





Welcome





Welcome to Today's Meeting!

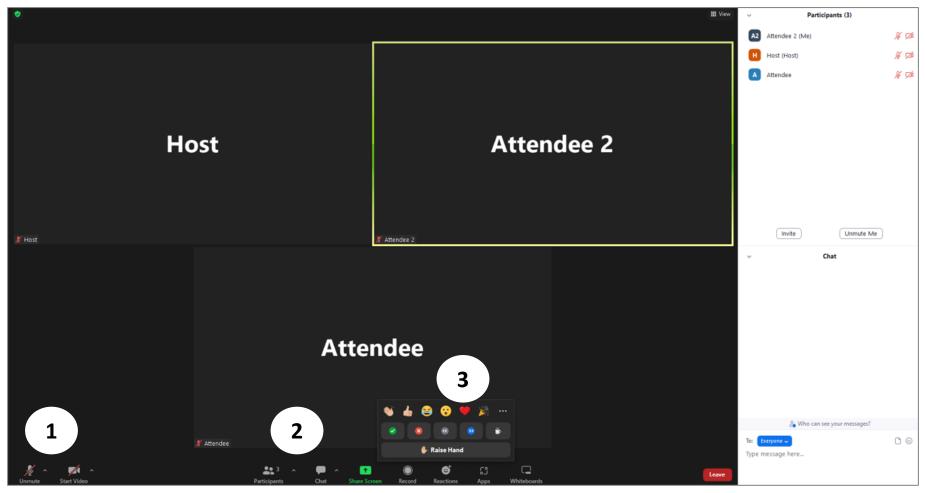


- Housekeeping reminders:
 - The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
 - Please raise your hand and unmute yourself when called on
 - Please lower your hand and mute yourself following your question/comment
 - Please state your first and last name 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.



Using the Zoom Platform



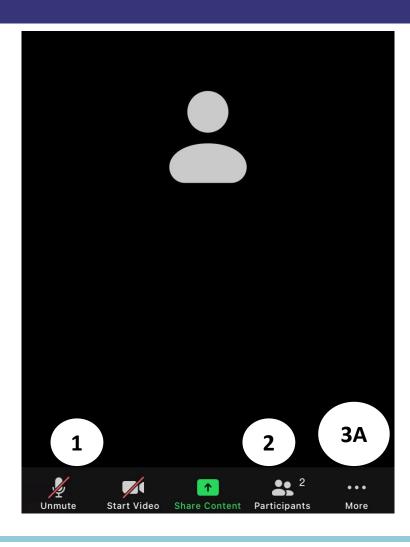


- Click the lower part of your screen to mute/unmute, start, or pause video
- Click on the participant or chat button to access the full participant list or the chat box
- To raise your hand, select the raised hand function under the reactions tab



Using the Zoom Platform (Phone View)





Click the lower part of your screen to mute/unmute, start or pause video

Click on the participant button to view the full participant list

Click on "more" button to (3A) view the chat box, (3B) show closed captions, or to (3C) raise your hand. To raise your hand, select the raised hand function under the reactions tab



3B

3C

Chat **Show Captions** CC **Meeting Settings** Background & Effects (2) Disconnect Audio Raise Hand Cancel



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 criteria and guidance
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others



Agenda



- Welcome and Review of Meeting Objectives
- Roll Call
- Voting Test
- Consideration of Consensus Not Reached Measures and Review of Comments Received
- Related and Competing Measures
- Opportunity for Public Comment
- Next Steps
- Adjourn



Project Team



- Nicole Brennan, MPH, DrPH, Executive Director
- Brenna Rabel, MPH, Deputy Director
- Quintella Bester, PMP, Senior Program Manager
- Matthew Pickering, PharmD, Principal Quality Measure Scientist
- Katie Goodwin, MS, Social Scientist IV
- Isaac Sakyi, MSGH, Social Scientist III
- Jessica Ortiz, MA, Social Scientist II
- Elena Hughes, MS, Social Scientist I



All-Cause Admissions and Readmissions Fall 2022 Cycle Standing Committee

- Chloe Slocum, MD, MPH (Co-Chair)
- Amy O'Linn, DO, FHM, FACP (Co-Chair)
- Richard James Dom Dera, MD, FAAFP
- Lisa Freeman
- Kellie Goodson, MS, CPXP
- Dinesh Kalra, MD
- Michelle Lin, MD, MPH, MS
- Dheeraj Mahajan, MD, MBA, MPH, FACP
- Jack Needleman, PhD, FAAN

- Sonya Pease, MD, MBA
- Gaither Pennington, RN, BSN
- Rebecca Perez, MSN, RN, CCM
- Sheila Roman, MD, MPH
- Teri Sholder, RN, BSN, MHA, CPHQ, CPC
- Lalita Thompson, MSN, RN, CRRN
- Milli West, MBA, CPHQ

Cancer Standing Committee Members

- Steven L. Chen, MD, MBA, FACS
- Karen Fields, MD
- Shelley Fuld Nasso, MPP
- Dr. David Sher MD, MPH

Cost & Efficiency Standing Committee Members

- Kristin Martin Anderson, MBA
- Sunny Jhamnani, MD
- Matthew Titmuss, DPT



Fall 2022 Cycle Measures



Two measures were reviewed

- Measure Recommended for Endorsement
 - #3490 Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy (CMS/Yale CORE)
- Consensus Not Reached Measure
 - #3474 Hospital-Level, Risk-Standardized Payment Associated With a 90-Day Episode of Care for Elective Primary Total Hip and/or Total Knee Arthroplasty (Centers for Medicare & Medicaid Services [CMS]/Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation [Yale CORE])





Voting Test







Consideration of CNR Measures and Review of Comments Received

Screenshare Post-comment Memo







Review and Discuss Comments

Screenshare Post-comment Memo





Related and Competing Measures



If a measure meets the four criteria **and** there are endorsed/new related measures (same measure focus **or** same target population) or competing measures (both the same measure focus **and** same target population), the measures are compared to address harmonization and/or selection of the best measure.

Target Population	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	Competing measures - Select best measure from competing measures or justify endorsement of additional measure(s).	Related measures - Harmonize on target patient population or justify differences.
Different target patient population	Related measures - Combine into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither a harmonization nor competing measure issue



Related and Competing Measures (continued)



 Related and competing measures will be grouped and discussed after the recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.

 The standing committee can discuss harmonization and make recommendations. The developers of each related and competing measure will be encouraged to attend any discussion.



#3474 Hospital-level, risk-standardized payment associated with a 90-day episode of care for elective primary total hip and/or total knee arthroplasty (THA/TKA) - Related Measures

- #1550 Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)
- #1551 Hospital-level 30-day risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)



#3474 Hospital-level, risk-standardized payment associated with a 90-day episode of care for elective primary total hip and/or total knee arthroplasty (THA/TKA) - Related Measures (continued 1)

#1550 Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty and/or total knee arthroplasty

- Steward/Developer: CMS/Yale CORE
- Description: The measure estimates a hospital-level risk-standardized complication rate (RSCR) associated with elective primary THA and TKA in Medicare FFS beneficiaries who are age 65 and older
- Numerator: The outcome for this measure is any complication occurring during the index admission to 90 days post-date
 of the index admission
- Denominator: The target population for the publicly reported measure includes admissions for Medicare FFS beneficiaries who are at least 65 years of age undergoing elective primary THA
- Target Population: Elderly; Populations at Risk
- Care Setting: Inpatient/Hospital
- Level of Analysis: Facility



#3474 Hospital-level, risk-standardized payment associated with a 90-day episode of care for elective primary total hip and/or total knee arthroplasty (THA/TKA) - Related Measures (continued 2)

• Are the measure specifications for the related measure harmonized to the extent possible?

 Are there differences that could impact interpretability and add data collection burden?

Are the differences justified?



#3474 Hospital-level, risk-standardized payment associated with a 90-day episode of care for elective primary total hip and/or total knee arthroplasty (THA/TKA) - Related Measures (continued 3)

#1551 Hospital-level 30-day risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty and/or total knee arthroplasty

- Steward/Developer: CMS/Yale CORE
- Description: The measure estimates a hospital-level risk-standardized readmission rate (RSRR) following elective primary THA and/or TKA in Medicare FFS beneficiaries who are 65 years and older. A specified set of planned readmissions do not count in the readmission outcome
- Numerator: 30-day readmissions defined as inpatient admissions for any cause, with the exception of certain planned readmissions, within 30 days from the date of discharge of the index hospitalization. If a patient has more than one unplanned admission (for any reason) within 30 days after discharge from the index admission, only one is counted as a readmission. If the first readmission after discharge is considered planned, any subsequent unplanned readmission is not counted as an outcome for that index admission, because the unplanned readmission could be related to care provided during the intervening planned readmission rather than during the index admission
- Denominator: Admissions for Medicare FFS beneficiaries who are at least 65 years of age undergoing elective primary THA and/or TKA procedures
- Target Population: Elderly; Populations at Risk
- Care Setting: Inpatient/Hospital
- Level of Analysis: Facility



#3474 Hospital-level, risk-standardized payment associated with a 90-day episode of care for elective primary total hip and/or total knee arthroplasty (THA/TKA) - Related Measures (continued 4)

• Are the measure specifications for the related measure harmonized to the extent possible?

 Are there differences that could impact interpretability and add data collection burden?

Are the differences justified?





Opportunity for Public Comment







Next Steps





Activities and Timeline – Fall 2022 Cycle



Meeting	Date, Time*	
CSAC Review	July 24, 10am – 5pm	
Appeals Period (30 days)	August 1 – 30	

- PQM staff will incorporate comments and responses to comments into meeting materials for the Consensus Standards Approval Committee (CSAC) meeting
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision

* All times are Eastern



Project Contact Information



- Email: <u>PQMsupport@battelle.org</u>
- PQM Webpage: Endorsement | Partnership for Quality Measurement (p4qm.org)





Thank You







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