



Cancer Standing Committee—Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Cancer Standing Committee for a web meeting on February 8, 12, and 15, 2019 at the NQF offices in Washington, DC to evaluate three cancer measures.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. Committee members each introduced themselves and disclosed any conflicts of interest.

Topic Area Introduction and Overview of Evaluation Process

NQF staff provided an overview of the topic area and the current NQF portfolio of endorsed measures. There are currently 26 endorsed measures in the cancer portfolio. Additionally, NQF reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

Measure Evaluation

During the meeting, the Cancer Standing Committee evaluated one maintenance measure and two newly submitted measures for endorsement consideration. A summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on March 21, 2019 for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

Measure Evaluation Criteria Rating Key: H – High; M – Medium; L – Low; I – Insufficient

0384 Oncology Medical and Radiation – Pain Intensity Quantified (PCPI)

Measure Steward/Developer Representatives at the Meeting

Elvia Chavarria, Arif Kamal, MD, Greg Foakes, Jamie Lehner, Nadene Chambers, Samantha Tierney, Yvette Apura

Standing Committee Votes

- Evidence: M-0; L-1; I-17
- Evidence Exception: Yes-18; No-0
- Performance Gap: H-1; M-16; L-1; I-0
- Reliability: H-4; M-12; L-0; I-0
- Validity: H-2; M-13; L-1; I-0
- Feasibility: H-12; M-3; L-0; I-0
- Use: Pass-15; No Pass-0
- Usability: H-8; M-6; L-1; I-0

Standing Committee Recommendation for Endorsement: Yes-15; No-0

The Standing Committee recommended the measure for continued endorsement. The Committee had a lengthy discussion about the quality of the evidence that demonstrates documenting pain leads to improved patient outcomes. The Committee agreed that asking patients about their pain is important; therefore, in the absence of empirical evidence, it is beneficial to hold providers accountable for performance on this measure. The Committee agreed that a performance gap exists beyond the nearly topped out 2016 Physician Quality Reporting System (PQRS) performance data provided by the measure developer. The Committee agreed that the updated reliability and validity testing results met NQF criteria. The data are routinely collected; the measure was previously used in the Physician Quality Reporting System (PQRS); is currently used in the Merit-based Incentive Payment System (MIPS), and is scheduled to be publicly reported on Physician Compare in late 2019.

3490 Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy (Centers for Medicare and Medicaid Services)

Measure Steward/Developer Representatives at the Meeting

Mario Marchesi, Jessica Ross

Standing Committee Votes

- Evidence: Pass-13; No Pass-1
- Performance Gap: H-1; M-10; L-3; I-0
- Reliability: H-0; M-11; L-4; I-0
 - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Validity: M-12; L-2; I-0
 - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Feasibility: H-7; M-7; L-0; I-0
- Use: Pass-11; No Pass-3
- Usability: H-5; M-8; L-1; I-0

Standing Committee Recommendation for Endorsement: Yes-11; No-3

The Standing Committee recommended the measure for NQF endorsement. The Committee agreed that timely access to chemotherapy side effect management leads to decreased likelihood of preventable admissions and ED visits for patients receiving outpatient chemotherapy. The patient representatives on the Committee emphasized the importance of communication from their providers when receiving chemotherapy and additional support services for better symptom management. The Committee noted that there is a smaller gap in care for non-cancer hospitals vs. cancer hospitals but overall agreed there is an opportunity for improvement. The Scientific Methods Panel evaluated the reliability and validity testing for this measure and was satisfied with the results. The measure developer updated the measure specifications based on the recommendations that the Committee provided in its initial review in 2016. The Committee agreed that the updated specifications, reliability testing, and validity testing met NQF criteria. The outcomes are reported using routinely collected Medicare claims data. The measure has been adopted for use in two CMS programs, the Hospital Outpatient Quality Reporting (OQR) Program,

and PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program. OQR public reporting is to start January 2020; PCHQR confidential reporting is to start January 2019.

3365e Treatment of Osteopenia or Osteoporosis in Men with Non-Metastatic Prostate Cancer on Androgen Deprivation Therapy (ADT) (Large Urology Group Practice Association)

This is an electronic clinical quality measure (eCQM)

Measure Steward/Developer Representatives at the Meeting

Colleen Parker, Rachel Buchanan

Standing Committee Votes

- Evidence: H-0; M-15; L-0; I-2
- Performance Gap: H-1; M-16; L-0; I-0
- Reliability: See rating from Validity
- Validity: M-1; L-15; I-0

The Standing Committee did not vote on the recommendation for endorsement because the measure did not pass the Validity criterion—a must-pass criterion. The Standing Committee initially reviewed this measure during the spring 2018 cycle. The Committee noted that the evidence underlying the NCCN guideline and citations submitted with the measure appear sufficient to support the link to preferred patient outcomes (i.e., a relationship between initiation of osteoporosis/osteopenia treatment and the bone health of patients with prostate cancer undergoing ADT). The measure is specified for men 18 years and older, and the NCCN guideline focuses on men 50 years and older. The Committee asked the measure developer to provide additional evidence to support the younger age range included in the measure specifications. The Committee agreed a gap in care remains. During the spring 2018 cycle, the Committee had a lengthy discussion about the measure specifications, including asking the measure developer to provide multiple clarifications throughout the discussion. The Committee's concerns included the complexity of the measure description, numerator, and denominator as written in the measure submission form. The measure developer agreed to withdraw the measure from the spring 2018 cycle and revise the measure specifications as recommended. In the current cycle, the Standing Committee evaluated the revised measure specifications and agreed they were less ambiguous, yet they still had concerns about the complexity of the measure. The Committee discussed their concerns about the effect of the multiple numerator and denominator exclusions on the measure performance. The Committee had low confidence that the data used in the measure are valid due to the number and representativeness of patients and entities and analysis of the threats to validity.

Public Comment

NQF received two public comments from two organizations as of January 30, 2019. The Federation of American Hospitals (FAH) and the Alliance of Dedicated Cancer Centers (ADCC) commented on 3490 *Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy* (Centers for Medicare and Medicaid Services). The FAH and the ADCC agreed with the potential for this measure to support quality improvement efforts but noted

concerns related to the lack of sufficient information on the social risk factors in the risk-adjustment approach and numerator and denominator validation.

Next Steps

NQF will post the draft technical report on March 21, 2019 for public comment for 30 calendar days. The continuous public comment with member support will close on April 19, 2019. NQF will re-convene the Standing Committee for the post-comment web meeting on May 7, 2019.