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QUALITY FORUM**

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Patient Experience and Function, Spring 2020 and Fall 2019 Measure Review Cycle

Measure Evaluation Standing Committee Meeting
Post-Comment Standing Committee Meeting

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July 9, 2020

Welcome

Welcome

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Project Team — Patient Experience and Function Committee



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Agenda

- Attendance
- Consideration of Candidate Measures
 - ▣ Continued Spring 2020
- Related and Competing Measures
- NQF Member and Public Comment
- Review and Discuss Public Comments Fall 2019
- NQF Member and Public Comment
- Next Steps
- Adjourn

Attendance

Patient Experience and Function Fall 2019 Cycle Standing Committee

- **Gerri Lamb**, PhD, RN, FAAN (Co-chair)
- **Christopher Stille**, MD, MPH, FAAP (Co-chair)
- **Lee Partridge** (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*
- **Lisa Suter**, MD
- **Peter Thomas**, JD
- **Tracy Wong**, MBA

Consideration of Candidate Measures



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.

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
Draft Report Comment Period	August 5 – September 3, 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

Review and Discuss Public Comments



0291 Emergency Transfer Communication Measure

- **Measure Steward:** University of Minnesota Rural Health Research Center
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ This is a maintenance measure assessing the percentage of all patients transferred from an Emergency Department to another healthcare facility whose medical record documentation indicated that all required information was communicated (sent) to the receiving facility within 60 minutes of transfer.
- **Summary of Comments Received:** 4 Comments Received



0291 Emergency Transfer Communication Measure

■ **Summary of Comments Received:** 4 Comments Received

1. When assessing Inter Rater Reliability (IRR) using the raw Kappa statistic, we found low overall agreement though a high rate of item by item agreement. This is most evident in the observed agreement of the two raters of over 85%, though a raw kappa statistic of 0.19 aggregated across the 8 elements. This paradox is due to the disproportionate distributions of our responses, given that both of the reviewers responded “Yes” almost the whole time. To address the observed disproportionate distributions, we implemented the Max Kappa adjustment evaluated in [1] Feinstein & Cicchetti (1989). The max Kappa adjustment increased the overall raw kappa to 0.42 (0.19 raw kappa) and the element range to (0.2 to 0.73) with a range of increases between 0% and just over 900%. Though the adjusted overall Kappa value is increased, there is significant variability within the elements, elements 6 and 8 have what can be considered high agreement while elements 1, 5, and 7 have fair agreement.



0291 Emergency Transfer Communication Measure

■ **Summary of Comments Received: 4 Comments Received**

2. We appreciate the acknowledgement of the importance of the EDTC measure to help assess processes of care coordination between CAHs and other settings of care, especially given the primary function that critical access hospitals have in triaging and transferring patients in need of higher levels of care. The EDTC measure has the highest reporting rates of all available measures through the MBQIP program. We regularly hear from state Flex staff and hospitals that they find value in the measure and have used the data to make process improvements. We concur with the need for measure reliability and have been taking steps to improve the reliability of data collection across the country.

0291 Emergency Transfer Communication Measure

■ **Summary of Comments Received: 4 Comments Received**

3. The Federation of American Hospitals (FAH) supports the Standing Committee's recommendation to remove endorsement of this measure. While the FAH supports the measure's focus on driving improvements in emergency department (ED) transitions to positively impact the patients we serve, we do not believe that the measure meets the scientific acceptability criteria and share the Standing Committee's concerns with the low results of the inter-rater reliability testing. In addition, the FAH notes that the limited (one month) data used to assess the reliability of the measure score and the testing provided to demonstrate its validity are insufficient. The FAH appreciates the Standing Committee's thorough review of this measure against the measure evaluation criteria.



0291 Emergency Transfer Communication Measure

■ **Summary of Comments Received: 4 Comments Received**

4. The American Medical Association (AMA) supports the Standing Committee's recommendation to remove endorsement of this measure. The AMA does not believe that sufficient evidence was provided to support the measure nor does the testing for reliability and validity meet the NQF measure evaluation criteria. Specifically, the slight-to-fair statistical results produced for the data element reliability and the lack of validity testing of the entire composite all contribute to our belief that the endorsement of the measure should not be continued. Assessing whether timely and comprehensive information at the time of transfer from the emergency department to another healthcare facility may be better suited for other activities related to interoperability and health information technology rather than performance measurement.

NQF Member and Public Comment

Next Steps



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Activities and Timeline – Fall 2019 Cycle

***All times ET**

Meeting	Date, Time
CSAC Review	November 17-18, 2020
Appeals Period (30 days)	November 23 - December 23, 2020



Project Contact Info

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- Project page:
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THANK YOU.

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