



Fall 2024 Initial Recognition and Management 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



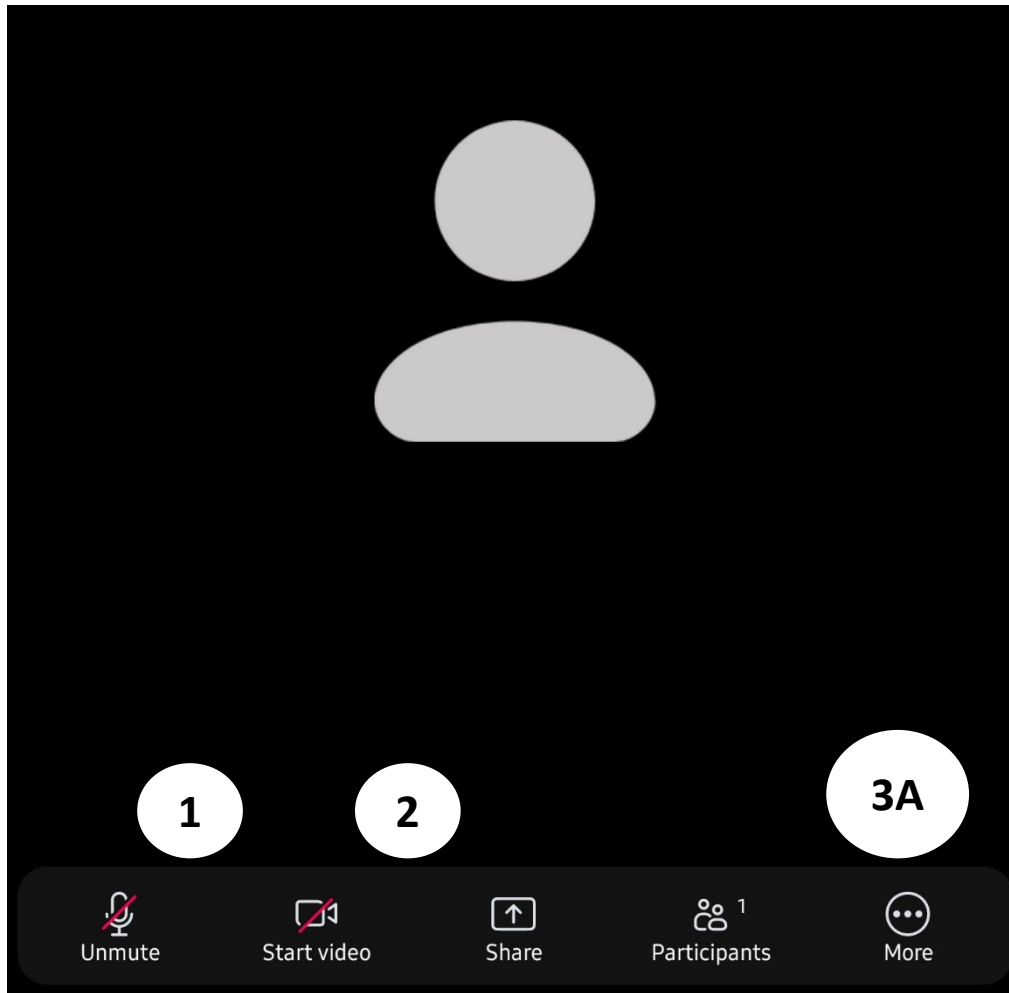
- Housekeeping reminders:
 - The system will allow you to mute/unmute yourself and turn your video on/off throughout the event.
 - Please raise your hand and unmute yourself when called on.
 - Please lower your hand and mute yourself following your question/comment.
 - Please state your first and last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

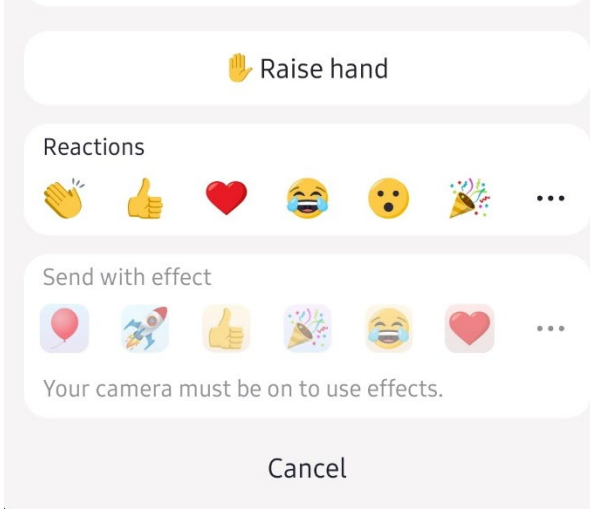
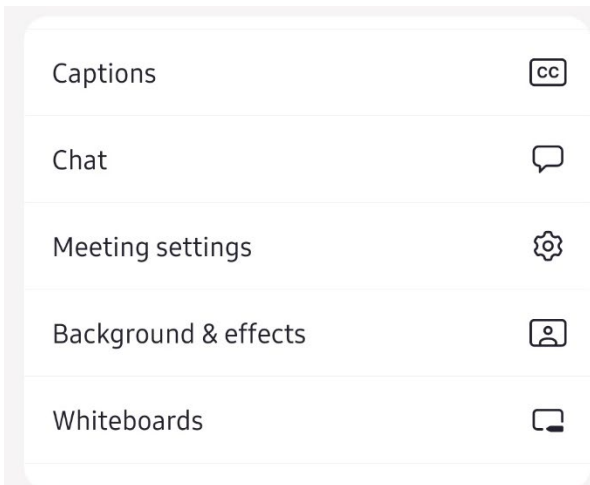


- 1 Click the lower part of your screen to mute/unmute, start, or pause video.
- 2 Click on the participant or chat button to access the full participant list or the chat box.
- 3 To raise your hand, select the raise hand button under the react tab.

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 III
- Olivia Giles, MPH, Social Scientist I
- Elena Hughes, MS, Social Scientist I
- Sarah Rahman, Social Scientist I

Roll Call



Initial Recognition and Management Committee

Advisory Group Members



- Martha Abshire Saylor, PhD, RN
- Kory Anderson, MD, FACP, CHCQM
- Jennifer Bailit, MD, MPH
- Rebecca Bartles, DrPH, CIC, FAPIC
- Jacqueline Blauvelt, BSN, MSN
- Darius Bradley Sr., GED
- Nicole Cable, MS, BS
- Billy Caceres, PhD, RN
- Emily Calvert, MSN, RN
- David Chand, MD, MSE, MBOE, CPC, FAAP, CHIE
- Karen Fernandes, RN, CPHQ
- April Harris
- Janet Hurley, MD, FAAFP
- Sonali Iyer, MD, FACP
- Abraham Jacob, MD, MHA
- Zainab Jah, MPH
- Rebecca Jones, JD, DNP, MSN, RN, CPHQ, CPPS
- Kamyar Kalantar-Zadeh, M.D., M.P.H., PH.D.
- Barbara Kivowitz, MA, MSW
- Cindi McElhaney, BS
- Denise Morse, BA, MBA
- Darryl Roberts, PhD, MS, RN, CSM, FHIMSS, FAAN
- Patrick Romano, MD, MPH
- Joseph Saseen, BS, PharmD
- Talia Sasson, MD, FSIR
- Thomas Spiegel, MD, MBA, MS, FACEP
- Phoebe Thriffiley, BSN, MPH
- Usha Venugopal, MD FACP, CPHQ
- Eric Weinhandl, PhD, MS
- Janice Young, DNP, RN, HRM, CPHQ, CPPS

Overview of E&M Process

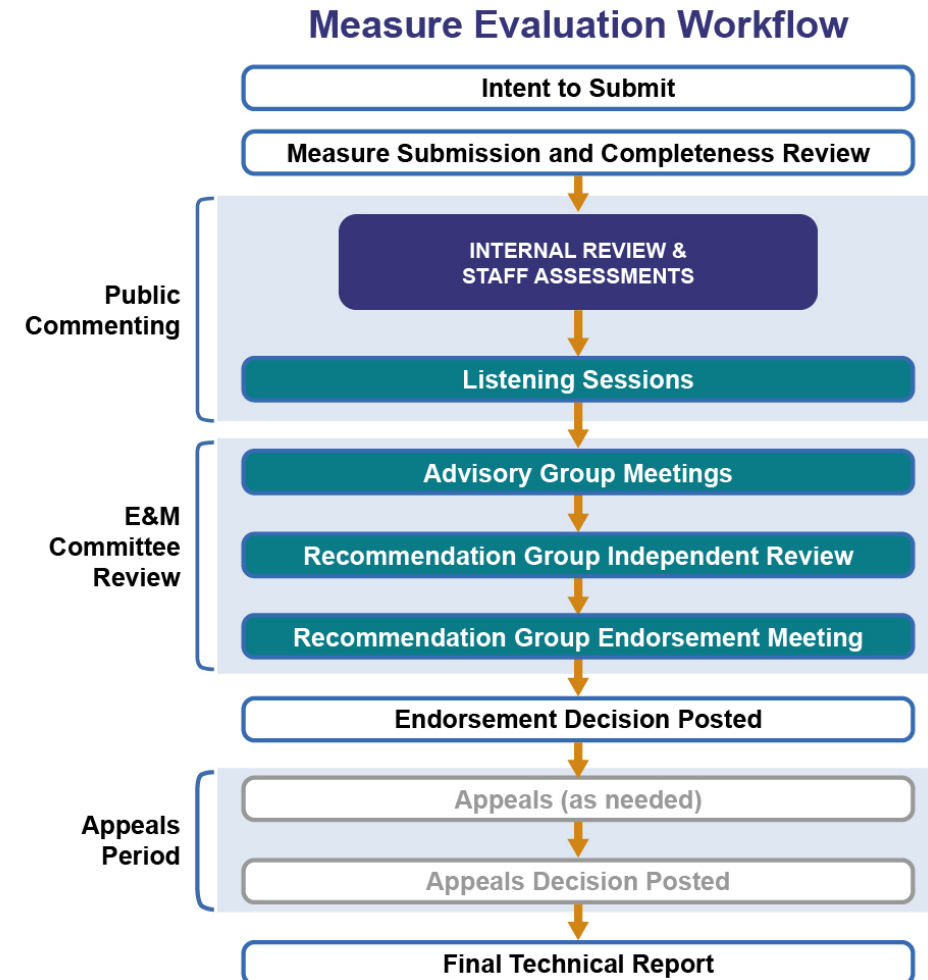


Fall 2024 E&M Process



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:**

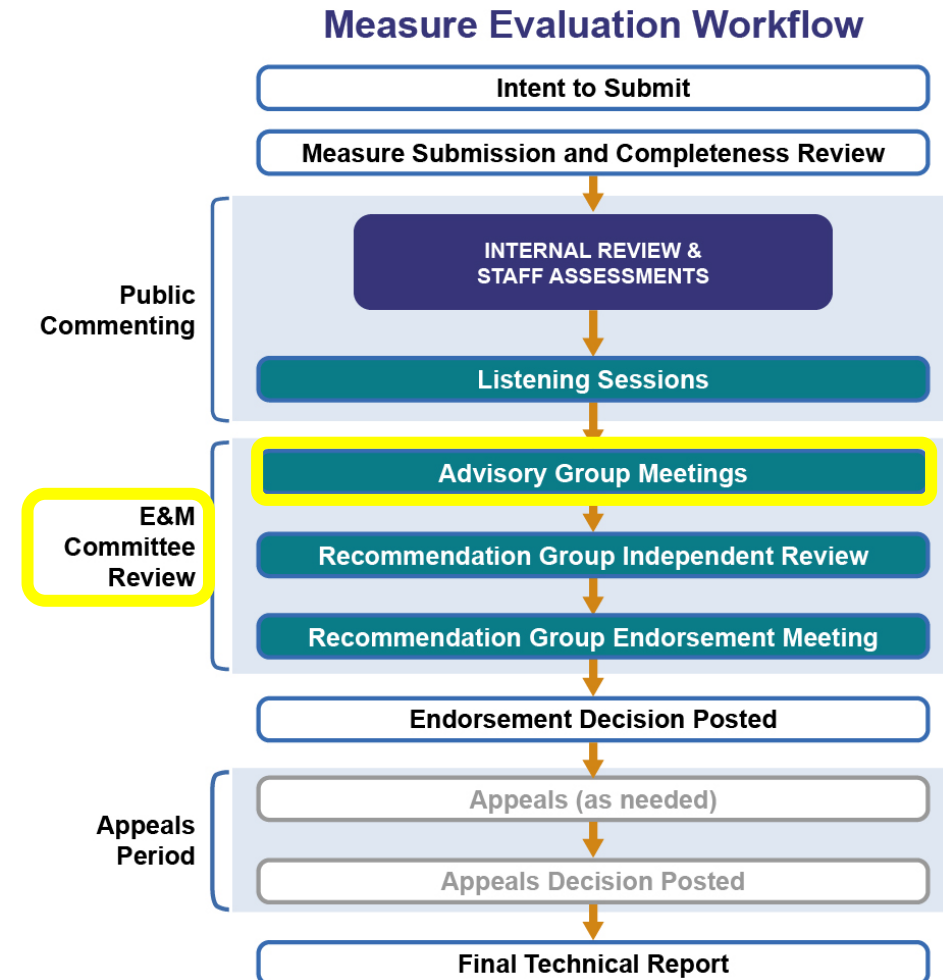
- The Advisory Group from each E&M committee convenes to comment on strengths and limitations of submitted measure(s) and ask questions of developers.
- Developers are encouraged to attend and to respond to questions/feedback from the Advisory Group members.

- **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



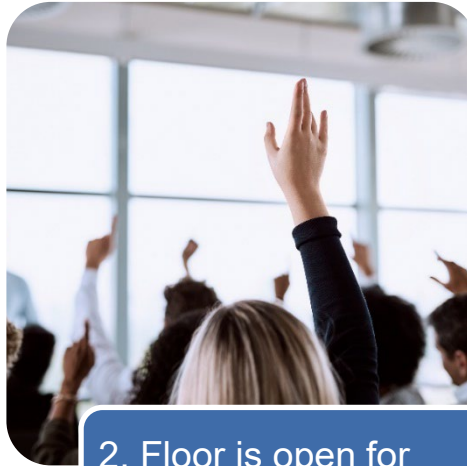
Advisory Group Meeting

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



Item	Description
Measure Description	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> University of Utah
New or Maintenance	<ul style="list-style-type: none"> New
Current Use	<ul style="list-style-type: none"> The Michigan Hospital Medicine Safety Consortium
Initial Endorsement	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 (multidrug-resistant organism) 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	<ul style="list-style-type: none"> University of Utah
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), Quality Improvement (internal to the specific organization)
Initial Endorsement	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Acumen/Centers for Medicare and Medicaid Services (CMS)
New or Maintenance	<ul style="list-style-type: none"> New
Planned Use	<ul style="list-style-type: none"> Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations)
Initial Endorsement	<ul style="list-style-type: none"> Not applicable

Measure Type
Intermediate Outcome

Target Population(s)
Children (0-17 years), adults (18-64 years), and older adults (65 years and older)

Care Setting
Emergency Department

Level of Analysis
Facility

Break

Meeting Resumes at 12:45 PM ET



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



Item	Description
Measure Description	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Brigham and Women’s Hospital
New or Maintenance	<ul style="list-style-type: none"> New
Planned Use	<ul style="list-style-type: none"> Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (internal to the specific organization)
Initial Endorsement	<ul style="list-style-type: none"> 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

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



Item	Description
Measure Description	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Brigham and Women’s Hospital
New or Maintenance	<ul style="list-style-type: none"> New
Planned Use	<ul style="list-style-type: none"> Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (internal to the specific organization)
Initial Endorsement	<ul style="list-style-type: none"> Not applicable

<p>Measure Type</p> <p>Process</p>	<p>Target Population(s)</p> <p>Universal Colorectal Cancer Screening Age (45-75 years)</p>	<p>Care Setting</p> <p>Hospital: Outpatient; Integrated Delivery System</p>	<p>Level of Analysis</p> <p>Integrated Delivery System</p>
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CBE #4720 – Percentage of Clinical Assessments Documented for Patients with Traumatic Brain Injury



Item	Description
Measure Description	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> National EMS Quality Alliance/Florida Department of Health Division of Emergency Preparedness and Community Support
New or Maintenance	<ul style="list-style-type: none"> New
Planned Use	<ul style="list-style-type: none"> 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
Process	Children (0-17 years), adults (18-64 years), and older adults (65 years and older)	Emergency Medical Services/Ambulance	Clinician: Group/Practice

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 12, 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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