

Memorandum

June 12, 2023

To: Geriatrics and Palliative Care Standing Committee, Fall 2022

From: Battelle staff

Re: Post-comment web meeting to discuss public comments received

Background

Palliative care focuses on improving the quality of life for people living with a serious illness. Palliative care is beneficial to patients and the family, as it provides mental and physical comfort while allowing the continuation of curative measures and prolonging survival. While the percentage of hospitals (50 or more beds) implementing palliative care services has tripled over the past 16 years, millions of Americans with severe illnesses lack access to palliative care.¹ For the fall cycle of the Geriatrics and Palliative Care project, the standing committee evaluated four newly submitted measures and two measures undergoing maintenance review against standard measure evaluation criteria.² The standing committee recommended three measures for endorsement but did not recommend endorsement for the remaining three measures.

The standing committee recommended the following measures:

- #3726 Serious Illness Survey for Home-Based Programs (RAND Corporation [RAND])
- #0091 COPD: Spirometry Evaluation (American Thoracic Society/Northfield Associates LLC)
- #2651 CAHPS® Hospice Survey, Version 9.0 (CMS/RAND)

The standing committee did not recommend the following measures:

- #3707 Ratio of Observed Over Predicted Rates for Diagnosis of Mild Cognitive Impairment (University of Southern California [USC])
- #3672 Ratio of Observed Over Predicted Rates for Diagnosis of Dementia (USC)
- #3729 Ratio of Observed Over Predicted Rates for Diagnosis of Cognitive Impairment of Any Stage (USC)

Standing Committee Actions in Advance of the Meeting

1. Review this briefing memo and [meeting summary](#).
2. Review and consider the [full text](#) of all comments received and the proposed responses to the post-evaluation comments.

¹ Palliative Care Definition | What is Palliative Care. <https://www.capc.org/about/palliative-care/>. Last accessed May 2023

² National Quality Forum. Measure Evaluation Criteria and Guidance. 2021.

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Comments Received

Following the standing committee's measure evaluation meeting on February 23, 2023, the committee endorsement recommendations were posted on the Partnership for Quality Measurement (PQM)TM website for public comment. The commenting period opened on March 28, 2023 and closed on May 5, 2023. The committee received seven comments from one organization pertaining to the measure(s) under review and the committee endorsement recommendations. This memo and the Excel file focus on only two of the seven comments received after the Standing Committee's evaluation, as these two comments raised concern with CBE #2651 and #3726. The remaining five comments were in support of the Committee's recommendation for the other five measures.

All comments that have been received are posted on the respective committee post-comment [webpage](#).

Battelle staff have included all post-evaluation comments that were received in the Post-comment Response Excel file. Measure stewards/developers were asked to respond to comments where appropriate, which have also been included in the Excel file. Please review this memo, agenda, and the Post-comment Response Excel file in advance of the meeting and consider whether you have any concerns with comments received and the responses for each comment.

In order to facilitate the discussion, Battelle staff will spend the majority of the time considering measure specific comments that disagree with the measure and/or the standing committee recommendation. However, the Standing Committee can pull any comment for discussion.

Comments and Their Disposition

Measure-Specific Comments

#2651 CAHPS® Hospice Survey, Version 9.0

The American Geriatrics Society (AGS) believes the CAHPS Hospice Survey, Version 9.0 is important during the end of life so that all patients who need this care receive it. We would like to note that it will be important to reconcile this measure to be seamless with the nursing home pressure ulcers measure given the challenges distinguishing between avoidable and unavoidable around end of life. Further, end of life was not included in the pressure ulcer measure eligibility. The AGS suggests that hospice or comfort care patients be excluded from the denominator or that a comfort care exclusion is operationalized.

Measure Steward/Developer Response:

Thank you for your support of quality measures derived from the CAHPS Hospice Survey, Version 9.0. The CAHPS Hospice Survey assesses experiences of hospice care received across all settings in which hospice care is delivered, including the nursing home; hospice decedents are not excluded from the sample based on their diagnoses or symptoms. CAHPS Hospice Survey measures assess concepts distinct from those assessed by measures of nursing home pressure ulcers.

Proposed Standing Committee Response:

Thank you for your comment. We do not have any concerns with the developer's

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response, given that measure concepts are different between the CAHPS Hospice measure and measures for nursing home pressure ulcers.

Action Item:

Discuss and finalize Standing Committee response.

#3726 Serious Illness Survey for Home-Based Programs

The AGS supports Serious Illness Survey for Home-Based Programs, which may be a helpful tool to assess the severity of the illness as well as ensure seriously ill patients receive appropriate care. While we are concerned that patients and their families may not consistently judge care for serious illness appropriately, patient and family input are not typically nor sufficiently incorporated, the AGS believes the benefits outweigh the harms for this measure. In addition, we recommend clarifying the definition of home-based serious illness programs, particularly to differentiate from home-based primary care programs which also generally serve seriously sick individuals.

Measure Steward/Developer Response:

Thank you for your support of quality measures derived from the Serious Illness Survey for Home-Based Programs. Drawing from the literature and recommendations from the National Academy of Medicine, we define home-based serious illness programs as those provide care for seriously ill patients at their private residences (i.e., in their homes or assisted living facilities, not in institutions like skilled nursing facilities). Programs are staffed by interdisciplinary teams that provide support for palliation of symptoms, assist with coordination of care, answer questions after-hours, provide medication management, and assist with advance care planning. Teams consist of clinicians (e.g., physicians, nurse practitioners) that oversee care, as well as clinical and supportive staff that make home visits (e.g., registered nurses, social workers, CNAs). Programs serve patients with a limited life expectancy (defined by the program) and have enrollment criteria based on diagnosis, symptom burden, functional status, and/or prior health care utilization.

Proposed Standing Committee Response:

Thank you for your comment. We do not have any concerns with the developer's response.

Action Item:

Discuss and finalize standing committee response.