NATIONAL QUALITY FORUM
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Meeting Summary

Consensus Standards Approval Committee – Measure Evaluation Web Meeting (Spring 2022 Cycle)

The National Quality Forum (NQF) convened the Consensus Standards Approval Committee (CSAC) for a web meeting on December 9, 2022, to evaluate the Standing Committee's endorsement recommendations of 41 spring 2022 cycle measures. The CSAC endorsed 31 measures, approved two measures for trial use, removed endorsement from three maintenance measures, did not endorse four new measures, and granted one reconsideration request.

Welcome, Introductions, and Review of Web Meeting Objectives

Matt Pickering, NQF managing director, welcomed everyone to the CSAC measure evaluation meeting and thanked the CSAC members for convening to discuss the spring 2022 Standing Committee measure endorsement recommendations. Then Dr. Pickering introduced Elizabeth Drye, MD, NQF's chief scientific officer, and invited her to provide opening remarks.

Dr. Drye recognized the many contributions of the CSAC over the past year. The CSAC held several strategic meetings to review and discuss potential updates to NQF's measure evaluation guidance and processes. An outcome of these strategic meetings was the implementation of a consent calendar process to streamline the CSAC's review of the measures under endorsement. Dr. Drye thanked the CSAC for its vital role in guiding NQF to establish and implement enhancements to the Consensus Development Process (CDP).

Then Dr. Drye acknowledged two Committee members who are rolling off their current positions on the CSAC at the end of 2022. The first is Laura Pennington, who served on the CSAC for two years. Dr. Drye thanked Ms. Pennington for her expertise, time, and support of NQF's work. The second is Missy Danforth, who served as the CSAC chair also for two years. Dr. Drye thanked Ms. Danforth for her excellent leadership, especially through the challenges of the coronavirus disease 2019 (COVID-19) pandemic. Ms. Danforth will remain on the CSAC in 2023 as a member. Lastly, Dr. Drye announced that in 2023, John B. Bulger, DO will step in as CSAC chair, and Edward J. Septimus, MD, will step in as CSAC vice-chair.

Roll Call and Disclosures of Interest

Next, Dr. Pickering reviewed the disclosure of interest requirements and conducted roll call. He noted that one CSAC member was inactive for the spring 2022 cycle, and therefore, they were not included in the quorum counts. The CSAC requires a 100 percent quorum for voting. However, to provide greater flexibility and continue the CSAC's important work to endorse measures during times of public health emergencies, the quorum is lowered to 80 percent of active CSAC members (12 of 15 active members for the spring 2022 cycle). Quorum was achieved and maintained throughout the meeting. In addition, no CSAC members disclosed any conflicts of interest for the spring 2022 measures.

CSAC Measure Review Procedures and Test Vote

Dr. Pickering provided an overview of the CSAC's measure procedure for review and approval of the Standing Committee's endorsement recommendations. Dr. Pickering explained that the CSAC has two methods to review measures. The first is the consent calendar, which is used to uphold the Standing Committee's recommendations for endorsement in a block for measures that **meet all** of the consent calendar key considerations criteria. The second method comprises a discussion of and voting on measures that are not on the consent calendar (i.e., measures that do not meet the consent calendar criteria).

Consent Calendar Process

Dr. Pickering reviewed the seven key considerations criteria for the consent calendar.

Measures included on the consent calendar must *meet all of* the following key considerations criteria:

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

Dr. Pickering mentioned that after NQF staff determine which measures are eligible for the consent calendar, the list, along with links to the Standing Committee materials, are sent to CSAC members to conduct an offline review of the consent calendar measures. During the offline review period, CSAC members can request one or more measures be pulled from the consent calendar for discussion and voting during the endorsement meeting. If a CSAC member requests a measure to be pulled for discussion, they must provide a rationale for pulling the measure based on the consent calendar key considerations criteria. In addition, the member who requested a measure to be pulled will serve as the lead discussant for that measure during the CSAC meeting. Dr. Pickering explained that all measures remaining on the consent calendar following the offline review are considered reviewed by the CSAC and will be announced as endorsed during the CSAC meeting without discussion. There will also be an opportunity for NQF member organizations and the and public to comment, specifically related to the consent calendar measures, during the consent calendar portion of the meeting. Dr. Pickering noted that for the spring 2022 cycle, the CSAC conducted its offline review of the consent calendar in November.

Non-consent calendar measures

Dr. Pickering then summarized the CSAC process for the discussion and voting on all measures not

included on the consent calendar. During the meeting, the CSAC's review of non-consent calendar measures is organized by the Standing Committee's portfolios. The CSAC chair or vice chair begins by recognizing the NQF director or senior director for the portfolio and asks them to provide an overview and summary of the measure(s) and the Standing Committee's deliberations. Additionally, the Standing Committee's co-chairs represent their respective Committees during the CSAC meeting and are asked to provide remarks and their perspectives on the Standing Committee's decision-making process and discussions on the measure(s). Following the co-chairs' remarks, the CSAC chair or vice chair calls on the assigned CSAC lead discussants to provide an overview of the measure with a focus on the Standing Committee's process and recommendation from the CSAC's perspective. Following the discussant remarks, the CSAC chair or vice chair will open the floor to all CSAC members for comments and questions.

Dr. Pickering explained that in general, CSAC member questions related to process are triaged to NQF staff, while questions related to content and the Standing Committee's decisions will be asked of the Standing Committee's co-chair(s). Dr. Pickering further discussed that although measure developers do not have a formal role in the discussion, the CSAC chair or vice chair can call on the developer to answer specific questions, as appropriate. Prior to CSAC voting, the meeting is open for NQF member and public comments. Following public comment, the CSAC will vote on the measure(s). When multiple measures from a single portfolio are discussed together, the first vote asks CSAC members whether they want to vote on all measures as a group or whether they want to vote separately on each measure. If at least one CSAC member wishes to vote on each measure separately, then voting will proceed on each measure.

Then Dr. Pickering explained that the CSAC's voting options on the measures themselves are to either:

- accept the Standing Committee's recommendation (i.e., to endorse or not endorse); or
- do not accept the Standing Committee's recommendation and return the measure to the Standing Committee for reconsideration.

Returning a measure to the Standing Committee and reconsideration requests

Dr. Pickering explained that when the CSAC votes to return a measure to the Standing Committee, the first step is for the CSAC chair and vice chair to work with the CSAC to summarize the rationale for the decision. The CSAC staff team will notify the developers, CDP teams, and Standing Committees on the decision and the next steps. The measure will be reviewed again during the next endorsement cycle, as appropriate, focusing on the items that the CSAC identified as leading to the decision for reconsideration. The Standing Committee will re-vote on the respective criteria and the measure will continue through the remainder of the CDP, including public comment and the Standing Committee post-comment meetings, before returning to the CSAC.

Dr. Pickering also provided an overview of the reconsideration request process, noting that developers of measures not recommended for endorsement can file a reconsideration request to the Standing Committee and/or the CSAC. Reconsideration requests can be submitted to the CSAC when the Standing Committee does not recommend the measure for endorsement. In the reconsideration request, the developer can argue a process concern or that the Standing Committee did not appropriately apply the criteria. Dr. Pickering noted that the CSAC received, and will consider during the meeting, a reconsideration request from the developer of NQF #3687e *Severe Obstetric Complications*, which is an electronic clinical quality measure (eCQM) that the Perinatal and Women's Health (PWH) Standing Committee reviewed.

Dr. Pickering stated that during the CSAC meeting, NQF will introduce the measure and provide an overview of the Standing Committee's deliberations and summarize the reconsideration request. The CSAC chair will then invite the measure developer to give a five-to-seven-minute overview of the reconsideration request and any summaries or responses that NQF staff provided related to the request. The CSAC chair will then recognize the Standing Committee co-chair(s) to provide their perspectives of the Standing Committee's deliberations. Then the CSAC chair will call on the CSAC lead discussant and open the floor to all CSAC members to offer comments. Before the CSAC moves to a vote, the floor will be opened for an NQF member and public commenting period. The CSAC voting options will be for the CSAC to either grant the reconsideration request and return the measure to the Standing Committee or deny the request and instead vote to uphold the Standing Committee's endorsement recommendation.

Review of the Spring 2022 Portfolio Overarching Issues

Dr. Pickering discussed overarching issues related to the following Standing Committees: Behavioral Health and Substance Use (BHSU), Cost and Efficiency, and Social Risk Adjustment. He also discussed challenges with the Standing Committees' attendance for the spring 2022 cycle, which impacted all of the Standing Committees.

With regard to the BHSU Standing Committee, a general concern was that many of the measures were not specified with telehealth codes. In particular, a major switch to telemedicine in clinical practice had occurred over the course of the COVID-19 pandemic. As a result, there were concerns that because the measures did not include telehealth, considering they used pre-pandemic data, the measures would neither be valid nor clinically relevant to current practice.

Overarching issues on the Cost and Efficiency measures included concerns with the lack of social risk adjustment as well as the potential for unintended consequences associated with performing well on cost measures but also lowering the quality of care. For the latter, the developer of the spring 2022 measures conducted correlation analyses to quality indicators, yet these cost and quality correlations are not currently required as part of the NQF submission process.

With respect to the social risk adjustment concern, Dr. Pickering noted that while some measures in this cycle considered certain social risk factors (SRFs), including dual eligibility (Medicare and Medicaid insurance), they ultimately were not included in the final risk model. The Standing Committee wanted to ensure that providers who serve patients with SRFs are not unfairly penalized in measurement due to a lack of social risk adjustment. It was noted that each measure should be examined on a case-by-case basis to understand the role of SRFs. In addition, NQF staff is publishing technical guidance in December 2022 on how and when to adjust for social and functional status-related risk factors in outcome and cost/resource use measures.

Lastly, Dr. Pickering noted that attendance challenges emerged amongst the Standing Committees during the spring 2022 cycle. He expressed that a lack of quorum or the inability to host a meeting due to attendance challenges can cause delays in gaining consensus on measure endorsement decisions. This can also lead to measures being moved to an off-cycle CSAC review. During the spring 2022 cycle, NQF employed several strategies to mitigate attendance challenges. This included scheduling back-up meetings, implementing a new inactive member policy, and conducting increased Standing Committee outreach. NQF continues to seek new strategies for mitigating these risks (e.g., having standing meeting dates that are consistent every cycle).

During the CSAC's discussion of the overarching issues, one member mentioned that COVID-19, as well

as the amount of work involved to serve on a Standing Committee, and the pandemic has led to burnout They suggested that NQF provide more communication regarding the volume of work prior to joining the Standing Committee. Dr. Pickering also mentioned that having standing block meeting dates may assist with attendance. He further noted that NQF would like to seek the CSAC's input on how to improve attendance during a future CSAC strategic meeting. Another member noted the importance in the changes in practice related to telehealth and the need to incorporate telehealth into measures. Dr. Pickering noted that NQF has identified the telehealth considerations as a risk and includes the topic in technical assistance calls with measure developers. A third member noted the importance of both the social risk adjustment and issues related to linking cost and quality in measures.

Consideration of Candidate Consent Calendar Measures

Dr. Pickering began the spring 2022 consent calendar review by presenting an overview of the measures. Of the 27 measures included on the consent calendar, 12 measures were new (including two measures for trial use) and 15 were maintenance measures (Appendix A, Table 1). Dr. Pickering stated that in November 2022, CSAC members had the opportunity to review the 27 proposed consent calendar measures for the spring 2022 cycle and request one or more measures to be pulled for discussion and voting during this meeting. Dr. Pickering confirmed that the CSAC did not request to pull any measures off the consent calendar.

Dr. Pickering noted that the BHSU portfolio did not have any measures on the consent calendar, although there were measures on the calendar that met the criteria. This was because the BHSU Standing Committee could not convene until December 2, 2022, to vote on six measures that were initially deemed "consensus not reached" (CNR) during the BHSU measure evaluation meeting in June 2022. Since the measures were not included on the consent calendar sent for the CSAC's review in November 2022, they were not included on the consent calendar for the meeting. One CSAC member asked Dr. Pickering to confirm whether the BHSU measures were not considered for the consent calendar due to the timeline issues. Dr. Pickering confirmed that this was correct.

Dr. Pickering asked Ms. Danforth to open the floor for public comment regarding the consent calendar measures. No comments from the public were provided. Therefore, Ms. Danforth announced that the endorsement decisions for all 27 consent calendar measures had been upheld.

Discussion and Voting of Candidate Non-consent Calendar Measures

Geriatrics and Palliative Care Spring 2022 Non-consent Calendar Measures

One Geriatrics and Palliative Care (GPC) measure was not included in the consent calendar. Ms. Danforth began the discussion by introducing NQF #1641 *Hospice and Palliative Care – Treatment Preferences* as well as Katie Goodwin, the senior director of the GPC project. Ms. Goodwin informed the CSAC that: (1) NQF #1641 is being reviewed for maintenance endorsement, (2) the measure developer is the University of North Carolina/Chapel Hill, and (3) NQF's SMP did not review the measure. Ms. Goodwin explained that the measure is being discussed at this meeting because it did not meet the 80 percent overall suitability for endorsement threshold.

In addition, Ms. Goodwin explained that during the Standing Committee meeting, the Committee voted CNR on the performance gap criterion due to concerns about the measure being topped out. The Standing Committee also noted that specific data for the clinician-group level were lacking and that there was no difference between hospice and acute specialty palliative care data in the submission. The

Standing Committee chose to separate the performance gap vote into the facility and clinician group levels; however, the measure did not pass at the clinician-group level due to insufficient data, while the vote at the facility level was CNR. No public comments were offered during the measure evaluation meeting. During the post-comment meeting, the developer noted that the 82.9 percent achievement in acute specialty-based palliative care in California is from the public hospital incentive redesign in the Medi-Cal prime program data. The Standing Committee agreed that a performance gap exists at the palliative care setting and recommended the measure for continued endorsement. Ms. Goodwin then handed the meeting over to Amy Berman, one of the GPC co-chairs, for her perspective.

Ms. Berman also noted that the Standing Committee asked NQF staff whether a specific number was associated with being topped out. However, NQF staff did not give a specific number. Given the experience in California, which is the publicly reported data for public hospitals, the Standing Committee agreed that the measure is not topped out.

Dan Culica, the CSAC lead discussant on NQF #1641, raised some concerns with the usability of the measure, namely, that the developer did not provide longitudinal performance data, which resulted in a CNR vote on usability. The developer had also discussed retiring the measure. There were also concerns regarding whether the data from California were representative of a generalizable performance gap. Ms. Berman responded by explaining that the California data set was large but may not be nationally representative. It was also a diverse data set of public hospitals. Ms. Berman also noted that the Palliative Care Quality Collaborative (PCQC) does have data at the practice level; however, the developer did not have access to the data. Ms. Goodwin stated that data from the National Palliative Care Registry would be available next year. One CSAC member commented that the major issue was the performance gap, which the Standing Committee worked through. Another CSAC member stated that there was no reason to overturn the results of the Standing Committee.

Following the CSAC's discussion, Ms. Danforth opened the floor for public comment. No public comments were offered.

The CSAC voted to accept the GPC Standing Committee's recommendation to endorse NQF #1641 (**Total votes – 15; accept – 15; do not accept – 0; recusals – 0 [15/15 – 100%, Endorsed]**).

Behavioral Health and Substance Use Spring 2022 Non-consent Calendar Measures

Seven BHSU measures were not included on the consent calendar. Each are detailed below. Dr. Bulger introduced the series of measures from the BHSU project as well as Poonam Bal, the senior director of the BHSU project. Ms. Bal informed the CSAC that the Standing Committee recommended four measures for endorsement:

- NQF #0710e Depression Remission at 12 Months (MN Community Measurement)
- NQF #0711 Depression Remission at Six Months (MN Community Measurement)
- NQF #1884 Depression Response at Six Months – Progress Towards Remission (MN Community Measurement)
- NQF #3312 Continuity of Care After Medically Managed Withdrawal From Alcohol and/or Drugs (Centers for Medicare & Medicaid Services [CMS]/The Lewin Group)

Ms. Bal explained that NQF #0710e, #0711, and #1884 all received CNR votes during the initial Standing Committee measure evaluation meeting but were later passed during the post-comment meeting. They were pulled for CSAC discussion because the BHSU post-comment call and voting were held on

December 2, which occurred after the CSAC's offline review of the consent calendar. NQF #3312 was passed during the original Standing Committee meeting but was not included on the consent calendar because it did not meet the 80 percent overall suitability for endorsement threshold.

The Standing Committee did not recommend the following three measures for endorsement:

- NQF #0712 Depression Assessment with PHQ-9/ PHQ-9M (MN Community Measurement)
- NQF #1885 Depression Response at 12 Months – Progress Towards Remission (MN Community Measurement)
- NQF #3313 Follow-Up Care for Adult Medicaid Beneficiaries Who Are Newly Prescribed an Antipsychotic Medication (CMS/Lewin Group)

These three measures were pulled for CSAC discussion because they were not recommended for endorsement during the BHSU post-comment call on December 2. The Standing Committee raised concerns with NQF #3313 regarding the lack of telehealth services within the measure. Notably, NQF #3312 does not include telehealth but did pass the Standing Committee's review. The Standing Committee passed NQF #3312 but did not pass NQF #3313 because additional concerns were raised about the specifications of NQF #3313 and that some of the follow-up care would be provided by certain clinicians (e.g., community health workers), who would not be identified by this measure. In addition, concerns were raised about the 28-day follow-up period and whether that was sufficient to identify metabolic syndrome, which is a side effect of antipsychotics that can emerge over months and may not be identified by a 28-day follow-up visit.

It was noted that NQF #0710e, #0711, #0712, #1884, and #1885 compose a suite of depression measures based on the Patient Health Questionnaire-9 (PHQ-9). NQF #0712 did not pass the Standing Committee's review because there was not enough evidence to link the administration of the PHQ-9 to outcomes. However, other members of the Standing Committee suggested that it would be necessary to pair it with other measures. Notably, 53 percent of the Standing Committee voted to pass NQF #0712, which did not meet the passing threshold of greater than 60 percent. NQF #0710e, #0711, and #1884 were all recommended. Although some concerns were raised about telehealth in these measures, the developer was able to clarify that telehealth is included as part of the specifications. There were also concerns with missing data in these measures, notably that if a follow-up assessment was not conducted (i.e., where depression was assessed but never measured again), it would count as a failure on the measure. Nevertheless, However, the developer was able to reassure the Standing Committee on this matter. For NQF #1884, some concerns were raised about whether a 12-month window is sufficient to measure depression remission.

The BHSU Standing Committee co-chairs, Drs. Harold Pincus and Michael Trangle, were both present at the CSAC meeting and mentioned that Ms. Bal had captured the thinking behind the Standing Committee's voting decisions. However, Dr. Pincus expressed disappointment that NQF #0712 did not pass the Standing Committee's review because it is a balancing measure for others in the set.

Dana Cyra served as the CSAC lead discussant for all of the BHSU measures. Ms. Cyra noted the dependency of PHQ-9 assessment on the other measure. She also noted that people were not prevented from using it because it was tied to the other measures. In regard to NQF #3312, there were concerns about telehealth. It was also noted that the seven-day follow-up is the standard of care. Therefore, there are some good reasons why the Standing Committee would endorse that measure. It was also noted that much of the data used to develop the measures were pre-pandemic data, when

telehealth was not broadly in use. However, the developer stated that telehealth is included in three measures (i.e., NQF #0710e, #0711, and #1884), all of which passed the Standing Committee's review. Overall, Ms. Cyra stated that she agreed with Standing Committee's votes.

One CSAC member was concerned about the vote for NQF #1885, namely, whether sufficient discussion occurred between a benchmark toward remission in depression and a treatment goal of achieving remission itself. In addition, the vote for this measure was 57 percent, with a low number of Standing Committee members voting. NQF #1885 is also both a maintenance and an outcome measure. A concern was raised whether not endorsing NQF #0712 would create bias in the other metrics. In particular, the lack of a measure for performing the PHQ-9 could bias who receives the PHQ-9 and bias inclusion in the other outcome measures. One CSAC member who also served on the BHSU Standing Committee stated that a robust discussion took place on this matter; ultimately, however, this measure did not pass the Standing Committee's review. The CSAC member also stated that they did not think the CSAC has the time or expertise to re-adjudicate the evidence discussion on NQF #0712. Dr. Trangle stated that the six versus 12-month question on NQF #1884 and #1885 was robustly discussed. Dr. Trangle also stated that remission is the standard that is measured in NQF #0710e and #0711 rather than progress to remission. Measuring and giving credit for progress toward remission at 12 months (in NQF #1885), compared with only measuring remission (NQF #0710e) may be too long of a treatment period to be seen as a good outcome. Dr. Pincus also stated that NQF #0712, the PHQ-9, is a good balancing measure because it unbiases some of other measures. Another CSAC member asked whether the measure would be brought back if it did not receive endorsement. Dr. Pickering stated that it was up to the developer to resubmit measures that did not receive endorsement.

Following the CSAC's discussion, Dr. Bulger opened the floor for public comment. There was one public comment from the Lewin Group, the developer of NQF #3312 and NQF #3313. They noted that they were very supportive of adding telehealth to the measures but cannot commit to updating the measure because the work requires additional funding and expanding the scope of work of their contract with the Centers for Medicare & Medicaid Services (CMS).

Moving to a vote, the CSAC voted on whether to vote for all the measures together or individually. One CSAC member voted to vote individually; therefore, the CSAC voted on the BHSU measures individually. Below are the voting results for each measure to either accept or not accept the Standing Committee's recommendation for each measure:

Endorsed:

- NQF #3312 Continuity of Care After Medically Managed Withdrawal From Alcohol and/or Drugs (CMS/The Lewin Group)
    - **Total votes – 15; accept – 15; do not accept – 0; recusals – 0 [15/15 – 100%, Endorsed]**
- NQF #0710e Depression Remission at 12 Months (MN Community Measurement)
    - **Total votes – 15; accept – 15; do not accept – 0; recusals – 0 [15/15 – 100%, Endorsed]**
- NQF #0711 Depression Remission at Six Months (MN Community Measurement)
    - **Total votes – 15; accept – 15; do not accept – 0; recusals – 0 [15/15 – 100%, Endorsed]**
- NQF #1884 Depression Response at Six Months – Progress Towards Remission (MN Community Measurement)
    - **Total votes – 15; accept – 15; do not accept – 0; recusals – 0 [15/15 – 100%, Endorsed]**

Not Endorsed:

- NQF #0712 Depression Assessment With PHQ-9/ PHQ-9M (MN Community Measurement)

    - **Total votes – 15; accept – 12; do not accept – 3; recusals – 0 [12/15 – 80%, Not Endorsed]**
- NQF #1885 Depression Response at 12 Months – Progress Towards Remission
    - **Total votes – 15; accept – 13; do not accept – 2; recusals – 0 [13/15 – 87%, Not Endorsed]**
- NQF #3313 Follow-Up Care for Adult Medicaid Beneficiaries Who Are Newly Prescribed an Antipsychotic Medication (CMS/Lewin Group)
    - **Total votes – 15; accept – 14; do not accept – 1; recusals – 0 [14/15 – 93%, Not Endorsed]**

Renal Spring 2022 Non-consent Calendar Measures

Five Renal measures were not included on the consent calendar. Ms. Danforth began the discussion by introducing the series of measures from the Renal project as well as Ms. Bal, who is the senior director of the Renal project. Ms. Bal mentioned that the Renal Standing Committee recommended one of the five measures for endorsement:

- NQF #3695 Percentage of Prevalent Patients Waitlisted (PPPW) (University of Michigan Kidney and Epidemiology Cost Center [UM-KECC]/CMS)

Ms. Bal explained that the measure is being discussed at this meeting because it did not meet the 80 percent overall suitability for endorsement threshold. The Standing Committee also did not recommend the remaining four measures for endorsement:

- NQF #3659 Standardized Fistula Rate for Incident Patients (UM-KECC/CMS)
- NQF #3689 First-Year Standardized Waitlist Ratio (FYSWR) (UM-KECC/CMS)
- NQF #3694 Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW) (UM-KECC/CMS)
- NQF #3696 Standardized Modality Switch Ratio for Incident Dialysis Patients (SMoSR) (UM-KECC/CMS)

The four measures not recommended for endorsement did not receive 80 percent or greater passing votes for overall suitability for endorsement. The Standing Committee also received reconsideration requests for NQF #3694 and #3696. The Standing Committee also overturned the SMP's ratings for NQF #3689 and NQF #3696 (the SMP had passed both measures on validity). The Standing Committee did not pass NQF #3659 on performance gap with 37 percent passing votes. In addition, the Standing Committee did not pass NQF #3689, #3694, and #3696 on validity with 33 percent, 39 percent, and 37 percent passing votes.

Ms. Bal explained that for the performance gap for NQF #3659, the Standing Committee noted an increase from 20 percent to 60 percent in the first few years of dialysis. Questions were raised about whether this actually represented a performance gap or whether this simply reflected the process of starting dialysis. In addition, concerns were raised about whether further improvement may be appropriate, particularly for some subpopulations.

The developer of NQF #3694 submitted a reconsideration request to the Standing Committee, stating that the NQF criteria were not appropriately applied and that NQF #3695, which was recommended for endorsement, was very similar to NQF #3694. The Standing Committee voted not to reconsider NQF #3694, noting that while the two measures are similar, they are different with respect to their numerators. The Standing Committee stated that while nephrologists have a role in referring patients

for transplantation, they have nothing to do with the selection of patients from the waitlist. Therefore, the measure is not an accurate reflection of the quality care provided by nephrologists. There were also concerns with the testing data, which showed extreme variation in the transplant center practice.

The developer also submitted a reconsideration request to the Standing Committee for NQF #3696 because the Standing Committee overturned the SMP's decision on validity without articulating a clear reason for doing so. The Standing Committee chose not to reconsider the measure, stating its concerns and reason for the validity vote were surrounding measure exclusions and risk adjustment. There are also many factors that patients maintain with home dialysis that do not involve quality of care.

The Standing Committee also overturned the SMP's decision on NQF #3689, citing concerns regarding exclusions and attribution. In particular, it raised concerns about how the measure developer identified the physician caring for the patient. Dr. Lorien Dalrymple, one of the Renal Standing Committee co-chairs, stated that the NQF process was followed and that the Standing Committee carefully considered the reconsideration requests the developer submitted. Dr. Renee Garrick, the other Renal Standing Committee co-chair, agreed.

Dr. Dalrymple stated that NQF #3695, the one measure recommended for endorsement, includes individuals who are both active and inactive on the transplant waitlist. The decision about whether people were listed as either active or inactive on the waitlist involves transplant center processes, which are often not under the control of the treating nephrologist. The distinguishing factor between NQF #3696 and NQF #3694 is that NQF #3694 includes only active patients on the transplant list. Dr. Garrick also added that transplant centers often have their own criteria, which are not public, transparent, or harmonized.

A CSAC member asked whether the transplant measures are adjusted for social determinants of health (SDOH). Dr. Dalrymple clarified that both measures, the one that passed the Standing Committee's review (NQF #3695) and the other that did not (NQF #3694), are in fact adjusted for SDOH. Dr. Dalrymple continued by stating that for the performance gap for NQF #3659, the concern relates to the evidence, which has changed over time, where there is less consensus regarding whether a fistula versus graft is preferred for vascular access for dialysis. In particular, performing a graft for dialysis may be preferred in certain age ranges. Dr. Dalrymple clarified that there is a catheter measure in the portfolio, as catheters are the least desirable in dialysis patients. She also noted that for this measure, the most correct clinical approach is to tailor the approach (fistula versus graft) to the patient's needs.

Following the CSAC discussion, Ms. Danforth opened the floor for public comment. No public comments were offered.

The CSAC voted to vote on the Renal measures individually. Below are the voting results for each measure:

- NQF #3695 Percentage of Prevalent Patients Waitlisted (PPPW) (UM-KECC/CMS)
    - **Total votes – 15; accept – 14; do not accept – 1; recusals – 0 [14/15 – 93%, Endorsed]**
- NQF #3659 Standardized Fistula Rate for Incident Patients (UM-KECC/CMS)
    - **Total votes – 15; accept – 15; do not accept – 0; recusals – 0 [15/15 – 100%, Not Endorsed]**
- NQF #3689 First-Year Standardized Waitlist Ratio (FYSWR) (UM-KECC/CMS)
    - **Total votes – 15; accept – 14; do not accept – 1; recusals – 0 [14/15 – 93%, Not**

Endorsed]

- NQF #3694 Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW) (UM-KECC/CMS)
    - **Total votes – 15; accept – 14; do not accept – 1; recusals – 0 [14/15 – 93%, Not Endorsed]**
- NQF #3696 Standardized Modality Switch Ratio for Incident Dialysis Patients (SMoSR) (UM-KECC/CMS)
    - **Total votes – 15; accept – 15; do not accept – 0; recusals – 0 [15/15 – 100%, Not Endorsed]**

Perinatal and Women's Health Spring 2022 Non-consent Calendar Measures

One measure, NQF #3678e *ePC-07 Severe Obstetric Complications* measure, developed by The Joint Commission, was not included in the consent calendar. In addition, the CSAC received a reconsideration request from the developer. Dr. Pickering explained that the reasons for reconsideration would be a breach of process or the incorrect application of criteria for the Standing Committee. Dr. Pickering stated that although reconsideration requests are uncommon, they are important, as they are built into the process as a "check" to the process.

Dr. Pickering stated that during the PWH post-comment meeting, the measure did not pass on validity with 50 percent passing votes. Some process concerns occurred during the deliberations on this measure that may have affected the endorsement decision. In addition, the Standing Committee overturned the SMP's ratings for the measure, which was a pass. Dr. Pickering summarized that the PWH Standing Committee met in July 2022, during which concerns were raised related to validity, noting that the measure included all severe obstetric complications, which would hamper the measure's ability to be used in quality improvement for specific conditions. The developer responded to this concern, stating that combining complications was important because it allows for an increase in the denominator size and the measure's ability to detect differences in complications across hospitals. The developer also noted that they could use the measure data to break out their outcomes by condition for more detailed analysis. The Standing Committee also stressed the importance of stratifying the measure by race and ethnicity in the future. The developer stated that they are working on this detail. The Standing Committee would also want the measure to evolve so that hospitals could analyze whether process improvement activities improved outcomes or whether the outcomes were not preventable.

During the July meeting, quorum was lost right before the vote on validity was taken. Therefore, the Standing Committee could not vote on the measure during the meeting. The SMP did vote to pass the measure on validity in an earlier review process. Offline voting was conducted; however, a voting error occurred in which a recused member was counted by mistake. This led to a CNR decision for the measure, which was corrected by NQF staff. Both the Standing Committee and the developer were notified of the error. With the correct voting included, the measure moved from CNR to receiving enough votes to pass on validity. Following the July meeting, a Standing Committee member who did not attend the meeting raised concerns with the Standing Committee, which they believe did not adequately discuss the measure. The member was also concerned with the low positive predictive value (PPV) for several indicators beyond transfusion, which could have been the result of issues with the way the complications were coded. Therefore, the measure may not be detecting complications in a valid manner. It was also noted that the measure was not comparable across states. This issue was shared with the developer and the Standing Committee prior to the post-comment meeting. During the post-comment meeting in October 2022, the Standing Committee discussed these concerns in order to

determine whether to re-open the measure and re-vote on validity based on the offline concerns of the Standing Committee member.

However, quorum was not reached, so a second meeting was held to hold voting. During the second meeting in October, quorum was once again not achieved. The discussion did occur, however, and votes were submitted offline. During that meeting, the Standing Committee member who had raised the above concerns was present and referenced a statement from the American College of Obstetricians and Gynecologists (ACOG), which stated that the definitions of severe obstetric complications that rely on diagnosis codes may miss cases and may have a low PPV, which may make it difficult for facilities to detect and operationalize. The Standing Committee also clarified that the testing assessed whether the codes matched the medical records, not whether they represented severe maternal morbidity events. The developer replied during the post-comment meeting, stating that the PPV for the numerator of the measure was actually high and that not all the complications were used in the final measure specification. The developer also reported that blood transfusion was one of the elements that did show differing levels of agreement at different pilot sites. Thus, it was kept as a separate value so that the measure could be stratified with and without transfusion to adjudicate any issues. The developer also stated that they clinically adjudicated over 200 cases involving severe maternal morbidity events using the Centers for Disease Control and Prevention's (CDC) definition. Secondary testing was also conducted in which each event was also adjudicated using labor and delivery summaries. The developer also clarified the ACOG statement further, stating that the definition is considered the gold standard for reviewing cases that are considered severe maternal morbidity. They also stated that there is neither a formal gold standard for describing it in the field of maternal health nor any formal consensus on which conditions define it. Following the meeting, the Standing Committee submitted votes offline. It also decided to re-vote on validity and then voted the measure down on validity with a 50 percent passing vote.

The developer submitted a reconsideration request to the CSAC, which stated that NQF's measure evaluation criteria were not applied appropriately for validity. This was because the Standing Committee's revote on validity was based in part on the lack of empiric measure score validity, which is not required of new measures. In addition, Standing Committee members inaccurately generalized data element validity results from the literature rather than use the actual validity testing results submitted during the NQF process. According to information shared by NQF staff, the Standing Committee members' revote was also based on an error regarding the measure's PPV validity testing results, which was introduced and then propagated by the Standing Committee and NQF staff. In addition, NQF's own CDP was not followed because NQF and the Standing Committee did not follow the public commenting process. The developer further posited that the PWH Standing Committee reopened the vote for NQF #3687e during the post-comment meeting in violation of NQF's process, which states that the Standing Committee will not re-vote on the measures unless the decision to reconsider is based on submitted comments or a formal reconsideration request from the measure developer. On page 19 of the *Measure Developer Guidebook for Submitting Measures* (NQF Version 6.5), NQF states that, "during the post-comment web meeting, the Standing Committee will review relevant submitted comments (and developer responses where applicable)." The discussion during the post-comment meeting focused on a Standing Committee member's concern that was not submitted as a comment. Dr. Pickering described NQF's actions in the process and noted that this may represent a gap in NQF's policies on how to handle comments from Standing Committee members during the post-comment period.

The developer explained that the concern was communicated to NQF following the Standing Committee

meeting in July. However, the developer was not notified of the concern until October, just before the post-comment meeting. NQF notified the developer that the Standing Committee's concern would be treated as a public comment, but NQF did not provide a complete description of the concern, nor did the developer have sufficient time to respond. It also became clear that the Standing Committee's concerns had expanded beyond what NQF had provided to the developer and included additional literature. Therefore, the developer did not have time to prepare a response because they only learned about it during the post-comment meeting. The developer stated that the Standing Committee discussion during the two post comment meetings revealed that Committee members had multiple points of confusion regarding the measure specifications and the data element validation approaches completed by the measure developer. The Committee also prioritized external data, which was not exactly what was tested, over the actual developer testing material that was included in the submission. When discussing PPVs of less than 50 percent, these values were described multiple times as the "measure results," thus requiring the developer to clarify that these values were not actually the results but values that came from external literature. There was also confusion about whether the measure had been recommended for endorsement initially, with misinformation in the NQF materials stating that it had received a CNR vote as opposed to having passed on validity, which was correct. This was due to the calculation error described previously. During its discussion, the Standing Committee focused on an external study, which included codes from the International Classification of Diseases, Ninth Revision (ICD-9) from a single hospital and one electronic health record (EHR). This overshadowed the measure testing results, which included ICD-10 codes from 15 hospitals using three EHRs. For these reasons, the developer posited that the measure should be reconsidered.

Dr. Kim Gregory, one of the PWH Standing Committee co-chairs, agreed that a severe maternal morbidity measure is needed. Dr. Gregory also stated that the Standing Committee was aware that empirical validity testing was not required of NQF #3678e at the time it reviewed the measure initially. The Standing Committee's decision to not pass the measure on validity was not due to the lack of validity testing. Dr. Gregory also stated that the Standing Committee did discuss both the external data and the submitted testing data. The concern was whether what was in the literature was greater than the confidence in the submission. In particular, the testing from the literature represents whether the choice of specific severe maternal morbidity events is valid, which was the concern. The Standing Committee did not question whether the data could be pulled from the EHR but rather whether the data available in the EHR could sufficiently assess severe maternal morbidity events. It was also noted that the low PPV came from the literature. The revote reflected whether the severe maternal morbidity criteria were correct, partially referencing the low PPV from the study in the literature but not because the Standing Committee thought that the low PPV referred to the developer's testing.

The Standing Committee also discussed trial use being an option for this measure. Dr. Pickering explained that new eCQMs such as this one can go into trial use, considering these measures may have challenges due to resources or timeline delays in testing. Therefore, the developer may choose to submit new eCQMs to NQF for trial use. In that case, the testing component is not assessed or voted on, but it would have to meet the other criteria. After three to four years, the measure could be submitted for endorsement and undergo a complete review including testing results.

Dr. Jeff Susman served as the CSAC lead discussant on NQF #3678e Although he had nothing to add, Dr. Susman did express that the review process for this measure was not the best and supported sending it back to the PWH Standing Committee for reconsideration. Dr. Susman also did not recommend it for trial use. Three other CSAC members agreed that reconsideration would be the best approach, noting

that the Standing Committee should respond in detail to the issues the developer raised and stick to the evidence presented within the measure. If other evidence is submitted for consideration, the Standing Committee should ensure that the evidence reflects the measure's specifications. A CSAC member also suggested that an eCQM expert should be present when this measure is sent back to the PWH Standing Committee. Another CSAC member commented that the Standing Committee should not necessarily be beholden to the SMP for validity concerns.

Dr. Bulger opened the floor for public comment. No public comments were offered.

The CSAC voted on whether to return NQF #3678e *ePC-07 Severe Obstetric Complications* to the Standing Committee for reconsideration (**Total votes – 14; return the measure and reconsider – 13; do not return the measure and reconsider – 1; recusals – 0 [13/14 – 93%, Return the Measure to the Committee for Reconsideration]**).

Member and Public Comment

Dr. Pickering opened the web meeting for the final opportunity for public comment on the spring 2022 measures or on any of the proceedings from the meeting. No public comments were offered.

Next Steps

NQF staff announced that the CSAC votes and endorsement results would be published on the NQF website on December 16, 2022. The Appeals period for all the spring 2022 measures that the CSAC endorsed will be open from December 14, 2022, to January 13, 2023. In addition, a summary of the CSAC meeting will be posted in January 2023. Lastly, the final technical reports for the nine portfolios discussed during this meeting will be posted in March 2023.

Appendix A

Table 1. Spring 2022 Consent Calendar and Non-consent Calendar Measures

CDP Topic Area	Consent Calendar Measures	Measures for Discussion (Maintenance/New) [Criterion Not Met]
All-Cause Admissions and Readmissions	• **NQF #2375** PointRight® Pro 30™ (American Health Care Association [AHCA], PointRight, Inc.) (Maintenance) • **NQF #2827** PointRight® Pro Long Stay ™ (AHCA/PointRight, Inc.) (Maintenance)	• None
Behavioral Health and Substance Use	• None	• **NQF #3312** Continuity of Care After Medically Managed Withdrawal From Alcohol and/or Drugs (Centers for Medicare & Medicaid Services [CMS]/The Lewin Group) (Maintenance) [1] • **NQF #3313*** Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication (CMS/The Lewin Group) (Maintenance) • **NQF #0710e*** Depression Remission at 12 Months (MN Community Measurement) (Maintenance) • **NQF #0711*** Depression Remission at Six Months (MN Community Measurement) (Maintenance) • **NQF #0712*** Depression Assessment With PHQ-9/ PHQ-9M (MN Community Measurement) (Maintenance) • **NQF #1884*** Depression Response at Six Months – Progress Towards Remission (MN Community Measurement) (Maintenance) • **NQF #1885*** Depression Response at 12 Months – Progress Towards Remission (MN Community Measurement) (Maintenance)
Cost and Efficiency	• **NQF #3623** Elective Primary Hip Arthroplasty Measure (CMS/Acumen, LLC) (New) • **NQF #3625** Non-Emergent Coronary Artery Bypass Graft (CABG) (Measure CMS/Acumen, LLC) (New) • **NQF #3626** Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels Measure (CMS/Acumen, LLC) (New)	• None

CDP Topic Area	Consent Calendar Measures	Measures for Discussion (Maintenance/New) [Criterion Not Met]
Geriatrics and Palliative Care	• **NQF #0210** Percentage of Patients Who Died From Cancer Receiving Chemotherapy in the Last 14 Days of Life (American Society for Clinical Oncology [ASCO] (Maintenance) • **NQF #0213** Percentage of Patients Who Died From Cancer Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life (ASCO) (Maintenance) • **NQF #0216** Percentage of Patients Who Died From Cancer Admitted to Hospice for Less Than Three Days (ASCO) (Maintenance)	• **NQF #1641** Hospice and Palliative Care – Treatment Preferences (University of North Carolina Chapel Hill) (Maintenance) [1]
Patient Safety	• **NQF #2820** Pediatric Computed Tomography (CT) Radiation Dose (University of California, San Francisco) (Maintenance) • **NQF #3450** Practice Environment Scale – Nursing Work Index (PES-NWI) (Composite and Five Subscales) (University of Pennsylvania, Center for Health Outcomes and Policy Research) (Maintenance) • **NQF #3658** Adult Blood Culture Contamination Rate (Centers for Disease Control and Prevention) (New) • **NQF #3671** Inappropriate Diagnosis of Community–Acquired Pneumonia (CAP) in Hospitalized Medical Patients (University of Michigan/Michigan Hospital Medicine Safety Consortium) (New) • **NQF #3690** Inappropriate Diagnosis of Urinary Tract Infection (UTI) in Hospitalized Medical Patients (University of Michigan/Michigan Hospital Medicine Safety Consortium) (New)	• None
Perinatal and Women's Health	• **NQF #0471e** ePC-02 Cesarean Birth Measure (Joint Commission) (New) • **NQF #3682e** SINC-Based Contraceptive Care, Postpartum Measure (University of California, San Francisco [UCSF]) (New) (Trial Use) • **NQF #3699e** SINC-Based Contraceptive Care, Non-Postpartum Measure (UCSF) (New) (Trial Use)	• **NQF #3687e** ePC-07 Severe Obstetric Complications Measure (Joint Commission) (New) [1,2,4]

CDP Topic Area	Consent Calendar Measures	Measures for Discussion (Maintenance/New) [Criterion Not Met]
Prevention and Population Health	• **NQF #0041** Preventive Care and Screening: Influenza Immunization (National Committee for Quality Assurance [NCQA]) (Maintenance) • **NQF #0431** Influenza Vaccination Coverage Among Healthcare Personnel (Centers for Disease Control and Prevention [CDC]) (Maintenance) • **NQF #0680** Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) (CMS) (Maintenance) • **NQF #2528** Prevention: Topical Fluoride for Children, Dental Services (American Dental Association [ADA]) (Maintenance) • **NQF #3700** Prevention: Topical Fluoride for Children, Dental or Oral Health Services (ADA) (New) • **NQF #3701** Prevention: Topical Fluoride for Children, Dental or Oral Health Services (ADA) (New)	• None
Primary Care and Chronic Illness	• **NQF #0729** Optimal Diabetes Care (Minnesota Community Measurement [MNCM]) (Maintenance) • **NQF #2797** Transcranial Doppler Ultrasonography Screening Among Children With Sickle Cell Anemia (University of Michigan) (Maintenance) • **NQF #3294** STS Lobectomy for Lung Cancer Composite Score (Society of Thoracic Surgeons [STS]) (Maintenance) • **NQF #3668** Follow-Up After Emergency Department Visits for Asthma (Albert Einstein College of Medicine/University of California, San Francisco [UCSF]) (New)	• None

CDP Topic Area	Consent Calendar Measures	Measures for Discussion (Maintenance/New) [Criterion Not Met]
Renal	• **NQF #2594** Optimal End-Stage Renal Disease (ESRD) Starts (The Permanente Foundation/Kaiser Permanente Southern California) (Maintenance)	• **NQF #3659** Standardized Fistula Rate for Incident Patients (CMS/University of Michigan Kidney and Epidemiology Cost Center [UM-KECC] (New) [1] • **NQF #3689** First Year Standardized Waitlist Ratio (FYSWR) (CMS/UM-KECC) (New) [1, 4] • **NQF #3694** Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW) (CMS/UM-KECC) (New) [1, 3] • **NQF #3695** Percentage of Prevalent Patients Waitlisted (PPPW) (CMS/UM-KECC) (New) [1] • **NQF #3696** Standardized Modality Switch Ratio for Incident Dialysis Patients (SMoSR) (CMS/UM-KECC) (New) [1, 3, 4]
Total	**27**	**14**

*The BHSU Standing Committee met for a post-comment meeting on December 2, 2022, and completed votes on six Consensus Not Reached (CNR measures. In addition to NQF #3312, all six CNR measures were discussed and voted on during the CSAC meeting on December 9 since the CSAC completed its offline review of the consent calendar in November.