The Joint Commission

May 2, 2013

Heidi Bossley
Vice President, Performance Measures
National Quality Forum
1030 15th Street NW
Washington, DC 20005

Re: Reconsideration Request, NQF #0371 and #0376

Dear Heidi:

The Joint Commission would like to request Consensus Standards Approval Committee (CSAC) review and reconsideration of the recent decision by the Patient Safety – Complications Endorsement Steering Committee to not recommend continued endorsement of measures #0371 (VTE-1 Venous Thromboembolism Prophylaxis) and #0376 (VTE-6 Incidence of Potentially Preventable VTE). The Joint Commission is the developer and steward of these measures. By way of background, it should be noted that these measures were thoroughly reviewed at the in-person meeting of the Steering Committee on December 15, 2011 with subsequent recommendation for continued endorsement. A small number of public comments were received following the Steering Committee's vote to move these measures forward. The Steering Committee re-opened these discussions and the vote to recommend continued endorsement was reversed. This decision seems to be unwarranted, since these issues had all been thoroughly discussed and resolved to the Steering Committee's satisfaction at the December 15 meeting.

Measure #0371 (VTE-1, Venous Thromboembolism Prophylaxis): the post comment Steering Committee discussion seemed to center primarily around the following:

- Concern that the measure calls for VTE prophylaxis to be performed, but does not specify which type of prophylaxis should be used. A significant amount of evidence in support of both mechanical and pharmacologic VTE prophylaxis has been presented to the Steering Committee; the current measure specifications are consonant with that evidence. The Joint Commission understands that Steering Committee members may wish for the measure to be specified differently, but we feel that if the measure is taken at face value, it must be agreed that all NQF endorsement criteria have been met for this measure.

- Some Steering Committee members' incorrect perception that the measure specifications require VTE prophylaxis for even low risk patients. On the contrary, as pointed out in both the in-person Steering Committee meeting and the post comment discussion, the measure as currently specified makes provision for the physician, physician's assistant or advanced nurse practitioner to not use VTE prophylaxis if the patient's condition does not warrant such prophylaxis.

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- Concern that this measure may not be suitable for public reporting. As noted during the Steering Committee meeting, this measure has, in fact, been successfully used for accreditation and in public reporting by The Joint Commission since 2009. The measure is included as a required clinical quality measure for Stage 1 of Meaningful Use, and proposed to be continued in Stage 2. Also, this measure will become component of the CMS Hospital Inpatient Quality Reporting Program for FY 2015, with data collection to begin in 2013.

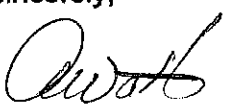
Measure #0376 (VTE-6, Incidence of Potentially Preventable Venous Thromboembolism): the post comment Steering Committee discussion seemed to center primarily around the following:

- Concern that this is not a risk adjusted outcome measure. It was noted at the Steering Committee meeting as well as during the post comment discussion that the intent of this measure is not to identify an outcome per se, but rather to identify people who develop VTE during the course of hospitalization in order to assess whether the process of VTE prophylaxis had been adequately performed. This is seen by The Joint Commission's Technical Advisory Panel as an important quality improvement activity for organizations collecting this measure.

- The Steering Committee also expressed concern that data for this measure would be difficult to collect as it requires manual chart abstraction. It was noted during the course of both discussions that the vast majority of Joint Commission measures requires manual chart abstraction, and this has not seemed to present difficulty to organizations currently collecting the measure. Further, it was noted that this measure has been re-tooled into an electronic measure, obviating the need for manual chart abstraction in the near future. It was also noted that this measure is included as a required clinical quality measure for Stage 1 of Meaningful Use, and is proposed to be continued in Stage 2 as well. This measure has been successfully used for accreditation and in public reporting by The Joint Commission since 2009, and will become a component of the CMS Hospital Inpatient Quality Reporting Program for FY 2015, with data collection to begin in 2013.

Thank you very much for the opportunity to present our concerns regarding the endorsement decisions around these measures, and for your reconsideration. VTE represents a condition that is the cause of significant morbidity and mortality in hospital inpatients in this country, and we feel that continued use of these measures will contribute to improvement of care for all patients.

Sincerely,



Ann E. Watt, MBA, RHIA
Associate Director
Department of Quality Measurement

c: Jerod M. Loeb, PhD
Executive Vice President
Division of Healthcare Quality Evaluation