



NATIONAL
QUALITY FORUM

Fostering Growth

Measure Developer Workshop 2018

May 17, 2018

Agenda

- Welcome and Introductions
- Measure Prioritization Initiative
- Feedback Initiative and Burden
- *Break*
- Graduated Measure Review
- *Lunch*
- Methods Panel – Lessons Learned on Scientific Acceptability
- Pulse Check: Patient-Reported Outcomes
- *Break*
- Pulse Check: Use as a Must-Pass Criterion
- eCQM Criteria and Guidance

Measure Prioritization



NATIONAL
QUALITY FORUM

NQF Prioritization Initiative

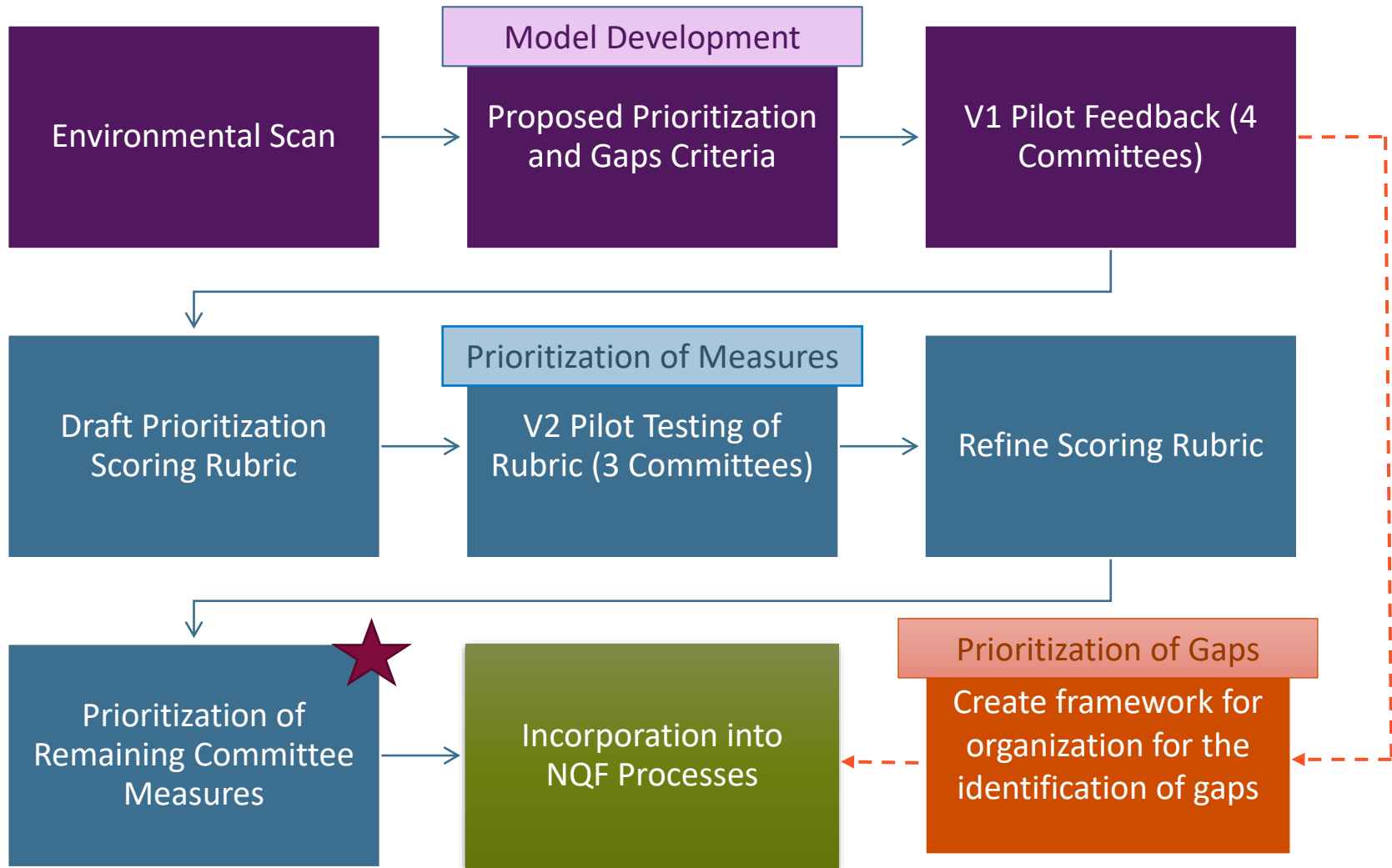
*Jean-Luc Tilly
Kate McQueston
John Bernot*

NQF's Strategic Direction



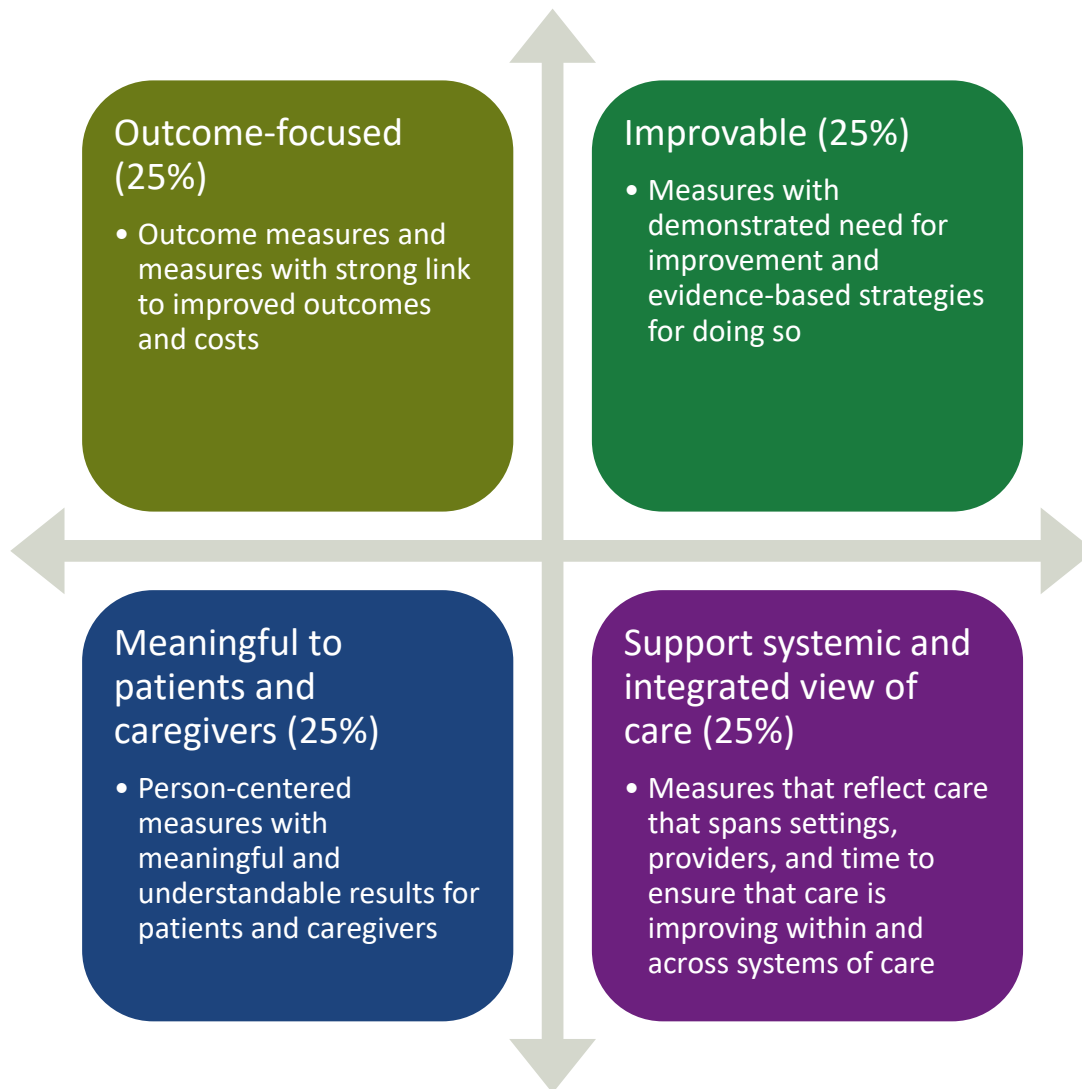
Learn more about NQF's Strategic Plan at
http://www.qualityforum.org/NQF_Strategic_Direction_2016-2019.aspx

NQF Prioritization Initiative

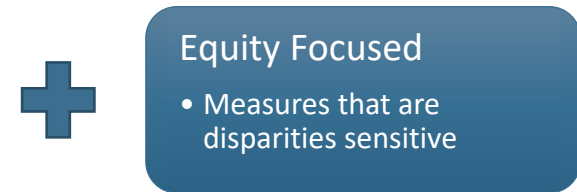


NQF Measure Prioritization Criteria

Prioritization Phase 1



Prioritization Phase 2



Breakdown of the Criteria


Outcome-focused

- Measures are scored based on measure type: Process/Structural, Intermediate clinical outcome or process tightly linked to outcome, Outcome/CRU


Improvable

- Measures are scored based the percentage of committee members votes on the “Gap” Criteria during measure evaluation and maintenance review for “High,” “Moderate,” or “Low.”

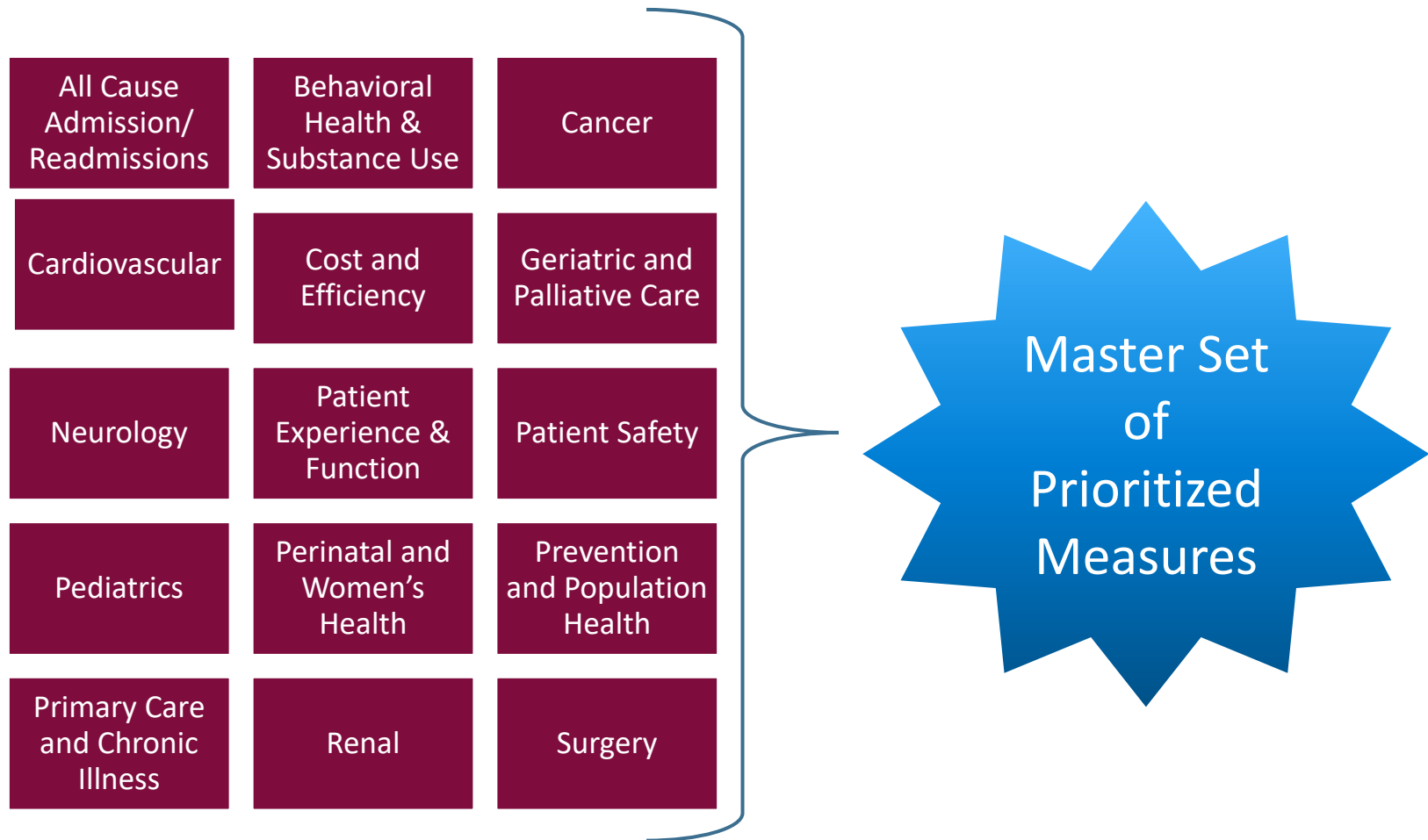
Meaningful to patients and caregivers

- Measures are scored based on if they are (1) a PRO and (2) if they are tagged as meaningful to patients.
 - A meaningful change or health maintenance to the patients and caregivers encompasses measures that address the following areas: Symptoms, Functional status, Health related quality of life or well-being. Patient and caregiver experience of care (Including Financial Stress, Satisfaction, Care coordination/continuity of care Wait times, Patient and caregiver autonomy/empowerment) and Harm to the patient, patient safety, or avoidance of an adverse event
- 

Support systemic and integrated view of care

- Measures are scored based on if (1) if they are a composite measure, (2) if they are applicable to multiple settings, (3) if they are condition agnostic, and (4) if they reflect a system outcome.
 - A system outcome is defined as a measure that: Addresses issues of Readmission, Addresses issues of Care-coordination, Results from the care of multiple providers, or Addresses aspects to enhance healthcare value (including a cost or efficiency component)
- 

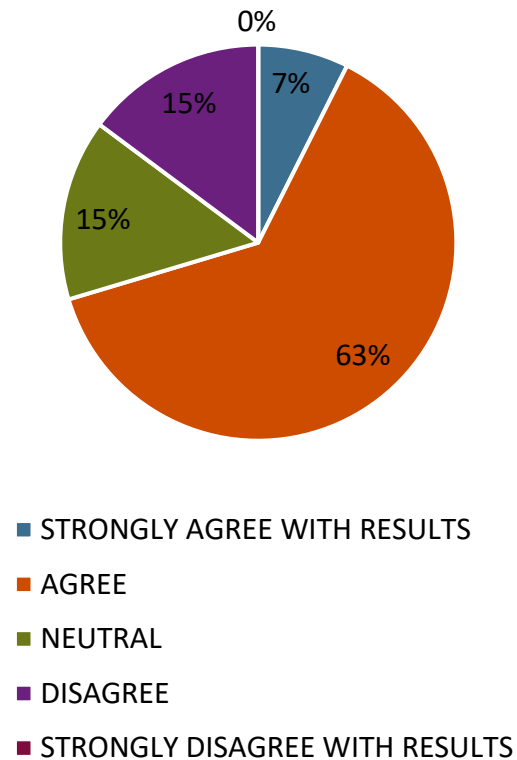
Prioritization will be conducted within and across portfolios



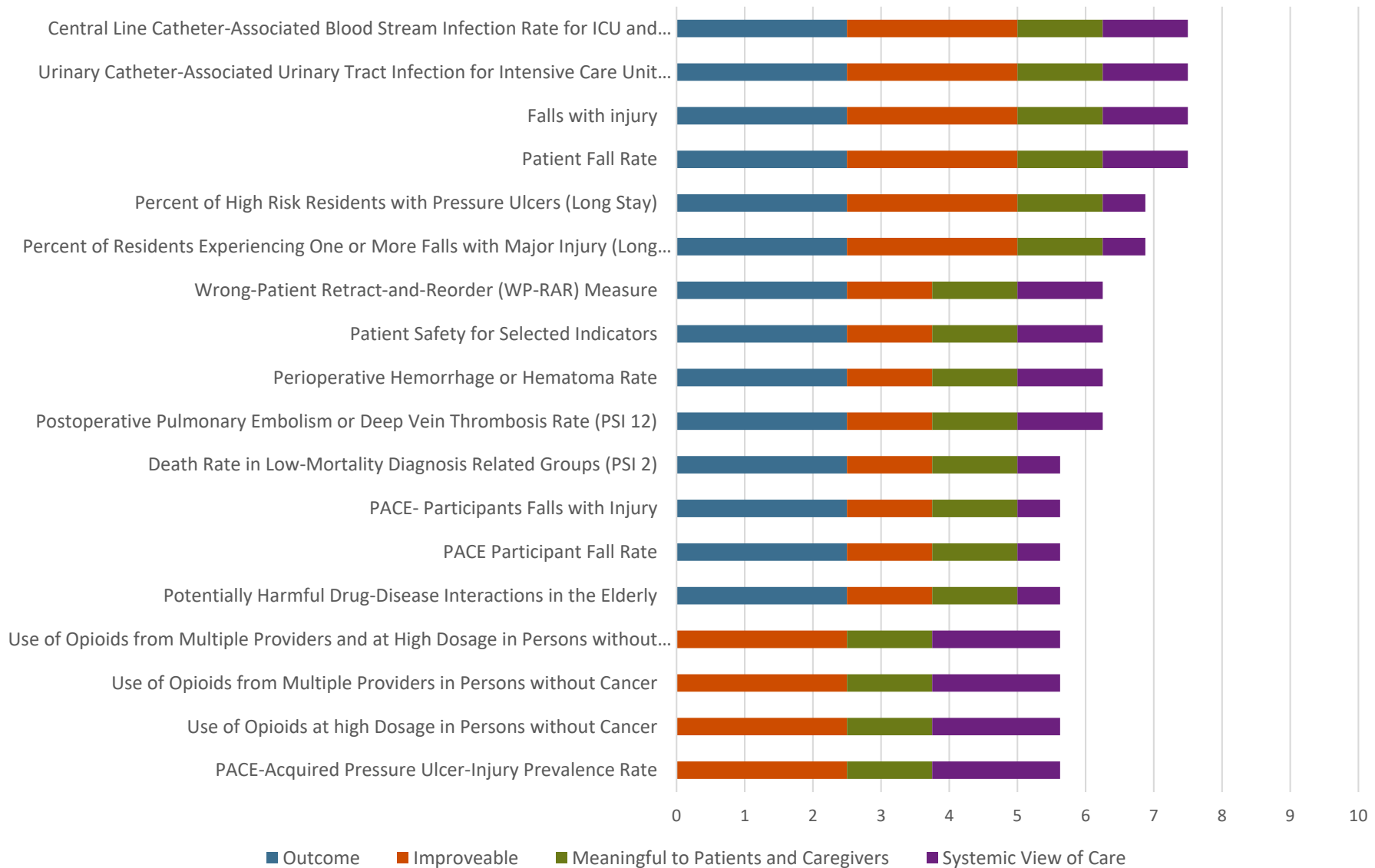
NQF Prioritization Initiative: Pilot Results

- The results of V.2 of the prioritization rubric were piloted with the Cancer, Primary Care, and Patient Safety Committees.
- Themes:
 - *Support for process*
 - *Specific placement of measures/ topics relative to each other*
 - *Variance in the score results*

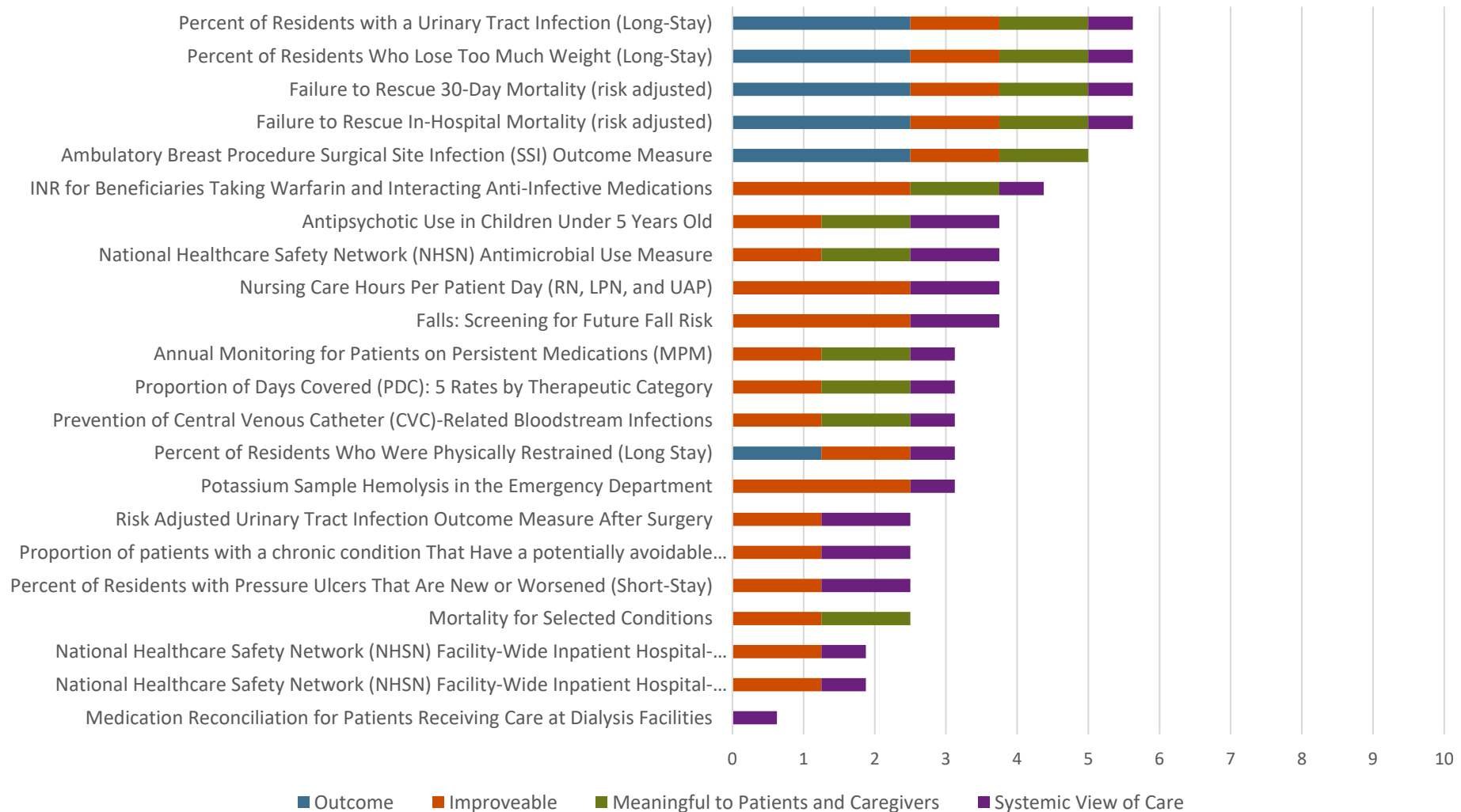
What is your overall impression of the ranking/score results generated by the NQF Prioritization Rubric?



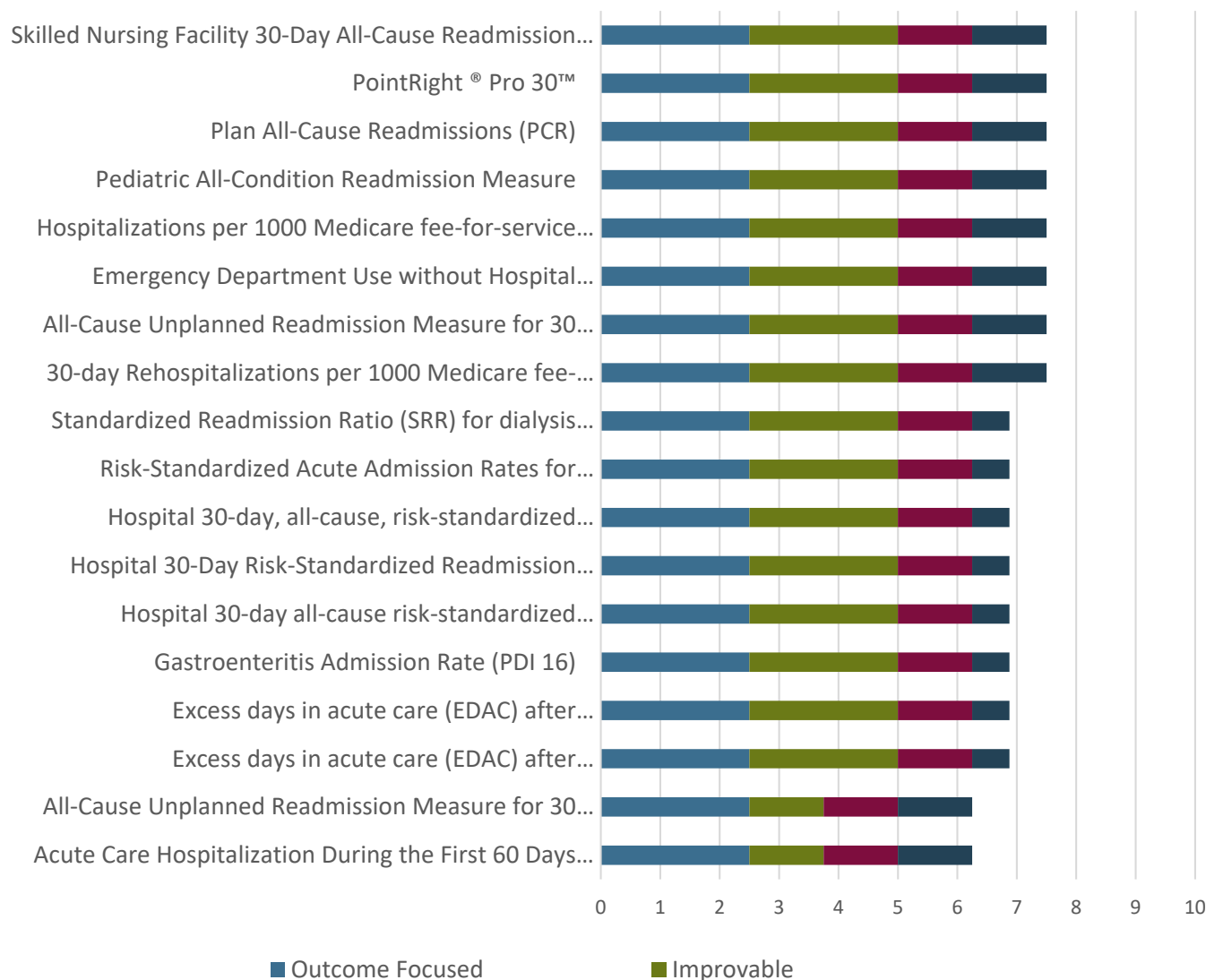
Example: Patient Safety Portfolio (1/2)



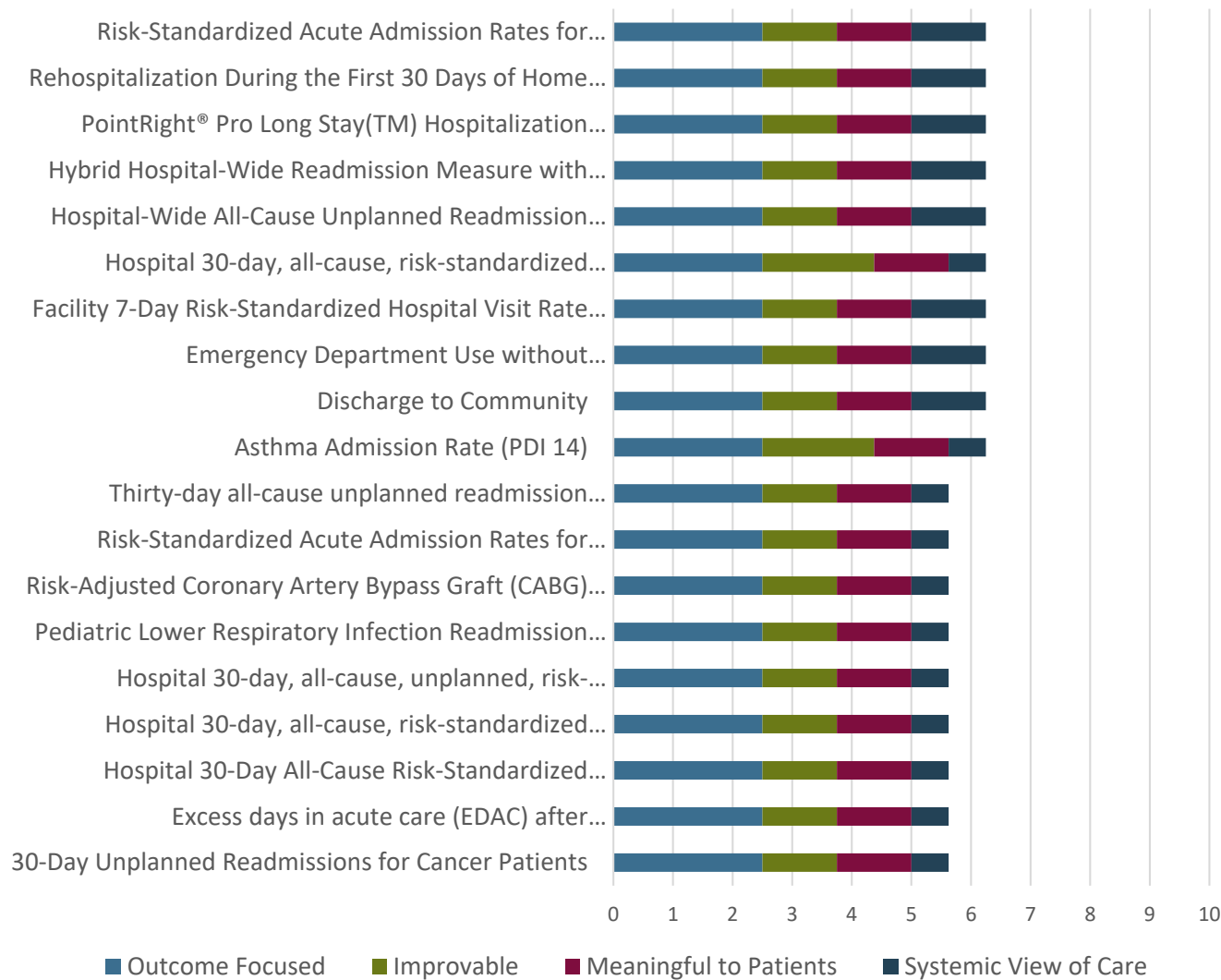
Example: Patient Safety Portfolio (2/2)



Readmissions Portfolio Prioritization Scoring



Readmissions Portfolio Scoring



Scoring example: Patient Fall Rate

| | |
|--|--------------------|
| ■ Outcome-Focused: 2 | $2/2 * .25 = .25$ |
| □ <i>(outcome measure)</i> | |
| ■ Improveable: 2 | $2/2 * .25 = .25$ |
| □ <i>(vote was High for performance gap criterion)</i> | |
| ■ Meaningful to Patients and Family Caregivers: 1 | $1/2 * .25 = .125$ |
| □ <i>Patient-reported outcome: 0</i> | |
| □ <i>Area that reflects a meaningful change: 1</i> | |
| ■ Support systemic/integrated view of care: 2 | |
| □ <i>Composite: 0</i> | |
| □ <i>Applicable in multiple settings: 1</i> | $2/4 * .25 = .125$ |
| □ <i>Not condition-specific: 1</i> | |
| □ <i>Systemic outcome: 0</i> | |
| | Total = .75 |

Scoring example: Falls: Screening for Future Fall Risk

| | |
|--|---------------------|
| ■ Outcome-Focused: 0 | $0/2 * .25 = 0$ |
| □ <i>(process measure)</i> | |
| ■ Improveable: 2 | $2/2 * .25 = .25$ |
| □ <i>(vote was High for performance gap criterion)</i> | |
| ■ Meaningful to Patients and Family Caregivers: 0 | $0/2 * .25 = 0$ |
| □ <i>Patient-reported outcome: 0</i> | |
| □ <i>Area that reflects a meaningful change: 0</i> | |
| ■ Support systemic/integrated view of care: 2 | $2/4 * .25 = .125$ |
| □ <i>Composite: 0</i> | |
| □ <i>Applicable in multiple settings: 1</i> | |
| □ <i>Not condition-specific: 1</i> | |
| □ <i>Systemic outcome: 0</i> | |
| | Total = .375 |

Scoring example: Ambulatory Breast Procedure Surgical Site Infection

| | |
|--|---------------------|
| ■ Outcome-Focused: 2 | $2/2 * .25 = .25$ |
| □ <i>(outcome measure)</i> | |
| ■ Improveable: 1 | $1/2 * .25 = .125$ |
| □ <i>(vote was Moderate for performance gap criterion)</i> | |
| ■ Meaningful to Patients and Family Caregivers: 1 | $1/2 * .25 = .125$ |
| □ <i>Patient-reported outcome: 0</i> | |
| □ <i>Area that reflects a meaningful change: 1</i> | |
| ■ Support systemic/integrated view of care: 2 | $2/4 * .25 = .125$ |
| □ <i>Composite: 0</i> | |
| □ <i>Applicable in multiple settings: 0</i> | |
| □ <i>Not condition-specific: 0</i> | |
| □ <i>Systemic outcome: 0</i> | |
| | Total = .625 |

NQF Prioritization Initiative: What's Next?

| Completed Portfolios | In Progress Portfolios |
|--|--|
| Cancer Pediatric Patient Safety All-Cause Admissions and Readmission Cost and Efficiency | Neurology Behavioral Health and Substance Use Perinatal and Women's Health Renal Cardiovascular Patient Experience and Function Primary Care and Chronic Illness Geriatric and Palliative Care Prevention and Population Health Surgery |

NQF Prioritization Initiative: What's Next?

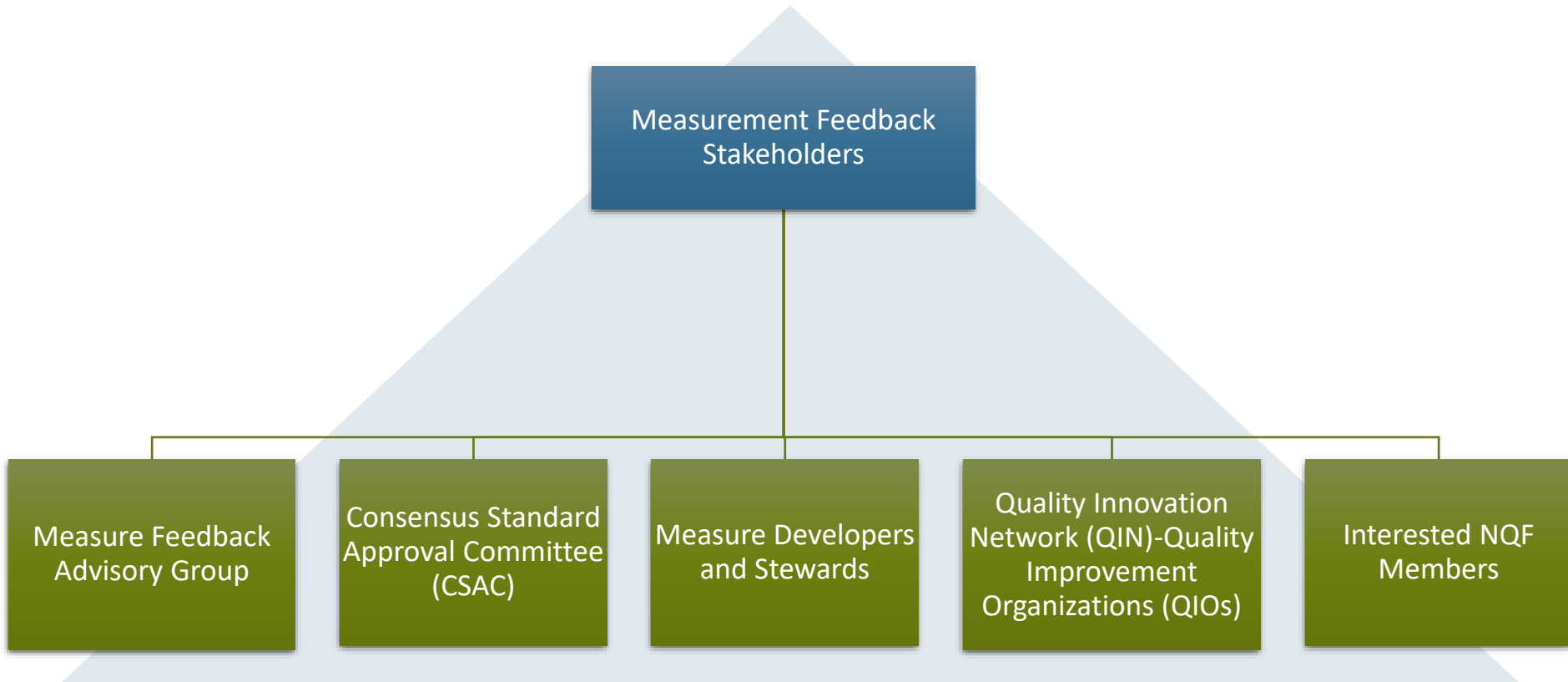
| Activity | Date |
|---|------------------|
| Roll out at Spring 2018 Standing Committee Meetings | May-June 2018 |
| Compile Phase I results from across Committees | June-August 2018 |
| Measure Evaluation Annual Report Appendix | September 2018 |
| Presentation/Update at NQF Annual Meeting | March 2019 |

Questions for Measure Developers

- Do you have any feedback on the initiatives progress and direction?
- Would you find this process helpful in the selection and development of measure concepts?

Feedback Initiative and Burden

Identifying Stakeholder Priorities





NATIONAL
QUALITY FORUM

Search



About Us

News

NQF Work ▾



Find Measures



Projects



Submit
Measure



Dashboard



Calendar



Reports



Questions &
Answers



Submit
Feedback

NQF issues essential guidance on
opioid stewardship

Full Story

Measure Feedback

Thank you for your continued engagement with the National Quality Forum. We are committed to actively seeking implementation experiences on measures from all stakeholders. Please provide any unexpected findings (positive or negative) during implementation of these measures including unintended consequences or unintended benefits.

Is this feedback on behalf of another person or organization?

☐ yes ☒ no

Select the Measure you are providing feedback on:*

×

0010 : Young Adult Health Care Survey (YAHCS)

0011 : Promoting Healthy Development Survey (PHDS)

0012 : Prenatal Screening for Human Immunodeficiency Virus (HIV)

0013 : Hypertension: Blood Pressure Control

0014 : Prenatal Anti-D Immune

10000 characters maximum

Submit

Submit Feedback to Multiple Measures

Clear Feedback

Measure Feedback

- NQF has continued to engage with members of Quality Improvement Organizations (QIOs) to identify viable sources of feedback data.
- The American Health Quality Association (AHQA) has assembled a task force and is in the process of developing a data collection tool.
 - *AHQA has asked for NQF's input on the tool.*
- In mid-March, NQF hosted a conference call to discuss what input was needed and how NQF can best to facilitate AHQA's work.
 - *NQF and AHQA will continue to collaborate via monthly conference calls.*
- NQF has amended the Measure Evaluation Criteria (beginning Fall 2017) so that Use is now must-pass for maintenance measures. NQF will now systematically collect feedback on the measure by those being measured and other stakeholders as part of the measure endorsement process.

Measure Burden

Measure Burden

- While quality metrics provide meaningful information to patients and clinicians, they also require significant resources. Quality measure implementation faces a number of challenges, including high numbers of mandatory metrics, variation and changes in metrics used, complexity of measures, and significant required time for data entry.
- NQF is continuing to focus on burden reduction through measure harmonization to the extent possible and our best-in-class assessments, but recognizes the need to do more in this space. NQF acknowledges the need to evaluate the burden of measurement in a formal, systematic method and welcomes the input of measure developers.

Break

Graduated Measure Review

Graduated Measure Review

The National Quality Forum (NQF) is exploring a new service to better serve the quality measurement community and address changing needs in the field.

Objective:

- Provide an opportunity for measure developers to obtain frequent and earlier access to technical assistance in the measure development process

Approach

A process that assesses the soundness of new measures or measure concepts in development based on NQF's rigorous measure evaluation criteria

Service Offerings:

- ▣ Technical Assistance
- ▣ Multi-stakeholder feedback
- ▣ Public Commenting

Measures that move through this process may or may not go through the CDP for NQF endorsement.

Submission Requirements

| Measure Concept | Measures in Development |
|--|--|
| <ul style="list-style-type: none">● Conceptual Rationale● Evidence base for concept● Specifications:<ul style="list-style-type: none">○ Numerator○ Denominator○ Data Source○ Level of Analysis○ Care Setting● Related and competing measures, if any. | <ul style="list-style-type: none">● Complete measure specifications● Importance to Measure and Report● Feasibility● Usability |

Frequently Asked Questions

- **What measures or measure concepts are eligible?**
 - Only newly submitted measures or measures concepts are eligible
- **How is this different from NQF measure endorsement?**
 - A measure may not have testing– which is a requirement to meet NQF endorsement
- **How do I know I've met the requirements?**
 - Each measure or measure concept will receive an approval designation
- **When will this process begin?**
 - Anticipated start: Fall 2018

Graduated Measure Review

QUESTIONS?

NQF's Scientific Methods Panel: Lessons Learned on Scientific Acceptability

NQF's Scientific Methods Panel: Stakeholder Recommendations

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

Methods Panel Charge

- Conduct **evaluation of complex measures** for the criterion of Scientific Acceptability, with a focus on reliability and validity analyses and results
- Serve in an **advisory capacity** to NQF on methodologic issues, including those related to measure testing, risk adjustment, and measurement approaches

Methods Panel Statistics to Date

| Number of Measures | Fall 2017 | Spring 2018 |
|--|-----------|-------------|
| Evaluated by MP | 8 (7 new) | 21 (9 new) |
| Evaluated by MP co-chairs | 5 (63%) | 13 (62%) |
| Measures passed by MP | 4 (50%) | 8 (38%) |
| MP decision overturned by Standing Committee | 1 | <i>TBD</i> |

Current Process

- A minimum of three panel members will independently evaluate each measure
 - *Assignments based on expertise, availability, need for recusal, other assigned measures*
 - *NQF provides a standard evaluation form that mirrors the rating algorithms*
- The majority recommendation from the three evaluations will serve as the overall assessment of reliability and validity

Current Process

- 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 compiles the method's panel's ratings, evaluation, and commentary on reliability and validity and provides it to NQF's standing committees
 - ▢ *Meant to inform SC's endorsement decision*
 - ▢ *SCs can overturn the Scientific Methods Panel ratings*

Lessons Learned and Course Corrections to Date

- More information needed for evaluation
 - *For maintenance measures, staff now provides a summary of the last evaluation*
 - *Staff now provides Feasibility Scorecard (for eCQMs)*
 - *Will provide full measure specifications (fully implemented by Fall 2018)*
 - *Staff perception: submissions often do not provide enough detail about methods*
- Difficulties with the evaluation form
 - *MP members have had trouble with the form*
 - » *Some revisions made between Fall and Spring cycles (revised directions; continuous numbering; reordering questions)*
 - *Desire (by many) for more, not less, MP feedback provided as part of the evaluation*

Lessons Learned and Course Corrections to Date

- The evaluation process
 - *Consistency in evaluations harder than we'd hoped*
 - *Additional guidance needed*
 - » For risk-adjusted measures: Inclusion (or not) of certain factors in the risk-adjustment approach should not be a reason for rejecting a measure
 - *Concerns with discrimination, calibration, or overall method of adjustment are still grounds for rejecting a measure*
 - » For all measures
 - *Incomplete or ambiguous specifications are grounds for rejecting a measure—but remember that there is an option to get clarifications, although this must be done early on*
 - » More will be coming through the “toolkit”

Yesterday – SMP's First In-Person Meeting

- Discussion about the process
 - *Independent vs. group evaluation*
- Consensus-building discussions on reliability and validity
 - *Conceptual definitions*
 - *Importance of repeatability (stability) of the measure score*
 - *Possible recommendations for submissions vis-à-vis Reliability*
 - » For example, how to portray signal-to-noise statistics
 - *Need for some additional detail on what is meant by “what it intends to measure” (vis-à-vis Validity)*
 - *Need for insight into the extent to which a higher score on the measure actually reflects higher quality*
 - *Whether we should evaluate validity prior to reliability*
 - *Meaningful differences as potential threat to validity—how this relates to reliability*

Yesterday – SMP's First In-Person Meeting

- Potential Changes to Evaluation Criteria and Guidance
- Next steps – the measures “toolkit”

What Makes A Successful Submission?

- We will hear from Karen Joynt Maddox (outgoing co-chair of the Methods Panel)

NQF's Next Steps for the Methods Panel

- Continue to assimilate what we heard yesterday
- Brief CSAC in the June 4-5 in-person meeting
- Gather input from stakeholders (e.g., developers, staff, Standing Committee, etc.)
- Make decisions about any changes (in criteria, guidance, educational materials, submission forms, etc.)
- Continue with in-depth methods discussions as part of “toolkit”

***Any suggestions about methodological questions
you want the Panel to consider?***

Lunch

Pulse Check: Patient-Reported Outcomes

Patient-Reported Outcome Measures in Quality Performance Measurement

Shannon Runge, MA, PhD

Melissa Castora-Binkley, MA, PhD

May 17, 2018

Objectives

- Review Patient-Reported Outcome Measures (PROMs) in Quality Measurement
- Present Two-Phase Approach to Measure Development
- Review Current NQF Pathway to PRO-PM Endorsement
- Discuss Future Options for Development of PROM Quality Measures

Definition Review

| Concept | Definition | Example |
|---|--|---|
| Patient-reported outcome (PRO) | Any report of the status of a person's health condition, outcome, behavior, or experience with healthcare that comes directly from the patient | Patient reports severity of depression symptoms |
| Patient-reported outcome measure (PROM) | A standardized tool or instrument that is used to collect PROs; Completed by the patient | Patient Health Questionnaire-9 item (PHQ-9) |
| Patient-reported outcome performance measure (PRO-PM) | A performance measure based on PRO data that is collected by a PROM and aggregated for an accountable healthcare entity | Percentage of patients with a diagnosis of major depression or dysthymia and initial PHQ-9 score of >9 with a follow-up PHQ-9 score of <5 at 6 months (NQF #0711) |

Importance of PROMs and PRO-PMs

- Patient-centeredness and engagement is a priority area under the Centers for Medicare and Medicaid Services (CMS) Meaningful Measures initiative
- Using standardized PROMs to evaluate outcomes that are meaningful to patients engages patients in their care and promotes measurement-based care
 - Improved outcomes (e.g., faster response to treatment and shorter time to remission) have been seen in patients who receive measurement-based care ^{1,2,3} compared to treatment as usual
- Performance measures that utilize PROM data (PRO-PMs) can assess differences in quality of care between providers

PROMs and Measurement-Based Care

- Measurement-based care involves the systematic use of quantitative assessments (such as PROMs) to monitor patient symptoms and to guide treatment
- When used consistently and systematically in individuals with chronic conditions, PROMs can promote measurement-based care by
 - Tracking severity of symptoms over time⁴
 - Supplementing clinical judgement^{4,5}
 - Detecting discrepancies between patient-perceived improvement and clinician-perceived improvement in symptoms⁶
 - Identifying patients who are not responding to treatment⁷
 - Monitoring core symptoms that are present in diagnostically heterogeneous samples⁸

PROMs in Quality Measurement Process and Outcome

- Implementing a complementary process measure supports the PRO-PM (outcome measure) by providing a consistent, standardized collection of PRO data
- The process measure supports the scientific merit of the PRO-PM and minimizes unreliable or biased performance scores
 - For example, facilities and providers may choose not to implement the PROM into their care or they may administer the PROM only to patients who show the most improvement

PROMs in Quality Measurement

NQF Guidance

- According to NQF,⁹ process measures that use PROMs to collect PRO data
 - Encourage standardized use of the PROM
 - Allow facilities to gain experience using the PROM
 - Collect the necessary data to inform the development and risk adjustment of the outcome performance measure
- Process measures that use PROMs could be considered the initial phase in developing PRO-PMs. Example: NQF #0712e – Depression Utilization of the PHQ-9 tool

Two-Phase Approach to PRO Measure Development

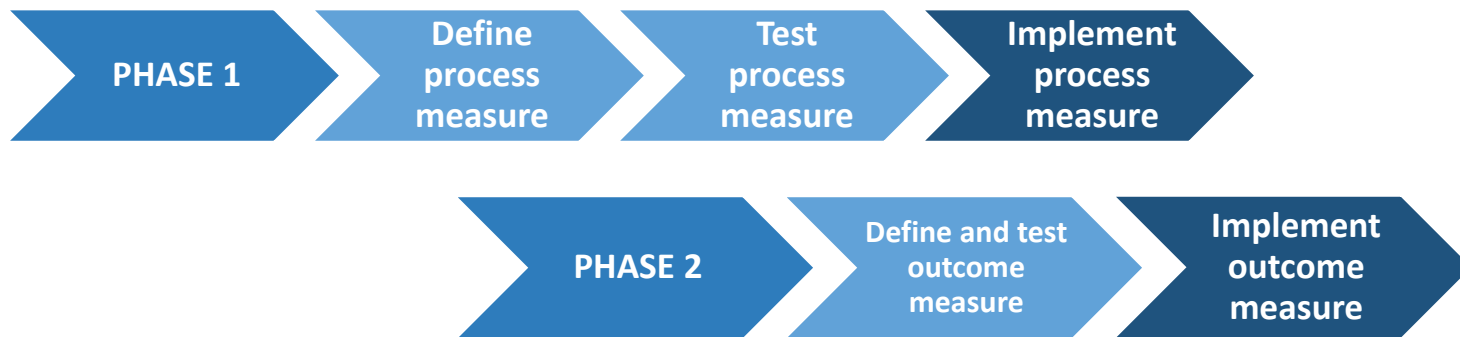
- HSAG is conducting a two-phase approach to PRO measure development
 - Phase 1: Develop and implement a process measure that promotes measurement-based care and patient engagement by encouraging consistent use of a PROM
 - Phase 2: Develop and implement a PRO-PM that demonstrates improvement in symptoms and evaluates differences in quality between providers related to the PRO

Comparison of Approaches to Measure Development

One-phase approach to develop a PRO-PM

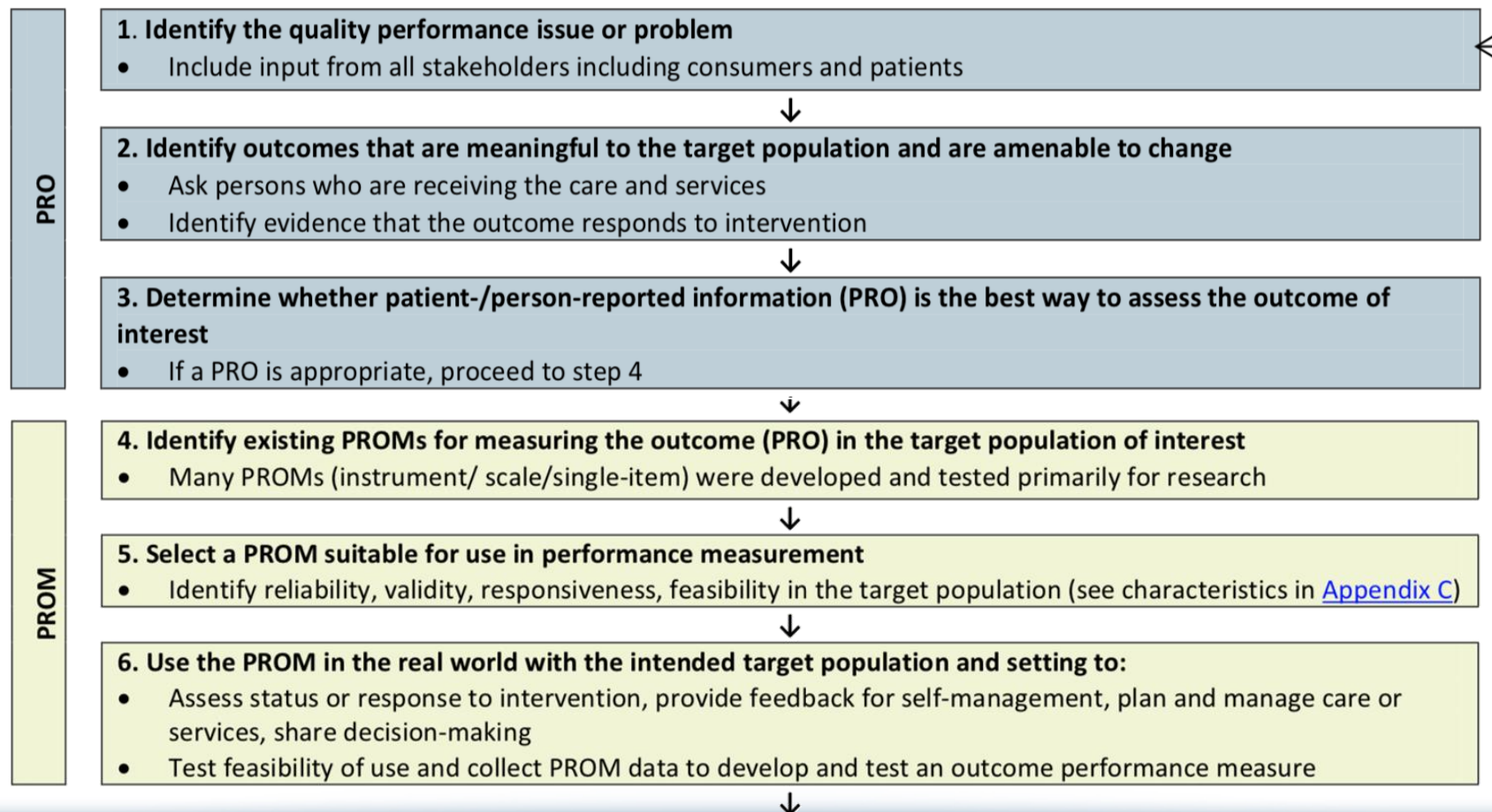


Two-phase approach to develop a complementary process measure and PRO-PM



NQF Pathway to PRO-PM Endorsement

The current NQF Pathway to PRO-PM endorsement does NOT include a step for the endorsement of the process measure. We propose adding that step.



Proposed Additional Step

Endorsement of PROM Process Measure

PROM Process Measure

6a. Evaluate PROM-Process Measure for endorsement using modified or revised (e.g., trial use)

NQF Endorsement Criteria

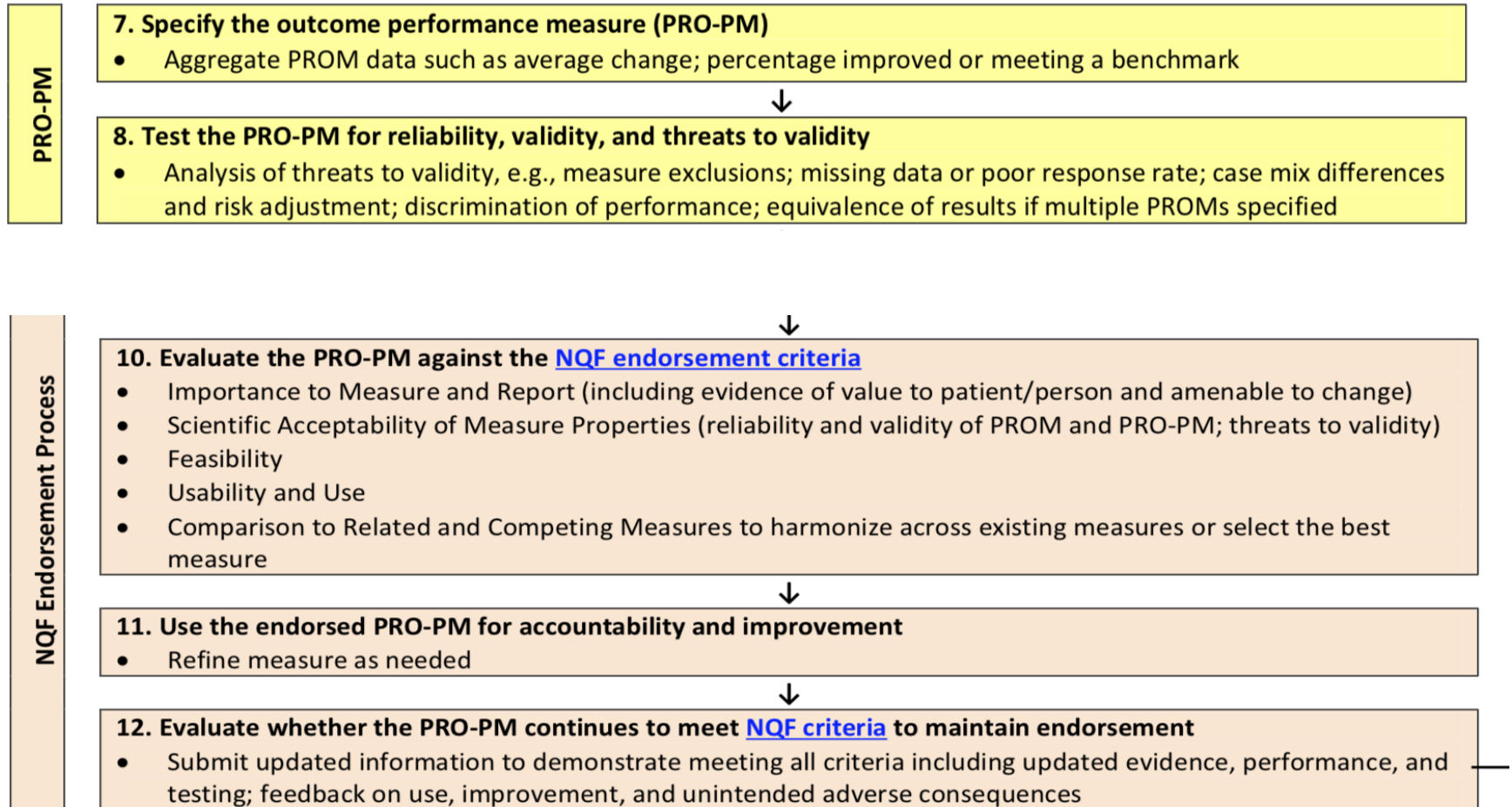
- ❖ Importance to Measure and Report (including evidence of value to patient/person)
- ❖ Scientific Acceptability of Measure Properties
- ❖ Feasibility
- ❖ Usability and Use
- ❖ Comparison to Related and Competing Measures



6b. Use endorsed PROM-Process Measure for establishing wide-spread implementation of the PROM

NQF Pathway to PRO-PM Endorsement

Development of the PRO-PM



Summary

- Developing a valid and reliable PRO-PM may be hindered by the lack of standardized procedures to collect the PRO data
- The two-phase approach develops a complementary set of process and outcome measures
- Using both measures for quality assessment establishes the scientific foundation for valid quality performance measurement

Discussion

- Have other measure developers considered a similar approach to developing PRO-PMs?
- What barriers have other measure developers encountered in attempting to develop PRO-PMs?
- Would NQF consider modifications to the pathway to endorsement for PRO-PMs allowing for endorsement of an initial process measure?

Thank you!

Shannon Runge, MA, PhD
SRunge@HSAG.com

Melissa Castora-Binkley, MA, PhD
MCastora-Binkley@HSAG.com

References

1. Guo T, Xiang YT, Xiao L, et al. Measurement-Based Care Versus Standard Care for Major Depression: A Randomized Controlled Trial With Blind Raters. *Am J Psychiatry*. 2015;172(10):1004-1013. doi: 10.1176/appi.ajp.2015.14050652.
2. Knaup C, Koesters M, Schoefer D, Becker T, Puschner B. Effect of feedback of treatment outcome in specialist mental healthcare: Meta-analysis. *Br J Psychiatry*. 2009;195(1):15-22. doi: 10.1192/bjp.bp.108.053967.
3. Lambert MJ, Whipple JL, Vermeersch DA, et al. Enhancing psychotherapy outcomes via providing feedback on client progress: A replication. *Clin Psychol Psychother*. 2002;9(2):91 - 103. doi: 10.1002/cpp.324.
4. Fortney JC, Unutzer J, Wrenn G, et al. A tipping point for measurement-based care. *Psychiatr Serv*. 2017;68(2):179-188. doi: 10.1176/appi.ps.201500439.
5. Harding KJ, Rush AJ, Arbuckle M, Trivedi MH, Pincus HA. Measurement-based care in psychiatric practice: A policy framework for implementation. *J Clin Psychiatry*. 2011;72(8):1136-1143. doi: 10.4088/JCP.10r06282whi.
6. Cuijpers P, Li J, Hofmann SG, Andersson G. Self-reported versus clinician-rated symptoms of depression as outcome measures in psychotherapy research on depression: a meta-analysis. *Clin Psychol Rev*. 2010;30(6):768-778. doi: 10.1016/j.cpr.2010.06.001.
7. Katzelnick DJ, Duffy FF, Chung H, Regier DA, Rae DS, Trivedi MH. Depression outcomes in psychiatric clinical practice: Using a self-rated measure of depression severity. *Psychiatr Serv*. 2011;62(8):929-935. doi: 10.1176/ps.62.8.pss6208_0929.
8. Zimmerman M, Young D, Chelminski I, Dalrymple K, Galione JN. Overcoming the problem of diagnostic heterogeneity in applying measurement-based care in clinical practice: The concept of psychiatric vital signs. *Compr Psychiatry*. 2012;53(2):117-124. doi: 10.1016/j.comppsy.2011.03.004.
9. National Quality Forum. *Patient Reported Outcomes (PROs) in Performance Measurement*. National Quality Forum; 2013.

Break

Pulse Check: Use as a Must-Pass Criterion

Usability and Use Criterion

Extent to which potential audiences (e.g., consumers, purchasers, providers, policymakers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

Use (4a) **Now must-pass for maintenance measures**

4a1: Accountability and Transparency: *Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement.*

4a2: Feedback by those being measured or others: *Those being measured have been given results and assistance in interpreting results; those being measured and others have been given opportunity for feedback; the feedback has been considered by developers.*

Usability (4b)

4b1: Improvement: *Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated.*

4b2: Benefits outweigh the harms: *The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).*

Focus on Public Reporting of Measure Results

- **4a1: Accountability and Transparency:** Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement.

- **Pulse check**
 - *Is public reporting still important enough to include in criteria?*
 - *Is six year timeframe reasonable?*
 - *Will we exclude many measures that are being used in accountability applications?*
 - » QCDR measures used in MIPS

Focus on Use in Accountability Applications

- **4a1: Accountability and Transparency:** Performance results are **used in at least one accountability application within three years after initial endorsement** and are publicly reported within six years after initial endorsement.
- **Pulse check**
 - *Does making this a must-pass subcriterion seem reasonable?*
 - *Is three year timeframe reasonable?*
 - *Measure stewards or developers may not always know about use of their measures. Can you think of ways to learn more?*

Focus on Feedback

- **4a2: Feedback by those being measured or others:**
Those being measured have been given results, assistance in interpreting results, and opportunity to provide feedback; the feedback has been considered by developers when revising the measure.

- **Pulse check**
 - *Do you feel like you can respond to the submission questions for this subcriterion? Is anything confusing?*
 - *How would you describe Standing Committees' thinking about this subcriterion? Does it seem reasonable to you?*
 - *Of the three "subcomponents" of the subcriterion, which is the hardest for you to meet?*

eCQM Criteria and Guidance



NATIONAL
QUALITY FORUM

eCQM

Criteria & Guidance & Feedback

Kyle Cobb, National Quality Forum

Cindy Cullen, Mathematica Policy Research

eCQM agenda

- NQF testing requirements
 - *BONNIE testing*
 - *Testing for scientific acceptability*
- eCQM testing challenges & feedback
- Feasibility Scorecard

NQF eCQM testing requirements

- BONNIE testing
 - *Indicator that the measure logic is valid and does as it is intended.*
- Testing for scientific acceptability
 - *Testing based on data from more than one EHR*
 - *If using normalized EHR clinical data (e.g. from multiple EHR sources), NQF requires supporting information of what schemas are included in the normalized data set and how they are calculated by the measure logic (i.e., what fields have been normalized and how, including any considerations of how this may affect the measure).*
 - *Focus on validating the accuracy of electronic data*

eCQM testing challenges

Feedback

- Test site recruitment
 - *Identifying sites with sufficient data and staff resources*
 - *Working within measure development timelines and funding resources*
- Small Ns
 - *Obtaining data from a few sites versus expectations set by access to national databases (example claims)*
 - *How to impart to committees reviewing applications*
- Security and contracting
 - *Personal health information means HIPAA*
 - *Non-standard approaches to meeting security requirements*
 - *BAAs, MOUs, and SOWs – oh my!*
 - » Important to get both sides talking early

Feasibility Scorecard

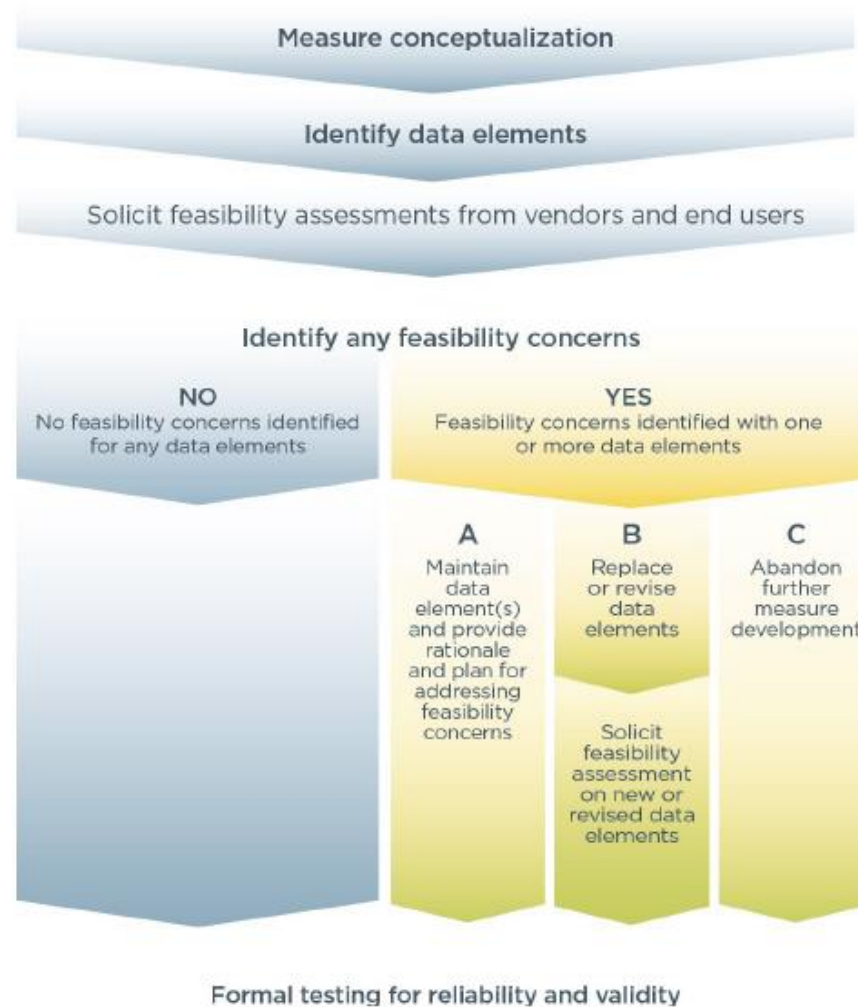
Background

- NQF eMeasure Feasibility Assessment TEP convened 2013
- Goals of TEP:
 - *Provide uniform approach to assessment of feasibility*
 - *Conserve development resources by discovering issues with feasibility early in the development process (so that alternatives can be considered)*
 - *Advise stakeholders if feasibility issues have been identified*
 - *Promote evolution of EHR functionality for current and future measures*
- Several recommendations described in final report

Feasibility Scorecard Recommendations

- Assess feasibility throughout development (Recommendation 1)
 - *Promote collaboration among measure developers, EHR vendors, terminology specialists, and providers.*
- Feasibility Scorecard (Recommendation 2)
 - *Provide a common language for technical feasibility of eCQMs*
 - *Data element feasibility to include: availability, accuracy, standard, and workflow*
- NQF eCQM endorsement submissions require Feasibility Scorecard
 - *NQF Approval for Trial Use program requires Feasibility Scorecard and BONNIE testing*

Sample eCQM development workflow



Feasibility Scorecard

Feedback – observations

- If we can conduct reliability and validity testing, then feasibility is presumed
 - *Use other methods to obtain information on feasibility*
- Scoring can be misinterpreted
 - *Feasibility of data elements when options are provided has been difficult for reviewers to understand*
- In practice, we get very little information on future feasibility
 - *“If you require it, we can do it.”*
 - *Clinicians often cannot answer this question*

Feasibility Scorecard

Feedback – suggestions

- Consider using data element Feasibility Scorecard in additional EHRs to assess implementation burden
 - *Would expand assessment to EHRs beyond those used at test sites*
- Revise the workflow assessment to have a stronger link to implementation and reporting burden
- Drop requirement for assessment of future feasibility