NATIONAL QUALITY FORUM
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Meeting Summary

Patient Safety Standing Committee Fall 2020 Post-Comment Web Meeting

The National Quality Forum (NQF) convened a public web meeting for the Patient Safety Standing Committee on June 4, 2021, from 1–3 PM ET.

Welcome, Review of Meeting Objectives, and Attendance

Dr. Matthew Pickering, NQF senior director, welcomed participants to the web meeting. Dr. Pickering provided an overview of the meeting objectives, which were to review public comments received on the draft report, to discuss any potential revisions to the Standing Committee's recommendations and/or the draft report based on the comments received, and to consider and re-vote on "consensus not reached" measures, including re-voting on the evidence criterion for NQF #0097 due to a miscalculation that occurred during the February 2021 measure evaluation meeting. NQF staff then proceeded to conduct the Standing Committee roll call. Co-Chair Dr. Ed Septimus welcomed the Standing Committee to the call. Seventeen Standing Committee members were present for the discussion, allowing the Standing Committee to re-vote on the evidence criterion for NQF #0022 and NQF #0097.

During the fall 2020 review cycle, the Patient Safety Standing Committee reviewed six maintenance measures during the measure evaluation meeting on February 10, 2021. Four measures were recommended for endorsement; the Standing Committee did not reach consensus on one measure; and consensus was not reached on a second measure due to an error in the voting calculation, which was adjudicated during the post-comment meeting. The draft report was posted on the project webpage for public and NQF member comment on March 25, 2021, for 30 calendar days. During this commenting period, NQF received 15 comments from five member organizations and one comment from the public.

Discussion and Revote on Consensus Not Reached (CNR) Measures

NQF staff provided an overview of the process for discussing and re-voting on the criterion that did not reach consensus. NQF clarified for the Standing Committee that during the post-comment measure review, the Standing Committee's vote on the criteria under consideration must exceed 60 percent of passing votes to pass; otherwise, it does not pass. During the meeting, the Patient Safety Standing Committee re-voted on the evidence criterion for NQF #0022 and NQF #0097.

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

NQF #0022 Use of High-Risk Medications in Older Adults (DAE)

Measure Steward/Developer Representatives at the Meeting

Pam Lighter (National Committee for Quality Assurance)

During the February 2021 meeting, the use of high-risk medications in older adults (NQF #0022) did not reach consensus on the evidence criterion. As a result, no vote of overall suitability for endorsement was

taken. During that meeting, Standing Committee members raised concern that the list of medications included as "high risk" in older adults was based on expert opinion rather than on each medication being linked to poor outcomes and/or specific adverse events. This list is termed the *Beers' criteria* and was developed by the American Geriatrics Society (AGS). There were also concerns that medication dose was not considered, solely whether the medication was given or not.

The developer noted that there were some exceptions regarding the use of some of the medications included on the list in clinical practice. In some cases, the use of the Beers' criteria medications in older adults may be the only option. The developer stated the measure was intended to encourage clinicians to avoid the use of these medications when possible, but in reality the measure was not intended to produce performance scores of zero percent. During the meeting, it was noted that three supportive comments were received during the public comment period; they cited the measure's potential to reduce medication-related harm in the elderly.

A Standing Committee member asked whether the entire Beers' criteria were included in the measure, as well as whether the measure includes other details of the Beers' criteria, namely that the criteria make specific recommendations about targeted populations (i.e., certain medications are not appropriate for adults ages 75 and older and some for adults ages 65 and older), some of which focus on dosing. In response, the developer stated that the measure does not include all the details of the Beers' criteria but rather only a subset of the listed medications. The developer described specific "guiding principles" for the inclusion of Beers' criteria in the measure, which were developed by a measure advisory panel consisting of geriatricians, pharmacists, and patients. These principles included the following: (1) only prescription medications were included, (2) only medications that include the recommendation to entirely avoid rather than to avoid in certain circumstances, (3) cases in which there was strong evidence that a particular medication should be avoided, and (4) cases in which measuring the intent of the Beers' criteria was reliably observable in claims data. An example of proton pump inhibitors in older adults was given, which involves a complex set of recommendations (i.e., should avoid for more than eight weeks, unless individuals are high risk). This was notably not included in the performance measure due to the issues with reliability assessing appropriate use with these complex criteria.

The Standing Committee co-chair asked whether the use of each of the medications was linked to outcomes. The developer stated that they relied on the Beers' criteria, which were determined by the AGS guideline, which had graded the evidence behind each of the medications. The developer then clarified that they underwent a process to update the evidence about five years ago and have continued to do so through a robust process. Dr. Pickering clarified that the developer had provided a logic model for the measure, as well as the AGS guideline, within the measure submission materials, which were available for the Standing Committee's consideration. A Standing Committee member supportive commented in support that the Beers' criteria were broadly accepted within the field of geriatrics.

Based on this discussion, the Standing Committee re-voted and passed the measure on the evidence criterion and overall suitability for endorsement.

Standing Committee Votes

- Evidence: M-13; L-3; I-1 (17 votes total)

Standing Committee Recommendation for Endorsement: Yes-15; No-2 (17 votes total)

The Standing Committee had no further discussion about the overall suitability for endorsement and voted to recommend the measure for overall endorsement.

NQF #0097 Medication Reconciliation Post-Discharge

Measure Steward/Developer Representatives at the Meeting

Pam Lighter (National Committee for Quality Assurance)

To introduce the discussion of this measure, Dr. Pickering noted that an error occurred in calculating the vote total for the evidence criterion during the original meeting. The vote total was originally believed to be consensus not reached. However, in recalculating the measure after the meeting on February 10, 2021, NQF staff realized that a miscalculation occurred in the voting results and that the measures had not actually passed (Total Votes-23; H-0; M-8; L-4; I-11). Following a discussion among the co-chairs, NQF leadership, and the developer, it was recommended that the Standing Committee re-vote on the evidence criterion during the post-comment meeting.

During the measure evaluation meeting on February 10, 2021, concerns were raised with regard to the evidence, specifically that it had not been updated since the last submission; in addition, the quality, quantity, and consistency of the evidence had not been provided by the developer. Furthermore, the developer failed to provide clear evidence that broadly linked the performance of medication reconciliation to outcomes. As a result, the evidence was rated as "insufficient" in NQF staff's preliminary assessment of the measure.

During the Standing Committee's discussion on February 10, 2021, concerns were raised regarding medication reconciliation, specifically that as a process, it had not been linked to outcomes. A 2018 systematic review on the topic concluded that no such link between medication reconciliation and adverse outcomes exists. There were also concerns that standardization of medication reconciliation was lacking.

During the public comment period, three comments were received regarding this medication reconciliation measure. NQF staff described these comments, which supported the continuance of medication reconciliation measurement, particularly until more robust measures of medication-related outcomes could be developed. In addition, one particular comment noted the success of medication reconciliation in reducing medication discrepancies at discharge. Lastly, one comment expressed support for medication reconciliation to ensure patient safety and continuity of care post-discharge.

A Standing Committee member expressed support for the measure during the meeting, describing the importance of medication review from a recent article from the Journal of the American Medical Association (JAMA). Another Standing Committee member commented that a lack of medication reconciliation is a significant risk factor for readmission to the hospital in a large rehabilitation setting. Another Standing Committee member stated that medication reconciliation is performed daily by pharmacists, and in his personal experience, its use resulted in the detection of medication errors.

Based on this discussion, the Standing Committee re-voted and passed the measure on the evidence criterion and overall suitability for endorsement.

Standing Committee Votes

- Evidence: M-11; L-3; I-3 (17 votes total)

Standing Committee Recommendation for Endorsement: Yes-16; No-1 (17 votes total)

The Standing Committee had no additional discussion on the overall suitability for endorsement and recommended the measure for endorsement.

Public Comments Received for Other Measures

Dr. Pickering then described the public comments received for other measures.

Specifically, he noted two comments on NQF #0468 *Hospital 30-Day All-Cause Risk-Standardized Admission Rate for Pneumonia*. One comment expressed non-support due to concerns about the reliability threshold and intraclass correlation coefficients at the minimum sample size. A second concern addressed the lack of inclusion of social risk factors in the risk adjustment model. In response, the developer stated that testing had been performed to address the first comment and clarified the minimum sample size of 25 for the measure, demonstrating that the measure was indeed reliable at appropriate thresholds. The developer also stated that adjusting for social risk factors was not included because it did not substantially affect the measure.

During the Standing Committee's discussion, one Standing Committee member wanted to underscore the importance of considering social determinants of health (SDOH) within measurement. The Standing Committee co-chair also explained that NQF has been trying to proactively urge measure developers to test whether social risk factors should be included in measures. However, there are limitations in data regarding SDOH that can sometimes limit the ability to test for social risk factors in claims data. The Standing Committee broadly agreed about the importance of SDOH in measurement, acknowledging that SDOH should be considered by developers; the Standing Committee also agreed that the developer for this measure had demonstrated that SDOH were indeed not needed in this particular case.

Dr. Pickering then discussed comments for NQF #1893 *Hospital 30-Day All-Cause Risk-Standardized Admission Rate for Chronic Obstructive Pulmonary Disease (COPD)*. Two similar comments were received regarding reliability and the lack of social risk factors in the risk model, as had been received for the pneumonia measure. Notably, the measure was very similar, except for the condition. There were similar responses from the developer, as for the pneumonia measure, that pointed to the reliability testing, the minimum threshold for measure reporting (i.e., 25 cases), and the lack of impact of social risk factors in measure ranking. The Standing Committee had no further discussion about the COPD measure.

Dr. Pickering continued with comments for NQF #0531 *Patient Safety Indicator [PSI-90]): Patient Safety and Adverse Events Composite*. During public comment, several non-supportive comments were received about the concerns regarding the reliability of the measure at the minimum sample size, the lack of inclusion of social risk factors, and the only measure of falls with injury in the measure being post-surgical hip fractures. The developer clarified the results of the reliability testing, explaining that there was a minimum sample size of 25 cases per hospital, which aligns with other claims-based measures. The developer also described efforts to assess whether risk adjustment was needed for social risk factors and that while some of the components measured did have significant coefficients for SDOH factors, there was no consistent pattern among them. The developer also described how the post-surgical fall measure had been expanded in the last round of development to include post-surgical and medical patients.

A Standing Committee member asked whether intracranial bleeds that were diagnosed after hospitalization were included in the measure if they were related to a fall. In response, the developer explained that the measure only covers in-hospital outcomes, not post-acute outcomes; however, the developer stated they were working on a measure that would capture that scenario.

Lastly, Dr. Pickering noted that only one supportive comment was received for NQF #2993 *Potential Harmful Drug-Disease Interactions in Older Adults*; therefore, there was no need for the developer to

respond.

Related and Competing Discussion

Dr. Pickering reminded attendees that the related and competing measures discussion for NQF #0222 and NQF #0097 was deferred to the post-comment meeting since the overall suitability for endorsement votes was not conducted during the February 2021 measure evaluation meeting. The goal of this discussion is to identify potential measurement burden due to misaligned or duplicative measures. Dr. Pickering shared the related measures with the Standing Committee members for NQF #0022 and NQF #0097. He also noted the importance of promoting alignment by the Standing Committee and developers. The Standing Committee had no further discussion.

Member and Public Comments

Isaac Sakyi, NQF senior analyst, opened the web meeting to allow for public comment. No public or NQF member comments were provided during this time.

Next Steps

Mr. Sakyi reviewed the next steps. The Consensus Standards Approval Committee (CSAC) will consider the Standing Committee's endorsement recommendations during its meeting on June 29-30, 2021. The Appeals period will run from July 7–August 5, 2021.