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QUALITY FORUM**

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# Geriatrics and Palliative Care, Fall 2021 Measure Review Cycle

## Measure Evaluation Standing Committee Meeting

Paula Farrell, MSHQS, BSN, RN, CPHQ, Director

Oroma Igwe, MPH, Manager

Gabrielle Kyle-Lion, MPH, Analyst

Adam Vidal, PMP, Project Manager

*February 18, 2022*

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# Welcome

## Housekeeping Reminders

- This is a WebEx meeting with audio and video capabilities
- Please place your computer on mute when you are not speaking
- The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
- We encourage you to keep your video on throughout the meeting
- 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\*\*](mailto:palliative@qualityforum.org)

## Project Team — Geriatrics and Palliative Care Committee



**Paula Farrell, MSHQS,  
Director**



**Oroma Igwe, MPH,  
Manager**



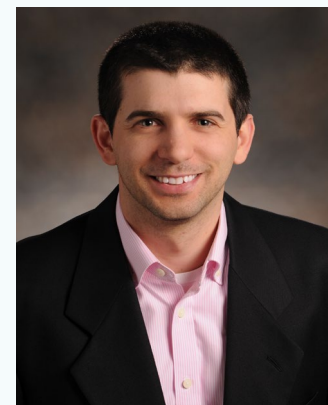
**Gabrielle Kyle-Lion, MPH,  
Analyst**



**Adam Vidal, PMP,  
Project Manager**



**Poonam Bal, MHSA,  
Senior Director**



**Peter Amico, PhD,  
Consultant**

## Agenda

- Introductions and Disclosures of Interest
- Overview of Evaluation Process and Voting Process
- Voting Test
- Measures Under Review
- Consideration of Candidate Measures
- Related and Competing Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

# Introductions and Disclosures of Interest

## Geriatrics and Palliative Care Standing Committee Fall 2021 Cycle

- Sean Morrison, MD (co-chair)
- Deborah Waldrop, PhD, LMSW, ACSW (co-chair)
- Sree Battu, 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
- 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
- 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, RN

# Overview of Evaluation Process and Voting Process

## **Roles of the Standing Committee During the Evaluation Meeting**

- Act as a proxy for the NQF multistakeholder membership
- Evaluate each measure against each criterion
  - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Geriatrics and Palliative Care measures

## Meeting Ground Rules

- No rank in the room
- Remain engaged and actively participate
- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Keep comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

## Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin Committee discussion for each criterion by:
  - ▣ Briefly explaining information on the criterion provided by the developer
  - ▣ Providing a brief summary of the pre-meeting evaluation comments
  - ▣ Emphasizing areas of concern or differences of opinion
  - ▣ Noting, if needed, the preliminary rating by NQF staff
    - » 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
- Full Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion

## Endorsement Criteria

- **Importance to Measure and Report (Evidence and Performance Gap):** Extent to which the measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance (**must-pass**).
- **Scientific Acceptability (Reliability and Validity):** Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**).
- **Feasibility:** Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use:** Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare (**must-pass** for maintenance measures).
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure.

# Voting on Endorsement Criteria

**Votes will be taken after the discussion of each criterion**

- **Importance to Measure and Report**
  - ▣ Vote on Evidence (must pass)
  - ▣ Vote on Performance Gap (must pass)
  - ▣ Vote on Rationale - Composite measures only (must pass)
- **Scientific Acceptability Of Measure Properties**
  - ▣ Vote on Reliability (must pass)
  - ▣ Vote on Validity (must pass)
  - ▣ Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
  - ▣ Use (must pass for maintenance measures)
  - ▣ Usability
- **Overall Suitability for Endorsement**

## Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Procedural Notes**
  - ▣ If a measure fails on one of the must-pass criteria, there is no further discussion or voting on the subsequent criteria for that measure; Committee discussion moves to the next measure.
  - ▣ If consensus is not reached, discussion continues with the next measure criterion but a vote on overall suitability will not be taken.

## Achieving Consensus

- Quorum: 66% of active committee members (16 of 23 members).

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% - 60% yes	Consensus Not Reached (CNR)
<40% yes	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes based on the number of active and voting-eligible Standing Committee members who participate in the voting activity.
- CNR measures move forward to public and NQF member comment and the Committee will revote during the post-comment web meeting.
- Measures which are not recommended will also move on to public and NQF-member comment, but the Committee will not revote on the measures during the post-comment meeting unless the Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.

## Committee Quorum and Voting

- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum unless 50% attendance is not reached.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
  - ▣ Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Committee member leaves the meeting and quorum is still present, the Committee will continue to vote on the measures. The Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Committee during their absence.

# Evaluation Process Questions?

# Voting Test

# Measures Under Review

## Fall 2021 Cycle Measures

### ■ Three New Measures for Committee Review

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

## NQF Scientific Methods Panel

- 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 comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measures to be evaluated by the Standing Committee.
- Certain measures that do not pass reliability and/or validity are eligible to be pulled by a standing committee member for discussion and revote.

## **NQF Scientific Methods Panel Review**

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of these measures and both measures passed review:
  - ▣ 3665 Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood
  - ▣ 3666 Ambulatory Palliative Care Patients' Experience of Receiving Desired Help for Pain

# Consideration of Candidate Measures

## 3645 Hospice Visits in the Last Days of Life

- **Measure Steward:** Centers for Medicare & Medicaid Services/Abt Associates
  - ▣ New measure
- **Brief Description of Measure:**
  - ▣ The proportion of hospice patients who have received visits from a Registered Nurse or Medical Social Worker (non-telephonically) on at least two out of the final three days of the patient's life.

## **3665 Ambulatory Palliative Care Patients’ Experience of Feeling Heard and Understood**

- **Measure Steward:** American Academy of Hospice and Palliative Medicine
  - ▣ New measure
- **Brief Description of Measure:**
  - ▣ This is a multi-item measure consisting of 4 items: Q1: “I felt heard and understood by this provider and team”, Q2: “I felt this provider and team put my best interests first when making recommendations about my care”, Q3: “I felt this provider and team saw me as a person, not just someone with a medical problem”, Q4: “I felt this provider and team understood what is important to me in my life.”

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

- **Measure Steward:** American Academy of Hospice and Palliative Medicine
  - ▣ New measure
- **Brief Description of Measure:**
  - ▣ The percentage of patients aged 18 years and older who had an ambulatory palliative care visit and report getting the help they wanted for their pain from their palliative care provider and team within 6 months of the ambulatory palliative care visit.

# Related and Competing Discussion

## 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.

Target Population	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	<b>Competing measures-Select best measure</b> from competing measures or justify endorsement of additional measure(s).	<b>Related measures-Harmonize</b> on target patient population or justify differences.
Different target patient population	<b>Related measures-Combine</b> 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 can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.

## 3645 Related Measures

- No related measures

## 3665 Related Measure

<b>Category</b>	<b>2651 CAHPS® Hospice Survey (experience with care)</b>
Steward/Developer	Centers for Medicare and Medicaid Services
Description	The measures submitted here are derived from the CAHPS® Hospice Survey, which is a 47-item standardized questionnaire and data collection methodology. The survey is intended to measure the care experiences of hospice patients and their primary caregivers.
Numerator	CMS calculates CAHPS Hospice Survey measure scores using top-, middle- and bottom- box scoring. The top-box score refers to the percentage of caregiver respondents that give the most positive response(s). The bottom box score refers to the percentage of caregiver respondents that give the least positive response(s). The middle box is the proportion remaining after the top and bottom boxes have been calculated; see below for details. Details regarding the definition of most and least positive response(s) are noted in Section S.5 below.
Denominator	For each item in a multi-item measure, as well as for the ratings measures, the top box denominator is the number of respondents per hospice who answered the item.
Target Population	<ul style="list-style-type: none"> <li>Primary caregivers of patients who died while receiving care from a given hospice in a given month</li> </ul>
Care Setting	Other
Level of Analysis	Facility

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Denominator	For each item in a multi-item measure, as well as for the ratings measures, the top box denominator is the number of respondents per hospice who answered the item.
Target Population	<ul style="list-style-type: none"> <li>Primary caregivers of patients who died while receiving care from a given hospice in a given month</li> </ul>
Care Setting	Other
Level of Analysis	Facility

# 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 compiles 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
- Staff will incorporate comments and responses to comments into the draft report in preparation for the Consensus Standards Approval Committee (CSAC) meeting
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision

# Activities and Timeline –Fall 2021 Cycle

**\*All times ET**

Meeting	Date, Time
Measure Evaluation Follow-up Web Meeting	March 2nd 12pm-2pm
Draft Report Comment Period	March 31-April 29
Committee Post-Comment Web Meeting	June 2nd 10am-12pm
CSAC Review	Late July
Appeals Period (30 days)	July 21-August 19

## Spring 2022 Cycle Updates

- Intent to submit deadline was January 5, 2022
- Six new measures are expected
  - ▣ The measures are non-complex and will not be reviewed by the Scientific Methods Panel

## Project Contact Info

- Email: [palliative@qualityforum.org](mailto:palliative@qualityforum.org)

- NQF phone: 202-783-1300

- Project page:

[https://www.qualityforum.org/Geriatrics and Palliative Care.aspx](https://www.qualityforum.org/Geriatrics_and_Palliative_Care.aspx)

- SharePoint site:

<http://prod.qualityforum.org/portfolio/GeriatricsPalliativeCare/SitePages/>

# Questions?

**THANK YOU.**

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