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Prevention and Population Health, Fall 2020 Measure Review Cycle

Post-Comment Standing Committee Meeting

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Isaac Sakyi, MSGH, Senior Analyst

Mike DiVecchia, MBA, PMP, Senior Project Manager

Sharon Hibay, DNP, BS, RN, Senior Consultant

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Welcome

Housekeeping Reminders

- This is a WebEx meeting with audio and video capabilities

<https://nqf.webex.com/nqf/j.php?MTID=mb844c9e35606241e384c314a2ec3e04c>

- Password: **amPJJZUT872**
- Optional: Dial **1-844-621-3956** and enter access code **173 715 7890**
- Please place yourself on mute when you are not speaking
- We encourage you to use the following features
 - ▣ Chat box: to message NQF staff or the group
 - ▣ Raise hand: to be called upon to speak
- We will conduct a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at populationhealth@qualityforum.org

Project Team — Prevention and Population Health



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Agenda

- Attendance
- Consideration of Consensus Not Reached Measure
- Review and Discuss Public Comments
- NQF Member and Public Comment
- Next Steps
- Adjourn

Attendance

Prevention and Population Health Fall 2020 Cycle Standing Committee

- Thomas McInerney, MD (**co-chair**)
- Amir Qaseem, MD, PhD, MHA, FACP (**co-chair**)
- Philip Alberti, PhD
- Ron Bialek, MPP, CQIA
- Jayaram Brindala, MD, MBA, MPH
- Gigi Chawla, MD, MHA
- Larry Curley, MPA
- Favio Freyre, MD
- Barry-Lewis Harris, II, MD
- Catherine Hill, DNP, APRN
- Amy Nguyen Howell, MD, MBA, FAAFP
- Julia Logan, MD, MPH
- Patricia McKane, DVM MPH
- Lisa Nichols, MSW
- Patricia Quigley, PhD
- Anita Ravi, MD, MPH, MSHP, FAAFP
- Carol Siebert, OTD, OT/L, FAOTA
- Jason Spangler, MD, MPH, FACPM
- **Rosalyn Stephens, RN, MSN, CCM***
- Matt Stiefel, MPA, MS
- Michael Stoto, PhD
- Arjun Venkatesh, MD, MBS, MHS
- Ruth Wetta, RN, PhD, MPH, MSN
- Whitney Bowman-Zatzkin, MPA MSR

***Inactive Committee Member**

Consideration of Consensus Not Reached Measures

3592e Global Malnutrition Composite Score

■ Brief Description of Measure:

Focuses on adults 65 years and older admitted to inpatient service who received care appropriate to their level of malnutrition risk and/or malnutrition diagnosis if properly identified. The four components of the composite measure include:

1. Screening for malnutrition risk at admission
2. Completing a nutrition assessment for patients who screened for risk of malnutrition
3. Appropriate documentation of malnutrition diagnosis in the patient's medical record if indicated by the assessment findings
4. Development of a nutrition care plan for malnourished patients including the recommended treatment plan

To calculate performance, each of the four component performance rates are first scored separately. The composite calculation is the average of the four components' performance rates. A minimum of three component performance rates are required for numerator inclusion.

3592e Global Malnutrition Composite Score - Continued

- **Measure Steward:** Academy of Nutrition and Dietetics
 - ▣ New measure
 - » The four composite components were initially submitted as four individual adult measures by the 2015-2017 Health and Well-being Project and did not pass endorsement based on importance and feasibility concerns.
 - » Standing Committee did not endorse the individual measures, although both the evidence and empirical data detailed performance gaps, as well as a measure gap existed within NQF's portfolio.
 - » The 2016 NQF Measure Applications Partnership (MAP) also reviewed the individual measures for the Hospital Inpatient Quality Reporting (Hospital IQR) Program.
 - » Both the Health and Well-being Standing Committee and MAP recommended submitting the four individual measures as a four-component composite measure.



3592e Global Malnutrition Composite Score (Continued)

- **Criteria where consensus was not reached:** Performance Gap
- **Concerns:**
 - ▣ The Standing Committee expressed their desire for additional facility-based performance data based on age, race, ethnicity, sex, and geography that were not detailed in the submitted data. This request was based on evidence that exhibits African American and Hispanic communities are at higher risk of malnutrition.
- **Summary of Comments Received: 18 Comments Received**
 - ▣ Fifteen comments were received in support of the measure, two comments were submission clarification requests, and one comment was the developer's submission of performance gap data. No comments were received opposing endorsement.
 - ▣ The two clarification comments asked whether previous endorsement evaluation concerns were addressed including: (1) Evidence directly linking documentation of a malnutrition diagnosis to improved patient outcomes, (2) Feedback on potential implementation burdens of the four component measures, (3) Feasibility scorecard details for each electronic health record (EHR) system assessed (rather than aggregated score across all three vendors), and (4) Data elements testing details for all data elements, including the denominator exclusions.



3592e Global Malnutrition Composite Score - Continued

The following themes were identified from comments received:

1. Requested updates from the 2015-2017 Health & Well-being Project endorsement evaluation of the four individual measures currently resubmitted as a composite.
2. Requested clarification from developers for the 2016 Measure Applications Partnership (MAP) review of the four individual measures now currently resubmitted as a composite.
3. Requested evidence directly linking the documentation of a malnutrition diagnosis to improved patient outcomes and feedback on implementation burdens of the four component measures.
4. Requested to review a feasibility scorecard provided for each electronic health record (EHR) system assessed instead of aggregated score across all three vendors, as well as testing data elements for all elements including the denominator exclusions.



3592e Global Malnutrition Composite Score - Continued

- **Summary of Comments Received: 18 Comments Received**

- ▣ One commenter states that the feasibility scorecard does not detail findings and validity testing is not apparent for the denominator exclusions.

- **Revote on Performance Gap**

- ▣ If Performance Gap passes, revote on overall recommendation for endorsement

Review and Discuss Public Comments

NQF Member and Public Comment

Next Steps

Activities and Timeline – Fall 2020 Cycle

*All times ET

Meeting	Date, Time
Consensus Standards Approval Committee (CSAC) Review	June 29 (9:00 AM – 5:00 PM) June 30 (9:00 AM – 12:00 PM)
Appeals Period (30 days)	July 7 – August 5



Project Contact Info

- Email: populationhealth@qualityforum.org
- NQF phone: 202-783-1300
- Project page:
[http://www.qualityforum.org/Prevention and Population Health.aspx](http://www.qualityforum.org/Prevention_and_Population_Health.aspx)
- SharePoint site:
<https://share.qualityforum.org/portfolio/PreventionPopulationHealth/SitePages/Home.aspx>

THANK YOU.

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