

National Consensus Development and Strategic Planning for Health Care Quality Measurement

Fall 2024 Advanced Illness and Post-Acute Care Endorsement Meeting Summary

Overview

Battelle, the consensus-based entity (CBE) for the Centers for Medicare & Medicaid Services (CMS), convened the Recommendation Group of the Advanced Illness and Post-Acute Care committee on [February 11, 2025](#), for discussion and voting on measures under endorsement consideration for the Fall 2024 cycle. Meeting participants joined virtually through a Zoom meeting platform. Measure stewards/developers and members of the public also attended.

The objectives of the meeting were to:

- Review and discuss measures submitted to the committee for the Fall 2024 cycle;
- Review staff preliminary assessments, Advisory and Recommendation Group feedback, public comments, and developer responses regarding the measures under endorsement review; and
- Render endorsement decisions using a virtual voting platform.

The Recommendation Group voted to endorse five measures and to endorse three measures with conditions (Table 1). This summary provides an overview of the meeting, the Recommendation Group deliberations, and the endorsement decision outcomes. Full measure information, including all public comments, staff preliminary assessments, Advisory Group feedback, and committee independent reviews can be found on the project committee's webpage on the [Partnership for Quality Measurement \(PQM\) website](#).

After the endorsement meeting, measures and endorsement decisions enter an appeals period for 3 weeks, from March 4-24, 2025. Any interested party may submit an appeal, which Battelle will review for eligibility according to the criteria within the [Endorsement and Maintenance \(E&M\) Guidebook](#). If eligible, the Appeals committee, consisting of all co-chairs from the five E&M project committees, will convene to evaluate the appeal and determine whether to maintain or overturn an endorsement decision.

Welcome, Roll Call, and Disclosures of Interest

Brenna Rabel, PQM technical director, welcomed the attendees to the meeting and introduced her co-facilitators, Matt Pickering, E&M task lead, and Anna Michie, E&M deputy task lead. Ms. Rabel also introduced the committee co-chairs, Gerri Lamb, non-patient co-chair, and Daniel van Leeuwen, patient co-chair, who each provided welcoming remarks. The role of the co-chairs during the meeting is to summarize feedback from the Advisory Group to ensure the Recommendation Group takes it into account during their deliberations. Additionally, the co-chairs confirm the proposed conditions placed on measures. They also actively engage with and support patient representatives on the committee. Lastly, they summarize the deliberations of the Recommendation Group before proceeding to an endorsement vote.

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Isaac Sakyi, social scientist III, then conducted roll call, and members disclosed any perceived conflicts of interest regarding the measures under review. One member was recused from voting based on Battelle’s [conflict of interest policy](#). For CBE #1623, Sarah Thirlwell was recused due to being an employee of the Department of Veteran Affairs and participating in reviewing the results of the Bereaved Family Survey.

After roll call, Battelle staff established whether quorum was met and outlined the procedures for discussing and voting on measures. The discussion quorum requires the attendance of at least 60% of the active Recommendation Group members (n=11). The voting quorum requires at least 80% of active Recommendation Group members who have not recused themselves from the vote (n=14 for all measures except CBE #1623, which required n=13). During the meeting, some committee members stepped away temporarily, so Battelle collected voting counts for each measure to ensure that each vote met quorum.

Evaluation of Candidate Measures

Dr. Pickering, Ms. Michie, and Ms. Rabel provided an overview of the eight measures under review. For the Fall 2024 cycle, the Advanced Illness and Post-Acute Care committee received four new measures and four measures undergoing maintenance endorsement review (Figure 1). The measures focused on hospice, discharge function scores, and satisfaction surveys.

Figure 1. Advanced Illness and Post-Acute Care measures for Fall 2024



Battelle convened a public Advisory Group meeting on [December 4, 2024](#), to gather initial feedback and questions about the measures under endorsement review. Developers had the opportunity to provide additional clarifications following the Advisory Group meetings. Battelle then shared the Advisory Group feedback and questions, along with the developer/steward responses, with the Recommendation Group a week prior to the endorsement meeting.

Battelle also provided Recommendation Group members the full measure submission details for each measure up for review, including all attachments, the [PQM Measure Evaluation Rubric](#), the public comments received for the measures under review, and the staff preliminary assessments.

Recommendation Group members conducted independent reviews for each measure against the PQM Measure Evaluation Rubric. Recommendation Group members assigned a rating of “Met,” “Not Met but Addressable,” or “Not Met” for each domain of the PQM Measure Evaluation Rubric. In addition, Recommendation Group members provided associated rationales for each domain rating, which were based on the rating criteria listed for each domain. Battelle staff

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aggregated and summarized the results and distributed them back to the Recommendation Group, and to the respective measure developers/stewards, for review within 1 week of the endorsement meeting.

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Table 1. Fall 2024 Advanced Illness and Post-Acute Care Measure Endorsement Decisions

CBE ID	Measure Title	New/ Maintenance	Endorsement Decision	Endorse N (%)	Endorse with Conditions N (%)	Do Not Endorse/ Remove Endorsement N (%)	Recusals
3420	CoreQ: AL Resident Satisfaction Survey	Maintenance	Endorse with Conditions	1 (6.67%)	13 (86.67%)	1 (6.67%)	0
3422	CoreQ: AL Family Satisfaction Measure	Maintenance	Endorse with Conditions	1 (6.25%)	15 (93.75%)	0 (0.00%)	0
1623	Bereaved Family Survey - Performance Measure (BFS-PM) Score (%) for all Veteran Affairs Medical Center Inpatient Deaths	Maintenance	Endorse	13 (100.00%)	N/A	0 (0.00%)	1
3645	Hospice Visits in the Last Days of Life	Maintenance	Endorse with Conditions	0 (0.00%)	12 (86.00%)	2 (14.00%)	0
4630	Cross-Setting Discharge Function Score for Inpatient Rehabilitation Facilities	New	Endorse	12 (86.00%)	2 (14.00%)	0 (0.00%)	0
4635	Cross-Setting Discharge Function Score for Long-Term Care Hospitals	New	Endorse	13 (93.00%)	N/A	1 (7.00%)	0
4640	Cross-Setting Discharge Function Score for Skilled Nursing Facilities	New	Endorse	13 (93.00%)	N/A	1 (7.00%)	0
4645	Cross-Setting Discharge Function Score – for Home Health Agencies	New	Endorse	13 (93.00%)	N/A	1 (7.00%)	0

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CBE #3420 – CoreQ: AL Resident Satisfaction Survey [American Health Care Association (AHCA)]

[Specifications](#) | [Discussion Guide](#)

Description: The measure calculates the percentage of assisted living (AL) residents, those living in the facility for two weeks or more, who are satisfied. This patient reported outcome measure is based on the CoreQ: AL Resident Satisfaction questionnaire that is a four-item questionnaire

Committee Final Vote: Endorse with Conditions

Conditions: When the measure returns for maintenance (5 years), the measure developer should have:

- Revisited the survey items with patients to assess continued meaningfulness, appropriateness, and any changes needed to further support content validity; and
- Explored, with accountable entities, the actionability of the measure (i.e., qualitative assessments, empirical evidence), noting what entities can do to improve the score.

Vote Count: Endorse (1 vote; 6.67%), Endorse with Conditions (13 votes; 86.67%), Remove Endorsement (1 vote; 6.67%); recusals (0).

Public Comments: Battelle received one comment prior to the meeting. The commenter noted that the performance gap looks good overall and that it is important to differentiate this survey from facility-generated surveys. They also acknowledged the effort to further explore equity issues.

Advisory Group Comments: The Advisory Group emphasized the need to consider updating the evidence supporting the measure due to its age. They debated whether the measure accurately captures "satisfaction" and its potential role in patient-centered care. The group also discussed equity issues, noting that Black and African-American residents often reside in lower-performing assisted living facilities, and some members believed the measure could drive improvements in these settings. Other factors such as age and income status were also considered.

Measure Discussion:

Discussion Topic/Theme	Source of Comment ¹	Recommendation Group Discussion
Accessibility of the Likert Scale	<ul style="list-style-type: none"> • Patient Partner 	<ul style="list-style-type: none"> • A patient partner commented that they often found the meaning of the "poor to excellent" Likert scale difficult to understand when completing a survey.

¹ Patient partners are committee members representing the patient perspective.

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Discussion Topic/Theme	Source of Comment ¹	Recommendation Group Discussion
		<ul style="list-style-type: none"> The developer stated that they tested the Likert scale, and other response scales, to see if families and residents could understand. The Likert scale was readily understood. In addition, the industry likes the scale, and many vendors use the same scale, so if additional items are added to the CoreQ, the scales are typically consistent, which reduces the chance of confusing residents.
Response Rates	<ul style="list-style-type: none"> Patient Partner 	<ul style="list-style-type: none"> A patient partner stated that they found the response rates to be surprisingly high and asked for more information on how such response rates can actually occur. The developer stated that their response rates are high because the inclusion and exclusion criteria help ensure that the individuals who should be completing the survey receive it. They highlighted that many residents in long-term care settings are incredibly interested in providing this feedback.
Actionability	<ul style="list-style-type: none"> Patient Partner Recommendation Group 	<ul style="list-style-type: none"> A few members of the Recommendation Group, including patient partners, emphasized that the importance of not just collecting data for the sake of collecting data but being able to make improvements based on that data. One committee member highlighted that they did not believe the survey collected enough information to be acted upon. The developer stated that the survey is intended to be used as tool that provides valid and reliable information to CMS, states, and facilities as a first step and that they can decide what to do with the information. They shared some examples: in Maine, some facilities use a consultant to review the data; in Oregon, the scores are posted, which incentivizes the facilities to improve their scores to maintain a healthy business; and some states use the scores for Medicaid payments. The developer stated that the CoreQ itself is short, but they recommend attaching other questions or a free-text response to collect more information for quality improvement. Based on this discussion, one of the conditions for endorsement was for the developer to explore with accountable entities the actionability of the measure (i.e., qualitative assessments, empirical evidence), noting what entities can do to improve their score.
Cost	<ul style="list-style-type: none"> Recommendation Group 	<ul style="list-style-type: none"> A committee member asked what the cost to administer the survey is, given that the survey is a mail-based paper survey. The developer responded that they conducted testing to explore an electronic version of the measure; however, they have found that for the demographic of this measure and CBE #3422, the response rates are lower for an electronic version. They stated that they do have an electronic version for the facility level that can be used at the facility's request, although they currently advise the facilities not use that version now. They stated that the next step, if the electronic version were implemented, would be to test if the electronic version has any bias in response.

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Discussion Topic/Theme	Source of Comment ¹	Recommendation Group Discussion
Feasibility for Small Facilities	<ul style="list-style-type: none"> Recommendation Group 	<ul style="list-style-type: none"> A committee member stated that most assisted living programs in the United States have fewer than 10 beds and that they have seen feasibility issues in implementing a survey in a facility of that size, including concerns about resident anonymity. The developer stated that this is one of the limitations of a survey such as this; they advise the survey to be used by facilities with at least 20 beds, although they advocate for 30. They need a minimum of 20 surveys and a 30% response rate per facility to ensure anonymity and the robustness of the score.
Meaningfulness	<ul style="list-style-type: none"> Recommendation Group Patient Partner 	<ul style="list-style-type: none"> Several committee members emphasized that they would like to know if the four selected items are the most meaningful to patients and continue to drive patient-centered care. One committee member highlighted that it would be important to align with the direction in which CMS and patient-reported outcome measures (PROMs) are moving. The developer responded that they have a workgroup of vendors who use the CoreQ. Based on their analyses, the selected four questions still measure overall satisfaction. The developer stated that they do sometimes receive comments about adding additional questions, but the goal of the CoreQ is to be short, easy to do, and cost effective, Based on this discussion, one of the conditions for endorsement was for the developer to revisit the survey items with patients to assess continued meaningfulness, appropriateness, and any changes needed to further support content validity.
Age of Evidence	<ul style="list-style-type: none"> Advisory Group Recommendation Group 	<ul style="list-style-type: none"> A few Recommendation Group members acknowledged the Advisory Group's concern with the age of the evidence but stated they would expect the developer to provide more up-to-date references during the next maintenance cycle.
Reliability and Bootstrap Analysis	<ul style="list-style-type: none"> Staff Assessment 	<ul style="list-style-type: none"> The staff assessment stated that, based on the information the developer provided, there is insufficient evidence to know whether >70% of entities have a reliability above 0.6. The developer stated that they are in the process of collecting more data to be able to conduct a bootstrap analysis and will plan to submit that during the next maintenance cycle.
Risk Adjustment	<ul style="list-style-type: none"> Recommendation Group 	<ul style="list-style-type: none"> Several Recommendation Group members noted concerns with the lack of risk adjustment. The developer stated that they are currently reviewing literature to consider how to risk adjust the measure without over-adjusting or losing sight of the purpose of the measure, which is to differentiate between facilities.

Additional Recommendations: The Recommendation Group suggested the developer continuing to explore an electronic version of the measure, conduct a bootstrap analysis to support reliability testing, consider risk adjusting the measure, and update age of evidence.

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CBE #3422 – CoreQ: AL Family Satisfaction Measure [AHCA]

[Specifications](#) | [Discussion Guide](#)

Description: The measure calculates the percentage of family or designated responsible party for assisted living (AL) residents who are satisfied. This consumer reported outcome measure is based on the CoreQ: AL Family Satisfaction questionnaire that has three items.

Committee Final Vote: Endorse with Conditions

Conditions: When the measure returns for maintenance (5 years), the measure developer should have:

- Revisited the survey items with families to assess continued meaningfulness, appropriateness, and any changes needed to further support content validity;
- Explored an analysis of who the individual completing the survey is in relationship to the patient; and
- Explored with accountable entities the actionability of the measure (i.e., qualitative assessments, empirical evidence), noting what entities can do to improve the score.

Vote Count: Endorse (1 vote; 6.25%), Endorse with Conditions (15 votes; 93.75%), Remove Endorsement (0 votes; 0.00%); recusals (0).

Public Comments: Battelle received one comment prior to the meeting. The comment focused on the denominator and feasibility, and the commenter emphasized the importance of accurately identifying who qualifies as family or a responsible party (denominator) and suggested that protocols differentiate this survey from facility-generated surveys.

Advisory Group Comments: The Advisory Group highlighted the importance of considering the age of the evidence supporting the measure and whether an update is necessary. They also deliberated on whether the measure accurately reflects "satisfaction" and its potential contribution to patient-centered care.

Measure Discussion:

Discussion Topic/Theme	Source of Comment	Recommendation Group Discussion
Survey Recipient	<ul style="list-style-type: none"> • Public Comment • Recommendation Group 	<ul style="list-style-type: none"> • Several Recommendation Group members asked for more information on how the recipient of the survey is determined, including whether the recipient has visited the resident/assisted living facility recently and what happens if the resident does not have a point of contact listed.

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Discussion Topic/Theme	Source of Comment	Recommendation Group Discussion
		<ul style="list-style-type: none"> The developer stated that who receives the survey is determined by information collected by the facility, which is typically used for billing purposes. The said they exclude individuals who are out of country, attorneys, and power of attorney. They did add that they are reconsidering whether it is appropriate to exclude power of attorney. During testing, they did consider including a time frame of how recently a person has visited, but that did not appear to significantly impact the number of surveys distributed. They have also been exploring whether a recipient should be in the same state as the resident/facility; however, they pointed out that facilities on the borders of states then becomes an issue. In terms of a resident not having a listed contact, the developer stated that is a rare occurrence in assisted living facilities. Based on this discussion, one of the conditions for endorsement was for the developer to explore an analysis of the relationship of who is completing the survey.
Validity Testing	<ul style="list-style-type: none"> Recommendation Group 	<ul style="list-style-type: none"> A Recommendation Group member commented that the measure's testing results were not highly correlated with other quality indicators. The developer stated that when they originally conducted the testing, they were reliant on the facilities to provide information about their turnover and staffing rates. They said they could perform this testing again, with a larger sample size and with more standardized definitions of "turnover" and "staffing levels."
Actionability	<ul style="list-style-type: none"> Recommendation Group Patient Partner 	<ul style="list-style-type: none"> See discussion for CBE #3420. Based on this discussion, one of the conditions for endorsement was for the developer to explore with accountable entities the actionability of the measure (i.e., qualitative assessments, empirical evidence), noting what entities can do to improve their score.
Meaningfulness	<ul style="list-style-type: none"> Recommendation Group Patient Partner 	<ul style="list-style-type: none"> See discussion for CBE #3420. Based on this discussion, one of the conditions for endorsement was for the developer to revisit the survey items with patients to assess continued meaningfulness, appropriateness, and any changes needed to further support content validity
Age of Evidence	<ul style="list-style-type: none"> Advisory Group Recommendation Group 	<ul style="list-style-type: none"> See discussion for CBE #3420.
Reliability and Bootstrap Analysis	<ul style="list-style-type: none"> Staff Assessment 	<ul style="list-style-type: none"> See discussion for CBE #3420.
Risk Adjustment	<ul style="list-style-type: none"> Recommendation Group 	<ul style="list-style-type: none"> See discussion for CBE #3420.

Additional Recommendations: The Recommendation Group suggested the developer conduct a bootstrap analysis to support reliability testing, consider risk adjusting the measure, update the age of evidence, and update the validity analyses.

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CBE #1623 – Bereaved Family Survey - Performance Measure (BFS-PM) Score (%) for all Veteran Affairs Medical Center Inpatient Deaths [Department of Veterans Affairs]

[Specifications](#) | [Discussion Guide](#)

Description: The Bereaved Family Survey-Performance Measure (BFS-PM) is an outcome measure that is used to assess overall quality of care in the last month of life. Currently, the BFS is administered to the next-of-kin of all Veterans who die in a Veterans Affairs (VA) inpatient setting (i.e., acute units, intensive care units, inpatient hospice and palliative care units, and VA nursing homes) 4-6 weeks post-death. The BFS-PM is calculated using the global rating item included on the 20-item BFS that has separate versions for male and female Veterans and is available in English and Spanish. The BFS global rating item asks: “Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate the care [he/she] received in the last month of life?” The BFS-PM is calculated as the proportion of family members who provided a “top box” rating of 9 or 10 vs. 0-8 on the global rating item. BFS-PM scores are used for the purposes of monitoring quality of care for Veterans at the end of life nationally, facility benchmarking within the VA health care system, and targeting quality improvement efforts.

Committee Final Vote: Endorse

Vote Count: Endorse (13 votes; 100.00%), Endorse with Conditions (N/A), Remove Endorsement (0 votes; 0.00%); recusals (1).

Public Comments: Battelle received five comments prior to the meeting. Three comments stated that the survey is an essential tool for tracking and improving end-of-life quality of care, further assisting facilities to pinpoint priorities for improvements, and many aspects of that tool cannot be captured through chart review or administrative data. One comment noted overall support, highlighting that the use and usability results are encouraging. One commenter expressed concern about the measure missing veterans who received care in non-VA settings; they suggested expanding the measure to all inpatient settings for broader patient capture.

Advisory Group Comments: The Advisory Group recognized the survey's importance and value to veterans and their families, as evidenced by high response rates, and expressed interest in expanding its use beyond the VA. They praised the developer's rigorous system for maintaining these response rates, which reflect the measure's significance. The group discussed ways to further improve response rates and how the measure could drive quality improvement processes, including equity considerations related to race and ethnicity. They also sought more information on how the developer addresses the needs of bereaved family members, particularly those requiring mental health resources.

Measure Discussion:

Discussion Topic/Theme	Source of Comment	Recommendation Group Discussion
Use and Usability	<ul style="list-style-type: none"> Advisory Group Recommendation Group 	<ul style="list-style-type: none"> The Recommendation Group commented that the data are very actionable for the facilities to use in increasing the quality of end-of-life care for veterans; one of the co-chairs stated the Advisory Group was supportive of the measure for the same reasons.

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Discussion Topic/Theme	Source of Comment	Recommendation Group Discussion
Missed Individuals	<ul style="list-style-type: none"> Public Comment Advisory Group 	<ul style="list-style-type: none"> One of the co-chairs shared that the Advisory Group had also expressed a concern about individuals being missed; however, during the Advisory Group meeting, they stated that the developer explained a strong process to ensure that individuals are not missed Another Recommendation Group member stated that if a veteran is receiving care outside of the VA system, they will likely be captured by the Consumer Assessment of Health Providers and Systems (CAHPS).
Risk Adjustment	<ul style="list-style-type: none"> Staff Assessment 	<ul style="list-style-type: none"> The staff assessment stated that while the developer conducted statistical risk adjustment, it was not clear how the developer selected the final risk variables. The developer stated that their risk factors were selected a priori based on their past work and other similar patient and family measures. They did not select risk factors based on empirical model testing. Therefore, all the factors specified in the conceptual model were included in the final model. The developer stated that the goal of adjustment is not to maximize predictive accuracy or achieve the highest C-statistic but rather to identify the most appropriate factors for facility-level comparisons, which ensures that differences beyond a facility's control are accounted for without masking disparities in care. They stated that they found comorbid health conditions to have large, statistically significant effects on performance scores. The developer noted that it is a common finding that other outcomes have a greater influence on satisfaction with care when compared to patient comorbidities, which is what they believe led to their C-statistic of 0.6. The developer also stated that they re-calculate the weights for case mix adjustment every quarter. A few Recommendation Group members appreciated the clarity, with one recommending that the developer should, in future materials, explain their decision-making so the committee can appropriately interpret the measure.
Unexpected Findings	<ul style="list-style-type: none"> Advisory Group 	<ul style="list-style-type: none"> During the Advisory Group meeting, members had asked for additional information on how the developer contends with bereaved family members. The developer stated that the staff has been extensively trained to interact with family members, including directing family members to appropriate services. They stated that hearing an expression of suicidality is rare, but the staff do have resources should that occur.

Additional Recommendations: The Recommendation Group suggested the developer include additional information about the decision-making behind the risk adjustment model in future measure submissions.

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CBE #3645 – Hospice Visits in the Last Days of Life [CMS/Abt Global]

[Specifications](#) | [Discussion Guide](#)

Description: The proportion of hospice patients who received hospice visits from a registered nurse or medical social worker (non-telephonically) associated with the measured hospice entity during at least two of the final three days of life.

Committee Final Vote: Endorse with Conditions

Conditions: When the measure returns for maintenance (5 years), the measure developer should have:

- Explored the feasibility and utility of adding additional disciplines (e.g., chaplains) and patient preferences (e.g., visit refusal) to the measure;
- Conducted updated correlation analyses exploring included disciplines with patient/family satisfaction; and
- Explored, with the developer’s technical expert panel (TEP), the timing and unpredictability of end-of-life events.

Vote Count: Endorse (0 votes; 0.00%), Endorse with Conditions (12 votes; 86.00%), Remove Endorsement (2 votes; 14.00%); recusals (0).

Public Comments: Battelle received two comments prior to the meeting. The comments focused on person-centered care and inclusivity of disciplines. The National Alliance for Care at Home supports the use of hospice visit data but said the measure does not consider the wishes of the patient (e.g., preferences for other hospice interdisciplinary groups, virtual telehealth visits, spiritual needs, patient/family visit refusals). They said the measure should focus on quality rather than quantity of visits. Another commenter thought the measure was insensitive to the end-of-life process and not reflective of actual patient needs and dynamics of hospice care. This commenter also agreed that the measure should be more inclusive of other disciplines.

Advisory Group Comments: The Advisory Group, particularly patient participants, emphasized the importance of the measure in driving improvement and supporting patients and caregivers. However, several members noted a limitation in the measure’s inability to capture the contributions of other disciplines involved in end-of-life care, such as chaplains and social workers.

Measure Discussion:

Discussion Topic/Theme	Source of Comment	Recommendation Group Discussion
Holistic Care	<ul style="list-style-type: none"> • Public Comment • Advisory Group • Recommendation Group 	<ul style="list-style-type: none"> • One of the co-chairs emphasized that the Advisory Group had a lengthy conversation about the idea that other disciplines should be included in the measure. • The developer responded that while hospice is an interdisciplinary field, interdisciplinary should not be conflated with interchangeable. They stated that while other disciplines may

Discussion Topic/Theme	Source of Comment	Recommendation Group Discussion
		<p>also be beneficial to patients at end of life, this measure focuses on professional visits that the developer has analyzed and heard the benefit of from patients. They also added that while a chaplain code has recently been added to hospice claims, hospices are not widely using the code yet. They stated that they can consider developing other measures to cover additional disciplines.</p> <ul style="list-style-type: none"> • A Recommendation Group member acknowledged that while the disciplines are not interchangeable, end of life can include a great deal of spiritual and existential distress. • Another committee member echoed that tracking the data would encourage hospices to use the chaplain code. • Based on the discussion, one of the conditions for endorsement was that the developer explore the feasibility and utility of adding additional disciplines (e.g., chaplains) to the measure; another condition was that the developer conduct updated correlation analyses exploring included disciplines with patient/family satisfaction.
Gaming	<ul style="list-style-type: none"> • Recommendation Group 	<ul style="list-style-type: none"> • A few committee members expressed concern over the potential of gaming, such as a patient being moved from the hospice setting due to a lack of staff. • Regarding nationwide hospice, the developer stated that there have not been large shifts toward other levels of care. They said they would expect the same to be true for end of life but that has not been verified.
Three-Day Time Frame	<ul style="list-style-type: none"> • Patient Partner • Recommendation Group 	<ul style="list-style-type: none"> • A few committee members, including a patient partner, expressed concern over the 3-day time frame, pointing out that, in some cases, a provider or facility may have a difficult time determining when someone is entering the last 3 days of life, and a provider may be penalized for giving appropriate care. • The developer stated that the intention is not 100% compliance, as predicting when someone will pass, with precise certainty, is not possible. They stated that the measure encourages hospices to increase monitoring for symptoms near end of life. • Based on the discussion, one of the conditions for endorsement was the developer explore with a TEP the unpredictability of end-of-life events.
Quantity vs. Quality	<ul style="list-style-type: none"> • Public Comment • Patient Partner • Recommendation Group 	<ul style="list-style-type: none"> • The Recommendation Group discussed whether a measure that identifies whether a visit occurred but not the quality of the visit is enough to drive improvement, noting that increased quantity does not improve quality. A patient partner on the Recommendation Group expressed concern that the measure does not hold facilities accountable for improvement. Another patient partner stated they felt simply measuring the quantity of visits is a “low bar,” while another committee member expressed concern that this could be a “checkbox” measure. Another member stated that simply showing up is important and that a separate measure could measure the quality aspect.

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Discussion Topic/Theme	Source of Comment	Recommendation Group Discussion
Harmonization	<ul style="list-style-type: none"> Recommendation Group 	<ul style="list-style-type: none"> The developer stated that this is a process measure that looks at understanding care processes at a critical time. They emphasized that they have heard that “just showing up” is worthwhile, from the patient experience.
Patient Preference and Meaningfulness	<ul style="list-style-type: none"> Public Comment Advisory Group Patient Partner Recommendation Group 	<ul style="list-style-type: none"> A few Recommendation Group members encouraged the developer to harmonize or collaborate with the American Academy of Hospice and Palliative Care Medicine and RAND. Another member expressed concerns that other measures addressing this area may already exist. The developer stated they would be interested in exploring harmonization or collaboration.
Patient Preference and Meaningfulness	<ul style="list-style-type: none"> Public Comment Advisory Group Patient Partner Recommendation Group 	<ul style="list-style-type: none"> The Advisory Group, and particularly the patient partners, said that this was an important measure that can support patients and caregivers. A Recommendation Group member stated that the measure should consider patient preference, as some individuals may not want to see a provider at end of life, which would then result in the provider being penalized for the measure. Another Recommendation Group member commented that they would like more information on whether this measure helps patients feel heard and understood. Based on the discussion, one of the conditions for endorsement was that the developer explore the feasibility and utility of adding patient preference (e.g., visit refusal) to the measure.
Telehealth	<ul style="list-style-type: none"> Recommendation Group 	<ul style="list-style-type: none"> A few committee members asked if the developer had considered including telehealth visits in the measure. The developer stated that what they have heard from family and patients is that because end of life is such an emotionally intense and often scary time, they prefer having a person in the room with them. However, they said they have also heard this feedback from other individuals and could look at this suggestion in more detail.

Additional Recommendations: The Recommendation Group recommended the developer monitor the measure for gaming, harmonize with other already existing measures or collaborate with organizations such as the American Academy of Hospice and Palliative Care Medicine and RAND, and consider incorporating telehealth visits in the measure.

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CBE #4630 – Cross-Setting Discharge Function Score for Inpatient Rehabilitation Facilities [RTI International/CMS]

[Specifications](#) | [Discussion Guide](#)

Description: This outcome measure estimates the percentage of Inpatient Rehabilitation Facility (IRF) Medicare patient stays that meet or exceed an expected discharge function score. The expected discharge function score is a risk-adjusted estimate that accounts for patient characteristics. The measure includes patients who are 18 years of age or older and the timeframe for the measure is 12 months.

Committee Final Vote: Endorse

Vote Count: Endorse (12 votes; 86.00%), Endorse with Conditions (2 votes; 14.00%), Not Endorse (0 votes; 0.00%); recusals (0).

Public Comments: Battelle received 12 comments prior to the meeting. The commenters included the American Medical Rehabilitation Providers Association (AMRPA), Kessler Institution for Rehabilitation, Mary Free Bed Rehabilitation Hospital, Encompass Health, Exchanged Quality Data for Rehabilitation (EDUADR) Patient Safety Organization, Gunderson Health System, MossRehab, HCA Healthcare, Ernest Health, Spaulding Rehabilitation Hospital/Harvard Medical School, and Madonna Rehabilitation Hospital. All 12 comments focused on:

- Feasibility (imputation methodology is unclear and burdensome): Commenters expressed significant concerns about the activity not attempted (ANA) code imputation methodology, citing its burdensome nature, unclear responsibilities, and high costs for technology and training. They highlighted issues such as that the measure methodology overrides clinical judgment, differs from existing methods, and lacks clarity on responsibility for calculations. Additionally, they noted that without technological solutions, clinicians face uncertainty in patient function scores, complicating the use of quality measures, and the methodology report lacks clarity on accounting for ambulatory patients versus patients who use wheelchairs.
- Concerns with competing measures: Commenters said the measure competes with two existing measures (CBE #2635 Discharge Self-Care Score and CBE #2636 Discharge Mobility Score for Medical Rehabilitation Patient), showing inconsistencies, as some IRFs report meeting expectations on the existing measures but not on the new one. AMRPA noted that 14% of IRFs performed worse on the Discharge Function Score. Stakeholders have requested a detailed comparison to identify discrepancies. Commenters criticized combining self-care and mobility into a single score, preferring separate assessments for accuracy, especially for patients with imbalance impairments. The measure uses only a portion of functional items from the IRF Patient Assessment Instrument (IRF-PAI) and lacks cognitive elements, potentially misrepresenting patient improvements. The commenters also expressed concerns about the sample size suggesting biases in smaller facilities, which warrants further investigation.

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- “Cross-setting”: Commenters felt that this measure is not truly a “cross-setting” measure, as the settings each have different imputation and risk-adjustment methodologies. They stated that the implication that the measures can be used to compare across settings is inaccurate and misleading. Measure calculations should be standardized across settings.
- Unintended consequences: Commenters felt there are potential unintended consequences, such as limiting patient access to certain settings. AMRPA also questioned whether consideration was given for referral sources using measure information to direct patients to alternative settings that may not provide the appropriate services to produce high-quality outcomes.

Advisory Group Comments: A few Advisory Group members expressed satisfaction with the introduction of cross-setting measures, noting their potential benefits. The group deliberated on the appropriateness of excluding patients with uncertain trajectories from the measure and whether the new measures might overlap with existing ones. Concerns were also raised about the potential for function scores to be manipulated, allowing entities to appear to perform better on the measure.

Measure Discussion:

Discussion Topic/Theme	Source of Comment	Recommendation Group Discussion
Definition of Function	<ul style="list-style-type: none"> • Patient Partner • Recommendation Group 	<ul style="list-style-type: none"> • A patient partner on the Recommendation Group commented that the definition of “function” seemed narrow and should include mood. • Another Recommendation Group member explained that functional items stem from Section GG, which is used by Medicare across all post-acute care settings to track functional self-care. They explained that these functional items are basic, such as eating, oral hygiene, and toilet hygiene. • The developer agreed that while mood is an important part of functioning broadly, another measure would be needed to address that concept in this population.
Priorities of Caregiver vs. Patient	<ul style="list-style-type: none"> • Patient Partner • Recommendation Group 	<ul style="list-style-type: none"> • A patient partner commented that the priorities of the caregiver may be different from those of the patient. • Another Recommendation Group member stated that because the functional items Section GG measures are so basic, priorities are less likely to differ between caregivers and patients on these items.
Definition of “Cross-Setting”	<ul style="list-style-type: none"> • Public Comment • Advisory Group 	<ul style="list-style-type: none"> • The Advisory Group and the public comments criticized the measure’s designation as “cross-setting” due to differing expectations across the post-acute care settings, which could potentially lead to patient confusion, inequitable patient access, and misdirected referrals. • The developer stated that “cross-setting” is meant to align the interpretation and methodology across the measures. The approach, numerator, and denominator are calculated the same for each measure, but the coefficients and risk adjustments vary by setting and use the data specific to the setting (e.g., the IRF measure is calculated using

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Discussion Topic/Theme	Source of Comment	Recommendation Group Discussion
Feasibility	<ul style="list-style-type: none"> Public Comment Staff Assessment Recommendation Group 	<p>IRF data). The developer also clarified that the measure is not referred to as “cross-setting” on the public-facing Care Compare websites.</p> <ul style="list-style-type: none"> Public comments, staff assessment, and several Recommendation Group members all raised concerns about the potential burden stemming from the complex imputation methodology. One Recommendation Group member provided additional clarification that the imputation methodology would only be used if a facility did not collect information; however, they said that facilities have been mandated to collect this information for a decade. The developer confirmed that missing data should happen infrequently, and that most data are real data. The purpose of the ANA imputation methodology is so that providers do not rate functional status arbitrarily low initially and instead are using the best-available data on the patient to determine what their function should be, based on clinical criteria. The developer also stated the burden is low because CMS and their vendors calculate the measure results.
Public Comment	<ul style="list-style-type: none"> Recommendation Group 	<ul style="list-style-type: none"> A few committee members expressed concern about the extent of the public comment from the rehabilitation community. They stated that it felt difficult to support the measure when it did not have buy-in from the community meant to be using it. The developer stated that the rehabilitation community has been heavily involved because they care deeply about functional measures. They emphasized that the cross-setting measures were developed with a TEP that had representatives from the patient and family perspective as well as clinicians. The developer said they held several meetings to discuss the items and the analysis and that they continue to be open to ongoing feedback. They also shared that the main concern was the imputation method.
Overlapping Measures	<ul style="list-style-type: none"> Public Comment Advisory Group Staff Assessment 	<ul style="list-style-type: none"> The Advisory Group discussed whether the new cross-setting measures would overlap with already existing measures. Public comments and the staff assessment also raised this issue for consideration by the Recommendation Group. The developer stated that the Improving Medicare Post-Acute Care Transformation (IMPACT) Act, passed in 2014, requires CMS to implement a measure across all settings. CMS first implemented a process measure, which is now topped out. They added that CMS is actively monitoring measures for potential removal. The Recommendation Group did not raise any questions or concerns, noting that it is important to have aligned measures across the settings.

Additional Recommendations: The Recommendation Group suggested the developer continue looking at imputation methods and explore best analyses.

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CBE #4635 – Cross-Setting Discharge Function Score for Long-Term Care Hospitals [RTI International/CMS]

[Specifications](#) | [Discussion Guide](#)

Description: This outcome measure estimates the percentage of Long-Term Care Hospital (LTCH) patient stays that meet or exceed an expected discharge function score. The expected discharge function score is a risk-adjusted estimate that accounts for resident characteristics. The measure includes patients 18 years of age or older and the measure timeframe is 12 months

Committee Final Vote: Endorse

Vote Count: Endorse (13 votes; 93.00%), Endorse with Conditions (N/A), Not Endorse (1 vote; 7.00%); recusals (0).

Public Comments: Battelle received no comments specific to this measure prior to the meeting. However, the comments for CBE #4630 included cross-cutting themes, including:

- Feasibility concerns due to the burden of the imputation methodology;
- Unintended consequences of limiting patient access; and
- Misleading implication that one can compare measure results across settings.

Advisory Group Comments: A few Advisory Group members expressed satisfaction with the introduction of cross-setting measures, highlighting their potential benefits. The group discussed the possibility of these new measures overlapping with existing ones and raised concerns about the potential manipulation of function scores to improve perceived performance. Additionally, the group considered how the measure could help prevent premature discharges from LTCHs, particularly concerning underrepresented minorities.

Measure Discussion:

Discussion Topic/Theme	Source of Comment	Recommendation Group Discussion
Definition of “Cross-Setting”	<ul style="list-style-type: none"> • Public Comment • Advisory Group 	<ul style="list-style-type: none"> • The Recommendation Group agreed that the same discussion of this topic from CBE #4630 applied to this measure.
Feasibility	<ul style="list-style-type: none"> • Public Comment • Staff Assessment • Recommendation Group 	<ul style="list-style-type: none"> • The Recommendation Group agreed that the same discussion of this topic from CBE #4630 applied to this measure.
Overlapping Measures	<ul style="list-style-type: none"> • Public Comment • Advisory Group • Staff Assessment 	<ul style="list-style-type: none"> • The Recommendation Group agreed that the same discussion of this topic from CBE #4630 applied to this measure.

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Additional Recommendations: The Recommendation Group suggested the developer continue looking at imputation methods and explore best analyses.

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CBE #4640 – Cross-Setting Discharge Function Score for Skilled Nursing Facilities [RTI International/CMS]

[Specifications](#) | [Discussion Guide](#)

Description: This outcome measure estimates the percentage of Medicare Part A skilled nursing facility stays that meet or exceed an expected discharge function score. The expected discharge function score is a risk-adjusted estimate that accounts for resident characteristics. The measure includes patients who are 18 years of age or older and the measure timeframe is 12 months.

Committee Final Vote: Endorse

Vote Count: Endorse (13 votes; 93.00%), Endorse with Conditions (N/A), Not Endorse (1 vote; 7.00%); recusals (0).

Public Comments: Battelle received no comments specific to this measure prior to the meeting. However, the comments for CBE #4630 included cross-cutting themes, including:

- Feasibility concerns due to the burden of the imputation methodology;
- Unintended consequences of limiting patient access; and
- Misleading implication that one can compare measure results across settings.

Advisory Group Comments: A few Advisory Group members expressed satisfaction with the introduction of cross-setting measures, noting their potential benefits. However, several members raised concerns about the measure's limited applicability, as it only covers FFS patients, who represent a small percentage in SNFs. Additionally, there were discussions about the potential for function scores to be manipulated, allowing entities to appear to perform better on the measure.

Measure Discussion:

Discussion Topic/Theme	Source of Comment	Recommendation Group Discussion
Definition of “Cross-Setting”	<ul style="list-style-type: none"> • Public Comment • Advisory Group 	<ul style="list-style-type: none"> • The Recommendation Group agreed that the same discussion of this topic from CBE #4630 applied to this measure.
Feasibility	<ul style="list-style-type: none"> • Public Comment • Staff Assessment • Recommendation Group 	<ul style="list-style-type: none"> • The Recommendation Group agreed that the same discussion of this topic from CBE #4630 applied to this measure.
Overlapping Measures	<ul style="list-style-type: none"> • Public Comment • Advisory Group • Staff Assessment 	<ul style="list-style-type: none"> • The Recommendation Group agreed that the same discussion of this topic from CBE #4630 applied to this measure.

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Discussion Topic/Theme	Source of Comment	Recommendation Group Discussion
Target Population	<ul style="list-style-type: none"> Advisory Group Recommendation Group 	<ul style="list-style-type: none"> A Recommendation Group committee member expressed concern that the measure does not include Medicare Advantage (MA) members, who make up a large population of Medicare beneficiaries receiving Skilled Nursing Facility (SNF) care. The co-chair echoed that this had been a concern of the Advisory Group. The developer stated that CMS has been gathering feedback, including holding listening sessions and working with stakeholders, to address this issue and consider whether the measure could be expanded in the future.

Additional Recommendations: The Recommendation Group suggested the developer continue looking at imputation methods and explore best analyses as well considering adding MA beneficiaries.

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CBE #4645 – Cross-Setting Discharge Function Score – for Home Health Agencies [Abt Global/CMS]

[Specifications](#) | [Discussion Guide](#)

Description: This outcome measure estimates the percentage of Home Health (HH) Medicare patients (18+) who meet or exceed an expected discharge function score over a 12-month period. The expected discharge function score is a risk-adjusted estimate that accounts for patient characteristics.

Committee Final Vote: Endorse

Vote Count: Endorse (13 votes; 93.00%), Endorse with Conditions (N/A), Not Endorse (1 vote; 7.00%); recusals (0).

Public Comments: Battelle received no comments specific to this measure prior to the meeting. However, the comments for CBE #4630 included cross-cutting themes, including:

- Feasibility concerns due to the burden of the imputation methodology;
- Unintended consequences of limiting patient access; and
- Misleading implication that one can compare measure results across settings.

Advisory Group Comments: A few Advisory Group members expressed satisfaction with the introduction of cross-setting measures, highlighting their potential benefits. The group debated the appropriateness of a 12-month period for the measure, with concerns that such a lengthy timeframe could hinder clinicians' ability to implement improvements. Additionally, there were discussions about the potential manipulation of function scores, which could allow entities to appear to perform better on the measure.

Measure Discussion:

Discussion Topic/Theme	Source of Comment	Recommendation Group Discussion
Definition of “Cross-Setting”	<ul style="list-style-type: none"> • Public Comment • Advisory Group 	<ul style="list-style-type: none"> • The Recommendation Group agreed that the same discussion of this topic from CBE #4630 applied to this measure.
Feasibility	<ul style="list-style-type: none"> • Public Comment • Staff Assessment • Recommendation Group 	<ul style="list-style-type: none"> • The Recommendation Group agreed that the same discussion of this topic from CBE #4630 applied to this measure.
Overlapping Measures	<ul style="list-style-type: none"> • Public Comment • Advisory Group • Staff Assessment 	<ul style="list-style-type: none"> • The Recommendation Group agreed that the same discussion of this topic from CBE #4630 applied to this measure.

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Additional Recommendations: The Recommendation Group suggested the developer continue looking at imputation methods and explore best analyses.

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Next Steps

Battelle staff shared that they would publish a meeting summary by March 4, 2025. The appeals period will run from March 4-24, 2025. If an eligible appeal is received, the appeals committee will meet on [March 31, 2025](#), to evaluate the appeal and determine whether to maintain or overturn an endorsement decision.