



**NATIONAL
QUALITY FORUM**

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Day 2 Consensus Standards Approval Committee (CSAC)

Measure Evaluation Meeting

December 1, 2021

Funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001

Welcome

Housekeeping Reminders

- This is a Cisco WebEx meeting with audio and video capabilities
- Please place yourself on mute when you are not speaking
- We encourage you to use the following features
 - ▣ Chat box: to message NQF staff or the group
 - ▣ Raise hand: to be called upon to speak
- Member and public comment opportunities

If you experience technical issues, please send a message to NQF staff through the chat box or email CSAC@qualityforum.org

Day 2 Agenda: December 1, 2021

Begin at 10:00 am ET

- Welcome
- Discussion and Vote
 - ▣ Renal
 - ▣ Patient Safety
 - ▣ Primary Care and Chronic Illness
- Opportunity for Public Comment
- Next Steps

Adjourn at 12:00 pm ET

Roll Call and Disclosure of Interest

CSAC Members

- Melissa Danforth (Chair)
- John Bulger, DO, MBA (Vice-Chair)
- Dan Culica, MD, MA, PhD
- Dana Cyra, MA
- Lisa Freeman
- Kevin Kavanagh, MD, MS
- Rebecca Kirch, JD
- Laura Pennington
- Leslie Schultz, PhD, MS, RN
- Edward Septimus, MD
- Jeffrey Susman, MD
- Kelly Trautner, JD

Voting Procedure Reminder

- For each topic area, the first vote will ask CSAC members if they would like to vote on all the measures at once or on each measure individually
 - If any committee member elects to *not* vote on all measures at once, or a member must recuse themselves from voting on a measure, the committee will vote on each measure separately for that topic area
- CSAC members then vote on acceptance of the Standing Committee's recommendation
 - Accept the Standing Committee's recommendation (i.e., to endorse or not endorse)
 - Do not accept the Standing Committee's recommendation and return the measure back to the committee for reconsideration

Welcome Remarks

- *CSAC Committee Chairs:*
 - ▣ *Melissa Danforth, Chair*
 - ▣ *John Bulger, DO, MBA, Vice-Chair*



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Renal Spring 2021 Review Cycle

CSAC Review

November 30 – December 1, 2021

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contract HHSM-500-2017-00060I Task Order HHSM-500-T0001*

Renal Standing Committee Recommendations

- **Two measure reviewed for spring 2021**
 - Two measures reviewed by the Scientific Methods Panel
 - » #3615 and #3616 passed SMP on reliability and validity.
- **Two measures were not recommended for endorsement**
 - **#3615** Unsafe Opioid Prescriptions at the Prescriber Group Level (Centers for Medicare & Medicaid Services [CMS]/University of Michigan Kidney Epidemiology and Cost Center [UMKECC]) (new)
 - **#3616** Unsafe Opioid Prescriptions at the Dialysis Practitioner Group Level (CMS/UMKECC) (new)

Overarching Issues for Renal Measures

- **Evidence must be strong, unambiguous, represent the target population, and demonstrate how it supports improved care delivery and outcomes**
 - ▣ The evidence must directly represent the measure focus of interest specified in the constructs (i.e., numerator, denominator, exclusions/exceptions, and performance calculation), including the applicable diagnosis(es), patient characteristics/needs/barriers, setting, and care delivery.
 - ▣ The primary evidence focuses on reducing unsafe opioid misuse, abuse, and addictions for patients with chronic pain being treated by primary care providers, rather than patients receiving hemodialysis.
 - ▣ The submitted evidence states that patients with end stage renal disease (ESRD) report pain as their primary symptom and report higher rates of pain than the general population. Considering this fact and the target population, the Standing Committee questioned whether the measure should focus on appropriate pain management, rather than reducing unsafe opioid use.

Overarching Issues for Renal Measures *(continued)*

- **Measures should eliminate or significantly reduce unintended consequences to all applicable stakeholders, whenever possible.**
 - ▣ Measures used to improve care delivery (e.g., reduction in opioid abuse and additions with reduced opioid prescriptions) should not simultaneously contribute to poorer outcomes (e.g., patients receiving renal dialysis with increased pain and adverse outcomes, depression, anxiety, and emergence of other mental health disorders, loss of function, and the ability to perform daily activities, and even suicide).
 - ▣ Patients receiving hemodialysis have very limited pain relief options due to the clinical limitations of end stage renal disease (ESRD).
 - ▣ The accountable entity should be the clinician conducting the clinical action or outcome of interest. The evidence demonstrates that only about ten percent of opioid prescriptions for patients receiving hemodialysis are written by nephrologists.
 - ▣ Providers implementing both measures would be double penalized for inappropriate attribution.

Renal Public and Member Comment and Member Expressions of Support

- Four comment(s) received
 - ▣ Four non-supportive comments due to concerns about the misalignment of the presented evidence and the needs of target population (measure #3615, measure #3616)
 - ▣ Four non-supportive comments due to concerns about the unintended consequences to patients and providers (measure #3615, measure #3616)
- Four NQF members provided expressions of non-support for two measure(s) under review
 - ▣ Four members expressed non-support of (measure #3615, measure #3616)

Renal Contact Information

- NQF Project Team:
 - ▣ Matt Pickering, PharmD, Senior Director
 - ▣ Oroma Igwe, MPH, Manager
 - ▣ Kim Murray, Coordinator
 - ▣ Mike DiVechhia, MBA, PMP, Senior Project Manager
 - ▣ Sharon Hibay, RN, DNP, Senior Consultant

- Project Webpage: <http://www.qualityforum.org/Renal.aspx>

- Project email address: renal@qualityforum.org



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Patient Safety Spring 2021 Review Cycle

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Patient Safety Standing Committee Recommendations

- **Six measures reviewed for Spring 2021**

- ▣ Four measures reviewed by the Scientific Methods Panel
 - » #0674, #0679, and #3501e passed SMP on reliability and validity.
 - » #3621 passed SMP on reliability and composite construct. SMP did not reach consensus on validity.

- **Six measures recommended for endorsement**

- ▣ #0500 Severe Sepsis and Septic Shock: Management Bundle (Henry Ford Hospital) (Maintenance)
- ▣ #0674 Percent of Residents Experiencing One or More Falls With Major Injury (Long Stay) (Centers for Medicare & Medicaid Services) (Maintenance)
- ▣ #0679 Percent of High-Risk Residents With Pressure Ulcers (Long Stay) (Centers for Medicare & Medicaid Services) (New)
- ▣ #3389 Concurrent Use of Opioids and Benzodiazepines (COB) (Pharmacy Quality Alliance) (Maintenance)
- ▣ #3501e Hospital Harm – Opioid-Related Adverse Events (Centers for Medicare & Medicaid Services/IMPAQ International, LLC) (Maintenance)
- ▣ #3621 Composite Weighted Average for Computerized Tomography (CT) Exam Types: Overall Percent of CT exams for Which Dose Length Product Is at or Below the Size-Specific Diagnostic Reference Level (for CT Abdomen-Pelvis With Contrast/Single Phase Scan, CT Chest Without Contrast/Single (American College of Radiology [ACR])) (New)

Overarching Issues for Patient Safety Measures

■ **Importance of Evidence (NQF #3501e, NQF #3621, NQF #0500)**

- For NQF #3501e, NQF #3621, NQF #0500, the Standing Committee raised concerns regarding whether the evidence showed that the process has a clear association or link to desired healthcare outcomes.
- For NQF #0500, concerns were raised about whether naloxone administration was a true indicator of an opioid overdose rather than whether it was being used for other reasons, such as use of naloxone as a diagnostic tool in a patient who may be obtunded for other reasons.

■ **Performance Gap Concerns (NQF #3501e, NQF #0679, NQF #0674)**

- For NQF #3501e, the Standing Committee discussed whether a four-fold difference in performance gap was sufficient in the naloxone measure for opioids, particularly using a small sample of six hospitals, and conditions in which the outcome was relatively rare. Consensus was not reached on performance gap, a must-pass criterion.
- For NQF #0679 and NQF #0674, the Standing Committee focused on the need for a performance gap to still be established during maintenance endorsement review. This was particularly relevant for long-standing measures, such as these two measures, which had been in place in public programs for a long period of time.

Patient Safety: Public and Member Comment and Member Expressions of Support

- Fifteen comments received
 - ▣ Ten in support for measures under review (#0500, #3501e, #3621, #3389)
 - ▣ Four not supportive due to concerns about evidence and unintended consequences (#0500, #3501e)
 - ▣ One not supportive due to concerns about physician's choice of protocol (#3621)

- Six NQF members provided expressions of support and non-support for three measures under review
 - » Two members expressed support of #0500 and two members expressed non-support
 - » One member expressed support of #3501e and one member expressed non-support
 - » Two members expressed support of #3389

Patient Safety Team Contact Information

- NQF Project Team:
 - ▣ Tamara H. Funk, MPH, Director
 - ▣ Erin Buchanan, MPH, Manager
 - ▣ Yemsrach Kidane, PMP, Project Manager
 - ▣ Hannah Ingber, MPH, Senior Analyst
 - ▣ Sean Sullivan, MA, Coordinator
- Project Webpage: https://www.qualityforum.org/Patient_Safety.aspx
- Project email address: patientsafety@qualityforum.org



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Primary Care and Chronic Illness Spring 2021 Review Cycle

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Primary Care and Chronic Illness Standing Committee Recommendations

- **One measure reviewed for Spring 2021**
 - The measure was not reviewed by the Scientific Methods Panel
- **One measure recommended for endorsement**
 - **3617** Measuring the Value-Functions of Primary Care: Provider Level Continuity of Care Measure (American Board of Family Medicine) (new)

Primary Care and Chronic Illness: Public and Member Comment and Member Expressions of Support

- One public comment was received after the evaluation meeting
 - One in support of measure under review (measure #3617)
- No NQF members provided expressions of support or non-support for the measure under review.

Primary Care and Chronic Illness Contact Information

- NQF Project Team:
 - ▣ Poonam Bal, MHA, Interim Senior Director
 - ▣ Oroma Igwe, MPH, Manager
 - ▣ Adam Vidal, PMP, Project Manager
 - ▣ Kim Murray, Coordinator
 - ▣ Sharon Hibay, DNP, RN, Senior Consultant

- Project Webpage: https://www.qualityforum.org/Primary_Care_and_Chronic_Illness.aspx

- Project email address: primarycare@qualityforum.org

Public and Member Comment

Next Steps

CSAC Next Steps

- NQF staff will describe the discussion and endorsement results in a written meeting summary
- Appeals period: December 7 – January 5, 2022

Consensus Standards Approval Committee (CSAC) Contact Information

NQF CSAC Team

- Tricia Elliott, MBA, CPHQ, FNAHQ, Senior Managing Director
- Elizabeth Flashner, MHA, Manager
- Mike DiVecchia, MBA, PMP, Senior Project Manager
- Mary McCutcheon, MPP, Coordinator
- Kim Patterson, Executive Assistant
- Elisa Munthali, MPH, Consultant

- Project Webpage:
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