NATIONAL QUALITY FORUM
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Meeting Summary

Geriatrics and Palliative Care Standing Committee – Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Geriatrics and Palliative Care Standing Committee for a web meeting on February 17 and 18, 2021, to evaluate four measures. The meeting was led by NQF Director Katie Goodwin, NQF Manager Erin Buchanan, and NQF Analyst Ngozi Ihenacho.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting. Ms. Goodwin reviewed the meeting objectives and informed those on the call that the meeting was being recorded. Sean Morrison and Deborah Waldrop, co-chairs of the Geriatrics and Palliative Care Standing Committee, provided welcoming remarks. Ms. Goodwin reviewed the agenda and housekeeping items. NQF Senior Managing Director Wunmi Isijola conducted roll and reviewed NQF's disclosures of interest policy. The Standing Committee members had no conflicts of interest to disclose.

Some Standing Committee members were unable to attend both meetings in their entirety due to early departures and late arrivals. The vote totals reflect members present and eligible to vote. Quorum consisted of 17 out of 25 active Standing Committee members and was met and maintained for the entirety of the meeting.

Overview of Evaluation and Voting Process

Ms. Buchanan reviewed the Consensus Development Process (CDP) and the measure evaluation criteria. A measure is recommended for endorsement by the Standing Committee when the vote margin on all must-pass criteria (Importance, Scientific Acceptability, Use), and overall, is greater than 60 percent of voting members in favor of endorsement. A measure is not recommended for endorsement when the vote margin on any must-pass criterion or overall is less than 40 percent of voting members in favor of endorsement. The Standing Committee has not reached consensus if the vote margin on any must-pass criterion or overall is between 40 and 60 percent, inclusive, in favor of endorsement. When the Standing Committee has not reached consensus, all measures for which consensus was not reached will be released for NQF member and public comment. The Standing Committee will consider the comments and re-vote on those measures during a webinar convened after the commenting period closes.

Measure Evaluation

During the meetings, the Geriatrics and Palliative Care Standing Committee evaluated four maintenance measures for endorsement consideration. A detailed summary of the Standing Committee's deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on April 1, 2021, for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

Rating Scale: H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable

#1623 Bereaved Family Survey (U.S. Department of Veterans Affairs)

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". **Measure Type**: Outcome: PRO-PM; **Level of Analysis**: Facility, Other; **Setting of Care**: Post-Acute Care, Inpatient/Hospital; **Data Source**: Instrument-Based Data

Measure Steward/Developer Representatives at the Meeting

- Scott Schreve
- Ann Kutney Lee
- Dawn Gilbert

Standing Committee Votes

- Evidence: Vote Not Taken
- Performance Gap: Vote Not Taken
- Reliability: Vote Not Taken
- Validity: Vote Not Taken
- Feasibility: Vote Not Taken
- Use: Pass-17; No Pass-2
- Usability: Vote Not Taken

Standing Committee Recommendation for Endorsement: Yes-18; No-1

The Standing Committee recommended the measure for continued endorsement.

Ms. Goodwin provided the Standing Committee with an introduction of the measure, including a summary of prior reviews by both the Standing Committee and Consensus Standards Approval Committee (CSAC) during the fall 2019 cycle. During the fall 2019 review cycle, the Standing Committee recommended the measure for continued endorsement. However, due to concerns with how the validity and use criteria were applied, the CSAC returned the measure to the Standing Committee for reconsideration.

In 2019, CSAC members were not comfortable with the measure meeting the validity sub-criterion due to the wide variation presented in the beta-binomials. The CSAC also raised concerns with the Standing Committee's decision to overturn the Scientific Methods Panel's (SMP) low rating on validity; however, the developer noted that the data evaluated by the SMP were not current. Regarding use, the CSAC raised concerns with the measure only being reported in Veterans Affairs (VA) sites and, if endorsed, it would be available for other populations that have not been previously evaluated for this measure. The developer responded by explaining that public reporting of this measure is dependent on VA leadership approval, but they are pursuing reporting for private facilities and nursing homes. The CSAC voted to overturn the Standing Committee's recommendation for continued endorsement and returned the measure to the Standing Committee for reconsideration.

For the current review, this measure was reviewed by the SMP (with updated data) and passed on both the reliability and validity sub-criteria without discussion or concerns noted. Because the measure passed the SMP's review without issue, the Standing Committee was instructed to focus their discussion on reconsideration of the use criterion for which a vote would be taken. As per NQF's process for the CSAC returning measures to the Standing Committee for reconsideration, both discussion and voting on the remaining criteria were not necessary for this measure.

The developer was provided with an opportunity to introduce the measure with a specific focus on the

use criterion. The developer stated that performance on Bereaved Family Survey (BFS) is reported within VA, as each facility/Veterans Integrated Service Networks/VA leadership has access to all results (available via the Hospice and Palliative Care Data Dashboard link as well as housed in VA's internal databases), in addition to the public reporting that occurs regularly in academic journals. Furthermore, the BFS is used by VA staff when educating consumers about choice of venue for hospice care as well accountability and quality improvement purposes. The developer also shared that BFS has been adopted at Stanford, Duke, University of California Los Angeles, and Kaiser Medical Centers.

The Standing Committee raised a question about the performance of the Hospice and Palliative Care Data Dashboard mentioned by the developer and whether it is a program related to any sort of reimbursement or other kind of incentives. The developer responded that the BFS is uploaded to the to this dashboard every quarter and is considered a VA performance measure, which means there are incentives attached to it. Facilities are incentivized for meeting the minimum of their performance measure or scoring beyond the national mean on that performance measure.

The Standing Committee acknowledged that there has been some progress in meeting the use criterion since the last measure submission in terms of sharing the information within the VA and with external academic institutions. However, concerns remained regarding the lack of public-facing facility level data to date. The Standing Committee had much discussion about the public's ability to understand whether they are choosing a facility that they would want to go to and whether the VA itself can really use the data for quality improvement at a facility level. The developer clarified that clinical staff and leadership in individual facilities can access the data for quality improvement purposes. In addition, the VA has biannual calls with every single facility in the nation to review their data from the BFS. With an emphasis on quality improvement, the VA tracks scores over time nationally, regionally, and at the facility level. The developer stated that they are still working towards public reporting of this measure, which is dependent on the approval of VA senior leadership with all the associated nuances of being a federal healthcare system.

After a robust discussion about the use criterion, the Standing Committee voted to pass the measure on use and recommended the measure for continued endorsement.

#0326 Advance Care Plan (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.; **Measure Type**: Process; **Level of Analysis**: Clinician : Group/Practice; **Setting of Care**: Outpatient Services; **Data Source**: Claims

Measure Steward/Developer Representatives at the Meeting

- Nancy McGee
- Caroline Blaum

Standing Committee Votes

- Evidence: H-2; M-16; L-1; I-1
- Performance Gap: H-0; M-14; L-5; I-1
- Reliability: H-7; M-11; L-1; I-0
- Validity: H-4; M-13; L-3; I-0
- Feasibility: H-1; M-19; L-0; I-0
- Use: Pass-19; No Pass-1

- Usability: H-6; M-14; L-2; I-0

Standing Committee Recommendation for Endorsement: Yes-21; No-1

The Standing Committee recommended the measure for continued endorsement.

The developer provided a description of the measure and stated that the intent is to promote advance care planning discussions between older adults and their providers, as well as to promote documentation of that discussion in the patient's record. In addition to summarizing a systematic review as evidence to support the measure focus, the developer provided a summary of additional performance data that were submitted during the pre-evaluation measure commenting period (Appendix A). The Standing Committee questioned whether there is evidence that the measure improves perceptions of care and quality of care at the end of life, considering the evidence submitted supported more of a cost and efficiency improvement or avoidance of unwanted care. The developer clarified that new evidence provided addresses patient centeredness and confirms improved quality of life and the quality of care at the end of life as outcomes from advanced care planning. The Standing Committee acknowledged that there was limited evidence for this measure despite the measure having been in use for a long time. The Standing Committee also stated a need for future development of measures that address both satisfaction and outcome for families. The Standing Committee agreed that the measure passes the evidence sub-criterion. The Standing Committee had minimal discussion regarding performance data but when discussing disparities, they noted that the developer did not provide any disparities data. The developer instead summarized the literature addressing disparities and the advance care planning studies that identified racial and ethnic minorities, as well as individuals and lower socioeconomic groups being less likely to have an advanced care plan. Noting the concern about the lack of data addressing disparities, the Standing Committee passed the measure on the performance gap sub-criterion.

During the reliability discussion, the Standing Committee noted that the second part of the numerator could be considered subjective for providers, leading them to avoid conversations about an advance care plan, and asked for clarification from the developer. The developer stated that the numerator component in question is designated by CPT II code 1124F (Advance Care Planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan). The developer also noted that clinicians are assumed to be informed about coding guidance and following it. During the discussion on validity, the Standing Committee asked for clarification about whether the testing assessed whether this claims-based measure reflected the presence of a healthcare proxy or treatment directive in the medical record or the documentation of a conversation discussing goals of care in the medical record. The developer described the method of testing in that a measure of similar construct was selected to demonstrate validity. NQF staff confirmed that construct validity at the measure score level is an acceptable method of testing. The Standing Committee passed the measure on both the reliability and validity sub-criteria.

The Standing Committee noted that this measure is sourced from electronic medical records, with some data available as structured fields and others as narrative notes or other non-structural fields. The Standing Committee had no concerns regarding the feasibility of this measure. The Standing Committee asked the developer for clarification about how a provider would handle instances in which the patient did not wish to talk, was unable to name a surrogate, or provide an advanced care plan. The developer stated that addressing the issue of surrogates largely depends on the electronic health record (EHR) that the provider uses. Having no other comments, the Standing Committee voted to pass the measure on the use criterion. The Standing Committee had no comments or concerns regarding the usability criterion.

#3235 Hospice and Palliative Care Composite Process Measure (Centers for Medicare & Medicaid Services)

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. 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.; **Measure Type**: Composite; **Level of Analysis**: Facility; **Setting of Care**: Other; **Data Source**: Other

Measure Steward/Developer Representatives at the Meeting

- T.J. Christian
- Ihsan Abdur-Rahman
- Cindy Massuda
- Alan F. Levitt
- Zinnia Harrison
- Allison Muma

Standing Committee Votes

- Evidence: Vote Not Taken
- Performance Gap: H-5; M-14; L-2; I-0
- Composite - Quality Construct and Rationale: H-6; M-14; L-1; I-0
- Reliability: Yes-21; No-0
    - This measure was deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's rating for Reliability: High (H-5; M-3; L-0; I-0)
    - The Committee accepted the NQF Scientific Methods Panel's rating: Yes-21; No-0.
- Validity: Yes-21; No-0
    - This measure was deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's rating for Validity: Moderate (H-2; M-5; L-1; I-0)
    - The Committee accepted the NQF Scientific Methods Panel's rating: Yes-21; No-0.
- Composite Quality Construct: Yes-21; No-0
    - This measure was deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's rating for Composite Quality Construct: Moderate (H-2; M-6; L-0; I-0)
    - The Committee accepted the NQF Scientific Methods Panel's rating: Yes-21; No-0.
- Feasibility: H-17; M-3; L-0; I-0
- Use: Pass-20; No Pass-0
- Usability: H-15; M-6; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-21; No-0

The Standing Committee recommended the measure for continued endorsement.

The measure developer presented a brief overview of the measure, which looks at the comprehensive assessment of admission in seven categories: (1) whether or not the patient was treated with an opioid or given a bowel regimen, (2) pain screening, (3) pain assessment, (4) dysthymia treatment and screening, (5) treatment preferences, and (6) whether beliefs and values were addressed if desired by the patient on admission. The developer explained that the comprehensive assessment measure is the only measure in the current measure set for the Hospice Quality Reporting Program that includes the entire Medicare hospice population. The individual components of the composite measure are also NQF-endorsed. The developer explained that the rationale for this measure is less about the completion of each of the seven individual components and more about the totality of all the processes being completed and captured in a way that is meaningful to consumers.

The lead discussant noted that new evidence was not submitted for the Standing Committee to review. According to NQF policy, "If the developer attests that the evidence for a measure has not changed since its previous endorsement evaluation, there is a decreased emphasis on evidence, meaning that the Committee may accept the prior evaluation of this criterion without further discussion or need for a vote." The Standing Committee made a unanimous decision to accept the previous Standing Committee's evaluation on the evidence criterion, which was a passing rating. The Standing Committee had minimal discussion regarding the performance gap criterion, noting that the hospice-level means and median scores increased between 2016 and 2019. The developer provided disparities data in the measure submission form, noting that the rate of completion of the seven care processes, within this composite across racial identities, was statistically significant. The Standing Committee agreed the quality construct and rationale for the composite are both logical, and the method for the aggregation and weighting of the components is explicitly stated. Without much discussion, the Standing Committee voted to pass the measure on the performance gap and the quality construct sub-criteria.

The Standing Committee noted that the measure was reviewed by the Scientific Methods Panel (SMP). The SMP commented that the reliability testing methodology and results were appropriate and passed the measure on reliability with a high rating. The Standing Committee agreed with this assessment and voted to pass the measure on reliability. During the discussion of the validity sub-criterion, the Standing Committee noted a few comments raised by SMP members. First, there was a question about the measure's ability to truly identify meaningful differences in performance, as the distribution is fairly compressed to the top. Second, concerns were raised about the approach to validity, specifically correlating the composite with its individual NQF-endorsed component measures. The developer clarified that updates were provided since the previous (original) submission with more current data, and the correlation between the composite and components was the initial approach taken. This is because at the time of original endorsement submission, the individual components were the only other quality measures available for validation in the Hospice Quality Reporting Program. Since then, the program has added measures calculated from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey (NQF #2651). The updated testing as part of this submission included additional evidence of validity by estimating correlations between the composite measure and hospice-level CAHPS Hospice Survey, which are both widely accepted as valuable measures of hospice quality of care. Correlations between the comprehensive assessment measure and the CAHPS measures were positive for all seven CAPHS measures and were significant for three of the seven CAHPS measures.

The Standing Committee also raised the issue of the measure's exclusion of pediatric hospice patients. The developer clarified that the pediatric exclusion is consistent with the composite's seven NQF-endorsed component measures that also exclude patients under the age of 18. The developer also explained that the clinical guidelines used to support these processes were explicitly noted as "appropriate for adult patients… [but would] not assist providers in the identification or care for

pediatric patients with life-threatening or chronic progressive illness." After the robust discussion, the Standing Committee voted to pass the measure on validity. The Standing Committee did not have additional comments to add regarding composite construction and voted to pass the SMP's rating on that sub-criterion.

The Standing Committee expressed no concerns about the feasibility of this measure and without much discussion, the Standing Committee agreed that the measure met the requirements of the use and usability criteria.

#0209: Comfortable Dying Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment (National Hospice and Palliative Care Organization)

Description: 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. **Measure Type**: Outcome: PRO-PM; **Level of Analysis**: Facility, Other; **Setting of Care**: Home Care; **Data Source**: Instrument-Based Data

Measure Steward/Developer Representatives at the Meeting

N/A

Standing Committee Votes

- Evidence: Pass-21; Do Not Pass-0
- Performance Gap: H-1; M-4; L-4; I-13
- Reliability: Vote Not Taken
- Validity: Vote Not Taken
- Feasibility: Vote Not Taken
- Use: Vote Not Taken
- Usability: Vote Not Taken

Standing Committee Recommendation for Endorsement: Vote Not Taken

The Standing Committee did not vote on the recommendation for endorsement at the meeting because the measure did not pass on performance gap—a must-pass criterion.

Due to the absence of measure steward/developer representatives, the lead discussants initiated the discussion by describing the measure focus, level of analysis, and care setting. The Standing Committee noted that the developer did not present new evidence since the prior review in 2016 and asked NQF staff for clarification on whether that is acceptable. NQF staff clarified that it is acceptable at the time of maintenance of endorsement review if the developer attests that the underlying evidence for the measure has not changed. However, the Standing Committee must agree that there are no changes since the prior review. The Standing Committee voted unanimously to pass the measure on the evidence criterion.

When discussing performance gap, the Standing Committee noted that the developer has not collected data on this measure since 2015. This measure (in a modified form) is included in the Centers for Medicare & Medicaid Services (CMS) Merit-Based Incentive Payment System; however, data are not available on the utilization of the measure. Performance data for facility scores were provided for the years 2012-2015 for those hospice facilities that voluntarily submitted data. However, in order to maintain NQF endorsement, measure stewards and developers are expected to provide current performance data. NQF staff clarified the implications of an insufficient vote on performance gap, meaning the measure would not move forward as recommended for endorsement, and discussion surrounding the remaining criteria would not take place. NQF informed the Standing Committee that

the developers would have an opportunity to submit current performance data during the upcoming public commenting period. The Standing Committee would then have an opportunity to discuss and reconsider the measure during the post-comment call in June. The Standing Committee encouraged the developer to do so and because they were not present, NQF staff will follow-up with the developer offline. The measure did not pass the must-pass criterion of performance gap and will be released for public comment as not recommended for endorsement.

Public Comment

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

Next Steps

NQF will post the draft technical report containing the Standing Committee's recommendations on April 1, 2021, for a 30-day public comment period. The four measures will be available for public comment and expression of member support/non-support as part of this 30-day period, which will close on April 30, 2021. NQF will reconvene the Standing Committee for the post-comment web meeting on June 4, 2021. The CSAC will convene on June 29 and 30, 2021, to make their final endorsement decisions. The appeals period will also take place from July 7, 2021, through August 5, 2021.

Appendix A: Pre-Evaluation Comments

Topic	Commenting Organization	Comment
0326: Advance Care Plan (National Committee for Quality Assurance)	National Committee for Quality Assurance	This comment addresses the Fall 2020 cycle measure #0326 Advance Care Plan. NCQA would like to add the following data to the 4b. Usability (4a1. Improvement; 4a2. Benefits of measure) section of the submission: **PQRS** (Data Source: Centers for Medicare & Medicaid Services (CMS), 2016 PQRS Experience Report Appendix Tables) EPs who Reported Continuously **2013-2016**: 3,220 • Average Performance Rate in 2013: 69.6% • Average Performance Rate in 2014: 72.9% • Average Performance Rate in 2015: 75.3% Average Performance Rate in 2016: 76.6% ○ **Improvement Rate: 3.3%**