



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 18, 2022](#), to evaluate three measures for the fall 2021 cycle.

Welcome, Review of Meeting Objectives, Introductions, and Overview of Evaluation and Voting Process

Paula Farrell, NQF director, welcomed the Standing Committee and participants to the meeting. Ms. Farrell reviewed the meeting objectives. The Standing Committee members each introduced themselves and disclosed any conflicts of interest. Three Standing Committee members disclosed a conflict with NQF #3645, and eight Standing Committee members disclosed a conflict both with NQF #3665 and NQF #3666. All conflicts were due to the Standing Committee members' involvement with the development of the two measures, which led to their recusal from the discussion of those measures. Additionally, Oroma Igwe, NQF manager, reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

During the meetings, some Standing Committee members were unable to attend the entire meeting. There were early departures and late arrivals. The vote totals reflect members present and eligible to vote. Quorum of 14 for NQF #3645 and quorum of ten for both NQF #3665 and NQF #3666 were met and maintained for the entirety of the meeting. Voting results are provided below.

Measure Evaluation

During the meeting, the Geriatrics and Palliative Care Standing Committee evaluated three new measures for endorsement consideration. A more detailed summary of the Standing Committee deliberations will be compiled and provided in the draft technical report.

A measure is recommended for endorsement by the Standing Committee when greater than 60 percent of eligible voting members select a passing vote option (Pass; High and Moderate; Yes) on all must-pass criteria and overall suitability for endorsement. A measure is not recommended for endorsement when less than 40 percent of voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. If a measure does not pass a must-pass criterion, voting during the measure evaluation meeting will cease. The Standing Committee will not re-vote on the measures during the post-comment meeting unless the Standing Committee decides to reconsider the measure(s) based on submitted comments or a formal reconsideration request from the developer. The Standing Committee has not reached consensus on a measure if between 40 and 60 percent of eligible voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. The Standing Committee will re-vote on criteria that did not reach consensus and potentially overall suitability for endorsement during the post-comment web meeting.

Voting Legend:

- *Evidence (Outcome Measures) and Use: Pass/No Pass*

- *Accepting Scientific Methods Panel (SMP) Rating and Overall Suitability for Endorsement:* Yes/No
- *All Other Criterion:* H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable

NQF #3645 Hospice Visits in the Last Days of Life (Centers for Medicare & Medicaid Services [CMS]/Abt Associates)

Description: 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; **Measure Type:** Process; **Level of Analysis:** Facility; **Setting of Care:** Home Care, Inpatient/Hospital, Post-Acute Care, Behavioral Health; **Data Source:** Claims

Measure Steward/Developer Representatives at the Meeting

- Thomas Christian
- Alan Levitt

Standing Committee Votes

- **Evidence:** Total Votes-17; H-NA; M-16; L-1; I-0 (16/17 – 94.1 percent, Pass)
- **Performance Gap:** Total Votes-17; H-11; M-6; L-0; I-0 (17/17 – 100 percent, Pass)
- **Reliability:** Total Votes-18; H-5; M-11; L-2; I-0 (16/18 – 88.9 percent, Pass)
- **Validity:** Total Votes-18; H-4; M-13; L-1; I-0 (17/18 – 94.4 percent, Pass)
- **Feasibility:** Total Votes-18; H-12; M-6; L-0; I-0 (18/18 – 100 percent, Pass)
- **Use:** Total Votes-18; Pass-17; No Pass-1 (17/18 – 94.4 percent, Pass)
- **Usability:** Total Votes-18; H-5; M-12; L-1; I-0 (17/18 – 94.4 percent, Pass)

Standing Committee Recommendation for Endorsement: Total Votes: 18; Yes-18; No-0 (18/18 – 100 percent, Pass)

The Standing Committee recommended the measure for initial endorsement.

This facility-level measure was newly submitted for endorsement. Although a systematic review was not performed, the Standing Committee agreed that referenced literature demonstrated that evidence supporting the measure existed. The Standing Committee passed the measure on evidence. The Standing Committee noted that profound variation among the hospice community suggests a reasonable gap in practice standards and warrants national performance monitoring. The Standing Committee passed the measure on performance gap.

While the Standing Committee agreed that the measure was reliable, it suggested that the measure could be further strengthened. These suggestions included expanding the care disciplines covered, conducting a more holistic review of patient and caregiver end-of life-desires, and the inclusion of postmortem visits and pediatric palliative care hospice patients. The developer stated that while they had considered these options during the initial development, they decided not to move forward with the suggested specification additions but would continue to evaluate the ideal specifications for future iterations of the measure. The Standing Committee noted that the validity testing was strong but expressed concerns about the exclusion of respite care from the denominator of the measure. The developer explained that respite care is rare in the last two to three days of life and that inpatient respite care is a matter of institutionalization; therefore, the chance of an encounter with various care personnel and disciplines is already very likely. The Standing Committee ultimately passed the measure on reliability and validity.

The Standing Committee noted the measure is available in an electronic format, does not add undue burden, and was expected to be used in a public reporting program. No unintended consequences were identified. The Standing Committee passed the measure on feasibility, use, usability, and overall suitability for endorsement.

NQF #3665 Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood (American Academy of Hospice and Palliative Medicine)

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"; **Measure Type:** Outcome: PRO-PM; **Level of Analysis:** Clinician: Group/Practice; **Setting of Care:** Ambulatory Care; **Data Source:** Electronic Health Records, Instrument-Based Data

Measure Steward/Developer Representatives at the Meeting

- Anne Walling
- Katherine Ast
- Jessica Philips
- Brian Vegetabile
- Jordan Harrison
- Sangeeta Ahluwalia
- Amy Melnick

Standing Committee Votes

- **Evidence:** Total Votes: 11; Pass-11; No Pass-0 (11/11 – 100 percent, Pass)
- **Performance Gap:** Total Votes: 13; H-4; M-9; L-0; I-0 (13/13 – 100 percent, Pass)
- **Reliability:** Total Votes: 12; Yes-11; No-1 (11/12 – 91.7 percent, Pass)
 - This measure was deemed as complex and was evaluated by the NQF SMP.
 - The Standing Committee accepted the NQF SMP's rating for Reliability: Moderate (Total Votes: 11; H-3; M-6; L-1; I-1).
- **Validity:** Total Votes: 12; Yes-12; No-0 (12/12 – 100 percent, Pass)
 - This measure was deemed as complex and was evaluated by the NQF SMP.
 - The Standing Committee accepted the NQF SMP's rating for Validity: Moderate (Total Votes: 11; H-3; M-5; L-3; I-0).
- **Feasibility:** Total Votes: 12; H-5; M-6; L-1; I-0 (11/12 – 91.7 percent, Pass)
- **Use:** Total Votes: 12; Pass-12; No Pass-0 (12/12 – 100 percent, Pass)
- **Usability:** Total Votes: 12; H-1; M-11; L-0; I-0 (12/12 – 100 percent, Pass)

Standing Committee Recommendation for Endorsement: Total Votes: 12; Yes-12; No-0 (12/12 – 100 percent, Pass)

The Standing Committee recommended the measure for initial endorsement.

This clinician group-level measure was newly submitted for endorsement. The Standing Committee agreed that the evidence provided indicated a relationship exists between the measure and at least one healthcare action; it also agreed that the measure is meaningful to patients. The Standing Committee

noted that significant variation in performance existed and that a performance gap exists that warrants a national performance measure. The Standing Committee passed the measure on evidence and performance gap. The [SMP reviewed](#) the measure and passed it on reliability and validity with a rating of moderate. The Standing Committee discussed the measure's target population and questioned why pediatric patients were excluded from the measure, how the survey would be delivered to patients, and whether a Spanish language version of the survey would be available. The developer noted that the goal is to develop a measure specifically focusing on pediatric patients and that the survey is sent out to patients via mail, email, and by contacting patients via phone. In addition, the survey, once implemented, would be available in a Spanish language version. The Standing Committee agreed that the measure was both reliable and valid and accepted the SMP's rating.

When discussing feasibility, the Standing Committee inquired whether outside vendors would need to be hired to assist with survey collection. The developer commented that this was not an issue during measure testing. The Standing Committee noted that the measure is not currently in use; nevertheless, the developer is attempting to get the measure in use, considering they have submitted the measure to CMS' measures under consideration (MUC) list. The Standing Committee highlighted that the developer gathered feedback from users of the measure, and while a concern was raised about providers being unfairly penalized due to the patient perception of palliative care, the Standing Committee agreed that the measure was feasible and usable. The Standing Committee passed the measure on all criteria and on overall suitability for endorsement.

NQF #3666 Ambulatory Palliative Care Patients' Experience of Receiving Desired Help for Pain (American Academy of Hospice and Palliative Medicine)

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; **Measure Type:** Outcome: PRO-PM; **Level of Analysis:** Clinician: Group/Practice; **Setting of Care:** Ambulatory Care; **Data Source:** Instrument-Based Data

Measure Steward/Developer Representatives at the Meeting

- Anne Walling
- Katherine Ast
- Jessica Philips
- Brian Vegetabile
- Jordan Harrison
- Sangeeta Ahluwalia
- Amy Melnick

Standing Committee Votes

- **Evidence:** Total Votes: 12; Pass-12; No Pass-0 (12/12 – 100 percent, Pass/No Pass)
- **Performance Gap:** Total Votes: 13; H-2; M-11; L-0; I-0 (13/13 – 100 percent, Pass)
- **Reliability:** Total Votes: 13; Yes-12; No-1 (12/13 – 92.3 percent, Pass)
 - This measure was deemed as complex and was evaluated by the NQF SMP.
 - The Standing Committee accepted the NQF SMP's rating for Reliability: Moderate (Total Votes: 11; H-4; M-5; L-2; I-0).
- **Validity:** Total Votes: 13; Yes-12; No-1 (12/13 – 92.3 percent, Pass)

- This measure was deemed as complex and was evaluated by the NQF SMP.
- The Standing Committee accepted the NQF SMP's rating for Validity: Moderate (Total Votes: 11; H-2; M-6; L-3; I-0).
- **Feasibility:** Total Votes: 13; H-2; M-11; L-0; I-0 (13/13 – 100 percent, Pass)
- **Use:** Total Votes: 12; Pass-12; No Pass-0 (12/12 – 100 percent, Pass)
- **Usability:** Total Votes: 13; H-2; M-10; L-1; I-0 (12/13 – 92.3 percent, Pass)

Standing Committee Recommendation for Endorsement: Total Votes: 13; Yes-12; No-1 (12/13 – 92.3 percent, Pass)

The Standing Committee recommended the measure for initial endorsement.

This clinician group-level measure was newly submitted for endorsement. The Standing Committee noted that an extensive body of evidence existed that supported the measure. One Standing Committee member highlighted that this measure came from the patient perception on desired pain support as opposed to clinician-facing measures. The Standing Committee noted high variability in performance, indicating a need for a national performance measure. The Standing Committee also acknowledged the importance of the measure and passed it on evidence and performance gap.

The Standing Committee stated that the [SMP reviewed](#) and passed the measure on reliability and validity. The Standing Committee concurred that specifications were clear and that reliability testing results were acceptable. The Standing Committee voted to accept the SMP's rating for reliability. The Standing Committee expressed concerns about measure accuracy when responses are highly variable from patient to patient because the measure does not adjust for substance abuse and excludes pediatric patients. The Standing Committee urged the developer to strongly consider this matter as they move forward but still voted to accept the SMP's rating for validity. The Standing Committee noted the measure was regarded as feasible, with the only burden identified as the cost of a survey vendor. The Standing Committee noted that the measure is not currently in use; nevertheless, the developer is attempting to get the measure in use, considering they submitted the measure to CMS' MUC list. The Standing Committee highlighted that the developer gathered feedback from users of the measure, and survey fatigue was the main concern identified. The Standing Committee passed the measure on all criteria and on overall suitability for endorsement.

Public Comment

The developer for NQF #3665 and NQF #3666 thanked the Standing Committee for its review and agreed with its decision to endorse both measures.

Next Steps

NQF will post the draft technical report containing the Standing Committee's discussion and recommendations on March 31, 2022, for public comment for 30 calendar days. The continuous public commenting period with member support will close on April 29, 2022. NQF will reconvene the Standing Committee for the post-comment web meeting on June 2, 2022.