



NATIONAL
QUALITY FORUM

Patient Experience and Function Committee Spring 2019 Orientation Web Meeting

Samuel Stolpe, PharmD, MPH, Senior Director

Suzanne Theberge, MPH, Senior Project Manager

Jordan Hirsch, MHA, Project Analyst

May 30, 2019

Welcome

Agenda for the Call

- Standing Committee introductions
- Overview of NQF, the Consensus Development Process, and roles of the Standing Committee, co-chairs, NQF staff
- Overview of NQF's PEF portfolio of measures
- Review of project activities and timelines
- Overview of NQF's measure evaluation criteria
- Overview of social risk trial
- SharePoint Tutorial
- Measure worksheet example
- Poll Everywhere
- Next steps

Patient Experience and Function Project Team

- Samuel Stolpe, PharmD, MPH, Senior Director
- Suzanne Theberge, MPH, Senior Project Manager
- Jordan Hirsch, MHA, Project Analyst

Patient Experience and Function Committee Roster – Spring 2019 Cycle

Lee Partridge - *Co-chair*

Chris Stille, MD, MPH, FAAP - *Co-chair*

Beth Averback, MD

Don Casey, MD, MPH, MBA, FACP, FAHA,
DFACMQ

Ryan Coller, MD, MPH

Sharon Cross, LISW-S

Christopher Dezii, RN, MBA, CPHQ

Shari Erickson, MPH

Dawn Hohl, RN, BSN, MS, PhD

Stephen Hoy

Sherrie Kaplan, PhD, MPH

Brenda Leath, MHSA, PMP

Brian Lindberg, BSW, MMHS

Linda Melillo, MA, MS, CPHRM, CPXP

Ann Monroe

Lisa Morisse, MA

Terrence O'Malley, MD

Lenard Parisi, RN, MA, CPHQ, FNAHQ

Debra Saliba, MD, MPH

Ellen Schultz, MS

Lisa Gale Suter, MD

Peter Thomas, JD

Patient Experience and Function – Spring 2019 Cycle Expert Reviewers (Inactive Members)

Expert Reviewers:

- Richard Antonelli
- Sam Bierner
- Adrienne Boissy
- Gerri Lamb
- Russell Leftwich
- Charissa Pacella

Overview of NQF, the CDP, and Roles

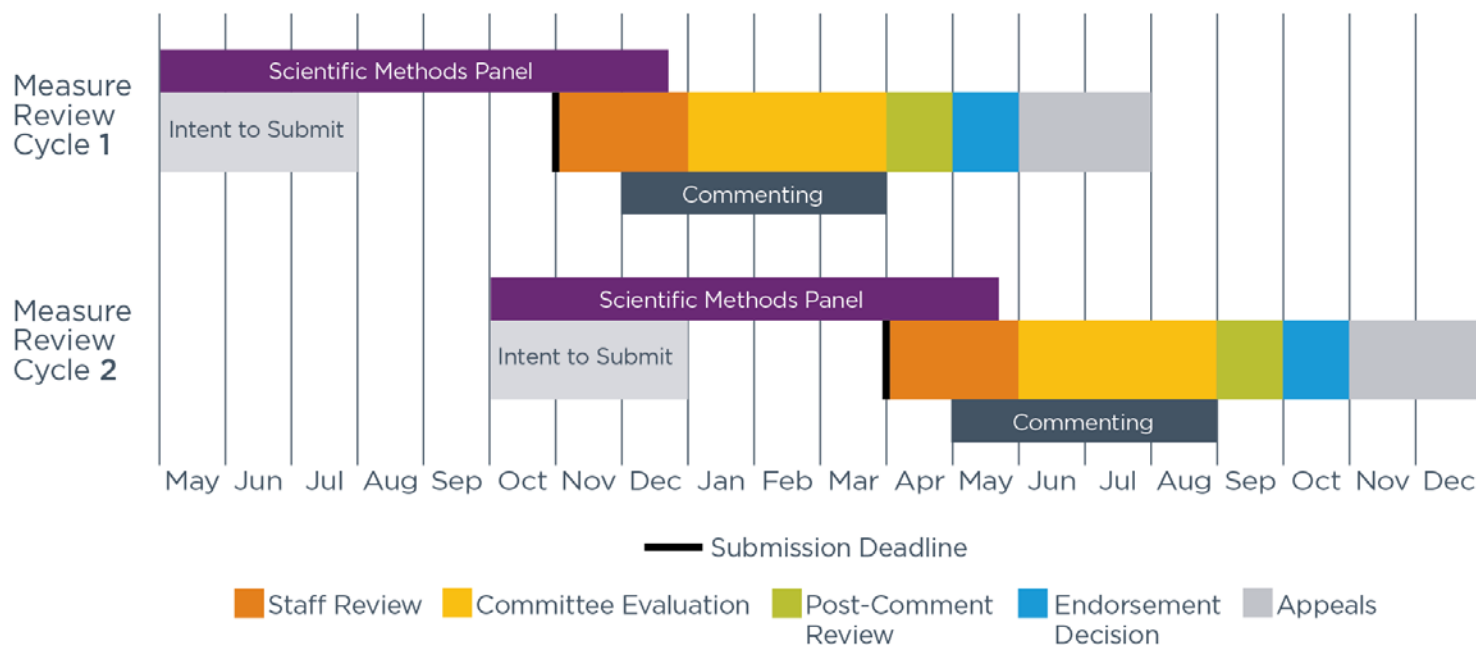
NQF Consensus Development Process (CDP)

6 Steps for Measure Endorsement

- Intent to Submit
- Call for Nominations
- Measure Evaluation
- Public Commenting Period with Member Support
- Measure Endorsement
- Measure Appeals

Measure Review: Two Cycles Per Year

Consensus Development Process:
Two Cycles Every Contract Year



15 New Measure Review Topical Areas

	All Cause Admission/Readmissions	Behavioral Health	
Cancer	Cardiovascular	Care Coordination	Infectious Disease
Cost and Resource Use	Endocrine	Eyes, Ears, Nose and Throat Conditions	Palliative and End-of Life Care
Gastrointestinal	Genitourinary	Health and Well Being	Musculoskeletal
Neurology	Patient Safety	Pediatrics	Perinatal
Person and Family-Centered Care	Pulmonary and Critical Care	Renal	Surgery



All Cause Admission/Readmissions	Behavioral Health & Substance Use	Cancer
Cardiovascular	Cost and Efficiency ^A	Geriatric and Palliative Care ^B
Neurology	Patient Experience & Function	Patient Safety ^C
Pediatrics	Perinatal and Women's Health	Prevention and Population Health ^D
Primary Care and Chronic Illness	Renal	Surgery

 Denotes expanded topic area

^A Cost & Efficiency will include efficiency-focused measures from other domains

^B Geriatric & Palliative Care includes pain-focused measures from other domains

^C Patient Safety will include acute infectious disease and critical measures

^D Prevention and Population Health is formerly Health and Well Being

Role of the Standing Committee

Measure Evaluation Duties

- All members evaluate ALL measures
- Evaluate measures against each criterion
 - ▣ *Indicate the extent to which each criterion is met and rationale for the rating*
- Make recommendations to the NQF membership for endorsement
- Oversee Patient Experience and Function portfolio of measures
 - ▣ *Promote alignment and harmonization*
 - ▣ *Identify gaps*

Role of the Standing Committee Co-Chairs

- Co-facilitate Standing Committee (SC) meetings
- Work with NQF staff to achieve the goals of the project
- Assist NQF in anticipating questions and identifying additional information that may be useful to the SC
- Keep SC on track to meet goals of the project without hindering critical discussion/input
- Represent the SC at CSAC meetings
- Participate as a SC member

Role of the Expert Reviewers

- The expert reviewer pool serves as an adjunct to NQF standing committees to ensure broad representation and provide technical expertise when needed
- Expert reviewers will provide expertise as needed to review measures submitted for endorsement consideration by:
 - ▣ *Replacing an inactive committee member;*
 - ▣ *Replacing a committee members whose term has ended; or*
 - ▣ *Providing expertise that is not currently represented on the committee.*
- Expert reviewers may also:
 - ▣ *Provide comments and feedback on measures throughout the measure review process*
 - ▣ *Participate in strategic discussions in the event no measures are submitted for endorsement consideration*

Role of NQF Staff

NQF project staff works with SC to achieve the goals of the project and ensure adherence to the Consensus Development Process:

- Organize and staff SC meetings and conference calls
- Guide the SC through the steps of the CDP and advise on NQF policy and procedures
- Review measure submissions and prepare materials for Committee review
- Draft and edit reports for SC review
- Ensure communication among all project participants (including SC and measure developers)
- Facilitate necessary communication and collaboration between different NQF projects

Role of Methods Panel

- Scientific Methods Panel created to ensure higher-level and more consistent reviews of the scientific acceptability of measures
- The Methods Panel is charged with:
 - ▣ *Conducting evaluation of complex measures for the Scientific Acceptability criterion, with a focus on reliability and validity analyses and results*
 - ▣ *Serve in advisory capacity to NQF on methodologic issues, including those related to measure testing, risk adjustment, and measurement approaches.*
- The Methods Panel review will help inform the Standing Committee's endorsement decision. The Panel will not render endorsement recommendations.

NQF Consensus Development Process (CDP) Measure Evaluation

Complex Measures

- Outcome measures, including intermediate clinical outcomes
- Instrument-based measures (e.g., PRO-PMs)
- Cost/resource use measures
- Efficiency measures (those combining concepts of resource use and quality)
- Composite measures

Noncomplex Measures

- Process measures
- Structural measures
- Previously endorsed complex measures with no changes/updates to the specifications or testing

Scientific Methods Panel Members

David Cella, PhD, Co-Chair

Karen Joynt Maddox, MD, MPH, Co-Chair

J. Matt Austin, PhD

Paul Kurlansky, MD

Bijan Borah, MSc, PhD

Zhenqiu Lin, PhD

John Bott, MBA, MSSW

Jack Needleman, PhD

Lacy Fabian, PhD

David Nerenz, PhD

Marybeth Farquhar, PhD, MSN, RN

Eugene Nuccio, PhD

Jeffrey Geppert, EdM, JD

Jennifer Perloff, PhD

Paul Gerrard, BS, MD

Sam Simon, PhD

Laurent Glance, MD

Michael Stoto, PhD

Stephen Horner, RN, BSN, MBA

Christie Teigland, PhD

Sherrie Kaplan, PhD, MPH

Ronald Walters, MD, MBA, MHA, MS

Joseph Kunisch, PhD, RN-BC, CPHQ

Susan White, PhD, RHIA, CHDA

Questions?

Overview of NQF's Patient Experience and Function Portfolio

Committee Charge

- The portfolio currently has 53 endorsed measures
- The Committee will review measures related to:
 - ▣ *Care coordination and transitions*
 - ▣ *Communication and cultural competency*
 - ▣ *Functional status and health-related quality of life*
 - ▣ *Experience of care*
 - ▣ *Shared decision making*

Spring 2019 Measures Under Review

- The NQF Scientific Methods Panel reviewed 15 Patient Experience and Function measures
 - ▣ *13 maintenance and 2 new*
 - ▣ *All 15 measures were found to have moderate/high scientific acceptability and will be reviewed by the Committee this cycle*

Spring 2019 Measures Under Review

- **0005** CAHPS Clinician & Group Surveys (CG-CAHPS) Version 3.0 –Adult, Child (AHRQ)
- **0006** Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, Version 5.0 (Medicaid and Commercial) (AHRQ)
- **0166** HCAPHS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey (CMS/AHRQ)
- **0258** Consumer Assessment of Healthcare Providers and Systems (CAHPS) In-Center Hemodialysis Survey (ICH CAHPS) (CMS)
- **0517** CAHPS Home Health Care Survey (experience with care) (CMS)

Spring 2019 Measures Under Review

- **2286** Functional Change: Change in Self Care Score (UDSMR)
- **2321** Functional Change: Change in Mobility Score (UDSMR)
- **2548** Child Hospital Consumer Assessment of Healthcare Providers and Systems (Child HCAHPS) Survey (AHRQ/Center of Excellence for Pediatric Quality Measurement)
- **2632** Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (CMS/RTI)
- **2633** Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS/RTI)

Spring 2019 Measures Under Review

- **2634** Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS/RTI)
- **2635** Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS/RTI)
- **2636** Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS/RTI)
- **3227** CollaboRATE Shared Decision Making Score (Dartmouth Institute for Health Policy & Clinical Practice)
- **3461** Functional Status Change for Patients with Neck Impairments (Focus on Therapeutics Outcomes)

Patient Experience and Function Portfolio of NQF-Endorsed Measures

Functional Status Change and/or Assessment: 27 Measures

- **0422** Functional status change for patients with Knee impairments
- **0423** Functional status change for patients with Hip impairments
- **0424** Functional status change for patients with Foot and Ankle impairments
- **0425** Functional status change for patients with lumbar impairments
- **0426** Functional status change for patients with Shoulder impairments
- **0427** Functional status change for patients with elbow, wrist and hand impairments
- **0428** Functional status change for patients with General orthopedic impairments
- **2286** Functional Change: Change in Self Care Score
- **2287** Functional Change: Change in Motor Score
- **2321** Functional Change: Change in Mobility Score

Patient Experience and Function Portfolio of NQF-Endorsed Measure

Functional Status Change and/or Assessment: 27 Measures (continued)

- **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
- **2632** Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support
- **2633** Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients
- **2634** Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients
- **2635** Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients
- **2636** Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients
- **2643** Average change in functional status following lumbar spine fusion surgery
- **2653** Average change in functional status following total knee replacement surgery

Patient Experience and Function Portfolio of NQF-Endorsed Measures

Functional Status Change and/or Assessment: 27 Measures (continued)

- **2769** Functional Change: Change in Self Care Score for Skilled Nursing Facilities
- **2774** Functional Change: Change in Mobility Score for Skilled Nursing Facilities
- **2775** Functional Change: Change in Motor Score for Skilled Nursing Facilities
- **2776** Functional Change: Change in Motor Score in Long Term Acute Care Facilities
- **2777** Functional Change: Change in Self Care Score for Long Term Acute Care Facilities
- **2778** Functional Change: Change in Mobility Score for Long Term Acute Care Facilities
- **2612** CARE: Improvement in Mobility
- **2613** CARE: Improvement in Self Care

Patient Experience and Function Portfolio of NQF-Endorsed Measures

Communication: 7 Measures

- **0291** Emergency Transfer Communication Measure
- **1894** Cross-cultural communication measure derived from the cross-cultural communication domain of the C-CAT
- **1896** Language services measure derived from language services domain of the C-CAT
- **1898** Health literacy measure derived from the health literacy domain of the C-CAT
- **1901** Performance evaluation measure derived from performance evaluation domain of the C-CAT
- **1905** Leadership commitment measure derived from the leadership commitment domain of the C-CAT
- **1888** Workforce development measure derived from workforce development domain of the C-CAT

Patient Experience and Function Portfolio of NQF-Endorsed Measures

Long-Term Services and Support: 4 Measures

- **0688** Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (long stay)
- **2614** CoreQ: Short Stay Discharge Measure
- **2615** CoreQ: Long-Stay Resident Measure
- **2616** CoreQ: Long-Stay Family Measure

Shared Decision Making: 2 Measures

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

Patient Experience and Function Portfolio of NQF-Endorsed Measures

Patient Experience: 14 Measures

- **0005** CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult, Child
- **0006** Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, Version 5.0 (Medicaid and Commercial)
- **0166** HCAHPS
- **0228** 3-Item Care Transition Measure (CTM-3)
- **0258** CAHPS In-Center Hemodialysis Survey
- **0517** CAHPS® Home Health Care Survey (experience with care)
- **0700** Health-related Quality of Life in COPD patients before and after Pulmonary Rehabilitation
- **0726** Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey (ICS)
- **1741** Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS)® Surgical Care Survey
- **1892** Individual engagement measure derived from the individual engagement domain of the C-CAT
- **2548** Child Hospital CAHPS (HCAHPS)
- **2967** CAHPS® Home- and Community-Based Services Measures
- **3420** CoreQ AL Resident Satisfaction
- **3422** CoreQ AL Family Satisfaction

Project Timeline – Spring 2019 Cycle

*All times ET

Activity	Date
Commenting & member support period on submitted measures opens	May 1, 2019
Orientation Call	May 30, 2019
Committee receives measures and preliminary analyses for review	May 31, 2019
In-Person Measure Evaluation Meeting	June 20, 2019, 9:00-5:00 pm ET
Post Measure Evaluation Web Meeting	June 25, 2019, 2:00-4:00 pm ET
Post Measure Evaluation Web Meeting #2	TENTATIVE: June 28, 2019, 2:00-4:00 pm ET
Report Posted for Public Comment	June 27-July 18, 2019
Draft Report Post-Comment Call	September 25, 2019, 1:00-3:00 pm ET
CSAC Review Recommendations	October 15-November 4, 2019
Appeals Period	November 6-December 5, 2019
Final Report Posted	February 2020

Questions?

Measure Evaluation Criteria

NQF Measure Evaluation Criteria for Endorsement

NQF endorses measures for accountability applications (public reporting, payment programs, accreditation, etc.) as well as quality improvement.

- Standardized evaluation criteria
- Criteria have evolved over time in response to stakeholder feedback
- The quality measurement enterprise is constantly growing and evolving—greater experience, lessons learned, expanding demands for measures—the criteria evolve to reflect the ongoing needs of stakeholders

Major Endorsement Criteria

(page 28-29 in the SC Guidebook)

- **Importance to Measure and Report:** Goal is to measure those aspects with greatest potential of driving improvements; if not important, the other criteria are less meaningful (***must-pass***)
- **Reliability and Validity-Scientific Acceptability of measure properties:** Goal is to make valid conclusions about quality; if not reliable and valid, there is risk of improper interpretation (***must-pass***)
- **Feasibility:** Goal is to, ideally, cause as little burden as possible; if not feasible, consider alternative approaches
- **Usability and Use:** Goal is to use for decisions related to accountability and improvement; if not useful, probably do not care if feasible
- **Comparison to Related or Competing Measures**

Criterion #1: Importance to Measure and Report (page 31-39)

1. Importance to measure and report - Extent to which the specific 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.

1a. Evidence: *the measure focus is evidence-based*

1b. Opportunity for Improvement: *demonstration of quality problems and opportunity for improvement, i.e., data demonstrating considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or disparities in care across population groups*

1c. Quality construct and rationale *(composite measures only)*

Subcriterion 1a: Evidence

(page 32-38)

- Outcome measures
 - ▣ *Empirical data demonstrate a relationship between the outcome and at least one healthcare structure, process, intervention, or service. If not available, wide variation in performance can be used as evidence, assuming the data are from a robust number of providers and results are not subject to systematic bias.*
- Structure, process, intermediate outcome measures
 - ▣ *The quantity, quality, and consistency of the body of evidence underlying the measure should demonstrate that the measure focuses on those aspects of care known to influence desired patient outcomes*
 - » Empirical studies (expert opinion is not evidence)
 - » Systematic review and grading of evidence
 - *Clinical Practice Guidelines – variable in approach to evidence review*
- For measures derived from patient (or family/parent/etc.) report
 - ▣ *Evidence should demonstrate that the target population values the measured outcome, process, or structure and finds it meaningful.*
 - ▣ *Current requirements for structure and process measures also apply to patient-reported structure/process measures.*

Criterion #1: Importance to measure and report

Criteria emphasis is different for new vs. maintenance measures

New measures	Maintenance measures
<ul style="list-style-type: none">• Evidence – Quantity, quality, consistency (QQC)• Established link for process measures with outcomes	<p>DECREASED EMPHASIS: Require measure developer to attest evidence is unchanged evidence from last evaluation; Standing Committee to affirm no change in evidence</p> <p>IF changes in evidence, the Committee will evaluate as for new measures</p>
<ul style="list-style-type: none">• Gap – opportunity for improvement, variation, quality of care across providers	<p>INCREASED EMPHASIS: data on current performance, gap in care and variation</p>

Criterion #2: Reliability and Validity—Scientific Acceptability of Measure Properties (page 40 -50)

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of health care delivery

2a. Reliability (must-pass)

2a1. Precise specifications including exclusions

2a2. Reliability testing—data elements or measure score

2b. Validity (must-pass)

2b1. Validity testing—data elements or measure score

2b2. Justification of exclusions—relates to evidence

2b3. Risk adjustment—typically for outcome/cost/resource use

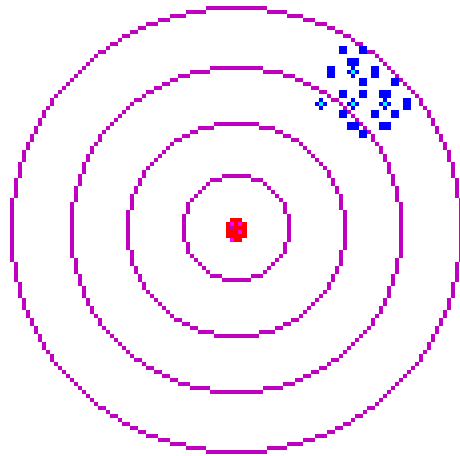
2b4. Identification of differences in performance

2b5. Comparability of data sources/methods

2b6. Missing data

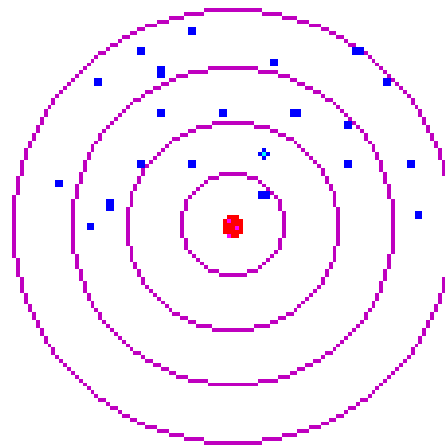
Reliability and Validity (page 41)

Assume the center of the target is the true score...



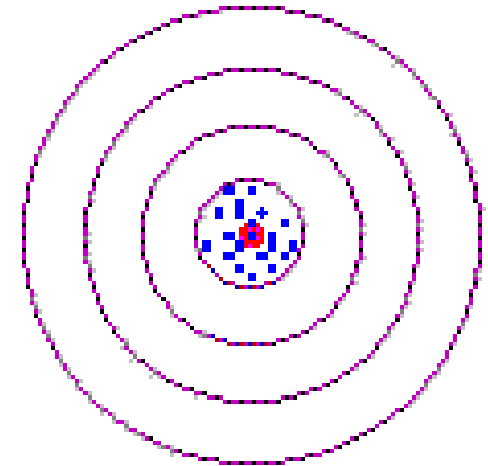
**Reliable
Not Valid**

Consistent,
but wrong



**Neither Reliable
Nor Valid**

Inconsistent &
wrong



**Both Reliable
And Valid**

Consistent &
correct

Evaluating Scientific Acceptability – Key Points (page 42)

Empirical analysis to demonstrate the reliability and validity of the *measure as specified*, including analysis of issues that pose threats to the validity of conclusions about quality of care such as exclusions, risk adjustment/stratification for outcome and resource use measures, methods to identify differences in performance, and comparability of data sources/methods.

Reliability Testing

Key Points (page 43)

- Reliability of the **measure score** refers to the proportion of variation in the performance scores due to systematic differences across the measured entities in relation to random variation or noise (i.e., the precision of the measure).
 - ▣ *Example - Statistical analysis of sources of variation in performance measure scores (signal-to-noise analysis)*
- Reliability of the **data elements** refers to the repeatability/reproducibility of the data and uses patient-level data
 - ▣ *Example – inter-rater reliability*
- Consider whether testing used an appropriate method and included adequate representation of providers and patients and whether results are within acceptable norms
- Algorithm #2

Validity testing (pages 45 - 49)

Empirical testing

- Measure score – assesses a hypothesized relationship of the measure results to some other concept; assesses the correctness of conclusions about quality
- Data element – assesses the correctness of the data elements compared to a “gold standard”

Face validity

- Subjective determination by experts that the measure appears to reflect quality of care
 - » Empirical validity testing is expected at time of maintenance review; if not possible, justification is required.
 - » Requires systematic and transparent process, by identified experts, that explicitly addresses whether performance scores resulting from the measure as specified can be used to distinguish good from poor quality. The degree of consensus and any areas of disagreement must be provided/discussed.

Threats to Validity

- Conceptual
 - ▣ *Measure focus is not a relevant outcome of healthcare or not strongly linked to a relevant outcome*
- Unreliability
 - ▣ *Generally, an unreliable measure cannot be valid*
- Patients inappropriately excluded from measurement
- Differences in patient mix for outcome and resource use measures
- Measure scores that are generated with multiple data sources/methods
- Systematic missing or “incorrect” data (unintentional or intentional)

Criterion #2: Scientific Acceptability

New measures	Maintenance measures
<ul style="list-style-type: none">• Measure specifications are precise with all information needed to implement the measure	NO DIFFERENCE: Require updated specifications
<ul style="list-style-type: none">• Reliability• Validity (including risk adjustment)	<p>DECREASED EMPHASIS: If prior testing adequate, no need for additional testing at maintenance with certain exceptions (e.g., change in data source, level of analysis, or setting)</p> <p>Must address the questions regarding use of social risk factors in risk-adjustment approach</p>

Criterion #3: Feasibility (page 50-51)

Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement.

3a: Clinical data generated during care process

3b: Electronic sources

3c: Data collection strategy can be implemented

Criterion #4: Usability and Use (page 51-52)

Extent to which potential audiences (e.g., consumers, purchasers, providers, policymakers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

Use (4a) Must-pass for maintenance measures

4a1: Accountability and Transparency: *Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement.*

4a2: Feedback by those being measured or others: *Those being measured have been given results and assistance in interpreting results; those being measured and others have been given opportunity for feedback; the feedback has been considered by developers.*

Usability (4b)

4b1: Improvement: *Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated.*

4b2: Benefits outweigh the harms: *The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).*

Criteria #3-4: Feasibility and Usability and Use

Feasibility

New measures	Maintenance measures
Feasibility	
<ul style="list-style-type: none">Measure feasible, including eMeasure feasibility assessment	NO DIFFERENCE: Implementation issues may be more prominent

Use and Usability

New measures	Maintenance measures
<ul style="list-style-type: none">Use: used in accountability applications and public reportingUsability: impact and unintended consequences	INCREASED EMPHASIS: Much greater focus on measure use and usefulness, including both impact and unintended consequences

Criterion #5: Related or Competing Measures (page 52-53)

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.

- 5a. The measure specifications are harmonized with related measures **OR** the differences in specifications are justified.
- 5b. The measure is superior to competing measures (e.g., is a more valid or efficient way to measure) **OR** multiple measures are justified.

Updated Guidance for Measures that Use ICD-10 Coding

- For CY2019 and beyond, reliability testing should be based on ICD-10 coded data.
- Validity testing should be based on ICD-10 coded data
- If providing face validity (FV), both FV of the ICD-10 coding scheme and FV of the measure score as an indicator of quality is required update

eMeasures

- “Legacy” eMeasures
 - ▣ *Beginning September 30, 2017 all respecified measure submissions for use in federal programs will be required to the same evaluation criteria as respecified measures—the “BONNIE testing only” option will no longer meet endorsement criteria*
- For all eMeasures: Reliance on data from structured data fields is expected; otherwise, unstructured data must be shown to be both reliable and valid

Evaluation Process

- **Preliminary analysis (PA):** To assist the Committee evaluation of each measure against the criteria, NQF staff and Methods Panel (if applicable) will prepare a PA of the measure submission and offer preliminary ratings for each criterion.
 - ▣ *The PA will be used as a starting point for the Committee discussion and evaluation*
 - ▣ *Methods Panel will complete review of Scientific Acceptability criterion for complex measures*
- **Individual evaluation:** Each Committee member conducts an in-depth evaluation on all measures
 - ▣ *Each Committee member will be assigned a subset of measures for which they will serve as lead discussant in the evaluation meeting.*

Evaluation Process

- **Measure evaluation and recommendations at the in-person/web meeting:** The entire Committee will discuss and rate each measure against the evaluation criteria and make recommendations for endorsement.
- **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*
- **Post-comment call:** The Committee will re-convene for a post-comment call to discuss comments submitted
- **Final endorsement decision by the CSAC**
- **Appeals (if any)**

Questions?

Social Risk Trial

Background

- NQF conducted a two-year trial period from 2015-2017. During this time, adjustment of measures for social risk factors was no longer prohibited
- The NQF Board of Directors reviewed the results of the trial period and determined there was a need to launch a new social risk initiative
- As part of the Equity Program, NQF will continue to explore the need to adjust for social risk
- Each measure must be assessed individually to determine if SDS adjustment is appropriate (included as part of **validity** subcriterion)
- The Standing Committee will continue to evaluate the measure as a whole, including the appropriateness of the risk adjustment approach used by the measure developer
- Efforts to implement SDS adjustment may be constrained by data limitations and data collection burden

Standing Committee Evaluation

- The Standing Committee will be asked to consider the following questions:
 - ▣ *Is there a conceptual relationship between the SDS factor and the measure focus?*
 - ▣ *What are the patient-level sociodemographic variables that were available and analyzed during measure development?*
 - ▣ *Does empirical analysis (as provided by the measure developer) show that the SDS factor has a significant and unique effect on the outcome in question?*
 - ▣ *Does the reliability and validity testing match the final measure specifications?*

Questions?

SharePoint Overview

SharePoint Overview


<http://share.qualityforum.org/Projects/Patient%20Experience%20and%20Function/SitePages/Home.aspx>

Accessing SharePoint



- Standing Committee Policy
- Standing Committee Guidebook
- Measure Document Sets
- Meeting and Call Documents
- Committee Roster and Biographies
- Calendar of Meetings

SharePoint Overview

■ Sample homepage:

**NATIONAL
QUALITY FORUM**

Cardiovascular ▸ Home

 I Like It  Tags & Notes

NQF Share Intranet ▾ Projects ▾ CSAC Councils ▾ HHS SharePoint Help ▾ All Sites ▾

Committee Home
Committee Calendar
Committee Links
Committee Roster
Staff Contacts





Surveys
Committee Preliminary Measure Evaluation

Staff Home
Staff Documents

Recycle Bin
All Site Content

Cardiovascular

General Documents

Type	Name	Modified	Modified By
	CDP Standing Committee Policy	1/16/2014 2:38 PM	Wunmi Isijola
	Committee Guidebook	1/10/2014 10:20 AM	Wunmi Isijola
	Measure Evaluation Criteria Guidance 2013	1/16/2014 2:38 PM	Wunmi Isijola
	Measure Information- What Good Looks Like	1/16/2014 2:36 PM	Wunmi Isijola


+ Add document

Measure Documents

Measure Number	Name	Description	Measure Steward/Developer	Measure Sub-Topic
Measure Sub-Topic : (1)				
0521	Heart Failure Symptoms Assessed and Addressed	Percentage of home health episodes of care during which patients with heart failure were assessed for symptoms of heart failure, and appropriate actions were taken when the patient exhibited symptoms of heart failure.	Centers for Medicare & Medicaid	

+ Add document

Meeting and Call Documents




Type	Name	Modified	Modified By
Meeting Title : 1/30/2014 Orientation Call (1)			
	NQF Cardiovascular Project Orientation Agenda	1/28/2014 2:56 PM	Wunmi Isijola

+ Add document




SharePoint Overview

- Please keep in mind:
- + and – signs :



Measure Documents

 Measure Number	Name
 Measure Sub-Topic : (1)	
 Add document	


Meeting and Call Documents

 Type	Name
 Meeting Title : 1/30/2014 Orientation Call (1)	
 Add document	

Measure Documents

 Measure Number	Name	Description
0521	Heart Failure Symptoms Assessed and Addressed	Percentage of home health episodes heart failure were assessed for sym appropriate actions were taken whe heart failure.
 Add document		

Meeting and Call Documents

 Type	Name
 Meeting Title : 1/30/2014 Orientation Call (1)	
	NQF Cardiovascular Project Orientation Agenda 
 Add document	

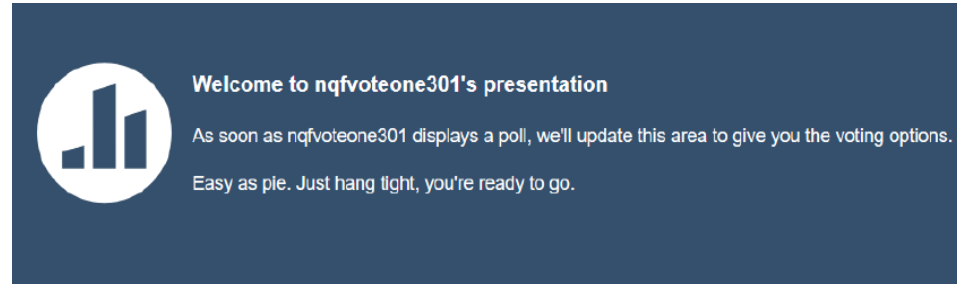
Measure Worksheet and Measure Information

Measure Worksheet

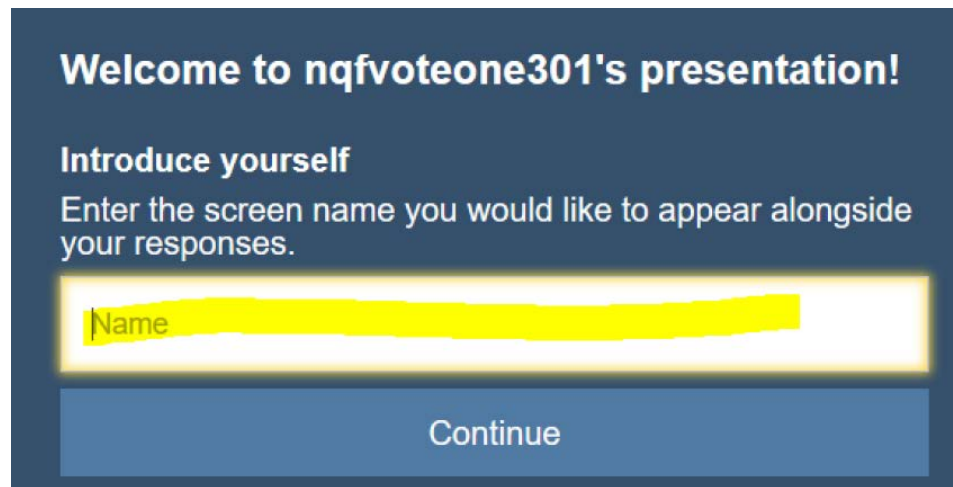
- Preliminary analysis, including eCQM Technical Review if needed, and preliminary ratings
- Member and public comments
- Information submitted by the developer
 - ▣ *Evidence and testing attachments*
 - ▣ *Spreadsheets*
 - ▣ *Additional documents*

Poll Everywhere

- When signed into Poll Everywhere (prior to open voting) you will see



- When voting opens you'll see

A screenshot of a dark blue voting screen. At the top, it says "Welcome to nqfvoteone301's presentation!". Below that is the heading "Introduce yourself" followed by the instruction "Enter the screen name you would like to appear alongside your responses." There is a white text input field with a yellow highlight and the placeholder text "Name". At the bottom is a blue button labeled "Continue".

Next Steps

Project Contact Info

- Email: PatientExperienceandFunction@qualityforum.org
- NQF phone: 202-783-1300
- Project page:
http://www.qualityforum.org/Patient_Experience_and_Function.aspx
- SharePoint site:
<http://share.qualityforum.org/Projects/Patient%20Experience%20and%20Function/SitePages/Home.aspx>

Questions?

THANK YOU