NATIONAL QUALITY FORUM

Moderator: Sheila Crawford
May 7, 2019
3:04 pm CT

Operator: Sub-conferencing is now active.

Woman: Hello?

(Patrick Wynn):   Hello. (Patrick Wynn) has joined.

Melody Danko-Holsomback: Hi. Melody Danko-Holsomback has joined.

Man: Hello, is anyone on yet? Audio?

(Dan Kulica):   Yes, it's (Dan Kulica) from Texas.

(Sarah):   This is (Sarah) (unintelligible).

Woman: (Unintelligible) family medicine.

Woman: (Unintelligible) patient advisor.

Operator: Sub-conferencing is no longer active.

(Mark Wang):   It sounds like our hosts haven't joined yet. This is (Mark Wang).

Man: Hi, (Mark).

(Ashley Wilbon):   Hello and welcome everyone. This is (Ashley Wilbon) from NQF, senior
                    director working on this project with our team here. And wanted to welcome
                    everyone to the Webinar today. We will be continuing where we picked off -
                    we'll be continuing where we left off last week in discussing some of the
                    channels that we currently solicit and collect feedback through within the
                    Consensus Development Process.

                    So I did want to welcome our co-chairs, (Eddie) and (Rose), for rejoining us
                    today. They'll be helping us to facilitate the discussion.

                    And at this point I will hand it over to (Navya) to get us started with a quick
                    roll call. And then we will hop right back in to discussion after (Madison)
                    gives us an overview of some of the discussions we had last week, and will
                    get us started going on the next section of the session.

                    (Navya)?

(Navya):   Yes. Thank you, (Ashley). This is (Navya) speaking. Before I start roll call,
                    I just wanted to give a few best practices for today's meeting.

                    So for the committee members, please place yourselves on mute if you are not
                    speaking. And if you do wish to speak, please feel free to raise your hand and
                    announce yourself before speaking.

For our public participants, please note that there will be an opportunity later on in the meeting for public comments.

So with that, I'll begin our roll call today. (Connie Anderson)? (Dan Kulica)?

(Dan Kulica):   Here.

(Navya):   Thank you.

(Dan Kulica):   (Melody Danko-Holmsbeck)?

Melody Danko-Holsomback: Here.

(Navya):   Thank you. (Dan Andertsch).

(Dan Andertsch): Here.

(Navya):   Thank you. (Tricia Elliot) will not be able to make it today. (Lee Fleischer)? (Mark Wang)?

(Mark Wang):   Here.

(Navya):   Thank you. (Joe Kuniss)?

(Joe Kunish):   Here.

(Navya):   Thank you. (Claire Noel Miller)?

(Claire Noel Miller): Here.

(Navya): Thank you. (Steff Anwani)?

(Steff Anwani): I'm here, thanks.

(Navya): Thank you. (Curran Rubin)? (Seth Rubenstein)?

(Seth Rubenstein): Here.

(Navya): Thank you. (Sue Sheridan)? (Jill Shoemaker)?

(Jill Shoemaker): Here, and I unexpectedly have to exit the call at 4 o'clock.

(Navya): Okay. Thank you for letting us know. (Heather Smith)?

(Heather Smith): Here.

(Navya): Thank you. (Deborah Shue)? Okay. And (Sarah Tolmi) has let us know she will not be making this…

(Sarah): I'm here for a little bit.

(Navya): Okay.

(Sarah): I have to leave early to jump on a call with (Cristina) for the Medicaid Quartet.

(Navya): All right, thank you for letting us know, (Sarah). Great, thanks. And with that, I will the meeting to (Madison) to begin.

(Madison):   Great. Thanks, (Navya). And then I also just want to acknowledge our CMS colleagues, and if they're able to join us, I'll just say thank you. So, our federal liaison for this project are (Maria Derm), (Cynthia Chan), (Patrick Wynn), and (Melissa Evans). So, thank you to them.

I will just begin with a recap of what last week's meeting was, for those of you who weren't able to join us. So last week we reviewed a lot of content, specifically focused on the NQF CDP process. To begin with the meeting, we went over the current existing principles that were pulled from I believe was our 2012 Use and Usability Report.

So we reviewed these principles, and then, as the committee discussed, highlighted additional principles to be added such as the need to define who the stakeholders are, the need to determine the applicability of the measures to the stakeholders. So we had several - we've noted several of these additional principles, and they'll be included in our draft report.

Following that discussion, we reviewed the measure submission process and what our form is, and then took a deep dive into our use and usability criteria. During our discussions as a committee, we broke down each of the sub-criteria for use and usability and noted - you noted several challenges and several areas where there could be additional definitions, several areas where we could have potential solution to this. So all that feedback will be summarized in the meeting summary as well as the report again.

And then finally, we reviewed the current existing CDP criteria and where feedback fits into the other criteria such as importance and scientific - or feasibility and data collection strategy. And from your end, you as the committee noted that the current process and current CDP evaluation criteria

does a pretty good job of encompassing and addressing feedback right now and there was no need for additional domain from your end.

But with that, I will pause here. (Eddie) and (Rose), if there's anything I missed or if there are any questions from the committee.

Okay. So, hearing none, I will turn it over to my colleague (Jon Moods). And today we'll be going over the different sources of feedback that are collected through the NQF process that are not CDP specific. So, for example (unintelligible) will be going over the map process and what is collected through there. So, following each of these sections as depicted in this graphic, we will have the opportunity to discuss and have opportunity for discussions.

(Jon):   Yes, great. Thanks, (Madison). So with that, if you're following along, we're on Slide 54 now.

And just to give you kind of a quick summary of the feedback that we've received through different other processes, there are three we'll talk about today. So in the NQF measure feedback tool, and we'll tell you in a second a little bit more about what that looks like, we received actually very few comments, 19 in these three years that that tool has been active. And, you know, we'll go over a little bit what exactly the comments look like, but, you know, I mean, broadly speaking, it's safe to call that under-utilized.

In the CDP process, since our redesign, followed the (Kaizen) event in the summer of 2017, we've gone through a few different cycles of the measure evaluation process. We've received about 228 comments. It's an average of about a few comments per measure that we've looked at.

And then, finally, the other kind of piece of information that goes into the measure evaluation (unintelligible) are recommendations from our other kind of sister process, the measure applications partnership, the MAP. We'll talk about, you know, the exact process there too. So there we received - or rather, 148 measures had been reviewed, many are - most of which interact with the CDP process in one way or another, either before their initial review when they're new measures or when they're maintenance measures.

So the first one that we wanted to start with is the NQF Measure Feedback Tool. So this is a pretty - people who have been with NQF for a while will remember that many years ago, before there was this feedback tool, there was a kind of - a pretty long form that you could fill out that had many different kinds of prompts and so on, which we had observed was being used virtually not at all. So there was an effort to generate more measure feedback, you know, for of course all of the reasons that we've articulated over the last few meetings here, you know, its big, important contribution to NQF's strategic priorities.

So we launched a new measure feedback tool, very simplified, specifically really just an open text box with the prompt that you see on the screen there, asking for any unexpected findings, positive or negative, during the implementation of these measures, you know, (unintelligible) consequences or unintended benefits. So, language that mirrors the language that you'll recall from the usability use criterion.

We received 19 comments since we launched that tool in 2016, actually kind of towards the end of 2016. I mean, of course, which is 19, it's hard really seeing them, but, you know, I mean basically we've seen a few different kinds of examples of just sort of general support for a measure without being very

specific, you know, a request (for an all-cycle) review of measure, you know, obviously (unintelligible) feedback refer to a different process.

Some feedback on some specifications, I will show you (unintelligible) in a second, just sort of general concern about implementation, and a few different questions for clarification. Virtually none of which, you know, we would think of as really meeting the way that we intended, which is a reporting tool for any unintended consequences or unintended benefits.

On the next slide you'll see a couple of examples of the measure feedback. So, you know, of the 19 (unintelligible) one is something in the vein of if this measure is important, you know, for the care, safety and wellness of those individuals. It's good information but it's not specific enough for it to really be actionable.

This other piece of feedback is, you know, it has to do with the specifications, the exclusions, and maybe a kind of - a sort of almost an unintended consequence there, but not quite, you know, feedback that would eventually - will eventually be incorporated into the measures maintenance review, but for which there isn't much actionable pieces to work on right now.

So then on the next slide, on Slide 57, you know, just to kick us off with some discussion, you know, of course the tool, you know, as I said, we think of as being really under-utilized. You know, just 19 comments compared to our other processes, which could get quite a bit of feedback. I think there's certainly a question about how NQF could be approaching the promotional process for that tool differently, so, what kinds of communication strategies there that might be useful. Should we be trying that together with some kind of an online discussion forum when we presented this project to our consensus standards advisory community, the CSAC. There was a bit of a conversation

around that. NQF of course has the - a forum for our membership called Member Connect, where some efforts in that direction but that haven't yielded very much to date.

And then, you know, when we think about what these communication tools might be, you know, being specific about what the target audience should be for outreach, just, you know, so we're making sure we're hitting the right people who can actually use the tool in a meaningful way. So that's (unintelligible) around the promotion, the use of the tool.

The other is, you know, thinking now of the tool itself, is the free text yield, I mean, is that working for us? We moved away from a very prescriptive format because the prescriptive format, people seemed unwilling to use. Having moved to a much freer format, we've gotten, you know, non-zero use but still very little use, and generally speaking, feedback that is not, you know, directly applicable to the purpose that we've specified. So we're I guess asking ourselves a little bit, should we be collecting feedback in other formats with different prompts? You know, should we be asking different questions?

Then I'll turn over to (Eddie) and (Rose).

(Rose):   Yes. So, why don't we start with the first question here, recognizing that the tool is significantly under-utilized? You know, what other strategies should NQF employ to increase use of the feedback tool?

(Joe Kunish):   Hi, this is (Joe Kunish). Just kind of a couple of comments on this. One thing, because I've presented this before to clinicians and I think, you know, that should be a high priority of who the target audience is. It's not something really easy to get to, there's multiple steps to get to, plus they have to sign on.

The other thing, because I've used it myself, is there's no feedback. So if you enter something in there, you don't know, did the measure developer actually get it, what did they think about your feedback. So there's no loop. So, you know, key things in developing any tool to get feedback, it has to be easily accessible for people to do it, especially busy clinicians. And they need feedback in a timely manner, so they know that the effort they're putting into it is worth the time.

(Eddie):   This is (Eddie). Thank you for those comments. You know, I hear similar feedback from some of the clinicians that my organization works with as part of the QIO program, particularly the aspect about receiving some feedback back about how the comments were used and so forth.

I just want to move it - (Claire), I believe, you had your hand raised?

(Claire Noel Miller):   Yes, thank you. I actually had a bit of a clarifying question. You mentioned that you received 19 comments through this tool. I was wondering if you could just tell us a little bit more about who is providing those comments. Are there any - I know 19 is a small sample size, but are there any patterns that you could sort of decipher in terms of, you know, who's actually engaging?

(Jon):   Yes. So I think - well, yes, I wouldn't go so far to say as there are any particular patterns. I mean it appears to be a lot of the same people who are using the public comment tools as far as the CDP and their processes, which is to say it's a sort of major organizations representing different provider groups or the kind of stakeholders that are usually pretty familiar to us. So I wouldn't say that the feedback tool is necessarily penetrating this kind of other market of individual clinicians to the degree we (might hope).

(Unintelligible) if that answers your question.

((Crosstalk))

(Ashley Wilbon): This is (Ashley). There was a question in the chat box as well about how the tool is accessed. Can you just give a brief overview about the various ways in the tool, like, how one would access it and actually get to the point of submitting a comment?

(Jon): Yes, of course. Yes. I'm sorry, this is on the top of Slide 55, but I don't think I actually said it.

So you can access it by going - really there are two different ways. So, one, just from the NQF homepage, and this is where you get into this idea of there being several clicks, which is absolutely true. So, from the NQF homepage you'd have to go on the top-right corner, click into NQF Work, and then click on Submit Feedback, which is not necessarily intuitive. It's not like you would see it immediately on going to the NQF homepage.

Alternatively, if you pulled up a measures specifications in our QPS Web site, the measure database that we host, you could, on again the right corner, you would see a button labeled submit feedback. And those are basically the two ways that you would get to that tool.

Woman: And (Jon), that does require sign-in as (Joe)…

(Jon): That's right. Yes, yes. That's absolutely true, yes. Yes. And that's consistent with the process in our CDP and in MAP comments as well, you know, the idea being that for technical reasons an authentication system, at the time that we were designing it, an authentication system was a priority, but it sounds

like maybe should be reexamined for the way (labor intensity) associated with them.

(Rose):   Okay. (Mark), I think your hand is raised.

(Mark Wang):   Yes. I was just trying to go to the Web site to see how easy it was to get to those areas where we provide feedback. I think just, you know, again, if it's only 19 people, that's really tiny amount of feedback. So I think the issue is just making it easier for people to get to that area, or, you know, sort of like what you alluded to but I was trying to figure that out myself, is, okay, once you go to the measure list, you know, you almost need a feedback button right then and there on the measure list. So, link it straight in.

And I think - so the times that people were going to provide feedback potentially when they're submitting, you know, measures, which would be, in this case, it wouldn't be the physicians, it's going to be the (process) managers or other people. But they, on the people that are sort of operationalizing or reporting these measures, it'd be good at the time that they're either - regardless of the submission method, that if there was a way to actually link in a feedback button right even then and there, you know, in those various modes of submission, whether it be for like a CMS for like (unintelligible) payment program that they're doing.

And obviously for some registries it's not going to be as obvious, but maybe even from a registry, if these measures live in a registry that's separate, sort of trying to operationalize or make it more standardized that there's a link to feedback easily from when they're trying to submit measures, and I think that's really the time that you're going to get people to say, oh, yes, you know, these clinicians reported X, Y, Z, and then take the time to actually fill out that information online.

And then, you know, as far as the second bullet about (free text sufficient) or not, I mean you could have a couple of (free text) boxes in a couple of domains. So, like a comment in one area, or maybe, I don't know what you're going to call it, usability or challenges or unanticipated, you know, benefits or consequences. You know, just have a couple of (free text) fields and people can pick the (unintelligible) and that people can take the domain and then they can just comment in those areas.

(Eddie): Thank you, (Mark). Those are all very helpful comments. I think the, again, I think everyone, the theme so far come through is really identifying again additional (unintelligible) to get access and more visibility of the tool.

Melody, I see your hand is raised.

Melody Danko-Holsomback: Yes, and I agree with everything that (Mark) said as well. I think that if you have a - kind of like CMS has their weekly newsletter type feed and it has links to Webinars and things like that, if you have a feed that people can sign up for and they know that, you know, if they review that once a week, it's going to give them new measures that are coming up, or reviews. And within that, put those links where you can go in to give feedback, you know, and/or date, that this is the date that it's going to be reviewed, so that they know, you know, what the deadlines are for those, you know, if they have - want to let other people know it and so forth.

I think the accessibility, knowing that it's there, knowing the timing, you know, whether that's again through a newsfeed type process and/or through other agencies that can then, you know, forward that kind of a newsfeed to the providers, that they're aware.

(Madison): So, and then this is (Madison), so I just wanted to also add that, so this tool is in addition to the, and I know we haven't gotten there yet, the CDP public commenting periods that go on for measures that are under review. And just wanted to pick everyone's brain about, you know, this tool is meant to be available 100% of the time while the measures under review are available only during certain periods when they're being reviewed by (standing cities).

What do you think - so, the way it's existing on our Web site right now is this - do you have any suggestions for better ways to maybe make this clear that this tool is more - is available 100% of the time? Do you have any thoughts on how we could promote maybe more of that ad hoc feedback or real-time feedback? So, people aren't just interested when a measure is under review.

(Heather Smith): So this is (Heather). I think we talked about this a little bit last week, but I think about other partners that you can engage in that. And I think part of it goes to making the feedback, again, less clicks, more accessible. But I think there's been several suggestions I think, you know, trying to promote more feedback around the time of data collection or towards data submission for some of these reporting programs. It's a time that I think that you would engage clinicians to provide you feedback.

I definitely think about partnering with CMS, as I think a couple of people have mentioned. You know, trying to engage them to get the message out. And then other groups like the quality improvement organizations that do have a lot of contacts with providers. Again, I think that this is just trying to leverage as many communication points as possible. And then lastly, associations or societies.

So I think that those are a couple of different vehicles that you can use to try to get more communication out there about ad hoc feedback. And I would

recommend, and I think (Mark) talked about this a little bit, if there's specific categories or very specific information you want to get, and part of me is, you know, thinking a little bit about, you know, technical concerns around measures versus clinical concerns around measures, and just trying to create something very simple that maybe has some, you know, drop-down menus and selections, so that you can get some feedback that you can use potentially in analysis, versus, you know, balancing that with some free text options for, you know, more information, should clinicians want to provide that.

(Rose):   Agree. And then, you know, (Eddie), I know that's been very much in the vein of something that we've talked about before on a different project. I don't know if you want to take your co-chair hat off and maybe give some thoughts from your (QIO CIN) perspective.

(Eddie):   Yes. So, (Heather), actually I was smiling on this end because what (Madison)'s alluding to is about a year ago or so, you know, I actually worked for (iPro), one of the quality improvement organizations, and I sit on the board for the QIO association. And this very topic came up and how that community as one example could help, you know, complete the feedback loop. And so I've been talking with (Madison) and others at NQF about that, some iteration of what you're describing.

But I think it should be something that a lot of different entities or associations could be engaged in, because I don't think there's one channel that should be sort of assumed to be the right channel. It could be multiple ones. But I think it's sort of in the same vein of what you're describing.

So, Melody, I think we see your hand is up.

Melody Danko-Holsomback: Thank you. Yes. So, just a continuation of this, whatever vehicle we're using, whether it's, you know, like news feeds, or through organizations, when - a way to drive I think people back to the other measures that are open all the time is, while you have them engaged in, you know, saying, you know, "This measure is up for review within the next 60 days, please comment by. If you have other measures that you're concerned about or, you know, whatever wording you want to put in, please click on this link to review all other measures for comment," or something. So you're promoting that constantly all the time when you're promoting the measures that are being reviewed in the recent future.

(Ashley Wilbon): So this is (Ashley) from NQF, I just - I had a follow-on question as well. So in terms - I think there's been a couple of comments alluding to kind of response to, after a comment is submitted, what the response should be or kind of the loop after that. So, NQF, since they play the role of kind of passing information on to the developer, but if the measure is not under review, you know, the feedback is passed on, and if it doesn't, you know, trigger ad hoc review but it's passed on, and then sometimes that may be the kind of the end of the feedback. So I just wondered if there's thoughts on how, you know, kind of what should happen after the comment is submitted, and what you would envision kind of the rest of the loop being after that comment is submitted.

Melody Danko-Holsomback: This is Melody. My first thought is just a message saying "We received your comment. This measure will be under review," whatever that timeframe is. Just to assure people that you're receiving, and so that they understand what the timeline is, I think would be, you know, sufficient.

(Ashley Wilbon): Do you think -- this is (Ashley) again -- do you think that there - that we should set expectations about what will be - because I think sometimes being,

you know, with an organization, here at NQF we're passing information on, but we don't have any - we can't necessarily provide guarantees about how the developer is going to adjudicate those comments. So I just wonder, you know, if there might be concerns about, you know, kind of what happens to that comment and whether or not there's being action taken up on that, and how that could be communicated, or if there needs to be kind of a, I don't know, something on the feedback page saying (unintelligible) information is shared with measure developers or like just trying to get an understanding of how like the rest of that loop gets circled back or at least we communicate with those who are submitting comments that this is what will happen with your comment.

Melody Danko-Holsomback: Sure, like, you know, again, I think it's - this was forwarded to whatever agency it is. If you have further questions or concerns (unintelligible) you know, their contact information, whatever avenue they would have additional to, you know, the feedback tool, whether it be, you know, phone numbers to call their helpdesks or whatever. I think per measure, it would be good to build something like that in, to let them know this is the person that it's going to, this is the developer. And we're just the avenue that's feeding the information to them.

(Ashley Wilbon): Okay, thank you. That's helpful. Thank you. That's helpful.

Melody Danko-Holsomback: You're welcome.

Woman: This is (unintelligible). And I just wanted to add, like I think this is such a great discussion, but I'm looking at the next question, and it sort of made me think about what you were talking about (unintelligible) and if there was more than free text field that was captured, then it would even be really helpful for

you all to provide like a quick summary, high-level summary of the feedback (unintelligible) provided back to the developer.

So for example, if you were - if many people had comments regarding, you know, the time consumed, you know, it was a very time-consuming task, we think that (unintelligible) work for, or whatever the consequences are of the measure, or if they like the measure, what they like, if there's any way to come up with some just general categories so that people can actually see the feedback, you know, (unintelligible) so many folks, and it was, you know, 15% of that is related to X and (unintelligible) developer, I think that's also really helpful information.

Melody Danko-Holsomback: This is Melody again. That's just the sort of thought in my mind, maybe something like a listserv for each measure, that it would, you know, connect it to that you could see the other comments.

(Eddie): I think we have (Mark)'s hand raised.

(Mark Wang): Yes. Like everyone's comments so far, and I, you know, I guess one of the things that still is going to, you know, there's going to be a lot of unknowns when people try and provide feedback is, you know, so, what are we doing - what is NQF doing when the measure is not on review but receiving feedback, versus, what are they doing when it isn't reviewing and receiving feedback. So I think that also, you know, I guess trying to make that clear, that could be I guess done through sort of an FAQ section and feedback I guess. I don't know.

But I think that, you know, it'd be nice to have all the measures open to feedback all the time. So, not just necessarily when something is under review. So, someone who's like - so, for instance, when we talked about it,

they have like a hot link, and whatever, there are so measures, and boy, this is just really onerous because of X, Y and Z, or, "Wow, could they just modify it in this way, shape or form?" then that's, you know, to the person providing feedback, it was trying to do it real time at the time that they're entering data or finding issues, it's going to be more important. They can obviously submit feedback anytime, and that's (almost) the NQF Web site is like, you know, you just hit - there is the feedback link and you can just submit from there.

But then that's also good maybe an FAQ section somewhere, say, what happens to your feedback? I think that'd be good to, utilizing this way on the Measure Center Review, it's sending it back to the developer. It's not under review and they're just receiving comments or feedback in general. But I think some sort of distinguishing there will be helpful, because that way, like others have mentioned, you know, it would be good to get the person submitting feedback to get some sort of acknowledgment that the feedback occurred, and maybe that's where you could put that (canned) statement. You know, "Measure is under review, we will do X, Y and Z." "Measure is not under review, we will send it to the developer."

I don't know. Maybe those might be something you could do in sort of like an automated response to receiving feedback.

Woman: So, just to expand a little bit on this thought here about the target audience for outreach, you know, I heard clinicians and, (Heather), you mentioned associations, societies, CMS. I think you were speaking more about communication strategies. Are there other target audiences that, you know, where you should be looking towards to improve the use of the tool?

(Eddie): I think (Mark)'s hand's up again.

(Mark Wang):   Yes. I mean, so, for (unintelligible) folks, it's not just the clinicians. It's going to be the database coordinators, the data entry individuals, the site administrators, you know, so the practice managers. So, those kind of individuals all could potentially be touching or entering or have something to do with the data or being responsible for it.

So, you know, I think when - the more you can target even just the people entering that data, it potentially might give them an avenue to then solicit feedback or work with clinicians or whoever else to sort of get some additional information from the frontline clinicians, so that maybe the clinicians are entering the feedback themselves but perhaps that could be funneled or the administrator database (coordinators) can actually solicit feedback from clinicians and then bring it back. And then when they're entering the data, then they enter the feedback to the tools.

Does that make sense? I'm just thinking in terms of, you know, who else you can target.

I think most clinicians, they're too busy, they are not going to the NQF Web site and go, boy, you know, Measure 101 or Measure 49, boy, I really have a lot of problems with. They don't think that way. So they're just not going to go - their clinicians aren't going to do that. So now this is just - well, it's now going to be your targeting, measure developers, obviously, because they're the ones potentially that might look and solicit, but also the people who are entering the data, the site administrators, the hospital administrators, the practice, you know, administrators that all have to deal with this kind of data on a day-to-day basis. And hopefully they can then solicit that feedback.

(Jill Shoemaker): This is (Jill Shoemaker). I want to just elaborate on that because I totally agree with that comment. And from working in an academic medical center

in the past, I know that our quality improvement folks were heavily involved in quality measures and then pushing the improvement activities out to the clinicians on improving scores.

And a lot of times those performance improvement folks were relying on some of those quality improvement organizations such as AHQA, for example, (unintelligible). There are numerous state and national quality improvement or performance improvement organizations that work with both local and (unintelligible) processes as well as large health systems that help these systems and providers to improve their health scores. So, perhaps partnering with them in some way, even if it's just messaging, to have those organizations, encourage them to have their members give feedback.

(Ashley Wilbon): Hi, this is (Ashley) from NQF. I have a question, out of curiosity as well. I'm not as familiar with the interfaces that are used to submit measures for programs and so forth, but I wonder if the measure that is a part of a program, is it always clear that it's an NQF-endorsed measure, and like, how would we make that connection that this measure that you're submitting to this program is NQF, you know, 505 or something like that? I guess, I'm just wondering if that connection is always clear or if the measures - measures set within a program, if they're all indoors, if they were to go to seek out to provide the input on a measure, the NQF Web site and it wasn't endorsed, how that - or how that communication - if that level of communication is built into the tools that are used to submit measures or that that is communicated via the program that the measure is being submitted for.

(Eddie): So, (Ashley), this is (Eddie), I'll my co-chair hat off a little bit. So, you know, we just put in our QIO bit and I can tell you, for the most part, on the federal side, CMS makes a point of calling out the NQF number, so folks are aware. I don't know if it's funneled down to the clinicians that are working with them

per se in all cases, but I know, at the program level, there's usually an effort to make clear that it's an NQF-endorsed, and the numbers attached usually.

Woman: And this is…

((Crosstalk))

(Ashley Wilbon): Thanks. That's helpful.

Woman: …and I would agree with - yes. I would agree with that, from an implementer, that we even had clinicians who even asked us, does that measure NQF-endorsed? So they're aware of it, maybe not fully understanding, but they do realize NQF endorsement sort of value. So I think they do. Maybe not everyone, but there's a large number of that too.

Melody Danko-Holsomback: This is Melody. I agree. I think as someone who, you know, collects the measures, it is in the documentation, you know, the references of other, you know, the measure developer or that their NQF measures. But the providers a lot of times don't know that, they just know, like from an ACO perspective, these are our ACO CMS measures that we have to collect, you know, that we are responsible for. So they're not necessarily looking at it as the, you know, whether they're NQF or not.

Now, usually, the time that they would question is if they have an issue with them and they don't, you know, they think there's something in the measure that's not quite right, or they have an issue, they will comment back and say, "Is this NQF?" But otherwise, I don't know that they're that attuned to it. It's the people collecting the measures and looking at the specifications that are more aware of that.

(Rose):   (Mark), I see your hand is raised. I want to actually ask you a follow-up question if you don't mind, before you jump in with your next question.

(Mark Wang):   Sure.

(Rose):   You had talked about - thanks. You had talked about you're focusing on those stakeholders when they're entering the data. Now, is that then working with a vendor? Can you expand on that exactly of, you know, when they're entering the data, what exactly does that mean?

(Mark Wang):   So, you know, for instance, we're predominantly going to use, you know, quality measures including NQF, you know, supported measures through, you know, in this case we're doing through the CMS quality payment program where we're choosing quality measures based on that. And in that case, you know, our venue as we go through electronic record submission, but, you know, you can do claims-based, you know, there's registry options for the data entry. So in our case, it's sort of a more EHR extraction for us, but we actually review all the measure reports that we get through a vendor, and we pick the ones based on performance.

                 But I think, you know, somewhere along the lines when you're trying to get - finalize your data and then ready to submit it, it's a good time in there to provide someone - to remind them all, "Yes, here's a feedback mechanism," you know, in terms of, wow, I didn't like this measure, I liked this measure, you know, and provide that person an opportunity. And then if you think about it, you know, the clinicians aren't doing that. You know, that's the practice administrators, the database, you know, analyst or data entry folks that are handling a lot of the reports, the submissions. And usually there is sort of a, you know, most organizations, there's going to be some sort of

quality improvement committee or electronic health record committee that kind of oversees or, you know, looks over the measures.

You know, in the first place, they need to pick measures that are relevant and/or they may just pick from a bunch of measures that are currently being monitored, and choose the best ones. But they're all trying to think of ways, you know, especially with the quality improvement to improve performance, and so here's an opportunity where a lot of times they get feedback from clinicians, you know, what you are/aren't doing right, whether it's specific measure and the clinicians may (unintelligible) hey, this isn't working right for me, or I don't do this, or I wish they collected this instead. And that's when those kind of individuals (unintelligible) collect that data, because we exactly have that kind of process here. You know, we will collect data. We were first to actually decide on specific measures, which ones we think will be most relevant for us, then start collecting data on, and then decide, of those measures, which ones we should report on.

So, since a lot of that is really within the realm of these, you know, site administrators or database coordinators and, you know, administrators for the practice or quality, they're going to be the ones that are going to be looking and analyzing the data the most.

Really, ironically, from the standpoint of clinician, the clinicians are pretty much like, okay, tell me what to do or which measures I'm being measured on. Or they'll complain of their being measured on certain measures and not on others. But, you know, some people might - are going to be aware, there's NQF-endorsed measures or not, but it - a lot of times it's a practice, you know, maybe some key elements of the physician's practice or clinicians might sit down and choose the measures, but they're going to - and they may or may not take into consideration they're NQF, you know, endorsed or not, but then

they're just picking the measures based on what they think would be, you know, ones they feel they should improve on or ones they feel that should be targeted for the practice.

But then at that point, they're not really remembering. Most of them are not going to remember down to the detail of what's the number, is it NQF-endorsed or not, you know, let alone providing feedback. They're just not going to do that for the most part, unless they have some sort of administrative role, you know, like a chief medical officer or a medical director where they might, you know, actually have some skin in the game in case their, you know, performance is measured on some of the quality measures. Does that answer your question? I know it's kind of long-winded, but.

(Rose):   Yes, it does. It does, thank you. Did you have another question?

(Mark Wang):   No, I think that was - echoing on the NQF endorsement or not, what's the importance to clinicians. I think it's back to, you know, ironically, a lot of practices were, you know, the average clinician doesn't really pick the measures, it's going to be maybe physician leadership or administrative leadership that says, all right, we're going to choose these measures.

And then all the clinicians, literally at the base level, the frontlines, is, okay, tell me what to do. That's literally what most people come back as. Most clinicians, like, you just tell me what to do and I'll do it. I mean, that's what it boils down to. Whether they agree or not, now some people may not agree and say, "Why don't we measure this?" or, "Why are we doing this?" But it, you know, most - this is why we don't get much feedback I think from clinicians. They're just not, you know, since they're so far removed from measure selection, implementation for most of them, except the leadership, they're not going to give you that feedback, the everyday person.

Unfortunately, it's going to fall on to more of a leadership position executive individual, or the practice managers and whatnot, you know, provide that feedback, I suspect.

Melody Danko-Holsomback: And this is Melody, our practice transformation coordinators and our quality team for our ACO, each year we create like a template from the Webinar phase measures that we need to collect and the quality measures that are scored for our ACO, and claims and cap surveys and so forth. And we create a PowerPoint for our providers and detail the expectations of them in that, so what their documentation expectations, teaching expectations, you know, ordering, test-wise, the goals of those tests, but make it like a PowerPoint slide per measure and compact everything for them.

That is usually the time that we get feedback from the providers, when we're saying, okay, this is the expectation, is that when we look at your documentation, we find this, that you've done, you know, for a patient that has been screened for tobacco use or screened for depression, and if they have positive results, then you're doing follow-ups for those, and it has to be documented in your chart in some way.

So that's usually when it comes down to the actual tasks that they have to do, how it affects their workflows, who's collecting it, that's when we're getting a feedback from them, and then encouraging them, you know, if they have issues with the measure, we will, you know, provide feedback to CMS if that's who we're working with. But that would be the point where we could direct them to a measure developer and/or NQF to a tool to say, you know, if you feel strongly about this, the way you can affect it is by going to this tool and doing so forth.

(Eddie): Great. There's been a lot of good feedback. Any other comments? I think this has been really good. I don't know if the staff at NQF have any other comments or questions for the committee.

(Joe): Yes. This is (Joe) (unintelligible) and I apologize I'm not on the Webinar so I can't raise my hand. But just a couple of things I think that's great discussion. One thing that you have to always keep in consideration is what type of measure, is it (ECQM), a claims-based, (chart-instructed). Because they all have different nuances and physicians and nursing staff understand them differently. So, claims-based, you know, the sepsis bundle, I guarantee you, all my clinicians know that one very well, how it's abstracted, where the data comes from. But, you know, some of the claims-based, free admissions, all-cause mortalities and that, they understand less.

So when you're soliciting feedback, it does depend on what type of measure. And also, you know, I would speak from our organization, I agree, most clinicians aren't that close, but I do have a handful of physicians that are very involved in it, and they're my go-to people when new measures come out or, you know, measures in their specific area, like cardiology. So I lean on them heavily to give me feedback, which then I'll go the step of actually going in the right route of providing the feedback.

(Ashley Wilbon): Thank you. This is (Ashley) from NQF. Thanks for that, (Joe). That's a really thoughtful nuance that we should definitely be considering.

(Eddie), just before (Joe)'s comment, I think you were gauging readiness to move on. I think in interest of time, we should probably move on to the next topic. And I think some of the themes may be recurring and we may not need to re-adjudicate all the discussion questions, but I think now will be a good time to move on if folks are ready.

(Eddie): I think we see (Elizabeth)'s hand, maybe we can squeeze (Elizabeth) in before we move forward.

(Ashley Wilbon): Sure.

(Elizabeth): Thank you. Having served as a patient advisor on (HPO QI) unit, sometimes there's an attitude, like, is the measure that we're stuck with and these unintended consequences where we have to inherit another hospital's (unintelligible) or another hospital's problem, and then it becomes our, you know, ding on the cheek, that attitude, like it's - we're stuck with it. And I think also, you know, we need to look at that from the NQF side, is the attitude of teamwork, like we're partners, we're partners with you, because it doesn't seem like we have that partnership because NQF is a (pass-through) on some of these measures. But we have to be giving a face front where we're also partner with you to - besides (unintelligible) and choosing.

I don't know if I'm making myself clear here, but the element of partnership and addressing some of the attitudes that were stuck with measures on some areas, we need some team cheerleading. I don't know how else to say it. Thank you.

(Eddie): Thank you. All right, I think we can sort of move on.

(Ashley Wilbon): Sure. This is (Ashley) from NQF. So we'll move on to the next section, and again, I think some of the current themes may be recurring and we may not need to re-adjudicate all the questions that we had posed, but I think we'd like to just give an overview of the public commenting process that we facilitate during the consensus development process.

So, NQF during the evaluation of measures, if you recall, we transitioned to two cycles per year, where we evaluate measures across all 15 topic areas twice a year. And within those two cycles, there are set periods of time during which we collect comments, is the 16-week continuous comment period that begins relatively early within the evaluation of the measure, beginning with kind of posting the measure before the committee reviews the measure, all the way up through the committee evaluation of the measure, and continuing through when the report is posted for comment and the commenting period closes 30 days after the report is posted.

So we, rather than kind of opening and closing commenting periods like we did previously, we've essentially just leave it open so that those who want to comment don't need to navigate dates of when things open and close, and that the same timeframe for commenting applies to all the measures that are under review for that particular cycle.

So what we've done, even though the commenting period is continuous, we have selected kind of points in time within that commenting period that we collect that information and present it to both committees and developers at key points in the process, so that they have an opportunity to react to it, and also be prepared to provide responses. For example, before the committee reviews the measures, we will collate any comments received before their review, and present those to both to the developer and to the committee, so they can consider those comments prior or during their evaluation of the measure.

And then any comments received after the committee evaluation meeting are compiled and then again discussed during what we call the post-comment call, which is a Webinar generally with the committee and the developers where

we discuss comments received while the report was posted, as well as those that were received after the committee evaluated the measure, or measures.

And so, essentially, because of the timing of the comments when they're received before the committee evaluation, we generally don't ask the developer to provide any written responses, but we just ask that they come prepared to the meeting, that the committee member, of the committees, are reviewing the measures, ready to respond to any of those comments as they arise in discussion.

Following that evaluation call, when we have follow-up Webinar with the committee, then discusses all the comments that came in as a result of their evaluation and the draft report being posted. We do ask that the developer provides any written responses to comments submitted through that formal commenting process during the - particularly those during the - while the report is posted.

So as (Jean-Luc) mentioned earlier, since we have revamped the process and moved to the two-cycle per year valuation, we've received just over 200 comments. Some of the themes are similar to what we've shared before around unintended consequences, implementation burden, issues with the specifications, or the support for a measure. Again, these comments are solicited in an open text box without any direction necessarily around which domain of feedback we're seeking. Again, we kind of leave that open for commenters to submit at their discretion.

And just one last comment on that, you know, something that we are looking at internally, is that again, as we're looking at our processes for soliciting feedback and the structure of our process, that, since we have moved to this two-cycle per year structure, over time, that the commenting activity has

declined as we have - we are now reviewing more measures, maybe not per cycle but over time, we have been reviewing more measures, more complex measures. The timing of when the projects are occurring, essentially all of the projects with this two-cycle structure are happening around the same time with slight staggering in dates. But essentially there's just a lot of activity going on at the same time.

And here are some examples of some of the comments we've received before. I won't read them, but again varying specificity on what we receive. And oftentimes the comments that we received after the committee's evaluation seem to be based on the committee discussion and deliberation, oftentimes on how the committee applied criteria, and their recommendation for endorsement.

So, again, some discussion questions around our public commenting period and how we can optimize the solicitation of feedback and collection of feedback during this particular timeframe, which is actually part of the evaluation process. Again, thinking about strategies that we should be considering for increasing public and member engagement, again, who the target for outreach, and again thinking about this issue about how prescriptive to be when we're soliciting feedback.

I think we over the years kind of struggled with the balance of not wanting to make soliciting feedback overly burdensome, so, not asking too many questions or thinking - or making it so prescriptive in structure that it's difficult for folks to navigate or it takes too much time to submit feedback, but also wanting to receive feedback that's valuable, but not giving - and also kind of balancing how we should do that while giving enough freedom to submit comments about anything, because we want comment - whatever comment we

have to share, we want to hear those, but I think sometimes we lose on that end in terms of specificity of the comments itself.

So, just laying out a few little commentary about some of our current practices, and certainly we'll - interested in hearing your thoughts. And I'll pass it on to (Eddie) and (Rose) for any discussion or questions around this, this process.

(Rose):   I'm not seeing any hands raised. I'm just wondering if there's - if folks want to expand on earlier comments based on what (Ashley) just outlined.

Melody, I think you have your hand raised.

Melody Danko-Holsomback: Thank you. So I'm out here perusing the NQF Web site right now. And we have all the (list) of measures, there's a review date and whether they're endorsed or not, or when it was last updated. If there would be something a little bit more intuitive, and I know you said you have things going on all the time, so maybe some type of a calendar for what's under review, you know, during the certain types of year might be an enhancement.

And again, with previous comments, a place to, you know, provide that feedback when you're right in the tool, there are emails to the measure developers and who they are, you know, within the site, from what I'm seeing. But, you know, maybe making it more intuitive and making visual of when those review timelines are. So, review, open this date, close that date, or something, or possibly putting those start and stop dates on the calendar so that they're available for someone to say click on it, then it'll show them the start and stop date. Just some suggestions.

(Eddie):   (Mark), your hand is raised.

(Mark Wang):   Yes, really along those lines, I mean, you know, just making it very clear, as clear as possible like when these measures are up for, you know, the calendar, when they're up for review. You know, even if you say, I'm looking on the - as I'm looking on NQF Web site too, so I'm just looking at one measure. But even if, I hate to be cheesy, but maybe if you - and the title, on the title bar, when you have a specific measure, like I'm looking at functional change. Change and mobility scores for skilled nursing facilities, almost like "under review" flashing thing or something cheesy like that. Just put "under review" next to the title, and then the dates that it's under review. And then even moving the "Submit Feedback" button up, you know, to there. So that way it's on the title line.

So, right now where it is, it's kind of buried to the right, it's not that obvious. Yes, it's a different color, but, you know, when you're doing measure searches or things like that, you know, they actually (unintelligible) the Web site to actually have it, so you have the list of measures when you do your search results, and then it'll show which ones are under review as one of the (unintelligible) you know. So that way it's a little easier to say these are under review or going under review or something like that, the kind of - it's actually on the status on the right-hand side.

So if you can actually put something in it, that actually helps to queue them. But I think that the challenge is going to be most people have no idea (unintelligible) are under review. Like, unless you're going to put out a note, no one's really going - not many people are going to go to the NQF Web site to find that out. I think the challenge is, how do you get it out there so that people could know that it's under review? Like (unintelligible) it's back to, if there's a way that - the wish list would be, if there's a way, like, whatever is the reporting mechanism, you know, if you had the feedback thing button on

there but also an "under review" for this calendar year, to let them know, that will be immensely helpful. Obviously the variance in terms of how people report and whether registry, is it Web sites, or CMS directly, you know, that's the challenge. But some way to sort of make it easier at the time that people are searching for measures or reporting for measures, that they're under review.

(Eddie):   Other comments from folks?

                   I actually have a question for the NQF staff. What happens to these comments from one cycle to another? I mean, are they made available to subsequent committees as they review it? So that, you know, there's an understanding of what issues have been brought up in the past per se?

(Ashley Wilbon): This is (Ashley) from NQF. I think from cycle to cycle, I would say we probably don't do a great job of carrying over those comments. I will say that the maintenance cycle for measures, once it's endorsed, even though we have two cycles a year, the measure - a particular measure may only come back -- well, if it comes back for maintenance but only come back every three years. And so it would be a kind of a matter of carrying over comments over three-year period, which is something that we could certainly do a better job of tracking - of tracking that.

                   Is that what you were asking between maintenance, like maintenance reviews?

(Eddie):   Well, I guess I was trying to just think about what happens to all of that content and information, whether there's a value of even making it readily available as something that folks can look at when they search for measures, or something. You know, like, what is everyone else asking or something like that? Because I think part of the process should involve, you know, well,

what is the person who's submitting feedback going to get out of this? And I think some of it might be communities and understanding what others are running up against. And so I think just even something like that might be worthwhile. But, you know, I'd be interested in what the rest of the committee things. And I see (Elizabeth) has also a comment in the box.

(Ashley Wilbon): Yes. Hey, (Eddie), just one more thing -- this is (Ashley) from NQF -- I will just add, and (Jean-Luc) can correct me if I'm wrong, but in the feedback, so, again, different mechanism, but if you go in to submit feedback on a measure, at the bottom of the page it will show you the other feedback that was submitted on that measure. Correct, (Jean-Luc)?

(Jean-Luc): Yes, that's correct, (Ashley), but - that's right. That only shows the feedback from the feedback tool and not from…

(Ashley Wilbon): Right.

(Jean-Luc): …from the CDP public comment process.

(Ashley Wilbon): Right. So it is a bit limited, but I just wanted to just provide that as an FYI.

(Eddie): (Elizabeth), do you want to elaborate? I saw you have something in the chat box.

(Elizabeth): Well, with regards to what we were just discussing, you know (unintelligible) public comments, I don't know if anybody else in the committee is familiar with the (Unisystem), the network of organ sharing for transplant and organ procurement agency. They have two public comment cycles, their proposed policies are featured. And these are a variety of policy (unintelligible) measures, these are all features (unintelligible) these cycles, every six months,

and we have a couple of months for public comment. And they heavily promote for all stakeholders through multiple vehicles, from community groups, hospital groups, hospital administrators, organ procurement agencies, to patient advisory groups. And during these public comments, they feature Webinars which actually review the policy or measure that's being proposed, and they have open question format.

And what happens is that public comments (unintelligible) that is fully transparent to anybody that goes to each paper. It actually starts conversations. And out of that, you know, the public comments being posted, the policy is actually reviewed, and then it's (voted) on for policy, or sent out to public comment again.

And (unintelligible) what we're doing within NQF, and it would provide a lot more transparency in what (unintelligible) the feedback to (unintelligible) not just the measure developer but the people that use it as well. That's my comment on that.

I hope that makes sense.

(Ashley Wilbon): It does. This is (Ashley) from NQF. (Elizabeth), can you tell me the name of the - I missed the name of the organization you referenced. Was that transplant…

(Elizabeth): No. Well, it's U, N as in Nancy, O…

(Ashley Wilbon): Oh, UNOS. Okay. Yes, I know.

(Elizabeth): You just Google UNOS public comment. And it's a very rich forum. And we really promote that and we get comments from all levels. And then that

actually (unintelligible) and informational Webinars to actually get these comments and discuss and gather more information. And this goes back to the developers of the policy.

(Ashley Wilbon): Thank you. That was helpful. Thank you.

(Elizabeth): Thank you.

(Rose): Okay. Any other feedback, comments, before we move on?

(Jean-Luc), I think--

(Jean-Luc): Yes. Great. Thank you. We'll kick it off on Slide 62.

So the measure applications partnership, many of you may be familiar with this, but basically the goal is to help HHS make decisions about which measures to include in their public reporting (unintelligible) payment, and other kind of federal measure - performance measure based program. You know, just with the goal of increasing the transparency of the process and then also kind of helping drive that - drive towards the value-based purchasing.

So we, you know, and the process of course is also concerned with, you know, identifying (unintelligible) for measure development and endorsing standards that don't quite meet the level of endorsement. That's very much a separate process, but are closely related.

And then - and really one of the most challenging aspects of MAP is encouraging that alignment across those different programs. You know, each of those programs is generally organized by the kind of setting that they cover, so the in-patient quality reporting program or the long-term care hospital

program. So, just kind of making sure that, you know, where possible, of course, measures are relatively aligned.

So as part of the MAP deliberations, there is an evaluation of the measure along a few different criteria. There are also public comments in the MAP process, actually (unintelligible) quite a bit more than in the CDP process. Usually every measure gets at least six or seven comments from different organizations.

That information is all kind of - that information, and of course (unintelligible) the committee deliberations and rationales for their decision to support or not support a measure are compiled and published every year, in February, and are then usually given over to the CDP process, to inform the CDP's measure review.

So it may be that a new measure that has gone through the - well, so let's say for example, a measure has been endorsed in the CDP process, the normal course might be for a group to submit it to CMS for inclusion in a payment program, in which case the evaluation for the MAP process would inform the maintenance review of that measure (unintelligible) its initial endorsement.

Otherwise, it may be that (unintelligible) the other way where a measure goes through the measure applications partnership process first and is then submitted to the CDP as a new measure. And there again, that information for the MAP process is all the more valuable because that really is maybe the only multi-stakeholder verdict that we have on it so far.

So, you know, as I said, there's quite a bit of communication back and forth. There are about 148 measures that have been submitted in the last few cycles of MAP.

So as far as the MAP process, just some themes from the - those rationales that we incorporate into the CDP processes. So, very often there'll be a kind of caution on the part of the workgroup about potential unintended consequences. And generally there'll be, where there is that caution, a condition associated with the recommendation to, you know, to mitigating (unintelligible).

By far the most common condition is simply NQF endorsement. So the MAP will often (unintelligible) it seems like a very promising measure, however, there are some concerns about the validity of specifications, or the reliability of the testing. So we'll ask CMS to submit that measure for endorsement review, where more specialized groups like the (unintelligible) panel might take a look at the scientific (unintelligible) measure, or other questions that might resolve other questions related to the evidence-based.

Other MAP comments will often have to do with the alignment of that measure with the other measures in that CMS program, or otherwise give a reason why that measure isn't appropriate for the program, and what kinds of revisions might be made to it in order to make it suitable for inclusion.

So, on Slide 65 we'll walk you through a couple examples of MAP feedback. So, just in the first one, this is where the MAP elected not to support a measure, you know, typically a little bit longer. You know, this had to do with a few different things. So, first, again, it just (unintelligible) the importance of submitting the measure for (unintelligible) endorsements, but then - and, you know, the sort of the clinical importance of the measure, but wanting to have a clear idea of the details of the specifications and sort of some - resolving some questions around the data source and timeframe for

reporting, you know, as well as making sure that the testing was - met NQF standards.

You know, otherwise, when the MAP - when the measure is conditionally supported by the MAP, you know, there might be an indication of the importance of the measure and the suggestion that the measure return for NQF endorsement.

However, I mean - and actually - so, on Slide 66 you'll see a couple of discussion questions. So the first, you know, are there other types of information that should be (unintelligible) collected from the MAP proceedings to inform this decision? You know, right now the CDP process is usually using that pretty small snippet. You know, of course, where there is a question around, you know, around the deliberations, or more contact is needed, very often, you know, the NQF staff will go back to the transcript, go back to the public comments and pull in more information. But, you know, should more of that information be systematically pulled in to inform that the standing committees, and, you know, alternatively, are there other sources of feedback, so, for example, the CMS's impact reports or kind of (unintelligible) as far as the (unintelligible) process, you know, that are kind of related to these programs reviewed by MAP, you know, should those be fed back into the - into CDP, you know, with the understanding that that represents a significant additional workload.

And yes, I think with that, I'll just turn over to (Eddie) and (Rose).

(Eddie):   So we can start from the top, I guess, and I think (Jean-Luc) already alluded to this first question, really would love to hear from the committee if they have any thoughts on other types of information that could be collected by the

MAP to inform the endorsement decisions. Any thoughts on that for folks on the phone?

Melody Danko-Holsomback: This is Melody, and I don't know if this is in the criteria that's being collected now or not, but I think sample sizes are important when they're determining benchmarks and so forth. Because the way the measures are structured, you know, when you're starting with a larger population but reducing to a certain sub-population you're collecting within that measure, so, people who have a positive screen or whatever, than the only ones included, it can really skew your data and your, you know, according to the benchmark.

So I don't know if there's any of that information that's being collected presently or not, but I think that that's an important thing. Because the providers can say, well, I've done all this work on all these people, and I'm only getting credit for those that don't follow my rules, you know, and it's a smaller set of people and it's really skewing my data. So I think that's an important piece that needs to be collected.

(Ashley Wilbon): Hi, this is (Ashley) from NQF. I just wanted to just give a brief response to that. I think that is certainly something we are considering as part of the endorsement process, particularly with the (method) panel and reviewing reliability (unintelligible) you know, really come into play on kind of the stability of the measure and at what sample size the measure is really stable. We're certainly having discussions with them. Hopefully in an upcoming meeting about how much specificity we need from developers on what that minimum sample size is. And certainly, you know, rules around attribution and kind of exclusion criteria certainly come into play with determining your sample size.

So I think it's certainly being considered. Maybe not as much at the MAP level, but certainly in the endorsement level. So I just wanted to share that with you guys.

(Ashley Wilbon): Thank you.

(Rose): Other comments from the committee?

(Eddie): Okay. Should we move forward then?

(Madison): Okay. Great. So this is (Madison), and I'll be just reviewing some of our gaps and challenges discussion. Next slide.

So, you know, we've just gone over kind of what goes into the standing committee evaluation of use and usability. And we've had a lot of discussion about the individual aspects of it, but I think we've got a lot of themes that have risen, and - next slide. A lot of these themes are also reflected in the environmental scan reports or environmental scan reports focused on, you know, the processes outside - it touched upon NQF's - some of NQF processes, but focus on a lot of the processes outside of our control. But just wanted to have this slide as a reminder of what we had in the final report.

So we had noted that there's a lot of variation in these data collection processes. So it's something that we've alluded to in Webinar 3 and here, that there's a lot of different feedback being generated by different stakeholders, and depending on the measure, the type of measure, or where it collects data from, that feedback will also vary. So with all this variation, having a consolidated method to centralize those feedback and get it to the right places is difficult.

We've also noted that there's issues with the timing of feedback, how often are you doing it. Is it open all the time? Is it only during measure evaluation periods? And when you do have these deadlines established, often there's misalignment in when the feedback needs to go to a certain stakeholder, and this presents a challenge to getting all of the up-to-date and real-time information to the right people.

And third, there's this burden of determining if a measure is meaningful and if it's causing unintended consequences. Often, again, there's just so many sources out there, and getting - reaching out to the right people but also making sure those people have enough time and aren't - don't have undue burden, that could provide feedback, is a challenge.

So for this portion, we'd just like to start picking your brains about, you know, given that we've reviewed all of these different sources, are there any additional challenges that we can think of - or channels that we can think of to consider? What other information, now looking at a more holistic level, should be really collecting? And, you know, if we've already discussed these two questions or tapped them out, maybe start thinking about what are potential solutions to address these challenges as we move forward and start thinking about how to develop this measure feedback loop.

So I'll turn it over to (Eddie) and (Rose) for this discussion.

(Rose):   Hey, why don't we start with the first question? Thoughts from the committee and other channels (unintelligible) collecting feedback?

Woman: I think we covered a lot of this stuff previously. I think that's kind of why there's not a lot of comments. In my mind, I think we've covered the channels that we thought would be helpful.

(Ashley Wilbon): Hi, this is (Ashley) from NQF. I just wanted to add in another piece that I thought maybe with the last discussion and hopefully would get a little bit of feedback, and I think it's a little bit different than what we had asked previously about other channels. And this was a question around what other sources of feedback should we be potentially looking into as NQF to bring into the valuation process?

So, certainly a lot of the feedback mechanisms that we currently have built into the process are us kind of reaching out to the public or certain stakeholders, and getting that information directly from them. But I think thinking about other existing sources like, you know, other reports or other - are there other sources outside of kind of going directly to people that collects feedback as well on certain measures that we might consider bringing in to the process, I think that would be helpful to consider as well.

Melody Danko-Holsomback: Yes. And this is Melody again. I think, again, it needs to be something - some mechanism that would be similar to a newsfeed or a listserv that clinicians are made aware of, you know, either through organizations or, you know, maybe even advertising it through your measure developers, you know, so, have CMS do something like this is the NQF's new tool, be aware, get kind of the advertising type things out there to make people aware of whatever process is created, that they can then kind of enroll in, just you do, you know, subscription to an email that would then they would know they're consistently going to get updates from that on what's coming up and what they need to look for, and have the tools that are built for that ease of access, built right within those emails or, you know, news updates, so they can click on the subjects that are of interest to them and they want to reply to, and get right into the database to make the comments.

And I think that's going to be one of the best ways to reach that front-end person who's actually using the measures.

(Madison):   Great. So this is (Madison). Actually a follow-up question for you, Melody. You know, often we hear that in these email updates that we are sending or have put together, that there's either too much information or not enough detail in there. What would be - so, would it be, you know, we met - we evaluate measures by project, would it be a list of measures broken up by content area, by project? Would you want to just see that behavioral health is having commenting period, or that each of the individual - these individual measures are listed - or list the individual measures and let people know that these specific ones are up for comments?

Melody Danko-Holsomback: I could see it just broken down in sections, so, maybe have a primary care section, you know, for different specialties that are under review at the time, or going under review, and then a link to each one of the measures, you know, that they could click into to get more detail if they wanted it, that it would provide a high-level outline type format, kind of, you know, just like some of the bigger newsletters that come out with the topic of the article is listed, and click here for more type of thing. So, have it organized so it's not hard to get through.

And if they're a specialist, they're not looking through all the primary care and so forth, but just do some organization, that it's easier to click into, and once they get into it, there's ease of use within that email that takes them directly, you know, links them right to where they need to go to comment, that it's not a, "Oh, I clicked here and now I'm here, now I'm lost, I don't know where to go, I give up."

(Madison):   Okay, great. That's helpful, thank you.

(Joe):   So this is (Joe), and this is kind of a, you know, outside the box suggestion. But I think of, you know, when we're trying to get feedback from our clinicians on anything, you know, the EHR usability and so forth, the things that, you know, are really meaningful to them, we put it right in their workflow. So, you know, in our EHR, they have a (unintelligible) click while they're in their workflow, but they can click if they need to put in a request or suggest a change. It's simple, they're already signed in, they don't need to go to different application.

                  So I don't know how feasible it would be, is to investigate working with some of the health information technology vendors to provide some type of interface that they could put into their system, or even if you could create like a generic interface that I could load up to our physician communication page on our Intranet, and then tell them, just go here, this form will open, we can put on, you know, here, pick a list of measures, and give feedback. I think I would get a lot of response in that. Because we get a lot of response on, you know, the change request when it's in their workflow, because they know right where to go.

(Eddie):   We got (Mark)'s hand up.

(Mark Wang):   I like all those ideas, with the email subscription or whatnot. You could even go even more outside the box, which you want to consider social media as a way to sort of spread the word for what measures are up, you know, Instagram, probably too short for Twitter. I mean, you could at least link it, right? So you do Twitter announcement, "Hey, we're doing these measures," you know, "Here's the link." Or, we're doing, you know, Instagram or whatever, you know, people are, you know, that may actually catch a wholly

different audience of newbies, so to speak, even older people that actually migrated social media.

But I mean, email is really a traditional way of doing it, I think, doing email subscription or newsletters. And I forget who had mentioned it, but really just the direct links is very important as opposed to a link to another link, and then you're varied. So you need to go directly to a hotlink of where you need to go.

The EHR thing, I love the idea. Just half these vendors can't even do - don't even do a good job of their own internal feedback mechanism in the workflow. It's really - I'd love to see that in (unintelligible) EHR, just know this is going to be highly dependent on the organization to implement, you know, that sort of feedback mechanism in there. So, some, you know, there are a lot of places that have sort of link-outs from the EHR and just - but having it natively within the EHR, that's probably the best bet, is some sort of - you know, ability to sort of standardize a linkage from within the EHR to a certain - some place on the NQF Web site, specific to sort of provide feedback. That might be the easiest way to do so.

(Eddie):   Any other comments on the questions that are up, or other thoughts that folks want to elaborate on?

Melody Danko-Holsomback: This is Melody again. Just thinking about, actually I just got an email from the - from (Mako) who's asking for an update on this on our meeting on Friday. So, thinking about their Web site and how things are organized there. So, for the National Associate of ACOs, whether it's, you know, the - any of the other agencies out there that - whether it's developers or EMR personnel, or providers, are part of, to get links within their systems, their listservs, their Web sites where you can go to actually interact with NQF and keeping those links refreshed. It would be another way to get to the other

people and the other levels that may not be commenting now because they can't find it, they don't know where it is, but they are active in different organizations, may be another way to get the message out.

(Rose): Great. I think these are all really good suggestions.

(Madison) or (Ashley), should we move on?

(Ashley Wilbon): Sure. This is (Ashley). I think that actually would conclude our discussion for all we have prepared at this point. I think we've covered the gamut at this point with all of the - everything that we would - we wanted to cover for our next deliverable.

We could open it up for public comments. So I'll hand it over to (Navya) and I'll just - we'll talk through some next steps and give you guys a little bit of guidance of what to expect coming forward.

(Navya): Sure. Thanks, (Ashley). This is (Navya) again. So at this time we will unmute all lines in the Web meeting. So if you do not want to make a public comment, please place yourself back on mute.

Operator: The conference has been unmuted.

(Navya): All right. Then we'll move on to next steps.

So, as (Ashley) said, we will be using the discussion from the Web Meeting 3 last week as well as today's discussion to inform our use and usability document report. We will put that up for commenting for 14 days from May 29th to June 11th. This is for the public, the committee, as well as NQF members.

The final report will be due to CMS on July the 3rd. And the committee will reconvene for our Web Meeting 5, where we'll discuss the options for piloting the measure feedback loop on July the 24th from 1:00 to 3:00 p.m. Eastern Standard Time.

Does anybody have any questions about anything for next steps?

(Ashley Wilbon): This is (Ashley) from NQF. I just wanted to add real quick. So for the options for piloting the measure feedback loop, I certainly wanted to just get you guys thinking about that we've talked through a lot of the different pieces that would need to be considered in establishing a functional feedback loop. So, certainly NQF staff will be coming up with a draft for something for you guys to react to for Web Meeting 5. But along the way - and we'll be taking, again, taking in all of the feedback we've gotten from you guys over these several - these last few Webinars, thinking about all the kind of nuances that would need to be considered with establishing a feedback loop.

But certainly, if you have thoughts or ideas about how we should go about putting a draft in front of you, or how we should go about that, we're certainly open to suggestions. So please feel free to forward those via email if you have any thoughts. So, just wanted to put that out there. We could use any preliminary thoughts you have to help us in that initial run-through.

(Navya): Great. Thanks, (Ashley). And this is the timeline, as I just repeated. And would (Eddie) and (Rose) have any closing remarks?

(Rose): I'd just like to thank the committee for a great discussion today, as well as last week. And looking forward to meeting again in July.

(Eddie): Yes, this is (Eddie). Likewise, I enjoyed the discussion today, and I'm excited about where the project will go from here.

(Navya): Great. Thank you so much everyone, and have a great afternoon.

Woman: Thank you.

Woman: Thank you everyone. Talk to you soon.

Woman: Thank you.

Operator: Sub-conferencing is now active.

END