

Consensus Standards Approval Committee Discussion Guide

SPRING 2023 EVALUATION CYCLE

December 6-7, 2023

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

Background

The Consensus Standards Approval Committee (CSAC) is an advisory committee that reviews measure endorsement recommendations from endorsement & maintenance (E&M) standing committees, which are convened to review and recommend submitted measures for endorsement.

The CSAC reviews the submitted measures based on a set of criteria, which focus on the strategic importance of measures within the portfolio, cross-cutting issues concerning measure properties, and CDP concerns. The CSAC may uphold a standing committee's recommendation(s) or send the measure(s) back to a standing committee for reconsideration.

This Discussion Guide contains details of the measure evaluation proceedings and the subsequent standing committee endorsement recommendations made during the Spring 2023 review cycle. Measures that did not have any concerns, as noted in the key considerations criteria on page 4 of this Discussion Guide, will not be discussed during the CSAC meeting. Measures that did not meet these criteria are pulled for CSAC discussion.

This Discussion Guide also contains summaries and links to the respective committee meeting summaries of and public comments received for the standing committee's deliberations. The CSAC utilizes this document during measure evaluation meetings to facilitate conversations between the CSAC, standing committee co-chairs, and Battelle staff. For this cycle, the CSAC will consider 14 measures for endorsement consideration. Of these measures, five require CSAC discussion and vote. Nine are included within the consent calendar because they meet all the key considerations criteria. No measures have been pulled from the consent calendar by CSAC members in advance of the CSAC meeting. For the nine measures that remained on the consent calendar (i.e., were not pulled by the CSAC in advance of the meeting), the standing committee's endorsement recommendations for these measures are upheld by the CSAC.

After the CSAC reviews measures, Battelle staff will publish the voting results and the meeting summary on the [Partnership for Quality Measurement](#) (PQM) website. After a measure has been formally endorsed by the CSAC, it enters a 30-day appeals period. Any party may request an appeal of a CSAC decision, except in the case when a standing committee does not recommend a measure for endorsement and the CSAC concurs. CSAC decisions to endorse a measure with reserve status or to approve a measure for trial use are not appealable.

Measures Under Review

The CSAC will review the recommendations from the respective standing committees for the consensus-based entity (CBE) measures listed below during its December 6-7, 2023, meetings and determine whether to uphold the standing committee recommendations proposed. The measure review procedures for the CSAC are twofold. First, the CSAC will review a consent calendar of measures, which indicates measures that will not be discussed during the meeting, as noted below. Measures will not be discussed if they **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 concern(s) 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., did not overturn the SMP's decision), if applicable.
5. No new information was received through 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](#)).

Prior to the CSAC meeting, the CSAC reviews the measures on the consent calendar and may submit a request to pull a measure from the consent calendar, along with a clear and compelling rationale that is based on the key considerations criteria noted above. If a measure is pulled by the CSAC for discussion during the meeting, Battelle staff will notify the measure developer/steward and the respective standing committee co-chairs.

For the measures that remained on the consent calendar (i.e., were not pulled by the CSAC in advance of the meeting), the standing committee's endorsement recommendations are upheld by the CSAC for these measures, and they will not be discussed during the CSAC meeting. During the meeting, the CSAC will review and vote on the measures that require discussion, considering they do not meet all the key considerations criteria noted above and/or have been pulled by the CSAC in advance of the meeting. For these measures, the respective Battelle team and standing committee co-chairs will present the respective standing committee deliberations, overarching issues, and recommendations for each measure. The CSAC will have an opportunity to ask clarifying questions and then will move to vote on each measure individually. CSAC members will vote on the acceptance of the standing committee's recommendation:

- Accept the standing committee's recommendation (i.e., to endorse or not endorse)
- Do not accept the standing committee's recommendation and return the measure to the standing committee for reconsideration.

Table 1: Consent Calendar

Topic Area	Consent Calendar Measures	Measures for Discussion (Maintenance/New) [Criteria Not Met]
<u>Patient Safety</u>	<ul style="list-style-type: none"> • CBE #3636 Quarterly Reporting of COVID-19 Vaccination Coverage among Healthcare Personnel (Surveillance Branch, Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention [CDC]) (Maintenance) • CBE #3687e ePC-07 Severe Obstetric Complications (The Joint Commission) (New) • CBE #3728 Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (Centers for Medicare & Medicaid Services [CMS] /Acumen LLC) (New) • CBE #3746 Avoid Hospitalization After Release with a Misdiagnosis—ED Stroke/Dizziness (Johns Hopkins Armstrong Institute for Patient Safety and Quality) (New) • CBE #3749e Diagnostic Delay of Venous Thromboembolism (DOVE) in Primary Care (Brigham and Women’s Hospital) (New) 	<ul style="list-style-type: none"> • None
<u>Prevention and Population Health</u>	<ul style="list-style-type: none"> • CBE #3748 Quality of Care Composite for Implantable Cardioverter-Defibrillator (ICD)/Cardiac Resynchronization Therapy Defibrillator (CRT-D) (American College of Cardiology) (New) • CBE #3751 Risk Adjusted Post-Ambulance Provider Triage Emergency Department (ED) Visit Rate Measure (CMS/ Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation [Yale CORE]) (New) 	<ul style="list-style-type: none"> • CBE #3747 Engagement in Community-Based Mental Health Care After a Mental Health Hospitalization (New York State Office of Mental Health) (New) [1]
<u>Primary Care and Chronic Illness</u>	<ul style="list-style-type: none"> • #3210e HIV Viral Suppression (Health Resources and Services Administration [HRSA] -HIV/AIDS Bureau) (Maintenance) • #3752e HIV Annual Retention in Care (HRSA-HIV/AIDS Bureau) (New) 	<ul style="list-style-type: none"> • #3755e STI Testing for People with HIV (HRSA - HIV/AIDS Bureau) (New) [1] • #3742 ESRD Dialysis Patient Life Goals Survey (PaLS) (CMS/University of Michigan Kidney Epidemiology and Cost Center) (New) [1]

Topic Area	Consent Calendar Measures	Measures for Discussion (Maintenance/New) [Criteria Not Met]
		<ul style="list-style-type: none"> • #3753 Delay in Progression of Chronic Kidney Disease (CKD) Measure (CMS/Yale CORE) (New)⁺ • #3754 Risk Standardized Mortality Ratio for Late-Stage Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD) (CMS/Yale CORE) (New)⁺
Total	9	5

* Measure pulled for discussion by a CSAC member prior to the CSAC meeting.

⁺After the measure evaluation meeting, the developer of CBE #3753 and CBE #3754 withdrew both measures from the Spring 2023 cycle due to the committee’s evaluation of the Evidence criterion.

Standing Committee Summaries

The measures that will be discussed and voted on by the CSAC are summarized below in conjunction with the respective standing committee key considerations criteria. The checklist provides a high-level indication of any CDP concerns that require CSAC consideration and discussion. Additionally, links to the draft technical report and the post-comment memo are provided below for each standing committee, accordingly.

Patient Safety

During this measure review cycle, the Patient Safety standing committee evaluated four newly submitted measures and one measure undergoing maintenance review against standard evaluation criteria. The standing committee recommended all five measures for endorsement.

Patient Safety Meeting Summary

The [measure evaluation meeting summary](#) presents the results of the standing committee's evaluation of the measures considered for endorsement.

Comments and Their Disposition

During the post-measure evaluation public comment period, Battelle received 17 comments from organizations and individuals pertaining to the measures under review and the committee endorsement recommendations. The standing committee reviewed all the submitted comments (general and measure-specific) and developer responses.

A [post-comment memo](#), which includes the themes identified, responses to the public comments is posted to the Patient Safety [project webpage](#) for CSAC review, along with the [post-comment meeting summary](#).

CSAC Action Required

Since all measures reviewed by the standing committee are included in the consent calendar, no additional CSAC action is required.

Prevention and Population Health

During this measure review cycle, the Prevention and Population Health standing committee evaluated three newly submitted measures against standard evaluation criteria. The standing committee recommended two measures for endorsement but did not recommend one measure for endorsement.

Prevention and Population Health Meeting Summary

The [measure evaluation meeting summary](#) presents the results of the standing committee's evaluation of the measures considered for endorsement.

Comments and Their Disposition

During the post-measure evaluation public comment period, Battelle received one comment from the developer of CBE #3747 pertaining to the committee endorsement review of the measure, which received a consensus not reached for validity, a must-pass criterion. The standing committee reviewed the submitted comment and revoted on validity for CBE #3747 during the post-comment meeting.

A [post-comment memo](#) is posted to the Prevention and Population Health [project webpage](#) for CSAC review, along with the [post-comment meeting summary](#).

CSAC Action Required

Following the approval of the consent calendar, the CSAC is asked to consider the standing committee's endorsement recommendation of one candidate consensus measure, as the measure does not meet all the key considerations criteria.

Below is the list of measures that require CSAC discussion and voting. The key considerations criteria not met for these measures are described in further detail in the table below. The CSAC should review and discuss this measure for endorsement consideration.

Voting Legend:

H – High; M – Moderate; L – Low; I – Insufficient; NA – Not Applicable

Measure Not Recommended for Endorsement

- CBE #3747 Engagement in Community-Based Mental Health Care After a Mental Health Hospitalization (New York State Office of Mental Health) (New)
 - The Prevention and Population Health standing committee did not vote on overall suitability for endorsement because the measure did not pass on Validity, a must-pass criterion.
 - **Validity:** Total Votes: 13; H-0; M-7; L-5; I-1 (7/13 – 53.9%, Not Pass)

Key Considerations Checklist – Prevention and Population Health

The checklist table below lists the standing committee’s key considerations for the CSAC’s review and discussion of the measures submitted for endorsement consideration.

Key Consideration Criteria	Yes/No	Notes
1. Received less than 80 percent passing votes for overall suitability for endorsement.	Yes	Not Recommended for Endorsement • CBE #3747
2. Were there any process concerns raised? If so, briefly explain.	No	*
3. Did the standing committee or the CSAC receive a request for reconsideration? If so, briefly explain.	No	*
4. Did the standing committee overturn any of the SMP’s ratings of Scientific Acceptability? If so, state the measure and why the measure was overturned.	No	*
5. Was there any new information received through public comment that was not available or discussed during the standing committee’s measure evaluation meeting that conflicts with the standing committee’s recommendation(s)? If so, note the measure and briefly explain.	No	*
6. Were any measures pulled for discussion by a CSAC member? If so, briefly explain the rationale.	No	*
7. Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	*

*Cells intentionally left blank.

Additional Consideration Not Included in the Consent Calendar Criteria	Yes/No	Notes
<p>Were there any “consensus not reached” measures voted on during post-comment meeting?</p>	<p>Yes</p>	<ul style="list-style-type: none"> • CBE #3747 <ul style="list-style-type: none"> ○ Validity: Total Votes: 13; H-0; M-7; L-5; I-1 (7/13 – 53.9%, Not Pass) ○ Overall Suitability for Endorsement: Not Taken • During the Prevention and Population Health’s evaluation meeting, the committee failed to reach consensus with respect to the measure’s validity, a must-pass criterion. • The committee reviewed both the face validity testing of the measure score as well as the empirical validity testing, in which the developer conducted a correlation analysis of CBE #3747 to CBE #0576 - Follow-Up After Hospitalization for Mental Illness (FUH). • The developer also performed concordance testing to predict whether this measure can impact outcomes after the measurement period, such as mental health inpatient readmissions, psychotropic medication adherence, and continued engagement. The committee recognized the face validity testing was sufficient, but some committee members noted the concordance results were weak, since the c-statistic was less than 0.7, indicating the measure is not a strong predictor of mental health readmission and emergency room visits. • During the post-measure evaluation comment period, one comment was received from the developer of CBE #3747. The comment stated the committee weighed the predictive concordance findings too heavily. Since this is a process measure, it is not always predictive of outcomes. Additionally, the claims data used for the measure did not allow for the adjustment for potential confounding factors, such as lack of housing. The developer further cited other measures with similar predictions for outcomes had passed for validity and been endorsed. • In discussion, committee members expressed the need for consistency in how measures are evaluated and endorsed, while other committee

Additional Consideration Not Included in the Consent Calendar Criteria	Yes/No	Notes
		<p>members expressed the purpose of measures is to improve clinical outcomes, not to have measures for the sake of having measures, and endorsement of one measure does not guarantee endorsement of another.</p> <ul style="list-style-type: none"> • One committee member asked if the Scientific Methods Panel (SMP) had developed validity testing thresholds. Battelle staff confirmed the SMP had not established acceptance thresholds for validity testing statistics, recognizing the complexity that goes into considering validity testing. • After considering this discussion, the committee voted to not pass the measure on validity. Since this is a must-pass criterion, the overall suitability for endorsement was not taken.

Primary Care and Chronic Illness

During this measure review cycle, the Primary Care and Chronic Illness standing committee evaluated five newly submitted measures and one measure undergoing maintenance review against standard evaluation criteria. The standing committee recommended two measures for endorsement but did not recommend four measures for endorsement.

[Primary Care and Chronic Illness Spring 2023 Meeting Summary](#)

The [measure evaluation meeting summary](#) presents the results of the standing committee's evaluation of the measures considered for endorsement.

[Comments and Their Disposition](#)

During the post-measure evaluation public comment period, Battelle received three comments from organizations and individuals pertaining to the measures under review and the committee endorsement recommendations. The developer of CBE #3755e submitted one of the three comments, which received a consensus not reached for evidence and validity, must-pass criteria. The standing committee reviewed all the submitted comments (general and measure-specific) and developer responses.

A [post-comment memo](#), which includes the themes identified, responses to the public and member comments is posted to the Primary Care and Chronic Illness [project webpage](#) for CSAC review, along with the [post-comment meeting summary](#).

[CSAC Action Required](#)

Following the approval of the consent calendar, the CSAC is asked to consider the standing committee's endorsement recommendation for four candidate consensus measures, as they do not meet all the key considerations criteria.

Below is the list of measures that require CSAC discussion and voting. The key considerations criteria not met for these measures are described in further detail in the table below. The CSAC should review and discuss these measures for endorsement consideration.

Voting Legend:

H – High; M – Moderate; L – Low; I – Insufficient; NA – Not Applicable

Measure Recommended for Endorsement

- CBE #3755e STI Testing for People with HIV (HRSA - HIV/AIDS Bureau) (New)\
 - **Overall Suitability for Endorsement:** Total Votes: 12; Yes-9; No-3 (9/12 – 75.0%, Pass).

Measures Not Recommended for Endorsement

- CBE #3742 ESRD Dialysis Patient Life Goals Survey (PaLS) (CMS/University of Michigan Kidney Epidemiology and Cost Center) (New)
 - Primary Care and Chronic Illness standing committee did not vote on overall suitability for endorsement because the measure did not pass on Evidence, a must-pass criterion.
 - **Evidence:** Total Votes-16; H-0; M-2; L-13; I-1 (2/16 – 13%, No Pass)

- CBE #3753 Delay in Progression of Chronic Kidney Disease (CKD) Measure (CMS/Yale CORE) (New)⁺
 - The Primary Care and Chronic Illness standing committee did not vote on overall suitability for endorsement because the measure did not pass on Evidence, a must-pass criterion.
 - **Evidence:** Total Votes-16; Pass-0; No Pass-16 (0/16 – 0%, No Pass)
- CBE #3754 Risk Standardized Mortality Ratio for Late-Stage Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD) (CMS/Yale CORE) (New)⁺
 - The Primary Care and Chronic Illness standing committee did not vote on overall suitability for endorsement because the measure did not pass on Evidence, a must-pass criterion.
 - **Evidence:** Total Votes-15; Pass-1; No Pass-14 (1/15 – 7%, No Pass)

⁺After the measure evaluation meeting, the developer of CBE #3753 and CBE #3754 withdrew both measures from the Spring 2023 cycle due to the committee’s evaluation of the Evidence criterion.

Key Considerations Criteria – Primary Care and Chronic Illness

The checklist table below lists the standing committee’s key considerations for the CSAC’s review and discussion of the measures submitted for endorsement consideration.

Key Consideration Criteria	Yes/No	Notes
1. Received less than 80 percent passing votes for overall suitability for endorsement.	Yes	<p>Recommended for Endorsement</p> <ul style="list-style-type: none"> • CBE #3755e <p>Not Recommended for Endorsement</p> <ul style="list-style-type: none"> • CBE #3742 • CBE #3753⁺ • CBE #3754⁺
2. Were there any process concerns raised? If so, briefly explain.	No	*
3. Did the standing committee or the CSAC receive a request for reconsideration? If so, briefly explain.	No	*
4. Did the standing committee overturn any of the SMP’s ratings of Scientific Acceptability? If so, state the measure and why the measure was overturned.	No	*
5. Was there any new information received through public comment that was not available or discussed during the standing committee’s measure evaluation meeting that conflicts with the standing committee’s recommendation(s)? If	No	*

Key Consideration Criteria	Yes/No	Notes
so, note the measure and briefly explain.		
6. Were any measures pulled for discussion by a CSAC member? If so, briefly explain the rationale.	No	*
7. Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	*

*Cells intentionally left blank.

+After the measure evaluation meeting, the developer of CBE #3753 and CBE #3754 withdrew both measures from the Spring 2023 cycle due to the committee’s evaluation of the Evidence criterion.

Additional Consideration Not Included in the Consent Calendar Criteria	Yes/No	Notes
Were there any “consensus not reached” measures voted on during post-comment meeting?	Yes	<ul style="list-style-type: none"> • CBE #3755e: <ul style="list-style-type: none"> ○ Evidence: Total Votes: 12; H-0; M-9; L-3; I-0 (9/12 – 75.0%, Pass) ○ Validity: Total Votes: 12; H-1; M-9; L-2; I-0 (10/12 – 83.3%, Pass) ○ Overall Suitability for Endorsement: Total Votes: 12; Yes-9; No-3 (9/12 – 75.0%, Pass) • During the committee’s measure evaluation meeting, consensus was not reached on two must-pass criteria, evidence and validity. For evidence, some committee members had concerns regarding the frequency of testing, as the evidence seemed to suggest testing should be conducted annually or even more frequently for certain individuals. • For validity, despite sufficient data element validity and construct validity, several committee members raised concern with the face validity testing, as three of the seven (43%) clinicians on the developer-convened panel agreed the measure can distinguish quality of care. This result was due to a concern that patients who are not sexually active would opt out of screening. • During the post-evaluation comment period, the committee received five supportive comments from individuals and organizations, all pertaining to CBE #3755e and the committee’s review of this measure.

Additional Consideration Not Included in the Consent Calendar Criteria	Yes/No	Notes
		<ul style="list-style-type: none"> • During the post-evaluation comment meeting, the developer posited that STI testing would lead to improved outcomes both for the individual and the population. The developer underscored the importance of STI testing by citing the percentage of increasing STI cases for persons with HIV. • For validity, the developer reaffirmed that information about an individual's sexual activity is not available as structured fields in the electronic health record. In addition, the developer stated the measure results range from 35 – 55% across sites and assuming those patients are not sexually active or in a monogamous relationship are evenly distributed across those sites, they would not increase the measure results by much if they are not being captured in the measure already. The developer further stated it did not expect to achieve 100% on this measure, but there is clear evidence to show screening for STIs in people with HIV is low, even if patients who opt out make up 10% or even 20% of these patients. • After considering this information, the committee voted to pass the measure on evidence, validity, and overall suitability for endorsement.