Patient-Reported Outcome Performance Measures (PRO-PM) Roadmap Technical Expert Panel (TEP)

Background

Unleashing the voice of the patient through patient reported outcomes (PROs) is a key strategy of the Centers for Medicare & Medicaid Services (CMS). The National Quality Forum (NQF) has heard from diverse stakeholders about the lack of detailed technical guidance that measure developers can use to develop high impact patient-reported outcome performance measures (PRO-PMs) that are based on high quality patient reported outcome measures (PROMs) and can potentially be used in CMS' value-based purchasing (VBP) programs or alternative payment models (APMs). This new NQF initiative funded by CMS aims to address this challenge by identifying attributes of high-quality PROMs and creating a roadmap for the development of digital PRO-PMs based on these attributes.

PROs refer to any information provided directly by patients, without modification or interpretation of the patients' responses by healthcare professionals or anyone else.[1] The term 'patients' may include individuals receiving care and treatments, caregivers, family members, and healthcare service consumers in general.[2] PROs include events or experiences occurring outside clinical visits, such as patients' assessments of their mental or physical well-being, intellectual or physical functional status, level of pain, presence or severity of disease symptoms, quality of life, etc. PROs may or may not be captured by structured or standardized instruments.

PROMs refer to standardized and structured questionnaires for obtaining PROs on health conditions, experience of care, or health behaviors. Examples of PROMs include the Kansas City Cardiomyopathy Questionnaire (KCCQ-12), the Minnesota Living with Heart Failure® Questionnaire, the National Cancer Institute's Patient-Reported Outcomes version of the Common Terminology Criteria for Adverse Events (PRO-CTCAE), the Patient-Reported Outcomes Measurement Information System (PROMIS), and the Patient Health Questionnaire (PHQ-9) for depression. PROMs can be reported both at the patient and aggregate levels. The use of PROMs at the patient level allows clinicians to monitor a patient's health status or condition (e.g. pain management, clinical depression). At the aggregate level, PROMs can enable clinicians to track the collective health status of patients with specific conditions.

PRO-PMs are based on PROMs and are aggregated at the provider level (e.g. clinician, group practice,

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[1] Cella, D. et al. (2015) Patient reported outcomes in performance measurement. Research Triangle Institutes (RTI) Press. (https://www.rti.org/rti-press-publication/patient-reported-outcomes-performance-measurement, accessed 1/7/2019)

[2] National Quality Forum (January 10, 2013). Patient reported outcomes (PROs) in performance measurement (https://www.qualityforum.org/publications/2012/12/patient-reported_outcomes_in_performance_measurement.aspx, accessed 1/2/2019).

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hospital, dialysis facility, health plan, etc.) for assessing performance in quality of care. Examples of PRO-PMs include the proportion of cancer patients receiving treatment from an oncologist who reported reduced frequencies of cancer-related symptoms during a specific timeframe.

In 2019, NQF convened a technical expert panel (TEP) and completed work that led to consensus on criteria for selecting PROs and PROMs, as well as best practices for implementing PROMs. The current initiative builds on the foundational work of the 2019 PRO task order and aims at developing a roadmap from PROMs to digital PRO-PMs for regulatory purposes. This entails 1) identifying attributes of high-quality PROMs that would be appropriate for digital PRO-PM development; 2) producing a step-by-step guidance for using a PROM to develop a digital PRO-PM that can potentially be used in CMS' VBP programs or APMs.

Technical Expert Panel (TEP) Charge and Structure

Within this current CMS-funded work, NQF will convene a TEP to identify attributes that will allow for PROMs to advance to PRO-PMs. The multistakeholder TEP will consist of no more than 25 individuals, with at least three being patient or caregiver partners. Other stakeholder perspectives on the TEP may include clinicians; measure developers; representatives of health plans; representatives of healthcare facilities or physician group practices; and representatives of specialty societies, including those that focus on pain management or functioning.

NQF will convene the multistakeholder TEP with eight (8) 90-minute web meetings over a 15-month period, with the possibility of serving on an additional six (6) web meetings over an additional period of approximately one year if the work is extended. The TEP will help develop step-by-step guidance for using PROMs to develop digital patient-reported outcome performance measures (digital PRO-PMs), guide the recommendations that will be highlighted in the final report, provide input on the project's components, provide expertise on measurement gaps and priorities, and explore challenges and opportunities related to developing and implementing PRO-PMs. Additionally, there is an opportunity for key informant interviews as well as focus groups to help shape project recommendations.

The TEP will be responsible for steering the development of major project components, including:

- Providing guidance on an environmental scan report on currently available guidance on best practices for using high-quality PROMs to develop digital PRO-PMs that align with CMS' Alternative Payment Models (APMs) and Value Based Purchasing (VBP) programs
- Shaping an Interim Report that discusses attributes shared by high-quality PROMs that are appropriate for use in development of digital PRO-PMs
- Creating step-by-step guidance for using PROMs to develop digital PRO-PMs that are ready for NQF measure endorsement review and aligned with CMS' APMs and VBP programs

Terms

TEP members will serve for a term of 15 months, with the possibility of serving on an additional six (6) web meetings over an additional period of approximately one year if the Option Year work occurs.

Participation on the TEP requires a significant time commitment.

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TEP members are expected to participate in all scheduled meetings. Over the course of the TEP member's term, additional meetings may be scheduled, or meetings may be rescheduled; new dates are set based on the availability of the co-chairs.

TEP participation includes:

- Participating in eight, 90-minute web meetings over a 15-month period, with the possibility of participating in an additional six 90-minute web meetings over an additional period of approximately one year
- Guiding the development and implementation of an environmental scan assessing the current landscape of developing and implementing PRO-PMs
- Developing actionable recommendations for attributes that will allow for Patient Reported Outcome Measures (PROMs) to advance to patient-reported outcome performance measures (PRO-PMs)
- Reviewing and providing feedback on written deliverables
- Providing additional feedback and input as needed

Table of Tentative Meeting Dates

Meeting	Date/Time
Web Meeting #1 – Orientation	January 2021
Web Meeting #2 – Environmental Scan	February 2021
Web Meeting #3 – Environmental Scan Public Comments Feedback, Draft Interim Report Outline	March 2021
Web Meeting #4 – PROMs Key Findings, Interim Report Feedback	April 2021
Web Meeting #5 – Interim Report Feedback, Technical Guidance Discussion	May 2021
Web Meeting #6 – Interim Report Public Comments Feedback, Technical Guidance Feedback	June 2021
Web Meeting #7 – Technical Guidance Feedback	August 2021
Web Meeting #8 – Technical Guidance Public Comments, Final Recommendations	September 2021

Preferred Expertise and Composition

TEP members are selected to ensure representation from a variety of stakeholders, including

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consumers, purchasers, providers, professionals, plans, measure developers, suppliers, community and public health, patients, caregivers, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

NQF is seeking individuals with expertise in quality measurement as TEP co-chairs. Additionally, TEP members should include patients/consumers/caregivers with lived experience in chronic pain or functional limitations; clinicians specializing in pain management or functioning; developers of PROMs used in CMS' alternative payment models or for Medicare coverage determinations; measure developers with a track record of developing PRO-PMs that have been endorsed by NQF; and representatives of health plans, healthcare facilities, or specialty societies that include pain management or functioning as a major care of focus.

Please review the NQF [conflict of interest policy](#) to learn about how NQF identifies potential conflict of interest. All potential Committee members must disclose any current and past activities prior to and during the nomination process in order to be considered.

Consideration and Substitution

Priority will be given to nominations from NQF members when nominee expertise is comparable. Please note that nominations are to an individual, not an organization, so "substitutions" of other individuals are *not permitted.* Committee members are encouraged to engage colleagues and solicit input from them throughout the process.

Application Requirements

Nominations are sought for individuals and individual subject matter experts. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the PRO-PM Roadmap TEP, please **submit** the following information:

- A completed [online nomination form](#), including:

    o A brief statement of interest

    o A brief description of nominee expertise highlighting experience relevant to the committee

    o A short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above

    o Curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*

- A completed disclosure of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.

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- Confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

Deadline for Submission

All nominations *MUST* be submitted by **6:00 pm ET on November 10, 2020.**

Questions

If you have any questions, please contact Teresa Brown, Juanita Rogers, or Wei Chang at 202-783-1300 or PROPMRoadmap@qualityforum.org. Thank you for your interest.