NATIONAL QUALITY FORUM

Meeting Summary

Pulmonary and Critical Care Standing Committee
August 2017 Off-Cycle Quarterly Webinar

The National Quality Forum (NQF) convened a public webinar for the Pulmonary and Critical Care Standing Committee on Thursday, August 31, 2017. An archived recording of the webinar is available for playback.

Welcome and Review of Meeting Objectives

Poonam Bal, Senior Project Manager, NQF, began by welcoming participants to the webinar. Ms. Bal reminded the Committee that the off-cycle webinars represent an opportunity to bring standing committees together on a quarterly basis, when there are no measures being reviewed, to continue the committee's important work in performance measurement for a specific topic area. Ms. Bal reviewed the meeting objectives:

- Provide an update on the CDP Redesign;
- Introduce new patient-reported measure definitions and evidence requirements; and
- Review the current pulmonary and critical care patient-reported measure landscape.

CDP Redesign

Ms. Bal summarized the major changes from the NQF 2017 Kaizen: CDP Redesign event that occurred on May 18-19. Based on the outputs from this event, NQF will undergo a significant CDP redesign that incorporates on-going measure submission opportunities, more predictable submission pathways, and revisions to the measure evaluation process. Ms. Bal went over the following changes:

- **Increased Opportunities for Measure Submission:** Starting in the fall 2017, NQF will offer two measure submission opportunities (cycles) each year for each topic area annually. NQF will limit the number of measures (up to twelve) evaluated by standing committees in each cycle. To support the increased opportunities for measure submission, NQF has also consolidated the measure review topical areas from 22 to 15. With this change, measures within the Pulmonary and Critical Care portfolio will be reassigned to other topical areas (mainly the newly created Primary Care and Chronic Illness portfolio).
    - Many Committee members expressed concern about the placement of critical care measures within the Primary Care and Chronic Illness portfolio. Committee members suggested that NQF thoughtfully consider how measures are included within topical areas, opining that critical care is fundamentally quite different from "Primary Care and Chronic Illness."
    - Ms. Bal explained the new role of the Pulmonary and Critical Care Committee had not been determined but more information would be shared via email in the coming weeks.
- **Intent to Submit:** Measure stewards/developers will need to notify NQF at least three months prior to the measure submission deadline of their intent to submit a measure to prepare for the

Committee's review in the upcoming cycle.

- **Scientific Methods Panel:** To reduce the burden on Committee members, NQF will convene an external NQF Scientific Methods Panel to conduct a review on the *Scientific Acceptability (*reliability and validity) criterion on measures categorized as 'complex' measures. NQF staff will use a set of criteria to assess measures for 'complexity' for methodological review by the Panel. As in the past, NQF staff will continue to provide a preliminary analysis, including a methods review, for non-complex measures. All reviews will be provided to the Standing Committee for their consideration.
- **Measure Evaluation Technical Report:** NQF will revise the technical report's content and structure to minimize its length and density. The revised report format will include: an executive summary that indicates the endorsement decision; brief summaries of each measure reviewed; details of the Committee's deliberations on each measure against NQF's measure evaluation criteria (in an appendix); and full measure specifications for each measure reviewed (in an appendix). Any remaining information will either be posted on NQF's public website or incorporated into an annual cross-cutting report across.
- **Continuous Public Commenting Period with Member Expression of Support**: NQF will have one continuous public commenting period – in place of two separate public commenting periods (14-day pre-meeting commenting and 30-day post-meeting commenting). This commenting period will span at least 12 weeks, opening approximately three weeks prior to the Committee evaluation meeting and closing thirty days after NQF posts the draft technical report on the project website. In addition, the current 15-day NQF membership voting period will now be subsumed into the new commenting period. NQF members will have the opportunity to express their 'support' or 'do not support' for each measure to inform the Committee's recommendations.
- **Enhanced Training and Education:** NQF will expand and strengthen the current range of educational resources tailored to specific audiences (committee members including co-chairs, measure developers, NQF members and the public, and NQF staff), and provide on-demand virtual references available for review at any time.

Patient-Reported Measures

Ms. Bal introduced Kyle Cobb, Senior Director, NQF, who had been instrumental in the efforts to broaden the definition of patient-reported measures. Ms. Cobb started the discussion by asking the Committee on their experiences with patient-reported measures. Committee responses indicated a broad range of knowledge, experience and understanding about patient-reported measures. One Committee member expressed concern about a perceived "softness" of patient-reported measures since they were reviewed with less emphasis on evidence, stating he valued the scientific rigor required for endorsed process and structure measures; he indicated his reassurance after hearing about the changes NQF was making (described below) to the Evidence criterion.

Ms. Cobb began her presentation by explaining the difference between a patient-report outcome (PRO), patient-reported outcome measure (PROM) and patient-report outcome-based performance measure (PRO-PM). She noted that these terms are often used interchangeably, but have distinct meanings. A PRO is information reported by the patient without interpretation. For example, when considering

patients with clinical depression, the PRO would be the level of depression or related symptom(s) of depression reported by the patient. A PROM is what is used (e.g. an instrument, tool, or single-item measure) to collect the patient-reported information. Continuing with the example of patients with clinical depression, a PROM would be a standardized tool to assess depression, such as the Patient Health Questionnaire (PHQ-9). Finally, a PRO-PM is based on the aggregate information from the PROM that is calculated into a reliable, valid measure of performance. A PRO-PM for the depression example would be "percentage of patients with diagnosis of major depression or dysthymia and initial PHQ-9 score >9 with a follow-up PHQ-9score <5 at 6 months" (NQF Measure #0711).

Ms. Cobb noted that NQF's PRO-PM criteria was established in 2012 and is based on four key PRO domains:

- health-related quality of life (including functional status);
- symptoms and symptom burden (e.g. pain, fatigue);
- experience with care; and
- health behaviors (e.g., smoking, diet, exercise)

She further noted that PRO-PMs (e.g., asking a patient "did you receive an influenza vaccination?") are evaluated as outcome measures during the NQF measure evaluation and requires evidence that the target population values the measured PRO and finds it meaningful. Additionally, the measured entity could undertake at least one action to improve. Moving forward, NQF will recognize that not all instrument-based measures focus on outcomes—some are patient reporting about a process (e.g., the influenza vaccination example previously mentioned)—and has altered the *Evidence criterion* requirements. Instrument-based measures will use these requirements for the associated measure type and if they include a PROM they are required to present evidence that the target population values the measured PRO.

Current Pulmonary and Critical Care Patient-Reported Measurement Landscape

After presenting the new requirements for instrument-based measures, Ms. Cobb reviewed examples of various patient-reported measures currently in the field or being developed. She began with NQF #0700: *Health-related Quality of Life in COPD Patients Before and After Pulmonary Rehabilitation,* the only endorsed pulmonary patient-reported measure. Committee member, Gerene Bauldoff, had been part of the development team of the measure and provided a summary of the process for developing and using this measure.

Next, Ms. Cobb presented two Chronic Obstructive Pulmonary Disease (COPD) measures currently under development. Minnesota Community Measurement is currently developing a measure in the NQF Measure Incubator™ titled "Controlling the Impact of COPD on Health Status," using the COPD Assessment Test (CAT) or Clinical COPD Questionnaire (CCQ). CMS is also working on a new pulmonary measure titled "Functional Status Assessments and Target Setting for Patients with COPD," which would be evaluated by a validated functional status assessment or global health assessment tool.

Ms. Cobb also noted that NQF #2852 *Optimal Asthma Care* had been reviewed by the Pulmonary and Critical Care Committee, but ultimately did not receive endorsement. The Committee due to concerns

on the lack of standardization requirements for the patient recall instrument, as well as concerns about the composite's construction, had not recommended the measure.

Opportunity for Public Comment

Ms. Bal then opened the call to provide the public an opportunity to comment. No public comments were offered.

Next Steps

In closing, Dr. Bratzler, Dr. Lang, and Ms. Bal thanked webinar participants for their participation. Ms. Bal also reminded the Committee that she would follow-up and provide more information regarding next steps for the Pulmonary and Critical Care Standing Committee when available.