Spring 2024 Endorsement and Maintenance Public Comment Listening Session

Quintella Bester | Battelle

Matt Pickering | Battelle

Anna Michie | Battelle

May 29, 2024

Agenda

- Welcome and Listening Session Ground Rules

- Overview of Endorsement and Maintenance (E&M) Process

- Primary Prevention Measure

- Initial Recognition Measures

- Management of Acute Events and Chronic Conditions Measures

- Advanced Illness and Post-Acute Care Measures

- Cost and Efficiency Measures

- Next Steps

- Adjourn

Listening Session Ground Rules

- Respect all voices.
- Keep your comments concise and focused.
  - Use the "raise hand" feature on the Zoom platform to be recognized.
  - Please state name and any affiliation.
  - Commenters are kindly asked to keep their comments to 2 minutes or less.
  - Developers/stewards: do not respond to commenters during the call.
- Be respectful and allow others to contribute.
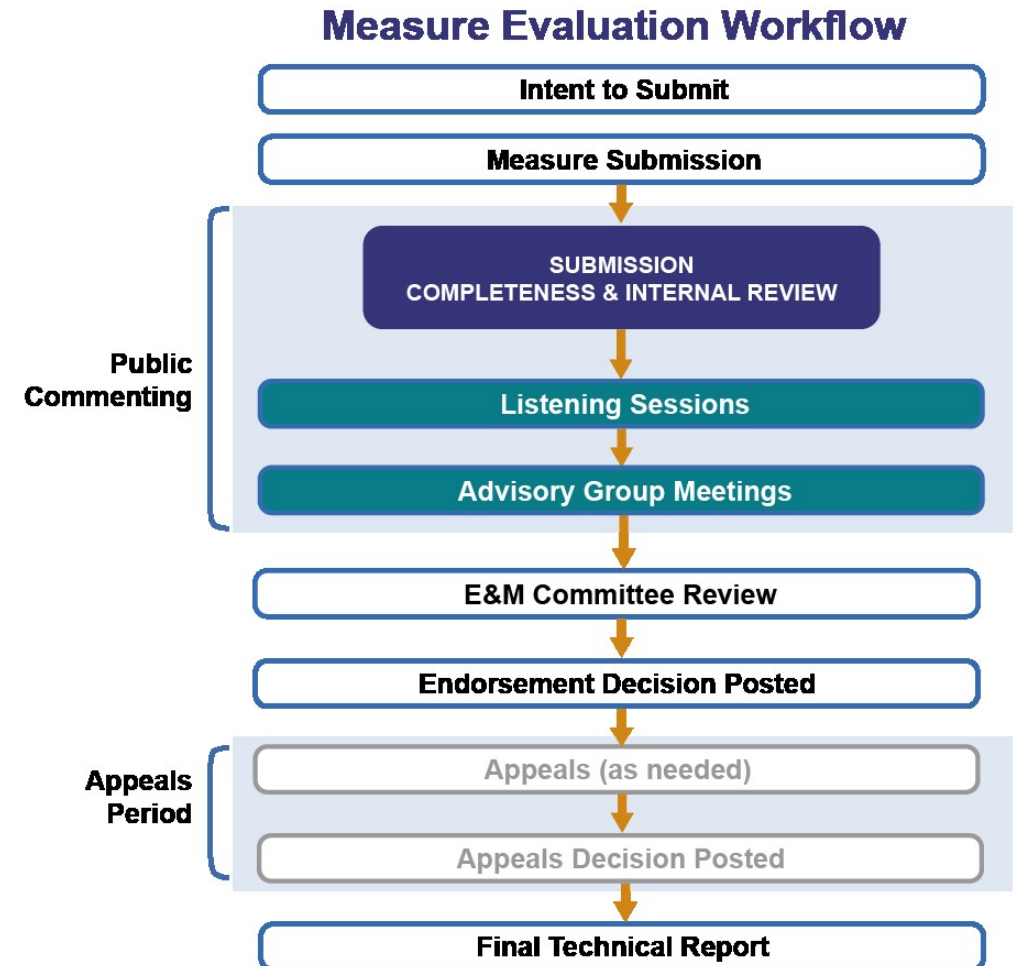- Share your experiences.
- Learn from others.

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 – NEW
   - Advisory Group Meetings – NEW
4. E&M Committee Review
5. Endorsement Decision
   - Recommendation Group Meetings
6. Appeals Period (as warranted)

Measure Evaluation Workflow

Intent to Submit

Measure Submission

Public Commenting

SUBMISSION COMPLETENESS & INTERNAL REVIEW

Listening Sessions

Advisory Group Meetings

E&M Committee Review

Endorsement Decision Posted

Appeals Period

Appeals (as needed)

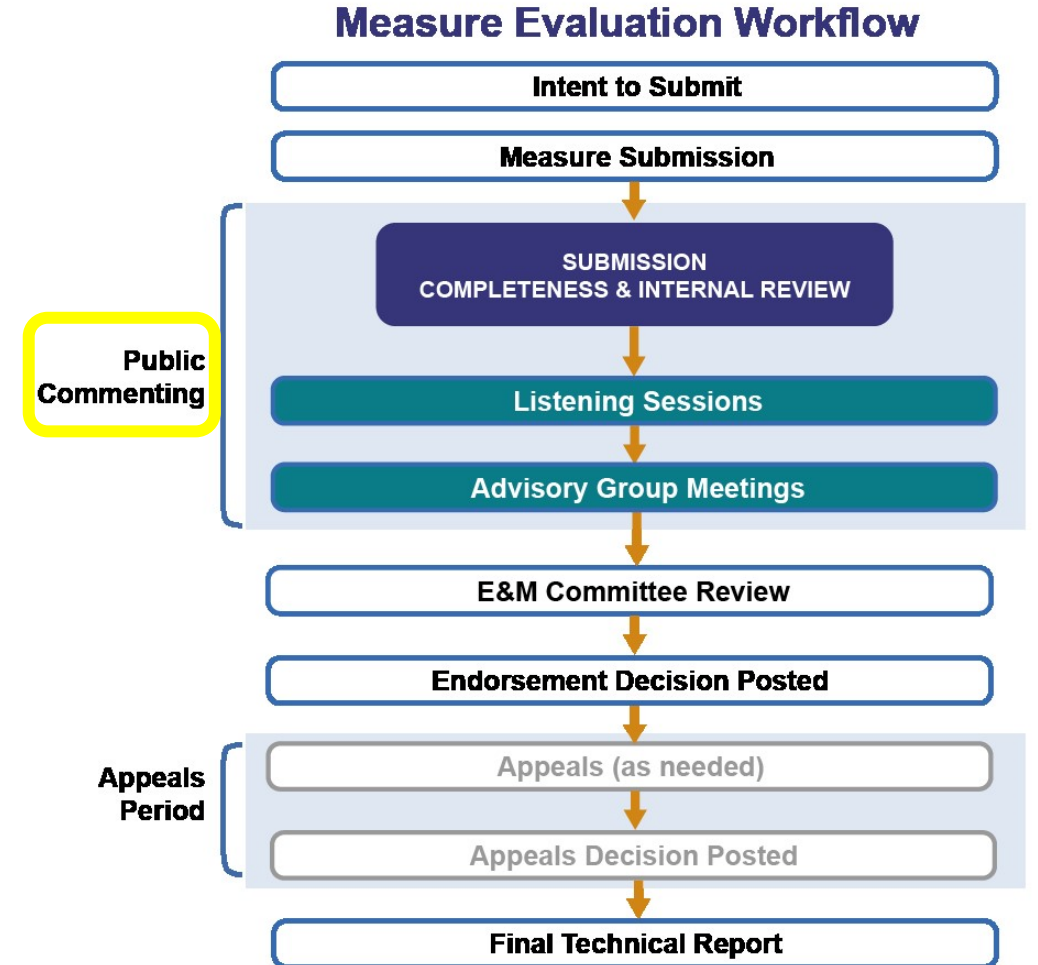Appeals Decision Posted

Final Technical Report

Measure Public Comment Period

- **Step:**
  - Measure information posted to PQM website for public comment

- **Timing:**
  - 30-day comment period

- **Public comment platform:**
  - PQM website and listening sessions

- **Outputs:**
  - Full record of public comments, available on PQM website
  - Responses to public comments from developers/stewards

Measure Evaluation Workflow

- Intent to Submit
- Measure Submission
- **Public Commenting**
  - SUBMISSION COMPLETENESS & INTERNAL REVIEW
  - Listening Sessions
  - Advisory Group Meetings
- E&M Committee Review
- Endorsement Decision Posted
- **Appeals Period**
  - Appeals (as needed)
  - Appeals Decision Posted
- Final Technical Report

Primary Prevention Measure

1 Maintenance Measure

CBE #2483 – Gains in Patient Activation Measure (PAM) Scores at 12 Months

Item	Description
Measure Description	The measure is the percentage of patients who achieve a 3-point increase in their Patient Activation Measure® (PAM®) survey score within 12 months. The outcome measure demonstrates how a clinician group performed in providing best care to its patients by quantifying the proportion of patients who had at least a 3-point score change. The PAM surveys the knowledge, skill, and confidence necessary for self-management on a 0-100 point scale that can be broken down into 4 levels from low activation to high activation. The 13 (or 10) item survey has strong measurement properties and is predictive of most health behaviors, many clinical outcomes, and patient experience. PAM® scores are also predictive of health care costs, with lower scores predictive of higher costs.
Developer/Steward	Insignia Health
New or Maintenance	Maintenance (last reviewed: Spring 2016)
Current or Planned Use	Payment Program; Quality Improvement (Internal to the specific organization)

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Patient-reported Outcome-Based Performance Measure (PRO-PM)	Eligible patients with at least two PAM scores no less than 6 months and not more than 12 months apart	Clinician Office/Clinic	Clinician: Group/Practice

Opportunity for Public Comment

CBE #2483 – Gains in Patient Activation Measure (PAM)
Scores at 12 Months

Initial Recognition and Management Measures

2 Maintenance Measures

2 New Measures

Substance Use Measure

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	Target Population	Care Setting	Level of Analysis
Process	Medicaid or Medicare-Medicaid beneficiaries aged 18 years and older	Behavioral Health: Inpatient, Outpatient; Emergency Department; Hospital: Acute Care Facility, Critical Access, Inpatient, Outpatient; Inpatient, Outpatient Rehabilitation Facility; Pharmacy	Population or Geographic Area

Opportunity for Public Comment

CBE #3400 – Use of Pharmacotherapy for Opioid Use Disorder

Nutrition Care Measure

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	Target Population(s)	Care Setting	Level of Analysis
Composite	Adults: 18 and older	Hospital: Acute Care Facility, Critical Access, Inpatient	Facility

Opportunity for Public Comment

CBE #3592e – Global Malnutrition Composite Score

Disease Management Measures

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 #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	Target Population(s)	Care Setting	Level of Analysis
Process	Women receiving prenatal care and postpartum care at a health care facility	Birthing Center, Clinician Office/Clinic, Emergency Department, Hospital: Inpatient, Hospital: Outpatient, Urgent Care - Ambulatory	Clinician: Group/Practice, Clinician: Individual

*Cardiovascular disease (CVD) refers to conditions that affect the heart or blood vessels (e.g., heart attack, stroke, heart failure).

Opportunity for Public Comment

CBE #4315e – Kidney Health Evaluation

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

Break

Meeting Resumes at 12:15 PM

Management of Acute Events and Chronic Conditions Measures

4 Maintenance Measures

1 New Measure

Blood Health and Cardiovascular Care Measures
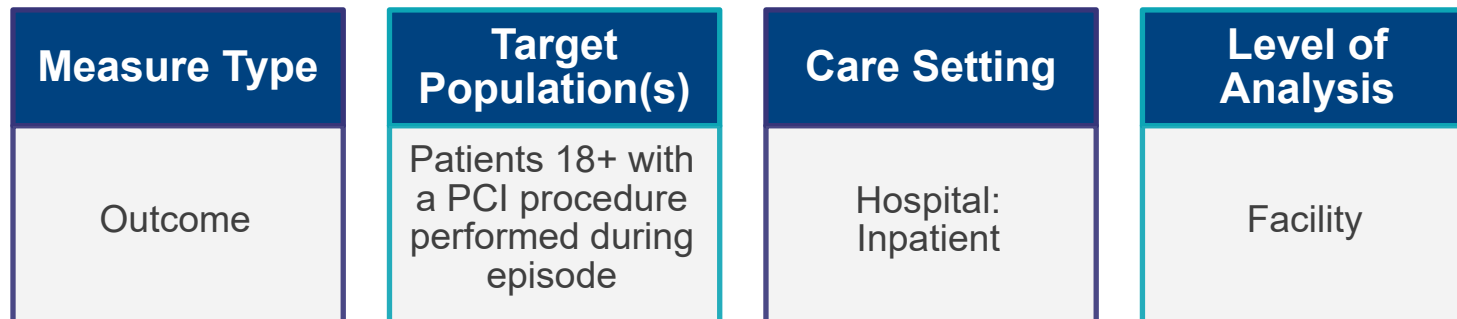
CBE #0076 – Optimal Vascular Care

Item	Description
Measure Description	The percentage of patients 18-75 years of age who had a diagnosis of ischemic vascular disease (IVD) and whose IVD was optimally managed during the measurement period as defined by achieving ALL of the following: • Blood pressure less than 140/90 mmHg • On a statin medication, unless allowed contraindications or exceptions are present • Non-tobacco user • On daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present
Developer/Steward	Minnesota Community Measurement
New or Maintenance	Maintenance (last reviewed: Spring 2020)
Current or Planned Use	Public Reporting; Payment Program

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Composite	Patients 18-75 years of age with a diagnosis of ischemic vascular disease	Clinician Office/Clinic; Outpatient Services	Clinician: Group/Practice

CBE #0133 – In-Hospital Risk Standardized Mortality for Percutaneous Coronary Intervention (Excluding Cardiogenic Shock and Cardiac Arrest)

Item	Description
Measure Description	This measure estimates a hospital-level risk standardized mortality rate (RSMR) in adult patients without cardiogenic shock or cardiac arrest undergoing PCI. The outcome is defined as in-hospital mortality following a PCI procedure performed during the episode of care. Mortality is defined as death for any cause during the episode of care.
Developer/Steward	American College of Cardiology
New or Maintenance	Maintenance (last reviewed: Fall 2017)
Current or Planned Use	Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Patients 18+ with a PCI procedure performed during episode	Hospital: Inpatient	Facility

CBE #1460 – Bloodstream Infection in Hemodialysis Outpatients

Item	Description
Measure Description	Annual standardized infection ratio (SIR) of bloodstream infections (BSIs) among children and adults receiving maintenance hemodialysis at outpatient hemodialysis facilities. BSIs are defined as positive blood cultures for hemodialysis patients which are reported monthly by participating facilities. The SIR is reported for a yearly period (calendar year) and is calculated by dividing the number of observed BSIs by the number of predicted BSIs during the year.
Developer/Steward	Centers for Disease Control and Prevention, National Healthcare Safety Network
New or Maintenance	Maintenance (last reviewed: Fall 2015)
Current or Planned Use	Public Reporting; Public Health/Disease Surveillance; Payment Program; Quality Improvement with Benchmarking (external benchmarking to multiple organizations); Quality Improvement (Internal to the specific organization)

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Patients who receive outpatient hemodialysis	Other: Dialysis Facility	Facility

Opportunity for Public Comment

CBE #0076 - Optimal Vascular Care

CBE #0133 - In-Hospital Risk Standardized Mortality for Percutaneous Coronary Intervention (Excluding Cardiogenic and Cardiac Arrest)

CBE #1460 - Bloodstream Infection in Hemodialysis Outpatients

In-Hospital Care & Follow-Up Measures

CBE #3455 – Timely Follow-Up After Acute Exacerbations of Chronic Conditions

Item	Description
Measure Description	This is a measure of follow-up clinical visits for patients with chronic conditions who have experienced an acute exacerbation of one of six conditions (eight categories) of interest (coronary artery disease [CAD] {high or low acuity}, hypertension {high or medium acuity}, heart failure [HF], diabetes, asthma, and chronic obstructive pulmonary disease [COPD]) and are among adult Medicare Fee-for-Service (FFS) beneficiaries who are attributed to entities participating in the CMMI Accountable Care Organization (ACO) Realizing Equity, Access, and Community Health (REACH) model.
Developer/Steward	Yale Center for Outcomes Research and Evaluation (Yale CORE)/CMS
New or Maintenance	Maintenance (last reviewed: Fall 2018)
Current or Planned Use	Public Reporting; Payment Program; Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

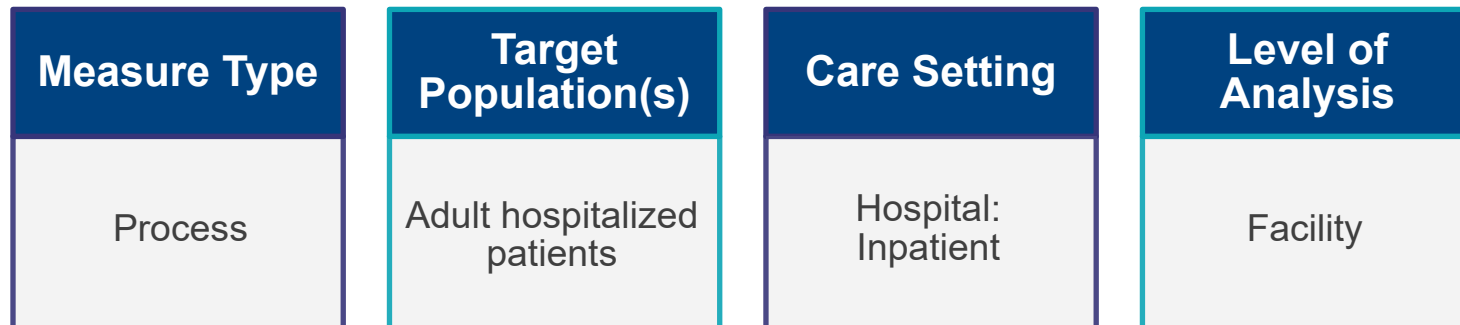| Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	Patients diagnosed with one of the six conditions listed in measure description.	Clinician Office/Clinic, Emergency Department, Home Health, Hospital (Critical Access, Inpatient, Outpatient, Rural Emergency)	Accountable Care Organization

CBE #4440e – Percent of Hospitalized Pneumonia Patients with Chest Imaging Confirmation

Item	Description
Measure Description	The chest imaging-confirmed measure of pneumonia diagnosis is a process measure of inpatient hospitalizations that identifies the proportion of adult patients hospitalized with a discharge diagnosis of pneumonia and who received systemic or oral antimicrobials at any time during admission who received chest imaging that supported the diagnosis of pneumonia, as recommended by clinical practice guidelines.
Developer/Steward	University of Utah
New or Maintenance	New
Current or Planned Use	Public Reporting; Payment Program; Quality Improvement (Internal to the specific organization)

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	Adult hospitalized patients	Hospital: Inpatient	Facility

Opportunity for Public Comment

CBE #3455 – Timely Follow-Up After Acute Exacerbations of Chronic Conditions

CBE #4440e – Percent of Hospitalized Pneumonia Patients with Chest Imaging Confirmation

Break

Meeting Resumes at 2:30 PM

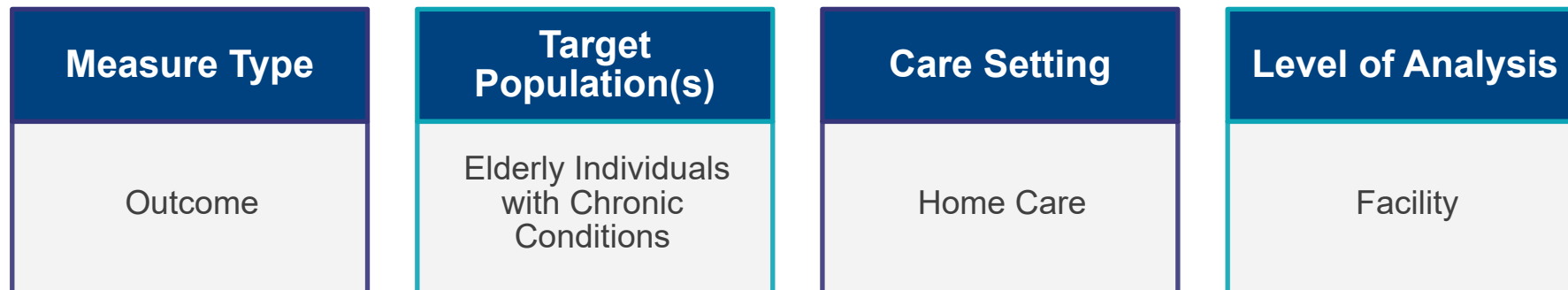# Advanced Illness and Post-Acute Care Measures

6 Maintenance Measures

Home Health and Community-Based Care Measures
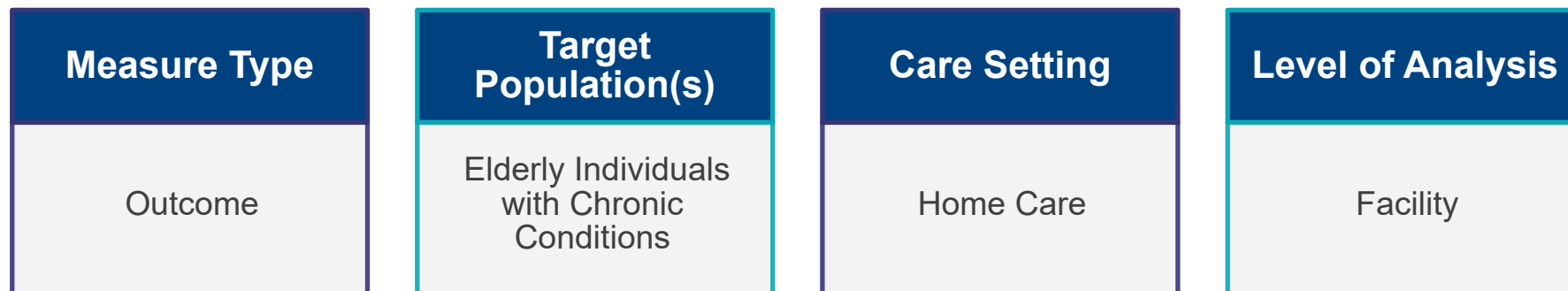
CBE #0167 – Improvement in Ambulation/Locomotion

Item	Description
Measure Description	Percentage of home health episodes of care during which the patient improved in ability to ambulate.
Developer/Steward	Abt Associates/CMS
New or Maintenance	Maintenance (last reviewed: Fall 2018)
Current or Planned Use	Public Reporting; Payment Program; Quality Improvement with Benchmarking (external benchmarking to multiple organizations); Quality Improvement (Internal to the specific organization)

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Elderly Individuals with Chronic Conditions	Home Care	Facility

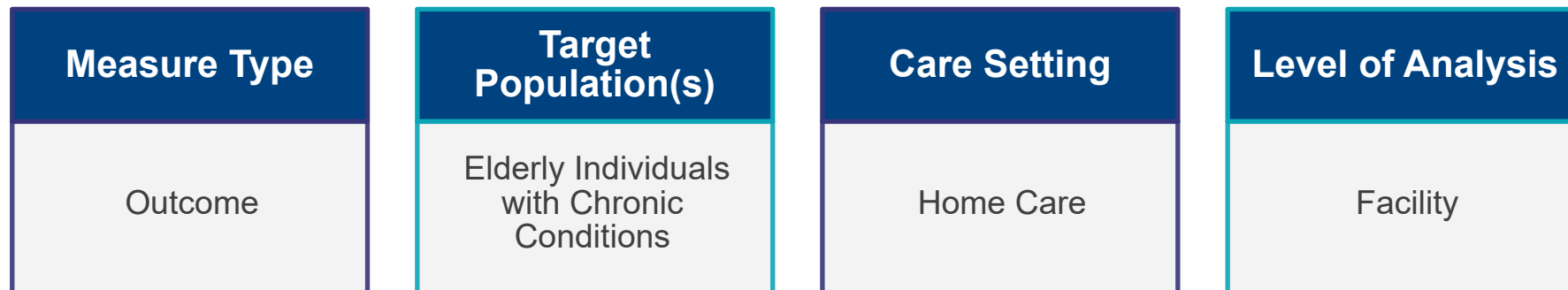# CBE #0174 – Improvement in Bathing

Item	Description
Measure Description	Percentage of home health episodes of care during which the patient got better at bathing self.
Developer/Steward	Abt Associates/CMS
New or Maintenance	Maintenance (last reviewed: Fall 2018)
Current or Planned Use	Public Reporting; Payment Program; Quality Improvement with Benchmarking (external benchmarking to multiple organizations); Quality Improvement (Internal to the specific organization)

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Elderly Individuals with Chronic Conditions	Home Care	Facility

CBE #0175 – Improvement in Bed Transferring

Item	Description
Measure Description	Percentage of home health episodes of care during which the patient improved in ability to get in and out of bed.
Developer/Steward	Abt Associates/CMS
New or Maintenance	Maintenance (last reviewed: Spring 2019)
Current or Planned Use	Public Reporting; Payment Program; Quality Improvement with Benchmarking (external benchmarking to multiple organizations); Quality Improvement (Internal to the specific organization)

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Elderly Individuals with Chronic Conditions	Home Care	Facility

CBE #0176 – Improvement in Management of Oral Medications

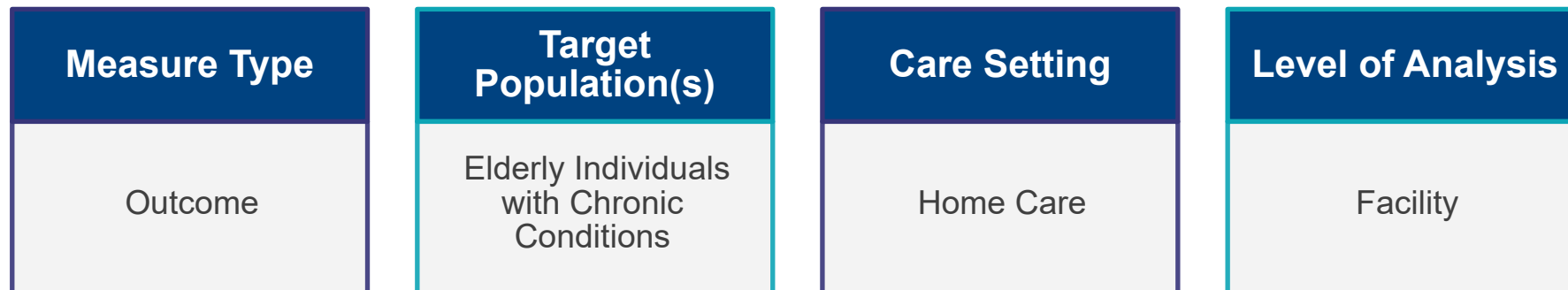| Item	Description
Measure Description	The percentage of home health episodes of care during which the patient improved in ability to take their medicines correctly, by mouth.
Developer/Steward	Abt Associates/CMS
New or Maintenance	Maintenance (last reviewed: Fall 2018)
Current or Planned Use	Public Reporting; Payment Program; Quality Improvement with Benchmarking (external benchmarking to multiple organizations); Quality Improvement (Internal to the specific organization)

Measure Type	**Target Population(s)**	**Care Setting**	**Level of Analysis**
Outcome	Elderly Individuals with Chronic Conditions	Home Care	Facility

CBE #2967 – Home and Community-Based Services (HCBS) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Measure

Item	Description
Measure Description	CAHPS Home- and Community-Based Services measures derive from a cross disability survey to elicit feedback from adult Medicaid beneficiaries receiving home and community-based services (HCBS) about the quality of the long-term services and supports they receive in the community and delivered to them under the auspices of a state Medicaid HCBS program. The unit of analysis is the Medicaid HCBS program, and the accountable entity is the operating entity responsible for managing and overseeing a specific HCBS program within a given state.
Developer/Steward	The Lewin Group/CMS
New or Maintenance	Maintenance (last reviewed: Fall 2016)
Current or Planned Use	Quality Improvement (Internal to the specific organization)

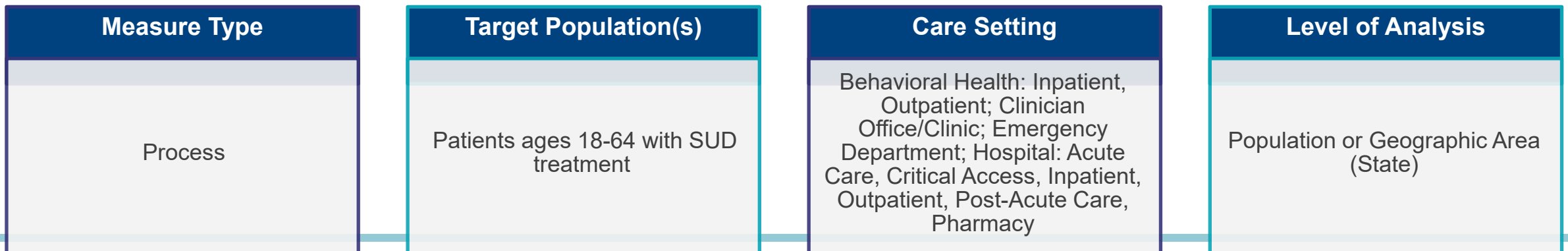| Measure Type	Target Population(s)	Care Setting	Level of Analysis
Patient-Reported Outcome-Based Performance Measure	Medicaid participants, 18 years and older, receiving long-term services and supports	Home and community-based services	Health Plan; Population or Geographic Area (State)

CBE #3453 – Continuity of Care After Inpatient or Residential Treatment for Substance Use Disorder

Item	Description
Measure Description	Percentage of discharges from inpatient or residential treatment for substance use disorder (SUD) for Medicaid beneficiaries, ages 18–64, which were followed by a treatment service for SUD. SUD treatment services include having an outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth encounter, or filling a prescription or being administered or dispensed a medication for SUD. (After an inpatient discharge only, residential treatment also counts as continuity of care.) Two rates are reported, continuity within 7 and 14 days after discharge.
Developer/Steward	The Lewin Group/CMS
New or Maintenance	Maintenance (last reviewed: Fall 2018)
Current or Planned Use	Quality Improvement with Benchmarking (external benchmarking to multiple organizations); Quality Improvement (Internal to the specific organization)

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	Patients ages 18-64 with SUD treatment	Behavioral Health: Inpatient, Outpatient; Clinician Office/Clinic; Emergency Department; Hospital: Acute Care, Critical Access, Inpatient, Outpatient, Post-Acute Care, Pharmacy	Population or Geographic Area (State)

Opportunity for Public Comment

CBE #0167 – Improvement in Ambulation/locomotion

CBE #0174 – Improvement in Bathing

CBE #0175 – Improvement in Bed Transferring

CBE #0176 – Improvement in Management of Oral Medications

CBE #2967 – Home and Community-Based Services (HCBS) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Measure

CBE #3453 – Continuity of Care After Inpatient or Residential Treatment for Substance Use Disorder

Cost and Efficiency Measures

5 Maintenance Measures

1 New Measure

Hospital Admission and Readmission Measures

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	Target Population(s)	Care Setting	Level of Analysis
Outcome	Medicaid HCBS participants aged 18 years and older	Hospital: Inpatient; Other (Home and community-based services)	Population Geographic Ares (State)

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	Target Population(s)	Care Setting	Level of Analysis
Outcome	Patients 65 and older enrolled in FFS Medicare and Hospitalized in non-Federal Hospitals	Clinician Office/Clinic; Hospital: Inpatient	Clinician: Group/Practice

Opportunity for Public Comment

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

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

Hospital Visits After Outpatient and Ambulatory Surgical Procedures

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	Target Population(s)	Care Setting	Level of Analysis
Outcome	Medicare FFS patients aged 65 years and older, undergoing outpatient general surgery procedures in ASCs	Ambulatory Surgery Center	Facility

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	Target Population(s)	Care Setting	Level of Analysis
Outcome	FFS patients aged 65 years and older	Ambulatory Surgery Center; Hospital: Outpatient	Facility

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	Target Population(s)	Care Setting	Level of Analysis
Outcome	Medicare FFS patients, aged 65 years and older, who have undergone a urology procedure in ASCs	Ambulatory Surgery Center	Facility

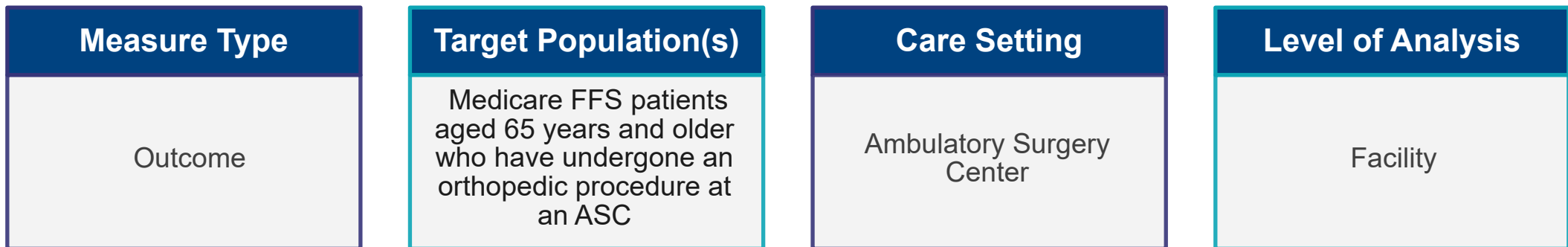# CBE #3470 – Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures

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)

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Medicare FFS patients aged 65 years and older who have undergone an orthopedic procedure at an ASC	Ambulatory Surgery Center	Facility

Opportunity for Public Comment

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

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

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

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

Next Steps

Next Steps for Spring 2024 E&M Cycle

Compiled Comments

- We will post all comments from today to the PQM website.

- We will share all public comments with developers/stewards for written response.

- We will share all public comments, 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