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QUALITY FORUM**

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Patient Safety, Spring 2020 Measure Review Cycle

Standing Committee Measure Evaluation Web Meetings

Matthew Pickering, PharmD
Isaac Sakyi, MSGH
Jesse Pines, MD, MBA, MSCE

June 18, 2020

June 19, 2020

Welcome

Welcome

- The CenturyLink web platform will allow you to visually follow the presentation.
- Please mute your lines when you are not speaking to minimize background noise.
- Please do not put the call on hold.
- You may submit questions to project staff via the CenturyLink web platform chat function.
- You may raise your hand using the CenturyLink web platform.

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

Patient Safety Project Team



Matthew Pickering
PharmD
Senior Director



Isaac Sakyi
MSGH
Program Analyst



Jesse Pines
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Consultant



Agenda

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

Introductions and Disclosures of Interest

Patient Safety Standing Committee

- 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
- Terry Fairbanks, MD, MS, FACEP*
- Lillee Gelinas, MSN, RN, FAAN
- John James, PhD
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- 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)

Measures Under Review



Spring 2020 Cycle Measures

One Maintenance Measures for Committee Review

- 2723 Wrong-Patient Retract-and-Reorder (Wrong Patient-RAR) Measure (New York-Presbyterian Hospital)

One New Measures for Committee Review

- 3558 Initial Opioid Prescribing for Long Duration (IOP-LD) (PQA)

NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of this measure:
 - ▣ 3556 National Healthcare Safety Network (NHSN) Nursing Home-onset *Clostridioides difficile* Infection (CDI) Outcome Measure
- 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.



NQF Scientific Methods Panel Review

- One measures did not pass the SMP Review
 - ▣ 3556 National Healthcare Safety Network (NHSN) Nursing Home-onset *Clostridioides difficile* Infection (CDI) Outcome Measure, did not pass on reliability and validity.
- Scientific Acceptability is a must-pass criteria. The Panel felt measure 3556 needed to be revised to be methodologically sound for validity and reliability and is therefore not eligible for re-vote.

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
- Allow others to contribute

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 (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.

Achieving Consensus

- Quorum: 66% of active committee members (e.g., 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
- CNR measures move forward to public and NQF-member comment and the Committee will revote during the post-comment web meeting

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 the missed measures.



Questions?

Voting Test

Consideration of Candidate Measures



2723 Wrong-Patient Retract-and-Reorder (Wrong Patient-RAR) Measure

- **Measure Developer:** New York-Presbyterian Hospital

- ▣ Maintenance measure

- **Brief Description of Measure:**

- ▣ A Wrong-Patient Retract-and-Reorder (Wrong Patient-RAR) event occurs when an order is placed on a patient within an EHR, is retracted within 10 minutes, and then the same clinician places the same order on a different patient within the next 10 minutes. A Wrong-Patient Retract-and-Reorder rate is calculated by dividing Wrong Patient-RAR events by total orders examined.



3558 Initial Opioid Prescribing for Long Duration (IOP-LD)

- **Measure Developer:** Pharmacy Quality Alliance
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ The percentage of individuals 18 years of age and older with one or more initial opioid prescriptions for >7 cumulative days' supply.

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.

	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.



3558 Related Measures

- 2940: Use of Opioids at High Dosage in Persons Without Cancer (PQA)
- 2950: Use of Opioids from Multiple Providers in Persons Without Cancer (PQA)
- 2951: Use of Opioids from Multiple Providers and at High Dosage in Persons Without Cancer (PQA)
- 3389: Concurrent Use of Opioids and Benzodiazepines (COB) (PQA)
- 3541: Annual Monitoring for Persons on Long-Term Opioid Therapy (AMO) (PQA)

NQF Member and Public Comment

Next Steps

Next Steps for Spring 2020 Cycle

- Measure Evaluation Web Meeting (if needed)
 - ▣ June 19, 2020 2-4 pm ET
- Post-Comment Web Meeting
 - ▣ September 22, 2020 3-5 pm ET

Activities and Timeline – Spring 2020 Cycle

Meeting	Date/Time
Measure Submission Deadline	April 2, 2020
Commenting Period Starts	April 24, 2020
Measure Evaluation Web Meeting #1	June 18, 2020, 2 - 4pm
Measure Evaluation Web Meeting #2	June 19, 2020, 2 - 4pm
Draft Report Comment Period (30 days)	July 27-August 25, 2020 (tentative)
Committee Post-Comment Web Meeting	September 22 3 - 5pm
CSAC Review	November 17-18, 2020
Appeals Period (30 days)	November 23 – December 22, 2020



Fall 2020 Cycle Updates

- Intent to submit deadline is August 1, 2020
- Measure Submission is November 1, 2020



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

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THANK YOU.

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Welcome and Recap of Day 1

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