December 05, 2014

Chris Cassel, MD
CEO
National Quality Forum
1030 15th Street, NW
Suite 800
Washington, DC 20005

Re: NQF Measure Endorsement Process

Dear Dr. Cassel:

The undersigned organizations are writing to share our feedback regarding recent improvements and changes to the National Quality Forum (NQF) measure endorsement process. We applaud NQF for continually updating its process for quality measure evaluation and endorsement and have been encouraged by a number of improvements. However, we believe there are still deficiencies that need to be resolved, particularly around endorsement review timelines, the implementation of updated evaluation criteria, measure testing and eMeasure requirements.

In this current healthcare environment where payers and purchasers are increasingly emphasizing paying for value over volume, we believe that the NQF has an important role to play in ensuring that the portfolio of endorsed measures includes a sufficient number of meaningful measures for all physician specialties to report, and that those measures contribute to improving the quality of care physicians are providing to patients. This is even more pressing as the Centers for Medicare & Medicaid Services (CMS) has begun to remove the first generation of measures from its physician quality programs, which widens the gap of available measures for specialties in the CMS measure portfolio.

*Endorsement Timeframes*

As you are aware, the house of medicine as a whole has been a leading – if not the largest – contributor of quality measures submitted to the NQF for endorsement. We realize that the NQF often operates under contractual obligations set by CMS to review measures, which de-facto sets NQF's calendar for clinical topic areas and the associated timelines for projects. Unfortunately, strictly following CMS' topic priorities and timelines is hindering the ability of some developers to get their measures evaluated by the NQF within a reasonable timeframe. We understand the NQF needs to address in any given year those topic areas identified by CMS as priority areas. However, this has meant significant delays for certain topic areas. For example, the Head Eyes Ears Nose and Throat (HEENT) project was originally scheduled to take place Fall 2012, and only recently appeared on the project schedule with measures due Spring 2015.

We acknowledge and are supportive of the NQF moving toward Standing Committees, which appears to have reduced the endorsement cycle for the topics addressed and led to a more consistent endorsement process. Still, our own experience and that of other measure developers

suggests that for some measures the endorsement cycle – from submission to final decision – is longer than the seven-months NQF has described to its membership.

When NQF launches an endorsement project, measure developers assume that a standing committee will complete its review and make a determination within the reported average seven month timeframe. It has come to our attention that NQF may choose instead to review measures in phases, thereby stretching out the time of review. We seek to understand how the decision is made to review a submitted measure promptly, as NQF communications suggest is now standard practice, or to delay a review. We are aware of a recent instance in which a society measure developer was informed that review of a measure submitted in December 2013 will not take place until June 2015, having been assigned to a "later phase." Clearly, such decisions threaten the support for measure development within the specialty societies. These societies have committed enormous resources to develop measures and expect prompt review of submissions within the seven month average time reported by NQF. Society quality staffers are accountable to their boards and members for forecasting when the endorsement process will be completed, and when a measure, if endorsed, will be available for use by its members. It is critical that the NQF provide specific reasons for delays in writing to the developer so that information can be shared with their boards and volunteers. The credibility of NQF and of society measure developers depends on transparent communication and clear expectations.

The delayed timeframes for project commencement and phasing of projects resulting in a delayed measure review have significant implications given NQF's frequent changes to its endorsement criteria and submission forms. As a result, a measure may be reviewed against endorsement criteria that were changed long after its initially scheduled endorsement review and even longer after the development project began. Such changes in criteria can force measure developers to return to the drawing board, invest additional resources, and extensively revise submission materials. This is particularly problematic when new requirements are applied to measures already in the review queue that have been assigned to a later phase of the project.

A measure submitted for maintenance endorsement in December 2013 for the Cardiovascular project illustrates the problem. The eMeasure submission and testing requirements had changed in late October 2013, long after the testing project for the measure had been completed and well into the submission process. In this instance, NQF graciously agreed to offer some flexibility and allow for the review of testing results for a project conducted when the old criteria were in place. While that accommodation was greatly appreciated, it serves to highlight a larger problem. Therefore, we request that NQF consider phasing in new requirements and submission forms and build in a reasonable period of time before the changes take effect. If endorsement criteria change, NQF needs to institute a process for "grandfathering" performance measures using earlier criteria.

*Measure Testing Requirements*

In general, we are supportive of stronger measure testing requirements as they ensure performance measures are reliable and can be appropriately captured in the clinical setting. However, the recent changes to the testing requirements for electronic measures pose significant

barriers and additional burdens. In the current environment, measure testing takes approximately one year. This is outside the time required to develop and specify a measure. Therefore, there is the need for the NQF to provide advance notice, of two years at a minimum, of changes in testing requirements, so testing plans can be modified accordingly.

Similarly, under the NQF's current process, the requirement of three electronic health records (EHR) systems has been incredibly challenging to accommodate. The requirement is imposing an extremely intense level of resources for testing and we have found that recruitment of sites with three different EHR systems can take anywhere from three months to one year. This time does not count toward the anticipated one year to formally test an eMeasure. While we recognize that testing an eMeasure in one EHR system would not be a proper demonstration of reliability and feasibility, testing an eMeasure in two EHRs systems at a minimum of three different practice sites should be sufficient.

Furthermore, we agree with the requirements expressed by the NQF on testing composite measures in the claims/administration, registry, and paper modalities. Demonstration of scientific acceptability of each individual measure and the composite as a whole is expected. However, the guidance and requirements for testing eMeasure composites are not accessible or tailored to what is achievable to reach endorsement. In addition, there is a need for additional guidance surrounding the recommended methodology used to demonstrate component measure fit as a part of the composite measure conceptual construct.

*Review of eMeasures Under Consideration for Endorsement*

We support the eMeasure for Trial Use Pilot that NQF has initiated and recognize this pilot as a key pathway to address some of the timing challenges related to submission requirements at the time of the call for measures. We look forward to continued engagement in the eMeasure for Trial Use Pilot program in the coming years. However, we would like to highlight challenges that we have encountered in submitting eMeasures for consideration of endorsement.

As the NQF is aware, the national effort to standardize electronic specification of quality measures is a process involving continuous improvement. There are several governance groups that drive the standards, tools, and accepted practices used in the development of eMeasures, as well as the update schedules for implementing them. Due to these external factors and the continuous improvement process for these standards, the standards and tools specific to the development of eMeasures are constantly undergoing updates to improve the adoption of eMeasures. As a result, due to the length of time between submission of an eMeasure to NQF and its review by the Steering Committee, it is a challenge to ensure that the version reviewed reflects the most up-to-date standards, tools and accepted practices for eMeasures. The challenge is even greater when there are delays in the review process, or in phased projects.

Our experience is that NQF seems unaware of many of the external factors that impact measure developers and the ability for measure developers to meet the eMeasure requirements. Measure developers are working diligently to adhere to the national standards while, at the same time, meeting the requirements that NQF has set forth. Nevertheless, it is unlikely that the timelines

for submission, review and endorsement of an eMeasure will align with the updates to the standards and tools. We recognize this is a very technical aspect of measure development and welcome the opportunity to discuss this further.

**Recommendations**

Based upon our experiences outlined above, we provide the following specific recommendations for improvements. The NQF should:

1. Outline the timeline for endorsement from submission to final decision, taking into account any project phasing that might occur;
2. Base the review process on the criteria that were in place at the time of the submission rather than the time of review;
3. If testing requirements change, provide two-year advance notice to allow for planning and completing a new testing project to satisfy the new requirements;
4. For eMeasures, require testing to occur at a minimum of three sites with two EHRs;
5. With stakeholder input, outline the exact requirements for demonstrating scientific acceptability of an eMeasure composite in terms of feasibility, reliability and validity in one comprehensive form; and
6. Acknowledge the evolving state and external factors that measure developers face in developing eMeasures, and exercise flexibility when reviewing eMeasures under consideration for endorsement.

**Next Steps**

Without a concerted effort to improve how clinically relevant measures are embedded in the many and quickly expanding federal quality programs, physicians will be left without an opportunity to meaningfully participate in these programs, potentially forcing them to leave Medicare and threatening access to high quality care for Medicare patients. By addressing our concerns, you can help ensure that more performance measures that matter to patients, consumers and clinicians will become available.

Thank you for your attention to our concerns. We stand ready to work with the NQF and other relevant health care stakeholder groups to improve the current quality measure endorsement processes.

Sincerely,

American Medical Association
American Academy of Allergy, Asthma & Immunology
American Academy of Dermatology
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Orthopaedic Surgeons
American Academy of Otolaryngology—Head and Neck Surgery

American Academy of Physical Medicine and Rehabilitation
American Association of Neurological Surgeons
American College of Cardiology
American College of Emergency Physicians
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Osteopathic Association
American Psychiatric Association
American Society for Clinical Pathology
American Society for Gastrointestinal Endoscopy
American Society for Radiation Oncology
American Society of Anesthesiologists
American Society of Cataract and Refractive Surgery
American Society of Clinical Oncology
American Urological Association
College of American Pathologists
Congress of Neurological Surgeons
Heart Rhythm Society
Infectious Diseases Society of America
North American Spine Society
Renal Physicians Association
Society for Cardiovascular Angiography and Interventions