



Partnership for
Quality Measurement

Spring 2024 Initial Recognition and Management Endorsement and Maintenance (E&M) Advisory Group Meeting

Matt Pickering | Battelle

Anna Michie | Battelle

Isaac Sakyi | Battelle

June 4, 2024

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

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.

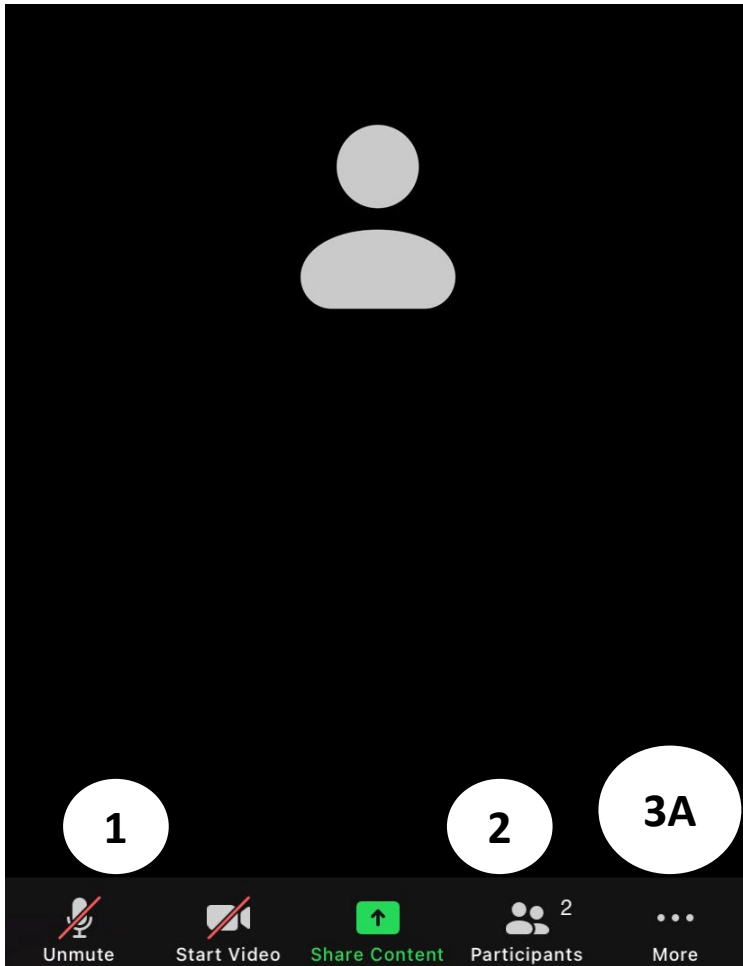
Using the Zoom Platform



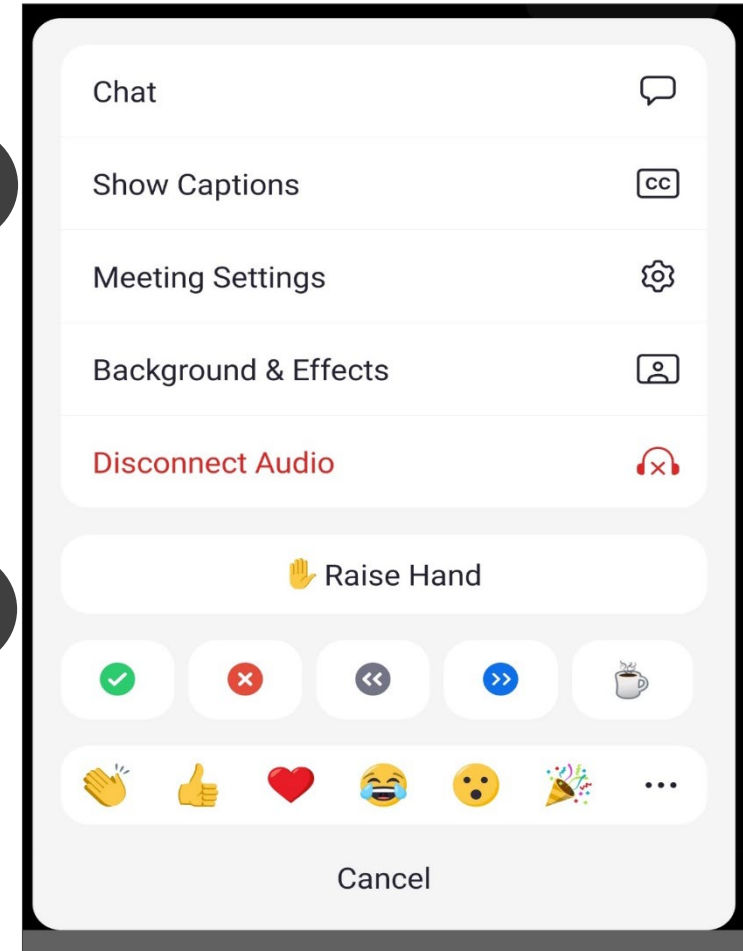
The screenshot shows a Zoom meeting interface. The main area is split into three video feeds: 'Host' on the left, 'Attendee 2' in the center (highlighted with a yellow border), and 'Attendee' at the bottom. The bottom toolbar contains various controls: Unmute, Start Video, Participants, Chat, Share Screen, Record, Reactions, Apps, Whiteboards, and Leave. Three numbered callouts are present: 1 is a white circle with the number 1 pointing to the bottom toolbar; 2 is a white circle with the number 2 pointing to the Participants button; 3 is a white circle with the number 3 pointing to the Reactions tab in the bottom toolbar. On the right side, there is a 'Participants (3)' panel listing 'Attendee 2 (Me)', 'Host (Host)', and 'Attendee', each with mute and video icons. Below it is a 'Chat' panel with an 'Invite' button, an 'Unmute Me' button, and a message 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.



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



Initial Recognition and Management Committee

Advisory Group Members



- Abraham Jacob, MD, MHA
- Anne Llewellyn, MS, BHSA, RN, CMGT-BC, CRRN, BCPA, CMF
- Arjun Venkatesh, MD, MBA, MHS
- Barbara Kivowitz, MA, MSW
- Billy Caceres, PhD, RN
- Carole Hemmelgarn, MS, MH
- Hannah Ingber, MPH
- Janet Hurley, MD, FAAFP
- Janice Young, DNP, RN, HRM, CPHQ, CPPS
- Juliet Bartsch, RN
- Kent Bream, MD
- Kobi Ajayi, PhD, MPH, MBA
- Kory Anderson, MD, FACP, CHCQM
- Lisa Leckrone, MHA, CPHQ, ASCP
- Mark Ellison, BA
- Oren Guttman, MD, MBA
- Raymund Dantes, MD, MPH
- Sheila Owens-Collins, MD, MPH, MBA
- Talia Sasson, MD, FSIR
- Tammy Love, MSN, RN-BC, CPPS, LSSGB
- Thomas Spiegel, MD, MBA, MS, FACEP
- Usha Venugopal, MD FACP, CPHQ
- Zainab Jah, MPH

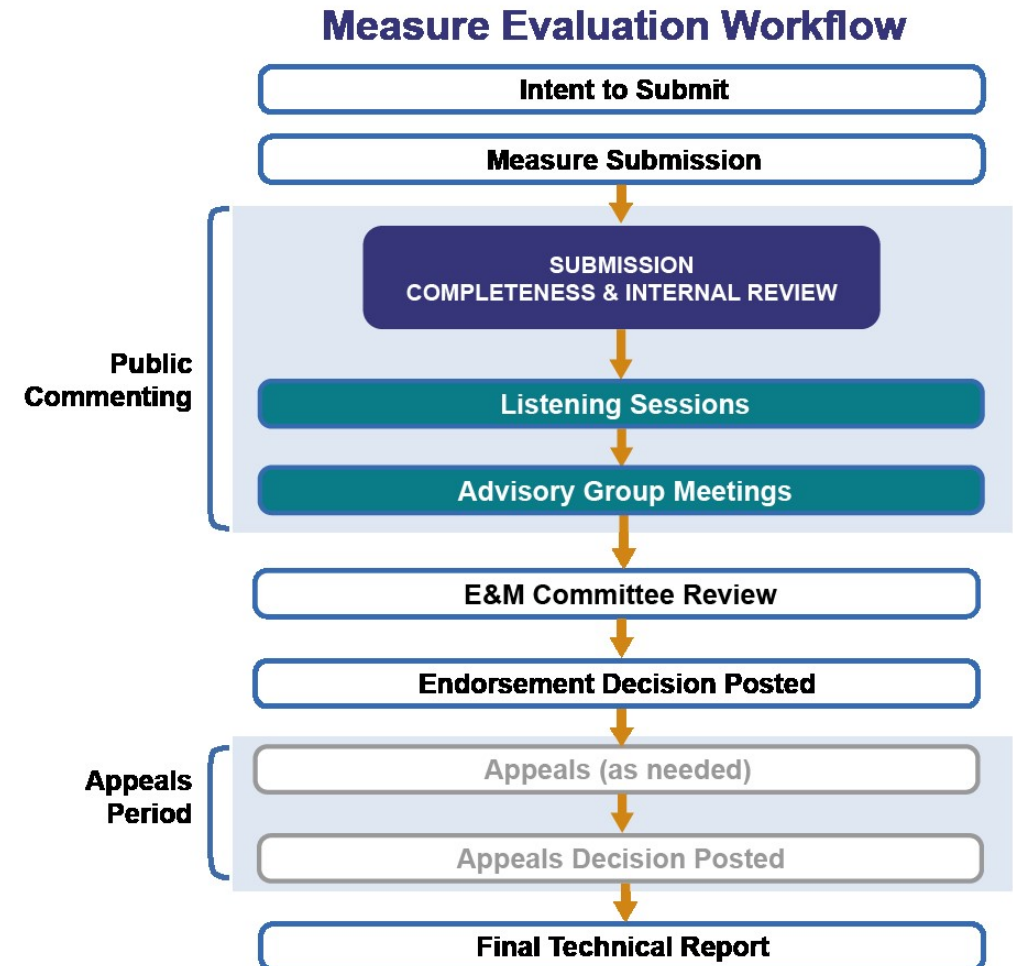
Overview of E&M Process



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.

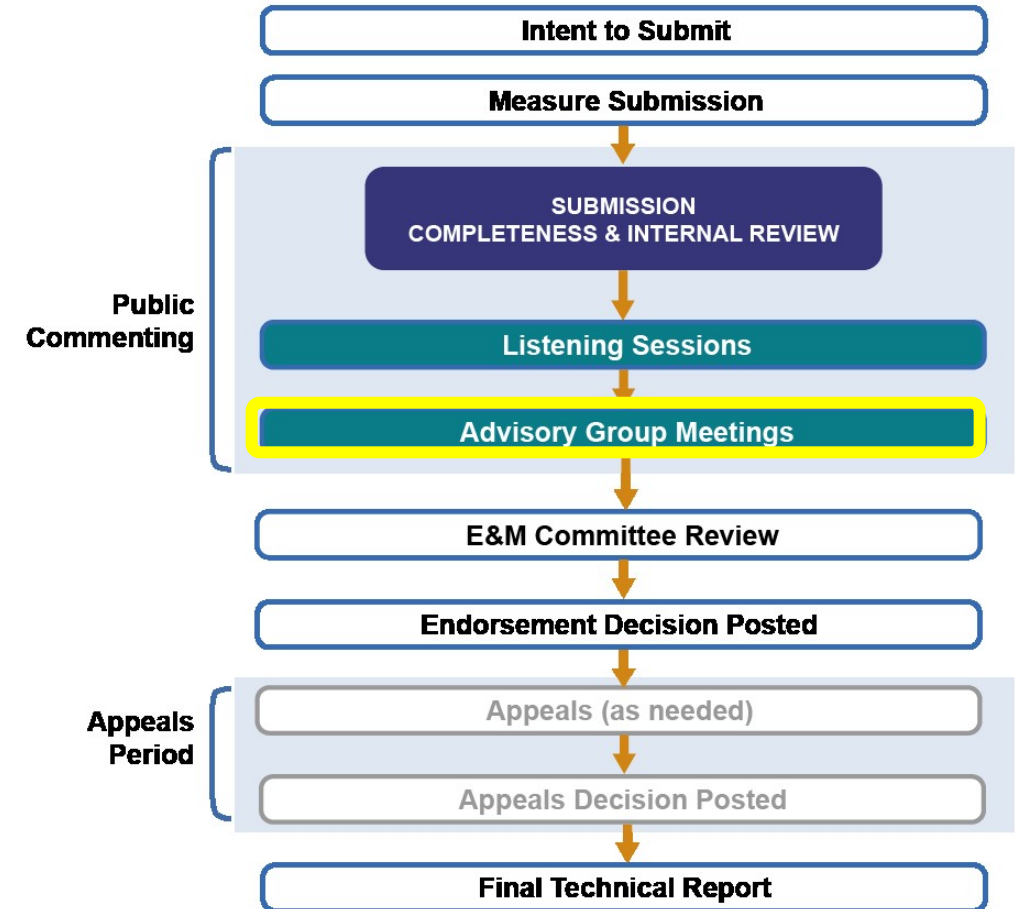
- **Timing:**

- 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 #3592e – Global Malnutrition Composite Score



Item	Description
Measure Description	This composite measure assesses the percentage of hospitalizations for adults aged 18 years and older at the start of the inpatient encounter during the measurement period with a length of stay equal to or greater than 24 hours who received optimal malnutrition care during the current inpatient hospitalization where care performed was appropriate to the patient's level of malnutrition risk and severity. A version of this measure, assessing performance only for adults aged 65 years and older, is currently endorsed and active in the IQR program; this submission describes a substantive change in the measure, as the population is changed to all adults aged 18 and older.
Developer/Steward	Commission on Dietetic Registration
New or Maintenance	Maintenance (last reviewed: Fall 2020)
Current or Planned Use	Public Reporting; Regulatory and Accreditation Programs; Quality Improvement

Measure Type
Composite

Target Population(s)
Adults: 18 and older

Care Setting
Hospital: Acute Care Facility, Critical Access, Inpatient

Level of Analysis
Facility

CBE #3592e – Global Malnutrition Composite Score

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 #4360 – CVD Risk Assessment Measure - Proportion of Pregnant/Postpartum Patients Who Receive CVD Risk Assessment With a Standardized Tool



Item	Description
Measure Description	This measure determines the percentage of pregnant or postpartum patients at a given clinic who were assessed for cardiovascular disease (CVD)* risk with a standardized tool, such as the CVD risk assessment algorithm developed by the California Maternal Quality Care Collaborative (CMQCC). The aim is to perform CVD risk assessment using a standardized tool on all (100%) eligible pregnant/postpartum patients.
Developer/Steward	University of California, Irvine
New or Maintenance	New
Current or Planned Use	Payment Program; Quality Improvement with Benchmarking; Other

Measure Type

Process

Target Population(s)

Women receiving prenatal care and postpartum care at a health care facility

Care Setting

Birth Center, Clinician Office/Clinic, Emergency Department, Hospital: Inpatient, Hospital: Outpatient, Urgent Care - Ambulatory

Level of Analysis

Clinician: Group/Practice, Clinician: Individual

CBE #4360 – CVD Risk Assessment Measure - Proportion of Pregnant/Postpartum Patients Who Receive CVD Risk Assessment With a Standardized Tool

Measure Review Questions



Rubric Domain	Review 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 11:45 AM ET



CBE #4315e – Kidney Health Evaluation



Item	Description
Measure Description	Percentage of patients aged 18-85 years with a diagnosis of diabetes who received a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) within the 12-month measurement period.
Developer/Steward	National Kidney Foundation
New or Maintenance	New
Current or Planned Use	Payment Program

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	Adults and elderly aged 18-85 years	Clinician Office/Clinic	Clinician: Individual

CBE #4315e – Kidney Health Evaluation

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 #3400 – Use of Pharmacotherapy for Opioid Use Disorder



Item	Description
Measure Description	The Use of Pharmacotherapy for Opioid Use Disorder measure evaluates the percentage of Medicaid or Medicare-Medicaid participants, aged 18 years and older, who have been diagnosed with an opioid use disorder (OUD) who filled a prescription for, were administered, or dispensed, a Food and Drug Administration (FDA)-approved medication to treat or manage OUD during the measurement year.
Developer/Steward	The Lewin Group/Centers for Medicare & Medicaid Services (CMS)
New or Maintenance	Maintenance (last reviewed: Spring 2018)
Current or Planned Use	Quality Improvement with Benchmarking (external benchmarking to multiple organizations); Quality Improvement (Internal to the specific organization)

Measure Type

Process

Target Population

Medicaid or Medicare-Medicaid beneficiaries aged 18 years and older

Care Setting

Behavioral Health: Inpatient, Outpatient; Emergency Department; Hospital: Acute Care Facility, Critical Access, Inpatient, Outpatient; Inpatient, Outpatient Rehabilitation Facility; Pharmacy

Level of Analysis

Population or Geographic Area

CBE #3400 – Use of Pharmacotherapy for Opioid Use Disorder

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





Partnership for
Quality Measurement
Powered by Battelle