

# Pre-Rulemaking Measure Review (PRMR) 2024-2025 Clinician Advisory Group Meeting

Brenna Rabel | Battelle

Dr. Meridith Eastman | Battelle

Kate Buchanan | Battelle

Dr. Lydia Stewart-Artz | Battelle

January 7, 2025

*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.*

# Welcome to the PRMR Clinician Advisory Group Meeting



This meeting helps ensure PRMR Advisory Group (AG) feedback and expertise on the 2024 Measures Under Consideration (MUC) is brought to the Recommendation Group (RG).



Committee co-chairs are liaisons between the AG and RG; they will bring your comments and questions to the PRMR Clinician RG meeting on January 21-22, 2025.



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

# Clinician Advisory Group Meeting Agenda



# Clinician Advisory Group Meeting Agenda



1:00 PM	Welcome and introduction
1:05 PM	Roll call, disclosures of interest, and co-chair introductions
1:15 PM	PRMR process overview
1:20 PM	Advisory Group measure discussion process overview
1:25 PM	PRMR measure evaluation
1:35 PM	Measure discussion
2:55 PM	Next steps
3:00 PM	Adjourn

\* All times listed in ET

# 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](mailto:PQMsupport@battelle.org).



# 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.

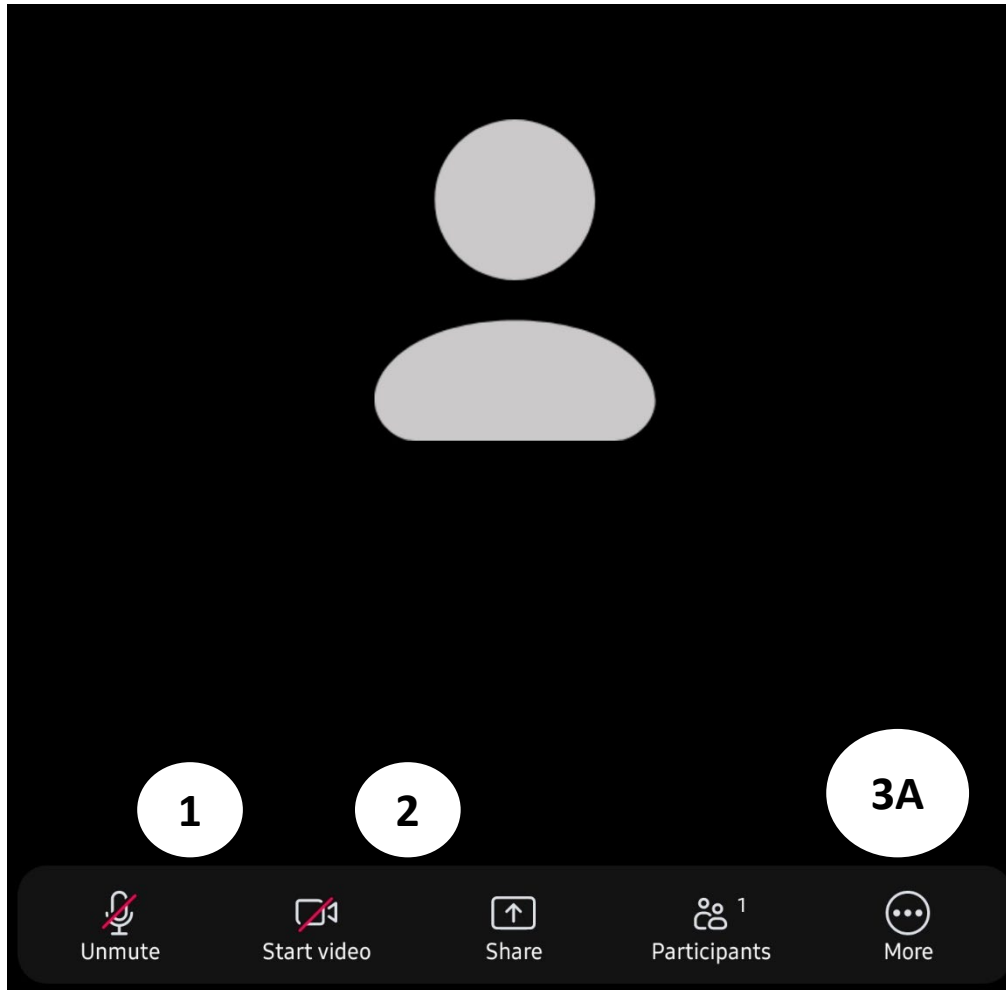
# Using the Zoom Platform



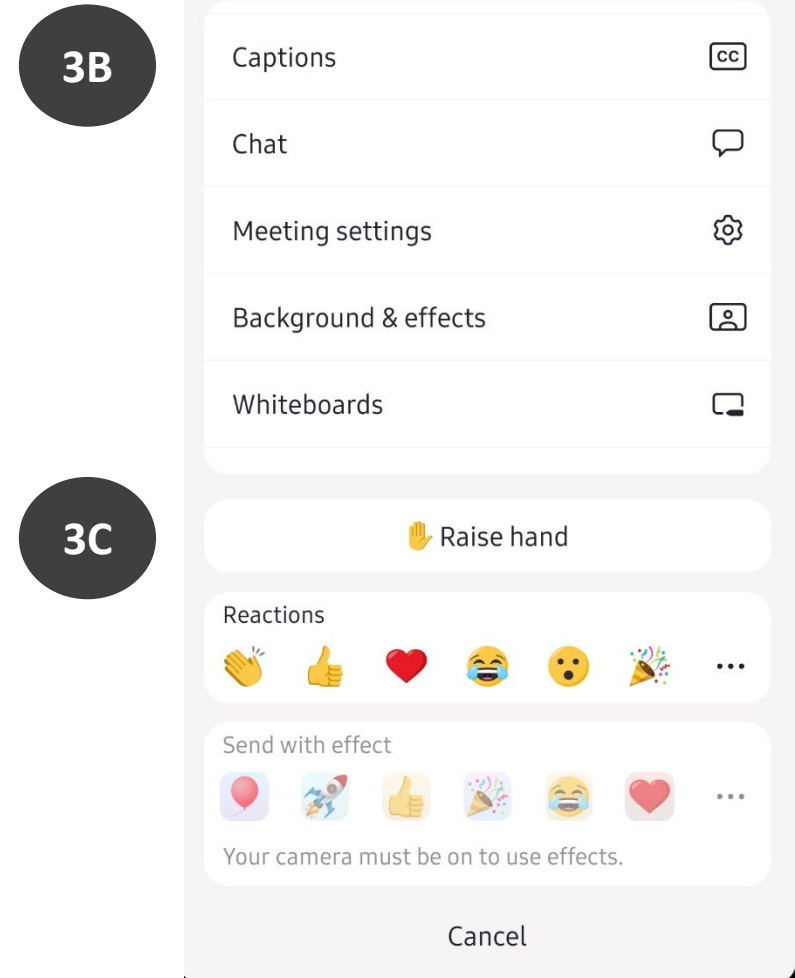
- 1 Click the lower part of your screen to mute/unmute, start, or pause video.
- 2 Click on the participant or chat button to access the full participant list or the chat box.
- 3 To raise your hand, select the raise hand button under the react tab.



# 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.



# 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

# Roll Call and Disclosures of Interest

Kate Buchanan | 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 Advisory Group and Recommendation Group meetings, committee members verbally disclose relevant interests.
- Perceived or actual conflicts of interest do not prevent Advisory Group members from discussing measure.

# Roll Call and Disclosures of Interest

## *Clinician Advisory Group Members*



### RG Co-chairs: Mary Baliker and David Seidenwurm

Nishant Anand

Reginald Barnes

Matthew Cerasale

Jean Drummond

Robert Fields

Barbara Goodman

Deepak Gopal

Shawn Griffin

Marc Gruner

Ashraf Harahsheh

Richard Heller

Lisa Hines

Kam Kalantar-Zadeh

Benjamin Lay

Teresa Lubowski

Vera Macon

Deirdre Mylod

Erin O'Rourke

Valerie Oji

Lori Pearlmutter

Aisha Pittman\*

Tipu Puri

Geoffrey Rose

Shalini Selvarajah

Jill Shuemaker

Christa Starkey

Jeff Susman

Bradford Tinloy

Kayla Waldron

Jennifer Woodward

# PRMR Clinician Co-Chair Introductions

Mary Baliker

Dr. David Seidenwurm





# PRMR Process

Dr. Meredith Eastman | Battelle



# PRMR Cycle



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



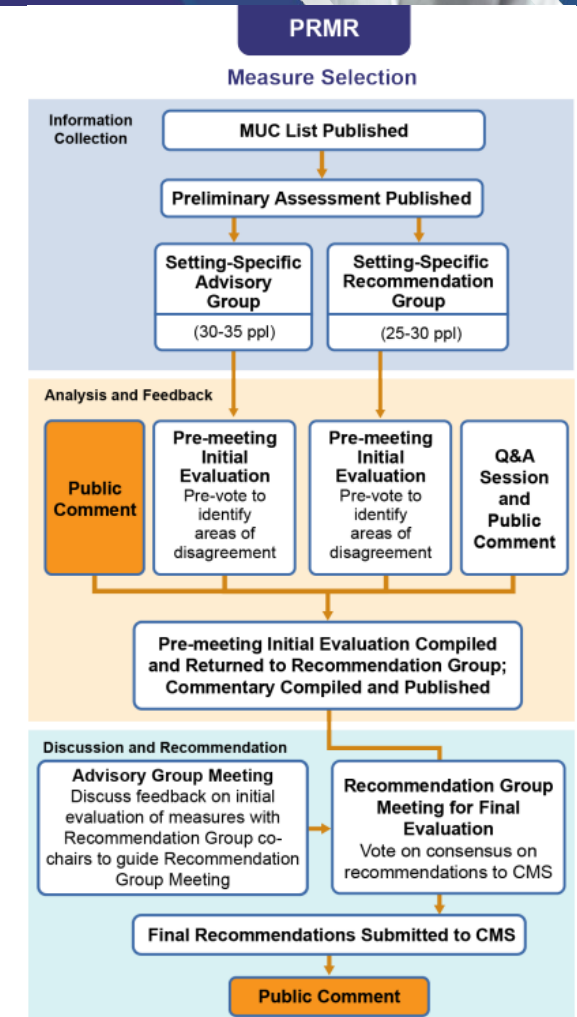
# PRMR Process



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



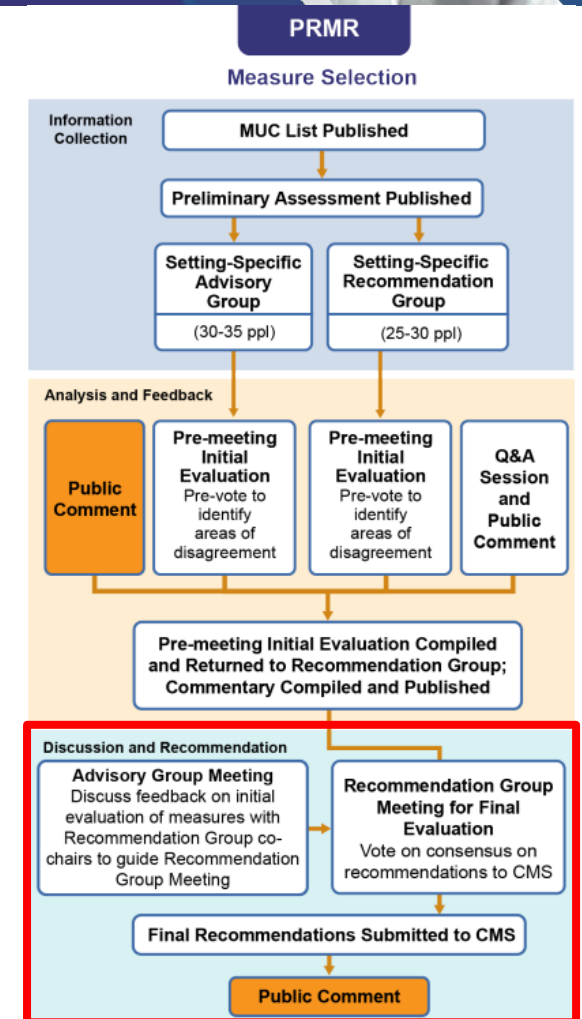
# PRMR Process: Discussion and Recommendation (pt. 1)



## AG Discussion Session\*

- Prior to the RG meetings, AG members convene to discuss their feedback from the Pre-Meeting Initial Evaluation (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.

\*Battelle reserves AG meeting discussions for AG members and RG co-chairs. Others can opt to attend AG meetings as members of the public in listen-only mode.



# Advisory Group Meeting Process



# Advisory Group Meeting

## Measure Discussion Process



1. Battelle introduces each measure.

Battelle highlights key details about the measure, such as its description, type, endorsement status, and current program use.



2. RG co-chairs open the floor to AG members to discuss the measure.

Recommendation Group co-chairs facilitate Advisory Group member discussions, encouraging them to ask questions and share their thoughts on each measure.



3. AG input will inform discussion topics at the RG meeting.

Battelle assists co-chairs by recording Advisory Group questions and considerations for discussion at the Recommendation Group meeting.



# PRMR Measure Evaluation

Dr. Lydia Stewart-Artz | Battelle



# PRMR Assertions

## (pt. 1)



## Meaningfulness: Concept of Interest

- When evaluating meaningfulness of the concept of interest, committees should 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 should 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*



## • 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*



## • 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*



## • 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 provided committee members with measure-specific preliminary assessments (PAs)

## PAs included:



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

# Clinician Measures Under Consideration for the Part C Star Ratings Program



- **MUC2024-052** Social Need Screening and Intervention
- **MUC2024-081** Adult Immunization Status (AIS-E)
- **MUC2024-088** Depression Screening and Follow-Up for Adolescents and Adults (DSF)



# MUC2024-052 Social Need Screening and Intervention



Item	Description
<b>Considered For</b>	Part C Star Ratings
<b>Measure Description</b>	The percentage of persons who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing, and transportation needs, and received a corresponding intervention within 30 days if the screening was positive.
<b>Developer/Steward</b>	National Committee for Quality Assurance (NCQA)
<b>Measure Background</b>	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

<b>Measure Type</b>	<b>Endorsement Status</b>	<b>Current Program Use</b>	<b>Level of Analysis</b>
Process	Not Endorsed	New Measure	Health Plan



# MUC2024-081 Adult Immunization Status (AIS-E)



Item	Description
Considered For	Part C Star Ratings
Measure Description	The percentage of Medicare Advantage plan members 19 years of age or older who are up to date on recommended routine vaccines for influenza, tetanus, and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster and pneumococcal.
Developer/Steward	National Committee for Quality Assurance (NCQA)
Measure Background	Measure currently used in a Medicare program and is being submitted without substantive changes for a new or different program

Measure Type
Process

Endorsement Status
Endorsed

Current Program Use
MIPS-Quality; Marketplace

Level of Analysis
Health Plan

# MUC2024-088 Depression Screening and Follow-Up for Adolescents and Adults (DSF)



Item	Description
<b>Considered For</b>	Part C Star Ratings
<b>Measure Description</b>	The percentage of Medicare Advantage plan members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care within 30 days.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program and is being submitted without substantive changes for a new or different program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Process	Not Endorsed	ESRD QIP; MSSP; MIPS–Quality; Medicare Adult Core Set	Health Plan

# Clinician Measures Under Consideration for MIPS (Quality)



- **MUC2024-026** Person-Centered Outcome Measures: Goal-Identification, Follow-Up, and Goal Achievement
- **MUC2024-082** Cancer Screening and Counseling Patient-Reported Outcome-Based Measure (PRO-PM)
- **MUC2024-080** Patient Reported Falls and Plan of Care
- **MUC2024-084** Quality of Life Outcome for Patients with Neurologic Conditions



# MUC2024-026 Person-Centered Outcome Measures: Goal-Identification, Follow-Up, and Goal Achievement



Item	Description
<b>Considered For</b>	Merit-based Incentive Payment System–Quality
<b>Measure Description</b>	The percentage of individuals 18 years of age and older with a complex care need who identified and documented person-centered goal and action plan, followed up with the identified goal, and achieved the identified goal.
<b>Developer/Steward</b>	National Committee for Quality Assurance (NCQA)
<b>Measure Background</b>	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type
PRO-PM or Patient Experience of Care

Endorsement Status
Not Endorsed

Current Program Use
New Measure

Level of Analysis
Clinician: Individual and Group

# MUC2024-082 Cancer Screening and Counseling Patient-Reported Outcome-Based Measure (PRO-PM)



Item	Description
<b>Considered For</b>	Merit-based Incentive Payment System–Quality
<b>Measure Description</b>	A PRO-PM to assess the quality of clinician counseling for patients eligible for select cancer screenings. The PRO-PM focuses on incentivizing high-quality counseling services to reduce disparities in screenings for four cancer types: 1) breast, 2) cervical, 3) colorectal, and 4) lung cancer. The PRO-PM requires use of a novel PRO survey instrument to collect the outcome data from patients while minimizing the burden of data collection on providers and patients and optimizing response rates.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type
PRO-PM or Patient Experience of Care

Endorsement Status
Not Endorsed

Current Program Use
New Measure

Level of Analysis
Clinician: Group



# MUC2024-080 Patient Reported Falls and Plan of Care



Item	Description
<b>Considered For</b>	Merit-based Incentive Payment System–Quality
<b>Measure Description</b>	Percentage of patients (or caregivers as appropriate) with an active diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke who reported a fall occurred and those that fell had a plan of care for falls documented at every visit.
<b>Developer/Steward</b>	American Academy of Neurology
<b>Measure Background</b>	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Process	Not Endorsed	New Measure	Clinician: Individual



# MUC2024-084 Quality of Life Outcome for Patients with Neurologic Conditions



Item	Description
<b>Considered For</b>	Merit-based Incentive Payment System–Quality
<b>Measure Description</b>	Percentage of patients whose quality of life assessment results are maintained or improved during the measurement period.
<b>Developer/Steward</b>	American Academy of Neurology
<b>Measure Background</b>	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type
PRO-PM or Patient Experience of Care

Endorsement Status
Not Endorsed

Current Program Use
New Measure

Level of Analysis
Clinician: Individual

- **MUC2024-051** Prevalent Standardized Waitlist Ratio (PSWR)
- **MUC2024-072** Addressing Social Needs Assessment & Intervention
- **MUC2024-025** Diagnostic Delay of Venous Thromboembolism (DOVE) in Primary Care
- **MUC2024-028** Screening for Abnormal Glucose Metabolism in Patients at Risk of Developing Diabetes
- **MUC2024-031** Hepatitis C Virus (HCV): Sustained Virological Response (SVR)
- **MUC2024-079** Assessment of Autonomic Dysfunction and Follow-Up



# MUC2024-051 Prevalent Standardized Waitlist Ratio (PSWR)



Item	Description
<b>Considered For</b>	Merit-based Incentive Payment System–Quality
<b>Measure Description</b>	The PSWR measure tracks the number of prevalent dialysis patients in a practitioner (inclusive of physicians and advanced practice providers) group who are under the age of 75 and were listed on the kidney or kidney-pancreas transplant waitlist or received a living donor transplant. For each practitioner group, the PSWR is calculated to compare the observed number of waitlist events in a practitioner group to its expected number of waitlist events.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Submitted previously but not included in MUC List

<b>Measure Type</b>	<b>Endorsement Status</b>	<b>Current Program Use</b>	<b>Level of Analysis</b>
Outcome	Not Endorsed	New Measure	Clinician: Group

# MUC2024-072 Addressing Social Needs Assessment & Intervention



Item	Description
<b>Considered For</b>	Merit-based Incentive Payment System–Quality
<b>Measure Description</b>	Percentages of patients with a qualifying evaluation and management outpatient visit during the performance period of all ages reflecting whether patients were assessed in four domains of social need: food, housing, transportation, and utilities, and whether the patient received a qualifying follow-up action within the visit for any positive social needs. Qualifying follow-up actions were identified from Gravity Project: adjustment, assistance/assisting, coordination, counseling, education, evaluation of eligibility, provision, and referral.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type
Process

Endorsement Status
Not Endorsed

Current Program Use
New Measure

Level of Analysis
Clinician: Individual and Group

# MUC2024-025 Diagnostic Delay of Venous Thromboembolism (DOVE) in Primary Care



Item	Description
Considered For	Merit-based Incentive Payment System–Quality
Measure Description	The DOVE eCQM assesses the rate of delayed diagnosis of VTE in adults aged 18 years and older in the primary care setting. Delayed diagnosis is defined as diagnosis of a lower limb VTE that occurs >24 hours following the index primary care visit where symptoms for the VTE were first present (within 30 days). The target population for this measure is all patients, 18 years and older, across all payers.
Developer/Steward	Brigham and Women’s Hospital
Measure Background	Submitted previously but not included in MUC List

<b>Measure Type</b> Intermediate Outcome	<b>Endorsement Status</b> Endorsed	<b>Current Program Use</b> New Measure	<b>Level of Analysis</b> Clinician: Individual and Group
---	---------------------------------------	---	---

# MUC2024-028 Screening for Abnormal Glucose Metabolism in Patients at Risk of Developing Diabetes



Item	Description
Considered For	Merit-based Incentive Payment System–Quality
Measure Description	Percentage of adult patients with risk factors for type 2 diabetes who are due for glycemic screening for whom the screening process was initiated during the measurement period.
Developer/Steward	American Medical Association
Measure Background	Submitted previously but not included in MUC List

Measure Type
Process

Endorsement Status
Not Endorsed

Current Program Use
New Measure

Level of Analysis
Clinician: Individual and Group

# MUC2024-031 Hepatitis C Virus (HCV): Sustained Virological Response (SVR)



Item	Description
<b>Considered For</b>	Merit-based Incentive Payment System–Quality
<b>Measure Description</b>	Percentage of patients aged greater than or equal to 18 years with active hepatitis C (HCV) with negative/undetectable HCV ribonucleic acid (RNA) at least 20 weeks to 12 months after positive/detectable HCV RNA test result.
<b>Developer/Steward</b>	American Gastroenterological Association
<b>Measure Background</b>	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Outcome	Not Endorsed	New Measure	Clinician: Individual and Group

# MUC2024-079 Assessment of Autonomic Dysfunction and Follow-Up



Item	Description
<b>Considered For</b>	Merit-based Incentive Payment System–Quality
<b>Measure Description</b>	Percentage of patients with a diagnosis of Parkinson’s disease (or caregivers as appropriate) who were assessed for symptoms of autonomic dysfunction in the past 12 months, and if autonomic dysfunction was identified, patient had appropriate follow-up.
<b>Developer/Steward</b>	American Academy of Neurology
<b>Measure Background</b>	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

<b>Measure Type</b>	<b>Endorsement Status</b>	<b>Current Program Use</b>	<b>Level of Analysis</b>
Process	Not Endorsed	New Measure	Clinician: Individual



# Clinician Measures Under Consideration for the MIPS (Cost)



- **MUC2024-049** Breast Cancer Screening
- **MUC2024-100** Non-Pressure Ulcers
- **MUC2024-101** Parkinson's Syndromes, Multiple Sclerosis (MS), and Amyotrophic Lateral Sclerosis (ALS)



# MUC2024-049 Breast Cancer Screening



Item	Description
<b>Considered For</b>	Merit-based Incentive Payment System – Cost
<b>Measure Description</b>	The Breast Cancer Screening episode-based cost measure evaluates a clinician’s or clinician group’s average risk-adjusted cost to Medicare for providing care to females 40 years of age or older, who received a screening mammogram during an episode of care. This measure would assess the costs of certain assigned services clinically related to breast cancer screening, including basic and advanced diagnostic services and cancer treatment services.
<b>Developer/Steward</b>	Acumen, LLC
<b>Measure Background</b>	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Cost/Resource Use	Not Endorsed	New Measure	Clinician: Individual and Group

# MUC2024-100 Non-Pressure Ulcers



Item	Description
<b>Considered For</b>	Merit-based Incentive Payment System-Cost
<b>Measure Description</b>	The Non-Pressure Ulcers episode-based cost measure evaluates a clinician's or clinician group's risk-adjusted and specialty-adjusted cost to Medicare for patients who receive medical care to manage and treat non-pressure ulcers. This chronic condition measure includes Medicare Parts A, B, and D costs for services that are clinically related to managing and treating non-pressure ulcers.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Cost/Resource Use	Not Endorsed	New Measure	Clinician: Individual and Group

# MUC2024-101 Parkinson's Syndromes, Multiple Sclerosis (MS), and Amyotrophic Lateral Sclerosis (ALS)



Item	Description
<b>Considered For</b>	Merit-based Incentive Payment System-Cost
<b>Measure Description</b>	The Parkinson's Syndromes, MS, and ALS episode-based cost measure evaluates a clinician's or clinician group's risk-adjusted and specialty-adjusted cost to Medicare for patients who receive medical care to manage and treat Parkinson's and related conditions, MS, or ALS. This chronic condition measure includes the Medicare Parts A, B, and D costs for services that are clinically related to managing and treating Parkinson's Syndromes, MS, or ALS episode.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Cost/Resource Use	Not Endorsed	New Measure	Clinician: Individual and Group

# Next Steps

Kate Buchanan | Battelle



# Upcoming Clinician Events



Event	Dates
<b>Clinician Advisory Group Meeting (TODAY'S MEETING)</b>	<b>1/7/2025 1:00-3:00 PM ET</b>
<b>Clinician Recommendation Group Virtual Meeting</b>	<b>1/21/2025 10:00 AM-4:30 PM ET</b> <b>1/22/2025 10:00 AM-3:15 PM ET</b>
<b>Final Recommendations Published to PQM Website</b>	<b>2/3/2025</b>
<b>Public Comment on Final Recommendations</b>	<b>2/3/2025-2/17/2025</b>

# Clinician Recommendation Group Meeting



- Questions and considerations raised to the co-chairs in this meeting will guide discussion topics at the PRMR Clinician Recommendation Group meeting on January 21-22, 2025.
  - Members of the Clinician Advisory Group and the public are invited to observe the Clinician Recommendation Group meeting virtually by directing their browser to the [Zoom webinar event link](#).





# Questions or Comments?

Contact us at [p4qm.org/contact](https://p4qm.org/contact)  
or by emailing [PQMsupport@battelle.org](mailto:PQMsupport@battelle.org)





Partnership for  
**Quality Measurement**  
Powered by Battelle