NATIONAL QUALITY FORUM

Meeting Summary

Patient Experience and Function Standing Committee— Measure Evaluation In-Person and Web Meetings

The National Quality Forum (NQF) convened the Patient Experience and Function Standing Committee for an in-person meeting on June 20, 2019 at the NQF offices in Washington, DC and three subsequent web meetings on June 25, July 1, and July 2, 2019 to evaluate 15 measures.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the in-person and web meetings. NQF staff reviewed the meeting objectives. Committee members each introduced themselves and disclosed any conflicts of interest.

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 58 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 meetings, the Patient Experience and Function Standing Committee evaluated 15 measures for endorsement consideration. The Committee also discussed two sets of competing measures. A summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on August 1, 2019 for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

Measure Evaluation Criteria Rating Key: H – High; M – Medium; L – Low; I – Insufficient

3227 CollaboRATE Shared Decision-Making Score (Dartmouth Institute for Health Policy & Clinical Practice)

Measure Steward/Developer Representatives at the Meeting

Glyn Elwyn
Rachel Forcino

Standing Committee Votes

- Evidence: Pass-16; No Pass-1
- Performance Gap: H-6; M-12; L-0; I-0
- Reliability: Yes-14; No-4
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.
- Validity: Yes-13; No-4

    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.

- Feasibility: H-6; M-12; L-0; I-0
- Use: Pass-13; No Pass-5
- Usability: H-8; M-5; L-4; I-1

Standing Committee Recommendation for Endorsement: Yes-14; No-4

The Standing Committee began their discussion by acknowledging the importance to measure shared decision making, and the impact that improved shared decision making has on a person's overall experience of care. The Committee acknowledged that while evaluation of shared decision making does not need to be part of every clinical encounter, capturing the patient's perception of shared decision making is an important component of good care. The Committee also noted the importance of providing good, actionable feedback to measured clinicians, so they can improve their approach to engaging patients in their own care.

The Committee did express concern that the measure does not have a strong connection to an outcome and may lead to lower quality of care if patients are strongly inclined to treatments that have poor evidence. Early discussion of evidence reflected the Committee's general approval of the developer's approach, as well as acknowledgement of a performance gap in some of the data samples provided by the developer. While the Committee expressed some concern in the sampling methodology associated with reliability and validity testing, the Committee accepted the developer's explanation of a sampling recommendation of 25 patients as a minimum, with a preference of 200 as a reliability standard. The Committee did not consider the administration of the measure to be burdensome to patients but had some concerns around the frequency of administration. The developer further clarified that the measure should not be administered more frequently than every six months according to the specifications of the measure. The Standing Committee recommended the measure for endorsement.

3461 Functional Status Change for Patients with Neck Impairments (Focus on Therapeutics Outcomes)

Measure Steward/Developer Representatives at the Meeting

Deanna Hayes
Daniel Deutcher

Standing Committee Votes

- Evidence: Pass-17; No Pass-4
- Performance Gap: H-4; M-13; L-4; I-0
- Reliability: Yes-21; No-0

    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.

- Validity: H-1; M-15; L-5; I-0

  - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.

- Feasibility: H-0; M-15; L-6; I-0
- Use: Pass-18; No Pass-3
- Usability: H-0; M-13; L-7; I-1

Standing Committee Recommendation for Endorsement: Yes-14; No-7

The Committee initiated discussion of the measure by expressing a concern around end user access to the measure and resources related to the measure, given the measure developer's provision of dashboards that inform treatment decisions that may influence performance on the metric. The developer responded that the measure itself is free for use, and ancillary services provided by FOTO are not required. It was also noted that this is not a unique approach, and that other measure developers follow a comparable model.

A public comment encouraged the measure developer to incorporate LOINC standardization into the measure; FOTO noted this as an important consideration as they are refining their measures. The Committee also expressed concern about the potential over-specificity of the measure in carving up functional status by individual body part. The developer proffered an explanation that noted their intentions to consolidate measures of foot, knee, and hip into a single lower extremity functional status measure.

The Committee was generally satisfied with the evidence and gap surrounding the measure. Reliability concerns focused on additional sources of error that would potentially factor into the ability to distinguish one provider's performance from another, although this was noted to affect future submissions and not the current one. The Committee's discussion of validity focused on a concern for presentation with multiple complaints resulting in multiple surveys, and the validity of a "main complaint." The developer noted that most patients do not have trouble selecting a specific area, but that there are comorbidity issues that come into play that rely on the professional judgement of the clinician. One Committee member shared an experience of receiving an inappropriate survey. The developer characterized this as an anomaly that does not reflect standard use of their tools. The Committee also discussed the feasibility concern of burden of multiple types of surveys being deployed for the same patient.

During the discussion on Use and Usability, the Committee noted the concern that the measure might not be usable at the individual clinician level, and therefore limited to group level of analysis. The Committee finalized the discussion by urging the measure developer once again to use standardized vocabulary such as LOINC, noting that all measures should follow comparable standards to allow for use in multiple care settings, with the additional consideration that this measure is not an eCQM, so there is no need to make it compatible with an electronic standard at this time. The Standing Committee recommended the measure for endorsement.

2286 Functional Change: Change in Self Care Score (UDSMR)

Measure Steward/Developer Representatives at the Meeting

Kathy Dann
Dexanne Clohan
Paulette Niewczyk

Standing Committee Votes

- Evidence: Pass-13; No Pass-8
- Performance Gap: H-1; M-17; L-2; I-0
- Reliability: Yes-20; No-1
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.
- Validity: Yes-21; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as High.
- Feasibility: H-3; M-16; L-1; I-0
- Use: Pass-21; No Pass-0
- Usability: H-4; M-14; L-1; I-1

Standing Committee Recommendation for Endorsement: Yes-20; No-0

The Committee discussed the correlation of the measure's outcomes compared to the larger FIM instrument, noting this was expected as the developer was correlating a subset of the instrument to the larger FIM instrument. Additionally, the Committee wanted evidence to be presented on interquartile numbers for facilities using the measure. The developer provided quartile facility mean change data but not interquartile data. The Committee also noted that the FIM tool will no longer be used for payment and benchmarking as of October 1, 2019. Some Committee members said they believe facilities will no longer use the FIM as they are no longer required to.

There is currently a limited gap in care, with negligible adjusted differences pertaining to race, sex, and marital status. The measure passed Methods Panel review for reliability, but the Committee discussed why there was a need for a random sampling of 30 of the 855 facilities. The developers stated that they did this at the direction of NQF and the previous Person and Family Centered Care Committee, and that patients at each facility were compared against the other 29 facilities. The measure passed Methods Panel review for validity. One Committee member questioned whether correlating a subset of the FIM predicts the larger score, because the larger score is dependent on the subset; however, the Committee agreed to accept the Methods Panel rating for validity. The Committee agreed that the measure was feasible. The Committee noted concerns with use once CMS IRF-PAI stops using the measure for payments and benchmarking in October 2019, as well as concerns about whether the measure is truly publicly reported. The developers stated they publish data to their customers. The Committee flagged a lack of year-

over-year data pertaining to usability. Ultimately, the measure passed all criteria, and the Committee recommended the measure for continued endorsement.

2321 Functional Change: Change in Mobility Score (UDSMR)

Measure Steward/Developer Representatives at the Meeting

Kathy Dann
Dexanne Clohan
Paulette Niewczyk

Standing Committee Votes

- Evidence: Pass-18; No Pass-2
- Performance Gap: H-1; M-17; L-2; I-0
- Reliability: Yes-20; No-1
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.
- Validity: Yes-18; No-3
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as High.
- Feasibility: H-3; M-16; L-2; I-0
- Use: Pass-21; No Pass-0
- Usability: H-1; M-16; L-3; I-0

Standing Committee Recommendation for Endorsement: Yes-20; No-0

The Committee agreed that this kind of measure is important to consumers and that the evidence issues resembled those previously discussed for measure 2286, and the Committee had no additional concerns to discuss. The Committee did not bring forth any comments on gap, though a general comment was made suggesting that measures should show an individual's decline has been reduced or stabilized and not just whether their status has improved or not. The measure passed Methods Panel review for reliability, and the Committee's comments resembled those for the previous measure, regarding sample size of 30 facilities. The Committee flagged that the measure captured a narrow population, to which the developer responded that they are limited to what data are available in the data set, but they have access to race, sex, age, marital status, and payer information. The measure passed Methods Panel review for validity, and the Committee had no further comment on validity. The Committee members again raised the concern of CMS no longer using the FIM tool starting in October 2019, but otherwise had no concern about the feasibility of this measure. The Committee did not have any comments on use or usability for this measure and voted to pass it on both. The measure passed all criteria, and the Committee recommended the measure for continued endorsement.

2632 Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (CMS/RTI)

Measure Steward/Developer Representatives at the Meeting

Anne Deutsch
Alan Levitt

Standing Committee Votes

- Evidence: Pass-14; No Pass-1
- Performance Gap: H-1; M-11; L-3; I-0
- Reliability: Yes-14; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.
- Validity: Yes-12; No-2
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.
- Feasibility: H-6; M-8; L-0; I-0
- Use: Pass-13; No Pass-1
- Usability: H-0; M-10; L-3; I-1

Standing Committee Recommendation for Endorsement: Yes-12; No- 2

The Committee noted that this maintenance measure was one of the first of a new class" of measures using the Minimum Data Set (MDS) section GG (Functional Abilities and Goals) G.G. codes for functional status. Committee members agreed that while there is scant literature for LTACs specifically, the literature on ventilator patients generally supports early intervention. There is a clear gap in care, with disparities around marriage status, race, and payment source, and an opportunity for improvement. The measure did pass the Methods Panel review, but the Committee discussed the representativeness and generalizability of the included population, flagging that over one-third of the population is excluded. The Committee agreed that the exclusions are reasonable (incomplete stays, hospice patients, various clinical conditions, etc.) but asked whether the exclusion rates varied across facilities, which would potentially indicate different case mixes. After some discussion of the inclusion and exclusion criteria, and the risk-adjustment criteria (particularly around cardiac conditions), the Committee ultimately agreed with the Methods Panel that the measure passed both reliability and validity.

The Committee agreed that the measure is feasible. As the measure is in use in two accountability programs, the Committee agreed that it met the use criterion. Committee members flagged that the measure looks at a very narrow population, which limits its usability and actionability for clinicians; the developer noted that Congress mandated the specific subpopulation and setting. The Committee also noted minimal change over the last two years of data, but the developer noted that the measure is fairly newly reported, and there have been

changes in the last two years for LTCHs, so the developer expects more improvement in the future. Despite these concerns, the measure ultimately passed usability, and the Committee recommended it for continued endorsement.

2633 IRF Functional Outcome Measure - Change in Self-Care Score for Medical Rehabilitation Patients (CMS/RTI)

Measure Steward/Developer Representatives at the Meeting

Anne Duetsch
Alan Levitt

Standing Committee Votes

- Evidence: Pass-17; No Pass-2
- Performance Gap: H-0; M-15; L-4; I-0
- Reliability: Yes-19; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as High.
- Validity: Yes-17; No-2
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.
- Feasibility: H-7; M-11; L-1; I-0
- Use: Pass-15; No Pass-4
- Usability: H-2; M-12; L-6; I-0

Standing Committee Recommendation for Endorsement: Yes-20; No-0

Committee members noted that this measure is important to measure, and that patients value performance information across facilities. In response to questions, the developer noted that patients living alone had better outcomes, likely because facilities will keep patients who live alone longer to ensure they are ready for discharge. Also in response to questions, the developer explained that this measure and the related measures were developed in response to a mandate through the IMPACT Act, using standardized assessment items. Committee members noted that the evidence demonstrates that self-care and mobility should be kept together instead of treating them separately, and also asked about the lack of information on cognitive function. The developer explained that within IRF settings there is a wide range of patients, and merging the data across diagnostic groups (for example, strokes and orthopedic conditions) led to less precise results; in addition, across diagnosis groups it is better to separate cognitive and motor functions because they are very different and not all patients need both measured. The Committee agreed there are gaps in care. The Committee discussed the factors used in the risk-adjustment model and the developer noted they continue to track results to see how/if the measure should be adjusted or stratified. This measure was reviewed by and passed the Methods Panel, and the Committee agreed to take their ratings for reliability. After some discussion of the exclusion

criteria, the Committee also agreed to accept the Methods Panel rating for validity. The measure uses standardized data elements that are required, so the Committee had no feasibility concerns. The measure will be publicly reported next year so the Committee agreed it met the Use criterion. Committee members were concerned that the last two years showed no changes in performance. The developer explained there have been many changes in the last two years, and they anticipate seeing improvement in the future, but will be tracking the data carefully. The measure passed usability and was recommended for maintenance of endorsement by the Committee.

2634 IRF Functional Outcome Measure - Change in Mobility Score for Medical Rehabilitation Patients (CMS/RTI)

Measure Steward/Developer Representatives at the Meeting

Anne Deutsch
Alan Levitt

Standing Committee Votes

- Evidence: Pass-20; No Pass-0
- Performance Gap: H-6; M-12; L-2; I-0
- Reliability: Yes-20; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as High.
- Validity: Yes-15; No-4
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.
- Feasibility: H-9; M-10; L-0; I-0
- Use: Pass-20; No Pass-0
- Usability: H-6; M-11; L-3; I-0

Standing Committee Recommendation for Endorsement: Yes-20; No-0

Committee members noted that this measure is easily understood by the public and assesses an important area of health. Committee members flagged that this measure focuses on patients in Medicare or Medicare Advantage, which does somewhat limit its usefulness. After some discussion on the timing of the assessments, the Committee agreed that the measure met the importance criteria. They noted the wide gaps in care for a number of social and demographic factors, including urban vs. rural, and agreed that the measure met the gap criterion. Similar to measure 2633, this measure is collected from standardized data elements, and the Committee had no concerns with the feasibility. The Committee raised concerns about the potential use of this measure becoming punitive and leading to the closure of facilities, but the developer responded that the measure is not currently used in value-based purchasing. The Committee noted that it might be in the future. Despite these concerns, since the measure is currently in use

and will be publicly reported in 2020, it passed use. The measure met the usability criteria and was recommended for maintenance of endorsement.

2635 Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS/RTI)

Measure Steward/Developer Representatives at the Meeting

Anne Deutsch
Alan Levitt

Standing Committee Votes

- Evidence: Pass-14; No Pass-0
- Performance Gap: H-5; M-9; L-0; I-0
- Reliability: Yes-14; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as High.
- Validity: Yes-13; No-1
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.
- Feasibility: H-4; M-10; L-0; I-0
- Use: Pass-13; No Pass-1
- Usability: H-0; M-13; L-0; I-1

Standing Committee Recommendation for Endorsement: Yes-13; No-1

Committee members agreed this measure looks at an important aspect of care and noted both a large range in performance and disparities by race. The Methods Panel reviewed and passed this measure; the Committee agreed that the measure passed the reliability criteria. Despite some concerns, including concerns about the adequacy of the risk-adjustment model, about the structure of reporting that updates the benchmark annually, and about the number of patients excluded due to incomplete stays (37 percent), the Committee ultimately agreed that the measure is valid. Since the measure is based on a standardized, required assessment, the Committee agreed that it is feasible. The measure is publicly reported and used for accountability, so the Committee agreed that it met the use criterion. Committee members noted that the changing benchmarks are complicated, but the evidence on ventilator management changes every year. Committee members agreed that it would be interesting to see the change in the benchmark over time as well, and the developer agreed they would present it in the future. The Standing Committee recommended the measure for continued endorsement.

2636 Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS/RTI)

Measure Steward/Developer Representatives at the Meeting

Anne Deutsch
Alan Levitt

Standing Committee Votes

- Evidence: Pass-14; No Pass-0
- Performance Gap: H-5; M-9; L-0; I-0
- Reliability: Yes-14; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as High.
- Validity: Yes-13; No-1
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.
- Feasibility: H-9; M-5; L-0; I-0
- Use: Pass-12; No Pass-2
- Usability: H-1; M-12; L-0; I-1

Standing Committee Recommendation for Endorsement: Yes-13; No-1

The Committee agreed there is evidence supporting the measure; they briefly discussed the exclusions but agreed they are reasonable. Committee members noted there were disparities by geographic region, facility characteristics, length of stay, dual eligible status, and race. They noted that patients with lower economic status and living alone are associated with higher discharge and mobility scores, which may not be what was expected. The developer explained that these patients often have a longer length of stay due to increased risks at discharge, and so they have a little more recovery/rehabilitation in order to ensure they can be safer at home without caregiver support.

In response to questions, the developer clarified the risk-adjustment model and how the expected score is calculated. The Committee asked about the potential for gaming functional scores, and the developer explained that because this measure uses standardized assessment data that is interoperable between settings, they will be better able to validate it in the future. The Methods Panel reviewed and passed the measure. The Committee agreed with the Methods Panel and passed the measure on both reliability and validity. This measure was considered feasible because it relies on required data and is currently being used. The measure passed use, as it is currently used for the IRF quality reporting program and IRF Compare. One Committee member asked about the potential for confusion given that this measure is so similar to 2634 (which looks at score as expected, while this measure looks at change over time). The developer noted different groups have different data needs and interests, and they would continue to assess

feedback on both measures. The Standing Committee recommended the measure for continued endorsement.

0005 CAHPS Clinician & Group Surveys (CG-CAHPS) Version 3.0 –Adult, Child (AHRQ)

Measure Steward/Developer Representatives at the Meeting

Joanne Campione
Paul Cleary

Standing Committee Votes

- Evidence: Pass-12; No Pass-3
- Performance Gap: H-2; M-10; L-3; I-1
- Reliability: Yes-15; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.
- Validity: Yes-15; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.
- Feasibility: H-0; M-13; L-3; I-0
- Use: Pass-13; No Pass-3
- Usability: H-2; M-9; L-4; I-1

Standing Committee Recommendation for Endorsement: Yes-14; No-2

Committee discussion started with a review of evidence and opportunities for improvement, specifically performance gaps within disparities; older patients are happier with their care, but there were no analyses by race. The Committee expressed some concern at the remarks made by the Scientific Methods Panel related to the low reliability of the care coordination domain. The developer countered that the reliability's most important testing feature was the inter-unit reliability, but that the Cronbach's alpha score was derived to reflect a single construct, but that wasn't necessarily the most important determination of the reliability of CAHPS given that it wasn't intended to hang on a single factor. The developer argued instead that the inter-unit reliability is a more important determinant of the instrument's reliability. It was noted that there is a common theme amongst the CAHPS submissions related to feasibility, namely that none of the six submissions included adequate assessments of the burden that providers assume associated with the administration of the CAHPS surveys. The developer noted that costs for vendors are proprietary and have a wide range depending on a number of factors and suggested that the wide adoption of CAHPS is an indicator of feasibility. There was some discussion on whether CAHPS measures in general should be considered process measures, but several Committee members pointed out that patient-reported experience of care is its own form of outcome according to current NQF classification, and that further discussion was beyond the

current scope of the Committee. The Committee elected to recommend continued endorsement for this measure.

0006 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, Version 5.0 (Medicaid and Commercial) (AHRQ)

Measure Steward/Developer Representatives at the Meeting

Joanne Campione
Paul Cleary

Standing Committee Votes

- Evidence: Pass-16; No Pass-1
- Performance Gap: H-2; M-15; L-1; I-0
- Reliability: Yes-18; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.
- Validity: Yes-18; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.
- Feasibility: H-0; M-15; L-2; I-0
- Use: Pass-18; No Pass-0
- Usability: H-4; M-12; L-2; I-0

Standing Committee Recommendation for Endorsement: Yes-18; No-0

Initial concerns were raised related to the age of the evidence for this measure, with the Committee noting that it is over 10 years old. In the determination of measure gap, the developer's analysis reviewed plan level data for 152 Medicaid health plans and 169 commercial health plans, which exhibited what the Committee considered a sufficient degree of difference in performance across the plans analyzed. Committee discussants queried about some reliability concerns identified by the Scientific Methods Panel, especially the standard error of measurement around the health plan performance means on the interclass correlation coefficient analyses. This was ultimately determined to be a minor concern, but one the Committee asked the developer to address in future submissions.

The Committee asked if there were year-over-year statistical differences in plan performance improvement and asked for the developer's assessment of CAHPS Health Plan Survey Chartbook data. The developer stated that aggregate Medicaid plan-level performance data indicate consistent and regular improvements over time, even if it is slow. The Standing Committee noted that some data appeared to show declining performance over time, which was a concern. The measure developer noted that the cross-sectional data in Chartbook isn't comprehensive and may not be representative of overall performance nationally. The developer added that other analysis

indicates improved performance by Medicaid and Commercial plans. The Committee noted the resolution of the concern on Feasibility and expressed no concerns for Usability and Use. The Standing Committee recommended the measure for continued endorsement.

0166 HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey (CMS/AHRQ)

Measure Steward/Developer Representatives at the Meeting

Bill Lerhman
Elizabeth Goldstein
Lori Teichman

Standing Committee Votes

- Evidence: Pass-17; No Pass-0
- Performance Gap: H-2; M-13; L-3; I-0
- Reliability: Yes-17; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as High.
- Validity: Yes-15; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as High.
- Feasibility: H-4; M-11; L-2; I-0
- Use: Pass-15; No Pass-2
- Usability: H-3; M-12; L-2; I-0

Standing Committee Recommendation for Endorsement: Yes-17; No-0

The Committee expressed little concern associated with the evidence for the measure and the performance gap. The discussion initiated with a note that questions related to pain management were removed from this iteration of the survey, with the Committee expressing concern that patient experience of pain management is a key component of inpatient care. The developer noted that the removal of these questions was a statutory requirement instituted by an act of Congress resulting from a reaction to the opioid crisis, and the potential over-management of pain associated with holding providers accountable for patient experience in this quality domain. The Committee expressed little concern with the overall reliability and validity of the measure, both of which the Methods Panel rated as high. To address the feasibility concern expressed for each of the CAHPS measures that the burden on the provider associated with CAHPS administration was not presented within the submission, the developer offered an approximate yearly cost range, which the Committee determined to be feasible. The Committee had no concerns related to Usability and Use. The Standing Committee recommended the measure for continued endorsement.

0258 Consumer Assessment of Healthcare Providers and Systems In-Center Hemodialysis Survey (ICH CAHPS) (CMS)

Measure Steward/Developer Representatives at the Meeting

Celia Eicheldinger
Amy Hendershott
Debra Dean-Whittaker
Scott Scheffler
Janelle Butler
Liz Goldstein
Tracy Kline
Julia Zucco

Standing Committee Votes

- Evidence: Pass-15; No Pass-0
- Performance Gap: H-1; M-14; L-0; I-0
- Reliability: Yes-15; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.
- Validity: Yes-15; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.
- Feasibility: H-0; M-9; L-7; I-0
- Use: Pass-14; No Pass-2
- Usability: H-0; M-13; L-2; I-1

Standing Committee Recommendation for Endorsement: Yes-16; No-0

The Committee unanimously agreed that the measure passed the evidence criterion, noting the importance of patient-centered care in facilities that people may go to several times a week. The Committee agreed that the measure demonstrates a moderate performance gap but noted that the examined disparities and their trends over time could be better elucidated without the added adjustment of many social risk factors. Although the Methods Panel rated the measure moderate for reliability and validity, the Committee expressed the need to see more empiric validity testing demonstrated in future maintenance cycles. The Committee thoroughly deliberated its concern about two out of the five denominator exclusions (hospice patients and non-English speaking patients), noting implications on the assessment and delivery of population-sensitive care and the perception of culturally competent care. In this regard, the developer discussed the impractical and insensitive nature of survey application towards hospice patients and explained the way in which facilities account for language barrier. Committee members assessed the developer's reasoning for these exclusions as acceptable.

Although the measure is in use, the Committee was unable to reach consensus concerning feasibility due to the burden and cost of survey implementation for providers. Feasibility is not an NQF must-pass criterion. The measure is currently used in the End-Stage Renal Disease Quality Improvement Program and therefore passed use. The Committee raised questions about the comparison of dialysis units with respect to size and response rates. Developers explained that the variations in response rate are not as vast as was noted by the Committee and that mixed-mode survey administration has proven to secure the highest response rate across vendors. Developers also added that very small facilities or facilities that are unable to reach the threshold for completed surveys are excluded from the assessment. The Committee raised no significant concerns about usability and agreed that the measure meets the usability criterion. The Standing Committee recommended the measure for continued endorsement.

0517 CAHPS Home Health Care Survey (experience with care) (CMS)

Measure Steward/Developer Representatives at the Meeting

Wayne Anderson
Elizabeth Goldstein

Standing Committee Votes

- Evidence: Pass-14; No Pass-0
- Performance Gap: H-1; M-13; L-0; I-1
- Reliability: Yes-15; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as High.
- Validity: Yes-14; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.
- Feasibility: H-0; M-11; L-4; I-0
- Use: Pass-14; No Pass-1
- Usability: H-1; M-12; L-1; I-1

Standing Committee Recommendation for Endorsement: Yes-14; No-1

The Committee recognized the strength of the evidence provided and accepted it. The Committee noted strong points in the patient-reported experience of care linkage with patient behavior and outcomes, as demonstrated in the developer's logic model. The developer discussed implications of race and cognitive status on performance, noting observed and recorded variations. The measure does not control or risk adjust for race, but does control for cognitive status in the case mix adjustment. The developer further explained that the measure is risk-adjusted for two of the top reported patient diagnoses that present cognitive challenges affecting the ability of patients to report on their care. The Committee acknowledged that the main scores for the five domains held wide ranges, and the data suggest room for improvement. The Committee expressed no

significant concerns for the performance gap. The Committee agreed with the Methods Panel and passed the measure on both reliability and validity.

The Committee passed feasibility based on verbal information provided by the developers in response to questions; however, they did note the submission lacked an analysis of the burden to the agency, as well as lacking information about the administrative cost. In response to a question, the developer noted that many home health agencies have begun to incorporate performance data on these measures into their quality improvement work; the Committee expressed curiosity about the extent of data use, but otherwise had no major concerns about usability or use. The Standing Committee recommended the measure for continued endorsement.

2548 CAHPS Home Health Care Survey (experience with care) (CMS)

Measure Steward/Developer Representatives at the Meeting

Sara Toomey

Standing Committee Votes

- Evidence: Pass-14; No Pass-0
- Performance Gap: H-1; M-13; L-0; I-1
- Reliability: Yes-15; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.
- Validity: Yes-14; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel ranked the measure as Moderate.
- Feasibility: H-0; M-11; L-4; I-0
- Use: Pass-14; No Pass-1
- Usability: H-1; M-12; L-1; I-1

Standing Committee Recommendation for Endorsement: Yes-14; No-1

Discussion of evidence and performance gap for this measure was limited, with the Committee expressing general satisfaction with the submission. It was noted that the spirit of this measure is of high importance, with meaningfulness well-illustrated in the submission's literature review which suggested many links to interventions and processes that hospitals can deploy to potentially improve performance on this measure. The Committee noted that some of the measurement domains did not have strong Cronbach's alpha scores in the data element level reliability testing. The survey response rate of 17 percent was also a concern. The Committee questioned the exclusion of certain classes of children, such as those in foster care. The developer responded that foster care children were excluded because of challenges associated with follow-up due to address changes and questions of who to survey when it is not clear who has custody or guardianship of the child. The Committee strongly encouraged the developer to figure out how to

include this particularly vulnerable population. The developer noted that they are experimenting with administering the survey upon discharge, which would allow for them to address the challenges that have caused them to exclude this population to this point. The Standing Committee recommended the measure for continued endorsement.

Competing Measures Discussion

This cycle of work included two pairs of competing measures NQF 2286 (UDSMR) vs. NQF 2633 (CMS) and NQF 2321 (UDSMR) vs. NQF 2634 (CMS). NQF staff introduced the discussion by summarizing the history of the two pairs of measures. Both pairs of measures were endorsed in 2015, with instructions from the NQF Board to re-review and make a best-in-class decision at the next maintenance review. Staff then reviewed the NQF criteria and decision rubric for competing measures. Each developer provided a short introduction to their two measures, their current use, and how they differ from the other pair of measures. Following this introductory section, the Committee reviewed the decision tree and asked several clarifying questions to NQF staff and to the developers. Committee members noted confusion on why they were being asked to select a "best-in-class" measure given the differing uses of each pair, the differences between the tools used in the measures, and the differing populations included in the measures. Ultimately, the Committee decided the measures are complementary, due to the different populations included and the different uses for each pair and elected to recommend both pairs of measures for continued endorsement.

Public Comment

For this evaluation cycle, the commenting period opened on May 1, 2019 and will close on August 30, 2019. As of June 12, three public comments were received during the pre-commenting period, and none were provided during the measure evaluation meeting and or webinars. One comment concerning measure 2286 encouraged use of a standard terminology such as LOINC for encoding the FIM instrument in the measure and noted the importance of such a level of standardization to interoperability. One comment concerning measure 2548 recommended survey language intended to account for communication between providers, medication administration, and hospital-acquired infections. Specific suggestions were provided in the comment, and this was included in the materials sent to the Committee.

Next Steps

NQF will post the draft technical report on August 1, 2019 for public comment for 30 calendar days. The continuous public comment with member support will close on August 30, 2019. NQF will re-convene the Standing Committee for the post-comment web meeting on September 25, 2019.