



## Cancer 2015 – 2017

### BACKGROUND

Cancer is the second most common cause of death in the US, accounting for nearly 1 of every 4 deaths.<sup>i</sup> It is estimated that by January 1, 2024, the population of cancer survivors will increase to almost 19 million: 9.3 million males and 9.6 million females.<sup>ii</sup> The Agency for Healthcare Research and Quality (AHRQ) estimates a total of \$88.3 billion was spent on treatment of cancer in 2011, compared to \$56.8 billion in 2001 (in 2011 dollars).<sup>iii</sup> This project seeks to identify and endorse performance measures for accountability and quality improvement that specifically address conditions, treatments, interventions, screening or procedures relating to various forms of cancer.

Measures of interest to NQF for this project include: individual or composite outcome measures and process measures from all care settings, eMeasures, measures of appropriate use of medical procedures, measures sensitive to the needs of vulnerable populations, including racial/ethnic minorities and Medicaid populations. As part of this project, twenty (20) NQF-endorsed measures, that are due for maintenance of endorsement review, will be re-evaluated against the most recent NQF measure evaluation criteria. Specific conditions and topics addressed by the endorsed measures include: breast cancer, radiation therapy, hormonal therapy, colon cancer, chemotherapy, hematology, leukemia, prostate cancer, esophageal cancer, mammography screening, and melanoma diagnosis.

### COMMITTEE CHARGE

A multi-stakeholder Standing Committee will be established to evaluate newly submitted measures and measures undergoing maintenance of endorsement review and make recommendations for which measures should be endorsed as consensus standards. This Committee will work to identify and endorse new performance measures for accountability and quality improvement that specifically address conditions, treatments, interventions, or procedures relating to cancer. Measures including outcomes, treatments, diagnostic studies, interventions, or procedures associated with cancer will be considered. Additionally, the Committee will evaluate consensus standards previously endorsed by NQF under the maintenance process.

The Standing Committee's primary work is to evaluate measures against NQF's standard [measure evaluation criteria](#) and make recommendations for endorsement. The Committee will also:

- oversee the Cancer portfolio of measures
- identify and evaluate competing and related measures
- identify opportunities for harmonization

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- provide advice or technical expertise about the subject to other committees (i.e. cross cutting committees or the Measure Applications Partnership)
- ensure input is obtained from relevant stakeholders
- review draft documents
- recommend specific measures and research priorities to NQF Members for consideration under the Consensus Development Process (CDP).

To learn more about the work of NQF's CDP Standing Committees, review our [Committee Guidebook](#).

## COMMITTEE STRUCTURE

This Committee will be seated as a standing committee comprised of 20-25 individuals, with members serving terms that may encompass multiple measure review cycles.

### Terms

**Standing Committee members will initially be appointed to a 2 or 3 year term.** Each term thereafter would be a 3 year term, with Committee members permitted to serve two consecutive terms. After serving two terms, the Committee member must step down for one full term (3 years) before becoming eligible for reappointment. For more information, please reference the [Standing Committee Policy](#).

**Participation on the Committee requires a significant time commitment. To apply, Committee members should be available to participate in all currently scheduled calls/meetings (see dates below).** Over the course of the Committee member's term, additional calls will be scheduled or calls may be rescheduled; new dates will be set based on the availability of the majority of the Committee.

Each measure review cycle generally runs about seven months in length.

### Committee participation includes:

- Review measure submission forms during each cycle of measure review
  - Each committee member will be assigned a portion (1-5) of the measures to fully review (approximately 1-2 hours/measure) and provide a preliminary evaluation on a workgroup call
  - All committee members should familiarize themselves with all measures being reviewed (approximately 15-30 minutes per measure)
- Participate in the orientation call (2 hours)
- The option to attend one of two NQF staff-hosted measure evaluation Q &A calls (1 hour)
- Review measures with the full Committee by participating in one of 4 workgroup calls (2 hours); workgroup assignments will be made by area of expertise
- Attendance at initial in-person meeting (2 full days in Washington, DC)
- Complete measure review by attending the post-meeting conference call (2 hours)
- Attend conference call following public commenting to review submitted comments (2 hours)
- Complete additional measure reviews via webinar

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- Participate in additional calls as necessary
- Complete surveys and pre-meeting evaluations
- Present measures and lead discussions for the Committee on conference calls and in meetings

#### TABLE OF SCHEDULED MEETING DATES

Meeting	Date/Time
<b>Standing Committee Orientation Webinar (2 hours)</b>	April 6, 2016 from 2pm – 4pm ET
<b>Measure Evaluation Q &amp;A</b>	April 19, 2016 from 1pm – 2pm
<b>(Attend one of the two)</b>	April 21, 2016 from 12pm – 1pm
<b>Workgroup Calls (2 hours)</b>	May 3, 2016 from 12pm – 2pm ET May 5, 2016 from 1pm – 3pm ET May 10, 2016 from 1pm – 3pm ET May 12, 2016 from 1pm – 3pm ET
<b>In-person Meeting</b>	May 18-19, 2016
<b>(2 days in Washington, DC)</b>	
<b>Post-meeting Follow-up Call (2 hours)</b>	May 27, 2016 1– 3pm ET
<b>Post Draft Report Comment Call (2 hours)</b>	August 11, 2016 from 1pm – 3pm ET

#### PREFERRED EXPERTISE & COMPOSITION

Standing Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

Nominees should possess relevant knowledge and/or proficiency in process and outcome quality measurement and/or clinical expertise in the evaluation, treatment, diagnostic studies, imaging, interventions, or procedures associated with various types of cancers, across multiple care settings. NQF is seeking nominees with a variety of clinical experience, including physicians, nurses, therapists, case managers, unit managers, and executives, health plans and purchasers, as well as methodologists. We also are seeking expertise in disparities and care of vulnerable

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populations.

**Please review the NQF [Conflict of interest policy](#) to learn about NQF's guidelines for actual or perceived conflicts of interest.** All potential Committee members must complete a Disclosure of Interest form during the nomination process in order to be considered for a Committee.

NQF will require Committee members who have a conflict of interest with respect to a particular measure to recuse themselves from discussion and any voting associated with those measures. A potential or current member may not be seated on a Committee if the conflict of interest is so pervasive that the member's ability to participate would be seriously limited. For purposes of this Policy, the term "conflict of interest" means any financial or other interest that could (1) significantly impede, or be perceived to impede, a potential or current member's objectivity, or (2) create an unfair competitive advantage for a person or organization associated with a potential or current Member.

#### CONSIDERATION & SUBSTITUTION

Priority will be given to nominations from NQF Members when nominee expertise is comparable. Please note that nominations are to an individual, not an organization, so "substitutions" of other individuals from an organization at conference calls, meetings or for voting is not permitted. Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

#### APPLICATION REQUIREMENTS

Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve. To be considered for appointment to the Standing Committee, please **submit** the following information:

- a completed [online nomination form](#), including:
  - a brief statement of interest
  - a brief description of nominee expertise highlighting experience relevant to the committee
  - a short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development;
  - curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- a completed disclosure of interest form which will be requested upon your submission of the nominations form for Committees actively seeking nominees.
- confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

#### DEADLINE FOR SUBMISSION

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All nominations *MUST* be submitted by **6:00 pm ET on February 22, 2016**.

## QUESTIONS

If you have any questions, please contact Shaconna Gorham, Senior Project Manager, or Amber Sterling, Project Manager, at 202-783-1300 or [cancerem@qualityforum.org](mailto:cancerem@qualityforum.org). Thank you for your interest.

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<sup>i</sup> American Cancer Society, Cancer Facts & Figures 2015.

<http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>

<sup>ii</sup> American Cancer Society, Cancer Treatment & Survivorship Facts & Figures.

<http://www.cancer.org/research/cancerfactsstatistics/survivor-facts-figures>

<sup>iii</sup> Agency for Healthcare Research and Quality. Medical Expenditure Panel Survey, June 2014. Statistical Brief #443: Trends in Use and Expenditures for Cancer Treatment among Adults 18 and Older, U.S. Civilian Noninstitutionalized Population, 2001 and 2011.

[http://meps.ahrq.gov/mepsweb/data\\_files/publications/st443/stat443.pdf](http://meps.ahrq.gov/mepsweb/data_files/publications/st443/stat443.pdf)

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