Partnership for Quality Measurement

Pre-Rulemaking Measure Review (PRMR) and Measure Set Review (MSR) Guidebook Overview

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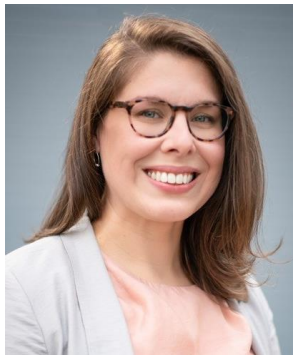
Meet the Leadership Team

Nicole Brennan | Executive Director

- Provides strategic and operational oversight
- 20+ years health care, public health and quality experience

Brenna Rabel | Deputy Director



- Facilitates collaboration across E&M, PRMR and MSR, and CQMC to ensure consistency and excellence in CBE activities
- 10+ years health care, public health and quality experience

Diptee Ojha | PRMR & MSR Technical Lead

- Oversees PRMR and MSR processes
- 10+ years measurement science, health care and quality experience

Jeff Geppert | Senior Research Leader

- Leads Measurement Science team for E&M
- 25+ years measurement science, health care and quality experience

E&M: Endorsement and Maintenance; PRMR: Pre-Rulemaking Measure Review; MSR: Measure Set Review; CQMC: Core Quality Measures Collaborative; CBE: Consensus-based Entity

Agenda

- Introduction to Battelle Memorial Institute (Battelle) and the Partnership for Quality Measurement (PQM)™
- Introduction to Pre-Rulemaking Measure Review (PRMR) and Measure Set Review (MSR)
- Overview of the PRMR and MSR Guidebook Policies and Procedures
  - PRMR and MSR Committee Overview
  - PRMR Process and Timeline
  - MSR Process and Timeline
- Review Public Engagement Strategies
- Q&A and Open Discussion

Key Enhancements

Introducing More Rigor, Engagement, and Transparency to the Processes

- Now named Pre-Rulemaking Measure Review (PRMR) (previously MAP) and Measure Set Review (MSR)
- Leveraging the Novel Hybrid Delphi and Nominal Groups Technique
- Streamlining the number of committees reviewing the measures
- Emphasis on inclusivity and diverse voices to the review processes (patients, caregivers, and underrepresented minorities representation)
- Integrated processes emphasizing balanced perspective representation

Introduction to Battelle and PQM

Consensus-Based Entity

Established by law through Social Security Act (1890/1890A)

Formal recommendations to CMS regarding quality measures used in Medicare quality and value-based programs. Recommendations are non-binding.

Wide range of interested parties including patients, patient advocates, caregivers, beneficiaries, consumers, payers, clinicians, other clinical care providers, rural and health equity experts, and other interested parties

Emphasis on person-centered viewpoint and diverse participants, including rural, safety net, underserved populations and communities

Three processes ensuring measures are safe and effective, reasonable and balanced:

- Endorsement and Maintenance
- Pre-Rulemaking Measure Review
- Measure Set review

CBE Timeline

2010: SSA (Section 1890/ 1890-A)

2011: NQF awarded CMS CBE contract

- Endorsement and Maintenance
- Established Measures Application Partnership to review measures under considerations for CMS Medicare quality and value-based programs

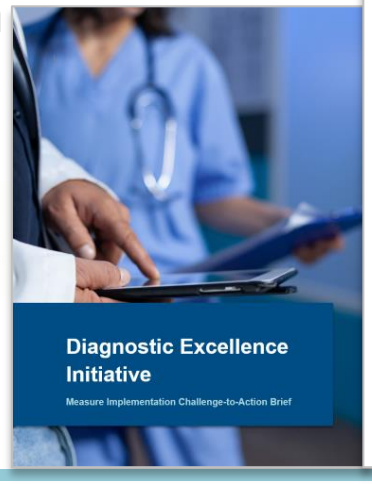
2021: Consolidated Appropriations Act- allowed for measure removal discussions, resulting in the Measure Set Review

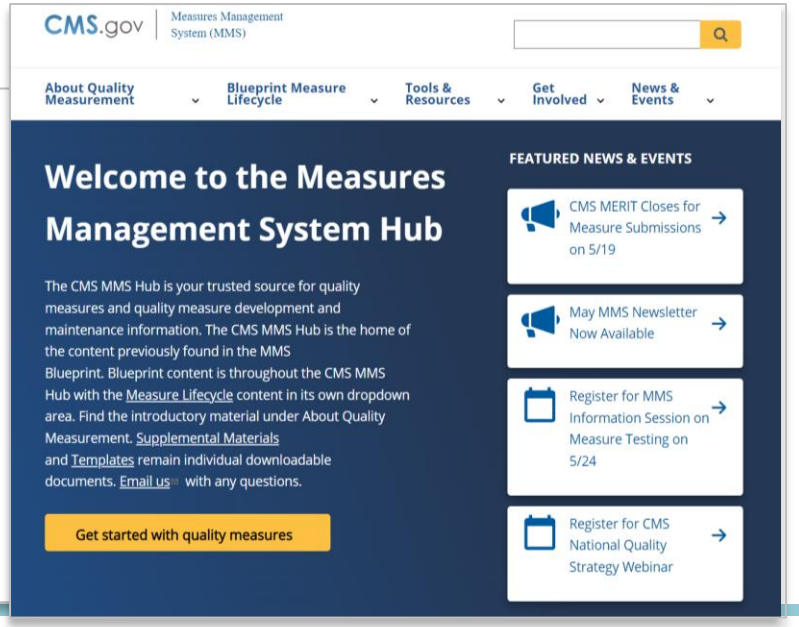
2023: Battelle awarded the National Consensus Development and Strategic Planning for Health Care Quality Measurement contract

- Endorsement and Maintenance
- Pre-Rulemaking Measure Review
- Measure Set Review

Battelle and Health Care Quality

- Battelle is the world's largest, independent, nonprofit, applied science and technology organization
- Over 20 years of contributions and leadership in the science of health care quality measurement
  - Centers for Medicare & Medicaid Services (CMS) Measures Management System
  - CMS Blueprint
  - AHRQ contracts
  - Gordon and Betty Moore Foundation





Battelle as a Consensus-Based Entity

CMS-certified consensus-based entity (CBE)

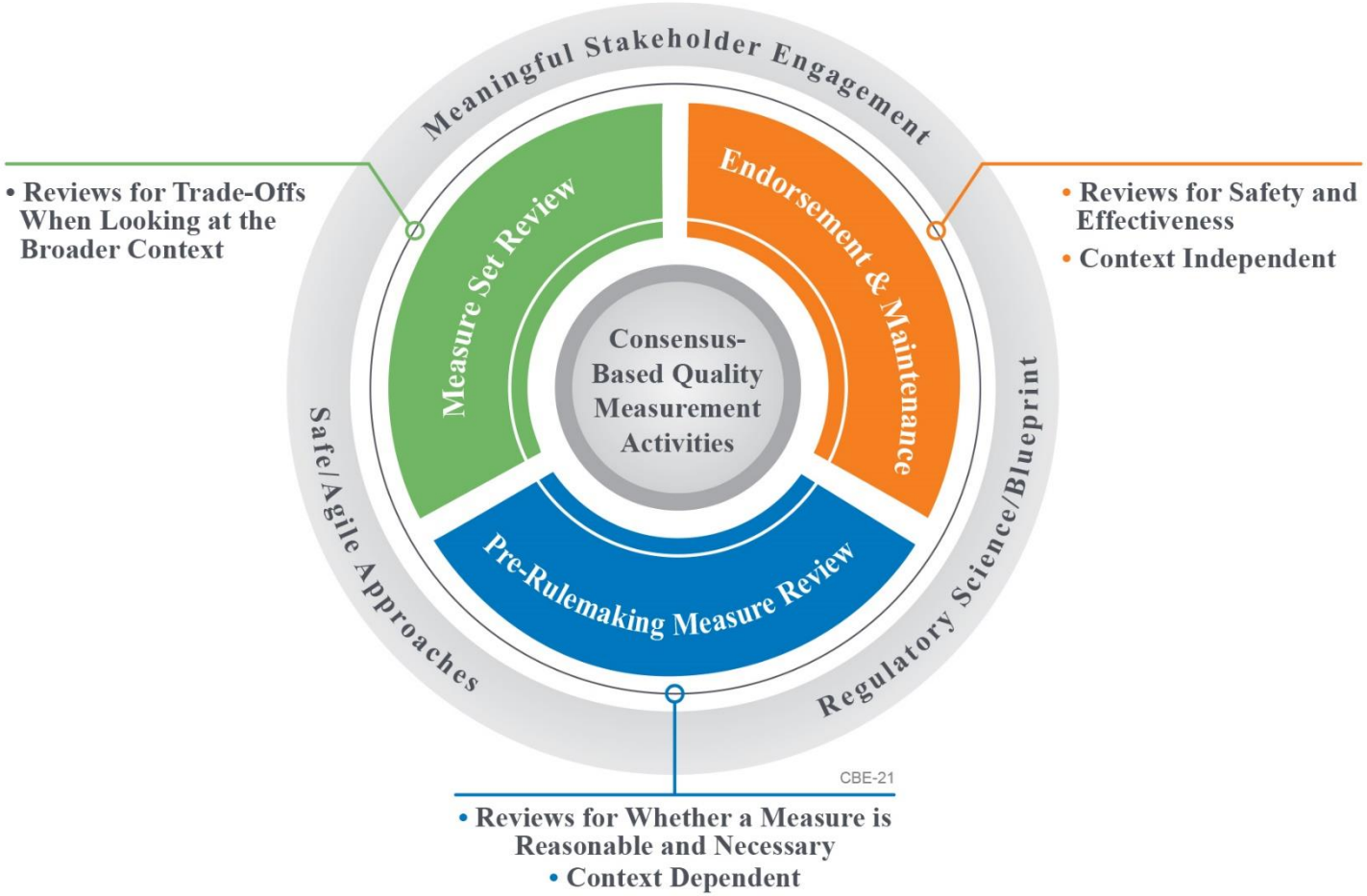
Awarded CMS National Consensus Development and Strategic Planning for Health Care Quality Measurement contract in 2023

Partnership for Quality Measurement

Powered by Battelle

- **Who we are:** Partnership of members across the health care and quality landscape interested in promoting meaningful quality measurement
- **Vision**: The quality measure endorsement & maintenance, PRMR, and MSR processes should be reliable, transparent, attainable, equitable, and most of all meaningful
- **Approach**: Ensure informed and thoughtful reviews of qualified measures by conducting a consensus-based process involving a variety of experts—clinicians, patients, measure experts, and health information technology specialists

Elements of an effective CBE



What’s New: PRMR and MSR

PRMR and MSR Approach

The **PRMR process** solicits input from interested parties to recommend whether measures on the MUC List are reasonable and necessary

The **MSR process** allows interested parties to consider the purpose of each program's measures and weigh the impact of these measures against the burden of their implementation

Process Overview

PRMR: Process to seek input on the measures for use in specific CMS Medicare quality program.

MSR: Process to identify and make recommendations about measures in the CMS portfolio whose burdens outweigh the benefits.

Building Recommendations

- Novel Hybrid Delphi and Nominal Group Technique
- Multi-step review ensuring rigor
- Meaningful opportunities for public engagement ensuring transparency
- Recommendations are quantified

Key Participants

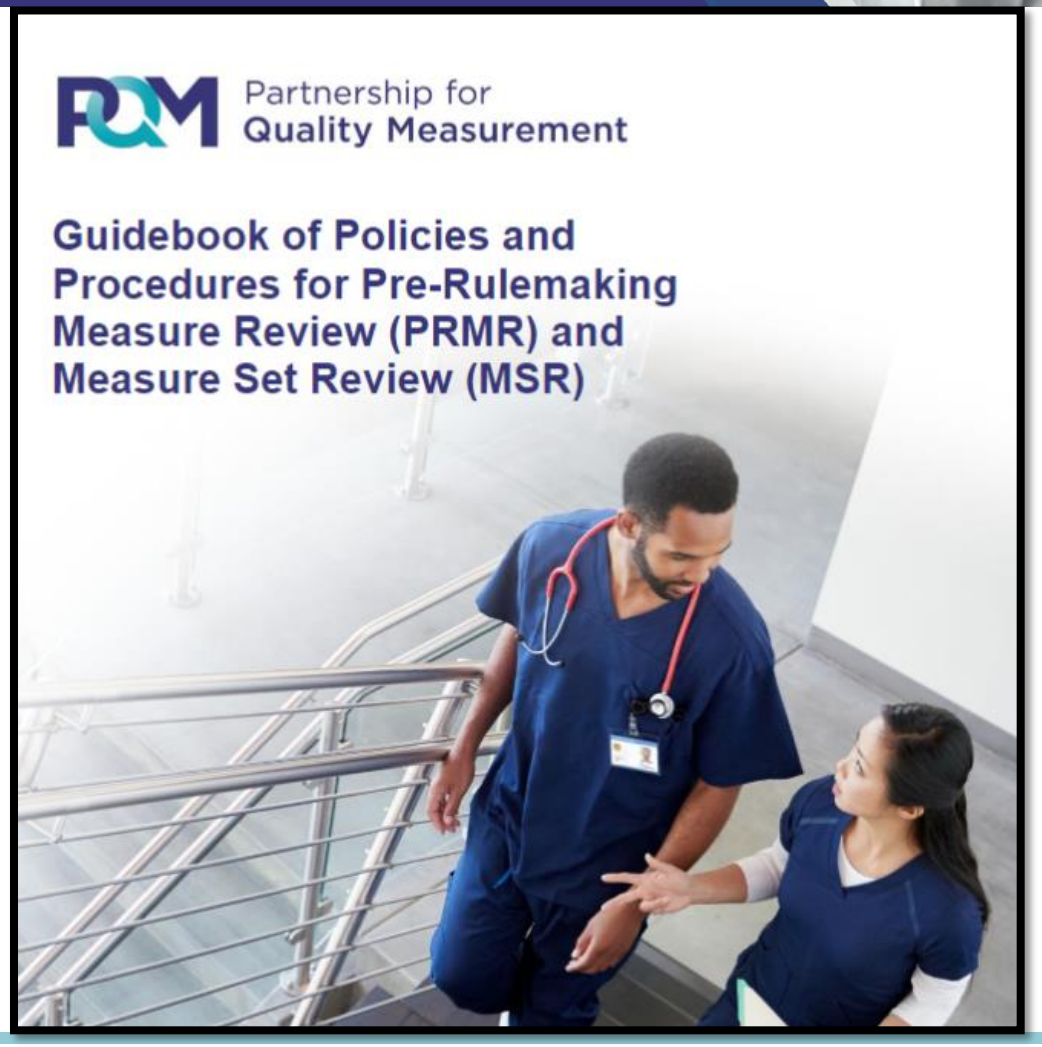
- Diverse representation
- Emphasis on patients'/recipients of care and caregivers' voices
- Emphasis on under-represented voices
- Rural health and health equity expertise embedded into the committees reducing siloed discussions

What's New

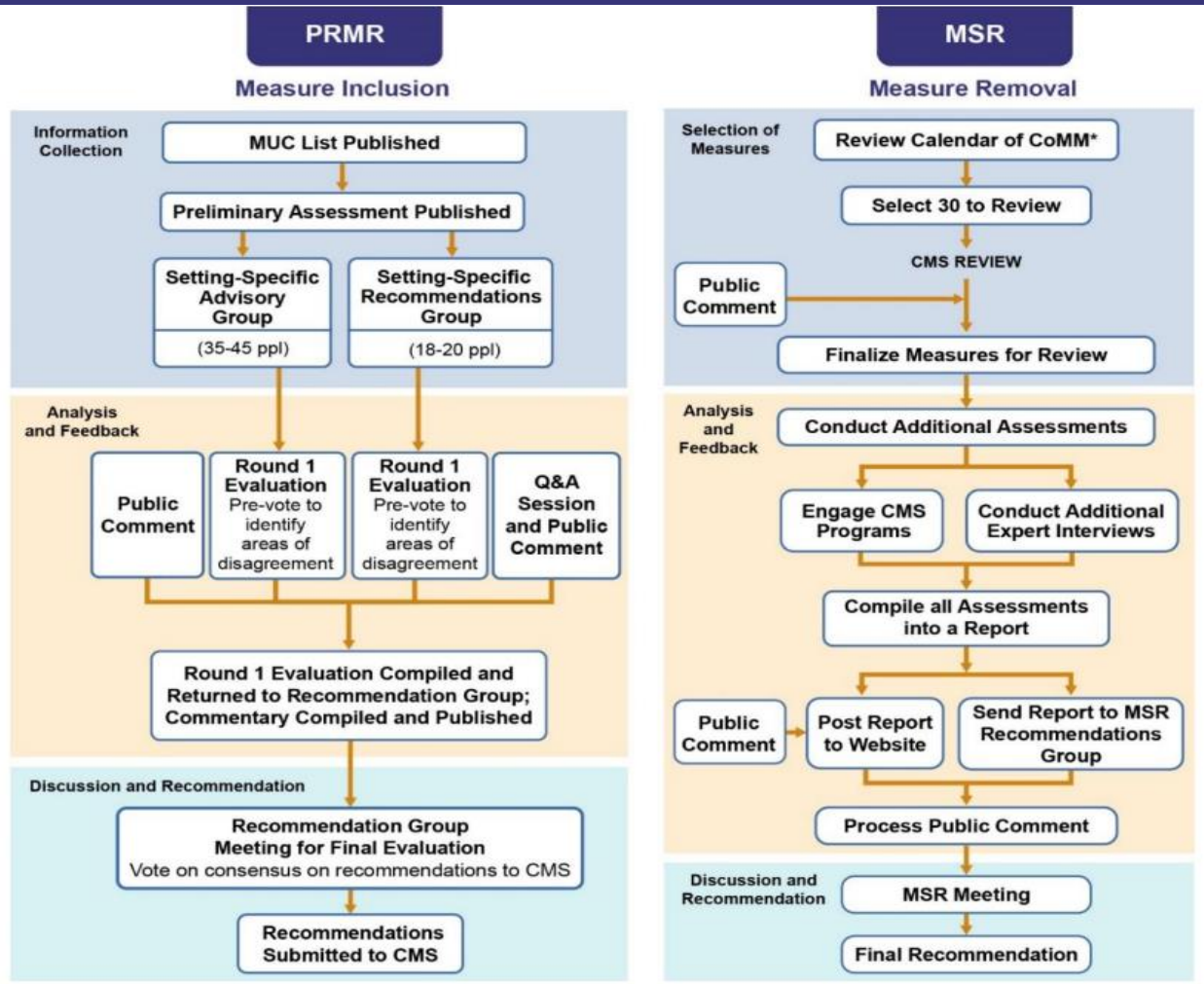
- Committee members organized into an Advisory and a Recommendation Group—multiple opportunities to participate and provide feedback
- More opportunities for public comment
- Listening session
- Integrated process
  - Fewer committees involved including incorporation of Coordinating Committee and Advisory Workgroups into the Setting Specific Committees
  - Smaller discussion groups emphasizing balanced perspective
  - All PRMR meetings scheduled in January

PRMR and MSR Guidebook

- The Guidebook serves as a resource to all parties who are interested in these processes and includes details on the following:
  - PRMR and MSR activities, processes, and their associated timelines
  - Summary of committee compositions
  - Measure selection and removal criteria



PRMR and MSR Processes



The PRMR and MSR processes recommend selection or removal to address ***national health care priorities, fill critical measurement gaps, and increase alignment of measures among programs***

Key Enhancements Continued…

Introducing More Rigor, Engagement, and Transparency to the Processes

- Emphasis on diverse voices to the review processes (patients, caregivers, and underrepresented minorities representation)
- Leveraging the Novel Hybrid Delphi and Nominal Groups Technique
- Streamlining the number of committees reviewing the measures
- Emphasis on inclusivity: longer public comment periods, listening sessions, and in-person member educational meeting
- Integrated processes emphasizing balanced perspective representation

1. Leveraging the NHDNG Technique

Proposed change:

- Implement the Novel Hybrid Delphi and Nominal Groups Technique

Enhancements:

- Improve consistency and equity of contribution during meetings
- Streamline consensus building
- Maximize the value of the time spent to build consensus by focusing discussion on measures where there is disagreement.

Next steps:

- Education on technique made available for committee members

2. Streamlining the Number of Committees

Proposed change:

- Reduction in number of standing committees to fewer, more generalized committees

Enhancements:

- Allows for greater flexibility and equitable distribution of effort
- Subject matter experts can be brought in as needed rather than being required to commit to a full committee membership requirement

Next Steps:

- Share final committee structure
- Formal nominations period started on June 30, 2023

3. Integrated processes

Proposed changes

- Coordinating committee, rural health, and health equity workgroups embedded directly into the three standing committees
- Committees make recommendations directly to CMS
- Commitment to inclusivity

Enhancement

- Smaller discussion groups emphasizing balanced perspective
- Recruitment emphasis on patients, caregivers, patient and caregiver advocacy groups, underrepresented minorities
- Advisory and recommendation groups work in tandem to provide recommendations
- More opportunities for engagement including listening sessions and public comment periods

Next steps

- Share final committee structure
- Formal nominations period started on June 30, 2023

4. Inclusivity

Proposed changes

- Public engagement opportunities
- Commitment to inclusivity

Enhancement

- Listening sessions during public comment period to directly engage with CMS and Battelle staff on MUC list queries
- Two public comment periods for every MSR cycle
- In-person education meeting for members

Next steps

- Public comment period for MSR will open in September

Committee Structure

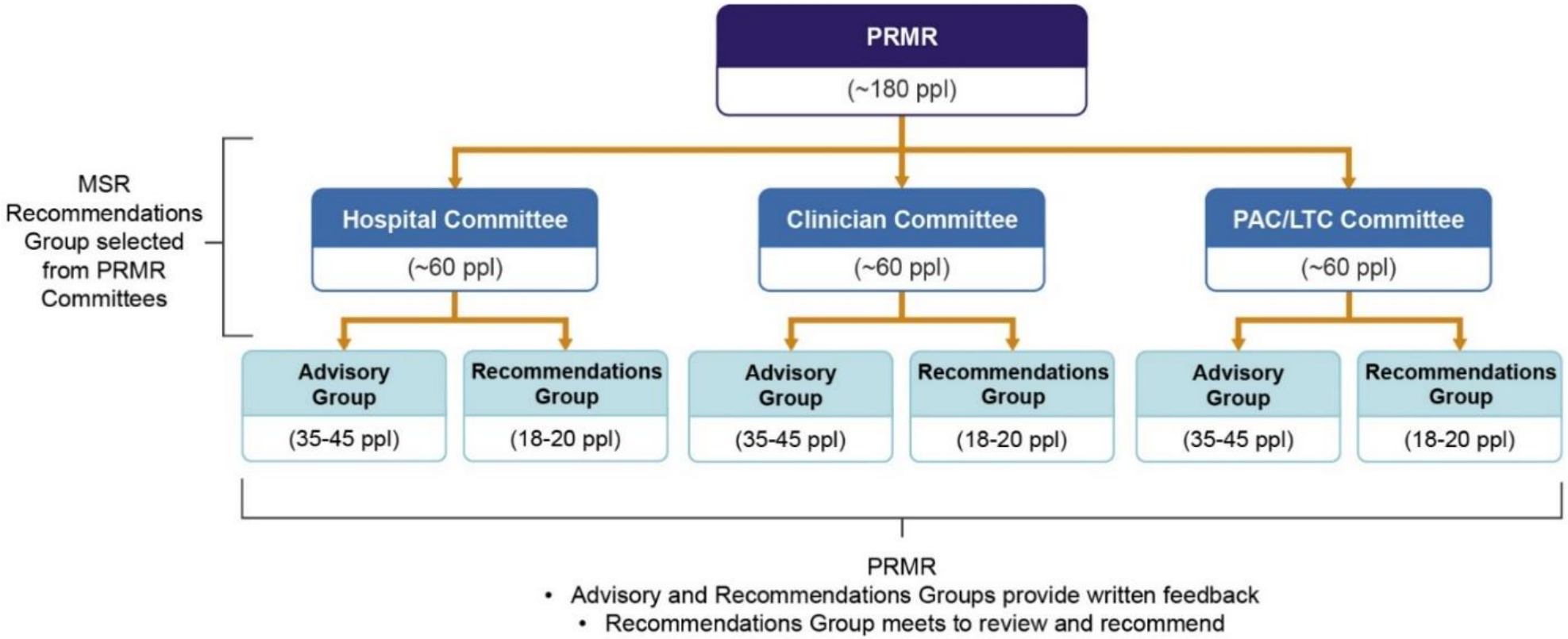
Advisory and Recommendation Groups

Advisory and Recommendation Groups

NEW: Advisory Group and Recommendation Group

Battelle's PRMR and MSR committees are structured into an Advisory Group and a Recommendation Group. Members of the Advisory Group review and provide recommendations on measures prior to Recommendation Group meetings. These inputs ensure that a larger number of voices contribute to the consensus-building process.

Committee Organization



Advisory and Recommendation Groups Defined

Advisory (Delphi) Group

- Members in this group possess a system-level perspective
- Include providers (clinicians and facilities), researchers, purchasers, and other interested parties (professional associations, EHR vendors, patient safety experts, quality improvement specialists, national policy makers, etc.)
- Members' participation includes providing **written feedback** during the PRMR process

Recommendation (Nominal) Group:

- Members in this group are those who are most likely to be impacted by the implementation of quality measures
- These include patients/recipients of care and caregivers, patient advocacy groups, providers (and facilities), health equity and rural health experts, and purchasers
- Members' participation includes providing **written feedback** as well as **participating in meetings**

PRMR Committee Overview

Previous MAP Volunteer Groups: 6

- Coordinating Committee
- Hospital Workgroup
- Clinician Workgroup
- PAC/LTC Workgroup
- Rural Health Advisory Group
- Health Equity Advisory Group

New PRMR Committees: 3

- Hospital and Hospital Related Facilities Committee
- Clinician Committee
- PAC/LTC Committee
  - Committees are made up of a combination of those who are the most impacted by adoption and implementation of the measures and those who bring broader and system perspectives to the PRMR and MSR processes
  - Rural health and health equity experts are embedded into the committees
  - Emphasis on patients, caregivers, patient and caregiver advocacy groups, and underrepresented minorities

Interested Parties and MSR

Select group of PRMR committee members are identified based on representation criteria for ensuring a range of voices within the group and invited to serve on the MSR Recommendation Group

The MSR Recommendation Group is larger than the PRMR Recommendation Group, has 20 to 25 members and is inclusive of representatives from the three different settings (Hospital, Clinician, and PAC/LTC) included in the PRMR process

Roster Categories and Target Number of Individuals for PRMR and MSR

Roster Category	PRMR Advisory Group Targets*	PRMR Recommendation Group Targets*	MSR Recommendation Group Targets*
Patients/ recipients of care, families, caregivers, patient advocates	5	2	3
Clinicians, including primary care providers and specialists	5	2	3
Facility Association	3	2	3
Clinician Association	3	2	3
Facilities/institutions including accountable care organizations, hospitals or hospital systems, and post-acute/long-term care facilities	5	3	3
PAC/LTC	2	1	1
Purchasers and plans (state, federal, and/or private)	3	2	2
Persons that have experience with **rural health** (e.g., providers, patients/ recipients of care, researchers)	3	1	1
Persons that have experience with **health equity** (e.g., providers, patients/ recipients of care, researchers)	3	1	1
Researchers in health services, alternative payment models, population health	5	2	2
Other Interested Parties (electronic health record [EHR] vendors, and experts in areas such as quality improvement/ implementation science, care coordination, patient safety, behavioral health, and national policy makers)	5	2	2
Federal Liaisons (non-voting)**			
TOTAL	**45**	**20**	**22**
Range	**(35 – 45)**	**(18 – 20)**	**(20-25)**

1/3 of the individuals on the rosters rotate off these groups annually, and new committee members will be seated through a formal nominations process. If we do not fill the number of seats listed for a given roster category, we will determine if remaining seats can be distributed to other roster categories, based on the expertise needed within the committee.

Terms of Appointment

- Committee appointment is for a 3-year term
- In the 2023-2024 cycle, committee members will be assigned term lengths of 1, 2, or 3 years to establish a rolling membership, allowing a third of the members to rotate off the committee annually
- During their appointment, committee members will rotate on an as-needed basis between Advisory and Recommendation Groups
- Nominations for committee membership open July 1 to July 30 at PQM website

Committee Members Eligibility

- PQM membership required (joining PQM is free!)
- Application and Disclosure of Interest form required
- Relevant expertise and demonstrated experience related to the use of quality and efficiency measures
- Associated with at least one of the roster categories of interest (Get Involved | Partnership for Quality Measurement (p4qm.org))

Submit Nominations for PQM Committees

Currently accepting nominations through 11:59 p.m. (ET) July 30 for select PQM committees supporting E&M, PRMR, and MSR

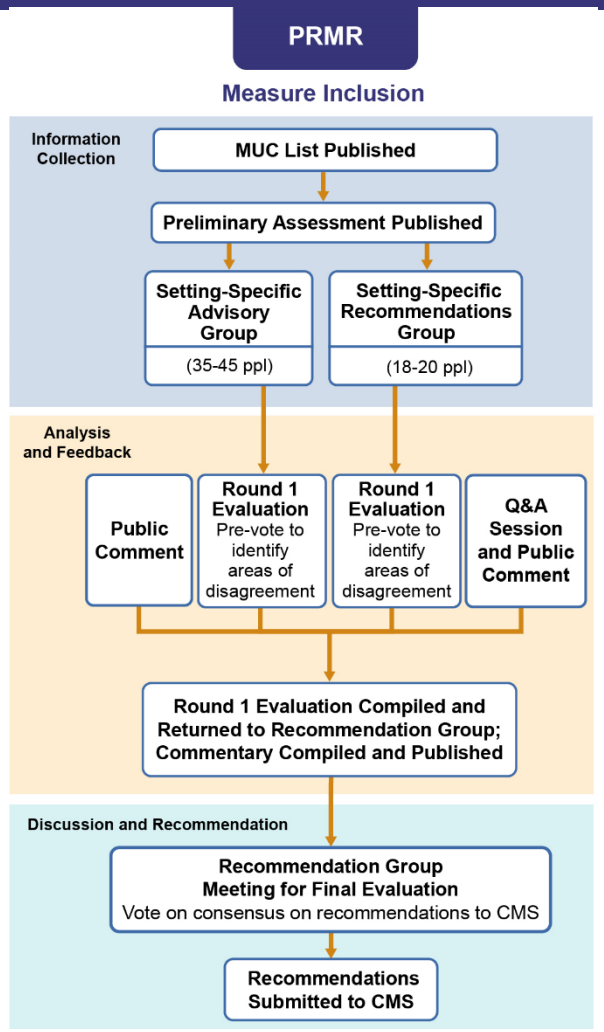
PRMR Process and Timeline

PRMR Workflow

The PRMR process makes consensus recommendations regarding the inclusion of measures being considered for CMS quality reporting and value-based programs

Three Major Steps:

1. Information Collection
2. Analysis and Feedback
3. Discussion and Recommendations



Key dates:
November to December

Key dates:

1. December 1: MUC List released for public comment
2. December 1 to 22:
    1. Committee feedback
    2. Public comment
    3. Listening sessions

Key Dates:

1. January 15 to 22: Recommendation groups meetings
2. January 31: Recommendations submitted to CMS

PRMR Process

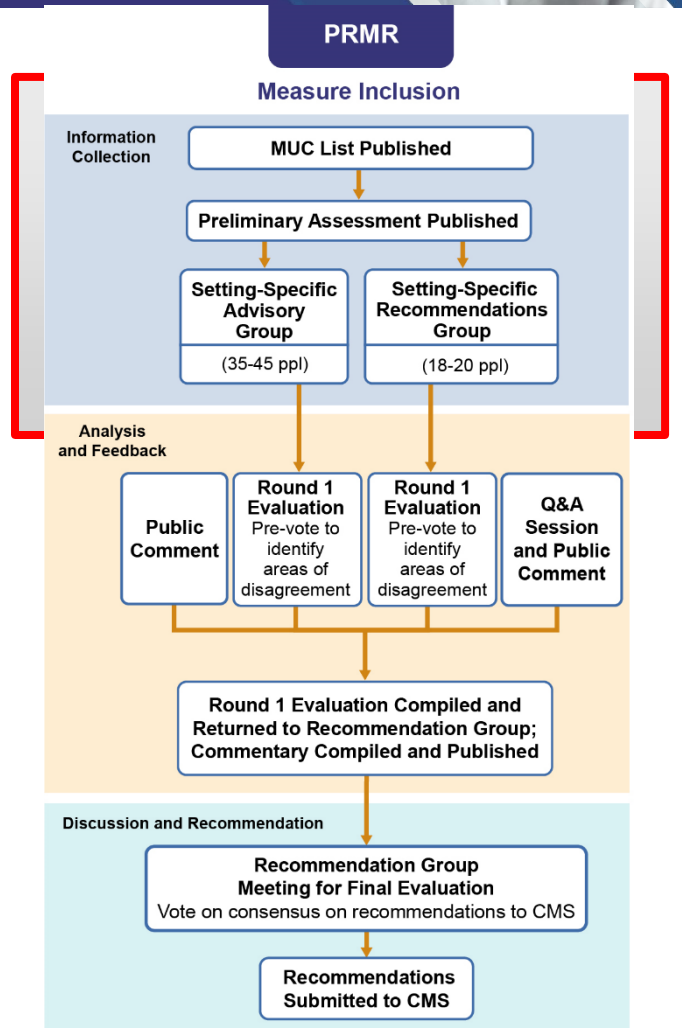
Information Collection

Staff Assessments:

- Preliminary assessment (PA) of the measures on the MUC List, during which staff review each measure's scientific acceptability properties

Committee feedback:

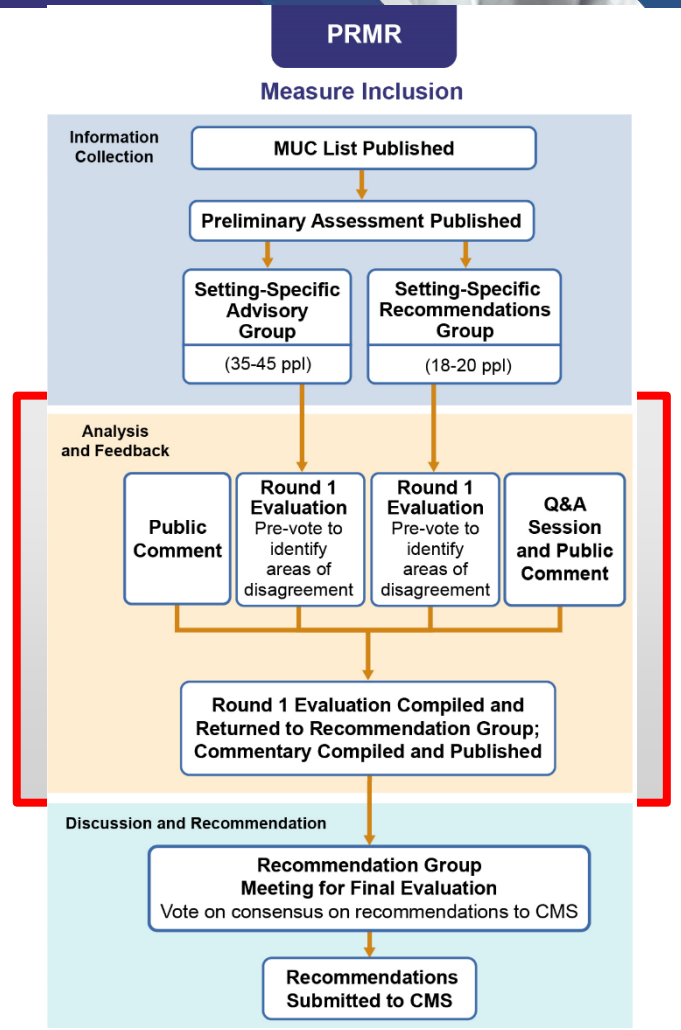
- Advisory and Recommendation Groups receive a packet of information related to each measure up for review
- Both groups submit ratings and explanations of ratings on the measures (setting-specific)
- Ratings are used for determining areas of non-consensus for focus during the Recommendation Group meeting
- Summary of the ratings and explanations from both these groups are provided to the Recommendation Group



PRMR Process

Analysis and Feedback

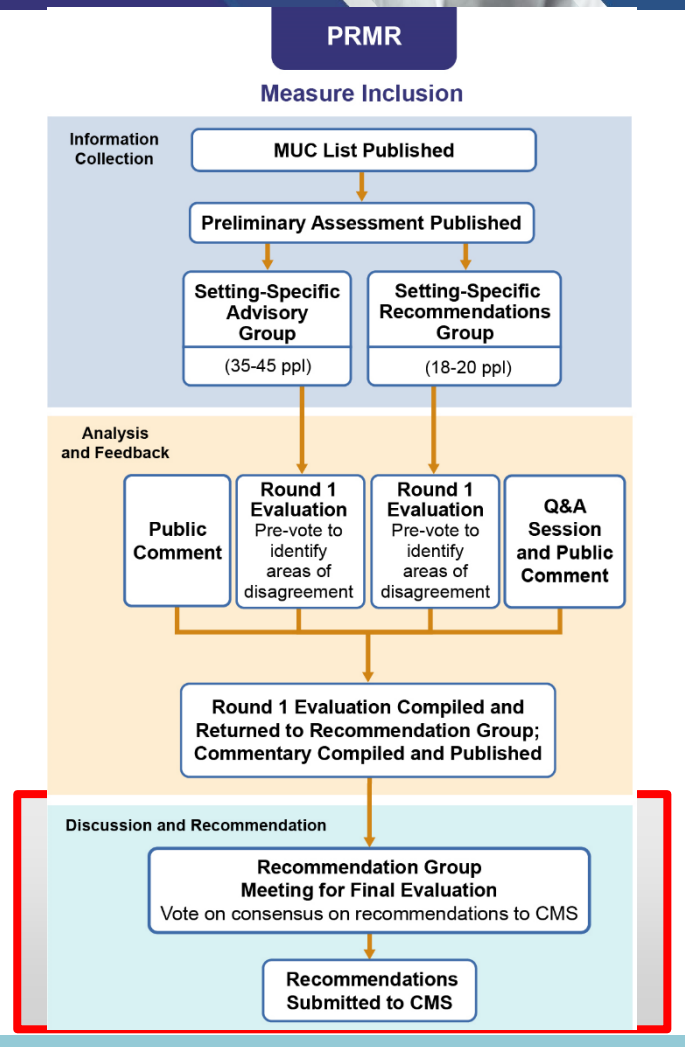
- New opportunity to provide feedback: Listening sessions prior to committee meetings
- Call for 21 days of public comment issued concurrently with the MUC List release
- Comments received during the public comment period and the Listening Sessions are compiled and posted on the PQM website within 5 days of the close of the public comment period
- Complied comments are also provided to the Recommendation Group to solicit best recommendations about each measure



PRMR Process

Discussion and Recommendation

- In January, the Recommendation Group meets to discuss issues/concerns raised during the public comment period and feedback from the Advisory Group
  - Iterative voting process to increase efficiency and utilize a meaningful approach for making final recommendations
  - Use of trained facilitators and committee-selected Lead Discussants
- Feedback from the Advisory Group supports the Recommendation Group to prioritize areas where consensus is lacking regarding the measure(s) from first round of voting in both groups
- Recommendations submitted to CMS



PRMR Evaluation Criteria

Criteria/Assertions	Evidence is complete and adequate	Evidence is either incomplete or inadequate but there is a plausible path forward	Evidence is either incomplete or inadequate and there is no plausible path forward
Meaningfulness: Importance, feasibility, scientific acceptability, and usability & use criteria met for measure considering the use across programs and populations			
Appropriateness of scale - Patients/ recipients of care: measure is implemented on patients/ recipients of care appropriate to the purpose of the program			
Appropriateness of scale - Entities: measure is implemented on entities appropriate to the purpose of the program			
Time to value realization: measure has plan for near- and long-term positive impacts on the targeted program- population as measure matures			
Overall	Recommend	Recommend with conditions	Do not recommend

- **Meaningfulness**: Has it been demonstrated that this measure meets criteria associated with importance, scientific acceptability, feasibility, usability, and use for the target population and entities of the program under consideration?
- **Appropriateness of scale**: How is implementation of the measure applied to optimize the measure value across segments of the target population and entities of the program under consideration?
- **Time to value realization**: To what extent does current evidence suggest a clear pathway from measurement to performance improvement?

Establishing Consensus

Battelle utilizes the NHDNG multi-step process, an iterative consensus-building approach aimed at a minimum of 75% agreement among voting members

Facilitators address areas of disagreement and the views of those in the voting minority, to encourage meaningful, inclusive discussions to establish more convincing consensus decisions

The voting quorum is at least 80% of active committee members (Recommendation Group and Advisory Group), who have not been recused

PRMR Timeline

Month	Dec	Dec	Dec	Dec	Jan	Jan	Jan	Jan	Feb
Week	1	2	3	4	1	2	3	4	2
CMS releases MUC List; the public comments on MUC List	■	■	■						
PRMR committees provide written feedback	■	■	■						
CMS and Battelle host listening sessions to facilitate Q&A and public comment		■							
Battelle synthesizes feedback from public comment and committee evaluation			■	■	■				
Recommendation group meetings						■	■		
Battelle submits PRMR recommendations spreadsheet to CMS								■	

2023 PRMR timeline:
December 1 to January 31
Plus a debrief in mid-February

MSR Process and Timeline

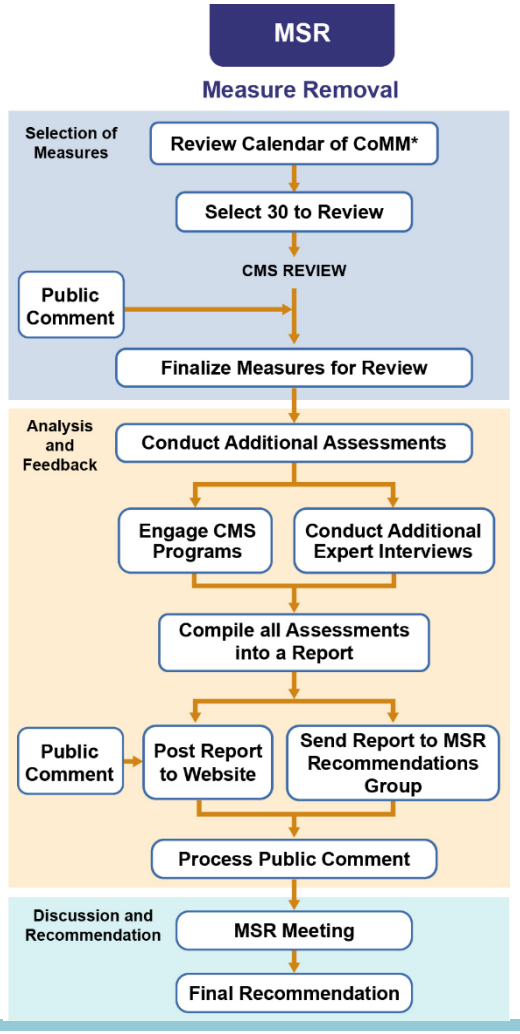
MSR Process

The MSR process builds consensus around measure removals to optimize the CMS measure portfolio in the quality reporting and value-based programs

Three Major Steps:

1. Information Collection
2. Analysis and Feedback
3. Discussion and Recommendations

For the 2023 MSR process, Battelle will pilot our consensus-building approach with the MSR committee through a lens that is more familiar to its members. In future years, we will shift to a more holistic approach as shown in the figure.



Key dates:
June

Key dates:

1. July- August: Internal review of measures
2. September 2nd week: Draft report on review of measures published for public comment

Key dates:

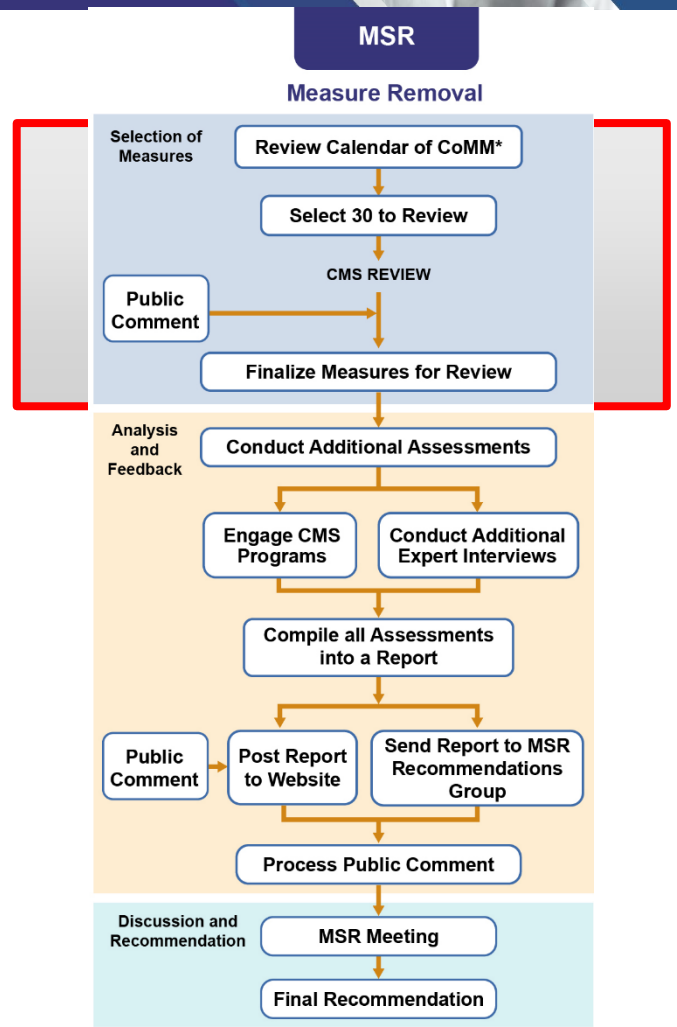
1. November 2nd week: MSR recommendation group meeting
2. November 3rd week: recommendations submitted to CMS

MSR Process

Selection of Measures

- Staff reviews Cascade of Meaningful Measures and identifies a set of at least 30 measures for the MSR cycle
- Staff review and synthesize preliminary assessments
  - Review of the information from CMS MERIT, if available
  - Discussion with measure stewards and developers to request any prior or updated testing data
  - Review of PQM Submission Tool and Repository (STAR) database if the measure was submitted for endorsement
  - Programmatic performance data requested of CMS program leads
- Public comment period*

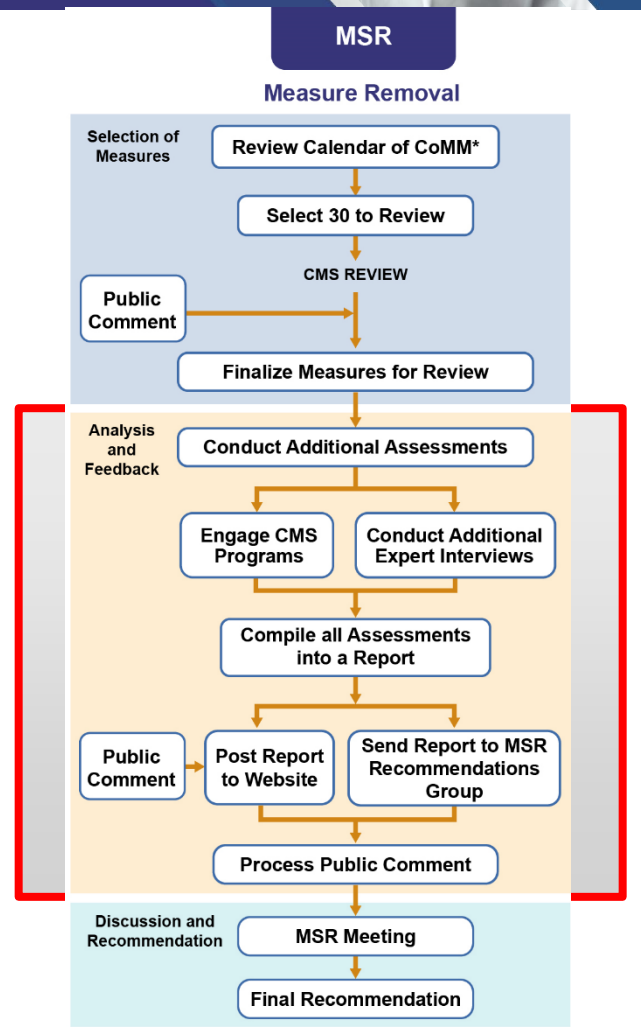
**For the 2023 MSR process, Battelle will focus on a specific CMS Medicare quality program (e.g., End-Stage Renal Disease Quality Incentive Program) rather than a priority area from the Cascade of Meaningful Measures*



MSR Process

Analysis and Feedback

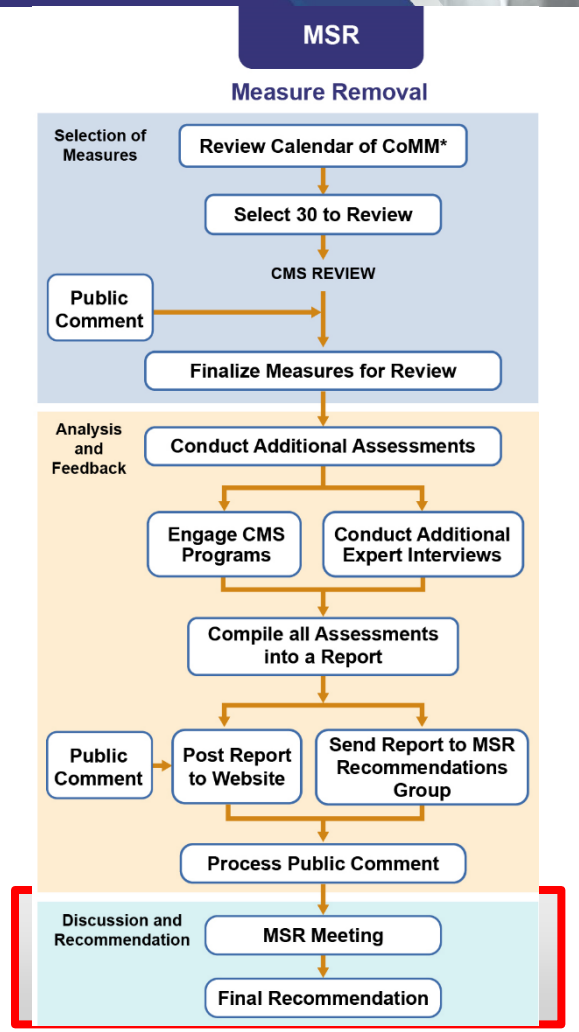
- Staff conduct additional assessments as needed to determine whether a measure is impactful, reliable, valid, feasible, and usable across programs and populations based on measure information and data provided
- Conduct ad hoc expert interviews to solicit information on implementation in real-world settings
- Measures are reviewed against related or similar measures to identify redundancies related to data capture or patient journey
- Host second public comment opportunity
- Share preliminary assessment and results of public comment with MSR recommendation group members



MSR Process

Discussion and Recommendation

- The MSR Recommendation Group prioritizes discussion on measures with the least agreement based on comments received during both periods of public comment
- Battelle's trained facilitators use established ground rules and goals and conduct course corrections as needed, and ensure decisions are reached
- Battelle summarizes the discussion from the meeting, including all dissenting views, and submits recommendations to CMS



MSR Evaluation Criteria

Criteria/Assertions	Evidence is complete and adequate	Evidence is either incomplete or inadequate but there is a plausible path forward	Evidence is either incomplete or inadequate and there is no plausible path forward
Impact: Importance, feasibility, scientific acceptability, and usability & use criteria met for measure considering the use across programs and populations			
Clinician data streams: measure redundancy in data streams has been identified and mitigated			
Patient journey: Measure is implemented across the patient journey as intended per the measure impact model			
Overall	Recommend	Recommend with conditions	Do not recommend (**Remove**)

- **Impact**: Is the measure CBE endorsed? If not endorsed, are the E&M criteria met for the measure, considering the use across programs and populations?
- **Clinician data streams**: To what extent does the impact of this measure outweigh the burden associated with reporting on it, considering other related measures?
- **Patient journey**: Consider the patient journey, from screening or initial presentation of symptoms, through diagnosis, treatment, and outcomes. Does the measure address the right aspect of care, in the right setting, and at the right point in the patient's journey to maximize the desired outcome?

MSR Timeline

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
Internal review of the priorities to identify measures	■	■						
Public comment on measures initially identified for MSR review			■					
Measure evaluation (Specific outreach with CMS Program leads, internal analyses, ad-hoc expert interviews)				■	■			
Finalize list of measures for MSR review; develop a report					■			
Public comment on the report						■		
Measure Set Review: Recommendation Group Meeting							■	
Final recommendations on MSR								■

2023 MSR timeline: June-November

Public Engagement

Become A PQM Member!

Stay up-to-date on PQM's activities and upcoming events

Memberships are free and available at the individual or organizational level

Benefits of membership include notification about open calls for public comment and new committee members nominations as well as the opportunity to shape the future of health care

Learn more and apply to join at www.p4qm.org/get-involved

Upcoming Engagement Opportunities

Committee Nominations

- Nominations period for E&M, PRMR and MSR committee positions July 1 through July 30
- More information and nomination materials available at PQM website

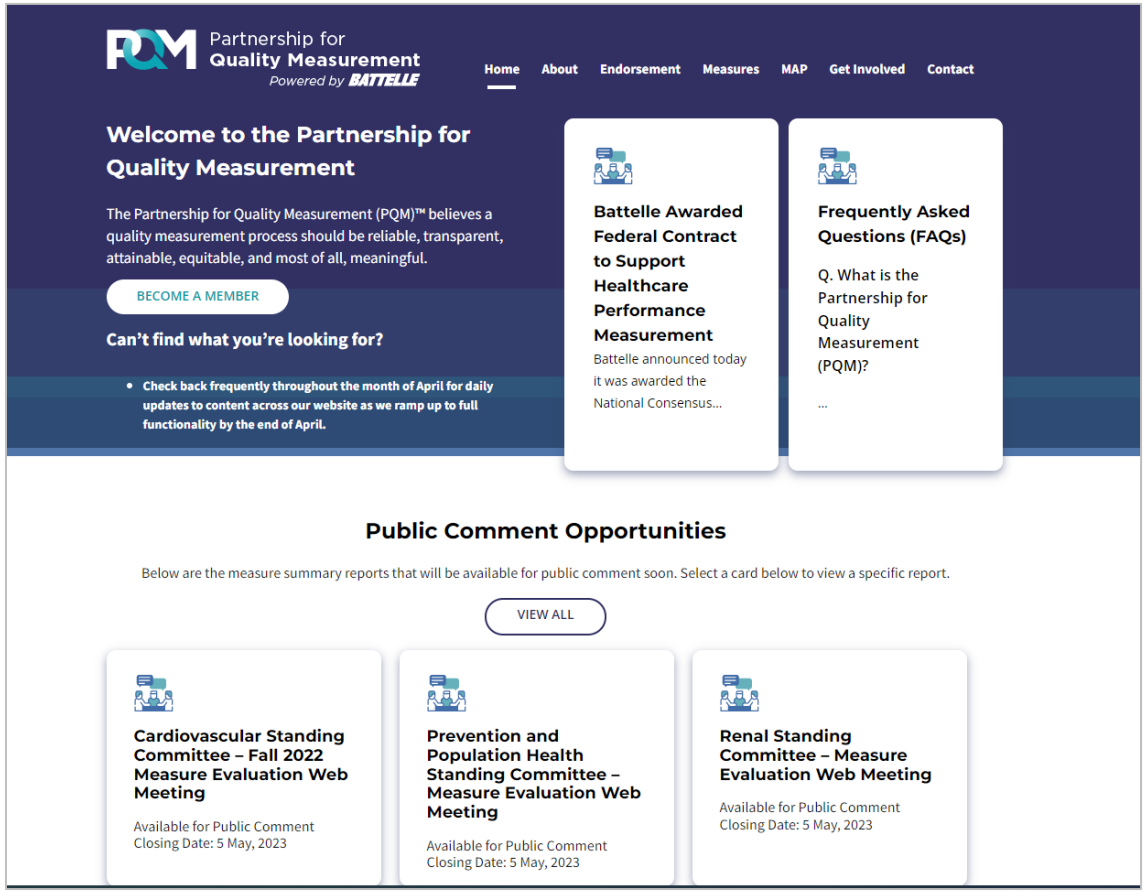
Guidebook Public Comment

- PRMR Guidebook: June 22 – July 21
- E&M Guidebook**:** June 30 – July 30

Stay Informed

Visit www.p4qm.org

The PQM website will host all information relevant to upcoming opportunities for public and PQM member engagement as well as serving as the platform for public comment



Sign up for Newsletters & Email Alerts

Individuals may sign up for newsletters and email alerts through the PQM website

Questions:

Contact us at p4qm.org/contact
or by emailing pqmsupport@battelle.org

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