

NATIONAL QUALITY FORUM

Moderator: Primary Care Chronic Illness
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OPERATOR: This is Conference #: 1357619.

Operator: Welcome everyone. The webcast is about to begin. Please note today's call is being recorded. Please standby.

John Bernot: Well, good afternoon, everyone. I wanted to thank everyone for taking the time out of their busy schedules to be with us today.

My name is John Bernot. I am one of the senior directors with the NQF and on the Primary Care and Chronic Illness team here.

Today, we're going to be going over the Standing Committee orientation. But before that, I will really wanted to just, again, extend my thanks for you to being here. And we have a lot of changes that we'll be going over, over the next hour to that I think we'll hopefully be very informative.

We at NQF had been really working hard to make some changes that would be detailed throughout the day, and this committee is been one that really has undergone a lot of transition.

Again, I am also, in addition to senior director, I'm a primary care physician myself with the specialty in family medicine. So I have tremendous interest in this particular committee. And I really think that the way we've consolidated that you'll see over the – the next hour to has really going to be give us a chance to make some meaningful impact on some of the measures coming through.

So without further ado, I want to turn over the meeting to Dale Bratzler, one of our committee chairs for a few remarks.

Dale Bratzler: Thanks, John. It's really a pleasure to be here today. I recognize a number of the names that are part of the expert panel here today and the committee members, and so, it's really great to get to continue to work with many of you.

I have the opportunity to co-chaired on number of NQF committees over the past number of years and served on a number of NQF committees also. The work that we do is very important and helping to establish consensus standards for performance measurement, and I'm really looking forward to learning more about the reorganization of NQF and the committee structure that came out at the recent Kaizen Event.

So, I'll turn it back to you John. I don't know if Kelly was able to join or not. But I will turn it back to you.

John Bernot: Great. Kelly, were you able to join us on the phone? So, just for everyone else, Kelly Clayton is the other co-chair and she did mentioned, she maybe a few minutes late. So, if Kelly is not here, I'm going to turn it over to our Senior Project Manager, Suzanne.

Suzanne Theberge: Good afternoon everyone. My name is Suzanne Theberge. I'm the senior project manager on the team. I've been with NQF for a number of years now and I'm very excited to join this new consolidated committee and its new project. Hiral?

Hiral Dudhwala: Hi. My name is Hiral Dudhwala. I am the project manager on this project and I've been with NQF for one year. And I do have a nursing background and really excited to work on this project.

Madison Jung: And hi, my name Madison Jung. I'll be the project analyst. I've also been here for just over a year so looking forward to this work.

I'll be introducing the agenda next. So just briefly going over what are presentation will entail today.

First, we'll start off with Standing Committee introduction, just a brief one or two sentence introduce. Next, we'll go onto an overview of what we do at NQF and our – our Consensus Development Process. After that, we'll over – go over the roles of you as standing committee, the co-chairs, expert reviewers, the staff, and the Methods Panel. After that, we'll give an overview of what's coming up in this next calendar year. Following that, we'll overview what is currently in our portfolio of measures, and lastly, we'll overview how to access our SharePoint site and then next steps.

So, just to note, we'll only be introduce – I would like to request that the Standing Committee give a one to two sentence intro. In the interest of time, we won't be going over the over 40 expert reviewers we have, but thank you if you're expert reviewer and you're joining us.

We're not going to do disclosures of interest for this orientation meeting. We will do that following with some of our measure evaluation meetings. But for this one, we're just going to stick to a short intro. So I'll start off just by roll call. Obviously, we have Dale on the line.

Dale Bratzler: Yes. Can you hear me now?

Madison Jung: Yes, we can.

Dale Bratzler: OK. Dale Bratzler, I'm a professor of Medicine and Public Health at University of Oklahoma. I'm the Chief Quality Officer for the Faculty Practice here in the College of Medicine with the principal responsibility for all of our ambulatory performance measurement activity in our system.

Madison Jung: Great. Thank you. And has Kelly joined yet? Kelly Clayton and other co-chair? I don't believe so. So next stop for roll call, we have Thiru Annaswamy.

Thiru Annaswamy: Hi. Can you all hear me? This is Thiru Annaswamy.

Madison Jung: Yes, we can.

Thiru Annaswamy: I am a professor in Physical Medical Rehab at the University of Texas, Southwestern Medical Center and full time staff physician here in the V.A. in Dallas. I am also at the American Academy of Physical Medical Rehab, chair of the Evidence Quality and Performance Committee.

Madison Jung: Great. Thank you. Kenneth Benson? I see – Ken, I see you're logging online. Please dial in for speaker line. Next, we have Tamala Bradham?

Tamala Bradham: Hi. I'm Tamala Bradham and I'm at the Vanderbilt University Medical Center. I'm an audiologist and I work in Quality and Safety?

Madison Jung: Thank you. Roger Chou?

Roger Chou: Hi, this is Roger Chou. I'm at Oregon Health and Science University. My background is internal medicine. I direct the Evidence-based Practice Center here at OHSU, so I have a health services research background as well. I've done a lot of work with the U.S. Preventive Services Task Force, the CDC and the opioid pain related stuff and other areas.

Madison Jung: Thank you. Woody Eisenberg?

Woody Eisenberg: Hello. My name is Woody Eisenberg. I'm an infectious diseases doctor and I was most recently the Senior Vice President for Performance Measurement at the Pharmacy Quality Alliance.

Madison Jung: Thank you. William Glomb?

Kenneth Benson: Hi, this is – this is Ken Benson. I get ...

Male: Hi, this is – oh go ahead, Ken.

Madison Jung: I think I hear Ken. Ken Benson or – yes, Ken Benson.

Kenneth Benson: Yes I just got on. My name is Ken Benson. I am a patient advocate. I have adult asthma. I have severe emphysema, diagnosed 20 years ago. And an underlying cause of Alpha-1 antitrypsin deficiency. I'm delighted to be in the group of experts we have here. I learned more every time I'm involved here and thank you for the opportunity.

Madison Jung: Thank you. Next stop, Kim Elliot?

Kim Elliot: Hi, Kim Elliot. Yes, I work for Health Services Advisory Group as an Executive Director over Performance Measures and Compliance. Prior to that, I worked for about 15 years overall the clinical and quality programs for the Arizona Medicaid Agency.

Madison Jung: Thank you. Scott Friedman? No? Oh, I might skip into you. Apologies. William Glomb?

William Glomb: Hi, this is William Glomb. I'm a pediatric pulmonologist and intensivist. I have been the Texas Health and Human Services Commission, Medical Director, and now I am Senior Medical Director for Superior HealthPlan of Centene Corporation. I oversee the quality areas for the Medical Affairs Division as well as credentialing and (utilization) management.

Madison Jung: Thank you. Donald Goldman? Jeffrey Hart?

Jeffrey Hart: Hi. Jeffrey Hart here. I work for Kaiser Permanente as a principal consultant in the area specifically and most intensively in the HEDIS area of measurement, all aspects of HEDIS measurement for our organization. I initially was on the Infectious Disease Standing Committee for a one year. Now, I've been part of this starting now. I'm traditionally patient advocate in the area of HIV/AIDS.

Madison Jung: Thank you, Jeffery. And this is just a friendly reminder, to please go on mute if you're not speaking. We just hear a little bit of feedback. Thank you.

Next stop, David Lang?

David Lang: Yes, good afternoon. I am the – I'm on Allergy and Immunology at the Cleveland Clinic. And I have been involved with developing quality measures and our specialty. And also co-chair our guidelines task force for allergy and immunology. I also had the privilege previously of co-chairing the Pulmonary and Critical Care Standing Committee with Dale, and I look forward to collaborating with all of you.

Madison Jung: Thank you. Anne Leddy?

Anne Leddy: Hello. I am a clinical endocrinologist of more than 40 years experience. I turned over my practice a few years ago to two young endocrinologists. And I now work as a consultant at a free clinics where two rural counties here in Southeast in Virginia, caring for the working poor. And I am very pleased to be part of this group.

Madison Jung: Thank you, Anne. Richard Madonna?

Richard Madonna: This is Rich Madonna. I'm the Chairman of the Department of Clinical Education at the SUNY College of Optometry. I'm in charge of all internal and external rotations for our students as well as their pre-clinical education in a past life at the Department of Veterans Affairs. I was part of a Quality Assurance Program there. Thank you.

Madison Jung: Thank you. John McClay? OK. Daniel Merenstein? No? Richard Murray?

Richard Murray: Hi, Richard Murray here. I'm a pulmonary critical care physician by training. I was at the UPenn in practice. I've been at Merck for 24 years and recently retired if I no longer have anything to declare. And starting as a Fellow at Harvard University for the coming here in the Advanced Leadership Initiative.

Madison Jung: Great. Thank you. Andrew Schatchat? No. Michael Stewart? William Taylor?

William Taylor: Hi, it's William Taylor. I'm an associate professor at Population Medicine and then associate professor of medicine at Harvard Medical School. I just completed 40 years since primary care practice at Beth Israel Deaconess Medical Center. I direct medical education in Atrius Health in Boston. And I run the Primary Care Residency Program at Brigham and Women's Hospital, Department of Population, Harvard Medical School and Atrius Health.

Madison Jung: Thank you. Kimberly Templeton? Adam Thompson? And Kathleen Yaremchuk?

Kathleen Yaremchuk: Hi, this is Kathy Yaremchuk, Chair of Otolaryngology in Henry Ford Hospital. And I was a co-chair of the Eye, Ear, Nose, throat measures at NQF which has been folded into the Primary Care and Chronic Illness Standing Committee.

Madison Jung: Thank you. And on this next slide just an overview of who we have serving as our expert reviewers. In the interest of time, we won't do a formal introduction, so thank you for – again, for attending.

And with that, I'll turn it over to Suzanne.

Suzanne Theberge: OK. Good afternoon everyone. So, one of the main things we wanted to talk about on this call are some of the changes that have had happened in the last year, last five years. So have a Kaizen Event in May and that led to a lot of changes and hopefully improvement in our process and spend some time going over those.

Next slide, please.

And I just apologize before I start. I do have a cold so apologies if I – if I cough or sneeze. So, as you know all, I know you are all familiar with NQF. You've all worked to this before which is fantastic. NQF is a non-profit, non-partisan membership based organization that works on improving healthcare and the healthcare quality through measurement.

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And we do this through a number of avenues. We have multiple areas that we – that we work in. First, our performance measure endorsement projects which is what you all are here for. Our Measure Application Partnership which was created in response to provisions in the Affordable Care Act in 2010. And in that, we convened private and public sector organizations with this they can measure improvements for federal healthcare programs.

And MAP also provides input to HHS on measures for public reporting performance-based payment and other programs, encourages alignment, gives

a lot of feedback and we involved quite a few organizations and individuals through our work in MAP.

We also do a lot of work in measurement – (met) science and in the measure incubator, helping folks think through complicated measure issues and improve measurement, helping folks test measures, et cetera. So, we've got work in a lot of different areas but today we're going to focus on the CDP.

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So, we now have – we have this process which is now six steps. Previously, it was eight then it was seven. And we now funded down to six. And here's what we're going to talk about, some of the big changes that we've made.

I think one of the biggest changes that affects you, our committee members is that we have short and then stream line the process so that we can now go through our measure projects twice a year. And we're really excited about this change because it will allow us to review measures more frequently. It will – we won't have long delays between project topics and we can also let our developers and our committee members know the schedules way in advance which I know folks appreciate especially the people who are submitting measures to us.

So the first step in our new – reworking of this process is intent to submit and that's really for the developers and we just – need to let us know what measures they plan to submit and give us some preliminary information on the testing of their measure so that we know what we're going to be expecting in the next phase work.

After the Intent to Submit closes, which is about three months before the measures submission deadline, we'll be doing a Call for Nominations and that's when we're going to be doing – feeding our committees and we're going to get more in to this a little bit later in the presentation talking about the role of the expert reviewers. But the Call for Nominations is basically when we sit or kind of work through, who's going to be on our committee.

The next step and that the major step that you are involved in is the measure evaluation. And at this time, we look – we've got all of our measure information and we look at how the measures – the measure that have been submitted hold up to the NQF criteria.

One of the biggest changes here is the newly formed Scientific Methods Panel. And we're going to talk more about this in a few minutes and we actually have one of our staffers from that project who can answer some questions as well.

But basically, we have set up a team of expert methodologist to provide input on how measures hold up against the Scientific Acceptability criteria, the reliability and the validity. They're not going to be making a decision. They're making a recommendation to you all, to our committees and then you all are only doing the voting and decision-making. But this is in response to request we've received and feedback we've received over the years that, you know, we have folks who are really interested and being part of the committees and are as comfortable with the scientific piece of the measures. And so we're hoping that that helps and also with the two cycles a year, we're hoping that reduces some burden on you all.

So, we will be bringing our committees together twice a year, as a I mentioned. And sometimes we'll be bringing you together in person like we will be next June. And then other times, we'll be doing this via webinar. So we are – we are greatly increasing the number measure of using also hopefully decreasing or so at least reducing the travel that would be required for people. But we'll be having you all come together to review, evaluate, vote on measures as you've done in the past. Staff will write that up and then we'll put that up for comment.

So, one of the other big changes that we're excited about is the change to a public commenting period with member support. Previously, we have two comment periods, a two-week period before the committee meets and then a four-week period after. And then we go to two weeks voting period after that. And we got a lot of feedback over the years that that wasn't enough time for people to really review and provide input on the measures. And so, we have

now extended it. Its 16 weeks. And folks can submit comments at any point in that 16 weeks and NQF members can also express their support or not support.

We will be cutting off at certain point, probably a week or two before the committee meeting. Anything that comes in before that gets considered by the committee at their measure evaluation meeting and then anything that comes in after that gets considered at the post-comment call.

And then, finally, measures are endorsed by our consensus or the approval committee, our CSAC just as they have in the past and then we do an appeals period.

So on the next slide, you can see kind of a graphic, a visual of what this will look like laid out and how are we going to set into two cycles into a year.

So in general, you'll be kind of finishing one cycle out in the late spring and then you'll start up another cycle in the early summer. And then your work will kind of take – take slow down and NQF will pick some of our internal work and so on and so forth.

And then, we are again – next slide. Again, we're going to get into this in a little bit more detail in the future slides. But as have been mentioned, we did consolidate several committees into one for this new Primary Care and Chronic Illness Committee. And this committee will be overseeing measures in these topic areas, EENT, infectious disease, musculoskeletal, pulmonary, and endocrine.

We had – so there are previously about 80 measures in the portfolio across these five topics but some of those have moved into other committees such as Cardiovascular, Patient Safety and Population Health, and Pediatrics, depending on the particular topic area. And then we've pulled in another remaining 58 measures and we will go over those more shortly.

I will pause here and see if there are any questions before Hiral start speaking about the roles in this new revised process.

Roger Chou: This is Roger Chou, just a quick question. I notice that in the portfolio there was – there are couple of screening measures but many screening measures don't seemed to be covered even ones that seem to be relevant to some of the topics. So I just wondering is that they're that – that they're aren't quality measures related to things those or is it that they are covered somewhere else? And I guess the other thing and I noticed that opioids weren't address anywhere and this is obviously one of the huge things we're dealing with right now.

Suzanne Theberge: Sure. And we're definitely going to be speaking in more detail about the portfolio soon. To my knowledge, opioid is a major gap area in our portfolio and I'm not sure that we have very many, if any measures for that. John can probably chime in here.

In terms of the screening measures a lot of those have gone to other projects particularly population health and would be found there. I think we do have a couple screening measures in this portfolio but we can – if there's a specific measure you're interested in, you know, we can look it up and let you know where it has gone. But otherwise, I'm guessing they're probably in top health.

And John, I don't know if you have anything to add.

John Bernot: Yes. I can give this a couple bits of detail on that specific question and even a little more general background.

So, on the opioid specific one, as Suzanne mentioned, that is definitely a gap area for measurement. We do – one our committee does deal with substance abuse and behave – and behavioral health. And so, we are – we have a couple of options where those measures would come through. Certainly, Primary Care would be one of the places. That would be another place. And we know there's a lot of measure development in there. But I don't know if any came in this particular cycle and I apologize but we can get to the answer to on that.

But to back up just a little bit and add on to what Suzanne said, I was on a very small group who were – within the process of consolidation. And just for transparency, so you wonder how did these groups come together to be primary care.

Well, as Suzanne mentioned, we were going to run two cycles per year. We needed to cut down the number of our committees. Those of you who are familiar with NQF know that sometimes it was multiple years between committees, and part of that was due to the demand.

So, we wanted to make committees that would – we know we're in high measure development areas such as Primary Care. That is one of the criteria. The second was that we had the experts on the committee that we felt could handle the measures on there with their expertise. So, we wanted to put those two things together.

And the third piece and this is just the frank art of it is we needed to load balance the existing portfolio. So we needed to take what measures we had out there and actually make sure that we didn't overwhelm any one particular group and they're not mutual exclusive, and that's why that brought me to the point about the opioid is there would be some time where we believe there's a couple of groups who maybe able to evaluate that on behalf of NQF. So, depending on the bandwidth of that that particular group in that cycle when it was introduced would be where the measure would potentially go.

And then the final piece and I'll pause for questions is we brought in these committees the measures that we thought with a primary care relevant and that we had the expertise for. But there could be other areas where other primary care measures that are outside of the EENT, Infections Disease, Musculoskeletal, Pulmonary, and Endocrine that may end up coming through Primary Care. So it's not limited to that. That's just where we started from the measures that we brought into it.

So, I don't know if that helps answer the question but I'm happy to take any further questions about how that process occurred.

Roger Chou: Yes, that's been great. Thanks.

Hiral Dudhwala: OK. This is Hiral from NQF. I did see a few questions related to that in the chat box. So, if you feel like you need further clarification, feel free to ask right now.

Anna McCollister-Slipp: This is Anna McCollister-Slipp. I was just curious is to how – I mean, the last conversation that we had, I was in the Endocrine Standing Committee. Last conversation that we had, you know, we were told that all of us would be included in the Chronic Illness Primary Care Committee and I'm just curious is to what the selection process was and who decided who would be in the committee versus expert reviewer and how long would that happen?

Suzanne Theberge: We're actually just about to address that in our next set of slide. So, why don't we dive in to that and then we can hopefully answer your question there, and if not, we'll have space for questions right after that. So why don't we move on the next section, unless anybody has any other questions about the new process changes in terms of the steps or anything or the timeline or the portfolio.

All right. Hearing none, and we'll definitely have more time for question throughout. If you think of something, do let us know. Hiral, why don't you move in on to the next piece?

Hiral Dudhwala: Sure. All right. So, this is going into the roles of the different entities that we've been talking about thus far the standing committee, the co-chairs, the new role of the expert reviewers, NQF staff, as well as the Methods Panel, which we all touched upon briefly.

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OK. So many of you – I believe the majority of you have at some point been on a Standing Committee. So this role should be very familiar to all of you. You know, the general duty that the Standing Committee members have taken in the past is to really be a group of expert to evaluate the measures in-depth and to make recommendations to NQF for the endorsement and having a vote on these measures.

Typically, you know, there is a two to three-year terms. The committee members work very closely with the NQF staff to achieve the goals of the project. Again, just evaluating the measures using the measure evaluation criteria, during the comment period at times, you know, responding to

comment submitted. And again, responding to any directions from the CSAC. So this is nothing new that, you know, that the committee is going to continue to do.

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And again, the focus is measure evaluation. The committee members evaluate all the measures that come in for a submission. They evaluate using the criteria. They'll indicate if the criteria is met and the rationale for the rating that they provide for the measure. They may get recommendation for the endorsement of the measure.

And then another role of the committee is to oversee the portfolio measures. You know, at times, what happen – had happened in the previous projects is to, you know, identify any gaps that maybe in the portfolio, also promoting alignment and harmonization. Those are things that have been done in the previous project. So that is the also the role that we'll continue to stand for the committee.

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And then each committee does have co-chairs. And again, this is a very similar role as we – we've had in the past. The co-chairs will typically co-facilitate any standing committee meetings. They work very closely with our staff here at NQF. They are an extra resource for the staff here for any questions and kind of taking the role of the Standing Committee and any input that they can get from perspective for the staff here

They also work to make sure that we keep things on track with the project, especially during the meetings that these guys have been in the past. You know, they play a big role in making sure we're on target and stay on track and stay on time and stay focus on the discussion at hand.

Also, the co-chairs represent the Standing Committee at the CSAC meetings. So, they are available by phone to provide the committee perspective to that committee. And as we all say, participate as a standing committee member themselves. So again, no change on the task there.

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This is the one like I said, is new to all and, you know, it's new to NQF as well. This is something again that Suzanne mentioned that came about during all the updates that came about this past year. So it's the role of the expert reviewers.

So, as Suzanne had already mentioned, you know, there was a redesign this year, in 2017, that lead to reducing the number of topical areas as well as having the bi-annual measure review process. So because of these changes, there really wasn't need to diversify the expertise on a project and to have that support for a standing committee.

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So, the expert reviewer (pool) serve as an adjunct to the NQF Standing Committee to make sure that there is broad representation and provide technical expertise when needed.

So, expert reviewers will provide expertise as needed to review measures submitted for endorsement. So, it really is kind of that we had mentioned, it's dependent on the measures that do get submitted. You know, if that expertise is needed and it's not currently on the Standing Committee, the expert reviewers will be called upon for providing expertise that really isn't represented on the committee presently.

Also, expert reviewers may provide comments and feedback on measures throughout the measure review process. They can participate in strategic discussions and the even that no measure are submitted for endorsement consideration.

Next slide.

OK. So, with this project, as we mentioned, this is a very – it's a new committee and it's consolidated a lot of previous project. So we do have a larger number of expert reviewers because there is going to be so many

different specialties and conditions that will be targeted at different times, different cycle. So we have at this time, 40 expert reviewers. All of them were previously on NQF Standing Committee. And, you know, as we mentioned, they will be pulled in each cycle to provide expertise depending on the measures that are submitted during that project cycle.

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Suzanne Theberge: Actually, can I just – Hiral, this is Suzanne. Can I just chime in with a couple other ...

Hiral Dudhwala: Sure.

Suzanne Theberge: ... quick comments on that? For the first thing wanting to say is just for this particular cycle because we're not reviewing measures. There's actually not much difference between our committee members and our expert reviewers. You all are equally invited and able to participate in the off-cycle work because we're not evaluating measures but we are top 25 people to review measures for measure evaluation cycles when we do have measures.

And so, as we were pulling together five different committees, we had I think 70, 80 or more people that we have to kind of narrow down into a smaller (pool) for many reasons. And so, based on what measures we thought we were going to be getting this cycle, we did select a committee and a (pool) of expert reviewers and then that will be reevaluated each cycle based on what we actually end up getting after close that intent to submit process.

That said, this is brand new. We're still figuring out all the details and, you know, we're kind of piloting this in – in a new projects and we'll have a lot more information for you in January when we start to plan for cycle two and we've tested it out a bit in some of our other projects and know how things are going to slow.

So, we appreciate your patience and your understanding as we build the airplane while we're flying it as we say at NQF. And we expect to have a lot more details to come in the coming months on that.

So, back to you, Hiral. You're going to talk about that.

Hiral Dudhwala: Sure. And I will just pause there because again, it's a lot of changes and a lot of updates. So I just want to see if there's anymore questions regarding the expert reviewers or the role of the standing committee.

Again, it's a work in process so, you know, things may change but we're going to see how things go.

Jeffrey Hart: Hi, this is Jeff Hart. So, the expert reviewers are clinical experts, is that's my understanding? And I was part of Kaizen Event and I remember we talked about a technical review panel. And I'm wondering if that exists and if that's included in this expert panel or is that separate or is that not existing.

Suzanne Theberge: Go ahead.

Hiral Dudhwala: I was just going to just say, so we are going to go into in the next few slides. So there is a different panel which will talk about shortly, the Methods Panel, which is more a technical panel. And I'm not going to say too much more now, but we will go into that.

But the expert reviewers are – I mean it's a broad base. It's not technical as far as, you know, testing experts, or biostatistician but they are clinical, they are patients, consumers. Similar to what we're on the standing committee previously base on the committee, I don't know, Suzanne, if you want to add more.

Suzanne Theberge: No. That's I think the summary. And I mean, the expert review (pool) is the similar (pool) to the folks that were on our committees in the past because they are (pools) from previous committees.

And so, you know, we obviously merging five committees. It's really challenging and we couldn't heavily wait, you know, we couldn't have 12 in Endocrine folks and, you know, 12 spots for everybody else. So we had to do, you know, select a few folks from each committee and then have more expert reviewers. And again, we'll be pulling in different folks as we have different needs. So, the (pool) is similar as to a general committee.

Hiral Dudhwala: OK. And I do see question in the chat by Thiru Annaswamy. Do you want to ask your question now?

Thiru Annaswamy: Yes. I was basically going to question asked earlier about what was the criteria, what were the criteria use to figure out which standing committee members became, the new standing committee members, and which ones ended up as expert reviewers.

John Bernot: Do you want me to take that, Suzanne?

Suzanne Theberge: Yes. Go ahead.

John Bernot: OK. So this is John again. I will – to answer your question, I think it's a very fair question and certainly this is not to try to deflect any transparency. But I will say we did not have a specific algorithm that has appoint associated with, with folks or anything of that nature.

There was a combination of factors which I'll go over with you that was analyzed by a cross departmental team. Most of the folks being in the Quality Measurement Department in NQF but also our Chief Scientific Officer, Helen Burstin had a lot to say on that. And also the membership group, we have some input from those so that was minor relative to the quality measurement input.

But the factors that we used were, as Suzanne had mentioned earlier, we wanted to have people that aligned with the measures that we knew we were going to be reviewing. That was one of the most important things.

The second thing was we got a lot of feedback from our – the staff members who were on those existing committees. And I will say that almost everyone and there were superstars on all of these things. So, that just gave us a little bit of information to say that this particular person has been able to give a viewpoint or advantage point in those meetings that we think we wanted to bring in to this committee. We know that there were the number of people in the experts. We could've easily had a 50 or 60 person committee that every single person was qualified for this.

The third thing was just how broad the experience was going to be. There were some people and some of the committees that were very focus on their particular area. And it was not as broad. So the folks we chose, we did want to have a lot of people who we thought could address their particular area but also have really good general backgrounds, whether that'd be a clinical background and patient background that we felt could contribute on the Primary Care side and chronic illness side.

So, I don't know if that helps, but there was no one magic formula that we went through. It was all of those combinations through good discussions that led to a selection process.

Thiru Annaswamy: Thank you.

Hiral Dudhwala: OK. We'll go ahead and move on. So we'll talk about the NQF staff project. And again, this is similar to what you've seen in the past but we work very closely with the Standing Committee to just to make sure that the project adheres to the CDP process.

We assist with organizing the standing committee meetings and conference calls, going through the steps of the CDP, advising on NQF policy and procedures. We did view a review of the measure submissions and prepare materials for the committee review, draft and edit reports. We make sure that there is good communication among all project participants. This includes the standing committee, the measure developers and the public. So that really is the big role for us.

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And again, just reinforcing the, you know, communication for our staff is a main focus to work with the public, to respond to any questions to make sure that the information available to you and the public give up-to-date and to help the measure developers as well through the submission process.

OK. All right. So Suzanne ...

(Inaudible)

Hiral Dudhwala: OK. So Suzanne touched about upon and I think I heard some of the committee members touched upon this Methods Panel. This is a new update again from this year. So, it's a Scientific Methods Panel. It was created to ensure that there is consistent review of the Scientific Acceptability of measure. That was some feedback that was – that came about when, you know, there was the review of our current process in what different stakeholders thought would needed to improve the process. So, with that came the development of this Methods Panel.

So, some of things that their roles in specific is to really conduct an evaluation of complex measures for Scientific Acceptability, focusing in on the reliability and the validity analyses and we'll talk a little bit in the next slide what that is, what complex is. But they also serve as in advisory capacity to NQF on methodological issues, measure testing, risk adjustment, and measurement approaches.

So again, you know, this is just from feedback that they felt that there wasn't that consistency. So, there is this panel to – to offer that consistency. So again, this is new and was just recently implemented with this fall cycle.

So the methods panel review well, the purpose is to really help inform the Standing Committee's endorsement decision. But the panel will not be the ones making the endorsement recommendations. That's still falls upon the standing committee. But it's to provide that technical guidance I think that we were talking about a little bit earlier.

Next slide.

And just to go into a little bit more detail, what would be considered a complex measure and what would be considered a noncomplex measure. If you see in this a little, you know, and again, it can be unique per measure but if – we're looking at it on high level measures that would be considered complex include outcome measures, instrument-based measures, cost and resource use measures, efficiency measures, composite measures. And then

non-complex would be consider process, structural, maybe a previously endorsed complex measure with no changes.

Again, it's not – this is not limited, so it could be that – it would be a process measure that could fall in to a complex measure. It really is depending on the measure and taking a closer look at it. But this is a – just a generic breakdown of that, so.

OK. Is there any question from the Methods Panel?

Thiru Annaswamy: This is Thiru Annaswamy again. So, going from my experience with the MSK Standing Committee, some of the strongest discussions that we have had surrounding measures were about reliability and validity. So, are we potentially thinking some of those discussions maybe deferred to the scientific panel as suppose to being deliberated in this committee?

Hiral Dudhwala: OK. So we have somebody here actually that works on our project team for the methods panel, May Nacion. So she's going to answer your question.

May Nacion: Hello. So, actually no, that's a really great question. So the Standing Committee still has the say in the weight of what happens to those measures. Really, the whole goal of the Methods Panel is really just to take the methodology and ensure that the methodology is really up to standards – up to NQF standards in order to bring it to the standing committee so that you guys can discuss the merits of the reliability and validity criteria and how that's really feeds into the entire measure.

Thiru Annaswamy: Thank you.

Hiral Dudhwala: OK. And then there are a couple more slides that just reiterate kind of what May was saying to but, you know, it really is the Methods Panel to assist and provide a preliminary analysis for these complex measures to share with the committee. It will be sort of a starting point for the committee to discuss and evaluate. But they will take a look at the Scientific Acceptability for a complex measure. But as normal, each committee member will conduct an in-depth evaluation on all measures. So just repeating what she – what May had just informed you. OK.

And really, the last part is just the evaluation process. Again, the entire committee will continue to discuss and rate each measure against the evaluation criteria and make recommendations for endorsement. And our staff will continue to draft their report detailing the committee's discussion and recommendations.

There are still going to be that public comment period, but as Suzanne mentioned, you know, it's a longer standing comment period now. And then, the final endorsement decision will be by the CSAC and we continue to have that appeals period. So that really continues to stay then.

OK. Are there any more questions on all the rules or updates? We know this is a lot of new information to some of you. So, feel free to ask any other questions that you may have.

Dale Bratzler: Hey, this is Dale. I just want to make sure with the methods committee, you know, a lot of times in the past when we've had questions about the methodology the, you know, the details of creating the (positive) measures, the cost-based measures. There's been a lot of back and forth between the Standing Committee and the measure developers. Will the methods, you know, evaluation in that process, will they be doing a lot of that back and forth with the measure developers so most of those conversations will have happened before it gets to the Standing Committee?

(Meaghan): Hi, this is (Meaghan). Yes, ideally so, they've actually reviewed some of the measures right now. If for some reason Methods Panel member thinks something should be clarified or needs some more information from a developer, we as the NQF project staffs are the liaison between them and the developers and we will ask the questions for them and get the answer back. But however, if you still have questions, you know, you as the standing committee can certainly ask the developers yourself during the standing committee meeting.

Hiral Dudhwala: Who could answer that?

Thiru Annaswamy: This is Thiru Annaswamy again, if I may. Regarding the role of the lead discussants during the measure evaluation, are those lead discussants going to be selected based on their expertise on their previous committee roles or are we going to be talking about that later?

Hiral Dudhwala: Suzanne, do you want to answer that question?

Suzanne Theberge: Sure. So, we are – we are still going to be having lead discussants from the committee and that, you know, partly just a processing to help us kick-off discussion. But we're still kind of working out exactly what that's going to look like and then, once we are reviewing measures, we'll let you know what – how it's going to work. I think we will probably – obviously, with fewer measures each cycle, and actually, I think neglected to mention that earlier. I apologize.

Since we are going to be meeting twice a year, we're going to (cut) projects at around 12 measures rather than 25 that it was kept at before. So, you know, since we're only going to have 12 measures, you'll probably be lead reviewer on fewer measures. But we will, again, as we've always done work to make sure the leads have the right expertise to really lead a discussion on a particular measure.

Thiru Annaswamy: Thank you.

Hiral Dudhwala: OK. All right, thank you. All right. Well, we can continue to move on. We just wanted to share with you some of the activities for the 2017-2018 year for Primary Care and Chronic Illness.

Next slide, please.

So, we did not get any measures this fall cycle. So, you know, we're not going to be following the typical routine where we do – we were originally planning to do it in person. But since there were not any measures submitted, we won't be doing that obviously. But we do have a meeting that is still scheduled and you all should receive a place holder for February 1st.

And we would like to do an off-cycle web meeting with the – with the committee as well as, you know, the expert reviewers. And at this point, you know, we really are open to any feedback if there are any off-cycle topics for discussion. I know we had spoken with our co-chairs, and Dale, feel free to add in with some potential ideas for some off-cycle topics for discussion. But we did want to get other feedback, if anyone else had some suggestions.

Again, this is a new committee, new project. So, you know, and really, we have that flexibility to focus in on something that you are all interested in talking about during that web meeting.

Did anyone have anything that would like to share or if not, you know, you can also feel free to e-mail us at our mailbox. But definitely we have – we are open to listening in right now if anyone have any suggestions.

Anna McCollister-Slipp: This is Anna McCollister-Slipp. One of the things that I've been intrigued by and I've asked couple of times about it, I haven't followed up perhaps diligently as I should have. But as the measure incubator committee or the measure incubation activity, I think that's really interesting and one of the things, you know, when it comes to this a patient advocate who's, you know, change my professional life to focus these kind of things is that there are a lot of us in the patients community or caregiver community that have some ideas about measures that would matter a lot more than what you typically see.

And quality measures are adopted by CMS or, you know, that are even used on research in terms of outcomes measures. So, it would be interesting to see what that process is, where they stand and how the development of new measures is proceeding.

Hiral Dudhwala: OK. Thank you. OK. Anybody else? All right. Again, if you think of something, please feel free to e-mail us. All right, next slide.

OK. So, right around the corner is actually the Spring Cycle 2018 for a measure submission that Suzanne mention. So, it really it's not that far off. So, the measure developers do have a submission deadline of April 9. There

will be the continuous commenting period going on, you know, May into June.

We do already have place holders for meeting for the committee. So, you can see the dates there. We are anticipating getting measures this spring cycle. And so, at this point, we're anticipating that there will be a one day in-person. And that's – I don't know if that was something Suzanne mentioned before. But, you know, in the past they had always been two-day in-persons. But now it – they had been reduce to one-day in-person.

So, we're anticipating in June of next year that we would have in-person, given that we do get a sufficient number of measures submitted during that cycle.

So, you can kind of see the timeline there highlighted for you. You know, when we would anticipate the CSAC review and appeals period, et cetera. And, you know, again, we have some place holders for the web meeting already sent to you, so.

OK. Next slide.

OK. So, starting to talk a little about the portfolio for this project. We did want to hear some information with the committee and expert reviewers just so you have a better idea about the measures that we have thus far in this Primary Care and Chronic Illness portfolio.

And one of the attachments that you should have saw – seen in the appointment and on the public web page was a spreadsheet providing you a little bit more information about the measure. So, just for your reference.

Next slide.

OK. And again just reiterating that these are measures related to Primary Care and Chronic Illness that can be use for accountability and public reporting for all populations and all settings of care.

At this time for the spring cycle, we are anticipating that the measures will address the following topic areas. Although, you know, again it's still tentative but HIV/AIDS, diabetes and osteoporosis based on the maintenance measures that we would anticipate during that spring cycle.

So, currently, NQF actually has in this new project about 58 endorsed measures. And again, this is the same process where these endorsed measures would undergo periodic maintenance and re-endorsement process which, you know, they have not change from the past. So, next slide.

OK. So, we try to do a breakdown to share with you all so that you can have a better idea about the measures, again, these 58 measures and how they are broken down and what, you know, what you can see. So, we did – we did a breakdown by the health topic, the clinical topic that these 58 measures are addressing.

So, you can see some of these graphics here, you know, they are – the highest number is we have a large number – larger number of diabetes measures in this portfolio as well as HIV/AIDS measures. And then you could see the other health topics that we have currently in this portfolio. So, we do have a wide range, again, taking measure that were in those previous projects that we had mentioned earlier on in the webinar.

OK. And this is a breakdown of where these measures came from, from which previous NQF project. So, again, a lot of you came, you know, some of these different projects. So, you can kind of see where they came from. So, and again, you see that there were – there are a lot of measures that came from the pulmonary and critical care project into this one.

OK. And we also looked at a breakdown as the measure type, you know, where the process measures, outcome measures. And you can obviously see that the large majority of these measures currently in the portfolio are process measures followed by a smaller number of outcome. And we do have a couple of composite and intermediate clinical outcome measures as well. And also there are of these 58 measures, 15 are eCQM measures.

OK. And the next few slides give you a breakdown of this portfolio just specifying the measures – specific measures listed by the previous projects. You know, some are – the ones list under EENT, endocrine, diabetes, et cetera. And that – this information is also in the Excel spreadsheet that we shared. And so, you can just kind to see the specific measures that are – that are – in our portfolio based on these different previous project areas.

OK. John, do you want to anything about the portfolio?

John Bernot: No, no. I think you did a very good job. I think that's where we are now. And I think as part of our discussion in the spring or even on, excuse me, on the webinar earlier in 2018. These are the kinds of things we'll be able to talk more about going forward. I see a lot of these process measures that certainly going to be a point of topic, not just for the primary care but just across the measurement field in general.

And again, just to reiterate that going forward, they will potentially broaden outside of just those five areas into other things that are relevant for Primary Care. But otherwise, no, I have nothing else to add to that, but I'm happy to take any questions.

Madison Jung: OK. Hearing no questions. This is Madison. We'll just move in to the SharePoint overview.

So, committee members we have a SharePoint page that we'll be posting, materials, just reference materials for NQF specific things such as the measure evaluation handbook and guidebook, the committee guidebook.

And right now, I'll just do a quick screen share and give you a quick overview of how to utilize that.

So right now, you should be able to see what the committee SharePoint page looks like. You should have gotten your SharePoint credentials. If you are having issues with that, please send us e-mail or you can send an e-mail directly to info@qualityforum.org if you ever get locked out or you need to reset a password.

So, on this committee home page, you'll see just the reference material that you have for being a Standing Committee member. If you scroll down, we have some general – we have some general documents. The portfolio of measures excel sheet is posted here as well as the current Standing Committee roster and our proposed nomination roster. We currently have one nomination for a new Standing Committee member posted on our public site as well as the SharePoint that we posted until the 13th of this month.

Under that, if we had some measures that we are evaluating, this is where they would be posted under measure document. And under that, is meeting – under that is meeting call documents. You'll see the under Project Fall 2017 Cycle, we've posted the meeting materials for today. Just note that we have this plus and minus button, so sometimes it looks like there is not much there when if you tab down you'll see. You'll see a nice drop down of that.

Other than that, we just have over here, a link to the committee calendar where we will be updating these dates. And then a just context tab just to see who is staffing – currently staffing the project. OK.

Are there any question? All right. Hearing none, I'll pass is to Hiral for next steps.

Hiral Dudhwala: Thank you. OK. So, really the next step is our Off-Cycle Web Meeting which is on February 1st. And again, we just – we encourage, you know, both Standing Committee members and expert reviewers to please join in. And we also encourage any thoughts or ideas that you may have, you know, you can please either, you know, contact us, e-mail us and we would love to hear your feedback.

Otherwise, as we previously mentioned, you know, the Spring Cycle 2018, the other measure submission deadline is on April 9. So, the committee members should expect to receive some communication from us, you know, in the spring as Suzanne mentioned. And, you know, we'll start with the measure evaluations process during that next spring cycle.

OK. And this is just for our project contact information that is our project primary care mailbox that you can contact us and send us any questions that

you have if you feel like you still need some clarification after our orientation call. You know, don't hesitate to reach out and asked questions. We know there are lot of changes and updates. So, you know, I'm more than happy to answer your questions.

We also hope to have a copy of this recording posted within the next week in case you feel like you need to listen in again or for those who miss the call, you know, that will be available to them as well.

So, and otherwise, there is our NQF phone number, our project page for the public as well as the SharePoint page for all of you.

OK. Are there any last questions? OK. I'm going to pass it to you Dale and or John if you have any closing remarks for the committee and expert reviewers.

Dale Bratzler: This is Dale. I don't have any questions or comment at this point. I thank you for the overview, the change and the process. So, I think we will all be learning as we go through the first cycle. So, I look forward to working with everyone.

John Bernot: This is John Bernot. I look forward to continue working with you Dale.

Hiral Dudhwala: Thank you. All right. Well, I think everyone gets about 45 minutes back of their time. Thank you all for joining us today.

Female: Thank you.

Male: Thank you.

Female: Thank you.

Male: Thank you.

Female: Thank you and have a wonderful holiday.

Male: Thanks, everyone.

END