



Prevention and Population Health Standing Committee Fall 2020 Post-Comment Web Meeting

The National Quality Forum (NQF) convened a public web meeting for the Prevention and Population Health Standing Committee on Thursday June 3, 2021, from 1–3 PM ET.

Welcome, Review of Meeting Objectives, and Attendance

Dr. Sharon Hibay, NQF senior consultant, welcomed participants to the web meeting and provided an overview of the meeting objectives. Ms. Oroma Igwe, NQF manager, conducted the Standing Committee roll call. The 23-member Standing Committee quorum is at least 16 attending members, which was surpassed throughout the entirety of the meeting and measure voting.

Review and Discuss Public Comments

Dr. Hibay reviewed the measure that was recommended for endorsement: #3592e *Global Malnutrition Composite Score*, an electronically specified clinical quality measure (eCQM) composite of optimal malnutrition care for inpatient adults 65 years of age and older. During the Prevention and Population Health measure evaluation meeting on February 17-18, 2021, the Standing Committee voted “consensus not reached” on the performance gap criterion and requested the review of additional performance gap data. The literature-based evidence demonstrates increased risk of malnutrition in African American and Hispanic populations below 65 years of age.

NQF received 18 comments during the 30-day commenting period pertaining to both the draft report and the measures under consideration from 17 organizations, including two member organizations and 15 nonmember organizations. These comments addressed the following measure review themes:

- Measure updates from the 2015-2017 Health & Well-Being Project endorsement evaluation of the four individual measures currently resubmitted as an eCQM composite
- Clarification of the 2016 Measure Applications Partnership (MAP) review of the four individual measures resubmitted as a composite
- Evidence directly linking the documentation of a malnutrition diagnosis to improved patient outcomes and feedback on implementation burdens of the four component measures
- An expanded Feasibility scorecard for each assessed electronic health record (EHR) system and aggregated scores across all three vendors, as well as data element testing concerns for all elements, including the denominator exclusions

The developers provided a review of the performance gap data requested by the Standing Committee; these data were outlined by patient race/ethnicity, sex, urban/rural geographic location, and patient age stratifications (i.e., 18-64 years of age, 65 years of age and older, and all adults). The breakdown demonstrated consistent patterns between age groups, reflecting prioritization of the malnutrition care process on older adults who are at great risk of malnutrition and its complications.

The Standing Committee co-chair, Dr. Amir Qaseem, then opened the floor for Standing Committee discussion. Generally, the Standing Committee members agreed that significant performance gaps exist across populations for the component measures and the overall composite that warrant a measure. Specific gaps were noted among younger groups, in Hispanic, American Indian/Alaska Natives, Native Hawaiian or Pacific Islander patients, and rural hospitals. One Standing Committee member recommended future measure expansion to younger populations. Another Standing Committee member asked whether the testing sample was representative of the overall racial and ethnic diversity of the population, while another member stated the priority for testing is assigned to adequate sample sizes for race and ethnicity to test the scientific acceptability and measure precision rather than demographic variables. The developer also provided documentation and responses for the two commenters' requests for the Feasibility Scorecard, evidence updates, and a comprehensive summary for critical data element testing for denominator exclusions. The Standing Committee was guided to focus on the consensus not reached performance gap criteria as questions related to the composite construct, component weighting, performance calculations, and the timing of clinical actions, which were previously discussed. Having no further questions, the Standing Committee's discussion shifted to the public comments.

Dr. Hibay summarized the comments and themes. Fifteen comments supported endorsement of the measure as a tool to improve the quality-of-care delivery for inpatient adults 65 years of age and older. One comment submitted by the developer included the requested performance gap data and additional new evidence supporting the measure. The Standing Committee reviewed the comments and responses from the developer from the measure under review. The Standing Committee considered two comments requesting clarifications based on the 2015–2017 individual measures' review findings, the eCQM Feasibility Scorecard assessment, and data elements testing concerns for the denominator exclusions in the previous section; therefore, no more member questions were offered. The Standing Committee voted on the previous consensus not reached performance gap criterion and passed it with a moderate recommendation. They also voted to recommend the measure or overall suitability for endorsement.

Member and Public Comment

Mr. 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 Standing Committee will meet again in July for the spring 2021 measure evaluation web meeting. Mr. Sakyi also informed the Standing Committee that the Consensus Standards Approval Committee (CSAC) will consider the Standing Committee's endorsement recommendations during its meetings on June 29–30, 2021. Following the CSAC meeting, the 30-day Appeals period will be held from July 7–August 5, 2021.