



Patient Experience and Function

BACKGROUND

The implementation of patient-centered measures is one of the most important approaches to ensure that the healthcare that Americans receive reflects the goals, preferences, and values of care recipients. Patient-centered measurement aids in the delivery of high-quality care that aims to engage patients and families, leading to improved health outcomes, better patient and family experiences, and lower costs. The quality of patient care is continually improved in active partnership with patients and their families (or care partners as defined by the patient) to ensure integration of their health and healthcare goals, preferences, and values.

Poorly coordinated and fragmented care not only compromises the quality of care patients receive, but may also lead to negative, unintended consequences, including medication errors and preventable hospital admissions. Delivery of coordinated care necessarily brings together disparate sectors of the health and healthcare system. The existing evidence suggests that care today in the U.S. is largely uncoordinated, even though evidence also suggests that quality improvement strategies within care can improve performance.

The National Quality Forum's (NQF) portfolio of measures for Patient Experience and Function (PEF) includes measures of functional status, communication, shared decision making, care coordination, patient experience, and long-term services and support.

COMMITTEE CHARGE

A multistakeholder Standing Committee has been established to evaluate newly submitted measures and measures undergoing maintenance review and make recommendations for which measures should be endorsed as consensus standards. This Committee works to identify and endorse new performance measures for accountability and quality improvement that specifically address patient experience and function. Additionally, the Committee continues to evaluate consensus standards previously endorsed by NQF under the maintenance process.

The Standing Committee's primary work is to evaluate the submitted measures against NQF's standard [measure evaluation criteria](#) and make recommendations for endorsement. NQF will convene a multistakeholder Committee charged with providing guidance and input to accomplish the project objectives:

- Oversee the portfolio of measures
- Identify and evaluate competing and related measures
- Identify opportunities for harmonization of similar measures
- Recommend measure concepts for development to address gaps in the portfolio

- Provide advice or technical expertise about the subject to other committees (e.g., cross-cutting committees or the Measure Applications Partnership)
- Ensure input is obtained from relevant stakeholders
- Review draft documents
- Recommend specific measures and research priorities to NQF members for consideration under the Consensus Development Process (CDP).

To learn more about the work of NQF's CDP standing committees, review our [Committee Guidebook](#).

COMMITTEE STRUCTURE

The Patient Experience and Function Standing Committee is made up of no more than 25 individuals.

Terms

New standing committee members are appointed to a two or three-year term with the ability to extend for one additional term of two years; Committee members may serve two consecutive terms, for a total of five years (or 10 evaluation cycles). The Committee member's term on a standing committee begins upon selection to the Committee, immediately following the close of the roster commenting period.

Participation on the Committee requires a significant time commitment.

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

Committee participation includes:

- Participate in the scheduled orientation web meeting (2 hours)
- Identify and disclose potential biases (real or perceived)
- Review all measure submission forms (approximately 2 hours per measure)
- Complete all surveys and evaluations
- Attend all scheduled evaluation meetings. These may be in-person meetings (1-2 full days in Washington, DC) or a series of webinars (typically 2 hours each)
- Present some measures and lead discussion for the Committee at calls or meetings and participate in the discussion and vote on ratings and recommendations for all measures
- Review meeting summaries and/or draft reports
- Complete measure evaluation by reviewing the comments received on the draft report and then participating on the post-comment webinar (2 hours)
- Participate in additional calls or webinars as necessary

Table of Scheduled Meeting Dates

Meeting	Date/Time
Committee Orientation Web Meeting	January 8, 2020, 12:00 pm – 2:00 pm ET
Evaluation Web Meeting	February 12, 2020, 12:00 pm – 2:00 pm ET
Post-Comment Web Meeting	May 6, 2020, 12:00 pm – 2:00 pm ET

PREFERRED EXPERTISE AND COMPOSITION

Patient Experience and Function Standing Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health, 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 nominees to fill **three seats** for the Patient Experience and Function Standing Committee. NQF is specifically seeking patients/consumer advocates and individuals with relevant expertise in rehabilitation and/or post-acute care/long term care (PAC/LTCs) and geriatric care.

Please review the NQF [Conflict of Interest Policy](#) to learn about how NQF identifies potential conflict of interest. All 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 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 Patient Experience and Function Standing Committee, please **submit** the following information:

- A completed [online nomination form](#), including:
 - A brief statement of interest
 - A brief description of nominee expertise highlighting experience relevant to the committee

- A short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above
 - 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.
- 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 Wednesday, October 30, 2019.**

QUESTIONS

If you have any questions, please contact Suzanne Theberge and Oroma Igwe at 202-783-1300 or patientexperience@qualityforum.org. Thank you for your interest.