



Building a Roadmap from Patient-Reported Outcome Measures to Patient-Reported Outcome Performance Measures Web Meeting 6

The National Quality Forum (NQF) convened a public [web meeting](#) for the Building a Roadmap From Patient-Reported Outcome Measures (PROMs) to Patient-Reported Outcome Performance Measures (PRO-PMs) Technical Expert Panel (TEP) on June 24, 2021.

Welcome, Introductions, and Review of Web Meeting Objectives

Chuck Amos, NQF Director, welcomed TEP members and other participants to the web meeting. Co-Chairs Drs. Cathy MacLean and Sam Simon made brief opening remarks to welcome meeting participants. Mr. Amos reviewed the housekeeping reminders, introduced the NQF project team members in attendance, welcomed Deidra Smith as the new project manager, and reviewed the meeting agenda. Teresa Brown, NQF Senior Manager, assessed attendance of the TEP members and Federal Liaisons, as well as recognized the members of the Centers for Medicare & Medicaid Services (CMS) in attendance.

Recap of Web Meeting #5

Mr. Amos provided a brief recap of Web Meeting 5, held on May 25, 2021. During Web Meeting 5, the TEP provided feedback for Version 2 of the Interim Report and discussed the initial concepts for the Technical Guidance in PRO-PM development. The project staff presented and discussed a draft process map for selecting high quality PROMs for use in PRO-PMs to developing and testing a performance measure. The TEP recommended additional approaches to content and presented options for document structure.

Interim Report Public Comments

Mr. Amos presented the public comments received on the Interim Report. NQF posted the report on the project webpage for public and NQF member comment from June 1, 2021, through June 21, 2021. Comments were elicited through the public commenting tool and through additional organizational and external outreach. During the commenting period, NQF received fifteen comments from eight organizations, five of which were similar or duplicate comments. At the end of the commenting period, NQF categorized the comments into the following themes:

- Emphasis on the importance of person-centeredness
- Strengthen/clarify descriptions and usage of attributes
- Improvements/clarification of language
- Emphasis on PROM evaluation and implementation within clinical settings
- Historical comparison of previous NQF reports
- Further examination regarding appropriate thresholds
- PRO-PMs should use data from multiple PROMs

The TEP reviewed and discussed the comments and potential incorporation of the comments into the Interim Report. Public comments are presented below with the organizations and any additional TEP discussion.

Comments were received from the American Association of Health and Disabilities, the National Association of State Directors of Developmental Disability Services, and Human Services Research Institute relating to a further emphasis on the importance of patient-centered care within the Report. NQF's proposed responses to these comments included reviewing NQF's 2020 report on [Person Centered Planning and Practice](#) for relevant citations and adding a clarifying description in the terminology and glossary sections that explains the differences between attributes and attribution. Based on the comment received, TEP members discussed how to best distinguish between the two terms and agreed that attributes refer to the characteristics of a PROM whereas attribution deals with assigning accountability for a performance measure. The second recommendation includes adding language to the report that the project is not specifically focused on any specific setting or discipline and is intended to discuss PROMs and PRO-PMs at an agnostic level.

Comments received from the American College of Physicians implicitly suggest that PROMs for PRO-PM development should require all attributes to be included as part of the vetting process. In addition to NQF's shared proposed response, TEP members suggested not being prescriptive in requiring that every attribute be a requirement, rather using the Interim Report to make a stronger case for the attributes. TEP members also shared that the report can address this aspect by including a smaller or 'core' listing of attributes that should always be considered, but that are not necessarily required.

Comments received by Partners Health Management suggested improving the terminology and glossary sections of the report to make them more accessible. NQF's response to this comment includes soliciting TEP members in the upcoming weeks to revise and provide input and guidance on the terminology and glossary sections.

Comments received from the American Medical Association (AMA) state that information included in the draft Interim Report echoes the [2013 Patient Reported Outcomes \(PRO\) report](#). (An email sent by the American Academy of Physical Medicine & Rehabilitation (AAPMR) echoed similar themes but was not included in the public comments since it was submitted via personal email.) NQF's proposed response includes adding a section to the report that details the attributes from 2013 and explicitly state where the reports share similarities, while also acknowledging their differences. Additional feedback from the TEP included the potential to emphasize the differences and/or similarities within the final Interim Report. Discussion included emphasizing this topic via a call-out box could also incorporate advances that have occurred since 2013 and what additional work should be considered within the future of this work. These organizations also provided feedback suggesting clarification of language related to cut points and the conceptual and measurement model attributes. NQF will strengthen the descriptions of all attributes within the final Interim Report.

The Council on Quality and Leadership stated that the "Covered Desires PROs from Patient and/or Caregiver Perspective" attribute does not accurately reflect patient-centeredness. NQF and the TEP discussed making the appropriate edits such as incorporating and accurately measuring the patient voice. TEP members shared their past experience in accurately measuring the patient voice by including patient assessments of domains that, on average, are important to the patient. Discussion from the TEP also revealed that the 2013 PRO report describes engaging patients in this way and is another opportunity to highlight how this project is building upon the 2013 work.

Mr. Amos thanked the TEP for their insight on how to incorporate the feedback and information gleaned from the public comments.

Outline of Initial Concepts for Technical Guidance Discussion

Mr. Amos provided a brief overview on updates to the Roadmap for PRO-PM development, including the addition of a section on Preliminary Work that is critical to developing PRO-PMs. Dr. Cathy MacLean reviewed the steps of the Preliminary Work to be determined prior to starting the development of a PRO-PM, including identifying key stakeholders and feedback processes; measurement rationale, outcomes, and audience; assessment of measure intent; assessment of measure type; determination of appropriate attribution; and PROM dependent thresholds. TEP discussion included clearly stating the goal and care setting in which the PRO-PM is intended to be used, including specifying the inclusion and exclusion criteria to further determine the denominator.

Dr. Simon reviewed Draft 2 of the Roadmap for PRO-PM Development. Discussion included potentially qualifying some of the steps for developing a PRO-PM as required or optional, such as developing a risk adjustment model. Some members of the TEP suggested that the process map for developing a PRO-PM should include the psychometric property evaluation of the PROM that is intended to be used for the measure. A co-chair shared that the psychometric property evaluation of the PROM should be completed as part of the assessment of the PROM using the Attribute Grid presented in the Interim Report. TEP members shared that digital quality measures are defined by the standards that are used to express them. TEP members also recommended outlining the availability and the importance of these standards. Another factor to consider when developing a digital PRO-PM is choosing a PROM that is available and validated in multiple languages, another attribute discussed in the Interim Report. Further, there is an opportunity for EHR vendors to enhance their language validation process. Related to this point, TEP members shared that additional resources and time should be considered for engagement with EHR vendors and/or health IT implementers, as well as discussion among administrators about which ICD and CPT codes are needed as this likely directly impacts digital PRO-PMs.

The TEP also discussed the importance of ensuring that perspectives of diverse populations, as well as social determinants of health, are considered. In response to incorporating diverse perspectives, TEP members suggested that a Plan-Do-Study-Act (PDSA) cycle can be included within the measure development and evaluation steps.

Mr. Amos and the Co-Chairs thanked the TEP for the insight they provided throughout Web Meeting #6.

Public Comment

Ms. Brown opened the meeting to allow for public comment. No comments were received.

Next Steps

Ms. Brown reviewed the project's upcoming dates and deliverables, which included that Web Meeting 7 will be held on Tuesday, August 3, 12:30—2:00 pm ET. Ms. Brown also informed attendees that the final version of the Interim Report will be posted on publicly on August 18. Attendees were encouraged to contact the project team via email if they have any questions.

Adjourn

Mr. Amos concluded the meeting by thanking the TEP members, federal liaisons, CMS partners, and NQF staff for their participation and attendance.