NQF

NATIONAL QUALITY FORUM

Establishing A Measurement Framework For Multiple Chronic Conditions

Steering Committee Web Meeting

Thursday, June 9, 2011

12:00—2:00 pm (Eastern)

THE NATIONAL QUALITY FORUM

MULTIPLE CHRONIC CONDITIONS
STEERING COMMITTEE WEB MEETING
Thursday, June 9, 2011
12:00 – 2:00 pm (Eastern)

AGENDA

MEETING OBJECTIVES:

- *Review project scope and how the project aligns with existing efforts*
- *Review and discuss key issues, including the definition of multiple chronic conditions*

12:00 pm **Welcome and Introductions**
Caroline Blaum, Steering Committee Co-Chair

12:05 pm **Overview of Project: Committee Charge**
Caroline Blaum
Aisha Pitman, Senior Program Director, Strategic Partnerships, NQF

- ✧ *Goal and scope of project*
- ✧ *Committee roles and responsibilities*
- ✧ *Timeline and deliverables schedule*
- ✧ *Discussion and Questions*

12:20 pm **Setting the Context: Aligning with Existing Efforts**
Karen Adams, Vice President, National Priorities Partnership, NQF

- ✧ *Department of Health and Human Services Frameworks*
- ✧ *Private/Public Sector Frameworks/Models*
- ✧ *Discussion and Questions*

12:35 pm **Developing a Multiple Chronic Conditions Measurement Framework**
Caroline Blaum

- ✧ *Johns Hopkins University Commissioned Paper*
- ✧ *Overview of Framework Components*
- ✧ *Discussion and Questions*

12:45 pm **Discussion of Key Issues**
Cynthia Boyd, Johns Hopkins University

- ✧ *Brief overview of emerging key issues list*
- ✧ *Defining multiple chronic conditions*
- ✧ *Discussion and Questions*
- ✧ *Opportunity for Public Comment*

1:45 pm **Next Steps**
Aisha Pitman

- ✧ *Key issues homework assignment*
- ✧ *Upcoming in-person meeting on July 8th*

2:00 pm **Adjourn**

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TAB 1

Web Meeting PowerPoint Presentation

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ESTABLISHING A MEASUREMENT FRAMEWORK FOR MULTIPLE CHRONIC CONDITIONS

STEERING COMMITTEE WEB MEETING

THURSDAY, JUNE 9, 2011
12:00 – 2:00 PM (ET)

Agenda

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- Welcome and Introductions
- Overview of Project: Committee Charge
- Setting the Context: Aligning with Existing Efforts
- Developing a Multiple Chronic Conditions (MCC) Measurement Framework
- Discussion of Key Issues
- Next Steps

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Overview of Project

Purpose

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- This project seeks to achieve consensus through NQF's Consensus Development Process (CDP) on a measurement framework for assessing the efficiency of care—defined as quality and costs—provided to individuals with multiple chronic conditions (MCCs).

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Scope

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- Establish definitions, domains and guiding principles that are instrumental for measuring and reporting the efficiency of care for patients with MCCs;
- Adapt the NQF-endorsed Patient-focused Episodes of Care Measurement Framework for patients with MCCs;
- Build upon the National Quality Strategy, HHS's Multiple Chronic Conditions Framework and the work of other private sector initiatives; and
- Support the development and application of measures.

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Committee Roles and Responsibilities

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Timelines and Deliverables

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- Draft Commissioned Paper- Jul 22
- Final Commissioned Paper- Sep 30
- Draft Framework Report- Dec 5
- Public Comment- late Dec 2011- Jan 2012
- Final Framework Report- early Feb 2012
- Member Voting- Mar 2012
- CSAC Consideration and Board Endorsement- Apr 2012

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Committee Meetings

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June 9, 2011	• Committee Web Meeting #1
July 8, 2011	• **In-person Meeting #1**
July 29, 2011	• Committee Web Meeting #2
August 8, 2011	• **In-person Meeting #2**
Nov/Dec 2011	• Committee Web Meeting #3

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Setting the Context: Aligning with Existing Efforts

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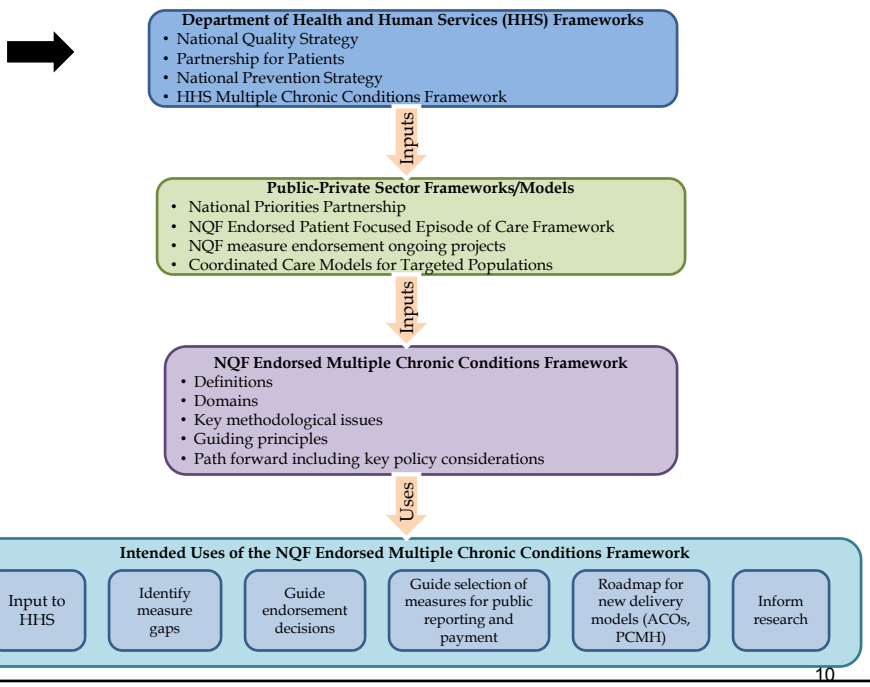
Establishing a Measurement Framework for Multiple Chronic Conditions



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Department of Health and Human Services (HHS) Frameworks

Health Reform and Setting a National Strategy

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- Health reform legislation, the Patient Protection and Affordable Care Act (PPACA), requires the Secretary of Health and Human Services to *"establish a national strategy to improve the delivery of health care services, patient health outcomes, and population health."*
  - HR 3590 §3011, amending the Public Health Service Act (PHSA) by adding §399HH (a)(1)

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HHS' Domains and Principles for the National Quality Strategy

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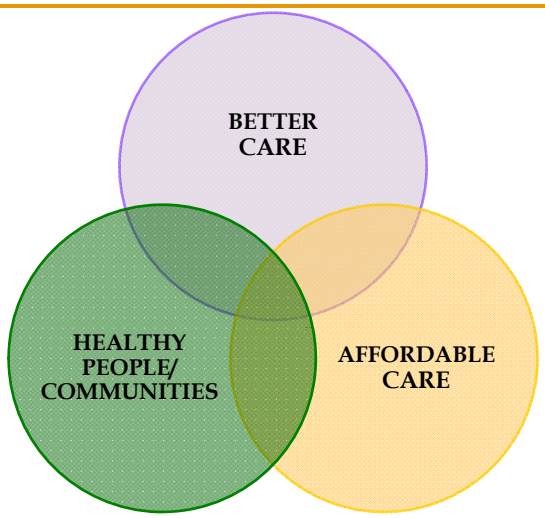

Principles reflect:

- Patient-centeredness and family engagement
- Quality care for patients of all ages, populations, service locations, and sources of coverage
- Elimination of disparities
- Alignment of public and private sectors

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HHS's 2011 National Quality Strategy: Six National Priorities

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1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family are engaged as partners in their care.
3. Promoting effective communication and coordination of care.
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
5. Working with communities to promote wide use of best practices to enable healthy living.
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

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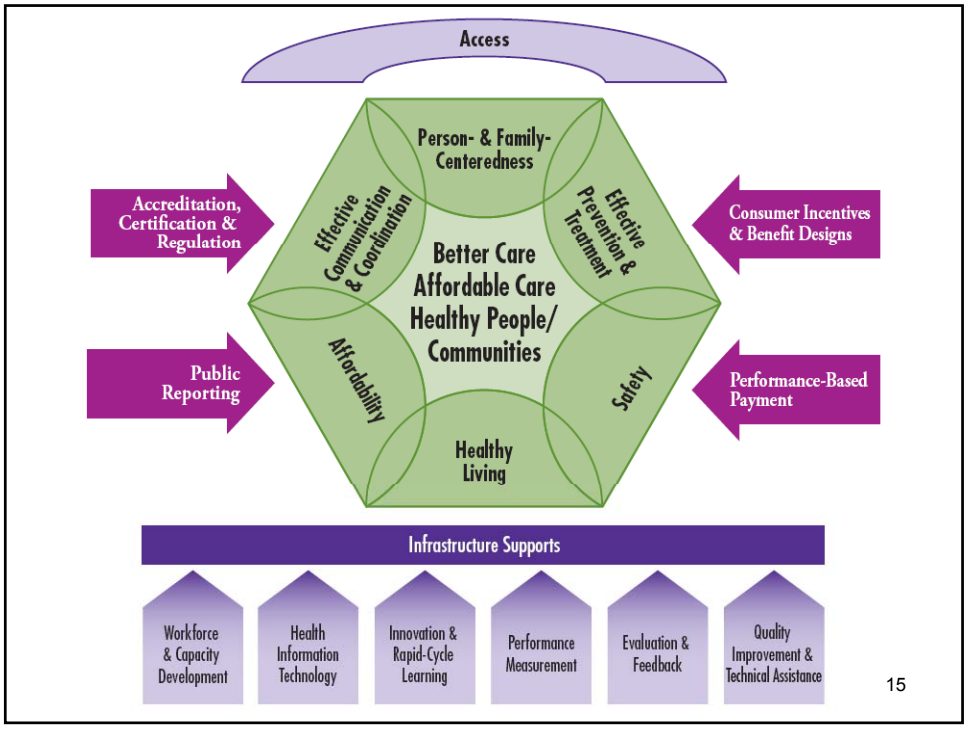

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HHS' Multiple Chronic Conditions Framework

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1. Foster health care and public health system changes to improve the health of individuals with multiple chronic conditions
2. Maximize the use of proven self-care management and other services by individuals with multiple chronic conditions
3. Provide better tools and information to health care, public health, and social services workers who deliver care to individuals with multiple chronic conditions
4. Facilitate research to fill knowledge gaps about, and interventions and systems to benefit, individuals with multiple chronic conditions

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HHS' Multiple Chronic Conditions Framework

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Strategy 3.A.2. Identify, develop, endorse and use key quality metrics, in the form of performance measures, to promote best practices in the general care of individuals with MCC

Strategy 1.A.1 Define and identify populations with MCC broadly, and MCC subgroups with specific clusters of conditions, and explore focusing care models on the subgroups at high risk of poor health outcomes

Strategy 1.D.1 Encourage the meaningful use of electronic health records, personal health records, patient portals, and clinical registries to improve care for individuals with MCC

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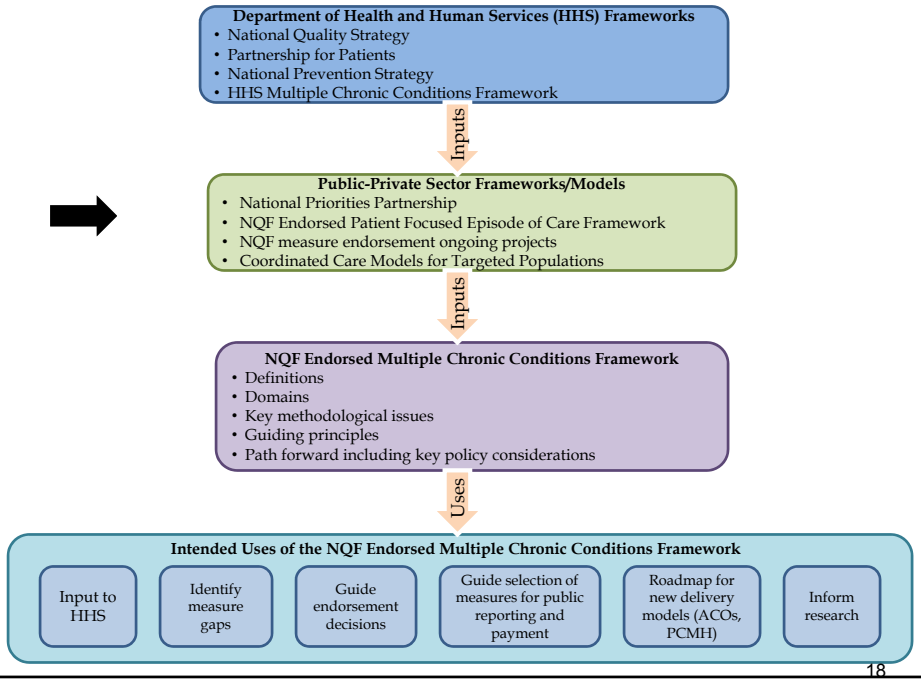
Establishing a Measurement Framework for Multiple Chronic Conditions



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NQF Endorsed Patient-Focused Episodes of Care Framework

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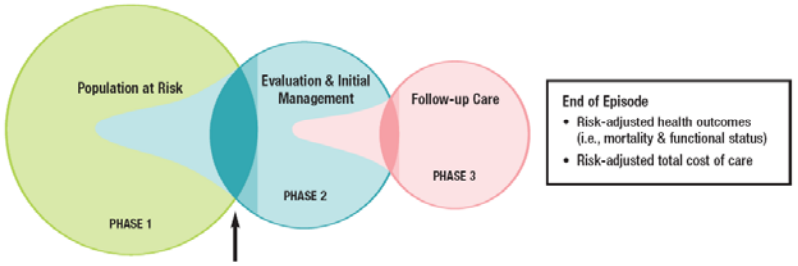
Generic Episode of Care



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Patient-Focused Episodes: Framework Domains

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- Patient-level outcomes (better health)
  - Morbidity and mortality
  - Functional status
  - Health-related quality of life
  - Patient experience of care
- Processes of care (better care)
  - Technical
  - Care coordination/transitions
  - Decision quality – care aligned with patients' preferences
- Cost and resource use (less overuse, waste, misuse)
  - Total cost of care across the episode
  - Patient opportunity costs

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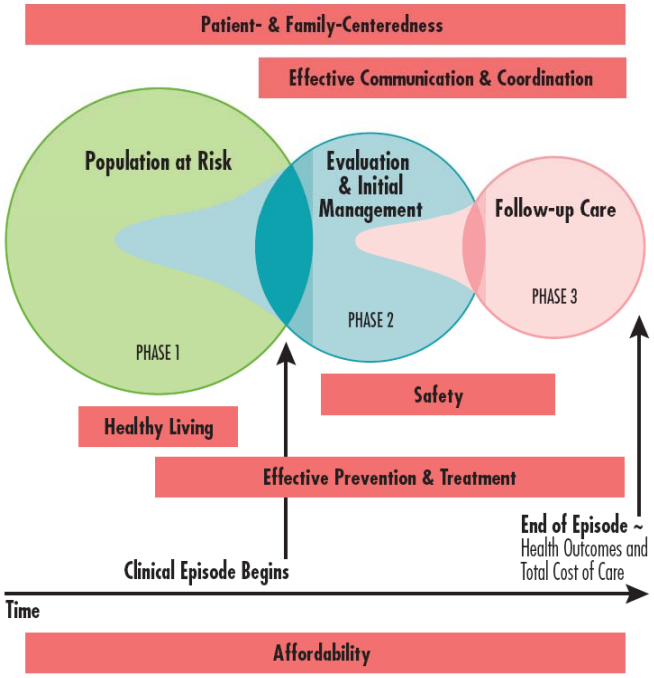

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2-D Measurement Framework: AMI Episode

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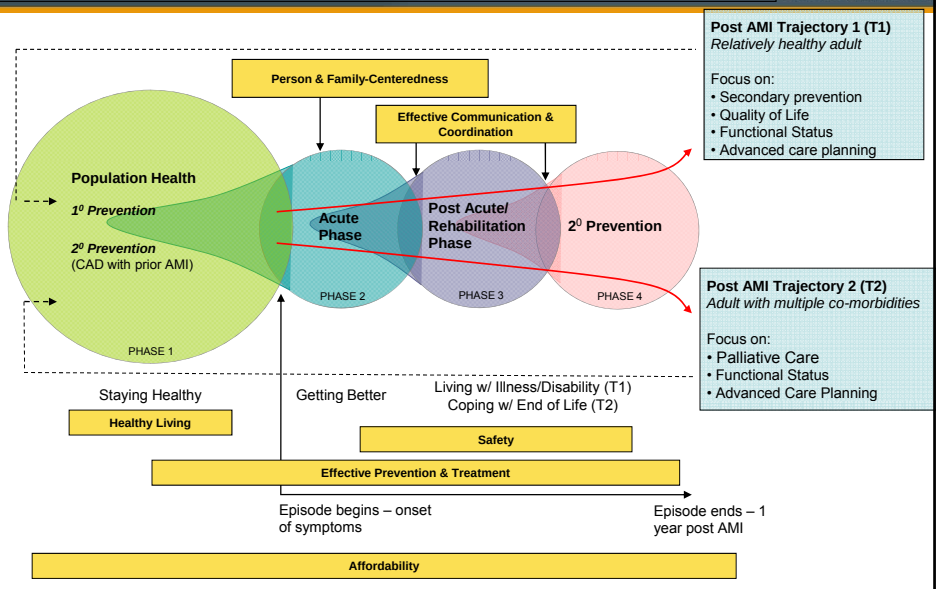

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Developing a Framework for Multiple Chronic Conditions

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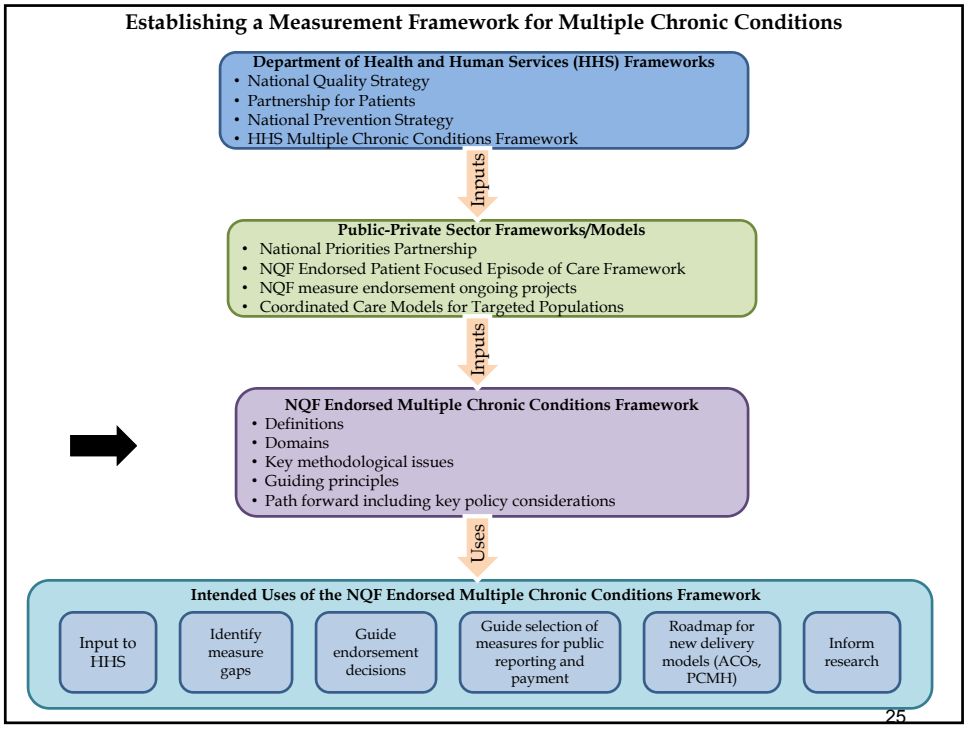
Establishing a Measurement Framework for Multiple Chronic Conditions
Department of Health and Human Services (HHS) Frameworks
• National Quality Strategy
• Partnership for Patients
• National Prevention Strategy
• HHS Multiple Chronic Conditions Framework
Inputs
Public-Private Sector Frameworks/Models
• National Priorities Partnership
• NQF Endorsed Patient Focused Episode of Care Framework
• NQF measure endorsement ongoing projects
• Coordinated Care Models for Targeted Populations
Inputs
NQF Endorsed Multiple Chronic Conditions Framework
• Definitions
• Domains
• Key methodological issues
• Guiding principles
• Path forward including key policy considerations
Uses
Intended Uses of the NQF Endorsed Multiple Chronic Conditions Framework
Input to HHS
Identify measure gaps
Guide endorsement decisions
Guide selection of measures for public reporting and payment
Roadmap for new delivery models (ACOs, PCMH)
Inform research
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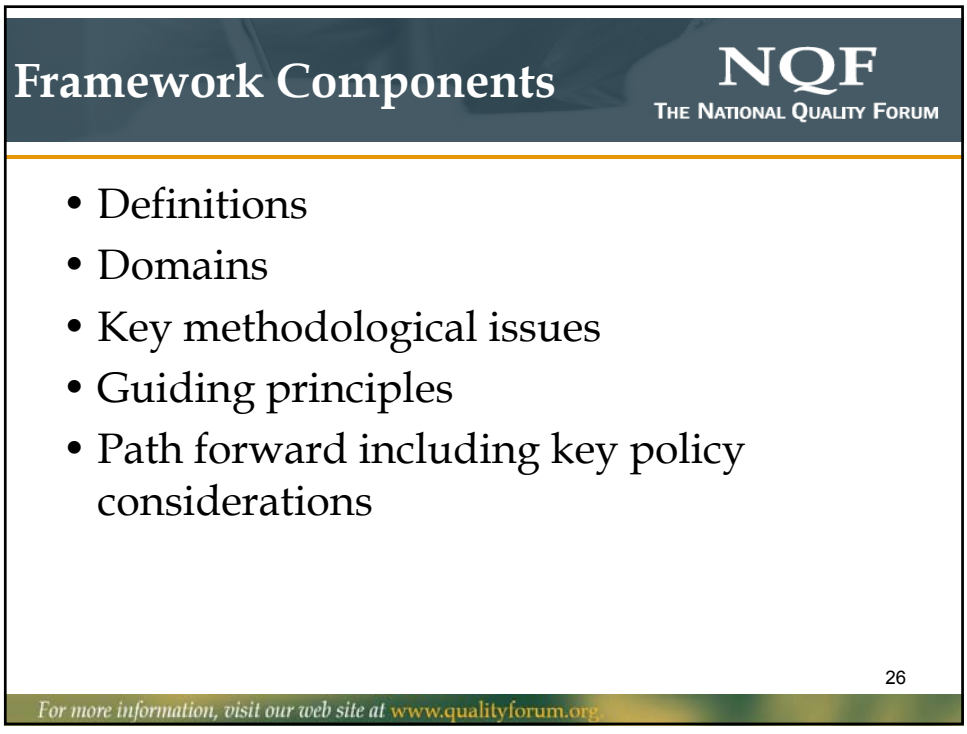
Framework Components
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• Definitions
• Domains
• Key methodological issues
• Guiding principles
• Path forward including key policy considerations
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Intended Uses of the NQF Endorsed MCC Framework

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- Input to HHS
- Identify measure gaps
- Guide endorsement decisions
- Guide selection of measures for public reporting and payment
- Roadmap for new delivery models (ACOs, PCMH)
- Inform research

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Background on People with Multiple Chronic Conditions

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The Prevalence of MCCs is Striking

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Example: Percentage of Major Chronic Disease in Isolation Among Women Aged 65 or Older: NHANES, 1999-2004

	Arthritis	Coronary Heart Disease	Chronic Lower Respiratory Tract Disease	Diabetes	Stroke
% with only 1 disease of 5 possible diseases	47%	17%	19%	17%	15%

Weiss CO et al. JAMA 2007;298:1160-1162

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Development of Performance Measures is Dependent on the Evidence Base

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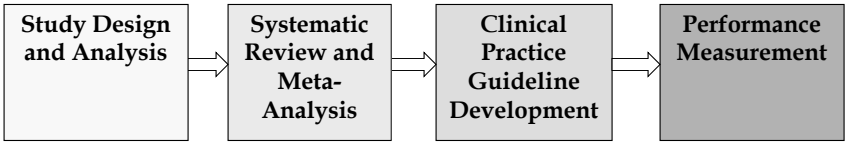

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Clinical Practice Guidelines (CPGs) and People with Multimorbidity

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- CPGs developed for and emphasize single disease perspective

"Treating an Illness Is One Thing. What About a Patient With Many?"
New York Times, March 31, 2009

Image: Brendan Smialowski for the New York Times

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It's not easy living with MCCs

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Time	Medications	Non-pharmacologic Therapy	All Day	Periodic
7 AM	Ipratropium MDI Alendronate 70mg weekly	Check feet Sit upright 30 min. Check blood sugar	Joint protection Energy conservation Exercise (non-weight bearing if severe foot disease, weight bearing for osteoporosis) Muscle strengthening exercises, Aerobic Exercise ROM exercises Avoid environmental exposures that might exacerbate COPD Wear appropriate footwear Albuterol MDI prn Limit Alcohol Maintain normal body weight	Pneumonia vaccine, Yearly influenza vaccine All provider visits: Evaluate Self-monitoring blood glucose, foot exam and BP Quarterly HbA1c, biannual LFTs Yearly creatinine, electrolytes, microalbuminuria, cholesterol Referrals: Pulmonary rehabilitation Physical Therapy DEXA scan every 2 years Yearly eye exam Medical nutrition therapy Patient Education: High-risk foot conditions, foot care, foot wear Osteoarthritis COPD medication and delivery system training Diabetes Mellitus
8 AM	Eat Breakfast HCTZ 12.5 mg Lisinopril 40mg Glyburide 10 mg ECASA 81 mg Metformin 850mg Naproxen 250mg Omeprazole 20mg Calcium + Vit D 500mg	2.4gm Na, 90mm K, Adequate Mg, ↓ cholesterol & saturated fat, medical nutrition therapy for diabetes, DASH		
12 PM	Eat Lunch Ipratropium MDI Calcium+ Vit D 500 mg	Diet as above		
5 PM	Eat Dinner	Diet as above		
7 PM	Ipratropium MDI Metformin 850mg Naproxen 250mg Calcium 500mg Lovastatin 40mg			
11 PM	Ipratropium MDI			

Boyd et al. JAMA 2005;294:716-724

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How Applicable are CPGs for People with MCCs?

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- Reviewed 9 CPGs for chronic conditions
- Most single disease CPGs fail to give adequate guidance for older patients with MCC

Issue	Is Criteria Addressed?
Attention	Limited
Quality of Evidence	Limited
Specific recommendations	Most address treatment of index disease in presence of single other conditions
Time needed to treat	Limited
Quality of life	Limited
Trade-offs in goals of therapy	Not at all
Patient preferences	Limited
Burden	Limited

Boyd et al. JAMA 2005;294:716-724

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Development of Performance Measures is Dependent on the Evidence Base

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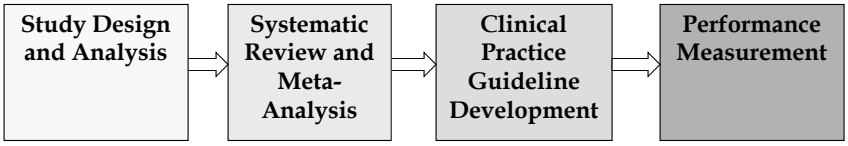

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Examples of Current use of Quality Indicators for people with MCCs

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Quality Indicators (QI)

- Many are designed and implemented for employed populations of adults and their dependents, largely based on CPGs
- Recognition that QIs should not apply to all patients (age cut-off or "sick")
- Standards based on achieving target *out of an eligible population (denominator)*
- Many are disease-specific
- Reimbursement based on these targets (IT, patient experience)

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Examples of Current use of Quality Indicators for people with MCCs

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Older or multimorbid people

- "Medical hot-potatoes"
- Patients ineligible for "denominator" may receive less attention
- Excluding many patients from denominator may make it easier to achieve target
  - Basis of size of financial reward
  - Total population cared for OR population in denominator

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Ways to think about people with MCCs

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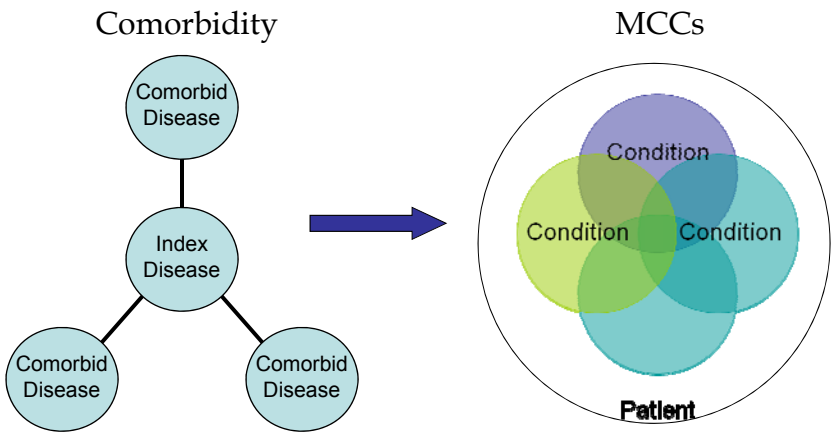

Boyd, CM and Fortin M, Public Health Reviews, In Press 2011.

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Discussion of Key Issues

Key Issues

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1. Definition of Multiple Chronic Conditions
   - HHS MCC Framework: 2 or more concurrent chronic conditions
   - AHRQ "complex" patients definition: 2 or more chronic conditions where each condition may influence the care of other conditions through limitations of life expectancy, interactions between therapies, difficulties in establishing adequate care coordination, or direct contraindications

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Definition of MCC Considerations

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- Commonly co-occurring conditions
- Classification of non-disease specific conditions/factors (e.g., frailty, obesity, age, cultural and social factors)
- Disease progression and burden
- Dominant conditions (e.g. terminal cancer)
- Patient-centered care
- Preventive Services
- Children with MCCs

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Example of Table

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	Key questions	Issues to consider
1	***Definition of Multiple Chronic Conditions.*** *1.1 What is the target patient population?*	*Roughly a quarter of the U.S. population has 2 or more chronic conditions. Should all be included in measures?* Should disease severity be considered? What is the definition of MCC? What are the domains of the definition? What is the definition of MCCs? Is it the HHS definition of two or more conditions? Or might we want something more detailed like what AHRQ uses for "complex" patients? I.e.: A **complex patient** is one with two or more chronic conditions where each condition may influence the care of the other condition(s) through limitations of life expectancy, interactions between therapies, difficulties in establishing adequate care coordination, and/or direct contraindications to therapy for one condition by other conditions themselves. Would there be a role for thinking about morbidity burden measures? We may want to make the above definition include preventive services and perhaps more patient-centered. How should we treat conditions that commonly co-occur? Example: would someone with Allergic rhinitis and hypertension be thought of as someone with MCCs? This may not meet the refined definition above. *How should the TBD Framework treat very common conditions that co-occur with nearly every condition (e.g., morbid obesity)?* How should we classify other non-disease specific conditions? Example: frailty or morbid obesity.

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Additional Key Issues

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2. How can the components of the Patient-focused Episodes of Care Model be applied to people with MCC?
   - Measurement domains
   - Guidelines
   - Episode model
3. How do you consider multiple providers and multiple sites of care for people with MCC?
   - Measures with shared accountability
   - Measurement of efficiency across silos of care

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Additional Key Issues

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4. What are the methodological considerations of using existing process measures (HEDIS, PQRI, etc.) for individuals with MCC?
   - Risk-adjustment
   - Stratification
   - Denominators
   - Exceptions
   - Composite measures
   - Prioritizing measures
   - Attribution
   - Data sources

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Additional Key Issues

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5. What are some of the approaches to measuring quality of care which are not disease specific?
   - Non-disease specific process measures
   - Patient and family reported measures
   - Care coordination
   - Polypharmacy
   - Patient and family centered care
   - Shared decision making

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Additional Key Issues

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6. How can measures of overuse, underuse, and misuse be applied to patients with MCC in light of the lack of guidelines for managing patients with MCC?
7. Are there certain measures that are more important for people with MCC?
8. Are there sub-populations of individuals with MCC which require additional consideration?
   - Children
   - Disabled adults
   - Individuals at the end-of-life

Additional Key Issues

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9. What are the implications of the 'to be developed' (TBD) framework for key payment reforms?
10. How should the TBD framework address unintended consequences of therapy interactions and other safety concerns?
11. What are the implications of this project for the Measures Application Partnership?

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Homework

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- Are there any major topics or issues that we **missed** that need to be added?
- Are there any particular questions or issues that you think deserve **greater emphasis**, and that warrant a targeted discussion at one of the in-person meetings? And why?
- Are there topics on the list that are **outside the scope** of this project?
- Do have any other critical commentary on the issues presented in the table?

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Next Steps

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- Staff will be sending out homework assignment
- Upcoming In-person Meeting on July 8th

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TAB 2

Overview of Project: Committee Charge

Project Background

Project Timeline

A MEASUREMENT FRAMEWORK FOR MULTIPLE CHRONIC CONDITIONS

PURPOSE

This project seeks to achieve consensus on a measurement framework for assessing the efficiency of care—defined as quality and costs— provided to individuals with multiple chronic conditions (MCCs) in order to encourage the development and application of performance measures that address the complex circumstances of this population.

BACKGROUND

Patients with multiple chronic conditions (MCCs) represent a growing segment of the population, and currently include over one quarter of the U.S. population.[1,2] Despite the growing prevalence of individuals with MCCs, these patients are largely not addressed by available quality measures.

Uses of condition-specific performance measures for pay-for-performance programs, public reporting, or quality improvement may result in poor quality care and even harm to patients with MCCs, as well as provide misleading feedback for their physicians.[3] Therefore, NQF-endorsed measures that cross clinical care settings and are meaningful to patients are particularly germane to this population.

SCOPE

Under the guidance of a multi-stakeholder steering committee NQF will develop a patient-centric measurement framework for individuals with MCCs. Specifically the framework will:

- Establish definitions, domains and guiding principles that are instrumental for measuring and reporting the efficiency of care for patients with MCCs
- Adapt the NQF-endorsed Patient-focused Episodes of Care Measurement Framework for patients with MCCs who have overlapping episodes of care; addressing the population at risk, the interplay among multiple evaluation and initial management stages and the unique nature of follow-up care.
- Build upon the National Quality Strategy, HHS's Multiple Chronic Conditions Framework and the work of other private sector initiatives such as the National Priorities Partnership.
- Support the development and application of measures by identifying measure gaps, guiding endorsement decisions, guiding selection of measures for public reporting and payment programs and informing research.

PROCESS/TIMELINE

This project includes the development of a framework which will be proffered for NQF endorsement as a national voluntary consensus standard. Agreement will be developed through NQF's Consensus Development Process (CDP). This project involves the active participation of representatives from across the spectrum of healthcare stakeholders and will be guided by a Steering Committee.

FUNDING

This project is supported under a contract provided by the Department of Health and Human Services.

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[1] http://www.hhs.gov/ophs/initiatives/mcc/index.html.

[2] Kenneth E. Thorpe and David H. Howard *The Rise In Spending Among Medicare Beneficiaries: The Role Of Chronic Disease Prevalence And Changes In Treatment Intensity* Health Affairs, September/October 2006; 25(5): w378-w388.

[3] Mary E. Tinetti, Sidney T. Bogardus, Jr., and Joseph V. Agostini *Potential Pitfalls of Disease-specific Guidelines for Patients with Multiple Conditions* NEJM, December 30, 2004; 351;27 2870-2874.

Multiple Chronic Conditions Framework Timeline

Milestone	Completion Date
6.3 Multiple Chronic Conditions Measurement Framework	
6.3.1 Select Commissioned Paper Author(s)/Consultant(s) and Develop Work Plan	
6.3.2 Multi-stakeholder Steering Committee	
DHHS Opening Meeting to Obtain Input on Key Issues	*5/13/2011*
Committee Web Meeting #1: Kick-off and In-person Meeting 1 Preparation	6/9/2011
In-person Committee Meeting #1: Identifying key issues and core concepts of the framework	7/8/2011
Committee Web Meeting #2: Review Progress and In-person Meeting 2 Preparation	7/29/2011
In-person Committee Meeting #2: Review of draft commissioned paper and begin framework development	8/8/2011
Committee Web Meeting #3: Review Draft Framework	12/2/2011
Committee Web Meeting #4: Review comments and complete framework	Target date: 2/8/2012
6.3.3 Commissioned Paper	
Complete first draft of Commissioned Paper	7/22/2011
DHHS review of Draft Commissioned Paper	7/29/2011
Complete Final Commissioned Paper	9/30/2011
NQF and DHHS review and comment on Final Commissioned Paper	10/7/2011
Incorporate comments and finalize Commissioned Paper	10/11/2011
6.3.4: Complete MCC Measurement Framework Report	
Complete Draft Framework Report	12/5/2011
DHHS Review and Comment on Framework Report	12/16/2011
Member (30-day) and public (21-day) comment period	1/25/2012
DHHS Review of Final Report	2/17/2012
Final Report and ballot to NQF Members for vote	3/6/2012
CSAC consideration and Board endorsement	4/14/2012
Appeals (30-day)	5/14/2012

TAB 3

Setting the Context: Aligning with Existing Efforts

Report to Congress: National Strategy for Quality Improvement in Health Care

Partnership for Patients: Better Care, Lower Cost

Multiple Chronic Conditions: A Strategic Framework

National Priorities Partnership

Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care

TAB 4

Multiple Chronic Conditions Steering Committee Roster

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MULTIPLE CHRONIC CONDITONS MEASUREMENT FRAMEWORK
STEERING COMMITTEE ROSTER

Caroline S. Blaum, (Chair)
Professor, Associate Chief, Research Scientist
University of Michigan Health System – Institute of Gerontology

Barbara McCann, (Co-Chair)
Chief Industry Officer
Interim HealthCare

Mary Barton
Scientific Director of the U.S. Preventive Services Task Force
Agency for Healthcare Research and Quality

Cynthia Boyd, (Liaison)
Associate Professor of Medicine
Johns Hopkins University School of Medicine – Johns Hopkins Health System

Margaret L. "Meg" Campbell
Director, Nursing Research
Detroit Receiving Hospital

Amina Chaudhry
Medical Officer
Substance Abuse and Mental Health Services Administration

Leona Cuttler
Director, The Center for Child Health and Policy
Rainbow Babies and Children's Hospital – Case Medical Center

Michael C. Farber
Medical Director
Department of Vermont Health Access

Christina Farup
Vice President, Evidence Based Medicine
DePuy, Inc./Johnson & Johnson

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