

Memorandum

June 16, 2023

To: Patient Experience and Function Standing Committee, Fall 2022

From: Battelle staff

Re: Post-comment web meeting to discuss public comments received

Background

Patient experience and function is an important measure topic area that encompasses patient functional status, satisfaction, and experience of care, as well as issues related to care coordination. Central to the concepts associated with patient experience with their overall care is the patient's health-related quality of life (HRQoL) and the factors influencing it, including communication, care coordination, transitions of care, and use of health information technology. For the fall cycle of the Patient Experience and Function project, the standing committee evaluated three newly submitted measures and two measures undergoing maintenance review against standard measure evaluation criteria.¹ The standing committee recommended four measures for endorsement and did not reach consensus on the remaining measure.

The standing committee recommended the following measures:

- #2958 Informed, Patient-Centered (IPC) Hip and Knee Replacement Surgery (Massachusetts General Hospital)
- #2962 Shared Decision-Making Process (Massachusetts General Hospital)
- #3720 Patient-Reported Fatigue Following Chemotherapy Among Adults With Breast Cancer (Purchaser Business Group on Health)
- #3718 Patient-Reported Pain Interference Following Chemotherapy Among Adults With Breast Cancer (Purchaser Business Group on Health)

The standing committee did not reach consensus on the following measure:

- #3734 Alignment of Person-Centered Service Plan (PCSP) With Functional Assessment Standardized Items (FASI) Needs (Centers for Medicare & Medicaid Services [CMS] /Lewin Group)

Standing Committee Actions in Advance of the Meeting

1. Review this briefing memo and [meeting summary](#).
2. Review and consider the [full text of all comments](#) received and the proposed responses to the post-evaluation comments.
3. Be prepared to provide feedback and input on proposed post-evaluation comment responses and discuss and revote on the consensus not reached measure.

¹ National Quality Forum. Measure Evaluation Criteria and Guidance. 2021.

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Comments Received

Following the standing committee's measure evaluation meeting on February 23 and 28, 2023, the committee endorsement recommendations were posted on the PQM website for public comment. The commenting period opened on March 28, 2023 and closed on May 5, 2023. The committee received two comments from two organizations pertaining to the measures under review and the committee endorsement recommendations. This memo focuses on both comments, which were received after the Standing Committee's evaluation.

All comments that have been received are posted on the respective committee post-comment [webpage](#).

Battelle staff have included all post-evaluation comments that were received in the Post-comment Response Excel file. Measure stewards/developers were asked to respond to comments where appropriate, which have also been included in the Excel file. Please review this memo, agenda, and the Post-comment Response Excel file in advance of the meeting and consider whether you have any concerns with comments received and the responses for each comment.

Consensus Not Reached

#3734 Alignment of Person-Centered Service Plan (PCSP) With Functional Assessment Standardized Items (FASI) Needs (CMS/Lewin Group)

Description: The percentage of home and community-based services (HCBS) recipients aged 18 years or older whose PCSP documentation addresses needs in the areas of self-care, mobility, and instrumental activities of daily living (IADL) as determined by the most recent FASI assessment; **Measure Type:** Process; **Level of Analysis:** Other, population: regional and state; **Setting of Care:** Ambulatory Care, Outpatient Services, Post-Acute Care; **Data Source:** Assessment Data, Instrument-Based Data, Electronic Health Records, Paper Medical Records

Consensus was not reached on reliability. The standing committee noted that the data elements are clearly defined but that high quality services are subjective and may lead to variation in the reliability of the results. The standing committee asked about the Kappa value of 0.2, which was low, for people with intellectual disabilities. The developer confirmed that the low Kappa value was accurate and that they did not have an explanation as to why it was low.

No comments were received regarding this measure.

Action Item:

Re-vote on reliability. If reliability passes, re-vote on the overall recommendation for endorsement. There is no consensus not reached zone for post-comment votes.

Comments and Their Disposition

Measure-Specific Comments

#2958 Informed, Patient-Centered (IPC) Hip and Knee Replacement Surgery

A commenter expressed that this "is an interesting Patient Experience measure though I would appreciate a more general/ broader measure around shared informed decision making for bone

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replacements anywhere in body. How a person feels after a replacement - one's experience can be much different than how well they are moving or functioning after a replacement.”

Measure Steward/Developer Response:

We appreciate the request for a more generic measure. Due to the nature of the measure, namely, that it incorporates a knowledge assessment, the items do need to be targeted to a specific procedure. We will consider creating additional measures for other joint replacement procedures in the future.

Proposed Standing Committee Response:

Thank you for your comment. We do not have any concerns with the developer's response and will maintain the original endorsement recommendation.

Action Item:

Discuss and finalize standing committee response.

#3720 Patient-Reported Fatigue Following Chemotherapy Among Adults With Breast Cancer

#3718 Patient-Reported Pain Interference Following Chemotherapy Among Adults With Breast Cancer

The American Medical Association (AMA) submitted one comment for both measures. The comment expresses extreme concern “that the testing of this measure occurred during the COVID-19 public health emergency (PHE). The impact of COVID-19 has been devastating to physician practices and some patient visits and treatments were postponed during the early months of the COVID-19 PHE and many others have foregone those services completely. As a result, some patients did not receive the care they needed to prevent or manage their condition. We agree with the four oncologists who were unwilling to participate in the face validity assessment given their concerns with the impact of the pandemic on sample size and performance scores. We believe that additional testing outside of the PHE must be completed before this measure is considered for endorsement.”

Measure Steward/Developer Response:

We acknowledge the impact of the COVID public health emergency (PHE) on our testing efforts. The unfortunate overlap of the PHE with some of the PROMonc testing period caused significant oncology practice disruption and resulted in less robust testing data than anticipated. We appreciate and value the feedback of the AMA and our independent face validity reviewers, including those who chose to defer their voting until additional PROMonc measure data is available. We did, however, have sufficient testing data to complete the full analysis presented. Moreover, the PROMonc empirical validity testing results were acceptable. As in many measure testing projects, PROMonc will expand and refine testing analyses during implementation for maintenance submission. It is important to highlight that PROMonc measure development was guided by several groups, including a Technical Expert Panel (TEP) that included 11 practicing oncology clinicians and site administrators from our test sites. The TEP and leaders at each test site communicated with the PROMonc project team throughout the testing period, including during the initial months of the PHE. The PROMonc team supported test sites as they paused testing while they responded to the PHE and adjusted clinical workflows. We were encouraged that most test sites remained engaged in the testing process and

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created additional approaches to administer surveys to patients. The PROMOnC measures were developed as part of a CMS Cooperative Agreement measure development award and CMS staff determined that testing should continue as planned during the PHE. Ultimately, as noted above, we succeeded in collecting sufficient data for testing analyses that resulted in a recommendation for endorsement by the NQF Patient Experience and Function Standing Committee.

Proposed Standing Committee Response:

Thank you for your comment. During the February evaluation meeting, the committee considered the impact of COVID-19 for these measures, including the developer's response, and ultimately decided to recommend the measure for endorsement.

Action Item:

Discuss and finalize Standing Committee response.