NATIONAL QUALITY FORUM
Driving measurable health improvements together

Patient Safety
Fall 2020 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

Matthew Pickering, PharmD, Senior Director
Terra C. Greene MSN, RN, Director
Chris Dawson, MHA, Manager
Isaac Sakyi, MSGH, Senior Analyst
Yemsrach Kidane, PMP, Project Manager
Jesse Pines, MD, MS, MBA, Consultant

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Welcome

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Housekeeping Reminders

- This is a Ring Central meeting with audio and video capabilities: https://meetings.ringcentral.com/j/1493307803
- Optional: If unable to access the meeting using the link above, dial (470) 869-2200 and enter passcode 1493307803#
- Please place yourself on mute when you are not speaking
- We encourage you to use the following features
  - Chat box: to message NQF staff or the group
  - Raise hand: to be called upon to speak
- We will conduct a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at **patientsafety@qualityforum.org**

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Patient Safety Project Team

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Project Manager

Agenda

- Introductions and Disclosures of Interest
- Overview of Evaluation Process and Voting Process
- Voting Test
- Measures Under Review
- Consideration of Candidate Measures
- Related and Competing Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

Introductions and Disclosures of Interest

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Patient Safety
Fall 2020 Cycle Standing Committee

- Ed Septimus, MD (Co-chair)
- Iona Thraen, PhD, ACSW (Co-chair)
- Emily Aaronson, MD, MPH
- **Joel Bundy, MD, FACP, FASN, CPE***
- Elissa Charbonneau, DO, MS
- Curtis Collins, PharmD, MS
- Theresa Edelstein, MPH, LNHA
- **Jason Falvey, PT, DPT, PhD***
- Terry Fairbanks, MD, MS, FACEP
- **Robert Green, MD, MPH, MA***
- **Sara Hawkins, PhD, RN, CPPS***
- **Bret Jackson***
- John James, PhD
- **Laura Kinney, MA, BSN, RN, CPHQ, CPHRM, CPMA, CPC***
- **Arpana Mathur, MD, MBA***
- **Raquel Mayne, MPH, MS, RN***
- Anne Myrka, RPh, MAT
- **Edward Pollak, MD***
- Jamie Roney, DNP, NPD-BC, CCRN-K
- **Nancy Schoenborn, MD***
- David Seidenwurm, MD, FACR
- Geeta Sood, MD, ScM
- David Stockwell, MD, MBA
- Donald Yealy, MD, FACEP
- Yanling Yu, PhD

***New Committee Members**

Overview of Evaluation Process and Voting Process

Roles of the Standing Committee During the Evaluation Meeting

- Act as a proxy for the NQF multistakeholder membership
- Evaluate each measure against each criterion
  - Indicate the extent to which each criterion is met and rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Patient Safety measures

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Meeting Ground Rules

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
- Allow others to contribute

Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 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 staff
    - » 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

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Endorsement Criteria

- **Importance to Measure and Report (Evidence and Performance Gap)**: Extent to which the measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall, less-than-optimal performance (**must-pass**)
- **Scientific Acceptability (Reliability and Validity)**: Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**)
- **Feasibility**: Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use**: Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare (**must-pass** for maintenance measures)
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure

Voting on Endorsement Criteria

- Votes will be taken after the discussion of each criterion
- **Importance to Measure and Report**
  - Vote on Evidence (must pass)
  - Vote on Performance Gap (must pass)
  - Vote on Rationale - Composite measures only
- **Scientific Acceptability Of Measure Properties**
  - Vote on Reliability (must pass)
  - Vote on Validity (must pass)
  - Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
  - Use (must pass for maintenance measures)
  - Usability

Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Overall Suitability for Endorsement**
- **Procedural Notes**
  - 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; Committee discussion moves to the next measure.
  - If consensus is not reached, discussion continues with the next measure criterion.

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Achieving Consensus

- Quorum: 66% of active committee members (17 of 25 members).

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% - 60% yes	Consensus Not Reached (CNR)
<40% yes	Does Not Pass/Not Recommended

- "Yes" votes are the total of high and moderate votes.
- CNR measures move forward to public and NQF-member comment and the Committee will revote during the post-comment web meeting.
- Measures which are not recommended will also move on to public and NQF-member comment, but the Committee will not revote on the measures during the post comment meeting unless the Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.

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Committee Quorum and Voting

- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
  - Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Committee member leaves the meeting and quorum is still present, the Committee will continue to vote on the measures. The Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Committee during their absence.

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Evaluation Process Questions?

Voting Test

Measures Under Review

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NQF Scientific Methods Panel

- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The Panel's comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measures to be evaluated by the Standing Committee.
- Certain measures that do not pass reliability and/or validity are eligible to be pulled by a standing committee member for discussion and revote.

Fall 2020 Cycle Measures

- **Six Maintenance Measures for Committee Review**
  - 0022: Use of High-Risk Medications in Older Adults (DAE)
  - 0097: Medication Reconciliation Post-Discharge
  - 0468: Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following pneumonia hospitalization
  - 0531: Patient Safety Indicator (PSI) 90: Patient Safety and Adverse Events Composite
  - 1893: Hospital 30-Day, all-cause, risk-standardized mortality rate (RSMR) following chronic obstructive pulmonary disease (COPD) hospitalization
  - 2993: Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)

NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of these measures:
  - 0141: Patient Fall Rate
  - 0202: Falls with Injury
  - 0468: Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following pneumonia hospitalization
  - 0531: Patient Safety Indicator (PSI) 90: Patient Safety and Adverse Events Composite
  - 1893: Hospital 30-Day, all-cause, risk-standardized mortality rate (RSMR) following chronic obstructive pulmonary disease (COPD) hospitalization
- Two of five measures did not pass the SMP Review
  - 0141: Patient Fall Rate, did not pass validity
  - 0202: Falls with Injury did not pass validity

Consideration of Candidate Measures

0097: Medication Reconciliation Post-Discharge

- **Measure Steward:** National Committee for Quality Assurance
  - Maintenance measure
- **Brief Description of Measure:**
  - The percentage of discharges from January 1–December 1 of the measurement year for patients 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 days total).

0468: Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following pneumonia hospitalization

- **Measure Steward:** Yale Center for Outcomes Research and Evaluation (Yale CORE)/Centers for Medicare & Medicaid Services
  - Maintenance measure
- **Brief Description of Measure:**
  - The measure estimates a hospital-level 30-day risk-standardized mortality rate (RSMR). Mortality is defined as death for any cause within 30 days after the date of admission for the index admission, discharged from the hospital with a principal discharge diagnosis of pneumonia, including aspiration pneumonia or a principal discharge diagnosis of sepsis (not severe sepsis) with a secondary diagnosis of pneumonia (including aspiration pneumonia) coded as present on admission (POA).
  - CMS annually reports the measure for patients who are 65 years or older and are either Medicare fee-for-service (FFS) beneficiaries and hospitalized in non-federal hospitals or patients hospitalized in Veterans Health Administration (VA) facilities.

Break

1893: Hospital 30-Day, all-cause, risk-standardized mortality rate (RSMR) following chronic obstructive pulmonary disease (COPD) hospitalization

- **Measure Steward:** Yale Center for Outcomes Research and Evaluation (Yale CORE)/Centers for Medicare & Medicaid Services
  - Maintenance measure
- **Brief Description of Measure:**
  - This measure estimates a hospital-level 30-day risk-standardized mortality rate (RSMR), defined as death from any cause within 30 days after the index admission date, for patients discharged from the hospital with either a principal discharge diagnosis of COPD or a principal discharge diagnosis of respiratory failure with a secondary discharge diagnosis of acute exacerbation of COPD.
  - CMS annually reports the measure for patients who are 65 years or older and enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are patients hospitalized in Veterans Health Administration (VA) facilities.

Lunch

0531: Patient Safety Indicator (PSI) 90: Patient Safety and Adverse Events Composite

- **Measure Steward:** IMPAQ International/Centers for Medicare & Medicaid Services
  - Maintenance measure
- **Brief Description of Measure:**
  - The PSI 90 composite measure summarizes patient safety across multiple indicators for the CMS Medicare fee-for-service population.

0022: Use of High-Risk Medications in Older Adults (DAE)

- **Measure Steward:** National Committee for Quality Assurance
  - Maintenance measure
- **Brief Description of Measure:**
  - The percentage of patients 65 years of age and older who received at least two dispensing events for the same high-risk medication. A lower rate represents better performance.

2993: Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)

- **Measure Steward:** National Committee for Quality Assurance
  - Maintenance measure
- **Brief Description of Measure:**
  - The percentage of patients 65 years of age and older who have evidence of an underlying disease, condition or health concern and who are dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis. Three rates are reported for this measure:
    - Rate 1: The percentage of those with a history of falls that received a potentially harmful medication
    - Rate 2: The percentage of those with dementia that received a potentially harmful medication
    - Rate 3: The percentage of those with chronic kidney disease that received a potentially harmful medication
  - A lower rate represents better performance for all rates.

Related and Competing Discussion

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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.

	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.

The National Quality Forum. Measure Evaluation Criteria and Guidance for Evaluating Measure for Endorsement. September 2019; 32-33.

Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- Committee will not be asked to select a best-in-class measure if all related and completing measures are not currently under review. Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.

0097 Related Measures

- 0419: Documentation of Current Medications in the Medical Record
- 0553: Care for Older Adults (COA) – Medication Review
- 2456: Medication Reconciliation: Number of Unintentional Medication Discrepancies per Medication Per Patient
- 2988: Medication Reconciliation for Patients Receiving Care at Dialysis Facilities
- 3317: Medication Reconciliation on Admission

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0468 Related Measures

- 0231: Pneumonia Mortality Rate (IQI #20)
- 0279: Community Acquired Pneumonia Admission Rate (PQI 11)
- 0506: Hospital 30-day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization
- 1891: Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following chronic obstructive pulmonary disease (COPD) hospitalization
- 1893: Hospital 30-Day, all-cause, risk-standardized mortality rate (RSMR) following chronic obstructive pulmonary disease (COPD) hospitalization
- 2579: Hospital-level, risk-standardized payment associated with a 30-day episode of care for pneumonia (PN)
- 3502: Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure
- 3504: Claims-Only Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure

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1893 Related Measures

- 0275: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 05)
- 0468: Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following pneumonia hospitalization
- 0506: Hospital 30-day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization
- 1891: Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following chronic obstructive pulmonary disease (COPD) hospitalization
- 2888: Accountable Care Organization Risk-Standardized Acute Hospital Admission Rate for Patients with Multiple Chronic Conditions
- 3502: Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure
- 3504: Claims-Only Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure

0022 Related Measures

- 2993: Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)

2993 Related Measures

- 0022: Use of High-Risk Medications in Older Adults (DAE)

NQF Member and Public Comment

Next Steps

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Measure Evaluation Process
After the Measure Evaluation Meeting

- **Staff will prepare a draft report** detailing the Committee's discussion and recommendations
  - This report will be released for a 30-day public and member comment period
  - Staff compiles all comments received into a comment table which is shared with developers and Committee members
- **Post-comment call**: The Committee will reconvene for a post-comment call to discuss comments submitted
- **Staff will incorporate comments and responses to comments into the draft report in preparation for the CSAC meetings**
- **CSAC meets to endorse measures**
- **Opportunity for public to appeal endorsement decision**

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Activities and Timeline – Fall 2020 Cycle

***All times ET**

Meeting	Date, Time*
Measure Evaluation Web Meeting #2 (if needed)	February 11, 2021, 1:00 -5:00pm
Draft Report Comment Period	March 25 – April 23, 2021
Committee Post-Comment Web Meeting	June 4, 2021, 1:00-3:00pm
CSAC Review	June 29 – 30, 2021
Appeals Period (30 days)	July 7 – August 5, 2021

Next Cycle - Spring 2021 Cycle Updates

- Intent to submit deadline was January 5, 2021
- Two new measures and four maintenance measures submitted
  - Five complex measures sent to the Scientific Methods Panel for review of scientific acceptability criterion
- Topic areas
  - Behavioral Health: Substance Use/Abuse
  - Musculoskeletal: Falls and Traumatic Injury
  - Infectious Diseases (ID): Sepsis
  - Safety: Healthcare Associated Infections

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Project Contact Info

- Email: patientsafety@qualityforum.org
- NQF phone: 202-783-1300
- Project page: https://www.qualityforum.org/Patient_Safety.aspx
- SharePoint site:

https://share.qualityforum.org/portfolio/PatientSafety/SitePages/Home.aspx

Questions?

THANK YOU.

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http://www.qualityforum.org

Appendix

Context

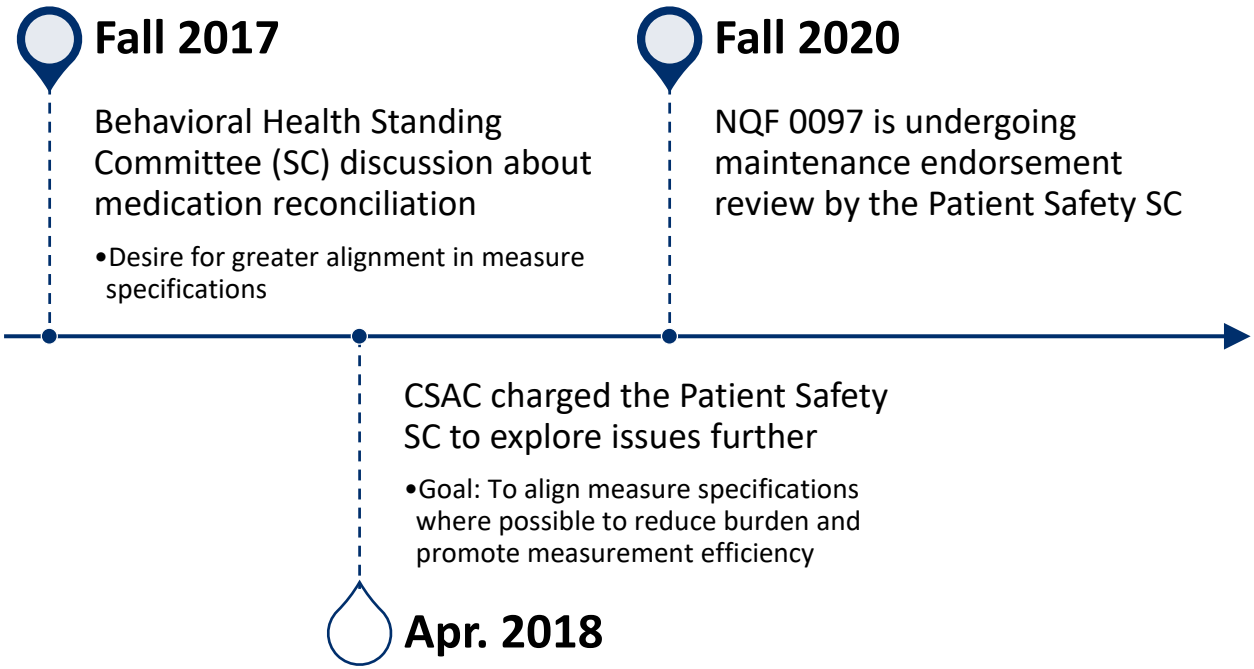
Fall 2017
Behavioral Health Standing Committee (SC) discussion about medication reconciliation
•Desire for greater alignment in measure specifications
Fall 2020
NQF 0097 is undergoing maintenance endorsement review by the Patient Safety SC
CSAC charged the Patient Safety SC to explore issues further
•Goal: To align measure specifications where possible to reduce burden and promote measurement efficiency
Apr. 2018

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Table 1: Brief Specifications

	0097: MedRec Post-Discharge	0419e: Documentation of Current Medications in the Medical Record	0553: Care for Older Adults (COA) – Medication Review	2456: MedRec: Number of Unintentional Medication Discrepancies per Patient	3317: MedRec on Admission	2988: MedRec for Patients Receiving Care at Dialysis Facilities
Steward	NCQA	CMS	NCQA	Brigham and Women´s Hospital	CMS / HSAG	Kidney Quality Care Alliance
Measure Focus	Reconciliation of discharge medication list with current outpatient medical record medication list	Eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter	Medication review of all a patient's medications, including prescription medications, OTC medications by a prescribing practitioner or clinical pharmacist	Total number of unintentional medication discrepancies in admission orders + total number of unintentional medication discrepancies in discharge orders	Reconciliation of Prior to Admission medication list (referencing external sources) by end of Day 2 of hospitalization.	Patients receive medication reconciliation upon visit to dialysis facility. .
Population	Patients ages 18 +	Patients ages 18 +	Patients ages 66 +	Random sample of adults admitted to the hospital	All inpatient psychiatric admissions	Dialysis patients
Data Source	Claims, Electronic Health Records, Paper Medical Records	Claims, Electronic Health Records, Registry Data	Claims, Electronic Health Records, Paper Medical Records	Electronic Health Data, Electronic Health Records, Instrument-Based Data, Other, Paper Medical Records	Paper Medical Records	Electronic Health Records, Other
Level of Analysis	Clinician: individual Clinician: group Health Plan Integrated Delivery System	Clinician: individual Clinician: group	Health Plan Integrated Delivery System	Facility	Facility	Facility
Setting	Outpatient	Outpatient	Inpatient/Hospital, Outpatient Services, Post-Acute Care	Hospital	Inpatient/ Hospital	Post-Acute Care

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Patient Safety Committee Discussion Themes

- Important items to consider in standardized specifications:
  - Timing and frequency of medication reconciliation;
  - Who is involved in the medication reconciliation process;
  - Location of the medication reconciliation;
  - Consideration of risk factors such as high-risk medications and patient risk factors; and
  - Is it a “checkbox” medication reconciliation or is there a methodology for how medication reconciliation is documented and reported?
- Importance of interoperable health information systems
- Importance of moving towards outcome measures
- Some necessary specifications in certain measures cannot be harmonized

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Areas of Major Differences in Measure Attributes

- Medication Reconciliation/Review Setting
- Defining Medication Reconciliation/Review Requirements
- Documenting the Mediation Reconciliation/Review Process
- Individuals Eligible to Perform the Medication Reconciliation/Review
- Frequency of Medication Reconciliation/Review
- Information Source for Medication Reconciliation/Review
- Populations and Risk Factors

Patient SC Meeting: December 2018

- Interested in moving towards measures that evaluate the quality of the medication reconciliation and review
  - Agreement that the process of aligning current measures is an important initiative
- Areas easier to align:
  - individuals eligible to perform the reconciliation or review and information that must be reconciled and included in the medication list
- Other areas for harmonization:
  - review and reconciliation processes (e.g., how they need to be completed and documented) and sources from which to gather information

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Developer/Steward Meeting: April 2019

- **Key first step: Need for standardized definitions for medication reconciliation and review**
- Measures targeting certain populations may require differences in specifications
- Measures use different data sources based on setting/population
- Outcome measures may be optimal but are challenging. There is benefit in process measures focused on medication reconciliation/review.
  - The process isn't being done as often as one would expect.

Patient SC Meeting: May 2019

- Standardized language is essential
  - Reconciliation is the initial step of the more comprehensive review process

- **Recommendation:**
  - The Patient Safety SC agree on best practices for medication reconciliation and medication review measures (e.g., components that should be included in measures should ideally include and capture, rather than only endorsing a standard definition)

- **Recommendation:**
  - Measure developer “Summit” focused on harmonizing these measures