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Patient Safety, Spring 2021 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

Matthew Pickering, Senior Director

Shalema Brooks, Director

Tamara Funk, Manager

Isaac Sakyi, Senior Analyst

Yemsrach Kidane, Project Manager

Jesse Pines, Consultant

June 24 – June 25, 2021

Funded by the Centers for Medicare & Medicaid Services under contract

HHSM-500-2017-00060I Task Order HHSM-500-T0001

Welcome



Housekeeping Reminders

- This is a WebEx meeting with audio and video capabilities

<https://nqf.webex.com/nqf/j.php?MTID=m360594e233c27b2f4b7acfc38d6da228>

- ▣ Password: **QMEvent**

Optional: Dial **1-844-621-3956** and enter passcode **173 292 8709**

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Project Team — Patient Safety



**Matthew Pickering,
PharmD**
Senior Director



**Shalema Brooks
MS, MPH**
Director



**Tamara Funk,
MPH**
Manager



**Isaac Sakyi,
MSGH**
Senior Analyst



**Yemsrach Kidane
PMP**
Project Manager



**Jesse Pines,
MD, MS, MBA**
Consultant



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

Patient Safety Fall 2020 Cycle Standing Committee

- Ed Septimus, MD (*Co-chair*)
- Iona Thraen, PhD, ACSW (*Co-chair*)
- Emily Aaronson, MD, MPH (*inactive*)
- 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

Overview of Evaluation 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



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

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 (16 of 24 active 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.



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.



Evaluation Process Questions?

Voting Test

Measures Under Review



NQF Scientific Methods Panel Review

- 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.

Spring 2020 Cycle Measures

■ Four Maintenance Measures for Committee Review

- ▣ **0500:** Severe Sepsis and Septic Shock: Management Bundle – (Henry Ford Hospital)
- ▣ **0674:** Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) – (Acumen, LLC)
- ▣ **0679:** Percent of High Risk Residents with Pressure Ulcers (Long Stay) – (Acumen, LLC)
- ▣ **3389:** Concurrent Use of Opioids and Benzodiazepines (COB) – (Pharmacy Quality Alliance)

■ Two New Measures for Committee Review

- ▣ **3501e:** Hospital Harm - Opioid-Related Adverse Events – (IMPAQ International, LLC)
- ▣ **3621:** Composite weighted average for 3 Computed Tomography (CT) Exam Types – (American College of Radiology)



NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of these five measures:
 - ▣ 0500: Severe Sepsis and Septic Shock: Management Bundle
 - ▣ 0674: Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
 - ▣ 0679: Percent of High Risk Residents with Pressure Ulcers (Long Stay)
 - ▣ 3501e: Hospital Harm - Opioid-Related Adverse Events
 - ▣ 3621: Composite weighted average for 3 CT Exam Types

NQF Scientific Methods Panel Review

- The SMP passed four of the five measures on Scientific Acceptability. The SMP did not reach consensus on one of the five measures:
 - ▣ 3621: Composite weighted average for 3 CT Exam Types, consensus not reach [validity]
- Scientific Acceptability is a must-pass criteria. The SMP did not reach consensus on validity for measure 3621 due to questions regarding the level of analysis (clinician group versus facility), specifically whether face validity was conducted at the clinician group or facility level of analysis or both levels and why stratification was conducted at the clinical group level.

Consideration of Candidate Measures



0500: Severe Sepsis and Septic Shock: Management Bundle

■ **Measure Steward:** Henry Ford Hospital

- ▣ Maintenance measure

■ **Brief Description of Measure:**

- ▣ This measure focuses on adults 18 years and older with a diagnosis of severe sepsis or septic shock.
- ▣ Consistent with Surviving Sepsis Campaign guidelines, it assesses measurement of lactate, obtaining blood cultures, administering broad spectrum antibiotics, fluid resuscitation, vasopressor administration, reassessment of volume status and tissue perfusion, and repeat lactate measurement.
- ▣ As reflected in the data elements and their definitions, the first three interventions should occur within three hours of presentation of severe sepsis, while the remaining interventions are expected to occur within six hours of presentation of septic shock.



3621: Composite Weighted Average for 3 CT Exam Types

- **Measure Steward:** American College of Radiology
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ 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)

Lunch



0674: Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)

- **Measure Steward:** Acumen, LLC / Centers for Medicare & Medicaid Services (CMS)
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ This measure reports the percentage of long-stay residents in a nursing home who have experienced one or more falls resulting in major injury (defined as bone fractures, joint dislocations, closed head injuries with altered consciousness, or subdural hematoma) reported in the look-back period no more than 275 days prior to the target assessment.
 - ▣ The long stay nursing home population is defined as residents who have received 101 or more cumulative days of nursing home care by the end of the target assessment period.
 - ▣ This measure is based on data obtained through the Minimum Data Set (MDS) 3.0 OBRA, PPS, and/or discharge assessments during the selected quarter(s).

0679: Percent of High Risk Residents with Pressure Ulcers (Long Stay)

- **Measure Steward:** Acumen, LLC / CMS

- ▣ Maintenance measure

- **Brief Description of Measure:**

- ▣ This measure reports the percentage of long-stay, high-risk, residents in a nursing home who have Stage II-IV or unstageable pressure ulcers on a selected target assessment in the target quarter. The long stay nursing home population is defined as residents who have received 101 or more cumulative days of nursing home care by the end of the target assessment period. A nursing home resident is defined as high-risk for pressure ulcer if they meet one or more of the following three criteria:
 1. Impaired bed mobility or transfer
 2. Comatose
 3. Malnourished or at risk of malnutrition
 - ▣ This measure is based on data obtained through the Minimum Data Set (MDS) 3.0 OBRA, PPS, and/or discharge assessments during the selected quarter(s).

Break



3501e: Hospital Harm - Opioid-Related Adverse Events

- **Measure Steward:** IMPAQ International, LLC / CMS

- ▣ New measure

- **Brief Description of Measure:**

- ▣ This measure assesses the proportion of inpatient hospital encounters where patients ages 18 years of age or older have been administered an opioid medication, subsequently suffer the harm of an opioid-related adverse event, and are administered an opioid antagonist (naloxone) within 12 hours. This measure excludes opioid antagonist (naloxone) administration occurring in the operating room setting.



3389: Concurrent Use of Opioids and Benzodiazepines (COB)

- **Measure Steward:** Pharmacy Quality Alliance

- ▣ Maintenance measure

- **Brief Description of Measure:**

- ▣ The percentage of individuals ≥ 18 years of age with concurrent use of prescription opioids and benzodiazepines during the measurement year.

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.



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 competing 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.



0500 Related Measures

- 3215: Adult Inpatient Risk Adjusted Sepsis Mortality
- Not NQF-endorsed: New York State Sepsis Improvement Initiative adult composite bundle measure



3621 Related Measures

- 2820: Pediatric Computed Tomography (CT) Radiation Dose



0674 Related Measures

- 0101: Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls
- 0141: Patient Fall Rate (no longer NQF-endorsed)
- 0202: Falls with injury (no longer NQF-endorsed)



0679 Related Measures

- 0201: Pressure ulcer prevalence (hospital acquired)
- 0337: Pressure Ulcer Rate (PDI 2)
- 0538: Pressure Ulcer Prevention and Care



3501e Related Measures

- 3316: Safe Use of Opioids – Concurrent Prescribing
- 3389: Concurrent Use of Opioids and Benzodiazepines (COB)



3389 Related Measures

- 2940: Use of Opioids at High Dosage in Persons Without Cancer
- 2950: Use of Opioids from Multiple Providers in Persons Without Cancer
- 2951: Use of Opioids from Multiple Providers and at High Dosage in Persons Without Cancer
- 3316: Safe Use of Opioids – Concurrent Prescribing
- 3541: Annual Monitoring for Persons on Long-Term Opioid Therapy (AMO)
- 3558: Initial Opioid Prescribing for Long Duration (IOP-LD)

NQF Member and Public Comment

Next Steps



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
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Activities and Timeline –Spring 2021 Cycle

*All times ET

Meeting	Date, Time*
Measure Evaluation Web Meeting #2 (will cancel if not needed)	June 25, 2021; 2 – 5pm
Draft Report Comment Period	Aug 11 – Sept 9, 2021
Committee Post-Comment Web Meeting	Oct 13, 2021; 2 – 5pm
CSAC Review	Nov 30 – Dec 1, 2021
Appeals Period (30 days)	Dec 7, 2021 – Jan 5, 2022



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- Email: patientsafety@qualityforum.org
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- SharePoint site:
 - » <https://share.qualityforum.org/portfolio/PatientSafety/SitePages/Home.aspx>

Questions?

THANK YOU.

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Patient Safety, Spring 2021 Measure Review Cycle (Day 2)

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Recap of Day 1

Voting Test

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