



NATIONAL  
QUALITY FORUM

# National Consensus Standards for Prevention and Population Health

## ***Standing Committee Orientation***

*Elisa Munthali, MPH Acting Senior Vice President, Quality Measurement*  
*Andrew Anderson, MHA Senior Director*  
*Tara Murphy, MPAP Project Manager*  
*Yetunde Ogungbemi, Project Analyst*  
*Robyn Y. Nishimi, PhD NQF Consultant*

*December 18, 2017*

# Welcome

# Project Team

- **Elisa Munthali**, MPH, Acting Senior Vice President, Quality Measurement
- **Robyn Y. Nishimi**, PhD, Consultant
- **Andrew Anderson**, MHA, Senior Director
- **Tara Rose Murphy**, MPAP, Project Manager
- **Yetunde Ogungbemi**, Project Analyst

# Agenda for the Call

- Standing Committee Introductions
- Overview of NQF, the Consensus Development Process Redesign, and Roles of the Standing Committee, co-chairs, and NQF staff
- Overview of NQF's portfolio of Prevention and Population Health measures
- Review of project activities and timelines
- Overview of NQF's measure evaluation criteria
- SharePoint Tutorial
- Committee Charge
- Measure Worksheet example
- Next steps

# Prevention and Population Health Standing Committee

- Thomas McInerny, 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
- Patricia McKane, DVM MPH
- Amy Minnich, RN, MHSA
- Jacqueline Moline, MD, MSc
- 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

# Overview of NQF, the CDP, and Roles

# The National Quality Forum: A Unique Role

Established in 1999, NQF is a non-profit, non-partisan, membership-based organization that brings together public and private sector stakeholders to reach consensus on healthcare performance measurement. The goal is to make healthcare in the U.S. better, safer, and more affordable.

**Mission:** To lead national collaboration to improve health and healthcare quality through measurement

- An Essential Forum
- Gold Standard for Quality Measurement
- Leadership in Quality

# NQF Activities in Multiple Measurement Areas

- **Performance Measure Endorsement**
  - *600+ NQF-endorsed measures across multiple clinical areas*
  - *15 empaneled standing committees*
- **Measure Applications Partnership (MAP)**
  - *Advises HHS on selecting measures for 20+ federal programs, Medicaid, and health exchanges*
- **National Quality Partners**
  - *Convenes stakeholders around critical health and healthcare topics*
  - *Spurs action on patient safety, early elective deliveries, and other issues*
- **Measurement Science**
  - *Convenes private and public sector leaders to reach consensus on complex issues in healthcare performance measurement such as attribution, alignment, sociodemographic status (SDS) adjustment*



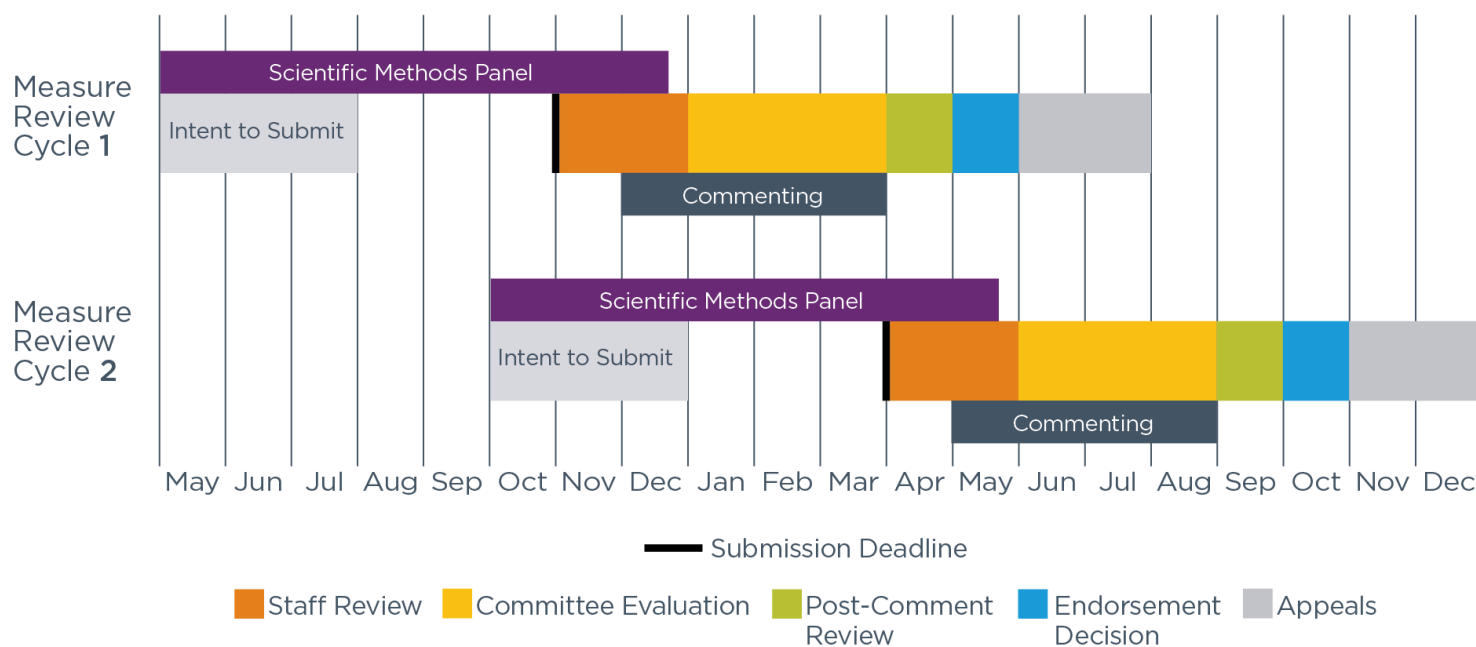
# NQF Consensus Development Process (CDP)

## 6 Steps for Measure Endorsement

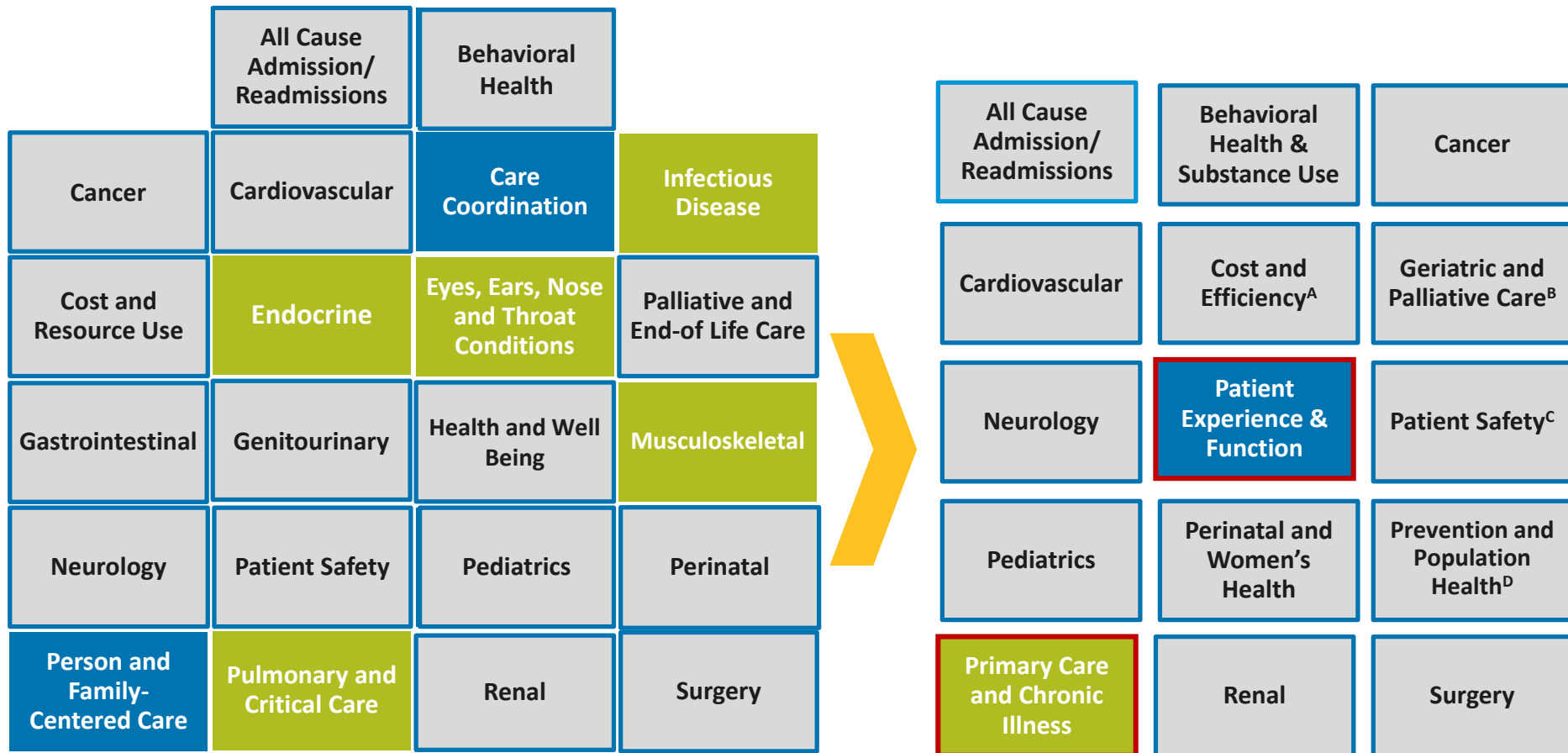
- Intent to Submit
- Call for Nominations
- Measure Review
  - *New structure/process*
  - *Newly formed NQF Scientific Methods Panel*
  - *Measure Evaluation Technical Report*
- Public Commenting Period with Member Support
- Measure Endorsement
- Measure Appeals

# Measure Review: Two Cycles Per Year

Consensus Development Process:  
Two Cycles Every Contract Year



# 15 New Measure Review Topic Areas



  Denotes expanded topic area

<sup>A</sup> Cost & Efficiency will include efficiency-focused measures from other domains

<sup>B</sup> Geriatric & Palliative Care includes pain-focused measures from other domains

<sup>C</sup> Patient Safety will include acute infectious disease and critical measures

<sup>D</sup> Prevention and Population Health is formerly Health and Well Being

# Role of the Standing Committee

## *General Duties*

- Act as a proxy for the NQF multi-stakeholder membership
- Serve 2-year or 3-year terms
- Work with NQF staff to achieve the goals of the project
- Evaluate candidate measures against the measure evaluation criteria
- Respond to comments submitted during the review period
- Respond to any directions from the Consensus Standards Approval Committee (CSAC)

# Role of the Standing Committee

## *Measure Evaluation Duties*

- All members evaluate ALL measures
- Evaluate measures against each criterion
  - *Indicate the extent to which each criterion is met and rationale for the rating*
- Make recommendations to the NQF membership for endorsement
- Oversee Prevention and Population Health portfolio of measures
  - *Promote alignment and harmonization*
  - *Identify gaps*

# Role of the Standing Committee Co-Chairs

- Co-facilitate Standing Committee (SC) meetings
- Work with NQF staff to achieve the goals of the project
- Assist NQF in anticipating questions and identifying additional information that may be useful to the SC
- Keep SC on track to meet goals of the project without hindering critical discussion/input
- Represent the SC at CSAC meetings
- Participate as a SC member

# Role of NQF Staff

- NQF project staff works with SC to achieve the goals of the project and ensure adherence to the consensus development process:
  - *Organize and staff SC meetings and conference calls*
  - *Guide the SC through the steps of the CDP and advise on NQF policy and procedures*
  - *Review measure submissions and prepare materials for Committee review*
  - *Draft and edit reports for SC review*
  - *Ensure communication among all project participants (including SC and measure developers)*
  - *Facilitate necessary communication and collaboration between different NQF projects*

# Role of NQF Staff

## *Communication*

- Respond to NQF member or public queries about the project
- Maintain documentation of project activities
- Post project information to NQF website
- Work with measure developers to provide necessary information and communication for the SC to fairly and adequately evaluate measures for endorsement
- Publish final project report



# Role of Methods Panel

- Methods Panel created to ensure higher-level and more consistent reviews of the scientific acceptability of measures
- The Methods Panel is charged with:
  - *Conducting evaluation of complex measures for the Scientific Acceptability criterion, with a focus on reliability and validity analyses and results; and*
  - *Serve in advisory capacity to NQF on methodologic issues, including those related to measure testing, risk adjustment, and measurement approaches.*
- The Methods Panel review will help inform the SC's endorsement decision. The Panel will not render endorsement recommendations.

# NQF Consensus Development Process (CDP)

## Measure Evaluation

### *Complex Measures*

- Outcome measures, including intermediate clinical outcomes
- Instrument-based measures (e.g., PRO-PMs)
- Cost/resource use measures
- Efficiency measures (those combining concepts of resource use and quality)
- Composite measures

### *Non-Complex Measures*

- Process measures
- Structural measures
- Previously endorsed complex measures with no changes/updates to the specifications or testing

# Questions?

# Overview of NQF's Prevention and Population Health Portfolio

# Prevention and Population Health Portfolio of Measures

- This project will evaluate measures related to Prevention and Population Health conditions that can be used for accountability and public reporting for all populations and in all settings of care. The Fall 2017 cycle of this project will address topic areas including:
  - *Pediatric Dentistry*
  - *Cancer Screening*
  - *Weight and BMI*
- NQF solicits new measures for possible endorsement
- NQF currently has more than 36 endorsed measures within the area of Prevention and Population Health. Endorsed measures undergo periodic evaluation to maintain endorsement – “maintenance”.

# Changes to the NQF Prevention and Population Health Portfolio

- Seven measures were added to the PPH portfolio from other NQF projects.
  - ▣ *1 from Surgery*
  - ▣ *2 from Gastrointestinal/Genitourinary*
  - ▣ *2 from Pulmonary and Critical Care*
  - ▣ *1 from Cardiovascular*
  - ▣ *1 from Cancer*
- Six measures were moved from the PPH portfolio to another NQF project
  - ▣ *3 to Pediatrics*
  - ▣ *2 to All-Cause Admissions and Readmissions*
  - ▣ *1 to Primary Care and Chronic Illness*

# Prevention and Population Health Portfolio of NQF-endorsed measures

## \*Measures for maintenance evaluation

### Pediatric Dentistry

- **2508:** *Prevention: Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk, Dental Services* (American Dental Association/Dental Quality Alliance)
- **2509:** *Prevention: Dental Sealants for 10-14 Year-Old Children at Elevated Caries Risk, Dental Services* (American Dental Association/Dental Quality Alliance)
- **2511:** *Utilization of Services, Dental Services* (American Dental Association/Dental Quality Alliance)
- **2517:** *Oral Evaluation, Dental Services* (American Dental Association/Dental Quality Alliance)
- **2528:** *Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services* (American Dental Association/Dental Quality Alliance)

### Cancer Screening

- **0034:** *Colorectal Cancer Screening (COL)* (NCQA)

### Weight Management/BMI

- **0024:** *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)* (NCQA)

# Prevention and Population Health Portfolio of NQF-endorsed measures

## \*Measures for maintenance evaluation

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
681	Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (long stay)
680	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (short stay)
431	INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL



## Prevention and Population Health Portfolio of NQF-endorsed measures

### \*Measures for maintenance evaluation

Pediatric Dentistry	
2508	Prevention: Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk*
2509	Prevention: Dental Sealants for 10-14 Year-Old Children at Elevated Caries Risk*
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

## \*Measures for maintenance evaluation

Diabetes-Related Measures	
272	Diabetes Short-Term Complications Admission Rate (PQI 01)
274	Diabetes Long-Term Complications Admission Rate (PQI 03)
285	Lower-Extremity Amputation among Patients with Diabetes Rate (PQI 16)
638	Uncontrolled Diabetes Admission Rate (PQI 14)

Admission Rates	
273	Perforated Appendix Admission Rate (PQI 2)
279	Community-Acquired Pneumonia Admission Rate (PQI 11) (Previously named "Bacterial Pneumonia Admission Rate")
280	Dehydration Admission Rate (PQI 10)
281	Urinary Tract Infection Admission Rate (PQI 12)
283	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	
275	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 05)
277	Congestive Heart Failure Rate (PQI 08)

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

# Activities and Timeline

**\*All times ET**

Activity	Date
Commenting & member support period on submitted measures opens	December 11
<b>Orientation Call &amp; QA Call</b>	<b>Monday, December 18th, 11:00am-1:00 PM</b>
Committee receives measures and preliminary analyses for review	January 10, 2018
<b>In-Person Meeting (1 day in Washington, D.C.)</b>	<b>Friday, February 9</b>
<b>Post-Meeting Conference Call</b>	<b>Wednesday, February 21, 1:00-3:00pm</b>
Report Posted for Public Comment	March 14 - April 12
<b>Post Draft Report Comment Call</b>	<b>Friday, April 30, 11:00am-1:00pm</b>
CSAC Review Recommendations	May 25 - June 15
Appeals Period	June 19 - July 18
Final Report Posted	August 2018

# Questions?

# Measure Evaluation Criteria Overview

# NQF Measure Evaluation Criteria for Endorsement

**NQF endorses measures for accountability applications (public reporting, payment programs, accreditation, etc.), as well as quality improvement.**

- Standardized evaluation criteria
- Criteria have evolved over time in response to stakeholder feedback
- The quality measurement enterprise is constantly growing and evolving – greater experience, lessons learned, expanding demands for measures – the criteria evolve to reflect the ongoing needs of stakeholders

# Major Endorsement Criteria (page 20)

- **Importance to measure and report:** *Extent to which the specific measure focus is evidence-based and important to making significant gains in healthcare quality where this is variation in or overall less-than-optimal performance (**must-pass**)*
- **Scientific Acceptability of the Measure Properties: Reliability and Validity:** *Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**)*
- **Feasibility:** *Extent to which the specifications, including measure logic, require data that are readily available or could be captured without undue burden and can be implemented for performance measurement*
- **Usability and Use:** *Extent to which potential audiences are using or could use performance results for both accountability and performance improvement to achieve high quality care (**Use is must-pass**)*
- **Comparison to related or competing measures**



# Criterion #1: Importance to Measure and Report (page 30-38)

- 1. Importance to measure and report** - Extent to which the specific 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.

**1a. Evidence:** *the measure focus is evidence-based*

**1b. Opportunity for Improvement:** *demonstration of quality problems and opportunity for improvement, i.e., data demonstrating considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or disparities in care across population groups*

**1c. Quality construct and rationale** *(composite measures only)*

# Subcriterion 1a: Evidence (page 31-37)

- Outcome measures
  - *A rationale (which often includes evidence) for how the outcome is influenced by healthcare processes or structures.*
- Structure, process, intermediate outcome measures
  - *The quantity, quality, and consistency of the body of evidence underlying the measure should demonstrate that the measure focuses on those aspects of care known to influence desired patient outcomes*
    - » Empirical studies (expert opinion is not evidence)
    - » Systematic review and grading of evidence
      - *Clinical Practice Guidelines – variable in approach to evidence review*

# Evidence (subcriterion 1a): Strengthen requirements for outcome measures

## ■ Revised criterion

- *For all outcomes: **Empirical data** demonstrate a relationship between the outcome and at least one healthcare structure, process, intervention, or service. **If not available, wide variation in performance** can be used as evidence, assuming the data are from a robust number of providers and results are not subject to systematic bias.*
- ***For measures derived from patient report**, evidence should demonstrate that the target population values the measured outcome, process, or structure and finds it meaningful.*
  - » Additional guidance: Examples of such evidence include, but are not limited to, patient input in the development of the instrument, survey, or tool; focus group input regarding the value of the performance measure derived from the instrument/survey/tool.

# Evidence (subcriterion 1a): Additional guidance for instrument-based measures

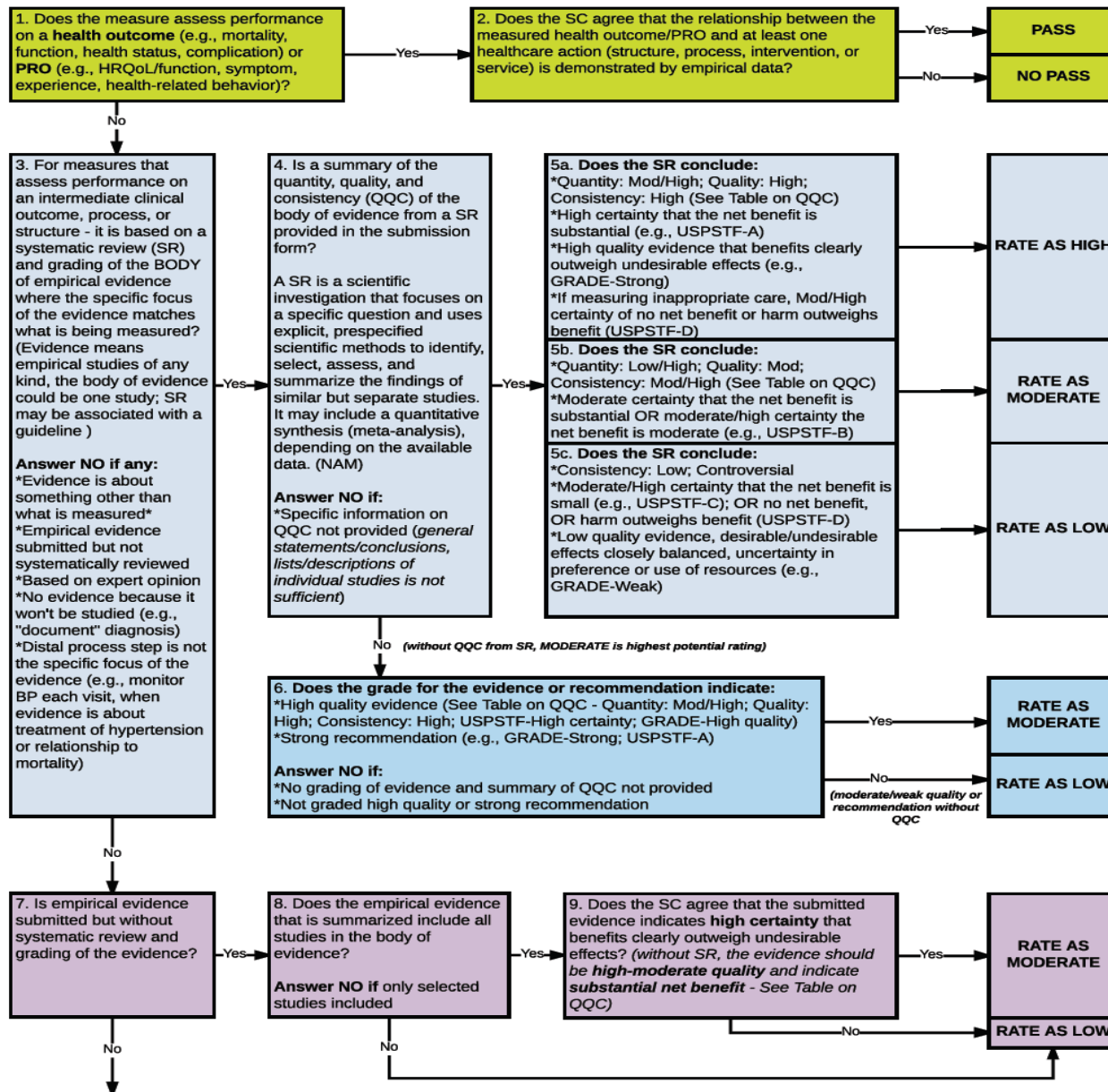
- Current requirements for structure and process measures (i.e., a systematic assessment and grading of the quantity, quality, and consistency of the body of evidence that the measured structure/process leads to a desired health outcome) **also apply to patient-reported structure/process measures.**

# Evidence (subcriterion 1a): Additional guidance for thresholds and timeframes

- Evidence for specific timeframes or thresholds included in a measure **should be presented**. If evidence is limited, then literature regarding standard norms would be **considered**.

# Performance Gap (subcriterion 1b): Additional guidance

- For maintenance measures
  - *Measure stewards are expected to provide current performance data. If limited data are available (e.g., use is voluntary), data from the literature can be considered.*



# Criterion #1: Importance to measure and report

Criteria emphasis is different for new vs. maintenance measures

New measures	Maintenance measures
<ul style="list-style-type: none"><li>Evidence – Quantity, quality, consistency (QQC)</li><li>Established link for process measures with outcomes</li></ul>	<p><b>DECREASED EMPHASIS:</b> Require measure developer to attest evidence is unchanged evidence from last evaluation; Standing Committee to affirm no change in evidence</p> <p>IF changes in evidence, the Committee will evaluate as for new measures</p>
<ul style="list-style-type: none"><li>Gap – opportunity for improvement, variation, quality of care across providers</li></ul>	<p><b>INCREASED EMPHASIS:</b> data on current performance, gap in care and variation</p>



# Criterion #2: Reliability and Validity— Scientific Acceptability of Measure Properties (page 39 - 49)

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of health care delivery

## 2a. Reliability (must-pass)

*2a1. Precise specifications including exclusions*

*2a2. Reliability testing—data elements or measure score*

## 2b. Validity (must-pass)

*2b1. Specifications consistent with evidence*

*2b2. Validity testing—data elements or measure score*

*2b3. Justification of exclusions—relates to evidence*

*2b4. Risk adjustment—typically for outcome/cost/resource use*

*2b5. Identification of differences in performance*

*2b6. Comparability of data sources/methods*

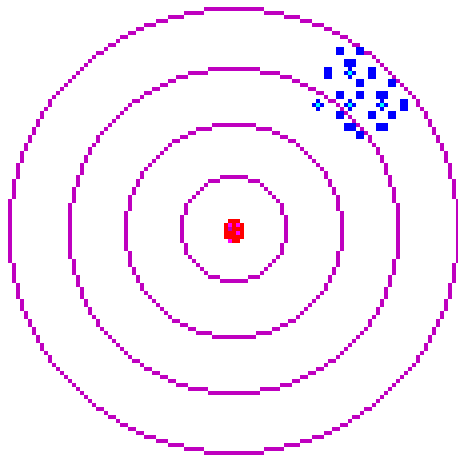
*2b7. Missing data*

# Reliability (subcriterion 2a): Potential for additional guidance

- Establishing thresholds for testing results
  - *NQF will ask our newly-formed Scientific Methods Panel for input on norms and/or rules of thumb*

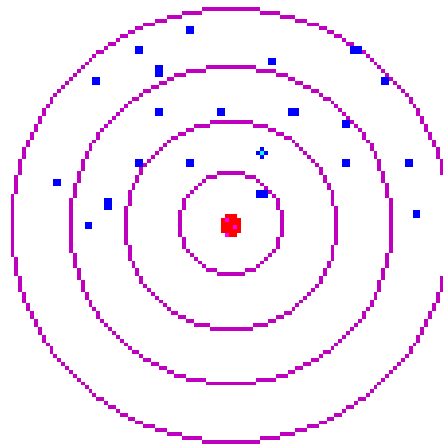
# Reliability and Validity (page 40)

Assume the center of the target is the true score...



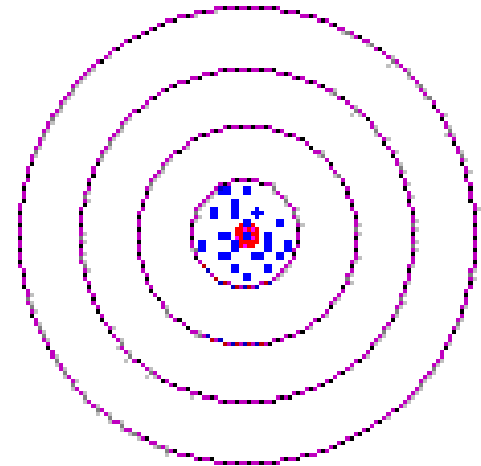
**Reliable  
Not Valid**

Consistent,  
but wrong



**Neither Reliable  
Nor Valid**

Inconsistent &  
wrong



**Both Reliable  
And Valid**

Consistent &  
correct

# Measure Testing – Key Points (page 41)

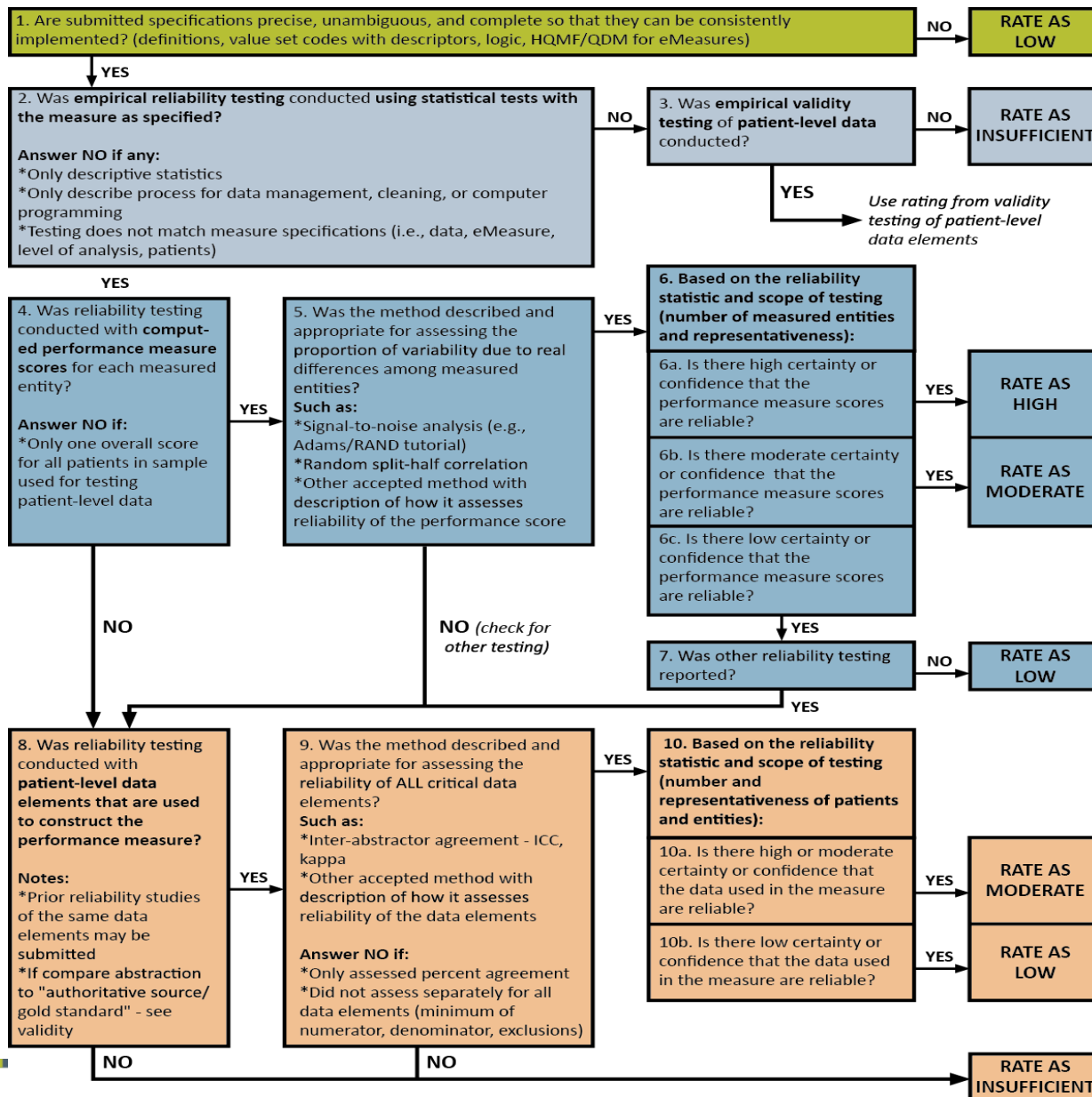
**Empirical analysis** to demonstrate the reliability and validity of the *measure as specified*, including analysis of issues that pose threats to the validity of conclusions about quality of care such as exclusions, risk adjustment/stratification for outcome and resource use measures, methods to identify differences in performance, and comparability of data sources/methods.

# Reliability Testing

## Key points - page 42

- Reliability of the **measure score** refers to the proportion of variation in the performance scores due to systematic differences across the measured entities in relation to random variation or noise (i.e., the precision of the measure).
  - *Example - Statistical analysis of sources of variation in performance measure scores (signal-to-noise analysis)*
- Reliability of the **data elements** refers to the repeatability/reproducibility of the data and uses patient-level data
  - *Example –inter-rater reliability*
- Consider whether testing used an appropriate method and included adequate representation of providers and patients and whether results are within acceptable norms
- Algorithm #2

# Rating Reliability: Algorithm #2 – page 43



# Validity testing (pages 44 - 49)

## Key points – page 47

### ■ Empirical testing

- *Measure score* – assesses a hypothesized relationship of the measure results to some other concept; assesses the correctness of conclusions about quality
- *Data element* – assesses the correctness of the data elements compared to a “gold standard”

### ■ Face validity

- *Subjective determination by experts that the measure appears to reflect quality of care*

# Validity (subcriterion 2b): Remove “evidence aligns with specifications”

- Subcriterion 2b.1 now removed
  - *The measure specifications are consistent with the evidence presented to support the focus of measurement under criterion 1a. The measure is specified to capture the most inclusive target population indicated by the evidence, and exclusions are supported by the evidence.*
- Evidence now considered as part of subcriterion 1a



# Validity (subcriterion 2b): Strengthen guidance for face validity

## ■ Revised guidance

- *Empirical validity testing is expected at time of maintenance review; if not possible, justification is required.*
- *Face validity of the measure score as a quality indicator may be adequate if accomplished through a systematic and transparent process, by identified experts, and explicitly addresses whether performance scores resulting from the measure as specified can be used to distinguish good from poor quality. The degree of consensus and any areas of disagreement must be provided/discussed.*

# Validity (subcriterion 2b): Exclusions criterion re-worded

## ■ Revised criterion

- *Exclusions are supported by the clinical evidence and are of sufficient frequency to warrant inclusion in the specifications of the measure*
  - » *Previous wording:* Exclusions are supported by the clinical evidence; otherwise, they are supported by evidence of sufficient frequency of occurrence so that results are distorted without the exclusion

## ■ Potential for updated guidance

- *Will ask NQF's newly-formed Scientific Methods Panel for input on what might be sufficient frequency and how to handle non-uniformity of frequency across providers*

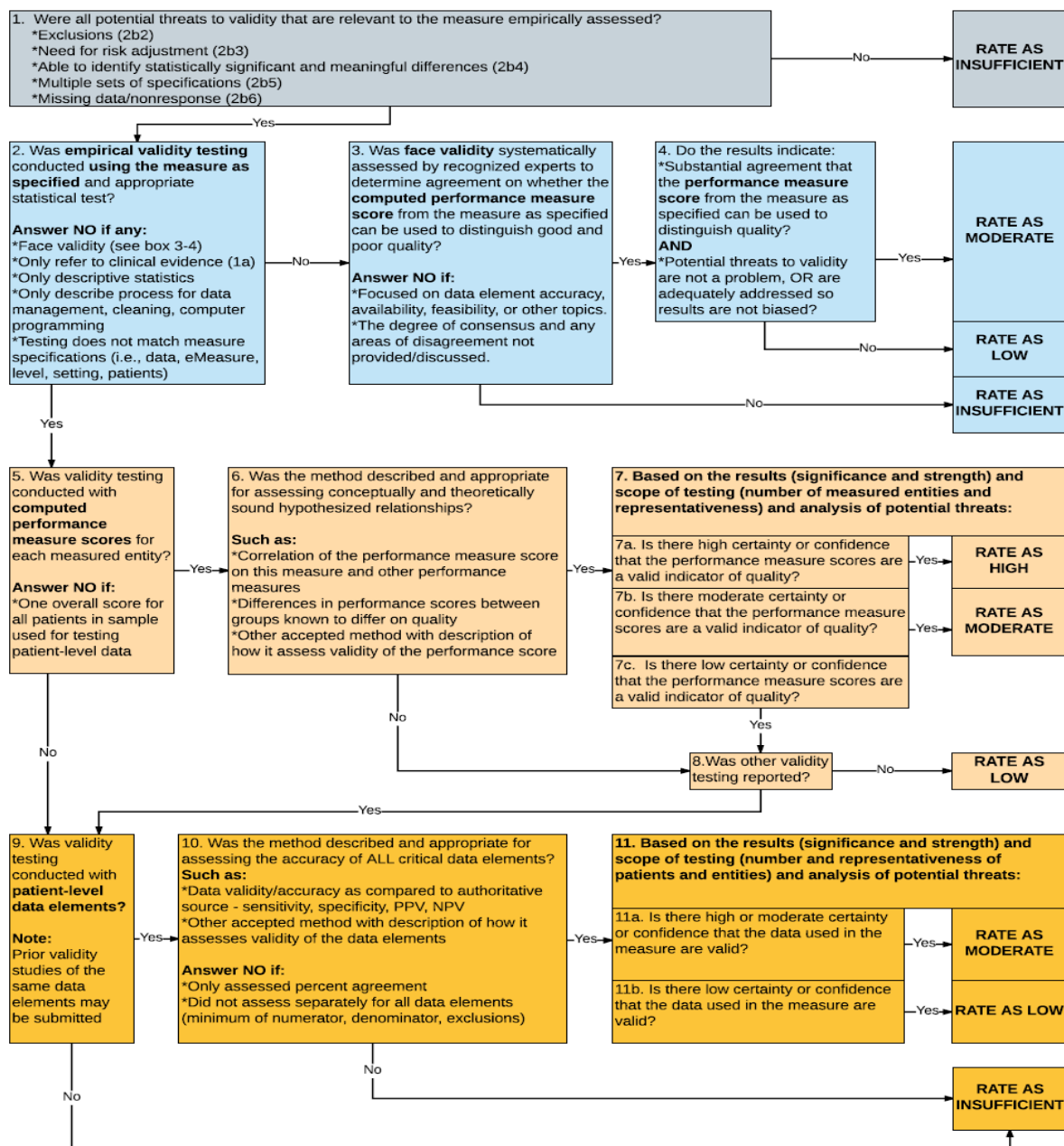
# Validity (subcriterion 2b): Missing data requirement (2b.7) applicable to all measures

- Revised criterion

- *Analyses identify the extent and distribution of missing data (or nonresponse) and demonstrate that performance results are not biased due to systematic missing data (or differences between responders and nonresponders) and how the specified handling of missing data minimizes bias.*

- » *Previous criterion: For **eMeasures, composites, and PRO-PMs** (or other measures susceptible to missing data), analyses identify the extent and distribution of missing data (or nonresponse) and demonstrate that performance results are not biased due to systematic missing data (or differences between responders and nonresponders) and how the specified handling of missing data minimizes bias.*

# Rating Validity: Algorithm #3 – page 48



# Threats to Validity

- Conceptual
  - *Measure focus is not a relevant outcome of healthcare or not strongly linked to a relevant outcome*
- Unreliability
  - *Generally, an unreliable measure cannot be valid*
- Patients inappropriately excluded from measurement
- Differences in patient mix for outcome and resource use measures
- Measure scores that are generated with multiple data sources/methods
- Systematic missing or “incorrect” data (unintentional or intentional)

# Criterion #2: Scientific Acceptability

New measures	Maintenance measures
<ul style="list-style-type: none"><li>• Measure specifications are precise with all information needed to implement the measure</li></ul>	NO DIFFERENCE: Require updated specifications
<ul style="list-style-type: none"><li>• Reliability</li><li>• Validity (including risk-adjustment)</li></ul>	<p><b>DECREASED EMPHASIS:</b> If prior testing adequate, no need for additional testing at maintenance with certain exceptions (e.g., change in data source, level of analysis, or setting)</p> <p>Must address the questions for SDS Trial Period</p>

# Criterion #3: Feasibility (page 49)

## Key Points – page 50

Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement.

***3a: Clinical data generated during care process***

***3b: Electronic sources***

***3c: Data collection strategy can be implemented***

# Criterion #4: Usability and Use (page 50)

## Key Points – page 51

Extent to which potential audiences (e.g., consumers, purchasers, providers, policymakers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

**4a: Accountability and Transparency:** Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement

**4b: Improvement:** Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated

**4c: Benefits outweigh the harms:** The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).

**4d: Vetting by those being measured and others:** Those being measured have been given results and assistance in interpreting results; those being measured and others have been given opportunity for feedback; the feedback has been considered by developers.



# Usability and Use: Now partly must-pass for maintenance measures

- Use: Change to must-pass for **maintenance** measures
  - *In use in accountability program within 3 years and publicly reported within 6 years*
  - *Measure has been vetted by those being measured or others*
- Usability\*: still not must-pass
  - *Demonstrated improvement*
  - *Benefits outweigh evidence of unintended negative consequences to patients*

\* Information for these two subcriteria may be obtained via literature, feedback to NQF, and from developers during the submission process.

# Criteria #3-4: Feasibility and Usability and Use

New measures	Maintenance measures
Feasibility	
<ul style="list-style-type: none"><li>Measure feasible, including eMeasure feasibility assessment</li></ul>	NO DIFFERENCE: Implementation issues may be more prominent
Usability and Use	
<ul style="list-style-type: none"><li>Use: used in accountability applications and public reporting</li></ul>	<b>INCREASED EMPHASIS:</b> Much greater focus on measure use and usefulness, including both impact and unintended consequences
<ul style="list-style-type: none"><li>Usability: impact and unintended consequences</li></ul>	

# Updated guidance for measures that use ICD-10 coding: Fall 2017 and 2018

- Gap can be based on literature and/or data based on ICD-9 or ICD-10 coding
- Submit updated ICD-10 reliability testing if available; if not, testing based on ICD-9 coding will suffice
- Submit updated validity testing
  - *Submit updated empirical validity testing on the ICD-10 specified measure, **if available***
  - ***OR** face validity of the ICD-10 coding scheme **plus face validity** of the measure score as an indicator of quality*
  - ***OR** face validity of the ICD-10 coding scheme **plus score-level** empirical validity testing based on ICD-9 coding*
  - ***OR** face validity of the ICD-10 coding scheme **plus data element** level validity testing based on ICD-9 coding, with face validity of the measure score as an indicator of quality due at **annual update***

# Best practices for ICD-10 coding

- Use team of **clinical and coding experts** to identify specific areas where questions of clinical comparability exist, evaluate consistency of clinical concepts, and ensure appropriate conversion
- Determine **intent**
- If desired, use appropriate <sup>+ and - signs :</sup> conversion tool
  - *Not required, but also **not sufficient by itself***
  - *If using conversion tool, consider both **forward and backward mapping***

# Best practices for ICD-10 coding (continued)

- Assess for material change, if possible
  - *Assess extent to which the population identified with the new code set overlaps with that identified in the old code set*
  - *Assess whether the conversion results in rates that are similar within defined tolerances; options include:*
    - » Test using dual-coded data if possible OR
    - » Face validity (using the above code-conversion process, including use of clinical/coding experts) OR
    - » Criterion validity (if dual-coded data not available) OR
    - » Consistency across time (pre/post conversion)
- Solicit stakeholder comments

# eMeasures

- “Legacy” eMeasures
  - *Beginning September 30, 2017 all respecified measure submissions for use in federal programs will be required to the same evaluation criteria as respecified measures – the “**BONNIE testing only**” option will no longer meet endorsement criteria*
- For all eMeasures: Reliance on data from structured data fields is expected; otherwise, unstructured data must be shown to be both reliable and valid

## Criterion #5: Related or Competing Measures (page 51-52)

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.

- 5a. The measure specifications are harmonized with related measures **OR** the differences in specifications are justified.
- 5b. The measure is superior to competing measures (e.g., is a more valid or efficient way to measure) **OR** multiple measures are justified.

# Evaluation process

- **Preliminary analysis (PA):** To assist the Committee evaluation of each measure against the criteria, NQF staff will prepare a PA of the measure submission and offer preliminary ratings for each criteria.
  - *The PA will be used as a starting point for the Committee discussion and evaluation*
  - *Methods Panel will complete review of Scientific Acceptability criterion for complex measures*
- **Individual evaluation assignments:** Each Committee member will be assigned a subset of measures for in-depth evaluation.
  - *Those who are assigned measures will lead the discussion of their measures with the entire Committee*
- **Measure evaluation and recommendations at the in-person/web meeting:** The entire Committee will discuss and rate each measure against the evaluation criteria and make recommendations for endorsement.



# Questions?

# SharePoint Overview

# SharePoint Overview

<http://share.qualityforum.org/Projects/PreventionAndPopulationHealth/SitePages/Home.aspx>

- Accessing SharePoint
- Standing Committee Policy
- Standing Committee Guidebook
- Measure Document Sets
- Meeting and Call Documents
- Committee Roster and Biographies
- Calendar of Meetings

# SharePoint Overview

## ■ Sample screen shot of homepage:

The screenshot displays the SharePoint homepage for the National Quality Forum Cardiovascular project. The header includes the NQF logo, the text 'NATIONAL QUALITY FORUM Cardiovascular > Home', and user interaction icons like 'I Like It' and 'Tags & Notes'. A navigation bar contains links such as 'NQF Share', 'Intranet', 'Projects', 'CSAC', 'Councils', 'HHS', and 'SharePoint Help'. A left sidebar lists various site sections including 'Committee Home', 'Committee Calendar', 'Committee Links', 'Committee Roster', 'Staff Contacts', 'Surveys', 'Committee Preliminary Measure Evaluation', 'Staff Home', 'Staff Documents', 'Recycle Bin', and 'All Site Content'. The main content area is titled 'Cardiovascular' and is divided into three sections: 'General Documents', 'Measure Documents', and 'Meeting and Call Documents'. Each section contains a table of documents with columns for Type, Name, Modified, and Modified By. The 'General Documents' table lists four documents related to committee policy and evaluation criteria. The 'Measure Documents' table lists one measure (0521) regarding heart failure symptoms. The 'Meeting and Call Documents' table lists one meeting agenda from January 30, 2014. Each table includes an 'Add document' link at the bottom.

**NATIONAL QUALITY FORUM** Cardiovascular > Home

I Like It Tags & Notes

NQF Share Intranet Projects CSAC Councils HHS SharePoint Help All Sites

**Committee Home**

- Committee Calendar
- Committee Links
- Committee Roster
- Staff Contacts

**Surveys**

- Committee Preliminary Measure Evaluation

**Staff Home**

- Staff Documents

Recycle Bin All Site Content

### Cardiovascular

#### General Documents

Type	Name	Modified	Modified By
	<a href="#">CDP Standing Committee Policy</a>	1/16/2014 2:38 PM	Wunmi Isijola
	<a href="#">Committee Guidebook</a>	1/10/2014 10:20 AM	Wunmi Isijola
	<a href="#">Measure Evaluation Criteria Guidance 2013</a>	1/16/2014 2:38 PM	Wunmi Isijola
	<a href="#">Measure Information- What Good Looks Like</a>	1/16/2014 2:36 PM	Wunmi Isijola

[Add document](#)

#### Measure Documents

Measure Number	Name	Description	Measure Steward/Developer	Measure Sub-Topic
0521	<a href="#">Heart Failure Symptoms Assessed and Addressed</a>	Percentage of home health episodes of care during which patients with heart failure were assessed for symptoms of heart failure, and appropriate actions were taken when the patient exhibited symptoms of heart failure.	Centers for Medicare & Medicaid	

[Add document](#)

#### Meeting and Call Documents


Type	Name	Modified	Modified By
	<a href="#">NQF Cardiovascular Project Orientation Agenda</a>	1/28/2014 2:56 PM	Wunmi Isijola

[Add document](#)


# SharePoint Overview

- Please keep in mind:
- + and – signs :

## Measure Documents

 Measure Number	Name
--	------


 <b>Measure Sub-Topic : (1)</b>
--

 Add document


## Meeting and Call Documents

 Type	Name
--	------

 <b>Meeting Title : 1/30/2014 Orientation Call (1)</b>
---

 Add document

## Measure Documents

 Measure Number	Name	Description
---	------	-------------

 <b>Measure Sub-Topic : (1)</b>
--

0521
------

Heart Failure Symptoms Assessed and Addressed
---

Percentage of home health episodes heart failure were assessed for sym appropriate actions were taken whe heart failure.
--

 Add document

## Meeting and Call Documents

 Type	Name
---	------

 <b>Meeting Title : 1/30/2014 Orientation Call (1)</b>
---



NQF Cardiovascular Project Orientation Agenda 
---

 Add document

# Measure Worksheet and Measure Information

- Measure Worksheet
  - *Preliminary analysis, including eMeasure Technical Review if needed, and preliminary ratings*
  - *Member and public comments*
  - *Information submitted by the developer*
    - » Evidence and testing attachments
    - » Spreadsheets
    - » Additional documents

# Next Steps

Activity	Date
Commenting & member support period on submitted measures opens	December 11
<b>Orientation Call &amp; QA Call</b>	<b>Monday, December 18th, 11:00am-1:00 PM</b>
Committee receives measures and preliminary analyses for review	January 10, 2018
<b>In-Person Meeting (1 day in Washington, D.C.)</b>	<b>Friday, February 9</b>
<b>Post-Meeting Conference Call</b>	<b>Wednesday, February 21, 1:00-3:00pm</b>
Report Posted for Public Comment	March 14 - April 12
<b>Post Draft Report Comment Call</b>	<b>Friday, April 30, 11:00am-1:00pm</b>
CSAC Review Recommendations	May 25 - June 15
Appeals Period	June 19 - July 18
Final Report Posted	August 2018

# Project Contact Info

- Email: [populationhealth@qualityforum.org](mailto:populationhealth@qualityforum.org)
- NQF Phone: 202-783-1300
- Project page:  
[http://www.qualityforum.org/Project\\_Pages/preventionandpopulationhealth.aspx](http://www.qualityforum.org/Project_Pages/preventionandpopulationhealth.aspx)
- SharePoint site:  
<http://share.qualityforum.org/Projects/preventionandpopulationhealth/SitePages/Home.aspx>