

Pre-Rulemaking Measure Review (PRMR) Post-Acute Care/Long-Term Care (PAC/LTC) Recommendation Group Meeting

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Melissa Gross | CMS

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January 13, 2025

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Housekeeping Reminders (pt. 1)



We are pleased to have you join us and want to create a meaningful exchange.



To participate in the discourse, type in the chat or raise your hand.



Battelle staff will serve as virtual moderators. Please unmute yourself when called on.

Housekeeping Reminders (pt. 2)



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.



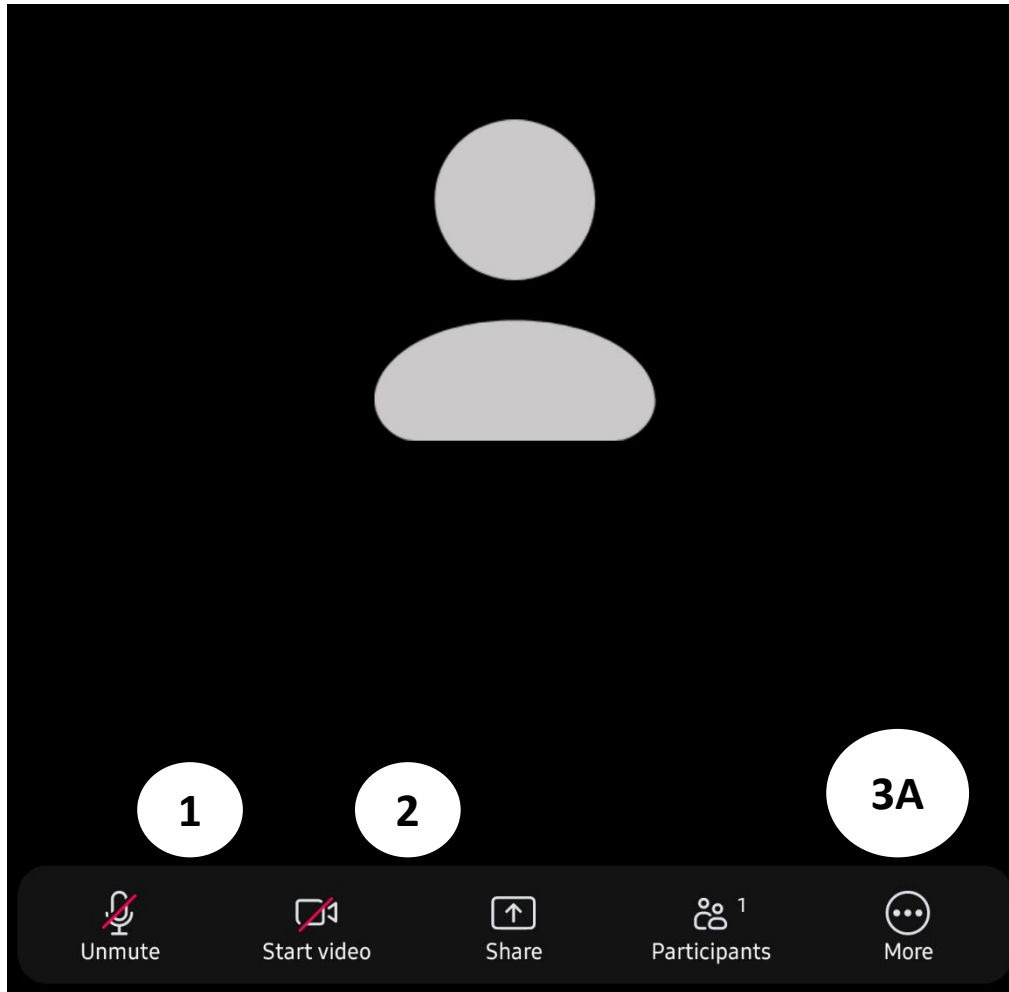
If you are experiencing technical issues, contact the project team via chat on the virtual platform or at PQMsupport@battelle.org.

Using the Zoom Platform

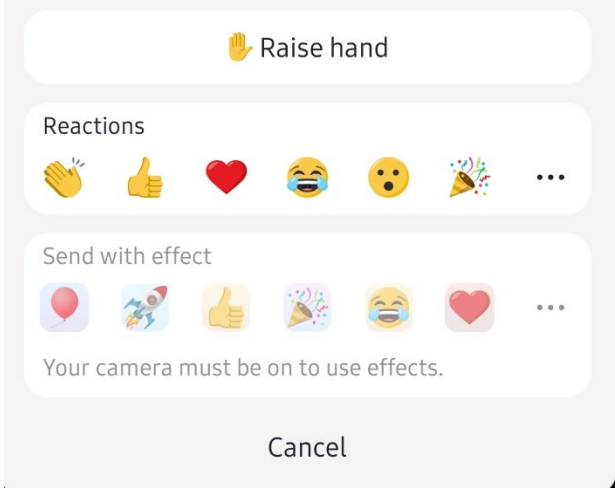
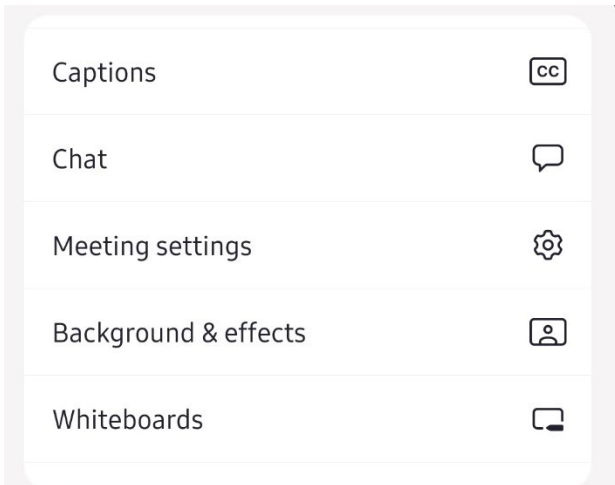


- 1 Click the lower part of your screen to mute/unmute, start, or pause video.
- 2 Click on the participant or chat button to access the full participant list or the chat box.
- 3 To raise your hand, select the raise hand button under the react tab.

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.



Community Guidance



- 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.

Acronyms



- AG: Advisory Group
- CMS: Centers for Medicare & Medicaid Services
- MUC: Measures Under Consideration
- PA: Preliminary Assessment
- PAC/LTC: Post-Acute Care/Long-Term Care
- PIE: Pre-meeting Initial Evaluation
- PRMR: Pre-Rulemaking Measure Review
- PQM: Partnership for Quality Measurement
- RG: Recommendation Group

Welcome and Review of Meeting Objectives

Brenna Rabel, *Partnership for Quality Measurement (PQM) Technical Director, Battelle*



Welcome to the PRMR PAC/LTC Recommendation Group Meeting



Committee members will review and discuss public comments, preliminary assessments (PAs), and Advisory Group inputs about the 2024 PAC/LTC measures under consideration.



Each discussion will end with a vote about whether to recommend the measure(s) for use in the Centers for Medicare & Medicaid Services (CMS) quality program(s).



Please note, public comment is not collected during this meeting. We invite written public comments on our final recommendations from February 3-17, 2025.

Introductions



Battelle Staff

- Brenna Rabel, MPH – Technical Director
- Jeff Geppert, JD, EdM – Scientific Methods Lead
- Meridith Eastman, PhD, MSPH – Pre-Rulemaking Measure Review (PRMR)-Measure Set Review (MSR) Task Lead
- Kate Buchanan, MPH – PRMR-MSR Deputy Task Lead
- Lydia Stewart-Artz, PhD, MHS – PRMR-MSR Measure Evaluation Lead
- Isaac Sakyi, MSGH – PRMR-MSR Voting Lead

Centers for Medicare & Medicaid Services (CMS) Staff

- Michelle Schreiber, MD, Deputy Director for Quality & Value, Center for Clinical Standards and Quality (CCSQ) for Centers for Medicare & Medicaid Services (CMS)
- Melissa Gross, BSN, CMS PRMR Lead
- Kimberly Rawlings, MPP, CMS National Quality Strategy Lead
- Helen Dollar-Maples, RN, Director, Division of Program and Measurement Support (DPMS), CCSQ
- Charlayne Van, JD, CMS Contracting Officer's Representative
- CMS Medical Officers
- CMS Leads

PAC/LTC Recommendation Group Meeting Agenda



1:00 PM	Welcome and Review of Meeting Objectives
1:05 PM	Roll Call and Disclosures of Interest (DOIs)
1:20 PM	Co-Chair Introductions
1:25 PM	CMS Opening Remarks and Review of PAC/LTC Quality Programs
1:30 PM	Overview of 2024 PRMR Process and Voting
1:40 PM	Voting Test
1:50 PM	Break
2:00 PM	Measure Review
3:30 PM	Next Steps
3:45 PM	Adjourn

Roll Call and Disclosures of Interest

Kate Buchanan, *PRMR-MSR Deputy Task Lead, Battelle*



Disclosures of Interest (DOIs)



- Prior to the meeting, committee members were asked to complete a “measure-specific DOI” form for each measure, or batch of measures, assigned to the committee.
- During Recommendation Group (RG) meetings, committee members verbally disclose relevant interests.
- If there is a perceived or actual conflict of interest (COI), Battelle requires affected members to recuse themselves from discussing and voting on the applicable measure(s).

Roll Call and Disclosures of Interest

PAC/LTC Recommendation Group Members



RG Co-chairs: Christine von Raesfeld and Kiran Sreenivas

Lyn Behnke

Starlin Haydon-Greatting*

Dheeraj Mahajan

Rachel Blair

Patricia Henwood

Colleen Morley-Grabowski

Brandy Campbell

Joanna Horst

Cheryl Phillips

J Coomes

Shabina Khan

Anthony Sanchez

April Coxon

Annette Kiser

Karl Sandin

Brigette DeMarzo

John Lee

Theresa Schmidt

Benjamin Getter

Robert Leffler

Steven Schweon

Eugene Gonsiorek

Arion Lillard-Green

Barbara Winters-Todd

Laura Haubner

Steven Littlehale

Mamata Yanamadala

PRMR PAC/LTC Co-Chair Introductions

Christine von Raesfeld

Kiran Sreenivas



CMS Opening Remarks and Review of PAC/LTC Quality Programs

Dr. Michelle Schreiber, *Deputy Director for Quality & Value, Center for Clinical Standards and Quality (CCSQ) for Centers for Medicare & Medicaid Services (CMS)*



Overview of 2024 PRMR Process

Dr. Meredith Eastman, *PRMR-MSR Task Lead, Battelle*



PRMR Cycle



The Department of Health and Human Services (HHS) annually publishes a list of measures under consideration (MUC) for future federal rulemaking by December 1.



PRMR committees assess whether a measure is appropriate for use in a specific CMS program and for a population of Medicare beneficiaries.

The PRMR process results in consensus-based recommendations about MUCs for CMS programs.



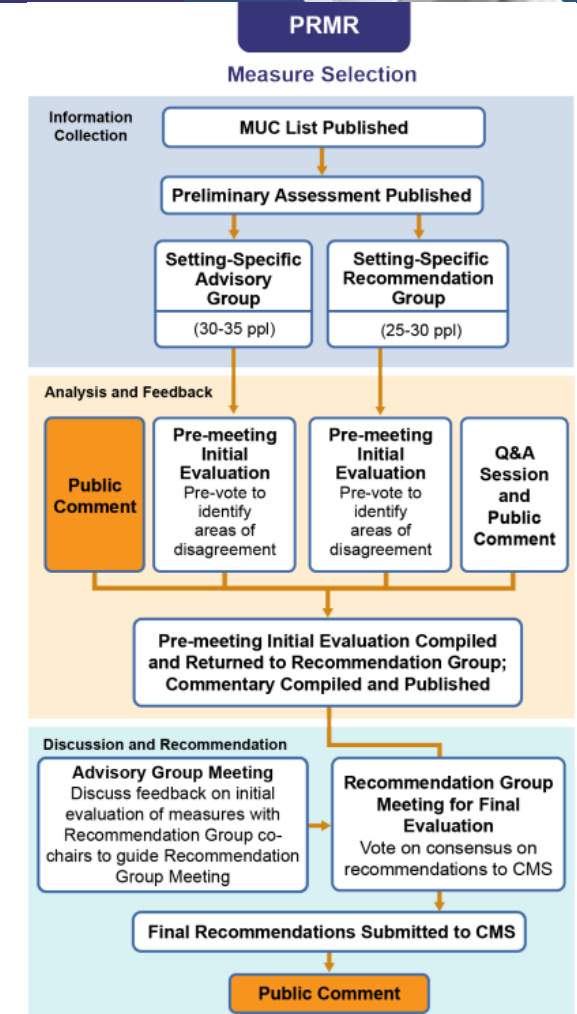
PRMR Process



The PRMR process builds consensus regarding MUC List measures as to whether they are appropriate for consideration for CMS quality reporting programs and value-based programs.

Three major phases:

1. Information collection
2. Analysis and feedback
3. Discussion and recommendation

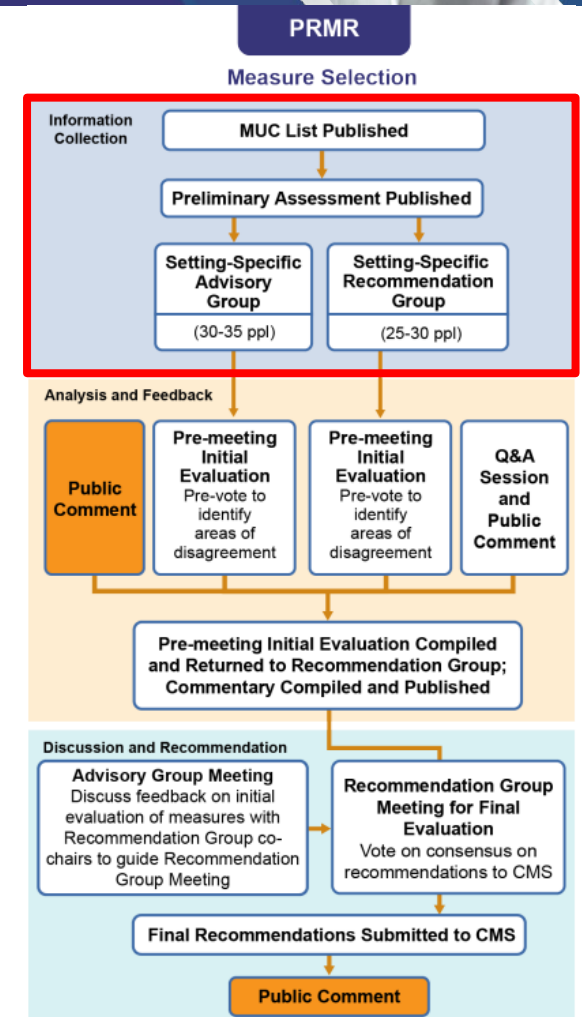


PRMR Process: Information Collection



Preliminary Assessment

- Battelle completes a preliminary assessment (PA) for each measure using information from the CMS MERIT* submission.
- Each PA focuses on the PRMR evaluation criteria and intentionally avoids rehashing topics better suited to Endorsement & Maintenance (E&M) discussions.
- Battelle creates PAs using information from the measure steward/developer. PAs are also reviewed by CMS leads and measure stewards/developers to ensure accuracy.
- PAs are made available to all committee members (Advisory Group and Recommendation Group) immediately following the release of the MUC List.



PRMR Process: Analysis and Feedback (pt. 1)

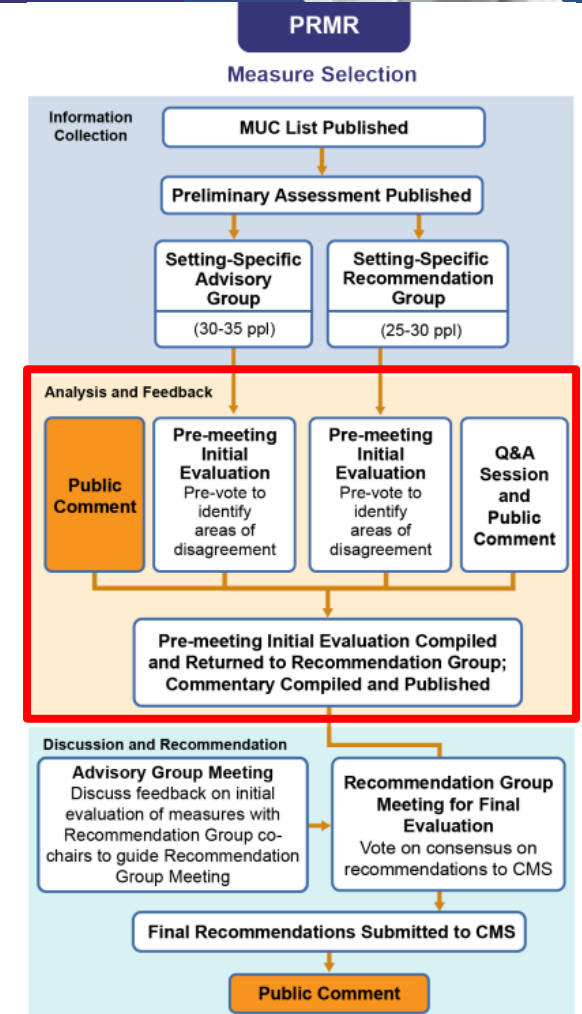


Pre-Meeting Initial Evaluation (PIE)

- All committee members submit evaluations on a subset of measures via the Pre-Meeting Initial Evaluation (PIE) Form.
- Along with PAs, committee members receive a PIE Form for each measure they evaluate, which includes guidance on questions to consider when evaluating the criteria.

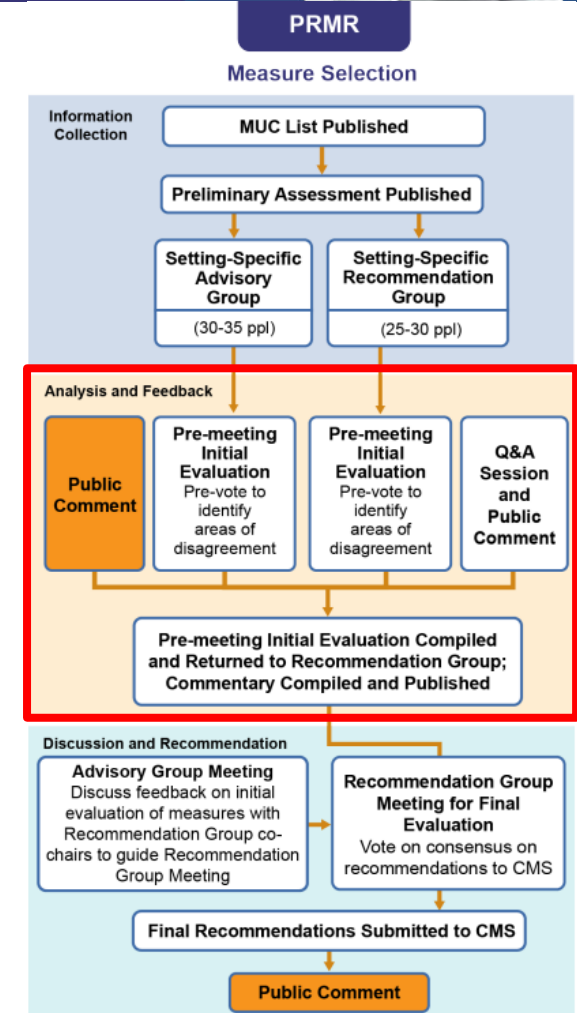
Public Comment and Listening Sessions

- Upon release, the MUC List will be posted for a 21-day public comment period.
- PQM hosts three public listening sessions, one per setting, where CMS, Battelle staff, and measure developers/stewards hear brief spoken statements on measure(s) of interest. CMS answers MUC-related questions live and/or in writing after the call. Developers may also be asked to weigh in.
- Comments received through the comment process and during listening sessions will be made publicly available on the PQM website.



PRMR Process: Analysis and Feedback (pt. 2)

- Battelle compiles feedback from the PIE Forms, public comment, and listening sessions in advance of the RG meeting for the following purposes:
 - To help Battelle facilitators identify areas of non-consensus, so they may be discussed during the RG meetings
 - To provide to CMS leads in advance of the RG meeting to help them anticipate questions and topics where more context or clarity may be needed to inform the RG discussion

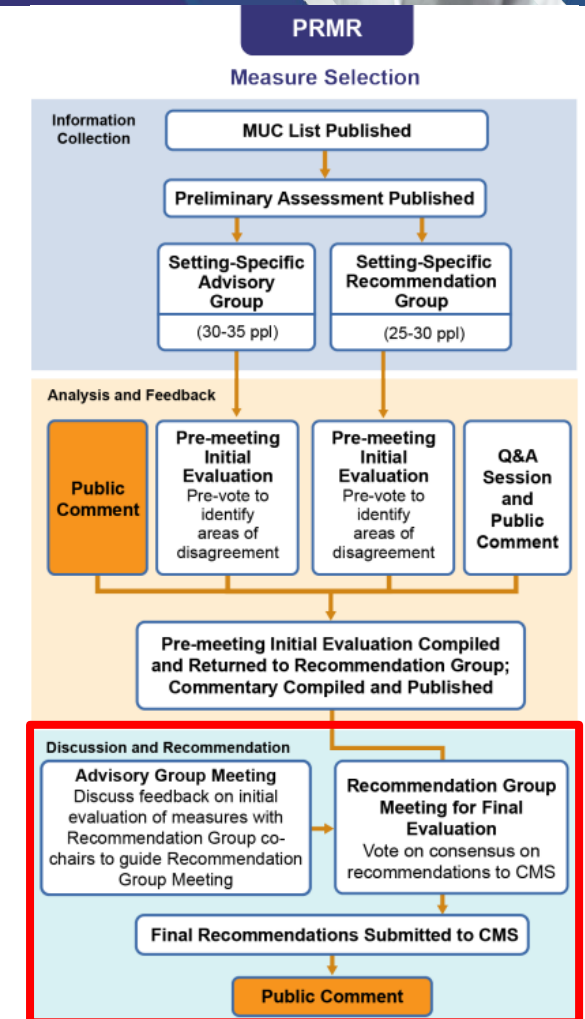


PRMR Process: Discussion and Recommendation (pt. 1)

AG Discussion Session*

- Prior to the RG meetings, members of the AG convene to discuss their feedback from the PIE Forms and help generate discussion questions for the RG meeting.
- The AG feedback is critical guidance for the RG discussion.
- RG co-chairs facilitate the session, and relevant Battelle staff attend.
- The co-chairs ensure that the AG perspective is represented throughout the RG meetings.

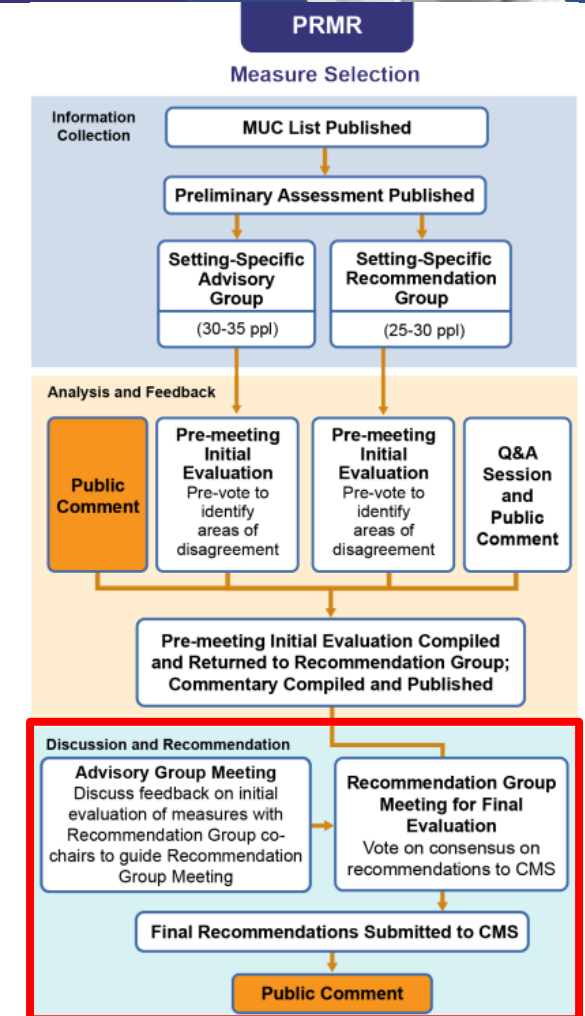
* AG members and RG co-chairs are required to attend their committee's AG meeting. Other RG members, CMS personnel, measure developers, and measure stewards can opt to attend AG meetings as members of the public in listen-only mode.



PRMR Process: Discussion and Recommendation (pt. 2)

Recommendation Group Meeting for Final Evaluation

- Battelle shares PIE results with the RG at least 2 weeks prior to the meeting to assist the RG in prioritizing their discussions on areas of non-consensus.
- The RG meets to discuss issues/concerns raised during the AG discussion, public comment period, and via PIE forms.



Recommendation Group Meeting

Measure Review Process



1. Measure Introduction

Battelle staff provides review of each measure.



2. CMS Overview

CMS staff provides brief overview and/or contextual background on the measure.



3. Summary & AG Feedback

Battelle staff summarizes public comments and PIE results; co-chairs present an overview of Advisory Group feedback.



4. Discussion

The committee discusses each measure with these considerations and context in mind.

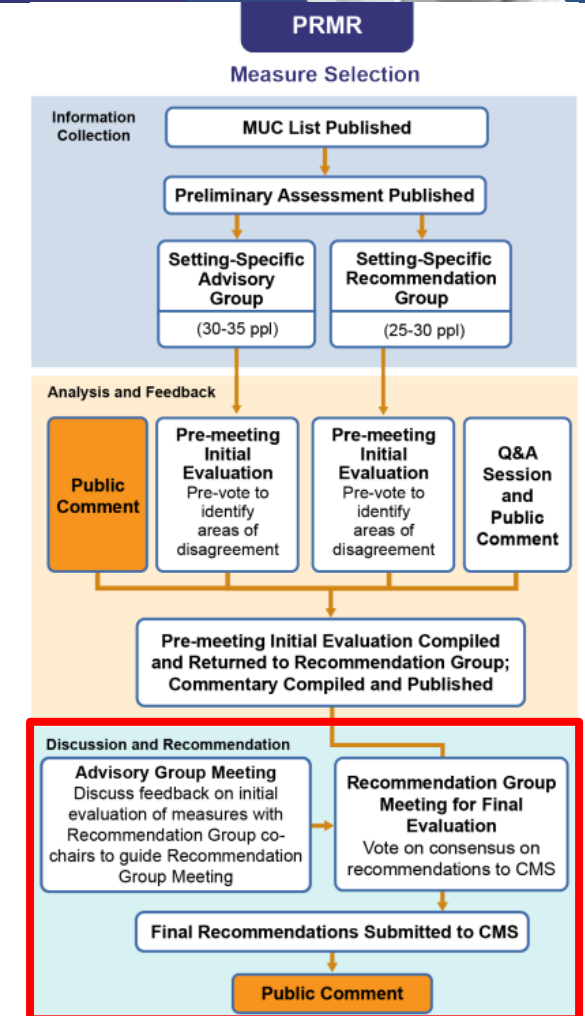


5. Vote

The committee votes with the aim of reaching consensus about whether to recommend the measure(s) for use in the CMS quality program(s).

PRMR Process: Discussion and Recommendation (pt. 3)

- Recommendation Group final recommendations are delivered to CMS by February 1 and subsequently posted to the [PQM website](#) where they are open for public comment for 15 days.
- The intent of this opportunity is to provide CMS with additional feedback on MUCs and final recommendations. The public comment after February 1 does not impact the final RG recommendations.



PRMR Measure Evaluation

Dr. Lydia Stewart-Artz, *PRMR-MSR Evaluation Lead, Battelle*



PRMR Assertions (pt. 1)



Meaningfulness: Concept of Interest

- When evaluating meaningfulness of the concept of interest, committees evaluate whether the measure provides:
 - ✓ Evidence that the measure focus is associated with a material outcome for persons and entities (Importance)
 - ✓ Measure components and specifications that align with the intent of the measure focus and target population (Conformance)
 - ✓ Demonstration that the tools, process, and people necessary to implement and report on the measure are reasonably available (Feasibility)

PRMR Assertions (pt. 2)



Meaningfulness: Context of Use

- When thinking about how meaningful a measure is, committees evaluate if the submission:
 - ✓ Explains why using this measure in the quality program will bring more benefits than costs (Importance)
 - ✓ Shows with data or reasoning that there are effective methods for improvement (Validity)
 - ✓ Provides data showing that most differences in performance are due to those effective methods (Reliability)
 - ✓ Identifies and addresses any obstacles or supports that might affect how the methods can be used (Usability)

MUC2023-219 Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio Stratified for Oncology Locations *PRMR Assertion Example: Meaningfulness*



• Evidence of Measure Meaningfulness

- The 2023 Hospital PRMR Recommendation Group considered the addition of this measure to the Hospital Inpatient Quality Reporting (HIQR) Program
 - The committee reviewed clinical guidelines and cited literature supporting measure relevance to the HIQR program population. (Importance-Concept of Interest & Context of Use)
 - The committee considered this measure against the existing CLABSI measure used in acute care units, specifically focusing on the practical implications of expanding use into oncology units. (Feasibility-Concept of Interest, Usability-Context of Use)
 - An oncologist committee member raised the issue of unintended consequences related to blood culture orders being cancelled or not ordered to avoid raising the CLABSI rate. (Usability-Context of Use)
 - Committee members suggested the measure account for dialysis patients with catheters in stratification, and to evaluate different types of oncology units, e.g., hematology-oncology vs. solid organ. (Validity-Context of Use)
 - Committee members commented on low reliability of the measure for some entities and requested clarification from the steward on potential causes. (Reliability-Context of Use)

PRMR Assertions (pt. 3)



Appropriateness of scale:

- Is the measure appropriate and tailored to the specific goals of the program and its target population?
 - ✓ To evaluate this, we look at the evidence regarding how benefits and risks or harms are spread among different groups. We also need to consider how those risks or harms can be reduced.



MUC2023-219 Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio Stratified for Oncology Locations *PRMR Assertion Example: Appropriateness of Scale*



• Evidence of Measure Appropriateness of Scale

- The 2023 Hospital PRMR Recommendation Group considered the addition of this measure to HIQR
 - One committee member expressed concerns about the reporting period being too short for smaller or rural facilities with lower volumes to report the measure and asked whether the reporting period could be expanded.
 - The committee discussed potential implications of this reporting period on overall measure performance across different types of oncology sites.



PRMR Assertions

(pt. 4)



Time-to-value realization:

- Does the measure include a plan for achieving positive effects in the short and long term?
 - ✓ Time-to-value realization is based on the idea that measuring something over time can lead to long-term benefits or harms as the measure matures.
 - ✓ To assess this, committees should look at how the benefits and harms might change over time. They should consider how to extend the benefits and prevent potential harms as the measure matures.



MUC2023-219 Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio Stratified for Oncology Locations *PRMR Assertion Example: Time-to-Value Realization*



• Evidence of Measure Time-to-Value Realization

- The 2023 Hospital PRMR Recommendation Group considered the addition of this measure to HIQR
 - The committee considered barriers to initial roll-out of this measure across the program, discussing implementation facilitators and barriers in rural and urban sites.
 - The committee discussed how short-term implementation barriers could impact performance and measure benefit for facilities with lower patient volumes.



Preliminary Assessments



Battelle provides committee members with measure-specific preliminary assessments (PAs).

PAs include:



Descriptive information about measure specification, endorsement, and use



CMS-provided rationale for measure inclusion in the CMS program



Summary of performance on PRMR criteria



Considerations for statutorily required measure topic areas



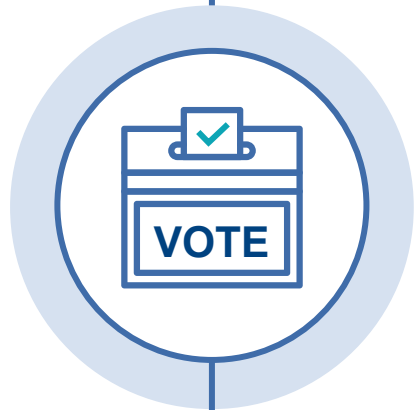
Reliability and validity testing results and analysis

PRMR Voting Procedures

Dr. Meredith Eastman



Voting Procedure – Quorum (pt. 1)



Discussion quorum: The discussion quorum requires the attendance of at least 60% of the Recommendation Group members at roll call at the beginning of the meeting.

Voting quorum: The voting quorum requires at least 80% of active Recommendation Group members who have not been recused.

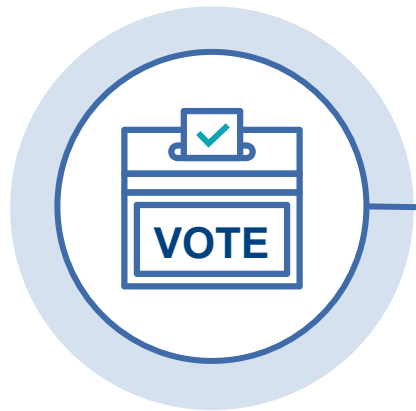
Voting Procedure – Quorum (pt. 2)



- **It is extremely important to the process to have voting quorum, and we kindly request you stay for the entirety of discussion and voting.**
 - To ensure accurate quorum counts, please notify Battelle through the meeting chat if you need to leave the meeting for any reason.
 - If voting quorum is not met, we will collect the votes for those present and follow up with absent participants offline until a voting quorum is reached.



Voting Procedure – Consensus



Battelle staff and co-chairs will encourage committee members to follow community guidance in order to yield informed decisions.

Battelle will utilize an online voting system to capture votes by committee members.

Consensus is a minimum of 75% agreement among members.

PRMR Recommendation Voting



Committee votes on overall recommendation of the measure



Recommend that the measure be **added** to the intended CMS program(s)



Recommend that the measure be **added** to the intended CMS program(s) **with conditions**



Do not recommend that the measure be added to the intended CMS program(s)

PRMR Recommendation



Consensus voting for final recommendations

Recommend (A)	Recommend with Conditions (B)	Do not recommend (C)	Consensus Voting Status
75% or More			A (Recommend)
	75% or More		B (Recommend with conditions)
75% or More			B (Recommend with conditions)
		75% or More	C (Do not recommend)
		Greater than 25% and less than 75%	No consensus

Recommend With Conditions

(pt. 1)



- The RG may identify certain short-term or long-term conditions that, if met, would lead them to a vote to fully recommend the measure.
- Short-term conditions may include:
 - Stratification in reporting
 - Obtaining consensus-based entity endorsement
 - Performing additional testing to demonstrate measure meaningfulness
- Long-term conditions might include:
 - Re-specification of the measure focus or target population
 - The addition or removal of factors in the measure's risk-adjustment model

Recommend With Conditions

(pt. 2)



- RG members do not need to agree on the conditions that would accompany a “recommend with conditions” status.
- Each committee member who submits a “recommend with conditions” vote provides the relevant condition(s) they believe should precede the measure’s implementation in a CMS program.
- Battelle documents the identified conditions in the PRMR Recommendations Report for CMS’s consideration.

Recommendation Report



Following the PRMR Recommendation Group review, Battelle synthesizes the results into a report for CMS.

The report includes:

- Vote counts and the rationales for recommendations
- Committee and interested parties' concerns or areas of dissent



The report is submitted to CMS and posted on the PQM website.

Voting Test

Isaac Sakyi, *PRMR-MSR Voting Lead, Battelle*



Break

Please return by 2:00 PM



PAC/LTC Measure Review



Public Comment Overview



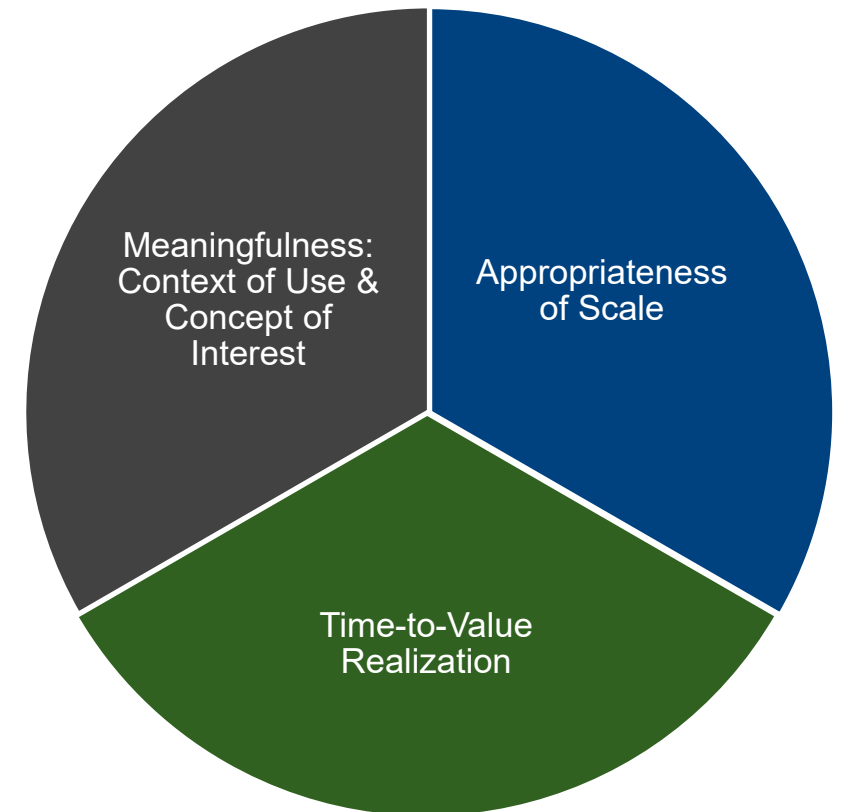
- Number of comments: 9 in total
 - 4 unique comments on the 2024 MUC List
 - 5 comments received during the PAC/LTC Listening Session
- **Summary of support across all HHCAHPS measures:**
 - Potential for the streamlined survey to better capture responses from underrepresented groups, such as those with low literacy.
- **Summary of concern across all HHCAHPS measures:**
 - The accuracy of the data collected from patients or caregivers, considering the 2-month recall period.
 - Survey accessibility to individuals with low literacy, potentially leading to underrepresentation of this group in the data collected.
 - Method of survey administration is not effective at reaching populations with low literacy skills, reflecting concerns about effectiveness and implementation.
 - Absence of questions that assess other aspects of care (e.g., timeliness) and social needs (e.g., ability to pay bills, food insecurity).

Pre-Meeting Initial Evaluation (PIE) Forms



- 575 PIE Forms submitted across 41 measures
- 65% of members submitted at least one Form
- Average of 14 Forms submitted per measure (min 9, max 36)
- Questions for each criterion:
 - Based on your review of the preliminary assessment for this measure and your personal/professional experience, does it meet the criterion? (Yes/No)
 - Please discuss your rationale for your rating of the criterion for this measure. (Free-text response)
- Additional free-text comment box available for each measure to record any additional comments or concerns

PRMR Evaluation Criteria



Health Equity Assessment



- The Institute for Healthcare Improvement (IHI) conducted assessments for each measure's potential impact on health equity.
- Equity is not a PRMR evaluation criterion; however, the health equity assessments support the committee's efforts to provide meaningful feedback to CMS and measure developers on this important topic.
- IHI's observations and recommendations to CMS and developers to enhance health equity should not factor into committee decisions.

CAHPS® Measures – MUC2024-054a-e

Equity Considerations



Potential Impacts to Health Equity Associated with Measure Use

- IHI reviewers did not identify potential negative impacts to equity associated with measure use.
- IHI reviewers suggested patient-reported measures, generally, aim to improve equity by promoting transparency and the patient voice.



Potential Impacts to Health Equity Associated with Non-Use

- Non-use of this measure would inhibit the ability for patients to learn valuable patient-reported information about home health agencies, which are particularly important for patients as they age.
- Non-use would also decrease transparency on the quality of care provided.



Considerations for Enhancing Health Equity

IHI reviewers recommend collecting and stratifying the outcome measure data by sociodemographic variables (race, sex, ethnicity, and language, initially) to determine any differences between patient perceptions of home health agencies.

CAHPS® Home Health Care Survey Care of Patients

MUC2024-054a



MUC2024-054a CAHPS® Home Health Care Survey Care of Patients



Item	Description
Considered For	Home Health Quality Reporting Program
Measure Description	Care of Patients is a multi-item measure derived from the updated CAHPS® Home Health Care Survey, also referred to as “HHCAHPS.” This is a standardized survey instrument and data collection methodology for measuring home health patients’ perspectives on their home health care in Medicare-certified home health care agencies.
Developer/Steward	Agency for Healthcare Research and Quality (AHRQ); Centers for Medicare & Medicaid Services (CMS)
Measure Background	Measure currently used in a Medicare program, but the measure is undergoing substantive change

Measure Type
PRO-PM* or Patient Experience of Care

Endorsement Status
Endorsed

Current Program Use
HHQRP; HHVBP†

Level of Analysis
Facility

*PRO-PM: Patient-reported outcome-based performance measure
 †HHVBP: Home Health Value-Based Purchasing

CAHPS® Home Health Care Survey Care of Patients

PIE Form Feedback



- **Meaningfulness Themes**
 - **Support:** Aligns with material outcomes that significantly impact individuals and entities; provides insights from patient experience; has high level of scientific acceptability, feasibility, and usability.
 - **Concerns:** Some concerns around potential for bias in survey responses. Some overlap across questions could reduce feasibility and increase burden.
 - **Further consideration:** Committee expressed interest in learning more about the motivation and intent behind the changes to the CAHPS measure.
- **Appropriateness of Scale Themes**
 - **Support:** Improves transparency to better assess care differences across diverse patient populations; may reduce disparities.
 - **Concerns:** Some concerns around accessibility of questions due to reading level and variation in usability across socioeconomic groups.
- **Time-to-value Realization Themes**
 - **Support:** Continuous measurement of targets within CAHPS will promote care improvement.
 - **Concerns:** Limited information available to assess long-term impacts of measure. Concern expressed that data gathered by tools such as CAHPS do not lead to measurable change on a policy level.

CAHPS® Home Health Care Survey Care of Patients

Public Comment Summary



- **Received seven public comments**
 - One support and six concerns
- **Support summary:**
 - Potential for the streamlined survey to better capture responses from underrepresented groups, such as those with low literacy.
- **Concern summary:**
 - Importance of attributing responses to appropriate staffing type (e.g., skilled rehabilitation therapists vs. personal care aide)
 - The accuracy of the data collected from patients or caregivers, considering the 2-month recall period.
 - Survey accessibility to individuals with low literacy, potentially leading to underrepresentation of this group in the data collected.
 - Method of survey administration is not effective at reaching populations with low literacy skills, reflecting concerns about effectiveness and implementation.

CAHPS® Home Health Care Survey Care of Patients

Discussion Topics



- What are the potential near- and long-term impacts of this measure on home health agencies (HHAs), the Home Health Quality Reporting Program, and patient populations?
- Are there subgroups that might differentially experience benefits or burdens associated with this measure?

CAHPS® Home Health Care Survey Communications Between Providers and Patients

MUC2024-054b



MUC2024-054b CAHPS® Home Health Care Survey Communications Between Providers and Patients



Item	Description
Considered For	Home Health Quality Reporting Program
Measure Description	Communications Between Providers and Patients is a multi-item measure derived from the updated CAHPS® Home Health Care Survey, also referred to as “HHCAHPS.” This is a standardized survey instrument and data collection methodology for measuring home health patients’ perspectives on their home health care in Medicare-certified home health care agencies.
Developer/Steward	Agency for Healthcare Research and Quality (AHRQ); Centers for Medicare & Medicaid Services (CMS)
Measure Background	Measure currently used in a Medicare program, but the measure is undergoing substantive change

Measure Type
PRO-PM or Patient Experience of Care

Endorsement Status
Endorsed

Current Program Use
HHQRP; HHVBP

Level of Analysis
Facility

CAHPS® Home Health Care Survey

Communications Between Providers and Patients

PIE Form Feedback



- **Meaningfulness Themes**

- **Support:** Emphasis on patient voice and effective communication during patient-centered care viewed as foundational for quality care and operational efficiency. Communication aspect of the measure is appropriately tailored to the program.
- **Concerns:** PIE responses indicated a need for a clearer implementation framework and plan to mitigate potential for bias in survey responses.
- **Further consideration:** Some committee members requested more information on rationale for measure updates and to see a logic model or more evidence regarding the concept mapping.

- **Appropriateness of Scale Themes**

- **Support:** Improves transparency to better assess care differences across diverse patient populations. May reduce disparities related to health literacy, language barriers, and accessibility.
- **Concerns:** Some concerns around accessibility of questions due to reading level and potential weakness of measure excluding non-skilled caregivers.

- **Time-to-value Realization Themes**

- **Support:** Updated measure includes more actionable elements for providers to improve care in the near future.
- **Concerns:** Delay in reporting results could limit usefulness of results and ability of providers to change behavior during measurement. Encourage addition of implementation plan that will be applicable broadly across agencies.

CAHPS® Home Health Care Survey Communications Between Providers and Patients *Public Comment Summary*



- **Received six public comments**
 - One support and five concerns
- **Support summary:**
 - Potential for the streamlined survey to better capture responses from underrepresented groups, such as those with low literacy.
- **Concern summary:**
 - The accuracy of the data collected from patients or caregivers, considering the 2-month recall period.
 - Survey accessibility for individuals with low literacy, potentially leading to underrepresentation of this group in the data collected.
 - Method of survey administration is not effective at reaching populations with low literacy skills, reflecting concerns about effectiveness and implementation.
 - Absence of questions that assess other aspects of care (e.g., timeliness) and social needs (e.g., ability to pay bills, food insecurity).

CAHPS® Home Health Care Survey

Communications Between Providers and Patients

Discussion Topics



- What are the potential near- and long-term impacts of this measure on home health agencies (HHAs), the Home Health Quality Reporting Program, and patient populations?
- Are there subgroups that might differentially experience benefits or burdens associated with this measure?
- Are there unmeasured aspects of care that might be important to consider in future survey updates?

CAHPS® Home Health Care Survey Talk About Home Safety

MUC2024-054c



MUC2024-054c CAHPS® Home Health Care Survey Talk About Home Safety



Item	Description
Considered For	Home Health Quality Reporting Program
Measure Description	Talk About Home Safety is a single-item measure derived from the updated CAHPS® Home Health Care Survey, also referred as “HHCAHPS.” This is a standardized survey instrument and data collection methodology for measuring home health patients’ perspectives on their home health care in Medicare-certified home health care agencies.
Developer/Steward	Agency for Healthcare Research and Quality (AHRQ); Centers for Medicare & Medicaid Services (CMS)
Measure Background	Measure currently used in a Medicare program, but the measure is undergoing substantive change

Measure Type
PRO-PM or Patient Experience of Care

Endorsement Status
Endorsed

Current Program Use
HHQRP; HHVBP

Level of Analysis
Facility

CAHPS® Home Health Care Survey Talk About Home Safety

PIE Form Feedback



- **Meaningfulness Themes**

- **Support:** Committee expressed appreciation for the importance of safety to patients and actionability of information provided by the measure to improve safety outcomes with patient-centered focus.
- **Concerns:** Respondents expressed concerns about the assumption that all home environments present safety risks and the limited types of risks included, which may not apply universally across populations. Variation in reliability and increased burden were also cited as concerns.
- **Further consideration:** Request to explore addition of new risks such as access to guns, stairs, and fear of others causing harm. Request for more clarity on how the data collected would be used to create actionable improvements or policies.

- **Appropriateness of Scale Themes**

- **Support:** Measure effectively targets appropriate populations and asks important questions regarding home safety.
- **Concerns:** Concerns about equity and accuracy were highlighted as the measure could potentially penalize agencies serving in inherently less-safe environments.

- **Time-to-value Realization Themes**

- **Support:** Measure could provide valuable data over time to assess safety gaps, thus improving overall performance in the long term.
- **Concerns:** Respondents expressed doubts about the measure's effectiveness and actionability in enhancing home safety.

CAHPS® Home Health Care Survey Talk About Home Safety

Public Comment Summary



- **Received six public comments**
 - One support and five concerns
- **Support summary:**
 - Potential for the streamlined survey to better capture responses from underrepresented groups, such as those with low literacy.
- **Concern summary:**
 - “Home safety” survey question only addresses the beginning of care rather than the duration of care.
 - The accuracy of the data collected from patients or caregivers, considering the 2-month recall period.
 - Survey accessibility to individuals with low literacy, potentially leading to underrepresentation of this group in the data collected.
 - Method of survey administration is not effective at reaching populations with low literacy skills, reflecting concerns about effectiveness and implementation.
 - Absence of questions that assess other aspects of care (e.g., timeliness) and social needs (e.g., ability to pay bills, food insecurity).

CAHPS® Home Health Care Survey Talk About Home Safety

Discussion Topics



- What are the potential near- and long-term impacts of this measure on home health agencies (HHAs), the Home Health Quality Reporting Program, and patient populations?
- Are there subgroups that might differentially experience benefits or burdens associated with this measure?
- Are there unmeasured aspects of home safety that might be important to consider in future survey updates?

CAHPS® Home Health Care Survey Review Medicines

MUC2024-054d



MUC2024-054d CAHPS® Home Health Care Survey Review Medicines



Item	Description
Considered For	Home Health Quality Reporting Program
Measure Description	Review Medicines is a single-item measure derived from the updated CAHPS® Home Health Care Survey, also referred as “HHCAHPS.” This is a standardized survey instrument and data collection methodology for measuring home health patients’ perspectives on their home health care in Medicare-certified home health care agencies.
Developer/Steward	Agency for Healthcare Research and Quality (AHRQ); Centers for Medicare & Medicaid Services (CMS)
Measure Background	Measure currently used in a Medicare program, but the measure is undergoing substantive change

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
PRO-PM or Patient Experience of Care	Endorsed	HHQRP; HHVBP	Facility

CAHPS® Home Health Care Survey Review

Medicines

PIE Form Feedback



- **Meaningfulness Themes**

- **Support:** Measure emphasis on patient safety and reducing adverse drug events viewed as important and appropriate for program population with high rates of polypharmacy. Field testing supports scientific acceptability. Medication review is appropriately tailored to the goals of the program and target population.
- **Concerns:** Concerns noted about the frequency and depth of the medication review as a one-time event vs. an ongoing review. Potential to “game” measure.
- **Further consideration:** Committee requested further review of potential integration of over-the-counter medications and supplements. More information requested on how measure implementation can be standardized across agencies.

- **Appropriateness of Scale Themes**

- **Support:** Measure has potential to standardize care and improve patient outcomes for populations with greater health disparities. Measure will provide transparency for identifying disparities in medication management.
- **Concerns:** Potential for increased workload for care teams and challenges in accessing complete medication histories without clear mitigation strategies.

- **Time-to-value Realization Themes**

- **Support:** Measure could have immediate impacts by introducing better conversations between health care providers and patients about medications.
- **Concerns:** Concerns were raised about the measure’s long-term effectiveness and the need for regular updates to maintain its value and avoid becoming “topped out.”

CAHPS® Home Health Care Survey Review

Medicines

Public Comment Summary



- **Received six public comments**
 - One support and five concerns
- **Support summary:**
 - Potential for the streamlined survey to better capture responses from underrepresented groups, such as those with low literacy.
- **Concern summary:**
 - Reliability of self-reported data from patients, especially given the high rates of dementia and memory deterioration among the patient population.
 - The accuracy of the data collected from patients or caregivers, considering the 2-month recall period.
 - Survey accessibility for individuals with low literacy, potentially leading to underrepresentation of this group in the data collected.
 - Method of survey administration is not effective at reaching populations with low literacy skills, reflecting concerns about effectiveness and implementation.
 - Absence of questions that assess other aspects of care (e.g., timeliness) and social needs (e.g., ability to pay bills, food insecurity).

CAHPS® Home Health Care Survey Review

Medicines

Discussion Topics



- What are the potential near- and long-term impacts of this measure on home health agencies (HHAs), the Home Health Quality Reporting Program, and patient populations?
- Are there subgroups that might differentially experience benefits or burdens associated with this measure?
- Does the committee share concerns raised in PIE Forms about the depth of medication review (e.g., one time vs. ongoing, capture of mitigation strategies for issues found during medication review)?

CAHPS® Home Health Care Survey Talk About Medicine Side Effects

MUC2024-054e



MUC2024-054e CAHPS® Home Health Care Survey Talk About Medicine Side Effects



Item	Description
Considered For	Home Health Quality Reporting Program
Measure Description	Talk About Medicine Side Effects is a single-item measure derived from the updated CAHPS® Home Health Care Survey, also referred as “HHCAHPS.” This is a standardized survey instrument and data collection methodology for measuring home health patients’ perspectives on their home health care in Medicare-certified home health care agencies.
Developer/Steward	Agency for Healthcare Research and Quality (AHRQ); Centers for Medicare & Medicaid Services (CMS)
Measure Background	Measure currently used in a Medicare program, but the measure is undergoing substantive change

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
PRO-PM or Patient Experience of Care	Endorsed	HHQRP; HHVBP	Facility

CAHPS® Home Health Care Survey

Talk About Medicine Side Effects

PIE Form Feedback



- **Meaningfulness Themes**

- **Support:** Measure is meaningful to patients as it contributes to education and empowerment to self-monitor.
- **Concerns:** Some concern shared over measure performance during field testing. Concern that submitted materials do not sufficiently address how measure fits within the broader context of medication management or care delivery.
- **Further consideration:** Committee expressed interest in knowing why a composite measure on medication that may have more broadly addressed the topic in actionable ways was not developed.

- **Appropriateness of Scale Themes**

- **Support:** Increases transparency about how side effects are discussed across patient subgroups.
- **Concerns:** Single question and narrow focus assumes that all patients are at significant risk for medication side effects or universally understand the concept/term, which may not be true for all populations. Potential to exacerbate existing inequities among different patient groups and the logistical challenges for smaller or rural providers.

- **Time-to-value Realization Themes**

- **Support:** Measure can immediately enhance communication between providers and patients about medication side effects, potentially leading to improved patient safety
- **Concerns:** Measure might oversimplify complex clinical scenarios, which could have impacts on long-term utility of measure.

CAHPS® Home Health Care Survey

Talk About Medicine Side Effects

Public Comment Summary



- **Received seven public comments**
 - One support and six concerns
- **Support summary:**
 - Potential for the streamlined survey to better capture responses from underrepresented groups, such as those with low literacy.
- **Concern summary:**
 - Reliability of self-reported data from patients, especially given the high rates of dementia and memory deterioration among the patient population.
 - The accuracy of the data collected from patients or caregivers, considering the 2-month recall period.
 - Survey accessibility for individuals with low literacy, potentially leading to underrepresentation of this group in the data collected.
 - Method of survey administration is not effective at reaching populations with low literacy skills, reflecting concerns about effectiveness and implementation.
 - Absence of questions that assess other aspects of care (e.g., timeliness) and social needs (e.g., ability to pay bills, food insecurity).

CAHPS® Home Health Care Survey

Talk About Medicine Side Effects

Discussion Topics



- What are the potential near- and long-term impacts of this measure on home health agencies (HHAs), the Home Health Quality Reporting Program, and patient populations?
- Are there subgroups that might differentially experience benefits or burdens associated with this measure?
- Does the committee share the concern raised in PIE Forms about how this measure fits within the broader context of medication management and health care delivery?

Next Steps

Kate Buchanan



PRMR Recommendation Report



Following the PRMR Recommendation Group review, Battelle synthesizes the results into a report for CMS.

The report includes:

- Vote counts and the rationales for recommendations
- Committee and interested parties' concerns or areas of dissent



The report is submitted to CMS and posted on the PQM website.

2025 PRMR Events



Event	Dates
Hybrid Hospital Recommendation Group Meeting (Baltimore, MD)	1/15/2025 10:00 AM-4:45 PM ET 1/16/2025 10:00 AM-1:15 PM ET
Virtual Clinician Recommendation Group Meeting	1/21/2025 10:00 AM-4:30 PM ET 1/22/2025 10:00 AM-3:15 PM ET
Public Comment on Final Recommendations	2/3/2025-2/17/2025
2025 Call for Nominations: PQM Committees	June-July 2025

Questions or Comments?

Contact us at p4qm.org/contact
or by emailing PQMsupport@battelle.org





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