



NATIONAL QUALITY FORUM

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Meeting Summary

Building a Roadmap From Patient-Reported Outcome Measures to Patient-Reported Outcome Performance Measures

Web Meeting #4

The National Quality Forum (NQF) convened a public web meeting for the Building a Roadmap From PROMs to PRO-PMs Technical Expert Panel on April 29, 2021.

Welcome, Introductions, and Review of Web Meeting Objectives

Chuck Amos, NQF Director, Quality Innovation, began by welcoming participants to the web meeting. Mr. Amos thanked CMS, the Technical Expert Panel (TEP), and the Federal Liaisons for their support of this work and provided an opportunity for the co-chairs to share additional opening remarks. Co-chair Dr. Cathy MacLean thanked both CMS and the project staff for their active engagement and interest on the project. Dr. MacLean also thanked the TEP for their continued willingness to offer suggestions and feedback and continuously engage in the discussions. Co-chair Dr. Sam Simon echoed Dr. MacLean's comments by expressing gratitude for the TEP and the project staff.

Mr. Amos reviewed the following meeting objectives: clarify scope of Interim Report and TEP's anticipated involvement; review updated changes to the PRO-PM version of the Attribute Grid (based on the grid from the PRO Best Practices report); and "pressure test" the Attribute Grid against a widely used PROM. The purpose of the pressure test is to determine if the PROM has attributes of a high quality PROM for use in a performance measure; to identify any attributes that might need to be updated or could be missing; and to provide an example of how to complete the Attribute Grid. Additionally, the exercise provided an opportunity to ensure the TEP members had a shared understanding of the meaning of each attribute in the Attribute Grid. Mr. Amos introduced the project staff, then Teresa Brown, NQF Senior Manager, conducted attendance of the TEP members and the Federal Liaisons. Mr. Amos reviewed the True North statement to remind the TEP of the goal of the project: provide guidance on developing PROM-based PRO-PMs for use in CMS accountability programs by identifying key attributes of high-quality PROMs and creating step-by-step guidance on utilizing these PROMs to develop fully tested digital PRO-PMs.

Mr. Amos shared a visual representation of the project timeline. He discussed that the project staff is currently working on the Interim Report, and the Environmental Scan is in the final stages of preparation. Mr. Amos reviewed the ground rules for the meeting before delving into a recap of Web Meeting #3.

Web Meeting #3 Recap

Mr. Amos gave a brief overview of Web Meeting 3. During Web Meeting 3, the TEP reviewed and discussed themes that emerged from the Environmental Scan Report public comments, determining which themes contribute to improvements in the report; changes to the PRO-PM version of the Attribute Grid (based on the grid from the PRO Best Practices report) in order to identify additional revisions that support performance measurement; and the Interim Report outline. Mr. Amos also thanked a TEP member for highlighting the importance of the unique perspective that patients and patient advocates bring to the project.

Interim Report Discussion

Mr. Amos briefly updated that the first draft of the Interim Report is being reviewed by both CMS and NQF for initial edits. Mr. Amos shared that the report focuses on attributes of high quality PROMs for use in Performance Measures (PMs), including those in CMS Value-Based Purchasing (VBP) programs, Alternative Payment Models (APMs), or Medicare coverage determination. The report also highlights that the term “high quality” can create a challenge as it relates to PROMs used in PMs. This challenge is due to the fact that there are existing questionnaires that are both reliable and valid but may not be suitable for a specific digital PRO-PM. Mr. Amos shared that the goal of the report is to provide users and developers of PRO-PMs with examples of the essential attributes of high quality PROMs that can successfully form the basis of a PRO-PM. Mr. Amos thanked the TEP members in advance for their participation in today’s meeting and activity as this will lend itself to additional revisions to the Interim Report.

Finalization: Attributes of PROMs for Use in Performance Measures

Ms. Brown introduced this portion of the meeting as a review of updates to the Attribute Grid prior to starting the activity. Ms. Brown presented the “Updated: Attributes of PROMs for use in Performance Measures” slide and described the changes to the Attribute Grid based on TEP feedback during previous web meetings and the results from the survey. The finalized list of attributes was pressure tested during the group activity portion of the meeting.

Dr. Simon facilitated the discussion of this section by requesting that the TEP provide additional attributes that need to be added to the attribute grid, specifically those that are focused on VBP or APMs. The TEP provided no additional feedback.

Group Activity: Assessing Attributes of a PROM

Mr. Amos provided a brief overview of the group activity. Using the Patient Health Questionnaire-9 (PHQ-9) as an example, NQF staff and the TEP walked through the process of applying the Attribute Grid to a specific PROM. The goals of the pressure test included seeing if the attributes identified during the previous Web Meetings should evolve and ensuring that there is shared consensus among the TEP on the definitions of each of the attributes to incorporate into the Interim Report and future reports. Mr. Amos informed the TEP that the PHQ-9 was chosen as the instrument to pressure test the attributes against because of its familiarity and wide-spread use. The PHQ-9 is a tool that has been validated for use as a measure to assess the level of depression severity for initial treatment as well as an outcome tool to determine treatment response.

Attributes

The following represents discussion that occurred among the TEP during the group activity.

Covers desired PROs from patient (and/or caregiver) perspective

Dr. Simon led the discussion and addressed a TEP member's comment about removing the clinical perspective in bullet 1 as it is very important that providers understand, interpret, and use the tools to improve care for patients. Drs. Simon and MacLean stated that the intent was not to remove the clinician or provider perspective, as it is an area of major concern which is addressed in the "result of care for which relevant clinical quality is being measured" attribute. Further discussion included editing the attribute to specifically capture the patient and or caregiver perspective exclusively. Dr. MacLean informed the TEP that the goal is to get from patient-reported outcomes to quality performance measures. Further TEP discussion included suggestions to be mindful when using a measure to screen for a condition such as depression and having a generic action, such as a follow up, that utilizes a different measure. TEP members reinforced that the outcome to be measured within PRO-PM development should be the same across different measurement instruments.

To include cultural appropriateness

Dr. MacLean facilitated the discussion related to the defining attributes of cultural appropriateness. Dr. MacLean inquired if the TEP believed that additional detail was necessary or if the aspects related to cultural appropriateness were adequately addressed. The TEP determined that this attribute aims to assess if a questionnaire is culturally appropriate, based on the way of life in the targeted country or subculture. For example, if an activity for physical functioning is to go for long walks in the forest but a patient does not live close to a forest the question would be deemed inappropriate. Discussion among the TEP revealed that if cultural appropriateness is to be combined with another attribute, it would be more suitable to add it to "Usability/Feasibility of Use: Language /Translation." Dr. MacLean suggested adding two separate bullet points within this Usability/Feasibility of Use section: one for cultural appropriateness and the second for language/translated with culturally appropriate items. The TEP agreed with the proposed change.

Outcome measured in PROM is result of care for which relevant clinical quality is being measured

A TEP member suggested that this attribute should not be considered a performance measure as it does not represent the patient's voice. Instead, it represents the physician assessing a very narrow set of questions as opposed to assessing the patient's outcome and including their opinion. Further discussion indicated that this attribute considered the clinician perspective of the clinical importance of the outcomes and should remain as written. It is notable that this attribute complements the first attribute in the grid by emphasizing a clinical perspective.

Guidance on standardized data collection (to include mode and methods)

A TEP member suggested the addition of "fielding method guidance" as an attribute, addressing consistent workflow and data collection and citing the example of poor or inconsistent verbal administration of the PHQ-2 within a care setting. Inconsistent data collection could lead to inaccurate or incomplete results and outcomes. Mr. Amos suggested that this also could fit within the Usability/Feasibility of Use: Fits with standard of care and related workflow attribute. The TEP did recommend that this attribute should be added independently, as it can include administration, as well as modes and methods to ensure accurate and consistent data collection.

Usability/Feasibility of Use: Fits with standard of care and related workflows (e.g., incorporated and discussed at point of care)

Dr. MacLean stated that the care being delivered, such as measuring the quality of care for hip or knee replacement, must be related to the outcome that is being measured. The outcome and the PROM should be improved for the area for which quality is being measured. The TEP members agreed that this attribute does not need any further adjustments.

Clear conceptual and measurement models

Discussion among the TEP included the importance of understanding what is being measured, the expected domain(s), and the relationship between domains and outcomes. The TEP noted that performance measures are to be useful clinical tools to improve the process of care, otherwise they become a burden on patients and providers. This attribute was a step at achieving clarity on what is being measured and acknowledging the importance of a measure in the different stages of disease and addressing patients who are doing better or worse based on the measure.

Public Comment

Ms. Brown opened the web meeting to allow for public comment. No public comments were received.

Next Steps

Ms. Brown closed the meeting by reminding the TEP that Web Meeting #5 will be held on May 25, 1:00 – 2:30 pm ET and that the Final Environmental Scan Report will be posted publicly on May 18. Ms. Brown also informed the TEP that NQF may be reaching out to targeted TEP members to assist in developing additional assessments of PROMs in the coming weeks for incorporation into the Interim Report. Ms. Brown provided a reminder that the Interim Report draft will be shared with the TEP in the coming weeks for their feedback prior to the report being posted for public comment in early June.

Adjourn

Mr. Amos concluded the meeting by thanking the TEP members, Federal Liaisons, CMS partners, and NQF staff.