NATIONAL QUALITY FORUM

To: NQF Members and Public

From: NQF Staff

Re: Voting Draft for *Multiple Chronic Conditions Measurement Framework*

Date: March 2, 2012

BACKGROUND

Under the direction of the multi-stakeholder Multiple Chronic Conditions (MCCs) Steering Committee, NQF has developed a person-centric measurement framework for individuals with MCCs. Specifically, this framework provides a definition for MCCs, identifies high-leverage domains for performance measurement, and offers guiding principles as a foundation for supporting the quality of care provided to individuals with MCCs. Broadly, the primary intended uses of the framework are:

- Provide input to HHS to guide and help align programmatic initiatives targeting individuals with MCCs.
- Support standardization of measures by signaling to measure developers gaps in performance measurement for individuals with MCCs—specifically, signaling the need for cross-cutting measures that are highly important to this population, such as measures that assess the care provided across settings during a care transition.
- Guide the endorsement of measures that various public and private stakeholders can use to assess and improve the quality of care provided to individuals with MCCs. The framework will be used by NQF steering committees charged with evaluating measures to shape and inform their decision-making in conjunction with the endorsement criteria.
- Encourage the alignment of incentives by guiding the selection of measures for public reporting and performance-based payment programs. This framework will inform how the Measure Applications Partnership (MAP), particularly the MAP Dual Eligible Beneficiaries and Post-Acute Care/Long-Term Care Workgroups, gives guidance to public and private payers and purchasers on selecting measures for specific uses.
- Suggest a roadmap for new delivery models (e.g., accountable care organizations, patient- centered medical homes) that aim to provide patient-centered care across multiple settings.
- Inform and stimulate future research on the quality of care provided to individuals with MCCs.

COMMENTS AND REVISED DARFT REPORT

The comment period for the draft framework report, *Multiple Chronic Conditions Measurement Framework*, concluded on January 13, 2012.

NQF received 74 comments from 25 unique organizations on the draft report. The distribution of comments by Member Council follows:

Consumers: 2	Health Professionals: 5
Purchasers: 4	Public Health/Community: 1
Health Plans: 2	Quality Measurement, Research, and Improvement: 1

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Providers: 1	Supplier and Industry: 0
Non-members: 9	

All comments on the framework were referred to the project's Steering Committee. A table of complete comments submitted during the comment period, with the responses to each comment and the actions taken by the committee, is included in the report and posted to the project webpage.

COMMENTS RECEIVED

Overall, the comments received were affirmative and supportive of the framework. All comments were carefully considered by the Steering Committee and revisions were made to the final report. A high level synthesis of the key themes that emerged from the comment period is presented here:

- Definition. Commenters indicated the need for clarifying that the definition builds on the AHRQ and HHS definitions. Commenters also encouraged changing “patient” to “person” throughout the framework.
- Key Measurement Concepts. Many commenters expressed a desire to include HIT infrastructure/readiness as a priority measure concept area. Additionally, many commenters noted the need to refine ‘inappropriate, non-beneficial end-of life care’ to reflect appropriateness of care at all stages.
- Conceptual Model. Commenters expressed concern with highlighting structure as a domain of measurement, citing a preference for outcomes measures and process measures that are proximal to outcomes.
- Guiding Principles. Many commenters emphasized the need to operationalize the conceptual model, specifically requesting a linkage between the guiding principles and the conceptual model. Similarly, commenters requested further discussion on risk adjustment methodologies and stratification.
- Path Forward. Commenters noted that measures should be used for transparency, accountability, and healthcare decision-making.

CHANGES TO FRAMEWORK IN RESPONSE TO COMMENTS

The committee reviewed each of the comments during its February 9, 2012 web meeting. During that discussion, the committee agreed to the following revisions to the framework:

DEFINITION

Language has been added to this section of the report to further clarify that the committee carefully considered existing definitions in the field to inform their work. The definition presented in this report builds on AHRQ's definition of a complex patient and HHS' definition of MCCs. In addition, the committee changed “patient” to “person” to encourage viewing individuals with MCCs through a holistic lens.

KEY MEASUREMENT CONCEPTS

The high-leverage measure concepts proposed within the framework were extensively discussed and overwhelmingly supported by the Steering Committee. The committee agrees inappropriate, non-beneficial care should be avoided across the lifespan; however, the committee wished to emphasize that end of life care

is particularly salient for individuals with MCCs. Therefore, the committee modified the “avoiding inappropriate, non-beneficial end-of-life care” measure concept to “avoiding inappropriate, non-beneficial care, particularly at the end of life” to be more exclusive. In considering HIT infrastructure needs for performance measurement and clinical decision support, the committee also noted in the revised report the importance of considering the complex needs of people with MCCs as the groundwork is laid for HIT infrastructure.

CONCEPTUAL MODEL

In an effort to promote alignment across public and private sector programs and to reduce provider burden, the committee concluded that the domains of measurement of the “outer ring” of the conceptual model should align with National Quality Strategy priority areas. Recognizing that each domain of measurement may be addressed by multiple types of measures and to further amplify the committee’s support for the use of outcome measures, a footnote was added stating: “Each priority domain of measurement may be addressed using several types of measures, including structure, process, outcome, efficiency, cost/resource use, and composite measures. The use of outcomes measures, when available, and process measures that are most closely linked to outcomes are preferable.” The committee did not want to eliminate structure as a measure type entirely, as there are areas (e.g., e-prescribing) where structural measures may be appropriate.

GUIDING PRINCIPLES

A case study highlighting the use of the conceptual model and guiding principles was incorporated into the report to demonstrate how the framework can be operationalized. Additionally, the committee suggests that future work explore approaches to complex measurement methodologies (e.g., risk adjustment, stratification) for MCC measurement.

PATH FORWARD

The committee agreed that measures should be used for transparency, accountability, and healthcare decision-making. A brief discussion of these uses was incorporated into the path forward.

NQF MEMBER VOTING

Information for electronic voting has been sent to NQF Member organization primary contacts. Accompanying comments must be submitted via the online voting tool.

Please note that voting concludes on March 20, 2012 at 6:00 pm ET.