MEASURE APPLICATIONS PARTNERSHIP

CONVENED BY THE NATIONAL QUALITY FORUM

MEETING MATERIALS

for

COORDINATING COMMITTEE WEB MEETING

OCTOBER 19, 2011

Table of Contents

Agenda

Tab 1

NATIONAL QUALITY FORUM
MEASURE APPLICATIONS PARTNERSHIP

MAP Coordinating Committee
Web Meeting
October 19, 2011
2:00 pm - 4:00 pm ET

Web Meeting Access: http://www.MyEventPartner.com/nqfmeetings11
Call in number: 888-600-4861 Code: 7268454

Meeting Objectives

- *Finalize measure selection criteria for pre-rulemaking input;*
- *Discuss proposed pre-rulemaking approach;*
- *Prepare for November 1-2 in-person Coordinating Committee meeting.*

2:00 pm **Welcome, Introductions, and Review of Meeting Objectives**
George Isham and Beth McGlynn, Committee Co-Chairs

2:10 pm **Timeline Review and Update on Workgroup Activities**
George Isham
Tom Valuck, Senior Vice President, Strategic Partnerships, NQF

2:20 pm **Finalize Measure Selection Criteria**
Beth McGlynn
Connie Hwang, Vice President, Measure Applications Partnership, NQF

- *Refinement of measure selection criteria*
- *Measure selection criteria interpretive guide*
- *Committee discussion*
- *Opportunity for public comment*
- *Finalization of measure selection criteria*

3:10 pm **Proposed Approach to Pre-rulemaking Analysis**
George Isham
Connie Hwang
Allison Ludwig, Project Manager, NQF

- *Proposed approach for consideration*
- *Homework activity*
- *Committee discussion*
- *Opportunity for public comment*

3:50 pm **Next Steps**
Beth McGlynn

- *Objectives for November 1-2 in-person meeting*
- *Committee discussion*
- *Opportunity for public comment*

4:00 pm **Adjourn**

Powerpoint Slides

Tab 2

NQF
National Quality Forum

Measure Applications Partnership Coordinating Committee

Web Meeting #2

October 19, 2011
2:00 pm – 4:00 pm ET

Webinar access: http://www.MyEventPartner.com/nqfmeetings11

NQF
National Quality Forum

Welcome, Introductions, and Review of Meeting Objectives

Meeting Objectives

NQF National Quality Forum

- Finalize measure selection criteria for pre-rulemaking input
- Discuss pre-rulemaking approach
- Prepare for November 1-2 in-person Coordinating Committee meeting

Meeting Agenda

NQF National Quality Forum

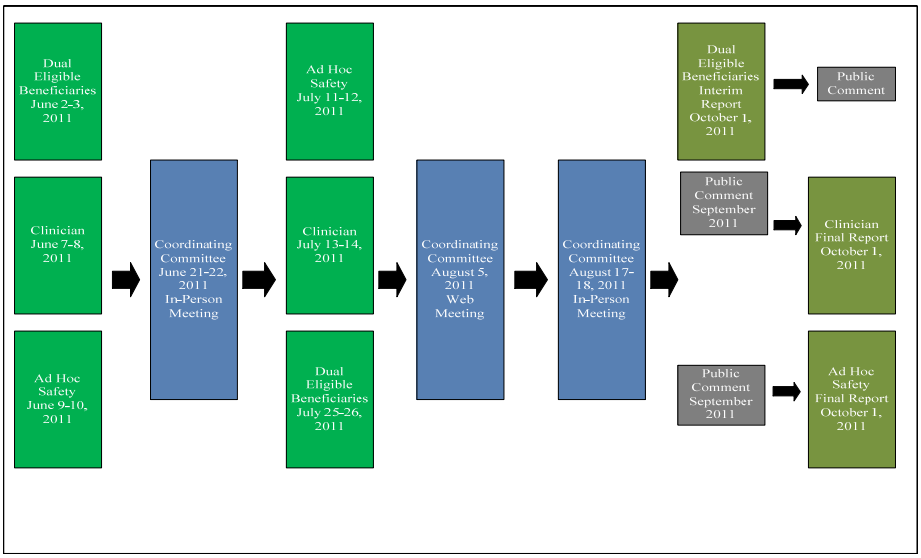
- Welcome, Introductions, and Review of Meeting Objectives
- Timeline Review and Update on Workgroup Activities
- Finalize Measure Selection Criteria
- Proposed Approach to Pre-rulemaking Analysis
- Next Steps

NQF
National Quality Forum

Timeline Review and Update on Workgroup Activities

MAP Coordinating Committee Timeline and Processes – October 1, 2011 HHS Reports

NQF
National Quality Forum



MAP Coordinating Committee Timeline and Processes – February 1, 2012 Pre-Rulemaking Analysis Report

NQF National Quality Forum

7

www.qualityforum.org

MAP Clinician Workgroup Update

NQF National Quality Forum

- Workgroup submitted report to HHS on October 1

  The charge of the MAP Clinician Workgroup was to advise the Coordinating Committee on a coordination strategy for clinician performance measurement which included the following recommendations:

  - Alignment of measures and data sources to reduce duplication and burden
  - Characteristics of an ideal measure set to promote common goals across programs
  - Standardized data elements

- Next: MAP Clinician Workgroup will participate in December pre-rulemaking activities

8

www.qualityforum.org

MAP Ad Hoc Safety Workgroup Update

NQF National Quality Forum

– Workgroup submitted report to HHS on October 1
The charge of the MAP Ad Hoc Safety Workgroup was to advise the Coordinating Committee on a public-private payer coordination strategy to reduce healthcare-acquired conditions (HACs) and readmissions. Specifically, the recommendations included:

- National core set of safety measures applicable to all patients
- Data elements needed to calculate the core measure set collected on all patients
- Public and private coordination of efforts, beginning with incentive structures

– Next: MAP Ad Hoc Safety Workgroup activities are complete for this phase; may be asked to give input on a core set of safety measures

9

www.qualityforum.org

MAP Hospital Workgroup Update

NQF National Quality Forum

- Early September - Workgroup completed a survey utilizing the measure selection criteria in evaluating the Hospital Inpatient Quality Reporting Program (IQR)

- Workgroup convened In-person on Oct 12-13:
  - Reviewed pre-rulemaking approach
  - Drafted a proposed hospital core measure set
  - Discussed a cancer care measurement strategy and drafted a core cancer care measure set

- Next: MAP Hospital Workgroup will participate in December pre-rulemaking activities

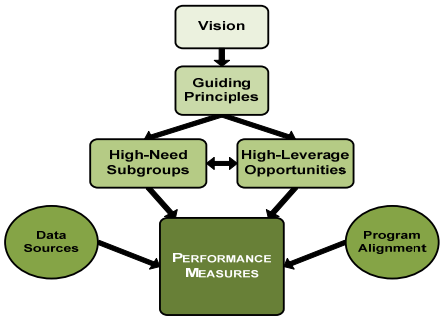
10

www.qualityforum.org

MAP Dual Eligible Beneficiaries Workgroup Report Update

NQF National Quality Forum

- Workgroup submitted interim report to HHS on October 1
  - Strategic approach to performance measurement for dual eligible beneficiaries comprised of:



- Next: Convene November in-person meeting on November 15
  - Begin second phase of work focused on measure gaps, potential modifications to existing measures, and proposing new measure concepts for development
  - MAP Dual Eligible Beneficiaries Workgroup will participate in December pre-rulemaking activities

MAP PAC/LTC Workgroup Update

NQF National Quality Forum

- September 8-9 In-person meeting and follow-up October 4 Web meeting
  - Finalized Coordination Strategy:
    - Identified a core set of measures across settings to support measure alignment
    - Recommended additional data platform considerations to reduce measurement burden
- Next: MAP PAC/LTC Workgroup will participate in December pre-rulemaking activities.

NQF
National Quality Forum

Finalize Measure Selection Criteria

Application of Measure Selection Criteria

NQF
National Quality Forum

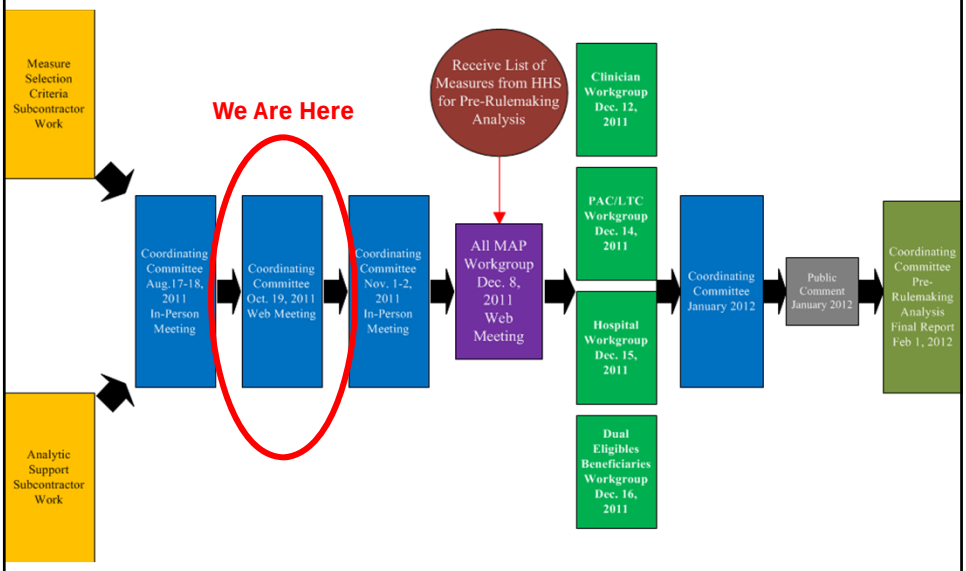
Measures to Be Implemented Through the Federal Rulemaking Process

Task Description	Deliverable	Timeline
Provide input to HHS on measures to be implemented through the federal rulemaking process, based on an overview of the quality issues in hospital, clinician office, and post-acute/long-term care settings; the manner in which those problems could be improved; and the metrics for encouraging such improvement.	Final report containing Coordinating Committee framework for decision-making and proposed measures	Draft Report: January 2012 Final Report: February 1, 2012

Coordinating Committee with input from all workgroups

MAP Coordinating Committee Timeline and Processes – February 1, 2012 Pre-Rulemaking Analysis Report

NQF National Quality Forum



15

www.qualityforum.org

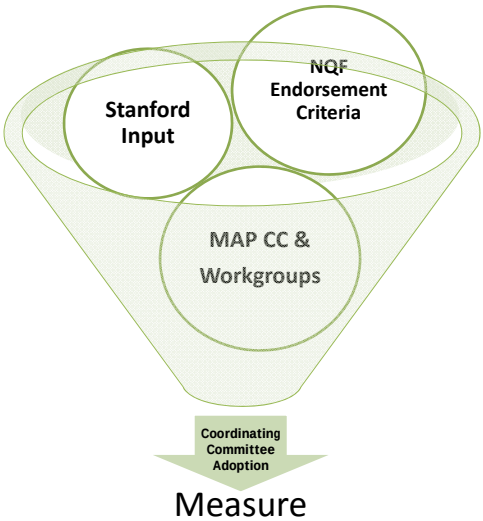
NQF National Quality Forum

Refinement of Measure Selection Criteria

16

www.qualityforum.org

MAP Measure Selection Criteria



Meeting/Activities	Output
May Coordinating Committee	Measure Selection Principles
June Coordinating Committee	Measure Selection Criteria "Strawperson"
July • Clinician Workgroup • Dual Eligible Beneficiary Workgroup	Feedback on Measure Selection Criteria "Strawperson"
August • Coordinating Committee • Public Comment via MAP Clinician Report	Draft Measure Selection Criteria
September/October • Hospital Workgroup Survey Exercise and Meeting • PAC/LTC Workgroup • Public Comment	Draft Measure Selection Criteria Refinement
October 19 Coordinating Committee	Finalize Measure Selection Criteria

17

MAP Workgroup and Public Comment Feedback

- Clarification on definitions (e.g., "adequate," "episode of care")
  - Criterion #2 states "Measure set adequately addresses each of the National Quality Strategy priorities."
- Explore alternative rating systems to allow for more nuanced assessment
  - Binary versus scaled response options
- Criterion #4: "Provider" versus "Setting"
  - Former subcriterion 4.1 "Measure set is applicable to the program's intended provider(s)" and former subcriterion 4.2 "Measure set is applicable to the program's intended care setting(s)" overlap
- Clarification on how the criteria will be used to consider individual measures as well as measure sets

18

MAP Workgroup and Public Comment Feedback

Feedback	Modification to Criteria
Clarification of definitions	Developed Measure Selection Criteria Interpretive Guide that includes definitions for “adequately,” “episode of care,” and measure types
Alternative rating system	Adjusted rating to a modified scaled response option–strongly agree, agree, disagree, strongly disagree
“Provider” versus “Setting”	Former subcriterion 4.1 (provider) removed from measure selection criteria due to overlap with former subcriterion 4.2 (setting)
Consideration of individual measures as well as measure sets	Criterion #1: Assesses a measure’s NQF-endorsement status and potential for unintended consequences Criterion #5: Interpretive guide includes ideal characteristics for individual outcome and process measures

Measure Selection Criteria Interpretive Guide

Measure Selection Criteria Interpretive Guide

NQF National Quality Forum

- Provides guidance on how to apply the MAP Measure Selection Criteria
- Includes definitions of terms
- Discusses how ratings and rationale can be conveyed when applying the criteria
  - Scaled response option (strongly agree, agree, disagree, strongly disagree)
  - Online survey version includes an open text box for narrative notes
- Includes considerations for individual measures
  - Unintended consequences
  - Outcome and process measure characteristics

21

www.qualityforum.org

Measure Selection Criteria

NQF National Quality Forum

1. Measures within the set meet NQF-endorsement criteria

2. Measure set adequately addresses each of the National Quality Strategy priorities

3. Measure set adequately addresses high-impact conditions relevant to the program's intended population(s) (e.g. children, adult non-Medicare, older adults, dual eligible beneficiaries)

4. Measure set promotes alignment with specific program attributes

5. Measure set includes an appropriate mix of measure types

6. Measure set enables measurement across the person-centered episode of care

7. Measure set includes considerations for healthcare disparities

8. Measure set promotes parsimony

22

www.qualityforum.org

Interpretive Guidance – Clarifications

NQF National Quality Forum

Criterion #1

Measures within the set meet NQF-endorsement criteria

Interpretive Guidance:

- Clarifies role of NQF-endorsement criteria as the basis for individual measure assessment and highlights recommendation for expedited review
- Provides guidance for assessing a measure that has had evidence of implementation challenges and/or negative unintended consequences

Criterion #3

Measure set adequately addresses high-impact conditions relevant to the program's intended population(s) (e.g., children, adult non-Medicare, older adults, dual eligible beneficiaries)

Interpretive Guidance:

- Discusses that high-impact conditions can be demonstrated by their high prevalence, high disease burden, and high costs relevant to the program
- Highlights NQF's Measure Prioritization Advisory Committee work on high-impact conditions as guidance

Criterion #4

Measure set promotes alignment with specific program attributes

Interpretive Guidance:

- Clarifies that background material(s) on the program being evaluated and its intended purpose will be provided

Interpretive Guidance – Clarifications

NQF National Quality Forum

Criterion #7

Measure set includes considerations for health care disparities

Interpretive Guidance:

- Provides guidance on how measure sets should be able to detect differences in quality among populations and/or social groups (e.g., race/ethnicity, language).

Criterion #8

Measure set promotes parsimony

Interpretive Guidance:

- Clarifies that the best option is for the measure set to minimize reporting burden, while also measuring health and healthcare comprehensively.

Interpretive Guidance – Definitions

NQF National Quality Forum

Criterion #2

Measure set adequately addresses each of the National Quality Strategy (NQS) priorities

Interpretive Guidance:

- Defines "adequately" as the expert judgment of the Coordinating Committee and/or workgroup members. Will be refined through experience.

Criterion #5

Measure set includes an appropriate mix of measure types

Interpretive Guidance:

- Defines "appropriate" as the expert judgment of the Coordinating Committee and/or workgroup members. Will be refined through experience.
- Defines each measure types

Criterion #6

Measure set enables measurement across the person-centered episode of care

Interpretive Guidance:

- Defines "person-centered episode of care" as a person's natural trajectory through the health and healthcare system over a period of time

25

www.qualityforum.org

NQF National Quality Forum

Committee Discussion and Opportunity for Public Comment

26

www.qualityforum.org

NQF
National Quality Forum

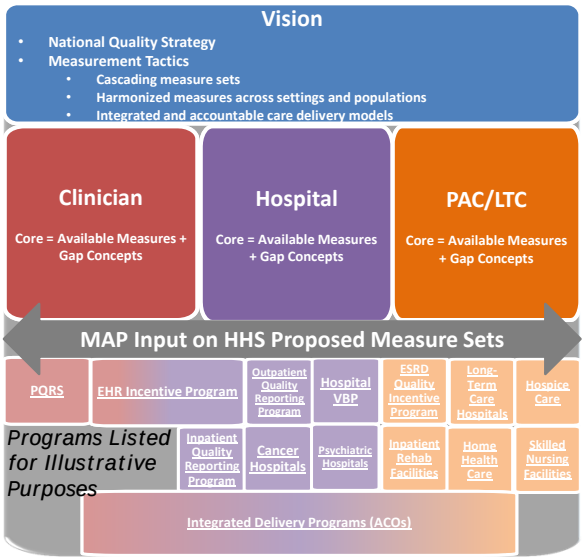
Finalization of Measure Selection Criteria

NQF
National Quality Forum

Proposed Approach to Pre-Rulemaking Analysis

MAP Pre-Rulemaking Proposed Approach

NQF National Quality Forum



29

www.qualityforum.org

Pre-Rulemaking Analysis Proposed Process

NQF National Quality Forum

BEFORE NOVEMBER 1	NOVEMBER 1-2	DECEMBER	JANUARY 5-6
MAP WORKGROUPS • Develop core measure sets • Identify priority measure gap concepts	COORDINATING COMMITTEE • Review MAP workgroup evaluations of core measure sets • Confirm and prioritize measure gap concepts	MAP WORKGROUPS • Assess HHS proposed measure sets • Evaluate measures relative to core measure sets, gaps, and measure selection criteria	COORDINATING COMMITTEE • Review setting-specific recommendations from MAP workgroups • Finalize input to HHS for February 1 Report

30

www.qualityforum.org

Before November 1

NQF National Quality Forum

MAP WORKGROUPS

- Develop core measure sets
- Identify priority measure gap concepts

Key Deliverable	• Preliminary core measure sets for each setting (i.e., clinician, hospital, PAC/LTC) that reflect the ideal characteristics of a measure set and identified priority measure gaps concepts
Activity	• Complete evaluation of initial starting point for core measure set, including identification of priority measure gap concepts
Background Materials	• List of measures used in federal programs • Federal program descriptions • Measure selection criteria

31

www.qualityforum.org

November 1-2

NQF National Quality Forum

COORDINATING COMMITTEE

- Review MAP workgroup evaluations of core measure sets
- Confirm and prioritize measure gap concepts

Key Deliverable	• Finalize core measure sets and prioritized measure gap concepts
Activity	• Review MAP workgroup evaluations of preliminary core measure sets and identified measure gap concepts
Background Materials	• List of measures used in federal programs • Workgroup evaluations of existing measure sets and associated measure concept gaps • Measure selection criteria

32

www.qualityforum.org

December

NQF National Quality Forum

MAP WORKGROUPS

- Assess HHS proposed measure sets
- Evaluate measures relative measure sets, gaps, and measure selection criteria

Key Deliverable	• Input to MAP Coordinating Committee on HHS proposed measure sets
Activity	• Assess HHS proposed measure sets against MAP core measure sets and prioritized gaps concepts
Background Materials	• HHS proposed measure sets list • Finalized MAP core measure sets and prioritized measure gap concepts • Measure selection criteria

33

www.qualityforum.org

January 5-6

NQF National Quality Forum

COORDINATING COMMITTEE

- Review the setting-specific recommendations from MAP workgroups
- Finalize input to HHS for February 1 Report

Key Deliverable	• Finalized input to HHS on proposed measure sets
Activity	• Review MAP workgroup input regarding HHS proposed measure sets
Background Materials	• MAP workgroup input to Coordinating Committee on HHS proposed measure sets

34

www.qualityforum.org

NQF
National Quality Forum

Homework Activity

Homework Activity

NQF
National Quality Forum

Objective:

- Determine core measure sets
- Confirm priority measure gap concepts
- Suggest potential removal and addition of measures to set

Process:

- Survey Monkey exercise to prepare for In-person meeting
- Finalization of core measure sets will occur at November 1-2 Coordinating Committee In-person Meeting

Committee Member Assignment

NQF National Quality Forum

Clinician	Hospital	PAC/LTC
David Baker	Rhonda Anderson	Carol Raphael
Frank Opelka	Chip Kahn	Michael Mussallem
Carl A. Sirio	Mark Chassin	Steven Findlay
Sam Lin	Peggy O'Kane	Cheryl Phillips
Joyce Dubow	Aparna Higgins	Elizabeth Mitchell
Foster Gesten	Marla Weston	Bobbie Berkowitz
Richard Antonelli	Gerald Shea	Harold Pincus
Christine Cassel	Suzanne Delbanco	Nancy Wilson
Joseph Betancourt	Christine Bechtel	Chesley Richards
Joshua Seidman	Ira Moscovice	Judith A. Cahill
William Kramer	Victor Freeman	John O'Brien
	Patrick Conway	

NQF National Quality Forum

Committee Discussion and Opportunity for Public Comment

NQF
National Quality Forum

Next Steps

Committee Scope of Work and Timeline

NQF
National Quality Forum

November 1-2, 2011

- Finalize core measure sets and prioritize measure gap concepts;
- Set pre-rulemaking analysis approach;
- Review findings from the Post-Acute Care/Long-Term Care Workgroup and provide input to HHS on a coordination strategy for performance measurement across post-acute care and long-term care settings.

December 8, 2011

- All MAP web meeting to begin pre-rulemaking tasks after release of proposed measure list from HHS

January 5-6, 2011

- In-person meeting to finalize pre-rulemaking recommendations to HHS.

MAP Meeting Schedule

Coordinating Committee In-Person Meeting #4:
November 1-2, 2011 (Washington, DC)

All MAP Web Meeting #2
December 8, 2011 1:00-3:00 pm EST

Coordinating Committee In-Person Meeting #5
January 5-6, 2012 (Washington, DC)

November 1-2 Meeting Objectives

- Finalize core measure sets and prioritize measure gap concepts;
- Set pre-rulemaking analysis approach;
- Review findings from the Post-Acute Care/Long-Term Care Workgroup and provide input to HHS on a coordination strategy for performance measurement across post-acute care and long-term care settings

NQF
National Quality Forum

Committee Discussion and Opportunity for Public Comment

MAP "Working" Measure Selection Criteria

Tab 3

MAP "Working" Measure Selection Criteria

1. Measures within the set meet NQF endorsement criteria

Measures within the set meet NQF endorsement criteria: important to measure and report, scientifically acceptable measure properties, usable, and feasible. (Measures within the set that are not NQF endorsed but meet requirements for submission, including measures in widespread use and/or tested, may be submitted for expedited consideration).

Response option: Strongly Agree / Agree / Disagree / Strongly Disagree

Measures within the measure set are NQF endorsed or meet requirements for NQF submission (including measures in widespread use and/or tested)

Additional Implementation Consideration: Individual endorsed measures may require additional discussion and may be excluded from the set if there is evidence that implementing the measure would result in undesirable unintended consequences.

2. Measure set adequately addresses each of the National Quality Strategy (NQS) priorities

Demonstrated by measures addressing each of the National Quality Strategy (NQS) priorities:

Subcriterion 2.1	*Safer care*
Subcriterion 2.2	*Effective care coordination*
Subcriterion 2.3	*Preventing and treating leading causes of mortality and morbidity*
Subcriterion 2.4	*Person- and family-centered care*
Subcriterion 2.5	*Supporting better health in communities*
Subcriterion 2.6	*Making care more affordable*

Response option for each subcriterion:
Strongly Agree / Agree / Disagree / Strongly Disagree:

NQS priority is adequately addressed in the measure set

3. Measure set adequately addresses high-impact conditions relevant to the program's intended population(s) (e.g., children, adult non-Medicare, older adults, dual eligible beneficiaries)

Demonstrated by the measure set addressing Medicare High-Impact Conditions; Child Health Conditions and risks; or conditions of high prevalence, high disease burden, and high cost relevant to the program's intended population(s). (Reference tables 1 and 2 for Medicare High-Impact Conditions and Child Health Conditions determined by NQF's Measure Prioritization Advisory Committee.)

Response option:
Strongly Agree / Agree / Disagree / Strongly Disagree:

Measure set adequately addresses high-impact conditions relevant to the program.

4. Measure set promotes alignment with specific program attributes

Demonstrated by a measure set that is applicable to the intended care setting(s), level(s) of analysis, and population(s) relevant to the program.

Response option for each subcriterion:

Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 4.1	Measure set is applicable to the program's intended care setting(s)
Subcriterion 4.2	Measure set is applicable to the program's intended level(s) of analysis
Subcriterion 4.3	Measure set is applicable to the program's population(s)

5. Measure set includes an appropriate mix of measure types

Demonstrated by a measure set that includes an appropriate mix of process, outcome, experience of care, cost/resource use/appropriateness, and structural measures necessary for the specific program attributes.

Response option for each subcriterion:

Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 5.1	Outcome measures are adequately represented in the set
Subcriterion 5.2	Process measures are adequately represented in the set
Subcriterion 5.3	Experience of care measures are adequately represented in the set (e.g. patient, family, caregiver)
Subcriterion 5.4	Cost/resource use/appropriateness measures are adequately represented in the set
Subcriterion 5.5	Structural measures and measures of access are represented in the set when appropriate

6. Measure set enables measurement across the person-centered episode of care [1]

Demonstrated by assessment of the person's trajectory across providers, settings, and time.

Response option for each subcriterion:

Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 6.1	Measures within the set are applicable across relevant providers
Subcriterion 6.2	Measures within the set are applicable across relevant settings
Subcriterion 6.3	Measure set adequately measures patient care across time

[1] National Quality Forum (NQF), *Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care*, Washington, DC: NQF; 2010.

7. Measure set includes considerations for healthcare disparities[2]

Demonstrated by a measure set that promotes equitable access and treatment by considering healthcare disparities. Factors include addressing race, ethnicity, socioeconomic status, language, gender, age disparities, or geographical considerations (e.g., urban vs. rural). Measure set also can address populations at risk for healthcare disparities (e.g., people with behavioral/mental illness).

Response option for each subcriterion:

Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 7.1	Measure set includes measures that directly assess healthcare disparities (e.g., interpreter services)
Subcriterion 7.2	Measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack)

8. Measure set promotes parsimony

Demonstrated by a measure set that supports efficient (i.e., minimum number of measures and the least effort) use of resources for data collection and reporting and supports multiple programs and measurement applications. The measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.

Response option for each subcriterion:

Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 8.1	Measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome)
Subcriterion 8.2	Measure set can be used across multiple programs (e.g., Meaningful Use, Physician Quality Reporting System [PQRS])

[2] NQF, *Healthcare Disparities Measurement,* Washington, DC: NQF; 2011.

Table 1: National Quality Strategy Priorities:

1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family is engaged as partners in their care.
3. Promoting effective communication and coordination of care.
4. Promoting the most effective prevention *and* treatment practices for the leading causes of mortality, starting with cardiovascular disease.
5. Working with communities to promote wide use of best practices to enable healthy living.
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models.

Table 2: High-Impact Conditions:

Medicare Conditions
1. Major Depression
2. Congestive Heart Failure
3. Ischemic Heart Disease
4. Diabetes
5. Stroke/Transient Ischemic Attack
6. Alzheimer's Disease
7. Breast Cancer
8. Chronic Obstructive Pulmonary Disease
9. Acute Myocardial Infarction
10. Colorectal Cancer
11. Hip/Pelvic Fracture
12. Chronic Renal Disease
13. Prostate Cancer
14. Rheumatoid Arthritis/Osteoarthritis
15. Atrial Fibrillation
16. Lung Cancer
17. Cataract
18. Osteoporosis
19. Glaucoma
20. Endometrial Cancer

Child Health Conditions and Risks
1. Tobacco Use
2. Overweight/Obese ($\geq 85^{th}$ percentile BMI for age)
3. Risk of Developmental Delays or Behavioral Problems
4. Oral Health
5. Diabetes
6. Asthma
7. Depression

8. Behavior or Conduct Problems
9. Chronic Ear Infections (3 or more in the past year)
10. Autism, Asperger's, PDD, ASD
11. Developmental Delay (diag.)
12. Environmental Allergies (hay fever, respiratory or skin allergies)
13. Learning Disability
14. Anxiety Problems
15. ADD/ADHD
16. Vision Problems not Corrected by Glasses
17. Bone, Joint, or Muscle Problems
18. Migraine Headaches
19. Food or Digestive Allergy
20. Hearing Problems
21. Stuttering, Stammering, or Other Speech Problems
22. Brain Injury or Concussion
23. Epilepsy or Seizure Disorder
24. Tourette Syndrome

MAP "Working" Measure Selection Criteria Interpretive Guide

Tab 4

MAP "Working" Measure Selection Criteria Interpretive Guide

Instructions for applying the measure selection criteria:

The measure selection criteria are designed to assist MAP Coordinating Committee and workgroup members in assessing measure sets used in payment and public reporting programs. The criteria have been developed with feedback from the MAP Coordinating Committee, workgroups, and public comment. The criteria are intended to facilitate a structured thought process that results in generating discussion. A rating scale of Strongly Agree, Agree, Disagree, Strongly Disagree is offered for each criterion or sub-criterion. An open text box is included in the response tool to capture reflections on the rationale for ratings.

The eight criteria areas are designed to assist in determining whether the measure set is aligned with its intended use and whether the set best exemplifies measurement that adequately reflects 'quality' health and healthcare.

<u>For criterion 1 – NQF endorsement:</u>

The optimal option is for all measures in the set to be NQF endorsed or ready for NQF expedited review. The endorsement process evaluates individual measures against four main criteria:

1) 'Importance to measure and report" - how well the measure addresses a specific national health goal/ priority, addresses an area where a performance gap exists, and demonstrates evidence to support the measure focus;

2) 'Scientific acceptability of the measurement properties' - evaluates the extent to which each measure produces consistent (reliable) and credible (valid) results about the quality of care.

3) 'Usability'- the extent to which intended audiences (e.g., consumers, purchasers, providers, and policy makers) can understand the results of the measure and are likely to find the measure results useful for decision making.

4) 'Feasibility' - the extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measures.

NQF endorsed measures are preferred. If a measure is not endorsed it should be considered for expedited review as long as all of the following criteria should be considered:

- the extent to which the measure(s) under consideration has been sufficiently tested and/or in widespread use
- whether the scope of the project/measure set is relatively narrow
- time-sensitive legislative/regulatory mandate for the measure(s)

Measures that are NQF-endorsed are broadly available for quality improvement and public accountability programs. In some instances, there may be evidence that implementation challenges and/or unintended negative consequences of measurement to individuals or populations may outweigh benefits associated with the use of the performance measure. Additional consideration and discussion by the MAP workgroup or Coordinating Committee may be appropriate prior to selection. To raise concerns on particular measures, please make a note in the included text box under this criterion.

For criterion 2 – set addresses the National Quality Strategy priorities:

The set of measures is expected to adequately address each of the NQS priorities as described in criterion 2.1-2.6. The definition of "adequate" rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria. This assessment should consider the current landscape of NQF-endorsed measures available for selection within each of the priority areas.

For criterion 3 – set addresses high-impact conditions:

When evaluating the measure set, measures that adequately capture information on high-impact conditions should be included based on their relevance to the program's intended population. High-priority Medicare and child health conditions have been determined by NQF's Measure Prioritization Advisory Committee and are included to provide guidance. For programs intended to address high-impact conditions for populations other than Medicare beneficiaries and children (e.g., adult non-Medicare and dual eligible beneficiaries), high-impact conditions can be demonstrated by their high prevalence, high disease burden, and high costs relevant to the program. Examples of other on-going efforts may include research or literature on the adult Medicaid population or other common populations. The definition of "adequate" rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria.

For criterion 4 – set promotes alignment with specific program attributes:

Measure sets should align with the attributes of the specific program for which they intend to be used. Background material on the program being evaluated and its intended purpose are provided to help with applying the criteria. This should assist with making discernments about the intended care setting(s), level(s) of analysis, and population(s).

- Care settings include: Ambulatory Care, Ambulatory Surgery Center, Clinician Office, Clinic/Urgent Care, Behavioral Health/Psychiatric, Dialysis Facility, Emergency Medical Services - Ambulance, Home Health, Hospice, Hospital- Acute Care Facility, Imaging Facility, Laboratory, Pharmacy, Post-Acute/Long Term Care, Facility, Nursing Home/Skilled Nursing Facility, Rehabilitation.

- Level of analysis includes: Clinicians/Individual, Group/Practice, Team, Facility, Health Plan, Integrated Delivery System.

- Populations include: Community, County/City, National, Regional, or States. Population includes: Adult/Elderly Care, Children's Health, Disparities Sensitive, Maternal Care, and Special Healthcare Needs.

For criterion 5 – set includes an appropriate mix of measure types:

Measure set should be evaluated for an appropriate mix of measure types. The definition of "appropriate" rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria. The evaluated measure types include:

1) Outcome measures – Clinical outcome measures reflect the actual results of care.[1] Patient reported measures assess outcomes and effectiveness of care as experienced by patients and their families. Patient reported measures include measures of patients' understanding of treatment options and care plans, and their feedback on whether care made a difference.[2]

   When choosing among similar clinical outcome measures, measures that are risk adjusted for clinically important factors, such as factors that assess for comorbidity and severity of illness, are preferred.
2) Process measures – Process denotes what is actually done in giving and receiving care. [3] NQF-endorsement seeks to ensure that process measures have a systematic assessment of the quantity, quality, and consistency of the body of evidence that the measure focus leads to the desired health outcome.[4] When choosing among similar process measures, measures that have a stronger linkage to outcomes and that are more proximal to outcomes are preferred. Another important factor is whether the process measure captures that the care process has in fact been provided.[5]
3) Experience of care measures– Defined as patients' perspective on their care.[6]
4) Cost/resource use/appropriateness measures–
   a. Cost measures – Total cost of care.
   b. Resource use measures - Resource use measures are defined as broadly applicable and comparable measures of health services counts (in terms of units or dollars)

---

[1] National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx

[2] Consumer-Purchases Disclosure Project. (2011). Ten Criteria for Meaningful and Usable Measures of Performance.

[3] Donabedian, A. (1988) The quality of care. *JAMA*, 260, 1743-1748.

4 National Quality Forum. (2011). Consensus development process. Retrieved from http://www.qualityforum.org/Measuring_Performance/Consensus_Development_Process.aspx

[5] Chassin, M., Loeb, J., Schmaltz, S., Wachter, R. (2010) Accountability measures – Using measurement to promote quality improvement. New England Journal of Medicine.363:7, 683-688.

[6] National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx

that are applied to a population or event (broadly defined to include diagnoses, procedures, or encounters).[7]

c. Appropriateness measures – Measures that examine the significant clinical, systems, and care coordination aspects involved in the efficient delivery of high-quality services and thereby effectively improve the care of patients and reduce excessive healthcare costs.[8]

5) Structure measures– Reflect the conditions in which providers care for patients.[9] This includes the attributes of material resources (such as facilities, equipment, and money), of human resources (such as the number and qualifications of personnel), and of organizational structure (such as medical staff organizations, methods of peer review, and methods of reimbursement).[10] In this case, structural measures should be used only when appropriate for the program attributes and the intended population.

<u>For criterion 6 – set enables measurement across the person-centered episode of care</u>:

The optimal option is for the set to approach measurement in such a way as to capture a person's natural trajectory through the health and healthcare system over a period of time. Additionally, driving to longitudinal measures that address patients throughout their lifespan, from health, to chronic conditions, and when acutely ill should be emphasized. Evaluating performance in this way can provide insight into how effectively services are coordinated across multiple settings and during critical transition points.

When evaluating subcriteria 6.1-6.3, it is important to note whether the measure set captures this trajectory (across providers, settings or time). This can be done through the inclusion of individual measures (e.g., 30-day readmission post-hospitalization measure) or multiple measures in concert (e.g., aspirin at arrival for AMI, statins at discharge, AMI 30-day mortality, referral for cardiac rehabilitation).

<u>For criterion 7 – set includes considerations for healthcare disparities:</u>

---

[7] National Quality Forum. (2011). National voluntary consensus standards for cost and resource use (cycle 1): a consensus report. (draft report for commenting). Retrieved from http://www.qualityforum.org/projects/efficiency_resource_use_2.aspx?section=PublicandMemberComment-Non-ConditionSpecificCVDiabetes2011-08-302011-09-28

[8] National Quality Forum (2009). National voluntary consensus standards for outpatient imaging efficiency. Retrieved from http://www.qualityforum.org/Publications/2009/08/National_Voluntary_Consensus_Standards_for_Outpatient_Imaging_Efficiency__A_Consensus_Report.aspx

[9] National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx

[10] Donabedian, A. (1988) The quality of care. *JAMA*, 260, 1743-1748.

Measures sets should be able to detect differences in quality among populations or social groupings. Measures should be stratified by demographic information (e.g., race, ethnicity, language, gender, disability, and socioeconomic status), which will provide important information to help identify and address disparities.[11]

Subcriterion 7.1 seeks to include measures that are known to assess healthcare disparities (e.g., use of interpreter services to prevent disparities for non-English speaking patients).

Subcriterion 7.2 seeks to include disparities-sensitive measures; these are measures that serve to detect not only differences in quality across institutions or in relation to certain benchmarks, but also differences in quality among populations or social groupings (e.g., race/ethnicity, language).

For criterion 8 - set promotes parsimony:

The optimal option is for the measure set to support an efficient use of resources in regard to data collection and reporting for accountable entitles, while also measuring the patient's health and healthcare comprehensively.

Subcriterion 8.1 can be evaluated by examining whether the set includes the least number of measures required to capture the program's objectives and data submission that requires the least burden on the part of the accountable entitles.

Subcriterion 8.2 can be evaluated by examining whether the set includes measures that are used across multiple programs (e.g., PQRS, MU, CHIPRA, etc.)

[11] Consumer-Purchases Disclosure Project. (2011). Ten Criteria for Meaningful and Usable Measures of Performance.