Core Quality Measures Collaborative

Meeting Summary

Medical Oncology Workgroup Meeting 5

The National Quality Forum (NQF) convened a closed session web meeting for the Medical Oncology Workgroup on January 23, 2020.

Welcome and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff read the antitrust statement and reminded the Workgroup of the voluntary nature of the CQMC and the obligation of all participants to comply with all applicable laws. NQF staff notified Workgroup members that the meeting is being recorded for the purpose of accurately capturing the discussion for meeting minutes and to allow CQMC members to listen to the meeting for a limited time only. The recording will be destroyed as soon as reasonably practical. NQF staff reviewed the following meeting objectives:

- Finalize review of current core set for potential removals
- Discuss measure gaps and core set adoption

Review of Current Core Set for Potential Removals

NQF staff shared that the workgroup would review the measures in the current Medical Oncology core set for potential removal. The workgroup was notified that final voting would not take place during the call and that a survey would be sent to all voting members once all maintenance discussions were completed. It was noted that the current core set covers four focus areas: breast cancer, colorectal cancer, prostate cancer, and hospice/end of life.

Breast Cancer

0559: Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c, or Stage II or III hormone receptor negative breast cancer

NQF staff shared the measure specifications and performance data. The measure was noted as being used in Hospital Compare, by the Pennsylvania Health Care Quality Alliance, in the Commission on Cancer (CoC) National Cancer Data Base, and in the Quality Oncology Practice Initiative (QOPI®) Certification Program. It was discussed that while performance has increased the measure is still worth keeping in the core set. It was reported that ASCO reached out to the measure steward to ensure that specifications were current. It was reported that the measure was updated, and members were in consensus that it should remain in the core set. A member inquired about the age cut off specified at 70 years. NQF staff reminded the workgroup that core set measures should be considered as specified. A member advised that the age specifications are in line with the NCCN guidelines and that there is limited data to recommend chemotherapy for this indication for patients over 70 years. The workgroup noted that the age limitation may need to be considered further. It was expressed that clinicians encounter a significant number of patients older than 70 years and in some cases combination chemotherapy is appropriate. NQF staff advised that there is the option of adding a “note” or additional detail about the workgroup’s decisions and discussion. The workgroup decided to keep the measure in the core set, but they recommended potential consultation with clinicians regarding what should be included in core set notes about measure use.

1857: Patients with breast cancer and negative or undocumented human epidermal growth factor receptor 2 (HER2) status who are spared treatment with trastuzumab
NQF staff shared the measure specifications and performance data. The measure is used in the QOPI® and the Merit-based Incentive Payment System (MIPS). The measure steward shared that other forms of therapy in addition to trastuzumab were to be included in the measure. The steward shared that the measure was related to *1858: Trastuzumab administered to patients with AJCC stage I (T1c) – III and human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy.* The measure steward reported that the measure would be removed from MIPS in 2020 and that they will no longer plan to maintain the measure. The measure steward noted that 1858 is the stronger of the two measures and preferred for inclusion. A member inquired if the measure is feasible to capture and report. The measure steward advised that it is hard to capture an unknown. The workgroup agreed to include measure 1857 on the voting list for removal and keep 1858 in the core set.

1858: Trastuzumab administered to patients with AJCC stage I (T1c) – III and human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy
The measure was noted as in use in the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program, Pennsylvania Health Care Quality Alliance, QOPI®, CoC National Cancer Data Base, and MIPS. During the joint review of measures 1857 and 1858, the workgroup agreed to keep measure 1858 in the core set.

Colorectal Cancer
0223: Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis to patients under the age of 80 with AJCC III (lymph node positive) colon cancer
NQF staff shared the measure specifications and performance data from 2008. The measure is used as follows: by the Pennsylvania Health Care Quality Alliance and in QOPI®, the CoC National Cancer Data Base, and in Hospital Compare. A workgroup member shared that they had reached out to the measure steward who advised that the measure was resubmitted for maintenance endorsement and that the timeframe of four months is still supported by the literature. The workgroup was in favor of keeping the measure in the core set.

1859: KRAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy.
NQF staff shared the measure specifications and performance data from QOPI but noted that there was MIPS benchmarking data was not available. The measure is related to *1860: Patients with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies.* Measure 1860 will be reviewed by NQF during the fall 2019 measure evaluation cycle. Both measures were noted as having continued opportunity for improvement. The title of the measures and specifications have been updated. NQF staff advised that they would review the measure maintenance submissions and represent both measures accordingly in the core set. The workgroup agreed to keep measures 1859 and 1860 in the core set.

Prostate Cancer
0389: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
NQF staff shared the measure specifications and performance data. The measure was noted as having relatively low performance. It was noted that an eCQM version is now available. A workgroup member recommended that strategies should be explored to engage providers in improving measure performance.

1853: Radical Prostatectomy Pathology Reporting
NQF shared MIPS benchmarking data and older data from the NQF submission. The workgroup discussed that the measure focuses on pathology, which is not reported by medical oncologists. The workgroup engaged in dialogue about whether these types of measures fit in the CQMC core sets and were interested in consistency when possible. NQF staff noted that this measure is no longer endorsed. The Workgroup decided to add this measure to the list for potential removal from the core set.

End of Life/Hospice
0210: Proportion of patients who died from cancer receiving chemotherapy in the last 14 days of life
The Workgroup opened with a general discussion of measures 0210, 0211, 0213, 0215, and 0216 as they have similarities. The developer shared details about the specifications. For example, it was noted that they have modified the definition of chemotherapy to cancer-directed therapies. Workgroup members expressed that these measures are patient-focused. There was some discussion that there are some challenges with being able to capture all of the data for these measures, especially in the commercial population. However, there was general agreement these measures are important and should remain in the core set. The workgroup did specifically discuss challenges with measure 0211 (noted below.)

0211: Proportion of patients who died from cancer with more than one emergency room visit in the last 30 days of life
NQF staff shared the measure specifications and 2013-2015 performance data from two integrated delivery systems. The measure is no longer endorsed by NQF. During its review by the Hospice and Palliative Care Standing Committee, members were concerned about the lack of risk adjustment. The measure developer withdrew the measure from endorsement. It was noted that the measure has been removed from MIPS, as measure 0213 was favored. MIPS benchmarking data is not available. The workgroup agreed to include the measure on the voting list for potential removal from the core set.

0213: Proportion of patients who died from cancer admitted to the ICU in the last 30 days of life
NQF staff shared the measure specifications and performance data. The measure was noted as having been submitted for re-endorsement. The measure developer shared that testing for the measure had commenced. It was discussed there may be some challenges collecting data across systems, but overall the workgroup agreed to keep the measure in the core set.

0215: Proportion of patients who died from cancer not admitted to hospice
NQF staff shared the measure specifications and performance data. The measure was noted as currently undergoing maintenance. It was discussed that additional testing is currently underway. The measure was noted as having low performance overall. A member noted that some low performance could be explained by remote areas that do not have hospice services available. The workgroup discussed that patient preference should be taken into consideration for this measure. Workgroup members agreed that the measure is important, has room for improvement, and should remain in the core set.

0216: Proportion of patients who died from cancer admitted to hospice for less than 3 days
NQF staff shared the measure specifications and performance data. Like the other hospice measures (besides 0211), the Workgroup supported keeping this measure in the core set. The Workgroup agreed the measure is important.

0384: Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology
NQF staff shared the measure specifications and performance data. PCPI shared that the measure will be going through NQF endorsement maintenance in 2020. The Workgroup discussed that the measure is feasible to capture and addresses a gap area by focusing on pain. The workgroup agreed to keep the measure in the core set.

Core Set Gaps Discussion

NQF staff shared the gaps and future development areas that were identified during the previous workgroup deliberations:

- Pain control
- Functional status or quality of life
- Shared decision-making
- Appropriate use of chemotherapy
- Under or overtreatment (will need to develop a baseline/threshold based on data)
- ER utilization
- Inpatient hospital admission rate
- Reporting of cancer stage
- Disease free survival for X number of years.
- Patient experience / PRO for level of pain experienced by patient
- Cost measures
- Lung Cancer
- Five-year cure rate
- 0390 Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients
- Social determinants of health (SDOH)
- Financial burden
- Anxiety/stress management and screening
- Care coordination, transitions of care, care navigation
- Patient education

NQF staff also shared the recommendations from ASCO's 2017 report and ASCO/ABIM's Choosing Wisely list, related to oncology measurement. The workgroup agreed that these are still gap areas that need development and noted that some of the gaps were addressed in the measures that the workgroup reviewed during this round of work (e.g., pain management, appropriate use, and utilization of the ER). A member suggested adding financial burden as a component of SDOH as they are related.

A member noted that patient experience continues to be very challenging and remains a gap. The workgroup agreed that quantifying the patient experience for oncology is difficult. A member shared concern expressed by providers regarding how hard it is to include patient feedback in their workflows when patients are already burdened. Another member emphasized that gathering patient experience feedback continues to be a challenge and that multi-way outreach and repeated communication (i.e., email, phone, and mail survey) is usually needed to achieve responses. A member suggested considering other ways to capture patient experience. Is there a way to capture information without adding additional burden to the patient? Timely outreach to assess symptoms was suggested as an option that may be more appealing to patients as it directly relates to what matters to them. Other workgroup members discussed the need to obtain more granular information about patient experience and differentiated patient experience from satisfaction. One idea shared was to add questions about experience to existing instruments.

A member shared that ASCO developed measures in 2019 that are undergoing testing. A workgroup member shared that measure 1858 was undergoing some additional testing for appropriate use of HER2 therapies. A member shared there were three antiemetic measures (for high, moderate, and low/minimal risk) developed, which have been submitted to CMS. CMS supported the high and moderate risk measures. It was noted that five disease-specific measures including at least one for melanoma were in development, but not yet tested.

NQF staff asked the group if there were areas beyond Medical Oncology that could benefit from a core set of measures (e.g., radiation, pathology, surgical). One workgroup member was interested in moving in the direction of more future-focused measurement. For example, increased focus on the molecular biology of cancer and interpretation of tumor information. It was expressed that measurement should move towards not only considering if biomarker testing is completed but how that information is communicated across clinicians and used to inform treatment and improve patient outcomes and quality of life. A workgroup member shared that measures about ER utilization and unplanned hospitalizations are increasingly being considered and that there is not agreement about the control that clinicians or facilities have over these events and whether they should be used as a proxy for quality of care.

Core Set Adoption Discussion

NQF staff shared that the CQMC is working on implementation guidance applicable across CQMC core sets, but that different specialties may face unique adoption challenges. The workgroup was asked to share their successes or challenges with core set adoption and implementation. A member shared that for oncologists in multi-specialty groups or hospitals, public reporting programs are not driving the need to report oncology-specific measures. It was noted that primary care measures are the measures being reported to satisfy public reporting requirements. It was noted that despite many oncologists choosing to participate in QOPI, there are no additional incentives in place.

Members highlighted the need to have current and meaningful measures. It was noted that the workgroup discussed measures that have been around for some time and, despite updates, they still may not be the most meaningful or innovative measures. Members emphasized that measures take two to three years to be developed, which results in some measures being less relevant when they are finally ready for use. The Workgroup encouraged further work to ensure measures are timely and meaningful.

A member noted that workgroups are selecting measures to be used as a core set across payers, but developers are developing measures specific to certain programs with specific requirements (e.g., multi-strata, composites). It was discussed that payers often cannot capture the complicated data that CMS can gather, for example, through QCDRs. It was noted that there are both gaps in the ability to use available measures based on data source and the development of measures that can be used in multiple measurement programs.

Next Steps

NQF staff shared that a voting survey would be sent to voting members of the workgroup and would be open for three weeks. The workgroup's recommendations would be presented to the Steering Committee in February or March 2020. The updated core set will then be presented to the full Collaborative for discussion and final voting in February or March 2020.
NQF staff shared upcoming meeting dates:

- Full collaborative webinar to discuss the HIV/Hepatitis C and Gastroenterology core sets: February 6
- ACO/PCMH/Primary Care Workgroup Meeting: February 7

- CQMC Speaker Series, Institute for Healthcare Improvement presentation: February 21
- Full Collaborative In-Person Meeting: February 28 at NQF offices in Washington, DC