



NATIONAL QUALITY FORUM

Driving measurable health
improvements together

Memo

July 1, 2020

To: Cancer Standing Committee

From: NQF staff

Re: Post-comment web meeting to discuss public comments received and NQF member expression of support

COVID-19 Updates

With the recent COVID-19 global pandemic, many organizations needed to focus their attention on the public health crisis. To provide greater flexibility for stakeholders and continue the important work in quality measurement, the National Quality Forum (NQF) extended commenting periods and adjusted measure endorsement timelines for the Fall 2019 cycle.

Commenting periods for all measures evaluated in the Fall 2019 cycle were extended from 30 days to 60 days. Based on the comments received during this 60-day extended commenting period, measures entered one of two tracks:

Track 1: Measures Continuing in Fall 2019 Cycle

Measures that did not receive public comments or only received comments in support of the Standing Committees' recommendations will be reviewed by the CSAC on July 28–29.

- **Exceptions**

Exceptions were granted to measures if non-supportive comments received during the extended post-comment period were similar to those received during the pre-evaluation meeting period and were already adjudicated by the respective Standing Committees during the measure evaluation Fall 2019 meetings.

Track 2: Measures Deferred to Spring 2020 Cycle

Fall 2019 measures requiring further action or discussion from a Standing Committee were deferred to the Spring 2020 cycle. This includes measures where consensus was not reached or those that require a response to Member and public comments. Measures undergoing maintenance review retain endorsement during this time. Track 2 measures will be reviewed during the CSAC's meeting in November 2020.

During the Cancer post-comment web meeting on July 13 and 15, 2020, the Cancer Standing Committee will be reviewing Fall 2019 measures assigned to Track 2: 0223: Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer; 0384e: Oncology: Medical and Radiation - Pain Intensity Quantified; and 0384: Oncology: Medical and Radiation - Pain Intensity Quantified. A complete list of Track 1 measures can be found in [Appendix B](#).

Purpose of the Call

The Cancer Standing Committee will meet via web meeting on July 13 and 15, 2020 from 11:00am – 1:00pm ET. The purpose of this call is to:

- Review and discuss comments received during the post-evaluation public and member comment period;
- Re-vote on the “must-pass” criterion validity, where the Committee did not reach consensus in the initial evaluation;
- Re-vote on the “must-pass” criterion of overall suitability for endorsement for a measure that had a process error during initial evaluation; and
- Review and discuss NQF members’ expression of support of the measures under consideration; and
- Determine whether reconsideration of any measures or other courses of action are warranted.

Standing Committee Actions

1. Review this briefing memo and [draft report](#).
2. Be prepared to re-vote on the measures where consensus was not reached and the measure that still requires a vote on suitability for endorsement.
3. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments (see comment table).
4. Review the NQF members’ expressions of support of the submitted measures.

Conference Call Information

Please use the following information to access the conference call line and webinar:

Speaker dial-in #: 1-800-768-2983, access code **9037531**

Web link: <https://core.callinfo.com/callme/?ap=8007682983&ac=9037531&role=p&mode=ad>

Background

Cancer is the second most common cause of death in the U.S., exceeded only by heart disease.¹ NCI estimated that in 2018, 1.7 million new cases of cancer would be diagnosed in the United States and over 600,000 people will die from the disease.² Furthermore, nearly half of all men and one-third of all women in the U.S. will develop cancer during their lifetime.³ In addition, diagnosis and treatment of cancer has great economic impact on patients, their families, and society. NCI estimated that, in 2010, the costs for cancer care in the U.S. totaled nearly \$157 billion and could reach \$174 billion in 2020.⁴

Cancer care is complex and provided in multiple settings—hospitals, outpatient clinics, ambulatory infusion centers, radiation oncology treatment centers, radiology departments, palliative and hospice care facilities—and by multiple providers including surgeons, oncologists, nurses, pain management specialists, pharmacists and social workers.

The Cancer Standing Committee oversees NQF’s portfolio of Cancer measures that includes measures for hematology, breast cancer, colon cancer, prostate cancer, and other cancer measures. The purpose of this project was to review Cancer measure submitted for endorsement or undergoing maintenance during the Fall 2019 cycle.

On February 26, 2020 NQF convened a multistakeholder Standing Committee composed of 21 individuals to evaluate nine measures undergoing maintenance review.

The Committee recommended six measures for continued endorsement:

- **0383:** Oncology: Medical and Radiation - Plan of Care for Pain
- **0219:** Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer
- **0220:** Adjuvant hormonal therapy is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0 or Stage IB – Stage III hormone receptor positive breast cancer
- **1858:** Trastuzumab administered to patients with AJCC stage I (T1c) – III human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy
- **1859:** RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy
- **1860:** Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

The Committee recommended did not reach consensus on two measures:

- **0223:** Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer
- **0384e:** Oncology: Medical and Radiation - Pain Intensity Quantified

Due to a process error, the Committee did not vote on endorsement for one measure which will be voted on by the Committee for suitability for endorsement during the upcoming Post-Comment Meetings.

- **0384:** Oncology: Medical and Radiation - Pain Intensity Quantified

Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). Second, NQF solicits member and public comments during a 16-week comment period via an online tool on the project webpage.

Post-evaluation Comments

The draft report was posted on the project webpage for public and NQF member comment on March 30th, 2020, for 60 calendar days. During this commenting period, NQF received thirteen comments from five member organizations:

Member Council	# of Member Organizations Who Commented
Consumer	0
Health Plan	0
Health Professional	0
Provider Organization	1

Member Council	# of Member Organizations Who Commented
Public/Community Health Agency	2
Purchaser	0
QMRI	0
Supplier/Industry	0

We have included all comments that we received (both pre- and post-evaluation) in the comment table (excel spreadsheet) posted to the Committee SharePoint site. This comment table contains the commenter's name, comment, associated measure, topic (if applicable), and—for the post-evaluation comments—draft responses (including measure steward/developer responses) for the Committee's consideration. Please review this table in advance of the meeting and consider the individual comments received and the proposed responses to each.

In order to facilitate discussion, the majority of the post-evaluation comments have been categorized into major topic areas or themes. Although all comments are subject to discussion, the intent is not to discuss each individual comment on the July 13 and 15 post-comment call. Instead, we will spend the majority of the time considering the measures for which consensus was not reached. Please note that the organization of the comments into major topic areas is not an attempt to limit Committee discussion. Additionally, please note measure stewards/developers were asked to respond where appropriate. Where possible, NQF staff has proposed draft responses for the Committee to consider.

Comments and Their Disposition

Theme 1 – General Comments on Draft Report

- The Alliance of Dedicated Cancer Centers provided a general comment on the NQF Portfolio of Measures for Cancer suggesting that NQF # 3188, 30-Day Unplanned Readmissions for Cancer Patients, be included in the list of additional measures related to cancer.
- The Alliance of Dedicated Cancer Centers provided a general comment on Appendix B (Cancer Portfolio – Use in Federal Programs), suggesting several updates to the current state of measures in the PPS-Exempt Cancer Hospital Reporting (PCHQR) program
- The Hematology/Oncology Pharmacy Association provided a general comment on the importance of pharmacists within the cancer care team and suggested expanding the list of providers noted in the report to include pharmacists.

Proposed Committee Response:

Suggested changes have been included in draft report.

Measure-Specific Comments

0223: Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer

The Alliance of Dedicated Cancer Centers (ADCC) supports this measure for continued endorsement. The comment from ADCC also states that they were surprised the Committee did not reach consensus on scientific acceptability (validity)—a must-pass criterion, given that the American College of Surgeons Commission on Cancer (ACoS CoC) requires an annual review of a minimum of 10% of the annual caseload of the registry abstracts be performed to verify that abstracted data accuracy. This is also required for participating registries for measures NQF #0219 and NQF #0220, both of which passed validity with the Committee.

Measure Steward/Developer Response:

No developer response needed at this time

Action Item:

The Committee will re-vote on the validity criterion.

Co-Chair and NQF Staff Re-vote Request:

During the in-person measure evaluation meeting on February 26, 2020, the Committee discussed 0223: Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer and expressed reservations on passing this measure on validity, as no testing information was supplied to support the measure. For validity, the NQF measure evaluation criteria states that testing must be completed on critical data elements, and therefore the measure was rated as insufficient. The developer confirmed this but explained that Commission on Cancer does not do any re-abstraction to assess validity in this instance. The Committee vote on validity resulted in consensus not reached.

Voting Results:

- **Scientific Acceptability of Measure Properties:** Consensus not reached
(2a. Reliability precise specifications, testing; 2b. Validity testing, threats to validity
2a. **Reliability:** H-1; M-13; L-1; I-0; 2b. **Validity:** M-9; L-4; I-2

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

No Comments received

Action Item:

The Committee will be voting on overall suitability for endorsement for this measure.

Co-Chair and NQF Staff Re-Vote Request:

During the in-person measure evaluation meeting on February 26, 2020, the Committee discussed 0384e: Oncology: Medical and Radiation – Pain Intensity Quantified and began its discussion by acknowledging the relationship between 0383 and 0384 (and thus 0348e). Specifically, they mentioned when measuring whether the plan of care is completed focuses on the provider, whereas measuring whether the pain is assessed and documented focuses on the performance of the health system. The Committee acknowledged these measures are interrelated, but also that they represent different processes.

During the discussion of validity, the Committee discussed the correlation analysis between the eCQM and another process measure as well as the exclusions for this measure. Specifically, they questioned whether a hormonal therapy measure was the best choice for testing validity of a pain quantification measure. The developer mentioned that measure selection for a comparative analysis of an eCQM is often limited, and they chose a measure that would be reported in a similar manner, e.g., similar diagnosis and face-to-face encounter. Additionally, the

Committee questioned whether patients who opt out of chemotherapy and experience pain would be captured by the measure. Clarification was provided by the developer that the patient population was divided into two groups—those receiving chemotherapy or radiation therapy and have had a face-to-face encounter with the provider and 30 days before OR 30 days after that visit experience pain, and that pain is quantified. This measure also accounts for different types of chemotherapy administration. Ultimately, the Committee did not reach consensus on validity.

Voting Results:

- **Scientific Acceptability of Measure Properties:** Consensus not reached
 (2a. Reliability precise specifications, testing; 2b. Validity testing, threats to validity
 2a. **Reliability:** H-0; M-16; L-2; I-0; 2b. **Validity:** H-0; M-8; L-8; I-1

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

The Alliance of Dedicated Cancer Centers (ADCC) supports continued endorsement for NQF #0384. Specifically, ADCC stated in their comment that they believe the use of Patient-Reported Outcome Measures (PROMs) are the preferred method for collecting meaningful patient data on pain and at this time neither fully developed PROMS nor the systems to capture and this type of measure are robust or prevalent enough for general use. Therefore, they expressed agreement with the Committee that it is vital to quantify pain and recommend continued endorsement. ADCC also mentioned that both NQF #0384 (Pain Intensity Quantified) and NQF #0383 (Plan of Care) offer utility in the cancer portfolio, noting that the measures are complementary in that it is not possible to determine which patients require a plan of care to address their pain if pain levels are not assessed.

Measure Steward/Developer Response:

No developer response is required at this time.

Action Item:

The Committee will be voting on overall suitability for endorsement for this measure.

Co-Chair and NQF Staff Re-Vote Request:

During the in-person measure evaluation meeting on February 26, 2020, the Committee discussed 0384: Oncology: Medical and Radiation – Pain Intensity Quantified. The Committee reviewed 0384e first and that measure passed on evidence. However, the during the Committee discussion of 0384, they re-voted on evidence which was a process error. The evidence vote from 0384e should have carried over to 0384 since the evidence is the same for the two measures. Therefore, **the Committee will need to vote on Overall suitability of endorsement.**

NQF Member Expression of Support

Throughout the 16-week continuous public commenting period, NQF members had the opportunity to express their support (“support” or “do not support”) for each measure submitted for endorsement consideration to inform the Committee’s recommendations. No NQF members provided expressions of support.

Appendix A: NQF Member Expression of Support Results

No NQF members provided expressions of support.

Appendix B: Fall 2019 Track 1 Measures

The following measures did not receive public comments or only received comments in support of the Standing Committees' recommendations and will be reviewed by the CSAC on July 28 – 29:

- 0383: Oncology: Medical and Radiation - Plan of Care for Pain (ASCO)
- 0219: Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer (Commission on Cancer, American College of Surgeons)
- 0220: Adjuvant hormonal therapy is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0 or Stage IB – Stage III hormone receptor positive breast cancer (Commission on Cancer, American College of Surgeons)
- 1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy (ASCO)
- 1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies (ASCO)