Patient Safety Standing Committee—Spring 2023 Measure Evaluation Meeting Summary

Battelle, a consensus-based entity (CBE), convened the Patient Safety standing committee for a web meeting on August 1, 2023, and August 11, 2023 to evaluate five measures for the Spring 2023 cycle. As these Spring 2023 measures began their endorsement process with an Intent to Submit under the prior CBE, the National Quality Forum (NQF), they were reviewed using the NQF process and criteria for continuity of review.

Welcome, Review of Meeting Objectives, Introductions, and Overview of Evaluation and Voting Process

Dr. Matthew Pickering, endorsement and maintenance technical lead, welcomed the standing committee and participants to the meeting. After the co-chairs provided welcoming remarks, Dr. Pickering reviewed the meeting objectives. The standing committee members each introduced themselves and disclosed any conflicts of interest. There were no conflicts among any of the standing committee members.

Some standing committee members were unable to attend the entirety of both meetings due to early departures and late arrivals. During the August 1 meeting, the quorum required for live voting (14 active committee members) was achieved for CBE #3687e. However, quorum was lost prior to the discussion of CBE #3636 and was not regained for the remainder of the meeting. In addition, quorum was not achieved for the August 11 meeting. Therefore, the standing committee discussed all criteria for measures CBE #3636, CBE #3728, CBE #3746, and CBE #3749e and voted after the meetings using an online voting tool. Voting results are provided below.

Measure Evaluation

Isaac Sakyi, social scientist, reviewed the measure evaluation process and the measure evaluation criteria. During the meetings, the Patient Safety standing committee evaluated five measures (one maintenance and four new) for endorsement consideration.

A measure is recommended for endorsement by the standing committee when greater than 60 percent of eligible voting members select a passing vote option (Pass, High and Moderate, or Yes) on all must-pass criteria and overall suitability for endorsement. A measure is not recommended for endorsement when less than 40 percent of voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. If a measure does not pass a must-pass criterion, voting during the measure evaluation meeting will cease. The standing committee will not re-vote on the measures during the post-comment meeting unless the standing committee decides to reconsider the measure(s) based on submitted comments or a formal reconsideration request from the developer. The standing committee has not reached consensus on the measure if between 40 and 60 percent of eligible voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement.

The standing committee was not able to discuss related and competing measures during the meetings due to lack of voting quorum, and these discussions will occur during the post-comment meeting.

Voting Legend:

- *Evidence (Outcome Measures) and Use:* Pass/No Pass
- *Approval for Trial Use, Overall Suitability for Endorsement:* Yes/No
- *All Other Criteria:* H – High; M – Moderate; L – Low; I – Insufficient; NA – Not Applicable
- *Maintenance Criteria for Which the standing committee Decided Additional Discussion/Vote Was Not Needed (Evidence, Reliability, Validity only):* Accepted Previous Evaluation

#3687e ePC-07 Severe Obstetric Complications (The Joint Commission)

Description: Hospital-level measure scores are calculated as a risk-adjusted proportion of the number of delivery hospitalizations for women who experience a severe obstetric complication, as defined by the numerator, by the total number of delivery hospitalizations in the denominator during the measurement period. The hospital-level measure score will be reported as a rate per 10,000 delivery hospitalizations; **Measure Type:** Outcome**;** Electronic Clinical Quality Measure; **Level of Analysis:** Facility; **Setting of Care:** Inpatient/Hospital**; Data Source:** Electronic Health Data; Electronic Health Records

Measure Steward/Developer Representatives at the Meeting

- Chris Walas
- Valery Danilack

Standing Committee Votes

- **Evidence:** Total Votes-16; Pass-16; No Pass - 0, (16/16 – 100% Pass)
- **Performance Gap:** Total Votes-16; H-11; M-5; L-0; I-0 (16/16 – 100%, Pass)
- **Reliability:** Vote not taken due to Trial Use measure
- **Validity:** Vote not taken due to Trial Use measure
- **Feasibility:** Total Votes-16; H-3; M-12; L-1; I-0 (15/16 – 93.7%, Pass)
- **Use:** Total Votes-16; Pass-16; No Pass-0 (16/16 – 100%, Pass)
- **Usability:** Total Votes-16; H-2; M-13; L-0; I-1 (15/16 – 93.7%, Pass)
- **Standing Committee Approved for Trial Use:** Total Votes-16; Yes-16; No-0 (16/16 – 100%, Pass)

The standing committee approved the measure for trial use. This facility-level electronic clinical quality measure (eCQM) outcome measure was evaluated for trial use. This measure is currently in use within the Centers for Medicare & Medicaid Services (CMS) quality reporting programs, the ORYX® Performance Measure Reporting Hospital Accreditation Program (HAP), and the Critical Access Hospital Accreditation (CAH) Program, as implemented by The Joint Commission.

Prior to the committee meetings, the measure received three public comments. One comment was in support of the measure, stressing the importance of this measure to increase quality of care for birthing individuals in obstetric care. The remaining two comments were in opposition to the measure, citing concerns around the removal of the coronavirus disease 2019 (COVID-19) exclusion and a suggestion to consider including a specific numerator exclusion for transfusions to ensure appropriate identification of severe maternal morbidity. The committee considered this comment in its evaluation of the measure.

Before the evidence discussion started, the committee asked general clarification questions regarding whether case-mix and exclusion of transfer patients were considered, and how feasible is the data extraction method for this eCQM. The developer responded informing the committee the measure is risk-adjusted, considering case mix at different hospitals. For the data extraction, the developer noted the feasibility testing was excellent, and the measure was tested in three electronic health records (EHRs), and the measure logic is pulled from defined fields. The developer also used the 21 Centers for Disease Control and Prevention (CDC) indicators as the basis for obstetric conditions. The developer modified the indicators into present on admission codes. The developer tested this and found these codes are being used in the hospital. Therefore, if there is a present on admission code for those transfers, then those transfers are not excluded from the denominator but are excluded from the numerator. So, if the patient comes in with a condition, which started at another hospital, the delivery hospital will not include that case in the numerator because of the present on admission code.

In reviewing the evidence, the committee questioned the differences in the age ranges between what was included in the evidence and the broader age range of the measure's target population. The developer responded stating this measure is designed to be as inclusive as possible of all deliveries, and that is why there is no exclusion based on age. However, age is one of the risk-adjusted factors. The committee did not have any further concerns and passed the measure passed on evidence. Moving to performance gap, the committee recognized there is a gap in care and the measure is stratified by social determinants of health (SDOH) factors, such as race, to avoid the potential of widening disparities. The committee suggested the developer also consider additional SDOH risk factors, such as housing status, etc. in the future. The committee passed the measure on gap.

For scientific acceptability (reliability and validity), as this measure is being considered for trial use, reliability and validity information were not submitted. Dr. Pickering reminded the committee that testing data will be required when the measure comes back to Battelle for endorsement consideration in three years.

Moving to feasibility, the committee considered whether data element availability across different EHRs could limit the measure's feasibility when implemented in broader settings. The developer commented that its approach to handling missing data includes multiple check points for data completeness, creating a missing data label to allow patients to stay in the model, and not analyzing any element with greater than 20% missingness in the model. The committee then considered the initiation burden for this eCQM within smaller health care facilities with limited infrastructure. The developer responded that the strategies it had put in place at current sites, including office hours and informational materials help to address implementation challenges. The committee did not have any further questions and passed the measure on feasibility.

Moving to use and usability, the committee did not have any major concerns or questions and passed the measure on these two criteria. Overall, the committee voted to approve this measure for trial use.

#3636 Quarterly Reporting of COVID-19 Vaccination Coverage among Healthcare Personnel (Surveillance Branch, Division of Healthcare Quality Promotion, CDC)

Description: This quarterly measure identifies the average percentage of healthcare personnel (HCP) who are considered up to date with recommended COVID-19 vaccines among the total number of HCP who regularly work in the facility. The measure is reported for a quarter (3-month period). The quarterly COVID-19 vaccination coverage is determined by selecting one week per month and calculating the percentage of HCP who are considered up to date with recommended COVID-19 vaccines, then averaging 3 weekly percentages (one week from each of the 3 months in the quarter)**; Measure Type:** Process; **Level of Analysis:** Facility**; Setting of Care:** Inpatient/Hospital**;** Acute Care Hospitals; Outpatient Dialysis Facilities; Ambulatory Surgical Centers; Long-Term Care Hospitals; Inpatient Psychiatric Facilities; Post-Acute Care; **Data Source:** Other: Source not specified, varies by facility

Measure Steward/Developer Representatives at the Meeting

- Andrew Geller

Standing Committee Votes

- **Evidence:** Total Votes-18; H-0; M-16; L-0; I-2 (16/18 – 88.9%, Pass)
- **Performance Gap:** Total Votes-18; H-6; M-11; L-1; I-0 (17/18 – 94.4%, Pass)
- **Reliability:** Total Votes-18; H-6; M-10; L-2; I-0 (16/18 – 88.9%, Pass)
- **Validity:** Total Votes-18; H-2; M-13; L-3; I-0 (15/18 – 83.3%, Pass)
- **Feasibility:** Total Votes-18; H-2; M-14; L-2; I-0 (16/18 – 88.9%, Pass)
- **Use:** Total Votes-18; Pass-17; No Pass-1 (17/18 – 94.4%, Pass/No Pass)
- **Usability:** Total Votes-18; H-3; M-12; L-3; I-0 (15/18 – 83.3%, Pass)
- **Standing Committee Recommendation for Endorsement:** Total Votes-18; Yes-15; No-3 (15/18 – 83.3%, Pass)

The standing committee recommended this measure for continued endorsement. This facility-level process measure was initially endorsed in 2022. This measure is currently used in several CMS quality reporting programs, such as the CMS Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals, as well as in the CDC-led disease surveillance programs, such as the National Healthcare Safety Network (NHSN).

Prior to the committee meetings, the measure received six public comments expressing concerns with the burden and challenges of reporting COVID-19 vaccination data on hospitals and staff, as well as suggestions the developer consider less frequent data collection due to the end of the public health emergency. The committee considered this comment in its evaluation of the measure.

During the developer introduction, a representative of the development team recognized concerns voiced through public comment and shared that the team is open to updating the measure reporting criteria if COVID-19 begins to show seasonal variation would warrant annual reporting.

In its review of the evidence, the committee recognized the measure received a Battelle-staff preliminary rating of “insufficient” for the evidence criterion due to lack of evidence on the impact of reporting up-to-date COVID-19 coverage reporting among health care workers. However, the committee acknowledged the developer cited evidence from real-world observational data

supporting the positive impact of COVID-19 vaccination, HCP vaccination, and booster COVID-19 vaccine dose(s). The committee, therefore, passed the measure on evidence. Moving to the performance gap, the committee did not raise any major concerns or questions regarding the performance gap and passed the measure on this criterion.

For scientific acceptability (i.e., reliability and validity), the committee recognized the developer conducted a signal-to-noise analysis of the measure score, which resulted in an average of 0.9 or greater for reliability. For validity, the committee considered the developer's correlation results with the originally validated quality measure (quarterly primary series COVID-19 vaccination of HCP), which resulted in a moderate correlation within skilled nursing facilities (0.43) and other health care personnel safety facilities (0.43). The committee did not raise any major concerns about these results and passed the measure on reliability and validity.

Regarding feasibility, the committee discussed the burden of quarterly reporting, as cited in one of the public comments. In response, the developer shared plans to assess disease seasonality and re-define this measure in future. The committee did not have any further questions and passe the measure on feasibility.

The committee did not raise any major concerns or questions regarding use and passed the measure on this criterion. For usability, the committee mentioned this measure may interact with state level legislation regarding vaccine status disclosure and mandates. The developer considered this concern and will be exploring this issue further. The committee did not have any further questions and passed the measure on usability.

Overall, the committee voted to recommend the measure for continued endorsement.

#3728 Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI) (CMS/Acumen LLC)

Description: SNF HAI is a one-year outcome measure that estimates the risk-standardized rate of healthcare-associated infections (HAIs) that are acquired during SNF care and result in hospitalization. HAIs that are acquired during SNF care and result in hospitalization is identified using the principal diagnosis on residents' Medicare inpatient claims. The hospitalization must occur during the period beginning on day four after SNF admission and within three days after SNF discharge. The measure is risk-adjusted to allow for comparison based on residents with similar characteristics across SNFs. Since HAIs are not considered never-events, the measure's objective is to identify SNFs that have higher HAI rates than their peers. Overall, lower SNF HAI scores indicate better infection control and prevention among SNF providers; **Measure Type:** Outcome; **Level of Analysis:** Facility; **Setting of Care:** Post-Acute Care; **Data Source:** Claims

Measure Steward/Developer Representatives at the Meeting

- Serena Master
- Julia Lowe

Standing Committee Votes

- **Evidence:** Total Votes-17; Pass-16; No Pass-1 (16/17 – 94.1%, Pass)
- **Performance Gap:** Total Votes-17; H-2; M-15; L-0; I-0 (17/17 – 100%, Pass)
- **Reliability:** Total Votes-17; H-3; M-14; L-0; I-0 (17/17 – 100%, Pass)

- **Validity:** Total Votes-17; H-0; M-13; L-3; I-1 (13/17 – 76.5%, Pass)
- **Feasibility:** Total Votes-17; H-8; M-9; L-0; I-0 (17/17 – 100%, Pass)
- **Use:** Total Votes-17; Pass-17; No Pass-0 (17/17 – 100%, Pass)
- **Usability:** Total Votes-17; H-2; M-13; L-1; I-1 (15/17 – 88.2%, Pass)
- **Standing Committee Recommendation for Endorsement:** Total Votes-17; Yes-15; No-2 (15/17 – 88.2%, Pass)

The standing committee recommended this outcome measure for initial endorsement. This facility-level measure was newly submitted endorsement and is currently in use within the CMS Skilled Nursing Facility Quality Reporting Program (SNF QRP) and Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP).

Prior to the committee meetings, the measure received two public comments in support of the proposed measure. These comments emphasized the appropriateness of the measure specifications and the measure's importance, based on occurrence of health care-associated infections in skilled nursing facilities. The committee considered this comment in its evaluation of the measure.

In its review of the evidence, the committee questioned the evidence related to the HAI outcome at the facility-level, namely the measure included broad criteria for what is considered an HAI, which was not directly supported by the evidence provided. The developer responded, stating its methodology for determining the measure specifications, including HAI criteria, was informed by a developer-convened technical expert panel (TEP) and the consideration for not over-burdening facilities with multiple HAI measures. The committee did not have any additional concerns and passed the measure on evidence. Moving to performance gap, the committee did not have any major concerns or questions and passed the measure on this criterion.

For scientific acceptability (i.e., reliability and validity), the committee did not have any major concerns with reliability. Moving to validity, the committee raised questions regarding risk adjustment and whether the measure should be stratified and the rationale for the time window for HAIs within the measure's specifications. The developer responded by explaining the risk adjustment approach and rationale and informed the committee that stratification would limit the reportability of the measure, as it would only be possible for some facilities with large case counts. Additionally, the development team addressed the committee's concern around the time window given for HAI by explaining the rationale for determining the incubation window and infection rate based on prior data. The committee did not raise any concern with the developer's responses and passed the measure on both reliability and validity.

There were no concerns or questions raised by the committee regarding feasibility, use, or usability and passed the measure on these criteria. Overall, the committee voted to recommend the measure for endorsement.

#3746 Avoid Hospitalization After Release with a Misdiagnosis—ED Stroke/Dizziness (Johns Hopkins Armstrong Institute for Patient Safety and Quality)

Description: This outcome measure tracks the rate of adult patients (aged 18 years and older) treated and released from the Emergency Department (ED) with either non-specific, presumed benign symptom-only dizziness diagnosis or a specific inner ear/vestibular diagnosis (collectively referred to as "benign dizziness") who were subsequently admitted to a hospital for a stroke within 30 days of their ED visit. The measure accounts for the epidemiologic base rate of stroke in the population under study using a risk difference approach (observed [short-term incidence rate, reflecting days 0-30 days] minus expected [long-term incidence rate, reflecting days 91-360]); **Measure Type:** Outcome; **Level of Analysis:** Facility**; Setting of Care:** Ambulatory Care: ED**; Data Source:** Claims

Measure Steward/Developer Representatives at the Meeting

- Matt Austin
- David Newman-Toker
- Daisy Zhu

Standing Committee Votes

- **Evidence:** Total Votes-15; Pass-14; No Pass-1 (14/15 – 93.3%, Pass)
- **Performance Gap:** Total Votes-15; H-6; M-8; L-1; I-0 (14/15 – 93.3%, Pass)
- **Reliability:** Total Votes-15; H-3; M-12; L-0; I-0 (15/15 – 100%, Pass)
- **Validity:** Total Votes-15; M-14; L-1; I-0 (14/15 – 93.3%, Pass)
- **Feasibility:** Total Votes-15; H-8; M-7; L-0; I-0 (15/15 – 100%, Pass)
- **Use:** Total Votes-15; Pass-14; No Pass-1 (14/15 – 93.3%, Pass)
- **Usability:** Total Votes-15; H-2; M-11; L-2; I-0 (13/15 – 86.7%, Pass)
- **Standing Committee Recommendation for Endorsement:** Total Votes-15; Yes-12; No-3 (12/15 – 80.0%, Pass)

The standing committee recommended this outcome measure for initial endorsement. This facility-level outcome measure is not currently in use, but the developer reported planned uses, including internal facility quality improvement, population disease surveillance with the Agency for Healthcare Research & Quality (AHRQ), public reporting through entities such as the Leap Frog Group and CMS value-based payment programs.

Prior to the committee meetings, the measure received ten public comments in support of the measure. The comments emphasized the measure's potential value for emergency departments and frontline providers in enhancing clinical decision making and improvements in early and accurate diagnosis of stroke.

In its review of the evidence, the committee considered the logic model for the measure and the systematic reviews supporting the measure. The committee sought clarification from the developer regarding the rationale for choosing the target population, how this outcome is defined, and the epidemiologic inference of stroke risk in this population. The developer responded, stating the measure is looking at patients whose dizziness was misattributed to inner ear disease or benign dizziness, and taking the difference of observed minus expected. By conducting internal analyses of stroke hospitalizations and looking back 30 days the rate of dizziness or headache discharges in the prior 30 days has an exponential curve the closer to the hospitalization day. The developer concluded that what is happening is a strong temporal

association between having been diagnosed with benign dizziness or benign headaches, and then being readmitted to the hospital with a stroke. The committee did not have any further questions and passed the measure on evidence. Moving to gap, the committee did not raise any major concerns, recognizing a gap in care exists, and passed the measure on performance gap.

The committee did not have any concerns with the reliability testing and passed the measure on this criterion. Moving on to validity, the committee considered the empirical validity testing of the data elements. Since only data element validity testing was conducted, the committee acknowledged that the highest possible rating was "moderate" for this criterion. One committee member inquired about the accuracy of diagnosis, considering these patients would possibly require a highly specialized consult to appropriately diagnose stroke. However, this may be a challenge within a general ED visit. The developer responded, citing evidence provided within the measure submission, which found that with two, 6-hour training sessions, emergency physicians can be accurate in their diagnosis. The developer further stated that bedside eye movement-based tests are what ED physicians can perform, and magnetic resonance imaging (MRI) should follow in patients who are at risk, based on the eye movement exams. Raising no additional concerns, the committee passed the measure on validity.

The committee then reviewed the measure against the feasibility and use criteria and raised no major concerns. During discussion of usability, the committee discussed the potential for unintended consequences related to publicly reporting misdiagnosis information for hospitals and what impact may have on public use of these facilities. Additionally, the committee considered whether this measure may lead to MRI overuse and the potential for misuse of codes to perform more favorably on the measure. The developer responded, explaining that gaming of a measure is a concern for any quality measure, and the bedside eye movement assessments could reduce the risk of MRI overuse. Following discussion, the committee passed the measure on feasibility, use, and usability. Overall, the committee voted to recommend the measure for endorsement.

#3749e Diagnostic Delay of Venous Thromboembolism (DOVE) in Primary Care (Brigham and Women's Hospital)

Description: This eCQM assesses the rate of delayed diagnosis of VTE in adults aged 18 years and older in the primary care setting. Delayed diagnosis is defined as diagnosis of VTE that occurs >24 hours following the index primary care visit where symptoms for the VTE were first present (within 30 days); **Measure Type**: Intermediate Clinical Outcome; **Level of Analysis:** Clinician/Group Practice; Integrated Health System **Setting of Care**: Outpatient Care; **Data Source:** Electronic Health Records

Measure Steward/Developer Representatives at the Meeting

- Patti Dykes
- Richard Schrieber

Standing Committee Votes

- **Evidence:** Total Votes-14; M-13; L-0; I-1 (13/14 – 92.9%, Pass)
- **Performance Gap:** Total Votes-14; H-3; M-11; L-0; I-0 (14/14 – 100%, Pass)
- **Reliability:** Total Votes-14; M-13; L-0; I-1 (13/14 – 92.9%, Pass)
- **Validity:** Total Votes-14; M-11; L-2; I-1 (11/14 – 78.6%, Pass)

- **Feasibility:** Total Votes-14; H-6; M-8; L-0; I-0 (14/14 – 100%, Pass)
- **Use:** Total Votes-14; Pass-14; No Pass-0 (14/14 – 100%, Pass)
- **Usability:** Total Votes-14; H-2; M-11; L-0; I-1 (13/14 – 92.9%, Pass)
- **Standing Committee Recommendation for Endorsement:** Total Votes-14; Yes-13; No-1 (13/14 – 92.9%, Pass)

The standing committee recommended this outcome measure for initial endorsement. This clinician/group practice- and integrated heath system-level intermediate outcome measure was newly submitted for endorsement. The measure is not currently in use, but the developer has submitted this measure for potential inclusion within the CMS Merit-based Incentive Payment System (MIPS).

Prior to the committee meetings, the measure did not receive any public comments.

Before considering the evidence criteria, the committee asked a series of clarification questions for the developer. Specifically, the committee requested information on how DOVE-related symptoms were collected from the EHR, how the numerator was calculated, and how the 24-hour VTE diagnosis window was established. The developer responded, informing the committee the measure uses a natural language processing (NLP) algorithm to identify symptoms from the HER, and the numerator is a subset of patients that meet the VTE-symptom coding criteria for a VTE, but receive a diagnosis of a VTE more than 24 hours following a primary care visit. The developer shared the choice of the 24-hour window guidance from clinicians within its TEP and facility feedback. One committee member questioned whether the reality of suspected VTE referral by primary care provider to emergency departments for imaging. Another committee member, who is a primary care physician, mentioned if a patient presents with a high suspicion for a VTE during a primary care visit, primary care providers are able to get them in for an ultrasound or additional testing, as this is top priority to either rule-in or rule-out the VTE and get the patient to appropriate treatment.

Moving to the evidence discussion, the committee recognized the highest possible rating was “moderate” as the evidence provided was not graded. The committee noted the evidence provided for this measure was not related to suitability of the measure as an appropriate method of reducing diagnostic delay. However, the committee acknowledged VTE is associated with deleterious health outcomes, including pulmonary embolism, thromboembolic pulmonary hypertension, post-thrombotic syndrome, and death. Furthermore, effective diagnostic methods exist, but symptoms of VTE can be non-specific and many cases are not diagnosed. Thus, the committee passe the measure on evidence. There were no concerns raised related to performance gap, and the committee passed the measure on this criterion.

For scientific acceptability (i.e., reliability and validity), the committee acknowledged the developer conducted reliability testing at both the data element- (i.e., person/encounter) and measure score-level (i.e., accountable entity). However, the developer only reported measure score testing at the clinician group/practice-level and did not conduct score-level testing at the integrated delivery system-level. Therefore, the committee recognized the highest possible rating for reliability was “moderate.” The committee did not have any concerns with the data element testing and passed the measure on reliability. During discussions of validity, the developer was asked to further clarify whether exclusion of hospice or palliative care patients within six months of a VTE event. The developer responded, noting the impact to the measure was minimal as these patients made up 0.08% of the measure. The committee also recognized

that since the developer conducted a split-half analysis of the measure score, which is a test of reliability, the highest possible rating for validity was “moderate,” based on the data element testing. The committee did not have any major concerns and passed the measure on validity.

When discussing feasibility, the committee sought clarification on any upfront costs or implementation burdens related to the NLP algorithm used by the measure. The developer shared this algorithm can be used for free without a license and implementation burden is minimal. The committee therefore passed the measure on feasibility.

The committee had no major concerns with respect to the measure’s planned use within MIPS and passed the measure on the use criterion. Moving to usability, the committee considered the potential for increased use of diagnostic imaging and ED overcrowding as an unintended consequence. The developer responded, emphasizing the need to drive the DOVE rate down, as providers should not be missing timely VTE diagnoses and tests, such as D-dimer tests, should only be used when your suspicion is low. The committee did not have any additional concerns and passed the measure on usability.

Overall, the committee voted to recommend the measure for initial endorsement.

After the measure discussions, the committee shared several remarks related to the emerging area of diagnostic excellence measures focusing on diagnostic delay and/or misdiagnosis. The committee expressed interest in greater education about how these measures should be reviewed to provide for the most appropriate and scientifically rigorous review. One committee member suggested any guidance development should include relevant specialty societies. The committee further recommended these measures should tailor their evidence submissions to show how these diagnostic excellences measures impact outcomes. There was also an interest in clustering future diagnostic error measures and an expressed need for greater consideration on how to educate and empower clinicians who will be tasked with meeting standards set by endorsed diagnostic excellence measures to better ensure positive patient and health system outcomes.

Public Comment

Dr. Pickering opened the lines for public comment. No public comments were provided during the measure evaluation meeting.

Next Steps

Dr. Pickering provided an overview of the next steps. The project team will begin drafting the meeting summary of the standing committee deliberations and will post this to the project webpage. The meeting summary will be released for a 20-day public comment period. The post-measure evaluation public comment period will take place from August 25 to September 13. Additionally, the standing committee post-measure evaluation web meeting will take place on October 20 and the Consensus Standards Approval Committee (CSAC) review will take place on December 6. Lastly, Dr. Pickering and the committee chair thanked the committee, developers, and members of the public for their time, engagement, and participation in this work and adjourned the call.