



Endorsement and Maintenance (E&M) Committee Orientation

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Meet the E&M Leadership Team



Nicole Brennan | Executive Director



- Provides strategic and operational oversight
- 20+ years' health care, public health, and quality experience

Brenna Rabel | Technical Director



- Facilitates collaboration across CBE activities to ensure consistency and excellence
- 10+ years' health care, public health, and quality experience

Jeffrey Geppert | Sr. Research Leader



- Leads Measurement Science team for E&M
- 25+ years' measurement science, health care, and quality experience

Matthew Pickering | E&M Task Lead



- Oversees E&M processes and activities
- 10+ years' quality experience

Anna Michie | E&M Deputy Task Lead



- Provides strategic and technical support on E&M processes and activities
- 10+ years' quality experience

Meeting Purpose and Agenda



Purpose

To orient E&M committee members to the E&M process and their roles and responsibilities.

Agenda

- Introduction to Battelle and the Partnership for Quality Measurement (PQM)
- Overview of E&M Committee Structure, Roles, and Responsibilities
- Overview of the E&M Process
- Timeline of Fall 2025 E&M Activities
- Reviewing Submitted Measures
- Questions
- Next Steps

Helpful Resources



- **[E&M Guidebook](#)** – provides information about the various steps of the E&M process, including each phase of review, possible endorsement decision outcomes, the appeals process, E&M policies and procedures, and the E&M committee structure.
- **[PQM Measure Evaluation Rubric](#)*** – provides measure evaluation criteria for Fall 2025 cycle as well as additional guidance for evaluating measures based on the criteria.
- **[E&M Webpage](#)** – contains additional information about E&M, including E&M project information, E&M committee meeting materials, and more.
- **[Measures Management System \(MMS\) Hub/Blueprint](#)** – provides a start-to-finish overview of quality measure development, implementation, and maintenance steps and processes.

* An updated PQM Evaluation Rubric effective for the Spring 2026 cycle can be found [here](#).

Introduction to Battelle and the Partnership for Quality Measurement (PQM)

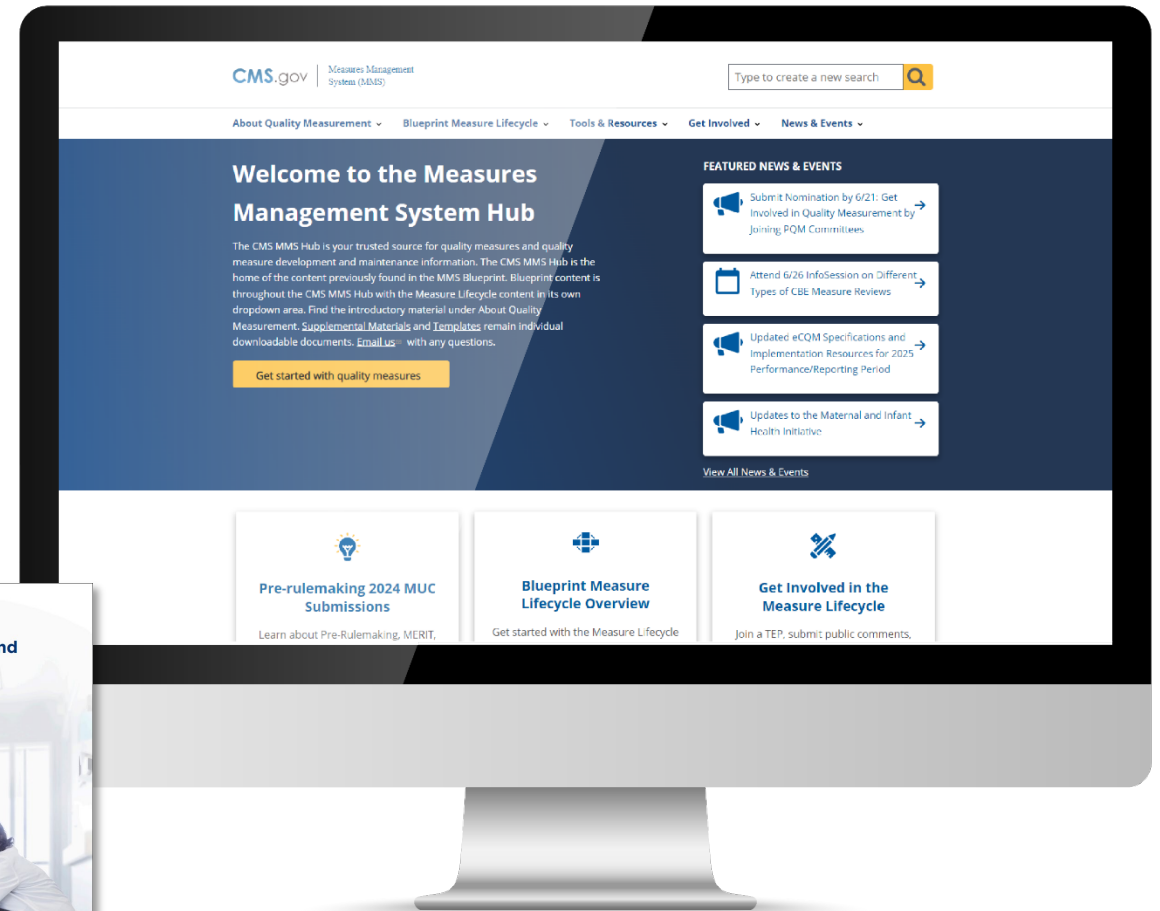
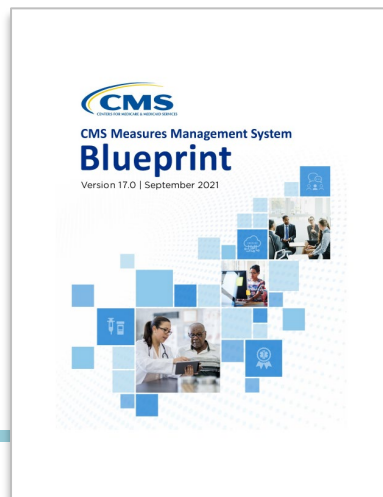


Battelle & Health Care Quality

Battelle is the world's largest independent nonprofit applied science and technology organization.

Over 20 years of contributions and leadership in the science of health care quality measurement including to:

- Centers for Medicare & Medicaid Services (CMS) Measures Management System (MMS)
- CMS Blueprint
- Agency for Healthcare Research and Quality (AHRQ) Quality Indicators
- Gordon and Betty Moore Foundation



Battelle as a Consensus-Based Entity



Awarded CMS National Consensus Development and Strategic Planning for Health Care Quality Measurement contract in 2023

Battelle formed the Partnership for Quality Measurement (PQM) to convene interested parties to perform measure reviews in support of PRMR, MSR, and E&M.



Achievements to date include but are not limited to:

- Implemented review process efficiencies
- Engaging a membership comprising over 1200 diverse health care stakeholders
- 398 measures endorsed

 **398**
MEASURES ENDORSED
IN CBE PORTFOLIO

 **20**
WERE ENDORSED
WITH CONDITIONS

188 OUTCOME MEASURES

167 PROCESS MEASURES

15 COST MEASURES

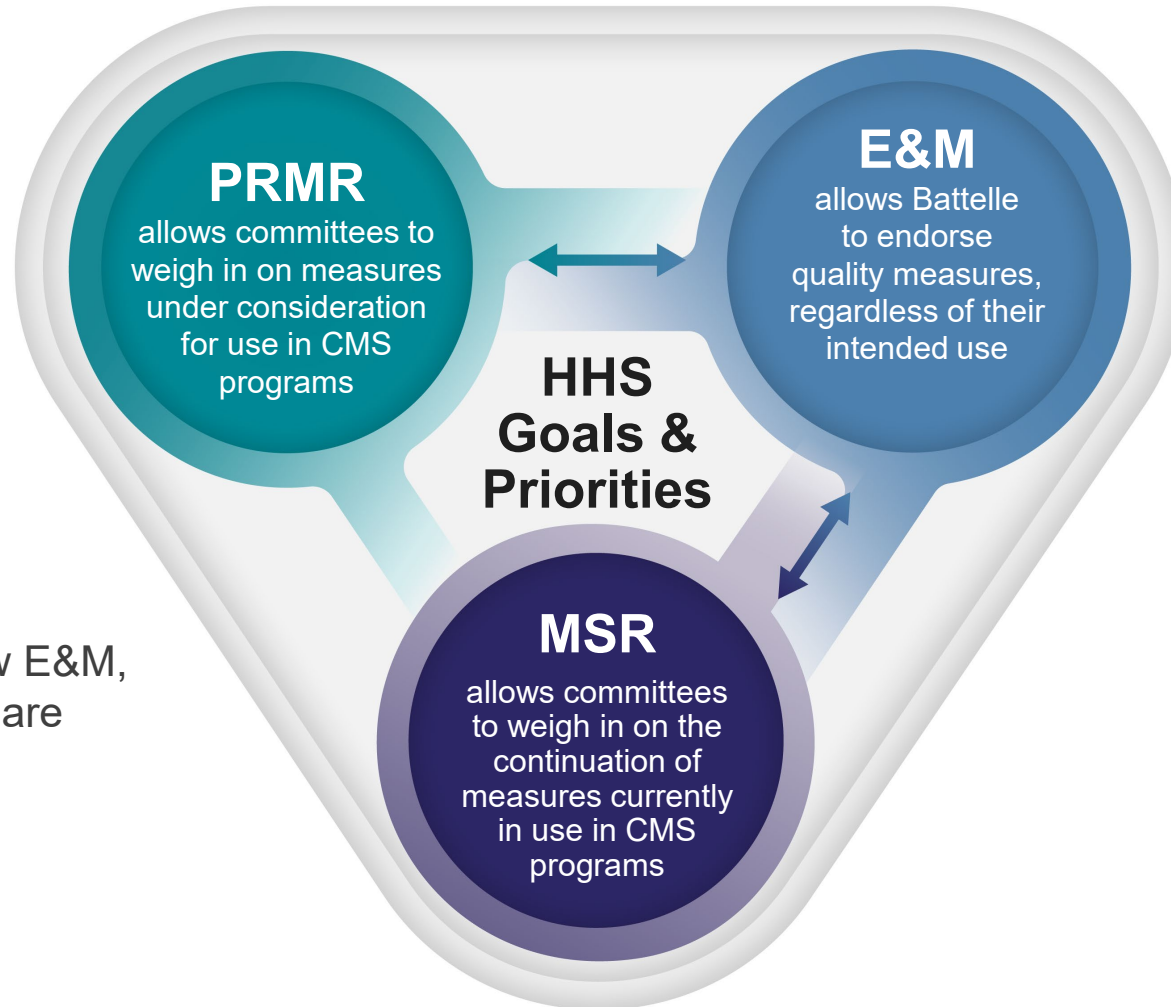
13 COMPOSITE MEASURES

7 STRUCTURE MEASURES

792 endorsement removed from maintenance measures
21 new measures that were never endorsed
27 received previous CBE's designation of inactive endorsement with reserve status
5 approved for trial use

The Partnership for Quality Measurement

Powered by Battelle



This graphic demonstrates how E&M, PRMR, and MSR are connected.

Battelle is a consensus-based entity funded through the *CMS National Consensus Development and Strategic Planning for Health Care Quality Measurement Contract* to oversee the endorsement and maintenance of clinical quality measures as well as the engagement of interested parties in the CMS pre-rulemaking process.






Vision: The quality measure endorsement and review processes should be reliable, transparent, attainable, balanced, and, most of all, meaningful.

Overview of E&M Committee Structure, Roles, and Responsibilities

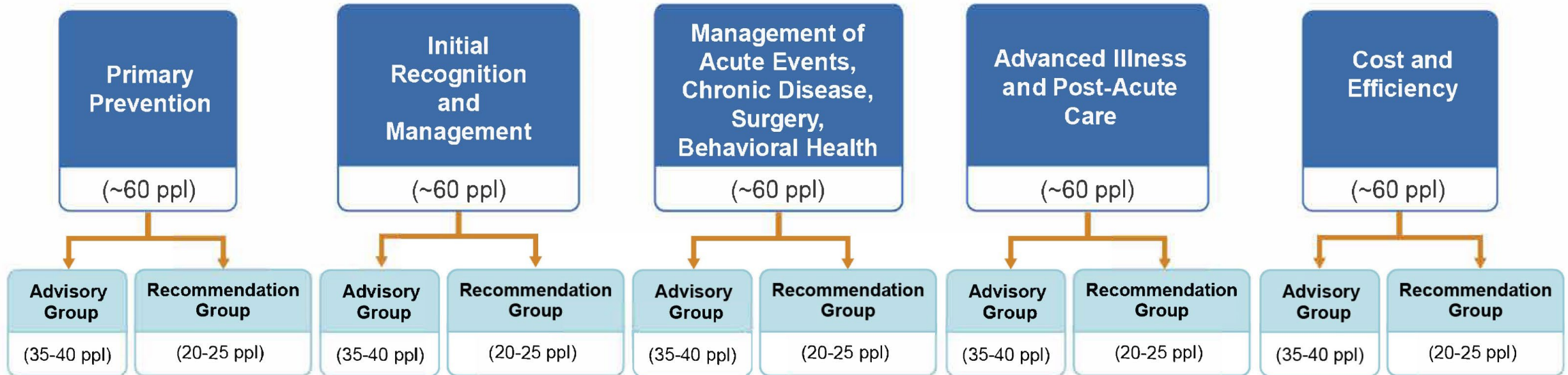


E&M Projects



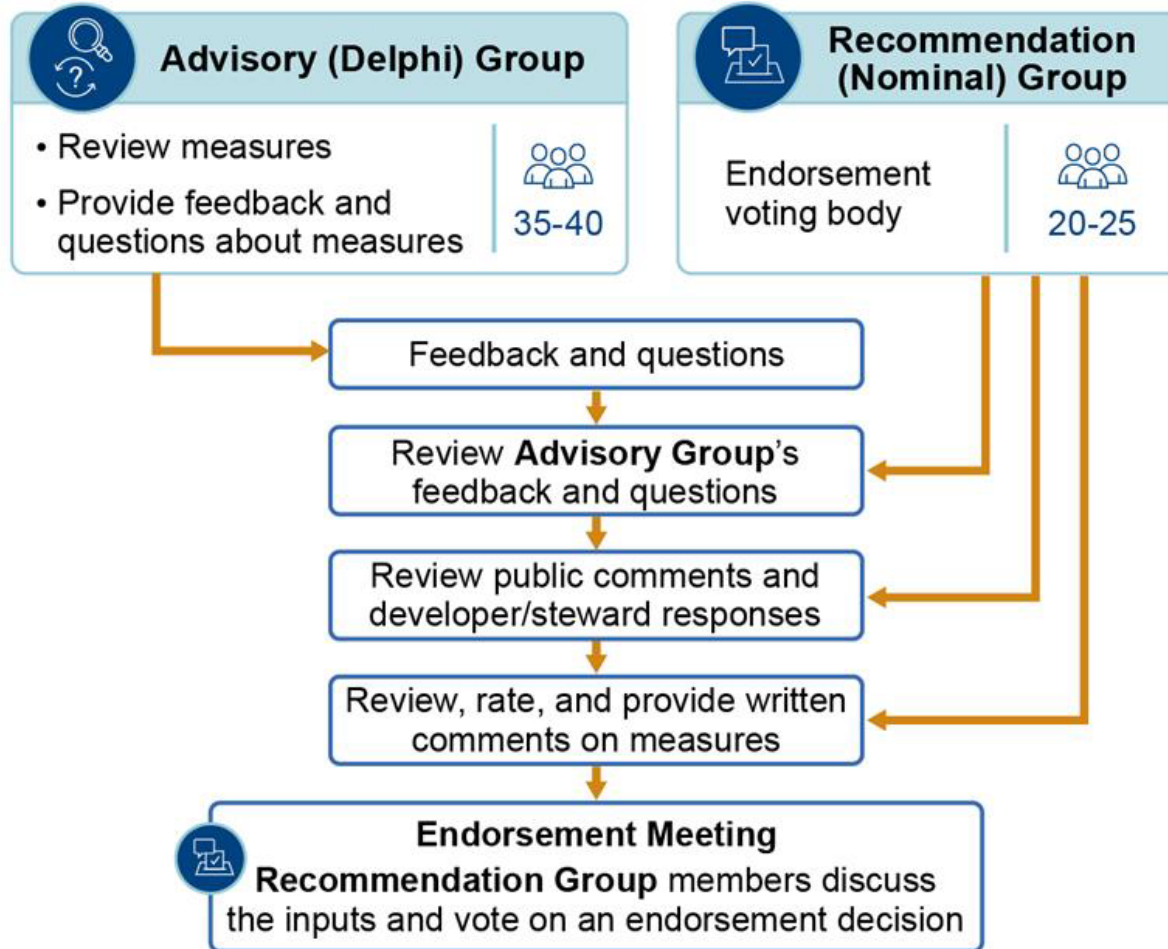
Project Title	Areas Covered	Example Measures
 Primary Prevention	Education, prevention, and screening related to health status and/or health risk	<ul style="list-style-type: none"> • CBE #0028 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention • CBE #2372 Breast Cancer Screening
 Initial Recognition and Management	Recognition and timely diagnosis of conditions, including diagnostic accuracy, and monitoring of early signs and symptoms of disease/condition	<ul style="list-style-type: none"> • CBE #0058 Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB) • CBE #3671 Inappropriate diagnosis of community-acquired pneumonia (CAP) in hospitalized medical patients
 Management of Acute Events, Chronic Disease, Surgery, Behavioral Health	<ul style="list-style-type: none"> • Treatment of acute events • Management of chronic disease <ul style="list-style-type: none"> • Includes structural or functional changes related to chronic disease • Surgery and related outcomes 	<ul style="list-style-type: none"> • CBE #0711 Depression Remission at Six Months • CBE #0729 Optimal Diabetes Care
 Advanced Illness and Post-Acute Care	<ul style="list-style-type: none"> • Advanced illness and/or end-stage disease management • Palliative and hospice care • Post-acute care • Home care 	<ul style="list-style-type: none"> • CBE #0384e Oncology: Medical and Radiation - Pain Intensity Quantified • CBE #2651 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey
 Cost and Efficiency	The amount or frequency of health services applied to a population or event (e.g., procedures, encounters)	<ul style="list-style-type: none"> • CBE #2158 Medicare Spending Per Beneficiary (MSPB) – Hospital • CBE #3575 Total Per Capita Cost (TPCC)

E&M Committee Structure and Terms



- Committee members are appointed to a 3-year term, during which they serve on both the Advisory and Recommendation Groups.
- Newly appointed committee members are initially seated on the Advisory Group for the first 2 years of their term and then move into the Recommendation Group to conclude their 3-year term.

Advisory and Recommendation Groups



Advisory Group

- Reviews measures and provides feedback 1-2 months before the Recommendation Group (RG) endorsement meeting.
- Contributes to consensus-building with a larger number of voices.
- Shares feedback with the RG for review and discussion.

Recommendation Group

- Evaluates Advisory Group feedback, public comments, staff assessments, and developer/steward responses.
- Reviews and rates measures, providing written comments before the RG endorsement meeting.
- Votes on endorsement during the RG endorsement meeting.

E&M Committee Composition



Roster Category	Advisory Group Targets	Recommendation Group Targets
Patients, families, caregivers, patient advocates	8	4
Clinicians, including physicians, nurses, pharmacists, physical therapists, etc.	3	5
Facilities and institutions, including accountable care organizations (ACOs), hospitals/hospital systems, and post-acute/long-term care facilities	3	5
Purchasers and plans (state, federal, and/or private)	5	3
Population health experts	4	4
Researchers in health services, alternative payment models, and population health	6	2
Other interested parties (representatives of electronic health record [EHR] vendors, provider and facility associations, and experts in areas such as quality improvement/implementation science, care coordination, patient safety, behavioral health, and national policymakers)	6	2
Total	35	25

Roles and Responsibilities of Committee Members



During your term on the committee, you will:

- Work with Battelle staff to evaluate and endorse measures.
- Participate in scheduled calls and endorsement meetings.
- Review relevant E&M materials (e.g., measure submission, public comments, staff assessments) in advance of the endorsement meetings.
- Conduct independent measure reviews using the PQM Measure Evaluation Rubric by established deadlines.
- Complete disclosure of interest forms.
- Notify the E&M Project Team (via PQMsupport@battelle.org and add “E&M” to the subject line) if you:
 - Change employers and/or contact information
 - Are unable to attend a scheduled meeting⁺
 - Have a significant, prolonged conflict of interest emerge
 - Wish to resign or be moved to inactive status⁺⁺



⁺If a committee member has poor attendance or participation, as determined by not attending one or more endorsement meetings without advanced notice and/or by not submitting independent reviews of measures for endorsement review, the committee member may be asked to resign or their term may be ended early.

⁺⁺E&M committee members with inactive status continue with their terms, but they are not active committee participants for a given cycle. A committee member may be granted inactive status at any time before the endorsement meeting.

Roles of the Committee Co-Chairs



Patient Representative Co-Chair

Ensures the patient community voice is considered.



Technical Content Co-Chair

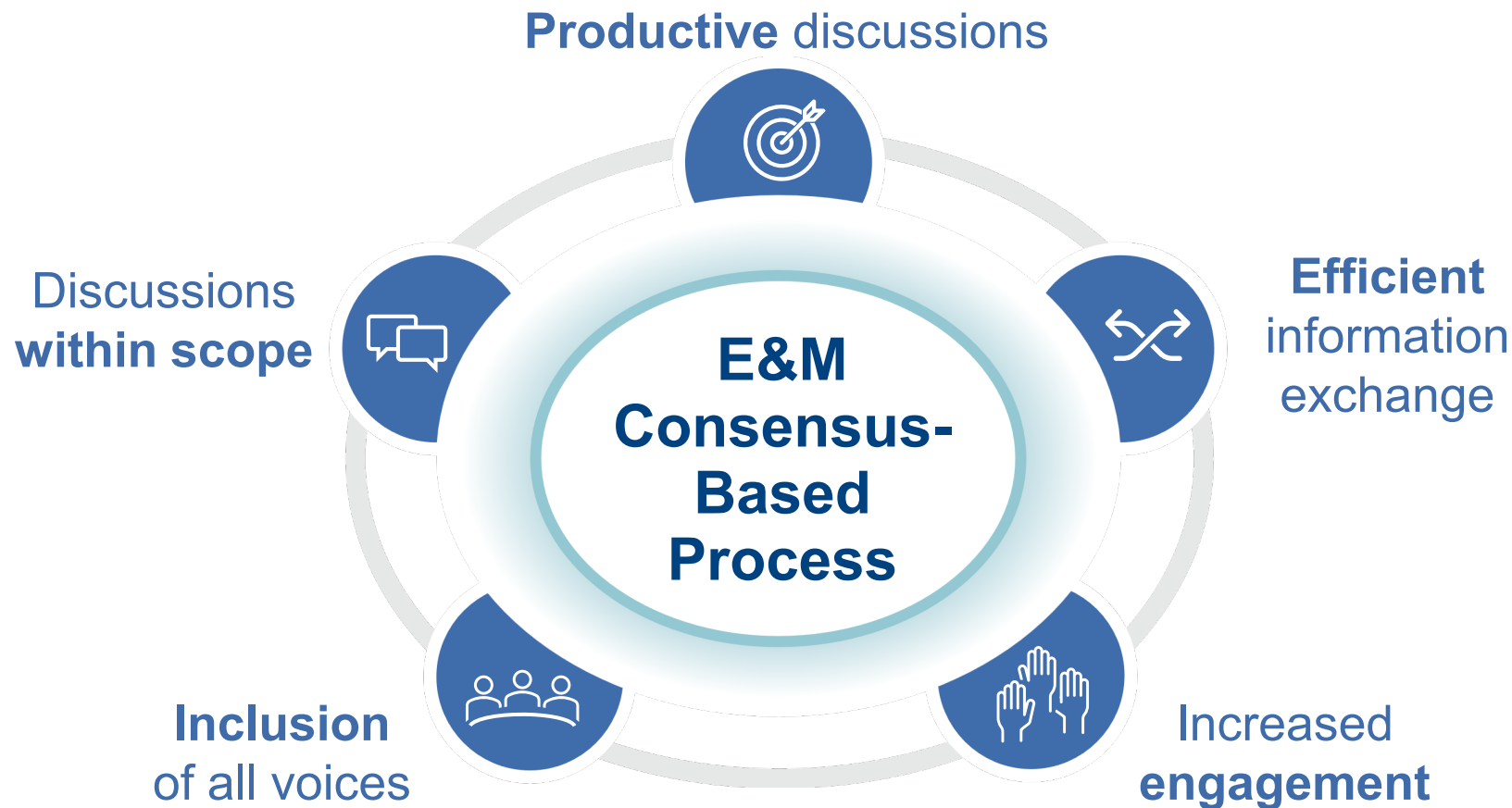
Ensures the Advisory Group voice is considered.

- **Co-facilitate virtual endorsement meetings, along with Battelle staff**
- **Participate on the committee** as a full voting member for the entirety of your term
- **Serve on the Appeals Committee**
 - Includes attending the half- to full-day virtual Appeals Committee meeting at the end of every E&M cycle (contingent upon whether an appeal is received)
- Work with Battelle staff to **achieve the goals** of the project
- Assist Battelle staff in **anticipating questions and identifying additional information** that may be useful to the committee

Overview of the E&M Process



Trademarks of the Improved E&M Consensus-Based Process

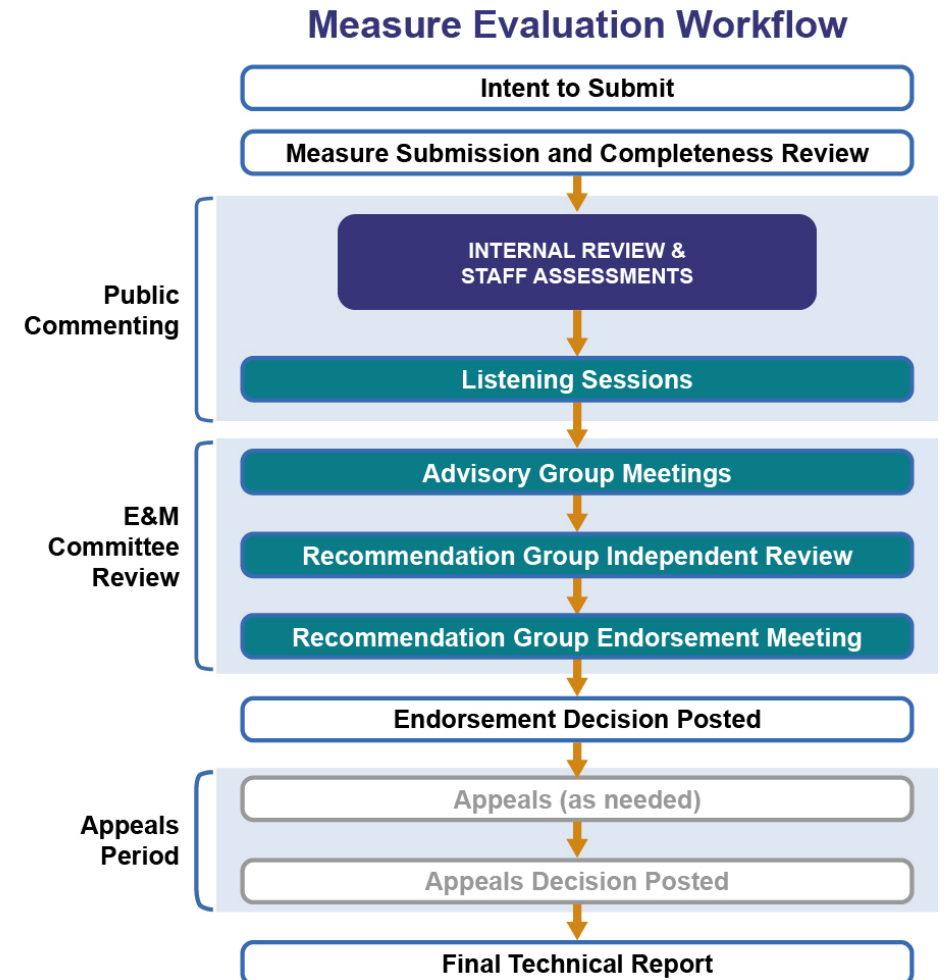


E&M Process



Six major steps:

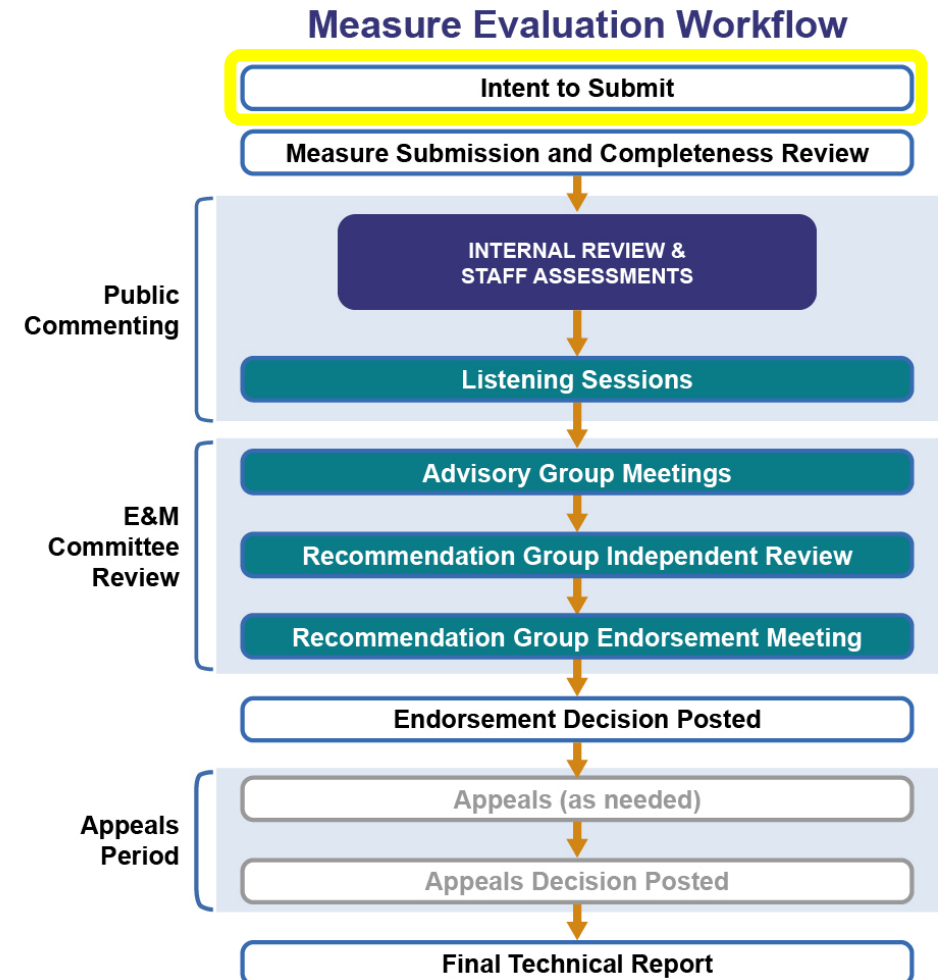
1. Intent to Submit
2. Full Measure Submission
3. Staff Internal Review and Measure Public Comment Period
 - Public Comment Listening Sessions
4. E&M Committee Review
 - Advisory Group Meetings
 - Recommendation Group Independent Review
 - Recommendation Group Meetings
5. Appeals Period (as warranted)
6. Final Technical Report



1. Intent to Submit

- **Step:**
 - Developers/stewards submit key measure information to Battelle
- **Timing:**
 - October 1* and April 1*
- **Where to submit:**
 - PQM website via the Submission Tool and Repository (STAR)
- **Where to find more information & guidance:**
 - PQM website
 - E&M Guidebook

**If a date falls on a weekend or holiday, then the deadline will be the next immediate business day*

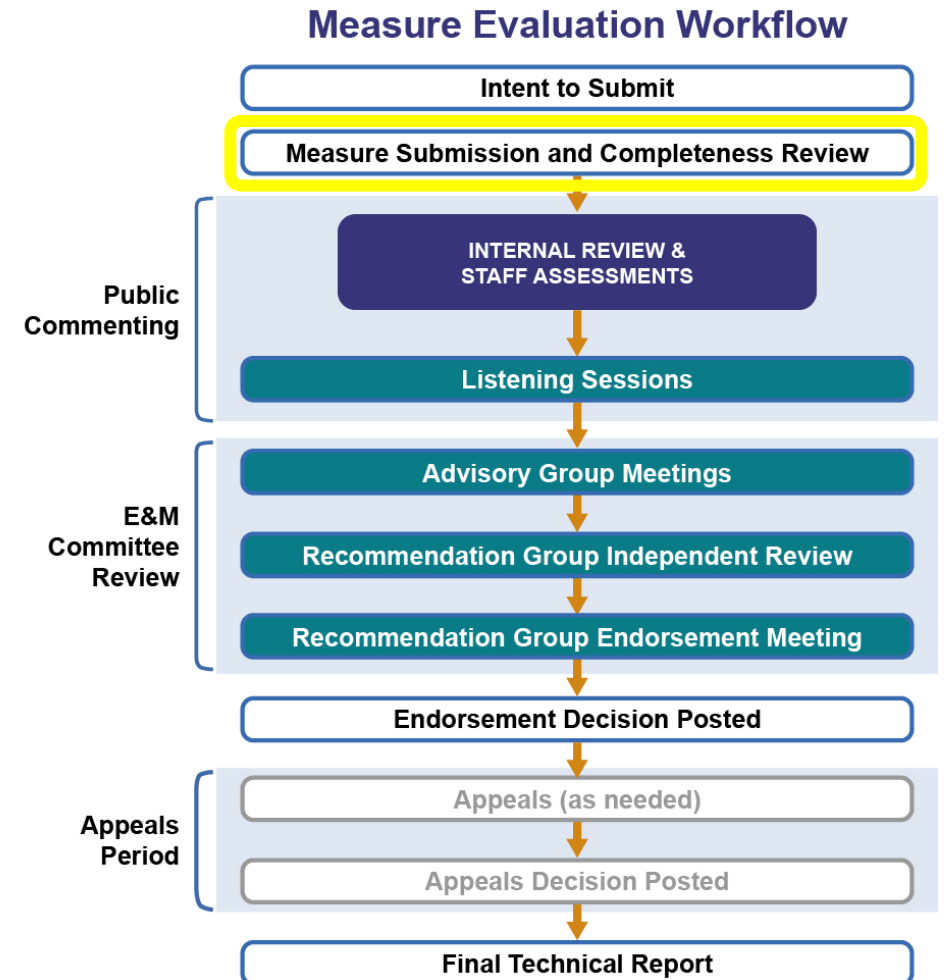


2. Full Measure Submission



- **Step:**
 - Developers/stewards submit full measure information to Battelle
- **Timing:**
 - November 1* and May 1*
- **Where to submit:**
 - PQM website via STAR
- **Where to find more information & guidance:**
 - PQM website
 - E&M Guidebook

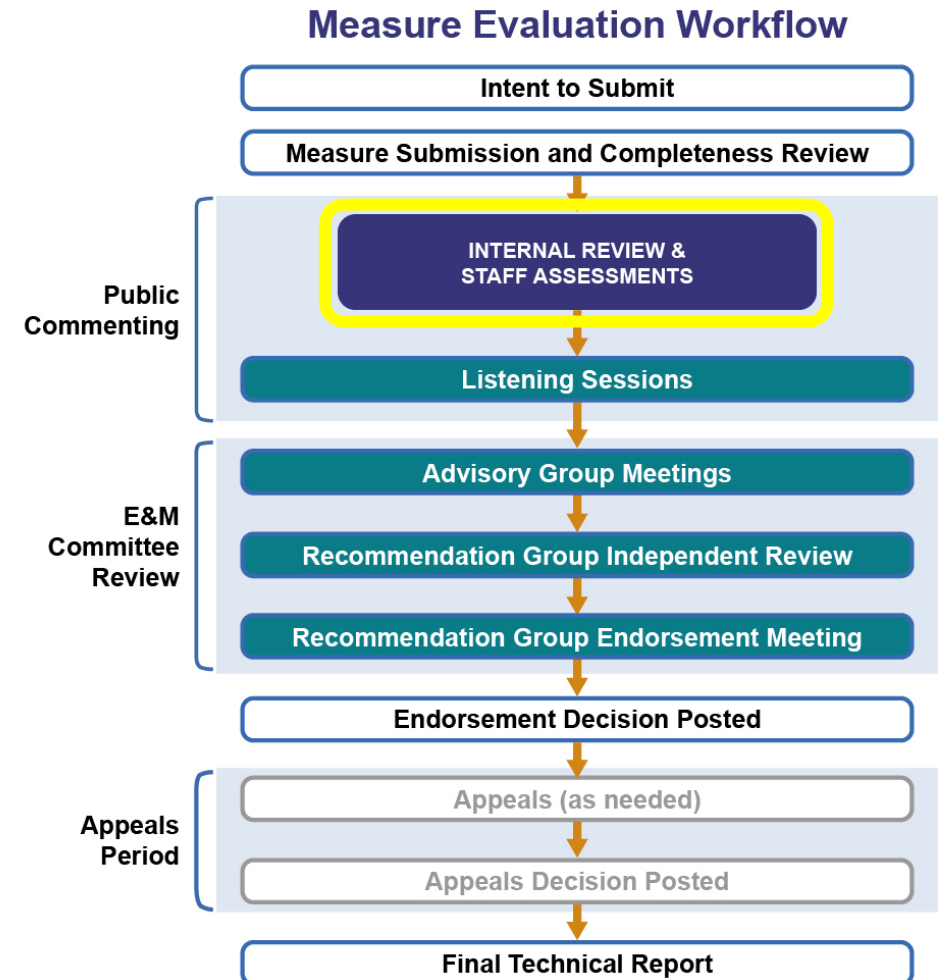
**If a date falls on a weekend or holiday, then the deadline will be the next immediate business day*



3. Staff Internal Review



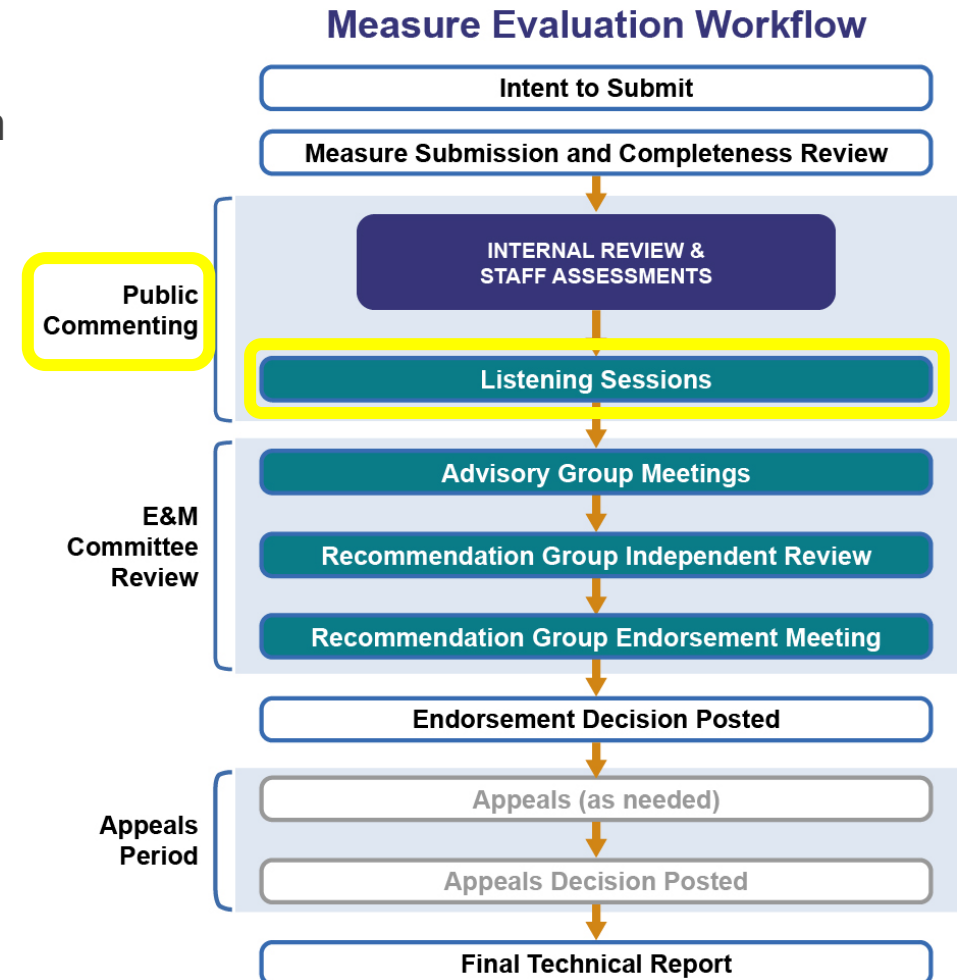
- **Steps:**
 - Battelle staff conduct a measure submission review for completeness
 - Battelle staff create assessments using PQM rubric (see E&M Guidebook)
 - The rubric has five domains: Importance, Closing Care Gaps, Scientific Acceptability (i.e., Reliability and Validity), Feasibility, and Use and Usability
- **Timing:**
 - 4-5 weeks
- **Outputs:**
 - Staff assessments and ratings of submitted measures
 - Shared with developers and stewards for factual review



3. Measure Public Comment Period



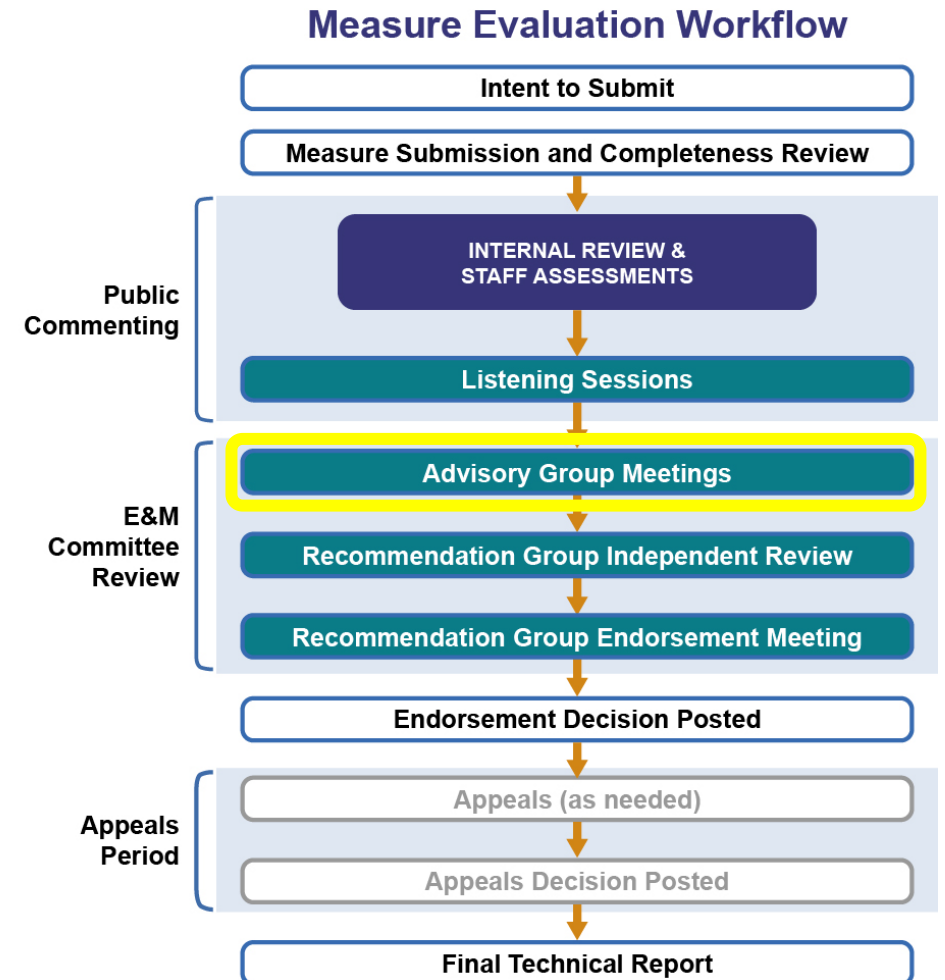
- **Step:**
 - Measure information posted to PQM website for public comm
 - Public can provide feedback on measures during the Public Comment Listening Session and via written comment
- **Length:**
 - 30-day comment period
- **Public comment platform:**
 - PQM website and virtual webinar
- **Outputs:**
 - Full record of public comment available on PQM website
 - Summary of public comments by E&M staff



4. Advisory Group Review



- **Step:**
 - The Advisory Group of each E&M committee convenes to comment on strengths and limitations of the measure(s) and ask questions of developers/stewards
 - Developers/stewards respond to Advisory Group questions and feedback
- **Timing:**
 - First weeks in December (Fall) and June (Spring)
- **Outputs:**
 - Summary of Advisory Group member feedback, questions, and developer/steward responses, posted to the PQM website



4. Recommendation Group Review

- **Steps:**

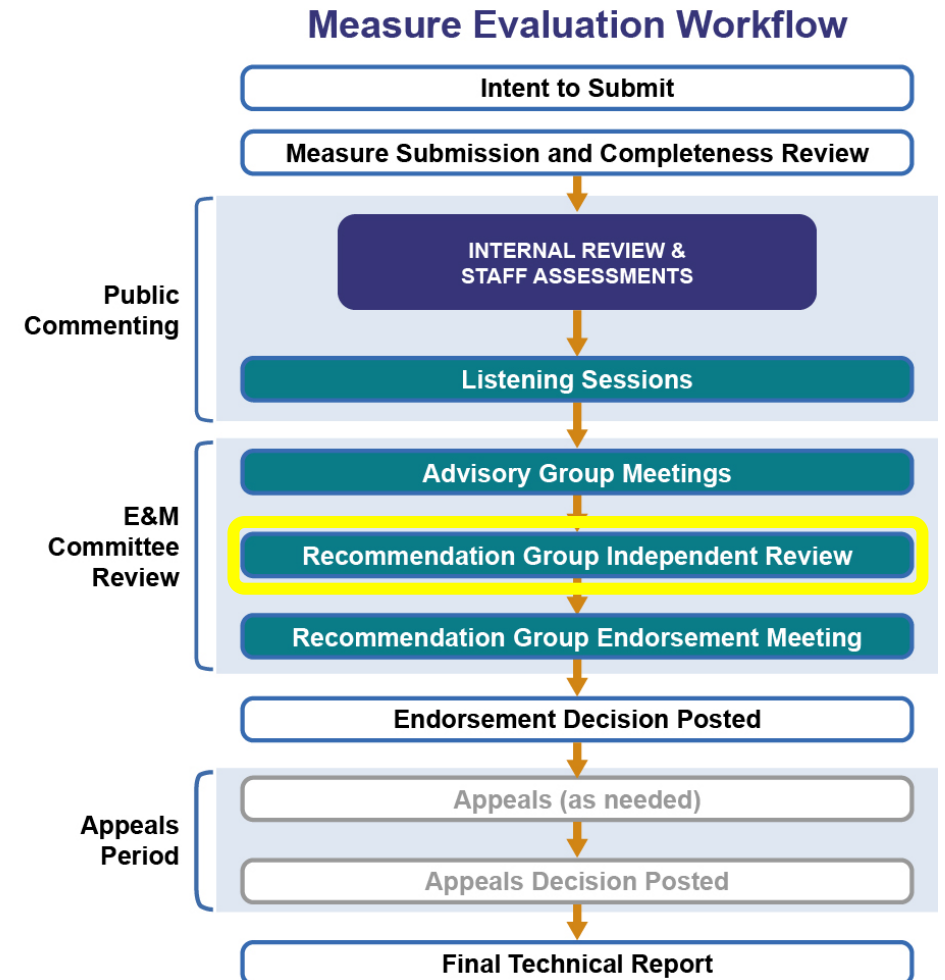
- Recommendation Group members conduct an independent review of measures using PQM Measure Evaluation Rubric
- Recommendation Group members also consider Advisory Group feedback, staff preliminary assessments, public comments, and developer/steward responses
- Battelle staff aggregate committee reviews to determine key areas of discussion

- **Timing:**

- ~3 weeks prior to Recommendation Group endorsement meeting

- **Outputs:**

- Aggregated individual reviewer ratings



4. Endorsement Decision: *Recommendation Group Endorsement Meeting*



- **Steps:**

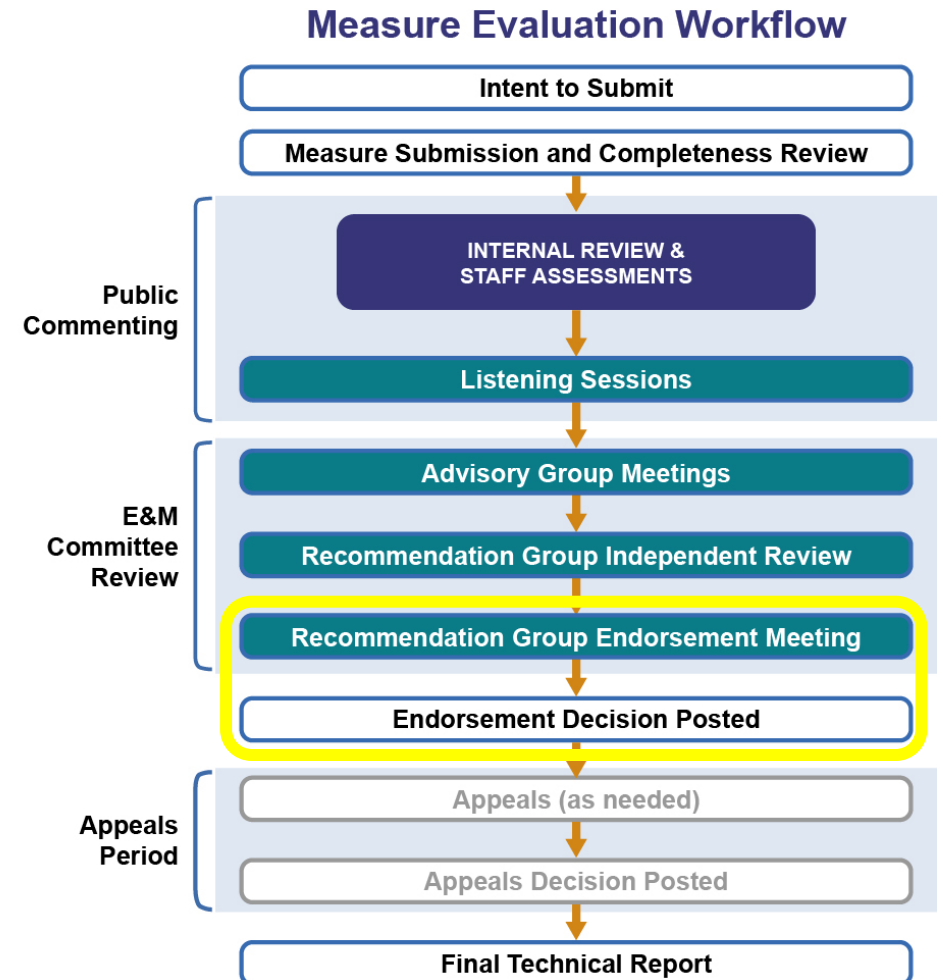
- The Recommendation Group of each E&M committee meets to review measures using aggregated feedback from the Advisory Group, public comment, staff assessments, and independent committee-member reviews.
- Meeting quorum requires that 60% of the Recommendation Group members are present during roll call at the beginning of the meeting.
- Endorsement decision is confirmed via a vote after Recommendation Group discussions. Voting quorum is at least 80% of active Recommendation Group members, who have not been recused.

- **Timing:**

- Early/mid February (Fall) and late July/early August (Spring)

- **Outputs:**

- Endorsement decision posted to PQM website



Endorsement Decision Outcomes



Decision Outcome	Description	Maintenance Expectations
Endorsed	<p>Applies to new and maintenance measures.</p> <p>The E&M committee endorses a measure if 75% or more of its active voting members agree. If the active voting body has fewer than 20 members, the consensus required for endorsement is reduced to 70%.</p>	<p>Measures undergo maintenance of endorsement reviews every 5 years with a status report review at 3 years.</p>
Endorsed with Conditions	<p>Applies to new and maintenance measures.</p> <p>The E&M committee agrees by 75% or greater that the measure can be endorsed, as it meets the criteria, but committee reviewers have conditions they would like addressed when the measure comes back for maintenance. If these recommendations are not addressed, the developer/steward should provide a rationale for consideration by the E&M committee review. If the active voting body has fewer than 20 members, the required consensus for endorsement is reduced to 70%.</p>	<p>Measures undergo maintenance of endorsement reviews every 5 years with a status update at 3 years, unless the condition requires the measure to be reviewed earlier. The E&M committee evaluates whether conditions have been met in addition to all other maintenance endorsement minimum requirements.</p>
Not Endorsed	<p>Applies to new measures only.</p> <p>The E&M committee agrees by 75% or greater to not endorse the measure. If the active voting body has fewer than 20 members, the required consensus for not endorsing the measure is reduced to 70%.</p>	<p>None.</p>
Endorsement Removed	<p>Applies to maintenance measures only.</p> <p>Either:</p> <ul style="list-style-type: none"> • The E&M committee agrees by 75% or greater to remove endorsement or greater to remove endorsement of the measure. If the active voting body has fewer than 20 members, the required consensus for removing endorsement is reduced to 70%; or • A measure steward retires a measure (i.e., no longer pursues endorsement); or • A measure steward never submits a measure for maintenance, and the steward does not respond after targeted outreach; or • There is no longer a meaningful gap in care, or the measure has plateaued (i.e., no significant change in measure results for accountable entities over time). 	<p>None.</p>

Consensus Voting for Final Determinations

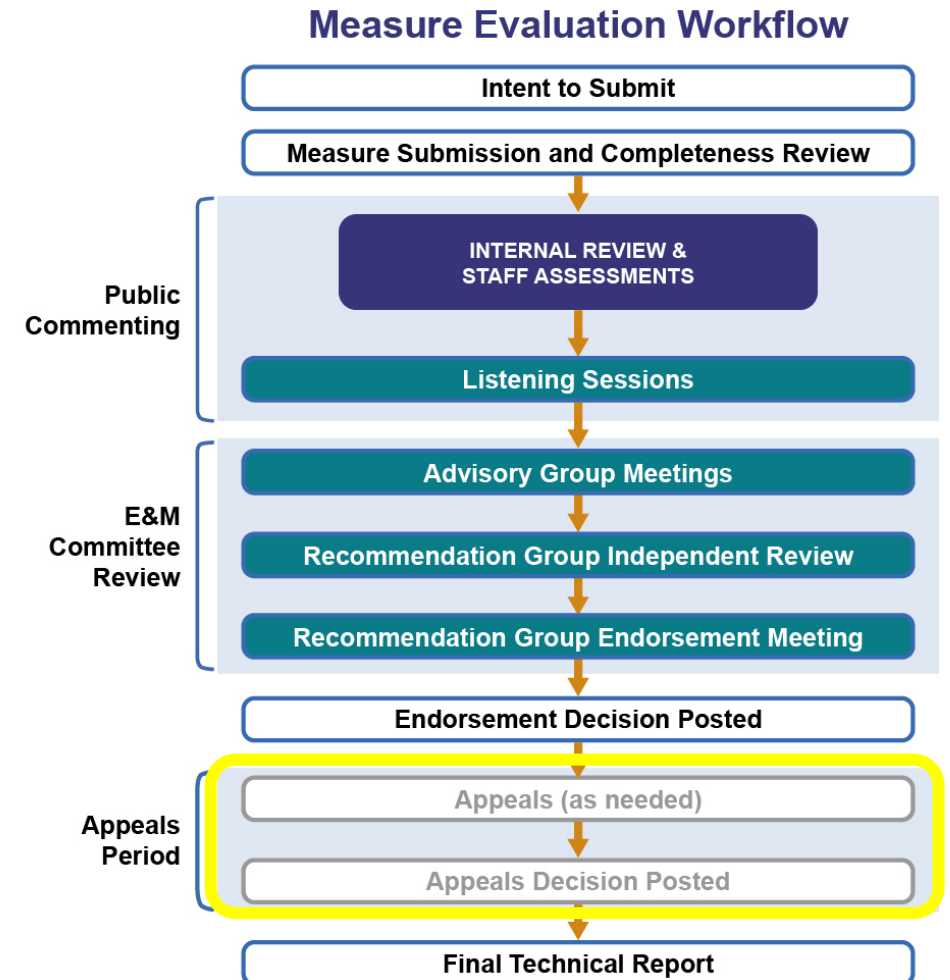


Scenario	Endorse (A)	Endorse with Conditions (B)	Do Not Endorse (C)	Consensus Voting Status
1	75% or More	0%	Less than 25%	A
2	75% or More		Less than 25%	B
3	Less than 25%		75% or More	C
4	26% to 74%		26% to 74%	No consensus
4a*	60% to 74%	0%	26% to 40%	No consensus – Reconsidered at the end of endorsement meeting
4b*	60% to 74%		26% to 40%	No consensus – Reconsidered at the end of endorsement meeting

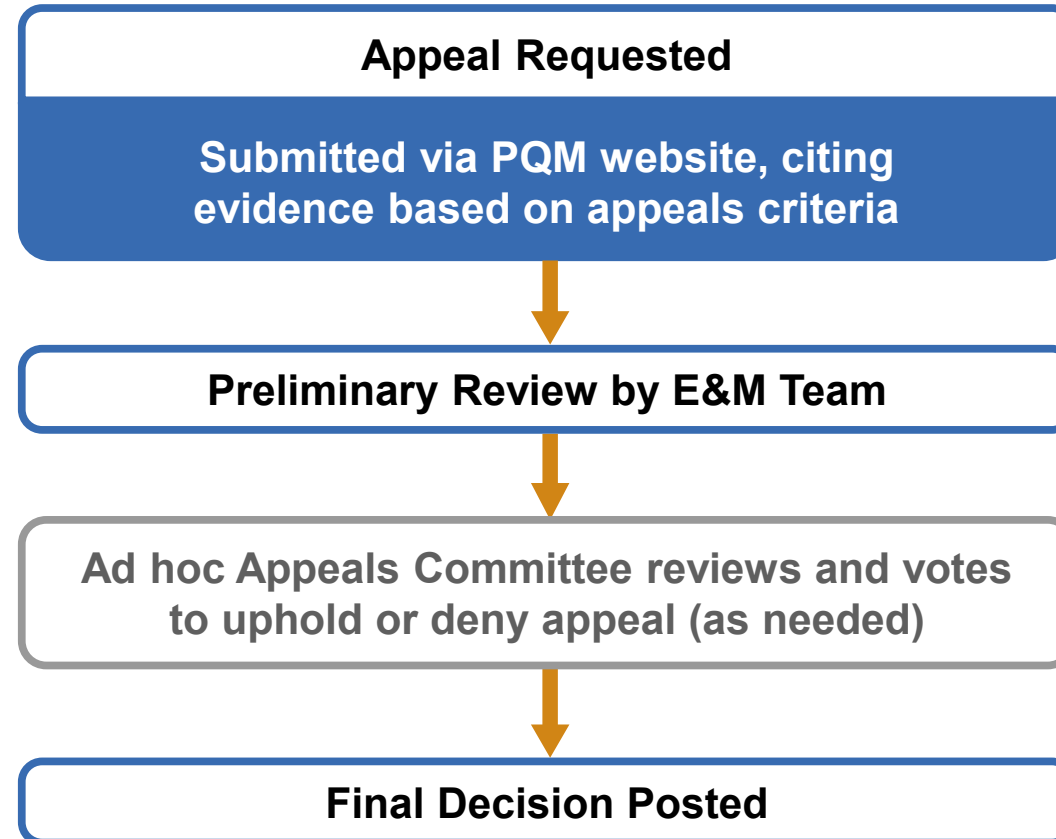
*Maintenance measures that fail to reach the 75% consensus threshold but receive between 60% and 74% of votes to retain endorsement (i.e., endorse and/or endorse with conditions) are reconsidered at the end of the endorsement meeting.

5. Appeals Period

- **Steps:**
 - Any interested party can submit an appeal request for any E&M committee endorsement decision
 - Battelle staff review eligibility of appeal
 - As needed, ad hoc Appeals Committee review of an appeal based on eligibility of appeals
- **Timing:**
 - February/March (Fall) and August/September (Spring)
- **Outputs:**
 - Eligibility decision communicated with appellant, developer/steward, and respective E&M committee
 - Appeals Committee (if convened) decision published to respective measure page in STAR



Appeals Process



Appeals Committee consists of all chairs from that cycle's E&M committees (n=10).

6. Endorsement Decision Posted



- **Steps:**

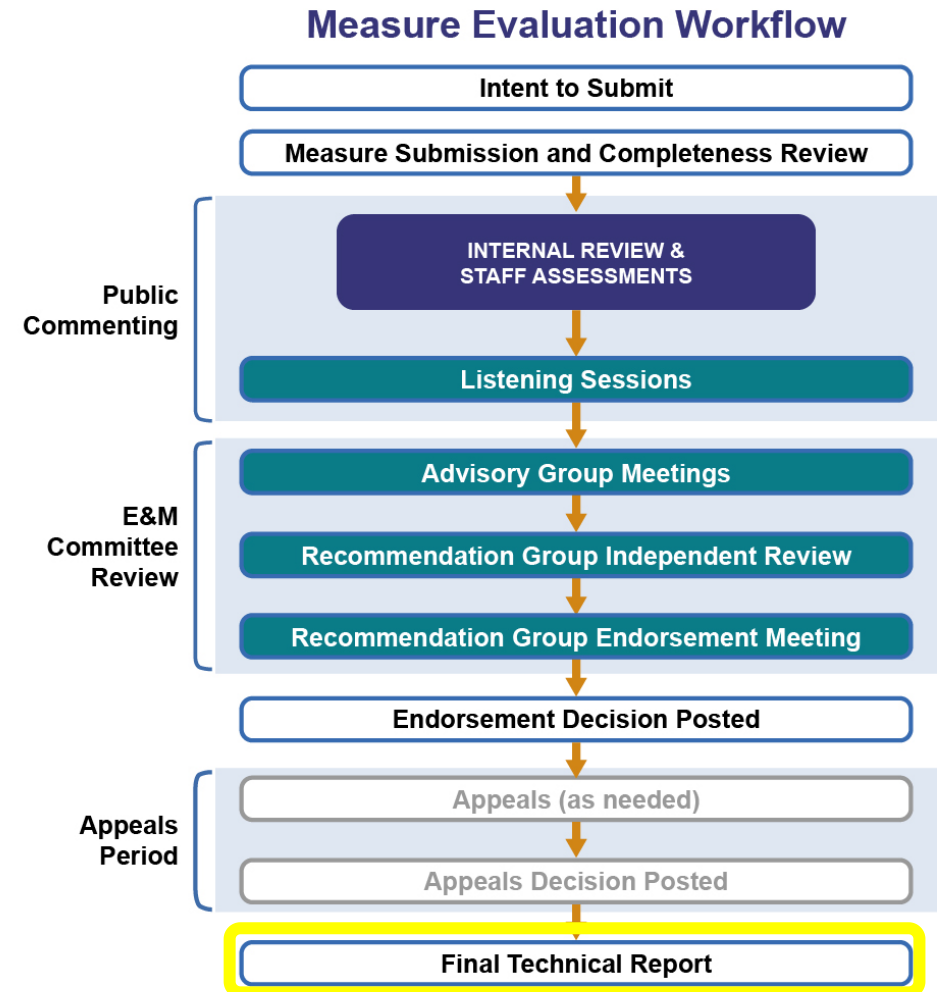
- If no appeal, original endorsement decision remains
- If appeal is eligible, decision of appeal posted

- **Timing:**

- No later than March 31 (Fall) and September 30 (Spring)

- **Outputs:**

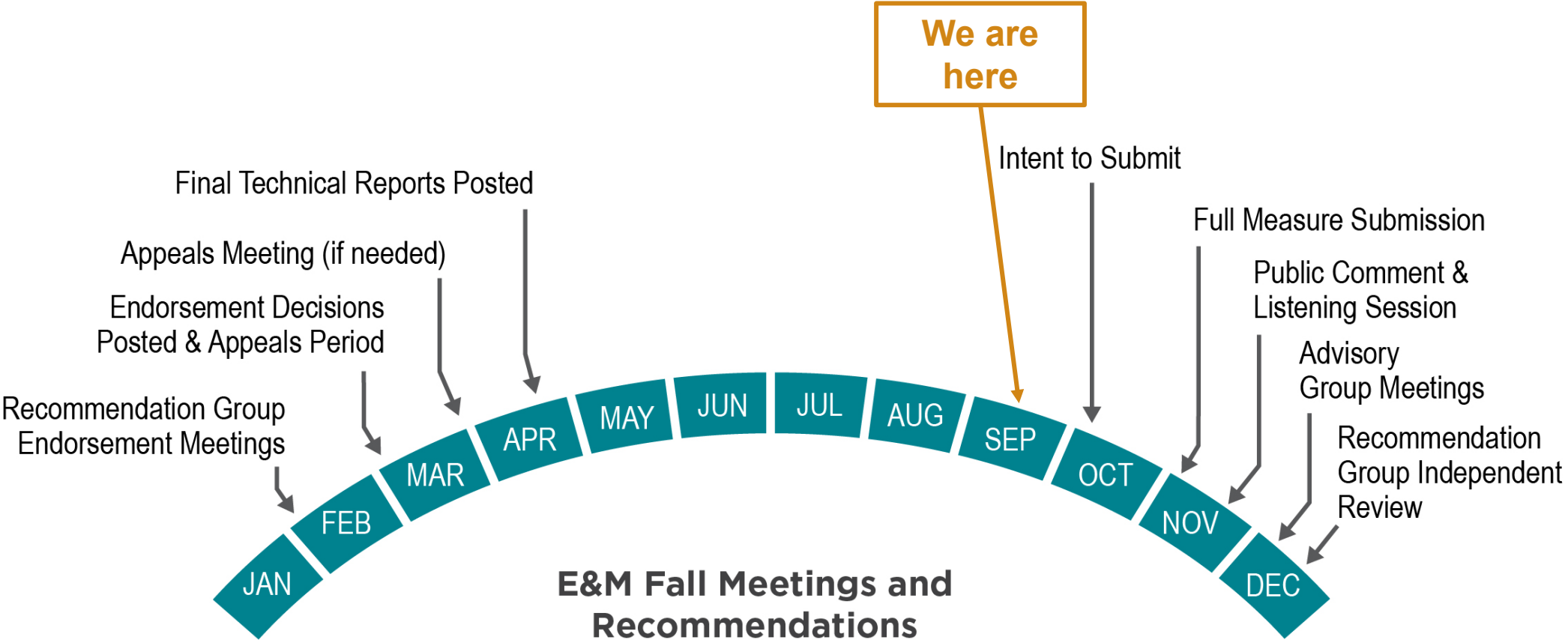
- Final endorsement decisions of measures published in STAR
- Final technical report published in April/May (Fall) and October/November (Spring)



Timeline of Fall 2025 E&M Activities and Deadlines



E&M Cycle Timeline: Fall 2025



Fall 2025 Timeline of Activities



Fall 2025 Endorsement Cycle Step	Respective Date(s)
Intent to Submit	October 1
Full Measure Submission	November 3
Staff Internal Review and Public Comment <ul style="list-style-type: none"> • Public Comment Listening Session 	November 17-December 16 <ul style="list-style-type: none"> • November 24
Advisory Group Members Review Published Measures <ul style="list-style-type: none"> • Advisory Group Meetings 	November 17-November 28 <ul style="list-style-type: none"> • December 1-8
Recommendation Group Independent Reviews	December 15-January 16
Recommendation Group Endorsement Meetings	February 4-February 12
Appeals Period <ul style="list-style-type: none"> • Appeals Committee Meeting (if needed) 	February 25-March 17 <ul style="list-style-type: none"> • March 31
Final Endorsement Decision Posted	<ul style="list-style-type: none"> • March 31

Reviewing Submitted Measures



Helpful Resources



- **[E&M Guidebook](#)** – provides information about the various steps of the E&M process, including each phase of review, possible endorsement decision outcomes, the appeals process, E&M policies and procedures, and the E&M committee structure.
- **[PQM Measure Evaluation Rubric](#)*** – provides measure evaluation criteria for Fall 2025 cycle as well as additional guidance for evaluating measures based on the criteria.
- **[E&M Webpage](#)** – contains additional information about E&M, including E&M project information, E&M committee meeting materials, and more.
- **[Measures Management System \(MMS\) Hub/Blueprint](#)** – provides a start-to-finish overview of quality measure development, implementation, and maintenance steps and processes.

* An updated PQM Evaluation Rubric effective for the Spring 2026 cycle can be found [here](#).

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



Closing Care Gaps (optional) - Extent to which the measure can distinguish differences in care for certain patient subpopulations, which can be used to close gaps in care across those identified subpopulations.

3



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.

4



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.

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.

PQM Measure Evaluation Rubric Ratings



The rubric guides reviewers to a rating of “Met,” “Not Met but Addressable,” or “Not Met” based on the criteria listed for each rubric domain.



Met

The measure meets the assertions/aspirations of the respective domain.



**Not Met but
Addressable**

The measure does not meet the assertions/aspirations of the respective domain. However, the measure developer/steward can address any insufficiencies through reasonable changes to the measure (e.g., specifications, testing, evidence), which would improve its evaluation against the respective domain.



Not Met

The measure information does not meet the assertions/aspirations of the respective domain, and no reasonable changes to the measure (e.g., specifications, testing, evidence) would allow the measure to meet the domain.

Initial vs. Maintenance Endorsement Expectations



- **Initial Endorsement** – this designation refers to either a newly submitted measure or a measure that lost endorsement and is being resubmitted for endorsement consideration.
- **Maintenance Endorsement** – measures undergo evaluation for maintenance of endorsement every 5 years. The measure steward is responsible for making the necessary updates to the measure, informing E&M committees about any changes that are made, and providing the required measure information for evaluation.

Importance Items
Attach a logic model ¹⁰ depicting the relationship between structures (i.e., inputs) and processes (i.e., actions) and the desired outcome(s).
Summarize evidence of measure importance from the literature linking the structure/process/intermediate outcome to the desired outcome(s).
<i>[For initial endorsement]</i> If implemented, what is the measure's anticipated impact on important outcomes?
<i>[For maintenance]</i> Provide evidence of performance gap or measurement gap by providing performance scores on the measure as specified at the specified level of analysis.

How to Access Submitted Measures *(screen share)*

1. Create PQM Account
2. Log in to PQM Account
3. Navigate to respective E&M committee
4. Review measures submitted to respective E&M committee



Questions



Next Steps



Next Steps for Fall 2025 E&M Cycle



Create Your STAR Account

- E&M committee members should navigate to the E&M webpage to create their PQM account: <https://p4qm.org/user/register>



Upcoming Meetings

- **Advisory Group Meetings:** December 1-8
- **Public Comment Listening Session:** December 10
- **Recommendation Group Meetings:** February 4-12



Additional Educational Webinars

- **Measure Developer Workshop:** October 15-16, 12PM-3:30PM ET. Register [here](#).

View the monthly PQM Newsletter and [PQM Event Calendar](#) for continuous updates on meetings and registration links.

Thank You!

Have questions? Contact us at
PQMsupport@battelle.org





Partnership for
Quality Measurement
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