NATIONAL QUALITY FORUM
Driving measurable health improvements together

Web Meeting #4: Discussion Guide

Building a Roadmap From Patient-Reported Outcome Measures to Patient-Reported Outcome Performance Measures

Context on this Discussion Guide

This Discussion Guide is designed to help prepare the members of the Technical Expert Panel (TEP) for Web Meeting #4, which is scheduled to occur on Tuesday, June 14, from 1:00pm – 2:30pm ET. NQF encourages TEP members to review the guide in advance to ensure they are prepared for the discussion.

Web Meeting #4 will focus on findings elicited from key informant interviews (KIIs) that occurred between February and April of 2022. The interviewees represent the perspectives of measure developers, health IT experts, and patients. The findings address recommendations for how the original version of the Technical Guidance Report (i.e., *the Roadmap*) can be improved when an updated version is published in November 2022.

In support of that goal, this discussion guide is broken into four sections:

1. Updates to the existing tasks in the Roadmap
2. Issues related to burden and workflow
3. Improved guidance on digital measurement
4. Trade-offs of data collection strategies for a PRO-PM

The TEP will likely not have time to discuss all of the following topics. Any items not addressed will be carried over to Web Meeting #5.

Organization of the Roadmap

The original version of the Roadmap was published in November 2021. It provides guidance on the development of patient-reported outcome performance measures (PRO-PMs), particularly those that are digital, targeted for NQF endorsement, and suitable for use in the Centers for Medicare & Medicaid Services' value-based purchasing (VBP) programs and alternative payment models (APMs). The Roadmap is organized into four stages. A series of 16 tasks occur within the four stages, and the measure developer should address each task during the development process.

- **Stage 1: Definition of Measurement Goals**
- **Stage 2: Exploration and Assessment of patient-reported outcome measures (PROMs)**
- **Stage 3: Development and Testing of the PRO-PM**

Stage 4: Finalization and Implementation of the PRO-PM

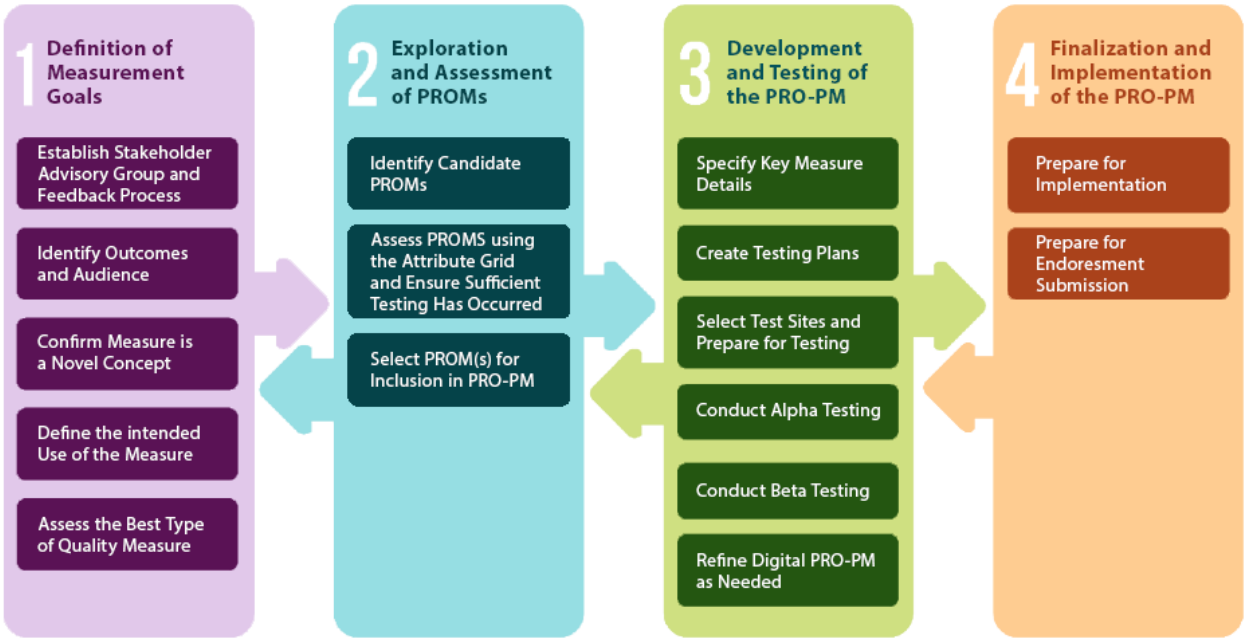

Figure 1. PRO-PM Roadmap: Each column contains one stage, and the bidirectional arrows indicate that tasks can move freely and be iterated across stages.

Discussion: Updates to existing tasks

The interviewees supported the Roadmap's presentation of existing tasks and did not flag any of the 16 tasks in the November 2021 version of the Roadmap for removal or deletion. However, the interviewees did share several opportunities for improving the tasks.

In Web Meeting #3 the TEP discussed the first of the 13 recommendations, which is to add time frames to the roadmap. TEP members discussed that there is limited specificity on how long each task takes, ranging from months to years, but that adding general timing expectations could help measure developers understand the long-term commitment required for PRO-PM development.

Discussion Questions

The following discussion questions will be posed **for each of the 13 recommendations**

- Does the TEP agree with this suggestion?
- What information does the TEP recommend adding to the Roadmap to address this suggestion?

Thirteen Recommendations from the KIIs

1. **All Stages and Tasks: Add Timeframe Expectations.** Identify and add timeframes to each task so measure developers can better understand the expected level of effort before embarking on a project. ***(Addressed during Web Meeting #3)***
2. **All Stages and Tasks: Add Meaningful Examples.** Provide examples of how certain tasks in the Roadmap could be executed, including how to meaningfully engage patient members of the stakeholder advisory group throughout the PRO-PM development cycle.
3. **Stage 1: Add Specific PRO-PM Considerations.** Identify unique challenges specific to PRO-PMs and the importance of preparing contingency plans. Challenges include low or insufficient response rates, as well as the identification of test sites with existing operational and electronic health record (EHR) workflows.
4. **Stage 1: Include Rural Perspectives in the Stakeholder Advisory Group.** Highlight the importance of including rural perspectives on the stakeholder advisory group to shed light on and help address unique quality measurement barriers.
5. **Stage 1: Clarify Measure Concept Expectations.** Stage 1 should explicitly state the importance of creating the measure concept and the expectations that accompany this work. This might fit within the task "Identify Outcomes and Audience."
6. **Stage 1 and/or Stage 2: Engage PROM Developers.** Emphasize the importance of facilitating active engagement and collaboration between PROM developers and PRO-PM developers, and highlight examples of collaborative opportunities.
7. **Stage 2: Add Examples and Guidance for Assessing, Requesting, and Using LOINC Codes:** Provide specific guidance on the assessment, requesting, and use of LOINC codes in PROMs. To remain aligned with the suggested new task in Stage 1, the TEP should consider if this level of detail exists in an external "source of truth" document to which the Roadmap can link.
8. **Stage 3: Add Side-by-Side Comparison of Traditional and Digital Specifications.** Explore the inclusion of a side-by-side comparison of traditional and digital specifications to educate measure developers.
9. **Stage 3: Include PRO-PM Specific Information on Alpha and Beta Testing.** Describe the differences of PRO-PM testing compared to other type of quality measures and offer guidance on how to overcome challenges. (e.g., build PROMs in the test sites' EHRs, implement PROM-specific workflows and train staff on how to accomplish them).
10. **Stage 3 and Stage 4: Reduce Redundancies with Source-of-Truth CDP Documentation.** Include links to external source-of-truth documents to reduce redundancies.
11. **Stage 4: Include Guidance on Preparing for Measure Maintenance.** Provide more detail about preparing for maintenance (with a specific focus on maintenance of PRO-PMs) and/or add links to relevant NQF documentation.
12. **Stage 4: Include Information on the Purpose and Importance of NQF Endorsement.** Add a brief explanation of considerations and benefits of NQF endorsement.
13. **Stage 4: Add Guidance on the NQF Intent to Submit.** Describe the NQF Intent to Submit process, along with any guidance specific to PRO-PMs.

Discussion: Issues Related to Burden and Workflow

Nearly every interviewee commented on how the Roadmap presents information related to measurement burden (from both the clinician and patient perspectives) and clinical workflows related to PROM administration and data use. These comments apply to stages 2 and 3 of the Roadmap.

Discussion Questions

- Does the TEP agree with the recommendations?
- Does the TEP have any additional input for how to address the recommendation?
- What examples can help address challenges with finding PRO-PM test sites in stage 3?

Stage 2 Recommendations

The Roadmap should acknowledge and offer solutions that address both clinician and patient burden related to data collection. While the TEP has extensively discussed these topics, the recommendation is to better reflect these discussions in the Roadmap. The interviewees suggested three potential approaches.

1. Expand the Roadmap's guidance on PROMs that minimize patient burden (e.g., prioritizing short forms or computerized adaptive testing [CAT]).
2. Discuss opportunities to reduce clinical burden (e.g., licensed versus unlicensed PROMs, PROMs that include LOINC, and PROMs that are already built into EHR systems).
3. Include links to the Environmental Scan Report and the Interim Report, as well as NQF's 2020 report on Best Practices on Selection and Data Collection, which all cover these topics.

Stage 3 Recommendations

Several interviewees discussed challenges with identifying and securing test sites that are willing to address workflow redesign and patient/staff burden of PROM administration for a measure that is not endorsed by NQF or used by CMS in federal quality programs. The interviewees suggested adding guidance to the Roadmap to help measure developers overcome this barrier.

Discussion: Improved Guidance on Digital Measurement

When the first version of the Roadmap was published in November 2021, NQF, CMS, and the TEP agreed on the need for improved guidance on digital measurement. The KIIs confirmed this stance and outlined eleven improvement opportunities.

Discussion Questions

The following discussion questions will be posed for each of the eleven improvement opportunities

- Does the TEP agree with this suggestion?
- What information does the TEP recommend adding to the Roadmap to address this suggestion?

Eleven Improvement Opportunities From the KIIs

1. **Define and differentiate dQMs and eCQMs.** Include up-to-date CMS definitions of dQMs, an explanation of the relationship between eCQMs and dQMs, and information on data sources for dQMs that include novel devices (e.g., wearable technology).
2. **Emphasize digital technology earlier and more consistently.** Digital measurement should be established as a theme early in the Roadmap and maintained throughout in call-outs or side-by-side comparisons.
3. **Explain and describe the use of digital technologies.** Include improved explanations of dQMs, FHIR, USCDI, and USCDI+, along with links to corresponding "sources of truth."

4. **Discuss interoperability standards.** Add high level information on compliance with ONC's Health IT Certification Program and CMS' reporting program requirements.
5. **Offer guidance on translating measures to digital.** Consider including guidance on how to convert existing measures to digital, but interviewees acknowledged that this is so novel that NQF and the TEP might not be able to provide accurate and timely evidence on the topic. May be out of scope, as discussed by the TEP in Web Meeting #3.
6. **Give specific examples of digital measure specifications.** Improve the description of digital measure specifications to "connect the dots" for the audience. Examples could include side-by-side comparison of traditional and digital specifications, or a use case explaining how a digital specification answers specific measurement questions.
7. **Address trade-offs with digital modes of PROM administration and methods of data collection.** The existing Roadmap only discusses modes and methods as they refer to the development and testing of PRO-PMs in stage 3. Include discussion of the modes and methods as they relate to measure design in stage 1 and PROM selection in stage 2.
8. **Discuss privacy and security.** Offer information and guidance on privacy and security implications of digital measurement, including how the sharing of protected health information (PHI) is addressed in digital specifications.
9. **Represent diverse health technology systems, not just EHRs.** Improve the overview of key data sources beyond the EHR (e.g., health information exchanges [HIEs], qualified clinical data registries [QCDRs], patient portals, wearable devices, remote monitoring devices, patient symptom trackers and other apps, and claims data).
10. **Remove discussion of outdated standards.** Update discussions of Quality Data Model (QDM) and Bonnie.
11. **Consider inclusion of case studies/promising practices.** Include examples of excellence that could benefit readers of the Roadmap.

Discussion: Explain Trade-offs in Data Collection Strategies for a PRO-PM

The Roadmap contains a summary of pertinent environmental scan findings, including a discussion on the trade-offs of using one PROM or multiple different PROMs to collect data for a single PRO-PM. The interviewees recommended moving this information into either stage 1 or stage 2, since this decision is critical to the early stages of developing a PRO-PM.

Discussion Questions

- Does the TEP agree with this suggestion?
- What information does the TEP recommend adding to the Roadmap to address this suggestion?
- Should it be added as a new task or folded into an existing task?