



**NATIONAL  
QUALITY FORUM**

Driving measurable health  
improvements together

# Patient Experience and Function, Fall 2022 Measure Review Cycle

## Measure Evaluation Standing Committee Meeting

Leah Chambers, Director

Erin Buchanan, Senior Manager

Sean Sullivan, Analyst

*February 23, 2023*

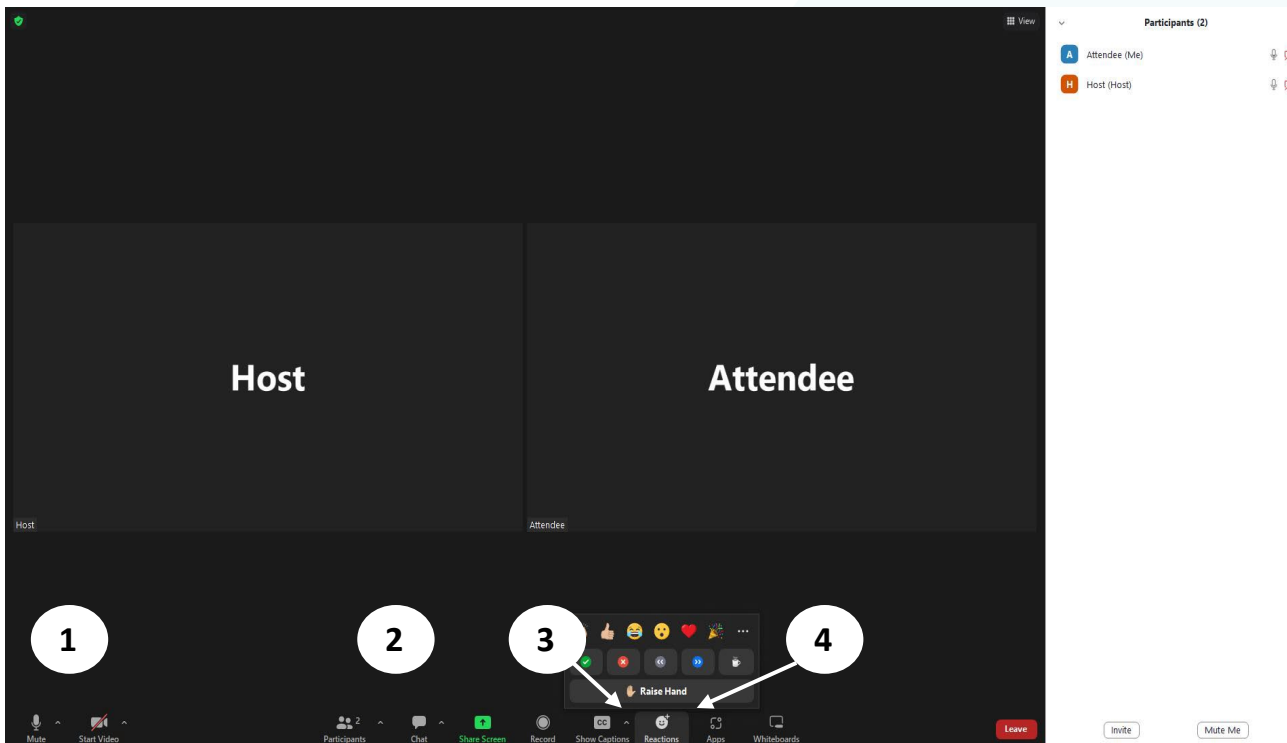
*Funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001.*

# Welcome

# Welcome to Today's Meeting!

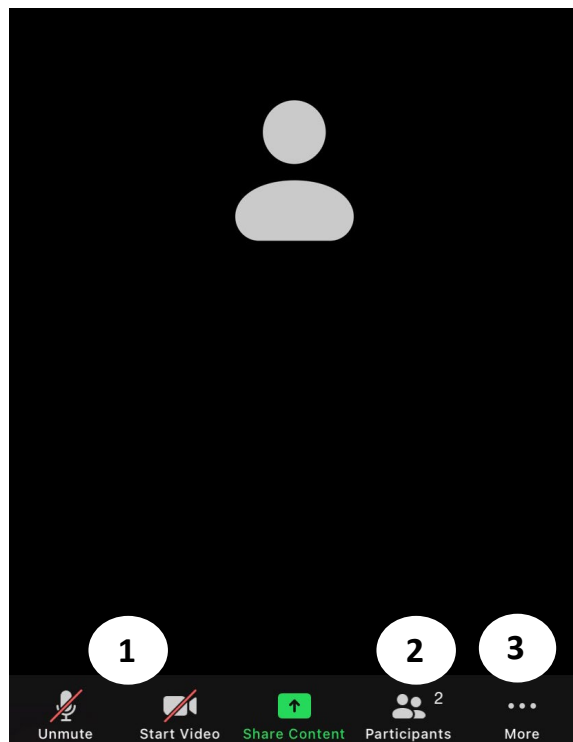
- Housekeeping reminders:
  - ▣ The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
  - ▣ Please raise your hand and unmute yourself when called on
  - ▣ Please lower your hand and mute yourself following your question/comment
  - ▣ Please state your first and last name if you are a Call-In-User
  - ▣ We encourage you to keep your video on throughout the event
  - ▣ Feel free to use the chat feature to communicate with NQF staff
- If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at [patientexperience@qualityforum.org](mailto:patientexperience@qualityforum.org)

# Using the Zoom Platform

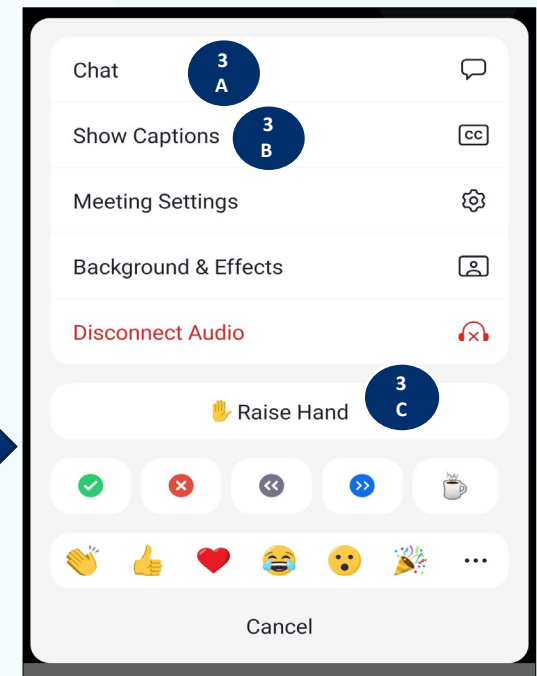


- 1 Click the lower part of your screen to mute/unmute, start or pause video
- 2 Click on the participant or chat button to access the full participant list or the chat box
- 3 Click on show captions to enable closed captions
- 4 To raise your hand, select the raised hand function under the reactions tab

## Using the Zoom Platform (Phone View)



- 1 Click the lower part of your screen to mute/unmute, start or pause video
- 2 Click on the participant button to view the full participant list
- 3 Click on “more” button to (3A) view the chat box, (3B) show closed captions, or to (3C) raise your hand. To raise your hand, select the raised hand function under the reactions tab



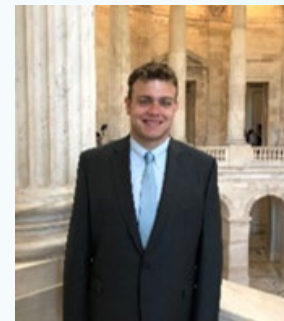
# Project Team — Patient Experience and Function Committee



**Leah Chambers, MHA,**  
Director



**Erin Buchanan, MPH**  
Senior Manager



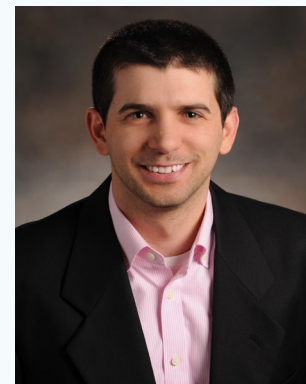
**Sean Sullivan, MA**  
Analyst



**Elizabeth Freedman,**  
**MPH**  
Senior Director



**Yemsrach Kidane, PMP**  
Senior Project Manager



**Peter Amico, PhD,**  
Consultant

## Agenda

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

# Introductions and Disclosures of Interest



## Patient Experience and Function Fall 2022 Cycle Standing Committee

- **Gerri Lamb**, PhD, RN, FAAN (Co-chair)
- **Christopher Stille**, MD, MPH, FAAP (Co-chair)
- **Richard Antonelli**, MD, MS
- **Adrienne Boissy**, MD, MA
- **Donald Casey**, MD, MPH, MBA, FACP, FAHA, FAAPL, DFACMQ
- **Ryan Coller**, MD, MPH
- **Sharon Cross**, LISW-S
- **Christopher Dezii**, MBA, RN, CPHQ
- **Shari Erickson**, MPH
- **Dawn Hohl**, RN, BSN, MS, PhD  
(inactive)
- **Sherri Kaplan**, PhD, MPH (inactive)
- **Brenda Leath**, MHSA, PMP
- **Brian Lindberg**, BSW, MMHS
- **Ann Monroe**
- **Lisa Morrise**, MA
- **Randi Oster**, MBA
- **Charissa Pacella**, MD
- **Lenard Parisi**, RN, MA, CPHQ, FNAHQ
- **Debra Saliba**, MD, MPH
- **Lisa Suter**, MD
- **Peter Thomas**, JD
- **Tracy Wong**, MBA

# 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 the rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to NQF membership
- Oversee the portfolio of Patient Experience and Function measures

## Meeting Ground Rules

- Be prepared, having reviewed the measures beforehand
- Respect all voices
- Remain engaged and actively participate
- Base your evaluation and recommendations on the measure evaluation criteria and guidance
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

## Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin the Standing 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; and
  - ▣ noting, if needed, the preliminary rating by NQF staff.
    - This rating is intended to be used as a guide to facilitate the Standing Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Standing Committee.
- The full Standing 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 (use is **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 (must pass)
- **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
- **Overall Suitability for Endorsement**

## Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Procedural Notes**
  - ▣ If a measure fails on one of the must-pass criteria, there will be no further discussion or voting on the subsequent criteria for that measure; the Standing Committee discussion moves to the next measure.
  - ▣ If consensus is not reached, the discussion will continue with the next measure criterion, but a vote on overall suitability will not be taken.



## Achieving Consensus

- Quorum: 66% of active Standing Committee members (13 of 20 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 based on the number of active and voting-eligible Standing Committee members who participate in the voting activity.
- Consensus Not Reached (CNR) measures move forward to public and NQF member comment, and the Standing Committee will re-vote during the post-comment web meeting.
- Measures that are not recommended will also move on to public and NQF member comment, but the Standing Committee will not re-vote on the measures during the post-comment meeting unless the Standing Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.

## Committee Quorum and Voting

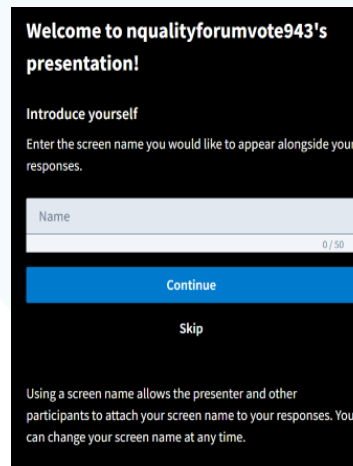
- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum unless 50% attendance is not reached.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
  - ▣ Standing Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Standing Committee member leaves the meeting and quorum is still present, the Standing Committee will continue to vote on the measures. The Standing Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Standing Committee during its absence.

# Evaluation Process Questions?

# Voting Test

## Voting Via Desktop or Laptop Computer (Poll Everywhere)

- Click on the voting link that was emailed to you. You will see a wait message until voting begins.
- When voting opens, you will see the screen below. Enter your first and last name, then click “Continue” to access voting from the options that will appear on the screen.
- Please alert an NQF staff member if you are having difficulty with our electronic voting system.



Welcome to nqualityforumvote943's presentation!

Introduce yourself

Enter the screen name you would like to appear alongside your responses.

Name

0 / 50

Continue

Skip

Using a screen name allows the presenter and other participants to attach your screen name to your responses. You can change your screen name at any time.

# Measures Under Review

## Fall 2022 Cycle Measures

### ■ **Two Maintenance Measures for Standing Committee Review**

- ▣ **#2958** Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery (Massachusetts General Hospital)
- ▣ **#2962** Shared Decision Making Process (Massachusetts General Hospital)

### ■ **Three New Measures for Standing Committee Review**

- ▣ **#3720** Patient-Reported Fatigue Following Chemotherapy among Adults with Breast Cancer (Purchaser Business Group on Health)
- ▣ **#3718** Patient-Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer (Purchaser Business Group on Health)
- ▣ **#3734** Alignment of Person-Centered Service Plan (PCSP) with Functional Assessment Standardized Items (FASI) Needs (Centers for Medicare & Medicaid Services/Lewin Group)

## **NQF Scientific Methods Panel (SMP)**

- The Scientific Methods Panel (SMP), consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The SMP'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 on reliability and/or validity are eligible to be pulled by a Standing Committee member for discussion and a revote.



## NQF Scientific Methods Panel Review

- The SMP independently evaluated the scientific acceptability of these measures:
  - ▣ **#2958** Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery (Massachusetts General Hospital)
    - Passed SMP review
  - ▣ **#2962** Shared Decision Making Process (Massachusetts General Hospital)
    - Passed SMP review
  - ▣ **#3720** Patient-Reported Fatigue Following Chemotherapy among Adults with Breast Cancer (Purchaser Business Group on Health)
    - Consensus not reached on validity
  - ▣ **#3718** Patient-Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer (Purchaser Business Group on Health)
    - Passed SMP review
  - ▣ **#3721** Patient-Reported Overall Physical Health Following Chemotherapy among Adults with Breast Cancer (Purchaser Business Group on Health)
    - Did not pass on validity and reliability

# Consideration of Candidate Measures

## #2958 Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery

- **Measure Steward/Developer:** Massachusetts General Hospital
  - ▣ Maintenance
- **Brief Description of Measure:**
  - ▣ The measure is derived from patient responses to the Hip or Knee Decision Quality Instruments. Participants who have a passing knowledge score (60% or higher) and a clear preference for surgery are considered to have met the criteria for an informed, patient-centered decision. The target population is adult patients who had a primary hip or knee replacement surgery for treatment of hip or knee osteoarthritis.

## #2962 Shared Decision Making Process

- **Measure Steward/Developer:** Massachusetts General Hospital

- ▣ Maintenance

- **Brief Description of Measure:**

- ▣ This measure assesses the extent to which health care providers actually involve patients in a decision-making process when there is more than one reasonable option. While we believe that the survey will work for patients who have undergone any elective surgical procedure, we have proposed a limited set of surgeries based on existing data for these conditions. This measure focuses on patients who have undergone one of 7 common, important surgical procedures: total hip or knee replacement for osteoarthritis, lower back surgery for lumbar spinal stenosis or herniated disc, radical prostatectomy for prostate cancer, mastectomy for early stage breast cancer or percutaneous coronary intervention (PCI) for stable angina. Patients answer four questions (scored 0 to 4) about their interactions with providers about the decision to have the procedure, and the measure of the extent to which a provider or provider group is practicing shared decision making for a particular procedure is the average score from their responding patients who had the procedure.

## #3718 Patient-Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer

- **Measure Steward/Developer:** Purchaser Business Group on Health
  - ▣ New measure
- **Brief Description of Measure:**
  - ▣ The PRO-PM assesses pain interference among adult women with breast cancer entering survivorship after completion of chemotherapy administered with curative intent. Pain interference is assessed using the PROMIS Pain Interference 4a scale administered at baseline (prior to chemotherapy) and at follow-up (about three months following completion of chemotherapy). The measure is risk-adjusted.

## #3720 Patient-Reported Fatigue Following Chemotherapy among Adults with Breast Cancer

- **Measure Steward/Developer:** Purchaser Business Group on Health
  - ▣ New measure
- **Brief Description of Measure:**
  - ▣ The PRO-PM assesses fatigue among adult women with breast cancer entering survivorship after completion of chemotherapy administered with curative intent. Fatigue is assessed using the PROMIS Fatigue 4a scale administered at baseline (prior to chemotherapy) and at follow-up (about three months following completion of chemotherapy). The measure is risk-adjusted.

## #3734 Alignment of Person-Centered Service Plan (PCSP) with Functional Assessment Standardized Items (FASI) Needs

- **Measure Steward/Developer:** Centers for Medicare & Medicaid Services/Lewin Group
  - ▣ New measure
- **Brief Description of Measure:**
  - ▣ The percentage of home and community-based services (HCBS) recipients aged 18 years or older whose PCSP documentation addresses needs in the areas of self-care, mobility, and instrumental activities of daily living (IADL) as determined by the most recent FASI assessment

# 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.

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

## Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after the recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- The Standing Committee can discuss harmonization and make recommendations. The developers of each related and competing measure will be encouraged to attend any discussion.

## **Measure #2962 Shared Decision Making Process Related Measures**

- #0005: CAHPS Clinician & Group Surveys (CG-CAHPS) Version 3.0 - Adult, Child
- #3227: CollaboRATE Shared Decision Making Score

## Measure #2962 Shared Decision Making Process Related Measures (continued-1)

- **#0005: CAHPS Clinician & Group Surveys (CG-CAHPS) Version 3.0 -Adult, Child**
  - ▣ **Steward/Developer:** Agency for Healthcare Research and Quality
  - ▣ **Description:** The Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey 3.0 (CG-CAHPS) is a standardized survey instrument that asks patients to report on their experiences with primary or specialty care received from providers and their staff in ambulatory care settings over the preceding 6 months.
  - ▣ **Target Population:**
  - ▣ **Care Setting:** Outpatient Services
  - ▣ **Level of Analysis:** Clinician: Group/Practice

## Measure #2962 Shared Decision Making Process Related Measures (continued-2)

- **#3227: CollaboRATE Shared Decision Making Score**
  - ▣ **Steward/Developer:** The Dartmouth Institute for Health Policy & Clinical Practice
  - ▣ **Description:** CollaboRATE is a patient-reported measure of shared decision making which contains three brief questions that patients, their parents, or their representatives complete following a clinical encounter. The CollaboRATE measure provides a performance score representing the percentage of adults 18 and older who experience a high level of shared decision making.
  - ▣ **Target Population:**
  - ▣ **Care Setting:** Inpatient/Hospital, Outpatient Services
  - ▣ **Level of Analysis:** Clinician: Group/Practice

## **Measure #2962 Shared Decision Making Process Related Measures Discussion**

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

## **Measure #3718 Patient-Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer and #3720 Patient-Reported Fatigue Following Chemotherapy among Adults with Breast Cancer Related Measures**

- #0220: Adjuvant hormonal therapy is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0 or Stage IB – Stage III hormone receptor positive breast cancer
- #0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

## **Measure #3718 Patient-Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer and #3720 Patient-Reported Fatigue Following Chemotherapy among Adults with Breast Cancer Related Measures (cont.)<sup>1</sup>**

- **#0220: Adjuvant hormonal therapy is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0 or Stage IB – Stage III hormone receptor positive breast cancer**
  - ▣ **Steward/Developer:** American College of Surgeons
  - ▣ **Description:** Percentage of female patients, age = 18 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy), at AJCC T1cN0M0 or stage IB to IIIC, whose primary tumor is of the breast, and is progesterone or estrogen receptor positive with adjuvant hormonal therapy (recommended or administered) within 1 year (365 days) of diagnosis
  - ▣ **Target Population:** Elderly
  - ▣ **Care Setting:** Inpatient/Hospital
  - ▣ **Level of Analysis:** Facility



## **Measure #3718 Patient-Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer and #3720 Patient-Reported Fatigue Following Chemotherapy among Adults with Breast Cancer Related Measures (cont.)<sup>2</sup>**

- **#0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer**
  - ▣ **Steward/Developer:** Physician Consortium for Performance Improvement
  - ▣ **Description:** Percentage of female patients aged 18 years and older with Stage I (T1b) through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period
  - ▣ **Target Population:** Elderly
  - ▣ **Care Setting:** Other, Outpatient Services
  - ▣ **Level of Analysis:** Clinician: Group/Practice, Clinician: Individual

## **Measure #3718 Patient-Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer and #3720 Patient-Reported Fatigue Following Chemotherapy among Adults with Breast Cancer Related Measures Discussion**

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

## **#3734 Alignment of Person-Centered Service Plan (PCSP) with Functional Assessment Standardized Items (FASI) Needs Related Measures**

- #2624: Functional Outcome Assessment
- #2631: Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
- #2967: Home and Community-Based Services (HCBS) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Measures

# Measure #3734 Alignment of Person-Centered Service Plan (PCSP) with Functional Assessment Standardized Items (FASI) Needs Related Measure

## ■ #2624: Functional Outcome Assessment

- ▣ **Steward/Developer:** Centers for Medicare & Medicaid Services
- ▣ **Description:** Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of the encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies
- ▣ **Target Population:** Elderly
- ▣ **Care Setting:** Outpatient Services
- ▣ **Level of Analysis:** Clinician: Group/Practice, Clinician: Individual

## Measure #3734 Alignment of Person-Centered Service Plan (PCSP) with Functional Assessment Standardized Items (FASI) Needs Related Measure (continued-1)

- **#2631: Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function**
  - ▣ **Steward/Developer:** Centers for Medicare & Medicaid Services
  - ▣ **Description:** This quality measure reports the percentage of all Long-Term Care Hospital (LTCH) patients with an admission and discharge functional assessment and a care plan that addresses function.
  - ▣ **Target Population:** Elderly, Individuals with multiple chronic conditions
  - ▣ **Care Setting:** Post-Acute Care
  - ▣ **Level of Analysis:** Facility

## Measure #3734 Alignment of Person-Centered Service Plan (PCSP) with Functional Assessment Standardized Items (FASI) Needs Related Measure (continued-2)

- **#2967: Home and Community-Based Services (HCBS) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Measures**
  - ▣ **Steward/Developer:** Centers for Medicare & Medicaid Services
  - ▣ **Description:** CAHPS Home- and Community-Based Services measures derive from a cross disability survey to elicit feedback from adult Medicaid beneficiaries receiving home and community based services (HCBS) about the quality of the long-term services and supports they receive in the community and delivered to them under the auspices of a state Medicaid HCBS program. The unit of analysis is the Medicaid HCBS program, and the accountable entity is the operating entity responsible for managing and overseeing a specific HCBS program within a given state.
  - ▣ **Target Population:** Populations at Risk
  - ▣ **Care Setting:** Other
  - ▣ **Level of Analysis:** Other

## **Measure #3734 Alignment of Person-Centered Service Plan (PCSP) with Functional Assessment Standardized Items (FASI) Needs Related Measures Discussion**

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

# **NQF Member and Public Comment**



# Next Steps

## Measure Evaluation Process After the Measure Evaluation Meeting

- Staff will prepare a draft report detailing the Standing 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 brief, which is shared with the developers and Standing Committee members
- Post-comment call: The Standing Committee will reconvene for a post-comment call to discuss the comments submitted
- Staff will incorporate comments and responses to comments into the draft report in preparation for the Consensus Standards Approval Committee (CSAC) meeting
- The CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision

# Activities and Timeline – Fall 2022 Cycle

**\*All times ET**

Meeting	Date, Time*
Measure Evaluation Web Meeting #2	February 28
Draft Report Comment Period	TBD
Standing Committee Post-Comment Web Meeting	TBD
CSAC Review	TBD
Appeals Period (30 days)	TBD

## Spring 2023 Cycle Updates

- Intent to submit deadline was January 5, 2023
- 14 measures total were submitted

## Project Contact Info

- Email: [patientexperience@qualityforum.org](mailto:patientexperience@qualityforum.org)
- NQF phone: 202-783-1300
- Project page:  
[https://www.qualityforum.org/Project\\_Pages/Patient\\_Experience\\_and\\_Function.aspx](https://www.qualityforum.org/Project_Pages/Patient_Experience_and_Function.aspx)
- SharePoint site:  
[https://share.qualityforum.org/Projects/Patient\\_Experience\\_and\\_Function/SitePages/Home.aspx](https://share.qualityforum.org/Projects/Patient_Experience_and_Function/SitePages/Home.aspx)

# Questions?

# THANK YOU.

**NATIONAL QUALITY FORUM**

<https://www.qualityforum.org>

# Appendix



# **Evidence Exception**

**[Screenshare Evidence algorithm]**