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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

Management of Acute Events and Chronic Conditions

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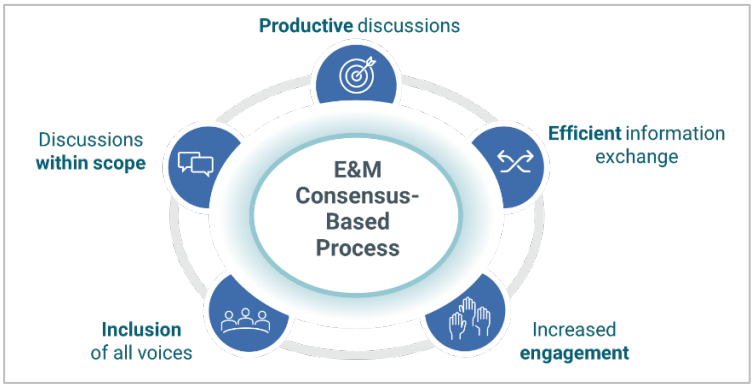
Executive Summary

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 management of acute events and chronic conditions, which focuses on topics that aim to improve quality of life through disease management, behavioral health management, patient safety, and pre- and post-operative care, among many others. Fall 2024 cycle measures focused on kidney care and dialysis, hospital survival and mortality rates, and patient safety and quality of care. According to the Centers for Disease Control and Prevention (CDC), one in seven adults may have chronic kidney disease (CKD),[3] which was the ninth leading cause of death in 2022.[4] As the disease progresses, a kidney transplant or dialysis is required to treat kidney failure,[5] underscoring the importance of early detection and treatment. Measures reviewed by the committee this cycle also highlight the importance of patient safety. Hospital survival and mortality rates are critical indicators of health care quality and patient safety. According to the World Health Organization (WHO), more than 300 million deaths occur due to unsafe care, with more than 50% of harm being preventable. Improving patient safety and quality of care in hospitals is vital to enhance survival rates and achieve better health outcomes while maintaining high standards of health care.

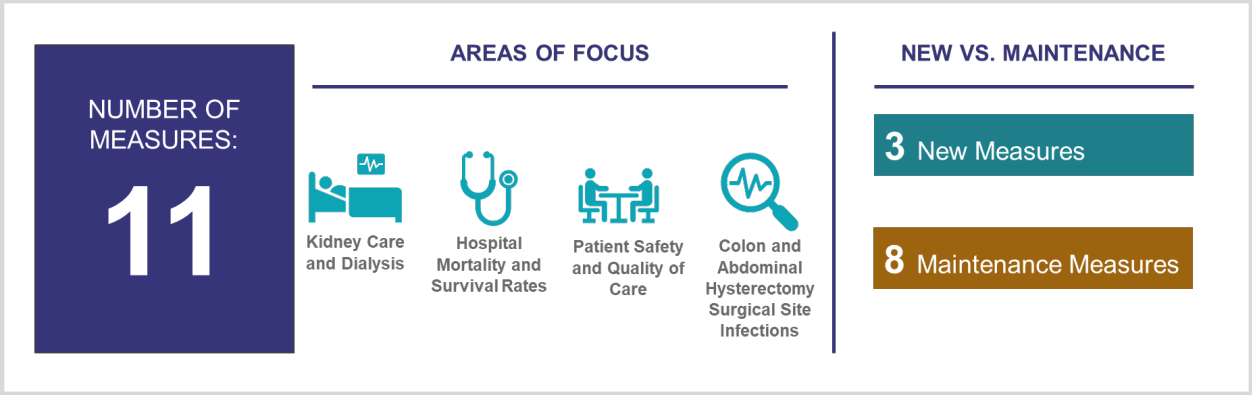
For this measure review cycle, developers submitted 11 measures to the Management of Acute Events and Chronic Conditions committee for endorsement consideration (Figure 2). Measure stewards withdrew one measure that was up for maintenance endorsement review (Table 5). Of

the 10 remaining measures reviewed by the committee, the committee endorsed six measures and endorsed four 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 Management of Acute Events and Chronic Conditions Committee

CBE Number	Measure Title	New/ Maintenance	Developer/Steward	Final Endorsement Decision
#0318	Delivered Dose of Peritoneal Dialysis Above Minimum	Maintenance	University of Michigan (UMICH)/Centers for Medicare & Medicaid Services (CMS)	Endorsed
#0531	Patient Safety Indicator (PSI) 90: Patient Safety and Adverse Events Composite	Maintenance	Mathematica/CMS	Endorsed
#1423	Minimum spKt/V for Pediatric Hemodialysis Patients	Maintenance	UMICH/CMS	Endorsed with Conditions
#1425	Measurement of nPCR for Pediatric Hemodialysis Patients	Maintenance	UMICH/CMS	Endorsed with Conditions
#2706	Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V	Maintenance	UMICH/CMS	Endorsed with Conditions
#3309	Risk-Standardized Survival Rate (RSSR) for In-Hospital Cardiac Arrest	Maintenance	American Heart Association (AHA)	Endorsed
#3502e	Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure with Claims and Electronic Health Record Data	Maintenance	Yale Center for Outcomes Research and Evaluation (Yale CORE)/CMS	Endorsed with Conditions
#4580	Composite Measure for the Quality of Care Provided to Patients Undergoing Percutaneous Coronary Interventions (PCI)	New	American College of Cardiology (ACC)	Endorsed
#4595	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke Hospitalization with Claims-Based Risk Adjustment for Stroke Severity	New	Yale CORE/CMS	Endorsed
#4650	Facility Level Percentage of Chronic Hyperphosphatemia in Dialysis Patients	New	UMICH/CMS	Endorsed

Figure 2. Fall 2024 Measures for Committee Review

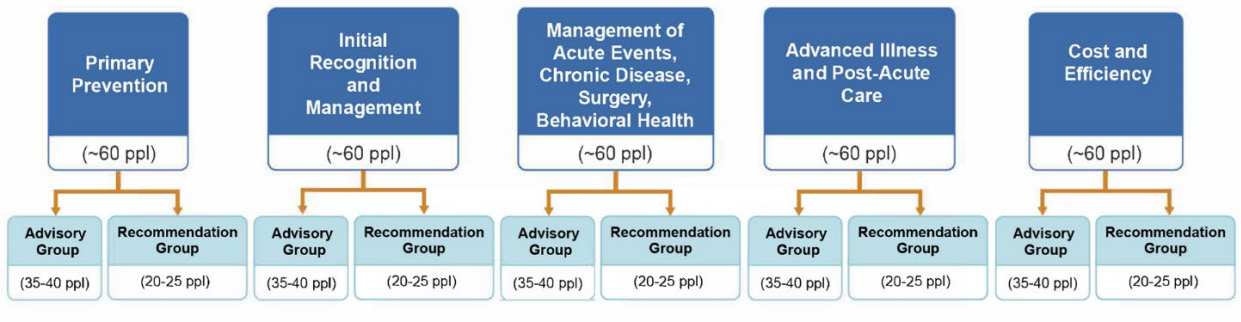


Endorsement and Maintenance (E&M) Overview

Battelle's E&M process ensures 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).

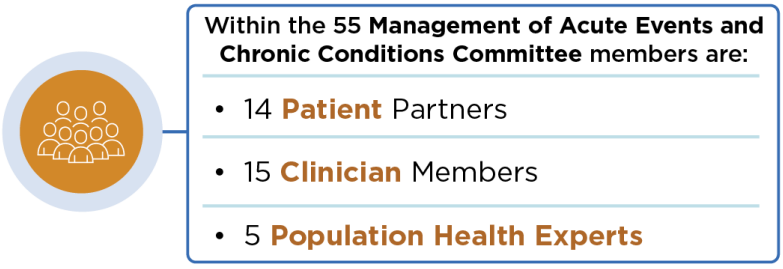
Figure 4. E&M Interested Parties

For the Management of Acute Events and Chronic Conditions committee, membership for the Fall 2024 cycle consisted of 14 patient partners (i.e., patients, caregivers, advocates) and 15 clinicians, with specialties in surgery, nephrology, pediatrics, 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.

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.

Figure 5. Management of Acute Events and Chronic Conditions Committee Members



Each E&M cycle (i.e., Fall or Spring) has a designated Intent to Submit 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 Sessions, to the respective measure page on the PQM website. A summary of the comments received for the measures submitted to the Management of Acute Events committee for the Fall 2024 cycle is below.

Following the Public Comment Listening Session, 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 Management of Acute Events and Chronic Conditions committee, the Advisory Group convened on December 2, 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 Management of Acute Events and Chronic Conditions Recommendation Group convened on February 7, 2025. Brief summaries of the Recommendation Group deliberations and voting results are 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.** 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**. 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 developer/steward should provide a rationale for consideration by the E&M committee review.	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 Maintenance Endorsement for more details*). The E&M committee evaluates whether conditions have

Decision Outcome	Description	Maintenance Expectations
		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.** Either: • The E&M committee agrees by 75% or greater to remove endorsement; or • A measure steward retires a measure (i.e., no longer pursues endorsement); or • A measure steward never submits a measure for maintenance, and the steward does not respond after targeted outreach; or • 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. The measures reviewed by the Management of Acute Events and Chronic Conditions committee did not receive any appeals.

Management of Acute Events and Chronic Conditions Measure Evaluation

For this measure review cycle, the Management of Acute Events and Chronic Conditions committee evaluated three new measures and seven measures undergoing maintenance review against standard measure evaluation criteria. During the Recommendation Group endorsement meeting, the committee voted to endorse six measures and to endorse four measures with conditions (Table 4).

Table 4. Number of Fall 2024 Management of Acute Events and Chronic Conditions Measures Submitted and Reviewed

	Maintenance	New	Total
Number of measures submitted for endorsement review	8	3	11
Number of measures withdrawn from consideration*	1	0	1
Number of measures reviewed by the committee	7	3	10
Number of measures endorsed	3	3	6
Number of measures endorsed with conditions	4	0	4
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. Table 5 provides a summary of withdrawn measures.*

Table 5. Measure Withdrawn from Consideration

Measure Number	Measure Title	Developer/ Steward	New/ Maintenance	Reason for Withdrawal*
#0753	30-Day Post-Operative Colon Surgery (COLO) and Abdominal Hysterectomy (HYST) Surgical Site Infection Ratio	Centers for Disease Control and Prevention (CDC)	Maintenance	Steward requested deferral to future E&M cycle

**Endorsement was removed for maintenance measures that were retired by the measure steward.*

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 14 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

During the committee's evaluation of the measures, committee members identified gap areas that are summarized below for future development and endorsement considerations.

Evidence Gaps in Nephrology

Committee members acknowledged evidence gaps, including a limited number of high-quality clinical trials and dated practice guidelines, for several kidney care measures (CBE #0318, CBE #1423, CBE #1425, CBE #2706, and CBE #4650). For example, for CBE #4650, the developer provided evidence of large-scale observational studies and expert input but noted a lack of high-quality clinical trials investigating phosphate control and phosphate binders. For CBE #0318, CBE #1423, CBE #1425, and CBE #2706, the primary evidence was from the 2006 Kidney Disease Outcomes Quality Initiative (KDOQI) clinical practice guidelines. Recognizing the guideline age, a nephrologist on the Advisory Group explained that the literature regarding its efficacy has not changed. One Recommendation Group member suggested issuing a call to action to nephrology organizations for studies and evidence for both pediatric and adult populations.

Recommendations to Pursue Outcome Measures

While committee members recognized the importance of maintaining measures with narrow performance gaps, as their removal could lead to a decline in care quality, they also discussed the need for developing new measures focused on outcomes. For CBE #1425, a process measure initially endorsed in 2011 with a high adherence rate, committee members suggested considering a new measure that recommends a range or threshold for nPCR. The developer noted that height, weight, and growth trajectories could also be meaningful outcomes related to nutrition and are in the early stages of consideration. Regarding CBE #0318, an intermediate outcome measure initially endorsed in 2007, the developer is considering the future development of an outcome measure for peritonitis specific to the peritoneal dialysis population.

Summary of Major Concerns

The following brief summary of the measure evaluation highlights the major concerns the committee considered.

Usability and Actionability

CBE #3502e is an all-cause mortality measure that produces a single risk-standardized rate from 15 different clinical divisions. Committee members questioned whether facilities would know how to improve if provided with a high-level aggregate score encompassing so many

different conditions and procedures. The developer explained that hospitals receive detailed reports and can drill-down into specific areas for improvement, and intervention studies (e.g., multidisciplinary approach) show that hospitals can improve mortality outcomes. A Recommendation Group member suggested further expansive investigation of the true actionability of the measure and how the hospitals are applying the measure. The Recommendation Group placed a condition on this measure for the developer to further explore actionability of the measure with reporting entities, such as through qualitative discussions.

Summary of Methodological Issues

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

Hospital-Wide Mortality

Regarding CBE #3502e, a few committee members cited research that highlighted methodological issues with hospital-wide mortality measures such as lack of demonstrated correlation between 30-day mortality and quality of care for many conditions, issues with statistical aggregation, inadequate risk adjustment (because risk factors vary across conditions and procedures), poor results in one diagnosis category obscuring good results in another, and major differences between hospitals in the proportion of various conditions and procedures. Despite the limitations, several committee members acknowledged the importance of having hospital-wide measures that may uncover cross-cutting issues.

Risk Adjustment

Staff assessments indicated that, while a risk adjustment evaluation is not required for intermediate outcome measures, a discussion of risk adjustment would strengthen the submission for two intermediate outcome measures (CBE #2706 and CBE #1423). A Recommendation Group member noted that younger patients face challenges in achieving therapeutic goals in comparison to older populations and inquired about the potential need for adjustments based on age, body physique, and to account for differences in facilities that treat more physiologically challenging individuals. The developer explained that treatment modalities such as peritoneal dialysis offer flexibility and are particularly beneficial for pediatric patients and that larger individuals require more dialysis; they advised against adjustments that could reduce treatment for those needing more. Another Recommendation Group member highlighted the potential difficulty of risk adjustment given the small pediatric population. The committee placed a condition on CBE #2706 and CBE #1423 to explore the potential for risk adjustment based on patient age.

Small Sample Size Specific to Pediatric Population

Performance gap data for several pediatric measures, CBE #2706, CBE #1423, and CBE #1425, was based on a limited number of facilities, representing only a few hundred eligible patients. The developer noted that they did not conduct accountable entity-level validity testing due to small sample sizes for pediatric patients. Despite these limitations, committee members and the public emphasized measure importance for the small and vulnerable pediatric population. Battelle staff acknowledged the methodological challenges and is considering a future policy allowing developers to submit data on a comparable clinical quality measure for an adult population to substantiate importance, validity, and usability claims for pediatric measures with data limitations.

Measure Evaluation Summaries

CBE #0318 – Delivered Dose of Peritoneal Dialysis Above Minimum (UMICH/CMS) – Maintenance

Specifications | Discussion Guide

Description: Percentage of all patient months for adult patients (≥ 18 years old) whose delivered peritoneal dialysis dose was a weekly Kt/Vurea ≥ 1.7 (dialytic + residual).

Committee Final Vote: Endorse

Conditions: None

Vote Count: Endorse (16 votes; 100%), Endorse with Conditions (0 votes; 0%), Remove Endorsement (0 votes; 0%); recusals (0).

Summary of Public Comments: This measure did not receive any comments during the public comment period.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement in the Spring 2019 cycle. It is currently in use with Dialysis Facility Care Compare and End-Stage Renal Disease (ESRD) Quality Improvement Program (QIP).

Discussion Topic/Theme	Committee Discussion Summary
Performance Gap	• Addressing the mixed opinions on the performance gap from the Advisory Group, several Recommendation Group members emphasized the importance of maintaining measures with small performance gaps, as removing them could lead to a decline in care quality. • A Recommendation Group member suggested the developer focus future efforts on measuring outcomes to address concerns about the measure being topped out. The developer is considering creating a measure that examines peritonitis specific to the peritoneal dialysis population.
Risk Adjustment	• Some Advisory Group members, including a patient partner, suggested that risk adjustment may add value to the measure (e.g., to account for under-resourced communities). The developer explained they considered factors only within the control of the facility and found no comorbidities or patient-level factors were suitable for risk adjustment. A Recommendation Group member expressed that risk adjustment may not be necessary, noting that calculating scores internally without risk adjustment would be easier for hospitals.
Reducing Burden	• In discussion around potential measurement fatigue and the measure being close to topping out, one Recommendation Group member suggested the developer transition to a different measure to improve quality. However, the developer informed the committee that as there are no other alternative measures of adequacy that exist, new methods of assessing adequacy may emerge in the future. In efforts to reduce burden, another Recommendation Group member suggested integrating data from electronic health records (EHRs). The developer clarified the measure data comes from End Stage Renal

Discussion Topic/Theme	Committee Discussion Summary
	Disease Quality Reporting Program (EQRS), ensuring minimal burden for most dialysis facilities.

Additional Recommendations for the Developer/Steward: To address the concern about the measure being topped out, a Recommendation Group member proposed focusing on outcome measures such as mortality or infection rates instead of intermediate outcomes.

CBE #0531 – Patient Safety Indicator (PSI) 90: Patient Safety and Adverse Events Composite (Mathematica/CMS) – Maintenance

Specifications | Discussion Guide

Description: PSI 90 is a composite of ten adverse event indicators that summarizes hospitals' performance on patient safety for the CMS Medicare fee-for-service population. The timeframe used in the CMS Hospital Acquired Conditions Reduction Program (HACRP) and Care Compare public reporting are set within the Inpatient Prospective Payment Systems (IPPS) Final Rule annually. Typically, the performance periods use multiple months of claims data.

Committee Final Vote: Endorse

Conditions: None

Vote Count: Endorse (14 votes; 93%), Endorse with Conditions (0 votes; 0%), Remove Endorsement (1 vote; 7%); recusals (1).

Summary of Public Comments: Battelle received one comment prior to the meeting. The comment expressed concern over the reliability of the individual measures in this composite measure. In addition, because this measure is based on administrative claims, the commenter questioned if this measure is truly useful for accountability and improvement purposes.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement in the Fall 2020 cycle. It is currently in use with Hospital-Acquired Condition Reduction Program (HACRP) and Hospital Care Compare.

Discussion Topic/Theme	Committee Discussion Summary
Importance	• The Advisory Group and Recommendation Group both discussed and highlighted the importance of this measure. Patient partners noted the meaningfulness to the patient population given the focus on patient safety.
Accuracy of Data	• A Recommendation Group member acknowledged improvements in the accuracy of claims data, while another member questioned the measure's validity, suggesting that variations in hospital performance might be due to coding differences rather than actual performance. • As this is a maintenance measure, the developer focused on construct validity rather than data element-level validity. They did, however, compare the measure and its components with external measures and found consistent patterns. While issues with code implementation have been observed, they are addressed through consistent reviews of coding standards.

Discussion Topic/Theme	Committee Discussion Summary
Usability	• The Recommendation Group discussed the measure's usability in assessing variability in quality gaps due to factors such as hospital size and nurse turnover. They acknowledged that measured entities have access to a guide to support interpretation of the results, which can be used to understand which PSI 90 components are impacting their score, run further analyses, and compare performance with other organizations.

Additional Recommendations for the Developer/Steward: A Recommendation Group member suggested that future research should include data element-level validity testing to ensure accuracy and address concerns about coding variations affecting measure scores.

CBE #1423 – Minimum spKt/V for Pediatric Hemodialysis Patients (UMICH/CMS) – Maintenance

Specifications | Discussion Guide

Description: Percentage of patient months for all pediatric (<18 years old) in-center hemodialysis patients in which the delivered dose of hemodialysis (calculated from the last measurement of the month using the UKM or Daugirdas II formula) was spKt/V ≥ 1.2.

Committee Final Vote: Endorse with Conditions

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

- Aligned with any forthcoming CBE policies around pediatric population measures;
- Explored meaningfulness with patients/parents/caregivers who have direct lived experience in this measure area; and
- Explored the potential for risk adjustment based on patient age.

Vote Count: Endorse (3 votes; 20%), Endorse with Conditions (12 votes; 80%), Remove Endorsement (0 votes; 0%); recusals (0).

Summary of Public Comments: Battelle received three comments prior to the meeting. The three comments expressed their support for continued endorsement for this measure, highlighting the importance of having measures that focus on the pediatric population, the measure's alignment with the current KDOQI guidelines, and the measure's reliability and validity.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement in the Spring 2019 cycle. It is currently in use with Dialysis Facility Care Compare and ESRD QIP.

Discussion Topic/Theme	Committee Discussion Summary
Maintain Conditions from CBE #2706	• The Recommendation Group had similar thoughts on the current measure as they did for CBE #2706 related to validity, patient engagement, and risk

Discussion Topic/Theme	Committee Discussion Summary
	adjustment. **They agreed to apply the same conditions to the measure without further discussion.**
Importance	• Highlighted during the Advisory Group discussion, through public comment, and through Recommendation Group independent committee review, committee members emphasized the importance of the measure, specifically due to the vulnerability of the pediatric population, noting its meaningfulness despite the limited evidence in pediatrics.

Additional Recommendations for the Developer/Steward: None.

CBE #1425 – Measurement of nPCR for Pediatric Hemodialysis Patients (UMICH/CMS) – Maintenance

Specifications | Discussion Guide

Description: Percentage of patient months of pediatric (< 18 years old) in-center hemodialysis patients (irrespective of frequency of dialysis) with documented monthly normalized protein catabolic rate (nPCR) measurements.

Committee Final Vote: Endorse with Conditions

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

- Aligned with any forthcoming CBE policies around pediatric population measures; and
- Explored meaningfulness with patients/parents/caregivers who have direct lived experience in this measure area.

Vote Count: Endorse (4 votes; 24%), Endorse with Conditions (13 votes; 76%), Remove Endorsement (0 votes; 0%); recusals (0).

Summary of Public Comments: Battelle received three comments prior to the meeting. The three comments indicated support for continued endorsement for the measure. The comments stated that the measure is a step in the right direction for pediatric assessment of nutrition and ensures pediatric patients are monitored with the most appropriate measurement that is currently available.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement in the Spring 2019 cycle. It is currently in use with Dialysis Facility Care Compare.

Discussion Topic/Theme	Committee Discussion Summary
Apply Most Conditions from CBE #2706	• The Recommendation Group had similar thoughts on the current measure as they did for CBE #2706 related to validity and patient engagement. **They agreed to apply the same conditions to the measure except for the risk-adjustment condition, as this is a process measure.**
Alternative Outcomes	• A few Recommendation Group members discussed other outcomes that may be meaningful to measure in this population, such as survival to transplantation.

Discussion Topic/Theme	Committee Discussion Summary
	The developer stated meaningful outcomes in height, weight, and growth trajectories are in early stages of measure consideration.

Additional Recommendations for the Developer/Steward: None.

CBE #2706 – Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V (UMICH/CMS) – Maintenance

Specifications | Discussion Guide

Description: Percentage of pediatric (< 18 years old) peritoneal dialysis patient-months whose delivered peritoneal dialysis dose was a weekly Kt/Vurea ≥ 1.8 (dialytic + residual).

Committee Final Vote: Endorse with Conditions

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

- Aligned with any forthcoming CBE policies around pediatric population measures;
- Explored meaningfulness with patients/parents/caregivers who have direct lived experience in this measure area; and
- Explored the potential for risk adjustment based on patient age.

Vote Count: Endorse (2 votes; 13%), Endorse with Conditions (13 votes; 81%), Remove Endorsement (0 votes; 0%); recusals (0).

Summary of Public Comments: Battelle received three comments prior to the meeting. The three comments expressed their support for continued endorsement for this measure, highlighting the importance of having measures that focus on the pediatric population, the measure's alignment with the current KDOQI guidelines, and the measure's reliability and validity.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement in the Spring 2019 cycle. It is currently in use with Dialysis Facility Care Compare.

Discussion Topic/Theme	Committee Discussion Summary
Importance and Evidence	• Advisory Group members, Recommendation Group members, a patient partner, and public comments emphasized the importance of the measure, specifically for the small and vulnerable pediatric population, noting the measure's meaningfulness despite the limited evidence in pediatrics.
Patient Engagement	• The Recommendation Group, including a patient partner, emphasized the importance of patient engagement and inclusion of patient advocates with lived experience, highlighting the need for measures to reflect the reality and responsibilities of patients, specifically children and their caregivers/parents. The developer noted their technical expert panel (TEP) included individuals with direct experience in kidney disease, but **the committee ultimately decided to place a condition on this measure for the developer to explore**

Discussion Topic/Theme	Committee Discussion Summary
	meaningfulness with patients/parents/caregivers who have direct lived experience in this measure area.
Risk Adjustment	• The committee discussed the need for risk adjustment in pediatric patients, with one Recommendation Group member highlighting the challenges younger patients face in achieving therapeutic goals in comparison to older patients. Another committee member pointed out the difficulty of risk adjustment in small populations. • The developer explained that younger patients are more likely to receive peritoneal dialysis, which offers flexibility for patients and providers to engage in shared decision-making, a process that is particularly beneficial for younger children. Additionally, the developer noted that larger individuals require more dialysis, advising against adjustments that could reduce treatment for those needing more. The developer is open to exploring risk adjustments in the future. **The committee placed a condition on the measure for the developer to explore the potential for risk adjustment based on patient age.**
Validity	• The Recommendation Group noted challenges due to small sample size weakening the validity. Battelle suggested the use of the Food and Drug Administration's (FDA) guidance on extrapolating evidence from adult data for pediatric measures. **The Recommendation Group placed a condition on the measure to align with any forthcoming CBE policies around pediatric population measures.**

Additional Recommendations for the Developer/Steward: None.

CBE #3309 – Risk-Standardized Survival Rate (RSSR) for In-Hospital Cardiac Arrest (AHA) – Maintenance

Specifications | Discussion Guide

Description: This measure estimates a hospital-level risk-standardized survival rate (RSSR) for patients aged 18 years and older who experience an in-hospital cardiac arrest.

Committee Final Vote: Endorse

Conditions: None

Vote Count: Endorse (17 votes; 100%), Endorse with Conditions (0 votes; 0%), Remove Endorsement (0 votes; 0%); recusals (0).

Summary of Public Comments: This measure did not receive any comments during the public comment period.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement in the Fall 2018 cycle. It is currently in use with Get with the Guidelines-Resuscitation.

Discussion Topic/Theme	Committee Discussion Summary
Risk Adjustment and Equity	• The Advisory Group discussed whether the measure should include patient-level risk factors and requested the Recommendation Group consider whether the measure might incidentally uncover inequities in the way that groups of patients are treated. The Recommendation Group recognized the developer did not include social risk variables as they did not wish to mask any disparities in care with risk adjustment.
Importance and Evidence	• The Recommendation Group and patient partners discussed the importance and meaningfulness of this measure, particularly in providing valuable information about in-hospital cardiac arrest. One member noted the measure fills a gap, as in-hospital cardiac arrest receives less attention in comparison to out-of-hospital cardiac arrest.
Prevalence and Competing Measures	• A Recommendation Group member noted the relatively low prevalence of cardiac arrest captured in the measure, indicating this measure could compete with other measures with higher prevalence. The developer and another Recommendation Group member explained the incidence of in-hospital cardiac arrest is increasing, according to recent estimates and literature.

Additional Recommendations for the Developer/Steward: None.

CBE #3502e – Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure with Claims and Electronic Health Record Data (Yale CORE/CMS) – Maintenance

Specifications | Discussion Guide

Description: Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure with Claims and Electronic Health Record Data measure estimates a hospital-level 30-day risk-standardized mortality rate (RSMR), defined as death from any cause within 30 days after the index admission date for Medicare fee-for-service and Medicare Advantage patients who are between the ages of 65 and 94. Index admissions are assigned to one of 15 clinically cohesive and mutually exclusive divisions: six surgical divisions and nine non-surgical divisions, based on the reason for hospitalization. The surgical divisions are: Surgical Cancer (includes a surgical procedure and a principal discharge diagnosis code of cancer), Cardiothoracic Surgery, General Surgery, Neurosurgery, Orthopedic Surgery, and Other Surgical Procedures. The non-surgical divisions are Cancer, Cardiac, Gastrointestinal, Infectious Disease, Neurology, Orthopedic, Pulmonary, Renal, Other Conditions. The final measure score (a single risk-standardized mortality rate) is calculated from the results of these 15 different divisions, modeled separately. Variables from administrative claims and electronic health records are used for risk adjustment.

Committee Final Vote: Endorse with Conditions

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

- Explored actionability of the measure with reporting entities (e.g., through qualitative data collection).

Vote Count: Endorse (5 votes; 33%), Endorse with Conditions (10 votes; 67%), Remove Endorsement (0 votes; 0%); recusals (1).

Summary of Public Comments: Battelle received one comment prior to the meeting. The comment noted the challenges with data collection and submission of measures that leverage data from EHR systems and that the current measure specifications do not align with current workflows.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement in the Spring 2019 cycle. It is currently in use the Hospital Inpatient Quality Reporting (IQR) Program.

Discussion Topic/Theme	Committee Discussion Summary
Feasibility	• Despite concerns from the Advisory Group and public comments, the Recommendation Group members found the measure feasible, emphasizing that extracting core clinical data elements from EHRs aligns with existing CMS program requirements. One Recommendation Group member highlighted that lower-resourced hospitals serving vulnerable populations are disadvantaged and inquired about the availability of resources to assist in extracting data in a cost-effective way. The developer noted that multiple support channels are available to assist hospitals with eCQM data collection, and testing showed successful data submission by most hospitals.
Usability and Actionability	• The Advisory Group and Recommendation Group discussed the actionability and usability of the measure as it is broad and an all-encompassing, hospital-wide mortality measure. • Several Recommendation Group members shared concern over potential methodological issues, such as obscuring poor results in one diagnostic category with good results in other. • The developer noted that hospitals receive detailed reports that can highlight specific areas of improvement as well as be used to compare their results state-wide and nationally. • The Recommendation Group suggested further investigation of the true actionability of this measure, **placing a condition on this measure for the developer to explore (e.g., through qualitative discussions) actionability of the measure with reporting entities.**
Importance and Unintended Consequences	• Several Recommendation Group members, including a patient partner, highlighted the importance of this measure, as it can help reduce preventable issues impacting patient mortality and assist patients in deciding where to receive care for certain care/procedures. • The developer noted this measure is balanced by the hospital-wide readmission measure to avoid unintended consequences.

Additional Recommendations for the Developer/Steward: None.

CBE #4580 – Composite Measure for the Quality of Care Provided to Patients Undergoing Percutaneous Coronary Interventions (PCI) (ACC) – New

Specifications | Discussion Guide

Description: This is a weighted composite measure comprised of six component measures: three all-cause risk standardized outcome measures on all-cause mortality, bleeding, acute kidney injury, and three process measures focused on discharge on guideline-directed medical therapy, referral to a cardiac rehabilitation program, and PCI performed within ninety minutes of symptoms for patients with acute myocardial infarctions. The target population includes adults (age 18 and greater) undergoing percutaneous coronary interventions. The timeframe for reporting will be a rolling four quarters.

Committee Final Vote: Endorse

Conditions: None

Vote Count: Endorse (16 votes; 100%), Endorse with Conditions (0 votes; 0%), Do Not Endorse (0 votes; 0%); recusals (0).

Summary of Public Comments: This measure did not receive any comments during the public comment period.

Summary of Measure Evaluation: This new measure is being reviewed for initial endorsement. It is currently in use in the CathPCI Registry.

Discussion Topic/Theme	Committee Discussion Summary
Support and Acknowledgment of Importance	• The Recommendation Group, including patient partners, agreed with the Advisory Group and expressed support for the measure. The developer addressed limitations specific to a sparse logic model by submitting an enhanced logic model in response to Battelle staff assessments.
Patient Engagement	• Patient partners highlighted the value of including patients' perspectives and lived experiences in the measure development process and advocated for spaces that support sharing genuine feedback. • In response to a concern raised by the staff assessments regarding potentially insufficient patient input, the developer noted that measure they gathered input through a TEP that was comprised of patients and caregivers and a survey that was distributed to over 1,500 individuals, including patient advocates.
Measure Exclusions and Stratification	• A Recommendation Group member inquired about the handling of elective versus primary PCI patients for myocardial infarction, and the developer confirmed all PCI patients are included, with the risk model adjusting for various factors that reflect changes in measurement strategy and practice. • In response to a Recommendation Group member's question, the developer clarified there is no stratification of measure scores; the measure is only risk adjusted.

Additional Recommendations for the Developer/Steward: None.

CBE #4595 – Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke Hospitalization with Claims-Based Risk Adjustment for Stroke Severity (Yale CORE/CMS) – New

Specifications | Discussion Guide

Description: The measure estimates the hospital-level, risk-standardized mortality rate (RSMR) for Medicare patients (Fee-for-Service [FFS] and Medicare Advantage [MA]) discharged from the hospital with a principal discharge diagnosis of acute ischemic stroke. The outcome is all-cause 30-day mortality, defined as death from any cause within 30 days of the index admission date, including in-hospital death, for stroke patients. The measure includes the National Institutes of Health (NIH) Stroke Scale as an assessment of stroke severity upon admission in the risk-adjustment model.

Committee Final Vote: Endorse

Conditions: None

Vote Count: Endorse (14 votes; 100%), Endorse with Conditions (0 votes; 0%), Do Not Endorse (0 votes; 0%); recusals (1).

Summary of Public Comments: Battelle received one comment prior to the meeting. The comment suggested that a case minimum of 25 individuals should be required as part of this measure's endorsement. The 25 minimum would also ensure reliability closer to 0.7, which the commenter suggested to be standard for endorsed measures.

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 Hospital Inpatient Quality Reporting (HIQR) Program.

Discussion Topic/Theme	Committee Discussion Summary
Usability and Unintended Consequences	• A Recommendation Group member reiterated Advisory Group concerns around the impact of resource allocation depending on how the measure is used. The developer addressed concerns about the measure's usability for less-resourced facilities, who stated that smaller hospitals with fewer than 25 cases and critical access hospitals could opt out of public reporting, although all hospitals still receive detailed quality reports.
Reliability Testing	• The developer initially submitted signal-to-noise testing but conducted additional bootstrapping testing in response to staff assessment concerns, revealing a higher average interclass correlation coefficient (ICC). Despite differing results, a Recommendation Group member affirmed that the measure can still reliably differentiate results between entities.
Handling of Transfers and Palliative Care	• A Recommendation Group member inquired about the attribution of patients who transfer between hospitals. The developer clarified that outcomes are attributed to the first admitting hospital. • Another Recommendation Group member raised concerns about potential gaming with hospice and palliative care designations. The developer clarified that patients enrolled in hospice within 12 months before or 24 hours after admission are excluded. However, do not resuscitate (DNR) status and palliative care are included in the risk-adjustment model.

Discussion Topic/Theme	Committee Discussion Summary
Stroke Severity and Data Imputation	• A Recommendation Group member noted stroke severity as a potential key confounder and asked how missing data impact measure validity. The developer included the National Institutes for Health (NIH) Stroke Scale in risk adjustment due to community feedback and noted improvements in data collection in the most recent reporting period. • A Recommendation Group member expressed apprehension around using a statistical method to incentivize hospitals to collect the data given the amount of missing data and suggested a different approach: multiple imputation. The developer noted they have explored this method and found similar results to their current method.

Additional Recommendations for the Developer/Steward: A Recommendation Group member recommended stratifying performance results by social risk factors.

CBE #4650 – Facility Level Percentage of Chronic Hyperphosphatemia in Dialysis Patients (UMICH/CMS) – New

Specifications | Discussion Guide

Description: Percentage of adult dialysis patients with a 6-month rolling average phosphorus value greater than or equal to 6.5 mg/dL.

Committee Final Vote: Endorse

Conditions: None

Vote Count: Endorse (16 votes; 100%), Endorse with Conditions (0 votes; 0%), Do Not Endorse (0 votes; 0%); recusals (0).

Summary of Public Comments: Battelle received two comments prior to the meeting. One comment indicated that the measure lacks supporting evidence. Another comment highlighted the importance of this measure and of addressing mineral and bone disorders (MBD), as improper management of MBD can put individuals at risk of experiencing further health complications, such as hyperphosphatemia.

Summary of Measure Evaluation: This new measure is being reviewed for initial endorsement. The developer noted that the measure is planned for use in public reporting and payment programs.

Discussion Topic/Theme	Committee Discussion Summary
Risk Adjustment	• A Recommendation Group member questioned the suitability of non-social risk factors for adjustment, following staff and Advisory Group discussions on risk adjustment. The developer noted that after evaluating comorbidities and other factors, expected influences such as access to healthy nutrition did not significantly impact outcomes.
Facility's Ability to Impact	• Continuing the conversation around food insecurity initially raised during the Advisory Group meeting, a Recommendation Group member raised concerns

Discussion Topic/Theme	Committee Discussion Summary
Performance	about the impact of social determinants such as food insecurity on facility performance, noting resource limitations in addressing these issues. The developer emphasized the contributions of dieticians and social workers in managing food insecurity and mentioned that dialysis facilities are now responsible for providing phosphate binders, potentially enhancing phosphorus control.
Evidence	• A Recommendation Group member was concerned about limited evidence and the American Society of Nephrology's lack of support in their public comment. The developer acknowledged gaps due to limited high-quality trials on phosphate control and binders but noted that large-scale observational studies link high phosphorus levels to poor outcomes. • The Recommendation Group member suggested issuing a call to action to nephrology organizations for studies and evidence for both pediatric and adult populations.

Additional Recommendations for the Developer/Steward: To address the challenge of the limited evidence base for the measure, a Recommendation Group suggested issuing a call to action to nephrology organizations for studies and evidence for both pediatric and adult populations.

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Appendix A: Management of Acute Events and Chronic Conditions Committee Roster

Fall 2024 Cycle

Member	Affiliation/ Organization	Primary Perspective	Advisory/ Recommendation Group
Florence Thicklin *(Patient Representative Co-chair)*	--	Patient Partner	Recommendation
Charles (Kurt) Mahan *(Non-patient Representative Co-chair)*	University of New Mexico (UNM)	Clinician	Recommendation
Lauren Agoratus	--	Patient Partner	Advisory
Lisa Albers	CalPERS	Purchaser/Plan	Recommendation
Sharon Ayers	--	Patient Partner	Recommendation
Jeni Barham	Mainline Health Systems Inc	Clinician	Advisory
Rosie Bartel	--	Patient Partner	Advisory
Whitney Bowman-Zatzkin	Rare Dots Consulting	Patient Partner	Recommendation
Carrie Bramlee	--	Patient Partner	Advisory
Frankie Catalfumo	Association for Professionals in Infection Control and Epidemiology	Other Interested Party	Advisory
David Clayman	Mathematica	Other Interested Party	Recommendation
Anna Doubeni	Ohio State University Wexner Medical Center	Health Equity Expert	Recommendation
Marybeth Farquhar	American Urological Association	Researcher	Recommendation
Icilma Fergus Rowe	Icahn School of Medicine at Mount Sinai	Facility/Institution	Advisory
Emily Fondahn	University of Missouri Health Care-Columbia	Clinician	Advisory
Mika Gans	Colorado Access	Purchaser/Plan	Recommendation
Byron Geoffrey	--	Patient Partner	Advisory
Laurent Glance	University of Rochester Medical Center; RAND Corporation	Facility/Institution	Recommendation
Michael Hanak	Rush University Medical	Facility/Institution	Recommendation

Member	Affiliation/ Organization	Primary Perspective	Advisory/ Recommendation Group
(inactive)	Center		
Shawn-Marie Herring	Texas Health Resources	Quality Improvement	Advisory
Jennifer Hunt	--	Patient Partner	Advisory
Wiley Jenkins	Southern Illinois University School of Medicine	Rural Health Expert	Advisory
Sarah Johnson	--	Patient Partner	Advisory
Vilma Joseph	Albert Einstein College of Medicine/Montefiore Medical Center	Clinician	Advisory
Virna Little	Zero Overdose; Concert Health	Rural Health Expert	Recommendation
Abate Mammo	New Jersey Hospital Association	Other Interested Party	Advisory
Chisa Nosamiefan	Mass-General Brigham	Patient Partner	Advisory
Tamaire Ojeda	Commission of Dietetic Registration	Clinician	Advisory
Adelisa Perez-Hudgins	New Jersey Health Care Quality Institute	Clinician	Advisory
Dmitriy Poznyak	Mathematica	Researcher	Advisory
Carol Pugh	--	Patient Partner	Advisory
Monika Ray	University of California, Davis, School of Medicine	Researcher	Advisory
Nagaraju Sarabu	MetroHealth Medical Center	Clinician	Advisory
Aileen Schast	Jefferson Einstein Hospital	Health Equity Expert	Recommendation
Antoinette Schoenthaler	NYU Langone Health	Health Equity Expert	Advisory
Vikram (Vik) Shah	Cigna	Purchaser/Plan	Advisory
David Shahian	Dept. of Surgery and Division of Cardiac Surgery, Massachusetts General Hospital; Harvard Medical School	Researcher	Recommendation
Benjamin Shirley	Pharmacy Quality Alliance	Other Interested Party	Recommendation
Pavel Sinyagovskiy	Yuma Regional Medical Center	Clinician	Advisory
Chloe Slocum	Harvard Medical School, Spaulding Rehabilitation Network at Mass General Brigham, Harvard Medical	Clinician	Recommendation

Member	Affiliation/ Organization	Primary Perspective	Advisory/ Recommendation Group
	School Department of Physical Medicine and Rehabilitation		
Jeff Susman	University of Texas Medical Branch	Clinician	Advisory
Lisa Suter	Yale University School of Medicine; YNHHSC Center for Outcomes Research & Evaluation (CORE)	Clinician	Recommendation
Ashley Tait-Dinger	Florida Alliance for Healthcare Value	Purchaser/Plan	Recommendation
Eleni Theodoropoulos	URAC	Other Interested Party	Advisory
Samantha Tierney	American College of Physicians	Other Interested Party	Advisory
Sara Toomey	Harvard Medical School	Clinician	Advisory
Michael Trangle	Health Partners	Clinician	Advisory
Vandolynn Tucker	--	Patient Partner	Advisory
Misty Votaw *(inactive)*	FH Foundation Advocate	Patient Partner	Recommendation
John Wagner	NYC Health + Hospitals/Kings County	Facility/Institution	Advisory
Jamieson Wilcox	University of Southern California; Keck Medicine of USC	Clinician	Advisory
Bianca Young	--	Patient Partner	Advisory
Eric Youngstrom *(inactive)*	University of North Carolina Chapel Hill; Helping Give Away Psychological Science	Researcher	Recommendation
Tarik Yuce	Indiana School of Medicine	Researcher	Advisory
Bonnie Zima	UCLA Semel Institute for Neuroscience and Human Behavior; Mental Health Informatics and Data Science (MINDS) Hub	Clinician	Recommendation

Measure Stewards

American College of Cardiology (ACC)

American Heart Association (AHA)

Centers for Medicare & Medicaid Services (CMS)

Measure Developers

Mathematica

University of Michigan (UMICH)

Yale Center for Outcomes Research and Evaluation (Yale CORE)


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