



# NATIONAL QUALITY FORUM

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## Consensus Standards Approval Committee – Measure Evaluation Web Meeting

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The National Quality Forum (NQF) convened the Consensus Standards Approval Committee (CSAC) for a two-day web meeting on November 30 and December 1, 2021, to evaluate measures for the spring 2021 cycle. During the two-day meeting, the CSAC endorsed 26 measures but did not endorse two measures; it did not return any measures to the Standing Committee for reconsideration.

### Welcome, Introductions, and Review of Web Meeting Objectives

Tricia Elliott, NQF senior managing director, welcomed the participants to the web-based endorsement meeting for the spring 2021 review cycle and provided housekeeping reminders. Dana Gelb Safran, NQF president and CEO; Missy Danforth, CSAC chair; and John Bulger, CSAC vice-chair, gave opening remarks. Ms. Elliott reviewed the agenda and explained the objectives for the meeting: to have the CSAC review and vote on the endorsement of 28 measures based on the recommendations of 11 Consensus Development Process (CDP) Standing Committees. Ms. Elliott reviewed the disclosure of interest requirements and conducted a roll call. A quorum was established with 10 out of 12 CSAC members present for both meeting days. NQF and the Centers for Medicare & Medicaid Services (CMS) agreed to reduce the quorum requirement for this meeting to 80 percent rather than the standard 100 percent due to COVID-19 considerations. Two CSAC members disclosed conflicts of interest on specific measures, which resulted in Missy Danforth being recused from measure #3621 and Kevin Kavanagh, MD, MS, FACS, being recused from #3501e. The CSAC members participated in a test vote. Ms. Danforth then opened the CSAC's discussion and review of the Standing Committees' endorsement recommendations.

### All-Cause Admissions and Readmissions

LeeAnn White, NQF director, summarized the All-Cause and Readmissions spring 2021 review cycle. The Standing Committee reviewed one new measure and three maintenance measures.

#### Recommended for Endorsement:

- #2860 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF) (Centers for Medicare & Medicaid Services [CMS]/Mathematica Policy Research [MPR]) (Maintenance)
- #2880 Excess Days in Acute Care (EDAC) After Hospitalization for Heart Failure (HF) (CMS/Yale New Haven Health Services Corporation – Center for Outcomes Research & Evaluation [Yale CORE]) (Maintenance)
- #2882 Excess Days in Acute Care (EDAC) After Hospitalization for Pneumonia (CMS/Yale CORE) (Maintenance)
- #3612 Risk-Standardized Acute Cardiovascular-Related Hospital Admission Rates for Patients With Heart Failure Under the Merit-Based Incentive Payment System (CMS/Yale CORE) (New)

Ms. White provided an overview of the three maintenance measures and one new measure under endorsement consideration, along with the All-Cause Admissions and Readmissions Standing Committee's discussions. The Scientific Methods Panel (SMP) reviewed and passed all four measures on the reliability and validity criteria.

NQF received four comments (i.e., one comment for #2880 and three comments for #3612), which reiterated the Standing Committee's concerns regarding attribution, reliability, and unintended consequences for both measures. No NQF members provided expressions of support or non-support for the measure(s) under review. During the post-comment meeting, the Standing Committee agreed that it had previously considered these issues and did not believe that the concerns raised warranted the reopening of any measures for review or a vote.

### CSAC Discussion

The CSAC discussants recognized that the Standing Committee considered the main concerns related to attribution, reliability, and unintended consequences during the Standing Committee evaluation meeting and the post-comment meeting. One of the discussants also noted that the developer provided a lengthy and appropriate response addressing those concerns.

One CSAC member raised concern related to the low r-squared value for #2880, stating that a result of 0.027 indicates that there is virtually no correlation, and questioned what was being correlated for this measure. Dr. Matt Pickering, NQF senior director, commented that the r-squared value was calculated for the risk adjustment model and noted that the developer addressed those concerns during the Standing Committee evaluation meeting. The developer explained that when looking at count models, such as the number of days for these excess days in acute care measures, the goal is to adjust for the case-mix rather than predict an outcome. As a result, the r-squared value does not have the same interpretation as a prediction. A model can have a low r-squared value and be a good model, or it can have a high r-squared value but not fit the data. Therefore, the low r-squared values for these measures are to be expected with this type of model and for these types of data.

The CSAC had no further discussion and voted unanimously to uphold the Standing Committee's recommendation to endorse the four measures.

### Behavioral Health and Substance Use

Tamara Funk, NQF director, summarized the Behavioral Health and Substance Use spring 2021 review cycle. The Standing Committee reviewed one maintenance measure.

#### **Recommended for Endorsement:**

- #3175 Continuation of Pharmacotherapy for Opioid Use Disorder (University of Southern California) (Maintenance)

Ms. Funk summarized #3175 *Continuation of Pharmacotherapy for Opioid Use Disorder*, which measures the percentage of adults at least 18 years of age with pharmacotherapy for opioid use disorder (OUD) who have at least 180 days of continuous treatment. The SMP did not review this maintenance measure. The measure developer submitted a pre-evaluation public comment, which clarified questions posed by NQF as part of the preliminary analysis. During the measure evaluation meeting, the Standing Committee did not identify any significant issues during the measure's review and recommended the measure for endorsement. No public comments were received during the public commenting period; therefore, no post-comment meeting was held.

## CSAC Discussion

The CSAC discussants noted that considerable room for improvement appears to be present and that current guidelines provide strong evidence for this measure. The measure is not currently stratified, and a CSAC member stated that it could be due to variability of the measure scores (e.g., scores are the highest for individuals under 64 years of age, for males versus females, for White patients, and for dual-eligible versus non-dual-eligible patients). The CSAC member noted that the developer wanted to focus on overall improvement and felt that stratification might remove motivation among those who serve minorities. The CSAC also noted that empirical validity was not conducted at the state or health plan levels, which is typically required at maintenance review; however, the developer had indicated that if the measure is valid at the clinician level, it would also be valid at the state and health plan levels. This concept received support from the Standing Committee; it passed the measure on validity and ultimately recommended it for endorsement. The CSAC noted there were no process concerns.

The CSAC had no further discussion and voted unanimously to uphold the Standing Committee's recommendation to endorse the measure.

## Cardiovascular

Ms. White summarized the Cardiovascular spring 2021 review cycle. The Standing Committee reviewed two new measures.

### **Recommended for Endorsement:**

- #3610 30-Day Risk Standardized Morbidity and Mortality Composite Following Transcatheter Aortic Valve Replacement (TAVR) (American College of Cardiology [ACC]) (New)
- #3613e Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED) (CMS/Yale CORE) (New)

Ms. White provided an overview of the two 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. NQF did not receive any public comments or expressions of support following the measure evaluation meeting. Since no comments were received, NQF and the Standing Committee co-chairs decided not to convene for a post-comment meeting.

## CSAC Discussion

One of the CSAC discussants noted that the Standing Committee recommended both measures under review with minimal concerns. For #3610, the discussant highlighted the Standing Committee's discussions on another closely aligned measure with similar concepts (i.e., mortality), adding that this measure encompassed a more comprehensive range of metrics. Moving on to #3613e, the discussant highlighted the Standing Committee's concerns with the low Kappa coefficient and how a low agreement could reflect a system failure to diagnose and capture the relevant patient population. The CSAC discussant agreed with the Standing Committee members that health systems need to improve data capture and performance and that all facilities should be able to achieve high performance on the measure. The CSAC also highlighted the challenges of implementing electronic clinical quality measures when the data quality could be better. Lastly, the CSAC discussant pointed out that this measure addresses disparities and provides an excellent example of how disparities influence outcomes (e.g., race/ethnicity, socioeconomic).

The CSAC had no further questions or discussion and voted unanimously to uphold the Standing Committee's recommendations.

## Cost and Efficiency

Ms. White summarized the Cost and Efficiency spring 2021 review cycle. The Standing Committee reviewed five maintenance measures.

### Recommended for Endorsement:

- #1598 Total Resource Use Population-Based per Member per Month (PMPM) Index (HealthPartners) (Maintenance)
- #1604 Total Cost of Care Population-Based PMPM Index (HealthPartners) (Maintenance)
- #2431 Hospital-Level, Risk-Standardized Payment Associated With a 30-Day Episode of Care for Acute Myocardial Infarction (CMS/Yale CORE) (Maintenance)
- #2436 Hospital-Level, Risk-Standardized Payment Associated With a 30-Day Episode of Care for Heart Failure (CMS/Yale CORE) (Maintenance)
- #2579 Hospital-Level, Risk-Standardized Payment Associated With a 30-Day Episode of Care for Pneumonia (CMS/Yale CORE) (Maintenance)

Ms. White provided an overview of the five maintenance measures and the Cost and Efficiency Standing Committee's discussions. The SMP reviewed all five measures and passed them on reliability and validity. The Standing Committee conducted a thorough review of the measures with no process issues and recommended all measures for continued endorsement. Ms. White noted that during the Standing Committee's discussion of the measures, three overarching issues emerged that were factored into the Standing Committee's ratings and recommendations for multiple measures. NQF received three comments from one member organization regarding the draft report and three of the measures under review (#2431, #2436, and #2579). The comments did not express support of the measures due to concerns about the measure specifications and risk adjustment model. An NQF member also submitted an expression of non-support for the three measures. During the post-comment meeting, the Standing Committee agreed that it had previously considered these issues and did not believe that the concerns raised warranted the reopening of any measures for review or a vote.

## CSAC Discussion

One of the CSAC discussants recognized that the Standing Committee considered the main concerns related to cost and quality correlation, minimum reliability thresholds, and social risk and risk adjustment during the Standing Committee evaluation meeting and the post-comment meeting. Specifically related to the correlation between cost and quality of care, the discussant emphasized that higher cost does not imply higher quality of care.

The discussant also questioned why #2431 did not unanimously pass on usability when the measure was in use. The Cost and Efficiency Standing Committee co-chair then highlighted that the conversation focused on the ability of a consumer to understand and use the measure during the usability discussion. While the measure was in use, some Standing Committee members had concerns that consumers might not be able to understand the correlation between the cost of healthcare and how it relates to care quality.

The CSAC had no further discussion and voted unanimously to uphold the Standing Committee's recommendation to endorse the five measures.

## Neurology

Ms. Funk summarized the Neurology spring 2021 review cycle. The Standing Committee reviewed one maintenance measure and one new measure.

### Recommended for Endorsement:

- #0507 Diagnostic Imaging: Stenosis Measurement in Carotid Imaging Reports (American College of Radiology) (Maintenance)

Ms. Funk explained to the Standing Committee that two measures were initially submitted to the spring 2021 cycle: #0507 and #3614 *Hospitalization After Release With Missed Dizzy Stroke*. The SMP reviewed and passed #3614 on reliability and validity. During the measure evaluation meeting, consensus was not reached on validity for #0507, and #3614 did not pass on the evidence criterion. The Standing Committee discussed issues such as the quality of evidence provided and its linkage to the measure's desired outcomes and the strength of scientific acceptability testing. In response to Standing Committee's concerns, the developer of #0507 provided additional data element validity testing during the public commenting period. During the post-comment meeting, quorum was achieved for the discussion and vote on #0507; the Standing Committee passed the measure on validity and recommended it for continued endorsement.

The Neurology Standing Committee chair added that #0507 had been in place for a while and that controversy surrounded whether the developer demonstrated sufficient validity; nevertheless, the updates made via public comment led to continued endorsement.

Ms. Funk then explained to the CSAC that before the post-comment call began, the developers of #3614 requested a reconsideration on the following grounds: the evidence was sufficient to meet NQF criteria, the evaluation meeting discussion was fragmented due to attendance issues, and the lead developer was recused from the discussion due to being seated on the Standing Committee. During the post-comment meeting, quorum was lost before a reconsideration vote could be held; as a result, NQF moved to reopen the measure for discussion. A discussion of all measure criteria and offline voting took place. Once again, the measure did not pass on evidence, and the developer subsequently decided to withdraw the measure from endorsement consideration this cycle. The Standing Committee chair thanked the Standing Committee for the time and effort they put into reviewing and discussing #3614 before it was ultimately withdrawn.

### CSAC Discussion

One of the CSAC discussants noted that #0507 had a few issues beyond the validity issue, which was resolved by the developer and the Standing Committee. The discussant noted that the attendance at measure evaluation and post-comment meetings often fluctuates, especially in the virtual setting during the pandemic. The discussant questioned whether part of the issue is that a different subset of the Standing Committee participates in each meeting; as a result, some issues are resolved, and new issues can be raised depending on how much overlap in attendance exists between the two meetings. However, the Standing Committee chair disagreed, stating that largely the same Standing Committee members participate in both meetings. The CSAC did not have any additional comments on the measure and voted unanimously to uphold the Standing Committee's recommendation to endorse #0507.

## Patient Experience and Function

Ms. Funk summarized the Patient Experience and Function (PEF) spring 2021 review cycle. The Standing Committee reviewed one new measure.

**Recommended for Endorsement:**

- #3622 National Core Indicators for Intellectual and Developmental Disabilities (ID/DD) Home and Community-Based Services (HCBS) Measures (Human Services Research Institute) (New)

Ms. Funk stated that the SMP reviewed and passed #3622 on reliability but did not reach consensus on validity. The SMP noted several issues regarding data element validity testing. After reviewing the SMP's concerns and the developer's responses to those concerns, the Standing Committee discussed potential missing data and the use of proxies and agreed that the additional information the developer provided indicated the measure was valid. The PEF Standing Committee recommended the measure for endorsement during the measure evaluation meeting.

NQF received 13 comments from 12 organizations and individuals pertaining to the draft report and the measure under review. Ten comments expressed support for the measure under review. Two comments expressed support of the measure but contained future suggestions for improving the patient-reported outcome measure (PROM). The final comment expressed support and included suggestions for improving the PROM but also included one comment for the Standing Committee to consider.

Ms. Funk then explained the post-comment process that was followed. NQF attempted to hold the post-comment call on October 20 and again on October 25, 2021, to discuss one comment but did not achieve sufficient Standing Committee attendance on either day to hold the meeting. NQF consulted with the PEF co-chairs, and all they agreed that the comment under consideration did not warrant major concerns to be discussed during a live meeting. Instead, the Standing Committee reviewed and responded to the public comment via email.

**CSAC Discussion**

The CSAC lead discussant pointed out that the measure includes multiple measures that would be completed via an in-person survey. The CSAC acknowledged the efforts of the developer, as it can be difficult to establish the reliability of these survey instruments. CSAC members agreed that a significant gap in measurement of this topic area exists and that having this measure available will help build a more comprehensive data set and take the field further to ensure quality is improved for home and community-based services. The CSAC unanimously upheld the Standing Committee's recommendation for endorsement.

**Patient Safety**

Dr. Pickering summarized the Patient Safety spring 2021 review cycle. The Standing Committee reviewed four maintenance measures and two new measures.

**Recommended for Endorsement:**

- #0500 Severe Sepsis and Septic Shock: Management Bundle (Henry Ford Hospital) (Maintenance)
- #0674 Percent of Residents Experiencing One or More Falls With Major Injury (Long Stay) (Centers for Medicare & Medicaid Services) (Maintenance)
- #0679 Percent of High-Risk Residents With Pressure Ulcers (Long Stay) (Centers for Medicare & Medicaid Services) (Maintenance)
- #3389 Concurrent Use of Opioids and Benzodiazepines (COB) (Pharmacy Quality Alliance), (Maintenance)
- #3501e Hospital Harm – Opioid-Related Adverse Events (Centers for Medicare & Medicaid Services/IMPAQ International, LLC) (New)



- #3621 Composite Weighted Average for Computerized Tomography (CT) Exam Types: Overall Percent of CT Exams for Which Dose Length Product Is at or Below the Size-Specific Diagnostic Reference Level (for CT Abdomen-Pelvis With Contrast/Single Phase Scan, CT Chest Without Contrast/Single (American College of Radiology [ACR]) (New)

Dr. Pickering provided an overview of the measure evaluation cycle. The Standing Committee reviewed six measures, and of these six, five were first reviewed by the SMP (i.e., #0500, #0674, #0679, #3501e, and #3621). The SMP passed three measures on validity and reliability (i.e., #0674, #0679, and #3501e). The SMP passed #0500 on reliability, validity, and composite construct and passed #3621 on reliability and composite construct; however, the SMP did not reach consensus on validity for #3621. During the measure evaluation meetings, the Standing Committee recommended all measures for endorsement except #3501e, for which consensus was not reached on the performance gap criterion. Following the public commenting period, the Standing Committee passed this measure on performance gap and ultimately recommended it for endorsement.

The Standing Committee discussed a few overarching issues with regard to the measures under review. For #3501e, #3621, and #0500, the Standing Committee raised concerns regarding whether the evidence sufficiently demonstrated that the process has a clear association or link to desired healthcare outcomes. For #3501e especially, concerns were raised about whether naloxone administration was a true indicator of an opioid overdose or whether it was being used for other reasons, such as use of naloxone as a diagnostic tool in a patient who may be obtunded for other reasons.

The Standing Committee also discussed the issue of performance gap for several of the measures. For #3501e, it discussed whether a four-fold difference in performance gap was sufficient, particularly using a small sample of six hospitals and for conditions in which the outcome was relatively rare. For #0679 and #0674, the Standing Committee focused on the need for a performance gap to still be established during maintenance endorsement review since these are long-standing measures that have been in use within public programs for an extended period.

Dr. Pickering then reviewed the public comments received for the measures under review following the measure evaluation meetings. Fifteen comments were received, 10 of which expressed support for #0500, #3501e, #3621, and #3389; four of which did not express support for #0500 and #3501e due to concerns about evidence and unintended consequences; and one that did not express support for #3621 due to concerns about the physician's choice of protocol. In addition, six NQF members provided expressions of support and non-support for three measures under review: Two members expressed support for #0500, while two other members expressed non-support; one member expressed support for #3501e, while another member expressed non-support; and two members expressed support for #3389.

Lastly, Dr. Pickering described the Patient Safety post-comment proceedings to the CSAC. Numerous comments from a significant number of specialty societies and advocacy organizations were received, both in support of and in opposition to #0500. In discussing these comments, two Standing Committee members mentioned recent additional research that shows evidence of unintended consequences from antibiotic use as part of the measure as well as revised guidelines from the Surviving Sepsis Campaign that were inadequately accounted for in the measure's specifications and evidence review. Based on this information, a Standing Committee member requested a vote to reopen #0500 for Standing Committee discussion. Less than 60 percent of the Standing Committee voted to reopen the measure (Y-6; N-10); they determined they were inadequately prepared to review or discuss the new evidence and guidelines in question. Therefore, the measure was not reopened for voting, and the Standing Committee's recommendation to endorse #0500 was maintained.

Following this introduction, the Patient Safety Standing Committee co-chair provided additional remarks. The co-chair emphasized the challenging position that NQF and the Standing Committee were in as they worked to manage the tension between an advocacy sector, a clinical experience sector, and the research sector. These sectors had differing opinions on #0500, which explains the large amount of dialogue that took place regarding this measure. In addition, #0500 is a bundled measure, meaning there are many layers that must be unpacked and considered, which can lead to even more dialogue. There was concern that clinical experiences with sepsis and this measure are creating differences of opinions compared to what the research is indicating. The Standing Committee considered these various arguments, voted to recommend this measure for endorsement, and upheld that vote following additional post-comment discussions.

### CSAC Discussion

The CSAC lead discussant first addressed #3501e *Hospital Harm – Opioid-Related Adverse Events*, which was updated and maintained by a new developer since its last review in 2019. The lead discussant applauded this developer's work in thoroughly addressing all prior feedback the measure received the last time it came before the Standing Committee and the CSAC, including adding time constraints, updating the denominator, and updating the measure value sets to ensure that the most current codes for hospital-administered opioids and naloxone are used.

The lead discussant also expressed appreciation for #3621 *Composite Weighted Average for Computerized Tomography (CT) Exam Types* since the Patient Safety portfolio does not currently contain many quality measures focused on radiation dose or exposure. The lead discussant stated that although the measure is not perfect, they supported the Standing Committee's decision to recommend it for endorsement and expressed interest in seeing the “real world” data from the application of this measure and the results it will yield at its next review.

The CSAC then recognized the contentious nature of #0500 *Severe Sepsis and Septic Shock: Management Bundle* and reviewed all Standing Committee deliberations and proceedings. Several CSAC members stated that they thought the review of this maintenance measure thoroughly tested the NQF process. They stressed the importance of the post-comment meeting and discussion that allowed the Standing Committee another opportunity to reflect on the criteria and decisions made and recognized the Standing Committee's efforts to balance the seemingly competing needs of all stakeholders. The CSAC vice-chair acknowledged the volume of public comments received for #0500, which represented the differing opinions held by various stakeholders. The vice-chair also stressed the benefits of the iterative nature of the endorsement process and emphasized that a measure the Standing Committee reviews today and again two years from now may need to evolve to better meet the needs of the populations addressed.

Noting the substantial Standing Committee discussion and disagreement on #0500, some CSAC members first questioned what actions were within the CSAC's purview for a measure that passed but continues to receive so much dissent. One CSAC member recommended that the measure developer work to further refine this measure before its next maintenance review to more accurately reflect the medical field's expertise and concerns surrounding certain components of the measure.

The CSAC vice-chair opened the call for public comment. A member of the public who also served on the Patient Safety Standing Committee voiced concerns that some of the foremost sepsis experts on the Patient Safety Standing Committee had to be recused due to perceived conflicts of interest and could not contribute to the discussion. This public commenter agreed with the importance of having a sepsis measure but questioned whether this particular measure is delivering on the needs of the target population in the best possible way. The commenter also expressed concern with the strength of the



evidence provided and argued that no one studies the evidence of unintended consequences of a measure, which makes it challenging to assume that these consequences are insignificant.

Another member of the public who sits on other NQF Standing Committees reminded the CSAC that the purpose of NQF endorsement is related primarily to a measure's scientific soundness and suitability for use in public reporting and incremental payments based on measured differences. The CSAC followed with a discussion of what should be expected from maintenance measures during a maintenance review, noting that as the field of quality measurement moves forward, NQF should consider the standard against which Standing Committees should be holding measures. A CSAC member stated that NQF should be requiring improvement across the field and noted that many measures currently pass because they are “better than nothing” and do not cause harm; however, they expressed that the bar for maintenance review requirements should be raised. Another CSAC member applauded the efforts of the Standing Committee in fully reviewing this measure and deciding to recommend it for continued endorsement, since in the case of sepsis, the consequences to patients when sepsis is not treated rapidly enough are particularly dire. This member also agreed that while the measure may need further improvement and refining, its continued existence as a quality measurement tool is critical.

Next, the CSAC pursued a conversation about the quality measure itself. One CSAC member had participated in a past research project that was attempting to report on the management of sepsis using the sepsis quality measure. They found that facilities often did not adhere to some of the measure's requirements (specifically, waiting for a lactate measurement) and thus scored low on the metric, even though they were rapidly treating sepsis and were considered high-functioning facilities.

A public comment from the Sepsis Alliance reminded the CSAC of the general patient perspective on #0500: It saves lives. The Sepsis Alliance agreed that the measure should continue to evolve but believes that hospitals have become more attendant to the possibility of a patient presenting with sepsis, largely due to #0500.

Another public comment referenced concerns about the initiation of antibiotics in accordance with the measure and the possible adverse effects associated with that choice. The commenter stated that the evidence of adverse events is unclear and somewhat theoretical in nature. Additionally, the measure focuses on the first dose of antibiotics and not subsequent continued treatment with antibiotics; continued treatment would be determined by a patient's labs and the hospital's antimicrobial stewardship program and is not specified by the current measure. This commenter reminded the CSAC that the focus is on the measure at hand and no other theoretical outcomes.

Another public comment defending the measure stated that an assumption seems to be that the measure is not evolving with the evidence; however, this is not the case. A reality of measure testing and review is that delays occur in the ability to obtain and analyze data in advance of an NQF submission; therefore, the data used in a submission are unavoidably one or more years old and may have been collected and tested in alignment with the measure's specifications at that point in time, although updates to the specifications may also be proposed in the maintenance submission. Future maintenance reviews would then pursue testing data using the new measure specifications.

The CSAC clarified with NQF staff the actions that were within the CSAC's purview in response to the Standing Committee's decision on #0500. The CSAC members stated they believe both NQF staff and the Patient Safety Standing Committee appropriately followed the process at all meetings and that the Standing Committee followed NQF's process properly in reviewing and discussing all components of the measure and properly adjudicating all opposing comments. NQF staff confirmed that the CSAC's role is to assess whether the process was appropriately followed and whether endorsement criteria were

correctly applied. The CSAC may propose recommendations for the developer to consider before the measure returns for its next maintenance review; however, NQF procedures no longer dictate that the CSAC can request a measure to undergo a full maintenance review earlier than scheduled.

The CSAC noted that if new evidence counter to the measure's specifications was brought forth before the measure was due for maintenance, or evidence of unintended harm from the implementation of the measure, an off-cycle ad hoc review of the new evidence could be scheduled at that time. Some CSAC members also advised the measure developer to review new evidence and guidelines and to strive for parsimony in advance of the measure's next maintenance review.

The CSAC voted on the six Patient Safety measures individually and voted unanimously to uphold all six of the Standing Committee's recommendations for endorsement.

## Perinatal and Women's Health

Ms. Funk summarized the Perinatal and Women's Health spring 2021 review cycle. The Standing Committee reviewed four maintenance measures.

### Recommended for Endorsement:

- #0033 Chlamydia Screening in Women (CHL) (National Committee for Quality Assurance [NCQA]) (Maintenance)
- #2902 Contraceptive Care – Postpartum (Department of Health and Human Services [HHS] Office of Population Affairs [OPA]/Far Harbor) (Maintenance)
- #2903 Contraceptive Care – Most & Moderately Effective Methods (HHS OPA/Far Harbor) (Maintenance)
- #2904 Contraceptive Care – Access to Long-Acting Reversible Contraception (LARC) (HHS OPA/Far Harbor) (Maintenance)

Ms. Funk gave an overview of the measure evaluation cycle. Of the four measures, three were evaluated by the SMP, and all of them passed on reliability and validity (#2902, #2903, and #2904). Ms. Funk pointed out that the Standing Committee discussed two overarching issues as related to these measures. The first was the request for stratification of performance data by clinical, demographic, and social determinants of health (SDOH) due to overwhelming evidence of disparities in outcomes in perinatal and women's health and care delivery based on race, ethnicity, language, education, and income. The second was the anticipated evolution of these measures as they return for maintenance review. To minimize unintended consequences and to help maintain the measure's validity and reliability, measures must evolve to align with current practices, national healthcare priorities, and the shifting availability of services.

Twenty comments and two NQF member expressions of support were submitted in relation to these measures. All the comments expressed support for the measures. The Standing Committee recommended all measures for continued endorsement, and no comments warranted additional discussion; therefore, no post-comment call was held for this cycle.

### CSAC Discussion

The CSAC lead discussant pointed out that the Standing Committee also discussed the exclusion of men from #0033, noting that the developer explained it is possible to measure and hold providers accountable for chlamydia in men. This measure is related to #0409 *HIV/AIDS: Sexually Transmitted Diseases Screening for Chlamydia, Gonorrhea, and Syphilis*; however, the lead discussant pointed out

that the Standing Committee agreed that the measures assess different target populations. The CSAC upheld the Standing Committee's recommendation for continued endorsement for all four measures.

## Prevention and Population Health

Poonam Bal, NQF senior director, summarized the Prevention and Population Health (PPH) spring 2021 review cycle. The Standing Committee reviewed one new measure.

### Recommended for Endorsement:

- #3620 Adult Immunization Status (NCQA) (New)

Ms. Bal gave an overview of the measure evaluation cycle. The *Adult Immunization Status* measure had previously been submitted but did not receive endorsement. The developer updated the measure based on the Standing Committee's recommendations, and the measure was reintroduced as a new measure. The SMP did not review this measure. The Standing Committee did not identify any significant issues during the measure's review and recommended the measure for endorsement. NQF did not receive any public comments or expressions of support following the measure evaluation meeting. Since no public comments were received during the public commenting period, a post-comment meeting was not held. The PPH Standing Committee co-chair emphasized the importance of maintaining awareness, throughout the assessment, of the level of analysis and intervention. Specifically, the co-chair reiterated that #3620 is a health plan-level measure that is tested and adjudicated for endorsement at the health plan level. The co-chair further explained that the assessment of scientific acceptability is compromised if the attribution shifts to the individual unit of analysis (i.e., individual physician) versus the health plan level.

### CSAC Discussion

The CSAC discussants expressed agreement with the health plan attribution-level commentary and stated that the Standing Committee's recommendation for endorsement was straightforward and noncontroversial. The discussant also expressed appreciation for the Standing Committee's focus on stratification of outcomes based on demographics, access to care, and SDOH.

The CSAC had no further discussion and voted unanimously to uphold the Standing Committee's recommendation to endorse the measure.

## Primary Care and Chronic Illness

Ms. Bal summarized the Primary Care and Chronic Illness (PCCI) spring 2021 review cycle. The Standing Committee reviewed one new measure.

### Recommended for Endorsement:

- #3617 Measuring the Value-Functions of Primary Care: Provider Level Continuity of Care Measure (American Board of Family Medicine) (New)

Ms. Bal gave an overview of the measure evaluation cycle. The SMP did not review this new measure. The Standing Committee did not identify any significant issues during the measure's review and recommended the measure for endorsement. NQF received one public comment from the developer providing additional evidence to support the measure. No expressions of support were received. Since no substantial public comments were received during the public commenting period, a post-comment meeting was not held.

## CSAC Discussion

One of the CSAC discussants noted that the evidence presented is mostly reflective of the Medicare experience but that the merit of this measure is also applicable to the Medicaid population. The discussant highlighted that the design of this measure was very primary care physician centered; however, the measure and its reach are more applicable to the primary care practice. The discussant also expressed appreciation for the complexity of the measure. One public commenter expressed uncertainty with the index and a need for more clarity concerning the intersection of primary care service with the rise of digital health and evolving commercial entities that have a site-specific delivery model, such as Walgreens or Walmart. The commenter also highlighted that no claims-based measure is going to be perfect in the context of continuity of care and that the Standing Committee determined the index was reasonable for this performance metric.

The CSAC had no further discussion and voted unanimously to uphold the Standing Committee's recommendation to endorse the measure.

## Renal

Ms. Bal summarized the Renal spring 2021 review cycle. The Standing Committee reviewed two new measures.

### Not Recommended for Endorsement:

- #3615 Unsafe Opioid Prescriptions at the Prescriber Group Level (CMS/University of Michigan Kidney Epidemiology and Cost Center [UMKECC]) (New)
- #3616 Unsafe Opioid Prescriptions at the Dialysis Practitioner Group Level (CMS/UMKECC) (New)

Ms. Bal gave an overview of the measure evaluation cycle. The SMP reviewed and passed the two new measures on reliability and validity. The SMP did not pass either measure on evidence due to concerns that the evidence did not directly represent the measure's focus. The primary evidence focused on reducing unsafe opioid misuse, abuse, and addictions for patients with chronic pain being treated by primary care providers rather than patients receiving hemodialysis. The submitted evidence states that patients with end-stage renal disease (ESRD) report pain as their primary symptom and report higher rates of it than the general population. Considering this fact and the target population, the Standing Committee questioned whether the measure should focus on appropriate pain management rather than the reduction of unsafe opioid use. The Standing Committee also noted that the potential harm might outweigh the benefit since patients who receive hemodialysis have very limited pain relief options due to the clinical limitations of ESRD, and these measures may further limit the options. Four public comments that were not supportive of the measures and four expressions of non-support for the measures were received. The comments and expressions of non-support aligned with the Standing Committee's concerns. Since none of the public comments disagreed with the Standing Committee or presented any new information, a post-comment meeting was not held.

## CSAC Discussion

One of the CSAC discussants reiterated that the evidence focuses on unsafe opioid misuse versus patients receiving hemodialysis but notes that patients with ESRD report pain as their primary symptom and report high rates of it, which is an unintended consequence. The discussant highlighted that the introduction of this type of measure could potentially limit ESRD patients' options for pain management. In addition, the discussant noted that the Standing Committee also expressed concerns about the exclusion criteria and risk adjustment model for the measures. One CSAC member agreed with the

Standing Committee's recommendation but highlighted the importance of accountability for outcomes, specifically the appropriate use of opioids' pain control in a dialysis patient. The CSAC member noted that these measures did not adequately address that challenge but recognized that the measures raised the larger issue of appropriate outcomes attribution in the context of the care and performance of multiple multidisciplinary care providers. One CSAC member disagreed with the Standing Committee's recommendation, highlighting the inefficacy and addictive nature of opioid use and explaining that increased dosage does not necessarily decrease pain; it merely increases opioid consumption. The CSAC member emphasized the importance of understanding the rate of opioid addiction in chronic renal patients in relation to effective pain control management research. The CSAC member also stated that attribution should not interfere with the approval or disapproval of this important metric. Another CSAC member expressed that accountability measures need to be appropriately attributed to reduce unnecessary burden. Another CSAC member expressed that the measures need additional development and patient-centered considerations and should not proceed at this time.

The CSAC had no further discussion and voted 9-to-1 to uphold the Standing Committee's recommendation to not endorse the measures.

### **Public Comment**

Ms. Elliott opened the web meeting to allow for public comment. No public comments were offered during the three public commenting periods; however, public comments were offered during the consideration of a few topic areas. Public comments given during the topic area discussions are addressed in those specific sections of the summary.

### **Next Steps**

NQF staff will publish the voting results on the NQF website by December 7, 2021. The public may appeal measures that are endorsed between December 7, 2021, and January 5, 2022. Appeals must be based on evidence that the process and/or criteria were incorrectly implemented. A summary of the two-day meeting on November 30 and December 1, 2021, will be posted in early January 2022.