Consensus Standards Approval Committee—Measure Evaluation Web Meeting Summary Fall 2022 Cycle

The Battelle staff convened the Consensus Standards Approval Committee (CSAC) for a web meeting on July 24, 2023 to evaluate standing committee endorsement recommendations for Fall 2022 cycle measures. The CSAC endorsed 19 measures but did not endorse eight measures, and it returned one measure for reconsideration.

Welcome, Introductions, and Review of Web Meeting Objectives

Matthew Pickering, endorsement and maintenance technical lead, welcomed participants to the CSAC measure evaluation meeting and thanked the CSAC members for convening to discuss the Fall 2022 standing committee measure endorsement recommendations. Dr. Pickering also acknowledged and thanked the measure developers and stewards that submitted measures for this cycle. The CSAC chair and vice-chair, John Bulger and Edward Septimus, welcomed the CSAC committee, developers and stewards, and members of the public to the meeting.

Dr. Pickering then provided an overview of the meeting's objectives:

- CSAC will review the deliberations and discussions of the various Fall 2022 measures, and
- CSAC will render a final endorsement decision (i.e., to endorse or to not endorse) of the Fall 2022 measures.

Roll Call and Disclosures of Interest

Dr. Pickering reviewed the disclosures of interest requirements and conducted a roll call. To provide greater flexibility and continue the CSAC's important work to endorse measures, 80 percent (11 of 13) of active CSAC members needed to be present to vote for this meeting. Quorum was achieved and maintained throughout the meeting for all measures since all 13 active CSAC members attended the meeting. One CSAC member disclosed conflicts of interest on a specific measure: Kevin Kavanagh was recused from CBE #3498e - *Hospital Harm and Pressure Injury*.

CSAC Measure Review Procedure

Dr. Pickering provided an overview of the CSAC's measure review and voting procedure for the standing committee's endorsement recommendations. Dr. Pickering explained that the CSAC has two methods to review measures. The first is the consent calendar, which is used to uphold the standing committee's recommendations for endorsement in a block for measures that **meet all** the consent calendar key considerations criteria (see below). The second method comprises a discussion and vote for measures not on the consent calendar (i.e., measures that do not meet the consent calendar criteria).

Measures included in the consent calendar must meet all the following key considerations criteria:

1. The measure received 80 percent or greater passing votes for overall suitability for endorsement.

2. No process concerns were identified that may have affected the endorsement decision of a measure.
3. No reconsideration request was received for either the standing committee's or the CSAC's adjudication.
4. The standing committee accepted the Scientific Methods Panel's (SMP) ratings (i.e., it did not overturn the SMP's decision), if applicable.
5. No new information was received via public comment that was not available or discussed during the standing committee's measure evaluation meeting, which conflicts with the standing committee's recommendation(s).
6. The measure was not pulled for discussion by a CSAC member.
7. No additional concerns were identified that require CSAC discussion (Note: These concerns should reside within the purview of the CSAC, based on the CSAC decision-making rationale).

Dr. Pickering mentioned that after Battelle staff determined which measures were eligible for the consent calendar, the list of consent calendar measures, along with links to the standing committee deliberations, are sent to CSAC members for an offline review of the consent calendar measures in advance of the CSAC meeting. During the offline review period, CSAC members can request one or more measures be pulled from the consent calendar for discussion and voting during the endorsement meeting. If a CSAC member requests a measure to be pulled for discussion, they must provide a rationale for pulling the measure based on the consent calendar key considerations criteria. All measures remaining on the consent calendar following the offline review are considered reviewed by the CSAC and will be announced as endorsed during the CSAC meeting without discussion.

Dr. Pickering then summarized the CSAC process for the discussion and voting on all non-consent calendar measures. During the meeting, the CSAC's review of non-consent calendar measures is organized by topical area. Battelle staff provide an overview and summary of the measures and the standing committee's deliberations. Standing committee co-chairs are also present during the meeting to represent their respective committees. Committee co-chairs are asked to provide remarks and share their perspectives on the standing committee's decision-making processes and discussions. Following the co-chairs' remarks, CSAC members discuss any concerns before moving to an endorsement vote.

The CSAC's voting options on the measures themselves are to either:

- Accept the standing committee's recommendation (i.e., to endorse or not endorse); or
- Do not accept the standing committee's recommendation and return the measure to the standing committee for reconsideration; or
- Abstain from making a recommendation if not present during discussion for a specific measure.

Consideration of Candidate Consent Calendar Measures

Dr. Pickering provided an overview of the consent calendar measures. Of the 16 measures included in the consent calendar (pages 4 -5 of the CSAC Discussion Guide), seven measures were new and nine were maintenance measures. In July, the CSAC members had the opportunity to review the 16 proposed consent calendar measures for the Fall 2022 cycle and request one or more measures to be pulled for CSAC discussion and voting during the meeting. No measures were pulled from the consent calendar by CSAC members in advance of the meeting for further discussion.

Dr. Pickering then turned it to Dr. Bulger to open the floor for public comment on the 16 measures that remained on the consent calendar (i.e., were not pulled by the CSAC in advance of the meeting). No comments from the public were provided. Therefore, Dr. Bulger announced that all 16 consent calendar measures are endorsed.

Review of the Spring 2022 Portfolio Overarching Issues

Dr. Pickering discussed overarching issues of the Fall 2022 measures related to linking cost and quality measures, risk adjustment of social risk factors, and lack of evidence demonstrating improved outcomes.

For linking cost and quality measures, Dr. Pickering stated that it is not a requirement to associate cost measures with a quality indicator. However, cost measures usually have questions from committee members and the public regarding whether reducing cost will jeopardize quality. For the Fall 2022 cycle, one cost measure (CBE #3474) was reviewed by the All-Cause Admissions and Readmissions committee as well as invited members of the Cost and Efficiency committee. The developer did an analysis to see if there was any impact on quality indicators and found it was not the case. However, the committee discussed the need to have a measure endorsement requirement that explores the linkage of cost and quality.

During the discussion, one CSAC member mentioned that by not having this information, it makes it challenging for patients/consumers and purchasers of health care to understand the value of a health care service. Another CSAC member noted that looking at cost alone is imperfect, and one needs to also look at value and outcomes; ideally having the best outcomes at the lowest cost. Having measures that just look at cost can be misleading and as such, cost measures should be paired with overall outcomes. One CSAC member noted that there can be little correlation in non-competitive systems, and higher costs can actually lead to lower quality, making it difficult to interpret the data. Overall, the CSAC suggested that Battelle explore this issue further and recommended the implementation of such a requirement.

Regarding the issues of risk adjusting social risk factors, Dr. Pickering noted that this also applied to CBE #3734. During the review of the measure, standing committee members raised concern regarding the accuracy of cost and outcome measures without appropriate adjustment for social risk factors. The committee had some concerns with the developer's rationale to not include some social risk factors within the risk adjustment model. Dr. Pickering noted that risk adjustment decisions are based on a conceptual model, which identifies the patient-level factors that have an impact on the measured outcome or cost. Determining which factors are then included in the final model depends on empirical analyses but also on whether those factors are within the accountable entities' control. The CSAC did not have any comments regarding this topic.

For lack of evidence demonstrating improved outcomes, Dr. Pickering noted this issue was seen across various Fall 2022 measures. Several measures did not pass due to lack of strong empirical evidence that the measure leads to improved outcomes. The committees reviewing these measures recognized the importance of the measures but expressed the need for more evidence to support them. The CSAC did not have any comments on this topic.

Discussion and Voting of Candidate Non-consent Calendar Measures

Cardiovascular Fall 2022 Non-consent Calendar Measures

Two cardiovascular measures (CBE #3716; CBE #3735) were not included on the consent calendar.

CBE #3716 - CVD Risk Assessment Measure – Proportion of Pregnant/Postpartum Patients That Receive CVD Risk Assessment With a Standardized Tool

Dr. Pickering introduced CBE #3716 and informed the CSAC that the measure is a process measure being reviewed for initial endorsement. The measure developer is University of California, Irvine, and the measure is being discussed because it did not meet key consideration criterion #1. He further stated that the measure did not pass on evidence, a must-pass criterion, as there was no clear association between the specific assessment instrument and a specific health outcome. The developer cited evidence that the risk assessment was able to accurately identify pregnant or postpartum patients at risk for cardiovascular disease, but an association between administering the risk assessment to outcomes was not established in the evidence submission.

CBE #3735 - CVD Risk Follow-Up Measure – Proportion of Patients With a Positive CVD Risk Assessment Who Receive Follow-Up Care

For CBE #3735, Dr. Pickering informed the CSAC that the measure is a process measure being reviewed for initial endorsement. The measure developer is University of California, Irvine, and the measure is being discussed because it did not meet key consideration criterion #1. He further stated that like CBE #3716, the committee determined that there was insufficient evidence provided. The developer cited evidence that the risk assessment was able to accurately identify pregnant or postpartum patients at risk for cardiovascular disease. However, evidence was not provided on whether follow-up visits lead to desired health outcomes.

At a minimum, the committee suggested that the measure should identify a difference in outcomes compared to a control group. One committee member stated that the evidence would involve implementation of the Improving Health Care Response to Cardiovascular Disease in Pregnancy and Postpartum Toolkit and examining all-cause mortality and cardiovascular mortality. In addition, the measure could be implemented in a clustered randomized trial to examine outcomes.

The Cardiovascular co-chair, Thomas Kottke, further noted that a recommendation was made to address the committee's evidence concern for both measures (CBE #3716 and CBE #3725), to show that applying these measures resulted in a higher proportion of patients receiving evidence-based care for identified problems.

The CSAC lead discussant had no further items to add, noting that in reviewing the key considerations checklist, there were no process concerns raised nor requests for reconsideration. The standing committee did not overturn any of the SMP's scientific acceptability ratings. The measure was not pulled by a CSAC member in advance of the meeting, and there were no additional concerns identified. The CSAC vice-chair, Dr. Septimus, opened the floor to the entire CSAC for discussion, and there were no additional comments from the CSAC.

When asked for public comments, a representative from the developer of CBE #3716 noted that they are exploring all the options including comments on how they can better show the relationship between administering the risk assessment and improved outcomes. The commenter also thanked everyone for their comments.

Moving to a vote, the CSAC voted to:

- Accept the Cardiovascular committee's recommendation to not endorse CBE #3716 **(Total votes – 13; accept – 13; do not accept – 0; abstention – 0 [13/13 – 100%, Not Endorsed])**

- Accept the Cardiovascular committee's recommendation to not endorse CBE #3735 **(Total votes – 13; accept – 13; do not accept – 0; recusals – 0 [13/13 – 100%, Not Endorsed])**

All-Cause Admissions and Readmissions Fall 2022 Non-consent Calendar Measures

One All-Cause Admissions and Readmissions (ACR) measure (CBE #3474) was not included on the consent calendar.

CBE #3474 - Hospital-Level, Risk-Standardized Payment Associated With a 90-Day Episode of Care for Elective Primary Total Hip and/or Total Knee Arthroplasty

Dr. Pickering introduced CBE 3734 and informed the CSAC that the measure is a cost measures and is being reviewed for maintenance endorsement. The developer is Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation [Yale CORE] and the steward is the Centers for Medicare & Medicaid Services [CMS]. The measure was not reviewed by the SMP. Dr. Pickering explained that the measure is being discussed as it did not meet key consideration criterion #1.

Dr. Pickering summarized that during the measure evaluation meeting, the ACR committee raised concerns of whether lower costs were better, whether the measure submission should have included analysis of costs compared to some quality indicator, and whether the absence of social determinants of health impacts the appropriateness of the risk adjustment model.

During the meeting, the staff clarified that costs are not required to be correlated with a quality indicator for endorsement. With respect to social risk adjustment, the committee noted that the social risk variables did have a large effect on the relative ranking of the measure scores, which the committee commented to be unusual and may warrant adjustment. The developer responded that dual eligibility (DE) was removed from the risk adjustment model to align the risk adjustment model with a different measure, which does not adjust for DE. The developer further noted that this is a CMS priority; to facilitate "apples-to-apples" comparisons, analyses, and reporting for hospitals on Care Compare. Moving to a vote, the ACR committee still had concerns after the developer's response and did not reach consensus on validity.

Dr. Pickering continued to state that during the post-evaluation commenting period, four comments were received, including one from the developer to support the validity discussions, and the other three comments raised concern with the measure under review. Having reviewed the comments and developer's responses, the committee reiterated the concern about the

accuracy of the measure's cost without appropriate adjustment for the treatment that patients should receive post admission. The committee further noted that the risk adjustment model should adequately capture patients who require rehabilitation facilities at a higher cost and those who should be directed to skilled nursing facilities at a lower cost. The committee further noted that social risk factors should be part of the risk adjustment, either through risk adjustment or stratification. One member emphasized the predicament patients face due to the absence of a clearly defined relationship between quality and cost. Given these concerns, the committee did not pass the measure on validity, a must-pass criterion. The ACR co-chairs, Chloe Slocum and Amy O'Linn, did not have anything further to add to what Dr. Pickering summarized.

The CSAC lead discussant raised a few questions. Why was the measure not evaluated by the SMP? She also wanted to clarify that the developer used more recent data with the recalibration of the model than what was used in the previous endorsement. What validity testing was done? Also, the CSAC member asked for confirmation that dual eligibility was not considered as a risk factor and that the Agency for Healthcare Research and Quality (AHRQ) Socioeconomic Status (SES) index was more important than dual eligibility, but the developer still didn't adjust for it.

Another CSAC member mentioned that she did not see any issues with the process. She also commented that she thought the developer sufficiently responded to the issues that were raised after the measure evaluation meeting by providing additional analyses within its public comment for the ACR committee's consideration during the post-comment meeting.

Another CSAC member indicated that a combined metric would not be useful, as there is only so much budget to spend on health care. Separating out cost and quality are important. The CSAC chair, Dr. Bulger, commented that there were issues regarding cost and quality correlations that shouldn't have been considered when the ACR committee voted on validity. He continued to state that even if NQF staff instructed that the measure is not required to be correlated to a quality indicator, it was still a significant part of the discussion, which may have influenced the validity vote.

Dr. Pickering responded to the questions posed by the lead discussant, mentioning that the measure wasn't sent to the SMP, as the updated testing provided was a common testing approach, which did not require the SMP review. He also stated validity testing was conducted at the accountable entity-level, which showed a positive correlation with another cost measure. Lastly, he stated that the developer explored the AHRQ SES index and DE, but it did not include DE due to alignment with another quality measure. He was not sure about the evolution of the model, but the developer did explore those factors in previous measure submissions.

The ACR co-chair, Dr. Slocum, recalled that the standing committee did not focus its discussion on the need for a quality measure, as the concerns were mainly on the validity of the measure and the potential to drive provider behavior. She agreed there should be a cost measure, but the standing committee felt this is not the right cost measure.

The CSAC vice-chair offered the developer, Yale CORE, to provide any additional remarks for the CSAC's consideration. The developers stated that the impact of the social risk factor is very small, which was noted in their public comment. As a result, they recommended not adjusting the measure for social risk factors. In addition, the measure is currently used in a pay-for-reporting program, not a pay-for-performance program. The developer added that dual eligibility is adjusted for at the program-level, rather than the measure-level.

The CSAC vice-chair then opened the floor for any public comments on this measure. There were no public comments.

Moving to a vote, the CSAC voted to:

- Not accept the ACR committee's recommendation to not endorse CBE #3474 **(Total votes – 13; accept – 6; do not accept – 6; recusals – 1 [6/13 – 46%, Sent Back for Reconsideration])**

Dr. Pickering noted that since the committee did not reach consensus on accepting the ACR committee's recommendation, then the measure will be sent back for reconsideration. The CSAC provided that the rationale for reconsideration, which included the concern that the discussions of cost associations with quality indicators may have confounded the ACR committee's decision, as this is not a requirement within the endorsement criteria. In addition, the CSAC agreed that the committee did not fully consider the data and rationale provided by the developer during post-comment, with respect to not including dual eligibility in the risk adjustment model. Therefore, the CSAC determined that CBE #3474 should be reconsidered.

Dr. Pickering summarized that since the ACR committee is not convening for the Spring 2023 cycle, and will be retired at the end of 2023, this measure will be reviewed by the Cost and Efficiency committee under Battelle's new process. Battelle will work with the developer to determine when the measure can be resubmitted. Until that time, the measure will maintain endorsement.

Patient Experience and Function Fall 2022 Non-consent Calendar Measures

Three Patient Experience and Function (PEF) measures (CBE #2958; CBE #2962; CBE #3720) were not included on the consent calendar.

CBE #2958 - Informed, Patient-Centered (IPC) Hip and Knee Replacement Surgery

Dr. Pickering introduced CBE #2958 and informed the CSAC that the patient-reported outcome performance measure (PRO-PM) is being reviewed for maintenance endorsement. The measure developer is Massachusetts General Hospital, and the measure was reviewed by the SMP. Dr. Pickering explained that the measure is being discussed at this meeting because it did not meet key consideration criterion #1.

Dr. Pickering noted that there were no major concerns or issues with the measure, but it was just short of the 80% overall suitability for endorsement threshold for being included on the consent calendar.

CBE #2962 - Shared Decision-Making Process

Dr. Pickering then introduced CBE #2962, informing the CSAC that CBE #2962 is also a PRO-PM being reviewed for maintenance endorsement. The measure developer is Massachusetts General Hospital, and the measure was reviewed by the SMP. Like CBE #2958, Dr. Pickering noted that CBE #2962 is being discussed as it did not meet key consideration criterion #1. There were no major concerns or issues with the measure, but it was just short of the 80% overall suitability for endorsement threshold for being included on the consent calendar.

CBE #3720 - Patient-Reported Fatigue Following Chemotherapy Among Adults With Breast Cancer

For CBE #3720, Dr. Pickering stated that this PRO-PM is being reviewed for initial endorsement, and the measure developer is Purchaser Business Group on Health. The measure was also reviewed by the SMP. Dr. Pickering explained that the measure is being discussed as it did not meet key consideration criterion #1. Dr. Pickering further noted that the SMP did not reach consensus on validity due to concerns with the face validity testing, the lack of meaningful differences in performance, and the missing response rates.

During the PEF committee's discussions, it had asked for clarification on how much an improvement in fatigue is really about the quality of care. The PEF committee also asked about the types of interventions that could be done to reduce fatigue. The developer responded that providers that have done well on the measure intervened on fatigue early and that they risk-adjusted for fatigue. With respect to the face validity testing, the PEF committee discussed the SMP's concern regarding four of the 12 oncologists, noting that the fatigue may not be due to cancer but to fatigue related to the coronavirus 2019 (COVID-19) pandemic. The developer also commented that COVID-19 may have been a confounding factor. However, the guidelines recommend assessing stressors like the COVID-19 pandemic. The developer also stated that meaningful differences were present between the test sites, which were tested in part during the COVID-19 pandemic. The PEF co-chairs, Gerri Lamb and Chris Stille, did not have anything further to add to what Dr. Pickering summarized.

Turning to the CSAC for discussion, the lead discussant and other CSAC members found no major concerns with the process for CBE #2958 and CBE #2962. Regarding CBE #3720, the CSAC lead discussant summarized the public comment that was received during the public comment period from the American Medical Association (AMA). The AMA comment stated that COVID-19 impacted some patient visits and that treatments were postponed during the early months of COVID-19. The AMA agreed with the four oncologists that did not participate in face validity assessments, given concerns and that additional testing outside the pandemic is necessary. The CSAC member believed that the concern is not that fatigue comes from COVID, but that chemotherapy causes fatigue and patients may be getting suboptimal chemotherapy if it is delayed due to the pandemic.

The PEF co-chair, Dr. Stille, noted the lead discussant's concerns were correct about some fatigue issues and noted there was a robust discussion about this during the post-comment meeting. The overall sense of the PEF committee was that this is an important concept to measure and that measuring of the concept outweighs the problems with the measure.

Another CSAC member commented that the PEF committee appeared to discuss these areas of concern in-depth. She noted that COVID is not going away and that this measure was important in acknowledging fatigue, which has a huge impact on the quality of life for people. She further stated that some fatigue is expected, but there are ways to manage it.

In response to the CSC lead discussant's comment, Dr. Pickering noted that the developer responded to the comment from AMA, stating that the test sites communicated with the developer throughout the testing period including during the public health emergency (PHE). The test sites paused testing while they responded to the PHE and adjusted clinical workflows.

These test sites remained engaged and created additional approaches to administer surveys to patients during the PHE.

The CSAC vice-chair then opened the floor for any public comments on this measure. There were no public comments.

Moving to a vote, the CSAC voted to:

- Accept the PEF committee's recommendation to endorse CBE #2958 **(Total votes – 13; accept – 13; do not accept – 0; recusals – 0 [13/13 – 100%, Endorsed])**

- Accept the PEF committee's recommendation to endorse CBE #2962 **(Total votes – 13; accept – 13; do not accept – 0; recusals – 0 [13/13 – 100%, Endorsed])**

- Accept the PEF committee's recommendation to endorse CBE #3720 **(Total votes – 13; accept – 13; do not accept – 0; recusals – 0 [13/13 – 100%, Endorsed])**

Geriatrics and Palliative Care Fall 2022 Non-consent Calendar Measures

Three Geriatrics and Palliative Care (GPC) measures (CBE #3672; CBE #3707; CBE #3729) were not included on the consent calendar.

CBE #3672 - Ratio of Observed Over Predicted Rates for Diagnosis of Dementia
CBE #3707 - Ratio of Observed Over Predicted Rates for Diagnosis of Mild Cognitive Impairment
CBE #3729 - Ratio of Observed Over Predicted Rates for Diagnosis of Cognitive Impairment of Any Stage

Dr Pickering introduced CBE #3672, CBE #3707, CBE #3729 together due to their similarity. He informed the CSAC that the measures are being reviewed for initial endorsement. The measure developer is University of Southern California (USC), and the measures were not reviewed by the SMP. Dr. Pickering explained that the measures are being discussed as they did not meet key consideration criterion #1, as the measures did not pass on evidence.

Dr. Pickering summarized that during the GPC committee discussion, the standing committee acknowledged the importance of early detection of mild cognitive impairment (MCI) and dementia to provide treatment. The committee recognized that cognitive impairment and dementia remain underdiagnosed and that the measure can help identify gaps in diagnosis. However, the GPC committee noted that due to the current challenges of diagnosing cognitive impairment and dementia, there are concerns regarding whether the treatment would be effective or beneficial. Challenges have included the ethical considerations of accomplishing trials to assess interventions and medications. Additionally, the evidence did not demonstrate that the proposed process of care would lead to a positive patient outcome. The committee also noted that much of the evidence presented was either not graded or graded moderately.

During the public comment period, the American Geriatrics Society submitted comments that did not support the measures due to a lack of clarity on the utility of the measures and the accuracy of capturing missed diagnoses for these conditions. Additionally, more evidence is needed on whether a clinic with lower rates is actually doing a better job of controlling risk factors thus preventing MCI or dementia or that they are not checking cognition and therefore

not identifying dementia. Dr. Pickering also noted that the GPC co-chairs were unable to attend the CSAC meeting due to prior conflicts.

The CSAC chair then turned to the lead discussant and CSAC for discussion. The lead discussant and the other CSAC members did not have any questions or concerns. There were also no public comments.

Moving to a vote, the CSAC voted to:

- Accept the GPC committee's recommendation to not endorse CBE #3672 (**Total votes – 13; accept – 13; do not accept – 0; recusals – 0 [13/13 – 100%, Not Endorsed])**.

- Accept the GPC committee's recommendation to not endorse CBE #3707 **(Total votes – 13; accept – 13; do not accept – 0; recusals – 0 [13/13 – 100%, Not Endorsed])**.

- Accept the GPC's committee's recommendation to not endorse CBE #3729 **(Total votes – 13; accept – 13; do not accept – 0; recusals – 0 [13/13 – 100%, Not Endorsed])**.

Renal Fall 2022 Non-consent Calendar Measures

Three Renal measures (CBE #3719; CBE #3722; CBE #3725) were not included on the consent calendar.

CBE #3719 - Prevalent Standardized Waitlist Ratio (PSWR)

Dr. Pickering introduced CBE #3719 and informed the CSAC that the measure is being reviewed for initial endorsement. The measure developer is University of Michigan- Kidney Epidemiology Cost Center, and the measure was not reviewed by the SMP. Dr. Pickering explained that the measure is being discussed as it did not meet key consideration criterion #1, as the measure did not pass on validity, a must-pass criterion.

Dr. Pickering summarized that the Renal committee had concerns regarding the measure's exclusions, non-significant association with mortality, risk adjustment, and the possibility of practices with high waitlists not performing well in the measure. In addition, two patient advocates on the standing committee were concerned about the lack of patient voice and physician choice.

CBE #3722 - Home Dialysis Rate
CBE #3725 - Home Dialysis Retention

Dr. Pickering introduced CBE #3722 and CBE #3725 and informed the CSAC that both measures are being reviewed for initial endorsement. The measure developer is Kidney Care Quality Alliance, and the measures were not reviewed by The SMP. Dr. Pickering explained that the measures are being discussed as they did not meet key consideration criterion #1, as they did not pass on evidence, a must-pass criterion.

Dr. Pickering noted that the Renal committee reviewed the developer's logic model, which highlights potential outcomes of increased home dialysis, such as the reduced risk of

cardiovascular disease, mortality, hospitalization, cost, and increased quality of life. The Renal committee focused on whether there was strong enough evidence that home modalities provide better outcomes than in-center dialysis treatment. The committee recognized that increasing home modalities can lead to reduced costs. However, several standing committee members expressed that some patient subgroups have varying degrees of health and quality of life outcomes due to confounding factors. In addition, home dialysis outcomes may be worse than in-center outcomes for some patient subgroups, such as diabetic patients. Overall, members of the Renal committee recognized that the observational studies presented by the developer suggest that there are some advantages to home therapies, but this is likely a reflection of the composition of those patients who choose to go home. With respect to CBE #3725, the committee expressed concern regarding the evidence provided to justify the 90-day time period for the measure. Specifically, the evidence submitted does not point to 90 days as a definitive time frame for success on home dialysis. The developer noted that 90 days was chosen based on the consensus reached in their technical expert panel. Ultimately, the Renal committee stated that the true benefits of home dialysis over in-center dialysis are not currently demonstrated in the literature and that there is no empirical evidence to suggest the benefits of home modalities lead to better outcomes that outweigh undesirable effects for all patients.

Regarding CBE #3719, the Renal co-chairs, Renee Garrick and Lorien Dalrymple, noted that one challenge with this measure was the exclusion of that type of care could be a weakness for the measure, as this measure only focuses on waitlisting after dialysis initiation. And for CBE #3722 and CBE #3725, the co-chairs stressed that the committee did spend a lot of time discussing home peritoneal dialysis and in-center dialysis techniques and agreed that for some patients, home dialysis is not as good.

Turning to the CSAC for discussion, the lead discussant did not have any major concerns and suggested to uphold the Renal committee's non-endorsement recommendations for these measures. The CSAC chair mentioned that there is an assumption that having more people in home dialysis is clinically better so saying the evidence doesn't exist is saying that it is clinically better. If looking at this from a cost standpoint, home dialysis is a lot less than in-center. There may be instances where a measure is validated and may be included to assess value due to the cost savings. However, the health care system is not set up to do that. One CSAC member appreciated the discussion and added that cost also includes the dialysis recipients' time and cost of transportation to dialysis centers so there are costs and outcomes beyond clinical care that are important to consider.

Another CSAC member noted a key issue here is patient preference and making decisions based on relative value and not purely economic. Also, there is an innate selection bias discussed by the Renal committee, as there are sub-populations who may have improved outcomes by going to a dialysis center versus home dialysis. The CSAC member challenged the developer to come up with ways to account for things like patient preferences and sub-populations.

The CSAC chair then opened the floor for any public comments on this measure. There were no public comments.

Moving to a vote, the CSAC voted to:

- Accept the Renal committee's recommendation to not endorse CBE #3719 **(Total votes – 13; accept – 13; do not accept – 0; recusals – 0 [13/13 – 100%, Not Endorsed]).**

- Accept the Renal committee's recommendation to not endorse CBE #3722 **(Total votes – 13; accept – 13; do not accept – 0; recusals – 0 [13/13 – 100%, Not Endorsed]).**

- Accept the Renal committee's recommendation to not endorse CBE #3725 **(Total votes – 13; accept – 13; do not accept – 0; recusals – 0 [13/13 – 100%, Not Endorsed]).**

Opportunity for Public Comment

Dr. Pickering opened the web meeting to allow for public comment on any of the Fall 2022 measures. No public comments were offered.

Next Steps

Dr. Pickering announced that the Appeals period will open from August 4 – September 3, 2023. The final technical reports for the Fall 2022 cycle will be posted to the respective project pages on the PQM website in September-October 2023. Dr. Pickering announced that the Spring 2023 CSAC meeting will take place December 6-7, 2023. Additionally, Dr. Pickering presented that the E&M Team can be contacted via PQMsupport@battelle.org. Lastly, the CSAC chairs also expressed their gratitude and appreciation to the CSAC committee and Battelle staff. Dr. Pickering then adjourned the meeting.