



Partnership for  
**Quality Measurement**

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# Spring 2024 Advanced Illness and Post-Acute Care Endorsement Meeting

Meridith Eastman | Battelle

Matthew Pickering | Battelle

Anna Michie | Battelle

Isaac Sakyi | Battelle

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# Welcome



# Agenda



- Welcome and Review of Meeting Objectives and Ground Rules
- Roll Call with Disclosures of Interest
- Overview of Evaluation Procedures and Measures for Endorsement Consideration
- Test Vote
- Evaluation of Spring 2024 Measures
- Additional Measure Recommendation Discussion (if time permits)
- Next Steps
- Adjourn



# Meeting Objectives



The purpose of today's meeting is to:

- Review and discuss measures submitted to the Advanced Illness and Post-Acute Care committee for the Spring 2024 cycle;
- Review public comments and Advisory Group feedback received and any corresponding developer/steward responses for the submitted measures; and
- Render endorsement decisions for the submitted measures.

# Housekeeping Reminders for Recommendation Group



- The system will allow you to mute/unmute yourself and turn your video on/off throughout the event.
- Please raise your hand and unmute yourself when called on.
- Please lower your hand and mute yourself following your question/comment.
- Please state your first and last name if you are a call-in user.
- We encourage you to keep your video on throughout the event.
- Feel free to use the chat feature to communicate with Battelle staff.
- If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at [PQMsupport@battelle.org](mailto:PQMsupport@battelle.org).

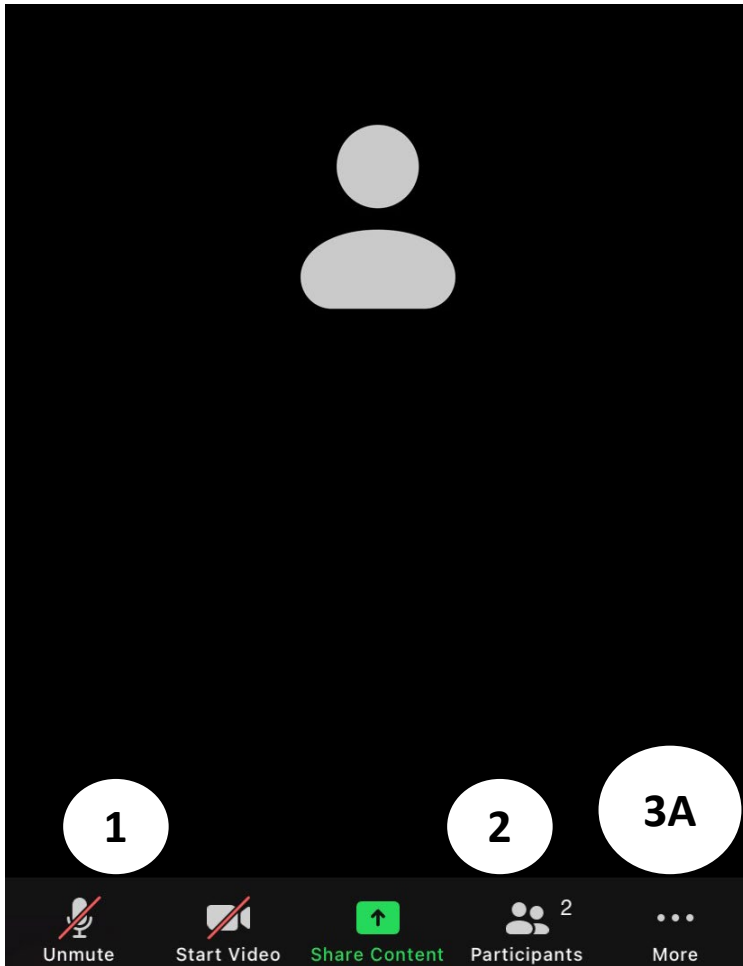
# Using the Zoom Platform



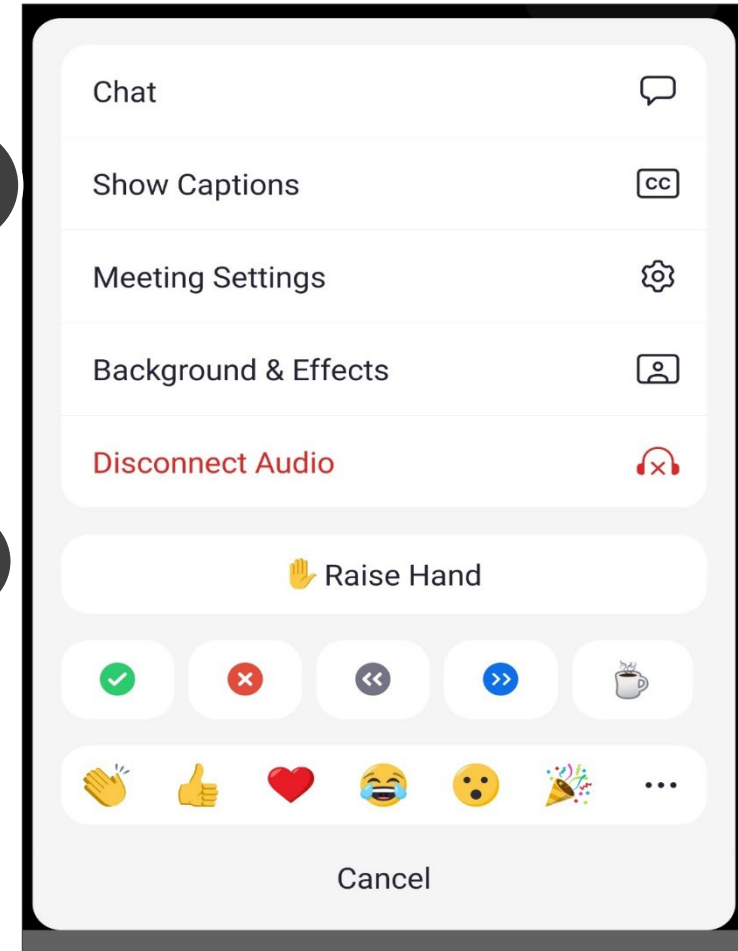
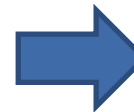
The screenshot shows a Zoom meeting in progress. The main window is split into three video tiles: 'Host' (top left), 'Attendee 2' (top right, highlighted with a yellow border), and 'Attendee' (bottom center). The bottom toolbar contains various controls. Three numbered callouts are present: 1. A white circle with the number '1' is positioned over the bottom toolbar. 2. A white circle with the number '2' is positioned over the 'Participants' button in the bottom toolbar. 3. A white circle with the number '3' is positioned over the 'Reactions' menu, specifically highlighting the 'Raise Hand' option.

- 1 Click the lower part of your screen to mute/unmute, start, or pause video
- 2 Click on the participant or chat button to access the full participant list or the chat box
- 3 To raise your hand, select the raised hand function under the reactions tab

# Using the Zoom Platform (Phone View)



- 1 Click the lower part of your screen to mute/unmute, start or pause video
- 2 Click on the participant button to view the full participant list
- 3 Click on “more” button (3A) to view the chat box, (3B) to show closed captions, or (3C) to raise your hand. To raise your hand, select the raised hand function under the reactions tab



# Meeting Ground Rules



- Be prepared, having reviewed the meeting materials beforehand.
- Respect all voices.
- Remain engaged and actively participate.
- Base your evaluation and recommendations on the measure evaluation rubric.
- Keep your comments concise and focused.
- Be respectful and allow others to contribute.
- Share your experiences.
- Learn from others.



# Project Team



- Nicole Brennan, MPH, DrPH, Executive Director
- Brenna Rabel, MPH, Deputy Director
- Jeff Geppert, Measure Science Team Lead
- Quintella Bester, PMP, Senior Program Manager
- Matthew Pickering, PharmD, E&M Task Lead
- Anna Michie, MHS, PMP, E&M Deputy Task Lead
- Beth Jackson, PhD, MA, Social Scientist IV
- Adrienne Cocci, MPH, Social Scientist III
- Stephanie Peak, PhD, Social Scientist III
- Isaac Sakyi, MSGH, Social Scientist III
- Jessica Lemus, MA, Social Scientist II
- Olivia Giles, MPH, Social Scientist I
- Elena Hughes, MS, Social Scientist I
- Sarah Rahman, Social Scientist I

# Roll Call with Disclosures of Interest



# Quorum

- Meeting quorum requires that 60% of the Recommendation Group members are present during roll call at the beginning of the meeting.
- Endorsement decisions are rendered via a vote after Recommendation Group discussions. Voting quorum is at least 80% of active committee members (Recommendation Group only) who are not recused.



# Advanced Illness and Post-Acute Care Spring 2024 Cycle Committee – *Recommendation Group*



- Kristin Seidl, PhD, RN (***Non-Patient Co-Chair***)
- Stephen Weed, MA (***Patient Co-Chair***)
- Andrew Kohler, MD, MBA, CPE
- Barbara Winters-Todd, DNP, RN, CRRN
- Brigette DeMarzo, DrPH, MPH, BS
- Cardinale Smith, MD, PhD
- Carol Siebert, OTD, OT/L, FAOTA
- Cher Thomas, RDH
- Dima Raskolnikov, MD
- Donna Woods, EdM, PhD
- Erin Crum, MPH
- Ginette Ayeni, FNP-BC
- Karie Fugate
- Lama El Zein, MD, MHA
- Margherita Labson, BSN, MSHSA, CCM, CPHQ
- Morris Hamilton, PhD
- Paul Galchutt, MDiv, MPH, BCC
- Paul Tatum, MD, MSPH, FAAHPM, AGSF
- Sarah Thirlwell, MSc, MSc(A), RN, AOCNS, CHPN, CHPCA, CPHQ
- Soojin Jun, PharmD, BCGP, CPPS, CPHQ

# Spring 2024 Subject Matter Experts\*



- **Substance Use Disorder**
  - Virna Little, PsyD, LCSWR

\*Subject matter experts (SMEs) serve as non-voting participants to provide relevance and context to the committee's measure endorsement review and discussions.

SMEs review the relevant measure(s) prior to the endorsement meeting and attend the endorsement meeting to provide input on and answer committee questions regarding the measure's clinical relevance, the supporting evidence, inclusion and exclusion criteria, measure validity, and risk adjustment or stratification approach (if applicable).



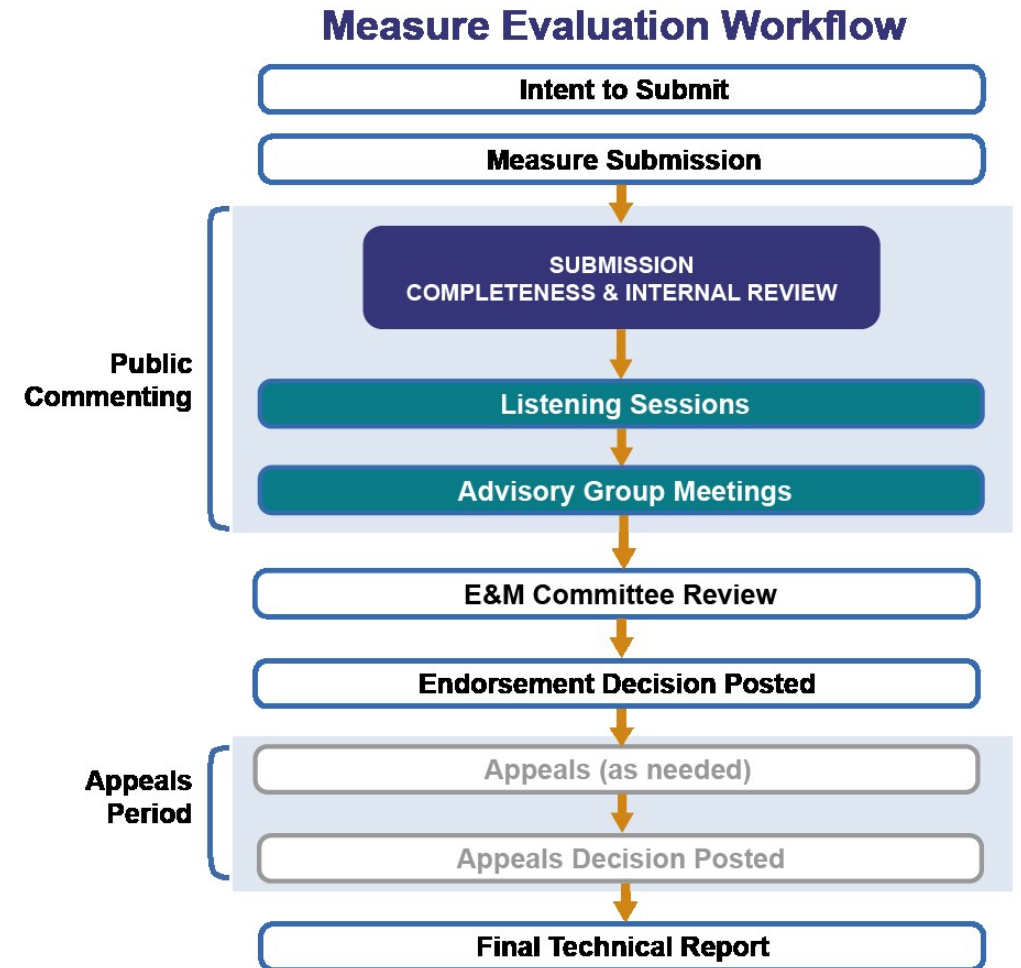
# Overview of Evaluation Procedures



# Six Major Steps of the E&M Process



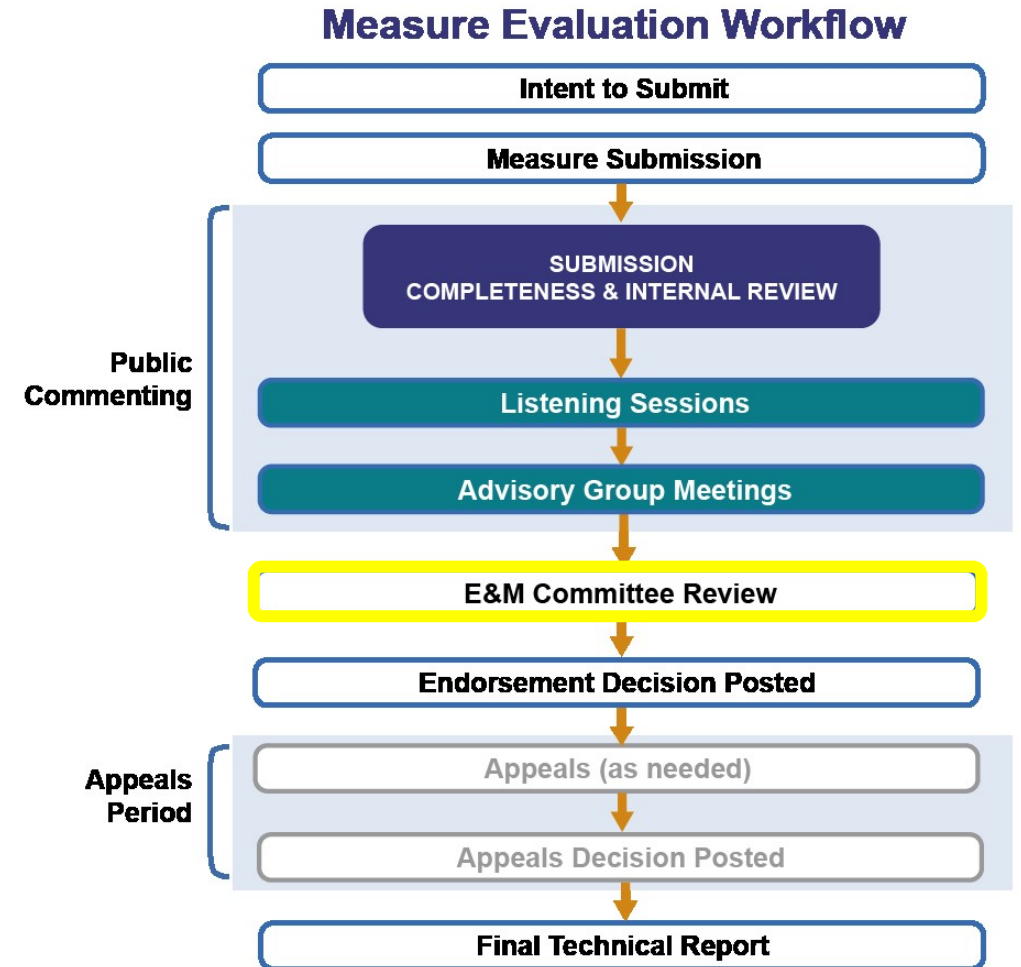
1. Intent to Submit
2. Full Measure Submission
3. Measure Public Comment Period
  - Public Comment Listening Sessions
  - Advisory Group Meetings
4. E&M Committee Review
5. Endorsement Decision
  - Recommendation Group Meetings
6. Appeals Period (as warranted)



# Endorsement Meeting



- **Step:**
  - Recommendation Group members convene to review measures and conduct endorsement voting.
  - Developers/stewards respond to Recommendation Group member questions and feedback.
- **Timing:**
  - 1-2 months after Advisory Group meetings.
- **Outputs:**
  - Summary of Recommendation Group member proceedings, including final endorsement decisions, to be posted Partnership for Quality Measurement (PQM) website.



# Recommendation Group Meeting

## Measure Review Procedures



### 1. Measure Introduction by Battelle

- Battelle introduces the measure and salient points from discussion guide, staff assessments, and public comment.



### 2. Developer/Steward Comments

- Developers/stewards provide 3–5-minute commentary about the measure for committee consideration.



### 3. Recommendation Group Discussion

- Battelle conducts facilitated discussion by topic:
  - SME input on relevant discussion items
  - Patient partner feedback
  - Recommendation Group discussion on discussion topics
  - Developer/steward response



### 4. Endorsement Vote

- Co-chairs recommend any conditions for consideration based on committee discussions.
- Recommendation Group votes.

# Patient Partner Feedback



- As a patient or caregiver, do you have experience with the measure topic that you would like to share?
- Do you think the measure is meaningful to patients and will help to improve their care?
- Is the measure respectful of and responsive to individual patient preferences, needs and values?
- Are there aspects about the measure that may be difficult for patients to understand?
- Are there aspects about the measure that may be burdensome to patients?



# PQM Measure Evaluation Rubric?



- 1. Importance** - Extent to which the measure is evidence-based AND is important for making significant gains in health care quality or cost where there is variation in or overall less-than-optimal performance.
- 2. Feasibility** - Extent to which the measure specifications (i.e., numerator, denominator, exclusions) require data that are readily available OR could be captured without undue burden AND can be implemented for performance measurement.
- 3. Scientific Acceptability [i.e., Reliability and Validity]** - Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented.
- 4. Equity (optional)** - Extent to which the measure can identify differences in care for certain patient populations, which can be used to advance health equity and reduce disparities in care.
- 5. Use and Usability** - Extent to which potential audiences (e.g., consumers, purchasers, providers, and policymakers) are using or could use measure results for both accountability and performance improvement to achieve the goal of high-quality, efficient health care for individuals or populations.

# Decision Outcomes:

## *Endorsed with Conditions Examples*



PQM Rubric Domain/Criterion*	Condition(s)	Example
<b>Importance</b>	<p>a. Conduct additional evaluation/assessment of meaningfulness to the patient community (e.g., patients, caregivers, advocates).</p> <p>b. [For maintenance] Expand performance gap testing to a larger population.</p>	<p>a. Developer/steward has not, or to a limited degree, provided evidence from literature, focus groups, expert panels, etc. that the target population (e.g., patients) values the measured outcome, process, or structure and finds it meaningful for improving health and health care.</p> <p>b. Maintenance measure has narrow gap, which may be due to limited data/testing within a population that may not be fully representative.</p>
<b>Reliability</b>	<p>a. Consider mitigation strategies to improve measure's reliability, such as increasing the case volume, including more than 1 year of data.</p> <p>For any facilities that are unable to exceed the threshold, give a rationale for why the reliability being below the threshold is acceptable for those specific facilities.</p>	<p>a. The developer/steward has performed measure score reliability testing (accountable entity-level reliability). Less than half of facilities did not meet the expected reliability value of 0.6.</p>
<b>Feasibility</b>	<p>a. Provide implementation guidance or a near-term path (within 1 year) for implementing the measure. This includes providing clear system requirements for implementation of the measure.</p>	<p>a. Measure has experienced or is projected to experience implementation challenges.</p>
<b>Use and Usability</b>	<p>a. Implement a systematic feedback approach to better understand if challenges exist with implementing the measure.</p> <p>b. [For maintenance] Collect additional feedback from providers to ascertain the reasons why the measure is leveling off and describe appropriate mitigation approaches.</p>	<p>a. Measure has limited feedback due to low use and/or non-systematic feedback approach.</p> <p>b. Trend data show a leveling off of measure performance.</p>

# Non-Negotiable Considerations



Several non-negotiable areas exist for endorsement, meaning if a measure meets one or more of the following criteria, the measure cannot be endorsed, even with conditions:

- Lack of a clear business case (i.e., evidence suggesting that the measure can accomplish its stated purpose)
- Lack of evidence supporting the business case
- Significantly poor feasibility for the measure to be implemented due to challenges, e.g., data availability or missingness
- Inappropriate methodology, calculations, formulas, or testing approach used to demonstrate reliability or validity
- Specifications, testing approach, results, or data descriptions are insufficient
- When a measure with an “Endorsed with Conditions” designation is evaluated for maintenance, but it has not met the prior conditions

# Consensus Voting for Final Determinations



Endorse (A)	Endorse with Conditions (B)	Do Not Endorse (C)	Consensus Voting Status
75% or More	0%	Less than 25%	A
75% or More		Less than 25%	B
Less than 25%		75% or More	C
26% to 74%		26% to 74%	No consensus

If no consensus is reached, based on the 75% threshold, the measure is not endorsed.

# Overview of Spring 2024 Measures for Endorsement Consideration

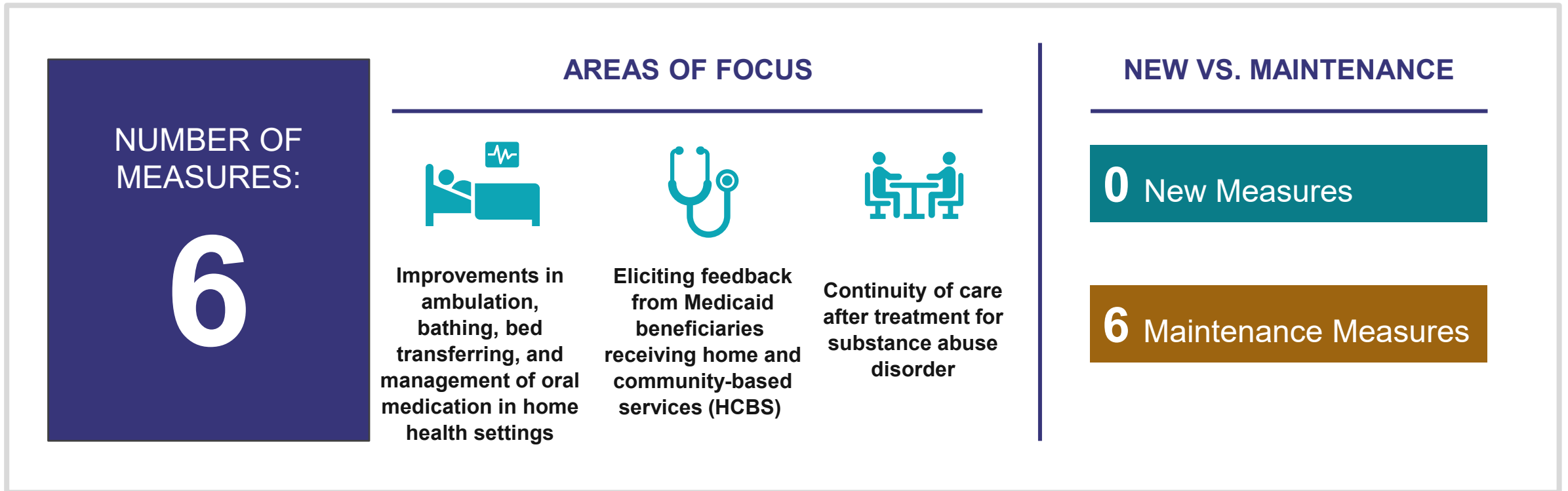




# Spring 2024 Measures for Committee Review



Six measures were submitted to the Advanced Illness and Post-Acute Care committee for endorsement consideration.



# Spring 2024 Measures for Committee Review, continued 1



CBE Number	Measure Title	New/Maintenance	Developer/Steward
#0167	Improvement in Ambulation/Locomotion	Maintenance	Abt Associates/Centers for Medicare & Medicaid Services (CMS)
#0174	Improvement in Bathing	Maintenance	Abt Associates/CMS
#0175	Improvement in Bed Transferring	Maintenance	Abt Associates/CMS
#0176	Improvement in Management of Oral Medications	Maintenance	Abt Associates/CMS
#2967	Home and Community-Based Services (HCBS) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Measure	Maintenance	The Lewin Group/CMS
#3453	Continuity of Care After Inpatient or Residential Treatment for Substance Use Disorder	Maintenance	The Lewin Group/CMS

Test Vote



# Voting Considerations and Troubleshooting



- Your voting link was sent to your email from “Voteer.”
  - Do not share your voting link with anyone, as it contains your personal voting code.
  - If you cannot find the voting link, please direct message the "PQM Co-host" or let us know verbally.
- If, at any point, you are having difficulties voting, try refreshing your page or opening the link in a different internet browser.
  - If you are still having difficulties, please let us know.

Decision Outcome	Description
Endorse	<b>Applies to new and maintenance measures.</b> You believe the measure meets all the criteria of endorsement.
Endorse with Conditions	<b>Applies to new and maintenance measures.</b> You believe the measure can be endorsed as it meets the criteria, but also agree with any conditions identified for endorsement.
Not Endorse	<b>Applies to new measures only.</b> You believe the measure does not meet the criteria of endorsement.
Remove Endorsement	<b>Applies to maintenance measures only.</b> You believe the measure does not meet all the criteria of endorsement.

# Evaluation of Spring 2024 Measures

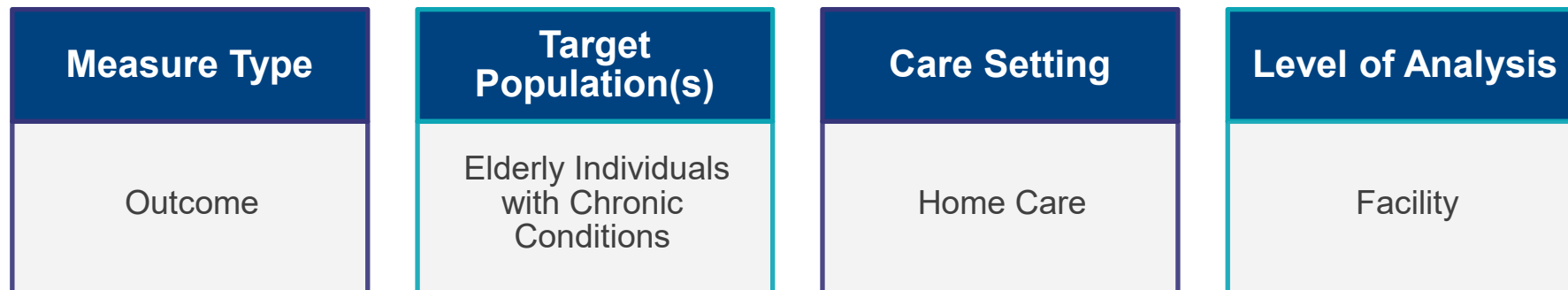




# CBE #0167 – Improvement in Ambulation/Locomotion



Item	Description
Measure Description	Percentage of home health episodes of care during which the patient improved in ability to ambulate.
Developer/Steward	Abt Associates/CMS
New or Maintenance	Maintenance (last reviewed: Fall 2018)
Current or Planned Use	Public Reporting; Payment Program; Quality Improvement with Benchmarking (external benchmarking to multiple organizations); Quality Improvement (internal to the specific organization)



# CBE #0167 Public Comments



- Four comments received.

- Three comments expressed support for this measure and emphasized the importance of the measure's purpose, specifically from a patient perspective.

Support for the Measure

3

- One commenter emphasized the importance of ensuring that the data collected from the measure are resulting in improvements for patients, particularly because this is a maintenance measure that has been in use.

Changes Since Initial Endorsement

1

# CBE #0167 Staff Assessment



PQM Domain	Rating	Considerations
<b>Importance</b>	Met	There is a business case for the measure along with supporting evidence for the importance of the measured outcomes with demonstrated gap in performance.
<b>Feasibility</b>	Met	There are no feasibility challenges, fees, or proprietary components to this measure.
<b>Scientific Acceptability (Reliability)</b>	Met	The measure is well-defined. Reliability was assessed at both the patient and entity level. Reliability statistics are above the established thresholds for most, if not all, entities.
<b>Scientific Acceptability (Validity)</b>	Met	The developer assessed measure validity using accountable entity-level empirical validity and data element-level validity. The interpretation of the empirical results supports an inference of validity.
<b>Equity*</b>	Met	The developer evaluated disparities in performance by subgroups for urbanicity/rurality, size, and share of quality episodes with non-white patients.
<b>Use and Usability</b>	Met	The developer provides data demonstrating overall improvement in the measure. The developer acknowledges the existence of performance gaps and anticipates further improvement with the nationwide expansion of home health value-based purchasing programs (HHVBP).

\*Equity is an optional domain.

# CBE #0167 Committee Independent Review



Importance (n=7)	Feasibility (n=7)	Reliability (n=7)	Validity (n=7)	Equity (n=7)	Use & Usability (n=7)
<b>C – Met</b> 100% Met; 0% Not Met but Addressable; 0% Not Met	<b>C – Met</b> 100% Met; 0% Not Met but Addressable; 0% Not Met	<b>C – Met</b> 86% Met; 14% Not Met but Addressable; 0% Not Met	<b>C – Met</b> 100% Met; 0% Not Met but Addressable; 0% Not Met	<b>C – Met</b> 86% Met; 14% Not Met but Addressable; 0% Not Met	<b>C – Met</b> 100% Met; 0% Not Met but Addressable; 0% Not Met

- Reviewers largely agreed with the staff assessments, with “Met” ratings for all PQM Rubric domains. No major concerns were identified with respect to Importance, Feasibility, Validity, and Use and Usability.
- A few committee members raised concerns with Equity, noting the limited scope of socioeconomic and racial data with suggestions to include Z codes in future reviews and analyzing performance variations between smaller and larger organizations to determine whether they are due to staffing, training, or other factors.
- One reviewer raised concern with the inter-rater reliability testing for the start of care/resumption, given that this data element has been widely used for more than 20 years.

**Legend:**

C – Consensus; NC – No consensus; n – number of committee independent reviews

# CBE #0167 Key Discussion Points



- **Improving vs. Maintaining:** There is importance in maintaining versus improving with respect to home health care.
  - The developer acknowledged this importance and has started to incorporate this into new measures, including a cross-setting [inpatient rehabilitation facility (IRF), skilled nursing facility (SNF), long-term acute care hospital (LTACH), and home health] discharge function measure that was finalized in last year's home health final rule.
- **Palliative Care:** Hospice is now an exclusion; is there a consideration of palliative care?
  - Developer noted that to go beyond discharge to hospice would require additional data sources. The discharge function measure (mentioned above) may be a more plausible scenario for some of these considerations.
- **Performance Gap:** The gap is narrowing; at what point has the measure done as much as it can?
  - Developer noted the continued support from providers and recent public comment regarding the importance of this measure and the other three measures (CBE #0174, #0175, and #0176). Despite the steady increases year-over-year (mean performance of 0.760 in CY 2019 and a high of 0.798 in CY 2022), there remains a performance gap.
- **Consideration of a Composite:** Is there any consideration for having these measures (CBE #0167, #0174, #0175, and #0176) be a composite?
  - The developer noted that each measure is valuable in and of itself, allowing providers to see different aspects of function, which may be particularly beneficial when focusing on one or two aspects for a certain patient. They said they have also heard from home health providers that they support these as individual measures.

# CBE #0167 Key Discussion Points, *continued* 1



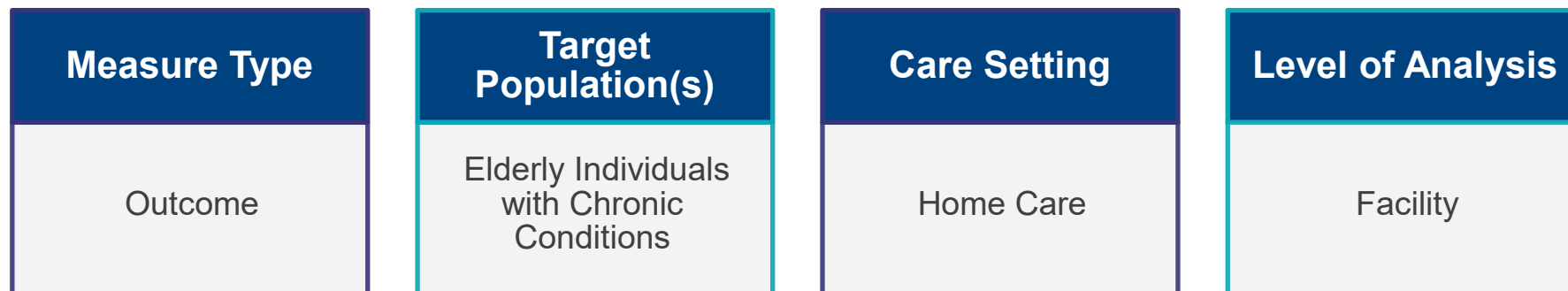
- **Public Feedback:** Is there feedback from the public on what is most important in terms of functional improvement and whether one aspect should be emphasized over another?
  - The developer noted that across care settings and particularly home health, there are a range of different patients, and each component of function gathers a slightly different aspect that contributes to the whole picture.
- **Equity:** The Advisory Group asked about the equity issues that were explored for all functional measures (CBE #0167, #0174, #0175, and #0176).
  - One of the main areas they have made strides in is generating confidential feedback reports for home health providers to help them understand some of the broader social determinant issues. In addition, each of the four function measures show performance by subgroups for urbanicity/rurality, size, and share of quality episodes with non-white patients. The results for each measure indicate a performance gap across home health agencies by subgroup.



# CBE #0174 – Improvement in Bathing



Item	Description
<b>Measure Description</b>	Percentage of home health episodes of care during which the patient got better at bathing self.
<b>Developer/Steward</b>	Abt Associates/CMS
<b>New or Maintenance</b>	Maintenance (last reviewed: Fall 2018)
<b>Current or Planned Use</b>	Public Reporting; Payment Program; Quality Improvement with Benchmarking (external benchmarking to multiple organizations); Quality Improvement (internal to the specific organization)



# CBE #0174 Public Comments



- Four comments received.

- Three comments expressed support for this measure and emphasized the importance of the measure's purpose, specifically from a patient perspective.

Support for the Measure

3

- One commenter emphasized the importance of ensuring that the data collected from the measure are resulting in improvements for patients, particularly because this is a maintenance measure that has been in use.

Changes Since Initial Endorsement

1

# CBE #0174 Staff Assessment



PQM Domain	Rating	Considerations
Importance	Met	There is a business case for the measure along with supporting evidence for the importance of the measured outcomes with demonstrated gap in performance.
Feasibility	Met	There are no feasibility challenges, fees, or proprietary components to this measure.
Scientific Acceptability (Reliability)	Met	The measure is well-defined. The developer assessed reliability at both the patient and entity level. Reliability statistics are above the established thresholds for most, if not all, entities.
Scientific Acceptability (Validity)	Met	The developer assessed measure validity using accountable entity-level empirical validity and data element-level validity. The interpretation of the empirical results supports an inference of validity.
Equity*	Met	The developer evaluated disparities in performance by subgroups for urbanicity/rurality, size, and share of quality episodes with non-white patients.
Use and Usability	Met	The developer provides data demonstrating overall improvement in the measure. The developer acknowledges the existence of performance gaps and anticipates further improvement with the nationwide expansion of HHVBP.

\*Equity is an optional domain

# CBE #0174 Committee Independent Review



Importance (n=7)	Feasibility (n=7)	Reliability (n=7)	Validity (n=7)	Equity (n=7)	Use & Usability (n=7)
C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met

- Reviewers agreed with the staff assessments, with “Met” ratings for all PQM Rubric domains. No major concerns were identified.
- For Equity, a few reviewers commented on the limited scope of socioeconomic and racial data with suggestions to include Z codes in future reviews and analyzing performance variations to determine whether they are due to staffing, training, or other factors.

**Legend:**  
 C – Consensus; NC – No consensus; n – number of committee independent reviews

# CBE #0174 Key Discussion Points



- **Consideration of a Composite:** Is there any consideration for having these measures (CBE #0167, #0174, #0175, and #0176) be a composite?
  - The developer noted that each measure is valuable in and of itself, allowing providers to see different aspects of function, which may be particularly beneficial when focusing on one or two aspects for a certain patient. They said they have also heard from home health providers that they support these as individual measures.
- **Public Feedback:** Is there feedback from the public on what is most important in terms of functional improvement and whether one aspect should be emphasized over another?
  - The developer noted that across care settings and particularly home health, there are a range of different patients, and each component of function gathers a slightly different aspect that contributes to the whole picture.
- **Equity:** The Advisory Group asked about the equity issues that were explored for all functional measures (CBE #0167, #0174, #0175, and #0176).
  - One of the main areas they have made strides in is generating confidential feedback reports for home health providers to help them understand some of the broader social determinant issues. In addition, each of the four function measures show performance by subgroups for urbanicity/rurality, size, and share of quality episodes with non-white patients. The results for each measure indicate a performance gap across home health agencies by subgroup.

Lunch

*Meeting will resume at 12:50 PM ET*



# Evaluation of Spring 2024 Measures

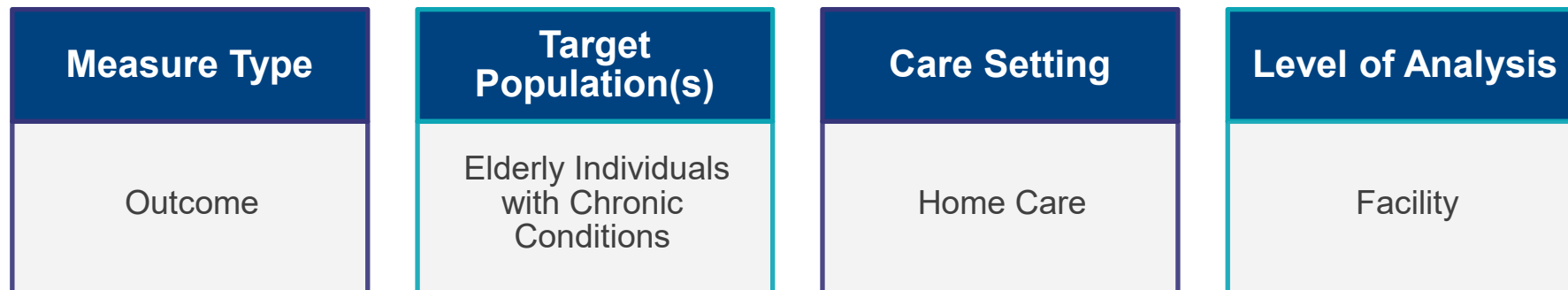




# CBE #0175 – Improvement in Bed Transferring



Item	Description
<b>Measure Description</b>	Percentage of home health episodes of care during which the patient improved in ability to get in and out of bed.
<b>Developer/Steward</b>	Abt Associates/CMS
<b>New or Maintenance</b>	Maintenance (last reviewed: Spring 2019)
<b>Current or Planned Use</b>	Public Reporting; Payment Program; Quality Improvement with Benchmarking (external benchmarking to multiple organizations); Quality Improvement (internal to the specific organization)



# CBE #0175 Public Comments



- Four comments received.

- Three comments expressed support for this measure and emphasized the importance of the measure's purpose, specifically from a patient perspective.

Support for the Measure

3

- One commenter emphasized the importance of ensuring that the data collected from the measure are resulting in improvements for patients, particularly because this is a maintenance measure that has been in use.

Changes Since Initial Endorsement

1

# CBE #0175 Staff Assessment



PQM Domain	Rating	Considerations
Importance	Met	There is a business case for the measure along with supporting evidence for the importance of the measured outcomes with demonstrated gap in performance.
Feasibility	Met	There are no feasibility challenges, fees, or proprietary components to this measure.
Scientific Acceptability (Reliability)	Met	The measure is well-defined. The developer assessed reliability at both the patient and entity level. Reliability statistics are above the established thresholds for most, if not all, entities.
Scientific Acceptability (Validity)	Met	The developer assessed measure validity using accountable entity-level empirical validity and data element-level validity. The interpretation of the empirical results supports an inference of validity.
Equity *	Met	The developer evaluated disparities in performance by subgroups for urbanicity/rurality, size, and share of quality episodes with non-white patients.
Use and Usability	Met	The developer provides data demonstrating overall improvement in the measure. The developer acknowledges the existence of performance gaps and anticipates further improvement with the nationwide expansion of HHVBP.

\*Equity is an optional domain

# CBE #0175 Committee Independent Review



Importance (n=8)	Feasibility (n=8)	Reliability (n=8)	Validity (n=8)	Equity (n=8)	Use & Usability (n=8)
C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 88% Met; 13% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 88% Met; 13% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met

- Reviewers largely agreed with the staff assessments, with “Met” ratings for all PQM Rubric domains. No major concerns were identified with respect to Importance, Feasibility, Validity, and Use and Usability.
- One reviewer raised concern with the inter-rater reliability testing for the start of care/resumption data element (0.42 kappa) and discharge (0.45 kappa), suggesting this data element could be revised to clean up the ambiguity of the specified task being scored.
- For equity, one reviewer noted that it would be nice to see performance data by age, sex, race, economic status, urban/rural, and large versus small home health agencies. It would also be interesting to see reasons why patients got worse instead of staying the same or getting better.
- Another committee member noted that the measure assumes patient access to a bed, without considering those who rely on alternatives like recliners, couches, or mats, which may be influenced by economic or cultural factors.

# CBE #0175 Key Discussion Points

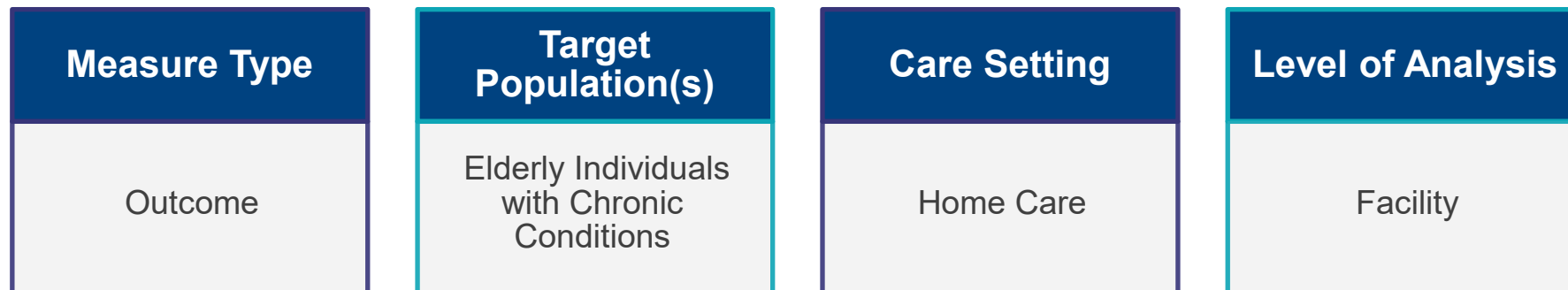


- **Consideration of a Composite:** Is there any consideration for having these measures (CBE #0167, #0174, #0175, and #0176) be a composite?
  - The developer noted that each measure is valuable in and of itself, allowing providers to see different aspects of function, which may be particularly beneficial when focusing on one or two aspects for a certain patient. They said they have also heard from home health providers that they support these as individual measures.
- **Public Feedback:** Is there feedback from the public on what is most important in terms of functional improvement and whether one aspect should be emphasized over another?
  - The developer noted that across care settings and particularly home health, there are a range of different patients, and each component of function gathers a slightly different aspect that contributes to the whole picture.
- **Equity:** The Advisory Group asked about the equity issues that were explored for all functional measures (CBE #0167, #0174, #0175, and #0176).
  - One of the main areas they have made strides in is generating confidential feedback reports for home health providers to help them understand some of the broader social determinant issues. In addition, each of the four function measures show performance by subgroups for urbanicity/rurality, size, and share of quality episodes with non-white patients. The results for each measure indicate a performance gap across home health agencies by subgroup.

# CBE #0176 – Improvement in Management of Oral Medications



Item	Description
<b>Measure Description</b>	The percentage of home health episodes of care during which the patient improved in ability to take their medicines correctly, by mouth.
<b>Developer/Steward</b>	Abt Associates/CMS
<b>New or Maintenance</b>	Maintenance (last reviewed: Fall 2018)
<b>Current or Planned Use</b>	Public Reporting; Payment Program; Quality Improvement with Benchmarking (external benchmarking to multiple organizations); Quality Improvement (internal to the specific organization)



# CBE #0176 Public Comments



- Five comments received.

• Four comments shared support for the measure, from the patient and organizational perspectives. Commenters agreed that access to medications and consistent safe management are key to patient health.

Support for the Measure

4

• One commenter emphasized the importance of ensuring that the data collected from the measure are resulting in improvements for patients, particularly because this is a maintenance measure that has been in use.

Measure Impact

1



# CBE #0176 Staff Assessment



PQM Domain	Rating	Considerations
<b>Importance</b>	Met	There is a business case for the measure along with supporting evidence for the importance of the measured outcomes with demonstrated gap in performance.
<b>Feasibility</b>	Met	There are no feasibility challenges, fees, or proprietary components to this measure.
<b>Scientific Acceptability (Reliability)</b>	Met	The measure is well-defined. The developer assessed reliability at both the patient and entity level. Reliability statistics are above the established thresholds for most, if not all, entities.
<b>Scientific Acceptability (Validity)</b>	Met	The developer assessed measure validity using accountable entity-level empirical validity and data element-level validity. The interpretation of the empirical results supports an inference of validity.
<b>Equity*</b>	Met	The developer evaluated disparities in performance by subgroups for urbanicity/rurality, size, and share of quality episodes with non-white patients.
<b>Use and Usability</b>	Met	While the rate of improvement has slowed down in recent years, the developer provides data demonstrating overall improvement in the measure. The developer acknowledges the existence of performance gaps and anticipates further improvement with the nationwide expansion of HHVBP.

\*Equity is an optional domain

# CBE #0176 Committee Independent Review



Importance (n=6)	Feasibility (n=6)	Reliability (n=6)	Validity (n=6)	Equity (n=6)	Use & Usability (n=6)
C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met

- Reviewers largely agreed with the staff assessments, with “Met” ratings for all PQM Rubric domains. No major concerns were identified with respect to Importance, Feasibility, Validity, and Use and Usability.
- For equity, reviewers noted that it would be nice to see performance data by age, sex, race, economic status, urban/rural, and large versus small home health agencies. It would also be interesting to see reasons why patients got worse instead of staying the same or getting better.

**Legend:**

C – Consensus; NC – No consensus; n – number of committee independent reviews

# CBE #0176 Key Discussion Points



- **Consideration of a Composite:** Is there any consideration for having these measures (CBE #0167, #0174, #0175, and #0176) be a composite?
  - The developer noted that each measure is valuable in and of itself, allowing providers to see different aspects of function, which may be particularly beneficial when focusing on one or two aspects for a certain patient. They said they have also heard from home health providers that they support these as individual measures.
- **Public Feedback:** Is there feedback from the public on what is most important in terms of functional improvement and whether one aspect should be emphasized over another?
  - The developer noted that across care settings and particularly home health, there are a range of different patients, and each component of function gathers a slightly different aspect that contributes to the whole picture.
- **Equity:** The Advisory Group asked about the equity issues that were explored for all functional measures (CBE #0167, #0174, #0175, and #0176).
  - One of the main areas they have made strides in is generating confidential feedback reports for home health providers to help them understand some of the broader social determinant issues. In addition, they each of the four function measures CY 2022 performance by subgroups for urbanicity/rurality, size, and share of quality episodes with non-white patients. The results for each measure indicate a performance gap across home health agencies by subgroup.

Break

*Meeting will resume at 2:35 PM ET*



# Evaluation of Spring 2024 Measures



# CBE #2967 – Home and Community-Based Services (HCBS) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Measure



Item	Description
<b>Measure Description</b>	CAHPS Home- and Community-Based Services measures derive from a cross-disability survey to elicit feedback from adult Medicaid beneficiaries receiving home and community-based services (HCBS) about the quality of the long-term services and supports they receive in the community and delivered to them under the auspices of a state Medicaid HCBS program. The unit of analysis is the Medicaid HCBS program, and the accountable entity is the operating entity responsible for managing and overseeing a specific HCBS program within a given state.
<b>Developer/Steward</b>	The Lewin Group/CMS
<b>New or Maintenance</b>	Maintenance (last reviewed: Fall 2016)
<b>Current or Planned Use</b>	Quality Improvement (internal to the specific organization)

**Measure Type**

Patient-Reported Outcome-Based Performance Measure

**Target Population(s)**

Medicaid participants, 18 years and older, receiving long-term services and supports

**Care Setting**

Home and community-based services

**Level of Analysis**

Health Plan; Population or Geographic Area (State)

# CBE #2967 Public Comments



- One comment received.

- One comment suggested defining “completed survey,” applying disposition reports to strengthen participation rate, and considering the use of virtual platforms to administer the survey.

Survey Design

1



# CBE #2967 Staff Assessment



PQM Domain	Rating	Considerations
<b>Importance</b>	Met	<ul style="list-style-type: none"><li>• The developers cite the HCBS CAHPS itself as evidence of the measures' importance, because the PRO-PMs themselves are explicitly evaluative of HCBS services. The evidence review is narrow, focusing on the large size of the eligible population and the potentially sizable impact of the measures.</li><li>• The majority of the 19 PRO-PMs have substantial room for improvement and show significant variation by social risk factors such as age, gender, race, ethnicity, and education.</li></ul>
<b>Feasibility</b>	Not met but addressable	<ul style="list-style-type: none"><li>• The original feasibility assessment referenced in the submission identifies and discusses several substantial challenges to implementation, as well as steps that could be taken to mitigate some challenges. This assessment argues that response rates will rise over time as challenges are addressed, but updated response rates have not been reported.</li><li>• As this is a PRO-PM, the burden for collecting data falls on a survey vendor. There are no licensing requirements or fees, but entities will have to locate and contract with a suitable vendor, and there are also costs associated with this.</li><li>• Survey mode is not discussed in detail, but there does not appear to be a plan to collect survey responses electronically.</li></ul>

\*Equity is an optional domain

# CBE #2967 Staff Assessment, *continued 1*



PQM Domain	Rating	Considerations
<b>Scientific Acceptability (Reliability)</b>	Not met but addressable	<ul style="list-style-type: none"> <li>The measure is well-defined. The developer assessed reliability for individual measures only, four of which have a reliability below 0.6 for more than 70% of the entities (three of the unmet needs measures and one of the scale measures).</li> <li>The developer may consider estimation of the reliability of case-mix adjusted the program-level scores with a method such as split-half reliability. Reliability could possibly be addressed by removing some of the low reliability measures.</li> </ul>
<b>Scientific Acceptability (Validity)</b>	Not met but addressable	<ul style="list-style-type: none"> <li>Face validity testing performed on six measures (five unmet needs and physical safety) using responses from 10 TEP members generally demonstrated moderate face validity. Risk factors explored for risk-adjustment models have strong, consistent associations with other CAHPS surveys (e.g., age, race, ethnicity, living alone, health status, language, proxy).</li> <li>Overall, the developer did not state a clear rationale for why some validity testing methods, including risk adjustment, were applied to only some measures and not others. Validity testing was not reported for the three Recommendation measures.</li> </ul>
<b>Equity*</b>	Met	<ul style="list-style-type: none"> <li>Several potential social risk factors were examined for performance gaps, including age bands, gender, race, ethnicity, language spoken at home, education level, living arrangement, and health status.</li> <li>Most performance scores show significant variation by age, gender, race, ethnicity, and education, except for unmet needs, which had fewer responses overall and rarely showed significant differences.</li> </ul>

\*Equity is an optional domain

# CBE #2967 Staff Assessment, *continued 2*



PQM Domain	Rating	Considerations
<b>Use and Usability</b>	Not met but addressable	<ul style="list-style-type: none"><li>• This measure is currently in use in the HCBS program. Examples of how performance can be improved are drawn from program activities, such as using performance data to identify disparities in services or opportunities for QI and developing corrective action plans.</li><li>• The developer described several events to collect feedback, including meetings with state agencies and grantees, though no routine processes for collecting feedback were described.</li><li>• Performance on most measures has improved from 2022 to 2023; older data were not used in this analysis. The developer does not explain the lack of improvement in several measures or provide the number of programs and survey responses in earlier years of data.</li></ul>

# CBE #2967 Committee Independent Review



Importance (n=5)	Feasibility (n=5)	Reliability (n=5)	Validity (n=5)	Equity (n=5)	Use & Usability (n=5)
C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Not Met but Addressable; 0% Met; 100% Not Met but Addressable; 0% Not Met	C – Not Met but Addressable; 0% Met; 100% Not Met but Addressable; 0% Not Met	C – Not Met but Addressable; 0% Met; 100% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Not Met but Addressable; 20% Met; 80% Not Met but Addressable; 0% Not Met

- The committee identified several concerns regarding feasibility, scientific acceptability, and use and usability. Regarding feasibility, there is a suggestion to revise the survey to enhance it reliability and effectiveness. Some committee members agreed with the staff’s assessment of reliability and noted the lack of improvement from using the tool and sought clarification on entity level testing.
- Validity concerns included the need for clarification on case-mix adjusted measures and the absence of reported risk models.
- Although no equity concerns were raised, the committee highlighted challenges regarding user and proxy user experience, limited data points for evaluation, and potential misinterpretation of questions about harm.

**Legend:**

C – Consensus; NC – No consensus; n – number of committee independent reviews

# CBE #2967 Key Discussion Points



- **Improving Response Rates:** Reduce the survey size and create different vehicles of distribution.
  - A breadth of technical-assistance options are available to states and managed-care plans implementing HCBS CAHPS. As part of this effort, best practices to improve response rate are provided. The developer also gathers input from states and users to see what they recommend to improve response rates.
  - The developer did not feel that web and email were appropriate for their population. However, they have expanded to include video conferencing, so the data can be collected via video, telephone, or in person. Use of artificial intelligence to improve data collection is not in use currently.
- **Proxy Data:** Proxy data are old.
  - The developer acknowledged the data on proxies are old. They said the proxy analysis was done when the measure was originally created and tested, and they have not done any feasibility assessments since then.
  - Currently, the rates of proxy responses are low (7.60% of the total participant eligible population) and likely represent populations for which use of proxies is both necessary and appropriate. Technical assistance is available to states with populations for which a proxy must provide responses to the HCBS CAHPS Survey to ensure the data collected are accurate, reliable, and valid.
- **Bundling:** Why are “personal assistance” and “behavioral health” combined?
  - The developer noted that CMS is considering the feasibility of gathering data separately for personal care assistants and behavioral health staff. This change would appear in the next version of the HCBS CAHPS Survey and would feed into the HCBS CAHPS measures in a future endorsement review.

# CBE #2967 Key Discussion Points, *continued* 1



- **Feasibility:** Is there a near-term plan to support electronic data capture?
- **Reliability:** Four of the 19 measures have a reliability below 0.6 for more than 70% of the entities (three of the unmet needs measures and one of the scale measures). Reliability could possibly be addressed by removing some of the low reliability measures.
- **Validity:** No clear rationale for why some validity testing methods, including risk adjustment, were applied to only some measures and not others. Validity testing was not reported for the three recommendation measures.
- **Use & Usability:** Performance on most measures has improved from 2022 to 2023; older data were not used in this analysis. The developer does not explain the lack of improvement in several measures or provide the number of programs and survey responses in earlier years of data.

# CBE #3453 – Continuity of Care After Inpatient or Residential Treatment for Substance Use Disorder



Item	Description
<b>Measure Description</b>	Percentage of discharges from inpatient or residential treatment for substance use disorder (SUD) for Medicaid beneficiaries, ages 18–64, which were followed by a treatment service for SUD. SUD treatment services include having an outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth encounter, or filling a prescription or being administered or dispensed a medication for SUD. (After an inpatient discharge only, residential treatment also counts as continuity of care.) Two rates are reported, continuity within 7 and 14 days after discharge.
<b>Developer/Steward</b>	The Lewin Group/CMS
<b>New or Maintenance</b>	Maintenance (last reviewed: Fall 2018)
<b>Current or Planned Use</b>	Quality Improvement with Benchmarking (external benchmarking to multiple organizations); Quality Improvement (internal to the specific organization)

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	Patients ages 18-64 with SUD treatment	Behavioral Health: Inpatient, Outpatient; Clinician Office/Clinic; Emergency Department; Hospital: Acute Care, Critical Access, Inpatient, Outpatient, Post-Acute Care, Pharmacy	Population or Geographic Area (State)



# CBE #3453 Public Comments



- One comment received.

- One comment shared support for the measure, noting the importance of follow-up care to keep patients supported.

Support

1

# CBE #3453 Staff Assessment



PQM Domain	Rating	Considerations
<b>Importance</b>	Met	<ul style="list-style-type: none"> <li>Overall, the process and data involved in the measure are straightforward and present an opportunity to enhance care for people who are treated for SUD.</li> </ul>
<b>Feasibility</b>	Met	<ul style="list-style-type: none"> <li>Data are comprised of administrative claims or encounter data. Data collection does not involve sampling. The qualitative survey conducted indicated that there are minimal challenges for data collection and minimal burden to report.</li> </ul>
<b>Scientific Acceptability (Reliability)</b>	Met	<ul style="list-style-type: none"> <li>The measure is well-defined. Reliability is assessed at the state level. Reliability statistics are above the established thresholds.</li> </ul>
<b>Scientific Acceptability (Validity)</b>	Met	<ul style="list-style-type: none"> <li>The developer employs the Transformed Medicaid Statistical Information System (T-MSIS) as the data source. In addition, the 7- and 14-day rates provide insight into duration and likelihood of remission.</li> </ul>
<b>Equity*</b>	Met	<ul style="list-style-type: none"> <li>The developer described meaningful differences in measure rates for patients of different ages, races, and dual eligibility status.</li> </ul>
<b>Use and Usability</b>	Not met but addressable	<ul style="list-style-type: none"> <li>The current use of the measure is documented; however, usability feedback was inconclusive and additional data are needed to understand barriers to use.</li> </ul>

\*Equity is an optional domain

# CBE #3453 Committee Independent Review



Importance (n=5)	Feasibility (n=5)	Reliability (n=5)	Validity (n=5)	Equity (n=5)	Use & Usability (n=5)
C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 80% Met; 20% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Not Met, but Addressable 20% Met; 80% Not Met but Addressable; 0% Not Met

- Reviewers largely agreed with the staff assessment. No major concerns were identified by reviewers with respect to all the domains of the measure.

**Legend:**

C – Consensus; NC – No consensus; n – number of committee independent reviews

# CBE #3453 Key Discussion Points



- **Use & Usability:** The current use of the measure is documented; however, usability feedback was inconclusive and additional data are needed to understand barriers to use.
  - Developer noted that they have not had any interaction with the states who are using the measure and comparing the results.
  - Data are blinded, so it is not public data that could be compared.
  - Neither CMS or Lewin have received any feedback, positive or negative, about feasibility challenges with the specifications, adding that the measure is feasible since it uses claims data.
  - The developer would consider potentially reaching out to a couple of states.

# Additional Measure Recommendations Discussion

*Based on the measure discussions today, are there additional recommendations or solutions the developer can use to overcome any potential measure limitations?*



# Next Steps



# Next Steps for Spring 2024 E&M Cycle



## Meeting Summary

- **Publish Meeting Summary:** August 30, 2024



## Upcoming Meetings

- **Appeals Committee Meeting:** September 30, 2024



## Final Report

- **Publish Final Technical Report:** October/November 2024

# A Special Thank You To Our Committee Members!



- Barbara Winters-Todd
- Brigette DeMarzo
- Cardinale Smith
- Cher Thomas
- Dima Raskolnikov
- Donna Woods
- Erin Crum
- Ginette Ayeni
- Margherita Labson
- Morris Hamilton
- Paul Galchutt
- Paul Tatum





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# Thank You!

Have questions? Contact us at  
[PQMsupport@battelle.org](mailto:PQMsupport@battelle.org)





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