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Meeting Summary

Consensus Standards Approval Committee – Measure Evaluation Web Meeting, June 2021

The National Quality Forum (NQF) convened the Consensus Standards Approval Committee (CSAC) for a web meeting on June 29–30, 2021, to evaluate fall 2020 review cycle measures. After the two-day meeting concluded, the CSAC endorsed 38 measures, did not endorse four measures, returned one measure to the Standing Committee for reconsideration, and deferred one measure to a vote pending more discussion on NQF's reserve status designation.

Welcome, Introductions, and Review of Web Meeting Objectives

Elisa Munthali, NQF consultant, welcomed the participants to the web meeting for the fall 2020 review cycle. Elizabeth Flashner, NQF manager, provided housekeeping reminders. Chris Queram, NQF interim president and CEO; Missy Danforth, CSAC chair; and John Bulger, CSAC vice-chair, each gave opening remarks. Ms. Munthali reviewed the agenda and explained that the objectives for the meeting are to have the CSAC review and vote on the endorsement of 44 measures based on the recommendations of 13 Consensus Development Process (CDP) Standing Committees. A test vote was conducted, and the meeting was turned over to Ms. Danforth for an open discussion and vote on the Standing Committees' endorsement recommendations.

All-Cause Admissions and Readmissions

Dr. Matt Pickering, NQF senior director, summarized the All-Cause Admissions and Readmissions fall 2020 review cycle. The Standing Committee reviewed six maintenance measures and one new measure for endorsement. The Standing Committee recommended all seven measures for endorsement.

Recommended for Endorsement:

- NQF #2888 ACO Risk-Standardized Acute Hospital Admission Rate for Patients With Multiple Chronic Conditions (Yale Center for Outcomes Research & Evaluation [CORE]/Centers for Medicare & Medicaid Services [CMS]) (maintenance)
- NQF #3597 Clinician Group Risk-Standardized Acute Hospital Admission Rate for Patients With Multiple Chronic Conditions Under MIPS (Yale CORE/CMS) (new)
- NQF #0330 Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization (Yale CORE/CMS) (maintenance)
- NQF #0505 Hospital 30-Day, All-Cause Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization (Yale CORE/CMS) (maintenance)
- NQF #0506 Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization (Yale CORE/CMS) (maintenance)
- NQF #1891 Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate Following Chronic Obstructive Pulmonary Disease (COPD) (Yale CORE/CMS) (maintenance)
- NQF #2515 Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate (RSRR) Following Coronary Artery Bypass Graft Surgery (Yale CORE/CMS) maintenance)

Dr. Pickering provided an overview of the measures and the All-Cause Admissions and Readmissions Standing Committee's discussions. The Scientific Methods Panel (SMP) reviewed the measures and passed them on both reliability and validity. The Standing Committee conducted a thorough review of the measures with no process issues and recommended the measures for endorsement. Dr. Pickering also noted that there were several overarching issues, which the Standing Committee considered during the fall 2020 review cycle. The Standing Committee noted that due to coronavirus 2019 (COVID-19), there have been increases in unplanned hospital admissions and readmissions for the high-risk patients addressed in the measures, specifically for NQF #0506 and NQF #1891. The Standing Committee acknowledged that these increases will have an impact on the quality measure rates for several of the measures, which will further require decisions on whether to risk-adjust for or possibly exclude these patients from the measure. For several of the measures reviewed in this cycle, the Standing Committee raised concern that the reliability statistics for facilities with small case volumes may not be sufficient for the measure to be considered reliable. The Standing Committee also acknowledged that there is a trade-off between the increase in a measure's case volume and the decrease in the number of facilities that would be included in the measure. Yet for meaningful measures that assess important serious outcomes, such as mortality or surgical procedure, the Standing Committee agreed that it might be reasonable to accept a slightly lower reliability score to capture more low-volume providers. The Standing Committee also discussed whether several measures have plateaued due to the limited change in measures' rates over time. The Standing Committee acknowledged that a substantial number of hospitals remain that have room to improve, and evidence continues to exist to support the ability of hospitals to improve. The Standing Committee also recognized that the Centers for Medicare & Medicaid Services (CMS) is increasingly incentivizing improvements in readmission rates in other settings and across sectors to promote care coordination with those community services. Lastly, the Standing Committee recognized that resource use measurement is influenced by the care received in a healthcare setting as well as patient, clinical, and social risk factors (e.g., age, race, ethnicity, gender, social relationships, and residential and community context). The Standing Committee recognized the need to ensure that providers serving people with social risk factors (SRFs) are not penalized unfairly by a lack of social risk adjustment. During the measure evaluation meeting, CMS commented that it does not adjust for SRFs, such as dual eligibility, at the measure level. Rather, for the Hospital Readmissions Reduction Program (HRRP), in which most of the measures are currently used, the program stratifies its payment calculations in accordance with statutory guidance based on dual eligibility. CMS further added that it would take congressional action to override this policy.

After the measure evaluation meeting concluded, 15 comments were received, all of which expressed concerns for all seven measures related to minimum reliability thresholds, lack of SRFs within the risk adjustment model, the opportunity for improvement (except for NQF #3597), and the attribution model for NQF #3597. The Standing Committee reconvened for a post-comment meeting and discussed the commenters' concerns. The Standing Committee agreed that it had previously considered these issues with the specifications and the scientific acceptability of the measure, including the reliability thresholds and the adequacy of the risk model. The Standing Committee discussed these aspects of the measures during the measure evaluation meetings and ultimately recommended the measures for endorsement. The Standing Committee did not believe that the concerns raised warranted the reopening of any of the measures for review or a vote. Dr. Pickering further noted that three measures received support from one NQF member (NQF #0506, NQF #2515, and NQF #2888). Three measures did not receive support from any NQF member (NQF #0330, NQF #0505, and NQF #3597). The Standing Committee co-chairs agreed with Dr. Pickering's overview of the Standing Committee's proceedings.

CSAC Discussion

The CSAC discussants commented on the issues related to reliability, stating that if there are segments of the measures (i.e., low case-volume providers) that have unreliable scores, then there should be more discretion on whether the measure is truly reliable. The discussants also noted similar concerns expressed by the Standing Committee with respect to the improvement of these measures over time and questioned whether a significant performance gap still remains. The Standing Committee co-chairs responded by stating that the Standing Committee agreed that these measures were important to patients, and within the reliability and performance gap discussions, the Standing Committee recognized that clinically significant gaps in care remain. As a result, the Standing Committee passed the measures on these criteria.

One CSAC member asked whether the Standing Committee gave the measure developers any recommendations on how to address the COVID-19 patients in future measure submissions. Dr. Pickering replied that the Standing Committee did not have a specific recommendation; however, it did ask the developer how they would address this issue, specifically asking whether the developer would risk-adjust for COVID-19 patients or whether these patients would be excluded from the measure. The developer recognized the importance of this issue and noted that they will be considering this once the data are available. The CSAC had no further discussion and voted unanimously to uphold the Standing Committee's recommendation to endorse the seven measures.

Behavioral Health and Substance Use

Poonam Bal, NQF director, summarized the Behavioral Health and Substance Use (BHSU) fall 2020 review cycle. The Standing Committee reviewed four measures (i.e., two maintenance and two new measures).

Recommended for Endorsement:

- NQF #0576 Follow-Up After Hospitalization for Mental Illness (FUH) (National Committee for Quality Assurance [NCQA]) (maintenance)
- NQF #3589 Prescription or Administration of Pharmacotherapy to Treat Opioid Use Disorder (OUD) (RTI International) (new)
- NQF #3590 Continuity of Care After Receiving Hospital or Residential Substance Use Disorder (SUD) Treatment (RTI International) (new)

Not Recommended for Endorsement:

- NQF #3205 Medication Continuation Following Inpatient Psychiatric Discharge (Mathematica/CMS) (maintenance)

Ms. Bal provided a brief overview of the measures and the issues that arose during the BHSU Standing Committee's evaluation. Three measures were recommended for endorsement: #0576, #3589, and #3590. Ms. Bal highlighted that the Standing Committee discussed inconsistent length of time for follow-up ranging from seven and 14 days to seven and 30 days. Ms. Bal also explained that the Standing Committee originally did not reach consensus on measure #3205 and ultimately did not recommend the measure for endorsement after reviewing the public comments related to accountability concerns and the use of claims only for data collection.

CSAC Discussion

The lead CSAC reviewer expressed concern that the Standing Committee's decision regarding measure #3205 reflected billing issues rather than patient safety issues. CSAC members highlighted that tracking

prescriptions should be easy to do and did not understand why using claims data would result in incomplete data. Michael Trangle, BHSU co-chair, replied that while the concept is reasonable, the way the measure was structured could lead to inconsistency in coding since not all of the necessary data points could be easily found in claims data, and operationalizing the measure would have limitations.

The CSAC also questioned how the measure could pass all criteria but not be recommended for overall suitability for endorsement. Dr. Harold Pincus, BHSU co-chair, explained that it was the combination of the two different concerns (i.e., the limitation of data and the shared accountability) that led to this result. Although the measure passed on both criteria, the margins were narrow, thus reflecting the concerns that some Committee members expressed with the two criteria, and the concern about one or the other of these issues resulted in a lack of endorsement.

Another CSAC member questioned why the measure was not recommended despite having been previously endorsed and having no updates to the specifications submitted for consideration. Dr. Pincus explained that the injectable portion of the measure was the main difference. While injectables have always been part of the measure, practice for the use of injectables, which are long-lasting medicines, has changed. Based on the Standing Committee's experience, the measure no longer aligned with current practices.

The CSAC expressed no concerns about the three measures recommended for endorsement: NQF #0576, NQF #3589, and NQF #3590. The CSAC ultimately voted on the four BHSU measures individually. All Standing Committee decisions were upheld.

Cardiovascular

Amy Moyer, NQF senior director, summarized the Cardiovascular fall 2020 review cycle. The Standing Committee reviewed two measures, both of which were maintenance measures.

Recommended for Endorsement:

- NQF #0229 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization (Yale CORE/CMS) (maintenance)
- NQF #0230 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization (Yale CORE/CMS) (maintenance)

Ms. Moyer provided an overview of the measures and the Cardiovascular Standing Committee's discussions. The SMP reviewed both measures and passed them on reliability and validity. The Standing Committee conducted a thorough review of the measures with no process issues and unanimously recommended both measures for endorsement. After the measure evaluation meeting concluded, five public comments were received: three for NQF #0229 and two for NQF #0230. All five comments did not express support for the measures and raised concerns with the measures' reliability, particularly with low case counts; the decision not to include SRFs in risk adjustment; inadequate variation in performance; and inadequate exclusions for NQF #0229. The Standing Committee reconvened for a post-comment meeting and discussed the concerns. The Standing Committee did not believe that the concerns raised warranted reconsideration of any of the measures for review or a vote. The Cardiovascular Standing Committee co-chairs agreed with Ms. Moyer's overview of the proceedings.

CSAC Discussion

One of the lead CSAC discussants asked the co-chairs to elaborate on the Standing Committee's discussion of the reliability concerns, noting that measures in other CDP projects received similar comments. The co-chairs explained that the Standing Committee discussed reliability at length, noting

the lack of a hard guideline on the minimum acceptable threshold. The Standing Committee also noted that while higher reliability would have been preferred, the SMP passed these measures nonetheless; it also noted that the reliability was not ideal but nonetheless acceptable. The CSAC members asked when NQF would provide additional guidance on reliability to CDP Committees and measure developers. Ms. Moyer noted that the SMP is developing more guidance for CSAC's consideration but has not yet completed its recommendations. The CSAC members had no further questions or discussion and voted unanimously to uphold the Standing Committee's recommendations.

Cost and Efficiency

Dr. Matt Pickering, NQF senior director, summarized the Cost and Efficiency fall 2020 review cycle. The Standing Committee reviewed and recommended one maintenance measure for endorsement.

Recommended for Endorsement:

- NQF #2158 Medicare Spending per Beneficiary (Hospital) (Acumen, LLC/CMS) (maintenance)

Dr. Pickering provided an overview of the measure and the Cost and Efficiency Standing Committee's discussions. The SMP reviewed and passed the measure on reliability and validity. The Standing Committee conducted a thorough review of the measure with no process issues and recommended the measure for continued endorsement.

After the measure evaluation meeting concluded, one comment was received. This comment did not express support for the measure and raised concern about the measure specifications, the adequacy of the risk adjustment model, and the lack of SRFs within the final risk adjustment model. The Standing Committee reconvened for a post-comment meeting and discussed the commenter's concerns. The Standing Committee agreed that it had previously considered the specifications and the scientific acceptability of the measure, including the adequacy of the risk model. The Standing Committee discussed these aspects of the measure during the measure evaluation meetings and ultimately recommended the measure for endorsement. Therefore, the Standing Committee did not believe that the concerns raised warranted reconsideration of the measure for review or a vote. The Standing Committee co-chairs agreed with Dr. Pickering's overview of the Standing Committee's proceedings.

CSAC Discussion

The CSAC discussants noted that the Standing Committee voted to recommend this measure for endorsement with an overall vote of 13 in favor (yes) to three not in favor (no). The discussants also noted that no process concerns were raised during the proceedings and that the Standing Committee did not receive any requests for reconsideration. The CSAC had no further discussion and voted to uphold the Standing Committee's recommendation to endorse the measure.

Geriatrics and Palliative Care

Katie Goodwin, NQF director, summarized the Geriatrics and Palliative Care fall 2020 review cycle. The Standing Committee reviewed four measures undergoing maintenance review.

Recommended for Endorsement:

- NQF #1623 Bereaved Family Survey (U.S. Department of Veterans Affairs [VA]) (maintenance)
- NQF #3235 Hospice and Palliative Care Composite Process Measure (CMS) (maintenance)
- NQF #0326 Advance Care Plan (NCQA)(maintenance)

Not Recommended for Endorsement:

- NQF #0209 Comfortable Dying Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment (National Hospice and Palliative Care Organization [NHPCO]) (maintenance)

Ms. Goodwin provided a brief overview of the measures and the issues that arose during the Geriatrics and Palliative Care Standing Committee's evaluation. The Standing Committee reviewed four maintenance measures. The SMP reviewed and passed NQF #1623 and NQF #3235 on reliability, validity, and composite construct. The Standing Committee did not recommend NQF #0209 for endorsement due to the lack of performance data available to support the opportunity for improvement.

Ms. Goodwin reported that during the post-measure evaluation commenting period, two comments were received for NQF #0326 *Advance Care Plan*. One commenter raised concern about whether the "surrogate" has the legal authority to make decisions about the person's care. The developer noted that the language reflects the code's description used to identify numerator compliance. Another commenter raised a concern that this measure may encourage "check-box" advance care planning. The developer replied that they are constrained by the reporting requirements of CMS' reporting programs in the matter of stratification of results by race and ethnicity. The developer of NQF #0209 submitted a comment during the post-measure evaluation commenting period in response to the Standing Committee's concerns related to performance gap. Regarding the Standing Committee's decision to not recommend NQF #0209 for endorsement, Co-Chair Deborah Waldrop noted that this measure is critically important to the Geriatrics and Palliative Care measure portfolio and is one of the few outcome measures available. However, the Standing Committee acknowledged that the measure developer did not have access to the data that are needed to demonstrate opportunity for improvement, which is required for maintenance of endorsement.

CSAC Discussion

The CSAC chair, who also served as reviewer of this measurer, noted that the CSAC previously returned NQF #1623 to the Standing Committee for reconsideration due to concerns with the application of the use criterion. The CSAC co-chair noted that because this is a maintenance measure, the measure results are required to be publicly reported within six years of endorsement. Performance on the measure is reported within Veterans Affairs (VA), as each facility in the Veterans Integrated Service Networks (VISN)/VA leadership has access to all results in addition to the public reporting that occurs regularly in academic journals. This measure is also used by VA staff when educating consumers about the choice of venue for hospice care as well as for accountability and quality improvement purposes. The CSAC co-chair expressed concern that the information provided about the measure's use is not very different from the CSAC's previous review of the measure and expressed concerns with the use criterion and overall suitability for endorsement. Another CSAC member shared concerns with the application of the use criterion for this measure and noted that the CSAC has increased its efforts to be consistent in the use criterion's application because it is a must-pass criterion.

The CSAC voted to not uphold the Standing Committee's recommendation to endorse NQF #1623 and returned it to the Standing Committee for a second reconsideration. Following the CSAC's vote, the Standing Committee co-chair, Dr. Sean Morrison, noted that the measure has been a key quality metric within the health system. Dr. Morrison also noted that the Standing Committee followed NQF's process, very carefully considering the CSAC's earlier concerns when reconsidering the measure. Further, Dr. Morrison believed that returning the measure to the Standing Committee for a second time without clear direction was counterproductive and that removing the only measure that assesses end-of-life experience from NQF's portfolio would be a consequential decision. Other CSAC members shared that they appreciate the intent of the measure and having access to the information, and public reporting from a patient perspective is very important. Another CSAC member questioned how public reporting of

important data improves care particularly related to this measure when there is no current ability to conduct a comparative analysis with the patient experience of veterans. Due to the additional discussion from the CSAC and the Standing Committee co-chair after the initial vote, the CSAC voted on NQF #1623 a second time. However, the outcome of the CSAC vote remained the same: The CSAC did not uphold the Standing Committee's recommendation and returned the measure to the Standing Committee for reconsideration of public reporting within the use criterion. The CSAC, NQF staff, and other stakeholders will soon review guidance for the use criterion to assess whether greater specificity on public reporting can be included to help guide developers, CDP Committees, and the CSAC. As a maintenance measure, NQF #1623 will retain endorsement, but it will be reconsidered by the Standing Committee during the next review cycle.

Neurology

Chelsea Lynch, NQF director, summarized the Neurology fall 2020 review cycle. The Standing Committee reviewed one new measure.

Not Recommended for Endorsement:

- NQF #3596 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke Hospitalization (Yale CORE/CMS) (new)

Ms. Lynch summarized NQF #3596, which estimates the hospital-level, risk-standardized mortality rate (RSMR) for patients discharged from the hospital with a principal discharge diagnosis of acute ischemic stroke. This measure was a respecified measure, which was harmonized with CMS' current publicly reported claims-based stroke mortality measure and now includes the National Institutes of Health (NIH) Stroke Scale as an assessment of stroke severity upon admission in the risk adjustment model.

Ms. Lynch summarized the initial and subsequent Standing Committee votes on evidence for this measure and the underlying concerns from the Standing Committee. In the original Standing Committee meeting, the vote was "consensus not reached" on evidence. The theme of the original Standing Committee discussion was whether stroke mortality, even with the improvements after risk adjustment for the NIH Stroke Scale, represented an appropriate way to assess the quality of stroke care. Several Standing Committee members offered their support; however, concerns remained that solely measuring mortality without considering patient preferences or functional outcomes was incomplete and that it would not drive quality-of-care improvements. There were also concerns that improving mortality is often not the central goal of hospital-based stroke care and that functional outcomes are more important.

Because consensus was not reached on the evidence criterion, a rediscussion and revote were required at a post-comment call. In the intervening time, the developer met with NQF staff and attempted to address some of the concerns raised by the Standing Committee and the co-chair. During the post-comment meeting, the issue of evidence was rediscussed. While some of the Standing Committee members expressed support for this measure, concerns remained from the majority of the Standing Committee with regard to measuring mortality in isolation, specifically that it would not drive quality improvement without consideration of patient preferences. The Standing Committee re-voted on evidence and did not pass the measure on this must-pass criterion. Therefore, based on this discussion, the Standing Committee did not recommend the measure for endorsement.

Dr. David Tirschwell, Neurology Standing Committee co-chair, reiterated the concerns about mortality not being a good measure of stroke outcomes in isolation, particularly without adequately considering patient preferences.

CSAC Discussion

The CSAC discussed whether palliative care codes could be used for risk adjustment. Dr. Tirschwell stated that the developer had proposed excluding patients who had been put in hospice by Medicare coding within one day of admission or were in hospice prior to admission. However, it was also stated that the exclusion would not cover all clinical scenarios in stroke in which the goal is not to extend life. In addition, the developer also raised the possibility of including a palliative care consult code as an exclusion. However, this was not necessarily a good measure of comfort care only. There was also a concern that if poor care led to the need for comfort care, it could reduce the measure's ability to assess quality. The decision to go on palliative care within 24 hours was also mentioned as an ethical dilemma. It was also clarified that palliative care should not be conflated with hospice care, which is a separate concept. This detail was clarified by the co-chair, who noted that while the use of palliative care could be a marker of comfort measures, it is not an ideal marker of holistic patient preferences pertaining to end-of-life care. Ultimately, this is a significant point because death may be a better outcome than living with a debilitating stroke.

Lastly, it was also noted that this measure is being used even though it is not NQF-endorsed. The CSAC had no additional questions and voted to uphold the Standing Committee's recommendation to not endorse the measure.

Patient Experience and Function

Poonam Bal, NQF director, summarized the Patient Experience and Function (PEF) fall 2020 review cycle. The Standing Committee reviewed two new measures.

Recommended for Endorsement:

- NQF #3593 Identifying Personal Priorities for Functional Assessment Standardized Items (FASI) Needs (The Lewin Group/CMS) (new)

Withdrawn From Review:

- NQF #3594 Alignment of Person-Centered Service Plan (PCSP) With Functional Assessment Standardized Items (FASI) Needs (The Lewin Group/CMS) (new)

Ms. Bal explained that the developer withdrew NQF #3594 from consideration before the post-comment call in order to update the measure evidence with feedback provided by the PEF Standing Committee during the fall 2020 measure evaluation meeting. Ms. Bal also noted that the Standing Committee expressed concerns related to the extent to which the perspectives of individuals receiving home and community-based services (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. Some Standing Committee members also expressed that ensuring individuals' priorities are articulated without provider interpretation is a key element to person-centered measurement. Ms. Bal also shared that the Standing Committee did not reach consensus on NQF #3593 during the measure evaluation meeting; however, following the discussion during the post-comment call and understanding that intended use cannot be a factor in determining endorsement, the Standing Committee recommended the measure for endorsement.

CSAC Discussion

The lead CSAC discussant questioned why the measure passed when consensus was not reached on usability and feasibility. Gerri Lamb, PEF co-chair, explained that usability and feasibility are not must-

pass criteria, and ultimately, the Standing Committee determined the measure was suitable for initial endorsement. The Standing Committee expressed that it would like to see more information on usability and feasibility once the measure returns for maintenance review. Lastly, the CSAC noted that the development of HCBS measures was important and upheld the Standing Committee's recommendation without further discussion.

Patient Safety

Dr. Matt Pickering, NQF senior director, summarized the Patient Safety fall 2020 review cycle. The Standing Committee reviewed six maintenance measures for endorsement and recommended five measures for endorsement. One measure was not recommended due to a voting error in which the Standing Committee did not reach consensus on validity.*

Recommended for Endorsement:

- NQF #0468 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization (Yale CORE) (maintenance)
- NQF #0531 Patient Safety Indicator (PSI) 90: Patient Safety and Adverse Events Composite (IMPAQ International) (maintenance)
- NQF #1893 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization (Yale CORE) (maintenance)
- NQF #2993 Potentially Harmful Drug-Disease Interactions in Older Adults (DDE) (NCQA) (maintenance)
- NQF #0022 Use of High-Risk Medications in Older Adults (DAE) (NCQA) (maintenance)

Consensus Not Reached (Measure Not Reviewed by the CSAC):

- NQF #0097 Medication Reconciliation Post-Discharge* (NCQA) (maintenance)

  *An error in the validity vote (a must-pass criterion) was identified prior to the CSAC's review, in which the measure was stated as "passing validity", when in fact, the Standing Committee did not reach consensus on the measure (consensus not reached). The vote tally is as follows: Total Votes-23; High-0; Moderate-13; Low-8; Insufficient-2 (57 percent passing votes). The criterion should have undergone a revote during the post-comment meeting; however, the voting error had not been discovered at that time. Once discovered, it was not possible to reconvene the Standing Committee prior to the CSAC. The Patient Safety team and co-chairs recommend that the measure retain endorsement until the Standing Committee can re-vote on validity and the overall suitability for endorsement during the fall 2021 cycle.

Dr. Pickering provided an overview of the measures and the Patient Safety Standing Committee's discussions. The SMP reviewed three measures and passed all three on reliability and validity (NQF #0468, NQF #0531, and NQF #1893). Dr. Pickering noted that there were several overarching issues, which the Standing Committee considered during the fall 2020 review cycle. The Standing Committee discussed the importance of linking care processes to outcomes as an important criterion for performance measurement. In particular, the discussion on the medication reconciliation measure (NQF #0097) addressed this topic. There were concerns that a process that does not have good evidence to support a linkage to improved outcomes should be carefully scrutinized. In the future, measures of outcomes may be more appropriate. Additionally, for NQF #0468 and NQF #1893, the Standing Committee discussed the importance of adjusting for certain risk factors, including adjusting transfers for patients admitted to the hospital from skilled nursing facilities or other long-term care facilities and risk-adjusting for SRFs. The Standing Committee appreciates the importance of social

determinants of health (SDOH) and considering those factors within measurement. It also recognized that the data possess limitations that are available to effectively adjust for SRFs. The Standing Committee will continue to evaluate measures and the approaches to adjusting for SRFs as they become more available.

After the measure evaluation meeting concluded, 15 comments were received. Eight of the comments expressed support for NQF #0022, NQF #0097, and NQF #2992. The remaining comments expressed concerns for NQF #0468, NQF #1893, and NQF #0531. Three comments did not express support for NQF #0468 and NQF #1893 due to concerns regarding reliability thresholds at the minimum sample size and the lack of inclusion of SRFs. One comment did not express support for NQF #0531 due to concerns about post-surgical hip fracture being the only representative measure used for falls with injury. The Standing Committee was reconvened for a post-comment meeting and discussed the commenters' concerns. The Standing Committee agreed that it had previously considered these issues with respect to the measure specifications and the scientific acceptability of the measures, including the reliability thresholds and the adequacy of the risk model. The Standing Committee discussed these aspects of the measures during the measure evaluation meetings and ultimately recommended the measures for endorsement. Therefore, the Standing Committee did not believe that the concerns raised warranted reconsideration of the measures for review or a revote on the measures' vote. The Standing Committee co-chairs agreed with Dr. Pickering's overview of the Standing Committee's proceedings. The co-chairs also agreed with the recommendation to re-vote on validity and the overall suitability for endorsement for NQF #0097 during the fall 2021 review cycle.

CSAC Discussion

The CSAC discussant noted that the Standing Committee voted to unanimously pass four of the measures for endorsement, and one measure was passed with more than 80 percent in favor of continued endorsement. The CSAC had no further discussion and voted to uphold the Standing Committee's recommendations to endorse the five measures. The CSAC also agreed with the recommendation to have the Standing Committee re-vote on validity and overall suitability for endorsement for NQF #0097 during the fall 2021 review cycle.

Perinatal and Women's Health

Ms. Chelsea Lynch, NQF director, summarized the Perinatal and Women's Health fall 2020 review cycle. The Standing Committee reviewed one maintenance measure.

Recommended for Endorsement:

- NQF #0470 Incidence of Episiotomy (Christiana Care Health System / National Perinatal Information Center) (maintenance)

Ms. Lynch provided a brief overview of the measure and the issues that arose during the Perinatal and Women's Health Standing Committee's evaluation. During the initial evaluation of NQF #0470, the Standing Committee discussed the measure at length. The Standing Committee recommended that the developer provide performance data based on social risks to differentiate outcomes in varied populations. In their discussions related to use and usability, the Standing Committee noted that the measure is used by the National Perinatal Information Center (NPIC) and The Leapfrog Group with no recognized harms from unintended consequences. The Standing Committee also observed that there are no related or competing measures. Ultimately, the Standing Committee recommended NQF #0470 for endorsement. During the public commenting period, comments were received that suggested the developer provide measure updates/modifications, such as including no appropriate clinical situation

that would warrant an episiotomy, stratifying performance rates by episiotomy indication and episiotomy and vaginal delivery types, and eliminating mediolateral and midline episiotomy coding gaps.

CSAC Discussion

The CSAC lead discussant noted that continued opportunities for improvement exist with this measure, including opportunities to resolve disparities based on race. Other opportunities include further analysis of stratified measure results. The CSAC lead discussant also noted that adding delivery and episiotomy types to the specifications may be valuable. Although coding exists for operative vaginal deliveries, the CSAC lead discussant mentioned that codes to distinguish between a midline and mediolateral episiotomy do not exist. The CSAC co-chair approved of this measure, noting that it is a good example of how a measure can also be used for private health plans, considering The Leapfrog Group has been using it for several years. A CSAC member questioned why this measure had not been reviewed since 2016, and Ms. Lynch noted that the developer deferred it.

The CSAC unanimously voted to uphold the Standing Committee's recommendation to endorse the measure.

Prevention and Population Health

Michael Haynie, NQF senior managing director, summarized the Prevention and Population Health (PPH) fall 2020 review cycle. The Standing Committee reviewed one new measure.

Recommended for Endorsement:

- NQF #3592e Global Malnutrition Composite Score (Academy of Nutrition and Dietetics/Avalere Health, LLC) (new)

Ms. Haynie provided a brief overview of the measure and the issues that arose during the Prevention and Population Health Standing Committee's evaluation. During the initial evaluation of NQF #3592e, the Standing Committee did not reach consensus on the performance gap criterion and requested the review of additional performance gap data since the evidence demonstrates an increased risk of malnutrition in African American and Hispanic populations below 65 years of age. During the post-comment meeting, the Standing Committee reviewed the additional performance gap data for the composite and four component measures, including patient race, ethnicity, sex, geography, and adult age stratifications. The overall performance was lower for younger patients (i.e., 18 through 64 years of age); Hispanic, American Indian/Alaska Natives, and Native Hawaiian or Pacific Islander patients; and rural hospitals for the overall composite and for three of the four component measures. The Standing Committee members recommended adding younger ages in subsequent measure updates. The Standing Committee also observed that there are no related or competing measures. During the public commenting period, comments were received that supported the measure and described their use in practice. Two comments sought clarification for the evidence, administrative burden to providers, Feasibility Scorecard completeness, and data element testing based on the 2017 Health and Well-Being project review of four unendorsed individual measures combined into this single composite. The Standing Committee re-voted on the previous consensus not reached performance gap criterion and reached a moderate rating. The Standing Committee also recommended the measure for overall suitability for endorsement.

CSAC Discussion

The CSAC lead discussant noted that opportunities for improvement exist with this measure, including opportunities to resolve disparities based on age and race. The CSAC lead discussant complimented the

developer and NQF staff on their collaborative journey in refining the performance gap data, which is an ideal scenario for population-based measures. The CSAC member also noted the benefits and importance of continuing technical assistance with measure developers as well as filling the gaps in disparities across all measures in NQF's measure portfolio. The CSAC lead discussants and co-chair approved of this measure.

The CSAC unanimously voted to uphold the Standing Committee's recommendations for the measure.

Primary Care and Chronic Illness

Ms. Bal, NQF director, summarized the Primary Care and Chronic Illness (PCCI) fall 2020 review cycle. The Standing Committee reviewed three new measures and four maintenance measures.

Recommended for Endorsement:

- NQF #0058 Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) (NCQA) (maintenance)
- NQF #0069 Appropriate Treatment for Upper Respiratory Infection (NCQA) (maintenance)
- NQF #3166 Antibiotic Prophylaxis Among Children With Sickle Cell Anemia (University of Michigan [UM]) (maintenance)
- NQF #3532 Discouraging the Routine Use of Occupational and/or Supervised Physical Therapy After Carpal Tunnel Release (American Academy of Orthopedic Surgeons) (new)
- NQF #3568 Person-Centered Primary Care Measure PRO-PM (American Board of Family Medicine/Virginia Commonwealth University) (new)
- NQF #3595 Hydroxyurea Use Among Children With Sickle Cell Anemia (UM) (new)
- NQF #3599 Pediatric Asthma Emergency Department Use (Albert Einstein College of Medicine/University of California San Francisco) (new)

Ms. Bal provided a brief overview of the measures and the issues that arose during the PCCI Standing Committee's evaluation. The SMP reviewed NQF #3595 and NQF #3599 and passed the measures on reliability, validity, and composite construct. The Standing Committee conducted a thorough review of the measures with no process issues and reached a strong agreement to recommend the measures for endorsement. Ms. Bal noted that the Standing Committee did not reach consensus on the vote for overall suitability for endorsement on NQF #3568 during the initial evaluation meeting due to concerns related to requiring 100 percent compliance and potentially causing patients to not be referred for physical therapy when it was appropriate. After hearing from the developer during the post-comment call that 100 percent compliance is not expected, the Standing Committee passed the measure.

CSAC Discussion

One CSAC member inquired about the Standing Committee's discussion on NQF #3532, noting there was only a small gap in performance, which indicated to them that the measure was not strong. Dr. Dale Bratzler, PCCI co-chair, noted that the Standing Committee decided the small gap was acceptable due to the measure only being tested with VA data and the developer's reassurance that a greater gap exists in other settings.

One CSAC member questioned whether evidence was available that indicated physical therapy should occur. Dr. Bratzler noted that the Standing Committee was not aware of any guidelines that encouraged physical therapy after carpel tunnel release. He noted that the intent of the measure was not to ensure physical therapy is never done but to wait for a safe period of healing after carpal tunnel release before

pursuing physical therapy. Dr. Bratzler also clarified that the measure specifies that only in the first six weeks should physical therapy not be recommended.

The CSAC lead discussant inquired whether deliberation occurred regarding NQF #3568, and Dr. Bratzler noted that the measure received overwhelming support from the CSAC Committee. Another CSAC Committee member inquired about any existing concerns among Standing Committee members regarding the measure requiring use of a specific survey tool instead of offering options. Adam Thompson, PCCI co-chair, and Dr. Bratzler both noted that the Standing Committee's discussion was centered on the time frame of the measure rather than the tool itself. Dr. Bratzler also noted that this tool is a practice assessment rather than a tool filled out by the patient. The CSAC decided to vote on all the measures at once and unanimously voted to uphold the Standing Committee's recommendations for all measures.

Renal

Janaki Panchal, NQF manager, summarized the Renal fall 2020 review cycle. The Standing Committee reviewed two measures: one new measure and one measure undergoing maintenance review.

Recommended for Endorsement:

- NQF #2701 Avoidance of Utilization of High Ultrafiltration Rate (>=13 ml/kg/hour) (Kidney Care Quality Alliance [KCQA]) (maintenance)

Not Recommended for Endorsement:

- NQF #3567 Hemodialysis Vascular Access: Practitioner Level Long-Term Catheter Rate (University of Michigan Kidney Epidemiology and Cost Center (UMKECC)/CMS) (new)

Ms. Panchal and the Renal Standing Committee co-chair, Constance Anderson, provided a brief overview of the two measures reviewed during the fall 2020 cycle and the Renal Standing Committee's evaluation meeting discussion. NQF #2701 is a process measure; therefore, it was not reviewed by the SMP. The Renal Standing Committee did not raise any major concerns regarding NQF #2701 and unanimously recommended the measure for continued endorsement. Ms. Panchal noted that the SMP reviewed NQF #3567 and passed it with moderate ratings for both reliability and validity. However, during the measure evaluation meeting, the Renal Standing Committee raised several issues related to the evidence and performance gap criteria. The Renal Standing Committee reviewed the evidence and expressed concern that NQF #3567 did not consider patient preference and patient life care plan of their access. The Standing Committee also expressed concern that patients who do not have options other than catheters may experience stinting of care if this measure is included in an accountability program. In reviewing the performance gap criterion, the Renal Standing Committee noted that the median performance of 8.3 percent was likely close to the appropriate level of catheter use in clinical practice. Ultimately, the Standing Committee agreed that there was little opportunity for improvement and did not pass the measure on the performance gap criterion—a must-pass criterion. Therefore, it did not recommend this measure for endorsement.

With respect to the overarching issue, Ms. Panchal summarized the Renal Standing Committee's discussion related to pragmatic evidence considerations. The Standing Committee noted how some aspects of the measures' specifications were dictated by pragmatic elements of evidence-based medicine. Specifically, the Renal Standing Committee noted that there were instances for both measures in which the evidence-based guidelines for practice suggested a range of appropriate

approaches depending on patient needs and characteristics. Thus, the specifications of the measures under review reflect better practical approaches to care delivery.

Ms. Panchal noted that a total of six comments were received during the post-measure evaluation commenting period. One comment was a general comment pertaining to the report, one supportive comment was submitted for NQF #2701, and the remaining four comments were submitted for NQF #3567. Regarding the four comments submitted for NQF #3567, three comments supported the Standing Committee's decision to not recommend the measure for endorsement, and one comment submitted by the developer of the measure did not support the Standing Committee's recommendation. The developer highlighted that there was a discrepancy in the application of the performance gap criterion during the review of NQF #3567 (reviewed in the fall 2020 cycle) compared with NQF #2978 (reviewed in the spring 2020 cycle). The Standing Committee noted the differences in high versus low performance between NQF #3567 (a practitioner-level measure) and NQF #2987 (a facility-level measure). The Standing Committee further stated that NQF #3567 relies on older CROWNWeb data from 2016, while NQF #2978 utilized 2018 data as evidence for performance gap; hence, comparing the differences in high and low performance between NQF #3567 and NQF #2978 is inappropriate due to the utilization of performance data from different years. Therefore, the Standing Committee did not re-vote on the performance gap criterion during the post-comment web meeting or change their initial recommendation to not endorse this measure.

CSAC Discussion

The CSAC agreed with the issues raised by the Renal Standing Committee regarding the evidence and performance gap criteria and noted that the public comments received during the commenting period generally supported the Renal Standing Committee's deliberations and recommendations. The CSAC had minimal discussion and raised no concerns regarding the Renal Standing Committee's recommendation. The CSAC voted to unanimously uphold the Standing Committee's recommendation to endorse NQF #2701 and not endorse NQF #3567.

Surgery

Amy Moyer, NQF senior director, summarized the Surgery fall 2020 review cycle. The Standing Committee reviewed eight measures, all of which were maintenance measures.

Recommended for Endorsement:

- NQF #0127 Preoperative Beta Blockade (The Society of Thoracic Surgeons [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 CORE/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)

Recommended for Inactive Endorsement With Reserve Status:

- NQF #0117 Beta Blockade at Discharge (STS) (maintenance)

Ms. Moyer provided an overview of the measures and the Surgery Standing Committee's discussions. The SMP reviewed two measures (NQF #1550 and NQF #1551) and passed both on reliability and validity. During the measure evaluation meeting, the Standing Committee had an in-depth discussion on NQF's performance gap criterion and the recommendation for inactive endorsement with reserve status. Ms. Moyer reminded the CSAC that reserve status is used sparingly and is intended to recognize measures that have "achieved their purpose" by eliminating the performance gap while remaining scientifically sound. Initially, the Standing Committee recommended placing NQF #0117 on reserve status and was unable to reach consensus on whether NQF #0134 met the performance gap criterion.

After the measure evaluation meeting concluded, five public comments were received. Two of the comments expressed support for the measures under review (one each for NQF #0117 and NQF #0134). In contrast, two comments did not express support for the measures under review (one each for NQF #1550 and NQF #1551). The comments that did not express support raised concern with measure reliability, particularly at low case counts; the decision not to include SRFs in risk adjustment; and inadequate variation in performance. The Standing Committee reconvened for a post-comment meeting to re-vote on NQF #0134 and to discuss the concerns raised by the commenters. After revisiting the performance gap discussion and considering both the evidence and impact of the performance gap, the Standing Committee reached consensus that NQF #0134 met the performance gap criterion and recommended it for active endorsement. The Standing Committee did not feel that the commenters' concerns on NQF #1550 and NQF #1551 warranted reconsideration of the measures for review or a vote.

Dr. Alex Sox-Harris, the Surgery Committee co-chair, added that the guidance pertaining to performance gap appears to be intentionally vague to allow for the Standing Committee's consideration of context and the complexities of different measures. Dr. Sox-Harris also shared that the Standing Committee discussed performance gap in depth, specifically the consideration of nuances such as evidence and clinical impact to patients to place the measure score distribution in context. He shared that the context led the Standing Committee to the different decisions on performance gap and active endorsement for NQF #0117 and NQF #0134.

CSAC Discussion

One of the lead CSAC discussants supported the consideration of measures in context, noting that NQF #0117 is part of a bundle of measures and that the bundle is part of an overall composite measure. The other lead discussant asked for additional information on the Standing Committee's decision to make different recommendations for NQF #0117 and NQF #0134, given that the measure score distribution is very similar. Dr. Sox-Harris clarified that the Standing Committee considered the strength of the evidence supporting the intervention being measured and the clinical impact of a "fail" on the measure. The lead discussant questioned how to define performance gap and asked for clarification on reserve status. Elisa Munthali, NQF consultant, clarified that NQF implemented the reserve status almost 10 years ago in an attempt to help address measurement burden. The intent was to identify measures that had served their purpose, thus closing the performance gap while remaining scientifically sound. Measures on reserve status maintain endorsement but may not represent the highest-impact areas for improvement prioritization.

Jeff Jacobs, a representative from The Society of Thoracic Surgeons (STS), shared that STS fundamentally disagrees with placing measures with a high rate of compliance on reserve status. He stated that STS

views cardiothoracic surgery as a high-reliability profession and that any performance gap is unacceptable. Dr. Jacobs highlighted that a two-percent gap on a CABG measure represents 3,000 patients with substandard care. He restated the STS's concern with placing a measure on reserve status: It gives the impression that the measure is not important. Lastly, Dr. Jacobs shared that the concerns raised related to burden were misguided, as the data for STS measures are gathered as part of the standard registry submission. Therefore, STS will continue calculating all measures regardless of reserve status designation.

CSAC members raised concerns about the current definition of performance gap and the current NQF reserve status policy. They believed the Standing Committee followed current guidance and that returning NQF #0117 to the Standing Committee would result in the same recommendation. The CSAC inquired whether they could defer a decision on NQF #0117 until the CSAC's underlying concerns with the guidance and policy are addressed. Ms. Munthali shared that the CSAC has the option to defer a decision until a future date and that NQF #0117 would maintain its current active endorsement status while the decision is deferred. The CSAC voted unanimously to defer a decision on NQF #0117 and to uphold the Standing Committee's recommendation to endorse the remaining seven measures.

Public Comment

The CSAC chair and vice chair opened the web meeting to allow for public comment three separate times over the two-day period. No public comments were offered.

Next Steps

NQF staff will publish the voting results on the NQF website by July 6, 2021. The public may appeal measures that are endorsed between July 7 and August 5, 2021. Appeals must be based on evidence that the process and/or criteria were not correctly implemented. A summary of the meeting on June 29-30 will be posted in early August.