

A call for multistakeholder review of measure sets and measurement systems

EXECUTIVE SUMMARY

- Healthcare payers and purchasers are increasingly using performance measures as part of value-based purchasing (VBP) programs, alternative payment models (APM), and other measurement systems.
- At the same time, measure sets—a group of measures used to define quality—increasingly play a role in strategies both to promote alignment of the measures used in VBP programs and APMs, and reduce the burden of measurement.
- NQF convenes healthcare stakeholders to evaluate the scientific merits of a performance measure and to provide guidance on its use, but there is no current process for evaluating how measures work together.
- There is a lack of consistency, transparency, and stakeholder input in the way that individual performance measures are used together, either as part of a measure set or a larger measurement system, such as an APM.
- Increasing evidence indicates that the way in which measures are aggregated affects provider performance in a VBP program or an APM, independent of a change in performance on an individual measure.
- This evidence and the growing use of measure sets and measurement systems for payment purposes necessitates transparency and multistakeholder review.

The Issues

Transitioning to value. Numerous critical healthcare stakeholders—including both public and private payers, purchasers, and providers—are transforming the U.S. health system by moving from volume-based care to value-based care (i.e., improving quality and lowering costs). Value-based purchasing (VBP) approaches and alternative payment models (APMs) serve as key mechanisms for this transition, and performance measures form the building blocks of these mechanisms.

Burden of performance measurement. The increased use of performance measures (by various entities, for various purposes, including value-based care) has substantially increased the burden associated with measurement. This burden is magnified when measures are not aligned to the extent possible. Identifying specific groups of measures to assess the quality of a particular condition, care approach, or cross-cutting area has become a prominent strategy to promote alignment, and thus reduce measurement burden.

Lack of transparency. Currently, there is relatively little consistency, transparency, or opportunity for multistakeholder input on how (1) individual measures

are selected to address a particular quality goal, or how (2) groups of measures work together, in conjunction with other programmatic elements, to achieve the purpose of measurement. Yet such decisions affect overall provider performance in VBP programs and APMs, independent of performance or change in performance, on individual measures.

A holistic framework for healthcare performance measurement

The National Quality Forum (NQF) recommends establishing independent, transparent, and multistakeholder consideration of three interdependent levels of performance measurement:

1. individual performance measures,
2. measure sets, and
3. measurement systems.

LEVEL 1: INDIVIDUAL PERFORMANCE MEASURES

The purpose of healthcare performance measurement is to assess, and then drive improvements in the healthcare system. To accomplish this goal, the individual performance measures that are used must

be evidence-based and scientifically sound. NQF recognizes that in the effort to move from volume to value, evaluating the clinical underpinning and scientific properties of individual measures is necessary, but not sufficient, to ensure the effectiveness of healthcare quality measurement and reporting. Consideration of performance measures should take into account the context of their use.

LEVEL 2: MEASURE SETS

Measure sets are collections of individual performance measures that address a particular aspect of cost or quality, often based on intent (e.g., measuring quality for a certain setting or condition). Depending on the intent driving the development of the measure set, the measures included in the set may be intended to function as a cohesive group, or they may be offered as a “pick-list” of measures that different users can select from. Many different stakeholder groups have developed a myriad of measure sets, yet the processes used to develop such sets often are not transparent, may not conform to best practices for measure selection, and, most importantly, they may not truly reflect a reasonable definition of quality care. Moreover, the risk of incomplete or competing sets threatens the value of measure sets as a tool to reduce measurement burden.

LEVEL 3: MEASUREMENT SYSTEMS

Measurement systems apply a set of aggregation methodologies to a particular measure set in order to make inferences about healthcare provider quality or cost and to achieve particular goals (e.g., facilitate improvements in care, support consumer choice, determine provider payment, etc.). The aggregation methodology in a measurement system (beyond the determination of which measure set is used), includes the ways in which the individual measures from the set are aggregated and weighted, the way the incentive structure is designed (e.g., bonuses given to top-ranked providers, bonuses given based on an arbitrary threshold of performance, etc.), how patients are attributed to a provider, the data used to support the measures, and methods of risk-adjustment that help to ensure fair comparisons between providers (e.g., peer group stratification). An assessment of a measurement system should also include the methods and results from testing that system.

NQF will explore these new approaches to healthcare performance measurement

NQF convenes stakeholders from across the healthcare ecosystem to enhance the nation’s performance measurement endeavors. For 20 years, NQF has enabled the rigorous, transparent, multistakeholder evaluation of individual healthcare performance measures, awarding endorsement for those measures that are considered most able to drive improvements in care. Since 2011, NQF has convened multistakeholder workgroups to provide guidance on the use of measures in federal programs. Throughout its history, NQF has conducted foundational work to address some of the most important changes and challenges in measurement science. As a result of this experience, NQF recognizes the need for a transparent, multistakeholder consideration of measures within the context of their use. This can be accomplished via a systematic assessment of both measure sets and measurement systems.

The development of a multistakeholder evaluation process to make the design of measure sets and measurement systems transparent would ensure stakeholder buy-in, facilitate the alignment of goals, and ensure the accuracy and fairness of performance results. Such a process could benefit all healthcare stakeholders. Consumers would have the opportunity to ensure that measure sets and measurement systems promote gains in the areas that matter most. Clinicians and providers would have the chance to ensure that measurement systems, particularly, produce fair and actionable results that allow them to compete under VBP programs and APMs. Payers and purchasers could receive input on the design of their programs that could facilitate contract negotiations and ensure that their quality improvement efforts will drive progress towards their goals.

NQF is interested in exploring this space and bringing together relevant stakeholders to provide the expertise in quality improvement, measurement science, and healthcare policy to ensure measure sets and measurement systems live up to their potential to help the United States achieve the quadruple aim: enhancing patient experience, improving population health, and reducing costs, while improving the satisfaction of clinicians and providers. To ensure measure sets remain a valuable tool for defining quality and reducing measurement burden, NQF will define the best practices for measure sets. By identifying these best practices, NQF can support the alignment of measure sets. Additionally, NQF will undertake further research to establish best practices and approaches for how measures are aggregated, thus shaping the emerging concept of measurement systems.