



**NATIONAL
QUALITY FORUM**

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Patient Safety, Fall 2019 Measure Review Cycle

Standing Committee Measure Evaluation Web Meetings

Jesse Pines
Nicolette Mehas
Hiral Dudhwala
Isaac Sakyi
Matthew Pickering

February 3, 2020

February 5, 2020

February 12, 2020

Welcome

Patient Safety Project Team



Jesse Pines
Consultant



Nicolette Mehas
Director



Isaac Sakyi
Program Analyst



Hiral Dudhwala
Project Manager



Matthew Pickering
Senior Director



Agenda

- Introductions and Disclosures of Interest
- Overview of Evaluation Process
- Consideration of Four Candidate Measures
- Public Comment
- Consideration of Related and Competing Measures
- Next Steps

Introductions and Disclosures of Interest

Patient Safety Standing Committee

***new appointments**

- Ed Septimus, MD (Co-chair)
- Iona Thraen, PhD, ACSW (Co-chair)
- Emily Aaronson, MD, MPH*
- Jason Adelman, MD, MS
- Elissa Charbonneau, DO, MS*
- Curtis Collins, PharmD, MS
- Melissa Danforth, BA
- Theresa Edelstein, MPH, LNHA
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- David Stockwell, MD, MBA
- Tracy Wang, MPH
- Kendall Webb, MD, FACEP
- Donald Yealy, MD, FACEP
- Yanling Yu, PhD



Patient Safety Standing Committee Expert Reviewers

- Bruno Digiovine, MD
 - ▣ (Pulmonary)
- Edgar Jimenez, MD, FCCM
 - ▣ (Pulmonary)
- Pranavi Sreeramoju, MD,
MPH, CMQ, FSHEA, FIDSA
 - ▣ (Infectious Disease)



Fall 2019 Cycle Measures

Four Measures for Committee Review

- 0684 Percent of Residents with a Urinary Tract Infection (Long Stay) (CMS/Acumen)*
- 0686 Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay) (CMS/Acumen)
- 2456 Medication Reconciliation: Number of Unintentional Medication Discrepancies per Medication Per Patient) (Brigham and Women's Hospital)*
- 3533e Hospital Harm – Severe Hyperglycemia (CMS/IMPAQ International)*

NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of these measures:
 - ▣ 0684 Percent of Residents with a Urinary Tract Infection (Long Stay) (CMS/Acumen)
 - ▣ 2456 Medication Reconciliation: Number of Unintentional Medication Discrepancies per Medication Per Patient) (Brigham and Women's Hospital)
 - ▣ 3533e Hospital Harm – Severe Hyperglycemia (CMS/IMPAQ International)
- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.

Scientific Methods Panel Review

Reviewed and passed Scientific Acceptability—validity and reliability criterion

- 0684 Percent of Residents with a Urinary Tract Infection (Long Stay) (CMS/Acumen)
- 3533e Hospital Harm – Severe Hyperglycemia (CMS/IMPAQ International)

Reviewed and consensus not reached on Scientific Acceptability validity criterion

- 2456 Medication Reconciliation: Number of Unintentional Medication Discrepancies per Medication Per Patient) (Brigham and Women's Hospital)

Overview of Evaluation Process



Roles of the Standing Committee ***During the Evaluation Meeting***

- Act as a proxy for the NQF multistakeholder membership
- Work with NQF staff to achieve the goals of the project
- Evaluate each measure against each criterion
 - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Patient Safety measures



Ground Rules for Today's Meeting

During the discussions, Committee members should:

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times
- Keep comments concise and focused
- Avoid dominating a discussion and allow others to contribute
- Indicate agreement without repeating what has already been said

Process for Measure Discussion and Voting

- Brief introduction by measure developer (5 minutes)
- Lead discussants will begin Committee discussion for each criterion by:
 - ▣ Briefly explaining information on the criterion provided by the developer
 - ▣ Providing a brief summary of the pre-meeting evaluation comments
 - ▣ Emphasizing areas of concern or differences of opinion
 - ▣ Noting, if needed, the preliminary rating by NQF
 - » This rating is intended to be used as a guide to facilitate the Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Committee
- Full Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion

Endorsement Criteria

- **Importance to measure and report:** Goal is to measure those aspects with greatest potential of driving improvements; if not important, the other criteria are less meaningful (must-pass)
- **Reliability and Validity-Scientific Acceptability of measure properties:** Goal is to make valid conclusions about quality; if not reliable and valid, there is risk of improper interpretation (must-pass)
- **Feasibility:** Goal is to, ideally, cause as little burden as possible; if not feasible, consider alternative approaches
- **Usability and Use:** Goal is to use for decisions related to accountability and improvement; if not useful, probably do not care if feasible
- **Comparison to related or competing measures**

Voting on Endorsement Criteria

- **Importance to Measure and Report (must-pass):**
 - Vote on evidence (if needed) and performance gap
- **Scientific Acceptability (must pass):**
 - Vote on reliability and validity (if needed)
- **Feasibility:**
 - Vote on feasibility
- **Usability and Use (Use is must-pass for maintenance measures):**
 - Vote on usability and use
- **Overall Suitability for Endorsement**

If a measure fails on one of the must-pass criteria, there is no further discussion or voting on the subsequent criteria for that measure; we move to the next measure.



Achieving Consensus

- Quorum: 66% of the Committee
- Pass/Recommended: Greater than 60% “Yes” votes of the quorum (this percent is the sum of high and moderate)
- Consensus not reached (CNR): 40-60% “Yes” votes (inclusive of 40% and 60%) of the quorum
- Does not pass/Not Recommended: Less than 40% “Yes” votes of the quorum
- CNR measures move forward to public and NQF-member comment and the Committee will revote during the Committee post-comment web meeting

Committee Quorum and Voting

- If at any point quorum is lost during a meeting, the Committee will continue the measure discussion but will not vote during the meeting. Following the meeting, staff will only send the voting survey to those Committee members who participated in the meeting. Staff will not request votes from any Committee member who did not attend the meeting.
- If staff have to request votes from the Committee following the meeting, Committee member votes must be submitted within 48 hours of receiving the request from NQF staff.
- If a Committee member leaves the meeting and quorum is still present, the Committee can continue to vote on the measures. The Committee member who left the meeting does not need to vote on the missed measures.



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Questions?

Voting Test

Consideration of Candidate Measures

Fall 2019 Cycle Measure

- NQF 0684 Percent of Residents with a Urinary Tract Infection (Long Stay) Outcome Measure
- Developer is Centers for Medicare & Medicaid Services/Acumen
 - ▣ Reviewed and passed by NQF Scientific Methods Panel for Scientific Acceptability Criterion
 - ▣ Maintenance measure

Fall 2019 Cycle Measure

- NQF 0686 Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay) Process Measure
- Developer is Centers for Medicare & Medicaid Services/Acumen
 - ▣ Maintenance measure

NQF Member and Public Comment

Next Steps

Next Steps for Fall 2019 Cycle

- Measure Evaluation Web Meetings
 - ▣ February 3, 2020 2-4 pm ET
 - ▣ February 5, 2020 2-4 pm ET
- Post-Measure Evaluation Web Meeting (if needed)
 - ▣ February 12, 2020 2-4 pm ET



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 - ▣ (Infectious Disease)

Welcome and Recap of Day 1



Achieving Consensus

- Quorum: 66% of the Committee
- Pass/Recommended: Greater than 60% “Yes” votes of the quorum (this percent is the sum of high and moderate)
- Consensus not reached (CNR): 40-60% “Yes” votes (inclusive of 40% and 60%) of the quorum
- Does not pass/Not Recommended: Less than 40% “Yes” votes of the quorum
- CNR measures move forward to public and NQF member comment and the Committee will revote at the Committee post-comment web meeting

Consideration of Candidate Measures

Fall 2019 Cycle Measure

- NQF 2456 Medication Reconciliation: Number of Unintentional Medication Discrepancies per Medication Per Patient
- Developer is Brigham and Women's Hospital
 - ▣ Reviewed by NQF Scientific Methods Panel for Scientific Acceptability Criterion
 - » Passed on Scientific Acceptability reliability criterion
 - » Consensus not reached on Scientific Acceptability validity criterion
 - ▣ Maintenance measure

Fall 2019 Cycle Measure

- NQF 3533e Hospital Harm – Severe Hyperglycemia Outcome Measure
- Developer is Centers for Medicare & Medicaid Services/IMPAQ International
 - ▣ Reviewed and passed by NQF Scientific Methods Panel for Scientific Acceptability Criterion
 - ▣ New measure

NQF Member and Public Comment

Next Steps for Fall 2019 Cycle

- Measure Evaluation Web Meetings
 - ▣ February 3, 2020 2-4 pm ET
 - ▣ February 5, 2020 2-4 pm ET
- Post-Measure Evaluation Web Meeting (if needed)
 - ▣ February 12, 2020 2-4 pm ET

Activities and Timeline – Fall 2019 Cycle

Meeting	Date/Time
Committee Post-Measure Evaluation Web Meeting (if needed)	February 12, 2020, 2-4 pm ET
Draft Report Comment Period (30 days)	March 11-April 9, 2020 (tentative)
Committee Post-Comment Web Meeting	April 30, 2020, 2-4 pm ET
CSAC Review	Late May/early June 2020
Appeals Period (30 days)	June 16-July 15, 2020 (tentative)



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Welcome and Recap of Day 1 and Day 2

Consideration of Candidate Measures

Related and Competing Discussion

Related and Competing Measures

If a measure meets the four criteria and there are endorsed/new related measures (same measure focus or same target population) or competing measures (both the same measure focus and same target population), the measures are compared to address harmonization and/or selection of the best measure (Table 8).

	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	Competing measures-Select best measure from competing measures or justify endorsement of additional measure(s).	Related measures-Harmonize on target patient population or justify differences.
Different target patient population	Related measures-Combine into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue.

0684 Related Measures

0684 Percent of Residents with a Urinary Tract Infection (Long Stay)(CMS/Acumen)

- 0138 National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure (Centers for Disease Control and Prevention)
- 0281 Urinary Tract Infection Admission Rate (PQI 12) (AHRQ)
- 0686 Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay) (CMS/Acumen)

0686 Related Measures

0686 Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay) (CMS/Acumen)

- 0138 National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure (Centers for Disease Control and Prevention)
- 0684 Percent of Residents with a Urinary Tract Infection (Long-Stay) (CMS/Acumen)

2456 Related Measures

2456 Medication Reconciliation: Number of Unintentional Medication Discrepancies per Medication Per Patient (Brigham and Women's Hospital)

- 0097 Medication Reconciliation Post-Discharge (National Committee for Quality Assurance)
- 2988 Medication Reconciliation for Patients Receiving Care at Dialysis Facilities (Kidney Care Quality Alliance)
- 0419e Documentation of Current Medications in the Medical Record (CMS)
- 0553 Care for Older Adults (COA)-Medication Review (National Committee for Quality Assurance)
- 3317 Medication Reconciliation on Admission (CMS)



3533e Related Measures

3533e Hospital Harm – Severe Hyperglycemia (CMS/IMPAQ International)

- 3503e Hospital Harm-Severe Hypoglycemia (CMS/IMPAQ International)

NQF Member and Public Comment

Next Steps



Next Steps for Fall 2019 Cycle

- Draft Report Comment Period (30 days)
 - ▣ March 11-April 9, 2020 (tentative)
- Committee Post-Comment Web Meeting
 - ▣ April 30, 2020 2-4 pm EST

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Spring 2020 Cycle Updates

Intent to submit deadline was January 7, 2020

4 measures submitted

- 1 maintenance measure
 - ▣ 2723 Wrong-Patient Retract-and-Reorder (Wrong Patient-RAR) Measure
- 3 new measures
 - ▣ 3556 National Healthcare Safety Network (NHSN) Nursing Home-onset Clostridioides difficile Infection (CDI) Outcome Measure
 - » Considered “complex” and will be reviewed by NQF Scientific Methods Panel for the scientific acceptability criteria
 - ▣ 3557 Initial Opioid Prescribing at High Dosage (IOP-HD)
 - ▣ 3558 Initial Opioid Prescribing for Long Duration (IOP-LD)



Project Contact Info

- Email: patientsafety@qualityforum.org
- NQF phone: 202-783-1300
- Project page: http://www.qualityforum.org/Patient_Safety.aspx
- SharePoint site:
http://share.qualityforum.org/Projects/patient_safety/SitePages/Home.aspx

Questions?

THANK YOU.

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