NATIONAL QUALITY FORUM

Meeting Summary

Geriatrics and Palliative Care Measure Evaluation Web Meetings

The National Quality Forum (NQF) convened public web meetings of the Geriatrics and Palliative Care Standing Committee on February 7 and 19, 2019.

Welcome, Introductions, and Review of Web Meeting Objectives

NQF staff welcomed the Standing Committee and participants to the web meeting and reviewed the meeting objectives. Committee members each introduced themselves and disclosed any potential conflicts of interest.

Overview of NQF's Geriatrics and Palliative Care Portfolio

Karen Johnson, NQF Senior Director, provided an overview of NQF's Geriatrics and Palliative Care portfolio of measures.

Overview of NQF's Measure Evaluation Process

Katie Goodwin, NQF Senior Project Manager, provided an overview of NQF's evaluation and voting processes.

Measure Evaluation

During the meetings, the Geriatrics and Palliative Care Committee evaluated five measures for endorsement consideration. During the first meeting, the Committee began its evaluation of 0167, and voted on the two subcriteria under Importance to Measure and Report (i.e., Evidence and Opportunity for Improvement). However, there was insufficient time to finish the evaluation of the measure. During the second meeting, the quorum required for voting was not achieved. Therefore, the Committee discussed all relevant criteria and voted after the meeting using an online voting tool.

Measure Evaluation Criteria Rating Key: H – High; M – Medium; L – Low; I – Insufficient

Measure Steward/Developer Representatives at the Meetings

- Nicole Keane, Abt Associates
- Betty Fout, Abt Associates
- Morris Hamilton, Abt Associates
- Stephanie Felder, Centers for Medicare & Medicaid Services
- Joan Proctor, Centers for Medicare & Medicaid Services
- Alan Levitt, Centers for Medicare & Medicaid Services

0167 Improvement in Ambulation Locomotion (Centers for Medicare & Medicaid Services)

Standing Committee Votes

- Evidence: No vote taken
    - The Committee agreed that evidence provided by the developer is updated, directionally the same, and stronger compared to that for the previous NQF

evaluation. The Committee agreed there is no need for repeat vote on Evidence.

- Performance Gap: H-13; M-4; L-0; I-0
- Reliability: H-3; M-15; L-0; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Validity: H-2; M-16; L-0; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Feasibility: H-13; M-5; L-0; I-0
- Use: Pass-18: No Pass-0
- Usability: H-7; M-11; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-18; No-0

The Standing Committee recommended the measure for continued endorsement. The Committee agreed that there is evidence of at least one healthcare intervention that can influence the outcome of improvement in ambulation/locomotion, and agreed to accept the "Pass" rating from the previous evaluation of the measure. The Committee also agreed that the performance data presented demonstrate opportunity for improvement.

NQF's Scientific Methods Panel evaluated reliability and validity, rating both as "Moderate." In their discussion of the measure, the Committee requested clarification about how improvement is defined and what is included as part of the "generic" exclusions that are applied to the measure. Committee members also asked about the focus on improvement rather than on the lack of deterioration. Committee members also questioned whether excluding patients who are transferred or who die bias results for agencies with a disproportionate number of patients who are on hospice. The developer clarified that the relevant item from the OASIS assessment is completed only at the start of care, resumption of care, or when a patient is discharged from the agency. Thus, for patients who die or who are transferred to an inpatient facility (but do not resume services and are eventually discharged from the agency), the relevant item is not completed and the measure cannot be calculated. While the Committee remained concerned about the potential bias for some agencies, members acknowledged the limitation of the data collection approach that necessitates the exclusion for transfer and death. The Committee also asked about the differences in the reliability estimates at start of care versus discharge (kappa=0.43 vs. 0.67, respectively). The developer suggested that higher values at discharge might be expected because agency staff doing the assessment may know the patients better by time of discharge. Ultimately, the Committee agreed that the measure meets NQF's criteria for reliability and validity.

The Committee noted that the data for this measure are routinely collected through the OASIS assessment and thus had no concerns regarding feasibility.

When discussing the Use criterion, the Committee noted that this measure and NQF 0174, NQF 0175, NQF 0176, and NQF 0177 are all publicly reported on Home Health Compare and are included in the Home Health Star Ratings program, the Home Health Quality Reporting Program (HHQRP), and the Home Health Value Based Purchasing program.

During the discussion of the Usability criterion, the Committee discussed two issues. First, Committee members questioned the focus on improvement, particularly in the Star Ratings program, and whether agencies that do well in helping their patients maintain, but not improve, ambulation could be penalized (given that some patients may not be able to improve). The developer explained how the measure is constructed, noting that it assesses the observed score for each episode relative to what is predicted at the start of the episode. The predicted value is risk-adjusted to account for clinical factors of the patient (in other words, the prediction for a particular episode may be that improvement will not occur). This explanation helped assuage the concern of the Committee regarding potential unintended consequences of the measure. One Committee member also questioned whether patients might be harmed (e.g., caused pain) if an agency tries to force therapy for those who are not expected to improve. However, other members did not share this concern.

Because the remaining measures are very similar to 0167, the Committee did not repeat the above discussions about how improvement is defined, the focus on improvement versus maintenance, or measure exclusions. Additionally, because all of the measures are derived from the OASIS assessment and are used in the same CMS quality programs, they did not repeat their discussions for the Feasibility criterion or the Use subcriterion. For each of the four remaining measures, the members agreed that that there is evidence of at least one healthcare intervention that can influence the measured outcome. They also agreed that the data presented by the developer continue to demonstrate opportunity for improvement. Members expressed no concern regarding the reliability and validity of the measures, noting that the Scientific Methods Panel rating those subcriteria as "Moderate" for the four measures. Finally, the Committee did not raise any new issues regarding the Usability subcriterion. The rest of this summary thus includes only the final votes of the Committee for the four measures and any additional points the Committee raised that were specific to a particular measure.

0174 Improvement in Bathing (Centers for Medicare & Medicaid Services)

Standing Committee Votes

- Evidence: Pass-18; No Pass-0
- Performance Gap: H-9; M-8; L-1; I-0
- Reliability: H-3; M-15; L-0; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Validity: H-2; M-16; L-0; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Feasibility: H-12; M-6; L-0; I-0
- Use: Pass-18; No Pass-0
- Usability: H-6; M-12; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-18; No-0

The Standing Committee recommended the measure for continued endorsement. The Committee offered an additional citation to support the evidence for the measure.

0175 Improvement in Bed Transferring (Centers for Medicare & Medicaid Services)

Standing Committee Votes

- Evidence: Pass-18; No Pass-0
- Performance Gap: H-9; M-9; L-0; I-0
- Reliability: H-3; M-15; L-0; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Validity: H-2; M-16; L-0; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Feasibility: H-13; M-5; L-0; I-0
- Use: Pass- 18: No Pass-0
- Usability: H-5; M-13; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-18; No-0

The Standing Committee recommended the measure for continued endorsement.

0176 Improvement in Management of Oral Medications (Centers for Medicare & Medicaid Services)

Standing Committee Votes

- Evidence: Pass-18; No Pass-0
- Performance Gap: H-12; M-6; L-0; I-0
- Reliability: H-2; M-15; L-1; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Validity: H-1; M-16; L-1; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Feasibility: H-12; M-5; L-1; I-0
- Use: Pass-18: No Pass-0
- Usability: H-4; M-14; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-18; No-0

The Standing Committee recommended the measure for continued endorsement.

Given that agency staff are not physically present with the patient for most of the time, one committee member questioned how improvement in oral medication management is determined. The developers acknowledged that agency staff may have to infer, given that direct observation may not always possible. In order to make this inference, they can ask patients to describe their medications, how they store them, use them, etc. Also, another Committee member noted that in her organization, agency staff do observe how patients take their medications and may also do checks such as pill counts.

0177 Improvement in Pain Interfering with Activity (Centers for Medicare & Medicaid Services)

Standing Committee Votes

- Evidence: Pass-18; No Pass-0
- Performance Gap: H-13; M-5; L-0; I-0
- Reliability: H-2; M-16; L-0; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Validity: H-4; M-14; L-0; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Feasibility: H-12; M-6; L-0; I-0
- Use: Pass-18: No Pass-0
- Usability: H-7; M-11; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-18; No-0

The Standing Committee recommended the measure for continued endorsement.

Committee members expressed concern over potential unintended consequences of the measure due to recent initiatives addressing the opioid epidemic (specifically, that home health agencies may reduce or remove needed pain medications). Alan Levitt, Centers for Medicare & Medicaid Services (CMS), stated that CMS continually monitors the performance of this measure to ensure that the progress made since 2010 is maintained.

Public Comment

No public or NQF member comments were provided during the measure evaluation meeting.

Next Steps

NQF will summarize the Committee deliberations in a draft technical report. NQF will post the draft report for a 30-day public comment period on March 21. This continuous public comment with member support period will close on April 19, 2019. NQF will re-convene the Standing Committee for the post-comment web meeting on May 13, 2019.