

## Agenda

# Pre-Rulemaking Measure Review (PRMR) Hospital Recommendation Group Meeting Agenda: 2023 Cycle

### Day 1

Thursday, January 18, 2024

10:00 AM – 5:45 PM ET

### Day 2

Friday, January 19, 2024

10:00 AM – 4:30 PM ET

## Day 1: Thursday, January 18, 2024

### Participant Instructions

- Log in to the meeting 10 minutes prior to the scheduled start time.
  - Committee members will have received their log-in information via an email from PQM.
  - Members of the public can register at [https://www.zoomgov.com/webinar/register/WN\\_yuum9ZIWSTKRYTc74XHPUA](https://www.zoomgov.com/webinar/register/WN_yuum9ZIWSTKRYTc74XHPUA)

## Agenda

- 10:00 AM**      **Welcome and Review of Meeting Objectives**  
*Martin Hatlie, JD (Co-Chair)*  
*Kamyar Kalantar-Zadeh, MD, MPH, PhD (Co-Chair)*  
*Nicole Brennan, MPH, DrPH, Executive Director, Partnership for Quality Measurement, Battelle Director, Healthcare Quality Improvement and Public Health*  
*Brenna Rabel, MPH, Technical Director, Partnership for Quality Measurement, Battelle*
- 10:15 AM**      **Introductions and Disclosures of Interest**  
*Kate Buchanan, MPH, PRMR Deputy Task Lead, Partnership for Quality Measurement, Battelle*
- 10:25 AM**      **CMS Opening Remarks and Review of Hospital Quality Programs**  
*Michelle Schreiber, MD, Deputy Director, Center for Clinical Standards and Quality (CCSQ), Centers for Medicare and Medicaid Services (CMS)*
- 10:30 AM**      **Overview of 2023 PRMR Process and Voting**  
*Kate Buchanan*
- 10:40 AM**      **Voting Test**  
*Isaac Sakyi, MSGH, Social Scientist, Partnership for Quality Measurement, Battelle*
- 10:50 AM**      **Break**

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- 11:00 AM**      **All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility Discharge**
- MUC2023-181 30-Day Risk-Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility Discharge (IPF ED Visit measure) [CMS]
    - *Proposed for Inpatient Psychiatric Facility Quality Reporting Program*
- 11:30 AM**      **Patient Experience and Patient-Reported Measures**
- MUC2023-138 ESRD Dialysis Patient Life Goals Survey (PaLS) [CMS]
    - *Proposed for End-Stage Renal Disease (ESRD) Quality Incentive Program*
  - MUC2023-172 Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance Measure (Information Transfer PRO-PM)
    - *Proposed for Hospital Outpatient Quality Reporting Program*
- 12:30 PM**      **Lunch**
- 1:15 PM**      **Standardized Infection Ratio Safety Measures**
- MUC2023-219 Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio Stratified for Oncology Locations [Centers for Disease Control and Prevention (CDC)]
    - *Proposed for Hospital Inpatient Quality Reporting Program*
  - MUC2023-220 Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio Stratified for Oncology Locations [CDC]
    - *Proposed for Hospital Inpatient Quality Reporting Program*
- 2:00 PM**      **Coordination Measures Excess Days in Acute Care (EDAC) after Hospitalization**
- MUC2023-117 Excess Days in Acute Care (EDAC) after Hospitalization for Acute Myocardial Infarction (AMI) [CMS] †
    - *Proposed for Hospital Readmissions Reduction Program*
  - MUC2023-119 Excess Days in Acute Care (EDAC) after Hospitalization for Heart Failure (HF) [CMS] †
    - *Proposed for Hospital Readmissions Reduction Program*
  - MUC2023-120 Excess Days in Acute Care (EDAC) after Hospitalization for Pneumonia (PN) [CMS] †
    - *Proposed for Hospital Readmissions Reduction Program*
- 3:30 PM**      **Break**
- 3:40 PM**      **Age Friendly Hospital Measure**
- MUC2023-196 Age Friendly Hospital Measure [American College of Surgeons (ACS), American College of Emergency Physicians (ACEP), and Institute for Healthcare Improvement (IHI)]
    - *Proposed for Hospital Inpatient Quality Reporting Program*

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**4:10 PM**

### Hospital Safety Measures

- MUC2023-188 Patient Safety Structural Measure [CMS]
  - *Proposed for:*
    - *Hospital Inpatient Quality Reporting Program*
    - *PPS-Exempt Cancer Hospital Quality Reporting Program*
- MUC2023-049 Thirty-day Risk-Standardized Death Rate among Surgical Inpatients with Complications (Failure-to-Rescue) [CMS] †
  - *Proposed for Hospital Inpatient Quality Reporting Program*
- MUC2023-048 Hospital Harm - Falls with Injury [CMS]\*
  - *Proposed for:*
    - *Hospital Inpatient Quality Reporting Program*
    - *Medicare Promoting Interoperability Program for Eligible Hospitals (EH) or Critical Access Hospitals (CAHs)*
- MUC2023-050 Hospital Harm - Postoperative Respiratory Failure [CMS]\*
  - *Proposed for:*
    - *Hospital Inpatient Quality Reporting Program*
    - *Medicare Promoting Interoperability Program for Eligible Hospitals (EH) or Critical Access Hospitals (CAHs)*

**5:40 PM**

### Next Steps

*Brenna Rabel*

**5:45 PM**

### Adjourn

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## Agenda

**10:00 AM**

### Welcome and Roll Call

Martin Hatlie  
Kamyar Kalantar-Zadeh  
Nicole Brennan  
Brenna Rabel

**10:10 AM**

### Recap of Day 1

*Kate Buchanan*

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- 10:20 AM**      **Voting Test**  
*Isaac Sakyi*
- 10:30 AM**      **Patient Experience and Patient-Reported Measures**
- MUC2023-146 – 149 Hospital Patient Experience of Care [CMS]
    - MUC2023-146 Care Coordination\*
    - MUC2023-147 Restfulness of Hospital Environment\*
    - MUC2023-148 Responsiveness of Hospital Staff\* †
    - MUC2023-149 Information about Symptoms\*
      - *Proposed for:*
        - *Hospital Inpatient Quality Reporting Program*
        - *Hospital Value-Based Purchasing Program*
        - *PPS-Exempt Cancer Hospital Quality Reporting Program*
- 11:30 AM**      **Break**
- 11:40 AM**      **Social Drivers of Health (SDOH) Measures**
- MUC2023-175 Facility Commitment to Health Equity [CMS]
    - *Proposed for Ambulatory Surgical Center Quality Reporting Program*
  - MUC2023-176 Hospital Commitment to Health Equity [CMS]\*
    - *Proposed for:*
      - *Hospital Outpatient Quality Reporting Program*
      - *Rural Emergency Hospital Quality Reporting Program*
- 12:30 PM**      **Lunch**
- 1:15 PM**      **SDOH Measures cont.**
- MUC2023-139 Hospital Equity Index (HEI) [CMS]
    - *Proposed for Hospital Inpatient Quality Reporting Program*
  - MUC2023-156 Screening for Social Drivers of Health (SDOH) [CMS]\*
    - *Proposed for:*
      - *Ambulatory Surgical Center Quality Reporting Program*
      - *Hospital Outpatient Quality Reporting Program*
      - *Rural Emergency Hospital Quality Reporting Program*
  - MUC2023-171 Screen Positive Rate for Social Drivers of Health (SDOH)[CMS]\*
    - *Proposed for:*
      - *Ambulatory Surgical Center Quality Reporting Program*
      - *Hospital Outpatient Quality Reporting Program*
      - *Rural Emergency Hospital Quality Reporting Program*
- 2:45 PM**      **Break**
- 2:55 PM**      **SDOH Measures cont.**
- MUC2023-114 Global Malnutrition Composite Score [Academy of Nutrition and Dietetics] \* †
    - *Proposed for:*
      - *Hospital Inpatient Quality Reporting Program*
      - *Medicare Promoting Interoperability Program for Eligible*

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### *Hospitals (EH) or Critical Access Hospitals (CAHs)*

- MUC2023-199 Connection to Community Service Provider [OCHIN]\*
  - *Proposed for Hospital Inpatient Quality Reporting Program*
- MUC2023-210 Resolution of At Least 1 Health-Related Social Need [OCHIN]\*
  - *Proposed for Hospital Inpatient Quality Reporting Program*

**4:20 PM**

### **Next Steps**

*Nicole Brennan*

**4:30 PM**

### **Adjourn**

\* Measure proposed for multiple programs.

† This measure is currently in use, but it is included on the 2023 MUC list because it is undergoing substantial changes to specifications.