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The National Quality Forum
601 Thirteenth Street, NW
Suite 500 North
Washington, DC 20005

Re: NQF Member Comments on Pre-voting Review for *Composite Measure Evaluation Framework and National Voluntary Consensus Standards for Mortality and Safety: Composite Measures*

On behalf of the American Society of Health-System Pharmacists (ASHP), thank you for the opportunity to review and comment on the draft document “Composite Measure Evaluation Framework and National Voluntary Consensus Standards for Mortality and Safety: Composite Measures.” ASHP represents pharmacists who practice in hospitals and health systems. The Society’s more than 35,000 members include pharmacists and pharmacy technicians who practice in a variety of health-system settings, including inpatient, outpatient, home care, and long-term-care settings.

ASHP commends NQF’s initiative in the development of this framework for evaluation of composite measures. We believe that composite measures can vastly improve the quality of care. These measures are also more likely to be used by both patients and payers to choose healthcare providers because composite measures are easier to understand and communicate than individual measures.

ASHP urges NQF to consider the following comments:

Importance to Measure and Report (page 7)

Line 192: “For the most part, if the component measures have been assessed to be important to measure and report, then the composite will meet that criterion.”

ASHP disagrees with the implied certainty of this statement. Composite measures should be based on interventions that, when done **together**, are scientifically proven to improve clinical outcomes. Two important individual measures may *not* equal one important composite measure.

Conditions for Consideration (page 10)

“The intended use of the measure includes both public reporting and quality improvement.”

ASHP advises caution in using all composite measures for public reporting until rigorous evidence-based precision and validity has been established for each. The decision to report measures publicly

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should be made on a measure-by-measure basis as is currently the practice for individual measures. In addition, the strength of evidence for each measure should be considered.

Scientific acceptability of the measure properties (pages 13, 14)

Criteria 2a. *“The composite measure is well defined and precisely specified so that it can be implemented consistently within and across organizations and allow for comparability.”*

Measures that are shown to be precise in larger institutions may not have the same precision in smaller healthcare systems in rural areas (e.g. fewer procedures performed or different type and acuity of patients seen); thus, comparability should vary based on hospital size and type.

Criteria 2k. *“The preference is for simple, equal weighting unless differential weighting is justified.”*

ASHP finds this statement to be inconsistent with an earlier statement in the document on line 200 which states that *“no particular scoring/aggregation methodology is preferred.”* ASHP agrees that no weighting methodology should be preferred. Equal weighting is not the best or simplest method; measure weighting should vary depending on whether some individual measures are more reliable or important and by procedure. While it has been demonstrated that differential weighting can increase the complexity of measure development (O’Brien SM, et al. *Circulation*. 2007;116(25):2969-75), its use should not be discouraged, especially when developing composite measures that include individual measures based on expert opinion or limited evidence.

Composite measures proposed for endorsement (pages 18-20)

As outlined in lines 318-319, the Mortality for Selected Conditions measure may be most useful to health plans. However, it is unclear whether the three measures which are proposed for endorsement are suitable for public reporting. ASHP urges caution in the consideration of how these measures would be reported and used (e.g. payment).

We look forward to continuing to participate in NQF’s member review process. If you have any questions concerning the Society’s comments, please contact me by phone at (301) 664-8815 or via e-mail at mandrawis@ashp.org.

Best Regards,

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