

Summary of Member and Public Comments Received Regarding Establishment of a Partnership for Applying Measures to Improve Quality

The Affordable Care Act (ACA) assigns new duties to the consensus-based entity. Among those new duties, the entity is required to convene multi-stakeholder groups to provide input to the Secretary of HHS on the selection of measures for public reporting and payment programs. The National Quality Forum (NQF), which currently serves as the consensus-based entity under contract with HHS, may be tasked with carrying out this consultative process in its role as neutral convener.

To prepare for that potential responsibility, at its May 5, 2010 meeting, the NQF Board adopted a plan for a Partnership for Applying Measures (PAM) and requested public input regarding its action. In mid-May, NQF posted a call for member and public comments on how to best implement the new Partnership, in the event that HHS contracts with NQF to carry out the new duties for the consensus based entity. Comments were requested regarding the plan adopted by the NQF Board, reflected in a paper titled “Establishment of a Partnership for Applying Measures to Improve Quality to Provide Input on Measure Selection for Public Reporting and Payment Programs.”

Specific areas raised as key considerations for comment included:

- Charge and activities;
- Structure;
- Membership, including stakeholder interests, selection criteria, and responsibilities; and
- Operational issues, including procedures, transparency, conflict of interest, NQF role, support for evidence-based decision making, and evaluation.

This paper contains for each of these topics a summary of the comments received and a response.

General

NQF received 22 comments. All of the comments were supportive of the NQF Board’s plan for establishing the new Partnership. The effort was described as valuable and important, providing a unique and long-desired opportunity to align and synergize what has been a fragmented quality enterprise. The NQF Board was commended for proactively planning a well-thought-out starting point for improving quality measurement and performance reporting.

Response. We agree that establishing the new Partnership is important and appreciate the commenters support.

Charge and Activities

Commenters agreed that the charge and activities presented in the paper reflected the broad statutory charge required by the ACA. Given the breadth of the charge, two commenters

stated that clear goals and priorities should be set, defining the strategic focus of the Partnership as advancing the use of quality information by patients and providers. Commenters also requested that a timeline for Partnership activities be made available as soon as it can be developed.

Commenters noted specific public reporting and payment programs that they wanted to see the Partnership address, including hospital readmissions reduction, payment adjustment for hospital-acquired conditions, medical homes, accountable care organizations, bundled payments, the Hospital Outpatient Data Reporting Program, the End-Stage Renal Disease Quality Incentive Payment program, pharmacy-related programs, and CMS pilots and demonstrations generally. Commenters emphasized the importance of attaining alignment among the measures for these programs and eliminating duplication of effort in quality measurement activities where possible.

Response. We agree that clear goals and priorities should be set for the Partnership and that determining the Partnership's strategic focus will be one of its initial activities. We expect that the scope and timeline of the Partnership's work will be informed by the ACA requirements and defined under contract with HHS. A timeline of Partnership activities will be made publicly available as soon as it is developed. We agree that alignment and minimization of duplication in quality measurement activities are important opportunities for the Partnership to pursue.

Structure

Commenters strongly supported the two-tiered structure presented in the paper. No commenter opposed the structure, and no alternatives were presented. The approach was described as well-structured, efficient, practical, and functional.

Commenters noted the need for the structure to be flexible. One commenter specifically stated that the most likely area where the structure of the Partnership will require some revision over time is the separation of clinicians from hospitals.

Regarding the groups within the structure, some commenters discouraged adopting currently existing groups intact to serve under the new Partnership, while one commenter suggested that existing groups could be incorporated. One commenter suggested that pharmacy should be added as a work group.

Response. We appreciate support for the two-tiered structure. We agree that the structure must evolve based on changes in public reporting and payment programs over time. The structure must be continually assessed to assure that it is patient-focused, efficient to administer, builds on prior work, and makes efficient use of volunteer members' time. The number and focus of the work groups could change over time. The NQF Board will select members for the multi-stakeholder groups under each tier of the Partnership after a call for nominations.

Membership

Stakeholder interests

Commenters noted that the membership of the Partnership should be broad enough to capture the diverse interests of affected stakeholders, but that the interests should be balanced and the size of the groups must be manageable. Commenters noted that all of the stakeholder groups represented by the NQF council structure should be included. One commenter specifically mentioned the need for representation from communities that face the greatest health disparities. One commenter asked for clarification regarding whether all of the groups under the two-tiered structure would be multi-stakeholder in composition.

Several commenters suggested specific stakeholders that should be included, such as the relevant federal agencies, consumers and consumer groups, large employers and small businesses, payers, specific quality alliances, physicians and physician groups, pharmacists, groups representing the medical home concept, inpatient rehabilitation hospitals and units, the pharmaceutical and medical technology industries, software vendors, individuals with quality measurement expertise, and measure developers.

Response. We agree that the membership of the Partnership should be both broad and balanced, reflecting the breadth and balance of the NQF council structure. We also agree that groups representing those at greatest risk of disparate health outcomes should be included. We confirm that all of the groups under the two-tiered structure will have multi-stakeholder composition.

Membership Selection Criteria

Commenters requested that explicit membership selection criteria be developed and subjected to public comment for groups in both tiers of the Partnership prior to calling for member nominations. Specific selection criteria that were recommended by commenters included: mission, membership, and capabilities of the organization; representation of a unique constituency; involvement in key measurement and reporting activities, forums, or initiatives; demonstrated organizational or individual expertise in quality measurement, public reporting, or performance-based payment; perspective on advancing national transparency efforts; ability to meet the member responsibilities; and contribution to diversity. Several commenters advised that the Partnership be kept to a manageable size.

Response. We agree that explicit membership selection criteria are necessary to inform a call for member nominations and should be publicly vetted; therefore, we are posting a proposed set of selection criteria for member and public comment. We agree that the groups within both tiers of the Partnership must be kept to a manageable size, despite the need to broadly include affected stakeholders.

Member Responsibilities

Commenters stated that the roles and responsibilities of members in both tiers of the Partnership should be fully and clearly defined prior to calling for member nominations. Specific responsibilities that were recommended by commenters included commitment to the Partnership charge, ability to volunteer time and resources to the effort, and willingness to publicly disclose interests.

Response. We agree that member roles and responsibilities should be defined before calling for member nominations and should be publicly vetted; therefore, we are posting proposed member responsibilities for member and public comment.

Operational Issues

Operating Procedures

Commenters recommended that a strong set of operating procedures and rules of order be adopted for the Partnership and that the procedures be made available for public comment. Some of the specific operating procedures recommended by commenters include those discussed below under transparency/conflict of interest, NQF role, evaluation, and support for evidence-based decision making.

Response. We agree that the Partnership's operating procedures should be clearly defined and subject to public comment; therefore, we are posting proposed operating procedures for member and public comment.

Transparency/Conflict of Interest

Commenters stressed the need for transparency and open disclosure of interests by Partnership members. Commenters asked for open meetings, public posting of materials, written rationale for recommendations, and opportunity for public comment on recommendations.

Response. We agree that the activities of the Partnership must be fully transparent and free of conflict of interest; therefore, we are posting for member and public comment proposed operating procedures and member responsibilities containing elements meant to assure transparency and public disclosure of interests.

NQF Role

Commenters asked for clarification regarding the NQF role in convening the Partnership, given NQF's status as an HHS contractor, convener of the National Priorities Partnership (NPP), quality measure endorser, and member of several quality alliances. Specifically, what is the role of the NQF Board with the Partnership; how will the Partnership interface with the NPP; and

what is the relationship between NQF's Consensus Development Process for measure endorsement and the Partnership? One commenter recommended that the Partnership's recommendations be independent of the NQF Board. Another commenter recommended that the Partnership's strategy be coordinated with the work of the NPP.

Response. Given its status as HHS contractor, convener of the NPP, measure endorser, and member of several quality alliances, NQF is uniquely situated to convene the Partnership and support its activities. The role of the NQF Board is to define the Partnership charge; establish structures and processes; appoint its members and leaders; and maintain fiduciary oversight of the resources allocated to Partnership activities. The Board will field issues of concern raised regarding the integrity of the Partnership's processes. The Board will not ratify or approve the recommendations of the Partnership, rather the Partnership will make recommendations directly to HHS/CMS. It is expected that the National Priorities and Goals defined by the NPP will inform the Partnership's strategy and activities. It is also expected that the Partnership will recommend the selection of NQF-endorsed measures. Where NQF-endorsed measures are not available, the Partnership will communicate with measure developers and NQF to promote the availability of endorsed measures needed for public reporting and payment programs. NQF will be a member of the Partnership, but, in its role as neutral convener, will be non-voting.

Support for Evidence-Based Decision Making

Commenters highlighted the need for explicit decision-making criteria for measure selection that align with the Secretary's national strategy. One commenter recommended that the Partnership have the flexibility to make conditional recommendations contingent on the resolution of challenges associated with the implementation of certain measures. Commenters advocated for an assessment of the strength of evidence, testing results, and potential adverse consequences for measures being considered for selection. Commenters also suggested specific criteria to ensure the importance, usability, and feasibility of measures selected.

Commenters agreed that both in-depth and quick turnaround analyses must be available to provide support for evidence-based decision making and to protect from politicized decisions. One commenter suggested that large data bases be leveraged to inform the selection of measures. Another commenter asked for clarification of the types of organizations that might provide analytical support and criteria for their selection.

Response. We agree that consistently applying clear criteria for the selection of measures and analytical support for evidence-based decision making are essential to the success of the Partnership. We anticipate that defining and adopting criteria for the selection of measures will be among the initial activities of the Partnership.

NQF will be engaging subcontractors to provide in-depth and quick turnaround analytic support. Engagement of subcontractors will be governed by NQF's procurement policies, which follow appropriate Federal contracting requirements to ensure that the process is open to all qualified entities and is free of conflicts of interest.

Evaluation

Commenters emphasized the importance of an independent evaluation process to determine what modifications of Partnership structures and processes over time might be necessary for continuous improvement. Commenters also requested that a formal complaint process be established. Commenters suggested specific criteria for evaluation, including success in appointing a diverse body of stakeholders, optimized resource utilization, minimal duplication with existing efforts, provision of recommendations that are accurate and representative of stakeholder interests, and ongoing progress in improving the health of the country.

Response. We agree that evaluation is important for promoting continuous improvement. The Partnership will provide an annual report on its progress to the NQF Board and that report will be posted for public comment. The Board will have the option of commissioning an independent external evaluation of the Partnership every three years.

A formal complaint process will be established. Issues of concern regarding a substantive recommendation of the Partnership will be resolved by the Partnership; issues of concern regarding the integrity of the Partnership's processes will be resolved by the NQF Board.