Patient Experience and Function Spring 2019 Measure Review Cycle

Standing Committee Meeting

Sam Stolpe, Senior Director
Suzanne Theberge, Senior Project Manager
Oroma Igwe, Project Manager
Jordan Hirsch, Project Analyst

June 20, 2019

Welcome

- Restrooms
  - *Exit main conference area, past elevators, on right*
- Breaks
  - *10:30 am – 15 minutes*
  - *12:00 pm – Lunch provided by NQF*
  - *2:15 pm – 15 minutes*
- Laptops and cell phones
  - *Wi-Fi network*
    - User name: **guest**
    - Password: **NQFguest**
  - *Please mute your cell phone during the meeting*

Patient Experience and Function Project Team

- Project staff
  - *Sam Stolpe, Senior Director*
  - *Suzanne Theberge, Senior Project Manager*
  - *Oroma Igwe, Project Manager*
  - *Jordan Hirsch, Project Analyst*

- NQF Quality Measurement leadership staff
  - *Elisa Munthali, Senior Vice President*

Introductions and Disclosure of Interest

Patient Experience and Function Committee Roster – Spring 2019 Cycle

- **Lee Partridge** – *Co-chair*
- **Chris Stille**, MD, MPH, FAAP – *Co-chair*
- **Beth Averback**, MD
- **Don Casey**, MD, MPH, MBA, FACP, FAHA, DFACMQ
- **Ryan Coller**, MD, MPH
- **Sharon Cross**, LISW-S
- **Christopher Dezii**, RN, MBA, CPHQ
- **Shari Erickson**, MPH
- **Dawn Hohl**, RN, BSN, MS, PhD
- **Stephen Hoy**
- **Sherrie Kaplan**, PhD, MPH
- **Brenda Leath**, MHSA, PMP
- **Brian Lindberg**, BSW, MMHS
- **Linda Melillo**, MA, MS, CPHRM, CPXP
- **Ann Monroe**
- **Lisa Morrisse**, MA
- **Terrence O'Malley**, MD
- **Lenard Parisi**, RN, MA, CPHQ, FNAHQ
- **Debra Saliba**, MD, MPH
- **Ellen Schultz**, MS
- **Lisa Gale Suter**, MD
- **Peter Thomas**, JD

Project Introduction and Overview of Evaluation Process

Role of the Standing Committee
Measure Evaluation Duties

- All members evaluate ALL measures
- Evaluate measures against each criterion
  - *Indicate the extend to which each criterion is met and rationale for the rating*
- Make recommendations to the NQF membership for endorsement
- Oversee Patient Experience and Function portfolio of measures
  - *Promote alignment and harmonization*
  - *Identify gaps*

Role of the Standing Committee Co-Chairs

- Co-facilitate Standing Committee (SC) meetings
- Work with NQF staff to achieve the goals of the project
- Assist NQF in anticipating questions and identifying additional information that may be useful to the SC
- Keep SC on track to meet goals of the project without hindering critical discussion/input
- Represent the SC at CSAC meetings
- Participate as a SC member

Role of the Expert Reviewers

- The expert reviewer pool serves as an adjunct to NQF standing committees to ensure broad representation and provide technical expertise when needed
- Expert reviewers will provide expertise as needed to review measures submitted for endorsement consideration by:
  - *Replacing an inactive committee member;*
  - *Replacing a committee member whose term has ended; or*
  - *Providing expertise that is not currently represented on the committee.*
- Expert reviewers may also:
  - *Provide comments and feedback on measures throughout the measure review process*
  - *Participate in strategic discussions in the event no measures are submitted for endorsement consideration*

Role of NQF Staff

- NQF project staff works with SC to achieve the goals of the project and ensure adherence to the consensus development process:
  - *Organize and staff SC meetings and conference calls*
  - *Guide the SC through the steps of the CDP and advise on NQF policy and procedures*
  - *Review measure submissions and prepare materials for Committee review*
  - *Draft and edit reports for SC review*
  - *Ensure communication among all project participants (including SC and measure developers)*
  - *Facilitate necessary communication and collaboration between different NQF projects*

Role of Methods Panel

- Scientific Methods Panel created to ensure higher-level and more consistent reviews of the scientific acceptability of measures
- The Methods Panel is charged with:
  - *Conducting evaluation of complex measures for the Scientific Acceptability criterion, with a focus on reliability and validity analyses and results*
  - *Serve in an advisory capacity to NQF on methodologic issues, including those related to measure testing, risk adjustment, and measurement approaches.*
- The Methods Panel review will help inform the Standing Committee's endorsement decision. The Panel will not render endorsement recommendations.

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 (except at breaks)
- Keep comments concise and focused
- Avoid dominating a discussion and allow others to contribute
- Indicate agreement without repeating what has already been said

Process for Measure Discussion

- Measure developer will introduce the measure (2-3 min.)
- Lead discussants will begin Committee discussion by:
  - *Providing a summary of the pre-meeting evaluation comments*
  - *Emphasizing areas of concern or differences of opinion*
- Developers will be available to respond to questions at the discretion of the Committee
- Committee will vote on the criteria/subcriteria

Measure Evaluation Criteria

NQF Measure Evaluation Criteria for Endorsement

NQF endorses measures for accountability applications (public reporting, payment programs, accreditation, etc.) as well as quality improvement.

- Standardization evaluation criteria
- Criteria have evolved over time in response to stakeholder feedback
- The quality measurement enterprise is constantly growing and evolving—greater experience, lessons learned, ecpanding demands for measures—the criteria evolve to reflect the ongoing needs of stakeholders

Major Endorsement Criteria
(page 28-29 in the SC Guidebook)

- **Importance to measure and report**: Goal is to measure those aspects with the greatest potential of driving improvements; if not important, the other criteria are less meaningful (**must-pass**)
- **Reliability and Validity-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**

Criterion #1: Importance to Measure and Report (page 31-39)

1. Importance to measure and report – Extent to which the specific 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.

> ***1a. Evidence****: the measure focus is evidence-based*
>
> ***1b. Opportunity for Improvement****: demonstration of quality problems and opportunity for improvement, i.e., data demonstrating considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or disparities in care across population groups*
>
> ***1c. Quality construct and rationale*** (composite measures only)

Subcriterion 1a: Evidence (page 32-38)

- Outcomes measures
  - Empirical data demonstrate a relationship between the outcome and at least one healthcare structure, process, intervention, or service. If not available, wide variation in performance can be used as evidence, assuming the data are from a robust number of providers and results are not subject to systematic bias.
- Structure, process, intermediate outcome measures
  - The quantity, quality, and consistency of the body of evidence underlying the measure should demonstrate that the measure focuses on those aspects of care known to influence desired patient outcomes
    - » Empirical studies (expert opinion is not evidence)
    - » Systematic review and grading of evidence
      - *Clinical Practice Guidelines – variable in approach to evidence review*
- For measures derived from patient (or family/parent/etc.) report
  - Evidence should demonstrate that the target population values the measured outcome, process, or structure and finds it meaningful.
  - Current requirements for structure and process measures also apply to patient-reported structure/process measures

Criterion #1: Importance to Measure and Report

Criteria emphasis is different for new vs. maintenance measures

New measures	Maintenance measures
• Evidence – Quantity, quality, consistency (QQC) • Established link for process measures with outcomes	**DECREASED EMPHASIS**: Require measure developer to attest evidence is unchanged evidence from last evaluation; Standing Committee to affirm no change in evidence IF changes in evidence, the Committee will evaluate as for new measures
• Gap – opportunity for improvement, variation, quality of care across providers	**INCREASED EMPHASIS**: data on current performance, gap in care and variation

Criterion #2: Reliability and Validity- Scientific Acceptability of Measure Properties (page 40-50)

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of health care delivery

2a. **Reliability (must-pass)**

2a1. Precise specifications including exclusions

2a2. Reliability testing – data elements or measure score

2b. **Validity (must-pass)**

2b1. Validity testing – data elements or measure score

2b2. Justification of exclusions – relates to evidence

2b3. Risk adjustment – typically for outcome/cost/resource use

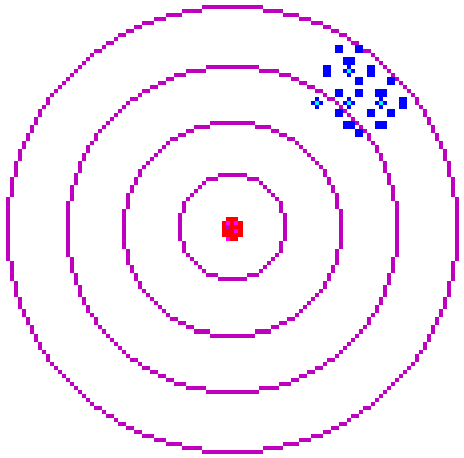
2b4. Identification of differences in performance

2b5. Comparability of data sources/methods

2b6. Missing data

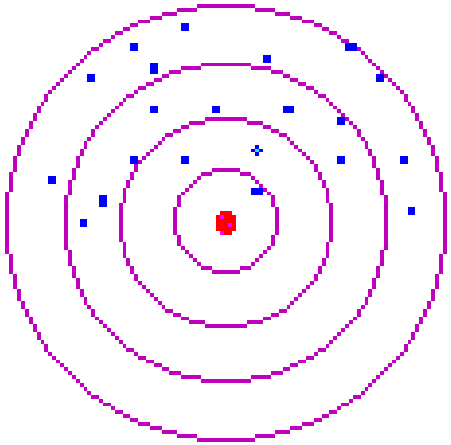
Reliability and Validity (page 41)

Assume the center of the target is the true score…



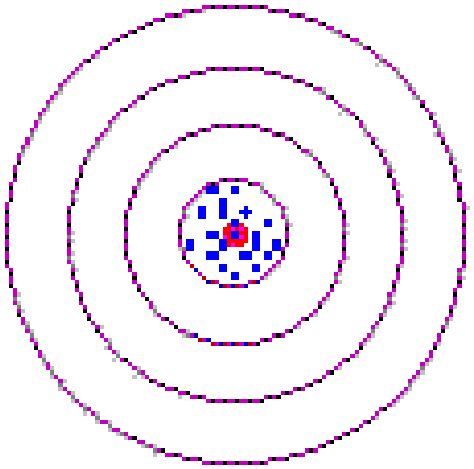
Reliable Not Valid

Consistent, but wrong



Neither Reliable Nor Valid

Inconsistent & wrong



Both Reliable And Valid

Consistent & correct

Evaluating Scientific Acceptability – Key Points (page 42)

Empirical analysis to demonstrate the reliability and validity of the *measure as specified*, including analysis of issues that pose threats to the validity of conclusions about quality of care such as exclusions, risk adjustment/stratification for outcome and resource use measures, methods to identify differences in performance, and comparability of data sources/methods.

Reliability Testing – Key Points (page 43)

- Reliability of the **measure score** refers to the proportion of variation in the performance scores due to systematic differences across the measured entities in relation to random variation or noise (i.e., the precision of the instrument).
  - *Example – Statistical analysis of sources of variation in performance measure scores (signal-to-noise analysis)*
- Reliability of the **data elements** refers to the repeatability/reproducibility of the data and uses patient-level data
  - *Example – inter-rater reliability*
- Consider whether testing used an appropriate method and included adequate representation of providers and patients and whether results are within acceptable norms.
- Algorithm #2

Validity testing
(pages 45-49)

Empirical testing

- Measure score – assesses a hypothesized relationship of the measure results to some other concept; assesses the correctness of conclusions about quality
- Data element – assesses the correctness of the data elements compared to a "gold standard"

Face validity

- Subjective determination by experts that the measure appears to reflect quality of care
  - Empirical validity testing is expected at time of maintenance review; if not possible, justification is required.
  - Requires systematic and transparent process, by identified experts, that explicitly addresses whether performance scores resulting from the measure as specified can be used to distinguish good from poor quality. The degree of consensus and any areas of disagreement must be provided/discussed.

Threats to Validity

- Conceptual
  - *Measure focus is not a relevant outcome of healthcare or not strongly linked to a relevant outcome*
- Unreliability
  - *Generally, an unreliable measure cannot be valid*
- Patients inappropriately excluded from measurement
- Differences in patient mix for outcome and resource use measures
- Measure scores that are generated with multiple data sources/methods
- Systematic missing or “incorrect” data (unintentional or intentional)

Criterion #2: Scientific Acceptability

New measures	Maintenance measures
• Measure specifications are precise with all information needed to implement the measure	NO DIFFERENCE: Require updated specifications
• Reliability • Validity (including risk adjustment)	**DECREASED EMPHASIS**: If prior testing adequate, no need for additional testing at maintenance with certain exceptions (e.g., change in data source, level of analysis, or setting) Must address the questions regarding use of social risk factors in risk-adjustment approach

Criterion #3: Feasibility
(page 50-51)

Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement.

3a: Clinical data generated during care process

3b: Electronic sources

3c: Data collection strategy can be implemented

Criterion #4: Usability and Use (page 51-52)

Extent to which potential audiences (e.g., consumers, purchasers, providers, policymakers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

- **Use (4a)** Must-pass for maintenance measures
  - ***4a1: Accountability and Transparency****: Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement.*
  - ***4a2: Feedback by those being measured or others****: Those being measured have been given results and assistance in interpreting results; those being measured and others have been given opportunity for feedback; the feedback has been considered by developers.*
- **Usability (4b)**
  - ***4b1: Improvement***: *Progress torward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated.*
  - ***4b2: Benefits outweigh the harms***: *The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).*

Criteria #3-4: Feasibility and Usability and Use

Feasibility

New measures	Maintenance measures
• Measure feasible, including eMeasure feasibility assessment	NO DIFFERENCE: Implementation issues may be more prominent

Use and Usability

New measures	Maintenance measures
• Use: used in accountability applications and public reporting	**INCREASED EMPHASIS**: Much greater focus on measure use and usefulness, including both impact and unintended consequences
• Usability: impact and unintended consequences	

Criterion #5: Related or Competing Measures (page 52-53)

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.

- 5a. The measure specifications are harmonized with related measures **OR** the differences in specifications are justified.
- 5b. The measure is superior to competing measures (e.g., is a more valid or efficient way to measure) **OR** multiple measures are justified

Updated Guidance for Measures that Use ICD-10 Coding

- For CY2019 and beyond, reliability testing should be based on ICD-10 coded data.
- Validity testing should be based on ICD-10 coded data
- If providing face validity (FV), both FV of the ICD-10 coding scheme and FV of the measure score as an indicator of quality is required to be updated

Evaluation Process

- **Measure evaluation and recommendations at the in-person/web meeting**: The entire Committee will discuss and rate each measure against the evaluation criteria and make recommendations for endorsement.
- **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 re-convene for a post-comment call to discuss comments submitted
- **Final endorsement decision by the CSAC**
- **Appeals** (if any)

Voting Process

Achieving Consensus

- Quorum: 66% of the Committee
- 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

Questions?

Consideration of Candidate Measures

Measure under Review

- **NQF ID**: 3227
- **Title**: CollaboRATE Shared Decision Making Score
- **Steward/Developer**: The Dartmouth Institute for Health Policy & Clinical Practice
- **Measure Description**: CollaboRATE is a patient-reported measure of shared decision making which contains three brief questions that patients, their parents, or their representatives complete following a clinical encounter. The CollaboRATE measure provides a performance score representing the percentage of adults 18 and older who experience a high level of shared decision making.
- **Measure Type**: Outcome: PRO-PM
- **Data Source**: Instrument-Based Data
- **Level of Analysis**: Clinician: Group/Practice

Break

Consideration of Candidate Measures (Continued)

Measure under Review

- **NQF ID**: 3461
- **Title**: Functional Status Change for Patients with Neck Impairments
- **Steward/Developer**: Focus on Therapeutic Outcomes, Inc.
- **Measure Description**: A patient-reported outcome performance measure (PRO-PM) consisting of a patient-reported outcome measure (PROM) of risk-adjusted change in functional status (FS) for patients aged 14 years and older with neck impairments.
- **Measure Type**: Outcome: PRO-PM
- **Data Source**: Instrument-Based Data
- **Level of Analysis**: Clinician: Group/Practice, Clinician: Individual

Measure under Review

- **NQF ID**: 2286
- **Title**: Functional Change: Change in Self Care Score
- **Steward/Developer**: Uniform Data System for Medical Rehabilitation
- **Measure Description**: Change in Rasch derived values of self-care function from admission to discharge among adult patients treated at an inpatient rehabilitation facility who were discharged alive. The measure includes the following 8 items: Feeding, Grooming, Dressing Upper Body, Dressing Lower Body, Toileting, Bowel, Expression, and Memory.
- **Measure Type**: Outcome
- **Data Source**: Instrument-Based Data, Other
- **Level of Analysis**: Facility, Other

Measure under Review

- **NQF ID**: 2321
- **Title**: Functional Change: Change in Mobility Score
- **Steward/Developer**: Uniform Data System for Medical Rehabilitation
- **Measure Description**: Change in Rasch derived values of mobility function from admission to discharge among adult inpatient rehabilitation facility patients aged 18 years and older who were discharged alive. The measured includes the following 4 mobility FIM items: Transfer Bed/Chair/Wheelchair, Transfer Toilet, Locomotion and Stairs.
- **Measure Type**: Outcome
- **Data Source**: Instrument-Based Data, Other
- **Level of Analysis**: Facility, Other

NQF Member and Public Comment

Lunch

Consideration of Candidate Measures (Continued)

Measure under Review

- **NQF ID**: 2632
- **Title**: Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support
- **Steward/Developer**: CMS/RTI International
- **Measure Description**: This measure estimates the risk-adjusted change in mobility score between admission and discharge among LTCH patients requiring ventilator support at admission.
- **Measure Type**: Outcome
- **Data Source**: Instrument-Based Data
- **Level of Analysis**: Facility

Measure under Review

- **NQF ID**: 2633
- **Title**: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients
- **Steward/Developer**: CMS/RTI International
- **Measure Description**: This measure estimates the risk-adjusted mean change in self-care score between admission and discharge for Inpatient Rehabilitation Facility (IRF) Medicare patients
- **Measure Type**: Outcome
- **Data Source**: Instrument-Based Data
- **Level of Analysis**: Facility

Measure under Review

- **NQF ID**: 2634
- **Title**: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients
- **Steward/Developer**: CMS/TRI International
- **Measure Description**: This measure estimates the mean risk-adjusted mean change in mobility score between admission and discharge for Inpatient Rehabilitation Facility (IRF) Medicare Part A and Medicare Advantage patients.
- **Measure Type**: Outcome
- **Data Source**: Instrument-Based Data
- **Level of Analysis**: Facility

Measure under Review

- **NQF ID**: 2635
- **Title**: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients
- **Steward/Developer**: CMS/RTI International
- **Measure Description**: This measure estimates the percentage of IRF patients who meet or exceed an expected discharge self-care score.
- **Measure Type**: Outcome
- **Data Source**: Instrument-Based Data
- **Level of Analysis**: Facility

Measure under Review

- **NQF ID**: 2636
- **Title**: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients
- **Steward/Developer**: CMS/RTI International
- **Measure Description**: This measure estimates the percentage of IRF patients who meet or exceed an expected discharge mobility score.
- **Measure Type**: Outcome
- **Data Source**: Instrument-Based Data
- **Level of Analysis**: Facility

Break

Consideration of Competing Measures

Competing Measures

- **2286**: Functional Change: Change in Self Care Score (UDSMR) **and 2633**: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS/RTI)

- **2321**: Functional Change: Change in Mobility Score (UDSMR) **and 2634**: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS/RTI)

Related Versus Competing Measures

	Same concepts for measure focus – target process, condition, event, outcome	Different concepts for measure focus – target process, condition, event, outcome
Same target patient population	**Competing measures – Select best measure** from competing measures of 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

History

- Both pairs were submitted and, after much discussion, endorsed in 2015; at that time neither the Committee nor CSAC could select best-in-class due to limited data
- NQF Board endorsed with conditions for updates
- Measures are now due for maintenance and the Committee once again needs to consider best-in-class
- CSAC has strongly urged the PEF Standing Committee to resolve the issue

Process for Committee on June 20

- Evaluate each of the four measures against NQF's endorsement criteria; if a measure passes all of the must-pass criteria, the Committee will vote on a recommendation for endorsement.
- If both measures in a pair pass all of the must-pass criteria and are recommended for endorsement, the Committee will then move to the best-in-class discussion.
- If one of the measures does not pass all of the must-pass criteria or is not recommended by the Committee on the overall vote and the other does, the passing measure is automatically considered the best-in-class.
- If neither measures passes a must-pass or the recommendation for endorsement, there is no competing measures discussion.

Process, continued

- If consensus is not reached (CNR) on one of the measures, but the other measure passes, the best-in-class discussion is tabled until after the Committee's second discussion and vote on the CNR measure.
- If consensus is not reached on either of the competing measures, the best-in-class discussion and vote is tabled until the post-comment call, assuming the Committee is able to come to a consensus on both measures at that time.
- If consensus on the competing decision is not reached at the in-person meeting, it will be discussed on the post-comment call.

Guidance from NQF

- Competing Measures Algorithm
- Issues to consider:
  - Measure with broadest application
  - Minimize provider burden

- 2286 Change in Self Care Function (UDSMR) and 2321 Change in Mobility Function (UDSMR)
  - These measures will no longer be in use in the IRF-PAI as of October 2019. NQF's maintenance criteria require that maintenance measures be in use for continued endorsement. Does the Committee have any concerns about the current or future use of these measures?

Consideration of Candidate Measures (Continued)

Measure under Review

- **NQF ID**: 0005
- **Title**: CAHPS Clinician & Group Surveys (CG-CAHPS) Version 3.0 –Adult, Child
- **Steward/Developer**: Agency for Healthcare Research and Quality
- **Measure Description**: The Consumer Assessment of Healthcare Providers and System Clinician & Group Survey 3.0 (CG-CAHPS) is a standardized survey instrument that asks patients to report on their experiences with primary or specialty care received from providers and their staff in ambulatory care settings over the preceding 6 months.
- **Measure Type**: Outcome: PRO-PM
- **Data Source**: Instrument-Based
- **Level of Analysis**: Clinician: Group/Practice

Measure under Review

- **NQF ID**: 0006
- **Title**: Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, Version 5.0 (Medicaid and Commercial)
- **Steward/Developer**: Agency for Healthcare Research and Quality
- **Measure Description**: The CAHPS Health Plan Survey is a survey that asks health plan enrollees to report about their care and health plan experiences as well as the quality of care received from physicians.
- **Measure Type**: Outcome: PRO-PM
- **Data Source**: Instrument-Based Data
- **Level of Analysis**: Health Plan

Measure under Review

- **NQF ID**: 0166
- **Title**: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey
- **Steward/Developer**: CMS/Agency for Healthcare Research and Quality
- **Measure Description**: A 29-item survey instrument that produces 10 publicly reported measures: 6 multi-item measures (communication with doctors, communication with nurses, responsiveness of hospital staff, communication about medicines, discharge information and care transition); and 4 single-item measures (cleanliness of the hospital environment, quietness of the hospital environment, overall rating of the hospital, and recommendation of hospital).
- **Measure Type**: Outcome: PRO-PM
- **Data Source**: Instrument-Based Data
- **Level of Analysis**: Facility

Measure under Review

- **NQF ID**: 0258
- **Title**: Consumer Assessment of Healthcare Providers and Systems In-Center Hemodialysis Survey (ICH CAHPS)
- **Steward/Developer**: CMS
- **Measure Description**: The questionnaire asks End Stage Renal Disease (ERSD) patients receiving in-center hemodialysis care about the services and quality of care that they experience. Patients assess their dialysis providers, including nephrologists and medical and non-medical staff, the quality of dialysis care they receive, and information sharing about their disease.
- **Measure Type**: Outcome: PRO-PM
- **Data Source**: Instrument-Based Data
- **Level of Analysis**: Facility, Other, Population: Regional and State

Measure under Review

- **NQF ID**: 0517
- **Title**: CAHPS Home Health Care Survey (experience with care)
- **Steward/Developer**: CMS
- **Measure Description**: CAHPS Home Health Care Survey is a standardized survey instrument and data collection methodology for measuring home health patients perspectives on their home health care in Mediccare-certified home health care agencies.
- **Measure Type**: Outcome: PRO-PM
- **Data Source**: Instrument-Based Data
- **Level of Analysis**: Facility

Measure under Review

- **NQF ID**: 2548
- **Title**: Child Hospital Consumer Assessment of Healthcare Providers and Systems (Child HCAHPS) Survey
- **Steward/Developer**: Agency for Healthcare Research and Quality/CMS
- **Measure Description**: Top Box Score Calculation: Target Population: Patients that had a non-emergency surgery within 3 to 6 months prior to the start of the survey. Top-box scores (percent with highest rating) are computed for each item. Top-box scores are averaged across the items within each composite, weighting each item equally.
- **Measure Type**: Outcome: PRO-PM
- **Data Source**: Claims
- **Level of Analysis**: Facility

NQF Member and Public Comment

Next Steps

Project Timeline – Spring 2019 Cycle

Activity	Date
Commenting & member support period on submitted measures opens	May 1, 2019
Post Measure Evaluation Web Meeting	**June 25, 2019, 2:00-4:00 pm ET**
Post Measure Evaluation Web Meeting #2	**June 28, 2019, 2:00-4:00 pm ET**
Report Posted for Public Comment	August 1 - August 30, 2019
Draft Report Post-Comment Call	**September 25, 2019, 1:00-3:00 pm ET**
CSAC Review Recommendations	October 15 - November 4, 2019
Appeals Period	November 6 - December 5, 2019
Final Report Posted	February 2020

Project Contact Info

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

Questions?


THANK YOU

Appendix A
Patient Experience and Function Portfolio of Measures

Functional Status Change and/or Assessment: 30 Measures

- **0422** Functional status change for patients with Knee impairments
- **0423** Functional status change for patients with Hip impairments
- **0424** Functional status change for patients with Foot and Ankle impairments
- **0425** Functional status change for patients with lumbar impairments
- **0426** Functional status change for patients with Shoulder impairments
- **0427** Functional status change for patients with elbow, wrist and hand impairments
- **0428** Functional status change for patients with General orthopedic impairments
- **0429** Change in Basic Mobility as Measured by the AM-PAC
- **0420** Change in Daily Activity Function as Measured by the AM-PAC
- **2286** Functional Change: Change in Self Care Score
- **2287** Functional Change: Change in Motor Score
- **2321** Functional Change: Change in Mobility Score

Functional Status Change and/or Assessment: 30 Measures (continued)

- **2624** Functional Outcome Assessment
- **2631** Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
- **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
- **2643** Average change in functional status following lumbar spine fusion surgery
- **2653** Average change in functional status following total knee replacement surgery

Functional Status Change and/or Assessment: 30 Measures (continued)

- **2769** Functional Change: Change in Self Care Score for Skilled Nursing Facilities
- **2774** Functional Change: Change in Mobility Score for Skilled Nursing Facilities
- **2775** Functional Change: Change in Motor Score for Skilled Nursing Facilities
- **2776** Functional Change: Change in Motor Score in Long Term Acute Care Facilities
- **2777** Functional Change: Change in Self Care Score for Long Term Acute Care Facilities
- **2778** Functional Change: Change in Mobility Score for Long Term Acute Care Facilities
- **0701** Functional Capacity in COPD patients before and after Pulmonary Rehabilitation
- **2612** CARE: Improvement in Mobility
- **2613** CARE: Improvement in Self Care

Communication: 7 Measures

- **0291** Emergency Transfer Communication Measure
- **1894** Cross-cultural communication measure derived from the cross-cultural communication domain of the C-CAT
- **1896** Language services measure derived from language services domain of the C-CAT
- **1898** Health literacy measure derived form the health literacy domain of the C-CAT
- **1901** Performance evaluation measure derived from the performance evaluation domain of the C-CAT
- **1905** Leadership commitment measured derived from the leadership commitment domain of the C-CAT
- **1888** Workforce development measure derived from workforce development domain of the C-CAT

Long Term Services and Support: 4 Measures

- **0688** Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (long stay)
- **2614** CoreQ: Short Stay Discharge Measure
- **2615** CoreQ: Long-Stay Resident Measure
- **2616** CoreQ: Long-Stay Family Measure

Shared Decision Making: 2 Measures

- **2958** Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery
- **2962** Shared Decision Making Process

Patient Experience: 12 Measures

- **0005** CAHPS Clinician & Group Surveys (CG-CAHPS) –Adult, Child
- **0006** Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, Version 5.0 (Medicaid and Commercial)
- **0166** HCAHPS
- **0228** 3-Item Care Transition Measure (CTM-3)
- **0258** CAHPS In-Center Hemodialysis Survey
- **0517** CAHPS Home Health Care Survey (experience with care)
- **0700** Health-related Quality of Life in COPD patients before and after Pulmonary Rehabilitation
- **0726** Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey (ICS)
- **1741** Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surgical Care Survey
- **1892** Individual engagement measure derived from the individual engagement domain of the C-CAT
- **2548** Child Hospital CAHPS (HCAHPS)
- **2967** CAHPS Home- and Community-Based Services Measures