



National Consensus Standards for Prevention and Population Health, Spring 2018

Standing Committee Measure Evaluation Web Meeting

July 11, 2018

NQF Staff

- Project staff
 - ▣ *Andrew Anderson, MHA, Senior Director*
 - ▣ *Kate Buchanan, MPH, Senior Project Manager*
 - ▣ *Tara Murphy, MPAP, Project Manager*
 - ▣ *Yetunde Ogungbemi, Project Manager*
 - ▣ *Robyn Y. Nishimi, PhD, NQF Consultant*

- NQF Quality Measurement leadership staff
 - ▣ *Elisa Munthali, MPH, Senior Vice President*

Today's Agenda

- Welcome Remarks and Review of Meeting Objectives
- Introductions and Disclosure of Interest
- Consideration of Candidate Measures
- NQF Measure Prioritization Discussion of Prevention and Population Health Committee Measures
- Opportunity for Public Comment
- Adjourn

Introductions and Disclosures of Interest

Prevention and Population Health Standing Committee

- Thomas McInerney, MD
(co-chair)
- Amir Qaseem, MD, PhD, MHA
(co-chair)
- John Auerbach, MBA
- Michael Baer, MD
- Ron Bialek, MPP, CQIA
- Nanette Benbow, MA
- J. Emilio Carrillo, MD, MPH
- Barry-Lewis Harris, II, MD
- Catherine Hill, DNP, APRN
- Ronald Inge, DDS
- Patricia McKane, DVM MPH
- Amy Minnich, RN, MHSA
- Marcel Salive, MD, MPH
- Jason Spangler, MD, MPH, FACPM
- Matt Stiefel, MPA, MS
- Michael Stoto, PhD
- Steven Teutsch, MD, MPH
- Arjun Venkatesh, MD, MBS, MHS

Opportunity for Member and Public Comment

Project Introduction and Portfolio Review

Prevention and Population Health Portfolio of Measures

- This project will evaluate measures related to prevention and population health that can be used for accountability and public reporting for all populations and in all settings of care.
- The spring 2018 cycle of this project will address breast cancer screening.
- NQF currently has more than 34 endorsed measures within the area of Prevention and Population Health. Endorsed measures undergo periodic evaluation to maintain endorsement – “maintenance”.

Prevention and Population Health Portfolio of NQF-Endorsed Measures

| Immunization | |
|--------------|--|
| 0038 | Childhood Immunization Status (CIS) |
| 0039 | Flu Vaccinations for Adults Ages 18 and Older |
| 0041 | Preventive Care and Screening: Influenza Immunization |
| 0226 | Influenza Immunization in the ESRD Population (Facility Level) |
| 1407 | Immunizations for Adolescents |
| 3070 | Preventive Care and Screening: Influenza Immunization |
| 0681 | Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (long stay) |
| 0680 | Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (short stay) |
| 0431 | Influenza Vaccination Coverage Among Healthcare Personnel |

Prevention and Population Health Portfolio of NQF-Endorsed Measures

| Pediatric Dentistry | |
|---------------------|---|
| 2511 | Utilization of Services, Dental Services |
| 2517 | Oral Evaluation, Dental Services |
| 2528 | Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services |
| 2689 | Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children |
| 2695 | Follow-Up after Emergency Department Visits for Dental Caries in Children |

| Weight/BMI | |
|------------|---|
| 2828 | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan |
| 3039 | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan |
| 0024 | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) |

Prevention and Population Health Portfolio of NQF-Endorsed Measures

| Diabetes-Related Measures | |
|---------------------------|---|
| 0272 | Diabetes Short-Term Complications Admission Rate (PQI 01) |
| 0274 | Diabetes Long-Term Complications Admission Rate (PQI 03) |
| 0285 | Lower-Extremity Amputation among Patients with Diabetes Rate (PQI 16) |
| 0638 | Uncontrolled Diabetes Admission Rate (PQI 14) |

| Admission Rates | |
|-----------------|--|
| 0273 | Perforated Appendix Admission Rate (PQI 2) |
| 0279 | Community-Acquired Pneumonia Admission Rate (PQI 11) (Previously named "Bacterial Pneumonia Admission Rate") |
| 0280 | Dehydration Admission Rate (PQI 10) |
| 0281 | Urinary Tract Infection Admission Rate (PQI 12) |
| 0283 | Asthma in Younger Adults Admission Rate (PQI 15) |

Prevention and Population Health Portfolio of NQF-Endorsed Measures

*Measures for maintenance evaluation

| Cancer Screening | |
|------------------|--|
| 0032 | Cervical Cancer Screening (CCS) |
| 0034 | Colorectal Cancer Screening (COL) |
| 2372 | Breast Cancer Screening* |
| 0509 | Diagnostic Imaging: Reminder System for Screening Mammograms |

| Cardiovascular/Pulmonary | |
|--------------------------|--|
| 0275 | Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 05) |
| 0277 | Congestive Heart Failure Rate (PQI 08) |

| Colonoscopy | |
|-------------|---|
| 0658 | Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients |
| 0659 | Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use |

Prevention and Population Health Portfolio of NQF-Endorsed Measures for Maintenance Evaluation

Cancer Screening

- 2372 Breast Cancer Screening (NCQA)

Overview of the Measure 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 Consensus Standards Approval Committee (CSAC)
- Oversee portfolio of prevention and population health measures

Major Endorsement Criteria (page 28)

- **Importance to measure and report:** Goal is to measure those aspects with greatest potential of driving improvements; if not important, the other criteria are less meaningful (**must-pass**)
- **Reliability and Validity-scientific acceptability of measure properties:** Goal is to make valid conclusions about quality; if not reliable and valid, there is risk of improper interpretation (**must-pass**)
- **Feasibility:** Goal is to, ideally, cause as little burden as possible; if not feasible, consider alternative approaches
- **Usability and Use:** Goal is to use for decisions related to accountability and improvement; if not useful, probably do not care if feasible (**must pass for maintenance measures**)
- **Comparison to related or competing measures**

Ground Rules for Today's Meeting

During the discussions, Committee members should:

- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times (except at breaks)
- Keep comments concise and focused
- Avoid dominating a discussion and allow others to contribute
- Indicate agreement without repeating what has already been said

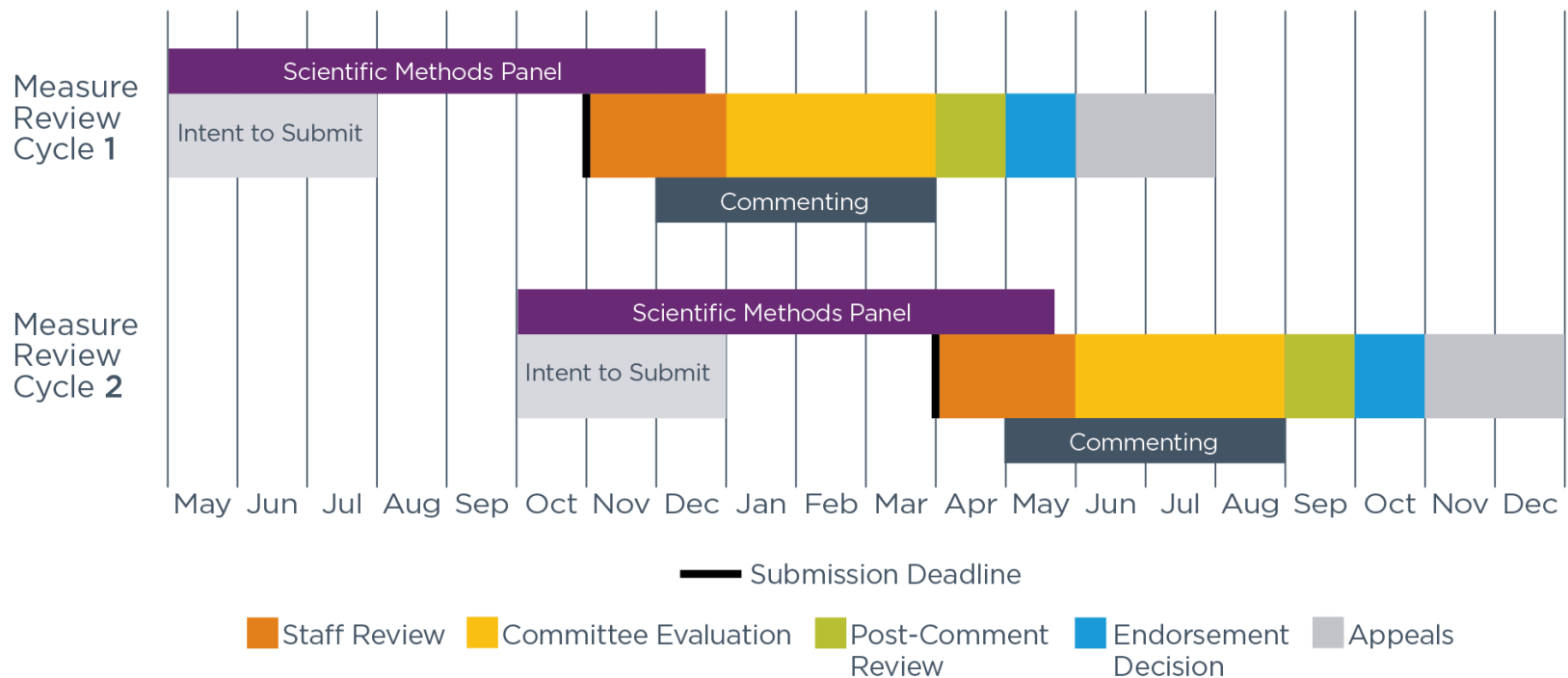
NQF Consensus Development Process (CDP)

6 Steps for Measure Endorsement

- Intent to Submit
- Call for Nominations
- **Measure Review**
 - *New structure/process*
 - *Newly formed NQF Scientific Methods Panel*
 - *Measure Evaluation Technical Report*
- Public Commenting Period with Member Support (ongoing)
- Measure Endorsement
- Measure Appeals

Measure Review: Two Cycles Per Year

Consensus Development Process:
Two Cycles Every Contract Year



Consideration of Candidate Measures

Review of Measure 2372

- **Title:** Breast Cancer Screening
- **Developer:** National Committee for Quality Assurance
- **Measure Type:** Process
- **Data Source:** Claims, Electronic Health Records, Paper Medical Records
- **Level of Analysis:** Health Plan, Integrated Delivery System
- **Care Setting:**
- **Reviewed 1 time:**
 - *Original Endorsement Date: September 18, 2014*
 - *Most Recent Update: September 18, 2014*
- **Status:** Endorsed

Opportunity for Member and Public Comment

Measure Prioritization

NQF's Strategic Direction

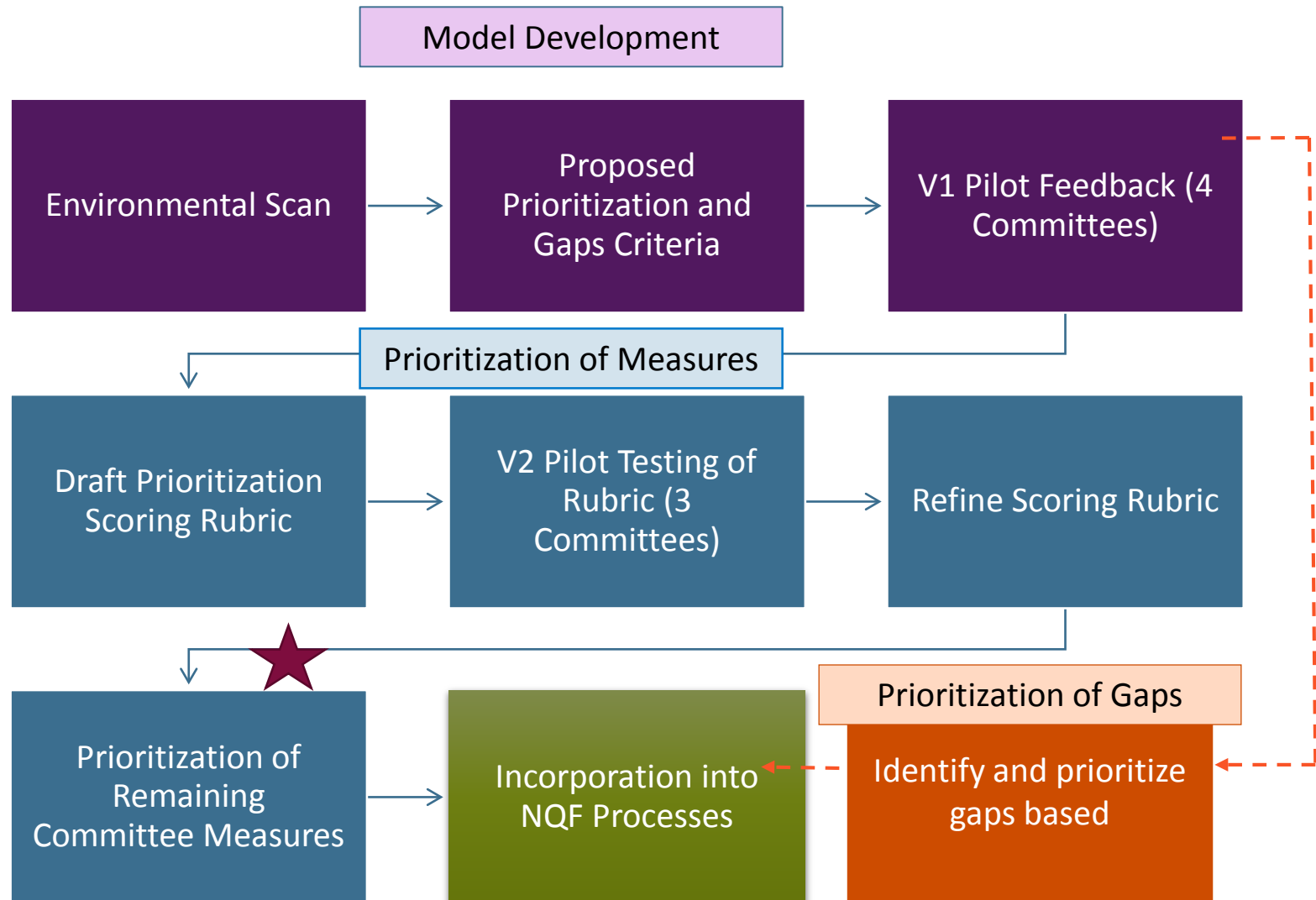


Learn more about NQF's Strategic Plan at
http://www.qualityforum.org/NQF_Strategic_Direction_2016-2019.aspx

What is the goal of the prioritization?

- Identify a list of the highest scoring priority measures.
- Identify prioritized sub-lists, sortable and filterable, by disease topics and for different stakeholder groups.
- Create a framework that organizes measures and measurement gaps into national priorities areas.
- Reduce the number of measures in use and encourage measure harmonization across the healthcare field by sharing prioritization scores with appropriate measure stakeholders.

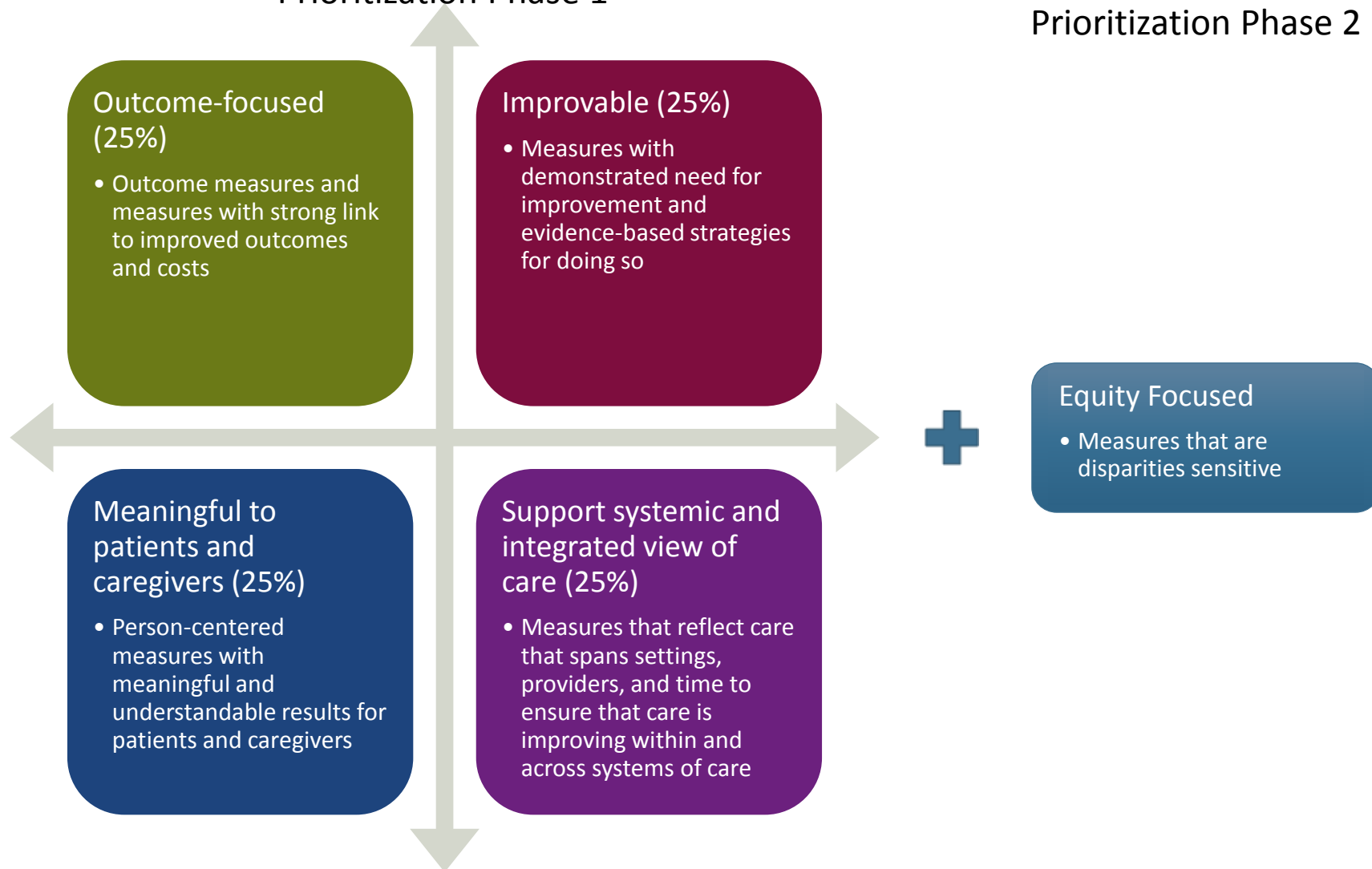
NQF Prioritization Initiative



NQF Measure Prioritization Criteria

Prioritization Phase 1

Prioritization Phase 2



Breakdown of the Criteria

Outcome-focused

- Measures are scored based on measure type: Process/Structural, Intermediate clinical outcome or process tightly linked to outcome, Outcome/CRU

Improvable

- Measures are scored based the percentage of committee members votes on the “Gap” Criteria during measure evaluation and maintenance review for “High,” “Moderate,” or “Low.”

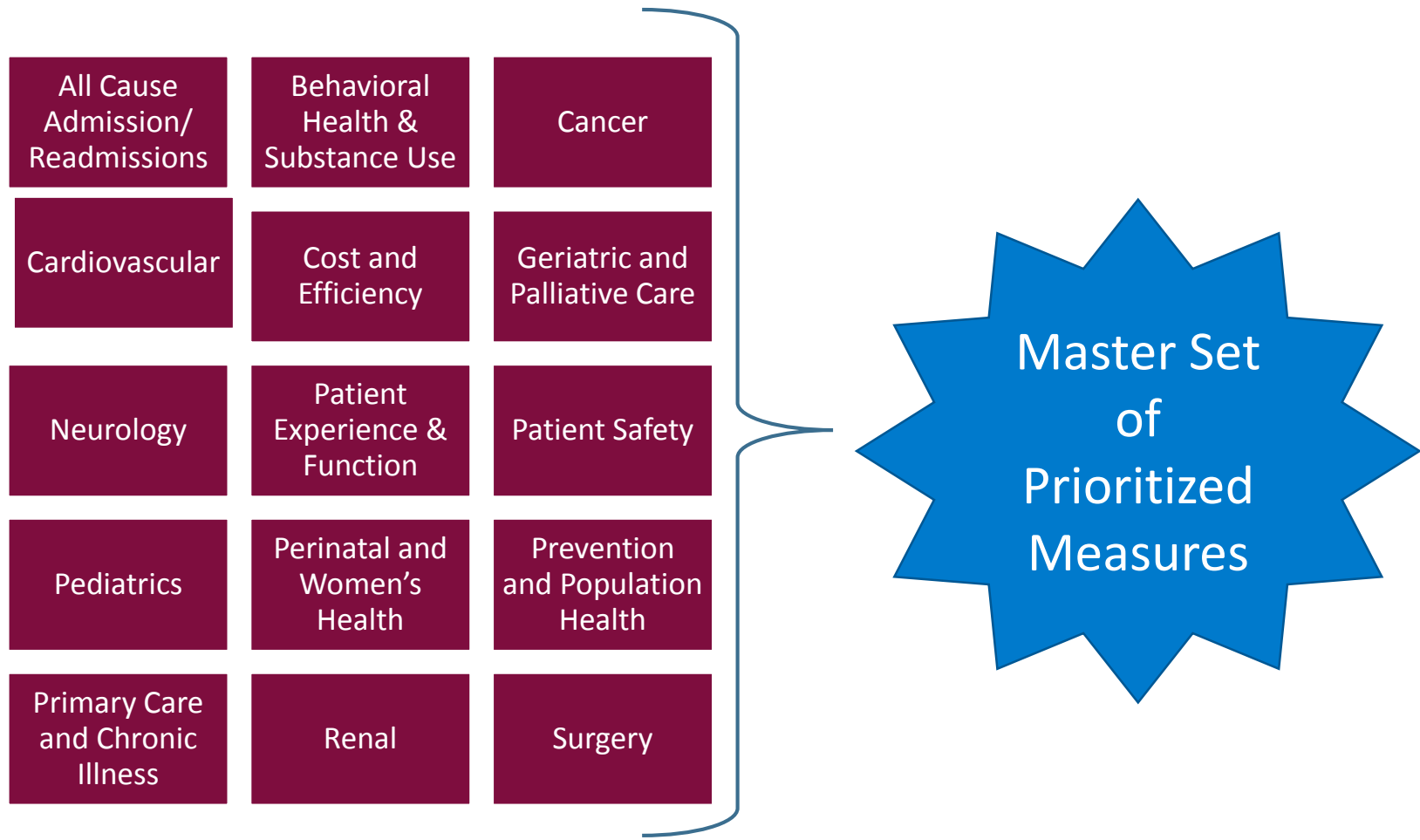
Meaningful to patients and caregivers

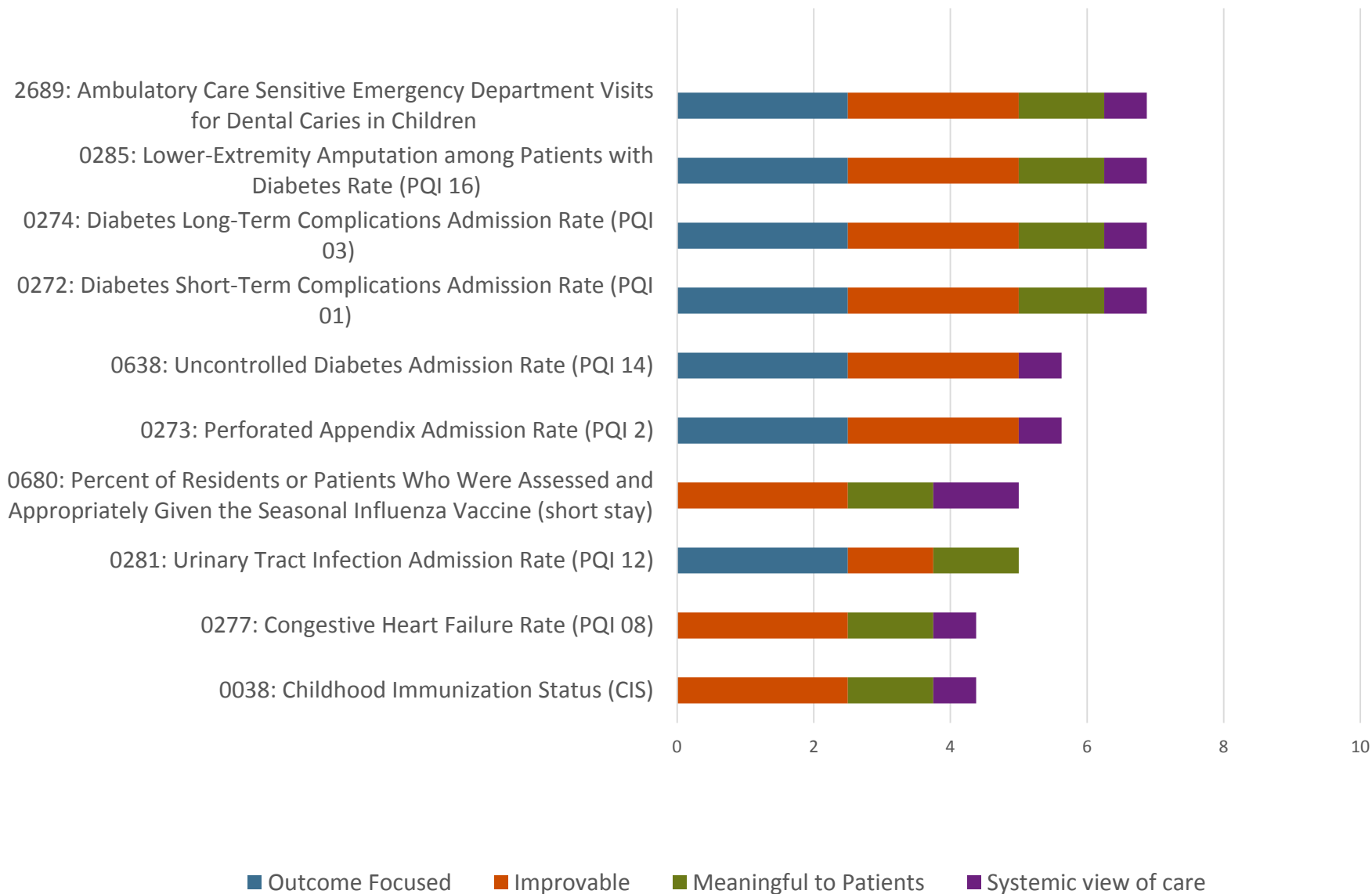
- Measures are scored based on if they are (1) a PRO and (2) if they are tagged as meaningful to patients.
- A meaningful change or health maintenance to the patients and caregivers encompasses measures that address the following areas: Symptoms, Functional status, Health related quality of life or well-being. Patient and caregiver experience of care (Including Financial Stress, Satisfaction, Care coordination/continuity of care Wait times, Patient and caregiver autonomy/empowerment) and Harm to the patient, patient safety, or avoidance of an adverse event

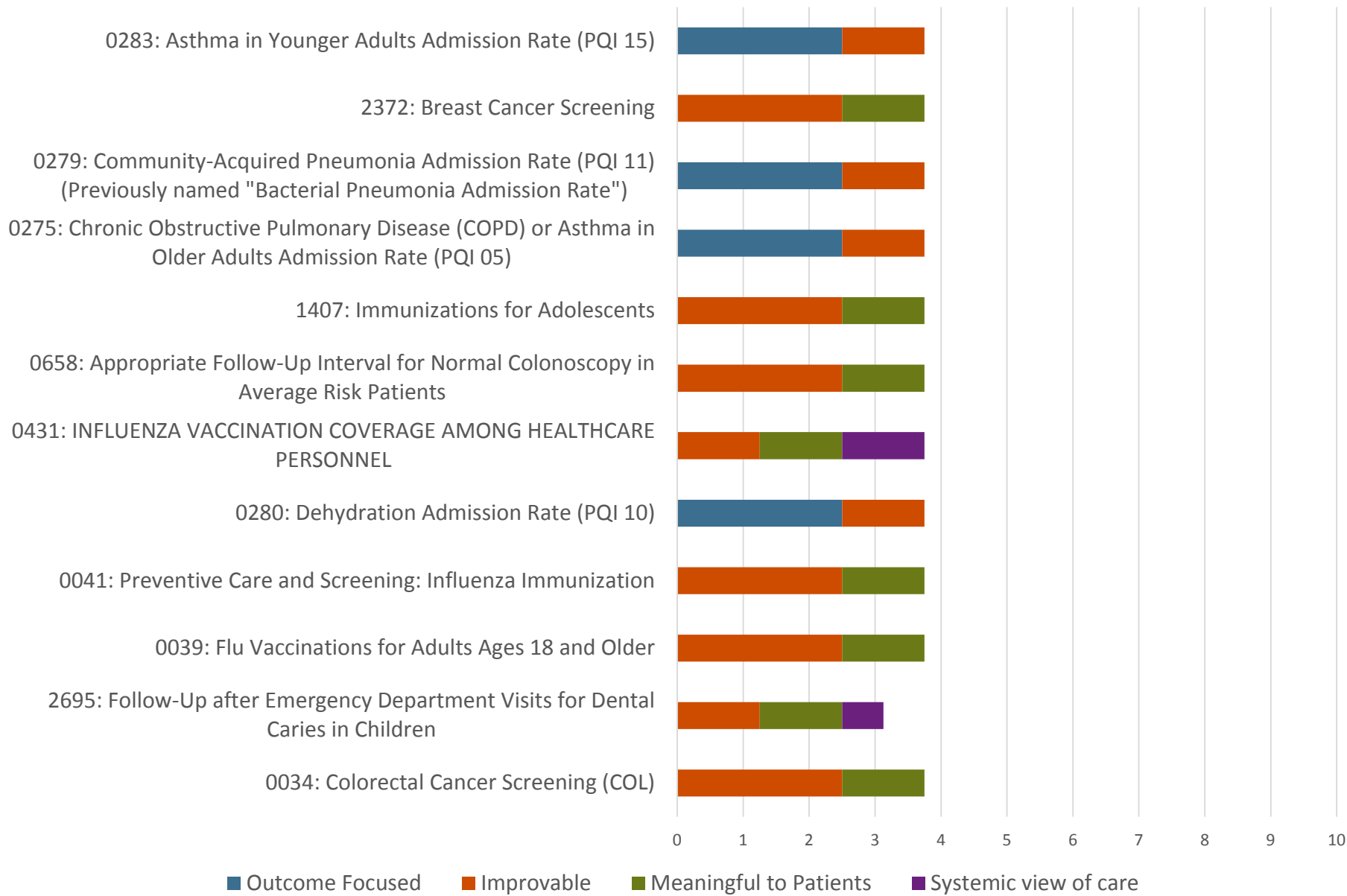
Support systemic and integrated view of care

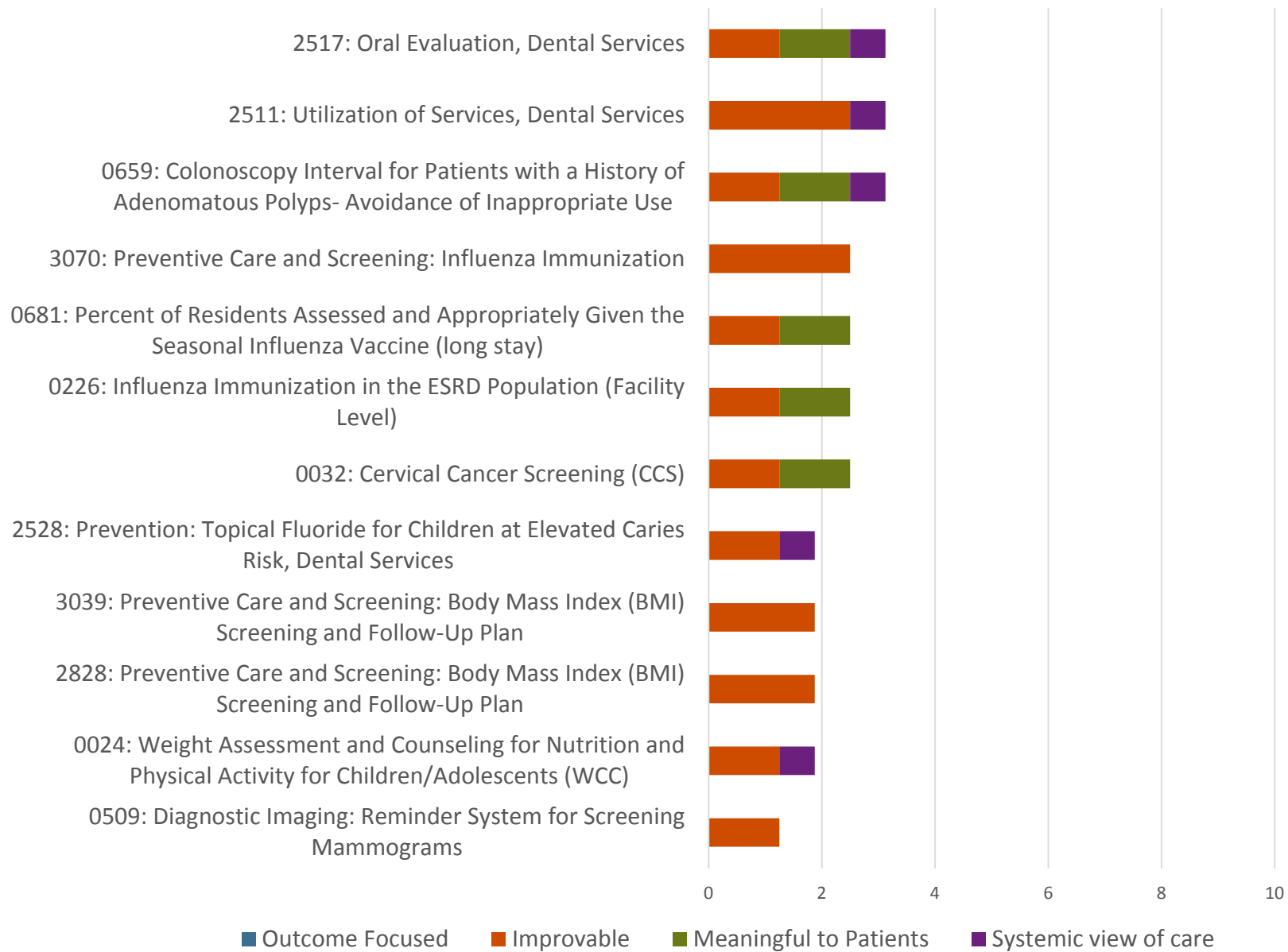
- Measures are scored based on if (1) if they are a composite measure, (2) if they are applicable to multiple settings, (3) if they are condition agnostic, and (4) if they reflect a system outcome.
- A system outcome is defined as a measure that: Addresses issues of Readmission, Addresses issues of Care-coordination, Results from the care of multiple providers, or Addresses aspects to enhance healthcare value (including a cost or efficiency component)

Prioritization will be conducted within and across portfolios









NQF Prioritization Initiative: What's Next?

| Activity | Date |
|---|-----------------|
| Roll out at Spring 2018 Standing Committee Meetings | May-August 2018 |
| Compile Phase I results from across Committees | August 2018 |
| Measure Evaluation Annual Report Appendix | September 2018 |
| Presentation/Update at NQF Annual Meeting | March 2019 |

Questions for Committee

- Do the initial scoring results yield the outcomes you might have expected?
 - ▣ *Are the highest and lowest impact measures scoring correctly based on the rubric?*
 - ▣ *Do you have any feedback on the way the rubric is generating results or suggestions for updates in future iterations?*
- Survey to be sent by email following the presentation.

Activities and Timeline **Spring 2018** Review Cycle

***All times ET**

| Activity | Date |
|--|--|
| Measure Submission Deadline | April 16, 2018 |
| Commenting & member support period on submitted measures opens | Monday, May 7, 2018 |
| Measure Evaluation Web Meeting | Wednesday, July 11, 2018, 12-2 pm ET |
| Measure Evaluation Web Meeting (hold) | Thursday, July 12, 2018, 12-2 pm ET |
| Draft Report Posted for Public Comment | August 7-September 5, 2018 |
| Post Draft Report Comment Call | Tuesday, September 25, 2018, 2-4 pm ET |
| CSAC Review Period | October 19-November 8, 2018 |
| Appeals Period | November 13-December 12, 2018 |

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>

Adjourn

THANK YOU