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Prevention and Population Health,

Fall 2019 Cycle, Standing Committee Post-Comment Web Meeting

Spring 2020, Standing Committee Measure Evaluation Web Meeting

Nicole Williams, MPH

Kate Buchanan, MPH

Robyn Y. Nishimi, PhD

Isaac Sakyi, MSGH

July 6, 2020

Welcome

Combined Fall 2019 and Spring 2020 Meetings

- The July 6, 2020 Standing Committee web meeting is a combination of the Fall 2019 cycle post-comment and Spring 2020 measure evaluation meetings.
- The Committee will begin the meeting with a revote on a Fall 2019 cycle measure where consensus was not reached.
- Following the revote, the Committee will move on to the review of two measures under consideration for the Spring 2020 cycle.
- The Committee will continue its Spring 2020 measure review during the July 7th web meeting.

Welcome

- The CenturyLink web platform will allow you to visually follow the presentation.
- Please mute your lines when you are not speaking to minimize background noise.
- Please do not put the call on hold.
- You may submit questions to project staff via the CenturyLink web platform chat function.
- You may raise your hand using the CenturyLink web platform.

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



Project Team – Prevention and Population Health Committee

- Nicole Williams, MPH, Director
- Kate Buchanan, MPH, Senior Project Manager
- Isaac Sakyi, MSGH, Project Analyst
- Robyn Y. Nishimi, PhD, NQF Senior Consultant



Agenda

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

Attendance

Prevention and Population Health Fall 2019 Cycle Standing Committee

- Thomas McInerny, MD
(co-chair)
- Amir Qaseem, MD, PhD, MHA
(co-chair)
- Philip Alberti, PhD
- Ron Bialek, MPP, CQIA
- Jayaram Brindala, MD, MBA, MPH
- J. Emilio Carrillo, MD, MPH
- Gigi Chawla, MD, MHA
- Larry Curley
- Barry-Lewis Harris, II, MD
- Catherine Hill, DNP, APRN
- Amy Nguyen Howell, MD, MBA, FAAFP
- Ronald Inge, DDS
- Julia Logan, MD, MPH
- Patricia McKane, DVM MPH
- Amy Minnich, RN, MHSA
- Bruce Muma, MD, FACP
- Marcel Salive, MD, MPH
- Jason Spangler, MD, MPH, FACPM
- Rosalyn Stephens, RN, MSN, CCM
- Matt Stiefel, MPA, MS
- Michael Stoto, PhD
- Arjun Venkatesh, MD, MBS, MHS
- Renee Walk, MPH
- Whitney Bowman-Zatzkin, MPA MSR

Achieving Consensus & Voting

Achieving Consensus

- Quorum: 66% of active Committee members (e.g., 16 of 24 members)

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% - 60% yes	Consensus Not Reached (CNR)
<40% yes	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes.
- CNR measures move forward to public and NQF-member comment and the Committee will revote during the post-comment web meeting.

Committee Quorum and Voting

- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
 - ▣ Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Committee member leaves the meeting and quorum is still present, the Committee will continue to vote on the measures. The Committee member who left the meeting will not have the opportunity to vote on the missed measures.

Voting Test

Consideration of Consensus Not Reached Measure



3483 Adult Immunization Status

- **Measure Steward:** National Committee for Quality Assurance
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ Percentage of adults 19 years of age and older who are up-to-date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.
- **Criterion where consensus was not reached:** Quality Construct of Composite
- **Concerns:**
 - ▣ The utility of a composite score versus individual measures/rates for each vaccine component was discussed.
 - ▣ The measure is neither an all-or-nothing nor a binomial distribution.
 - » The denominator is the total number of recommended vaccines in the population (between 2-4) based on the population's age range.

3483 Adult Immunization Status (cont.)

■ **Summary of Comments Received:** Three comments

- Two commenters supported the measure for endorsement
 - » Could provide valuable data to identifying current gaps in immunization coverage with the goal of improving access and utilization of Advisory Committee for Immunization Practices (ACIP)-recommended vaccines for adults.
 - » Composite measures put in place for childhood immunization status have helped to make great strides in vaccination coverage and expect a similar pattern for adults.
- One commenter did not support for endorsement
 - » Although the measure is specified for the health plan level, in practice could be attributed to individual physicians, which would not capture accurate information.

■ **Revote Quality Construct of Composite**

- If Quality Construct of Composite passes, revote on overall recommendation for endorsement.

NQF Member and Public Comment

Next Steps



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Activities and Timeline – Fall 2019 Cycle

***All times ET**

Meeting	Date, Time
CSAC Review	July 28-29, 2020



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:
<http://share.qualityforum.org/Projects/Prevention%20and%20Population%20Health/SitePages/Home.aspx>

THANK YOU.

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Prevention and Population Health, Spring 2020 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

Nicole Williams, MPH

Kate Buchanan, MPH

Robyn Y. Nishimi, PhD

Isaac Sakyi, MSGH

July 6 & 7, 2020

Welcome

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- Isaac Sakyi, MSGH, Project Analyst
- Robyn Y. Nishimi, PhD, NQF Senior Consultant

Agenda

- Introductions and Disclosures of Interest
- Measures Under Review
- Overview of Evaluation Process and Voting Process
- Consideration of Candidate Measures
- Related and Competing Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

Introductions and Disclosures of Interest



Prevention and Population Health Spring 2020 Cycle Standing Committee

- Thomas McInerny, MD
(co-chair)
- Amir Qaseem, MD, PhD, MHA
(co-chair)
- Philip Alberti, PhD
- Ron Bialek, MPP, CQIA
- Jayaram Brindala, MD, MBA, MPH
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Measures Under Review

Spring 2020 Cycle Measures

- **Two Maintenance Measures for Committee Review**
 - ▣ **0032** Cervical Cancer Screening – (National Committee for Quality Assurance)
 - ▣ **0509** Diagnostic Imaging: Reminder System for Screening Mammograms – (American College of Radiology)

Overview of Evaluation Process



Roles of the Standing Committee ***During the Evaluation Meeting***

- Act as a proxy for the NQF multistakeholder membership
- Work with NQF staff to achieve the goals of the project
- Evaluate each measure against each criterion
 - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Prevention and Population Health Standing Committee measures



Ground Rules for Today's Meeting

During the discussions, Committee members should:

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times
- Keep comments concise and focused
- Allow others to contribute



Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin Committee discussion for each criterion by:
 - ▣ Briefly explaining information on the criterion provided by the developer
 - ▣ Providing a brief summary of the pre-meeting evaluation comments
 - ▣ Emphasizing areas of concern or differences of opinion
 - ▣ Noting, if needed, the preliminary rating by NQF staff
 - » This rating is intended to be used as a guide to facilitate the Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Committee
- Full Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion

Endorsement Criteria

- **Importance to Measure and Report (Evidence and Performance Gap):** Extent to which the measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance (**must-pass**)
- **Scientific Acceptability (Reliability and Validity):** Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**)
- **Feasibility:** Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use:** Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare (**must-pass** for maintenance measures)
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure.



Reserve Status

- Occasionally, measures that are being evaluated for continued endorsement may be “topped out.”
- The Standing Committee may recommend those measures for Inactive Endorsement with Reserve Status (“Reserve Status.”)
- The purpose of Reserve Status is to retain endorsement of reliable and valid quality performance measures that have overall high levels of performance with little variability so that performance could be monitored as necessary to ensure that performance does not decline.
- Use of the Reserve Status should be applied only to highly credible, reliable, and valid measures that have high levels of performance due to quality improvement actions (e.g., not due to documentation practices only)



Reserve Status (cont.)

- The key issue for continued endorsement is the opportunity cost associated with continued measurement at high levels of performance – rather than focusing on areas with known gaps in care.
- Endorsement with reserve status retains these measures in the NQF Portfolio for periodic monitoring, while also communicating to potential users that the measures no longer address high leverage areas for accountability purposes.



Reserve Status Voting Process

- Standing Committee votes on performance gap.
 - ▣ If greater than 60% vote LOW (not “insufficient”), the Standing Committee votes on CONSIDERATION of the measure for reserve status.
 - ▣ If greater than 60% vote “yes” the Committee continues to discuss the other criteria.
 - ▣ If 60% or fewer vote “yes” the measure goes down
- If the measure passes all must pass criteria, the Standing Committee will have a final vote for reserve status instead of endorsement.



Voting on Endorsement Criteria

- Votes will be taken after the discussion of each criterion
- **Importance to Measure and Report**
 - ▣ Vote on Evidence (must pass)
 - ▣ Vote on Performance Gap (must pass)
 - » If Low, vote to consider Reserve Status
 - ▣ Vote on Rationale - Composite measures only
- **Scientific Acceptability Of Measure Properties**
 - ▣ Vote on Reliability (must pass)
 - ▣ Vote on Validity (must pass)
 - ▣ Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
 - ▣ Use (must pass for maintenance measures)
 - ▣ Usability



Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Overall Suitability for Endorsement/ Reserve Status**
- **Procedural Notes**
 - ▣ If a measure fails on one of the must-pass criteria, there is no further discussion or voting on the subsequent criteria for that measure; Committee discussion moves to the next measure.
 - ▣ If consensus is not reached, discussion continues with the next measure criterion.

Achieving Consensus

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Questions?

Voting Test

Consideration of Candidate Measures

0032 Cervical Cancer Screening

- **Measure Steward:** National Committee for Quality Assurance
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:
 - » Women 21–64 years of age who had cervical cytology performed within the last 3 years.
 - » Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
 - » Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.



0509 Diagnostic Imaging: Reminder System for Screening Mammograms

- **Measure Steward:** American College of Radiology
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ Percentage of patients undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram

Related and Competing Discussion

Related and Competing Measures

If a measure meets the four criteria and there are endorsed/new related measures (same measure focus or same target population) or competing measures (both the same measure focus and same target population), the measures are compared to address harmonization and/or selection of the best measure.

	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	Competing measures-Select best measure from competing measures or justify endorsement of additional measure(s).	Related measures-Harmonize on target patient population or justify differences.
Different target patient population	Related measures-Combine into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue.



0032 Related Measures

- None



0509 Related Measures

- 2372 : Breast Cancer Screening (National Committee for Quality Assurance)
 - ▣ Developer states that the measures are harmonized to the extent possible.

NQF Member and Public Comment

Next Steps

Activities and Timeline –Spring 2020 Cycle

*All times ET

Meeting	Date, Time
Measure Evaluation Web Meeting #2	July 7, 1pm – 3pm
Committee Post-Measure Evaluation Web Meeting (if needed)	July 10, 11am – 1pm
Draft Report Comment Period	Aug. 14 – Sept. 14
Committee Post-Comment Web Meeting	Sept. 22, 12pm – 2pm
CSAC Review	Nov. 17 – Nov. 18
Appeals Period (30 days)	Nov. 23 – Dec. 22



Fall 2020 Cycle Updates

- Intent to submit deadline is August 1, 2020



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Questions?

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