NATIONAL QUALITY FORUM
Driving measurable health improvements together

Memo

May 25, 2022

To: Primary Care and Chronic Illness Standing Committee, Fall 2021

From: NQF staff

Re: Post-comment web meeting to discuss NQF member and public comments received and NQF member expression of support

Background

Primary care functions as an initial access point to medical care and is the most common point of encounter between providers and patients. Primary care is intended to offer care that is optimally accessible, comprehensive, and preventive in nature. Chronic illness is characterized by persistent symptomology that is exhibited by a patient and ameliorated by ongoing intervention. For the fall 2021 cycle of the Primary Care and Chronic Illness project, the Standing Committee evaluated two newly submitted measures and one measure undergoing maintenance review against NQF's standard evaluation criteria. The Standing Committee recommended two measures for endorsement but did not recommend one measure for endorsement.

The Standing Committee recommended the following measures:

- NQF #3332 Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool) (Massachusetts General Hospital [MGH])
- NQF #3661 Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma (College of American Pathologists [CAP])

The Standing Committee did not recommend the following measure:

- NQF #3667 Days at Home for Patients with Complex, Chronic Conditions (Centers for Medicare & Medicaid Services [CMS]/Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation [Yale CORE])

Standing Committee Actions in Advance of the Meeting

1. Review this briefing memo and the draft report.
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments (see Comment Brief).
3. Review the NQF members' expressions of support of the submitted measures.
4. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

Comments Received

NQF accepts comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). In addition, NQF solicits comments for a continuous 16-week period during each evaluation cycle via an online tool located on the project webpage. For this evaluation cycle, the

commenting period opened on November 30, 2021, and closed on April 25, 2022. Comments received by January 12, 2022 were shared with the Standing Committee prior to the measure evaluation meeting. Following the Standing Committee's evaluation of the measures under review, NQF received 11 comments from seven organizations (including five member organizations) and individuals pertaining to the draft report and the measure(s) under review. This memo focuses on comments received after the Standing Committee's evaluation.

NQF members also had the opportunity to express their support ("support" or "do not support") for each measure submitted for endorsement consideration. Two NQF members submitted an expression of support for NQF #3667. More information on the submitted expressions of support can be found in Appendix A.

NQF staff have included all comments that were received (both pre- and post-evaluation) in the Comment Brief. The Comment Brief contains the commenter's name, comment, associated measure, and draft responses (including measure steward/developer responses if appropriate) for the Standing Committee's consideration. Please review this brief in advance of the meeting and consider the individual comments received and the proposed responses for each comment.

In order to facilitate the discussion, the post evaluation comments have been categorized into action items and major topic areas or themes. Although all comments are subject to discussion, the intent is not to discuss each individual comment during the post comment call. Instead, NQF staff will spend the majority of the time considering the themes discussed below and the set of comments as a whole. Please note that the organization of the comments into major topic areas is not an attempt to limit the Standing Committee's discussion, and the Standing Committee can pull any comment for discussion. Measure stewards/developers were asked to respond to comments where appropriate. All developer responses along with the proposed draft Standing Committee responses have been provided in this memo and the Comment Brief.

Comments and Their Disposition

Measure-Specific Comments

NQF #3661 Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma

Two commenters support the endorsement of NQF #3661 and one commenter does not support endorsing NQF #3661. The commenter that does not support endorsing NQF #3661 stated the guidelines only recommend testing for patients with concern of familial cancer and clinical data does not show that extending the testing to all patients will improve outcomes. Additionally, the commenter expressed concern that that reliability testing was conducted only at the individual level, but the measure is specified at both group/practice and individual levels.

> **Measure Steward/Developer Response:**
>
> Thank you for your comments. To clarify, we are not suggesting that every patient is a candidate for MMR or MSI testing. However, recent guidelines broaden recommendations beyond familial cancers to include patients being considered for checkpoint inhibitor therapy (see https://www.cap.org/protocols-and-guidelines/cap-guidelines/current-cap-guidelines/mismatch-repair-and-microsatellite-instability-testing-for-immune-checkpoint-inhibitor-therapy). This is the reason for the Exception category "patients not a candidate for checkpoint inhibitor therapy". With the FDA's approval of pembrolizumab for any advanced tumor that is microsatellite instable or mismatch repair deficient, it is increasingly important to consider not only familial occurrences of these genetic changes such as those found in Lynch syndrome but spontaneous as well. We also appreciate the concern regarding individual vs group level analysis. As

noted by NQF staff, this was addressed to the satisfaction of the reviewers. However, we continue to collect data on this measure (which was in use in 2021 and is in use in 2022) at the clinician and group level so that further testing can be performed to ensure complete reliability.

Proposed Standing Committee Response:

Thank you for your comment. The Standing Committee accepted the updated guideline which was submitted by the developer to support the broadening of the measure population. Further, the Standing Committee evaluated the measure as specified by the College of American Pathologists, with the level of analysis being at the group/practice level and individual level. At the meeting, the developer stated that the analysis results at the individual level demonstrated sufficient reliability, and that aggregating at the group level would only improve the reliability. The Standing Committee accepted this rationale and found reliability testing sufficient for both the individual and group level.

Action Item:

Discuss and finalize Standing Committee response.

NQF #3667 Days at Home for Patients with Complex, Chronic Conditions

Two commenters expressed support for the Standing Committee's decision to not recommend endorsement of NQF #3667 and three commenters expressed support for endorsing NQF #3667. One of the commenters that was in support of the measure also noted that challenges do exist in operationalizing the measure, including concerns about access to care, real or home, that perceived lack of control to make changes by those being held accountable and the ability of claim-based measures to make reactive actions effective.

The developer also submitted a comment clarifying aspects of the measure and requesting feedback on potential enhancements to the measure. Clarifications included: (1) The measure does not count "days after death occurs" as days in care, (2) The measure does not exclude long-term nursing home residents; current residents are considered to be "at home" and eligible for subsequent days in care, and (3) The decision not to exclude care in some settings (such as emergency department visits) and count these settings toward "days in care" was made in order to reflect the priorities and preferences of patients. While there may be individual cases in which a "day in care" is preferable to a "day at home," the developer's Technical Expert Panel unanimously supported this broad conception of "days in care," noting that a measure called "days at home" would lack face validity if any care in an inpatient setting was defined to be "at home" and agreed that in aggregate counting these settings would be inappropriate.

Measure Steward/Developer Response to Challenges Noted in Comments:

We appreciate your support of this concept and your thoughtful consideration of the measure. We discussed the issue of regional differences in patient access to services extensively with our Technical Expert Panel and acknowledge this as a concern for some providers. However, we have not found that any providers are systematically disadvantaged in performance on the measure as a result. During testing for potential risk factors, we found that urban residence and local density (per 100,000 population) of hospital beds were not significantly associated with patients' days in care. Greater local density of primary care physicians and specialists was associated with fewer days in care, but the practical magnitude of this effect was quite small compared to that of clinical risk factors and dual-eligibility. Conversely, greater local density of nursing home beds was associated with more days in care, but the practical magnitude of this effect was also quite small. o Furthermore, the population-based focus and broad outcome of this measure is intended in part to allow flexibility and promote innovation to meet the goal of reducing the

use of acute inpatient care utilization across their patients, in recognition that there is no one-size-fits-all approach for every provider group's situation.

We acknowledge that some factors contributing to days at home are outside of providers' ability to control. Accordingly, the goal for the measure is not to eliminate "days in care" entirely but to encourage providers to explore other options when feasible, as one piece of a larger quality strategy. Furthermore, the measure is intended for organizations like ACOs that provide comprehensive services to patients across the continuum of care and so have more opportunities to engage with patients both to mitigate the risk of health deterioration leading to hospitalization and to organize care to provide for needed outpatient services.

Unfortunately, it is true that claims-based measures will have some delay in providing feedback. The reporting delay associated with Days at Home is comparable to that of many other claims-based measures in current use.

We agree that promoting good population health management is a key strategy. We hope that introducing this measure will put a spotlight on this issue and highlight further opportunities to improve care, outcomes and experiences of patients.

Proposed Standing Committee Response:

Thank you for your comment. The Standing Committee concluded that the developer's approach to risk adjustment was not sufficient. Therefore, the Standing Committee did not pass the measure on validity; a must pass criterion. The Standing Committee response to the developer is pending discussion at the post-comment meeting on May 25, 2022.

Action Item:

Standing Committee discuss potential improvements to the measure and finalize Standing Committee response.

Appendix A: NQF Member Expression of Support Results

Three NQF members provided their expressions of support/nonsupport. Two of three measures under consideration received support from NQF members. Results for each measure are provided below.

NQF #3661 Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma (College of American Pathologists [CAP])

Member Council	Commenter Names, Organizations	Support	Do Not Support	Total
Consumer	*	*	*	*
Health Plan	*	*	*	*
Health Professional	Anna Kim, American Geriatrics Society	*	1	1
Provider Organization	*	*	*	*
Public/Community Health Agency	*	*	*	*
Purchaser	*	*	*	*
Quality Measurement, Research, and Improvement (QMRI) Council	*	*	*	*
Supplier/Industry	*	*	*	*

* Indicates the table cell left intentionally blank

NQF #3667 Days at Home for Patients with Complex, Chronic Conditions (Centers for Medicare & Medicaid Services [CMS]/Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation [Yale CORE])

Member Council	Commenter Names, Organizations	Support	Do Not Support	Total
Consumer	*	*	*	*
Health Plan	*	*	*	*

Member Council	Commenter Names, Organizations	Support	Do Not Support	Total
Health Professional	Anna Kim, American Geriatrics Society Koryn Y. Rubin, MHA, American Medical Association Dr. Clarke Ross, American Association on Health & Disability	1 1	1	3
Provider Organization	*	*	*	*
Public/Community Health Agency	*	*	*	*
Purchaser	*	*	*	*
Quality Measurement, Research, and Improvement (QMRI) Council	*	*	*	*
Supplier/Industry	*	*	*	*

* Indicates the table cell left intentionally blank