



National Consensus Standards for Renal Conditions

Standing Committee Webinar

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January 24, 2018

Project Team

- Andrew Lyzenga, MPP, Senior Director
- Poonam Bal, MHSA, Senior Project Manager
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Agenda for the Call

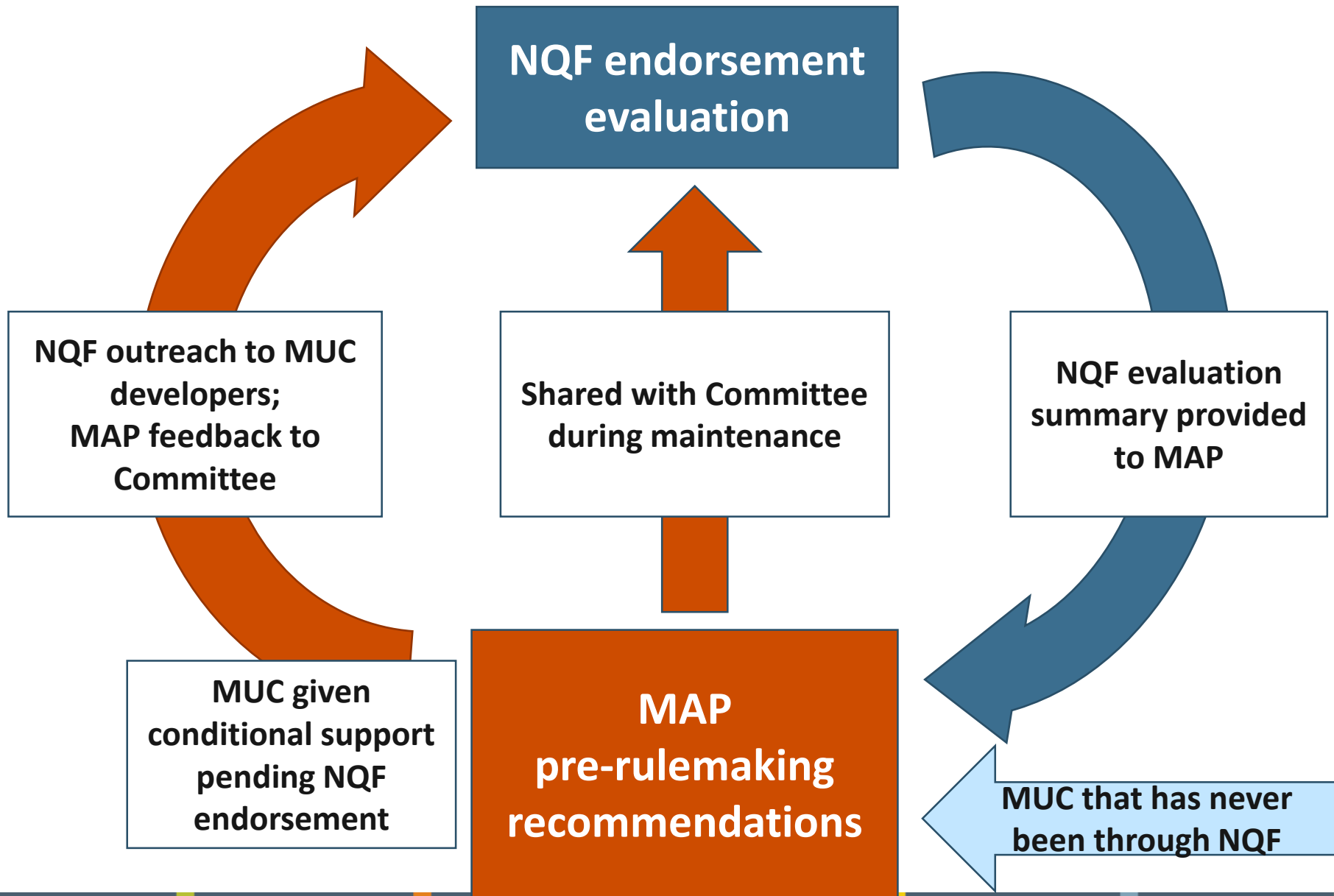
- Standing Committee Introductions
- Overview of the Measure Applications Partnership
- Overview of NQF's portfolio of Renal measures
- Methods Panel Update
- Review of project activities and timelines

Renal Standing Committee

- **Constance Anderson, BSN, MBA (Co-Chair)**
- **Lorien Dalrymple, MD, MPH (Co-Chair)**
- Rajesh Davda, MD, MBA, CPE
- Mike Guffy
- Mark Rutkowski, MD
- Ishir Bhan, MD, MPH
- Elizabeth Evans, DNP
- Michael Fischer, MD, MSPH
- Stuart Greenstein, MD
- Renee Garrick, MD, FACP
- Alan Kliger, MD
- Debra Hain, PhD, APRN, ANP-BC, GNP-BC, FAANP
- Mahesh Krishnan, MD, MPH, MBA, FASN
- Lisa Latts, MD, MSPH, MBA, FACP
- Karilynne Lenning, MHA, LBSW
- Franklin Maddux, MD, FACP
- Andrew Narva, MD, FACP, FASN
- Jessie Pavlinac, MS, RD, CSR, LD
- Michael Somers, MD
- Bobbi Wager, MSN, RN
- John Wagner, MD, MBA
- Joshua Zaritsky, MD, PhD
- Lori Hartwell
- Frederick Kaskel, MD, PhD
- Myra Kleinpeter, MD, MPH

Measure Applications Partnership

CDP-MAP INTEGRATION – INFORMATION FLOW



Measure Applications Partnership (MAP) Pre-Rulemaking

- Established in 2011
- A multistakeholder partnership that guides the U.S. Department of Health and Human Services (HHS) on the selection of performance measures for federal health programs.
- Renal measures are generally reviewed in the Hospital Workgroup for **ESRD QIP**
 - *ESRD QIP was part of the PAC-LTC Workgroup until 2014*
- Endorsement is preferred but not required for measures under consideration
 - *May see measures after they are reviewed in MAP*

Rulemaking

- Rulemaking refers to the process government agencies (such as the Department of Health and Human Services (HHS)) use to create regulations.

Congress sets broad policy mandates by passing statutes

Pre-Rulemaking

The public is informed of and can comment on proposed rules

The proposed rule becomes the final rule with some minor modifications

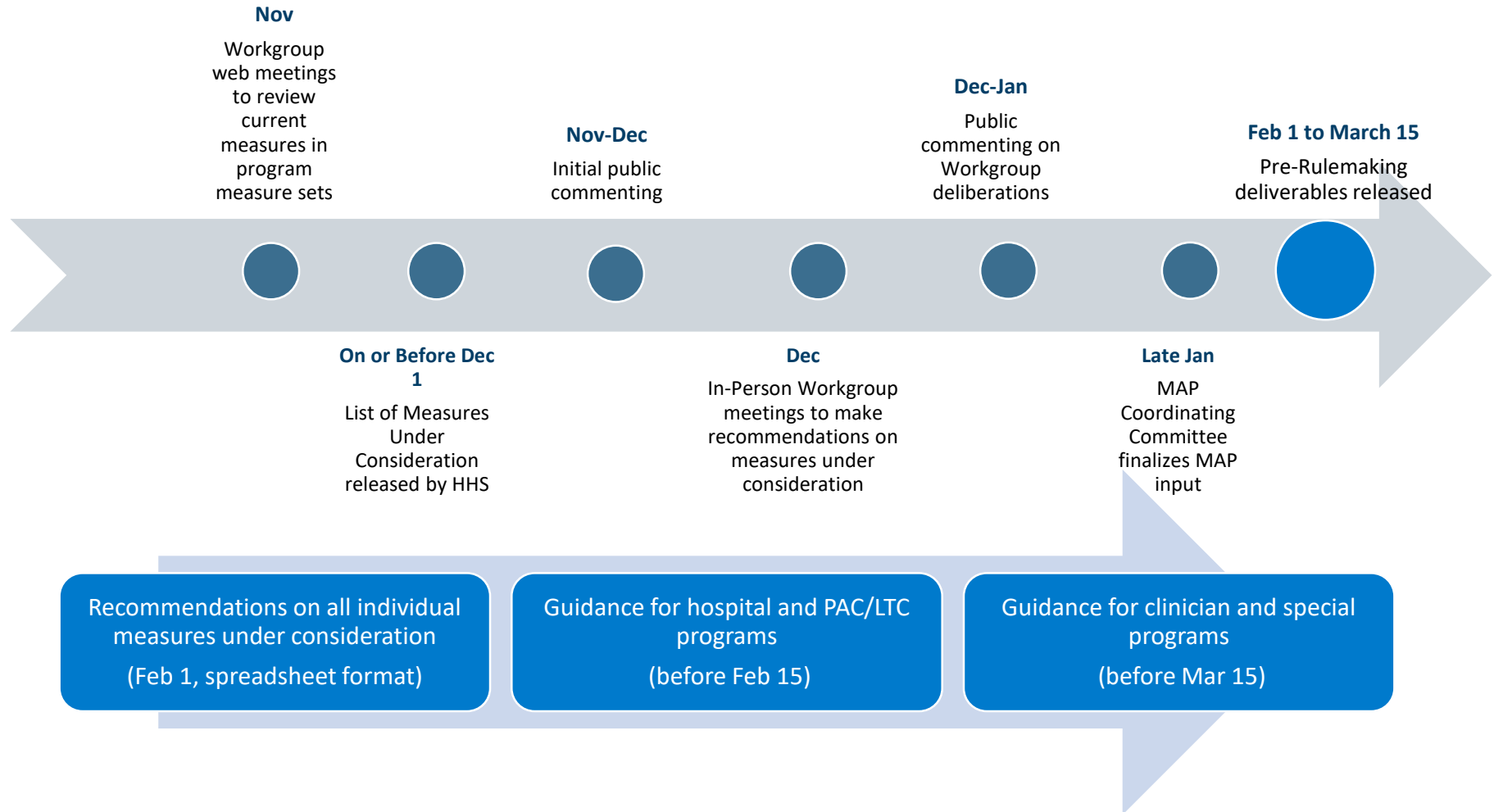
Measures are incorporated into programs

Pre-Rulemaking Input

- Facilitates multistakeholder dialogue that includes HHS representatives
 - ***Organizational Representatives***
 - ***Subject Matter Experts***
 - ***Federal Government Liaisons***
- Allows for a consensus-building process among stakeholders in a transparent open forum
- Proposed laws are “closer to the mark” because the main provisions related to performance measurement have already been vetted by the affected stakeholders
- Reduces the effort required by individual stakeholder groups to submit official comments on proposed rules

MAP Approach to Pre-Rulemaking

A look at what to expect



MAP Decision Categories

Decision Category	Evaluation Criteria
Support for Rulemaking	The measure is fully developed and tested in the setting where it will be applied and meets assessments 1-6. If the measure is in current use, it also meets assessment 7.
Conditional Support for Rulemaking	The measure is fully developed and tested and meets assessments 1-6. However, the measure should meet a condition (e.g., NQF endorsement) specified by MAP before it can be supported for implementation. MAP will provide a rationale that outlines the condition that must be met. Measures that are conditionally supported are not expected to be resubmitted to MAP.
Refine and Resubmit Prior to Rulemaking	The measure addresses a critical program objective but needs modifications before implementation. The measure meets assessments 1-3; however, it is not fully developed and tested OR there are opportunities for improvement under evaluation. MAP will provide a rationale to explain the suggested modifications.
Do Not Support for Rulemaking	The measure under consideration does not meet one or more of the assessments.

End-Stage Renal Disease Quality Incentive Program (ESRD QIP)

- **Program Type:**

- Pay for performance and public reporting

- **Incentive Structure:**

- As of 2012, payments to dialysis facilities are reduced if facilities do not meet or exceed the required total performance score. Payment reductions will be on a sliding scale, which could amount to a maximum of two percent per year.

- **Program Goals:**

- Improve the quality of dialysis care and produce better outcomes for beneficiaries.

ESRD QIP: Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Process	0255	Serum Phosphorus Reporting Measure	Endorsed
Outcome	1454	Proportion of Patients with Hypercalcemia	Endorsed
Outcome	Based on NQF 1460	National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Patients	Endorsed
Outcome	1463	Standardized Hospitalization Ratio (SHR) Clinical Measure	Endorsed
Outcome	2496	Standardized Readmission Ratio (SRR) for dialysis facilities	Endorsed
Outcome	2978	Hemodialysis Vascular Access: Long Term Catheter Rate Clinical Measure	Endorsed
Outcome	2977	Hemodialysis Vascular Access: Standardized Fistula Rate Clinical Measure	Endorsed
Outcome	0258	CAHPS In-Center Hemodialysis Survey	Endorsed
Outcome	2979	Anemia of chronic kidney disease: Dialysis facility standardized transfusion ratio (STrR)	Endorsed
Process	Based on NQF 0431	NHSN Healthcare Personnel Influenza Vaccination Reporting Measure	Not Endorsed
Process	Based on NQF 0418	Clinical Depression Screening and Follow-Up Reporting Measure	Not Endorsed
Outcome	Based on NQF 0420	Kt/V Dialysis Adequacy Comprehensive Clinical Measure	Not Endorsed
Process	N/A	Pain Assessment and Follow-up Reporting Measure	Not Endorsed
Structural	N/A	National Healthcare Safety Network (NHSN) Dialysis Event Reporting Measure	Not Endorsed
Process	Based on NQF 2701	Ultrafiltration Reporting Measure	Not Endorsed
Outcome	N/A	Anemia Management Reporting Measure	Not Endorsed

High Priority Domains for ESRD

CMS identified the following domains as high-priority for future measure consideration:

Care Coordination

Safety

Patient- and
Caregiver-Centered
Experience of Care

Access to
Transplantation

Source: Center for Clinical Standards and Quality. 2017 Measures under Consideration List. Program Specific Measure Priorities and Needs. Baltimore, MD: Centers for Medicare & Medicaid Services (CMS); 2017.

Questions?

Renal Portfolio of Measures

Renal Portfolio of Measures

- NQF currently has **23** endorsed measures within the area of Renal Disease:
 - *Hemodialysis - 2*
 - *Peritoneal Dialysis - 3*
 - *Hemodialysis Vascular Access - 5*
 - *Pediatric Dialysis - 5*
 - *Patient Safety - 6*
 - *Other - 2*

Hemodialysis

- 0249 Hemodialysis Adequacy Clinical Performance Measure III: Hemodialysis Adequacy—HD Adequacy—Minimum Delivered Hemodialysis Dose
- 0323 Adult Kidney Disease: Hemodialysis Adequacy: Solute

Review of Measure 0249

- **Title:** Hemodialysis Adequacy Clinical Performance Measure III: Hemodialysis Adequacy—HD Adequacy—Minimum Delivered Hemodialysis Dose
- **Developer:** Centers for Medicare & Medicaid Services
- **Measure Type:** Outcome
- **Data Source:** Claims, Electronic Health Records
- **Level of Analysis:** Facility
- **Reviewed three times:**
 - *Original Endorsement Date: Nov 2007*
 - *First Maintenance Review Date: Apr 2012*
 - *Most Recent Endorsement Date: Oct 2015*
- **Reviewed in MAP:** Yes- after initial endorsement
- **Status:** Reserve Status; Replaced in ESRD QIP with new measure: “Delivered Dose of Dialysis above Minimum—Composite Score

Review of Measure 0323

- **Title:** Adult Kidney Disease: Hemodialysis Adequacy: Solute
- **Developer:** Renal Physicians Association
- **Measure Type:** Outcome
- **Data Source:** Claims, Electronic Health Records, Other, Registry Data
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual
- **Reviewed three times:**
 - *Original Endorsement Date: Nov 2007*
 - *First Maintenance Review Date: Apr 2012*
 - *Most Recent Endorsement Date: Oct 2015*
- **Reviewed in MAP:** Yes - after initial endorsement
- **Status:** Reserve Status; removed from ESRD-QIP

Peritoneal Dialysis

- 0318 Delivered Dose of Peritoneal Dialysis Above Minimum
- 0321 Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute
- 2704 Minimum Delivered Peritoneal Dialysis Dose

Review of Measure 0318

- **Title:** Delivered Dose of Peritoneal Dialysis Above Minimum
- **Developer:** Centers for Medicare & Medicaid Services
- **Measure Type:** Outcome
- **Data Source:** Claims, Electronic Health Records
- **Level of Analysis:** Facility
- **Reviewed three times:**
 - *Original Endorsement Date: Nov 2007*
 - *First Maintenance Review Date: Apr 2012*
 - *Most Recent Endorsement Date: Oct 2015*
- **Reviewed in MAP:** Yes- after initial endorsement
- **Status:** Endorsed; Replaced in ESRD QIP with new measure: “Delivered Dose of Dialysis above Minimum—Composite Score

Review of Measure 0321

- **Title:** Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute
- **Developer:** Renal Physicians Association
- **Measure Type:** Outcome
- **Data Source:** Claims, Electronic Health Records, Other, Registry Data
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual
- **Reviewed three times:**
 - *Original Endorsement Date: Nov 2007*
 - *First Maintenance Review Date: Apr 2012*
 - *Most Recent Endorsement Date: Oct 2015*
- **Reviewed in MAP:** Yes - after initial endorsement
- **Status:** Endorsed; removed from PQRS

Review of Measure 2704

- **Title:** Minimum Delivered Peritoneal Dialysis Dose
- **Developer:** Centers for Medicare & Medicaid Services
- **Measure Type:** Outcome
- **Data Source:** Claims, Electronic Health Records
- **Level of Analysis:** Facility
- **Reviewed once:**
 - *Original Endorsement Date: Oct 2015*
- **Reviewed in MAP:** Yes- before endorsement
- **Status:** Endorsed; Replaced in ESRD QIP with new measure: “Delivered Dose of Dialysis above Minimum—Composite Score”

Hemodialysis Vascular Access

- 0251 Vascular Access—Functional Arteriovenous Fistula (AVF) or AV Graft or Evaluation for Placement
- 0256 Hemodialysis Vascular Access- Minimizing use of catheters as Chronic Dialysis Access
- 0257 Hemodialysis Vascular Access- Maximizing Placement of Arterial Venous Fistula (AVF)
- 2977 Hemodialysis Vascular Access: Standardized Fistula Rate
- 2978 Hemodialysis Vascular Access: Long-term Catheter Rate

Review of Measure 0251

- **Title:** Vascular Access—Functional Arteriovenous Fistula (AVF) or AV Graft or Evaluation for Placement
- **Developer:** Centers for Medicare & Medicaid Services
- **Measure Type:** Process
- **Data Source:** Claims, Electronic Health Records, Other, Paper Medical Records
- **Level of Analysis:** Clinician : Individual
- **Reviewed twice:**
 - *Original Endorsement Date: Nov 2007*
 - *Most Recent Endorsement Date: Oct 2015*
- **Reviewed in MAP:** Yes - after initial endorsement
- **Status:** Endorsed; removed from ESRD-QIP

Review of Measure 0256

- **Title:** Hemodialysis Vascular Access - Minimizing use of catheters as Chronic Dialysis Access
- **Developer:** Centers for Medicare & Medicaid Services
- **Measure Type:** Outcome
- **Data Source:** Claims, Electronic Health Records
- **Level of Analysis:** Facility
- **Reviewed three times:**
 - *Original Endorsement Date: Nov 2007*
 - *First Maintenance Review Date: Apr 2012*
 - *Most Recent Endorsement Date: Oct 2015*
- **Reviewed in MAP:** Yes - after initial endorsement
- **Status:** Endorsed; removed from ESRD-QIP

Review of Measure 0257

- **Title:** Hemodialysis Vascular Access- Maximizing Placement of Arterial Venous Fistula (AVF)
- **Developer:** Centers for Medicare & Medicaid Services
- **Measure Type:** Outcome
- **Data Source:** Claims, Electronic Health Records
- **Level of Analysis:** Facility
- **Reviewed three times:**
 - *Original Endorsement Date: Nov 2007*
 - *First Maintenance Review Date: Apr 2012*
 - *Most Recent Endorsement Date: Oct 2015*
- **Reviewed in MAP:** Yes - after initial endorsement
- **Status:** Endorsed; removed from ESRD-QIP

Review of Measure 2977

- **Title:** Hemodialysis Vascular Access: Standardized Fistula Rate
- **Developer:** Centers for Medicare & Medicaid Services
- **Measure Type:** Intermediate Clinical Outcome
- **Data Source:** Claims, Electronic Health Records
- **Level of Analysis:** Facility
- **Reviewed once:**
 - ▣ *Most Recent Endorsement Date: Dec 2017*
- **Reviewed in MAP:** Yes - during endorsement review (after Committee review)
- **Status:** Endorsed; In the ESRD-QIP program

Review of Measure 2978

- **Title:** Hemodialysis Vascular Access: Long-term Catheter Rate
- **Developer:** Centers for Medicare & Medicaid Services
- **Measure Type:** Intermediate Clinical Outcome
- **Data Source:** Claims, Electronic Health Records
- **Level of Analysis:** Facility
- **Reviewed once:**
 - *Most Recent Endorsement Date: Dec 2017*
- **Reviewed in MAP:** Yes - during endorsement process (after Committee review)
- **Status:** Endorsed; In the ESRD-QIP program

Pediatric Dialysis

- 1423 Minimum spKt/V for Pediatric Hemodialysis Patients
- 1424 Monthly Hemoglobin Measurement for Pediatric Patients
- 1425 Measurement of nPCR for Pediatric Hemodialysis Patients
- 1667 Pediatric Kidney Disease : ESRD Patients Receiving Dialysis: Hemoglobin Level < 10g/dL
- 2706 Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V

Review of Measure 1423

- **Title:** Minimum spKt/V for Pediatric Hemodialysis Patients
- **Developer:** Centers for Medicare & Medicaid Services
- **Measure Type:** Outcome
- **Data Source:** Claims, Electronic Health Records
- **Level of Analysis:** Facility
- **Reviewed twice:**
 - *Original Endorsement Date: Aug 2011*
 - *Most Recent Endorsement Date: Oct 2015*
- **Reviewed in MAP:** Yes - after initial endorsement
- **Status:** Endorsed; removed from ESRD-QIP

Review of Measure 1424

- **Title:** Monthly Hemoglobin Measurement for Pediatric Patients
- **Developer:** Centers for Medicare & Medicaid Services
- **Measure Type:** Process
- **Data Source:** Electronic Health Records
- **Level of Analysis:** Facility
- **Reviewed twice:**
 - *Original Endorsement Date: Aug 2011*
 - *Most Recent Endorsement Date: Oct 2015*
- **Reviewed in MAP:** Yes - after initial endorsement
- **Status:** Endorsed; Recommended for ESRD QIP but was not put into the program

Review of Measure 1425

- **Title:** Measurement of nPCR for Pediatric Hemodialysis Patients
- **Developer:** Centers for Medicare & Medicaid Services
- **Measure Type:** Process
- **Data Source:** Electronic Health Records
- **Level of Analysis:** Facility
- **Reviewed twice:**
 - *Original Endorsement Date: Aug 2011*
 - *Most Recent Endorsement Date: Oct 2015*
- **Reviewed in MAP:** Yes - after initial endorsement
- **Status:** Endorsed; Recommended for ESRD QIP but was not put into the program

Review of Measure 1667

- **Title:** Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level < 10g/dL
- **Developer:** Renal Physicians Association
- **Measure Type:** Intermediate Clinical Outcome
- **Data Source:** Claims, Electronic Health Records, Other, Registry Data
- **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual
- **Reviewed twice:**
 - *Original Endorsement Date: April 2012*
 - *Most Recent Endorsement Date: Oct 2015*
- **Reviewed in MAP:** Yes - after initial endorsement
- **Status:** Endorsed; in MIPS

Review of Measure 2706

- **Title:** Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V
- **Developer:** Centers for Medicare & Medicaid Services
- **Measure Type:** Outcome
- **Data Source:** Claims, Electronic Health Records
- **Level of Analysis:** Facility
- **Reviewed once:**
 - ▣ *Most Recent Endorsement Date: Oct 2015*
- **Reviewed in MAP:** Yes - after initial endorsement
- **Status:** Endorsed; Replaced in ESRD QIP with new measure: “Delivered Dose of Dialysis above Minimum—Composite Score”

Patient Safety

- 0369 Standardized Mortality Ratio for Dialysis Facilities
- 1454 Proportion of patients with hypercalcemia
- 1460 Bloodstream Infection in Hemodialysis Outpatients
- 1463 Standardized Hospitalization Ratio for Dialysis Facilities
- 2701 Avoidance of Utilization of High Ultrafiltration Rate (≥ 13 ml/kg/hour)
- 2979 Standardized Transfusion Ratio for Dialysis Facilities

Review of Measure 0369

- **Title:** Standardized Mortality Ratio for Dialysis Facilities
- **Developer:** Centers for Medicare & Medicaid Services
- **Measure Type:** Outcome
- **Data Source:** Claims, Electronic Health Records
- **Level of Analysis:** Facility
- **Reviewed three times:**
 - *Original Endorsement Date: May 2008*
 - *First Maintenance Review Date: Apr 2012*
 - *Most Recent Endorsement Date: Dec 2016*
- **Reviewed in MAP:** Yes - after initial endorsement
- **Status:** Endorsed; Recommended for ESRD QIP but was not put into the program

Review of Measure 1454

- **Title:** Proportion of patients with hypercalcemia
- **Developer:** Centers for Medicare & Medicaid Services
- **Measure Type:** Outcome
- **Data Source:** Electronic Health Records
- **Level of Analysis:** Facility
- **Reviewed twice:**
 - *Original Endorsement Date: Aug 2011*
 - *Most Recent Endorsement Date: Oct 2015*
- **Reviewed in MAP:** Yes - after initial endorsement
- **Status:** Endorsed; In ESRD QIP

Review of Measure 1460

- **Title:** Bloodstream Infection in Hemodialysis Outpatients
- **Developer:** Centers for Medicare & Medicaid Services
- **Measure Type:** Outcome
- **Data Source:** Electronic Health Data, Electronic Health Records, Other, Paper Medical Records
- **Level of Analysis:** Facility, Other, Population: Regional and State
- **Reviewed twice:**
 - *Original Endorsement Date: Aug 2011*
 - *Most Recent Endorsement Date: Oct 2015*
- **Reviewed in MAP:** Yes - after initial endorsement
- **Status:** Endorsed; Measure based on this measure is in ESRD QIP

Review of Measure 1463

- **Title:** Standardized Hospitalization Ratio for Dialysis Facilities
- **Developer:** Centers for Medicare & Medicaid Services
- **Measure Type:** Outcome
- **Data Source:** Electronic Health Data, Electronic Health Records, Other, Paper Medical Records
- **Level of Analysis:** Facility, Other, Population: Regional and State
- **Reviewed twice:**
 - *Original Endorsement Date: Aug 2011*
 - *Most Recent Endorsement Date: Oct 2015*
- **Reviewed in MAP:** Yes - after initial endorsement
- **Status:** Endorsed; In ESRD QIP

Review of Measure 2701

- **Title:** Avoidance of Utilization of High Ultrafiltration Rate (≥ 13 ml/kg/hour)
- **Developer:** Kidney Care Quality Alliance
- **Measure Type:** Process
- **Data Source:** Electronic Health Records
- **Level of Analysis:** Facility
- **Reviewed once:**
 - *Most Recent Endorsement Date: Oct 2015*
- **Reviewed in MAP:** Yes - after initial endorsement
- **Status:** Endorsed; Measure based on this measure is in ESRD QIP

Review of Measure 2979

- **Title:** Standardized Transfusion Ratio for Dialysis Facilities
- **Developer:** Centers for Medicare & Medicaid Services
- **Measure Type:** Outcome
- **Data Source:** Claims, Electronic Health Records
- **Level of Analysis:** Facility
- **Reviewed once:**
 - *Most Recent Endorsement Date: Dec 2016*
- **Reviewed in MAP:** Yes - during endorsement process (after Committee review)
- **Status:** Endorsed; in ESRD QIP

Other

- 1662 Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy
- 2594 Optimal End Stage Renal Disease (ESRD) Starts

Review of Measure 1662

- **Title:** Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy
- **Developer:** Renal Physicians Association
- **Measure Type:** Process
- **Data Source:** Claims, Electronic Health Records, Other, Paper Medical Records, Registry Data
- **Level of Analysis:** Clinician: Group/Practice, Clinician: Individual
- **Reviewed twice:**
 - *Reviewed but not endorsed: Apr 2012*
 - *Most Recent Endorsement Date: Oct 2015*
- **Reviewed in MAP:** No
- **Status:** Endorsed

Review of Measure 2594

- **Title:** Optimal End Stage Renal Disease (ESRD) Starts
- **Developer:** The Permanente Federation
- **Measure Type:** Process
- **Data Source:** Claims, Electronic Health Records, Other, Registry Data
- **Level of Analysis:** Clinician: Group/Practice, Health Plan, Integrated Delivery System, Population: Regional and State
- **Reviewed once:**
 - ▣ *Most Recent Endorsement Date: Oct 2015*
- **Reviewed in MAP:** No
- **Status:** Endorsed

Discussion

- Do you agree with NQF's categorization of the measures? Would you organize the portfolio differently?
- Two measures were put into an “other” category. Would you leave them there or form a new category or categories?
- Looking at the portfolio, what appears to be the biggest gap area?

Methods Panel

Scientific Methods Panel

- Established to:
 - *Promote more consistent evaluations of Scientific Acceptability criterion*
 - *Reduce standing committee burden*
 - *Hopefully—promote greater participation of consumers, patients, and purchasers on NQF standing committees*

- 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.*

Scientific Methods Panel Members

Co-Chairs

David Cella, PhD

Karen Joynt Maddox, MD, MPH

J. Matt Austin, PhD

Paul Kurlansky, MD

Bijan Borah, MSc, PhD

Zhenqiu Lin, PhD

John Bott, MBA, MSSW

Jack Needleman, PhD

Lacy Fabian, PhD

David Nerenz, PhD

Marybeth Farquhar, PhD, MSN, RN

Eugene Nuccio, PhD

Jeffrey Geppert, EdM, JD

Jennifer Perloff, PhD

Paul Gerrard, BS, MD

Sam Simon, PhD

Laurent Glance, MD

Michael Stoto, PhD

Stephen Horner, RN, BSN, MBA

Christie Teigland, PhD

Sherrie Kaplan, PhD, MPH

Ronald Walters, MD, MBA, MHA, MS

Joseph Kunisch, PhD, RN-BC, CPHQ

Susan White, PhD, RHIA, CHDA

Evaluation of the Scientific Acceptability Criterion

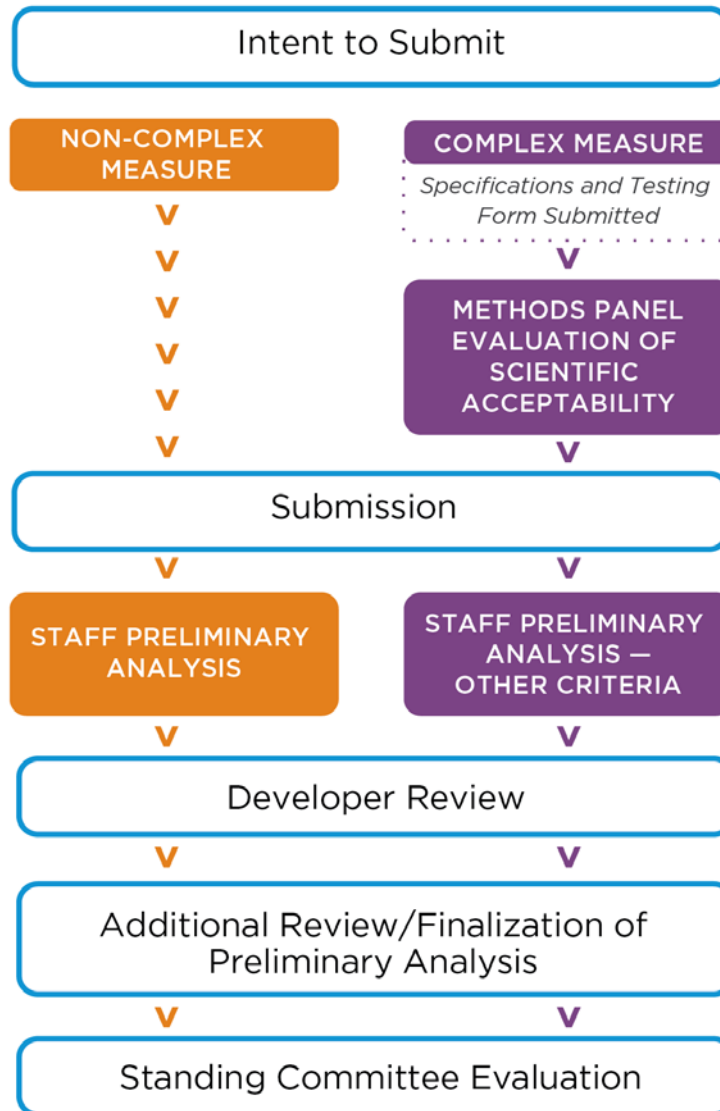
- Provide evaluation and ratings for reliability and validity subcriteria
 - *This information will help to inform the standing committee's endorsement decision*
 - *The Scientific Methods Panel will not render endorsement recommendations*
 - *Standing committees may raise concerns with the specifications of the measure or with potential threats to validity (e.g., selection of variables for risk adjustment model) and can overturn the Scientific Methods Panel ratings*

- Fall 2017
 - *8/28 measures were reviewed by the Methods Panel*

Workflow for Evaluations

- A minimum of three panel members will independently evaluate each measure
- The majority recommendation from the three evaluations will serve as the overall assessment of reliability and validity
- If there is substantial disagreement in the ratings between the three reviewers, the panel co-chairs will evaluate the measure and determine the overall recommendation
- NQF staff will compile the method's panel's ratings, evaluation, and commentary on reliability and validity and provide it to NQF's standing committees

Measure Workflow



A Few More Details...

- 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*
- If testing is not updated for complex maintenance measures, they will not be reviewed by the Methods Panel
- Project teams can request a measure be reviewed by the Methods Panel if they feel it is necessary

Measure Types

- Outcome – An outcome of care is the health status of a patient (or change in health status) resulting from healthcare—desirable or adverse.
- Intermediate clinical outcome—a change in physiologic state that leads to a longer-term health outcome.
- Process of care – a healthcare-related activity performed for, on behalf of, or by a patient.

Measure Types

- Composite measures combine two or more component measures, each of which individually reflects quality of care, into a single performance measure with a single score. For the purposes of NQF measure submission, evaluation, and endorsement, the following will be considered composite performance measures:
 - ▢ *measures with two or more individual performance measure scores combined into one score for an accountable entity*
 - ▢ *measures with two or more individual component measures assessed separately for each patient and then aggregated into one score for an accountable entity, including all-or-none measures (e.g., all essential care processes received, or outcomes experienced, by each patient).*

Measure Types

- A patient-reported outcome (PRO) - 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.
- Instrument-based performance measures use data derived from instruments.
 - *"Instrument" is a generic term that researchers use for a measurement device (e.g., survey, test, questionnaire, scale). Instruments are used for consistently obtaining (or presenting) data from respondents. The data derived from an instrument may include ratings or ranking output that is included in the calculation of a performance measure.*
 - *Instruments may be used to collect information from a variety of individuals; examples include patients, observers (e.g., family, or other caregivers takers), or clinicians.*
 - *Data from instruments can be used in the calculation of structure, process, or outcome performance measures. Instruments specific to patient-reported outcomes may be referenced as PROMs (patient-reported outcome measures).*

Advisory Function

- Advice on methodologic issues related to measure testing, risk adjustment, and measurement approaches
 - *Thresholds or rules of thumb for rating reliability and validity*
 - *Approaches to testing*
 - *Approaches for risk-adjustment*
 - *Testing requirements and ratings for reliability and validity*
- Recommendations are nonbinding
 - *Changes to criteria/guidance subject to review and approval by the Consensus Standards Approval Committee (CSAC)*
- Advisory discussions will be the focus of monthly calls
- Subgroups to discuss methodologic topics are being created

Discussion

- Are the descriptions for measure types clear?
- Are there any topics you would suggest the Methods Panel tackle?

Activities and Timeline *All times ET

- Fall 2017 Cycle

- *February 5, 2018 – Follow-up Meeting (if necessary)*

- Spring 2018 Cycle

- *January 6, 2018 - Intent to Submit Deadline (4 measures confirmed)*
 - *April 2, 2018 - Measure Submission Deadline*
 - *May 22, 2018 - Measure Worksheets shared with Committee*
 - *June 5, 2018 - Pre-meeting Evaluation Survey Due*
 - *June 15, 3-5 pm - Measure Evaluation Webinar #1*
 - *June 18, 3-5 pm - Measure Evaluation Webinar #2*
 - *June 19, 3-5 pm - Measure Evaluation Webinar #3*
 - *June 27, 1-3 pm - Measure Evaluation Follow up Meeting (if necessary)*

Questions?

THANK YOU