Quality Measurement

Preamble
Measurement is defined as a basis for comparison - a reference point against which other things can be evaluated. In terms of healthcare, quality measures provide a way to assess care provided against recognized standards. The US healthcare system is undergoing significant change and physicians are being challenged to demonstrate the quality and effectiveness of the care they deliver.

Measures drive improvement. Teams of healthcare providers who review their respective quality measures are able to make adjustments in care, share successes, and probe for causes when progress comes up short — all on the road to improved patient outcomes.

Measures inform consumers. As a growing number of measures are publicly reported, consumers are better able to assess quality for themselves, and then use the results to make choices, ask questions, and advocate for good healthcare.

Measures influence payment. Increasingly, private and public payers use measures as preconditions for payment and targets for bonuses, whether it is paying providers for performance or instituting nonpayment for complications associated with treatment. The current fee-for-service system will increasingly be paralleled by quality measurement or outcomes-driven reimbursement.

Independent specialty societies (e.g., American Academy of Dermatology [AAD]), quality organizations (e.g., American Medical Association-Physician Consortium for Performance Improvement [AMA-PCPI]), and/or a combination of these various groups serve as the drivers of quality measure development.

This document serves to guide the development and approval of quality measures for purposes of accountability (i.e., pay for reporting, pay for performance), effectiveness, and/or continuous quality improvement. Essentially, the AAD, shepherded by the Performance Measurement Task Force (PMTF), operates in a number of different ways related to quality measures. This document is divided into 5 sections (A-E) that outline and describe the PMTF’s measure development work and measure stewardship. These are the following:

A. AAD Quality Measures Development (internal, independent development)
B. Co-Developed Quality Measures (assisting/collaborating with other organizations)
C. Review of Externally Developed Quality Measures
D. Measure Changes Made by External Stakeholders (ensures appropriate use and application of dermatology measures by external organization)
E. Externally Developed Quality Measures (reviews the applicability and relevance of externally development performance measures for dermatology reporting)

A. AAD DEVELOPED QUALITY MEASURES:
*Developed independently of other quality organizations – outside relevant stakeholders (i.e., related specialists who contribute to the management of a particular disease) may or may not be invited to participate in the measure development depending on the topic
I. Definition
The Academy employs an evidence-based methodology for developing quality measures. Quality measures are herein defined as documents that evaluate the adherence to clinical best practices, as supported by available literature.

The measure will be supported by current internally-developed guidelines, externally-developed guidelines or other relevant evidence.

II. Funding of Quality Measure Development
Direct funding of measure development by medical and pharmaceutical industry is prohibited.

III. Conflict of Interest
Measures will be developed and approved in accordance with the Conflict of Interest (COI) Policy outlined by the Academy (http://www.aad.org/coi/).

IV. Selection of Topics
A periodic needs assessment is conducted to prioritize what measure topics should be chosen for development – the frequency of this assessment is flexible and dependent on the measurement needs of the specialty. A needs assessment should consist of select members of the PMTF, Patient Safety and Quality Committee (PSQC), Clinical Guidelines Committee (CGC), Educational Needs Assessment Committee, and the American Board of Dermatology (ABD). The needs assessment will evaluate the criteria listed below, while considering timeliness/urgency and availability of supporting evidence.

Selection of topics for measure development will always be responsive to member needs and the advocacy, policy, and educational concerns of the Academy.

Criteria to facilitate topic selection include, but are not limited to:

- Degree of public health importance (high prevalence, significant morbidity)
- Perceived or documented variation in practice patterns (impact on quality of care and patient safety)
- Potential for Maintenance of Certification (MOC) module development
- Timeliness of topic for informing and improving provider decision making
- Availability and strength/quality of evidence to produce measures
- Area addresses multiple aspects of dermatology practice scope
- Area where increased dermatologic attention and involvement would be helpful for the specialty
- Relevant to Medicare and Medicaid programs (e.g., Physician Quality Reporting System [PQRS], Meaningful Use Incentive Program)
- Relevant to managed care programs
- Availability of interventions with high societal or economic cost
- Identified as priority topics for clinical effectiveness research

Once the needs assessment is completed, the PMTF proposes the clinical topics for quality measure development, as well as a development schedule, to the PSQC, Council on Science and Research (CoSR), and then the Board of Directors for approval. Both the Council on Government Affairs and Health Policy (GAHP) and the Council on Education will be given an opportunity to review and provide comments on the proposal prior to Board approval; however, neither the Council on GAHP nor the Council on Education are able to entirely veto a measurement initiative.
Ad Hoc Measure Selection Clause
In cases where there are time sensitive measures needing development and requiring a quick turn around by a given deadline, an ad hoc team consisting of the PSQC and PMTF chairs) will decide to proceed with development on such measures without the endorsement of the entire needs assessment committee, but will abide by the conflict of interest regulation. Once the decision to use this option is taken, the measure/s in question will be communicated to the PMTF including the extenuating circumstances such as the deadline. In order to encourage judicious use of this clause, once the deadline (or other mitigating circumstance) passes or ceases to exist, and the measure development is incomplete, the legitimacy of the use of this option will expire and a renewal to continue the measure development will necessitate approval through normal process requiring the approval of the needs assessment committee.

V. Work Group Appointment and Activity
Once the topics for measure development have been selected and approved by the Board of Directors, a Work Group (WG) for a related group or single measure is appointed by the Chair of PMTF and tasked with developing measure descriptions and specifications (e.g., numerator instructions, denominator instructions, exclusion instructions) for the Board-approved measure topics.

The WG chair is considered a clinical content expert and thought leader in the respective Board-approved measure topic. The WG members are comprised of approximately 49% clinical content experts for that respective measure topic (emulating the conflict of interest process within guideline development). The WG Chair is prohibited from having any relevant financial conflict of interest, unless the expertise and leadership is deemed necessary by the PMTF. In this instance, a co-chair with no relevant financial conflict of interest will be appointed. Additionally, at least 15% of the members are considered “measure methodologists”. A “measure methodologist” has experience in at least one of the following areas:
- National Quality Forum’s (NQF) measurement framework
- American Medical Association-Physician Consortium for Performance Improvement’s (AMA-PCPI) measurement framework
- Survey development and validation
- Independent measure development (e.g., within an academic center, for a private payer)

The PMTF may dismiss and/or appoint members to the WG to ensure the timely completion of a measure(s), the integrity of the methodology, and that all relevant areas of clinical expertise are reasonably addressed.

VI. Review Process

Expert Review
The WG produces a draft measure or set of measures which is submitted to the PMTF for their approval, or if requested, further revision. This process may be repeated as necessary.

Patient Safety and Quality Committee Review
Following the incorporation of modifications to the draft measure, the measure is presented to the Patient Safety and Quality Committee (PSQC) for their review and approval. Once approved by the PSQC, the draft measure is forwarded to the Council on Science and Research for review and approval.
Council on Science and Research Review

Following the PSQC review and approval the measure is presented to the Council on Science and Research (CoSR) for their review and approval. Once approved by the Council, the draft measure is sent to the Board of Directors for final approval.

**VII. Final Approval and Publication**

A final draft is approved by the Council on Science and Research and submitted for approval to the Board of Directors. Upon approval by the Board of Directors the measure is posted on the Academy website.

Board-approved measures will be submitted to the NQMC to support professional and public access.

In an instance where a quality measure requires expedited approval (e.g. to meet an unexpected deadline from NQF), there will be an expedited review process. This process will require approval of the measure specifications from the PMTF, PSQC Chair, CoSR chair, and the Board of Directors Executive Committee. Measures will be deemed in need of an expedited review by the Chair of the PMTF.

**VIII. Review and Revision of Quality Measures**

Board-approved quality measures will be considered for reaffirmation, update, or sunset at least every three years based on a review of published literature since measure publication. Three years is consistent with the review cycle of the NQF. The PMTF will determine if the revisions are of such substance as to require AAD review and approval through the PMTF, PSQC, CoSR and the Board.

**IX. Testing**

Testing of the measure will be done at the discretion of the PMTF.

**B. CO-DEVELOPED QUALITY MEASURES:**

"Developed in collaboration with a dermatologic subspecialty society, another specialty society, or quality organization – AAD members actively participate in the measure development process"

**I. Selection of Topics and Appointment of AAD Representatives**

In most instances, a relevant external organization (e.g., AMA-PCPI) will approach the AAD to co-develop measure(s) based on a pre-determined topic/timeline. The outside organization is considered to be the “measure steward” and is the entity recognized to have the “final approval” by other external stakeholders (e.g., NQF, CMS).

The PMTF Chair will assess each measure development opportunity, using the needs assessment criteria outlined previously, to determine if the AAD should participate.

Once it has been established that the AAD will participate in the measure development project, the appointment of representatives proceeds. Often, the number of dermatology representatives
is set by the convening organization and the appointment of AAD volunteers will be handled accordingly. Identification and approval of AAD representatives will be coordinated through the PMTF, but requires subsequent approvals by the PSQC, CoSR Chair, and the Executive Committee of the Board of Directors.

II. Work Group Activity
A Work Group and Chair(s) for a related group or single measure are appointed by the convening organization and tasked with developing measure topics, descriptions, and specifications (i.e. numerator instructions, denominator instructions, exclusion instructions) for the measure topics.

III. Review and Revision of Quality Measures
Measure maintenance (including review and retesting) is typically the responsibility of the convening organization. AAD members who participated in the initial development of the measure may be called upon to review and revise the measure, or possibly aid in the collection of testing data.

C. REVIEW OF EXTERNALLY DEVELOPED QUALITY MEASURES:
*Developed solely by a dermatologic subspecialty society, another specialty society, or quality organization – AAD members only participate in the measure review process

PMTF Review
Occasionally, a dermatology subspecialty organization will approach the AAD PMTF to serve as a measure reviewer. The workgroup produces a draft measure or set of measures which are submitted to the PMTF for their review and suggested edits. The PMTF will obtain approvals from the PSQC and the Board of Directors Executive Committee to serve as a measure review board. All formal comments will be vetted through those respective bodies as well.

D. MEASURE CHANGES MADE BY EXTERNAL STAKEHOLDERS:
*Outside organizations, such as CMS, occasionally make specification changes to various measures when implemented (e.g., PQRS) – this applies to both AAD developed and co-developed quality measures

The PMTF will review the measure specification changes made by the external stakeholder and provide comments in support of or against the measure changes. This document will be vetted through the PSQC chair, CoSR chair, and the Board of Directors Executive Committee for approval. Afterwards, the document will be sent to the appropriate external stakeholder for changes to be made. The Academy will work diligently to ensure that when measures are implemented in accountability programs, such as PQRS, that they are aligned with the intent of the original measure specifications.

E. EXTERNALLY DEVELOPED QUALITY MEASURES:
*AAD members did not actively participate in the measure development process

The PMTF will consider the review and acceptance of quality measures produced by other professional organizations when relevant and appropriate to the mission and interests of the AAD. Acceptance of these measures will be considered in selected circumstances when the Academy seeks to utilize another organization’s measure in support of these interests in lieu of undertaking its own measure on the same topic.
Considerations for Acceptance of Externally-Produced Quality Measures:

1. The measure should not duplicate an existing AAD measure or a measure that is in development.

2. The measure should be on the Board-approved priority topic list. If not on the Board-approved priority list, then the measures must meet the criteria as determined by the PMTF.

3. Measures proposed for acceptance will be reviewed by the PMTF and/or an appointed set of relevant content experts – this will result in a recommendation and rationale for one of the following courses of action:
   - Accept entire measure
   - Do not accept measure

   A companion document that details the outcome of this review process may be created by the Task Force as necessary.

4. Measures recommended for acceptance, along with any draft companion document, will be forwarded to the PSQC, CoSR, and then the Board of Directors for consideration and approval.

5. Acceptance of such measures will be reviewed periodically and extended if appropriate, or rescinded as necessary based on sunset of guidelines upon which they are founded, withdrawal from either the NQMC or NQF, or revisions to measures that are not in alignment with available scientific literature or Academy interests.

Acronym Key
AAD             American Academy of Dermatology
ABD            American Board of Dermatology
AMA-PCPI   American Medical Association-Physician Consortium for Performance Improvement
CGC         Clinical Guidelines Committee
CMS  Centers for Medicare & Medicaid Services
COI         Conflict of Interest
CoSR          Council on Science and Research
GAHP       Council on Government Affairs & Health Policy
MOC            Maintenance of Certification
NQF           National Quality Forum
NQMC        National Quality Measures Clearinghouse
PMTF       Performance Measurement Task Force
PQRS          Physician Quality Reporting System
PSQC       Patient Safety and Quality Committee
WG             Work Group