



### Patient Experience and Function Standing Committee – Measure Evaluation Web Meeting

---

The National Quality Forum (NQF) convened the Patient Experience and Function Standing Committee for web meetings on February 9 and 12, 2021, to evaluate two new measures undergoing review against NQF's standard evaluation criteria. The meetings were administered by the Patient Experience and Function project team:

- Samuel Stolpe PharmD, MPH, senior director
- Oroma Igwe, MPH, manager
- Udobi Onyeuku, MPH, analyst

The presentation slide deck is available on the Patient Experience and Function project webpage and can be accessed directly [here](#).

#### Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. NQF Senior Managing Director Michael Katherine Haynie, Quality Measurement, conducted a roll call, during which Standing Committee members each introduced themselves and disclosed any conflicts of interest; no conflicts of interest were disclosed by the Standing Committee. Prior to the meeting, one Standing Committee member was recused from discussing and voting on NQF #3593 *Identifying Personal Priorities for Functional Assessment Standardized Items (FASI) Needs* and #3594 *Alignment of Person-Centered Service Plan (PCSP) With Functional Assessment Standardized Items (FASI) Needs* and was considered inactive for the fall 2020 cycle as a result. Quorum was achieved throughout the entire duration of both web meetings. The total votes reflect members present and eligible to vote.

A measure is recommended for endorsement by the Standing Committee when the vote margin on all must-pass criteria (Importance, Scientific Acceptability, Use), and overall, is greater than 60 percent of voting members in favor of endorsement. A measure is not recommended for endorsement when the vote margin on any must-pass criterion or overall is less than 40 percent of voting members in favor of endorsement. The Standing Committee has not reached consensus if the vote margin on any must-pass criterion or overall is between 40 and 60 percent, inclusive, in favor of endorsement. When the Standing Committee has not reached consensus, all measures for which consensus was not reached will be released for NQF member and public comment. The Standing Committee will consider the comments and re-vote on those measures during a webinar convened after the commenting period closes.

#### Topic Area Introduction and Overview of Evaluation Process

NQF staff provided an overview of the topic area and the current NQF portfolio of endorsed measures. There are currently 51 endorsed measures in the Patient Experience and Function portfolio. Additionally, NQF reviewed the Consensus Development Process (CDP) and the [measure evaluation criteria](#).

## Measure Evaluation

During the meeting, the Patient Experience and Function Standing Committee evaluated two measures for endorsement consideration. Additional details of the Standing Committee's deliberations will be compiled and provided in the draft Technical Report. NQF will post the draft Technical Report on March 24, 2021, for public comment on the NQF website. The draft Technical Report will be posted for 30 calendar days.

**Rating Scale:** H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable

### #3593: Identifying Personal Priorities for Functional Assessment Standardized Items (FASI) Needs (Centers for Medicare & Medicaid Services (CMS))

**Description:** 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. **Measure Type:** Process; **Level of Analysis:** Other; **Setting of Care:** Home Care, Other; **Data Source:** Electronic Health Records, Instrument-Based Data, Paper Medical Records

#### *Measure Steward/Developer Representatives at the Meeting*

Colleen McKiernan (Lewin Group)

Lisa Alecxih (Lewin Group)

Ken Harwood (Marymount University)

Trudy Mallison (George Washington University)

#### *Standing Committee Votes*

- Evidence: M-12; L-4; I-2 **(12/18–67 percent: Pass)**
- Performance Gap: H-2; M-14; L-2; I-1 **(16/19–84 percent: Pass)**
- Reliability: H-0; M-13; L-2; I-2 **(13/17–76 percent: Pass)**
- Validity: H-0; M-11; L-6; I-0 **(11/17–65 percent: Pass)**
- Feasibility: H-0; M-10; L-7; I-0 **(10/17–59 percent: Consensus Not Reached)**
- Use: Pass-11; No Pass-6 **(11/17–65 percent: Pass)**
- Usability: H-0; M-9; L-7; I-2 **(9/18–50 percent: Consensus Not Reached)**

#### *Standing Committee Recommendation for Endorsement: Yes-8; No-9 (8/17—47 Percent: Consensus Not Reached)*

The Standing Committee did not reach consensus on the final recommendation for endorsement. Dr. Stolpe provided a brief description of the measure. Colleen McKiernan from the Lewin Group, the measure developer, provided an overview of the measure as well as the Functional Assessment Standardized Items (FASI) instrument. The Standing Committee noted that patient preferences surrounding care needs are critical but that there are challenges associated with ensuring that such needs are frequently updated, given that they may change and are honored by providers. The Standing Committee also noted the conditional nature of the FASI instrument; those who do not complete the FASI are not included in the denominator. The Standing Committee further noted that the measure captures the extent to which patient priorities are included when they have a documented need. The developer noted the limitations in the FASI instruments' deployment with two states having currently adopted the FASI in their Home and Community-Based Services (HCBS) programs. The Standing

Committee reviewed the rationale behind this measure being considered a process measure despite drawing on the FASI as a data source. Dr. Stolpe clarified that the measure does not directly report FASI needs, but rather it simply enumerates them; hence, the measure is not a patient-reported outcome. One Standing Committee member expressed some concern that the measure is not agnostic to how functional needs are identified; rather, it relies explicitly on the FASI instrument. This same Standing Committee member encouraged the measure developer to potentially explore other options as data sources.

The Standing Committee reflected on the specific interpretation of the performance gap for this measure, noting that a gap would indicate that an HCBS provider is not ensuring that individuals who identify needs are also identifying accompanying priorities. The Standing Committee noted the demographic stratification included in the sample and that some disparities were reflected in the analysis. The Standing Committee's vote reflected the consensus that the developer's submission demonstrated, which was the presence of a gap in performance. In the discussion on reliability, the Standing Committee reviewed the approach of the developer for testing the measure, noting the agreement among abstractors according to the kappa statistics and the limits of agreement analysis. In the discussion on validity, the Standing Committee expressed concerns that the measure may exclude individuals who are unable to complete a FASI but still reached consensus that the validity testing was appropriate. It was also noted by the Standing Committee in the feasibility discussion that the measure requires abstraction from the FASI and that it may be challenging to integrate FASI data into electronic health records (EHR). It was also noted that feasibility is affected by varying needs for intensive training for abstractors. The Standing Committee did not reach consensus on feasibility, which is not a must-pass criterion. The Standing Committee expressed no concerns regarding use but noted that this is a reflection of the implementation of the measure and not the FASI. In the discussion on usability, the Standing Committee expressed concern that the measure is both unusable by patients and an interpretation of the voice of the patient rather than a direct reflection the voice of the patient. The Standing Committee did not reach consensus on usability—which is not a must-pass criterion—nor on overall suitability for endorsement. NQF #3593 will be released for NQF member and public comment from March 30 to April 28, 2021. Following the member and public commenting period, NQF will conduct a review of the comments, if applicable. The Standing Committee will reconvene at the fall 2020 post-comment web meeting on Tuesday, June 1, 2021, to thoughtfully consider the comments and any member expressions of support or non-support and re-vote on the overall suitability for endorsement. In order to receive the Standing Committee's recommendation for endorsement, the measure must receive greater than 60 percent of votes to approve the overall suitability for endorsement during the post-comment meeting vote.

#### **#3594: Alignment of Person-Centered Service Plan (PCSP) With Functional Assessment Standardized Items (FASI) Needs (Centers for Medicare & Medicaid Services (CMS))**

**Description:** 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. **Measure**

**Type:** Process; **Level of Analysis:** Other; **Setting of Care:** Home Care, Other; **Data Source:** Electronic Health Records, Instrument-Based Data, Paper Medical Records

#### *Measure Steward/Developer Representatives at the Meeting*

Colleen McKiernan (Lewin Group)

Lisa Alecxih (Lewin Group)

Ken Harwood (Marymount University)

Trudy Mallison (George Washington University)

### *Standing Committee Votes*

- Evidence: M-6; L-6; I-6 **(6/18-33% Does Not Pass)**
- Performance Gap: N/A
- Reliability: N/A
- Validity: N/A
- Feasibility: N/A
- Use: N/A
- Usability: N/A

### *Standing Committee Recommendation for Endorsement: Not Recommended*

The Standing Committee did not recommend the measure for endorsement because it did not pass the measure based on evidence—a must-pass criterion. Dr. Stolpe provided a brief description of the measure. Colleen McKiernan from the Lewin Group provided an overview of the measure. The Standing Committee questioned the extent to which the measure reflects whether needs are actually met in the service plan and the extent to which the abstractor is able to determine if the service plan does indeed reflect the individual's identified needs. The developer responded by explaining that the documentation of needs is accomplished by using the language of the individual, and the interpretation from the abstractor is limited in the sense that the individual's own words are used within the FASI and the patient-centered service plan (PCSP). In the discussion on evidence, it was noted that the evidence provided for this measure was similar to the evidence submitted on a previous measure, NQF #3593. One Standing Committee member pointed out that statements within the evidence summary submitted by the developer were misaligned with the references provided. The Standing Committee did not pass the measure on evidence—a must-pass criterion—based on this misalignment. NQF #3594 will be released for NQF member and public comment from March 30 to April 28, 2021. Following the member and public commenting period, NQF will conduct a review of the comments, if applicable. The Standing Committee will reconvene during the fall 2020 post-comment web meeting on Tuesday, June 1, 2021, to thoughtfully consider the comments and any member expressions of support or non-support or a request for reconsideration submitted by the measure developer. The Standing Committee will decide whether it will adjust its prior vote on the evidence criterion and overall suitability for endorsement and then adjust its recommendation as needed.

### **Public Comment**

No public or NQF member comments were provided during or prior to the measure evaluation meeting.

### **Next Steps**

NQF will post the draft Technical Report on March 30, 2021, for public comment for 30 calendar days. The continuous public comment with member support will close on April 28, 2021. NQF will reconvene the Standing Committee for the post-comment web meeting on June 1, 2021.