WEBVTT

1
00:00:04.679 --> 00:00:08.280
Hello.

2
00:00:18.449 --> 00:00:26.670
It is 90 am Eastern time. We have started the recording, but, um, again we're just gonna give him a minute or 2 so that we can.

3
00:00:26.670 --> 00:00:32.430
Allow participants to dial in. I do see, we have a few coming on board, so.

4
00:00:32.430 --> 00:00:44.790
Appreciate your patience.

5
00:01:26.545 --> 00:01:39.925
Okay, well, we'll go ahead and get started. It's shortly after 90 am on the East Coast. So good morning. Everyone I hope you're all having. Lovely starts here. Uh, Thursday mornings. Um, my name's Leanne. White.

6
00:01:39.925 --> 00:01:52.255
I am the director supporting the Geriatrics and palliative care project for the spring 2022 cycles. So it's a pleasure to meet you all. Um, mostly for the 1st time. I'd like to 1st Thank you for your time and participation today.

7
00:01:52.255 --> 00:01:58.075
I do understand this is a significant amount of time and effort. amount of time and effort

8
00:01:58.170 --> 00:02:04.140
That goes into reviewing the measures and preparing for today's reviews. So, uh, greatly appreciate that.

9
00:02:04.165 --> 00:02:16.375
I'd also like to extend the, thank you to our developers for being on the call today. We do recognize. There is a significant time and effort that goes into the testing, the preparation of the materials, and the measure submission.

10
00:02:16.375 --> 00:02:20.305
So, we do want to highlight those efforts and thank them for their time as well.

11
00:02:21.145 --> 00:02:35.185
Lastly, I do appreciate your continued patience and understanding as we continue to meet virtually in the pandemic. I do understand the challenges that are company virtual meetings, and we all look forward to that time where we can convene in person.

12
00:02:35.335 --> 00:02:50.065

However, in the meantime, our team appreciates your understanding, thank you for your continued support, and we are always working to bridge those those virtual gaps and make it a bit more personal feeling during these calls. So thank you so much.
13
00:02:50.095 --> 00:02:57.775
Um, we're going to just take a moment for our slides to pop up on the screen here so you can just give us 1 moment.
14
00:02:59.430 --> 00:03:07.110
For you will share her screen, so, and next slide please.
15
00:03:08.850 --> 00:03:19.950
I will now hand it over to our team Co chairs. We have Dr, Shawn Morrison and Amy, and I would like to give them a moment to provide their, uh, welcoming remarks to this DNI committee and our participants today.
16
00:03:24.925 --> 00:03:35.725
Go ahead, Amy, I just need to turn my air conditioner off because it's too loud. Sure. Um, good morning to members of the standing committee and thank you to, for bringing us together.
17
00:03:36.115 --> 00:03:50.515
We are keenly appreciative of the importance of the work that we're doing as a group and of your commitment and providing this day and doing the review of the materials. Um, with that. I want to. Thank especially the chair. Shaun Morrison.
18
00:03:50.515 --> 00:03:54.835
So, over to you, Sean, and I want to thank my Co chair.
19
00:03:54.865 --> 00:04:06.205
Um, Amy also, obviously, um, all of you for giving up your time to work on this, it is incredibly important for our patients and their families and Leanne and your team.
20
00:04:06.205 --> 00:04:14.425
Just thanks for getting us all prepared and ready to go. And so why don't we get started? So we can get through the day.
21
00:04:16.560 --> 00:04:22.620
Fabulous. So I just like to take a brief moment just to quickly review a couple of our housekeeping reminders.
22
00:04:22.620 --> 00:04:36.959
As most of, you know, we are using the Webex cloud platform to hold the measure evaluation meeting today. If you are having any technical difficulties, please let us know our team is standing by. We're ready to help assist you via the chat.
23
00:04:37.044 --> 00:04:47.844
Or by emailing us directly at, at quality forum dot org, um, in the spirit of engagement and collaboration, I do encourage us all to, um, place, uh,

24
00:04:47.934 --> 00:04:52.584
us on video so that we can see each other's faces and bridge some of those virtual gaps.
25
00:04:52.679 --> 00:05:07.049
You can directly message us through the chat so if you go to that chat and you use your dropdown, you can directly message a member of our team. We do have up after her name. So that you can easily identify us.
26
00:05:07.644 --> 00:05:19.434
If you're not actively speaking, we do ask that you place yourself on mute, just to minimize any background noise and interruptions you can do that by clicking the mute button the microphone button to mute. And unmute.
27
00:05:19.734 --> 00:05:33.744
If you're on the phone today, you can also press the star 6 to unmute and mute. Um, we do highly encourage everyone to use the chat box feature and the race hand feature throughout the meeting today and staff, and our Co chairs.
28
00:05:33.744 --> 00:05:42.594
We'll monitor the discussions and highlight comments throughout the call. There is again also an option to chat people directly on the call.
29
00:05:43.284 --> 00:05:57.504
We do highly encourage the raise hand feature. Uh, the raise hand feature is, um, alerts us, um, the host, um, that you'd like to speak. So you can do that by going to the participants list and finding your name.
30
00:05:57.504 --> 00:06:10.314
There is a raised hand. So, you can click that to raise and then to take your hand down, you click that raise hand again, you can also find it at the bottom of your screen. Once the meeting begins our senior director Matt Dr.
31
00:06:10.914 --> 00:06:23.634
will conduct roll, call and review disclosures of interest. It is important to note that we are a voting body and therefore, we do need to establish a quorum to vote on our meeting today. If you do need to step away. We kindly ask that.
32
00:06:23.634 --> 00:06:32.154
You please send the team a direct message using the chat. So that we're aware of our attendance and our forum that's very, very important.
33
00:06:32.459 --> 00:06:34.374
So next slide please.
34
00:06:36.864 --> 00:06:47.844
So now it's my pleasure to introduce our project team again, as I said earlier my name is Leanne white and I am the director who is supporting the project team pictured it here is our team manager Isaac,

35
00:06:48.504 --> 00:06:56.874
our analysts Tristan wind our associate Matilda Epstein and then, supporting our team is our senior directors put them ball and Matt.
36
00:06:57.929 --> 00:07:04.169
Our project manager, Victoria, and then our consultant Dr.
37
00:07:04.169 --> 00:07:12.119
Next slide please, I'd like to touch on some of the agenda items that we have listed here and what we'll be covering today.
38
00:07:12.119 --> 00:07:25.679
Uh, we will be conducting the roll call in disclosures of interest. We did send them measure specific disclosure of interest form to each of the standing committee members. We must receive this form back to review any potential conflicts.
39
00:07:25.679 --> 00:07:34.649
Unfortunately, if we have not received your form, uh, we will not be able to allow you to participate in. The discussions are voting today. Unless we get that form back.
40
00:07:34.649 --> 00:07:46.104
So we do have, um, for those, we have outstanding, we have an email ready to send to you so that you can fill out your form and then return that back to us. And then you can participate in our call.
41
00:07:46.404 --> 00:07:54.294
Um, after we complete the disclosures of interest, um, we will go through the evaluation and voting process.
42
00:07:54.834 --> 00:08:07.794
Um, Tristan will conduct, then a voting test we did send out an email around 835 am Eastern time to the entire standing committee is, uh, it does contain the poll everywhere link.
43
00:08:07.794 --> 00:08:19.224
If you cannot find that email. Please let us know you can chat us directly or email us at quality forum dot Org and we will make sure to get that. get that
44
00:08:19.529 --> 00:08:22.739
Pull everywhere link sent directly to, you.
45
00:08:23.334 --> 00:08:29.634
Um, pull everywhere is the voting platform that we will be using today for our voting process after the voting test.
46
00:08:29.844 --> 00:08:43.164
I will briefly introduce our measure under review and then hand the discussions over to our Co chairs to facilitate the discussions with each of the discussions. We'll review each criterion and then vote on each criterion.

47
00:08:43.554 --> 00:08:54.144
Uh, we also wanted to know what the sandy committee know today that we have created a designated time frame for the developers to respond to questions and provide clarifications.
48
00:08:54.419 --> 00:08:59.069
The Co, chairs and staff will collect any questions or concerns.
49
00:08:59.069 --> 00:09:04.439
For the developer, um, during the discussions that the standing committee has for the criterion.
50
00:09:04.439 --> 00:09:13.139
Um, the developers will then be given an opportunity prior to the vote to answer any outstanding questions or concerns that the standing committee may have.
51
00:09:13.139 --> 00:09:17.339
The last boat will be an overall a recommendation for endorsements.
52
00:09:17.339 --> 00:09:32.244
For the measure following the measure discussion, then we'll review related and competing measures. We'll host an opportunity for member and public comment team and then we will wrap up with concluding with next steps and then a journey for the day. So.
53
00:09:32.939 --> 00:09:38.279
Looking forward to a very robust and engaging call today. Uh, next slide please.
54
00:09:39.509 --> 00:09:46.589
I will now hand it over to Dr, Matt, who will go through our introductions and disclosures of interest. So, Matt.
55
00:09:47.999 --> 00:10:00.869
And you hear me okay yes. Okay great. Thank you. Thank you as well to this standing committee for all of your time as we go through the measures for the spring 2022 cycle, I echo our Co chairs.
56
00:10:00.869 --> 00:10:11.604
In the in recognizing the importance of this work to patients and consumers, so we very much appreciate your time and your support of our work.
57
00:10:12.204 --> 00:10:19.614
So Leanne had mentioned today, we'll be combining introductions with disclosures of interest. So you did receive 22 forms.
58
00:10:19.614 --> 00:10:30.654
1 is our annual form, which happens for every year annually you'll get asked to be filling out a disclosure of interest form annually as well as those that are measures specific.
59

00:10:30.654 --> 00:10:37.314
So those disclosures of interest that are specific to the measures that are under evaluation today in those forms,
60
00:10:37.314 --> 00:10:46.224
we ask you a number of questions about your professional activities and today we'll ask you to verbally disclose any information you provided on either of those forms.
61
00:10:46.224 --> 00:10:52.824
You believe is relevant to this committee, we're especially interested in grants research or consulting related to this committees work.
62
00:10:52.824 --> 00:11:07.344
And so just a few reminders you sit on this group as an individual, you do not represent the interest of your employer, or anyone who may have nominated you for this committee position. We are interested in your disclosures of both paid and unpaid activities.
63
00:11:07.344 --> 00:11:10.044
That are relevant to the work in front of, you. you
64
00:11:10.674 --> 00:11:25.344
And finally, just because you disclose, it does not mean that you have a conflict of interest. We do verbal disclosures in the spirit of openness and transparency. Now, I'll go around the virtual table here, starting with our committee Co chairs and I'll call your name.
65
00:11:25.794 --> 00:11:38.664
And then we ask that, you just please state your name, what organization you are with, and you, if you have anything to disclose, if you don't have any disclosures, you can just say, I have nothing to disclose just to keep the conversation moving.
66
00:11:39.294 --> 00:11:45.024
If you experience struggle on, meeting yourself, please raise your hand so that our staff can assist you accordingly.
67
00:11:45.299 --> 00:11:54.749
So going down the list, and I do apologize as well if I mispronounce your name. So please bear with me but I'll start with Amy Berman.
68
00:11:55.799 --> 00:12:00.419
I'm with the John, a Hartford foundation, and I have nothing to disclose.
69
00:12:00.419 --> 00:12:13.469
Great Thank you. Amy. And Sean Morrison. I direct a national palliative care research center and I'm sure of geriatrics and Palliative medicine for the Mount Sinai health system and I have nothing to disclose.
70
00:12:13.469 --> 00:12:17.609
Great Thank you Sean. 3 to.
71
00:12:22.079 --> 00:12:28.919

32, okay, so near bandwidth.
72
00:12:28.919 --> 00:12:37.079
Good morning I am CEO of home health care in southwest Florida. I serve on the National hospice.
73
00:12:37.079 --> 00:12:40.319
And panic care organization, board of directors.
74
00:12:40.319 --> 00:12:44.399
I had nothing to disclose Thank you so much.
75
00:12:45.384 --> 00:13:00.234
Task oh, good morning. I'm a medical director for Ohio hospice and director for their physician education and a program director for hospice and Palliative Medicine fellowship. Um, I have nothing to disclose. I am having trouble with my video.
76
00:13:00.264 --> 00:13:07.164
I apologize. I was just on a call at 8 o'clock and it was fine. So I'm, I'm working on that, but good morning. I can see you all and.
77
00:13:07.464 --> 00:13:22.284
Nice to be here. Thank you. And thank you so much plan and we can hear you just fine. I appreciate you trying to work with your video. I also have been informed by the team. I think we are still looking for your or major specific disclosure of interest.
78
00:13:22.284 --> 00:13:33.924
So what the team will do is reach out and reach out to you via email. If we could just received that disclosure from you that way, you can proceed with voting on the measures today. So you'll do just indicate.
79
00:13:34.229 --> 00:13:41.699
Yeah, you know, I had said it, but maybe that was for a previous, um, cycle. Would that be the case.
80
00:13:41.699 --> 00:13:56.549
It could have been, it could have been, you know, we had the annual as well so you could have, you could have answered the annual as well. Well, the team will directly message you via email to get that disclosure of interest form from you. Thank you. You'll get it right back to you. Thank you.
81
00:13:56.549 --> 00:13:59.609
Thank you so much Jeff Garland.
82
00:14:02.159 --> 00:14:08.939
Jeff Garland. Okay. Marian grant.
83
00:14:12.119 --> 00:14:26.909
Mary and Graham Yep, go ahead. Good morning. I am the senior regulatory advisor at the coalition to transform advanced care. I'm a policy

consultant at the center to advanced palliative care and I have nothing to disclose.
84
00:14:26.909 --> 00:14:31.289
Thank you so much George.
85
00:14:32.309 --> 00:14:40.409
Good morning I'm George. Cancel on the director of health services research and quality at the healthcare competency network. Uh, and I have nothing to disclose.
86
00:14:40.409 --> 00:14:44.099
Thank you so much.
87
00:14:44.099 --> 00:14:54.539
Hey, good morning, uh, Marie, from on the chief patient officer of the American Cancer Society, and treasurer of the board of directors at Americana, new hospice and Palliative medicine and otherwise have nothing else to this stuff.
88
00:14:54.539 --> 00:14:59.939
Thank you so much, uh, and Kate lichtenberg.
89
00:15:01.559 --> 00:15:06.029
Hey, lichtenberg.
90
00:15:06.029 --> 00:15:09.389
Apologies if I'm pronouncing it correctly.
91
00:15:09.389 --> 00:15:16.619
This is Tracy Schroepfer and Kate will be joining us about 30 minutes late. She's not Co discussing.
92
00:15:16.619 --> 00:15:21.929
Great, thank you for letting us know that we will make a note of that.
93
00:15:21.929 --> 00:15:30.329
All right Kelly Nicholson Kelly Nicholson.
94
00:15:33.209 --> 00:15:44.999
Okay, Christopher, no, it's Christopher. laxton I'm executive director of and the society post acute and long term care medicine and I have nothing to disclose.
95
00:15:44.999 --> 00:15:49.349
Thank you so much Douglas.
96
00:15:49.349 --> 00:15:54.989
Good morning I'm an independent consultant pharmacist in hospice care and I have nothing to disclose.
97
00:15:54.989 --> 00:15:58.529
Thank you Laura Porter.
98

00:16:01.259 --> 00:16:04.619
Laura Porter.
99
00:16:04.619 --> 00:16:07.739
Okay.
100
00:16:07.739 --> 00:16:13.829
And Tracy sorry, Tracy, your last Schroepfer.
101
00:16:13.829 --> 00:16:25.199
Close to half, because I'm trying to see sure from a professor at the University of Wisconsin, Madison, school of social work and, um, I have nothing to disclose.
102
00:16:25.199 --> 00:16:28.289
Thank you so much crazy. Linda swimmer.
103
00:16:28.289 --> 00:16:38.489
Good morning everyone Linda's former on the president and CEO of the New Jersey, healthcare quality Institute and I have nothing to disclose.
104
00:16:38.489 --> 00:16:43.229
Great Thank you. Christine feel Richie.
105
00:16:47.279 --> 00:16:50.309
Christine CIO Richie.
106
00:16:50.309 --> 00:16:56.429
I believe she said she wouldn't be able to attend today share.
107
00:16:57.714 --> 00:17:11.274
Good morning um, chenelle's share from health. I'm a program manager. There. I've done a fair amount of work with rural communities and, um, all over the country and helping set up community, based palliative care. Thank you. And nothing to disclose.
108
00:17:12.299 --> 00:17:16.139
Thank you so much Carl Steinberg.
109
00:17:19.769 --> 00:17:25.559
Carl Sandberg. Okay, Paul.
110
00:17:28.679 --> 00:17:43.559
I posted on my biggest disclosure is I'm at a new computer for a new job, and I can't get the camera to set up the right angle yet as you can see. Uh, the new job is volunteers Christian homecare in hospice with Washington University.
111
00:17:43.559 --> 00:17:47.669
My 1 disclosure too is I do work with, um.
112
00:17:47.669 --> 00:17:54.419
An advisory capacity with capacity, home care and hospice um, no conflicts with the measures.

113
00:17:54.419 --> 00:18:02.129
And I have this bad feeling, I may have done 1 disclosure form and not the other, but, uh, we can rectify that. If that's the case.
114
00:18:03.359 --> 00:18:15.689
Okay, thank you. And we do have your disclosures, Paul, so you think you're good to go, but thank you very much new work email. I wasn't sure if I'd gotten it all out. Okay, fantastic. Thank you.
115
00:18:15.689 --> 00:18:21.689
Sure, thanks for checking. All right and then Sarah farewell.
116
00:18:22.919 --> 00:18:28.919
Good morning I'm a clinical administrator with life path. Hospice of the chapters health system in Florida and Georgia.
117
00:18:30.119 --> 00:18:37.289
Great Thank you. All right. I'm going to circle back just for those that may have joined a little late. Do we have.
118
00:18:37.289 --> 00:18:42.389
3, bot, 2 or Jeff Garland.
119
00:18:44.609 --> 00:18:49.289
Kate will be joining a little bit late. Kelly Nicholson.
120
00:18:51.689 --> 00:18:57.629
Laura Porter and Christine Richie said she wouldn't be.
121
00:18:57.629 --> 00:19:04.169
Joining, and then I received the message from Amy Berman think even the Carl's Steinberg will be joining after lunch.
122
00:19:04.914 --> 00:19:18.354
Okay, well, great. Well, so thank you all very much. And I'd like to let, you know, that if you do believe that you might have a conflict of interest at any time during a meeting during this meeting, as topics are discussed.
123
00:19:18.384 --> 00:19:21.894
Please speak up, you may do so in real time during the meeting.
124
00:19:22.169 --> 00:19:32.724
You may send a message to chat to 1 of our chairs, or to anyone from the staff. If you do believe that a fellow committee member may have a conflict of interest, or it's behaving in a biased manner.
125
00:19:33.084 --> 00:19:37.404
You may point this out during the meeting, send a message to the chairs or to staff.
126
00:19:37.679 --> 00:19:43.529

Does anyone have any questions or anything? They'd like to discuss based on the disclosures made today.
127
00:19:45.209 --> 00:19:49.889
Just realized, I think I forgot to state specifically. I'd have nothing to disclose.
128
00:19:49.889 --> 00:19:56.219
Thank you Sarah any other questions or comments.
129
00:20:00.894 --> 00:20:07.524
Thank you and as a reminder is a non participant organization out of mutual respect for each other.
130
00:20:07.524 --> 00:20:21.894
We kindly heard that we make an effort to refrain from making comments, innuendos, or humor, relating to for example, race, gender, politics, or topics. That otherwise may be considered inappropriate during the meeting. While.
131
00:20:21.894 --> 00:20:28.374
We encourage discussions. That are open, constructed and collaborative. Let's all be mindful of how our language and opinions may be perceived by others.
132
00:20:28.649 --> 00:20:33.209
With that I will turn it back to the team and we'll get started. So thank you all very much.
133
00:20:35.339 --> 00:20:49.254
Wonderful, thank you, Matt. And thank you. Everyone. Um, so just to announce, so we do have 14 active participants in our on our call today and so we'll need 14 to conduct live voting. So again, just want to reiterate them point.
134
00:20:49.254 --> 00:21:04.224
So, if you do need to step away, please let us know if we do drop below 14, then we will have to take the vote offline. So I just want to reiterate reiterate that I'm at the beginning of the call and, and we'll be monitoring attendance. Um, throughout the call today.
135
00:21:04.584 --> 00:21:12.684
Alright. So I will now handed over to our manager who will provide an overview of our evaluation process and voting process.
136
00:21:16.349 --> 00:21:21.629
Thank you Leanne so I'll review the evaluation process that will be followed today.
137
00:21:21.629 --> 00:21:26.609
Our standing community members act as a proxy for the stakeholder membership.
138
00:21:26.609 --> 00:21:34.409

Evaluate each measure against each criteria and indicate the extent to which each criteria is met and the rationale for the rating.
139
00:21:34.409 --> 00:21:38.729
They also respond to comments submitted during the public comments, period.
140
00:21:38.729 --> 00:21:45.629
Make recommendations regarding endorsement to the of membership and oversee the portfolio of measures.
141
00:21:54.869 --> 00:22:00.389
To go with some ground rules would like to emphasize that this is a shared space and there's no rank in the room.
142
00:22:00.389 --> 00:22:07.859
We encourage you to remain engaged in the discussion without distractions and hope you're prepared and have already reviewed the measures.
143
00:22:07.859 --> 00:22:13.439
He's based on evaluation and recommendations on the measure evaluation criteria and guidance.
144
00:22:13.439 --> 00:22:16.589
If your comments concise and focused.
145
00:22:16.589 --> 00:22:21.539
Be cognizant of others and make space for others to contribute to the conversation.
146
00:22:27.269 --> 00:22:33.299
In terms of how the discussion we'll proceed, we'll start with an introduction of the measure by the measure development.
147
00:22:33.299 --> 00:22:38.849
Do we discussing with them briefly? Explain the information provided by the developer on each criteria.
148
00:22:38.849 --> 00:22:43.139
Followed by a brief summary of the Pre evaluation comments from the committee.
149
00:22:43.139 --> 00:22:47.009
Which will emphasize areas of concern or differences of opinion.
150
00:22:47.009 --> 00:22:51.539
The lead discussions will also note preliminary rate is by staff.
151
00:22:51.539 --> 00:22:55.499
Which is intended to be used as a guide to facilitate the discussion.
152
00:22:55.499 --> 00:23:00.719
Developers will be available to respond to questions from the standing committee.

153
00:23:01.979 --> 00:23:08.999
Afterwards, the full standing committee will discuss, or on the criteria, if needed and move on to the next criteria.
154
00:23:08.999 --> 00:23:17.219
The final 1 is a list of our endorsement criteria.
155
00:23:17.219 --> 00:23:21.869
5 areas I outline here namely important to measure report.
156
00:23:21.869 --> 00:23:29.159
Which includes evidence and performance gap, scientific accessibility, which includes reliability and validity.
157
00:23:29.159 --> 00:23:33.359
Please note that the 1st, 2 bullet points are months passed criteria.
158
00:23:33.359 --> 00:23:39.989
We also have feasibility usability and use and related or compete in measures.
159
00:23:39.989 --> 00:23:44.909
Use sub criteria is the most pass criterion or maintenance measures.
160
00:23:46.109 --> 00:23:50.219
The next point of discussion is the comparison to related all competing measures.
161
00:23:51.359 --> 00:23:57.419
Which is a discussion and that's not required for that discussion. Only takes place. If the measure is recommended.
162
00:23:57.419 --> 00:24:06.929
For endorsement again, these are the criteria that the measures are evaluated and voted on.
163
00:24:12.539 --> 00:24:15.899
It's a measure of sales on 1 of the most past criteria and.
164
00:24:15.899 --> 00:24:19.529
There is no further discussion over and on the subsequent criteria.
165
00:24:19.529 --> 00:24:25.709
So, for that measure, particularly the community, the discussion we'll move on to the next measure, if applicable.
166
00:24:25.709 --> 00:24:28.709
The consensus is not reached on a criterion.
167
00:24:28.709 --> 00:24:36.299
The discussion will continue to the next criteria, but ultimately will not be a vote on the overall suitability or endorsing.
168

00:24:40.349 --> 00:24:45.839
As far as the cheating consensus column is 66% of active standing committee members.
169
00:24:45.839 --> 00:24:51.119
And that is 14 out of the 21 active standing committee members for this project.
170
00:24:51.119 --> 00:24:55.829
We need greater than 60%. Yes. Votes to pass on the criterion.
171
00:24:55.829 --> 00:25:01.829
Or recommend a measure for endorsement yes. Votes are a total of high and Margaret votes.
172
00:25:01.829 --> 00:25:07.379
40 to 60% of community members voting yes. Will be consensus now reached.
173
00:25:07.379 --> 00:25:10.859
And less than 40% quoting yes. Means the criterion.
174
00:25:10.859 --> 00:25:15.689
Does not pass, or the measure is not recommended, depending on what we were voted on.
175
00:25:15.689 --> 00:25:21.989
Measures were consensus is not reached we'll move forward to public and member comments.
176
00:25:21.989 --> 00:25:25.679
And the standing committee will revolt during the post college web meeting.
177
00:25:25.679 --> 00:25:30.989
It's a measure is not recommended it will also move to the public member comment, period.
178
00:25:30.989 --> 00:25:37.679
But the comedian will not reboot on the measure during the post common meeting unless the standing committee decides to reconsider.
179
00:25:37.679 --> 00:25:42.809
Based on submit a comments, or if the developer submits a reconsideration request.
180
00:25:47.399 --> 00:25:59.129
I mentioned before, please, let us know if you need to step out of the meeting, we need quorum to vote on the measures and at least 50% of the state active standing committee members on the call to continue the discussion.
181
00:25:59.129 --> 00:26:06.869

If you lose Chrome at any point in time, we will shift to an offline survey, which will contain the same questions at the White boarding platform.
182
00:26:06.869 --> 00:26:12.329
In that situation, we will ask that you submit your vote within 48 hours of receiving the survey.
183
00:26:12.329 --> 00:26:15.629
And the transcript or the recording of the meeting.
184
00:26:15.629 --> 00:26:19.919
If you're standing community member has to leave and we still have quorum.
185
00:26:19.919 --> 00:26:28.439
The community will continue with the votes standing committee member who laughed will not have the opportunity to vote on the measure evaluated during their absence.
186
00:26:28.439 --> 00:26:32.099
There's some sort of the process for today's meeting.
187
00:26:32.099 --> 00:26:36.179
At this moment, I would like to pause to see if there are any questions.
188
00:26:43.319 --> 00:26:47.699
Now, I'll turn it over to my colleague, wind for a voting test.
189
00:26:51.509 --> 00:26:59.129
Thank you Isaac. Good morning and thank you for attending today's call. We sent a voting link via email around 830 this morning.
190
00:26:59.129 --> 00:27:07.439
If you do not have access to the link, please let us know and we will resend the link to you as this voting test is only for standard committee members.
191
00:27:07.439 --> 00:27:19.799
Question is have you visited the beach this summer?
192
00:27:19.799 --> 00:27:22.919
Select a for yes and B, for now.
193
00:27:22.919 --> 00:27:27.569
Again, as a reminder, we will need 14 votes minimum.
194
00:27:27.569 --> 00:27:34.409
The whole live voting.
195
00:27:57.779 --> 00:28:00.809
Just to be clear summer does start.
196
00:28:00.809 --> 00:28:11.399

June 21st correct correct so so we still have quite a while left. So you haven't you still have that opportunity?
197
00:28:13.649 --> 00:28:19.949
And we are awaiting 1 vote. Um, so if you're having technical difficulties, please reach out to a team member.
198
00:28:25.079 --> 00:28:30.299
Can you see who you're waiting for? Cause? I, I think I did it, right but I'm never sure.
199
00:28:30.299 --> 00:28:34.739
We'll have to check what's the complete? Thank you.
200
00:28:45.539 --> 00:28:58.944
And since this is just a test. Sorry? Very interesting. I just wanted to note that during the live voting. If you're having any difficulties, submitting your vote via poll everywhere, you can send your vote directly to me.
201
00:28:59.274 --> 00:29:02.424
And this is, you can send it directly to me via chat.
202
00:29:02.699 --> 00:29:05.789
Rather than sharing it with the entire standing committee on the meeting.
203
00:29:12.929 --> 00:29:26.189
And I just saw, uh, that we had, uh, 3.2, uh, join us for our call today. So good morning 3, um, if you could just please introduce yourself and your organization and if you have any disclosures.
204
00:29:45.569 --> 00:29:59.999
Can you hear me? Yes, I can hear you. Oh, I'm sorry. I was on mute. Um, my name is Teresa too. Um, I am a physical medicine rehab doctor. I am representing American.
205
00:29:59.999 --> 00:30:08.429
Um, it's a, the American Association of physical medicine rehab, and I have no disclosures.
206
00:30:08.934 --> 00:30:23.124
Wonderful Thank you so much for joining us. And we will be sending you the poll everywhere link that we're using for voting today and we are conducting our voting test currently and we are just waiting on 1 more votes.
207
00:30:23.429 --> 00:30:27.569
Is anyone having any difficulties with voting.
208
00:30:28.829 --> 00:30:31.829
I don't think we've lost anyone, so I just wanted to make sure.
209
00:30:38.759 --> 00:30:49.049

And while we, um, uh, wait for the voting test, um, please let us know if you don't receive that link. If you are having troubles Isaac mentioned that you can message him directly.
210
00:30:49.049 --> 00:30:59.819
Thank you so much. Absolutely.
211
00:31:22.979 --> 00:31:37.649
Okay, we're gonna move forward. Um, we will look at the votes and then we'll see who we do not have on the voting and will reach out to you directly.
212
00:31:37.649 --> 00:31:41.249
And so if we're, uh, Victoria, can you please pull up your slides? Please again?
213
00:31:41.249 --> 00:31:50.459
Okay, perfect. Um, so we will the next slide please.
214
00:31:53.454 --> 00:32:02.154
So, I will give a brief overview of our, um, spring, 22 cycle. Uh, we did receive 4 maintenance measures listed here for the spring, 22 cycle. 021002030206and10641.
215
00:32:02.154 --> 00:32:09.054
cycle zero two one zero zero two hundred and three zero two hundred and six and one hundred and six four one
216
00:32:09.389 --> 00:32:16.169
Next slide please. Oh, can you go back? Oh, 1 more forward.
217
00:32:17.909 --> 00:32:30.954
Perfect, thank you. Okay, so we did not have any measures that were reviewed by the scientific methods panel, but I do want to, uh, bring forth, uh, what the scientific method panel, uh, does during the consensus development process.
218
00:32:30.954 --> 00:32:38.094
So, the scientific methods panel is a group of researchers experts and methodologies in healthcare quality and quality improvement.
219
00:32:38.369 --> 00:32:42.924
The panel does review complex measures and provides comments and concerns to the developer.
220
00:32:43.194 --> 00:32:56.544
The developer has the opportunity to provide further clarification and update their measure submission form before the standing committee evaluation again no measures were reviewed by the, for the spring, 22 cycle. cycle
221
00:32:57.179 --> 00:33:02.099
Next slide please and next slide please.
222

00:33:04.344 --> 00:33:17.244
Okay, this is where we will begin the, uh, review of our, uh, candidate measures. Uh, we will begin the review with our 1st measure. Our Co, chairs will start us off by introducing the measure.
223
00:33:17.514 --> 00:33:28.194
The developer will then have an opportunity to provide a 3 to 5 minute. Overview of their measure. Are we discuss it? Will then introduce the criterion and highlight their main type takeaways.
224
00:33:28.499 --> 00:33:33.119
Our supporting discussions will respond to the lead discussion and add their insights.
225
00:33:33.354 --> 00:33:47.754
During the criterion discussion, the CO chairs and staff will be collecting questions for the developer. Once the initial discussion on the criteria is complete, the CO chairs will ask the developers to respond to the questions and clarify any information.
226
00:33:48.449 --> 00:33:54.899
Once the sandy committee has completed its discussion about will be, uh, taken and discussed on that criterion.
227
00:33:54.899 --> 00:34:07.229
I do want to put a pause just a moment to see if we have our developer Dr Kathleen vehicle from the American Society of Clinical Oncology on the call today.
228
00:34:07.229 --> 00:34:15.689
Or a member other team.
229
00:34:23.219 --> 00:34:29.339
Morning this is Caitlin. drumheller from the American Society of Clinical Oncology. We do intend to have.
230
00:34:29.339 --> 00:34:35.189
I'll join the call as well. I think we're running just slightly ahead. So we've been in contact with her to see if she can join.
231
00:34:35.189 --> 00:34:38.909
So oh, I'm sorry go ahead.
232
00:34:41.964 --> 00:34:56.724
Absolutely so when Dr Kathleen vehicle, uh, joins the call, uh, we can definitely, uh, pause the discussion and allow that 3 to 5 minute introduction as well. So, um, no worries there. We can definitely do that when she joins the call.
233
00:34:56.724 --> 00:34:58.314
So, thank you so much for letting us know.
234
00:35:01.229 --> 00:35:13.799

Okay, so I will hand over the baton to our Co chair Dr, Sean Morrison who will introduce the measure and then, uh, start the discussion on measure 0210. so, Sean.
235
00:35:13.914 --> 00:35:24.894
Thanks Leanne. So, um, this is, as Leanne said, measure 2.0, it is on the measure developer is the American Society for clinical on quality.
236
00:35:24.894 --> 00:35:39.534
And the measure to be discussed is the percentage of patients who died from cancer, who were receiving chemotherapy last 14 days of life. Um, and. um and
237
00:35:40.194 --> 00:35:54.264
As soon as the ascm representative comes, we'll go there 3 to 5 minutes, but in the meantime, so that we don't get behind schedule. Uh, let me turn things over to our.
238
00:35:54.264 --> 00:36:06.834
We discussed it to Sarah farewell. Who's going to summarize the measure and then walk us through on the various components and she summarizes, um, Sarah can I turn it over to you?
239
00:36:07.674 --> 00:36:22.104
Certainly, thank you so much appreciate the opportunity to be lead discussions along with supporting to say, hey, Dr knee. Um, this is a measure that have of something that's been part of my own practice at my previous organization, um, at moffit cancer center.
240
00:36:22.104 --> 00:36:31.614
So, it was a pleasure to be able to have the opportunity to to lead this discussion. So, our 1st, point, of course, is to review the importance of this measure.
241
00:36:31.644 --> 00:36:38.724
Um, and how reporting does help improve quality of care, um, specifically, then for patients with cancer.
242
00:36:38.724 --> 00:36:51.984
So, it is a, um, in terms of the level of analysis, it's as far as the clinician or group practice level, it is in maintenance evaluate measure as was already discussed. And it reflects a process type of measure.
243
00:36:52.854 --> 00:36:57.324
So, as we begin, we'll begin 1st with the evidence as unless past. Criterion.
244
00:36:57.774 --> 00:37:10.074
Um, so for context, of course, it's, uh, we look to this measure to consider how it is important in looking at healthcare quality where there's variation, and perhaps less than optimal performance.
245
00:37:10.074 --> 00:37:13.434

So that's the lens in which it's important for us to look at the evidence this morning.
246
00:37:14.189 --> 00:37:29.154
Um, and as I sort of leading off, just for, uh, as a context, and also speaking to some of the comments that will come later that I'll point out, um, important to consider health care quality according to the 6 domains, um,
247
00:37:29.154 --> 00:37:41.364
from the National Association medicine looking, um, certainly at patients, tentivness and goals of care and desires and be respectful, but also safety timeliness, effectiveness, efficiency and equity.
248
00:37:42.839 --> 00:37:57.024
So, in that context, this measure, 1st was endorsed in 2009 and most recently in 2016, and the developers presented some, um, newer evidence of highlighting the value of looking at, um, the receipt of chemotherapy in the last,
249
00:37:57.114 --> 00:38:04.614
14 days life, as an indicator of quality of care of patients dying with cancer. care of patients dying with cancer
250
00:38:04.979 --> 00:38:16.290
So, they highlighted a number of pieces of evidence since 2016, and of note, um, work from the European society, medical oncology for the clinical practice guidelines, showing.
251
00:38:16.290 --> 00:38:25.225
Worst quality of life related to chemotherapy work while the National comprehensive cancer network related in their quality outcomes committee, looking at 528,
252
00:38:25.225 --> 00:38:34.795
different quality measures oncology and highlighting measures are 10 0 to 10 as 1 of the 7 universally appropriate ones for quality of care for patients. of care for patients
253
00:38:35.400 --> 00:38:42.900
And then some certainly original new evidence supporting the measure and how it, you can see differences across on quality practitioners.
254
00:38:42.900 --> 00:38:51.570
The basis of the evidence was their logic model that was shared and showing that the connection between.
255
00:38:51.570 --> 00:39:03.270
Infusion of chemotherapy the last 14 days and quality of life and quality of care for those patients. So, as the committee were asked to look at the relationship with this measure to the patient outcomes, how strong is that evidence?
256
00:39:03.270 --> 00:39:15.240

Is that how directly applicable is the process of care of being measured? And certainly, um, a key piece was looking for us to ask for us to look at the meaning or the, um, the.
257
00:39:15.240 --> 00:39:23.310
That timeframe of the last 2 weeks of day for 14 days as a desired patient outcome for reducing utilization at, at end of life.
258
00:39:23.310 --> 00:39:36.840
Um, so the comments that were shared, um, were were around, uh, the idea of, um, some Pre evaluation comments really focusing on the quality quantity and consistency of the evidence.
259
00:39:36.840 --> 00:39:41.700
Um, in there were comments, certainly that they're, um, there were.
260
00:39:41.700 --> 00:39:50.695
Sufficient quantity that suggested, uh, that some outcomes, maybe 10 intentional that the fusion of chemotherapy last 2 weeks.
261
00:39:50.725 --> 00:39:58.555
Um, but that it does overall, there are many studies that show indication of a reflection of quality of care for cancer patients at end of life.
262
00:39:59.005 --> 00:40:11.185
Um, there was 1 comments related to uncertainty of the measure, um, as an indication of quality. Um, and that comments are related to really looking at patient centered lists. So, um.
263
00:40:11.845 --> 00:40:19.765
That was something to note and the highlights really of evidence certainly that there are studies that support this.
264
00:40:19.795 --> 00:40:33.775
Um, but that there's opportunity to study this course alongside patient preferences, and looking at overall, um, infusion of chemotherapy as part of a patient's own goals or that for not.
265
00:40:37.740 --> 00:40:44.280
That summarizes some of the elements that from the comments so far shared and the evidence provided.
266
00:40:44.280 --> 00:40:58.110
The Pre, um, committee, um, extended committee and members recognize this as a moderate level of evidence. So, open now or any other comments Dr ne, or open up questions for the group.
267
00:40:58.110 --> 00:41:06.840
Hello, I don't have any further questions, I think. Or are you in comments to mention? Thank you for that. The great presentation.
268
00:41:06.840 --> 00:41:17.730
Sarah, that was 1 of the best summaries I have. And sharing multiple committees. Wow. Thank you. Thank you.

269
00:41:17.730 --> 00:41:21.180
Thank you.
270
00:41:23.280 --> 00:41:35.875
It is, um, open for discussion or questions. Fine. Can I step in real quick? We had Kate lichtenberg join us today.
271
00:41:35.875 --> 00:41:46.705
So I just want to capture that for the record if I can and ask Kate to just say her name organization and any disclosure. So that she can participate in the discussions today.
272
00:41:48.300 --> 00:41:55.860
Good morning apologies for being late Kate lichtenberg representing the American Academy of family physicians and I have no disclosures.
273
00:41:55.860 --> 00:42:06.030
Thank you Kay. Thanks for joining us. Okay, Sean, thank you so much. Thanks, Leanne. Um, let me go back. Um, any questions.
274
00:42:06.030 --> 00:42:15.240
Comments Sarah, that's another measure of how well you did.
275
00:42:15.240 --> 00:42:28.620
Yeah, do we have the measure developer on yet and I just wanted to take a check there before we started to walk through the voting because I was hoping they were there before we did that.
276
00:42:29.730 --> 00:42:34.770
Can you hear me? Okay? Yes, we can hear you.
277
00:42:35.095 --> 00:42:47.275
Okay, wonderful. So thank you so much for the staff and the standing committee for the opportunity to give us an introduction to this important measure under review for maintenance of endorsement.
278
00:42:47.605 --> 00:42:55.045
My name is and I am a measure developer with Bosco, and I worked on this measure. Um, so like.
279
00:42:56.125 --> 00:43:09.055
Sarah mentioned, this measure was initially endorsed in 2009 it was last endorsed in 2016. it's a registry based process measure tested at the clinician level. This is an inverse measure. So a lower score is associated with better quality.
280
00:43:09.055 --> 00:43:20.095
However, we do note in our application that overall performance of this measure should not be 0 to account for cases where it chemotherapy is appropriate, such as palliative chemotherapy and patient treatment preferences.
281
00:43:20.095 --> 00:43:29.155

However, um, high overall rates of the population mobile should be examined for clinical appropriateness. should be examined for clinical appropriateness
282
00:43:29.755 --> 00:43:33.145
I wanted to speak to the origin of the 2 weeks.
283
00:43:33.145 --> 00:43:45.895
It has to do with the palliative performance scale or the PBS, um, and studies have found that a PPS of 30 or less and most metastatic cancer patients is consistent with the prognosis of dying within the next 2 weeks.
284
00:43:46.225 --> 00:43:53.245
Um, also patients at a of 30 are no longer ambulatory, so should not be receiving chemotherapy. So that's some background on the title.
285
00:43:54.865 --> 00:43:56.245
Um, chemotherapy,
286
00:43:56.245 --> 00:44:10.645
in addition to that we found through studies that chemotherapy utilization at the end of life is associated with the worst quality of life near death among patients with a good baseline performance status as well as an increase in visits cardiopulmonary,
287
00:44:10.645 --> 00:44:24.595
resuscitation and mechanical ventilation as well, as a higher estimated costs of care at the end of life, um, we found that timely enrollment and palliative care can mitigate these unwanted outcomes that ultimately improve the patient's quality of life,
288
00:44:24.985 --> 00:44:30.025
provide a positive depth experience as well as reduce resource utilization costs.
289
00:44:31.225 --> 00:44:40.405
And we, uh, the intent of the measure in terms of the evidence, we found 3 clinical practice guidelines, and choosing wisely initiative, recommendation,
290
00:44:40.615 --> 00:44:54.055
gaps and disparities and care are demonstrated in the literature and per performance rates reported to the program, um, sponsored by CMS and the registry. Which we'll get into later.
291
00:44:54.420 --> 00:45:01.230
Um, and lastly, we just want to point out that 10 is included in several programs, including.
292
00:45:01.230 --> 00:45:16.165
For quality measure, collaborative, collaborative 2021, medical oncology course. Um, which included a note, actually, that the appropriate use of

chemotherapy as a current gap area for measures, and I'm in a 2020 review and endorsement of high impact oncology measures. The nccn D.
293
00:45:16.165 --> 00:45:25.585
M, this measure across cutting measure, universally appropriate to evaluate the quality of oncology care. to evaluate the quality of oncology care
294
00:45:25.920 --> 00:45:32.550
So, I know my colleague Dr is on and I'll see if she has anything to add to that introduction. Thank you.
295
00:45:41.635 --> 00:45:54.895
Dr, Michael, I think you might be needed. Yes, I'm mute there. We go as I said, I apologize for the technical difficulties. I had to uninstall. Webex entirely to get it to work.
296
00:45:54.895 --> 00:46:04.135
It must be some sort of firewall issue. Um, thank you so much. I think that is, um, an excellent overview.
297
00:46:04.495 --> 00:46:11.185
I think the only other thing that I had to add here is that.
298
00:46:11.430 --> 00:46:23.520
While comments have been made about changes in prognostication and the potential for lower side effects with some of the newer targeted therapies just as a reminder all systemic directed.
299
00:46:23.725 --> 00:46:37.435
Our systemic cancer directed therapy does have side effects and the newer amino therapy specifically carry risk of southern Oregon inflammation, such as colitis pancreatitis hepatitis et cetera,
300
00:46:37.705 --> 00:46:41.935
which can result in organ failure and sudden death for patients that are seriously.
301
00:46:45.480 --> 00:46:51.450
And that's all I had to add. Thanks, Kathleen. Um.
302
00:46:51.450 --> 00:46:56.430
I think we can move start moving through the various criteria. Is that correct?
303
00:46:56.430 --> 00:47:07.050
Yes, so if we don't have any questions or concerns, or is the developer prior to the vote on evidence.
304
00:47:07.050 --> 00:47:19.260
Um, I did not see any in the chat. I don't see hands up. I'm trying my best. Um, why don't we move then on to the vote.
305
00:47:19.260 --> 00:47:31.225

And then the 1st, the 1st, order of business is 2 votes on the importance, um, to measure and report. And these both must be must pass for us to move forward.
306
00:47:31.495 --> 00:47:44.305
And we'll begin with the vote on evidence, high, moderate, low, insufficient are your choices and on the staff's preliminary rating from their review is moderate.
307
00:47:47.605 --> 00:47:59.305
Thank you Shaun evidence is now open for measure 0210 on evidence. The options are a for high B for moderate C for low insufficient. for low insufficient
308
00:48:00.840 --> 00:48:15.240
Again, we will need a minimum of 14 votes and because I make this mistake every time, please go to your browser to the actual link and do not try and hit the.
309
00:48:15.240 --> 00:48:20.700
The vote on the screen in front of you on Webex because it will not.
310
00:48:24.510 --> 00:48:28.950
The voting is now closed for measure 0210 on evidence.
311
00:48:28.950 --> 00:48:33.090
There were 0 votes for high, 15 votes for moderate.
312
00:48:33.090 --> 00:48:44.340
1 vote for low and 0 volts for insufficient. Therefore, the measure passes on evidence. Terrific. Now we're going to vote on the performance gap.
313
00:48:44.340 --> 00:48:54.930
And the again, your choices are high, moderate, low and insufficient and the staff gave this a preliminary rating of moderate.
314
00:48:58.500 --> 00:49:03.180
Sean, uh, real quick. Did we discuss performance gap? Um.
315
00:49:03.180 --> 00:49:09.300
Uh, I just want to make sure that Sarah, did we go through the performance gap criteria?
316
00:49:10.740 --> 00:49:23.755
It was addressed, certainly by our presenters. Um, I missed the guests for myself, uh, 1, other comment, um, W, wish to make was just to summarize what the committee had brought forward in the Pre comments.
317
00:49:24.145 --> 00:49:31.735
Um, and there was the, certainly the comments of support that the gap does more international measure from the data data.
318
00:49:32.155 --> 00:49:45.235

Um, and some of the results that were studies that were shared in the evidence, um, there does seem to be a significant gap around, uh, individual characteristics. So the issue of equity in terms of healthcare quality is highlighted from the current studies.
319
00:49:45.235 --> 00:49:54.445
So this overall, the comments from the committee, we're, uh, thus far, and from a reviewer that there's certainly an opportunity to move forward and see differences.
320
00:49:54.445 --> 00:50:02.035
And, and certainly the data that already exists, uh, an opportunity for, and CMS to analyze already some of the differences that are noted in performance.
321
00:50:03.660 --> 00:50:06.660
If if I can add to that, um.
322
00:50:06.660 --> 00:50:19.975
Yeah, so I, I applaud the developers for including immunotherapy infusion in the, um, in the definition. Although the title says chemotherapy if you look at the, you know, the billing codes, they really do capture mini therapy as Kathy said, too.
323
00:50:20.215 --> 00:50:32.455
This is really important, because I think we can develop and provide reference to this I think, but there is a trend towards increase use of off label use of immunotherapy in the last 2 weeks. So I've sort of pending data or pending trial.
324
00:50:32.725 --> 00:50:43.435
And so I would have been more concerned if had been left out about the gap, cause maybe some things might've plateaued on the cytotoxic chemotherapy side reflecting we're using side effects of chemotherapy less than less.
325
00:50:43.435 --> 00:50:49.045
But I really appreciate the fact that immune therapy is being included here, because I think that's actually where the gap will continue to be an issue.
326
00:50:50.550 --> 00:50:57.270
Just to remind everybody Dr. is both board certified in the car carrying oncologists.
327
00:51:02.005 --> 00:51:11.005
Amy, so a question related to a question, are you suggesting that, um, that the, uh,
328
00:51:11.035 --> 00:51:17.785
measure developer consider amending the name to be chemotherapy and targeted therapies?
329
00:51:18.210 --> 00:51:22.470

And other targeted therapies, or something along those lines.
330
00:51:24.120 --> 00:51:30.030
Where are you saying that since it's already covered? Um, it really doesn't matter about the title.
331
00:51:31.195 --> 00:51:42.865
Yeah, I guess, I mean, let's sort of talk openly about kind of what it includes and does include right so a 3rd of all cancer treatments right now, or oral, which is not sort of included here. Right? So, we're recognizing that certain things not involved in the denominator.
332
00:51:43.255 --> 00:51:49.705
I think the only issue I would have would be the title, but I think the way the measure set up is appropriate.
333
00:51:49.705 --> 00:52:00.655
So my only recommendation to the developer, if we made this would be in future to, to consider the title change to be more inclusive.
334
00:52:00.990 --> 00:52:10.860
But, but I don't feel strongly about that. Um.
335
00:52:10.860 --> 00:52:15.810
Leanne, I think that's just under consideration for the measure developer. Correct?
336
00:52:15.810 --> 00:52:19.350
We forward that recommendation to them and to CMS.
337
00:52:19.350 --> 00:52:27.240
Correct. Sean yet we will capture that in our summary and our direct report and that could be a future recommendation for the developer.
338
00:52:27.240 --> 00:52:30.870
Great. Thanks. Gary. Thanks Amy. Really helpful.
339
00:52:30.870 --> 00:52:44.190
Okay, I think we now can move on to the vote on the performance gap again, high, moderate, low, insufficient and the preliminary rating was moderate.
340
00:52:46.710 --> 00:52:58.020
Voting is now open for measure 0210 on performance gap. The options are a for high B for moderate for low, insufficient.
341
00:53:00.300 --> 00:53:14.520
Voting is now closed for measure 0210 on performance gap. There was 1 vote for high.
342
00:53:14.520 --> 00:53:22.320
14 votes for moderate 1 vote for low and 0 votes for insufficient. Therefore, the measure passes on performance gap.
343

00:53:22.320 --> 00:53:28.140
Terrific on. We go 2 votes on scientific acceptability.
344
00:53:28.140 --> 00:53:41.550
Again, this is remember, this is a, must pass we're going to start with the vote on reliability again, high, moderate, low and sufficient and the staff preliminary rating was moderate.
345
00:53:47.850 --> 00:54:00.210
So, for this mismeasure looking at reliability ability, so certainly the, the weather, the schedule produce consistent or credible results, but the quality of care of cancer patients, um.
346
00:54:00.210 --> 00:54:06.870
The developers presented, uh, some questions, some answers to the questions for consideration, whether it's been can be.
347
00:54:06.870 --> 00:54:12.780
Whether any concern about the measure being inconsistently implemented, or whether, um.
348
00:54:12.780 --> 00:54:17.280
Do you have any concerns about the level of analysis thus far for reliability testing?
349
00:54:19.290 --> 00:54:33.985
So, given what they presented, they certainly discussed and introduce some, uh, some of the importance of how they do into reliable reliability, testing, looking at the gold standard of reflections and related to their coping, initial data dataset,
350
00:54:33.985 --> 00:54:42.025
the quality and quality practice, initial data set and talked about hybrid little liabilities related to especially the numerator as well as the denominator.
351
00:54:44.160 --> 00:54:50.340
Brilliant thanks, Sarah to.
352
00:54:51.630 --> 00:54:57.780
The vote everywhere link, I think. Yep. Yep.
353
00:54:57.780 --> 00:55:02.190
I guess vote now, not vote everywhere. That's Chicago.
354
00:55:04.380 --> 00:55:13.230
All right voting is now open for measure 0210 on reliability. The options are a for high.
355
00:55:13.230 --> 00:55:16.950
Be for moderate see below insufficient.
356
00:55:23.280 --> 00:55:35.160

And last call for voting voting is now closed for measure 0210 on reliability 0, votes for high.
357
00:55:35.160 --> 00:55:41.820
16 votes for moderate 0 votes for low and 0 votes 4 insufficient.
358
00:55:41.820 --> 00:55:45.240
For the measure passes on reliability.
359
00:55:45.240 --> 00:55:48.540
Brilliant, we will move on to validity.
360
00:55:52.860 --> 00:56:03.115
So, related to the validity is certainly the idea of, what are we measuring is actually truly reflect the clinical practice opportunity for improvement for the care patients and end of life.
361
00:56:03.415 --> 00:56:09.085
Um, relates to the questions certainly with, uh, looking at sample and sufficient face fidelity.
362
00:56:09.085 --> 00:56:18.715
And the developers central last endorsement period did, um, engage in some concurrent validity and saw, um, some correlation between this measure.
363
00:56:18.715 --> 00:56:32.065
And the 216 measure that will be discuss next, um, with the comments that shared by the committee in general were no concerns. But 1 point was made related to the concern for chemotherapy, um, until death and, um. death and um
364
00:56:33.055 --> 00:56:47.275
And that idea of the goal of an investment relationship and that some may patients may choose. And even if not a good idea medically. Um, so a reflection on that, that certainly brings us back to looking at all domains of health care, quality, beyond, just patients centered.
365
00:56:47.635 --> 00:56:56.305
And I believe also the developers address this, and with the goal that for this measure, the goal isn't 0%. But, um, recognizing that that's. that's
366
00:56:56.610 --> 00:57:06.390
In general, the would reflect, um, the healthcare quality to have a lower percentage of patients who received chemotherapy in the last 14 days of life.
367
00:57:09.115 --> 00:57:23.665
I'm going to just add as a note to the developer, um, channeling some of our colleagues who do he malignancies, which I don't, but I'm thinking through region Tom and others, but they might ask is that yeah, we might expect that the number actually be higher.
368

00:57:23.665 --> 00:57:36.985
And he malignancies, but the measure doesn't call out the distinction between solid tumors and malignancies, which may be something to think about down the road. I don't have trouble with that now. But you could imagine that you would actually subgroup them out when reporting benchmarks.
369
00:57:36.985 --> 00:57:43.735
Because you would expect them to be different and just just a note about that. Remember he malignancies generally the time from stopping therapy.
370
00:57:44.755 --> 00:57:54.925
To death is oftentimes sooner because the life per location is directly related to the continued use of it and then because of shared decision making, and, you know,
371
00:57:54.925 --> 00:58:04.225
important conversations patients may have to stop and death occurs relatively quickly after the cessation where it may be within 14 days, and just was mentioned,
372
00:58:04.405 --> 00:58:13.585
maybe exactly the plan and we would consider to be good shared decision making just because of the natural history and the biology of the disease versus a solid tumor, where you wouldn't expect that.
373
00:58:13.915 --> 00:58:26.425
So, I just I just sort of make that, as a note, I don't have a concern about that, but I think, as this measure continues to move forward, maybe good to think about either excluding malignancies within the denominator itself,
374
00:58:27.145 --> 00:58:33.415
or or making a note to do analysis work with those 2 populations are separated.
375
00:58:37.290 --> 00:58:41.040
Really helpful. Thanks. Debrief. Um.
376
00:58:41.635 --> 00:58:53.785
Mary, I really appreciate a comment. I, I'm the 1 who has had concerns about these measures when when they came out in 22,009, it was pretty black and white right?
377
00:58:53.785 --> 00:59:07.825
Chemo in the last 2 weeks bad but it's becoming now. Very tricky. And so I, I'm not saying we shouldn't continue these measures or that I had significant concerns with them. significant concerns with them
378
00:59:08.130 --> 00:59:21.060
But be, I think that is, it is things are changing so I'm, I'm content to vote on them this time, but I think for the developer going forward, there are some areas we're going to have to think about.
379

00:59:22.710 --> 00:59:27.660
Any other last comments before we move to.
380
00:59:27.660 --> 00:59:38.940
Okay.
381
00:59:38.940 --> 00:59:42.180
Kristin, I think we're.
382
00:59:42.180 --> 00:59:45.360
Me we were okay to go to the, um.
383
00:59:45.360 --> 00:59:49.560
Good morning. Hey, Sean.
384
00:59:52.530 --> 00:59:58.740
Voting is now open for measure 0210 on validity. The options are a for high.
385
00:59:58.740 --> 01:00:02.760
Be for moderate C for low, insufficient.
386
01:00:12.780 --> 01:00:17.370
Last call for a vote.
387
01:00:28.440 --> 01:00:32.670
Booting is now closed for measure 0210 on validity.
388
01:00:32.670 --> 01:00:36.360
There were 0 votes for high, 15 votes for moderate.
389
01:00:36.360 --> 01:00:42.930
0 votes for low and 0 votes for insufficient. Therefore, the measure passes on validity.
390
01:00:43.345 --> 01:00:57.565
Brilliant, um, we're moving on to the 1 vote on feasibility Sarah back to you. Thank you. Tech Marston certainly around feasibility. We're focusing on the extent to which specifications include measure logic.
391
01:00:57.895 --> 01:01:04.585
So that the data available, certainly, um, can be captured without undue burden and can be implemented for performance measurements.
392
01:01:05.155 --> 01:01:17.845
Um, the question certainly were brought to our committee around data elements are they routinely generated and used for care delivery and do they ideally available an electronic form? Um, and is it ready for operational use?
393
01:01:18.685 --> 01:01:33.415
There were no specific concerns brought forward by the committee. Um, I think some of our discussions so far, I've highlighted some questions

around the specific specifications for the numerator or the denominator. Um, and certainly related to the numerator.
394
01:01:33.445 --> 01:01:41.635
Um, I believe that, you know, looking at the specifications that were provided with the Excel, I think, and I highlighted already by Dr.
395
01:01:42.085 --> 01:01:50.425
is the concepts certainly of how, um, I'll any type of systemic therapies included are not an enumerator. Um.
396
01:01:51.030 --> 01:01:54.720
As I look at the review, I, um.
397
01:01:54.720 --> 01:02:05.190
Of the list, I, I had questions about which ones it does include, or which ones it actually excludes, um, in terms of looking at what's administered in last 2 weeks of life.
398
01:02:06.690 --> 01:02:16.320
And then related to denominator, we already had the conversation, um, regular, the importance of being able to define whether hematology or the solid tumor malignancies.
399
01:02:16.320 --> 01:02:24.300
Consideration going forward. Thanks, Sarah. Um, any other comments questions thoughts.
400
01:02:28.710 --> 01:02:32.490
Kristen, the voting.
401
01:02:36.780 --> 01:02:46.230
Owning is now open for measure 0210 on feasibility. The options are a for high B for moderate C for low.
402
01:02:46.230 --> 01:02:49.470
40 or insufficient.
403
01:03:05.310 --> 01:03:10.860
Last call for voting.
404
01:03:13.200 --> 01:03:19.710
Voting is now closed for measure 0210 on feasibility.
405
01:03:19.710 --> 01:03:23.160
There were 2 votes for a high 13 votes for moderate.
406
01:03:23.160 --> 01:03:28.860
0 votes for low and 0 votes for insufficient. Therefore, the measure passes on feasibility.
407
01:03:28.860 --> 01:03:41.430
Okay on we go to usability in use and the 2 votes there the 1st will be a vote on use and the 2nd will be a vote on usability.

408
01:03:41.430 --> 01:03:49.080
The 1st, 1 is an easy 1 passed. No pass with the preliminary of pass and Sarah thoughts, comments things we need to know.
409
01:03:49.080 --> 01:03:56.455
The idea of how well, it's been here, the performance measures have been used by both, uh, consumers, purchases, providers and policy makers.
410
01:03:56.785 --> 01:04:05.155
Uh, so certainly, the developers provided the evidence of how well this is being used by all levels from to and then certainly an individual studies.
411
01:04:05.545 --> 01:04:16.675
Um, so, um, reflection by our committee members as well and a reflection of, um, of the worksheet that that performance certainly is being well well, used.
412
01:04:20.310 --> 01:04:24.060
Brilliant, um, questions, thoughts, comments.
413
01:04:26.970 --> 01:04:32.580
Christine, all yours Thank you. Sean.
414
01:04:35.700 --> 01:04:42.900
Voting is now open for measure 0210 on use options are a for pass and B for.
415
01:04:47.190 --> 01:04:52.350
Last call for a bit.
416
01:04:59.670 --> 01:05:05.670
Voting is now closed for 0210 on use. There were 15 votes for.
417
01:05:05.670 --> 01:05:10.140
And for therefore, the measure passes on use.
418
01:05:10.140 --> 01:05:21.300
Okay, then we are going to move on to the usability. This 1 is a high moderate, low and sufficient vote. Staff's preliminary rating was moderate. Um, Sarah, over to you.
419
01:05:22.710 --> 01:05:35.245
I think this the additional comment is to reflect on whether the benefits of the measure outweigh any potential, Unreal potential, unintended consequences and, um, in terms of discussion. So far by the group.
420
01:05:35.245 --> 01:05:46.555
And then the comments highlighted in preparation for this meeting that there were not really seemed to be any unintended consequences, except for the con, uh, discussions already about pilot or chemotherapy,
421
01:05:46.555 --> 01:05:55.765

or chemotherapy certainly in some specific groups related to choice or the doctor come out related to the heat malignancies in particular.
422
01:05:56.190 --> 01:06:02.790
But overall, no major concerns. Okay. Um, comments, thoughts, questions.
423
01:06:04.950 --> 01:06:09.930
Christine.
424
01:06:09.930 --> 01:06:16.830
Voting is now open for measure 0210 on usability. The options are a for high feed for moderate.
425
01:06:16.830 --> 01:06:27.150
See, for low or D, for insufficient last call for.
426
01:06:27.150 --> 01:06:38.430
Voting is now closed for measure 0210 on usability.
427
01:06:38.430 --> 01:06:48.210
There were 4 votes for a high 12 votes for moderate 0 votes for low and 0 votes for insufficient. Therefore, the measure passes on usability.
428
01:06:52.560 --> 01:06:57.030
Okay, and then finally.
429
01:06:57.030 --> 01:07:07.440
We're going down to the vote, which is over overall suitability for endorsement. This is a yes, no.
430
01:07:07.440 --> 01:07:21.210
Um, this is all on you guys and does not staff does not make a recommendation. Um, and I will, um, turn things over back to Sarah for any last comments. And then.
431
01:07:21.210 --> 01:07:27.810
The steering committee, and then if the, the measure developer has any last comments before this. Okay.
432
01:07:29.730 --> 01:07:41.785
I think it's just in summary of our conversation, and the evidence provided by to this measure has been, uh, certainly begun to be used and help highlight opportunities for improving the care of patients with cancer end of life.
433
01:07:42.325 --> 01:07:49.585
Um, certainly, I hope there's consideration for the comments. We made about, uh, attention to the title, the numerator specifications and denominator.
434
01:07:50.100 --> 01:07:57.595
Uh, and the opportunity to really, um, look at differences and practices among different diagnosis, different individuals and groups.
435

01:07:57.595 --> 01:08:05.635
Um, and certainly overall, um, benefits, uh, already demonstrated, um, for use of this measure to highlight differences and quality of care.
436
01:08:06.120 --> 01:08:12.510
And open to the committee for other additional comments, questions, thoughts.
437
01:08:15.145 --> 01:08:21.205
Mine is only to echo what Sarah just said. Hi, that's kind of what I'm left with cause. She's done such a terrific job.
438
01:08:21.565 --> 01:08:31.495
Um, and also, I think Dr, kamal's comments and references to different types of chemotherapy is is worth noting.
439
01:08:31.495 --> 01:08:38.065
And I think it would probably have a a really good impact on future reviews at this measure as well. Thank you.
440
01:08:40.290 --> 01:08:48.690
Thanks, Doug, um, anybody else, um, any last thoughts or comments from.
441
01:08:51.690 --> 01:08:56.070
We just wanted to think the steering committee from the review and great feedback.
442
01:08:56.070 --> 01:09:01.200
Oh, thank you. Okay. Um, Kristen.
443
01:09:06.210 --> 01:09:13.590
Is now open for measure 0210 on overall suitability for endorsement? The options are a, for yes.
444
01:09:13.590 --> 01:09:20.940
And see it for now, last call for a vote.
445
01:09:26.430 --> 01:09:33.450
Voting is now close for measure 0210 on overall suitability for endorsement. There were 16 votes for yes.
446
01:09:33.450 --> 01:09:38.700
0 votes for no, therefore the steering committee recommends to endorse the measure.
447
01:09:38.700 --> 01:09:47.970
Okay, um, so let me just pause here and just say that the bar for the rest of the day has been set extraordinarily.
448
01:09:47.970 --> 01:09:57.240
Hi, um, thanks to Sarah and Doug for getting this through. Thanks for asking for, um.
449
01:09:58.255 --> 01:10:10.525

Presenting the data, so extraordinarily well, Leanne and her staff or just streamlining us through this and giving us the materials that we need and most of all thanks to Tristan,
450
01:10:10.525 --> 01:10:21.025
because this is the 1st time in any meeting that we have gone through with the problem with the voting mechanism, um, and spending hours working through that. So, um.
451
01:10:21.600 --> 01:10:26.820
Sarah and Doug, we are now an hour and 50 minutes.
452
01:10:26.820 --> 01:10:36.720
Ahead of schedule. Um, Leanne should we move forward? Should we take a brief break? Um, what should we do?
453
01:10:37.740 --> 01:10:51.715
We have we have 1 more measure scheduled before our lunch break so we do I miss that. Yes. Um, so not that I thought were really had nevermind. No, but we did a very efficient 1st measure review.
454
01:10:51.715 --> 01:10:55.165
Um, we do have a 0203sat, the standing committee. three s at the standing committee
455
01:10:55.440 --> 01:11:02.340
Is okay with us moving forward and and reviewing that measure I would appreciate that.
456
01:11:02.340 --> 01:11:10.140
Awesome man. Nevermind, I thought we were so far ahead so far. I'm going to turn it over to Amy.
457
01:11:10.855 --> 01:11:14.095
Thank you so much Sean and and we are a little bit ahead.
458
01:11:14.425 --> 01:11:26.484
So our next measure is also from the American Society for clinical oncology this measure is, um, let's see, it will be presented by our discussions.
459
01:11:26.755 --> 01:11:40.885
Tracy and Catherine, it is the percentage of patients who died from cancer admitted to the ICU in the last 30 days of life. And so with that, I am going to turn over to Tracy our lead discuss it.
460
01:11:40.915 --> 01:11:43.585
And Catherine are supporting discussing.
461
01:11:49.675 --> 01:12:02.125
Here I am, so I would just like to say that following Sarah is gonna be really hard. Someone shall to lower your expectations cause I won't be nothing like her. That was amazing.
462

01:12:02.785 --> 01:12:05.995
Um, okay so let me.
463
01:12:08.550 --> 01:12:13.710
Okay, so this measure, um, and by the way, um.
464
01:12:13.710 --> 01:12:27.625
Dr. lichtenberg and myself, we're going to split this up. Um, but I will start in terms of the measure, the measure title, the percentage of patients who died from cancer admitted to the ICU in the last 30 days.
465
01:12:29.095 --> 01:12:44.065
The level of analysis is clinician individual clinician group practice. It is a maintenance measure. It was originally endorsed in 2009 and again in 2016, and we're really looking at.
466
01:12:44.065 --> 01:12:48.625
sixteen and we're really looking at
467
01:12:49.800 --> 01:12:55.860
Quality outcome and cost, um, in terms of care near the end of life.
468
01:12:55.860 --> 01:13:08.575
So, the 1st part is the importance to measure and report and there is new evidence by the, by the developer there were 7 additional new sources of evidence.
469
01:13:08.875 --> 01:13:14.875
Um, 3 of those were clinical practice guidelines and, uh.
470
01:13:15.180 --> 01:13:29.785
The evidence little mix lower in terms of the NCC in recommending palliative care, integrated, early in cancer care, lower level evidence for recommendation.
471
01:13:30.685 --> 01:13:31.105
Then.
472
01:13:32.515 --> 01:13:41.185
Recommending palliative care alongside active treatment again, the moderate confidence in evidence,
473
01:13:41.455 --> 01:13:54.805
and then recommending palliative care discussion or referral for patients with serious life threatening illness. This is I see as I, the evidence, it's competence and the evidence is low.
474
01:13:55.735 --> 01:14:06.925
There's 2 newer systematic reviews, focused on really advanced care planning for the most part, but also palliative interventions and here what.
475
01:14:07.860 --> 01:14:21.990

Kind of comes out is that patients who receive advanced care planning or palliative care interventions. They do show a pattern toward decreased ICU admissions and reduced. I see you. Length of stay.
476
01:14:21.990 --> 01:14:34.350
Another end of life discussions are, in terms of another systematic review, end of life discussions are again associated with lower health care costs in the last 30 days of life.
477
01:14:34.435 --> 01:14:43.885
Lower likelihood of acute care at end of life, and the lower likelihood of intensive care at end of life and Tracy apologize.
478
01:14:43.885 --> 01:14:55.765
But we did not I did not have the developer provide some opening comments related to the measure. So, if we can hold there on your review of the evidence, right? Where you right where you left?
479
01:14:56.095 --> 01:15:09.835
Um, we're just going to invite esco 1st to make comments related to the measure itself. So my apologies to, and to the committee. Um, and ask, I'm turning it over to you to do to give opening remarks on your measure.
480
01:15:11.785 --> 01:15:20.185
Thank you so much Amy and thank you again to the standing committee in the for the review of measure.
481
01:15:20.275 --> 01:15:32.635
0203aswe've already started to discuss this registry base measure was 1st, released by esco in 2009, and has been used in Kofi program for many years, and has also been a part of program since 2017.
482
01:15:32.635 --> 01:15:36.565
has also been a part of program since two thousand and seventeen
483
01:15:37.975 --> 01:15:46.105
This measure reports the page percentage of patients with cancer, having an IC, you admission in the last 30 days of life as this is an inverse measure.
484
01:15:46.105 --> 01:15:54.145
A lower score indicates better performance as noted with the data submitted a performance gap continues to exist.
485
01:15:54.775 --> 01:16:07.915
For example, the average rate of performance across 125 centers for CMS eligible participants in 2017 was 21.42% literature also demonstrates disparities across different social and demographic groups. Consistent with these group.
486
01:16:07.915 --> 01:16:16.975
Differences noted with other life sustaining treatments. groups consistent with these group differences noted with other life sustaining treatments

487
01:16:17.190 --> 01:16:25.980
Literature continues to report that the primary reason for IC readmission in patience with advanced cancer include respiratory failure.
488
01:16:25.980 --> 01:16:32.550
Low blood pressure from infection or organ failure, neurologic complication and the need for urgent dialysis.
489
01:16:32.550 --> 01:16:41.220
For the majority of patients with advanced cancer of these conditions are not reversible and are sides of nearing end of life.
490
01:16:41.545 --> 01:16:52.675
We acknowledge that in some patient family scenarios, and in some clinical conditions, I see you care may be goal, concordant and appropriate, which is why we do not expect 0%.
491
01:16:52.675 --> 01:17:03.955
This measure has been ordered to be an impactful end of life, quality measure by other stakeholders in 2020. the core quality measures collaborative chose this measure for inclusion in their medical oncology.
492
01:17:03.955 --> 01:17:13.705
Course that the nccn also included this measure in their published list of high impact measures. For assessing quality improvements in cancer care. improvements in cancer care
493
01:17:14.455 --> 01:17:27.535
There have been questions raised about the ability of earlier palliative care and goals of care conversations to directly reduce ICU stays in the last 30 days of life. These are certainly important questions.
494
01:17:27.835 --> 01:17:42.475
However, especially recently with Colvin related studies, I see you care at the end of life in general continues to be associated, with under treated symptoms, possible receipt of undesired, care, prolong symptoms.
495
01:17:42.505 --> 01:17:57.025
Even, if I see care is no longer necessary medical decision makers, feeling responsible for withdrawal of life, sustaining treatment and increase risk of complicated bereavement and mental health issues in surviving loved ones.
496
01:17:57.385 --> 01:18:03.115
For these reasons. We feel that this measure continues to be important. 1, thank you. So much.
497
01:18:05.970 --> 01:18:17.490
Thank you, Kathleen, thank you for the background, Tracy. We apologize for the interruption and thank you for returning now to the review of the evidence.
498
01:18:17.490 --> 01:18:18.295

Sounds good.
499
01:18:18.835 --> 01:18:28.735
Um, so the, just for the last 2, there were 2 relevant research studies 1 that used a control group,
500
01:18:29.785 --> 01:18:43.135
and 1 group that was enrolled in palliative care with palliative care group, less likely to be admitted to the ICU. And then also, in terms of families.
501
01:18:43.945 --> 01:18:52.765
Reporting that their loved ones who were in were less often, reported quality care.
502
01:18:53.485 --> 01:19:07.645
The guidance from the evidence algorithm gave, uh, ended up being with the rating of moderate and in terms of the Committee's Pre evaluation comments, basically, there wasn't awareness of additional studies.
503
01:19:07.645 --> 01:19:20.965
And then, 2 other comments were that they felt the evidence suggests that the critical, very variable is initiation of palliative care, which leads to lowered admission to ICU.
504
01:19:21.325 --> 01:19:32.725
And then, another comment was that studies on palliative care have shown that this type of care, versus dying in the ICU is more cost effective and provides a higher quality of care.
505
01:19:36.120 --> 01:19:47.575
Turned off. Oh, I'm sorry. Yes Thank you. Sent over to Amy. Don't turn it over to me. Okay. Thank you. Catherine.
506
01:19:47.875 --> 01:19:52.464
So, with that, I want to open it up to any questions or comments from the committee.
507
01:19:56.460 --> 01:20:01.470
Hearing none, um, does it ask or have any comments.
508
01:20:03.925 --> 01:20:15.595
All right, then we are ready to begin voting on, uh, the 1st area, which is, uh, the importance to measuring report. We have 2 areas the vote on the evidence itself.
509
01:20:15.595 --> 01:20:22.015
High, moderate, lower, insufficient in the preliminary staff rating is moderate. We'll start with that.
510
01:20:23.520 --> 01:20:30.240
Thank you Amy voting is now open for measure 0203onevidence. The options are a for high.
511

01:20:30.240 --> 01:20:34.380
Be for moderate C for low, insufficient.
512
01:20:55.920 --> 01:21:00.000
We were at 14 votes, last call for a vote.
513
01:21:08.550 --> 01:21:14.430
Voting is now closed for measure is 0203onevidence. There were 0 votes for high.
514
01:21:14.430 --> 01:21:17.700
15 votes for moderate 0 votes for low.
515
01:21:17.700 --> 01:21:22.440
And 0, volts for is sufficient. Therefore, the measure passes on evidence.
516
01:21:22.440 --> 01:21:28.620
Thank you. So, Catherine, we'll move on then to a performance gap.
517
01:21:30.870 --> 01:21:34.710
Is there anything additional you'd like to add related to performance gap.
518
01:21:36.570 --> 01:21:40.590
If not I see, I think you've still got this. I'm coming up next.
519
01:21:40.590 --> 01:21:45.060
Oh, okay. I'm Tracy. I'm sorry. Okay. I wasn't sure.
520
01:21:45.060 --> 01:21:49.050
Okay, so as the, um.
521
01:21:49.050 --> 01:22:02.730
The developer Kathleen was talking about, they're definitely based on the data that was provided that there is a gap in terms of performance and.
522
01:22:02.730 --> 01:22:13.705
So and she discussed that in terms of disparities, there also was quite a bit of data provided to show that there are disparities across the different,
523
01:22:13.705 --> 01:22:27.235
racial and ethnic groups as well as Medicaid status in this area with black, African, American and Hispanic patients less likely to experience in life discussions,
524
01:22:28.615 --> 01:22:42.295
statistically significant lower reporting on adverse events, treatment, failure and death, and dine in black American media studies have shown that patients covered by Medicaid in the United States have received,
525
01:22:42.925 --> 01:22:46.435
have not received guidance or quality palliative care.

526
01:22:47.725 --> 01:23:01.885
That is received chemotherapy end of life versus those with Medicare and then black patients having higher odds of receiving, aggressive in life care in the last, 30 days when compared to white patients,
527
01:23:02.815 --> 01:23:10.915
in terms of the Committee's Pre evaluation comments. They felt that a gap was present as well as disparities.
528
01:23:14.550 --> 01:23:22.410
Excellent job. Does the committee have any questions or comments related to this area? The performance gap.
529
01:23:24.780 --> 01:23:27.990
So, with that, we will turn over to voting.
530
01:23:32.670 --> 01:23:43.080
So, for the phone on performance gap, it is high moderate, low or insufficient. And the staff preliminary rating in this area was moderate. You can now vote.
531
01:23:43.080 --> 01:23:55.020
Thank you Amy phoning is now open for measure. 0203againthe options are a for high B for moderate C for low and insufficient.
532
01:23:55.020 --> 01:23:58.770
You're at 14 votes last call for building.
533
01:24:08.425 --> 01:24:21.595
Voting is now closed for measure 0203onperformance gap. There were 0 votes for high, 15 votes for moderate 0 votes for low and 0 volts for insufficient. Therefore, the measure passes on performance gap. the measure passes on performance gap
534
01:24:22.585 --> 01:24:33.535
Thank you trust in the next area of scientific acceptability, and we must pass for both of these votes. So we're going to vote on reliability and validity.
535
01:24:34.255 --> 01:24:38.035
Tracy is it you or is it Kate who will be leading this section?
536
01:24:38.370 --> 01:24:42.390
So now I'm turning it over to tape. Okay, thanks.
537
01:24:42.390 --> 01:24:47.520
Sure, good morning. Um, so for the, um.
538
01:24:47.520 --> 01:24:57.750
Reliability testing the numerator statement is patients who died from cancer and were admitted to the ICU in the last 30 days of life.
539
01:24:57.750 --> 01:25:03.930

The denominator were patients who died from cancer, and there were no denominator exclusions.
540
01:25:05.665 --> 01:25:19.645
So, the, the developer did note that there was a minor update to the measure title and description replacing the word proportion with a term percentage. Um, the, um.
541
01:25:19.950 --> 01:25:34.200
It was not the scientific methods panel that reviewed this measure. It was evaluated by the staff and the reliability testing was conducted at the accountable entity level.
542
01:25:34.200 --> 01:25:49.110
The developer did note that additional descriptive characteristics of the measured providers, including size, location and type are unknown and they were unable to determine whether a clinician reported as an individual.
543
01:25:49.110 --> 01:25:58.650
To determine whether a clinician reported as an individual, or as a group and so the developer considered a potential group sizes and equals 1.
544
01:25:58.650 --> 01:26:04.470
The there were, um.
545
01:26:04.470 --> 01:26:09.210
A couple of questions from the, um.
546
01:26:12.990 --> 01:26:18.360
From the Pre evaluation 1 comment was, uh.
547
01:26:19.800 --> 01:26:25.410
Let's see, um, there was some concern, um.
548
01:26:25.410 --> 01:26:30.330
That the some demographic views, some demographic groups.
549
01:26:30.330 --> 01:26:40.980
Maybe you care, even at the end of life is their choice and therefore high quality care. This measure assumes otherwise, which doesn't seem to acknowledge patient or family choice.
550
01:26:40.980 --> 01:26:51.840
I'm sorry, that's the validity. The reliability. There were no concerns from the Pre evaluation comments and the preliminary rating for validity was moderate, according to staff.
551
01:26:53.760 --> 01:27:04.500
Thank you very much so with that we're going to turn to a vote on reliability. Oh, are there any questions or comments from the group? 1st before we do go to the voting.
552
01:27:07.855 --> 01:27:18.805

Okay, so with that, we're gonna turn to, uh, Amy, can we please ask the developer to reply if they'd like to to the level of analysis concern that was raised? Absolutely.
553
01:27:19.555 --> 01:27:23.935
Um, are there any comments that you would like to share regarding the level of analysis?
554
01:27:28.795 --> 01:27:30.955
Good morning. This is Lila directly with.
555
01:27:32.005 --> 01:27:44.935
I am the measure tester on the measure development team and I just wanted to say that, uh, due to some just do some confusion of how APIs are used in the program at 1st.
556
01:27:45.385 --> 01:27:54.895
I made a choice to be conservative in my level of analysis and make it at a group level but then we got feedback from CMS.
557
01:27:54.990 --> 01:28:02.695
That only individual APIs are used in the midst program and the data that I use for analysis was from a program.
558
01:28:03.175 --> 01:28:10.105
So therefore, it, it's actually okay to have the level of analysis set at individual physician.
559
01:28:14.790 --> 01:28:18.750
Thank you, thank you very much for the feedback. You're welcome.
560
01:28:19.615 --> 01:28:33.505
All right, so with no other questions or comments, then we are going to turn to a vote on reliability. The choices are high, moderate, low and insufficient. And as a reminder of the staff, preliminary rating was moderate.
561
01:28:35.490 --> 01:28:42.480
Thank you Amy voting is now open for measure 0203ona reliability. Again, the options are a for high.
562
01:28:42.480 --> 01:28:46.410
Be for moderate and insufficient.
563
01:28:53.310 --> 01:29:00.600
We are at 14 votes, last call for voting.
564
01:29:08.460 --> 01:29:14.220
Voting is now closed for measure 0203ona reliability. There are 0 votes for high.
565
01:29:14.220 --> 01:29:21.780
15 votes for moderate 0 votes for low and 0 votes for insufficient. Therefore, the measure passes on reliability.

566
01:29:23.640 --> 01:29:26.700
And Kate, will you be continuing on validity?
567
01:29:26.700 --> 01:29:41.275
If they will, thank you. Yes, thank you. So validity testing was done at the accountable entity level. And in 2016 it was face validity testing that was conducted, but for 2022 it was concurrent validity.
568
01:29:41.275 --> 01:29:44.125
and twenty two it was concurrent validity
569
01:29:44.400 --> 01:29:48.690
Um, that was done the, um.
570
01:29:48.690 --> 01:29:53.160
The measure is not risk stratified or risk adjusted.
571
01:29:53.160 --> 01:29:57.300
The dataset did not contain any missing data.
572
01:29:57.300 --> 01:30:02.400
And there were a couple of.
573
01:30:02.400 --> 01:30:06.300
Concerns raised in the committee Pre evaluation comments.
574
01:30:06.775 --> 01:30:20.365
I said this before, but the concern about some demographic groups viewing ICU care, even at the end of life is their choice, and therefore high quality care, this measure assumes otherwise, which doesn't seem to acknowledge patient family choice.
575
01:30:21.115 --> 01:30:33.235
There was appreciation that the developer had conducted concurrent validity testing in 2022 a comment that this may benefit from risk adjusting by demographic groups since there are differences in ICU use by groups.
576
01:30:33.265 --> 01:30:40.795
And then a comment about the measure, not being risk adjusted. not being risk adjusted
577
01:30:41.070 --> 01:30:45.960
The preliminary rating for validity was moderate.
578
01:30:49.230 --> 01:30:59.940
And with that Oscar, would you like to respond either, um, around the, um, patient choice aspect? Um, or around the risk adjustment?
579
01:31:03.360 --> 01:31:08.430
Certainly, thank you, Amy.
580
01:31:08.430 --> 01:31:23.305

I think like the other measures, because this is an inverse measure. The goal is not to have a 0% of patients, receiving ICU care in the last 30 days of life.
581
01:31:23.305 --> 01:31:33.235
We do acknowledge that for some groups of patients that this is, what is goal concordance. This is the choice that they have. have
582
01:31:33.870 --> 01:31:37.860
Um, I think that potentially.
583
01:31:38.485 --> 01:31:48.415
Ways in, which we could further develop this measure would be rather than risk adjusting according to different groups.
584
01:31:48.445 --> 01:31:54.325
I worry about that because then we're calling out certain groups of.
585
01:31:54.599 --> 01:32:02.159
Patients based on their ethnicity or their cultural beliefs and.
586
01:32:02.159 --> 01:32:12.929
Potentially targeting them for different things. I think it might be better to consider, um, stratifying this measure based on.
587
01:32:12.929 --> 01:32:16.649
The reason for the IC with mission.
588
01:32:16.649 --> 01:32:21.839
However, that is, of course, more administratively complicated.
589
01:32:21.839 --> 01:32:25.019
But I just worry about.
590
01:32:25.019 --> 01:32:33.119
Calling out specific groups and then saying, I mean, obviously, I think we need to look at that and we need to consider that.
591
01:32:33.119 --> 01:32:47.909
Um, but we need to consider the unintentional ramifications of saying, group X, users, ICU more than others and then having other people trying to target these people.
592
01:32:47.909 --> 01:32:51.149
So, I'll, I'll just leave it there.
593
01:32:52.379 --> 01:32:55.739
Are there any other comments from our committee?
594
01:32:57.204 --> 01:33:12.114
Marion, so I, I very much appreciate that response from the measure developer. I think, you know, we've all become more sensitized to need to be, uh, more thoughtful about health equity.
595

01:33:12.389 --> 01:33:26.399
In in measurement, and so I think, because we know there are differences and I would agree we can't be stereotypical and presume that everyone in a certain ethnic group or demographic group wants the same thing.
596
01:33:26.399 --> 01:33:36.149
But by the same token, I think we, we're all trying to do a better job with this data of understanding what some of the differences are and making sure we don't.
597
01:33:36.564 --> 01:33:50.664
Worsen disparities, but certainly acknowledge that people feel differently about these things and and, and we should honor some of those differences. And I'm I'm very reassured to hear you say that the expectation on this measure.
598
01:33:50.694 --> 01:34:01.194
These 2 measures is not 0, but I have to tell you from a clinical standpoint and a policy standpoint. I think everyone's assumption is that the higher the number that that's not good.
599
01:34:01.464 --> 01:34:11.214
And so I, you know, there's, there's, there's that reality that I don't know how we, I think it's a, it's a thing of education to acknowledge that for certain individuals.
600
01:34:11.549 --> 01:34:23.729
Every last thing, including hospice only a day chemo til the end I see you to the end is their choice and and that, that's something that we, um, we offer people.
601
01:34:23.729 --> 01:34:37.079
And we shouldn't, uh, mark them down for making those choices. So I, I'm sure pretty much everyone on the group agrees but I just think we, we need to do as good a job as we can from an equity standpoint going forward.
602
01:34:38.579 --> 01:34:43.529
Thank you so much for the comment. Marianne. Are there any other comments from the committee?
603
01:34:48.989 --> 01:35:03.929
And ask, oh, is there, is there any response that you would like to provide related to, um, marion's comment on equity? I, I think Chris was really an endorsement of your comments, but I, I just want to leave open in case. You have any response.
604
01:35:06.269 --> 01:35:16.829
I don't think so. I feel that she did an excellent job in stating that I, I think it's something we need to continue to look at.
605
01:35:16.829 --> 01:35:28.799
And there are reasons why there are differences in all life sustaining treatment measures and, as people are looking at equity.

606
01:35:28.799 --> 01:35:40.679
And institutional discrimination practices, I mean, there's a whole bigger picture outside of what this measure represents.
607
01:35:40.679 --> 01:35:50.339
That healthcare in general has an issue with equity, and I think we just need to continue to be cognizant of that.
608
01:35:50.339 --> 01:35:54.989
While we look at these measures, because obviously we can't.
609
01:35:54.989 --> 01:36:00.509
Dial down to every specific scenario, but yes, thank you so much.
610
01:36:00.509 --> 01:36:14.639
Thank you so much, so now we will go to the vote on validity again. The choices will be high, moderate, low or insufficient. And in this case, the staff preliminary rating was moderate.
611
01:36:14.639 --> 01:36:19.529
So, with that, I turn it to you. Tristan. Can you hear me?
612
01:36:19.529 --> 01:36:29.129
Voting is now open for measure 0203onvalidity again, the options are a for high B for moderate C for low, insufficient.
613
01:36:31.139 --> 01:36:34.949
We are at 14 votes last call for.
614
01:36:40.979 --> 01:36:51.509
Quoting is now closed for measure 0203onvalidity.
615
01:36:51.509 --> 01:36:55.229
There were 0 votes for high, 14 votes for moderate.
616
01:36:55.229 --> 01:37:00.989
1 vote for low and 0 votes for insufficient. Therefore, the measure passes on validity.
617
01:37:02.849 --> 01:37:14.034
So, we are moving on to feasibility. Um, there is 1 vote in this area. Um, and this is a, um, a high moderate, lower and sufficient.
618
01:37:14.364 --> 01:37:20.274
So, um, we're going to turn to Tracy or Kate to discuss the feasibility.
619
01:37:20.609 --> 01:37:24.299
Oh, go ahead Tracy.
620
01:37:24.299 --> 01:37:29.309
So, in terms of feasibility, um, so visibility.
621
01:37:29.724 --> 01:37:43.164

As we know, is the extent to which, you know, the specifications include the measure logic, they required that the data readily available, or at least could be captured without undue burden and, and then implemented.
622
01:37:43.494 --> 01:37:47.304
Um, so here, the data source really is electronic.
623
01:37:47.549 --> 01:37:54.689
Clinic data, and in terms of any feasibility concerns, there weren't.
624
01:37:54.954 --> 01:38:04.344
Any raised in terms of the NCC in quality outcomes committee highlighted in their 2020 policy report that it does rankine ease of measurement.
625
01:38:04.374 --> 01:38:15.984
Um, there is a license in agreement that has to be sought prior to commercial, use the Committee's Pre evaluation comments for no concerns. They. no concerns they
626
01:38:16.319 --> 01:38:21.419
Were raised and the rating, the preliminary rating is moderate.
627
01:38:24.839 --> 01:38:29.339
Thank you Tracy, do we have any comments from the committee?
628
01:38:34.199 --> 01:38:38.789
Hearing none, um, is there anything that wants to add.
629
01:38:41.454 --> 01:38:44.874
No, nothing from our end. All right.
630
01:38:44.904 --> 01:38:58.944
Um, so in feasibility we are looking at, um, the potential vote of high, moderate, low or insufficient and the preliminary staff rating here was moderate as a reminder and unto you Tristan.
631
01:38:59.609 --> 01:39:10.979
Voting is now open for measure 0203onfeasibility. The options are a for high B for moderate C for low or for insufficient.
632
01:39:10.979 --> 01:39:22.079
Last call for a bit.
633
01:39:37.404 --> 01:39:42.774
Voting is now close for measure 0203onfeasibility, whereas 1 vote for high. feasibility whereas one vote for high
634
01:39:43.109 --> 01:39:50.519
14 votes for moderate 0 votes for low and 0 votes for insufficient. Therefore, the measure passes on feasibility.
635
01:39:50.519 --> 01:40:01.709
Terrific. So, with that, we are on to usability and use and Tracy or Kate um, who will be leading this section.

636
01:40:01.709 --> 01:40:11.694
So in terms of using usability, so starting with use, and which is the extent to which audiences could actually use, um,
637
01:40:11.724 --> 01:40:22.524
or could use the performance results for accountability and performance improvement activities, and looking at the information provided, um,
638
01:40:22.554 --> 01:40:28.734
this is being used in a number of programs that were in the the.
639
01:40:29.484 --> 01:40:43.524
Measure report, um, it's also used in several datasets um, it's public reported it's used in an accounting accountability program, um, in terms of the feedback, um,
640
01:40:43.584 --> 01:40:51.594
on the measure. Um, well, I think so the developer, um, reports, I think.
641
01:40:51.899 --> 01:40:55.499
He already talked about this Kathlyn.
642
01:40:55.499 --> 01:41:05.759
You know yeah, I'm just gonna go down to the committee's Pre evaluation comments. Cause there really were none. Um, they felt like it's reported it's.
643
01:41:05.759 --> 01:41:09.659
There is no issue with it so I'll stop there.
644
01:41:11.699 --> 01:41:19.859
Terrific. So, with that, I'm going to open it up to the committee for any comments or feedback related to this section.
645
01:41:26.039 --> 01:41:32.669
All right, hearing no comments on use and usability from the committee, anything that esco wishes to add in this area.
646
01:41:34.104 --> 01:41:46.644
Nothing from Moscow. Very good. Well, then we will move on to voting in this area and we are looking at, um, vote 1st on use.
647
01:41:46.734 --> 01:41:53.574
It is a pass or no past domain. The preliminary staff rating was passed. Interesting to you.
648
01:41:53.909 --> 01:41:59.279
Thank you Amy voting us now, open for measure 0 203 on.
649
01:41:59.279 --> 01:42:03.359
Options are a for pass or B for no pass.
650
01:42:15.719 --> 01:42:19.919

You're at 15 votes.
651
01:42:21.899 --> 01:42:31.799
Voting is now closed for measure 0203onuse for 15 votes pass and 0 votes or 2 not pass. Therefore, the measure passes on use.
652
01:42:31.799 --> 01:42:37.409
Terrific. So we're going to move on to usability. Tracy, we continue with you.
653
01:42:37.824 --> 01:42:50.934
Okay, so usability being the extent to which the metric can be used or the results themselves for both accountability and performance improvement activities, um,
654
01:42:50.964 --> 01:42:52.884
in terms of improvement results.
655
01:42:53.423 --> 01:43:07.464
It was noted that it's unclear from findings presented by the developer what level of performance the data is for that is, um, individual clinician groups, both, um, but no concern over unintended consequences.
656
01:43:07.794 --> 01:43:10.944
And then, in terms of the Committee's Pre evaluation comments.
657
01:43:12.359 --> 01:43:15.714
1 noted, no unintended consequences.
658
01:43:16.674 --> 01:43:31.134
Another view the low quality I see you use at end of life is lower quality could discourage it being offered to patients and families and for groups with historic health disparities. Um, that may not be appropriate.
659
01:43:31.464 --> 01:43:44.334
And then the other comment was knowing the percentage of people diagnosed with cancer who died in the ICU could serve to push for an understanding as to why and guide the development of interventions.
660
01:43:44.334 --> 01:43:56.184
That lesson that number and also gaining more knowledge as to the deeper reasons for the disparity seeing with this measure could also potentially inform effective interventions.
661
01:43:56.489 --> 01:44:05.159
That's all Thank you so much Tracy I'm going to open it up to the committee for any comments related to use.
662
01:44:09.359 --> 01:44:14.759
All right, hearing none just ask, go have any additional comments related to use.
663
01:44:19.014 --> 01:44:29.214

So, with that, we're going to turn to a vote on use and the rating can be high, moderate, low or insufficient.
664
01:44:29.214 --> 01:44:34.704
And here again, um, uh, the preliminary staff rating is moderate.
665
01:44:35.729 --> 01:44:45.059
Thank you Amy voting is now open for measure 0203onusability. The options are a for high.
666
01:44:45.059 --> 01:44:49.289
Be for moderate C for low or insufficient.
667
01:44:49.289 --> 01:44:52.529
We are at 15 votes, last call for a vote.
668
01:44:57.029 --> 01:45:05.579
And voting is now closed for measure 0203onusability, whereas 1 vote for high 13 votes from moderate.
669
01:45:05.579 --> 01:45:12.149
1 vote for low and 0 votes for insufficient. Therefore, the measure passes on usability.
670
01:45:28.979 --> 01:45:38.249
So the last area that we're turning to is the overall suitability for endorsement and, uh.
671
01:45:38.249 --> 01:45:47.069
So this is our final vote. Um, this is an opportunity. I'll turn it back to Tracy. Tracy. Are you leading this?
672
01:45:47.069 --> 01:45:51.359
Or, okay.
673
01:45:51.359 --> 01:45:57.389
So, here with the criteria, 5 is just the related thing competing measures.
674
01:46:00.209 --> 01:46:09.689
Great question Tracy, but we actually do that at the end of the meeting. So, um, we don't need to do that. Currently. We just, uh, overall suitability.
675
01:46:09.689 --> 01:46:18.359
So, um, in terms of the overall suitability is suitability. Um.
676
01:46:19.529 --> 01:46:30.354
I really don't have any comments so having reviewed all of the sub components. We now have the opportunity then to vote on the overall suitability for endorsement.
677
01:46:30.384 --> 01:46:40.794

Um, and for this, this is a vote of yes, no, I, I do open it up again for any of the committee comments before we go into the vote.
678
01:46:49.169 --> 01:46:54.959
Hearing none, um, any final comments from related to the measure.
679
01:46:54.959 --> 01:47:08.159
No, I just want to thank Tracy and Kate for doing such a thorough view of our measure. It was very detailed and very on point. So thank you so much. And for the committee discussion.
680
01:47:09.564 --> 01:47:22.044
Yes, thank you very much for that. And and, yes, it's been a terrific discussion, and I have to say we're hearing ongoing concerns about the addressing of disparity and the concerns around health equity in each 1 of these measures.
681
01:47:22.314 --> 01:47:33.534
And I, I think that the committee's conversation and comments related to that have also been incredibly reinforcing about considerations. Oh, I see that. Do you have a question.
682
01:47:33.929 --> 01:47:37.259
Well, I, I have a comment.
683
01:47:37.259 --> 01:47:40.289
You know, as we've had these conversations or.
684
01:47:40.289 --> 01:47:44.009
Um.
685
01:47:44.009 --> 01:47:49.289
Your voice just faded out. Oh, and you bring your mic closer.
686
01:47:49.289 --> 01:47:52.739
Yes, this is this better. Terrific. Thank you.
687
01:47:52.739 --> 01:47:58.139
So, um, an observation or just to comment as we're moving forward.
688
01:47:58.139 --> 01:48:01.259
I am also very sensitive to these issues.
689
01:48:01.259 --> 01:48:05.249
Related to disparities and at the same time.
690
01:48:05.249 --> 01:48:10.139
I'm just already struck by the fact that there's not 1.
691
01:48:10.139 --> 01:48:13.769
Of the standards it is going to be able to.
692
01:48:13.769 --> 01:48:18.389
Stand alone, it's really how they're going to be related to each other.

693
01:48:18.389 --> 01:48:21.389
And I don't know how we capture that.
694
01:48:21.389 --> 01:48:27.119
How we indicate that to see a Madison to others that we're moving forward.
695
01:48:27.119 --> 01:48:30.119
Somehow, they're all gonna have to work together.
696
01:48:30.119 --> 01:48:34.589
Um, because they're also interrelated and I just.
697
01:48:34.589 --> 01:48:39.779
Wanted to make that come from a a place of an.
698
01:48:39.779 --> 01:48:54.599
Because it's not just 1 measure, thank you for that comment. And I'm sure that the staff of will be sending that comment directly on. Um, is that correct? Leon?
699
01:48:54.599 --> 01:49:01.439
That is correct we will be noting this in our measure evaluation meeting summary and in our reports.
700
01:49:02.729 --> 01:49:12.539
Thank you, um, and with that, um, given the comment, is there anything that would like to add before we move into our final vote on this measure?
701
01:49:16.259 --> 01:49:30.779
No, thank you so much. So we're moving on to the overall suitability for endorsement and this vote is a yes or no, so I move that to Kristen.
702
01:49:30.779 --> 01:49:40.229
Thank you Amy voting is now open for measure. 0203onoverall suitability for endorsement options are a for yes.
703
01:49:40.229 --> 01:49:44.279
Or be for now.
704
01:49:47.424 --> 01:49:48.624
Last call for a bit.
705
01:50:08.789 --> 01:50:19.559
We are at 15 votes. Voting is now closed for measure 0203onoverall suitability for endorsement. There were 15 votes for yes.
706
01:50:19.559 --> 01:50:23.879
And 0, votes for now, therefore, the standing committee recommends to endorse the measure.
707
01:50:24.654 --> 01:50:38.544

Thank you Tristan and I want to thank Tracy and Kate and note that you have kept the bar as high so you have done an exceptional job and we greatly appreciate your your review of the measure.
708
01:50:39.444 --> 01:50:52.854
We have a proposed amendment to the agenda for today. So, while alsco is still on the suggestion is to move on to measure to 0206butoffer a quick break before we do. So.
709
01:50:52.854 --> 01:51:06.954
Um, and I don't know how long of a break but if that is agreeable to the group, uh, I open it up for any response. If there is anyone who has any concerns about moving on. has any concerns about moving on
710
01:51:09.869 --> 01:51:18.389
Oh, I see it though. I see a number of thumbs up so I'm gonna turn it back to LeAnn for instructions on the break.
711
01:51:18.389 --> 01:51:32.604
Wonderful. So we have 151 on the East Coast and so if we could meet back at 11 o'clock, the top of the hour, so take a 9 minute break, stretch her legs, use the restroom and then we can return back and then finish with 0 206.
712
01:51:33.114 --> 01:51:34.914
finish with zero two hundred and six
713
01:51:35.069 --> 01:51:39.719
Okay all right we will see you all back in about 9 minutes. Thank you so much.
714
01:51:40.644 --> 01:51:41.094
Thank you
715
01:53:26.514 --> 01:53:28.104
everyone had a lovely break.
716
01:53:28.379 --> 01:53:32.579
Get the rest of the, the 4,020 role.
717
01:53:32.579 --> 01:53:41.219
Stretch okay, and we're starting the recording just want to go ahead and know that.
718
01:53:50.399 --> 01:53:54.779
She would be good.
719
01:53:54.779 --> 01:54:04.499
Yes, that would be great. John, thank you so much. So, um, it's, it's just a moment. Victoria will pull up our screen for our for our measure that we're about to review.
720
01:54:05.519 --> 01:54:12.329

Okay, Sean, I will hand it over to you. Um, to introduce the measure and then we'll have a developer entries.
721
01:54:12.329 --> 01:54:15.419
Thanks brilliant. Thanks. So, uh.
722
01:54:16.554 --> 01:54:25.434
So, um, we're going to be going on to number 0206thepercentage of patients who died from cancer admitted to hospice for less than 3 days.
723
01:54:25.434 --> 01:54:39.894
Um, again, this is a maintenance measure from the American Society of Clinical Oncology and let me turn it over to ask for a brief overview. to ask for a brief overview
724
01:54:41.064 --> 01:54:51.294
Thank you so much Dr Morrison and thank you again to the standing committee and the for the maintenance review of measures 0206thisregistry, based process measure was 1st,
725
01:54:51.294 --> 01:55:02.304
released by esco in 2007 that has been implemented in public reporting programs over the years, including numerous years and ask goes copy program and is currently B,
726
01:55:02.304 --> 01:55:14.574
has been implemented in nips program since 2017 this measure reports. The percentage of patients with cancer being admitted to hospice for less than 3 days before death.
727
01:55:14.574 --> 01:55:18.624
cancer being admitted to hospice for less than three days before death
728
01:55:21.174 --> 01:55:34.853
Hospice care is a multidisciplinary, holistic care focusing on management of physical, emotional, spiritual, and other needs for patients with a life expectancy of 6 months or less according to you.
729
01:55:35.129 --> 01:55:45.509
Medicare hospice criteria and patients that are wanting to focus on quality of life and comfort rather than life sustaining treatment.
730
01:55:45.954 --> 01:55:52.644
Based on data submitted from centers for Medicare and Medicaid MIPS program and ask those Coby program,
731
01:55:52.644 --> 01:56:07.614
there continues to be a performance gap on patients dying with cancer admitted to hospice less than 3 days prior to that currently the median length of stay in hospice prior to death for Medicare cancer patients is about 19
732
01:56:07.614 --> 01:56:14.334

days and approximately 28% of patients with cancer on hospice died within 7 days of admission to. admission to
733
01:56:15.059 --> 01:56:22.889
This is, despite the fact that the hospice benefit is at least 6 months and can be renewed, if necessary.
734
01:56:22.889 --> 01:56:36.689
Several studies indicate a more positive death experience for patients and their loved ones. The longer they are enrolled in hospice, such as less caregiver distress improves symptom management, reduced costs to reduce utilization.
735
01:56:37.104 --> 01:56:51.294
This is an inverse measure. Hence a lower score indicates better performance. Like the other measures we've been discussing this morning, we acknowledge that there are multiple patient family and clinical scenarios where late hospice referral is still most appropriate.
736
01:56:51.774 --> 01:56:54.384
The intention is not for 0%. percent
737
01:56:54.899 --> 01:57:00.174
We appreciate the comments that there can easily be an assumption that less is better.
738
01:57:00.744 --> 01:57:12.174
However, with quality measurement in general, the intent of many balance or overused measures has rarely been for 0% or never events. events
739
01:57:12.894 --> 01:57:21.534
Although there is a still a lack of data and evidence on disparities on hospice enrollment in the last 3 days of life and cancer patients.
740
01:57:21.894 --> 01:57:35.664
The available evidence does indicate there continue to be disparities across different demographic group groups and insurance status when it comes to end of life discussions and aggressive end of life care in the last 30 days of life.
741
01:57:36.239 --> 01:57:48.569
And as we identify this measure is considered to be impactful by multiple other stakeholders, for example, in 2020, core quality measures, collaborative.
742
01:57:48.569 --> 01:57:53.729
Selected this measure for inclusion in their medical oncology. Course.
743
01:57:54.839 --> 01:58:02.039
Thank you very much. Fantastic. And now, um, let me.
744
01:58:02.039 --> 01:58:15.749

Turn things over to Chris likes them. Um, who are we discussing? And it looks like from a background that he's back from the White House. So she's our Co discussion. Um.
745
01:58:15.749 --> 01:58:20.789
On this as well. Um, so, Chris, I'm just going to.
746
01:58:20.789 --> 01:58:30.779
Turn it over to you to quickly summarize the measure any comments, public comments, any other issues, and then ask you to move on to.
747
01:58:30.779 --> 01:58:36.659
Briefly, I'm starting on the on the evidence and, um, our voting.
748
01:58:36.659 --> 01:58:43.529
Thank you Dr Morrison and thank you, Kathleen as well. This was an excellent.
749
01:58:43.529 --> 01:58:46.979
Introduction to this measure the crux of which.
750
01:58:46.979 --> 01:58:59.969
Taken, uh, understanding that there are certainly some exceptions are that an earlier referral to hospice for cancer patients results in a higher quality of life at the end of life.
751
01:58:59.969 --> 01:59:04.289
It is a maintenance measure, uh.
752
01:59:04.289 --> 01:59:12.839
enumerators numerator statements include patients who died from cancer and spent fewer than 3 days in hospice. The denominator.
753
01:59:12.839 --> 01:59:21.599
All patients who died from cancer, who were admitted to hospice, there were no denominator exclusions. That's a process measure.
754
01:59:21.599 --> 01:59:31.169
Uh, the sources registry data and the level of analysis is clinician individual and group practice.
755
01:59:31.169 --> 01:59:35.849
This measure was most recently endorsed in 2016.
756
01:59:35.849 --> 01:59:42.839
So, moving into the evidence criteria criteria number 1.
757
01:59:42.839 --> 01:59:50.789
Uh, this is obviously looking at structure processor, intermediate outcome, measured of data.
758
01:59:50.789 --> 01:59:55.739
It's based on a systematic review and, uh, other.
759

01:59:55.739 --> 02:00:06.509
Uh, issues this process measure has, in fact, been included in a systematic review. It has also included.
760
02:00:06.509 --> 02:00:13.409
Uh, a series of, uh, clinical practice guidelines.
761
02:00:13.409 --> 02:00:22.769
The systematic review in 2013 found the home based hospice care, significantly increase the likelihood of an individual with advanced elements dying at home.
762
02:00:22.769 --> 02:00:33.209
And ask goes on clinical opinion in 2012 address, the integration of palliative and hospital services on patient and caregiver outcomes.
763
02:00:33.209 --> 02:00:42.059
So some, in terms of changes in 2 evidence, based on the previous.
764
02:00:42.059 --> 02:00:46.109
Endorsement, I think we can again. See.
765
02:00:46.109 --> 02:00:50.849
That there were 4 clinical practice guidelines of that of now included.
766
02:00:50.849 --> 02:00:57.479
This measure 1 having to do with oncologists should integrate palliative care to general oncology.
767
02:00:57.479 --> 02:01:06.299
1, on quality that the evidence is based on lower level evidence, and there's uniform and CC and consensus.
768
02:01:06.299 --> 02:01:20.249
On quantity that the developer noted, the NCC and guidelines don't provide information on the quantity of studies and with respect to consistency. The developer again noted nccn guidelines and not providing this information.
769
02:01:20.249 --> 02:01:25.619
Oh, finally the 2017.
770
02:01:26.514 --> 02:01:34.254
Integration of palliative care and a standard oncology care from the American Society of Clinical Oncology practice guideline,
771
02:01:34.254 --> 02:01:48.624
update included a recommendation that patients with advanced cancer should be referred to interdisciplinary palliative care teams that provide inpatient and outpatient care early in the course of the disease in other words supporting.
772
02:01:49.049 --> 02:01:54.029
The crux of this measure, um.

773
02:01:54.029 --> 02:02:00.894
We can see as well moving on to institute for clinical systems guidelines.
774
02:02:01.434 --> 02:02:09.714
Um, a recommendation that palliative care should be considered when a patient develops, or presents with serious life, threatening illnesses.
775
02:02:09.989 --> 02:02:18.899
A hospice referral recommendation, and a patient with serious illness where clinicians should recognize the prognosis of less than 6 months.
776
02:02:18.899 --> 02:02:22.859
If in line with the patient goals of care, um.
777
02:02:22.859 --> 02:02:31.829
Addressing again, the desire that this does not need to be a 0 measure results, um, again on quality.
778
02:02:31.829 --> 02:02:36.569
Both recommendations of the quality of evidence is low with limited effects.
779
02:02:36.569 --> 02:02:50.279
And on quantity that the developer again notes that a total of 2, systematic reviews or meta analysis, 1 reporter review a summary and a consensus report form the evidentiary basis.
780
02:02:50.279 --> 02:02:53.729
For this for this measure.
781
02:02:53.729 --> 02:03:08.669
Um, there is an addition of 2019, systematic review finding that end of life discussions are associated with an increased use of hospice services, lower health care, resource utilization costs in the final 30 days of life.
782
02:03:08.669 --> 02:03:21.149
And that conversations that occur greater than 30 days before, death are strongly associated with less aggressive interventions compared to discussions that occur near the time of death.
783
02:03:21.149 --> 02:03:26.249
Um, I think I can move on.
784
02:03:26.249 --> 02:03:31.079
Um, at this point, 2 exceptions, there were none.
785
02:03:31.079 --> 02:03:34.079
Um, with respect to the.
786
02:03:34.079 --> 02:03:41.249
Preliminary rating, the rating was evidence and I did not see.

787
02:03:41.249 --> 02:03:50.489
A, any set of discussion, Pre evaluation discussions from the standing committees. So I think we may be ready with discussion.
788
02:03:50.489 --> 02:04:03.899
Brilliant thanks, Chris. Let me just go in this order or on your quote Co, discussing a reef open up to the committee. And then the measure developer for any last comments, brief anything to add, subtract multiply or divide.
789
02:04:04.404 --> 02:04:15.984
I think that was a wonderful job. So the bar's been set very high. Let me just add a few more pieces of context, though, as a friendly amendment to the evidence for gap. And I'll just do this now, as opposed to doing it later.
790
02:04:16.344 --> 02:04:30.474
I'll just recall from 2014 and article from Connor and David Castro demonstrating about 60% of cancer patients still have a hospital length of stay less than 3 days. And then Joe, he knows work from 2013 in JAMA also demonstrates about 15 and a half percent further to just identify that.
791
02:04:30.474 --> 02:04:34.164
I think the gap. just identify that i think the gap
792
02:04:34.379 --> 02:04:39.869
It exists and continues to exist and I would, um, just as a friendly amendment to the, um.
793
02:04:39.869 --> 02:04:47.429
The measure developers is to maybe update their measure specifications to, to reflect some of the evidence. That's a little bit more recent.
794
02:04:47.429 --> 02:04:52.079
Brilliant thanks very open to the rest of the committee.
795
02:05:00.269 --> 02:05:14.844
Um, comments from the measure developer. Nope. Nothing from us. Okay. Moving on to Tristan.
796
02:05:14.844 --> 02:05:17.754
Then we are going to do a couple of votes.
797
02:05:18.599 --> 02:05:24.239
The 1st is the vote on evidence um.
798
02:05:24.239 --> 02:05:29.759
High moderate, low and insufficient staff. Preliminary rating was moderate.
799
02:05:29.759 --> 02:05:41.729

Thank you Shawn voting is now open for measure 0206onevidence. The options are a for high B for moderate C for low insufficient.
800
02:05:57.564 --> 02:06:09.774
Last call for a vote voting is now closed for measure 0206onevidence.
801
02:06:09.774 --> 02:06:20.064
There are 0 votes for high, 15 votes for moderate 0 votes for low and 0 votes for insufficient. Therefore, the measure passes on evidence. therefore the measure passes on evidence
802
02:06:20.309 --> 02:06:26.339
Perfect, we now go on to, um.
803
02:06:27.479 --> 02:06:39.929
Performance gap. Yep. Thank you. Sean. So this I think you've already heard from our, uh, there is indeed a continuing performance gap. Both in the.
804
02:06:39.929 --> 02:06:44.099
Data presented by the measure developer earlier. Um.
805
02:06:44.099 --> 02:06:51.089
We are looking for a lower score, but not to 0, the performance data is derived from.
806
02:06:51.089 --> 02:06:54.749
Quality oncology practice initiative for quality.
807
02:06:54.749 --> 02:07:06.089
Through 2020, the performance rate in 2017 was 16.85% and the most recent data.
808
02:07:06.089 --> 02:07:16.889
Across 68 practices had a performance rate of 22.84%. So, while that's improvement, I think we are again seeing a continuing gap.
809
02:07:16.889 --> 02:07:27.149
Um, I think there's also some views here that the performance rates may not be national representative nationally representative.
810
02:07:27.149 --> 02:07:41.129
And that there are, there is a study cited from 2015 that found that over 16% of patients were enrolled in hospice services only within the last 3 days of life.
811
02:07:41.129 --> 02:07:50.759
Uh, indicating, I think a rather broad gap here, speaking from my own setting of care post, acute and long term care.
812
02:07:51.174 --> 02:07:59.424
Mostly nursing home population, this is clearly an area of gap and 1 that needs to be continued to be addressed.
813

02:08:00.294 --> 02:08:06.594
The developer does provide citations to demonstrate the disparities across racial and ethnic groups exist.
814
02:08:06.869 --> 02:08:10.559
But again, however, I think it's a.
815
02:08:10.559 --> 02:08:25.499
Sensitive to the developers comments on the earlier measures we don't want to be targeting these groups necessarily. These are in fact continuing to be gold directed and therefore we're not looking for 0.
816
02:08:25.499 --> 02:08:29.459
Um, results on this measure.
817
02:08:29.459 --> 02:08:39.359
I think at this point, I have not seen again a Pre evaluation comments from the standing committee. So, Sean, I think we're ready for.
818
02:08:39.359 --> 02:08:47.489
A vote on this question. Oh, Chris, I would love to, but I'm going to ask the committee for, um, any.
819
02:08:47.489 --> 02:08:53.489
If they have input, ask her for any input Dr, come all for any input and then we're ready for a vote.
820
02:08:53.489 --> 02:08:58.859
Appreciate that Thank you RF anything to add.
821
02:09:00.149 --> 02:09:08.189
None marion's got her hand off. So I, I think, um, I wrote this in in this.
822
02:09:08.189 --> 02:09:22.944
Survey, I think this measure is starting to reflect issues with the Medicare policy, rather than with the quality of care delivered with people having hospice within the last few days of light because the Medicare benefit requires you,
823
02:09:22.944 --> 02:09:34.764
to forego things that are now making more and more sense for people with cancer and I think it's a similar conversation that we had on the previous measures that, you know, certain types of chemotherapy, certain types of immunotherapy,
824
02:09:34.764 --> 02:09:47.334
even certain types of acute care might be appropriate for people. And yet you have to forego those things too, in order to have hospice and when hospice was started in the early 80 s, there was very little, you could choose.
825
02:09:47.334 --> 02:09:58.464

I'm sure we can confirm that for cancer care back then. But now there are more and more things and so, while I think this measure is still an important 1, and we should still continue to keep track of it.
826
02:09:58.704 --> 02:10:02.424
I think we will continue to see people get hospice for shorter and shorter periods.
827
02:10:02.424 --> 02:10:16.914
Because they have other treatment, valid treatment options, and we need to maybe some of us are working on trying to fix the Medicare hospice benefit to allow people to have both concurrent chemo, immunotherapy, whatever,
828
02:10:17.064 --> 02:10:21.714
and have hospice, rather than have to forego them. So that's my policy speech.
829
02:10:21.989 --> 02:10:27.899
Thank you. Um, let's see who else I got samira I got your hand up.
830
02:10:27.899 --> 02:10:32.399
Thank you. And thank you Marion for.
831
02:10:32.399 --> 02:10:36.869
Setting the stage for what I wanted to say, and I would just add to that.
832
02:10:36.869 --> 02:10:51.774
That 1 of the major issues that needs to be reflected back at some point to CMS or wherever that the power is that it's also the consent form of having to
833
02:10:52.014 --> 02:10:52.944
agree.
834
02:10:53.279 --> 02:10:57.119
That you're going to die within 6 months or that you're acknowledging it.
835
02:10:57.119 --> 02:11:04.529
This is so distasteful to most people from every background. And so, you know how we can reflect these.
836
02:11:04.529 --> 02:11:08.159
You need to change it back to, um.
837
02:11:08.159 --> 02:11:12.089
To CMS to Congress to other places.
838
02:11:12.089 --> 02:11:22.139
I think it's critically important because all of these issues are unrelated. That's a basic issue. And thank you, Mary, and I join you in your efforts.
839
02:11:29.334 --> 02:11:41.094

Anybody else as I work, Sean, I heard that um, Paul has asked a question directly to ask go and ask responded to the room. Paula. Dr Tim.
840
02:11:41.094 --> 02:11:46.104
I don't know whether you'd like to ask the question directly so that we all have benefit of it.
841
02:11:46.349 --> 02:11:52.829
Oh, thanks. It was more for personal help, but, you know, the, um, from a hospice medical director's perspective.
842
02:11:52.829 --> 02:12:06.119
The process of defining the hospice diagnosis to CMS has become a lot more complicated as opposed to saying they have cancer as the hospice diagnosis. You now list all of the, um.
843
02:12:06.119 --> 02:12:20.964
Diagnoses related to the terminal prognosis, and my question was if a patient was dying with cancer, but the real problem with something like stopping dialysis and kidney disease, I was trying to clarify that that patient was still, um,
844
02:12:21.474 --> 02:12:23.394
excluded from the denominator.
845
02:12:23.699 --> 02:12:29.639
Cause they're actually not dying because of the cancer. And the direction to me was, that is still correct.
846
02:12:29.639 --> 02:12:41.874
And the denominator is functioning and just so, um, before just so I can remind everybody comments in the chat don't get recorded. Um, they need.
847
02:12:41.874 --> 02:12:51.804
So, if you have something that wants to be on the record, um, you need to, you actually raise your hand and say it, rather than put in the chat I think that's still right right Leanne.
848
02:12:52.794 --> 02:12:54.624
So that's a great question.
849
02:12:54.624 --> 02:13:08.334
John, we do download the recording and the chat, but we do encourage, um, pulling it from the chat those to give the standing committee an opportunity to weigh in to discuss those comments real time.
850
02:13:08.334 --> 02:13:11.154
So, I do appreciate that I'm bringing that forward.
851
02:13:11.489 --> 02:13:22.619
My my apologies, it felt like insider hospice, medical director, baseball a little bit and it was kind of just a double check to make sure that the new processes hadn't changed things. Um.
852

02:13:22.619 --> 02:13:26.759
Probably worth mentioning that. It hasn't, um, sorry for that. Uh, and.
853
02:13:26.759 --> 02:13:31.739
I'll make sure I'm following the rules. Yeah. Yeah. Thank you so much.
854
02:13:31.739 --> 02:13:39.149
Um, okay, before we go to a vote, um.
855
02:13:39.174 --> 02:13:45.054
Let me see, Carl joined us Carl Steinberg joined us and the rules say, Carl,
856
02:13:45.054 --> 02:13:54.294
that I have to ask you to introduce yourself state where your affiliation and state any disclosures before you're allowed to vote.
857
02:13:54.629 --> 02:14:02.429
Okay, I can do that Carl's Steinberg, geriatrician and hospice and palliative.
858
02:14:02.429 --> 02:14:05.969
Uh, Madison specialist, I've been a hospice medical director.
859
02:14:05.969 --> 02:14:15.659
For, I don't know, 27 years or something like that. And I'm also a past president of the Society for post acute, long term care medicine and.
860
02:14:15.659 --> 02:14:19.919
Work closely with Chris good job on that presentation. Chris. Uh.
861
02:14:19.919 --> 02:14:24.089
What I caught of it. Alright, thank you for being here. May I please vote, sir?
862
02:14:24.089 --> 02:14:29.579
You may, sir, and in fact, we will go to the vote right now, which is.
863
02:14:29.579 --> 02:14:40.979
The performance vote, I think was where I am high moderate, low and sufficient staff. Preliminary rating is moderate. Um, and Tristan I think this 1 is up to, you.
864
02:14:40.979 --> 02:14:48.929
Thank you Shawn voting is now open for measure 0206onperformance gap again. The options are a for high.
865
02:14:48.929 --> 02:14:53.129
Be for moderate C for low or insufficient.
866
02:15:12.384 --> 02:15:20.004
And for Dr sake, just a reminder that you were sent an email this morning at 830 that has in it,
867

02:15:20.004 --> 02:15:32.514
the link to do your voting and if you're not able to vote through that link that you can privately chat your your, your vote into the staff. Um. um
868
02:15:33.839 --> 02:15:40.019
Just making sure you can vote. I think you mean Carl rather than oh, sorry Carl.
869
02:15:41.609 --> 02:15:45.779
We are at 16 boats, last call for a bit.
870
02:15:51.509 --> 02:15:57.299
Voting is now closed for measure 0206onperformance gap. There were 2 votes for high.
871
02:15:57.299 --> 02:16:05.129
15 votes for moderate 0 votes for low and 0 votes for insufficient. Therefore, the measure passes on performance.
872
02:16:06.329 --> 02:16:13.679
Okay, we're going to move on to our 2 areas of scientific acceptability and the 1st, we're going to talk about reliability, Chris.
873
02:16:13.679 --> 02:16:25.529
Yeah, well Thank you. Dr Morrison. So a reliability again has a specifications element and a reliability testing element.
874
02:16:25.529 --> 02:16:36.659
The specificity specifications element speaks to producing consistent, incredible results. The reliability testing element.
875
02:16:36.659 --> 02:16:50.694
Speaks to whether the data elements are repeatable, um, producing the same results, a high proportion of the time when assessed in the same population during the same time, period or that the measure score.
876
02:16:50.694 --> 02:17:00.894
It's precise enough to distinguish differences in performance across providers. Um, the developer noted that here, there was a minor update to the measure title.
877
02:17:00.894 --> 02:17:07.224
I think this is consistent with previous measures, replacing the term proportion with the term percentage.
878
02:17:07.559 --> 02:17:12.959
Reliability testing is conducted with the patient in encounter level.
879
02:17:12.959 --> 02:17:26.039
Uh, there was integrator reliability testing on a patient level across 264 patient records, submitted from 44 practices using the 2008 quote dataset. Um.
880

02:17:26.364 --> 02:17:35.544
Trained and independent nurse extractors served as the gold standard, quote, close quote against which practice obstructions were compared for accuracy.
881
02:17:36.174 --> 02:17:44.994
And again, I'm not a statistician, but I gather the underwriting greater reliability. Cap of 50. 55.13% is a good thing.
882
02:17:44.994 --> 02:17:54.144
Um, so moving into reliability testing, conducted that the accountable entity level. that the accountable entity level
883
02:17:55.854 --> 02:18:02.664
The developer has told us that updated reliability testing was conducted at the clinician and group practice level,
884
02:18:02.694 --> 02:18:14.184
but they were unable to determine from the registry that there were a unique number of who reported.
885
02:18:15.324 --> 02:18:20.724
So, they are therefore recommending that the measure should be considered for endorsement of the group and practice level.
886
02:18:20.969 --> 02:18:29.789
In this case, there was a signal to noise analysis resulting in.
887
02:18:29.789 --> 02:18:44.399
Point 0.1099 to 1 result and the developer noted that half providers half of the providers reporting on this measure have a reliability of 100.
888
02:18:44.399 --> 02:18:48.119
So, with that, um, we will have a discussion.
889
02:18:48.119 --> 02:18:52.799
I won't jump to voting this time. Thanks early. If anything bad.
890
02:18:52.799 --> 02:19:01.169
Nothing committee developers.
891
02:19:04.104 --> 02:19:09.444
Good morning. This is Lila again. Just wanted to clarify about the level of analysis.
892
02:19:10.344 --> 02:19:23.184
The original common was back when we didn't have that CMS clarification about the being just a unique individual of physicians. So, uh, just wanted to state that.
893
02:19:23.214 --> 02:19:27.714
Now, our level of analysis is at the individual clinician level.
894
02:19:28.049 --> 02:19:38.579

Thank you. Okay let's go to a vote. Um, it's reliability again. It's high moderate low and sufficient staffs rating initially was moderate.
895
02:19:40.679 --> 02:19:44.759
Hello.
896
02:19:46.139 --> 02:19:53.009
Thank you Sean voting is now open for measure. 0206onreliability options are a for high.
897
02:19:53.009 --> 02:19:57.389
Be for moderate C for low for insufficient.
898
02:20:11.819 --> 02:20:15.689
We are at 16 votes, last call for a vote.
899
02:20:15.689 --> 02:20:19.409
Hello.
900
02:20:22.139 --> 02:20:35.699
Voting is now closed for measure 0206onreliability. There are 0 votes for high 17 votes for moderate 0 votes for low and 0 votes for insufficient. Therefore, the measure passes on reliability.
901
02:20:35.699 --> 02:20:39.269
Thanks Kristen back to you, Chris for validity.
902
02:20:40.404 --> 02:20:51.684
Thank you so again validity has an hour components to it, ability, testing, exclusions, risk, adjustment, meaningful differences, comparability and missing data.
903
02:20:51.714 --> 02:21:03.414
We'll spend the bulk of our time on validity testing to demonstrate that measure data elements are correct or that the measure score correctly reflects the quality of care provided.
904
02:21:03.749 --> 02:21:09.659
And in terms of validity testing.
905
02:21:09.659 --> 02:21:21.174
They were testing as conducted with accountable entity level in 2016 face validity uh, test was tested, using esco, led focus groups, structured interviews, conducted, with patients,
906
02:21:21.744 --> 02:21:35.514
diagnosed with terminal cancer and receiving end of life care and their brief caregivers and surveys were performed to solicit patient preferences. For care, and the desire to avoid overly aggressive treatment planning.
907
02:21:35.514 --> 02:21:37.614
aggressive treatment planning
908

02:21:38.454 --> 02:21:51.024
Uh, an expert panel of 12 cancer subject matter experts were asked to provide a an accurate reflection of quality actions and if the scores obtain from these measures as specified,
909
02:21:51.444 --> 02:22:06.354
that can be used to distinguish good from poor quality of care agreement on the validity of the measure was quite high and 100% of the respondents either agreed or strongly agreed on 100% of the experts either agreed or strongly agree
910
02:22:06.354 --> 02:22:19.404
that the specifications are appropriate. 92% of the subject matter experts against either agreed or strongly agreed that the performance score is meaningful. Understandable. And useful. score is meaningful understandable and useful
911
02:22:19.679 --> 02:22:23.429
Concurrent validity was conducted in 2022.
912
02:22:23.429 --> 02:22:33.059
Um, through a concurrent by various correlation analysis, using data for 2 correlated measures this is.
913
02:22:33.059 --> 02:22:38.249
Uh, number 20206this1 and.
914
02:22:38.394 --> 02:22:46.554
Number 021. Oh, which has to do with percentage of patients receiving chemotherapy in the last 14 days of life.
915
02:22:46.554 --> 02:22:58.164
The hypothesis from the developer is that a positive association does exist between both measures due to similarities in domain of the quality action and in the patient population. patient population
916
02:22:59.364 --> 02:23:06.804
The developer calculated a Pearson correlation coefficient to evaluate this association across 12 provider scores.
917
02:23:07.374 --> 02:23:14.394
And the developer finally noted that the results of the correlation also indicate a strong positive relationship.
918
02:23:14.669 --> 02:23:18.359
Uh, there were no exclusions from this.
919
02:23:18.359 --> 02:23:22.529
Uh, specifications that their risk adjustment was, uh.
920
02:23:22.529 --> 02:23:26.309
The developer reports, not risk adjusted or stratified.
921
02:23:26.309 --> 02:23:37.349

Uh, with respect to meaningful differences, I provide a performance across 215 providers, arranged from 100 to 0, in other words minimum to maximum.
922
02:23:37.914 --> 02:23:52.584
The median percentage score 0, on the developer noted that the distribution of performance scores across 215 providers is highly skewed with the largest number of providers reporting a perfect score of 0%, which,
923
02:23:52.584 --> 02:24:00.144
as we know is not what we see here, uh, with respect to missing data. Again, there are. data again there are
924
02:24:00.419 --> 02:24:08.399
Develop a report of the deed due to the data completeness requirements. There were no data. There was no data missing.
925
02:24:08.399 --> 02:24:15.299
Um, and then with respect to comparability, finally the measure only uses 1 set of specifications.
926
02:24:15.299 --> 02:24:26.549
For this measure again, I don't see Pre evaluation comments from the committee. So at this point in time we can open for discussion.
927
02:24:26.549 --> 02:24:30.449
Brilliant, thank you Eric. Anything to add.
928
02:24:31.469 --> 02:24:37.229
Committee measure developer.
929
02:24:41.124 --> 02:24:55.674
Okay, Christa and vote. Um, again, same deal on on this vote. It is, um, the high moderate, low, insufficient and the staff rating was, um, moderate.
930
02:24:57.599 --> 02:25:08.699
Hey, Sean voting is now open for measure 0206onvalidity. The options are a for high B for moderate C for low, insufficient.
931
02:25:17.279 --> 02:25:30.419
Last call for a vote voting is now closed for measure 0206onvalidity.
932
02:25:30.419 --> 02:25:39.659
There were 2 votes for high, 15 votes for moderate 0 votes for low 0 votes for insufficient. Therefore, the measure passes on validity.
933
02:25:39.659 --> 02:25:49.649
Chris, you'll be pleased to know you're halfway through on visibility. Visibility is an easy 1. I think this.
934
02:25:49.649 --> 02:26:00.684

Uh, reflects the degree to which data are readily available, or could be captured without undue burden and can be implemented for performance measurement.
935
02:26:00.924 --> 02:26:14.994
So the developer here notes, the data elements needed to compute the score can be obstructed by someone other than the 1 obtaining the original information. And then all data elements are defined in electronic clinical data systems.
936
02:26:15.834 --> 02:26:21.354
Uh, again, I don't see Pre evaluation comments and so I think we are ready for discussion.
937
02:26:21.839 --> 02:26:28.109
Terrific. Rf anything dad? No, he shakes his head committee.
938
02:26:29.879 --> 02:26:33.749
Measure developers Tristan.
939
02:26:36.449 --> 02:26:47.009
And again, um, just to remind everybody, um, this is again a high moderate, low, insufficient with a preliminary rating of moderate.
940
02:26:47.009 --> 02:26:54.449
Thank you Sean voting is now open for measure. 0206onfeasibility again. The options are a for high.
941
02:26:54.449 --> 02:26:58.619
Be for moderate C for low, insufficient.
942
02:27:05.099 --> 02:27:10.589
Hmm.
943
02:27:10.589 --> 02:27:15.029
We were at 16 votes last call for a bit.
944
02:27:21.419 --> 02:27:25.499
Voting is now closed for measure 0206onfeasibility.
945
02:27:25.499 --> 02:27:34.949
There were 3 votes for high, 14 votes for moderate 0 votes for low and 0 votes 4 insufficient. Therefore, the measure passes on feasibility.
946
02:27:34.949 --> 02:27:40.829
Okay, onto usability and use and we're going to start with use.
947
02:27:40.829 --> 02:27:43.224
Chris, thank you.
948
02:27:43.224 --> 02:27:57.414
Yes, so use and usability starting with use this is where we evaluate the extent to which audiences can use, or could use performance results for accountability and for performance improvement.

949
02:27:59.904 --> 02:28:13.974
With respect to accountability and transparency here, uh, performance results are used in at least 1, accountability application within 3 years after initial endorsement that are publicly reported within 6 years after initial endorsement.
950
02:28:16.074 --> 02:28:26.724
So, with respect to publican, publicly reported, the measure is publicly reported, is it currently in use in an accountability program? Yes, it is.
951
02:28:26.724 --> 02:28:31.764
In fact, in a number of them, the developer reports for a different.
952
02:28:32.069 --> 02:28:46.434
Public programs, the CMS, PBS exempt cancer hospital, quality, reporting program the MFS program Polaris, which is a CMS approved. qcdr hosted by.
953
02:28:47.429 --> 02:29:00.959
And ask goes on the data set, there's also an inclusion of this measure in the core quality measures, collaborative, 2020, medical oncology, course that.
954
02:29:00.959 --> 02:29:04.739
A measure set with promotes patient centered assessment.
955
02:29:05.754 --> 02:29:14.034
So feedback on this measure by those being measured, or by others that 3 criteria demonstrate that feedback 1,
956
02:29:15.174 --> 02:29:22.134
that those being measured been given performance results or data as well as assistance with interpreting or understanding the results.
957
02:29:22.494 --> 02:29:34.554
Secondly, that those being measured and other users have been given an opportunity to provide feedback on the measure performance and 3rd, that the feedback has been considered. When changes are incorporated.
958
02:29:35.159 --> 02:29:42.599
So, this feedback coming from the developer notes that a CMS publicly reports MIPS program rates.
959
02:29:42.599 --> 02:29:51.984
And benchmarks annually and offer support for those using the measure, and through the quality payment program service center, and through a series of webinars.
960
02:29:53.244 --> 02:30:04.884
Secondly, the P program also publishes data publicly on a rolling quarter basis and offers assistance to those, using the measure through their own quality net service center.
961

02:30:05.514 --> 02:30:20.034
And finally that the goes on measurement team stands available to receive comments and questions from Implementers and clinicians who are reporting these measures by email and notes that no specific feedback has been
962
02:30:20.034 --> 02:30:23.124
received from those users on this measure.
963
02:30:23.399 --> 02:30:27.809
Are we ready for discussion?
964
02:30:27.809 --> 02:30:32.129
We are thanks, Chris. Nothing committee.
965
02:30:35.099 --> 02:30:41.579
Measure developers. Okay, Tristan. This is an easy vote. It's pass fail.
966
02:30:41.579 --> 02:30:46.469
Um, and the committee recommendation was to pass.
967
02:30:48.269 --> 02:30:55.349
Thank you Shawn voting is now open for measure. 0206onuse options are a for pass.
968
02:30:55.349 --> 02:30:59.159
Or B, for.
969
02:31:06.959 --> 02:31:10.199
We are at 16 votes last call for a bit.
970
02:31:15.299 --> 02:31:25.049
Is now closed for measure 0206onuse? There were 17 votes for pass and 0 votes. 4 do not pass. Therefore, the measure passes on use.
971
02:31:25.049 --> 02:31:28.469
On to usability.
972
02:31:28.469 --> 02:31:41.519
Great. So, as opposed to use usability, evaluates the extent to which audiences are using, or could use performance results for accountability and performance improvement.
973
02:31:42.924 --> 02:31:52.974
With respect to improvement results the developer tells us that comparing 2013 315 to 2017 through 20. there was a growth from 17.57 to 19.4% in performance. These are derived from the dataset.
974
02:31:52.974 --> 02:32:06.054
The number of practices reporting on this measure is also increased since 2013. the dataset the number of practices reporting on this measure is also increased since two thousand and thirteen
975
02:32:06.329 --> 02:32:13.469

And that available performance data indicates continued performance at lower levels. Raging from.
976
02:32:13.469 --> 02:32:24.299
61.54 to 100% developer notes here, too that the 2017 through 2019 performance rate.
977
02:32:24.299 --> 02:32:37.704
Of 8, I'm sorry, 828 performance rate of 10.83 to 8.48% using data and that it is unclear from these findings. What level of performance this data is for a individual college clinician. Our groups.
978
02:32:37.704 --> 02:32:40.974
data is for a individual college clinician our groups
979
02:32:41.249 --> 02:32:50.489
I think we do have a clarification from the developer on that now with respect to benefits, versus harms the benefits of the performance measure.
980
02:32:50.489 --> 02:32:59.069
Uh, in facilitating progress toward achieving high quality, efficient health care outweigh the evidence of any unintended negative consequences.
981
02:32:59.069 --> 02:33:02.939
And with respect to unexpected findings, there were none.
982
02:33:02.939 --> 02:33:07.679
And with respect to potential harms, the developers tells us that there were none.
983
02:33:07.679 --> 02:33:11.129
Also noted, and once again, I don't have.
984
02:33:11.129 --> 02:33:16.109
Standing Committee feedback on use or usability so I think we are ready for discussion.
985
02:33:16.109 --> 02:33:19.319
Hi, Harry. Okay.
986
02:33:19.319 --> 02:33:25.799
Any committee measure developers.
987
02:33:36.779 --> 02:33:40.439
Shaun, we can't hear you. Oh.
988
02:33:40.439 --> 02:33:51.479
Yes, Tristan up to you and we're back to our high moderate, low and sufficient voting and on the staff. Um.
989
02:33:51.479 --> 02:33:56.400
Summary was at the moderate level.

990
02:33:56.400 --> 02:34:06.330
Voting is now open for measure. 0206onusability options are a, for high P for moderate C for low or insufficient.
991
02:34:27.660 --> 02:34:34.920
We are at 14 votes again, looking for 17 votes here.
992
02:34:39.390 --> 02:34:43.170
I have a definitely a vote on my.
993
02:34:43.170 --> 02:34:46.650
Yeah, does anybody else have that.
994
02:34:48.720 --> 02:34:56.550
Yeah, um, Tristan that popped up after voting on the initial measure and then it came up to a, um.
995
02:34:56.550 --> 02:35:00.120
Just me a measure, um, which.
996
02:35:00.565 --> 02:35:11.095
Oh, yeah, so there is a another meeting, uh, the, uh, map meeting going on. So that might be a pull question that came through on our end.
997
02:35:11.095 --> 02:35:24.955
Um, so what I can ask you to do is for those that saw the, the measure on your screen on your pull everywhere, will you please, um, chat directly to, uh, in the drop down?
998
02:35:24.955 --> 02:35:26.935
Please just direct chat your.
999
02:35:27.210 --> 02:35:37.230
Your vote and we will capture that. I do apologize and, uh, we will make sure your vote is captured and then it will just take a 2nd for us to calculate those.
1000
02:35:38.520 --> 02:35:47.070
So we add, so, let me just get this clear if you have the dispute measure on your screen, and you did not vote on our measure text.
1001
02:35:47.070 --> 02:35:54.090
Yeah, so in the bottom right hand corner, if you could, um, just go down to the 2 and select isaac's.
1002
02:35:54.090 --> 02:36:06.630
And then just text him, or check him your, your vote for this criterion, um, for usability that would and he will calculate those out all up.
1003
02:36:06.630 --> 02:36:13.200
I appreciate it. I, I do apologize. Um, and I'm working on that by voting on the I'm not sure.
1004

02:36:13.200 --> 02:36:24.990
I will, I will notify the map team. I do. I do apologize for this, but, uh, we are working diligently behind the scenes right now to get this resolved.
1005
02:36:24.990 --> 02:36:32.700
In the intro, when I mentioned the, the virtual meetings, thank you for your patients. I do appreciate it.
1006
02:36:32.700 --> 02:36:39.480
Um, so we'll just, we'll close that here in about 30 seconds if you can just.
1007
02:36:39.480 --> 02:36:46.620
Chat Isaac, and then bear with us for a moment while we make sure we capture all the sandy committee votes.
1008
02:36:46.705 --> 02:36:47.425
Thank you again.
1009
02:37:07.050 --> 02:37:13.470
Okay.
1010
02:37:16.260 --> 02:37:22.800
This is Isaac. Um, I see some people voting. Yes.
1011
02:37:22.800 --> 02:37:28.440
Please send in a vote based on the, uh, possibilities on the screen, which is.
1012
02:37:28.440 --> 02:37:31.560
I moderate, low, insufficient.
1013
02:37:31.560 --> 02:37:43.830
Yes, sorry everybody. Um, if you look at the desk, just me a measure, it's it's a yes, no pass fail. So that so don't get confused. We're actually voting high, moderate, low and.
1014
02:37:43.830 --> 02:37:56.490
So before sharing the responses, please get the team a moment to confirm the boots.
1015
02:38:25.555 --> 02:38:26.815
10 votes so far.
1016
02:38:27.150 --> 02:38:33.540
Via chat.
1017
02:38:34.740 --> 02:38:38.580
So, sorry, go ahead.
1018
02:38:38.580 --> 02:38:41.730
I'm just going to ask if we are voting.
1019

02:38:41.730 --> 02:38:45.510
If you voted 1 way, you don't vote the other way correct?
1020
02:38:45.510 --> 02:38:50.730
Through chat Krystin.
1021
02:38:50.730 --> 02:38:58.350
Yes, if you voted via poll everywhere, we're asking you to resend that vote via chat directly to me. Isaac.
1022
02:38:58.350 --> 02:39:02.850
I see. So you get the vote twice.
1023
02:39:02.850 --> 02:39:08.910
And we're not in Chicago, and we're not in Chicago and Chicago.
1024
02:39:18.415 --> 02:39:24.565
So, since we are receiving the votes via chat, uh, we will have Isaac, uh, read the response off.
1025
02:39:24.930 --> 02:39:28.170
Um, so we're not couple of events.
1026
02:39:56.520 --> 02:40:06.720
And while we're calculating behind the scenes, um, we are, um, happy to announce that for our final vote for overall suitability for endorsement. The link will be working.
1027
02:40:07.075 --> 02:40:07.405
Hello.
1028
02:41:01.080 --> 02:41:05.190
Okay.
1029
02:41:22.140 --> 02:41:27.810
I do appreciate everyone's patients we just need to make sure that we're accurately capturing all the votes.
1030
02:41:27.810 --> 02:41:40.020
Shouldn't be much longer.
1031
02:43:36.090 --> 02:43:39.990
Hello.
1032
02:43:41.790 --> 02:43:46.170
Okay.
1033
02:44:27.270 --> 02:44:34.590
Okay.
1034
02:44:35.545 --> 02:44:47.665
So, apologies, um, we, we're still in the, the midst of, uh, the chats, but they seem to be, um, a little bit inconsistent. So, uh, Trista is going to we try we are going to try the link real quick again.

1035
02:44:47.665 --> 02:44:52.375
I'm very, I do apologize about the back and forth so Tristan will be pulling up the.
1036
02:44:53.695 --> 02:45:08.635
Usability and if you can all go to your online survey, um, and see if you don't have the dyspnea, but you do have measures year, 206 um, we'll, we'll vote on usability again. Apologies for the back and forth. back and forth
1037
02:45:11.970 --> 02:45:16.980
Have 15 bucks.
1038
02:45:16.980 --> 02:45:29.670
This is Tracy, I do have the usability and use, but the vote that I recorded before is already there. So, will that get counted? Still? Absolutely. Okay so I don't I won't do anything then.
1039
02:45:47.640 --> 02:45:57.900
Okay, so before Tristan announced that we're going to just be, uh, we're just gonna pull the list just to make sure everyone that is voting is on the.
1040
02:45:57.900 --> 02:46:06.660
Sandy committee and make sure we don't have anyone from the map standing committee. So if you just bear with us, just for a few more seconds. Please Thank you.
1041
02:46:35.130 --> 02:46:38.520
Hello.
1042
02:46:46.375 --> 02:46:46.465
Okay.
1043
02:47:20.790 --> 02:47:26.880
Hey, Tristan, if you could just give us the results of the, the polling we can move forward.
1044
02:47:33.930 --> 02:47:38.640
I believe you're on mute. Sorry? I didn't realize I was on mute.
1045
02:47:38.640 --> 02:47:50.940
Sodium is now closed for measure 0206onusability. There was 1 vote for high, 15 votes for moderate 0 votes for low and 0 votes 4 insufficient. Therefore, the measure passes on usability.
1046
02:47:52.855 --> 02:48:00.955
All right, Chris after a little bit of delay or at the finish line go ahead and break the tape. Very good. Thank you Sean and committee.
1047
02:48:01.285 --> 02:48:13.795
So, just to remind everyone, this is a measure that seeks to assess the degree to which patients with cancer dying of cancer died within 3 days.

1048
02:48:14.425 --> 02:48:24.655
Of being referred to hospice, all of the criteria have been met there is a continuing gap.
1049
02:48:24.655 --> 02:48:35.065
There do appear to be some procedural obstacles to this measure of being fully implemented due to requirements and Medicare rules.
1050
02:48:35.545 --> 02:48:50.485
Those are obviously outside the scope of this discussion, but worth noting, I appreciate those committee members who brought that up. So I think we are unless there are further discussions we can, um.
1051
02:48:50.790 --> 02:48:55.080
You know, open it up to those discussions and then move to a final vote.
1052
02:48:55.080 --> 02:48:59.670
Committee met your developer.
1053
02:48:59.670 --> 02:49:06.750
No, we just want to think, uh, for a very detailed, thorough, accurate.
1054
02:49:06.750 --> 02:49:20.790
Review of our submission, so thank you so much and made our job very easy. And we just want to thank the discussion that happened with the community. We will take that in mind as we continue to maintain and improve the measure.
1055
02:49:23.520 --> 02:49:37.350
Terrific. Kristen Shawn let's try this 1 more time. Uh, voting is now open for measure 0206onoverall suitability for endorsement. The options are a for yes.
1056
02:49:37.435 --> 02:49:38.485
Or B, for now,
1057
02:49:52.915 --> 02:49:55.255
15 votes, last call for.
1058
02:50:05.190 --> 02:50:17.340
Is now closed for measure 0206onoverall suitability for endorsement? There were 17 votes for yes. And 0 votes for no, therefore the standard committee recommends to endorse the measure.
1059
02:50:19.350 --> 02:50:26.130
Well, done everybody thanks for asking Thank you for, um.
1060
02:50:26.130 --> 02:50:29.700
Helping us get through this and for it really.
1061
02:50:29.700 --> 02:50:36.960
I really well prepared measure set. You are welcome to stay on and listen for the rest of the afternoon. If you would like.

1062
02:50:36.960 --> 02:50:50.520
Um, but you're also welcome to go if you don't want to do that. We are at noon, which is our scheduled lunch break but let me turn it back to Leanne because.
1063
02:50:50.520 --> 02:50:55.170
We're a little bit ahead of schedule and I'm not sure what she has planned for us next.
1064
02:50:55.170 --> 02:50:58.260
Thank you Sean so.
1065
02:50:58.435 --> 02:51:11.365
shannon's correct, we are at almost the top of our 2012 noon and that is our scheduled lunch break. So we have a 30 minute scheduled much needed a lunch break again. Thank you for your patience and understanding with the voting. We will work diligently to make. Sure, our last measure goes flawlessly.
1066
02:51:11.365 --> 02:51:23.155
Please enjoy your lunch. We will reconvene at 1230 Eastern time and I will just pause if anyone has any questions. anyone has any questions
1067
02:51:26.460 --> 02:51:30.360
So, they connected or disconnected and come back.
1068
02:51:30.360 --> 02:51:42.420
You are, uh, most welcome to stay connected. You can, um, just turn on video. We'll put up a slide when, uh, with announcing the break and when we'll reconvene. So, yes, you can you're more than welcome to stay on.
1069
02:51:42.420 --> 02:51:51.120
Clarification, Leanne are we going to be looking at all the related and competing measures at the end of this? This full discussion.
1070
02:51:51.120 --> 02:51:59.010
That's a great question. Yes, we will. So, after our final measure review, then we'll move right into the related and competing section.
1071
02:51:59.010 --> 02:52:07.140
Thank you well, everyone enjoy your lunch and we'll see you back shortly. Thank you.
1072
03:24:42.180 --> 03:24:51.210
Hello, welcome back from lunch break. I'll just give it maybe a minute more. We're going to we'll start the recording and, uh, make sure everyone's.
1073
03:24:51.235 --> 03:25:06.025
Logged on here while we're waiting for folks to
1074
03:25:06.025 --> 03:25:12.805

join us, I will have Victoria if you could please share your slide and we'll bring up the final measure.
1075
03:25:39.925 --> 03:25:50.725
So, we will go ahead and get started so again Welcome back everyone. I am glad to see you all I hope you had a wonderful lunch and feel energized.
1076
03:25:50.755 --> 03:25:58.435
We will move into our final measure, uh, that we have for maintenance review. Um, which is 164 1, hospice and palliative care treatment preferences.
1077
03:25:58.435 --> 03:26:08.425
Um, so I, this measure is a bit more unique and how we approach the, the review and I, I want to explain why. Um, so. explain why um so
1078
03:26:08.730 --> 03:26:13.285
This measure is coming forward with 2 separate levels of analysis.
1079
03:26:13.375 --> 03:26:27.025
So the measure developer has specified this measured at the clinician group practice level, and at the facility level, as you can see from the preliminary analysis.
1080
03:26:27.025 --> 03:26:32.365
There were distinctions in the preliminary ratings for both levels of analysis.
1081
03:26:33.085 --> 03:26:44.095
So, for example, for performance gap that we had a preliminary rating at the facility level, and then we had a different preliminary rating at the clinician group practice level.
1082
03:26:44.545 --> 03:26:51.115
So, therefore, when we go through the criterion prior to immediately prior to the vote.
1083
03:26:51.390 --> 03:26:58.200
We are going to pause and give the opportunity for the sandy committee to decide.
1084
03:26:58.200 --> 03:27:04.290
Whether they would like to vote on the measure, uh, that criterion.
1085
03:27:04.290 --> 03:27:14.790
For both levels of analysis, so, for the clinician group practice level and the facility level, or if they would prefer to vote on the criterion.
1086
03:27:14.790 --> 03:27:20.580
Under review at 2 separate levels so then we would have 2 separate votes. So we would.
1087
03:27:20.580 --> 03:27:32.125

Um, vote for the measure criteria the criterion at the facility level. We'll do the vote and then we will do the the same boat at the clinician group practice level.
1088
03:27:32.455 --> 03:27:39.535
Um, and so how this will work is, um, prior to the vote on evidence. I will pause and then I will ask, is there any objections.
1089
03:27:39.810 --> 03:27:52.170
To voting at both levels of analysis and we'll have you chat that objection to Isaac safety and if we just need to receive 1 objection. So, and then we would go to the 2 boat.
1090
03:27:52.170 --> 03:28:00.120
So, I will pause there, um, to answer any questions you may have on the, the voting process for 10,601.
1091
03:28:04.590 --> 03:28:11.070
Hi, this is Linda swimmer. I, I really appreciate that clarification. Eh.
1092
03:28:11.070 --> 03:28:19.380
I had a question actually, as I was prepping for this and and to follow up on what you just suggested.
1093
03:28:20.575 --> 03:28:34.225
If we were to bifurcate it and hypothetically vote 1 way in 1 instance, in another way. In the other instance, could you clarify what that would mean for future use?
1094
03:28:34.255 --> 03:28:40.735
And the definition? I, I guess I'm just trying to understand the ramifications of.
1095
03:28:41.070 --> 03:28:49.650
What would happen and how it would play out in, in the, in the future as people look to use the measure if it was to be endorsed again.
1096
03:28:49.650 --> 03:29:04.470
That's a great question. Linda. So, thank you for asking that. So, as a scenario, if we would get to, let's say performance gap, and the standing committee decided they wanted to vote separately.
1097
03:29:04.470 --> 03:29:12.510
Um, both Welles and analysis and facility, um, was a voted separately so we voted on facility and the sandy committee.
1098
03:29:12.510 --> 03:29:26.575
Past the measure, uh, at the facility level, but did not pass the measure up the clinician group level then we would continue to vote at the facility level for the remainder of the criteria.
1099
03:29:26.575 --> 03:29:36.265

And then the overall suitability, um, if the measure passes, the overall, uh, suitability for endorsement, then the measure will be endorsed at the facility level.
1100
03:29:39.000 --> 03:29:48.990
And I hope that answered your question. Um, I'll also open it up for our senior director Matt, to fill in any gaps that I may have omitted from my answer.
1101
03:29:52.890 --> 03:30:03.900
I think that was it, so that's exactly it. So, since there's 2 different levels of analysis, you'll see in the preliminary analysis that you had prior to the meeting that there are.
1102
03:30:03.900 --> 03:30:10.020
Different ratings that have been assigned to the different levels because of what it's what has been submitted.
1103
03:30:10.020 --> 03:30:20.130
Um, so, when it comes to the Committee's votes would be asked if you wanted to vote on both levels together. So if you vote on evidence.
1104
03:30:20.130 --> 03:30:24.960
Together and it's a moderate a modern rating would be applied to both levels.
1105
03:30:25.375 --> 03:30:40.165
And if you wanted to vote on them differently, we would do 2 different votes. So, 1, the 1st, 1 would be applied to 1 level the next 1, the 2nd level. But there is that scenario where you could have the measure, go through and both levels be fine and both levels would have that endorsement.
1106
03:30:40.195 --> 03:30:42.145
However, maybe you find at 1 level.
1107
03:30:42.510 --> 03:30:46.830
Didn't do so well on 1 of the other most past criteria and it did not pass.
1108
03:30:46.830 --> 03:30:52.530
In that instance, the measure would not be endorsed at that level of analysis.
1109
03:30:52.530 --> 03:30:56.850
Can only be endorsed on the level of analysis. The committee finds to be sufficient.
1110
03:30:56.850 --> 03:31:04.680
Based on our criteria when does that answer your question?
1111
03:31:07.680 --> 03:31:14.580
I think so. I guess I'm, I'm and maybe we'll just get to it if we get to it. I'm just wondering.

1112
03:31:14.580 --> 03:31:20.430
I'm just looking at the definition and the numerator and denominator and just.
1113
03:31:20.430 --> 03:31:27.240
Wondering in the real world, how it would then play out and how it would be.
1114
03:31:27.240 --> 03:31:34.650
Specifically described in the inventory of endorsed measures, but.
1115
03:31:34.650 --> 03:31:42.180
It might not be relevant, so maybe we should just hold it until we if if and when we get there, I don't want to.
1116
03:31:42.180 --> 03:31:47.040
I don't want to I don't want to belabor it, but I, I understand what you're saying. Yes, thank you.
1117
03:31:49.170 --> 03:31:56.040
Thank you Matt and I do need to announce as well that there was, um, so we worked on the poll.
1118
03:31:56.605 --> 03:32:04.705
We have a new link that was sent out to the standing committee so we can vote on the new link, um, that was sent out.
1119
03:32:05.125 --> 03:32:16.555
And, uh, we will also do a voting test to make sure that everyone has access to that new voting link and that it's working correctly prior to.
1120
03:32:16.885 --> 03:32:21.685
Reviewing this measure, um, so then we won't have to chat our our votes.
1121
03:32:21.685 --> 03:32:32.485
So, um, if any of the standing committee members did not receive that new email, um, with that new voting link, please, let us know immediately and we can definitely help get that to, you.
1122
03:32:32.905 --> 03:32:41.635
Um, and so I will, uh, pause a moment and let Tristan pull up the voting test while you all look for your voting link.
1123
03:32:41.940 --> 03:32:45.090
I, I didn't get it. Yeah. Yeah.
1124
03:32:48.120 --> 03:32:55.020
If it's helpful, George, it came in just as Leon was discussing, it had been sent.
1125
03:32:59.850 --> 03:33:08.130
Oh, I don't hear you, George. George, you may be on mute.
1126

03:33:19.530 --> 03:33:22.800
Um, yeah, hold on maybe it's.
1127
03:33:22.800 --> 03:33:27.180
The results here, so we can hear you now, George.
1128
03:33:40.255 --> 03:33:45.055
George said that he had to hit refresh on his inbox if that's helpful.
1129
03:33:45.330 --> 03:33:50.820
Yeah, I got it now. Terrific. Takes a village.
1130
03:34:05.995 --> 03:34:06.205
Hello.
1131
03:34:06.480 --> 03:34:10.920
And we're looking for.
1132
03:34:10.920 --> 03:34:15.540
1 more vote to meet voting quorum again. If you.
1133
03:34:15.540 --> 03:34:18.600
Are having troubles locating the link please please let us know.
1134
03:34:18.600 --> 03:34:27.390
Uh, we and it's me, Sean, I haven't gotten a link and I have done the refreshing. Okay. Yeah, I read this stuff.
1135
03:34:27.390 --> 03:34:31.380
Okay, perfect, uh, 1 of the team members will send that link to you directly.
1136
03:34:31.380 --> 03:34:40.020
Thanks for letting us know.
1137
03:34:51.180 --> 03:34:56.670
And Sean, once you receive that link, and we confirm that you can vote, we will go ahead and close the, the.
1138
03:35:02.040 --> 03:35:15.960
Dot com.
1139
03:35:33.120 --> 03:35:40.710
Um, Tristan, let me just put a new email into the chat to you. Um, I don't know if it's getting hung up and sign eyes system or what.
1140
03:35:40.710 --> 03:35:44.370
Okay, for the time being will go ahead and close the test.
1141
03:35:44.370 --> 03:35:50.730
And we'll get to so voting test has been completed 70. yes.
1142
03:35:50.730 --> 03:35:58.735

He said, no, man, I will turn it back to you. Thank you Tristan and thanks again. Everyone for your patients while we switch voting links.
1143
03:35:58.765 --> 03:36:10.525
Um, so I will now hand it over to our Co chair, Amy, who will introduce the measure and then, um, uh, allow the developer 3 to 5 minute introduction. So, Amy.
1144
03:36:10.830 --> 03:36:20.610
Thank you Leanne and thank you for giving us terrific instructions based on the information in our measurement worksheets.
1145
03:36:20.610 --> 03:36:33.535
So this is, um, measure number 641, hospice and palliative care. It is, um, on treatment preferences the percentage of patients with chart documentation of preferences for life, sustaining treatments. Um.
1146
03:36:33.595 --> 03:36:36.715
life sustaining treatments um
1147
03:36:37.405 --> 03:36:50.755
And as Leanne described, um, the level of analysis is at the, uh, clinician group practice level, and at the facility level. Um, and the settings of care are home care in patient hospice.
1148
03:36:51.145 --> 03:37:04.705
So, I'm going to turn 1st to the developer. And in this case, the developers, the University of North Carolina, Chapel Hill so, on to you to provide a 3 to 5 minutes, thank you so much, Amy.
1149
03:37:04.705 --> 03:37:09.445
And thank you to the committee for the opportunity to present.
1150
03:37:09.750 --> 03:37:21.570
Measure 641 for maintenance of endorsement on Laura Hanson. I am at the University of North Carolina, geriatrician and Palliative Medicine position.
1151
03:37:21.570 --> 03:37:29.370
And I'm joined online by Catherine Wessel, and I just want to acknowledge that she's done a tremendous amount of.
1152
03:37:29.370 --> 03:37:35.250
Support work in the long and storied life of this particular quality measure.
1153
03:37:35.250 --> 03:37:42.180
Um, this quality measure just for historical context, began through a CMS.
1154
03:37:42.180 --> 03:37:50.640
Project to develop quality measures for hospice and palliative care, which did not previously exist.
1155

03:37:50.640 --> 03:38:02.310
And for a number of years, now, these quality measures have a specific of a group of quality measures developed in the project have been used in hospice care.
1156
03:38:02.310 --> 03:38:11.340
Nationally those quality measures are all process measures and those quality measures.
1157
03:38:11.340 --> 03:38:21.360
We're eventually under CMS guidance rolled up into a composite measure, which is also, um, into the doors.
1158
03:38:21.360 --> 03:38:30.480
The CMS was interested in sunsetting, the other process measures and.
1159
03:38:30.480 --> 03:38:34.830
The hospice quality process will change as a result.
1160
03:38:34.830 --> 03:38:43.530
But I'm quite comfortable with those other measures on setting, but decided to bring this measure forward.
1161
03:38:43.530 --> 03:38:49.950
For maintenance of endorsement, because I believe that it continues to have value added for.
1162
03:38:49.950 --> 03:38:53.550
The practice settings of hospice and palliative care.
1163
03:38:53.550 --> 03:39:04.110
I want to provide a couple of clarifications, um, that introduction doesn't highlight a more detailed description of the numerator.
1164
03:39:04.110 --> 03:39:13.770
Which is that the requirement to meet this measure is that there's documentation of communication of patient or surrogate.
1165
03:39:13.770 --> 03:39:26.370
Expression of treatment preferences it's the only quality measure that requires that met and it's also meant for the denominator population as the title suggests.
1166
03:39:26.370 --> 03:39:31.650
Those who are in specialty, palliative care, or in hospice care.
1167
03:39:31.650 --> 03:39:40.320
And the argument or rationale behind this measure, and the evidence based is that.
1168
03:39:40.320 --> 03:39:55.075
It is a practice standard in national consensus guidelines for hospice and palliative care to illicit and honor treatment preferences for the patient population that's being served.

1169
03:39:55.315 --> 03:39:56.725
Serious illness.
1170
03:39:56.820 --> 03:40:00.180
And this measure matches that practice.
1171
03:40:00.180 --> 03:40:06.000
Stay under seriously population, um, ignore it in the notes.
1172
03:40:06.000 --> 03:40:11.940
I'm not surprised at all if it has been some, some value.
1173
03:40:11.940 --> 03:40:22.290
We're having just a, thank you if you could speak up the microphone Thank you so much. Sorry to interrupt you.
1174
03:40:22.290 --> 03:40:26.310
That 1.
1175
03:40:30.090 --> 03:40:35.910
How's this is this better.
1176
03:40:35.910 --> 03:40:39.090
Yeah, sorry about that. All right.
1177
03:40:39.090 --> 03:40:45.060
Um, hopefully you didn't miss too much of my wisdom at the beginning, but basically, um.
1178
03:40:45.060 --> 03:40:49.405
The, um, the measure,
1179
03:40:49.435 --> 03:41:00.745
I think continues to have an evidence base that's legitimate for the practice of hospice and palliative care and although advanced care planning more broadly has been recently focused on.
1180
03:41:01.020 --> 03:41:11.910
Controversy and public discussion, I think there is no question that the gold standard outcome that we are seeking to achieve in hospice and palliative care is.
1181
03:41:11.910 --> 03:41:16.710
Goal can coordinate care guided by patient preferences.
1182
03:41:16.710 --> 03:41:21.210
And unless we engage in the process of eliciting those preferences.
1183
03:41:21.210 --> 03:41:27.540
We simply cannot provide that kind of care to these serious illness populations.
1184
03:41:27.540 --> 03:41:38.640

I think the 1 other thing that I want to mention is that in the interim between the last maintenance of endorsement, and this maintenance of endorsement, um.
1185
03:41:38.640 --> 03:41:49.225
The measure not only was used nationally in hospice, and you can see data in the reporting from hospice use, but was used in prime,
1186
03:41:49.225 --> 03:41:54.505
the public hospital redesign and incentives program under medical.
1187
03:41:54.810 --> 03:42:00.655
Um, and they are, although it's kind of buried on page 19 in your report.
1188
03:42:00.655 --> 03:42:13.495
You see some additional information both about its utility and broad public health application in palliative care and also, um, the.
1189
03:42:13.830 --> 03:42:18.690
Essentially performance gap that continues to exist.
1190
03:42:18.690 --> 03:42:30.300
The performance gap, and the question of a ceiling effect, I think is 1 of the things that this committee is likely to debate and discuss as indicated in the preliminary report.
1191
03:42:30.300 --> 03:42:37.735
Um, I would argue that this is something that should be a gold standard for hospice care.
1192
03:42:37.945 --> 03:42:51.655
It should be something that is actually part of the care of every hospice patient and that arguably it's pretty close to a gold standard for the care of people receiving specialty palliative care.
1193
03:42:52.290 --> 03:43:05.100
And in that context, I ask you to think about the performance gap data in thinking about what it means to miss doing this for these patient populations.
1194
03:43:05.100 --> 03:43:11.730
And I'll stop there and turn myself on to mute while the committee discusses, but happy to take questions.
1195
03:43:12.445 --> 03:43:24.115
Thank you for that very engaging and helpful background on the measure and good to see you. So we're saving the best for last.
1196
03:43:24.115 --> 03:43:36.505
We have the dynamic duo of George cancel and Linda Schwimmer who are going to be guiding us today in the discussion of this measure. Um, so I think we're going to start with George.
1197
03:43:36.810 --> 03:43:50.670

Yeah, thanks, Amy. No pressure you know, it's like Sean wasn't bad enough. So now, you know, we have to do this, but, um, thank you. And let me just say before I begin. Um.
1198
03:43:51.415 --> 03:43:52.345
2 things 1,
1199
03:43:52.645 --> 03:44:07.165
I have great respect for our coach here is I've shared committees where I had to balance the desires of lots of different stakeholders to speak with the desire to plow through the agenda and it is not an enviable position.
1200
03:44:08.065 --> 03:44:18.085
So, I congratulate both both Amy and Sean on that. Great achievement. I'm going to try to make sense out of this.
1201
03:44:20.005 --> 03:44:33.685
A lot of this, especially when we get into some of the statistics, which is, which is true. I agree with leanne's analysis. But but this is this is really a, I think a critical measure.
1202
03:44:33.715 --> 03:44:40.555
I agree with Dr HANSEN completely on the, on the intent, and on the standard.
1203
03:44:41.875 --> 03:44:52.735
Um, frankly, not a fan of the term gold standard, but I think I get her point and I think that's that's right. This is a process measure.
1204
03:44:53.725 --> 03:45:06.895
As has been said, it's the level of analysis is the clinical group practice and the facility the data source is assessment data and electronic health records.
1205
03:45:06.895 --> 03:45:17.965
Now that's going to come up as right away an issue. I think for discussion that I'm not sure. I completely understand, but I call it out for the committee's discussion.
1206
03:45:18.385 --> 03:45:32.335
I think the other thing is that, as Dr HANSEN has pointed out, this is a measure for both hospice patients and or patients in specialties, palliative care and acute hospital.
1207
03:45:32.875 --> 03:45:39.055
So, therein lies another issue that we're going to have to confront,
1208
03:45:39.055 --> 03:45:51.865
which is any of us who have been in these discussions of how 1 determines the numerator for acute palliative care knows that that's fraught with some difficulty. So that's going to play in here.
1209
03:45:53.575 --> 03:46:00.985

But to but to start, I think the rationale is there and I want to start with the evidence.
1210
03:46:00.985 --> 03:46:12.385
And if Amy, if you would adults me, I think this might be best handled by doing the evidence. Let's discuss the evidence and vote and then discuss the gap.
1211
03:46:12.385 --> 03:46:24.565
And vote, because I think this is going to be too involved subjects that would hopefully get through quickly. So, on the evidence.
1212
03:46:25.980 --> 03:46:30.060
And, uh, let me get my stuff here.
1213
03:46:30.060 --> 03:46:35.220
So.
1214
03:46:38.335 --> 03:46:48.835
The developer did cite multiple studies and I think, you know, the literature is very clear and again, you know, I want to not get into here.
1215
03:46:48.835 --> 03:47:03.145
I hope the pros and cons of advanced care planning, and as a general topic, but if we could stay on on the measure, that would be probably most productive and the.
1216
03:47:04.380 --> 03:47:08.220
I'm just looking for.
1217
03:47:09.420 --> 03:47:20.065
Um, so the developers did helpfully hopefully qualify the numerator when this measure Dr.
1218
03:47:20.065 --> 03:47:30.685
HANSEN didn't mention mentioned but I think it's important to say the, the, there was an exclusion in this instrument back when, and it was that.
1219
03:47:30.960 --> 03:47:37.860
They didn't count anybody who had been in hospice, uh, less than 7 days and the developers.
1220
03:47:37.945 --> 03:47:51.655
At the last review, I believe, demonstrated that that exclusion should be removed and that did not affect the reliability. So we'll get to that and reliability. But but that was the developers, I think did a good job of that.
1221
03:47:51.655 --> 03:47:56.095
And it's, it's repriced here in in this document.
1222
03:47:56.430 --> 03:48:05.070

And I think I would say Dr HANSEN, the, the standard a little differently, which is the.
1223
03:48:05.905 --> 03:48:07.345
Rather than goal concurrent care,
1224
03:48:07.345 --> 03:48:20.935
I would say the standard is good clinical communication and I think the literature supports that the literature is quote that's quoted here supports that that irrespective of what thinks about the documents,
1225
03:48:21.205 --> 03:48:35.395
and the developers were very clear that that that putting a document in the chart living will or some sort of advanced care planning document is not adequate to meet the criteria.
1226
03:48:35.815 --> 03:48:50.035
That's an important distinction that the committee needs to understand it is about the communication and about having good communication with the patient. And Sarah. I think that's critical and is a value in this instrument.
1227
03:48:51.595 --> 03:49:03.865
The evidence there's not a lot of new evidence. They cite the developer's site to to new consensus studies but it seems to me, as I look at them.
1228
03:49:06.475 --> 03:49:15.865
What that does is it basically looks at the same literature this committee's looked at in 2012 and 2016, and comes to the same conclusion this committee came to in 2012 and 2016, that the literature,
1229
03:49:15.865 --> 03:49:28.045
and the evidence was sufficient to support support the measure and support a national measure and so there is technically new evidence. and support a national measure and so there is technically new evidence
1230
03:49:28.650 --> 03:49:36.240
But it's still, it's still mostly tangential, which is true, but.
1231
03:49:36.240 --> 03:49:46.410
The, the volume of it to me says that, uh, this is this is an important measure, uh, that needs to be moved forward. So.
1232
03:49:46.410 --> 03:49:49.620
That's my spiel on evidence.
1233
03:49:51.750 --> 03:50:04.375
And I'll leave it to my colleague, thank you, George. So, um, we do have 1 comment in the chat, uh, from Carl. Would you like to present your comment?
1234
03:50:04.375 --> 03:50:06.985
And I'm going to open it up to the committee for comments.
1235

03:50:07.230 --> 03:50:20.425
For any things, but I really I think we got a lot to talk about. So this is just about the language of life sustaining treatment and whether we want to continue to use that. I know it's in the literature and so on, but it's, it seems a little value late.
1236
03:50:20.425 --> 03:50:26.785
And that's all I really need to say, and I leave it up to you guys, if you want to discuss more I just wanted to put it out there.
1237
03:50:28.920 --> 03:50:34.920
And that obviously will be noted in in the report that comes out of this meeting. Thank you for that. Carl.
1238
03:50:34.920 --> 03:50:39.720
Are there any other comments from the committee related to the evidence.
1239
03:50:41.490 --> 03:50:49.260
Hearing none, um, I'm going to turn to Laura. Laura. Do you have any comments related to the comment that you just heard?
1240
03:50:49.260 --> 03:51:03.960
Or the presentation, I, I don't have anything to add. I do appreciate the comment about life sustaining treatment and, um, and certainly open to linguistic editing.
1241
03:51:06.295 --> 03:51:18.325
Thank you so, we're going to begin then with a vote on the, on the evidence and with that, the evidence can be high, moderate, lower and sufficient as a reminder.
1242
03:51:18.535 --> 03:51:25.945
The staff preliminary rating was moderate and I'm going to turn to Tristan. No, Isaac.
1243
03:51:27.085 --> 03:51:32.245
Yeah, Tristan Tristan you're going to open up the voting. Correct? Trista another 1 yes, that is correct.
1244
03:51:32.275 --> 03:51:43.645
Um, so again, uh, as Trista is pulling up the voting slide, um, we're going to, as their earlier before each boat, we're gonna give the opportunity for the standing committee to.
1245
03:51:43.890 --> 03:51:57.300
Um, provide any objections to voting at both levels so that will be the facility level and the clinician group practice level. So if anyone on the sandy committee has any objections to voting on both together.
1246
03:51:57.300 --> 03:52:06.990
Um, then, um, you will chat Isaac directly again, uh, chat him directly and, uh, Laura, you have your hand up.
1247
03:52:06.990 --> 03:52:19.140

Sorry, yes, I apologize. I meant to say this in my introductory comments, just as a clarification the reason that there were those 2 levels in the original measure.
1248
03:52:19.140 --> 03:52:19.560
Um,
1249
03:52:19.585 --> 03:52:34.045
submission was because of the diversity of practice structure that's represented in hospice and palliative care and wanting to allow the that
1250
03:52:34.045 --> 03:52:38.035
diversity of practice structure to be represented appropriately.
1251
03:52:41.070 --> 03:52:45.330
Thank you Laura for providing that feedback and verification.
1252
03:52:45.330 --> 03:52:51.390
So, we will give it just a few more seconds to.
1253
03:52:51.390 --> 03:52:54.870
See, if there's any objections and then we'll proceed with the vote.
1254
03:53:03.000 --> 03:53:08.550
I don't have rejection, but I'm getting somebody else's presentation again.
1255
03:53:08.550 --> 03:53:12.060
Oh, my God, I don't know if anybody else is.
1256
03:53:12.060 --> 03:53:26.430
And who's speaking? I'm sorry, Mike. I'm sorry this is Tamara. Tamara? Yes. So I'm not sure if um, you heard earlier. So we sent out a new link around 1238 0 PM Eastern yeah.
1257
03:53:26.430 --> 03:53:32.910
This is my new link. I'm 1238. let me try it again. I apologize.
1258
03:53:32.910 --> 03:53:37.860
I'm not getting any thing and I'm I'm not either.
1259
03:53:37.860 --> 03:53:43.080
I'm not either. Yes. Yes. And mine is waiting waiting for the poll.
1260
03:53:43.080 --> 03:53:47.760
Right, right? So yeah. Sorry. So to clarify that.
1261
03:53:47.760 --> 03:53:53.850
The reasoning is so we have to ensure that whether we're voting on the facility and clinician level together.
1262
03:53:53.850 --> 03:54:05.250

Before we activate, so, uh, we're waiting for any objections to come through the chat. 1st. Oh, my glasses were blurry and I thought it said Polly, it's pulled so.
1263
03:54:05.250 --> 03:54:16.320
Classes okay, so, um, we have had received no objections, so we will continue. We'll proceed with voting for evidence for both levels of analysis. Thank you.
1264
03:54:16.320 --> 03:54:22.950
Leanne voting is now open for measure 10,601 on evidence. The options are a for high.
1265
03:54:22.950 --> 03:54:27.270
Be for moderate C for low, insufficient.
1266
03:54:32.520 --> 03:54:45.150
Last call for a boat voting is now closed for measure 164 1 on evidence. There was 1 vote for high.
1267
03:54:45.150 --> 03:54:52.470
14 boats from moderate 2 boats for low and votes for insufficient. Therefore, the measure passes on evidence.
1268
03:54:54.300 --> 03:55:05.610
Wonderful Thank you. And I see the voting link works. Well, so that's good news. Um, so just to remind you that, um, this vote applies at both levels and it possible evidence. All right so I'll hand it back to Amy.
1269
03:55:06.055 --> 03:55:21.025
Thank you very much Leanne. So, um, we are now on to the review of the performance gap and George, I'm trying to get back to you and I just want to make sure Linda, that you are also able to add your comments. So, George to, you.
1270
03:55:24.960 --> 03:55:29.640
And short, you, you seem to be on mute again. Okay.
1271
03:55:29.640 --> 03:55:35.880
Um, How's that? Very good?
1272
03:55:36.085 --> 03:55:44.905
Okay, um, the the gap is is interesting. Um, I think this may be the critical piece in this.
1273
03:55:45.175 --> 03:55:56.875
I heard Dr HANSEN not saying straight out that this should be something we get for everybody and I, as a theoretical concept.
1274
03:55:56.875 --> 03:56:08.185
I certainly agree with that but I'm referring back now to the comments from, I think Marian Grant and and others earlier about how, you know, maybe 100% shouldn't be the,
1275

03:56:08.185 --> 03:56:18.955
the goal here because of some very good reasons that we've already talked about from from other measures. But that because that being said. being said
1276
03:56:19.230 --> 03:56:22.740
Um, the numbers in this, um.
1277
03:56:22.740 --> 03:56:25.950
In this measure are quite high.
1278
03:56:25.950 --> 03:56:35.520
Um, there's, uh, if you look at them, they've done disparity analysis. They've done all the right things, but.
1279
03:56:35.520 --> 03:56:47.910
All the data points reported are in the mid to upper nineties, the medium is 98. the mean is 100% and 10th percentile is 95%.
1280
03:56:47.910 --> 03:56:54.870
There are several gaps, reported a statistically significant, however, with an end of over a 1,000,000.
1281
03:56:54.870 --> 03:57:01.440
Uh, the gap mostly turns out to be 1 or 2 percentage points with both scores being above 95%.
1282
03:57:02.455 --> 03:57:09.504
Um, statistically significant. Yes. Clinically significant. I'm not sure. I think that's highly debatable.
1283
03:57:09.925 --> 03:57:23.215
I'm not sure how actionable numbers are when they're, you know, between 95 and 100 as a quality and I'm looking at Dr kamal's picture here as 1 of the quality people.
1284
03:57:23.305 --> 03:57:27.325
I respect on this call, but and Marion, but I,
1285
03:57:27.325 --> 03:57:42.295
I really question whether whether this hasn't topped out and as useful as it is and as important as a measure is in this gap and I also recognize to be clear that there is
1286
03:57:42.295 --> 03:57:56.665
literature that says, otherwise there is literature that says there's a gap and I don't deny that, but if we're not getting those numbers in the measure, I wonder about whether this is this is a measure that should be continued. The other question.
1287
03:57:56.665 --> 03:58:06.295
I have that Dr HANSEN may want to address is and this may be my just my inability to read numbers, but. numbers but
1288

03:58:07.405 --> 03:58:22.405
I'm not seeing a clear distinction here between hospice numbers and the cute palliative care numbers. So I'm not really clear about how much of this evidence comes from the acute specialty palliative care setting and how much it clearly comes from hospice.
1289
03:58:22.405 --> 03:58:35.395
That's very clear. But I don't see any, any other any other numbers here that would tell me that there was substantial measurement on the palliative care side. And that's okay. If that's what it was.
1290
03:58:35.395 --> 03:58:38.875
But if the measures claiming to measure to.
1291
03:58:39.690 --> 03:58:46.320
To include that side of the house, then then the data needs to be here and frankly, I don't see it.
1292
03:58:46.320 --> 03:58:50.070
So, I would, I would, um.
1293
03:58:50.070 --> 03:58:53.820
Suggests that that may be this measure is top down.
1294
03:58:53.820 --> 03:59:07.620
And we need to in an era where hospice we know, is getting less money and more measures to to do does this really.
1295
03:59:07.620 --> 03:59:11.160
As a friend of mine would say is the juice worth the squeeze.
1296
03:59:11.160 --> 03:59:15.420
Ah, to do this measure, I think that's in serious question.
1297
03:59:20.010 --> 03:59:28.650
Thank you George. Um, I'm going to open it up 1st, um, for committee, uh, questions, comments.
1298
03:59:28.650 --> 03:59:32.820
Does my storage Co reviewer have anything to add.
1299
03:59:33.930 --> 03:59:37.590
No, George, I thought that was a really great summary. I'll just.
1300
03:59:37.590 --> 03:59:42.030
I agree with what you said, and just note for the committee that.
1301
03:59:42.205 --> 03:59:56.575
What you said, aligns with, um, what the staff's recommendation or review was, which was, um, a low, uh, rating for, um, uh,
1302
03:59:56.605 --> 04:00:01.855
opportunity to address, um, performance gap. And, um.
1303

04:00:02.160 --> 04:00:07.950
And your common alliance with some of the other, um, Pre committee comments that were made.
1304
04:00:07.950 --> 04:00:11.010
Yeah, sorry, I didn't mention that there are several other comments.
1305
04:00:12.390 --> 04:00:21.030
Thank you very much, Linda, so, with that, I'm going to open it up to the full committee. Uh, I see. Uh, you've got a question.
1306
04:00:21.030 --> 04:00:27.450
More a comment testimonial for past views, rather than the current situation.
1307
04:00:27.450 --> 04:00:31.980
I wouldn't be surprised if we get stuck on the, um.
1308
04:00:31.980 --> 04:00:46.045
Demonstration of gap, but 1, with a comment to the advanced care planning issue and I agree with Sean I think it's a great article. I think this is a little different because we are actually targeting a population rather than a global population.
1309
04:00:46.405 --> 04:00:49.645
And if ever there's a place, it would make sense to do. So, this is it.
1310
04:00:49.950 --> 04:00:58.470
I'm really when I echo George's comments around the need to see this in the cute care team piece.
1311
04:00:58.470 --> 04:01:12.180
And how important that's going to be for us in the future. But I just want to give a little testimonial is kind of 1 of the hospice medical directors, and thanks to Dr or team for this measure. And I'm going to go back.
1312
04:01:12.180 --> 04:01:15.630
A number of years, and let's go back, like, 15 years ago.
1313
04:01:15.630 --> 04:01:25.350
And being in a place where you have a kind of regional group of hospice teams, and some rural, and some are more suburban.
1314
04:01:25.350 --> 04:01:40.255
There was a significant gap and big process problems, um, on this measure. And what was really lovely to be able to utilize was to get the teams to start to share best practices across a regional group to move that thing up to the top.
1315
04:01:40.770 --> 04:01:45.780
And get near the 100%, but what was then helpful?
1316
04:01:46.345 --> 04:02:01.045

Was seeing when there was a dip in the team over time and to be able to go back and re, bullets, where was the breakdown? And to me, you know, it wasn't a big dip from 9598%. five ninety eight percent
1317
04:02:01.350 --> 04:02:05.910
Down to 85% I'd be worried about a 3 or 5 point swing.
1318
04:02:05.910 --> 04:02:16.765
Um, and and asking, was there something different on 1 of the sub teams? So I think that's an example about how this measure was useful across the broader system.
1319
04:02:16.795 --> 04:02:23.785
I just wanted to share that as a testimonial and talking about how, even as you get close to 100, it still had some value. value
1320
04:02:26.940 --> 04:02:34.980
And Laura will come back to you at the end after we've gone through all the comments but duly noted that your hand is raised Sarah.
1321
04:02:36.270 --> 04:02:44.250
Thank you I have related to gaps. I guess I have a clarification that goes a little bit further ahead, but around the numerator specification.
1322
04:02:44.250 --> 04:02:57.150
And George, you made the comments about that an alone is not adequate to meet the requirements for the numerator. I apologize. I missed the clarification of the specification of the numerator.
1323
04:02:57.150 --> 04:03:10.495
Because that certainly may, um, help understand how 100% is. I can just speak to our, how, you know, past experience of how we apply to this measure. It was presence, uh, of, of, of just the advanced directive.
1324
04:03:10.495 --> 04:03:22.255
So, I don't know if that was a false on past decisions of, um, how we, um, use the specifications to monitor this or, um, just a clarification of the numerator for the specification. the specification
1325
04:03:26.910 --> 04:03:32.160
And George is there anything you want to add on the numerator in response to Sarah's question?
1326
04:03:32.160 --> 04:03:40.770
Well, I think, yeah, I mean, my assumption was that we're now talking about reliability, which we'll get to next.
1327
04:03:40.770 --> 04:03:46.860
And and that falls, I'm glad to address it, but but it, it's, um.
1328
04:03:46.860 --> 04:03:50.970
Um, maybe somebody can.
1329
04:03:50.970 --> 04:04:02.670

Correct me on that, that, that that belongs in the reliability section, but but I think I think she's right. It's it is a I mean, we've debated over the years on many measures in this committee.
1330
04:04:02.670 --> 04:04:11.370
How you how you calculate numerator and denominator in acute palliative care.
1331
04:04:11.370 --> 04:04:23.070
And I think it's helpful in this 1 that they specify specialty care. So, presumably, that means that the care is under the direction of a, a.
1332
04:04:23.515 --> 04:04:37.585
Train boarded palliative care, Doc, um, something like that and that's helpful. Um, but it's still tricky and, as I said, I don't, I'd love to hear I'm looking forward to hearing from Laura about this.
1333
04:04:37.615 --> 04:04:43.855
I'm sure we will about about how that's working on the on the acute care side.
1334
04:04:44.160 --> 04:04:49.290
I'm missing the data in here as that breakout.
1335
04:04:49.290 --> 04:04:57.090
Yeah, and I'll just add to the comments before Sarah responds, um, that.
1336
04:04:57.655 --> 04:05:10.915
You know, W, W, we know that there are places where specialty palliative care does not exist. We don't we don't suggest what you do in terms of the measure. We're here to review a measure as it exists.
1337
04:05:12.355 --> 04:05:26.125
But if if we are, in fact, reaching topping out on this measure, and yet, people are having huge disparities in terms of the process in part,
1338
04:05:26.125 --> 04:05:35.185
because they may not have access to specialty palliative care. Um, then, you know, what is, what is an appropriate response.
1339
04:05:35.185 --> 04:05:44.275
And so, this may simply be to the comments for the future of the development of this or other measures and Eric. Did you have your handout.
1340
04:05:47.520 --> 04:05:51.360
Um, I did, but if others want to go 1st, that's fine, too. Maybe.
1341
04:05:53.935 --> 04:06:06.775
You are welcome to. Okay. All right then I'll go. Um, yeah, so I, you know, I s, I see this as an important measure and I see that, you know, the, the data we're hurting topping out are are sort of important to recognize too.
1342

04:06:06.775 --> 04:06:16.345
I think there's a couple of ways to look at this 1 is, I do see it different from advanced planning and that it is sort of proximal to a decision or an outcome.
1343
04:06:16.345 --> 04:06:23.905
And I think that proximity makes it different as it's a, you know, sort of patient centered, measure versus a population health level measure.
1344
04:06:24.175 --> 04:06:34.285
Um, I do think that the high adherence to the measure is driven by hospice largely because there is a sort of regulatory mandate for that to occur.
1345
04:06:34.285 --> 04:06:48.445
And so, uh, you know, I, I sort of looking through, um, Steve panelists data and our own data to see if we can, um, see a bit more of a gap at a distance is driven by that. And then the 3rd is, um, you know, I think about sort of the.
1346
04:06:48.810 --> 04:07:03.475
The kind of the implications of the measure, like this, not going forward and putting aside individual criteria, but just sort of thinking at the high level is 1, is that this is a measure included in the composite and QF measure for hospice evaluation.
1347
04:07:03.475 --> 04:07:11.845
And so I worry a little bit about, um, you know, seeing it as a standalone measure. That's how we're evaluating.
1348
04:07:11.845 --> 04:07:22.045
But I'm also thinking about its role in a composite measure to evaluate, sort of total hospice quality, whereas on its own, it may be pretty high.
1349
04:07:22.045 --> 04:07:31.105
But, um, you know, in some ways that it identifies itself as something critical, because the composite measure for hospitals only has, like, 7 things in it.
1350
04:07:31.345 --> 04:07:44.275
And so, in some ways it says these are the 7 things that are important individually they may have high levels. But together, they're important to see in totality and I think of the other piece too, which is right now is it's currently defined.
1351
04:07:44.275 --> 04:07:52.195
It is the it is defined as 2, especially palliative care. Um, but I worry in general and again, this may be kinda beyond this measure about.
1352
04:07:52.735 --> 04:08:07.675
You know, if we, if, if this concept is not embraced, um, you know, about treatment preferences, that it's hard at that point to make the argument to apply it to other non specialty clinicians right.
1353

04:08:07.705 --> 04:08:10.165
In that sometimes in quality measurement, we have.
1354
04:08:10.410 --> 04:08:24.930
Something that goes through and we embrace it for those who are, sort of, in the know, but use that then as a model to apply it to those, who may not be because I think we I think most of us would agree that if we apply this measure to non specialists.
1355
04:08:24.930 --> 04:08:29.100
Primary care and colleges, et cetera that the the performance would be.
1356
04:08:29.125 --> 04:08:35.755
Lower, I think so, and so that's just that's just sort of. And again, it may be a bit out of a bounce to exactly the specific criteria.
1357
04:08:35.755 --> 04:08:48.685
I just wanted to make sort of a plug for the concept as it is, its role in the aggregate and it's, you know, its role as a model for the importance of this concept in healthcare more broadly, even beyond the specialty.
1358
04:08:50.310 --> 04:09:01.080
So, um, thank you for reminding us of the critical role of this measure in the hospice, uh, composite manager. So much appreciated for that.
1359
04:09:01.080 --> 04:09:06.600
Are there any other committee questions and, or comments.
1360
04:09:09.325 --> 04:09:15.685
So, with that, I'm going to turn it back to Laura to respond to these questions and comments.
1361
04:09:15.895 --> 04:09:29.005
Yeah, and I appreciate them very much and they're very much honestly in line with my own thinking as measure steward and developer. So appreciate the discussion. Um.
1362
04:09:29.280 --> 04:09:36.900
I do want to point out a couple of things that I think are important for the committee to reflect on 1, is.
1363
04:09:36.900 --> 04:09:43.680
This measure as an individual measure will be retired for hospice.
1364
04:09:43.680 --> 04:09:56.125
Evaluation, so, as a reef previewed, this measure will be incorporated in and is incorporated in the CMS composite measure for hospice,
1365
04:09:56.395 --> 04:09:59.934
which inherently is harder to meet because it sets.
1366
04:10:00.120 --> 04:10:08.790

A set of processes, all of which must be met in order to meet that composite measure. So, um.
1367
04:10:08.790 --> 04:10:19.015
This will be retired, essentially in its current use for hospice where the topping out data exists,
1368
04:10:19.315 --> 04:10:24.955
it will be maintained in the composite measure and so still be in use in that way.
1369
04:10:26.155 --> 04:10:38.065
We did supply some additional data, um, but it's kind of strange and I apologize if this is our mistake in preparing, um, on page 19.
1370
04:10:38.095 --> 04:10:48.085
there is the, um, just descriptive data of the measure in the prime project in California in.
1371
04:10:48.745 --> 04:10:59.575
Specialty palliative care and you can see there that the mean was 82.9% the median was 89%. Um, but interestingly the range was from 0 to 100%.
1372
04:10:59.575 --> 04:11:13.045
So there were hospital programs where the measure was actually not achieved at all. So, there's quite a, a more significant variability in specialty palliative care, um, in that data.
1373
04:11:13.045 --> 04:11:17.725
in specialty palliative care um in that data
1374
04:11:18.270 --> 04:11:22.770
Um, so that is.
1375
04:11:22.770 --> 04:11:34.980
Some additional information and data in specialty palliative care for your consideration and honestly, just we may not have put it in the right place. And if so apologize.
1376
04:11:34.980 --> 04:11:39.870
For that, um, the, um.
1377
04:11:41.340 --> 04:11:45.750
Yeah, so those those are basically the things that I want to.
1378
04:11:45.750 --> 04:11:50.040
The committee to think about in addition.
1379
04:11:51.150 --> 04:12:03.750
Laura, just a couple of things quick. Um, when you say retired, I mean, are we, uh, I don't keep up on these measures. I know what you mean by it, but, yeah. Are we not on a timeline for that?
1380
04:12:03.750 --> 04:12:17.395

Yeah, I don't know the precise timeline, but CMS has indicated to me their intent to make this transition over to the composite measure and to hospice caps and, um,
1381
04:12:17.425 --> 04:12:21.145
others on the committee may know the timeline better than I do. But that is.
1382
04:12:21.270 --> 04:12:25.260
That is the plan, um, and that's a.
1383
04:12:25.555 --> 04:12:39.325
Honestly, a reasonable plan, given the new ambition that CMS has for the way to measure hospice quality. I guess another thing I'll say, and this is something that is a measure developer.
1384
04:12:39.325 --> 04:12:42.985
I certainly have no control over. Um.
1385
04:12:43.290 --> 04:12:58.230
Cms, I think did a really nice job initially training hospices in how to record the, these measures. But then the electronic health record companies.
1386
04:12:58.230 --> 04:13:05.220
Created for all of the hospice process measures, a kind of checkbox structure.
1387
04:13:05.220 --> 04:13:17.490
Which is a very efficient way to do things in electronic health record, but may also affect how, um, the people who are completing the measures.
1388
04:13:17.490 --> 04:13:21.120
Understand the numerator and denominator.
1389
04:13:23.910 --> 04:13:28.770
Thank you for your comments, Laura very helpful helpful to understand that. There are.
1390
04:13:28.770 --> 04:13:43.435
That that this is, uh, moving into the composite measure, but that, even in the use in prime in California, they are seeing differences. Um, so with that, um, we are going to move to a vote on the performance gap.
1391
04:13:44.035 --> 04:13:44.845
Um.
1392
04:13:45.150 --> 04:13:49.290
So, Leanne are we doing 2?
1393
04:13:49.290 --> 04:13:53.700
Um, ratings on the performance gap, or 1.
1394
04:13:54.055 --> 04:14:07.855

So, similar to evidence, I will ask the sandy committee if there's any objections to voting for performance performance gap with both levels of analysis, the clinician group practice level and the facility level.
1395
04:14:08.185 --> 04:14:13.405
And if there's any objections, please send those directly to Isaac safety. We'll do about 30 seconds.
1396
04:14:13.710 --> 04:14:17.220
To do that and if Isaac receives any objections.
1397
04:14:17.220 --> 04:14:21.570
To voting for both at the same time that will vote separately.
1398
04:14:21.570 --> 04:14:26.130
Starting with facility.
1399
04:14:26.130 --> 04:14:32.040
I see a hand raised Paul, a good question but, um.
1400
04:14:32.040 --> 04:14:37.770
The facility refers to the hospice and the practice group is the acute inpatient care.
1401
04:14:40.410 --> 04:14:43.440
I will let the developer answer that question.
1402
04:14:44.035 --> 04:14:56.845
Thanks so much Paul, um, I, that association obviously occurred to us, but really, the point was not to make it distinct for hospice versus palliative care.
1403
04:14:56.845 --> 04:15:08.095
The point was to cover the types of organizational structure that exist in hospice and palliative care. So not a tight Association.
1404
04:15:16.465 --> 04:15:23.605
Okay, so we did receive an objection from the sandy committee, um, to vote together. So we will vote separately.
1405
04:15:23.755 --> 04:15:33.685
So our 1st vote will be, um, importance to measure import for performance gap at the facility level of analysis. So I'll hand it over to Tristan.
1406
04:15:33.990 --> 04:15:43.650
Sorry, if I can just this is Matt real quick. I just wanted to let the standard committee just a, for your awareness.
1407
04:15:43.650 --> 04:15:55.560
The insufficient rating was made for clinician group level, because there wasn't enough testing data provided. So that insufficient is assigned to, um.
1408
04:15:55.560 --> 04:16:07.530

Criteria where there's not enough information, provided to actually make a decision on high, moderate, low so just want to keep that in mind. Whereas what we were voting on and discussing has been facility level.
1409
04:16:07.530 --> 04:16:11.190
So, we are voting separately in facility level is 1st.
1410
04:16:11.190 --> 04:16:17.460
But just to be aware that an insufficient rating needs, there's not enough information for you to actually give a rating.
1411
04:16:17.460 --> 04:16:22.230
Versus there is enough information to give a rating, and you can choose high moderate or low.
1412
04:16:22.230 --> 04:16:26.940
So, again, as you saw in the delivery analysis, there was enough information to assign.
1413
04:16:26.940 --> 04:16:32.730
For facility level, which we're voting on now, but there wasn't enough for us to do for clinician level.
1414
04:16:32.730 --> 04:16:36.390
And we'll vote on that separately and I just wanted to make sure that's clear.
1415
04:16:36.390 --> 04:16:48.690
Okay, Chris and I'll turn it back to you. Thank you. Matt. Uh, voting is now open for measure 164 1 on performance cap at the facility level. The options are a for high.
1416
04:16:48.690 --> 04:16:53.130
Be for moderate C for low for inefficient.
1417
04:16:53.130 --> 04:17:03.780
Excuse me insufficient last call for a vote.
1418
04:17:10.320 --> 04:17:18.510
Voting is now closed for measure 164 1 on performance gap at the facility level. There was 1 vote for high.
1419
04:17:18.510 --> 04:17:21.870
And votes for moderate 7 votes for low.
1420
04:17:21.870 --> 04:17:27.450
0 votes or insufficient just get the team 1 moment to confirm the votes.
1421
04:17:32.550 --> 04:17:37.260
Therefore, consistence consensus was not reached for the measure.
1422
04:17:37.260 --> 04:17:40.860
On performance gap at the facility level.
1423

04:17:51.385 --> 04:17:59.065
Okay, now we will move to the performance gap voting for this measure at the clinician group level.
1424
04:17:59.095 --> 04:18:07.165
So trust and trust in a moment to capture those votes and then he will pull up his screen and we will vote.
1425
04:18:07.740 --> 04:18:14.340
Or clinician group level.
1426
04:18:18.840 --> 04:18:23.130
Christine, you're on mute.
1427
04:18:25.650 --> 04:18:33.570
Sorry, voting is now open for measure 164 1 on performance gap at the clinician level. The options are a for high.
1428
04:18:33.570 --> 04:18:37.980
Be for moderate see for low or 4 insufficient.
1429
04:18:46.950 --> 04:18:50.700
We are at 16 votes last call 4, 8.
1430
04:19:03.390 --> 04:19:17.425
Again, last call voting is now closed for measure 164 1 on performance gap at the clinician level.
1431
04:19:17.455 --> 04:19:18.535
at the clinician level
1432
04:19:18.840 --> 04:19:22.170
There were 0 votes for high 4 votes for moderate.
1433
04:19:22.170 --> 04:19:26.760
3 votes for low and 10 votes for insufficient.
1434
04:19:26.760 --> 04:19:36.450
Just give the team 1 moment to confirm the boats. Therefore, the measure does not pass on performance gap at the clinician level.
1435
04:19:39.900 --> 04:19:44.550
Thank you Kristin. Okay. So, uh, just to, um.
1436
04:19:45.720 --> 04:19:58.075
Summarize what we do now moving forward for the voting for each of the remaining criterion. So, um, we will con, uh, for a consensus not reached, um, since this is a, must past criterion.
1437
04:19:58.345 --> 04:20:03.835
Um, we do, can continue with the measure evaluation. Um, so we'll go to the next criterion.
1438
04:20:04.110 --> 04:20:16.885

Um, which is going to be the scientific testing reliability, but we will be considering now, only at the facility level, um, since the clinician group practice level did not pass on performance gap.
1439
04:20:17.185 --> 04:20:28.015
So, again, uh, we are reviewing this measure at the facility level, moving forward and we will re, vote on performance gap at our post comment meeting.
1440
04:20:28.350 --> 04:20:38.640
Because it is a consensus not reached. Thank you. So, um, George, we're on to your discussion on reliability. Thank you.
1441
04:20:38.640 --> 04:20:43.440
Okay, so there are 2, um, questions here.
1442
04:20:43.440 --> 04:20:50.820
And just review my, um, both the specifications and the reliability testing. Um.
1443
04:20:52.200 --> 04:20:55.200
Refresh my memory are these separate votes are the same boat.
1444
04:20:55.200 --> 04:20:58.500
1 vote.
1445
04:20:58.500 --> 04:21:06.120
So, we will only be looking at the facility level. I understand that. But there, there's 202 B.
1446
04:21:10.045 --> 04:21:24.325
Just to a oh, sorry. Sorry George, your question is 2 a specifications to be testing? Yes. So that's 1 vote. Sorry, Amy yeah. It's reliability. So overall that's 202. B, and you vote on that. vote on that
1447
04:21:24.630 --> 04:21:33.960
As 1 vote. Good, thank you. That's what I thought just to be just to be clear and I understand we're only voting on the facility level at this time.
1448
04:21:33.960 --> 04:21:40.470
So, the reliability, um, there were, uh.
1449
04:21:40.470 --> 04:21:47.425
There's I think the, the data elements in some ways are quite well specified.
1450
04:21:47.905 --> 04:21:58.855
Um, I talked to already about the exclusion the 7 day exclusion being being lifted at the last review. Uh, I talked about the, um.
1451
04:21:59.190 --> 04:22:04.770
Um, the documentation that that that the developer has, uh, um.
1452

04:22:05.845 --> 04:22:18.685
Specified for, for counting I would raise I don't think it's a deal breaker, but the we could we could easily get into the weeds on what,
1453
04:22:19.345 --> 04:22:30.265
what clear communication with the patient or means and how much and what and how easy it is to check the box. Especially if you're checking boxes said, oh, yeah, I talked to him.
1454
04:22:31.705 --> 04:22:40.045
And so, but that's probably a topic for further research. Not a question to bring this protocol measure on.
1455
04:22:40.645 --> 04:22:50.425
I think it goes down the line, but I think that's that's something that I would be suspect about about what this data really means. But anyway.
1456
04:22:50.790 --> 04:23:00.150
Um, and I think, um, it we've talked about it being specified at these levels and, um.
1457
04:23:00.150 --> 04:23:03.570
Again, again, I, I.
1458
04:23:03.570 --> 04:23:11.730
Like, Dr, HANSEN to comment, if she would on the how much I don't it looks like all this data is coming out of the hospice side.
1459
04:23:11.730 --> 04:23:22.825
To me, as I read this, and I, I hear what you're saying about prime and I, I frankly did see it as an afterthought and didn't quite understand how it how it fit in.
1460
04:23:23.305 --> 04:23:35.785
Um, so, and I think that's all germane to Dr. point about trying this in some other settings and maybe coming up with different answers but.
1461
04:23:36.805 --> 04:23:41.185
I'm not sure again about the palliative care data from the hospital side.
1462
04:23:41.515 --> 04:23:54.325
Is there any I know there was 1 reliability test on this back when that was that showed some pretty good validity and reliability, but that's a long time ago.
1463
04:23:54.630 --> 04:24:06.660
So, if you would comment on the reliability of, on that side, I think the hospice data is solid and there's no reason to believe that it's changed dramatically from the what the committee saw in 2016.
1464
04:24:09.745 --> 04:24:22.015
I was just excuse me real quick. I just, uh, wanted as the CO discussing to add some comments that I would also love for the measure developers.
1465

04:24:22.015 --> 04:24:26.305
So maybe it'd be easier if I just added to what George said and then we okay great.
1466
04:24:27.060 --> 04:24:36.000
Um, yeah, I just wanted to note that in our in our write up from the staff that.
1467
04:24:36.000 --> 04:24:39.090
The issue of reliability, uh.
1468
04:24:39.090 --> 04:24:42.630
Was was discussed as a concern.
1469
04:24:42.630 --> 04:24:57.595
There was a discussion about back in 2016, the committee had this same level of, uh, confusion or lack of clarity that the description of the measure doesn't specifically say that the discussion must occur.
1470
04:24:57.595 --> 04:25:07.285
And there was some commentary that that was important to the committee and back in 16. back in sixteen
1471
04:25:07.620 --> 04:25:11.760
The committee specifically requested more reliability.
1472
04:25:11.760 --> 04:25:18.840
Testing be done and it appears that that has not been done since then.
1473
04:25:18.840 --> 04:25:25.260
And there was concern raised in the comments by the.
1474
04:25:25.260 --> 04:25:38.460
Also about the reliability, so if there's anything that the measure developer could respond to, on any of those points, I think that would be really helpful for our deliberation. Thank you.
1475
04:25:38.460 --> 04:25:45.240
Thank you Linda, and before we go to Laura, we're going to open it up to the committee for any other comments.
1476
04:25:45.240 --> 04:25:49.560
More questions.
1477
04:25:51.870 --> 04:26:06.660
And I am not seeing any, but I do see, Marian grant made a comment in the chat. Can we have the staff assessment for all of these votes Marian? I'm not sure that I understand that. Um, do you want to come off speaker and just.
1478
04:26:06.660 --> 04:26:10.740
Let us know what you're looking for, or whether it's been resolved.
1479
04:26:11.725 --> 04:26:26.485

I was, I was just asking when we've done previous votes, someone has reminded us of what the assessment of the evidence, or the issue has been that it's moderate or it's high or it's insufficient. And this is getting very complicated.
1480
04:26:26.905 --> 04:26:41.095
Maybe less. So, now that we're not voting on facility versus clinician, but I was just asking for that information and somebody responded that it's on the evaluation worksheet. And I am having trouble finding that of the 3 things that were sent to me.
1481
04:26:41.125 --> 04:26:43.135
None of them has that name. So.
1482
04:26:44.725 --> 04:26:52.915
So, the, um, the staff preliminary rating for the performance gap was low or insufficient.
1483
04:26:52.945 --> 04:26:59.815
So low for facility rating and insufficient for, um, the clinician level.
1484
04:27:00.120 --> 04:27:07.830
And I'm just asking that before each vote when there is such a staff assessment, if somebody could share that with us.
1485
04:27:07.830 --> 04:27:12.630
I will do that. Thank you so much for reminding me thank you. Marion.
1486
04:27:12.630 --> 04:27:18.000
All right, so, um, are there any other questions or comments from the committee?
1487
04:27:18.000 --> 04:27:25.860
I guess this is a type perhaps the best time for my desire for clarity about the specifications for the numerator.
1488
04:27:25.860 --> 04:27:31.320
And that wasn't just a gap that I, I did not identify that in the measure work sheet.
1489
04:27:31.320 --> 04:27:39.660
Um, there is a reminder Thank you so much, Sarah. So, with that, we're going to turn to Laura to respond to, um.
1490
04:27:39.660 --> 04:27:43.800
To the questions and that the presentation that you've heard.
1491
04:27:44.970 --> 04:27:57.535
Yeah, um, so I'll start there. A couple of you ask the questions about the clarification of the specifications, which I do think is really essential for reliability.
1492
04:27:57.865 --> 04:28:00.265
I think what you have on the worksheet in.

1493
04:28:00.570 --> 04:28:13.345
The submission has a a brief version of the numerator denominator, and then has a more detailed specification of the numerator and denominator.
1494
04:28:13.585 --> 04:28:18.685
And I think what you have on your worksheet is the brief version. Um, but I.
1495
04:28:19.735 --> 04:28:34.375
Thought this question would come up so I purposefully sort of pulled out the more detailed description and it is this documentation should reflect patient self report if not available discussion with
1496
04:28:34.375 --> 04:28:37.165
surrogate decision maker and.
1497
04:28:37.440 --> 04:28:42.805
Purposeful review of any advanced directives are accepted.
1498
04:28:43.105 --> 04:28:58.045
This item is meant to capture evidence of discussion and communication and it goes on to say, for example, if there was only DNR form, that would not be needing the measure.
1499
04:28:58.465 --> 04:29:10.615
So that's the more detailed description. That's actually what was used by in the hospice implementation in training. Um, there may be slips between.
1500
04:29:10.950 --> 04:29:24.120
The detailed numerator, specification and actual implementation and practice. But the intent of the measure is that capture of direct communication.
1501
04:29:24.120 --> 04:29:27.750
Um, the, um.
1502
04:29:27.750 --> 04:29:36.210
I don't have additional reliability data. I don't have access to additional reliability data available.
1503
04:29:36.210 --> 04:29:45.025
For, um, the prime implementation, which was the only other specialty palliative care implementation of this measure,
1504
04:29:45.055 --> 04:29:59.785
in the period between 2016 and now so I simply cannot provide additional reliability on the palliative care side. Um, but the reliability data comes from a very large population implemented in hospice.
1505
04:29:59.785 --> 04:30:13.675

Um, and 1 could argue that there's not a clear reason why reliability would differ between the 2 populations as a characteristic of the measure properties.
1506
04:30:13.675 --> 04:30:15.955
the measure properties
1507
04:30:21.090 --> 04:30:28.470
That was very helpful. Um, so with that, are there any other comments or questions from the group?
1508
04:30:28.470 --> 04:30:33.930
Oh, Paul, do you want to share your comment with the group?
1509
04:30:33.930 --> 04:30:40.980
Just for people that are really visual, I was kind of following along with laura's language and pointing out. You can see on.
1510
04:30:40.980 --> 04:30:45.780
It's 30 of the document, um, the language, he was referencing.
1511
04:30:48.840 --> 04:30:59.580
Thank you so much Paul, so, with that, um, do we want to move on now to a vote? Do you want to put up the voting slide?
1512
04:31:01.140 --> 04:31:07.260
Tristan or so we are.
1513
04:31:07.285 --> 04:31:16.105
Looking looking now at reliability and just to remind you, you can vote high, moderate, lower, insufficient in the staff.
1514
04:31:16.105 --> 04:31:23.485
Preliminary rating specific to reliability was moderate at the facility level and insufficient at the clinician group level.
1515
04:31:23.760 --> 04:31:30.990
Um, are we doing 2 votes? Oh, no, this is just on the, um.
1516
04:31:30.990 --> 04:31:42.630
Facility level Amy facility level. Okay. So we are just looking at the facility level as a reminder that had a staff rating of moderate and now, um.
1517
04:31:42.630 --> 04:31:46.230
Thank you so much Tristan Thank you Amy.
1518
04:31:46.230 --> 04:31:58.080
Voting is now open for measure 164 1 on reliability at the facility level. The options are a for high B for moderate C for low or D4 insufficient.
1519
04:32:07.980 --> 04:32:16.230
And 17 votes.

1520
04:32:16.230 --> 04:32:24.510
Voting is now closed for measure 106 41 on reliability at the facility level. There were 0 votes for high.
1521
04:32:24.510 --> 04:32:34.020
14 votes for moderate votes for low and 0 volts for insufficient. Therefore, the measure passes on reliability at the facility level.
1522
04:32:35.820 --> 04:32:44.220
Very good. So, George and Linda. Um, George, I'm assuming you're going to leave the next area. We're now onto validity, take it away.
1523
04:32:44.220 --> 04:32:48.270
Okay, so validity, um.
1524
04:32:48.270 --> 04:32:59.490
Now becomes easier again with, uh, with the with the change, because the concern was was around, um.
1525
04:32:59.490 --> 04:33:03.690
Around the clinician group level, uh, testing so, um.
1526
04:33:03.690 --> 04:33:08.670
And that's what we're not doing anymore. Right? Just, I'm, I'm trying to.
1527
04:33:08.995 --> 04:33:20.545
It's very confusing and I have this feeling, like, you know, Dr Martin talked about breaking the tape before and if you're a New Yorker, it's like, you know,
1528
04:33:20.755 --> 04:33:28.615
coming to the end of the New York Marathon and you'd come to the park and, you know, you're there. But you still gotta get to the tape.
1529
04:33:29.665 --> 04:33:42.025
So well, we'll see, the validity, I think is a little simpler. The validity testing was there was face validity and construct validity done originally.
1530
04:33:42.835 --> 04:33:54.535
Again, to Dr hansons point, I don't think there's any reason to believe that those those concepts have changed dramatically in the measure and they, they,
1531
04:33:54.715 --> 04:34:09.295
there's no reason to believe that they don't apply across the acute palliative care. And, and as the evidence does, and the hospice setting there are there don't not appear to be any threats to validity.
1532
04:34:10.825 --> 04:34:12.355
There's no missing data.
1533
04:34:14.725 --> 04:34:29.365

And I think, uh, they don't, they're not stratified and they're not risk adjusted. So, um, there's not that complication to deal with. And I think the validity meets the criteria.
1534
04:34:30.960 --> 04:34:39.930
Linda, nothing to add George. Thanks.
1535
04:34:42.210 --> 04:34:50.340
Thank you both very much so with that I'm going to open it up to the committee, um, for any comments related to validity.
1536
04:34:55.620 --> 04:35:03.210
Hearing none, um, I'll go to, um, Laura, if you have any additional comments to make.
1537
04:35:04.740 --> 04:35:12.810
I do not okay hearing none. We are onto a vote and again, we are doing just the facility level. Um.
1538
04:35:12.810 --> 04:35:25.620
So, what we are looking at is choices of high, moderate, lower and sufficient. And as a reminder at the facility level, this staff report indicates a moderate rating.
1539
04:35:25.620 --> 04:35:38.910
Thank you Amy voting is now open for measure 164 1 on validity at the facility level. The options are a for high for moderate C for low or D for it and sufficient.
1540
04:35:45.990 --> 04:35:50.220
We are at 16 votes last call 4 of them.
1541
04:35:54.505 --> 04:36:08.995
Voting is now close for measure 1641 on validity at the facility level. There were 0 votes for high 17 votes for moderate 0 votes for low and 0 votes for insufficient. Therefore, the measure passes on validity at the facility level.
1542
04:36:08.995 --> 04:36:09.925
the facility level
1543
04:36:10.230 --> 04:36:17.850
Well, we are, we are making our way through it. We are now up to feasibility. So George take it away.
1544
04:36:24.900 --> 04:36:28.290
George, we can't hear you if you would take yourself off mute.
1545
04:36:28.290 --> 04:36:34.800
I keep trying to keep my keep my mute unmute. Uh.
1546
04:36:35.815 --> 04:36:49.705

To shut up when I'm supposed to and speak when I'm supposed to the feasibility, I think also is fairly straightforward. Enhancements already referenced the incorporation into the electronic medical record.
1547
04:36:50.665 --> 04:36:51.205
It.
1548
04:36:51.510 --> 04:37:02.550
Checkboxes may not be the best, but it's there and it makes it easy, uh, very feasible to, um, to use the measure and to record the results. Um.
1549
04:37:03.655 --> 04:37:15.235
The hospice data again comes from a quality reporting program, so that's easily extracted. Um, there are no difficulties of note with the hospice data again.
1550
04:37:15.235 --> 04:37:28.735
It's unclear to me how the hospice palliative care data is being provided if at all and there, there are no unique identifiers required in the extraction of the data.
1551
04:37:28.735 --> 04:37:36.235
So hospice is fine. I, I'm not clear about about how the palliative care data is being incorporated.
1552
04:37:41.790 --> 04:37:46.740
And Linda, do you have any comments to add? No, nothing to add. Thank you.
1553
04:37:46.740 --> 04:37:52.140
All right, then I turn to our wonderful committee for any additional comments related to the feasibility.
1554
04:37:56.580 --> 04:38:04.380
And hearing and seeing none. Um, Laura, do you want to address the 1 comment that George had.
1555
04:38:04.380 --> 04:38:12.630
A comment about, um, feasibility and the electronic medical record for palliative care specifically.
1556
04:38:12.630 --> 04:38:20.460
Right, yeah, um, I, that is something that is in process being developed. Um.
1557
04:38:20.725 --> 04:38:29.935
Brief may be able to comment on this further, but there is a, there are multiple centers working on data extraction,
1558
04:38:30.175 --> 04:38:40.975
directly from the electronic medical record on this measure in the content of the numerator for this measure in a variety of settings.
1559
04:38:41.425 --> 04:38:47.455

Um, so I think it is a future state, but a future state that is a near future state.
1560
04:38:47.755 --> 04:38:59.425
Um, and certainly the methodology that's been used in hospice, which is, as I said earlier, not my favorite methodology could be implemented just as easily in specialty palliative care.
1561
04:39:01.740 --> 04:39:14.490
Yeah, I'll just echo that so the treatment preferences documented was included in the measuring what matters items as well. And so that means there's been, you know, at least a 5+year history of.
1562
04:39:14.490 --> 04:39:27.445
Especially public care organizations who may not necessarily publish that data in fact, many of them. Don't right. Um, incorporate that into their documentation template and then just have the data available for pull on the side.
1563
04:39:27.535 --> 04:39:39.625
Um, as was alluded to the palliative care, quality, collaborative is using treatment preferences, documented as 1 of its core measures with existing relationships. Now, with epic and Cerner. That are to go live.
1564
04:39:39.900 --> 04:39:45.630
Pretty soon that we'll start to do that, so I agree it as a near term goal.
1565
04:39:47.305 --> 04:39:51.925
And additional information is very helpful to the committee. Thank you a brief and thank you Laura.
1566
04:39:52.705 --> 04:40:03.835
So I would just say that just, um, that's very encouraging to hear and I hope it really it comes to come soon enough. But, um.
1567
04:40:04.170 --> 04:40:13.530
I mean, what are where are we in the position of a committee and maybe I need we need staff's advice on this. We're approving this.
1568
04:40:14.065 --> 04:40:21.025
I guess as if that's happening, but it's not and it's coming. I mean, how do we, how do we handle that?
1569
04:40:21.445 --> 04:40:29.275
I don't think it's a, is there some way that the that can be noted so that we say.
1570
04:40:29.580 --> 04:40:36.480
Yes, it's good. It's coming. It's soon isn't here yet and we're gonna we're going to charge ahead.
1571
04:40:36.480 --> 04:40:40.890
But to be fully transparent, it isn't here yet.

1572
04:40:40.890 --> 04:40:47.160
So so, do you want to address that directly or do you want me to share the comment.
1573
04:40:48.325 --> 04:40:56.125
No, that's a great question. George. So, again, I'd like to re, reiterate that. We're looking at the measure as currently specified.
1574
04:40:56.185 --> 04:41:10.225
Right, right now, but we can take those recommendations that you're bringing forward, and we will capture those in our report, um, for for future iterations of the merger when it comes back through maintenance review.
1575
04:41:10.530 --> 04:41:14.700
If that's helpful, that's helpful.
1576
04:41:18.115 --> 04:41:30.355
Thank you Leanne so, with that, um, having had a very, uh, rich discussion on feasibility, um, we're going to move to a vote on feasibility. And again, this is only at the facility level.
1577
04:41:30.385 --> 04:41:34.645
Thank you Tristan and just as a reminder. Um.
1578
04:41:34.980 --> 04:41:42.540
This is you can vote on high, moderate, lower, insufficient and the staff preliminary rating was moderate.
1579
04:41:43.980 --> 04:41:54.480
Thank you Amy voting is now open for measure 16,401 on feasibility at the facility level. The options are a for high B for moderate C for low.
1580
04:41:54.480 --> 04:41:58.980
We insufficient.
1581
04:42:09.120 --> 04:42:20.005
We were at 16 votes. Last call voting is now closed for measure 164 1 on feasibility at the facility to facility level.
1582
04:42:20.005 --> 04:42:32.665
There were 0 votes for high, 17 votes for moderate 0 votes for low and 0 votes for insufficient. Therefore, the measure passes on feasibility at the facility level. at the facility level
1583
04:42:34.260 --> 04:42:45.570
Great. And now, um, George, if you would, um, present information related to use and usability, but we're going to start with use. So we'll do use and do a vote.
1584
04:42:49.680 --> 04:42:54.120
And George, um, we don't hear you if you could take yourself off mute. Thanks.

1585
04:42:55.230 --> 04:42:58.440
Huh um.
1586
04:42:58.765 --> 04:43:02.095
Not applicable today. Anyway.
1587
04:43:02.514 --> 04:43:03.055
Um,
1588
04:43:03.595 --> 04:43:18.595
the basic question for me here is that 1 of the criteria of a measure coming at this stage is that it's publicly reported and I don't see here that this measure is publicly
1589
04:43:18.595 --> 04:43:25.075
reported. I mean, it's being used by as Dr. said, it's being used by Prime as Dr.
1590
04:43:25.075 --> 04:43:35.425
HANSEN has said, but in both of those cases, my understanding and I'm ready to be corrected is that that data is then shared only by the users if you're a member of,
1591
04:43:36.535 --> 04:43:47.695
or if you're 1 of the prime hospitals that is being funded by state of California to do this program, so it's being used there. There's feedback all of that, but that doesn't qualify.
1592
04:43:49.195 --> 04:43:56.905
I'm reminded Dr Kamala our past discussion about some data from the vha which, which.
1593
04:43:57.600 --> 04:44:11.970
But that was at least published your point. I remember at the time widely published, but the data itself was not publicly available. Um, this is seems to be in that same category. Um.
1594
04:44:11.970 --> 04:44:15.000
The, um.
1595
04:44:15.000 --> 04:44:26.730
And it's not clear how this data is being used. I mean, with I would think, um, we may have been shared with members, but we don't know what they're doing with it.
1596
04:44:26.730 --> 04:44:33.240
Or maybe we do, and you can tell us so it's, it's, um.
1597
04:44:35.130 --> 04:44:41.640
The, they use is unclear to me and it, it's not in a national quality.
1598
04:44:41.640 --> 04:44:49.050

Program as we were used to that I, and that I see. And the staff recommendation is is not pass.
1599
04:44:51.270 --> 04:44:54.990
And I think that's a reasonable possibility.
1600
04:44:54.990 --> 04:44:59.190
Thank you George. Linda is there anything that you care to add?
1601
04:45:00.630 --> 04:45:15.325
I just wanted to reiterate what George just said that. This is a past no past criteria not the 1st, time around for a measure, but when it's coming up for re endorsement, this will be the 2nd time.
1602
04:45:15.325 --> 04:45:25.585
This is coming up for re endorsement. So, when it when, and if it does go to the C sack, that would also be something that they would be.
1603
04:45:25.890 --> 04:45:29.130
Looking at this is a pass. No paths.
1604
04:45:29.130 --> 04:45:35.370
Decision and I agree with George's summation that I'm not seeing any evidence.
1605
04:45:35.370 --> 04:45:39.240
Of any public reporting, which is.
1606
04:45:39.240 --> 04:45:47.790
As a purchaser consumer member of this, I think it's a very critical important.
1607
04:45:47.790 --> 04:45:59.845
Piece of looking at a measure and whether it's an appropriate for an endorsement, which is it might be valuable for other things. But this is a really this is a critical piece of endorsement.
1608
04:46:00.415 --> 04:46:03.895
And my understanding Leanne is this is a, this is a.
1609
04:46:04.320 --> 04:46:08.970
This is a required pass measure. Yes.
1610
04:46:08.970 --> 04:46:13.290
Criteria for use yeah.
1611
04:46:13.290 --> 04:46:22.765
Yes, that's correct. So I have a different question that I'm going to put to the developer. Um, I guess it's maybe a more nuanced question.
1612
04:46:23.515 --> 04:46:30.325
So normally, when, when we have measures presented, initially they may not yet be publicly reported.
1613

04:46:31.255 --> 04:46:45.415
And then when they come up for, um, reconsideration for a re review, we, you know, the maintenance of the measure at that point, we expect them to be used. But we have heard here that it is about to be used.
1614
04:46:45.415 --> 04:46:49.375
Is that correct? That it will be embedded and so.
1615
04:46:50.010 --> 04:47:05.005
You know, 1 can't always predict the timing about when that use goes into effect, but you're saying that it is imminent that it is about to be in use and so, um, my question would be to what,
1616
04:47:05.005 --> 04:47:15.385
you know, how are we supposed to view that? Because it's not like there's no plan for use. It's about to happen. So, how are we supposed to consider that in the maintenance of the measure?
1617
04:47:18.750 --> 04:47:28.380
That's a great question, Amy and I'll, I'll let Matt weigh in as well. Um, but this measure was originally endorsed, um, in 2012.
1618
04:47:28.380 --> 04:47:42.565
And the last recent endorsement was in 2016, um, in our measure evaluation criteria, we are looking for those performance results, um, to be used, at least 1, accountable entity application within 3 years after initial endorsement.
1619
04:47:42.565 --> 04:47:43.885
after initial endorsement
1620
04:47:44.160 --> 04:47:49.230
And then publicly reporting within 6 years, after initial endorsement.
1621
04:47:49.230 --> 04:47:56.460
So, if it's not in use at the time of initial investment, this is initial endorsement, though. So, but we are looking for.
1622
04:47:56.460 --> 04:48:03.780
Um, being 6 years of initial endorsement again, the initial endorsement date was.
1623
04:48:03.780 --> 04:48:14.340
In 2012 yeah, this is Matt and we recognize that some measures, you know, there is a longer runway for use.
1624
04:48:14.340 --> 04:48:16.225
In different types of applications.
1625
04:48:17.065 --> 04:48:30.354
So, if a committee, especially with whatever has shared, feels that there is a plan for use and sort of public reporting applications and you can consider that information.
1626

04:48:30.660 --> 04:48:45.600
With your evaluation, so if you feel like there, there is a plan for use there is this measure is going to be used in a public reporting application in the future. Then you can still continue to weigh that in your decision making.
1627
04:48:47.340 --> 04:49:01.495
That's very helpful. Matt. Thank you so much to the wonderful staff at, for being so helpful. And you've got a question or comments I hesitate to say this. I don't like pointing to my own work, but maybe I need to hear it for a 2nd.
1628
04:49:01.495 --> 04:49:14.995
So we've published a few papers assets Hopkins on, um, this this measure now I will, I'll point out some slight nuances here. So, we reported them as, you know, the measuring what matters number 8, which is.
1629
04:49:15.210 --> 04:49:26.515
Documenting treatment preferences, but I would say, as the person who did the analysis, this was the intent was to really apply the measure. If you read the paper, you'll see us reporting it that way. So, let me just point that out.
1630
04:49:26.575 --> 04:49:41.395
Um, so I think there's actually probably 4 papers in the literature, um, 2, which are from my group and 1, I think from Steve panelists group, and 1, from the Hopkins group that report this out and I think it's up to the group to figure out whether, uh, you know, peer reviewed,
1631
04:49:41.395 --> 04:49:48.715
publication, sort of meets the spirit of, of public reporting. I know beforehand. We have for things like the vha measure.
1632
04:49:48.745 --> 04:49:58.855
Um, so I just put that out there to say both, there's a plan to move forward with electronic data capture through the, but there's been sort of manual data capture done so far and published.
1633
04:49:59.250 --> 04:50:05.970
Well, yeah, I would also say that in the past the committee committee has.
1634
04:50:05.970 --> 04:50:10.650
Made intentionally made an exception.
1635
04:50:11.155 --> 04:50:15.775
Like, this 4 measures that because they're important enough to the field.
1636
04:50:16.285 --> 04:50:30.235
Um, I remember it, because it happened to a spiritual care measure, and that wasn't in public keys, but it was the only 1 of its kind, and it was so essential to the field that the committee said, you know, we have to continue it.
1637

04:50:30.505 --> 04:50:32.185
So, we've also done that.
1638
04:50:32.490 --> 04:50:41.340
To be fully transparent. Thank you for that comment, George. I see a number of other people had raised their hand. So I'm going to go 1st to Sarah thorough.
1639
04:50:42.145 --> 04:50:56.125
Thank you, I wanted to actually clarify what the definition of public reporting cause to echo a risk comments. There are there have been abstracts regarding use of this measure related to palliative care and other centers as well.
1640
04:50:56.185 --> 04:50:57.775
Um, so I.
1641
04:50:58.230 --> 04:51:09.240
I that concept of it being perhaps not public reporting the hospice field. There's, there is certainly a lot of there has been literature and discussion in public settings, such as related to use of this measure.
1642
04:51:10.500 --> 04:51:14.520
Thank you and, um, I see, we also have a hand raised from Linda.
1643
04:51:14.520 --> 04:51:28.200
Yes, thank you. Amy. I, I think this is really just a point of clarification from staff. My understanding of this requirement is it's.
1644
04:51:28.200 --> 04:51:40.225
That the performance results are publicly reported so, meaning that at the level that the measure is being used in this case, the facility level,
1645
04:51:40.525 --> 04:51:45.595
that performance results would be publicly reported. So.
1646
04:51:45.900 --> 04:52:00.565
While I, while I appreciate that results in general, and the aggregate might be discussed or reported in an academic journal or discussed at a conference and then later shared in that way, I,
1647
04:52:00.895 --> 04:52:03.025
I don't I don't view.
1648
04:52:03.360 --> 04:52:16.770
That as being a meeting the requirement, but I could be wrong. And so I was, I would like, if possible for the staff to help us understand.
1649
04:52:16.770 --> 04:52:30.120
There were Linda, before we go to the staff, um, a number of the committee members who were on previously, when the question was presented related to a, a measure that the VA used.
1650

04:52:30.415 --> 04:52:44.785
And the challenge around that data being publicly, publicly reported and published literature was accepted in that Committee's review. So, with that, I'm going to turn over to to be able to respond.
1651
04:52:44.785 --> 04:52:50.455
And Laura, we will definitely get to you as soon as we go through all of the committee, uh, questions.
1652
04:52:53.605 --> 04:53:05.695
Thank you for those questions, so, for our criteria, public reporting is defined as making comparative performance results about identifiable accountable entities, freely available,
1653
04:53:05.935 --> 04:53:12.085
or at a nominal cost to the public at large. So, generally, for example, on a public website.
1654
04:53:15.085 --> 04:53:29.785
This is not as well and Amy, I appreciate you calling out, like, the examples of measure. This this was a measure that the C sac is still sort of deciding if that does constitute public reporting or not, because of what you had mentioned.
1655
04:53:30.955 --> 04:53:39.745
So, it's still a measure that has endorsement until the decisions are made on. What if that really does constitute public reporting.
1656
04:53:40.050 --> 04:53:45.990
So, it would be best to follow with the definition that that.
1657
04:53:45.990 --> 04:53:59.790
illyana shared, which is from our criteria that the results of accountable entity performance are freely available and really to the public at large. So that could be through a website, or it could be through some other.
1658
04:53:59.790 --> 04:54:03.120
Type of mechanism, like a a report that's sent out.
1659
04:54:03.120 --> 04:54:06.120
Um, that's freely accessible to the public.
1660
04:54:09.720 --> 04:54:18.810
I think you're on mute, Amy. Thank you. Um, we've got a theme going here. Um, Paul, you've got a question.
1661
04:54:18.810 --> 04:54:26.490
I do, but I'm well late into the queue and I'd be happy to defer to Laura. 1st mine's kind of a.
1662
04:54:27.115 --> 04:54:40.975

Later after the facts question, we hear from the committee and then we go to Laura. So that's all right you can bring forward your comment. I made the testimonial about the use for this measure 15 years ago. Really?
1663
04:54:40.975 --> 04:54:43.585
Helping get teams to be better and then in the last.
1664
04:54:43.770 --> 04:54:52.465
5 years, if there was a being able to use this measure, which is different than the public reporting issue, and we've heard how that's going to change the hospice site.
1665
04:54:52.855 --> 04:54:54.655
Another testimonial is,
1666
04:54:54.655 --> 04:55:09.535
I've been in 2 programs in the last 6 months having switched jobs that are both extremely excited to be joining the and in process and you can see how the becomes an avenue for future public reporting
1667
04:55:09.925 --> 04:55:11.485
with Flex. My question is.
1668
04:55:11.940 --> 04:55:16.800
If this kind of drops out with endorsement in the short term.
1669
04:55:16.800 --> 04:55:23.910
And that needs to be re, looked at in the acute hospital care space.
1670
04:55:23.910 --> 04:55:35.460
And is coming up for a revisit of endorsement through that pathway is that a brand new start over? Or is that a revisit? Because it seems to me that really changes the legs.
1671
04:55:35.460 --> 04:55:44.820
On the timeframe for usability.
1672
04:55:44.820 --> 04:55:53.280
This is very helpful comment. Um, I'm gonna turn it over to Laura to respond to the many questions that have been raised.
1673
04:55:53.280 --> 04:55:59.550
Thank you thanks everyone for the brisk discussion. Um.
1674
04:55:59.550 --> 04:56:08.250
Honestly, this is a publicly reported measure for hospice, and we may have not.
1675
04:56:08.250 --> 04:56:19.560
Made that clear in the application materials it is publicly reported and using accountability for hospice in its current state.
1676
04:56:19.560 --> 04:56:28.140
Um, as I discussed earlier, it is going to be phased out and so I may.

1677
04:56:28.140 --> 04:56:36.720
Have short changed a discussion of its utility in public reporting. Um, but.
1678
04:56:36.720 --> 04:56:42.690
Um, I guess I just want to make clear. It is actually been part of the.
1679
04:56:42.690 --> 04:56:46.680
Accountability program for hospice in the United States.
1680
04:56:46.680 --> 04:56:52.620
Thank you Laura.
1681
04:56:52.620 --> 04:56:56.910
Um, do we need any guidance from.
1682
04:56:56.910 --> 04:57:11.580
The staff, um, because I, I do see in the staff report from on page 12 under improvement results under the next section usability that it shows the publicly reported data.
1683
04:57:11.580 --> 04:57:18.780
For hospice, so it it seems like it is clear that it it has already been publicly reported.
1684
04:57:20.220 --> 04:57:24.360
And yet the rating in the, uh, section above had, uh.
1685
04:57:24.360 --> 04:57:28.170
And no passes the preliminary rating.
1686
04:57:29.670 --> 04:57:34.950
So, I, I'm wondering if I can go back to staff for clarification for us.
1687
04:57:37.735 --> 04:57:48.205
Amy, um, when we review the submission, it, it was not clear, whether the measure. So, this was our preliminary analysis of the submission.
1688
04:57:48.475 --> 04:57:59.425
Um, but that that is, um, and that's what we put down in our, our document. Um, but we did allow, um, the review of the measure worksheet prior to.
1689
04:57:59.760 --> 04:58:14.550
Sending out to the standing committee and so, um, you know, this is why we ask these questions on the call so that the sandy committee can have that opportunity to ask the developer those questions as well and get those clarifications and then make that ultimate decision.
1690
04:58:15.990 --> 04:58:19.650
Very helpful. Um, I see George has his hand up.
1691
04:58:19.650 --> 04:58:24.090

Yeah, more I'll, I'll, I'll, um.
1692
04:58:24.090 --> 04:58:36.270
I'll confess to what confused me, which was the highlighting of the, and the prime as the main uses of this. Uh, and I got.
1693
04:58:36.535 --> 04:58:48.295
Knowing that those aren't really public report, at least at this stage. Um, then I must have missed the rest of it. It really I, I almost put Maricopa in the chat box.
1694
04:58:48.325 --> 04:58:59.695
I I think it's really our fault for the way that we provided the material because I basically think that we answered this section looking into the future.
1695
04:59:00.000 --> 04:59:14.610
Rather than what we currently know about the measure. And so I apologize for that confusion because I really do think that it's the way that we provided the information to the committee that created the confusion.
1696
04:59:15.870 --> 04:59:28.825
Well, I think everybody has served their dinner tonight. You've done a great job with the discussion at fleshing it out and I think we are in now a really good place to go to a vote related to use.
1697
04:59:29.785 --> 04:59:40.675
So commentary real quick. Absolutely, absolutely. I just wanted to share with the group that I recently had the opportunity to revisit whites. whites
1698
04:59:40.920 --> 04:59:46.620
Once in future king, which I think we all probably written, like 8th grade. Um, but it.
1699
04:59:46.620 --> 04:59:57.090
Reminds me that in this instance, perhaps there's both once and future use of this metric and it's kind of exciting to think about framing it with the future.
1700
04:59:57.090 --> 05:00:00.240
Um, but it has been useful in the past.
1701
05:00:01.705 --> 05:00:16.015
Thank you. That's poetry. Paul Thank you. All right so we are up to a vote on use. It is a pass or no pass and, um, I'm going to turn it to you Tristan. And I will say that the report had. No pass.
1702
05:00:16.015 --> 05:00:25.135
We had significant discussion, which did reference where it is in public reporting. So I'll turn it back to you. Tristan.
1703
05:00:25.500 --> 05:00:35.640

Thank you Amy voting is now open for measure 164 1 on use at the facility level. The options are a for pass or B for.
1704
05:00:37.620 --> 05:00:43.620
Hello.
1705
05:00:47.640 --> 05:00:56.070
Voting is now closed for measure 10,601 on use at the facility level. We're 16 votes for past.
1706
05:00:56.070 --> 05:01:02.820
And 1 vote for no pass, therefore, the measure passes on use at the facility level.
1707
05:01:02.820 --> 05:01:11.940
Thank you very much so we are on to usability and so I'm handing it back to you, George and Linda.
1708
05:01:15.090 --> 05:01:20.040
And if you would remove yourself from mute. Yeah, thank you. I finally.
1709
05:01:20.040 --> 05:01:25.080
Hey, um, here I think, um.
1710
05:01:25.080 --> 05:01:28.890
Let me just make sure I got my notes in front of me. Um.
1711
05:01:33.600 --> 05:01:41.395
I think, um, well, I, there was 1 comment here about the opportunity for improvement with regard to hospice appears to be small.
1712
05:01:41.395 --> 05:01:50.065
I think we've been over this question, uh, in the, in the gap section and I think we have voted to settle that question.
1713
05:01:50.095 --> 05:01:57.805
And if, you know, so the developer reports that there are multiple years data available, um.
1714
05:01:58.110 --> 05:02:07.560
There is no discussion of data presented for improvement over time, or whether such analysis has been attempted. Um.
1715
05:02:07.560 --> 05:02:14.040
Yeah, so there again there's I'd like to hear about this. This may be, um.
1716
05:02:14.040 --> 05:02:28.260
Again, hear from Laura on this, the staff, the staff opinion was that the measure does not pass on usability. Now, the difference let me make clear to the committee is this is not a, must pass unlike use.
1717
05:02:28.260 --> 05:02:36.120

It is not a must pass so we can we can not pass them on this and vote to approve this measure.
1718
05:02:36.120 --> 05:02:39.330
I believe unless the end wants to correct me.
1719
05:02:41.010 --> 05:02:51.600
I'd love to hear from Dr HANSEN when, when we're done with the committee on, uh, on on the same, uh, what's happened with data between then and now.
1720
05:02:53.725 --> 05:03:05.875
So, it, um, it is not, um, uh, must passed or do you are correct? Um, so we will not vote on overall suitability for endorsement today on the call, because we still have a consensus, not reached on performance.
1721
05:03:06.625 --> 05:03:11.935
So that will, um, that will happen at the post comment meeting that we have.
1722
05:03:15.150 --> 05:03:21.840
The only this is Linda. The only thing I wanted to add to George's summary is that, um.
1723
05:03:21.840 --> 05:03:29.550
We had a great discussion on on, um, reliability and use and I think that.
1724
05:03:29.550 --> 05:03:37.020
The measure developer also provided us with, um, a lot of additional information or pull things out that weren't.
1725
05:03:37.020 --> 05:03:40.080
Exactly, as clear as as.
1726
05:03:40.555 --> 05:03:44.905
As as clear as we needed them to be, maybe in this, you know, prior to this discussion.
1727
05:03:44.905 --> 05:03:45.175
So,
1728
05:03:45.445 --> 05:04:00.325
I think it would be really helpful before we publicly discuss it again to maybe make sure that we reflect a lot of the stuff that was part of this discussion just so that we have a full record because so
1729
05:04:00.325 --> 05:04:02.125
much came out from this.
1730
05:04:04.375 --> 05:04:15.145
Thank you, thank you for your comments, Linda. I'm sure that the staff is noting this, and they, they will be preparing a report, um, um, related to this.

1731
05:04:15.535 --> 05:04:21.715
So, with that, um, I want to turn it to the committee for your comments related to the usability.
1732
05:04:25.350 --> 05:04:32.850
And hearing none, I want to open it up to Laura to make any final comments related to usability.
1733
05:04:33.805 --> 05:04:48.025
Um, the usability, I guess I will just reflect that. I think some of the questions about usability have been addressed earlier in the discussion. Um.
1734
05:04:48.420 --> 05:05:03.090
The question about the performance gap, which I agree is a really important question. I think I've shared, um, additional information and there's been a robust discussion around that um, the question about public.
1735
05:05:03.115 --> 05:05:09.895
Reporting again, my apologies for lack of clarity, but I think that's also been clarified.
1736
05:05:10.465 --> 05:05:19.675
I will address, um, George, your question about data between the data that's presented here and current data.
1737
05:05:20.250 --> 05:05:28.440
And I will say that, um, I was not permitted access to that data that data is not in my control.
1738
05:05:28.440 --> 05:05:38.100
So, uh, as a result of that, I cannot comment on the data between the data presented and, um, the current.
1739
05:05:38.100 --> 05:05:45.330
State, I wish I could thank you Laura.
1740
05:05:45.330 --> 05:05:58.375
So with that, with no other comments, um, we are going to go to I apologize I have 1 other comment, so my apologies. Go ahead. Sarah. I apologize.
1741
05:05:58.375 --> 05:06:11.065
I missed my true opportunity when you offered that I was too slow with the hand, but, um, just to share what was shared already with the and its use of this measure 8 named as measure 8, uh, just a note for the record that the joint commission.
1742
05:06:11.485 --> 05:06:21.475
Um, does have advanced certification as a in palliative care, which recognizes specialty, palliative care programs and does include what they named their equivalent of this measure pal for.

1743
05:06:21.835 --> 05:06:27.055
So, for those, any organizations with that certification, there's comparison in that way occurring.
1744
05:06:27.445 --> 05:06:39.295
Um, and, um, monitoring and reporting around that measure I don't believe that the point of sharing the detail, the results between institutions that are certified, but certainly, it's a measure internal measure that the joint commission monitors.
1745
05:06:39.655 --> 05:06:48.535
Um, so just in terms of usability that may not be officially publicly reported yet and specialist palliative care. There are other other organized growing number of organizations that do include it.
1746
05:06:50.670 --> 05:06:54.540
Thank you for that information. Does anyone know if that is publicly reported.
1747
05:06:59.220 --> 05:07:08.460
Okay um, so with that, we are ready for our last and final vote, which is on, um, the usability.
1748
05:07:08.460 --> 05:07:19.350
And as a reminder, this your options are high moderate, low or insufficient and the staff preliminary rating was insufficient.
1749
05:07:21.480 --> 05:07:29.010
Thank you Amy voting is now open for measure 164 1 on usability options are a for high.
1750
05:07:29.010 --> 05:07:33.480
For moderate C for low or for insufficient.
1751
05:07:48.360 --> 05:07:52.110
We are at 15 votes last call for.
1752
05:07:56.910 --> 05:08:01.260
Voting is now closed for measure 164 1 on usability.
1753
05:08:01.260 --> 05:08:05.400
There were 0 votes for high 8 votes for moderate.
1754
05:08:05.400 --> 05:08:09.930
7 votes for low and 2 votes. 4 insufficient.
1755
05:08:09.930 --> 05:08:14.190
Therefore, consensus was not reached for the measure on usability.
1756
05:08:17.550 --> 05:08:31.555
Well, terrific, um, I just want to give a very big, thank you to George and Linda for your very robust discussion. And this was a particularly complicated measure to be discussed.

1757
05:08:31.615 --> 05:08:39.655
Laura you were, um, just terrific. And the staff, uh, did a terrific job of helping lead us through this as well.
1758
05:08:40.315 --> 05:08:55.015
So, I'll turn this back to you, Leanne. Wonderful thing. And that's a big thank you also to the developer for answering all the questions and concerns. Um, so on our agenda, we are a little bit ahead of time, but we also.
1759
05:08:55.350 --> 05:09:10.020
Have a short break, um, that I would like to offer everyone. You could do a quick, maybe 1015 minute break um, just to stretch your legs. Um, we have related and competing, which is next and then we have our next steps.
1760
05:09:10.020 --> 05:09:19.020
On our timeline, so I will just pause here if there's any objections to taking a short.
1761
05:09:19.020 --> 05:09:26.250
10 minute break. Oh, oh.
1762
05:09:26.250 --> 05:09:33.810
Did you have an objection? I saw your hand raise? I just I was double checking that I had my hand down and I accidentally clicked. I.
1763
05:09:33.810 --> 05:09:41.640
I I just want to check I, you would like me present for the related and competing as well. Is that correct?
1764
05:09:41.995 --> 05:09:50.965
Great question, Laura, so we will actually save the related and competing discussion for measure 141 at the post comment as well because we have to vote. Okay. Yes. Thank you. Great question.
1765
05:09:51.085 --> 05:10:05.545
And it would actually be immensely helpful as I am on service and I am getting page bombed as we talked. So I would be delighted to depart and go do some other work. Well, we appreciate you. Joining us today Thank you so much for participating.
1766
05:10:05.545 --> 05:10:11.665
And we look forward to seeing you at our post comment call. Thank you have a good holiday weekend. a good holiday weekend
1767
05:10:11.940 --> 05:10:22.260
So, um, okay, well, we'll, um, take a short, 10 minute break and we'll reconvene at, um, 225 Eastern time.
1768
05:10:22.260 --> 05:10:30.000
I'll see you shortly evening. Wonderful. Thank you.
1769

05:10:30.000 --> 05:10:38.700
And we will begin, it's 225 PM Eastern time so we will dive into our related and competing discussion.
1770
05:10:38.700 --> 05:10:40.855
So next slide, please, Victoria,
1771
05:10:43.045 --> 05:10:54.415
so just to provide a brief review of what what is considered competing and what is considered related a competing measure is this a measure with the same concept and same target population?
1772
05:10:54.415 --> 05:11:03.385
In these instances, the standing committee would need to have a best in class discussion for competing measures. We do not have any competing measures. The cycle.
1773
05:11:03.985 --> 05:11:17.515
There are also related measures where they have different target populations or different concepts. If they're both different. We don't have competition between measures and no harmonization is needed but there are similarities.
1774
05:11:17.515 --> 05:11:22.885
Developers are asked them to harmonize their measure with other related measures appropriately.
1775
05:11:23.190 --> 05:11:30.210
Measure harmonization refers to the standardization of specifications for related measures.
1776
05:11:30.210 --> 05:11:39.570
With the same measure, focus the same target population or definitions that are applicable to many measures so that they're uniform or compatible.
1777
05:11:39.570 --> 05:11:51.900
Unless differences are justified, then the dimensions of harmonization can include numerator, denominator, exclusions, calculations and data sources and collection collection instruments.
1778
05:11:51.900 --> 05:12:00.090
The extent of harmonization depends on the relationship of the measure, the evidence for the specific focus and different data sources.
1779
05:12:01.795 --> 05:12:16.075
Next slide please so, before we begin, I just want to, uh, note that recommendations, uh, for related measures will not change the endorsement vote in any way,
1780
05:12:16.435 --> 05:12:21.505
but will be noted again in our final report for future evaluations by the standing committee.
1781

05:12:21.960 --> 05:12:31.890
Also, we will not we will not be reviewing measure 10,601, but we will be reviewing the 3 previous measures we reviewed this morning.
1782
05:12:31.890 --> 05:12:46.230
So next slide please. So, here's a list of our related measures that we will go through today 0203021000206haveallbeenidentified as related to each other.
1783
05:12:46.230 --> 05:13:00.925
Those were the measures that we reviewed today this morning 0203wasalso related to 162 6 patients admitted to ICU who have care preferences documented and then 0206wasalso identified to be related to the 265 1 caps. Hospice survey 3235, hospice and palliative care composite process, measure comprehensive assessment admission.
1784
05:13:00.925 --> 05:13:10.105
two hundred and sixty five one caps hospice survey three two three five hospice and palliative care composite process measure comprehensive assessment admission
1785
05:13:12.390 --> 05:13:18.690
Uh, next slide please. Oh, go back 1 more.
1786
05:13:18.690 --> 05:13:28.230
Oh, I'm sorry, there is a little bit of a leg virtual. Um, so Victoria said, go ahead, please forward to the next line.
1787
05:13:28.555 --> 05:13:42.205
So, there are 3 questions that we would like the standing committee to consider during our related discussions. Today, are the measure specifications for the related measures, harmonized to the extent possible. Um, are there differences.
1788
05:13:42.205 --> 05:13:53.425
That could impact interpret stability and add data collection burden to accountable entities. And are those differences justified? So those are the 3 questions we want to have in the back of our mind when we go through the related.
1789
05:13:53.760 --> 05:14:05.935
Uh, discussions next slide please. So, we'll start with, um, the related measure for 0203umwhich is 10,606 patients admitted to ICU who have care preferences, documented 0203andum. I'm sorry 10,606. um.
1790
05:14:05.935 --> 05:14:14.365
to icu who have care preferences documented zero two hundred and three and um i'm sorry one hundred and six hundred and six um
1791
05:14:14.640 --> 05:14:24.210
Is sorted by Rand 166 is a process measure in the inpatient hospital setting, using paper, medical record data sources.
1792
05:14:24.210 --> 05:14:37.885

An 02 and 3 is an outpatient setting measure, using a registry data source and 166 addresses a target population of vulnerable adults admitted to ICU who survived at least 40, 48 hours after. I see you admission.
1793
05:14:37.885 --> 05:14:39.625
hours after i see you admission
1794
05:14:40.495 --> 05:14:55.255
And you have 0203addressesa target population of patients who died of cancer, although 166 and Q f0 203 both address patients admitted to the ICU 0203focusesfocuses differ. They their focus differ significantly and 2 f10606 is focusing on if vulnerable adults admitted to ICU who survive?
1795
05:14:55.255 --> 05:15:08.545
At least 48 hours have their care preferences documented within 48 hours. six hundred and six is focusing on if vulnerable adults admitted to icu who survive at least forty eight hours have their care preferences documented within forty eight hours
1796
05:15:08.790 --> 05:15:19.680
Whereas 02 and 3 is focusing on if there are aggressive treatments at end of life for cancer patients in this case, an IC admission within 30 days before they're done.
1797
05:15:21.330 --> 05:15:27.055
So, uh, next slide please. So these are the 3 questions that we reviewed.
1798
05:15:27.325 --> 05:15:41.215
Um, and so I will pause here and, um, allow the standing committee to discuss these 3 questions and consider the, um, the related measures. Uh, the developer did, uh, note that these measures are harmonized to the extent possible.
1799
05:15:44.190 --> 05:15:48.000
I will hand it over to Amy and Sean.
1800
05:15:53.220 --> 05:15:57.840
There's any questions, um, or any discussions.
1801
05:15:57.840 --> 05:16:01.920
So, um.
1802
05:16:01.920 --> 05:16:15.265
To my mind that these are these are dealing with different specific populations. Um, so that, uh, this is not adding data collection burden because 1 is a general population and 1 is specific to cancer.
1803
05:16:15.895 --> 05:16:22.585
And those differences are very justified, you know, 1 group, you can anticipate the need for advanced care.
1804
05:16:22.920 --> 05:16:27.630
Planning and potentially avoidance of the ICU.

1805
05:16:27.630 --> 05:16:31.950
And the other group is more general population um.
1806
05:16:32.125 --> 05:16:39.925
Sean, do you have comments related to this? I don't and I would not disagree with you. I agree completely.
1807
05:16:39.925 --> 05:16:52.075
I think they my, my thought is that they're they're similar or similar measures with different populations, but open both Amy, and I are willing to be contradictory.
1808
05:16:54.780 --> 05:17:07.650
And mainly the focus of the discussion is just to see if the standing committee feels that there's, uh, they reject any justifications that they feel those differences are justified. We'll just briefly pause. And then we can move on to our next related measure.
1809
05:17:14.190 --> 05:17:18.330
Hearing no objections, we can move on to the next related measure.
1810
05:17:19.315 --> 05:17:29.515
So this is 0206therelated measure is 265 1 the develop in the developer submission. They noted that 20,601 cat hospice survey experience with care is sorted by CMS and 165 1 is a pro P. M.
1811
05:17:29.515 --> 05:17:41.545
which is a patient record outcome performance measure in the hospice facility, setting using an instrument based data source. is a patient record outcome performance measure in the hospice facility setting using an instrument based data source
1812
05:17:42.505 --> 05:17:56.125
0206isan outpatient setting, measure, using a registry data source. 2651. it addresses a target population of adult, primary caregivers of hospice, the citizens to complete the survey 0206addressesa target population of patients who died of cancer, although 265 1 and 0206bothaddress. Hospice.
1813
05:17:56.155 --> 05:18:02.095
The measure focuses differ significantly 265. 1. is focusing on a survey regarding the care experiences of hospice patients.
1814
05:18:02.095 --> 05:18:11.965
hundred and six both address hospice the measure focuses differ significantly two hundred and sixty five one is focusing on a survey regarding the care experiences of hospice patients
1815
05:18:12.180 --> 05:18:27.085
And their primary caregivers, whereas 0206isfocused focusing on if there's still extremely if there isn't, it's still extremely late enrollment to hospice for cancer patients. In this case hospice enrollment less than 3 days before they're done. than three days before they're done

1816
05:18:27.570 --> 05:18:34.620
I will go to the next slide. Please there's a few slides with the measure descriptions here for you.
1817
05:18:34.620 --> 05:18:41.550
And these are in the PowerPoint slide that are attached to the meeting invites if you'd like to look at those as well.
1818
05:18:42.115 --> 05:18:56.575
Next slide please. So we'll pause here a moment to allow an opportunity for this standing committee to, uh, with any concerns, or ask any, uh, or providing recommendations for these 2 related measures.
1819
05:18:56.605 --> 05:18:57.804
So, again, we'll ask.
1820
05:18:58.140 --> 05:19:05.910
If there's any concerns about the measure specification harmonization and is there are these differences justify.
1821
05:19:09.870 --> 05:19:13.620
Oh, Sean you heard yeah. Thoughts from the group.
1822
05:19:18.450 --> 05:19:24.120
Just 2 for related to 22651it'sfor those, um.
1823
05:19:24.120 --> 05:19:33.120
who've been in hospice greater than 48 hours to get that whose caregivers get that survey. So, the population's barely overlap as well. Is that correct?
1824
05:19:33.120 --> 05:19:42.060
Uh, that's correct, Sarah and and just to clarify that survey goes to the decedent.
1825
05:19:42.060 --> 05:19:55.285
Caregiver about the experience while they were in hospice, whereas the other measure is whether or not there's a delay or, you know, whether or not, they're being referred in a timely manner into hospice.
1826
05:19:55.675 --> 05:20:01.795
So, it's it's almost as though they are 2 sides, a coin, but very different.
1827
05:20:05.100 --> 05:20:09.060
Thank you Amy.
1828
05:20:10.470 --> 05:20:17.160
It almost seems like there's sequential as you just mentioned and I don't see where there'd be much of an impact.
1829
05:20:17.160 --> 05:20:20.370
On a collection burden for for these.

1830
05:20:23.520 --> 05:20:29.400
Wonderful Thank you. Douglas. Okay. We'll we'll go to the next slide. Please.
1831
05:20:30.690 --> 05:20:41.725
This is another related measure to 0216. this is 3235 hospice and palliative care composite process measure. Com, comprehensive assessment at admission. This measure is sorted by CMS.
1832
05:20:42.115 --> 05:20:54.565
3235 is a composite measure in the hospice facility setting using a standardized patient level data collection, instrument, data source. The developer knows that. data collection instrument data source the developer knows that
1833
05:20:54.870 --> 05:20:59.730
0206isin an outpatient setting measure using registry data source.
1834
05:20:59.730 --> 05:21:04.170
365 addresses a target population of all hospice patients.
1835
05:21:04.170 --> 05:21:10.290
They enrolled in hospice 206 addresses a target population of patients who died of cancer.
1836
05:21:10.585 --> 05:21:22.465
Although 345 and 0206bothaddress hospice, the measure focuses differ significantly. 3235 is focusing on the percentage of hospice stays in which patients receive a comprehensive patient assessment at hospice admission.
1837
05:21:22.465 --> 05:21:28.165
hospice stays in which patients receive a comprehensive patient assessment at hospice admission
1838
05:21:28.440 --> 05:21:36.180
Whereas, 02106isfocusing on, if there is still extremely late enrollment to hospitals for cancer patients.
1839
05:21:36.180 --> 05:21:40.350
In this case, hospice enrollment less than 3 days before that.
1840
05:21:40.350 --> 05:21:43.530
So, um, the next.
1841
05:21:43.530 --> 05:21:46.890
Slides please, there are a few slides with the.
1842
05:21:46.890 --> 05:21:49.950
Um, related to measure description here.
1843
05:21:49.950 --> 05:21:53.580
I'll pause a moment. How do you take a look at that?

1844
05:21:55.530 --> 05:22:06.930
And go to the next slide please, and we will pause here to see if the standard committee has any thoughts recommendations, concerns about the harmonization.
1845
05:22:06.930 --> 05:22:16.170
For these 2 measures. Okay, folks going once twice.
1846
05:22:19.735 --> 05:22:31.735
3 times I'm happy to Sean, so so, while it's the same population, it's the hospice population. 1 is about the care.
1847
05:22:31.735 --> 05:22:43.165
They get in hospice and the other is about, whether they're being referred in a timely manner into hospice. So they are completely different measures. And there is no conflict and the differences are justified.
1848
05:22:44.940 --> 05:22:59.035
Wonderful Thank you, Amy. And to know the 3 measures that we review today were identified as related by the developer. Um, 02 and 30206and0 210 the developer, uh, uh, mentioned in their submission that they're all sorted by.
1849
05:22:59.515 --> 05:23:02.515
uh mentioned in their submission that they're all sorted by
1850
05:23:03.480 --> 05:23:12.475
And are harmonized to the extent possible within the measure specifications all for all measures, address the same target population patients who died of cancer.
1851
05:23:12.745 --> 05:23:21.355
However, the measures have a different measure focus for the numerator, specifically undesirable events prior to that. So, the IC admissions within 30 days before death.
1852
05:23:21.690 --> 05:23:29.940
The hospice enrollment less than 3 days before death, less lack of hospice enrollment prior to that, and chemotherapy within 14 days before that.
1853
05:23:29.940 --> 05:23:33.330
So they have a different, um, measure of focus.
1854
05:23:33.330 --> 05:23:45.810
So, I just wanted to pause here for the 3 measures we reviewed this morning and give an opportunity for the standing committee to have a discussion or provide recommendations or concerns for those 3 measures.
1855
05:23:56.305 --> 05:24:10.105
They definitely agree with those comments that they're related, um, and reflect different aspects of quality of care of patients that end of life

and I, I cancer patients with cancer end of life but I just wonder if they'd ever consider a type of composite measure.
1856
05:24:10.135 --> 05:24:13.015
Um, which included these 3? Um.
1857
05:24:15.750 --> 05:24:21.030
That's great feedback Sarah and I will make sure to capture that in our summary and track report.
1858
05:24:21.030 --> 05:24:30.600
Thank you. Yeah. That'd be great. Sarah, thank you. I was just going to say in terms of coral music, and I need George to back me up on this, because I don't know what I'm talking about.
1859
05:24:30.600 --> 05:24:38.880
But sometimes polyphonic sounds a lot better than harmony, I think, and we're getting we're getting at multiple angles of slightly different things and.
1860
05:24:38.880 --> 05:24:49.255
Can sound better, I don't know if it's the moment or or, um, but related to harmonization to those 3.
1861
05:24:49.255 --> 05:25:00.625
I think they're just ask her does have the opportunity to look at their logic model once again, as they refer to palliative care, um, or highlights related to palliative care and their logic model. Um.
1862
05:25:01.615 --> 05:25:11.395
As, uh, focusing on symptom management, but related to our comments. And then especially if they were to try to harmonize those 3 measures, I think they should also highlight them in their logic model.
1863
05:25:11.395 --> 05:25:17.185
That palliative care includes not only the focus on some management, but also clarification of goals of care.
1864
05:25:22.825 --> 05:25:28.885
Sean, I have my hand raised if I could add 1 comment on this 1. absolutely. Sorry.
1865
05:25:29.125 --> 05:25:43.975
I'm going to disagree and I'll put in a comment that I don't think that this would be a good composite measure or addition to the composite measure, because you're measuring 2 different groups of clinicians and their effect.
1866
05:25:43.975 --> 05:25:47.395
So, those that refer are outside of the hospice.
1867
05:25:47.545 --> 05:25:59.785

They're referring to hospice versus those that are providing care are in the hospice and if those in the community do a poor job of referral, it is very different than what happens with the care and hospice.
1868
05:25:59.785 --> 05:26:07.945
And I would not want a hospice to be negatively impacted by the poor performance of the individuals in the community. That might be referring.
1869
05:26:09.660 --> 05:26:15.000
Terrific. Thank you, Amy. I'm sorry for missing the little hand in the corner.
1870
05:26:16.020 --> 05:26:23.905
It's hard when the slides are up, but thank you so much, Amy. I appreciate that. Okay. Does anyone else help on the committee?
1871
05:26:23.905 --> 05:26:31.165
Have any additional feedback comments or concerns about any of the related measures that we reviewed on the call today?
1872
05:26:38.575 --> 05:26:52.315
Okay, hearing none, uh, we will now enter the member and public comment portion of our call today. So this is an opportunity for members and public comment to provide their feedback.
1873
05:26:52.615 --> 05:26:58.285
So I will just pause a moment to allow that opportunity for those comments and feedback.
1874
05:27:21.750 --> 05:27:36.210
Okay, hearing none I will hand the baton over to trust in wind who will be taking us through, um, our next steps an overview of the remaining activities, and our upcoming timeline for this project. So Tristan.
1875
05:27:38.310 --> 05:27:41.910
You next slide please.
1876
05:27:43.195 --> 05:27:54.475
Thank you for attending today's call looking forward after the conclusion of this meeting and staff will pair a draft report, detailing the standing committees discussion and recommendations,
1877
05:27:54.505 --> 05:27:58.735
which will then be released for a 30 day public and member comment, period.
1878
05:27:59.070 --> 05:28:07.380
Staff will compiled these comments received into a comment brief, which will then be shared with the standing committee as well as the developers.
1879
05:28:07.380 --> 05:28:11.970
You will then reconvene the steering committee for a post comma call.
1880

05:28:11.970 --> 05:28:16.020
Which will then be when we discuss the comments.
1881
05:28:16.020 --> 05:28:26.845
Uh, submitted staff will then incorporate the comments and response to comments into a draft report in preparation for the meeting in which endorses measures.
1882
05:28:27.505 --> 05:28:31.675
This is also an opportunity for the public to appeal the endorsement decision.
1883
05:28:32.185 --> 05:28:46.615
Next slide please so due to reviewing all 4 measures today, we will go ahead and cancel up the follow up measure evaluation meeting. So you will receive a cancellation.
1884
05:28:46.615 --> 05:28:48.294
Notice later today.
1885
05:28:48.690 --> 05:28:54.180
The draft report comment, period will occur from August 15th to September 13rd.
1886
05:28:54.180 --> 05:29:05.430
Dates for the post comic meeting SEC review and appeal this period have not yet been confirmed some once these dates are finalized, we will communicate those accordingly.
1887
05:29:05.875 --> 05:29:13.285
Next slide please, here's our project contact information.
1888
05:29:13.345 --> 05:29:21.115
Do you have any questions after the conclusion of this call, including the project page and SharePoint site for project updates?
1889
05:29:21.270 --> 05:29:25.440
Oh, now turn back to lean for outstanding questions and closing remarks.
1890
05:29:25.440 --> 05:29:34.380
Thank you Tristan and I just want to, uh, highlight a comment that I I just thought in the chat, but it was from Marian grant.
1891
05:29:34.380 --> 05:29:48.055
So, she added, would it be great? If would it be great? Um, it developers for other serious illnesses we were working on similar measures, the cancer ones like hospice referral for those with heart failure, et cetera. Marian did you want to add anything?
1892
05:29:48.085 --> 05:29:49.555
Um, for your comments?
1893
05:29:49.860 --> 05:29:53.400
Definitely want to recognize that and bring it into the record.

1894
05:29:53.425 --> 05:30:04.495
No, I, I've just always been struck by the fact that we have this data for those with cancer, but wouldn't it be handy to have it for people with other serious illness? But that would be for other specialties to pursue.
1895
05:30:04.495 --> 05:30:11.875
So, I have no idea of I'm I'm not even sure if that's in the works, but maybe some of our own palliative care data could could shed light on that.
1896
05:30:14.160 --> 05:30:18.000
Wonderful observation and suggestion Marion, thank you so much.
1897
05:30:18.000 --> 05:30:28.710
Providing that, so I will pause here now for me to address any questions that the standing committee I may have, or participants on the call today.
1898
05:30:40.530 --> 05:30:54.540
Well, hearing on, if you think of anything after the call that you would like to ask our team, please feel free to reach out to us at quality form dot org. We would be happy to answer any questions that you may have.
1899
05:30:55.045 --> 05:31:07.405
On the next slide please, I just like to extend an appreciation and, uh, uh, a big thank you to everyone on the call today. This was my 1st measure evaluation meeting.
1900
05:31:07.405 --> 05:31:21.385
Um, so I really thoroughly enjoyed working with all of you. Uh, great discussions. I really did enjoy it. I hope you did as well. I do appreciate your patience, uh, with the voting and the virtual meetings again.
1901
05:31:21.595 --> 05:31:34.315
I also appreciate your engagement as well and your participation throughout the day. Um, I also want to extend a deeper appreciation to our Co, chairs, Sean, and Amy for leading us through our spring, 22 measure review.
1902
05:31:34.315 --> 05:31:41.245
Thank you to our lead and supporting discussions for your facilitation today and the preparation leading up to our meeting.
1903
05:31:41.245 --> 05:31:53.515
And Additionally, I want to thank our developers for the time and effort leading up to the meeting and then attending today to present and address any questions that the standing committee had throughout the day. day
1904
05:31:53.790 --> 05:32:05.250

And then, lastly, I'd like to take a moment to think my team Isaac, Tristan Victoria through and Matt for your hard work and your dedication to this project. And our work.
1905
05:32:05.250 --> 05:32:15.960
I'd like to hand it over to Shawn and then Amy for their closing remarks as well. Uh, just wanted to thank everybody for a really spectacular meeting and I haven't.
1906
05:32:15.960 --> 05:32:20.850
Been in an QF meeting that has gone this smoothly and.
1907
05:32:23.430 --> 05:32:26.760
For whom people were so well prepared.
1908
05:32:26.995 --> 05:32:36.205
And I've never, actually been an meeting. That ended early. So thank you all. So so much for that. And, um, particularly.
1909
05:32:36.205 --> 05:32:50.785
Thanks, Amy, who's been my partner in crime and Leanne and all of your staff who really put this together. Well, and thanks to all of you, because we could not do this without you and I certainly realized we all realize how much of your time.
1910
05:32:51.090 --> 05:33:01.710
This takes up and we also realize that you don't get paid a lot to do that. So, again, really, really appreciate what you run the work that you guys did.
1911
05:33:01.710 --> 05:33:12.960
And I'll turn over to Amy for final remarks. Well, Sean said it all so I won't repeat it, but I will say, thank you Sean for always modeling the way as a wonderful chair. So thank you.
1912
05:33:15.600 --> 05:33:29.485
Well, I hope everyone has a very safe and fun upcoming holiday happy. 4th early enjoy yourselves and if you answered no. To getting to the beach this summer, you still have some time left. So, I hope you're able to do that, um, for our test poll.
1913
05:33:29.485 --> 05:33:34.165
So, anyway, thank you so much, be safe and be while everyone talk to you later, thank you.
1914
05:33:34.500 --> 05:33:36.648
Thank you.