PROMONC Technical Expert Panel (TEP) Summary
December 15, 2020; 11 – 12:30 pm PT via webinar

MEETING SUMMARY

TEP MEMBER ATTENDANCE (*alphabetical by affiliation*)

- ☒ Finly Zachariah, MD, City of Hope
- ☒ Vincent Chung, MD, City of Hope *(Alternate)*
- ☐ Bryce Reeve, PhD, Duke School of Medicine
- ☒ Dawn Severson, MD, Henry Ford Cancer Inst-Macomb
- ☒ Sally Okun, Independent Consultant
- ☒ Susan White, PhD, RHIA, CHDA, James Cancer Hospital
- ☐ Ishwaria M. Subbiah, MD, MS, MD Anderson
- ☒ Victoria Blinder, MD, MSc, Memorial Sloan Kettering Cancer Center
- ☒ Robert Daly, MD, MBA, Memorial Sloan Kettering Cancer Center *(Alternate)*
- ☒ Louise Bedard, MSN, MBA, Michigan Oncology Quality Consortium (MOQC)
- ☒ Jennifer Griggs, MD, MPH, FACP, FASCO, MOQC
- ☐ Emily Mackler, PharmD, MOQC
- ☒ Karen K. Fields, MD, Moffitt Cancer Center
- ☒ Stephen B. Edge, MD, Roswell Park Cancer Institute
- ☒ Tracy Wong, MBA, Seattle Cancer Care Alliance
- ☐ Angela Stover, PhD, University of North Carolina at Chapel Hill Gilling School of Global Public Health
- ☒ Afsaneh Barzi, MD, PhD, USC Norris Comprehensive Cancer Center
- ☒ Jorge Nieva, MD, USC Norris Cancer Center

PROJECT TEAM ATTENDANCE

- ☒ Rachel Brodie, Project Director, Pacific Business Group on Health
- ☒ Emma Hoo, Director, PBGH
- ☒ Valerie Kong, Senior Manager, PBGH
- ☒ Kate Eresian Chenok, MBA, Consultant
- ☒ Kristen McNiff Landrum, MPH, Consultant
- ☒ Feifei Ye, PhD, RAND

TEP PURPOSE AND OBJECTIVES

The purpose of the TEP is to provide input on measure development, provide expertise in survey tool selection, data definitions, analytic plans, measure implementation, risk adjustment, and other methodologic issues. The TEP will meet monthly, or as needed, to advise PROMOnc project staff.

MEETING OBJECTIVES

TEP meetings follow a structured format focused on the measure development process. Summaries of each issue are presented along with key questions, followed by an open discussion of the issues by TEP members. TEP members receive a detailed pre-reading packet prior to each meeting. PROMOnc held its ninth TEP meeting on December 15th, 2020. The objectives of the meeting were:

- Review Project Milestones and Accomplishments
- Review and Discuss the Results of a Burden Assessment

MEETING NOTES:

No TEP members reported conflicts of interest.

MILESTONES AND ACCOMPLISHMENTS TO DATE:

Kate Chenok reviewed the project's milestones and accomplishments, to date:

- Developed measure gap analysis, landscape review of PROMs in oncology, and preliminary business case for PRO-PMs in PROMOnc
- Selected PROMs instruments
- Defined Measure Specifications
- Developed Analytic Plan
- Developed Implementation Guide and Data Dictionary
- Completed Alpha Testing; refined Implementation Guide and Data Dictionary based on Alpha results and input from test sites
- Began Beta Testing
- Fielded Request for Public Comment
- Conducted Burden Assessment

PROMONC MEASURE OVERVIEW:

Kate Chenok provided a recap of the measures and survey timepoints as context for the discussion about the feasibility and burden assessment.

- 3 PRO-PMs assess change in health-related quality of life, pain, and fatigue following completion of chemotherapy administered to adult patients with breast cancer, colon cancer, and NSCLC.
- Performance scores for each measure are derived from:
    - Patient-reported survey data
    - Clinical and demographic data collected for all eligible patients
- The following PROMIS® instruments were selected: PROMIS Global Health v1.2; Pain Intensity Scale 1a; Pain Interference Short Form 4a; and Fatigue Short Form 4a.
- Unit of analysis is expected to be the practice/groups, i.e., 20 Michigan practices and 8 comprehensive cancer centers
- Timepoints for 3 Survey Administrations for IV Chemotherapy
    - First survey: Day of first chemotherapy administration (-1 week before)
    - Second survey: Last day of chemo administration (-1 week after)
    - Final survey: 3 months after the last chemotherapy administration (+1 month after)

FEASIBILITY AND BURDEN ASSESSMENT METHODS AND RESULTS:

Kate reminded the TEP that, as part of our measure development and testing process, the Project Team worked with the participating test sites and some patients to assess the burden associated with implementing the PROMOnc measures. The findings will be used as part of our final analysis and recommendations about the measures. The Project Team conducted this assessment between June and October 2020. The following items were assessed:

- Feasibility and scalability of data collection
- Burden to clinicians and staff
- Burden to patients

Rachel Brodie reviewed the methods and results of the data feasibility assessment:

- To assess the feasibility of collecting data about each patient, a PRO-PM scorecard was developed based on CMS blueprint and endorsement submission requirements. It addressed the availability of data elements and the ease of data abstraction. It was reviewed with NQF staff and MOQC and ADCC Project Managers. The scorecard was completed by two individuals: a representative for all MOQC sites and a representative from one ADCC site (SCCA).

- Items were Scored on a 3-Point Scale with a score of 3 being most feasible.
- Rachel noted that the Project Team found that the majority of the data elements are feasible to collect when looking at elements that scored a "3" and a "2". She noted that patient education, cancer stage, cancer diagnosis dates, chemotherapy start and end dates, clinical trial enrollment were more challenging.
- Tracking data about the administration of the PRO surveys was also rated by both respondents as more burdensome to collect since these were not readily available data elements in the EHR and were manually exported from another electronic format.

Rachel also presented the results of a survey that assessed the burden on providers and clinical staff. Three types of staff were surveyed online or interviewed:

- Front-office staff involved in identifying patient eligibility for survey and patient engagement;
- Management staff involved in planning, training and project management;
- Clinical staff who use survey responses for clinical care.

Responses were received from 7 ADCC sites and 2 MOQC sites.

Themes that emerged from the assessment were:

- Staff identified aspects of survey administration that were difficult:
  - Narrow eligibility criteria increased the time that it took to identify patients
  - Oral and intravenous chemotherapy start dates are challenging to identify
  - Follow-up surveys were hard to track if a patient's therapy regimen changed
  - Specific (and narrow) time windows for survey administration were challenging
- Staff expressed concerns about survey fatigue and/or redundancy with other patient-reported information:
- Concern that patients might be overwhelmed by multiple emails, especially with greater reliance on patient portals for communication during COVID-19
- Concern that questions may have been redundant with other clinical assessments, such as the Review of Systems

Finally, Rachel shared a short patient questionnaire (6 questions) was developed for patients to provide feedback regarding their experience completing PROMOnc surveys

- Revised based on recommendations from SCCA PFAC and suggestions from ADCC sites
- 12 patients responded via online form through end of October 2020
- 75% of respondents reported that it took them less than 10 minutes to complete the PROMOnc survey
  - Respondents felt that the questions were appropriate and would be helpful to their care team

DISCUSSION:

- A TEP member noted that it was easier to engage with the patients in person, but more difficult when they reached the "survey 3" timepoint since many patients were "done" with treatment and harder to re-engage and weren't necessarily coming back for a visit.
- Another TEP member questioned whether patients felt their survey responses were being used in their care.

- Another TEP member suggested adding a question to patients: "I felt that my survey responses would be helpful to me." The TEP member elaborated that this question assesses their perception of the survey and it yields information about their understanding about the benefit for the patient in addition to being a question about burden.
- Another TEP member noted that it would be interesting to understand what the patients feel is the burden of each questionnaire, including ones administered as part of routine care, and how they feel about the PROMIS survey questions in relation to the other surveys that they are being asked to complete.

NEXT STEPS:

Kate Chenok reviewed upcoming milestones including continuing and completing beta testing, refining the business case, final testing analysis and producing the final measure documentation in Year 3 of the project.

Rachel Brodie thanked the group for their time.