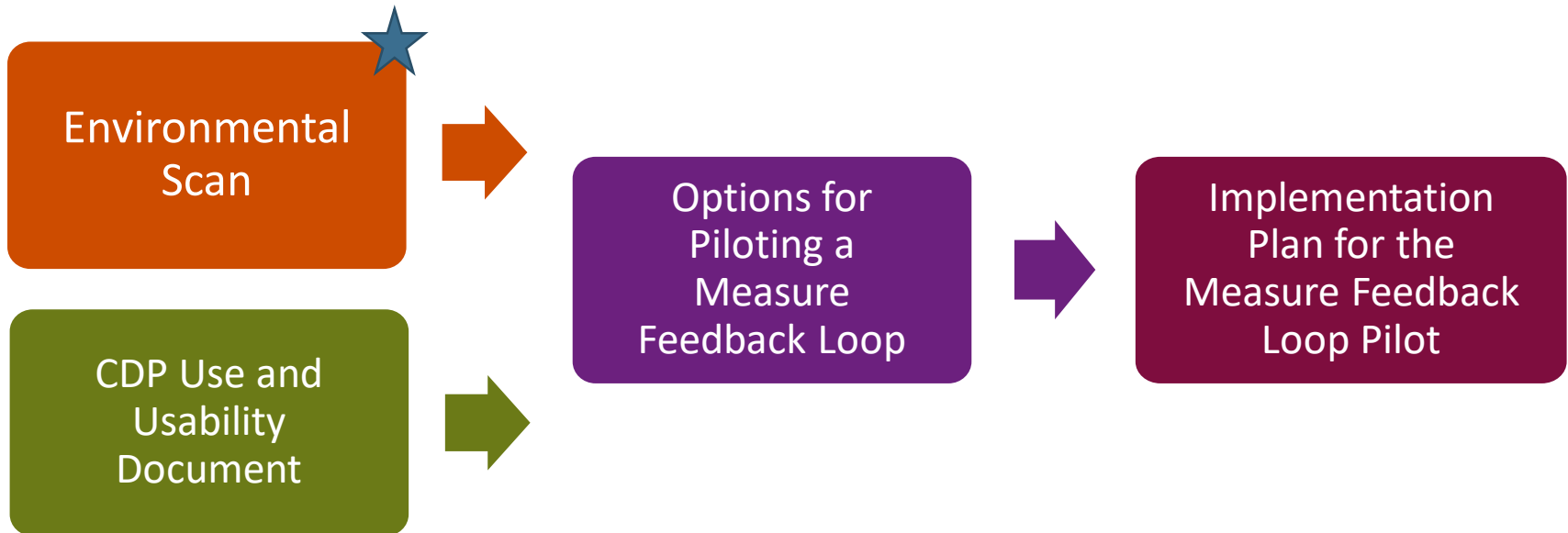
▣ *Feedback loop*

- » Refers to the process by which feedback from the measure is relayed back to the multistakeholder Standing Committee members who recommended the measure to be (re-) endorsed or selected for program use.
- » In previous CDP projects, Standing Committee members have expressed the need for updates on how a measure has performed after endorsement. This is especially the case for measures that are contentious, and have a chance of impacting certain stakeholders negatively.

▣ *Feedback*

- » Refers to information about measure performance that could be based on quantitative data or qualitative information

Measure Feedback Loop Project



Overview of Meeting Timeline

NQF will hold nine web meetings (seven 2-hour meetings and two 3-hour meetings), and up to nine conference calls to accomplish this task order's objectives.

Meeting	Date
Web Meeting #1: Introduction and Orientation for the Committee [2 hours]	January 22, 2019, 2-4 pm ET
Web Meeting #2: Environmental Scan Report on Measure Performance Data [2 hours]	February 19, 2019, 2-4 pm ET
Web Meeting #3 and #4: Measure Feedback and the NQF CDP Process, Part 1 and 2 [3 hours each]	April 30, 2019, 2-5 pm ET May 7, 2019, 2-5 pm ET
Web Meeting #5: Options for Piloting the Measure Feedback Loop, Part 1 [2 hours]	July 24, 2019, 1-3 pm ET
Web Meeting #6 and #7: Options for Piloting the Measure Feedback Loop, Parts 2 and 3 [2 hours each]	September 3, 2019, 2-4 pm ET September 5, 2019, 2-4 pm ET
Web Meeting #8: Implementation Plan [2 hours]	November 19, 2019, 2-4 pm ET
Web Meeting #9: Project Wrap-Up [2 hours]	January 16, 2020, 1-3 pm ET

Report Deliverables

- Environmental Scan Report
 - ▣ *A current and comprehensive view of what data/information is currently available, and how often updates are made available*
- CDP Use and Usability Document
 - ▣ *A comprehensive view of current efforts to inform CDP standing committees on how measure feedback is gathered and evaluated within the process*
- Options for Piloting the Measure Feedback Loop Paper
 - ▣ *Design more than one option for measure feedback pilots and recommend a novel approach for providing valuable feedback to the CDP standing committees on measure use*
- Implementation Plan
 - ▣ *Develop an implementation plan to operationalize the selected feedback loop pilot. This implementation plan is intended to address potential barriers and solutions to ensure pilot success as well as a monitoring and evaluation plan to track pilot performance and incorporate feedback received during the implementation process.*

Environmental Scan Findings to Date

Summary of Findings

- Performance data
 - ▣ *CMS data repositories*
 - ▣ *Registries*
- Public comments
- Findings from literature
 - ▣ *Gaps and Challenges*
- Key interviews results

CMS Data Repositories

- Eight available data sets related to measure performance
 - ▣ *Hospital Compare*
 - ▣ *Nursing Home Compare*
 - ▣ *Physician Compare*
 - ▣ *Home Health Compare*
 - ▣ *Dialysis Facility Compare*
 - ▣ *Hospice Compare*
 - ▣ *Inpatient Rehabilitation Facility Compare*
 - ▣ *Long-Term Care Hospital Compare*
- Variation
 - ▣ *Level of analysis (e.g., provider, facility, state, national)*
 - ▣ *Schedule of updates (e.g., annually, quarterly, semiannually)*

Registries

- Qualified Clinical Data Registry (QCDR)

- ▣ *150 QCDRs for 2018 MIPS*

- » A QCDR is an entity we approve that collects clinicians' clinical data for submission, such as regional collaboratives and specialty societies for example.
 - » QCDR data submission is different from a qualified registry because it's not limited to MIPS measures. A QCDR may submit at most 30 "QCDR" measures (previously referred to as non-MIPS measures) for CMS review and approval.

- Qualified registry (QR)

- ▣ *141 QRs for 2018*

- » A qualified registry is an entity that collects clinical data from an individual MIPS-eligible clinician, group or virtual group and submits it to CMS for them.

<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Qualified-Registries-Qualified-Posting.zip>

<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/100/MIPS%20QCDR%20Self%20Nomination%20Fact%20Sheet%202017%2010%2016%20Remediated.pdf>

Registries

- National Quality Registry Network
 - ▣ The National Quality Registry Network (NQRN®) is a voluntary network of organizations operating registries and others interested in increasing the usefulness of clinical registries to measure and improve patient health outcomes.
 - ▣ As of 2016, 83 clinical data registries were listed in NQRN clinical registry inventory.

<https://cdn.ymaws.com/www.thepcpi.org/resource/resmgr/nqrn-national-clinical-regis.pdf>

Public Comments

Annual Rulemaking Process – Public Comments

- Published in final rules
- Includes summary of comment and CMS response
- Not attributable to a particular stakeholder group

CDP Process – Public Comments

- Number of public comments received
 - ▣ *CDP Redesign (Nov 2017-Present): 229 on 56 measures*
- Examples of Feedback
 - ▣ *Risk-adjustment methodology*
 - ▣ *Specifications, particularly exclusions*
 - ▣ *Data sources, implementation, possible burden*
 - » Surveys too costly
 - » Missing telehealth or other modalities

MAP Process – Public Comments

- Number of public comments received
 - ▣ *2018-2019 Cycle: 361 on 40 measures*
- Examples of Feedback
 - ▣ *Risk-adjustment methodology*
 - ▣ *Specifications, particularly exclusions*
 - ▣ *Data sources, implementation, possible burden*
 - » Coding unavailable in EHRs
 - ▣ *Recommend multistakeholder review*
 - ▣ *Concern with alignment with measures in other evaluation programs*
 - ▣ *Unintended consequences*
 - » Changes to prescribing behavior for opioids that may harm patients

NQF Measure Submission Form – Usability

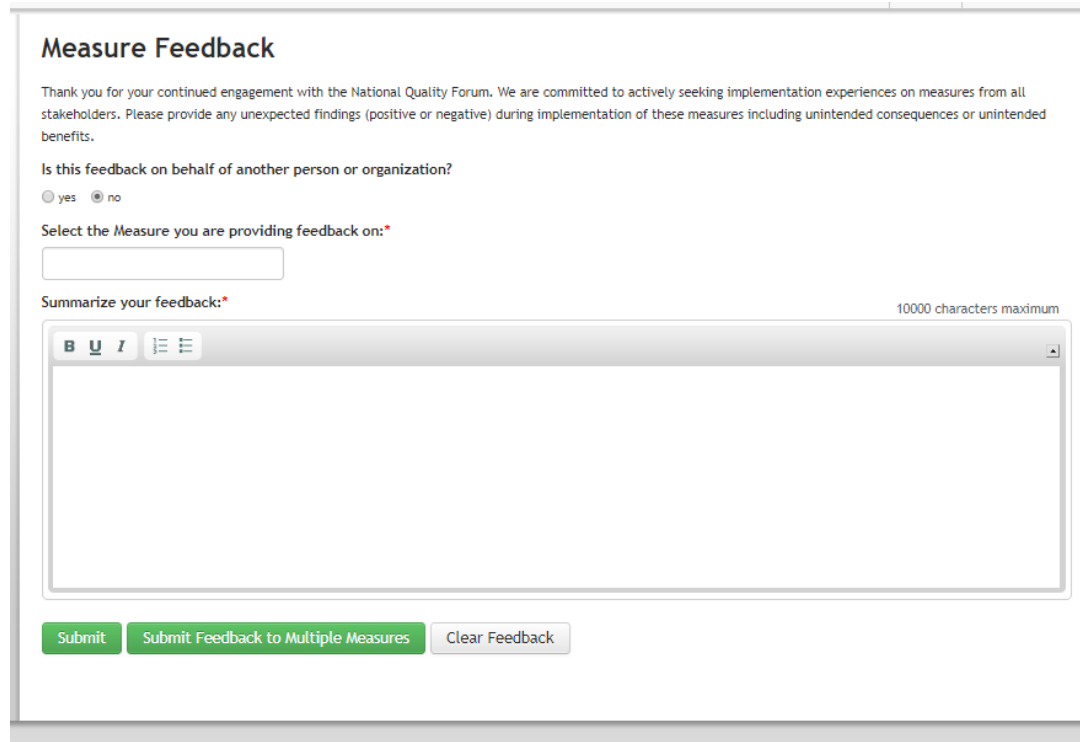
- 4a2.1.1. Describe how performance results, data, and assistance with interpretation have been provided to those being measured or other users during development or implementation.
 - *How many and which types of measured entities and/or others were included? If only a sample of measured entities were included, describe the full population and how the sample was selected.*
- 4a2.1.2. Describe the process(es) involved, including when/how often results were provided, what data were provided, what educational/explanatory efforts were made, etc.
- 4a2.2.1. Summarize the feedback on measure performance and implementation from the measured entities and others described in 4d.1. Describe how feedback was obtained.
- 4a2.2.2. Summarize the feedback obtained from those being measured.
- 4a2.2.3. Summarize the feedback obtained from other users.
- 4a2.3. Describe how the feedback described in 4a2.2 has been considered when developing or revising the measure specifications or implementation, including whether the measure was modified and why or why not

NQF Measure Submission Form – Usability

- Feedback obtained on over 200 measures
- Typically summarized findings of technical expert panel, task forces, and developer-managed public comment periods
- May incorporate feedback from other sources, such as CMS

NQF Measure Feedback

- Feedback collected to date through publically available tool:
 - ▣ *19 responses from various stakeholder groups*
 - » Comments on exclusions, other specifications
 - » Questions about NQF process



Measure Feedback

Thank you for your continued engagement with the National Quality Forum. We are committed to actively seeking implementation experiences on measures from all stakeholders. Please provide any unexpected findings (positive or negative) during implementation of these measures including unintended consequences or unintended benefits.

Is this feedback on behalf of another person or organization?

☐ yes ☒ no

Select the Measure you are providing feedback on:*

Summarize your feedback:*

10000 characters maximum

B U I [List Icon] [List Icon]

Literature Review – Gaps and Challenges

Search Terms

- Performance measurement results
- Performance rates
- Impact of quality improvement
- Measure feedback
- Reporting
- Data collection
- Registries
- Burden (synonyms)
- Clinician/Patient experience
- Clinician/Patient satisfaction
- Clinician burnout
- Patient reported outcomes
- Implementation issues
- Feasibility
- Dashboard
- Consumer feedback
- Equity of care
- Unintended consequences
- Utilization
- CDP
 - ▣ Usability
 - ▣ Use
 - ▣ Validity of specification
 - ▣ Reliability

Gaps and Challenges

- Clinician access to performance data is a precondition to garnering effective feedback; access may be limited, or delayed
- No systematic reviews of clinician use of performance measure results, generally limited to small or even anecdotal findings, not generalizable
- Benchmarks, comparisons with similar providers, and other data analysis aids are invaluable, but challenging to implement

Gaps and Challenges

- Dashboards and other visualizations vary widely, and often mix clinical indicators with performance measure data—but are generally positively regarded by clinicians
- Administrators and clinicians broadly agree that performance measures are important indicators, but feedback varies between process and readmission, cost, and other outcome measures
- Some findings suggest quality measure results are difficult to interpret, complicating obtaining reliable feedback
- Unintended consequences
- Clinical meaningfulness

Key Informant Interview Results

Key Informant Stakeholder Groups

- Electronic health record (EHR) vendor
- Chief health informatics officers
- Chief medical officers
- Leader of quality improvement departments
- Measure developer
- Measure implementer

Key Informant Sample Questions

- Experience with collecting measure feedback
 - ▣ What kinds of measures are you receiving feedback on?
Process, Outcomes, PROs, Claims, Chart, eCQM? Were those measure specifications varied in any way?
 - ▣ What platforms or tools are you using to collect data/feedback, and from whom does the data/feedback originate?
- Experience with receiving and acting on measure feedback (measure developers)
 - ▣ What are the characteristics of the data/feedback you are receiving, e.g., qualitative, quantitative?
 - ▣ How has feedback informed your measure development efforts?

Key Informant Sample Questions

- Experience giving feedback
 - ▣ What kinds of measures are you offering feedback on? Process, Outcomes, PROs, Claims, Chart, eCQM? Were those measure specifications varied in any way?
 - ▣ How do you elevate concerns about performance measures?
 - ▣ How does this affect your relationship with your physician?
- Challenges & Strategies
 - ▣ Measure feedback loops have been advanced in many different forms and with many different organizations, with no standard model emerging. What do you see as the major barriers that have prevented more widespread development and implementation of a standard feedback loop process?
 - ▣ What strategies and/or resources are needed to overcome these barriers?
- Gaps in knowledge, evidence, organizational needs

Key Informant Sample Questions

- Gaps in knowledge, evidence, organizational needs
 - ▣ What elements of a proposed feedback loop are most important for us to clearly define in order to maximize the chances of implementation, and applicability to your work?

Key Themes from Interviews To Date*

- Feedback from frontline staff, particularly clinicians being measured, is critical
- Both passive (e.g., public comment) and active (e.g., site visit) tools build a comprehensive overview of measure performance
- Feedback must be collected both during measure conceptualization and testing, as well as post-implementation and at maintenance evaluations
- Collecting feedback requires a substantial investment of resources, but is integral to measure selection and implementation

*Please note, NQF will continue conducting key informant interviews through 3/8/2019 and will include the results received from the previously identified stakeholder groups to date in the draft and final environmental scan report.

Committee Discussion

Discussion Questions

- Are there other potential sources of stakeholder feedback on performance measures?
- Are there other gaps and challenges that may hinder the successful design and implementation of a measure feedback loop process?
- Are there specific measures where an extant feedback loop proved useful in adjusting the measure's specifications or implementation strategy?

Opportunity for Public Comment

Next Steps

- Environmental Scan Draft Report
 - ▣ *Post for 14 day public and NQF member comment period from March 11 to March 25, 2019*
- Environmental Scan Final Report
 - ▣ *Due to CMS on April 12, 2019*
- Web Meeting #3 – Measure Feedback and the NQF CDP Process, Part 1
 - ▣ *April 30, 2019, 2-5 pm ET*
- Web Meeting #4 – Measure Feedback and the NQF CDP Process, Part 2
 - ▣ *May 7, 2019, 2-5 pm ET*

Project Contact Information

- Email: measurefeedback@qualityforum.org
- NQF phone: 202.783.1300
- Project page:
https://www.qualityforum.org/Measure_Feedback_Loop.aspx
- SharePoint:
<http://share.qualityforum.org/Projects/MeasureFeedbackLoop/SitePages/Home.aspx>

THANK YOU