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Meeting Summary

Consensus Standards Approval Committee – Measure Evaluation Web Meeting (Fall 2021 Cycle)

The National Quality Forum (NQF) convened the Consensus Standards Approval Committee (CSAC) for a web meeting on July 26, 2022, to evaluate Standing Committee endorsement recommendations for fall 2021 cycle measures. The CSAC endorsed 12 measures but did not endorse one measure; it did not return any measures to the Standing Committees for reconsideration.

Welcome, Introductions, and Review of Web Meeting Objectives

Dr. Matt Pickering, NQF senior director, welcomed everyone to the CSAC measure evaluation meeting and thanked the CSAC members for convening to discuss the fall 2021 Standing Committee measure endorsement recommendations. Dr. Pickering invited NQF President and CEO Dana Gelb Safran, ScD, to deliver opening remarks. Dr. Safran welcomed everyone to the meeting and thanked the CSAC members, the CSAC chair and vice chair, and the Standing Committee co-chairs for their time and service to NQF. Dr. Safran highlighted that during this fall 2021 CSAC measure evaluation meeting, the CSAC will be piloting a consent calendar process, including the introduction of the CSAC Discussion Guide, which streamlines hundreds of pages of meeting materials to a single, concise document. Dr. Safran expressed that the consent calendar process is aimed to improve the CSAC member experience with the Consensus Development Process (CDP) by building efficiencies into the CSAC's review of Standing Committee recommendations for measures in a given cycle. Dr. Safran concluded by thanking the CSAC members again and noted the crucial role they play in NQF's CDP.

Dr. Pickering turned it over to CSAC Chair Missy Danforth to provide opening remarks. Ms. Danforth thanked NQF for implementing the new consent calendar process and thanked the CSAC in advance for its patience with the new process. Ms. Danforth recognized that although the CSAC vice chair, John Bulger, was not able to attend the meeting, he was also a part of the preparation of the consent calendar process. Ms. Danforth turned it back to Dr. Pickering to review the following meeting objectives:

- Review endorsement recommendations presented by the CDP Standing Committees regarding measures in the fall 2021 cycle
- Render a decision regarding the endorsement of candidate measures from the fall 2021 review cycle

Roll Call and Disclosures of Interest

Dr. Pickering then reviewed the disclosure of interest requirements and conducted a roll call. In order to provide greater flexibility and continue the CSAC's important work to endorse measures,, 80 percent (8 of 10) of active CSAC members needed to be present to vote for this meeting.

Two CSAC members disclosed conflicts of interest on specific measures: Ms. Danforth was recused from NQF #3633e, NQF #3662e, and NQF #3663e and Rebecca Kirch, JD, was recused from NQF #3665, NQF #3666, and NQF #3667. In addition, quorum was lost due to a combination of CSAC member absences

and measure recusals for six of the 13 measures. The CSAC voted on the seven measures for which quorum was not met after the meeting using an online voting tool. Voting results are provided below.

CSAC Measure Review Procedure and Test Vote

Dr. Pickering provided an overview of the CSAC's measure review procedure and summarized that the consent calendar (Table 1) only includes measures that **meet all of** the key considerations criteria below. Dr. Pickering also stated that the consent calendar will not be voted on; rather, endorsement decisions will occur via a process of no objection to the consent calendar. If there are no objections, the measures in the consent calendar will be endorsed.

Measures included in the consent calendar must *meet all of* the following key considerations criteria:

1. The measure received 80 percent or greater passing votes for overall suitability for endorsement.
2. No process concerns were identified that may have affected the endorsement decision of a measure.
3. No reconsideration request was received for either the Standing Committee's or the CSAC's adjudication.
4. The Standing Committee accepted the Scientific Methods Panel's (SMP) ratings (i.e., it did not overturn the SMP's decision), if applicable.
5. No new information was received via public comment that was not available or discussed during the Standing Committee's measure evaluation meeting, which conflicts with the Standing Committee's recommendation(s).
6. The measure was not pulled for discussion by a CSAC member.
7. No additional concerns were identified that require CSAC discussion (Note: These concerns should reside within the purview of the CSAC, based on the CSAC decision-making rationale).

Table 1. Fall 2021 Consent Calendar and Non-consent Calendar Measures

CDP Topic Area	Consent Calendar Measures (Maintenance/New)	Measures for Discussion (Maintenance/New) [Criterion Not Met]
Geriatrics and Palliative Care	• **NQF #3665** Ambulatory Palliative Care Patients Experiences of Feeling Heard and Understood (New) • **NQF #3666** Ambulatory Palliative Care Patients' Experience of Receiving Desired Help for Pain (New) • **NQF #3645** Hospice Visits in the Last Days of Life (New)	• None
Surgery	• **NQF #3639** Measure Clinician-Level and Clinician Group-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA and TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM) (New)	• None

CDP Topic Area	Consent Calendar Measures (Maintenance/New)	Measures for Discussion (Maintenance/New) [Criterion Not Met]
Primary Care and Chronic Illness	• **NQF #3332** Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool) (Maintenance) • **NQF #3661** Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Gastroesophageal, or Small Bowel Carcinoma (New)	• **NQF #3667** Days at Home for Patients With Complex, Chronic Conditions (New) [1]
Patient Safety	• **NQF #0689** Percent of Residents Who Lose Too Much Weight (Long Stay) (Maintenance) • **NQF #3636** Quarterly Reporting of COVID-19 Vaccination Coverage Among Healthcare Personnel (New)	• **NQF #3633e** Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Level) (New) [1,2] • **NQF #3662e** Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Group Level) (New) [2] • **NQF #3663e** Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Facility Level) (New) [2] • **NQF #0097*** Medication Reconciliation Post-Discharge (National Committee for Quality Assurance) (Maintenance) [1,2]
Total	**8**	**5**

*NQF #0097 was originally evaluated during the fall 2020 cycle, but it was not evaluated during the fall 2020 CSAC meeting due to a calculation error in the validity vote, which was discovered prior to the fall 2020 CSAC meeting.

Dr. Pickering stated that in early July, the CSAC members had the opportunity to review the eight proposed consent calendar measures for the fall 2021 cycle and request one or more measures to be pulled for CSAC discussion and voting during this meeting. CSAC member requests to pull a measure off the consent calendar require a clear and compelling rationale, which should be based on the measure not meeting one or more of the key considerations criteria. Dr. Pickering confirmed that the CSAC pre-meeting review period closed on July 10, 2022, and that no measures were pulled from the consent calendar.

Additionally, CSAC members can pull measures off the consent calendar during the CSAC meeting. Dr. Pickering iterated that any request for a measure to be pulled off the consent calendar during the meeting will need a clear and compelling rationale of why the measure does not meet one or more of the consent calendar key considerations criteria. Dr. Pickering also stated that any measure that is

pulled for discussion during the meeting will be slotted into a reserved time (2:00 – 3:00 PM ET) at the end of the meeting. If no measures are pulled for discussion during the meeting, then this reserved time slot will be cancelled.

Dr. Pickering summarized that during this meeting, the CSAC will discuss and vote separately on all fall 2021 measures that are not on the consent calendar. Five non-consent calendar measures are slated for CSAC discussion and voting (Table 1). These measures are from two Standing Committees: Patient Safety and Primary Care and Chronic Illness (PCCI). Dr. Pickering stated that the CSAC will be asked to vote on whether to:

- accept the Standing Committee's recommendation (i.e., to endorse or not endorse); or
- do not accept the Standing Committee's recommendation and return the measure to the Standing Committee for reconsideration.

Following the overview of the CSAC's measure review process, the CSAC members participated in a test vote before moving to the consideration of the Standing Committees' endorsement recommendations.

Consideration of Candidate Consent Calendar Measures

Dr. Pickering began the consent calendar review by presenting an overview of the 13 fall 2021 measures. Of the eight measures included in the consent calendar, six measures were new and two were maintenance measures. Dr. Pickering reminded the CSAC that the fall 2021 cycle had a smaller volume of measures due to the resource constraints expressed by developers due to the coronavirus disease 2019 (COVID-19) pandemic.

Dr. Pickering also reminded the CSAC that due to a member recusal for two Geriatrics and Palliative Care (GPC) measures, NQF #3665 and NQF #3666, the CSAC did not have the quorum to consider these measures within the consent calendar during the meeting; therefore, the CSAC will vote individually on these measures during offline voting.

Dr. Pickering then turned it over to Ms. Danforth to lead the CSAC through the consideration of the consent calendar measures. Ms. Danforth began the discussion by inviting CSAC members to ask any questions about the key considerations criteria for the measures on the consent calendar. One member asked how many votes a measure must receive to pass a measure. Dr. Pickering explained that for the CSAC to uphold the Standing Committee's decision, the measure would need greater than 60 percent approval votes. Another CSAC member commented that with the reduced number of CSAC members present for this meeting, the breadth of perspectives on the consent calendar process is lessened. Dr. Pickering acknowledged this concern and further noted that the reduced measure load for the fall 2021 cycle provides a good opportunity to pilot this consent calendar process.

With no other questions raised by the CSAC, Ms. Danforth then asked whether there were any objections to the measures included in the consent calendar. The CSAC did not express any objections or requests to pull measures off the consent calendar. Dr. Pickering opened the call for public comment on the measures included in the consent calendar; no public comments were provided. Dr. Pickering then announced that six measures in the consent calendar were endorsed with no objection from the CSAC: NQF #0689 and NQF #3636 (Patient Safety), NQF #3332 and NQF #3661 (PCCI), NQF #3639 (Surgery), and NQF #3645 (GPC).

Quorum was not achieved for two consent calendar measures. During offline voting, the CSAC unanimously accepted the GPC Standing Committee's recommendations to endorse NQF #3665 and

NQF #3666 (**Total votes – 8; accept – 8; do not accept – 0; recusals – 1 [8/8 – 100%, Endorsed]**).

Discussion and Voting of Candidate Non-consent Calendar Measures

Primary Care and Chronic Illness Fall 2021 Non-consent Calendar Measures

One PCCI measure (NQF #3667) was not included in the consent calendar.

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

Ms. Danforth introduced NQF #3667 *Days at Home for Patients With Complex, Chronic Conditions* and Paul Farrell, the director of the PCCI project. Ms. Farrell informed the CSAC that NQF #3667 is being reviewed for initial endorsement, the measure developer is Yale Center for Outcomes Research & Evaluation (CORE), and the measure was reviewed by NQF's SMP. Ms. Farrell explained that the measure is being discussed at this meeting because it did not meet key consideration criterion #1: It did not receive more than 80 percent passing votes for overall suitability for endorsement. Ms. Farrell continued to explain that the Standing Committee did not provide an overall suitability for endorsement vote because the measure did not pass on validity, which is a must-pass criterion, and therefore, the measure was not recommended for endorsement.

Ms. Farrell noted that the SMP did not reach consensus on validity due to concerns related to the risk adjustment model, measure exclusions, and the measure's ability to identify meaningful differences in performance. The Standing Committee acknowledged during its review that the developer conducted face validity and construct validity testing. The face validity testing found that the measure may be valid. However, the construct validity testing found that the measure had a Pearson's rank correlation ranging from 0.549 to 0.048. During the Standing Committee meeting, the developer noted that the weak correlation may have been the result of other measures having a smaller sample size. Additionally, the Committee raised concern that the measure's risk adjustment model had no standardized approach to address social determinants of health (SDOH) factors. Ms. Farrell continued to note the additional SMP concerns regarding the measure exclusions and whether the measure can be used to show meaningful differences in performance. Ms. Farrell also stated that the Standing Committee agreed with the SMP's analysis and the concerns that threatened the validity of the measure. For those reasons, the Standing Committee did not pass the measure on validity.

Ms. Farrell then summarized the comments received during the post-comment period. Two comments were received that expressed support for the Standing Committee's decision to not recommend the measure, echoing the concerns with validity. Three additional comments were received that opposed the Standing Committee's decision. These comments cited the importance of the measure to patients and as a metric in managing patients at home. The developer also commented on the measure and requested the Standing Committee provide feedback on potential enhancements to the measure.

During the post-comment meeting, the Standing Committee presented three recommendations to the developer. The first recommendation was to consider the development of a patient-reported outcome measure (PROM) that would assess factors that would address the quality of care and feasibility of care provided at home. The second was to focus the measure on assessing the continuum of care versus a specific location, such as being at home. The third was to not use dual eligibility as a risk factor, as not all patients who are eligible to receive care at home are dual-eligible, which could potentially penalize a provider. Ms. Farrell noted that following the discussion of the comments received, the Standing Committee decided to uphold its decision to not recommend the measure for endorsement.

Ms. Farrell then invited one of the PCCI co-chairs to share their perspective, who echoed the summary Ms. Farrell provided and further expressed that the Standing Committee did not believe the measure could be applied across multiple different healthcare settings, including rural versus urban settings.

Ms. Danforth then invited the CSAC lead discussant to provide comments. The CSAC lead discussant expressed concerns that the measure did not incorporate other SDOH into the risk model and that dual eligibility cannot be used as a substitute for looking at SDOH due to the vast variation of patients. The lead discussant also shared additional concerns with using this measure as a measure of care coordination due to the current healthcare workforce crisis and the inability to discharge patients out of hospitals and nursing homes. The lead discussant agreed with the Standing Committee's vote to not pass the measure on validity. Other CSAC discussants agreed with the lead discussant's comments and encouraged the resubmission of this measure, especially as the collection of SDOH data becomes more prevalent.

Following the CSAC discussants' comments, Ms. Danforth then opened the discussion to the rest of the CSAC members. No additional CSAC member comments were provided. Lastly, Ms. Danforth opened the floor to the public for any comments regarding this measure. No public comments were provided.

Quorum was not achieved for this measure during the meeting. The CSAC provided offline voting and unanimously accepted the PCCI Standing Committee's recommendation to not endorse NQF #3667 (**Total votes – 8; accept – 0; do not accept – 8; recusals – 1 [8/8 – 100%, Not Endorsed]**).

Patient Safety Fall 2021 Non-consent Calendar Measures

Four Patient Safety measures were not included in the consent calendar. The CSAC first discussed NQF #0097, followed by NQF #3633e, NQF #3662e, and NQF #3663e as a group because these measures were very similar but with different levels of analysis. Next, Ms. Danforth introduced Tamara Funk, director of the Patient Safety project, to discuss the first Patient Safety measure.

NQF #0097 Medication Reconciliation Post-Discharge

Ms. Funk informed the CSAC that NQF #0097 *Medication Reconciliation Post-Discharge* is being reviewed for maintenance endorsement, the measure developer is the National Committee for Quality Assurance (NCQA), and the measure was not reviewed by the SMP. Ms. Funk also stated that the measure is being discussed at this meeting because it did not meet key consideration criteria #1 and #2.

Ms. Funk discussed that the Patient Safety Standing Committee's maintenance review of NQF #0097 was complex and spanned multiple CDP review cycles. The measure was submitted during the fall 2020 cycle. However, a calculation error was made on the Standing Committee's validity vote during the February 2021 measure evaluation meeting, which resulted in the vote being categorized as passing when in fact the vote was consensus not reached (CNR). The calculation error was discovered after the Patient Safety post-comment meeting in early June 2021 but before the fall 2020 CSAC meeting later that same month. Therefore, the Standing Committee did not have enough time to resolve the CNR vote before the fall 2020 CSAC meeting. During the CSAC meeting, the Patient Safety team and co-chairs recommended, and the CSAC agreed, that the measure should retain endorsement until the Standing Committee could discuss and re-vote on validity and overall suitability for endorsement.

The Patient Safety Standing Committee reviewed the measure's validity again during the spring 2022 cycle measure evaluation meeting on June 28, 2022. Ms. Funk stated that the Standing Committee discussed the complexities in conducting medication reconciliation for individual patients, the definition of medication reconciliation used for the measure, how medication reconciliation is documented, and

whether discrepancies are detected and resolved during the process. The developer stated that NQF #0097 only requires that the patient's list of medications at discharge be compared with the list of medications in their record from their outpatient provider. In addition, the measure requires that the process be completed by specified types of qualified healthcare professionals. The developer further clarified that the measure does not include reporting on whether discrepancies are found in the medication list and does not require a review of the appropriateness of the medications for the patient. The Standing Committee recommended that the developer develop a second measure, or revise the current measure, to capture whether discrepancies are found and/or require a review of the appropriateness of the medications for the patient.

Ms. Funk stated that the Standing Committee agreed that the empirical validity testing showed positive correlations with related measures at a statistically significant level and acknowledged that the face validity showed agreement with the measure's intent. The Standing Committee further agreed that the measure does encourage clinicians to review patient medication lists, which is helpful in clinical care. Therefore, the Standing Committee passed the measure on validity and recommended the measure for continued endorsement with a 75 percent passing vote.

Ms. Funk then introduced one of the Patient Safety Standing Committee co-chairs to share their perspective. This co-chair agreed with Ms. Funk's summary and expressed that the measure has a colorful background. However, the Standing Committee underwent the appropriate processes to resolve the issues, thus leading to a recommendation for endorsement. The co-chair emphasized that the Standing Committee strongly recommended that the developer work on revising the measure to include a review of the appropriateness of medications.

Ms. Danforth then recognized the CSAC lead discussant, who added additional details on the Standing Committee's deliberations. The lead discussant stated that during the fall 2020 measure evaluation meeting, the Standing Committee voted 34.7 percent passing on evidence, which also had a calculation error that led to a CNR classification rather than not passing. The discussant stated that this error was caught and during the post-comment meeting on June 4, 2021, the Standing Committee considered public comments and re-voted on evidence, this time passing the measure on evidence with a 64.7 percent vote. The CSAC lead discussant agreed with the concerns raised by the Standing Committee, including that credit for conducting medication reconciliation is an example of a "check the box" measure that is easy to achieve in the electronic health record but does not necessarily reflect whether medication reconciliation was actually conducted and whether a review of the appropriateness of medications was performed. The CSAC lead discussant agreed with the Standing Committee's recommendation to consider revising the measure in the future to include a review of the appropriateness of medications.

Ms. Danforth welcomed other CSAC members to share their comments and mentioned that a few years ago, a conversation was held about related and competing measures regarding medication reconciliation measures. Dr. Pickering confirmed that the Patient Safety Standing Committee reviewed related and competing measures for medication reconciliation and reminded the CSAC that competing measures are only considered when they are reviewed during the same endorsement cycle.

Ms. Danforth read a message from the chat from a CSAC member asking whether the measure includes de-prescribing of a medication. Ms. Danforth asked the developer to address the comment. The measure developer explained that the measure includes considerable flexibility regarding what defines a medication reconciliation. The developer added that discharge from the hospital is an appropriate time to conduct medication reconciliation, which includes a review of the appropriateness of medications and can involve de-prescribing, adding, or changing dosage levels. With respect to de-prescribing, the

developer noted that NCQA has another measure focused on de-prescribing benzodiazepines in older adults, which includes a safe taper process; however, this measure is not being discussed at this meeting.

Ms. Danforth opened the floor for public comments, and none were offered. NQF staff administered the vote during the meeting since quorum was achieved for this measure. The CSAC voted to accept the Patient Safety Standing Committee's recommendation to endorse NQF #0097 (**Total votes – 8; accept - 7; do not accept – 1; recusals – 0 [7/8-87.5%, Endorsed]**).

Following the vote, a CSAC member asked how long the measure will be endorsed since its maintenance review began in the fall 2020 cycle. Dr. Pickering stated that the measure will remain in the maintenance cycle with the fall 2021 measures, and therefore, it will return in three to four years. Dr. Pickering also mentioned that the measure could be reviewed earlier if it is appealed following this meeting or if an early maintenance review is requested.

NQF #3633e Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Level)

NQF #3662e Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Group Level)

NQF #3663e Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Facility Level)

Ms. Funk informed the CSAC that NQF #3633e, NQF # 3662e, and NQF #3663e are being reviewed for initial endorsement; the developer is Alara Health; and all three measures were reviewed by the SMP, which passed the measures on both reliability and validity. Ms. Funk explained that the measures are being discussed by the CSAC because all three measures did not meet key consideration criterion #2 and NQF #3633e did not meet key consideration criterion #1. However, the Patient Safety Standing Committee recommended all three measures for endorsement.

Ms. Funk explained that the three measures are nearly identical but have differing levels of analysis (i.e., clinician, clinician group, and facility). Ms. Funk discussed that during the comment period, NQF received two comments applying to all three measures. One of the comments expressed support for the measures and additionally requested the development of exclusion criteria for overuse. The developer provided a public response to the comment clarifying why it was not necessary to add the exclusion criteria and stated that the comment represented a fundamental misunderstanding of the measures. The second comment opposed all three measures; it restated concerns raised in pre-evaluation comments and expressed that the Standing Committee did not adequately consider the concerns raised during the initial evaluation meeting.

In reviewing the second comment, the Standing Committee discussed that while the measure evaluation process was followed, several Standing Committee members raised concerns that the measure's review may not have been thorough due to lack of expertise among the Standing Committee, especially since the radiology expert on the Standing Committee was recused from the discussions. One Standing Committee member stated that the issues the commenter raised were sufficiently considered by the Standing Committee during the original measure evaluation meeting. Other Standing Committee members noted that additional comments in support of the measures were also considered as part of the original measure evaluation meeting. Ms. Funk stated that the Standing Committee suggested that in the future for technical measures on very specialized subject matters, a Technical Expert Panel (TEP) might be convened by NQF to help review some of the technical nuances, similar to how the SMP

reviews methodology.

In light of the Standing Committee's discussions of the public comments, Ms. Funk summarized that the Standing Committee was given three options to consider during the fall 2021 post comment meeting: (1) The Standing Committee could agree that the three measures met all NQF endorsement criteria and vote to stand by its recommendation to endorse the measures; (2) The Standing Committee could re-vote on the recommendation to endorse the measure endorsement or on a specific criterion based on a credible rationale that a criterion was not met; or (3) The Standing Committee could vote to postpone further review and NQF could convene a TEP to provide additional expert feedback to the Standing Committee. Ms. Funk stated that the Patient Safety Standing Committee voted to uphold its recommendations to endorse the measures (11 out of 14 members or 78.6 percent). Therefore, no subsequent votes were held and the Standing Committee's recommendation to endorse all three measures remained in place.

Ms. Funk recognized one of the Patient Safety co-chairs, who stated that Ms. Funk captured the Standing Committee process and outcomes well and that the Standing Committee followed the CDP and voted to recommend the measures for endorsement.

Dr. Pickering facilitated the discussion since Ms. Danforth was recused from all three measures and proceeded to recognize the lead discussant, who expressed appreciation to the Patient Safety Standing Committee for discussing social risk factors related to the measures and whether there are social risks that impact the measures. The lead discussant also mentioned that the Standing Committee discussed issues regarding harmonization across the three measures and recognized the importance of attribution across the three different levels of analysis. The lead discussant concluded by stating that they did not detect any reason for the CSAC to return the measure to the Standing Committee for reconsideration.

A second CSAC discussant raised concerns about how the measures might impact the radiation doses used, and if lower doses are used, it could result in a reduced level of detail included in the images needed for patient diagnosis and treatment. The second discussant also raised concerns about whether the Patient Safety Standing Committee fully evaluated the public comments and how well the Standing Committee members were able to understand the public comments submitted. A third CSAC discussant questioned whether the measure could lead to low image quality, thus leading to the potential for repeat imaging, which would mean increased radiation exposure and costs for patients.

Dr. Pickering opened the floor for additional CSAC members to speak. A CSAC member raised similar concerns with the measure being very technical and wondered whether the Standing Committee had the expertise to fully understand the three measures. Dr. Pickering reminded the CSAC that the Standing Committee did consider whether it wanted technical experts to review the measure and decided it was not needed. No other additional comments were raised by the CSAC.

Dr. Pickering asked one of the Patient Safety co-chairs to provide any further responses to the CSAC's comments. One of the Patient Safety co-chairs stated that the radiation dosage allowed for scans is based on the needs of the ordering physician; therefore, if the physician ordering the scan asks for a high density, then the scan can be at a higher dose. Additionally, the Patient Safety co-chair mentioned that the Standing Committee discussed the potential for repeat scans due to poor quality images and recognized that only 11 percent of scans were found to be of poor quality based on a study the developer submitted.

Dr. Pickering opened the floor for public comments related to the measures. Rebecca Smith-Bindman, MD, was recognized as a representative of the measure developer. Dr. Smith-Bindman stated that she is a radiologist, epidemiologist, and professor. She further stated that the study mentioned by one of the

Patient Safety co-chairs found 11 percent of scans that needed to be repeated, or had poor image quality, were from a sample of 750 scans, which were evaluated by 125 radiologists. The scans were selected because very low radiation doses were used for these scans and these images were over representative of potential image quality issues. A larger study of 50,000 scans from 16 hospitals plus a large outpatient radiology group found that only 0.3 percent of scans were found to be low image quality. Dr. Smith-Bindman discussed that even among CT scans for common studies, such as right lower quadrant pain, great variation exists in the radiation dose, which is based on a data set of 15 million scans from 160 hospitals. The variation in radiation dosing is driven largely by local decisions about machine settings rather than patient factors or the reason for the scan.

Dr. Smith-Bindman emphasized that the measure uses the clinical indication for the scan, which is not based on what the radiologist chose to do but rather what the ordering provider indicated was necessary. Therefore, if the patient needs a high-resolution internal ear exam, those are the criteria that are used to determine the appropriate dose category of radiation and how the scan meets the levels expected within the measure. Lastly, Dr. Smith-Bindman stated that the developer had a large and diverse expert stakeholder group for the TEP, which included leadership from a broad array of organizations and individual experts in the field.

Quorum was not achieved for these measures during the meeting. The CSAC provided offline voting and unanimously accepted the Patient Safety Standing Committee's recommendation to endorse NQF #3633e, NQF #3662e, and NQF #3663e (**Total votes – 8; accept – 8; do not accept – 0; recusals – 1 [8/8 – 100%, Endorsed**]).

Member and Public Comment

Ms. Danforth opened the web meeting to allow for public comment on any of the fall 2021 measures or on any of the proceedings from the meeting. No public comments were offered.

Next Steps

NQF staff announced that voting results would be published on the NQF website in early August 2022 after the final offline votes are received. The Appeals period will then be opened shortly after*. In addition, a summary of the CSAC meeting will be posted in September 2022. Lastly, the final CDP technical reports for the four CDP portfolios discussed during the CSAC meeting on July 26, 2022, will be posted in November 2022.

*During the drafting of this meeting summary, all offline votes had been received by August 1, 2022, and the voting results document was published on the NQF website on August 4, 2022. The Measure Appeals period opened for endorsed measures on August 4, 2022, and will close on September 2, 2022. An appeal must be based on evidence that the process and/or criteria were incorrectly implemented.