

## Patient Experience and Function Fall 2022 Post-Comment Web Meeting

Battelle convened the Patient Experience and Function standing committee for the Fall 2022 [post-comment web meeting](#) on Friday, June 16, 2023, from 11:00 a.m.- 2:00 p.m. ET.

### Welcome, Review of Meeting Objectives, and Attendance

Katie Goodwin, endorsement and maintenance deputy technical lead, welcomed the standing committee. Brenna Rabel, deputy director of the consensus-based entity (CBE) work, gave opening remarks and expressed gratitude for the standing committee's continued participation. Ms. Goodwin then provided an overview of the meeting's objectives:

- Review the post-comment memo and the meeting summary from the Fall 2022 measure evaluation meeting.
- Provide feedback and input on the full text of all comments received and the proposed responses to the post-evaluation comments.
- Discuss and revote on the consensus not reached (CNR) measure.

Some standing committee members were unable to attend the entire meeting due to early departures and late arrivals. The vote totals reflect members present and eligible to vote. Voting quorum (15 of 22 active members) was met and maintained for the entirety of the meeting. Voting results for the CNR measure (CBE #3734) are provided below.

### Voting Legend:

- *H – High; M – Moderate; L – Low; I – Insufficient*

Ms. Goodwin reminded the standing committee that for the Fall 2022 cycle, the Patient Experience and Function standing committee reviewed five measures during the measure evaluation meeting on February 23 and 28, 2023:

- CBE #2958 *Informed, Patient-Centered (IPC) Hip and Knee Replacement Surgery* (Massachusetts General Hospital)
- CBE #2962 *Shared Decision-Making Process* (Massachusetts General Hospital)
- CBE #3720 *Patient-Reported Fatigue Following Chemotherapy Among Adults With Breast Cancer* (Purchaser Business Group on Health)
- CBE #3718 *Patient-Reported Pain Interference Following Chemotherapy Among Adults With Breast Cancer* (Purchaser Business Group on Health)
- CBE #3734 *Alignment of Person-Centered Service Plan (PCSP) With Functional Assessment Standardized Items (FASI) Needs* (Centers for Medicare & Medicaid Services [CMS]/Lewin Group)

The standing committee recommended four out of the five measures for endorsement. The committee did not reach consensus on one measure (CBE #3734). The [meeting summary](#) was posted on the Partnership for Quality Measurement (PQM)<sup>TM</sup> website for public comment from March 28, 2023 to May 5, 2023. During this comment period, the committee received two

comments from two organizations pertaining to the measures under review and the committee endorsement recommendations.

### Consideration of CNR Measures

Ms. Goodwin noted that there were no comments submitted for this measure during the post-evaluation public comment period. She continued by reminding the committee that consensus was not reached on reliability for CBE #3734, as the standing committee raised concerns regarding the subjective nature of high-quality services, which could result in variations in the reliability of the results. During the February meeting, the committee sought clarification on the elements used for the survey score. The developer clarified, noting that the survey evaluates three domains: alignment of self-care, mobility, and activities of daily living (ADLs). The committee inquired about the low Kappa value of 0.02 observed specifically for individuals with intellectual and developmental disabilities (IDDs), to which the developer noted that it did not have an explanation for such a low Kappa value. Regarding the three domains, the developer emphasized that if all areas of intervention were missing from the survey, the corresponding results would be excluded from the analysis. Additionally, the developer noted that at least one of the domains needed to be captured in the survey in order to be included in the measure. It also reassured the committee that only a minimal amount of data had to be eliminated for this reason.

After this summary, Ms. Goodwin opened the discussion with the committee. Some standing committee members expressed concern about the survey responses, specifically about consent being given by individuals with intellectual disabilities. The developer responded noting the varying levels of function among those being surveyed, and assured the committee that having support from caregivers is acceptable, emphasizing the importance of having the individual present and actively engaged in the conversation. A committee member acknowledged the robust performance of the measure's reliability in other subgroups but questioned the appropriateness of excluding a suboptimal subgroup due to low reliability. In response to this suggestion, the developer confirmed that due to contractual obligations with the steward of the measure (CMS), it could not remove the IDD population from the measure.

Another committee member suggested that the measure might be better constructed as a composite, as it is a measure of five different domains. This committee member also questioned the accuracy of responses from IDDs. The developer shared that individuals were included in the assessment process regardless of their cognitive and communicative abilities. The developer further stated the forms were completed in a manner consistent with usual practice, involving the person if they were able to participate independently or with the presence of a caregiver if that was the norm. One committee member expressed concern about repeatedly discussing the same issue and expressed a desire to understand why there was a lack of data, specifically if the data were deliberately withheld from the committee as it could have substantiated their concerns. In response, the developer highlighted the challenges associated with gathering additional data, including time and financial constraints, and reiterated that data were not withheld from the committee.

The committee recognized the importance of the measure and its performance within other subpopulations and sought guidance on how to incorporate feedback into the evaluation process. Ms. Goodwin assured the committee that such feedback would be captured regardless of the measure's endorsement status. To that end, the committee requested to document that while it agrees the instrument is very important, there are still some areas that are critical to

address. If endorsed, the committee would like to see additional data supporting the IDD population at the time of endorsement maintenance review.

Moving to a vote, the committee ultimately passed the measure on reliability, a must-pass criterion and voted to recommend the measure for endorsement.

- **Reliability:** Total Votes: 16; M-11; L-3; I-2 (11/16 – 69 percent, Pass)
- **Overall Suitability for Endorsement:** Total Votes: 16; Yes-12; No-4 (12/16 – 75 percent, Pass)

### Review and Discuss Post-Evaluation Comments Received

Ms. Goodwin then presented the post-evaluation public comments received for the other measures under review by summarizing the comments and the developer's responses. A comment received for CBE #2958 suggested the need for a broader measure of shared informed decision making for bone replacements throughout the body. The commenter emphasized that a person's experience after a replacement surgery may differ from their physical functioning. Ms. Goodwin summarized the developer's response to the concern, acknowledging the request for a more comprehensive measure while emphasizing that the current measure is procedure-specific due to its incorporation of a knowledge assessment. However, creating additional measures for other joint replacement procedures would be considered by the developer. Upon reviewing the proposed committee response, a standing committee member suggested amending the response to acknowledge the importance of shared, informed decision making and being able to capture that within a measure. The committee also suggested including appreciation for the comment and agreement with the importance of patient experience and functionality in the response. There was no disagreement with the suggested edits.

The last comment was submitted for both CBE #3720 and CBE # 3718 and expressed concern with the testing of the measures occurring during the coronavirus 2019 (COVID-19) public health emergency (PHE), at which time four oncologists declined to participate in the face validity testing of the measures. The commenter emphasized the devastating impact of COVID-19 on physician practices and patient care. The commenter also raised concerns about the pandemic's effect on sample size and performance scores and urged for additional testing outside of the PHE before considering these measures for endorsement. In summarizing the developer's response, Ms. Goodwin noted the developer's acknowledgment of the impact of the COVID-19 pandemic. The developer reassured the committee it had sufficient testing data for analyses and will continue to refine testing analyses during implementation for maintenance submission. Upon review of the developer's response, a committee member asked about the use of the measures, to which the developer stated the measure had been submitted to CMS' Measures Under Consideration (MUC) list. Upon reviewing the proposed standing committee response, the committee suggested amending the response to thank the commenter for the thoughtful comment. Additionally, the committee suggested including appreciation for the commenter's due diligence in talking to physicians in the community, recognizing the stress of COVID-19 on physicians and limited ability to participate in face validity testing. The committee also suggested the response be of more collaborative nature, stating that it hopes both the measure developer and committee have addressed the commenter's concerns.

### Related and Competing Measures

Ms. Goodwin reminded attendees that the related and competing measures discussion was

deferred to the post-comment meeting due to insufficient time during the measure evaluation meetings on February 23 and 28, 2023. The goal of this discussion is to identify potential measurement burden due to misaligned or duplicative measures.

Ms. Goodwin noted that there weren't any competing measures this cycle. She added that for today's meeting, the committee will be discussing the related measures for CBE #3718, CBE #3720, and CBE #3734, as the committee was not able to conduct this review during the February evaluation meeting. For CBE #3718 and CBE #3720, two related measures were identified, CBE #0387e and CBE #0220. The committee noted that these endorsed measures are assessing use of hormonal therapy in the numerator, and therefore limit the denominator to tumors that are estrogen receptor positive or progesterone receptor positive, which is not relevant to the PROMOnc PRO-PM target population. The committee also noted that CBE #3718 and CBE #3720 look at fatigue as a symptom, rather than a treatment, so the differences are justified.

For the last measure, CBE #3734, the committee acknowledged that there are three related measures, CBE #2626, CBE #2631, and CBE #2967. Ms. Goodwin summarized that the developer noted that no further harmonization is possible for these measures. For CBE #2624, the committee recognized that it also requires a standardized functional assessment to specify the numerator. CBE #3734 relies specifically on the FASI assessment, while CBE #2624 specifies use of any standardized assessment tool that has been normalized and validated. One committee member mentioned that even though CBE #2624 is more specific to the instrument used, there still may be opportunity for further harmonization. The committee did not have any recommendations for harmonization for CBE #2631 and recognized that CBE #2967 has a similar population and is justified as it is targeting a different intervention. There were no further comments from the committee on these related measures.

### **Opportunity for Public Comment**

Ms. Goodwin opened the web meeting to allow for public comment. No public comments were provided during this time.

### **Next Steps**

Ms. Goodwin informed attendees that the Consensus Standards Approval Committee (CSAC) will consider the standing committee's recommendations during its meetings on July 24, 2023. Following the CSAC meeting, the 30-day appeals period will be held from August 1-30, 2023. Ms. Goodwin then thanked the committee, co-chairs, developers and others on the call and adjourned the meeting.