



### Geriatrics and Palliative Care Fall 2021 Post-Comment Web Meeting

The National Quality Forum (NQF) held the Geriatrics and Palliative Care (GPC) fall 2021 post-comment web meeting on Thursday, June 2, 2022, from 10:00 AM – 12:00 PM ET.

#### **Welcome, Review of Meeting Objectives, and Attendance**

Paula Farrell, NQF director, welcomed the Standing Committee and provided an overview of the meeting's objectives:

- Review and discuss comments received during the post-evaluation public and member comment period
- Provide input on proposed responses to the post-evaluation comments
- Review and discuss NQF members' expression of support of the measures under consideration
- Determine whether reconsideration of any measures or other courses of action are warranted

#### **Review and Discuss Post-Evaluation Comments**

Ms. Farrell presented the public comments for two measures by introducing each measure, describing the comments received, and summarizing the developer's responses.

Ms. Farrell began by reviewing the comments submitted for NQF #3645 *Hospice Visits in the Last Days of Life*. Three commenters supported the Standing Committee's decision to recommend the measure for endorsement, and three commenters did not support the Standing Committee's decision to recommend the measure for endorsement. The comments that were not in support of the measure's endorsement were specifically themed around revisions of the measure's specifications. The commenters requested the Standing Committee to reconsider its recommendation for endorsement until the developer alters the specifications to remove the restrictions on the disciplines of the staff who provide visits, to allow virtual visits, and to include a denominator exclusion for patients and families who do not want a visit at the end of life.

Ms. Farrell summarized the developer's response to the comments explaining that visits conducted by registered nurses (RN) and social workers have been cited in focus groups as being particularly helpful in the last days of life by bereaved families and that the Centers for Medicare & Medicaid Services (CMS) has incentivized these visits. Additionally, CMS conducted a per-discipline analysis comparing the receipt of visits with Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) outcome scores, and visits conducted by an RN or social worker were the only two disciplines that yielded a meaningful positive correlation. The developer also noted that while a prior measure did undergo the NQF endorsement process and included a broader array of disciplines, it was not recommended for endorsement due to poor validity evidence. The developer believed that if this measure had been submitted with a broader range of disciplines, it would not have received NQF endorsement. Additionally, the developer noted that the evidence for chaplain visits was mixed and that these visits are not captured by claims data. The developer advised that CMS has allowed for refusals of visits by specifying the measure to count visits in two of the last three days of life instead of visits on each of the

last three days; they also noted that CMS does not expect the measure scores to be 100 percent due to refusals of visits. Lastly, the developer noted that, at this time, the measure steward intends to keep the measure as specified, which only accounts for in-person visits.

The Standing Committee then reviewed the proposed response drafted by NQF staff and discussed the comments that were received in addition to the developer's response. The Standing Committee highlighted that the developer referenced a report in their response that was not originally provided to the Standing Committee as part of the measure's submission. The developer advised that this report was provided as a response to comments and justified limiting the staff providing a visit to RN and social work visits because the study showed a greater correlation between CAHPS scores and these disciplines. The Standing Committee asked the developer whether other nursing disciplines aside from RNs, such as Licensed Practical Nurses (LPNs), could be included in the measure.

The developer replied that they could not definitively determine the significance of non-RN visits because there were not enough data to draw a conclusion, and thus, non-RN visits were not included. The Standing Committee also requested more clarity on the rationale for not including chaplains in the measure. The developer noted that a representative code that can identify a chaplain visit for claims-based measures did not exist, and a recent proposal to include a chaplain Healthcare Common Procedure Coding System (HCPCS) code in claims data was also rejected. The developer also commented that a prior measure was submitted for NQF endorsement that included a broader array of disciplines but that the measure was not recommended for endorsement due to validity concerns. A Standing Committee member mentioned that a new measure is being created that assesses chaplain visits and advised the developer to learn from that measure. The Standing Committee also reflected on the fact that it would have been helpful to have access to this report during the measure evaluation meeting.

The Standing Committee ultimately agreed with NQF staff's proposed responses that the exclusions of certain disciplines were discussed during the measure evaluation meeting and that the Standing Committee stands by its decision to endorse the measure. The Standing Committee suggested the proposed response be further enhanced by stating that it accepts the measure as specified for its value in monitoring the quality of care provided by RNs and social workers during the last days of life. Also, the Standing Committee encouraged the developer to include other interdisciplinary groups in future iterations of the measure and consider returning for maintenance review earlier than the designated three years for the Standing Committee to consider.

Ms. Farrell then reviewed a measure-specific comment received for NQF #3666 *Ambulatory Palliative Care and Patients' Experience of Receiving Desired Help for Pain*. Ms. Farrell noted that three comments supported the Standing Committee's decision to recommend the measure for endorsement and one comment did not support the Standing Committee's decision to recommend the measure for endorsement. Specifically, the one commenter who did not support the Standing Committee's recommendation expressed that the measure should be broadened to include more serious illness symptom management actions beyond pain management. The commenter also highlighted that this would better align the measure with best practices. The developer responded to the comment, stating that they agree that palliative care practice prioritizes serious illness symptom management broadly; however, they limited the measure to pain management because it is the symptom that is most often encountered in serious illness and is a high priority for patients. The developer also noted that the developer's Technical Expert Clinical User and Patient Panel (TECUPP) decided against adding other symptoms due to concerns about comparing providers. However, the developer noted that future iterations of the measure should expand to possibly include other symptoms.

The Standing Committee then reviewed the proposed response drafted by NQF staff. The Standing

Committee agreed with the staff's proposed response, which stated that the Standing Committee found that this measure meets NQF criteria as specified and had no additional information to add.

### **NQF Member and Public Comment**

Ms. Farrell opened the web meeting to allow for public comment. No public or NQF member comments were provided during this time.

### **Next Steps**

Oroma Igwe, NQF manager, reviewed the next steps. Ms. Igwe informed the Standing Committee that the Consensus Standards Approval Committee (CSAC) will consider the Standing Committee's recommendations during its meetings on July 26, 2022. Following the CSAC meeting, the 30-day Appeals period will be held from August 1–30, 2022. Ms. Igwe also informed the Standing Committee that it will meet again on June 30 and July 7, 2022, for the spring 2022 measure evaluation web meeting.