



National Consensus Development and Strategic Planning for Health Care Quality Measurement


A Beginner's Guide to the Battelle Endorsement & Maintenance Process

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The Partnership for Quality Measurement (PQM): A Beginner's Guide to the Battelle Endorsement & Maintenance Process

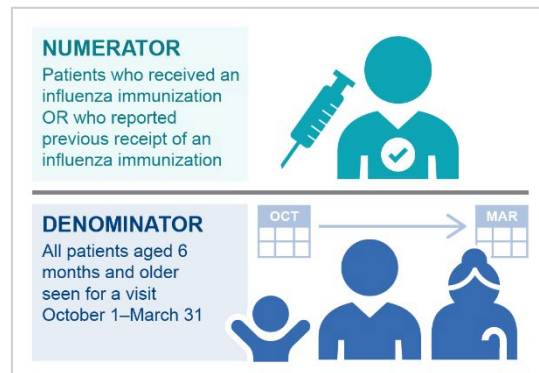
Battelle is a certified consensus-based entity (CBE) funded through the Centers for Medicare & Medicaid Services (CMS) National Consensus Development and Strategic Planning for Health Care Quality Measurement Contract. To support its CBE work, Battelle formed PQM, which ensures informed and thoughtful endorsement reviews of clinical quality and cost/resource use measures.

What is a measure, and why are they important?

A measure is a tool that helps us quantify health care processes, outcomes, costs, patient perceptions and experience, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care.¹

A measure is typically comprised of a denominator, which includes the patient population of interest, and a numerator, which is the measure focus. Let us consider the endorsed influenza vaccination measure, [#0041 – Preventive Care and Screening: Influenza Immunization](#). The denominator includes all patients aged 6 months and older seen for a health care visit during a defined timeframe, in this case between October 1 and March 31, which is flu season (Figure 1). Because the measure is attempting to ensure these patients receive a flu vaccine, the numerator aims to capture the number of those patients in the denominator who received an influenza immunization OR who reported previously receiving an influenza immunization.

Figure 1. Measure numerator and denominator example



Measures are used to assess and improve the quality of health care and are important because they can be used to drive progress, inform consumers, and influence payment for health care providers. Measures use various data sources to capture these aspects of care. These data sources may be paper based (e.g., patient charts) or electronic/digital (e.g., claims data, electronic health records); the latter are important for reducing provider burden, increasing efficiency, and supporting alignment across the health care system. To learn more about quality measurement, visit CMS's Measures Management System [website](#).

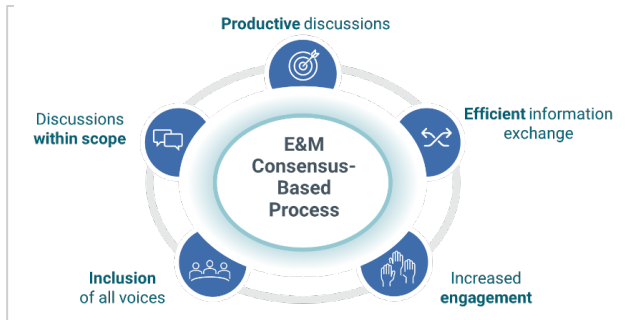
¹ CMS Measures Management System. *New to Measures*. Last updated January 2024. Accessed at: [Quality Measure FAQs | The Measures Management System \(cms.gov\)](#)

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What is PQM?

To facilitate measure endorsement reviews, Battelle formed the [Partnership for Quality Measurement, or PQM](#), which is comprised of health care voices representing many viewpoints, including, but not limited to, patients and caregivers, health care providers (e.g., clinicians, health plans, health systems), measure experts (e.g., developers, stewards, researchers), policymakers and measure implementers, and health information technology specialists. Membership to PQM is free.

Figure 2. E&M Consensus-Based Process



[PQM](#) is organized and facilitated by Battelle and ensures that measure reviews are conducted using a consensus-based process involving health care voices representing many viewpoints (Figure 2). The process is straightforward, streamlined, and flexible and is designed to distinguish measures whose benefits to patients, clinicians, and payors outweigh potential burdens and risks to implement and report them. PQM ensures that the quality measure endorsement process is reliable, transparent, attainable,

equitable, and, most of all, meaningful.

What is Endorsement & Maintenance?

The E&M process ensures measures submitted for endorsement are evidence based, scientifically sound (i.e., reliable and valid), and both safe and effective, meaning use of the measure will increase the likelihood of desired health outcomes; will not increase the likelihood of unintended, adverse health outcomes; and is consistent with current professional knowledge. During each E&M cycle, an E&M committee reviews submitted measures and renders a decision of endorsement (i.e., to endorse or not endorse a measure).

What are the key phases of E&M?

1. **Intent to Submit (ITS):** Measure developers and stewards inform Battelle via the [PQM website](#) by October (Fall cycle) or April (Spring cycle) of their intent to submit a measure to the upcoming endorsement cycle.
2. **Full Measure Submission:** One month after ITS, measure developers and stewards then submit all information about the measure (e.g., specifications, evidence, reliability and validity testing) to Battelle via the [PQM website](#).
3. **Battelle Staff Internal Review and Measure Public Comment Period:** Battelle staff review the submissions for completeness and publish the measure information for a 30-day public comment period in which any member of the public can submit a comment of support or non-support for any of the measures. Prior to the close of the public comment period, the E&M team hosts a Public Comment Listening Session where any interested party can provide spoken comments on one or more of the measures under endorsement review for a given cycle. Battelle posts all spoken comments shared during the Public Comment Listening Session to the “Comments”

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tab on the respective measure page. Following the close of the public comment period, developers can respond directly to public comments on the website.

Concurrent with the public comment period, Battelle staff conduct a preliminary review for each submitted measure using the [PQM Measure Evaluation Rubric](#). Battelle shares these preliminary staff assessments with developers and stewards and then posts them publicly on the respective measure's webpage within the [Submission Tool and Repository Measure \(STAR\) database](#).

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4. **E&M Committee Review:** One to 2 months prior to the endorsement meetings, the E&M team convenes Advisory Group members to raise questions and share perspectives verbally regarding the measures under endorsement review for their respective E&M committee. Developers can respond to Advisory Group questions during the meetings. No voting occurs during these virtual meetings.

Approximately 3 weeks before the endorsement meetings, E&M Recommendation Group committee members independently review the measure information, public comments, and staff preliminary assessments for their respective E&M committee's measures and provide an individual preliminary review. Battelle staff aggregates these independent reviews with feedback from the Advisory Group meetings to identify key themes and areas of disagreement amongst committee members, which will be discussed further during the endorsement meeting.

E&M Recommendation Group committee members meet (i.e., endorsement meetings) to review and discuss the submitted measures for their respective E&M committee. Measure developers and stewards can attend and present and discuss their measure. Endorsement voting occurs during these virtual meetings, only the Recommendation Group votes. Advisory Group members have the option to attend and listen to the discussion.

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5. **Appeals Period (as warranted):** Battelle posts endorsement decisions to the PQM website for a 21-day appeals period. Any interested party can submit an appeal for any E&M committee endorsement decision. Every appeal is first evaluated for [eligibility](#) before being considered by the Appeals Committee, which is comprised of all E&M committee co-chairs.

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6. **Final Technical Report:** After a cycle is complete, Battelle produces a technical report, which includes the endorsement decisions and rationales for each submitted measure evaluated by an E&M committee.

How are the E&M committees structured?

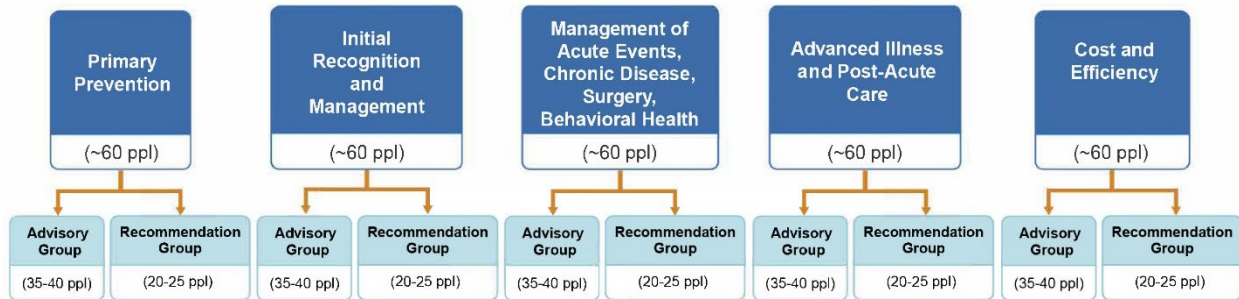
Each cycle (Fall or Spring), up to five E&M project committees may convene for measure endorsement review (Figure 3), depending on the measures submitted to these E&M project committees by measure developers. Each project has its own committee. Each committee has two co-chairs and is then divided into two groups: an Advisory Group and a Recommendation Group (Figure 4).

The Advisory Group consists of 35-40 people. Members in this group review measures and are convened for the Advisory Group meetings to provide feedback and questions regarding the measure(s) under review 1-2 months prior to the Recommendation Group endorsement

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meeting. These inputs ensure a larger number of voices contribute to the consensus-building process.

Figure 3. E&M Committee Structure



The Recommendation Group consists of 20-25 people and is the endorsement voting body of the committee. Members in this group review and provide ratings and written comments on measures prior to the Recommendation Group endorsement meetings. Recommendation Group members consider Battelle staff preliminary assessments, the Advisory Group's feedback, public comments, and respective developer/steward responses pertaining to the measure(s) under review and discuss these various inputs before rendering an endorsement decision via a vote during the endorsement meeting.

Advisory Group	Recommendation Group
<ul style="list-style-type: none"> Review measures and attend Advisory Group meetings to discuss feedback and questions regarding the measure(s) under review. Contribute to the consensus-building process by serving as the larger number of voices on the committee. Attend the endorsement meeting to listen to the Recommendation Group discussions (optional). 	<ul style="list-style-type: none"> Review and provide ratings and written comments on measures prior to the Recommendation Group endorsement meeting. Attend the endorsement meeting to discuss areas of disagreement (i.e., lack of consensus) identified from the Advisory Group, staff assessments, and committee independent reviews. Vote on measure endorsement decisions during the meeting.

Figure 4. E&M Advisory Group vs. Recommendation Group

As an E&M committee member, what would my roles and responsibilities?

During your term, you would be expected to:

- Work with Battelle staff to evaluate and endorse measures.

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- Review relevant E&M materials (e.g., measure submission, public comments, staff assessments) and participate in scheduled meetings (see Figure 4).
- Conduct independent measure reviews (Recommendation Group only) using the [PQM Measure Evaluation Rubric](#) and the [PQM Measure Evaluation Worksheet](#) by established deadlines.
- Complete disclosure of interest forms.

What is the PQM Measure Evaluation Rubric?

The [PQM Measure Evaluation Rubric](#) consists of five major domains, by which measures are evaluated for endorsement. These domains are important because they help assess the relationship between the measure and improvements in health care quality and/or cost. The five domains are: Importance, Feasibility, Scientific Acceptability (i.e., Reliability and Validity), Equity, and Use and Usability. A description of these domains can be found in the [E&M Guidebook](#) and the [PQM Measure Evaluation Worksheet](#), which provides guidance on the interpretation and application of the PQM Measure Evaluation Rubric.

Where can I learn more?

You can visit [PQM's website](#), which includes the [E&M Guidebook](#) and an [E&M Committee Orientation presentation](#) and [recording](#).

Who should I contact if I have questions?

Please reach out to PQMsupport@battelle.org.