

October 25, 2011

Janet Corrigan, MBA, PhD
President and Chief Executive Officer
National Quality Forum
601 13th Street NW, Suite 500 North
Washington, DC 20005

Dear Dr. Corrigan,

The undersigned organizations are writing to seek improvements in the quality measure endorsement processes of the National Quality Forum (NQF). In this current health reform environment where statutory requirements are being placed on both Medicare and the private plans as well as physicians to measure and improve quality within specific incentive programs, we need to continue working at aligning our efforts around the development and endorsement of quality measures. It is from this perspective that we share the below comments.

Quality measure testing and timeframes

Since passage of the Affordable Care Act (ACA), demands have increased for developing new and maintaining existing quality measures, along with retooling existing quality measures for electronic data capture. As a result, the House of Medicine is eagerly trying to comply with what are proving to be unrealistic NQF testing timeframes. The NQF requires that measures have testing data before they are reviewed. This has proven difficult, if not impossible for many physician specialties due to the resources and time necessary to produce satisfactory results in a test environment. Moreover, with Meaningful Use and other requirements, providers are unable to configure non-NQF endorsed measures in their electronic health records (EHRs) solely for the purpose of testing.

In addition, some physician specialties are in the process of developing clinically relevant, claims-based measures. Others are working to re-tool measures for capturing required data from electronic health records, and some are developing new measures intended to leverage data from EHRs. It is unclear what testing results are required and in what timeframe for these varying measure development and retooling scenarios. **We seek clarification from NQF regarding its testing requirements and timeframes, and specifically when NQF review will require all measures to include tested EHR specifications.**

It is extremely resource intensive to specify (or re-specify) quality measures and test these specifications. Completing this work to then have a quality measure(s) not approved mid-way through the NQF review process for a reason unrelated to testing or specifications, results in wasted, finite resources. **We recommend that NQF institute a staged process for introducing measure specifications and testing results within its endorsement review.** By first convening workgroups to review and establish the

importance, relevance, and potential focus of measure topics prior to calls for measures, the NQF could offer measure developers valuable guidance, minimize the chance of measures failing at the Steering Committee level, and ensure a more efficient process overall.

Quality measure evaluation vs. maintenance review cycle

The NQF now requires that new measure evaluation should be combined with measure maintenance assessments on a three year timetable by system topic. Therefore, if a measure is not ready for NQF endorsement consideration when the call for measures for a specific disease is scheduled, it will be three years before the opportunity will arise again. **We urge NQF to change this requirement, and allow more flexibility in establishing separate timeframes for reviewing measure maintenance assessments vs. new quality measures. Further, the NQF schedule for reviewing measures should align with those ACA deadlines being promulgated by the Department of Health and Human Services through rulemaking.**

Steering Committee reviews of measures

Recent experiences of measure developer staff and physician clinical quality leaders at several NQF Steering Committees meetings have raised some concerns about inconsistencies in the NQF measure review process. As expressed in follow-up letters to the Steering Committees, the NQF requirements for validity and reliability testing are at times applied unevenly across the various Steering Committees; the “importance” criteria (impact, opportunity for improvement, evidence) are also used inconsistently across Steering Committees and, in some instances, with unreasonable inflexibility. The process for voting on individual candidate measures also seems to be variable among Steering Committees, with individual votes on the standard endorsement criteria (importance, scientific acceptability, usability, and feasibility) sometimes omitted in favor of a single committee vote on “all endorsement criteria met.” **We would like to work with NQF to address these inconsistencies within the measure review processes of its Steering Committees.**

Thank you for your attention to our above comments. We stand ready to work with NQF and other relevant health care stakeholder groups on improving current quality measure endorsement processes.

Sincerely,

American Medical Association
AMDA – Dedicated to Long Term Care Medicine
American Academy of Dermatology Association
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Family Physicians

American Academy of Neurology
American Academy of Ophthalmology
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 Obstetricians and Gynecologists
American College of Osteopathic Surgeons
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Geriatrics Society
American Osteopathic Academy of Orthopedics
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 Hematology
American Society of Pediatric Nephrology
American Society of Plastic Surgeons
American Urological Association
College of American Pathologists
Congress of Neurological Surgeons
Infectious Diseases Society of America
Renal Physicians Association
Society for Cardiovascular Angiography and Interventions
Society for Vascular Surgery
Society of Hospital Medicine
Society of Interventional Radiology
The Endocrine Society