



**NATIONAL
QUALITY FORUM**

Driving measurable health
improvements together

Patient Experience and Function, Fall 2020 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

Samuel Stolpe, PharmD, MPH, Senior Director

Oroma Igwe, MPH, Manager

Udobi Onyeuku, MSHA, Analyst

Yemsrach Kidane, PMP, Project Manager

February 9, 2021

February 12, 2021 (as needed)

*Funded by the Centers for Medicare and Medicaid Services under contract HHSM-500-2017-000601
Task Order HHSM-500-T0001.*

Welcome

Housekeeping Reminders

- This is a Ring Central meeting with audio and video capabilities
- Optional: Dial **+1(470) 869-2200** and enter passcode **1491935247**
- Please place yourself on mute when you are not speaking
- We encourage you to use the following features
 - ▣ Chat box: to message NQF staff or the group
 - ▣ Raise hand: to be called upon to speak
- We will conduct a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at patientexperience@qualityforum.org



Project Team — Patient Experience and Function Committee



Samuel Stolpe,
PharmD, MPH
Senior Director



Oroma Igwe,
MPH
Manager



Udobi Onyeuku,
MSHA
Analyst



Yemsrach Kidane,
PMP
Project Manager

Agenda

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

Introductions and Disclosures of Interest

Patient Experience and Function Fall 2020 Cycle Standing Committee

- **Kirk Munsch** (Patient)
- **Desiree Collins Bradley** (Patient Advocate)
- **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
- **Sherrie 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
- **Lisa Suter**, MD
- **Peter Thomas**, JD
- **Tracy Wong**, MBA

Overview of Evaluation Process and Voting Process



Roles of the Standing Committee During the Evaluation Meeting

- Act as a proxy for the NQF multistakeholder membership
- Evaluate each measure against each criterion
 - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Patient Experience and Function measures



Meeting Ground Rules

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 (Evidence and Performance Gap):** Extent to which the measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance (**must-pass**).
- **Scientific Acceptability (Reliability and Validity):** Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**).
- **Feasibility:** Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use:** Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare (**must-pass** for maintenance measures).
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure.



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 Performance Gap (must pass)
 - ▣ Vote on Rationale - Composite measures only
- **Scientific Acceptability Of Measure Properties**
 - ▣ Vote on Reliability (must pass)
 - ▣ Vote on Validity (must pass)
 - ▣ Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
 - ▣ Use (must pass for maintenance measures)
 - ▣ Usability



Voting on Endorsement Criteria (continued)

- **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 the next measure criterion.



Achieving Consensus

- Quorum: 66% of active committee members (16 of 24 members).

| Vote | Outcome |
|--|-------------------------------|
| Greater than 60% yes (greater than 14 members) | Pass/Recommended |
| 40% - 60% yes (between 10 and 14 members) | Consensus Not Reached (CNR) |
| <40% yes (less than 10 members) | Does Not Pass/Not Recommended |

- “Yes” votes are the total of high and moderate votes.



Achieving Consensus (continued)

- CNR measures move forward to public and NQF-member comment and the Committee will revote during the post-comment web meeting.
- Measures which are not recommended will also move on to public and NQF-member comment, but the Committee will not revote on the measures during the post comment meeting unless the Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.



Committee Quorum and Voting

- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
 - ▣ Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Committee member leaves the meeting and quorum is still present, the Committee will continue to vote on the measures. The Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Committee during their absence.



Evaluation Process Questions?

Voting Test

Measures Under Review



Fall 2020 Cycle Measures

■ Two New Measures for Committee Review

- **3593** Identifying Personal Priorities for Functional Assessment Standardized Items (FASI) Needs– (The Lewin Group/Centers for Medicare & Medicaid Services)
- **3594** Alignment of Person-Centered Service Plan (PCSP) with Functional Assessment Standardized Items (FASI) Needs– (The Lewin Group/Centers for Medicare & Medicaid Services)

Consideration of Candidate Measures

3593: Identifying Personal Priorities for Functional Assessment Standardized Items (FASI) Needs

- **Measure Steward:** The Lewin Group/Centers for Medicare & Medicaid Services
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ The percentage of home and community-based services (HCBS) recipients aged 18 years or older who have identified at least as many total personal priorities (up to three) as needs in the areas of self-care, mobility, or instrumental activities of daily living (IADL) combined as determined by the most recent FASI assessment.
 - ▣ For the purposes of this measure application, the term “home and community-based services” also will refer to community-based long-term services and supports (CB-LTSS). The definition of HCBS in the September 2016 National Quality Forum (NQF) report titled Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement is consistent with the way the Centers for Medicare & Medicaid Services (CMS) uses CB-LTSS.

3594: Alignment of Person-Centered Service Plan (PCSP) with Functional Assessment Standardized Items (FASI) Needs

- **Measure Steward:** The Lewin Group/Centers for Medicare & Medicaid Services
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ The percentage of home and community-based services (HCBS) recipients aged 18 years or older whose PCSP documentation addresses needs in the areas of self-care, mobility, and instrumental activities of daily living (IADL) as determined by the most recent FASI assessment.
 - ▣ For the purposes of this measure application, the term “home and community-based services” also will refer to community-based long-term services and supports (CB-LTSS). The definition of HCBS in the September 2016 National Quality Forum (NQF) report titled Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement is consistent with the way the Centers for Medicare & Medicaid Services (CMS) uses CB-LTSS.

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.

| | 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. |



Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- Committee will not be asked to select a best-in-class measure if all related and competing measures are not currently under review. Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.



3593 Related Measures

- 2967 : CAHPS® Home- and Community-Based Services Measures (Truven Health Analytics)

3594 Related Measures

- 2624 : Functional Outcome Assessment (Centers for Medicare and Medicaid Services)
- 2631 : Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (RTI International)
- 2967 : CAHPS® Home- and Community-Based Services Measures (Truven Health Analytics)

NQF Member and Public Comment

Next Steps



Measure Evaluation Process After the Measure Evaluation Meeting

- **Staff will prepare a draft report** detailing the Committee's discussion and recommendations
 - ▣ This report will be released for a 30-day public and member comment period
- **Post-comment call:** The Committee will reconvene for a post-comment call to discuss comments submitted
- **Final endorsement decision by the CSAC**
- **Opportunity for public to appeal endorsement decision**

Activities and Timeline – Fall 2020 Cycle

*All times ET

| Meeting | Date, Time |
|---|---------------------------------|
| Measure Evaluation Web Meeting <i>(as needed)</i> | February 12, 2021, 1pm-3pm |
| Draft Report Comment Period | March 24, 2021 - April 22, 2021 |
| Committee Post-Comment Web Meeting | June 1, 2021, 2pm - 4pm |
| CSAC Review | June 29, 2021 - June 30, 2021 |
| Appeals Period (30 days) | July 7, 2021 - August 8, 2021 |

Next Cycle - Spring 2021 Cycle Updates

- Intent to submit deadline was January 5, 2021
- Two new measures submitted
 - ▣ Two complex measures sent to the Scientific Methods Panel for review of scientific acceptability criterion
- Topic areas
 - ▣ Intellectual and Developmental Disabilities (ID/DD)
 - ▣ Home and Community-Based Services (HCBS)



Project Contact Info

- Email: patientexperience@qualityforum.org
- NQF phone: 202-783-1300
- Project page:
https://www.qualityforum.org/Patient_Experience_and_Function.aspx
- SharePoint site:
<https://share.qualityforum.org/portfolio/PatientExperienceFunction/SitePages/Home.aspx>

Questions?

THANK YOU.

NATIONAL QUALITY FORUM

<http://www.qualityforum.org>