NATIONAL QUALITY FORUM

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR PATIENT OUTCOMES
CONFERENCE CALL FOR THE MAIN OUTCOMES STEERING COMMITTEE
July 27, 2010

*Committee Members Present***:** Joyce Dubow, MUP (co-chair); Lee Fleisher, MD (co-chair); Lawrence Becker, MD; Anne Deutsch, PhD, RN; Brian Fillipo, MD, MMM, FACP; Linda Gerbig, RN, MSPH; Edward Gibbons, MD; Patricia Haugen; David Herman, MD; David Hopkins, MS, PhD; Dianne Jewell, PT, DPT, PhD, CCS; David Johnson, MD, FACP, FACG, FASGE; Burke Kealey, MD, FHM; Lee Newcomer, MD, MHA; Vanita Pindolia, PharmD, BCPS; Amy Rosen, PhD; Barbara Turner, MD, MSED, MA, FACP, Barbara Yawn, MD

*Measure Developers Present***:**, Susannah Bernheim, MD; John Bott, MSSW, MBA; Sepheen Bryon; Mark Cohen, PhD; John Cooper, MD; Jeptha Curtis, MD; Mayur Desai, PhD, MPH; Lori Geary; Jane Han, MSW; Harland Krumholz, MD; Diane Mayberry, MHA; Valerie Oster; Zakiya Pierre; Collette Pitzen, RN, BSN, CPHQ; Amita Rastogi, MD, MHA; Dana Rey, MPH; Jessica Riehle; Christopher Tompkins, PhD

*NQF Staff Present***:** Heidi Bossley, MSN, MBA; Reva Winkler, MD, MPH; Alexis Forman, MPH; Hawa Camara, MPH

INTRODUCTION

The purpose of this conference call was for the Steering Committee to review the NQF Member and public comments on the second report of the Patient Outcomes: Phases I and II project. Dr. Fleisher requested Committee members disclose any conflicts of interest regarding the measures being discussed. No disclosures were offered.

DISCUSSION OF SUBMITTED COMMENTS

The Committee received a table with submitted comments and proposed responses drafted by NQF staff and the measure developers. NQF staff identified several comments for specific discussion. Committee members also identified additional comments for discussion.

<u>General Comments</u>

The Committee was advised that many comments were supportive of the report's recommendations and some comments addressed concerns about composite measures and highlighted gap areas. The Committee had previously discussed these issues in detail. The voting draft of this second report will include the additional information addressing these items that was added to the first report.

Measure Specific Comments

Recommended Measures:

Acute myocardial infarction (AMI) mortality rate (OT1-010-09)

Several comments discussed the issues of implementation, harmonization, open source availability of the risk model, and the comparison of similar endorsed measures. 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 deemed the measure important to publicly report. The Committee did not modify its recommendation.

The STS CABG composite score (OT1-013-09)

Some comments expressed issues with the use of registry data. The measure developer indicated that 90 percent of the hospitals performing coronary artery bypass graft (CABG) in the United States are currently participating in The Society of Thoracic Surgeons (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. The issue of the embedded star reporting specifications and standardizing confidence intervals will be discussed on a more global level by the Consensus Standards Approval Committee (CSAC) on their August 12 conference call.

Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year (OT2-022-09)

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 potentially avoidable complications (PACs) were high. The measure submission form will be updated to include the new data.

Risk-adjusted case mix adjusted elderly surgery outcomes measure (OT1-015-09)
Risk-adjusted colorectal surgery outcome measure (OT2-002-09)
Several comments were raised regarding the issue of the burden of data collection. There was a concern regarding the use of current procedural terminology (CPT) codes rather than international classification of diseases, ninth revision (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. These same 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 quality of surgical care. The Committee did not modify its recommendation.

30-day post-hospital PNA (pneumonia) discharge care transition composite measure (OT2-005-09)
The Committee noted that comments addressed similar issues to those of the acute myocardial infarction (AMI) (OT1-016-09) and heart failure (OT1-017-09) composites from the first report. Several comments suggested that all component measures within a composite measure should also be endorsed. To address these comments, it was decided that additional information regarding the evaluation of composite measures and NQF's composite measures framework and evaluation criteria should be 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 deemed appropriate for public reporting as individual measures.

Measures Not Recommended:
HbA1c control for a selected population (OT1-028-09)
One comment supported this measure as a stand-alone measure. The Committee referred to findings in the recent Action to Control Cardiovascular Risk in Diabetes (ACCORD) trial that was stopped due to increased cardiovascular mortality for patients under intensive treatment and because achieving

hemoglobin A1c (HbA1c) values near 6 did not improve microvascular impacts. The Committee affirmed its original decision to not recommend this measure.

Post-operative stroke or death in asymptomatic patients undergoing carotid endarterectomy (OT1-011-09)

A comment suggested that the Committee reconsider its recommendation. Measure OT1-011-09 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 provided any additional information addressing these concerns.

Coronary artery bypass graft (CABG) procedure and postoperative stroke during the hospitalization or within 7 days of discharge (OT1-012-09)

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). The Committee believed that this measure did not provide any added value to NQF's measure portfolio.

Measures without Final Recommendation:

Optimal diabetes care (OT1-009-09)

Numerous comments supported the Committee's decision to defer final recommendation until review of the Institute for Clinical Systems Improvement (ICSI) guidelines. The Committee will revisit this measure and formally vote on it in September 2010.

Comprehensive diabetes care (OT1-029-09)

Various comments were submitted concerning the hemoglobin A1c (HbA1c) less than 7 percent component of the composite measure. 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 will revisit this measure and formally vote on it in September 2010.

DISCUSSION OF RISK ADJUSTMENT

Dr. Hopkins and Dr. Rosen led the discussion of the risk-adjustment memo they sent to the Committee for further discussion. This memo stimulated discussion to identify analytical approaches to risk adjustment and in turn, strengthen the current NQF criteria of risk adjustment. Staff noted that this is a global issue at NQF and encouraged members of the Committee to participate in future discussions. CSAC has begun discussing this issue at their in person meeting on July 15, 2010.

Next Steps

- The final versions of the comment table and the revised draft report will be sent to the Committee for review.
- NQF Member voting on the measures in the second report is scheduled for August 16-September 14, 2010.
- The Committee will meet again via conference call in September 2010 to review the Optimal diabetes care measure (OT1-009-09) and the Comprehensive diabetes care measure (OT1-029-09)
- NQF staff will be sending drafts of the gaps recommendations to the Committee in the next few weeks.