



Patient-Reported Outcome Performance Measures (PRO-PMs) and Patient-Reported Experience Performance Measures (PRE-PMs)

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Meet the E&M Presenters



Kirsten Barrett | E&M Technical SME



- Provides technical expertise and support on E&M processes and activities
- 10+ years' 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 provide measure developers, E&M committee members, and others with an introduction to patient-reported outcome (PRO) and patient-reported experience (PRE) data and their use in quality measurement.

Agenda

Introduction to Battelle and the Partnership for Quality Measurement (PQM)
Terminology
Patient-Reported Data
Endorsement and Maintenance (E&M): PRO-PMs, PRE-PMs
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.
- **[Submission Tool and Repository Measure Database](#)** – is a measure database of quality performance measures that have been submitted to the previous consensus-based entity for endorsement review. The Measure Type field can be filtered for PRO-PMs and PRE-PMs.

* 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)

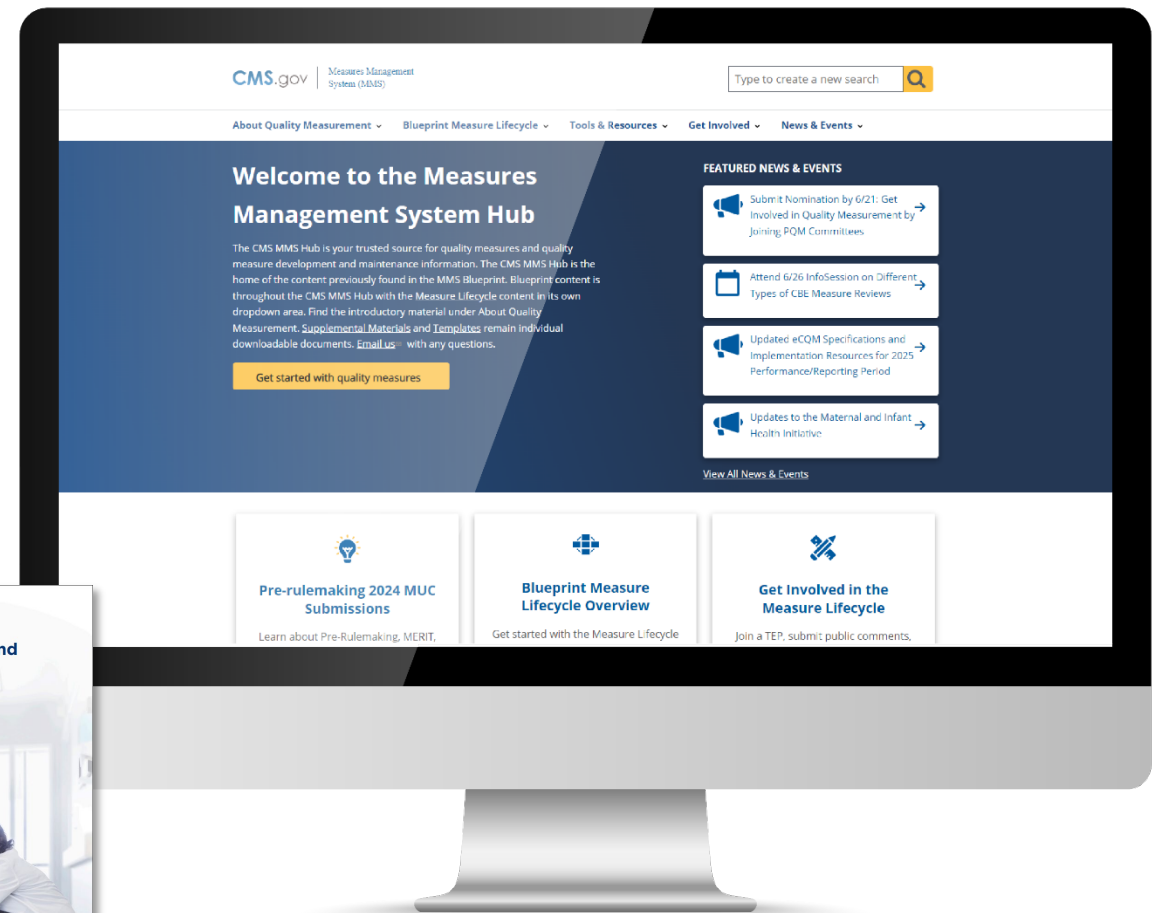
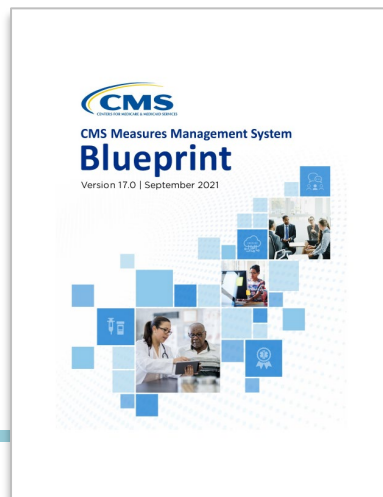


Battelle & Health Care Quality

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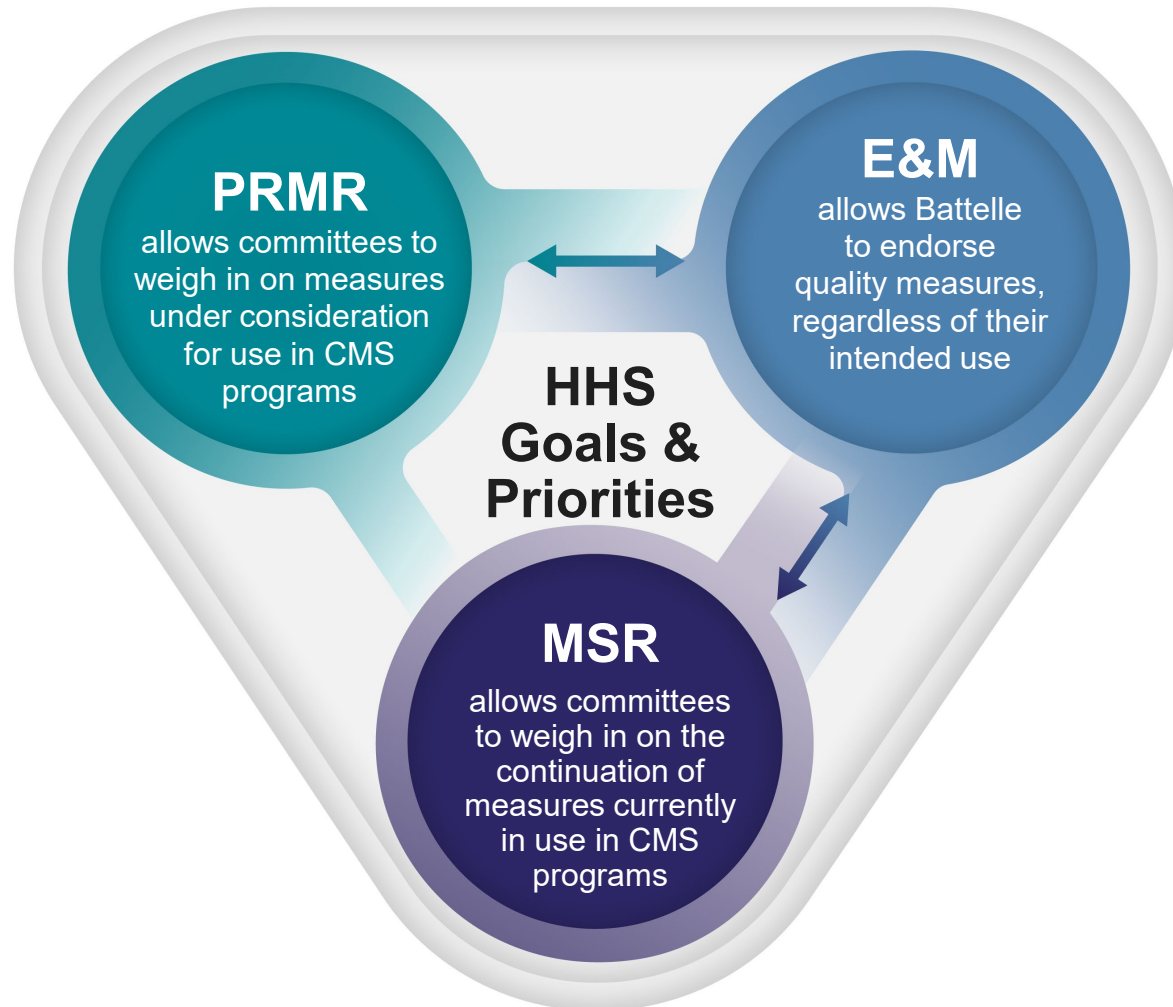
Over 20 years of contributions and leadership in the science of health care quality measurement including to:

- 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



The Partnership for Quality Measurement

Powered by Battelle



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.

Terminology



PROs, PROMs, and PRO-PMs



- A patient-reported outcome (PRO) is any report of the status of a patient's health condition, health behavior, or health status coming directly from the patient (health-related quality of life, functional status, symptoms and symptom burden, health behaviors).
- Patient-reported outcome measures (PROMs) are instruments¹ used to capture PROs, which can be used as the basis for patient-reported outcome performance measures (PRO-PMs)
- A PRO-PM is a performance measure that is based on PROM data aggregated for an accountable health care entity.



¹ An instrument may also be referred to as a survey, questionnaire, form, inventory, tool, or assessment).

PROs, PROMs, and PRO-PMs (cont.1)



	PRO	PROM	PRO-PM
What is it?	Symptom or behavior or domain	Instrument used to gather information from the patient about the PRO.	An aggregation of PROM scores among a group of people seen by a provider or practice.
Example	Depression Functional status	PHQ-9 Oswestry Disability Index	CBE #0710e Depression Remission at Twelve Months Quality ID #471: Functional Status After Lumbar Surgery
Information	How a person feels or functions (symptoms, behaviors, or abilities)	A person's answers to a questionnaire about their symptoms, behaviors, or abilities, summated to yield an overall score (or scores for a sub-sets of items).	Metric used to evaluate provider or practice performance. The metric may be part of a pay-for-reporting or pay-for-performance program.

PREs, PREMs, and PRE-PMs



- A patient-reported experience (PRE) is the patient's perspective of their experience with health care services (communication, access, care coordination, courtesy and respect).
- Patient-reported experience measures (PREMs) are instruments¹ used to capture PREs, which can be used as the basis for patient-reported experience performance measures (PRE-PMs)
- A PRE-PM is a performance measure that is based on PREM data aggregated for an accountable health care entity.



¹ An instrument may also be referred to as a survey, questionnaire, form, inventory, tool, or assessment).

PREs, PREMs, and PRE-PMs (cont.1)



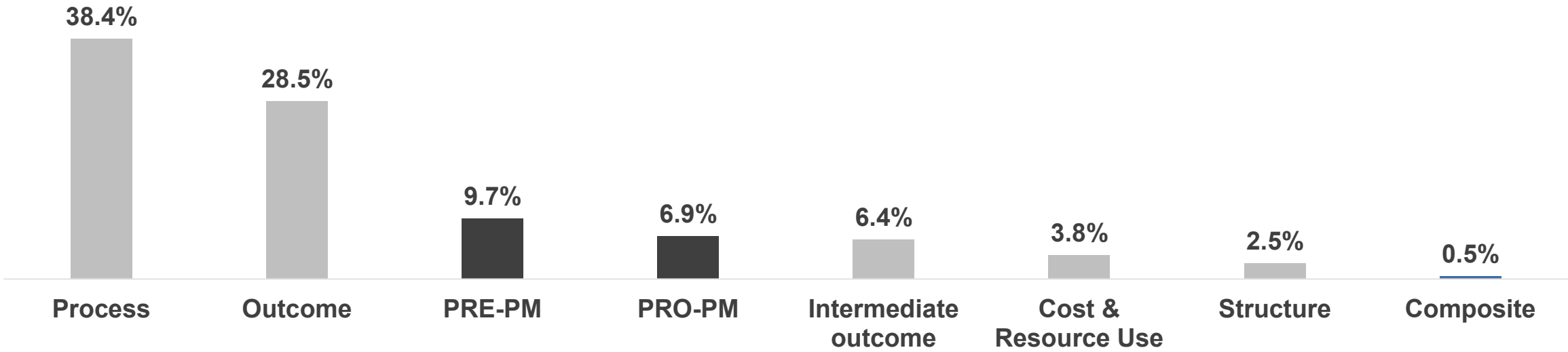
	PRE	PREM	PRE-PM
What is it?	Patient perception of an aspect of care	Instrument used to gather information from the patient about their perception of care.	An aggregation of PREM scores among a group of people seen by a provider or practice.
Example	Provider communication Feeling heard and understood	Adult CG-CAHPS Survey The Feeling Heard and Understood Survey	Quality ID #0005-2: How Well Providers Communicate with Patients (Provider Communication) CBE ID #3665: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood
Information Used	A person's perception of their experience with the health care team or health care system	A person's answers to a questionnaire about their health care experience, summated to yield an overall score (or scores for a sub-sets of items).	Metric used to evaluate provider or practice performance. The metric may be part of a pay-for-reporting or pay-for-performance program.

Endorsed PRO-PMs, PRE-PMS



- Percentage of quality measures derived from patient-reported data is small, relative to process and outcome measures, but not the least represented measures.

New and Endorsed Measures (n=393)



NOTE: Includes measures that are New, Endorsed, Endorsed with Conditions, or Endorsed with Reserve Status.
Source: STaR database, 12/9/2025.

Patient-Reported Data



Critical Aspect of PROMs / PREMs



- Patient-reported, mostly.
- Responses are free of interpretation by clinician or anyone else

Scenario

Acceptable?

Cam can't read. His aide reads the questions, Cam responds, and the aide records the response.



Dad speaks Spanish. The son translates and "changes some words so his dad understands". The son marks his dad's responses.



The patient's wife reads the questions, word-for-word, in German. She then marks her husband's response.



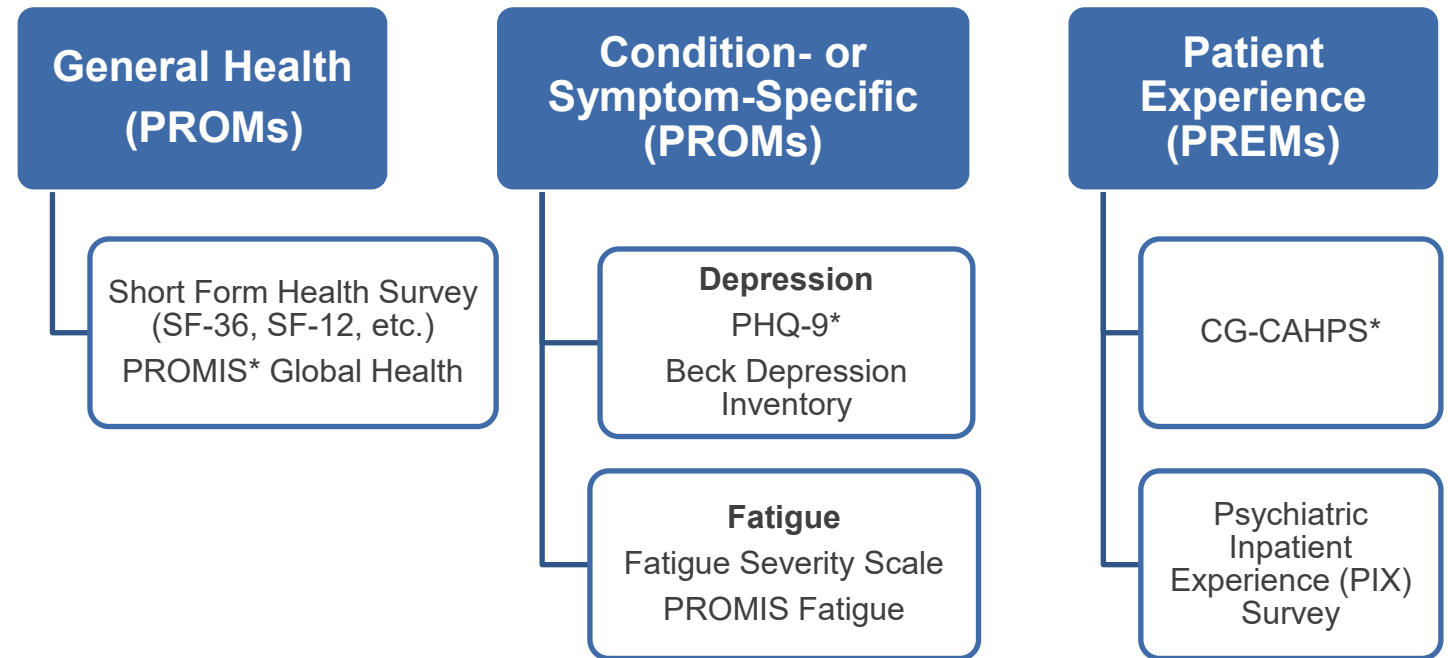
John is one-month post-stroke and has difficulty with expressive language. His wife, his primary caregiver, reads questions from a communications PROM to John. He is having trouble answering. She answers question for him.



Capturing Patient-Reported Data



- Thousands of tools and surveys that capture patient-reported data
- PROM, PREM “fit for purpose”
 - Care setting
 - Patient population
 - Appropriate for intended use (quality improvement, accountability)
 - Yields valid and reliable data



*PROMIS – Patient Reported Outcomes Measurement Information System

*PHQ – Patient Health Questionnaire

*CG-CAHPS – Clinician and Group Consumer Assessment of Healthcare Providers and Systems

Patient-Reported Data Matters



Patient as an expert and a partner in care. (Carman KL, et al.).



Track change in patients' health or experience of care through repeated measurement (Cella D, et al.).



Patient perspective on care delivery can help improve care delivery. (Doyle C, et al.).



Allows providers and organizations to meet regulatory requirements (Pasqualini I, et al).

- Carman KL et al. Patient and family engagement framework. Health Affairs. 2013;32(2):223–231. <https://pubmed.ncbi.nlm.nih.gov/23381514/>
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- Pasqualini, Ignacio MD1; Piuze, Nicolas S. MD1,a. New CMS Policy on the Mandatory Collection of Patient-Reported Outcome Measures for Total Hip and Knee Arthroplasty by 2027: What Orthopaedic Surgeons Should Know. The Journal of Bone and Joint Surgery 106(13):p 1233-1241, July 3, 2024. | DOI: 10.2106/JBJS.23.01013

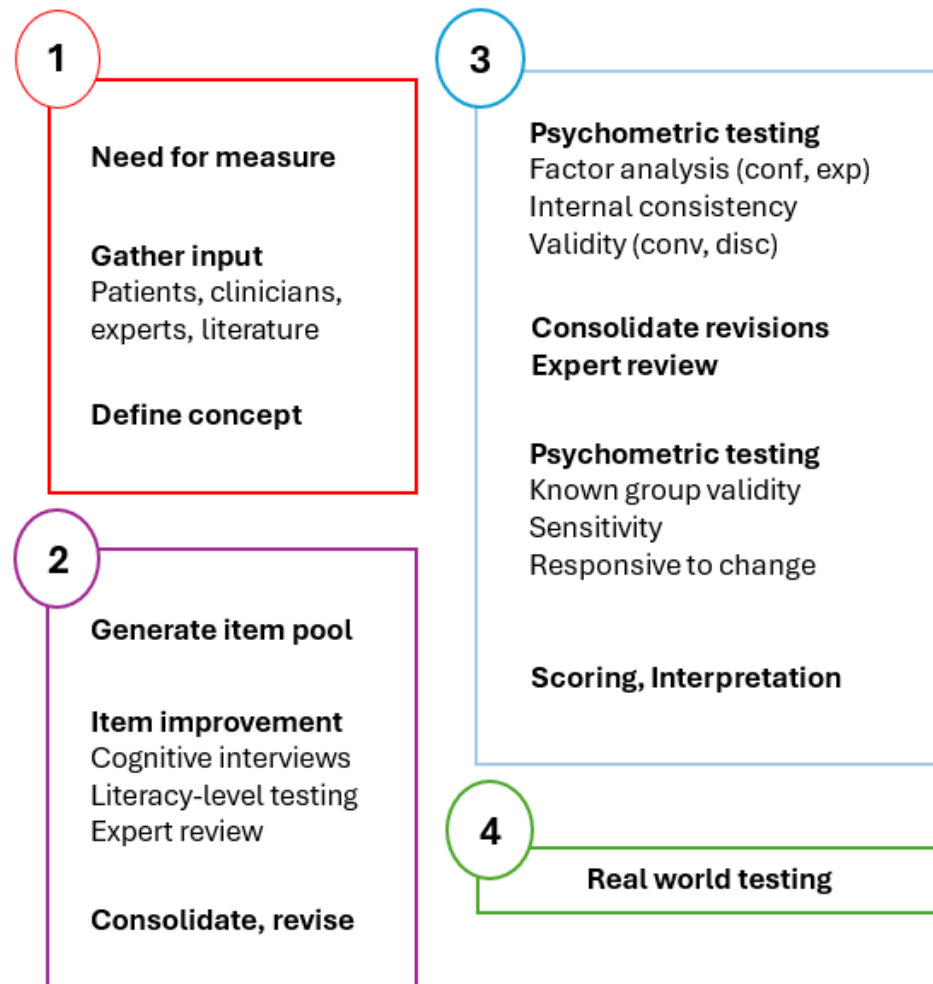
E&M: PRO-PMs, PRE-PMs



Are Instruments Yielding PRO-PM and PRE-PM Data Endorsed By PQM?



- **Battelle does not endorse instruments.**
- When PRO-PMs and PRE-PMs are submitted for E&M committee review, there should be evidence that the associated instrument (PROM, PREM):
 - Was developed and psychometrically tested using best practices; and
 - Yields data that have a high degree of reliability and validity



Instruments and Appropriate Use

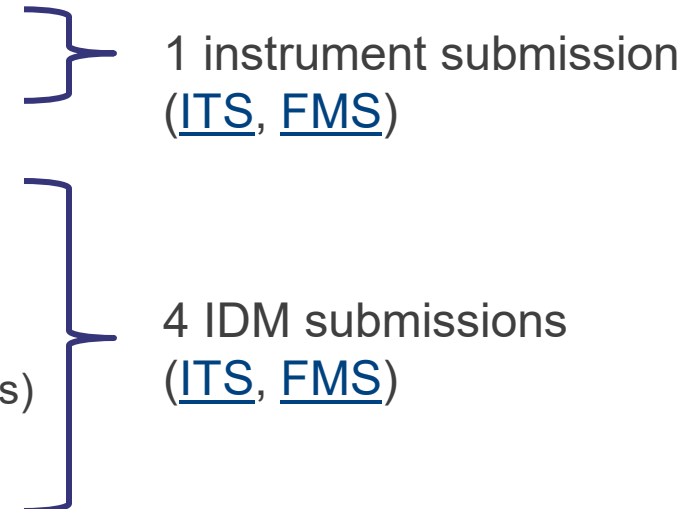


- Evidence for the appropriate use of an instrument (PROM or PREM):
 - Technical documentation for PROM, PREM
 - Peer-review literature
- Is it okay for the measure's target population or setting to differ from that which was used when the instrument was developed?
 - It is acceptable if:
 - a) there is peer-reviewed literature that demonstrates that results have a high degree of validity and reliability within the measure's population and setting; and/or
 - b) the instrument was psychometrically tested with the new population in the new setting and there is evidence that data have a high degree of reliability and validity

Am I Submitting a Single Measure or an Instrument + Set of Measures?



- PRO-PMs and PRE-PMs use patient-reported data collected via an instrument.
 - If an instrument results in a single measure score or a single composite score, the submission is treated as a single measure.
 - If an instrument results in two or more measure scores, the submission is treated as an instrument + instrument-derived measure (IDM) set. IDMs are PRO-PMs or PRE-PMs.
 - Instrument: CAHPS Home Health Survey (HHCAHPS)
 - HHCADPS IDMs
 - IDM-1. Getting Timely Appointments, Care, and Information (3 items)
 - IDM-2. How Well Providers Communicate With Patients (4 items)
 - IDM-3. Helpful, Courteous, and Respectful Office Staff (2 items)
 - IDM-4. Providers' Use of Information to Coordinate Patient Care (3 items)



E&M Submissions: Instrument + IDMs



- **Prior to the Spring 2025 review cycle, instruments and IDMs were included in a single submission identified by the name of the instrument.**
- **Since the Spring 2025 review cycle:**
 - Each IDM is submitted as a stand-alone measure
 - Single submission = single IDM
 - E&M committee review focuses on a single IDM, improving the quality and efficiency of the review and specificity of feedback
 - Process is consistent with all other measure types
 - Increased access to IDMs within searchable databases (i.e., Submission Tool and Repository (STAR), CMS Measures Inventory Tool (CMIT))

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.

Evaluation rubric domains are the same for ALL measures, including PRO-PMs and PRE-PMs.

Importance and PRO-PMs/PRE-PMs



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.

- Logic model is submitted at the instrument (PROM, PREM level).
 - Adequate detail to show the relationship between the IDMs structures (i.e., inputs) and processes (i.e., actions) and the desired outcome(s).

Closing Care Gaps and PRO-PMs/ PRE-PMs



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.

- Use literature to help determine where gaps exist in the measure focus area.
 - Gaps may exist based on patient's health status, sex, race/ethnicity, age, education, payer, and other factors
- Describe how measure can serve to narrow the care gap.

Feasibility and PRO-PMs/PRE-PMs



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.

- Do patients have the information available to respond to the questions? And will patients answer honestly?
- Is the instrument freely available with unrestricted use?
- Is the burden associated with the instrument reasonable for patients and providers?
- Methodological issues
 - Recall, accuracy
 - Response rate
 - Survey mode (paper, web, phone)
 - Completion environment, timing

Scientific Acceptability and PRO-PMs/ PRE-PMs



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.

- Reliability and validity of instrument vs. PRO-PM / PRE-PM
- Consider need for case-mix adjustment (CMA)
 - CMA adjusts patient-level PRO-PM and PRE-PM scores to control for differences in patient characteristics that impact survey responses and are outside the provider's control.
 - Common case-mix adjustors include age, sex, education, and general health status or comorbidities.
- Why is CMA important?
 - Increases the likelihood of fair comparison of measured performance across accountable entities.
 - Decreases likelihood of providers and health systems avoiding rendering care to the most vulnerable patients.
- Consider need for mode adjustment (beyond scope for this webinar)

Use and Usability and PRO-PMs/ PRE-PMs



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.

- Patient and provider input
 - Meaningfulness of the measure
 - Usability of performance measure score
 - What are the actions a provider or another entity can take to improve performance on this measure?
 - Burden
 - Reimbursement considerations

Common Challenges with PRO-PM/ PRE-PM Submissions



- Logic model lacks specificity about actions that can help improve performance.
 - Cite peer-reviewed literature, evidence-based toolkits
 - Hold focus groups with patients to understand challenges and options for addressing
- Reliability and validity evidence provided for the instrument or item set, not the performance measure.
- Lack of clarity about IDM score calculation, particularly if questions within a composite are unanswered.
- Lack of patient input on feasibility and, to a lesser degree, usability.
- Maintenance review
 - Current evidence for the PRO-PM/PRE-PM
 - Explain trend in performance scores

Questions



Thank You!

Have questions? Contact us at
PQMsupport@battelle.org





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