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National Consensus Development and Strategic Planning for Health Care Quality Measurement

# Fall 2024 Cycle Endorsement and Maintenance (E&M) Technical Report

## Advanced Illness and Post-Acute Care

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# Table of Contents

**Page**

Executive Summary ..... 1
Endorsement and Maintenance (E&M) Overview ..... 3
Advanced Illness and Post-Acute Care Measure Evaluation ..... 8
Public Comments Received Prior to Committee Evaluation ..... 8
Summary of Potential High-Priority Gaps ..... 9
Summary of Major Concerns ..... 9
Actionability and Meaningfulness ..... 9
Summary of Methodological Issues ..... 9
Reliability and Validity ..... 9
Measure Evaluation Summaries ..... 10
CBE #1623 – Bereaved Family Survey - Performance Measure (BFS-PM) Score (%) for all Veteran Affairs Medical Center Inpatient Deaths [Department of Veteran Affairs] – Maintenance ..... 10
CBE #3420 – CoreQ: AL Resident Satisfaction Survey [American Health Care Association (AHCA)] – Maintenance ..... 11
CBE #3422 – CoreQ: AL Family Satisfaction Measure [AHCA] – Maintenance ..... 12
CBE #3645 – Hospice Visits in the Last Days of Life [Abt Global/CMS] –Maintenance ..... 13
CBE #4630 – Cross-Setting Discharge Function Score for Inpatient Rehabilitation Facilities [RTI International/CMS] – New ..... 15
CBE #4635 – Cross-Setting Discharge Function Score for Long-Term Care Hospitals [RTI International/CMS] – New ..... 17
CBE #4640 – Cross-Setting Discharge Function Score for Skilled Nursing Facilities [RTI International/CMS] – New ..... 18
CBE #4645 – Cross-Setting Discharge Function Score – for Home Health Agencies [Abt Global/CMS] – New ..... 19
References ..... 21
Appendix A: Advanced Illness and Post-Acute Care Committee Roster ..... 22
Fall 2024 Cycle ..... 22
Measure Stewards ..... 24
Measure Developers ..... 24

## List of Tables

Table 1. Measures Reviewed by the Advanced Illness and Post-Acute Care Committee ..... 2
Table 2. Intent to Submit and Full Measure Submission Deadlines by Cycle ..... 4
Table 3. Endorsement Decision Outcomes ..... 5
Table 4. Number of Fall 2024 Advanced Illness and Post- Acute Care Measures Submitted and Reviewed ..... 8

## List of Figures

Figure 1. E&M Consensus-Based Process ..... 1
Figure 2. Fall 2024 Measures for Committee Review ..... 2
Figure 3. E&M Committee Structure ..... 3
Figure 4. E&M Interested Parties ..... 3
Figure 5. Advanced Illness and Post-Acute Care Committee Members ..... 4

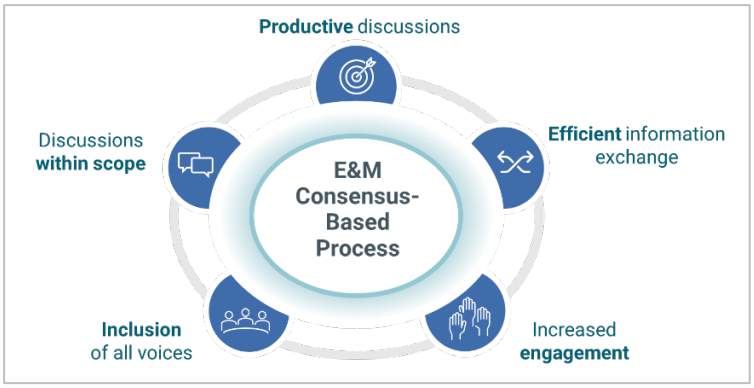
# Executive Summary

For over 2 decades, the United States (U.S.) has focused on improving health care quality for Americans. One of the ways this has been done is by developing and implementing clinical quality measures to quantify the quality of care provided by health care providers and organizations. These clinical quality measures are based on standards related to the effectiveness, safety, efficiency, person-centeredness, and timeliness of care.[1]

At Battelle, we have a strong collective interest in ensuring that the health care system works as well as it can. Health care professionals use quality measures to support health care improvement, benchmarking, and accountability of health care services and to identify weaknesses, opportunities, and disparities in care delivery and outcomes.[1,2]

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. As a CMS-certified CBE, we facilitate the review of quality measures for endorsement. Battelle's Partnership for Quality Measurement (PQM) members support consensus-based processes by serving on committees, ensuring informed and thoughtful reviews of quality measures across a range of focus areas aligned with a person's journey through the health care system. Battelle engages PQM members to carry out the consensus-based E&M process, which relies on robust and focused discourse, efficient information exchange, effective engagement, and inclusion of a multitude of voices that represent the health care community (Figure 1).

*Figure 1. E&M Consensus-Based Process*




One of those focus areas is advanced illness and post-acute care, which includes measures that focus on hospice, discharge function scores, and satisfaction surveys. In the Medicare beneficiary population alone, nearly 2 million patients receive hospice care.[3] Hospice patients frequently have complex care needs, and hospice care is designed to provide comprehensive comfort care to those patients, resulting in reduction of pain and unnecessary testing and medication.[4] Measurement of these complex settings is essential to ensuring the highest quality of care for vulnerable patients. Functional status refers to a patient's ability to perform daily activities necessary for basic needs and health maintenance. Assessing functional status at discharge can improve patient readiness for long-term care and inform care planning and provide a more holistic view of a patient's progress.[5,6] Patient satisfaction has been identified as a key indicator of measuring the success of health care delivery and can be used to improve quality of care.

For this measure review cycle, developers submitted 8 measures to the Advanced Illness and Post-Acute Care committee for endorsement consideration (Figure 2). The committee endorsed five measures and endorsed three measures with conditions based on the PQM Measure Evaluation Rubric of version 1.2 of the E&M Guidebook.

**Table 1. Measures Reviewed by the Advanced Illness and Post-Acute Care Committee**

| CBE Number | Measure Title | New/Maintenance | Developer/Steward | Final Endorsement Decision |
|---|---|---|---|---|
| #1623 | Bereaved Family Survey - Performance Measure (BFS-PM) Score (%) for all Veteran Affairs Medical Center Inpatient Deaths | Maintenance | Department of Veteran Affairs | Endorsed |
| #3420 | CoreQ: AL Resident Satisfaction Survey | Maintenance | American Health Care Association (AHCA) | Endorsed with Conditions |
| #3422 | CoreQ: AL Family Satisfaction Measure | Maintenance | AHCA | Endorsed with Conditions |
| #3645 | Hospice Visits in the Last Days of Life | Maintenance | Abt Global/CMS | Endorsed with Conditions |
| #4630 | Cross-Setting Discharge Function Score for Inpatient Rehabilitation Facilities | New | RTI International/Centers for Medicare & Medicaid Services (CMS) | Endorsed |
| #4635 | Cross-Setting Discharge Function Score for Long-Term Care Hospitals | New | RTI International/CMS | Endorsed |
| #4640 | Cross-Setting Discharge Function Score for Skilled Nursing Facilities | New | RTI International/CMS | Endorsed |
| #4645 | Cross-Setting Discharge Function Score- for Home Health Agencies | New | Abt Global/CMS | Endorsed |

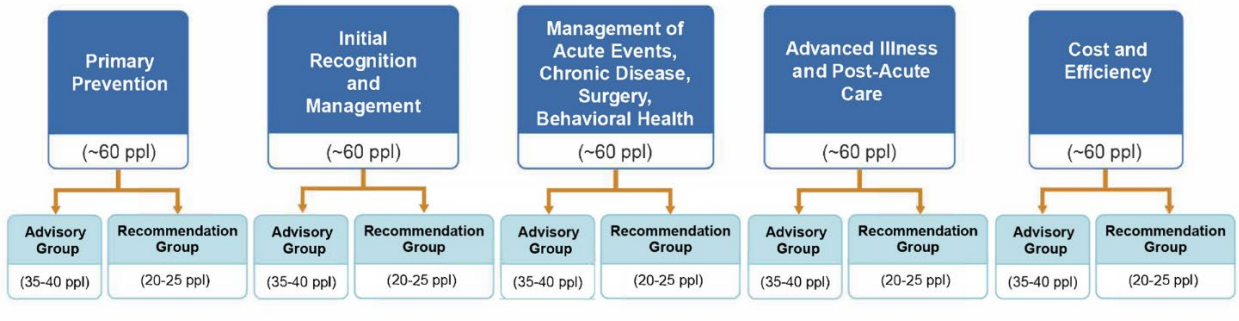
*Figure 2. Fall 2024 Measures for Committee Review*

# Endorsement and Maintenance (E&M) Overview

Battelle's E&M process ensures that measures submitted for endorsement are evidence based, scientifically sound, and both safe and effective. This means that the 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.

We organize measures for E&M by five project areas. Each project topical area has a committee that evaluates, discusses, and assigns endorsement decisions for measures under endorsement review. These E&M committees are composed of diverse PQM members, representing all facets of the health care system. Each E&M committee is divided into an Advisory Group and a Recommendation Group (Figure 3).

*Figure 3. E&M Committee Structure*




The goal is to create inclusive committees that balance experience, expertise, and perspectives. The E&M process convenes and engages interested parties throughout the cycle. The interested parties include those who are impacted or affected by quality and cost/resource use who come from a variety of places and represent multiple perspectives (Figure 4).

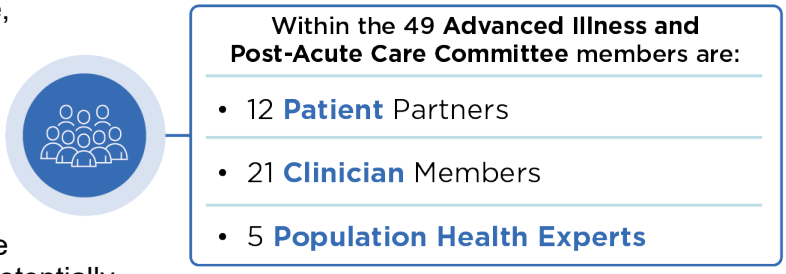
*Figure 4. E&M Interested Parties*


For the Advanced Illness and Post-Acute Care committee, membership for the Fall 2024 cycle consisted of 12 patient partners (i.e., patients, caregivers, advocates) and 21 clinicians, with specialties in occupational therapy, palliative care, nephrology, and others (Figure 5). The committee also included five population health experts.

While a list of committee members is provided in

Appendix A, full committee rosters and bios are on the respective project pages on the PQM website.

*Figure 5. Advanced Illness and Post-Acute Care Committee Members*




At the beginning of each E&M cycle, committee members complete a measure-specific disclosure of interest (MS-DOI) form identifying potential conflicts with the measures under endorsement review for the respective E&M cycle. Members are recused from voting on measures potentially affected by a perceived conflict of interest (COI) based on Battelle's COI policy.

Each E&M cycle (i.e., Fall or Spring) has a designated Intent to Submit (ITS) deadline, when measure developers/stewards must submit key information (e.g., measure title, type, description, specifications) about the measure. One month after the Intent to Submit deadline (Table 2), measure developers/stewards submit the full measure information by the respective Full Measure Submission deadline.

**Table 2. Intent to Submit and Full Measure Submission Deadlines by Cycle**

| E&M Cycle | Intent to Submit* | Full Measure Submission* |
|---|---|---|
| Fall | October 1 | November 1 |
| Spring | April 1 | May 1 |

**Deadlines are set at 11:59 p.m. (ET) of the day indicated. If the deadline falls on a weekend or holiday, the deadline will be the next immediate business day.*

We then publish measures to the PQM website for a 30-day public comment period, which occurs prior to the endorsement meeting and concurrently with the development of the staff preliminary assessments. The intent of this 30-day comment period is to solicit both supportive and non-supportive comments with respect to the measures under endorsement review. Any interested party may submit a comment on any of the measures up for endorsement review for a given cycle (i.e., Fall or Spring). Prior to the close of the public comment period, we host a Public Comment Listening Session to gather additional public comments on the measures; this virtual session is organized by project with measures grouped by topic/condition. Any interested party may attend to give a brief spoken statement on one or more of the measures.

We post all public comments received during this 30-day period, including those shared during the Public Comment Listening Session, to the respective measure page on the PQM website. A summary of the comments received for the measures submitted to the Advanced Illness and Post-Acute Care committee for the Fall 2024 cycle is below.

Following the Public Comment Listening Sessions, we convene the Advisory Group of each E&M project during a public virtual meeting. The purpose of these meetings is to gather initial feedback and questions about the measures under endorsement review. Developers/stewards are given the opportunity to share written responses to Advisory Group feedback after these meetings. They can also provide written responses to any public comments received directly on the measure's webpage. This process ensures comprehensive input and engagement from all

interested parties involved. For the Advanced Illness and Post-Acute Care committee, the Advisory Group convened on December 4, 2024, and we published a summary of the member feedback and developer/steward responses on the PQM website.

Prior to the Recommendation Group endorsement meeting, we share the full measure submission details, including all attachments, the PQM Measure Evaluation Rubric, the staff preliminary assessments, the public comments, Advisory Group feedback, and the developer/steward responses with the Recommendation Group for review. The Advanced Illness and Post-Acute Care committee Recommendation Group convened on February 11, 2025. Brief summaries of the Recommendation Group deliberations and voting results are provided below, while a detailed meeting summary is available on the PQM website.

During the endorsement meeting, the Recommendation Group focuses their discussions on key themes identified from the public comments, the Advisory Group meetings, the associated developer/steward responses, independent reviews, and the staff preliminary assessments. Measure developers/stewards attend endorsement meetings to provide a measure overview and answer questions from the Recommendation Group. The Recommendation Group considers the various inputs and renders a final endorsement decision via a vote. Consensus is reached when there is 75% or greater agreement among all active, non-recused Recommendation Group members (Table 3). However, if no consensus is reached, the measure is not endorsed due to no consensus.

**Table 3. Endorsement Decision Outcomes**

| Decision Outcome | Description | Maintenance Expectations |
|---|---|---|
| Endorsed | **Applies to new and maintenance measures.**<br><br>The E&M committee agrees by 75% or more to endorse the measure. | Measures undergo maintenance of endorsement reviews every 5 years with a status report review at 3 years (*see Evaluations for Maintenance Endorsement for more details*).± Developers/stewards may request an extension of up to 1 year (two consecutive cycles), except if it has been more than 6 years since the measure's date of last endorsement. |
| Endorsed with Conditions* | **Applies to new and maintenance measures**.<br><br>The E&M committee agrees by 75% or greater that the measure can be endorsed as it meets the criteria, but committee reviewers have conditions they would like addressed when the measure comes back for maintenance. If these recommendations are not addressed, the | Measures undergo maintenance of endorsement reviews every 5 years with a status report at 3 years, unless the condition requires the measure to be reviewed earlier (*see Evaluations for* |

| Decision Outcome | Description | Maintenance Expectations |
|---|---|---|
| | developer/steward should provide a rationale for consideration by the E&M committee review. | *Maintenance Endorsement for more details*). The E&M committee evaluates whether conditions have been met, in addition to all other maintenance endorsement minimum requirements. |
| Not Endorsed° | **Applies to new measures only**. The E&M committee agrees by 75% or greater to not endorse the measure. | None |
| Endorsement Removed° | **Applies to maintenance measures only.**<br>Either:<br>• The E&M committee agrees by 75% or greater to remove endorsement; or<br>• A measure steward retires a measure (i.e., no longer pursues endorsement); or<br>• A measure steward never submits a measure for maintenance, and the steward does not respond after targeted outreach; or<br>• There is no longer a meaningful gap in care, or the measure has topped out (i.e., no significant change in measure results for accountable entities over time). | None |

*±Maintenance measures may be up for endorsement review earlier if an emergency/off-cycle review is needed (see Emergency/Off-Cycle Reviews for more details).*

**The E&M committee determines the conditions, with the consideration of what is feasible and appropriate for the developer/steward to execute by the time of maintenance endorsement review.*

*°Measures that fail to reach the 75% consensus threshold are not endorsed*.

The "Endorsed with Conditions" category serves as a means of endorsing a measure but with conditions set by the Recommendation Group. These conditions take into consideration what is feasible and appropriate for the developer/steward to execute by the time of maintenance endorsement review.

After the E&M endorsement meeting, committee endorsement decisions and associated rationales are posted to the PQM website for 3 weeks, which serves as the appeals period. During this time, any interested party may request an appeal regarding any E&M committee endorsement decision. If a measure's endorsement, including an "Endorsed with Conditions" decision, is being appealed, the appeal must:

- Cite evidence of the appellant's interests that are directly and materially affected by the measure, and provide evidence that the CBE's endorsement of the measure has had, or will have, an adverse effect on those interests; and
- Cite the existence of a CBE procedural error or information that was available by the cycle's Intent to Submit deadline but was not considered by the E&M committee at the time of the endorsement decision, which is reasonably likely to affect the outcome of the original endorsement decision.

In the case of a measure not being endorsed, the appeal must be based on one of two rationales:

- The CBE's measure evaluation criteria were not applied appropriately. For this rationale, the appellant must specify the evaluation criteria they believe were misapplied.
- The CBE's E&M process was not followed. The appellant must specify the process step, how it was not followed properly, and how this resulted in the measure not being endorsed.

If Battelle determines that an appeal is eligible, we convene the Appeals Committee, consisting of the co-chairs from all five E&M project committees (n=10), to review and discuss the appeal. The Appeals Committee concludes its review of an appeal by voting to uphold (i.e., overturn a committee endorsement decision) or deny (i.e., maintain the endorsement decision) the appeal. Consensus is determined to be 75% or greater agreement via a vote among members.

For the Fall 2024 cycle, the appeals period opened on March 4 and closed on March 24, 2025. One measure, CBE #4630, received an appeal, which did not advance to the Appeals Committee due to its ineligibility. See summary of the appeal within the measure evaluation summary of CBE #4630 below.

# Advanced Illness and Post-Acute Care Measure Evaluation

For this measure review cycle, the Advanced Illness and Post-Acute Care committee evaluated four new measures and four measures undergoing maintenance review against standard measure evaluation criteria. During the Recommendation Group endorsement meeting, the committee voted to endorse five measures and to endorse three measures with conditions (Table 4).

**Table 4. Number of Fall 2024 Advanced Illness and Post- Acute Care Measures Submitted and Reviewed**

| | Maintenance | New | Total |
|---|---|---|---|
| **Number of measures submitted for endorsement review** | 4 | 4 | 8 |
| **Number of measures withdrawn from consideration*** | 0 | 0 | 0 |
| **Number of measures reviewed by the committee** | 4 | 4 | 8 |
| **Number of measures endorsed** | 1 | 4 | 5 |
| **Number of measures endorsed with conditions** | 3 | 0 | 3 |
| **Number of measures not endorsed/ endorsement removed** | 0 | 0 | 0 |

**Measure developers/stewards can withdraw a measure from measure endorsement review at any point before the committee endorsement meeting.*

## Public Comments Received Prior to Committee Evaluation

Battelle accepts comments on measures through the PQM website. For this evaluation cycle, the public comment period opened on November 15, 2024, and closed on December 16, 2024, during which time we hosted a Public Comment Listening Session on November 21, 2024. The measures received 21 public comments, and Battelle published the comments to the respective measure pages on the PQM website. If the measure received any comments, the measure's evaluation summary includes a summary of these comments. The developer/steward responds to public comments on the comments tab of each measure page on the PQM website.

## Summary of Potential High-Priority Gaps

The committee did not identify any high-priority measure gap areas during evaluation of the measures.

## Summary of Major Concerns

### Actionability and Meaningfulness

The committee questioned the actionability and meaningfulness of two patient-reported outcome performance measures. CBE #3420 and #3422 are derived from a four-item and three-item questionnaire, respectively. The Recommendation Group discussed whether the survey collected enough information for accountable entities to act upon. The developer stated that the survey is intended to be a short, easy-to-do, and cost-effective tool that provides valid and reliable information as a first step and that they recommend attaching other questions or a free-text response to collect more information for quality improvement. Based on this discussion, one of the conditions for endorsement was for the developer to explore with accountable entities the actionability of the measure (i.e., qualitative assessments, empirical evidence), noting what entities can do to improve their score.

Additionally, the Recommendation Group discussed if the selected survey items are most meaningful to patients and continue to drive patient-centered care. The developer convened a workgroup of vendors and selected the questions that measured overall satisfaction. Based on this discussion, one of the conditions for endorsement was for the developer to revisit the survey items with patients to assess continued meaningfulness, appropriateness, and any changes needed to further support content validity.

## Summary of Methodological Issues

The following brief summaries of the measure evaluation highlight the methodological issues that the committee considered.

### Reliability and Validity

In the discussion of CBE #3420 and CBE #3422, the committee identified concerns about accountable entity-level reliability. Specifically, the measure submission materials only contained the mean signal-to-noise reliability value, resulting in insufficient evidence to show whether >70% of entities have reliability >0.60. The developer stated that they are in the process of collecting more data to be able to conduct a bootstrap analysis and plan to submit updated data during the next maintenance cycle. For CBE #3422, a Recommendation Group member commented that the measure's validity testing results did not highly correlate with other quality indicators.. The developer stated that when they originally conducted the testing, they relied on the facilities to provide information about their turnover and staffing rates. The developer is interested in performing this testing again by measure maintenance, with a larger sample size and with more standardized definitions of "turnover" and "staffing levels."

# Measure Evaluation Summaries

## CBE #1623 – Bereaved Family Survey - Performance Measure (BFS-PM) Score (%) for all Veteran Affairs Medical Center Inpatient Deaths [Department of Veteran Affairs] – Maintenance

Specifications | Discussion Guide

**Description:** The Bereaved Family Survey-Performance Measure (BFS-PM) is an outcome measure that is used to assess overall quality of care in the last month of life. Currently, the BFS is administered to the next-of-kin of all Veterans who die in a Veterans Affairs (VA) inpatient setting (i.e., acute units, intensive care units, inpatient hospice and palliative care units, and VA nursing homes) 4-6 weeks post-death. The BFS-PM is calculated using the global rating item included on the 20-item BFS that has separate versions for male and female Veterans and is available in English and Spanish. The BFS global rating item asks: "Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate the care [he/she] received in the last month of life?" The BFS-PM is calculated as the proportion of family members who provided a "top box" rating of 9 or 10 vs. 0-8 on the global rating item. BFS-PM scores are used for the purposes of monitoring quality of care for Veterans at the end of life nationally, facility benchmarking within the VA health care system, and targeting quality improvement efforts.

**Committee Final Vote:** Endorse

**Vote Count:** Endorse (13 votes; 100.00%), Endorse with Conditions (N/A), Remove Endorsement (0 votes; 0.00%); recusals (1).

**Summary of Public Comments:** Battelle received five comments prior to the meeting. Three comments stated that the survey is an essential tool for tracking and improving end-of-life quality of care and further assisting facilities in pinpointing priorities for improvements. These comments said that many aspects of the tool cannot be captured through chart review or administrative data. One comment noted overall support, highlighting that the use and usability results are encouraging. One commenter expressed concern about the measure missing veterans who received care in non-VA settings; they suggested expanding the measure to all inpatient settings for broader patient capture.

**Summary of Measure Evaluation:** This maintenance measure was last reviewed for endorsement in the Fall 2015 cycle. It is currently in use in the National Hospice and Palliative Care Program.

| Discussion Topic/Theme | Committee Discussion Summary |
|---|---|
| **Use and Usability** | • The Advisory Group and Recommendation Group expressed measure support, noting the data is actionable for facilities to improve end-of-life care. |
| **Risk Adjustment** | • The Recommendation Group discussed the concern around the selection process of the final risk variables for the measure. The developer clarified that the risk variables were selected a priori with the goal of identifying the best factors for facility-level comparisons. Recommendation Group |

| Discussion Topic/Theme | Committee Discussion Summary |
|---|---|
| | members appreciated the clarity and suggested future materials should explain decision-making for better measure interpretation. |

**Additional Recommendations for the Developer/Steward:** The Recommendation Group suggested the developer include additional information about the decision-making behind the risk adjustment model in future measure submissions.

## CBE #3420 – CoreQ: AL Resident Satisfaction Survey [American Health Care Association (AHCA)] – Maintenance

Specifications | Discussion Guide

**Description:** The measure calculates the percentage of assisted living (AL) residents, those living in the facility for two weeks or more, who are satisfied. This patient reported outcome measure is based on the CoreQ: AL Resident Satisfaction questionnaire that is a four-item questionnaire.

**Committee Final Vote:** Endorse with Conditions

**Conditions:** When the measure returns for maintenance (5 years), the measure developer should have:

- Revisited the survey items with patients to assess continued meaningfulness, appropriateness, and any changes needed to further support content validity; and
- Explored, with accountable entities, the actionability of the measure (i.e., qualitative assessments, empirical evidence), noting what entities can do to improve the score.

**Vote Count:** Endorse (1 vote; 6.67%), Endorse with Conditions (13 votes; 86.67%), Remove Endorsement (1 vote; 6.67%); recusals (0).

**Summary of Public Comments:** Battelle received one comment prior to the meeting. The commenter noted that the performance gap looks good overall and that it is important to differentiate this survey from facility-generated surveys. They also acknowledged the effort required for the developer to further explore equity issues.

**Summary of Measure Evaluation:** This maintenance measure was last reviewed for endorsement in the Spring 2018 cycle. It is currently in use in the National Quality Award Program.

| Discussion Topic/Theme | Committee Discussion Summary |
|---|---|
| **Age of Evidence** | • Both the Advisory Group and Recommendation Group discussed concerns around the dated evidence supporting the measure, noting that when the measure comes back for maintenance, the measure's submission materials should contain more recent references. |
| **Actionability** | • The Recommendation Group emphasized the importance of seeing data actionably used to make improvements in care quality. One member |

| Discussion Topic/Theme | Committee Discussion Summary |
|---|---|
| | highlighted the CoreQ is a very simple survey and that facilities would need to supplement with a more in-depth survey to identify how to improve. The developer noted that while the survey itself is a tool and an essential first step, it requires additional measures to drive improvements. Based on this discussion, **one of the conditions for endorsement was for the developer to explore with accountable entities the actionability of the measure (i.e., qualitative assessments, empirical evidence), noting what entities can do to improve their score.** |
| **Meaningfulness** | • The Recommendation Group discussed if the four selected survey items are the most meaningful items to patients. The developer convened a workgroup of vendors and selected the questions that measured overall satisfaction. Based on this discussion, **one of the conditions for endorsement was for the developer to revisit the survey items with patients to assess continued meaningfulness, appropriateness, and any changes needed to further support content validity.** |

**Additional Recommendations for the Developer/Steward:** The Recommendation Group suggested the developer continuing to explore an electronic version of the measure, conduct a bootstrap analysis to support reliability testing, consider risk adjusting the measure, and update age of evidence.

## CBE #3422 – CoreQ: AL Family Satisfaction Measure [AHCA] – Maintenance

Specifications | Discussion Guide

**Description:** The measure calculates the percentage of family or designated responsible party for assisted living (AL) residents who are satisfied. This consumer reported outcome measure is based on the CoreQ: AL Family Satisfaction questionnaire that has three items.

**Committee Final Vote:** Endorse with Conditions

**Conditions:** When the measure returns for maintenance (5 years), the measure developer should have:

- Revisited the survey items with families to assess continued meaningfulness, appropriateness, and any changes needed to further support content validity;
- Explored an analysis of who the individual completing the survey is in relationship to the patient; and
- Explored with accountable entities the actionability of the measure (i.e., qualitative assessments, empirical evidence), noting what entities can do to improve the score.

**Vote Count:** Endorse (1 vote; 6.25%), Endorse with Conditions (15 votes; 93.75%), Remove Endorsement (0 votes; 0.00%); recusals (0).

**Summary of Public Comments:** Battelle received one comment prior to the meeting. The comment focused on the denominator and feasibility, and the commenter emphasized the importance of accurately identifying who qualifies as family or a responsible party (denominator) and suggested that protocols differentiate this survey from facility-generated surveys.

**Summary of Measure Evaluation:** This maintenance measure was last reviewed for endorsement in the Spring 2018 cycle. It is currently in use in the National Quality Award Program.

| Discussion Topic/Theme | Committee Discussion Summary |
|---|---|
| **Survey Recipient** | • The Recommendation Group discussed elements related to how the recipient of the survey (i.e., family or designated responsible party) is determined and the standard procedure for a resident without a point of contact. A member raised concerns about ensuring that survey respondents are individuals with direct contact with the resident, rather than those who simply handle billing or are satisfied with no complaints from the resident. The developer explained they exclude individuals out of the country, attorneys, and power of attorney, as they typically have not visited the facility. Based on this discussion, **one of the conditions for endorsement was for the developer to explore an analysis of the relationship of who is completing the survey.** |
| **Actionability** | • The committee agreed to carry over discussion points from CBE #3420 to this measure. Based on this discussion, **one of the conditions for endorsement was for the developer to explore with accountable entities the actionability of the measure (i.e., qualitative assessments, empirical evidence), noting what entities can do to improve their score.** |
| **Meaningfulness** | • The committee agreed to carry over discussion points from CBE #3420 to this measure. Based on this discussion, **one of the conditions for endorsement was for the developer to revisit the survey items with patients to assess continued meaningfulness, appropriateness, and any changes needed to further support content validity.** |

**Additional Recommendations for the Developer/Steward:** The Recommendation Group suggested the developer conduct a bootstrap analysis to support reliability testing, consider risk adjusting the measure, update the age of evidence, and update the validity analyses.

## CBE #3645 – Hospice Visits in the Last Days of Life [Abt Global/CMS] – Maintenance

Specifications | Discussion Guide

**Description:** The proportion of hospice patients who received hospice visits from a registered nurse or medical social worker (non-telephonically) associated with the measured hospice entity during at least two of the final three days of life.

**Committee Final Vote:** Endorse with Conditions

**Conditions:** When the measure returns for maintenance (5 years), the measure developer should have:

- Explored the feasibility and utility of adding additional disciplines (e.g., chaplains) and patient preferences (e.g., visit refusal) to the measure;

- Conducted updated correlation analyses exploring included disciplines with patient/family satisfaction; and
- Explored, with the developer's technical expert panel (TEP), the timing and unpredictability of end-of-life events.

**Vote Count:** Endorse (0 votes; 0.00%), Endorse with Conditions (12 votes; 86.00%), Remove Endorsement (2 votes; 14.00%); recusals (0).

**Summary of Public Comments:** Battelle received two comments prior to the meeting. The comments focused on person-centered care and inclusivity of disciplines. The National Alliance for Care at Home supports the use of hospice visit data but said the measure does not consider the wishes of the patient (e.g., preferences for other hospice interdisciplinary groups, virtual telehealth visits, spiritual needs, patient/family visit refusals). They said the measure should focus on quality rather than quantity of visits. Another commenter thought the measure was insensitive to the end-of-life process and not reflective of actual patient needs and dynamics of hospice care. This commenter also agreed that the measure should be more inclusive of other disciplines.

**Summary of Measure Evaluation:** This maintenance measure was last reviewed for endorsement in the Fall 2021 cycle. It is currently in use in CMS's Hospice Quality Reporting Program.

| Discussion Topic/Theme | Committee Discussion Summary |
|---|---|
| **Holistic Care** | • The Advisory Group and Recommendation Group discussed the potential for the measure to include other disciplines, such as spiritual care or counselor visits. The committees felt that these types of interdisciplinary visits are equally important to consider in the quality of end-of-life care, because they can be incredibly important to patients experiencing significant emotional distress. Based on the discussion, **one of the conditions for endorsement was that the developer explore the feasibility and utility of adding additional disciplines (e.g., chaplains) to the measure; another condition was that the developer conduct updated correlation analyses exploring included disciplines with patient/family satisfaction.** |
| **Three-Day Time Frame** | • The Recommendation Group discussed the potential unintended consequence of penalization for providers due to the unpredictability of anticipating the last 3 days of life. The developer clarified that the measure aims to encourage hospices to enhance symptom monitoring near end of life, acknowledging that achieving 100% compliance is unrealistic due to the unpredictability of when someone will pass. Based on the discussion, **one of the conditions for endorsement was the developer explore with a TEP the unpredictability of end-of-life events.** |
| **Patient Preference and Meaningfulness** | • Both the Advisory Group and Recommendation Group discussed elements of meaningfulness of the measure to patients, including allowance for refusal of visits by the patient. Based on the discussion, **one of the conditions for endorsement was that the developer explore the feasibility and utility of adding patient preference (e.g., visit refusal) to the measure.** |

| Discussion Topic/Theme | Committee Discussion Summary |
|---|---|
| **Harmonization** | • The Recommendation Group suggested that the developer consider evaluating the possibility of harmonizing the measure or collaborating with the American Academy of Hospice and Palliative Care Medicine and RAND. |

**Additional Recommendations for the Developer/Steward:** The Recommendation Group recommended the developer monitor the measure for gaming, harmonize with other already existing measures or collaborate with organizations such as the American Academy of Hospice and Palliative Care Medicine and RAND, and consider incorporating telehealth visits in the measure.

## CBE #4630 – Cross-Setting Discharge Function Score for Inpatient Rehabilitation Facilities [RTI International/CMS] – New

Specifications | Discussion Guide

**Description:** This outcome measure estimates the percentage of Inpatient Rehabilitation Facility (IRF) Medicare patient stays that meet or exceed an expected discharge function score. The expected discharge function score is a risk-adjusted estimate that accounts for patient characteristics. The measure includes patients who are 18 years of age or older and the timeframe for the measure is 12 months.

**Committee Final Vote:** Endorse

**Vote Count:** Endorse (12 votes; 86.00%), Endorse with Conditions (2 votes; 14.00%), Not Endorse (0 votes; 0.00%); recusals (0).

**Summary of Public Comments:** Battelle received 12 comments prior to the meeting, focusing on feasibility, concerns with competing measures, cross-setting concept, and unintended consequences.

**Summary of Measure Evaluation:** This new measure is being reviewed for initial endorsement. The developer has noted that the measure is planned for use in CMS's Inpatient Rehabilitation Facility Quality Reporting Program.

| Discussion Topic/Theme | Committee Discussion Summary |
|---|---|
| **Feasibility** | • The Recommendation Group discussed concerns from public comments about burden due to the complex imputation methodology of the measure. The developer emphasized that the imputation methodology ensures providers use the best-available clinical data, with CMS and vendors handling measure calculations to keep the burden low. |
| **Cross-Setting Designation and Unintended Consequences** | • The Advisory Group and the public comments criticized the measure's designation as "cross-setting" due to differing expectations across the post-acute care settings, which could potentially lead to patient confusion, inequitable patient access, and misdirected referrals. The developer explained that this term is meant to align interpretation and methodology |

| Discussion Topic/Theme | Committee Discussion Summary |
|---|---|
| | across the measures. The approach, numerator, and denominator are consistently calculated for each measure (CBE #4630, CBE #4635, CBE #4640) but coefficients and risk adjustments differ based on setting-specific data. |
| **Overlapping Measures** | • The Advisory Group discussed if these new measures (CBE #4630, CBE #4635, CBE #4640) would overlap with any existing measures. The developer explained that the Improving Medicare Post-Acute Care Transformation (IMPACT) Act mandates CMS implement measures across all settings and noted that CMS is monitoring measures for potential removal. The Recommendation Group expressed no concerns, emphasizing the importance of having aligned measures across settings. |

**Appeals:** The American Medical Rehabilitation Providers Association (AMRPA) submitted an appeal for CBE #4630, challenging its endorsement. AMRPA represents over 800 inpatient rehabilitation facilities (IRFs). Thirty Post Acute Medical (PAM) Health facility representatives sent emails in support of AMRPA's appeal request.

In their appeal, AMRPA argued that measure evaluation criteria were misapplied, and procedural errors occurred. The appeal was deemed ineligible by Battelle staff and the Advanced Illness and Post-Acute Care co-chairs for the reasons included below.

1. **Misapplication of Measure Evaluation Criteria**
    - **Importance Criteria Not Met**: The measure should have been identified as not meeting the Importance criteria as the measure developer did not adequately identify, discuss, or resolve issues related or competing measures–particularly CBE #2635: Discharge Self-Care Score and CBE #2636: Discharge Mobility Score—or harmonization in their measure submission.
        - **Battelle Response:** Within their submission, the developer identified an existing measure (Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function), described why the proposed measure is superior, and explained harmonization of the proposed measure across post-acute settings. The current E&M process does not require independent verification of all existing measures that could be considered related or competing; thus, a rating of “met” is appropriate and the criteria were not misapplied.
2. **Procedural Errors**
    - **Misleading Statements**: The measure developers provided misleading responses to public comments and queries from the E&M Advisory/Recommendation Group. These statements were not independently verified, which AMRPA argued constituted a procedural error.
        - **Battelle Response:** The current E&M process does not require independent **verification** of developer responses to public comments or statements; thus no procedural error occurred.

- **Importance Criteria Not Met**: The measure should have been identified as not meeting the Importance criteria earlier in the process. The Recommendation Group was incorrectly advised that these criteria were met in the staff assessment, leading to the measure's endorsement.
    - **Battelle Response:** The Battelle process is holistic and does not include fail-fast or "must pass" criteria; as such, preliminary staff assessments do not need to be universally rated as "Met" for the measure to proceed to committee review. That said, preliminary staff assessment noted that the existence of competing measures (CBE #2635 and CBE #2636) might be a limitation for the measure. The concerns regarding competing measures were raised and addressed at several points throughout the Fall 2024 cycle, through public comments and discussions by both the Advisory and Recommendation Groups. As such, no procedural error occurred.
- **Failure to Resolve Harmonization Issues:** The measure developers did not update the submission to resolve issues related to harmonization or reduce confusion between different performance results, which should have been addressed before proceeding to a vote of endorsement.
    - **Battelle Response:** Developers are not required to update their measure submission throughout the cycle. Any limitations or concerns raised through public comments or committee feedback are documented in the meeting materials (e.g., slides, Discussion Guide) and made available to the Recommendation Group for consideration during the Endorsement meeting. As such, no procedural error occurred.

Because the appeal request failed to identify a misapplication of the evaluation criteria or a procedural error that impacted the endorsement decision, Battelle did not advance it to the Appeals Committee for reconsideration.

**Additional Recommendations for the Developer/Steward:** The Recommendation Group suggested the developer continue looking at imputation methods and explore best analyses.

### CBE #4635 – Cross-Setting Discharge Function Score for Long-Term Care Hospitals [RTI International/CMS] – New

Specifications | Discussion Guide

**Description:** This outcome measure estimates the percentage of Long-Term Care Hospital (LTCH) patient stays that meet or exceed an expected discharge function score. The expected discharge function score is a risk-adjusted estimate that accounts for resident characteristics. The measure includes patients 18 years of age or older and the measure timeframe is 12 months.

**Committee Final Vote:** Endorse

**Vote Count:** Endorse (13 votes; 93.00%), Endorse with Conditions (N/A), Not Endorse (1 vote; 7.00%); recusals (0).

**Summary of Public Comments:** Battelle received no comments specific to this measure prior to the meeting. However, the comments for CBE #4630 included cross-cutting themes, including:

- Feasibility concerns due to the burden of the imputation methodology;
- Unintended consequences of limiting patient access; and
- Misleading implication that one can compare measure results across settings.

**Summary of Measure Evaluation:** This new measure is being reviewed for initial endorsement. The developer has noted that the measure is planned for use in CMS's Long-Term Care Hospital Quality Reporting Program.

| Discussion Topic/Theme | Committee Discussion Summary |
|---|---|
| **Feasibility** | • The Recommendation Group agreed that the same discussion of this topic from CBE #4630 applied to this measure. |
| **Cross-Setting** | • The Recommendation Group agreed that the same discussion of this topic from CBE #4630 applied to this measure. |
| **Overlapping Measures** | • The Recommendation Group agreed that the same discussion of this topic from CBE #4630 applied to this measure. |

**Additional Recommendations for the Developer/Steward:** The Recommendation Group suggested the developer continue looking at imputation methods and explore best analyses.

## CBE #4640 – Cross-Setting Discharge Function Score for Skilled Nursing Facilities [RTI International/CMS] – New

Specifications | Discussion Guide

**Description:** This outcome measure estimates the percentage of Medicare Part A skilled nursing facility stays that meet or exceed an expected discharge function score. The expected discharge function score is a risk-adjusted estimate that accounts for resident characteristics. The measure includes patients who are 18 years of age or older and the measure timeframe is 12 months.

**Committee Final Vote:** Endorse

**Vote Count:** Endorse (13 votes; 93.00%), Endorse with Conditions (N/A), Not Endorse (1 vote; 7.00%); recusals (0).

**Summary of Public Comments:** Battelle received no comments specific to this measure prior to the meeting. However, the comments for CBE #4630 included cross-cutting themes, including:

- Feasibility concerns due to the burden of the imputation methodology;
- Unintended consequences of limiting patient access; and
- Misleading implication that one can compare measure results across settings.

**Summary of Measure Evaluation:** This new measure is being reviewed for initial endorsement. The developer has noted that the measure is planned for use in CMS's Skilled

Nursing Facility Quality Reporting Program, Nursing Home Quality Initiative, and Skilled Nursing Facility Value-Based Purchasing Program.

| Discussion Topic/Theme | Committee Discussion Summary |
|---|---|
| **Feasibility** | • The Recommendation Group agreed that the same discussion of this topic from CBE #4630 applied to this measure. |
| **Cross-Setting** | • The Recommendation Group agreed that the same discussion of this topic from CBE #4630 applied to this measure. |
| **Overlapping Measures** | • The Recommendation Group agreed that the same discussion of this topic from CBE #4630 applied to this measure. |
| **Target Population** | • The Advisory Group and Recommendation Group discussed concerns that the measure does not include Medicare Advantage members. The developer shared that the data available is limited because only the fee-for-service population is required to submit data. The developer is limited by the IMPACT Act but is exploring how to include other payers in this measure and other settings. |

**Additional Recommendations for the Developer/Steward:** The Recommendation Group suggested the developer continue looking at imputation methods, explore best analyses, and consider adding MA beneficiaries.

## CBE #4645 – Cross-Setting Discharge Function Score – for Home Health Agencies [Abt Global/CMS] – New

Specifications | Discussion Guide

**Description:** This outcome measure estimates the percentage of Home Health (HH) Medicare patients (18+) who meet or exceed an expected discharge function score over a 12-month period. The expected discharge function score is a risk-adjusted estimate that accounts for patient characteristics.

**Committee Final Vote:** Endorse

**Vote Count:** Endorse (13 votes; 93.00%), Endorse with Conditions (N/A), Not Endorse (1 vote; 7.00%); recusals (0).

**Summary of Public Comments:** Battelle received no comments specific to this measure prior to the meeting. However, the comments for CBE #4630 included cross-cutting themes, including:

- Feasibility concerns due to the burden of the imputation methodology;
- Unintended consequences of limiting patient access; and
- Misleading implication that one can compare measure results across settings.

**Summary of Measure Evaluation:** This new measure is being reviewed for initial endorsement. The developer has noted that the measure is planned for use in CMS's Home Health Quality Measures.

| Discussion Topic/Theme | Committee Discussion Summary |
|---|---|
| **Feasibility** | • The Recommendation Group agreed that the same discussion of this topic from CBE #4630 applied to this measure. |
| **Cross-Setting** | • The Recommendation Group agreed that the same discussion of this topic from CBE #4630 applied to this measure. |
| **Overlapping Measures** | • The Recommendation Group agreed that the same discussion of this topic from CBE #4630 applied to this measure. |

**Additional Recommendations for the Developer/Steward:** The Recommendation Group suggested the developer continue looking at imputation methods and explore best analyses.

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# Appendix A: Advanced Illness and Post-Acute Care Committee Roster

## Fall 2024 Cycle

| Member | Affiliation/ Organization | Primary Perspective | Advisory/ Recommendation Group |
|---|---|---|---|
| Daniel Van Leeuwen *(Patient Representative Co-chair)* | Health Hats | Patient Partner | Recommendation Group |
| Gerri Lamb *(Non-patient Representative Co-chair)* | Arizona State University | Clinician | Recommendation Group |
| Samira Beckwith | Hope Healthcare | Facility/Institution | Advisory Group |
| Karen Campos | American College of Physicians | Other Interested Party | Advisory Group |
| Sheila Clark *(Inactive)* | California Hospice and Palliative Care Association | Health Equity Expert | Recommendation Group |
| Lea Dooley *(Inactive)* | Nationwide Children's Hospital | Patient Partner | Recommendation Group |
| Kathleen Dwyer | Legacy Healthcare Services | Clinician | Advisory Group |
| Lama El Zein | EMBLEMHEALTH | Purchaser/Plan | Recommendation Group |
| Karie Fugate | Retired, The Boeing Company | Patient Partner | Recommendation Group |
| Sara Galantowicz | Human Services Research Institute | Other Interested Party | Advisory Group |
| Paul Galchutt | M Health Fairview | Patient Partner | Advisory Group |
| Kimberly Geoffrey | ICAP at Columbia University | Patient Partner | Advisory Group |
| Brenda Groves | KFMC Health Improvement | Patient Partner | Advisory Group |
| Morris Hamilton | KPMG LLP | Other Interested Party | Advisory Group |
| Dorothy Hiersteiner | Human Services Research Institute | Other Interested Party | Advisory Group |
| Andrea Jersey | Ethica | Clinician | Advisory Group |
| Raymond Jones | University of Alabama at Birmingham | Researcher | Advisory Group |

| Member | Affiliation/ Organization | Primary Perspective | Advisory/ Recommendation Group |
|---|---|---|---|
| Warren Jones | The Jones Group of Mississippi | Health Equity Expert | Advisory Group |
| Raina Josberger | New York State Department of Health | Purchaser/Plan | Recommendation Group |
| Soojin Jun | Patients for Patient Safety US | Patient Partner | Recommendation Group |
| Nicole Keane *(Inactive)* | Abt Associates | Other Interested Party | Recommendation Group |
| Lisa Kitko | The University of Rochester | Health Services Researcher | Advisory Group |
| Andrew Kohler | Atlantic Telehealth | Rural Health Expert | Recommendation Group |
| Omar Latif | Elevance Health | Purchaser/Plan | Advisory Group |
| Yaakov Liss | Optum Tristate | Clinician | Recommendation Group |
| Elizabeth Marfeo | Tufts University | Clinician | Advisory Group |
| Emily Martin | University of California, Los Angeles | Clinician | Advisory Group |
| Kyle Matthews | National Kidney Foundation | Patient Partner | Recommendation Group |
| Shelby Moore | Heartlinks | Facility/Institution | Recommendation Group |
| Jonathan Nicolla | Palliative Care Quality Collaborative | Other Interested Party | Recommendation Group |
| Sassy Outwater-Wright | Massachusetts Association for the Blind and Visually impaired (MABVI) | Patient Partner | Advisory Group |
| Silvia Perez-Protto | Cleveland Clinic, Anesthesiology Institute | Clinician | Advisory Group |
| Lori Piltz | Populytics | Patient Partner | Advisory Group |
| Tipu Puri | University Of Chicago Medicine Nephrology | Clinician | Advisory Group |
| Heather Raygoza | Saint Joseph Hospital-CommonSpirit | Clinician | Advisory Group |
| Maria Regnier | Sanford Health | Rural Health Expert | Advisory Group |
| Eric Rosenberg | University of Florida College of Medicine | Clinician | Advisory Group |
| Andrea Schweiger | Martha T. | Other Interested Party | Advisory Group |

| Member | Affiliation/ Organization | Primary Perspective | Advisory/ Recommendation Group |
|---|---|---|---|
| | Berry MCF | | |
| Kristin Seidl | University of Maryland Medical Center & University of Maryland School of Nursing | Clinician | Recommendation Group |
| Carol Siebert | The Home Remedy | Health Equity Expert | Recommendation Group |
| Alicia Staley | Medidata | Patient Partner | Advisory Group |
| Donna Sternberg *(Inactive)* | Hampton University Proton Therapy Institute | Clinician | Recommendation Group |
| Rebecca Swain-Eng | SEA Healthcare & The Quality Collaborative | Other Interested Party | Recommendation Group |
| Sarah Thirlwell | Chapters Health System | Facility/Institution | Recommendation Group |
| Heather Thompson | LHC Group | Facility/Institution | Advisory Group |
| Ronald Walters | The University of Texas MD Anderson Cancer Center | Clinician | Advisory Group |
| Stephen Weed | Ventura Unified School District | Patient Partner | Recommendation Group |
| Milli West | Intermountain Health | Facility/Institution | Recommendation Group |
| Stephanie Wladkowski | Bowling Green State University | Researcher | Advisory Group |

## Measure Stewards

Centers for Medicare & Medicaid Services

## Measure Developers

Abt Global

American Health Care Association

Department of Veteran Affairs

RTI International


Partnership for
Quality Measurement
Powered by Battelle