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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 (GPC) Standing Committee for a web meeting on June 30, 2022, to evaluate four measures for the spring 2022 cycle.

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

LeeAnn White, NQF director, welcomed the Standing Committee and participants to the web meeting. Ms. White reviewed the meeting objectives. The Standing Committee members each introduced themselves and disclosed any conflicts of interest. No Standing Committee members were recused from the measures under review. Additionally, Isaac Sakyi, NQF manager, reviewed the Consensus Development Process (CDP) and the NQF measure evaluation criteria.

Some Standing Committee members were unable to attend the entire meeting due to early departures and late arrivals. The vote totals reflect members present and eligible to vote. A quorum of 14 was met and maintained for the entirety of the meeting. Voting results are provided below.

Measure Evaluation

During the meeting, the GPC Standing Committee evaluated four maintenance measures for endorsement consideration. A more detailed summary of the Standing Committee's 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 the 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 on 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
- *Maintenance Criteria for Which Standing Committee Decided Additional Discussion/Vote Was Not Needed (Evidence, Reliability, Validity only):* Accepted Previous Evaluation

NQF #0210 Percentage of Patients Who Died From Cancer Receiving Chemotherapy in the Last 14 Days of Life (American Society of Clinical Oncology [ASCO])

Description: Percentage of patients who died from cancer receiving chemotherapy in the last 14 days of life; **Measure Type**: Process; **Level of Analysis**: Clinician: Individual, Clinician: Group/Practice; **Setting of Care**: Outpatient Services, Ambulatory Care; **Data Source**: Registry Data

Measure Steward/Developer Representatives at the Meeting

- Kathleen Bickel, MD, MPhil, MS
- Caitlin Drumheller
- Neha Agrawal, MPH
- Lela Durakovic, MS

Standing Committee Votes

- **Evidence**: Total Votes-16; H-0; M-15; L-1; I-0 (15/16 – 94%, Pass)
- **Performance Gap**: Total Votes-16; H-1; M-14; L-1; I-0 (15/16 – 94%, Pass)
- **Reliability**: Total Votes-16; H-0; M-16; L-0; I-0 (16/16 – 100%, Pass)
- **Validity**: Total Votes-15; H-0; M-15; L-0; I-0 (15/15 – 100%, Pass)
- **Feasibility**: Total Votes-15; H-2; M-13; L-0; I-0 (15/15 – 100%, Pass)
- **Use**: Total Votes-15; Pass-15; No Pass-0 (15/15 – 100%, Pass)
- **Usability**: Total Votes-16; H-4; M-12; L-0; I-0 (16/16 – 100%, Pass)
- **Standing Committee Recommendation for Endorsement:** Total Votes-16; Yes-16; No-0 (16/16 – 100%, Pass)

The Standing Committee recommended the measure for continued endorsement. This clinician-level and clinician group-level measure was originally endorsed in 2009 and retained endorsement in 2016. This measure is publicly reported in the Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Measures; Merit-Based Incentive Payment System (MIPS) reporting program; Polaris, FIGmd; and CancerLinQ, American Society of Clinical Oncology.

Although the Standing Committee did express concern that the evidence appeared tangential, it agreed that the quantity of evidence was abundant and that the measure evaluated an important aspect of healthcare. The Standing Committee also agreed that substantial gaps and disparities exist, particularly among racial and ethnic groups. The Standing Committee ultimately passed the measure on evidence and performance gap.

The Standing Committee applauded the developer for including immunotherapy infusion in the measure specifications and acknowledged that the developer conducted robust reliability testing. With respect to validity, one Standing Committee member noted that the measure does not differentiate between hematologic malignancies versus solid tumors. Furthermore, this Standing Committee member highlighted that measure performance may be worse in patients with hematologic malignancies, as life prolongation is directly related to the continued use of infusion therapy, and generally experiences a shorter duration between treatment cessation and death. The Standing Committee recommended that the developer consider excluding hematologic malignancies within the denominator or stratify between those two populations in future iterations of the measure. The Standing Committee ultimately decided the measure was reliable and valid.

The Standing Committee agreed that the data elements required for the measure are readily available and could be captured without undue burden. The Standing Committee acknowledged that the measure is publicly reported and used within several accountability programs and implemented within the Core Quality Measures Collaborative (CQMC) 2020 Medical Oncology Core Set. Additionally, the Standing Committee acknowledged that there were no unintended consequences related to usability and passed the measure on feasibility, use, usability, and overall suitability for endorsement.

The Standing Committee reviewed two related measures and agreed that the measures are harmonized to the extent possible.

NQF #0213 Percentage of Patients Who Died From Cancer Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life (ASCO)

Description: Percentage of patients who died from cancer admitted to the ICU in the last 30 days of life; **Measure Type**: Process; **Level of Analysis**: Clinician: Individual, Clinician: Group/Practice; **Setting of Care**: Outpatient Services, Ambulatory Care; **Data Source**: Registry Data

Measure Steward/Developer Representatives at the Meeting

- Kathleen Bickel
- Caitlin Drumheller
- Neha Agrawal
- Lela Durakovic

Standing Committee Votes

- **Evidence**: Total Votes-15; H-0; M-15; L-0; I-0 (15/15 – 100%, Pass)
- **Performance Gap**: Total Votes-15; H-0; M-15; L-0; I-0 (15/15 – 100%, Pass)
- **Reliability**: Total Votes-15; H-0; M-15; L-0; I-0 (15/15 – 100%, Pass)
- **Validity**: Total Votes-15; H-0; M-14; L-1; I-0 (14/15 – 93%, Pass)
- **Feasibility**: Total Votes-15; H-1; M-14; L-0; I-0 (15/15 – 100%, Pass)
- **Use**: Total Votes-15; Pass-15; No Pass-0 (15/15 – 100%, Pass)
- **Usability**: Total Votes-15; H-1; M-13; L-1; I-0 (14/15 – 93%, Pass)
- **Standing Committee Recommendation for Endorsement**: Total Votes-15; Yes-15; No-0 (15/15 – 100%, Pass)

The Standing Committee recommended the measure for continued endorsement. This clinician-level and clinician group-level measure was originally endorsed in 2009 and retained endorsement in 2016. This measure is publicly reported nationally in America´s Health Insurance Plans (AHIP) Medical Oncology Core Measure Set, PCHQR Program Measures, MIPS reporting program, Polaris, and FIGmd.

The Standing Committee noted that the evidence supported actions that an accountable entity can take regarding timely enrollment in palliative or hospice care and reduction in aggressive interventions at the end of life. The Standing Committee acknowledged that a performance gap exists across different racial and ethnic groups, specifically Black and Hispanic patients and those patients covered by Medicaid. Ultimately, the Standing Committee passed the measure on evidence and performance gap.

The Standing Committee noted that the developer selected both individual and clinician group-level analyses, but it was not clear that the data source could distinguish between the two levels of analysis. The developer explained that while only individual clinician National Provider Identifiers (NPIs) are

eligible for the MIPS program, those NPIs could be grouped to acquire a clinician group level of analysis. Additionally, the developer expressed that the reliability at the individual level was indicative of the reliability at the clinician group level. The Standing Committee accepted the developer's explanation for the level of analysis specified in the measure and agreed that the reliability was sufficient. During the discussion of validity, the Standing Committee noted that this measure is not risk-adjusted or risk-stratified and recommended the developer consider risk-adjusting the measure by demographic groups to account for the differences in intensive care unit (ICU) admissions across different demographic groups. The developer expressed concern with the potential unintended consequence of risk-adjusting or stratifying across racial and ethnic groups, as doing so could result in further disparities in care. The Standing Committee expressed appreciation for the developer's response and further emphasized that health equity is an important issue and that a better understanding of disparities in care is critical. Ultimately, the Standing Committee passed the measure on reliability and validity.

The Standing Committee agreed that the measure is feasible and that the data elements required for the measure are readily available and can be captured without undue burden. The Standing Committee acknowledged that the measure is reported publicly and that its results could be used for accountability and performance improvement. The Standing Committee raised concern about the unintended consequence of labeling clinicians as low performers when patients and families might prefer ICU care as end-of-life care. The developer reiterated that the goal is not to have a zero-percent performance score, and patient and family preferences for end-of-life treatment are considered in the measure. The Standing Committee recommended that the developer continue to monitor for unintended consequences and passed the measure on feasibility, use, usability, and overall suitability for endorsement.

The Standing Committee reviewed three related measures and agreed that the measures are harmonized to the extent possible.

NQF #0216 Percentage of Patients Who Died From Cancer Admitted to Hospice for Less Than 3 Days (ASCO)

Description: Percentage of patients who died from cancer, and admitted to hospice and spent less than 3 days there; **Measure Type**: Process; **Level of Analysis**: Clinician: Group/Practice; **Setting of Care**: Ambulatory Care, Outpatient Services; **Data Source**: Registry Data

Measure Steward/Developer Representatives at the Meeting

- Kathleen Bickel
- Caitlin Drumheller
- Neha Agrawal
- Lela Durakovic

Standing Committee Votes

- **Evidence**: Total Votes-15; H-0; M-15; L-0; I-0 (15/15 – 100%, Pass)
- **Performance Gap**: Total Votes-17; H-2; M-15; L-0; I-0 (17/17 – 100%, Pass)
- **Reliability**: Total Votes-17; H-0; M-17; L-0; I-0 (17/17 – 100%, Pass)
- **Validity**: Total Votes-17; H-2; M-15; L-0; I-0 (17/17 – 100%, Pass)
- **Feasibility**: Total Votes-17; H-3; M-14; L-0; I-0 (17/17 – 100%, Pass)
- **Use**: Total Votes-17; Pass-17; No Pass-0 (17/17 – 100%, Pass)

- **Usability**: Total Votes-16; H-1; M-15; L-0; I-0 (16/16 – 100%, Pass)
- **Standing Committee Recommendation for Endorsement:** Total Votes-17; Yes-17; No-0 (17/17 – 100%, Pass)

The Standing Committee recommended the measure for continued endorsement. This clinician group-level measure was originally endorsed in 2012 and retained endorsement in 2016. This measure is publicly reported in MIPS, PCHQR, Polaris, and FIGmd.

The Standing Committee noted that the evidence supported actions that an accountable entity can take regarding timely enrollment in palliative or hospice care and reduction in aggressive interventions at the end of life. The Standing Committee acknowledged that a performance gap exists and passed the measure on evidence and performance gap.

During the discussion of reliability, the Standing Committee requested clarification from the developer whether a patient diagnosed with cancer whose cause of death was related to a medical reason other than cancer would be excluded from the denominator (i.e., discontinuing dialysis for a patient with kidney disease). The developer responded and confirmed that the patient would not be included in the denominator. The Standing Committee highlighted that some patients might have justified shorter than three-day hospice periods, as federal policy requires that treatments be discontinued before enrollment in hospice care services and the discontinuation of certain treatments can cause a rapid decline in patients. Recognizing this was out of the developer's control, the Standing Committee recommended broader policies be changed to allow a patient diagnosed with cancer to receive concurrent therapy and hospice services. The Standing Committee had no further concerns and passed the measure on reliability and validity.

The Standing Committee agreed that the data elements are routinely generated and available in electronic form and that the measure is utilized in several accountability programs. The Standing Committee agreed that there were no unintended consequences other than what was previously discussed during the scientific acceptability discussion. The Standing Committee passed the measure on feasibility, use, usability, and overall suitability for endorsement.

The Standing Committee reviewed three related measures and agreed that the measures are harmonized to the extent possible.

NQF #1641 Hospice and Palliative Care – Treatment Preferences (University of North Carolina-Chapel Hill)

Description: Percentage of patients with chart documentation of preferences for life sustaining treatments.; **Measure Type**: Process; **Level of Analysis**: Clinician: Group/Practice, Facility; **Setting of Care**: Home Care, Inpatient/Hospital; **Data Source**: Other, Assessment Data, Electronic Health Records

Measure Steward/Developer Representatives at the Meeting

- Laura Hanson, MD, MPH
- Kathryn Wessell, MPH

Standing Committee Votes

- **Evidence (Clinician Group/Practice Level)**: Total Votes-17; H-1; M-14; L-2; I-0 (15/17 – 88%, Pass)
- **Performance Gap (Facility Level)**: Total Votes-17; H-1; M-9; L-7; I-0 (10/17 – 59%, Consensus

Not Reached [CNR])

- **Performance Gap (Clinician Group/Practice Level)**: Total Votes-17; H-0; M-4; L-3; I-10 (4/17 – 24%, No Pass)
- **Reliability (Facility Level)**: Total Votes-17; H-0; M-14; L-3; I-0 (14/17 – 82%, Pass)
- **Validity (Facility Level)**: Total Votes-17; H-0; M-17; L-0; I-0 (17/17 – 100%, Pass)
- **Feasibility (Facility Level)**: Total Votes-17; H-0; M-17; L-0; I-0 (17/17 – 100%, Pass)
- **Use (Facility Level)**: Total Votes-17; Pass-16; No Pass-1 (16/17 – 94%, Pass)
- **Usability (Facility Level)**: Total Votes-17; H-0; M-8; L-7; I-2 (8/17 – 47%, CNR)
- **Standing Committee Recommendation for Endorsement**: Vote not taken.

The Standing Committee did not pass the measure on performance gap (*must-pass)* criterion at the clinician group level. Therefore, the Standing Committee did not evaluate the remaining criteria for the clinician group level of analysis and did not recommend the measure for endorsement at the clinician group level. The Standing Committee did not reach a consensus on the performance gap (*must-pass*) and usability (*not must-pass*) criteria at the facility level. The Standing Committee will re-vote the performance gap and usability criteria at the facility level during the post-comment meeting in fall 2022. If the measure passes on the performance gap criterion at the facility level, the vote for overall suitability for endorsement will occur during the fall 2022 post-comment meeting.

This clinician group-level and facility-level measure was initially endorsed in 2012 and retained endorsement in 2016. This measure was implemented in the Hospice and Palliative Nurses Association and the American Academy of Hospice and Palliative Medicine (AAHPM/HPNA) Measuring What Matters (MWM) project, the Palliative Care Quality Collaborative (PCQC) national data registry, and the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) pay-for-performance program.

The Standing Committee acknowledged that the new evidence provided by the developer is similar to the evidence previously reviewed by the Standing Committee during the initial endorsement review and the most recent measure evaluation in 2016. The Standing Committee agreed that the evidence tangentially supports the measure and passed the measure on the evidence criterion. The Standing Committee raised concern with the measure being topped out at the hospice and palliative care facility level and noted that the developer did not provide data specific to the clinician group level of analysis. The developer noted that they intend to retire the stand-alone measure and have it function as a component of a hospice composite measure. The developer further explained that the clinician group level was included in the measure specifications due to the diversity of practice and organizational structures that provide hospice and palliative care services. The Standing Committee also noted that no clear distinction exists between hospice and acute specialty palliative care data in the submission. During the web meeting, the developer provided the acute specialty palliative care data derived from the Medi-Cal PRIME program from 52 California hospitals (a mean of 82.9 percent, median of 89.4 percent, and range of 0-100 percent). The Standing Committee did not have any further concerns or questions and agreed to vote on the performance gap separately at the facility- and clinician-group levels. The Standing Committee did not pass the measure at the clinician group level due to insufficient data and did not reach a consensus at the facility level for the performance gap. The remaining criteria were evaluated at the facility level.

The Standing Committee reviewed the reliability testing provided by the developer and requested an update from the developer on a few Standing Committee recommendations that were made during the measure's 2016 maintenance review. The Standing Committee questioned whether clarity was made to

the numerator criteria due to some ambiguity on whether a treatment discussion with the patient was required to meet the numerator criteria. The developer stated the numerator is meant to capture direct communication and that documentation should reflect patient self-report; if unavailable, a conversation with a surrogate decision maker and purposeful review of any advance directive is accepted. The Standing Committee had also previously requested the developer to provide updated reliability testing for acute specialty palliative care during the previous maintenance review due to insufficient data for palliative care. The developer stated that they do not have access to the palliative care data; however, they do not expect significant differences in reliability data between hospice and palliative care populations. The Standing Committee then reviewed the validity testing that the developer provided and had no concerns. The Standing Committee passed the measure on reliability and validity.

The Standing Committee agreed that facilities could easily extract hospice data elements from the electronic medical record; however, the Standing Committee expressed concern about data extraction for palliative care data facilities. The developer explained that multiple centers are working toward a future state in which facilities can extract numerator data directly from the electronic medical record in various care settings, including palliative care. The Standing Committee accepted the developer's response and passed the measure on feasibility.

The Standing Committee expressed concern that the measure is not publicly reported, which is a must-pass criterion, within six years of initial NQF endorsement. The developer clarified that the measure is publicly reported as part of the Palliative Care Quality Collaborative (PCQC) accountability program for hospice and may not have made that clear in their submission. The Standing Committee had no further concerns related to use and passed the measure on this criterion. The Standing Committee noted that the developer did not provide year-over-year performance data. The developer explained that more recent performance data are available; however, they did not have access to it and could not provide updated performance results to demonstrate improvement. Therefore, the Standing Committee did not reach a consensus on usability. Since the Standing Committee did not reach a consensus on performance gap, a must-pass criterion, it did not vote on overall suitability for endorsement.

Public Comment

Ms. White opened the lines for NQF member and public comments. No public or NQF member comments were provided at this time or during the measure evaluation meeting.

Next Steps

Tristan Wind, NQF analyst, provided an overview of the remaining activities and upcoming project timelines. NQF will post the draft technical report containing the Standing Committee's discussion and recommendations on August 15, 2022, for public comment for 30 calendar days. The continuous public commenting period with member support will close on September 13, 2022. NQF will reconvene the Standing Committee for the post-comment web meeting in the fall of 2022.