



May 6, 2019

To: Geriatrics and Palliative Care Standing Committee
From: NQF staff
Re: Post-comment web meeting to discuss public comments received and NQF member expression of support

Purpose of the Call

The Geriatric and Palliative Care Standing Committee will meet via web meeting on May 13, 2019, from 2-4 pm ET. The purpose of this call is to:

- Review, discuss, and provide input on proposed responses to comments received during the post-evaluation public and member comment period;
- Review and discuss NQF members' expression of support of the measures under consideration;
- Determine whether reconsideration of any measures or other courses of action are warranted; and
- Discuss related measures in light of the Impact Act.

Standing Committee Actions

1. Review this briefing memo and [draft report](#).
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments (see comment table and additional documents included with the call materials).
3. Review the NQF members' expressions of support of the submitted measures.
4. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

Conference Call Information

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

Speaker dial-in #: 1-800-768-2983

Access code: 5599510

Web link: <https://core.callinfo.com/callme/?ap=8007682983&ac=5599510&role=p&mode=ad>

Background

In 2017, NQF expanded the scope of the Standing Committee charged with the oversight of NQF's portfolio of palliative and end-of-life care measures by adding measures specifically relevant to the geriatric population. This renamed Geriatrics and Palliative Care Standing Committee has the requisite expertise to evaluate and assume oversight of measures that focus on key issues specific to older adults. The [Geriatrics and Palliative Care Standing Committee](#) oversees NQF's portfolio of geriatric, palliative, and end-of-life care measures.

Measures currently included in this portfolio address physical aspects of care, including the management of pain, dyspnea, and constipation. The portfolio also includes measures addressing several of the other domains of palliative care, including spiritual and legal aspects of care and care of the patient nearing the end of life.

In its fall 2018 evaluation cycle, the 24-person Geriatrics and Palliative Care Standing Committee evaluated five geriatrics measures undergoing maintenance evaluation. The Standing Committee recommended all five measures for endorsement.

Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). Second, NQF solicits member and public comments during a 16-week comment period via an online tool available on the project webpage.

Pre-evaluation Comments

For the fall 2018 evaluation cycle, the pre-evaluation comment period was open from December 11, 2018 to January 31, 2019 for the measures under review. NQF did not receive any pre-evaluation comments prior to the measure evaluation meeting.

Post-evaluation Comments

The draft report was posted on the project webpage for public and NQF member comment from March 19, 2019 to April 19, 2019. During this commenting period, NQF received 15 comments from three member organizations and two members of the public. The stakeholder perspective of the NQF members who commented is shown in the table below.

Member Council	# of Member Organizations Who Commented
Consumer	1
Health Plan	0
Health Professional	1
Provider Organization	0
Public/Community Health Agency	0
Purchaser	0
QMRI	1
Supplier/Industry	0

We have included all comments that we received in the comment table (excel spreadsheet). This comment table contains the commenter's name, comment, associated measure, topic (if applicable), and—for the post-evaluation comments—draft responses (including measure steward/developer responses) for the Committee's consideration. Please review this table in advance of the meeting and consider the individual comments received and the proposed responses to each.

In order to facilitate discussion, the majority of the post-evaluation comments have been categorized into major topic areas or themes. Where possible, NQF staff has proposed draft responses for the Committee to consider, and measure stewards/developers were asked to respond where appropriate. Although all comments are subject to discussion, the intent is not to discuss each individual comment on the May 13 post-comment call. Instead, we will spend most of the time considering the themes discussed below. Note that the organization of the comments into major topic areas is not an attempt to limit Committee discussion.

Comments and their Deposition

Overall, commenters were supportive of the committee's endorsement recommendations, including their recommendation to re-endorse measure #0177 (Improvement in Pain Interfering with Activity). Two main themes emerged from the comments, as described below.

Concerns Regarding Patients for Whom Improvement is Not Expected

Two of the commenters expressed concerns regarding patients for whom improvement is not expected.

One commenter (see comment ID #7223) shared the Standing Committee's initial concern regarding potential denial of services for patients who are unlikely to show improvement. This commenter urged NQF to clarify, to home health agencies, that doing well on these measures does not require denial of care to patients who likely will not show improvement.

The other commenter (see comment ID #7321) expressed concern regarding inclusion in the measures of patients for whom improvement is not expected, even though each of the measures is risk-adjusted. NQF asked the developer to respond to this comment.

Measure Developer Response:

Thank you for your comments. We understand your concern regarding patients who remain on home health to maintain or prevent further deterioration, with no realistic potential to improve. We understand from clinicians that there are multiple interventions that may result in some improvement, even for patients who are far from independent, such as providing an assistive device, or modifications to the home environment. We do not want to inadvertently disincentivize agencies from seeking these solutions by excluding patients that appear to be unlikely to improve from the measures' denominators. Instead, your comments underscore the importance of a robust risk adjustment model, as we have, that incorporates patient factors indicating less likely improvement. We also note that these measures are a subset of the home health quality measure set; others in the measure set may more appropriately address patients for whom improvement is unlikely. Finally, we will continue to monitor these measures, the HHAs' performance, and seek input on improvements either to this measure and other measures relevant to home health patients for whom improvement is not expected.

Proposed Committee Response (ID #7223):

Thank you for your comment. The Committee agrees that these measures are constructed in such a way that home health agencies do not need to deny access to patients for whom improvement is not expected in order to do well on the measures.

Proposed Committee Response (ID #7321):

Thank you for your comment. The Committee agrees that skilled services, including occupational therapy, may be needed and beneficial for patients for whom improvement in ADLs or IADLs is not expected. The Committee also agrees that the way these measures are constructed, including the comprehensive risk-adjustment approach, allows a fair assessment of home health agency performance, even though the measure includes patients who may not be likely to improve.

Gaps in Measurement

Two commenters identified gaps in measurement, including:

- Measures of assessment and treatment of respiratory distress in nonverbal, terminally ill patients who are hospitalized
- Measures of vaccination status and polypharmacy using data from community pharmacies

Proposed Committee Response (ID #7114 and ID #7166):

Thank you for your comment. The Committee agrees with your suggestions for future measure development.

NQF Member Expression of Support

Throughout the 16-week continuous public commenting period, NQF members had the opportunity to express their support (“support” or “do not support”) for each measure submitted for endorsement consideration, in order to inform the Committee’s recommendations. One NQF member provided an expression of support for measure 0177 (see [Appendix A](#)).

Discussion of Related Measures and the Impact Act

Colleagues from CMS will provide an informational update on the Impact Act and how the five home health measures evaluated in the current cycle relate to other measures of functional status in various settings of care.

Appendix A: NQF Member Expression of Support Results

One NQF member provided an expression of support. One of the five measures under consideration received support from NQF members, as noted below.

0177 Improvement in Pain Interfering with Activity (Centers for Medicare & Medicaid Services)

Member Council	Support	Do Not Support	Total
Health Professional	1	0	1