



Partnership for
Quality Measurement

Spring 2024 Cost and Efficiency Endorsement and Maintenance (E&M) Advisory Group Meeting

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Agenda



- Welcome and Review of Meeting Ground Rules
- Roll Call
- Overview of E&M Process and Advisory Group Meeting Procedures
- Discussion of Spring 2024 Measures
- Next Steps
- Adjourn

Housekeeping Reminders



- Housekeeping reminders:
 - The system will allow you to mute/unmute yourself and turn your video on/off throughout the event.
 - Please raise your hand and unmute yourself when called on.
 - Please lower your hand and mute yourself following your question/comment.
 - Please state your first and last name if you are a call-in user.
 - We encourage you to keep your video on throughout the event.
 - Feel free to use the chat feature to communicate with Battelle staff.
- If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at PQMsupport@battelle.org.

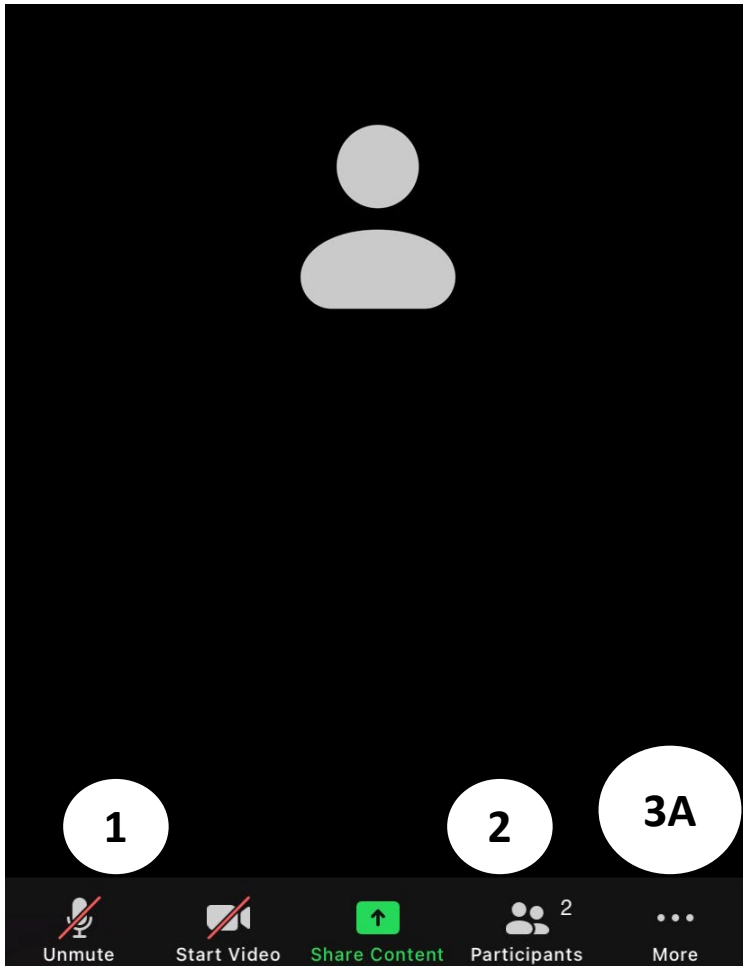
Using the Zoom Platform



The screenshot shows a Zoom meeting interface. At the top, there are two video thumbnails: 'Host' on the left and 'Attendee 2' on the right. Below them is a large 'Attendee' video thumbnail. At the bottom, there is a toolbar with various icons. Three numbered callouts are present: 1. A white circle with the number '1' is positioned over the bottom toolbar. 2. A white circle with the number '2' is positioned over the 'Participants' button in the bottom toolbar. 3. A white circle with the number '3' is positioned over the 'Raise Hand' button in the reactions menu, which is open over the 'Attendee' video thumbnail. On the right side of the screenshot, there is a 'Participants (3)' panel showing a list of participants: 'Attendee 2 (Me)', 'Host (Host)', and 'Attendee'. Below this list are 'Invite' and 'Unmute Me' buttons. Below that is a 'Chat' panel with a 'Who can see your messages?' dropdown and a 'Type message here...' input field.

- 1 Click the lower part of your screen to mute/unmute, start, or pause video.
- 2 Click on the participant or chat button to access the full participant list or the chat box.
- 3 To raise your hand, select the raise hand button under the reactions tab.

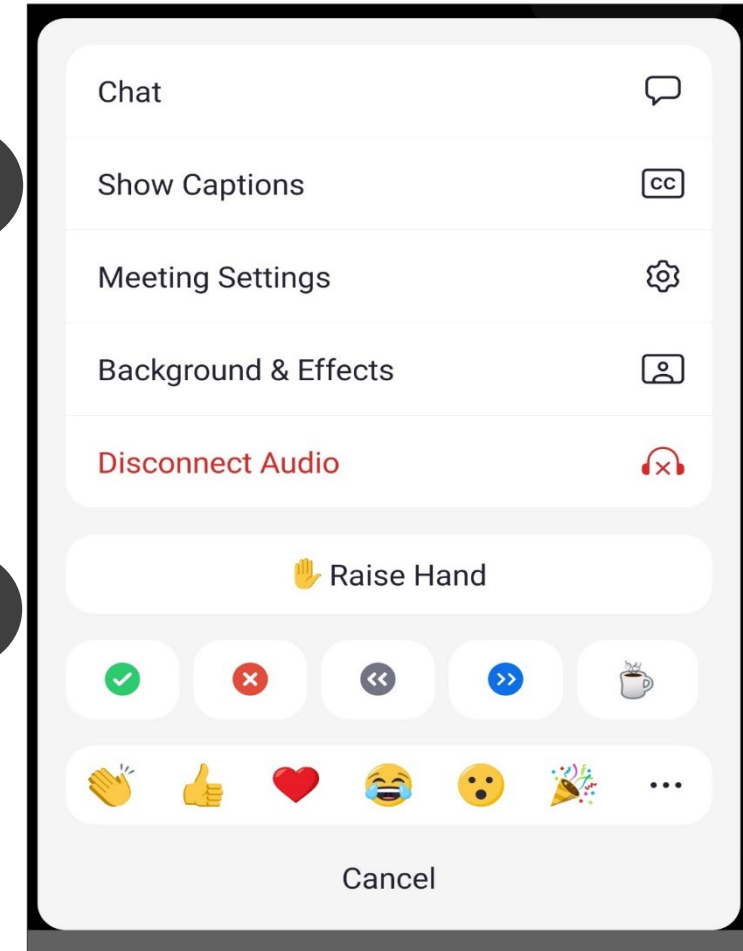
Using the Zoom Platform (Phone View)



- 1 Click the lower part of your screen to mute/unmute, start, or pause video.
- 2 Click on the participant button to view the full participant list.
- 3 Click on (3A) “more” button to view the chat box, (3B) show closed captions, or to (3C) raise your hand. To raise your hand, select the raised hand function under the reactions tab.

3B

3C



Meeting Ground Rules



- Respect all voices.
- Remain engaged and actively participate.
- Keep your comments concise and focused.
- Be respectful and allow others to contribute.
- Share your experiences.
- Learn from others.

Project Team



- Nicole Brennan, MPH, DrPH, Executive Director
- Brenna Rabel, MPH, Deputy Director
- Jeff Geppert, Measure Science Team Lead
- Quintella Bester, PMP, Senior Program Manager
- Matthew Pickering, PharmD, Principal Quality Measure Scientist
- Anna Michie, MHS, PMP, Social Scientist IV
- Beth Jackson, PhD, MA, Social Scientist IV
- Adrienne Cocci, MPH, Social Scientist III
- Stephanie Peak, PhD, Social Scientist III
- Isaac Sakyi, MSGH, Social Scientist III
- Jessica Lemus, MA, Social Scientist II
- Olivia Giles, MPH, Social Scientist I
- Elena Hughes, MS, Social Scientist I
- Sarah Rahman, Social Scientist I

Roll Call



Cost and Efficiency Committee

Advisory Group Members



- Beth Godsey, MSPA, MBA
- Bijan Borah, PhD, MSc
- Emma Hoo, BA
- Harold D. Miller, MS
- Henish Bhansali, MD, FACP, Dipl. ABOM
- Jack Needleman, PhD, FAAN
- Joan Gleason Scott, PhD, RN, CPHQ, CPPS
- John Martin, PhD, MPH
- Kim Tyree, MBA
- Lauren Campbell, MA, PhD
- Louise Y. Probst, MBA, BSN
- Lynn Ferguson, BS
- Margaret Woepfel, MSN, RN CPHQ FACHE
- Michelle Hammer, BS
- Seth Morrison, MA
- Shawn Ruder
- William Golden, MD, MACP

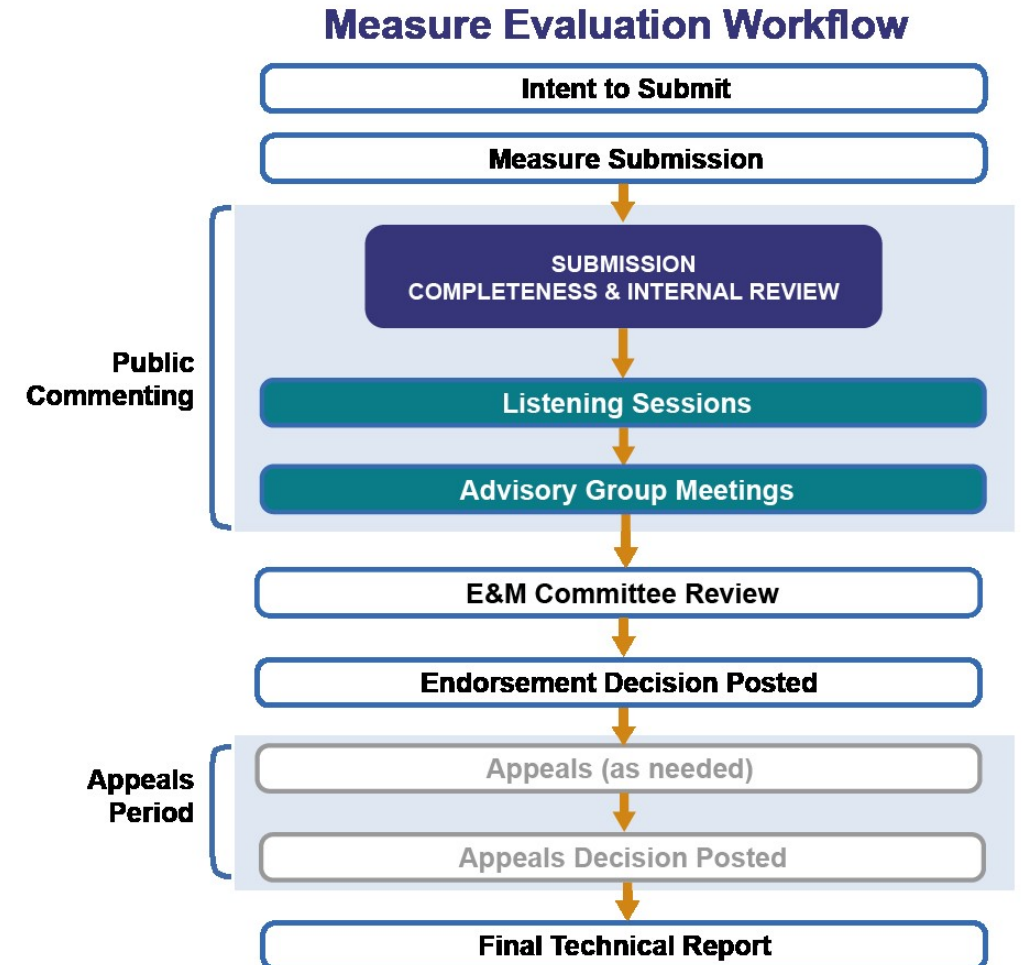
Overview of E&M Process



Six Major Steps of the E&M Process



1. Intent to Submit
2. Full Measure Submission
3. Measure Public Comment Period
 - Public Comment Listening Sessions
 - Advisory Group Meetings
4. E&M Committee Review
5. Endorsement Decision
 - Recommendation Group Meetings
6. Appeals Period (as warranted)



Advisory Group Meeting



- **Step:**

- Advisory Group members convene to comment on strengths and limitations of the measure(s) and ask questions of developers/stewards.
- Developers/stewards respond to Advisory Group member questions and feedback.

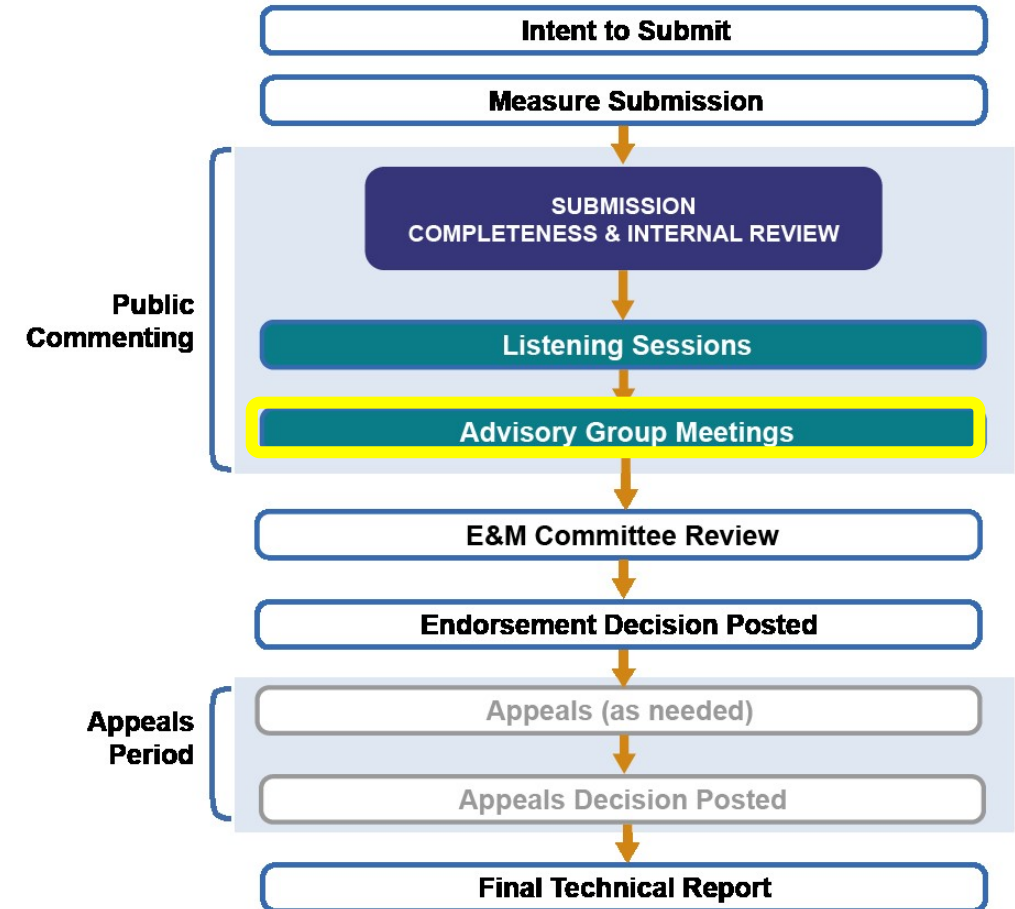
- **Timing:**

- One to two months prior to endorsement meeting

- **Outputs:**

- Summary of Advisory Group member feedback, including frequently asked questions (FAQs), and developer/steward responses to Advisory Group feedback and FAQs, to be posted to the Partnership for Quality Measurement (PQM) website

Measure Evaluation Workflow



Advisory Group Meeting Procedures



Advisory Group Measure Review



1. Measure introduction by Battelle



2. Floor is open for Advisory Group member feedback and questions



3. Developer/steward asked to respond to feedback and questions

Discussion of Spring 2024 Measures



CBE #3357 – Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers



Item	Description
Measure Description	Facility-level risk-standardized ratio of acute, unplanned hospital visits within 7 days of a general surgery procedure performed at an ambulatory surgical center (ASC) among Medicare Fee-For-Service (FFS) patients aged 65 years and older. An unplanned hospital visit is defined as an emergency department (ED) visit, observation stay, or unplanned inpatient admission.
Developer/Steward	Yale CORE/CMS
New or Maintenance	Maintenance (last reviewed: Fall 2017)
Current or Planned Use	Public Reporting; Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Measure Type

Outcome

Target Population(s)

Medicare FFS patients aged 65 years and older, undergoing outpatient general surgery procedures in ASCs

Care Setting

Ambulatory Surgery Center

Level of Analysis

Facility

CBE #3357 – Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers

Measure Review Questions



Rubric Domain	Example Discussion Questions
Importance	<ul style="list-style-type: none">To what extent is there an adequate business case supported by evidence for the measure/measure focus?Does the business case indicate the potential for sufficient gains in health care quality where there is variation in or overall less-than-optimal performance?Is there sufficient evidence the target population (e.g., patients) finds the measure/measure focus meaningful?
Feasibility	<ul style="list-style-type: none">Do the measure specifications require data that are available in electronic health records, are routinely generated during the normal delivery of care, AND are readily available or could be captured without undue burden?<ul style="list-style-type: none">If data are not readily available, is there a near-term (within 1 year) path to support such routine and electronic data capture?
Scientific Acceptability	<ul style="list-style-type: none">Does the measure, as specified, produce consistent (reliable) and credible (valid) results about the quality of care when implemented?
Equity	<ul style="list-style-type: none">Does the measure sufficiently identify disparities in care across relevant populations, the results of which can be used to make actionable improvements in health equity?
Use & Usability	<ul style="list-style-type: none">To what extent is the measure used for accountability, or to what extent is there a near-term plan to be used for accountability?To what extent can the interested parties, including the accountable entities, use the measure results to achieve high-quality, efficient care?

CBE #2539 – Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy



Item	Description
Measure Description	Facility-level risk-standardized rate of acute, unplanned hospital visits within 7 days of a colonoscopy procedure performed at a hospital outpatient department (HOPD) or ambulatory surgical center (ASC) among Medicare Fee-For-Service (FFS) patients aged 65 years and older. An unplanned hospital visit is defined as an emergency department (ED) visit, observation stay, or unplanned inpatient admission. The measure is calculated separately for ASCs and HOPDs.
Developer/Steward	Yale CORE/CMS
New or Maintenance	Maintenance (last reviewed: Spring 2020)
Current or Planned Use	Public Reporting; Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Measure Type

Outcome

Target Population(s)

FFS patients aged 65 years and older

Care Setting

Ambulatory Surgery Center; Hospital: Outpatient

Level of Analysis

Facility

CBE #2539 – Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

Measure Review Questions



Rubric Domain	Example Discussion Questions
Importance	<ul style="list-style-type: none">• To what extent is there an adequate business case supported by evidence for the measure/measure focus?• Does the business case indicate the potential for sufficient gains in health care quality where there is variation in or overall less-than-optimal performance?• Is there sufficient evidence the target population (e.g., patients) finds the measure/measure focus meaningful?
Feasibility	<ul style="list-style-type: none">• Do the measure specifications require data that are available in electronic health records, are routinely generated during the normal delivery of care, AND are readily available or could be captured without undue burden?<ul style="list-style-type: none">• If data are not readily available, is there a near-term (within 1 year) path to support such routine and electronic data capture?
Scientific Acceptability	<ul style="list-style-type: none">• Does the measure, as specified, produce consistent (reliable) and credible (valid) results about the quality of care when implemented?
Equity	<ul style="list-style-type: none">• Does the measure sufficiently identify disparities in care across relevant populations, the results of which can be used to make actionable improvements in health equity?
Use & Usability	<ul style="list-style-type: none">• To what extent is the measure used for accountability, or to what extent is there a near-term plan to be used for accountability?• To what extent can the interested parties, including the accountable entities, use the measure results to achieve high-quality, efficient care?

CBE #3366 – Hospital Visits After Urology Ambulatory Surgical Center Procedures



Item	Description
Measure Description	Facility-level risk-standardized rate of acute, unplanned hospital visits within 7 days of a urology procedure performed at an ambulatory surgical center (ASC) among Medicare Fee-For-Service (FFS) patients aged 65 years and older. An unplanned hospital visit is defined as an emergency department (ED) visit, observation stay, or unplanned inpatient admission.
Developer/Steward	Yale CORE/CMS
New or Maintenance	Maintenance (last reviewed: Fall 2018)
Current or Planned Use	Public Reporting; Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Measure Type
Outcome

Target Population(s)
Medicare FFS patients, aged 65 years and older, who have undergone a urology procedure in ASCs

Care Setting
Ambulatory Surgery Center

Level of Analysis
Facility

CBE #3366 – Hospital Visits After Urology Ambulatory Surgical Center Procedures

Measure Review Questions



Rubric Domain	Example Discussion Questions
Importance	<ul style="list-style-type: none">• To what extent is there an adequate business case supported by evidence for the measure/measure focus?• Does the business case indicate the potential for sufficient gains in health care quality where there is variation in or overall, less-than-optimal performance?• Is there sufficient evidence the target population (e.g., patients) finds the measure/measure focus meaningful?
Feasibility	<ul style="list-style-type: none">• Do the measure specifications require data that are available in electronic health records, are routinely generated during the normal delivery of care, AND are readily available or could be captured without undue burden?<ul style="list-style-type: none">• If data are not readily available, is there a near-term (within 1 year) path to support such routine and electronic data capture?
Scientific Acceptability	<ul style="list-style-type: none">• Does the measure, as specified, produce consistent (reliable) and credible (valid) results about the quality of care when implemented?
Equity	<ul style="list-style-type: none">• Does the measure sufficiently identify disparities in care across relevant populations, the results of which can be used to make actionable improvements in health equity?
Use & Usability	<ul style="list-style-type: none">• To what extent is the measure used for accountability, or to what extent is there a near-term plan to be used for accountability?• To what extent can the interested parties, including the accountable entities, use the measure results to achieve high-quality, efficient care?

Break

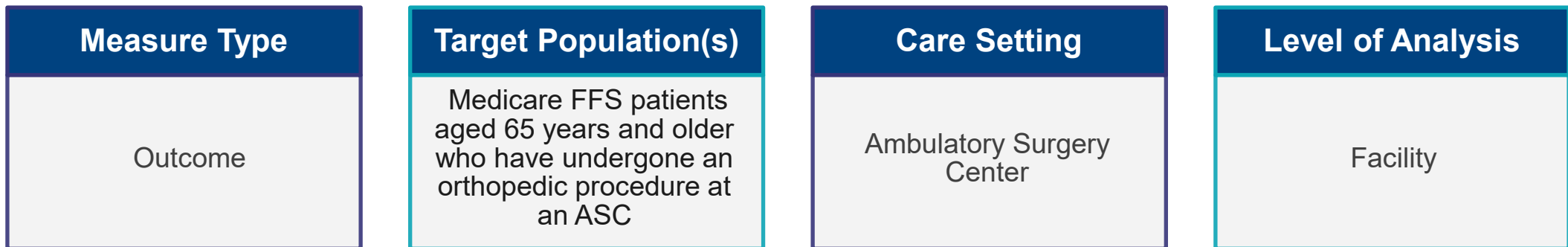
Meeting Resumes at 12:15 PM ET



CBE #3470 – Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures



Item	Description
Measure Description	Facility-level risk-standardized rate of acute, unplanned hospital visits within 7 days of an orthopedic procedure performed at an ambulatory surgical center (ASC) among Medicare fee-for-service (FFS) patients aged 65 years and older. An unplanned hospital visit is defined as an emergency department (ED) visit, observation stay, or unplanned inpatient admission.
Developer/Steward	Yale CORE/CMS
New or Maintenance	Maintenance (last reviewed: Fall 2018)
Current or Planned Use	Public Reporting; Quality Improvement with Benchmarking (external benchmarking to multiple organizations)



CBE #3470 – Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures

Measure Review Questions



Rubric Domain	Example Discussion Questions
Importance	<ul style="list-style-type: none">• To what extent is there an adequate business case supported by evidence for the measure/measure focus?• Does the business case indicate the potential for sufficient gains in health care quality where there is variation in or overall less-than-optimal performance?• Is there sufficient evidence the target population (e.g., patients) finds the measure/measure focus meaningful?
Feasibility	<ul style="list-style-type: none">• Do the measure specifications require data that are available in electronic health records, are routinely generated during the normal delivery of care, AND are readily available or could be captured without undue burden?<ul style="list-style-type: none">• If data are not readily available, is there a near-term (within 1 year) path to support such routine and electronic data capture?
Scientific Acceptability	<ul style="list-style-type: none">• Does the measure, as specified, produce consistent (reliable) and credible (valid) results about the quality of care when implemented?
Equity	<ul style="list-style-type: none">• Does the measure sufficiently identify disparities in care across relevant populations, the results of which can be used to make actionable improvements in health equity?
Use & Usability	<ul style="list-style-type: none">• To what extent is the measure used for accountability, or to what extent is there a near-term plan to be used for accountability?• To what extent can the interested parties, including the accountable entities, use the measure results to achieve high-quality, efficient care?

CBE #4490 – Hospitalizations for Ambulatory Care Sensitive Conditions among Home and Community Based Service (HCBS) Participants



Item	Description
Measure Description	For Medicaid HCBS participants aged 18 years and older, this measure calculates the state level observed and risk-adjusted rates of hospital admissions for ambulatory care sensitive conditions, including select behavioral health conditions, per 1,000 participants for chronic and acute ambulatory care sensitive conditions. This measure has three rates reported for potentially avoidable acute inpatient hospital admissions: chronic conditions composite; acute conditions composite; and chronic and acute conditions composite.
Developer/Steward	The Lewin Group/CMS
New or Maintenance	New
Current or Planned Use	Public Reporting; Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Measure Type

Outcome

Target Population(s)

Medicaid HCBS participants aged 18 years and older

Care Setting

Hospital: Inpatient;
Other (Home and community-based services)

Level of Analysis

Population Geographic Areas (State)

CBE #4490 – Hospitalizations for Ambulatory Care Sensitive Conditions among Home and Community Based Service (HCBS) Participants

Measure Review Questions



Rubric Domain	Example Discussion Questions
Importance	<ul style="list-style-type: none">• To what extent is there an adequate business case supported by evidence for the measure/measure focus?• Does the business case indicate the potential for sufficient gains in health care quality where there is variation in or overall less-than-optimal performance?• Is there sufficient evidence the target population (e.g., patients) finds the measure/measure focus meaningful?
Feasibility	<ul style="list-style-type: none">• Do the measure specifications require data that are available in electronic health records, are routinely generated during the normal delivery of care, AND are readily available or could be captured without undue burden?<ul style="list-style-type: none">• If data are not readily available, is there a near-term (within 1 year) path to support such routine and electronic data capture?
Scientific Acceptability	<ul style="list-style-type: none">• Does the measure, as specified, produce consistent (reliable) and credible (valid) results about the quality of care when implemented?
Equity	<ul style="list-style-type: none">• Does the measure sufficiently identify disparities in care across relevant populations, the results of which can be used to make actionable improvements in health equity?
Use & Usability	<ul style="list-style-type: none">• To what extent is the measure used for accountability, or to what extent is there a near-term plan to be used for accountability?• To what extent can the interested parties, including the accountable entities, use the measure results to achieve high-quality, efficient care?

CBE #3495 – Hospital-Wide 30-Day, All-Cause, Unplanned Readmission Rate (HWR) for the Merit-Based Incentive Payment System (MIPS) Eligible Clinician Groups



Item	Description
Measure Description	This measure is a re-specified version of the hospital-level measure, “Hospital-Wide All-Cause, Unplanned Readmission Measure” (NQF #1789), which was developed for patients who are 65 years or older, are enrolled in Fee-for-Service (FFS) Medicare and are hospitalized in non-federal hospitals. This re-specified measure attributes hospital-wide index admissions to up to three participating MIPS Eligible Clinician Groups (“providers”), rather than to hospitals. It assesses each provider’s rate of 30-day readmission, which is defined as unplanned, all-cause readmission within 30 days of hospital discharge for any eligible condition. The measure reports a single summary risk adjusted readmission rate (RARR), derived from the volume-weighted results of five different models, one for each of the following specialty cohorts based on groups of discharge condition categories or procedure categories: surgery/gynecology; general medicine; cardiorespiratory; cardiovascular; and neurology.
Developer/Steward	Yale CORE/CMS
New or Maintenance	Maintenance (last reviewed: Fall 2019)
Current or Planned Use	Public Reporting; Payment Program; Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Measure Type
Outcome

Target Population(s)
Patients 65 and older enrolled in FFS Medicare and Hospitalized in non-Federal Hospitals

Care Setting
Clinician Office/Clinic; Hospital: Inpatient

Level of Analysis
Clinician: Group/Practice

CBE #3495 – Hospital-Wide 30-Day, All-Cause, Unplanned Readmission Rate (HWR) for the Merit-Based Incentive Payment System (MIPS) Eligible Clinician Groups

Measure Review Questions



Rubric Domain	Example Discussion Questions
Importance	<ul style="list-style-type: none">To what extent is there an adequate business case supported by evidence for the measure/measure focus?Does the business case indicate the potential for sufficient gains in health care quality where there is variation in or overall less-than-optimal performance?Is there sufficient evidence the target population (e.g., patients) finds the measure/measure focus meaningful?
Feasibility	<ul style="list-style-type: none">Do the measure specifications require data that are available in electronic health records, are routinely generated during the normal delivery of care, AND are readily available or could be captured without undue burden?<ul style="list-style-type: none">If data are not readily available, is there a near-term (within 1 year) path to support such routine and electronic data capture?
Scientific Acceptability	<ul style="list-style-type: none">Does the measure, as specified, produce consistent (reliable) and credible (valid) results about the quality of care when implemented?
Equity	<ul style="list-style-type: none">Does the measure sufficiently identify disparities in care across relevant populations, the results of which can be used to make actionable improvements in health equity?
Use & Usability	<ul style="list-style-type: none">To what extent is the measure used for accountability, or to what extent is there a near-term plan to be used for accountability?To what extent can the interested parties, including the accountable entities, use the measure results to achieve high-quality, efficient care?

Next Steps



Next Steps for Spring 2024 E&M Cycle



Compiled Comments

- We will share Advisory Group feedback and questions with developers/stewards for written response.
- We will share Advisory Group feedback and questions, along with developer/steward responses, publicly and with the Recommendation Group in advance of the endorsement meetings.



Upcoming Meetings

- **Advisory Group Meetings:** June 3-6, 2024.
- **Endorsement Meetings:** July 26-August 1, 2024.



Upcoming Public Comment

- **Draft E&M Guidebook:** June 4-June 24, 2024

Questions:

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





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