



**June 26, 2020**

**To:** Measure Sets and Measurement Systems Technical Expert Panel (TEP)  
**From:** NQF staff  
**Re:** Post-comment web meeting to discuss comments received on the report

### **Purpose of the Call**

The Measure Sets and Measurement Systems TEP will meet via web meeting on July 1, 2020 from 1:00 pm to 3:00 pm ET. The purpose of this call is to:

- Review and discuss comments received; and
- Provide input on proposed topics for TEP consideration

### **TEP Actions**

1. Review this briefing memo.
2. Consider the full text of all comments received (see Excel comment table).
3. Be prepared to provide feedback and input on proposed topics for discussion.

### **Webinar Information**

- TEP members, public participants, and NQF staff dial **800-768-2983** to access the audio platform.
- Access code: **5148141**
- Weblink: <https://core.callinfo.com/callme/?ap=8007682983&ac=5148141&role=p&mode=ad>

### **Background**

Today's healthcare measurement landscape uses many individual measures to assess the quality of care and identify opportunity to drive improvement. Individual measures, however, are increasingly being used together to make broader inferences about quality and inform consumer decision-making. While guidance to determine the rigor of individual measures is well defined, as of now, there is not an established approach to assess the methodology of how measures together determine performance results.

In response to these needs, NQF recently released a draft report, "Measure Sets and Measurement Systems: Multistakeholder Guidance for Design and Evaluation." Based on input from a multistakeholder Technical Expert Panel (TEP), NQF proposes definitions and elements of measure sets and measurement systems and puts forth an approach to determine if they are of sound design based on their intent. A measure set is defined as a group of individual measures that address an aspect of quality or cost, created for a specific purpose. A measurement system is a group of measures that, based on a predefined methodology, work together to assess quality or cost in relationship to a goal. These related-yet-distinct concepts are compared using examples, and the components of each concept are described in an effort to move the field towards a more unified understanding of their design. Elements are synthesized in concrete sections to help readers visualize the progression of considerations that inform

measure set and measurement system design.

## Comments Received

The draft report was posted on the project webpage for public and NQF member comment on May 29, 2020 for 21 calendar days. During this commenting period, NQF received 44 total comments from 17 organizations. Comments were elicited through various avenues including the public commenting tool, an NQF town hall webinar, and additional organizational reach.

We have included all comments received in the comment table (Excel spreadsheet) posted to the Committee SharePoint site. This comment table contains the commenter's name/organization, topic or theme area, and comment. We will spend the majority of the meeting considering the key points emphasized by commenters and topics on which NQF seeks additional input.

## Themes

### *Definitions, Scope, and Examples*

Sixteen comments from ten commenters we received related to this topic. Several commenters agreed the report was clear on the definitions and elements of sets and systems but acknowledged additional nuance and challenges within the field. Specific challenges mentioned include incorporating the patient and consumer voice within the discussion, the shifting of care to the primary care setting and the need for point of care testing and continuity of care, more attention needed on the individual components of the measurement lifecycle process, and specifications of measure sets and measurement systems and their ability to address dual and complex populations' needs. Additional themes include a suggestion to increase emphasis on both process and outcome clinical measure sets and systems in relation to patient reported outcomes. Costs were mentioned by multiple commenters, relating to value-based models, the relationship between cost and quality, and whether sets and systems include cost-related components. At least one commenter provided examples of measure sets that could be highlighted in the report.

### *Opportunities for Improving Sets and Systems*

Five comments were received from four organizations relating to opportunities for improving the current state of sets and systems. There were two comments focused on the measurement of patient experience in relation to sets and systems. They noted that available measures may not accurately represent the most important aspects of experience from the patient's perspective. Other comments focused on technical aspects and limitations of measurement including measure testing and selection, methods of administration, implementation, analysis, adjustment, and reporting. There were references supporting measure sets representing a person-centered and holistic view of quality and addressing Social Determinants of Health and experience of care.

### *Sets and Systems Review Process*

Eight comments were received from six organizations related to the sets and systems review process proposed. Several comments focused on data validity, reliability, and other technical aspects of measures within a measure set or measurement system. There was support for greater transparency of these features as well as survey methods, analysis and reporting, data verification, aggregation, stratification, adjustment, and analysis. Technological advancements, including artificial intelligence, predictive models, and algorithms, were highlighted as an opportunity to generate accurate, reliable, and usable information for action. There were additional comments relating to consumer and end user understanding and use of the quality information presented, as well as the stability of ratings for data within unstable time periods (e.g., COVID). Multiple commenters wanted additional clarity on the details of a multistakeholder review process and its value to the field.

### *NQF Collaboration and Advancement Opportunities*

Sixteen comments were received from eight organizations related to NQF collaboration and advancement opportunities for measure sets and measurement systems. Several dynamic organizations offered to partner with NQF in the future of sets and systems. Several comments focused on NQF's opportunity to lead in this area by convening stakeholders throughout the healthcare industry – measure developers, government programs, private payers, and patients and consumers – to ensure all perspectives are heard when discussing measure sets and measurement systems. There were additional comments pointing towards the opportunity of technology and lifestyle medicine to be further utilized within the measurement landscape.

### Topics for TEP Discussion

1. What is the value of an external, multistakeholder evaluation of measurement systems/quality reporting programs given [the rulemaking process](#)?
2. How would the review process consider programmatic, proprietary components of private or commercial programs? How can we engage creators/stewards of such sets and systems in a review process?
3. How should the measure evaluation process consider fit for purpose (e.g., validity and reliability for specific measure score cut offs in specific programs)?
4. What are the most promising opportunities for NQF to advance this work? What are the opportunities for collaboration, specifically with public and private program stewards/developers?