NATIONAL QUALITY FORUM

TO: Consensus Standards Approval Committee

FR: Reva Winkler, MD, MPH and Alexis Forman, MPH

RE: Results of Voting for *National Voluntary Consensus Standards for Patient Outcomes: First Report*

DATE: August 10, 2010

The CSAC will review the draft report *National Voluntary Consensus Standards for Patient Outcomes: First Report* during the August 12, 2010, conference call. This memo includes summary information about the project and the recommended measures and the Member voting results. The complete voting draft report and supplemental materials are available on the project webpage.

CSAC ACTION REQUIRED

Pursuant to the Consensus Development Process (CDP), the CSAC may consider approval of eight candidate consensus standards as specified in the voting draft of *National Voluntary Consensus Standards for Patient Outcomes, First Report for Phases 1 and 2: A Consensus Report*. This project followed NQF's version 1.8 of the CDP. All CDP steps were adhered to, and no concerns regarding the process were received.

BACKGROUND

To date NQF has endorsed more than 200 outcome measures in a variety of topic areas. As greater focus is placed on evaluating the outcomes of episodes of care, additional measures of patient outcomes are needed. The results or outcomes of an episode of healthcare are inherently important because they reflect the reason consumers seek healthcare (e.g., to improve function, decrease pain, or survive), as well as the result healthcare providers are trying to achieve. Outcome measures also provide an integrative assessment of quality reflective of multiple care processes across the continuum of care. There are a variety of types of outcome measures such as health or functional status, physiologic measurements, adverse outcomes, patient experience with care, and morbidity and mortality. The first report of NQF's multi-phase Patient Outcomes project recommends eight candidate consensus standards for endorsement. The Patient Outcomes project will address additional topic areas in the coming months, including Mental Health and Child Health.

COMMENTS AND THEIR DISPOSITION

NQF received comments from 42 organizations on the draft report; some of the same comments were received from multiple organizations. Each measure-specific comment was forwarded to the appropriate measure developers, who were invited to respond. A table of detailed comments submitted during the review period, with responses and actions taken by the Steering Committee, is posted on the NQF website.

General Comments

The Committee noted that many comments were supportive of the report's recommendations and some comments addressed issues such as age inclusions, disparities, and risk modeling that the Committee had already discussed in detail.

Risk modeling

The Committee discussed several comments about the use of hierarchical modeling, which appears to reduce the variation in results as not being useful for public reporting. Committee members agreed that this is a global issue for NQF to address and is not specific to this project. The Committee recommended that NQF provide additional guidance in the measure evaluation criteria regarding evaluation of risk models. The CSAC began to discuss this issue at the July 15, 2010, in-person meeting.

ED visit measures not recommended as standalone measures

The Steering Committee considered comments that disagree with the its decision to not recommend the emergency department (ED) visit measures for acute myocardial infarction (AMI) (OT1-002-09) and heart failure (OT1-006-09) as standalone measures, although they are recommended as components in the Care Transition composite measures (OT1-016-09 and OT1-017-09). The Committee noted that the original vote to not recommend these measures was close. Although the topic of ED visits after hospitalization was believed to be an important measure of care transition, the Technical Advisory Panel (TAP) and Committee members identified a number of concerns: ED visits for issues unrelated to the recent hospitalization and wide variation in the local use of EDs, particularly in areas with limited primary care services or where after-hours care in the ED is common practice. After further discussion of the comments, the Committee affirmed its decision to not recommend these measures as standalone measures.

Measure-Specific Comments

OT1-007-90 ICD implantation complications (Yale/CMS)
OT1-008-09 PCI readmission (Yale/CMS)

The Steering Committee noted a philosophical difference among stakeholders. Many supported a patient-centered, episode-of-care perspective in which a procedure is a part of the overall care for a chronic condition. Dissenting comments advocated for a focus on the immediate and related aspects of the procedure only. The Committee strongly supported the patient-centered approach.

> *Action taken:* Additional explanation of the Committee's rationale for recommending the measures is included in the report.

OT1-017-09 Care transition measure for heart failure (Brandeis/CMS)
OT1-016-09 Care transition measure for AMI (Brandeis/CMS)

These two composite measures combine the NQF-endorsed readmission measure and the measures of ED visits and evaluation and management (E&M) services after hospitalization for either AMI or heart failure. The ED visit measures and the E&M service measures were evaluated individually but not recommended as standalone measures. The three risk-adjusted component measures were combined with weightings of readmission (-4), ED visit (-2), and

E&M service (+1). A color table depicting how the three component measures relate to the composite result is attached.

The Committee noted that comments addressed issues such as the arbitrariness of weightings, variation in post-discharge follow-up, and the presentation of the results when publicly reported. Several comments suggested that all component measures within a composite measure should also be endorsed. If they are not, then the composite should not be endorsed.

> *Action taken*: To address these comments, additional information regarding the evaluation of composite measures and NQF's composite measures framework and evaluation criteria has been added to the report. The composite measure criteria indicate an expectation that all components of a measure be transparent and meet all of the NQF measure evaluation criteria but that they do not necessarily need to be deemed appropriate for public reporting as individual measures.

In response to a comment that the measures are untested, the measure developer clarified that the entire Medicare Fee for Service (FFS) dataset for these discharge diagnoses was used to develop and test the composite measures.

> *Action taken:* Information regarding testing is available on the measure submission form and the comment table. The Committee noted that although the measure has been tested it has not yet been deployed, and results have not been provided to hospitals.

OT1-019-09 HRQoL in COPD patients (American Association of Cardiovascular and Pulmonary Rehabilitation)
In response to the comment that there is no standardized tool for assessing HRQoL, the Committee suggested that the testing of this measure include a comparison of tools.

> *Action taken:* The Committee's suggestions regarding testing have been forwarded to the measure developer along with NQF's testing requirements in the time-limited endorsement policy.

OT1-020-09 Functional capacity in COPD patients (American Association of Cardiovascular and Pulmonary Rehabilitation)
Several comments highlighted an inconsistency in the specifications of the measure (target of 25 meters instead of 54 meters) compared to the discussion.

> *Action taken*: The measure developer has changed the specifications (see Appendix A in the report).

These two measures (OT1-019-09 and OT1-020-09) are recommended for time-limited endorsement. The measure developer has been advised of NQF's policy for time-limited endorsement and updated requirements for testing.

OT1-023-09 ICU LOS (UCSF)
OT1-024-09 ICU Mortality (UCSF)
Several comments questioned the use of these measures at the clinician level of analysis. The measure developer agreed that these measures are not intended for use at the clinician level. The Committee considered the measure developer's response to comments regarding the appropriateness of reporting both observed and adjusted results. The measure developer responded that in California the adjusted results are publicly reported, but both the observed and adjusted results are reported to the providers. The Committee determined that the response was reasonable. The Committee acknowledged the comments that disagreed with the recommendation to endorse the measures. These comments noted that intensive care unit (ICU) patients and facilities are quite variable, and the measures take into account system factors. However, the Committee was not compelled to change its recommendation to endorse the measures.

> *Action taken*: The measure developer removed "clinician" from both measure submission forms.

Recommendation for endorsement includes pairing of the ICU LOS measure with the ICU mortality measure. The ICU mortality measure may be used alone.

NQF MEMBER VOTING

The 30-day voting period for the first report of the Patient Outcomes project closed on August 6, 2010. Comments were submitted by the American College of Physicians (ACP), explaining the reasoning behind its "no vote" on three measures. These comments are included under the voting results for each measure in this memo.

Voting Results

Voting results for the eight candidate consensus standards are provided below. Voting comments are also provided for each measure.

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MEASURE OT1-007-09: Hospital risk-standardized complication rate following implantation of implantable cardioverter-defibrillator (ICD)

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/ (Total - Abstain)	
Consumer	6	0	0	6	100%	**% of Councils**
Health Plan	3	0	0	3	100%	**Approving**
Health Professional	6	2	4	12	75%	**(>50%)**
Provider Organization	5	4	0	9	56%	100%
Public/Community Health Agency	0	0	0	0		
Purchaser	4	0	0	4	100%	**Average**
QMRI	5	0	0	5	100%	**Council**
Supplier/Industry	1	0	0	1	100%	**Approval Rate**
All Councils	**30**	**6**	**4**	**40**	**83%**	**90%**

Voting comments: The ACP voted against the measure "because of concerns over the risk-adjustment model. The C-statistic of 0.66 is low which limits the models ability to predict individual patient outcomes. The precision of these risk-adjusted models needs to be high. They require further development before they are endorsed."

Staff note: The biostatistician's evaluation of the risk model is available on page 6 of the measure's information, which is posted on the project webpage.

MEASURE OT1-008-09: Hospital 30-day risk-standardized readmission rates following percutaneous coronary intervention (PCI)

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/ (Total - Abstain)	
						% of Councils Approving (>50%)
Consumer	6	0	0	6	100%	
Health Plan	3	0	0	3	100%	
Health Professional	6	2	4	12	75%	
Provider Organization	4	4	1	9	50%	100%
Public/Community Health Agency	0	0	0	0		
Purchaser	4	0	0	4	100%	**Average Council % Approval**
QMRI	5	0	0	5	100%	
Supplier/Industry	1	0	0	1	100%	
All Councils	**29**	**6**	**5**	**40**	**83%**	**89%**

Voting comments: The ACP voted against the measure "because of concerns over the risk-adjustment model. The C-statistic of 0.66 is low which limits the models ability to predict individual patient outcomes. The precision of these risk-adjusted models needs to be high. They require further development before they are endorsed."

Staff note: The biostatistician's evaluation of the risk model is available on page 5 of the measure's information, which is posted on the project webpage. For comparison, the c-statistics for other NQF-endorsed readmission measures are 0.63 for AMI readmission and 0.63 for pneumonia readmission.

MEASURE OT1-016-09: 30-day post-hospital AMI discharge care transition composite measure

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/ (Total - Abstain)	
Consumer	6	0	0	6	100%	**% of Councils Approving (>50%)**
Health Plan	3	0	0	3	100%	
Health Professional	5	4	3	12	56%	
Provider Organization	6	2	1	9	75%	100%
Public/Community Health Agency	0	0	0	0		
Purchaser	4	0	0	4	100%	**Average Council Approval Rate**
QMRI	4	1	0	5	80%	
Supplier/Industry	1	0	0	1	100%	
All Councils	**29**	**7**	**4**	**40**	**81%**	**87%**

Voting comments: The ACP voted against this measure "because the individual measures within these composite measures have not been adequately tested. Specifically the individual E & M measure (within each composite measure) suffers from bi-directionality of interpretation which limits the validity and reliability of this measure. This measure requires further development and testing to determine its validity and reliability before being endorsed."

Staff note: The results of testing of the component measures for this composite measure are detailed in a technical report contained in the measure information for OT1-002-09 30-day post-AMI discharge ED visit and OT1-003-09 30-day post AMI discharge E&M service measure.

MEASURE OT1-017-09: 30-day post-hospital HF discharge care transition composite measure

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/ (Total - Abstain)	
						% of Councils Approving (>50%)
Consumer	6	0	0	6	100%	
Health Plan	3	0	0	3	100%	
Health Professional	5	4	3	12	56%	
Provider Organization	6	3	0	9	67%	100%
Public/Community Health Agency	0	0	0	0		
Purchaser	4	0	0	4	100%	**Average Council Approval Rate**
QMRI	4	1	0	5	80%	
Supplier/Industry	1	0	0	1	100%	
All Councils	**29**	**8**	**3**	**40**	**78%**	**86%**

Voting comments: The ACP voted against this measure "because the individual measures within these composite measures have not been adequately tested. Specifically the individual E & M measure (within each composite measure) suffers from bi-directionality of interpretation which limits the validity and reliability of this measure. This measure requires further development and testing to determine its validity and reliability before being endorsed."

Staff note: The results of testing of the component measures for this composite measure are detailed in a technical report contained in the measure information for OT1-006-09 30-day post-HF discharge ED visit and OT1-004-09 30-day post HF discharge E&M service measure.

MEASURE OT1-019-09: Health-related quality of life in COPD patients before and after pulmonary rehabilitation (for time-limited endorsement)

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/ (Total - Abstain)	
						% of
Consumer	6	0	0	6	100%	**Councils**
Health Plan	2	1	0	3	66%	**Approving**
Health Professional	5	2	5	12	71%	**(>50%)**
Provider Organization	5	2	2	9	71%	100%
Public/Community Health Agency	0	0	0	0		
Purchaser	4	0	0	4	100%	**Average**
QMRI	4	1	0	5	80%	**Council**
						Approval
Supplier/Industry	1	0	0	1	100%	**Rate**
All Councils	**27**	**6**	**7**	**40**	**82%**	**84%**

MEASURE OT1-020-09: Functional capacity in COPD patients before and after pulmonary rehabilitation (for time-limited endorsement)

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/ (Total - Abstain)	
						% of
Consumer	6	0	0	6	100%	**Councils**
Health Plan	2	1	0	3	67%	**Approving**
Health Professional	7	0	5	12	100%	**(>50%)**
Provider Organization	5	2	2	9	71%	100%
Public/Community Health Agency	0	0	0	0		
Purchaser	4	0	0	4	100%	**Average**
QMRI	5	0	0	5	100%	**Council**
						Approval
Supplier/Industry	1	0	0	1	100%	**Rate**
All Councils	**30**	**3**	**7**	**40**	**91%**	**91%**

MEASURE OT1-023-09: Intensive care unit (ICU) length-of-stay (LOS)

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/ (Total - Abstain)	
						% of Councils Approving (>50%)
Consumer	6	0	0	6	100%	100%
Health Plan	3	0	0	3	100%	
Health Professional	7	1	4	12	88%	
Provider Organization	5	4	0	9	56%	
Public/Community Health Agency	0	0	0	0		
Purchaser	4	0	0	4	100%	**Average Council Approval Rate**
QMRI	3	0	2	5	100%	
Supplier/Industry	1	0	0	1	100%	
All Councils	**29**	**5**	**6**	**40**	**85%**	**92%**

MEASURE OT1-024-09: Intensive care: In-hospital mortality rate

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/ (Total - Abstain)	
						% of Councils Approving (>50%)
Consumer	6	0	0	6	100%	100%
Health Plan	3	0	0	3	100%	
Health Professional	7	1	4	12	88%	
Provider Organization	6	3	0	9	66%	
Public/Community Health Agency	0	0	0	0		
Purchaser	4	0	0	4	100%	**Average Council Approval Rate**
QMRI	3	0	2	5	100%	
Supplier/Industry	1	0	0	1	100%	
All Councils	**30**	**4**	**6**	**40**	**88%**	**93%**