



**NATIONAL
QUALITY FORUM**

Driving measurable health
improvements together

Geriatrics and Palliative Care, Fall 2020 Measure Review Cycle

Standing Committee Measure Evaluation Meeting

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Welcome



Housekeeping Reminders - RingCentral Slide

- This is a RingCentral meeting with audio and video capabilities
<https://meetings.ringcentral.com/j/1489843116>
- Optional: Dial +1(470)-869-2200 and enter Meeting ID: 148 984 3116
- Please place yourself on mute when you are not speaking
- We encourage you to use the following features
 - ▣ Chat box: to message NQF staff or the group
 - ▣ Raise hand: to be called upon to speak
- We will conduct a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at palliative@qualityforum.org

Agenda

- Welcome and Recap of Day 1
- Voting Test
- Consideration of Candidate Measures
- Related and Competing Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

Geriatrics & Palliative Care Fall 2020 Standing Committee

- Sean Morrison, MD (co-chair)
- Deborah Waldrop, PhD, LMSW, ACSW (co-chair)
- Sree Batt, MD
- Samira Beckwith, LCSW, FACHE, LHD
- Amy Berman, BSN
- Cleanne Cass, DO, FAAHPM, FAAFP
- Jeff Garland, DMin, Ed.S, BCC - PCHAC
- Marian Grant, DNP, RN
- George Handzo, BCC, CSSBB
- Suzanne Johnson, MPH, RN
- Arif Kamal, MD, MBA, MHS, FACP, FAAHPM
- Kate Lichtenberg, DO, MPH, FAAFP
- Kelly Michelson, MD, MPH, FCCM, FAP
- Janice Knebl, DO, MBA, FACOI, FACP
- Christopher Laxton, CAE
- Douglas Nee, Pharm D, MS
- Laura Porter, MD
- Lynn Reinke, PhD, ARNP, FAAN
- Tracy Schroepfer, PhD, MSW
- Linda Schwimmer
- Christine Seel Ritchie, MD, MSPH
- Janelle Shearer, RN, BSN, MA, CPHQ
- Karl Steinberg, MD, CMD, HMDC
- Paul Tatum, MD, MSPH, CMD, FAAHPM, AGSF
- Sarah Thirwell, MSc, MSc(A), RN, CHPN, CHPCA, AOCNS

Recap of Day 1

Voting Test

Consideration of Candidate Measures



3235: Hospice and Palliative Care Composite Process Measure—Comprehensive Assessment at Admission

- **Measure Steward:** Centers for Medicare & Medicaid Services
 - ▣ Maintenance
- **Brief Description of Measure:**
- The Hospice Comprehensive Assessment Measure assesses the percentage of hospice stays in which patients who received a comprehensive patient assessment at hospice admission. The measure focuses on hospice patients age 18 years and older. A total of seven individual NQF endorsed component quality will provide the source data for this comprehensive assessment measure, including NQF #1634, NQF #1637, NQF #1639, NQF #1638, NQF #1617, NQF #1641, and NQF #1647. These seven measures are currently implemented in the CMS HQRP. These seven measures focus on care processes around hospice admission that are clinically recommended or required in the hospice Conditions of Participation, including patient preferences regarding life-sustaining treatments, care for spiritual and existential concerns, and management of pain, dyspnea, and bowels.



0209: Comfortable Dying: Pain Brought to a Comfortable Level Within 48 hours of Initial Assessment

- **Measure Steward:** National Hospice and Palliative Care Organization
 - ▣ Maintenance
- **Brief Description of Measure:**
 - ▣ Percentage of patients who report being uncomfortable because of pain at the initial assessment who, at the follow up assessment, report pain was brought to a comfortable level within 48 hours.

Related and Competing Measures

Related and Competing Measures

If a measure meets the four criteria **and** there are endorsed/new related measures (same measure focus **or** same target population) or competing measures (both the same measure focus **and** same target population), the measures are compared to address harmonization and/or selection of the best measure.

	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target 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 and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- Committee will not be asked to select a best-in-class measure if all related and competing measures are not currently under review. Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.



3235 Related Measures

- 1634: Hospice and Palliative Care – Pain Screening
- 1637: Hospice and Palliative Care – Pain Assessment
- 1639: Hospice and Palliative Care – Dyspnea Screening
- 1638: Hospice and Palliative Care – Dyspnea Treatment
- 1617: Patients Treated with an Opioid Who Are Given a Bowel Regimen
- 1641: Hospice and Palliative Care – Treatment Preferences
- 1647: Beliefs and Values - Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss

NQF Member and Public Comment

Next Steps



Measure Evaluation Process After the Measure Evaluation Meeting

- Staff will prepare a draft report detailing the Committee's discussion and recommendations
 - ▣ This report will be released for a 30-day public and member comment period
- Staff will compile all comments received into a comment table which is shared with developers and Committee members
- Post-comment call: The Committee will reconvene for a post-comment call to discuss comments submitted and responses
- Staff will incorporate comments and responses to comments into the draft report in preparation for the CSAC meeting
- CSAC meets to make final endorsement decisions
- Opportunity for public to appeal endorsement decision



Activities and Timeline – Fall 2020 Cycle

***All times ET**

Meeting	Date, Time
Draft Report Comment Period	April 1, 2021 – April 30, 2021
Committee Post-Comment Web Meeting	June 6, 2021 3:00-5:00PM
CSAC Review	June 29-30, 2021
Appeals Period (30 days)	July 7, 2021 – August 5, 2021



Spring 2021 Cycle Updates

- No measures were submitted for the Spring 2021 cycle
- The Standing Committee will convene for a topical web meeting (topic to be determined)



Project Contact Info

- Email: palliative@qualityforum.org
- NQF phone: 202-783-1300
- Project page: [www.qualityforum.org/Geriatrics and Palliative Care.aspx](http://www.qualityforum.org/Geriatrics_and_Palliative_Care.aspx)
- SharePoint site: <http://share.qualityforum.org/Projects/GeriatricsPalliativeCare/SitePages/Home.aspx>

Questions?

THANK YOU.

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<http://www.qualityforum.org>

Appendix



0209 Related Measures

- 0177: Improvement in pain interfering with activity
- 0420: Pain Assessment and Follow-Up
- 1637Hospice and Palliative Care – Pain Assessment