NATIONAL QUALITY FORUM

Meeting Materials

Priority Setting for Health Care Performance Measurement: Addressing Performance Measure Gaps in Priority Areas

Contents

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Meeting Materials

Adult Immunization Committee Meeting

March 31 – April 1, 2014

NQF Conference Center at 1030 15th Street NW, 9th Floor, Washington, DC

Remote Participation Instructions:

Streaming Slides and Audio Online

- Direct your web browser to: http://nqf.commpartners.com/se/NQFLogin/
- Under "Enter a Meeting" type the meeting number for Day 1: **600226** or for Day 2: **802803**
- In the "Display Name" field, type your first and last name and click "Enter Meeting"

Teleconference

- Dial **(888) 802-7237** for committee members and **(877) 303-9138** for public audience
- Use conference ID code for Day 1: **6342298** and for Day 2: **6342299**

Meeting Objectives:

- Prioritize measurement gaps for adult immunization using the conceptual framework
- Identify key leverage points and other measurement considerations for adult immunization performance measurement
- Recommend measure and measure concept development for the short- and long-term

Day 1: Monday, March 31, 2014

9:30 am **Continental Breakfast**

10:00 am **Welcome and Introductions**
Ernest Moy, AHRQ, Co-Chair
Amir Qaseem, ACP, Co-Chair

10:15 am **Review of Project and Meeting Objectives**
Juliet Feldman, NQF

- Project goals, objectives and timeline
- Project activities to date (conceptual framework, environmental scan, and web meeting themes, key informant interviews)
- Meeting objectives

10:45 am **HHS Opening Remarks**
Cille Kennedy, ASPE, Government Task Lead
Ernest Moy, AHRQ, Co-Chair

11:00 am **Current Use of Measurement for Adult Immunization**

Reva Winkler, NQF

- How does measurement of populations promote improvements in adult immunization?
- How does measurement of providers promote improvements in adult immunization?

12:15 am **Public Comment**

12:30 pm **Lunch**

1:00 pm **Initial Prioritization Results**

Ernest Moy and Amir Qaseem

- Age-groups
  - How should measures address vaccines for different age groups, such as young adults, maternity, adults and the elderly?
- Composite measures
  - What are the advantages and disadvantages of composite measures compared to measures for individual vaccines?
  - Which of the examples of composite measures would be most useful for adult immunization?
- Special populations (maternity, diabetes, chronic liver disease, etc.)
  - What are the important gaps in measures for special populations?
- Outcome measures, including patient-reported outcomes
  - What outcomes are important to stakeholders?
  - How can outcome measures promote improvements in adult immunization?

2:00 pm **Additional Considerations for Adult Immunization Performance Measurement**

Ernest Moy and Amir Qaseem

- Data sources
  - What are the pros and cons of the various data sources?
  - What are short-term considerations versus longer-term possibilities?
- IIS and registries
  - How are IIS/registries evolving?
  - How is the Meaningful Use program advancing an electronic system for adult immunizations?
  - How are non-traditional providers, such as pharmacists, using IIS?
- Disparities
  - How should measures address potential disparities?
- Harmonization
  - What are the difficulties in measurement if similar measures are not harmonized or aligned?
- Measure costs and burden
  - What are the cost/burden considerations for measurement?
- Open discussion

3:00 pm **Key Leverage Points Discussion**

Ernest Moy and Amir Qaseem

3:30 pm **Public comment**

3:45 pm **Break**

4:00 pm **Measure Gaps Prioritization**
Reva Winkler

- Conduct final prioritization exercise to make recommendations on measures that could be adopted by federal programs or measure concepts that could be translated into measures with further development.
- Consider short-term versus longer-term recommendation if appropriate.

4:45 pm **Summary of Day and Adjourn**

Day 2: Tuesday, April 1, 2014

8:30 am **Breakfast**

9:00 am **Results of Day 1 Prioritization**
Reva Winkler

9:30 am **Additional Considerations for Priorities in Measure Gaps**
Ernest Moy and Amir Qaseem

- Committee members to split into small groups to further refine recommendations

10:30 am **Break**

11:00 am **Report Out from Small Groups**

11:45 am **Public Comment**

12:00 pm **Lunch**

12:45 pm **Round-Robin Discussion of Recommendations to HHS**

2:00 pm **Public Comment**

2:05 pm **Wrap Up/Next Steps**
Juliet Feldman

- Draft Report to HHS due on June 16
- Public comment period for draft report – June 23-July 14
- Public webinar on project findings – June 26, 2-4pm ET

2:15 pm **Adjourn**

NQF Reports

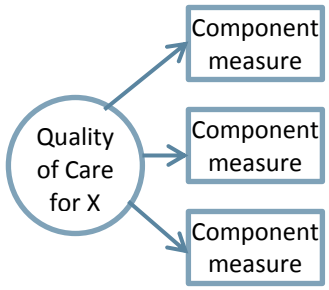
NQF has recently published several reports addressing a variety of measurement issues. The following exceprts are from two recent reports on composite measures and patient-reported outcomes. Links to the full reports are included.

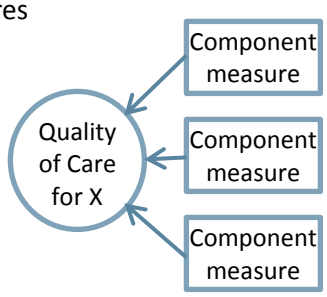
Composite Measures Construction

Composite performance measures, which combine information on multiple individual performance measures into one single measure, are of increasing interest in healthcare performance measurement and public accountability applications. According to the Institute of Medicine, such measures can enhance the performance measurement enterprise and provide a potentially deeper view of the reliability of the care system. This Appendix is from NQF's 2013 report Composite Performance Measure Evaluation Guidance.

Appendix B: Approaches for Constructing Composite Performance Measures

A composite performance measure is a combination of two or more component measures, each of which individually reflects quality of care, into a single performance measure with a single score. Following are descriptions of some of the more common approaches for constructing composite performance measures. The examples for analyses are preliminary and will be expanded in the future.

Quality Construct	Description
1. The quality construct is seen as causing or reflected in the component measure scores  • Also known as **reflective**, psychometric, scale, homogenous scale, dimensional • Example: NQF#0696: CABG Composite Score (STS)	• Scores on the component measures are considered the effect of quality (or caused by quality) • Component measures are considered a random sample of potential indicators of quality and should be interchangeable; therefore, focusing QI only on the component performance measures may not change the composite score • Component measures should be correlated with one another because they share common variance due to relationship with the construct; and each component is correlated with the total composite score (omitting the component being assessed) • Analyses based on shared variance(e.g., factor analysis, Cronbach's alpha, item-total correlation, and mean inter-item correlation) support the construction of the composite. **Aggregation Examples:** **Combination of multiple individual performance measures** Various approaches may be used, including: ▪ Opportunities [sum of all numerators / sum of all denominators] ▪ Average/weighted average of component measure scores [score on A + score on B + score on C . . . / # of component

Quality Construct	Description
	performance measures]; or ▪ Comparison to some benchmark (e.g., percentage of component performance measures that improved, reached 80%, etc.)
2. The quality construct is seen as being caused or defined by the component measure scores  • Also known as **formative**, clinimetric, index, heterogeneous index, categorical Example: NQF# 0530: Mortality for Selected Conditions (AHRQ)	• Component measures are considered to cause (or define) quality • Component measures define the quality construct and should cover the scope of the quality construct; therefore, focusing QI on the component performance measures should change the composite score • Component measures do not need to be correlated with one another but could be correlated (correlation between components could be zero, positive, or negative) • Analyses based on shared variance are not consistent with this model. Analyses demonstrating the contribution of each component to the composite score (e.g., change in a reliability statistic such as ICC, with and without the component measure; change in validity analyses with and without the component measure; magnitude of regression coefficient in multiple regression with composite score as dependent variable [15], or clinical justification (e.g., correlation of the individual component measures to a common outcome measure) support the construction of the composite. **Aggregation Examples:** **Combination of multiple individual performance measures** Various approaches may be used, including: ▪ Opportunities [sum of all numerators / sum of all denominators] ▪ Average/weighted average of component measure scores [score on A + score on B + score on C . . . / # of component performance measures]; or ▪ Comparison to some benchmark (e.g., percentage of component performance measures that improved, reached 80%, etc.)
3. The quality construct is viewed or defined as receiving all necessary care represented by the component measures 3a. All components must be achieved to signal quality. Failure on any component is viewed as a failure. • Also known as All-or-None	• Component measures define the quality construct and should cover the scope of the quality construct. • Component measures represent multiple care processes (foot care, eye care, glucose control), not linked steps in one care process (assess immunization status, counsel patient, and administer vaccination). • Component measures are assessed for each patient. • Analyses demonstrating the contribution of each component to the composite score (e.g., frequency of failure on each

Quality Construct	Description
Example: NQF# 0729: Optimal Diabetes Care (MN Community Measurement) 3b. The more components achieved, the greater the quality signal • Also known as partial credit, percentage of necessary care	component); or correlation of the individual component measures to a common outcome measure support the construction of the composite. **Aggregation Examples:** **3a. Composite numerator** - Multiple components specified in the numerator and measured for each patient Percentage of patients who received ALL necessary components of care [# of patients in the denominator who met all components (A **and** B **and** C **and** . . .) / # of patients in target population] **3b. Composite numerator** - Multiple components specified in the numerator and measured for each patient Average percentage of necessary components of care received by patient [Sum of percentage of components met (A, B, C . . .) for each patient in the denominator / # of patients in target population]
4. The quality construct is viewed as individual patients not experiencing any healthcare-acquired adverse event/complication or not receiving unnecessary or inappropriate care. • Also known as any-or-none Example: NQF# 0564: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures (PCPI)	• Component measures define the quality construct and should cover the scope of the quality construct. • Component measures are assessed for each patient. • Analyses demonstrating the contribution of each component to the composite score (e.g., frequency of occurrence on each component); or correlation of the individual component measures to a common outcome measure support the construction of the composite. **Aggregation Examples:** **Composite numerator** - Multiple components specified in the numerator and measured for each patient Percentage of patients who experienced any of the component adverse events or complications [# of patient in the denominator who experienced A **or** B **or** C **or** . . . . / # of patients in target population]

Patient Reported Outcomes

Patient-reported outcomes (PROs) are defined as "any report of the status of a patient's (or person's) health condition, health behavior, or experience with healthcare that comes directly from the patient, without interpretation of the patient's response by a clinician or anyone else." The following is an excerpt from NQF's 2012 report Patient-Reported Outcomes in Performance Measurement.

Patient-Reported Outcomes Tools & Performance Measures

Patient-reported outcomes (PROs) are defined as "any report of the status of a patient's (or person's) health condition, health behavior, or experience with healthcare that comes directly from the patient, without interpretation of the patient's response by a clinician or anyone else."[15] "PRO" has become an international term of art; the word "patient" is intended to be inclusive of all persons, including patients, families, caregivers, and consumers more broadly. It is intended as well to cover all persons receiving support services, such as those with disabilities. Key PRO domains include:

- Health-related quality of life (including functional status);
- Symptoms and symptom burden (e.g. pain, fatigue);
- Experience with care; and
- Health behaviors (e.g., smoking, diet, exercise).

Various tools (e.g., instruments, scales, single-item measures) that enable researchers, administrators, or others to assess patient-reported health status for physical, mental, and social well-being are referred to as PRO measures (PROMs). In order to include PROs more systematically as an essential component of assessing the quality of care or services provided, and as part of accountability programs such a value-based purchasing or public reporting, it is necessary to distinguish between PROMs (i.e., tools) and aggregate-level performance measures.

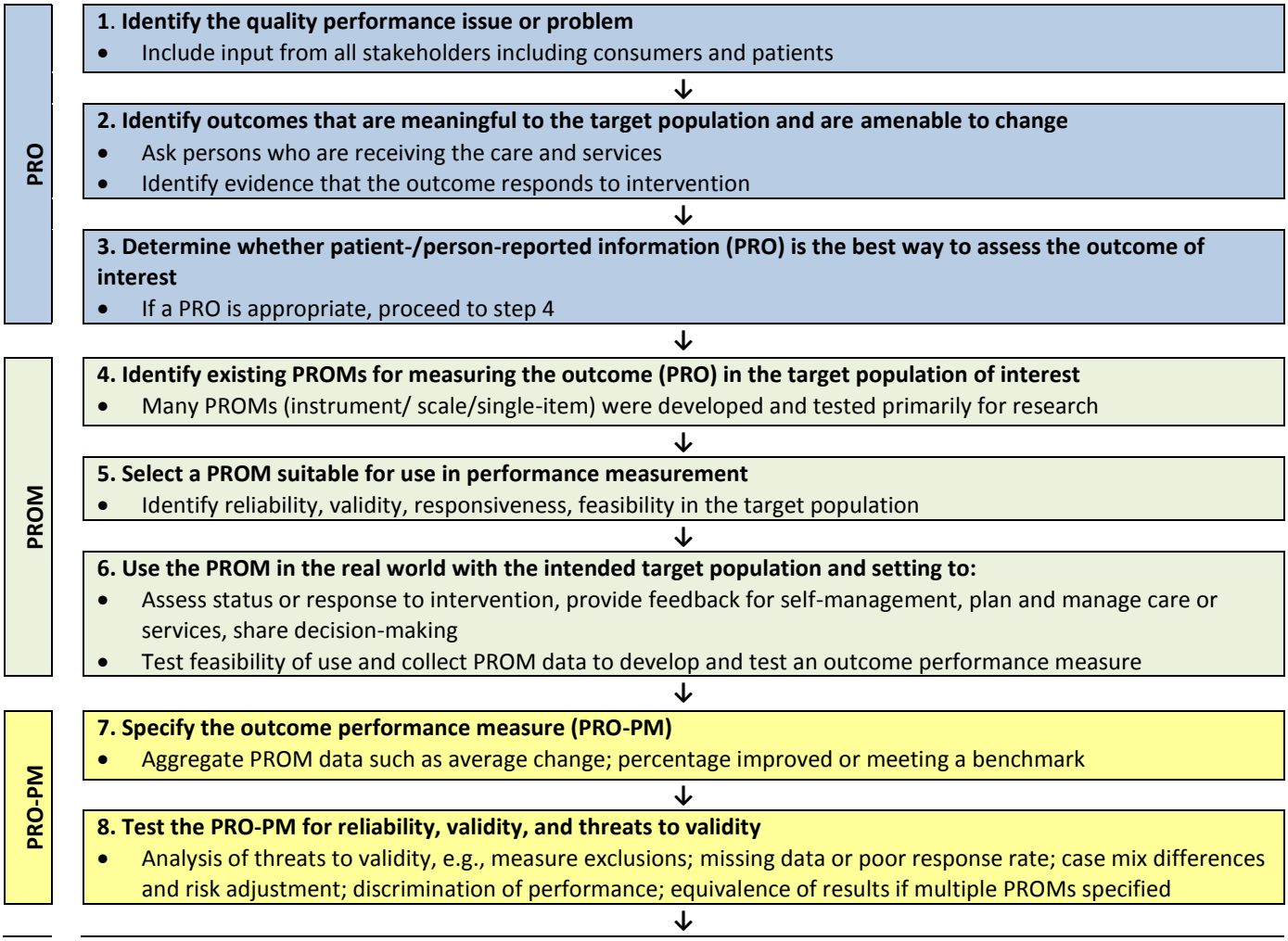
A PRO-based performance measure (PRO-PM) is based on PRO data aggregated for an entity deemed as accountable for the quality of care or services delivered. Such entities can include (but would not be limited to) long-term support services providers, hospitals, physician practices, or accountable care organizations (ACOs). NQF endorses PRO-PMs for purposes of performance improvement and accountability; NQF does not endorse the PROMs alone. However, the specific PROM(s) used in a PRO-PM will be identified in the detailed measure specifications to ensure standardization and comparability of performance results. Table 1 illustrates the distinctions among PRO, PROM, and PRO-PM.

Table 1. Distinctions among PRO, PROM, and PRO-PM: Two Examples

Concept	Patients With Clinical Depression	Persons with Intellectual or Developmental Disabilities
PRO (patient-reported outcome)	Symptom: depression	Functional Status-Role: employment

Concept	Patients With Clinical Depression	Persons with Intellectual or Developmental Disabilities
PROM (instrument, tool, single-item measure)	PHQ-9©, a standardized *tool* to assess depression	Single-item measure on National Core Indicators Consumer Survey: *Do you have a job in the community?*
PRO-PM (PRO-based performance measure)	Percentage of patients with diagnosis of major depression or dysthymia and initial PHQ-9 score >9 with a follow-up PHQ-9 score <5 at 6 months (NQF #0711)	The proportion of people with intellectual or developmental disabilities who have a job in the community

Figure 2. Pathway from PRO to NQF-endorsed PRO-PM



NQF Endorsement Process

9. Submit the PRO-PM to NQF for consideration of NQF endorsement

- Detailed specifications and required information and data to demonstrate meeting NQF endorsement criteria

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10. Evaluate the PRO-PM against the NQF endorsement criteria

- Importance to Measure and Report (including evidence of value to patient/person and amenable to change)
- Scientific Acceptability of Measure Properties (reliability and validity of PROM and PRO-PM; threats to validity)
- Feasibility
- Usability and Use
- Comparison to Related and Competing Measures to harmonize across existing measures or select the best measure

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11. Use the endorsed PRO-PM for accountability and improvement

- Refine measure as needed

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12. Evaluate whether the PRO-PM continues to meet NQF criteria to maintain endorsement

- Submit updated information to demonstrate meeting all criteria including updated evidence, performance, and testing; feedback on use, improvement, and unintended adverse consequences

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2014 Measure Applications Partnership (MAP) Pre-Rulemaking Update: Recommendations on Immunization Issues

The Measure Applications Partnership (MAP) is a public-private partnership convened by the National Quality Forum (NQF). MAP was created to provide input to the Department of Health and Human Services (HHS) on the selection of performance measures for public reporting and performance-based payment programs. MAP recently completed its 2014 pre-rulemaking work and submitted a report of its findings to HHS on February 1, 2014. The following tables include MAP's 2014 pre-rulemaking recommendations on immunization measures under consideration for federal public reporting and performance-based payment programs.

Hospital Inpatient Quality Reporting Program (IQR)

Proposed Rule Expected: April 2014

Final Rule Expected: August 2014

Measure Number and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings	Public Comments
#0475 Endorsed	Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge	Support. NQF-endorsed measure. Addresses program goals/ requirements. Promotes alignment across programs, settings, and public- and private-sector efforts	Measure addresses a previously identified program gap.	Public comment from the Consumer-Purchaser Alliance supports MAP's conclusion.

Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)

Proposed Rule Expected: April 2014

Final Rule Expected: August 2014

Measure Number and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings	Public Comments
#1659 Endorsed	Influenza Immunization	Conditional Support. Not ready for implementation;	MAP noted that influenza vaccination is important for healthcare personnel and patients and an	

Measure Number and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings	Public Comments
		measure needs further experience or testing before being used in the program.	important public health concern. However, MAP cautioned that CDC and CMS need to collaborate on adjusting specifications for reporting from psych units before these measures can be included in the reporting program.	
#0431 Endorsed	Influenza Vaccination Coverage Among Healthcare Personnel	Conditional Support. Not ready for implementation; measure needs further experience or testing before being used in the program	MAP noted that influenza vaccination is important for healthcare personnel and patients and an important public health concern. However, MAP cautioned that CDC and CMS need to collaborate on adjusting specifications for reporting from psych units before these measures can be included in the reporting program.	Public comments from the Armstrong Institute support MAP's conclusion.

Medicare and Medicaid EHR Incentive Program for Hospitals/Critical Access Hospitals

Proposed Rule Expected: TBD

Final Rule Expected: TBD

Measure Number and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings	Public Comments
#0475 Endorsed	Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge	Conditional Support. Not ready for implementation; measure concept is promising but requires modification or further development.	MAP recommends review of the e-specifications of this measure through the NQF endorsement process.	
#1659	Influenza	Conditional Support.	MAP recommends	

Measure Number and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings	Public Comments
	Immunization	Not ready for implementation; measure concept is promising but requires modification or further development.	review of the e-specifications of this measure through the NQF endorsement process.	

End Stage Renal Disease Quality Improvement Program (ESRD QIP)

Proposed Rule Expected: July 2014

Final Rule Expected: November 2014

Measure Number and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings	Public Comments
Not Endorsed	Hepatitis B vaccine coverage in hemodialysis patients	Support. Addresses National Quality Strategy aim or priority not adequately addressed in program measure set.		Public comments from ASN and KCP do not support MAP's conclusion, noting that they cannot adequately evaluate the technical aspects of the measure as currently written. Public comment from the Armstrong Institute and NKF raises concerns regarding the measure's ability to drive improvement
#0431 Endorsed	Influenza Vaccination Coverage Among Healthcare Personnel	Support. NQF-endorsed measure.		Public comment from NKF supports MAP's conclusion. Public comments from ASN and KCP do not support MAP's conclusion, citing

Measure Number and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings	Public Comments
				concerns about implementation and feasibility
Not Endorsed	Full-Season Influenza Vaccination (ESRD Patients)	Conditionally Support. Not ready for implementation; should be submitted for and receive NQF endorsement.	MAP notes that influenza vaccination is very important for dialysis patients; however, it is unclear how this measure will drive improvement compared to another NQF-endorsed measure #0226 Influenza Immunization in the ESRD Population.	Public comments from the Armstrong Institute and NKF support MAP's conclusion. Public comments from ASN and KCP do not support MAP's conclusion, noting that the measure is currently vague and is not aligned with the NQF-endorsed standardized specifications for influenza immunization measures.
Not Endorsed	ESRD Vaccination-Lifetime Pneumococcal Vaccination	Conditionally Support. Not ready for implementation; measure concept is promising but requires modification or further development	The evidence supporting this measure is still developing. Additionally, this measure should align with CDC guidelines.	Public comments from ASN, the Armstrong Institute, and NKF support MAP's conclusion. Public comment from KCP does not support MAP's conclusion, noting that the measure has not been tested for reliability or validity.
Not Endorsed	ESRD Vaccination - Timely Influenza Vaccination	Do Not support. A "Supported" measure under consideration addresses a similar topic and better addresses the needs of	MAP prefers Full-Season Influenza Vaccination (ESRD Patients), which assesses vaccination for the full flu season, rather than a	Public comments from the Armstrong Institute, KCP, NKF, and ASN support MAP's conclusion.

Measure Number and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings	Public Comments
		the program.	measure that assesses vaccinations for a limited time period. Additionally, the shorter time period is not supported by evidence.	
Not Endorsed	ESRD Vaccination-Pneumococcal Vaccination (PPSV23)	Do Not Support. Measure does not adequately address any current needs of the program. A "Supported" measure under consideration addresses a similar topic and better addresses the needs of the program.	This measure assesses whether patients received one pneumococcal vaccine. It may be challenging for facilities to understand which vaccination (PCV13 or PCV23) a patient may have received in a previous setting. MAP recommends modifying NQF #1653 or XDGBA to address pneumococcal vaccinations in this setting.	Public comments from ASN, the Armstrong Institute, and KCP support MAP's conclusion. Public comment from NKF does not support MAP's conclusion, noting the measure should align with the CDC Advisory Committee on Immunization Practices (ACIP) recommendation.
Not Endorsed	Pneumococcal Vaccination Measure (PCV13)	Do Not Support. Measure does not adequately address any current needs of the program. A "Supported" measure under consideration addresses a similar	This measure assesses whether patients received one pneumococcal vaccine. It may be challenging for facilities to	Public comments from ASN and KCP support MAP's conclusion. Public comment from NKF does not support MAP's conclusion, noting the measure should align with the

Measure Number and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings	Public Comments
		topic and better addresses the needs of the program.	understand which vaccination (PCV13 or PCV23) a patient may have received in a previous setting. MAP recommends modifying NQF #1653 or XDGBA to address pneumococcal vaccinations in this setting.	CDC Advisory Committee on Immunization Practices (ACIP) recommendation. Public comment from the Armstrong Institute raises concern regarding the implementation of this measure which could be difficult and potentially lead to inappropriate or repeat immunization

Physician Quality Reporting System (PQRS), CMS Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use), Physician Compare, Value-Based Payment Modifier (VBPM)

PQRS, Physician Compare, VBPM Proposed Rule Expected: July 2014
PQRS, Physician Compare, VBPM Final Rule Expected: November 2014

Meaningful Use Proposed Rule Expected: TBD
Meaningful Use Finalized Rule Expected: TBD

Measure Number and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings	Public Comments
#1407 Endorsed	Immunizations for Adolescents	Support. NQF-endorsed measure. Addresses a measurement area not adequately represented in the program measure set		