



NATIONAL
QUALITY FORUM

Neurology, Spring 2019 Measure Review Cycle

Standing Committee Orientation

Debjani Mukherjee, Senior Director

Michael Abrams, Senior Director

Yetunde Ogungbemi, Project Manager

June 18, 2019

Welcome

Project Team

- Debjani Mukherjee, Senior Director
- Michael Abrams, Senior Director
- Yetunde Ogungbemi, Project Manager

Agenda for the Call

- Standing Committee introductions
- Overview of NQF, the Consensus Development Process, and roles of the Standing Committee, co-chairs, NQF staff
- Overview of NQF's portfolio of Neurology measures
- Review of project activities and timelines
- Overview of NQF's measure evaluation criteria
- SharePoint tutorial
- Measure worksheet example
- Next steps

Neurology Standing Committee

- David Knowlton, MA
- David Tirschwell, MD, MSc
- David Andrews
- Jocelyn Bautista, MD
- Ketan Bulsara, MD
- James Burke, MD
- Michelle Camicia, MSN, RN, PHN, CRRN, CCM, FAHA
- Valerie Cotter, DrNP, AGPCNP-BC, FAANP
- Bradford Dickerson, MD, MMSC
- Dorothy Edwards, PhD
- Reuven Ferziger, MD
- Charlotte Jones, MD, PhD, MSPH
- Michael Kaplitt, MD, PhD
- Melody Ryan, PharmD, MPH
- Jane Sullivan, PT, DHS, MS
- Kelly Sullivan, PhD
- Ross Zafonte, DO

Overview of NQF, the CDP, and Roles

The National Quality Forum: A Unique Role

Established in 1999, NQF is a nonprofit, nonpartisan, membership-based 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**
 - ▣ *600+ NQF-endorsed measures across multiple clinical areas*
 - ▣ *15 empaneled standing expert committees*
- **Measure Applications Partnership (MAP)**
 - ▣ *Advises HHS on selecting measures for 20+ federal programs*
- **National Quality Partners**
 - ▣ *Convenes stakeholders around critical health and healthcare topics*
 - ▣ *Spurs action: recent examples include antibiotic stewardship, advanced illness care, shared decision making, and opioid stewardship*
- **Measurement Science**
 - ▣ *Convenes private and public sector leaders to reach consensus on complex issues in healthcare performance measurement*
 - » *Examples include HCBS, rural issues, telehealth, interoperability, attribution, risk-adjustment for social risk factors, diagnostic accuracy, disparities*
- **Measure Incubator**
 - ▣ *Facilitates efficient measure development and testing through collaboration and partnership*

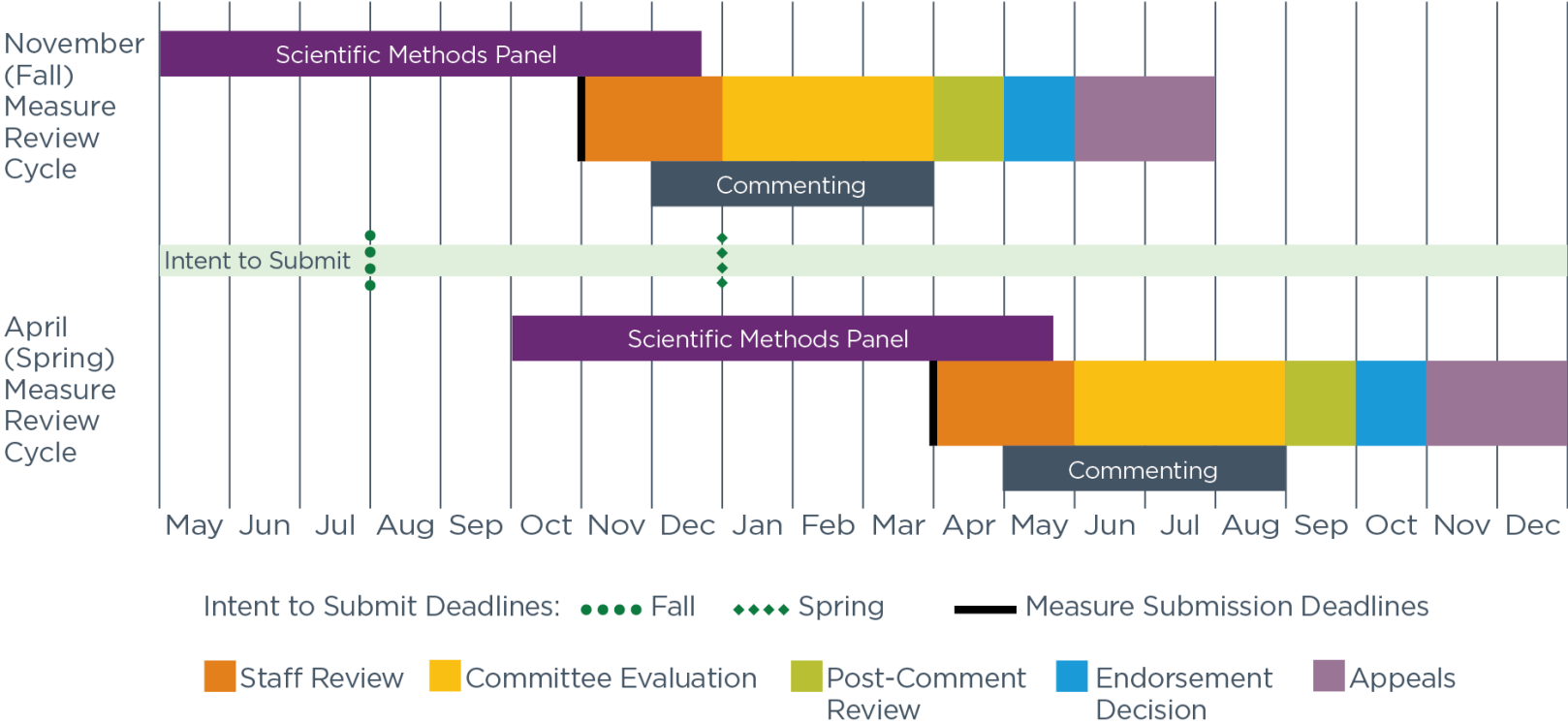
NQF Consensus Development Process (CDP)

6 Steps for Measure Endorsement

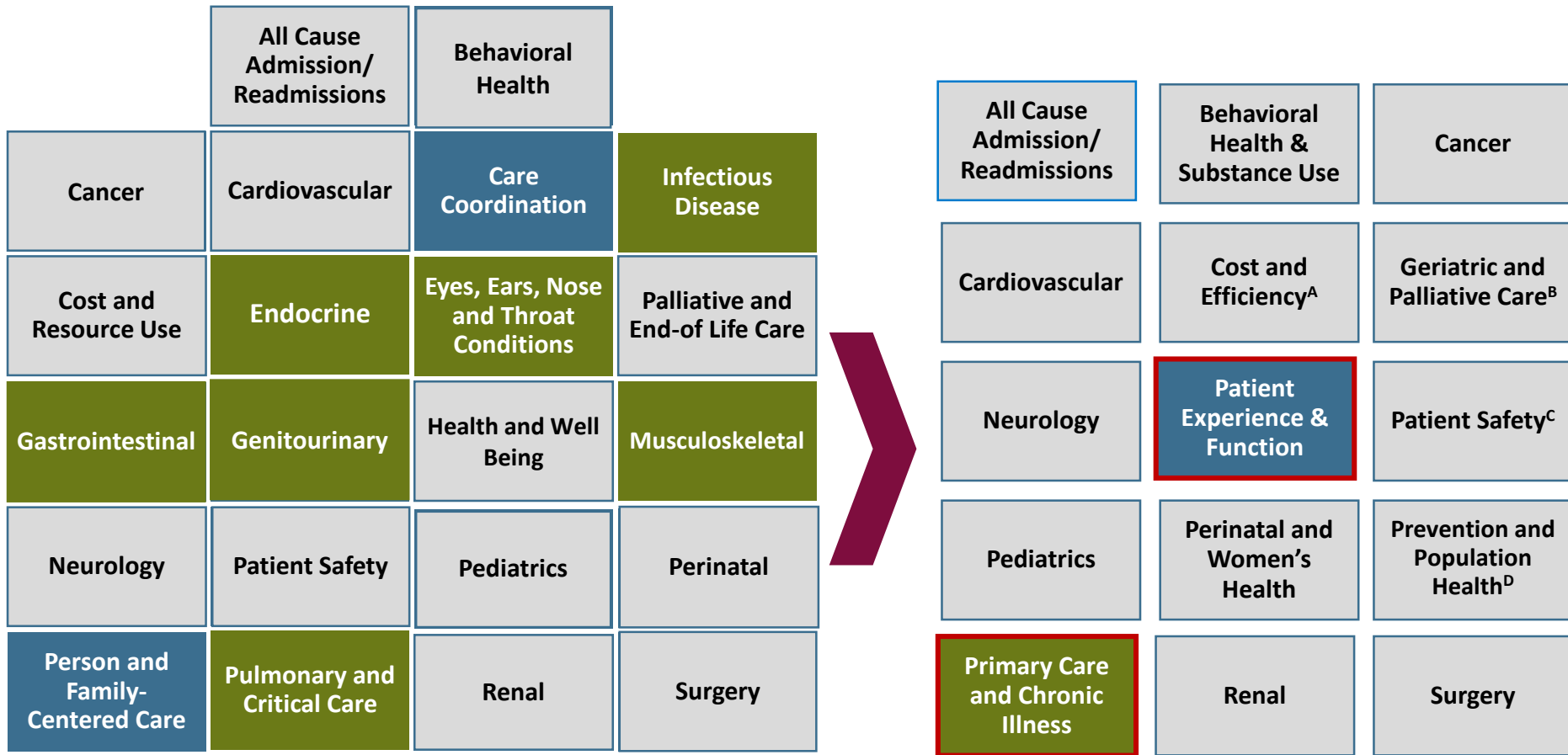
- Intent to Submit
- Call for Nominations
- Measure Evaluation
- Public Commenting Period with Member Support
- Measure Endorsement
- Measure Appeals

Measure Review: Two Cycles Per Year

Consensus Development Process:
Two Cycles Every Contract Year



15 New Measure Review Topical Areas



□ Denotes expanded topic area

- ^A Cost & Efficiency will include efficiency-focused measures from other domains
- ^B Geriatric & Palliative Care includes pain-focused measures from other domains
- ^C Patient Safety will include acute infectious disease and critical measures
- ^D Prevention and Population Health is formerly Health and Well Being

Role of the Standing Committee

General Duties

- Act as a proxy for the NQF multistakeholder membership
- Serve 2-year or 3-year terms
- Work with NQF staff to achieve the goals of the project
- Evaluate candidate measures against the measure evaluation criteria
- Respond to comments submitted during the review period
- Respond to any directions from the CSAC

Role of the Standing Committee

Measure Evaluation Duties

- All members evaluate ALL measures being considered for endorsement
- Evaluate measures against each criterion
 - ▣ *Indicate the extent to which each criterion is met and rationale for the rating*
- Make recommendations to the NQF membership for endorsement
- Oversee Neurology portfolio of measures
 - ▣ *Promote alignment and harmonization*
 - ▣ *Identify gaps*

Role of the Standing Committee Co-Chairs

- Co-facilitate Standing Committee (SC) meetings
- Work with NQF staff to achieve the goals of the project
- Assist NQF in anticipating questions and identifying additional information that may be useful to the SC
- Keep SC on track to meet goals of the project without hindering critical discussion/input
- Represent the SC at CSAC meetings
- Participate as a SC member

Role of NQF Staff

- NQF project staff works with SC to achieve the goals of the project and ensure adherence to the consensus development process:
 - ▣ *Organize and staff SC meetings and conference calls*
 - ▣ *Guide SC through the CDP and advise on NQF policy and procedures*
 - ▣ *Review measure submissions and prepare materials for Committee review*
 - ▣ *Draft and edit reports for SC review*
 - ▣ *Ensure and facilitate communication among all project participants (including SC and measure developers)*
 - ▣ *Facilitate collaboration between different NQF projects*

Role of NQF Staff

Communication

- Respond to NQF member or public queries about the project
- Maintain documentation of project activities
- Post project information to NQF's website
- Work with measure developers to provide necessary information and communication for the SC to fairly and adequately evaluate measures for endorsement
- Publish final project report

Role of Methods Panel

- Scientific Methods Panel created to ensure higher-level and more consistent reviews of the scientific acceptability of measures
- The Methods Panel is charged with:
 - *Conducting evaluation of complex measures for the Scientific Acceptability criterion, with a focus on reliability and validity analyses and results*
 - *Serve in advisory capacity to NQF on methodologic issues, including those related to measure testing, risk adjustment, and measurement approaches.*
- The Methods Panel review will help inform the standing committee's endorsement decision. The Panel will not render endorsement recommendations.

NQF Consensus Development Process (CDP) Measure Evaluation

Complex Measures

- Outcome measures, including intermediate clinical outcomes
- Instrument-based measures (e.g., PRO-PMs)
- Cost/resource use measures
- Efficiency measures (those combining concepts of resource use and quality)
- Composite measures

Noncomplex Measures

- Process measures
- Structural measures
- Previously endorsed complex measures with no changes/updates to the specifications or testing

Questions?

Overview of NQF's Neurology Portfolio

Neurology Portfolio of Measures

- This project will evaluate measures related to Neurological conditions that can be used for accountability and public reporting for all populations and in all settings of care.
- NQF solicits new measures for possible endorsement
- NQF currently has 18 endorsed measures within this topic area. Endorsed measures undergo periodic evaluation to maintain endorsement—“maintenance”.

Neurology Portfolio of NQF-Endorsed Measures

Stroke

0437 STK 04: Thrombolytic Therapy

0437e STK 04: Thrombolytic Therapy

0467 Acute Stroke Mortality Rate (IQI 17)

0507 Diagnostic Imaging Stenosis Measurement in Carotid Imaging Reports

0661 Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation within 45 minutes of ED Arrival

1952 Time to Intravenous Thrombolytic Therapy

2863 CSTK 06: Nimodipine Treatment Administered

2864 CSTK 01: National Institutes of Health Stroke Scale (NIHSS) Score Performed for Ischemic Stroke Patients

2866 CSTK 03: Severity Measurement Performed for Subarachnoid Hemorrhage and Intracerebral Hemorrhage Patients

2877e Hybrid, Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute ischemic stroke with risk adjustment for stroke severity

Dementia

2872e Dementia – Cognitive Assessment (approved for trial use)

2111 Antipsychotic Use in Persons with Dementia

Neurology Portfolio of NQF-Endorsed Measures with Reserve Status

Stroke

0434 STK 01: Venous Thromboembolism (VTE) Prophylaxis

0435 STK 02: Discharged on Antithrombotic Therapy

0436 STK 03: Anticoagulation Therapy for Atrial Fibrillation/Flutter

0438 STK 05: Antithrombotic Therapy By End of Hospital Day Two

0439 STK 06: Discharged on Statin Medication

0441 STK 10: Assessed for Rehabilitation

Activities and Timeline

*All times ET

Meeting	Date/Time
Orientation Call & QA Call	Tuesday, June 18, 2019, 2-4 pm ET
Measure Evaluation Web Meeting	Thursday, June 27, 2019, 1-3 pm ET
Post-Draft Report Comment Call	Wednesday, September 11, 2019, 1-3 pm ET

Questions?

Measure Evaluation Criteria Overview

NQF Measure Evaluation Criteria for Endorsement

NQF endorses measures for accountability applications (public reporting, payment programs, accreditation, etc.) as well as quality improvement.

- Standardized evaluation criteria
- Criteria have evolved over time in response to stakeholder feedback
- The quality measurement enterprise is constantly growing and evolving—greater experience, lessons learned, expanding demands for measures—the criteria evolve to reflect the ongoing needs of stakeholders

Major Endorsement Criteria

(page 28-29 in the SC Guidebook)

- **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 (must-pass for maintenance measures):** Goal is to use for decisions related to accountability and improvement; if not useful, probably do not care if feasible
- **Comparison to related or competing measures**

Criterion #1: Importance to Measure and Report *(page 31-39)*

1. Importance to measure and report - Extent to which the specific measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance.

1a. Evidence: the measure focus is evidence-based

1b. Opportunity for Improvement: demonstration of quality problems and opportunity for improvement, i.e., data demonstrating considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or disparities in care across population groups

1c. Quality construct and rationale (composite measures only)

Subcriterion 1a: Evidence

(page 32-38)

- Outcome measures
 - ▣ *Empirical data demonstrate a relationship between the outcome and at least one healthcare structure, process, intervention, or service. If not available, wide variation in performance can be used as evidence, assuming the data are from a robust number of providers and results are not subject to systematic bias.*
- Structure, process, intermediate outcome measures
 - ▣ *The quantity, quality, and consistency of the body of evidence underlying the measure should demonstrate that the measure focuses on those aspects of care known to influence desired patient outcomes*
 - » Empirical studies (expert opinion is not evidence)
 - » Systematic review and grading of evidence
 - *Clinical Practice Guidelines – variable in approach to evidence review*
- For measures derived from patient (or family/parent/etc.) report
 - ▣ *Evidence should demonstrate that the target population values the measured outcome, process, or structure and finds it meaningful.*
 - ▣ *Current requirements for structure and process measures also apply to patient-reported structure/process measures.*

Rating Evidence: Algorithm #1

(page 35)

[Screen share Evidence algorithm]

Criterion #1: Importance to measure and report

Criteria emphasis is different for new vs. maintenance measures

New measures	Maintenance measures
<ul style="list-style-type: none">• Evidence – Quantity, quality, consistency (QQC)• Established link for process measures with outcomes	<p>DECREASED EMPHASIS: Require measure developer to attest evidence is unchanged evidence from last evaluation; Standing Committee to affirm no change in evidence</p> <p>IF changes in evidence, the Committee will evaluate as for new measures</p>
<ul style="list-style-type: none">• Gap – opportunity for improvement, variation, quality of care across providers	<p>INCREASED EMPHASIS: data on current performance, gap in care and variation</p>

Criterion #2: Reliability and Validity— Scientific Acceptability of Measure Properties (pages 40 – 50)

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of health care delivery

2a. Reliability (must-pass)

2a1. Precise specifications including exclusions

2a2. Reliability testing—data elements or measure score

2b. Validity (must-pass)

2b1. Validity testing—data elements or measure score

2b2. Justification of exclusions—relates to evidence

2b3. Risk adjustment—typically for outcome/cost/resource use

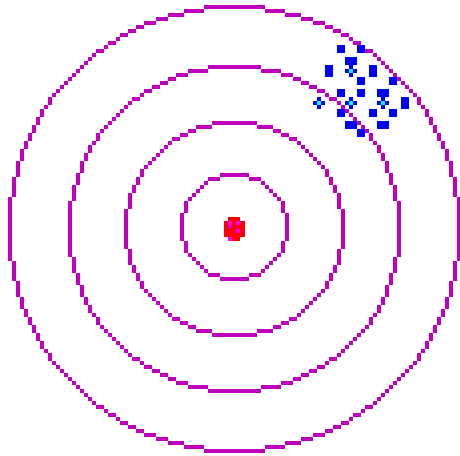
2b4. Identification of differences in performance

2b5. Comparability of data sources/methods

2b6. Missing data

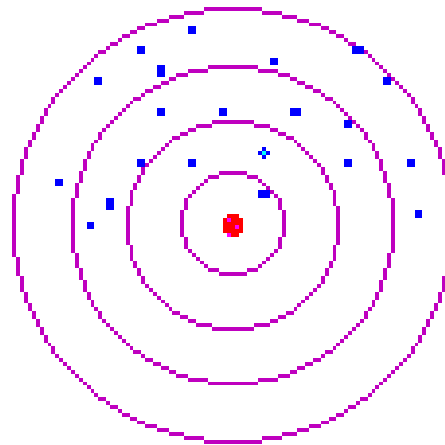
Reliability and Validity *(page 41)*

Assume the center of the target is the true score.



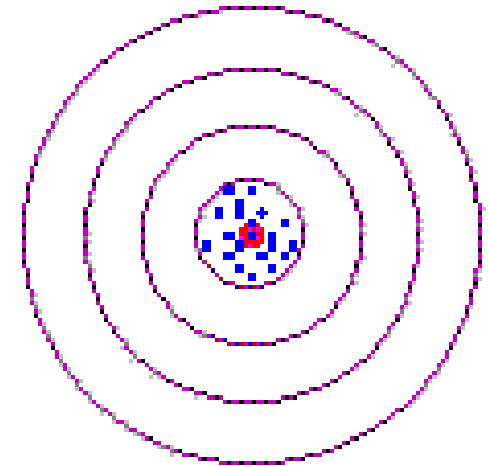
**Reliable
Not Valid**

Consistent,
but wrong



**Neither Reliable
Nor Valid**

Inconsistent &
wrong



**Both Reliable
And Valid**

Consistent &
correct

Evaluating Scientific Acceptability – Key Points *(page 42)*

Empirical analysis to demonstrate the reliability and validity of the measure as specified, including analysis of issues that pose threats to the validity of conclusions about quality of care such as exclusions, risk adjustment/stratification for outcome and resource use measures, methods to identify differences in performance, and comparability of data sources/methods.

Reliability Testing – Key points

(page 43)

- Reliability of the **measure score** refers to the proportion of variation in the performance scores due to systematic differences across the measured entities in relation to random variation or noise (i.e., the precision of the measure).
 - ▣ *Example – Statistical analysis of sources of variation in performance measure scores (signal-to-noise analysis)*
- Reliability of the **data elements** refers to the repeatability/reproducibility of the data and uses patient-level data
 - ▣ *Example – inter-rater reliability*
- Consider whether testing used an appropriate method and included adequate representation of providers and patients and whether results are within acceptable norms
- Algorithm #2

Rating Reliability: Algorithm #2

(page 44)

[Screen share Reliability algorithm]

Validity testing (pages 45-49)

- Empirical testing
 - ▣ *Measure score* – assesses a hypothesized relationship of the measure results to some other concept; assesses the correctness of conclusions about quality
 - ▣ *Data element* – assesses the correctness of the data elements compared to a “gold standard”
- Face validity
 - ▣ Subjective determination by experts that the measure appears to reflect quality of care
 - » Empirical validity testing is expected at time of maintenance review; if not possible, justification is required.
 - » Requires systematic and transparent process, by identified experts, that explicitly addresses whether performance scores resulting from the measure as specified can be used to distinguish good from poor quality. The degree of consensus and any areas of disagreement must be provided/discussed.

Rating Validity: Algorithm #3

(page 49)

[Screen share Validity algorithm]

Threats to Validity

- Conceptual
 - ▣ *Measure focus is not a relevant outcome of healthcare or not strongly linked to a relevant outcome*
- Unreliability
 - ▣ *Generally, an unreliable measure cannot be valid*
- Patients inappropriately excluded from measurement
- Differences in patient mix for outcome and resource use measures
- Measure scores that are generated with multiple data sources/methods
- Systematic missing or “incorrect” data (unintentional or intentional)

Criterion #2: Scientific Acceptability

New measures	Maintenance measures
<ul style="list-style-type: none">• Measure specifications are precise with all information needed to implement the measure	NO DIFFERENCE: Require updated specifications
<ul style="list-style-type: none">• Reliability• Validity (including risk-adjustment)	DECREASED EMPHASIS: If prior testing adequate, no need for additional testing at maintenance with certain exceptions (e.g., change in data source, level of analysis, or setting) Must address the questions regarding use of social risk factors in risk-adjustment approach

Criterion #3: Feasibility

(pages 50-51)

Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement.

3a: Clinical data generated during care process

3b: Electronic sources

3c: Data collection strategy can be implemented

Criterion #4: Usability and Use

(pages 51-52)

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) 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).*

Criteria #3-4: Feasibility and Usability and Use

Feasibility

New measures	Maintenance measures
<ul style="list-style-type: none">• Measure feasible, including eMeasure feasibility assessment	NO DIFFERENCE: Implementation issues may be more prominent

Usability and Use

New measures	Maintenance measures
<ul style="list-style-type: none">• Use: used in accountability applications and public reporting	INCREASED EMPHASIS: Much greater focus on measure use and usefulness, including both impact and unintended consequences
<ul style="list-style-type: none">• Usability: impact and unintended consequences	

Criterion #5: Related or Competing Measures (pages 52-53)

If a measure meets the four criteria and there are endorsed/new **related** measures (same measure focus or same target population) or **competing** measures (both the same measure focus and same target population), the measures are compared to address harmonization and/or selection of the best measure.

- 5a. The measure specifications are harmonized with related measures **OR** the differences in specifications are justified.
- 5b. The measure is superior to competing measures (e.g., is a more valid or efficient way to measure) **OR** multiple measures are justified.

Updated guidance for measures that use ICD-10 coding

- For CY2019 and beyond, reliability testing should be based on ICD-10 coded data.
- Validity testing should be based on ICD-10 coded data
- If providing face validity (FV), both FV of the ICD-10 coding scheme and FV of the measure score as an indicator of quality is required update

eMeasures

- “Legacy” eMeasures
 - *Beginning September 30, 2017 all respecified measure submissions for use in federal programs will be required to the same evaluation criteria as respecified measures – the “BONNIE testing only” option will no longer meet endorsement criteria*
- For all eMeasures: Reliance on data from structured data fields is expected; otherwise, unstructured data must be shown to be both reliable and valid

Evaluation Process

- **Preliminary analysis (PA):** To assist the Committee evaluation of each measure against the criteria, NQF staff and Methods Panel (if applicable) will prepare a PA of the measure submission and offer preliminary ratings for each criteria.
 - ▣ *The PA will be used as a starting point for the Committee discussion and evaluation*
 - ▣ *Methods Panel will complete review of Scientific Acceptability criterion for complex measures*
- **Individual evaluation:** Each Committee member will conduct an in-depth evaluation on all measures under review
 - ▣ *Each Committee member will be assigned a subset of measures for which they will serve as lead discussant in the evaluation meeting*

Evaluation Process

- **Measure evaluation and recommendations at the in-person/web meeting:** The entire Committee will discuss and rate each measure against the evaluation criteria and make recommendations for endorsement.
- **Staff will prepare a draft report** detailing the Committee's discussion and recommendations
 - *This report will be released for a 30-day public and member comment period*
- **Post-comment call:** The Committee will re-convene for a post-comment call to discuss comments submitted
- **Final endorsement decision by the CSAC**
- **Appeals (if any)**

Questions?

SharePoint Overview

SharePoint Overview

<http://share.qualityforum.org/Projects/Neurology/SitePages/Home.aspx>

- Accessing SharePoint
- Standing Committee Policy
- Standing Committee Guidebook
- Measure Document Sets
- Meeting and Call Documents
- Committee Roster and Biographies
- Calendar of Meetings

SharePoint Overview (can delete this slide and the next if screen-sharing)

- Screen shot of homepage:

The screenshot shows the SharePoint homepage for the National Quality Forum Cardiovascular section. The page features a navigation menu on the left, a top navigation bar with site links, and three main content sections: General Documents, Measure Documents, and Meeting and Call Documents.

General Documents

Type	Name	Modified	Modified By
	CDP Standing Committee Policy	1/16/2014 2:38 PM	Wunmi Isijola
	Committee Guidebook	1/10/2014 10:20 AM	Wunmi Isijola
	Measure Evaluation Criteria Guidance 2013	1/16/2014 2:38 PM	Wunmi Isijola
	Measure Information- What Good Looks Like	1/16/2014 2:36 PM	Wunmi Isijola

[+ Add document](#)

Measure Documents

Measure Number	Name	Description	Measure Steward/Developer	Measure Sub-Topic
Measure Sub-Topic : (1)				
0521	Heart Failure Symptoms Assessed and Addressed	Percentage of home health episodes of care during which patients with heart failure were assessed for symptoms of heart failure, and appropriate actions were taken when the patient exhibited symptoms of heart failure.	Centers for Medicare & Medicaid	

[+ Add document](#)

Meeting and Call Documents


Type	Name	Modified	Modified By
Meeting Title : 1/30/2014 Orientation Call (1)			
	NQF Cardiovascular Project Orientation Agenda	1/28/2014 2:56 PM	Wunmi Isijola

[+ Add document](#)


SharePoint Overview

- Please keep in mind:
- + and – signs :

Measure Documents

<input type="checkbox"/> Measure Number	Name
 Measure Sub-Topic : (1)	
+ Add document	



Meeting and Call Documents

<input type="checkbox"/> Type	Name
 Meeting Title : 1/30/2014 Orientation Call (1)	
+ Add document	

Measure Documents

<input type="checkbox"/> Measure Number	Name	Description
0521	Heart Failure Symptoms Assessed and Addressed	Percentage of home health episodes heart failure were assessed for sym appropriate actions were taken whe heart failure.
+ Add document		

Meeting and Call Documents

<input type="checkbox"/> Type	Name
 Meeting Title : 1/30/2014 Orientation Call (1)	
	NQF Cardiovascular Project Orientation Agenda NEW
+ Add document	

Measure Worksheet and Measure Information

Measure Worksheet

- Preliminary analysis, including eMeasure Technical Review, and preliminary ratings
- Member and Public comments
- Information submitted by the developer
 - ▣ *Evidence and testing attachments*
 - ▣ *Spreadsheets*
 - ▣ *Additional documents*

Introduction of Measure 2872e

- **Title:** Dementia: Cognitive Assessment
- **Developer:** Physician Consortium for Performance Improvement
- **Measure Type:** Process
- **Data Source:** Electronic Health Records
- **Level of Analysis:** Clinician: Group/Practice
- **Care Setting:** Inpatient/Hospital, Outpatient Services, Other
- **Reviewed 1 time:**
 - ▣ *Original Endorsement Date: September 23, 2016*
 - ▣ *Most Recent Update: September 23, 2016*
- **Status:** Endorsed

Next Steps

Next Steps

Web Meetings

- Thursday, June 27, 2019, 1-3 pm ET –
Measure Evaluation Web Meeting
- Wednesday, September 11, 2019, 1-3 pm ET –
Post-draft Report Comment Web Meeting

Project Contact Info

- Email: Neurology@qualityforum.org
- NQF phone: 202-783-1300
- Project page:
http://www.qualityforum.org/Project_Pages/Neurology.aspx
- SharePoint site:
<http://share.qualityforum.org/Projects/Neurology/SitePages/Home.aspx>

Questions?

THANK YOU