



Building a Roadmap From Patient-Reported Outcome Measures to Patient-Reported Outcome Performance Measures Second Year Web Meeting 5

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 August 3, 2022.

Welcome and Review of Web Meeting Objectives

Chuck Amos, NQF senior director, welcomed the participants to the fifth web meeting of the project's second year and reviewed housekeeping reminders. Mr. Amos thanked both the Centers for Medicare & Medicaid Services (CMS) and the TEP members for their time and commitment to this work. Mr. Amos acknowledged the rich discussion from Web Meeting 4, highlighting the contributions made by TEP members who are typically less vocal.

Mr. Amos reviewed the meeting objectives, the project reports (i.e., the Technical Guidance Report [henceforth referred to as *the Roadmap*] and the Developer Feedback Report), and the agenda. Carina Smith, NQF manager, took attendance. Mr. Amos thanked those in attendance and reviewed the ground rules for the meeting.

Recap of Web Meeting 4

Ms. Smith summarized the discussion topics from Web Meeting 4, the public comments on the Developer Feedback Report, and the Key Informant Interview (KII) recommendations. Ms. Smith announced that NQF published the Developer Feedback Report and that the report is currently available on the [PRO-PM project page](#). Ms. Smith stated that NQF would continue the conversation about the KII recommendations during this meeting.

Discussion: Findings From Key Informant Interviews

Mr. Amos introduced the discussion guide for reference during the meeting discussion. He then reviewed the Roadmap, provided a high-level overview of the four stages and associated tasks, and reminded the TEP that the discussion would continue where the Web Meeting 4 discussion ended.

Mr. Amos began the meeting with the ninth recommendation: *inclusion of PRO-PM specific guidance for alpha and beta testing*. He summarized the recommendation's aim to address difficulties that PRO-PM developers may face when securing test sites due to the potentially burdensome implementation requirements. Mr. Amos also summarized the discussion from Web Meeting 4, which included the topics of the importance of effective alpha testing for feasibility and the benefits of providing incentives to test sites. Dr. Sam Simon, Director, Health Program Improvement at Mathematica and TEP co-chair, suggested that this was an opportunity to select clinical sites with established use of PROMs and requested further input from the TEP members. In response, the TEP suggested the use of incentives for measured entities during testing. The TEP also discussed the differences between testing PROMs and

PRO-PMs and noted the importance of selecting PROMs with established validity and reliability as the foundation for a PRO-PM. TEP members noted the importance of ensuring the PROM is used as designed for PRO-PM scores to accurately reflect patient responses (i.e., use of Logical Observation Identifiers Names and Codes [LOINC] and abstraction methods). TEP members also noted the Roadmap's focus on PRO-PMs and stated that the report should clearly present objectives related to alpha- and beta-testing a PRO-PM. Dr. Simon proposed creating a table to outline these differences. The TEP agreed and suggested the addition of a case example of the various testing considerations for an NQF-endorsed quality measure for further clarity in the Roadmap. During this portion of the web meeting, a conversation about the role of natural language processing (NLP) emerged, and the TEP's suggestions included the use of NLPs to accurately collect data, specifically nonstandard data, for PRO-PMs.

Throughout the discussion of alpha and beta testing, TEP members expressed the importance of patient engagement. The TEP's recommendations included patient involvement in all phases of measure development and patient incentives for feedback during testing. The TEP agreed that patient input is critical and strategies to build engagement should be sustainable.

Mr. Amos introduced the remaining KII recommendations, #10 through #13, which address opportunities to improve the connection between Consensus Development Process (CDP) documentation and the Roadmap. Mr. Amos proposed including PRO-PM-specific details and source-of-truth documents in the Roadmap and opened the discussion to the TEP. The TEP agreed with the proposed additions and no further suggestions were discussed.

Mr. Amos introduced the topic of burden and workflow and proposed the inclusion of specific language to better reflect patient, clinician, and organizational burden with PRO-PM data collection. Dr. Cathy MacLean, Chief Value Medical Officer and Rheumatologist at Hospital for Special Surgery and TEP co-chair, highlighted the importance of data collection coordination and collaboration to reduce the duplicity of PROM collection, along with some advantages and disadvantages to using computerized adaptive testing (CAT). The TEP also discussed pathways for instrument implementation and guidance for data storage to reduce burden.

Mr. Amos shared an overview of recommendations to improve guidance for digital measurement and focused the TEP discussion on six of the eleven recommendations described in the discussion guide for the fifth web meeting. For the first recommendation, *introducing digital measurement earlier in the Roadmap*, TEP members highlighted the flexibility of the Roadmap as an accessible resource across strategies for measure developers as digital measures increasingly become the norm. Mr. Amos then introduced the next four recommendations: (1) *provide examples of digital measure specifications*, (2) *include details about privacy and security regarding new data sources*, (3) *add language in the Roadmap representing diverse health technology systems*, and (4) *refine the language in the Roadmap regarding outdated standards*. The TEP agreed with the recommendations. Mr. Amos shared the sixth recommendation: *consider the inclusion of case studies or best practices in the Roadmap*. Dr. MacLean provided an example of sampling methodology, and a TEP member noted the importance of representative samples. Mr. Amos encouraged TEP members to share suggestions of anecdotal case studies or best practices for possible inclusion in the Roadmap.

Mr. Amos introduced the next topic, *trade-offs in data collection strategies for a PRO-PM*, and requested the TEP's input on the appropriate location in the Roadmap for this topic. The KIIs recommended the inclusion of this topic in either stage 1 or stage 2. Dr. Simon expressed that the discussion of trade-offs may be best suited within the task titled *Select PROM(s) for Inclusion in PRO-PM* located in stage 2, and the TEP agreed.

Mr. Amos briefly described the remaining recommendations from the KII findings. Mr. Amos invited the TEP members to submit suggestions for strategies to engage patients in the measure development process. Mr. Amos also introduced the recommendation to expand the discussion of health equity in the Roadmap and noted current guidance could be found in reports from the Assistant Secretary for Planning and Evaluation (ASPE). Dr. MacLean proposed alignment of the Roadmap recommendations with ASPE's guidance. TEP members noted some concern with the second ASPE report and suggested the additional inclusion of the National Academies of Science, Engineering, and Medicine's (NASEM) five health equity reports.

Due to time constraints, Mr. Amos informed the TEP that the remaining recommendations will be discussed during the final web meeting in October, along with an opportunity for TEP members to recommend additional revisions to the Roadmap.

NQF Member and Public Comment

Mr. Amos opened the meeting for comments from the federal liaisons and public participants. A commenter suggested that the project staff review the current NQF risk adjustment task order recommendations to minimize conflicts between reference documents (e.g., NQF reports and ASPE reports). Mr. Amos agreed with this recommendation.

There were no further comments.

Next Steps

Ms. Smith informed the TEP that NQF will incorporate feedback into the Roadmap and may reach out with additional questions in the upcoming weeks. Ms. Smith also announced that the Roadmap will be available for public comment in September and the final web meeting will be held on October 21, 2022.

Adjourn

Mr. Amos thanked the co-chairs, the TEP, CMS, and NQF staff as the meeting adjourned.