

## Primary Care and Chronic Illness Spring 2021 Measure Review Cycle

### **Measure Evaluation Standing Committee Meeting**

Shalema Brooks, MS, MPH, Director Poonam Bal, MPH, Director Erin Buchanan, MPH, Manager Isaac Sakyi, MSGH, Senior Analyst Yemi Kidane, PMP, Project Manager

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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=mf6efa97dd31623454420127 3cdba34ad
    - » Password: QMEvent
  - Optional: Dial 1-844-621-3956 and enter passcode: 173 851 5082
- 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 primarycare@qualityforum.org



### Project Team — Primary Care and Chronic Illness Committee



Shalema Brooks, MS, MPH Director



Poonam Bal, MHSA Director



Erin Buchanan, MPH Manager



Yemsrach Kidane, PMP Project Manager



**Isaac Sakyi, MSGH** Senior Analyst



## Agenda

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

## Introductions and Disclosures of Interest



### Primary Care and Chronic Illness Spring 2021 Cycle Standing Committee

Dale Bratzler DO, MPH

(Co-chair)

Adam Thompson, BA

#### (Co-chair)

- Amesh Adalja, MD
- Thiru Annaswamy, MD, MA
- Robert Bailey, MD
- Lindsay Botsford, MD, MBA, FAAFP
- William Curry, MD, MS
- Kim Elliott, PhD
- Donald Goldmann, MD
- V. Katherine Gray, PhD
- Stephen Grossbart, PhD
- James Mitchell Harris

- Jeffrey Hart, MS
- Starlin Haydon-Greatting, MS, BS,
  Pharm, FAPhA
- Ann Kearns, MD, PhD
- Michael Lane, MD, MSc, MPHS, CPPS
- David Lang, MD
- Grace Lee, MD
- Anna McCollister
- Rocco Orlando, MD, FACS
- Crystal Riley, PharmD, MHA, MBA, CPHQ, CHPIT
- James Rosenzweig, MD
- Steven Strode, M.D., M.Ed., M.P.H.,
- FAAFP

## **Overview of Evaluation Process** and Voting Process



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

- Act as a proxy for the NQF multistakeholder membership
- Evaluate each measure against each criterion
  - Indicate the extent to which each criterion is met and rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Primary Care and Chronic Illness measures



## **Meeting Ground Rules**

### 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 highquality, 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.



## **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)
  - 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)

- Overall Suitability for Endorsement
- Related and Competing Discussion
- 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**

Quorum: 66% of active committee members (16 of 23 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.
- Measures which are not recommended will also move on to public and NQFmember comment, but the Committee will not revote on the measures during the post comment meeting unless the Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.



### **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 measures that were evaluated by the Committee during their absence.



# **Evaluation Process Questions?**

# **Voting Test**

## **Measure Under Review**



## Spring 2021 Cycle Measure

- One New Measure for Committee Review
  - 3617 Measuring the Value-Functions of Primary Care: Provider Level Continuity of Care Measure (American Board of Family Medicine)
    - » This measure was not reviewed by the Scientific methods panel

## **Consideration of Candidate Measure**



### 3617 Measuring the Value-Functions of Primary Care: Provider Level Continuity of Care Measure

- Measure Steward: American Board of Family Medicine
  - New measure

### Brief Description of Measure:

This is a process measure evaluating primary care physicians; for each physician, their denominator is all of the patients they saw during the evaluation period who had at least 2 PCP visits (could include visits to other PCPs), and the numerator is the number of those patients whose Bice-Boxerman Continuity of Care Index is >= 0.7. The Bice-Boxerman index is a validated measure of patient-level care continuity that ranges from 0 to 1; 0 reflects completely disjointed care (a different provider for each visit) and 1 reflects complete continuity with the same provider for all visits.

# **NQF** Member and Public Comment

## **Next Steps**



### Measure Evaluation Process After the Measure Evaluation Meeting

- Staff will prepare a draft report detailing the Committee's discussion and recommendations
  - This report will be released for a 30-day public and member comment period
- Staff compiles all comments received into a comment table which is shared with developers and Committee members
- Post-comment call: The Committee will reconvene for a postcomment call to discuss comments submitted
- Staff will incorporate comments and responses to comments into the draft report in preparation for the CSAC meetings
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision



### Activities and Timeline – Spring 2021Cycle \*All times ET

Meeting	Date, Time
Draft Report Comment Period	August 19 – September 17, 2021
Committee Post-Comment Web Meeting	October 19, 2pm – 4pm
CSAC Review	November 30 – December 1, 2021
Appeals Period (30 days)	December 7 – January 5, 2021



## Next Cycle - Fall 2021 Cycle Updates

- No measures were submitted for the Fall 2021 cycle
- The Standing Committee will convene for a topical web meeting (topic to be determined)



### **Project Contact Info**

- Email: primarycare@qualityforum.org
- NQF phone: 202-783-1300
- Project page: <u>http://www.qualityforum.org/Primary\_Care\_and\_Chronic\_Illness.as</u> <u>px</u>
- SharePoint site:

<u>https://share.qualityforum.org/portfolio/PrimaryCareChronicIllness/Si</u> <u>tePages/Home.aspx</u>

# **Questions**?

## THANK YOU.

### NATIONAL QUALITY FORUM

http://www.qualityforum.org