NATIONAL QUALITY FORUM
Driving measurable health improvements together

Meeting Summary

Patient Safety Standing Committee – Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Patient Safety Standing Committee for a web meeting on June 18-19, 2020 to evaluate two measures.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. Committee members introduced themselves and disclosed any conflicts of interests. Jason Adelman disclosed that he led the development of NQF #2723 *Wrong Patient Retract and Reorder* and recused himself from the voting for this measure.

Some Committee members were unable to attend the entire meeting. There were early departures and late arrivals. The vote totals reflect members present and eligible to vote. Quorum was met and maintained for the entirety of all the meetings.

Topic Area Introduction and Overview of Evaluation Process

NQF staff provided an overview of the topic area and the current NQF measures under Spring 2020 endorsement review. Additionally, NQF reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

Measure Evaluation

During the meeting, the Patient Safety Standing Committee evaluated two submitted measures, including one maintenance measure and one new measure, for endorsement consideration. A summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on July 27, 2020 for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

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

#2723 Wrong-Patient Retract-and-Reorder (New York-Presbyterian Hospital)

Measure Steward/Developer Representatives at the Meeting

- Jason Adelman

Standing Committee Votes

- Evidence: H-0; M-14; L-3; I-1
- Performance Gap: H-0; M-17; L-1; I-0
- Reliability: H-11; M-6; L-1; I-0
- Validity: H-4; M-12; L-2; I-0

- Feasibility: H-10; M-7; L-1; I-0
- Use: Pass-14; No Pass-4
- Usability: H-7; M-7; L-2; I-2

Standing Committee Recommendation for Endorsement: Yes-14; No-4

The Standing Committee recommended the measure for continued endorsement.

Originally endorsed in 2015, the focus of the measure is to identify when providers place an order on the wrong patient, retract it within 10 minutes, and then the same provider places the same order on a different patient within the next 10 minutes. Committee members asked for clarity regarding the intent of the measure, specifically if the measure is capturing human error or information technology error. The developer responded stating that the measure currently captures whether a provider catches the error. The Committee agreed that this is an important focus area of measurement. However, they would recommend that this measure, or a future version, focus more on the design features of the electronic health record (EHR) systems, such that there would be an incentive to change these systems to prevent these errors. The developer agreed and stated that as more and more interventions are developed by health systems, #2723 could become a measure of the optimization and success of the EHR. One Committee member asked why the measure uses 10 minutes. The developer stated that 10 minutes optimized the sensitivity and specificity of the measure.

Concerning the evidence criterion, some Committee members questioned the potential for avoiding a serious event or unintended consequences with this measure. Specifically, since the measure captures "near misses," the Committee questioned whether there has been evidence showing the impact of this measure on errors that cause significant harm. The developer stated that they are currently attempting to explore the associations of this measure and the impact of errors that reach the patient. The Committee agreed that this is an important metric, which can lead to further EHR design optimization rather than provider vigilance. The Committee observed that there is an appropriate measure performance gap and did not express any concerns. Regarding reliability, a Committee member questioned if there was specific code that is needed for implementation and recommended that those instructions, along with specifying the reporting period, be incorporated into the measure specifications. The developer confirmed that code would be needed for certain EHR systems and agreed to add these changes to the measure specifications.

Moving to validity, the Committee raised some concern over the accuracy of self-report to confirm the retract and reorder event. The developer mentioned that the validity testing found sufficient accuracy in provider self-report of retract and reorders, but it may be higher since some providers may not confirm that they placed a wrong order. The developer also reiterated that they are looking into evaluating the association of this measure to errors that reach the patient. The measure was regarded as feasible by the Committee with no concerns.

In their discussions related to usability and use, the Committee noted that the measure is currently not in use. However, the developer provided a rationale on the recommendations for its potential use, including the use of the measure by Leapfrog. The Committee did question whether the measure was intended for quality improvement or public reporting. There was discussion on if the measures could be submitted for endorsement as a quality improvement metric. The NQF staff clarified that currently, there is no designation of "quality improvement". However, the Committee recognized that the measures can and has been used as such. The Committee observed that there are no related measures for this metric and voted to recommend the measure for continued endorsement.

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

Measure Steward/Developer Representatives at the Meeting

- Ben Shirley

Standing Committee Votes

- Evidence: H-7; M-13; L-0; I-0
- Performance Gap: H-10; M-10; L-0; I-0
- Reliability: H-13; M-6; L-0; I-0
- Validity: H-0; M-18; L-2; I-0
- Feasibility: H-11; M-7; L-0; I-0
- Use: Pass-19; No Pass-0
- Usability: H-8; M-10; L-0; I-1

Standing Committee Recommendation for Endorsement: Yes-18; No-0

The Standing Committee recommended the measure for initial endorsement.

The focus of the measure is to identify individuals 18 years of age and older with one or more initial opioid prescriptions for greater than 7 cumulative days' supply. Concerning the evidence criterion, Committee members were concerned with the higher measure rate found in Medicare and if the measure excludes individuals in hospice, palliative care, or those with certain social determinants. The developer stated that higher rates of opioid use have been reported in the primary literature and that, currently, the measure does exclude hospice patients. The measure does not exclude patients in palliative care nor those with certain social determinants, but the developer is looking to explore these exclusions in the future. The Committee also questioned why the developer chose a 90-day lookback period for defining opioid naïve patients. The developer stated that this varies within the literature. The developer also noted that they analyzed various lookback periods in the data and engaged a technical expert panel that identified that a 90-day lookback period was the optimal timeframe. They further noted that going beyond 90- to 120-days did not impact the measure rates and that smaller windows of time were too conservative. The Committee observed that there is an appropriate measure performance gap in care and did not express any concerns.

Regarding reliability, a Committee member questioned if the measure is intended to have a mixed dataset of commercial, Medicare, and Medicaid. The developer clarified the measure would be implemented at different lines of business, rather than having multiple lines being mixed into one measure rate (i.e., mixing commercial, Medicare, and Medicaid). One Committee member questioned whether the measure is sensitive to claims restrictions that a health plan may place on opioid medications. The developer stated that if there are any health plan point of sale edits or restrictions, the pharmacy would not be able to fill the claim and this would not be captured. For validity, a Committee member questioned why there was limited variability in the commercial population. The developer mentioned that the commercial testing was limited to only three health plans, which is what is driving the limited variation seen. There was some discussion on what the outcome or outcome measure would be to assess empirical validity, as the developer conducted face validity only. The developer stated that they could consider the prescription drug monitoring program to capture potential misuse as an outcome or if the measure is predictive for overdose.

The measure was regarded as feasible by the Committee. However, there were concerns with respect to the licensing and how that may impact measure adoption. The developer stated that the licensing fee is charged for commercial use and government entities are not charged a fee. Additionally, there is not any reporting or feedback captured through the licensing.

In their discussions related to usability and use, the Committee noted that the measure is planned to be used in the Centers for Medicare & Medicaid Services (CMS) Five Star Rating System for Medicare Part D. One Committee member did ask for more clarity on its current use. The developer mentioned that the measure is currently implemented in a pilot program for the Enhanced Medication Therapy Management model through CMS Innovation. The results of this implementation are not published to the public yet as the model is still ongoing. The Committee observed that there are several related measures, all of which are measures stewarded by the developer. However, the Committee did not raise any concerns with respect to harmonization and voted to recommend the measure for endorsement.

Public Comment

No public or NQF member comments were provided during the measure evaluation meeting.

Next Steps

NQF will post the draft technical report on July 27, 2020 for public comment for 30 calendar days. The continuous public comment with member support will close on August 25, 2020. NQF will reconvene the Standing Committee for the post-comment web meeting on September 22, 2020.