



**NATIONAL  
QUALITY FORUM**

Driving measurable health  
improvements together

<http://www.qualityforum.org>

# Patient Safety, Fall 2020 Measure Review Cycle

## Post-Comment Standing Committee Meeting

Matthew Pickering, Senior Director

Shalema Brooks, Director

Tamara Funk, Manager

Isaac Sakyi, Senior Analyst

Yemsrach Kidane, Project Manager

Jesse Pines, Consultant

*June 4, 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 WebEx meeting with audio and video capabilities

<https://nqf.webex.com/nqf/j.php?MTID=m430c1bf3f057212eb24263ebde2d0457>

Password: **6rEJ43XEPJJ**

- Optional: Dial **1-844-621-3956** and enter passcode **173 096 9506**
- 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
- We will conduct a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at [patientsafety@qualityforum.org](mailto:patientsafety@qualityforum.org)

## Project Team — Patient Safety Committee



**Matthew Pickering,**  
**PharmD**  
Senior Director



**Jesse Pines,**  
**MD, MS, MBA**  
Consultant



**Tamara Funk,**  
**MPH**  
NQF Manager



**Isaac Sakyi,**  
**MSGH**  
Senior Analyst



**Shalema Brooks**  
**MS, MPH**  
Director



**Yemsrach Kidane**  
**PMP**  
Project Manager



## Agenda

- Attendance
- Consideration of Consensus Not Reached Measures
- Review and Discuss Public Comments
- Related and Competing Measure Discussion
- NQF Member and Public Comment
- Next Steps
- Adjourn

# Attendance



## Patient Safety Fall 2020 Cycle Standing Committee

- Ed Septimus, MD (Co-chair)
- Iona Thraen, PhD, ACSW (Co-chair)
- Emily Aaronson, MD, MPH
- **Joel Bundy, MD, FACP, FASN, CPE\***
- Elissa Charbonneau, DO, MS
- Curtis Collins, PharmD, MS
- Theresa Edelstein, MPH, LNHA
- **Jason Falvey, PT, DPT, PhD\***
- Terry Fairbanks, MD, MS, FACEP
- **Robert Green, MD, MPH, MA\***
- **Sara Hawkins, PhD, RN, CPPS\***
- **Bret Jackson\***
- John James, PhD
- **Laura Kinney, MA, BSN, RN, CPHQ, CPHRM, CPMA, CPC\***
- **Arpana Mathur, MD, MBA\***
- **Raquel Mayne, MPH, MS, RN\***
- Anne Myrka, RPh, MAT
- **Edward Pollak, MD\***
- Jamie Roney, DNP, NPD-BC, CCRN-K
- **Nancy Schoenborn, MD\***
- David Seidenwurm, MD, FACR
- Geeta Sood, MD, ScM
- David Stockwell, MD, MBA
- Donald Yealy, MD, FACEP
- Yanling Yu, PhD

**\*New Committee Members**

# Consideration of Consensus Not Reached Measures





## 0022: Use of High-Risk Medications in Older Adults (DAE)

- **Measure Steward:** National Committee for Quality Assurance
  - Maintenance
- **Brief Description of Measure:**
  - The percentage of patients 65 years of age and older who received at least two dispensing events for the same high-risk medication. A lower rate represents better performance.
- **Criteria where consensus was not reached:**
  - Importance to Measure and Report: Evidence
- **Concerns:**
  - The Standing Committee had several concerns with the list of medications being a list of “best practice” recommendations rather than sufficient evidence to link their use directly to clinical outcomes.



## 0022: Use of High-Risk Medications in Older Adults (DAE) (Continued)

- **Summary of Comments Received:** Three comments received
  - ▣ Comments were supportive of the measure, citing the measure's potential in the prevention of medication-related harm in elderly patients.
- **Revote on Evidence**
  - ▣ If evidence passes, revote on overall recommendation for endorsement



## 0097: Medication Reconciliation Post-Discharge

- **Measure Steward:** National Committee for Quality Assurance
  - Maintenance
- **Brief Description of Measure:**
  - The percentage of discharges from January 1–December 1 of the measurement year for patients 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 days total).
- **Criteria where the measure did not pass:**
  - Importance to Measure and Report: Evidence
- **Concerns:**
  - During the meeting, NQF staff made an error in calculating the votes that led to the measure receiving a CNR for evidence on the call. Therefore, the measure continued to be evaluated against the remaining NQF criteria. However, after the meeting, the correct vote totals were calculated, and the measure did not pass on evidence, a must-pass criterion.



## 0097: Medication Reconciliation Post-Discharge (Continued)

- **Summary of Comments Received:** Four comments received
  - ▣ Supportive of measure until more focused and robust measures of effective medication reconciliation process and related outcome measures can be developed and implemented.
  - ▣ Supportive of measure because of the success of medication reconciliation in decreasing medication discrepancies at discharge.
  - ▣ Supportive of measure to ensure patient safety and continuity of care post-discharge.
  
- **Revote on Evidence**
  - ▣ If evidence passes, revote on overall recommendation for endorsement

# Review and Discuss Public Comments



## 0468: Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following pneumonia hospitalization

- **Measure Steward:** Yale Center for Outcomes Research and Evaluation (Yale CORE)/Centers for Medicare & Medicaid Services
  - ▣ Maintenance measure
- **Brief Description of Measure:**
  - ▣ The measure estimates a hospital-level 30-day risk-standardized mortality rate (RSMR). Mortality is defined as death for any cause within 30 days after the date of admission for the index admission, discharged from the hospital with a principal discharge diagnosis of pneumonia, including aspiration pneumonia or a principal discharge diagnosis of sepsis (not severe sepsis) with a secondary diagnosis of pneumonia (including aspiration pneumonia) coded as present on admission (POA).
  - ▣ CMS annually reports the measure for patients who are 65 years or older and are either Medicare fee-for-service (FFS) beneficiaries and hospitalized in non-federal hospitals or patients hospitalized in Veterans Health Administration (VA) facilities.



## 0468: Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following pneumonia hospitalization (Continued)

- **Summary of Comments Received:** Two comments received
  - ▣ Non-support due to concerns around reliability threshold and intraclass correlation coefficients at the minimum sample size.
  - ▣ Concerns regarding the lack of inclusion of social risk factors in the risk adjustment model.



## 1893: Hospital 30-Day, all-cause, risk-standardized mortality rate (RSMR) following chronic obstructive pulmonary disease (COPD) hospitalization

- **Measure Steward:** Yale Center for Outcomes Research and Evaluation (Yale CORE)/Centers for Medicare & Medicaid Services
  - Maintenance measure
- **Brief Description of Measure:**
  - This measure estimates a hospital-level 30-day risk-standardized mortality rate (RSMR), defined as death from any cause within 30 days after the index admission date, for patients discharged from the hospital with either a principal discharge diagnosis of COPD or a principal discharge diagnosis of respiratory failure with a secondary discharge diagnosis of acute exacerbation of COPD.
  - CMS annually reports the measure for patients who are 65 years or older and enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are patients hospitalized in Veterans Health Administration (VA) facilities.





## 1893: Hospital 30-Day, all-cause, risk-standardized mortality rate (RSMR) following chronic obstructive pulmonary disease (COPD) hospitalization (Continued)

- **Summary of Comments Received:** Two comments received
  - ▣ Non-support due to concerns around reliability threshold and intraclass correlation coefficients at the minimum sample size.
  - ▣ Concern regarding the lack of inclusion of social risk factors in the risk adjustment model.



## 0531: Patient Safety Indicator (PSI) 90: Patient Safety and Adverse Events Composite

- **Measure Steward:** IMPAQ International/Centers for Medicare & Medicaid Services
  - Maintenance measure
- **Brief Description of Measure:**
  - The PSI 90 composite measure summarizes patient safety across multiple indicators for the CMS Medicare fee-for-service population.



## 0531: Patient Safety Indicator (PSI) 90: Patient Safety and Adverse Events Composite Continued

- **Summary of Comments Received:** Three comments received
  - ▣ Non-support due to concerns around reliability threshold and intraclass correlation coefficients (ICC) at the minimum sample size.
  - ▣ Concern regarding the lack of inclusion of social risk factors in the risk adjustment model.
  - ▣ Concern with the measure of Post Surgical Hip Fracture being used as the only representative measure of falls with injury.



## 2993: Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)

- **Measure Steward:** National Committee for Quality Assurance
  - Maintenance measure
- **Brief Description of Measure:**
  - The percentage of patients 65 years of age and older who have evidence of an underlying disease, condition or health concern and who are dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis. Three rates are reported for this measure:
    - » Rate 1: The percentage of those with a history of falls that received a potentially harmful medication
    - » Rate 2: The percentage of those with dementia that received a potentially harmful medication
    - » Rate 3: The percentage of those with chronic kidney disease that received a potentially harmful medication
  - A lower rate represents better performance for all rates.



## 2993: Potentially Harmful Drug-Disease Interactions in Older Adults (DDE) (Continued)

- **Summary of Comment Received:** One comment received
  - ▣ Supportive comment noting that drug-disease interactions in the setting of a history of falls, dementia, and chronic kidney disease warrant performance measurement and continued prioritization in outpatient settings.

# Related and Competing Discussion



## 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.

	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	<b>Competing measures-Select best measure</b> from competing measures or justify endorsement of additional measure(s).	<b>Related measures-Harmonize</b> on target patient population or justify differences.
Different target patient population	<b>Related measures-Combine</b> into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue.



## Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- Committee will not be asked to select a best-in-class measure if all related and competing measures are not currently under review. Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.





## 0097 Related Measures

- 0419: Documentation of Current Medications in the Medical Record
- 0553: Care for Older Adults (COA) – Medication Review
- 2456: Medication Reconciliation: Number of Unintentional Medication Discrepancies per Medication Per Patient
- 2988: Medication Reconciliation for Patients Receiving Care at Dialysis Facilities
- 3317: Medication Reconciliation on Admission



## 0022 Related Measures

- 2993: Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)

# NQF Member and Public Comment

# Next Steps



# Activities and Timeline – Fall 2020 Cycle

\*All times ET

Meeting	Date, Time*
CSAC Review	- June 29 (9:00 AM – 5:00 PM) - June 30 (9:00 AM – Noon)
Appeals Period (30 days)	July 7 – August 5



## Project Contact Info

- Email: [patientsafety@qualityforum.org](mailto:patientsafety@qualityforum.org)
- NQF phone: 202-783-1300
- Project page:
  - » [http://www.qualityforum.org/Patient\\_Safety](http://www.qualityforum.org/Patient_Safety)
- SharePoint site:
  - » <https://share.qualityforum.org/portfolio/PatientSafety/SitePages/Home.aspx>

**THANK YOU.**

**NATIONAL QUALITY FORUM**

<http://www.qualityforum.org>