



**NATIONAL
QUALITY FORUM**

Driving measurable health
improvements together

Geriatrics and Palliative Care, Spring 2022 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

LeeAnn White, Director

Isaac Sakyi, Manager

Tristan Wind, Analyst

Matilda Epstein, Associate

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Welcome



Housekeeping Reminders

- This is a Webex meeting with audio and video capabilities.
- Please mute your computer when 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 the video on throughout the event.
- 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 Standing Committee roll call once the meeting begins.

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

Project Team — Geriatrics and Palliative (GPC) Committee



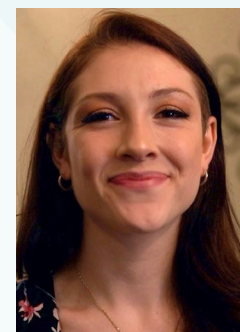
LeeAnn White,
MS, BSN
Director



Isaac Sakyi,
MSGH
Manager



Tristan Wind,
BS, ACHE-SA
Analyst



Matilda Epstein
MPH
Associate



Poonam Bal,
MHSA
Sr. Director



Victoria Quinones
AA, PMP
Project Manager



Taroon Amin,
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 Spring 2022 Cycle Standing Committee

- Amy Berman, BSN, LHD, FAAN (co-chair)
- R. Sean Morrison, MD (co-chair)
- Sree Battu, MD
- Samira Beckwith, LCSW, FACHE, LHD
- 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
- 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 Thirlwell, MSc, MSc(A), RN, AOCNS, CHPN, CHPCA, CPHQ

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

- 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 (**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; 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 (14 of 21 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.

****The quorum denominator will change if any Standing Committee members are recused from discussion for a measure.***

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 its absence.



Evaluation Process Questions?

Voting Test

Measures Under Review

Spring 2022 Cycle Measures

- **Four Maintenance Measures for Standing Committee Review**
 - ▣ **#0210** Percentage of Patients Who Died From Cancer Receiving Chemotherapy in the Last 14 Days of Life (American Society of Clinical Oncology [ASCO])
 - ▣ **#0213** Percentage of Patients Who Died From Cancer Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life (ASCO)
 - ▣ **#0216** Percentage of Patients Who Died From Cancer Admitted to Hospice for Less Than 3 Days (ASCO)
 - ▣ **#1641** Hospice and Palliative Care – Treatment Preferences (University of North Carolina-Chapel Hill)



NQF Scientific Methods Panel (SMP)

- 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

- No measures were reviewed by the SMP.

Consideration of Candidate Measures



#0210 Percentage of Patients Who Died From Cancer Receiving Chemotherapy in the Last 14 Days of Life

- **Measure Steward:** ASCO

- ▣ Maintenance measure

- **Brief Description of Measure:**

- ▣ Percentage of Patients Who Died From Cancer Receiving Chemotherapy in the Last 14 Days of Life.



#0213 Percentage of Patients Who Died From Cancer Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life

- **Measure Steward:** ASCO

- ▣ Maintenance measure

- **Brief Description of Measure:**

- ▣ Percentage of patients who died from cancer admitted to the ICU in the last 30 days of life.



#0216 Percentage of Patients Who Died From Cancer Admitted to Hospice for Less Than 3 Days

- **Measure Steward:** ASCO

- ▣ Maintenance measure

- **Brief Description of Measure:**

- ▣ Percentage of patients who died from cancer, and admitted to hospice and spent less than 3 days there.



#1641 Hospice and Palliative Care – Treatment Preferences

- **Measure Steward:** University of North Carolina-Chapel Hill
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ Percentage of patients with chart documentation of preferences for life sustaining treatments.

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 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.
- The Standing Committee can discuss harmonization and make recommendations. The developers of each related and competing measure will be encouraged to attend any discussion.

Related Measures

- #0210, #0213, and #0216 have been identified as related to each other
- #0213 was also identified to be related to:
 - ▣ #1626 Patients Admitted to ICU Who Have Care Preferences Documented
- #0216 was also identified to be related to:
 - ▣ #2651 CAHPS® Hospice Survey (Experience with Care)
 - ▣ #3235 Hospice and Palliative Care Composite Process Measure-Comprehensive Assessment at Admission
- #1641 was identified to be related to:
 - ▣ #0326 Advance Care Plan



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?

#0213 Related Measure

Category	#1626 Patients Admitted to ICU who Have Care Preferences Documented
Steward/Developer	RAND Corporation
Description	Percentage of vulnerable adults admitted to ICU who survive at least 48 hours who have their care preferences documented within 48 hours OR documentation as to why this was not done.
Numerator	Patients in the denominator who had their care preferences documented within 48 hours of ICU admission or have documentation of why this was not done.
Denominator	All vulnerable adults admitted to ICU who survive at least 48 hours after ICU admission.
Target Population	Elderly (Age ≥ 65)
Care Setting	Inpatient/Hospital
Level of Analysis	Facility



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?



#0216 Related Measure

Category	#2651 CAHPS® Hospice Survey (Experience with Care)
Steward/Developer	Centers for Medicare & Medicaid Services
Description	<p>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. Respondents to the survey are the primary informal caregivers of patients who died under hospice care. These are typically family members but can be friends. The hospice identifies the primary informal caregiver from their administrative records. Data collection for sampled decedents/caregivers is initiated two months following the month of the decedent's death.</p>
Numerator	<p>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.</p>

#0216 Related Measure (Continued)

Category	#2651 CAHPS® Hospice Survey (Experience with Care)
Denominator	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 (Questions 1 – 4, 6 – 13, 15, 17, 21, 24, 26, 28, 30 – 32, and 35 – 47). 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.
Target Population	Adult primary caregivers of hospice decedents
Care Setting	Inpatient and other settings
Level of Analysis	Facility



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?

#0216 Related Measure

Category	#3235 Hospice and Palliative Care Composite Process Measure- Comprehensive Assessment at Admission
Steward/Developer	Centers for Medicare & Medicaid Services/Abt Associates
Description	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.
Numerator	The numerator of this measure is the number of patient stays in the denominator where the patient received all the 7 care processes which are applicable to the patient at admission, as captured in the current HQRP quality measures. This includes patients who received all 7 care process which are applicable to them at admission, as well as patients for whom the three individual conditional component QMs do not apply.

#0216 Related Measure (Continued)

Category	#3235 Hospice and Palliative Care Composite Process Measure- Comprehensive Assessment at Admission
Denominator	The denominator for the measure includes all hospice patient stays enrolled in hospice except those with exclusions.
Target Population	All hospice patient stays enrolled in hospice except those with exclusions.
Care Setting	Other
Level of Analysis	Facility



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?

#1641 Related Measures

Category	#0326 Advance Care Plan
Steward/Developer	National Committee for Quality Assurance
Description	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.
Numerator	Patients who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.
Denominator	All patients aged 65 years and older.
Target Population	Elderly; Dual eligible beneficiaries
Care Setting	Outpatient Services
Level of Analysis	Clinician: Group/Practice



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 developers and Standing Committee members
- Post-comment call: The Standing 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
- The CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision

Activities and Timeline – Spring 2022 Cycle

*All times ET

Meeting	Date, Time
Measure Evaluation Follow-up Web Meeting	July 7, 2022 1 pm -4 pm
Draft Report Comment Period	August 15, 2022 – September 13, 2022
Committee Post-Comment Web Meeting	TBD
CSAC Review Standing before Committee	TBD
Appeals Period (30 days)	TBD



Project Contact Info

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

Questions?

THANK YOU.

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