NATIONAL QUALITY FORUM
Driving measurable health improvements together

Patient Safety, Fall 2021 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

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Welcome

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Housekeeping Reminders

- This is a Webex meeting with audio and video capabilities
- Please mute your computer when not speaking
- The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
- We encourage you to keep the video on throughout the event
- 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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Project Team — Patient Safety Committee

Tamara Funk, MPH
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Senior Analyst

Sean Sullivan, MA
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Senior Director

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Jesse Pines, MD, MS, MBA
Consultant

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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 2021 Cycle Standing Committee

- John James, PhD *(Co-chair)*
- Donald Yealy, MD, FACEP *(Co-chair)*
- Emily Aaronson, MD, MPH
- Joel Bundy, MD, FACP, FASN, CPE
- Elissa Charbonneau, DO, MS
- Curtis Collins, PharmD, MS
- Theresa Edelstein, MPH, LNHA
- Terry Fairbanks, MD, MS, FACEP
- Jason Falvey, PT, DPT, PhD
- Robert Green, MD, MPH, MA
- Sara Hawkins, PhD, RN, CPPS
- Bret Jackson
- 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
- Iona Thraen, PhD, ACSW
- Yanling Yu, PhD

Overview of Evaluation Process and Voting Process

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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

- No rank in the room
- Remain engaged and actively participate
- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Keep comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

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 (Use is **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.

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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 (must pass)
- **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
- **Overall Suitability for Endorsement**

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Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **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 but a vote on overall suitability will not be taken.

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Achieving Consensus

- Quorum: minimum 66% of active committee members (16 of 23 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 based on the number of active and voting-eligible Standing Committee members who participate in the voting activity.
- 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.

Committee Quorum and Voting

- Please let staff know if you need to leave early or miss part of the meeting.
- We must have quorum to vote. Discussion may still occur without quorum unless 50% attendance is not maintained.
- 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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Fall 2021 Cycle Measures

- **1 Maintenance Measure for Committee Review**
  - **0689** Percent of Residents Who Lose Too Much Weight (Long-Stay) (Centers for Medicare & Medicaid Services (CMS))
- **4 New Measures for Committee Review**
  - **3636** Quarterly Reporting of COVID-19 Vaccination Coverage Among Healthcare Personnel (Centers for Disease Control & Prevention (CDC))
  - **3633e** Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Level) (Alara Imaging/University of California, San Francisco (UCSF))
  - **3662e** Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Group Level) (Alara Imaging/UCSF)
  - **3663e** Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Facility Level) (Alara Imaging/UCSF)

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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.

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NQF Scientific Methods Panel Review

- The Scientific Methods Panel (SMP) independently evaluated the Scientific Acceptability of these measures:
  - 0689 Percent of Residents Who Lose Too Much Weight (Long-Stay)
  - 3633e Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Level)
  - 3662e Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Group Level)
  - 3663e Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Facility Level)
- 3633e, 3662e, and 3663e passed SMP review of scientific acceptability.
- Consensus was not reached on 0689
  - CNR for validity

Consideration of Candidate Measures

0689 Percent of Residents Who Lose Too Much Weight (Long-Stay)

- **Measure Steward/Developer:** CMS
  - Maintenance measure
- **Brief Description of Measure:**
  - This measure captures the percentage of long-stay nursing home residents with a target Minimum Data Set (MDS) 3.0 assessment (OBRA, PPS, or discharge) that indicates a weight loss of 5% or more of the baseline weight in the last 30 days, or 10% or more of the baseline weight in the last 6 months, which is not a result of a physician-prescribed weight-loss regimen.

3636 Quarterly Reporting of COVID-19 Vaccination Coverage among Healthcare Personnel

- **Measure Steward/Developer:** CDC
  - New measure
- **Brief Description of Measure:**
  - This quarterly measure identifies the average percentage of healthcare personnel (HCP) who have ever received a primary COVID-19 vaccination course among the total number of HCP who regularly work in the facility.

3633e Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Level)

- **Measure Steward/Developer:** Alara Imaging/UCSF
  - New measure
- **Brief Description of Measure:**
  - This electronic clinical quality measure (eCQM) provides a standardized method for monitoring the performance of diagnostic CT to discourage unnecessarily high radiation doses, a risk factor for cancer, while preserving image quality. It is expressed as a percentage of eligible CT exams that are out-of-range based on having either excessive radiation dose or inadequate image quality, relative to evidence-based thresholds based on the clinical indication for the exam. All diagnostic CT exams of specified anatomic sites performed in inpatient, outpatient and ambulatory care settings are eligible.

3662e Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Group Level)

- **Measure Steward/Developer:** Alara Imaging/UCSF
  - New measure
- **Brief Description of Measure:**
  - This electronic clinical quality measure (eCQM) provides a standardized method for monitoring the performance of diagnostic CT to discourage unnecessarily high radiation doses, a risk factor for cancer, while preserving image quality. It is expressed as a percentage of eligible CT exams that are out-of-range based on having either excessive radiation dose or inadequate image quality, relative to evidence-based thresholds based on the clinical indication for the exam. All diagnostic CT exams of specified anatomic sites performed in inpatient, outpatient and ambulatory care settings are eligible.

3663e Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Facility Level)

- **Measure Steward/Developer:** Alara Imaging/UCSF
  - New measure
- **Brief Description of Measure:**
  - This electronic clinical quality measure (eCQM) provides a standardized method for monitoring the performance of diagnostic CT to discourage unnecessarily high radiation doses, a risk factor for cancer, while preserving image quality. It is expressed as a percentage of eligible CT exams that are out-of-range based on having either excessive radiation dose or inadequate image quality, relative to evidence-based thresholds based on the clinical indication for the exam. All diagnostic CT exams of specified anatomic sites performed in inpatient and hospital outpatient care settings are eligible.

Related and Competing Discussion

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Related and Competing Measures

- If a measure meets all must-pass 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.

Target Population	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.

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Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after recommendations for all measures under review are determined. Only measures recommended for endorsement will be discussed.
- Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.

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3636 Related Measure

Category	0431 Influenza Vaccination Coverage Among Healthcare Personnel
Steward/Developer	Centers for Disease Control & Prevention
Description	Percentage of healthcare personnel (HCP) who received the influenza vaccination.
Numerator	HCP in the denominator population who received an influenza vaccination administered at the healthcare facility.
Denominator	Number of HCP who are working in the healthcare facility for at least 1 working day between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.
Target Population	HCP
Care Setting	Long-term Care Hospital, Post Acute/Long Term Care Facility
Level of Analysis	Facility

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3633e, 3662e, 3663e Related Measures

Category	2820 Pediatric Computed Tomography (CT) Radiation Dose
Steward/Developer	University of California, San Francisco
Description	Radiation dose is measured as the dose-length product for every diagnostic brain, skull, and abdomen and pelvis CT scan performed by a reporting facility on any child less than 18 years of age during the reporting period of 12 months. The dose associated with each scan is evaluated as "high" or "acceptable," relative to the 75th percentile benchmark for that type of scan and age of patient. Median doses are calculated at the facility level for each type of scan and age of patient stratum, and then compared with the same 75th percentile benchmark. The overall proportion of high dose exams is calculated including all CT scans.
Numerator	The number of diagnostic CT scans within an eligible anatomic region (i.e., brain, skull, abdomen and pelvis) and age stratum for which the radiation dose (measured in dose-length product, DLP) exceeds the 75th percentile benchmark for that type of scan and age of patient.
Denominator	The denominator is the total number of diagnostic CT scans within an eligible anatomic region and age stratum (infant (<1 year); small child (1-4); medium child (5-9); large child (10-14) and adolescent (15-17)) that were performed during the reporting period. These totals are summed to generate the total number of diagnostic CT scans within all eligible anatomic regions and age strata.
Target Population	Children (Age < 18)
Care Setting	Inpatient/Hospital, Outpatient Services
Level of Analysis	Facility

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3633e, 3662e, 3663e Related Measures

Category	3621 Composite Weighted Average for 3 CT Exam Types: Overall Percent of CT Exams for Which Dose Length Product is at or Below the Size Specific Diagnostic Reference Level
Steward/Developer	American College of Radiology
Description	Weighted average of 3 CT Exam Types: Overall Percent of CT exams for which Dose Length Product is at or below the size-specific diagnostic reference level (for CT Abdomen-pelvis with contrast/single phase scan, CT Chest without contrast/single phase scan and CT Head/Brain without contrast/single phase scan)
Numerator	Number of CT Abdomen-Pelvis exams with contrast (single phase scan), CT Chest exams without contrast (single phase scan), and CT Head/Brain exams without contrast (single phase scan) for which Dose Length Product is at or below the size-specific exam-specific diagnostic reference level
Denominator	Number of CT Abdomen-pelvis exams with contrast (single phase scans), CT Chest exams without contrast (single phase scans), and CT Head/Brain (single phase scans)
Target Population	All patients regardless of age.
Care Setting	Emergency Department and Services, Inpatient/Hospital, Other, Outpatient Services, Dialysis Facility
Level of Analysis	Clinician: Group/Practice, Facility

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 Consensus Standards Approval Committee (CSAC) meeting
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision

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Activities and Timeline – Fall 2021 Cycle

***All times ET**

Meeting	Date, Time
Day 2 Committee Measure Evaluation Web Meeting (if needed)	February 17, 10AM – 5PM, ET
Draft Report Comment Period (30 days)	March 30-April 26, 2022
Committee Post-Comment Web Meeting	June 3, 2022
CSAC Review	Late July 2022
Appeals Period (30 days)	July-August 2022

Next Cycle - Spring 2022 Cycle Updates

- Intent to submit deadline was January 5, 2022
- Five new measures and one maintenance measure are expected
  - One complex measure has been sent to the Scientific Methods Panel for review of scientific acceptability criteria

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Project Contact Info

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

Questions?

THANK YOU.

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http://www.qualityforum.org

Appendix

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Evidence Exception

[Screenshare Evidence algorithm]