

## Meeting Summary

### **Core Quality Measures Collaborative**

#### **Medical Oncology Workgroup: Orientation Web Meeting**

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The National Quality Forum (NQF) convened a closed session web meeting for the Medical Oncology Workgroup on January 30, 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 reviewed the following meeting objectives:

- Provide an overview of the CQMC and workgroup charge,
- Discuss the CQMC measure selection principles,
- Review past work and current measure set, and
- Identify potential sources for additional measures.

#### **Overview of the CQMC and Workgroup Charge**

NQF staff reviewed the background and aims of the CQMC, current measure sets, project approach, and timeline. NQF, in collaboration with CMS and AHIP, will convene the Workgroups over a series of web meetings to build on the current measure selection criteria, evaluate current measure sets to provide recommendations for removal and identify gaps, identify sources for additional measures, evaluate measures for addition to the core sets, prioritize measure gaps, and provide guidance on dissemination and adoption of the core sets.

#### **Measure Selection Principles Discussion**

Draft – Revised Principles for measures included in the CQMC core measure sets

- Advance health and healthcare improvement priorities and align with payer priorities
- Are scientifically sound (e.g., NQF-endorsed or otherwise proven to be evidence-based, reliable, and valid).
- Minimize data collection and reporting burden (i.e., measures that fit into existing workflows, are feasible, and do not duplicate efforts).
- Are ambitious, yet reasonably within the control of providers.
- Demonstrate a significant opportunity for improvement.

Draft – Revised Principles for the CQMC core measure sets

- Provide a person-centered and holistic view of quality.

- Provide meaningful and usable information to all stakeholders.
- Promote parsimony, alignment, and efficiency of measurement (i.e., minimum number of measures and the least burdensome measures).
- Emphasize measures that address cross-cutting domains of quality.
- Promote the use of innovative measures (e.g., e-measures, measures intended to address disparities in care, or patient-reported outcome performance measures, or PRO-PMs).
- Include an appropriate mix of measure types while emphasizing outcome measures.

NQF staff provided an update on the refinement of the core measure set selection principles and shared a comparison of the CQMC principles with those used by other state and federal initiatives. NQF staff stated that a memo was sent out in December 2018 to obtain the full Collaborative's feedback on the updated principles before finalizing and presenting them to the Steering Committee on February 1.

A suggestion was made by a Workgroup member to have more specificity in both the principles for measures to be included in the core measure set and the principles for the core measure sets (e.g., identify stakeholders, define what is meant by appropriate mix of measure types). A Workgroup member recommended that value and cost be considered in the selection principles. The need to emphasize data source credibility (e.g., validated and reliable) and ease of accessing data were highlighted during the discussion. Also raised during the discussion was the need for the core sets to consider social determinants of health as they relate to one's overall health, rather than limiting the focus of measurement to the healthcare delivery experience.

A Workgroup member noted that during the previous iteration of the core set, measures were selected based on whether they conceptually addressed an important aspect of care or a gap in care. A recommendation was made for the Collaborative to consider the level of analysis for measures in the core set. A Workgroup member noted that promoting the use of innovative measures will require a compromise with feasibility (e.g., encouraging PRO-PMs requires the need to expand beyond the use of claims data). A Workgroup member expressed support for measures that encourage patient and patient advocate engagement to ensure that they are part of the decision-making process and to heighten quality of care.

The Workgroup discussed the quality framework with which the CQCM work should align. NQF shared that its projects align with the priorities of the National Quality Strategy, but also consider the Meaningful Measures Framework, National Academy of Medicine Vital Signs, and other frameworks. The Workgroup suggested that the Steering Committee discuss if the CQMC should align around certain quality and measurement goals to ensure uniformity across Workgroups.

## Review of Current Core Set

Current measures in the Medical Oncology Core Set:

- NQF# 0559: Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c, or Stage II or III hormone receptor negative breast cancer.
- NQF# 1857: Patients with breast cancer and negative or undocumented human epidermal growth factor receptor 2 (HER2) status who are spared treatment with trastuzumab.
- NQF# 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.
- NQF# 0223: Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis to patients under the age of 80 with AJCC III (lymph node positive) colon

cancer.

- NQF#1859: KRAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy.
- NQF#1860: Patients with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies.
- NQF#0210: Proportion receiving chemotherapy in the last 14 days of life.
- NQF#0211: Proportion with more than one emergency room visit in the last 30 days of life.
- NQF#0213: Proportion admitted to the ICU in the last 30 days of life.
- NQF# 0215: Proportion not admitted to hospice.
- NQF# 0216: Proportion admitted to hospice for less than 3 days.
- NQF# 0384: Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology.
- NQF# 0389: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients.
- NQF# 1853: Radical Prostatectomy Pathology Reporting.

NQF shared gaps that were previously identified as future areas for measure development or inclusion in the core set:

- Pain control
- Functional status or quality of life
- Shared decision-making
- Appropriate use of chemotherapy
- Under or overtreatment (will need to develop a baseline or a threshold based on data)
- ER utilization
- In-patient hospital admission rate
- Reporting of cancer stage
- Disease free survival for X number of years.
- Patient experience / PRO for level of pain experienced by patient
- Cost measures
- Lung Cancer
- Five year cure rate
- 0390: Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients - Not included in the core set at present, but would like to reevaluate once better data/systems become available to collect necessary information and measure denominator issues are resolved.
- ASCO / ABIM Choosing Wisely list: Metrics included are of value and should be supported for measure development.
  - Concept #2 is addressed in the core set in measure #0389.
  - Concept #10 is a valuable metric.
  - Concept #7 is of lower priority.

NQF staff noted that during the previous Workgroup meetings, the above-mentioned areas did not have existing or endorsed measures and that these areas would be a starting point for the measure scan. A Workgroup member requested that the Workgroup consider measures in the areas of social determinants of health, financial burden, and anxiety and stress management and screening.

A Workgroup member requested information for the next meeting on the core set measures' current performance and opportunity for improvement. A Workgroup member noted the absence of measures that address care coordination, transitions of care, and handoff management. A suggestion was made that quality of care could be examined through readmissions and emergency room use among all cancer patients. A Workgroup member recommended the consideration of measures that examine overall patient experience, shared decision-making, care navigation, and patient education.

## Identification of Future Measures

NQF staff advised that NQF would scan its portfolio and major public programs for potential measures and encouraged the Workgroup to share gap areas and measures to bring forward for the Workgroup to consider. A Workgroup member requested that NQF review data from CMS' Oncology Care Model to identify potential priority areas for measurement by the core set.<sup>1</sup>

## SharePoint Tutorial/Next Steps

NQF staff briefly introduced the [CQMC SharePoint site](#) and shared that all CQMC-related correspondence should be sent to [CQMC@qualityforum.org](mailto:CQMC@qualityforum.org). NQF advised they were finalizing the selection principles and performing an environmental scan of measures to discuss during the next Workgroup meetings in March/April 2019.

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1. Centers for Medicare and Medicaid Services. Oncology Care Model. Available at: <https://innovation.cms.gov/initiatives/oncology-care/>. Accessed February 14, 2018.