



**NATIONAL
QUALITY FORUM**

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Cancer Fall 2020 Topical Web Meeting

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February 23, 2021

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Welcome



Welcome

- This is a Ring Central meeting with audio and video capabilities
- Direct your web browser to the following URL:
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- Optional: Dial **+1(773)2319226** and enter passcode **149 943 6429**
- Please place yourself on mute when you are not speaking
- We encourage you to use the following features
 - Chat box: to message NQF staff or the group
 - Raise hand: to be called upon to speak
- We will conduct a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at cancerem@qualityforum.org

Project Team — Cancer Committee



**Matthew Pickering,
PharmD**
Senior Director



**Oroma Igwe,
MPH**
Manager



**Karri Albanese,
BA**
Analyst



**Mike DiVecchia,
MBA, PMP**
Senior Project
Manager



**Monika Harvey,
MBA, PMP**
Project Manager



Agenda

- Introductions and Meeting Objectives
- Overview of the CQMC
- Overview of Cancer Project Portfolio
- Cancer Standing Committee Measure Gap Discussion
- NQF Member and Public Comment
- Next Steps
- Adjourn

Introductions and Meeting Objectives

Cancer Standing Committee

- Karen Fields, MD, (Co-Chair)
- Shelley Fuld Nassa, MPP (Co-Chair)
- Afsaneh Barzi, MD, PhD
- Gregory Bocsi, DO, FCAP
- Brent Braveman, PhD, OTR/L, FAOTA
- Steven Chen, MD, MBA, FACS
- **David E. Cohn, MD, MBA***
- Karen Collum, DNP, RN, OCN
- Matthew Facktor, MD, FACS
- Heidi Floyd
- Bradford Hirsch, MD
- Jette Hogenmiller, PhD,
MN, APRN/ARNP, CDE, NTP, TNCC,
CEE
- Wenora Johnson
- J. Leonard Lichtenfeld, MD, MACP
- Stephen Lovell, MS
- Jennifer Malin, MD, PhD
- Jodi Maranchie, MD, FACS
- Denise Morse, MBA
- Benjamin Movsas, MD
- Beverly Reigle, PhD, RN
- Robert Rosenberg, MD, FACR
- David J. Sher, MD, MPH
- Danielle Ziernicki, PharmD

*** New Committee Members**



Objectives

- Discuss the purpose and role of the Core Quality Measure Collaborative (CQMC)
- Review and discuss findings CQMC environmental scan of medical oncology measures
- Review and describe NQF's Cancer Measure portfolio
- Discuss measure gaps and garner input on the NQF Cancer Measure Portfolio



Housekeeping Rules

During the discussions, Committee members should:

- Remain engaged in the discussion without distractions
- Attend the meeting at all times
- Keep comments concise and focused
- Allow others to contribute



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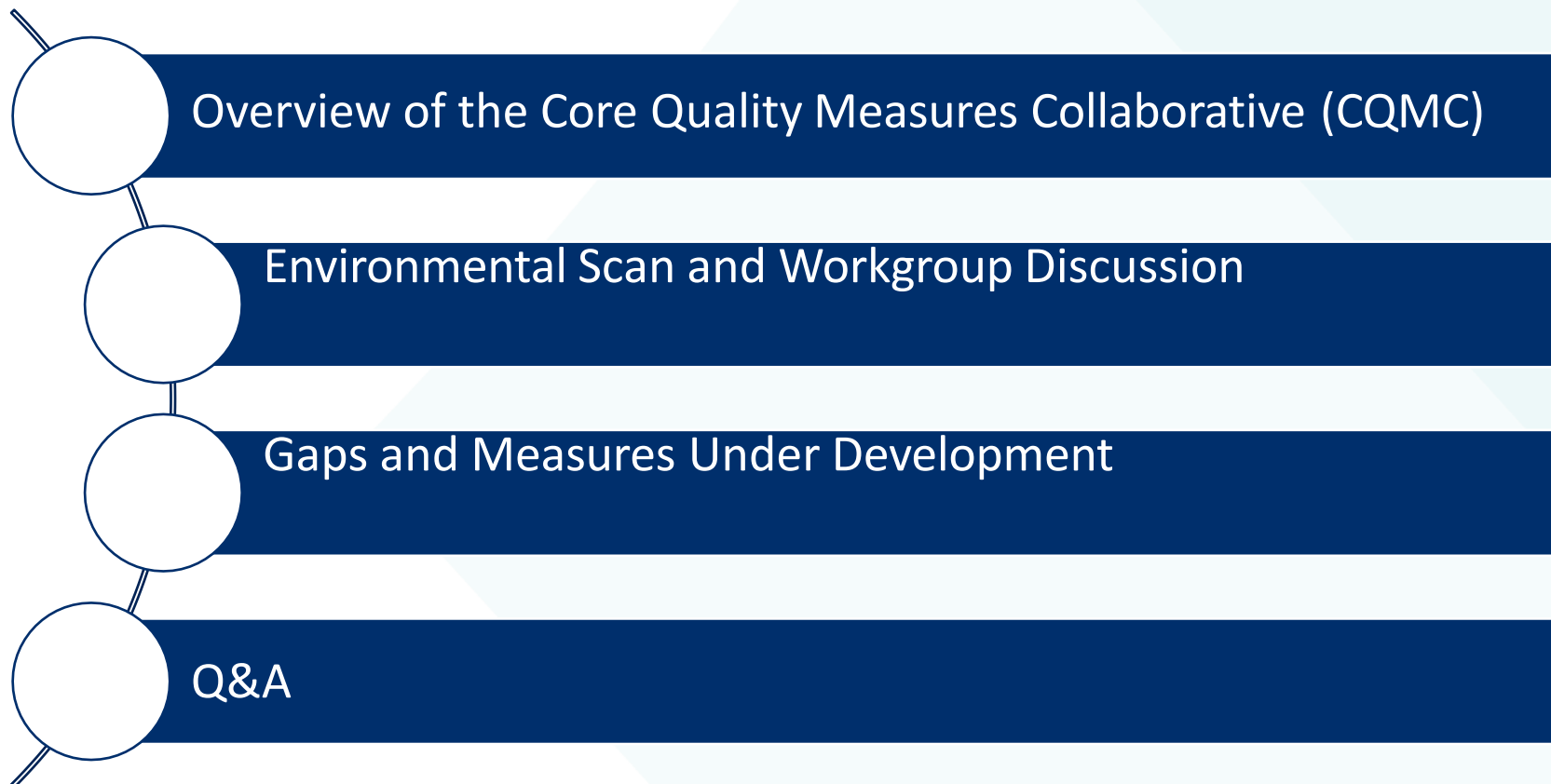
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CQMC Medical Oncology Workgroup – Presentation to the Cancer Standing Committee

Nicolette Mehas, Senior Director, Quality
Measurement

February 23, 2021

Topics



Overview of the CQMC



NQF Project Team

- Nicolette Mehas, PharmD, Senior Director
- Amy Moyer, MS, PMP, Director
- Teresa Brown, MHA, Senior Manager
- Yvonne Kalumo-Banda, MS, Manager
- Amy Guo, MS, Senior Analyst

CQMC Background

- Broad-based coalition of healthcare leaders working to facilitate cross-payer measure alignment through the development of core sets of measures to assess the quality of healthcare in the United States.
- Founded in 2015, the CQMC is a public-private partnership between America's Health Insurance Plans (AHIP) and the Centers for Medicare & Medicaid Services (CMS) housed at the National Quality Forum (NQF).
- Membership-driven and funded effort, with additional funding provided by the Centers for Medicare & Medicaid Services (CMS) and America's Health Insurance Plans (AHIP).
- Diverse membership:
 - Health insurance providers
 - Medical associations
 - Consumer groups
 - Purchasers and employer groups
 - Regional quality collaboratives



CQMC Aims

- Identify high-value, high-impact, evidence-based measures that promote better patient outcomes, and provide useful information for improvement, decision-making and payment.
- Align measures across public and private payers to achieve congruence in the measures being used for quality improvement, transparency, and payment purposes.
- Reduce the burden of measurement by eliminating low-value metrics, redundancies, and inconsistencies in measure specifications and quality measure reporting requirements across payers.
- Achieved by creating **core measure sets**: parsimonious groups of scientifically sound measures that efficiently promote a patient-centered assessment of quality and should be prioritized for adoption in value-based purchasing and alternative payment models
(Note: CQMC core sets primarily focus on outpatient, clinician-level measurement)



Core Set Development/Maintenance Approach

- Convene a workgroup
 - Identify existing measures and inputs for environmental scan
 - Perform environmental scan and gather measure information
 - Discuss measures and reach consensus on whether to include in electronic voting
 - Vote on whether to add measures to core set
 - Identify remaining gaps and strategies to fill the gaps
 - Discuss how to present and disseminate the core set
- Core sets are presented to the Steering Committee and the Full Collaborative for final approval



Current Activities

- NQF is working with AHIP and CMS to:
 - Convene the CQMC to maintain the core sets,
 - Identify priority areas for new core set – this year's focus is cross-cutting measures
 - Prioritize measure gaps
 - Provide guidance on dissemination and adoption, including recommendations for greater uptake of digital measures
 - Address Measure Model Alignment
- CQMC has publicly released ten consensus core sets to date.

Current Core Measure Sets

- Accountable Care Organizations (ACO), Patient Centered Medical Homes (PCMH), and Primary Care
- Behavioral Health
- Cardiology
- Gastroenterology
- HIV and Hepatitis C
- Medical Oncology
- Neurology
- Obstetrics and Gynecology
- Orthopedics
- Pediatrics

Environmental Scan and Workgroup Discussion



Medical Oncology Measurement - Existing Areas

- The following areas were addressed in the first version of the Medical Oncology core set (released in 2015):
 - Breast Cancer (*3 measures*)
 - Colorectal Cancer (*3 measures*)
 - Prostate Cancer (*2 measures*)
 - Hospice / End of Life (*6 measures*)
- Workgroup members noted that environmental scan should start with gap areas identified in 2015 (pain control measures, functional status and quality of life, etc.)

Environmental Scan Approach

- Measures currently endorsed by NQF; used in public programs with specifications available; used in the Oncology Care Model; or suggested by CQMC Members
- Capture the following information:

Measure Title
NQF Number (if applicable)
Measure Steward
Notes

Measure Description
Numerator Description
Denominator Description
Care Setting
Level of Analysis
Measure Type
Data Source
Measure Use

Align with goals and priorities
Scientifically Sound
Minimize Burden
Provider can influence outcome
Opportunity for Improvement
Risk-adjusted/account for factors outside control?



Environmental Scan Results

- Workgroup considered 25 measures from the scan, including measures previously discussed and recommended for future consideration, new measures endorsed by NQF since 2016, and electronic versions of current core set measures
- Removed 2 measures from the original core set and added 7 measures to the updated core set
- Updated core set released in 2020 now covers the following areas:
 - Breast Cancer (*2 measures*)
 - Colorectal Cancer (*3 measures*)
 - Prostate Cancer (*1 measure*)
 - Hospice / End of Life (*7 measures*)
 - Admissions/ Readmissions (*2 measures*)
 - Patient Experience (*1 measure*)
 - Other (*1 measure*)

Updated Core Set (2020)

Medical Oncology			
NQF #	Measure	Steward	Notes
<i>Breast Cancer</i>			
0559	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c, or Stage II or III hormone receptor negative breast cancer†	American College of Surgeons	No longer NQF endorsed. While this measure is specified for patients under 70 years (in line with National Comprehensive Cancer Network (NCCN) guidelines), combination chemotherapy is appropriate for patients 70 years and older in some cases.
1858	Trastuzumab administered to patients with AJCC stage I (T1c) – III and human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy	American Society of Clinical Oncology	
<i>Colorectal Cancer</i>			
0223	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis to patients under the age of 80 with AJCC III (lymph node positive) colon 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	American Society of Clinical Oncology	

NQF #	Measure	Steward	Notes
1860	Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies	American Society of Clinical Oncology	
<i>Prostate Cancer</i>			
0389 / 0389e	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Center for Medicare & Medicaid Services	eCQM added*
<i>Hospice / End of Life</i>			
0210	Proportion receiving chemotherapy in the last 14 days of life	American Society of Clinical Oncology	
0211	Proportion with more than one emergency room visit in the last 30 days of life	American Society of Clinical Oncology	No longer NQF endorsed.
0213	Proportion admitted to the ICU in the last 30 days of life	American Society of Clinical Oncology	
0215	Proportion not admitted to hospice	American Society of Clinical Oncology	
0216	Proportion admitted to hospice for less than 3 days	American Society of Clinical Oncology	
0384 / 0384e	Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology	American Society of Clinical Oncology	eCQM added*
2651	CAHPS® Hospice Survey (experience with care) [†]	Centers for Medicare & Medicaid Services	
<i>Admissions / Readmissions</i>			
3188	30-Day Unplanned Readmissions for Cancer Patients [†]	Seattle Cancer Care Alliance	
3490	Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy [†]	Centers for Medicare & Medicaid Services	
<i>Patient Experience</i>			
N/A	OCM-6 Patient-Reported Experience of Care	Centers for Medicare & Medicaid Services	Use specifications for measure from the Oncology Care Model
<i>Other</i>			
0418 / 0418e	Preventive Care and Screening: Screening for Depression and Follow Up Plan	Centers for Medicare & Medicaid Services	eCQM added*
*Separate benchmarks should be used based on reporting method			
†Measure NQF endorsed at the facility or health plan level			



Additions to Core Set

- Based on CQMC's measure selection principles, measures in the core set should be:
 - Person-centered and holistic
 - Relevant, meaningful and actionable
 - Parsimonious, promoting alignment and efficiency
 - Scientifically sound
 - Balanced between burden and innovation
 - Unlikely to promote unintended adverse consequences

- **Are there additional measures available that you feel would be valuable additions to the core set?**

Gaps and Measures Under Development

Gaps

- Additional patient-reported outcomes and patient experience measures (e.g., symptoms, pain control, functional status, stress management, care coordination, education)
- Measures that reflect molecular biology of cancer, interpretation of biomarkers and tumor information, immunotherapy
- Measures related to telemedicine
- Robust measure(s) for shared decision-making
- Measures on utilization
- Additional outcome measures (e.g., five-year cure rate)
- Reporting of cancer stage
- Cost measures
- Lung cancer measures
- Social determinants of health and financial burden
- **Do you agree with these identified gaps? Are there additional gaps that should be noted?**



Measures Under Development

- Medical Oncology Workgroup also shared a list of measures under development to be considered for the next update of the core set:
 - N/A: Symptom Control During Chemotherapy – Pain
 - N/A: Symptom Control During Chemotherapy – Nausea
 - N/A: Symptom Control During Chemotherapy – Constipation
 - N/A: Appropriate treatment for high- and moderate-emetic risk
 - N/A: Appropriate treatment for low and minimal-emetic risk
 - Disease specific measures in development (melanoma, colorectal cancer, gynecological cancers)
 - Biomarker and appropriate treatment measures in development (cross-cutting and disease specific)
 - #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. Updated version under testing.
- **Are there any additional measures under development that the Workgroup should consider?**

Additional Challenges

- Workgroup agreed that core measures should fulfill the following criteria:
 - Use available data
 - Can be benchmarked
 - Can influence provider care
 - Consider the patient perspective
- However, Workgroup cited the following implementation challenges:
 - Coordination across the healthcare system: Current measures do not track individual patients' data across different payers and providers. Limited interoperability across different health IT systems also contributes to this challenge.
 - Limited availability of data: Data is not available in real time to inform Q efforts. Private payers often lack access to clinical data (e.g., staging, lab results) needed to calculate measures.



Additional Challenges (cont.)

- Tools for assessing patient experience: Collecting detailed information on patient experience poses patient burden, but collecting simpler information may result in “checkbox measures” with limited usefulness.
- Statistical challenges: small sample sizes for condition-specific measures can make it difficult to calculate quality measures.
- Incentives to report: Multi-specialty groups may not have strong incentives to report on oncology-specific measures.

Q&A

Cancer Project Team Overview of Cancer Portfolio

NQF Cancer Portfolio

Decrease in the Number of Endorsed Measures Over Time

This project evaluates measures related to cancer morbidity and mortality, screening, and appropriate treatment (including surgery, chemotherapy, and radiation therapy), and assesses those measures for use in accountability and public reporting for all populations and in all settings of care.



*NQF did not receive measure submissions during Spring 2019; NQF held a topical webinar in the absence of measure evaluation meeting

Overall Table of Cancer Portfolio Measures*

	Fall 2018		Fall 2019		Fall 2020	
Condition	Outcome	Process	Outcome	Process	Outcome	Process
Breast Cancer	-	11	-	9	-	8
Colon Cancer	-	6	-	5	-	4
Hematology	-	2	-	-	-	-
Lung/Thoracic Cancer	-	1	-	-	-	-
Prostate Cancer	-	3	-	2	-	2
General Cancer Measures	1	3	1	3	1	3
Total	1	26	1	19	1	17

*NQF did not receive measure submissions during Spring 2019; NQF held a topical webinar in the absence of measure evaluation meeting



Table by Accountable Entity*

Level of Accountability	Fall 2018	Fall 2019	Fall 2020
Facility	2	2	4
Clinician: Group Practice	12	12	12
Clinician: Individual	8	8	7
Health Plan	-	-	-
Integrated Delivery System	-	-	-
Population: Community, County, or City	-	-	-
Population: Regional and State	-	-	-
Other	-	-	-

*NQF did not receive measure submissions during Spring 2019; NQF held a topical webinar in the absence of measure evaluation meeting

Note: Counts are not mutually exclusive by level of accountability

Cancer Standing Committee Measure Gap Discussion

Discussion

- Where is the current need for Cancer quality measures?
 - Are there opportunities for measurement within Cancer?
 - Underserved areas?
- What are the kind/types of quality measures needed? (e.g., PRO-PMs, eCQMs)?
- Are you aware of Cancer measures that are currently under development?
- What are potential barriers/challenges to developing measures in this field?
- What can NQF/CMS do to stimulate quality measurement efforts in this area?

NQF Member and Public Comment

Next Steps



Spring 2021 Cycle Updates

- Intent to submit deadline was January 5, 2021
 - One maintenance measure was submitted
- Measure Submission is April 16, 2021



Project Contact Info

- Email: cancerem@qualityforum.org
- NQF phone: 202-783-1300
- Project page:
<http://www.qualityforum.org/Cancer.aspx>
- SharePoint site:
<https://share.qualityforum.org/portfolio/Cancer/SitePages/Home.aspx>

THANK YOU.

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