TO: Consensus Standards Approval Committee (CSAC)  
FR: Sarah Sampsel and Karen Johnson  
RE: Survey/Tool/Assessment Based Performance Measures – Issues Brief  
DA: March 14, 2016

The CSAC will review issues related to the translation of NQF endorsement criteria for performance measures derived from surveys/tools/assessments (referred to as tools) and will be asked to provide feedback to staff regarding interpretation of the criteria for tool-based measures for staff, Committees, measure developers and stakeholders.

CSAC ACTION REQUIRED

This issues brief is intended to summarize challenges experienced by NQF staff and Standing Committees in relation to the translation of NQF endorsement criteria with performance measures where data is derived from tools. The intent is to elicit feedback from the CSAC in order to promote clarity in the interpretation of the NQF criteria for tool-based performance measures.

BACKGROUND/ISSUES

1. Patient Reported Outcome (PRO)-based Performance Measures (PRO-PMs) and tool-based Performance Measures are not intended to be held to a “higher standard” in meeting endorsement criteria as compared to other outcome measures.  
   a. **Issue:** NQF endorsement criteria had been interpreted to set a higher standard where testing at both the data element (or tool) and measure score levels are required only for PRO-PMs.  
   b. **Clarification:** The PROM or tool is considered a data source for the performance measure. As such, testing of the tool and reporting on reliability and validity of the tool can assist in establishing scientific acceptability. While it provides important information for Standing Committee consideration, NQF requires reliability and validity testing of the performance measure.  
   c. **Next Steps:** Clarification of materials, the NQF criteria, public-facing documents to ensure submission and evaluation requirements are clear. Internal staff education to further promote understanding of tool-based measures and expectations. In addition, staff will explore the development and implementation of a supplemental data form for tool-based measures. Standing Committees are often interested in the performance of the tool, including format and logistics of collection, and this information is important for assessing Feasibility and Usability.

2. NQF does not endorse surveys, tools, instruments. The consensus development process focuses on the endorsement of performance measures.  
   a. **Issue:** Although NQF allows measure stewards/developers to submit multiple tool-based measures in one submission package, and importance, scientific acceptability, feasibility
of the data elements for such measures is considered by the Standing Committees, this does not constitute endorsement of the tool. The performance measures are only endorsed. For example, a satisfaction survey is not endorsed by NQF. NQF would endorse the measures (% satisfaction with coordination) based on the survey items/domains.

b. **Clarification:** Unless new policy and criteria are developed to change the stance of NQF, the endorsement of tool-based measures does not equal endorsement of tools.

c. **Next Steps:** NQF staff will continue to provide technical assistance to developers to promote completion of measure submission packets with a strong focus on the actual performance measures versus the tools.

**DEFINITIONS** *(From Patient Reported Outcomes (PROs) in Performance Measurement, NQF, 2013)*

**PRO measure (PROM):** instrument, scale, or single-item measure used to assess the PRO concept as perceived by the patient, obtained by directly asking the patient to self-report (e.g., PHQ-9).

**PRO-based performance measure (PRO-PM):** A performance measure that is based on PROM data aggregated for an accountable healthcare entity (e.g., percentage of patients in an accountable care organization whose depression score as measured by the PHQ-9 improved).
Survey/Tool/Assessment Based Performance Measures

Consensus Standards Approval Committee Issues Briefing and Discussion

March 23, 2016

Sarah Sampsel and Karen Johnson
Senior Directors, Quality Measurement
CSAC Action

- Understand challenges experienced by NQF staff and Standing Committees in relation to the translation of NQF endorsement criteria for performance measures where data are derived from tools.
- Elicit feedback to promote clarity in the interpretation of the NQF criteria for tool-based performance measures.
Patient Reported Outcomes (PROs)

- The concept of any report of the status of a patient’s health condition that comes directly from the patient, without interpretation of the patient’s response.

- Growing number of well-validated patient-level instruments (e.g., PROMIS)

- Challenges to use for accountability and performance improvement:
  - Frequently used in research, but not in clinical use
  - Aggregation of patient-reported information to measure provider performance challenging
**PROs**

- Health-related quality of life (HRQOL)
- Symptoms
- Function
- Satisfaction with care or symptoms
- Adherence to prescribed medications or other therapy
- Perceived value of treatment
# PROMs and PRO-PMs

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Patients with clinical depression</th>
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<tbody>
<tr>
<td><strong>PRO</strong> (concept)</td>
<td>Symptom: depression</td>
</tr>
<tr>
<td><strong>PROM</strong> (instrument, tool, single-item measure)</td>
<td>PHQ-9 ©, a standardized tool to assess depression</td>
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<tr>
<td><strong>PRO-PM</strong> (PRO-based performance measure)</td>
<td>Percentage of patients with diagnosis of major depression or dysthymia and initial PHQ-9 score &gt;9 with a follow-up PHQ-9 score &lt;5 at 6 months (NQF #0711) and at 12 months (NQF #0710)</td>
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ESRD PRO-PM

- PROM: Kidney Disease Quality of Life Instrument (KDQOL-36)
  - Survey items:
    - General health status
    - Burden of kidney disease
    - Symptoms/problems
    - Effects of kidney disease

- PRO-PM: Potential options for performance measure:
  - Percentage of dialysis patients who receive a quality of life assessment using the KDQOL-36 at least once per year (NQF#0260)
  - % patients with stability/improvement in QOL
  - % patients with worsening QOL
CAHPS In-Center Dialysis Survey

- Three measures:
  - M1: Nephrologists’ Communication and Caring
  - M2: Quality of Dialysis Center Care and Operations
  - M3: Providing Information to Patients

- Three Global items:
  - M4: Rating of the nephrologist
  - M5: Rating of dialysis center staff
  - M6: Rating of the dialysis facility
Issue #1: Endorsement of surveys, tools, instruments

- Issue: NQF does not endorse surveys, tools, instruments. The consensus development process focuses on the endorsement of performance measures.
  - Although NQF allows measure stewards/developers to submit multiple tool-based measures in one submission package, this does not constitute endorsement of the tool.
- Example, a satisfaction survey is not endorsed by NQF. NQF would endorse the measures (% satisfaction with coordination of care) based on the survey items/domains.
Continued policy of no endorsement of surveys, tools, instruments

- **Clarification:** Unless new policy and criteria are developed to change the stance of NQF, the endorsement of tool-based measures does not equal endorsement of tools.
- **Next Steps:** NQF staff will continue to provide technical assistance to developers to promote completion of measure submission packets with a strong focus on the actual performance measures versus the tools.
  - Example: CAHPS® measures are typically submitted with a measure description specific to the overall survey; NQF staff work with the developers to rephrase the descriptions to ensure reflection of PRO-PMs.
**Issue #2: “Higher Standard” for Patient Reported Outcome-Performance Measures (PRO-PMs)**

- **Issue:** NQF endorsement criteria have been interpreted to set a higher standard for PRO-PMs where testing at both the data element (or tool) and measure score levels are required.

- **Examples:**
  - Developers of the CAHPS® derived measures were required to submit testing of both the instrument/scale and the performance measure that aggregates patient-level data from the instrument/scale in order to pass scientific acceptability criteria.
  - Developers of functional outcome measures (not PRO-PMs, but clinician assessments) were strongly encouraged to present scientific acceptability at both the data element and measure score levels, however, the same level of scrutiny was not applied at the tool level.
Figure 2. Pathway from PRO to NQF-endorsed PRO-PM

1. Identify the quality performance issue or problem
   - Include input from all stakeholders including consumers and patients

2. Identify outcomes that are meaningful to the target population and are amenable to change
   - Ask persons who are receiving the care and services
   - Identify evidence that the outcome responds to intervention

3. Determine whether patient-/person-reported information (PRO) is the best way to assess the outcome of interest
   - If a PRO is appropriate, proceed to step 4

4. Identify existing PROMs for measuring the outcome (PRO) in the target population of interest
   - Many PROMs (instrument/scale/single item) were developed and tested primarily for research

5. Select a PROM suitable for use in performance measurement
   - Identify reliability, validity, responsiveness, feasibility in the target population (see characteristics in Appendix C)

6. Use the PROM in the real world with the intended target population and setting to:
   - Assess status or response to intervention, provide feedback for self-management, plan and manage care or services, share decision-making
   - Test feasibility of use and collect PROM data to develop and test an outcome performance measure

7. Specify the outcome performance measure (PRO-PM)
   - Aggregate PROM data such as average change; percentage improved or meeting a benchmark

8. Test the PRO-PM for reliability, validity, and threats to validity
   - Analysis of threats to validity, e.g., measure exclusions, missing data or poor response rate; case mix differences and risk adjustment; discrimination of performance; equivalence of results if multiple PROMs specified

9. Submit the PRO-PM to NQF for consideration of NQF endorsement
   - Detailed specifications and required information and data to demonstrate meeting NQF endorsement criteria

10. Evaluate the PRO-PM against the NQF endorsement criteria
    - Importance and Measure and Report (including evidence of value to patient/person and amenable to change)
    - Scientific Acceptability of Measures Properties (reliability and validity of PROM and PRO-PM; threats to validity)
    - Feasibility
    - Usability and Use
    - Comparison to Related and Competing Measures to harmonize across existing measures or select the best measure

11. Use the endorsed PRO-PM for accountability and improvement
    - Refine measure as needed

12. Evaluate whether the PRO-PM continues to meet NQF criteria to maintain endorsement
    - Submit updated information to demonstrate meeting all criteria including updated evidence, performance, and testing; feedback on use, improvement, and unintended adverse consequences
Clarification: The PROM or tool is considered a data source for the performance measure. As such, testing of the tool and reporting on reliability and validity of the tool can assist in establishing scientific acceptability. While it provides important information for Standing Committee consideration, NQF requires reliability and validity testing of the performance measure.

- This requirement should be true for both PRO-PMs and ANY tool based measure (e.g., Functional Status, Depression Remission, Quality of Life)
Next Steps: Promoting clarification in criteria requirements for tool-based measures

- Clarification of materials: the NQF criteria, public-facing documents to ensure submission and evaluation requirements are clear (no higher standard for PRO-PMs).
- Internal staff education to further promote understanding of tool-based measures and expectations.
Questions/Discussion

NATIONAL QUALITY FORUM