NATIONAL QUALITY FORUM

Memo

TO: Person and Family Centered Care Standing Committee

FR: NQF Staff

RE: Post-Comment Call to Discuss Public and Member Comments

DA: August 26, 2016

Purpose of the Call

The Person and Family Centered Care Standing Committee will meet via conference call on Friday, September 9, 2016 from 1:30 PM – 3:30 PM ET. The purpose of this call is to:

- Discuss Related and Competing measures and consider options to harmonize and/or determine if any should be considered "best in class."
- Re-vote on three "consensus not reached" measures.
- Review and discuss the Request for Reconsideration
- Review and discuss comments received during the post-evaluation public and member comment period.
- Provide input on proposed responses to the post-evaluation comments.

Standing Committee Actions

1. Review this briefing memo, the table of supplementary follow-up measure information, and the Draft Report.
2. Review and re-discuss the following: measures where consensus was not reached; measures identified as competing and those where a reconsideration has been requested.
3. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments

Conference Call Information

Please use the following information to access the conference call line and webinar:

Participant dial-in #: (877) 843-5158 (*NO CONFERENCE CODE REQUIRED)*
Web Link: http://nqf.commpartners.com/se/Rd/Mt.aspx?164209
Registration Link: http://nqf.commpartners.com/se/Rd/Rg.aspx?164209

Background

In this third phase of Person and Family Centered Care (PFCC) work, the 22-member Person and Family Centered Care Standing Committee evaluated 12 newly submitted measures and one measure undergoing maintenance of endorsement against NQF's standard evaluation criteria. The Committee recommended eight measures for endorsement, did not reach consensus on three measures, and did not recommend two measures. NQF's PFCC portfolio includes 62 measures focused on symptom/symptom burden, experience of care, functional status, health-related quality of life, patient activation, and communication.

Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). Second, NQF solicits member and public comments prior to the evaluation of the measures via an online tool located on the project webpage. Third, NQF opens a 30-day comment period to both members and the public after measures have been evaluated by the full committee and once a report of the proceedings has been drafted.

Pre-evaluation comments

The pre-evaluation comment period was open from April 27-May 10, 2016 for all 13 of the measures under review. A total of five pre-evaluation comments were received which pertained to two of the new measures and one maintenance measure with the majority being supportive. All of these pre-evaluation comments were provided to the Committee prior to the in-person meeting.

Post-evaluation comments

The Draft Report went out for Public and Member comment July 14-August 12, 2016. During this commenting period, NQF received 21 comments from 11 commenters, including three member organizations:

Consumers – 2	Providers – 0
Professional – 1	QMRI – 0
Purchasers – 0	Supplier and Industry – 0
Health Plans – 0	Public & Community Health – 0

In order to facilitate discussion, the majority of the post-evaluation comments have been categorized into major topic areas or themes. Where possible, NQF staff has proposed draft responses for the Committee to consider. Although all comments and proposed responses are subject to discussion, we will not necessarily discuss each comment and response on the post-comment call. Instead, we will spend the majority of the time considering the major topics and/or those measures with the most significant issues that arose from the comments. Note that the organization of the comments into major topic areas is not an attempt to limit Committee discussion.

We have included all of the comments that we received (both pre- and post-evaluation) in the Comment Table. Pre-evaluation comments have already been addressed and are included in a separate tab. This comment table contains the commenter's name, comment, associated measure, topic (if applicable), and—for the post-evaluation comments—draft responses for the Committee's consideration. Please refer to this comment table to view and consider the individual comments received and the proposed responses to each.

Comments and their Disposition

Four major themes were identified in the post-evaluation comments, as follows:

1. Support for measures
2. Harmonization/competing measure concerns

3. Request for reconsideration of Home and Community Based Services (HCBS) measure
4. Measure gaps

Theme 1 – Support for Measures & Committee's Work

Six comments were received that supported the endorsement of measures the Committee recommended, or with the general focus of the Committee's work. One commenter submitted comments on #2769: Functional Change: Change in Self Care Score for Skilled Nursing Facilities and #2774: Functional Change: Change in Mobility Score for Skilled Nursing Facilities noting the importance of including toileting in these measures.

Proposed Committee Response: Thank you for your comment.

Theme 2 – Competing Measures

One set of comments (three comments total) focused on the preference for the measures based on the FIM tool for use in Long Term Acute Care Facilities (LTACs). The commenter noted "*We support the use of the existing metrics related to FIM scoring from UDS/CMS. Our infra structures are built accordingly and our decision making is focused on this relevant data. The negative impact on the care delivery and cost of care will be overwhelming while offering little to no value for the catastrophic/traumatic population of patients we serve.*"

One comment noted a preference for the CARE tool-based measure, stating "*USDmR Functional Measures based on the FIM Tool has multiple problems including a) data is problematic as it's based on LTAC with little variation shown, b) there is overlap in the data with other tools (e.g., CARE) and c) would be are burdensome for clinicians, particularly nurses who collect these data. For example, there is overlap with the CARE Tool data which is already being collected and measures already validated. For PAC settings choosing to use the FIM there is also overlap*."

Developer Response: During the public comment period, the developers were asked to respond to the question of competing measures. Both developers, AHCA and UDSMR, submitted responses. The full responses are too extensive to include in this memo, so they are posted on SharePoint and are summarized below:

- AHCA notes that the measures are based on different data collection tools and they state their measures are more feasible and more usable for several reasons. They summarize differences in the numerator and risk model development and specifications. (*Information is included in the related & competing section of the measure worksheet.*)
- UDSMR summarizes the similarity between the measures and then goes into detail on the differences. They also note that the UDSMR measures have more data available and list the reasons why they think this is the case; they also note the long use of the UDSMR measures. They also summarize differences in assessment rules and in included patient populations and facilities. Finally, they provide information on the benefits and payment model for their subscription services. (*Information is included in the letter posted to the measure folder on SharePoint*.)

Proposed Committee Response: To be discussed on the September 9th post-comment call.

Action Item: The Committee should review the table prepared by staff, the developer responses and the comments received, and discuss. The Committee will first vote on whether the two sets of measures are competing, and if they are deemed to be competing, the Committee will vote to determine if a "best-in-class" measure can be determined for each measure set.

Theme 3 – Request for Reconsideration: HCBS Measure

The majority of the comments received focused on the Home and Community Based Services Experience of Care measures, many urging the Committee to reconsider their recommendation due to the importance of the measure topic. This measure submission includes 19 measures within 5 topic areas. Two of the measure sets did not pass performance gap and the remaining 3 sets did not pass reliability. Commenters noted the need for outcome measures (particularly patient-reported) and the lack of measures for home and community based services. A commenter had some questions about NQF process for voting on criteria, and why the Committee wanted to see 0.7 as an acceptable level of reliability.

Developer Response: The developer has requested reconsideration. To support this request, they have submitted additional information as requested by the Committee as well as additional testing data.

Proposed Committee Response: To be discussed on the September 9th post-comment call.

NQF Response: In order to receive NQF endorsement, measures must demonstrate that they meet the NQF criteria. The Committee almost unanimously agreed (by a vote of 17 in favor, one against) that the measure met the Evidence criteria, the first component of Importance to Measure and Report. Some measures did not pass Performance Gap and the rest did not pass Reliability; both are must-pass criteria, meaning the measures must pass each of these in order to move forward for discussion. When reviewing measures, it is generally accepted that 0.7 is the minimum acceptable score for reliability; below 0.7 is generally considered questionable. A number of the HCBS Episode of Care measures fell well below this 0.7 threshold. Therefore, the Committee felt that a better understanding of the reliability of many of the measures was needed and suggested a larger sample size would assist with that. The Committee did not discuss or vote on Validity, Feasibility, or Use & Usability since the measure discussions stopped prior to these criteria.

Action item: Consider request for reconsideration from the developer; vote on determination to re-vote on all NQF criteria, with the exception of evidence which passed for all 19 measures; if determination made to re-vote to potentially change the recommendation for endorsement, need to determine if voting in blocks as was done at the in-person meeting (Scale, Global, etc.) or if there are any specific item-level measures that the Committee would like to remove and vote on separately.

Theme 4 – Measure Gaps

Commenters noted some additional gap areas in the PFCC portfolio, including:

- Self-care measures to help families as they take on the caregiving tasks associated with aging/recovering at home
- Measures that specifically address eliciting and aligning patient goals with their plan of care
- Inclusion of the palliative care population in shared decision making measures

Proposed Committee Response: Thank you for your comment. These items have been incorporated to the measure gaps list in the report.

Action item: Does the Committee agree with adding the proposed gap areas?

Measure Specific Comments

2962: Shared Decision Making Process

This measure received two comments supporting the measure, which was recommended. One comment supported the measure and encouraged "continued efforts in measure development that specifically address eliciting and aligning patient goals with their plan of care" (also noted above in Theme 4). The second comment supported both the concept of shared decision making and the measure, as well as the Committee's consensus that shared decision making is appropriate for all patients, but suggested the measure needs to go further to include more patients. This comment was referred to the developer for a response.

Developer Response: *This is a response to the public comment by Mark Dann from Compassion and Choices about the proposed measure of Shared Decision Making (SDM) Process. We proposed that the measure would be used to assess the extent to which patients reported they had an interaction with their providers that reflected shared decision making when they had decided to have any one of 7 surgical interventions: knee or hip replacement, surgery for herniated disc or spinal stenosis, PCI for stable angina, mastectomy for early stage breast cancer, or prostatectomy for prostate cancer. Mr. Dann comments that he would hope that the measure would be used to assess decision making for a much broader set of decisions for which there is more than one reasonable treatment approach. We could not agree more.*

Our proposal to NQF focused on those 7 decisions because we could reliably identify patients who had made those decisions and because we had data that supported the validity of the measure to distinguish those clinical practices making a special effort to do shared decision making from "usual care". However, we have used those questions in survey studies of patients who have made decisions about taking new long-term medications and about screening for cancer, as well as surgical procedures other than the 7 listed. We are confident that the measure does provide valid information about the decision making process, and we are very hopeful that we and others can collect data that help make the case for the value of extending the use of these questions to a wide variety of decisions beyond the 7 targeted in our proposal.

Proposed Committee Response: The additional gap area noted has been added to the measure gaps list.

Action Item: The Committee should review the comment and developer response and notify staff if further discussion is needed.

General Draft Report

One comment was submitted on the draft C-CAT measure discussed by the Committee: "*C-CAT should be a team-based metric of communication, not based on one discipline. In particular, a team-based metric is needed for populations with low literacy levels*."

Proposed Committee Response: Thank you for your comment.

Action Item: None needed.