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Patient Safety Spring 2020 Measure Review Cycle

Post-Comment Standing Committee Meeting

Matthew Pickering, Senior Director
Jesse Pines, Consultant
Chris Dawson, Manager
Isaac Sakyi, Analyst

September 22, 2020

Welcome

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Welcome

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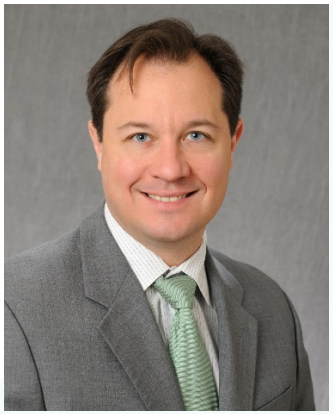
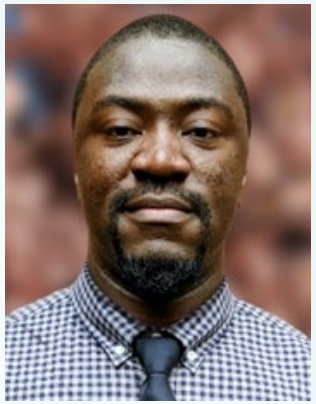
Project Team – Patient Safety Committee

Matthew Pickering, PharmD
Senior Director



Jesse Pines, MD, MS, MBA
Consultant

Chris Dawson, MHA
Manager



Isaac Sakyi, MSGH
Program Analyst

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Agenda

- Attendance
- Review and Discuss Public Comments
- NQF Member and Public Comment
- Next Steps
- Adjourn

Attendance

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Patient Safety
Spring 2020 Cycle Standing Committee

- Ed Septimus, MD (Co-chair)
- Iona Thraen, PhD, ACSW (Co-chair)
- Emily Aaronson, MD, MPH
- Jason Adelman, MD, MS
- Elissa Charbonneau, DO, MS
- Curtis Collins, PharmD, MS
- Melissa Danforth, BA
- Theresa Edelstein, MPH, LNHA
- Terry Fairbanks, MD, MS, FACEP
- Lillee Gelinas, MSN, RN, FAAN
- John James, PhD
- Stephen Lawless, MD, MBA, FAAP, FCCM
- Lisa McGiffert, BA
- Susan Moffatt-Bruce, MD, PhD, MBA, FACS
- Anne Myrka, RPh, MAT
- Jamie Roney, DNP, NPD-BC, CCRN-K
- David Seidenwurm, MD, FACR
- Geeta Sood, MD, ScM
- David Stockwell, MD, MBA
- Tracy Wang, MPH
- Kendall Webb, MD, FACEP, FAMIA
- Donald Yealy, MD, FACEP
- Yanling Yu, PhD

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Patient Safety Standing Committee Expert Reviewers

- **Bruno Digiovine, MD**
  - (Pulmonary)
- **Edgar Jimenez, MD, FCCM**
  - (Pulmonary)
- **Pranavi Sreeramoju, MD, MPH, CMQ, FSHEA, FIDSA**
  - (Infectious Disease)

Review and Discuss Public Comments

#3558 Initial Opioid Prescribing for Long Duration (IOP-LD)

- **Measure Steward:** Pharmacy Quality Alliance
  - New measure
- **Brief Description of Measure:**
  - The percentage of individuals 18 years of age and older with one or more initial opioid prescriptions for >7 cumulative days' supply.
- **Summary of Comments Received:** 7 comments received
  - Concerns about the evidence criterion not being met
  - Supportive with concern for potential abuse
  - Supportive with concerns about inclusion of long-term care (LTC) settings
  - Evaluate the inclusion of methadone
  - Clarification of patient safety edits

#3558 Initial Opioid Prescribing for Long Duration (IOP-LD)

- **Summary of Comments Received:**
  - Concerns about the evidence criterion not being met
    - » Additional exclusions be considered to ensure geriatricians aren't penalized for addressing chronic or acute pain among patients who are not at risk for long term addiction.
    - » Concern about the evidence to support a >7-day supply threshold for an initial opioid prescription
- **Proposed Committee Response:**
  - *Thank you for your comment. The Committee previously reviewed the evidence for this measure and agreed that the evidence provided supports the measure. The Committee also recommends to the developer that as additional exclusions are identified and are appropriate, they consider them in future updates of this measure.*

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#3558 Initial Opioid Prescribing for Long Duration (IOP-LD)

- **Summary of Comments Received:**
  - Supportive with concern for potential abuse
    - » Currently, the denominator algorithm that, ""[i]f multiple prescriptions for opioids are dispensed on the same day, calculate the number of days covered by an opioid using the prescription claim with the longest days' supply,".
    - » The possibility exists of having a greater number of pills that could be used beyond seven days. Therefore it should be additive.
- **Proposed Committee Response:**
  - *Thank you for your comment. The Committee previously reviewed the measure specifications and agreed with the developer's approach. However, the Committee recommends that the developer monitor for any unintended consequences and update the measure accordingly.*

#3558 Initial Opioid Prescribing for Long Duration (IOP-LD)

- **Summary of Comments Received:**
  - Concerns about inclusion of long-term care (LTC) settings
    - » Additional exclusions be considered for patient and clinicians in long-term care settings.
    - » Patients are frequently admitted to facilities for post-acute care following surgery or for therapy and rehabilitation. In many cases, an opioid-naïve patient may require acute pain management for slightly more extended time periods
- **Proposed Committee Response:**
  - *Thank you for your comment. The Committee previously reviewed specifications of this measures and agreed to pass the measure. However, the Committee recommends to the developer that as additional exclusions are identified and are appropriate, they consider them in future updates of this measure.*

#3558 Initial Opioid Prescribing for Long Duration (IOP-LD)

- **Summary of Comments Received:**
  - Evaluate the inclusion of methadone
    - » Consider the impact on pain management or access to medications for opioid use disorder (OUD), namely methadone.
    - » Encourage that if measure implementation for IOP-LD reveals otherwise, they urge the measure developer to carefully evaluate the inclusion of methadone due to unintentional access limitations to methadone for OUD
- **Proposed Committee Response:**
  - *Thank you for your comment. The Committee previously reviewed specifications of this measures and agreed to pass the measure. However, the Committee recommends that the developer monitor for any unintended consequences and update the measure accordingly.*

#3558 Initial Opioid Prescribing for Long Duration (IOP-LD)

- **Summary of Comments Received:**
  - Clarification of patient safety edits
    - » Whether patient safety edits geared to impact this measure will be required to be submitted additionally in the annual opioid management templates submitted to CMS or if there will be specific rule making that will allow for patient safety edits that are aimed at curbing this quality measure through normal patient safety processes.
- **Proposed Committee Response:**
  - *Thank you for your comment. The Committee does not have oversight in the decision-making of future CMS implementations of related health plan patient safety edits and opioid management templates. The Committee recommends that the commenter bring this question to CMS for further clarification.*

#3558 Initial Opioid Prescribing for Long Duration (IOP-LD)

- **Summary of Comments Received:**
  - Two commenters expressed support for this measure, commenting that the measure fills a recognized gap and identifies opportunities for early intervention, unlike other opioid measures that are more retrospective in nature.
  - The measure will help in preventing chronic use of opioids and decreasing high-risk prescriptions and does not impact individuals with pre-existing chronic pain who have need for opioid prescriptions with a longer duration.
  - Encourages better patient-provider communication and coordination.
- **Proposed Committee Response:**
  - *Thank you for your comments.*

#2723 Wrong-Patient Retract-and-Reorder (Wrong Patient-RAR)

- **Measure Steward:** New York-Presbyterian Hospital
  - Maintenance measure
- **Brief Description of Measure:**
  - A Wrong Patient-RAR event occurs when an order is placed on a patient within an electronic health record, is retracted within 10 minutes, and then the same clinician places the same order on a different patient within the next 10 minutes. A Wrong Patient-RAR rate is calculated by dividing Wrong Patient-RAR events by total orders examined.
- **Summary of Comments Received:** 2 comments received
  - Concerns about the validity and measure rate as a function of number prescriptions ordered
  - Use of “provider” vs. “clinician”

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#2723 Wrong-Patient Retract-and-Reorder (Wrong Patient-RAR)

- **Summary of Comments Received:**
  - Concerns about the validity and measure rate as a function of number prescriptions ordered
    - » Is catching an error before any harm a good signal for practices that could harm patient safety. Encourage that more validation is done here.
    - » Question whether a system that captured the "reason for order cancellation" be more direct. How implementation of this measurement is going to improve quality.
    - » Concern regarding whether the rate of RARs was a function of the number of prescriptions being ordered. It would be important not to risk adjust these measures for patient age or complexity, so that providers are held accountable for getting orders correct for more complex patients.
- **Proposed Committee Response:**
  - *Thank you for your comments. The Committee previously reviewed the importance and validity of this measure and passed the measure on these criteria. Additionally, this measure is not risk adjusted, but can be stratified.*

#2723 Wrong-Patient Retract-and-Reorder (Wrong Patient-RAR)

- **Summary of Comments Received:**
  - Use of “provider” vs. “clinician”
    - The use of “provider” and “clinician” are not the same. A “provider” can be a healthcare organization, a nurse, a therapist, a physician or many other people or even things
- **Proposed Committee Response:**
  - *Thank you for your comment. The Committee recommends that the developer be more consistent with the term used to describe a clinician in future updates to the measure.*

NQF Member and Public Comment

Next Steps

Patient Safety Committee Members: Terms Ending

Thank you for your expertise and contribution to the work of quality measurement

- Jason Adelman
- Melissa Danforth
- Lillee Gelinas
- Stephen Lawless
- Lisa McGiffert
- Susan Moffatt-Bruce
- Tracy Wang
- Kendall Webb

Activities and Timeline – Fall 2020 Cycle

***All times ET**

Meeting	Date, Time
CSAC Review	November 17-18, 2020
Appeals Period (30 days)	November 23-December 22, 2020

Project Contact Info

- Email: patientsafety@qualityforum.org
- NQF phone: 202-783-1300
- Project page: http://www.qualityforum.org/Patient_Safety
- SharePoint site: http://share.qualityforum.org/Projects/patient_safety/SitePages/Home.aspx

THANK YOU.

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