NATIONAL QUALITY FORUM

National Voluntary Consensus Standards for Patient Outcomes
Summary of the Main Outcomes Steering Committee Conference Call
March 17, 2010

Steering Committee members present: Joyce Dubow, MUP (co-chair); Lee Fleisher, MD (co-chair); Ruben Amarasingham, MD, MBA; Anne Deutsch, PhD, RN; Linda Gerbig, RN, MSPH; Edward Gibbons, MD; Patricia Haugen; David Hopkins, PhD, MS; Dianne Jewell, PT, DPT, PhD, CCS; David Johnson, MD, FACP, FACG, FASGE; Iver Juster, MD; Burke Kealey, MD, FHM; Pauline McNulty, PhD; Lee Newcomer, MD, MHA; Vanita Pindolia, PharmD, BCPS; Amy Rosen, PhD; Barbara Turner, MD, MSEF, MA, FACP; Barbara Yawn, MD;

NQF staff present: Reva Winkler, MD, MPH; Helen Burstin, MD, MPH; Heidi Bossley, MNA, MBA; Sarah Fanta; Hawa Camara

Measure Developers present: Jeptha Curtis; Harlan Krumholz; Lori Geary (Yale University); Shaheen Halim (CMS); Adams Dudley (UCSF); Gerene Bauldoff; Susannah Bernhe (AACVPR)

Consultant Biostatistician: Sean O'Brien, PhD

INTRODUCTION

A conference call of the National Voluntary Consensus Standards for Patient Outcomes Main Steering Committee was held on Wednesday, March 17, 2010. Co-chairs Joyce Dubow and Lee Fleisher opened the meeting with introductions of the Committee members, NQF staff, and measure developers present on the call. Committee members were requested to disclose any specific interests pertaining to the measures being evaluated. None of the Steering Committee members offered any disclosures.

Dr. Reva Winkler, NQF project consultant and the outcomes project advisor, gave a general overview of the agenda and action items. The purpose of this call was for the Steering Committee to discuss six measures and decide whether the measures should be recommended for endorsement. For logistical reasons, the Steering Committee did not vote during this call; the votes were captured electronically afterwards. All of the measures discussed had been reviewed by two different TAPs and the summaries were provided to the Steering Committee members. Due to the complexity of outcomes measure, a consultant biostatistician, Dr. Sean O'Brien, provided evaluation of the risk models to assist the Committee. The measure developers were present to respond to questions from the Committee.

MEASURE DISCUSSION

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

The Pulmonary/ICU TAP rated this measure highly and recommended that it be paired with the ICU mortality measure to address potential premature discharge from the ICU that harms patients. This measure will be publicly reported on www.CalHospitalCompare.org.

Importance to Measure and Report

- TAP and Steering Committee members agreed the measure is an important outcome, with variation in care and opportunity for improvement.

Steering Committee vote on importance: yes 17 no 0

Scientific Acceptability of the Measure Properties

- The TAP rated this measure as high under scientific acceptability; it has a publicly available risk model that has been used and improved on for several years.
- The Steering Committee discussed issues around identifying the time of onset, particularly patients coming from the emergency department and post-operative care and how patients are moved through different levels of care.
- There were concerns that this measure would not capture readmission to the hospital. In the future this should be looked at, cannot be done in a short time frame.
- Steering Committee members were extremely interested in how disparities might be handled as cultural aspects could affect LOS. The developer noted that data for SES, race and ethnicity are generally not available. Steering Committee members suggested insurance type might be one proxy. The Steering Committee encouraged the measure developers to think of ways to gather this information for future measures.
  Steering Committee vote on scientific acceptability:
  completely -11 partially – 7 minimally – 0 not at all – 0

Usability

- Currently, this measure is being used in California by hospitals and plans to be included in public reporting.
- In response to a question, the measure developer explained that teaching status doesn't have much of an impact- the higher predictive mortality rates the risk seems to be captured through this model.
- Additional data from outside California would be helpful.
- A Steering Committee member asked, "Do clinicians who get the feedback believe that the measure distinguishes good care or overuse of care, or do providers who are expected to have good care appear to look good with this measure?"
- The goal is to match the clinical outcome with a utilization outcomes and the LOS measure and mortality measures should be endorsed together as they both support each other
- Some Steering Committee members indicated a strong preference for stratification by race/ethnicity or SES
  Steering Committee vote on usability: completely – 14 partially – 3 minimally – 0 not at all – 0

Feasibility

- This measure is very compatible with EHRs.
- A Steering Committee member noted that the measure requires significant data abstraction even with electronic records and is therefore labor intensive which decreases usability and feasibility when it is to be reported on 400 patients each year.

Steering Committee vote on feasibility: completely – 13 partially – 4 minimally -0 not at all -0

Recommendation for Endorsement:

- The Steering Committee recommended this measure to be paired with the mortality measure. The concept of pairing has been used by NQF for many years - the measures are voted together and are expected to be used together.
  Steering Committee vote: paired with the mortality measure – 13
  recommend as a stand-alone measure -3
  do not recommend - 1

OT1-024-09: Intensive care: in-hospital mortality rate (UCSF)

This measure is current in use in California and publicly reported on www.CalHospitalCaompare.org Steering Committee members noted that most of the issues for this measure were already addressed in the discussion of the LOS measure. Additionally:

- The Committee discussed the reason CABG was excluded from the measure. The developer explained that many states have CABG outcomes reporting programs, and it didn't make sense to collect data twice on these patients (similarly for the excluded burn patients).
- Based upon data collected, unclear how this measure will identify areas of poor quality that need to be better managed. The developer noted that California hospitals are taking a variety of approaches to improve their performance on this measure.

Steering Committee vote on importance: yes – 17 no-0
Steering Committee vote on scientific acceptability: completely – 12 partially –5 minimally -0 not at all -0
Steering Committee vote on usability: completely – 12 partially – 5 minimally -0 not at all -0
Steering Committee vote on feasibility: completely – 11 partially – 6 minimally -0 not at all -0

Recommendation for Endorsement:
The Committee felt that this measure would benefit by pairing with the LOS measure but it should not be required and so the pairing would be one-way.
Steering Committee vote: recommend – 15 do not recommend -2 abstain -0

OT1-007-09: Hospital risk-standardized complication rate following implantation of implantable cardioverter-defibrillator (ICD) (Yale University/CMS)

Importance to Measure and Report

- The Committee felt the measure should not be limited to Medicare FFS patients only.
- A complication rate of 18 percent is high.

Steering Committee vote on importance: yes -17 no -0

Scientific Acceptability of the Measure Properties

- The Steering Committee was impressed with the risk adjustment methodology, though one Committee member noted that the results cluster around the mean with little variability. He felt that use of hierarchical modeling caused the reduced variability. Others suggested that the high mean complication rate of 18 percent demonstrated an opportunity for improvement overall.
- The developers clarified that in the measure submission form, the "prime 0" for measure onset of reporting was discharge was a mistake - it was supposed to say the "time 0" as time of procedure

  Steering Committee vote on scientific acceptability: completely – 12 partially – 4 minimally -0 not at all -1

Usabilty

- The measure uses clinical data from the National Cardiovascular Disease Registry (NCDR) and administrative data.
- The Committee urged the developers to broaden the population to include all patients undergoing ICD regardless of payer or age.

  Steering Committee vote on usabilty: completely – 8 partially -7 minimally -0 not at all -0

Recommendation for Endorsement:

Steering Committee vote: recommend – 14 do not recommend -3 abstain -0

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

Importance to Measure and Report

- This measure is meant to be used with the endorsed PCI mortality measure for joint accountability.
- The measure developers advised the committee that 29 percent of patients undergoing PCI have also had an AMI and would be captured in both readmission measures.

  Steering Committee vote on importance: yes – 17 no -0

Scientific Acceptability of the Measure Properties

- Requires clinical data from the NCDR PCI registry and administrative Medicare data.
- The Committee discussed "all cause" readmissions, which aligns with previously endorsed readmission measures.

- Some Committee members suggested that a 15-day timeframe would be more directly related to the antecedent PCI procedure. The measure developer presented their hazard of readmission analysis over 90 days that found that risk of readmission was greatest in the first 15 days but remained elevated up to 60 days following discharge (with a plateau between 30-45 days). The developer asserted that a shorter timeframe would have a stronger association with the initial care of the patients, but would miss the substantial number of readmissions between 15-30 days that are likely attributable to the care delivered within the index hospitalization and during the transition from that setting.
- There is a strong auditing quality of the data elements.
- The developers presented an analysis of safety net hospitals – there was little difference compared to mainstream hospitals.

Steering Committee vote on scientific acceptability: completely –10 partially –7 minimally – 0 not at all -0

Usabilty

- NQF has already endorsed a few measures that use a similar approach and methodology.
- Committee members urged the developers to broaden the target population for the measure – particularly the under 65 years population. The developer replied that the measure could apply to all patients undergoing PCI if the required data was available. (During development they only had access to Medicare FFS data.) Adjustment to the risk model covariates would be needed with a different population.
  Steering Committee vote on usabilty: completely -11 partially – 6 minimally -0 not at all -0

Feasibilty

- The measure requires merging data from the PCI Registry and administrative data.

Steering Committee vote on feasibilty: completely – 12 partially – 5 minimally -0 not at all – 0

Recommendation for Endorsement:

Steering Committee vote: recommend – 12 do not recommend – 4 abstain -1

OT1-019-09: Health-related quality of life in COPD patients before and after pulmonary rehabilitation
OT1-020-09: Functional capacity in COPD patients before and after pulmonary rehabilitation
These measures are submitted for consideration of time-limited endorsement (TLE) due to lack of testing. The measures were submitted prior to NQF's Board of Directors' decision in December 2009 to severely limit TLE.

The measures were initially reviewed by the Pulmonary/ICU TAP. A new Medicare benefit for pulmonary rehabilitation (PR) programs began in January 2010. It is expected that more referrals and more programs will result. TAP members noted that this measure does not address appropriate referral to PR and only captures patients who finished the program. Quality issues may be reflected in completion rates.

Importance to Measure and Report

- TAP and Steering Committee agreed that both measures address important outcomes.

Steering Committee vote on importance for OT1-019-09: yes – 16 no -1

steering committee vote on importance for OT1-020-09: yes – 16 no -1

Scientific Acceptability of the Measure Properties

- The measures are based on well-researched and published tools, but none of the measures have been tested as performance measures.
- Guidelines show that the six minute walk test is simple and easy to report accurately and has history to be used in CV testing. However, the translation to quality has not been shown, these measures have not been related to the quality of interventions, nor the quality of life.

Steering Committee vote on scientific acceptability of the measure properties:

OT1-019-09: completely -3 partially -13 minimally -1 not at all -0

OT1-020-09: completely -4 partially -12 minimally -1 not at all -0

Usability

Steering Committee vote on usability for OT1-019-09: completely -5 partially – 9 minimally -3 not at all -0

Steering Committee vote on usability for OT1-020-09: completely -4 partially – 12 minimally -1 not at all -0

Feasibility

- Capturing the data may ultimately be available through a registry.
- The Steering Committee members did not feel 12 months was a realistic time frame for measure developers to send their testing results.

Steering Committee vote on usability for OT1-019-09: completely -4 partially – 12 minimally -1 not at all -0

Steering Committee vote on usability for OT1-020-09: completely -5 partially – 9 minimally -3 not at all -0

Recommendation for Endorsement: Steering Committee Vote :

OT1-019: recommend for TLE – 10 do not recommend – 7 abstain -1

OT1-020 recommend for TLE – 13 do not recommend – 4 abstain -1

PUBLIC COMMENT

- There were no public comments offered during this call.

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