



NATIONAL  
QUALITY FORUM

# Primary Care and Chronic Illness, Fall 2018 Measure Review Cycle

## ***Standing Committee Orientation***

*John Bernot, MD*

*Suzanne Theberge, MPH*

*Hiral Dudhwala, RN, MSN/MPH*

*December 7, 2018*

# Welcome

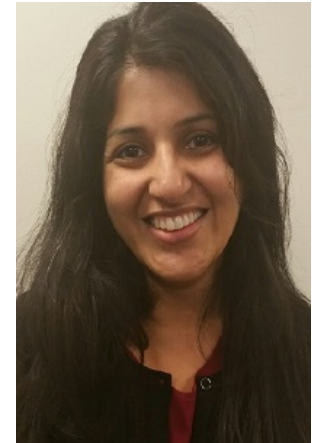
# Project Team – Primary Care and Chronic Illness



**John Bernot, MD**  
VP, Quality  
Measurement  
Initiatives



**Suzanne  
Theberge, MPH**  
Senior Project  
Manager



**Hiral Dudhwala,  
RN, MSN, MPH**  
Project Manager

# Agenda

- Welcome and Introductions
- Spring 2018 Cycle Updates
- Fall 2018 Cycle Project Activities and Timeline/Next Steps
- Overview of the Consensus Development Process (CDP)
- Overview of the Role of the Standing Committee, Expert Reviewers, and Scientific Methods Panel
- Overview of Measure Evaluation Criteria
- Overview of SharePoint

# Primary Care and Chronic Illness Fall 2018 Cycle Standing Committee

## \*New Committee Members

- Dale Bratzler, DO, MPH (Co-Chair)
- Adam Thompson, BA (Co-Chair)
- Thiru Annaswamy, MD
- Robert Bailey, MD
- Lindsay Botsford, MD
- Roger Chou, MD
- William Curry, MD, MS
- Jim Daniels, BSN
- Woody Eisenberg, MD\*
- Kim Elliott, PhD
- V. Katherine Gray, PhD
- Starlin Haydon-Greatting, MS, BS, Pharm, FAPhA\*
- Ann Kearns, MD, PhD
- Anne Leddy, MD, FACE
- Grace Lee, MD
- Anna McCollister-Slipp
- Janice Miller, DNP, CRNP, CDE
- James Rosenzweig, MD\*
- Steven Strode, MD, Med, MPH, FAAFP
- William Taylor, MD
- Kimberly Templeton, MD
- John Ventura, DC

# Primary Care and Chronic Illness

## *Expert Reviewers*

- Amesh Adalja, MD
- Esther Babady, PhD, D(ABMM)
- Carlos Bagley, MD, FAANS
- Kenneth Benson
- Tamala Bradham, DHA, PhD, CCC-A
- Kathleen Brady, MD, MSCE
- Steven Brotman, MD, JD
- Craig Butler, MD, MBA, CPE
- Laura Evans, MD, MSc
- Scott Friedman, MD
- Piero Garzaro, MD
- William Glomb, MD, FCCP, FAAP
- Donald Goldmann, MD
- Stephen Grossbart, PhD
- James Mitchell Harris, PhD
- Marci Harris Hayes, PT, DPT, MSCI, OCS
- Jeffrey Hart, MS
- Mark Jarrett, MD, MBA

# Primary Care and Chronic Illness

## *Expert Reviewers*

- Michael Lane, MD, MSc, MPHS, CPPS
- David Lang, MD
- Jeffrey Lewis, BA
- Jason Matuszak, MD, FAAFP, CAQSM, RMSK
- John McClay, MD
- Richard Murray, MD
- Melinda Neuhauser, PharmD, MPH, FCCP, FASHP
- Rocco Orlando, MD, FACS
- Crystal Riley, PharmD, MHA, MBA, CPHQ, CHPIT
- Catherine Roberts, MD
- Christine Schindler, PhD, RN, CPNP-AC/PC, WCC
- Christopher Visco, MD
- Jacquelyn Youde, AuD, CCC-A

# Primary Care and Chronic Illness Spring 2018 Cycle Updates

# Activities and Timeline

Spring 2018 Cycle	
Process Step	Timeline
CSAC Review	October 23, 2018
Appeals Period (30 days)	October 26 – November 26, 2018 (tentative)

# Measures in Spring 2018

## Endorsed

- ▣ 0046 Screening for Osteoporosis for Women 65-85 Years of Age
- ▣ 0053 Osteoporosis Management in Women Who Had a Fracture
- ▣ 0055 Comprehensive Diabetes Care: Eye Exam (retinal) Performed
- ▣ 0056 Comprehensive Diabetes: Foot Exam
- ▣ 0057 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
- ▣ 0062 Comprehensive Diabetes Care: Medical Attention for Nephropathy

## Not Endorsed

- ▣ 0037 Osteoporosis Testing in Older Women (OTO)

# Primary Care and Chronic Illness Fall 2018 Cycle Activities

# Fall 2018 Cycle Measures

## Two Measures for Committee Review

- 0729 Optimal Diabetes Care (Maintenance Measure)
- 3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture (New Measure)

# Scientific Methods Panel Review

## **Reviewed and passed Scientific Acceptability criterion**

- 0729 Optimal Diabetes Care (Maintenance Measure)

# Activities and Timeline – Fall 2018 Cycle

\*All times ET

Meeting	Date/Time
Measure Submission Deadline	November 8, 2018
Commenting Period Starts	December 5, 2018
Committee Orientation Web Meeting	December 7, 2018, 2-4 pm
Committee Measure Evaluation Web Meetings	February 4, 2019, 1-3 pm February 5, 2019, 2-4 pm
Committee Post-Measure Evaluation Web Meeting	February 11, 2019, 2-4 pm
Draft Report Comment Period (30 days)	March 18-April 16, 2019 (tentative)
Committee Post-Comment Web Meeting	May 6, 2019, 2-4 pm
CSAC Review	Late May/Early June, 2019
Appeals Period (30 days)	June 21-July 22, 2019 (tentative)

# Next Steps

# Next Steps

- Measure Submission Deadline, Fall 2018 Cycle
  - ▣ *November 8, 2018*
  - ▣ *Committee members should expect to receive measures for review late December/early January*
- Measure Evaluation Web Meetings
  - ▣ *February 4, 2019 1-3 pm EST*
  - ▣ *February 5, 2019 2-4 pm EST*
- Post-Measure Evaluation Web Meeting
  - ▣ *February 11, 2019 2-4 pm EST*

# Project Contact Info

- Email: [primarycare@qualityforum.org](mailto:primarycare@qualityforum.org)
- NQF phone: 202-783-1300
- Project page:  
[http://www.qualityforum.org/Primary Care and Chronic Illness.aspx](http://www.qualityforum.org/Primary_Care_and_Chronic_Illness.aspx)
- SharePoint site:  
<http://share.qualityforum.org/Projects/Primary%20Care%20and%20Chronic%20Illness/SitePages/Home.aspx>

# Overview of NQF's Primary Care and Chronic Illness Portfolio

# Primary Care and Chronic Illness Portfolio of Measures

- This project will evaluate measures related to Primary Care and Chronic Illness that can be used for accountability and public reporting for all populations and in all settings of care.
- This project will address topic areas including:
  - ▣ *Endocrine*
  - ▣ *EENT*
  - ▣ *Infectious Disease*
  - ▣ *Musculoskeletal*
  - ▣ *Pulmonary care*
- NQF solicits new measures for possible endorsement
- NQF currently has 52 endorsed measures within this topic area. Endorsed measures undergo periodic evaluation to maintain endorsement – “maintenance.”

# Overview of the CDP Process

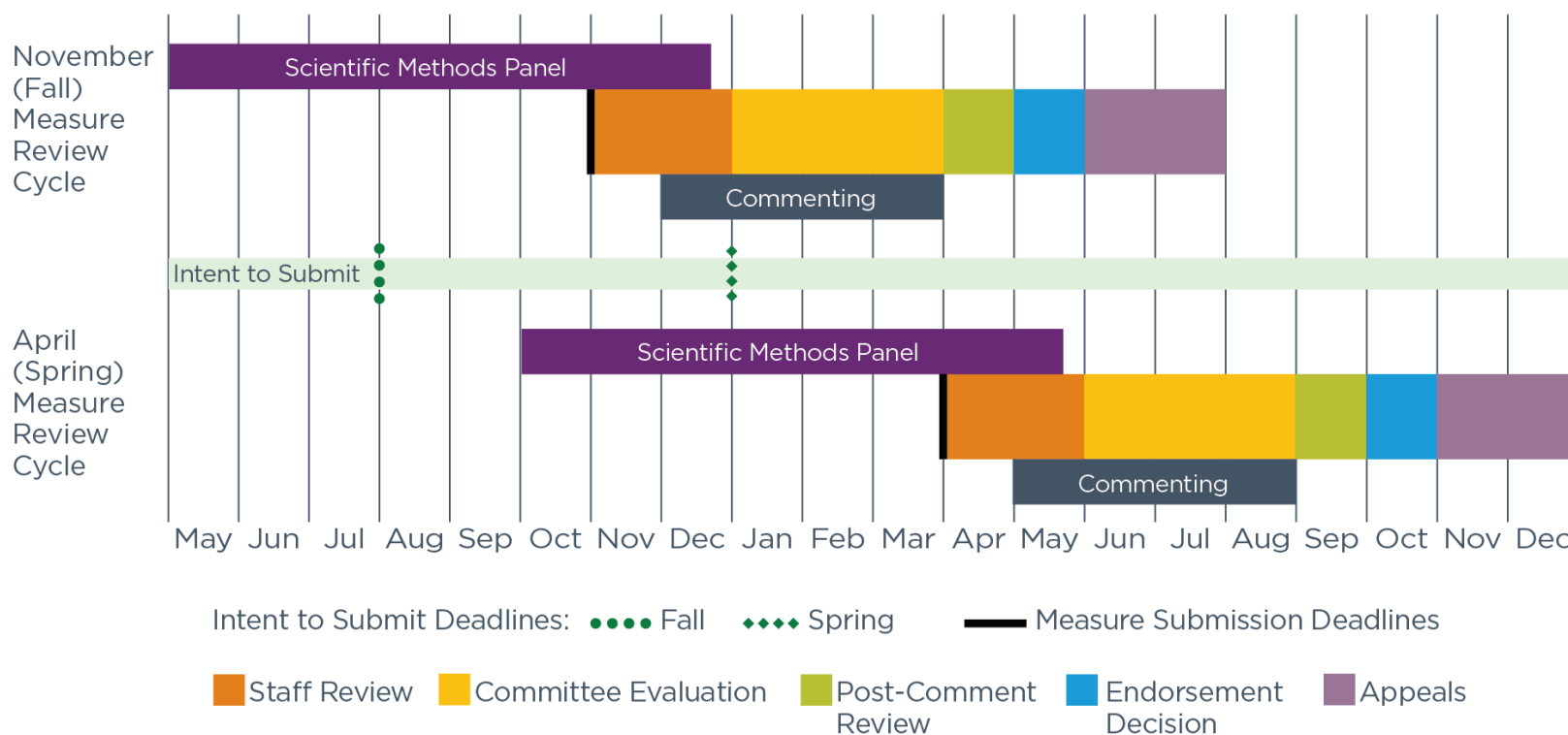
# NQF Consensus Development Process (CDP)

## 6 Steps for Measure Endorsement

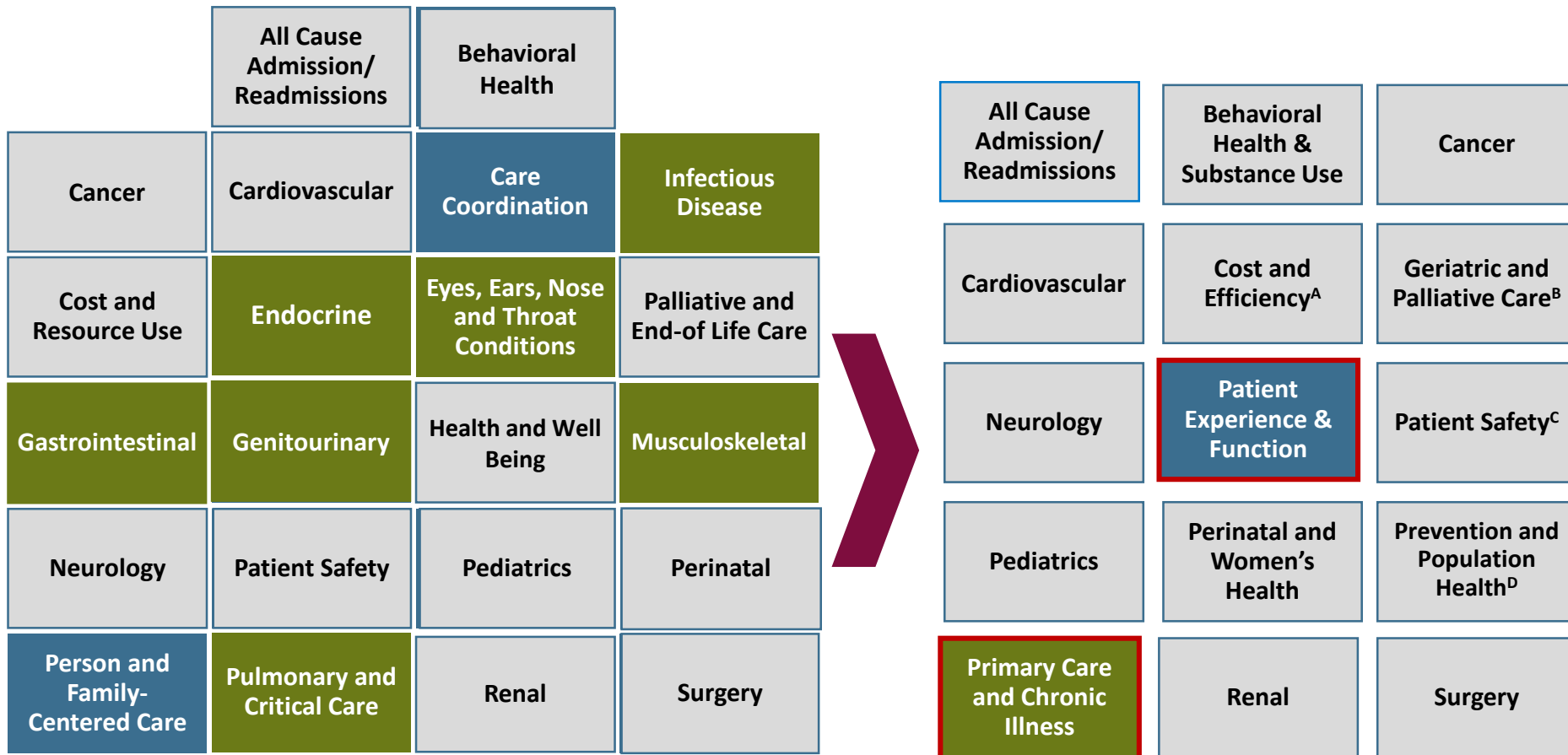
- Intent to Submit
- Call for Nominations
- Measure Evaluation
- Public Commenting Period with Member Support
- Measure Endorsement
- Measure Appeals

# Measure Review: Two Cycles Per Year

## Consensus Development Process: Two Cycles Every Contract Year



# 15 New Measure Review Topical 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

# Roles of Standing Committee, Expert Reviewers, and Scientific Methods Panel

# Role of the Standing Committee

## *General Duties*

- Act as a proxy for the NQF multistakeholder 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 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 for endorsement
- Oversee Primary Care and Chronic Illness 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's website
- Work with measure developers to provide necessary information and communication for the SC to fairly and adequately evaluate measures for endorsement
- Post final project report

# Role of the Expert Reviewers

- In 2017, NQF executed a CDP redesign that resulted in restructuring and reducing the number of topical areas as well as a bi-annual measure review process.
- Given these changes, there is a need to retain a diverse, yet specific, expertise within an “expert reviewer pool” to support longer and continuous engagement from standing committees.

# Role of the Expert Reviewers

- The expert reviewer pool serves as an adjunct to NQF Standing Committees to ensure broad representation and provide technical expertise when needed
- Expert reviewers will provide expertise as needed to review measures submitted for endorsement consideration
- Expert reviewers may also:
  - ▣ *Provide comments and feedback on measures throughout the measure review process;*
  - ▣ *Participate in strategic discussions in the event no measures are submitted for endorsement consideration.*

# Role of Methods Panel

- Scientific 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*
  - *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 standing committee'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

## Noncomplex Measures

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

# 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 28-29 in the SC Guidebook)*

- **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
- **Comparison to related or competing measures**

# Criterion #1: Importance to Measure and Report (page 31-39)

**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 32-38)

- Outcome measures
  - *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.*
- 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*
- For measures derived from patient (or family/parent/etc.) report
  - *Evidence should demonstrate that the target population values the measured outcome, process, or structure and finds it meaningful.*
  - *Current requirements for structure and process measures also apply to patient-reported structure/process measures.*

# 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 40 -50)

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. Validity testing—data elements or measure score*

*2b2. Justification of exclusions—relates to evidence*

*2b3. Risk adjustment—typically for outcome/cost/resource use*

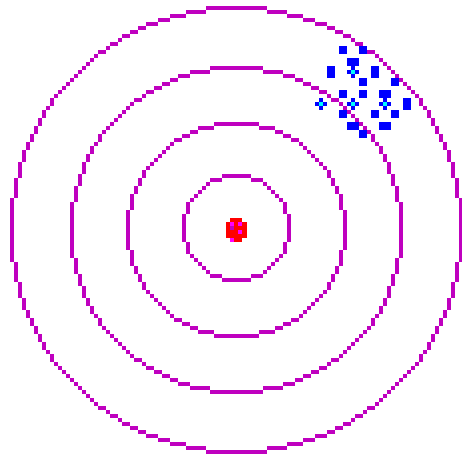
*2b4. Identification of differences in performance*

*2b5. Comparability of data sources/methods*

*2b6. Missing data*

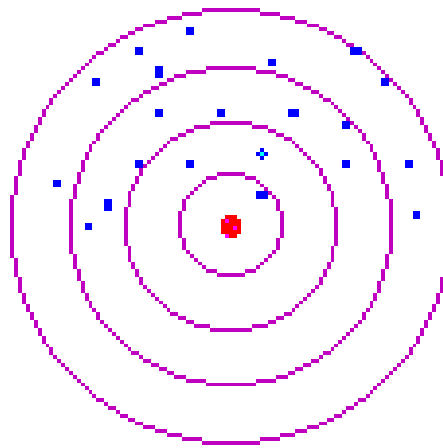
# Reliability and Validity (page 41)

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



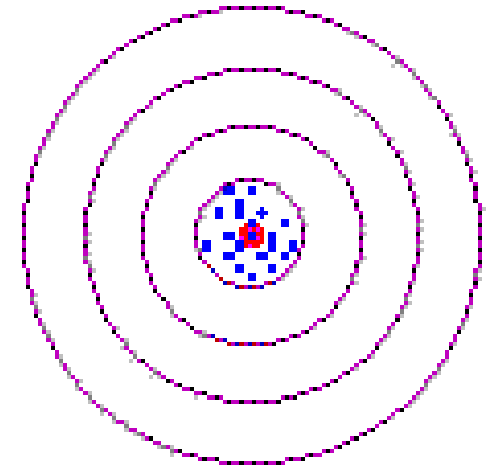
**Reliable  
Not Valid**

Consistent,  
but wrong



**Neither Reliable  
Nor Valid**

Inconsistent &  
wrong



**Both Reliable  
And Valid**

Consistent &  
correct

# Evaluating Scientific Acceptability – Key Points (page 42)

**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 43)

- 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

# Validity testing (pages 45 - 49)

## **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
  - » Empirical validity testing is expected at time of maintenance review; if not possible, justification is required.
  - » Requires systematic and transparent process, by identified experts, that 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.

# 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 regarding use of social risk factors in risk-adjustment approach</p>

## Criterion #3: Feasibility (page 50-51)

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 51-52)

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.

## **Use (4a) Must-pass for maintenance measures**

**4a1: 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.*

**4a2: Feedback by those being measured or 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 (4b)**

**4b1: Improvement:** *Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated.*

**4b2: 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).*

# 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>	

## Criterion #5: Related or Competing Measures (page 52-53)

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.

# Updated guidance for measures that use ICD-10 coding

- For CY2019 and beyond, reliability testing should be based on ICD-10 coded data.
- Validity testing should be based on ICD-10 coded data
- If providing face validity (FV), both FV of the ICD-10 coding scheme and FV of the measure score as an indicator of quality is required update

# 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

# Evaluation Process

- **Preliminary analysis (PA):** To assist the Committee evaluation of each measure against the criteria, NQF staff and Methods Panel (if applicable) will prepare a PA of the measure submission and offer preliminary ratings for each criterion.
  - ▣ *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:** Each Committee member conduct an in-depth evaluation on all measures
  - ▣ *Each Committee member will be assigned a subset of measures for which they will serve as lead discussant in the evaluation meeting.*

# Evaluation Process

- **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.
- **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*
- **Post-comment call:** The Committee will re-convene for a post-comment call to discuss comments submitted
- **Final endorsement decision by the CSAC**
- **Appeals (if any)**

# Questions?

# SharePoint Overview

# SharePoint Overview

<http://share.qualityforum.org/Projects/Primary%20Care%20and%20Chronic%20Illness/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

# Next Steps

- Committee members should expect to receive measures for review late December/early January
- Measure Evaluation Web Meetings
  - ▣ *February 4, 2019 1-3 pm EST*
  - ▣ *February 5, 2019 2-4 pm EST*
- Post-Measure Evaluation Web Meeting
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# Questions?

THANK YOU