



## Geriatrics and Palliative Care Standing Committee Web Meeting

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The National Quality Forum (NQF) convened a public web meeting for the Geriatrics and Palliative Care Standing Committee on July 13, 2018.

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

Karen Johnson, NQF senior director, welcomed participants to the web meeting and reviewed the meeting objectives.

### Measure Prioritization Initiative Overview

Jean-Luc Tilly, NQF senior project manager, provided an overview and update on NQF's Prioritization Initiative. The goal of the NQF Prioritization Initiative is to identify and prioritize those measures most likely to drive improvement in care at the national level. As part of this effort, NQF identified four criteria for prioritizing measures and gaps in measurement, based on an environmental scan of prioritization efforts across the U.S. and the world. NQF has recently developed a rubric to aid in the consistent evaluation of measures against the prioritization criteria. Use of this rubric results in a prioritization score for each measure. The four prioritization criteria are equally weighted in a measure's final prioritization score, as follows:

- Outcome-focused (25%)
  - Outcome measures and measures with strong link to improved outcomes and costs
- Improvable (25%)
  - Measures with demonstrated need for improvement and evidence-based strategies for doing so
- Meaningful to patients and caregivers (25%)
  - Person-centered measures with meaningful and understandable results for patients and caregivers
- Support systemic and integrated view of care (25%)
  - Measures that reflect care that spans settings, providers, and time to ensure that care is improving within and across systems of care

NQF staff applied this rubric to the measures included in Geriatrics and Palliative Care portfolio. The main purpose of this meeting was to present the prioritization scores and obtain feedback on the relative ranking of measures as well as any other feedback concerning the rubric.

After reviewing the prioritization results, Committee members noted that the dyspnea treatment and advance care planning measures had lower prioritization scores than they would have expected. Staff explained that these process measures were not rated as being meaningful to patients because they do not assess the outcome of the dyspnea treatment nor the adherence to advance care planning directives.

One Committee member recommended including measure burden in the prioritization criteria. NQF staff acknowledged the desire by others to account for burden, but explained that an agreed-upon methodology for quantifying burden has not been established and thus cannot be implemented in the prioritization rubric at this time.

Another Committee member suggested that because symptom management is a priority for patients, measures that assess treatment should be scored as being meaningful to patients and caregivers.

Regarding the “support systemic and integrated view of care” criterion and its description in the rubric, the Committee highlighted the importance of admissions to a hospital and suggested that the rubric not be limited to readmissions.

One member noted the broad support for measures that are meaningful to patients and caregivers and therefore suggested that the meaningfulness criterion be weighted higher in the rubric.

Finally, Committee members were somewhat cautious about the emphasis on outcome measures in the rubric, at least as applied to palliative care measures. They noted the consultative role of many palliative care clinicians and resulting implications when outcome measures are used in accountability applications, the adequacy of proxy responses for experience-of-care measures, the difficulties of risk-adjustment, and the lack of a robust evidence base linking processes to outcomes.

Committee members were encouraged to send further feedback through an online survey.

## Public Comment

Kirsten Reed, NQF project manager, opened the web meeting to allow for public comment. One commenter agreed that the dyspnea treatment and advance care planning measures ranked lower in prioritization than expected. The commenter also inquired why syncope and falls measures were not included in the measure listing. NQF staff clarified that measures related to falls have been assigned to the Patient Safety portfolio of measures, and therefore are not listed within the Geriatrics and Palliative Care portfolio of measures.

## Next Steps

Ms. Reed reviewed the remaining spring 2018 cycle timeline, including the upcoming Committee web meeting scheduled for October 3, 2018.