Variation in Measure Specifications Project 2015-2016

NATIONAL QUALITY FORUM

In-Person Meeting #1

February 23, 2016

Welcome &
Review of Meeting Objectives

Disclosures of Interest

Expert Panel

- Matt Austin, PhD
- Mary Barton, MD, MPP
- Andrew Baskin, MD
- Beverly Court, PhD
- Hazel Crews, PT, MHA, MHS, CPHQ
- Tricia Elliot, MBA, CPHQ
- Charles Gallia, PhD
- Jeff Geppert, PMP, EdM, JD
- Matt Gigot, MPH
- Kendra Hanley, MS
- Blackford Middleton, MD, MPH, MSc
- Amy Moyer, MS, PMP
- Allison Peel, DC, MHA, MPH, PMP
- Peter Robertson, MPA
- Patrick Romano, MD, MPH

NQF Project Staff

Debjani Mukherjee, MPH
Senior Director

Andrew Lyzenga, MPP
Senior Director

Amber Sterling, MPH
Project Manager

Jean-Luc Tilly, BA
Project Analyst

Other staff participating in a consulting role:

Jason Goldwater, Senior Director
Karen Johnson, Senior Director

Meeting Objectives

- Define variation and provide an initial assessment of its impact
- Provide direction on a framework for understanding and assessing variation
- Outline the structure of project deliverables, including a lexicon and taxonomy for variation
- Identify new avenues of research to bolster the environmental scan

Meeting Agenda

- Understanding the Issue: Variation
- Creating a Framework: Beyond the Definitions
- Variation: How, Where, What, and Why?
- Project Deliverables
- Committee Input on Environmental Scan and Key Informant Interviews
- Next steps

Discussing the Issue: Variation

Project Objectives

- Identify where, how, and why variation is happening
- Examine ways in which variation can be controlled/mitigated
- Develop a tool or framework to identify and assess measure variation, and to help prevent or mitigate unnecessary variation

Understanding the Issue: Variation

- Definition of Variation: a) a change in the form, position, condition, or amount of something; b) something that is similar to something else but different in some way.

Variation in Terms of this Project

- Modification or ‘tweaking’ specifications of existing established measures
- Inadvertent duplication of measures with minor differences in specifications
- Our goal:
  - Identify standards for variation/substantial change
  - Define parameters for allowable variation

Understanding the Issue: Variation

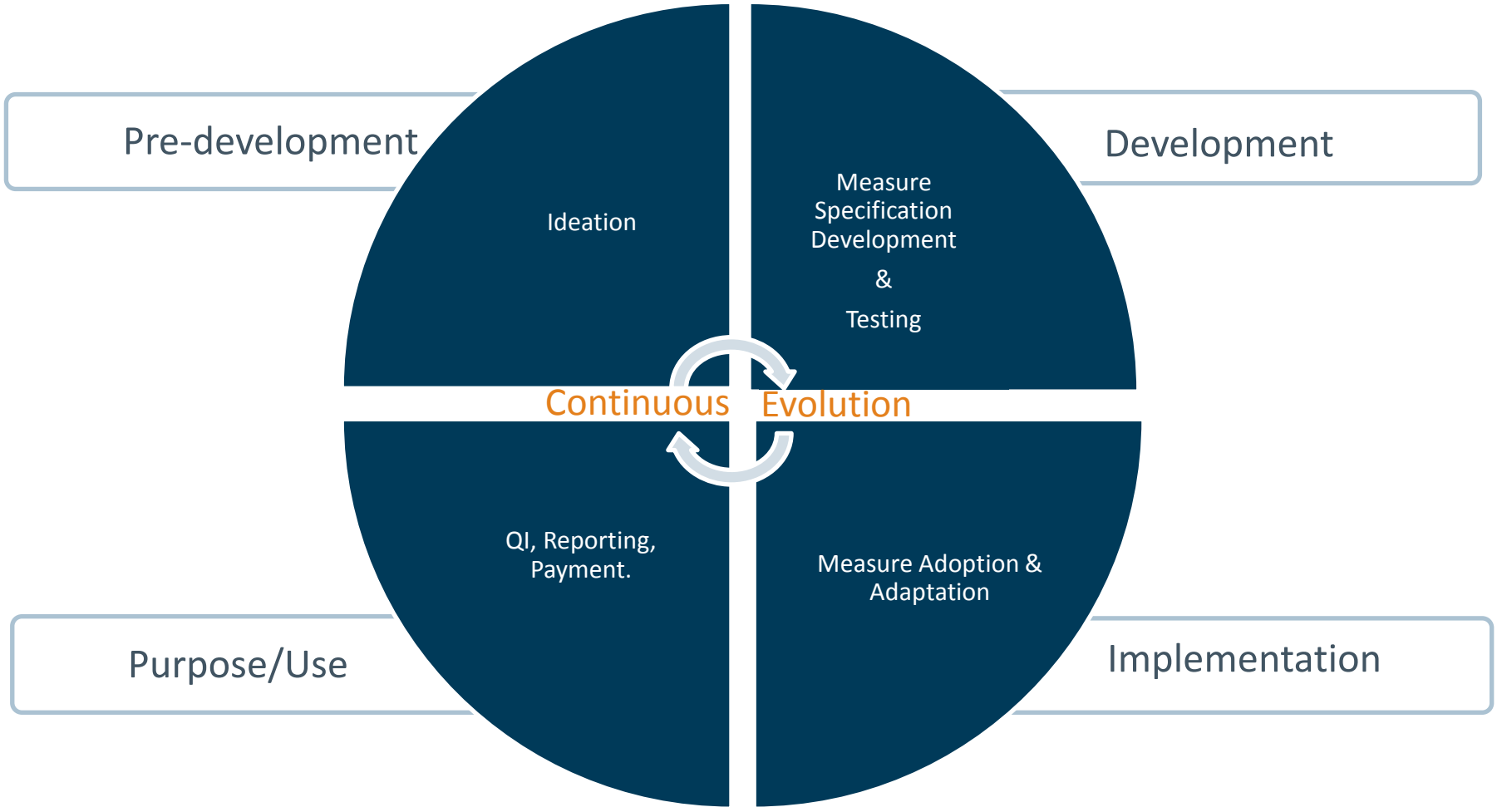
- **Competing measures**: Measures intended to address both the same focus and the same target population
- **Related measures**: Measures intended to address either the same measure focus or the same target population

- Measure focus: Target process, condition, event, outcome (e.g., numerator).
- Target population: The population (age, setting, time frame) being measured (e.g., denominator).

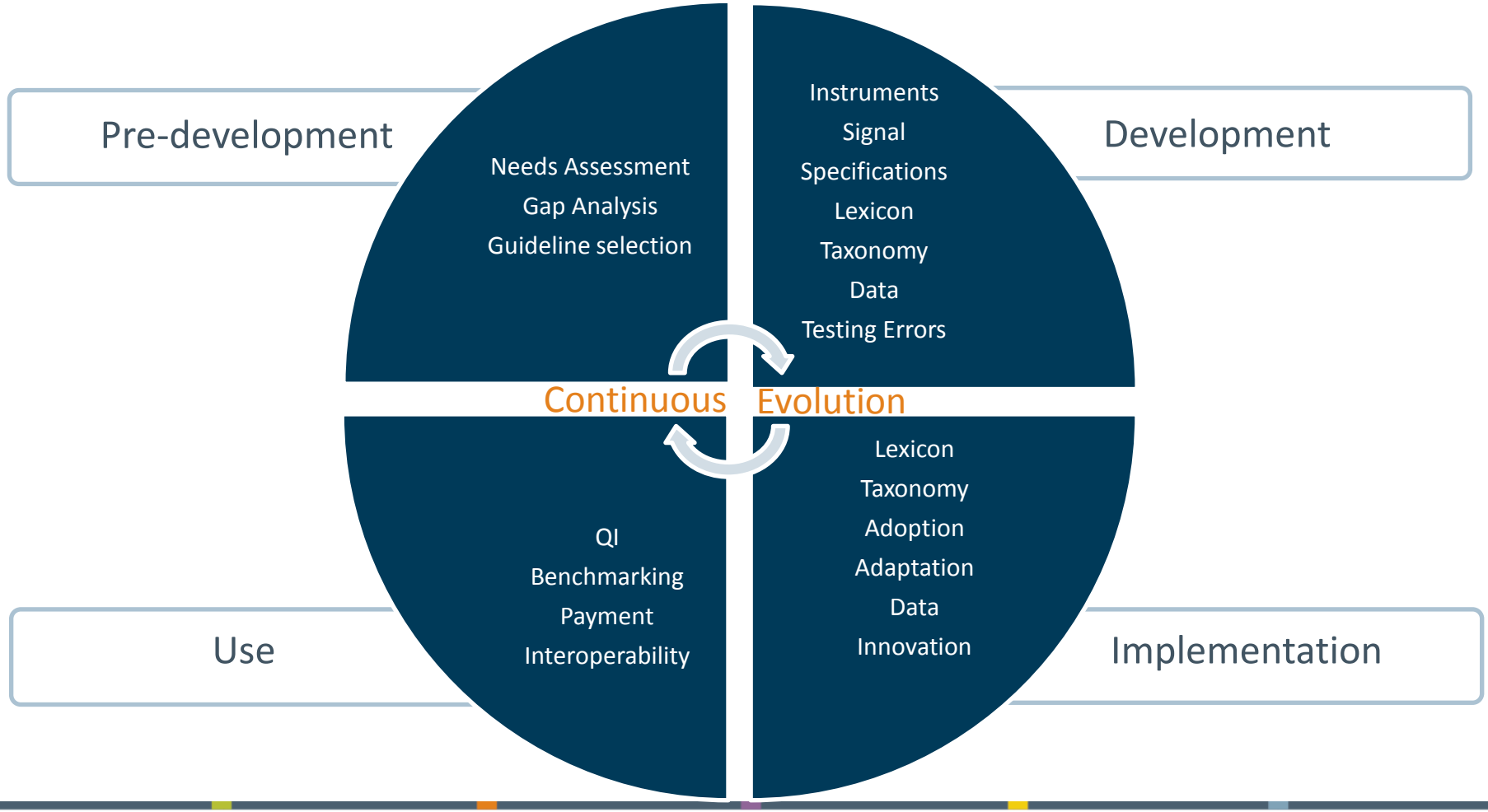
References: National Quality Forum (NQF), Guidance for Measure Harmonization: A Consensus Report, Washington, DC: NQF; 2010.

National Quality Forum (NQF), Guidance on Competing Measures, Washington, DC: NQF; 2011.

Measure Lifecycle



Measure Lifecycle & Characteristics of Each Phase



Related Non-Technical Definitions

- Definition of Alignment: the degree to which the components of a system work together to achieve desired goals.
- Definition of Harmonization: adjustments of differences and inconsistencies among different measurements, methods, or specifications to make them uniform or mutually compatible.

Related Definitions: NQF Definition of Alignment

- Alignment: Encouraging the use of similar, standardized performance measures across and within public and private sector efforts.
- Note: Alignment is not synonymous to harmonization.

References: National Quality Forum (NQF), Guidance for Measure Harmonization: A Consensus Report, Washington, DC: NQF; 2010.

National Quality Forum (NQF), Guidance on Competing Measures, Washington, DC: NQF; 2011.

Related Definitions: NQF Definition of Harmonization

- Harmonization: The standardization of specifications for related measures with the same measure focus (e.g., **influenza immunization** of patient in hospitals or nursing homes), or related measures for the same target population (e.g., eye exam and HbA1c for **patients with diabetes**), or definitions applicable to many measures (e.g., age designation for children) so that they are uniform or compatible, unless differences are justified (e.g., dictated by the evidence).
- The dimensions of harmonization can include numerator, denominator, exclusions, calculation, and data source and collection instructions. The extent of harmonization depends on the relationship of the measures, the evidence for the specific measure focus, and differences in data sources.

References: National Quality Forum (NQF), Guidance for Measure Harmonization: A Consensus Report, Washington, DC: NQF; 2010.

National Quality Forum (NQF), Guidance on Competing Measures, Washington, DC: NQF; 2011.

Related Definitions: NQF Definition of Harmonization

- Conceptual Harmonization: Whether the measures are intended to address the same focus and target population; harmonizing the concepts or constructs being addressed in a measure (e.g., measure title, brief description, numerator and denominator statements, exclusions, and level of analysis).

References: National Quality Forum (NQF), Guidance for Measure Harmonization: A Consensus Report, Washington, DC: NQF; 2010.

National Quality Forum (NQF), Guidance on Competing Measures, Washington, DC: NQF; 2011.

Opportunity for Public Comment

Break

Creating a Framework: Beyond the Definitions

Framework for Assessing Variation: Guiding Principles?

- **Promotion of comparability** – To the extent possible, consistency in specifications across measures with the same or similar focus should be pursued to promote comparability of measure results.
- **Reduction of burden** – While recognizing that measurement is an essential activity that creates value for all healthcare stakeholders and warrants the use of resources, variation in measurement activities should be reduced where possible to avoid unnecessary burdens for providers.
- **Protecting innovation** – Efforts to reduce variation in measure specifications should not stifle innovation in measurement development, implementation, and use.
- **Meeting end-user needs** – End users of measures should be able to meet their needs with measurement, and efforts to reduce variation in measure specifications should allow for sufficient flexibility in adaptation of measures where appropriate.

Framework for Assessing Variation: Potential Elements or Considerations

- *Types of variation* – It may be useful to categorize and organize variations by type (could serve as groundwork for a taxonomy)
- *Reasons for variation* – In assessing instances of variation, it may be useful to determine the reasons behind different types of variation (i.e. the factors driving a need for variation)
- *Impact of variation* – Can we assess the potential consequences of different types of variation (e.g., reduction in comparability, increased measurement burden)?
- *Parameters of acceptable variation* – Can we draw parameters around when different types or instances of variation are appropriate or inappropriate?

Framework Example

- Screen Share

Lunch

Variation: How, Where, What, and Why?

Where is Variation Occurring?

- Selection of measures
  - New vs. existing measures
- Measure development
  - Development of new measures when similar measures already exist
- Implementation and Use
  - Modification to suit end-user needs
  - Reporting needs

Where is Variation Occurring?

- Variation can happen at any stage
- Variation can happen at every stage
- Variation can be both beneficial as well as detrimental

Who is Introducing Variation?

- Measure developers
- Measure implementers
- Regulatory requirements

Why is Variation Occurring? Modification of Existing Measures

- Differences in intended use
  - Quality improvement vs. public reporting
  - Different level of analysis or care setting
- Differences in regional/local patient populations
- Differences of opinion regarding appropriate exclusions, risk adjustment
- Data availability & accessibility (e.g. EHR functionality)
- Micro-targeting

Why is Variation Occurring?
Creation of New Measures

- Unfamiliarity with existing measures (no single source)
- End user needs
- Selection and translation of guideline recommendations
- Regulatory requirements
- Reporting burden/measure burden

How are Measure Specifications Being Changed?

- Denominator population
- Level of analysis
- Care setting
- Data source
- Risk adjustment variables or methodology

Break

Discuss Project Deliverables

Project Deliverables

- Environmental Scan and Key Informant Interviews
- Two In-Person Meetings
- Final Report including:
  - Results of scan
  - Consensus definition of variation and threats to comparability
  - Framework to serve as guide to mitigate variation
  - Recommendations for future activities to address variation

Lexicon & Taxonomy

- Potential tools for assessing and mitigating variation
- **Lexicon**:
  - Identify key concepts and/or terms that are contributing to variation
  - Develop standardized definitions where possible
  - Identify appropriate parameters for variation
- **Taxonomy**:
  - Scheme for classifying or structuring information in the lexicon

Committee Input on Environmental Scan and Key Informant Interviews

Environmental Scan & Key Informant Interviews

- Identify relevant background and contextual information
  - Use this as the basis of understanding where, why, and how variation is occurring
  - NQF performed preliminary scan to gather a baseline of information, but your input as experts is needed
- Key informant interviews
  - Identify examples of variation
    - » Look for real-life examples to highlight where variation is occurring and why
    - » Identify key concepts and factors that are contributing to variation

Environmental Scan Findings to Date

- 52 articles studying measure development, specification selection, and how specification changes affect measure comparability

Select findings:

- "To our knowledge, this is the first time the performance of alternative ways of defining a single quality measure have been compared". Changing specifications of a measure of adherence to beta-blockers did not affect predictive value (Sanfelix-Gimeno et al, 2014)
- "While most of these guidelines align with respect to outcome measures such as glycemic targets, there is significant heterogeneity among process measures, which we propose might introduce variation or even confusion in clinical practice and possibly affect quality of care." (Mathioudakis, 2015)
- Star rankings on an A1c measure were only .61 correlated when denominators were adjusted to capture just patients receiving a CGR (Pogach et al, 2010)
- Electronic reporting [compared to manual review] significantly underestimated rates of appropriate asthma medication and pneumococcal vaccination and overestimated rates of cholesterol control in patients with diabetes (Kern et al, 2013)

Opportunity for Public Comment

Future Activities

- How do our findings change the way NQF looks at measures?
- What can we do to mitigate variation where it truly does make a difference?
- What impact could this have on CMS programs and payment programs?

Next Steps

***All times ET**

Activity	Date/Time
Expert Panel Web Meeting #1 (2 hours)	**3/31/2016 at 2:00PM-4:00PM ET**
Expert Panel Web Meeting #2 (2 hours)	**5/25/2016 at 2:00PM-4:00PM ET**
First Draft Report Due to CMS	5/30/2016
Expert Panel In-Person Meeting #2	**6/29/2016**
Expert Panel Web Meeting #3 (2 hours)	**9/8/2016 at 2:00PM-4:00PM ET**
Second Draft Report Due to CMS	9/30/2016
Expert Panel Web Meeting #4 (2 hours)	**11/3/2016 at 2:00PM-4:00PM ET**
CSAC Review	11/9/16-11/10/16
Final Report	12/21/2016

Closing Remarks

Adjourn