
NQF Multiple Chronic Conditions Draft Measurement Framework: AOTA COMMENTS

The Report as a Whole

The American Occupational Therapy Association (AOTA) is the national professional association representing the interests of occupational therapists, students of occupational therapy, and therapy assistants. The practice of occupational therapy is science-driven, evidence-based, and enables people of all ages to live life to its fullest by promoting health and minimizing the functional effects of illness, injury, and disability. Occupational therapy practitioners across all settings treat patients with multiple chronic conditions (MCCs), and we applaud the National Quality Forum (NQF) for recognizing the effect of multiple chronic conditions on quality of life and function, including occupations. The MCCs Steering Committee has done exceptional work in trying to address a very challenging initiative and we support the draft document.

Overall, our primary comment is that it is imperative that NQF include the concept of "participation" in the development of new outcome measures (community participation, a return to social roles, etc.). There is certainly (and commendably) a clear focus on participation outcomes throughout the Framework -- social support, the appropriate incorporation of caregiver and family in decision making and care, optimizing function -- but the existing language is dominated by medical model terminology.

Definition of Multiple Chronic Conditions

NQF notes that presence of multiple chronic conditions, among other things, "compromises life expectancy." AOTA asks that NQF replace insert "and/or quality of life" here. Patients really want a better quality of life, not just decreasing mortality. We might also suggesting adding language about how MCCs increase a patient's risk for other conditions and problems, e.g., "Create risk for additional conditions, diseases, or functional limitations."

Key Measurement Priorities and Concepts

The MCCs Steering Committee has identified a number of key measurement priorities and measure concepts for individuals with MCCs: communication, care coordination and integration, process of care, important structures, patient- and family-level outcomes, **safety**, and cost and resource use. (Box 1). AOTA recommends that a patient's "safe functioning in their environment" (e.g., home and community) be added to this list to ensure that that "safety" is considered beyond medication safety and hospital stays.

In addition, the measurement concept to "**optimize function**, maintain function, or prevent decline in function" describes issues with community reintegration and resumption of life roles; however, the illustrative measures do not highlight these areas sufficiently and need expansion. The measures discuss

pain, mobility, functional capacity, etc., which highlight changes in the person but not in desired or required activities and participation.

The “**patient clinical outcomes**” measurement concept mentions patient-reported outcomes such as quality of life and functional status, which we support. The illustrative measures are focused on mortality and morbidity only, and AOTA would like to see this expanded to include functional and quality of life measures.

Guiding Principles for Measuring Care Provided to Individuals with MCCs

Of the nine guiding principles for these MCC measures, one is to “Assess ... changes in care over time (i.e., delta measures of improvement rather than attainment).” (#5, p. 10). Not all patients can show improvement, however, so AOTA would like to see language added, such as: "OR maintaining function, preventing decline in progressive conditions, and preventing new or exacerbating conditions."

Additionally, while AOTA agrees that measures should assess how care is managed as conditions change over time, we question that there are enough sensitive standardized measures in existence. Research needs to be done on measuring the process of care through health indicators so we are not forced to rely solely on the patient report.

We also like the Framework’s goal of requiring care coordination and communication, thus “requiring multiple providers to share accountability,” but we wonder if it might be beneficial to have guidelines in place that ensure someone takes the lead on care coordination, otherwise the consequences of not being accountable are unclear, and possibly nonexistent.

Path Forward

We applaud the authors of the framework for recognizing that measures for children with MCCs are virtually non-existent and represent a prominent gap. We recommend that, going forward, NQF specify that the development of measures in this area related to function (activity performance and participation) is particularly important. One resource to consider -- relied upon by researchers in the field of occupational therapy -- is the Children's Assessment of Participation and Enjoyment (CAPE).