

Spring 2025 Cost and Efficiency Recommendation Group Endorsement Meeting

Seth Morrison | Patient Co-Chair
William Golden | Non-Patient Co-Chair
Brenna Rabel | Battelle
Matthew Pickering | Battelle
Anna Michie | Battelle
Elena Hughes | Battelle

August 6, 2025

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 (CMS). Restricted: Use, duplication, or disclosure is subject to the restrictions as stated in Contract Number 75FCMC23C0010 between the Government and Battelle.

Welcome



Agenda



- Welcome and Review of Meeting Objectives and Ground Rules
- Roll Call with Disclosures of Interest
- Overview of Evaluation Procedures and Measures for Endorsement Consideration
- Test Vote
- Evaluation of Spring 2025 Measures
- Maintenance Measure Reconsideration
- Next Steps
- Adjourn

Meeting Objectives



The purpose of today's meeting is to:

- Review and discuss measures submitted to the Cost and Efficiency committee for the Spring 2025 cycle;
- Review public comments, Advisory Group feedback, and any corresponding developer/steward input for the submitted measures; and
- Render endorsement decisions for the submitted measures.

Housekeeping Reminders for Recommendation Group



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

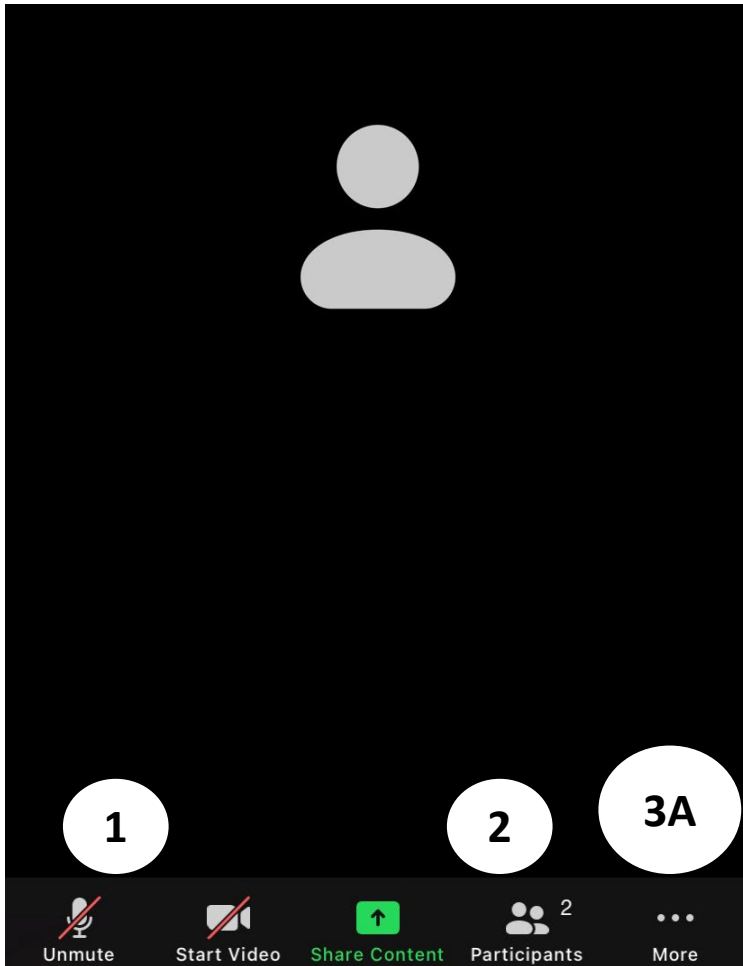
Using the Zoom Platform



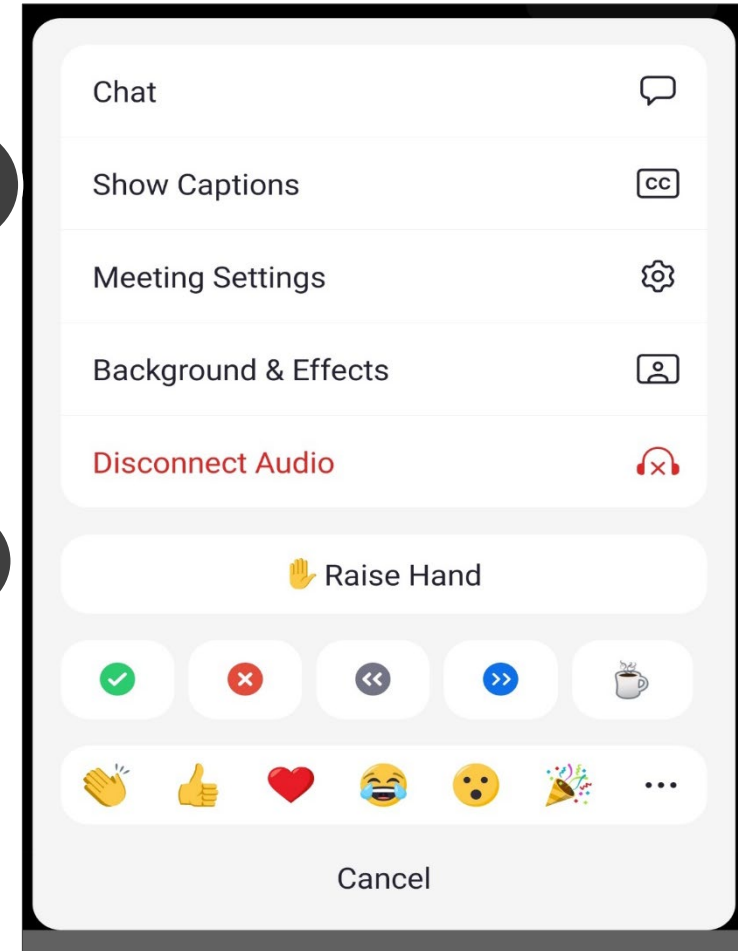
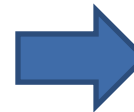
The screenshot shows a Zoom meeting interface. At the top, there are two video thumbnails: 'Host' on the left and 'Attendee 2' on the right. Below them is a larger video thumbnail for 'Attendee'. At the bottom, there is a toolbar with various icons. Three numbered callouts are present: 1. A white circle with the number '1' pointing to the bottom toolbar. 2. A white circle with the number '2' pointing to the 'Participants' button in the bottom toolbar. 3. A white circle with the number '3' pointing to the 'Reactions' tab in the bottom toolbar. On the right side of the screenshot, there is a sidebar with a 'Participants (3)' list containing 'Attendee 2 (Me)', 'Host (Host)', and 'Attendee'. Below the list are 'Invite' and 'Unmute Me' buttons. At the bottom of the sidebar is a 'Chat' section with a 'Who can see your messages?' dropdown and a 'Type message here...' input field.

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

Using the Zoom Platform (Phone View)



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



Meeting Ground Rules



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

Project Team



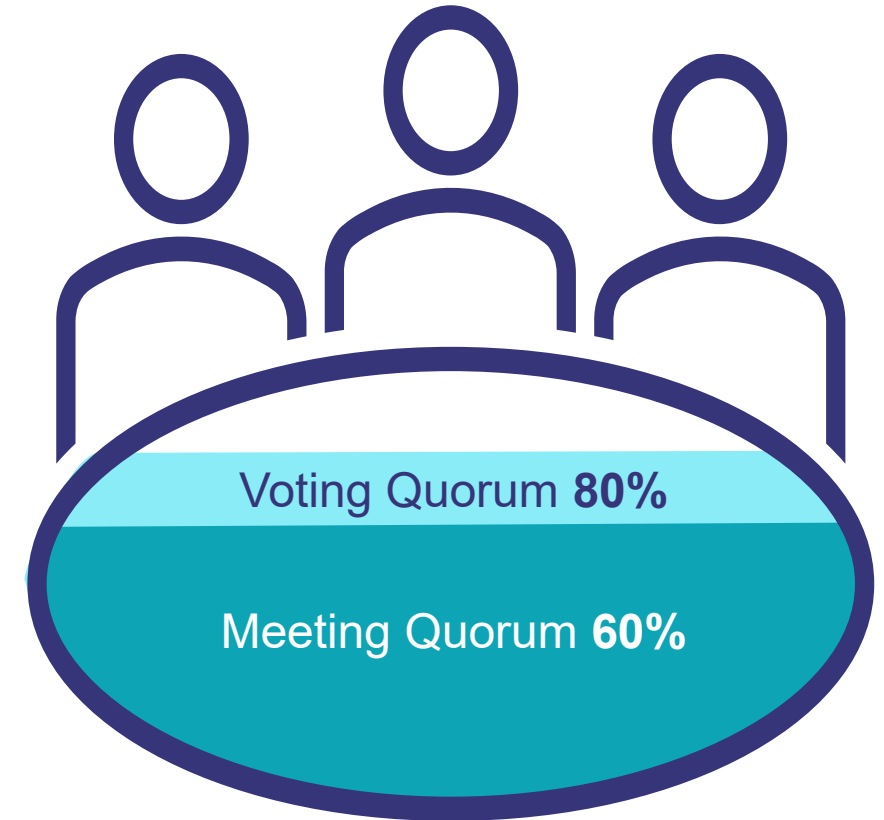
- Nicole Brennan, MPH, DrPH, Executive Director
- Brenna Rabel, MPH, Deputy Director
- Jeff Geppert, EdM, JD, Measure Science Team Lead
- Quintella Bester, PMP, Senior Program Manager
- Matthew Pickering, PharmD, E&M Task Lead
- Anna Michie, MHS, PMP, E&M Deputy Task Lead
- Beth Jackson, PhD, MA, Social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

Roll Call with Disclosures of Interest



Quorum

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



Initial Recognition and Management Spring 2025 Cycle Committee – *Recommendation Group*



- Seth Morrison, MD, MACP (***Patient Co-Chair***)
- William Golden, MA (***Non-Patient Co-Chair***)
- Sopida Andronaco, MSN, RN, PHN, CPHQ
- Alice Bell, PT, DPT
- Bijan Borah, PhD, MSc
- Amy Chin, DrPHc, MS
- Sandeep Das, MD, MPH
- Marisa Elliott, BS
- Lynn Ferguson, BS
- Carrie I. Freeman-Wright, DBA, MM, HRM
- Joan Gleason Scott, PhD, RN, CPHQ, CPPS
- Beth Godsey, MSPA, MBA
- Megan Guinn, MBA, BSN, RN
- Daniel Halevy, FASN, CPC
- Sharon Hibay, DNP, RN
- John Martin, PhD, MPH
- Harold Miller, MS
- Jack Needleman, PhD, FAAN
- Rosa Plasencia, JD
- Pamela Roberts, PhD, MSHA, OTR/L, SCFES, FAOTA, CPHQ, FNAP, FACRM
- Mary Schramke, PhD, MBA
- Steven Spivack, PhD, MPH
- Kim Tyree, MBA
- Margaret Woepffel, MSN, RN, CPHQ, FACHE

Spring 2025 Subject Matter Experts*



- **Medical Oncologist**
 - Ronald Walters, MD, MBA

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

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

Overview of Evaluation Procedures

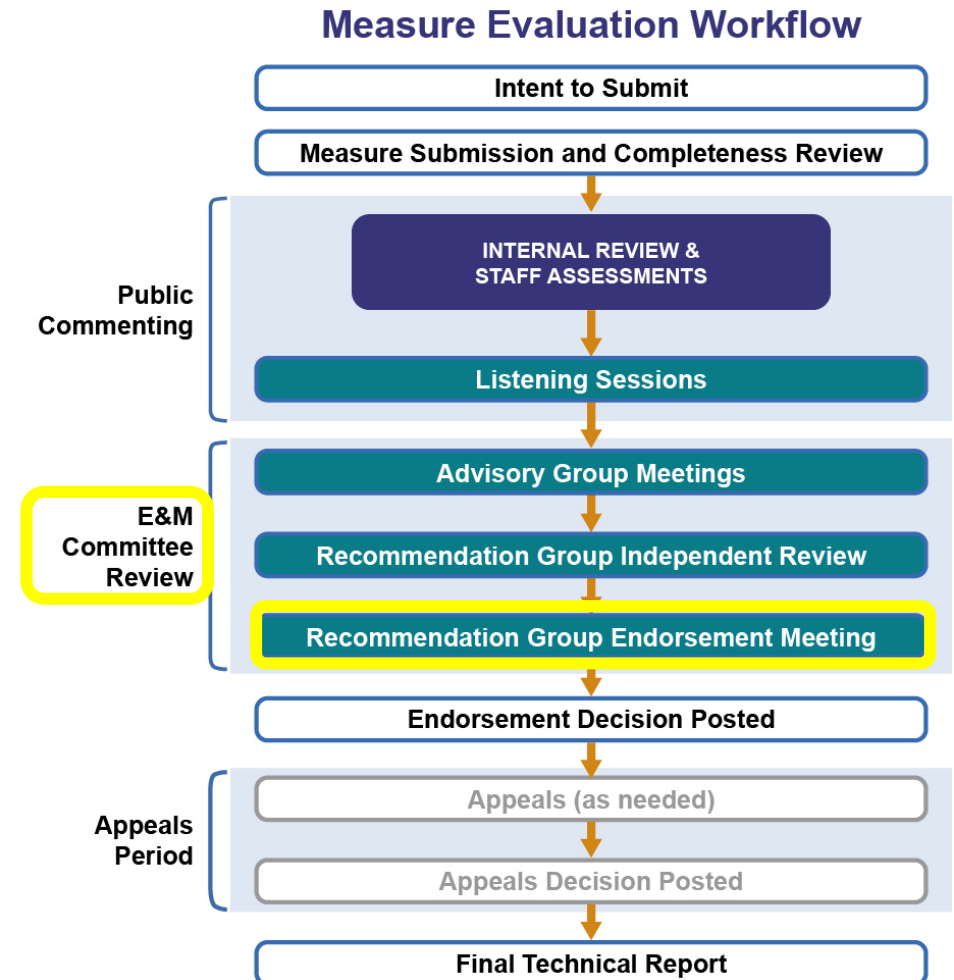


E&M Process



Six major steps:

1. Intent to Submit
2. Full Measure Submission
3. Staff Internal Review and Measure Public Comment Period
 - Public Comment Listening Sessions
4. E&M Committee Review
 - Advisory Group Meetings
 - Recommendation Group Independent Review
 - Recommendation Group Meetings
5. Appeals Period (as warranted)
6. Final Technical Report



Recommendation Group Meeting

Measure Review Procedures



1. Measure Introduction by Battelle

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



2. Developer/Steward Comments

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



3. Recommendation Group Discussion

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



4. Endorsement Vote

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

Patient Partner Feedback



- Have you had experiences related to this measure that you'd like to share?
- Do you believe this measure is meaningful and can enhance patient care?
- Does this measure respect and respond to your individual preferences, needs, and values?
- Are there parts of this measure that might be hard to understand or burdensome?
- Would knowing your provider's performance on this measure be helpful to you?

PQM Measure Evaluation Rubric



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

Out-of-Scope Topics for Measure Endorsement



- Endorsement confirms a quality measure is safe and effective as specified.
- While committee members are encouraged to suggest exploring other patient populations, care settings, or alternative uses, these suggestions should not prevent endorsement if the measure meets the specified criteria.
- Endorsement should proceed if the measure is safe and effective as specified.

Consensus Voting for Final Determinations



Scenario	Endorse (A)	Endorse with Conditions (B)	Do Not Endorse (C)	Consensus Voting Status
1	75% or More	0%	Less than 25%	A
2	75% or More		Less than 25%	B
3	Less than 25%		75% or More	C
4	26% to 74%		26% to 74%	No consensus
4a*	60% to 74%	0%	26% to 40%	No consensus – Reconsidered at the end of endorsement meeting
4b*	60% to 74%		26% to 40%	No consensus – Reconsidered at the end of endorsement meeting

*Maintenance measures that fail to reach the 75% consensus threshold but receive between 60% and 74% of votes to retain endorsement (i.e., endorse and/or endorse with conditions) are reconsidered at the end of the endorsement meeting.

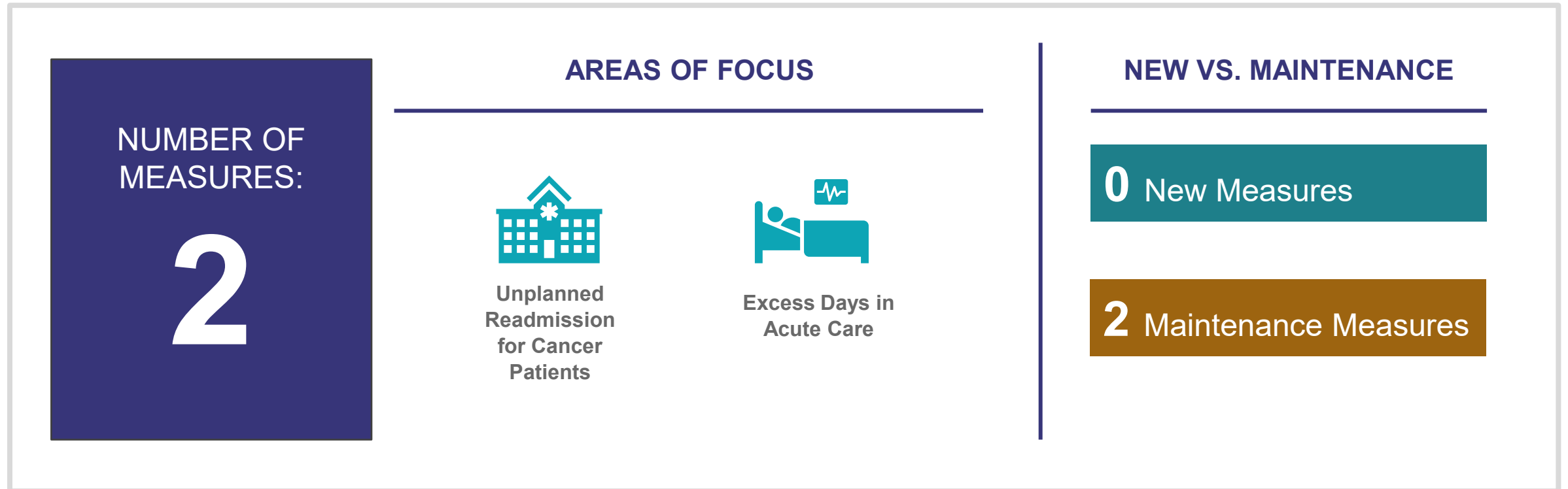
Overview of Spring 2025 Measure for Endorsement Consideration



Spring 2025 Measures for Committee Review



The Cost and Efficiency committee received two measures for endorsement consideration.



Spring 2025 Measures for Committee Review

(Cont., 1)



CBE Number	Measure Title	New/Maintenance	Developer/Steward
#3188	30-Day Unplanned Readmissions for Cancer Patients	Maintenance	Alliance of Dedicated Cancer Centers
#2881	Excess Days in Acute Care (EDAC) After Hospitalization for Acute Myocardial Infarction (AMI)	Maintenance	Yale Center for Outcomes Research and Evaluation (CORE)/Centers for Medicare & Medicaid Services (CMS)

Test Vote



Voting Considerations and Troubleshooting



- A link to Poll Everywhere was sent to your email from “pqm@battelle.org.”
 - Do not share the voting link in the Zoom chat.
 - If you cannot find the voting link, please direct message the “PQM Co-host” or let us know verbally.
- If, at any point, you are having difficulties voting, try refreshing your page or opening the link in a different internet browser.
 - If you are still having difficulties, please let us know.

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

Evaluation of Spring 2025 Measures



CBE #3188 – 30-Day Unplanned Readmissions for Cancer Patients



Item	Description
Measure Description	<ul style="list-style-type: none"> 30-Day Unplanned Readmissions for Cancer Patients measure is a cancer-specific measure. It provides the rate at which all adult cancer patients covered as Fee-for-Service Medicare beneficiaries have an unplanned readmission within 30 days of discharge from an acute care hospital. The unplanned readmission is defined as a subsequent inpatient admission to a short-term acute care hospital, which occurs within 30 days of the discharge date of an eligible index admission and has an admission type of “emergency” or “urgent.”
Developer/Steward	<ul style="list-style-type: none"> Alliance of Dedicated Cancer Centers
New or Maintenance	<ul style="list-style-type: none"> Maintenance (last reviewed: Full Year 2017)
Current or Planned Use	<ul style="list-style-type: none"> Public Reporting, Payment Program, Quality Improvement (internal and external)
Initial Endorsement	<ul style="list-style-type: none"> 2017

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Adults (18-64 years) and Older; Adults (65 years and older)	Hospital: Inpatient	Facility

CBE # 3188 Public Comments



One comment received

- The American Medical Association (AMA) expressed concern that the measure's focus on unplanned readmissions might lead to negative unintended consequences for patients and fail to accurately capture the appropriate patient population due to its current structure and timeframe.

Unintended
Consequences on
Patient Outcomes

1

- AMA noted that the measure specifications and definitions are not aligned with other readmission measures used in CMS programs.

Not Aligned with
Other Readmission
Measures

1

CBE #3188 Advisory Group Feedback



Key Themes	Summary of Comments	Summary of Developer Response
Risk Adjustment Model	<ul style="list-style-type: none"> The committee questioned the limited number of risk adjusters in the model, as well as the use of a single comorbidity variable. They referenced advances in science and asked about the impact of isolating individual comorbidities, as well as whether longer data periods or cancer type differentiation were considered. 	<ul style="list-style-type: none"> To align with CMS and expert input, the developer removed some variables and used dual eligibility as a stratification variable. The developer used the Elixhauser comorbidity adjuster, as individual comorbidities did not improve model performance. They did not analyze longer data periods, but they included cancer type differentiation.
Data Scope, Trends, and Observation Stays	<ul style="list-style-type: none"> Members asked about historical trends and highlighted the importance of evaluating observation stays, noting regional variation and potential impact on readmission rates. 	<ul style="list-style-type: none"> Only 2 years of public data exist, making trend analysis difficult. The developer observed a slight reduction in readmissions, but no clear signal could be determined. They have not included observation stays but they are open to exploring it in the future.
Population and Attribution Considerations	<ul style="list-style-type: none"> Committee members raised questions about adjusting for outpatient cancer care, surgical admissions, palliative care, and functional status, as well as how attribution works for patients readmitted to different facilities. 	<ul style="list-style-type: none"> The developer removed a surgical admission variable due to high correlation with ED admission. Functional status (via DNR on admission) did not improve the model, but the developer is open to suggestions for valid claims-based functional status measures. Readmissions are attributed to the facility of the index admission, regardless of where the readmission occurs
Special Populations, Numerator, and Implementation Challenges	<ul style="list-style-type: none"> Committee members highlighted challenges in measuring readmissions for complex cancer cases, including those with frequent readmissions, experimental treatments, and rural populations. 	<ul style="list-style-type: none"> The measure addresses unplanned readmissions and disease progression. There are ongoing measure implementation challenges in capturing clinical trials and evaluating observation and emergency departments in rural care settings.

CBE #3188 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Feasibility and Reliability	<ul style="list-style-type: none"> • Staff Assessment • Committee Independent Review 	<ul style="list-style-type: none"> • Staff rated as “Met,” noting use of structured electronic data, minimal provider burden, no confidentiality concerns, and non-proprietary status. Reliability testing showed sufficient results at the entity level. • Most RG* reviewers agreed, rating Feasibility and Reliability as “Met.” The developer provided empirical validity support and used appropriate case-mix adjustment and stratification, with acceptable model performance.
Dissenting	Measure Focus	<ul style="list-style-type: none"> • Advisory Group 	<ul style="list-style-type: none"> • AG* members raised questions about historical trends, observation stays, and challenges with complex cases and rural populations. • The developer noted limited trend data, a slight reduction in readmissions, and that observation stays are not included but may be explored. Ongoing challenges remain in capturing clinical trials and rural care access.

*AG: Advisory Group
 RG: Recommendation Group

CBE #3188 Key Discussion Themes (cont.)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
<p style="text-align: center;">Dissenting</p>	<p style="text-align: center;">Importance and Measure Alignment</p>	<ul style="list-style-type: none"> • Staff Assessment • Public Comment • Committee Independent Review 	<ul style="list-style-type: none"> • Staff rated Importance as “Not Met but Addressable” due to an unclear logic model and lack of recent evidence, despite the measure’s importance and patient support. The submission could be improved with a more comprehensive logic model and updated evidence. <ul style="list-style-type: none"> • The developer cited recent studies on contributors to unplanned readmissions and effective interventions, addressing the need for updated evidence but not fully resolving concerns about logic model clarity. • The AMA also noted misalignment with other CMS readmission measure specifications and definitions. • Most RG reviewers rated as “Not Met,” citing concerns about whether a cancer-specific readmission measure would identify additional gaps or impact interventions and noting limited variation in risk-adjusted readmission rates.

CBE #3188 Key Discussion Themes

(cont. 2)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
<p style="text-align: center;">Mixed</p>	<p style="text-align: center;">Use and Usability</p>	<ul style="list-style-type: none"> • Staff Assessment • Public Comment • Committee Independent Review 	<ul style="list-style-type: none"> • Staff rated the measure as “Not Met but Addressable” because, despite use in the PCHQR program and slight national improvements, the submission lacks detail on how entities can use performance scores for quality improvement. <ul style="list-style-type: none"> • The developer highlighted national use, institutional improvements, recent studies on effective interventions, and emerging predictive tools. The AMA expressed concern that focusing on unplanned readmissions could have unintended consequences and may not accurately capture the right patient population. • RG reviewers did not reach consensus (60% “Met,” others “Not Met” or “Not Met but Addressable”), citing concerns that the measure is not designed for quality improvement, provides limited actionable information due to low variation in rates, and lacks scientific validity for public reporting or value-based programs.

CBE #3188 Key Discussion Themes (cont. 3)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	Validity	<ul style="list-style-type: none"> • Staff Assessment • Committee Independent Review 	<ul style="list-style-type: none"> • Staff rated Validity as “Met” due to empirical validity support and use of risk adjustment and stratification, with acceptable model performance. • RG reviewers did not reach consensus (60% “Met,” 40% “Not Met but Addressable”), citing concerns about the low c-statistic and overall model performance.
	Closing Care Gaps	<ul style="list-style-type: none"> • Staff Assessment • Committee Independent Review 	<ul style="list-style-type: none"> • Staff rated as “Not Met but Addressable,” citing unclear methods, lack of detail on how the measure will close gaps, and absence of recommended actions for entities. • Most RG reviewers as “Not Met,” citing unclear interventions specific to cancer readmissions, narrow range of adjusted readmission rates, and lack of clarity on why hospital readmission rates differ.

CBE #2881 – Excess Days in Acute Care (EDAC) After Hospitalization for Acute Myocardial Infarction (AMI)



Item	Description
Measure Description	<ul style="list-style-type: none"> This measure assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for acute myocardial infarction (AMI) to provide a patient-centered assessment of the post-discharge period. This measure is intended to capture the quality of care transitions provided to discharged patients hospitalized with AMI by collectively measuring a set of adverse acute care outcomes that can occur post-discharge: emergency department (ED) visits, observation stays, and unplanned readmissions at any time during the 30 days post-discharge. In order to aggregate all three events, we measure each in terms of days. The Centers for Medicare & Medicaid Services (CMS) annually reports the measure for patients who are 65 years or older, are enrolled in Medicare Fee-For-Service (FFS) or Medicare Advantage (MA), and are hospitalized in non-federal short-term acute care hospitals (including Indian Health Service hospitals) and critical access hospitals.
Developer/Steward	<ul style="list-style-type: none"> Yale Center for Outcomes Research and Evaluation (CORE)/Centers for Medicare & Medicaid Services (CMS)
New or Maintenance	<ul style="list-style-type: none"> Maintenance (last reviewed: Full Year 2015)
Current or Planned Use	<ul style="list-style-type: none"> Public Reporting
Initial Endorsement	<ul style="list-style-type: none"> 2016

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Older Adults (65 years and older)	Hospital: Inpatient	Facility

CBE # 2881 Public Comments



One comment received

- The AMA expressed concern that the measure's focus on unplanned readmissions might lead to negative unintended consequences for patients and fail to accurately capture the appropriate patient population due to its current structure and timeframe.

Unintended
Consequences on
Patient Outcomes

1

CBE #2881 Advisory Group Feedback

Patient Partner Feedback



Key Themes	Summary of Comments	Summary of Developer Response
Support for the Measure	<ul style="list-style-type: none">• Committee members, including patient representatives, expressed support for the measure, highlighting the importance of including Medicare Advantage.	<ul style="list-style-type: none">• N/A
Federal vs. Non-Federal Hospitals	<ul style="list-style-type: none">• One patient representative asked for clarification on the difference between federal and non-federal hospitals and why federal hospitals were excluded.	<ul style="list-style-type: none">• Federal hospitals (e.g., Department of Defense) are excluded due to lack of claims data access. Veterans Affairs (VA) data will be added in the future, as the developer is working with the VA.

CBE #2881 Advisory Group Feedback

Non-Patient Partner Feedback



Key Themes	Summary of Comments	Summary of Developer Response
Support for the Measure	<ul style="list-style-type: none"> Committee members expressed support for the measure, highlighting the importance of including Medicare Advantage. 	<ul style="list-style-type: none"> N/A
Continuous Enrollment Requirement	<ul style="list-style-type: none"> A committee member asked how the continuous enrollment requirement works with the addition of MA, specifically if patients can switch between FFS and MA during the 12 months. 	<ul style="list-style-type: none"> Patients can switch between FFS and MA; the measure captures patients as long as they have FFS or MA at index admission or follow-up.
Medicare Advantage and Modeling Approach	<ul style="list-style-type: none"> Committee members questioned the use of a binomial model instead of Poisson or negative binomial models, asked for more detail on model selection and calibration, and how MA was considered in the risk adjustment approach. Members also asked about risk adjustment for specific clinical factors, such as repeat myocardial infarctions (MIs), subendocardial versus transmural MIs, and intensive care unit (ICU)/critical care unit (CCU) status. 	<ul style="list-style-type: none"> The binomial model outperformed other models in terms of performance and computational efficiency. MA is included as a risk variable using a dummy code, and both stratification and risk adjustment approaches were considered, with no performance difference found. The model includes history of AMI, prior coronary artery bypass grafting (CABG), stent placement, and heart failure, which accounts for MI type. ICU/CCU status was excluded due to variability in hospital admission thresholds.
Measure Overlap and	<ul style="list-style-type: none"> Committee members raised concerns about overlap between measures and potential multiple penalties, especially for rural providers. 	<ul style="list-style-type: none"> While cohorts may overlap, outcomes do not, and the AMI EDAC measure is not tied to payment.
Observation Stays	<ul style="list-style-type: none"> Committee members questioned the inclusion and prevalence of observation stays and how multiple events are counted within 30 days. 	<ul style="list-style-type: none"> All hospital visits within 30 days, including observation stays, are counted to capture acute care and prevent gaming, but do not create new index admissions.

CBE #2881 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Feasibility	<ul style="list-style-type: none"> • Staff Assessment • Advisory Group • Committee Independent Review 	<ul style="list-style-type: none"> • Staff rated as “Met” as the measure uses structured electronic data, poses minimal provider burden, is not proprietary, and maintains patient confidentiality. • RG reviewers rated this measure as “Met” for Feasibility.
Dissenting	Reliability and Unintended Consequences	<ul style="list-style-type: none"> • Staff Assessment • Public Comment • Committee Independent Review 	<ul style="list-style-type: none"> • Staff rated as “Not Met but Addressable” due to insufficient reliability testing for a maintenance measure, suggesting the developer consider the Spearman-Brown formula for estimating entity-level reliability. • The AMA also raised concerns that unplanned readmission measures may have unintended negative consequences and may not accurately capture the appropriate patient population. • Most RG reviewers agreed, citing limited information for assessing reliability, lack of decile tables, and no assessment by case volume.

CBE #2881 Key Discussion Themes (cont. 1)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
<p style="text-align: center;">Mixed</p>	<p style="text-align: center;">Importance, Validity, and Use and Usability</p>	<ul style="list-style-type: none"> • Staff Assessment • Advisory Group • Committee Independent Review 	<ul style="list-style-type: none"> • Staff rated this measure as “Met,” citing strong evidence, significant impact, a clear logic model, and comprehensive post-discharge care. The measure is minimally burdensome, is actively used with positive trends, and uses appropriate risk adjustment methods. • AG members questioned the risk modeling approach, overlap with other measures, and impact to rural providers. • Most RG reviewers agreed on Importance and Use and Usability, though some were concerned the measure may imply all post-AMI discharges reflect poor care and noted limited guidance for quality improvement. RG reviewers did not reach consensus on Validity, with concerns about the low c-statistic and exclusion of key social and clinical risk factors from adjustment.
	<p style="text-align: center;">Closing Care Gaps</p>	<ul style="list-style-type: none"> • Staff Assessment • Committee Independent Review 	<ul style="list-style-type: none"> • RG reviewers did not reach consensus, with a most agreeing with the staff rating of “Not Met,” given that the developer did not address this optional domain.

Break

Meeting will resume at 12:45 PM ET

When returning from break, please type "Present" in the Zoom chat.



Maintenance Measure Reconsideration



Reconsideration Process for Maintenance Measures



- Maintenance measures receiving **60%–74% of votes** to retain endorsement (endorse or endorse with conditions) but failing to reach the 75%* consensus threshold are eligible for reconsideration at the end of the meeting.
 - Battelle staff will lead a focused discussion aimed at resolving areas of disagreement.
 - There will be a subsequent revote to determine whether the consensus threshold is met.
 - Endorsement is removed if the measure does not reach the 75% consensus threshold at this stage.
- Maintenance measures that fail to reach the 75% consensus threshold and receive **less than 60% of votes** to retain endorsement are not endorsed.
- This reconsideration step is critical to ensuring that the committee’s final decision reflects a comprehensive and balanced evaluation.
- This reconsideration approach only applies to maintenance measures only.

*The consensus threshold will be adjusted to 70% in cases where there are fewer than 20 voting members.

Next Steps



Next Steps for Spring 2025



Meeting Summary

- Meeting summary will be posted to the E&M committee project page by September 4, 2025.



Appeals Period

- Appeals Period: August 27-September 16
- The Appeals Committee will meet on September 30, 2025, if needed, to review eligible appeals. Please refer to the [E&M Guidebook](#) for more information about the appeals process.



Technical Report

- At the conclusion of the appeals period, a final technical report will be posted to the E&M committee project page in November 2025.

Thank You!

Have questions? Contact us at
PQMsupport@battelle.org





Partnership for
Quality Measurement
Powered by Battelle