

## Meeting Summary

### Medical Oncology Workgroup Meeting 6

The National Quality Forum (NQF) convened a closed session web meeting for the Medical Oncology Workgroup on February 25, 2020.

#### Welcome and Review of Web Meeting Objectives

NQF staff 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:

- Review the Medical Oncology core set voting results

#### Quorum and Voting

NQF staff reminded the workgroup that voting quorum is defined as having representation from at least 20 percent of the health plan members, at least 20 percent of the provider members, and at least 20 percent of members from the remaining Voting Participant categories (i.e., consumers, purchasers, regional collaboratives). The workgroup was also reminded that the CQMC defines a supermajority as 60 percent of voting participants in attendance casting a vote affirmatively and at least one affirmative vote is cast by a representative from each voting participant category.

#### Review of Current Core Set for Potential Removals

NQF staff shared that the workgroup co-chairs had other last-minute commitments and that NQF staff would be chairing the meeting and sharing the workgroup's voting results. It was noted that eight voting members took part in the voting out of 15 voting members of the workgroup. NQF staff shared that voting members abstained from voting on measures where the total votes do not add up to eight.

Measures proposed for addition	Voting Totals	Results
0390: Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High-Risk Prostate Cancer	Add: 5 Do not add: 2	Do not add. No affirmative vote from C/P/RC
2930: Febrile Neutropenia Risk Assessment Prior to Chemotherapy	Add: 3 Do not add: 4	Do not add
3188: 30-Day Unplanned Readmissions for Cancer Patients	Add: 8 Do not add: 0	Add
3490: Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Add: 8 Do not add: 0	Add
N/A: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy	Add: 4 Do not add: 3	Do not add. Not 60% and no affirmative vote from C/P/RC category.

N/A: Symptom Control During Chemotherapy – Pain	Add: 4 Do not add: 4	Do not add. Not 60% and no affirmative vote from the medical association category.
N/A: Symptom Control During Chemotherapy – Nausea	Add: 5 Do not add: 3	Do not add. No affirmative vote from medical association category.
N/A: Symptom Control During Chemotherapy – Constipation	Add: 5 Do not add: 3	Do not add. No affirmative vote from the medical association category.
2651: CAHPS® Hospice Survey (experience with care)	Add: 7 Do not add: 1	Add
3235: Hospice and Palliative Care Composite Process Measure—Comprehensive Assessment at Admission	Add: 6 Do not add: 2	Do not add. No affirmative vote from medical association.
OCM-2 Risk-adjusted proportion of patients with all-cause emergency department visits or observation stays that did not result in a hospital admission within the 6-month episode	Add: 6 Do not add: 2	Do not add. No affirmative vote from C/P/RC category.
0418/0418e/OCM-5 Screening for Depression and Follow Up Plan	Add: 6 Do not add: 2	Add
OCM-6 Patient-Reported Experience of Care	Add: 7 Do not add: 1	Add
0377: Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow	Add: 4 Do not add: 3	Do not add. Did not meet required 60% affirmative vote from all voting participants.
3365e: Treatment of osteopenia or osteoporosis in men with non-metastatic prostate cancer on androgen deprivation therapy	Add: 2 Do not add: 5	Do not add. Did not meet required 60% affirmative vote from all voting participants.
0384e: Oncology: Medical and Radiation - Pain Intensity Quantified (eCQM version of current core set measure)	Add: 6 Do not add: 2	Add
0389e: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (eCQM version of current core set measure)	Add: 5 Do not add: 3	Do not add. No affirmative vote from C/P/RC category.

*0390: Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High-Risk Prostate Cancer.* NQF staff shared that the measure voting result was not to add the measure into the core set and alluded that a member in the quality collaborative category left a comment in the voting survey that the process measure rates topped out in the mid-90%. Workgroup members did not have any comment on the measure voting results.

*2930: Febrile Neutropenia Risk Assessment Prior to Chemotherapy.* NQF staff shared that the measure voting result was not to add the measure into the core set and alluded that voting members in the category of public payor, private payor and medical association voted against adding the measure into the core set. Workgroup members did not have any comment on the measure voting results.

*3188: 30-Day Unplanned Readmissions for Cancer Patients.* NQF staff shared that there was a unanimous decision by all voting members to add the measure to the core set. Workgroup members did not have any comment on the measure voting results.

*3490: Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy.* NQF staff shared that there was a unanimous decision by all voting members to add the measure to the core set. Workgroup members did not have any comment on the measure voting results.

*N/A: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy.* NQF staff shared that the measure voting result was not to add the measure into the core set and alluded that voting members in the category of quality collaborative and private payors voted against adding the measure to the core set. A member noted that the baseline for most payors was coverage every 2-years. Workgroup members did not have additional comments on the measure voting results.

*N/A: Symptom Control During Chemotherapy –Pain.* NQF staff shared that the measure voting result was not to add the measure into the core set and alluded that voting members in the category of medical association, public payor and private payor voted against adding the measure into the core set. A member in the private payor category left a comment in the survey to revisit the measure after NQF endorsement. Workgroup members did not have any comment on the measure voting results.

*N/A: Symptom Control During Chemotherapy –Nausea.* NQF staff shared that the measure voting result was not to add the measure into the core set and alluded that voting members in the category of medical association, public payor and private payor voted against adding the measure into the core set. A member in the private payor category left a comment in the survey to revisit the measure after NQF endorsement. Workgroup members did not have any comment on the measure voting results.

*N/A: Symptom Control During Chemotherapy –Constipation.* NQF staff shared that the measure voting result was not to add the measure into the core set and alluded that voting members in the category of medical association, public payor and private payor voted against adding the measure into the core set. A member in the private payor category left a comment in the survey to revisit the measure after NQF endorsement. Workgroup members did not have any comment on the measure voting results. A private payor who voted to add the measure into the core set left a comment asking if measures *N/A: Symptom Control During Chemotherapy –Pain*, *N/A: Symptom Control During Chemotherapy –Nausea* and *N/A: Symptom Control During Chemotherapy –Constipation* could be aggregated to a composite measure. This question was not addressed by the measure developer who was present during the workgroup meeting. On all three of the chemotherapy measures, workgroup members expressed interest in reviewing the measures after they underwent NQF endorsement as that would be a move towards cross-cutting and away from specialty specific. It was noted that the current core set has a mixture of both cross-cutting and specialty specific measures.

*2651: CAHPS® Hospice Survey (experience with care).* NQF staff shared that the measure voting result was to add the measure into the core set and alluded that voting members in the category of medical association and private payor voted not to add the measure. The medical association that voted not to add the measure left a comment stating that the aim of the measure is to assess whether hospices complete all seven processes of hospice admission for each hospice patient. For this reason, the medical association felt the measure was better suited under hospice care and not medical oncology.

*OCM-2 Risk-adjusted proportion of patients with all-cause emergency department visits or observation stays that did not result in a hospital admission within the 6-month episode.* NQF staff shared that the measure voting result was not to add the measure into the core set and shared a comment on the measure left by a member in the quality collaborative category which stated that there was not enough information/performance rate to determine if the measure was valuable. A comment from a member in the medical association category was to add the measure into the core set 'with assessment of the attribution model'.

*0418/0418e/OCM-5 Screening for Depression and Follow Up Plan.* NQF staff shared that the measure voting result was a pass for addition into the core set. It was noted that the measure was being considered by other workgroups. Workgroup members did not have any comment on the measure voting results.

*OCM-6 Patient-Reported Experience of Care.* NQF staff shared that the measure voting result was a pass for addition into the core set. A member in the private payor who voted not to add the measure into the core set left a comment stating that there was a need for more information about the measure's specifications. It was noted that during the last workgroup meeting, the measure area was identified as a gap area in need of future development. Workgroup members did not have any comment on the measure voting results.

*0377: Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow.* NQF staff shared that the measure voting result was not to add the measure into the core set. It was noted that a member of quality collaborative voted not to add the measure into the core set left a comment that the process measure had topped out. Workgroup members did not have any comment on the measure voting results.

*3365e: Treatment of osteopenia or osteoporosis in men with non-metastatic prostate cancer on androgen deprivation therapy.* NQF staff shared that the measure voting result was not to add the measure into the core set. It was noted that during previous workgroup conversations the measure was reported as not having passed NQF's validity requirement and was thought to be more appropriate for urology. Workgroup members did not have any comment on the measure voting results.

*0384e: Oncology: Medical and Radiation - Pain Intensity Quantified (eCQM version of current core set measure).* NQF staff shared that the measure voting result to add the measure into the core set. Workgroup members did not have any comment on the measure voting results.

*0389e: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (eCQM version of current core set measure).* NQF staff shared that the measure voting result was not to add the measure into the core set. It was noted that the claims version of the measure is in the current core set. A workgroup member noted that a measure having additional reporting options would be preferable. Workgroup members did not have any comment on the measure voting results and some members agreed with this point, however a consensus from the entire workgroup

was not achieved. NQF staff shared that they would send a follow up email to the workgroup to solicit a way forward on the measure.

NQF staff shared with the workgroup additional measures that were reviewed but were not included on the voting survey due to consensus reached during previous meetings. The list of measures was as follows:

- *0220: Adjuvant hormonal therapy is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - III hormone receptor-positive breast cancer*
- *0383: Plan of Care for Pain—Medical Oncology and Radiation Oncology*
- *0385/0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients*
- *OCM-3 Proportion of patients that died who were admitted to hospice for 3 days or more*
- *QOPI 5 Chemotherapy administered to patients with metastatic solid tumor with performance status of 3, 4, or undocumented (Lower Score - Better)*
- *AQUA29 Prostate Cancer: Patient Report of Urinary Function after Treatment*
- *AQUA30 Prostate Cancer: Patient Report of Sexual Function after Treatment*
- *QOPI 23 Concurrent Chemoradiation for Patients with a Diagnosis of Stage IIIB NSCLC*
- *0032: Cervical Cancer Screening (CCS)*
- *0034: Colorectal Cancer Screening (COL)*
- *2372: Breast Cancer Screening*

Current Measures proposed for removal from the core set	Voting Totals	Results
1857: Patients with breast cancer and negative or undocumented human epidermal growth factor receptor 2 (HER2) status who are spared treatment with trastuzumab	Keep: 1 Remove: 6	Remove
1853: Radical Prostatectomy Pathology Reporting	Keep: 2 Remove: 6	Remove
0211: Proportion of patients who died from cancer with more than one emergency room visit in the last 30 days of life	Keep: 4 Remove: 4	Keep. 50% remove, missing a vote from C/P/RC category.

*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 that the measure voting result was to remove the measure from the core set. A member in the medical association category who voted to remove the measure left a comment stating that a new updated measure will be submitted to NQF for endorsement and request that the workgroup review/consider that measure. Workgroup members did not have any comment on the measure voting results.

*1853: Radical Prostatectomy Pathology Reporting.* NQF staff shared that the measure voting result was to remove the measure from the core set. A member in the medical association category who voted to remove the measure left a comment stating that the measure is a pathology and not a medical oncology measure. Workgroup members did not have any comment on the measure voting results.

*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 that the voting results were split on the measure and that

because an affirmative vote to remove the measure from the core set was missing from the consumer/patient representative/regional collaborative category the measure will remain in the core set. NQF staff recommended that the measure undergoes a revote.

NQF staff shared with the workgroup measures that will remain in the core set and were not included on the voting survey due to consensus reached during previous meetings. The list of measures was as follows:

#### **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*
- *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*

#### **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*
- *1859: KRAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy*
- *1860: Patients with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies*

#### **Prostate Cancer**

- *0389: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients*

#### **Hospice/End of Life**

- *0210: Proportion receiving chemotherapy in the last 14 days of life*
- *0213: Proportion admitted to the ICU in the last 30 days of life*
- *0215: Proportion not admitted to hospice*
- *0216: Proportion admitted to hospice for less than 3 days*
- *0384: Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology*

NQF staff shared that if the core set is updated per the voting results shared, the core set would have a total of 18 measures.

Medical Oncology Gaps and Future Areas of Development were listed as follows:

- Patient experience (e.g., symptoms) (remains a challenge and priority area for oncology)
- Pain control (including PRO for level of pain experienced by patient)
- 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, unplanned hospitalizations, inpatient hospital admission rate
- Reporting of cancer stage
- Disease free survival for X number of years
- Cost measures
- Measures for lung cancer
- Five-year cure rate
- Social determinants of health and financial burden

- Anxiety/stress management and screening
- Care coordination, transitions of care, care navigation
- Patient education
- Measures that reflect molecular biology of cancer and interpretation of biomarkers and tumor information
- In development: antiemetic measures, five disease-specific measures (including one for melanoma), updates/testing for measure 1858
- American Society of Clinical Oncology (ASCO)/ American Board of Internal Medicine (ABIM) Choosing Wisely list: Metrics included are of value and should be pushed to measure development
  - Concept #2 is addressed in the core set in measure #0389
    - Don't perform PET, CT, and radionuclide bone scans in the staging of early prostate cancer at low risk for metastasis.
  - Concept #10 is a valuable metric
    - Don't use a targeted therapy intended for use against a specific genetic aberration unless a patient's tumor cells have a specific biomarker that predicts an effective response to the targeted therapy.
  - Concept #7 is of lower priority (that of other measures)
    - Don't use combination chemotherapy (multiple drugs) instead of chemotherapy with one drug when treating an individual for metastatic breast cancer unless the patient needs a rapid response to relieve tumor-related symptoms.

### Next Steps

NQF staff shared that a follow up email would be sent to the workgroup to solicit comments on measures 3365e: *Treatment of osteopenia or osteoporosis in men with non-metastatic prostate cancer on androgen deprivation therapy* and 0211: *Proportion of patients who died from cancer with more than one emergency room visit in the last 30 days of life*. Thereafter, the workgroup's recommendations will be presented to the Steering Committee around the March timeframe and an updated core set will be presented to the full Collaborative for voting and final discussion around the March or April timeframe.

The workgroup was reminded that the full Collaborative In-person meeting was scheduled for February 28 from 8:30 am- 4:15 pm ET at NQF offices in Washington DC and that space was still available for virtual attendance.