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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

Primary Prevention

April 2025

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The analyses upon which this publication is based were performed under Contract Number 75FCMC23C0010, entitled, "National Consensus Development and Strategic Planning for Health Care Quality Measurement," sponsored by the Department of Health and Human Services, Centers for Medicare & Medicaid Services.

Table of Contents

List of Tables

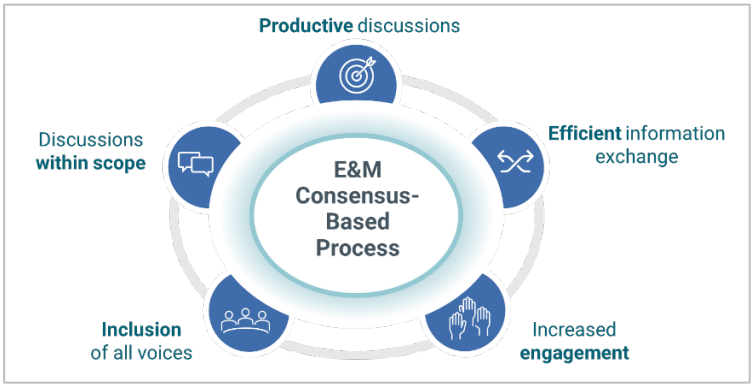
List of Figures

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]

Figure 1. E&M Consensus-Based Process



Battelle is a certified consensus-based entity (CBE) funded through the Centers for Medicare & Medicaid Services (CMS) National Consensus Development and Strategic Planning for Health Care Quality Measurement Contract. 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).

One of those focus areas is primary prevention, which includes measures that seek to prevent disease, injuries, or adverse health events before they occur. This involves efforts to maintain and improve health, reduce risk factors, and provide care beyond individual physician visits. Achieving this objective can involve interventions such as vaccinations and health education. For the Fall 2024 cycle, the measure reviewed focused on contraceptive care screening, which has been shown to address gaps in contraceptive care provision.[3] Access to patient-centered contraceptive care is essential for individuals to achieve their reproductive goals, yet barriers such as assumptions about patient needs, limited provider-patient communication, and competing health priorities hinder effective counseling. Thus, implementing standardized screening in diverse health care settings can improve access, addressing these challenges and enhancing contraceptive care provision.

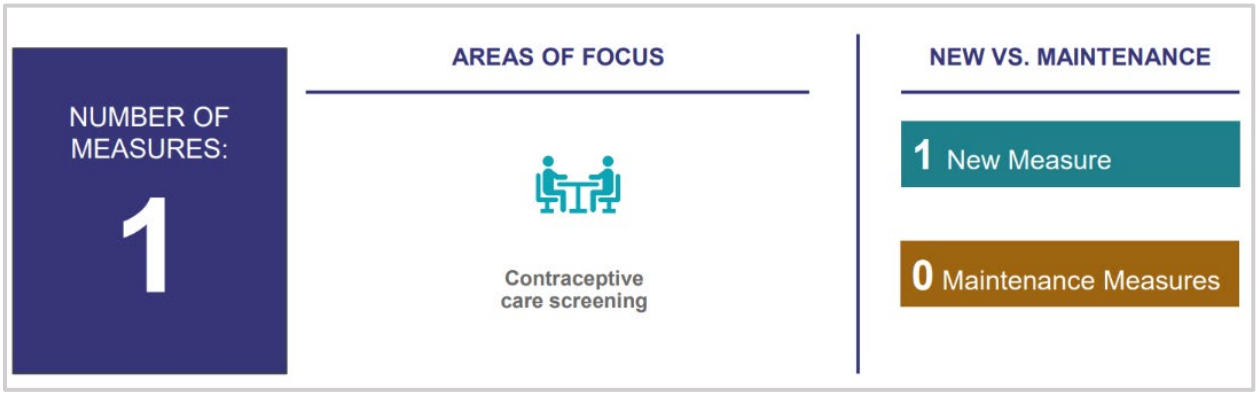
For this measure review cycle, developers submitted one new measure to the Primary Prevention committee for endorsement consideration (Figure 2). The committee endorsed the measure based on the PQM Measure Evaluation Rubric within version 1.2 of the E&M Guidebook.

Table 1. Measure Reviewed by the Primary Care Committee

CBE Number	Measure Title	New/Maintenance	Developer/Steward	Final Endorsement Decision
4655e	The percentage of patients assigned female at birth ages 15-44 who were asked the Self-Identified Need for Contraception (SINC) question with a recorded response, among patients with a qualifying encounter. (Contraceptive Care Screening eCQM*)	New	University of California, San Francisco	Clinician Group/Practice Level: Endorsed Facility Level: Endorsed

*Electronic Clinical Quality Measure

Figure 2. Fall 2024 Measure for Committee Review

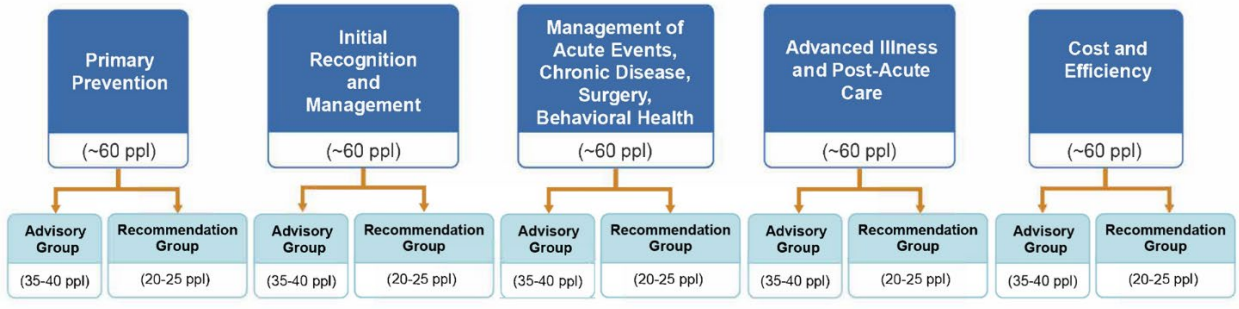


Endorsement and Maintenance (E&M) Overview

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).

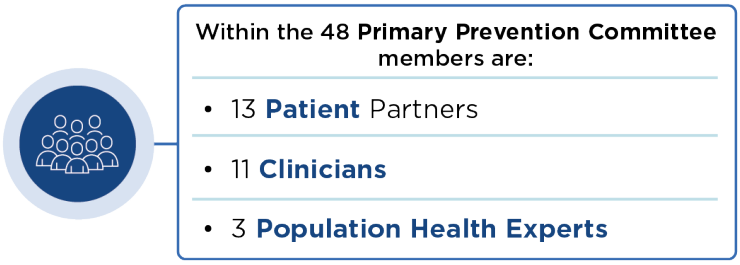
Figure 4. E&M Interested Parties

For the Primary Prevention committee, membership for the Fall 2024 cycle consisted of 13 patient partners (i.e., patients, caregivers, advocates) and 11 clinicians, with specialties in family medicine, preventive medicine, internal medicine, and others (Figure 5). The committee also included three 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. Primary Prevention 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 Public Comment Listening Sessions to gather additional public comments on the measure; these virtual sessions are 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 measure submitted to the Primary Prevention 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 Primary Prevention, the Advisory Group convened on December 9, 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 Primary Prevention Recommendation Group convened on February 13, 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.** 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 measure reviewed by Primary Prevention committee did not receive any appeals.

Primary Prevention Measure Evaluation

For this measure review cycle, the Primary Prevention committee evaluated one new measure against standard measure evaluation criteria. During the Recommendation Group endorsement meeting, the committee voted to endorse the measure at the clinician group/practice level and at the facility level (Table 4).

Table 4. Number of Fall 2024 Primary Prevention Measures Submitted and Reviewed

	Maintenance	New	Total
Number of measures submitted for endorsement review	0	1	1
Number of measures withdrawn from consideration*	0	0	0
Number of measures reviewed by the committee	0	1	1
Number of measures endorsed	0	1	1
Number of measures endorsed with conditions	0	0	0
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 measure received nine public comments, and we published the comments to the respective measure page on the PQM website. If the measure received any comments, the measure's evaluation summary includes a summary of these comments. Developer/steward responses to the public comments can be found under 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.

Enhancing Cultural Sensitivity and Inclusivity

The committee emphasized the need for cultural sensitivity and minimizing biases in provider-patient interactions, with the developer acknowledging these challenges and striving for patient-centered measures. The committee noted the gap in ability to capture cultural sensitivity through electronic health record (EHR) data and the need to exclude certain data, such as sterilization availability, to enhance patient-centeredness. The developer emphasized the need to address reproductive health in diverse populations and settings, such as emergency departments and mobile health units. They also noted the limitations in capturing sexual orientation and gender identity (SOGI) data within EHRs. They aim to use SINC as a steppingstone for broader application, despite challenges in scaling eCQMs. The committee noted the measure's feasibility and potential for standardization, with the developer committed to addressing implementation challenges in various settings.

Measure Evaluation Summary

CBE #4655e – The percentage of patients assigned female at birth ages 15-44 who were asked the Self-Identified Need for Contraception (SINC) question with a recorded response, among primary care patients with a qualifying encounter. (Contraceptive Care Screening eCQM) [University of California, San Francisco] – New

Specifications | Discussion Guide

Description: Percentage of patients assigned female at birth and ages 15-44 who were asked if they wanted to talk about contraception or pregnancy prevention and had their response recorded during the measurement period (which is a calendar year), among patients with a qualifying encounter; to focus on the population of non-postpartum women, the measure excludes those individuals who had a live birth making them eligible for postpartum contraceptive services, and also excludes those who are anatomically infecund or have had female sterilization from the denominator.

Committee Final Vote: Endorse

Conditions: N/A

Vote Count for Clinician Group/Practice Level and Facility Level: Endorse (14 votes; 100%), Endorse with Conditions (0 votes; 0%), Do Not Endorse (0 votes; 0%); recusals (0).

Summary of Public Comments: Battelle received nine comments prior to the meeting. The comments collectively emphasized the significance of person-centered care and reproductive health equity and autonomy. The Coalition to Expand Contraceptive Access, the American College of Obstetricians and Gynecologists, and the National Family Planning & Reproductive Health Association supported this perspective. Additionally, three commenters expressed concern about the potential misuse of reproductive health data and highlighted the importance of considering the administrative burden and the risk of provider burnout.

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 public reporting, payment programs, quality improvement programs, and quality improvement efforts.

Discussion Topic/Theme	Committee Discussion Summary
Expanding the Screening Question	• The Advisory Group questioned the frequency of questions asked annually. Additionally, they raised concerns about the nature of the questions, debating the merits of service-based versus intention-based questions. They suggested the inclusion of questions related to pregnancy intention and fertility screening. • The developer emphasized the importance of including questions about current contraceptive needs, rather than solely focusing on pregnancy intention or planning. They advocated for a service needs question supported by research that assesses immediate patient desires to ensure comprehensive contraceptive care discussions that address both current needs and future intentions. Regarding frequency, the developer specified that questions should be asked at least once a year, allowing flexibility for different programs while

Discussion Topic/Theme	Committee Discussion Summary
	cautioning against excessive questioning that may feel targeted, thus maintaining a delicate balance.
Exclusion and Inclusion Criteria	• The Advisory Group discussed the exclusion and inclusion criteria, emphasizing the necessity for inclusivity in diverse care settings to better serve gender minorities and vulnerable populations, thus ensuring that these groups are adequately represented and considered. • The developer clarified that the measure targets contraceptive needs for those not experiencing a live birth during the measurement period, distinguishing it from peripartum pathways. It includes individuals already using contraceptives to address dissatisfaction or lack of awareness, while excluding those with sterilization. Tested in diverse settings such as Title X and school-based health centers, the measure aims for inclusivity of gender minorities and vulnerable populations. • The developer also acknowledged the importance of addressing LGBTQIA reproductive health needs and recognized limitations in SOGI data within EHRs. They stated they aim to use SINC as a steppingstone for broader application. • The Recommendation Group acknowledged the Advisory Group's feedback and the developer's responses and did not raise any concerns. The Recommendation Group considered whether the denominator included visit types. The developer clarified that qualifying encounters include preventive care visits, both in-office and via telehealth, and they will consider specialty visits outside primary care in the measure's implementation guide.
Cultural Sensitivity	• The Advisory Group expressed concern about patient discomfort when discussing topics related to pregnancy prevention, recognizing the sensitivity of such subjects, specifically for people experiencing infertility. • The Recommendation Group acknowledged the Advisory Group feedback and emphasized the need for the measure to consider cultural sensitivities and biases in provider-patient interactions, advocating for flexibility and patient-centeredness in contraceptive care discussions. • The developer outlined efforts to keep the measure patient centered, with implementation guidance for cultural adaptability and minimizing power dynamics. They also emphasized the importance of excluding certain data, such as sterilization availability, to enhance patient-centeredness, despite limitations in capturing cultural sensitivity through EHR data. Regarding sensitivities around infertility, the developer noted that the limitations of EHR make it difficult to exclude patients experiencing infertility.
eCQMs and Feasibility at Scale	• Both Advisory Group and Recommendation Group members expressed concerns about the infrastructure needed for eCQMs and the feasibility of scaling the measure, emphasizing the need for standardized data collection within EHRs. • The developer acknowledged these challenges and highlighted the importance of standardized data assessment through EHRs, noting successful pilot implementation across health centers.

Discussion Topic/Theme	Committee Discussion Summary
	• The Recommendation Group recognized challenges with data elements such as sterilization and live births but noted these could be addressed with improvements in EHR documentation practices. • The developer agreed with the need for ongoing EHR improvements and highlighted the measure's flexibility for integration into existing clinical workflows. They further underscored their commitment to ensuring that the measure can be implemented in settings lacking electronic health data capabilities.
Accountability Readiness	• The Recommendation Group expressed concerns about the measure's readiness for use in payment programs, stressing the need for robustness and reliability before linking it to financial incentives. The developer clarified that the measure is not yet suitable for pay-for-performance; rather the developer designed the measure to identify patient needs for contraception, which can be addressed through referrals or counseling, even in systems with limited options such as Catholic health care. • The Recommendation Group advocated for refining the measure through rapid-cycle improvement to ensure its suitability for accountability contexts, with the aim of preventing unintended consequences and balancing accountability with flexibility in clinical workflows and resource availability. They supported the measure at the clinician group/practice and facility level as currently specified, but not at the individual clinician level until it is specified and tested for this level of accountability.

Additional Recommendations for the Developer/Steward: None.

References

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2. Quality Measurement and Quality Improvement. Centers for Medicare & Medicaid Services. Updated 09/10/2024. Accessed September 18, 2024. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Quality-Measure-and-Quality-Improvement-

3. Knowles, K., Lee, S., Yapalater, S., Taylor, M., Akers, A. Y., Wood, S., & Dowshen, N. (2025). Simulation of contraceptive access for adolescents and young adults using a pharmacist-staffed e-platform: Development, usability, and pilot testing study. JMIR Pediatrics and Parenting, 8(1), e60315. https://doi.org/10.2196/60315

Appendix A: Primary Prevention Committee Roster

Fall 2024 Cycle

Member	Affiliation/ Organization	Primary Perspectives	Advisory/ Recommendation Group
Pooja Kothari *(Patient Representative Co-chair)*	X4 Health	Patient Partner	Recommendation
Sandeep Vijan *(Non-patient Representative Co-chair)*	University of Michigan Health	Facility/Institution	Recommendation
Ramsey Abdallah	Northwell Health	Facility/Institution	Recommendation
Rebekah Angove	Patient Advocate Foundation	Patient Partner	Recommendation
Christopher Babiuch	Cleveland Clinic Primary Care Institute	Facility/Institution	Advisory
Edward Bailly	Mount Sinai Health System	Other Interested Parties (Quality Improvement Expert)	Advisory
Barrett, Kirsten	Mathematica	Clinician	Advisory
Willie Berryhill	--	Patient Partner	Advisory
Kissley Booker	Southern University A&M College	Clinician	Advisory
Jeff Brady	Enterprise Research & Innovation, Highmark Health	Purchaser/Plan	Recommendation
Jon Burdick	Saint Joseph Hospital	Clinician	Advisory
David Campa	Covered California	Clinician	Advisory
Don Casey	Improving Patient Outcomes for Health	Clinician	Advisory
Kerri Engebrecht	--	Patient Partner	Advisory
Paula Farrell	Lantana Consulting Group	Other Interested Parties (Measure Developer)	Recommendation
Beverly Green	Washington Permanente Medical Group (WPMG), Kaiser Permanente	Clinician	Advisory
Peter Herrera	--	Patient Partner	Advisory
Michael Ho	VA Eastern Colorado Health Care System and University of	Health Services Researcher	Recommendation

Member	Affiliation/ Organization	Primary Perspectives	Advisory/ Recommendation Group
	Colorado School of Medicine and American Heart Association		
Thoma Hudson	Parkview Health	Other Interested Parties (Quality Improvement Expert)	Advisory
Mahir Hussein *(inactive)*	--	Health Equity Expert	Recommendation
Daniel Kelley	Wellframe	Patient Partner	Advisory
Sheila Kredit	Central Washington Family Medicine/Community Health of Central Washington	Clinician	Advisory
John Krueger *(inactive)*	The Chickasaw Nation Department of Health	Rural Health Expert	Recommendation
Roger Lacoy *(inactive)*	--	Patient Partner	Advisory
Jenel Lansang	American Academy of Otolaryngology – Head and Neck Surgery	Clinician	Advisory
Emily Lee	--	Patient Partner	Advisory
Shoshana Levy	CVS/Aetna	Purchaser/Plan	Recommendation
Zhenqui Lin	Yale Center for Outcomes Research and Evaluation	Other Interested Parties (Measure Developer)	Recommendation
Ayanna Lowry	ALPS Services, Inc	Health Services Researcher; Clinician	Advisory
Lucy Marius	Federal Highway Administration	Patient Partner	Advisory
Colleen McKiernan	The Lewin Group	Other Interested Parties (Measure Developer)	Advisory
Amy Moreno	CVS/Aetna	Patient Partner	Advisory
Jean Morris *(inactive)*	Maricopa Integrated Health System	Facility/Institution	Recommendation
Quinyatta Mumford	Mumford and Associates	Patient Partner	Recommendation
Heather Napier	Baptist Health Corbin	Facility/Institution	Recommendation
Erin O'Rourke	AHIP	Purchaser/Plans (Quality Measurement Expert)	Advisory
Padmaja Patel	American College of	Clinician	Recommendation

Member	Affiliation/ Organization	Primary Perspectives	Advisory/ Recommendation Group
	Lifestyle Medicine; World Lifestyle Medicine Organization; Wellvana		
David Pryor	Intermountain Health	Facility/Institution	Recommendation
Amir Qaseem	American College of Physicians	Clinician	Recommendation
Kimberly Rodgers *(inactive)*	--	Patient Partner	Recommendation
Jennifer Rozenich	Cook County Health System	Rural Health Expert	Recommendation
Suellen Shea	Signature Health Inc	Other Interested Parties (Quality Measurement Expert)	Advisory
Timothy Switaj	West Region, WellSpan Health	Facility/Institution	Recommendation
Alana Thompson-Byrd	Elevance Health	Facility/Institution	Advisory
Elisa Tong	Stop Tobacco Program (SToP)	Clinician	Advisory
Danielle Williams	--	Patient Partner	Advisory
Jenna Williams-Bader	National Quality Forum	Other Interested Parties (Measure Developer)	Advisory
Jennifer Wiltz	Centers for Disease Control and Prevention	Other Interested Parties (Quality Measurement Expert)	Advisory

Measure Steward/Developer

University of California, San Francisco


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