

NATIONAL QUALITY FORUM

National Voluntary Consensus Standards for PATIENT OUTCOMES COMMITTEE Summary of the Main Outcomes Steering Committee Conference Call June 21, 2010

Committee Members Present: Joyce Dubow, MUP (co-chair); Lee Fleisher, MD (co-chair); Lawrence Becker, MD; Anne Deutsch, PhD, RN; Linda Gerbig, RN, MSPH; Edward Gibbons, MD; Sheldon Greenfield, MD; Linda Groah, RN, MSN; Patricia Haugen; David Herman, MD; Dianne Jewell, PT, DPT, PhD, CCS; David Johnson, MD, FACP, FACG, FASGE; Iver Juster, MD; Barbara Yawn, MD

Measure Developers Present: Adams Dudley, MD; Christopher Tompkins, PhD

NQF Staff Present: Helen Burstin, MD, MPH; Reva Winkler, MD, MPH; Heidi Bossley, MSN, MBA; Alexis Forman, MPH; Sarah Fanta; 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 first report of the Patient Outcomes: Phases I and II project. Co-chair Lee 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. Project consultant, Reva Winkler, identified several comments for specific discussion. Committee members also identified additional comments for discussion.

General comments

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

The Committee addressed several comments on the use of hierarchical modeling that may reduce the variation in the results to the point where it would be viewed as not useful for public reporting. Committee members agreed that this is global to NQF rather than specific to the outcomes project. The Committee recommends that NQF provide additional guidance in the measure evaluation criteria regarding evaluation of risk models.

The Committee considered comments disagreeing with its decision not to recommend the ED visit measures for AMI (OT1-002-09) and heart failure (OT1-006-09). The Committee noted that the vote not to recommend this measure originally had been close and considered whether another vote should be taken. Consensus of the Committee was not to re-vote this measure.

Measure specific comments

ICD implantation complications (OT1-007-90) and PCI readmission (OT1-008-09)

Dr. Winkler advised the Committee that the comments received generally reiterated issues raised during the Committee discussions. The Steering Committee noted a philosophical difference among the 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. Additional explanation of this philosophical disagreement will be included in the report.

Care transition measures for heart failure (OT1-017-09) and AMI (OT1-016-09)

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The Committee noted that comments addressed issues such as the arbitrariness of weightings, positive and negative aspects of the measures, 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. To address these comments, it was decided that additional information regarding 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.

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.

The Committee again reiterated the need for greater education about composite measures and how to interpret public reports of the results.

HRQoL in COPD patients (OTI-019-09)

In response to the comment that there is not a standardized tool for assessing HRQoL, the Committee suggested that the testing of this measure include a comparison of tools. The Committee acknowledged that several questions regarding the measures need to be evaluated during testing as required by time-limited endorsement.

NQF staff advised the Committee that the measure developers will be responding to the comments; the responses will be provided to the Committee for review.

Functional capacity in COPD patients (OTI-020-09)

NQF staff advised the Committee that the measure developers will change the specifications of the measure (target of 25 m instead of 54 m).

ICU LOS (OTI-023-09) and ICU Mortality (OTI-024-09)

The measure developer agreed that these measures are not intended for use at the clinician level and will change the information in the submission form. The Committee considered the measure developer's response to comments regarding the appropriateness of reporting both observed and adjusted results. The Committee acknowledged the comments that disagree with the recommendation to endorse the measure. Commenters noted that ICU patients and facilities are quite variable, and the measure takes into account system factors. However, the Committee was not compelled to change its recommendation to endorse the measures.

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 first report is scheduled for July 8- August 6, 2010.
- The Committee will meet again via conference call in late July 2010 to review the submitted comments from the second report.
- NQF staff will be sending drafts of the gaps recommendations to the Committee in the next few weeks.