

NATIONAL QUALITY FORUM

Moderator: Person and Family-Centered Care
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OPERATOR: This is Conference #: 5382874

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

Suzanne Theberge: Good afternoon, everyone. Welcome to the Person and Family-Centered Care Phase 3 Standing Committee Measure Evaluation Tutorial and Q&A Call.

This is Suzanne Theberge. I'm the senior project manager on the team and I'm joined by my colleagues, Sarah Sampsel, Kirsten Reed and Desi Quinnonez. And we all welcome you to joining us this afternoon.

Before we begin, I'd like to go over the usual housekeeping announcements. First, we ask that you put your line on mute if you're not speaking. We also remind – like to remind folks that if you do wish to ask questions and we really encourage you to do so, please dial in to the phone, the streaming audio on the web is listen only, there's no way to participate verbally that way.

But if you are on both the phone and the webinar, please do turn off the volume on your computers, so we don't get the feedback and the whole music and all that good stuff. And we also request that you don't put us on hold as we'll hear the whole music. And I think that's everything.

Before we get started, we would just like to find out which of our committee members are on the call with us today. So, if you could just – committee members, if you could just let us know that you are on the line.

Sam Bierner: Sam Bierner.

Beth Averbeck: Beth Averbeck.

(Crosstalk)

Suzanne Theberge: I heard Sam Bierner and Beth Averbeck. And there was someone else who I missed.

Jennifer Bright: Jennifer Bright.

Linda Melillo: Linda Melillo.

Lisa Morrise: Lisa Morrise.

(Off-Mic)

Carin van Zyl: Carin van Zyl.

Chris Stille: Chris Stille is on.

Lee Partridge: Lee Partridge.

Suzanne Theberge: Anyone else?

All right. Well, thank you everyone for taking the time to join us today. And I can see from the chat box that we've got a couple other committee members who are dialing in, they were just on the webinar, so there'll be a few more folks on the phone in just a minute.

With all that said, Sarah, I think we can turn it over to you to begin the content of today's call.

Sarah Sampsel: Sure, thanks, Suzanne. And if we can go ahead and move forward, Desi. Or maybe backwards.

So is that the first slide?

Desi Quinnonez: Yes, this is the first slide, Sarah.

Sarah Sampsel: OK. Sorry about that.

So, first of all, thank you all for joining us today and, you know, as Suzanne communicated, this is our question and answer or measure evaluation call. And really what we want to do on this call is make the time most useful to all of you.

And so just kind of looking ahead things that are happening, you had – should all have had access to your measure worksheets for your assigned measures and we were hoping to get evaluation surveys back by the end of today. However, we have had a couple of members asked if they can have an extra day so they could learn from this call or are a little bit delayed because we had those SharePoint problems.

And we can give you a little bit more time, I just – the one thing to consider here is the more time it takes us to get these committee measure evaluation surveys back is the more time it takes us to get these all back out to you and updated with both your colleagues and your peers' reviews and less time for being able to review before the in-person meeting which is a week away now.

So, you know, I guess what we'll do is we can do some questions and answers and talk a little bit about getting ready for the in-person meeting and then I'd like to hear from all of you, you know, would Friday be doable so that we can send out the worksheets on Monday, or is tomorrow doable and we would send out the worksheets tomorrow afternoon so that you all would have two weekends, where I'm sure what you'd want to be doing is refreshing your memory on PFCC measures.

So, that's what – that's where we are right now is completion of the measure evaluation surveys. The in-person meeting is just a little over a week away. We are – I think we have responses from everyone, and except we're missing

one person who I'm not sure is on the phone today either, but we're doing some outreach to find out if that person is joining us.

I do have to report that we received an e-mail this morning from Jim Merlino and due to other, you know, kind of professional issues and challenges to his calendar, he has decided to step off or resigned from the committee. So, our two fearless leaders and co-chairs are Lee Partridge and Chris Stille. So, thank you to both of you for continuing in that role.

And then, we also have a couple of folks who won't be able to attend the in-person meeting. I think they all know who they are. And then we also have someone, Adrienne Boissy is having a personal issue as well with a family member. And so she is actually going to go inactive for this phase of work. So, our numbers have dropped a little bit since the last time we spoke last week, but we'll update you all on implications of that. It really has to do with quorum more than anything else. And there might be one less person looking at some of the measures as they've been assigned.

Peter Thomas: This is Peter Thomas. I just wanted to let you know that I'm just – I'm participating in the call and I fully intend to participate in the meetings.

Sarah Sampsel: Thanks, Peter. We look forward to it.

Peter Thomas: Very good.

Sarah Sampsel: Before I go further, Lee and Chris, any other comments about that?

Lee Partridge: Not for me, this is Lee.

Chris Stille: I – no. But ...

Sarah Sampsel: OK.

Chris Stille: ... thank you and – yes.

Sarah Sampsel: OK. All right, so, you know, so the in-person meeting is a little over a week away. Thank you all for making your arrangements, RSVP-ing, et cetera.

I guess the other comment there is there should have been in the survey something about a dinner on the 6th which we'll be arranging and that you'll have another opportunity to say if you're attending or not on the 6th. But it will be somewhere close to the NQF offices and the hotel. And you know, it's really kind of a nice opportunity for us all to get to know each other better and, you know, just have something arranged for you, so you don't have to work your way around D.C. and find somewhere to eat.

The post-meeting webinar right now is scheduled for June 15th. We won't know if we have that or not until we make it through the in-person meeting. Sometimes we have that meeting, sometimes we don't. And then, during that period from June 6th and 7th, June 15th, we will be working on our draft report and that will go out for public and member comment, July 14th through August 12th. So that's what we have on our slate next up to do.

Next slide.

So – and, you know, I'll just kind of leave that up. But – well, actually, what I'd like – Desi, will you bring the PDF now – up now?

Desi Quinnonez: Yes.

Sarah Sampsel: So before we start going into – and doing a really quick overview of the preliminary analysis because I know we dove pretty far into the criteria a week or so ago, I'd like to open it up to the committee on challenges you've had so – I'm sorry. Is somebody trying to say something?

Male: I think that's background noise.

Sarah Sampsel: OK. If anybody has had questions so far on what you're supposed to be doing, kind of the type of information that you're seeing, you know, kind of any questions right now on doing your evaluations and filling out the surveys, et cetera. So, if – I'll open that up to the committee for any questions.

Beth Averbeck: This is Beth Averbeck. I did have a question around those results when they've been stratified by a socioeconomic status, and in some cases, it doesn't appear that it makes a difference on the results. Are we – you know, or the

developer hasn't analyzed the results to see if there is a difference. Are we to comment on whether it was done in our impression of it or just to make a comment that yes, the developer looked at it?

Sarah Sampsel: Yes, I mean, I think it is important to make your impression.

Beth Averbeck: OK, thanks.

Peter Thomas: So, forgive me – this Peter Thomas. Forgive me for being a little behind the gun here. I've been just not able, frankly, to focus particularly on this and I plan on doing a lot of work over the next 10 days.

So, can – so I don't miss anything and nothing falls through the cracks, could you just give me a quick overview of what I need to do right now to prepare for these meetings?

Sarah Sampsel: Yes. Yes. So, Peter, you should have received an – well, so first of all, you have access to the SharePoint site.

Peter Thomas: Yes.

Sarah Sampsel: On the SharePoint site and you also should have received an e-mail with your assignments on the measures that are assigned to you. We have a total of 13 measures. You probably have two measures assigned to you as lead discussant.

Peter Thomas: And who sent that so I can look in my e-mail?

Sarah Sampsel: Kirsten, did that come from PFCC?

Kirsten Reed: Yes.

Peter Thomas: OK, thanks.

Sarah Sampsel: And then, Kirsten, that was sent last Thursday or – actually, they were sent last Wednesday, right?

Kirsten Reed: Yes. And then there was a reminder that was sent out on, I believe it was Monday.

Sarah Sampsel: And so, Peter, then we want you to go to the SharePoint site, find your two measures, click on that file. And then look at the measure evaluation form. The staff has already done a preliminary analysis and we're looking for your reactions or additions, subtractions, where you agree, disagree with the staff reviews on those. And then you enter your ratings into – and also your comments into the survey that was sent out in that e-mail as well.

Peter Thomas: OK. And so this is a new process from prior iterations of this, correct?

Female: Yes.

Sarah Sampsel: There's some – there's been some tweaks to the process, correct.

Peter Thomas: We did not do that in prior iterations, so I'm just making sure. I like ...

Sarah Sampsel: Yes ...

Peter Thomas: ... it. I actually think it's a great innovation, but I'm just saying it's different.

Sarah Sampsel: It is. We've – we're trying to get a little more savvy in getting more information to you all.

Peter Thomas: And you want those responses when?

Sarah Sampsel: They're originally due today, but that's where, in the beginning, we can give folks a little bit more time. What we're trying to do is we – you put your responses into the survey system, we will be taking those out and putting them into these forms. And so you'll have another update to the form before the in-person meeting.

So the longer it takes to get the responses, the less time you have before the in-person meeting to see what your peers have said.

Peter Thomas: And then, with respect to the remainder of the measures, exactly what do we – are we supposed to be doing with respect to review of those?

Sarah Sampsel: We would like you to be familiar with the measures, so I would suggest reading through all of them and making whatever notes you might want to make on them. But the process at the in-person meeting will be similar in that to what you've experienced before and for the new folks. The lead discussants will – so first of all, the developers will provide a very brief overview of their measure and what they hope you glean from their measure submission information, these measure worksheets. And then, it'll go to the lead discussants to walk through the measures, first of all, discussing the overall, what is the measure and then going through each of the criteria and doing the voting.

So, you know, that's why – you know, it helps to be familiar with them by reading them before the meeting, but at the same time, the lead discussants will walk us through and make sure that we have all of the pertinent discussion points out.

Peter Thomas: OK, great. Thank you.

Sam Bierner: I just want to ask ...

Sarah Sampsel: Yes.

Sam Bierner: Sorry. I just want to ask a question on the form itself, I can't tell exactly where it tells me, I know what my two measures are, but does the form itself has a measure number on there or something, it just doesn't seem like it does.

Sarah Sampsel: Yes, so, Sam, if you – so there's a couple of places. So, on the one that's pulled up right now on the screen, it says, "NQF 0067". But then, in the SharePoint site when you open that committee side, the list of measure should have the measure number in front of each of them as well.

Sam Bierner: OK.

Lisa Suter: Hi, this is Lisa Suter. Can I ask a question about the survey?

Sarah Sampsel: Sure.

Lisa Suter: So, is there a way to save a partially completed survey and go back and edit it? Or, is there a Word version of the survey that we could fill out with the documents. I'm finding it really hard to – because I keep entering and then not wanting to press finish because there's no save button. And then I lose everything I've put in because I get called away and – or I exit out or something like that. So, is there any way to save partially completed survey?

Sam Bierner: I had that same problem last time.

Stephen Hoy: This is Stephen. I was just copying and pasting my answers into a Word document, and back out as needed. And that was the only solution I came up with, but certainly ...

Linda Melillo: Hi, this is ...

(Crosstalk)

Stephen Hoy: ... NQF team.

Linda Melillo: This is Linda. And I was able to go in and edit my submission. So, when I clicked Submit or Finish, it got populated onto a list that I was able to then go back and click on and edit.

Suzanne Theberge: I think that as you submit, it will save automatically, I don't know that you can actually ...

(Off-Mic)

Suzanne Theberge: ... surveys.

Female: Suzanne, we can't really hear you.

Suzanne Theberge: Sorry, is this better?

Female: Yes.

Female: Yes.

Female: Thank you.

Suzanne Theberge: OK, sorry about that.

I think that it save partial surveys because I know I have seen partial responses before. So, I think that, you know, it kind of saves as you go. But ...

Lisa Suter: Only if you finish though, I think, because I've lost a lot. So I think you have to press Finish.

Suzanne Theberge: OK.

Lisa Suter: But it's good to know you can edit. That's helpful.

Suzanne Theberge: Yes, and, you know, if you want to submit half of your response and then come back later, you can just get skip past the first, you know, if you did question – the first set of questions, skip to the next one and click Submit and, you know, just kind of we'll know that you'd entered part in one survey and part in another as long as you tell us what measure it is.

We can also send around a copy of the questions after this call.

Lisa Suter: Great, thanks.

Lee Partridge: Sarah, this is – and everybody, this is Lee. One of the measures I'm looking at is the 2967, which has 19 parts. And on the worksheet – you know, the worksheet so far, I know staff has scored each one of the 19 measures on all of the dimensions. But, I – do you expect that we're going to vote on each one of the 19 individually, and if so, I wonder if there's a way we can think about handling this at the in-person meeting that will be less time consuming.

Sarah Sampsel: Yes. Believe me, Lee, I didn't enjoy doing that one. So ...

Lee Partridge: What I was wondering was, can we talk about them in the five big blocks and for all the rest of you who haven't looked at this yet. The measures do break down into five groups.

Sarah Sampsel: Yes. And so – and that's where – I – what we've – what I've been doing internally is also finding out from other committees how they have done that. Because if you remember in phase 1, Lee, we didn't do it that way. We didn't break them out like this.

And ...

Lee Partridge: Right.

Sarah Sampsel: ... then, that's kind of been some of these iterations of the preliminary analysis and staff input. And you know, I – it hasn't been a lot of fun and it isn't easy. And so, what we've been talking about internally is kind of how – and we've done this in similar ways on this committee before and I think in phase 2. But, I think at the meeting, you know, we need to kind of have the – you know, the developers will talk a little bit about the measure. And then – you know, or the measures.

And then I think as a committee, we should have a very clear discussion on how do we want to vote on these and some committees – and I can't – I want to say, the Pediatric Committee recently, they actually voted – they kind of said, "OK, these one – these sets of measures were fine, like – within a survey like this. Or – and, but these are the ones that we want to vote on separately."

That causes a little bit of problems with the developers, though, because then, what does that mean for their full measure because they are putting this forward as measures derived from a survey.

So, I think we just need to have some back and forth and come up with a reasonable way to deal with it. And I think going through them, the five sections. So doing the unmet need measures, doing the global measures, doing the scale measures, might make a lot of sense doing it that way. So, I think that's – we're still kind of talking internally on the best way to do that.

Lee Partridge: Good. One of the devices we finally adopted in CSAC isn't precisely like the situation we have here, but if we have a group of measures, we essentially asked the committee in our in-person meetings if there are any particular

measure that you want to pull out and discuss and vote on separately. And then otherwise, we handle them as a block.

So, we might think of doing some variant on that at the committee level, because, you know, 19 measures through all of these subsections is going to take a lot of time.

Sarah Sampsel: Yes. What other questions do folks have who have kind of opened up and been diving into their measures?

The other thing that I'll mention is remember, we still have the six UDSMR measures, and I don't have the numbers in my head at the very moment, that we're still waiting on their final reliability testing. I know Beth, you had a couple of those.

Beth Averbeck: Right.

Sarah Sampsel: And so, we need to follow up with them because we were supposed to have that by today.

Beth Averbeck: And wasn't that – I think that was the intra-facility testing reliability we're still waiting on.

Sarah Sampsel: Correct, correct.

Beth Averbeck: Yes, OK. And so yes, I can comment with what I have and then know it's a gap or wait until we get that.

(Off-Mic)

Suzanne Theberge: I think we received everything, Sarah. They did submit something on Monday which I posted to the SharePoint under each of the individual measures.

Sarah Sampsel: Oh, OK.

Beth Averbeck: OK, thanks, I'll go back and I review this before we had that, so I can go back and review it with that addition. Thanks.

Suzanne Theberge: Great.

Chris Stille: Yes, this is Chris. I'm on one of those measures, and basically, for each one, they submitted a one-pager with the intra-class correlations between facilities and then also within facilities.

I still have some questions that we'll talk about maybe during the meeting for the statisticians and the group that was what that was.

Sarah Sampsel: OK, great.

Yes, I'm sorry, I didn't realize it was there, so I need to go back and look at that as well.

Linda Melillo: Hi, this is Linda. Being new, I'm not sure how it's all supposed to work. And when I was making some comments, I was referencing some external materials. And I provided a web link to those rather than attaching them, is that how I'm supposed to be doing it?

Sarah Sampsel: Can you provide an example? So, was this like additional evidence to ...

Linda Melillo: Yes.

Sarah Sampsel: ... support a measure, or ...

Linda Melillo: Well, it was – for example, I'm doing one of the UDSMR measures. And so, it asked about alternative or competing measures. And so, I put a link to the – to what the skilled facilities are currently using, the (MDF).

Sarah Sampsel: OK.

Linda Melillo: So, that kind of thing.

Sarah Sampsel: Yes, that – I mean, that's perfectly fine, that gives us more information. I would say in that specific example, what we're looking for with competing and relating – related and competing measures would be the NQF-endorsed measures.

Linda Melillo: OK. I was not clear on that. Thank you.

Sarah Sampsel: Yes. No, that's fine.

Becky Bradley: This is Becky Bradley. I had a question. I know in our last phase, we were instructed we really aren't evaluating the tools. But on a patient-reported measure, it's really hard to – for me to grasp what patients are responding to without seeing the actual tool that they are – the survey tool that they are filling out. And we had talked about maybe having the developers provide the actual tool. And I'm looking at particularly measure 2958.

They list some of the questions, but I – it's not in a way that I believe it's being surveyed to the patients. And I was wondering, are we allowed to get a copy of those survey tools?

Sarah Sampsel: So 2958 is the informed decision process for knee and hip surgery, correct?

Becky Bradley: Oh, I'm sorry.

Male: Yes.

Becky Bradley: I'm looking at the wrong one.

Sarah Sampsel: Oh, then ...

Becky Bradley: It's the one on – yes, it's the ...

Female: 2562.

Becky Bradley: ... 2562, I'm sorry.

Sarah Sampsel: So – OK, so 2962 is the shared decision making process ...

Becky Bradley: Yes.

Sarah Sampsel: ... measure, and it's only four questions and those four questions are actually in the submission.

Becky Bradley: So that is the way that they're being asked the question.

Sarah Sampsel: Yes, that's our understanding because we ask them specific – you know, that that was significant back and forth with that developer. But, I think, Becky, that's a valid question to the developer during the meeting.

Becky Bradley: OK.

Sarah Sampsel: But yes, I mean, we actually went through because of, you know, kind of the past iterations of the meetings, et cetera, to make sure that all of the questions, whether it was the exact format or not but, you know, with 20 – so you – 2950 – 2962, the other – the informed decision making for knee and hip surgery as well, there is a link to all of those decision making tools. They only submitted a measure based on two other tools, but they are available out there.

I think it's one of those issues where sometimes we're going to have to go to a link versus they gave us a hard copy. But then I know on, you know, 2967, there's an Excel spreadsheet with all of the questions in how they map to each measure.

Becky Bradley: OK. I just need to go back in and look in a little closer. Thank you.

Sarah Sampsel: Other questions?

Jennifer Bright: This is Jennifer Bright. One of the things that I was struggling with is through a couple of times where a question was referenced about, does the committee think, does reviewer think that the sample size that's referenced by the developer is considered adequate.

And I guess, it didn't really come through in that orientation what NQF's (inaudible) about that, what do you consider, is there any kind of benchmark that you look for, or is it really just our gut sense based on what we're reading of whether we think it's an adequate sample size.

Sarah Sampsel: I think it's your gut sense. There – we have not ...

Jennifer Bright: OK.

Sarah Sampsel: ... established samples. You know, what we do look for in the testing result especially if they put, you know, their powers, you know, were applicable power statistics or level of confidence, you know, and being able to interpret it that way. And certainly, in some of the statistics, you can say, you know, Cronbach's alpha of 0.7 are better. And you know, where we have interpretation, we cite it and we put it in there. But for the most part, it really is you all being the expert and interpreting based on what you would want to see.

Jennifer Bright: OK, thank you.

Sarah Sampsel: Other questions or comments?

OK. So, let's just do a really quick whirl through of this worksheet so you – I mean, it basically sounds like almost everybody has started diving in, but what I can do is, especially since there have been some changes since some of you have participated and there are some folks that are new. Just kind of highlight those areas and how we'll go through them at the in-person meeting as well.

So, starting at – and basically, we pull a measure from a different project to go through on these calls intentionally. We – there are measure developers in public on this call, so we don't want anybody to feel beat up on in any way. So, that's why we didn't choose a measure out of this group, not that we're going to beat up on them anyways, but just kind of we don't want to either show favoritism or show anything negative towards anyone.

So, the measures that we're using as our example is the chronic stable coronary artery disease for antiplatelet therapy. This brief measure information at the top, so all of this blue text that's up on the screen right now, is what comes directly from the developer when they fill out and this comes out of NQF system called (OPUS) and our quality positioning system.

What you will notice is there – I know there's at least one measure, I think it's 0420 whoever has that one. There are some highlights, there are similar comments there where we're – the developer is going to have an opportunity during the public comment period to make some changes to their form based on your discussions and promoting clarity in their measure description.

So, really, what you're looking for here is, you know, and just kind of a couple of tricks to quickly notice things, measures that – measure numbers that start in the zeros and the ones are probably – are coming back to you as a maintenance measure versus a new measure. So that's where, on our last call, we talked about not different criteria, they're all the same criteria but our conversations might be a little bit different.

You would also find out if it's a measure maintenance at the bottom of the form where it says, "Is this a maintenance measure submission, yes or no." And the last time, they looked – the measure has been looked at by any kind of committee.

You'll find the measure type. So, if it's a process measure, this is really important to us, because it tells us how to walk through each of the algorithms and we try to point that out in those algorithm rationales that we put in through the preliminary analysis.

Data source, electronic clinical data, registry, you'll see claims here, you'll see paper medical record here. Basically, this is also important because what we're looking for is if somebody is saying that this is a paper medical record, that when we're looking at the testing data, that that's how they tested the measure as well.

We're looking for the same, not only data source testing, but then the level of analysis testing. So, as an example back to, I think, both Becky's question about the instruments and then the question about, you know, and the level we look into things, if they're saying the level – if the developer is saying the level of analysis is a facility, then we want to see facility level testing.

For instrument-based measures then, does that mean even though it's great to know what happened at the patient level in putting together the survey and testing the reliability, validity of the assessment tool, or the survey, we also want to see how the performance measure plays out and the only way to do that is at the appropriate level of analysis as stated by the developer.

So those are kind of the important things that you're looking for here. In an in-person meeting, typically, the developer will go ahead and just give this brief overview verbally. They may point out some other attributes, positive, negative things they know about the measure for your consideration.

But this would also be the time in the meeting when they're going through this overview in that first two to three minutes that if you have any questions about the measure and the translation of the measure or the description, or exactly what it's measuring, that's where you would ask that question.

And you know, we kind of tried the – it's hard to do sometime to – but, try to make sure that we're not going in the evidence and testing and everything else at this point, but really trying to get out on the table, what is this measure and making sure everybody understands the measure and the systems, et cetera.

So, if we go ahead down, so this is an – this measure example that we're going to go through and you can keep going, Desi, is a maintenance measure. And what we do when we put together these measure worksheets is, if it's a maintenance measure, we're leaving the maintenance text in, if it's a new measure, you're not going to see a lot of this maintenance text.

But basically, what we're looking for here and what we have asked the developers to do on a maintenance measure is complete something called a maintenance checklist. That signifies to NQF what has changed in the measure and where we need to pay particular attention in doing the review.

What is different in our maintenance review from what we've done before is we really want you to focus on those things that have changed or could have changed. We don't feel it's really necessary to totally rehash things that haven't changed, unless you feel that, you know, perhaps an endorsement decision was made incorrectly the last time.

So, specifically here and especially on the evidence side, this (instance) is a process measure. We're looking for, you know, any kind of updates or if the developer has indicated there have been any updates on the evidence. In this case, they – the developer has said there's really no changes to the material

information in the evidence that supports the measure, but there has been a meta analysis released.

And you know, kind of then what you – that's where, in this case, you know, this would go to cardiology group, we would ask for the cardiology experts to say, you know, "Is this true, is this not true based on your understanding of knowledge? Is there anything else we need to know about the evidence?"

So, you will see a summary of any changes that have been made since a vast majority of our measures are new, you're actually going to see here a full summary of the evidence that supports the measure. And then, if you see in this middle area the guidance from the evidence algorithm, when you go to your committee guidebook and the criteria book, you will see the criteria and guidance for the NQF criteria.

Algorithm 1 is guidance for evaluating the clinical evidence. And so, for any of the algorithm criteria, evidence, reliability and validity, you're going to see how we have mapped through each of the boxes. We're not retyping each of the boxes. There's hopefully some consistency on the main terms we're pulling out of every box.

But in this case, since this is a process measure, you immediately go to box number three. And then, we're looking for, from box number four, if there's been a systematic review. And that the quality, quantity and consistency of evidence has been provided. And then based on that, the conclusion of what the evidence says, and in this case, we feel it goes to high.

Now, this is where your expertise comes into play. And this is also on reliability and validity. You know, if you think, you know, the sample size was too small, if you have questions about something, having to do with that interpretation by the staff, that's your purview. You're the ones who are ultimately making the recommendations in the final ratings on these measures.

We wanted to get you started. We wanted to be able to show you how we're interpreting these measures. It doesn't mean that we're right.

And in fact, a lot of these, we're having back and forth discussions internally. But we also wanted to signal to the developers where there maybe some issues that they need to be prepared for at the in-person meeting where you might have questions.

So I'm going to pause there. So let me – before I do that, as a lead discussant, once we get past that original measure discussion and understanding the description of the measure, making sure you understand the numerator and denominator, we'll ask you to open a lead discussant to open the discussion around evidence.

And basically, what you would do is say, you know, you were able to follow the algorithm, this is what you would – you agree with the staff rating or you don't agree with the staff rating, or in this case, pieces as a maintenance measure, there's no new information that have changed the evidence base for the measure. You could also say you don't feel that there's a need to revisit the criteria, therefore we wouldn't vote.

We only have one measure for that. I don't think that's going to happen on that. But that is part of the thing that would happen. On all of the new measures basically, we want you to summarize the evidence and summarize your rating of the evidence and the other lead discussants would also have that opportunity. And then at that point if you have any questions about the evidence, you would ask just the evidence section any questions about evidence to the developer who is sitting at the table.

We want to be able to get the evidence discussion out of the way and our voting on evidence done and then performance gaps done and each of the criteria. We like to segment those conversations. So if while you're talking about evidence, somebody strays in the reliability or validity or something to that degree, we're going to bring you back to evidence because, and you'll see in our final reports or in our draft report how each of the discussions then lead into the vote and that's just a whole lot easier for note taking as well as transcripts, et cetera, if we kind of hold those conversations together.

(Off-Mic)

OK. There's somebody talking in the background. Can I just – are there any questions or, I mean, comments from existing committee members or those that have been in the first, phase one, phase two, kind of recommendations to folks on being the lead discussant and introducing your measures and what you find to be most valuable?

Becky Bradley: This is Becky Bradley. I had one other kind of comment, question on the question of ease of collecting the information and the burden, you know, of collecting the information. It's not always clear to me how standardized the information is already and whether this is something new. So it's really hard to assess the ease of collecting the information sent to you. You kind of still got some providers ...

Sarah Sampsel: Yes.

Becky Bradley: ... on EHR and they kind of make a reference, you know, that if they can collect but the reality is most of these would probably have to go to a vendor that could collect the information for them or at least analyze the information for them. So it's – I'm not sure what – I'm not sure how to respond to that.

Sarah Sampsel: So you're talking about feasibility. So why don't you ...

Becky Bradley: Yes.

Sarah Sampsel: ... go ahead and scroll down Desi, to feasibility. So – and you know, that's a really good question Becky and I think it's something that even we as staff struggle with how to do our ratings for feasibility. So the first thing on feasibility, it's not, you know, it's not a must pass item but it should be taken into your overall consideration on if you are recommending endorsement for a measure.

But basically, you know, we would hope that the information has been provided in the submission that tells us, you know, first of all, can you follow the measure logics? That's kind of the first question. And you know, looking through their specifications, whether they put them in their actual measure information form or it's an attachment, to understand how, you know, how is this – how is the data collected.

You know, unfortunately, this is not the committee that all of our measures are going to be claimed measures where feasibility is typically really high. We really are dealing with some of those surveys or just questions that are integrated into an EHR or into a paper medical record, et cetera. So then, you know, it really is a – I think it's a discussion of the committee but it's also a gut on, you know, what is the burden on putting this into general practice?

You're right as well that some of these are new concepts that, you know, would be new, that – they're not vital signs. Surveys obviously are looked at a little bit differently because you're right, if it's CAHPS survey, and even, you know, the HCBS survey, they recommend use of a vendor because, you know, you need your (Caddy) software, you need the appropriate software in order to either administer via phone or even do a paper based survey and have it submitted back to you.

That all comes into play for burden. And you know, I think it's pretty rare that I ever give a rating of high on feasibility unless it is a pure simple claims measure where you're looking for two data elements. Does that help?

Becky Bradley: That helps, yes. Thank you.

Beth Averbeck: Yes and this is Beth, just on that category. So we, for example, we have one where I know we're not necessarily rating the tool rating, the measurement and the comment is that the tool can be used but it looks like in order to have the tool or to have it analyzed, there needs to be a licensing agreement and then there isn't a comment about that. So in the absence, can we just make a comment then that the cost of the licensing may be a barrier without knowing what those costs are?

Sarah Sampsel: Yes, hold on. Suzanne, don't we have the costs in the document somewhere?

Suzanne Theberge: Yes. It should be in there.

Sarah Sampsel: It's probably if you scroll all the way through, it's in there but not in this particular one Desi. So don't worry about that. It's the UDSMR measures. It's in one of the attachments. But, you know, so the other thing, because we

dealt with those during our last phase of work as well and then our recent case of work, and just so everybody's on the same playing field on that, is that definitely does come in to the rating on feasibility whether it's licensed cost, proprietary.

NQF decided, since last year it was seven years ago, I'm going to go with it's been eight years now, that you know, we don't exclude measures and don't say that measures can't be endorsed if they're based on a proprietary tool or a license tool. But the consideration of the committee should be in this feasibility section and other things you want to think about in feasibility and usability in use would be, you know, what kind of training is required to actually use the tool?

What, you know, kind of, you know, obviously there are costs to survey but there are also costs on other types of assessments and sometimes those costs are licensing costs, sometimes there are data analysis costs, et cetera. And those are all valid questions both around feasibility and usability in use, other questions?

OK. And I have a dog sleeping behind me in my office and she is now snoring. So I apologize in advance if anybody hears snoring. I promise I'm not sleeping. Other just kind of things to point out on these forms, go ahead and go back up Desi. If we go into reliability and validity, and I really don't feel it's necessary to go all the way to these forms unless folks want us to.

OK. Go ahead and stop at reliability and specifications.

Actually go – I'm sorry. Go ahead to backup to performance gap because we didn't get to that. I think I talked about this a little bit last week. But one of – you know, refer again back to the criteria and guidelines and in thinking about gap and opportunity and disparities, I do know we have a couple of measures and they may be part of the measure sets where it looks like performance is already pretty high.

And so some of the considerations that we need you all to take into place here or take into place here or take into consideration here is when thinking about performance gap and thinking about opportunity for improvement, tying that

back to overall quality and are there opportunities for quality and still opportunities for quality. And some of those considerations have to do with never events and rare events.

And so if you have something that's measuring a rare event or never event and you're at 95 percent, but you really want that to be zero percent, there probably still might be a need for measurement.

And those are some of the back and forth in discussions that you all will have at the in-person meeting. Our goal in doing these preliminary analyses are trying to pull some of those questions out to say, OK, what do you, you know, we see this number and we're wondering what you think about this.

Other things that you would think about in – with these measures that may already be high performing is, you know, is there still any kind of variation in the measure whether by population group or in disparities' situations or even across different types of facilities? That's one of the reasons why we're looking for that testing and performance score levels at the facility level or at the clinician level or whatever level the measure is going to be at because I think variation comes into play with performance gap as well is that, you know, perhaps the measure results are skewing high but there are still some low performing organizations whether the developer's doing about those low, you know, performance of those low performing organizations and what is that telling you about the measure as well.

But your overall goal here is to make sure that when looking at the evidence, looking at performance gap and opportunity for improvement as well as in disparity impact on the measure, is it still a good quality measure? And that's really what the gutted out question globally is but then specifically hear than drawing out whether those particular inputs into a measure that may change performance.

You'll also – and I think one of the questions we actually have to Sherrie Kaplan right now is something we've been talking internally about as well is, you know, what does it mean if there's very little variation in performance in this performance gap data but there are also very few organizations or entities

reporting it? You know, if you have 10,000 facilities but only 10 facilities are reporting, what does that say about the opportunity for improvement in the measure? And so those are some of your considerations as well.

So I wanted to just point that out. If we go down to reliability, just kind of a quick overview of the reliability and validity sections, you know, with reliability, we're obviously looking for specifications that are consistent and credible, that they're clear, that they're concise that you understand them.

And so even though we have an initial discussion at the in-person meeting on just understanding the measure, if we're going to be diving into specifications, we'll probably ask you to hold that conversation until we get down into scientific acceptability and specifically, reliability. But we also understand, that's kind of a hard balance to make. What staff have done is gone through and should be summarizing the data source and providing detail on that but also kind of the level of coding and level of codes that might be required. So in this case, ICD-9 and ICD-10 and CPT codes are used. So there's kind of three data sources.

I will tell you that at this point, with NQF, we are only – measure developers have to have specified their measures using ICD-10. We no longer accept ICD-9 only. And so, you will see some attention to that. This is an older measure and I don't think this form has been totally updated. But we – the ICD-10 has to be there and I think we only have a couple of measures that are using ICD-10 in our portfolio for this round of review.

We are making comments here about if there are exclusions and what those exclusions are. And then, you know, kind of going into the questions, we just want to make sure that these are the things that you are thinking about, you know, is it clear? Is the algorithm clear? Do you feel that the measure can be consistently implemented? And this might be, you know, where you have some questions as well as to, you know, why this code, not that code, et cetera.

So then moving down, we go into the reliability testing section where we will describe, and again, I'm not going to pay a lot of attention to the maintenance

section of this form just because most of our measures are new measures. But staff should've summarized the testing level and because the vast majority of our measures are tool based measures, as we talked about last time. We were looking for reliability and validity testing at both the measure score and the data element level.

But forms were sent back to the developers if they did not provide the measure score level testing and then ensuring that there was data at the data source from the specific data sources as well. We would've described the message of the reliability testing. Sometimes those are a copy and paste from the measure submission so that we got it correctly. Other times, if they just said we did, you know, signal the noise or we did correlation coefficients or we did inter unit correlations, whatever, we may have pulled what the description of that testing is from another source.

But the whole goal was to put out to you, this is the method that they said that they were using. Then there would be the result of the reliability testing. We are just – we're trying to be fairly simple and summarize as much as we can realizing a lot of these measures have an incredible amount of data in them. So a lot of times you're also going to see links back to their actual testing form where you can look for the full level of detail – data because we don't want you to miss, you know, we don't – we don't want to – we want to pull out what we think are the most valiant points at the same point, at the same time, the developers have provided a lot of information that can be useful in looking at the full measure.

We have also tried to put information in. So if folks are not as familiar with interpretation of statistics and what they specifically mean. We've tried to put that interpretation in as well. Those are examples of measures where we've probably had additional reviews internally as well so that, you know, Johnson's one of our methodologists internally and said, you know, Karen, would you just look at this, make sure it makes sense?

As with evidence, then you would go down to the guidance from the algorithms and again, we're trying to walk you through the boxes of how we made our assumptions to get to whatever rating we had. I am actually not

going to go through validity because the validity section is set up very much like the reliability section and I think that when you walk through and see what the questions are, and also the responses, you're also going to find links, et cetera.

I think I would say with both reliability and validity and specifically for those of you who are new to the panel, remember, we do have methodologists on the standing committee. So you're not expected to take a staff course before you come to the meeting and have to understand all of this. You know, staff are there to help as well as the methodologist on the committee, to do some of that back and forth discussion and interpretation and sometimes, challenge.

And then you'll also find that many of the developers bring their statisticians either in-person on the phone to answer some of the questions on translations of their measures. But basically, you know, kind of in summary, because I think we've already – already had some questions about feasibility and usability, that's how these forms are structured. The committee conversation structure will be, you know, let's get out, any questions about the overall measure? Turn it over to the lead discussants.

The lead discussants will talk about evidence, we'll vote on evidence, we'll talk about performance gap. We'll vote on performance gap. We'll talk about reliability. We'll vote on reliability all through the criteria and then there's a final vote on overall suitability for endorsement.

When there are any iterations to the process such as, how are we going to deal with 19 measures under one measure submission? How are we going to deal with measure 0420 which might be an evidence with exception measure? We will – I point those out to Lee and Chris. Lee and Chris will bring that up. We'll have those discussions. Those will be handled a little bit differently during the meeting but we all try to follow the same process in getting the discussions out and the voting out.

Developers should only be responding to questions when you ask them directly from them. These are your meetings. And so, but to the same degree, you know, it's really important to get that information directly from the

developer. And so what we want to encourage you all to do is think about discussing between yourselves, giving the questions out there and interpretations out there and then asking the developers to respond.

At the same time, you know, we have a day and a half, a little over a day and a half. So we have to watch time and make sure that we're doing things judiciously for each measure as well.

So I'm going to stop again, see if there are questions, see if there are other words of wisdom from existing panel members and go from there.

Becky Bradley: This is Becky Bradley again. I'm probably the most basic person on this committee. But several of the measures reference disparity and risk adjustment, the need to, you know, look at different populations and access to care. But at the same time because the sample sizes are so small, they're not risk – they say they weren't able to do risk adjustment and I know there was a big discussion about risk adjustment at the last meeting last year.

So what is NQF's kind of philosophy on risk adjustment of these measures if that's sort of their – part of their supporting document but they weren't able to do it? What criterion does this come under?

Sarah Sampsel: It comes under validity.

Becky Bradley: OK.

Sarah Sampsel: It also – to some degree it comes under specifications because, you know, if they are risk adjusting, you want to make sure that they have provided the methodology and the specifications. And so, it comes into their place there. But then the specific questions and where you would be assessing and rating would be under validity and some of those questions are – and so NQF's stand on risk adjustment right now is, we are in the trial period where developers need, and especially on outcomes measures, need to bring forward what the risk adjustment methodology is, what their rationale is for the risk adjustment methodology, what is – and the testing that they have done and the results of their testing similar to what they have done for the fall measure specifications?

If they come forward and say they're not risk adjusting, then they should've provided a rationale for what they didn't risk adjust and then that's part of the discussion at the committee and that's one of those areas where we're going to be nudging you and saying, hey, we want you to talk about this a little bit more because it is under your per view to ask and to challenge why aren't these risk adjusted or, you know, if there are specific questions about their methodology.

Becky Bradley: Thank you.

Lee Partridge: Sarah, this is Lee. In the measurement worksheets, there's now a question for the committee under 2B4 on risk adjustment, talking about SDS. And that's new for us I think. I don't think we saw that last time.

Sarah Sampsel: No. No. Those are new.

Lee Partridge: But really, it's kind of two dimensions of risk adjustment and, you know, one of the measures that I've got assigned to me for example does have one form of risk adjustment. It's the case – facility case mix group. But it doesn't have any SDS adjustments. So I just wanted to warn people that we may have two separate discussions.

Sarah Sampsel: Yes. Yes that's a really good point and that some of the, you know, and well we can have those slides again at the very beginning of the in-person meeting to remind folks about that. But that is really the trial period and, you know, you have different – there are really kind of two different views that some folks say that if you risk adjust the – risk adjust for things like ethnicity, gender, age, et cetera, then you could potentially be masking disparities and care.

And so that there, you know, so their rationale is, no, we don't do it. And you know, that's acceptable as long as they provide a rationale on why they don't do it. But if they do, do it, then we want to know why and how their analysis is played out. I would say, you know, this is also an area that I think the developers are kind of getting more in tune and used to. So it's kind of all

over the board on the type and level of data that we're getting. And so we kind of need to balance that as well. Any other questions?

OK. So if I could get some gut reactions from folks. I don't know how many surveys are completed. I don't know that we've really checked that or not. But I'm trying to – can we get a – kind of, some feedback on when folks think and again, what I want you to think about here is, our goal in giving your measure evaluations back or so that we can populate and do a final population of these measure evaluation formed that would include the staff analysis, it includes any pre-comment, public comment which is already in there and it would also include all of your ratings and feedback.

And our goal would've been to give you, you know, get those back to you tomorrow or on Friday which means we would have to have all the surveys back starting tomorrow, close of business so that we could populate them on Friday and get them out to you. However if you need more time on the evaluations and we can get them all back on Monday, that just gives you less time to have the full – fully populated before the in-person meeting.

So kind of – if I could get some feedback on when folks think this will be done. So Peter, it sounds like you still have work to do.

Peter Thomas: I do. And of course Monday is a holiday.

Suzanne Theberge: Yes NQF's closed on Monday. So we would get them back Tuesday.

Peter Thomas: Well that – I'm happy to try to press to press to get you whatever I can this week but I also don't want to over-promise and under-deliver. So, I'm afraid I'll set the low bar here and say, I'll get you my stuff on no later than Tuesday. I'll do my best later this week.

Sarah Sampsel: Are other folks having challenges? Does Tuesday work for everybody? And then, you know basically, you know, for the lead discussants, what, you know, kind of, this just gives you a little bit more information? All of the information out there, so if you're doing your review, you know, kind of quick review of the other measures just to educate yourself, they're already out there and kind of, any other concerns or challenges about that timeline.

Lee Partridge: This is Lee. I'm looking at rating 19 measures in one. I'm trying to figure out how much time that's going to take. Maybe we can have an offline discussion about that because there are four of us affected.

Sarah Sampsel: Well five because I pulled Sherrie into that.

Lee Partridge: That's right. But – right.

Sarah Sampsel: Yes.

(Crosstalk)

Lee Partridge: I'm sorry.

Sarah Sampsel: Actually I have a question because I didn't look at the survey Kirsten and Desi. For 2967, did we ask for all 19 ratings?

Desi Quinnonez: I'm trying to remember. I'm trying to pull it up. Suzanne, do you know? I know you went through the surveys a little more carefully.

Sarah Sampsel: I mean, Lee, do you have – have you opened the survey? Are we asking for ratings on all 19 or did we do those in the – did we just do one global rating on that?

Lee Partridge: I have not tried to open the survey. I've been having trouble with that.

Lisa Morrise: I'm in the survey right now. I don't think – this is Lisa. Sorry. I don't think you have 19 separate measures. I think it's just the umbrella NQF measure that ...

(Crosstalk)

Suzanne Theberge: OK. That's correct.

Lisa Morrise: ... at least in the tip menu that lists the measures.

Sarah Sampsel: OK. So I don't know if that helps or hurts Lee, that I think what we're – I guess what I would say, for anybody assigned 2967 is, don't worry about

doing the 19 ratings the way that staff did it but just think about it more globally and put any comments in and focus more on the comments than the individual ratings.

Lee Partridge: That would be very helpful. Thanks.

Peter Thomas: And in that connection, you're talking about the specific measures that we're – that are assigned to us. You're more interested in the commentary than you are necessarily in ...

Sarah Sampsel: I mean, you know, basically what the ratings do, I mean they do help just kind of set kind of a level for, you know, discussion and kind of a back and forth of, oh I would've given it a low or I would've given it a high, et cetera and that gives us an indication before the meeting where there might be some issues. But I think a lot of these measures, you know, we actually don't use those votes other than to help inform the discussions. Those votes are not used in the final report or in the draft report.

Peter Thomas: OK. Thank you.

Beth Averbeck: So this is Beth. Can we go into the survey that you're wanting us to specifically say whether we agree with staff recommendations or just make added comments if we – and just kind of, we don't agree? Just trying to clear ...

(Crosstalk)

Sarah Sampsel: Yes, I would just – yes but I would just add comments. You don't, you know, it doesn't hurt my feelings if somebody says, you know, that – I don't agree with the staff at all. But, you know, I don't, you know, there's just kind of more of a, what else would you pull out? And you also don't have to, you know, staff already put a comment in there. You don't have to repeat it unless you think that's really important discussion that you think people need to consider.

Beth Averbeck: Yes. It didn't seem like it would be a good use of your time to review comments that they agree with everything that's been written. So, OK that's helpful. Thank you.

Sarah Sampsel: Other questions or comments? OK. Well I don't have – I mean, I really don't want to sit here and read the forms to you unless you would find it helpful. But I don't think it would be helpful to anybody. I think from all of these questions, you all get it. And yes Becky, I think you get it too. You're asking great questions. So don't think that you're not a valuable contribution.

But I think that, you know, really the purpose of this call was to give these questions out here, make sure folks are on the same page. You know, Lee, I will – we can send out an email for anybody who's not on the call who's assigned 2957 to say, you know, kind of focus on the overall global versus 19 individual measures and that's got to be something we have to work on as staff as well.

We're really excited about this meeting, not only having, you know, kind of a nice set of new measures, some similarities with some old measures which kind of contests our assumptions on things we've done before but then specifically, the discussions on the shared decision making measures and then we have some folks from University of Colorado coming to talk about the cultural compasses – cultural competency assessment toolkit.

So I think those are all going to be great discussions. And we're also going to be teeing up at the end of the meeting, kind of a more open discussion. We're really looking for ways to keep committee members involved, engaged. At the same time, it's a burden. And this is a really hard working committee. We meet, you know, we've been staying active now for over three years.

So, we're looking for your ideas, another thing staff can do to make your life easier as you prepare for these meetings. And as we've been making process improvements, I know Peter, you've already identified a couple of them. You know, we want to know, are they working, are they not working or what can we do differently because we really do want to be in tune to the committees and keep you all active and engaged.

Peter Thomas: Well even before looking at it, I just want to say thank you because I anticipate it's going to be a lot easier than prior iterations of this. So, thank you.

Lee Partridge: Yes it is. This is – this is Lee. I have been reading and it is a lot better. Sarah, I just wonder if there's anything in general we should be thinking about with regard to the – our old friends, the UDSMR measures and the care tools?

Sarah Sampsel: Yes.

Lee Partridge: It's going to be – it's going to be a discussion that a number of us, of course we're party – part of the last time but we've got seven new members. And I'm just – if anybody has any ideas on what might be useful like – to just kind of a guide in comparing the two. I don't know.

Sarah Sampsel: So, yes, Kirsten and I are working on that because let's see. The SNF set of UDSMR measures that are coming forward should actually be identified as competing with two of the ACA SNF measures that came through in phase two. And then all of the measures technically would be related to all of the other care measures because we're measuring the same focus area of mobility and self care.

And so we're putting together a table to kind of do some of those comparisons but I also think it is important to talk about the discussions that happened and probably in more detail than we did on the orientation call last week. And I'm sure UDSMR will have some comments and then ACA will be there for their measures as well so that we can have that full discussion.

For new folks just kind of real quickly, if it's a – if measures are identified as competing, meaning they have the same focus area and the same target population, we ask the committees to consider if there is a best in class measure. This committee was unable to reach consensus on if there was a best in class measure between the UDSMR or FIM-based measures and the CMS ACA care tool measures. And so those measures went to the CSAC and they were unable to reach consensus either.

So we have, you know, kind of this group of competing measures where really, the overall goal of NQF is alignment and harmonization. So we're kind of left with this group of measures that are all very similar but an inability to choose best in class. And so it's a consideration we have to have. It's a conversation we have to have and having new folks will be an interesting input into that discussion.

And so, you know, if folks do have additional questions or thoughts on how we might best have that discussion, we're certainly open to that. I think we're trying to prepare to have the discussion on June 6 and 7th but that might be the reason why we need to have a follow up call just because it's a complicated matter.

Beth Averbeck: Yes, this is Beth. I know – and maybe one of the things that – if we are looking tools that were competing and maybe under the feasibility if there was some information on whether there was some comparative – are some in the public domain, are some fee-based. And I know that that's not a reason to have a measure either endorsed or not endorsed but if we're looking at competing measures, if one was more feasible or cost effective and didn't add cost burden to a group to do compared to others, would that be something that would be reasonable to consider?

Sarah Sampsel: Yes. And that's where some of those discussions have come up before because – and that's where I mentioned training and not only that but burden. So for example with the care and the FIM tools, the FIM has been collected and required in the IRF setting for – I mean, I'll probably give this wrong but I think we're up to about 20 years where the care tool is kind of a new – a new product per se that CMS has developed and they've put in to rule making therefore it's going to start being collected on top of the – in addition to the FIM tool in October of this year. So that's a burden discussion.

And you know, that – but that's also one of the areas where this committee previously had a hard time saying, just because a measure's been in place for longer, doesn't mean it's necessarily best in class.

Beth Averbeck: Sure. OK, thanks.

Peter Thomas: Can I ask a question about the best in class process?

Sarah Sampsel: Sure.

Peter Thomas: I happen to be quite familiar with the FIM versus the care tool debate. And what I know about it primarily is the fact that there are deeply entrenched interests on both sides of that debate that transcend measure development and use of measurement tools. It goes right down into the full out implementation of these measure sets, training of staff, hard dollars for providers in particular and efficiencies or inefficiencies of using one or another or both. And long standing commitment to data collection tools that various facilities or hospitals have chosen one or – over the other and don't want to be left with the wrong choice.

Do those same factors come into play in other scenarios when you're choosing best in class between measures? Is this a typical dynamic that occurs when you do this or is this kind of an anomaly?

Lee Partridge: This is Lee. I would say yes, it has – it has come up before. And in particular, I remember it coming up in connection with perinatal measures three or four years ago where a private organization to which a number of the hospital, strictly teaching hospitals belonged, had out forth a measure and they had been using and collecting the data for a long time and there was a rival new measure. And we had – we did not again, that committee did not reach consensus. It's one of the most difficult challenges we have.

Peter Thomas: OK. Thank you. I appreciate that.

Sarah Sampsel: Who asked that question.

Peter Thomas: Peter Thomas.

Sarah Sampsel: Oh OK. I thought that was you, Peter. Other questions or comments?

Becky Bradley: So if the discussion comes up, are you suggesting the committee members can submit additional information if we have information that has been collected outside of this committee related to either burden or costs or related to these

measures? I'm not clear of what our task is here, if the discussion comes up because certainly it helps out as dealt with both measures and we have a lot of information on that but I don't know how to get that into the discussion appropriately.

Sarah Sampsel: Well I think what we're doing there, Becky, and that's kind of some of that background information that we're preparing. You know, I obviously have a lot of that information that health office submitted to us and I think that all needs to be taken into consideration. I would also say that, you know, just as a reminder to folks, that this evaluation is about the performance measures and not about the tools.

Obviously the tools are the basis for the performance measures but, you know, we always have to bring people back to that. And that, you know, there is this – there is this, and I don't want to say assumption but there should be the bonus on a developer bringing a performance measure to us that they have tested and satisfied any reliability, validity, scientific soundness, dynamics of the tool before they ever make it into a performance measure.

So, you know, we can't go in, you know, we – it's not a discussion about, is the FIM better than the care tool et cetera. It's the overall measure dynamics and that's our consideration here. And when it goes back to the tool we can mix our tools. If there are recommendations from this committee that the developers think about as they look back at their tools and, you know, kind of iterations of the future tools and they're glad to do that.

You know, I can also tell you and we'll provide the update on this that, you know, how far it did go to CMS with NQF and we all sat down and talked about all of this. So, you know, we need to, you know, what work ...

Becky Bradley: So you have that information? OK.

Sarah Sampsel: Yes. We're going to be as transparent as we can and make sure that you all have the information needed. It's just an incredible amount of information to try to get everybody to digest.

Peter Thomas: Great, thank you.

Sarah Sampsel: Lee, does that seem like a good plan to you?

Lee Partridge: Yes.

Sarah Sampsel: OK.

Lee Partridge: Yes.

Sarah Sampsel: OK. All right if there are no other questions or comments then we'll go ahead and end this call a little early and give everybody a little bit time back but as always, and Desi if you could bring up if it's not already up, the contact screen. You should all have our contact information. We are trying really hard to make sure that any emails are sent from PFCC but you will receive some meeting – some emails from meetings so that you can all keep track of things and find them in your email boxes.

We all really greatly appreciate all of your time so far, looking forward to meeting some of you for the first time in person in a week and a half and hope everybody has a fabulous Memorial Day weekend.

Peter Thomas: Thank you very much, you too.

Female: Thank you.

Female: Thanks for all your work.

Female: Thank you.

(Crosstalk)

Sam Bierner: ... appreciate it.

Male: Thank you.

Male: Thanks so much. That was very helpful.

Sarah Sampsel: Great.

Female: Thank you.

Sarah Sampsel: Bye. Thank you.

END