



Fall 2024 Primary Prevention Endorsement and Maintenance (E&M) Advisory Group Meeting

Matthew Pickering | Battelle

Anna Michie | Battelle

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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 the Fall 2024 Measure
- Next Steps
- Adjourn

Housekeeping Reminders



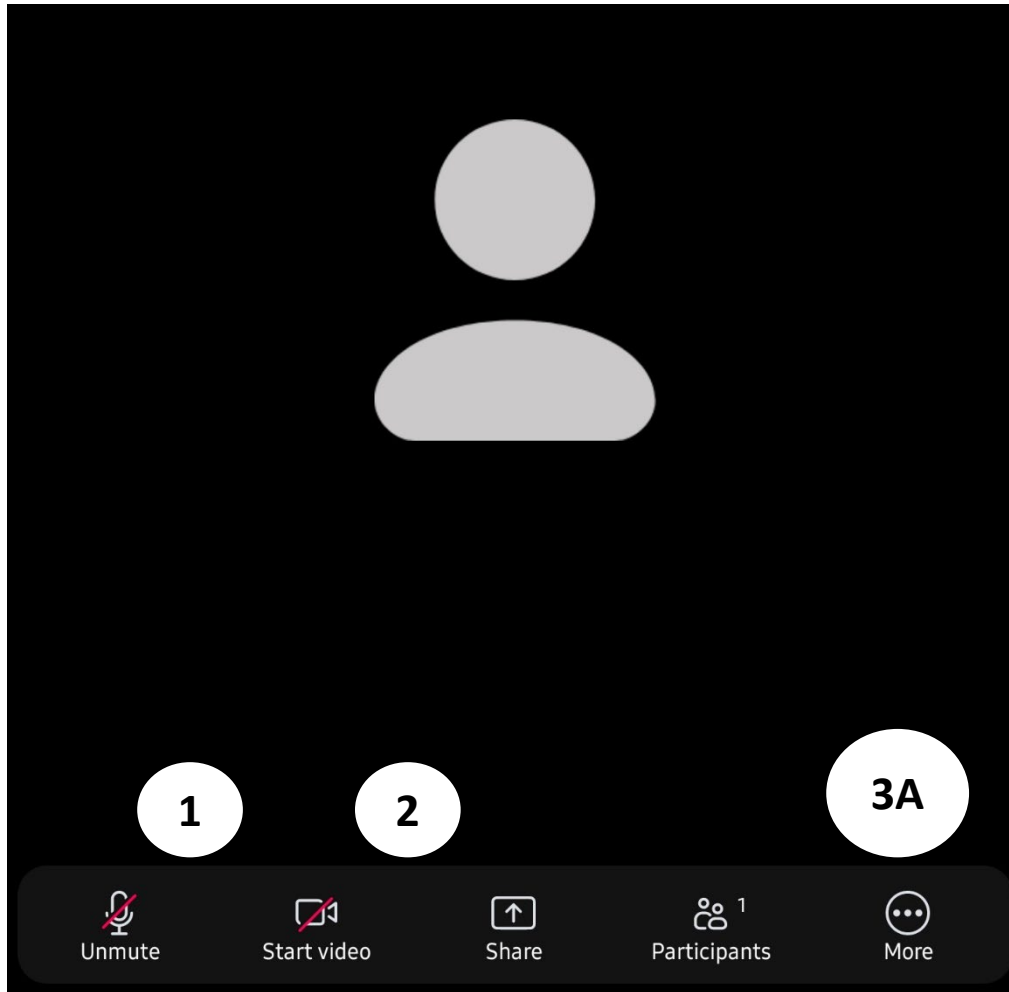
- Housekeeping reminders:
 - The system will allow you to mute/unmute yourself and turn your video on/off throughout the event.
 - Please raise your hand and unmute yourself when called on.
 - Please lower your hand and mute yourself following your question/comment.
 - Please state your first and last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

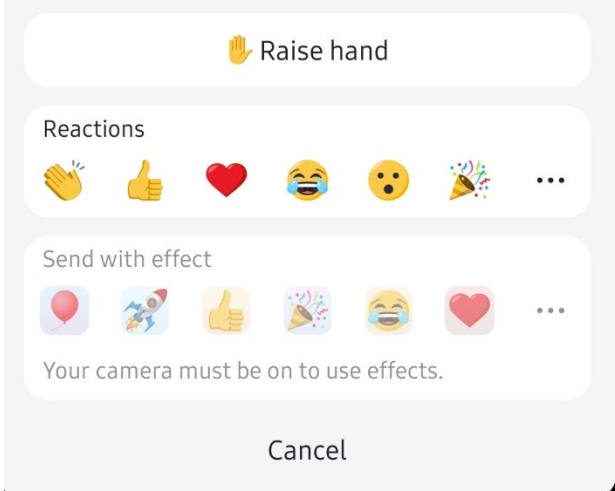
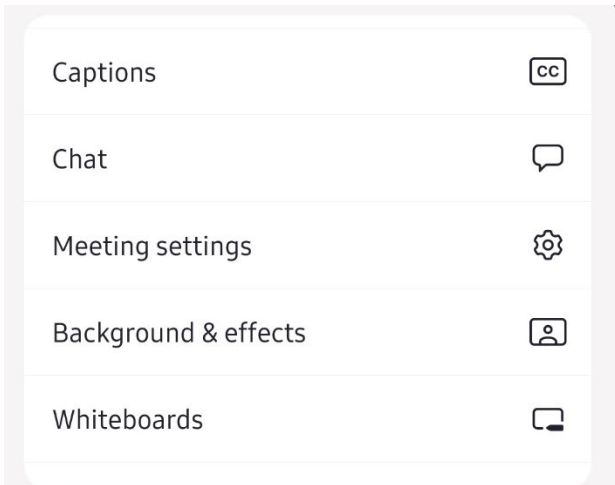


- 1 Click the lower part of your screen to mute/unmute, start, or pause video.
- 2 Click on the participant or chat button to access the full participant list or the chat box.
- 3 To raise your hand, select the raise hand button under the react tab.

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



Primary Prevention Committee

Advisory Group Members



- Christopher Babiuch, MD
- Edward Bailly, MSN, FNP-BC
- Kristen Barrett, BS, MPT, PhD
- Willie Berryhill
- Kissley Booker, DNP, APRN, FNP-C
- Jon Burdick, MD
- David Campa, MD, MPH
- Don Casey, MD, MPH, MBA, MACP, FAHA
- Kerri Engebrecht, BA
- Beverly Green, MD, MPH, FAHA
- Peter Herrera
- Thoma Hudson, BA, MPH
- Daniel Kelley, MA
- Pooja Kothari, RN, MPH
- Sheila Kredit, MD
- Roger, Lacoey
- Jenel Lansang, MSN, RN, MEDSURG-BC
- Emily Lee, BA
- Shoshana Levy, MD, MPH, FACPM
- Zhenqiu Lin, PhD
- Ayanna Lowry, DNP, MSN, RN
- Lucy Marius
- Colleen McKiernan, MSPH, CPH
- Amy Moreno, MD
- Erin O'Rourke, BS
- Suellen Shea, MSN
- Alana Thompson-Byrd, BS, MD
- Elisa Tong, MD, MA
- Danielle Williams
- Jenna Williams-Bader, MPH
- Jennifer Wiltz, MD, MPH

Overview of E&M Process

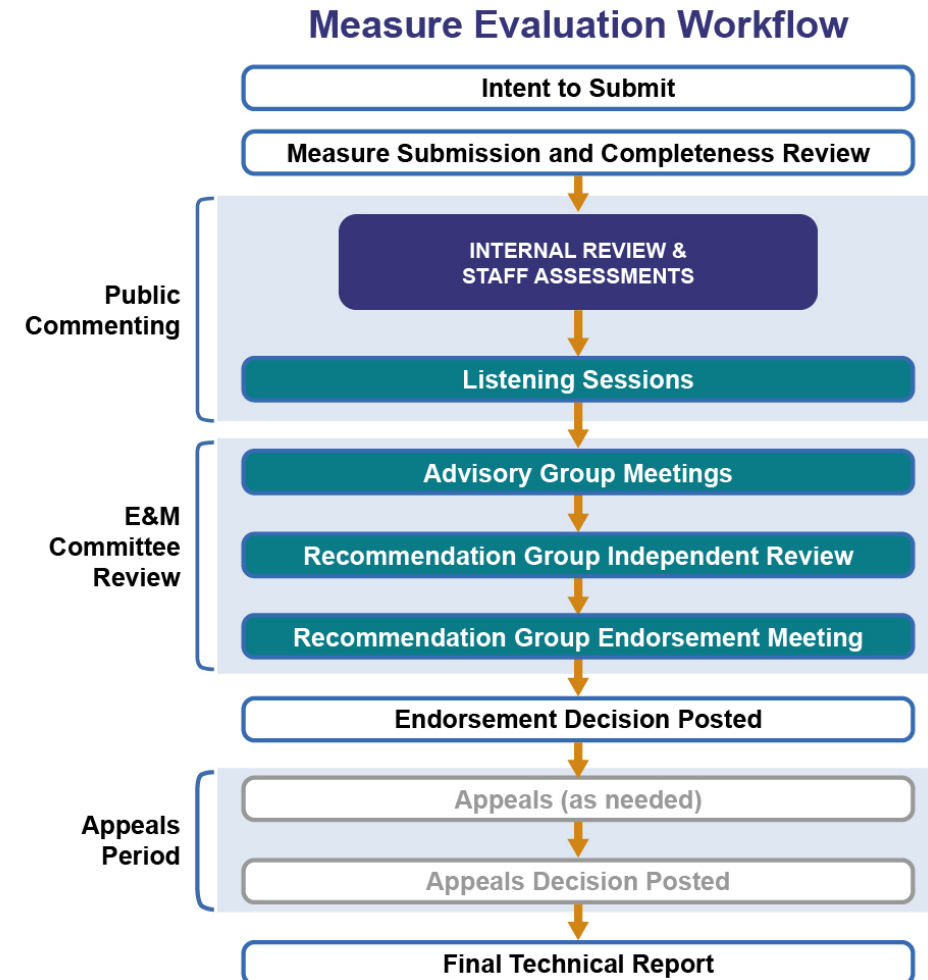


Fall 2024 E&M Process



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:**

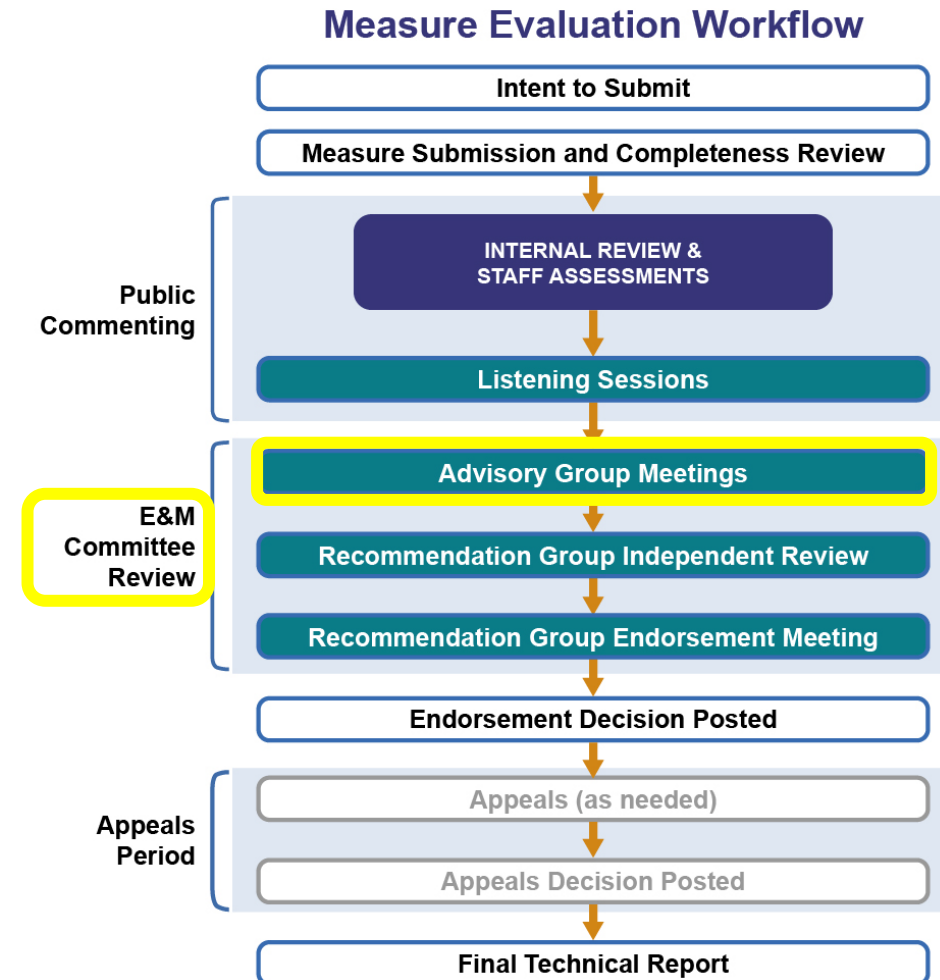
- The Advisory Group from each E&M committee convenes to comment on strengths and limitations of submitted measure(s) and ask questions of developers.
- Developers are encouraged to attend and to respond to questions/feedback from the Advisory Group members.

- **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



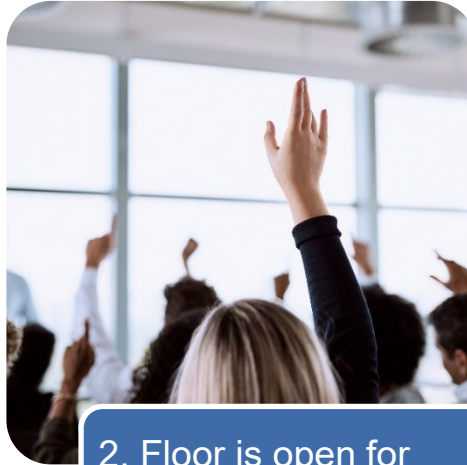
Advisory Group Meeting

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?

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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.*

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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.*

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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.*

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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 the Fall 2024 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> University of California, San Francisco
New or Maintenance	<ul style="list-style-type: none"> New
Planned Use	<ul style="list-style-type: none"> Public Reporting, 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	Females at birth, ages 14-44 years	Ambulatory Care: Clinic, Ambulatory Care: Clinician Office, Ambulatory Care: Office, Clinician Office/Clinic	Clinician: Group/Practice, Facility

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 13, 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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