TO: Consensus Standards Approval Committee (CSAC)

FR: Variation in Measure Specifications Project Team

RE: Update on the Variation in Measure Specifications Project In-Person Meeting

DA: March 23, 2016

The CSAC will be presented with an update on the status of the Variation in Measure Specifications project at its March 23-24, 2016 in-person meeting.

This memo is informational and provides background on the project. Additional information and input received from the expert panel is presented in the accompanying slide set.

Background:

As the U.S. healthcare system has become increasingly focused on issues of quality, cost, and efficiency, the use of quality measurement in healthcare has also grown rapidly in both scope and importance. This has led to a proliferation of measures across a diverse range of clinical areas, settings, data sources and programs, and there is growing recognition that measures being used in various programs (e.g., at the federal, state, and community levels) are often not well-aligned with each other – different programs will frequently use very similar measures, intending to address the same fundamental quality issue, but will use slightly different or modified versions of the same measure. This leads to a number of challenges, including confusion for stakeholders and a high burden of data collection for healthcare providers, who may need to report on multiple measures that are essentially redundant but that have minor differences because of the requirements of different groups. In addition, the use of multiple similar measures creates difficulties when trying to compare performance. As pay-for-performance increases, it will become more and more important that measure results across providers are comparable. Currently, it is often difficult to assess whether measure results are truly comparable as many measures are modified or varied when put into practice.

Variation in measurement specifications has a place in the measurement science field, as variation can increase innovation, respond to changes in guidelines, and create measures that more accurately meet end-user needs. However, if the modifications to measures are not transparent, it can also lead to comparing measure results that are not truly aligned. This project will seek to identify ways in which to increase that transparency and will seek to define ways to mitigate unnecessary variation in measurement specifications.

Through this project, NQF will seek to identify how, where, and why variation is occurring across current measures; create a framework for understanding and interpreting the different types of variation across measures and the implications of this variation; and develop a common understanding around key terms, concepts, and measure components to help standardize measurement efforts and minimize unnecessary variation. Through the use of an environmental scan, an expert panel, and key informant interviews the project will explore many facets of variation.

CSAC ACTION REQUIRED

Discussion and Input from CSAC

Variation in Measure Specification Project

Informational Update

March 21, 2016

NATIONAL QUALITY FORUM

NQF Project Staff

Debjani Mukherjee, MPH
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Other staff participating in a consulting role:

Jason Goldwater, Senior Director
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Expert Panel

- Matt Austin, PhD
- Mary Barton, MD, MPP
- Andrew Baskin, MD
- Beverly Court, PhD
- Hazel Crews, PT, MHA, MHS, CPHQ
- Tricia Elliot, MBA, CPHQ
- Charles Gallia, PhD
- Jeff Geppert, PMP, EdM, JD
- Matt Gigot, MPH
- Kendra Hanley, MS
- Blackford Middleton, MD, MPH, MSc
- Amy Moyer, MS, PMP
- Allison Peel, DC, MHA, MPH, PMP
- Peter Robertson, MPA
- Patrick Romano, MD, MPH

Project Objectives

- Identify where, how, and why variation is happening
- Develop a standard language to talk about variation, harmonization, alignment as well as other related terms
- Develop a tool or framework to identify and assess measure variation, and to help prevent or mitigate unnecessary variation

What We Mean by Measure Variation

- Modification or ‘tweaking’ of existing measure specifications
- Inadvertent duplication of existing measures with minor differences in specifications

Expert Panel's Definition of Variation

- **Variation: Any deviation from a fixed reference point (i.e., a standard set of measure specifications).**
- 'Fixed reference point' is used here to allow for a general and broadly-applicable definition of variation while recognizing that, for practical purposes, specific instances of measure variation cannot be identified and assessed without first identifying an accepted 'reference' set of specifications from which other specifications are deviating.
- Any measure may be used as a reference point, but the Expert Panel suggested that it would be preferable to use measures from standardized sets (e.g., NQF-endorsed measures, HEDIS measures, etc.) as common reference points.

Focus on Measures used for Accountability

- The significance of variation depends substantially on whether measures are being used for internal quality improvement or accountability purposes.
- Because the impact of variation is likely to be higher when measures are used for accountability applications, and because of NQF's traditional focus on accountability, we are proposing to focus this project largely on variation as viewed from an accountability perspective.
- For the purposes of this project, we are defining accountability as the use of measure results for public reporting, payment, or other decision-making purposes.

Four main types of variation were identified by the Expert Panel

1. Formal modification of existing specifications to accommodate user or provider preferences
   - **Example:** Changing the definition of a primary care provider (with the intent of more accurately attributing performance)
2. Variation arising from gaps in measure specifications or a lack of operational guidance
   - **Example:** Insufficient definition of what constitutes a "transition record," leading to wide variation in how providers are counted as having satisfied a care transition measure
3. Variation due to implementation challenges (e.g. data or resource limitations)
   - **Example:** Implementation of a chart review-based measure using less-granular registry data (that does not capture all applicable exclusions) to alleviate data collection burden for providers
4. *Random variation*
   - **Example:** Differences in practice across individual clinicians or providers

Framework for Assessing Variation: Guiding Principles

- **Promotion of comparability** – To the extent possible, consistency in specifications across measures with the same or similar focus should be pursued to promote comparability of measure results.
- **Reduction of burden** – While recognizing that measurement is an essential activity that creates value for all healthcare stakeholders and warrants the use of resources, variation in measurement activities should be reduced where possible to avoid unnecessary burdens for providers.
- **Protecting innovation** – Efforts to reduce variation in measure specifications should not stifle innovation in measurement development, implementation, and use.
- **Meeting end-user needs** – End users of measures should be able to meet their needs with measurement, and efforts to reduce variation in measure specifications should allow for sufficient flexibility in adaptation of measures where appropriate.
- **Transparency** – Recognizing that there are instances in which variation will occur, any such variation should be disclosed to users of measure results, particularly where those measure results are used for public reporting, payment, or other accountability purposes.
- **Specificity** – to ensure consistency in implementation, measures used for accountability purposes should include full, detailed, and precise specifications that minimize the need for interpretation or additional specification by measure users.

Questions for Discussion

- Definition of Variation
  - Is this an appropriate definition of variation?
  - Is anything missing?
- Are the four categories identified by the Expert Panel a useful way of thinking about and/or categorizing variation?
- What do you see as the main sources of or reasons for variation?
- How do evolving data sources affect variation?
- How do evolving policies affect variation?
- How should the impact of variation be evaluated?
- What can this project do to help mitigate and/or increase transparency around measure variation?

Next Steps

***All times ET**

Activity	Date/Time
Expert Panel Web Meeting #1 (2 hours)	**3/31/2016 at 2:00PM-4:00PM ET**
Expert Panel Web Meeting #2 (2 hours)	**5/25/2016 at 2:00PM-4:00PM ET**
First Draft Report Due to CMS	5/30/2016
Expert Panel In-Person Meeting #2	**6/29/2016**
Expert Panel Web Meeting #3 (2 hours)	**9/8/2016 at 2:00PM-4:00PM ET**
Second Draft Report Due to CMS	9/30/2016
Expert Panel Web Meeting #4 (2 hours)	**11/3/2016 at 2:00PM-4:00PM ET**
CSAC Review	11/9/16-11/10/16
Final Report	12/21/2016