NATIONAL QUALITY FORUM

Moderator: Pediatric Performance Measures
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OPERATOR: This is conference ID#: 95372654

Operator: Welcome, everyone. The webcast is about to begin. Please note today's call is being recorded. Please stand by.

Kate McQueston: Good afternoon, everyone. And welcome to the Pediatric Measures 2016-2017 Project Developer Orientation.

So this is just a quick reminder for everyone. Currently, the phone lines are open, so please remember to put your phone on mute. Also, if you're listening to the call -- both the phone line and over your computer, please turn off the sound on your computer. That way, we don't get feedback.

Well, thank you so much everyone for joining us today. We can go to the next slide, please.

We're going to start off with just a quick welcome and introductions. At this point, if you would like to introduce yourself or ask a question verbally, just a reminder, you're going to have to log in over the phone line.

Next slide, please. This is an introduction to the NQF project team. My name is Kate McQueston; I'm a project manager with this project. I'm joining on today's webinar with Suzanne Theberge, senior project manager, and Robyn Nishimi, our senior consultant.

For today's call, we plan to give you an overview of the National Quality Forum, the Consensus Development Process or CDP, our current work in pediatrics. We're also going to go over project activities and the timeline and orient you the role of -- to the role of developers, the committee, the co-chairs, and staff. Then we're going to present an introduction to our Measure Evaluation Criteria. We will provide an overview of the SDS trial period and eMeasure Approval for Trial Use time permitting. Finally, we'll show you where and how to access information that you'll need to discuss our next step.

A brief summary about NQF, if you haven't worked with us before, but I understand most folks on the call have. NQF was established in 1999 and is a non-profit, non-partisan membership-based organization that is recognized and funded in part by Congress, and trusted with important public service and responsibility of bringing together various public and private sector organizations to reach consensus on how to measure quality in healthcare.

Currently, NQF has 430 organizational members and works with over 800 expert volunteers. Because we are a forum, everything we do is open to member participation and all our materials are accessible at our website.

NQF works in multiple measurement areas. The first is endorsement process. This is a seven-step process that typically requires nine to twelve months to complete. Measures evaluated must meet NQF standard evaluation criteria that is importance to measure and report, scientific acceptability of measure properties, usability -- usability and use and consideration of competing or related measures.

NQF also works with the Measurement -- Measure Application Partnership, which convenes private sector and public sector organizations with the (stake) in measure improvement for federal health programs. It provides input to HHS on measures for public reporting, performance-based payment, and other programs.

NQF has a National Quality Partner Action Team set of work, which currently works right now on topics related to antimicrobial stewardship, maternity

care, patient- and family-centered care, and readmissions. And then we also participate in other activities related to measurement science.

Next slide, please. The NQF Consensus Development Process has seven steps. The first is the call for nominations for a standing committee and a call for candidate standards or measures. This is followed by candidate consensus standard review, public and member comment, NQF member voting, consensus standards and approval committee endorsement decisions and appeals.

There has been a recent change to this process where there's no longer a Board of Directors review of CSAC endorsed measures. Here's a little more about the recent change, if you could go back a slide, please.

NQF measure endorsement decision and appeal process has four components. So following the standing committee review, where the standard committee recommends or doesn't recommend a measure for endorsement, it then goes to the CSAC committee, which takes into account the committee recommendations, public comments, and the results of member voting and makes a final decision on the measure endorsement.

Following this, there's an appeals period of 30 days where any interested party may file an appeal during this time. If an appeal is filed, it goes to the NQF Appeals Board, which reviews all submitted appeals and decides to uphold or overturn CSAC decisions or dismiss the appeal. These changes went into effect on August 2016 so they will be applied to this upcoming work stream for pediatrics.

Next slide, please. The Appeals Board is made up of five members who have been appointed by the Board of Directors and they're eligible for two terms of two years each.

Next slide, please.

The Pediatric Portfolio of Measures for NQF is pretty significant. NQF currently has more than a hundred endorsed measures within the pediatric

portfolio, working across many of our topic areas. This project in particular will evaluate measures related to children's health that can be used for accountability and public reporting for all populations and in all settings of care. This is the second phase of a -- of a -- the second phase of a currently two-part pediatric project. And it's going to focus specifically on management of acute chronic conditions and mental and behavioral health among other topics.

NQF also is soliciting new measures for possible endorsement from other groups in addition to the centers of excellence. Endorsed measures undergo a periodic evaluation to maintain endorsement called Maintenance but there are no Maintenance Measures in this project.

For our upcoming timeline, we'll doing one-to-one technical assistance calls over this month and next. The pre-submission review deadline for measures for internal review by NQF staff is October 26. The measure submission deadline is December 7th.

There are two calls in February for the committee, the orientation call and the measure evaluation question and answer. And then the in-person meeting will be held in early March. This is followed a post-meeting follow-up call also in March and a post-comment call in May following public comment. Over to you, Suzanne.

Suzanne Theberge: OK. Thanks, Kate. Hi, everyone. This is Suzanne Theberge. I'm the senior project manager on the team. And for those of you who submitted to our last round of work, we worked together last time, so it'll be nice to work with you all again.

We have a pretty full agenda today. We have a lot of things that we want to go over but we'd like to really encourage you to interrupt and ask questions. I have put a couple of places for questions but don’t hesitate to speak up if you have a question or if you're just on the webinar, you can submit questions via the chat box as well. So we want this to be helpful to you folks as you get ready to submit your measures, so please, ask as many questions as you have.

So first, I'm going to talk about roles and responsibilities of everybody involved in the project. For the measure developers, we have sent out a list of the one-to-one TA call dates and we'd really like to sign up for a hour or an hour and a half with us to talk through your measure, talk through any submission questions that you might have so that we can help you get in the best measure possible.

We also ask that our measure developers complete the measure submission form, that's one of your main responsibilities here. So one part of your role here is to ensure that the form is complete, that we have everything that is required to review a measure including the MSA, the Measure Steward Agreement or the addendum, that all the appropriate sections of the form and attachments are included, et cetera, et cetera. And as Kate just said, 6:00 PM Eastern Time on December 7th is the measure submission deadline. Next slide, please.

After the close of the call for measures, we ask our developer colleagues to continue to work with us throughout the process. And so that would be things like responding to queries that the committee has or that the staff has as we do our preliminary review. Sounds like someone's -- thank you, that's better.

We ask that you attend any committee calls or any committee meetings where your measure is going to be discussed and, you know, of course, if you are just submitting one measure, you don't have to fly in from across the country to attend the in-person meeting, you can dial in but, you know, you are also very welcome to come and attend the in-person.

At the in-person committee meeting in March, we will ask you to provide a two to three-minute introduction to your measures. So you can give a -- the committee an overview of what your measures are and how they came about, any information you want them to know. And then we ask you to be available at that meeting to answer questions they might have. So as they go through the criteria, they may have a question about your evidence or they may have a question about your testing and we'd ask you to respond to those.

And then following the committee meeting, everything goes out for comment. And, again, if there are comments that are specific to your measure, we would ask you to respond to those in writing as well. But obviously that's -- that's a ways down the road next spring. Next slide, please.

So the role of the standing committee is to act as a proxy for the NQF Multi-Stakeholder Membership. We have a group of experts, about 25 folks, most of our committee is returning from last time so it'll be familiar faces and names. And we ask them to help us achieve the goals of the project. They are the ones formally evaluating and recommending the measures against the Measure Evaluation Criteria. The committee also will respond to comments that are specific to their discussion or their review that come in from the comment period. Next slide.

In terms of the committee's kind of day-to-day responsibilities, we ask that all of the committee members review all of the measures unless of course they have a conflict of interest, in which case, they are asked to recuse themselves. And every measure is evaluated against all of the criteria and then -- and the committee makes a recommendation to the NQF membership.

We asked the committee to oversee the whole portfolio, so not just the measures that are in this particular project but also to look at gap areas, which you might recall, the committee came up with a big list of gaps at the last meeting. We asked them to look for areas where measures can be harmonized and then if there was a request for an ad hoc review, we would ask the committee to address that as well. Next slide.

Each committee has a couple of co-chairs. Our co-chairs are returning from last time, (Dr. Sussman) and (Dr. Brockie). So you will be familiar with them as well perhaps. And we asked them -- they take on kind of more of a leadership role on the committee. They help co-facilitate the standing committee meetings. They meet with staff prior to meetings to help us figure out what issues need to be addressed. Help us meet the goals. They help us keep the committee on track during the calls and the meetings. And they also represent the committee when we go to the CSAC with the project -- at the -- at the end of project. And throughout this time, as they're acting as co-chairs,

they're also considered full committee members. So they are -- they are participating in the evaluation as well.

Next slide. OK. NQF staff. So the role of the staff is to make the project go. We are the folks that are working with everybody on all sides. We're working with you folks to give you TA and help you get your measures in. We're working with the committees to make sure they're all on the calls and meetings and that they have the information they need. We train them on our criteria. We make sure that they are following NQF policy. We write up all the results of everything and post that on our website so folks can submit comments, you know, and we work with the public to make sure people know what they need to know about our projects.

And then we also -- next slide, sorry. We do a lot of communication as part of this piece. We respond to NQF member and public queries. We document all the project activities. Post everything online. All of that stuff. Next slide.

One of our major roles is conducting the preliminary analysis and you will be somewhat familiar with this from previous submissions, if you've submitted to us recently. The first thing that we do after the close of the call for measures is we spend that next week going through every measure and making sure that you've got what you need. So that's called the completeness check.

You know, and then make sure that we've got all the attachments we need, that you didn't accidentally attach two testing forms instead of a testing and an evidence form, that all of the questions have answers that are addressing the questions. And we'll, of course, let you know if there's an issue right away. If we see something missing, we'll get back in touch with you.

Following that completeness check, we then do the preliminary analysis and that's where we review and summarize all of the information that you submitted, you know, a little bit more of our readable, digestible format for our constituents, our committees, our public, and for you as well.

One change that was made since the last time is that these analyses are now including preliminary recommendations. And that's where NQF staff are

providing a preliminary recommendation of how well the submission meets each sub-criterion based on the NQF evidence, reliability, and validity algorithms which we have adopted.

So you'll get your PA back. The committees get them and the -- and the developers get them as well. And you'll see where we, you know, how we came to each recommendation. So if we have said that you are -- validity testing is moderate, we'll walk through our algorithm and explain exactly why.

And I'll just add here that, you know, we work to make these as best as we possibly can make them but, of course, the NQF staff are human. So if you see an issue or you think we've misunderstood something once you get your PA back, we definitely want to know so that we can make updates if things are wrong. And we do send things through a few layers of review, so these pieces are getting -- are getting a couple of eyes on them.

So before I go into the Measure Evaluation Criteria, I want to stop here and see if there's any questions about roles or about the PAs or anything like that. And, again, if you're just on the webinar, please free to submit questions via the chat box.

(Camilla): Suzanne, this is (Camilla). I just have a quick question. So one thing you mentioned to me was if it's a resubmitted measure that some of that -- that basically some of the work that was done previously can sort of be leveraged and you could re-open that measure. Is that possible?

Suzanne Theberge: Yes. You know if you are working on …

(Camilla): In terms of the form -- yes.

Suzanne Theberge: Yes, some pieces of the form can be reused. And I'm actually going to talk a little bit more later about changes that we've made to the forms so that, you know, the evidence -- we have a new evidence form and I'm going to talk about that later. So, you know, you can take the information and put it into the new form but you can't actually reuse the evidence form. But that said, you know, if you decide that you want to resubmit something that you

submitted in the past that was not recommended, talk to us and we'll work with you to either re-open your old submission for you to edit that or copy over the appropriate information so that you can start again.

Donna Woods: Hi. Hi, Suzanne. This is Donna Woods. So if we want to get in touch with you, what's the best -- do I just email you first and then we'll set up a time and then we can talk it through? Particularly with regard to resubmission of some measures since we have additional testing that we've been doing and will do.

Suzanne Theberge: Great. Yes, if you can email the Pediatric Performance Measures email address, the team tracks that box and we check it multiple times a day. So email us with, you know, what you'd like to discuss, resubmitting, and, you know, if you could let us know sometimes it might work for you to talk on the phone and we'll just get on the phone as soon as we can, you know, find a time that works for everybody. We'll try to make that happen next week if you know now that you want to resubmit something.

Donna Woods: And one additional question about the resubmission. There's -- one of the measures that we submitted, we had data collection and process but did not have the data then but the group had said, "Well, if you have it -- when you have it, you can share it with us." Should we pull that measure from that group and resubmit to the Pediatric call or should we follow through that process with that group?

Suzanne Theberge: Let's discuss offline because we'd need to know a little bit more detail about your specific measure, where it's at in the process …

Donna Woods: OK.

Suzanne Theberge: … et cetera. So why don't you drop us an email and we'll get back to you ASAP?

Donna Woods: OK. Thank you.

Suzanne Theberge: Yes. Generally, if a measure if being reviewed by a different committee, then it wouldn't be brought back to this one. We've -- if we slotted it into a different topic area, that's probably because the expertise needed to evaluate it

is on the other committee. But definitely connect to us afterwards and we'll get it sorted out.

Donna Woods: Thank you so much.

Suzanne Theberge: You're welcome. OK. So let's talk for a few minutes about the Measure Evaluation Criteria. And, you know, I think a lot of you are familiar with the criteria having gone through the process before. Next slide, please.

However, we have made some changes that we're going to go over today. So the first thing to know is that, you know, we've made changes and we've also updated the guidance documents that we have to go along with those changes. So please check those out on our website after the call and we'll -- we can also send out some links to them. And I -- I think that's a hyperlink in the slides. So you may even be able to download it from here.

So we have -- we have made some changes since last year. And oops, sorry. Can you go back one slide?

We have made some changes to the measure types definitions. We have added Endorsement Plus designation and I'll go over that in more detail later but basically it's for measures that are extra good. It's like the A++ measures. And they have a higher bar of criteria to pass. And then -- so we've added a new criterion to usability and use that is need for Endorsement Plus. So OK. Next slide.

So I'm going to talk now just more generally about the evaluation criteria. So as you all know, NQF endorses measures for accountability applications as well as quality improvement.

And we need to know how to do that. How do we decide what is good enough for accountability purposes? And so we use standardized criteria. You know what to submit, you know what to expect. Our user -- people who are using the measures know that a measure has met a certain bar. But I will also say that our criteria have evolved over time. Mostly recently this

summer, you know, as the measurement world learns mores and grows, we've made changes.

Next slide. We have, as Kate said, we've got the major endorsement criteria and the page numbers on the slides that are listed throughout this presentation refer to the developer guidebook which is also on our website and we have again made updates to that to reflect the changes in the criteria and the process that were made. So you can go back and look at all of that.

The first criteria is importance to measure and report. And then the sub-criterion for that are evidence and performance gap. Then we have scientific acceptability and that's the reliability and validity testing. Those are both must pass. And then we've got the feasibility which looks at the burden of the measure, the usability which is how the measure is being used and how it could be used. And then finally, once a measure has passed all the criteria and been recommended, we look at whether there are any related or competing measures.

Next slide. So I think the most important thing to know about the first criteria, importance to measure and report, is not -- is that it is not talking about whether the topic area is important because pretty much everything that's done in healthcare is important. The process of care, for example, it might be super important. The question is whether it is important to measure because we don't need to measure everything in order to provide good care.

So what we're asking committees to look at with this question is whether this aspect of care should be measured. Is it something that is worth spending resources and time on? And does the value of the measure offset the burden?

And then the other piece of the importance criteria is the opportunity for improvement, which is where we want to make sure that there is room to grow. You know, there's no -- there's no point in a measure that everybody's already doing a hundred percent on. So we're really looking -- and for those measures that are already endorsed where, you know, people have topped out, we have reserve status but that's really more of a Maintenance Measures thing, so it probably won't be applicable for this project.

But yes, so we look for, you know, where -- whether there are places where care can be improved. And that might be across the board or it might be for specific population groups. And then finally for composite measures, we looked at the quality construct and rationale of the composite.

OK. Next slide. So the evidence that we ask for is different depending on what your type of measure is. You know, for an outcome measure, it's inherently important because people want to know about the outcomes of healthcare delivery. So the evidence requirements are different. For process and intermediate outcome measures and structure measures, we want to look at the quality, quantity, and consistency of studies. You know, we want to make sure there are no flaws or biases or that they are limited, that the results of the evidence are consistent. And we look for empiric evidence when at all possible. And, you know, there's different levels of systematic reviews and so we look for -- we look for the ones that are known to be -- to be highest quality.

And we have made some changes to the evidence form as I mentioned earlier. We're going to go over that later. But this is just the kind of overview of the -- this criteria. And the next slide is our algorithm that we use to evaluate the evidence.

So this is what we will walk through in the PA and what we will ask the committee to walk through, how the -- how well the measure meets the algorithm, you know, is -- is it an outcome measure and does the committee agree that the outcome and there is a healthcare action that can impact that outcome, then it would be a pass, for example.

And so the options here are high, moderate, or low. And we ask you to take a look at these as you're working on your submission to help you guide your submission process and what kind of information that you need. Our form should lay it out pretty clearly but you might find this a helpful resource as you -- as you go through and start submitting information.

Next slide. So we have kept in -- although I -- again, I think these are all going to be new measures so kind of less an emphasis on Maintenance Measures here but just so you know, there is a slight difference in how new measures and how Maintenance Measures are reviewed and endorsed.

We look, you know, if there's been no changes and evidence the committee can just say OK on the Maintenance Measure, we don't need to look at the evidence but, you know, for a Maintenance Measure they'd be looking much more for a gap and, you know, they'd be focusing on whether there's an improvement. So if your measures are endorsed and when they come back for maintenance review in a few years, this is the kind of thing that you would be looking at.

Next slide. So the next -- the next major criterion is the scientific acceptability, the reliability, and the validity. And that's the extent to which the measure, as specified, produces consistent and credible results about the quality of healthcare delivery. They are not all or none properties. They are a matter of degree and they're not static because they can change based on how you're using the measure and the different conditions the measure might be used under.

We do look for measure testing. It's a required -- for submission. And we want to make sure that the measure has been demonstrated to be reliable and valid for the measure as specified. So the measure that you're actually submitting has been tested.

We don't require any -- we have kind of flexible testing options. It's not like you can only test a measure one way. And we don't require a certain threshold but we want them to be testing results within acceptable norms. And we have a lot of resources on our testing so, you know, we'd encourage you to look at some of our reports. And then also talk to us if you have questions about -- either about your testing or about how to present it in the best way possible.

Next slide, please. I like -- this is a slide that we use all the time. It's a good visual demonstration of what our reliability and validity.

You know, (as each thought) with a measurement in the first target, all the measures are very similar but they're not hitting the target so that's a measure that's reliable. It's always giving you the same information but it's not valid. The second target, they're all spread out. That measure is neither reliable nor valid. And then finally, you've got all the measures that are close together and they're all at the center of target, that's a measure that's both reliable and valid. And that's what we're looking for.

And as you might recall, you know, we're really looking for empirical analysis that demonstrates the reliability and the validity of measure -- of the measure as specified. And so we're going to ask you questions about the exclusions, about the risk adjustment or stratification methods to identify differences in performance, et cetera, et cetera.

Next slide. There's, you know, here's some key points to keep in mind that, you know, reliability of the measure score. It's how much variation there is, you know, we just want to make sure that the appropriate method and levels of testing were done, whether your population was adequate that the measure can be collected the same way every time, et cetera.

And the next slide shows the algorithm that we use to evaluate reliability. This is what we'll ask the -- we'll go through on our PA and we'll ask the committee to go through as well. And it should be pretty straightforward, you know, for example, if your -- if your measure is only tested using face -- sorry, we're on reliability. This, you know, this will give you the levels of testing that you need to get to a high or a moderate or a low.

And I just want to add that if -- you know, insufficient is an option here but if you get insufficient, that's not a no. That's a "We need more information, we can't make any judgments based on what we've got." So we'll come back to you if we -- if we think something is an insufficient.

Next slide. So some validity testing key points. We can have either empirical testing, which looks at the measure score or the data element level validity or

we can have face validity which is subjective determination by experts that the measure appears to reflect the quality of care.

Next slide. And here you'll see the validity algorithm. Again, it's like our other ones, you know, you walk through and figure out how well the measure is meeting -- your testing is meeting our bars. So we've got more information and -- on these algorithms. And the algorithms are bigger in the materials that we have online so they will be easier to read than they probably are on this PowerPoint screen.

Next slide. So when you're working on this validity section, we're also going to ask about threats to validity, the conceptual threats or the -- whether the measure is unreliable because an unreliable cannot be valid. We look at whether populations were inappropriately excluded, you know, whether there's patient mix issues, systematic missing data could impact the validity of your measure. So we want to make sure that you've thought about these issues and that you've addressed them.

OK, next slide. And, again, just a quick comparison of how new maintenance -- new and Maintenance Measures are compared in a maintenance endorsement.

OK. Next slide. So the third criterion is feasibility and that's something that we look at, you know, how available is the data, you know, how hard is it going to be to collect. You know, is it going to -- is it going to be helpful? You know, for our clinical measure, we want to make sure the required data elements are routinely generated and used during care like a blood pressure or a lab test; we want to make sure that the required data elements are available in electronic health records or other electronic sources. And we want to make sure that the data collection strategy is implementable, you know, it's already been used or -- that testing has demonstrated that it can be used.

And, you know, this information is -- tends to be more readily available with measures that have been established but with newer measures, our committees ask, you know, what's the plan for collecting data and how does the team -- if

it's going to be burden on providers. And obviously for folks being measured, this is something that's important to them, too.

Next slide. The final major criteria in this usability and use. And this is the extent to whether -- to which audiences are using or can use results for both accountability and performance improvement.

And this is one of the areas where we've made a change. We've added criterion 4D vetting by those being measured and others. But the other things that we look at for every measure is, you know, that the measure is either being used or there's a plan to have it be used. There is improvement demonstrated that there are no unintended consequences or if there are consequences, they are outweighed by the benefits of using the measure. And, you know, are -- basically are we seeing any improvement using this measure. And the vetting criterion is new and that is looking at -- making sure that people being measured have been given the results and have been given assistance in interpreting those results and that those being measured and people using the measures are given the opportunity to give feedback and that feedback is considered.

And this is required for the Endorsement Plus. OK. Next slide. Again, this is the comparison between new and maintenance.

OK. Next slide. So the last -- once a measure has been -- has gone through all the criteria and has passed and been recommended by the committee, we do ask the committee to look at whether there any related or competing measures. NQF wants to kind of make things easier for everybody. We don't want there to be a lot of chaos in the measurement world so we try to make sure there's only one endorsed measure of any particular type. So, you know, if you had two measures looking at the same population and the same measure focus, then, you know, we'd want to pick one that was the best in class.

The committee makes this decision but it is a question in the application so you need to let us know if you're aware of any related or competing measures.

So I'm going to stop here and see if there are any questions before I talk for a few minutes about the evaluation process. OK. Just going to check, doesn't look like we've got any chat questions either so moving on to the next slide.

So you'll get your measures and you'll get them submitted to us. And as I mentioned before, kind of first big step is the preliminary analysis. These are used as a starting point for the committee. They are not the final word by any means and the committees definitely don't always take them, you know, as just what NQF says but that's where the committee will start their discussion. And we'll send all the measures out to the committee members and we ask them to review all of the measures in the project. However, we assign each committee member a subset of the measures, you know, two to -- two to three committee members per measure usually and we ask them to really take a deep dive on those measures and be prepared to lead the discussion and really kind of help the committee understand the issues involved with that measure.

So we send the measures out to the -- next slide. We send the measures out to the committee. They have a few weeks to look at everything and start their preliminary review. And then they start doing their group review. Those of you who are on the last project will remember that we did workgroup calls. We're not actually going to be doing those this time because that's something that we only do for the first phase of projects when we have a new committee, when we have returning committee members. They're not as important because we really use those workgroup calls partly as a training mechanism for the committee, to teach them how to evaluate a measure.

So no workgroup calls this time around. All of the measure review and evaluation will be done at the in-person meeting in March and we'll have the committee come together and discuss and rate every measure against the criteria and make recommendations for endorsement. And if we don't finish everything at the meeting, that's why we have that follow-up call the next week. And if we do finish going through everything at the meeting, then we'll cancel that call but that's what that call is for.

(Camilla): Suzanne, this is (Camilla) again. So I'm -- because you added in that step with regard to -- I just want to make clear that that additional step about the

preliminary review, why was that added? And is it that the staff -- I guess I thought that the calls were not just to orient folks but also to sort of have a point of discussion, the workgroup calls, so that they could vet before that in-person meeting sort of what was -- sort of put together by. Because there's -- there were lead people that were doing that work and then …

Suzanne Theberge: Right.

(Camilla): … that was sort presented. So I feel like that's a step that definitely had value and then, you know, that's a change. And then in addition, there's a change with regard to, you know, you guys doing the preliminary review and not members doing the preliminary review. So I feel like that's two opportunities for them to sort of put in their, you know, strong viewpoints and thoughts about these criteria that are different this time around. So I just wanted to flag that because I think that's important.

Suzanne Theberge: Sure. And actually, you know, let me -- let me clarify. We're doing the PAs, the preliminary analyses; we did do those last time. And you -- the developers may remember they got written feedback on the measures. The difference is that we didn't do the ratings. That's the new part. We didn't actually say, you know, this measure is -- we think it's a moderate on evidence, for example.

(Crosstalk)

(Camilla): Sorry. That is -- that is what I meant. So why is -- why are the ratings being done by you guys this time and not by -- I mean because I think them understanding the criteria and then being able to apply …

Suzanne Theberge: Sure.

(Camilla): … becomes important, right?

Suzanne Theberge: Yes. Well, that was something that we had -- we had feedback asking for. It was something that our stakeholders wanted. They wanted that starting point of discussion and, you know, we do still expect the committee to be doing the work. The committee is the one making the decisions on how well

they meet the criteria but they, at this point, are much more familiar with the criteria. They know how to evaluate a measure. They know what measures look like. They know -- they're just -- you know, we'll do an orientation call and, you know, we're going to remind them of the criteria because it's been a year, of course, but they are much more familiar than they were the last time around.

And we do still kind -- they're kind of like workgroups in that we'll say, you know, OK, we've got, you know, Measure 2,000 and we want committee members, you know A, B, and C to review -- to review that. And they will be the lead discussants at the in-person meeting. You know, it's partly a burden issue for our committees, we ask a lot of time for them and it just -- it didn't seem like the workgroup calls were as useful for our returning committees. So we try to get …

(Elisa): Suzanne.

Suzanne Theberge: … that feedback -- yes.

(Elisa): Suzanne, hi. It's (Elisa). I'm just going to chime in really quickly. Sorry about that.

Suzanne Theberge: Thank you.

(Elisa): So, (Camilla), you (had a) question about the ratings. The committee doesn't need to take them. We applied this process throughout all of our projects. And so what we're trying to do is to try and generate discussion and as Suzanne said, these are volunteers but they are familiar with our criteria but because they're not touching it as much as we are, we want to give them some real direction on where, you know, we would recommend the measure go. They don't have to take our preliminary rating recommendations. They can overturn them if they don't feel that they're appropriate, so I just wanted to add that little piece.

Suzanne Theberge: Thanks, (Elisa).

(Crosstalk)

(Lisa Robb): This is (Lisa Robb). The other thing I wanted to mention was you might have recalled that last time -- and this is just another extension of why it's now just part of the preliminary analysis, is that we would continually remind the committee that, you know, it's only eligible for a moderate rating based on the algorithm. It's only, you know, this one in particular can be voted on high. So since there, you know, was always some sort of interruption and sometimes confusion about what it was eligible for because, you know, there was only face validity ergo it was only eligible for a moderate. That's one of the other reasons why we just follow the algorithm and include it as part of the preliminary analysis now.

Suzanne Theberge: And we do lay that out in the PA. So when you get the PA on your measure, it'll see -- you'll see the summary points and you'll see us, you know, go through that algorithm box by box to layout how we got to that. And as I said before, we really welcome questions and, you know, we're definitely happy to discuss things with you. And we're hoping to do some of that discussion on our TA calls. So, you know, that's part of why we've set those up. So are there any other questions before I talk a bit about Endorsement Plus?

(Camilla): No, thank you.

Rita Mangione-Smith: I'm sorry. This is -- this is Rita Mangione-Smith. So just a quick question regarding the TA call, at least for our group, because we are in throes of doing a lot of additional testing, it'll be completed and I'll include it in the submission December, there's no way it'll be included prior to the TA call on November 10th. So I'm curious as to how your group in your -- in the pre-analysis, it sounds like you'll be looking at all the sections. So I'm assuming that's happening after the submission deadline, the pre-analysis part or is that pre-December 7th?

Suzanne Theberge: OK. So there's a couple different things going on that -- let me explain. The pre-analysis is, you know, if you have questions about something specific and you want our review and feedback before the measure submission

deadline, if you get it in by October 26th, we will give you written feedback within a couple weeks so that you have time to make changes prior to the December 7th measure submission deadline. That's optional. We encourage you to do it but, you know, if you're still doing your testing and you can't, you know, that's understandable. And, you know, we can talk about that further either by email or in your call.

The TA calls are to answer your questions, to make sure that you are understanding the forms, to make sure that we're getting you all the information that you need to answer the questions and to get your measure the best way possible.

The preliminary analysis is what we do with all the information after the measure submission deadline. So that doesn't happen until we've got everything. It's after the completeness check, you know, we'll be doing those PAs in January and in February whereas we would be doing these kind of pre-reviews in October and the beginning of November. So, you know …

Rita Mangione-Smith: So that's …

Suzanne Theberge: Go ahead.

Rita Mangione-Smith: … very helpful. Just one follow-up question. So once you've gone through your pre-analysis and applied your algorithms, if we feel like, you know, there's a point of clarification we could make that may change your rating, will there be an opportunity to do that?

Suzanne Theberge: Yes. So what we'll do is we'll send out the PAs to everybody, the committee and the developers. And we will then -- if you have a concern -- like I said, if you have a concern or if you feel like you can provide more data that addresses the issues that we raised, you know, let us know immediately and we'll work with you to get that updated information to the committee. You know, obviously getting it in sooner is better so that it's in the original PA in the first place and if we run into a major concern or a major question while we're doing the PA, we'll definitely get in touch with you and, you know, ask for some questions. You know, ask for some clarification, ask for

more data if we it's something, you know, that we want you to -- we're not going to blindside you with all of low ratings when everything goes out to the committee. We'll let know before then if there's a problem.

Rita Mangione-Smith: OK. Thanks.

Suzanne Theberge: And, you know, that's partly why we want to do the pre-review because, you know, that just helps us -- the more upfront work we can do, the better because, you know, we're doing a lot of PAs in a fairly short amount of time and so we want to give you as much time as we can. If we discover issues, we want to make sure that you have time to go back and aren't, you know, really crammed for time on your -- on your end. We just want to make sure everything -- we're just trying to make it work for everybody. So that's, you know, where we're coming from.

So hearing no further questions, I'll move on to Endorsement Plus. And as I mentioned, this brand new. So, you know, we're just getting started with this. Committee will vote to recommend -- on whether or not to recommend the measure for endorsement. And we will be letting the committee know if a measure has met the minimum criteria for Endorsement Plus. So that is -- the evidence criteria has been met without exception, that there are good results on the testing. It can't just be face validity. It's got to be empirical validity testing. And, again, that criterion 4D, well-vetted in real world settings.

And then the committee will vote on whether something should be Endorsement Plus or not. And I will just add that new measures are eligible for Endorsement Plus, they don't have to be Maintenance Measures as long as you meet the criteria.

So next slide. So just, you know, once we send everything out, I think we've already actually gone over this, what you'll get is a measure worksheet and that includes the preliminary analysis, any pre-evaluation comments we've gotten from the committee, any public comments that we've gotten from the pre-meeting comment period, and then all of your information all in one form. And we've linked everything and made it easy for folks to find information.

So I will pause here for a second and see if there are any questions before we walk about the new measure submission form.

OK. Hearing no questions and not seeing anything in the chat box either, I'm going to talk about the new form. So over the summer, we made some changes to the submission form. We're now on version 7.0 and I think the most important thing to highlight here is that please don't use your old forms. Make sure you're using the new form so that we get all the information that we need and you're not doing extra work.

Next slide. One of the big things that we have done is consolidate some of the data entry. We've really tried to make this easier for you. We have a group of developers who serve in an advisory role and we went through the form with them. We sat down with them and we went through the form, every single item and asked them for their feedback and then we made changes based on that feedback. So, you know, we asked them questions differently, we asked them questions more in a different place and we have -- we have just tried to make things better for everybody and more clear.

Next slide. We have -- some of the things that we have done are remove the high priority aspect of healthcare questions that we aren't using anymore. We've removed the duplicate question, we've merged some questions.

So basically, just trying to make it better. A little bit shorter. Next slide. And then we've also added the Endorsement Plus questions.

Next slide. And then these are just some more information about the Endorsement Plus designation. And I'll just add, you know, we would actually love it if we got new measures that were eligible for Endorsement Plus. I mean it would be great -- we would love to see measures being vetted by users and -- before they're implemented, that's definitely a plus. And then …

Donna Woods: Suzanne, I have a quick question. So one of the things that we did -- this is Donna Woods again. One of the things that we did because we were concerned that there were challenges with regard to pediatric evidence and

things like that. One of the things that we did -- but the pediatric community really does understand sort of fundamental aspects of pediatric care. So we went to the American Board of Pediatrics and asked if they would use our measures in their maintenance of certification part four PIM and they have. Does that qualify for what you're talking about?

Suzanne Theberge: That's a good question. I'm not sure. I think I'm going to have to -- unless Robyn wants to take that now, I think we'll have to get back to you.

Robyn Nishimi: Yes. Sorry I was on mute. Yes, no, I'm not sure either. I'd have to know the circumstances of, you know, how they're reporting and, you know, what impact it has on the MOC, et cetera, so.

Donna Woods: We could talk offline if you want.

Suzanne Theberge: Yes. That sounds great. It's also about, you know, whether they are giving you feedback and, you know, how they're getting the results. But anyway, let's talk about it offline and, of course …

Donna Woods: OK. I just wanted to know.

Suzanne Theberge: … for anybody. It's a good question. So the next -- the next slide actually shows you what the new questions are in usability and use that are for Endorsement Plus.

So next slide. There are some other additional changes to the measure submission form, you know, we've add some new options for population, for data source, for care setting, for types of measures. And then there's a couple fields that the NQF staff will assign measure classifications in.

And then next slide. We've also just added some changes to the annual update form. So when your measures are endorsed every year, about a year after endorsement, you're asked to make annual updates and we've changed some of the questions for that.

So this isn't really going to be applicable to you all until the summer of 2018, so. But know that it's coming. So one of the big changes that we've made is

the changes to the evidence attachment and, (Dianne), if you could pull up that Word document. We haven't changed so much the questions so much as the formatting. You know, we're not asking for different information so much and if you could scroll down. Thank you. You know, what we're asking is -- first, we're going to ask you what is the measure. What kind of measure is it? And then we're going to ask you for the logic model and we need everybody to answer to answer those questions. And then if you could scroll down some more. There we go.

Now, this is where the big difference is. We ask -- you only respond to one section based on what kind of measure you have. You have a question for that. So, you know, the first one's for your outcome measures. The second one here is for intermediate outcome process or structure measures. And could scroll to the next page. This is the big change here. It's how we're asking you to present the information for process measures, for example. And there's only one of these boxes in here but if you have multiple things -- multiple systematic reviews or something that you want to keep in here, you can just copy the box and, you know, you can include as many boxes as you need provided they're all filled in, if that makes sense. As many copies of the table as you need to give us your evidence. So we're basically just trying to make it cleaner and easier to use for everybody. So hopefully this will be an improvement.

Rita Mangione-Smith: Suzanne, this is Rita. Question …

Suzanne Theberge: Yes.

Rita Mangione-Smith: So what if there is evidence that it is not a systematic review?

Suzanne Theberge: There is some options for that here on the form. If you just scroll down a little bit further, there's another question, other sources of evidence.

Rita Mangione-Smith: Got it. Thank you.

Suzanne Theberge: You're welcome. So are there more questions? OK. Next -- can we go back to the slides? And we should be on the next slide. Resources submitting standards. Sorry, next slide. We have the submitting standards webpage.

We've got all of our -- all of our documentation, all of our resources on this page and we've got updates to the guidance document, to the guidebook, so lots of new information and if you can't -- if you have questions about anything, don't hesitate to contact us.

I'm going to talk briefly -- next slide -- about the SDS trial period, which may or may not be applicable to measures in this project. So you might recall that NQF convened an expert panel a few years ago to consider if, when, and how outcome performance measures should be adjusted for socio-demographic factors. There's really two big perspectives in the measurement world and at the time that we convened this panel, we were specifically saying, "Don't risk adjust." And now, we have a two-year trial period which is allowing folks to adjust if they would like. It's not prohibited.

So next slide. And this is like a measure by measure thing because not every -- it's for outcome measures and not every outcome measure should be adjusted for SDS factors. You know, there's going to be certain patient safety things that should never be different, you know, no matter what socio-demographic group you're looking at. And there needs to be a conceptual basis and empirical evidence. And we are aware that implementing this can be challenging with data. It can be challenging to get the right data.

So next slide. All the measures in this project are considered part of the trial period. So whether or not your measures are risk adjusted, the committee may look at that because one of the questions is -- should they be adjusted if they're not?

Next slide. And this falls under the validity criterion and it will be included in the PA, so that's how we're doing it.

And then next slide. There's a number of questions that we ask the committee to look at. Is there a conceptual relationship between the factor and measure focus? What variables were available? You know, does the -- does the data show any difference in outcomes? Does the testing match the specifications, et cetera?

And next slide. We do want to see the testing matching the specifications, of course. And this is actually more for Maintenance Measures because it's about changing if your previous measure was not risk adjusted.

Next slide. We don't know of any eMeasures that are coming in but if you are planning on submitting an eMeasure, please let us know right away. Is anybody planning to submit an eMeasure?

Donna Woods: We're planning to submit two. This is Donna.

Suzanne Theberge: Donna? OK. Well, we should definitely talk, you know, sooner rather than later. There are some different requirements for eMeasures and we do have a program called eMeasure Approval for Trial Use and that is because -- we've -- our developers are finding that it's challenging to test eMeasures to the extent needed to meet the NQF criteria. So eMeasure Approval for Trial Use is for eMeasures that are not fully tested to the NQF criteria but, you know, it's a -- it's kind of a step forward in the process. It's not actually endorsement. But we can talk further about that offline.

Donna Woods: Sure.

Suzanne Theberge: So next slide and we have a different -- slightly different numbering system for eMeasures which is mostly applicable if there's a paper measure and an eMeasure. We've got different types of numbers for them to try to keep them both separate and together. So that's it for the kind of technical pieces of the presentation. Do folks have questions or are there specific issues that you feel like, you know, you want me to go over before we kind of get into the next steps and, you know, we've definitely thrown a lot of information at you today, some of it new, some of it a review but if you find that you have questions or, you know, you'd take a look at some of the documents and you don't -- you want more information, then definitely let us know. You know, this is really just the start of our TA for you all and the start of our working together so there's a lot of time to ask questions and set up calls and emails as well.

Kate McQueston: OK. If there aren't any questions, I'm happy to speak briefly about next steps. The first thing is we've sent you a couple updates regarding possible times for one-to-one TA calls with the NQF staff. If none of those available times work out, please feel free to just email us and we can try to find a time that is convenient for everyone.

The measure submission period is now open for the project so feel free to begin. We always encourage people to begin as early as possible. If you would like to submit your measure for pre-submission review by NQF staff and if you receive feedback, we encourage you to do so by October 26th. And as a reminder, the final deadline for measure submission is 6:00 PM on December 7th.

Next slide, please.

In terms of how you can stay in touch with us, as Suzanne mentioned, you can always email us at the Pediatric Performance Measures mailbox. We check this multiple times a day so we'll be sure to direct it to the right person for your questions and you'll receive a timely response. You can also call us on the NQF phone and access updates about the projects through the NQF project page. We've also included a link to the SharePoint site where we'll be including relevant information. That's all we have to discuss today.

Are there any additional questions that we can help with?

Suzanne Theberge: Kate, I'll just jump in and add that we -- we'll definitely be contacting you quite a bit by email. So, you know, you're not expected to, you know, just check the project page for updates. We'll be getting out emails to you regularly with reminders and information and some of you have already mentioned the updates to your team. You've got different team members than you did last time, so let us know if you'd like different people included on the emails than are currently receiving them.

Are there any other questions? Does anyone on the NQF team, Robyn or Kate, do you want to add anything?

Kate McQueston: No. Yes, nothing from me so if there's no questions at this time, we can go ahead and adjourn and feel -- please feel free to contact us if you think of anything that you'd like to be in contact with us about.

Suzanne Theberge: Thank you.

Kate McQueston: Thank you so much to everyone for joining this webinar today and we're looking forward to working with you and proceeding with the project.

Suzanne Theberge: Thank you.

Operator: Ladies and gentlemen, this does conclude today's webinar. You may now disconnect.

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