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Patient Experience and Function, Spring 2020 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

Samuel Stolpe, PharmD, MPH, Senior Director

Oroma Igwe, MPH, Project Manager

Udobi Onyeuku, MSHA, Project Analyst

June 23, 2020

Welcome

Welcome

- The CenturyLink web platform will allow you to visually follow the presentation
- Please mute your lines when you are not speaking to minimize background noise.
- Please do not put the call on hold.
- You may submit questions to project staff via the CenturyLink web platform chat function.
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Project Team — Patient Experience and Function Committee



**Samuel Stolpe,
PharmD, MPH
Senior Director**



**Oroma Igwe,
MPH
Project Manager**



**Udobi Onyeuku,
MSHA
Project Analyst**



Agenda

- Introductions and Disclosures of Interest
- Measures Under Review
- Overview of Evaluation Process and Voting Process
- Consideration of Candidate Measures
- NQF Member and Public Comment
- Related and Competing Measures
- Next Steps
- Adjourn

Introductions and Disclosures of Interest

Patient Experience and Function Spring 2020 Cycle Standing Committee

- **Gerri Lamb**, PhD, RN, FAAN (Co-chair)
- **Christopher Stille**, MD, MPH, FAAP (Co-chair)
- **Richard Antonelli**, MD, MS
- **Adrienne Boissy**, MD, MA
- **Donald Casey**, MD, MPH, MBA, FACP, FAHA, FAAPL, DFACMQ
- **Ariel Cole**, MD*
- **Ryan Coller**, MD, MPH
- **Sharon Cross**, LISW-S
- **Christopher Dezii**, MBA, RN, CPHQ
- **Shari Erickson**, MPH
- **Dawn Hohl**, RN, BSN, MS, PhD
- **Sherri Kaplan**, PhD, MPH
- **Brenda Leath**, MHSA, PMP
- **Brian Lindberg**, BSW, MMHS
- **Lisa Morrise**, MA
- **Randi Oster**, MBA*
- **Charissa Pacella**, MD
- **Lenard Parisi**, RN, MA, CPHQ, FNAHQ
- **Debra Saliba**, MD, MPH
- **Ellen Schultz**, MS (Inactive for Fall 2019 Cycle)
- **Lisa Suter**, MD
- **Peter Thomas**, JD
- **Tracy Wong**, MBA*

Measures Under Review

Spring 2020 Cycle Measures

3 Maintenance Measures for Committee Review

- **2614** Short Stay Discharge Measure - (AHCA/NCAL)
- **2615** Long-Stay Resident Measure - (AHCA/NCAL)
- **2616** Long-Stay Family Measure - (AHCA/NCAL)

1 New Measures for Committee Review

- **3559** Risk-Standardized Improvement Rate in Patient-Reported Outcomes Following Elective Primary THA TKA - (YNHHSC/CORE)



NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of this measure:
 - ▣ 3559 Risk-Standardized Improvement Rate in Patient-Reported Outcomes Following Elective Primary THA TKA
- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.



NQF Scientific Methods Panel Review

- 1 of 1 measures passed the SMP Review
 - ▣ 3559 Risk-Standardized Improvement Rate in Patient-Reported Outcomes Following Elective Primary THA TKA passed both the reliability and validity sub-criterion.
- Scientific Acceptability is a must-pass criteria
- The Panel's comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measures to be evaluated by the Standing Committee in a future submission.

Overview of Evaluation Process



Roles of the Standing Committee ***During the Evaluation Meeting***

- Act as a proxy for the NQF multistakeholder membership
- Work with NQF staff to achieve the goals of the project
- Evaluate each measure against each criterion
 - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Patient Experience and Function measures



Ground Rules for Today's Meeting

During the discussions, Committee members should:

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times
- Keep comments concise and focused
- Allow others to contribute



Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin Committee discussion for each criterion by:
 - ▣ Briefly explaining information on the criterion provided by the developer
 - ▣ Providing a brief summary of the pre-meeting evaluation comments
 - ▣ Emphasizing areas of concern or differences of opinion
 - ▣ Noting, if needed, the preliminary rating by NQF staff
 - » This rating is intended to be used as a guide to facilitate the Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Committee
- Full Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion



Endorsement Criteria

- **Importance to Measure and Report:** Goal is to measure those aspects with greatest potential of driving improvements; if not important, the other criteria are less meaningful (must-pass)
- **Scientific Acceptability of Measure Properties:** Goal is to make valid conclusions about quality; if not reliable and valid, there is risk of improper interpretation (must-pass)
- **Feasibility:** Goal is to, ideally, cause as little burden as possible; if not feasible, consider alternative approaches
- **Usability and Use:** Goal is to use for decisions related to accountability and improvement; if not useful, probably do not care if feasible
- **Comparison to Related or Competing Measures**



Voting on Endorsement Criteria

- Votes will be taken after the discussion of each criterion
- **Importance to Measure and Report**
 - ▣ Vote on Evidence (must pass)
 - ▣ Vote on Gap (must pass)
 - ▣ Composite measures only – rationale
- **Scientific Acceptability Of Measure Properties**
 - ▣ Vote on Reliability (must pass)
 - ▣ Vote on Validity (must pass)
 - ▣ Composite measures only – quality construct
- **Feasibility**
- **Usability and Use**
 - ▣ Use (must pass for maintenance measures)
 - ▣ Usability



Voting on Endorsement Criteria

- **Related and Competing Discussion**
- **Overall Suitability for Endorsement**
- **Procedural Notes**
 - ▣ If a measure fails on one of the must-pass criteria, there is no further discussion or voting on the subsequent criteria for that measure; Committee discussion moves to the next measure.
 - ▣ If consensus is not reached, discussion continues with next measure criterion.



Achieving Consensus

- Quorum: 66% of the Committee (16 of 23 members)
- Pass/Recommended: Greater than 60% “Yes” votes of the quorum (this percent is the sum of high and moderate)
- Consensus not reached (CNR): 40-60% “Yes” votes (inclusive of 40% and 60%) of the quorum
- Does not pass/Not Recommended: Less than 40% “Yes” votes of the quorum
- CNR measures move forward to public and NQF-member comment and the Committee will revote during the Committee post-comment web meeting



Committee Quorum and Voting

- If at any point quorum is lost during a meeting, the Committee will continue the measure discussion but will not vote during the meeting.
 - ▣ Following the meeting, staff will only send the voting survey to those Committee members who participated in the meeting.
 - ▣ Staff will not request votes from any Committee member who did not attend the meeting.
- If staff have to request votes from the Committee following the meeting, Committee member votes must be submitted within 48 hours of receiving the request from NQF staff.
- If a Committee member leaves the meeting and quorum is still present, the Committee can continue to vote on the measures. The Committee member who left the meeting does not need to vote on the missed measures.



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Questions?

Voting Test

Consideration of Candidate Measures

2614 CoreQ: Short Stay Discharge Measure

- **Measure Steward:** AHCA/NCAL

- ▣ Maintenance measure

- **Brief Description of Measure:**

- The measure calculates the percentage of individuals discharged in a six-month time period from a SNF, within 100 days of admission, who are satisfied.
- **Numerator:** The measure assesses the number of patients who are discharged from a SNF, within 100 days of admission, who are satisfied.
- **Denominator:** The denominator includes all patients that are admitted to the SNF, regardless of payor source, for post-acute care, that are discharged within 100 days; who receive the survey and who respond to the CoreQ: Short Stay Discharge questionnaire within the time window.



2615 CoreQ: Long-Stay Resident Measure

- **Measure Steward:** AHCA/NCAL
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - The measure calculates the percentage of long-stay residents, those living in the facility for 100 days or more, who are satisfied.
 - **Numerator:** The numerator is the sum of the individuals in the facility that have an average satisfaction score of greater than or equal to 3 for the three questions on the questionnaire.
 - **Denominator:** The denominator includes all residents that have been in the SNF for 100 days or more regardless of payer status; who received the questionnaire who responded within the two month time window, who did not have the questionnaire completed by somebody other than the resident, and who did not have more than one item missing.



2616 CoreQ: Long-Stay Family Measure

- **Measure Steward:** AHCA/NCAL
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - The measure calculates the percentage of family or designated responsible party for long stay residents (i.e., residents living in the facility for 100 days or more), who are satisfied This consumer reported outcome measure is based on the CoreQ: Long-Stay Family questionnaire that has three items.
 - **Numerator:** The numerator assesses the number of family or designated responsible party for long stay residents that are satisfied.
 - **Denominator:** The target population is family or designated responsible party members of a resident residing in a SNF for at least 100 days.



3559 Hospital-Level, Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)

- **Measure Steward:** CMS
 - ▣ New measure
- **Brief Description of Measure:**
- This patient-reported outcome-based performance measure will estimate a hospital-level, risk-standardized improvement rate (RSIR) following elective primary THA/TKA for Medicare fee-for-service (FFS) patients 65 years of age and older.
- **Numerator:** The numerator is the risk-standardized proportion of patients undergoing an elective primary THA or TKA who meet or exceed an a priori, patient-defined substantial clinical benefit threshold of improvement between preoperative and postoperative assessments on joint-specific patient-reported outcome measure surveys.
- **Denominator:** The cohort (target population) includes, Medicare FFS patients 65 years of age and older undergoing elective primary THA/TKA procedures, excluding patients with hip fractures, pelvic fractures and revision THAs/TKAs.

Related and Competing Discussion

Related and Competing Measures

If a measure meets the four criteria and there are endorsed/new related measures (same measure focus or same target population) or competing measures (both the same measure focus and same target population), the measures are compared to address harmonization and/or selection of the best measure (Table 8).

	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	Competing measures-Select best measure from competing measures or justify endorsement of additional measure(s).	Related measures-Harmonize on target patient population or justify differences.
Different target patient population	Related measures-Combine into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue.



2615 Related Measures

- 0692 Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Long-Stay Resident Instrument (AHRQ)



2616 Related Measures

- 2615 CoreQ: Long-Stay Resident Measure (AHCA)



3559 Related Measures *(1 of 2)*

- 0422 Functional status change for patients with Knee impairments (FOTO)
- 0423: Functional status change for patients with Hip impairments (FOTO)
- 0424: Functional status change for patients with Foot and Ankle impairments (FOTO)
- 0425: Functional Status Change for Patients with Low Back Impairments (FOTO)
- 0426: Functional status change for patients with Shoulder impairments (FOTO)
- 0427: Functional status change for patients with elbow, wrist and hand impairments (FOTO)



3559 Related Measures (2 of 2)

- 0428: Functional status change for patients with General orthopaedic impairments (FOTO)
- 1550: Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) (YNH HSC/CORE)
- 1551: Hospital-level 30-day risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) (YNH HSC/CORE)
- 2643: Average change in functional status following lumbar spine fusion surgery (MN Community Measurement)
- 2958: Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery (Massachusetts General Hospital)

NQF Member and Public Comment

Next Steps

Activities and Timeline –Spring 2020 Cycle

*All times ET

Meeting	Date, Time
Measure Evaluation Web Meeting #2 (if needed)	June 24, 2020, 12:00 pm – 2:00 pm
Draft Report Comment Period	August 3 – September 1, 2020
Committee Post-Comment Web Meeting	September 17, 2020, 11:00 am – 1:00 pm
CSAC Review	November 17 – 18, 2020
Appeals Period (30 days)	November 23 – December 22, 2020



Fall 2020 Cycle Updates

- Intent to submit deadline is August 3, 2020
- Measure Submission is November 9, 2020



Project Contact Info

- Email: patientexperience@qualityforum.org
- NQF phone: 202-783-1300
- Project page:
http://www.qualityforum.org/Project_Pages/Patient_Experience_and_Function.aspx
- SharePoint site:
<http://share.qualityforum.org/Projects/Patient%20Experience%20and%20Function/SitePages/Home.aspx>

Questions?

THANK YOU.

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