



Geriatrics and Palliative Care Standing Committee Post-Comment Web Meeting

The National Quality Forum (NQF) convened a public web meeting for the Geriatrics and Palliative Care Standing Committee on October 3, 2019.

Welcome, Introductions, and Review of Web Meeting Objectives

Katie Goodwin, NQF senior project manager, welcomed participants to the web meeting. Ms. Goodwin provided an overview of the meeting objectives and conducted the Committee roll call. Sean Morrison, MD, welcomed the Committee to the call.

Review and Discuss Public Comments Received

Karen Johnson, NQF senior director, reviewed the two measures that were recommended for endorsement by the Standing Committee during the spring 2019 cycle. Ms. Johnson reported that NQF received five comments on the draft report from two NQF member organizations and two members of the public during the 30-day commenting period. These comments addressed the following:

- Exemption for new patient encounters within the last 90 days of the measurement period
- Desire for the measures to include a broader patient population
- Desire for the measures to be used se beyond the National Home-Based Primary Care and Palliative Care Registry

Ms. Johnson summarized the comments and the proposed Committee responses and then asked for feedback from the Committee. After some discussion between Committee members, the Committee expressed support for the responses drafted by NQF staff.

Discussion of Related Measures

Ms. Johnson described measures related to the two that were evaluated this cycle and asked the Committee to consider whether the developers of measure 3497 *Evaluation of Functional Status (Basic and Instrumental Activities of Daily Living [ADL]) for Home-Based Primary Care and Palliative Care Patients* should consider specifying use of reliable and valid instruments or standardized tools to assess functional status and whether expanding the measure to include a care plan component would be a reasonable future modification of the measure. The developers acknowledged that they did not specify use of standardized tools for assessing functional status. However, they noted that the specifications require assessment of basic ADLs that must include, but are not limited to, bathing, transferring, toileting, as well as assessment of instrumental ADLs that must include, but are not limited to, telephone use and managing own medications. They also noted that there are many options for assessing functional status in practice, but there is no agreed-upon standard for scoring such assessments. Thus, they believe the measure is standardized to the extent possible at this time. The Committee agreed with the

developer's rationale and did not recommend modification of the measure. The Committee also did not recommend the addition of a care plan component at this time.

During review of the measure related to 3500 *Evaluation of Cognitive Function for Home-Based Primary Care and Palliative Care Patients*, the Committee noted differences in the care setting and target population, and that the measures are already harmonized to the extent possible.

Measurement Gaps Discussion

Ms. Johnson shared that in 2017 the NQF Palliative and End-of-Life Standing Committee pilot-tested measure prioritization criteria and an approach developed by NQF by applying them to measures in NQF's Palliative and End-of-Life Care portfolio. As part of this effort, the 2017 Committee identified priority gaps in measurement.

The Committee discussed whether there has been any progress in filling identified measurement gap areas and if there are other priority gaps in measurement for geriatrics and palliative care. Committee members emphasized the importance of functional status in predictive analytics and risk adjustment. A Committee member suggested that CMS mandate the collection of functional status data in claims data.

The Committee identified several measure development efforts that are underway. These include measures of goal attainment, goal concordance, and multiple efforts around spiritual care, as well as PROMs that focus on symptoms and communication for patients with serious illness. Other Committee members shared efforts that could be a precursor to performance measurement development. These include creation of a video decision aid in completion of the POLST form; a method to identify patients who likely will not do well on dialysis and to offer them medication options beyond dialysis; and work on a decisional conflict scale to assess how comfortable a patient is with decisions made around life sustaining wishes.

Public Comment

In a message supplied via the webinar chat function, a member of the public suggested that the importance of good communication is so essential that it would be worthy of being its own separate "high-impact outcome" rather than a "driver" measure. Additionally, the commenter suggested that sending a discharge summary within 14 or 30 days may leave too large a gap, and that additional work is needed to enable real-time communications between providers and settings to enhance transitions in care.

Next Steps

Ms. Johnson reviewed next steps. The Committee will meet again in January 2020 for the spring 2020 orientation web meeting. Ms. Johnson also informed the Committee that the CSAC would consider the Committee's endorsement recommendations during its October 22-23, 2019 meeting.