

National Consensus Development and Strategic Planning for
Health Care Quality Measurement

Final Fall 2023 Cycle Endorsement and Maintenance (E&M) Technical Report

ADVANCED ILLNESS AND POST-ACUTE CARE

April 2024



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The analyses upon which this publication is based were performed under Contract Number 75FCMC23C0010, entitled, "National Consensus Development and Strategic Planning for Health Care Quality Measurement," sponsored by the Department of Health and Human Services, Centers for Medicare & Medicaid Services.

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Executive Summary

Over the past 20+ years, the United States (U.S.) has been focused on improving health care quality for Americans. Health care quality measures have increasingly been developed and used to facilitate this goal by quantifying the quality of care provided by health care providers and organizations based on various standards of care. These standards relate to the effectiveness, safety, efficiency, person-centeredness, equity, and timeliness of care.¹

At Battelle, we have a strong collective interest in ensuring that the health care system works as well as it can. Quality measures are used to support health care improvement, benchmarking, and accountability of health care services and to identify weaknesses, opportunities, and disparities in care delivery and outcomes.^{1,2}

Battelle is a certified consensus-based entity (CBE) funded through the Centers for Medicare & Medicaid Services (CMS) National Consensus Development and Strategic Planning for Health Care Quality Measurement Contract. As a CMS-certified CBE, we facilitate the review of quality measures for endorsement. To support our consensus-based process, we formed the Partnership for Quality Measurement™ (PQM), which ensures informed and thoughtful endorsement reviews of quality measures across a range of focus areas that align with a person's journey through the health care system.

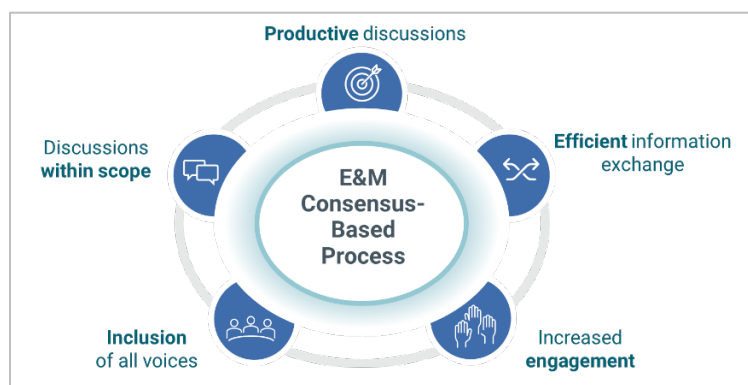


Figure ES-1. E&M Consensus-Based Process

One of those focus areas is Advanced Illness and Post-Acute Care, which includes measures that focus on post-acute care and advanced illness, including cancer and kidney disease (e.g., end-stage renal disease). In the Medicare population, 4% of beneficiaries have advanced illness, while 25% of Medicare costs are associated with those beneficiaries.³ Post-acute care settings account for nearly 15% of Medicare spending.⁴ During this review cycle, the Advanced Illness and Post-Acute Care committee evaluated measures targeting pain management in persons with cancer and appropriate medication use in persons with kidney disease. With nearly 50% of cancer patients experiencing pain, management of pain is an important facet of care for both patients and providers to explore. Ninety percent of patients with pain associated with cancer can see reduced pain with proper management.⁵ With regards to appropriate medication use in persons with kidney disease, studies have shown up to 35% of kidney disease patients were prescribed medications inappropriately.⁶

For this measure review cycle, four measures were submitted to the Advanced Illness and Post-Acute Care committee for endorsement consideration. Of the four measures reviewed by the committee (Figure ES-2), the committee endorsed one measure and endorsed three measures

with conditions (Table ES-1). Three measures, CBE #0383, #0384e, and #0384 are each specified at two levels of accountability: the clinician group/practice level and the individual clinician level. Therefore, the committee provided an endorsement vote for each level of accountability.

Table ES-1. Measures Reviewed by the Committee

CBE Number	Measure Title	New/Maintenance	Developer/Steward	Final Endorsement Decision
0383	Oncology: Medical and Radiation- Plan of Care for Pain (Clinician: Group/ Practice Level)	Maintenance	American Society of Clinical Oncology (ASCO)	Endorsed
0383	Oncology: Medical and Radiation- Plan of Care for Pain (Clinician: Individual Level)	Maintenance	ASCO	Endorsed
0384	Oncology: Medical and Radiation- Pain Intensity Quantified (Clinician: Group/ Practice Level)	Maintenance	ASCO	Endorsed with Conditions
0384	Oncology: Medical and Radiation- Pain Intensity Quantified (Clinician: Individual Level)	Maintenance	ASCO	Endorsed with Conditions
0384e	Oncology: Medical and Radiation- Pain Intensity Quantified (Clinician: Group/ Practice Level)	Maintenance	ASCO	Endorsed with Conditions
0384e	Oncology: Medical and Radiation- Pain Intensity Quantified (Clinician: Individual Level)	Maintenance	ASCO	Endorsed with Conditions
1662	Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy	Maintenance	Renal Physicians Association	Endorsed with Conditions

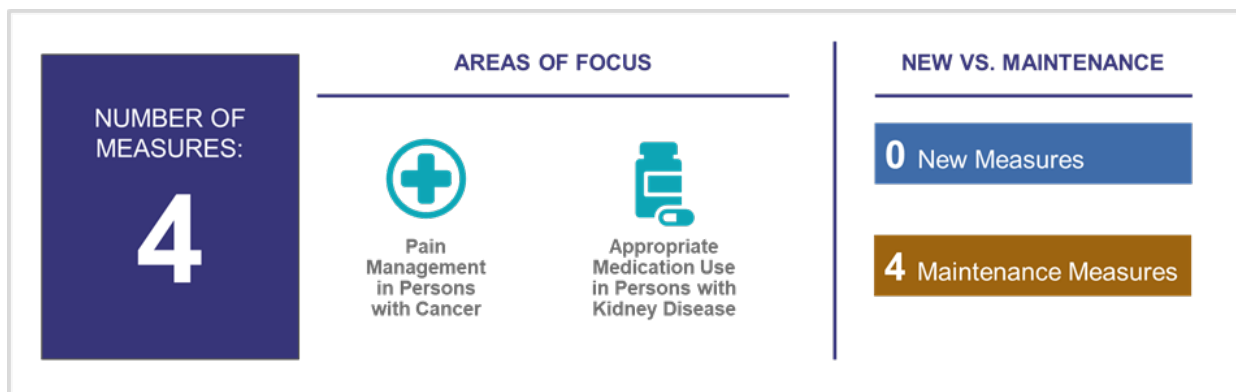


Figure ES-2. Fall 2023 Measures for Committee Review

Endorsement and Maintenance (E&M) Overview

Battelle's E&M process ensures measures submitted for endorsement are evidence-based, scientifically sound, and both safe and effective, meaning use of the measure will increase the likelihood of desired health outcomes; will not increase the likelihood of unintended, adverse health outcomes; and is consistent with current professional knowledge.

Each E&M cycle (e.g., Fall or Spring) has a designated Intent to Submit deadline, by which measure developers/stewards must submit key information (e.g., measure title, type, description, specifications) about the measure. One month after the Intent to Submit deadline (Table 1), measure developers/stewards submit the full measure information by the respective Full Measure Submission deadline.

The measures are then posted to the PQM website for a 30-day public comment period, which occurs prior to the endorsement meeting. The intent of this 30-day comment period is to solicit both supportive and non-supportive comments with respect to the measures under endorsement review. Any interested party may submit a comment on any of the measures up for endorsement review for a given cycle (e.g., Fall or Spring). All public comments received during this 30-day period are posted to the respective measure page on the [PQM website](#) for full transparency. Summaries of the comments received for the measures submitted to the Advanced Illness and Post-Acute Care are provided [below](#). The committee considers all comments in its endorsement evaluation of the measures.

Table 1. Intent to Submit and Full Measure Submission Deadlines by Cycle

E&M Cycle	Intent to Submit*	Full Measure Submission*
Fall	October 1	November 1
Spring	April 1	May 1

**Deadlines are set at 11:59 p.m. (ET) of the day indicated. If the deadline ends on a weekend or holiday, the deadline will be the next immediate business day.*

E&M committees are composed of diverse PQM members, representing all facets of the health care system. There are five [E&M projects](#), each has a committee that evaluates, discusses, and assigns endorsement decisions for measures under endorsement review. Each E&M project committee is divided into an Advisory Group and a Recommendations Group (Figure 1).

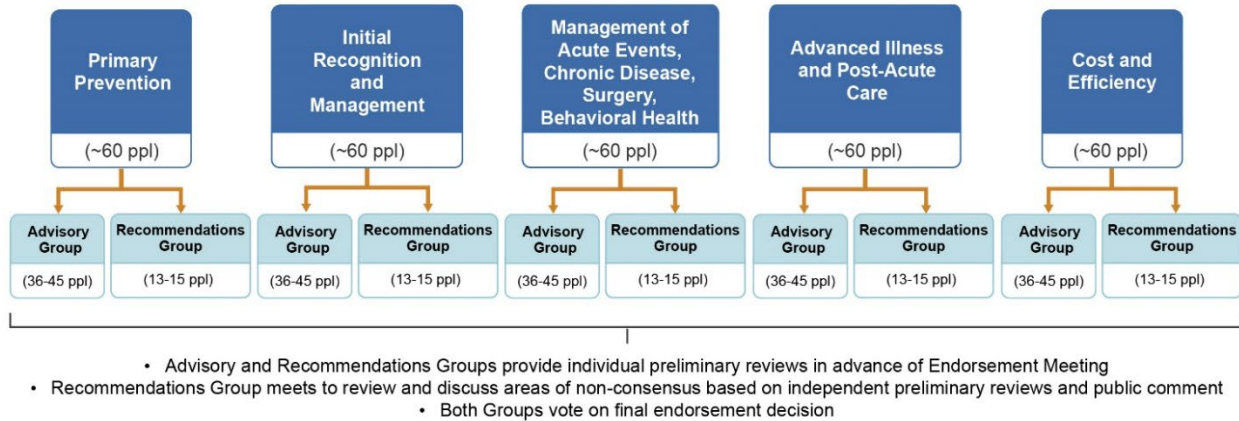


Figure 1. E&M Committee Structure

The goal is to create inclusive committees that balance experience, expertise, and perspectives. The E&M process convenes and engages interested parties throughout the cycle. The interested parties include those who are impacted or affected by quality and cost/resource who come from a variety of places and represent a diverse group of people and perspectives (Figure 2 and Figure 3).

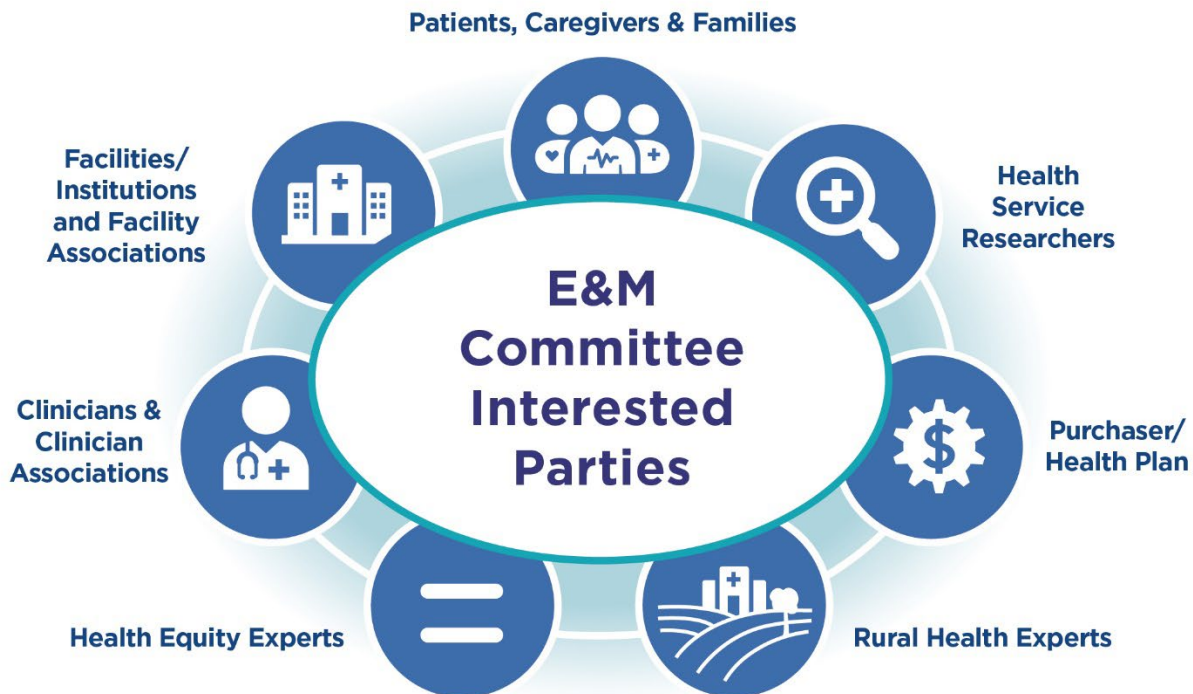


Figure 2. E&M Interested Parties

All committee members complete a measure-specific disclosure of interest (MS-DOI) form to identify potential conflicts with the measures under endorsement review for the respective E&M cycle. Members were recused from voting on measures potentially affected by a perceived conflict of interest (COI) based on Battelle’s [COI policy](#). While a list of committee members is provided in [Appendix A](#), full committee rosters and bios are posted on the respective project pages on the [PQM website](#).



Figure 3. Advanced Illness and Post-Acute Care Committee Members

During the endorsement meeting, Advisory Group members listen to the Recommendations Group discussions before both groups cast an endorsement vote (Figure 4). This structure ensures a larger number of voices contribute to the consensus-building process.

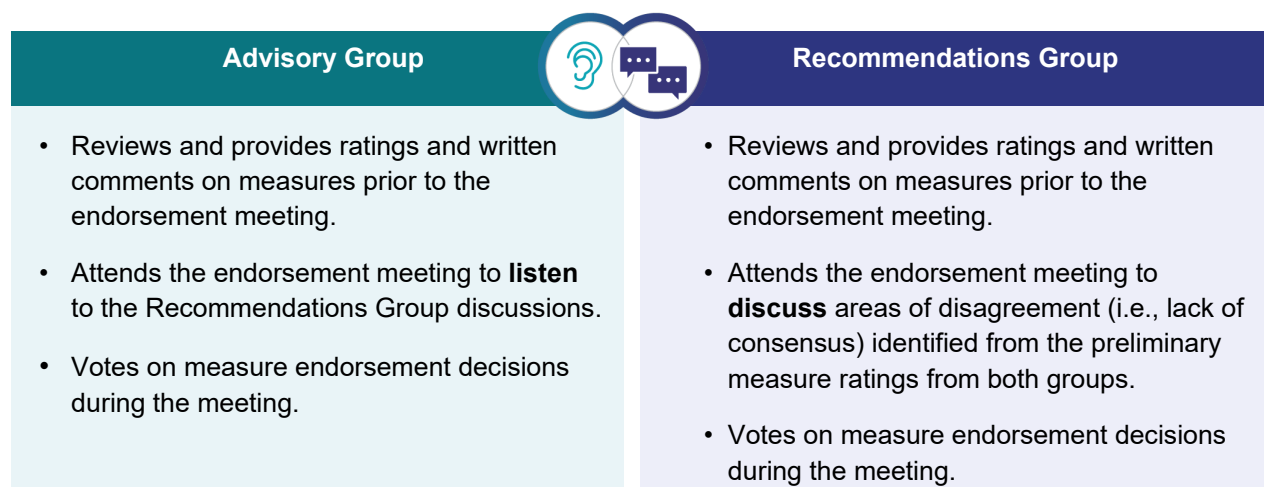


Figure 4. E&M Advisory Group vs. Recommendations Group

At least three weeks prior to an E&M committee endorsement meeting, the Recommendations Group and the Advisory Group receive 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 E&M team preliminary assessments.

Members of both groups review each measure, independently, against the PQM Measure Evaluation Rubric. Committee members assign a rating of “Met,” “Not Met but Addressable,” or “Not Met” for each domain of the PQM Measure Evaluation Rubric. In addition, committee members provide associated rationales for each domain rating, which were based on the rating criteria listed for each domain. Battelle staff [aggregate](#) and [summarize](#) the results and distributed them back to the committee, and to the respective measure developers, and/or stewards, for review within one week of the endorsement meeting. These independent committee member ratings are compiled and used by Battelle facilitators and committee co-chairs to guide committee discussions.

Under the Battelle process, measures reach their endpoint when an endorsement decision is rendered by the E&M project committees (Table 2).

Table 2. Endorsement Decision Outcomes

Decision Outcome	Description	Maintenance Expectations
Endorsed	<p>Applies to new and maintenance measures.</p> <p>There is 75% or greater agreement for endorsement via a vote by the E&M committee.</p>	<p>Measures undergo maintenance of endorsement reviews every 5 years with a status report submission at 3 years (see Status Report/Annual Update for more details).[‡]</p>
Endorsed with Conditions*	<p>Applies to new and maintenance measures.</p> <p>There is 75% or greater agreement via a vote by the E&M committee that the measure can be endorsed as it meets the criteria, but there are recommendations/areas committee reviewers would like to see when the measure comes back for maintenance. If these recommendations are not addressed, then a rationale from the developer/steward should be provided for consideration by the E&M committee review.</p>	<p>Measures undergo maintenance of endorsement reviews every 5 years with a status report submission at 3 years (see Status Report/Annual Update for more details), unless the E&M committee assigns a condition requiring the measure to be reviewed earlier.</p> <p>At maintenance review, the E&M committee evaluates whether conditions have been</p>

Decision Outcome	Description	Maintenance Expectations
		met, in addition to all other maintenance endorsement minimum requirements.
Not Endorsed [°]	Applies to new measures only. There is 75% or greater agreement via a vote by the E&M committee to not endorse the measure.	None
Endorsement Removed [°]	Applies to maintenance measures only. Either: <ul style="list-style-type: none"> • There is 75% or greater agreement for endorsement removal by the E&M committee; or • A measure steward retires a measure (i.e., no longer pursues endorsement); or • A measure steward never submits a measure for maintenance and there is no response from the steward 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). 	None

±Maintenance measures may be up for endorsement review earlier if an emergency/off-cycle review is needed.

**Conditions are determined by the E&M committee, with the consideration of what is feasible and appropriate for the developer/steward to execute by the time of maintenance endorsement review.*

°Measures that fail to reach the 75% consensus threshold are not endorsed.

The "Endorsed with Conditions" category serves as a means of endorsing a measure, but with conditions set by the committee. These conditions take into consideration what is feasible and appropriate for the developer/steward to execute by the time of maintenance endorsement review.

After the E&M endorsement meeting, E&M committee endorsement decisions and associated rationales are posted to the [PQM website](https://www.p4qm.org) for three weeks, which represents an appeals period, during which any interested party may request an appeal regarding any E&M committee endorsement decision. If a measure’s endorsement is being appealed, including an “Endorsed with Conditions” decision, the appeal must:

- Cite evidence of the appellant's interests are directly and materially affected by the measure, and the CBE's endorsement of the measure has had, or will have, an adverse effect on those interests; and
- Cite the existence of a CBE procedural error or information that was available by the cycle's Intent to Submit deadline but was not considered by the E&M committee at the time of the endorsement decision, which is reasonably likely to affect the outcome of the original endorsement decision.

In the case of a measure not being endorsed, the appeal must be based on one of two rationales:

- The CBE's measure evaluation criteria were not applied appropriately. For this rationale, the appellant must specify the evaluation criteria they believe was misapplied.
- The CBE's E&M process was not followed. The appellant must specify the process step, how it was not followed properly, and how this resulted in the measure not being endorsed.

If an eligible appeal is received, we convene the Appeals Committee, consisting of the co-chairs from all five E&M project committees, to review and discuss the appeal. The Appeals Committee concludes its review of an appeal by voting to uphold (i.e., overturn a committee endorsement decision) or deny (i.e., maintain the endorsement decision) the appeal. Consensus is determined to be 75% or greater agreement among members.

For the Fall 2023 cycle, the appeals period opened on February 26 and closed on March 18, 2024. No appeals were received for the measures reviewed by the Advanced Illness and Post-Acute Care committee.

Advanced Illness and Post-Acute Care Measure Evaluation

For this measure review cycle, the Advanced Illness and Post-Acute Care committee evaluated zero new measures and four measures undergoing maintenance review against standard [measure evaluation criteria](#). During the endorsement meeting, the committee voted to endorse one measure, to endorse three measures with conditions, and to not endorse/remove endorsement for zero measures (Table 3).

Brief summaries of the committee's deliberations for each measure, along with any conditions for endorsement are noted under the [measure's evaluation summary](#) below. The committee's endorsement [meeting summary](#) can be found on the respective E&M project page on the PQM website. can be found on the respective E&M project page on the PQM website.

Table 3. Number of Fall 2023 Advanced Illness and Post-Acute Care Measures Submitted and Reviewed

	Maintenance	New	Total
Number of measures submitted for endorsement review	4	0	4
Number of measures withdrawn from consideration*	0	0	0
Number of measures reviewed by the committee	4	0	4
Number of measures endorsed	1	0	1
Number of measures endorsed with conditions	3	0	3
Number of measures not endorsed/endorsement removed	0	0	0

**Measure developers/stewards can withdraw a measure from measure endorsement review at any point before the committee endorsement meeting.*

Public Comments Received Prior to Committee Evaluation

Battelle accepts comments on measures under endorsement review through the [PQM website](#). For this evaluation cycle, the pre-evaluation commenting period opened on December 1, 2023 and closed on January 2, 2024. No pre-evaluation comments were received prior to the measure evaluation meeting on February 5, 2024.

Summary of Potential High-Priority Gaps

No potential high-priority measurement gap areas emerged during the committee's evaluation of the measures.

Summary of Major Concerns or Methodological Issues

No major concerns and/or methodological issues emerged during the committee's evaluation of the measures.

Measure Evaluation Summaries

CBE #1662 – Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy [Renal Physicians Association] - *Maintenance*

[Specifications](#) | [Committee Independent Review Summary](#)

Description: Percentage of patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (Stages 1-5, not receiving Renal Replacement Therapy (RRT)) and proteinuria who were prescribed ACE inhibitor or ARB therapy within a 12-month period.

Committee Final Vote: Endorsed with Conditions

Conditions:

- Evaluate why the measure is not widely used and develop implementation guidance to support use of the measure.
- Conduct empirical validity testing at the entity level for both reliability and validity.

Vote Count: Endorse (13 votes; 40.62%), Endorse with Conditions (19 votes; 59.38%), Remove Endorsement (0 votes; 0%); recusals (0).

Summary of Public Comments: No public comments were submitted for this measure.

Appeals: None

Discussion Theme	Recommendations Group Discussion
Scientific Acceptability (i.e., Reliability and Validity)	<ul style="list-style-type: none"> • The committee considered the reliability and validity testing for this measure. • The developer conducted data element testing with an inter-rater abstractor analysis, and although the results show strong agreement, the testing was from 2007 to 2008. • For validity, the submission relied primarily on face validity evidence from a technical expert panel, an American Society of Nephrology (ASN) quality committee, Kidney Disease Improving Global Outcomes (KDIGO) guidelines, and published literature. The developer convened a technical expert panel (n=19), which reached consensus on whether the measure score can discern

Discussion Theme	Recommendations Group Discussion
	<p>good vs. poor quality of care.</p> <ul style="list-style-type: none"> • Empirical validity testing of the data elements had previously been conducted but the data were from 2007. • The committee acknowledged that face validity was acceptable at initial endorsement, and for maintenance there should be empirical testing at the accountable entity level or, at a minimum, the data element level testing should be updated. • The committee therefore placed a condition on the measure for the developer to conduct empirical validity testing at the entity level for both reliability and validity for the next maintenance review.
Access	<ul style="list-style-type: none"> • The committee discussed access concerns pertaining to racial disparities, age, rural settings, and barriers to accessing specialists. • One committee member living with kidney disease commented that there is a known racial disparity issue with chronic kidney disease (CKD), such that 40% of patients are not using ACEi/ARB medications, which speaks to access concerns. There are also disparities for those that live in rural vs. urban settings. • In addition, the costs associated with seeing a specialist can contribute to access.
Use and Usability	<ul style="list-style-type: none"> • The committee recognized that this measure has been in existence for 10 years, but that it has not been used extensively during this time. • The committee also considered whether registries or qualified clinical data registries (QCDRs) have implemented this measure and made it available for the target population. Committee members noted that implementation feedback or questions from these measure registries could be an entity-level testing data source. • The developer noted that usability is a data/information technology (IT) problem and that endorsement allows users to advocate for the needed reporting capabilities with IT departments. • The committee therefore placed a condition on the measure for the developer to evaluate why the measure is not widely used and develop implementation guidance to support use of the measure.

Additional Recommendations for the Developer/Steward and Future Directions

No additional recommendations were made for this measure.

CBE #0383 – Oncology: Medical and Radiation – Plan of Care for Pain [American Society of Clinical Oncology] - *Maintenance*

[Specifications](#) | [Committee Independent Review Summary](#)

Description: This measure looks at the percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain. This measure is to be submitted at each denominator-eligible visit occurring during the performance period for patients with a diagnosis of cancer and in which pain is present who are seen during the performance period / measurement period. The time period for data collection is intended to be 12 consecutive months.

Clinician: Group/Practice Level

Committee Final Vote: Endorsed

Conditions: None

Vote Count: Endorse (27 votes; 81.82%), Endorse with Conditions (5 votes; 15.15%), Remove Endorsement (1 votes; 3.03%); recusals (0).

Clinician: Individual Level

Committee Final Vote: Endorsed

Conditions: None

Vote Count: Endorse (27 votes; 79.41%), Endorse with Conditions (6 votes; 17.65%), Remove Endorsement (1 votes; 2.94%); recusals (0).

Summary of Public Comments: No public comments were submitted for this measure.

Appeals: None

Discussion Theme	Recommendations Group Discussion
Pairing CBE #0383 with CBE #0384	<ul style="list-style-type: none"> The committee recognized that CBE #0383 and #0384 are paired, which means they are to be used together as a unit but result in individual scores. The intent of the currently endorsed pain measures is to improve pain management for cancer patients and subsequently improve their function and quality of life. The developer noted that CBE #0383 and #0384 are not being combined at this time because of the potential loss of the electronic clinical quality measure (eCQM). There is not a feasible way to capture plan of care in the electronic health record (EHR).

Discussion Theme	Recommendations Group Discussion
Meaningfulness to Patients	<ul style="list-style-type: none"> The committee recognized that direct patient input was not collected regarding the meaningfulness of this measure. The developer commented that it received comments from the patient and caregiver perspective that this is an important measure. The developer also cited a 2022 study reporting that the study's patient and caregiver panel placed emphasis on the importance of routine pain screening, management, and follow-up.
Scientific Acceptability (i.e., Reliability and Validity)	<ul style="list-style-type: none"> The committee considered the reliability and validity testing of the measure, acknowledging the strong reliability estimates at the accountable entity level (the average reliability ranged from 0.964 to 0.998). For validity, the developer provided data element testing results, which were very strong. However, the committee questioned why this maintenance measure did not have validity testing at the accountable entity level. The developer noted that it attempted to conduct concurrent validity testing by correlating this measure with CBE #0384, the pain assessment measure. However, there is an overestimation bias with this correlation because the populations are so similar, so it was not included in the report.
Equity	<ul style="list-style-type: none"> The committee acknowledged that the Equity domain is optional, and that the developer did not address this domain. The committee provided some comments regarding disparities that the developer may consider for future endorsement. The first was that African Americans and Hispanic patients are less likely than Caucasians to be prescribed opioids. The second was for the developer to use the geocode of the physician or practice, which may enable some analysis to identify disparities by geographic area.

Additional Recommendations for the Developer/Steward and Future Directions

No additional recommendations were made for this measure.

CBE #0384e – Oncology: Medical and Radiation – Pain Intensity Quantified [American Society of Clinical Oncology] - *Maintenance*

[Specifications](#) | [Committee Independent Review Summary](#)

Description: This measure looks at the percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified. This eCQM is an episode-based measure. An episode is defined as each eligible encounter for patients with a diagnosis of cancer who are also currently receiving chemotherapy or radiation therapy during the measurement period. The time period for data

collection is intended to be 12 consecutive months. There are two population criteria for this measure: 1) All patient visits for patients with a diagnosis of cancer currently receiving chemotherapy OR 2) All patient visits for patients with a diagnosis of cancer currently receiving radiation therapy. This measure is comprised of two populations but is intended to result in one reporting rate. This is a proportion measure and better quality is associated with a higher score.

Clinician: Group/Practice Level

Committee Final Vote: Endorsed with Conditions

Conditions:

- Explore, with the developer's Technical Expert Panel (TEP), adding mention of other specific measurement tools that can be used to support the measure.
- Include additional guidance for caregivers, namely for patients with cognitive impairment. For instance, adding additional guidance to note alternative methods of assessment, such as observations, behavioral cues, or care plans may be employed.

Vote Count: Endorse (19 votes; 59.38%), Endorse with Conditions (13 votes; 40.63%), Remove Endorsement (0 votes; 0%); recusals (0).

Clinician: Individual Level

Committee Final Vote: Endorsed with Conditions

Conditions:

- Explore, with the developer's TEP, adding mention of other specific measurement tools that can be used to support the measure.
- Include additional guidance for caregivers, namely for patients with cognitive impairment. For instance, adding additional guidance to note alternative methods of assessment, such as observations, behavioral cues, or care plans.

Vote Count: Endorse (18 votes; 56.25%), Endorse with Conditions (13 votes; 40.63%), Remove Endorsement (1 votes; 3.13%); recusals (0).

Summary of Public Comments: No public comments were submitted for this measure.

Appeals: None

Discussion Theme	Recommendations Group Discussion
Meaningfulness to Patients	<ul style="list-style-type: none"> The committee recognized that direct patient input was not collected regarding the meaningfulness of this measure. The developer commented that it received comments from the patient and caregiver perspective that this is an important measure. The developer also cited a 2022 study reporting that the study's patient and caregiver panel placed emphasis on the importance of routine pain screening, management, and follow-up.
Performance Gap	<ul style="list-style-type: none"> The committee considered the performance gap, which appears to have little room for improvement in clinician-level performance scores, with a mean ranging from 0.88 to 0.90. The developer noted that clinicians are allowed to self-select measures and may select those reflecting high performance rates, which could potentially mask a drop-in practice-level performance.
Scientific Acceptability (i.e., Reliability and Validity)	<ul style="list-style-type: none"> The committee considered the reliability and validity testing of the measure, acknowledging the strong reliability estimates at the accountable entity level (ranging from 0.826 to 1.000 with an overall average of 0.996). For validity, the developer provided data element testing results, which were very strong. However, the committee questioned why this maintenance measure did not have validity testing at the accountable entity level. The developer noted that it attempted to conduct concurrent validity testing by correlating this measure with CBE #0383. However, there is an overestimation bias with this correlation because the populations are so similar, so it was not included in the report.
Additional Guidance and Tools	<ul style="list-style-type: none"> Committee members requested that additional guidance be provided for caregivers. The committee also discussed adding mention of additional assessment tools. The developer commented that the pain intensity should be quantified using a standard instrument, but the instrument is not specified. Not all tools are codified but, as an eCQM, the recommendation given in the measure specifications is Patient-Reported Outcome Measurement Information System (PROMIS)-Pain. The committee placed two conditions on the measure, which were for the developer to explore, with the developer's TEP, adding a mention of other specific measurement tools that can be used to support the measure and to include additional guidance for caregivers, namely for patients with cognitive impairment. The developer may also consider looking at cognitive impairment as a disparity for this measure.

Additional Recommendations for the Developer/Steward and Future Directions

No additional recommendations were made for this measure.

CBE #0384 – Oncology: Medical and Radiation – Pain Intensity Quantified [American Society of Clinical Oncology] - *Maintenance*

[Specifications](#) | [Committee Independent Review Summary](#)

Description: This measure looks at the percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified. This measure is to be submitted at each denominator eligible visit occurring during the performance period for patients with a diagnosis of cancer who are seen during the performance period/measurement period. The time period for data collection is intended to be 12 consecutive months. There are two submission criteria for this measure: 1) All patient visits for patients with a diagnosis of cancer currently receiving chemotherapy OR 2) All patient visits for patients with a diagnosis of cancer currently receiving radiation therapy. This measure is comprised of two populations but is intended to result in one reporting rate. This is a proportion measure and better quality is associated with a higher score.

Clinician: Group/Practice Level

Committee Final Vote: Endorsed with Conditions

Conditions:

- Explore, with the developer's TEP, adding mention of other specific measurement tools that can be used to support the measure.
- Include additional guidance for caregivers, namely for patients with cognitive impairment. For instance, adding additional guidance to note alternative methods of assessment, such as observations, behavioral cues, or care plans may be employed.

Vote Count: Endorse (20 votes; 60.61%), Endorse with Conditions (12 votes; 36.36%), Not Endorse/Remove Endorsement (1 votes; 3.03%); recusals (0).

Clinician: Individual Level

Committee Final Vote: Endorsed with Conditions

Conditions:

- Explore, with the developer's TEP, adding mention of other specific measurement tools that can be used to support the measure.

- Include additional guidance for caregivers, namely for patients with cognitive impairment. For instance, adding additional guidance to note alternative methods of assessment, such as observations, behavioral cues, or care plans.

Vote Count: Endorse (20 votes; 60.61%), Endorse with Conditions (12 votes; 36.36%), Not Endorse/Remove Endorsement (1 votes; 3.03%); recusals (0).

Summary of Public Comments: No public comments were submitted for this measure.

Appeals: None

Note: *Since this measure is the eCQM version of CBE #0384, the committee had the same discussion themes and conditions as CBE #0384.*

Discussion Theme	Recommendations Group Discussion
Meaningfulness to Patients	<ul style="list-style-type: none"> • The committee recognized that direct patient input was not collected regarding the meaningfulness of this measure. • The developer commented that it received comments from the patient and caregiver perspective that this is an important measure. The developer also cited a 2022 study reporting that the study's patient and caregiver panel placed emphasis on the importance of routine pain screening, management, and follow-up.
Performance Gap	<ul style="list-style-type: none"> • The committee considered the performance gap, which appears to have little room for improvement in clinician-level performance scores, with a mean ranging from 0.88 to 0.90. • The developer noted that clinicians are allowed to self-select measures and may select those reflecting high performance rates, which could potentially mask a drop-in practice-level performance.
Scientific Acceptability (i.e., Reliability and Validity)	<ul style="list-style-type: none"> • The committee considered the reliability and validity testing of the measure, acknowledging the strong reliability estimates at the accountable entity level (ranging from 0.826 to 1.000 with an overall average of 0.996). • For validity, the developer provided data element testing results, which were very strong. However, the committee questioned why this maintenance measure did not have validity testing at the accountable entity level. • The developer noted that it attempted to conduct concurrent validity testing by correlating this measure with CBE #0383. However, there is an overestimation bias with this correlation because the populations are so similar, so it was not included in the report.

Discussion Theme	Recommendations Group Discussion
Additional Guidance and Tools	<ul style="list-style-type: none">• Committee members requested that additional guidance be provided for caregivers.• The committee also discussed adding mention of additional assessment tools.• The developer commented that the pain intensity should be quantified using a standard instrument, but the instrument is not specified. Not all tools are codified but, as an eQIM, the recommendation given in the measure specifications is PROMIS-Pain.• The committee placed two conditions on the measure, which were for the developer to explore, with the developer's TEP, adding mention of other specific measurement tools that can be used to support the measure and to include additional guidance for caregivers, namely for patients with cognitive impairment.• The developer may also consider looking at cognitive impairment as a disparity for this measure.

Additional Recommendations for the Developer/Steward and Future Directions

No additional recommendations were made for this measure.

References

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3. Stuart B, Mahler E, Koomson P. A Large-Scale Advanced Illness Intervention Informs Medicare's New Serious Illness Payment Model. *Health Affairs*. 2019;38(6):950-956. doi:10.1377/hlthaff.2018.05517
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6. Castelino RL, Saunder T, Kitsos A, et al. Quality use of medicines in patients with chronic kidney disease. *BMC Nephrology*. 2020/06/05 2020;21(1):216. doi:10.1186/s12882-020-01862-1

Appendix A: Advanced Illness and Post-Acute Care Committee Roster

Fall 2023 Cycle

Member	Affiliation/Organization	Advisory or Recommendation Group
Stephen Weed (<i>Patient Representative Co-chair</i>)	Ventura Unified School District	Recommendation
Kristin Seidl (<i>Non-Patient Representative Co-chair</i>)	University of Maryland Medical Center & University of Maryland School of Nursing	Recommendation
Alicia Staley	Medidata	Advisory
Andrew Kohler	Rappahannock Health, Atlantic Telehealth	Advisory
Barbara Winters-Todd	Encompass Health	Recommendation
Brenda Groves	KFMC Health improvement Partner	Advisory
Brigette DeMarzo	Northwestern Medicine	Recommendation
Cardinale Smith	Division of Hematology/Medical Oncology and Brookdale Department of Geriatrics and Palliative Medicine; Tisch Cancer Hospital, The Mount Sinai Hospital; The Mount Sinai Health System	Recommendation
Carol Siebert	The Home Remedy	Advisory
Cher Thomas	Renal Support Network	Recommendation
Dima Raskolnikov	Montefiore/Albert Einstein College of Medicine	Recommendation
Donna Sternberg	Hampton University Proton Therapy Institute	Advisory
Donna Woods	Centers for Healthcare Studies and Education in the Health Sciences, Feinberg School of Medicine, Northwestern University	Recommendation
Emily Martin	University of California, Los Angeles	Advisory

Member	Affiliation/Organization	Advisory or Recommendation Group
Erin Crum	McKesson	Recommendation
Gerri Lamb	Arizona State University	Advisory
Ginette Ayeni	Aspire Health	Recommendation
Heather Thompson	LHC Group/Optum	Advisory
Jonathan Nicolla	Palliative Care Quality Collaborative	Advisory
Karie Fugate	Retired, The Boeing Company	Advisory
Kyle Matthews	National Kidney Foundation & Nevada Kidney Disease Prevention and Education Taskforce	Advisory
Lama El Zein	EmblemHealth	Advisory
Lea Dooley	Nationwide Children's Hospital	Advisory
Margherita Labson	MC Labson Consultation and Education Services	Recommendation
Maria Reigner	Sanford Health	Advisory
Milli West	Intermountain Health/Clinical Excellence	Advisory
Morris Hamilton	Abt Associates	Recommendation
Nicole Keane	Abt Associates	Advisory
Omar Latif	Elevance Health	Advisory
Paul Galchutt	M Health Fairview University of Minnesota Medical Center	Recommendation
Paul Tatum	Washington University in St. Louis; Veterans Affairs St. Louis Health Care System	Recommendation
Raina Josberger	Center for Applied Research and Evaluation, New York State Department of Health	Advisory
Rebecca Swain-Eng	SEA Healthcare & The Quality Collaborative	Advisory
Sarah Thirlwell	Chapters Health System	Advisory

Member	Affiliation/Organization	Advisory or Recommendation Group
Sassy Outwater-Wright	Massachusetts Association for the Blind and Visually Impaired (MABVI)	Advisory
Sheila Clark	California Hospice and Palliative Care Association (CHAPCA)	Advisory
Shelby Moore	Heartlinks	Advisory
Soojin Jun	Patients for Patient Safety US	Advisory
Stephanie Wladkowski	Bowling Green State University	Advisory
Yaakov Liss	Optum Tristate	Advisory

Partnership for Quality Measurement Organizations

Battelle

Institute for Healthcare Improvement

Rainmakers

Measure Stewards

American Society of Clinical Oncology

Renal Physicians Association

Measure Developers

Same as Measure Stewards

