

Consensus Standards Approval Committee—Measure Evaluation Web Meeting Summary Spring 2023 Cycle

Battelle convened the Consensus Standards Approval Committee (CSAC) for an online meeting on [December 6, 2023](#) to evaluate standing committee endorsement recommendations for Spring 2023 cycle measures. The CSAC endorsed nine measures, approved one measure for trial use, and did not endorse two measures. It did not return any measures to the standing committees for reconsideration. The CSAC voting results can be found on the [PQM website](#).

Welcome, Introductions, and Review of Web Meeting Objectives

Matthew Pickering, PharmD, Battelle endorsement and maintenance task lead, welcomed everyone to the CSAC measure evaluation meeting and thanked the CSAC members for convening to discuss the Spring 2023 standing committee measure endorsement recommendations. John Bulger, DO, MBA, CSAC chair, and Ed Septimus, MD, CSAC vice chair, also provided welcoming remarks.

Roll Call and Disclosures of Interest

Dr. Pickering then reviewed the disclosure of interest requirements and conducted a roll call. For voting to occur during the meeting, 80% of active, non-recused CSAC members needed to be present (10 of 12 for CBE #3210e, CBE #3752e, and CBE #3755e and 11 of 13 for all other measures). Quorum was achieved and maintained throughout the meeting.

One CSAC member disclosed a potential conflict of interest on specific measures: Adam Thompson was recused from CBE #3210e, CBE #3752e, and CBE #3755e due to his participation as a patient representative on a developer-convened technical expert panel that advised on the development of the measure.

CSAC Measure Review Procedure and Test Vote

Dr. Pickering provided an overview of the CSAC's measure review and voting procedure. He 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 from the standing committee for overall suitability for endorsement.
2. No process concerns were identified that may have affected the endorsement decision for 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.

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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, were sent to CSAC members for an offline review in advance of the CSAC meeting. The CSAC review procedure is as follows: 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 to have been reviewed by the CSAC and will be announced as endorsed or approved for trial use during the CSAC meeting without discussion.

Dr. Pickering then summarized the CSAC process for the discussion and voting on all non-consent calendar measures. Battelle staff provide an overview and summary of the measures and the standing committee's deliberations. Standing committee co-chairs then 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 are to:

- 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
- Abstain¹ from making a recommendation due to a recusal or not present during discussion of a specific measure.

Consideration of Candidate Consent Calendar Measures

Dr. Pickering provided an overview of the consent calendar measures. Of the nine measures included in the consent calendar ([pages 4 -5 of the CSAC Discussion Guide](#)), seven measures were new and two were maintenance measures. In November, the CSAC members had the opportunity to review the nine proposed consent calendar measures 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.

Dr. Pickering turned the meeting over to CSAC chair Dr. Bulger to open the floor for public comment on the consent calendar measures. No public comments were received.

¹Abstentions are not counted in the quorum calculation.

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Overarching Issues

Dr. Pickering discussed overarching issues of the Spring 2023 measures, which occurred during the Patient Safety and Prevention and Population Health committee meetings. The committees expressed the need for guidance for the evaluation of diagnostic excellence measures and guidance for the evaluation of novel and/or less common empirical validity testing approaches.

During the Patient Safety committee meetings, the committee shared several remarks about the emerging area of diagnostic excellence measures focusing on diagnostic delay and/or misdiagnosis. The committee expressed the need for guidance about how to conduct appropriate and scientifically rigorous reviews of these measures. The committee also expressed interest in clustering future diagnostic error measures, and underscored the need for greater consideration on how to educate and empower clinicians who will be tasked with meeting standards set by endorsed diagnostic excellence measures. The CSAC did not have any comments regarding this topic.

During the Prevention and Population Health committee meetings, the committee drew attention to concerns with some predictive statistics of one of the measures (CBE #3747). The developer provided face validity and criterion validity testing, which supported the validity of the measure. However, it also conducted predictive validity testing, and several committees raised concern regarding the results; this led to the measure not passing on validity. Based on these discussions, there was a perceived need from standing committee members for further guidance for developers regarding how to best meet the validity criterion, considering the committee's concerns. The CSAC had several comments regarding this topic, expressing predictive validity as the "holy grail" of quality measurement. When asked by Dr. Pickering if predictive validity testing should be a requirement for measures, the CSAC responded that this type of testing may not always be feasible to perform. Therefore, developers should be encouraged to perform predictive validity testing, but it should not be a requirement. The CSAC further stated that developers should be fully transparent with their hypothesis and what they expect to see with the results.

Discussion and Voting on Candidate Non-consent Calendar Measures

Prevention and Population Health Spring 2023 Non-consent Calendar Measures

One Prevention and Population Health measure (CBE 3747) was not included on the consent calendar.

CBE 3747 - Engagement in Community-Based Mental Health Care After a Mental Health Hospitalization

Dr. Pickering introduced CBE #3747 and informed the CSAC that the measure is being reviewed for initial endorsement. The measure developer is the New York Office of Mental Health, 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. He further stated the measure did not pass on validity, a must-pass criterion, due to concerns with the predictive validity testing.

Dr. Pickering noted that the standing committee did review face validity and the empirical validity testing provided by the developer. The empirical testing was a correlation analysis to

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another measure ([CBE #0576 - Follow-Up After Hospitalization for Mental Illness](#)). The developer performed predictive validity testing to examine the impact of the measure on other outcomes (mental health inpatient hospitalizations, psychotropic medication adherence, and continued engagement) outside of the measurement period, emphasizing the measure could lead to beneficial outcomes. The standing committee recognized the face validity testing was sufficient, but some committee members were concerned with the predictive validity testing being too weak, as the concordance statistic (c-statistic) was less than 0.7 for two of the three outcomes. Dr. Pickering shared that during the public comment period for this measure, only one comment was received, which was from the developer. The comment stated the committee weighed the predictive concordance statistics too heavily, as this is a process measure and claims data used for the measure did not allow for the adjustment of potential confounding factors, such as social risk factors. The developer also conducted an internal predictive analysis of the endorsed measure, CBE #0576, which also had similar c-statistic results. During the post-comment discussions, the committee expressed a need for consistency in evaluating measures, but that the endorsement of one measure does not guarantee the endorsement of another measure. The committee concluded that the goal of a quality measure is to improve outcomes. Dr. Pickering shared a statement from the Prevention and Population Health committee co-chair, who could not attend the CSAC meeting. The statement expressed that the standing committee appreciated the transparency from the developer and encouraged other developers to consider conducting predictive validity testing. In addition to the c-statistic concerns, the standing committee also was concerned with the generalizability of the measure, due to it only being tested in New York State.

In its discussion, one CSAC member asked whether the concern was based solely on the concordance analysis or in combination with the generalizability concern. Dr. Pickering confirmed that the standing committee questioned both during its review of the measure; however, the committee focused a lot of its discussion on the c-statistic concern. Dr. Bulger added that if the measure is not endorsed, the developer could choose to incorporate feedback from the current cycle and resubmit under the new process. Another CSAC member expressed concern with the inability of the CSAC to overturn a standing committee decision to endorse or not endorse a measure and the inability to re-adjudicate aspects of the measure evaluation. The member asked if the CSAC can vote to reverse this. Dr. Pickering stated that a major function of the CSAC is to consider whether criteria were applied appropriately and if the process has been followed. This type of review does require some degree of re-adjudication to understand how the committee conducted business and rendered its decision; however, this is not the rule. In addition, the CSAC was not prepared for considering potential policy changes, so did not vote on those during the meeting.

Another CSAC member said he believed due diligence was done for this measure and that he did not believe the measure should be sent back. Another member said that while she did not agree with the standing committee's decision about the concordance statistic, she recognized the nuances that went into such a decision and would be voting to uphold the decision of the standing committee. Another CSAC member agreed to not re-adjudicate but raised concern about the consistency of the review and that there was not quorum for the additional discussion. Another committee member agreed with the concern about there not being quorum during the discussion, and stated that if a developer decided to include the testing data, the committee should review it.

Dr. Bulger then opened the floor for any public comments on this measure. There were no public comments.

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Moving to a vote, the CSAC voted to accept the Prevention and Population Health committee's recommendation to not endorse CBE #3747:

- **Total votes – 11; accept – 8 (72.7%); do not accept – 3 (27.3%); abstentions – 0 [Not Endorsed]**

Primary Care and Chronic Illness Spring 2023 Non-consent Calendar Measures

Four Primary Care and Chronic Illness measures (CBE #3742, CBE #3753, CBE #3754, and CBE #3755e) were not included in the consent calendar. Dr. Pickering added that 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. Therefore, the CSAC is considering only CBE #3742 and CBE #3755e.

CBE 3755e - STI Testing for People with HIV

Dr. Pickering introduced CBE #3755e and informed the CSAC that this measure is being reviewed for initial endorsement. The measure developer is Health Resources and Services Administration, 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.

Dr. Pickering noted that the standing committee did not reach consensus on two must-pass criteria for this measure: evidence and validity. For evidence, the committee expressed concern over the frequency of testing, as the evidence seemed to suggest that 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 only three of the seven (43%) clinicians on the developer-convened TEP 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.

Dr. Pickering shared that during the public comment period, five supportive comments were received for this measure. Comments received addressed the committee's concerns with respect to evidence, citing clinical guidelines that support the frequency of testing. During the post-comment meeting, the developer stated that the increase in sexually transmitted infection (STI) testing would lead to improved outcomes both for the individual and the population, underscoring the increasing percentage of STI cases in persons with the human immunodeficiency virus (HIV). The developer reaffirmed that information about an individual's sexual activity is not available as structured fields in the electronic health record. However, the measure results range from 35 – 55% across sites, and assuming those patients who 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. The standing committee recognized the importance of this measure and passed the measure on evidence and validity.

The standing committee co-chair echoed Dr. Pickering's summary, noting that after the public comment period, the committee's concerns were addressed.

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In discussion, several CSAC members found the committee's process for reviewing and re-reviewing the measure to be appropriate and supported its endorsement. One committee member spoke in favor of CBE #3755e due to the rising rates of STIs and how close the standing committee's vote was to meeting criterion #1 of 80.0% approval for endorsement.

Dr. Bulger 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 Primary Care and Chronic Illness committee's recommendation to endorse CBE #3755e:

- **Total votes – 10; accept – 10 (100.0%); do not accept – 0 (0.0%); abstentions – 1 [Endorsed]**

CBE #3742 - ESRD Dialysis Patient Life Goals Survey [PaLS]

Dr. Pickering introduced CBE #3742 and informed the CSAC that this measure is being reviewed for initial endorsement. The measure developer is the University of Michigan Epidemiology and Cost Center. The measure was not reviewed by the SMP, and the measure is being discussed because it did not meet key consideration criterion #1, as the measure did not pass on evidence, a must-pass criterion.

Dr. Pickering noted that prior to the standing committee's measure evaluation meeting, the measure received 18 public comments: one comment was supportive while the others expressed concern with the measure due to lack of appropriate testing, survey fatigue for patients, and administrative burden. Included in the 18 comments received were those from end-stage renal disease (ESRD) patients and patient advocates, who expressed concern with the appropriateness for surveying life goals without resulting action to achieve those life goals and emphasized that survival is the life goal. The standing committee considered these comments in its evaluation of the measure.

In its review, the standing committee expressed concern with the evidence provided, indicating it did not show a clear patient desire for this type of measurement, and stated there is a lack of alignment with patient-preferred outcomes, as seen in several public comments. Therefore, the committee did not pass the measure on evidence, and recommended the developer consider ways to clearly show that ESRD patients value this type of outcome. In addition, the standing committee expressed that there needs to be more evidence clearly indicating how this measure will improve patient outcomes.

The standing committee co-chair added that the issue was not that the committee did not think setting life goals was important, but that it questioned whether the measure, as specified, would lead to the intended outcome. He stated the committee agreed there was not enough evidence to endorse the measure as it stands.

Prior to CSAC discussion, a representative from the measure developer asked to clarify the public comments because they were weighed so heavily. She said the comments from patients did not reflect the entirety of ESRD patients, and that some of the comments were submitted by the same person and/or organization. Dr. Bulger thanked the developer for her comment and opened the floor for CSAC discussion. The CSAC did not have any concerns, nor questions, and agreed that the feedback from the standing committee to the developer seemed reasonable.

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Dr. Bulger 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 Primary Care and Chronic Illness committee's recommendation to not endorse CBE #3742:

- **Total votes – 11; accept – 10 (90.9%); do not accept – 1 (9.1%); recusals – 0 [Not Endorsed]**

Opportunity for Public Comment

Dr. Pickering opened the web meeting to allow for public comment on any of the Spring 2023 measures or on any of the proceedings from the CSAC meeting. No public comments were offered.

Next Steps

Battelle staff announced that voting results would be published on the PQM website, which will mark the beginning of the appeals period, lasting from December 11, 2023 – January 9, 2024. In addition, a summary of the CSAC meeting will be posted. Lastly, the final technical reports for the Spring 2023 cycle will be posted to the respective project pages on [the PQM website](#) in late February/early March 2024.