



### Geriatrics and Palliative Care Standing Committee Fall 2020 Post-Comment Web Meeting

---

The National Quality Forum (NQF) convened the Geriatrics and Palliative Care Standing Committee for a web meeting on June 4, 2021, from 3–5 pm ET.

#### Welcome, Introductions, and Review of Meeting Objectives

Kathryn Goodwin, MS, NQF director, welcomed the participants to the web meeting. The Standing Committee co-chairs, Sean Morrison, MD, and Deborah Waldrop, PhD, LMSW, ACSW, welcomed the Standing Committee to the web meeting. Erin Buchanan, MPH, NQF manager, conducted the Standing Committee roll call. Ms. Goodwin provided an overview of the meeting objectives:

- Review public comments received on the draft report
- Discuss any potential revisions to the Standing Committee's recommendations and/or the draft report based on the comments received
- Discuss potential next steps

During this review cycle, the Geriatrics and Palliative Care Standing Committee reviewed four measures during the measure evaluation meetings on February 17 and 18, 2021. Three measures were recommended for endorsement; however, the Standing Committee did not recommend one measure for endorsement.

The three recommended measures are listed below:

- NQF #1623 Bereaved Family Survey (U.S. Department of Veterans Affairs)
- NQF #3235 Hospice and Palliative Care Composite Process Measure (Centers for Medicare & Medicaid Services [CMS])
- NQF #0326 Advance Care Plan (National Committee for Quality Assurance [NCQA])

The measure that was not recommended for endorsement is listed below:

- NQF #0209 Comfortable Dying Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment (National Hospice and Palliative Care Organization [NHPCO])

During the post-comment web meeting, quorum (16 out of 25 Standing Committee members) was met and maintained for the entirety of the meeting.

#### Review of Public Comments

Two measures received comments during the post-evaluation public commenting period: NQF #0326 and NQF #0209. Ms. Goodwin reported that two comments were received for NQF #0326 *Advance Care Plan*. One commenter raised concerns about whether the "surrogate" has the legal authority to make decisions about the person's care. The commenter suggested that the developer clarify whether the healthcare proxy, surrogate, legal representative, or agent (whichever term or using examples of terms)

has the authority to be a decision maker. The developer responded: “NCQA appreciates this request for clarification of the language used in the measure description referring to surrogate decision maker. This language is a reflection of the code’s descriptions used to identify numerator compliance. We do not envision a formal process that would be outlined in the measure description to designate legal authority.” Another commenter expressed concern that this measure may encourage “check-box” advance care planning. The commenter suggested that ideally, the measure would want to encourage a deeper, longitudinal elicitation of values/surrogates. The commenter also encouraged stratifying by race/ethnicity since research suggests that disparities are present in advance care plan completion. Regarding the race/ethnicity stratification comment, the developer responded: “We are constrained by the reporting requirements of the CMSQPP/MIPS reporting program in the matter of stratification of results by race and ethnicity. NCQA looks forward to working with CMS and its vendors to support reporting all measure results (where appropriate) by race and ethnicity and relevant social factors.”

During the post-comment meeting, the Standing Committee noted that the developer did not respond to the check-box comment. NQF clarified that the developer was not expected to provide a written response to this comment. However, during the meeting, the developer stated that the availability of Current Procedural Terminology (CPT) codes limits the ability of the measure to be more outcome based. The Standing Committee noted that providers who use the codes attest that the procedure was conducted. The Standing Committee asked NQF for clarification regarding its role in supporting or not supporting a measure due to lack of stratification or inclusion of race/ethnicity stratification. NQF staff explained that Standing Committees may make recommendations to the developer for future modifications to the measure specifications but that stratification is not required by NQF for endorsement of process measures.

Ms. Goodwin reminded the Standing Committee that measure stewards/developers are expected to provide current performance data for NQF maintenance of endorsement. During the February measure evaluation meetings, the Standing Committee did not recommend NQF #0209 for endorsement due to the lack of performance data available to support opportunity for improvement. NHPCO had the opportunity to submit current performance data during the post-evaluation public commenting period. NHPCO submitted a comment acknowledging a lack of data tracking and analysis available during this evaluation period to inform NQF #0209 and noted several registries that promote the use of this measure (e.g., Merit-Based Incentive Payment System [MIPS] #342) through MIPS registries. The developer also stated that “Throughout treatment, patient-reported outcome measures (PROMs) can assist with evaluation of effectiveness of treatment and lead to revisions to the plan of care. PROMs also are an indicator of patient satisfaction with the experience of care.” The developer provided references to support the importance of PROMs for acute and chronic pain. Additionally, the developer has attempted to either secure a co-steward or transition NQF #0209 to a new steward; they stated that if NQF would consider approving the measure without the data reporting and analysis for this evaluation period, they will commit to finding a co-steward to assist in the process moving forward.

During the post-comment meeting, the Standing Committee noted that this measure is critically important to the care of people in hospice, as pain should be managed as quickly as possible. The Standing Committee added that a performance gap may exist, but data are not easily accessible due to the inability to easily obtain MIPS data. The Standing Committee requested that NQF include their comments about the importance of the measure in the final response to the comment before it is shared with the Consensus Standards Approval Committee (CSAC). The Standing Committee agreed to the following response: “The Standing Committee agrees with the importance of a patient-reported outcome to capture and reflect patient goals for pain management. However, current performance data are required to demonstrate a gap in performance at the time of maintenance of endorsement. The

Standing Committee encourages the measure developer to continue working with potential co-stewards to acquire the needed data and potentially resubmit the measure for endorsement consideration in the future.” NQF will also add the following statement to the final response as requested by the Standing Committee: “The Standing Committee acknowledges that this measure is critically important to the Geriatrics and Palliative Care measure portfolio and is one of the few outcome measures available. However, the Standing Committee understands that the measure developer does not have access to the data that are needed to demonstrate opportunity for improvement, which is required for maintenance of endorsement.”

## Member and Public Comments

In the web platform chat, a member of the public provided the following comment: “I’m a member of the public attending this meeting and would like to add about the ‘checkbox’ comment: I am part of an NCQA Technical Expert Panel (TEP) funded by CMS looking at a more meaningful way to measure advance care planning, and the plug was pulled by CMS on the project since not all sites that would report the measure had the capability to capture data that would be more meaningful than a CPT code. In the absence of a better measure, it seems better to have a working measure rather than no measure.” The commenter verbally stated that attempts have been made to make the measure more outcome based; however, those attempts have been unsuccessful. They also stated that they do not want to see this measure go by the wayside until a more meaningful measure exists. The Standing Committee thanked the commenter for the comment, and NQF staff proceeded with presenting the next steps.

## Next Steps

Ms. Goodwin reviewed the next steps. The CSAC will convene on June 29 and 30, 2021, to finalize endorsement decisions for fall 2020 measures. This meeting is open to the public. In addition, a 30-day Appeals period for endorsed measures will be held from July 7 to August 5, 2021. Ms. Goodwin reminded the Standing Committee that no measures were submitted for spring 2021. The Standing Committee will convene on July 27, 2021, to discuss gaps in the Geriatrics and Palliative Care measure portfolio and revisit the previously developed Palliative Care framework.