



Priority Setting for Health Care Performance Measurement:  
Person-Centered Care and Outcomes Advisory Group Web Meeting  
October 22, 2013 | 1:00 pm – 3:00 pm ET

---

The National Quality Forum (NQF) convened a web meeting of the Person-Centered Care and Outcomes Advisory Group on Tuesday, October 22, 2013.

## Participant Attendance

Dave deBronkart, Cancer Patient and Blogger  
Eugene Nelson, Dartmouth Institute for Health Policy and Clinical Practice  
Lori Frank, Patient Centered Outcomes Research Institute  
Sally Okun, PatientsLikeMe  
Mary Minniti, Institute for Patient and Family-Centered Care

## HHS Participants

Cille Kennedy, Office of the Assistant Secretary for Planning and Evaluation  
Ellen Makar, Office of the National Coordinator for Health IT  
Kevin Larsen, Office of the National Coordinator for Health IT

## Welcome and Review of Meeting Objectives

Session led by Karen Pace, Senior Director, NQF and Kevin Larsen, Medical Director, HHS.

- Dr. Pace welcomed the group, introduced the advisory group members for the Person-Centered Care and Outcomes project, and stated that Dr. Ethan Bash and Ms. Uma Kotagal who could not participate in the call were consulted via individual conference calls. This meeting summary also reflects their points of view.
- Next Dr. Pace reviewed the following meeting objectives:
  - Provide an overview of the project.
  - Obtain suggestions for focusing the scope of this project to accomplish the objective of recommending specific performance measures that address person-centered care and outcomes for implementation or development.
  - Provide early input on the environmental scan, resources to explore, and additional considerations for achieving project objectives.
- Dr. Larsen kicked off the meeting by stating that the goal of the project is to determine how we can move from a measurement framework that has aligned itself around specialties or programs to a framework that aligns around what is important for consumers and patients as they make important decisions about healthcare and healthcare services.

## Background and Project Overview

Session led by Wendy Prins, Senior Director, NQF and Mitra Ghazinour, Project Manager, NQF.

- Ms. Prins provided a brief background of the project, and stated the purpose of the project is to provide HHS with concrete recommendations on priorities for performance measurement by providing: multistakeholder guidance on high-leverage measurement areas in each topic area; identifying existing measures and measure concepts that may be useful for performance

measurement; and prioritizing opportunities and next steps for measure development and endorsement.

- Ms. Ghazinour reviewed the project timeline and the approach to complete this project which includes four steps: convene multistakeholder committee, identify and/or modify a conceptual measurement framework, conduct measure gap analysis, and develop committee recommendations.

### Potential Approaches to Focus This Project

Session led by Karen Pace, Senior Director, NQF.

- Noting that the topic of person-centered care is quite broad, Dr. Pace reviewed four potential approaches to focus the project:
  1. Conduct an in-depth analysis of England's NHS PRO-based performance measure system and its applicability for implementation in the US.
  2. Conduct an in-depth analysis of existing programs in the U.S. that use patient-reported outcomes (PRO) (e.g., CAHPS and Health Outcomes Survey) and make recommendations of how their use could be expanded.
  3. Identify the most important areas for performance measure development beginning with input from the persons receiving services (patients and consumers) and then identifying outcomes that are responsive to healthcare interventions as laid out in NQF's pathway for developing PRO-base performance measures.
  4. Identify the PRO instruments/scales that are currently being used in clinical practice which indicate readiness to develop performance measures and/or conduct an in-depth analysis of PROMIS and how to move to implementation and performance measurement.
- The advisory group discussed the options and offered their reflections, including the following:
  - Approach number one would provide an opportunity to assess concrete examples and to evaluate systems such as NHS or the Swedish Rheumatology Quality Registry for transferability to the U.S.
  - There were some concerns regarding approach number two that the measures currently used in the U.S. are for the most part provider-centric measuring how well the provider did in the eyes of the patient, which may not be important from a patient perspective. Others noted that while existing measures may seem more feasible to implement in the short-term, they may still need to be expanded and modified to address a person-centered care model of measurement.
  - Approach number three was highlighted as an important one because it would allow patients and families to engage in discussions with providers about which outcomes are most important to them. Work is underway at a number of organizations at Dartmouth, ONC and PatientsLikeMe that is moving toward person-centered measures to drive clinical decision making. This approach might require longer-term efforts than the other approaches suggested but would be critical in fostering partnership relationships between patients and providers. Additionally, this approach could be helpful in changing providers' perceptions about the value of patient-reported measures to better understand the value and potential impact of patient and family engagement in care.
  - The discussions of approach number four highlighted that while these tools could potentially provide a good starting place, they mostly include generic or condition-specific measures that are not holistically reflective of the whole person. Also, since not

many PROM instruments are used in clinical practice, determining which tools to base the work on could be more challenging.

- The advisory group in general agreed that outcome measures that are important to patients—e.g., goal attainment and PRO-based measures—are more desirable in a person-centered model. They discussed how measures could be better developed by looking at patient perspectives and asking questions important to them (e.g., “What do you wish you had known early in your illness?” and “What do you wish you had been asked?”).
- The advisory group was asked to consider a guiding framework that considers short-term goals as well as longer-term goals. The group discussed the Episodes of Care Measurement Framework as well as a combination of frameworks that that could address person-centered measurement.

### **Next Steps/Process Improvements**

Session led by Mitra Ghazinour, Project Manager, NQF

- The meeting concluded with a discussion about the committee slate review process and the project timeline. The upcoming Person-Centered Care and Outcomes Committee activities are:
  - The committee will be seated mid-December
  - January, 2014—Person-Centered Care and Outcomes Committee web meeting
  - April, 2014—Person-Centered Care and Outcomes Committee in-person meeting