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Meeting Summary

Consensus Standards Approval Committee – Measure Evaluation Web Meeting, November 2020

The National Quality Forum (NQF) convened the Consensus Standards Approval Committee (CSAC) for a web meeting on November 17-18, 2020 to evaluate fall 2019 track 2 and spring 2020 cycle measures. After the two-day meeting, 39 measures were endorsed by the CSAC, 14 were not endorsed, and no measures were sent back to the Standing Committee for reconsideration.

Welcome, Introductions, and Review of Meeting Objectives

Sai Ma, NQF Managing Director/Senior Technical Expert, welcomed the Committee and participants to the web meeting and acknowledged the financial support and collaboration from the Centers for Medicare & Medicaid Services (CMS). Thomas Kottke, CSAC Chair, and Melissa Danforth, CSAC Vice-Chair provided welcoming remarks. Shantanu Agrawal, NQF President and CEO, and Sheri Winsper, NQF Senior Vice President, also welcomed the CSAC members, measure developers, Standing Committee members, and the public on behalf of NQF.

Dr. Ma reviewed the meeting objective, which was to reach consensus on endorsement decisions for candidate measures from the fall 2019 track 2 and spring 2020 cycles. Dr. Ma then reminded participants of changes made to the fall 2019 cycle due to COVID-19: in order to provide greater flexibility for stakeholders and continue the important work in quality measurement, NQF extended commenting periods and adjusted measure endorsement timelines for the fall 2019 cycle. Commenting periods for all measures evaluated in the fall 2019 cycle were extended from 30 days to 60 days. Based on the comments received during this 60-day extended commenting period, measures entered one of two tracks. Measures that did not receive public comments or only received those in support of the Standing Committees' recommendations were assigned to track 1 and were reviewed during the CSAC meeting in July 2020. Measures that required further action or discussion from a Standing Committee were assigned to track 2. The 14 measures from fall 2019 track 2 were reviewed during this meeting, along with 39 measures from the spring 2020 cycle.

Dr. Ma also reminded participants that NQF extended an exception to the CSAC voting quorum for this meeting. Considering the ongoing COVID-19 global pandemic, some CSAC members may need to focus their attention on the public health crisis. In order to provide greater flexibility and continue CSAC's important work to endorse measures, for this meeting, 80% of CSAC members will need to be present to vote. Previously, all (100%) CSAC members were required to be present to vote. Quorum was met for this meeting.

Dr. Ma asked CSAC members to introduce themselves and provide any disclosures of interest relevant to the measures discussed during the meeting. The CSAC members did not disclose any conflicts that resulted in a recusal from discussion or voting on the measures brought forward.

Dr. Ma also reminded CSAC members of the voting procedures. As in previous meetings, the committee had the option to vote on all measures in a particular topic area at once, without voting on each individual measure. For each topic area, the committee first voted if they would like to vote on all

measures at once. If at least one person on the committee did not want to vote on all measures together, the committee would vote on each measure separately. For every measure, CSAC members had the option to either accept the Standing Committee's recommendation (i.e. endorse or do not endorse), or to not accept the Standing Committee's recommendation and then return the measure(s) to the Standing Committee for further consideration.

NQF received two requests for reconsideration from measure developers. These requests were reviewed by the CSAC members prior to the meeting and are described in more detail in the Cost and Efficiency section of this summary, and the Primary Care and Chronic Illness section. After discussing the reconsideration requests, including hearing NQF staff's description, developers' statement, and the Standing Committee's recommendations, the CSAC voted whether to grant the request and send the measures back to the Standing Committee or to not grant the request and move forward with the next vote. In the latter case, standard voting procedures as described above were followed.

All-Cause Admissions and Readmissions

Matthew Pickering, NQF Senior Director, summarized the All-Cause Admissions and Readmissions fall 2019 track 2 and spring 2020 review cycles. In the fall 2019 track 2 cycle, the All-Cause Admissions and Readmissions Standing Committee reviewed and recommended one new measure for endorsement:

- **3495** Hospital-Wide 30-Day, All-Cause, Unplanned Readmission (HWR) Rate – Clinician

Dr. Pickering provided a brief overview of the measure, including that this was initially considered in the spring 2019 cycle at both the Group and Individual Clinician levels of analyses. However, due to concerns with Committee quorum and confusion regarding the reliability testing information that was discussed during the post-comment call, it was determined that the measure should be returned to the Standing Committee for reevaluation during the fall 2019 cycle. Dr. Pickering shared that during the fall 2019 deliberations, the developer noted this measure has a minimum case volume of 200, further clarifying any questions related to reliability testing. The Committee passed the measure on reliability by upholding the Scientific Methods Panel (SMP) rating of "Moderate" for reliability. Dr. Pickering shared that there were several comments received during the post-comment period that focused on issues related to the evidence for the measure, reliability testing, attribution and the lack of social factors within the risk adjustment model. Dr. Pickering stated that the Committee acknowledged the public comments noting that evidence, reliability, and attribution were discussed during the measure evaluation meeting. With respect to risk adjustment, the Standing Committee agreed that social risk factors, including community and personal factors, can have a strong impact on readmissions and are important to consider and that the developer should continue to monitor for these in future iterations of the measure.

John Bulger, All-Cause Admissions and Readmissions Committee Co-Chair, supported Dr. Pickering's summary, further stating that the Committee ultimately determined that the measure should proceed and be recommended for endorsement.

In the spring 2020 cycle, the All-Cause Admissions and Readmissions Standing Committee reviewed three maintenance measures and two new measures.

Recommended for endorsement:

- **1463** Standardized Hospitalization Ratio for Dialysis Facilities (SHR)
- **2539** Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- **3565** Standardized Emergency Department Encounter Ratio (SEDR) for Dialysis Facilities

- **3566** Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge (ED30) for Dialysis Facilities

Not Recommended for endorsement:

- **2496** Standardized Readmission Ratio (SRR) for Dialysis Facilities

Dr. Pickering provided a brief overview of the measures and overarching issues that arose during the All-Cause Admissions and Readmissions Standing Committee's evaluation. One issue discussed was reliability of a measure in the context of its intended use. Dr. Pickering summarized that the Committee evaluated several measures (NQF 1463, 2496, 3565, and 3566) this cycle that applied two different reliability methods and statistics concurrently: the inter-unit reliability (IUR) and the profile inter-unit reliability (PIUR). Dr. Pickering noted that the PIUR assesses the measure's ability to identify outliers, rather than between-provider differences, which is performed using the IUR. The Committee stated that while NQF considers use and usability in the recommendation for endorsement, assessments of reliability testing do not evaluate the methods used by the program implementers to define categories of performance or performance cut-offs. Thus, the Standing Committee acknowledged that NQF's current process grants endorsement for use in any application. A second issue that was discussed also related to NQF 1463, 2496, 3565, and 3566, which was the attribution to dialysis facilities. Dr. Pickering mentioned that these measures were reviewed by an NQF-convened Renal Technical Expert Panel (TEP). Some TEP members suggested that not all returns to the hospital, including emergency department encounters, are due to dialysis care but rather can be influenced by other factors, including poor discharge planning from the inpatient facility. The Standing Committee considered the TEP's input but noted that improved communication between the dialysis facilities and other care settings has the potential to improve readmissions outcomes for dialysis patients, and dialysis facilities can play an important role in these care transitions.

Lastly, Dr. Pickering noted that the Standing Committee did not pass NQF 2496 on validity, and the developer submitted a request for reconsideration on the grounds that the measure evaluation criteria were not applied appropriately. The developer stated that the results from the validity testing are sufficient for achieving a moderate score on validity and that the Standing Committee's vote on validity was erroneously influenced by the concerns of the SMP. The Standing Committee considered the request and ultimately voted not to reconsider the measure. Dr. Bulger further stated that NQF 2496 validity testing was low in comparison to the other measures. Acknowledging the developer's reconsideration request, Dr. Bulger reaffirmed that the measure was evaluated properly by the SMP, and after thoughtful discussion the Standing Committee voted not to reconsider the measure.

CSAC Discussion

One CSAC member expressed how valuable readmissions measures were for ambulatory and outpatient settings. Another CSAC member asked about the process of assigning measures to Consensus Development Process (CDP) projects. Dr. Pickering explained that developers submit measures to their chosen projects, but some measures can be reassigned by NQF staff, depending on the expertise required to review the measure(s). A CSAC member noted the need for NQF to improve the process of evaluating measures designed for accountability versus those designed for quality improvement. Another CSAC member requested clarification on the rationale behind NQF 2496 not passing this cycle, when it was initially recommended for endorsement. Dr. Bulger noted that there were challenges during the original endorsement, but changes were made to validity to address attribution concerns. Dr. Pickering further elaborated that the standard of validity for new measures differs for those undergoing maintenance review. New data were provided for NQF 2496 that showed lower correlations in which the SMP and the Standing Committee identified as concerns with the validity testing. In addition, the

SMP was established after the initial endorsement of NQF 2496, and it provided additional input for the Standing Committee to consider related to the measure's scientific acceptability.

The CSAC decided to vote on all the measures at once, and unanimously voted to uphold the Standing Committee's recommendations for all measures.

Behavioral Health and Substance Use

Samuel Stolpe, NQF Senior Director, summarized the Behavioral Health and Substance Use (BHSU) fall 2019 track 2 and spring 2020 review cycles. In the fall 2019 track 2 cycle, the BHSU Standing Committee reviewed one maintenance measure and two new measures.

Recommended for endorsement:

- **3175** Continuity of Pharmacotherapy for Opioid Use Disorder
- **3539e** Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting

Not recommended for endorsement:

- **3538** All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries Who May Benefit from Integrated Physical and Behavioral Health Care

Dr. Stolpe mentioned that NQF 3175 was endorsed in 2017 at the health plan- and state-level of analysis, and was presented to the Measure Applications Partnership (MAP) in 2018. The MAP encouraged the developer to test the measure at the clinician level of analysis before it is implemented in Merit-based Incentive Payment System (MIPS). The Standing Committee voted to pass this measure on reliability and validity at the clinician level based on the new testing provided. Dr. Stolpe also noted that NQF 3539e was originally submitted for NQF endorsement in 2017. At that time, the Standing Committee recommended additional testing to examine the impact of the exclusions of "antipsychotics prior to admission" and "antipsychotics for treatment resistant depression." The developer presented their amended measure, which was recommended by the BHSU Standing Committee based on the changes implemented. For NQF 3538, the Standing Committee did not recommend the measure based on concerns that the evidence did not suggest that there would be better outcomes for patients if the measure was implemented but there would be risks significantly impairing access to care for persons with serious mental illness (SMI), especially in rural settings.

In the spring 2020 cycle, the BHSU Standing Committee reviewed two maintenance measures and one new measure.

Recommended for endorsement:

- **0108** Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Not Recommended for endorsement:

- **2803** Tobacco Use and Help with Quitting Among Adolescents
- **3572** Follow-Up After Psychiatric Hospitalization

Dr. Stolpe mentioned that NQF 2803 was noted to have grade "I" evidence supporting its recommendation by the United States Preventive Services Task Force (USPSTF). While the Standing Committee felt very strongly that the need to address adolescent smoking is very high, they did not support a measure that holds clinicians accountable for an intervention that does not have an evidence base of effectiveness. Dr. Stolpe stressed that the Standing Committee meticulously considered the

options associated with passing the measure on exception to evidence, but ultimately this was not considered appropriate by the Standing Committee. NQF 3572 had a significant validity concern that 35% of the measure sample was excluded due to admission or transfer. The implication observed by the Standing Committee was that the population that could have potentially had a poor outcome as a result of not receiving follow up was excluded from the measure. Harold Pincus, BHSU Co-Chair, supported Dr. Stolpe's summary of the Standing Committee's review and had no further comments.

CSAC Discussion

CSAC member discussion began with a note of approval of the overall approach taken by the BHSU Standing Committee related to adherence to NQF process and application of NQF criteria. CSAC members questioned the conclusions of the Standing Committee related to NQF 2803, expressing concern that providers are trusted by adolescents and could have a high potential to influence decisions related to tobacco use. It was noted by one CSAC member that the USPSTF did not explicitly state that there was evidence that the interventions do not work; they stated that evidence was inconclusive. Another member disagreed with this interpretation and also noted that it was not CSAC's role to re-adjudicate the BHSU Standing Committee's decisions; rather, CSAC should consider if NQF processes were followed and criteria appropriately applied. CSAC members voted to uphold the BHSU Standing Committee's decisions for all measures.

Cancer

Dr. Pickering summarized the Cancer fall 2019 track 2 and spring 2020 review cycles. In the fall 2019 track 2 cycle, the Cancer Standing Committee reviewed and recommended two maintenance measures for endorsement:

- **0223** Adjuvant Chemotherapy is Recommended, or Administered within 4 Months (120 days) of Diagnosis for Patients Under the Age of 80 with AJCC Stage III (Lymph Node Positive) Colon Cancer
- **0384** Oncology: Medical and Radiation - Pain Intensity Quantified

Dr. Pickering provided a brief overview of the measures and the issues that arose during the Cancer Standing Committee's evaluation. For NQF 0223, it was noted that the developer did not complete data element validity testing. In this case, the developer did provide results and process for the validity testing conducted and a clear rationale for why the measure continues to be valid. The Standing Committee reviewed this information and agreed this measure has high face validity and measure specifications were consistently implemented within the registry program. The Standing Committee voted to pass this measure on validity. For NQF 0384, the Committee agreed with the importance of this measure, noting that the benefits outweigh any potential risks.

In the spring 2020 cycle, the Cancer Standing Committee reviewed and did not recommend one maintenance measure for endorsement:

- **0508** Diagnostic Imaging: Inappropriate Use of 'Probably Benign' Assessment Category in Screening Mammograms Measure Name

Dr. Pickering provided a brief overview of the measure and the issues that arose during the Cancer Standing Committee's evaluation. The Standing Committee voted to not recommend this measure due to issues with validity. Dr. Pickering summarized that at the outset of the discussion on performance gap, NQF shared the preliminary analysis rating of low for this criterion, indicating the measure is topped out (mean performance reported was 2.93%, lower score is better). Such a high-performance rate allowed the Standing Committee to consider this measure for reserve status. Dr. Pickering stated

that the purpose of reserve status is to retain endorsement of reliable and valid measures that have overall high levels of performance so that performance can be monitored, as necessary, to ensure that performance does not decline. Additionally, reserve status should be applied only to highly credible, reliable, and valid measures that have high levels of performance due to quality improvement actions (e.g., not due to documentation practices only).

Dr. Pickering mentioned that during the discussion on validity, the Standing Committee agreed this measure has high face validity, but when evaluating the measure's empirical validity, however, a correlation between this measure and two other process measures was not found. The Standing Committee ultimately did not pass the measure on validity, and therefore this measure was not recommended for endorsement.

Committee Co-Chair, Shelley Fuld Nasso, supported Dr. Pickering's summary of the Cancer Standing Committee's measure review cycles and did not add further comments.

CSAC Discussion

The CSAC expressed no concerns with the Cancer Standing Committee's recommendations and unanimously endorsed both fall 2019 track 2 measures. The CSAC committee also unanimously voted to uphold the Cancer Standing Committee's recommendation to not continue endorsement for the spring 2020 measure.

Cardiovascular

Amy Moyer, NQF Director, summarized the Cardiovascular fall 2019 track 2 and spring 2020 review cycles. In the fall 2019 track 2 cycle, the Cardiovascular Standing Committee reviewed and recommended one maintenance measure for endorsement:

- **0018** Controlling High Blood Pressure

Ms. Moyer provided a summary of the Cardiovascular Standing Committee's evaluation meeting discussions of NQF 0018. This measure was reviewed by the SMP and passed validity and reliability. This is a plan-level measure encompassing a broad population, ages 18-85. There are multiple competing guidelines, none of which directly corresponds to the measure's population. The Standing Committee discussed the difficulty of choosing one target for a broad population and that age does not directly correspond to physiological state. Ultimately, because the measure is a plan-level population measure, the Standing Committee felt the choice of 140/90 was an acceptable blood pressure target for the measure and unanimously recommended the measure for endorsement. NQF received one public comment expressing concern that 140/90 did not align with one of the recommendations from the American Academy of Family Physicians guideline. In response to the comment, the Standing Committee revisited its earlier discussion around appropriate targets and did not find any rationale for changing its previous endorsement recommendation.

In the spring 2020 cycle, the Cardiovascular Standing Committee reviewed and recommended four maintenance measures for endorsement:

- **0066** Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)
- **0067** Coronary Artery Disease (CAD): Antiplatelet Therapy
- **0076** Optimal Vascular Care
- **0290** Median Time to Transfer to Another Facility for Acute Coronary Intervention

Ms. Moyer provided summaries of the Cardiovascular Standing Committee's evaluation meeting discussion of the four measures. NQF 0076 was reviewed by the SMP and passed 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. NQF received one comment asking if the most recent guideline was included in the evidence for NQF 0066. The comment was forwarded to the developer, who also publishes the guideline, and it was confirmed that the guideline in the evidence is the most recent guideline published.

Thomas Kottke, Cardiovascular Standing Committee Co-Chair, supported Ms. Moyer's summary of the measure review cycles and did not add any further comments.

CSAC Discussion

The CSAC expressed no concerns with the Cardiovascular Standing Committee's recommendations and unanimously voted to endorse the fall 2019 track 2 measure and all four spring 2020 measures.

Cost and Efficiency

Dr. Pickering summarized the Cost and Efficiency spring 2020 review cycle. The Cost and Efficiency Standing Committee reviewed six new measures.

Recommended for endorsement:

- **3561** Medicare Spending Per Beneficiary – Post Acute Care Measure for Inpatient Rehabilitation Facilities
- **3562** Medicare Spending Per Beneficiary – Post Acute Care Measure for Long-Term Care Hospitals
- **3575** Total Per Capita Cost (TPCC)

Not Recommended for endorsement:

- **3563** Medicare Spending Per Beneficiary – Post Acute Care Measure for Skilled-Nursing Facilities
- **3564** Medicare Spending Per Beneficiary – Post Acute Care Measure for Home Health Agencies
- **3574** Medicare Spending Per Beneficiary (MSBP) Clinician

Dr. Pickering provided a brief overview of the six new measures and overarching issues that arose during the Cost and Efficiency Standing Committee's evaluation. Dr. Pickering summarized that during the spring 2020 measure evaluation cycle, the Cost and Efficiency Standing Committee raised concerns regarding low reliability at lower case volumes (NQF 3564 and 3574), such that the signal-to-noise or split-sample reliability statistics for practices with small case volumes may not be sufficient for the measure to be considered reliable. The Standing Committee also discussed several threats to validity, including the exclusion of payment variables that raised concerns with the misalignment on how patient risk is handled in the post-acute care (PAC) setting payment programs and the expected costs calculation in the measures. Dr. Pickering mentioned that the developer's rationale was due to the concern that certain aspects of the payment system in PAC can be gameable and noted that there is more alignment in the expected episode costs and the payment program for Long-Term Care Hospitals (NQF 3562) and less for the Skilled Nursing Facilities (NQF 3563) and the Home Health (NQF 3564). Lastly, the Standing Committee raised concerns with the lack of social factor risk adjustment within the measures. Cost and Efficiency Standing Committee Co-Chairs, Cheryl Damberg and Sunny Jhamnani, stated the Committee raised concerns that certain providers with a high volume of social risk patients could be penalized by the developer's risk adjustment model. The Standing Committee noted the need to ensure that providers serving people with social risk factors are not penalized unfairly by a lack of social risk adjustment.

The measure developers submitted a letter to the CSAC to request reconsideration of their measures citing breeches in NQF CDP. The developers highlighted the concerns in their letter, which focused on three areas relating to the review of the measures, namely: inconsistency in Standing Committee deliberations and process, specifically voting; misapplication of measure evaluation criteria and guidance; and transparency of Standing Committee deliberation materials. Regarding the issues of inconsistency, the developers stated concerns that NQF did not inform Standing Committee members at the post-comment meeting that consensus not reached (CNR) was no longer an option and that anything less than 60% would be taken as a recommendation against endorsement. They also suggested that due to offline voting procedures as a result of quorum challenges, the Standing Committee did not give consistent or due consideration to the expertise of the SMP, and that the Standing Committee required NQF 3574 to meet a higher standard for the request for reconsideration than NQF 3561. With respect to the misapplication of the measure evaluation criteria, the developers asserted that the requirements for face validity are unclear, and that the Standing Committee incorrectly applied the face validity evaluation standards by combining face validity with empirical validity requirements in a way that is inconsistent with written guidance. The developers also suggested the Standing Committee did not provide a consistent rationale for the endorsement recommendations on the cost measures in this cycle, stating that that there are close similarities in framework and development process, and many features that have been raised by the Standing Committee as concerns have been carefully considered or are due to the Standing Committee's misunderstanding of statistical methodology and the goals of the measures. Lastly, for the issue of transparency, the developers stated that they experienced challenges in accessing meeting materials and the draft recommendation report, which created challenges for the developer to understand reasons for decisions and therefore, they could not then respond to the Standing Committee appropriately.

The Standing Committee recognized that these measures address a high resource use aspect of healthcare and that there is an opportunity for improvement in resource use outcomes, and that because these measures are used for Medicare payment purposes, it is critical to make sure the measures are valid and can reliably differentiate performances. Dr. Damberg and Dr. Jhamnani observed that the issues identified by the Standing Committee were overarching, but different across the measures due to the settings of care and emphasized that just because the measures are developed together doesn't mean that it should have the same voting results. Furthermore, the Co-Chairs reaffirmed that the Standing Committee was responsive to the developers' request for a careful review and reconsideration of NQF 3561 and 3574, and provided rationales for why the Standing Committee did not consider the measures to meet NQF criteria.

Dr. Pickering stated that NQF acknowledges the perspectives of the measure developers related to the evaluation of the three cost measures (NQF 3563, 3564, and 3574) reviewed by the Standing Committee during the spring 2020 review cycle. Several of the concerns raised by the developers related to achieving quorum, which given the current pandemic, has been challenging for Standing Committee members. Members are often juggling multiple commitments, personal and professional. In order to be flexible, NQF allows Standing Committee members to submit votes via online survey and makes all deliberation materials available for review. With respect to voting thresholds, NQF acknowledges misstating the CNR threshold during the October 1, 2020 call. However, the application of the voting results was consistent with NQF policies. These results were not "imputed" in any way, as the developer stated in their request for reconsideration letter to CSAC. Regarding the consideration of SMP, Dr. Pickering stated that SMP evaluations and votes are embedded within the preliminary analyses that were provided to the Committee prior to the measure evaluation meetings. In addition, two SMP-members were seated on the Cost and Efficiency Standing Committee and contributed to the scientific

acceptability discussion for all measures, both during the measure evaluation meeting and via email. Lastly, regarding the provision of meeting materials by the developer, Dr. Pickering stated that recordings of the meetings were either posted publicly or shared with the developer upon request. NQF acknowledged that the transcripts the meetings were not released to the public, due to 508 non-compliance and that the draft technical reports and memo were not posted on the originally planned date as the Standing Committee needed to schedule an additional and unplanned post-comment reconvening of the Committee on October 13, 2020 in order to complete the deliberations and reconsideration vote for NQF 3574.

CSAC Discussion

CSAC members noted the complexity of these measures and applauded the Standing Committee in their evaluation. One CSAC member questioned the decision not to endorse NQF 3563, when similar measures NQF 3561 and NQF 3562 were endorsed. Dr. Pickering mentioned that the Standing Committee expressed that though the measures were structured similarly, specifications and testing varied in implementation and by care setting. Dr. Jhamnani also expressed that though the measures used similar methodologies, they varied in outcome and effects due to their different settings.

The CSAC voted on the measures separately. NQF 3561 and NQF 3562 were endorsed with eight votes in favor of the recommendation and three votes to return the measure to the Cost and Efficiency Standing Committee for reconsideration. The CSAC voted unanimously to endorse NQF 3575. The CSAC voted not to reconsider NQF 3563 and 3564 with five votes in favor of the reconsideration request and six against reconsideration; and NQF 3574 with three votes in favor of the reconsideration request and eight votes against reconsideration. They then voted not to endorse NQF 3563 with eight votes to uphold the Committee's decision and three votes to return the measure to the Cost and Efficiency Standing Committee for reconsideration. The CSAC then voted not to endorse NQF 3564 and NQF 3574, each with nine votes to uphold the Committee's decision and two votes to return the measure to the Committee for reconsideration.

Geriatrics and Palliative Care

Kathryn Goodwin, NQF Director, summarized the Geriatrics and Palliative Care fall 2019 track 2 review cycle. The Geriatrics and Palliative Care Standing Committee reviewed and recommended one maintenance measure for endorsement:

- **2651** CAHPS® Hospice Survey (experience with care)

Ms. Goodwin and Geriatrics and Palliative Care Committee Co-Chair Sean Morrison gave a brief overview of the measure. The Standing Committee and the developer had a robust discussion around exclusions, examining ways to include as many types of patients and perspectives as possible. They noted the measure is in use in the Hospice Quality Reporting Program and that the results are available on Hospice Compare. Standing Committee members shared that their organizations carefully reviewed results on this measure and actively worked to improve care to improve measure performance.

Ms. Goodwin stated that NQF received one comment during the public comment period, including a recommendation to improve the specificity in the questionnaire with respect to person-centered care. The commenter also suggested using a different term than communication to capture the dialogue around what matters most in hospice care and to capture whether the team was able to compassionately act on behalf of patients. Ms. Goodwin summarized the developer's response to the comment, which is that they are drafting and field testing a revised version of the CAHPS Hospice Survey. The developer also indicated that they will consider the comment about communication by

working with a technical expert panel, conducting inpatient interviews, and developing survey items that assess the degree to which the team was able to communicate about what matters most to the patient. The Standing Committee supported and accepted the developer's response to the comment submitted.

CSAC Discussion

The CSAC expressed no concerns with the Geriatrics and Palliative Care Standing Committee's recommendation and unanimously endorsed NQF 2651.

Patient Experience and Function

Dr. Stolpe summarized the Patient Experience and Function (PEF) fall 2019 track 2 and spring 2020 review cycles. In the fall 2019 track 2 cycle, the PEF Standing Committee reviewed and did not recommend one maintenance measure for endorsement:

- **0291** Emergency Transfer Communication Measure

During their review, the Standing Committee noted an important possible dependence of score-level reliability upon data element-level reliability, in that it is possible to have high score-level reliability that is potentially biased by systematic error at the data element level. This appeared to be the case with NQF 0291, that exhibited poor interrater reliability from medical record abstraction, but good score level reliability signal to noise analysis results.

In the spring 2020 cycle, the PEF Standing Committee reviewed and recommended three maintenance measures and one new measure for endorsement:

- **2614** CoreQ: Short-stay Discharge Measure
- **2615** CoreQ: Long-Stay Resident Measure
- **2616** CoreQ: Long-Stay Family Measure
- **3559** Hospital-Level, Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty

Regarding the three maintenance measures based on the CoreQ survey, the PEF Standing Committee noted that there are known differences in the quality of care provided to minorities within these facilities with consistently poorer care in facilities with high minority populations and that nursing homes remain segregated, with black patients concentrated in poorer-quality homes. This was especially concerning given that the three measures did not exhibit statistically significant differences by race. The Standing Committee discussed that measures of patient satisfaction are essentially measures of met expectations and questioned the implications associated with equal satisfaction in the face of known quality inequities. The Standing Committee expressed concerns that the measures may mask differences in quality by showing that racial minority patients are still satisfied with poorer quality care. PEF Committee Co-Chairs, Gerri Lamb and Christopher Stille, encouraged CSAC to consider this issue separately from the consideration of these three measures since it impacts other experience and satisfaction measures as well.

CSAC Discussion

Dr. Stolpe highlighted the primary issues associated with the measure from fall 2019 track 2, NQF 0291, which was not recommended for endorsement. CSAC members noted that the PEF Standing Committee recommendations were appropriate, especially those to the developer to consider how to strengthen the data element level reliability and bring the measure back to the PEF Committee. The PEF Standing Committee's recommendation was unanimously upheld by the CSAC.

Dr. Stolpe proceeded to discuss the spring 2020 measures, all of which were recommended for endorsement. Dr. Stolpe noted the overarching issue of potentially masking disparity-related problems with satisfaction surveys raised by the PEF Standing Committee during their review of NQF 2614, 2615 and 2616. CSAC members acknowledged this challenge and its place on the agenda for an upcoming CSAC meeting in December. CSAC members noted that this is a known problem in satisfaction measures and commended the PEF Standing Committee for careful consideration of equity in measurement.

The CSAC noted process-related questions associated with carrying the vote on related criteria between measures for NQF 2614-2616. Public comments reflected concerns that this process may result in the Committee missing important nuances between the measures due to truncated discussion and potential overgeneralization. CSAC members noted the staff response to this concern as appropriate, given that the process is well-established at NQF and requires unanimous agreement by the Standing Committee in order to carry the vote from a given criterion on one measure to another measure.

CSAC members unanimously upheld the PEF Standing Committee endorsement recommendation for NQF 2614, 2615 and 2616. The CSAC also voted to uphold the PEF Standing Committee endorsement recommendation for NQF 3559 (Y-10; N-1).

Patient Safety

Dr. Pickering summarized the Patient Safety spring 2020 review cycle. The Patient Safety Standing Committee reviewed and recommended one maintenance measure and one new measure for endorsement:

- **2723** Wrong-Patient Retract-and-Reorder (Wrong-Patient-RAR) Measure
- **3558** Initial Opioid Prescribing for Long Duration (IOP-LD)

Dr. Pickering started by presenting a brief overview of the measures and described some of the overarching issues that were raised during the Patient Safety Standing Committee's evaluation. The first issue discussed was the importance of building measurement into electronic health records (EHR). This was particularly relevant to NQF 2723, which directly uses EHR to capture near-misses that occur, traditionally when multiple charts are open and a patient nearly receives an order intended for another patient. A second issue discussed was reducing barriers to measure use. There was a discussion about the licensing fees for NQF 3558, which could potentially impact its feasibility, and subsequent measure adoption. However, the developer described that this would only apply to commercial use, not government use. Dr. Pickering also described the nine comments that were received regarding these measures from members, most of which were supportive. There were several comments, however, regarding NQF 3558. There were concerns about inclusion of patients in long term care settings, inclusion of methadone, as well as Centers for Medicare and Medicaid Services (CMS)'s reporting requirements. These comments were addressed in the responses from the developer that were also reviewed by the Standing Committee. For NQF 2723, there were also comments about the consistency of the terminology, and recommendations to the developer to be more consistent, all of which the developer agreed would be addressed in future version of the measure.

Iona Thraen, Co-Chair of the Patient Safety Standing Committee, reinforced the importance of the two measures. With respect to NQF 2723, Dr. Thraen described how organizations may actually improve care and reduce this sort of error by embedding pictures of patients in the EHR.

CSAC Discussion

A CSAC member commented that the evaluation was appropriate and complete, and that they were broadly supportive of these two measures. Another CSAC member asked a question around the

operationalization of NQF 2723 and how it would be used to drive quality improvement, because they were "near" misses rather than actual errors. Dr. Thraen clarified that NQF 2723 is more of a proxy measure and would lead to a better design of EHRs (i.e., reducing the number of patient records open within the EHR) to prevent this sort of near-miss. Dr. Thraen also clarified that this measure is designed as a quality improvement measure and captures the much more common process of near misses to address systems or human factors issues that may contribute to near misses. After thoughtful discussion, the CSAC unanimously voted to uphold the Standing Committee's recommendations and endorse these two measures.

Perinatal and Women's Health

Chelsea Lynch, NQF Director, summarized the Perinatal and Women's Health fall 2019 track 2 and spring 2020 review cycles. In the fall 2019 track 2 cycle, the Perinatal and Women's Health Standing Committee reviewed and recommended one new measure for endorsement:

- **3543** Patient-Centered Contraceptive Counseling (PCCC)

During the initial evaluation of this measure, the Standing Committee had a thorough discussion about the measure and voted to highly recommend it for endorsement. The Standing Committee agreed that the measure is a valuable standalone measure and a balancing measure for the other contraceptives care measures in the Perinatal and Women's Health portfolio. This measure received 25 comments from eight member organizations and 17 individuals during the public commenting period. These comments centered around themes of consideration of disparities during development, the utility and framing of survey questions, and the desire for a separate measure to support pregnancy intentions (e.g. measuring situations where a woman does not wish to discuss family planning, but would rather become pregnant). The Standing Committee reviewed these comments during its deliberations on the post-comment call and agreed to retain their recommendation for endorsement of the measure.

In the spring 2020 cycle, the Perinatal and Women's Health Standing Committee reviewed and recommended six maintenance measures for endorsement:

- **0469** PC-01 Elective Delivery
- **0469e** PC-01 Elective Delivery e
- **0471** PC-02 Cesarean birth
- **0480** PC-05 Exclusive Breast Milk Feeding
- **0480e** PC-05 Exclusive Breast Milk Feeding e
- **0716** Unexpected Complications in Term Newborns

During the initial evaluation meeting, the Standing Committee discussed NQF 0480 and 0480e at length. Although the Standing Committee expressed support for the measure, there was some concern about the lack of exclusions. The Standing Committee suggested the developer make improvements to the measure through future research into the use of donor breast milk in this measure's calculation. These measures received two comments from one member organization and one individual during the commenting period. One commenter expressed a concern with the CDP as measures NQF 0471 and 0716, both outcome measures, received Yes/No votes rather than High/Moderate/Low/Insufficient votes on the Evidence criterion. However, the Standing Committee agreed that the correct NQF processes were followed as outcome measures receive Pass/No Pass (i.e. Yes/No) votes under the CDP Measure Evaluation Criteria Guidance. The other commenter suggested further exclusions to NQF 0480 and 0480e, such as diagnosis of hypoglycemia requiring treatment, mother transferred or admitted to the Intensive Care Unit and unable to breastfeed/pump, and newborn admission to an Intermediate Care Nursery. The Standing Committee ultimately did not recommend the developer adopt the

commenters' suggested exclusions. The Standing Committee reviewed these comments during its deliberations on the post-comment call and agreed to retain their recommendation for endorsement of the measure.

CSAC Discussion

Carol Sakala, Standing Committee Co-Chair, highlighted the strength of the measure submissions, the importance of these measures to the current maternal health crisis in the United States, and the dearth of measures in the Perinatal and Women's Health portfolio. The CSAC agreed that the measures were all strong submissions. The CSAC voted unanimously to accept the measure endorsement recommendations by the Standing Committee for all seven measures in the fall 2019 track 2 and spring 2020 cycles.

Prevention and Population Health

Nicole Williams, NQF Director, summarized the Prevention and Population Health (PPH) spring 2020 review cycle. The PPH Standing Committee reviewed two maintenance measures.

Recommended for endorsement

- **0032** Cervical Cancer Screening

Not recommended for endorsement

- **0509** Diagnostic Imaging: Reminder System for Screening Mammograms

During the initial evaluation of NQF 0032, the Standing Committee discussed the measure at length. They specifically noted that this measure now has three ways of screening for cervical cancer, whereas previously there were only two. The developer presented updated information on disparities and although the Standing Committee acknowledged a gap, members also expressed concerns about whether disparities are hidden based on how the data are aggregated and reported within health plans. The Standing Committee also reviewed the developer's construct validity testing, which showed a correlation between this measure and two other HEDIS (Healthcare Effectiveness Data and Information Set) process measures (Breast Cancer Screening and Cervical Cancer Screening), with the developer hypothesizing that organizations that performed well on this measures should perform well on the other two. The specific range of the correlation coefficients (i.e., 0.32-0.67 for commercial and Medicaid plans) was discussed by the Standing Committee and noted by the developer as moderate. The variability of screening practices and rates among health plans also was mentioned by the Standing Committee as an influencing factor. This measure passed on overall suitability for endorsement.

During the initial evaluation of NQF 0509, the Standing Committee discussed the measure at length. It was not recommended for endorsement due to failure for passing on validity, a must-pass criterion. Ms. Williams noted the preliminary analysis rating was insufficient. The developer conducted construct validity, calculating Pearson's coefficients and was unable to find a correlation of this measure with two other process measures (including an NQF-endorsed measure). It was hypothesized that good performance on this measure likely indicates physicians who follow guidelines are working within practices that have good systems for tracking patients or do not unnecessarily recall patients. The Standing Committee discussed the comparability across physicians implementing this measure, since that also could be a validity issue if each provider is using a slightly different recommendation. While the data on performance could be high among providers following the same recommendations, the rates could be very different when comparing the same measure across providers/facilities. Furthermore, the Standing Committee also discussed the performance gap, which reported a mean rate of 99.6%,

indicating the measure is topped out. The possibility of the measure being eligible for Reserve Status was presented by NQF staff and discussed. The Committee ultimately concluded that the gap was low and the measure should be eligible for Reserve Status given it passes the remaining criteria.

Ms. Williams presented the two spring 2020 maintenance measures reviewed by the PPH Standing Committee for maintenance of endorsement. Ms. Williams noted that during the original evaluation meeting in July, NQF 0032 was recommended for endorsement while the second measure, NQF 0509 was not recommended for endorsement. NQF 0509 failed on performance gap and validity. Comments received were in support of not recommending the measure for endorsement.

CSAC Discussion

Thomas McInerny, PPH Co-Chair, shared some of the comments received and reaffirmed the Standing Committee's position on the measures. CSAC lead discussants agreed with the Standing Committee's assessment of NQF 0509 as there is no proven correlation between providing reminders and an increased rate of mammogram completions. The CSAC voted to uphold the PPH Committee's recommendations for endorsing NQF 0032 and not endorsing 0509.

Primary Care and Chronic Illness

Dr. Stolpe summarized the Primary Care and Chronic Illness (PCCI) fall 2019 track 2 and spring 2020 review cycles. In the fall 2019 track 2 cycle, the PCCI Standing Committee reviewed and recommended three maintenance measures for endorsement:

- **0059** Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- **0061** Comprehensive Diabetes Care: Blood Pressure Control
- **0575** Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control

Dr. Stolpe and the PCCI Co-Chairs noted that the three measures were intermediate outcomes measures, and that the Standing Committee had discussed the potential need for risk adjustment, issues associated with perceived redundancy between the measures associated with HbA1c, and comments adjudicated by the Standing Committee.

In the spring 2020 cycle, the PCCI Standing Committee reviewed and did not recommend three new measures for endorsement:

- **3569e** Prediabetes: Screening for Abnormal Blood Glucose
- **3570e** Intervention for Prediabetes
- **3571e** Retesting of Abnormal Blood Glucose in Patients with Prediabetes

Dr. Stolpe introduced three prediabetes measures reviewed by the Standing Committee for spring 2020 for initial endorsement. Dr. Stolpe noted that during the original evaluation meetings in June and July, the Standing Committee did not recommend NQF 3570e, and did not achieve consensus on must-pass criteria for NQF 3569e and 3571e. These issues were resolved during the post-comment call and the measures were not recommended for endorsement. The developer submitted a request for reconsideration of NQF 3570e to the Standing Committee prior to the post-comment call. The Standing Committee voted to not reconsider the measure, with fourteen Committee members not in favor of reconsideration and two members supporting reconsideration.

The developer submitted a letter to CSAC to request reconsideration of their measures citing breeches in NQF Standing Committee CDP. The developer highlighted two areas of concern in their letter relating to the review of the measures, namely: general inconsistency in committee deliberations and process;

and misrepresentation of public comments in presentation slides. Related to general inconsistency, the developer asserted that concise statements outlining why a measure did not pass were not provided in the deliberations nor the report generated by NQF staff. The developer further asserted that the Standing Committee was inconsistent in their recommendations. The developer also expressed concerns that the Standing Committee did not allocate sufficient time to the discussion of their request for reconsideration. The developer also suggested that presentation slides did not appropriately represent the 34 comments that were received by NQF from the public on the measures, focusing only on concerns that were expressed by the comments and potentially imposing a bias.

The PCCI Co-Chairs, Dale Bratzler and Adam Thompson, acknowledged the perspectives of the developer related to the evaluation of the three prediabetes measures, but reaffirmed that the Standing Committee remained focused on the criteria where consensus was not reached or where a recommendation was not given for endorsement, and provided clear rationales for why the Standing Committee did not consider the measures to meet NQF criteria. For NQF 3569e, the PCCI Co-Chairs noted that the Standing Committee's focus of validity concern was on the lack of an upper age limit for the measure. The Standing Committee provided several recommendations to the developer on approaches to address this concern that are captured by the Meeting Summary. For NQF 3570e, the Standing Committee was concerned that this measure has limited interventions available to meet the numerator, requiring clinicians to either prescribe metformin or refer the patient out to another service. This was noted to be burdensome to providers and patients, with feasibility concerns that resulted in the measure not passing that criterion nor overall endorsement. For NQF 3571e, the Standing Committee noted that the recommendations to support the focus of this measure are based on expert opinion and expressed that such evidence was not sufficient to warrant a national measure. Dr. Bratzler and Mr. Thompson observed that the issues identified by the Standing Committee were different across the measures and suggest that the issue that AMA identified of applying criteria correctly doesn't align with the concerns raised by the Standing Committee. The PCCI Co-Chairs stressed that all written public comments and developer responses were provided to the Standing Committee in advance of the meeting, and that they did not consider the presentation of concerns needed to be resolved to have unduly biased the Committee.

CSAC Discussion

For the fall 2019 track 2 measures, CSAC members asked about the extent to which adherence was discussed in the deliberations, to which Dr. Bratzler and Mr. Thompson noted that this issue was discussed especially in the context of cost, but did not weigh deeply on the Standing Committee's deliberations. The CSAC voted unanimously to uphold the recommendations of the Standing Committee. For the spring 2020 measures, CSAC members noted sincere concerns on the part of the PCCI Committee related to unresolved issues specific to each measure, and that the measures appeared to go through an appropriate review. Each measure's reconsideration request was declined by the same vote (Y-1; N-10). The CSAC then voted to uphold the PCCI Standing Committee's recommendations not to endorse NQF 3569e, 3570e, and 3571e with the same voting margins (Y-10; N-1). The measures are therefore not endorsed.

Renal

Dr. Stolpe summarized the Renal fall 2019 track 2 and spring 2020 review cycles. In the fall 2019 track 2 cycle, the Renal Standing Committee reviewed and recommended one maintenance measure for endorsement:

- **2979** Standardized Transfusion Ratio for Dialysis Facilities

Dr. Stolpe noted that NQF 2979 had received a single detailed public comment expressing concerns with attribution and reliability. These concerns were discussed by the Standing Committee during the post-comment call and resolved to the Committee's satisfaction.

In the spring 2020 cycle, the Renal Standing Committee reviewed three maintenance measures.

Recommended for endorsement

- **0369** Standardized Mortality Ratio for Dialysis Facilities
- **2978** Hemodialysis Vascular Access: Long-Term Catheter Rate

Not recommended for endorsement

- **2977** Hemodialysis Vascular Access: Standardized Fistula Rate

Dr. Stolpe was joined by Co-Chairs, Constance Anderson and Lorien Dalrymple, to describe the Standing Committee's deliberations during this review cycle. The Standing Committee emphasized that NQF 2977 and 2978 are based on updated evidence guidelines from the National Kidney Foundation's (NKF) Kidney Disease Outcomes Quality Initiative (KDOQI). During the most recent update, KDOQI conducted an in-depth review of the evidence base for the recommendations within the guideline, including a systematic review of the literature. This resulted in downgraded evidence to expert opinion that had previously been ranked as high. The measure developer supplemented the systematic review in the KDOQI guidelines with additional journal articles noting other undesirable outcomes with catheter use. Thus, the Standing Committee felt it especially important to carefully consider the implications of the downgrading of evidence for these two measures, ultimately concluding that the evidence to support the use of fistulas was not as strong as the evidence against the use of catheters for vascular access.

CSAC Discussion

The CSAC concurred with the Standing Committee's conclusions, noting the Committee's appropriate consideration of patient preference, patient ineligibility considerations, and exclusions. CSAC members expressed some surprise that the evidence has been downgraded and observed that the NQF CDP processes were adhered to by the Standing Committee. The CSAC voted unanimously to uphold the Renal Standing Committee's recommendations to endorse one fall 2019 track 2 measure and two spring 2020 measures. The CSAC committee also voted unanimously to uphold the Standing Committee's recommendation to not endorse NQF 2977.

Surgery

Ms. Moyer summarized the Surgery spring 2020 review cycle. The Surgery Standing Committee reviewed and recommended one maintenance measure for endorsement:

- **2687** Hospital Visits after Hospital Outpatient Surgery

Ms. Moyer noted that NQF 2687 was reviewed by the SMP and passed reliability and validity. The Standing Committee expressed very few issues with measure, but did have a question about why this measure of Hospital Outpatient Surgery is separate from a similar measure of Ambulatory Surgical Center (ASC) Surgery. The developer explained that ASCs may not perform all of the surgeries included in NQF 2687, making direct comparison difficult. The Standing Committee was satisfied with this response. This measure was unanimously recommended for endorsement. NQF received one comment with concerns about the validity of the measure given that it is restricted to Medicare fee-for-service patients. The developer mentioned the risk model shows good discrimination making it unlikely that the differences between Medicare Advantage and fee-for-service patients would affect scores on a regional

level. The committee concurred that this was not a threat to validity. William Gunnar, Surgery Standing Committee Co-Chair, supported Ms. Moyer's summary and did not have anything further to add.

CSAC Discussion

The CSAC expressed no concerns with the Surgery Standing Committee's recommendations and unanimously endorsed the measure.

Public Comment

No public or NQF member comments were provided during the measure evaluation meeting.

Next Steps

In total, 12 measures from the fall 2019 track 2 cycle and 27 measures from the spring 2020 cycle were endorsed during this meeting. These measures will undergo a 30-day appeals period from November 23, 2020 at 9:00 am ET to December 22, 2020 at 6:00 pm ET. Any party may request an appeal of an NQF endorsed measure during this time. For an appeal to be considered, it must include information that clearly demonstrates there was a procedural error that is reasonably likely to affect the outcome of the original endorsement decision, or there is new information or evidence that was unavailable at the time the CSAC made its endorsement decision that is reasonably likely to affect the outcome of that decision.