

No.	Topic	Commenter	Comment	Response
1	Evaluate existing systems/efforts	Sharon McCauley, Academy of Nutrition and Dietetics	The Academy of Nutrition and Dietetics supports the evaluation of existing systems for their effectiveness and potential for contributing to a solution for consistent measure information management.	Thank you for the comment. This point is supported by report text (page 13).
2	Evaluate existing systems/efforts	Kara Webb, American Optometric Association	<p>The AOA concurs with NQF’s assessment regarding the difficulty that exists in gathering information pertaining to quality measures. As NQF has noted, there may be ways to leverage systems already in place to achieve the goal of having detailed and current information regarding measures easily available. The Agency for Healthcare Research and Quality is currently working on the Registry of Patient Registries (ROPR) and the Outcome Measures Framework (OMF) which will support the process of collecting and displaying information on outcomes measures currently used in patient registries. So as not to double efforts, communication with AHRQ is essential in moving forward. If NQF decides to develop a registry of quality measures, the ability of this registry to communicate with the AHRQ ROPR would be beneficial.</p> <p>It is also important to acknowledge the effort that will be required of health care practitioner organizations in ensuring that all of these registries contain accurate information. If there are redundancies or duplications of efforts by various government agencies, many stakeholders in the health care quality measurement field may choose not to contribute to or monitor these systems. This could negatively impact the accuracy and value of any potential registry of measures.</p>	<p>Thank you for the comment. Your example was added to the report text (page 11).</p> <p>Several of your points are also supported by report text (pages 10 and 11).</p>
3	Evaluate existing systems/efforts	Carmella Bocchino, America’s Health Insurance Plans	We recommend developing a notification system to alert NQF’s Quality Positioning System portfolio users of measure updates. It would also be helpful to track the use of NQF and non-NQF measures.	Thank you for the comment. As noted in the report (page 13), participating organizations suggested conducting an evaluation of current systems for their ability to contribute to a solution. NQF’s Quality Positioning system (QPS) automatically updates owners of and subscribers to portfolios of endorsement status updates to measures within those portfolios.

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4	Standardize definitions	Carmella Bocchino, America's Health Insurance Plans	We recommend developing standardized definitions for different terms and providing measure specifications that include coding tables.	<p>Thank you for the comment. As noted in the report (pages 4 and 5), participating organizations identified the need for standardized terms and definitions.</p> <p>Language in the report (page 6) was modified to specify relevant code sets as part of complete measure specifications.</p>
5	Standardize definitions	Kara Webb, American Optometric Association	This report reflects many of the concerns of the AOA. The AOA is especially concerned with the establishment of definitions for a measure's lifecycle. As NQF indicates, there is no accepted standard definition for what determines when changes to a measure are significant enough to consider it a "new" version. Developing uniform language and standards would be helpful moving forward.	<p>Thank you for the comment. As noted in the report (pages 4 and 5), participating organizations identified the need for standardized terms and definitions.</p>
6	Resources for measure maintenance and stewardship	Myles Maxfield, Mathematica	The issue accurately raised in the report of inadequate resources for measures maintenance and stewardship is largely caused by NQF. NQF has defined stewardship as requiring the developer to commit by contract to NQF that it will maintain, review, and update submitted measures in perpetuity for free. While this concept of stewardship may have been appropriate historically when virtually all measures were developed by professional societies, it is not appropriate for the current measure development world of publicly funded measure development by contractors resulting in measures in the public domain. Neither a public agency nor its contractor can legally commit to NQF's standard concept of stewardship. Updating NQF's concept of stewardship would reduce the severity of the measures maintenance challenge.	<p>Thank you for the comment. As noted in the report (pages 4 and 13), participating organizations indicated that securing and sustaining resources to support measure information management is an ongoing challenge. Language has been modified to add measure development as another investment for which resources must be considered. While many measures are publicly funded and publicly available, the measures are still owned by the steward or another entity. According to NQF's Measure Steward Agreement, stewards are responsible for submitting measure updates to NQF.</p>

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7	Support for a single system that connects from/to other sites	Carmella Bocchino, America's Health Insurance Plans	We are supportive of a single access point that allows users to then access different websites to get information on measures and measure specifications.	Thank you for the comment. This point is addressed by report text (pages 7-9).
8	Support for a single system that connects from/to other sites	Myles Maxfield, Mathematica	As long as most measures are owned by professional societies who are obliged to serve as the measure stewards, the measure specification of record must be maintained and documented by the measure owner on the measure owner's web site. I think this implies that the architecture of a central registry must link to the web site of all the owners. In the current legal environment, storing measure specifications in a central registry will inevitably result in inconsistencies between the specs in the central registry and the specs on the owner's web site.	Thank you for the comment. This point is addressed by report text (pages 7-10).
9	Support for a single system that connects from/to other sites	Joseph Jentsch, Kaiser Permanente	<p>A decision point needs to occur.</p> <p>I personally am in favor of the Independent systems and information repositories accessible via one access point solution:</p> <ul style="list-style-type: none"> <li>• Individual stewards create a gateway into their systems</li> <li>• The centralized repository retrieves the most current specification</li> <li>• The centralized repository provides search and filtering functionality for all stewards' measures</li> </ul>	<p>Thank you for the comment. Language was added to the report (page 7) to clarify that potential approaches are not mutually exclusive and could borrow from one another to be responsive and flexible to participating organizations' needs.</p> <p>Language was also added to the report (page 9) to further clarify the differences between specific potential approaches.</p>

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10	Measure identification and versioning	TJ Dube, the Health Collaborative	<p>This report accurately reflects my own experience, and the organization I work for, regarding measure needs and access. A perfect example is that I am currently updating measure specifications for local public reporting efforts as well as for measures used in our regions Comprehensive Primary Care Initiative. I cannot go to one place, NQF's website, and get all of the value set information needed to provide a comprehensive report to the community for building out EHR capabilities and reports.</p> <p>Having to go to NQF and NLM only increases time spent on finding information and also one cannot simply download from NLM all of the specifications for a measure in one download. Each value set has to be downloaded individually.</p> <p>All of which to say the goal of one registry for all measure needs would be ideal.</p>	<p>Thank you for the comment. The National Library of Medicine was added to the report (page 4) as a primary source of measure information.</p> <p>The challenge of multiple steps within one source to access needed information was also added (page 4).</p>
11	Measure identification and versioning	Rachel Nelson, Georgetown University Law Center	<p>It understates the importance of coming to some consensus on how measures are identified. It also, however, accurately reflects the tendency of the communities to get lost in -- and therefore to lose -- the distinction between systems of nomenclature and representation (standard vocabularies and syntax, at a basic level analogous to "English" or "Spanish" that allow us carbon units to converse with one another) and a big database (or network of databases) amounting to an automated computer system.</p>	<p>Thank you for the comment. Language in the report (pages 5 and 10) was modified to emphasize the importance of common measure identifiers.</p>
12	Measure specifications	Myles Maxfield, Mathematica	<p>The report does not recognize the natural limit to standardization and alignment: Measure specifications depend on what the measures is to be used for. Two clinically equivalent measures, one designed for clinical decision support and the other designed for public reporting, cannot be specified the same way. While the notion that there should or could be a single standard specification of each clinical process measure is misguided, it may be possible to establish a single specification of each measure/purpose combination. For example, all clinically equivalent measures used for public reporting could be specified the same way.</p>	<p>Thank you for the comment. Language was added to the report (page 2) to clarify that tailored specifications are needed depending on how a measure is to be used.</p>

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13	Broad Stakeholder Engagement	Kara Webb, American Optometric Association	NQF has indicated that one of the next steps of this project is to “Devise a development plan that first caters to an initial set of stakeholders’ needs with the intention of more comprehensively meeting all primary needs in the longer term.” While it is clear that a project of this magnitude will need to be carried out in steps, the AOA is concerned that NQF may initially choose to focus only on measures reported by certain practitioner types, such as MDs and DOs. The AOA urges NQF to focus on a range of practitioner types in their initial approach to this project. To ensure that current and accurate data on all measures is obtained, NQF will need the participation of all practitioner types who report on quality measures. Taking a nondiscriminatory approach from the start can help to ensure broad stakeholder participation in the future.	<p>Thank you for the comment. Participating organizations, representing those who develop, select, and/or use measures, suggest that next steps will need to take a phased approach to meeting full set of the broad range of measure information needs.</p> <p>The report (page 5) also notes the dynamic nature of the quality measurement field, and that sources of measure information evolve to meet measurement needs over time.</p>
14	General Comments	TJ Dube, the Health Collaborative	Very thorough representation of the meeting and findings. Consistent with our organization’s own experiences in dealing with measures and the issues/concerns around the accuracy of information obtained and the multiple places content is found.	Thank you for the comment.
15	General Comments	Joseph Jentsch, Kaiser Permanente	You have done an excellent job capturing the workshop’s conclusions.	Thank you for the comment.
16	General Comments	Sharon McCauley, Academy of Nutrition and Dietetics	The Academy of Nutrition and Dietetics supports the Report from the National Quality Forum: HHS-Sponsored Measure Registry Needs Assessment. The Academy of Nutrition and Dietetics concurs with the National Quality Forum that a consistent approach to measure information management is needed. This consistent approach will help avoid duplicative efforts and foster collaboration amongst measures developers, promote efficiency in use of resources to develop measures, and create a consistent method to identify measures.	Thank you for the comment.