

FACILITATOR DISCUSSION AND QUESTION GUIDE:

Patient-reported Outcome Functional Status Assessment (PRO FSA) Heart Failure Measure

SLIDE 1: Introductions. Thank the group in advance for their time and attention to this important measure development and testing project.

SLIDE 2: Agenda

- Run through 1-6
- The goal for today's focus group session is:
- Set the tone- open environment- If respondents have a question or thought give them the space to ask and share.

SLIDE 3: Purpose for our visit

SLIDE 4 and 5: Measure Testing Objectives: Feasibility and Face Validity, Subject Matter Experts who contributed, and were consulted, on the measure.

- Run through 1-4
- Pause for questions

SLIDE 6 and 7: Outcome-based measure for heart failure patients supported by

- List organizations
- Reasons for prioritizing this work with heart failure patients

SLIDE 8 and 9: Framework and questions

- Framework for patient goal setting and achievement (with and without questions that will be asked during workflow, FSA, and goal setting sections of the discussion guide)

SLIDE 10 and 11:

- Read measure description
- Read each measure component

SLIDE 12: Future work

- This is future work for the measure, where the project team intends to take it

SLIDE 13: Future work Timeline

- Timeline or list displaying next steps for the measure/ project team

SLIDE 14: Thank you and questions; return to measure description slide for group discussion

SLIDE 15, 16, 17, 18: Reference slides

- Throughout the discussion and/or during questions use these slides as a reference to help site staff identify which tools/ guidelines they use or intend to use.

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Site Demo: Workflow Processes (and related electronic and paper forms) and related measuring/ monitoring activities (Site walks through workflow in EHR)

“I’d like to begin our conversation by getting an understanding of your practice and your overall care processes for patients with heart failure. To help us better understand the structure of your EHR and its workflow implications, we would like you to walk us through how you would document information for typical heart failure patients.”

Data elements to cover in the workflow demonstration:

- Class of Heart Failure (I, II, III, IV)
- Initial FSA result (Including item responses and total score)
- Follow-up FSA result (Including item responses and total score)
- Changes in FSA scores over time
- Patient goals
- Severe cognitive impairment
- Cancer stage (A, B, C, and D only if we decide to keep cancer exclusion)
- Timing (interval of time) of documentation for FSAs
- FSA tool types (global, proprietary, etc.)
- End-stage patients (Hospice care recommended? Other ways)

Discussion Section 1. Workflow Care Processes

“Before we start talking about the measure, I’d like to get a better understanding of your organization/practice and your overall care processes for patients with Heart Failure and Chronic Heart Failure.”

1. What types of providers at your practice see patients with heart failure?

2. Are patients assigned a primary provider, or does your practice use a team-based approach?

3. Can you give us a sense for the demographics of the population of patients with Heart Failure at your practice:
 - Age:
 - Gender:
 - Race/Ethnicity:
 - Payer Type:
 - Co-morbidities:
 - Severity of HF:

- Other:

4. How frequently (on average) do patients with heart failure have outpatient or ambulatory encounters with providers?

4a. What are the primary reasons for those visits (chief complaint)?

4b. Does your practice schedule regular check-ins with patients with chronic heart failure to monitor disease status?

5. What percentage of your patients would you consider to be in “good compliance” with their long-term treatments for heart failure?

6. Is there anything else that you think would be helpful for us to know about your practice or care processes before we start to talk more specifically about clinical workflow processes for heart failure patients?

Discussion Section 2. Goal setting

“Next, I’d like to talk now about goal setting with heart failure patients at your practice.”

7. Does your practice conduct goal setting discussions with all Heart Failure patients?

- Yes
- No

7a. If your practice does not use goal setting, how do providers determine what patients hope to gain through treatment? How do providers discuss treatment goals with patients?

7b. If no, please describe which patients are included in goal setting and which patients are not included and why [List all that apply]:

7c. If yes, how often and when is goal setting with heart failure patients conducted? What types of goals are set with patients?

8. Does your practice require a specific goal setting form to be used for all CHF patients?

- Yes
- No

8a. If yes, could you please share the form with us or describe what fields are in the form?

8b. If no, where is the goal setting information documented? [Probe free-text or structured field]

8c. What changes to the EHR could support better documentation?

9. Who is responsible for discussing goal setting with patients? (Check all that apply)

- Nurses
- Physicians
- Physician Assistant
- Social Worker
- Other, specify

10. Who is responsible for documenting goal setting at your practice? (Check all that apply)

- Nurses
- Physicians
- Physician Assistant
- Social Worker
- Other, specify

11. Could you please describe the clinical workflow for goal setting with heart failure patients. *[Probe for detail or even request mapping on white board/ paper if there's time]*

Discussion Section 3. Functional Status Assessment

“I’d like to talk now about conducting functional status assessments with heart failure patients at your practice.”

12. Does your practice utilize patient-reported functional status assessments with heart failure patients?

- Yes [If yes, skip to 12b]
- No

12a. If no, please describe which patients are included in patient-reported functional status assessments and which patients are not included and why?

12b. How often are FSAs with heart failure patients conducted?

12c. Does the EHR capture the date and time so that providers can see the change in score over time?

12d. When would FSAs with these patients be conducted? [during office visit with clinician, during office visit but patient enters EHR, patient enters information from home, etc]

12e. Where is the patient reported FSA information documented? [*Probe for detail on the workflow or even request mapping on white board/ paper if there's time*]

13. Does your practice require a **specific** patient-reported functional status assessment form or tool to be used for all Heart Failure patients?

- Yes [Skip to 13d]
- No [Only ask 13a, 13b, and 13c]

13a. If not, does your practice perform patient-reported functional status assessments on a voluntary bases? Voluntary for the physician? Voluntary for the patient?

13b. What changes to the EHR could support better documentation?

13c. What barriers are currently in place that preclude function status assessments from being completed at your practice?

13i. 27a. **If respondent mentions difficulties with proprietary tools (cost, access, etc.)**

ask: Please tell me more about the challenges with using proprietary FSA tools at your practice? If you don't use them now, how likely are you in the future (3 to 5 years?)

13d. What forms or tools does your practice use to assess a patient reported functional status assessment for Heart Failure patients? [Check all that apply]

- VR-12

- PROMIS-Global 10 (not yet validated in HF population, growing body of research for use in chronic disease populations)
- MLHF-Q (21 questions; Reliable, valid, and responsive in this population; proprietary. Fee is associated with use)
- KCCQ (23 questions; Reliable, valid, and responsive in this population; proprietary. Fee is associated with use)

13e. For this type of measure, should the measure developers consider requiring the use of a global health assessment or a condition-specific functional status assessment?

14. How do patient-reported functional status assessments get into the EHR at your practice? [Check all that apply]

- Patient completes on paper (while in clinic)
- Patient completes on paper (before clinic visit)
- Patient completes on paper (after clinic visit)
- Patient completes electronically (while in clinic) [Probe for PHR, FSA module, etc.]
- Patient completes electronically (before clinic visit) [Probe for PHR, FSA module, etc.]
- Patient completes electronically (after clinic visit) [Probe for PHR, FSA module, etc.]
- Non-clinician enters into EHR
- Physician enters into EHR
- Non-physician clinician enters into EHR [Probe for which clinician: _____]
- Other, specify

15. Can you please describe what type of information is captured for patients?

- Overall score
- Individual answers to questions
- Other, describe:

16. When were the tools/ forms/ etc. to capture patient-reported functional status assessment information introduced into your EHR?

17. Does the EHR prompt physicians to complete these tools/forms/etc. at any time?

- Yes
- No

17a. If yes, how are these prompts given (e.g., change in color/shading of a portion of the EHR, hard or soft pop-up reminders, clinical decision support mechanism, etc.)?

17b. When and how frequently do these prompts fire?

18. Who is responsible for discussing patient reported functional status assessments with patients? [Check all that apply]

- Nurses
- Physicians
- Physician Assistant
- Social Worker
- Other, specify:

19. What information is shared with patients about their FSA? [Probe for total score, how scores compare to norms, what scores mean]

20. How are the FSA results used to inform the care plan?

21. When and how often are patient-reported functional status assessments completed at your site?

21a. What is the time period (or interval of time) that would be clinically relevant to see change in patient status? [Can be improved outcomes or decline]

- 30 days
- 60 days
- 90 days
- Other:

21b. What is the appropriate interval of time for measuring a follow-up FSA with a heart failure patient?

21c. Do you conduct follow-up patient-reported functional status assessments?

- Yes
- No [Skip to 21i]

21c. If you do conduct a follow-up patient-reported functional status assessment, when and how do you do it?

- Face-to-Face Interaction
- Visit- Specific visit types: _____
- Online visit
- Other:

21d. How are the follow-up assessments discussed with patients?

21e. How do the follow-up assessments inform changes in the patient's care plan?

21f. Are results from follow-up assessments used to determine if the patient's care plan is working?

21g. How do provider's interpret changes in a patient's score? Are provider's looking for a certain amount of change? Do provider's look at the trend?

21h. How do results from follow-up assessments impact discussions about patient goals?

21i. If you do not currently conduct follow-up patient-reported functional status assessments, how do you envision your practice accomplishing this? In what timeframe?

21j. Is there anything else about functional status assessments or goal setting that you would like to share?

Discussion Section 4. Exclusions

“I’d like to talk now about possible populations to exclude from this type of measure.”

22. Should we continue to exclude patients with an active diagnosis of:

- Cancer
- Severe cognitive impairment

22a. How is cancer captured in your EHR?

- Structured field
- Free Text notes
- SNOMED
- ICD 9
- ICD 10
- Other:

22b. How do you capture whether a cancer diagnosis is active? Inactive? Resolved? Do you capture a date when it is resolved?

22c. How is severe cognitive impairment captured in your EHR?

- Structured field
- Free Text notes
- SNOMED
- ICD 9
- ICD 10
- Other:

22d. How do you capture whether a cognitive impairment diagnosis is active? Inactive? Resolved?

22e. Do you capture a date when cognitive impairment is resolved? Do you capture severity of cognitive impairment?

23. Do you believe functional status assessments are appropriate for patients with Stage D or Class IV heart failure (end-stage heart failure)? Goal setting?

- Yes [Please explain]
- No [Please explain]
- Other:

[SLIDE 16 and 17]

23a. Are the ACC/AHA (American College of Cardiology and American Hospital Association) stages of heart failure or the NYHA (New York Heart Association) classifications documented in structured fields in the EHR?

- Yes [Please explain]
- No [Please explain]
- Other:

24. Would patients who are non-symptomatic or who have transient symptoms (e.g.- Stage A, Class I) be diagnosed with Heart Failure?

- Yes [Please explain]
- No [Please explain]
- Other:

24a. Do you believe functional status assessment are appropriate for patients who are non-symptomatic? Goal setting?

- Yes [Please explain]
- No [Please explain]
- Other:

24b. Do you believe functional status assessment are appropriate for end of life patients? Goal setting?

- Yes [Please explain]
- No [Please explain]
- Other:

25. Is there a patient population that should be excluded from this type of measure?

Discussion Section 5. Technical Feasibility Questions

“I’d like to talk now about the design of your EHR and its technical capabilities to help us better understand the current and future feasibility of this type of measure. First, I have a few questions about your EHR system generally.”

26. What national terminologies (e.g., SNOMED, CPT, LOINC, etc.), if any, does your EHR rely on to code and extract data?

- SNOMED
- ICD-9
- ICD-10
- RXNORM
- CPT
- LOINC
- Other:

26a. If you are using ICD-9, ICD-10, CPT do you map to SNOMED and LOINC?

[Display SLIDE 18] “Next, I’d like to talk about some specific data elements that may be important for patient-reported functional status assessments in Heart Failure patients.” [Project on screen or provide a handout listing all potential data elements for consideration]:

List of Data Elements-

- Class of Heart Failure (I, II, III, IV)
- Initial FSA result
- Follow-up FSA result
- Patient goal
- Severe cognitive impairment
- Cancer stage (A, B, C, D)

27. Does your EHR currently have one or more fields to capture these types of data elements?

- Yes
- No

27a. If yes:

24i. How is this information captured/stored: (e.g., free-text, code from national terminology, code from local terminology, etc.?)

- Structured field
- Free Text notes
- SNOMED
- ICD 9
- ICD 10
- Other:

27ii. How frequently (never, sometimes, about half the time, frequently, always) are these fields populated by providers?

- Structured field
- Always
- Frequently (insert exact frequency:_____)

- About half of the time
- Sometimes or occasionally
- Never
- Other:

27iii. What changes, if any, would need to be made to these fields and the data stored within them in order to ensure that data can be extracted and used to calculate measure scores?

27b. If no:

27iv. Has your organization considered (or are you now considering) purchasing one or more EHR module(s) that could be used to collect these types of data elements?

- Yes
- No
- Other:

27v. If so, how likely are you to purchase these module(s) in the next 6 months to 1 year?

- Very likely
- Likely
- Unsure/ Don't know
- Not very likely
- Will not purchase modules with these capabilities

27vi. What about in the next 2 to 5 years?

- Very likely
- Likely
- Unsure/ Don't know
- Not very likely
- Will not purchase modules with these capabilities

27vii. What would need to happen at your practice to encourage the adoption and use of discrete fields to capture these types of data elements?

27viii. Do you foresee this changing within the next 6 months to 1 year? In the next 2 to 5 years?

27ix. What changes, if any, do you anticipate in the availability of these types of data elements in the next 6 months to 1 year?

27x. In the next 2 to 5 years?

28. Returning your attention again to the list of proposed data elements for this measure, currently, what data elements of heart failure can/cannot be captured in structured fields by your practice site?

28a. Data elements that CAN be captured:

- Class of Heart Failure (I, II, III, IV)
- Initial FSA result
- Follow-up FSA result
- Patient goals
- Severe cognitive impairment
- Cancer stage (A, B, C, D)

Additional comments:

28b. Data elements that CANNOT be captured:

- Class of Heart Failure (I, II, III, IV)
- Initial FSA result
- Follow-up FSA result
- Patient goals
- Severe cognitive impairment
- Cancer stage (A, B, C, D)

Additional comments:

29. Do you think changes necessary to implement this measure at your practice are likely to be adopted in the workflow?

- Yes

- No
- Other:

28. What are the primary challenges to implement the proposed measure concept?

29. Would your practice recommend a patient-reported functional status assessment for patients with heart failure measure for use in a voluntary incentive program like Meaningful Use?

Yes (Reason):

No (Reason):