Partnership for
Quality Measurement

Spring 2024 Management of Acute Events and Chronic Conditions Endorsement and Maintenance (E&M) Advisory Group Meeting

Anna Michie | Battelle

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June 3, 2024

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.
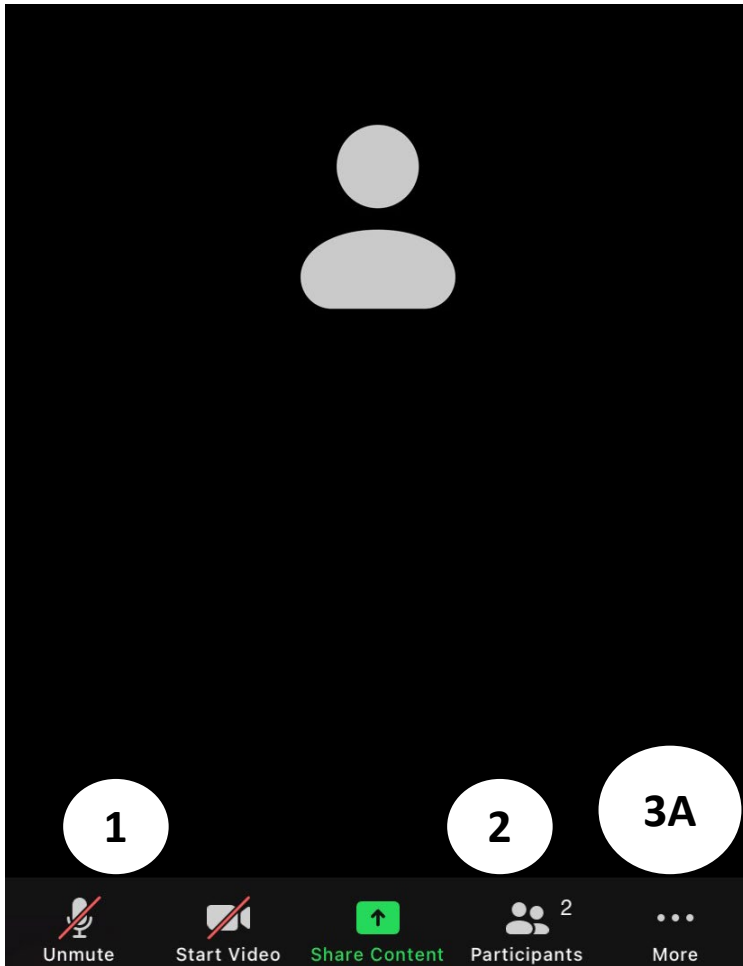
Using the Zoom Platform

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.
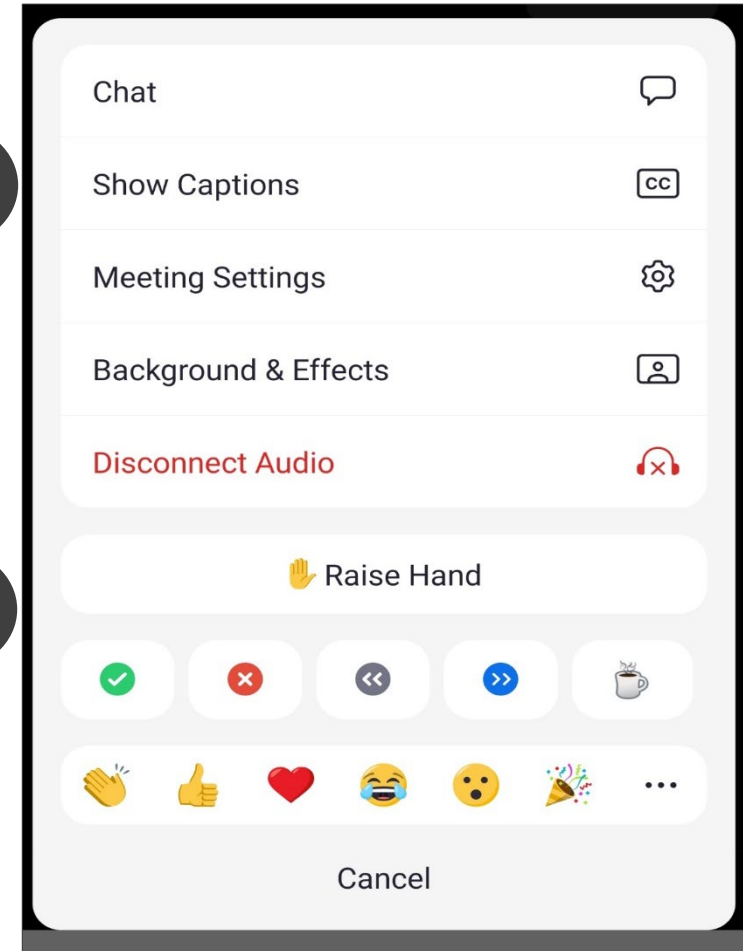
Meeting Ground Rules

- 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 Ortiz, MA, Social Scientist II
- Olivia Giles, MPH, Social Scientist I
- Elena Hughes, MS, Social Scientist I
- Sarah Rahman, Social Scientist I

Roll Call

- Abate Mammo, PhD
- Aileen Schast, PhD, CPHQ, CPPS
- Antoinette Schoenthaler, EdD
- Ashley Tait-Dinger, MBA
- Benjamin Shirley, BS, CPHQ
- Bianca Young
- Bonnie Zima, MD, MPH
- Chloe Slocum, MD, MPH
- David Clayman, DPM, MBA
- David Shahian, MD
- Eric Youngstrom, PhD
- Florence Thicklin

- Icilma Fergus Rowe, MD, BA
- Jamieson Wilcox, MPH, OTD, OTR/L
- John Wagner, MD, MBA
- Laurent Glance, MD
- Michael Hanak, MD, FAAFP
- Misty Votaw
- Rosie Bartel, MA
- Samantha Tierney, MPH
- Sharon Ayers
- Tarik Yuce, MD, MS
- Vandolynn Tucker
- Vikram Shah, MD, MBA

- Wiley Jenkins, PhD, MPH, FACE

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)

Measure Evaluation Workflow

Intent to Submit

Measure Submission

SUBMISSION COMPLETENESS & INTERNAL REVIEW

Public Commenting

Listening Sessions

Advisory Group Meetings

E&M Committee Review

Endorsement Decision Posted

Appeals Period

Appeals (as needed)

Appeals Decision Posted

Final Technical Report
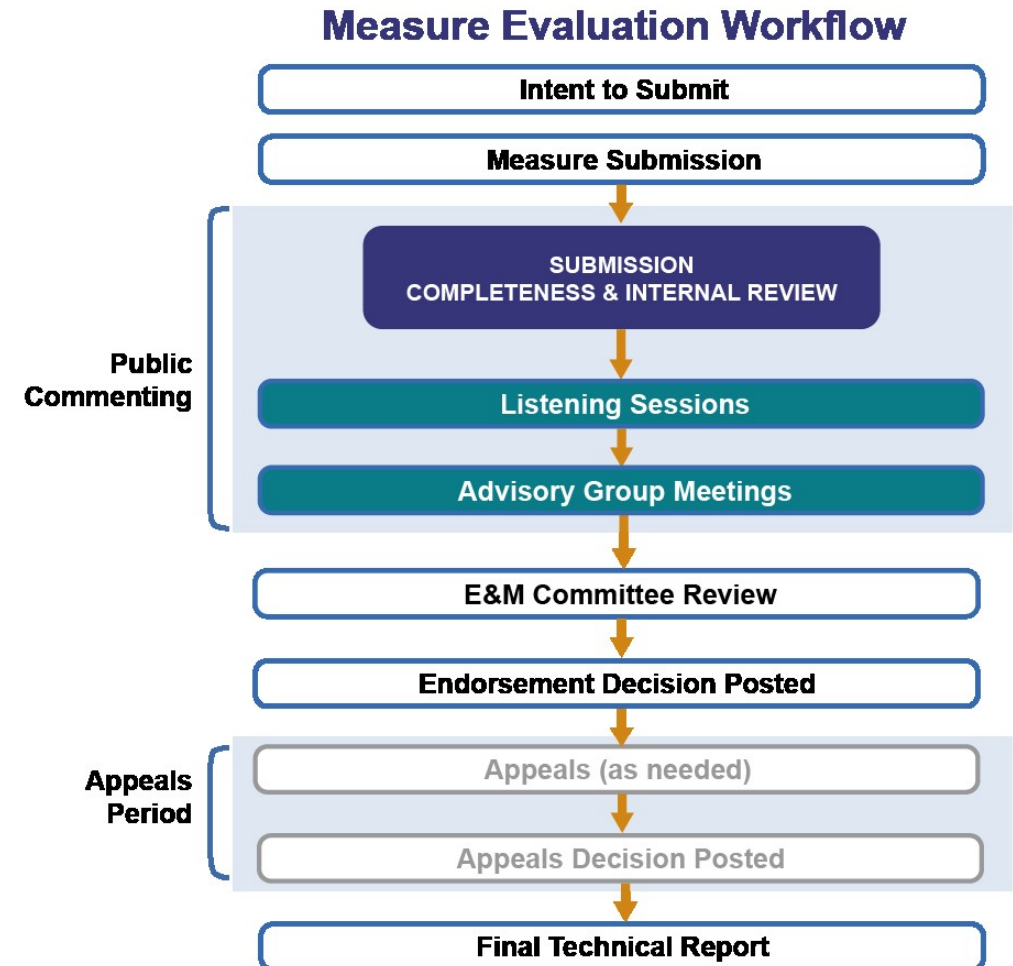
Advisory Group Meeting

- **Step:**
  - Advisory Group members convene to comment on strengths and limitations of the measure(s) and ask questions toward 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
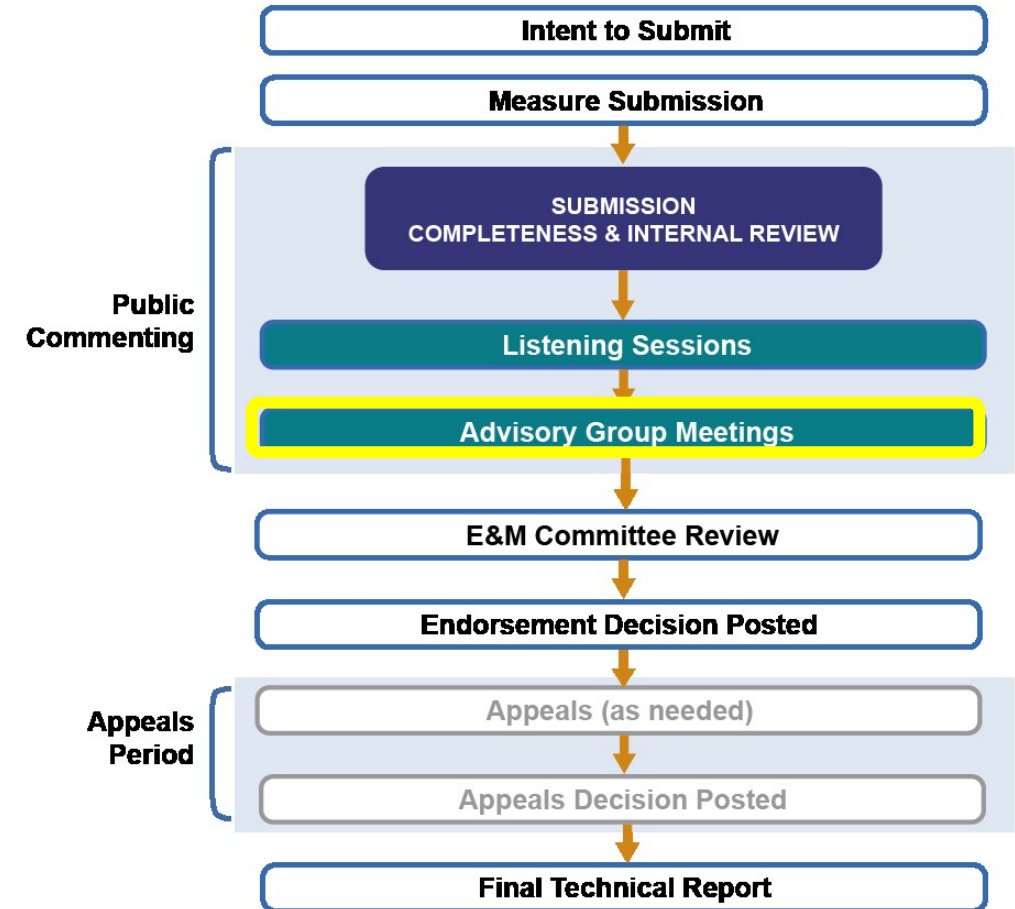
Measure Evaluation Workflow

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           Intent to Submit
        
           Measure Submission
                  │
              ┌───▼──────────────────────┐
Public        │   SUBMISSION              │
Commenting    │   COMPLETENESS & INTERNAL │
              │   REVIEW                  │
              │        │                  │
              │   Listening Sessions      │
              │        │                  │
              │   Advisory Group Meetings │
              └────────┼──────────────────┘
                       │
           E&M Committee Review
                  │
           Endorsement Decision Posted
                  │
              ┌───▼──────────────────────┐
Appeals       │   Appeals (as needed)     │
Period        │        │                  │
              │   Appeals Decision Posted │
              └────────┼──────────────────┘
                       │
           Final Technical Report
```

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

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Discussion of Spring 2024 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

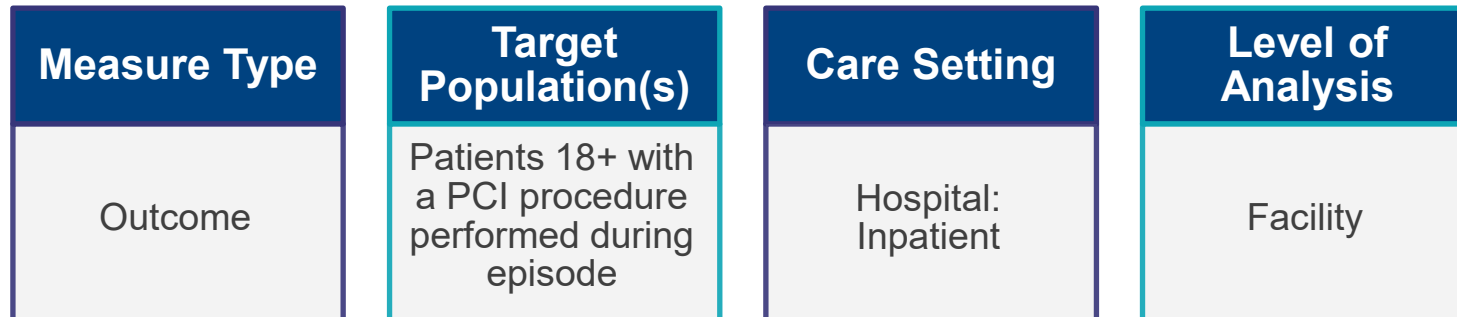| Measure Type	Target Population(s)	Care Setting	Level of Analysis
Intermediate Outcome	Patients 18-75 years of age with a diagnosis of ischemic vascular disease	•Clinician Office/Clinic •Outpatient Services	Clinician: Group/Practice

Rubric Domain	Example Discussion Questions
Importance	• 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	• 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? • 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	• Does the measure, as specified, produce consistent (reliable) and credible (valid) results about the quality of care when implemented?
Equity	• 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	• 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 #0133 – In-Hospital Risk Standardized Mortality for Percutaneous Coronary Intervention (Excluding Cardiogenic 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

Rubric Domain	Example Discussion Questions
Importance	• 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	• 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? • 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	• Does the measure, as specified, produce consistent (reliable) and credible (valid) results about the quality of care when implemented?
Equity	• 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	• 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 #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

Rubric Domain	Example Discussion Questions
Importance	• 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	• 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? • 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	• Does the measure, as specified, produce consistent (reliable) and credible (valid) results about the quality of care when implemented?
Equity	• 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	• 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 2:45 PM ET

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)

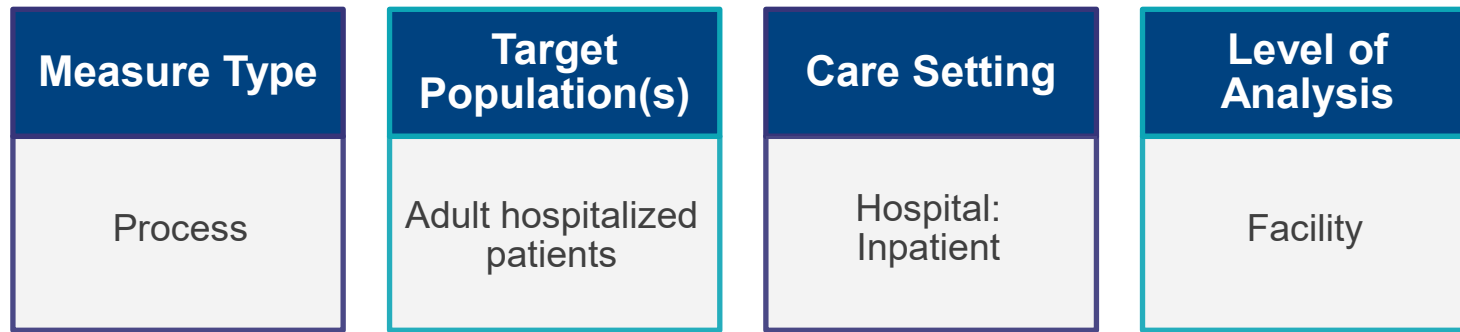| Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	Patients diagnosed with one of the six conditions listed in measure description.	Clinician Office/Clinic, Emergency Department, Home Health, Hospital (Critical Access, Inpatient, Outpatient, Rural Emergency)	Accountable Care Organization

Rubric Domain	Example Discussion Questions
Importance	• 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	• 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? • 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	• Does the measure, as specified, produce consistent (reliable) and credible (valid) results about the quality of care when implemented?
Equity	• 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	• 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 #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

Rubric Domain	Example Discussion Questions
Importance	• 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	• 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? • 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	• Does the measure, as specified, produce consistent (reliable) and credible (valid) results about the quality of care when implemented?
Equity	• 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	• 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