Performance Measurement

Preamble
Measurement is defined as a basis for comparison - a reference point against which other things can be evaluated. In terms of healthcare, performance 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 performance 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 performance measurement or outcomes-driven reimbursement.

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

This document serves to guide the development and approval of performance 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 Committee (PMC), operates in a number of different ways related to performance measures. This document is divided into 5 sections (A-E) that outline and describe the PMC’s measure development work and measure stewardship. These are the following:

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

A. AAD-DEVELOPED PERFORMANCE 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 performance measures. Performance measures are herein defined as documents that evaluate the adherence to clinical best practices, as supported by available literature.

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

II. Funding of Performance 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
The PMC will conduct a periodic needs assessment to prioritize measure topics for development – the frequency of this assessment is flexible and dependent on the measurement needs of the specialty. The PMC will review evidence and consult with members of various AAD Councils, Committees, and Task Forces that focus on data collection, quality, patient safety, and practice management and education. The PMC will evaluate topics using 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., Merit-Based Incentive Payment System or other equivalents)
- Relevant to private payer programs
- Associated with high societal or economic burden
- Identified as priority topics for clinical effectiveness research

Once the needs assessment is completed, the PMC proposes the clinical topics for performance measure development, as well as a development schedule, to the Council on Science and Research (CoSR) and then the Board of Directors for approval. The PMC will request review of and comments on the proposal from the Council on Government Affairs and Health Policy (GAHP), the Council on Practice Management (CoPM), and the Council on Education and Maintenance of Certification, prior to CoSR approval; however, neither Council on GAHP, CoPM, nor Education/MOC are able to veto a measurement initiative. The comments from Council on GAHP, CoPM, and Education/MOC will be provided to the CoSR when approving the needs assessment. Once approved by the CoSR, the topics for performance measure development will be presented to the Board for approval.
Ad Hoc Measure Selection Clause
In cases where there are time sensitive measure development issues requiring a quick turnaround by a given deadline, the PMC Chair will make the decision to proceed with development on such measures, 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 PMC 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 by the PMC, CoSR, and the Board.

V. Work Group Appointment and Activity
Once the topics for measure development are approved by the Board of Directors, a Work Group (WG) is appointed by the Chair of PMC 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 or methodology expert and thought leader in the respective Board-approved measure topic. The WG members are comprised of approximately 50% 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 PMC. In this instance, a co-chair with no relevant financial conflict of interest will be appointed. 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
- Physician Consortium for Performance Improvement’s (PCPI) measurement framework
- Survey development and validation
- Independent measure development (e.g., within an academic center, for a private payer)

The WG will also include at least two patients or patient organization representatives who have experience with the clinical topic.

The PMC 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 and Approval Process
The initial process is focused on approving the measure(s) for inclusion in DataDerm for feasibility, reliability, and validity testing and for voluntary use by clinicians in their clinics or local practice associations/societies. The final approval level is the CoSR. Measures for pay for performance systems (i.e. CMS’ MIPS) must have completed testing and must be approved by the AAD Board of Directors (see below for Final Approval Process). Final measure specifications will be posted on the AAD website.

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

Peer Review
Following the incorporation of modifications to the draft measure and approval from the PMC, the PMC will oversee peer review requests to various CCTFs and work groups with expertise in clinical condition (clinical guidance, appropriate use criteria), data collection (DataDerm), electronic health records, patient advocacy or practice management for review of the measure(s). The PMC will decide which CCTFs, work groups, or individuals are the best fit to review the measure(s) based on area of
expertise, measure focus, or disease. Staff will compile comments for WG to consider in measure modifications. The peer review will occur, the WG will finalize and approve the measure(s), then measure(s) will be provided to the PMC for approval. Following the PMC approval, the measure(s) will be provided to the CoSR for review and approval. When submitting the measure(s) to the CoSR for approval, the PMC will provide the comments received in peer review on how each suggestion was addressed.

Council on Science and Research (CoSR) Approval
Following the peer review, the PMC will present measure(s) to the CoSR for their review and approval. Following the CoSR approval of the measure(s), the PMC will establish the next course of action. The PMC will decide when measure(s) is/are ready to build in DataDerm for quality improvement efforts or measure testing. For example, the PMC may decide to hold some measures until other related measures are available to conduct measure testing as a measure set.

VII. Board Approval and Publication
After testing of a measure has been completed and the PMC has decided to submit the measure for inclusion in a national pay for performance system, the measure will be submitted by the PMC to the Board of Directors for approval. Upon approval by the Board of Directors, the PMC will determine when and if it is appropriate for the measure(s) to be submitted for use in a national pay for performance system or for endorsement by the National Quality Forum. Final measure(s) specifications will be posted on the Academy website.

Board-approved measures will also be submitted to the National Quality Measures Clearinghouse to support professional and public access.

VIII. Expedited Review and Approval
In an instance where the Chair of the PMC identifies the need for expedited approval (e.g. to meet a deadline from CMS or NQF), there will be an expedited review process. This process will require approval of the measure specifications from the PMC, CoSR Chair, and the Board of Directors Executive Committee. Testing is not required for this expedited process.

In an instance where measure testing is in progress and the PMC Chair decides there is sufficient evidence to support the measure(s) for inclusion in a national pay for performance system, there will be an expedited review process. For example, measure(s) went through the normal process and approved by the CoSR and measure testing is in progress, the measure(s) specifications will be presented to the Board of Directors Executive Committee for approval. The preliminary measure testing data or evidence to support the measures in a pay for performance program will be provided in the request for action.
IX. Measure Maintenance and Updates
PMC Chair will oversee annual updates to measures, including updates to codes on existing measures. The PMC Chair will decide if edits are significant (change to measure scope) and will need to go to the PMC for review. The PMC will assess all AAD measures 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 PMC will determine if the revisions are of such substance as to require AAD review and approval through the PMC, CoSR and the Board.

X. Ownership
AAD shall own all right, title, and interest in any AAD-Developed Performance Measures. Any AAD members or other individuals who are involved in the process of developing such measures must assign all right, title, and interest that they have in such measures to AAD through a written assignment form provided by AAD. Any other organization or individual seeking to use an AAD-Developed Performance Measure for purposes related to reimbursement or performance review, must first obtain written permission and/or license from AAD. AAD may charge a reasonable royalty or other fee for such use.

B. CO-DEVELOPED PERFORMANCE 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., dermatological sub-specialty society, medical society) 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 as the lead measure steward and responsible for seeking endorsement from NQF or acceptance into a payment program such as MIPS.

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

If it is established that the AAD will participate in the measure development project as a specialty representative or voice for dermatology and the AAD is not a co-steward, 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 PMC. The PMC will decide when and if a statement stating PMC’s official support or opposition of the measure will be developed. If the PMC would like to provide an official statement for measure(s) submitted for a pay for performance program, the CoSR Chair and the Executive Committee of the Board of Directors’ approval is required of the statement.

If it is established that the AAD will participate in the measure development project as measure co-stewards, 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 PMC, but requires subsequent approvals by the CoSR Chair and the Executive Committee of the Board of Directors.
II. Work Group Activity for Co-Steward Measures
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. AAD Review, Approval and Testing of Co-Steward Measures
After the measure(s) have been completed, at the discretion of the PMC, they can be submitted to the CoSR for approval and then on to the Board of Directors if testing has been completed. Membership use and posting on the Academy website will follow the protocol as described above. Occasionally, the outside organization will request assistance in measure testing and maintenance. At the discretion of the PMC and after approval by the CoSR, measures can then be included into DataDerm for testing. At this point, the measures will then follow the same protocol as defined in Section A as if they were AAD Developed Performance Measures.

Measures cannot be submitted to pay for performance program without Board approval by all participating (co-steward) organizations.

IV. Measure Maintenance for Co-Steward 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.

V. Ownership
AAD shall jointly own any co-developed performance measures with the external organization(s) that participate in such development. The parties’ relative rights in such measures will be set forth in a written agreement. Any AAD members, members of the co-developing entity, or other individuals who are involved in the process of developing such measures must assign all right, title, and interest that they have in such measures to AAD and the other external organization(s) with joint ownership of the measures through a written assignment form provided by AAD. Any other organization or individual seeking to use an AAD jointly-developed performance measure for purposes related to reimbursement or performance review, must first obtain written permission and/or license from AAD and the other organizations that co-own such measures. AAD and the other co-owner organizations may charge a reasonable royalty or other fee for such use.

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

I. PMC Review
Occasionally, a dermatology subspecialty organization or other medical society will approach the AAD PMC to serve as a measure reviewer. The outside work group produces a draft measure or set of measures which are submitted to the PMC for their review and suggested edits. The PMC will obtain approval from the CoSR to serve as a measure review board. If co-stewardship by AAD is desired, the PMC will seek approval through the CoSR and the AAD Board of Directors Executive
Committee as above in Section B. If necessary, AAD will negotiate appropriate written agreements with external organizations seeking AAD review of their performance measures. Among other things, such agreements will include provisions to limit AAD’s liability risk for reviewing external measures and clarify AAD’s rights to incorporate such measures into DataDerm or otherwise use them for AAD quality improvement and performance review efforts.

II. AAD Review, Approval and Testing of Performance Measures

The PMC will submit all externally developed measures to the CoSR for approval. Membership use and posting on the Academy website will follow the protocol as described above. Occasionally, the outside organization will request assistance in measure testing and maintenance. At the discretion of the PMC and after approval by the CoSR, measures can then be included into DataDerm for testing. At this point, the measures will then follow the same protocol as defined in Section A as if they were AAD-Developed Performance Measures.

D. MEASURE CHANGES MADE BY EXTERNAL STAKEHOLDERS:

*Outside organizations, such as CMS, occasionally make specification changes to various measures when implemented (e.g., MIPS) – this applies to both AAD developed and co-developed quality measures

The PMC Chair will review the measure specification changes made by the external stakeholder and provide comments in support of or against the measure changes. 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 MIPS, that they are aligned with the intent of the original measure specifications.

If the outside organization makes significant changes to the AAD measure, the PMC Chair will decide the best course of action. This may include convening a small group upon discretion of the PMC Chair to help with any specification changes that substantially change the measure.

E. USE OF EXTERNALLY DEVELOPED PERFORMANCE MEASURES:

*AAD members did not participate in any way in the measure development process

The PMC will consider the review and acceptance of performance measures produced by other professional organizations when relevant and appropriate to the mission and interests of the AAD. Acceptance of these measures to be included in DataDerm (including the Qualified Registry and Qualified Clinical Data Registry applications) 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. AAD will enter into appropriate licensing arrangements as necessary to use or adopt such measures.

Considerations for Acceptance of Externally-Produced Performance 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 PMC.

3. Measures proposed for acceptance will be reviewed by the PMC 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 PMC as necessary.

4. Measures recommended for acceptance, along with any draft companion document, will be forwarded to the CoSR for approval. Only those measures that have not already been approved by the Board will be presented to 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**

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AAD</td>
<td>American Academy of Dermatology</td>
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<td>ABD</td>
<td>American Board of Dermatology</td>
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<td>PCPI</td>
<td>Physician Consortium for Performance Improvement</td>
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<td>CGC</td>
<td>Clinical Guidelines Committee</td>
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<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
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<td>COI</td>
<td>Conflict of Interest</td>
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<td>CoSR</td>
<td>Council on Science and Research</td>
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<td>GAHP</td>
<td>Council on Government Affairs and Health Policy</td>
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<td>Physician Quality Reporting System</td>
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