



### Geriatrics and Palliative Care Spring 2022 Post-Comment Web Meeting

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The National Quality Forum (NQF) held the Geriatrics and Palliative Care spring 2022 post-comment web meeting on Tuesday, October 18, 2022, from 2:00 PM – 5:00 PM ET.

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

Katie Goodwin, NQF senior director, welcomed the participants to the web meeting. Standing Committee Co-Chairs Amy Berman and Sean Morrison welcomed the Standing Committee to the web meeting. Isaac Sakyi, NQF manager, conducted the Standing Committee roll call. Ms. Goodwin provided an overview of the meeting's objectives:

- Re-vote on the “consensus not reached” (CNR) measure #1641 Hospice and Palliative Care – Treatment Preferences (University of North Carolina-Chapel Hill)
- Discuss related and competing measures

During the spring 2022 review cycle, the Geriatrics and Palliative Care Standing Committee reviewed four measures undergoing maintenance of endorsement evaluation during a web meeting on June 30, 2022. The Standing Committee recommended three measures for endorsement but did not reach consensus on performance gap at the facility level for the fourth measure. NQF posted the draft report on the project webpage for the NQF member and public commenting period, which opened on August 15, 2022, for 30 calendar days. Quorum (14 out of 21 Standing Committee members) was not reached and maintained throughout the full post-comment meeting. Consequently, voting took place offline.

#### Consensus Not Reached Measure

Ms. Goodwin reviewed and summarized what transpired during the spring 2022 measure evaluation web meeting and provided an overview of the process for discussion and voting. Ms. Goodwin reminded the Standing Committee that consensus was not reached on performance gap, a must-pass sub-criterion, for NQF #1641 *Hospice and Palliative Care – Treatment Preferences* due to concerns with the measure being “topped out” at both the hospice and palliative care facility levels. During the measure evaluation meeting, the Standing Committee noted that the developer did not provide specific data for clinician group levels of analysis. Additionally, the Standing Committee found that no clear distinction exists between hospice and acute specialty palliative care data in the submission. The Standing Committee agreed to vote separately on performance gap at the facility and clinician-group levels. Ultimately, 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.

**Rating Scale:** H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable

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

*Measure Steward/Developer Representatives at the Meeting*

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

*Standing Committee Votes*

- **Performance Gap (Facility Level):** Total Votes-14; H-1; M-8; L-3; I-2

*Standing Committee Recommendation for Endorsement:* Total Votes—14; Yes—11; No—3 (11/14 – 79%, Pass)

Ms. Goodwin provided guidance on evaluating performance gap for measures undergoing maintenance review, noting the Standing Committee should consider whether the measure's performance is topped out or demonstrates an opportunity for improvement. The developer clarified that the measure is developed for application in hospice and specialty palliative care, specifically for application at the practice-group level, practice group hospice organization, and practice group specialty palliative care. The Standing Committee voiced concern with the lack of palliative care data available and asked whether there were other performance gap data that could be considered. The developer responded by explaining that data from the National Palliative Care Registry will not be available until next year. The developer further highlighted the 98 percent achievement in hospice within nationally collected data and 82.9 percent achievement from hospital-based palliative care in California derived from Public Hospital Redesign and Incentives in the Medi-Cal (PRIME) program data. A Standing Committee member asked for clarification on the preliminary data at the facility level for outpatient palliative care. The developer responded by stating that there are no preliminary data and highlighted that the measure is in the Palliative Care Quality Collaborative (PCQC) registry, which can draw data from multiple sites and settings within palliative care.

A Standing Committee member acknowledged the concern regarding data availability and asked whether votes could be taken separately for hospice and palliative care. Ms. Goodwin noted that a separate voting process would be followed if the Standing Committee expressed strong support about revisiting performance gap at the clinician-group level. The Standing Committee acknowledged the voting concerns and inquired about implications should the measure not pass on performance gap at the facility level. Ms. Goodwin explained that endorsement would be removed and that the developer could proceed through the process of resubmitting the measure in a future cycle.

The Standing Committee acknowledged that the measure lacked opportunity for improvement at the hospice setting and agreed that a performance gap was demonstrated at the palliative care setting. Upon revote, the Standing Committee passed the measure on performance gap at the facility level and recommended the measure for continued endorsement.

## **Related and Competing Measures**

Ms. Goodwin reminded attendees that the related and competing measures discussion was deferred to the post-comment meeting due to insufficient time during the measure evaluation meeting on June 30, 2022. The goal of this discussion was to identify potential measurement burden and facilitate measure harmonization due to misaligned or duplicative measures. Ms. Goodwin briefly reviewed the related measures and shared that the developer confirmed that NQF #0326 *Advance Care Plan* has been harmonized to the extent possible with NQF #1641 *Hospice and Palliative Care – Treatment Preferences*.

No competing measures were identified for this measure.

The Standing Committee agreed that the measure was harmonized to the extent possible; therefore, no additional discussion was necessary.

### **NQF Member and Public Comment**

Ms. Goodwin opened the web meeting to allow for public comment. No public or NQF member comments were provided during this time.

### **Next Steps**

Tristan Wind, NQF analyst, reviewed the next steps. Mr. Wind informed the Standing Committee that the Consensus Standards Approval Committee (CSAC) will consider the Standing Committee's recommendations during its meetings on December 9 and December 12, 2022. Following the CSAC meeting, the 30-day Appeals period will be held from December 13, 2022, through January 14, 2023.