



## Person- and Family-Centered Care 2015-2017

### BACKGROUND

Ensuring person and family-centered care is a core concept embedded in the National Quality Strategy priority of ensuring that each person and family is engaged as partners in their care. Person and family-centered care encompasses patient and family engagement in care, including shared decision-making and preparation and activation for self-care management, and the outcomes of interest to patients receiving healthcare services, including health-related quality of life, functional status, symptoms and symptom burden, and experience with care. Due to the large number of person- and family-centered care measures, maintenance review of endorsed measures and consideration of new measures is taking place over multiple phases. The 2014-2015 phase focused on reviewing experience with care measures, during which NQF endorsed one new measure and continued endorsement for ten measures. Currently, in the 2015-2016 phase the Committee is examining clinician and patient-assessed measures of functional status. This new phase of work will focus on the health-related quality of life and communication domain of person-and family-centered care.

### COMMITTEE CHARGE

A multi-stakeholder Standing Committee has been established to evaluate newly submitted measures and measures undergoing maintenance review and make recommendations for which measures should be endorsed as consensus standards. This Committee will work to identify and endorse new and previously endorsed performance measures for accountability and quality improvement that specifically address person and family-centered care, including PRO-based performance measures (PRO-PM) in the domains of experience with care including engagement, shared decision-making, and communication; health-related quality of life including functional status and clinician assessed function; and symptom/symptom burden such as pain. The Committee will evaluate consensus standards previously endorsed by NQF under the endorsement maintenance process as well as new measures.

The Standing Committee's primary work is to evaluate the submitted measures against NQF's standard measure evaluation criteria and make recommendations for endorsement. The Committee will also:

- oversee the portfolio of measures for person- and family-centered care
- identify and evaluate competing and related measures
- identify opportunities for harmonization of similar measures
- recommend measure concepts for development to address gaps in the portfolio

- provide advice or technical expertise about the subject to other committees (i.e. cross cutting committees or the Measures Application Partnership)
- ensure input is obtained from relevant stakeholders
- review draft documents
- recommend specific measures and research priorities to NQF Members for consideration under the Consensus Development Process (CDP).

To learn more about the work of NQF's CDP Standing Committees, review our [Committee Guidebook](#).

## STANDING COMMITTEE STRUCTURE

This standing committee was initially seated in 2014 and is currently comprised of 21 individuals. Members serve terms that may encompass multiple measure review cycles.

### *Terms*

**Standing Committee members will initially be appointed to a 2 or 3 year term.** Each term thereafter would be a 3 year term, with Committee members permitted to serve two consecutive terms. After serving two terms, the Committee member must step down for one full term (3 years) before becoming eligible for reappointment. For more information, please reference the [Standing Committee Policy](#).

**Participation on the Committee requires a significant time commitment. To apply, Committee members should be available to participate in all currently scheduled calls/meetings.** Over the course of the Committee member's term, additional calls will be scheduled or calls may be rescheduled; new dates will be set based on the availability of the majority of the Committee.

Each measure review cycle generally runs about 7 months in length.

### **Committee participation includes:**

- Review measure submission forms during each cycle of measure review
- Each committee member will be assigned a portion (1-5) of the measures to fully review (approximately 1-2 hours/measure) and provide a preliminary evaluation on a workgroup call
- Each committee member should familiarize themselves with all measures being reviewed (approximately 15-30 minutes per measure)
- Participate in the orientation call (2 hours)
- The option to attend one of two NQF staff-hosted measure evaluation Q & A calls (1 hour)
- Review measures with the full Committee by participating in one of 4 workgroup calls (2 hours); workgroup assignments will be made by area of expertise;
- Attendance at initial in-person meeting (2 full days in Washington, DC);
- Complete measure review by attending the post-meeting conference call (2 hours)
- Attend conference call following public commenting to review submitted comments (2 hours)
- Complete additional measure reviews via webinar
- Participate in additional calls as necessary

- Complete surveys and pre-meeting evaluations
- Present measures and lead discussions for the Committee on conference calls and in meeting

**Table of scheduled meeting dates**

Meeting	Date/Time
<b>Standing Committee Orientation Webinar (2 hours)</b>	May 18, 2016 3:00-5:00PM ET
<b>Measure Evaluation Q&amp;A Call (2 hours)</b>	May 25, 2016 3:00-5:00PM ET
<b>In-person meeting (2 days in Washington, DC)</b>	June 6-7, 2016
<b>Post-Meeting Webinar (2 hours)</b>	June 15, 2016 3:00-5:00PM ET
<b>Post Draft Report Comment Webinar (2 hours)</b>	August 31, 2016 3:00-5:00PM ET

#### PREFERRED EXPERTISE & COMPOSITION

Standing Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

**For this existing standing committee, NQF is seeking to replace at least 3 committee members on the Person and Family-Centered Care Standing Committee as a result of term roll over for current members. To fill these seats, NQF is specifically seeking consumers, purchasers and health plan representatives.** Nominees should possess relevant knowledge and/or proficiency in patient-reported, process and outcome quality measurement or broad clinical expertise that would lend itself to the evaluation of measures of patient and family centeredness. This phase of work, will focus on measures of quality of life, symptom/symptom burden and communication measures across multiple care settings.

**Please review the [NQF Conflict of Interest Policy](#) to learn about NQF's guidelines for actual or perceived conflicts of interest.** All potential Standing Committee members must complete a Disclosure of Interest form during the nomination process in order to be considered for a Committee.

NQF will require Committee members who have a conflict of interest with respect to a particular measure to recuse themselves from discussion and any voting associated with those measures. A potential or current member may not be seated on a Committee if the conflict of interest is so pervasive that the member's ability to participate would be seriously limited. For purposes of this Policy, the term "conflict of interest" means any financial or other interest that could (1) significantly impede, or be perceived to impede, a potential or current member's objectivity, or

(2) create an unfair competitive advantage for a person or organization associated with a potential or current Member.

## CONSIDERATION & SUBSTITUTION

Priority will be given to nominations from NQF Members when nominee expertise is comparable. Please note that nominations are to an individual, not an organization, so “substitutions” of other individuals from an organization at conference calls, meetings or for voting is not permitted. Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

## APPLICATION REQUIREMENTS

Nominations are sought for individual subject matter experts. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the Standing Committee, please **submit** the following information:

- A completed [online nomination form](#), including:
  - a brief statement of interest
  - a brief description of nominee expertise highlighting experience relevant to the committee
  - a short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development
  - curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- A completed disclosure of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.
- Confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

## DEADLINE FOR SUBMISSION

All nominations **MUST** be submitted by **6:00 pm ET on Friday, March 11, 2016**.

## QUESTIONS

If you have any questions, please contact project team, at 202-783-1300 or [pfcc@qualityforum.org](mailto:pfcc@qualityforum.org). Thank you for your interest.