



Person and Family Centered Care Committee

Off Cycle Webinar

August 2, 2017

Agenda

- Welcome and Introductions
- Presentation: National Standards for Patient Decision Aids
- Presentation: National Quality Partners Shared Decision Making Project
- Committee Discussion
- Update on Changes to the CDP
- Next Steps
- Public Comment

Welcome and Introductions

Standing Committee Members

- ***Lee Partridge**
- ***Christopher Stille, MD, MPH**
- **Beth Averbeck, MD**
- **Samuel Bierner, MD**
- **Adrienne Boissy, MD, MA**
- **Rebecca Bradley, LCSW**
- **Jennifer Bright, MPA**
- **David Cella, PhD**
- **Sharon Cross, LISW**
- **Dawn Dowding, PhD, RN**
- **Nicole Friedman**
- **Stephen Hoy**
- **Sherrie Kaplan, PhD, MPH**
- **Brian Lindberg, BSW, MMHS**
- **Linda Melillo, MA, MS**
- **Ann Monroe**
- **Lisa Morrise, MA**
- **Elizabeth Mort, MD, MPH**
- **Lenard Parisi, RN, MA**
- **Debra Saliba , MD, MPH**
- **Lisa Gale Suter, MD**
- **Peter Thomas, JD**

***Committee Co-Chairs**

NQF Staff

- Suzanne Theberge, Senior Project Manager, PFCC
- Andrew Anderson, MHA, Senior Project Manager, Decision Aids
- Kavitha Nallathambi, MPH, MBA, NQF Director, Quality Innovation

Off-Cycle Activities

■ What is considered “off-cycle”?

- *During the periods in which no measures are being reviewed, or the “off cycle”, these are Standing Committee activities that may occur outside a funded project’s scope.*
- *In order to enable ongoing engagement of committee members throughout their two (or three) year terms, NQF will host quarterly, two-hour web meetings or conference calls for each Standing Committee during the off cycle timeframe.*



National Standards for Patient Decision Aids

Andrew Anderson, MHA

8.2.2017

NQF Decision Aids Expert Panel

- Larry Allen, MD
- Michael Barry, MD
- Clarence Braddock, MD, MPH
- Maureen Corry, MPH*
- Glyn Elwyn, MD
- Jack Fowler, PhD
- Bud Hammes, PhD
- Daniel Lessler, MD, MHA
- Pat Masters
- Ginny Meadows, RN
- Mary O'Connor, MD
- Thaddeus Pope, JD, PhD
- Linda Richetelli-Pepe, MS
- Christopher Saigal, MD, MPH*
- Karen R. Sepucha, PhD
- Erica Spatz, MD, MHS
- Dawn Stacey, RN
- Bob Volk, PhD
- Bobbi Wager, MSN, RN
- Susan Wang, MD
- Pierre Yong, MD, MPH, MS
- Laura Pennington

Note: Co-Chairs are marked with an asterisk

Project Objectives

Through a grant from the Gordon and Betty Moore Foundation, NQF developed multi-stakeholder guidance on:

- National standards, criteria, and a process for the national certification of decision aids (PDA)
- Approaches to measure the quality of decision-making, including appropriateness, effectiveness, and outcomes
- Development of measures that can assess the impact of shared decision-making (SDM), including the use of PDAs



Why do we need national standards?

- Current healthcare paradigm focuses on disease-specific interventions and outcomes rather than patients goals, values, and preferences
- More and more people taking an active role in making decisions about their care and many people turn to PDAs
- Great deal of variation in the quality of PDAs
- There is a need to incentivize the use of PDAs that supports SDM
- No national standards on the best resources for patients and their families

Benefits of National Standards

A potential national certification process may help by:

- Promoting the use of decision aids that have received a quality “seal of approval” based on evidence and sound development protocols;
- Clearly defining the basic features, standards, and attributes of tools that delineate a “good” decision aid;
- Providing a baseline set of criteria that decision aid developers could use to develop and implement tools to meet or exceed a minimum standard; and
- Providing guidance for use and potentially incentivizing widespread use of tools

Project outcomes

1. A white paper on national standards from the Dartmouth Institute for Health Policy & Clinical Practice
2. An environmental scan of measures that assess SDM and decision quality
3. Recommendations for national certification criteria and a process for certification
4. Potential business models for NQF PDA certification

Decision Aids White Paper

- Describes the history, debates, and evidence related to the assessment of PDA quality
- Summarizes the literature that has consistently shown that PDA have a positive effect on patient outcomes
- Establishes the conceptual rationale for the certification of PDA
- Presents the IPDAS criteria development work and the Washington State Healthcare Authority's effort to develop a state level PDA certification process
- Synthesized previous work to propose national standards for the expert panel's consideration

Environmental Scan of Decision Quality Measures

- NQF conducted an environmental scan of measures used to assess the quality of decisions made through SDM, particularly decisions facilitated by decision aids
- Organized measures by whether they assess:
 - *Decision antecedents (e.g. preferences, health literacy, attitudes, and skills)*
 - *Decision making processes (e.g. level of patient engagement, aspects of SDM, and tools used)*
 - *Decision outcomes (e.g. knowledge, concordance between goals and treatment, and quality)*
- Identified 64 instruments (i.e. surveys/questionnaires/tools) and 13 performance measure
- Results of scan point to the need to develop performance measures

PDA Certification Criteria

- The Expert Panel recommended a set of standards and categorized them as:
 - *Screening Criteria*
 - » Criteria that allows the applicant and reviewer to determine whether a PDA is eligible for certification
 - *Certifying Criteria*
 - » Criteria that assists a reviewer in determining the level to which a decision aid facilitates SDM
 - *Screening and Diagnostic Test Specific Criteria*
 - » Criteria that allows for the assessment of PDAs for screening and diagnostic tests

Opportunities and Challenges in Performance Measurement

Opportunities:

- The Expert Panel expressed the need to identify and develop performance measures to improve the quality of SDM and increase use of PDAs
- Growing interest in the use of SDM in quality improvement and accountability programs
- Need to build a conceptual model illustrates the relationship between measuring SDM and improving patient outcomes

Challenges:

- SDM has not been widely adopted for clinical use
 - *Need strategies to increase the awareness of SDM*
- Data availability

Questions?

Andrew Anderson, MHA
aanderson@qualityforum.org



NATIONAL
QUALITY FORUM

National Quality Partners Shared Decision Making Project

Person and Family Centered Care Off-Cycle Webinar

Kavitha Nallathambi, MPH, MBA

August 2, 2017

What is the NQP and Its Role?

- Forum of NQF-member leaders convened to drive quality measurement and improvement
- Builds on NQF's role as a trusted neutral convener
- Engages NQF's membership of 430+ organizations
- Supports NQF's strategic plan to drive measures that matter

Mission Statement

Collectively works to impact health and healthcare quality through collaboration and partnership that catalyzes action and accelerates improvement.

National Quality Partners Action Teams

- 15-20 NQF members galvanized to action on a specific priority
- Use a collective-action model approach
 - *Shared agenda and goals for action*
 - *Common measurement strategy (promote NQF-endorsed measures, if available)*
 - *Mutually reinforcing activities*
 - *Continuous communication*
 - *Backbone support organization (NQF as the convener)*
- Use levers to collaboratively impact health and healthcare quality
- Commit to driving action and alignment within their spheres of influence
- Pursue specific goal (in order of resource-intensiveness)
 - *Action Brief*
 - *Preferred Practices*
 - *Playbook*

Best Practices for a Successful Action Team

- Public priority in need of timely action and response
- Clear vision and shared goal(s) important to members and funders
- Examples of innovation and excellence to amplify and spread
- Relevant policy drivers to leverage
- Endorsed measure(s) not broadly implemented
- Stakeholders committed to authentic collaboration and action

National Quality Partners— Multistakeholder Collaboration Approach

mutually reinforcing activities • communications • culture of innovation and action



NQF is the backbone organization that connects stakeholders and supports collaboration

National Quality Partners— Action Team Results

MATERNITY ACTION TEAM CONTRIBUTED TO A

73%

national reduction of early elective deliveries (EED) by promoting accountability through accreditation, use of hard stop policies, and consistent messaging about the harms of EED.

The Leapfrog Group Data (2010-2013)

PATIENT FAMILY ENGAGEMENT ACTION TEAM LAUNCHED



a national conversation around the development of the *Patient Passport*, a patient-centered tool to facilitate conversations between individuals, their families, and providers about things that matter to them.

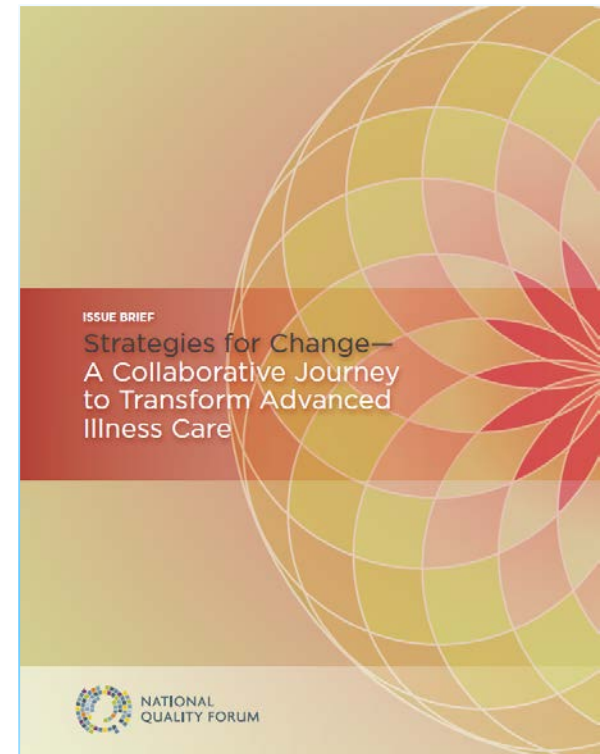
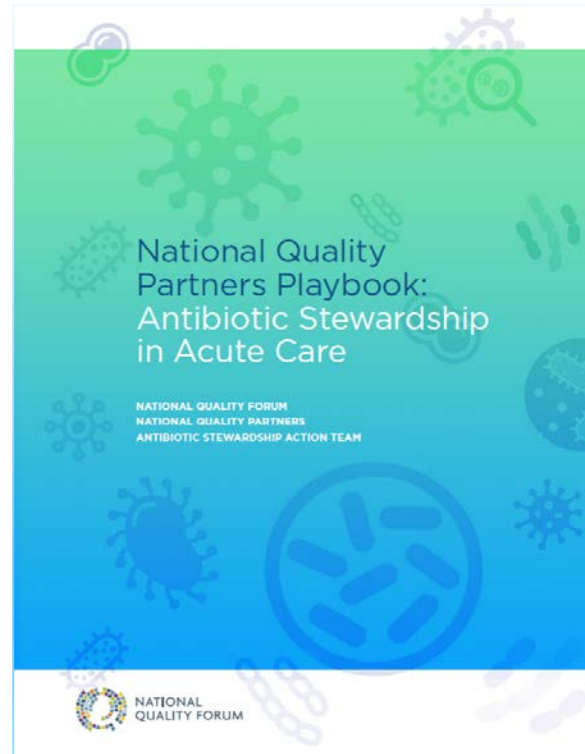
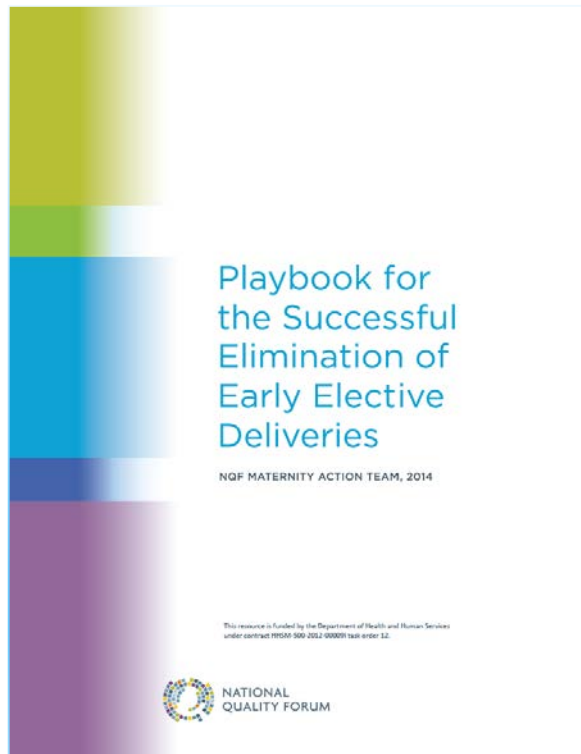
READMISSIONS ACTION TEAM CONTRIBUTED TO A

3.8%

national reduction in readmissions from nursing homes by promoting awareness and driving uptake of patient-focused evidence-based programs in this setting to safely reduce readmissions.

AHCA/NCAL Quality Initiative Skilled Nursing Progress Report, Third Quarter 2013

National Quality Partners— Action Team Results



Shared Decision Making Project Objectives

- Develop a shared agenda and focus for collaborative action
- Issue a Call to Action to make shared decision making a standard of care
- Identify key barriers and solutions to advance shared decision making on a national scale

2017 National Quality Partners Shared Decision Making Action Team

- ***Council of Medical Specialty Societies***
- ***National Partnership for Women & Families***
- American Association for Physician Leadership
- American College of Obstetricians and Gynecologists
- American Urological Association
- Association of Rehabilitation Nurses
- Centers for Medicare & Medicaid Services*
- Compassus
- Connecticut Center for Patient Safety
- Genentech
- Homewatch CareGivers International
- Human Services Research Institute
- Hospice and Palliative Nurses Association
- Informed Medical Decisions Foundation
- National Alliance for Caregiving
- National Coalition for Cancer Survivorship
- Patient and Family Centered Care Partners
- Planetree International
- University of Texas-MD Anderson Cancer Center
- Vizient, Inc.

**ex-officio, non-voting*

Considerations for the SDM Action Team

- Are there concrete implementation exemplars to share?
- What tools are available to assist providers in SDM?
- What barriers prevent SDM implementation?
 - *Access to tools*
 - *Data collection and analysis*
 - *Measure gaps*
- What opportunities are available to drive broader SDM?
 - *Quality Measurement*
 - *Payment*
 - *Public reporting*
 - *Accreditation/Certification*
 - *Others?*
- What measures are available to assess SDM?
- What measures are needed?

Purpose of the Action Brief and Playbook

SDM Action Brief:

- Makes the case for SDM, describing key components of the fundamentals of SDM, and highlights contextual factors

Call to Action:

- Facilitates national interest and priority for SDM

SDM Playbook:

- Provides practical, real solutions to barriers that prevent people from implementing SDM
- Serves as a platform for sharing best practices and identifying innovative solutions that facilitate SDM

Action Brief Outline

I. Call to Action

- Facilitates national interest and priority of SDM among relevant stakeholders

II. SDM: A Standard of Care for All Patients

- Describes how SDM is a standard of care for all patients
- Provides examples of high-leverage opportunities, including the CMS SDM conditions and target patient populations to drive SDM and outlines special considerations when implementing SDM

III. Fundamentals of SDM

- Includes six fundamentals of SDM to guide SDM in healthcare organizations

IV. Contextual Factors

- Identifies opportunities to leverage stakeholder support to enable successful SDM, including payment and policy alignment

I. Draft Call to Action

NQP's Shared Decision Making Action Team is issuing a national call to for individuals and organizations that provide, receive, pay for, and make policies for healthcare to embrace and integrate shared decision making as a standard of person-centered care.

II. SDM: A Standard of Care for All Patients

Working Definition

Shared decision making (SDM) is a process of communication in which clinicians and patients work together to make optimal health care decisions that align with what matters most to patients. SDM has three components:

- (1) clear, accurate and unbiased medical evidence about the reasonable alternatives, including no intervention, and the risks and benefits of each,
- (2) clinician expertise in communicating and tailoring that evidence for the individual patient, and
- (3) patients values, goals and informed preferences as well as concerns including treatment burdens.

III. Fundamentals of SDM

KEY PRINCIPLES OF SDM TO ADDRESS IN ACTION BRIEF:



IV. Contextual Factors



NQF-endorsed Shared Decision Making Performance Measures

- **Measure #2958**—Informed, Patient-Centered (IPC) Hip and Knee Replacement Surgery
Steward: Massachusetts General Hospital
- **Measure #2962**—Shared Decision Making Process
Steward: Informed Medical Decisions Foundation, a Division of Healthwise
- **Measure #2483**—Gains in Patient Activation (PAM) Scores at 12 Months
Steward: Insignia Health

Playbook Development

- Fundamentals of SDM
- Include common barriers and suggested solutions
- Highlight best practices/exemplars/tools (e.g., patient decision aids)
- Develop target population case studies/vignettes and/or SDM scenarios

Next Steps in 2017-2018

Oct

- Release Action Brief
- Hold Oct 3 In-Person Playbook Development Forum

Nov

- Develop Playbook
- Engage stakeholders in Call to Action

Dec

- Hold Dec 12 Public Webinar on NQP 2018 Priorities and Fundamentals of Shared Decision Making

March

- Launch Shared Decision Making Playbook at NQP Annual Conference, Mar 12-13
- Hold Public Webinar Week of Mar 27

Discussion & Input

- What are your thoughts on barriers and solutions to implement SDM?
- Do you have any best practices, exemplars, or tools to share?
- Would you have any additional ideas for measurement?
- Please send us any recommendations for participants to attend NQP's Oct. 3 Playbook Forum (invite-only) by **Friday, Aug 4:**
 - *Name*
 - *Title and Affiliation*
 - *Sentence on how participation will provide value to the Playbook*
 - *Email: nationalqualitypartners@qualityforum.org*

Committee Discussion and Q&A



NATIONAL
QUALITY FORUM

2017 CDP Redesign

Objectives

- NQF hosted a Kaizen event on May 18-19, 2017 to explore opportunities for a more agile and efficient CDP
- NQF, in collaboration with CMS, sought to address:
 - Improving coordination among CMS, developers, and NQF to better facilitate timely evaluation of measures
 - Increasing opportunities for submission and timely review of measures
 - Reducing cycle time of the CDP
 - Improving flow of information between the CDP and Measure Applications Partnership (MAP) processes

Highlights

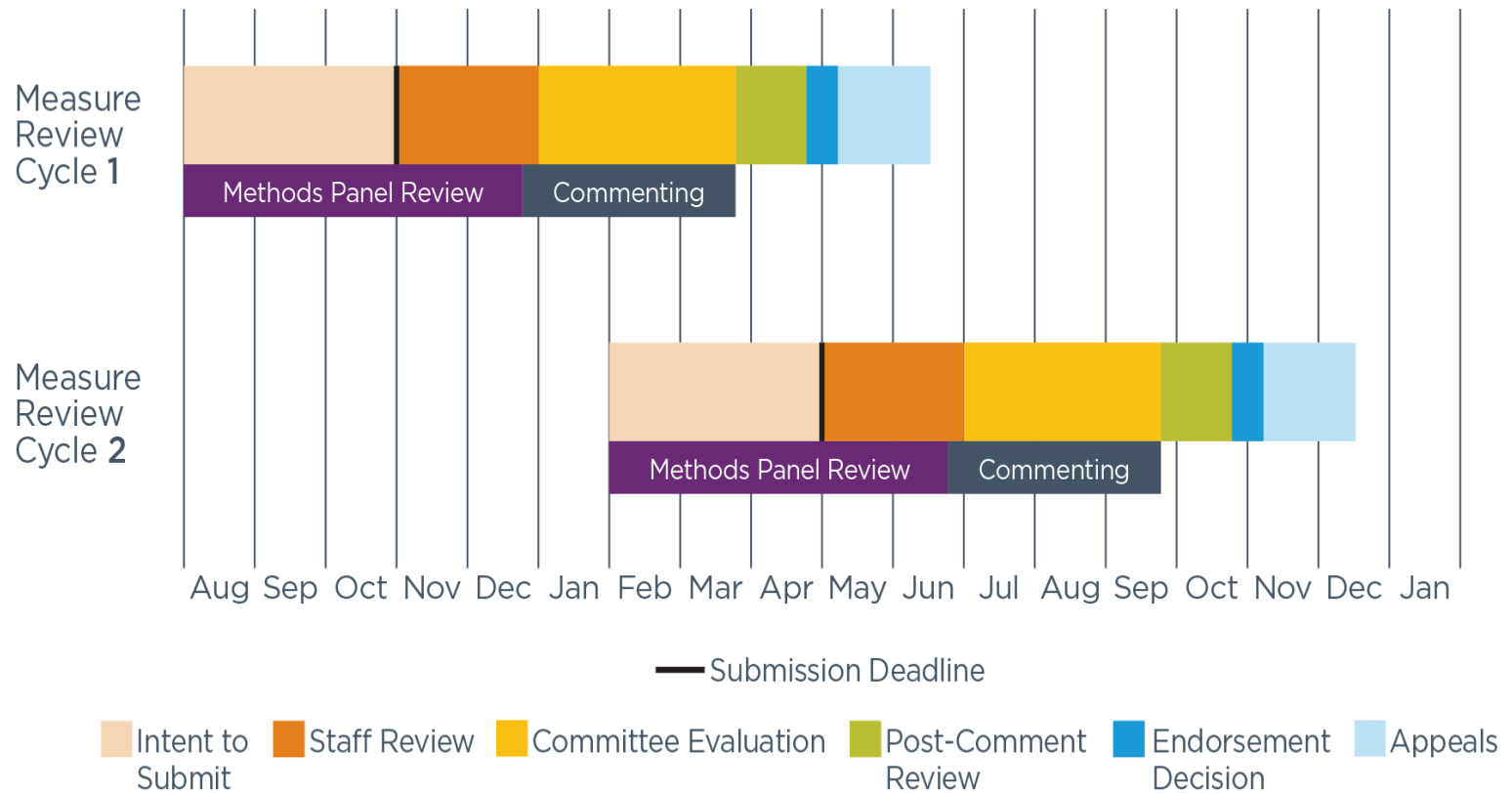
- Ongoing measure submission opportunities
- New Intent to Submit form required
- A newly-formed NQF Scientific Methods Panel
- Expanded and continuous commenting period—with support/non-support
- Change in the content and structure of the measure evaluation technical report
- Final endorsement decision by the Standing Committee
- Shift in the role of the CSAC and the Appeals Board in the endorsement process
- Enhancements in stakeholder training and education
- Improvements in information exchange and access

Proposed Implementation

- NQF will not implement all changes immediately
- Significant design and testing to ensure that the process works as intended for all stakeholders
- NQF will initiate a phased implementation in order to monitor recommendations to assess outcomes and ensure a more agile and effective process.

Consensus Development Process:

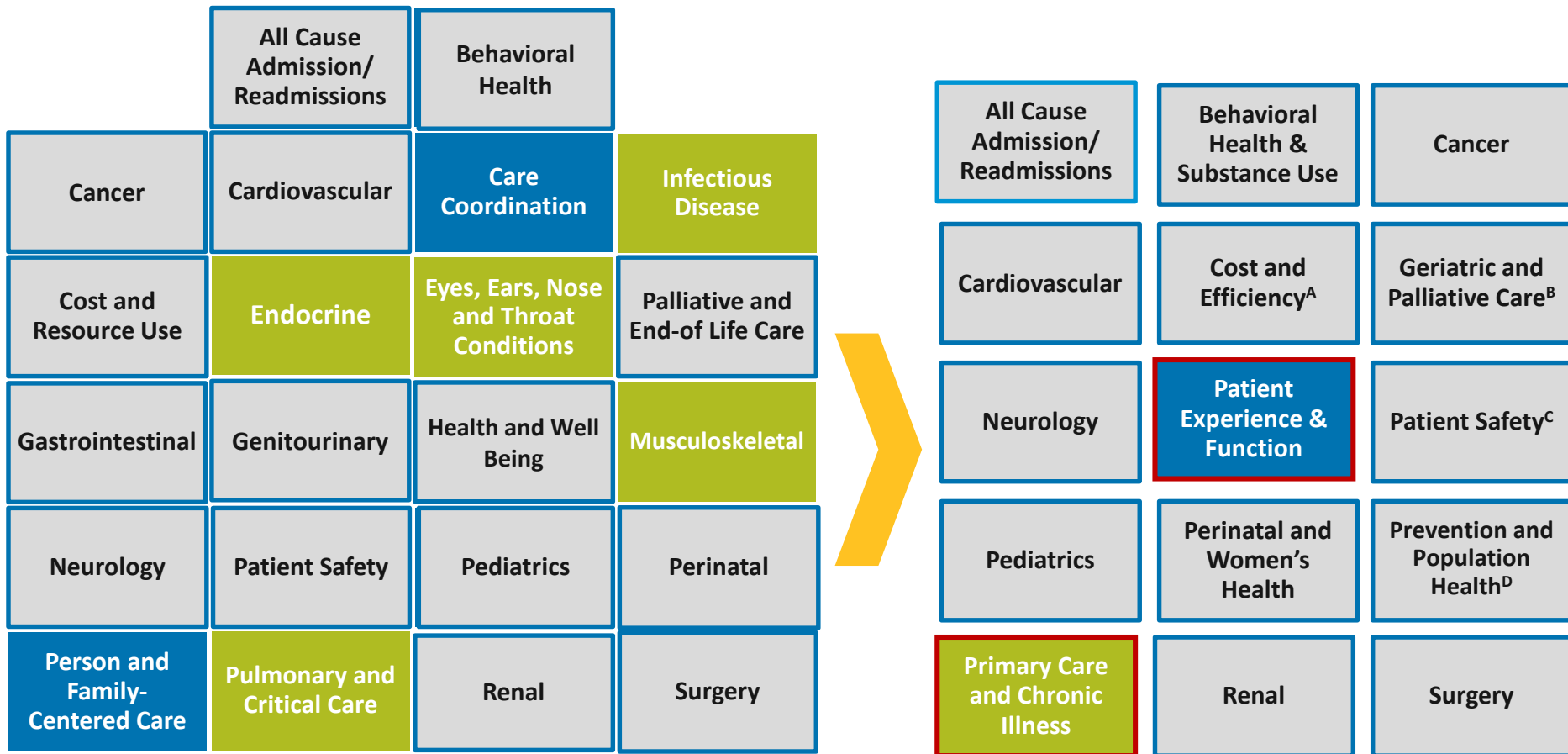
Two Cycles Every Contract Year



Composition of Standing Committees

- In order to accommodate frequent submission, a smaller number of standing committees is required
- Rationale for changes:
 - Reflect the current and future portfolio needs
 - Consideration of measure volume for existing standing committees
 - Clinical groupings to better reflect more cross-cutting clinical areas:
 - » Primary care and chronic illness care
 - » Pediatrics
 - » Geriatrics and palliative care

15 New Measure Review Topical Areas



□ Denotes expanded topic area

^A Cost & Efficiency will include efficiency-focused measures from other domains

^B Geriatric & Palliative Care includes pain-focused measures from other domains

^C Patient Safety will include acute infectious disease and critical measures

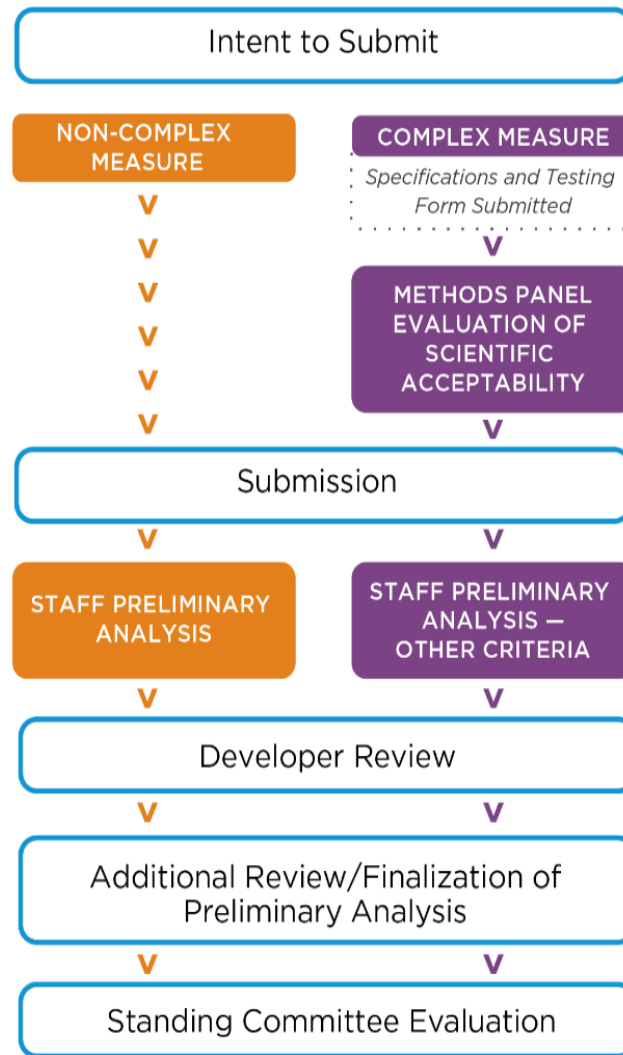
^D Prevention and Population Health is formerly Health and Well Being

What does this mean for PFCC?

- Committee now called Patient Experience and Function
- All Committee members still seated
- Members will be pulled in for measure review on an as-needed (topical) basis each cycle
- Some PFCC measures will move to other portfolios

Scientific Acceptability Review

Measure Workflow



Revised Measure Evaluation Report

Updated report will include:

- Executive summary with endorsement decision
- Brief summaries of each measure reviewed
- Details of the committee's deliberations on each measure against NQF's measure evaluation criteria (appendix)
- Full measure specifications for each measure reviewed (appendix)

Continuous Public Commenting with support recommendation

- NQF will have one continuous NQF member & public commenting period – at least 12 weeks
- Allow adequate time for the public and NQF member commenting
- As proposed, NQF membership voting will no longer be a separate 15-day voting period (pending Board approval)
 - ▣ *NQF members would have the opportunity to express their support ('Support' or 'Do Not Support') for each measure to inform the committee recommendations.*

Endorsement Decision and Appeals

- Recommendation to move endorsement decision to standing committees
- Recommendation to move appeals of endorsed and non-endorsed measures to the CSAC
- Given important strategic considerations, NQF will not be able to implement these changes at this time

Enhancing Training and Education

- Recognized need for increased training and education for all stakeholders engaged in the CDP.
- NQF will expand and strengthen the current range of educational resources tailored to specific audiences and more opportunities for on-demand virtual references available for review at any time:
 - Committee members
 - Measure developers
 - NQF members and the public
 - NQF staff

Next Steps

- Nominations for Methods Panel open through August 7
- Implementation of immediate and short-term recommendations: Through October 2017
- Implementation (and planning) for long-term recommendations: Through October 2018
- Continued discussion of TBD proposed changes with relevant stakeholders
- Final report now posted:
http://www.qualityforum.org/NQF_Makes_Important_Changes_to_Measure_Endorsement.aspx

Questions?

Next Steps

- Staff will draft and share a summary of today's call
- More info to come on future CDP projects

Project Contact Info

- Email: pfcc@qualityforum.org
- NQF Phone: 202-783-1300
- Project page:
[http://www.qualityforum.org/CDP Standing Committee Off-Cycle Activities.aspx](http://www.qualityforum.org/CDP_Standing_Committee_Off-Cycle_Activities.aspx)
- SharePoint site:
[http://staff.qualityforum.org/Projects/person and family care/SitePages/Home.aspx](http://staff.qualityforum.org/Projects/person_and_family_care/SitePages/Home.aspx)

Thank you!