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Driving measurable health improvements together

Measure Developer Workshop

The NQF Measure Maintenance Team

September 25, 2020

Welcome

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Agenda

- Welcome
- Measure Utilization during COVID-19
- NCQA HEDIS® Measure Telehealth Revisions
- Clarification to Guidance on Endorsement Process and Measure Evaluation Criteria
- NQF's Measure Submission and Management System
- Measure Developer Feedback Initiative
- Break
- Upcoming NQF Work
- Recap of the Day

NQF Measure Maintenance Team

- Sheri Winsper, RN, MSN, MHA, NQF Senior Vice President, Quality Measurement
- Sai Ma, PhD, NQF Managing Director/Senior Technical Advisor
- Kathryn Goodwin, MS, NQF Director
- Hannah Bui, MPH, NQF Manager
- Caitlin Flouton, MS, NQF Analyst

Measure Utilization During COVID-19

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Weigh your options

- NQF recommends thinking through the best measure adjustment strategies, which may include simply not using a measure until the COVID-19 pandemic has passed
- Considering strategies to minimize the impact of any proposed specification changes on the reliability, validity, and adequacy of risk adjustment.
- Some examples:
  - removing 1/2020-6/2020 data – still meet validity and reliability standards? have case-mix and care patterns gone back to normal since July?
  - extending a measure's "look-back" period to enhance the sample size – measuring previous performance
- NQF does not intend to review any temporary changes to measure specifications in 2020
- http://www.qualityforum.org/News_And_Resources/Press_Releases/2020/NQF_Statement_on_Measure_Utilization_During_COVID-19.aspx

Questions Related to Measure Utilization during COVID-19?

NCQA HEDIS® Measure Telehealth Revisions: *Measurement Year (MY) 2020*

Lauren Niles
Senior Research Associate, NCQA

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HEDIS: *Healthcare Effectiveness Data and Information Set*

Measurement set used by more than 90 percent of America's health plans

Allows for comparison of health plans across important dimensions of care and service

Receive preventive services	Manage chronic conditions	Address behavioral health	Coordinate Care	Overuse/ Appropriateness
Colorectal Cancer Screening	*Comprehensive Diabetes Care*	*Follow-Up After ED Visit for Mental Illness and Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence*	*Transitions of Care*	*Risk of Continued Opioid Use*

HEDIS Measurement Year (MY) 2020–2021

92 measures; 6 domains

- Effectiveness of Care (55)
- Access/Availability of Care (5)
- Experience of Care (3 CAHPS Surveys)
- Utilization (8) and Risk Adjusted Utilization (5)
- Health Plan Descriptive Information (5)
- Measures Collected Using Electronic Clinical Data Systems (11)

Use in Programs

- CMS ACO: 10 measures
- CMS Quality Payment Program: 33 measures
- CMS Quality Rating System: 24 measures
- CMS Part C Star Ratings: 14 measures; CMS Part C Display: 10 measures
- Medicaid Adult Core Set: 17 measures
- Medicaid Child Core Set: 12 measures

HEDIS MY 2020–2021 Measurement Set

Effectiveness of Care Domain (55 measures)

- Prevention and Screening (9)
- Respiratory (4)
- Cardiovascular (4)
- Diabetes (3; including 8 indicators)
- Musculoskeletal (3)
- Behavioral Health (12)
- Medication Management and Care Coordination (2; including 4 indicators)
- Overuse/Appropriateness (10)
- Measures collected through Health Outcomes Survey (HOS) (4)
- Measures collected through CAHPS Survey (4)

Telehealth in HEDIS: *Pre-COVID-19*

- In April of 2019, NCQA concluded a **multi-year effort** to integrate telehealth into HEDIS quality measures, which included:
  - Review of all HEDIS measures to determine telehealth applicability
  - Robust review of literature
  - Convening of new NCQA expert panel: *Telehealth Expert Panel*
  - Discussions with existing NCQA expert panels and groups
  - Recommendations brought through NCQA governance process and external public comment review

- Effort resulted in **90 percent of HEDIS measures** allowing at least one form of telehealth visit to be used in lieu of an in-person visit

Telehealth in HEDIS: Modalities

Synchronous telehealth visits

Real-time audio and video communications

Telephone visits

Real-time audio communication

Asynchronous (e-visits, virtual check-ins)

Not real-time, but requires two-way interaction between provider and patient

Telehealth in HEDIS: *COVID-19 Response*

- Guidance from federal and state agencies, payers and clinical experts advised shifting, where appropriate, towards the use of telehealth services during the COVID-19 pandemic
- In response, NCQA reviewed all HEDIS measures to determine where telehealth allowances could be **further expanded for HEDIS Measurement Year 2020.**
- Process used was a consensus-driven approach, including:
  - Use of published telehealth guidance and expert input
  - Review of all HEDIS measures by NCQA measure champions and policy team
  - Review of proposed measure revisions by NCQA leadership and governance bodies

COVID-19 HEDIS Telehealth Revisions

Expansion of Telehealth in Measures

- Updates to digital and non-digital measures
- Updates to cross-cutting exclusions
- Update to HEDIS General Guideline 42

New Billing Codes

- CMS released several new codes for tele-visits in response to COVID-19
- New codes incorporated into existing value sets

Updates in HEDIS Volume 2

- All updates released in HEDIS Volume 2 for MY 2020

Summary of COVID-19 HEDIS Telehealth Revisions

Measures for MY2020 reviewed for additional telehealth opportunities to:

- Support increased used of telehealth caused by the pandemic
- Align with telehealth guidance from the Centers for Medicare & Medicaid Services and other stakeholders

New telehealth additions in **40 HEDIS measures** for MY 2020

Incorporation of **new telehealth billing codes** into HEDIS value sets

HEDIS General Guideline 42 updated with updated definitions for telehealth modalities

Other Relevant NCQA Telehealth Work

Align

Taskforce on Telehealth Policy

- Convened by Alliance for Connected Care, NCQA and American Telemedicine Association
- 23 thought leaders working to develop consensus recommendations to consider telehealth beyond COVID-19 and into digital age
- Final report and webinar: September 15 (Free/open to all!)

Adapt

1. HEDIS measure telehealth revisions
2. Temporary allowances for telehealth in Health Plan Accreditation

Innovate

Exploratory phase

NCQA has dedicated an internal team to consider opportunities for NCQA to help drive forward high-quality telehealth use

https://www.ncqa.org/programs/data-and-information-technology/telehealth/

Questions Related to NCQA HEDIS® Measure Telehealth Revisions?

Clarification to Guidance on Endorsement Process and Measure Evaluation Criteria

Overview

- NQF to distribute updated versions to measure stewards/developers and make available on the NQF website.
- Updates include:
  - Updates to Early Maintenance Process (formerly Ad-Hoc Review)
  - Clarification on CSAC decision to not endorse a measure and send back to Standing Committee for reconsideration

Early Maintenance (Formerly Ad-Hoc Review)

- Formal measure evaluation and endorsement reconsideration that occurs prior to the previously scheduled maintenance of endorsement date and follows the same process as a maintenance of endorsement evaluation
- Early Maintenance Triggers:
  - A material change to an endorsed measure is submitted by a measure developer during an annual update
  - Directive by the Standing Committee or the Consensus Standards Approval Committee (CSAC) to review a specific criterion sooner than the scheduled maintenance of endorsement evaluation
  - Request by a developer or third party (early maintenance review can be requested by any party, if there is adequate evidence to justify the review)
- Measure is evaluated against all measure evaluation criteria during a mutually agreed upon future cycle. If a measure remains endorsed after an early maintenance review, it is subject to maintenance of endorsement in approximately three years.

CSAC Decision to Send Measures Back to Standing Committee for Reconsideration

- The CSAC may send a recommended measure back to a 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

- Measures undergoing maintenance review will retain endorsement as they area sent back to the Standing Committee for reconsideration

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Recap of the SMP's Advisory Meetings (July & August 2020)

1. Should we require both data element and measure score validity testing?
2. What guidance can we offer developers about the range of variables that can be used to establish validity by their correlation with the specific measure being evaluated?
3. Does the term "critical data element" include data elements used in risk-adjustment models? Include all data elements in risk-adjustment models?
4. Is it ever acceptable to have just data element reliability? If not, should the current requirement for either data element OR measure score reliability be changed?
5. Does data element validity guarantee data element reliability, so that showing validity removes the requirement to show reliability?
6. Should face validity continue to be accepted as the minimum requirement for new measure submissions?

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Recap of the SMP discussion

1. Question: Should we require both data element and measure score validity testing?

- **Consensus:** Requiring both data element and measure score validity information should be required for most measures, but with the "when possible" caveat.

2. Question: What guidance can we offer developers about the range of variables that can be used to establish validity by their correlation with the specific measure being evaluated?

- **Suggestion:** Submit more detailed explanations of any specific data limitations that restrict the range of validity analyses that can be done, of reasoning behind the choice of other measures or variables used to establish validity of the proposed measure, and of the presumed process-outcome relationships that justify the measure as a measure of quality of care.

Recap of the SMP Discussion (con't)

3. Question: Does the term "critical data element" include data elements used in risk-adjustment models? Include all data elements in risk-adjustment models?

- **Responses:** The Panel confirmed that developers do not have to do primary data analysis of all aspects of reliability and validity. They can cite existing evidence, including published evidence by others or their own evidence from prior submissions if the relevant parameters have not changed.

4. Question: Is it ever acceptable to have just data element reliability? If not, should the current requirement for either data element OR measure score reliability be changed?

- **Consensus:** Given the burden of this additional requirement, the Panel generally felt that new measures with acceptable validity could go forward for further consideration with evidence of data element reliability only.

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Recap of the SMP discussion (con't)

5. Question: Does data element validity guarantee data element reliability, so that showing validity removes the requirement to show reliability?

- **Yes/no variables derived from an EHR through a computer algorithm:** there would generally be no question of reliability, as the same result will always be obtained
- **Clinical process/Outcome variables:** involving some degree of human abstraction or coding would bring data element reliability into question
- **Patient-reported outcomes:** data element reliability is a concern and developers should provide evidence of data element reliability

6. Question: Should face validity continue to be accepted as the minimum requirement for new measure submissions?

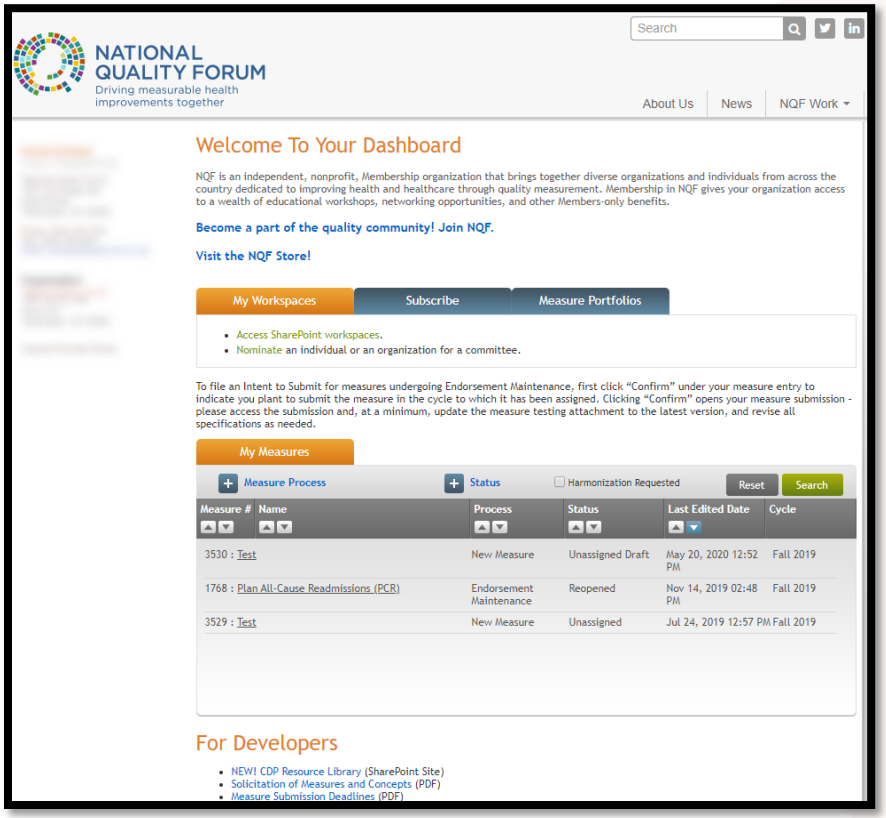
- **Consensus:** Face validity can be accepted as a minimum requirement for new measures as long as reliability passes.

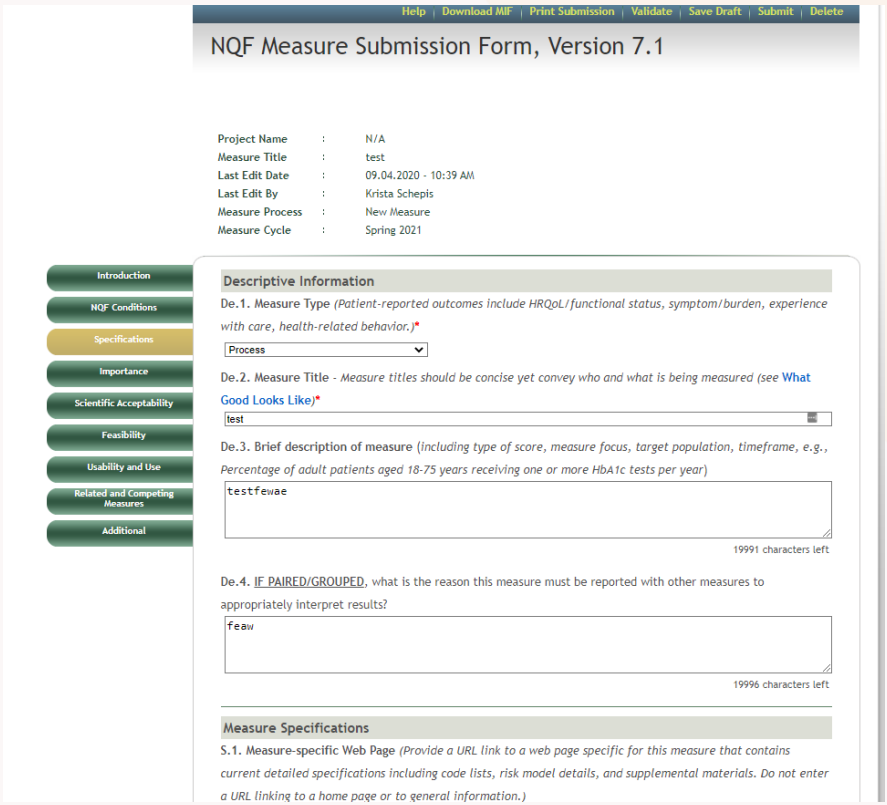
Questions Related to Clarification to Guidance on Endorsement Process and Measure Evaluation Criteria?

NQF's Measure Submission and Management System

Goal of today's session

- Opportunity to share high-level changes to our measure database system





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Why are we doing this?

- Existing system is 10+ years old
- User feedback identified areas for improvement including:
  - Length of the measure submission form
  - Clarity of next steps of measure submission process
  - No collaboration on form tool and having to download and copy/paste submissions
  - Unclear how to access NQF staff for technical assistance
- **Overarching goal: increase usability & user experience around measure submission, measure evaluation, and reporting**

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Planned Enhancements

- Measure submission form
  - Qualifying questions – expect to see the measure form and questions align with the measure type
  - Ability to change form type without contact NQF
  - Remedy form field limitations
  - Responses within previous submissions will be automatically migrated into the new form
- New Dashboard
  - Clearer visibility, timelines and deadlines
- Usability
  - Enhanced communication tools
  - Mechanism to communicate with staff during the measure submission and review process
  - And much more – the goal is to continually improve!

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Planned Enhancements to the Measure Submission Form

Only relevant questions are shown

- Based on measure type (e.g. Outcome or Cost/Resource Use), data source (e.g. eCQM or instrument-based), submission type (Trial Use)

Single Form

- Evidence and testing word document attachments are fully integrated

Text fields have full editing controls

- change colors, underline, create bulleted lists

Modern look and feel

- New contemporary typefaces and colors

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Planned Enhancements to Your Dashboard

- Dashboard
  - Measures grouped by status, sorted by priority
  - Action buttons allow some measure tasks to now be conducted entirely in-system (e.g. withdrawal, submit a TA request)
  - Project timeline diagrams to clearly illustrate where your measure is in the process, and what you need to do next
- Collaboration Tools
  - Leave in-line comments for colleagues
  - Add and remove colleagues to measures
  - Ask NQF about specific questions
  - Customizable notifications – fewer emails!

And much more – our goal is to continually improve!

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QPS Integration and Data Migration

- QPS appearance and function will remain
  - New backend database will be fully integrated into QPS
  - Some fixes to longstanding issues
    - » E.g. searches on paired measures, "new specifications under review" banner
- Data migration
  - Existing measures and their latest submission will all be fully available on Day 1 of release
  - Information in Evidence and Testing attachments will need to be re-submitted

Launch Timeline

APRIL - Finalize OPUS 1.0

- Closed out all Spring 2021 submissions
- Data Migration

MAY - LAUNCH OPUS 2.0

- Post-launch support tickets
- Live testing of new measure submissions and migration

AUGUST – Launch Fall 2021 cycle

- Key informant interviews with users to identify missing features set for OPUS 2.5

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Plans for the Future

- Future Thinking:
  - Ongoing enhancements based on user feedback
  - QPS 2.0

Questions Related to NQF's Measure Submission and Management System?

Measure Developer Feedback Initiative

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Consensus Development Process (CDP) Feedback Initiative (July – August 2020)

- Surveys
  - Developer survey: 33 responses
  - Scientific Methods Panel survey: 17 responses
  - Standing Committee survey: 141 responses
- 11 one-on-one interviews with developers representing a mix of experience and specialties
  - What is working well with the NQF-endorsement process?
  - What is not working well with the NQF-endorsement process?
  - We have received feedback about inconsistency with the measure evaluation process. What are your recommendations for improving the consistency?
  - How could we improve your experience with the NQF-endorsement process?
  - What, if any, resources would you find useful?

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Overarching Themes

1. General Communication
2. CDP Process
3. CDP Policy

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1. General Communication

- NQF's online resources and developer workshops are useful, but there is too much information and it's too scattered
  - *"Too many emails from NQF…I am not always available for the webinars so agenda and transcripts are very helpful."*
  - *"Figure out a way to condense or better target communication"*
- NQF staff are generally responsive and technical assistance is very helpful but NQF POCs are needed
- Developers and committee members don't necessarily know the status of measures during a review cycle
  - *"We've had measures that passed the Scientific Panel, but we received no communication about it. We only knew about the ones that needed additional discussion."*
- ***Tentative Recommendations***
  - Make developer outreach an annual activity, e.g. rotating interviews
  - Monthly newsletters to developers, summarizing all announcement & updates
  - Update and integrate online resources
  - Build in a feedback loop for developers and committee members

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2. CDP Process – submission

- Submission: forms and process are not always clear; more experienced developers consistently rated CDP process higher than new developers
  - *"Submission forms can be streamlined and clarified"*
  - *"The 'intent to submit' should be renamed; it's more than submitting an intent."*
  - *"Have your staff virtually walk the measure endorsement process (Gemba) from the point of view of the measure developer. Read your own forms and understand the capabilities of the dashboard on your website"*

Tentative Recommendation:

- *Onboarding training for newer developers*
- *Update forms through the OPUS 2.0 process*

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2. CDP Process – committees

- Committees: although many developers appreciate the addition of the SMP and step-be-step process, some voiced concerns about the composition of the SMP and SC committees, and the lack of a quorum at some meetings
  - *"(1) recruit more folks who actually have measure development experience on the panels - including the SMP - to help temper unrealistic expectations of what measure developers can do; (2) include more votes in the SMP review (i.e., larger subgroups, or vote across two or more subgroups)"*
  - *"When committees are adequately staffed, measures are discussed substantively."*

Tentative Recommendations:

- *Develop member engagement strategies, including improving pre-meeting preparation and new member onboarding training*
- *Other thoughts?*

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2. CDP Process – meetings

- Meeting scheduling and facilitation can be improved
  - *"Standing Committee chairs need to follow better facilitation guidance to avoid one or two voices dominating or derailing order/agenda"*
  - *"Co-chairs and NQF staff need to be more proactively steering the meetings."*
  - *"It's hard to discuss numbers and technical topics over the phone. Shared screen will be much easier."*

Tentative Recommendations:

- *Develop a meeting protocol/guidance with allot time for each measure, expected role of NQF staff and co-chairs in meeting facilitation*
- *Build in more structure to the slides deck, including key questions to the committee for discussion*
- *Continue to provide co-chair training and share best practices among NQF staff and co-chairs*

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3. CDP Policy

- Evaluation policy and criteria are not always clear or consistent across committees
  - *"What test is acceptable? (Criteria) goal is a moving target."*
  - *"(Review) is often ruled by individuals with subjective views; encourage NQF to find ways to make the review process more objective"*
  - *"We had to guess which SC will pass our measure."*

  Tentative Recommendation: update "what good looks like" document and increase internal consistency among NQF staff and committees

- Purview of SMP vs. SCs
  - *"We submitted two similar measures. Not sure why one went to SMP for review and the other didn't."*
  - *"SMP passed validity and reliability of our measures but SC failed us."*

  Tentative Recommendation: Update the current SMP Q&A to clarify why and what SMP reviews and doesn't review

Questions Related to the Measure Developer Feedback Initiative?

Break

Upcoming NQF Work

Core Quality Measures Collaborative

Funded by CQMC membership with additional funding from AHIP and CMS

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CQMC Background

- The CQMC is a broad-based coalition of health care leaders originally convened by America's Health Insurance Plans (AHIP) in 2015 with the goal of identifying a core set of measures for select clinical practice areas.
- Membership includes the Centers for Medicare & Medicaid Services (CMS), health insurance providers, medical associations, consumer groups, purchasers (including employer group representatives), and other quality collaboratives.
- Led to the public release of eight consensus core sets in 2016.

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CQMC Today

- NQF is working with AHIP and CMS to:
  - Convene the CQMC to maintain the core sets,
  - Identify priority areas for new core sets,
  - Prioritize measure gaps, and
  - Provide guidance on dissemination and adoption.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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AHIP
America's Health Insurance Plans

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CQMC Aims

- Identify high-value, high-impact, evidence-based measures that promote better patient outcomes, and provide useful information for improvement, decision-making and payment.
- Align measures across public and private payers to achieve congruence in the measures being used for quality improvement, transparency, and payment purposes.
- Reduce the burden of measurement by eliminating low-value metrics, redundancies, and inconsistencies in measure specifications and quality measure reporting requirements across payers.

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What Are Core Measure Sets?

- The CQMC defines a core measure set as a parsimonious group of scientifically sound measures that efficiently promote a patient-centered assessment of quality and should be prioritized for adoption in value-based purchasing and alternative payment models.
- The CQMC core measure sets primarily focus on **outpatient**, **clinician-level** measurement.

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Principles for the CQMC core measure sets

- Provide a person-centered and holistic view of quality, including consideration of Social Determinants of Health (SDOH) and experience of care.
- Provide meaningful and usable information to all stakeholders.
- Promote parsimony, alignment, and efficiency of measurement (i.e., minimum number of measures and the least burdensome measures).
- Include an appropriate mix of measure types while emphasizing outcome measures and measures that address cross-cutting domains of quality.
- Promote the use of innovative measures (e.g., eMeasures, measures intended to address disparities in care, or patient-reported outcome measures).
- Include measures relevant to the medical condition of focus (i.e., “specialty-specific measures”).

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Principles for measures included in the CQMC core measure sets

- Advance health and healthcare improvement goals and align with stakeholder priorities.
  - Address a high-impact aspect of healthcare where a variation in clinical care and opportunity for improvement exist.
- Are unlikely to promote unintended adverse consequences.
- Are scientifically sound (e.g., NQF-endorsed or otherwise proven to be evidence-based, reliable, and valid in diverse populations).
  - The source of the evidence used to form the basis of the measure is clearly defined.
  - There is high quality, quantity, and consistency of evidence.
  - Measure specifications are clearly defined.
- Represent a meaningful balance between measurement burden and innovation.
  - Minimize data collection and reporting burden, while maintaining clinical credibility (i.e., measures that fit into existing workflows, are feasible, and do not duplicate efforts).
  - Are ambitious, yet providers being measured can meaningfully influence the outcome and are implemented at the intended level of attribution.
  - Are appropriately risk adjusted and account for factors beyond control of providers, as necessary.

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Current Core Measure Sets

- Accountable Care Organizations (ACO), Patient Centered Medical Homes (PCMH), and Primary Care
- Cardiology
- Gastroenterology
- HIV and Hepatitis C
- Medical Oncology
- Obstetrics and Gynecology
- Orthopedics
- Pediatrics

New Workgroups - 2020

- Behavioral Health
- Neurology
- Implementation

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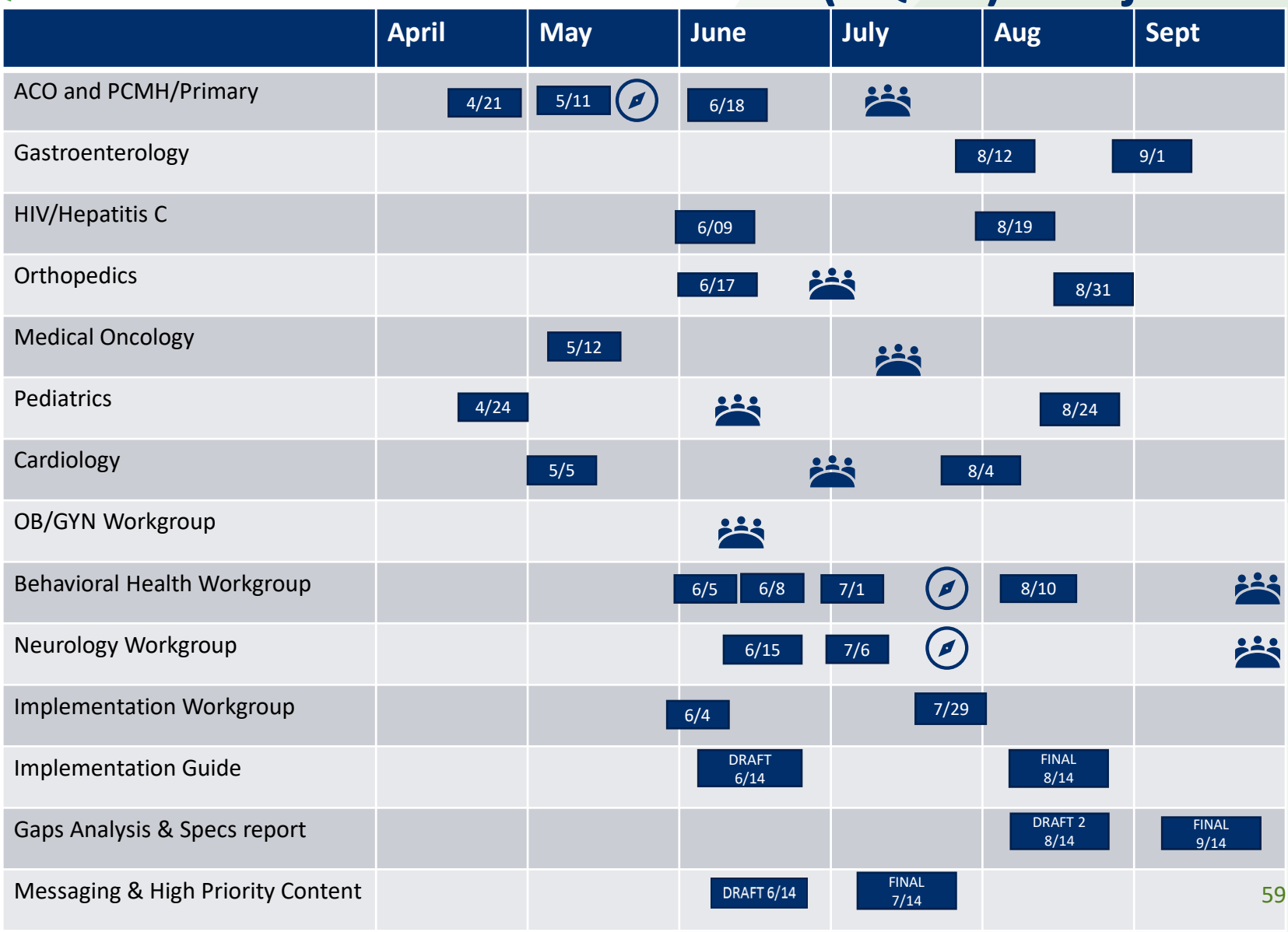
Project Approach

- Convene a workgroup
  - Identify existing measures and inputs for environmental scan
  - Perform environmental scan and gather measure information
  - Discuss measures and reach consensus on whether to include in electronic voting
  - Vote on whether to add measures to core set
    - » 60% of voting members AND at least one vote from each voting category (medical association, private or public payer, and other)
      - *Other can include Patient/Consumer Groups, Purchaser/Employer Group, Quality Collaboratives*
  - Identify remaining gaps and strategies to fill the gaps
  - Discuss how to present and disseminate the core set
- Core sets are presented to the Steering Committee and the Full Collaborative for final approval

Key Milestones Clinical Quality Measures Collaborative (CQMC)" Project



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CQMC Future Core Set Goals

- Include the following types of measures:
  - Outcome measures
  - Patient-reported outcome performance measures (PRO-PMs)
  - Composites
  - Cross-cutting measures
  - Measures that address disparities or social determinants of health (SDOH)
  - Electronic clinical quality measures (eCQMs)
  - Clinician-level measures

New workgroups will be formed to work towards these goals

Clinical Area Workgroup Activities for 2020-2021

- Proposed: full maintenance cycle every 2 years, with ad hoc maintenance on “off” years
- Ad hoc maintenance next year
  - No comprehensive environmental scan
  - Revisions based on any major changes in guidance
  - Revisions based on specific recommendations from Workgroup members

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Project Points of Contact

- Nicolette Mehas, PharmD, Director
- Amy Moyer, MS, PMP, Director
- Teresa Brown, MHA, Senior Manager
- Yvonne Kalumo-Banda, MS, Manager
- Amy Guo, MS, Analyst

CQMC@qualityforum.org

http://www.qualityforum.org/cqmc/

Questions Related to the Core Quality Measures Collaborative?

Best Practices for Developing and Testing Risk Adjustment Models

Funded by CMS, under Task Order TO75FCMC20F0001

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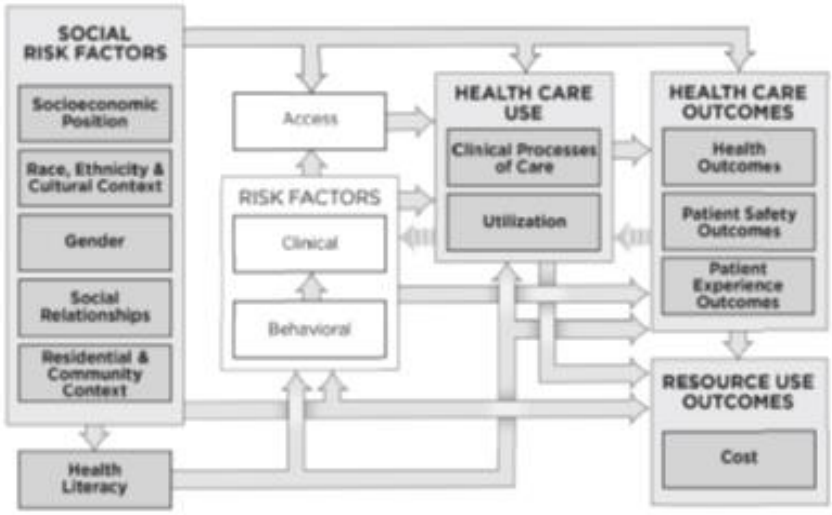
Project Overview

Figure 1. Health Care Access Conceptual Model



National Academies of Sciences, Engineering and Medicine 2016 report

- Fair and meaningful quality and resource measures are foundation for value-based payment (VBP)
- Social and functional risk factors can directly affect outcomes and/or indirectly do so through behavioral or clinical factors
- However, *when and how* to adjust for social and functional factors remains inconsistent with limited consensus

NQF's Technical Approach

- Convene a multistakholder Technical Expert Panel (TEP)
- Conduct an Environmental Scan
- Develop Technical Guidance

TEP Charge and Nominations Process

- The TEP will be responsible for steering the development of major project components, including:
  - Leveraging the experience and expertise of TEP members to inform the environmental scan;
  - Guide the development of technical guidance for measure developers
  - Drive to consensus on technical guidance and outline potential path forward for areas where consensus can not be reached
- NQF is seeking to identify 15 individuals for the TEP (now – Oct 13)
  - Additionally, NQF will also seek to identify up to 10 Federal Liaisons to complete the goals of this object, across CMS, ASPE, AHRQ, and VA, among others
- Project Alert to NQF's membership of 360+ organizations, targeted outreach, public roster commenting period
- https://www.qualityforum.org/ProjectDescription.aspx?projectID=73517

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Expertise for the Multistakeholder TEP

- Patients, consumers, caregivers with background, interest, or training in statistics;
- Clinicians with advanced training in statistics, biostatistics, economics, psychometrics, econometrics, or health services research;
- Measure developers in the area of outcome or resource use measures;
- Statisticians and methodologists specializing in risk adjustment methodology, quality reporting programs, and the development of payment programs;
- Experts in functional risk data sets and surveys, risk factors, and the overlap of functional risk and social risk; and/or
- Researchers familiar with non-CMS Federal data sources, e.g. the Social Security Administration, Census and ACS data, etc.

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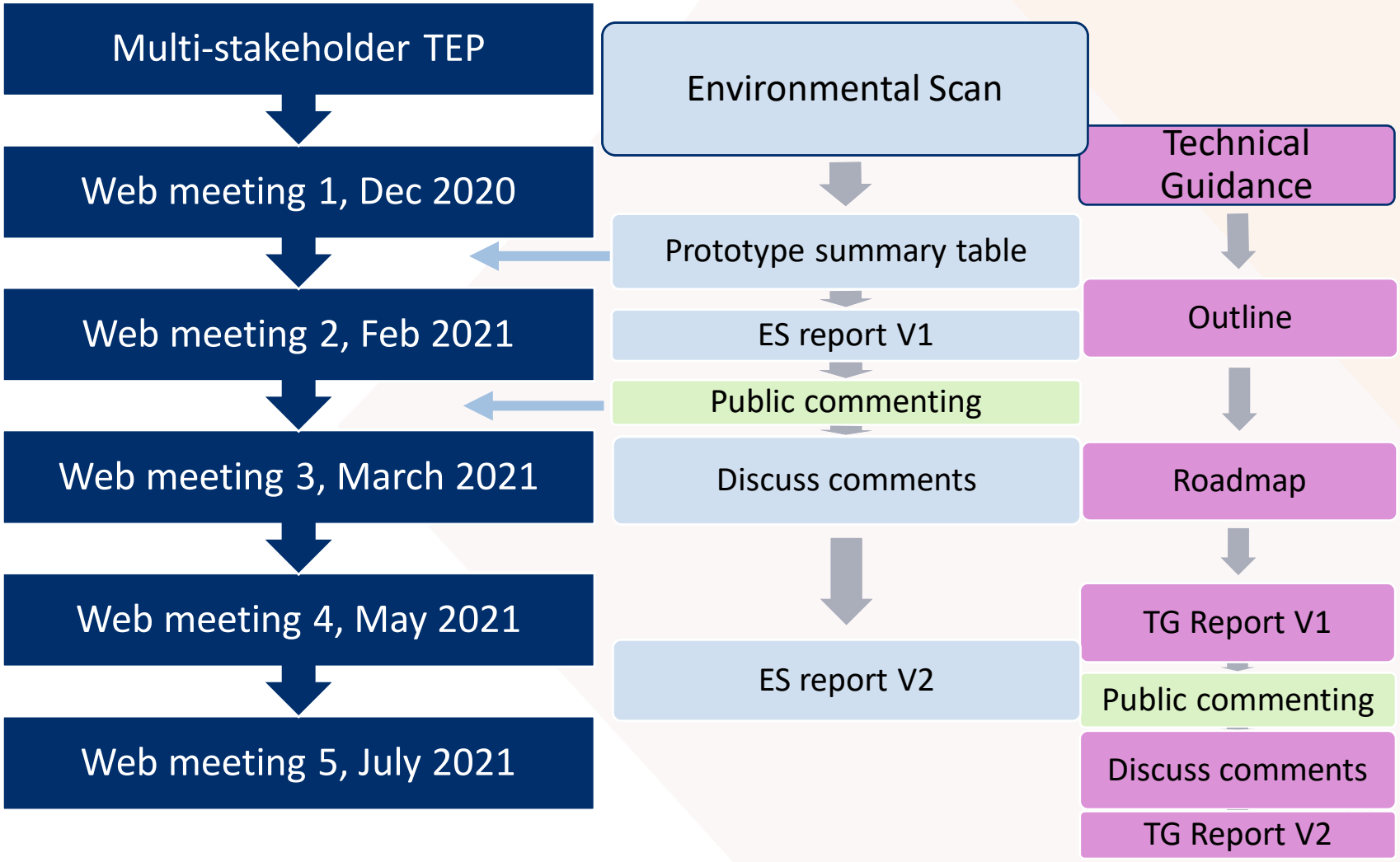
Key Milestones



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We Want to Hear From You…

1. What are the main issues and/or concerns that you would like to see this technical guidance address?
2. What are the functional status-related variables used within quality measures?

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Project Points of Contact Risk Adjustment Guidance

- Project email: RAGuidance@qualityforum.org
- Project Director: MPickering@qualityforum.org
- Submit your nomination by October 13 at 6:00PM ET: http://www.qualityforum.org/Risk_Adjustment_Guidance.aspx

Questions Related to Best Practices for Developing and Testing Risk Adjustment Models?

Roadmap to PRO-PMs

Funded by CMS, under Task Order #75FCMC20F0003

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Project Overview Patient Reported Outcome Measures (PROM)

- To identify the attributes of high-quality patient-reported outcome measures (PROMs) and create step-by-step guidance for using these PROMs as the foundation for developing digital patient-reported outcome performance measures (PRO-PMs) for CMS regulatory purposes
- The Technical Expert Panel (TEP) will:
  - *Determine attributes of a high-quality PROM, including PROMs used in CMS VBP programs, APMs, or coverage determination*
  - *Consider PROMs used for purposes other than measure development to provide other attributes that might be conducive to PRO-PM development*
  - *Develop step-by-step guidance for using PROMs to develop PRO-PMs that could meet NQF endorsement criteria*

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NQF's Technical Approach PROM

- **Convene a multistakholder Technical Expert Panel (TEP)** to identify attributes that will allow for PROMs to **advance to PRO-PMs.**
- **Conduct an environmental scan** of the state of currently available measures, measure concepts, and measurement gaps that could **identify current challenges in developing and implementing PRO-PMs.**
- **Develop a roadmap** by **identifying attributes of PROMs** that have been used by CMS for payment and regulatory purposes and **developing step-by-step guidance** for using PROMs to develop digital PRO-PMs.

TEP Charge and Nominations Process PROM

- NQF seeks to convene a multistakeholder TEP of quality measurement co-chairs and no more than 25 individuals
- The TEP will participate in eight web meetings through November 2021, with potential for an additional six web meetings into 2022
- The TEP will be responsible for steering the development of major project components, including:
  - **Environmental scan:** current state related to high-quality PROMs and digital PRO-PMs for CMS regulatory purposes
  - **Interim report:** attributes of high-quality PROMs
  - **Technical guidance:** step-by-step roadmap for using PROMs to develop digital PRO-PMs
- Project Alert to NQF's membership, targeted outreach, and public roster commenting period

Expertise for the Multistakeholder TEP PROM

- TEP members are selected to ensure representation from a variety of stakeholders:
  - **Patients/consumers/caregivers** with lived experience in chronic pain or functional limitations;
  - **Clinicians** specializing in pain management or functioning;
  - **Representatives of specialty societies** that include pain management or functioning as a major care of focus
  - **Developers of PROMs** used in CMS' alternative payment models or for Medicare coverage determinations;
  - **Measure developers** with a track record of developing PRO-PMs that have been endorsed by NQF;
  - **Representatives** of health plans, healthcare facilities, and other relevant perspectives.

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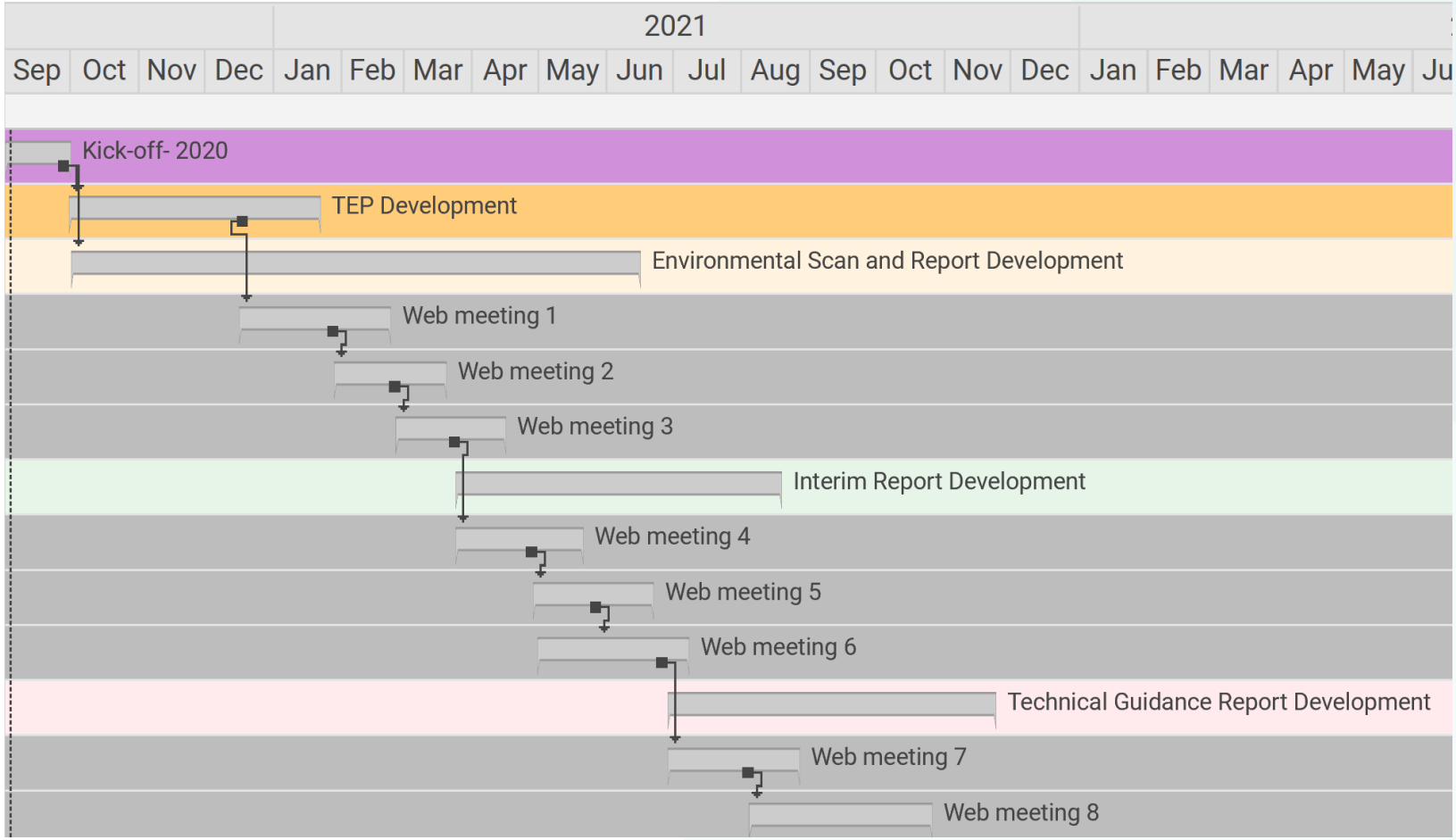
Key Milestones PROM



Project Points of Contact PROM

- Project email: propmroadmap@qualityforum.org
- Project Director: Chuck Amos, CAmos@qualityforum.org
- TEP Call for Nominations window:

  October 9 through November 10 at 6:00PM ET

  Information can be found on the Project Page, to be launched on the NQF website in late September

Questions Related to Roadmap to PRO-PMs?

Rural Health

Funded by CMS, under Task Order 75FCMC19F0007

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Project Overview Rural Health

- Telehealth offers tremendous potential to transform healthcare delivery and is a critical component of efforts to respond to health security threats
- But complex challenges persist, and readiness efforts remain insufficient to respond to specific events (e.g., terrorism, pandemics, severe weather)
- These issues are particularly salient in a rural health context
- NQF measure development frameworks for telehealth (2017) and healthcare system readiness (2019) are building blocks
- Pandemic and resulting proliferation of telehealth offer singular opportunity to leverage previous work to link **telehealth**, **system readiness**, and **rural health outcomes**

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NQF's Technical Approach Rural Health

- Convene **multistakeholder Committee**
- Conduct an **Environmental Scan**
- Develop a **new measurement framework linking telehealth, healthcare system readiness, and rural health outcomes**:
  - Identify aspects of quality related to telehealth that impact staff, stuff, structure, or system (readiness domains) of rural healthcare system readiness
  - Assess how rural healthcare system's performance in readiness domains impact mortality or other health outcomes in a disaster
  - Inform selection of quality measures or measure concepts for comparing telehealth to care delivered in-person on improving system readiness and reducing mortality during pandemics, disasters, or other public emergencies

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Committee Charge and Nominations Process

- Multistakeholder Committee of up to **25 individuals** to be selected
- Committee charge is to:
  - Participate in up to **six (6) web meetings over a 15-month period**
  - Guide development and implementation of the environmental scan
  - Develop actionable recommendations for telehealth and readiness measures or measure concepts
  - Review and provide feedback on written deliverables
  - Provide additional feedback and input as needed
- Nominations period is **September 25 through October 26**
- Project Alert to NQF's membership, targeted outreach, and public roster commenting period

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Expertise for the Multistakeholder Committee

- Clinicians (including primary care providers and specialists), healthcare providers, and administrators of healthcare facilities who routinely deliver care to rural residents, including rural- dwelling Native Americans, using Telehealth
- Healthcare consumers from rural areas, including Tribal areas
- State/local health agency staff with expertise in telehealth program design and implementation in rural or frontier areas
- **Experts in quality measurement, including measure developers with expertise in telehealth applications or health information technology**
- Non-profit organizations that represent interests of telehealth providers and/or patients
- Patients, caregivers, and advocates who receive care via telehealth or whose constituency benefits from telehealth services and/or from improved healthcare system readiness

Key Milestones Rural Health

- Final multistakeholder Committee roster: November 2020
- Orientation web meeting: December 2020
- Five remaining web meetings between January and December 2021, exact dates TBD
- Final environmental scan and report outlining measurement framework will be posted for public comment

Project Points of Contact Rural Health

- Project email: TBD
- Project Director: Andre Weldy aweldy@qualityforum.org
- Nomination submission link for multistakeholder Committee: TBD

Rural Health Questions?

Recap of the Day

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Upcoming Important Dates

- Full measure submission deadlines for the Fall 2020 cycle:

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

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Upcoming Important Dates (cont.)

- Next Measure Developer Webinar: October 19, 2020 from 1:00 – 2:00 PM ET
- Spring 2020 Intent to Submit: January 5, 2021

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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
- Blank copies of submission forms
- Resource Libraries:
  - Recordings of SMP and Developer Webinar meetings
  - On-demand educational recordings
  - TIPs for developers

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Tips for Measure Developers

- General reminders:
  - Refer to the NQF Submitting Standards web page
  - Attend the bi-monthly measure developer webinars to ensure you are up to date with NQF timelines and process changes
  - Contact measuremaintenance@qualityforum.org for general inquiries or questions related to the Consensus Development Process (CDP), measure evaluation criteria, or technical assistance
  - Check your Dashboard regularly and verify the correct measure developer/steward contacts are listed. If this changes, please notify NQF immediately via the appropriate project mailbox. NQF uses the contacts listed in the Dashboard to send updates and reminders about deadlines related to your measure.

THANK YOU.

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