

Geriatrics and Palliative Care Fall 2018 Measure Review Cycle

Standing Committee Meeting

Karen Johnson, Senior Director Katie Goodwin, Project Manager Vaishnavi Kosuri, Project Analyst

February 7, 2018

Agenda

- Welcome
- Introductions and Disclosure of Interest
- Portfolio Review
- Overview of Evaluation Process
- Consideration of Candidate Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

NQF Staff

Project staff

- Karen Johnson, Senior Director
- Katie Goodwin, Senior Project Manager
- Vaishnavi Kosuri, Project Analyst
- NQF Quality Measurement leadership staff
 Elisa Munthali, Senior Vice President

Introductions and Disclosures of Interest

Geriatrics and Palliative Care Standing Committee

Sean Morrison, MD (co-chair) Deborah Waldrop, PhD, LMSW, ACSW (co-chair) Margie Atkinson, D Min, BCC Samira Beckwith, LCSW, FACHE, LHD Amy Berman, BSN Eduardo Bruera, MD Cleanne Cass, DO, FAAHPM, FAAFP George Handzo, BCC, CSSBB Arif Kamal, MD, MBA, MHS, FACP, FAAHPM Kate Lichtenberg, DO, MPH, FAAFP Kelly Michelson, MD, MPH, FCCM, FAP Alvin Moss, MD, FACP, FAAHPM

Douglas Nee, Pharm D, MS Laura Porter, MD Cindi Pursley, RN, CHPN Lynn Reinke, PhD, ARNP, FAAN Amy Sanders, MD, MS, FAAN Tracy Schroepfer, PhD, MSW Linda Schwimmer Christine Seel Ritchie, MD, MSPH Robert Sidlow, MD, MBA, FACP Karl Steinberg, MD, CMD, HMDC Paul Tatum, MD, MSPH, CMD, FAAHPM, AGSF Gregg VandeKieft, MD, MA

Portfolio Review

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Geriatrics and Palliative Care Portfolio of Measures

- NQF currently has 38 endorsed measures within this topic area
 - Palliative/End-of-Life Care
 - » Physical aspects of care (n=13)
 - Pain (n=10)
 - Dyspnea (n=2)
 - Constipation (n=1)
 - » Cultural aspects of care (n=1)
 - » Spiritual, religious, and existential aspects of care (n=1)
 - » Ethical and legal aspects of care (n=3)
 - Care planning

Geriatrics and Palliative Care Portfolio of Measures

Palliative/End-of-Life Care

- Care of the patient nearing the end of life (n=15)
 - » Appropriateness of care (n=5)
 - » Comprehensive assessment (n=1)
 - » Experience of care
 - Hospice CAHPS survey measures (n=8)
 - Bereaved Family Survey (n=1)

Geriatrics

- 0167 Improvement in ambulation/locomotion
- 0174 Improvement in bathing
- 0175 Improvement in bed transferring
- 0176 Improvement in management of oral medications
- 0177 Improvement in pain interfering with activity



Overview of Evaluation Process

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Roles of the Standing Committee During the Evaluation Meeting

- Act as a proxy for the NQF multistakeholder membership
- Work with NQF staff to achieve the goals of the project
- Evaluate each measure against each criterion
 - Indicate the extent to which each criterion is met and rationale for the rating
- Make recommendations regarding endorsement to the NQF membership
- Oversee portfolio of Geriatrics and Palliative Care measures

Ground Rules for Today's Meeting

During the discussion, please do your best to:

- Attend the meeting at all times
 If you need to step away, please send a chat to NQF staff
- Announce your name prior to speaking
- Remain engaged and active in the discussion
- Keep comments focused on the discussion topic
- We MAY use the "raise hand" functionality as a way to queue speakers

Process for Measure Discussion and Voting

- Brief introduction of the measure set by measure developer (3-5 minutes)
- Lead discussants will begin Committee discussion for each <u>criterion</u>:
 - Briefly summarize information on the criterion provided by the developer
 - Provide a brief summary of the pre-meeting evaluation comments
 - Emphasize areas of concern or differences of opinion
 - Note, if needed, the preliminary rating by NQF
 - » This rating is intended to be used as a guide to facilitate the Committee's discussion and evaluation
- Developers will be available to respond to questions, at the discretion of the Committee
- The full Committee will discuss, then vote, on the criterion, before moving on to the next criterion

Voting

- Votes will be taken after the discussion of each criterion
- Importance to measure and report
 - Vote on Evidence (must-pass)
 - Vote on Gap (must-pass)
- Scientific acceptability of measure properties
 - Vote on Reliability (must-pass)
 - Vote on Validity (must-pass)
- Feasibility
- Use (must-pass for maintenance measures)
- Usability
- Overall vote for suitability for endorsement
- If a measure does not pass a must-pass subcriterion, discussion and subsequent voting on remaining criteria will stop
- Vote on the measure as specified

Achieving Consensus

- Quorum: 66% of the Committee
- Pass/Recommended: Greater than 60% "Yes" votes of the quorum (usually this percent is the sum of high and moderate votes)
- Consensus not reached (CNR): 40-60% "Yes" votes (inclusive of 40% and 60%) of the quorum
- Does not pass/Not Recommended: Less than 40% "Yes" votes of the quorum
- CNR measures move forward to public and NQF member comment and the Committee will re-vote during the post-comment call

NQF Scientific Methods Panel Review

- NQF's Scientific Methods Panel evaluated all 5 measures for Reliability and Validity
 - The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures
 - The Panel's evaluation is meant to inform the standing committee's endorsement decision
 - » The standing committee may arrive at a different rating than that of the Panel

Questions?

Voting Process

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Related and Competing Measures

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Related or Competing Measures

	Same concepts for measure focus	Different concepts for measure focus
Same target patient population	Competing measures — Select best measure from competing measures or justify endorsement of additional measure(s)	Related measures— Harmonize on target patient population or justify differences
Different target patient population	Related measures— Combine into one measure with expanded target patient population or justify why different harmonized measures are needed	Neither harmonization nor competing measure issue

Related Measures

- 2887 Functional Change: Change in Motor Score
- **2321** Functional Change: Change in Mobility Score
- 2632 Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support
- 2634 Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients
- 2774 Functional Change: Change in Mobility Score for Skilled Nursing Facilities
- 2775 Functional Change: Change in Motor Score for Skilled Nursing Facilities
- 2776 Functional Change: Change in Motor Score in Long Term Acute Care Facilities
- 2778 Functional Change: Change in Mobility Score for Long Term Acute Care Facilities
- **2612** CARE: Improvement in Mobility
- 2613 CARE: Improvement in Self Care

Public Comment

Adjourn



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February 19, 2018

Welcome and Recap of Day 1

Public Comment

Next Steps

Activities and Timeline

Process Step	Timeline
Post-meeting call (if needed)	Thursday, February 21, 2019, 1-3 pm ET
Draft report posted for public and NQF member comment	March 21 – April 19, 2019
SC Call to review and respond to comments	Monday, May 13, 2019, 2-4 pm ET
CSAC review and approval	June 2019
Appeals	June – July 2019

Project Contact Info

- Email: <u>palliative@qualityforum.org</u>
- NQF phone: 202-783-1300
- Project page: <u>http://www.qualityforum.org/Geriatrics and Palliative Ca</u> <u>re.aspx</u>
- SharePoint site: <u>http://share.qualityforum.org/Projects/Geriatric%20and%</u> <u>20Palliative%20Care/SitePages/Home.aspx</u>