



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

Web Meeting #5

The National Quality Forum (NQF) convened a public [web meeting](#) for the Building a Roadmap From Patient-Reported Outcome Measures to Patient-Reported Outcome Performance Measures Technical Expert Panel (TEP) on May 25, 2021.

Welcome, Introductions, and Review of Web Meeting Objectives

Chuck Amos, NQF Director, Quality Innovation, began by welcoming participants to the web meeting. Mr. Amos thanked CMS for their support of this work and provided an opportunity for the Co-Chairs to provide additional opening remarks.

Drs. Cathy MacLean and Sam Simon, the Co-Chairs of the project, thanked the TEP for their continued involvement, feedback, and engagement.

Roll call was taken, and Mr. Amos reviewed the following meeting objectives: Recap Web Meeting #4, discuss Interim Report Version 2, and discuss initial concepts for the Technical Guidance Report for PRO-PM development. The Technical Guidance discussion would include a use case from the perspective of measure developers, recommended approaches to content, and options for document structure.

Mr. Amos shared a visual representation of the project timeline. Specifically, this web meeting will allow for beginning work on the Technical Guidance Report. TEP members were reminded that this is the fifth of eight web meetings set to occur during the base year. Mr. Amos discussed ground rules for the meeting and reiterated the project's True North statement.

Recap of Web Meeting #4

Prior to providing a recap of Web Meeting #4, Mr. Amos reminded attendees of the definitions that are being used for the purposes of this project. These definitions include Patient-Reported Outcomes (PROs), Patient-Reported Outcome Measures (PROMs), and Patient-Reported Outcome Performance Measures (PRO-PMs).

- A PRO is the outcome we want to track using information that is provided directly by the patient. This could be things like reduced symptoms of depressions, increased functioning after knee surgery, or improved quality of life.
- A PROM is the standardized questionnaire we use to capture data about the PRO.
- Finally, the PRO-PM is the performance measure we use to assess a healthcare entity, such as a hospital or health plan

Mr. Amos shared that today will be the first time for discussion to focus exclusively on PRO-PMs. There were no objections from attendees regarding the definitions shared.

Teresa Brown, NQF Senior Manager, provided a recap of web meeting #4. During this web meeting the TEP discussed the Interim Report while making real-time updates to the Attribute Grid that describes high quality PROMs for use in PRO-PMs. Additionally, the PHQ-9 was used to help verify and confirm these attributes' practical use in application when determining the selection of PROMs in developing a performance measure.

Interim Report Discussion

Mr. Amos reminded attendees of the scope of the Interim Report, which includes a focus on the current Attribute Grid, and how those attributes shape the selection of high quality PROMs for use in performance measures. Mr. Amos noted that the Interim Report also includes the completed Attribute Grid of the PHQ-9 use case that was discussed during [Web Meeting #4](#). Mr. Amos shared that additional PROMs would be included in future drafts of the Interim Report and encouraged TEP members to contact the project team if they were interested in assisting.

Attendees were reminded that the goal of the Interim Report is to provide examples to users or developers of PRO-PMs of the essential attributes of high quality PROMs that could increase the success of PRO-PMs developed and used in CMS Value-Based Purchasing (VBP) programs, Alternative Payment Models (APMs). Mr. Amos informed attendees that the second draft of the Interim Report will be posted for public comment from June 1 to June 21. The TEP will be provided with a Word version of the report via email and are encouraged to share their feedback in the Word version document.

Though measure developers are the target audience for the Interim Report, the final document will be meaningful for a broad range of health care stakeholders. Mr. Amos thanked TEP members in advance for their feedback on the Interim Report given that their insights and public comments will help in the development of the Technical Guidance Report.

Discussion and Outline of Initial Concepts for Technical Guidance

Mr. Amos shared that the discussion regarding the Technical Guidance will begin with a draft process map. Dr. Simon led the discussion by providing an overview of the process map and asking the TEP for feedback. Dr. Simon introduced this draft map as a starting point and emphasized the need to further include stakeholder perspectives, e.g., patients and clinicians. The following suggestions were provided by the TEP within the areas of the current steps of the draft process map:

Identify the Need for a PRO-PM

Dr. Simon presented this step as determining the need or use case for measuring performance. A TEP member suggested the need for an in-depth evaluation and could include aspects from other steps within the process to assist in determining value. Another TEP member shared the importance of assembling stakeholders to include patients, clinicians, and other perspectives early within this process.

Define Desired Outcomes

Dr. Simon presented this step as defining and identifying relevant patient reported outcomes, such as physical function. A TEP member suggested that during this step, it may be useful to identify the prime audience. TEP members suggested that defining the desired outcome will be helpful for this aspect of the process map.

Assess Candidate PROMs

Dr. Simon presented this step as reviewing what PROMs are available within the area of interest, using the Attribute Grid developed previously and selecting the PROM. TEP members agreed that psychometric properties and soundness, including reliability and validity of a PROM should be examined

early in the process, as the PROM may define the measure algorithm going forward. TEP members suggested that greater specificity be included regarding which PROMs were selected.

Select PROM(s)

Dr. Simon presented this step as the selection of appropriate PROM(s) for the development of a PRO-PM, based on the assessment in the previous step.

Develop Attribution and Risk-Adjustment Model

Dr. Simon presented this step as assessing the level of attribution or what the risk adjustment for the measure could be. TEP members suggested that attribution and risk adjustment be separated.

A TEP member shared that attribution models could be complex, including stratification for different use cases, as well as ensuring measures are applicable to a variety of different health entities (e.g., accountable care organizations (ACOs), payers, clinical health practices, public health systems). It will be important that the risk adjustment models used are able to adjust for variables in a way that can inform the quality of care, especially when the models include health equity or SDOH factors.

Specify Patients, Entities, Exclusions, Thresholds, Etc.

Dr. Simon presented this step as drafting specifications for the measure. For a digital PRO-PM, the specifications would be expressed in the Measure Authoring Tool (MAT). This step also determines a relevant threshold, denominator, and that the relevant population would be captured. A TEP member shared that attribution may need to also be included within this step, as criteria or exclusions to the specifications could impact the attribution models. TEP discussion included greater specificity regarding the denominator.

Evaluate PRO-PM Psychometric Properties

Dr. Simon presented this step as part of the evaluation of the measure. TEP members noted that psychometric properties of PRO-PMs are different than those identified for the candidate PROMs, and that they are different and separate tools. A TEP member shared that the psychometric properties of a PRO-PM in the defined population need to be determined as an important inclusion within this step.

Evaluate Feasibility and Usability

Dr. Simon presented this step as an additional part of the evaluation of the measure. TEP members noted that feasibility could be moved earlier in the process map.

Develop Implementation Guide

Dr. Simon presented this step as a process of documenting how the performance measure should be implemented. Dr. Simon stated there could be a rationale for moving this step prior to the testing of a PRO-PM. A TEP member shared that actionability at the point of care is important to consider within implementation.

Testing of PRO-PM

Dr. Simon presented this step as potentially field testing a measure, an important step to help confirm and finalize the implementation guide.

Prepare for Endorsement Submission

Dr. Simon presented this step as the final step for the performance measure.

Additional Feedback

In addition to feedback specifically around the proposed process map steps, the TEP provided the following insights:

- Desire to see a data collection method/evaluation methodology included that assigns relative weights to different considerations (e.g., patient relevance; metric clarity; ease of implementation for providers, staff, and other stakeholders). There was agreement from the TEP that such methodology should be a separate point in the process map.
- Consider adding a separate point in the process map that describes developing the PRO-PM into an eCQM.
- Development of a feedback loop rather than a linear process that includes concurrent testing in different areas (patient, provider, ease of implementation, etc.).
- Inclusion of a separate point in the process map that describes the stakeholder team that needs to be assembled to provide input.
- Consider including a step in the process map between selecting the PROM(s) and developing an attribution and risk-adjustment model. The TEP discussed reviewing the threshold performance level to determine if a patient's outcome is 'no worse' versus 'better' has an impact of distribution across sites.
- TEP members suggested engaging with patients on a panel and/or engaging with consulting firms, such as Rainmakers, as a means to capture patient input.

Discussion

Mr. Amos thanked the TEP for their feedback and transitioned to discussion questions that will assist in developing the Technical Guidance. Dr. MacLean led the discussion with the TEP.

The difference between technical and logical considerations were discussed in context considering the development of a digital PRO-PM. Dr. MacLean provided an example further explaining patient understandability of a PROM tool, as compared to the cut points or thresholds observed from the measure developer perspective. The topic of composite scores for individuals and global patient scoring related the conversation back to the psychometric properties discussed in the process map. Dr. MacLean stated that cut points, substantial clinical benefits, and/or achievement of minimally clinical important change fit within the topic of psychometric proprieties within the draft process map.

A TEP member stated that both logical and technical considerations should be considered together, emphasizing that the relevance to the intended population should be considered a priority. A general consideration was raised, referencing the level of burden or clinical workflow a PRO-PM can have related to the technical impact.

Dr. MacLean asked the TEP, how would a measure developer determine a PRO-PM is the correct type of measurement versus another type of metric? The TEP discussed that PRO-PMs are currently highly sought after in the measure development community but are not appropriate for every type of measurement. If there are strong physiological values that exist to support the outcome measure, a PROM or PRO-PM would not be appropriate. The example was given of asking a patient with diabetes about their A1C or blood pressure: those values would be captured in discrete fields within an EHR and would not require a PRO-PM. The TEP agreed that PRO-PMs should aim to capture the subjectivity of the patient voice in clinical areas such as symptoms or functional status.

A TEP member emphasized the importance of an appropriate number of patients in the target population related to challenges with endorsement. The patient population would need to be large enough to perform adequate testing to ensure validity of the measure through the endorsement process.

Dr. MacLean thanked the TEP for the discussion and transitioned the meeting back to NQF staff.

Public Comment

Ms. Brown opened the web meeting to allow for public comment. A Federal Liaison shared that representativeness of the sample being measured is important and should be included within the process map. Additional comments from Federal Liaisons related to the practical considerations of implementation and how implementation science could assist in this work. Another Federal Liaison asked attendees how a measure has had a demonstrable effect on the health care system. Discussion regarding this question revealed that determining the correct measure for assessing quality within various care delivery systems will be important yet it is worth noting the quality improvement process is novel for PRO-PMs and there is not yet a depth of data within this work.

A TEP member introduced cross-sectional and longitudinal PRO-PMs, that is, the capture of outcomes over time or change scores should be considered in future discussion.

Mr. Amos thanked the Federal Liaisons for their comments.

Next Steps

Ms. Brown shared that the next steps for the project are to post Version 2 of the Interim Report for public comment on June 1. The public commenting period will close on June 21. Members of the TEP were encouraged to provide written feedback on the Interim Report to the project team no later than June 11. Ms. Brown informed attendees that the final version of the Environmental Scan Report is now posted to the project website and reminded attendees that Web Meeting #6 will occur on June 24, 2021 from 1:00-2:30pm ET. Mr. Amos closed the meeting by thanking attendees, TEP members, and Federal Liaisons for their discussion and reiterated the opportunity to provide feedback on the Interim Report in the coming days.