



Patient Experience and Function Standing Committee – Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Patient Experience and Function (PEF) Standing Committee for web meetings on February 12 and February 26, 2020 to evaluate two maintenance measures.

Welcome, Introductions, and Review of Meeting Objectives

NQF staff welcomed the Standing Committee and participants to the web meeting; the Committee co-chairs also provided welcoming remarks. NQF Chief of Staff, Apryl Clark, conducted a roll call, during which Committee members each introduced themselves and were asked to disclose any conflicts of interest; no conflicts were disclosed. Quorum was met and maintained throughout the February 12 web meeting but was not achieved during the February 26 post-measure evaluation web meeting. Real time votes were received during the February 12 web meeting, and offline voting accompanied by an audio recording was made available to the Standing Committee for the February 26 web meeting.

Overview of Evaluation Process

NQF staff provided a brief overview of the steps in the Consensus Development Process (CDP), the measure evaluation criteria, and the voting process.

Measure Evaluation

During the meeting, the PEF Standing Committee evaluated two maintenance measures for endorsement consideration. A summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on March 18, 2020 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

0425 Functional Status Change for Patients with Low Back Impairments

Measure Steward/Developer Representatives at the Meeting (Focus on Therapeutic Outcomes, Inc.)

- Deanna Hayes
- Daniel Deutscher

Standing Committee Votes

- Evidence: Pass-19; No Pass-2
- Performance Gap: H-2; M-13; L-1; I-3
- Reliability: Yes-17; N-2
 - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel in Spring 2019. The Methods Panel rated the measure as Moderate (H-2; M-3; L-0;

I-0).

- Validity: H-7; M-10; L-1; I-1
 - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel in Spring 2019. The Methods Panel rated the measure as Moderate (H-1; M-3; L-0; I-1).
- Feasibility: H-11; M-6; L-1; I-0
- Use: Pass-16; No Pass-3
- Usability: H-3; M-14; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-17; No-2

The Standing Committee recommended the measure for continued endorsement. This measure was discussed during the initial February 12 measure evaluation web meeting. The Committee observed that this patient reported outcomes performance measure is risk adjusted. Originally endorsed in 2008, and most recently endorsed in 2015, the focus of the measure concerns patients who are receiving physical therapy. The Committee agreed that this is an important focus area of measurement. Concerning the evidence criterion, the Committee determined that an interim assessment serves as a structure, process, service or intervention that a measured entity could deploy to improve their performance on the measure. The Committee observed that there is an appropriate measure performance gap and did not express any concerns. The Committee noted that this measure has been evaluated by the Scientific Methods Panel and was given high ratings for both reliability and validity. However, the Committee expressed some concern related to patients who are younger than 18 years of age. The Committee noted that the developer examined the measure for patients who are 14 – 17 years old and performed several analyses to determine if the risk adjustment model fit that age demographic as well. Age was also noted as a covariate within the risk model. The measure was regarded as feasible by the Committee with no concerns. In their discussions related to usability and use the Committee noted that the measure is used in a variety of accountability applications with good measure feedback. The Committee also noted improvement over time and no significant unintended consequences. The Committee observed that there are several related measures to this metric that FOTO has developed but did not consider these measures to be competing.

0291 Emergency Transfer Communication Measure

Measure Steward/Developer Representatives at the Meeting (University of Minnesota)

- Jill Klingner

Standing Committee Votes

- Evidence: M-2; L-5; I-10
- Evidence Exception: Y-13; N-4
- Performance Gap: H-0; M-15; L-2; I-0
- Reliability: H-0; M-4; L-13; I-0
- Validity: H-1; M-8; L-7; I-1
- Feasibility: H-5; M-11; L-1; I-0

- Use: Pass-16; No Pass-1
- Usability: H-4; M-10; L-2; I-1

Standing Committee Recommendation for Endorsement: Yes-9; No-8

The Standing Committee did not recommend the measure for continued endorsement because the measure did not pass reliability—a must pass criterion. Measure 0291 was discussed during the February 26 post-measure evaluation web meeting, which did not achieve quorum. Therefore, the Standing Committee submitted their votes asynchronously after the call. Measure 0291 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 be sent to the receiving facility within 60 minutes of the transfer. The Committee noted that this maintenance measure was granted an exception to evidence on the previous review. The Committee observed that the evidence to support the connection between positive patient outcomes and the transfer of information with the patient within 60 minutes from the emergency room has not been well studied and is difficult to design a study that makes a clear, empirical connection between this process and desirable outcomes. Nonetheless, the Committee acknowledged that there is strong expert opinion that suggests that this is a good industry best practice for enhanced care coordination. Committee members also expressed that measure 0291 is a particularly important process measure for care coordination between small rural or critical access facilities and larger tertiary or quaternary centers and that it would be very difficult to assess causation of an important outcome such as mortality and morbidity as evidence of the need for this type of measure. The Committee noted that it is also uncertain if public reporting and payment could be conducted fairly without substantial bias and lack of adjustment for between-facility variation around technology. Related to the performance gap sub-criterion, the Committee initially expressed concern that the data and analyses presented were from the revised measure but were otherwise comfortable with the measure gap once the developer clarified that the testing was done according to the new specifications. The Committee did not pass the measure on reliability due to concerns that the interrater reliability at the data element level produced low results. The developer noted that several hospitals are currently engaging with Stratis Health to improve their abstraction precision. The Committee also discussed the validity of the measure and expressed that the methods used by the developer were appropriate for testing. During the discussion regarding feasibility, there were some concerns expressed related to the burden associated with the data abstraction. The Committee noted during their review of the submission on use and usability that the measure has good uptake and no identified unintended consequences.

Public Comment

For this evaluation cycle, the commenting period opened on December 5, 2019 and will close on April 24, 2020. As of January 31, 2020, no NQF member comments were received during the pre-commenting period, and no public nor NQF member comments were provided during the measure evaluation meeting.

Next Steps

NQF will post the draft technical report on March 26, 2020 for public comment for 30 calendar days. The continuous public comment with member support will close on April 24, 2020. NQF will re-convene the Standing Committee for the post-comment web meeting on May 6, 2020.