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# Consensus Standards Approval Committee (CSAC)

## Measure Evaluation Meeting

*June 29, 2021*

*Funded by the Centers for Medicare and Medicaid Services under  
contract HHSM-500-2017-00060I Task Order HHSM-500-T0001.*



## Housekeeping Reminders

- This is a Cisco WebEx meeting with audio and video capabilities
- Please place yourself on mute when you are not speaking
- We encourage you to use the following features
  - ▣ Chat box: to message NQF staff or the group
  - ▣ Raise hand: to be called upon to speak
- Meeting breaks
- Member and public comment opportunities

If you experience technical issues, please send a message to NQF staff through the chat box or email [CSAC@qualityforum.org](mailto:CSAC@qualityforum.org)

## Day 1 Agenda: June 29, 2021

- Welcome at 10:00 am ET
- Introductions, roll call, Disclosures of Interest, test vote
- Discussion and Voting
  - ▣ Behavioral Health and Substance Use
  - ▣ Cost and Efficiency
  - ▣ Geriatrics and Palliative Care
  - ▣ Patient Experience and Function
  - ▣ Renal
- First opportunity for Member and Public Comment (Morning)
- Break
- Discussion and voting
  - ▣ Surgery
  - ▣ Patient Safety
  - ▣ All-Cause Admissions and Readmissions
- Second Opportunity for Member and Public Comment
- Next Steps and Closing Remarks
- Adjourn



## CSAC Members

- Melissa Danforth (Chair)
- John Bulger, DO, MBA (Vice-Chair)
- Dan Culica, MD, MA, PhD
- Dana Cyra, MA
- Lisa Freeman
- Kevin Kavanagh, MD, MS
- Rebecca Kirch, JD
- Laura Pennington
- Leslie Schultz, PhD, MS, RN
- Edward Septimus, MD
- Jeffrey Susman, MD
- Kelly Trautner, JD



## Voting Procedure

- For each topic area, the first vote will ask CSAC members if they would like to vote on all the measures at once or on each measure individually
  - ▣ If any committee member elects to *not* vote on all measures at once, or a member must recuse themselves from voting on a measure, the committee will vote on each measure separately for that topic area
- CSAC members then vote on acceptance of the Standing Committee's recommendation
  - ▣ Accept the Standing Committee's recommendation (i.e., to endorse or not endorse)
  - ▣ Do not accept the Standing Committee's recommendation and return the measure back to the committee for reconsideration



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# Behavioral Health and Substance Use Fall 2020 Review Cycle

## CSAC Review

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HHSM-500-2017-00060I Task Order HHSM-500-T0001.*

# BHSU Standing Committee Recommendations

## 4 measures reviewed for fall 2020

0 measures reviewed by the Scientific Methods Panel

## 3 measures recommended for endorsement

**#0576** Follow-Up After Hospitalization for Mental Illness (National Committee for Quality Assurance) (maintenance)

**#3589** Prescription or Administration of Pharmacotherapy to Treat Opioid Use Disorder (RTI International) (new)

**#3590** Continuity of Care After Receiving Hospital or Residential Substance Use Disorder (SUD) Treatment (RTI International) (new)

## 1 measure not recommended for endorsement

**#3205** Medication Continuation Following Inpatient Psychiatric Discharge (Mathematica/Centers for Medicare & Medicaid Services) (maintenance)

## Overarching Issues on BHSU Measures

### Consistency in Reported Follow-Up Rates

The Standing Committee noted inconsistencies in follow-up times in Behavioral Health and Substance Use measures

Many measures report two rates (e.g., seven- and 14-day follow-up or seven- and 30-day follow-up).

There tends to be evidence to support the seven-day follow-up rate because patients are at the highest risk for undesired outcomes in the period immediately following psychiatric discharge.

However, the exact time frames for defining appropriate follow-up were noted by the Standing Committee to be untested for comparative effectiveness and somewhat arbitrary.





## **BHSU: Public and Member Comment and Member Expressions of Support**

### **4 comments received**

2 comments were in general support of the technical report

1 comment was supportive of the measures recommended for endorsement (#0576, #3589, #3590) as well as the Committee's concerns about #3205

1 comment was supportive of the Committee's concerns over threats to validity for #3205

### **No NQF member expressions of support received**



## Behavioral Health and Substance Use Contact Information

### **NQF Project team:**

Poonam Bal, Director, Quality Innovation

Tamara Funk, Manager, Quality Measurement

Monika Harvey, Project Manager, Quality Measurement

Gus Zimmerman, Coordinator, Quality Measurement

### **Project webpage:**

[https://www.qualityforum.org/Behavioral Health and Substance Use.aspx](https://www.qualityforum.org/Behavioral_Health_and_Substance_Use.aspx)

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# Cost and Efficiency Fall 2020 Review Cycle

## CSAC Review

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HHSM-500-2017-00060I Task Order HHSM-500-T0001*

## Cost and Efficiency (CE) Standing Committee Recommendations

- One measure reviewed for fall 2020
  - ▣ One measure was reviewed by the Scientific Methods Panel (*SMP passed the measure on the Scientific Acceptability criterion*)
- One measure was recommended for endorsement
  - ▣ **NQF #2158** Medicare Spending per Beneficiary (MSPB) Hospital (maintenance) (Acumen, LLC./Centers for Medicare & Medicaid Services (CMS))



## **CE: Public and Member Comment and Member Expressions of Support**

- One comment was received
  - ▣ The comment was not supportive of the measure under review
- No NQF member expressions of support received



## Cost and Efficiency Contact Information

- NQF Project team:
  - ▣ Matthew Pickering, Senior Director
  - ▣ Janaki Panchal, Manager
  - ▣ Yemsrach Kidane, Project Manager
  - ▣ Sean Sullivan, Administrative Assistant
  - ▣ Taroon Amin, Consultant
  
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# Geriatrics & Palliative Care Fall 2020 Review Cycle

## CSAC Review

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## Geriatrics & Palliative Care Standing Committee Recommendations

- Four measure reviewed for Fall 2020
  - ▣ Two measures reviewed and passed by the SMP
- Three measures recommended for endorsement
  - ▣ **#0326** Advance Care Plan (maintenance)
  - ▣ **#1623** Bereaved Family Survey (maintenance)
  - ▣ **#3235** Hospice and Palliative Care Composite Process Measure (maintenance)
- One measure not recommended for endorsement
  - ▣ **#0209** Comfortable Dying: Pain Brought to a Comfortable Level Within 48 hours of Initial Assessment (maintenance)





## GPC: Public and Member Comment and Member Expressions of Support

- Five comments received
  - ▣ Three comments submitted for #0326
    - » Concerns with or questions about measure specifications
    - » Explicit support or non-support of measure not expressed
  - ▣ Two comments submitted for #0209
    - » Measure developer submitted information for the Standing Committee to consider as it relates to performance gap
    - » One comment supported the importance of the measure concept
    - » Explicit support or non-support of measure not expressed



## Geriatrics and Palliative Care Contact Information

- NQF Project team:
  - ▣ Kathryn Goodwin, MS, Director
  - ▣ Erin Buchanan, MPH, Manager
  - ▣ Mike DiVecchia, PMP, Project Manager
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# Patient Experience and Function Fall 2020 Review Cycle

CSAC Review

*June 29, 2021*

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## Patient Experience and Function (PEF) Standing Committee Recommendations

- 2 measures reviewed for fall 2020
  - ▣ One measure (NQF #3594) withdrawn by developer on June 1, 2021
    - » **#3594** Alignment of Person-Centered Service Plan (PCSP) with Functional Assessment Standardized Items (FASI) Needs (new)
  - ▣ Withdrawn in order to update the measure evidence form to address feedback received from the PEF Project's Standing Committee during the fall 2020 measure evaluation meeting
- One measure was recommended for endorsement
  - ▣ **#3593** Identifying Personal Priorities for Functional Assessment Standardized Items (FASI) Needs (new)

## Overarching Issues on PEF Measures

- Representation of Individual Voice in Measurement
  - ▣ During the review of the two measures, the Standing Committee expressed concerns related to the extent to which the voices of individuals receiving HCBS are appropriately captured by the measures. Some Standing Committee members suggested that the measures are not directly capturing the patients' priorities and may be subjecting those priorities to provider interpretation when documented within the service plan. Standing Committee members expressed that ensuring the individuals' priorities are articulated without provider interpretation is a key element to person-centered measurement.



## **PEF: Public and Member Comment and Member Expressions of Support**

- No comments received
- No NQF member expressions of support received



## Patient Experience and Function Contact Information

- NQF Project team:

- ▣ Poonam Bal, MHSA, Director, QI
- ▣ Oroma Igwe, MPH, Manager, QM
- ▣ Yemsrach Kidane, PMP, Project Manager, QM
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# Renal Fall 2020 Review Cycle

## CSAC Review

*June 29, 2021*

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## Renal Standing Committee Recommendations

- 2 measures reviewed for fall 2020
  - ▣ 1 measure reviewed by the Scientific Methods Panel
    - » NQF #3567 Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate (*SMP passed the measure on the Scientific Acceptability*)
- 1 measure recommended for endorsement
  - ▣ **NQF #2701** Avoidance of Utilization of High Ultrafiltration Rate ( $\geq 13$  ml/kg/hour) – (Kidney Care Quality Alliance (KCQA)) (maintenance)
- 1 measures not recommended for endorsement
  - ▣ **NQF #3567** Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate – (University of Michigan Kidney Epidemiology and Cost Center (UMKECC)) (new)



## Overarching Issues on Renal Measures

- Pragmatic Evidence Considerations
  - ▣ The Standing Committee noted that there are instances when evidence-based guidelines for practice suggest a range of appropriate approaches dependent on patient variables. It suggested that the most flexible approach should serve as the basis for measurement because establishing a more inclusive baseline for quality of care does not prohibit providers from taking more conservative approaches. It does, however, establish a minimum standard and encourage providers to ensure that more patients fall within that standard. This was discussed both in the context of ultrafiltration rates as well as the selection of the appropriate route for vascular access.



## Renal: Public and Member Comment and Member Expressions of Support

- Six comments were received
  - ▣ 2 comments were supportive of the measures under review (one each for NQF #2701 and NQF #3567)
  - ▣ 3 comments were not supportive of one of the two measures under review, NQF #3567
  - ▣ 1 general comment stated that the commenters appreciated the opportunity to comment on the measures under endorsement consideration and commend NQF for undertaking this important work
- 2 NQF members expressed support/non-support (total 3 expressions of support/non-support)
  - ▣ 1 NQF member expressed support for NQF #2701
  - ▣ 2 NQF members expressed non-support for NQF #3567



## Renal Contact Information

- NQF Project team:
  - ▣ Shalema Brooks, Director
  - ▣ Janaki Panchal, Manager
  - ▣ Monika Harvey, Project Manager
  - ▣ Sean Sullivan, Administrative Assistant
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# Opportunity for Member and Public Comment

**NQF CSAC Meeting**

**Lunch Break (30 Minutes)**



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# Surgery Fall 2020 Review Cycle

CSAC Review

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# Surgery Standing Committee Recommendations

## Eight measures reviewed for fall 2020

- ▣ Two measures were reviewed by the Scientific Methods Panel (*SMP passed both measures on Scientific Acceptability criterion*)

## One measure recommended for inactive endorsement with reserve status

- ▣ **NQF #0117** Beta Blockade at Discharge (The Society of Thoracic Surgeons (STS)) (maintenance)



# Surgery Standing Committee Recommendations (continued)

## Seven measures recommended for endorsement

- **NQF #0127** Preoperative Beta Blockade (STS) (maintenance)
- **NQF #0134** Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG) (STS) (maintenance)
- **NQF #1550** Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) (Yale Center for Outcomes Research & Evaluation (CORE)/Centers for Medicare & Medicaid Services (CMS)) (maintenance)
- **NQF #1551** Hospital-Level 30-Day Risk-Standardized Readmission Rate (RSRR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) (Yale CORE)/CMS) (maintenance)
- **NQF #3030** STS Individual Surgeon Composite Measure for Adult Cardiac Surgery (STS) (maintenance)
- **NQF #3031** STS Mitral Valve Repair/Replacement (MVRR) Composite Score (STS) (maintenance)
- **NQF #3032** STS Mitral Valve Repair/Replacement (MVRR) + Coronary Artery Bypass Graft (CABG) Composite Score (STS) (maintenance)



## Surgery: Public and Member Comment and Member Expressions of Support

### Five comments received

*Two comments were supportive of the measures under review (one each for NQF #0117 and NQF #0134). Two comments were not supportive of the measures under review (one each for NQF #1550 and NQF #1551). One comment was a correction of a typographical error and was neutral.*

No NQF members provided their expressions of support or non-support.



## Surgery Contact Information

### NQF Project team:

- Amy Moyer, Senior Director
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  - Karri Albanese, Analyst
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- 
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# Patient Safety Fall 2020 Review Cycle

## CSAC Review

*June 29, 2021*

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## Patient Safety Standing Committee Recommendations

- Six measures reviewed for fall 2020
  - ▣ Three measures reviewed and passed by the Scientific Methods Panel
- Five measures recommended for endorsement:
  - ▣ **#0468 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization** (Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (Yale CORE)) (maintenance)
  - ▣ **#0531 Patient Safety Indicator (PSI) 90: Patient Safety and Adverse Events Composite** (IMPAQ International) (maintenance)
  - ▣ **#1893 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization** (Yale CORE) (maintenance)
  - ▣ **#2993 Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)** (National Committee for Quality Assurance (NCQA)) (maintenance)
  - ▣ **#0022 Use of High-Risk Medications in Older Adults (DAE)** (NCQA) (maintenance)

## Patient Safety: Standing Committee Recommendations (continued)

- One measure received a consensus not reached:
  - ▣ **#0097 Medication Reconciliation Post-Discharge (National Committee for Quality Assurance (NCQA) (maintenance)\***

\*An error in the validity vote (a must-pass criterion) was determined prior to CSAC review, in which the measure was stated as “passing on validity”, when in fact, the vote score is Consensus Not Reached. The vote tally is as follows: **Total Votes-23; High-0; Moderate-13; Low-8; Insufficient-2 (57% passing votes).**

The criterion should have been re-voted during the post-comment meeting, but the voting error was not discovered at that time. Once discovered, it was not possible to reconvene the Standing Committee prior to CSAC.

The Patient Safety Team and co-chairs recommend that the measure retain endorsement until the Standing Committee revote on validity and the overall suitability for endorsement during the Fall 2021 cycle.

## Overarching Issues for Patient Safety

### ■ Importance of Linking Process to Outcomes

- The Standing Committee expressed concerns that a process that does not have good evidence to support a linkage to improved outcomes, specifically “checkbox” measures that are now facilitated by electronic health records (EHRs), should be scrutinized carefully. In the future, measures of outcomes may be more appropriate.

### ■ Appropriate Risk Adjustment

- Measures that use covariates to adjust measure scores should use confounding variables to ensure that accountable entities are compared appropriately. Specific examples that were mentioned include adjusting for transfers for patients admitted to the hospital from skilled nursing facilities or other long-term care facilities and risk-adjusting for social risk factors.
- The Standing Committee recognizes that there are limitations in the data that are available to effectively adjust for social risk factors and will continue to evaluate measures and more approaches to adjusting for social risk factors as they become available.

## Patient Safety: Public and Member Comment and Member Expressions of Support

- 15 comments received
  - ▣ Eight in support of measures under review (NQF# 0022, NQF #2993, NQF #0097\*)
  - ▣ Three not supportive due to concerns around reliability thresholds and intraclass correlation coefficients at the minimum sample size (NQF #0468, NQF #1893)
  - ▣ Three not supportive due to concerns around the lack of inclusion of social risk factors (NQF #0468, NQF #1893)
  - ▣ One not supportive due to concerns about post surgical hip fracture being the only representative measure used for falls with injury (NQF #0531)

\*Due to the CNR on validity, the Patient Safety Team and co-chairs recommend that the measure retain endorsement until the Standing Committee revotes on validity and the overall suitability for endorsement during the Fall 2021 cycle.



## Patient Safety: Public and Member Comment and Member Expressions of Support (continued)

- Four NQF member expressions of support received:
  - ▣ One member expressed support of NQF #2993
  - ▣ Two members expressed support of NQF #0022 and NQF #0097\*
  - ▣ One member expressed non-support of NQF #0468
  - ▣ One member expressed non-support of NQF #1893
  - ▣ Two members expressed non-support of NQF #0531

\*Due to the CNR on validity, the Patient Safety Team and co-chairs recommend that the measure retains endorsement until the Standing Committee revotes on validity and the overall suitability for endorsement during the Fall 2021 cycle.



## Patient Safety Contact Information

- NQF Project team:
  - ▣ Matthew Pickering, Director
  - ▣ Shalema Brooks, Director
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# All-Cause Admissions and Readmissions Fall 2020 Review Cycle

## CSAC Review

*June 29, 2021*

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## Readmissions: Standing Committee Recommendations

- Seven measures reviewed for fall 2020
  - ▣ All seven measures reviewed by the Scientific Methods Panel and passed
  - ▣ All seven measures recommended for endorsement:
    - » 2888 ACO Risk-Standardized Acute Hospital Admission Rate for Patients with Multiple Chronic Conditions (Yale CORE/CMS) (maintenance)
    - » 3597 Clinician-Group Risk-Standardized Acute Hospital Admission Rate for Patients with Multiple Chronic Conditions under MIPS (Yale CORE/CMS) (new)
    - » 0330 Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) following Heart Failure (HF) Hospitalization (Yale CORE/CMS) (maintenance)
    - » 0505 Hospital 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) following Acute Myocardial Infarction (AMI) Hospitalization (Yale CORE/CMS) (maintenance)
    - » 0506 Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) following Pneumonia Hospitalization (Yale CORE/CMS) (maintenance)
    - » 1891 Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate following Chronic Obstructive Pulmonary Disease (COPD) (Yale CORE/ CMS) (maintenance)
    - » 2515 Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate (RSRR) following Coronary Artery Bypass Graft (CABG) Surgery (Yale CORE/CMS)(maintenance)

## Readmissions Overarching Issues

- **Ongoing impact of COVID-19 on healthcare utilization**
  - ▣ Emphasis on older adults with multiple chronic conditions that have a higher risk of contracting COVID-19 and of suffering from complications
  - ▣ The Standing Committee discussed the increase of unplanned hospital admissions and readmissions for high-risk patients due to COVID-19 and acknowledged its impact on quality measure rates for several measures.
  - ▣ May require decisions on whether to risk adjust for or possibly exclude these patients from the measure
- **Reliability Thresholds and Variations by Case Volume**
  - ▣ The Standing Committee has recognized the challenge of achieving consensus on acceptable thresholds for measure score reliability statistics.
  - ▣ Increasing the case volume would result in a drop in the number of facilities that would be included in the measures.
  - ▣ The Standing Committee acknowledged this tradeoff, and that for meaningful measures that assess important serious outcomes, such as mortality or surgical procedures, it might be reasonable to accept a slightly lower reliability in order to capture more low-volume providers.

## Readmissions Overarching Issues *(continued)*

### ■ Opportunity for Improvement

- ▣ The Standing Committee discussed whether several measures have plateaued due to the limited change in measures' rates over time.
- ▣ The Standing Committee acknowledged that there remains a substantial number of hospitals that have room to improve, and there continues to be evidence to support the ability for hospitals to improve.

### ■ Social Risk Adjustment

- ▣ The developer tested for certain social risk factors (SRFs) for the risk adjustment model, namely the Agency for Healthcare Research & Quality (AHRQ) Socioeconomic Status (SES) Index and dual eligibility. However, some of the measures under review did not include these SRFs in the final model.
- ▣ The Standing Committee recognized the need to ensure that providers serving people with SRFs are not penalized unfairly by a lack of social risk adjustment. To that regard, CMS commented that it does not adjust for SRFs like dual eligibility at the measure-level.



## Readmissions: Public and Member Comment and Member Expressions of Support

- 15 comments received from two commenters, expressing concerns for all seven measures related to:
  - ▣ Minimum reliability thresholds
  - ▣ Lack of social risk factors within risk adjustment model
  - ▣ Opportunity for improvement (except for NQF #3597)
  - ▣ Attribution (for NQF #3597 only)
- One NQF member provided expressions of support and non-support for six measures under review
  - ▣ Three measures under review received support from one NQF member
    - » 0506 Hospital 30-day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization
    - » 2515 Hospital 30-day, All-cause, Unplanned, Risk-Standardized Readmission Rate (RSRR) following Coronary Artery Bypass Graft (CABG) Surgery
    - » 2888 Accountable Care Organization Risk-Standardized Acute Hospital Admission Rate for Patients with Multiple Chronic Conditions



## Readmissions: Public and Member Comment and Member Expressions of Support *(continued)*

- ▣ Three measures under review did not receive support from one NQF member
  - » 0330 Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following heart failure (HF) hospitalization
  - » 0505 Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization
  - » 3597 Clinician-Group Risk-Standardized A cute Hospital Admission Rate for Patients with Multiple Chronic Conditions under the Merit-based Incentive Payment System





## Readmissions Contact Information

- NQF Project team:
  - ▣ Matt Pickering, Senior Director
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# **Opportunity for Member and Public Comment.**



## Timeline and Next Steps

Process Step	Timeline
CSAC Endorsement Meeting	June 29-30, 2021
Appeals Period	July 7 – August 5, 2021



## Project Information

- NQF CSAC Team
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  - ▣ Caitlin Flouton, MS, Senior Analyst
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# THANK YOU.

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