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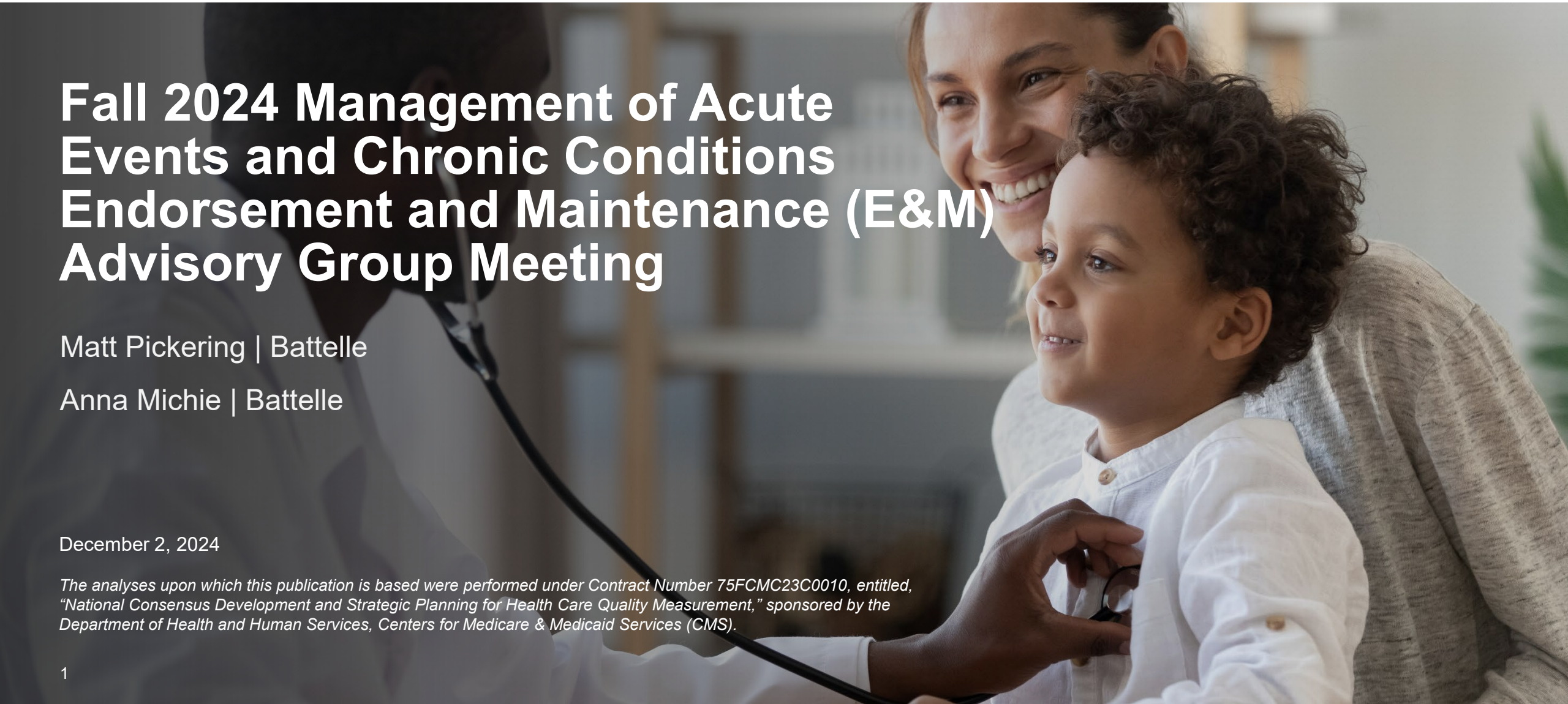

Fall 2024 Management of Acute Events and Chronic Conditions Endorsement and Maintenance (E&M) Advisory Group Meeting

Matt Pickering | Battelle

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December 2, 2024

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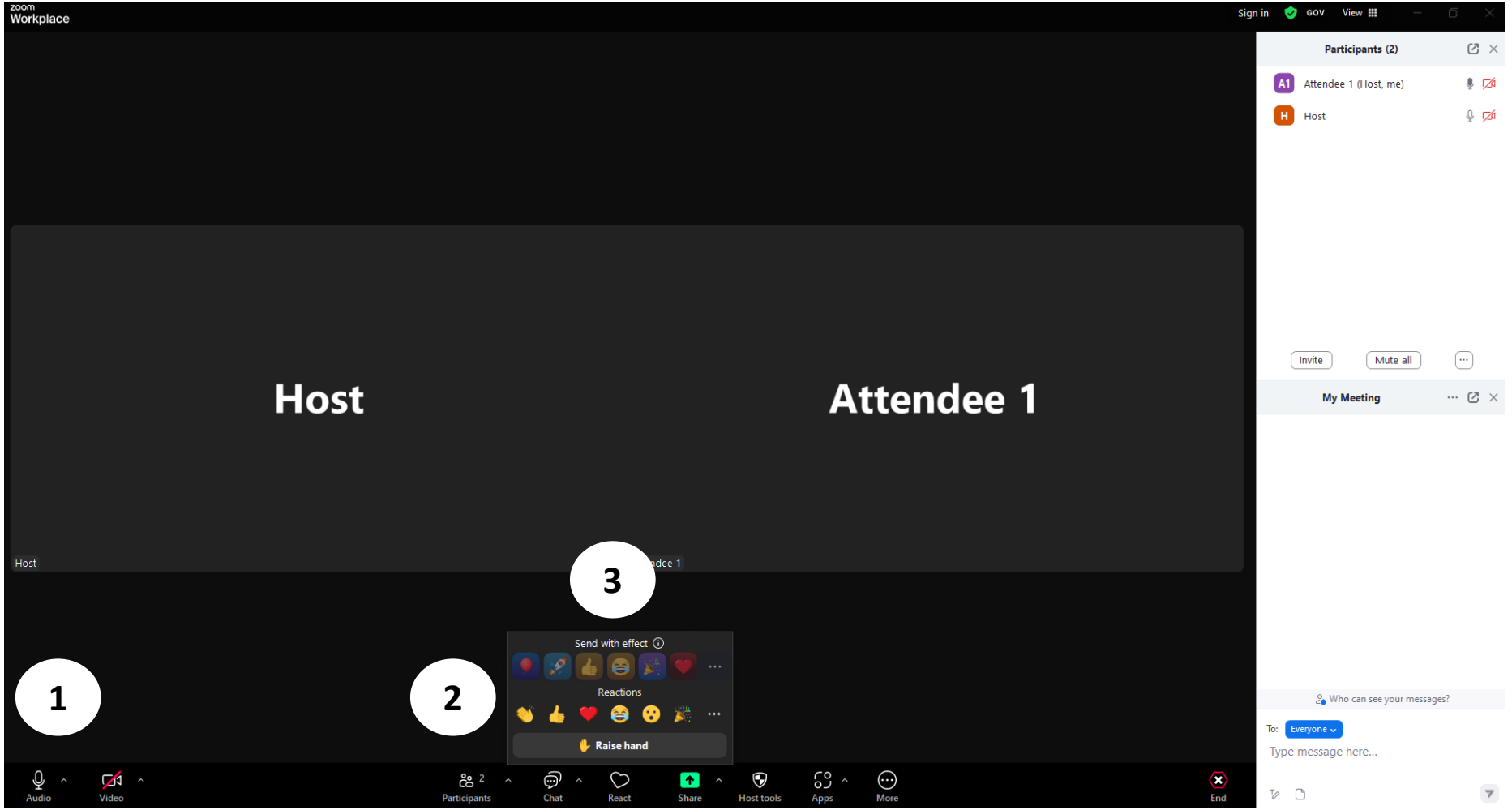
Agenda

- Welcome and Review of Meeting Ground Rules
- Roll Call
- Overview of E&M Process and Advisory Group Meeting Procedures
- Discussion of Fall 2024 Measures
- Next Steps
- Adjourn

Housekeeping Reminders

- Housekeeping reminders:
  - The system will allow you to mute/unmute yourself and turn your video on/off throughout the event.
  - Please raise your hand and unmute yourself when called on.
  - Please lower your hand and mute yourself following your question/comment.
  - Please state your first and last name if you are a call-in user.
  - We encourage you to keep your video on throughout the event.
  - Feel free to use the chat feature to communicate with Battelle staff.
- If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at PQMsupport@battelle.org.

Using the Zoom Platform

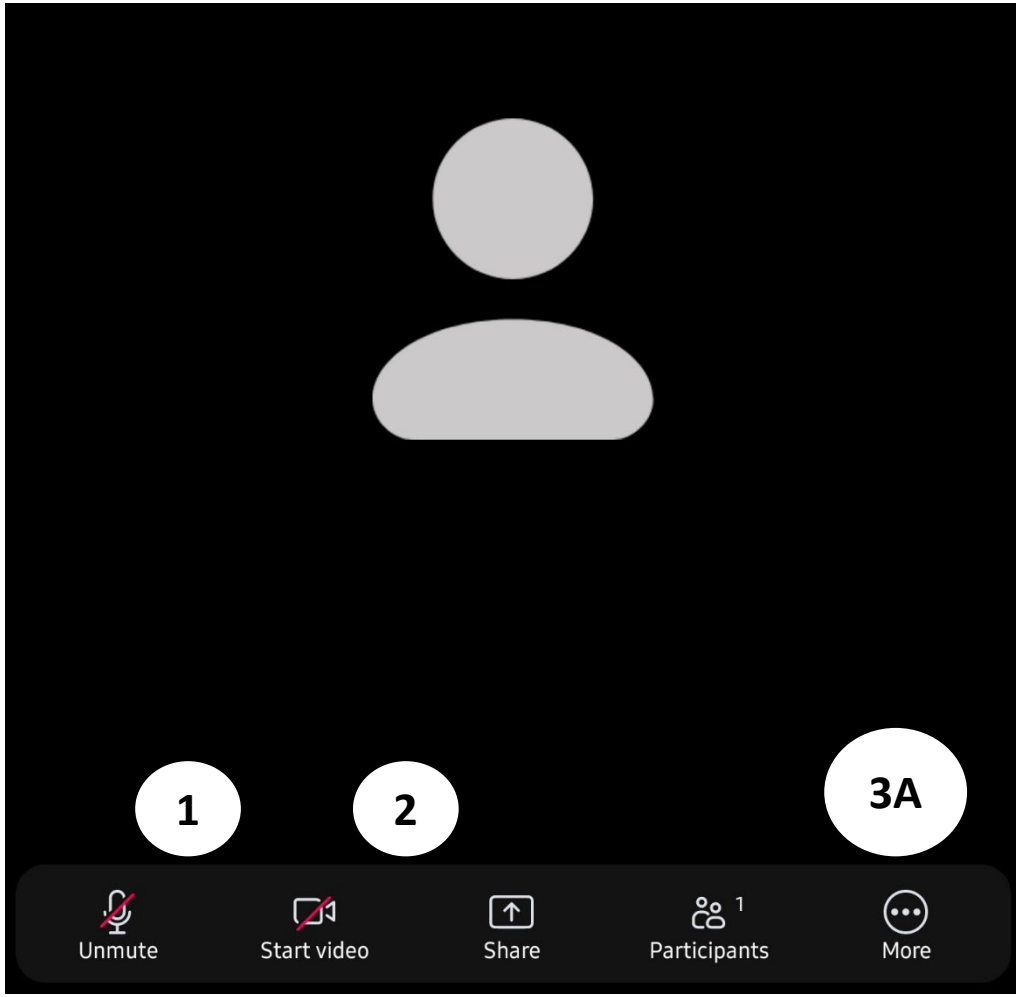


1. Click the lower part of your screen to mute/unmute, start, or pause video.

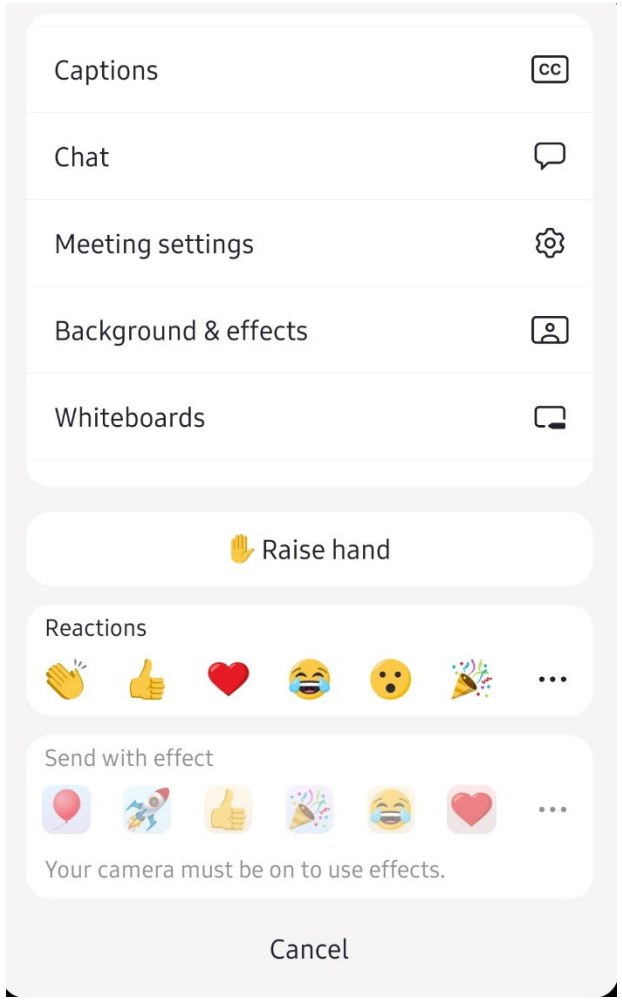
2. Click on the participant or chat button to access the full participant list or the chat box.

3. To raise your hand, select the raise hand button under the react tab.

Using the Zoom Platform (Phone View)



1. Click the lower part of your screen to mute/unmute, start, or pause video.
2. Click on the participant button to view the full participant list.
3. Click on (3A) “More” button to view the chat box, (3B) to show closed captions, or (3C) to raise your hand. To raise your hand, select the raised hand function under the reactions tab.



Meeting Ground Rules

- Respect all voices.
- Remain engaged and actively participate.
- Keep your comments concise and focused.
- Be respectful and allow others to contribute.
- Share your experiences.
- Learn from others.

Project Team

- Nicole Brennan, MPH, DrPH, Executive Director
- Brenna Rabel, MPH, Technical Director
- Jeff Geppert, EdM, JD Measure Science Team Lead
- Quintella Bester, PMP, Senior Program Manager
- Matthew Pickering, PharmD, Principal Quality Measure Scientist
- Anna Michie, MHS, PMP, Deputy E&M Task Lead
- Beth Jackson, PhD, MA, Social Scientist IV
- Adrienne Cocci, MPH, Social Scientist III
- Stephanie Peak, PhD, Social Scientist III
- Isaac Sakyi, MSGH, Social Scientist III
- Jessica Lemus, MA, Social Scientist II
- Olivia Giles, MPH, Social Scientist I
- Elena Hughes, MS, Social Scientist I
- Sarah Rahman, Social Scientist I

Roll Call

Management of Acute Events and Chronic Conditions Committee

Advisory Group Members

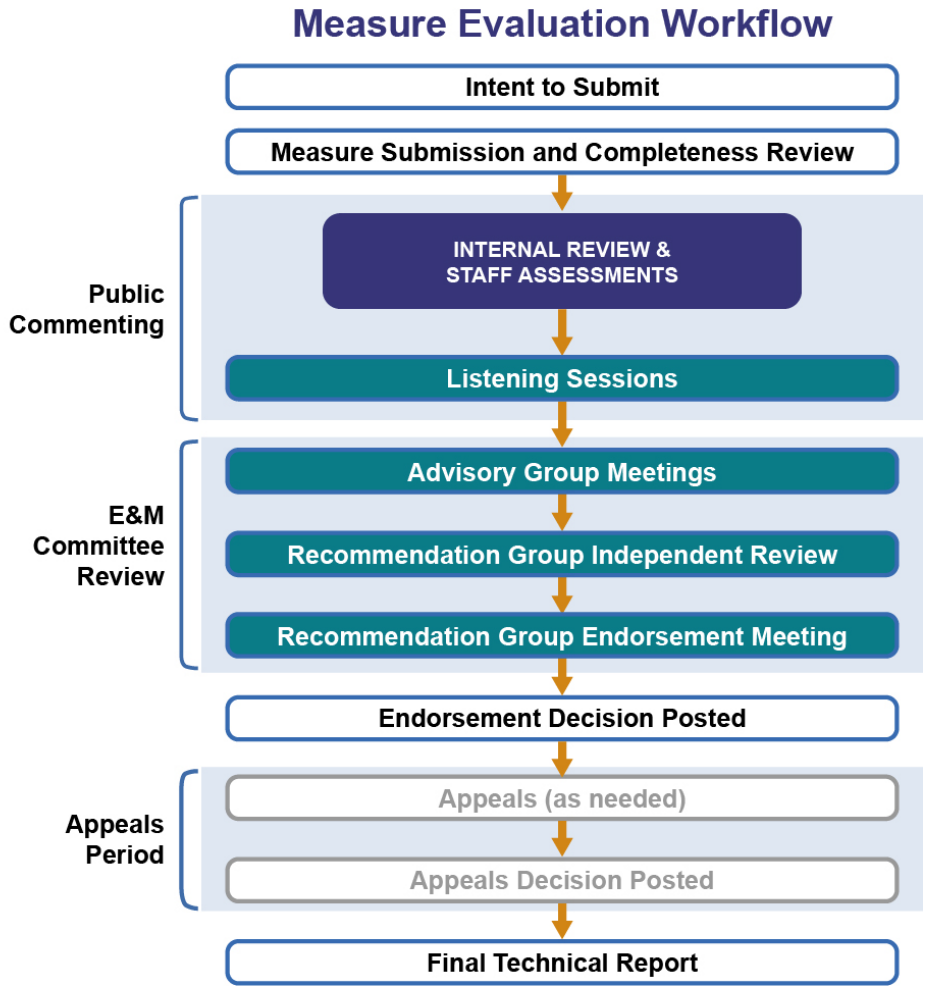
- Lauren Agoratus, MA
- Sharon Ayers
- Jeni Barham, BSN, RN, CPHQ
- Rosie Bartel, MA
- Carrie Bramlee
- Frankie Catalfumo, MPH, CIC, CRCST
- Icilma Fergus Rowe, MD, BA
- Emily Fondahn, MC, FACP
- Byron Geoffrey, MS
- Shawn-Marie Herring, RN, BS, MBA, CP
- Jennifer Hunt
- Wiley Jenkins, PhD, MPH, FACE
- Sarah Johnson
- Vilma Joseph, MD, MPH, FASA
- Abate Mammo, PhD
- Chisa Nosamiefan, BS, MA
- Tamaire Ojeda, MHSA, RDN, LD
- Adelisa Perez-Hudgins, RN
- Dmitriy Poznyak, MS, PhD
- Carol Pugh
- Monika Ray, BS, MS, PhD
- Nagaraju Sarabu, MD, MPH
- Antoinette Schoenthaler, EdD
- Vikram (Vik) Shah, MD, MBA
- Pavel Sinyagovskiy, MD
- Jeff Susman, MD
- Eleni Theodoropoulos, MBA, CPHIMS
- Samantha Tierney, MPH
- Sara Toomey, BA, Mphil, MSC, MD, MPH
- Michael Trangle, MD
- Vandolynn Tucker
- John Wagner, MD, MBA
- Jamieson Wilcox, MPH, OTD, OTR/L
- Bianca Young
- Tarik Yuce, MD, MS

Overview of E&M Process

Fall 2024 E&M Process

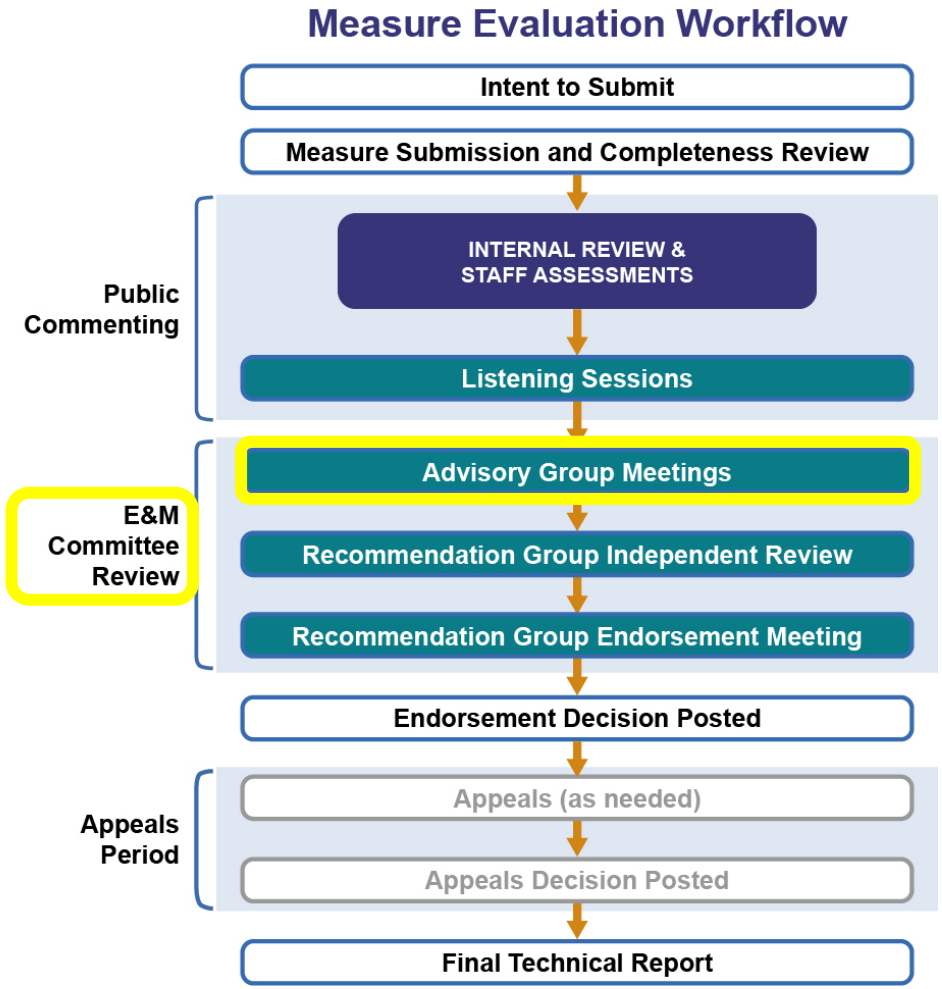
Six major steps:

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.



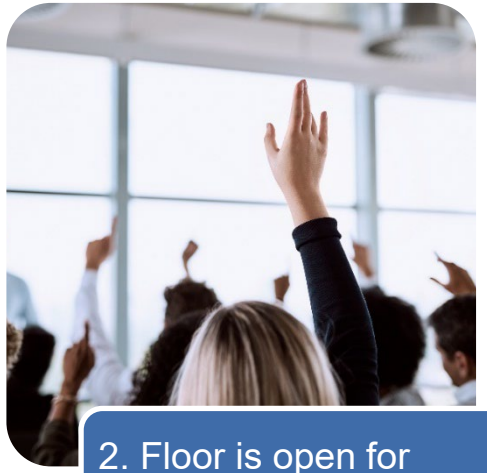
Advisory Group Meeting Procedures

Advisory Group Meeting

Measure Review Procedures

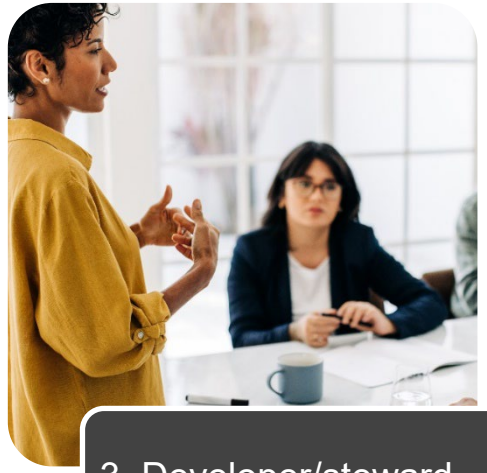
1. Measure introduction by Battelle

- 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 such as resource availability, staff training, and system integration.*

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Discussion of Fall 2024 Measures

CBE #0318 – Delivered Dose 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 Medicaid & Medicare 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

Break

Meeting Resumes at 1:00 PM ET

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/Vurea ≥ 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
Current or 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 CareCompare 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

Break

Meeting Resumes at 3:30 PM ET

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 Sponsor: CMS • The Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting • Hospital Value-Based Purchasing Program Sponsor: CMS
Initial Endorsement	• 2012

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Adults (18-64 years); Older Adults (65 years and older)	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
Outcome and Process	Adults (18-64 years) and older adults (65 years and older)	Hospital: Inpatient	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 7, 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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