



NATIONAL QUALITY FORUM

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Memo

October 18, 2022

To: Geriatrics and Palliative Care Standing Committee, Spring 2022

From: National Quality Forum (NQF) staff

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

Background

This memo reflects the review of measures in the Geriatrics and Palliative Care (GPC) project. Measures in this portfolio encompass topic areas relating to physical, spiritual, religious, ethical, and legal aspects of palliative and end-of-life care; general care of the patient nearing the end of life; and measures relating to geriatrics. The measures in this review cycle focus on several clinical areas, including timely enrollment in palliative and hospice services, reduction of aggressive end-of-life interventions, and documentation of patient treatment preferences. The Standing Committee recommended three measures for endorsement but did not reach consensus on one measure.

- NQF #0210 Percentage of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (American Society of Clinical Oncology [ASCO])
- NQF #0213 Percentage of Patients Who Died from Cancer Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life (ASCO)
- NQF #0216 Percentage of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days (ASCO)

The Standing Committee did not recommend the following measure at the clinician-group level and did not reach consensus on the measure at the facility level:

- NQF #1641 Hospice and Palliative Care – Treatment Preferences (University of North Carolina Chapel Hill)

Standing Committee Actions in Advance of the Meeting

1. Review this briefing memo and [draft report](#).
2. Be prepared to discuss and revote on the consensus not reached measure.

Comments Received

NQF accepts comments on endorsed measures on an ongoing basis through the [Quality Positioning System \(QPS\)](#). In addition, NQF solicits comments for a continuous 16-week period during each evaluation cycle via an online tool located on the project webpage. For this evaluation cycle, the commenting period opened on May 18, 2022, and closed on September 13, 2022. Seven pre-evaluation comments received by June 15, 2022, were shared with the Standing Committee prior to the measure evaluation meeting. Following the Standing Committee's evaluation of the measures under review, NQF

did not receive any post-evaluation comments from member organizations or individuals pertaining to the draft report and the measures under review.

NQF members also had the opportunity to express their support (“support” or “do not support”) for each measure submitted for endorsement consideration. No NQF members submitted an expression of “support” or “do not support”.

Consensus Not Reached

NQF #1641 Hospice and Palliative Care – Treatment Preferences (University of North Carolina-Chapel Hill)

Description: Percentage of patients with chart documentation of preferences for life sustaining treatments; **Measure Type:** Process; **Level of Analysis:** Clinician: Group/Practice, Facility; **Setting of Care:** Home Care, Inpatient/Hospital; **Data Source:** Other, Assessment Data, Electronic Health Records

The Standing Committee did not reach consensus on the performance gap (must-pass) criterion at the facility level. During the measure evaluation meeting, the Standing Committee raised concern with the measure being topped out at the hospice and palliative care facility levels of analysis. Acknowledging the potential lack of room for improvement, the Standing Committee did not reach consensus at the facility level for the performance gap criterion. Since the Standing Committee did not reach a consensus on performance gap, a must-pass criterion, it did not vote on overall suitability for endorsement.

Action Item:

Re-vote on performance gap at the facility level. If performance gap and passes, -vote on overall recommendation for endorsement.

Appendix A: NQF Member Expression of Support Results

No NQF members provided their expressions of support/nonsupport.

Appendix B: Comment Brief

No comments were received.