



Primary Care and Chronic Illness Fall 2021 Post-Comment Web Meeting

The National Quality Forum (NQF) held the Primary Care and Chronic Illness (PCCI) fall 2021 post-comment web meeting on Wednesday, May 25, 2022, from 2:00 – 3:30 PM ET.

Welcome, Review of Meeting Objectives, and Attendance

Paula Farrell, NQF director, welcomed the Standing Committee and provided an overview of the meeting's objectives:

- Review and discuss comments received during the post-evaluation public and member comment period
- Provide input on proposed responses to the post-evaluation comments
- Review and discuss NQF members' expression of support of the measures under consideration
- Determine whether reconsideration of any measures or other courses of action are warranted

Ms. Farrell also reminded the Standing Committee that during the fall 2021 review cycle, the PCCI Standing Committee reviewed three measures during the measure evaluation meeting on February 11, 2022. The Standing Committee recommended two out of the three measures for endorsement. The draft report was posted on the project webpage for public and NQF member comment on March 25, 2022, for 22 calendar days. During this commenting period, NQF received [11 comments](#) from five member organizations.

Review and Discuss Post-Evaluation Comments

Ms. Farrell presented the public comments for two measures by introducing each measure, describing the comments received, and summarizing the developer's responses.

Ms. Farrell reviewed a measure-specific comment received for NQF #3661 *Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma*. Specifically, one commenter expressed concern that the current guidelines only recommend testing for patients with a concern of familial cancer, and clinical data do not show that extending the testing to all patients will improve outcomes. Additionally, the commenter expressed concern that the reliability testing was conducted only at the individual level even though the measure is specified at both the group/practice and individual levels. Ms. Farrell summarized the overall response that the developer provided to the Standing Committee. The developer responded to the comment, stating that the recent guidelines recommend that the testing should include patients being considered for checkpoint inhibitor therapy. The developer also advised that the individual- versus group-level analysis was addressed to the Standing Committee's satisfaction during the measure evaluation call but noted that they would continue to collect data at the individual and group levels.

The Standing Committee then reviewed the proposed response drafted by NQF staff. The Standing Committee agreed with NQF staff's proposed response and suggested it would be further enhanced by

adding “beyond those with a history of familial cancer to include patients being considered for checkpoint inhibitor therapy” to further explain how the measure population was broadened.

Ms. Farrell then reviewed measure-specific comments received for NQF #3667 *Days at Home for Patients With Complex, Chronic Illness*. Ms. Farrell noted that while two comments supported the Standing Committee’s decision to not recommend the measure for endorsement, three comments did not support the Standing Committee’s decision and recommended the measure for endorsement. Ms. Farrell reviewed the comments that were in support of endorsing the measure. These comments indicated that the measure is important because care at home is something that patients care about and that the analysis of provider performance, in context to person-centered care, is crucial. The comments also suggested challenges in operationalizing the measure due to perceived or actual lack of provider control and lack of home care options specifically related to registered nurse (RN) staffing shortages. Another commenter, who supported the measure for endorsement, agreed with the Standing Committee that more robust social determinants of health (SDOH) should be included in the risk models but acknowledged that it is difficult to collect these data at this time.

The Standing Committee discussed the comments and agreed that many existing variables are beyond the provider’s purview of control and that this could incentivize providers to maximize home-based care, even when it may not be the best choice for the patient. The Standing Committee discussed the possibility of unintended consequences, such as diminished focus on patient-specific needs and inadvertently increasing burden on caregivers. The Standing Committee reviewed the proposed Standing Committee response that NQF drafted, agreed that additional discussion was not needed, and had no concerns or revisions to the response.

Lastly, Ms. Farrell reviewed the final measure-specific comment for NQF #3667 *Days at Home for Patients With Complex, Chronic Illness*. The developer requested clarification from the Standing Committee regarding how they could compare the measure to other measures of care coordination when no such measures exist, as well as what further testing it could conduct to include SDOH into the measure risk models when data on social determinants are not captured in the medical record.

The Standing Committee acknowledged that there is currently no sufficient way to capture SDOH factors. However, it noted that the proposed rules that the Centers for Medicare & Medicaid Services (CMS) recently released for the Inpatient Prospective Payment System include efforts to find formal metrics of SDOH factors as part of data collection. The Standing Committee emphasized that this would be essential for a measure like NQF #3667, as the major concern is whether SDOH models are adequately adjusting for factors that are outside of the provider’s control. The Standing Committee expressed several recommendations and accompanying concerns for the developer to consider:

1. Introduce a survey instrument or a patient-reported outcome measure that would assess factors that may affect the quality of care and the feasibility of care being provided at home.
2. Focus the assessment of the measure on the continuum of care versus location of care (i.e., home).
3. A dual eligibility risk identifier does not accurately capture SDOH factors. Not all patients who are able to receive care at home are dual-eligible, and this could erroneously penalize the provider. Additionally, there are significant policy variations in Medicaid from state-to-state, which impacts entity-level SDOH factors.

During the meeting, the developer responded to the Standing Committee’s recommendations and concerns and expressed concern with what they observed as instances in which the measure was mischaracterized during the measure evaluation meeting and in the draft report. NQF staff noted that

the developer's concerns were received and that adjustments would be made to the draft report, as needed. The developer further clarified that they conducted extensive testing of existing measures of socioeconomic status and neighborhood context of patients, which is strongly related to their SDOH factors, and that Medicaid-Medicare dual eligibility was the strongest factor found in the testing.

The Standing Committee asked NQF staff to discuss the next steps for this measure. Poonam Bal, NQF senior director, advised the developer to consider the recommendations from the Standing Committee and explained that NQF staff can provide technical assistance to the developer, as needed. The Standing Committee also recommended that the developer revisit their construct validity testing and shared that existing literature also suggests difficulty in operationalizing similar measures. A particular concern in the literature has been the inadequate consideration of patient-specific needs. The developer noted their attempts to consider such unintended consequences and explained that this consideration is what inspired this measure's development. The Standing Committee had no further comments. NQF staff advised that a response to the developer's comment, based on the Standing Committee's discussed recommendations, would be drafted and sent to the developer.

NQF Member and Public Comment

Ms. Farrell opened the web meeting to allow for public comment. No public or NQF member comments were provided during this time.

Next Steps

Oroma Igwe, NQF manager, reviewed the next steps. Ms. Igwe informed the Standing Committee that the Consensus Standards Approval Committee (CSAC) will consider the Standing Committee's recommendations during its meeting on July 26, 2022. Following the CSAC meeting, the 30-day Appeals period will be held from August 1–30, 2022.