Fall 2024 Endorsement and Maintenance (E&M) Public Comment Listening Session

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November 21, 2024

Agenda

- Welcome and Listening Session Ground Rules

- Overview of E&M Process

- Public Comment for Fall 2024 Measures:

  - Primary Prevention Measures

  - Initial Recognition Measures

  - Management of Acute Events, Chronic Disease, Surgery, and Behavioral Health Measures

  - Advanced Illness and Post-Acute Care Measures

  - Cost and Efficiency Measures
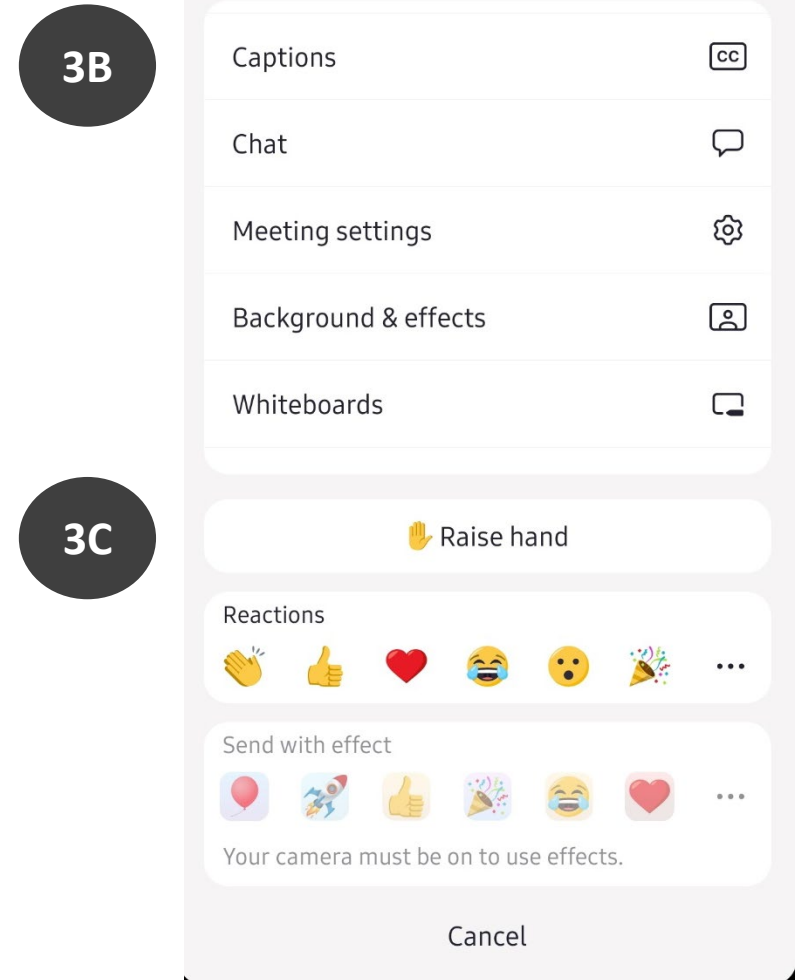
- Next Steps

- Adjourn

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)
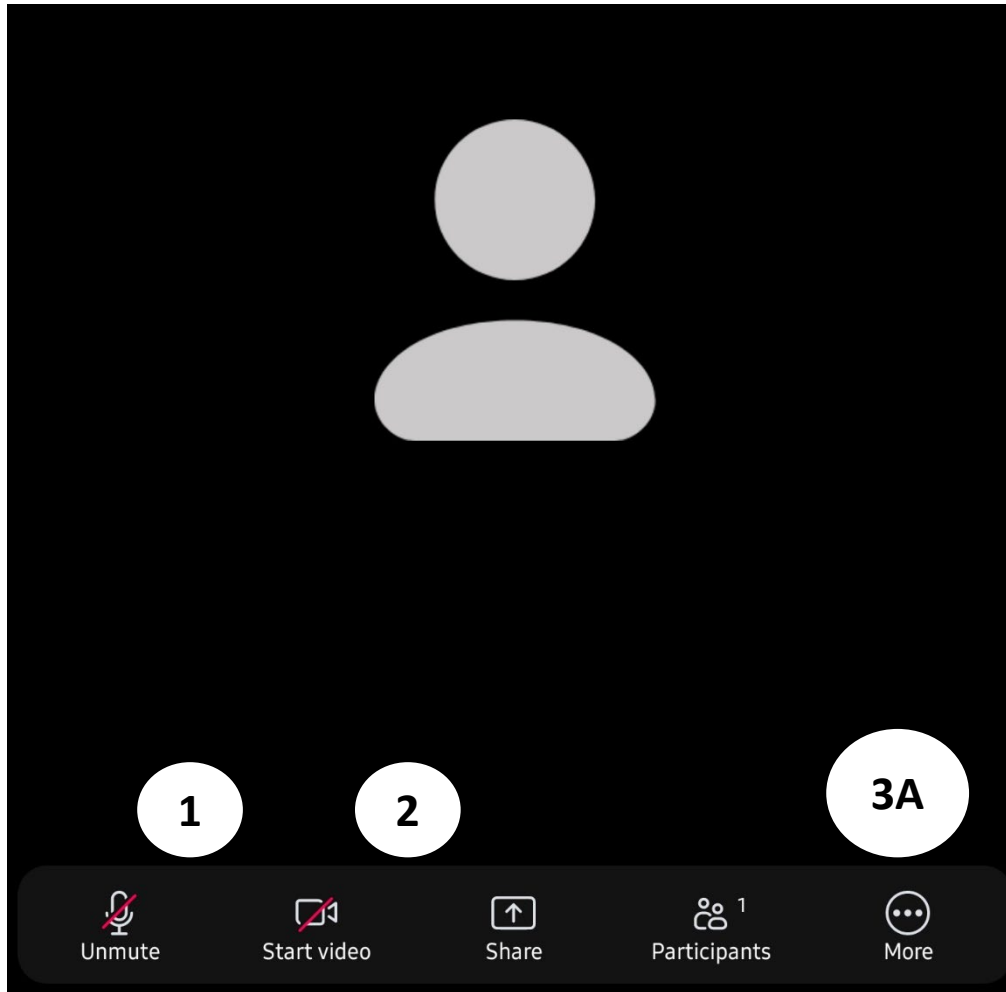
1. Click the lower part of your screen to mute/unmute, start, or pause video.

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.

3B

Captions — cc

Chat

Meeting settings

Background & effects

Whiteboards

3C

✋ Raise hand

Reactions
👏 👍 ❤️ 😂 😮 🎉 ...

Send with effect
🎈 🚀 👍 🎉 😂 ❤️ ...

Your camera must be on to use effects.

Cancel

Unmute | Start video | Share | Participants 1 | More

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.
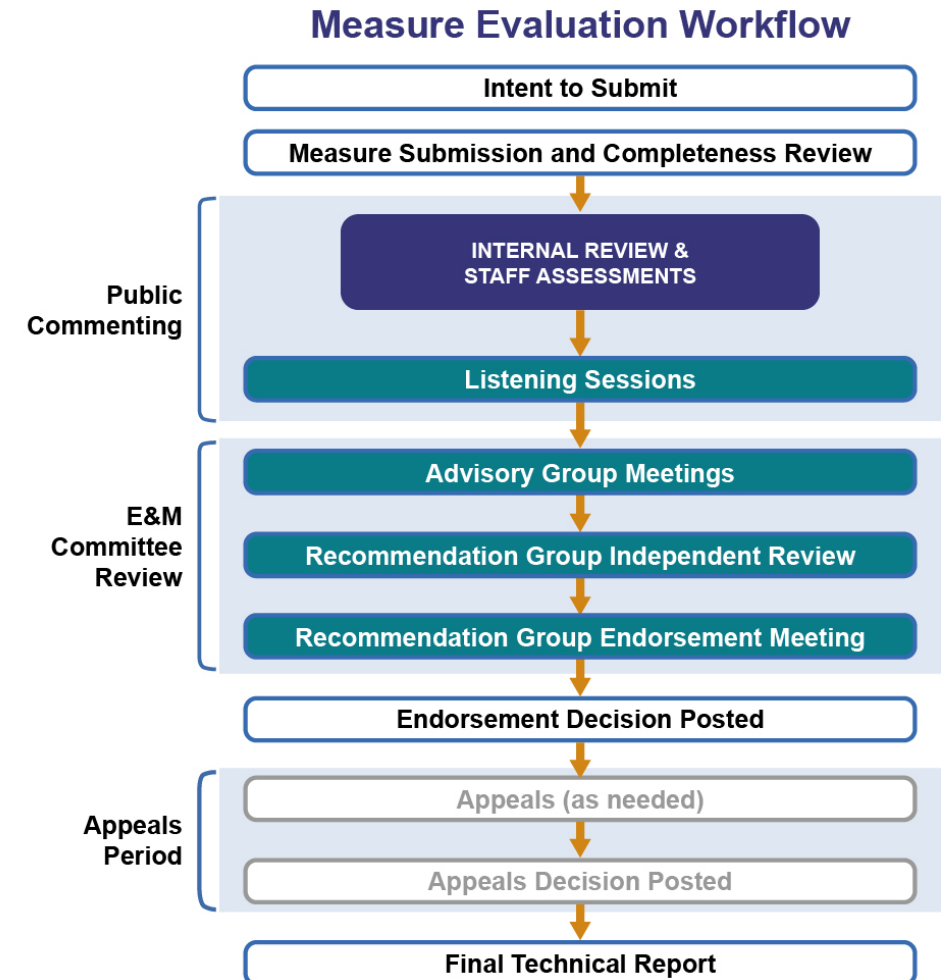- Learn from others.

Overview of E&M Process

Fall 2024 E&M Process

Six major steps:

1. Intent to Submit

2. Full Measure Submission

3. Staff Internal Review and Measure Public Comment Period

   ▪ 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

Measure Evaluation Workflow

- Intent to Submit
- Measure Submission and Completeness Review

Public Commenting
- INTERNAL REVIEW & STAFF ASSESSMENTS
- Listening Sessions

E&M Committee Review
- Advisory Group Meetings
- Recommendation Group Independent Review
- Recommendation Group Endorsement Meeting

- Endorsement Decision Posted

Appeals Period
- Appeals (as needed)
- Appeals Decision Posted

- Final Technical Report

Public Comment
Public Comment Listening Session

- **Steps:**
  - Developers have the opportunity to respond to all public comments and are welcome (but not required) to attend and listen to the Public Comment Listening Session.
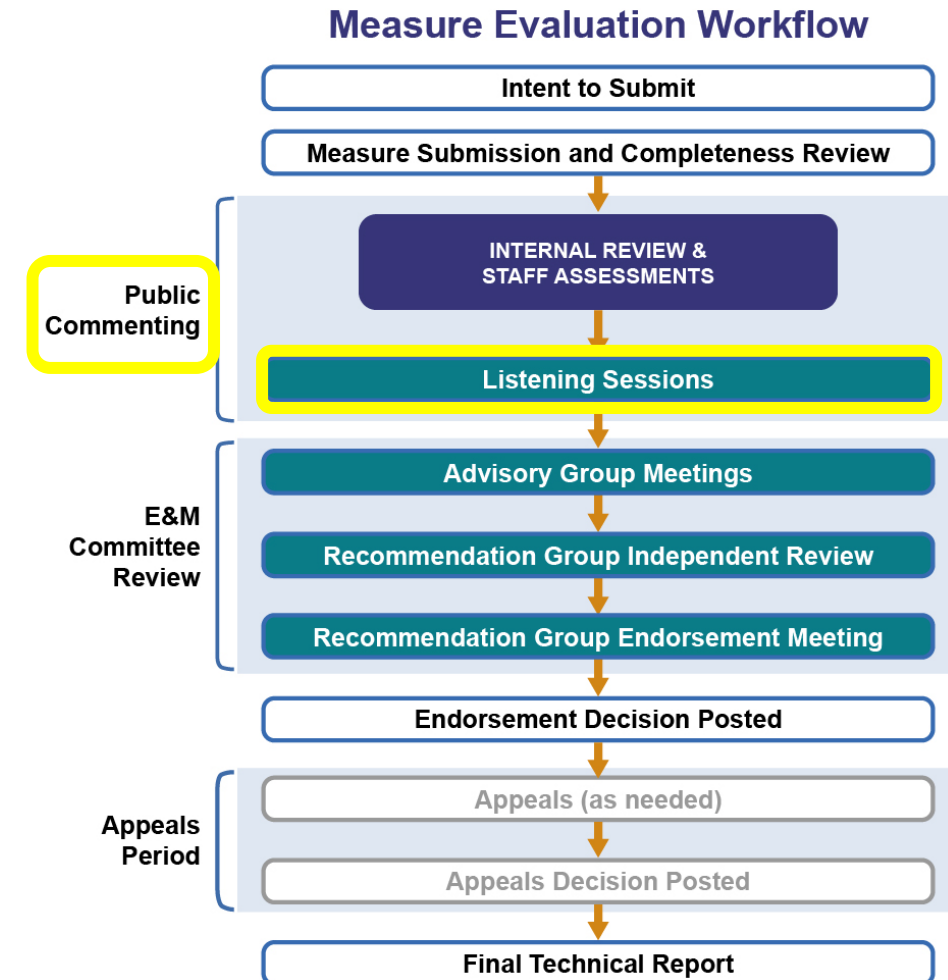
- **Timing:**
  - 30-day public comment period

- **Public comment platform:**
  - PQM website and virtual webinar

- **Outputs:**
  - Battelle posts all public comments to their respective measure page on PQM website.

Measure Evaluation Workflow

Intent to Submit

Measure Submission and Completeness Review

Public Commenting

INTERNAL REVIEW & STAFF ASSESSMENTS

Listening Sessions

E&M Committee Review

Advisory Group Meetings

Recommendation Group Independent Review

Recommendation Group Endorsement Meeting

Endorsement Decision Posted

Appeals Period

Appeals (as needed)

Appeals Decision Posted

Final Technical Report

Primary Prevention Measure

1 New Measure

CBE #4655e – The percentage of patients assigned female at birth ages 15-44 who were asked the Self-Identified Need for Contraception (SINC) question with a recorded response, among primary care patients with a qualifying encounter (Contraceptive Care Screening eCQM)

Item	Description
Measure Description	• Percentage of patients assigned female at birth and ages 15-44 who were asked if they wanted to talk about contraception or pregnancy prevention and had their response recorded during the measurement period (which is a calendar year), among patients with a qualifying encounter; to focus on the population of non-postpartum women, the measure excludes those individuals who had a live birth making them eligible for postpartum contraceptive services, and also excludes those who are anatomically infecund or have had female sterilization from the denominator.
Developer/Steward	• University of California, San Francisco
New or Maintenance	• New
Planned Use	• Public Reporting, Payment Program, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (internal to the specific organization)
Initial Endorsement	• Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	Females at birth, ages 14-44 years	Ambulatory Care: Clinic, Ambulatory Care: Clinician Office, Ambulatory Care: Office, Clinician Office/Clinic	Clinician: Group/Practice, Facility

Opportunity for Public Comment

CBE #4655e – The percentage of patients assigned female at birth ages 15-44 who were asked the Self-Identified Need for Contraception (SINC) question with a recorded response, among primary care patients with a qualifying encounter

Break

Meeting Resumes at 10:30 AM ET

Initial Recognition Measures

6 New Measures

CBE #4540e – Excess Antibiotic Duration for Adult Hospitalized Patients with Uncomplicated Community-Acquired Pneumonia

Item	Description
Measure Description	• The Excess Antibiotic Duration for Adult Hospitalized Patients with Uncomplicated Community-Acquired Pneumonia measure is a process measure representing the annual percentage of hospitalized adults with uncomplicated community-acquired pneumonia who receive an excess antibiotic duration. The measure will be calculated using electronic health record (EHR) data and is intended for use at the facility level for both quality improvement and pay-for-performance.
Developer/Steward	• University of Utah
New or Maintenance	• New
Current Use	• The Michigan Hospital Medicine Safety Consortium
Initial Endorsement	• Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	Adults (18-64 years) and older adults (65 years and older)	Hospital: Acute Care Facility; Hospital: Critical Access; Hospital: Inpatient	Facility

CBE #4545e – Inappropriately Broad Empiric Antibiotic Selection for Adult Hospitalized Patients with Uncomplicated Community-Acquired Pneumonia

Item	Description
Measure Description	• The Inappropriately Broad Empiric Antibiotic Selection for Adult Hospitalized Patients with Uncomplicated Pneumonia measure is a process measure representing the annual percentage of hospitalized adults with uncomplicated community-acquired pneumonia who receive non-guideline concordant overtreatment with anti-MDRO therapy. The measure will be calculated using electronic health record (EHR) data and is intended for use at the facility level for both quality improvement and pay-for-performance.
Developer/Steward	• University of Utah
New or Maintenance	• New
Planned Use	• Payment Program, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (internal to the specific organization)
Initial Endorsement	• Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	Adults (18-64 years) and older adults (65 years and older)	Hospital: Acute Care Facility, Hospital: Critical Access, Hospital: Inpatient	Facility

CBE #4625e – Emergency Care Capacity and Quality eCQM

Item	Description
Measure Description	• This measure captures variation in emergency care, including measuring capacity and quality, to support hospital quality improvement. The measure aims to reduce patient harm and improve outcomes for patients requiring emergency care in an emergency department (ED). Emergency care capacity is inclusive of several concepts pertaining to boarding and crowding in an ED. This is intended to align with incentives to promote improved care in EDs and throughout the broader health system. This measure captures the proportion of visits for patients of all ages that experience any one of four access barriers during a 1-year performance period: The patient waited longer than 1 hour to be placed in a treatment room or dedicated treatment area that allows for audiovisual privacy during history-taking and physical examination, or the patient left the ED without being evaluated by a physician/advanced practice nurse/physician's assistant, or the patient boarded (time from Decision to Admit (order) to ED departure for admitted patients) in the ED for longer than 4 hours, or the patient had an ED length of stay (LOS) (time from ED arrival to ED physical departure as defined by the ED depart timestamp) of longer than 8 hours.
Developer/Steward	• Acumen/Centers for Medicare and Medicaid Services (CMS)
New or Maintenance	• New
Planned Use	• Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations)
Initial Endorsement	• Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Intermediate Outcome	Children (0-17 years), adults (18-64 years), and older adults (65 years and older)	Emergency Department	Facility

CBE #4700e – Rate of Timely Follow-up on Abnormal Screening Mammograms for Breast Cancer Detection

Item	Description
Measure Description	• This electronic Clinical Quality Measure (eCQM) reports the percentage of female patients aged 40 to 75 years with at least one abnormal screening (BI-RADS 0) or screening-to-diagnostic (BI-RADS 4, 5) mammogram during the measurement period (i.e., calendar year) who received follow-up imaging with negative/benign/probably benign results or a diagnostic sample extraction procedure within 60 days after their index (i.e., first) abnormal screening mammogram. Negative/benign/probably benign follow-up imaging was defined as diagnostic mammography, breast ultrasound or magnetic resonance imaging (MRI) with BI-RADS ratings of 1, 2, or 3. Relevant diagnostic sample extraction procedures were defined as breast biopsy, fine needle aspiration, and surgical excision. Breast Imaging – Reporting and Data System (BI-RADS) ratings: 0-incomplete, 1-negative, 2-benign, 3-probably benign, 4-suspicious, 5-highly suggestive of malignancy.
Developer/Steward	• Brigham and Women's Hospital
New or Maintenance	• New
Planned Use	• Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (internal to the specific organization)
Initial Endorsement	• Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Intermediate Outcome	Universal Breast Cancer Screening Age for Females (40-75 years)	Hospital: Outpatient, Integrated Delivery System	Facility, Other: Integrated Delivery System

Item	Description
Measure Description	• This electronic clinical quality measure (eCQM) reports the percentage of patients aged 45 to 75 years with at least one positive stool-based colorectal cancer screening test (i.e., high-sensitivity guaiac fecal occult blood test, fecal immunochemical test, or Cologuard) during the measurement period (i.e., calendar year) who completed a colonoscopy within 180 days after their index (i.e., first) positive stool-based test result date.
Developer/Steward	• Brigham and Women's Hospital
New or Maintenance	• New
Planned Use	• Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (internal to the specific organization)
Initial Endorsement	• Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	Universal Colorectal Cancer Screening Age (45-75 years)	Hospital: Outpatient; Integrated Delivery System	Integrated Delivery System

CBE #4720 – Percentage of Clinical Assessments Documented for Patients with Traumatic Brain Injury

Item	Description
Measure Description	• Percentage of emergency medical services (EMS) transports originating from a 911 request for patients with suspected traumatic brain injury during which oxygen level, ETCO2, and systolic blood pressure are documented.
Developer/Steward	• National EMS Quality Alliance/Florida Department of Health Division of Emergency Preparedness and Community Support
New or Maintenance	• New
Planned Use	• Quality Improvement with Benchmarking (external benchmarking to multiple organizations)
Initial Endorsement	• Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	Children (0-17 years), adults (18-64 years), and older adults (65 years and older)	Emergency Medical Services/Ambulance	Clinician: Group/Practice

Opportunity for Public Comment

CBE #4540e – Excess Antibiotic Duration for Adult Hospitalized Patients with Uncomplicated Community-Acquired Pneumonia

CBE #4545e – Inappropriately Broad Empiric Antibiotic Selection for Adult Hospitalized Patients with Uncomplicated Community-Acquired Pneumonia

CBE #4625e – Emergency Care Capacity and Quality

Opportunity for Public Comment

CBE #4700e – Rate of Timely Follow-up on Abnormal Screening Mammograms for Breast Cancer Screening

CBE #4705e – Rate of Timely Follow-up on Positive Stool-based Screening Tests for Colorectal Cancer Detection

CBE #4720 – Percentage of Clinical Assessments Documented for Patients with Traumatic Brain Injury

Break

Meeting Resumes at 12:00 PM ET

Management of Acute Events, Chronic Disease, Surgery, and Behavioral Health Measures
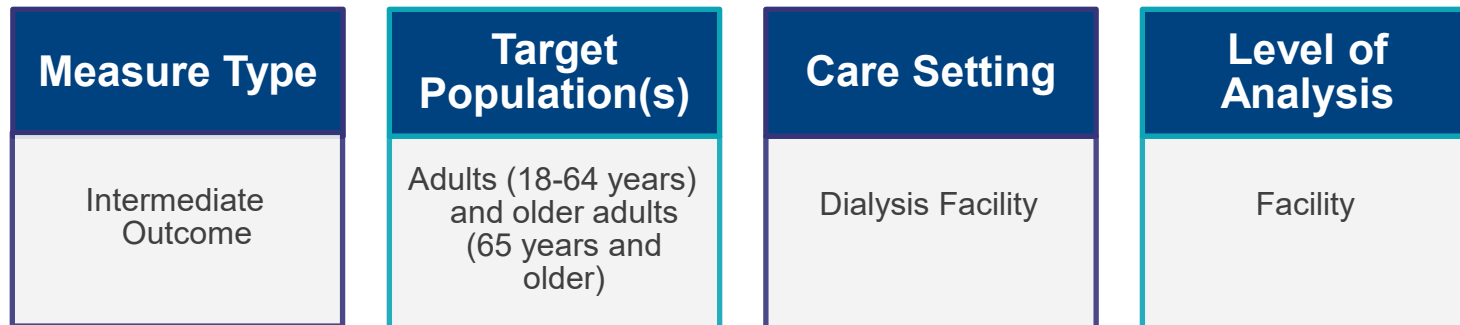
3 New Measures

8 Maintenance Measures

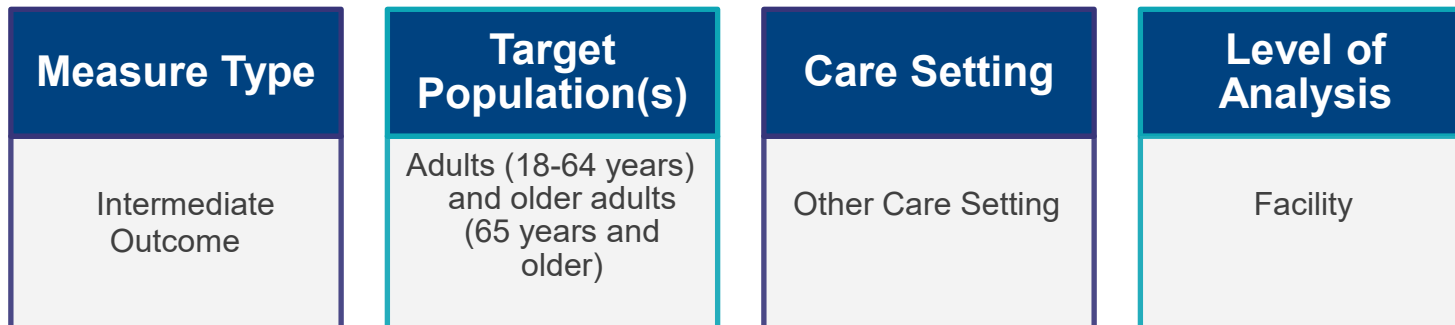# CBE #0318 – Delivered Does of Peritoneal Dialysis Above Minimum

Item	Description
Measure Description	• Percentage of all patient months for adult patients (>= 18 years old) whose delivered peritoneal dialysis dose was a weekly Kt/Vurea ≥ 1.7 (dialytic + residual).
Developer/Steward	• University of Michigan (UMICH)/Centers for Medicare & Medicaid Services (CMS)
New or Maintenance	• Maintenance (last reviewed: Spring 2019)
Current Use	• Dialysis Facility Care Compare • End-Stage Renal Disease (ESRD) Quality Improvement Program (QIP)
Initial Endorsement	• 2007

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Intermediate Outcome	Adults (18-64 years) and older adults (65 years and older)	Dialysis Facility	Facility

CBE #4650 – Prevention of Chronic Hyperphosphatemia in Dialysis Patients
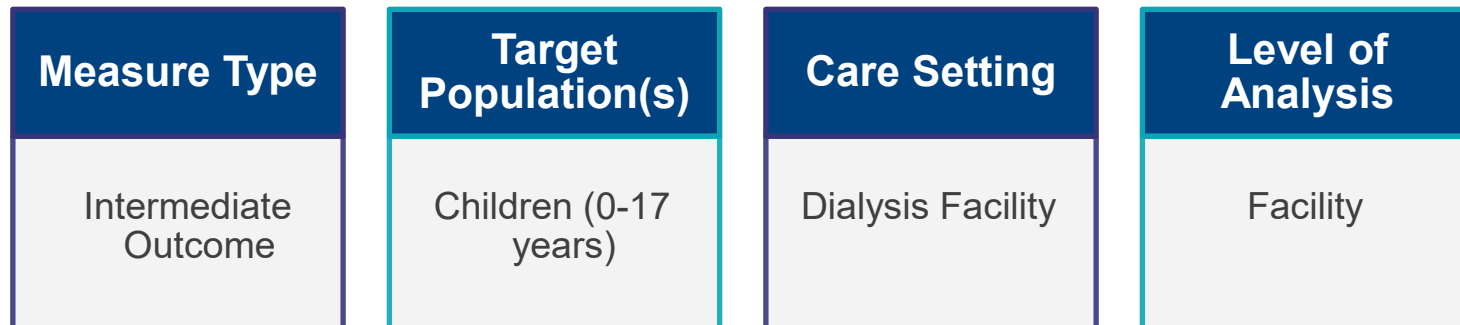
Item	Description
Measure Description	• Percentage of adult dialysis patients with a 6-month rolling average phosphorus value greater than or equal to 6.5 mg/dL.
Developer/Steward	• UMICH/CMS
New or Maintenance	• New
Planned Use	• Public Reporting • Payment Program
Initial Endorsement	• Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Intermediate Outcome	Adults (18-64 years) and older adults (65 years and older)	Other Care Setting	Facility

CBE #1423 – Minimum spKt/V for Pediatric Hemodialysis Patients

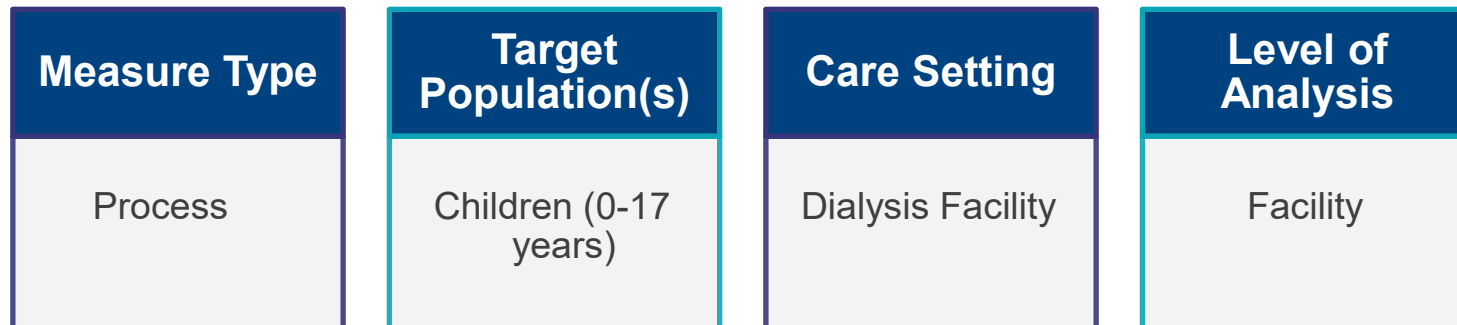| Item	Description
Measure Description	• Percentage of patient months for all pediatric (<18 years old) in-center hemodialysis patients in which the delivered dose of hemodialysis (calculated from the last measurement of the month using the UKM or Daugirdas II formula) was spKt/V ≥ 1.2.
Developer/Steward	• UMICH/CMS
New or Maintenance	• Maintenance (last reviewed Spring 2019)
Current Use	• Dialysis Facility Care Compare • End-Stage Renal Disease Quality Improvement Program (ESRD QIP)
Initial Endorsement	• 2011

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Intermediate Outcome	Children (0-17 years)	Dialysis Facility	Facility

CBE #1425 – Measurement of nPCR for Pediatric Hemodialysis Patients

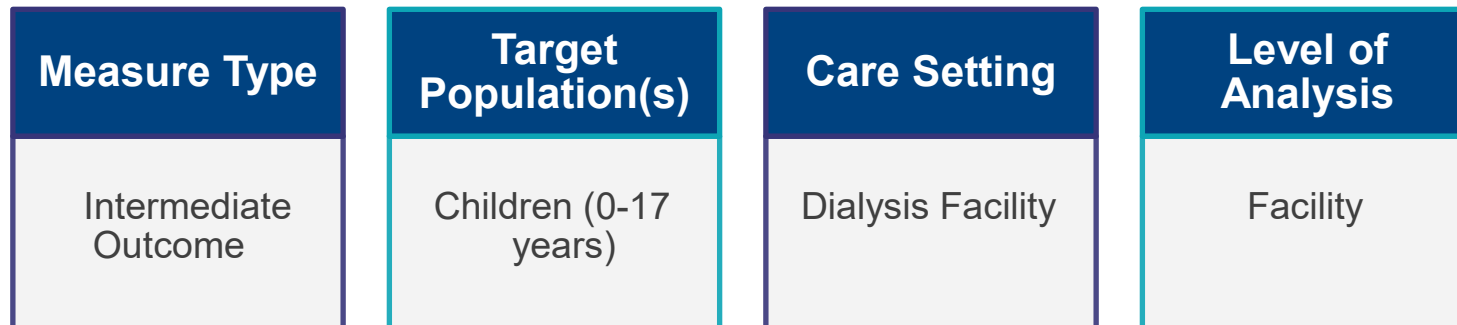| Item	Description
Measure Description	• Percentage of patient months of pediatric (< 18 years old) in-center hemodialysis patients (irrespective of frequency of dialysis) with documented monthly normalized protein catabolic rate (nPCR) measurements.
Developer/Steward	• UMICH/CMS
New or Maintenance	• Maintenance (last reviewed: Spring 2019)
Current Use	• Dialysis Facility Care Compare
Initial Endorsement	• 2011

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	Children (0-17 years)	Dialysis Facility	Facility

CBE #2706 – Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V

Item	Description
Measure Description	• Percentage of pediatric (< 18 years old) peritoneal dialysis patient-months whose delivered peritoneal dialysis dose was a weekly $Kt/V_{urea} \geq 1.8$ (dialytic + residual).
Developer/Steward	• UMICH/CMS
New or Maintenance	• Maintenance (last reviewed: Spring 2019)
Current Use	• Dialysis Facility Care Compare
Initial Endorsement	• 2015

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Intermediate Outcome	Children (0-17 years)	Dialysis Facility	Facility

CBE #3502 – Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure with Claims and Electronic Health Record Data

Item	Description
Measure Description	• Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure with Claims and Electronic Health Record Data measure estimates a hospital-level 30-day risk-standardized mortality rate (RSMR), defined as death from any cause within 30 days after the index admission date for Medicare fee-for-service and Medicare Advantage patients who are between the ages of 65 and 94. Index admissions are assigned to one of 15 clinically cohesive and mutually exclusive divisions: six surgical divisions and nine non-surgical divisions, based on the reason for hospitalization. The surgical divisions are: Surgical Cancer (includes a surgical procedure and a principal discharge diagnosis code of cancer), Cardiothoracic Surgery, General Surgery, Neurosurgery, Orthopedic Surgery, and Other Surgical Procedures. The non-surgical divisions are: Cancer, Cardiac, Gastrointestinal, Infectious Disease, Neurology, Orthopedic, Pulmonary, Renal, Other Conditions. The final measure score (a single risk-standardized mortality rate) is calculated from the results of these 15 different divisions, modeled separately. Variables from administrative claims and electronic health records are used for risk adjustment.
Developer/Steward	• Yale Center for Outcomes Research and Evaluation (Yale CORE)/CMS
New or Maintenance	• Maintenance (last reviewed: Spring 2019)
Current Use	• Hospital Inpatient Quality Reporting Program (IQR)
Initial Endorsement	• 2019

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Older Adults (65-94 years)	Inpatient/Hospital	Facility

CBE #4595 – Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke Hospitalization with Claims-Based Risk Adjustment for Stroke Severity

Item	Description
Measure Description	• The measure estimates the hospital-level, risk-standardized mortality rate (RSMR) for Medicare patients (Fee-for-Service [FFS] and Medicare Advantage [MA]) discharged from the hospital with a principal discharge diagnosis of acute ischemic stroke. The outcome is all-cause 30-day mortality, defined as death from any cause within 30 days of the index admission date, including in-hospital death, for stroke patients. The measure includes the National Institutes of Health (NIH) Stroke Scale as an assessment of stroke severity upon admission in the risk-adjustment model.
Developer/Steward	• Yale CORE/CMS
New or Maintenance	• New
Planned Use	• Public Reporting
Initial Endorsement	• Not applicable

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

CBE #0531 – Patient Safety Indicator (PSI) 90: Patient Safety and Adverse Events Composite

Item	Description
Measure Description	• PSI 90 is a composite of ten adverse event indicators that summarizes hospitals' performance on patient safety for the CMS Medicare fee-for-service population. The timeframe used in the CMS Hospital Acquired Conditions Reduction Program (HACRP) and Care Compare public reporting are set within the Inpatient Prospective Payment Systems (IPPS) Final Rule annually. Typically, the performance periods use multiple months of claims data.
Developer/Steward	• Mathematica/CMS
New or Maintenance	• Maintenance (last reviewed: Fall 2020)
Current Use	• Hospital-Acquired Condition Reduction Program (HACRP) • Hospital Care Compare
Initial Endorsement	• 2009

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Composite Outcome	Adults (18-64 years) and older adults (65 years and older)	Hospital: Acute Care Facility; Hospital: Inpatient	Facility

CBE #0753 – 30-Day Post-Operative Colon Surgery (COLO) and Abdominal Hysterectomy (HYST) Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
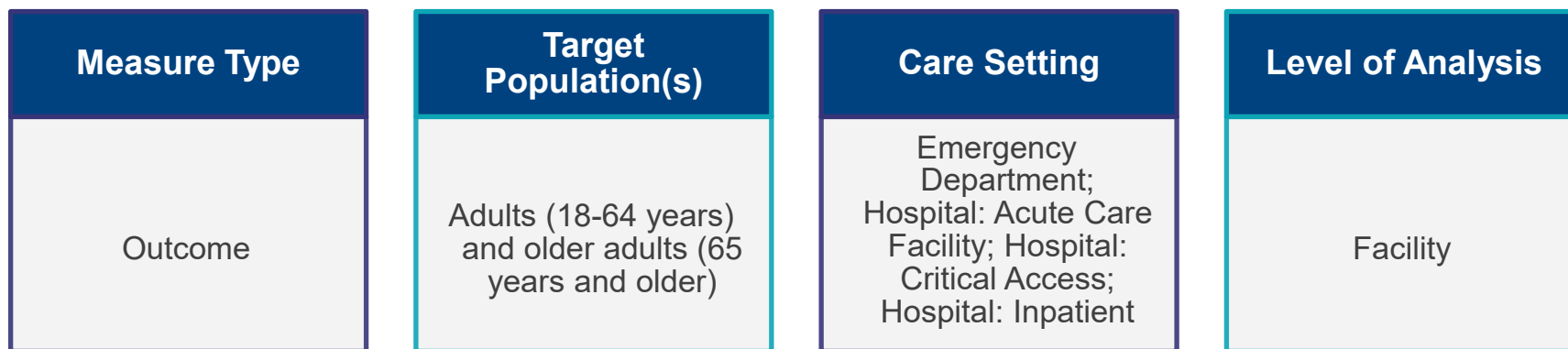
Item	Description
Measure Description	• Annual risk-adjusted standardized infection ratio (SIR) of observed over predicted deep incisional primary and organ/space surgical site infections (SSIs), over a 30-day post-operative surveillance period, among hospitalized adults who are ≥18 year of age with a date of admission and date of discharge that are different calendar days, and the patient underwent a colon surgery (COLO) or abdominal hysterectomy (HYST) at an acute care hospital or oncology hospital. The 30-day postoperative surveillance period includes SSIs detected upon admission to the facility or a readmission to the same facility or a different facility (other than where the procedure was performed) and via post-discharge surveillance
Developer/Steward	• Centers for Disease Control and Prevention (CDC)
New or Maintenance	• Maintenance (last reviewed Fall 2018)
Current Use	• Hospital Inpatient Quality Reporting Program (HIQR) • National Healthcare Safety Network (NHSN) • Care Compare • The Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting • Hospital Value-Based Purchasing Program
Initial Endorsement	• 2012

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Adults (18-64 years)	Hospital: Acute Care Facility; Hospital: Critical Access; Hospital: Inpatient	Facility

CBE #3309 – Risk-Standardized Survival Rate (RSSR) for In-Hospital Cardiac Arrest

Item	Description
Measure Description	• This measure estimates a hospital-level risk-standardized survival rate (RSSR) for patients aged 18 years and older who experience an in-hospital cardiac arrest.
Developer/Steward	• American Heart Association
New or Maintenance	• Maintenance (last reviewed: Fall 2018)
Current Use	• Get With the Guidelines - Resuscitation
Initial Endorsement	• 2019

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Adults (18-64 years) and older adults (65 years and older)	Emergency Department; Hospital: Acute Care Facility; Hospital: Critical Access; Hospital: Inpatient	Facility

CBE #4580 – Composite measure for the quality of care provided to patients undergoing percutaneous coronary interventions (PCI)

Item	Description
Measure Description	• This is a weighted composite measure comprised of six component measures: three all-cause risk-standardized outcome measures on all-cause mortality, bleeding, acute kidney injury, and three process measures focused on discharge on guideline-directed medical therapy, referral to a cardiac rehabilitation program, and PCI performed within ninety minutes of symptoms for patients with acute myocardial infarctions. The target population includes adults (age 18 and greater) undergoing percutaneous coronary interventions. The timeframe for reporting will be a rolling four quarters.
Developer/Steward	• American College of Cardiology
New or Maintenance	• New
Current Use	• CathPCI Registry
Initial Endorsement	• Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Composite	Adults (18-64 years) and older adults (65 years and older)	Hospital: Inpatient	Facility

Opportunity for Public Comment

CBE #0318 – Delivered Dose of Peritoneal Dialysis Above Minimum

CBE #4650 – Prevention of Chronic Hyperphosphatemia in Dialysis Patients

CBE #1423 – Minimum spKt/V for Pediatric Hemodialysis Patients

CBE #1425 – Measurement of nPCR for Pediatric Hemodialysis Patients

CBE #2706 – Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V

Opportunity for Public Comment

CBE #3502 – Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure with Claims and Electronic Health Record Data

CBE #4595 – Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke Hospitalization with Claims-Based Risk Adjustment for Stroke Severity

CBE #0531 – Patient Safety Indicator (PSI) 90: Patient Safety and Adverse Events Composite

Opportunity for Public Comment

CBE #0753 – 30-Day Post-Operative Colon Surgery (COLO) and Abdominal Hysterectomy (HYST) Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)

CBE #3309 – Risk-Standardized Survival Rate (RSSR) for In-Hospital Cardiac Arrest

CBE #4580 – Composite measure for the quality of care provided to patients undergoing percutaneous coronary interventions (PCI)

Break

Meeting Resumes at 2:00 PM ET

Advanced Illness and Post-Acute Care Measures

4 New Measures

4 Maintenance Measures
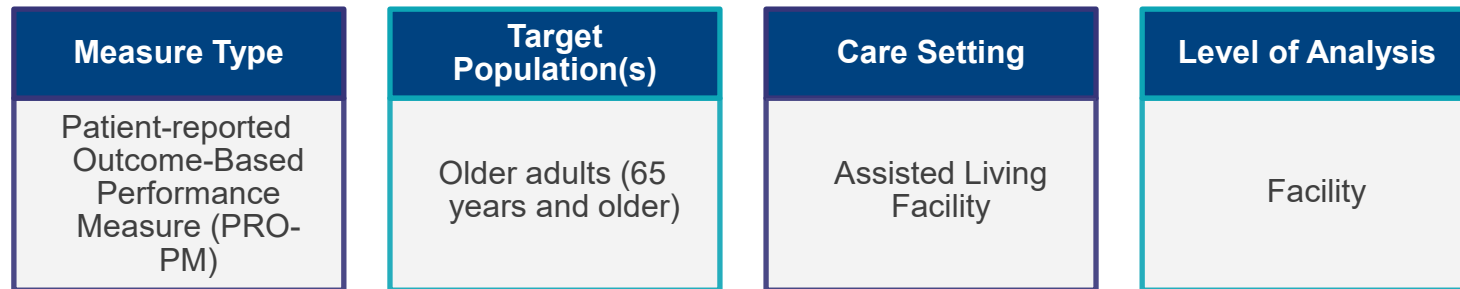
CBE #1623 – Bereaved Family Survey

Item	Description
Measure Description	• The Bereaved Family Survey-Performance Measure (BFS-PM) is an outcome measure that is used to assess overall quality of care in the last month of life. Currently, the BFS is administered to the next-of-kin of all Veterans who die in a VA inpatient setting (i.e., acute units, intensive care units, inpatient hospice and palliative care units, and VA nursing homes) 4-6 weeks post-death. The BFS-PM is calculated using the global rating item included on the 20-item BFS that has separate versions for male and female Veterans and is available in English and Spanish. The BFS global rating item asks: "Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate the care [he/she] received in the last month of life?" The BFS-PM is calculated as the proportion of family members who provided a "top box" rating of 9 or 10 vs. 0-8 on the global rating item. BFS-PM scores are used for the purposes of monitoring quality of care for Veterans at the end of life nationally, facility benchmarking within the VA health care system, and targeting quality improvement efforts.
Developer/Steward	• Department of Veterans Affairs
New or Maintenance	• Maintenance (Last reviewed: 2015)
Current Use	• National Hospice and Palliative Care Program - Geriatrics and Extended Care, Veterans Health Administration, Department of Veteran Affairs; Quality improvement (internal to the specific organization)
Initial Endorsement	• 2012

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Patient-reported Outcome-based Performance Measure (PRO-PM)	Adults aged 18-103 years	VA inpatient facilities (includes acute units, intensive care units, inpatient hospice and palliative care units, and VA nursing homes)	Facility; Individual Patient

CBE #3420 – CoreQ: AL Resident Satisfaction Survey

Item	Description
Measure Description	• The measure calculates the percentage of assisted living (AL) residents, those living in the facility for two weeks or more, who are satisfied. This patient-reported outcome measure is based on the CoreQ: AL Resident Satisfaction questionnaire that is a four-item questionnaire.
Developer/Steward	• American Health Care Association (AHCA)
New or Maintenance	• Maintenance (Last reviewed: 2018)
Current Use	• National Quality Award Program; Quality Improvement (internal to the specific organization); Quality Improvement with Benchmarking (external benchmarking to multiple organizations)
Initial Endorsement	• 2018

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Patient-reported Outcome-Based Performance Measure (PRO-PM)	Older adults (65 years and older)	Assisted Living Facility	Facility

CBE #3422 – CoreQ: AL Family Satisfaction Measure

Item	Description
Measure Description	• The measure calculates the percentage of family or designated responsible party for assisted living (AL) residents. This consumer-reported outcome measure is based on the CoreQ: AL Family Satisfaction questionnaire that has three items.
Developer/Steward	• AHCA
New or Maintenance	• Maintenance (Last reviewed: 2018)
Current Use	• National Quality Award Program; Quality Improvement (internal to the specific organization); Quality Improvement with Benchmarking (external benchmarking to multiple organizations)
Initial Endorsement	• 2018

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Patient-reported Outcome-Based Performance Measure (PRO-PM)	Older adults (65 years and older)	Assisted Living Facility	Facility

CBE #4630 – Cross-Setting Discharge Function Score for Inpatient Rehabilitation Facilities

Item	Description
Measure Description	• This outcome measure estimates the percentage of Inpatient Rehabilitation Facility (IRF) Medicare patient stays that meet or exceed an expected discharge function score. The expected discharge function score is a risk-adjusted estimate that accounts for patient characteristics. The measure includes patients who are 18 years of age or older and the timeframe for the measure is 12 months.
Developer/Steward	• RTI International/CMS
New or Maintenance	• New
Current Use	• Inpatient Rehabilitation Facility Quality Reporting Program • Quality Improvement (internal to the specific organization); Quality Improvement with Benchmarking (external benchmarking to multiple organizations)
Initial Endorsement	• Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Adults (18-64 years)	Inpatient Rehabilitation Facility	Facility

CBE #4635 – Cross-Setting Discharge Function Score for Long-Term Care Hospitals

Item	Description
Measure Description	• This outcome measure estimates the percentage of Long-Term Care Hospital (LTCH) patient stays that meet or exceed an expected discharge function score. The expected discharge function score is a risk-adjusted estimate that accounts for resident characteristics. The measure includes patients 18 years of age or older and the measure timeframe is 12 months.
Developer/Steward	• RTI International/CMS
New or Maintenance	• New
Current Use	• Long-Term Care Hospital Quality Reporting Program • Quality Improvement (internal to the specific organization); Quality Improvement with Benchmarking (external benchmarking to multiple organizations)
Initial Endorsement	• Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Adults (18-64 years)	Long-Term Acute Care Hospital	Facility

CBE #4640 – Cross-Setting Discharge Function Score for Skilled Nursing Facilities

Item	Description
Measure Description	• This outcome measure estimates the percentage of Medicare Part A skilled nursing facility stays that meet or exceed an expected discharge function score. The expected discharge function score is a risk-adjusted estimate that accounts for resident characteristics. The measure includes patients who are 18 years of age or older and the measure timeframe is 12 months.
Developer/Steward	• RTI International/CMS
New or Maintenance	• New
Current Use	• Skilled Nursing Facility Quality Reporting Program; Nursing Home Quality Initiative; Skilled Nursing Facility Value-Based Purchasing Program • Quality Improvement (internal to the specific organization); Quality Improvement with Benchmarking (external benchmarking to multiple organizations)
Initial Endorsement	• Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Adults (18-64 years)	Nursing Home/ Skilled Nursing Facility	Facility

CBE #4645 – Cross-Setting Discharge Function Score – for Home Health Agencies

Item	Description
Measure Description	• This outcome measure estimates the percentage of Home Health (HH) Medicare patients (18+) who meet or exceed an expected discharge function score over a 12-month period. The expected discharge function score is a risk-adjusted estimate that accounts for patient characteristics.
Developer/Steward	• Abt Global/CMS
New or Maintenance	• New
Current Use	• Home Health Quality Measures • Quality Improvement (internal to the specific organization); Quality Improvement with Benchmarking (external benchmarking to multiple organizations)
Initial Endorsement	• Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Adults (18-64 years)	Home Health	Facility

CBE #3645 – Hospice Visits in the Last Days of Life

Item	Description
Measure Description	• The proportion of hospice patients who received hospice visits from a registered nurse or medical social worker (non-telephonically) associated with the measured hospice entity during at least two of the final three days of life.
Developer/Steward	• CMS/Abt Global
New or Maintenance	• Maintenance (Last reviewed: 2022)
Current Use	• Hospital Quality Reporting Program
Initial Endorsement	• 2022

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	All patients admitted to Medicare-certified hospice programs, regardless of patient age.	Hospice	Facility

Opportunity for Public Comment

CBE #1623 – Bereaved Family Survey

CBE #3420 – CoreQ: AL Resident Satisfaction Measure

CBE #3422 – CoreQ: AL Family Satisfaction Measure

CBE #4630 – Cross-Setting Discharge Function Score for Inpatient Rehabilitation Facilities

Opportunity for Public Comment

CBE #4635 – Cross-Setting Discharge Function Score for Long-Term Care Hospitals

CBE #4640 – Cross-Setting Discharge Function Score for Skilled Nursing Facilities

CBE #4645 – Cross-Setting Discharge Function Score – for Home Health Agencies

CBE #3645 – Hospice Visits in the Last Days of Life

Break

Meeting Resumes at 4:30 PM ET

Cost and Efficiency Measures

1 New Measure

3 Maintenance Measures

CBE #1891 – Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following chronic obstructive pulmonary disease (COPD) hospitalization
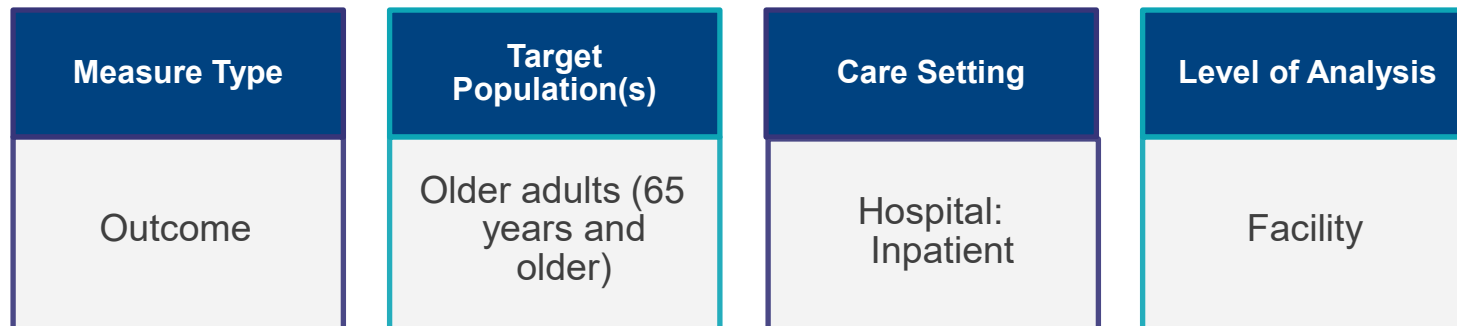
Item	Description
Measure Description	• The measure estimates a hospital-level 30-day, all-cause, risk-standardized readmission rate (RSRR) for Medicare patients (Fee-For-Service [FFS] and Medicare Advantage [MA]) aged 65 and older discharged from a hospital with either a principal discharge diagnosis 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	• Yale CORE/CMS
New or Maintenance	• Maintenance (last reviewed: Fall 2020)
Current Use	• Hospital Readmission Reduction Program (HRRP)
Initial Endorsement	• 2013

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

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

Item	Description
Measure Description	• 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	• Yale CORE/CMS
New or Maintenance	• Maintenance (last reviewed: Full Year 2015)
Current Use	• Hospital inpatient quality reporting program (IQR)
Initial Endorsement	• 2016

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

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	• 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	• Yale CORE/CMS
New or Maintenance	• Maintenance (last reviewed: Fall 2020)
Current Use	• Hospital Inpatient Quality Reporting (HIQR) • Hospital Value-Based Purchasing (HVBP) programs
Initial Endorsement	• 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	• This is an ACO[1]-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	• Yale CORE/CMS
New or Maintenance	• New
Planned Use	• Payment Program, Quality Improvement with Benchmarking (external benchmarking to multiple organizations)
Initial Endorsement	• 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

[1]Accountable Care Organization (ACO)

Opportunity for Public Comment

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

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

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

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

Next Steps

Next Steps for Fall 2024 E&M Cycle

Compiled Comments

- We will post all comments from today to the respective measure pages on the PQM website.

- Developers/stewards will have an opportunity to provide written responses to all public comments received.

- 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:** December 2-9, 2024.

- **Endorsement Meetings:** February 7-13, 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