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

<Site name>

<Month, date, year>

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AMA AMERICAN MEDICAL ASSOCIATION

THE Dartmouth INSTITUTE FOR HEALTH POLICY & CLINICAL PRACTICE

Agenda

1. Introductions and Project Overview
2. Workflow processes (and related electronic or paper forms) and Measuring/ Monitoring activities
3. Use case scenario and questions
4. Focus Group Discussion
   - General questions
   - Presentation of measure
   - Technical/ EHR Feasibility and considerations
5. Forms/Questionnaire Completion
6. Adjourn

Purpose

Our goal for this focus group is to discuss:

1. Framework for measure
2. Feasibility of implementation including workflow processes and technical implementation of the measure concepts
3. Key aspects of clinical data for measuring goal setting and achievement in conjunction with patient- reported functional status assessments

Measure Testing Objectives: Feasibility and Face Validity

1. Obtain comprehensive input to inform the measure from care providers on the front lines of conducting patient-reported functional status assessments with heart failure patients
2. Increase usage of patient-reported outcome measures to monitor disease activity, assess functional status, and goal setting with patients
3. Reinforce the delivery of patient-centered care
4. Improve outcome measures to accurately assess the quality of clinician performance and provide clinicians with data to promote quality improvement
5. Determine the current and future feasibility of outcome measures to track patient-reported functional status over time using data from EHRs

Organization representatives who were consulted during development of the ONC HITECH PRO FSA Heart Failure Measure

- American Association of Cardiovascular and Pulmonary Rehabilitation
- American Heart Association
- American College of Cardiology
- American College of Physicians
- American Society for Echocardiography
- Foundation for Informed Medical Decision Making

Heart and chronic heart failure identified as national priority by:

- ONC HITECH
- Centers for Medicaid and Medicare Services (CMS) (http://www.facs.org/ahp/pqrs/2013/ehr-measure-release.pdf)
- Agency for Healthcare Quality (AHRQ) (http://www.ahrq.gov/research/findings/nhqrdr/nhdr11/nhdr11.pdf)
- National Quality Forum (NQF) National Priorities Partnership (NPP *National Priorities & Goals*, www.nationalprioritiespartnership.org)
- The Joint Commission (TJC's Annual Report on Quality and Safety 2013, http://www.jointcommission.org/assets/1/6/TJC_Annual_Report_2013.pdf)
- The Dartmouth Institute, Dartmouth-Hitchcock Hospital (http://patients.dartmouth-hitchcock.org/quality/quality_report/HF)

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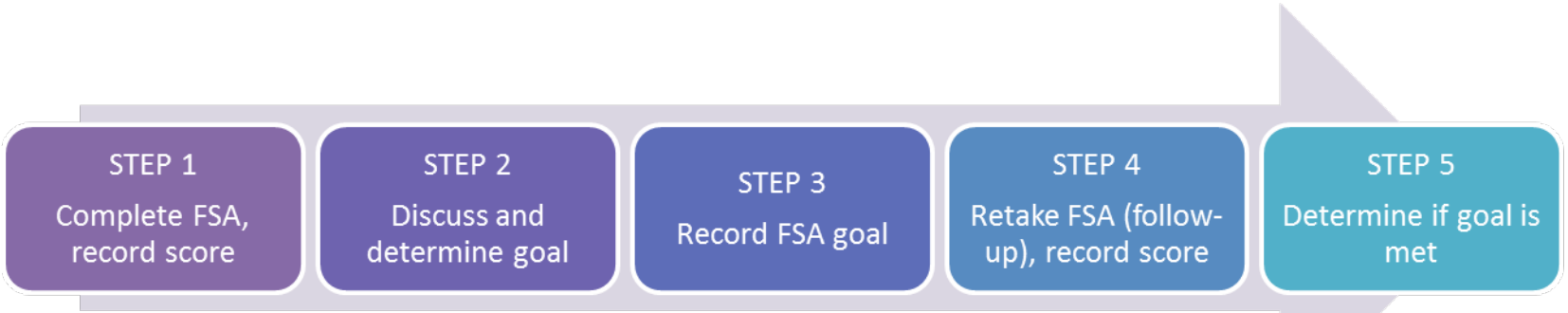
Reasons for Prioritizing Improvement in Chronic Heart Failure

- **Gaps in care** – eg, the report finding that the availability of a discharge summary at the first post-discharge visit is only 12-34%, affecting the quality of care in approximately 25% of follow-up visits (*JAMA* 2007)
- **High costs** – eg, the Institute of Medicine estimate that inpatient and outpatient medication errors harm 1.5 million people each year in the United States, at an annual cost of at least $3.5 billion (*NY Times* 2006), and one study finding that 60% of inpatient medication errors occur at times of transition (*J Clin Outcomes Manag* 2001)

Framework for Patient Goal Setting and Goal Achievement

Framework for Patient Goal Setting and Goal Achievement



- **Which FSA tools?**
- **Require a Global health and/or condition-specific FSA?**
- **How and where is FSA completed?**

- **Who is responsible for goal setting?**
- **Goal setting discussion?**

- **Who records the goals or the outcome of the discussion?**

- **What is the ideal time interval for measuring a follow-up FSA?**
- **Should the follow-up FSA be tied to an encounter**

- **How is the goal met or not met captured and documented in your EHR?**

Draft Measure Description

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

Percentage of patients age 65 years and older with heart failure who completed initial and follow-up PR-FSA, who set a goal using the initial FSA and who achieved that goal according to follow-up FSA

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

Denominator:

- Adults age 65 and older who had two outpatient encounters during the measurement period and an active diagnosis of Stage C or Class II, III heart failure

Denominator Exclusions:

- Patients with an active diagnosis of severe cognitive impairment or cancer. Patients with Stage D or Class IV heart failure

Numerator:

- Patients with results from at least **two** patient reported functional status assessments, who set a goal using the initial FSA and who achieved that goal according to follow-up FSA

Future Work

- Revise the measure specifications based on today's feedback
- Testing results needed for National Quality Forum (NQF) endorsement:
  - Is the measure feasible?
  - Is the measure reliable?
  - Is measure valid?
  - How is measure used in practice?
- Testing results needed to inform workgroup
- All of the above, plus:
  - How is the measure being implemented?
  - Where are the data necessary to calculate the measure found?
  - Are the measure data typically captured using codified data or free text

<BAH> Timeline of future work

Thank you!

Questions?

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Functional Status Assessment Tools

- VR-12
- VR-36
- PROMIS-Global 10 (not yet validated in HF population, growing body of research for use in chronic disease populations)
- PROMIS-29 (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)
- SF-12 (Proprietary)
- SF-36 (Proprietary)
- EQ-5D (Utility measure; not appropriate for goal setting)

ACC/ AHA Stages of Heart Failure

- Stage A: At high risk for HF but without structural heart disease or symptoms of HF
- Stage B: Structural heart disease but without signs or symptoms of HF
- Stage C: Structural heart disease with prior or current symptoms of HF
- Stage D: Refractory HF requiring specialized interventions
  - PROPOSED FOR THIS MEASURE:
    - VR-12, PROMES-Global 10, MLHF-Q, KCCQ

NYHA Classification

Functional Capacity	Objective Assessment
Class I. Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.	A. No objective evidence of cardiovascular disease.
Class II. Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.	B. Objective evidence of minimal cardiovascular disease.
Class III. Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain.	C. Objective evidence of moderately severe cardiovascular disease.
Class IV. Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.	D. Objective evidence of severe cardiovascular disease.

Key Data Elements in Patient-reported Functional Status Assessment (PR FSA) Heart Failure Measure

- 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)