



NATIONAL QUALITY FORUM

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Memo

July 2, 2020

To: Patient Experience and Function Standing Committee
From: NQF staff
Re: Post-comment web meeting to discuss public comments received and NQF member expression of support

COVID-19 Updates

Considering the recent COVID-19 global pandemic, many organizations needed to focus their attention on the public health crisis. In order to provide greater flexibility for stakeholders and continue the important work in quality measurement, the National Quality Forum (NQF) extended commenting periods and adjusted measure endorsement timelines for the Fall 2019 cycle.

Commenting periods for all measures evaluated in the Fall 2019 cycle were extended from 30 days to 60 days. Based on the comments received during this 60-day extended commenting period, measures entered one of two tracks:

Track 1: Measures Continuing in Fall 2019 Cycle

Measures that did not receive public comments or only received comments in support of the Standing Committees' recommendations will be reviewed by the CSAC on July 28 – 29.

- **Exceptions**

Exceptions were granted to measures if non-supportive comments received during the extended post-comment period were similar to those received during the pre-evaluation meeting period and have already been adjudicated by the respective Standing Committees during the measure evaluation Fall 2019 meetings.

Track 2: Measures Deferred to Spring 2020 Cycle

Fall 2019 measures requiring further action or discussion from a Standing Committee were deferred to the Spring 2020 cycle. This includes measures where consensus was not reached or those that require a response to public comments received. Measures undergoing maintenance review will retain endorsement during that time. Track 2 measures will be reviewed during the CSAC's meeting in November.

During the Patient Experience and Function post-comment web meeting on Thursday, July 9, 2020 the Patient Experience and Function Standing Committee will be reviewing Fall 2019 measures assigned to Track 2. A complete list of Track 1 measures can be found in [Appendix B](#).

Purpose of the Call

The Patient Experience and Function Standing Committee will meet via web meeting on July 9, 2020 from 1:00 pm – 3:00 pm ET. The purpose of this call is to:

- Review and discuss comments received during the post-evaluation public and member comment period;
- Provide input on proposed responses to the post-evaluation comments;
- Review and discuss NQF members' expression of support of the measures under consideration; and
- Determine whether reconsideration of any measures or other courses of action are warranted.

Standing Committee Actions

1. Review this briefing memo and [draft report](#).
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments (see comment table).
3. Review the NQF members' expressions of support of the submitted measures.
4. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

Conference Call Information

Please use the following information to access the conference call line and webinar:

Dial-in #: 1-800-768-2983

Access code: 436-4232

Web link: <https://core.callinfo.com/callme/?ap=8007682983&ac=4364232&role=p&mode=ad>

Background

Over the past decade, there have been increasing efforts to change the healthcare paradigm from one that identifies persons as passive recipients of care to one that empowers individuals to participate actively in their care.¹⁻³ Healthcare treatments can be tailored to individual patients in terms of patient preferences and individual clinical factors when the patient voice is captured as part of routine care. Capturing patient experience and evaluating patient function are two important components of patient-centered measurement.⁴

The Centers for Medicare & Medicaid Services (CMS) Meaningful Measures Initiative includes the identification of measures that capture patients' experiences with clinicians and providers—one of 19 measurement areas for focusing our healthcare quality improvement efforts as a country.⁵ This falls under the measurement priority associated with strengthening person and family engagement as partners in their care. Ensuring that each person and family is engaged within a care partnership is critical to achieving better patient outcomes.⁶

Patient Experience and Function (PEF) is a National Quality Forum (NQF) measure topic area encompassing patient functional status, satisfaction, and experience of care, as well as issues related to care coordination. Central to the concepts associated with patient experience with their overall care is the patient's health-related quality of life and many factors that influence it, including communication, care coordination, transitions of care, and use of health information technology.⁷⁻⁹

The 25-member [Patient Experience and Function Standing Committee](#) has been charged with overseeing the NQF patient experience and function measure portfolio. The Committee evaluates both newly submitted and previously endorsed measures against NQF's measure evaluation criteria, identifies gaps in the measurement portfolio, provides feedback on how the portfolio should evolve, and serves on any ad hoc or expedited projects in its designated topic areas.

During the February 12 and February 26, 2020 web meetings, the Patient Experience and Function Standing Committee evaluated two measures undergoing maintenance review. The Standing Committee recommended one measure for continued endorsement and did not recommend one measure for continued endorsement.

The measure recommended by the Committee for continued endorsement is:

- 0425 Functional Status Change for Patients with Low Back Impairments (Focus on Therapeutic Outcomes (FOTO))

The measure that the Committee did not recommend for continued endorsement is:

- 0291 Emergency Transfer Communication Measure (University of Minnesota Rural Health Research Center)

Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). Second, NQF solicits member and public comments during a 16-week comment period via an online tool on the project webpage.

Pre-evaluation Comments

NQF solicits comments prior to the evaluation of the measures via an online tool on the project webpage. For this evaluation cycle, the pre-evaluation comment period was open from March 26 to May 24, 2020 for the measures under review. NQF did not receive comments prior to the measure evaluation meeting.

Post-evaluation Comments

The draft report was posted on the project webpage for public and NQF member comment on March 26, 2020 for 60 calendar days. During this commenting period, NQF received four comments from four member organizations:

Member Council	# of Member Organizations Who Commented
Provider Organization	1
QMRI	2
Supplier/Industry	1

We have included all post-evaluation comments that we received in the comment table (Excel spreadsheet) posted to the Committee SharePoint site. This comment table contains the commenter's name, comment, associated measure, topic (if applicable), and—for the post-evaluation comments—draft responses (including measure steward/developer responses) for the Committee's consideration. Please review this table in advance of the meeting and consider the individual comments received and the proposed responses to each.

Comments and Their Disposition

Themed Comments

Two major themes were identified in the post-evaluation comments, as follows:

1. Addressing reliability concerns of the Committee
2. Support of Committee's reliability vote

Theme 1 – Addressing Reliability Concerns of the Committee

The measure developer for NQF 0291 (University of Minnesota Rural Health Research Center) and Stratis Health noted the Committee's vote of "low" for the reliability primarily due to concerns with low kappa statistics presented for data element reliability analysis. The developer provided arguments that the measure may be reliable at the data element level. Stratis Health proffered steps they are taking to improve the reliability of data abstraction for NQF 0291.

Measure Steward/Developer Response:

No response required. Comments were offered by the developer and by Stratis Health (the quality improvement organization slated to assume measure stewardship in the near future).

Proposed Committee Response:

The Committee will consider the comments offered by University of Minnesota Rural Health Research Center and Stratis Health concerning plans to improve reliability and by the developer related to supplementary max kappa analyses that were submitted.

Action Item:

The Committee should review the comments and be prepared to discuss any additional recommendations for the developer to consider.

Theme 2 – Support of the Committee's Reliability Vote

The American Medical Association and the Federation of American Hospitals concurred with the Standing Committee's decision to vote "low" on reliability for NQF 0291. These organizations noted that the measure had low-to-fair performance on abstractor agreement, that the developer only used one month of testing data for score level reliability, and also that the validity results did not meet a high enough standard. Commenters also suggested that this assessment would be more appropriate for interoperability standards rather than as a quality measure.

Measure Steward/Developer Response:

No response offered other than the developer's own comment.

Proposed Committee Response:

Thank you for your comments on our review of NQF 0291. The Committee will review these comments during its deliberations on the Post-Comment Call scheduled on July 9, 2020.

Action Item:

The Committee should review the comments and the developer's response and be prepared to discuss any recommendations for the developer to consider.

NQF Member Expression of Support

Throughout the 16-week continuous public commenting period, NQF members had the opportunity to express their support (“support” or “do not support”) for each measure submitted for endorsement consideration to inform the Committee’s recommendations. Two NQF members provided their expressions of support/non-support: See [Appendix A](#).

Appendix A: NQF Member Expression of Support Results

Two NQF members provided their expressions of support/non-support. No measures under consideration received support from NQF members. Results for each measure are provided below.

0291: Emergency Transfer Communication Measure (University of Minnesota Rural Health Research Center)

Member Council	Support	Do Not Support	Total
Provider Organization	0	1	1
Supplier/Industry	0	1	1

Appendix B: Fall 2019 Track 1 Measures

The following measures did not receive public comments or only received comments in support of the Standing Committees' recommendations and will be reviewed by the CSAC on July 28 – 29:

- 0425: Functional Status Change for Patients with Low Back Impairments (Focus on Therapeutic Outcomes, Inc.)

References

- ¹ CMS. *Medicare Beneficiary Characteristics*. https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/Medicare_Beneficiary_Characteristics. Last accessed February 2020.
- ² United Health Foundation. America's Health Rankings website. https://www.americashealthrankings.org/explore/senior/measure/hospital_readmissions_sr/state/ALL. Last accessed February 2020.
- ³ Institute of Medicine Roundtable on Evidence-Based Medicine; Yong PL, Saunders RS, Olsen LA, eds. *The Healthcare Imperative: Lowering Costs and Improving Outcomes: Workshop Series Summary*. Washington, DC: National Academies Press; 2010.
- ⁴ Agency for Healthcare Research and Quality (AHRQ). Priorities of the national quality strategy website. <https://www.ahrq.gov/research/findings/nhqrdr/nhqrdr15/priorities.html>. Last accessed February 2020.
- ⁵ Centers for Medicare & Medicaid Services. Meaningful Measures Hub website. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-AssessmentInstruments/QualityInitiativesGenInfo/MMF/General-info-Sub-Page#Measurement_Areas. Last accessed February 2020.
- ⁶ Frandsen BR, Joynt KE, Rebitzer JB, et al. Care fragmentation, quality, and costs among chronically ill patients. *AJMC*. 2015; 21(5):355-362.
- ⁷ Schultz EM, Pineda N, Lonhart J, et al. A systematic review of the care coordination measurement landscape. *BMC Health Serv Res*. 2013;13:119.
- ⁸ Rosenthal MB, Alidina S, Friedberg MW, et al. A difference-in-difference analysis of changes in quality, utilization and cost following the Colorado multi-payer patient-centered medical home pilot. *J of Gen Intern Med*. 2016;31(3):289-296.
- ⁹ Jencks SF, Williams MV, Coleman EA. Rehospitalizations among patients in the Medicare fee-for-service program. *New Engl J Med*. 2009;360(14):1418-1428.