



**NATIONAL
QUALITY FORUM**

Driving measurable health
improvements together

Neurology, Fall 2020 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

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Welcome

RingCentral Housekeeping Reminders

- This is a RingCentral meeting with audio and video capabilities
- Optional: Dial **+1 (470) 869-2200**
 - ▣ Enter meeting ID: **148 123 8463**
- Please place yourself on mute when you are not speaking
- We encourage you to use the following features
 - ▣ Chat box: to message NQF staff or the group
 - ▣ Raise hand: to be called upon to speak
- We will conduct a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at neurology@qualityforum.org

Project Team – Neurology Committee



**Chelsea Lynch, MPH, MSN,
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Oroma Igwe, MPH
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Ngozi Ihenacho, MPH
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**Jesse Pines, MD, MBA,
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Project Manager



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Agenda

- Introductions and Disclosures of Interest
- Overview of Evaluation Process and Voting Process
- Voting Test
- Measure Under Review
- Consideration of Candidate Measure
- Related and Competing Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

Introductions and Disclosures of Interest

Neurology Fall 2020 Cycle Standing Committee

- **David Knowlton, MA (co-chair)**
- **David Tirschwell, MD, MSc (co-chair)**
- Mary Kay Ballasiotes
- Jocelyn Bautista, MD
- James Burke, MD
- Valerie Cotter, DrNP, AGPCNP-BC, FAANP
- Rebecca Desrocher, MS
- Bradford Dickerson, MD, MMSc
- Dorothy Edwards, PhD
- Reuven Ferziger, MD
- Susan Fowler, RN, PhD, CNRN, FAHA*
- Edward Jauch, MD, MS
- Charlotte Jones, MD, PhD, MSPH
- Scott Mendelson, MD, PhD
- David Newman – Toker, MD, PhD
- Kimberly Rodgers
- Melody Ryan, PharmD, MPH
- Michael Schneck, MD
- Jane Sullivan, PT, DHS, MS
- Kelly Sullivan, PhD
- Max Wintermark, MD, MS
- Ross Zafonte, DO

Overview of Evaluation Process and Voting Process



Roles of the Standing Committee during the Evaluation Meeting

- Act as a proxy for the NQF multistakeholder membership
- Evaluate each measure against each criterion
 - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Neurology measures



Ground Rules for Today's Meeting

During the discussions, Committee members should:

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times
- Keep comments concise and focused
- Allow others to contribute



Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin Committee discussion for each criterion by:
 - ▣ Briefly explaining information on the criterion provided by the developer
 - ▣ Providing a brief summary of the pre-meeting evaluation comments
 - ▣ Emphasizing areas of concern or differences of opinion
 - ▣ Noting, if needed, the preliminary rating by NQF staff
 - » This rating is intended to be used as a guide to facilitate the Committee's discussion and evaluation
- Developers will be available to respond to questions at the discretion of the Committee
- Full Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion

Endorsement Criteria

- **Importance to Measure and Report (Evidence and Performance Gap):** Extent to which the measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance (**must-pass**).
- **Scientific Acceptability (Reliability and Validity):** Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**).
- **Feasibility:** Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use:** Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare (**must-pass** for maintenance measures).
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure.

Voting on Endorsement Criteria

- Votes will be taken after the discussion of each criterion
- **Importance to Measure and Report**
 - ▣ Vote on Evidence (must pass)
 - ▣ Vote on Performance Gap (must pass)
 - ▣ Vote on Rationale - Composite measures only
- **Scientific Acceptability Of Measure Properties**
 - ▣ Vote on Reliability (must pass)
 - ▣ Vote on Validity (must pass)
 - ▣ Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
 - ▣ Use (must pass for maintenance measures)
 - ▣ Usability



Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Overall Suitability for Endorsement**
- **Procedural Notes**
 - ▣ If a measure fails on one of the must-pass criteria, there is no further discussion or voting on the subsequent criteria for that measure; Committee discussion moves to the next measure.
 - ▣ If consensus is not reached, discussion continues with the next measure criterion.



Achieving Consensus

- Quorum: 66% of active committee members (15 of 22 members).

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% - 60% yes	Consensus Not Reached (CNR)
<40% yes	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes.
- CNR measures move forward to public and NQF-member comment and the Committee will revote during the post-comment web meeting.
- Measures which are not recommended will also move on to public and NQF-member comment, but the Committee will not revote on the measures during the post comment meeting unless the Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.



Committee Quorum and Voting

- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
 - ▣ Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Committee member leaves the meeting and quorum is still present, the Committee will continue to vote on the measures. The Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Committee during their absence.



Evaluation Process Questions?

Voting Test

Measure Under Review

NQF Scientific Methods Panel

- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The Panel's comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measures to be evaluated by the Standing Committee.
- Certain measures that do not pass reliability and/or validity are eligible to be pulled by a Standing Committee member for discussion and revote.



Fall 2020 Cycle Measure

- **One New Measure for Committee Review**
 - ▣ **3596:** Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute ischemic stroke hospitalization – (Yale CORE)



NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of this measure:
 - ▣ **3596:** Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute ischemic stroke hospitalization
 - » **3596** passed the SMP Review; the measure passed both the reliability and validity sub-criterion.

Consideration of Candidate Measure



3596 Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) following Acute Ischemic Stroke Hospitalization

- **Measure Steward:** Yale New Haven Health Services Corporation Center for Outcomes Research and Evaluation (Yale CORE) / Centers for Medicare & Medicaid Services
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ The measure estimates the hospital-level, risk-standardized mortality rate (RSMR) for patients discharged from the hospital with a principal discharge diagnosis of acute ischemic stroke. The outcome is all-cause 30-day mortality, defined as death from any cause within 30 days of the index admission date, including in-hospital death, for stroke patients. This is a re-specified measure with a cohort and outcome that is harmonized with the CMS's current publicly reported claims-based stroke mortality measure and includes the National Institutes of Health (NIH) Stroke Scale as an assessment of stroke severity upon admission in the risk-adjustment model. This measure uses Medicare fee-for-service (FFS) administrative claims for the cohort derivation, outcome, and risk adjustment. (*Continued*)

3596 Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) following Acute Ischemic Stroke Hospitalization - (Continued)

- **Brief Description of Measure** *(continued)*
 - ▣ Formerly **NQF 2876**, this measure was originally re-specified and submitted to NQF for initial endorsement in 2016. However, it did not get endorsed due to missing data concerns.
 - » ICD-10 data was not available for incorporation within measurement until October 2016 and CORE had June used AHA/ASA's Get With The Guidelines Stroke registry data, which is abstracted from medical records, as a surrogate for NIH Stroke Scale ICD-10 codes. The measure was not endorsed in 2016 due to the unavailability of the NIH Stroke Scale ICD-10 codes.
 - » With the intention to resubmit the measure, the developer performed additional analytic work to strengthen the measure submission and provide new approaches to account for missing data (e.g. imputation) and resubmitted an updated measure, which has been re-numbered as **NQF 3596**. *(Continued)*

3596 Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) following Acute Ischemic Stroke Hospitalization - (Continued)

■ **Brief Description of Measure** *(continued)*

- There is currently a non NQF-endorsed hospital 30-day, all-cause, RSMR following ischemic stroke hospitalization measure reported within the Inpatient Quality Reporting (IQR) program.
 - » In response to stakeholder feedback to account for stroke severity upon admission, CMS and CORE re-specified the measure to include risk adjustment for stroke severity using National Institute of Health (NIH) Stroke Scale scores submitted as secondary International Classification of Diseases, Tenth Revision (ICD-10) codes within administrative claims. The re-specified measure, **NQF 3596**, aligns in outcome, cohort, and measure calculation but adjusts for the stroke severity of patients upon admission to better reflect hospitals' ability to influence survival and estimate more reasonable stroke mortality scores.

Related and Competing Discussion

Related and Competing Measures

- If a measure meets the four criteria **and** there are endorsed/new related measures (same measure focus **or** same target population) or competing measures (both the same measure focus **and** same target population), the measures are compared to address harmonization and/or selection of the best measure.

	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	Competing measures-Select best measure from competing measures or justify endorsement of additional measure(s).	Related measures-Harmonize on target patient population or justify differences.
Different target patient population	Related measures-Combine into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue.



Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- Committee will not be asked to select a best-in-class measure if all related and competing measures are not currently under review. Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.

3596 Related Measures

- **0467 Acute Stroke Mortality Rate (IQI 17)** (American Institutes for Research)
- **3502 Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure** (Yale New Haven Health Services Corporation Center for Outcomes Research and Evaluation (Yale CORE) / Centers for Medicare & Medicaid Services)
- **3504 Claims-Only Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure** (Yale New Haven Health Services Corporation Center for Outcomes Research and Evaluation (Yale CORE) / Centers for Medicare & Medicaid Services)



3596 Related Measures

- Non NQF endorsed competing measure
 - ▣ ***Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke***

NQF Member and Public Comment

Next Steps



Measure Evaluation Process After the Measure Evaluation Meeting

- Staff will prepare a draft report detailing the Committee's discussion and recommendations
 - ▣ This report will be released for a 30-day public and member comment period
- Staff compiles all comments received into a comment table which is shared with developers and Committee members
- Post-comment call: The Committee will reconvene for a post-comment call to discuss comments submitted
- Staff will incorporate comments and responses to comments into the draft report in preparation for the CSAC meetings
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision

Activities and Timeline – Fall 2020 Cycle

***All times ET**

Meeting	Date, Time
Draft Report Comment Period	March 19, 2021 – April 19, 2021
Committee Post-Comment Web Meeting	May 25, 2021, 11 am - 1 pm
CSAC Review	June 29 – 30, 2021
Appeals Period (30 days)	July 7, 2021 – August 5, 2021



Next Cycle - Spring 2021 Cycle Updates

- Intent to submit deadline was January 5, 2021
- 2 new measures submitted
 - ▣ 1 complex measure sent to the Scientific Methods Panel for review of scientific acceptability criterion
- Topic areas
 - ▣ Stroke



Project Contact Info

- Email: neurology@qualityforum.org
- NQF phone: 202-783-1300
- Project page: <https://www.qualityforum.org/Neurology.aspx>
- SharePoint site: <https://share.qualityforum.org/portfolio/Neurology/SitePages/Home.aspx>

Questions?

THANK YOU.

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Appendix



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Evidence Exception

[Screenshare Evidence algorithm]