



NATIONAL QUALITY FORUM

Driving measurable health
improvements together

Memo

October 20, 2021

To: Patient Experience and Function Standing Committee

From: NQF staff

Re: Post-comment web meeting to discuss public comments received and NQF member expressions of support

Introduction

NQF closed the public commenting period on the measures submitted for endorsement consideration to the Patient Experience and Function project. NQF received 13 comments that require the Standing Committee's review and consideration during the Patient Experience and Function post-comment meeting, scheduled for October 20, 2021.

The Standing Committee's recommendations will be reviewed by the Consensus Standards Approval Committee (CSAC) on November 30, 2021. The CSAC will determine whether or not to uphold the Standing Committee's recommendation for the measure submitted for endorsement consideration. All Standing Committee members are encouraged to attend the CSAC meeting to listen to the discussion.

Purpose of the Call

The Patient Experience and Function Standing Committee post-comment web meeting is scheduled for October 13, 2021 from 2:00 pm ET. The purpose of the post-comment 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' expressions 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 and additional documents included with the call materials).
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:

Meeting link: <https://nqf.webex.com/nqf/j.php?MTID=mbb6fa24588a0f6d6e43c31c07960b1c8>

<https://www.qualityforum.org>

Meeting Number: 2343 066 8491

Meeting Password: QMEvent

Join by phone: 1-844-621-3956

Background

Patient experience and function encompasses patient functional status, satisfaction, and experience of care, as well as issues related to care coordination. Central to the concepts associated with a patient's experience of their overall care is the patient's health-related quality of life and the factors influencing it, including communication, care coordination, transitions of care, and use of health information technology.

Appropriate service planning is a critical process for selecting and organizing the services and supports that an older adult or person with a disability may need to live in the community. Medicaid will cover home- and community-based services as an alternative to institutional living provided that a person-centered service plan is in place that addresses the beneficiary's long-term care needs. Measuring the quality of such plans and the extent to which individuals' needs and priorities are addressed is a key priority.

During the spring 2021 cycle, the 24-person Patient Experience and Function Standing Committee reviewed one new measure against NQF's standard evaluation criteria: NQF #3622 *National Core Indicators for Intellectual and Developmental Disabilities (ID/DD) Home- and Community-Based Services (HCBS) Measures*. The Standing Committee recommended the measure for endorsement.

Comments Received

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

Pre-evaluation Comments

NQF accepts 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 April 29 to June 10, 2021 for the measures under review. No comments were submitted 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 19, 2021 for 30 calendar days. During the public commenting period, 13 comments were received from members of the public and no comments were received from NQF member organizations.

NQF staff have included all comments that were received (both pre- and post-evaluation) in the comment narrative posted to the Standing Committee SharePoint site. This comment narrative 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 Standing Committee's consideration. Please review this narrative in advance of the meeting and consider the individual comments received and the proposed responses to each.

In order to facilitate discussion, the post-evaluation comments have been categorized into major topic areas or themes. Although all comments are subject to discussion, the intent is not to discuss each

individual comment during the post-comment call. Instead, NQF staff will spend the majority of the time considering the themes discussed below and the set of comments as a whole. Please note that the organization of the comments into major topic areas is not an attempt to limit Standing Committee discussion. Additionally, please note measure stewards/developers were asked to respond where appropriate. Where possible, NQF staff has proposed draft responses for the Standing Committee to consider.

Comments and Their Disposition

Measure-Specific Comments

#3622 National Core Indicators for Intellectual and Developmental Disabilities (ID/DD) Home- and Community-Based Services (HCBS) Measures

Family Voices NJ expressed support for all measures but expressed some concerns with #CC-4. The commenter noted that the measure is in need of additional specificity regarding patient choices (such as when/what to eat, when to sleep, roommates, etc.) The commenter also noted that the human rights domain encompasses more than personal space including, but not limited to, learning how to appeal denials of services and programs, obtain insurance, appeal denied claims, etc. The commenter recommended an additional measure regarding necessary medical and behavioral health supports (including respite for family caregiver) that allow individuals with disabilities to remain in their communities.

The commenter also observed that the list for adjustment/stratification of residential placement is not entirely comprehensive and does not include supported housing, supervised apartments, independent living apartments, etc. The commenter also mentioned the Standing Committee's concerns regarding diversity in sample populations and feasibility.

Measure Steward/Developer Response:

Thank you for supporting #3622 and raising these vitally important points.

We agree that Home- and Community-Based Services (HCBS) play a critical role in empowering millions to live meaningful lives in the community of their choice. We also believe it is important to measure the effect HCBS has on critical life outcomes such as choice, rights and respect, health, access to supports and others. By measuring these outcomes, state agencies can understand their performance and how services are affecting people's lives. With that information, state agencies can determine their priorities for moving forward and supporting people to achieve their goals and live the lives of their choosing. These data are critically important, particularly in light of the COVID-19 pandemic, when services may have been altered and people's routines were upended. In principle, we align with the 2016 NQF published report entitled "Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement", affirming the significance of HCBS quality measures.

Regarding cultural and linguistic competency's importance in addressing health disparities — again, we strongly agree. Not all of our measures directly address health and health disparities, but we recognize the importance of social factors as crucial determinants of health and take them into account whenever relevant and possible. The guiding principle for our submitted measures has been Person-Centered Planning and Practice (PCP). PCP is a facilitated, individual-directed, positive approach to the planning and coordination of a person's services and supports based on individual aspirations, needs, preferences, and values (NQF, 2020, p.7). Cultural humility and competency are key aspects of PCP, which take the whole person and the

complexity of their experience and worldview into account. PCP and cultural competency were key factors that were carefully considered in survey question development. In terms of linguistic competency, the In-Person Survey tool is available in English, Spanish, and other languages as needed.

We recognize the importance of addressing state-specific needs. For example, to consider state differences in residence settings, the submitted measures are stratified by 5 residence types:

1. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), nursing facility, or other institutional setting
2. Group residential setting (e.g., group home)
3. Own home or apartment
4. Parents' or relatives' home
5. Foster care or host home

This stratification allows states to gather important data about community vs. institutional settings and discover where differences in outcomes are present. With that information, state agencies can work to ensure people are living in the settings that best allow them to live the lives they want. For more details, please refer to the PEF draft report pages 27 and 44. Surveys without these considerations would not be able to stratify results by residence settings.

We share your concerns about the impact of COVID-19 on inequities. Due to the unforeseen nature of COVID-19, none of our 14 measures directly address the pandemic. National Core Indicators (NCI) has since added supplements specific to COVID-19 to collect information about respondents' experiences during the pandemic. The supplements were fielded during the 2020-21 data collection wave. These supplemental data will allow analysis of the impact of the COVID-19 pandemic on the 14 submitted measures.

Your input and support of #3622 are highly appreciated. We hope this response is helpful in addressing your questions, and we welcome any further discussions.

Proposed Committee Response:

Thank you for your comment. The Standing Committee will review and consider this information in the upcoming meeting.

Action Item:

Review the comments received and determine whether to accept the proposed Standing Committee response.

NQF Member Expression of Support

During the 16-week public commenting period, NQF did not receive any expressions of support for the measures under endorsement consideration for the current cycle.