

Fall 2024 Advanced Illness and Post-Acute Care Advisory Group Meeting

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December 4, 2024

The analyses upon which this publication is based were performed under Contract Number 75FCMC23C0010, entitled, "National Consensus Development and Strategic Planning for Health Care Quality Measurement," sponsored by the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS).

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



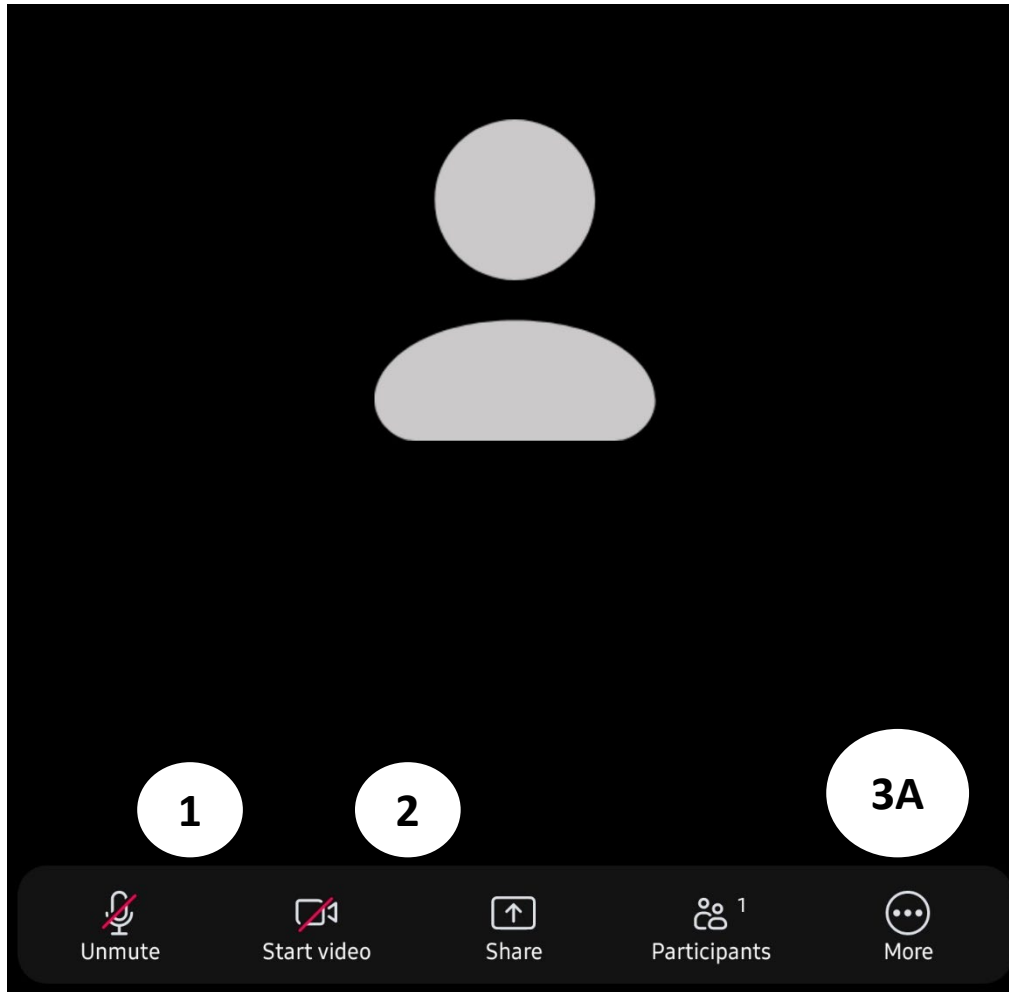
- Housekeeping reminders:
 - The system will allow you to mute/unmute yourself and turn your video on/off throughout the event.
 - Please raise your hand and unmute yourself when called on.
 - Please lower your hand and mute yourself following your question/comment.
 - Please state your first and last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

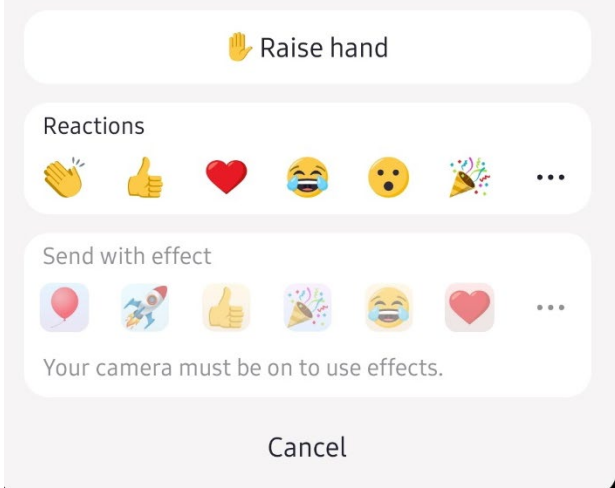
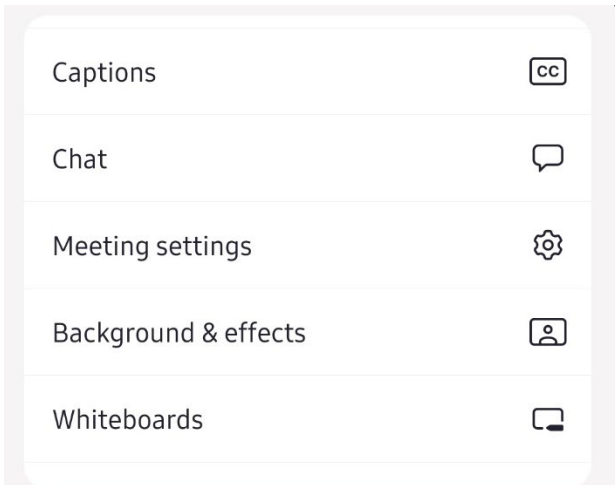


- 1 Click the lower part of your screen to mute/unmute, start, or pause video.
- 2 Click on the participant or chat button to access the full participant list or the chat box.
- 3 To raise your hand, select the raise hand button under the react tab.

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



Advanced Illness and Post-Acute Care Committee

Advisory Group Members



- Samira Beckwith, BA, MS, LHD
- Karen Campos, BS, MPH
- Kathleen Dwyer, BS, OT
- Sara Galantowicz, BA, MPH
- Paul Galchutt, MDiv, MPH, BCC
- Kimberly Geoffrey, BS, MPH
- Brenda Groves, LPN, CADDCT, CDP
- Morris Hamilton
- Dorothy Hiersteiner, BA, MPP
- Andrea Jersey, BSN
- Raymond Jones, BS, MS, PhD
- Warren Jones, MD, DHL, FAAFP
- Lisa Kitko, PhD, RN, FAHA, FAAN
- Omar Latif, BA, MD
- Elizabeth Marfeo, PhD, MPH, OTR/L
- Emily Martin, MD, MS, FAAHPM
- Sassy Outwater-Wright
- Silvia Perez-Protto, MD, MS, MBA, FCCM
- Lori Piltz, BS, MSN*
- Tipu Puri, M.D., Ph.D.
- Heather Raygoza, BSN, RN, CWOCN, CFCN
- Maria Regnier, MSN, BSN, RN, CNN
- Eric Rosenberg, MD, MSPH, FACP
- Andrea Schweiger, ASN
- Alicia Staley, MBA, MSIS
- Heather Thompson, LMSW, CPHQ, CPXP
- Ronald Walters, MD, MBA, MHA, MS
- Stephanie Wladkowski, PhD, LMSW, APHSW-C

Overview of E&M Process

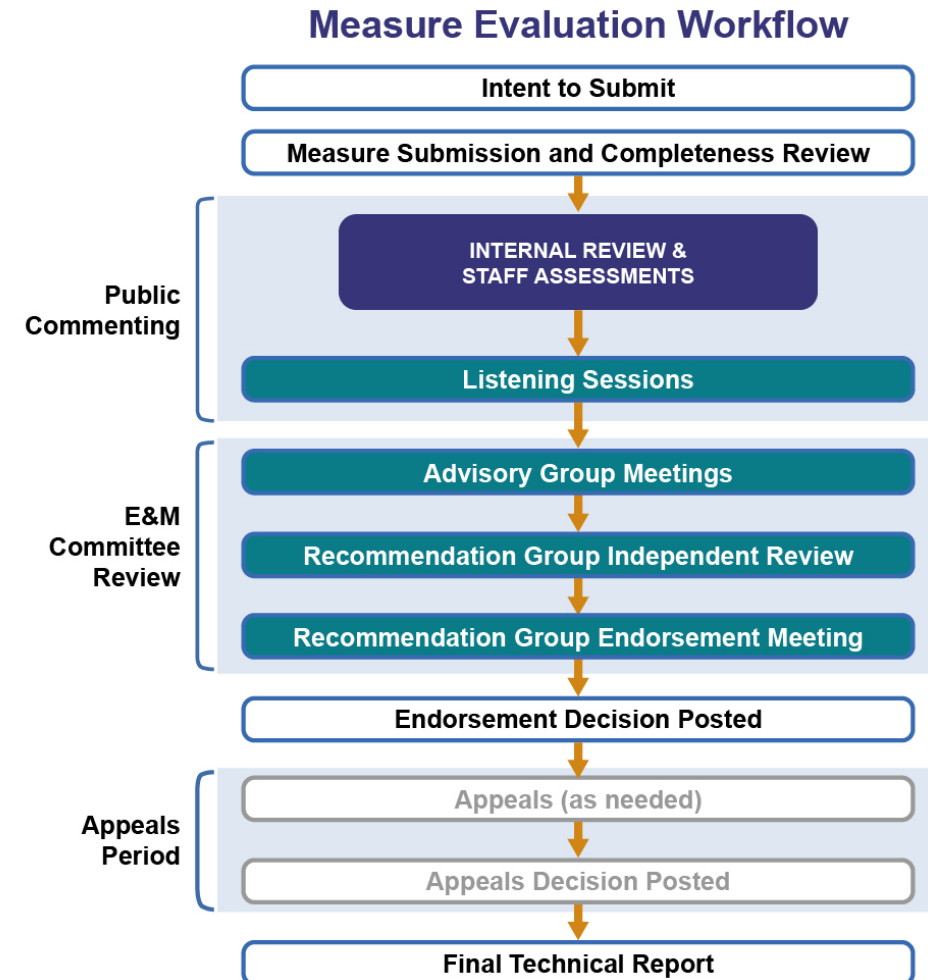


Fall 2024 E&M Process



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:**

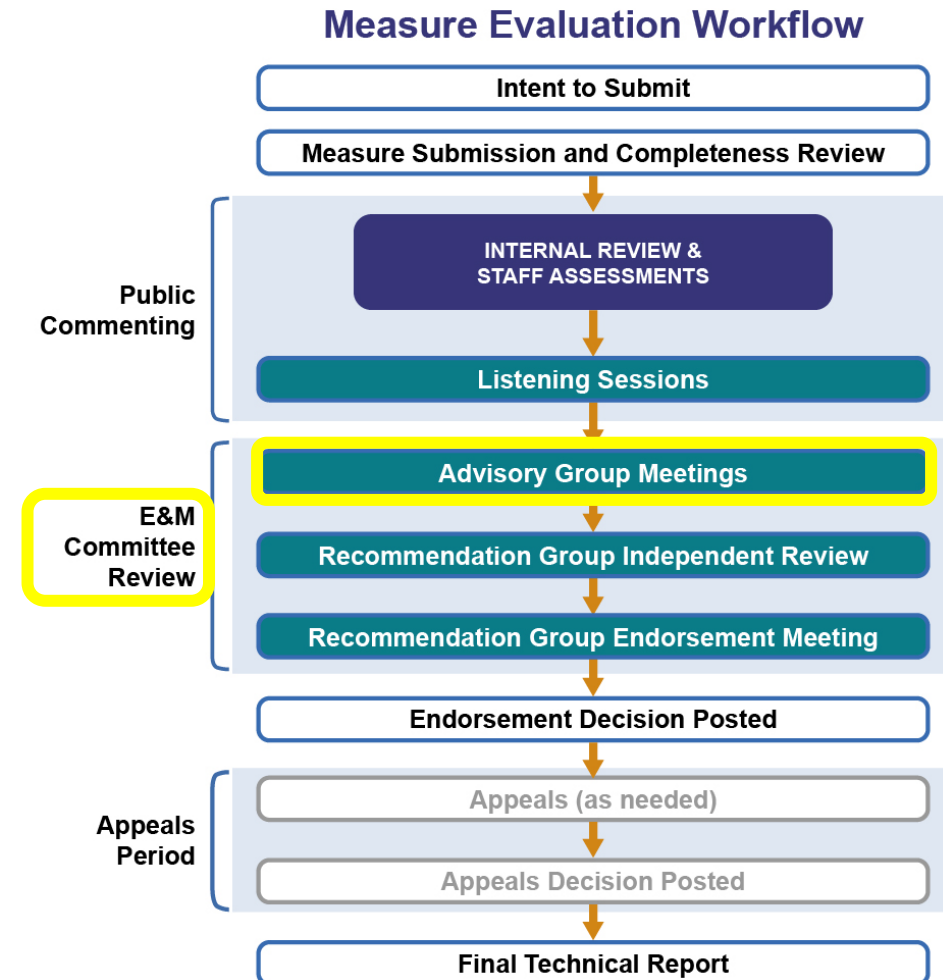
- The Advisory Group from each E&M committee convenes to comment on strengths and limitations of submitted measure(s) and ask questions of developers.
- Developers are encouraged to attend and to respond to questions/feedback from the Advisory Group members.

- **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



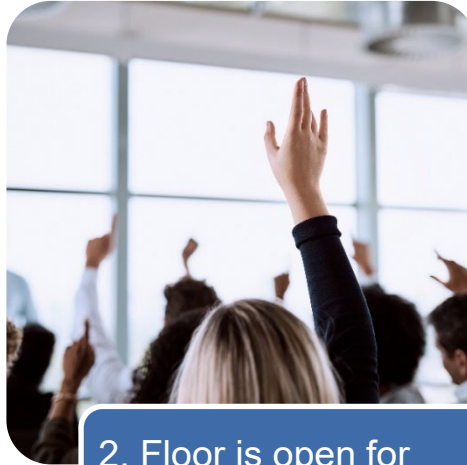
Advisory Group Meeting

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 of 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 as well as the feasibility and difficulty of those actions, considering factors such as resource availability, staff training, and system integration.*

Discussion of Fall 2024 Measures



CBE #1623 – Bereaved Family Survey



Item	Description
Measure Description	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Department of Veterans Affairs
New or Maintenance	<ul style="list-style-type: none"> Maintenance (Last reviewed: 2015)
Current Use	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> American Health Care Association (AHCA)
New or Maintenance	<ul style="list-style-type: none"> Maintenance (Last reviewed: 2018)
Current Use	<ul style="list-style-type: none"> National Quality Award Program; Quality Improvement (Internal to the specific organization); Quality Improvement with Benchmarking (external benchmarking to multiple organizations)
Initial Endorsement	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> AHCA
New or Maintenance	<ul style="list-style-type: none"> Maintenance (Last reviewed: 2018)
Current Use	<ul style="list-style-type: none"> National Quality Award Program; Quality Improvement (internal to the specific organization); Quality Improvement with Benchmarking (external benchmarking to multiple organizations)
Initial Endorsement	<ul style="list-style-type: none"> 2018

Measure Type
Patient-reported Outcome-Based Performance Measure (PRO-PM)

Target Population(s)
Older adults (65 years and older)

Care Setting
Assisted Living Facility

Level of Analysis
Facility

Break

Meeting Resumes at 12:45 PM ET



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



Item	Description
Measure Description	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> RTI International/CMS
New or Maintenance	<ul style="list-style-type: none"> New
Current Use	<ul style="list-style-type: none"> Inpatient Rehabilitation Facility Quality Reporting Program Quality Improvement (internal to the specific organization); 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)	Inpatient Rehabilitation Facility	Facility

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



Item	Description
Measure Description	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> RTI International/CMS
New or Maintenance	<ul style="list-style-type: none"> New
Current Use	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> RTI International/CMS
New or Maintenance	<ul style="list-style-type: none"> New
Current Use	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Abt Global/CMS
New or Maintenance	<ul style="list-style-type: none"> New
Current Use	<ul style="list-style-type: none"> Home Health Quality Measures Quality Improvement (internal to the specific organization); 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)	Home Health	Facility

Break

Meeting Resumes at 2:45 PM ET



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



Item	Description
Measure Description	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> CMS/Abt Global
New or Maintenance	<ul style="list-style-type: none"> Maintenance (Last reviewed: 2022)
Current Use	<ul style="list-style-type: none"> Hospice Quality Reporting Program
Initial Endorsement	<ul style="list-style-type: none"> 2022

Measure Type

Process

Target Population(s)

All patients admitted to Medicare-certified hospice programs, regardless of patient age.

Care Setting

Hospice

Level of Analysis

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 11, 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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