NATIONAL QUALITY FORUM

Developer Q&A

Aligned Innovation Request for Proposals: Q&A Responses

General Questions

Task	Question(s)	Response
N/A	Will developers also serve as stewards of the final measures?	No, the final measure will be stewarded by either NQF or an organizational member of the Aligned Innovation Coalition. The steward will be determined after the measure development has been completed.
N/A	Do the final measures need to be endorsed by the consensus-based entity (CBE)?	No. Preparing materials and analyses to submit the measure for CBE endorsement or supporting measure endorsement is not part of the scope of work.
N/A	What is the role of the Aligned Innovation Coalition, and how will they be involved throughout the process?	The Aligned Innovation Coalition members are the drivers and key customers for the proposed measures. Coalition members will provide feedback on initial measure specifications as part of a briefing meeting, as well as during a meeting summarizing updated specifications and testing results. Coalition members also bring provider partners to this initiative, who will participate in the measure testing process and will provide regular feedback on any clinical or operational concerns with the measure.

Task	Question(s)	Response
N/A	Will NQF please share a list of the names and affiliations of the Aligned Innovation Coalition members and the Multistakeholder Advisory Council members?	NQF will share the full list of Aligned Innovation Coalition ("Innovator Coalition") members and Multistakeholder Advisory Council (MAC) members with bidders once proposals are received. In brief, the Innovator Coalition is comprised of 14 organizations, including eight public and private sector payers (a mix of regional and national), three national integrated health systems, two healthcare purchasers and one statewide healthcare exchange. The Multistakeholder Advisory Council is comprised of 25 members, including two accrediting organizations, four CMS centers, three HHS agencies, one national payer association, four purchaser associations, four patient/consumer advocacy organizations, three health information technology companies, and four clinical professional societies.

Behavioral Health PRO-PM Questions

Task	Question(s)	Response
N/A	Is there any flexibility in the proposed measure development period?	For the Behavioral Health PRO-PM, the development process should not exceed 18 months. NQF is open to extending the development period for this measure if it is necessary to collect adequate data for testing and assessment.
N/A	What is the anticipated project start date?	NQF anticipates signing a contract with the developer in Q4 of 2023 and starting the work shortly thereafter (anticipated start: January 2, 2024).
N/A	Can NQF provide the expected 18-month period of performance for the project?	NQF anticipates signing a contract with the developer in Q4 of 2023 and starting the work shortly thereafter (anticipated start: January 2, 2024).

Task	Question(s)	Response
N/A	Would the developer have any flexibility to revise the measure concepts due to limitations identified through testing or discussions with the clinical experts?	Yes. The intent is for the developer to create an omnibus tool relevant to the behavioral health of children, adolescents, and adults, and NQF expects the final measure to implement this measure concept. The preliminary approach to the concept can be informed by and adjusted based on testing or discussions with clinical experts.
N/A	Inpatient psychiatric facilities have a paucity of relevant measures. We note the RFP indicates a preference for measures intended for ambulatory settings. Will NQF consider a response that addresses a measurement gap in inpatient psychiatric facilities?	The measure should assess the quality of care provided in the outpatient setting to patients of mild to moderate behavioral health conditions. However, a general aim of this work is to support alignment of measures across care settings, so consideration in its design of the measure's relevance in multiple settings/programs is helpful.
N/A	If the measure is intended to be implemented in an accountability program for clinician use, such as the CMS Quality Payment Program (QPP), would NQF be amenable to specifying the measure at the individual clinician level (if feasible), since, based on our understanding, this level of analysis is required for measures submitted for consideration in the QPP?	Yes, the measure can be specified at the individual clinician level if it is reliable and fair at that level of attribution. Ideally, the measure will be specified so it can be used for multiple types of accountable entities who manage patient populations (e.g., physician group practices, health plans).
N/A	Can NQF share any information regarding estimated level of effort or funding?	No. NQF is inviting offers to propose innovative, competitively priced proposals to successfully meet the RFP requirements. We are encouraging offerors to propose approaches that can reduce the cost and time associated with measure development.
N/A	Can NQF provide any guidelines for the project budget?	No. NQF is inviting offers to propose innovative, competitively priced proposals to successfully meet the RFP requirements. We are encouraging offerors to propose approaches that can reduce the cost and time associated with measure development.
N/A	Is there an estimation of funding available for this project?	No. NQF is inviting offers to propose innovative, competitively priced proposals to successfully meet the RFP requirements. We are encouraging offerors to propose approaches that can reduce the cost and time associated with measure development.

Task	Question(s)	Response
1	**Are developers free to use measures developed for this activity? Will the developed measures be proprietary?**	**The final measure specifications and tools will be publicly available to support the goals of maximum adoption and uptake of the final measure and alignment across payers.**
1	Can developers use content for parents/guardians responding on behalf of children?	Yes, we welcome developers to use evidence-based tools where parents/guardians respond on behalf of children.
1	Can NQF share the list of existing depression and anxiety PROMs and questions from the public domain?	Yes. NQF has posted the list of existing depression and anxiety PROMs and questions on the Aligned Innovation website. Please note that the list is meant to serve as a helpful resource but is not exhaustive.
1	In developing PROMs, it is essential to psychometrically assess the PROM before implementation to ensure it is comprehensible and asks appropriate questions to acquire the necessary data. Given that the omnibus tool will be created from previously validated PROMs, will NQF please explain why this is a necessary step to add to the process?	To clarify, NQF is not asking developers to re-validate existing PROMs. To develop this omnibus tool, we envision that developers will select from previously developed and validated PROMs, domains and/or survey items with strong psychometric properties that are acceptable to clinicians for use in the clinical setting. The final PRO-PM should provide a valid assessment of the domains of depression, anxiety, and function. Developers should supply the evidence needed to show the measure is valid.
1	The paragraph at the bottom of page 2 states: "NQF expects the developer to select from a robust library of existing psychometrically sound PROMs and survey items that assess depression and anxiety symptoms and combine those tools with existing functional assessment PROMs,...." and page 3: "Due to the ubiquity of PHQ-9 and GAD-7 as screening and symptom assessments, the new omnibus tool and resulting PRO-PMs must either incorporate these tools or be calibrated to them." Does NQF intend for a single PROM per domain/construct? (i.e., depression, anxiety, emotional function, cognitive function, sleep interference, etc. as different domains/constructs) Or does NQF intend for providers/users to be able to choose from a selection of more than one PROM per domain?	NQF is asking the developers to propose approaches that best meet the objectives of implementing a valid and reliable performance measure consistent with clinical care, which could allow for more than one PROM per domain, as long as scores can be calibrated. The developer should propose the approach they view as the best solution.

Task	Question(s)	Response
1	If NQF intends to provide users with choice of PROM per domain, this suggests the need for a separate data collection/testing phase. Is that the intention? Please clarify.	NQF anticipates one data collection phase.
1	The first full paragraph, first sentence states: "We encourage, but do not require, the use of computer-assisted technology (CAT) or Item Response Theory (IRT) to minimize patient burden and increase patient engagement." Given that PHQ-9 and GAD-7 are required and are not IRT-based PROMs, can NQF please clarify the potential role of CAT and IRT in this project?	While the final tools need to be able to generate scores that are calibrated to PHQ-9 and GAD-7, developers who are able to accomplish this with CAT/IRT are welcome to do so. For item content capturing other health domains, developers are welcome to leverage CAT/IRT, and where applicable, share how scores calibrate to any other widely used PROMs.
1	The first full paragraph, last sentence states: "We also encourage evaluation and use of PROMIS...." Does NQF intend that the PROMIS library of PROMs be consulted only for the sake of the functional domains? Or do they intend that PROMIS and other sources be considered for the depression and anxiety PROMs, either in addition to or in place of the PHQ-9 and GAD-7? Please clarify the role of considering PROMIS PROMs.	Consideration of PROMIS was encouraged for 3 reasons: (i) its widespread availability in many widely used EHR systems, (ii) its validated item content covering a broad range of health domains relevant to the desired BH outcome measures and (iii) its ability to calibrate scores to PHQ-9 and GAD-7. All of these are important considerations for the ultimate uptake and scaled use of the new PROMs and PRO-PMs being developed. The developer should propose the approach they view as the best solution.
2	Could NQF provide additional detail on demographic and social risk factors that should be considered as part of the equity analysis?	The developer should rely on their subject matter expertise to determine aspects of equity relevant to behavioral health that should be considered as part of the analysis. At minimum, the developer should consider age, gender, race, ethnicity, urbanicity/rurality, poverty, social vulnerability, and frailty/disability during the conceptualization of the measure (as described in NQF's Risk Adjustment Technical Guidance Final Report).

Task	Question(s)	Response
4	**Could NQF please confirm that the awardee will be provided with SAS or SAS Viya (or other equivalent) licenses within the provided NQF cloud-based environment free of charge and that the HIT vendor will collect and store test site data for these analyses?**	**The HIT vendor will collect and store the de-identified data in a HIPAA-compliant, cloud-based instance. While the HIT platform can perform basic analytics, we expect the developer to export, and securely store, the de-identified data from the platform and use their preferred analytics software for more advanced modelling. If awardees require a license for this software, this should be incorporated into the proposed budget.**
5	Who is the healthcare IT vendor who will provide the cloud-based data solution for PROM data collection?	We are in the process of contracting with a healthcare IT vendor with a history of success in implementing PROMs in a variety of healthcare settings and integrating PROMs into all the major EHRs. Once the contract is signed, we will update this answer to include the name of the organization.
6	What kind and what number of provider sites are available to collect PROM data and test the measure?	We plan to use 10-30 provider partner sites in a mix of settings, but the final composition has not been determined and will reflect input from the developer.
6	**Can NQF provide any information about behavioral health measures that the provider partner sites are currently collecting?**	**No, the final composition of testing sites has not been determined and will reflect the developer's input. We anticipate test sites will have a range of experience with PROMs and have a variety of EHRs.**
6	**If developers have provider sites that they have existing relationships with and want to include in data collection and measure testing, will this be permitted? If these provider sites have an existing data platform for collecting PRO, will they be permitted to use it for data collection?**	**For this effort, testing will be limited to the Coalition's provider networks. For future work, NQF may consider incorporating additional sites.**

Task	Question(s)	Response
10	Toward the bottom of page 3, NQF states the following: "...The PRO-PM should be built as an electronic clinical quality measure (eCQM) and specified using the most up-to-date Health Quality Measure Format (HQMF). The measure should be specified using both Quality Data Model (QDM) and Fast Healthcare Interoperability Resources (FHIR) standards, to ensure the measure's immediate applicability and continued use as part of the broader transition to digital measures. Should non-standardized data elements prohibit eCQM completion, the developer should submit any necessary data elements to the appropriate organizations (e.g., LOINC). Several questions in this area: 1. Can NQF confirm the intent of this statement is to develop and test two versions of the PRO-PM eCQM as follows--the first version in the current/legacy HL7 standards using the Quality Data Model (QDM) and Clinical Quality Language (CQL); and, the second version in the future state HL7 FHIR standards using CQL and QI-Core? If so, can NQF confirm this will inherently increase the level of effort given two different versions of the HL7 technical specification will need to developed and tested? 2. Given our questions in #1 directly above, and the recent trend to develop digital quality measures (dCQM) more broadly then EHR-based eCQMs--is NQF open to an alternate approach such as a HL7-standards based registry or QCDR technical specification.	NQF is unable to establish a registry, as we do not have the infrastructure to support data collection past the testing period. Development of a measure that leverages registry or QCDR data would be acceptable, so long as this data is accessible to payers and providers and the resulting measure supports ongoing use in performance accountability programs. The resulting measure could also be incorporated into existing registries in the future.

Maternal Hypertension eCQM Questions

Task	Question(s)	Response
N/A	Is there any flexibility in the proposed measure development period?	For the Maternal Hypertension eCQM, the development process should not exceed 12 months.
1	Could NQF provide additional detail on demographic and social risk factors that should be considered as part of the equity analysis?	The developer should rely on their subject matter expertise to determine aspects of equity relevant to maternal health that should be considered as part of the analysis. At minimum, the developer should consider age, gender, race, ethnicity, urbanicity/rurality, poverty, social vulnerability, and frailty/disability during the conceptualization of the measure (as described in NQF's Risk Adjustment Technical Guidance Final Report).
6	What kind and what number of test sites are available?	We plan to use a subset of provider partner sites that represent a mix of settings and EHR systems, but the final composition has not been determined and will reflect the developer's input.

Proposal Submission Requirement Questions

Applicable RFP	Question(s)	Response
Both	"Responses to the RFP must not exceed 10 single spaced pages in length (excluding resumes, appendices, estimated budget, and references)." Can NQF please specify what parts of the response are permitted to be submitted as appendices?	The written workplan, proposed timeline, project management approach, names and credentials of project staff, and brief descriptions of measure development activities should all be included in the main response to the RFP (limit: 10 pages). Resumes for project staff and the detailed business proposal with budget can be included as appendices. Applicants may choose to include supplemental materials such as graphics, more detailed information or previous measure development activities (e.g., papers) as additional appendices.

Applicable RFP	Question(s)	Response
Both	"Responses to the RFP must not exceed 10 single spaced pages in length (excluding resumes, appendices, estimated budget, and references)." Can NQF please specify how many past performance references are needed and if there are any specific requirements that are necessary for each reference?	In this sentence, references refer to citations in your proposal.
Behavioral Health	"Proposed team members should include at least one methodologist or statistician, data analyst, behavioral health expert, and project manager." Does NQF expect each of the above listed team members to be dedicated 100% full time to this contract, or are part-time hours acceptable?	No, NQF does not require each team member to be dedicated 100% to this contract.
Both	"Please include resumes for proposed staff (limit to four pages)." Is the four page limit per resume, or four pages for all resumes combined?	Resumes should be limited to four pages per individual.
Both	Is there a page limit for the Business Proposal?	There is no page limit for the business proposal.
Both	"Applicants should submit a business proposal including an estimated budget for each task." Should the estimated budget for each task be provided in a separate Excel file?	NQF appreciates, but not does not require, offerors to submit budgets in a separate Excel file.

Applicable RFP	Question(s)	Response
Both	"Applicants should submit a business proposal including an estimated budget for each task with justification, including estimated hours by labor category and fees for each task." Should the labor category rates be inclusive of fee or should fee be shown separately?	The labor you provide to us should be inclusive of all indirect costs. You may choose to show a breakdown, but we only require a final cost per category per task.
Behavioral Health	**The timeline on Page 6 of the RFP cites an 18 month timeline, would you like our budget broken out per year (twelve months and a six-month period) or can we propose one 18 month period?**	**The budget and timeline should be broken out by tasks; the overall budget can be presented in one 18-month period and does not need to be broken down by year.**
Behavioral Health	**Should the project budget include payment for the HIT vendor?**	**No, NQF will contract with the HIT vendor separately and will be responsible for payment.**
Behavioral Health	**The RFP notes that NQF will provide 10-30 partner sites for testing. Should developers budget for honoraria for the test sites?**	**No, developers will not need to provide honoraria for the test sites.**
Maternal Hypertension	**Will the NQF consider extending the deadline for proposals to October 13, 2023 to allow time to formalize partnering arrangements with academic institutions?**	**We are able to extend the Maternal Hypertension proposal deadline until October 5th at 5pm ET.**