NATIONAL QUALITY FORUM

Moderator: Patient Safety
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OPERATOR: This is Conference #: 99812239

Christy Skipper: Good afternoon, everyone, and welcome to the Post-Comment Call for the Ambulatory Care Patient Safety Advisory Group. My name is Christy Skipper as a project manager. And I just want to give you all a few reminders before we get started with the program today.

So you need to be dialed in on the phone and logged in via the computer to follow along with our discussion this afternoon. And you can mute your line by pressing star six. And as our operator just said, the call is being recorded. So, when you make your statements, it'll be helpful for us to follow along in the conversation if you could just state your name before you speak.

And other individuals joining us for the call this afternoon, a copy of the agenda is available as well as the slides under the link section toward the left hand side of your screen. We do have about two hours allocated for this call but we will not take up the entire time for that call.

So now, I'll turn it over to Vanessa just to give us an overview of the agenda.

Vanessa Moy: Well, thank you, Christy. So just a quick brief overview of the agenda items for today. We'll just be reviewing of the comments received on the environmental scan draft report when it closed for public comment period. And also we'll propose new draft report updates. We have some suggested responses for you to discuss and also we'll open the – for public comment

period to you all in the call. And then we'll – lastly, we'll talk about the next steps.

And then I'll turn it over to Christy.

Christy Skipper: OK. Thank you, Vanessa. So just want to take a moment to introduce our team. So again, my name is Christy Skipper, the project manager and you just heard from Vanessa Moy, our project analyst. And just also want to acknowledge Andrew Anderson and Andrew Lyzenga, our senior directors on this project.

And this slide just shows our – the list of our advisory group members, Peter Brawer, Sonali, Richard, Urmimala, Kevin and Saul, who have been working with us over the past eights months.

And then here are our federal liaisons, Brendan and Barbara. Brendan is with the Centers for Medicare & Medicaid Services. Barbara is with AHRQ. So again, just want to acknowledge those folks.

OK. So, as I said, we're going to review the comments received on the draft report. So our comment period closed on April 16th. And in addition to comments submitted by our advisory group members, we received eight comments from various organizations. In general, comments were in agreement with the intent of the environmental scan, which was to collect measures and concepts related to ambulatory care patient safety.

But across the comments received, there were just a couple of themes. And that – and those were to expand the measures and measure concepts included in the measure inventory, and a request for a measurement framework. And so, for the addition of the measure concepts, these were around pediatrics, there was request to include measures that are more meaningful to pediatrics. And so, just one of those themes today, require agreement or discussion by the advisory group. And so if we just move to the next slide.

This slide just lists the additions of measures or concepts that commenters asked that we include in the report. The ones listed in the tan color are

measure concepts and the (sole) green measure up there is the one that is – is the only one that is fully formed.

So just in summary, the measures are really related to – or the measure concepts touch on pediatric care and transitions of care for pediatric patients, pediatric developmental screening, well visit systems, use of a recall-reminder system. And then the two measures and concepts at the bottom touch on diabetes treatment and care.

So hopefully, you all had some time just to take a look at these measures or concepts that was sent out last week. So please just move to the next slide.

Advisory group, our question to you, is whether you would like for us to call out the specific measures and concepts in the inventory, or if you would like us to expand the pediatric section of the written draft report just to touch on the additional concepts that were proposed in the comment period.

Andrew Lyzenga: And this is Andrew Lyzenga. Just to sort of add on to that and clarify a little. Most of those concepts are – I wouldn't even describe them as concepts really, just sort of ideas of areas of measurement really that the commenters suggested out to be a focus for development efforts in the future. You know, there weren't – many of them are not really even at the sort of concept stage.

So I think it wouldn't be really so much of a question of adding the concepts to the inventory except for maybe a couple of them. But really just sort of highlighting those areas of measurement, you know, noting that commenters suggested that some of these areas in pediatrics would be important focus – areas of focus for measurement moving forward. So just sort of a clarification there. I think that most of those items were not even at the stage of a measure concept to be included in the inventory per se, but just sort of noted in the draft report is likely how we would handle that.

Sorry to interject there.

Christy Skipper: No, Andrew, that's helpful. So do any of our advisory group members on the call have any comments or reactions?

Saul Weingart: This is Saul from Tufts side. You know, I think the idea of flagging or building out pediatrics specific ambulatory measures is really a good one. You know, we often think that children are a little big people, but that's really not the case. So I think there's a lot of merit in generically flagging this as an area of measure development.

Christy Skipper: Thank you.

Richard Roberts: This is Rich. I agree with Saul at one level, but in another level as family doctors and everybody from before they're conceived to, you know, after they're gone. The thing that frightens me as sort of the penultimate generalist is if you break people into various diseases, age groups, body parts, it will make the burden for those that have a fairly comprehensive scope of practice and patient population overwhelming. It's like being nibbled to death by ducks with hundreds of measures.

So, my suggestion is if there are themes that are more kind of universal, my bet is that they're not unique to one particular age group. For instance, in pediatrics, the issues are often around things like, you know, how do you deal with privacy concerns confidentiality, especially for adolescence. Well, that's not terribly different than the older senior whose adult children are looking after them. You know, what about making sure the loop gets closed on certain recommendations.

Well, again, for people in more vulnerable populations, that may be just as true regardless of age group. So I'm not disagreeing with the idea that there are special issues that the pediatric population make us particularly aware of. Instead, I guess my plea would be if we can think about that in a more, I don't know if abstract is the right way, but a more thematic way that that may help us a bit more than saying, well, here's a set of pediatric measures. OK, you pediatricians and you family docs, go do that, and here's a set of, you know, senior measures, you geriatricians, general internists and family docs, go do that. It becomes really kind of overwhelming for small practices taking care of all those age groups.

Andrew Lyzenga: You know, that's a good point. This is Andrew again. And maybe we can include that – some sort of language around that, just emphasizing that to the extent possible, we would like to see measures that cut across populations and even settings, even though this is a sort of project focus particularly on the ambulatory setting. You know, ideally, we would like to see measures that are as universally applicable as possible but that are not as population specific, except to the extent that, you know, that is needed sometimes when there are particular needs and considerations for certain populations like pediatrics and so on.

So we can kind of make that point and reemphasize the general sentiment. I think that was shared by our panel members that we'd like to produce measurement burden, you know, and not add unnecessary measures to the – you know, to the burden that's already there.

Christy Skipper: Thank you, Andrew. So if we could just – if there were no other comments on this topic, we'll just move on to some other comments and feedback we received on the draft report.

So as I said, all the comments were supportive of the work that has been done to this point. But we also received several line edits and request to clarify terminology and the project scope and approach. So we did begin to make those updates to the report.

But some of – as I said, some comments fell outside the scope of the work and I just want to make it clear that the purpose of this project was to conduct an environmental scan of measures of patient safety that are currently used, have been developed whether they are endorsed or not, as well as measure concepts that had been used in ambulatory healthcare setting based on the input of the multi-stakeholder groups.

So we have done that. So, calls to – so some of the comments asked that we've developed a measurement framework at – for a ranking of measures, or to include more evidence-based measures. But just to reiterate that this was not part of our scope of work. You know, of course, the measures that were included that were NQF endorsed are evidence based but some of those other

concepts and measures wasn't a requirement that they'd be evidence based to be included.

Andrew Lyzenga: And just – Andrew again here. Just to add on to that, we want to sort of emphasize and we will do this in the report, that the intent of this project was not to recommend any of these particular measures and certainly not to endorse them. This is a very different process than a NQF endorsement process. It was really just to identify measures that were out there and sort of get a sense of the existing landscape.

So we'll clarify that we're not, you know, putting forward any of these measures or measure concepts as sort of recommendations from NQF to use them, but just, you know, identifying, again, the sort of the landscape that exists and putting forth a few more broader recommendations as we sort of discussed already about the direction we'd like to see the field go, but not, you know, recommending or endorsing any particular measures or measure concepts for use.

So again, we'll make that a bit more explicit in the report. We probably should have done that before there's a little bit of confusion it seemed in the public comments about that. Hence, we'll be clear on that sort of the scope and intent of the project.

Christy Skipper: Thank you, Andrew. So, just want to throw out to the advisory group, just hearing, you know, what was required within this project, are there any additional next steps or future priorities for ambulatory care patient safety measurement that you all want to call out or discuss – that you would like to call out now that we can sort of talk through and add into the report?

If there was any additional detail that you all want to provide around the addition – or next steps regarding a framework or how measures and concepts should be organized, we can happily have that discussion now as well. So this is really the last time that we will have the group together to get your feedback. So – and we do have time for it. So I'll just turn it over to you all if you have any comments or suggestions.

Andrew Anderson: And I would also add, this is Andrew Anderson, that we do plan on adding the recommendations that we received from both our one-on-one interviews with the advisory group members as well as the recommendations that were reiterated in the public comments around the development of some kind of framework for – the measurement framework for ambulatory care, as well as some type of formal prioritization criteria to really get to the measures that are most meaningful for the setting as well as the measures that are evidence based, and as well as have been tested.

So, those are logical – some logical next steps for this work. But if you have other types of feedback that you think or framing that would be helpful to, you know, put the findings of this project into context, it would be helpful.

Saul Weingart: Hey, Andrew, this is Saul. Do you plan to circulate another draft of the report before you submit it to the sponsors, or what's the next – what are the next steps in the process?

Christy Skipper: So following this call, we would be taking any additional input you (inaudible) to update the report. And then we will be submitting it to – submitting it – a final report on June 1st. So, another version will not be circulated.

Saul Weingart: OK.

Andrew Lyzenga: We can try to sort of at least maybe circulate an initial draft of our changes if we can get that done and to get some additional feedback and sign off from the group.

Andrew Anderson: Yes.

Andrew Lyzenga: We may not be able to give you a whole lot of time to do that, but we can at least sort of let you take a look and provide some last-minute feedback if possible.

Saul Weingart: I mean, I think the group generally found the scope to be adequate and the categories to be very helpful. I think the issue was more, you know, where do you initially put your effort in terms of measure development, where are the –

where is the need to greatest and where is the opportunity to greatest. And maybe where is the development cycle to shortest and, you know, if you wanted to circulate to the members of the advisory group, you know, a straw vote, it might be that there's a lot of alignment around that, which could then add to the report.

If there's not a lot of alignment, then you could say, well, it's part of what we need to do in next steps is to identify what those highest priority projects are. So, you know, that might be a final way to get some use out of this.

Andrew Lyzenga: Yes, that's an excellent recommendation. So we – what we can do is talk as a team here at NQF and come up with a plan for gathering those last bits of feedback from the advisory group and then we can give you a – based on our timeline, a heads up on when you would receive the next iteration and how much time you'd have to provide feedback.

Saul Weingart: Sounds good.

Richard Roberts: This is Rich. I agree entirely with Saul. Having done lots and lots of guidelines over the years, probably the most useful part of developing a guideline is identifying the gaps and knowledge. And the challenge in this area is that there's so little that we truly know about even what the landscape looks like, there's just not enough work that's been done on kind of the basic epidemiology of ambulatory care safety, much less identifying measures that might actually lead to better outcomes.

So I think a really important impact of this kind of a report is to, as best we can, identify the most likely or most useful areas of future investigation and try to keep that to a manageable number. But that will do probably more than anything else we could have done in this area.

Andrew Lyzenga: All right, we'll certainly try to see – you know, give you some sort of questions about that if we can and I feel – please do send us your thoughts and feedback, you know, outside of sort of this call and if you have anything occurs to you, if you have any sort of thoughts or ideas along those lines that you've just described, we would love to hear them and certainly can incorporate them into the report as we're making these updates. And I think

that's exactly the sort of thing that we would like to strengthen in the report as well.

So, any input or ideas you have, please do send them our way and we'll do our best to incorporate them into the report.

Christy Skipper: OK. Yes, thank you, Andrew. So, right now, we'll just open the line for any member and public comments. And again, advisory group, if anything else comes to you during this time, please feel free to, you know, offer your comments. So operator, if we could please open the line.

Operator: If you would like to ask a question, you may do so by pressing star then the number one on your telephone keypad. Again, that is star one.

And there are no questions at this time.

Vanessa Moy: OK, thank you. So just a little bit more about the next steps and the project, Christy mentioned already. Thank you so much for all your feedback and your input for this draft report and we'll incorporate them into the final report. And as the rest of my team may have mentioned, please feel free to e-mail us or additional input that you may have on this report and we'll put it into the final report.

So the last step is, we'll finalize this environmental scan report and send it to CMS and AHRQ on June 1st and we'll also post this on our project page as well for the public and also we'll send it to you, the advisory group members, as well during that time for you to look and – to look at the finalized report.

So if you have any additional questions or would like to contact us, here's our contact information. Our e-mail is ambulatorycareps@qualityforum.org. You may also find our – the final report and also the draft report if you would like to refer back to it on the project page, which is linked here and also on the SharePoint page.

So, yes, if you guys have anymore further questions or comments, I'll let you guys speak before we adjourn this call.

Andrew Lyzenga: And I would also add, for those of you from the public or members, feel free to use this e-mail address to send any questions or additional recommendations that you may come up with that you may not have had time to, you know, think through on this call today.

Christy Skipper: All right. Well, thank you all for your time. Have a good afternoon.

Andrew Lyzenga: We'll be in touch shortly. Thank you.

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