NATIONAL QUALITY FORUM
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Meeting Summary

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 June 23, June 24, and July 9, 2020 to evaluate three maintenance measures and one new measure undergoing review against NQF evaluation criteria.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. Apryl Clark, NQF acting vice president of Quality Measurement, conducted a roll call, during which Committee members each introduced themselves and disclosed any conflicts of interest. One committee member disclosed a conflict of interest and was recused from discussing and voting on NQF 3559 *Hospital-Level, Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)*. An additional committee member was recused from voting on the Scientific Acceptability criteria for NQF 3559 *Hospital-Level, Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA).* Quorum was achieved throughout the entire duration of all the web meetings. The total votes reflect members present and eligible to vote.

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 49 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 four measures for endorsement consideration. A summary of the Committee deliberations will be compiled and provided in the Spring 2020 draft technical report. NQF will post the draft technical report on August 5, 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

2614 CoreQ: Short-stay Discharge Measure (American Health Care Association (AHCA) / National Center for Assisted Living (NCAL))

Measure Steward/Developer Representatives at the Meeting
Vic Tasel
David Gifford
Courtney Bishnoi

Standing Committee Votes

- Evidence: Pass-16; No Pass-0
- Performance Gap: H-3; M-11; L-1; I-2
- Reliability: H-6; M-10; L-0; I-1
- Validity: H-2; M-11; L-3; I-1
- Feasibility: H-2; M-14; L-1; I-0
- Use: Pass-15; No Pass-1
- Usability: H-2; M-14; L-0; I-1

Standing Committee Recommendation for Endorsement: Yes-15; No-2

The Standing Committee recommended the measure for continued endorsement. This measure is based on the *CoreQ: Short-stay Discharge* questionnaire that utilizes four items. The Committee began the discussion of this measure by acknowledging that the developers' submission has changed very little since the 2016 review; and the evidence submitted is essentially the same, with the exception of a portion that was added related to the meaningfulness of the measure to patients. The Committee noted stable performance rates over time, and had a brief discussion related to the differences in performance expectations for satisfaction and patient experience measures versus clinical measures. The developer noted that this is a unique survey instrument, though there are other proprietary vendor survey instruments that measure patient satisfaction in the same population.

The Committee questioned whether the imputation methods for incomplete surveys affected the performance scores. It was noted that regardless of the method used for imputation—either imputing the maximum or minimum score—the resulting performance scores were essentially the same. The Committee noted that there were no statistical differences in measure performance associated with race and expressed concern that this is incongruent with known quality problems by race in nursing facilities. The Committee noted that research over the last 20 years has consistently found poorer care in facilities with high minority populations, and that nursing homes remain segregated, with black patients concentrated in poorer quality homes (as measured by staffing ratios, performance, and financial vulnerability). The Committee noted in the discussion of scientific acceptability that the submission was the same as the previous submission in 2016. It questioned the exclusion of surveys that were completed by proxy but noted that many survey firms exclude satisfaction surveys completed by someone other than the person who receives the service. The Committee requested that the developer explore the payment source (Medicare, Medicaid) for the purposes of investigating case mix adjustment. In the discussion on validity, it noted in the convergent validity analyses conducted by the developer with external measures of quality that many of the measures did not exhibit high convergence with NQF #2614. It was suggested that this is also true of other measures of satisfaction; it is not unusual for such measures to be independent of other measures of quality. The Committee discussed the feasibility of the measure and noted that it was similar to other measures of patient satisfaction in terms of its overall burden to providers and patients. The Committee suggested that the developer consider an electronic version of the surveys. The Committee did not express concerns related to use or usability.

2615 CoreQ: CoreQ: Long-Stay Resident Measure (American Health Care Association (AHCA))

Measure Steward/Developer Representatives at the Meeting

Vic Tasel

David Gifford
Courtney Bishnoi

Standing Committee Votes

- Evidence: Pass-16; No Pass-0
- Performance Gap: H-1; M-12; L-2; I-1
- Reliability: H-6; M-10; L-0; I-1
- Validity: H-1; M-11; L-3; I-0
- Feasibility: H-2; M-14; L-1; I-0
- Use: Pass-15; No Pass-1
- Usability: H-2; M-14; L-0; I-1

Standing Committee Recommendation for Endorsement: Yes-14; No-2

The Standing Committee recommended the measure for continued endorsement. This measure is based on the *CoreQ: Long-Stay Resident* questionnaire that is a three-item questionnaire. The Committee noted that drivers for high satisfaction rates include competency of staff, care/concern of staff, and responsiveness of management. The Committee also acknowledged that the evidence for this measure was similar to NQF #2614 and elected to carry the vote from that measure with little discussion. The performance gap discussion focused on disparities, with the Committee noting that only 6% of the data in the analysis was from black patients. The Committee acknowledged that the reliability testing for this measure was very similar to NQF #2614, and it chose to carry the vote from NQF #2614 with no discussion. The Committee acknowledged some differences in the measure exclusions and suggested that risk factors for poor satisfaction should not be an exclusion for the measure. As such, it was concerning to the Committee that 34% of patients were excluded from the analysis because of poor cognition. The developer noted that the Brief Interview for Mental Status (BIMS) was used to determine cognition levels. It was suggested that BIMS can serve as a proxy for recall of patient satisfaction with care, and that patients who are unable to recall their experience may not be able to accurately provide input related to it. The Committee also discussed not having family members serve as a proxy. It was noted that there is significant variance between measures of patient satisfaction and family satisfaction; hence the need for the third measure of family satisfaction (NQF #2616). The Committee carried the vote from NQF #2614 on feasibility, usability, and use with no discussion.

2616 CoreQ: Long-Stay Family Measure (American Health Care Association (AHCA) / National Center for Assisted Living (NCAL))

Measure Steward/Developer Representatives at the Meeting

Vic Tasel
David Gifford
Courtney Bishnoi

Standing Committee Votes

- Evidence: Pass-16; No Pass-0
- Performance Gap: H-1; M-12; L-2; I-1
- Reliability: H-6; M-10; L-0; I-1

- Validity: H-1; M-11; L-3; I-0
- Feasibility: H-2; M-14; L-1; I-0
- Use: Pass-15; No Pass-1
- Usability: H-2; M-14; L-0; I-1

Standing Committee Recommendation for Endorsement: Yes-14; No-2

The Standing Committee recommended the measure for continued endorsement. This consumer-reported outcome measure is based on the *CoreQ: Long-Stay Family* questionnaire that has three items. The Committee began the discussion on evidence by asking the developer if the items of the survey are sufficiently granular to detect important problems in care delivery. The developer noted that their analysis has indicated that they are sufficiently granular with no differences in satisfaction scores when detailed questions are used instead of general satisfaction questions. The Committee also discussed the differences between satisfaction and experience surveys. It was noted that the family view of the care provided for patients can be very different than the patient's perspective, acknowledging the need for this measure as a complement to measure NQF #2615. The Committee elected to carry the vote from NQF #2615 on both evidence and performance gap. The Committee considered the issues related to scientific acceptability to be similar to NQF #2615 and chose to carry the vote for both reliability and validity with no discussion. The Committee also noted that the feasibility, usability, and use of the measure was essentially the same as NQF #2615 and proceeded to carry the vote for those criteria as well with no discussion.

3559 CoreQ: Hospital-Level, Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA) (Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (YNHHSC/CORE))

Measure Steward/Developer Representatives at the Meeting

Karen Dorsey

Standing Committee Votes

- Evidence: Pass-17; No Pass-0
- Performance Gap: H-4; M-9; L-2; I-0
- Reliability: Yes-14; No-1
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel (SMP).
    - The Committee voted to uphold the rating of the SMP. The SMP rated the reliability of the measure as high (H-5; M-1; L-2; I-1)
- Validity: Yes-10; No-4
    - This measure is deemed as complex and was evaluated by the SMP.
    - The Committee voted to uphold the rating of the SMP. The SMP rated the validity of the measure as moderate (H-0; M-5; L-3; I-0)
- Feasibility: H-0; M-11; L-4; I-1
- Use: Pass-6; No Pass-10

- Usability: H-0; M-8; L-3; I-5

Standing Committee Recommendation for Endorsement: Yes-14; No-2

The Standing Committee recommended the measure for continued endorsement. The Committee began the discussion of evidence by noting that the measure is based on two survey instruments, the Hip Dysfunction and Osteoarthritis Outcome Score for Joint Replacement (HOOS, JR); and the Knee Injury and Osteoarthritis Outcome Score for Joint Replacement (KOOS, JR). The Committee noted that for a patient in the denominator to be included in the numerator as well, they need to have a performance score improvement of 20 on the HOOS, JR or of 22 on the KOOS, JR. The Committee noted the evidence provided by the developer for the analytical basis in selecting these thresholds. The Committee expressed concern about the ability of patients to interpret the meanings associated with the thresholds as well as actual implementation by clinicians at the point of care. The Committee emphasized the need to have such measures of functional status directly integrated into workflow to allow them to inform decisions related to the direction of care.

In the discussion on performance gap, the Committee noted the relatively low representation of non-whites sampled (8.2%), which is not reflective of the general population. The developer noted that elective procedures result in differential access to care and, disproportionately, white populations receive full joint replacements electively. They also noted a propensity score weighting used in their analysis as a means to compensate for this phenomenon. The Committee also expressed concern for missing differences in care in that patients with English as a second language may be screened out.

The Committee reviewed the evaluation of scientific acceptability of the measure by the NQF Scientific Methods Panel (SMP). It expressed no concern on the data element reliability of the measure, but cited some concern on the sources of error, noting that the signal-to-noise analysis conducted using the beta binomial method described by Adams in 2009 only includes one source of provider error, but that this measure potentially has several others, such as low response rate. It was noted during the validity discussion that risk factors should not be exclusions for the measure, and the Committee expressed concern that the exclusions may rule out complications associated with total joint replacement. The developer clarified that this is not the case and that the measure removes second elective procedures.

The Committee also discussed the 25-patient threshold for public reporting as well as adjusting for social drivers of health. During the feasibility discussion, the Committee noted the burden of paper-scoring methodologies for functional status measures and encouraged the developer to explore digital capture. The developer noted that the HOOS, JR and KOOS, JR have lower total items than the full scoring tool to reduce burden and that providers do not score the instrument directly. In the discussion on use and usability, the Committee noted that while the measure was commissioned by CMS, they did not provide an explanation related to the intended use of the measure or a plan for its implementation. This does not meet the NQF standard, and the Committee did not pass the measure on use. Because use is not a must-pass criterion for new measures, the measure was still advanced and received a recommendation for overall endorsement.

Public Comment

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

Next Steps

NQF will post the draft technical report on August 5, 2020 for public comment for 30 calendar days. The continuous public comment with member support will close on September 3, 2020. NQF will reconvene the Standing Committee for the post-comment web meeting on September 17, 2020.