



September 19, 2019

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

Purpose of the Call

The Patient Experience and Function Standing Committee will meet via web meeting on September 25, 2019 from 1:00 pm to 3:00 pm ET. The purpose of this call is to:

- Review and discuss the comment received during the post-evaluation public and member comment period;
- Provide input on the proposed response to the post-evaluation comment; 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 comment.
3. 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:

Speaker dial-in #: 800-768-2983

Access Code #: 4364232

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

Background

In order to view the value of healthcare through a person-centered lens of priority, patients and family members must be engaged throughout the care process through centralized care coordination planning. Patient- and family-engaged care is a key component in the delivery of high-quality care that aims to improve health outcomes, achieve better patient and family experiences, and lower costs. The Patient Experience and Function portfolio includes measures of functional status, communication, shared decision making, care coordination, patient experience, and long-term services and supports. The Patient Experience and Function Standing Committee reviewed 15 measures. Two new measures were recommended for endorsement, and 13 maintenance measures were recommended for continued endorsement.

The 21-member [Patient Experience and Function Standing Committee](#) has been charged with overseeing the NQF patient experience and function measure portfolio, evaluating both newly submitted and previously endorsed measures against NQF's measure evaluation criteria, identifying gaps in the measurement portfolio, providing feedback on how the portfolio should evolve, and serving on any ad hoc or expedited projects in its designated topic areas.

During an in-person meeting on June 20, and three subsequent web meetings, on June 25 and July 1 and 2, the Patient Experience and Function Standing Committee evaluated two newly submitted measures and 13 maintenance measures. The Standing Committee recommended 15 measures for endorsement. The measures recommended for endorsement are:

- 0005 CAHPS Clinician & Group Surveys (CG-CAHPS) Version 3.0 – Adult, Child
- 0006 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, Version 5.0 (Medicaid and Commercial)
- 0166 HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey
- 0258 Consumer Assessment of Healthcare Providers and Systems (CAHPS) In-Center Hemodialysis Survey (ICH CAHPS)
- 0517 CAHPS Home Health Care Survey (experience with care)
- 2286 Functional Change: Change in Self Care Score
- 2321 Functional Change: Change in Mobility Score
- 2548 Child Hospital Consumer Assessment of Healthcare Providers and Systems (Child HCAHPS) Survey
- 2632 Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support
- 2633 Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients
- 2634 Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients
- 2635 Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients
- 2636 Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients
- 3227 CollaboRATE Shared Decision-Making Score
- 3461 Functional Status Change for Patients with Neck Impairments

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 May 1 to June 12, 2019 for the measures under review. The majority of the comments received regarded use of standard terminology for encoding the FIM instrument and the contention that the GG 6pt scale more clearly communicates a patient's reliance on personal assistance. All of these pre-evaluation comments were provided to the Committee 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 August 1, 2019 for 30 calendar days. During this commenting period, NQF received one comment from one member organization:

Member Council	# of Member Organizations Who Commented
Provider Organization	1

We have included all comments that we received (both pre- and post-evaluation) 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 before the meeting and consider the individual comment received and the proposed response.

Comments and Their Disposition

Measure-Specific Comments

0258 Consumer Assessment of Healthcare Providers and Systems (CAHPS) In-Center Hemodialysis Survey (ICH CAHPS) Discharge to Community-Post Acute Care Measure for Long-Term Care Hospitals (LTCH)

On behalf of DaVita, Inc., the approximately 200,000 patients with end-stage renal disease (ESRD) that we serve, and our teammates dedicated to their care, we are pleased to provide the following comments, structured according to the NQF evaluation criteria, on NQF Measure # 0258: Consumer Assessment of Healthcare Providers and Systems (CAHPS) In-Center Hemodialysis Survey (ICH-CAHPS).

Evidence, Performance Gap, Priority – Importance to Measure and Report

The In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) provides a measure of patients' experience of care with in-center hemodialysis. It was created to allow:

- Consumers and patients to make comparisons among dialysis facilities;
- Dialysis facilities to benchmark their performance;
- CMS to monitor facility performance; and

- Facilities to gather information for internal quality improvement purposes.

We believe it is critically important to evaluate patients' experiences when receiving dialysis and continue to support the ICH CAHPS measure conceptually. However, the burden associated with completion of the survey in its current form limits its effectiveness as a means of engaging patients and driving improvements in care quality. Our specific concerns are detailed in the relevant sections below.

Reliability and Validity – Scientific Acceptability of Measure Properties

In its current form, the ICH CAHPS is extremely lengthy and places a significant burden on those patients who choose to complete it. As a comparison, the ICH CAHPS is almost twice as long as the Hospital CAHPS (HCAHPS), despite the fact that hospitals are treating a variety of patient conditions and ESRD facilities only kidney failure. This issue is compounded by the fact that ICH CAHPS administration occurs in the context of numerous other surveys that dialysis patients are asked to complete (e.g. Kidney Disease Quality of Life, provider-specific questionnaires).

As a consequence of its burdensome nature, ICH CAHPS response rates are consistently low and this, in turn, leads to concerns about validity of the reported results. As described in section S.15 of the Measure Information document, a target minimum of 200 completed ICH CAHPS surveys are needed for each facility over each 12-month reporting period in order to achieve statistical precision. However, no minimum response rate on the survey is specified and CMS currently reports CAHPS measures on the Dialysis Facility Compare website for facilities with a minimum of only 30 completed surveys over the prior two data collection periods. Thus, the results that are reported for many facilities lack sufficient statistical power to provide accurate information. This problem is likely to be exacerbated in the future as anticipated increases in the number of dialysis patients selecting home-based treatment modalities further reduces the number of ICH CAHPS responses.

Feasibility

Section 3c of the Measure Information document discusses data collection strategy and highlights current efforts to explore the possibility of conducting the survey online. Currently, ICH CAHPS responses are captured by mail and telephone. The excessive length of ICH CAHPS means that font size of the printed version of the survey must be very small, resulting in it being inaccessible to patients with visual impairments. Telephone interviews are also problematic in that CMS requires that these are conducted while the patient is outside the dialysis facility, but during a restricted range of acceptable hours. The lengthy, repetitive nature of the survey questions means that such calls are extremely time consuming. Development of a web-based version of the survey would circumvent many of these issues and additionally would allow patients to easily select their preferred language. Importantly, the use of more acceptable survey delivery methods would likely improve survey response rates.

Usability and Use

ICH CAHPS results are currently reported on Dialysis Facility Compare and are included in the CMS ESRD Quality Incentive Program (QIP). While having a measure of patients' experiences of care is critically important to inform both patient choice and dialysis facility quality improvement efforts, concerns about the validity of the reported ICH CAHPS results (discussed

above) significantly limit the extent to which it is effective in this regard. Section 4a2 of the Measure Information document details suggestions for possible improvements that have been identified through informal meetings with patient groups: these include using the web to collect survey data and shortening the questionnaire. We strongly concur with this feedback and believe that these changes would improve response rates on the survey, resulting in more accurate and meaningful information.

Comparison to Related or Competing Measures

N/A

Measure Steward/Developer Response:

CMS thanks the National Quality Forum (NQF) and DaVita for the opportunity to respond to DaVita's comments on the In-Center Hemodialysis CAHPS® Survey (ICH CAHPS). CMS submitted the current ICH CAHPS questionnaire to NQF for re-endorsement. We have made no substantial changes to the questionnaire or to the survey administration procedures from the initial endorsement. While we are not proposing changes to the current questionnaire or administrative procedures at this time, we are launching an effort to update the ICH CAHPS survey in the future. CMS has begun research and analysis of the current survey data to determine how we might reduce burden on respondents in the future. This includes considering shortening the questionnaire, making modifications to the current questions, and re-evaluating the frequency of administration. If we do make updates to the ICH CAHPS measures, we would make an application to NQF for endorsement of the revised measures.

In general survey response rates have been declining for several years across all types of surveys. CMS believes there are a number of factors contributing to survey response declines. Consequently, we are asking survey vendors to take steps to encourage response.

For telephone surveys we ask vendors to:

- Try different times of day and weekends to reach respondents.
- Whenever possible, ask for a good call back time if the respondent is unable to complete at the moment. We ask vendors to call back at the appointment time.
- Do 10 follow-up call attempts to maximize the possibility of reaching a patient and having them complete the survey.

For the mail surveys we ask vendors to:

- Check mailing addresses to ensure they are as updated as possible.
- Follow questionnaire formatting guidelines in the Survey Administration and Specifications manual, available at <https://ichcahps.org/>. These guidelines are intended to make the survey as readable as possible.

DaVita mentions conducting a web-based survey. CMS has been conducting tests of web-based CAHPS surveys. Our results indicate that a web-only survey will produce response rates of under 10%. This is far less than we currently get with more traditional

methods. For this reason, we are considering the possibility of offering a web-based option along with the traditional methods of data collection (mail, telephone, and mail with telephone follow-up).

Proposed Committee Response:

Thank you for your comments. The Committee will review these comments during its deliberations on the Post-Comment Call scheduled on September 25, 2019.

Action Item:

The Committee should review the comment and the developer's response and be prepared to discuss whether it wishes to reconsider the recommendation for the measure.

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. Zero NQF members provided their expressions of support.