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Memo

June 2, 2022

To: Geriatrics and Palliative Care Standing Committee, Fall 2021

From: NQF staff

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

Background

Palliative care is essential to the quality of life for patients who are experiencing varying levels of chronic or terminal illness. Such care demands a whole-person, problem-oriented approach that evolves with the needs of the patient, optimizes functional independence, and prevents or reduces the progression of disability in older or chronically ill patients. For the fall 2021 cycle of the Geriatrics and Palliative Care project, the Standing Committee evaluated three newly submitted measures against NQF's standard evaluation criteria. The Standing Committee recommended three measures for endorsement.

The Standing Committee recommended the following measures:

- NQF #3645 Hospice Visits in the Last Days of Life (Centers for Medicare & Medicaid Services [CMS]/Abt Associates)
- NQF #3665 Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood (American Academy of Hospice and Palliative Medicine [AAHPM])
- NQF #3666 Ambulatory Palliative Care Patients' Experience of Receiving Desired Help for Pain (American Academy of Hospice and Palliative Medicine [AAHPM])

Standing Committee Actions in Advance of the Meeting

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 Brief).
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.

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 December 6, 2021, and closed on April 29, 2022. Comments received by January 19, 2022, were shared with the Standing Committee prior to the measure evaluation meeting(s). Following the Standing Committee's evaluation of the measures under review, NQF received 15 comments from seven organizations (including four member organizations) and individuals pertaining to the draft report and the measures under review. This memo focuses on comments received after the Standing Committee's evaluation.

NQF members also had the opportunity to express their support ("support" or "do not support") for each measure submitted for endorsement consideration. Two NQF members submitted an expression of support. More information on the submitted expressions of support can be found in Appendix A.

NQF staff have included all comments that were received (both pre- and post-evaluation) in the Comment Brief. The Comment Brief contains the commenter's name, comment, associated measure, and draft responses (including measure steward/developer responses if appropriate) for the Standing Committee's consideration. Please review this table in advance of the meeting and consider the individual comments received and the proposed responses for each comment.

In order to facilitate the discussion, the post-evaluation comments have been categorized into action items and major topic areas or themes. Although all comments are subject to discussion, the intent is not to discuss each individual comment during the post-comment call. Instead, NQF staff will spend the majority of the time considering the themes discussed below and the set of comments as a whole. Please note that the organization of the comments into major topic areas is not an attempt to limit the Standing Committee's discussion, and the Standing Committee can pull any comment for discussion. Measure stewards/developers were asked to respond to comments where appropriate. All developer responses along with the proposed draft Standing Committee responses have been provided in this memo and the Comment Brief.

Comments and Their Disposition

Themed Comments

One major theme was identified in the post-evaluation comments, as follows:

1. Broadening the measure specifications for NQF #3645

Theme 1 – Broadening the measure specifications for NQF #3645

Three commenters requested that the Standing Committee reconsider its endorsement for NQF #3645 until the developer alters the measure's specifications with the following changes: 1) Removing the restrictions on the disciplines of the staff whose visits count, 2) allowing virtual visits, and 3) inserting an exception to the denominator for patients and families who are documented to not want a visit of any kind at end of life (last three days). Three commenters supported the Standing Committee's decision to endorse NQF #3645.

> **Measure Steward/Developer Response:**
> Thank you for your comments regarding Hospice Visits in the Last Days of Life (HVLDL). We appreciate your thoughtful and input, and we have prepared response addressing the important issues you raised. We are grateful that the intent of the measure is understood. We were also happy that the measure's performance met all NQF criteria for variability, validity, and reliability, and was recommended for endorsement. We welcome the opportunity to address the issues raised. Visits by professional hospice staff - registered nurses and social workers - have been cited in focus groups as being particular helpful in the last days of life by bereaved family. Such attestations led CMS to incentivize visits by these staff, only (and not the full IDG team) in the Service Intensity Add-On policy implemented in 2016. Subsequently in development of HVLDL, CMS conducted a per-discipline analysis comparing the receipt of visits with the hospices' CAHPS outcome scores. Visits by registered nurses and social workers were the only two disciplines which yielded a meaningful positive correlation. A previously developed measure, Hospice Visits When Death is Imminent (HVWDII), encompassed a broader array of the disciplines of the IDG. This measure, encompassing the full IDG, failed to meet NQF testing standards, directly resulting from poor validity evidence (i.e., no relation to CAHPS scores), as detailed in a report CMS has published on its website since 2020 (https://www.cms.gov/files/document/hqrphospice-visits-when-death-imminent-

testing-re-specification-reportoctober-2020.pdf). Based on our data analysis, we believe another measure broadly encompassing the full IDG team would similarly fail as was the case with HVWDII. CMS re-specified HVWDII as HVLDL, which meets testing criteria, and is moreover calculated using claims data, important information already collected by providers; CMS would be negligent to not publicly report this information, which we have shown to provide value to the Hospice Quality Reporting Program. It should be noted the evidence for chaplain visits was mixed - that is, the additional inclusion of chaplain visits may meet NQF testing standards and bring demonstrated value to the HQRP. However, at present chaplain visits are not captured by claims data. CMS believes HVLDL which focuses on RN/SW visits, only, brings meaningful value to the HQRP., and the lack of chaplain visits should not prevent the public receive otherwise useful data. We appreciate the commenter's note to consider the HOPE data as a source of chaplain visits in the future. The commenter notes that end-of-life visits may not occur due to refusals. CMS had implicitly allowed for refusals during measure design, by specifying the measure to counts visits in two of the last three days or life, instead of visits on each of last three days. Also, CMS believes there is value to a broad, population-based measures. CMS certainly expects that caregiver refusals of visits will occur - and indeed family wishes of privacy near death a of paramount to be respected - and scores are not expected to ever be 100%. But basic analyses demonstrate there is important variation across hospices, more so than could plausibly be explained by differences in patient refusals across hospices. CMS believes this variation reveals meaningful differences in care delivery that could be useful to patients and their families when making a choice about the type of provider from whom they wish to receive care. The commenter raised the issue of telehealth. While we appreciate the comment, the steward at this time intends to keep the measure as specified, with in-person visits being the focus. CMS is proud of the new HOPE instrument currently in development, which will collect more information on hospice quality of care and will greatly enhance what is currently reported in the Hospice Quality Reporting Program. However, HOPE has not yet been nationally implemented, and no data has been collected, so it will be some time before measures from national HOPE data can be publicly reported. CMS has claims data on hand right now and would be remiss to not report this useful information. Patients and families making a difficult decision during an emotional time need assistance now and HVLDL will assist to help healthcare consumers make an informed choice.

Proposed Standing Committee Response:

Thank you for your comment. The Standing Committee recognizes the concerns that the commenter has pointed out and encourages the developer to consider these for the next iteration of this measure. Ultimately, the Standing Committee found that this measure meets all NQF criteria and voted to endorse the measure.

Action Item:

Discuss and finalize Standing Committee response.

Measure-Specific Comments

NQF #3666 Ambulatory Palliative Care Patients' Experience of Receiving Desired Help for Pain

One commenter did not support endorsement of NQF #3666, stating that the measure should be broadened to include more serious illness symptom management actions beyond just pain management. The commenter highlighted that this would better align the measure with best practices. Three commenters supported the Standing Committee's decision to endorse NQF #3666.

Measure Steward/Developer Response:

Thank you for your comment. We agree that palliative care practice prioritizes serious illness symptom management broadly and not limited to pain. We limited the current measure development effort to pain management because it is a symptom commonly encountered in serious illness and was rated as a high

priority for patients during our information gathering phase. Our measure was developed with input from a 30-member technical expert clinical user and patient panel (TECUPP) which included patients and caregivers. The TECUPP discussed and ultimately decided against adding additional symptoms to the measure, in part due to concerns about measurement issues and difficulty comparing providers, since the measure was created for use in Merit-based Incentive Payment System (MIPS). Future work should expand on this to include other symptoms that may have different lookback periods, require additional cognitive testing to ensure appropriate wording and item structure, and as noted, require different information capture mechanisms.

Proposed Standing Committee Response:

Thank you for your comment. The Standing Committee found that this measure meets NQF criteria as specified and voted to endorse the measure.

Action Item:

Discuss and finalize Standing Committee response.

Appendix A: NQF Member Expression of Support Results

Two NQF members provided their expressions of support/nonsupport. All three measures under consideration received support from NQF members. Results for each measure are provided below.

NQF #3645 Hospice Visits in the Last Days of Life (Centers for Medicare & Medicaid Services [CMS]/Abt Associates)

Member Council	Commenter Names, Organizations	Support	Do Not Support	Total
Health Professional	Anna Kim, American Geriatrics Society	1	0	1
Quality Measurement, Research, and Improvement (QMRI) Council	Amy Melnick, National Coalition for Hospice and Palliative Care	0	1	1
Total	*	1	1	2

* Indicates the table cell left intentionally blank

NQF #3665 Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood (American Academy of Hospice and Palliative Medicine [AAHPM])

Member Council	Commenter Names, Organizations	Support	Do Not Support	Total
Health Professional	Anna Kim, American Geriatrics Society	1	0	1
Quality Measurement, Research, and Improvement (QMRI) Council	Amy Melnick, National Coalition for Hospice and Palliative Care	1	0	1
Total	*	2	0	2

* Indicates the table cell left intentionally blank

NQF #3666 Ambulatory Palliative Care Patients' Experience of Receiving Desired Help for Pain (American Academy of Hospice and Palliative Medicine [AAHPM])

Member Council	Commenter Names, Organizations	Support	Do Not Support	Total
Health Professional	Anna Kim, American Geriatrics Society	1	0	1
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