

Measure Set Review — 2025 Committee Member Education Meeting Summary

Meeting Highlights

Battelle staff convened the Measure Set Review (MSR) committee for a virtual educational meeting on August 5, 2025, to discuss the 2025 MSR process, committee member roles and expectations, and to review the timeline for the upcoming MSR cycle. During the session, Battelle clarified the processes of the MSR Recommendation Group meeting, reviewed the roles of committee members, and discussed the evaluation criteria. The meeting concluded with a review of important dates for the committee members:

- September 2: Final preliminary assessments (PAs) and final list of MSR measures published on PQM website
- September 2-19: Committee members complete their assigned MSR measure Pre-Meeting Initial Evaluation (PIE) Forms
- October 6-7: MSR Recommendation Group Meeting
- November 25: MSR Recommendation Spreadsheet and Report published on PQM website
- November 26-December 9: Public comment period for MSR Recommendation Spreadsheet

Welcome and Introduction

Meridith Eastman, PhD, MSPH, PRMR MSR task lead, introduced herself and welcomed committee members to the meeting. She reviewed the meeting agenda, noting that Battelle staff would also review MSR process changes and that committee members were welcome to ask questions. She introduced Melissa Gross, Centers for Medicare & Medicaid Services (CMS) lead for MSR. Ms. Gross thanked everyone for joining. She expressed excitement on behalf of CMS to start the MSR cycle and encouraged committee members to share their feedback throughout the process.

Overview of the Partnership for Quality Measurement (PQM)

Dr. Eastman provided an overview of PQM. She explained that Battelle is a consensus-based entity funded by CMS to oversee endorsement and maintenance (E&M), pre-rulemaking measure reviews (PRMR), and measure set reviews (MSR). Dr. Eastman explained the differences between the PRMR and MSR processes; she shared that the MSR Recommendation Group is inclusive of representatives from the three PRMR settings (Hospital, Clinician, and Post-Acute Care/Long-Term Care Workgroup [PAC/LTC]). She noted that the MSR appointment is for 1 year, so participants might not serve on the MSR committee next year.

Dr. Eastman explained how Battelle selects measures to undergo to the MSR process and introduced the Cascade of Meaningful Measures (Cascade), a CMS tool based on the eight health care priorities of Meaningful Measures 2.0 to prioritize existing health care quality

MSR Meeting Summary

measures. She added that Battelle and CMS worked together using the Cascade to identify groups of measures to be reviewed.

Dr. Eastman then explained the rationale for selecting measures for review in the 2025 MSR cycle. Battelle and CMS focused on measures in the Cascade priorities of Person-Centered Care, Wellness and Prevention, Chronic Conditions and Related Acute Events, and Safety (for select Merit-based Incentive Payment System (MIPS) measures only). Measures included in these priorities focus on the individualized needs of patients, emphasizing personalized care plans, preventive measures, and chronic disease management.

Dr. Eastman reminded committee members that their role is to make recommendations about each of the measures to inform CMS's decision to continue or discontinue use of the measures in their portfolio.

MSR Process and Evaluation Criteria

Expanding on the measure selection process for the 2025 MSR cycle, Dr. Eastman noted that Battelle collaborated with CMS to identify a preliminary set of 50 measures from the relevant Cascade priorities and created accompanying Measure Information Sheets, which were published for public comment on June 16, 2025. Following the public comment period, Battelle worked with CMS to narrow the set to 21 measures. Battelle and CMS prioritized the final measures by considering: 1) public comments; 2) measure duplication or overlap; and 3) strategic factors identified by committees such as impact, actionability, burden, and strategy/theme.

Battelle will publish the final set of measures and their comprehensive PAs on the PQM website in early September. The PAs will include information from various sources such as performance data, the [PQM Submission Tool and Repository \(STAR\)](#), measure specification information cataloged in [CMS's Measures Under Consideration Entry/Review Information Tool \(MERIT\)](#), and details from the [CMS Measures Inventory Tool \(CMIT\)](#).

Dr. Eastman added that committee members will receive the PAs to assist in their completion of PIE Forms. Completed PIE forms help Battelle staff identify where there is the most disagreement among members so these areas can be prioritized for discussion during the Recommendation Group meeting.

The Recommendation Group meeting will be October 6 and October 7. Dr. Eastman noted that the agenda will prioritize discussion on measures with the least agreement, based on results from public comment and PIE Forms. Once the Recommendation Group meeting is complete, Battelle staff collect the final recommendations and create a spreadsheet, which is published on the PQM website for a 15-day public comment period. Public comments on the recommendations do not change the committee's recommendations; rather, the opportunity is an additional opportunity for feedback.

Next, Dr. Eastman reviewed the distinction between the PRMR, MSR, and E&M processes. She explained that PRMR evaluates how well a measure could fit and perform within its targeted program. PRMR's criteria are:

- Meaningfulness,
- Appropriateness of Scale, and

MSR Meeting Summary

- Time-to-Value Realization

MSR evaluates a measure's fit and performance within a given program to consider whether the measure should continue in that program. MSR's criteria are:

- Meaningfulness,
- Data Stream Parsimony, and
- Patient Health Care Journey

E&M evaluates how credible measures are, regardless of program use, to gain endorsement status, which signals the measure is evidence based, scientifically sound, safe, and effective. E&M's criteria are:

- Importance,
- Closing Care Gaps (currently an optional domain),
- Feasibility,
- Scientific Acceptability (Reliability and Validity), and
- Use/Usability

Lydia Stewart-Artz, PhD, PRMR MSR evaluation lead, provided an overview of the evaluation criteria used in MSR: Meaningfulness in the Context of Use, Data Stream Parsimony, and Patient Health Care Journey. Dr. Stewart-Artz reviewed what committee members should evaluate for each.

For Meaningfulness in the Context of Use, they should consider if the measure demonstrates importance, validity, reliability, and usability, by asking questions such as:

- Do the available materials explain why using this measure in the quality program provides/will provide more benefits than costs? (Importance, Context of Use)
- Do measure components and specifications align with the measure's intent and target population? (Conformance)
- Do the available materials for the measure demonstrate that the tools, process, and people necessary to implement and report on the measure are reasonably available? (Feasibility)
- Do the available materials for the measure show with data or reasoning that there are effective methods for improving the measure? (Validity)
- Does the performance data show that most differences in performance are due to those effective methods? (Reliability)
- Did the available materials identify and address any obstacles or supports that might affect how the measure can be used? (Usability)

Dr. Stewart-Artz added that these considerations are addressed in the E&M process; however, endorsement is not the focus of MSR evaluation.

Data Stream Parsimony is about ensuring that collecting and reporting for a measure is as straightforward and efficient as possible. This means the measure should not require excessive

MSR Meeting Summary

or complicated data collection, and it should avoid repeating the same data in different places. In this context, "data" includes all the information needed to define and score the measure, as well as any data fields that must be reported to the relevant CMS program. A measure that achieves data stream parsimony is easy to manage because it requires only the necessary data and works well with other measures in the CMS program, reducing the overall effort needed for reporting.

Patient Health Care Journey is a criterion for determining whether a measure addresses relevant aspects of patient care and clinically appropriate and patient-relevant time points to produce the best snapshot of care received. To assess this, committee members should focus on whether the measure addresses the appropriate aspects of care to align with the patient experience, and if the measure implementation is equitable and consistent across populations.

Dr. Stewart-Artz then described committee member responsibilities and explained how to use the PAs to fill out the PIE Forms. She noted that all PAs include descriptive information about measure specifications, endorsement, and use; a rationale for measure inclusion from CMS; considerations for statutorily required measure areas and upcoming rulemaking; and analysis of the most recent 3-year performance data. Committee members will each be assigned five measures to review. Using the PAs, members will complete one PIE Form for each measure they are assigned, with the option to complete additional PIE Forms for other measures they are interested in. PIE Forms are administered via Microsoft Forms and include detailed instructions and a plain-language description of the evaluation criteria. Committee members will receive communication about the PAs and instructions in early September.

MSR Meeting Process

Kate Buchanan, MPH, PRMR MSR deputy task lead, reviewed the Recommendation Group meeting process. This meeting is scheduled for October 6 and October 7, 2025. Members will be asked to complete a Disclosure of Interest (DOI) for each measure before the meeting and to verbally disclose any relevant interests at the beginning of the meeting. Members with any conflicts of interest are asked to recuse themselves from voting on the measure but can participate in the discussion portion.

Battelle will summarize Cycle A and how this group of measures was selected, provide additional context for the evaluation criteria, and explain the voting process. Voting will be online via the Poll Everywhere platform; voting members will receive an individualized link, and Battelle staff will indicate the appropriate time to vote.

To discuss measures and conduct a vote, quorum must be met. The discussion quorum requires attendance of at least 60% of the Recommendation Group members at roll call at the beginning of the meeting. Voting quorum requires at least 80% of Recommendation Group members who have not been recused from voting. Ms. Buchanan stressed the importance of each committee member's attendance and participation on the day of the meeting.

Committee members will vote to either continue or discontinue use of each measure in its respective CMS program. MSR consensus requires a simple majority of greater than 50%.

After the meeting, Battelle staff will synthesize the voting results and discussions into a report for CMS. This report will include the rationale behind each recommendation as well as any concerns or areas of dissent.

MSR Meeting Summary

Next Steps and Key Timeline

Ms. Buchanan provided a high-level timeline of MSR activities and highlighted key dates including the date of the Recommendation Meeting (October 6-7), when the Recommendation Spreadsheet and Report will be published (November 25), and the public comment period for the Recommendation Spreadsheet (November 26-December 9). The next steps include an educational meeting for measure developers and stewards on August 27 and publication of the final PAs and final list of MSR measures on September 2. Committee members will complete their assigned MSR measure PIE Forms from September 2-19.

Ms. Buchanan shared links to helpful resources including:

- [The PRMR and MSR Guidebook](#)
- [The Measures Management System \(MMS\) Hub](#)
- [PQM Membership Page](#)

Questions and Conclusion

The Battelle team fielded questions from committee members about the evaluation criteria and PIE Form completion details. The meeting concluded with Battelle and CMS extending gratitude to all participants for their continued engagement.