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, Second Report for Phases 1 and 2: A Consensus Report*

DA: October 1, 2010

The CSAC will be reviewing the draft report *National Voluntary Consensus Standards for Patient Outcomes: Second Report* on the October 14 conference call. This memo includes summary information about the project, the recommended measures and the Member voting results. The complete voting draft report and supplemental materials are available on the project page.

CSAC ACTION REQUIRED

Pursuant to the CDP, the CSAC may consider approval of 9 candidate consensus standards as specified in the "voting draft" of *National Voluntary Consensus Standards for Patient Outcomes, Second 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 outcome of episodes of care, additional measures of patient outcomes are needed to fill gaps in the current portfolio. 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, 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 second report of NQF's multi-phase Patient Outcomes project recommends 9 candidate consensus standards for endorsement.

Comments and their Disposition

NQF received comments from 25 organizations on the second draft report of the Patient Outcomes project. Some of the same comments were received from multiple organizations. All measure-specific comments were forwarded to the 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 voting web page.

General comments

The Committee was advised that many comments were supportive of the report's recommendations, while some comments expressed concerns about composite measures and highlighted gap areas. The Committee had previously discussed these issues in detail.

Measure specific comments

Measure not recommended: OT1-028-09 HbA1c control for a selected population
One comment supported this measure as a stand-alone measure. The Committee referred to findings in the recent ACCORD trial that was stopped due to increased cardiovascular mortality for patients under intensive treatment and because achieving HbA1c values near 6 did not improve microvascular impacts.

> *Action taken:* After discussion of the comment, the Committee affirmed its original decision to not recommend this measure.

Measure not recommended: OT1-011-09 Post-operative stroke or death in asymptomatic patients undergoing carotid endarterectomy
A comment suggested reconsideration of OT1-011-09 which was not recommended due to a lack of a systematic method to identify stroke, because it was believed that the average length-of-stay was short, and because the measure did not adequately address the appropriateness of carotid endarterectomy procedures. NQF staff advised the Committee that the measure developers had not submitted any revisions to the measure and had not responded to the Committee's concerns.

> *Action taken*: After discussion of the comment, the Committee affirmed its original decision to not recommend this measure.

Measure not recommended: OT1-012-09 Coronary artery bypass graft (CABG) procedure and postoperative stroke during the hospitalization or within 7 days of discharge
A comment suggested that the Committee reconsider their recommendation. NQF staff noted that NQF has previously endorsed a risk-adjusted, 30-day post-operative stroke morbidity measure from The Society of Thoracic Surgeons (STS).

> *Action taken:* The Committee believed that this measure did not provide any added value to NQF's measure portfolio. The Committee affirmed its original decision to not recommend this measure.

OT1-010-09 Acute myocardial infarction (AMI) mortality rate
Several comments discussed the issues of implementation, harmonization, open source availability of the risk model and the comparison of similar endorsed measures.

> *Action taken*: Members of the Committee agreed that the candidate standard is related to the Centers for Medicare and Medicaid Services' 30-day mortality measure. However, they believed that this measure captures different information for stakeholders and provides added value to the current portfolio. Committee members agreed the measure is important to publicly report. The Committee did not modify its recommendation.

OT1-013-09 STS CABG composite score
Some comments expressed issues with the use of registry data. The measure developer indicated that 90 percent of the programs in the United States are currently participating in the STS database. The measure developer also stated that they plan to publicly report the individual components as well as the composite result.

Several comments supported the Committee's recommendation of the measure without the star reporting system using the 98 percent confidence intervals.

> *Action taken*: The issue of the embedded star reporting specifications and standardizing confidence intervals was discussed by the Consensus Standards Approval Committee (CSAC) previously and the discussion is included in the draft report.

OT2-022-09 Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year
Comments voiced similar questions of the definitions of potentially avoidable conditions (PACs), which had been discussed by the Committee in detail. The developers indicated that the term "potentially" was selected very specifically to indicate that these complications are potentially avoidable, not absolutely avoidable. The nature and type of each PAC included in the overall metric is clearly defined.

Concerns were raised regarding the level of analysis, which included individual clinicians. The developers clarified that the measure is intended for high levels such as health plans or groups and not for individuals.

A comment suggested that the measure developer did not provide sufficient evidence to meet the criteria for reliability. The measure developer stated that since the original submission of the measure, approximately 20 health plans have tested the measure using their datasets. Although the results varied across the health plans, the percentages of PACs were high.

> *Action taken:* The measure submission form will be updated to include the new data on reliability. The measure submission forms were reviewed and confirmed that the measures is indicated for plan, group or system-level analysis.

OT1-015-09 Risk-adjusted case mix adjusted elderly surgery outcomes measure
OT2-002-09 Risk-adjusted colorectal surgery outcome measure
Several comments were raised regarding the issue of the burden of data collection. There was a concern regarding the use of CPT codes rather than ICD-9 codes which are commonly used by hospitals. The measure developer indicated that CPT codes capture a level of procedural detail that ICD-9 codes do not. There were also comments about the burden of medical record abstraction.

> *Action taken:* These comments address issues that were previously discussed by the Committee and the limited number of data elements collected for the measure was emphasized. The Committee agreed that the burden of data collection is offset by the fact that these are good measures that provide important information about the quality of surgical care. The Committee did not modify its recommendation.

OT2-005-09 30-day post-hospital PNA (pneumonia) discharge care transition composite measure

The Committee noted that comments addressed similar issues to those of the AMI (OT1-016-09) and heart failure (OT1-017-09) discharge care transition composite measures from the first report. Several comments suggested that all component measures within a composite measure should also be endorsed.

> *Action taken:* Additional information regarding evaluation of composite measures and NQF's composite measures framework and evaluation criteria was added to the report. The composite measure criteria indicate an expectation that all components of a composite measure be transparent and meet all of the NQF measure evaluation criteria but do not necessarily need to be recommended for public reporting as individual measures.

OT1-009-09 Optimal Diabetes Care

Numerous comments supported the Committee's decision to defer final recommendation until review of the updated ICSI guidelines and possible revisions to the measure in August 2010.

> *Action taken:* The Committee reconsidered the revised measures on September 17, 2010. The Committee recommended the measure for endorsement. The measure is currently out for vote by the NQF Membership. The voting results will be presented to the CSAC in November.

OT1-029-09 Comprehensive Diabetes Care

Various comments were submitted concerning the HbA1c less than 7 percent component of the composite measure.

> *Action taken:* After its discussion of the stand-alone HbA1c measure, the Committee decided to re-evaluate its recommendation of the Comprehensive Diabetes Care measure and to review the weightings again at the same time that they reconsider the revised Optimal Diabetes Care composite measure. The Committee again considered this measure on September 17, 2010. The Committee recommended the measure, which is currently being voted on by the NQF Membership. The voting results will be presented to the CSAC in November.

NQF MEMBER VOTING

The 30-day voting period for the second report of the Patient Outcomes project closed on September 15, 2010. Voting results for the nine candidate consensus standards are provided below. The Infectious Diseases Society of America (IDSA) submitted comments on two measures and America's Health Insurance Plans (AHIP) submitted a comment on one measure. Both organizations voted in favor of the measures. No comments were received from organizations voting against a measure. The comments are included under the voting results for each measure.

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MEASURE OT1-010-09: Acute Myocardial Infarction (AMI) Mortality Rate

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/ (Total - Abstain)	
Consumer	6	0	0	6	100%	**% of Councils**
Health Plan	5	0	0	5	100%	**Approving**
Health Professional	12	0	5	17	100%	**(>50%)**
Provider Organization	9	1	0	10	90%	100%
Public/Community Health Agency	0	0	0	0		
Purchaser	3	0	0	3	100%	**Average**
QMRI	2	1	0	3	67%	**Council**
Supplier/Industry	0	0	0	0		**Approval Rate**
All Councils	**37**	**2**	**5**	**44**	**95%**	**93%**

MEASURE OT1-013-09: The STS CABG Composite Score

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/ (Total - Abstain)	
Consumer	6	0	0	6	100%	**% of Councils**
Health Plan	5	0	0	5	100%	**Approving**
Health Professional	14	0	3	17	100%	**(>50%)**
Provider Organization	8	2	0	10	80%	100%
Public/Community Health Agency	0	0	0	0		
Purchaser	3	0	0	3	100%	**Average**
QMRI	3	0	0	3	100%	**Council**
Supplier/Industry	0	0	0	0		**% Approval**
All Councils	**39**	**2**	**3**	**44**	**95%**	**97%**

Voting comment: AHIP supported this measure and submitted the following comment:

- It would be important to have affordable access to the STS registry data as this measure, uses STS data.

Measure developer response: Data from the STS National Database (registry) are available on the STS Web site at www.sts.org. Data collection forms, complete data specifications, and Executive Summaries of recent quality reports are among the broad array of materials displayed. STS also provides access to registry data through various licensing agreements with third parties, which include insurers. STS now publicly reports data about the most frequently performed cardiac surgical procedure (coronary artery bypass graft - CABG) through an arrangement with Consumers Union and will provide free access to CABG quality results on its web site later this year, in November.

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MEASURE OT1-015-09: Risk-Adjusted Case Mix Adjusted Elderly Surgery Outcomes Measure

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/ (Total - Abstain)	
Consumer	6	0	0	6	100%	**% of Councils**
Health Plan	3	1	1	5	75%	**Approving**
Health Professional	11	1	5	17	92%	**(>50%)**
Provider Organization	9	0	1	10	100%	100%
Public/Community Health Agency	0	0	0	0		
Purchaser	3	0	0	3	100%	**Average**
QMRI	3	0	0	3	100%	**Council**
Supplier/Industry	0	0	0	0		**Approval Rate**
All Councils	**35**	**2**	**7**	**44**	**95%**	**94%**

MEASURE OT1-030-09: Proportion of AMI Patients that have a Potentially Avoidable Complication (during the Index Stay or in the 30-Day Post-Discharge Period)

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/ (Total - Abstain)	
Consumer	6	0	0	6	100%	**% of Councils**
Health Plan	5	0	0	5	100%	**Approving**
Health Professional	10	2	5	17	83%	**(>50%)**
Provider Organization	7	2	1	10	78%	83%
Public/Community Health Agency	0	0	0	0		
Purchaser	3	0	0	3	100%	**Average**
QMRI	1	2	0	3	33%	**Council**
Supplier/Industry	0	0	0	0		**Approval Rate**
All Councils	**32**	**6**	**6**	**44**	**84%**	**82%**

MEASURE OT1-031-09: Proportion of Stroke Patients that have a Potentially Avoidable Complication (during the Index Stay or in the 30-Day Post-Discharge Period)

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/ (Total - Abstain)	
Consumer	6	0	0	6	100%	**% of Councils**
Health Plan	4	0	1	5	100%	**Approving**
Health Professional	9	2	6	17	82%	**(>50%)**
Provider Organization	6	3	1	10	67%	83%
Public/Community Health Agency	0	0	0	0		
Purchaser	3	0	0	3	100%	**Average**
QMRI	1	2	0	3	33%	**Council**
Supplier/Industry	0	0	0	0		**Approval Rate**
All Councils	**29**	**7**	**8**	**44**	**81%**	**80%**

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MEASURE OT2-002-09: Risk-Adjusted Colorectal Surgery Outcome Measure

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/ (Total - Abstain)	
Consumer	6	0	0	6	100%	**% of Councils**
Health Plan	4	0	1	5	100%	**Approving**
Health Professional	12	1	4	17	92%	**(>50%)**
Provider Organization	8	1	1	10	89%	100%
Public/Community Health Agency	0	0	0	0		
Purchaser	3	0	0	3	100%	**Average**
QMRI	3	0	0	3	100%	**Council**
Supplier/Industry	0	0	0	0		**Approval Rate**
All Councils	**36**	**2**	**6**	**44**	**95%**	**97%**

MEASURE OT2-005-09: 30-Day Post-Hospital PNA (Pneumonia) Discharge Care Transition Composite Measure

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/ (Total - Abstain)	
Consumer	6	0	0	6	100%	**% of Councils**
Health Plan	5	0	0	5	100%	**Approving**
Health Professional	12	1	4	17	92%	**(>50%)**
Provider Organization	9	1	0	10	90%	100%
Public/Community Health Agency	0	0	0	0		
Purchaser	3	0	0	3	100%	**Average**
QMRI	2	1	0	3	67%	**Council**
Supplier/Industry	0	0	0	0		**Approval Rate**
All Councils	**37**	**3**	**4**	**44**	**93%**	**91%**

Voting comments: IDSA supported this measure but submitted the following comments:

- Active involvement by infectious disease (ID) physicians to assure that appropriate care, transitions, and follow-up planning occurs for patients with pneumonia should improve the results on this measure.
- How will you determine if an emergency department visit (or E&M visit for that matter) is related or unrelated to the recent pneumonia: using claims and ICD coding could result in gaming of this measure by providers (i.e., a complication of pneumonia could be attributed to something else); do all E&M visits (event those for unrelated diagnoses) count; who or what is going to determine what diagnoses are related/unrelated to the pneumonia?
- What is the difference between "avoidable" and routine complications-are their "expected" and "unexpected" complications?

Measure developer response: We agree that hospitals would have options to improve performance on this measure, which would be enhanced by involving ID physicians, other care providers, and other departments. Similar to the CMS readmission measure (borrowed into this composite), all ED visits count that occur within 30 days of discharge, and before any readmission. The measure is not attempting to serve as a "complication" measure by isolating utilization events that are specific to pneumonia or even direct complications. Similarly, all E&M visits count regardless of the diagnosis codes. The composite measure encompasses care trajectories, and encourages identification and handling of all conditions and situations that may occur during the immediate post-discharge period. Furthermore, the comparison of observed to expected values recognizes that unrelated or incidental events can occur within any (and all) hospital's patient cohorts. As with clinical outcome measures, it is recognized that not all events are avoidable, and "perfect scores" are not expected realistically. In other words, a hospital's actual observed rates (E&M; ED; readmission) are compared to expected rates, which not only adjust for potential case mix factors, but also reflect baseline or "unavoidable" rates of complications, injuries, or new illnesses that occur naturally in any patient population.

MEASURE OT2-013-09: Proportion of Pneumonia Patients that have a Potentially Avoidable Complication (during the Index Stay or in the 30-Day Post-Discharge Period)

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/ (Total - Abstain)	
Consumer	6	0	0	6	100%	**% of Councils**
Health Plan	5	0	0	5	100%	**Approving**
Health Professional	11	2	4	17	85%	**(>50%)**
Provider Organization	7	2	1	10	78%	83%
Public/Community Health Agency	0	0	0	0		
Purchaser	3	0	0	3	100%	**Average**
QMRI	1	2	0	3	33%	**Council**
Supplier/Industry	0	0	0	0		**Approval Rate**
All Councils	**33**	**6**	**5**	**44**	**85%**	**83%**

Voting comments: IDSA supported this measure but submitted the following comments:

- ID physicians' involvement up front and early should reduce avoidable complications.
- IDSA would have concerns about results being routinely attributed to ID physicians, especially in cases when ID physicians are not consulted until one of these complications occurs (i.e., after the fact).
- How are the terms "avoidable" and "complication" defined, what is the monitoring process going to be, and which hospital-based providers will be "on the hook" for complications?
- It is critical that hospitals partner with ID physicians and other providers to assure appropriate attribution and good results.

Measure developer response: The purpose of this measure is to create "system" accountability around the patient. This measure is designed to create broad accountability for the many complications that occur to patients who are admitted for pneumonia. We do not specify in our measure who the PAC should be attributed to. It could be attributed to the health system, provider group or any other accountable entity that ISDA would think suitable. The idea is to measure the occurrence of these potentially avoidable complications so that "teams" could be structured around reducing the PACs. It is up to the user to decide the level of accountability.

MEASURE OT2-022-09: Proportion of Patients with a Chronic Condition that have Potentially Avoidable Complication during a Calendar Year

Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/ (Total - Abstain)	
Consumer	6	0	0	6	100%	**% of Councils**
Health Plan	5	0	0	5	100%	**Approving**
Health Professional	8	2	7	17	80%	**(>50%)**
Provider Organization	7	2	1	10	78%	83%
Public/Community Health Agency	0	0	0	0		
Purchaser	3	0	0	3	100%	**Average**
QMRI	1	2	0	3	33%	**Council**
Supplier/Industry	0	0	0	0		**Approval Rate**
All Councils	**30**	**6**	**8**	**44**	**83%**	**82%**