



**NATIONAL
QUALITY FORUM**

Driving measurable health
improvements together

Geriatrics and Palliative Care, Fall 2022 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

Kathryn Goodwin, Senior Director
Hannah Bui, Senior Manager
Elizabeth Flashner, Manager
Mary McCutcheon, Analyst
Sofia Del Aguila, Associate

February 23, 2023

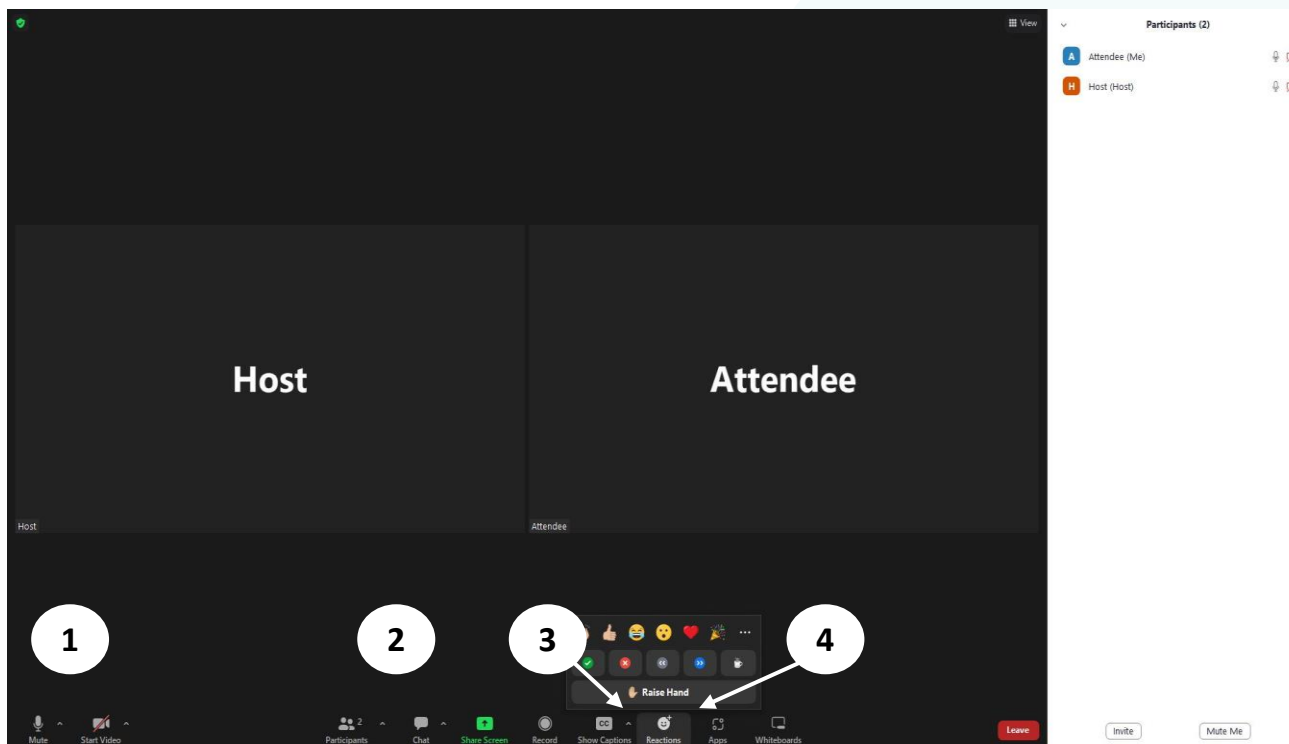
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Welcome

Welcome to Today's Meeting!

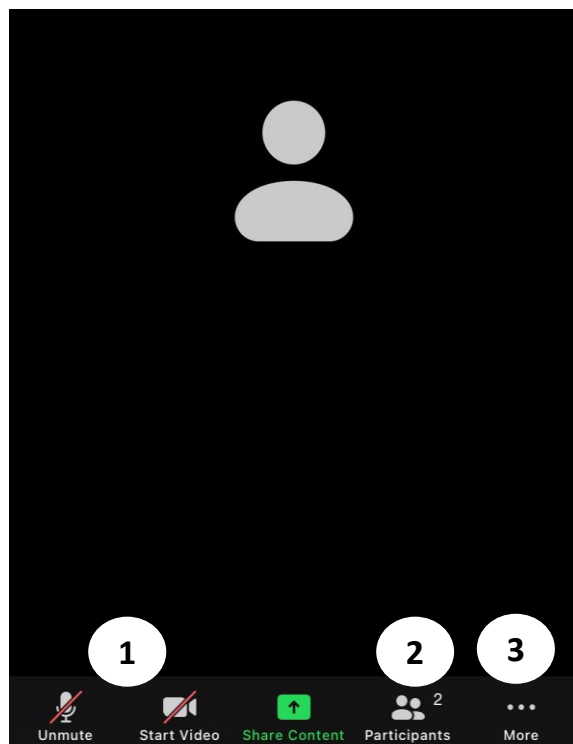
- Housekeeping reminders:
 - ▣ The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
 - ▣ Please raise your hand and unmute yourself when called on
 - ▣ Please lower your hand and mute yourself following your question/comment
 - ▣ Please state your first and last name if you are a Call-In-User
 - ▣ We encourage you to keep your video on throughout the event
 - ▣ Feel free to use the chat feature to communicate with NQF staff
- If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at palliative@qualityforum.org

Using the Zoom Platform

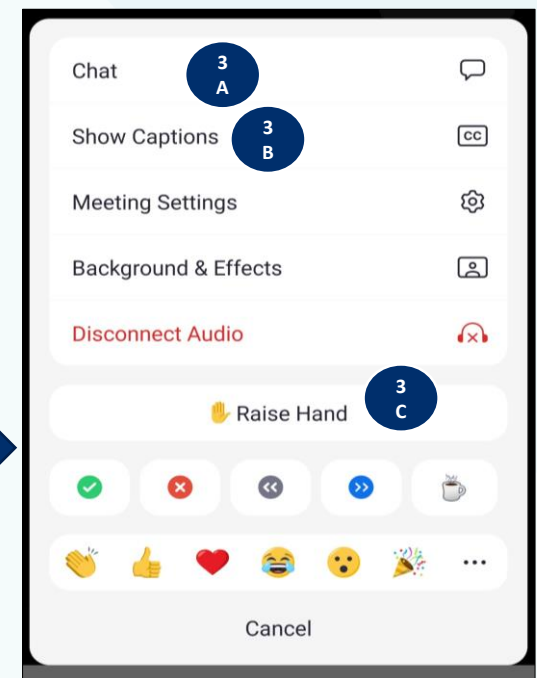


- 1 Click the lower part of your screen to mute/unmute, start or pause video
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Using the Zoom Platform (Phone View)



- 1 Click the lower part of your screen to mute/unmute, start or pause video
- 2 Click on the participant button to view the full participant list
- 3 Click on “more” button to (3A) view the chat box, (3B) show closed captions, or to (3C) raise your hand. To raise your hand, select the raised hand function under the reactions tab



Project Team — Geriatrics and Palliative Care Committee



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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 Fall 2022 Cycle Standing Committee - Introductions and Disclosures of Interest

Geriatrics and Palliative Care Standing Committee

- Amy J. Berman, BSN, LDH, FAAN (Co-Chair)
- R. Sean Morrison, MD (Co-Chair)
- Samira Beckwith, LCSW, FACHE, LHD
- Cleanne Cass, DO, FAAHPM, FAAFP
- Jeffery Garland, DMin, EdS, BCC – PCHAC
- Marian Grant, DNP, ACNP-BC, ACHPN
- George Handzo, BCC, CSSBB
- Arif H. Kamal, MD, MBA, MHS, FACP, FAAHPM
- Christopher E. Laxton, CAE
- Katherine Lichtenberg, DO, MPH, FAAFP
- Kelly Michelson, MD, MPH, FCCM, FAP
- Douglas Nee, PharmD, MS (inactive)

- Tracy Schroepfer, PhD, MSW (inactive)
- Linda Schwimmer, JD
- Christine Seel Ritchie, MD, MSPH
- Janelle Shearer, RN, BSN, MA, CPHQ
- Karl Steinberg, MD, CMD, HMDC, HEC-C
- Paul E. Tatum, MD, MSPH, CMD, FAAHPM, AGSF
- Sarah Thirlwell, MSc, MSc(A), RN, AOCNS, CHPN, CHPCA, CPHQ

Primary Care and Chronic Illness Standing Committee

- William Curry, MD
- William Glomb, MD, FCCP, FAAP

Overview of Evaluation Process and Voting Process

Roles of the Geriatrics and Palliative Care 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 the rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to NQF membership
- Oversee the portfolio of Geriatrics and Palliative Care measures

Meeting Ground Rules

- Be prepared, having reviewed the measures beforehand
- Respect all voices
- Remain engaged and actively participate
- Base your evaluation and recommendations on the measure evaluation criteria and guidance
- Keep your 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 the Standing 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; and
 - ▣ noting, if needed, the preliminary rating by NQF staff.
 - This rating is intended to be used as a guide to facilitate the Standing Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Standing Committee.
- The full Standing 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 (use is **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 will be no further discussion or voting on the subsequent criteria for that measure; the Standing Committee discussion moves to the next measure.
- ▣ If consensus is not reached, the discussion will continue with the next measure criterion, but a vote on overall suitability will not be taken.

Achieving Consensus

- Quorum: 66% of active Standing Committee members (13 of 19 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.
- Consensus Not Reached (CNR) measures move forward to public and NQF member comment, and the Standing Committee will re-vote during the post-comment web meeting.
- Measures that are not recommended will also move on to public and NQF member comment, but the Standing Committee will not re-vote on the measures during the post-comment meeting unless the Standing Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.

Committee Quorum and Voting

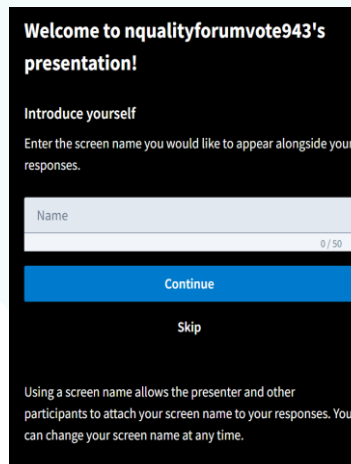
- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum unless 50% attendance is not reached.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.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

Evaluation Process Questions?

Voting Test

Voting Via Desktop or Laptop Computer (Poll Everywhere)

- Click on the voting link that was emailed to you. You will see a wait message until voting begins.
- When voting opens, you will see the screen below. Enter your first and last name, then click “Continue” to access voting from the options that will appear on the screen.
- Please alert an NQF staff member if you are having difficulty with our electronic voting system.



Welcome to nqualityforumvote943's presentation!

Introduce yourself

Enter the screen name you would like to appear alongside your responses.

Name

0 / 50

Continue

Skip

Using a screen name allows the presenter and other participants to attach your screen name to your responses. You can change your screen name at any time.

Measures Under Review

Fall 2022 Cycle Maintenance Measures

- **Three Maintenance Measures for Standing Committee Review**
 - ▣ **#0091** COPD: Spirometry Evaluation (American Thoracic Society/Northfield Associates LLC)
 - ▣ **#2651** CAHPS® Hospice Survey, Version 9.0 (Centers for Medicare & Medicaid Services [CMS]/RAND)

Fall 2022 Cycle New Measures

■ Four New Measures for Standing Committee Review

- ▣ **#3672** Ratio of Observed over Predicted Rates for Diagnosis of Dementia (University of Southern California [USC])
- ▣ **#3707** Ratio of Observed Over Predicted Rates for Diagnosis of Mild Cognitive Impairment (USC)
- ▣ **#3729** Ratio of Observed Over Predicted Rates for Diagnosis of Cognitive Impairment of Any Stage (USC)
- ▣ **#3726** Serious Illness Survey for Home Based Programs (RAND)

NQF Scientific Methods Panel

- The Scientific Methods Panel (SMP), consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The SMP'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 on reliability and/or validity are eligible to be pulled by a Standing Committee member for discussion and a revote.

NQF Scientific Methods Panel Review

- The SMP independently evaluated the scientific acceptability of these measures:
 - ▣ #2651 CAHPS® Hospice Survey, Version 9.0 (CMS/RAND)
 - ▣ #3726 Serious Illness Survey for Home Based Programs (RAND)
 - ▣ #3654 Hospice Care Index (CMS/Abt Associates)
- 1 of 3 measures did not pass the SMP's review
 - ▣ #3654 Hospice Care Index did not pass reliability and validity and did not reach consensus on composite quality construct.
- Scientific acceptability is a must-pass criterion. The SMP determined that measure #3654 needed to be revised to be methodologically sound for reliability and is therefore not eligible for a revote.

Consideration of Candidate Measures

#3726 Serious Illness Survey for Home Based Programs

■ Measure Steward/Developer: RAND

- ▣ New measure

■ Brief Description of Measure:

- ▣ The proposed measures are derived from the Serious Illness Survey for Home-Based Programs, a 36-item questionnaire designed to measure the care experiences of patients receiving care from home-based serious illness programs.
 - Home-based serious illness programs provide care for seriously ill patients at their private residences (i.e., in their homes or assisted living facilities, not in institutions like skilled nursing facilities).
 - Programs are staffed by interdisciplinary teams that provide support for palliation of symptoms, assist with coordination of care, answer questions after-hours, provide medication management, and assist with advance care planning (Cohn et al., 2017).

#3726 Serious Illness Survey for Home Based Programs (continued)

- Teams consist of clinicians (e.g. physicians, nurse practitioners) that oversee care, as well as clinical and supportive staff that make home visits (e.g. registered nurses, social workers, CNAs).
- Programs serve patients with a life expectancy that ranges from 1-5 years and have enrollment criteria based on diagnosis, symptom burden, functional status, and/or prior health care utilization.
- The five proposed multi-item measures are:
 - Communication
 - Care Coordination
 - Help for Symptoms
 - Planning for Care
 - Support for Family and Friends
- The two proposed single-item measures are:
 - Overall Rating of the Program
 - Willingness to Recommend the Program

#0091 COPD: Spirometry Evaluation

- **Measure Steward/Developer:** American Thoracic Society/Northfield Associates LLC
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry results documented.

**Lunch Break – Resume at 1:30PM
ET**

#3707 Ratio of Observed Over Predicted Rates for Diagnosis of Mild Cognitive Impairment

- **Measure Steward/Developer:** USC

- ▣ New measure

- **Brief Description of Measure:**

- ▣ Ratio of the number of patients 65 and older diagnosed with mild cognitive impairment attributed to a clinician or practice over the number predicted based on the demographic profile of that clinician or practice.
- ▣ Once the clinician's or practice's O/E ratio (i.e., ratio of the observed and expected rates) is calculated, a computation of its associated standard error (SE) can be used to draw inference whether the O/E ratio is significantly different from 1 or not.
- ▣ Grouped with measures 3672 and 3729

#3672 Ratio of Observed Over Predicted Rates for Diagnosis of Dementia

■ Measure Steward/Developer: USC

- ▣ New measure

■ Brief Description of Measure:

- ▣ Ratio of the number of patients 65 and older diagnosed with dementia attributed to a clinician or practice over the number of cases predicted based on the demographic profile of that clinician or practice.
- ▣ Once the clinician's or practice's O/E ratio (i.e., ratio of the observed and expected rates) is calculated, a computation of its associated standard error (SE) can be used to draw inference whether the O/E ratio is significantly different from 1 or not.
- ▣ Grouped with measures 3707 and 3729

#3729 Ratio of Observed Over Predicted Rates for Diagnosis of Cognitive Impairment at Any Stage

■ Measure Steward/Developer: USC

- ▣ New measure

■ Brief Description of Measure:

- ▣ The measure captures the ratio of the number of patients, who are attributed to a clinician or practice, with a diagnosis of any stage of cognitive impairment over the expected number of cases based on a predictive model.
- ▣ Once the clinician's or practice's O/E ratio (i.e., ratio of the observed and expected rates) is calculated, a computation of its associated standard error (SE) can be used to draw inference whether the O/E ratio is significantly different from 1 or not.
- ▣ Grouped with 3672 and 3707

Break – Resume at 3:15PM ET

#2651 CAHPS® Hospice Survey, Version 9.0

- **Measure Steward:** CMS/RAND

- ▣ Maintenance measure

- **Brief Description of Measure:**

- ▣ The measures submitted here are derived from the CAHPS® Hospice Survey, Version 9.0, a 39-item standardized questionnaire and data collection methodology. The survey is intended to measure the care experiences of hospice decedents and their primary caregivers. Survey respondents are the primary informal caregivers (i.e., family members or friends) of patients who died while receiving hospice care.

#2651 CAHPS® Hospice Survey, Version 9.0 (continued)

- ▣ The proposed measures include the following six multi-item measures:
 - Hospice Team Communication
 - Care Preferences
 - Getting Timely Care
 - Treating Family Member with Respect
 - Getting Emotional and Religious Support
 - Getting Help for Symptoms
- ▣ In addition, there are three single-item measures:
 - Getting Hospice Training
 - Rating of Hospice
 - Willingness to Recommend the Hospice

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	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 a harmonization nor competing measure issue

Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after the recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- The Standing Committee can discuss harmonization and make recommendations. The developers of each related and competing measure will be encouraged to attend any discussion.

#3726 Serious Illness Survey for Home-Based Programs: Related Measures

- NQF #2651 CAHPS Hospice Survey®, Version 9.0
- NQF #3665 Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood
- NQF #3666 Ambulatory Palliative Care Patients' Experience of Receiving Desired Help for Pain

#3726 Serious Illness Survey for Home-Based Programs: Related Measure

- **#2651 CAHPS® Hospice Survey, Version 9.0**
 - ▣ Steward/Developer: CMS/RAND
 - ▣ Description: The measures submitted here are derived from the CAHPS® Hospice Survey, Version 9.0, a 39-item standardized questionnaire and data collection methodology. The survey is intended to measure the care experiences of hospice decedents and their primary caregivers. Survey respondents are the primary informal caregivers (i.e., family members or friends) of patients who died while receiving hospice care.

#3726 Serious Illness Survey for Home-Based Programs: Related Measure (continued)

■ **#2651 CAHPS® Hospice Survey, Version 9.0**

- Description: The proposed measures include the following six multi-item measures:
 - Hospice Team Communication
 - Care Preferences
 - Getting Timely Care
 - Treating Family Member with Respect
 - Getting Emotional and Religious Support
 - Getting Help for Symptoms
- In addition, there are three single-item measures:
 - Getting Hospice Training
 - Rating of Hospice
 - Willingness to Recommend the Hospice

#3726 Serious Illness Survey for Home-Based Programs: Related Measure (continued 2)

- **#2651 CAHPS® Hospice Survey, Version 9.0**
 - ▣ 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.

#3726 Serious Illness Survey for Home-Based Programs: Related Measure (continued 3)

- **#2651 CAHPS® Hospice Survey, Version 9.0**

- Denominator: In national implementation and public reporting, CAHPS® Hospice Survey measure scores are calculated only for hospices that had at least 30 completed questionnaires over the most recent eight quarters of data collection. The target population for the survey are the adult primary caregivers of hospice decedents. Respondent eligibility and exclusions are defined in detail in the sections that follow. A survey is defined as completed when at least 50 percent of the questions applicable to all decedents/caregivers are answered. The survey uses screener questions to identify respondents eligible to respond to subsequent items. Therefore, denominators vary by survey item (and corresponding multi-item measures, if applicable) according to the eligibility of respondents for each item. In addition, for the Getting Hospice Care Training measure, scores are calculated only among those respondents who indicate that their family member received hospice care at home or in an assisted living facility.

#3726 Serious Illness Survey for Home-Based Programs: Related Measure (continued 4)

- **#2651** CAHPS® Hospice Survey, Version 9.0
 - ▣ Target Population: Women, Elderly (Age ≥ 65)
 - ▣ Care Setting: Home Care, Inpatient/Hospital
 - ▣ Level of Analysis: Facility

#3726 Serious Illness Survey for Home-Based Programs: Related Measure (continued 5)

- **#3665** Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood
 - Steward/Developer: American Academy of Hospice and Palliative Medicine (AAHPM)
 - Description: 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."

#3726 Serious Illness Survey for Home-Based Programs: Related Measure (continued 6)

- **#3665 Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood**
 - ▣ Numerator: measure is calculated using top-box scoring. The top-box score refers to the percentage of patient respondents that give the most positive response. For all four questions in this measure, the top box numerator is the number of respondents who answer "Completely true." An individual's score can be considered an average of the four top-box responses and these scores are adjusted for mode of survey administration and proxy assistance. Individual scores are combined to calculate an average score for an overall palliative care program.
 - ▣ Denominator: All patients aged 18 years and older who had an ambulatory palliative care visit.
 - ▣ Target Population: Adults (Age \geq 18)
 - ▣ Care Setting: Ambulatory Care
 - ▣ Level of Analysis: Clinician: Group/Practice

#3726 Serious Illness Survey for Home-Based Programs: Related Measure (continued 7)

- **#3666** Ambulatory Palliative Care Patients' Experience of Receiving Desired Help for Pain
 - ▣ Steward/Developer: AAHPM
 - ▣ Description: 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.
 - ▣ Numerator: The number of patients aged 18 years and older who report getting the help they wanted for their pain from their palliative care provider and team within 6 months of an ambulatory palliative care visit.
 - ▣ Denominator: All patients aged 18 years and older who had an ambulatory palliative care visit.
 - ▣ Target Population: Adults (≥ 18)
 - ▣ Care Setting: Ambulatory Care
 - ▣ Level of Analysis: Clinician: Group/Practice

#3726 Serious Illness Survey for Home-Based Programs: Related Measures Discussion

- Are the measure specifications for the related measures harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

#0091 COPD: Spirometry Evaluation: Related Measure

- **#0577** Use of Spirometry Testing in the Assessment and Diagnosis of COPD
 - ▣ Steward/Developer: National Committee for Quality Assurance (NCQA)
 - ▣ Description: This measure assesses the percentage of patients 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.
 - ▣ Numerator: The number of patients with at least one claim/encounter for spirometry during the 730 days (2 years) prior to the Index Episode Start Date through 180 days (6 months) after the Index Episode Start Date.
 - ▣ Denominator: All patients age 42 years or older as of December 31 of the measurement year, who had a new diagnosis of COPD or newly active COPD during the 6 months prior to the beginning of the measurement year through the 6 months before the end of the measurement year.
 - ▣ Target Population: Populations at Risk, Elderly (Age \geq 65)
 - ▣ Care settings: Outpatient Services
 - ▣ Level of Analysis: Health Plan

#0091 Spirometry Evaluation: Related Measure Discussion

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

#3672, #3707, #3729: Related Measure

- **#2872e** Dementia: Cognitive Assessment
 - ▣ Steward/Developer: American Academy of Neurology
 - ▣ Description: Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period
 - ▣ Numerator: Patients for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period
 - ▣ Denominator: All patients, regardless of age, with a diagnosis of dementia
 - ▣ Target Population: Elderly (age ≥ 65)
 - ▣ Care Setting: Outpatient, Inpatient/Hospital
 - ▣ Level of Analysis: Clinician: Individual, Clinician: Group/Practice

#3672, #3707, #3729: Related Measure Discussion

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

#2651 CAHPS® Hospice Survey, Version 9.0: Related Measure

- **#1623** Bereaved Family Survey
- Steward/Developer: CMS/RAND
- Description: This measure calculates the proportion of Veteran decedent's family members who rate overall satisfaction with the Veteran decedent's end-of-life care in an inpatient setting as "Excellent" versus "Very good", "Good", "Fair", or "Poor".
- Numerator: The numerator is comprised of completed surveys (at least 12 of 17 structured items completed), where the global item question has an optimal response. The global item question asks "Overall, how would you rate the care that [Veteran] received in the last month of life" and the possible answer choices are: Excellent, Very good, Good, Fair, or Poor. The optimal response is Excellent.

#2651 CAHPS® Hospice Survey, Version 9.0: Related Measure (continued)

- **#1623 Bereaved Family Survey**
- **Denominator:** The denominator consists of all inpatient deaths for which a survey was completed (at least 12 of 17 structured items completed), excluding: 1) deaths within 24 hours of admission (unless the Veteran had a previous hospitalization in the last month of life); 2) deaths that occur in the Emergency Department (unless the Veteran had a prior hospitalization of at least 24 hours in the last 31 days of life); Additional exclusion criteria include: 1) Veterans for whom a family member knowledgeable about their care cannot be identified (determined by the family member's report); or contacted (no current contacts listed or no valid addresses on file); 2) absence of a working telephone available and valid mailing address to the family member.
- **Target Population:** Elderly (Age \geq 65), Veterans

#2651 CAHPS® Hospice Survey, Version 9.0: Related Measure (continued 2)

- **#1623** Bereaved Family Survey
- Care Setting: Post-Acute Care, Inpatient/Hospital
- Level of Analysis: Facility, Other

#2651 CAHPS® Hospice Survey, Version 9.0: Related Measure: Related Measure Discussion

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

NQF Member and Public Comment

Next Steps

Measure Evaluation Process After the Measure Evaluation Meeting

- Staff will prepare a draft report detailing the Standing 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 the developers and Standing Committee members.
- Post-comment call: The Standing Committee will reconvene for a post-comment call to discuss the comments submitted.
- Staff will incorporate comments and responses to comments into the draft report in preparation for the Consensus Standards Approval Committee (CSAC) meeting.
- The CSAC meets to endorse measures.
- Opportunity for public to appeal endorsement decision.

Activities and Timeline – Fall 2022 Cycle

***All times ET**

Meeting	Date, Time*
Standing Committee Post-Measure Evaluation Web Meeting (if needed)	TBD
Draft Report Comment Period	TBD
Standing Committee Post-Comment Web Meeting	TBD
CSAC Review	TBD
Appeals Period (30 days)	TBD

Spring 2023 Cycle Updates

- Intent to submit deadline was January 5, 2023
- 14 measures were submitted

Project Contact Info

- Email: 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:
<https://share.qualityforum.org/portfolio/GeriatricsPalliativeCare/SitePages/Home.aspx>

Questions?

THANK YOU.

NATIONAL QUALITY FORUM

<https://www.qualityforum.org>