Summary of Technical Expert Panel (TEP) Meeting
April 23, 2021
Patient Receipt of Key Information Following Outpatient Procedure Patient-Reported Outcome-Based Performance Measure (PRO-PM)

July 26, 2021

Prepared by:
Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE)
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The materials within this document do not represent final measure specifications for the Information Transfer PRO-PM.

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Background

The Centers for Medicare & Medicaid Services (CMS) is developing a Patient-Reported Outcome Performance Measure (PRO-PM) to assess the quality and content of information provided to patients as part of an outpatient procedure or surgery. Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE) is leading the work under contract to CMS. The contract name is Development, Reevaluation, and Implementation of Outpatient Outcome/Efficiency Measures, Option Period 1. The contract number is HHSM-75FCMC18D0042, Task Order Number HHSM-75FCMC19F0002.

CORE is obtaining expert and stakeholder input on the proposed measure. The CORE Measure Development Team is composed of experts in the development and implementation of quality outcomes measures. As is standard with all measure development processes, CORE has convened a technical expert panel (TEP) of clinicians, patient advocates, and other stakeholders. Collectively, the TEP members provide expertise in performance measurement, quality improvement, outpatient surgery, clinical care, care coordination and the patient experience.

This report summarizes the feedback and recommendations received from the TEP during the first meeting, which focused on the proposed measure development approach and the proposed measure domains.

Measure Development Team

Steven Spivack, PhD leads the Measure Development Team. Dr. Spivack is an Associate Research Scientist for the Quality Measurement Team at CORE and has supported several Measure Development teams. The Measure Development Team is also composed of individuals with a range of expertise in outcome measure development, health services research, clinical medicine, and measurement methodology. See Appendix A for the full list of members for the CORE Measure Development Team.

The TEP

In alignment with the CMS Measures Management System (MMS), CORE held a 30-day public call for nominations and convened a TEP for the development of a Patient Receipt of Key Information Following Outpatient Procedure PRO-PM. CORE solicited potential TEP members via emails to individuals and organizations recommended by the Measure Development Team and stakeholder groups, email blasts sent to CMS physician and hospital email listservs, and through a posting on CMS's website. The TEP is composed of 15 members, listed in Table 1.

The role of the TEP is to provide feedback and recommendations on key methodological and clinical decisions. The appointment term for the TEP is from March 2021 to May 2023.

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Specific Responsibilities of the TEP Members

- Complete and submit all nomination materials, including the TEP Nomination Form, statement of interest, and curriculum vitae
- Review background materials provided by CORE prior to each TEP meeting
- Attend and actively participate in TEP conference calls
- Provide input on key clinical, methodological, and other decisions
- Provide feedback on key policy or other non-technical issues
- Review the TEP summary report prior to public release
- Be available to discuss recommendations and perspectives following TEP meetings and public release of the TEP Summary Report to CMS

Table 1. TEP Member Name, Affiliation, and Location

Name	Organization (title); clinical specialty, if applicable	Location
Nichole Bostic	Patient/Caregiver Representative	AUGUSTA, GA
Jill Dietz, MD, FACS	Formerly, Univ. Hospitals of Cleveland Seidman Cancer Center (Director, Breast Program); Breast surgery	BENTLEYVILLE, OH
Richard Dutton, MD, MBA	US Anesthesia Partners (Chief Quality Officer); Anesthesiology	DALLAS, TX
Patricia Franklin, MD, MBA, MPH	Northwestern Univ. School of Medicine (Professor; Co-Director, Outcomes & Measurement Hub); Research; Preventive medicine	CHICAGO, IL
Caitlin Gillooley, MSPH	American Hospital Association (Sr. Associate Director, Quality Policy)	WASHINGTON, DC
Beth Godsey, MS, MBA	Vizient Inc. (Sr. Vice President, Data Science & Methodology)	DALLAS, TX
Charles Goldfarb, MD	Washington University School of Medicine, Department of Orthopedic Surgery (Executive Vice Chair); Orthopedic surgery	ST. LOUIS, MO
Sherrie Kaplan, PhD, MPH	University of California, Irvine (Psychometrician; Assistant Vice Chancellor, Healthcare Evaluation & Measurement); Psychometry	IRVINE, CA
James Moore, MD	UCLA Health (Physician); Anesthesiology	LOS ANGELES, CA
Ann O'Connor	Patient/Caregiver Representative	LARCHMONT, NY
Carol Raphael, MPA	Manatt Health (Senior Advisor); Nursing	NEW YORK, NY
Kevin Schuster, MD, MPH, FACS, MCCM	Yale School of Medicine/Yale New Haven Hospital (General Surgeon); General Surgery	NEW HAVEN, CT

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Name	Organization (title); clinical specialty, if applicable	Location
John Stoffel, MD	University of Michigan Department of Urology (Physician); Urology	ANN ARBOR, MI
Gina Throneberry, RN, MBA, CASC, CNOR	Ambulatory Surgery Center Association (ASCH) (Director of Education and Clinical Affairs); Nursing	ALEXANDRIA, VA
Jorge Villegas, PhD, MBA	University of Illinois at Springfield (Associate Professor of Marketing, Patient Advocate, Research/Consultant of Health Communication and Access); Research/Advocate	SPRINGFIELD, IL

TEP Meetings

CORE held its first TEP meeting on April 23 2021, at which the Information Transfer PRO-PM was presented. CORE anticipates holding three additional TEP meetings between May 2021 and May 2023 (see Appendix B for the TEP meeting schedule). This report contains a summary of the April 2021 TEP meeting.

TEP meetings follow a structured format consisting of the presentation of updates on measure development and patient workgroup feedback, key issues identified during measure development, CORE's proposed approaches to addressing the issues, followed by an open discussion of these issues by the TEP members.

Overview of First TEP Meeting (April 23, 2021)

Prior to the first TEP meeting, TEP members received detailed meeting materials outlining the project overview, measure background, approach to the measure concept, and feedback from the first patient workgroup meeting.

During the first TEP meeting, CORE presented relevant background information and patient workgroup feedback and solicited input from the TEP on the measure domains, survey approach, and other relevant questions.

Following the meeting, TEP members unable to join the TEP teleconference were provided with detailed meeting minutes, and all TEP members were invited to provide any additional feedback by email.

The following bullets represent a **high-level summary** of what was presented and discussed relevant to the Patient Receipt of Key Information Following an Outpatient Procedure PRO-PM during the first TEP meeting. For further details, please see Appendix C.

- CORE presented an overview of the project and measure background to the TEP.
    - Dr. Spivack summarized CMS contracted CORE to develop an outpatient information transfer PRO-PM for the Ambulatory Surgical Center Quality Reporting (ASCQR) and Hospital Outpatient Quality Reporting (HOQR) programs following the generation of the concept in a 2018 series of focus groups.
    - Dr. Spivack reviewed the project overview, including the concept origin, definition of a PRO-PM, guiding principles for the project, a project timeline, and further detail on the TEP role.
    - Dr. Spivack reviewed the project background, including topic importance, how literature provides evidence that better information transfer after procedures leads to better patient outcomes, existing related measures, and validated survey items available on the topic.
    - TEP Feedback:
        - Several TEP member noted the importance of a quick and easy survey built into the care process as part of a positive patient experience following outpatient surgery.
    - Dr. Spivack presented patient workgroup feedback thus far within the categories of discharge instruction content, discharge instruction format, and their experiences with surveys.
- Dr. Spivack reviewed five preliminary domains the measure could target as identified by CORE: basic information about the procedure; guidance for patient activity following surgery; things to monitor during recovery; medication information; and patient understanding of the instructions.
- TEP Feedback:
    - Several TEP members agreed that the proposed domains are reasonable for the focus of this measure and capture concepts important to a successful discharge.
        - One TEP member felt that some of the domains focus on a "standard" post-operative course, although expectations can diverge in the case of complications.
        - One TEP member suggested reframing the questions to ask patients where they got information after the procedure rather than assuming they got it from their provider's instructions.
        - One TEP member re-emphasized considering which outcomes are most important from the patient perspective.
    - Several TEP members emphasized specific domains as reflecting key concepts:
        - Several TEP members emphasized patient understanding of the instructions as a key domain for the measure to capture, and recommended the measure capture that concept rather than simply assess whether patients received particular instructions.
        - One TEP member said providing clear information to contact a provider if something goes wrong is particularly important.

        - Several TEP member said that clear instructions for medication are important because medication management is complicated and closely linked to outcomes.
    - Several TEP members noted that information about the recovery period provided before a surgery can be very helpful as it allows patients and caregivers time to process the information and prepare.
    - Several TEP members noted that considering the perspective of caregivers (who face different challenges in the post-surgery period) is important for the measure, particularly for patients with cognitive impairments.
    - Several TEP members noted that there is great variety in both the types of providers this PRO-PM would measure and the types of surgeries or procedures even within a facility or specialty.
        - One TEP member noted that many ambulatory surgical centers (ASCs) are rural facilities with less resources and performing fewer procedures than hospital outpatient departments (HOPDs) and requested the measure pilot be expanded to include ASCs.
            - Another TEP member agreed and said that while a separate survey may not be necessary, findings among HOPDs may not translate seamlessly to the ASC setting.
            - CORE noted that providers will likely administer surveys through a third-party vendor, minimizing reporting burden to providers. While CORE will initially pilot the measure among HOPDs only, we will consider what other testing or adaptation is necessary to adapt to ASCs.
        - One TEP member noted that expectations in the discharge process can be complicated based on the dynamics between surgeons and anesthesiologists, with important information potentially lost.
        - One TEP member expressed concern about the feasibility of developing a survey that is sufficiently focused while also broadly useful across specialties.
        - One TEP member stated concern that differences among patient populations could impact responses.
            - CORE recognized the importance of this comment and noted the topic of disparities will be discussed at a future TEP meeting in much greater detail.
        - One TEP member noted that accurate attribution and validation of results will be key to making this a good measure, as will information to guide providers in improving care.
        - Several TEP members noted the lack of standardization in discharge instructions across outpatient providers.
            - CORE noted the variation among providers reflects room for improvement. The purpose of the measure is not to promote a

uniform approach, and variation among providers is acceptable as long as patients' needs are being met.

- Several TEP members offered input on making the survey more patient-friendly while capturing relevant information:
  - Several TEP members recommended using a short survey (fewer than 10 questions). One member also advised avoiding redundant questions.
  - Several TEP members recommended pushing the survey to patients sometime between a few days and one week after discharge to capture the best information.
  - One TEP member suggested following up dynamically to assess outcomes at several points in time following surgery.
  - One TEP member noted there are many possible questions within the identified domains and recommended CORE focus on the specific purpose of the measure when developing the questionnaire.
    - CORE summarized this purpose as addressing a gap (identified through previous engagement with multiple focus groups) between inpatient and outpatient settings in basic information provided to patients after a procedure leading to frustration and risk.
  - One TEP member recommended highlighting the purpose and importance of the survey in effecting future changes to encourage patients to respond.

- Dr. Spivack thanked attendees and outlined the next steps for the TEP and the measure development process.

Next Steps

Ongoing Measure Development

CORE will continue to encourage further feedback and questions from TEP members via email until the next TEP meeting. Additionally, CORE will continue to engage stakeholders in a Patient Working Group to solicit feedback on various survey aspects.

Conclusion

TEP feedback of CORE's approach to measure development will inform the measure survey. CORE will continue to engage and seek input from the TEP as the measure is developed.

Appendix A. CORE Measure Development Team

Center for Outcomes Research and Evaluation (CORE) Team Members

Name	Team Role
Steven Spivack, PhD	Project Lead
Kyle Bagshaw, MPH	Project Coordinator
Leianna Dolce, BS	Research Assistant II
Phylicia Porter, MPH, MSL	Contract Manager
Doris Peter, PhD	Consultant
Faseeha Altaf, MPH	Project Manager
Elizabeth E. Drye, MD, MS	Senior Director
Zhenqiu Lin, PhD	Analytic Director

Appendix B. TEP Call Schedule

TEP Meeting #1

Friday, April 23, 2021 – 3:00-5:00PM EST (Zoom Teleconference)

TEP Meeting #2

TBD

TEP Meeting #3

TBD

TEP Meeting #4

TBD

Appendix C. Detailed Summary of TEP Meeting #1

Friday, April 23, 2020 3:00 PM – 5:00 PM ET

Participants

- **Technical Expert Panel (TEP) Members:** Nichole Bostic, Jill Dietz, Richard Dutton, Patricia Franklin, Caitlin Gillooley, Beth Godsey, Charles Goldfarb, James Moore, Annie O'Connor, Carol Raphael, Kevin Shuster, John Stoffel, Gina Throneberry, Jorge Villegas
- **Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE):** Faseeha Altaf, Duwa Amin, Kyle Bagshaw, Leianna Dolce, Elizabeth Drye, Zhenqiu Lin, Phylicia Porter, Steven Spivack
- **The Centers for Medicare & Medicaid Services (CMS)**: Cyra Duncan, Janis Grady

Detailed Discussion Summary

Welcoming Remarks

- Mr. Kyle Bagshaw welcomed the group on behalf of CORE and introduced Dr. Steven Spivack, who was facilitating the meeting after introductions.
- Mr. Bagshaw reviewed the meeting agenda and reminded the group that the content of TEP discussions must remain confidential until made public by CMS and that all personal opinions and experiences, including any personal health information shared during the TEP meeting are to remain confidential. He stated that TEP members are representing themselves and not the organizations with which they are affiliated.
- Mr. Bagshaw reviewed the goals for the meeting including completing introductions of the CORE team and TEP, reviewing of the project and measure background, and obtaining TEP feedback for measure development.

Introductions

- Mr. Bagshaw summarized CORE's mission and each member of the CORE team introduced themselves.
- Ms. Janis Grady (CMS) introduced herself.
- TEP members briefly introduced themselves and described their key interests related to the measure. Members also disclosed any potential conflict of interest (COI).

Project Overview

- Dr. Spivack reviewed the project origin, noting it was derived from a measure concept generation task beginning in 2018. In conducting this task, CORE met with a variety of stakeholders including patients, clinicians, outpatient executives, and researchers. This process made it clear that patients getting outpatient surgeries or procedures often are not receiving the quality of discharge instructions they should be, and this is an area that could use measurement and improvement.
    - A measure in this area falls under the CMS Meaningful Measure Area of Transfer of Health Information and Interoperability.

    - This project aims to develop a PRO-PM about outpatient surgery and procedure discharge instructions utilizing a patient survey. This will involve multiple patient workgroup meetings and two to four TEP meetings over the next three years.
- Dr. Spivack broke down the definition of a "PRO-PM" to highlight that it is a "patient-reported" (something subjective a patient experiences and only they can rate) "outcome" (something that occurs after surgery) "performance measure" (a measure comparing one provider to another to see who is better at doing the right thing, at the right time, in the right way, for the right person, and getting the best possible results).
- Dr. Spivack outlined the guiding principles of the project – to develop a survey that is: patient-centered; as burdenless as possible for providers; as short as possible while capturing all relevant items; and developed in a diverse and representative population.
- Dr. Spivack reviewed the three-year project timeline noting milestones including conducting the first patient workgroup and TEP meetings, drafting the survey, a soft pilot of the survey, further developing the survey, a first round of pilot testing, reviewing pilot results and adjusting the survey as needed, and conducting an additional pilot and survey adjustment, ending in 2023 with submission to the National Quality Forum (NQF).
- In further detail, Dr. Spivack reviewed the TEP role for this project. The purpose was noted to provide stakeholder input and contribute to transparency. The member responsibilities were specified as reviewing materials and attending meetings, providing input on key measure attributes, reviewing TEP Summary Reports prior to public release, and maintaining confidentiality of materials.

Approval of the TEP Charter

- Members approved the charter unanimously.

Project Background

- Dr. Spivack reviewed background information on the project, noting CMS has focused on making sure patients are receiving the information they need from providers. The best way to make sure this is occurring is to ask patients directly, which this project aims to do. He noted this is an important focus as poor communication of information from the outpatient facility to patients can make recovery more difficult for the patient.
    - Often after procedures, patients are coming out of anesthesia or have had a stressful event, making it difficult to focus and retain what providers are communicating. Discharge instructions provide a second opportunity for patients and caregivers to see and digest information vital to recovery, including steps that are important to follow for safe recovery.
    - Literature related to discharge instructions shows low quality or missing information is associated with more medication errors, infections, worsening of a medical condition, and readmission.
- Reviewing a conceptual model of how better information transfer can improve patient and health system outcomes, Dr. Spivack began by identifying the discharge instructions themselves as the input. Receiving these instructions can help improve communication and care coordination. In turn, this can increase patient agency and ability to manage their recovery. This then leads to better health outcomes including reduced medication errors, complications, and

readmission. The resulting patient outcomes include better patient health and experiences, while the system outcomes include improved population health and lower unnecessary spending.

- Dr. Spivack noted, after completing a thorough literature review, no current measures were found that solely focus on the quality and/or content of outpatient discharge instructions.
    - Similar content was found in an Inpatient Psychiatric Facility Quality Reporting Program measure which is more of a process measure. Additionally, the Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) survey includes some relevant questions.
    - There are also validated surveys that are currently used voluntarily including the Health Information National Trends Survey which focuses mainly on cancer related care, and multiple CAHPS surveys including the emergency department, outpatient, and surgical versions which may include relevant questions.
    - Non-validated surveys have also been identified in academic studies and individual hospital and health system surveys.
    - Dr. Spivack reviewed specific CAHPS questions that may be applicable to this measure.
- TEP members made the following comments and suggestions:
    - A TEP member shared that they felt having a quick and easy survey is important as well as building the survey into the process would eliminate possibility of survey fatigue. This member referenced a Josie Robertson Outpatient Surgery Center at Memorial Sloan Kettering which phenomenally builds their surveys into their process.
        - A TEP member responded their relatives have been patients at this center and have positively noted the engagement with their patients which gets built into the process. These patients tend to feel less informed when their procedures are done elsewhere.

Patient Workgroup Feedback

- Dr. Spivack reviewed the feedback obtained from the seven-member patient workgroup in the meetings held a few weeks prior. He noted that many of these patients work in the healthcare field in addition to having received numerous outpatient procedures, allowing for an even more comprehensive view of their experiences. This included three main categories of feedback: discharge instruction content, discharge instruction format, and the survey instrument.
    - All patients noted the instructions were important and often referenced during recovery. This effect was heightened during COVID when family and caretakers have not been allowed in the facility. Sections regarding medication instructions, warning signs, follow-up care, and pain management were noted as being most important. Additionally, the patients wanted electronic and more personalized instructions.
    - Patients prefer to have instructions with clear sub headers and formatting that is not too long or too short. The instructions and writing also need to be clear.
    - All patients agreed they are experiencing survey fatigue in all facets of their lives. Related to this, they prefer short surveys with notice of the length upfront. It was noted that electronic surveys are preferred but that would be difficult for many older patients, some of whom may require a paper copy if they were to complete it. Patients also found it important to

have an option for caregivers to respond and to help patients understand why their feedback is important and how it will help future patients.

TEP Input

- Dr. Spivack stated that CORE is looking for input on measure domains, survey approach, and additional topics. CORE is considering five potential domains based on concepts that the literature documents as either often missing in outpatient discharge instructions or that have a major impact on outcomes:
    - Basic information about the procedure (such as the procedure name, reason, physician, results, and complications);
    - Guidance for what the patient should do after surgery (such as diet, exercise, activities of daily living, returning to work, and follow-up visits);
    - Things to look out for during the recovery process (such as normal symptoms versus dangerous symptoms, wound care and pain management instructions, and who to contact if needed and when);
    - Information about medications (such as when to start or stop, dosages, dates and times, and risks and side effects); and
    - Patients' understanding of their instructions (if the instructions were understood, told patients what to expect, were easy to read, or were too short or too long).
- Dr. Spivack asked the TEP to share their thoughts on the potential domains.
    - One TEP member stated that the proposed domains seem reasonable. They said that patients want clear and concise instructions when they get home and gave an example of good instructions that included a schedule for eyedrops after an eye surgery, including a picture of each medication.
    - One TEP member agreed with highlighting the importance of the survey for patients and that it can impact change in the future. They also noted from experience that sometimes patients and families do not understand why some pre- or post-op instructions are necessary, even though better understanding of this can lead to better compliance.
        - Dr. Spivack responded that we can consider asking patients if they understand the reason for their instructions in the survey.
    - One TEP member noted the goal of this measure is to evaluate post-op information but some of the domains seem to focus more on pre-op expectations; expectations will actually diverge post-op based on if there were any complications and it may be good to look at divergence from a standard post-operative course.
    - One TEP member noted that needs and experiences vary from different types of surgeries, and asked if the measure's scope will be strictly for the outpatient setting.
        - Dr. Spivack confirmed that the measure is only focused on outpatient surgeries and agreed that there is great heterogeneity among the types of procedure within these settings.
    - One TEP member noted it is hard to anticipate what happens when a patient gets home, and so it is important for patients to have information on who to contact for information if something unexpected happens. They also noted the importance of

distinguishing between the experience of the caregiver and the patient, as some caregivers may not feel well-prepared for complicated care. In particular, some patients have cognitive impairments and cannot manage their own aftercare.
        - Another TEP member agreed that considering the caregiver in early post-op care is important when framing the survey questions.
    - One TEP member noted that changes to a patient's regular medication regimen is a particular risk for complication or hospital admission in the post-op period. Post-op medication management is very complicated and closely related to downstream outcomes. They would like this measure to not just measure "satisfaction" but look at what a patient actually understands about what has changed in their care.
    - One TEP member stated that the listed domains assume it is a facility's responsibility to push this information to patients and suggested reframing the survey to ask, "Where did you get the information you needed in your post-op period?" For example, younger patients may just search the internet for information instead of looking at the instructions.
    - One TEP member stated that the items in the suggested domains seem valuable. We should also consider what outcomes are important from the patient perspective, which can differ based on the type of surgery or procedure.
        - Dr. Spivack agreed that the patient-centered perspective is important to CORE's approach and that the domains are based in part on feedback from our patient working group.
    - One TEP member noted the high variability in procedures even within a specialty and expressed concern about the feasibility of developing a survey that is sufficiently focused while also being broadly useful across specialties. They also stated concern that disparities among different patient populations could impact responses, for example if some patient populations are more likely to refer to the instructions.
        - Dr. Spivack recognized the issue of disparities and holding providers to different standards and noted we will discuss how to properly risk adjust this measure in more detail in a future TEP meeting.
    - One TEP member said the proposed domains are a good framework that capture most of the key meaningful aspects for patients and caregivers and align with the goals of the measure.
- One TEP member asked if the measure is intended to look at instructions specifically from a surgical perspective or to include complications related to other aspects of care. For example, anesthesiologists may not always follow up directly with a patient, but surgeons may not always fully explain the anesthesia elements. Surgeons may not know the anesthesiologist or anesthesiology procedure in advance, which can have an impact on the post-op expectations; for example, the recovery time and medication schedule for patients from general anesthesia is different from local anesthesia but these differences may not be factored into the algorithm for instructions provided by the surgeon.
    - One TEP member added that as a patient-reported measure, this should focus on what a patient understands and retains, not just documenting that a written communication exists. For example, patients are often given information on anesthesia immediately before surgery but do not retain it.

    - Dr. Spivack clarified the measure concept is focused on the post-discharge experience. Other surveys CORE studied include some questions about pre-op information (for example, if a patient felt sufficiently prepared for the procedure), but there are few tools focused specifically on a successful post-op experience and instructions that help achieve that goal.
- One TEP member asked if the discharge process and information provided are standardized across providers in the outpatient setting.
    - Dr. Spivack responded that these are not standardized and that instructions could look radically different even within a facility.
    - Another TEP member noted that within a facility, they may be standardized and there may also be similarities between different facilities that both use the same electronic health record (EHR) technology, but overall there is wide variety across facilities in the information, timing, and process.
    - Dr. Elizabeth Drye noted that there is great variation among providers and therefore room for improvement is one reason for interest in this measure. We would not necessarily promote a uniform approach through this measure and can allow variation in the information and process as long as patients' needs are met.
- One TEP member noted that there is a great deal of variation among the care settings of interest and that many are small, rural, and do not have the technology resources of larger facilities; for example, many ASCs do not use EHRs and would not have the budget to do certain things. They asked if this measure pilot was restricted to hospital outpatient departments (HOPDs) and if it could be expanded to include ASCs.
    - Another TEP member agreed that the HOPD and ASC are different settings, which should be considered when taking results from a pilot among HOPDs to the ASCs; while we do not necessarily need a distinct survey for each setting, the findings among HOPDs also may not translate seamlessly.
    - Dr. Drye confirmed the pilot is limited to HOPDs because it is more pragmatic; HOPDs are larger, provide a greater variety of procedures, and have greater current technological capacities which are more pragmatic for the pilot. Conceptually, we are considering both settings equally throughout the development process but will, in the future, have to consider what other testing and/or adaptation are necessary to use among ASCs.
    - Dr. Spivack noted that the measure will use a third-party vendor to implement the surveys (similarly to the Outpatient and Ambulatory Surgery [OAS] CAHPS survey), which will mitigate the cost and burden to providers with fewer resources.
- Dr. Spivack noted that one of CORE's challenges is to make the survey as short and patient friendly as possible, while also capturing as much relevant information as possible. During the pilot, CORE plans to use a longer survey and then look at the relationships between items, to help narrow down to some key items that will track well with other aspects of interest.
    - One TEP member stated that recent efforts to modernize the HCAHPS measures has produced some guiding principles that may be useful in developing other survey measures. Short surveys and avoiding redundant questions are good ideas. Accurate attribution and validation of the measure results, as well as information (for example,

evidence-based ways to improve readability of instructions) to guide providers in improving care will be very important to making this a good quality measure.
    - One TEP member recommended CORE should go back to the objective of the measure and stay focused on the specific purpose. They noted there could be many different questions within each domain and asked CORE to clarify what the reason for the survey is.
        - Dr. Spivack said that CORE found that patients often do not receive basic information (such as medication instructions or warning signs) in discharge instructions from the outpatient setting that is provided more consistently in the inpatient setting, which leads to frustration and risks to patients.
        - Dr. Drye added that CORE identified this topic through a broad concept generation effort for CMS in 2019; across multiple stakeholder focus groups, this topic emerged as a clear quality gap.
    - One TEP member stated that most of the proposed domains are predicated on documentation given to the patient while only the fifth domain gets at patient understanding. They recommended distilling the survey to the fewest questions possible, no more than eight to ten.
        - Dr. Spivack agreed that most of the domains are content-based, but we do not want a survey that just asks the patient if they got some information.
- Dr. Spivack asked the TEP for thoughts on the timing of when the survey should be pushed to patients following their discharge.
    - One TEP member stated that surgeons would prefer the survey not be sent on the day after the surgery, but waiting too long to send would lose information.
    - One TEP member recommended a minimum lag of two days after discharge to push the survey, and noted from other research that patients' reported satisfaction tends to decrease as the lag time increases.
    - One TEP member recommended the lag be a few days but less than one week to best capture the patient's original experience.
- One TEP member stated that getting discharge instructions before an operation is a big advantage that allows patients to absorb instructions before they are "in the thick of it." They added that instructions should be clear on patients' limitations and ways in which caregivers will be needed (such as driving).
    - Another TEP member noted that some providers are moving in this direction and now provide more information for the post-op time period before the surgery along with pre-op information.
    - Another TEP member agreed that providing discharge instructions before an operation is a good idea. They asked CORE to consider options to stagger the questions and if we could consider the time range dynamically (for example, what should expectations be at a few points in time following surgery).
- Dr. Spivack thanked attendees for their contributions and outlined the immediate next steps: CORE will process the TEP's feedback and brief CMS, finalize the domains for the measure, and develop a set of survey questions to discuss at the next meeting in a few months.

Next Steps

The materials within this document do not represent final measure specifications for the Information Transfer PRO-PM.

- Dr. Spivack provided information on next steps for measure development. The development team will summarize TEP input and brief CMS, finalize the survey domains and survey questions, and reconvene the patient workgroup and TEP to review the survey draft and additional considerations.
- The next TEP meeting will be held via Zoom, likely sometime between mid and end of June.
- The team will circulate the summary report of this meeting for review by members. The names of individuals will not be included in the meeting summary report. The TEP summary report will be publicly posted after CMS approval; after public posting, it will be okay for TEP members to share that information. Information not publicly posted will be confidential.
- Dr. Spivack invited TEP members to submit additional comments on any aspect of measure development to cmsoutpatientpropm@yale.edu. He suggested that CORE may survey TEP members for additional feedback as needed.
- The development team thanked TEP members on behalf of CORE and expressed appreciation for feedback that will help to clarify the measure.

Post-Meeting Feedback

- One TEP member provided additional feedback by email. They stated that domain 2 (post-surgery guidance) is important for quality of life; domain 3 (what to look for during recovery) is a priority for patients and caregivers, particularly for dangerous side effects or symptoms; that changes in medications (part of domain 4) are common and probably related to sequelae; and that both patient and caregiver comprehension (domain 5) is important.
    - They asked if domain 1 (information about the patient and procedure) will be linked to procedure data in CMS claims.
        - Dr. Spivack responded that CORE anticipates the ability to link surveys to claims data in the future but will not be able to do so during the pilot.
    - They asked if CORE had considered the value of including a few general PROM items (such as pain interference or physical function) to understand if patients have recovered successfully.
        - Dr. Spivack responded that pairing the results of our survey with individuals included in other PRO-PMs to see if there is an association would be interesting, but noted that patients have emphasized that lack of information can harm their quality of life during recovery even if they do not result in hospitalization.