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Cancer, Fall 2019 Measure Review Cycle

Standing Committee Meeting

Nicole Williams, MPH, NQF Director
Katie Goodwin, MS, NQF Senior Project Manager
Tami Funk, MPH, NQF Project Manager
Hannah Bui, MPH, NQF Project Analyst

February 26, 2020

Welcome

Agenda for Today

- Introductions, Disclosures of Interest
- Overview of Evaluation Process
- Consideration of Candidate Measures
- NQF Member and Public Comment
- Next Steps

Project Team

- Project Staff
  - Nicole Williams, MPH, NQF Director
  - Katie Goodwin, MS, NQF Senior Project Manager
  - Tami Funk, MPH, NQF Project Manager
  - Hannah Bui, MPH, NQF Project Analyst

- NQF Quality Measurement leadership staff
  - Apryl Clark, Acting Vice President, QM
  - Kathleen Giblin, Acting Senior Vice President, QM

Introductions and Disclosures of Interest

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Cancer Standing Committee

- Karen Fields, MD, Co-chair
- Shelley Fuld Nasso, MPP, Co-chair
- Afsaneh Barzi, MD, PhD
- Gregary Bocsi, DO, FCAP
- Brent Braveman, OTR, PhD, FAOTA
- Steven Chen, MD, MBA, FACS
- Heidi Floyd
- Bradford Hirsch, MD
- Jette Hogenmiller, PhD, MN, APRN/ARNP, CDE, NTP, TNCC, CEE
- Wenora Johnson
- J. Leonard Lichtenfeld, MD, MACP
- Stephen Lovell
- Jennifer Malin, MD, MACP
- Jodi Maranchie, MD, FACS
- Denise Morse, MBA
- Benjamin Movsas, MD
- Robert Rosenberg, MD, FACR
- David J. Sher, MD, MPH
- Danielle Ziernicki, PharmD

- Matthew Facktor, MD, FACS (inactive)
- Beverly Reigle, PhD, RN (inactive)

Overview of Evaluation Process

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Roles of the Standing Committee *During the Evaluation Meeting*

- Acts as a proxy for the NQF multistakeholder membership
- Works with NQF staff to achieve the goals of the project
- Evaluates each measure against each criterion
  - Indicate the extent to which each criterion is met and rationale for the rating
- Makes recommendations regarding endorsement to the NQF membership
- Oversees portfolio of Cancer measures

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Ground Rules for Today's Meeting

During the discussions, Committee members should:

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times (except at breaks)
- Keep comments concise and focused
- Avoid dominating a discussion and allow others to contribute
- Indicate agreement without repeating what has already been said

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Process for Measure Discussion and Voting

- Brief introduction by measure developer (2-3 minutes)
- Lead discussants will begin Committee discussion for each criterion:
  - Briefly explaining information on the criterion provided by the developer
  - Providing a brief summary of the pre-meeting evaluation comments
  - Emphasizing areas of concern or differences of opinion
  - Noting, if needed, the preliminary rating by NQF
    - » This rating is intended to be used as a guide to facilitate the Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Committee
- Full Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion

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Voting

- Votes will be taken after the discussion of each criterion
- Importance to measure and report (must pass):
  - Vote on Evidence
  - Vote on Gap
- Scientific acceptability of measure properties (must pass):
  - Vote on Reliability
  - Vote on Validity
- Feasibility
- Use (must pass for maintenance measures)
- Usability
- **If a measure does not pass a must-pass criterion, discussion and subsequent voting on remaining criteria will stop.**
- **Vote on the measure as specified.**

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Achieving Consensus

- Quorum: 66% of the Committee
- Pass/Recommended: Greater than 60% “Yes” votes of the quorum (this percent is the sum of high and moderate)
- Consensus not reached (CNR): 40-60% “Yes” votes (inclusive of 40% and 60%) of the quorum
- Does not pass/Not Recommended: Less than 40% “Yes” votes of the quorum
- CNR measures move forward to public and NQF member comment and the Committee will revote

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Questions?

Voting Test

Consideration of Candidate Measures

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

- **Measure Type**: Process
- **Description**: Percentage of female patients aged 18 and over with HER2/neu positive invasive breast cancer who are administered trastuzumab
- **Developer**: American Society of Clinical Oncology (ASCO)
- **Lead Discussants**: J. Leonard Lichtenfeld
  - **Additional Discussants**: Gregary Bosci, Bradford Hirsch, Wenora Johnson, Jodi Maranchie, Danielle Ziernicki

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1859 KRAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

- **Measure Type**: Process
- **Description**: Percentage of adult patients (aged 18 and over) with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy for whom RAS (KRAS and NRAS) gene mutation testing was performed
- **Developer**: American Society of Clinical Oncology (ASCO)
- **Lead Discussants**: Gregary Bosci
  - **Additional Discussants**: J. Leonard Lichtenfeld, Bradford Hirsch, Wenora Johnson, Jodi Maranchie, Danielle Ziernicki

Break

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1860 Patients with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

- **Measure Type**: Process
- **Description**: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies
- **Developer**: American Society of Clinical Oncology (ASCO)
- **Lead Discussants**: Danielle Ziernicki
  - **Additional Discussants**: J. Leonard Lichtenfeld, Gregary Bosci, Bradford Hirsch, Wenora Johnson, Jodi Maranchie

Lunch

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0384 Oncology-Medical and Radiation-Pain Intensity Quantified

- **Measure Type**: Process
- **Description**: Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified
- **Developer**: PCPI
- **Lead Discussants**: Robert Rosenberg
  - **Additional Discussants**: Brent Braveman, Matthew Facktor, Stephen Lovell, Benjamin Movsas, David Sher

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0384e eCQM Oncology-Medical and Radiation-Pain Intensity Quantified

- **Measure Type**: Process
- **Description**: Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified
- **Developer**: PCPI
- **Lead Discussants**: Robert Rosenberg
  - **Additional Discussants**: Brent Braveman, Matthew Facktor, Stephen Lovell, Benjamin Movsas, David Sher

0383 Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology

- **Measure Type**: Process
- **Description**: Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain
- **Developer**: American Society of Clinical Oncology
- **Lead Discussants**: Brent Braveman
  - **Additional Discussants**: Matthew Facktor, Stephen Lovell, Benjamin Movsas, Robert Rosenberg, David Sher

Break

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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

- **Measure Type**: Process
- **Description**: Percentage of female patients, age = 18 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy), at AJCC T1cN0M0 or stage IB to IIIC, whose primary tumor is of the breast, and is progesterone or estrogen receptor positive with adjuvant hormonal therapy (recommended or administered) within 1 year (365 days) of diagnosis
- **Developer**: Commission on Cancer
- **Lead Discussants**: Jette Hogenmiller
  - **Additional Discussants**: Afsaneh Barzi, Steve Chen, Heidi Floyd, Jennifer Malin, Denise Morse

0219 Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer

- **Measure Type**: Process
- **Description**: Percentage of female patients, age = 18 and < 70 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy), whose primary tumor is of the breast, had breast conserving surgery and was administered radiation therapy within 1 year (365 days) of diagnosis
- **Developer**: Commission on Cancer
- **Lead Discussants**: Steve Chen
  - **Additional Discussants**: Afsaneh Barzi, Heidi Floyd, Jette Hogenmiller, Jennifer Malin, Denise Morse

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0223 Adjuvant chemotherapy is recommended or administered within 4 months (120 days) of diagnosis to patients under the age of 80 with AJCC III (lymph node positive) colon cancer

- **Measure Type**: Process
- **Description**: Percentage of patients, age = 18 and < 80 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy) that is lymph node positive and at AJCC stage III, whose primary tumor is of the colon and chemotherapy was recommended or administered within 4 months (120 days) of diagnosis
- **Developer**: Commission on Cancer
- **Lead Discussants**: Jennifer Malin
  - **Additional Discussants**: Afsaneh Barzi, Steve Chen, Heidi Floyd, Jette Hogenmiller, Denise Morse

NQF Member and Public Comment

Next Steps

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Timeline and Activities

- Post-Meeting Web Meeting
  - *March 4, 2020, 11:00 AM-1:00 PM*
- Public Comment Period
  - *Closes April 19, 2020 at 6:00 PM*
- Post-Comment Web Meeting
  - *May 12, 2020, 2-4:00 PM*

Discussion: Harmonization of Related Measures

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Related and Competing Measures

If a measure meets the four criteria and there are endorsed/new related measures (same measure focus or same target population) or competing measures (both the same measure focus and same target population), the measures are compared to address harmonization and/or selection of the best measure.

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Related and Competing Measures for 0220

NQF #	0220	0387e
Title	Adjuvant hormonal therapy is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0 or Stage IB – Stage III hormone receptor positive breast cancer	Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
Steward	Commission on Cancer, American College of Surgeons	PCPI
Measure Focus	Percentage of female patients, age = 18 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy), at AJCC T1cN0M0 or stage IB to IIIC, whose primary tumor is of the breast, and is progesterone or estrogen receptor positive with adjuvant hormonal therapy (recommended or administered) within 1 year (365 days) of diagnosis	Percentage of female patients aged 18 years and older with Stage I (T1b) through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period
Patient Population	Elderly	Elderly
Exclusions	Exclude: Men, Under age 18 at time of diagnosis; Second or subsequent cancer diagnosis, Tumor not originating in the breast, Non-epithelial malignancies, exclude malignant phyllodes tumors; 8940 - Mixed tumor, malignant, NOS; 8950 - Mullerian mixed tumor; 8980 - Carcinosarcoma; 8981 - Carcinosarcoma, embryonal, Non-invasive tumors, Stage 0, in-situ tumor Stage IV, metastatic tumor, Primary tumor is estrogen receptor negative and progesterone receptor negative None of 1st course therapy performed at reporting facility, Died within 1 year (365 days) of diagnosis, Patient enrolled in a clinical trial that directly impacts delivery of the standard of care, No surgical procedure of the primary site, Not AJCC T1cN0M0 or not AJCC stage IB-IIIC	Documentation of medical reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient's disease has progressed to metastatic; patient is receiving a gonadotropin-releasing hormone analogue, patient has received oophorectomy, patient is receiving radiation or chemotherapy, patient's diagnosis date was > 5 years from reporting date, patient's diagnosis date is within 120 days of the end of the 12-month reporting period, other medical reasons/patient refusal, other patient reasons/patient is currently enrolled in a clinical trial, other system reasons)
Level of Analysis	Facility	Clinician: Group/Practice and Individual
Setting	Inpatient/Hospital	Outpatient Services; Oncology/Outpatient Clinic
Data Source	Registry Data	Claims, Electronic health records, Paper medical records, Registry data

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Related and Competing Measures for 0223

NQF #	0223	0385e
Title	Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
Steward	Commission on Cancer, American College of Surgeons	PCPI
Measure Focus	Percentage of patients, age = 18 and < 80 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy) that is lymph node positive and at AJCC stage III, whose primary tumor is of the colon and chemotherapy was recommended or administered within 4 months (120 days) of diagnosis	Percentage of patients aged 18 years through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy or have previously received adjuvant chemotherapy within the 12-month reporting period
Patient Population	Elderly	Elderly
Exclusions	Exclude: Under age 18 or over age 80 at time of diagnosis, Second or subsequent cancer diagnosis, Tumor not originating in the colon, Non-epithelial malignancies Non-invasive tumors, Stage 0, in situ tumor, Stage IV, metastatic tumor, None of 1st course therapy performed at reporting facility, Died within 4 months (120 days) of diagnosis, Not lymph node positive disease, Patient enrolled in a clinical trial that directly impacts delivery of the standard of care, No surgical procedure of the primary site	Documentation of medical reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, medical comorbidities, diagnosis date more than 5 years prior to the current visit date, diagnosis date is within 120 days of the end of the 12-month reporting period, patient's cancer has metastasized, medical contraindication/allergy, poor performance status/patient refusal/patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy
Level of Analysis	Facility	Clinician: Group/Practice and Individual
Setting	Inpatient/Hospital	Outpatient Services, Oncology/Outpatient Clinic; Radiation Oncology Dept/Clinic
Data Source	Registry data	Claims, Electronic health records, Registry data, Paper medical records

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Related and Competing Measures for 0383

NQF #	0383	1628	0420
Title	Oncology: Medical and Radiation - Plan of Care for Pain	Patients with Advanced Cancer Screened for Pain at Outpatient Visits	Pain Assessment and Follow-Up
Steward	American Society of Clinical Oncology	RAND Corporation	CMS
Measure Focus	Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain.	Adult patients with advanced cancer who are screened for pain with a standardized quantitative tool at each outpatient visit	Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present
Patient Population	Elderly	Elderly	Elderly
Exclusions	None	None (other than those patients noted in 2a1.7. who did not survive at least 30 days after cancer diagnosis)	Pain Assessment not Documented Patient not Eligible; Severe mental and/or physical incapacity where the person is unable to express himself/herself in a manner understood by others.
Level of Analysis	Clinician: Group/Practice	Facility, Health Plan, Integrated Delivery System	Clinician: Group/Practice, Individual
Setting	Outpatient Services	Outpatient Services	Outpatient Services
Data Source	Paper Medical Records, Registry data	Electronic health records, Paper medical records, Registry data	Claims, Paper Medical Records

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Related and Competing Measures for 0384/0384e

NQF #	0384	0177	0420	1628	1637
Title	Oncology: Medical and Radiation - Pain Intensity Quantified	Improvement in pain interfering with activity	Pain Assessment and Follow-Up	Patients with Advanced Cancer Screened for Pain at Outpatient Visits	Hospice and Palliative Care -- Pain Assessment
Steward	PCPI	CMS	CMS	RAND	UNC-Chapel Hill
Measure Focus	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified	The percentage of home health episodes of care during which the frequency of the patient´s pain when moving around improved	Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present	Adult patients with advanced cancer who are screened for pain with a standardized quantitative tool at each outpatient visit	Percentage of hospice or palliative care patients who screened positive for pain and who received a clinical assessment of pain within 24 hours of screening.
Patient Population	Elderly	Elderly, Individ. w/ multiple conditions	Elderly	Elderly	Elderly, Pops at Risk, Individs. w/ Multiple Chronic Conditions

*0192, 0523, 0676, 0677 were previously listed under Related/Competing but are no longer endorsed

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Related and Competing Measures for 0384/0384e

NQF #	0384	0177	0420	1628	1637
Title	Oncology: Medical and Radiation - Pain Intensity Quantified	Improvement in pain interfering with activity	Pain Assessment and Follow-Up	Patients with Advanced Cancer Screened for Pain at Outpatient Visits	Hospice and Palliative Care -- Pain Assessment
Exclusions	None	All home health episodes where there is no pain reported at the start (or resumption) of care assessment, or the patient is non-responsive, or the episode of care ended in transfer to inpatient facility or death at home, or the episodes is covered by one of the generic exclusions	Pain Assessment not Documented Patient not Eligible; Severe mental and/or physical incapacity where the person is unable to express himself/herself in a manner understood by others.	None	Patients with length of stay < 1 day in palliative care. Patients who screen negative for pain are excluded from the denominator.
Level of Analysis	Clinician: Group/Practice, Individual	Facility	Clinician: Group/Practice, Individual	Facility, Health Plan, Integrated Delivery System	Clinician: Group/Practice; Facility
Setting	Outpatient Services; Oncology/Outpatient Clinic; Radiation Dept/Clinic	Home Care	Outpatient Services	Outpatient Services	Inpatient/Hospital; Home Care
Data Source	Registry data	Electronic Health Data	Claims, Paper Medical Records	Electronic Health Records, Paper Medical Records, Registry Data	Electronic Health Records, Other

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Related and Competing Measures for 1858

NQF #	1858	1857
Title	RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy	HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies
Steward	ASCO	ASCO
Measure Focus	Percentage of adult patients (aged 18 and over) with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy for whom RAS (KRAS and NRAS) gene mutation testing was performed	Proportion of female patients (aged 18 years and older) with breast cancer who are human epidermal growth factor receptor 2 (HER2)/neu negative who are not administered HER2-targeted therapies
Patient Population	Elderly	Female patients aged 18 and older
Exclusions	None	Patient transfer to practice during or after initial course.
Level of Analysis	Clinician: Group/Practice	Clinician: Group/Practice
Setting	Outpatient Services	Outpatient Services
Data Source	Paper Medical Records, Registry Data	Registry data

*1855 was previously listed under Related/Competing but is no longer endorsed

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Related and Competing Measures for 1859/1860

NQF #	1859	1860
Title	RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy	Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies
Steward	ASCO	ASCO
Measure Focus	Percentage of adult patients (aged 18 and over) with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy for whom RAS (KRAS and NRAS) gene mutation testing was performed	Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies
Patient Population	Elderly	Elderly
Exclusions	None	None
Level of Analysis	Clinician: Group/Practice	Clinician: Group/Practice
Setting	Outpatient Services	Outpatient Services
Data Source	Paper Medical Records, Registry data	Paper Medical Records, Registry data

Public Comment

Next Steps

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Activities and Timeline

- Post-Measure Evaluation Web Meeting (tentative, if needed)
  - March 4, 2020, 11:00 AM – 1:00 PM ET
- Post-Comment Web Meeting
  - May 12, 2020, 2:00 – 4:00 PM ET

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Activities and Timeline – Fall 2019 Cycle

Process Step	Timeline
Draft report posted for public and NQF member comment	March 30, 2020 – April 28, 2020
SC Post-Comment Call to review and respond to comments	May 12, 2020, 2:00 – 4:00 PM ET
CSAC review and approval	June 1, 2020 – June 19, 2020
Appeals	June 23, 2020 – July 22, 2020

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Spring 2020 Cycle Updates

- Intent to submit deadline was January 7, 2020
- 3 measures submitted
  - **0225** At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Commission on Cancer – American College of Surgeons)
  - **0508** Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms (American College of Radiation)
  - **0559** Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB - III hormone receptor negative breast cancer (American College of Surgeons)

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Project Contact Info

- Email: cancerem@qualityforum.org
- NQF phone: 202-783-1300
- Project page: http://www.qualityforum.org/Cancer.aspx
- SharePoint site: http://share.qualityforum.org/Projects/Cancer/SitePages/Home.aspx

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Questions?

THANK YOU.

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