

# THE NATIONAL QUALITY FORUM

## National Voluntary Consensus Standards for Patient Outcomes Summary of the Cancer Technical Advisory Panel Conference Call January 26, 2010: 12:00-1:30 pm Eastern Standard Time

**TAP Members present:** Lee Newcomer, MD, MHA; David Penson, MD, MPH; Larissa Temple, MD, MSc, FACS; Mary Maniscalco-Theberge, MD, FACS; Susan Beck, PhD, APRN, FAAN; Susan Goodin, PharmD, FCCP, BCOP; Chris Friese, RN, PhD, AOCN; Lawrence Bassett, MD; Pat Haugen, Bonnie Teschendorf, PhD, MHA; Joe Putnam, MD, FACS

**NQF Staff present:** Helen Burstin, MD, MPH; Reva Winkler, MD, MPH; Alexis Forman, MPH; Sarah Fanta

**Audience Members Registered:** David Hopkins, MS, PhD; Joel Harder; Peg O'Grady; Dave Adler

### Introduction

A conference call for the National Voluntary Consensus Standards for Patient Outcomes Cancer Technical Advisory Panel (TAP) was held on Tuesday, January 26, 2010. The TAP chair, Dr. Lee Newcomer began the meeting and requested that the TAP members introduce themselves and disclose any specific interests pertaining to the measures under consideration in the Outcomes project.<sup>1</sup>

### Orientation to NQF

Dr. Reva Winkler NQF Project Consultant and the Outcomes Project advisor presented a standard slide set being used to orient all Committees in the project that outlines the following topics:

- description of NQF organization, mission and vision, multi-stakeholder membership, activities and recent accomplishments;
- encouragement to use NQF's new website;
- the National Priorities Partnership priorities and goals;
- growth in NQF endorsed measures and evolution of quality measurement; and
- the steps of NQF's formal Consensus Development Process.

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<sup>1</sup> No specific conflicts of interest were reported relating to the measures under consideration.

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## Project Goals

Dr. Winkler advised the TAP that the goals of this project which is funded by the Department of Health and Human Services is to expand NQF's current portfolio of outcome measures, specifically focusing on the top 20 Medicare conditions. The two goals of the project are:

- to identify, evaluate and endorse additional measures suitable for public reporting and quality improvement that specifically address outcomes of healthcare (including cross-cutting (not condition-specific) outcome measures as well as specific outcome measures for 20 common conditions); and
- to identify gaps in existing outcome measures and recommend potential outcome measures to fill those gaps.

## Role of the TAP

Dr. Winkler advised the TAP members that their role is to:

- provide technical input to the Steering Committee regarding the sub-criteria in the standard measure evaluation criteria;
- TAP will suggest gaps in important outcome measures where additional measures are needed; and
- the TAP Chair sits on the Steering Committee.

## NQF Evaluation Criteria

TAP members were advised that new measure evaluation criteria were approved by Board of Directors in August 2008 to clarify, strengthen and recommend changes to endorsement criteria in order to achieve:

- a stronger link to national priorities and higher-level performance measures;
- greater measure harmonization;
- greater emphasis on outcome measures; and
- for process measures, a tighter outcomes-process link.

## Project Scope and Timeline

The TAP members were advised that the project defines outcomes after Donabedian:

*“outcome refers to changes (desirable or undesirable) in individuals and populations that are attributed to healthcare. “*

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The timeline was presented highlighting the Cancer TAP meeting on February 10, 2010, the Steering Committee meeting on April 20-21, 2010 and endorsement in the Fall of 2010.

## Currently Endorsed Outcome Measures for Cancer:

A list of currently endorsed outcome measures within the framework created by the Steering Committee for the identification of key gap areas was presented:

- **Patient function, symptoms, health-related quality of life (physical, mental, social)**
  - *SUBMITTED MEASURE: OT2-017-09: the FACT-B (Functional Assessment of Breast Therapy – Breast Cancer)*
  - *SUBMITTED MEASURE: OT2-016-09: the FACT-L (Functional Assessment of Cancer Therapy- Lung Cancer)*
- **Intermediate clinical outcomes (physiologic, biochemical)**
  - none
- **Patient and/or caregiver experience with care; knowledge, understanding, motivation; health risk status/ behavior (including adherence)**
  - *SUBMITTED MEASURE: OT2-010-09: Imaging Timeliness of Care-Time between Diagnostic mammogram and Needle/Core Biopsy*
  - *SUBMITTED MEASURE: OT2-011-09: Surgical Timeliness of Care-Time between Needle Biopsy and Initial Breast Cancer Surgery*
- **Healthcare service utilization as proxy for patient outcome (e.g., change in condition) or potential indicator of efficiency**
  - none
- **Non-mortality clinical morbidity related to disease control and treatment**
  - none
- **Mortality**
  - 0360: Risk-Adjusted Esophageal Resection Mortality Rate (AHRQ)
  - 0365: Risk-Adjusted Pancreatic Resection Mortality Rate (AHRQ)
  - 0211: Percentage of Patients who Died from Cancer with more than One Emergency Room Visit in the Last Days of Life (NCI)

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- 0212: Percentage of Patients who Died from Cancer with more than One Hospitalization in the Last 30 Days of Life (NCI)
- 0213: Percentage of Patients who Died from Cancer Admitted to the ICU in the Last 30 Days of Life (ICES)
- 0214: Proportion Dying from Cancer in an Acute Care Setting (ICES)
- 0215: Percentage of Patients who Died from Cancer not Admitted to Hospice (NCI)

## TAP Discussion

Members of the Panel raised several questions or comments:

- The question of whether performance measurement may not actually improve quality but results in higher performance for other reasons was raised.
- The measure evaluation criterion for opportunity for improvement prompted questions about use in payment incentive programs where a “reward” for high performance use measures where opportunity for significant improvement may be limited. David Hopkins – a CSAC member listening on the call -was asked for a response and he noted that it was a good point that CSAC should consider when re-evaluating the measure evaluation criteria. Another comment on opportunity for improvement criterion suggested that performance may fall off if it is no longer being measured
- A concern was suggested that there is the potential for more measures creating additional barriers to harmonization.

## TAP Action Items

NQF staff advised the TAP members that they have two action items to work on:

- identify any additional outcome measures for cancer that could be considered in this project;
- familiarize themselves with the details of the measure evaluation sub-criteria in preparation for the meeting on February 10; and
- suggest outcome measures to be developed within the Steering Committee’s framework for cancer.

In conclusion, the Panel was advised that they would be receiving meeting materials in the coming days to prepare for the February 10, 2010 in-person meeting.

## Audience Comment

No audience member offered comment at the end of the call.