



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

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The National Quality Forum (NQF) convened the Patient Experience and Function Standing Committee for a web meeting on June 30, 2021, to evaluate one new measure.

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

NQF welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. The Standing Committee members each introduced themselves and disclosed any conflicts of interest. No conflicts were disclosed.

During the meeting, the quorum required for voting was not achieved. Therefore, the Standing Committee discussed all relevant criteria and voted after the meeting concluded using an online voting tool.

#### 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 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 one new measure submitted for endorsement consideration. A detailed summary of the Standing Committee's deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report for public comment on the NQF website on August 19, 2021. The draft technical report will be posted for 30 calendar days.

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

#### #3622 National Core Indicators for Intellectual and Developmental Disabilities (ID/DD) Home and Community-Based Services (HCBS) Measures (Human Services Research Institute)

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

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##### *Standing Committee Votes*

- **Evidence:** Pass-14; No Pass-1
- **Performance Gap:** H-3; M-10; L-2; I-0
- **Reliability:** Yes-15; No-0
  - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
  - The NQF Scientific Methods Panel's rating for Reliability: Moderate (H-3; M-3; L-2; I-1).
  - The Standing Committee accepted the NQF Scientific Methods Panel's rating.

- **Validity:** H-2; M-11; L-1; I-1
  - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
  - The NQF Scientific Methods Panel’s rating for Validity: Consensus Not Reached (H-0; M-4; L-0; I-3).
- **Feasibility:** H-2; M-8; L-4; I-1
- **Use:** Pass-12; No Pass-3
- **Usability:** H-2; M-9; L-2; I-2

*Standing Committee Recommendation for Endorsement: Yes-13; No-2 (Pass – 13/15)*

The Standing Committee recommended the measure for initial endorsement.

The Standing Committee noted that the evidence varied across the 14 components of the measure but agreed that the evidence did demonstrate the meaningfulness of the measure and how the reporting of the NCI® measure across various states and regions can lead to improved outcomes for home and community-based services (HCBS) recipients. The Standing Committee expressed concern with the wide variation among the performance gap for the 14 components and between states. While the performance gap for certain components and some states was low, some components and/or states were performing very well. The Standing Committee questioned whether this measure was needed if some components and/or states could be potentially “topped out” and unable to improve further. The Standing Committee also noted that the differences between racial and ethnic groups were relatively minor and did not necessarily imply that a gap existed. The developer noted that this is expected due to the structure of the measure and the natural variation between states; nevertheless, they will continue to evaluate the measure for potential improvements. The Standing Committee agreed that this level of variation was acceptable and passed the measure on the performance gap criterion. In addition, the Scientific Methods Panel (SMP) reviewed and passed this measure with a moderate rating but did not reach consensus on validity. The Standing Committee expressed concerns about whether the samples were representative of state-to-state and racial/ethnic differences. One Standing Committee member questioned why each state must have a sample size that will support a 95 percent confidence interval with a 5 percent margin of error. The developer explained that this sample size requirement was created based on the state's service populations and assisted with removing the potential for skewed results due to sample size issues, thus making the sample representative of the populations they were evaluating.

The Standing Committee also inquired whether the developer had observed any trends among the 37 participating states. The developer noted that the participating states varied each year, and certain states only participate every few years either due to budgetary issues or other logistical issues. A total of 47 states were members that participated at their own desired interval. The developer cautioned against using the submitting states to represent the entire nation due to the inconsistency in participating states and stated that the information gathered would assist in better understanding how well the service systems are doing across the country. The Standing Committee ultimately accepted the SMP’s reliability vote of moderate. In their preliminary analyses, the SMP noted that the submission was incomplete with regard to the data element validity testing, as the developer had only listed references to studies without appropriately summarizing their results; hence, the SMP reviewers did not conduct a data element validity evaluation. It was noted that none of the risk factors for this risk-adjusted measure were tested. Furthermore, the SMP noted that the developer’s testing of performance score validity at

the state level was not optimal because all of the constructs are estimated based on the same survey, suggesting that any validity issues that affect the entire survey in a consistent manner are likely to lead to exaggerated correlations. In response to the SMP's feedback, the developer reported results of a confirmatory factor analysis evaluating the factor structure of the five multi-item measures, with the results indicating that the data fit well. The developer also expanded their presented analysis to include external measures of quality (not only between the 14 survey items) with results that were directionally appropriate, statistically significant, and moderate to high in strength in the association. The Standing Committee expressed concerns about states only selecting the best results to share. The developer noted that survey strategies in the states are designed by third parties through work plans. This precludes states from selecting successful sites or programs for interviewing. The Standing Committee noted that the measure's skip pattern could lead to missing data. The developer replied that the different components of the measure may have different response rates, thus leading to missing data; however, deleting responses would be discounting the person's voice for the sake of consistency.

The Standing Committee requested more information on the use of proxies to respond to questions. The developer noted that proxies were only allowed for section 1 of the survey, which was more subjective. Section 2, which was more factual, had to be filled out by the actual patient. The developer further clarified that follow-up questions were asked as needed, and the proxy was documented. The Standing Committee agreed the additional information provided by the developer indicated that the measure was valid. The Standing Committee also noted that although some feasibility challenges regarding the potential burden of data collection existed, most states reported that the identified challenges had been overcome once processes and protocols were established and subsequently repeated. The Standing Committee inquired about the annual membership fee of \$15,000 and an unspecified cost for data access. The developer clarified that the annual membership fee was for states and that they would have access to their data without any additional fees. The data access fee was for institutions that would like to use the data for research purposes. The Standing Committee emphasized that the potential burden could not be the only reason to not endorse a measure that would be filling an important gap and agreed the measure was feasible. The Standing Committee did not express any concerns about use or usability and recommended the measure for endorsement.

## Public Comment

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

## Next Steps

NQF reviewed the next steps for the project, noting that NQF staff will incorporate the Standing Committee's spring 2021 measure evaluation discussion and voting results into the Spring 2021 Draft Technical Report. NQF will post the draft technical report on August 19, 2021, for a 30-calendar day public commenting period. The continuous public commenting period with member support will close on September 17, 2021. NQF will reconvene the Standing Committee for the post-comment web meeting on October 20, 2021. NQF also informed the Standing Committee that the Consensus Standards Approval Committee (CSAC) will consider the Standing Committee's endorsement recommendations during its meetings on November 30 – December 1, 2021. Following the CSAC meeting, the 30-day Appeals period will be held from December 7, 2021 – January 5, 2022.