PROMOnc
Patient-Reported Outcome Measures for Oncology Care
PACIFIC BUSINESS GROUP ON HEALTH

PROMONC TECHNICAL EXPERT PANEL (TEP)
February 25th, 2020 11AM-1PM via webinar

SUMMARY MINUTES

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
- ☒ 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
- ☒ Sally Okun, United Health Group

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, MPH, Consultant
- ☒ Feifei Ye, PhD, RAND

TEP PURPOSE AND OBJECTIVIES

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 seventh TEP meeting on February 25th, 2020. The objectives of the meeting were:

- Check for Conflicts of Interest
- Review Project Timeline and Upcoming Activities
- Review Input from Beta Testing and Responses
- Overview of Comments Received During Public Comment Period

PROMONC Technical Expert Panel (TEP) Summary
Date: February 25, 2020

MEETING NOTES:

- Kevin Weinfurt has had to withdraw from the TEP due to a conflict with his new part time position at the FDA
- Sally Okun does not have a conflict of interest but confirmed she has changed roles from Patients Like Me to a new role at United Health Group

PROJECT TIMELINE:

The project is on track. We reviewed the key decisions and steps, 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

BETA TESTING UPDATE - FEEDBACK FROM TEST SITES:

Kris McNiff reviewed the principles that we are using to incorporate learnings from measure testing as we go along in our three year project.

Kris and Rachel Brodie reported that PROMOnc project managers continue to meet with representatives from test sites every other week to review workflows, address questions, and escalate feedback and concerns to the Project Team. As needed, we have convened the Clinician Workgroup and Methods Workgroup to address key questions and make recommendations. Based on this and feedback from the test sites, we have revised the Implementation Guide and Data Dictionary several times to address concerns and provide clarifications.

Examples of feedback from test sites include:

- Clarifying questions regarding eligibility of patients, e.g., patients in interventional/therapeutic trials
- Feedback about need to align data dictionary with medical record choices (e.g., response options for race/ethnicity, gender and marital status)
- Concern that survey administration time windows reduce opportunities to capture patient surveys at baseline and survey 2
- Burden of manual data abstraction
- Request to add assisted caregivers to proxy definition
- Challenges about slower than expected onboarding of some Michigan community practices

FEEDBACK FROM PUBLIC COMMENT:

Request for public comment was open from January 9-29. It was posted on PBGH's website and public comments were solicited by email from the following:

- ADCC Quality Committee

- ASCO and COA
- NCCS and CSC
- PROMOnc Steering Committee and TEP
- PBGH partner organizations
- PROMOnc received 20 comments during the Public Comment period
- Respondents included the following stakeholders:
- 2 specialty societies
- 2 provider organizations
- 2 individuals
- 1 consumer organization

The final summary report for public comment will be posted on PBGH website by mid-March.

Examples of comments received include:

- Evaluation of survey administration time points
- Evaluation of stratification of measures by race, ethnicity and gender as alternative to statistical risk adjustment if disparities are identified
- Concerns related to feasibility and workflow

Additional methods to evaluate PRO-PMs

The TEP discussed these comments:

- TEP members discussed the feedback about survey administration timepoints. PROMIS recommends that the surveys not be administered any more frequently than every 7 days. The TEP did not feel there was any danger that patients would be surveyed more often than every 7 days.
- Our clinician workgroup had recommended that pain interference is the key pain-related numerator and we were planning on focusing that. One of the public comments received validates that approach.
- One TEP member mentioned that an additional benefit from this project is that managing oral chemotherapy remains a challenge in oncology and extends to the PRO-PM issue. This project may provide groundwork for bringing sites and providers together to better monitor follow up to oral chemotherapy after prescription. Maybe the findings from this project can enhance efforts to manage oral chemotherapy.
- One TEP member responded to a public comment recommending the PRO-CTCAE. He noted that that PRO-CTCAE was developed for monitoring toxicity and is not appropriate as a performance metric.

UPCOMING ACTIVITIES:

Rachel Brodie noted that we are planning to conduct a feasibility and burden assessment. The project team reviewed our assessment approach with NQF at the end of January and will be collecting feasibility data between now and August.

Rachel reviewed upcoming milestones in 2020, including the following:

- Submission of mid-point data to RAND (April 16 –30, 2020)
- Review of mid-point Beta results with TEP (May 19, 2020); refinements to Data Dictionary, Implementation Guide, and Analytic Plan as needed
- Continuation of Beta testing

- Refinement of business case
- Completion of Beta testing (December 2020)
- 2021: final testing analysis, completion of business case, and production of final measure documentation occur in Year 3.