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Measure Developer Webinar

The NQF Measure Maintenance Team

May 9, 2022

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Welcome



Agenda

- Clarification to the Composite Measure Evaluation Guidance
- Consensus Development Process (CDP) Overview
- Fall 2021 and Spring 2022 Cycle Updates
- Measure Developer Resources



Today's Presenters

- Kathryn Goodwin, MS, NQF Senior Director
- Hannah Bui, MPH, NQF Senior Manager
- Mary McCutcheon, MPP, NQF Analyst

Clarification to the Composite Measure Evaluation Guidance



Clarification to Measure Evaluation Guidance for Composite Measures

- "Any-or-none" measures (e.g., any or none of a list of adverse outcomes experienced, or inappropriate or unnecessary care processes received, by each patient) may be considered a composite measure unless a conceptual justification is provided by the developer indicating otherwise
- Aligns with the <u>Blueprint for the CMS Measures Management</u> <u>System</u>
- Written clarification to be incorporated into next release of NQF's Measure Evaluation Criteria Guidance Document and Measure Developer Guidebook

Overview of the Consensus Development Process



The National Quality Forum: A Unique Role

Established in 1999, NQF is a nonprofit, nonpartisan, membershipbased organization that brings together public and private sector stakeholders to reach consensus on healthcare performance measurement. The goal is to make healthcare in the U.S. better, safer, and more affordable.

Mission: To lead national collaboration to improve health and healthcare quality through measurement

- An Essential Forum
- Gold Standard for Quality Measurement
- Leadership in Quality





NQF Activities in Multiple Measurement Areas

Performance Measure Endorsement

- 400+ NQF-endorsed measures across multiple clinical areas
- 15 empaneled standing expert committees including the Scientific Methods Panel

Measure Applications Partnership (MAP)

Provides recommendations to HHS on selecting measures for 19 federal programs

Advancing Measurement Science

- Convenes private and public sector leaders to reach consensus on complex issues in healthcare performance measurement
 - » Examples include CMS-funded projects such as HCBS, rural issues, telehealth, interoperability, attribution, riskadjustment for social risk factors, diagnostic accuracy and disparities

Other Measurement Work

- Creation of action-oriented playbooks and implementation guides that include measurement frameworks and/or opportunities for organizations to measure progress on high-priority healthcare topics
- Conducts Strategy Sessions with stakeholders to identify measure gaps and opportunities



Consensus Development Process Defined

- Multistakeholder participation is foundational to NQF
- NQF has been endorsing measures since 2001
 - "NQF-endorsed measure" is considered the gold standard for health care quality
 - NQF awarded contract by HHS as the "consensus-based entity" designated in federal statute for endorsement activities
 - All 400+ NQF-endorsed measures are in included in Quality Positioning System
 - Endorsement via the CDP
- Consensus depends on participation and feedback from members and stakeholders
- Over the years, the CDP has been revised to streamline the process and encourage more feedback from members and stakeholders



NQF Consensus Development Process



More info about NQF's CDP



Measure Evaluation: Two Cycles Per Year

Consensus Development Process:

Two Cycles Every Contract Year





14 Measure Review Topical Areas

- All Cause Admission/Readmissions
- Behavioral Health and Substance Use
- Cancer
- Cardiovascular
- Cost and Efficiency
- Geriatric and Palliative Care
- Neurology

- Patient Experience and Function
- Patient Safety
- Perinatal and Women's Health
- Prevention and Population Health
- Primary Care and Chronic Illness
- Renal
- Surgery



Intent to Submit (ITS)

- NQF requires measure stewards or developers to complete an *Intent* to Submit (ITS) at least three months prior to the designated cycle's measure submission deadline
- This will notify NQF of the measure steward or developer's readiness to submit measures for endorsement consideration and will allow NQF to adequately plan for measures that are being submitted
- Complete and finalized measure specifications and testing information* are due on the ITS deadline – see next slide for details
- All ITS materials should be submitted via the <u>Measure Information</u> <u>Management System (MIMS)</u>

^{*}Note: there are different testing requirements depending on measure type. More information can be found on our <u>Submitting Standards page</u> or the <u>Measure Developer Guidebook</u>. The <u>Intent to Submit Checklist</u> lists all items due at the Intent to Submit deadline.



Intent to Submit – Measure Details

- Measure Type
- Measure Title
- Measure Description
- Brief narrative of the measure that includes the type of score, measure focus, target population, and/or time frame
- Measure-specific Web Page
- HQMF Specifications, simulated testing results and feasibility scorecard (eCQMs only)
- Data Dictionary, Code Table, or Value Sets
- Changes to measure specifications since last endorsement
- Numerator Statement & Details

- Denominator Statement & Details
- Denominator Exclusions & Details
- Stratification Information
- Risk-Adjustment Type
- Type of Score
- Interpretation of Score
- Calculation Algorithm/Measure Logic
- Sampling
- Survey/Patient-Reported Data
- Data Source and/or Collection Instrument
- Level of Analysis
- Care Setting
- Additional specifications for composite measures



Intent to Submit Deadlines*

- Spring Cycle: January 5
- Fall Cycle: August 1

**if the date takes place on a weekend, the deadline will occur on the next business day*



Intent to Submit – How To for Measures Undergoing Maintenance of Endorsement Review

- Maintenance submissions are created by staff in MIMS three months prior to the ITS deadline
 - For fall cycles, submissions are created in early May
 - For spring cycles, submissions are created in early October
- Measure Developers have access to these submissions under the "My Submissions" menu or in the "Measure Details" page in MIMS



"My Submissions"

Surgery Fall 2021	2021-08-02		3638	Care Goal Achievement Following a Total Hip Arthroplasty (THA) or Total Knee Arthroplasty (TKA)	Submitted	2022-04-02 3:07pm ET	View
Full Submission Deadline: Project Contact: NQF Project Website Page:	2021-11-15 surgery@qualityforum.org http://www.qualityforum.org/Surgery_20 17-2018.aspx		3639	Clinician-Level and Clinician Group-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA and TKA) Patient-Reported Outcome- Based Performance Measure (PRO-PM)	Measure Recommended for Endorsement	2022-04-02 3:20pm ET	View
			3649e	Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) electronic clinical quality measure (eCQM)	Draft - Full Submission	2022-04-02 3:35pm ET	View
			3651e	Risk-standardized major bleeding and venous thromboembolism (VTE) rate following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) eCQM	(Withdrawn)	2022-03-31 12:09pm ET	View
	Intent To Submit Deadline: Full Submission Deadline: Project Contact: NQF Project	Intent To Submit 2021-08-02 Deadline: 2021-11-15 Full Submission 2021-11-15 Deadline: surgery@qualityforum.org NQF Project http://www.qualityforum.org/Surgery_20	Intent To Submit 2021-08-02 Deadline: 2021-11-15 Deadline: Project Contact: Project Contact: surgery@qualityforum.org NQF Project http://www.qualityforum.org/Surgery_20 Website Page: 17-2018.aspx	Intent To Submit 2021-08-02 Deadline: 2021-11-15 Project Contact: surgery@qualityforum.org NQF Project http://www.qualityforum.org/Surgery_20 Website Page: 17-2018.aspx	Surgery Fall 2021 2021-08-02 Intent To Submit Deadline: 2021-11-15 Full Submission Deadline: 2021-11-15 Project Contact: surgery@qualityforum.org NQF Project Website Page: http://www.qualityforum.org/Surgery_20 Intent To Submit 2021-11-15 Clinician-Level and Clinician Group-Level Total Hip Arthroplasty (THA) and /or Total Knee NQF Project http://www.qualityforum.org/Surgery_20 Website Page: 17-2018.aspx Intert CRSCR) following elective primary total hip arthroplasty (TKA) electronic clinical quality measure (eCQM) Image: Surgery@commonstree 36499 Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) electronic clinical quality measure (eCQM) Image: Surgery@commonstree 3651e Risk-standardized major bleeding and venous thromboembolism (VTE) rate following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (THA) and/or	Surgery Fall 2021 Intent To Submit 2021-08-02 Deadline: 2021-11-15 Full Submission 2021-11-15 Deadline: surgery@qualityforum.org Project Contact: surgery@qualityforum.org/Surgery_20 NQF Project http://www.qualityforum.org/Surgery_20 Website Page: 17-2018.aspx IT-2018.aspx Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (TKA) electronic clinical quality measure (eCQM) Risk-standardized major bleeding and venous thromobenobilism (VTE) rate following and venous thromboembolism (VTE) rate following anotice randif (TA) and/or total knee anthroplasty (TKA	Surgery Fall 2021 Intent To Submit 2021-08-02 3638 Following a Total Hip Arthroplasty (THA) or Total Knee Arthroplasty (TKA) Submitted 2022-04-02 3:07pm ET Padline: 2021-11-15 Clinician-Level and Clinician Group-Level Total Hip Arthroplasty (THA and TKA) Weasure Recommended for Endorsement 2022-04-02 3:07pm ET NOF Project http://www.qualityforum.org 3639 Following a Total Hip Arthroplasty (THA and TKA) Weasure Recommended for Endorsement 2022-04-02 3:07pm ET NOF Project http://www.qualityforum.org/Surgery_20 3639 Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/to tal knee arthroplasty (TKA) electronic clinical quality measure (eCQM) Oraft - Full 2022-04-02 3:35pm ET State 3649 Risk-standardized major bleeding and venous thromboembolism (VTE) rate following elective primary total hip arthroplasty (TKA) Oraft - Full 2022-03-02 3:35pm ET



"My Measures"

NATIONAL QUALITY FORUM Measure Information Management System	= <	My Meas	ures				Crea	Le Measure
Q Search	41 total rec	cords				Search by NQF # or N 	Neasure Title Q	Ŧ
Dashboard My Submissions	NQF # ↑	Measure Title	Measure Status	Most Recent Submission Type	Most Recent Submission Status	Upcoming Maintenance Cycle	Last Submission Date	
My Measures	0039	Flu Vaccinations for Adults Ages 18 and Older	Endorsement Removed	Maintenance	(Withdrawn)	Prevention and Population Health Spring 2022	2021-11-04 1:59pm ET	View Details
My Requests For Assistance	0041	Preventive Care and Screening: Influenza Immunization	Endorsed	Maintenance	Draft - Full Submission	Prevention and Population Health Spring 2022	2021-11-04 2:00pm ET	View Details
My Comments	0390	Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High Risk Prostate Cancer	Endorsed	(Maintenance)	Draft - Intent To Submit	Cancer Fall 2022	2021-06-04 12:47pm ET	View Details



"My Measures" cont.





Intent to Submit – How To for New Measures

 Measure Developers submitting new measures for review can do so in MIMS





Intent to Submit – Required Sections

All sections with a double red plus sign (++) are due at ITS





Scientific Methods Panel (SMP)

- Role:
 - Conduct evaluation of complex measures for the Scientific Acceptability criterion, 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
- The SMP was created to ensure higher-level and more consistent reviews of the scientific acceptability of measures
- The SMP review helps inform the standing committee's endorsement decision. The panel does not render endorsement recommendations.



Scientific Methods Panel

The SMP reviews measures with reliability and validity testing, analyses, and results that are deemed as complex





Scientific Methods Panel (cont.)

- Complex measures are reviewed by the SMP when:
 - Newly submitted
 - Maintenance measures with updated testing
 - NQF staff requests (e.g., expert opinion needed to support review of testing, review of unfamiliar methodology)
- All measures reviewed by the SMP can be discussed by the Standing Committee
- Standing Committee will evaluate and make recommendations for endorsement for:
 - » Measures that pass SMP review
 - » Measures where the SMP did not reach consensus



Scientific Methods Panel (cont.2)

- Measures that did not pass the SMP can be pulled by the Standing Committee member for further discussion
 - Measures rated as "Low" or "Insufficient" for reliability or validity by staff or the SMP will not be eligible for re-vote if any of the following circumstances apply:
 - » Inappropriate methodology or testing approach applied to demonstrate reliability or validity
 - » Incorrect calculations or formulas used for testing
 - » Description of testing approach, results, or data is insufficient for staff or the SMP to apply the criteria
 - » Appropriate levels of testing not provided or otherwise did not meet NQF's minimum evaluation requirements



Full Measure Submission

- Standing Committee members are notified of SMP evaluation results for complex measures
 - Standing Committee members can pull failed measures for discussion (and re-vote for eligible measures)
- All remaining sections of the MIMS measure submission form are due three months after intent to submit
- Following the full measure submission deadline, NQF staff check the measure submission for completeness ensuring:
 - All required submission form items have a response
 - Submission meets the minimum requirements to be reviewed (e.g. testing is performed at requisite levels, forms meet 508 compliance, etc.), as highlighted in the <u>Measure Developer</u> <u>Guidebook</u>
- After completeness checks have been conducted, NQF staff provide feedback to developers about any needed updates to the submission. Developers are given an opportunity to make such updates. Feedback will fall under one of two categories:
 - Missing components resulting in an incomplete submission
 - Other suggested improvements



Measure Submission and 508 Compliance Requirements

- The Section 508 compliance law of the American Disabilities Act states that any public-facing media on government websites needs to be accessible for users with a disability.
- NQF requires all CDP materials to be fully accessible to persons with disabilities. Refer to the <u>Checklist for Developer 508 Guidelines</u>. More detailed information on 508-compliance requirements is outlined starting on page 54 of the <u>Measure Developer Guidebook</u>.
- NQF staff will provide feedback as part of the completeness check on any items that do not meet 508-compliance requirements. The feedback will include guidance on how to make submission materials 508-compliant.



Typical Full Measure Submission Deadlines*

Topic Area	Spring Cycle	Fall Cycle
Behavioral Health and Substance Use Neurology Patient Safety Renal	April 2	November 1
All-Cause Admissions and Readmissions Cardiovascular Patient Experience and Function Perinatal and Women's Health Primary Care and Chronic Illness	April 9	November 8
Cancer Cost and Efficiency Geriatric and Palliative Care Prevention and Population Health Surgery	April 16	November 15

**if the date takes place on a weekend, the deadline will occur on the next business day. Dates are subject to change at the discretion of NQF and will be communicated.*



Public and Member Commenting

- After the full measure submission deadline, measures enter a continuous commenting period, giving NQF members and members of the public the opportunity to provide their feedback and expressions of support (for members) on measures being reviewed.
 - Any comments received in the pre-evaluation period of the continuous commenting period will be included in the preliminary analysis of the measure and will be discussed during the measure evaluation meeting. Dates will be announced through an email alert and on the project webpages.



Measure Evaluation

- Preliminary analysis (PA): to assist the Standing Committee evaluation of each measure against the criteria, NQF staff and the SMP (if applicable) will prepare a PA of the measure submission and offer preliminary ratings for each criteria
 - The preliminary analysis is used as a starting point for Standing Committee discussion and evaluation
 - The SMP will complete review of the Scientific Acceptability criterion for complex measures
- Individual evaluation: each Standing Committee member will conduct an in-depth evaluation on all measures under review
- Project teams will inform measure developers and stewards of the results of the preliminary analyses, as well as any Standing Committee comments, ahead of the measure evaluation meeting



Measure Evaluation (cont.)

- NQF staff compiles the Standing Committee's comments and redistributes measure worksheet with summary of all members' preliminary evaluation
- Measure evaluation and recommendations at the in-person/web meeting: The entire Standing Committee will discuss and rate each measure against the evaluation criteria and make recommendations for endorsement
 - Measure Developers are expected to attend the meeting(s) to briefly introduce their measure(s) and answer any questions from the Standing Committee



Measure Evaluation (cont.2)

- Measures will be reviewed against each of NQF's endorsement criteria:
 - Importance to measure and report: Goal is to measure those aspects with greatest potential of driving improvements; if not important, the other criteria are less meaningful (must-pass)
 - Reliability and Validity-scientific acceptability of measure properties : Goal is to make valid conclusions about quality; if not reliable and valid, there is risk of improper interpretation (must-pass)
 - Feasibility: Goal is to, ideally, cause as little burden as possible; if not feasible, consider alternative approaches
 - Usability and Use: Goal is to use for decisions related to accountability and improvement; if not useful, probably do not care if feasible (mustpass for maintenance measures)
 - Comparison to related or competing measures

More info about NQF's Measure Evaluation Criteria



Public and Member Commenting

- After the Measure Evaluation Meeting, NQF staff will draft a report detailing the measure evaluation and the Standing Committee discussion. The report is posted for a 30-day public and member commenting period.
- Comments are triaged:
 - Developers respond to comments related to specifications or testing. They may also respond to questions about issues the Standing Committee did not discuss
 - NQF staff respond to comments related to the measure evaluation process or NQF policy
 - The Standing Committee responds to comments related to why the Committee decided something or voted a certain way
- NQF staff compile the comments and responses into a post-comment memo for the post-comment meeting



Post-Comment Meeting*

- The Standing Committee will re-convene to consider the comments received and member expressions of support/non-support, and adjust any recommendations as needed
- The Standing Committee discusses any measures where consensus was not reached (CNR) and re-votes
- The Standing Committee addresses any committee business not addressed during the Measure Evaluation Meeting, such as related and competing measures
- Developers are encouraged to be present for the discussion and to be available to answer any questions from the Standing Committee

^{*}if no comments are received during the post-measure evaluation commenting period and there is no committee business to discuss, this meeting will be cancelled



Measure Endorsement

- Consensus Standards Approval Committee (CSAC) reviews, approves, and endorses measures following public and member comment
 - Reviews across the portfolios for consistent application of the criteria
 - Either upholds committee decision or delays its decision and returns to Standing Committee for reconsideration* if there are concerns with any of the rationale/criteria below:
 - » Strategic importance of the measure
 - » Cross-cutting issues concerning measure properties
 - » Consensus development process concerns
- Developers are invited to attend the CSAC meeting and be available to answer any questions that the CSAC may have

*measures undergoing maintenance review will retain endorsement as they are sent back to the Standing Committee for reconsideration


Appeals

- Any party may request an appeal of a CSAC decision to endorse or not endorse a measure, except in the case where a Standing Committee does not recommend a measure for endorsement and the CSAC concurs
- Endorsement decisions may only be appealed on the following grounds:
 - Procedural errors reasonably likely to affect the outcome of the original endorsement decision
 - New information or evidence, unavailable at the time the CSAC made its endorsement decision, that is reasonably likely to affect the outcome of the original endorsement decision
- The Appeals Board includes five members and two alternates. Alternates serve when an Appeals Board member has a conflict of interest with a measure under appeal review or is unable to attend an Appeals Board meeting. Members include current and former members of the NQF Standing Committees and former members of CSAC and Board of Directors.
 - The Appeals Board may uphold the CSAC endorsement decision, overturn the CSAC endorsement decision, or dismiss the appeal

More information on Measure Appeals or the NQF Appeals Board

Fall 2021 and Spring 2022 Cycle Updates



Spring 2021 Cycle

The Appeals meeting for #0500 Severe Sepsis and Septic Shock: Management Bundle took place on April 29.



Fall 2021 Cycle

- The draft report commenting period has closed for all four topic areas. Project teams will notify measure developers of any comments requiring a response. Responses should be provided in MIMS.
- Project teams are preparing for post-comment meetings in June to discuss comments and review any measures where consensus was not reached during the measure evaluation meetings.
- Post-Comment Meeting Dates:
 - May 25th- Primary Care and Chronic illness
 - June 2nd- Geriatrics and Palliative Care
 - June 3rd- Patient Safety
 - June 8th- Surgery



Spring 2022 Cycle

- The full submission deadline was last month. Project teams are performing their completeness checks and preliminary reviews and are preparing for committee evaluation.
- Measure Evaluation Meeting Dates:
 - June 23rd- Primary Care and Chronic Illness
 - June 23rd- Patient Safety
 - June 24th- All Cause Admissions and Readmissions
 - June 29th- Renal
 - June 30th- Behavorial Health and Substance Use
 - June 30th- Geriatrics and Palliative Care
 - July 6th- Perinatal and Women's Health
 - July 7th- Prevention and Population Health
 - July 12th- Cost and Efficiency



Annual Measure Developer Workshop

- Save the Date!
 - The Annual Measure Developer Workshop will occur on July 19 from 11:30 AM – 3:30 PM ET. More details will be shared soon.

Measure Developer Resources



Submitting Standards Web Page

- Measure Evaluation Criteria and Guidance Document
 - Includes evaluation algorithms for evidence, reliability, and validity
 - » Lays out the logic that committees will use for rating Evidence, Reliability, and Validity subcriteria
- Measure Developer Guidebook
 - Explains the NQF process and expectations for developers
- Resource Libraries:
 - Recordings of SMP and Developer Webinar meetings
 - On-demand educational recordings
 - Tips for developers
- MIMS Recordings



Tips for Measure Developers

- General reminders:
 - Refer to the NQF Submitting Standards web page
 - Attend the quarterly measure developer webinars to ensure you are up to date with NQF timelines and process changes
 - Check your MIMS Dashboard regularly and verify the correct measure developer/steward contacts are listed. If this changes, please notify NQF immediately. NQF uses the contacts listed in the Dashboard to send updates and reminders about deadlines related to your measure.



NQF Technical Assistance

- Contact <u>measuremaintenance@qualityforum.org</u> for general inquiries or questions related to the Consensus Development Process (CDP), measure evaluation criteria, or technical assistance.
- Seek technical assistance from NQF staff early and often. Measure submission deadlines are firm and extensions will not be granted. If you would like NQF staff to provide input on your draft submission, please contact the appropriate NQF project team (see next slide) and request technical assistance well in advance of the deadline.



NQF Technical Assistance

Project	Inbox
All-Cause Admissions and Readmissions	readmissions@qualityforum.org
Behavioral Health and Substance Use	behavioralhealth@qualityforum.org
Cancer	cancerem@qualityforum.org
Cardiovascular	cardiovascular@qualityforum.org
Cost and Efficiency	efficiency@qualityforum.org
Geriatric and Palliative Care	palliative@qualityforum.org
Neurology	neurology@qualityforum.org
Patient Experience and Function	patientexperience@qualityforum.org
Patient Safety	patientsafety@qualityforum.org
Perinatal and Women's Health	perinatal@qualityforum.org
Primary Care and Chronic Illness	primarycare@qualityforum.org
Prevention and Population Health	populationhealth@qualityforum.org
Renal	renal@qualityforum.org
Surgery	surgery@qualityforum.org
Measure Maintenance	measuremaintenance@qualityforum.org

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THANK YOU.

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