

NATIONAL QUALITY FORUM

TO: Cancer Steering Committee

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SU: Cancer Public and Member Comments on Measures

DA: June 4, 2012

The Cancer Steering Committee will meet via conference call on Wednesday, June 6 at 2:00pm ET. The purpose of the meeting is to:

1. Discuss comments received during the public and member comment period.
2. Provide input on responses to comments.
3. Determine whether reconsideration of any measures is warranted.

Please let us know if you have any questions.

Steering Committee Action:

1. Review the individual comments received during the public and member comment period and proposed responses. (Excel spreadsheet included in the meeting materials has been sorted by measures. Filters have also been applied to the spreadsheet so that custom filters can be applied by submitter, member council, etc.)
2. Review comment themes (within this memo) and proposed responses.
3. Be prepared to provide feedback and input on proposed comment responses.

Conference Call Information: *WEDNESDAY, JUNE 6 AT 2:00PM ET*

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

Dial-in Number: 1-888-799-5160

Conference ID: 86828558

Event Title: Cancer SC Phase 2 – Conference Call

Webinar: Register at <http://www.MyEventPartner.com/QualityForum350>

Please note that the registration link will be activated 15 minutes prior to the meeting.

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The endorsement maintenance process provides an opportunity to harmonize measure specifications and ensures that the endorsed measure represents the best in class. The disposition of the measures listed below:

Measure disposition

TABLE 1: CANCER MEASURE REVIEW SUMMARY

| | MAINTENANCE | NEW | TOTAL |
|------------------------------|--|-----|-------|
| Measures under consideration | 23 | 4* | 27 |
| Withdrawn from consideration | 1 | 0 | 1 |
| Recommended | 17 | 4 | 21 |
| Not recommended | 5 | 0 | 5 |
| Reasons for Not Recommending | Importance – 4 Scientific Acceptability - 1 | N/A | |

*Includes two untested measures eligible for [time-limited endorsement](#).

NQF received **109** comments on the draft report from public and NQF members. The major themes of the comments and issues identified for Committee discussion are listed below. In response to these themes, NQF staff has proposed draft responses for the Committee to consider. All comments and proposed responses are subject to discussion. These themes are not an attempt to limit the Committee discussion, but rather to aggregate them into themes due to the volume and repetition of comments. Please refer to the comment table to view the individual comments received and the proposed responses to each.

Major Themes/Issues of the Measures

1. Reconsideration of Measure 0212: Proportion with more than one hospitalization in the last 30 days of life, to be paired with Measures 0211 and 0213
2. Concern regarding the understandability and usability of the Palliative Measures (0210-0216)
3. Request for reconsideration of measure 0562: Overutilization of Imaging Studies in Melanoma

Theme 1- Reconsideration of Measure 0212: Proportion with more than one hospitalization in the last 30 days of life, to be paired with Measures 0211 and 0213

Description: Commenters indicated that given the variation in use of the emergency room or direct hospital admission for patients in advanced stages of illness, as well as the wide variation in intensity of care in the diverse health care settings, it will not be possible to understand variation in ER and ICU use at the end of life without having data on hospital admissions. The commenters also noted that exclusion of patients in palliative care units would strengthen measure 0212.

Proposed Committee Response: For Steering Committee discussion. This issue was discussed at the Cancer Steering Committee in-person meeting, with several committee members in favor of recommending measure 0212 for endorsement for the reasons addressed by commenters.

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Theme 2- Concern regarding the understandability and usability of the Palliative Measures (0210-0216)

Description: Commenters noted that while overtreatment of terminally ill patients is an important area for study and measurement, there are concerns that the measures imply that patients receiving such treatments as chemotherapy in the last 14 days of life, or patients with more than one ER visit in the last days of life, are receiving poor care. The commenters expressed concern that lumping all patient populations together in these measures results in patients who are appropriately receiving said treatments being counted in the numerator against the reporting facility. Further, commenters indicated that prognostication of death is limited; in addition to being unable to determine accurately in advance a patient's expected death, the measures do not distinguish between patients who were terminally ill and those who died suddenly.

Proposed Committee Response: These issues were discussed extensively during the Cancer Steering Committee in-person meeting. The measure developer noted that these measures are not never events; the interventions can and should occur for many patients. The measures are intended to compare similar providers who have similar patient mixes, looking for outlying patterns of care. Consequently, relative incidence of the situations noted above should be similar. As such, lumping patients receiving, for example, palliative chemotherapies at the end of life with those receiving curative chemotherapies, should not result in markedly different measure score performance between two facilities with similar case mix. The reasoning can also be applied to lumping patients who are terminally ill and those who died suddenly.

Theme 3- Request for reconsideration of Measure 0562: Overutilization of Imaging Studies in Melanoma

Description: The American Academy of Dermatology (AAD), the American Medical Association (AMA) convened Physician Consortium for Performance Improvement® (PCPI™), and the National Committee for Quality Assurance (NCQA) have requested reconsideration of measure 0562. As the measure was voted down on the evidence criteria, additional evidence has been provided demonstrating that the measure was based on evidence-based guidelines from NCCN and AAD (please reference attached letter to NQF Cancer EM Steering Committee).

Information on the Scientific Acceptability of the measure testing results was also provided.

Lastly, with respect to Steering Committee concerns that patients with recurrent disease would not be restaged at the time of recurrence and thus may not receive appropriate care, including potential imaging, it was noted that this measure focus on localized melanoma patients only. The measure is specified to capture patients “without signs or symptoms suggesting systemic spread.”

Proposed Committee Response: For Steering Committee discussion.