Summary of Technical Expert Panel (TEP) Meeting
June 30, 2021
"Patient Understanding of Key Information Related to Recovery from an Outpatient Procedure or Surgery" Patient-Reported Outcome-Based Performance Measure (PRO-PM)

August 23, 2021

Prepared by:
Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE)
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Background

The Centers for Medicare & Medicaid Services (CMS) is developing a Patient-Reported Outcome Performance Measure (PRO-PM) to assess "Patient Understanding of Key Information Related to Recovery from 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 outcome 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 second meeting, which focused on candidate survey questions and the approach to initial pilot testing.

Of note, in alignment with the shift in measure focus as discussed in the overview of the second meeting below, CORE has updated the name of the measure from "Patient Receipt of Key Information Following Outpatient Procedure" (as it was know during the first meeting) to the current "Patient Understanding of Key Information Related to Recovery from an Outpatient Procedure or Surgery."

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.

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 technical 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

Name	Organization (title); clinical specialty, if applicable	Location
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
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 measure concept and background was first presented. CORE held the second TEP meeting on June 30, 2021. CORE anticipates holding two additional TEP meetings between July 2021 and May 2023 (see Appendix B for the TEP meeting schedule). This report contains a summary of the June 2021 TEP meetings. (A summary report of the April 2021 meeting is available separately.)

TEP meetings follow a structured format: updates on measure development and Patient Work Group feedback; key issues identified during measure development; CORE's proposed approaches to addressing the issues; and an open discussion of these issues with the TEP.

Overview of Second TEP Meeting (June 30, 2021)

Prior to the second TEP meeting, TEP members received detailed meeting materials outlining the current project status, updated measure focus, candidate questions for the survey instrument, and CORE's approach to initial pilot testing, incorporating feedback from the second Patient Work Group meeting earlier in June 2021.

During the second TEP meeting, CORE presented the updated measure focus and candidate survey questions, including a discussion of feedback on those topics from the Patient Work Group, and discussed the approach to initial pilot testing. CORE asked the TEP to provide input on the shift in measure focus, wording and arrangement of the survey, and considerations for the initial pilot test.

Following the meeting, TEP members unable to join the TEP teleconference were provided with a recording and detailed minutes of the meeting, and all TEP members were invited to provide any additional feedback by email. In addition, CORE further refined the draft survey instrument

based on the TEP's input during the meeting and provided the updated version to the TEP following the meeting for any final feedback prior to beginning the pilot.

The following bullets represent a **high-level summary** of what was presented and discussed during the second TEP meeting. For further details, please see Appendix C.

- CORE presented an overview of the project status and discussed updates since the previous meeting.
    - CORE presented the shift in the direction of the measure from focusing only on discharge instructions to the entire outpatient surgery episode of care (the moment a patient elects to undergo surgery to the day they respond to the survey). CORE emphasized the role of the TEP and Patient Work Group feedback in this decision.
        - TEP Feedback:
            - One TEP member asked how this would differ from the Outpatient and Ambulatory Surgery (OAS) Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.
            - One TEP member asked how the survey will capture information related to patients needing immediate attention due to an unexpected problem.
            - One TEP member confirmed the focus of the measure would be on patients' perceived understanding, not the receipt of certain pieces of information.
            - One TEP member supported the shift to include all information provided, noting it presents a more wholistic approach.
        - CORE Responses:
            - CORE noted that OAS CAHPS has a different goal of measuring patient experience and satisfaction rather than perceived understanding. CORE also stated that one of the survey questions asks if the patient understood who to contact if they had any unexpected symptoms.
    - CORE then presented the updated measure domains, noting a greater, overarching, focus on understanding and a new applicability domain, which focuses on whether the information took into consideration patients' medical and personal needs.
        - TEP Feedback:
            - One TEP member strongly supported the addition of the applicability domain as keeping patients' views central to the measure.
        - CORE Response:
            - CORE acknowledged the TEP's input.

- CORE presented Patient Workgroup feedback from the second meeting, emphasizing their support of the shift in the direction of the measure, response option preferences, and the proposed use of question stems.
    - CORE summarized input from the Patient Work Group members on an initial list of candidate questions, presented a draft survey instrument incorporating feedback from the Patient Work Group, and asked the TEP to provide input on the organization and wording of the questions, clarity of the concepts, and options for responses.
    - CORE summarized that Patient Work Group members strongly preferred questions with "yes/no" response option and disliked other options (including Likert and numerical scales). They also preferred shorter questions and recommended using question stems. Finally, they stated their dislike of the word "understanding" in the questions as this could make them feel like any lack of understanding is their fault as opposed to information that was unclear and hard to follow.
    - TEP Feedback:
        - Several TEP members recommended using "yes/no/unsure" or "yes/no/don't know" responses instead of "yes/somewhat yes/no" as CORE had proposed.
        - A few TEP members asked about the timing of the survey, noting that patients' responses may depend on how recent the surgery was.
    - CORE Response:
        - CORE acknowledged the TEP's comments regarding response options. CORE noted the current plan is to send the survey between 3 and 10 days after the procedure.
- CORE presented the text of the proposed survey instrument to the TEP.
    - CORE presented the survey introductory text.
        - TEP Feedback:
            - Several TEP members noted that some words in the text may not be understood or relevant to the patient (including "same day surgery/procedure," "outpatient department," "ambulatory surgical center"); while these terms are meaningful to healthcare personnel, they may not add anything for the patients. TEP members recommended removing terms like these to make the survey more patient-centered.
            - A few TEP members requested CORE add language noting that responses are anonymous and would not affect the patient's own care.

        - A TEP member supported CORE's language explaining how the measure will be used.
    - CORE Response:
        - CORE acknowledged the TEP's feedback and will examine ways to incorporate these suggestions into the survey.
- CORE asked what sources of information the patient is using during their recovery, which CORE plans to ask during the initial pilot but will probably not be in the final instrument.
    - TEP Feedback:
        - A few TEP members requested CORE include additional sources of information (including electronic instructions and verbal information provided pre-operatively) in the question.
        - A TEP member recommended re-ordering the response options temporally rather than by type of information.
        - A TEP member recommended breaking up the "other" option to ask about friends/family separately from web sources.
    - CORE Response:
        - CORE acknowledged the TEP's feedback and will examine ways to incorporate these suggestions into the survey.
- CORE presented CORE's proposed demographic questions (which would be used as variables in a risk adjustment model). These questions are meant to evaluate factors including the patient's baseline health, recent history of surgeries, race/ethnicity, language, and education that may affect either their understanding of information or their baseline responses to the survey questions. CORE expects to receive age and sex data directly from participating Hospital Outpatient Departments (HOPDs) or Ambulatory Surgical Centers (ASCs) during survey administration and does not ask about those in the survey.
    - TEP Feedback:
        - A TEP member noted the question about prior procedures may be confusing to patients who don't necessarily "count" their procedures.
        - A few TEP members asked about the purpose of the "overall health" question and how patients would or should interpret it.
        - A TEP member noted that some patients may become frustrated by questions about their background.
        - A few TEP members noted the question about race and ethnicity is important to ask correctly and asked CORE to revisit the phrasing.

- A TEP member recommended offering the survey in Spanish at least (in addition to English) and asked if CORE is considering any other languages.

  - CORE Response:
    - CORE noted that patients with recent surgeries may rely on that experience during their recovery process, leading to higher baseline scores for their understanding. Similarly, patients in better overall health tend to provide higher baseline ratings.
    - CORE will revise the survey question related to race and ethnicity to capture these concepts more appropriately.
    - CORE will translate the survey into Spanish before beginning the pilot test.

- CORE reviewed survey questions in the domain of patients' general understanding of information.
  - TEP feedback:
    - A few TEP members noted these questions include multiple concepts, which might be more challenging for patients to respond to, and asked if CORE instead considered a composite of responses in other subdomains to capture "general understanding."
    - A TEP member supported the language of these questions as written.
    - A TEP member commented that the full language of each question including the stem was sometimes confusing, and noted the importance of the temporal component ("when I needed it.")
  - CORE Response:
    - CORE confirmed that results of the initial pilot test will be used to evaluate how responses on the "general understanding" questions correspond to questions in other domains; CORE anticipates some of these questions to be highly correlated and that the final version of the survey will be more succinct, but it is important to empirically test this during the pilot.
- CORE reviewed survey questions in the domain of "applicability of information."
  - TEP Feedback:
    - Several TEP members noted that these questions seem closely related and that responses might be very highly correlated, and recommended either consolidating to a single question or more clearly phrasing each to highlight the differences.
    - A TEP member summarized this domain as asking if the patient's information is personalized.

        - CORE Response:
            - CORE acknowledged the TEP's feedback and will examine ways to incorporate these suggestions into the survey.
    - CORE reviewed survey questions in the "medications" domain.
        - TEP Feedback:
            - A few TEP members noted these questions may not be applicable to some patients and recommended allowing patients to skip the questions or respond, "not applicable."
            - A TEP member asked if CORE would address pain specifically in the survey, particularly in the context of medication or daily activities. They also noted the question about prescription refills will not be applicable to all patients.
        - CORE Response:
            - CORE acknowledged the TEP's feedback and will examine ways to incorporate these suggestions into the survey.
    - CORE reviewed survey questions in the "warning signs and symptoms" domain.
        - TEP feedback:
            - A few TEP members preferred referring to "emergency/non-emergency," "rare/not rare," or "severe/less severe/not severe" symptoms rather than "expected and unexpected symptoms."
            - A TEP member recommended asking if a patient knew "how to get help" rather than "whom to contact," as many patients' first step would be to contact a facility rather than try to reach a specific individual.
        - CORE Response:
            - CORE noted that the "expected/unexpected" language was chosen because Patient Work Group members dichotomized symptoms as "normal" or "unexpected" regardless of severity.
    - CORE reviewed questions in the final "daily activities" domain.
        - TEP Feedback:
            - A few TEP members noted that some questions (for example, about returning to work) will not be relevant to some patients and recommend updating the wording to accommodate them.
            - A TEP member noted the term "my diet" may be confusing to some patients and suggested instead asking about "what to eat or avoid."
        - CORE Response:
            - CORE acknowledged the TEP's feedback and will examine ways to incorporate these suggestions into the survey.

    - CORE thanked the TEP members for their responses and noted that CORE will be using all input from the meeting to refine the survey further prior to beginning the initial pilot.
- CORE outlined the proposed approach for the first pilot of the measure in two to four HOPDs from July to October 2021 and asked the TEP for input.
    - Using a sub-contracted organization to push surveys directly to patients, the goal is to receive at least 300 responses for initial analyses. CORE will identify a group of patients and providers to conduct semi-structured interviews to address their experiences with the survey.
    - CORE asked for feedback specifically on the following three questions:
        - Should the pilot specifically target certain sets of patients for analysis keeping sample size limitations in mind?
        - Do TEP members have a preferred approach for validating survey responses?
        - What are TEP members' opinions on other survey mechanisms like computerized adaptive testing or interactive voice response?
    - TEP feedback:
        - One TEP member noted they would consider looking at different socioeconomic subgroups to ensure during reliability and validation testing that there is no indication of any subgroup being disadvantaged by the survey methodology, and recommended interviewing patients to make sure their perception of each question matches CORE's intent.
        - One TEP member noted that a significant percentage of Medicare beneficiaries have multiple chronic conditions. This may be an important subgroup as these patients are often already on many medications.
        - One TEP member asked if and when ASCs will be included in pilot testing.
            - Another TEP member noted there may be disparities in medical acuity between HOPD and ASC patients to consider.
        - One TEP member noted in terms of subgroup analyses, it may be beneficial to look at patients who go home the same day versus those who stay overnight due to the different mechanisms for providing information.
        - One TEP member asked about enrollment in Medicare and Medicaid being used as proxies.
        - One TEP member noted from an analytic perspective, knowing who this survey would go to when publicly available is important when thinking about certain aspects of the survey reflecting this population, clinical, gender, race, ethnicity, and sociodemographic information. Additionally, this TEP member recommended stratifying by survey mode.

        - One TEP member encouraged offering the pilot in both English and Spanish in order to make sure this is done correctly in the final version.
    - CORE Response:
        - CORE will include these suggestions in planning for subgroup analyses once the initial pilot is concluded.
        - CORE explained that CORE's contract to develop the measure spans several years with initial development and testing beginning in HOPDs only, but the measure is intended for use in both HOPD and ASC settings. CMS will determine how to use the measure through regulation and policymaking which is outside CORE's scope as measure developer.

Next Steps

Ongoing Measure Development

Following the second TEP meeting, CORE revised the survey to incorporate feedback from the TEP members. CORE distributed the revised survey to the TEP, the Patient Work Group, and to select quality measurement experts within CORE as a final opportunity for feedback. With these responses, CORE finalized the survey for the initial pilot testing and shared the final version with the subcontractor responsible for implementing the pilot survey.

CORE will pilot the survey in two to four HOPDs from July to October 2021. The goal of the pilot is to obtain at least 300 responses from patients who have had surgeries or procedures in these HOPDs. The pilot will also include interviews with patients and providers about their experiences with the survey.

CORE will analyze the results of the survey once the pilot is complete. This will include examining correlation coefficients between questions as well as other analyses to determine how responses group together. CORE will also conduct additional analyses on response rates, missingness, skip patterns, response bias, and sub-analyses for different patient groups. CORE will engage again with the TEP and the Patient Work Group following the survey to discuss these results and further discuss the measure specifications.

Conclusion

The TEP has provided valuable feedback to CORE regarding the measure concept, domains of interest, survey questions, and pilot testing approach. CORE will continue to engage and seek input from the TEP as the measure is developed.

Appendix A. CORE Measure Development Team

Table A. 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

Wednesday, June 30, 2021–3:30-5:30PM EST (Zoom Teleconference)

TEP Meeting #3

TBD

TEP Meeting #4

TBD

Appendix C. Detailed Summary of TEP Meeting #2

Wednesday, June 30, 2021, 3:30 PM – 5:30 PM EST

Participants

- **Technical Expert Panel (TEP) Members:** Jill Dietz, Richard Dutton, Caitlin Gillooley, Beth Godsey, James Moore, 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, Steven Spivack, Ricardo Pietrobon
- **The Centers for Medicare & Medicaid Services (CMS)**: Anita Bhatia

Detailed Discussion Summary

Welcoming Remarks

- Mr. Kyle Bagshaw welcomed the group on behalf of CORE.
- Mr. Bagshaw reminded attendees 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 meetings including summarizing feedback from the first TEP meeting and current state of the project, reviewing candidate survey questions and gaining feedback from the TEP, and discussing the approach to the initial survey pilot testing and gaining feedback from the TEP, as well as the meeting agenda.

Introductions

- TEP members briefly introduced themselves and described their key interests related to the measure. Members also disclosed any potential conflict of interest (COI).
- Mr. Bagshaw introduced each member of the CORE team and facilitated the introduction of consulting psychometrician Dr. Ricardo Pietrobon.
- Dr. Anita Bhatia, observing on behalf of CMS, introduced herself.

Project Status

- Dr. Spivack reviewed the project status, noting at the time of the last TEP meeting on April 23 2021, CORE was determining the most important domains to measure. Since then, the survey has been created and the first pilot test will soon be conducted in two to four outpatient departments. After this, in the fall of 2021 and the rest of 2022, CORE will be refining the survey, holding a third TEP meeting and beginning a second, larger, pilot test, before finalizing the measure.
- Dr. Spivack informed the TEP of the direction shift of the project. He reminded everyone at the time of the last TEP meeting the project focused on patient's understanding of discharge instructions. Based on the feedback from this first TEP meeting and the first two Patient Work

Group meetings, CORE decided to revise the measure concept, shifting the focus from discharge instructions to the whole outpatient surgery episode of care.
    - An episode of care includes all the sources of information patients will receive from the moment they decide to receive an elective surgery, to the moment they are sent home after receiving this procedure.
    - The measure as now specified will ask patients to reflect on all of these sources of information when answering questions.
    - Dr. Spivack emphasized that CORE wants to measure patients' perceived understanding of key items related to their recovery process regardless of what specifically informed this understanding.
    - This shift in direction will not affect the types of information the survey will ask about, retaining a focus on patient understanding of their medications, warning signs, and changes in daily activities.
    - The shift in direction will allow patients to consider all information they received throughout their episode of care including discharge instructions, pre-operative meetings and packets, post-operative calls made by providers, internet videos created by the facilities, facility website pages, and more.
    - One TEP member asked how this would differ from the Outpatient and Ambulatory Surgery (OAS) Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.
        - Dr. Spivack explained that the OAS CAHPS survey uses a similar episode of care approach but has a goal of measuring patient experience and satisfaction compared to the goal of this survey being to measure patients perceived understanding.
    - One TEP member asked how the survey will capture information related to patients running into an unexpected problem and needing immediate attention.
        - Dr. Spivack noted within the survey there is one question about having a clear understanding of who to contact in case of any unexpected symptoms.
    - One TEP member confirmed the focus of the measure would be on patients' perceived understanding, not the receipt of certain pieces of information.
        - Dr. Spivack confirmed patient's perceived understanding is the focus of the measure.
        - This TEP member voiced support for this approach
    - Another TEP member supported the shift to include all information provided, noting it presents a more wholistic approach.
- Dr. Spivack reviewed the updated measure domains, representing an additional aspect of the measure shift. This includes an overarching emphasis on patient's perceived understating of information and the decision to no longer focus on receipt of information or expectations. Additionally, a new domain called "applicability" has been added in response to comments from Patient Work Group members noting they often feel information they receive is not tailored to their specific medical and personal needs. Dr. Spivack shared a story by one patient about her discharge information not taking into account her status as an amputee, including instructions that would require use of the same limb that had been amputated.

- One TEP member strongly supported the addition of the applicability domain as keeping patients' views central to the measure.
- Dr. Spivack emphasized the importance of the patient voice as a guiding principle in the development of this measure.

Patient Work Group Feedback

- Dr. Spivack reviewed the feedback obtained from the seven-member Patient Work Group in a meeting held in early June 2021.
  - The patients were all extremely supportive of the direction shift to include all sources of information. They agreed discharge instructions are important and were happy to see a measure focused on this topic, but they noted the greater importance of the new holistic episode of care view.
  - Cognitive testing was completed with the work group by showing the patients draft questions and asking them react in real time noting what they liked and disliked, what was confusing, and more. After this two-hour process, feedback from the patients was used to revise the survey. There were two major points of feedback affecting the survey:
    - The patients strongly disliked traditional Likert scales and numerical 1-10 or 1-5 scales. They instead noted "yes or no" options would be preferable and better represent that they either understand a type of information or they do not.
    - The patients also felt that using the word "understand" in the questions could invoke a defensive response. They felt if they answered they "did not understand" it would mean there was something wrong with them, not the quality of the information.
  - The patients also wanted to avoid lengthy questions and proposed using question stems as an alternative. They recognized this approach would increase the number of questions but would be easier to follow and quicker to answer overall.

TEP Input: Draft Survey Questions

- Dr. Spivack reported that CORE has mostly finalized the survey that will be used in the initial pilot testing in Summer 2021, but would like TEP feedback on things like wording, clarity of concepts, and response options.
  - One TEP member noted the Patient Work Group supported a "yes/no" response option and asked if they also approved of the "yes/yes somewhat/no" options CORE ultimately included.
    - Dr. Spivack responded that measurement is more of a challenge with just "yes/no" responses because there is less variation, and we also think there is some gray area in patients' assessment; we decided on our three options as a compromise between patients' preference for yes/no responses and the measurement benefits of a five-point or Likert-type scale.
  - One TEP member asked if CORE considered a different third option such as "unsure" to capture responses other than "yes/no."
    - Another TEP member noted other validated surveys use variations like "yes/no/don't know."

        - Dr. Spivack noted that CORE is likely to modify the "yes, somewhat" option to something more neutral such as "unsure" or "somewhat," to have three options including a positive, negative, and neutral option. CORE initially identified the "yes/yes somewhat/no" format because it is used in CAHPS.
- Dr. Spivack presented the drafted introduction to the survey for feedback. The introduction would be the first thing respondents see and outlines the structure of the survey and the rationale for asking.
    - One TEP member asked when the survey will be administered to patients.
        - Dr. Spivack responded that CORE currently plans to push the survey between 2 and 10 days after the procedure to capture the acute recovery phase. He noted that the literature shows that both patient response rates and patients' overall assessment decline over time, and asking everyone within a similar timeframe minimizes the risk of multidirectional bias.
        - Another TEP member noted that some procedures have notable changes in pain within the first 3 days which might affect responses over those first few days.
            - Dr. Spivack noted that CORE would like to discuss issues like this further in a future TEP meeting along with risk adjustment.
    - One TEP member noted that the term "same day surgery/procedure" may confuse readers who stay overnight after the procedure and recommended removing the "same-day" wording.
        - Dr. Spivack agreed that CORE can do this to reduce wordiness and be more direct.
        - One TEP member asked if terms like "outpatient department" or "ambulatory surgical center" are well-understood and would be recognized by patients immediately.
            - Dr. Spivack responded that some patients would not be familiar with those terms, which was one reason CORE originally included the term "same-day."
        - One TEP member agreed with previous statements that patients might not be familiar certain terms, noting that the patient themself will be sufficiently aware of their recent procedure; it might not be necessary to specify at all and reducing the health care-centric (rather than patient-centric) terminology could improve the readability.
            - Dr. Spivack reported that the Patient Work Group did not raise this concern about the terminology, but noted the members also have more health care experience than most patients. Based on this TEP feedback CORE will pay close attention to this concern when finalizing the survey.
            - Another TEP member agreed, recommending keeping the language relatively simple if it will not change how a patient responds to the survey; unless a patient has had multiple recent surgeries terms like "same-day" may not add anything for the reader.
        - One TEP member agreed with suggestions to make language more patient-centric, and asked if the survey also includes patients who stay overnight after an outpatient or ambulatory procedure. They suggested language like "you had

surgery but were not admitted to a hospital for an overnight stay" as a more patient-centered alternative if patients who stayed overnight are not part of the target population.
    - One TEP member suggested the introduction should include the word "understanding" somewhere to frame more clearly what the survey will ask about upfront.
    - One TEP member asked if the survey would state that responses are anonymous.
        - Another TEP member added that it is important for respondents to know that the feedback is anonymous and wouldn't directly affect their own care.
        - Dr. Spivack responded that CORE is considering adding language along those lines. These questions are related to the implementation of the measure and which data would be shared with providers to guide performance improvement, which CORE plans to discuss with the TEP at a future meeting.
    - One TEP member approved of the final sentence explaining how the measure will be used to help clarify the purpose of the survey for respondents.
        - Dr. Spivack noted that CORE added this language due to feedback from the Patient Work Group saying exactly the same, that a clear rationale for the survey would increase their willingness to respond.
- Dr. Spivack reviewed a question about where patients are getting their information (from written instructions, verbal instructions, or other sources, either before or after the procedure), noting this is a fact-finding question for the pilot but probably would not be used in the final instrument.
    - One TEP member noted the listed "other" option is very broad and recommended instead asking about friends/family separately from websites/message boards.
        - Dr. Spivack noted CORE originally saw that option as capturing sources other than the doctor directly but agreed to revisit.
    - One TEP member recommended updating the wording of "written instructions" to "written and/or electronic instructions" or asking separately if patients received electronic instructions.
    - One TEP member noted that verbal information provided pre-operatively is also important to include.
    - One TEP member recommended organizing the response options to align with the timeline of care rather than by type of instruction.
        - Dr. Spivack agreed that organizing options by timeline might be less cognitively challenging for patients.
- Dr. Spivack reviewed CORE's proposed demographic questions for the survey (including number of procedures in past few years, general health rating, primary language, race, and educational attainment) and invited the TEP to consider other validated options. CORE envisions using these types of questions in the risk adjustment model.
    - One TEP member asked why CORE will ask "how many procedures have you undergone (not counting this procedure)," specifically asking what information CORE expects to learn and why the question excludes the current procedure.
        - Dr. Spivack summarized that some patients in the Work Group with extensive prior experience of surgeries and procedures had reported relying heavily on their experience undergoing prior procedures in order to understand what their

recovery process would entail.. CORE would like to be able to consider this experience in adjusting the measure and this question is intended to evaluate this concept as an alternative to using claims (which is possible but logistically challenging).
        - The TEP member agreed this information would be useful but noted that the language might be confusing or unclear to patients who are not necessarily "counting" their procedures.
    - Another TEP member asked if the following question ("how would you rate your overall health?") is similarly trying to evaluate a patient's overall health knowledge.
        - Dr. Spivack responded that patients in better health tend to provide higher baseline rating about their understanding and affects how they respond to questions, as seen in other patient-reported surveys. CORE envisions using this and the other demographic questions in the risk adjustment model.
- One TEP member noted that patients may get frustrated by some of the questions about their background if the same information exists elsewhere, and recommended linking to patients' claims for risk adjustment variables whenever possible to allow patients to focus on the main survey questions.
    - Dr. Spivack noted that CORE will interview patients responding to the survey in the pilot and will pay close attention to feedback on this topic.
- One TEP member asked if CORE is planning to offer the survey in different languages and recommended at least offering it in Spanish which is a preferred language for many patients. They also asked if CORE had considered a "prefer not to answer" option for the question about patient race.
    - Dr. Spivack confirmed that CORE is evaluating the feasibility of translating the measure into Spanish, noting that one challenge will be maintaining validity between translated versions. These items are based on validated items from other surveys (including the race question from CAHPS) but CORE is open to including other items.
- One TEP member noted that ethnicity and race are not equivalent, but the distinction is not captured in CORE's proposed question ("What is your race? You may select one or more categories."). They recommended using the US Census question instead, or editing the question to say "race/ethnicity" instead of only "race" as a simple solution.
    - Another TEP member agreed that it is important to address this distinction and make sure that response options are correctly coded.
    - Dr. Spivack agreed, noting that distinction is why the developer of that survey item made it possible to select multiple options. CORE considered the Census question but noted it is very long and includes multiple subquestions which may be less accessible to patients. Dr. Spivack agreed that CORE will take a much closer look at this question.
- One TEP member asked why gender was not included in the survey.

        - Dr. Spivack responded that we expect to receive both sex and age in the data provided by Hospital Outpatient Departments (HOPDs) or Ambulatory Surgical Centers (ASCs) when the survey is administered.
    - One TEP member asked how patients should interpret the question about overall health (for example, during what timeframe?)
        - Dr. Spivack responded that CORE has not fully considered this and will think about adding some specificity for patients.
        - Another TEP member noted that in other surveys, "general health" is analyzed as representing baseline health prior to the episode of care.
- Dr. Spivack reviewed the survey questions in the domain of patients' general understanding ("The information I was provided made it easy to: find information when I needed it; understand what I needed to do to manage my recovery; answer questions I had about my recovery.")
    - One TEP member said the questions effectively get to the concept of interest and supported the language.
    - One TEP member asked if patients will be thinking about all information or just information from their provider when responding to these questions.
        - Dr. Spivack responded that CORE will assess this in pilot results based on patients' responses to the first question about their sources of information and may update the language based on those findings.
    - One TEP member asked if the language of these questions were piloted at all.
        - Dr. Spivack responded that CORE presented some wordier options to the Work Group, who recommended cutting the language down. The Work Group was broadly interested in understanding things they need to do and all the things involved in their recovery.
        - The TEP member noted that there are many sub-categories that fall into this (such as what activities they can do, pain medications, other things they need) and asked if CORE considered grouping items in those sub-categories to get a composite assessment of general understanding.
    - One TEP member noted the language of the first subquestion is circular when read with the question stem ("the information I was provided made it easy to find information…") and recommended replacing one "information." They also noted the temporal aspect of the question ("when I needed it") is important to include.
        - Dr. Spivack said CORE will revisit the language of this question.
    - One TEP member noted the questions in this domain seem to chunk together a few different concepts and it might take patients longer to think through the questions and how to respond.
    - Dr. Elizabeth Drye appreciated these comments. She noted that CORE will be able to correlate responses to questions in the "General Understanding" domain with questions in more specific domains (including medications and daily activities) in the pilot results and will then be able to reevaluate how this domain fits into the survey.
- Dr. Spivack reviewed questions in the "Applicability of Information" domain ("The information I received took into consideration: my health needs; my personal needs; my home environment.")

    - One TEP member noted that these items seem closely related and responses might be very highly correlated.
        - Another TEP member agreed, noting that each patient will define their individual "personal needs" differently and a single question of that may be sufficient.
        - Another TEP member noted this question seems to get both health-centered or medical needs as well as a broader sense of personal needs including the home environment, and said that each subquestion has potential to address different aspects of the concept but may not be phrased to make clear what is intended (for example, "my *other* personal needs").
        - Dr. Spivack noted CORE could include definitions to clarify what each term means. He noted that part of the pilot is to evaluate if these items are highly correlated or not, to understand if patients actually see these as different concepts; if responses are similar enough CORE could reduce the number of questions in the final instrument.
    - One TEP member said ultimately the question is trying to assess if the information is personalized.
- Dr. Spivack reviewed the questions for the "Medications" domain, which asks if patients have clear and easy-to-follow information about when to start and stop medications, why each medication is necessary, how to get refills, and potential side effects.
    - One TEP member asked if there would be an option to say "not applicable" for patients who are not prescribed medications.
        - Another TEP member agreed that the question will not apply to some patients and risks disenfranchising those who may not continue through questions that are not relevant.
        - Dr. Spivack recognized these concerns and noted CORE has considered building in options to skip sections but has not yet developed that.
    - One TEP member noted the term "pain" is not used anywhere and asked if CORE plans to address pain specifically, or if it is implied elsewhere. They also noted that the "how to get refills" question may not be applicable to some patients and may lead to confusion.
        - Dr. Spivack noted CORE had originally considered including a domain specifically for pain, but prioritized the other domains aligning with input from the Patient Work Group.
        - The TEP member clarified that they don't necessarily recommend including a domain for pain, but are interested in pain in the context of questions relating to medications and return to daily activities. They agreed based on previous research that post-operative patients are mainly interested in returning to activities (which may be limited by overall pain) rather than the pain itself.
- Dr. Spivack reviewed the questions in the "Warning Signs & Symptoms" domain ("I had clear and easy-to-follow information about: what were expected and unexpected symptoms; who to contact in case of any unexpected symptoms.")
    - One TEP member approved of these questions as written.

- One TEP member asked if CORE discussed emergency vs. non-emergency issues with the Work Group.
    - Dr. Spivack responded that we discussed that in detail with the group. CORE originally considered three tiers of symptoms based on severity, but the patients themselves tended to dichotomize these as "expected" or "unexpected" symptoms.
- One TEP member suggested reframing in terms of risk as "rare" or "not rare," as some outcomes do occur but only infrequently.
    - Dr. Spivack responded that this was the motivation for CORE's original framing of more vs. less severe events, but that the patients themselves still viewed less severe events as unexpected and distinct from "normal" symptoms.
- One TEP member asked if "whom to contact" is a patient-centered phrasing over an alternative such as "how to get help," noting that many patients' first step would be to call a facility rather than trying to reach a specific individual. They also recommended describing symptoms as common, less common, or rare rather than expected or unexpected.
    - Dr. Spivack said CORE had considered this and is leaning back toward asking "how."
- One TEP member asked if the survey will be timed such that patients will be easily able to refer to the instructions when they are responding.
    - Dr. Spivack responded that we don't necessarily want patients to dig through their documents to answer the survey, but rather if they have referenced the information it should jump out when they think about their responses. It is possible that if they haven't needed the information they won't recall if it was there. CORE is planning to look at variations in the responses in the pilot survey results.

- Dr. Spivack reviewed questions for the final domain, "Daily Activities." ("I received clear and easy to follow information about any changes I need to make to: my diet; physical activities, including exercise; when to return to work.")
    - One TEP member noted the question about return to work will not be applicable to some patients (particularly among Medicare patients, many of whom are retired) and suggested simplifying to ask about "any changes I need to make to my daily activities."
        - Dr. Spivack noted that the Patient Work Group identified "return to work" as very important to patients who do work, but agreed we should account for patients who do not.
        - Another TEP member agreed and suggested adding "if applicable" to the question to address this.
    - One TEP member asked if all patients would understand the term "my diet" and suggested instead asking about "what to eat and what to avoid."
    - One TEP member noted that based on published data from post-surgery surveys, the return to normal life is a very important outcome to patients, but it may be a challenge to get patients to think about understanding the information provided as it relates to that outcome in the context of this survey.

        - Dr. Spivack explained that the Patient Work Group members were mainly concerned with understanding any changes they had to make, noting that often these changes were not clear in their instructions and they had to do additional research to find out.

TEP Input: Initial Pilot Survey Approach

- Dr. Spivack stated that CORE is looking for input on how the first pilot is approached. After making adjustments informed by the feedback received during this meeting, CORE plans to pilot the survey in two to four HOPDs from July to October 2021.
    - Each HOPD is working with a survey implementation organization CORE has contracted with. Every week the HOPDs will send information on patients who received outpatient surgery to this contracted organization including patient name, Current Procedural Terminology code, age, sex, contact information and more. At this point the organization will electronically push the survey to patients phones and emails as soon as a few days after their procedure to as late as 10 to 12 days after. After responding, the responses and patient information will be fed back to CORE.
    - The goal is to receive at least 300 responses for initial analyses, half of which will be 65 years or older since the measure is specifically being developed for Medicare but may eventually be used by other payers too.
    - Additionally, CORE will identify a group of patients and providers to conduct semi-structured interviews with to address their experiences with the survey and many questions brought up in this TEP meeting.
- Dr. Spivack noted CORE is interested in feedback on the following questions:
    - Should the pilot specifically target certain sets of patients for analysis keeping sample size limitations in mind?
    - Do TEP members have a preferred approach for validating survey responses?
    - What are TEP members' opinions on other survey mechanisms like computerized adaptive testing or interactive voice response?
- Dr. Spivack asked the TEP to share their thoughts on the above questions.
    - One TEP member noted they would consider looking at different socioeconomic subgroups to ensure during reliability and validation testing that there is no indication of any subgroup being disadvantaged by the survey methodology. Additionally, the member asked if the intention of the preferred approach, in terms of a sample basis, is to look at a survey response having a perception of its overall meaning and use the patient interview to see if they support the perception.
        - Dr. Spivack confirmed this, noting the goal of the interview it to both see if patients are responding the way CORE is hoping they will as well as seeing if the patients feel like there are aspects of the survey they liked or felt could improve. Talking to providers will help to examine if the survey is creating any unanticipated burden, if they believe there are questions that should be worded differently and more.
        - Dr. Spivack added that the HOPDs CORE anticipates gathering data from operate in diverse portions of the country having large portions of migrant workers,

many from Central and South America. This makes it very important to make sure the survey is not worded in a way that disadvantages these patients.

- One TEP member noted that a significant percentage of Medicare beneficiaries have multiple chronic conditions. This may be an important subgroup as these patients are often already on many medications.
    - Dr. Spivack asked if this or another TEP member knew of any way to see how many chronic conditions a patient has without unique, linkable, patient identifiers to connect them to Medicare data.
    - The TEP member asked if CORE would have access to any information from the electronic health record.
        - Dr. Spivack answered CORE will only have access to the general information noted prior.
    - Another TEP member noted the question about general health may be used for this purpose.
        - To address this comment, Dr. Spivack noted CORE would pay attention to general health status.
- One TEP member asked if and when ASCs will be included in pilot testing.
    - Dr. Spivack answered that currently, ASCs will not be included in this or the next round of pilot testing as the measure is being developed in HOPDs, but the measure will eventually include ASCs.
    - Dr. Elizabeth Drye explained CORE's contract is several years long with development beginning in HOPDs but the measure is intended for use in both contexts. CMS determines how they will use the measure through regulation and policymaking which is outside CORE's scope as measure developer.
    - Another TEP member noted there may be a disparity in medical acuity between HOPD and ASC patients.
- One TEP member noted in terms of subgroup analyses, it may be beneficial to look at patients who go home the same day versus those who stay overnight due to the different mechanisms for providing information.
- One TEP member asked about enrollment in Medicare and Medicaid being used as proxies.
    - Dr. Spivack clarified the member was suggesting looking dual-eligible patients and noted CORE can ask for patients of different insurance statuses to be identified for interviews.
    - Dr. Drye asked if the TEP member was looking for this to be added as a question.
        - The TEP member noted they would not like to add more questions but would like to see this variable.
- One TEP member noted from an analytic perspective, knowing who this survey would go to when publicly available is important when thinking about certain aspects of the survey reflecting this population, clinical, gender, race, ethnicity, and sociodemographic information. Additionally, this TEP member recommended stratifying by survey mode.
- One TEP member encouraged offering the pilot in both English and Spanish in order to make sure this is done correctly in the final version.

Next Steps & Closing Remarks

- Dr. Spivack provided information on next steps for measure development. The development team will summarize TEP input and brief CMS, finalize the survey questions and format for the pilot, implement the pilot in two to four HOPDs, and reconvene the Patient Work Group and TEP to review the first pilot testing results.
- 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.

Post-Meeting Feedback

- CORE has invited members of the TEP to offer additional feedback by email based on the meeting materials and discussion, and later based on the revised survey.
- Several TEP members provided additional feedback by email:
    - One TEP member followed up to say that the revised survey is clear, easy-to-follow, and a good length. They also asked to confirm that results of the pilot study will be used to optimize the survey, and recommended CORE track the time taken by each patient to complete the survey.
    - One TEP member asked CORE to spell out that "NA" means "not applicable" in the revised survey as it may not be understood by all patients.
    - One TEP member approved of the questions on medications. They felt the introduction text was still too long and recommended trimming further. They also asked CORE to consider specifying "in an operating room" in the question about other recent procedures.
    - One TEP member recommended further abbreviating the introduction or reformatting using bullet points. They also thought the question stem structure may hurt readability and recommended concatenating where possible.
    - A few TEP members suggested additional minor edits to wording.