



Partnership for
Quality Measurement

Patient Experience and Function, Fall 2022 Measure Review Cycle

Post-Comment Standing Committee Meeting

June 16, 2023

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Welcome



Welcome to Today's Meeting!



- Housekeeping reminders:
 - The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
 - Please raise your hand and unmute yourself when called on
 - Please lower your hand and mute yourself following your question/comment
 - Please state your first and last name if you are a Call-In-User
 - We encourage you to keep your video on throughout the event
 - Feel free to use the chat feature to communicate with Battelle staff
- If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at PQMsupport@battelle.org.

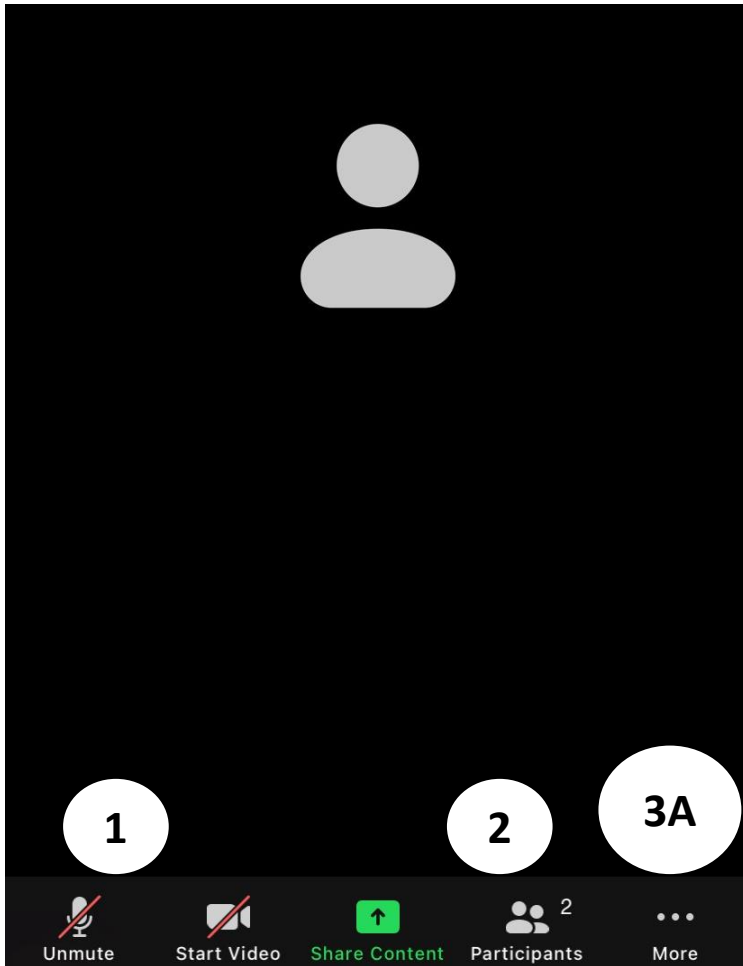
Using the Zoom Platform



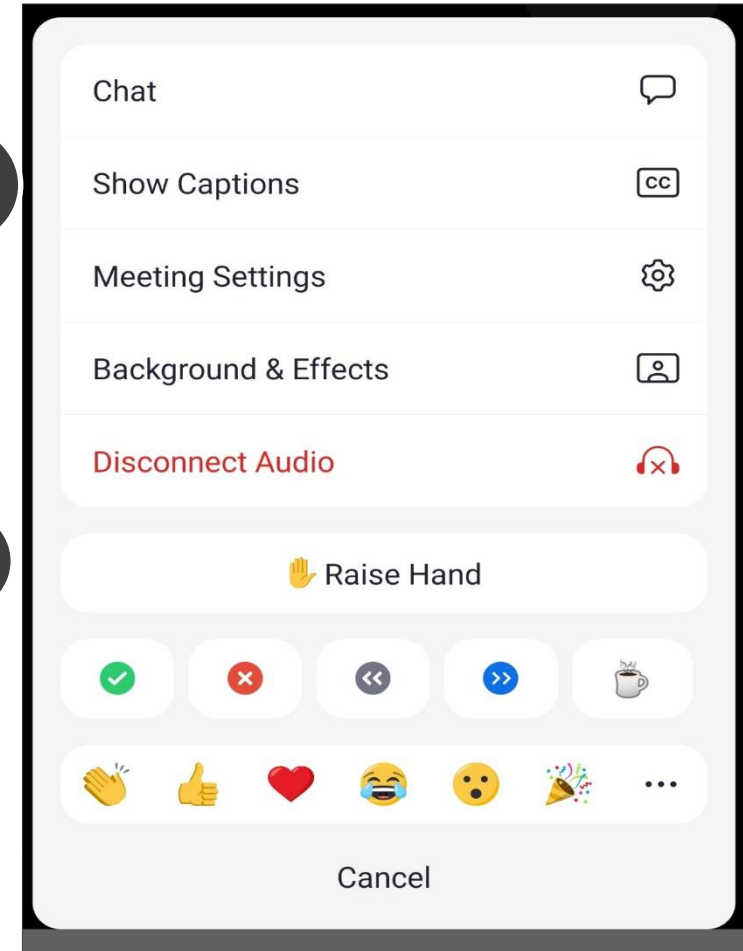
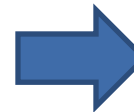
The screenshot shows a Zoom meeting interface. The main area is split into two video feeds: 'Host' on the left and 'Attendee 2' on the right. The 'Attendee 2' feed is highlighted with a yellow border. At the bottom, there is a toolbar with various icons. Three numbered callouts are present: 1. A white circle with the number '1' pointing to the bottom toolbar. 2. A white circle with the number '2' pointing to the 'Participants' button in the bottom toolbar. 3. A white circle with the number '3' pointing to the 'Reactions' menu, specifically the 'Raise Hand' option.

- 1 Click the lower part of your screen to mute/unmute, start, or pause video
- 2 Click on the participant or chat button to access the full participant list or the chat box
- 3 To raise your hand, select the raised hand function under the reactions tab

Using the Zoom Platform (Phone View)



- 1 Click the lower part of your screen to mute/unmute, start or pause video
- 2 Click on the participant button to view the full participant list
- 3 Click on “more” button to (3A) view the chat box, (3B) show closed captions, or to (3C) raise your hand. To raise your hand, select the raised hand function under the reactions tab



Meeting Ground Rules



- Be prepared, having reviewed the meeting materials beforehand
- Respect all voices
- Remain engaged and actively participate
- Base your evaluation and recommendations on the measure evaluation criteria and guidance
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

Agenda



- Welcome and Review of Meeting Objectives
- Roll Call
- Voting Test
- Consideration of Consensus Not Reached Measures
- Review and Discuss Comments Received
- Related and Competing Measures
- Opportunity for Public Comment
- Next Steps
- Adjourn

Project Team



- Nicole Brennan, MPH, DrPH, Executive Director
- Brenna Rabel, MPH, Deputy Director
- Quintella Bester, PMP, Senior Program Manager
- Matthew Pickering, PharmD, Principal Quality Measure Scientist
- Katie Goodwin, MS, Social Scientist IV
- Isaac Sakyi, MS, Social Scientist III
- Jessica Ortiz, MA, Social Scientist II
- Elena Hughes, MS, Social Scientist I

Patient Experience and Function Fall 2022 Cycle Standing Committee



- Gerri Lamb, PhD, RN, FAAN (Co-chair)
- Christopher Stille, MD, MPH, FAAP(Co-chair)
- Richard Antonelli, MD, MS
- Adrienne Boissy, MD, MA
- Donald Casey, MD, MPH, MBA, FACP, FAHA, FAAPL, DFACMQ
- Ryan Coller, MD, MPH
- Sharon Cross, LISW-S
- Christopher Dezii, MBA, RN, CPHQ
- Shari Erickson, MPH
- Dawn Hohl, RN, BSN, MS, PhD (*inactive*)
- Sherri Kaplan, PhD, MPH (*inactive*)
- Brenda Leath, MHSA, PMP
- Brian Lindberg, BSW, MMHS
- Ann Monroe
- Lisa Morrise, MA
- Randi Oster, MBA
- Charissa Pacella, MD
- Lenard Parisi, RN, MA, CPHQ, FNAHQ
- Debra Saliba, MD, MPH
- Lisa Suter, MD
- Peter Thomas, JD
- Tracy Wong, MBA

Fall 2022 Cycle Measures



- **Five measure(s) were reviewed**
 - **Measures Recommended for Endorsement**
 - #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)
 - **Consensus Not Reached Measure**
 - #3734 Alignment of Person-Centered Service Plan (PCSP) With Functional Assessment Standardized Items (FASI) Needs (Centers for Medicare & Medicaid Services [CMS] /Lewin Group)

Voting Test



Consideration of Consensus Not Reached Measures

Screenshare Post-comment Memo



Review and Discuss Comments

Screenshare Post-comment Memo



Related and Competing Measures



Related and Competing Measures



If a measure meets the four criteria **and** there are endorsed/new related measures (same measure focus **or** same target population) or competing measures (both the same measure focus **and** same target population), the measures are compared to address harmonization and/or selection of the best measure.

Target Population	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	Competing measures - Select best measure from competing measures or justify endorsement of additional measure(s).	Related measures - Harmonize on target patient population or justify differences.
Different target patient population	Related measures - Combine into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither a harmonization nor competing measure issue

Related and Competing Measures (continued)



- Related and competing measures will be grouped and discussed after the recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- The standing committee can discuss harmonization and make recommendations. The developers of each related and competing measure will be encouraged to attend any discussion.

#3718 Patient-Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer *and* #3720 Patient-Reported Fatigue Following Chemotherapy among Adults with Breast Cancer - Related Measures



- #0220: Adjuvant hormonal therapy is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0 or Stage IB –Stage III hormone receptor positive breast cancer
- #0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

#3718 Patient-Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer and #3720 Patient-Reported Fatigue Following Chemotherapy among Adults with Breast Cancer - Related Measures (continued 1)



#0220: Adjuvant hormonal therapy is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0 or Stage IB –Stage III hormone receptor positive breast cancer

- Steward/Developer: American College of Surgeons
- Description: Percentage of female patients, age = 18 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy), at AJCC T1cN0M0 or stage IB to IIIC, whose primary tumor is of the breast, and is progesterone or estrogen receptor positive with adjuvant hormonal therapy (recommended or administered) within 1 year (365 days) of diagnosis
- Numerator: Adjuvant hormonal therapy is administered within 1 year (365 days) of the date of diagnosis or it is recommended but not administered
- Denominator: Include if all of the following characteristics are identified: Women; Age = 18 at time of diagnosis; Known or assumed to be first or only cancer diagnosis; Epithelial malignancy only; Invasive tumors; Primary tumors of the breast; AJCC T1cN0M0 or Stage IB – IIIC; Primary tumor is estrogen receptor positive or progesterone receptor positive; All or part of 1st course of treatment performed at the reporting facility; Known to be alive within 1 year (365 days) of date of diagnosis; Surgical procedure of the primary site
- Target Population: Elderly
- Care Setting: Inpatient/Hospital
- Level of Analysis: Facility

#3718 Patient-Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer and #3720 Patient-Reported Fatigue Following Chemotherapy among Adults with Breast Cancer - Related Measures (continued 2)



- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

#3718 Patient-Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer and #3720 Patient-Reported Fatigue Following Chemotherapy among Adults with Breast Cancer - Related Measures (continued 3)



#0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

- Steward/Developer: Physician Consortium for Performance Improvement
- Description: Percentage of female patients aged 18 years and older with Stage I (T1b) through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period
- Numerator: Patients who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period
- Denominator: All female patients aged 18 years and older with a diagnosis of breast cancer with Stage I (T1b) through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer
- Target Population: Elderly
- Care Setting: Other, Outpatient Services
- Level of Analysis: Clinician: Group/Practice, Clinician: Individual

#3718 Patient-Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer and #3720 Patient-Reported Fatigue Following Chemotherapy among Adults with Breast Cancer - Related Measures (continued 4)



- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

#3734 Alignment of Person-Centered Service Plan (PCSP) with Functional Assessment Standardized Items (FASI) Needs - Related Measures



- #2624: Functional Outcome Assessment
- #2631: Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
- #2967: Home and Community-Based Services (HCBS) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Measures

#3734 Alignment of Person-Centered Service Plan (PCSP) with Functional Assessment Standardized Items (FASI) Needs - Related Measures (continued 1)



#2624 Functional Outcome Assessment

- Steward/Developer: Centers for Medicare & Medicaid Services
- Description: Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of the encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies
- Numerator: Patients with a documented current functional outcome assessment using a standardized tool AND a documented care plan based on the identified functional outcome deficiencies
- Denominator: All visits for patients aged 18 years and older
- Target Population: Elderly
- Care Setting: Outpatient Services
- Level of Analysis: Clinician: Group/Practice, Clinician: Individual

#3734 Alignment of Person-Centered Service Plan (PCSP) with Functional Assessment Standardized Items (FASI) Needs - Related Measures (continued 2)



- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

#3734 Alignment of Person-Centered Service Plan (PCSP) with Functional Assessment Standardized Items (FASI) Needs - Related Measures (continued 3)



#2631: Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function

- Steward/Developer: Centers for Medicare & Medicaid Services
- Description: This quality measure reports the percentage of all Long-Term Care Hospital (LTCH) patients with an admission and discharge functional assessment and a care plan that addresses function.
- Numerator: The numerator for this quality measure is the number of Long-Term Care Hospital (LTCH) patients with complete functional assessment data and at least one self-care or mobility goal.
- Denominator: The denominator is the number of LTCH patients discharged during the targeted 12 month (i.e., 4 quarters) time period.
- Target Population: Elderly, Individuals with multiple chronic conditions
- Care Setting: Post- Acute Care
- Level of Analysis: Facility

#3734 Alignment of Person-Centered Service Plan (PCSP) with Functional Assessment Standardized Items (FASI) Needs - Related Measures (continued 4)



- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

#3734 Alignment of Person-Centered Service Plan (PCSP) with Functional Assessment Standardized Items (FASI) Needs - Related Measures (continued 5)



#2967 Home and Community-Based Services (HCBS) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Measures

- Steward/Developer: Centers for Medicare & Medicaid Services
- Description: CAHPS Home-and Community-Based Services measures derive from a cross disability survey to elicit feedback from adult Medicaid beneficiaries receiving home and community based services (HCBS) about the quality of the long-term services and supports they receive in the community and delivered to them under the auspices of a state Medicaid HCBS program. The unit of analysis is the Medicaid HCBS program, and the accountable entity is the operating entity responsible for managing and overseeing a specific HCBS program within a given state.
- Numerator: The CAHPS Home- and Community-Based Services measures are created using top-box scoring. This refers to the percentage of respondents that give the most positive response.
- Denominator: The denominator for all measures is the number of survey respondents.
- Target Population: Populations at risk
- Care Setting: Other
- Level of Analysis: Other

#3734 Alignment of Person-Centered Service Plan (PCSP) with Functional Assessment Standardized Items (FASI) Needs - Related Measures (continued 6)



- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

Opportunity for Public Comment



Next Steps



Activities and Timeline – Fall 2022 Cycle



Meeting	Date, Time*
CSAC Review	July 24, 10am – 5pm
Appeals Period (30 days)	August 1 – August 30

- PQM staff will incorporate comments and responses to comments into meeting materials for the Consensus Standards Approval Committee (CSAC) meeting
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision

* All times are Eastern

Project Contact Information



- Email: PQMsupport@battelle.org
- PQM Webpage: [Endorsement | Partnership for Quality Measurement \(p4qm.org\)](https://www.p4qm.org)

Thank You





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