

## Meeting Summary

### Medical Oncology Workgroup Meeting #4

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The National Quality Forum (NQF) convened a closed session web meeting for the Medical Oncology Workgroup on September 12, 2019.

#### Welcome and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff read the antitrust statement and reminded the Workgroup of the voluntary nature of the CQMC and the obligation of all participants to comply with all applicable laws. NQF staff notified Workgroup members that the meeting is being recorded for the purpose of accurately capturing the discussion for meeting minutes and to allow CQMC members to listen to the meeting for a limited time only. The recording will be destroyed as soon as reasonably practical. NQF staff reviewed the following meeting objectives:

- Briefly review previous discussion on candidate measures
- Finalize recommendations for new measure for the core set
- Identify measures for removal from the core set

#### Recap of Decision on Candidate Measures from Previous Meeting

NQF staff provided an overview of the three measures reviewed during the previous meeting, which the Workgroup agreed to remove from consideration.

*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*

The Workgroup expressed concern over the feasibility of this measure, its overall impact on care, and the challenges in obtaining information (e.g., hormone receptor status of patients with early stage breast cancer) outside of pre-op questionnaires.

*0383: Plan of Care for Pain—Medical Oncology and Radiation Oncology*

The Workgroup shared that information on care plans and pain level is hard to capture electronically as a discrete data field. It was noted that the measure developer is currently working to update the measure specifications for 2020.

*0385/0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients*

Workgroup members noted that a similar measure (NQF #0223) was preferred by the previous CQMC iteration for inclusion in the core set. Members expressed concerns about the measure's feasibility, as it requires staging information (which is difficult to extract) and the requirement to have therapy provided within four months.

## Evaluation of Measures for Potential Addition

### *0390: Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High-Risk Prostate Cancer*

A Workgroup co-chair noted that this measure is valuable from a payer's perspective, but questioned its ability to capture high risk individuals, suggesting that it is more applicable to pathologists. Workgroup members also noted that the measure may be topped out and may not be critical enough to be included in the core set. ASCO shared that it is monitoring bone loss in prostate cancer patients, as it was deemed clinically important by its expert panel and concurred with checking on the performance status of the measure to ensure that it has not topped out. The Workgroup agreed to keep the measure on the voting list.

### *2930: Febrile Neutropenia Risk Assessment Prior to Chemotherapy*

NQF shared the measure specifications, noting that there was no information on use available and that there was no data included as part of the measure submission. A Workgroup member voiced support for the measure, noting that it would be instrumental during utilization management and review. Another member noted that the measure was missing an element for at-risk patients and highlighted the difficulty in extracting data, which mostly needs to be done manually. The measure was noted as not being part of QOPI. A Workgroup member stressed that the measure was a good measure and should not be limited to claims, as many practices have implemented EHR systems that can support extraction and help improve outcomes. The Workgroup member advocated for finding ways to address the feasibility challenges.

### *3188: 30-Day Unplanned Readmissions for Cancer Patients*

A Workgroup member shared that the measure is used by their organization to track change over time but is not in their payment methodology. The measure was noted by a co-chair as one that encourages providers to understand condition/treatment and keep patients outside of acute care facilities. The measure was compared to facility level measure 3490 and the Workgroup considered whether to include one or both in the core set. A Workgroup member responded that both measures are important, because 3188 could be looking at a practitioner and 3490 at a cancer center. The member suggested that the Workgroup should ensure that there is no overlap or seek a new measure that addresses care management and examination of symptoms. It was noted that such services are easier to provide in cancer centers, as physicians may have limited hours to put a care model in place to avoid ER/acute care admissions. The Workgroup agreed to keep the measure on the voting list.

### *3490: Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy*

The measure was noted as having been endorsed in Fall 2019. A Workgroup member noted that the measure may have some overlap with measure 3188. A member whether both measures should be considered for the core set or if only one should be selected. A Workgroup co-chair requested that the two measures be reviewed side by side during the next meeting. The Workgroup agreed to keep the measure on the voting list.

*N/A: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy*

NQF staff reported that there was no publicly-available performance information for the measure. A Workgroup member noted that all payers cover a scan once every two years as a baseline. The Workgroup agreed to keep the measure on the voting list.

*0384e: Oncology: Medical and Radiation - Pain Intensity Quantified*

This measure was identified as an eMeasure version of a measure in the current core set. The Workgroup agreed to keep the measure on the voting list as the measure could be an alternative reporting option.

*0389e: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients*

This measure was identified as an eMeasure version of a measure in the current core set. The Workgroup agreed to keep the measure on the voting list as the measure could be an alternative reporting option.

*N/A: Symptom Control During Chemotherapy - Pain*

*N/A: Symptom Control During Chemotherapy - Nausea*

*N/A: Symptom Control During Chemotherapy – Constipation*

The Workgroup decided to review all three of these measures together, noting that staying on top of symptoms was an important aspect of care. A member noted that testing for symptoms needs to happen at the beginning of treatment, as most symptoms start shortly after administration. The measures were identified as having been submitted for NQF endorsement. A member shared that 15-20 instruments can be used (e.g. ESAS used on the first day or PRO-CTCAE used 5-15 days after administration). Another member noted that there is a non-proprietary tool available from the Cancer Association. A workgroup member shared that other symptoms can be added to the tool. A member voiced support for a measure that includes a care plan, as that would capture whether assessment was conducted and a plan of care developed when necessary. The measure developer shared that the tool could be improved in future iterations. While Workgroup members noted that there is a need to ensure comparability of results across tools, others expressed support for the measure if it did not mandate the use of one tool. The Workgroup noted that the measures address critical elements of patient symptom management and agreed to keep the measure on the voting list.

*2651: CAHPS® Hospice Survey (experience with care)*

A co-chair noted that this measure addresses an important topic area but suggested there is a significant administrative burden associated with its use. The Workgroup considered possible solutions to ensure burden reduction. A Workgroup member noted that it was unclear whether this measure targets medical oncologists specifically, as opposed to hospice facilities, questioning whether it was appropriate for this particular measure set.

*3235: Hospice and Palliative Care Composite Process Measure—Comprehensive Assessment at Admission*

Workgroup members also questioned whether this measure is targeted at medical oncologists. The Workgroup agreed to keep this measure (as well as measure 2651) on the

voting list, while noting that they may need to be differentiated from medical oncology-specific measures.

#### Oncology Care Model measures

*OCM-2 Risk-adjusted proportion of patients with all-cause emergency department visits or observation stays that did not result in a hospital admission within the 6-month episode*

The Workgroup noted that two related measures were already discussed (i.e. 3188: 30-Day Unplanned Readmissions for Cancer Patients, 3490: Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy). Members agreed to have all measures included on the voting list and select the best out of the three.

*OCM-3 Proportion of patients that died who were admitted to hospice for 3 days or more*

The Workgroup noted that this measure is like a measure in the current core set (0216: *Proportion of patients who died from cancer admitted to hospice for less than 3 days*). The Workgroup noted that the measure was duplicative and agreed not to include it on the voting list.

#### *0418/OCM-5 Screening for Depression and Follow Up Plan*

A Workgroup co-chair shared that depression in individuals with a terminal disease is expected versus non-terminal diseases, so it is important to make that differentiation. A member inquired if depression is captured in other experience measures. NQF staff advised that they would research if any such measures exist. A member reminded the Workgroup of the burden often experienced by patients in completing paperwork and the likelihood of further overwhelming patients if they are required to complete a depression screening document. The Workgroup agreed that there may be a need for further discussion of this measure and whether it is appropriate for the core set.

*OCM-6 Patient-Reported Experience of Care*

The Workgroup agreed that there may be a need for further discussion of this measure and whether it is appropriate for the core set.

#### *QOPI 5 Chemotherapy administered to patients with metastatic solid tumor with performance status of 3, 4, or undocumented (Lower Score - Better)*

A Workgroup member inquired whether this measure is supposed to get at the use of chemotherapy toward the end of life; an ASCO representative shared that it is intended as an appropriate use measure based on ASCO's Choosing Wisely recommendations. Members agreed that before administering chemotherapy, providers need to know what performance status is, and noted that the measure could help to improve documentation practices. One Workgroup member suggested that this feels like an important and appropriate topic area, but was not sure if this is the right measure for this core set. The Workgroup agreed not to include this measure for voting at this time.

*AQUA29 Prostate Cancer: Patient Report of Urinary Function after Treatment*

*AQUA30 Prostate Cancer: Patient Report of Sexual function after treatment*

A Workgroup member suggested that AQUA29 and AQUA30 are more appropriate for urologists than oncologists, as patients are only referred to oncologists after the cancer has metastasized. The Workgroup agreed to remove both measures from the voting list.

*QOPI 23 Concurrent Chemoradiation for Patients with a Diagnosis of Stage IIIB NSCLC*

The measure was noted as looking at the inappropriate use of chemotherapy at the end of life, i.e. administration of chemo therapy 2 weeks before the end of life. A Workgroup member noted that the current core set has *0210: Proportion of patients who died from cancer receiving chemotherapy in the last 14 days of life*, has a longer outlook and may be more suitable. The measure was noted as currently undergoing edits. ASCO advised that new specifications would be shared with the Workgroup once finalized. The Workgroup agreed not to include the measure on the voting list.

*0032: Cervical Cancer Screening (CCS)*

A Workgroup co-chair noted that the measure is a preventative measure and out of scope for the medical oncology core set. The Workgroup agreed not to include the measure on the voting list.

*0034: Colorectal Cancer Screening (COL)*

A Workgroup co-chair noted that the measure is a preventative measure and out of scope for the medical oncology core set. The Workgroup agreed not to include the measure on the voting list.

*2372: Breast Cancer Screening*

A Workgroup co-chair noted that the measure is a preventative measure and out of scope for the medical oncology core set. The Workgroup agreed not to include the measure on the voting list.

*0377: Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow*

A Workgroup member noted that this measure outlines an established standard of care and highlighted that the measure may be topped out for some providers. A member shared that the measure has topped out in MIPS. Another member highlighted the advancement in technology which allows for peripheral blood stem cells biopsy, thus rendering cytogenetic testing on bone marrow less necessary.

*3365e: Treatment of osteopenia or osteoporosis in men with non-metastatic prostate cancer on androgen deprivation therapy*

The measure was noted as not having passed NQF's validity testing requirement. The concept/measure was brought forward and developed for MIPS and is used in some urology practices. A co-chair shared that the measure does not fit in as a core measure and is more urology focused. A request was made by the Workgroup for NQF to provide similar measures before the next meeting for the Workgroup to engage in a virtual discussion.

## **Next Steps**

NQF staff shared that the next meeting was scheduled for September 23, and the focus of the meeting will be to continue discussion on core set maintenance after which the voting survey would be sent out. Noting that this would be the fifth Workgroup meeting, AHIP advised that they would consult with NQF offline to determine if the September 23, meeting should proceed then notify the Workgroup of the final decision.