

Consensus Standards Approval Committee (CSAC)

Spring 2022 Measure Evaluation Meeting

December 9, 2022 Funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001

Welcome



Welcome to Today's Meeting!

- Housekeeping reminders:
 - The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
 - Please raise your hand and unmute yourself when called on
 - Please lower your hand and mute yourself following your question/comment
 - Please state your first and last name if you are a Call-In-User
 - We encourage you to keep your video on throughout the event
 - Feel free to use the chat feature to communicate with NQF staff

If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at csac@qualityforum.org



Using the Zoom Platform





Using the Zoom Platform (Phone View)



 Click the lower part of your screen to mute/unmute, start or pause video

2 Click on the participant button to view the full participant list

3 Click on "more" button to (3A) view the chat box, (3B) show closed captions, or to (3C) raise your hand. To raise your hand, select the raised hand function under the reactions tab





Voting Via Desktop or Laptop Computer (Poll Everywhere)

- Click on the voting link that was emailed to you. You will see a wait message until voting begins.
- When voting opens, you will see the screen below. Enter your first and last name, then click "Continue" to access voting from the options that will appear on the screen.



Please alert an NQF staff member if you are having difficulty with our electronic voting system.



Agenda

- Welcome and Review of Meeting Objectives
- Roll Call and Disclosures of Interest
- CSAC Measure Review Procedure and Test Vote
- Review of spring 2022 Portfolio Overarching Issues
- Consideration of Candidate Consent Calendar Measures
- Lunch Break
- Discussion and Voting of Candidate Non-consent Calendar Measures
 - Geriatrics and Palliative Care
 - Behavioral Health and Substance Use
 - Renal
 - Perinatal and Women's Health
- Public and NQF Member Comment
- Next Steps
- Adjourn

Roll Call and Disclosures of Interest



NQF CSAC Team

- Elizabeth Drye, MD, SM, Chief Scientific Officer
- Tricia Elliott, DHA, MBA, CPHQ, FNAHQ, Senior Managing Director
- Matthew Pickering, PharmD, Senior Director
- Mike DiVecchia, MBA, PMP, Director
- Beth Flashner, MHA, Manager
- Mary McCutcheon, MPP, Analyst
- Kim Patterson, Executive Assistant



CSAC Members

- Melissa Danforth (Chair)
- John Bulger, DO, MBA (Vice-Chair)
- Ramsey Abdallah, MBA, CPHQ, PMP
- Elizabeth (Lisa) Albers, MD
- Dan Culica, MD, MA, PhD
- Dana Cyra, MA, CPHQ
- Karen Johnson, PhD
- Kevin Kavanagh, MD, MS, FACS

- Rebecca Kirch, JD
- Gerri Lamb, PhD, RN, FAAN
- R. Sean Morrison, MD*
- Kelly Nedrow, JD
- Laura Pennington
- Edward Septimus, MD
- Jeffrey Susman, MD
- Adam Thompson, BA

**inactive member for spring 2022 cycle*

CSAC Measure Review Procedure and Test Vote



CSAC Procedures

- CSAC will use a consent calendar for the CSAC to review and approve the Standing Committee's endorsement recommendations for a batch of measures
- The measures within the consent calendar must meet a set of key consideration criteria
- CSAC members can pull a measure from the consent calendar prior to the CSAC meeting
- For the measures that remain on the consent calendar (i.e., were not pulled by the CSAC in advance of the meeting), the Standing Committee's endorsement recommendations are upheld by the CSAC for these measures and will not be discussed during the CSAC meeting
- For the measure(s) requiring discussion, the CSAC will follow its current process (noted under the "Current Approach" column)



CSAC Procedures: Consent Calendar

Prior to the CSAC meeting:

- Prior to the CSAC meeting, NQF staff sends the meeting materials to the CSAC for review and consideration of the consent calendar
- The CSAC may submit a request to pull a measure from the consent calendar, along with a clear and compelling rationale that is based on the key considerations criteria (page 4 of CSAC Discussion Guide)
 - The request is submitted to NQF staff and to the CSAC chair and vice-chair
 - If a measure is pulled for discussion, NQF staff will notify the measure developer/steward and the respective Standing Committee co-chairs
 - The CSAC member who requested to pull the measure will serve as the lead discussant of the measure during the CSAC meeting
- If a measure is pulled for discussion, along with a sufficient rationale (i.e., based on key consideration criteria), NQF staff will update the meeting materials to reflect any changes and resend the materials to the CSAC prior to the CSAC meeting



CSAC Procedures: Consent Calendar – continued 1

Measures not discussed must *meet all of* the following key considerations criteria:

- 1. Received 80 percent or greater passing votes for overall suitability for endorsement
- 2. No process concern(s) identified that may have affected the endorsement decision of a measure
- 3. No reconsideration request was received for either the Standing Committee's or the CSAC's adjudication
- 4. The Standing Committee accepted the Scientific Methods Panel's (SMP) ratings (i.e., did not overturn the SMP's decision), if applicable.
- 5. No new information was received through public comment that was not available or discussed during the Standing Committee's measure evaluation meeting that is conflicting to the Standing Committee's recommendation(s)
- 6. The measure was not pulled for discussion by a CSAC member
- 7. No additional concerns were identified that require CSAC discussion (*Note: These concerns should reside within the purview of the CSAC, based on the CSAC decision-making rationale*)



CSAC Procedures: Consent Calendar – continued 2

During the CSAC meeting:

- 1. For the measure evaluation discussions, NQF project staff will first provide an overview of the measures within the consent calendar, noting any measures that were pulled for discussion prior to the meeting
- 2. For the measures that remained on the consent calendar (i.e., were not pulled by the CSAC in advance of the meeting), the Standing Committee's endorsement recommendations are upheld by the CSAC for these measures, and they will not be discussed during the CSAC meeting
- 3. The CSAC chair or vice-chair then opens the floor public comment related to the measures on the consent calendar



CSAC Voting Procedures: Non-consent Calendar Measures

During the CSAC meeting:

- 4. After public comment of the consent calendar, the CSAC proceeds to review and vote on the measures that require discussion, as they do not meet all of the key considerations criteria
 - For these measures, the respective NQF team and Standing Committee co-chairs present the Standing Committee's deliberations and recommendations for each measure
 - The CSAC has an opportunity to ask clarifying questions and then moves to vote on each measure separately
- 5. CSAC members then vote on the acceptance of the Standing Committee's recommendation(s)
 - 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 to the Committee for reconsideration
 - Votes need greater then 60% to pass



Process for Measures Returned to the Standing Committee

When CSAC votes to return a measure to a Standing Committee for reconsideration due to concerns with any or all the decision-making criteria

- CSAC Chairs will summarize the rationale for this decision and the issues to be addressed
- NQF staff inform measure developers and CDP team(s) of the decision and next steps
- The measure is reviewed again by the Standing Committee in the next cycle, focusing on items identified by the CSAC
- The Standing Committee will discuss and re-vote on the respective criteria, and in some cases, the overall endorsement recommendation
- The measure continues through the remaining CDP steps as usual



Reconsideration Requests

- For the spring 2022 cycle, the CSAC received a reconsideration request for NQF #3687e ePC-07 Severe Obstetric Complications Measure
- Reconsideration requests can only be filed for measures that are not recommended for endorsement by the Standing Committee
- Reconsideration requests can be submitted to the Standing Committee during the public comment period following the Committee measure evaluation meeting for consideration by the Committee during the post comment call
- Measures are eligible for CSAC Reconsideration when they remain not recommended for endorsement following the post-comment meeting or when post-comment meeting Standing Committee votes result in a measure not recommended for endorsement
- Reconsideration requests can be submitted to the CSAC for measures up to 14 days before the CSAC meeting



CSAC Reconsideration Process

When CSAC receives a reconsideration request for a measure:

- Staff prepare a summary of the reconsideration request, including the issues raised from the Standing Committee's evaluation of the measure, and a statement from the Standing Committee Co-chairs
- Reconsideration requests are first considered by the CSAC chair and vice chair who can:
 - Uphold the Standing Committee final recommendation if the process was followed
 - Ask for input from the CSAC, particularly if CSAC chairs think there is merit to the assertion of not following the CDP
 - Request additional expert input
 - Determine whether a breach in the CDP occurred that may have adversely affected the outcome of the specific measure
- If the CSAC co-chairs determine that a breach in the CDP occurred that may have adversely affected the outcome of the specific measure, then the entire CSAC will evaluate the circumstances and determine a course of action on a case-by-case basis

Test Vote

Spring 2022 Portfolio Overarching Issues



Overarching Issues: Behavioral Health and Substance Use

Lack of Telehealth in Behavioral Health Measures

- The Standing Committee raised concerns regarding the lack of telehealth services included in the specifications of NQF #3312 Continuity of Care After Medically Managed Withdrawal from Alcohol and/or Drugs and of NQF #3313 Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication.
- The Standing Committee expressed concerns about whether the measures took telephonic or telemedicine follow-up into account, given the increase of these services during the COVID-19 pandemic.
- The developer clarified that the data provided are pre-pandemic data, and they plan to track Medicaid telemedicine claims as a feature of the measure in the future; however, telemedicine codes are not currently included in the measures.
- The Standing Committee asked NQF whether there was a precedent that new information or updated data could trigger an early review of a measure. NQF staff clarified the situations in which an endorsed measure might be reviewed earlier than scheduled but emphasized that the Standing Committee must review the measure now as currently submitted.



Overarching Issues: Cost and Efficiency

Linking Cost and Quality Measures

- The Standing Committee guestioned whether the developer was able to demonstrate that the hospitals being measured could demonstrate improvements in costs while ensuring similar or higher levels of quality.
- Some Standing Committee members expressed concern with the unintended consequence of performing well on cost measures at the expense of lower quality performance. While the developer did report that they performed some analysis in response to this question, it is not currently requested or required as part of the NQF submission process.

Social Risk Adjustment

- While some of the measures included in this cycle tested for social risk factors (SRFs) for the measure's risk adjustment model, namely dual eligibility, some of the measures under review did not include these SRFs in the final model. The Standing Committee wanted to ensure that providers who serve people with SRFs are not penalized unfairly due to a lack of social risk adjustment.
- The impact of SRFs on cost and resource measures is unique because these factors may ultimately increase overall costs through poor transitions and hand-offs or potentially lower resource use due to access-to-care challenges. Each cost measure should be examined case by case to understand the role of patient SRFs in the measure.
- NQF staff is currently developing technical guidance for social and/or functional status-related risk adjustment within quality measurement. This guidance will be implemented after 2022, therefore, the Standing Committee must review the measures under NQF's current measure evaluation criteria.



Overarching Issues: Standing Committee Attendance Challenges

- During the spring 2022 cycle, several Standing Committees experienced attendance challenges
 - 66% of active Committee members need to be present to vote
 - 50% of active Committee members need to be present to conduct the meeting
- If Standing Committee members cannot actively participate in the measure evaluation process and quorum cannot be reached, offline voting occurs if at least 50% of active Committee members were present during the meeting
- If NQF is unable to host a meeting due to less than 50% Committee-member attendance, then NQF works to reconvene the Standing Committee for a subsequent meeting
- Attendance challenges can cause delays in gaining consensus on measure endorsement decisions, which may lead to measures being moved to off-cycle CSAC review
- NQF employed strategies to mitigate attendance challenges, such as scheduling back-up meetings, implementing a new inactive member policy, and conducting increased Committee outreach. NQF continues to seek new strategies for mitigating these risks (e.g., having standing meeting dates that are consistent every cycle)

Consent Calendar: Measures Not for Discussion



Spring 2022 Measures Under Review

Measure Summary	Number of Measures	New and Maintenance
Total for spring 2022 cycle	41	 18 New 23 Maintenance
Consent calendar measures	27	12 New15 Maintenance
Non-consent calendar measures	14	 6 New 8 Maintenance
Measures pulled for discussion prior to CSAC meeting	0	 0 New 0 Maintenance

Screenshare Consent Calendar Table in the Discussion Guide

Lunch Break CSAC Reconvenes at 12:30 PM ET

Standing Committee Summaries: *Non-consent Calendar Measures*



Standing Committee Summaries: Geriatrics and Palliative Care Non-consent Calendar Measures

Measure Recommended for Endorsement:

- NQF #1641 Hospice and Palliative Care Treatment Preferences (University of North Carolina Chapel Hill) (Maintenance)
 - Overall Suitability for Endorsement: Y-11; N-3 (denominator = 14) (78.5% pass)

Key Considerations Criteria Not Met:

• The measure did not receive 80 percent or greater passing votes for overall suitability for endorsement.



Standing Committee Summaries: Behavioral Health and Substance Use Non-consent Calendar Measures

Measures Recommended for Endorsement:

- NQF #0710e Depression Remission at Twelve Months (MN Community Measurement) [Maintenance]
 - Overall Suitability for Endorsement: Y-14; N-1 (denominator =15) (93.3% pass)
- NQF #0711 Depression Remission at Six Months (MN Community Measurement) [Maintenance]
 - Overall Suitability for Endorsement: Y-14; N-1 (denominator =15) (93.3% pass)
- NQF #1884 Depression Response at Six Months Progress Towards Remission (MN Community Measurement) [Maintenance]
 - Overall Suitability for Endorsement: Y-13; N-1 (denominator = 14) (92.9% pass)
- NQF #3312 Continuity of Care After Medically Managed Withdrawal from Alcohol and/or Drugs (Centers for Medicare & Medicaid Services [CMS]/The Lewin Group) (Maintenance)
 - Overall Suitability for Endorsement: Y-11; N-6 (denominator = 17) (64.7% pass)

Key Considerations Criteria Not Met:

- The measure did not receive 80 percent or greater passing votes for overall suitability for endorsement. (NQF #3312)
- Three measures are assigned for CSAC discussion because the BHSU post comment call and voting was held on December 2, which was after CSAC offline review of the consent calendar. (NQF #0710e, NQF #0711; NQF #1884) 31



Standing Committee Summaries: Behavioral Health and Substance Use Continued *Non-consent Calendar Measures*

Measures **Not** Recommended for Endorsement:

- NQF #0712 Depression Assessment with PHQ-9/ PHQ-9M (MN Community Measurement) [Maintenance]
 - Evidence: H-1; M-7; L-6; I-1 (denominator =15) (53.3% passing)
- NQF #1885 Depression Response at Twelve Months Progress Towards Remission (MN Community Measurement) [Maintenance]
 - Overall Suitability for Endorsement: Y-8; N-6 (denominator =14) (57.1% passing)
- NQF #3313 Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication (CMS/Lewin Group) [Maintenance]
 - Validity: H-0; M-1; L-12; I-2 (denominator = 15) (6.7% passing)
- Key Considerations Criteria Not Met:
 - Three measures are assigned for CSAC discussion because they are not recommended for endorsement and the BHSU
 post comment call and voting was held on December 2, which was after CSAC offline review of the consent calendar.
 (NQF #0712, NQF #1885; NQF #3313)



Standing Committee Summaries: Renal Non-consent Calendar Measures

Measure Recommended for Endorsement:

- NQF #3695 Percentage of Prevalent Patients Waitlisted (PPPW) (University of Michigan Kidney and Epidemiology Cost Center [UM-KECC]/CMS) (New)
 - Overall Suitability for Endorsement: Y-13; N-5 (denominator = 18) (72.2% pass)

Key Considerations Criteria Not Met:

• The measure did not receive 80 percent or greater passing votes for overall suitability for endorsement.



Standing Committee Summaries: Renal Continued

Non-consent Calendar Measures

Measures **Not** Recommended for Endorsement:

- NQF #3659 Standardized Fistula Rate for Incident Patients (UM-KECC/CMS) (New)
 - Performance Gap: H-0; M-6; L-10; I-0 (denominator = 16) (37.% not passed)
- NQF #3689 First Year Standardized Waitlist Ratio (FYSWR) (UM-KECC/CMS) (New)
 - Validity: H-0; M-6; L-10; I-2 (denominator =18) (33.3% not passed)
- NQF #3694 Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW) (UM-KECC/CMS) (New)
 - Validity: H-7; M-0; L-9; I-2 (denominator = 18) (38.8% not passed)
- NQF #3696 Standardized Modality Switch Ratio for Incident Dialysis Patients (SMoSR) (UM-KECC/CMS) (New)
 - Validity: H-0; M-7; L-12; I-0 (denominator = 19) (36.8% not passed)
- Key Considerations Criteria Not Met:
 - The measure did not receive 80 percent or greater passing votes for overall suitability for endorsement. (NQF #3659, NQF #3689, NQF #3694, NQF #3696)
 - The Standing Committee received reconsideration requests. (NQF #3694, NQF #3696)
 - The Standing Committee overturned the Scientific Methods Panel's ratings. (NQF #3689, NQF #3696)



Standing Committee Summaries: Perinatal and Women's Health *Non-consent Calendar Measures*

Measure **Not** Recommended for Endorsement:

- NQF #3687e ePC-07 Severe Obstetric Complications Measure (Joint Commission) (New)
 - Validity H-1; M-8; L-6; I-3 (denominator = 18) (50% not passed)

Key Considerations Criteria Not Met:

- The measure did not receive 80 percent or greater passing votes for overall suitability for endorsement, as the Standing Committee did not pass the measure on validity.
- Process concern(s) were identified that may have affected the endorsement decision of a measure.
- The Standing Committee overturned the Scientific Methods Panel's ratings.



Reconsideration Request for NQF #3687e Severe Obstetrics Complications

The Joint Commission, Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (CORE), and CMS submitted a reconsideration request to the CSAC for **NQF #3687e ePC-07 Severe Obstetric Complications (SOC)**, citing two areas of concern related to the review of the measure:

- 1. The Reconsideration Request letter states that NQF's Measure Evaluation Criteria were not applied appropriately as NQF 3687e met NQF's criteria for validity
 - According to information shared by NQF, the Perinatal and Women's Health Standing Committee's re-vote on validity was based in part on the lack of empiric measure score validity, which is not required for new measures
 - Standing Committee members inaccurately generalized data element validity results from the literature, rather than use the actual validity testing results submitted for the SOC eCQM during the NQF process
 - According to information shared by NQF, Standing Committee members' re-vote was also based on an error regarding the measure's positive predictive value (PPV) validity testing results, which was introduced and then propagated by the Committee and NQF staff.



Reconsideration Request for NQF #3687e Severe Obstetrics Complications – *continued* 1

- 2. NQF's own Consensus Development Process (CDP) was not followed as NQF and the Standing Committee did not follow the public comment process:
 - The Perinatal and Women's Health Standing Committee reopened the vote for NQF 3687e at the
 post-comment meeting in violation of NQF's process, which states that the Standing Committee will
 not re-vote on the measures unless the decision to reconsider is based on submitted comments or a
 formal reconsideration request from the measure developer.
 - The Measure Developer Guidebook for Submitting Measures to NQF Version 6.5 states on page 19 that during the post-comment web meeting, the Standing Committee will review relevant submitted comments (and developer responses when applicable). The discussion during the post-comment meeting focused on a Committee member's concern that was not submitted as a comment.



CSAC Vote Process for the Reconsideration of NQF #3687e ePC-07 Severe Obstetric Complications

CSAC Vote on Request for Reconsideration

- Yes, this measure should be returned to the Standing Committee for reconsideration
- No, this measure should move forward to vote on the Standing Committee's recommendation

Outcomes of Reconsideration Vote Options Explained:

- If greater than 60% of the CSAC members vote yes, the Reconsideration Request is granted, and the measure will be sent back to the Standing Committee for reconsideration
- If 60% or less of CSAC vote yes, the reconsideration request is not granted, and the CSAC will vote on the Standing Committee's endorsement recommendation
- CSAC will vote on acceptance of the Standing Committee's recommendation if the reconsideration request is not accepted.
 - Uphold the Standing Committee's recommendation to NOT endorse the measure
 - Do not uphold the recommendation; instead, return it to the Standing Committee for reconsideration

Public and NQF Member Comment

Next Steps



CSAC Next Steps

- NQF will post the CSAC Endorsement Decisions to the <u>CSAC Webpage</u> by December 16, 2022.
- NQF will post a Meeting Summary to the <u>CSAC webpage</u> by January 10, 2023.
- NQF Members and the members of the public can file appeals for CSAC endorsed spring 2022 measures between December 14, 2022, and January 13, 2023.
- Spring 2022 CDP Final Technical Reports will be posted to the respective project pages on the NQF website in March 2023.



Thank you, Laura Pennington!

- Active CSAC member since 2021
 - Purchaser Council
- We are grateful for Laura's expertise and contributions to this important work
- On behalf of the entire team at NQF, thank you!



Thank you, Melissa (Missy) Danforth!

- Active CSAC member since 2016
 - Purchaser Council
 - Vice chair of the Committee in 2020
 - Chair of the Committee in 2021 and 2022
- We are grateful for Missy's leadership, expertise, and contributions to this important work especially during the Coronavirus Disease 2019 (COVID-19) pandemic
- Missy has agreed to stay on CSAC as a member for 2023
- On behalf of the entire team at NQF, thank you!



2023 CSAC Leadership

John Bulger, DO, MBA

- CSAC member since 2018
- Vice chair for 2021 & 2022
- Will serve as chair in 2023

Edward Septimus, MD

- CSAC member since 2017
- Will serve as vice chair in 2023



CSAC Contact Information

Project Webpage:

https://www.qualityforum.org/About NQF/CSAC/Consensus Standards Approval Committ ee.aspx

Project Email Address: <u>CSAC@qualityforum.org</u>

THANK YOU.

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