



## Geriatrics and Palliative Care Standing Committee— Measure Evaluation Web Meeting, Spring 2019 Cycle

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The National Quality Forum (NQF) convened a public web meeting for the Geriatrics and Palliative Care Standing Committee on June 18, 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 Measure Evaluation Process

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

### Measure Evaluation

During the meeting, the Geriatrics and Palliative Care Committee evaluated two measures for endorsement consideration (first, 3500, followed by 3497). However, the quorum required for voting was not achieved. Therefore, the Committee discussed all relevant criteria for both measures, but 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

- Bruce Leff, Johns Hopkins University School of Medicine
- Gregory Foakes, PCPI Foundation
- Jamie Lehner, PCPI Foundation
- Samantha Tierney, PCPI Foundation

### 3500 Evaluation of Cognitive Function for Home-Based Primary Care and Palliative Care Patients (Johns Hopkins/American Academy of Home Care Medicine)

#### *Standing Committee Votes*

- Evidence: H-0; M-14; L-0; I-0
- Performance Gap: H-5; M-9; L-0; I-0
- Reliability: H-7; M-7; L-0; I-0
- Validity: H-1; M-12; L-1; I-0
- Feasibility: H-3; M-11; L-0; I-0
- Use: Pass-14; No Pass-0
- Usability: H-4; M-10; L-0; I-0

*Standing Committee Recommendation for Endorsement: Yes-14; No-0*

Measure 3500 assesses the percentage of actively enrolled home-based primary care and palliative care patients who received an assessment of their cognitive ability. The Standing Committee recommended the measure for endorsement. The Committee rated the evidence criterion for this measure as “moderate,” based on meta-analyses and systematic reviews that assessed the value of comprehensive geriatric assessments (CGAs) in older adults in various care settings. The Committee agreed that a cognitive status assessment is included in CGAs and that the population for which CGAs are administered (i.e., primarily homebound adults) make this literature an appropriate source of evidence to support this measure. The Committee also agreed that the relatively low average performance rate for the measure (40 percent) and the wide variation in performance (ranging from 6 percent to 80 percent among the 220 providers who contributed data to the National Home-Based Primary Care & Palliative Care Registry for 2017-2018) supported the opportunity for improvement within the measured population.

The Committee did not voice any significant concerns regarding the reliability or validity of this measure. One member specifically noted agreement with the exclusions to this measure, which provides a 90-day “grace period” for conducting the assessment, and also allows for medical or patient reasons for not conducting the assessment (the example provided was for patients with advanced dementia).

The Committee acknowledged the cost associated with use of the National Home-Based Primary Care & Palliative Care Registry, while noting that the fee is minimal. The Committee had no major concerns with feasibility for this measure and generally agreed with a moderate rating for this criterion. When discussing the Use subcriterion, the Committee noted that although the measure is not currently publicly reported, it is being used in both accountability programs and internal quality improvement programs and that CMS is planning to publicly report the measure in the future. The Committee did not voice concerns with the usability of this measure and generally agreed with a moderate rating for this subcriterion.

**3497 Evaluation of Functional Status (Basic and Instrumental Activities of Daily Living [ADL]) for Home-Based Primary Care and Palliative Care Patients (Johns Hopkins/American Academy of Home Care Medicine)**

*Standing Committee Votes*

- Evidence: H-0; M-14; L-0; I-0
- Performance Gap: H-1; M-13; L-0; I-0
- Reliability: H-5; M-9; L-0; I-0
- Validity: H-3; M-10; L-1; I-0
- Feasibility: H-3; M-11; L-0; I-0
- Use: Pass-14; No Pass-0
- Usability: H-4; M-10; L-0; I-0

*Standing Committee Recommendation for Endorsement: Yes-14; No-0*

Measure 3497 addresses the percentage of actively enrolled home-based primary care and palliative care patients who received ADL (activities of daily living) and IADL (instrumental activities of daily living) assessments. The Standing Committee recommended the measure for endorsement. As with measure 3500, the Committee rated the evidence criterion for this measure as “moderate,” based on the studies included in the meta-analyses/reviews regarding comprehensive geriatric assessments (CGAs) that were noted by the developers. The Committee also suggested that the CAPABLE program (Szanton, et al., 2016) and a study by Reckrey et al. (2018) provide additional support for this measure. The Committee also agreed that the performance data presented demonstrate opportunity for improvement.

The Committee did not voice any significant concerns regarding the reliability or validity of this measure. Except for a request for more detail about how the National Home-Based Primary & Palliative Care Registry is populated, the Committee’s discussion of the remaining evaluation criteria (Feasibility and Usability and Use) for the most part mirrored that for measure 3500. Given both measures were developed by the same researchers and are being implemented in the same way, discussion of the prior measure was deemed to apply to this measure.

**Public Comment**

NQF did not receive any public or NQF member comments 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 August 8, 2019. This continuous public comment with member support period will close on September 6, 2019. NQF will re-convene the Standing Committee for the post-comment web meeting on October 3, 2019.