



## Patient Safety Standing Committee – Post-Comment Web Meeting

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The National Quality Forum (NQF) convened the Patient Safety Standing Committee for a post-comment web meeting on April 17, 2018 to re-evaluate one measure: 3316e Safe Use of Opioids-Concurrent Prescribing.

### Welcome and Review of Meeting Objectives

Co-chairs Ed Septimus and Iona Thraen welcomed the Standing Committee and participants to the web meeting. Co-chair Ed Septimus and NQF staff reviewed the meeting objectives. Standing Committee members announced their presence.

### Review Measure and Discuss Public Comments

Co-chair Iona Thraen provided an overview of the committee's initial evaluation of measure 3316e Safe Use of Opioids-Concurrent Prescribing, which occurred during the measure evaluation web meeting on January 23, 2018. Specifically, Iona described the committee's general support for reducing problematic prescribing of opioids, which have contributed to increasing deaths from the nationwide opioid epidemic. She also recounted the concerns raised about the measure specifications as well as the unintended consequences of endorsing a measure that may incentivize hospital-based providers to change existing medication regimens that were indicated. Specifically, certain populations—such as patients with sickle cell disease or other non-cancer, painful conditions—may be appropriately managed on both short- and long-term opioids. For these reasons, consensus was not reached on the measure's reliability, validity, and usability & use, and did not meet the 60% threshold for overall endorsement.

Next, co-chair Ed Septimus provided a summary of the comments received during the public comment period, which ended on March 30, 2018. NQF received six comments from six member organizations. All supported the measure concept generally, but expressed concerns about the measure as currently specified, and echoed many of the concerns raised during the January committee meeting. The six major themes were identified in the [comment memo](#) during the post-evaluation commenting period were as follows:

1. Theme 1 – Potential Need for Additional Exclusions
2. Theme 2 – Dosing Thresholds
3. Theme 3 – Unintended Consequences
4. Theme 4 – Limited Testing
5. Theme 5 – Measurement Period Timeframe
6. Theme 6 – Need for Voluntary Data Collection Before Implementation in Accountability Programs

After a discussion of the themes in the comments, Jayanti Bandyopadhyay, a representative of the measure developer (Mathematica Policy Research), responded directly to concerns of the committee and those raised during the public comment period.

The developer recognized that there are situations when concurrent prescribing is clinically appropriate, but noted that the measure's exclusions are based on Centers for Disease Control and Prevention (CDC) guidelines. In addition, other potential exclusions, including those raised by commenters and Standing Committee members, were examined during testing and only a very small portion of those cases (0-3%) were eligible for the numerator. After reviewing these results, the developer's expert panel recommended continuing to include patients with these conditions in the measure, especially since many of these patients are particularly at risk for adverse events.

With regard to dosing thresholds, the developer noted that existing professional, organizational, state, and federal agencies vary in their dosing recommendations. In addition, dosing data can be very difficult to collect and calculate accurately. Given these challenges, the developer decided not to include a dosing threshold in the measure.

The developer also addressed the concerns about potential unintended consequences, stating that their intent is to address the known consequences of concurrent prescribing and the risk of adverse events, including opioid overdose and death. The developer noted that implementation of a similar measure in the field has proven to be helpful for patient safety and has not revealed any systematic occurrence of undertreatment.

With regard to the limited testing, the developer agreed that it is important to test measures in representative institutions and did attempt to recruit a broad variety of hospitals, but only three of these hospitals met the required criteria and were able to test within the six-month time window.

Regarding the measurement timeframe, the developer noted that the measure was developed for use in the Centers for Medicare & Medicaid Services (CMS)'s Inpatient Quality Reporting (IQQR) and Outpatient Quality Reporting (OQR) programs, and that CMS would ultimately determine the measurement period at a future date, once the measure is implemented.

The developer agreed with commenters that data collected from the measure as currently specified could serve as a useful starting point for hospitals and clinicians, and added that data collected during initial implementation may offer more evidence for actionable refinements to the measure. A Patient Safety Standing Committee member noted that CMS typically requires a period of public reporting before measures are implemented in payment programs.

## **Review and Voting on Measure Where Consensus Not Reached**

During the meeting, the Patient Safety Standing Committee discussed the measure criteria where consensus was not reached during the measure evaluation web meeting on January 23, 2018. The Committee re-voted on reliability, validity, usability, and overall suitability for endorsement

**Measure Evaluation Criteria Rating Key:** H – High; M – Medium; L – Low; I – Insufficient

### 3316e Safe Use of Opioids – Concurrent Prescribing (Centers for Medicare & Medicaid Services)

#### *Measure Steward/Developer Representatives at the Meeting*

- Jayanti Bandyopadhyay, Mathematica Policy Research
- Llewelyn Brown, Mathematica Policy Research
- Kirsten Barrett, Mathematica Policy Research

#### *Standing Committee Votes*

- Reliability: H-1; M-14; L-1; I-1
- Validity: M-11; L-5; I-1
- Usability: H-1; M-10; L-6; I-1

#### *Standing Committee Recommendation for Endorsement: Y-15; N-3 (Recommended for Endorsement)*

Ultimately, the Standing Committee reached consensus on the reliability, validity, usability subcriteria and overall recommendation of endorsement. Measure 3316e was recommended for endorsement.

The measure will be reviewed by the Consensus Standards Approval Committee (CSAC) on the CSAC web meeting on May 8, 2018. Co-chairs Ed Septimus and Iona Thraen will be participating on the CSAC web meeting to share the Patient Safety Committee members' input with the CSAC.

### Discuss Related and Competing Measures

NQF staff shared with the Committee members [related and competing measures](#) for 3316e Safe Use of Opioids-Concurrent Prescribing, listed below. After review and discussion by Committee members, these three measures were found by the Committee to relate to measure 3316e, as they focused on measuring and reducing opioid prescriptions; however, the three measures involved different settings (all were in outpatients, as opposed to 3316e which is intended for emergency department visits and inpatient admissions), and were intended to be measured at the health plan-level not the facility-level. The Committee members did note it would be favorable in the future to have these measures have some linkage and continuity to each other, but understand at present that the system does not allow that technical capability. The three related measures were:

- 2940 Use of Opioids at High Dosage in Persons Without Cancer
- 2950 Use of Opioids from Multiple Providers in Persons Without Cancer
- 2951 Use of Opioids from Multiple Providers and at High Dosage in Persons Without Cancer

### Public Comment

No public or NQF member comments were provided during the post-comment web meeting.

### Next Steps

#### Fall Cycle 2017:

NQF will convene the CSAC web meeting on May 8, 2018 for review and approval of measure 3316e Safe Use of Opioids-Concurrent Prescribing. Following CSAC review, there will an Appeals period from June 6 through July 5, 2018.

**Spring Cycle 2018:**

NQF cancelled the measure evaluation tutorial web meeting in May and cancelled the in-person meeting in June since no measures were submitted. There are Committee web meetings scheduled for July 10, 2018 and September 12, 2018.