



NATIONAL  
QUALITY FORUM

# National Consensus Standards for Patient Experience and Function

## ***Standing Committee Orientation***

Kyle Nicholls Cobb, MS, Senior Director  
Suzanne Theberge, MPH, Senior Project Manager  
Tara Rose Murphy, Project Manager  
Mauricio Menendez, MS, Project Analyst

*December 6, 2017*

# Welcome

# Project Team



**Kyle Nicholls Cobb,**  
**MS**  
Senior Director



**Suzanne Theberge,**  
**MPH**  
Senior Project  
Manager



**Tara Rose Murphy**  
Project Manager



**Mauricio Menendez,**  
**MS**  
Project Analyst

# Agenda for the Call

- Overview of NQF, the Consensus Development Process, and Roles of the Standing Committee, co-chairs, expert reviewers, Methods Panel and NQF staff
- Discuss Patient Experience and Function Project Charge
- Overview of NQF's portfolio of Patient Experience and Function measures
- Overview of NQF's measure evaluation criteria
- SharePoint Tutorial
- Next steps

# Patient Experience and Function Committee Roster – Fall 2017 Cycle

- **Gerri Lamb**, PhD, RN, FAAN - Co-Chair
- **Lee Partridge** - Co-Chair
- **Chris Stille**, MD, MPH - Co-Chair
- **Samuel Biernier**, MD
- **Rebecca Bradley**, LCSW
- **Donald Casey**, MD, MPH, MBA, FACP, FAHA
- **Ryan Coller**, MD, MPH
- **Nicole Friedman**
- **Barbara Gage**, PhD, MPA
- **Dawn Hohl**, RN, BSB, MS, PhD
- **Stephen Hoy**
- **Sherrie Kaplan**, PhD, MPH
- **Brian Lindberg**, BSW, MMHS
- **Brenda Leath**, MHSA, PMP
- **Linda Melillio**, MA, MS, CPHRM, CPXP
- **Lisa Morisse**, MA
- **Patricia Ohtake**, PT, PhD
- **Terrence O'Malley**, MD
- **Charissa Pacella**, 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 - Fall 2017 Cycle

## Expert Reviewers & Inactive Members

- **Richard Antonelli, MD, MS**
- **Beth Averbach, MD**
- **Adrienne Boissy, MD, MA**
- **Jennifer Bright, MPA**
- **Christopher Dezii, RN, MBA, CPHQ**
- **Shari Erickson, MPH**
- **Russell Leftwich, MD**
- **Jean Malouin, MD, MPH**
- **Ann Monroe**
- **Sharon Cross, LISW**

# Overview of NQF, the CDP, and Roles

# The National Quality Forum: A Unique Role

Established in 1999, NQF is a non-profit, non-partisan, membership-based organization that brings together public and private sector stakeholders to reach consensus on healthcare performance measurement. The goal is to make healthcare in the U.S. better, safer, and more affordable.

**Mission:** To lead national collaboration to improve health and healthcare quality through measurement

- An Essential Forum
- Gold Standard for Quality Measurement
- Leadership in Quality





# NQF Activities in Multiple Measurement Areas

- **Performance Measure Endorsement**
  - *600+ NQF-endorsed measures across multiple clinical areas*
  - *15 empaneled standing expert committees*
- **Measure Applications Partnership (MAP)**
  - *Advises HHS on selecting measures for 20+ federal programs/Medicaid*
- **National Quality Partners**
  - *Convenes stakeholders around critical health and healthcare topics*
  - *Spurs action: recent examples include antibiotic stewardship, advanced illness care, shared decision-making, and opioid stewardship*
- **Measurement Science**
  - *Convenes private and public sector leaders to reach consensus on complex issues in healthcare performance measurement*
    - » *Examples include HCBS, rural issues, telehealth, interoperability, attribution, risk-adjustment for social risk factors, diagnostic accuracy, disparities,*
- **Measure Incubator**
  - *Facilitates efficient measure development and testing through collaboration and partnership*

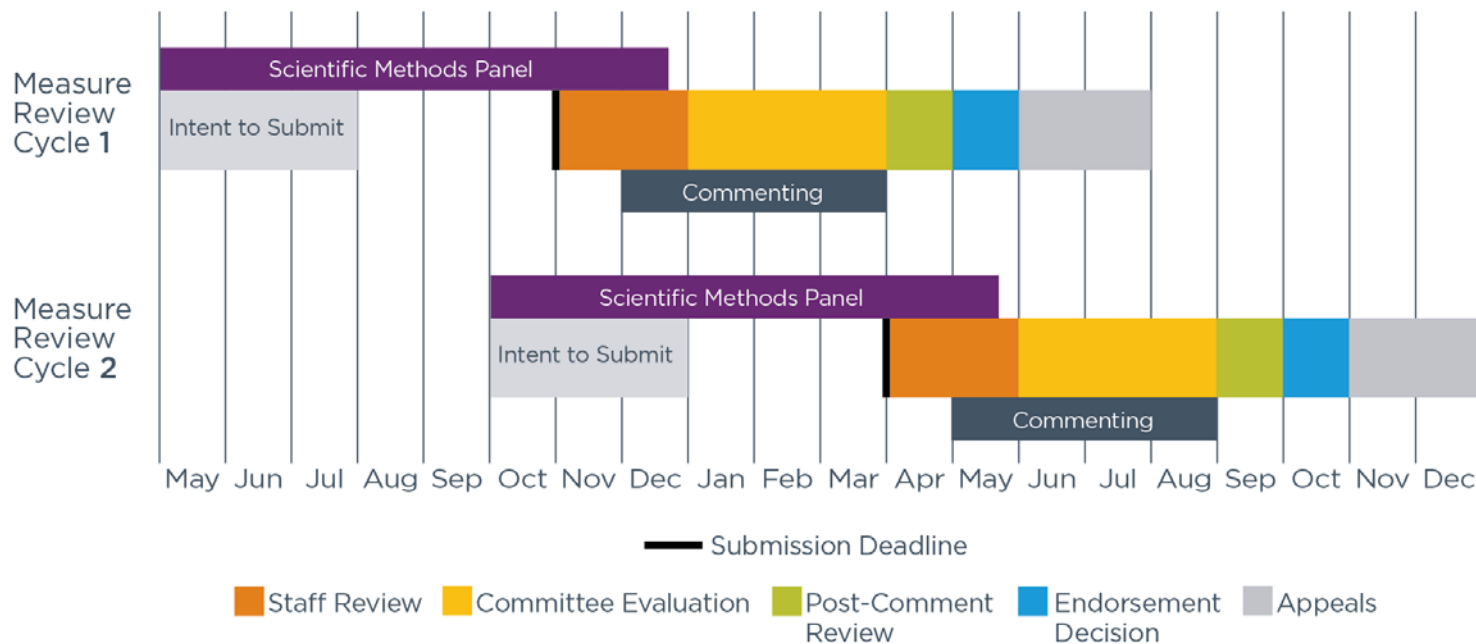
# NQF Consensus Development Process (CDP)

## 6 Steps for Measure Endorsement

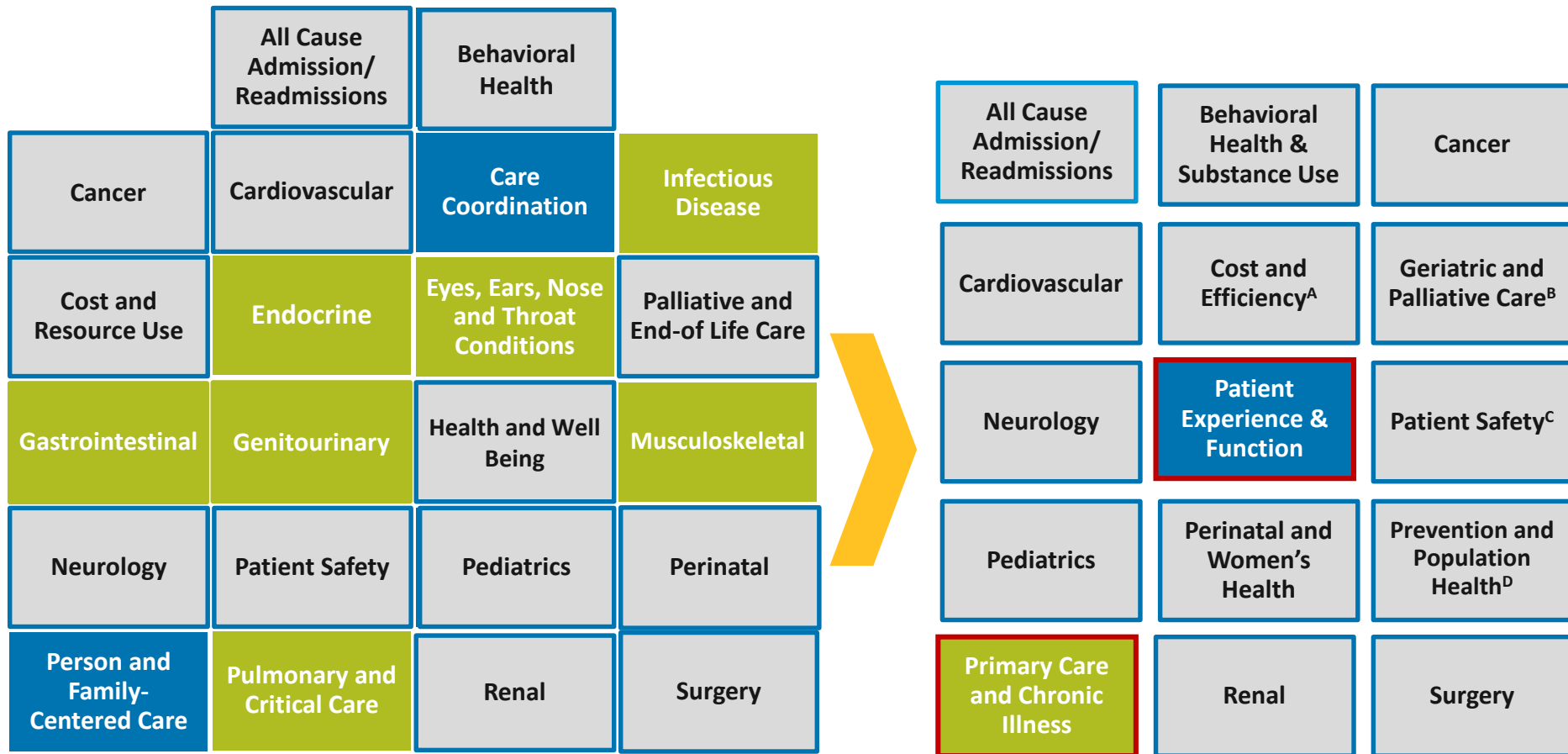
- Intent to Submit
- Call for Nominations
- Measure Evaluation
  - *New structure/process*
  - *Newly formed NQF Scientific Methods Panel*
  - *Measure Evaluation Technical Report*
- Public Commenting Period with Member Support
- Measure Endorsement
- Measure Appeals

# Measure Review: Two Cycles Per Year

Consensus Development Process:  
Two Cycles Every Contract Year



# 15 New Measure Review Topical Areas



  Denotes expanded topic area

<sup>A</sup> Cost & Efficiency will include efficiency-focused measures from other domains

<sup>B</sup> Geriatric & Palliative Care includes pain-focused measures from other domains

<sup>C</sup> Patient Safety will include acute infectious disease and critical measures

<sup>D</sup> Prevention and Population Health is formerly Health and Well Being

# Role of the Standing Committee

## *General Duties*

- Act as a proxy for the NQF multi-stakeholder membership
- Serve 2-year or 3-year terms
- Work with NQF staff to achieve the goals of the project
- Evaluate candidate measures against the measure evaluation criteria
- Respond to comments submitted during the review period
- Respond to any directions from the CSAC

# 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

- In 2017, NQF executed a CDP redesign that resulted in restructuring and reducing the number of topical areas as well as a bi-annual measure review process
- Given these changes, there is a need for diverse yet specific expertise to support longer and continuous engagement from standing committees



# 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 NQF Staff

## *Communication*

- Respond to NQF member or public queries about the project
- Maintain documentation of project activities
- Post project information to NQF's website
- Work with measure developers to provide necessary information and communication for the SC to fairly and adequately evaluate measures for endorsement
- Publish final project report

# 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.

# Scientific Methods Panel Members

## Co-Chairs

David Cella, PhD

Karen Joynt Maddox, MD, MPH

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

# 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

### *Non-Complex Measures*

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

# 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 criteria.
  - *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 will conduct an in-depth evaluation on all measures (responses collected via SurveyMonkey)
  - *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 period**



# Questions?

# Project Charge

# Committee Charge

- The Patient Experience and Function Committee combines the perspectives of two previous NQF Committees: Person and Family Centered Care, and Care Coordination
- The portfolio currently has 56 endorsed measures
  - *55 from the Person and Family Centered Care Committee*
  - *1 from the Care Coordination Committee*
- 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*

# Committee Changes

- The PEF Committee was formed as a combination of the previous PFCC and Care Coordination Committees.
  - *One additional member from the Pulmonary Committee was also added.*
- Due to a cap on the number of Committee members (25 members), NQF will rotate the active and inactive members based on the measures under review in any given cycle.
- Inactive members will not be required to attend meetings and will not vote in a project cycle but may participate in the project cycle as members of the public.

# Project Charge Discussion

- What are your thoughts on a new Committee charge?
- What concerns do you have regarding the merging of the two previous topical areas?

# Overview of NQF's Patient Experience and Function Portfolio

# Patient Experience and Function Portfolio – Fall 2017 Cycle Measures Under Review

*\*Measures for maintenance evaluation*

- 0291: Emergency Transfer Communication Measure\*
- 1741: Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS)<sup>®</sup> Surgical Care Survey\*
- 3319: LTSS Comprehensive Assessment and Update
- 3324: LTSS Comprehensive Care Plan and Update
- 3325: LTSS Shared Care Plan with Primary Care Practitioner
- 3326: LTSS Re-Assessment and Care Plan Update After Inpatient Discharge
- 3227: CollaboRATE
- 3300: Communication Climate Assessment Toolkit (C-CAT)

# Patient Experience and Function Portfolio

<b>Functional Status Change and/or Assessment: 30 Measures</b>	
<b>0422</b>	Functional status change for patients with Knee impairments
<b>0423</b>	Functional status change for patients with Hip impairments
<b>0424</b>	Functional status change for patients with Foot and Ankle impairments
<b>0425</b>	Functional status change for patients with lumbar impairments
<b>0426</b>	Functional status change for patients with Shoulder impairments
<b>0427</b>	Functional status change for patients with elbow, wrist and hand impairments
<b>0428</b>	Functional status change for patients with General orthopedic impairments
<b>0429</b>	Change in Basic Mobility as Measured by the AM-PAC:
<b>0430</b>	Change in Daily Activity Function as Measured by the AM-PAC:
<b>2286</b>	Functional Change: Change in Self Care Score
<b>2287</b>	Functional Change: Change in Motor Score
<b>2321</b>	Functional Change: Change in Mobility Score



# Patient Experience and Function Portfolio

<b>Functional Status Change and/or Assessment: 30 Measures</b>	
<b>2624</b>	Functional Outcome Assessment
<b>2631</b>	Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
<b>2632</b>	Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support
<b>2633</b>	Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients
<b>2634</b>	Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients
<b>2635</b>	Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients
<b>2636</b>	Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients
<b>2643</b>	Average change in functional status following lumbar spine fusion surgery
<b>2653</b>	Average change in functional status following total knee replacement surgery

# Patient Experience and Function Portfolio

<b>Functional Status Change and/or Assessment: 30 Measures</b>	
<b>2769</b>	Functional Change: Change in Self Care Score for Skilled Nursing Facilities
<b>2774</b>	Functional Change: Change in Mobility Score for Skilled Nursing Facilities
<b>2775</b>	Functional Change: Change in Motor Score for Skilled Nursing Facilities
<b>2776</b>	Functional Change: Change in Motor Score in Long Term Acute Care Facilities
<b>2777</b>	Functional Change: Change in Self Care Score for Long Term Acute Care Facilities
<b>2778</b>	Functional Change: Change in Mobility Score for Long Term Acute Care Facilities
<b>0701</b>	Functional Capacity in COPD patients before and after Pulmonary Rehabilitation
<b>2612</b>	CARE: Improvement in Mobility
<b>2613</b>	CARE: Improvement in Self Care

# Patient Experience and Function Portfolio

<b>Communication: 7 Measures</b>	
<b>0291</b>	Emergency Transfer Communication Measure
<b>1894</b>	Cross-cultural communication measure derived from the cross-cultural communication domain of the C-CAT
<b>1896</b>	Language services measure derived from language services domain of the C-CAT
<b>1898</b>	Health literacy measure derived from the health literacy domain of the C-CAT
<b>1901</b>	Performance evaluation measure derived from performance evaluation domain of the C-CAT
<b>1905</b>	Leadership commitment measure derived from the leadership commitment domain of the C-CAT
<b>1888</b>	Workforce development measure derived from workforce development domain of the C-CAT

# Patient Experience and Function Portfolio

## Long Term Services and Support: 4 Measures

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

## Shared Decision Making: 2 Measures

<b>2958</b>	Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery
<b>2962</b>	Shared Decision Making Process

# Patient Experience and Function Portfolio

<b>Patient Experience: 12 Measures</b>	
<b>0005</b>	CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult, Child
<b>0006</b>	Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, Version 5.0 (Medicaid and Commercial)
<b>0166</b>	HCAHPS
<b>0228</b>	3-Item Care Transition Measure (CTM-3)
<b>0258</b>	CAHPS In-Center Hemodialysis Survey
<b>0517</b>	CAHPS® Home Health Care Survey (experience with care)
<b>0700</b>	Health-related Quality of Life in COPD patients before and after Pulmonary Rehabilitation
<b>0726</b>	Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey (ICS)
<b>1741</b>	Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS)® Surgical Care Survey
<b>1892</b>	Individual engagement measure derived from the individual engagement domain of the C-CAT
<b>2548</b>	Child Hospital CAHPS (HCAHPS)
<b>2967</b>	CAHPS® Home- and Community-Based Services Measures

# Project Timeline – Fall 2017 Cycle

\*All times ET

Activity	Date
Commenting & member support period on submitted measures opens	December 5
<b>Orientation Call &amp; QA Call</b>	<b>Wednesday, December 6th, 2:00-4:00 PM</b>
Committee receives measures and preliminary analyses for review	January 4, 2018
<b>In-Person Meeting (1 day in Washington, D.C.)</b>	<b>Wednesday, January 31</b>
<b>Post-Meeting Conference Call</b>	<b>Monday, February 5, 1:00-3:00pm</b>
Report Posted for Public Comment	March 8 - April 6
<b>Post Draft Report Comment Call</b>	<b>Friday, April 20, 2:00-4:00pm</b>
CSAC Review Recommendations	May 21 - June 11
Appeals Period	June 13 - July 12
Final Report Posted	August 2018

# Questions?

# Measure Evaluation Criteria Overview



# 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)

- **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 30-39)

**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.

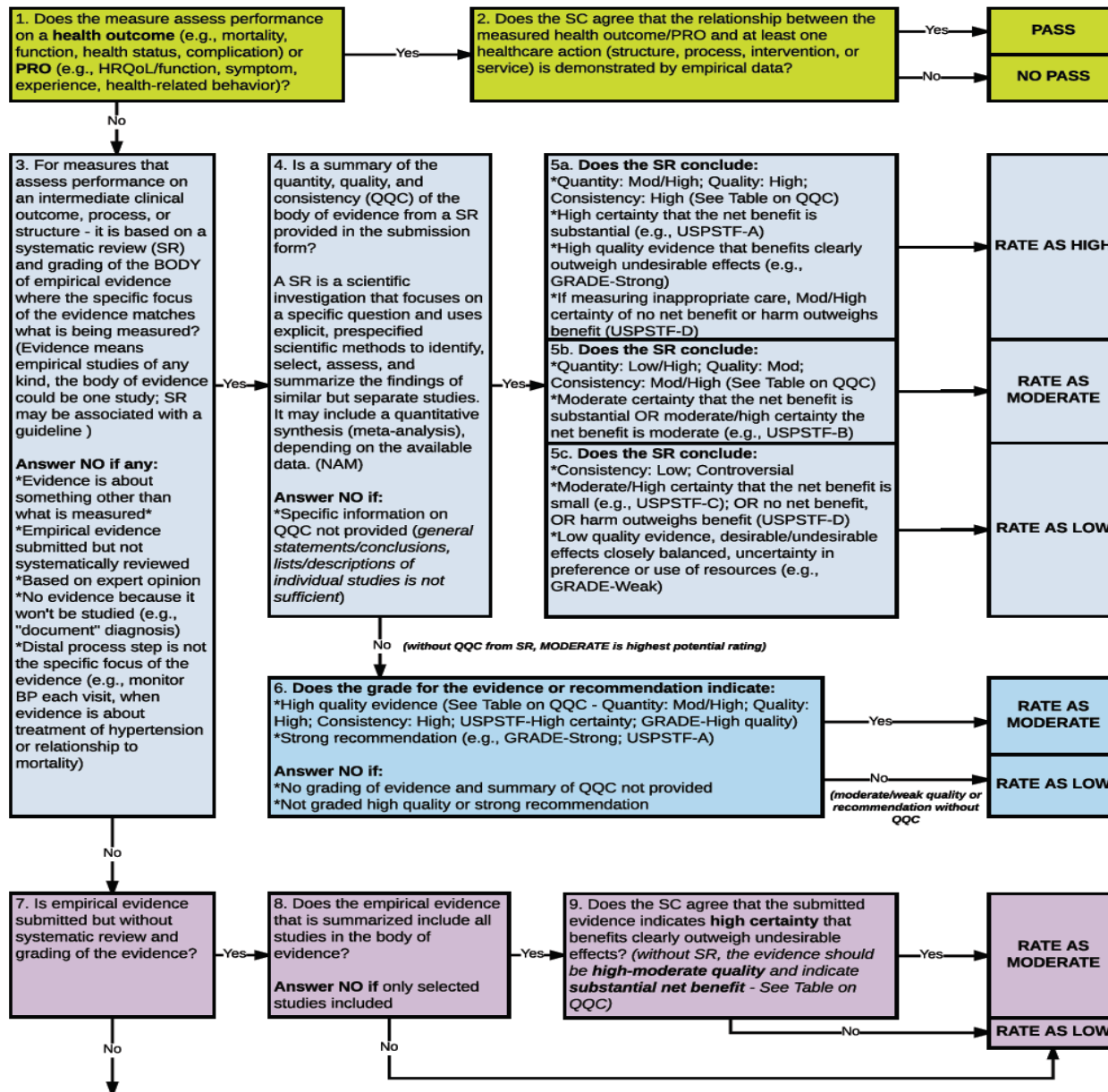
***1a. Evidence:*** *the measure focus is evidence-based*

***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

- 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"><li>Evidence – Quantity, quality, consistency (QQC)</li><li>Established link for process measures with outcomes</li></ul>	<p><b>DECREASED EMPHASIS:</b> 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"><li>Gap – opportunity for improvement, variation, quality of care across providers</li></ul>	<p><b>INCREASED EMPHASIS:</b> data on current performance, gap in care and variation</p>

# Criterion #2: Reliability and Validity—Scientific Acceptability of Measure Properties (page 39 - 48)

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*

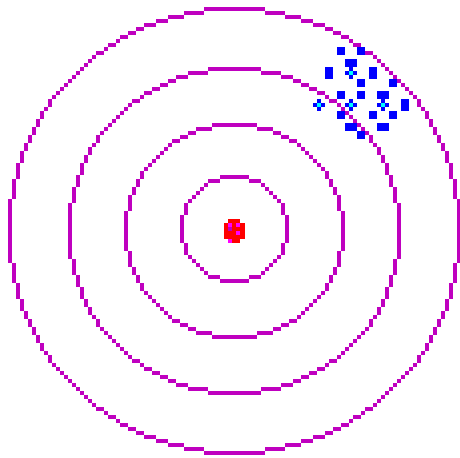
*2b4. Identification of differences in performance*

*2b5. Comparability of data sources/methods*

*2b6. Missing data*

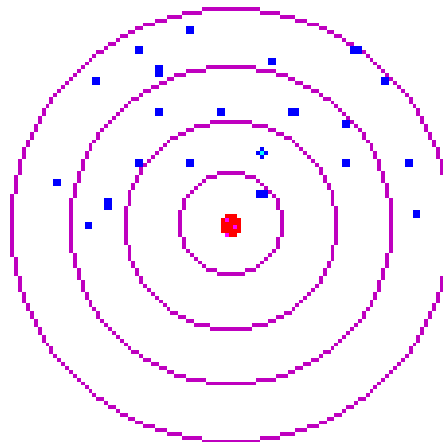
# Reliability and Validity (page 40)

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



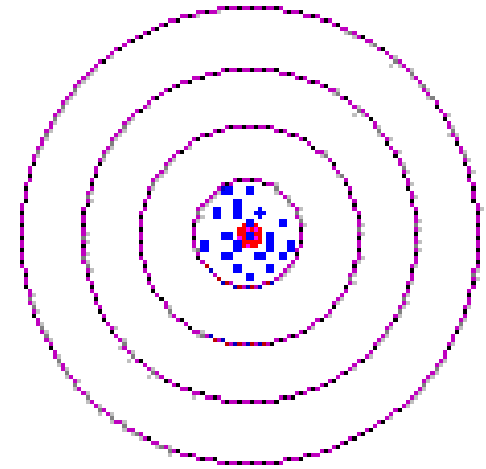
**Reliable  
Not Valid**

Consistent,  
but wrong



**Neither Reliable  
Nor Valid**

Inconsistent &  
wrong



**Both Reliable  
And Valid**

Consistent &  
correct



# Evaluating Scientific Acceptability – Key Points

## (page 41)

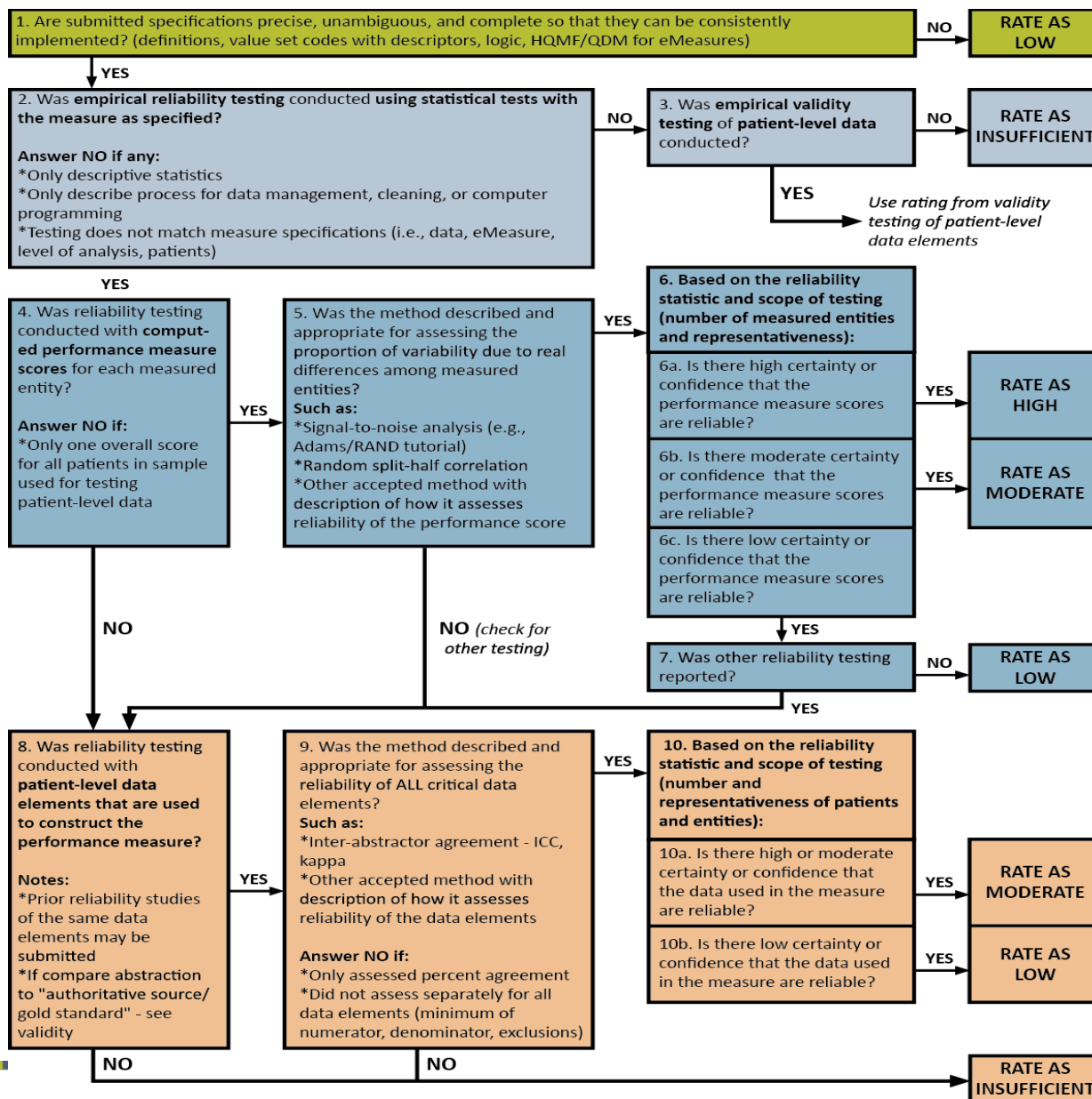
**Empirical analysis** to demonstrate the reliability and validity of the *measure as specified*, including analysis of issues that pose threats to the validity of conclusions about quality of care such as exclusions, risk adjustment/stratification for outcome and resource use measures, methods to identify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

# Reliability Testing

## Key points - page 42

- 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

# Rating Reliability: Algorithm #2 – page 43



# Validity testing (pages 44 - 49)

## Key points – page 47

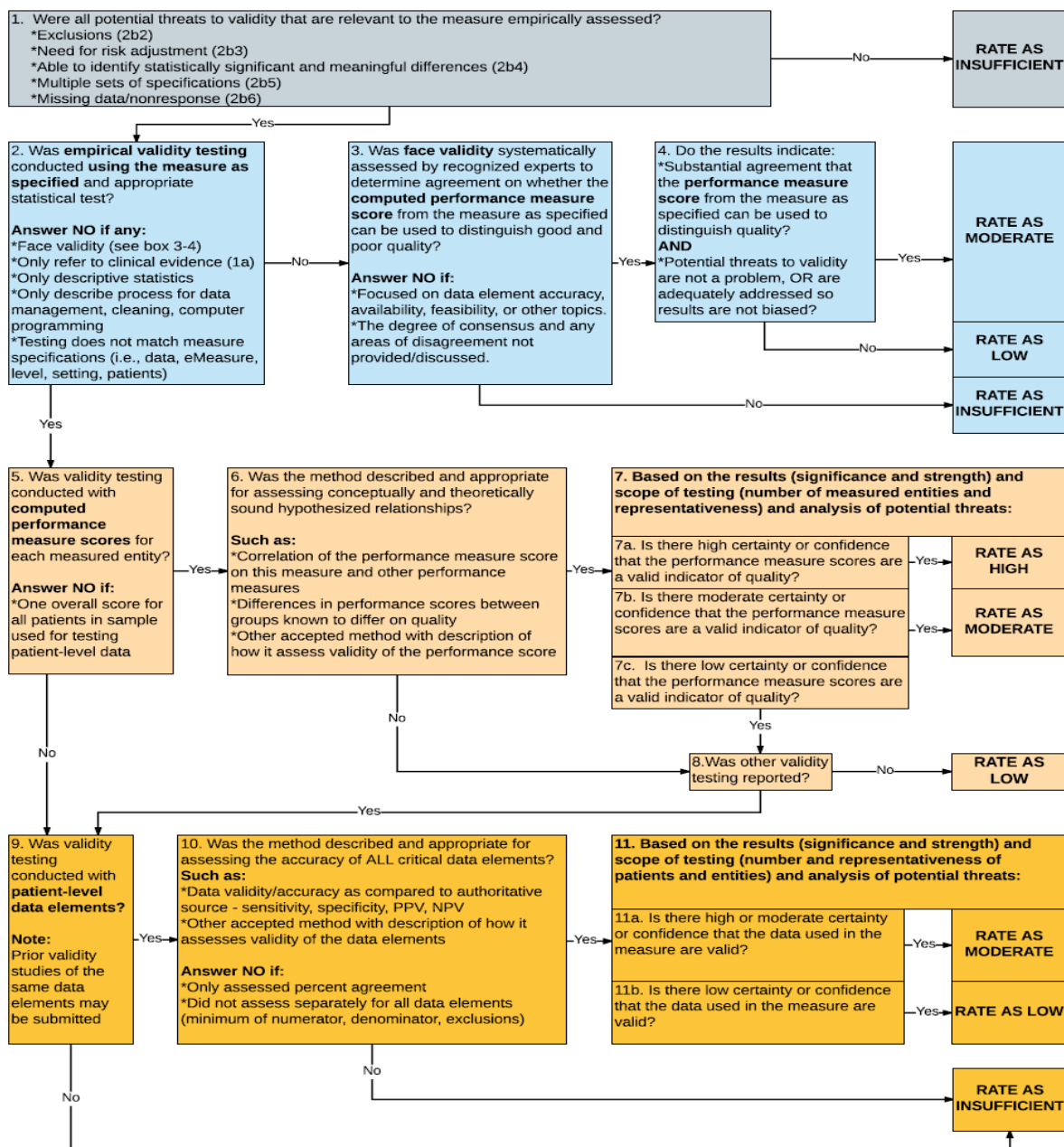
### ■ Empirical testing

- *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.

# Rating Validity: Algorithm #3 – page 48



# 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"><li>• Measure specifications are precise with all information needed to implement the measure</li></ul>	NO DIFFERENCE: Require updated specifications
<ul style="list-style-type: none"><li>• Reliability</li><li>• Validity (including risk-adjustment)</li></ul>	<p><b>DECREASED EMPHASIS:</b> 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 49)

## Key Points – page 50

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 50)

## Key Points – page 51

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) **Now 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

New measures	Maintenance measures
Feasibility	
<ul style="list-style-type: none"><li>Measure feasible, including eMeasure feasibility assessment</li></ul>	NO DIFFERENCE: Implementation issues may be more prominent
Usability and Use	
<ul style="list-style-type: none"><li>Use: used in accountability applications and public reporting</li></ul>	<b>INCREASED EMPHASIS:</b> Much greater focus on measure use and usefulness, including both impact and unintended consequences
<ul style="list-style-type: none"><li>Usability: impact and unintended consequences</li></ul>	

## Criterion #5: Related or Competing Measures (page 51-52)

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: Fall 2017 and 2018

- Gap can be based on literature and/or data based on ICD-9 or ICD-10 coding
- Submit updated ICD-10 reliability testing if available; if not, testing based on ICD-9 coding will suffice
- Submit updated validity testing
  - *Submit updated empirical validity testing on the ICD-10 specified measure, **if available***
  - ***OR** face validity of the ICD-10 coding scheme **plus face validity** of the measure score as an indicator of quality*
  - ***OR** face validity of the ICD-10 coding scheme **plus score-level** empirical validity testing based on ICD-9 coding*
  - ***OR** face validity of the ICD-10 coding scheme **plus data element** level validity testing based on ICD-9 coding, with face validity of the measure score as an indicator of quality due at **annual update***

# Questions?

# SharePoint Overview


# SharePoint Overview

<http://share.qualityforum.org/Projects/PatientExperienceandFunction/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:

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QUALITY FORUM**

Cardiovascular ▸ Home





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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
	<a href="#">CDP Standing Committee Policy</a>	1/16/2014 2:38 PM	Wunmi Isijola
	<a href="#">Committee Guidebook</a>	1/10/2014 10:20 AM	Wunmi Isijola
	<a href="#">Measure Evaluation Criteria Guidance 2013</a>	1/16/2014 2:38 PM	Wunmi Isijola
	<a href="#">Measure Information- What Good Looks Like</a>	1/16/2014 2:36 PM	Wunmi Isijola


 Add document


### Measure Documents

Measure Number	Name	Description	Measure Steward/Developer	Measure Sub-Topic
<b>Measure Sub-Topic : (1)</b>				
0521	<a href="#">Heart Failure Symptoms Assessed and Addressed</a>	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
<b>Meeting Title : 1/30/2014 Orientation Call (1)</b>			
	<a href="#">NQF Cardiovascular Project Orientation Agenda</a>	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
---	------	-------------

 **Measure Sub-Topic : (1)**

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 eMeasure Technical Review if needed, and preliminary ratings*
  - *Member and Public comments*
  - *Information submitted by the developer*
    - » Evidence and testing attachments
    - » Spreadsheets
    - » Additional documents

# Next Steps

# Next Steps

Activity	Date
Commenting & member support period on submitted measures opens	December 5
<b>Orientation Call &amp; QA Call</b>	<b>Wednesday, December 6th, 2:00-4:00 PM</b>
Committee receives measures and preliminary analyses for review	January 4, 2018
<b>In-Person Meeting (1 day in Washington, D.C.)</b>	<b>Wednesday, January 31</b>
<b>Post-Meeting Conference Call</b>	<b>Monday, February 5, 1:00-3:00pm</b>
Report Posted for Public Comment	March 8 - April 6
<b>Post Draft Report Comment Call</b>	<b>Friday, April 20, 2:00-4:00pm</b>
CSAC Review Recommendations	May 21 - June 11
Appeals Period	June 13 - July 12
Final Report Posted	August 2018

# Project Contact Info

- Email: [PatientExperienceandFunction@qualityforum.org](mailto:PatientExperienceandFunction@qualityforum.org)
- NQF Phone: 202-783-1300
- Project page:  
[http://www.qualityforum.org/Project\\_Pages/PatientExperienceandFunction.aspx](http://www.qualityforum.org/Project_Pages/PatientExperienceandFunction.aspx)
- SharePoint site:  
<http://share.qualityforum.org/Projects/PatientExperienceandFunctionSitePages/Home.aspx>

# Questions?

THANK YOU