



Fall 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 Fall 2024 Measures
- Next Steps
- Adjourn

Housekeeping Reminders



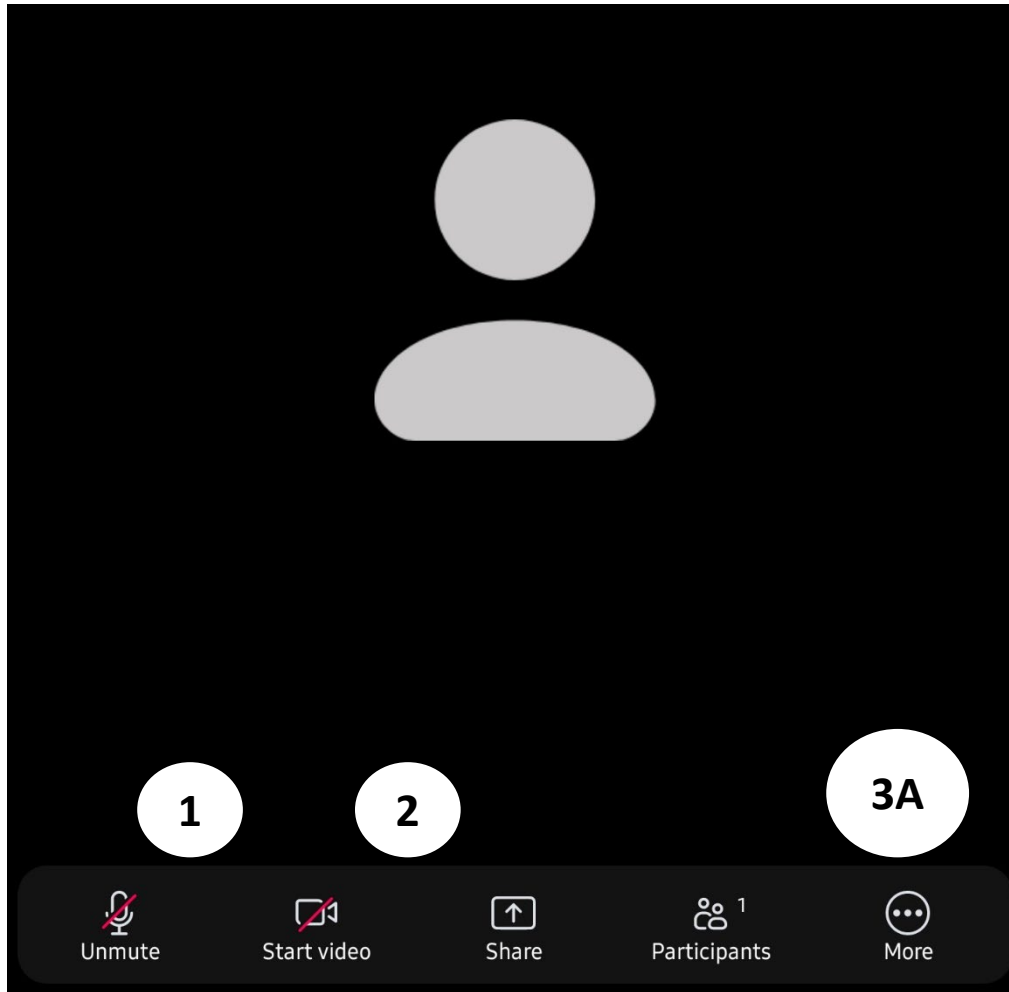
- Housekeeping reminders:
 - The system will allow you to mute/unmute yourself and turn your video on/off throughout the event.
 - Please raise your hand and unmute yourself when called on.
 - Please lower your hand and mute yourself following your question/comment.
 - Please state your first and last 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

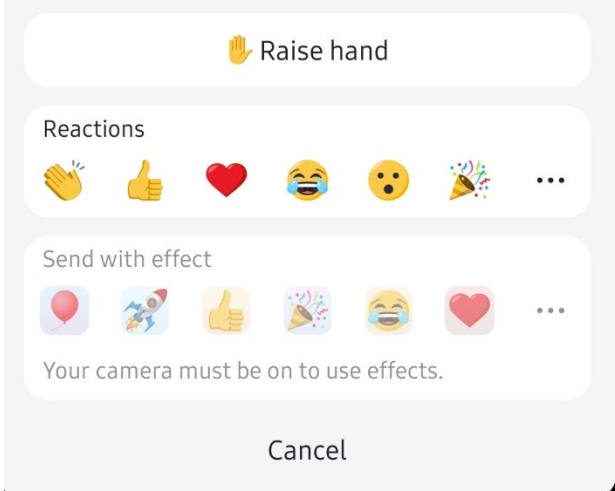
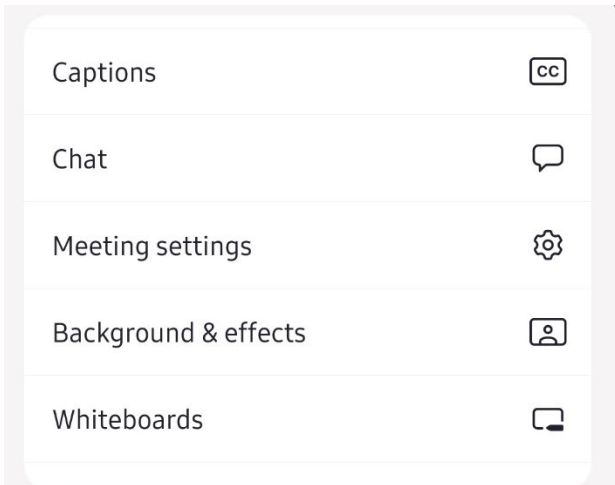


- 1 Click the lower part of your screen to mute/unmute, start, or pause video.
- 2 Click on the participant or chat button to access the full participant list or the chat box.
- 3 To raise your hand, select the raise hand button under the react tab.

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) to show closed captions, or (3C) to 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, Technical Director
- Jeff Geppert, EdM, JD, Measure Science Team Lead
- Quintella Bester, PMP, Senior Program Manager
- Matthew Pickering, PharmD, Principal Quality Measure Scientist
- Anna Michie, MHS, PMP, Deputy E&M Task Lead
- 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



- Jacqueline Alikhaani, BS
- Nishant Anand, MD, FACEP
- Melody Beaty, BSN, RN, CEN
- Henish Bhansali, MD, FACP, Dipl. ABOM
- Bijan Borah, PhD, MSc
- Lauren Campbell, MA, PhD
- Erin Crum, MPH
- Anne Deutsch, BSN, MS, PhD
- Lynn Ferguson, BS
- Maria Fernandez, BA, MHA
- Stephanie Fitzgerald, RN RAC-CTA
- Carrie I. Freeman-Wright, DBA, MM, HRM
- Olga Gross-Balzano, CPA, NHA, PMP
- Michelle Hammer, BS
- Stephanie Hansen, DO, MBA
- Charles Hawley, BS, MA
- Sharon Hibay, DNP, RN
- Kristal Higgins
- Christina Hurst
- Sunny Jhamnani, MD
- Robert Jones, MD, FACP
- Jessica Peterson, MD, MPH
- Susan Roberts, MS
- Shawn Ruder
- Lynden Schuyler, MPH, MBA
- Shalini Selvarajah, MD, MPH, MA, CPH, CPHQ, FRSPH
- Trisha Jean Smith, MPH
- Steven Spivack, PhD, MPH
- Kim Tyree, MBA
- Cindy Winfrey, MSN

Overview of E&M Process

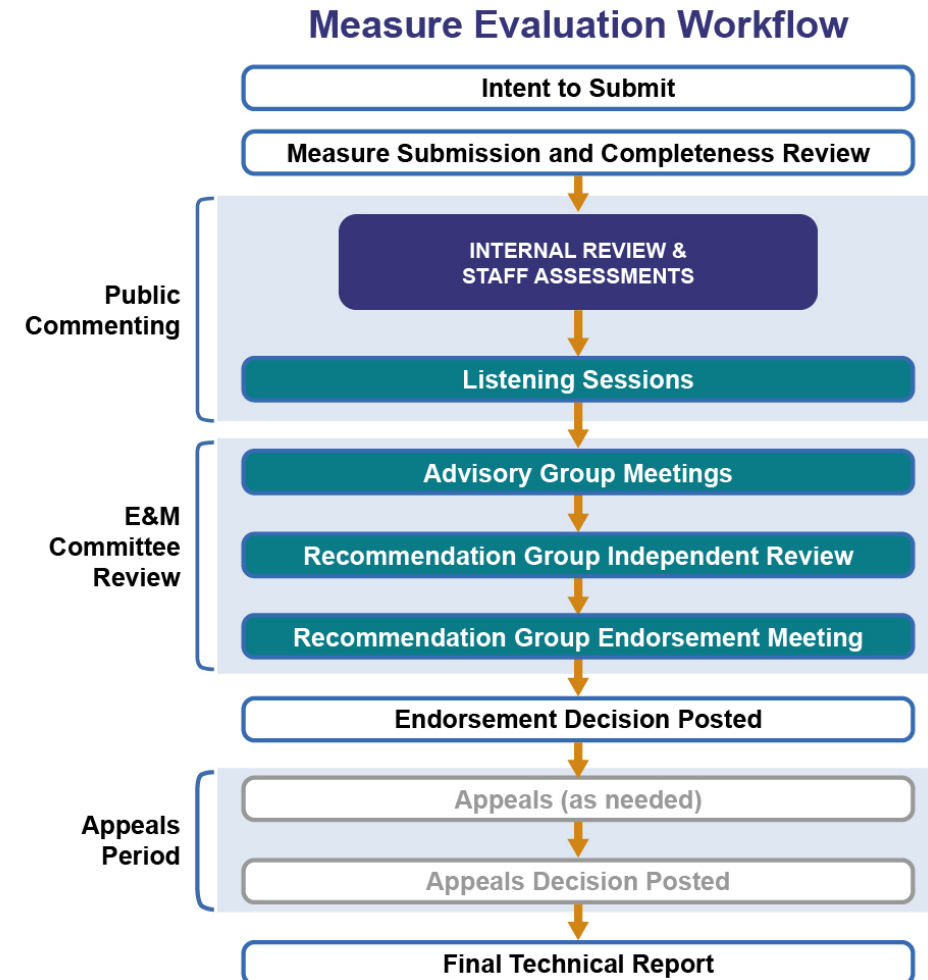


Fall 2024 E&M Process



Six major steps:

1. Intent to Submit
2. Full Measure Submission
3. Staff Internal Review and Measure Public Comment
 - Public Comment Listening Sessions
4. E&M Committee Review
 - Advisory Group Meetings
 - Recommendation Group Independent Review
 - Recommendation Group Meetings
5. Appeals Period (as warranted)
6. Final Technical Report



E&M Committee Review

Advisory Group Endorsement Meeting



- **Steps:**

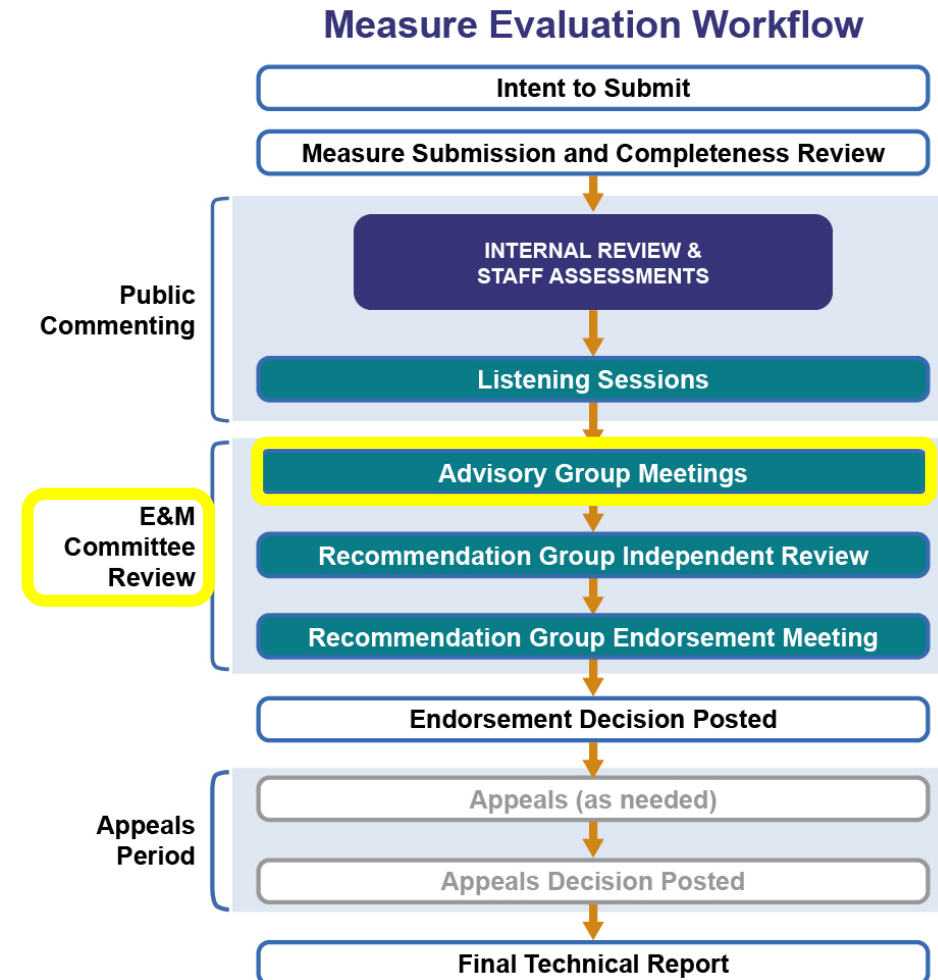
- The Advisory Group from each E&M committee convenes to comment on strengths and limitations of submitted measure(s) and ask questions of developers.
- Developers are encouraged to attend and to respond to questions/feedback from the Advisory Group members.

- **Timing:**

- First 2 weeks in December (Fall) and June (Spring)

- **Outputs:**

- Summary of Advisory Group member feedback, questions, and developer/steward responses are posted to the PQM website.



Advisory Group Meeting Procedures



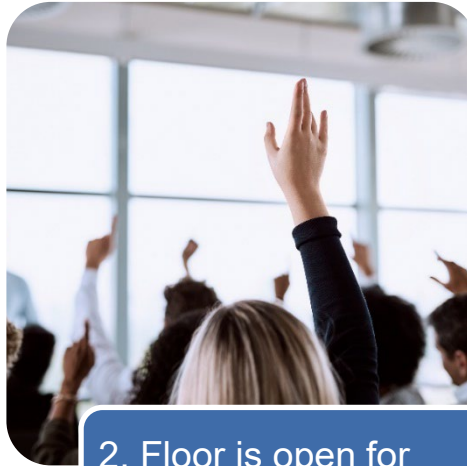
Advisory Group Meeting

Measure Review Procedures



1. Measure introduction by Battelle

- Battelle introduces the measure, highlighting basic information about the measure (e.g., description, measure type, target population, current/planned use).



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

- Co-chairs and Battelle staff conduct facilitated discussion by topic:
 - Patient partner feedback
 - Advisory Group clarification questions, and feedback, **noting what the Recommendation Group should discuss/consider**



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

- Developer/steward respond to questions by topic.
- Before moving to next measure, developer/stewards provide final response to the discussion.

PQM Measure Evaluation Rubric



- 1. Importance** - Extent to which the measure is evidence-based AND is important for making significant gains in health care quality or cost where there is variation in or overall less-than-optimal performance.
- 2. Feasibility** - Extent to which the measure specifications (i.e., numerator, denominator, exclusions) require data that are readily available OR could be captured without undue burden AND can be implemented for performance measurement.
- 3. Scientific Acceptability [i.e., Reliability and Validity]** - Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented.
- 4. Equity (optional)** - Extent to which the measure can identify differences in care for certain patient populations, which can be used to advance health equity and reduce disparities in care.
- 5. Use and Usability** - Extent to which potential audiences (e.g., consumers, purchasers, providers, and policymakers) are using or could use measure results for both accountability and performance improvement to achieve the goal of high-quality, efficient health care for individuals or populations.

Advisory Group Discussion Questions



Patient Partner Feedback

- As a patient or caregiver, do you have experience with the measure topic that you would like to share?
- Do you think the measure is meaningful to patients and will help to improve their care?
- Does the measure have aspects that may be difficult for patients to understand?
- Does the measure have aspects that may be burdensome to patients?

Non-Patient Partner Feedback

- Do you have any clarification questions that will assist in your understanding of the measure?
- What do you find as a strength for the measure?
- Does the measure have any limitations or challenges that you would like the Recommendation Group to consider?

Advisory Group Meeting

Measure Review Examples



- **Example 1 - Evidence of Measure Importance and Anticipated Impact:**
 - While the proposed measure focuses on the percentage of diabetes patients with controlled hemoglobin A1c (HbA1c) levels, the measure submission provides limited evidence on how this measure correlates with reductions in long-term diabetes complications, such as neuropathy, nephropathy, and cardiovascular diseases.
 - *The Recommendation Group should consider whether there is a business case for the measure, which connects HbA1c control with specific long-term health outcomes in diabetic patients. Additionally, the Recommendation Group should consider whether an impact on health outcomes can be expected if this measure is implemented.*

Advisory Group Meeting

Measure Review Examples, Cont'd 1



- **Example 2 - Patient Meaningfulness and Stakeholder Input:**

- The measure proposes to evaluate patient satisfaction with pain management within the hospital. However, there is a need to understand whether patients prioritize pain management as a key aspect of their hospital experience. It is unclear whether patient input has been incorporated (e.g., surveys, focus groups, or patient advisory councils) into the development of this measure.
 - *The Recommendation Group should consider how the measure reflects the aspects of care that are most important to patients, specifically regarding pain management.*

Advisory Group Meeting

Measure Review Examples, Cont'd 2



- **Example 3 - Reliability Testing and Statistical Results:**
 - The measure proposes to evaluate adherence to antihypertensive medication, which is critical for managing hypertension effectively. However, the accountable entity-level reliability testing concluded that 40% of the providers had a reliability estimate less than 0.6.
 - *The Recommendation Group should consider whether the developer can implement reliability statistics that will improve the reliability for these providers.*

Advisory Group Meeting

Measure Review Examples, Cont'd 3



- **Example 4 - Use, Usability, and Actions for Improvement:**

- The measure focuses on reducing the time to initial antibiotic administration in sepsis patients, which is crucial for improving patient outcomes. However, it is important to understand the specific actions that hospitals can take to improve performance on this measure and the difficulties they might encounter in implementing these actions. The developer provided certain actions with evidence from one integrated health system, including rapid diagnostic testing and implementing screening tools.
 - *The Recommendation Group should consider whether the specific actions noted by the developer are generalizable and the feasibility and difficulty of those actions, considering factors like resource availability, staff training, and system integration.*

Discussion of Fall 2024 Measures



CBE #1891 – Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following chronic obstructive pulmonary disease (COPD) hospitalization



Item	Description
Measure Description	<ul style="list-style-type: none"> The measure estimates a hospital-level 30-day, all-cause, risk-standardized readmission rate (RSRR) for Medicare patients (Fee-For-Service [FFS] and Medicare Advantage [MA]) aged 65 and older discharged from a hospital with either a principal discharge diagnosis of COPD or a principal discharge diagnosis of respiratory failure with a secondary diagnosis of acute exacerbation of COPD. The outcome (readmission) is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission.
Developer/Steward	<ul style="list-style-type: none"> Yale Center for Outcomes Research and Evaluation (Yale CORE)/Centers for Medicare & Medicaid Services (CMS)
New or Maintenance	<ul style="list-style-type: none"> Maintenance (last reviewed: Fall 2020)
Current Use	<ul style="list-style-type: none"> Hospital Readmission Reduction Program (HRRP)
Initial Endorsement	<ul style="list-style-type: none"> 2013

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Older adults (65 years and older)	Hospital: Inpatient	Facility

CBE #2879e – Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data



Item	Description
Measure Description	<ul style="list-style-type: none"> Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data measures facility-level risk-standardized rate of readmission (RSRR) within 30 days of discharge from an inpatient admission, among Medicare Fee-For-Service (FFS) and Medicare Advantage (MA) patients aged 65 years and older. Index admissions are divided into five groups based on their reason for hospitalization (e.g., surgery/gynecology, general medicine, cardiorespiratory, cardiovascular, and neurology); the final measure score (a single risk-standardized readmission rate) is calculated from the results of these five different groups, modeled separately. Variables from administrative claims and electronic health records are used for risk adjustment.
Developer/Steward	<ul style="list-style-type: none"> Yale Core/CMS
New or Maintenance	<ul style="list-style-type: none"> Maintenance (last reviewed: Full Year 2015)
Current Use	<ul style="list-style-type: none"> Hospital Inpatient Quality Reporting Program (IQR)
Initial Endorsement	<ul style="list-style-type: none"> 2016

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Older adults (65 years and older)	Hospital: Inpatient	Facility

Break

Meeting Resumes at 12:00 PM ET



CBE #1550 – Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)



Item	Description
Measure Description	<ul style="list-style-type: none"> The measure estimates a hospital-level risk-standardized complication rate (RSCR) associated with elective primary THA and/or TKA procedures for Medicare patients (Fee-for-Service [FFS] and Medicare Advantage [MA]) aged 65 and older. The outcome (complication) is defined as any one of the specified complications occurring from the date of index admission to up to 90 days after the index admission. Complications are counted in the measure only if they occur during the index hospital admission or during a readmission. The complication outcome is a dichotomous (yes/no) outcome; if a patient experiences one or more of these complications in the applicable time period, the complication outcome for that patient is counted in the measure as a “yes.”
Developer/Steward	<ul style="list-style-type: none"> Yale CORE/Centers for Medicare and Medicaid Services (CMS)
New or Maintenance	<ul style="list-style-type: none"> Maintenance (last reviewed: Fall 2020)
Current Use	<ul style="list-style-type: none"> Hospital Inpatient Quality Reporting (HIQR) Hospital Value-Based Purchasing (HVBP) programs
Initial Endorsement	<ul style="list-style-type: none"> 2012

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Older adults (65 years and older)	Inpatient/Hospital	Facility

CBE #4555 – Days at Home for Patients with Complex, Chronic Conditions



Item	Description
Measure Description	<ul style="list-style-type: none"> This is an ACO¹-level measure of days at home or in community settings (that is, not in acute care such as inpatient hospital or emergent care settings or post-acute skilled nursing) among adult Medicare Fee-for-Service (FFS) beneficiaries with complex, chronic conditions who are attributed to ACOs participating in the ACO REACH model. The measure includes risk adjustment for differences in patient mix across ACOs, with an additional adjustment based on patients' risk of death. A policy-based nursing home adjustment that accounts for patients' risk of transitioning to a long-term nursing home is also applied to incentivize community-based care. The performance period is one calendar year.
Developer/Steward	<ul style="list-style-type: none"> Yale Core/CMS
New or Maintenance	<ul style="list-style-type: none"> New
Planned Use	<ul style="list-style-type: none"> Payment Program, Quality Improvement with Benchmarking (external benchmarking to multiple organizations)
Initial Endorsement	<ul style="list-style-type: none"> Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Adults (18-64 years) and older adults (65 years and older)	Behavioral Health: Inpatient; Emergency Department; Hospital: Acute Care Facility; Critical Access; Inpatient; Outpatient; Inpatient Rehabilitation Facility; Long-Term Acute Care Hospital; Nursing Home	Accountable Care Organization

Next Steps



Next Steps for Fall 2024 E&M Cycle



Compiled Comments

- We will share Advisory Group feedback and questions, along with developer/steward clarifications, publicly and with the Recommendation Group in advance of the endorsement meetings.



Upcoming Meetings

- **Endorsement Meeting:** February 10, 2025
- **Appeals Committee Meeting (if needed):** March 31, 2025



Upcoming Webinars

- **Patient and Community Engagement in Quality Measurement:** January 2025

Questions:

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





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