NATIONAL QUALITY FORUM

Moderator: Perinatal and Reproductive Health
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OPERATOR: This is Conference #: 8779568

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

Kate Buchanan: Hello and good afternoon or good morning to everyone. My name is Kate Buchanan. I'm a project manager here at NQF working on the Perinatal and Women's Health Standing Committee.

I want to encourage everyone to – in addition to logging in to this webinar, to call in in order – so we can have a conversation. So, to dial in, please call 844-833-5553. Once again, that is 844-833-5553.

And I would like to take a moment to ask my colleagues to introduce themselves. I know that we have Suzanne Theberge, the senior project manager on the line. Suzanne?

Suzanne Theberge: Hi, everybody. This is Suzanne Theberge. I am – I'm back with this project again. I'm so excited to be working with you all again for a new phase of work on this project. And welcome. We're so glad you're here with us.

Kate, go ahead.

Kate Buchanan: Thank you. And we also will be joined in subsequent calls by our senior consultant, Robyn Nishimi. She's unable to join us on this call but she will be joining us on future calls.

We also have several of our other NQF colleagues on the line. And they will be joining us throughout the conversation.

So if we move on to the next slide.

On this call, we plan to give you an overview of the National Quality Forum, the Consensus Development Process, or what we call CDP, and our portfolio of perinatal measures. We will also go through the major project activities and timelines (for you) into the roles of the committee, the co-chairs and staff. Then we'll present a high-level introduction of our measure evaluation criteria.

Finally, we'll show you where and how to access the information that you'll need for the process and discuss our next steps.

So I'd like our committee to have an opportunity to introduce themselves and provide a brief background. We'll start with our co-chairs. Carol, I know that we have you on the line.

Carol Sakala: Yes. Hi, everybody. Great to be back with a new measure to develop and for new processes. This is Carol Sakala from the National Partnership for Women & Families.

Kate Buchanan: Thank you. And I don't believe we have Kimberly Gregory on the line. And then we'll just go down the line and apologies if I mispronounce anyone's name. Matt Austin?

Matt Austin: Yes, good afternoon and good morning, everyone. This is Matt Austin. I'm glad to be back for this all of you again. I'm at the Armstrong Institute for Patient Safety and Quality at Johns Hopkins Medicine.

Kate Buchanan: Thank you. Jennifer Bailit?

Amy Bell: Hey, good afternoon, everyone. It's Amy Bell. I'm the director of Quality for Women's, Children's and Oncology Services at Carolina HealthCare System. And I'm happy to be back with you all working on this project. Thank you.

Kate Buchanan: Thank you, Amy. I don't believe that Tracy Flanagan was able to join us. Do we have Gregory Goyert? Ashley Hirai? Mambarambath Jaleel? Diana Jolles?

Diana Jolles: Hi, this is Diana Jolles. I'm calling from Tucson, Arizona. I'm a nurse-midwife and representing American College of Nurse-Midwives Quality Section. And I'm faculty at Frontier Nursing University.

Kate Buchanan: Great. John Keats. Deborah Kilday?

Deborah Kilday: Hello, everyone. Deb Kilday with Premier Healthcare Incorporated.

Kate Buchanan: Thank you. Sarah McNeil? Jennifer Moore? Kristi Nelson? Juliet Nevins?

Juliet Nevins: Hi, good afternoon. I'm Dr. Nevins with Aetna.

Kate Buchanan: Thank you. Sheila Owens-Collins?

Sheila Owens-Collins: Hi, I'm glad to be back with everyone. I am a neonatologist, perinatologist by training and so this is very close to my heart. I was with Johns Hopkins Healthcare when I started but I'm now the CMO for Greater Bay Medical Services, which is an FQHC.

Kate Buchanan: Great. Cynthia Pellegrini?

Cynthia Pellegrini: Hi, this is Cindy Pellegrini from Washington, D.C., where I am senior vice president of Public Policy and Government Affairs at the March of Dimes. Great to be here today with so many friends of the March of Dimes.

Kate Buchanan: Thank you. Diana Ramos? Naomi Schapiro?

Naomi Schapiro: Hi, I'm Naomi Schapiro. I am a representative from NAPNAP, National Association of Pediatric Nurse Practitioners. And I teach at UCSF in the School of Nursing. I'm a pediatric nurse practitioner and (teen) health.

Kate Buchanan: Thank you. Karen Shea? Mimi Spalding? Sindhu Srinivas? Rajan Wadhawan?

Rajan Wadhawan: Hello, thanks. This is Raj Wadhawan. I'm excited to be back with the committee to do some (photo booth) this year. I'm a neonatologist by clinical training and background. And I'm the chief medical officer for Florida Hospital for Children in Orlando.

Kate Buchanan: Thank you. Carolyn Westhoff? Janet Young? And is there anyone whose name I called but didn't – wasn't dialed in at that time who would like to introduce themselves?

Mambarambath Jaleel: Hi, this is Mambarambath Jaleel. I'm from U.T. Southwestern Medical Center at Dallas. I'm a neonatologist by background and I'm the associate chief of the Division of Neonatology.

Kate Buchanan: Great, thank you.

Karen Shea: And hi …

Kimberly Gregory: Good morning, it's Kim Gregory. Can you hear me?

Kate Buchanan: Hi, Kim, yes.

Kimberly Gregory: Yes, I guess I was on mute earlier but I'm happy to be back. I'm calling from Los Angeles and (inaudible) Maternal Fetal Medicine specialist and I'm really excited about the work we're going to do.

Kate Buchanan: Thank you.

Karen Shea: And hi, this is Karen Shea. Can you hear me?

Kate Buchanan: Yes.

Karen Shea: Oh, wonderful. I lead Maternal and Child Services for Anthem Incorporated.

Kate Buchanan: Great. Is there anyone else? OK, wonderful.

So now, we're going to take a walk through an overview of National Quality Forum, the CDP process as well as some of the roles. So, established in 1999, NQF is a non-profit, non-partisan, membership-based organization that is

recognized and funded in part by Congress, and entrusted with the important public service responsibility of bringing together various public and private sector organization to reach consensus on how to measure quality and health care.

As a (need) to work together to make it better, safer and more affordable. We have approximately 430 organizational members. Our membership is diverse. It includes hospitals, medical group, health plans, physician societies, nursing organizations, patients and consumers among others.

We also work with our federal agency partners including but not limited to CMS, AHRQ, CDC. We have more than 800 expert volunteers that collaborate with NQF committees annually and we can't thank them enough. And one of our major values is transparency. We are a forum, everything we do is open to member participation and all materials are accessible via our website.

And to that point, I wanted to note that our slides and agenda are both available on the project page on the website. Additionally, they're linked under the left side of the – of your screen, you'll see the slides and agenda.

So on this slide, we see a detail of the numerous activities NQF engages in on the quality measurement side. Endorsement, which is what we do here, it's a six-step process, typically requiring seven to eight months to complete. The measures must meet NQF's standard evaluation criteria, the important to measure and report, scientific acceptability of measure priorities, feasibility, usability and use, and consideration of competing or related measure.

Here, we also see the Measure Applications Partnership which advises HHS on selecting measures for federal programs. The National Quality Partners that convenes stakeholders around critical health and healthcare topics, as well as other activities in which we convene private and public sector leaders to reach consensus on complex issues in healthcare performance measurement.

So you'll see on this slide reflects some of the revisions to the CDP process that we initiated this summer of 2017. We will go into detail on the new

process, the newly created Scientific Methods Panel and the measure evaluation technical report.

And perhaps the most visible key change to our CDP work has been the restructuring of the frequency of measure review cycles. We're previously a project to come through every few years. We now have review of measure for each project twice per year. The developers have an opportunity to submit measures in both April and November at each year. In this slide, you can see kind of the two cycles and where they overlap as they go across throughout the year.

This slide reflects the 22 topical areas being reduced to 15 new topical areas. As you can see, several committees were merged into primary care and chronic illness. And two emerged into patient experience and function. NQF, with the help of qualified (commissions) and context experts created these topic areas with thorough review and evaluation of NQF full portfolio.

The merging of these committees in the balancing of NQF portfolio provides adequate representation across clinical topical areas and equipped committees with the needed expertise to conduct measure evaluation. We will note that there was no change to Perinatal Standing Committee.

And so, kind of the general duties of the standing committee we have on the slide. And for each project, NQF brings together a group of experts to evaluate the measures in-depth and make recommendations to NQF membership for endorsement, and then membership will vote on measure. We are fortunate enough to have all of you serve on a perinatal and women's health project. And you have our standing committee work with NQF staff to achieve the goal of the project and evaluate project – evaluate the measures against the NQF measurement criteria.

And then once appointed, committee members serve two- or three-year term selected at random. And if you have any objections to no longer – just serving longer than a two-year term, as always, please let us know and we'll provide a contact information at the end of the presentation.

So, during measure evaluation, all members of the standing committee will review all measures under review in the project, unless a conflict of interest is identified. Committee members will vote on how well each measure meet the – each of the measure criteria and make overall endorsement recommendations to NQF membership.

The committee also receives and provides expert guidance on this perinatal portfolio in general. And this includes discussing and working through issues of alignment and identifying gap areas.

Each project has co-chairs, we are lucky enough to have Kim and Carol serve as our co-chairs. And Kim and Carol will work closely with the NQF team to achieve the goals of the project and also facilitate committee meetings.

Kim and Carol will represent the committee at meetings with NQF Consensus Standards Approval Committee, which we also refer to as CSAC, as they run their final endorsement sessions. And our co-chairs participate as full-voting members of the committee as well.

We, here, at NQF, project staff, will guide the committee to discuss the CDP (with given) submitted measures and provide a preliminary analysis for each committee review. Draft and edit committee reports at the end of each cycle and communicate and coordinate with measure developers and facilitate collaboration across our entire NQF process.

In addition to the work with our standing committee, we also work with the public to respond to queries, to make sure the web information is up to date and accurate, and to help measure developers throughout the submission process.

And I'm going to provide a high-level overview of when we created Methods Panel. I am lucky enough to be joined by my colleague, Poonam Bal, who works directly with the Methods Panel and can answer any questions that arise and also Matt Austin serves on the Methods Panel so he can also serve as – to help kind of answer any questions or describe his experience.

So this new Scientific Methods Panel was created to ensure higher level and more consistent reviews of the scientific acceptability of measures. The panel conducts the scientific acceptability evaluation of complex measures and serve us in advisory capacity to NQF on methodologic issues. The panel's recommendations inform the committee's endorsement recommendations in the same way that the staff preliminary analysis do for the other criteria.

It's important to note that the Methods Panel does not make endorsement recommendation.

Here, we have a breakdown of complex and non-complex measures. Complex measures are outcome, instrument-based, cost and resource, efficiency and composite measures. For complex measures, the Scientific Methods Panel will evaluate the measures reliability and validity, which is also known as the scientific acceptability criteria. And provide a preliminary recommendation to NQF staff and the standing committee.

NQF staff perform a preliminary analysis against all other evaluation criteria for both new and maintenance measures. And for non-complex measures, for example, structural or process measures, NQF staff will complete the preliminary analysis against all measure evaluation criteria, including the scientific acceptability criteria. For both complex and non-complex measures, when the preliminary analysis is complete, NQF will send the preliminary analysis developers for review.

And measures submitted by the NQF staff or the Scientific Methods Panel as well were insufficient for reliability or validity will be removed from the current evaluation cycle, allowing time for additional testing, clarification or NQF technical support, or review prior to consideration of the measure in the future cycle. For all other measures, developers will have two weeks to provide further for clarifications as needed.

And so lastly, want to talk about the role of expert reviewers. Because we have combined a couple of committees, we will now have multiple portfolios to review, which means they will need a diverse yet specific expertise to support the longer and continuous engagement from standing committees.

Because the Perinatal Standing Committee stays the same, expert reviewers will not really be an issue for this committee, but we are piling – piloting it for several others. And if there are changes, we will let you know.

And so, the expert reviewer pool serves as an adjunct to NQF standing committees to ensure broad representation and provide technical expertise when needed. Expert reviewers will provide expertise as needed to review measures submitted for endorsement consideration by replacing an inactive committee member, replacing a committee member whose term has ended, or providing expertise that is not currently represented on the committee.

Expert reviewers may also provide comments and feedback on measures throughout the measure review process, participate in strategic discussions in the event no measures are submitted for endorsement consideration. But again, we want to note (those) committees are not defined with any other, we do not have expert reviewer so this is more of an FYI.

And I want to take a minute and pause, so I just went through a lot of information and a lot of it was new. So I want to take an opportunity to address any questions that arose.

Cynthia Pellegrini: Hi, this is Cindy Pellegrini. I've got a couple of different questions. Can you just give us a quick overview again now that we've absorbed some of this of how all these pieces fit together and how many of them are sort of mandatory processes versus resources that we can call in at will?

Kate Buchanan: That's a really great question, Cindy. And I'll start off and then ask my colleagues – colleague, Suzanne, to jump in. So the Methods Panel is a – this is a new structure within the process. So this is something that is not kind of an at-will resource, this is – you know, our Methods Panel will review all complex measures that come in.

But for the committees where they have expert reviewers, this is more of a tap in tap out resource. And so, those will be, you know, if expertise is needed for a certain measure portfolio that the committee doesn't currently have, they can tap in an expert reviewer. So, most of these are mandatory changes but the

expert reviewers are a little bit more flexible and resource based. And I'll ask Suzanne if she has anything else she'd like to add.

Suzanne Theberge: No, I think that's a good summary. Just in terms of timing, the Methods Panel will be conducting their review prior to the committee's review. So that's actually happening right now for the measure in the perinatal portfolio. And we're waiting on their final reviews and then once you get the measure, you'll see the comments of the expert panel – I mean, sorry, of the Methods Panel in that preliminary analysis.

But again, the expert reviewers are less relevant for this project but for other projects, they would come in for – at the start of a cycle if a particular expertise was needed, staff would pull that person off of the expert reviewer listed into the committee and pull them in for the life of the project. And for projects that have expert reviewers, the folks who are not on the committee but were in the expert reviewer pool, our TEPs (inform with) the steps and we seek out their input and try to get comments and things from them as well.

Did that address your question, Cindy, or more detail needed?

Cynthia Pellegrini: Yes, no, that really helps. Thank you.

Suzanne Theberge: Great. Any other questions?

Kate Buchanan: Yes.

Matt Austin: This is Matt Austin. As made mention, I'm also serving on the Scientific Methods Panel. And just to clarify for this group, there's actually – the Scientific Methods Panel's made up of, I think, like 20 to 25 of us. And the way it's going to work is that each measure is actually going to be reviewed by three individuals on the Scientific Methods Panel. And the idea was that that's sort of going to reflect sort of the peer review process where you get three independent reviews of the measure's validity and reliability. So, we're going to continue to work overtime on how to improve that process to be even better.

Kimberly Gregory: So this is Kim Gregory. So, will that be a consensus or how did you envision that working?

(Inaudible)

Kate Buchanan: Yes.

Female: So basically, it will, at this time, be consistent as we are still working through the process in trying to see what is the best use to Methods Panel and how to move forward. But at this point, we're planning on being consistent with the three reviewers and if there's a conflict amongst the reviewers, it does go to the Methods Panel co-chairs to make that final decision.

Suzanne Theberge: And I wanted to add, this – you know, this is a brand new process so we are still kind of, you know, we're testing it out for the first time. We're not even testing or implementing it for the first time this winter. So, I expect it will be refined overtime but we're really excited about it, it's in response to questions and requests that we've had over several years to have some assistance for many of our committee members with the statistical review and with kind of that really scientific – the scientific acceptability portion can be really challenging for folks who aren't in that every day. And so we're hoping that this is really going to be an improvement for our committees.

And then, as Kate mentioned, since committees are going to be reviewing measures twice per year, we're hoping that also it reduces our burden on you folks, reduces the time that it takes committee members to review measures and materials because we know that we ask quite a lot.

Kate Buchanan: Are there any …

Suzanne Theberge: Is there – go ahead, Kate.

Kate Buchanan: Oh, I was going to ask if there are any other questions or comments. If not, Suzanne, I will turn it over to you.

Suzanne Theberge: OK, great. Well, I'm going to talk for a bit about the portfolio and then about the evaluation criteria. And I just want to apologize in advance, I do have a cold, so apologies if I cough or anything.

So, on the next slide, you can see we will be reviewing one measure in this cycle of work. It is the eMeasure version of the cesarean birth measure the (AUL) endorsed about a year ago, which was a claims-based measure and so it's an eMeasure. But it should be somewhat familiar to everyone.

This portfolio has 18 endorsed measures, it is, next slide, one of our smaller portfolios. And I know that you all will be quite familiar with it since you all reviewed these measures in our most recent round of measure endorsement work. So, just a quick reminder, we have measures of reproductive health, labor and delivery for both no low risk and high-risk pregnancies. We have measures for newborns.

And on the next slide, you can see the remaining measures in the set, for premature and low birth weight newborns and postpartum care measures. So, it's a small portfolio but it is a good one and we look forward to reviewing another measure to add to it.

On the next slide, you can see the schedule of our activities for this year. Today is the orientation call. We will be meeting by webinar in January 26th to review that measure that we have for this cycle. I will note, one of the changes that we've made is because of our more frequent project cycles, we'll be doing some of our evaluation meetings via webinar. And so to via in-person meeting and obviously with one measure, this one made sense to just do as a single evaluation web meeting.

We do have a post-meeting conference call scheduled and that would be if on the off chance we don't get through evaluating that measure on January 26th or as you all would like some additional information or something from the developer, we would have that optional time available on February 9th, but if we get through everything on the 26th, we would cancel that call.

The committee will come back together in April to review the comments. And one change I wanted to flag is that, also in response to request over the

years from NQF stakeholders, we've greatly extended the comment period. So instead of having two weeks prior to the in-person meeting, or the measures new meeting and then 30 days after the committee meeting to accept comments. NQF is now taking comments throughout this whole process.

So we'll have about 16-week comment period on measures under review. And we will have a cutoff date, so sometime in mid-January, I don't have the exact date in front of me. Any comments that are received by about mid-January will be given to you to consider during your web evaluation – the webinar where you're evaluating the measure and then anything that comes in after that is considered at the post-comment call on April 27th. So all comments are due – I think they are due with the – by the beginning of April.

Also, concurrent with that commenting process, we have changed our voting process. So rather than having just two weeks to vote after the post-comment call, we are asking our members to express their support or their not support throughout that whole 16-week period. So we're really hoping that this longer time allows for more comments and more engagement from the public and from our members and more input for you all as you consider the measures under consideration.

So, next slide. I will pause here and see if there are any questions about the portfolio or our timeline before I talk about the criteria.

Carol Sakala: So, Suzanne, this is Carol. And seeing the list of measures made me want to ask whether you have any updates on the three measures where the developers were asked to harmonize and come back to us. Will we – can we expect to be getting those maybe in the next cycle?

Suzanne Theberge: That's an excellent question. We are actually communicating with those developers. We are not going to have the data available. I don't think they're going to have it ready for the spring cycle because we'd actually need that data quite soon but we are consulting with them about getting an update for everybody. And hopefully, we can have an update for everybody in January from those two developers. And we are definitely communicating with them and helping to get some follow ups from them in 2018.

Carol Sakala: Great, thanks.

Suzanne Theberge: Any other questions?

OK. Well, I will move into the evaluation criteria. I know that this is somewhat familiar to folks, next slide, please, because you have all evaluated many measures. But it's also been a while, and so we've made some changes and I wanted to remind everybody of some of the major points of our criteria.

And also after I present the main criteria, we do have a couple of staff members from our eMeasures team who are going to be talking a bit about eMeasures and how those are evaluated so – because this is an eMeasure.

So, as all you know, excuse me, NQF endorses measures for accountability applications as well as quality improvement and we use standardized evaluation criteria. And those of you who have worked with us before, and I know many of you have been on our projects for years now, will know that our criteria changed overtime. We have strengthened them over less several years as measurement has grown and developed.

So, next slide shows our major endorsement criteria. And you'll see a lot of the titles for this slide refer to a page and that page is our committee guidebook which is available on the committee SharePoint page. So, Kate will direct you to that at the end of the call and you can download and review those materials. And we also have a lot of other references and other materials that are helpful as you are looking at the measures.

So, our criteria are importance to measure and reports, which is a must-pass. Measures must be – demonstrate that they meet that criteria. We have the scientific acceptability of the measure properties, reliability and validity. We look at how feasible measures are. We look at usability and use. And there is a major change here and that maintenance measures now have a must-pass criteria for use, and I'll get into that more in a few minutes.

And then, finally, we will get related and competing measures.

So now, I'm going to dive in a bit more to the details of these measures. And importance to measure and report looks at evidence. We want to ensure that the measure focus is evidence-based. We look to ensure that there is an opportunity for improvement that there is a gap.

And then, finally, for composite measures, we want to ensure that there's a quality construct and a rationale, which isn't an issue for the measure in our project because it's not a composite.

So, on the next slide, you can see the evidence subcriteria and a little bit more detail about that. We are looking at an outcome measure in this project so we look for a rationale for how the outcome is influenced by healthcare processes or structures. And then, for structure, process and intermediate outcome measures, we look at the quantity, quality, and consistency of the body of evidence.

On the next slide, you can see some of the changes that we've made to these criteria of evidence. The orange text indicates revisions that were made.

And for outcomes now, we're looking for some – we've strengthened the requirements a bit. We're looking for empirical data and – to demonstrate that relationship. And if that's not available, we are looking for a wide variation and performance that could be used as evidence that there is a relationship there. And we've also strengthened the requirements a bit for our measures derived from patient report.

On the next slide, we have changed the requirements again for our instrument-based measures. And we just wanted to note that in the current requirements for structure and process measures, the quality, quantity, and consistency of the evidence, the QQC as we call it at NQF, that now also applies to patient-reported structure and process measures. But again, that's not something that we'll be considering in this project in this next phase of work. So, just kind of an FYI.

Finally, for evidence, if there are specific timeframes or thresholds in the measure, we do need the evidence for that. And if there is no evidence, we would look for literature. Performance gap had also changed a bit. For our

maintenance measures, we would look for current performance data, or at least, data from the literature.

So on the next slide, you can see the algorithm that we use to evaluate the evidence for measures. And I know that you can't read this on the slide but it is in the guidebook and we do ask you to kind of walk through this as you evaluate measures against our criteria. And I – again, I'd encourage you to download the guidebook so that you can actually read what it says, that it just kind of walk through the different requirements and ask you how they are met.

The next slide just kind of highlights the difference between how we look at new measures and maintenance measures. And this is a new measure, of course, you'll focus on the left side column there. And we decreased our emphasis for maintenance measures on some aspects and increased it on others, and you'll see that throughout. We've got a table for each of our criteria.

So, the next major criteria is the – I'm sorry?

Ashley Hirai: Sue, this Ashley Hirai. Just on that previous slide, I had a question. I know last …

Suzanne Theberge: Absolutely.

Ashley Hirai: … or last year or two years ago, the perinatal care and postpartum care measures, they were just maintenance measures and they weren't re-endorsed. And has there been a change because I feel like it was because of the evidence? And we – according to these instructions here, we wouldn't have revisited that prior evidence (inaudible).

Suzanne Theberge: We did make a change. And to be honest, I cannot remember when this change was made. It's not our most recent change, but it may have changed. I'm sorry, I just – I can't remember the exact timing of that review compared to this change. And I don't know – I don't have that information in front of me.

I will say that while we decrease the emphasis on evidence, for example, for maintenance measures, it's certainly not off the table and the committee can elect to rediscuss it or they can say, "Well, the evidence has changed", like I – we've certainly seen that overtime, evidence behind our measure changes as new treatments are developed or new research is done. And so, the committee might say, "Well, this was true in, you know, 2008 but it's not true now or, you know, this evidence was even true in, you know, 2015 and it changed then.

So the – I honestly, I just can't remember if this happened – that discussion happened before we made this change or if the committee felt like the evidence – the world of evidence had changed. So, I apologize. I don't have that at hand. I will check though.

Ashley Hirai: Thanks. I was just curious if that was in response to what had happened, because it didn't seem like there is new evidence but – and it was totally, it seemed to me, the underpinning of the lack of endorsement. But just curious. Thank you.

Suzanne Theberge: Yes. I will have to check. I apologize that I can't remember off the top of my head.

Are there more questions before we dive into reliability and validity?

OK. So, reliability and validity let us know the extent to which the measure, as specified, produces consistent and credible results about the quality of healthcare delivery. So we look at a number of subcriterion for each of these and the measure must-pass both of these in order to continue to the endorsement process.

And as we mentioned earlier, we are going to have input from the Methods Panel on this piece of the criteria. But it is just the input. The committee will take it into account but it's not the deciding factor and the committee is certainly able to overrule what the Methods Panel set. And there are also pieces that really we would defer to the committee's expertise, and particularly around questions about exclusions or risk adjustment where your knowledge would be maybe more clinical and that the kind of clinical background and

expertise would come into play more than, perhaps, you know, how strong was the measure's reliability testing or something like that.

So, next slide.

We have often mentioned in the past that we don't have any thresholds for our testing results but we are asking the Methods Panel to weigh in on whether that's something that we should be asking for, so more information to come, but that has not changed at this time.

On the next slide, you can kind of – you can see just a graphic of what our reliable and valid measure looks like. Obviously, you want both consistent and correct results before you endorse the measure. You don't want something that's consistently wrong and you don't want something that's both inconsistent or/and wrong. So that's just kind of a basic graphic.

Key points for measure testing. Really, we look for empirical analysis that demonstrates the reliability and validity of the measure as specified. We look at threats to validity. Like exclusions, risk adjustment, comparability of data sources, et cetera.

And there are – on the next slide, there's a lot of different pieces to reliability testing. And again, we'd encourage you to review the reports and reach out to us if – ask if you have questions as you're reviewing the materials that we'll be sending in January. And let us know when you have questions.

So the next slide shows our reliability algorithm that – again, that we'll be using to rate measures. We will be providing a preliminary meeting as we've done in the past, but again, it's up to the committee, of course.

For validity testing, we can look at both empirical testing or face validity. We – empirical testing is considered stronger but face validity is acceptable, at least for new measures.

So one change that we've made to our validity testing – I mean, our validity criteria rather, is that we removed one of the subcriterion and put it into the

evidence where it fit a little bit better because it looks at whether the specs are consistent with the evidence. So we're looking at that earlier in the process.

We have also strengthened our guidance on face validity. On the next slide, you can see that we provide (sort bits). So as I said, face validity is acceptable for new measures in – but for maintenance measures, we really do look for that empirical validity testing by the time a measure has been endorsed for three years.

But for measures that ask for face validity or that offer face validity, we do ask for more information about how that process went, and what the degree of consensus was, areas of disagreement, et cetera. So we ask for a bit more information.

On the next slide, you'll see that we've reworded the exclusion criteria. We now ask that exclusions are supported by the clinical evidence and are of sufficient frequency to warrant inclusion in the specifications of the measure. And we're asking the Methods Panel for some more input on what might be considered sufficient frequency and how we would handle non-uniformity of frequency across providers, but we don't have that yet. So hopefully, we'll have that in the coming year.

We've also revised in the same data requirement. We now ask for information on missing data for all of our measures, which we haven't previously done.

The next slide, again, probably unreadable, I apologize, is our algorithm, but we will – that is available in the guidebook. So, you can walk through it.

We do ask that committees consider threats to validity, and again, this is where your expertise in the field really comes into play, especially because we're asking you to look at the conceptual threats, whether the wrong patients are being excluded, how patient mix might affect things, et cetera. So, there are quite a few things that could be a threat to validity. And we want you to assess those.

And so, the next slide just shows, again, how things are different between new measures and maintenance measures. But we will be looking at everything in-

depths again, this is the new measure. And I'll just pause and see if there are any questions before I talk about feasibility.

OK, hearing none, next slide, we talk briefly about feasibility. We just really just how easy is it to collect the required data, what's the burden and how much can you – how you really can implement it. So, that is not a must-pass criterion, but of course, it is important.

The criterion number four is usability and use. And here, we look at how the measure could be used or is being used and we look at, are things going in the right direction or are there actually improvements? Are there benefits or unintended consequences of the measurement – of the measure? Has the measure been vetted? That kind of information.

The next slide shows one of our big changes to our criteria which is that, use is now must-pass for maintenance measures. So we look to see that measures are in use in an accountability program within three years and publicly reported within six years.

We basically – we don't want a lot of measures that aren't being used and we want to see that the measures in the portfolio are useful and are being used to actually improve care, and if not, then we must – we'd like to know why and, you know, what's the issue there.

Usability is not must-pass, but we do look at that. We want to ensure that benefits outweigh evidence of unintended negative consequences.

Cynthia Pellegrini: Quick question.

Suzanne Theberge: Yes.

Cynthia Pellegrini: Could you just flip back a slide or two, I'm not sure I'm getting the nuance in the difference between feasibility and use and usability.

Suzanne Theberge: Sure. Yes, that's a good question. So feasibility is, you know, what's the burden to collect the data, does it require – you know, I've seen measures that require two healthcare providers to sit down and review charts versus ones

that you can pull entirely from claims data that are generated during the routine processes of care. So that's really like how easy – how feasible is it to collect the data that you need to actually do the measure.

Usability is how is – well, first, is the measure being used and if – and how is it being used and then also, you know, how easy is it for potential audiences to understand it. You know, can a consumer understand it? Can a purchaser understand it and how easy is it for people to use to improve the quality of care.

Cynthia Pellegrini: Great, that helps.

Suzanne Theberge: Great. Good question.

Matt Austin: This is Matt Austin. I have a question on use.

Suzanne Theberge: Yes.

Matt Austin: What consideration is given for measures that could be very useful from a quality improvement standpoint, but perhaps aren't ready for public reporting, accountability, et cetera?

Suzanne Theberge: That's a great question. NQF used to endorse measures for either Q.I. or public reporting and now we've really looked to endorse measures for accountability, for public reporting. We believe there is a strong role for measurement in Q.I., obviously. And quality improvement is obviously really important. But there's also a lot of things, measures that can be used for Q.I., but don't necessarily need to be endorsed if that make sense.

So, you know, if we say something that isn't quite ready for public reporting, we might work with the developer to conduct additional testing, or ask them to bring it back in a year or so. You know, when they have more data or more use – it's been used or, you know, they can kind of show that it is actually ready for that accountability piece.

And that's actually kind of ties in with one of the changes that we're really excited about of the more frequent project cycles in that we don't have to wait

three years or five years between projects. You know, we can say, "Well, this measure doesn't seem quite ready, can you bring it back in six months? Can you bring it back in a year?"

Matt Austin: OK. So for new measures, the requirement would be that you would have – the developer would need to specify how they plan to use it in an accountability program within three years?

Suzanne Theberge: Yes, yes. What's, you know, what's the plan.

Matt Austin: OK.

Suzanne Theberge: You know, and then obviously, we don't require that it be in years if it's a new measure.

Matt Austin: OK, great. Thank you.

Suzanne Theberge: Absolutely. Other questions?

OK. So, this slide just shows – back one, sorry. You know, the differences from your measure and maintenance measures. And obviously, the big change here is the – for maintenance measure is we have an increased emphasis on use and usefulness.

All right. So I'm just going to talk very briefly about ICD-10 coding. We are really encouraging folks to switch over to ICD-10 codes and we ask for updated validity testing, and we have some specific requirements for that. Again, that should be less of an issue for this measure. And we do have some best practices for ICD-10 coding. We ask, next slide, that there's a team of clinical and coding experts involved and we – there are conversion tools and those aren't required for use, because they're all – they're not really sufficient. You do need some human involvement as well.

And we just a have couple more bullets on these best practices about assessing for changes and soliciting stakeholder comments, et cetera.

So, I just will pause and see if there's any other questions on the criteria before I turn it over to my colleagues, Kyle and Katie to talk briefly about eMeasures. Are there any questions?

OK. Well, Kyle Cobb is one of our senior directors and Katie Goodwin is one of our senior project managers. They are on our eMeasures team. And because this is an eMeasure under review, we've asked them to come speak for briefly about eMeasurements. Kyle, Katie?

Kyle Cobb: Thanks, Suzanne. Hello, everyone. This is Kyle Cobb. And Katie, are you on the line as well?

Katie Goodwin: Hi, I'm here. This is Katie.

Kyle Cobb: OK. Great. And Katie, feel free to chime in as I go through some of the updates on eMeasures and sort of the overview. And certainly, anybody who ask questions as I go through some of these updates, please stop me.

But the first bullet about legacy measures is a – is an important one. We are not accepting legacy measures anymore. And these were essentially instituted many years ago to really sort of fuel eMeasures and get them out there so that we could get bore into practice.

The requirement for these measures, however, was far less transient than our performance measure evaluation criteria. So essentially, these measures were respecified from claims-based measures. And we only required test data from a simulated data set from the CMS Bonnie tool to meet endorsement criteria.

So we now – fast forward to this year, we are now asking that all new eMeasures are subject to the same evaluation criteria as other performance measures. And you know, more specifically, we request that eMeasures are tested in more than one EHR type or vendor. And we also require that eMeasures are specified in the HQMF standard or format, as well as we ask for a feasibility assessment for the data elements that really provide background on how feasible these data elements are to compute the measure.

And this sort of ties into the second bullet that we really are asking developers to think more about reliance on structure data fields. It's just really difficult to compute eMeasures on unstructured data fields. And we have seen that the testing, the reliability and validity testing usually mirrors that.

There are some cases when you have pretty standard or unstructured data fields that may be shown to be reliable and valid. And we have seen some of those in eMeasures, but we really encourage folks to look at the – really structuring their eMeasures with structured data fields. So, that's really where we are with eMeasures now.

There is, you know, a secondary program that we have outside of endorsement of eMeasures called the Approval for Trial Use Program. And I don't know if we have a slide. I don't think we do. And I – we also – the idea of the Approval for Trial Use Program is that for measures that are having a difficult time finding testing, we allow them to come through to the committee based on the other evidence outside of a reliability and validity testing. And we ask for them to provide Bonnie testing, but we allow them to come to the committee for review with other evidence.

And if they are sort of deemed as, you know, reasonable candidate, they go forward to the Trial Use Program which, you know, in-depth system in our seminar system, allows developers some extra time and feedback from the committee to find testing and improve their measures. And the expectation with the Trial Use Program is that the measures come back within three years for essentially an endorsement or maintenance of endorsement, so. That's where we are with eMeasures in 2017.

And I think the other point I would just add is that as part of the review process, when the measure does – is submitted in the c-section measure that you have this cycle, we have looked at the measure specifications. We've looked at the feasibility scorecard. We've look at the Bonnie testing. So those are not up to the committee to have to evaluate. You'd certainly be able to do that, but we make sure that all of that is up to standard as it needs to be before it's submitted.

So, I'm going to just stop there. And Katie, do you have anything to add?

Katie Goodwin: No. Thank you.

Kyle Cobb: OK. Any questions? Now this is sort of the technical stuff that makes people's eyes glaze over. So, we've all been good sports to listen. And I will hand it back to you, Suzanne.

Suzanne Theberge: Thank you, Kyle. So, the final criterion that we'll look at on the next slide is the related and competing measures. And I know that this is something that this committee is especially familiar with, since we did have that extensive conversation last round. This measure, this c-section measure, would be considered a related measure, not a competing measure, so that won't be an issue in this project. But that is something that we consider, as you know, we like to reduce chaos and try to get our measures as harmonized as possible.

So, once the measure had gone through all of the criteria, you all – as you know, you vote on a recommendation for endorsement, the way the full process works with the staff and the Methods Panel. We are in a process of creating the preliminary analyses, and that the material were resummarized and provide some talking – some questions and some places to start for you, with the – with your evaluation discussion, and then we offer some preliminary ratings for you to consider.

We will be sending out that P.A. in early January. Again, it is just the one measure, so it shouldn't be too extensive a burden for you this cycle. And we'll ask you to complete some preliminary thoughts via a SurveyMonkey.

We are still kind of working out how we're going to do the lead discussants for this. As you probably remember, we're used to having, you know, 20 or 25 measures and 20, 25 committee members. So with one measure, we will pick a few folks be lead discussants just because we find, for process, it works better to have someone ready to kick off the conversation, but we're still kind of figuring out some of those details.

And then, of course, on the next slide, this is really the kind of meat of the evaluation process. The committee will meet via webinar on January 26th.

And you will rate the measures against the criteria and make a recommendation. Then, we will write up your discussion and recommendations in a draft report. We'll put that out for 30 days at the end of our extensive commenting period. And then, again, we'll bring you back in April for your post-comment call.

And then, the last couple steps in the process are the same. After you make your recommendation and you – a concern or any comments that were received, we will send the measure onto CSAC. They will make the final endorsement decision, and then we'll have a 30-day appeals period.

Are there any questions?

And I recognize that it's a ton of information, it's somewhat obstruct at this point, but of course, we do have all the written documentation. And we encourage people to ask us questions as they go through the measure.

All right. Well, I will turn it back to Kate to just talk briefly about SharePoint.

Kate Buchanan: Great. Thank you so much, Suzanne.

So, we will now walk through our SharePoint slide which have numerous resources, including the standing committee policy, standing committee guidebook, measure document sets, meeting and call documents, the roster and biographies, as well as our calendar of meetings.

So here is a very blurry photo of the perinatal SharePoint webpage. And so, when you log in, this is what you will see. On the top, we have some of our reference documents and then general documents, and then we'll have some of the meeting documents following that.

If, for any reason, you're having difficulty accessing the SharePoint site, please e-mail info@qualityforum.org, and they will be able to help you log in.

So, this is points to be aware of, SharePoint likes to hide documents. So if you log in to the site and don't see anything, make sure you click the plus sign, and that will have all the documents dropdown.

So, if there's a plus sign, it means it's hiding. If there's a minus sign, it means that all of the documents under the section are there. So that's just something to be aware of. I know as staff, sometimes I can't find things because they're hiding, but if you just click that little plus button, you will be able to get it.

And so, just want to do a brief overview, so you will be receiving our preliminary analysis, our measure worksheet. And I am going to try to screen share one of them right now. So just bear with me very quickly. And let's see if I can get this.

Suzanne Theberge: While Kate is pulling that up, I will let you know that it says it look a little bit differently, particularly the scientific acceptability piece. It does look different than they did the last time around. We've restructured, especially the scientific acceptability piece, and a couple of the other pieces but it is pretty much the same thing, it just looks different and is arranged a little bit differently.

Kate Buchanan: Yes. And this is just something – it's just a quick overview. You'll see there are a lot of similarities to what we've previously had, just to let you know of what we will be looking at. And we will be sending you one of those for the caesarian first measure.

And then – OK. Let's see if I – OK. Yes. And so, also included in there will be the member and public comments, and any information submitted by the developer, as you'll be aware, if they're following our preliminary analysis. There is a large repository of the evidence and testing attachments, some of the spreadsheets, some additional documents. And we link within so that you can easily search the documents because it can get quite large.

And so, our next steps, and I apologize, there is a mistake on the slide. We will be sending the preliminary analysis to the committee by January 10th, I left the zero out of that. So, it's not January 1st, which is a day we are all off, but it'll be January 10th.

Our measure evaluation web meeting would be Friday, January 26th, from 12:00 to 2:00 p.m. Eastern Time. And we really encourage us – encourage

you to let us know as soon as possible if you are unable to attend this meeting. So please e-mail perinatal@qualityforum.org if you cannot attend the January 26th web meeting.

And here is our contact information. So it's perinatal@qualityforum.org. You can also call us. Our project page is below, as well as the SharePoint site that we discussed.

And with that, I'll ask if there are any questions.

Carol Sakala: So, hi. This is …

Kate Buchanan: Yes.

Carol Sakala: … Carol Sakala. And I would like to just jump back a couple of sections …

Kate Buchanan: Oh, sure.

Carol Sakala: … to ask about the change. And Suzanne, you were covering this part, that for maintenance measures, the used requirement – required being in an accountability program within three years and publicly reported within six. And my question is, when this change was made, was there any discussion about differences between Medicare, or could be called Medicare and Medicaid conditions. So, for example, almost all of the MAP programs are by statute for Medicare. And there is very limited uptake on a year-by-year basis in the Medicaid child and adult core sets.

So I feel like – and in many (research), like hospital compare, physician compare, et cetera, it's really hard to get our measures in there. And also, the fact that developers, I think, is just amazing that they get to the finish line with the lack of support for development in this area. And I think having them to have some kind of responsibility for getting these measures picked up and then used is potentially a heavy lift in this environment.

So I just wanted to hear whether there was any discussions at NQF and what exactly could this mean any – like a state-level program somewhere or what the requirement would be.

Suzanne Theberge: Well, that's an excellent question, and yes, I agree that, you know, (updating) this portfolio can be more challenging than in some of our others. I mean, it's – yes, accountability can be a state program. It can be the Joint Commission but there's a range of what's considered acceptable. And I would have to get back to you on more details about that. It's a great question and I don't have the answer off the top of my head, so I will have to get back to you. But I think that there is – it does not necessarily require federal use but, you know, there's a range of options.

Carol Sakala: Great. Yes, it would be helpful when we get to that point of holding them up to that to understand that we're not penalized for the policies that are in place.

Suzanne Theberge: Yes, absolutely. That is an issue. And our measures are going to be due for maintenance in 2020, I believe. So, you know, that is a few years away and we will have time to work with developers to the extent possible on that, but I will get back to you with some more information.

Carol Sakala: Thank you.

Juliet Nevins: This is Juliet Nevins. Just very quickly, the last page of the slide with the website and contact information, how do you or can you send that out so that we have them via e-mail to refer to quickly? Or is there …

Suzanne Theberge: Yes, absolutely. We will send that around after the call. And we'll also going to be posting the transcripts and recording of this webinar, so you have that available as well. So we'll let you know when that's available.

Kate Buchanan: Are there any other questions?

Naomi Schapiro: Hi, this is – well, this is just a comment. This is Naomi Schapiro with a comment, which is to really thank you for an extremely organized (to fixing) the presentation. And I think – I don't know if I'm speaking for anybody besides myself, but I think looking at it in totality, it's hard to have questions because it looks so …

Suzanne Theberge: Yes.

Naomi Schapiro: … well laid out. But however, I think that the first time we go through anything with the different procedure, it would be important to leave more time in that moment for questions because they're going to – I think it's going to come up when we're really reviewing.

Suzanne Theberge: Absolutely. We're expecting people to have a lot of questions, and we encourage you to, you know, speak up at any time, whether it's – or on the phone or send us an e-mail and let us know how we can help. And we will have time for questions on the webinar on January 26th.

And I'll add that I think, you know, one measure is a small project, but I think in some ways, it's great because we will have plenty of time to kind of answer questions and work through the process for changes without, you know, having, you know, 10 measures to review or something. So, it'll be a nice small start.

But definitely, we will keep time for questions and then encourage you to contact us at any time, because we know there have been a lot of changes. And we also, you know, just in general, in the past and, of course, now as well, we encourage folks to contact us if you're reviewing a measure and you have a question about how the criteria actually work once you're trying to look at a real measure or how some things should be interpreted, please, please give us a call or e-mail and we'll talk through it.

Sheila Owens-Collins: Hi, this is Sheila Owens-Collins. I had a quick question. And first of all, I want to thank you and congratulate you for our presentation. That was very well-organized.

I wanted to ask about measures that have been presented before that aren't on the agenda now in terms of what happened to them. And I'm speaking specifically about the all-condition newborn readmissions which, you know, I know that got a lot of attention during the last cycle but it didn't quite pass. What happened to those measures? Do they have the opportunity to come back or what happened?

Suzanne Theberge: Absolutely. Yes. Whenever measures are not recommended and don't make it through, we encourage the developers to keep working on them. And we offer a lot of technical assistance, and we have a lot of resources available. So, we love to have stuff come back that didn't make it through. And I – definitely, I've been at NQF for about eight years now and I definitely seen measures come, one project, they don't make it, they come back in a few years and they do.

One of the – I think I mentioned this earlier, one of the things that we're excited about with the more frequent cycles is the opportunities for this to happen more rapidly. So if that measure – you know, if that developer would like, they can bring back that measure at any point, you know, that I'm not sure that we'll get it in the spring, just to give you all a sense of how the timeline works from the developer perspective. We'll have a new intent to submit process and that we ask developers to notify us three months ahead of a measure submission deadline that they're submitting a measure and they need to give us the testing materials at that point as well. So, that deadline for the spring 2018 cycle is actually the first week in January.

But so it's coming up pretty soon. But we – and then we have that three months between that deadline and the measure submission deadline to work with them when they're – the testing information and do the (layer sub-review) that we do here. But yes, so that was a very longwinded answer to say that we welcome measures to come back and we are happy to offer any support that we can in terms of testing and work that's needed.

Sheila Owens-Collins: Thank you.

Kimberly Gregory: This is Kim Gregory. And I echo the appreciation of this succinct presentation. I have two questions. One is, is this information publicly available yet, or when will it be available for measure developers to know the new change in the process?

Suzanne Theberge: That's a great question. We have been working with our developer colleagues over the last several months. We did the Kaizen in May and kind of came up with a lot of these ideas. Back then, we had a number of our

developer – colleagues at that Kaizen, and we kind of worked harder how to put them into play and how to implement things over the summer and we started announcing things in the fall.

I have been working with the team at NQF that's been doing a number of educational sessions, both internal and external. So we have a number of resources on our website for developers about the changes. We have some recorded trainings available. We have some written summaries, some frequently asked questions. We've gone over it on our measure developer webinars that we do monthly. So …

Kimberly Gregory: So, we know organizations that are interested in developing a measure, it would not be a conflict of interest as a participant on this committee to share this information with them.

Suzanne Theberge: Oh, no, absolutely not. No. We would – please, please share our information widely. I mean, obviously, if you are contributing to the development of the measure, we'd ask you to recuse yourself if that measure eventually came to NQF for evaluation. But no, we do encourage this to be shared widely. And if folks have individual questions, they should definitely contact us and we can explain things. And we have also been communicating with our developers we have in e-mail list, you know, we notify folks that changes have been made via e-mail as well.

So, we're doing the best that we can to communicate with people, but we know that there are folks who may not know about us or, you know, maybe aren't in our system enough to have heard. So please share.

Kimberly Gregory: I would like to underscore one of Carol's points a little more empathically and that is that, as you interact with some of your stakeholder's funding for measure development is key or you're really not going to be able to get the measures forward. So, any influence that you have with, you know, NIH, or AHRQ or, you know, Medicaid, that there needs to be more support for its funding if we really want to see some new, and different, and progressive measures.

Suzanne Theberge: Yes, yes. I agree, and I think that is particularly an issue in this topic area. Are there any other questions or comments?

Well, on behalf of the team, I'd like to say, thank you for participating this afternoon. We really, really appreciate your time. And I am so excited to work with this committee again over the next few months and you will be hearing from us. We do have a couple follow-up items on my list here. So we'll be following up about that. But really, you'll hear from us after the New Year with the measure information for the measure that we're looking at.

So, thank you again, and don't hesitate to be in touch if you have questions. And happy holiday season to everyone.

Female: Thank you.

Female: Thank you so much.

Male: Thank you.

Female: Thank you.

Female: Thank you.

Female: Thank you.

Female: Thank you.

END