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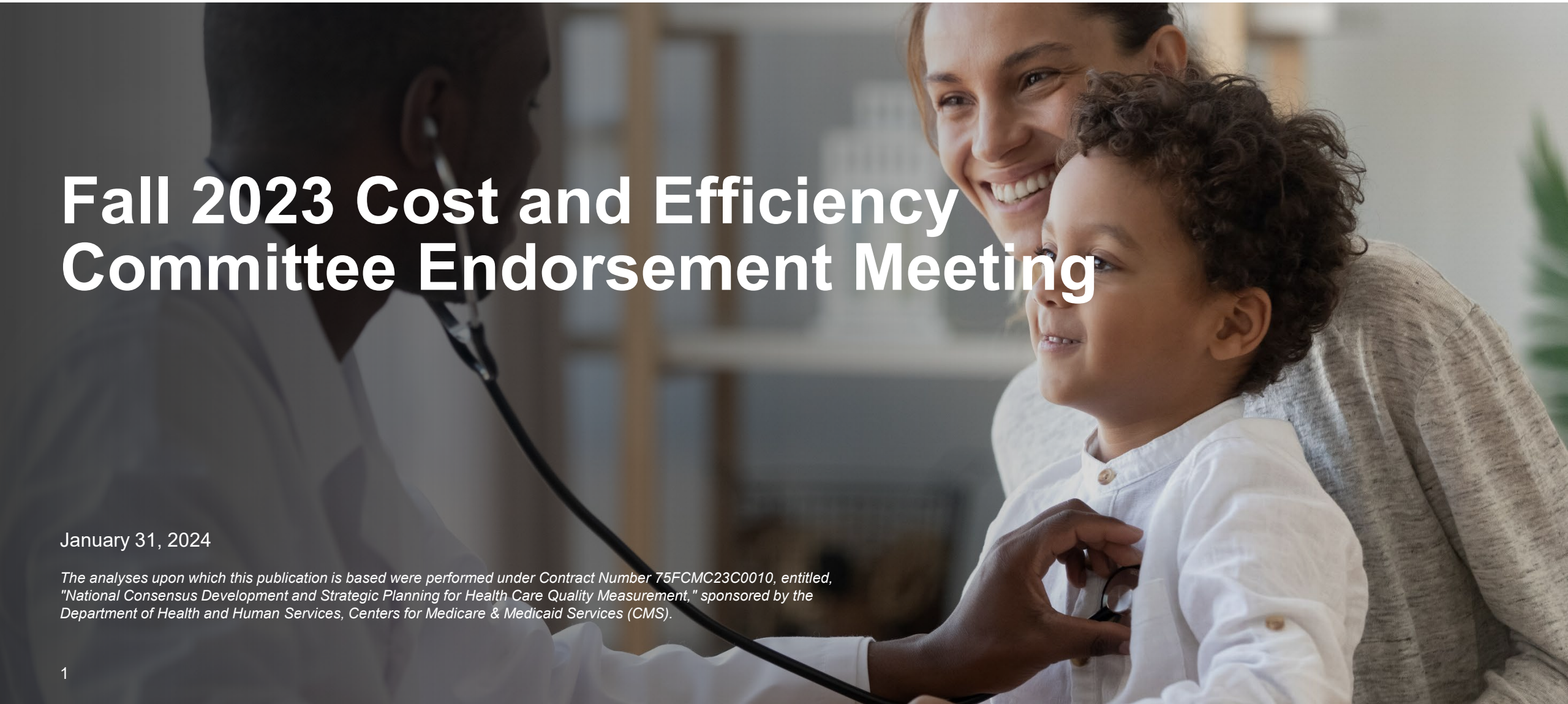

Fall 2023 Cost and Efficiency Committee Endorsement Meeting

January 31, 2024

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Welcome

Meeting Objectives

The purpose of today's meeting is to:

- Review and discuss candidate measures submitted to the Cost and Efficiency committee for the Fall 2023 cycle;
- Review public comments received for the submitted candidate measures; and
- Render endorsement decisions for the submitted candidate measures.

Housekeeping Reminders for Recommendations 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.

*Advisory Group members are asked to refrain from using the chat and the raise hand feature, as Advisory Group members will be listening to the Recommendations Group discussions and will cast their vote once discussions cease.

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, Measure Science Team Lead
- Quintella Bester, PMP, Senior Program Manager
- Matthew Pickering, PharmD, Principal Quality Measure Scientist
- Amanda Overholt, MPH, Social Scientist III
- Isaac Sakyi, MSGH, Social Scientist III
- Lydia Stewart-Artz, PhD, Social Scientist III
- Jessica Ortiz, MA, Social Scientist II
- Olivia Giles, MPH, Social Scientist I
- Elena Hughes, MS, Social Scientist I
- Sarah Rahman, Social Scientist I

Agenda

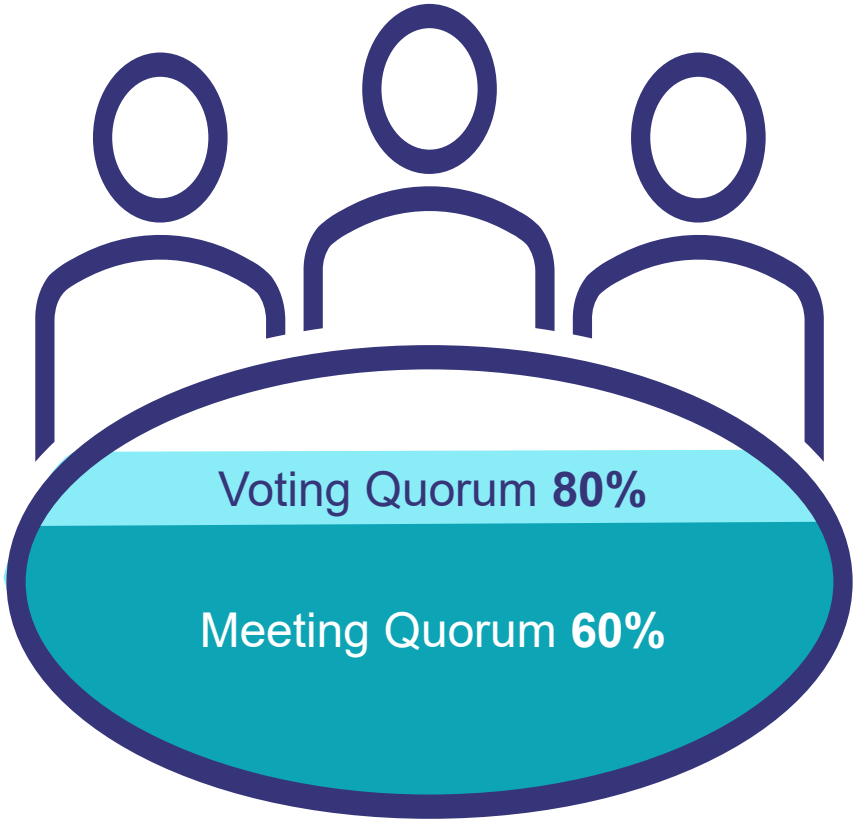
- Welcome and Review of Meeting Objectives
- Roll Call with Disclosures of Interest
- Overview of Evaluation Procedures and Measures for Endorsement Consideration
- Test Vote
- Evaluation of Candidate Measures
- Additional Measure Recommendations Discussion (if time permits)
- Opportunity for Public Comment
- Next Steps
- Adjourn

Roll Call with Disclosures of Interest

Quorum

- Meeting quorum requires that 60% of the Recommendations Group members are present during roll call at the beginning of the meeting.

- Endorsement decisions are rendered via a vote after Recommendations Group discussions. Voting quorum is at least 80% of active committee members (Recommendations Group + Advisory Group), who are not recused.



Cost and Efficiency Fall 2023 Cycle Committee – *Recommendations Group*

- Amy Chin, DrPHc, MS (***Non-Patient Co-Chair***)
- Mary Schramke, PhD, MBA (***Patient Co-Chair****)*
- Benjamin Schleich, PhD, MS, MBA, BS, CPPS, LSSBB, DSHS, ITIL4
- Christopher Dezii, RN, MBA
- Danny Van Leeuwen, OPA, RN, MPH
- David Schultz, MD
- Dmitriy Poznyak, PhD
- Hal McCard, JD
- Kimberly Geoffry
- Mahil Senathirajah, MBA, BASc
- Paul Kallaur, MA, BA
- Pranavi Sreeramoju, MD, MPH, MBA, FIDSA, FSHEA
- Sunny Jhamnani, MD
- Tera Heidtbrink, MSN, RN

**Denotes committee member is under Inactive status for the current cycle.*

Cost and Efficiency Fall 2023 Cycle Committee – *Advisory Group*

- Alice Bell, PT, DPT
- Beth Godsey, MSPA, MBA
- Bijan Borah, PhD, MSc
- Daniel Halevy, MD, FASN, CPC
- Emma Hoo, BA
- Harold Miller, MS
- Henish Bhansali, MD, FACP, Dipl. ABOM
- Jack Needleman, PhD, FAAN
- Joan Gleason Scott, PhD, RN, CPHQ, CPPS
- John Martin, PhD, MPH
- Kim Tyree, MBA
- Lauren Campbell, MA, PhD
- Louise Probst, MBA, BSN
- Lynn Ferguson, BS
- Margaret Woeppel, MSN, RN, CPHQ FACHE
- Marisa Elliott, CPC, CDEO, CHONC, RH-CBS
- Megan Guinn, MBA, BSN, RN
- Michelle Hammer, BS
- Pamela Roberts, PhD, MSHA, OTR/L, SCFES, FAOTA, CPHQ, FNAP, FACRM
- Rosa Plasencia, JD
- Sandeep Das, MD, MPH
- Seth Morrison, MA
- Shawn Ruder
- Sopida Andronaco, MSN, RN, PHN, CPHQ
- Tad Mabry, MD
- William Golden, MD, MACP

**Denotes committee member is under Inactive status for the current cycle.*

Fall 2023 Subject Matter Experts*

- **Surgical**
  - Tarik Yuce, MD, MS
  - Christopher Tignanelli, MBA, MS

- **Psychiatric**
  - Aileen Schast, PhD, CPHQ, CPPS
  - Mika Gans, MS, LMFT, CPHQ
  - Virna Little, PsyD, LCSWR

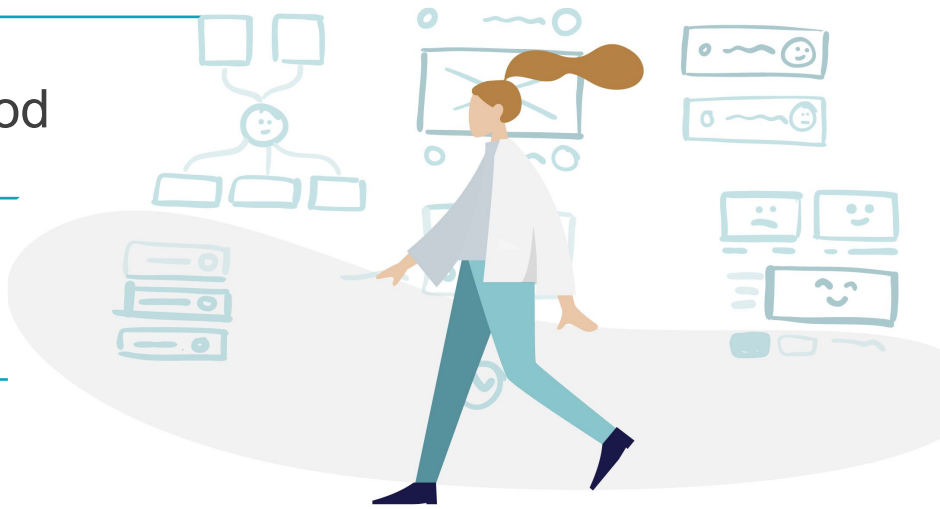
*Subject matter experts (SMEs) serve as a non-voting participants to provide relevance and context to the committee's measure endorsement review and discussions.

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

Roles of the Committee During the Endorsement Meeting

- **Evaluate** each measure against each domain of the Partnership for Quality Measurement Measure Evaluation Rubric
- **Indicate** the extent to which each criterion is met and the rationale for the rating
- **Review** comments submitted during the public comment period
- **Render endorsement decisions** for candidate measures



Roles of the Committee Co-Chairs During the Endorsement Meeting

	Collaborate with Battelle
• **Co-facilitate** virtual endorsement meetings, along with Battelle staff	●
• **Participate on the committee** as a full voting member for the entirety of your term	
• **Serve on the Appeals committee** ▪ Includes attending the half- to full-day virtual Appeals committee meeting at the end of every E&M cycle (contingent upon whether an appeal is received)	
• Work with Battelle staff to **achieve the goals** of the project	●
• Assist Battelle staff in **anticipating questions and identifying additional information** that may be useful to the committee	●

Roles of the Committee Co-Chairs During the Endorsement Meeting, *Continued 1*

Patient Representative Co-Chair

Ensure the patient community voice is considered

Non-Patient Representative Co-Chair

Ensure the Advisory group voice is considered

Evaluation and Voting Process

Non-consensus Measures

Step	Description	Interested Party
1	**Introduction of the measure in which consensus was lacking** • Presentation of the PQM Rubric domain rating results from the committee independent assessments and a summary of the committee's independent review, noting both strengths and limitations, and any potential conditions, as appropriate. • Summation of any public comments received prior to the endorsement meeting.	Battelle Staff
2	**Floor is open for any additional public comments with respect to the measure under review** • Commenters are kindly asked to keep their comments to two (2) minutes or less. • The committee does not respond directly to commenters, rather comments are shared for the committee's endorsement discussion.	Battelle Staff and Co-chairs
3	**Three-to-five (3-5) minute, high-level overview of the measure** • Presenters will kindly be asked to stop presenting if the time is over five (5) minutes. • Please refrain from using slides or screensharing of materials. • Overview may include initial Reponses to committee independent reviews and/or public comments	Developer and/or Steward

Evaluation and Voting Process

Non-consensus Measures, Continued 1

Step	Description	Interested Party
4	**Round-robin for clarifying questions** • Non-patient representative co-chair to confirm whether questions from A-group members (via independent assessments) have been considered. • Patient representative co-chair to confirm whether the patient partner questions have been considered. • After all questions have been collected, the developer/steward addresses measure-specific questions.	R-group discusses A-group listens Battelle Staff to facilitate with Co-chairs Developer and/or Steward
5	**Committee discussion of the measure elements in which consensus was lacking** • Facilitated discussion measure strengths and limitations based on PQM Measure Evaluation Rubric domain. • Determine potential resolutions that lead to committee consensus and any recommendations placed on the measure for the developer/steward to consider in the future. • The developer/steward may respond to questions posed by the committee. • Subject matter experts (SMEs) are called upon, accordingly, to address committee questions and to provide context and relevance about the measure for to the committee's consideration.	R-group discusses A-group listens Battelle Staff to facilitate with Co-chairs Developer and/or Steward SMEs

R-group: Recommendations group; A-group: Advisory group

Evaluation and Voting Process

Non-consensus Measures, Continued 2

Step	Description	Interested Party
6	**Responses to committee discussion** • After the committee discussion has concluded, prior to voting, the developer/steward is given a final opportunity to respond to the committee's discussion before the committee moves to a vote on endorsement. • Please try to keep responses brief, referring to information in the measure submission, as appropriate. • Please refrain from using slides or screensharing of materials.	Developer and/or Steward
7	**Committee vote** • Any conditions or recommendations are summarized prior to voting. • If consensus is not reached, based on the 75% threshold, the measure is not endorsed.	R-group and A-group Battelle Staff and Co-chairs summarize voting conditions

R-group: Recommendations group; A-group: Advisory group

Evaluation and Voting Process

Conditions for Voting Example

Step	Description	Interested Party
7	**Committee vote** • Any conditions or recommendations are summarized prior to voting. • If consensus is not reached, based on the 75% threshold, the measure is not endorsed.	R-group and A-group Battelle Staff and Co-chairs summarize voting conditions

Example: Some committee members raised concern with the measure testing occurring in only two or three U.S. states and recommended to see additional testing across are larger, more generalizable population, then:

- A vote to **Endorse** the measure means the committee agrees that the evidence provided to support the measure fully substantiates the measure claims.
- A vote to **Endorse with Conditions**, means the committee agrees that the evidence provided to support the measure doesn't fully substantiate the measure claims due to limited testing within 2-3 states. Therefore, the committee votes to endorse the measure with the condition that additional testing across a larger, more generalizable population be conducted by the next maintenance review.
- A vote to **Not Endorse/have Endorsement Removed**, means the committee agrees that the evidence provided to support the measure does not substantiate the claims for scientific acceptability due to the limited testing in only 2-3 U.S. states. Therefore, the committee raised concern with respect to the generalizability of the testing results. In addition, there are no reasonable changes to the measure (e.g., specifications, testing, evidence) that would allow the measure to receive conditional endorsement.

Evaluation and Voting Process

Consensus Measures

Step	Description	Interested Party
1	**Introduction of the measure in which consensus was reached** • Presentation of the PQM Rubric domain rating results from the committee independent assessments and a summary of the committee's independent review, noting both strengths and limitations, and any potential conditions, as appropriate. • Summation of any public comments received prior to the endorsement meeting.	Battelle Staff
2	**Floor is open for any additional public comments with respect to the measure under review** • Commenters are kindly asked to keep their comments to two (2) minutes or less. • The committee does not respond directly to commenters, rather comments are shared for the committee's endorsement discussion.	Battelle Staff and Co-chairs
3a	**Committee discussion of measures with consensus to endorse** • Confirm the measure strengths outweigh any limitations identified • Confirm if any conditions for endorsement • Co-chairs confirm the Advisory Group and the patient community voice have been considered (via independent assessments)	R-group discusses A-group listens Battelle Staff to facilitate with Co-chairs

Evaluation and Voting Process

Consensus Measures, Continued 1

Step	Description	Interested Party
3b	**Committee discussion of measures with <u>consensus to not endorse/remove endorsement</u>** • Confirm the measure limitations outweigh the strengths • Identify potential recommendations for the developer to improve the limitations • Co-chairs confirm the Advisory Group and the patient community voice have been considered (via independent assessments) • After the committee discussion, the developer/steward is given the opportunity to respond to the committee's review and discussion.	R-group discusses A-group listens Battelle Staff to facilitate with Co-chairs Developer and/or Steward
4	**Committee vote** • Any conditions or recommendations are summarized prior to voting. • If consensus is not reached, based on the 75% threshold, the measure is not endorsed.	R-group and A-group Battelle Staff and Co-chairs summarize voting conditions

Endorsement Decision Outcomes

Decision Outcome	Description	Maintenance Expectations
Endorsed	**Applies to new and maintenance measures.** There is 75% or greater agreement for endorsement by the E&M committee	Measures undergo maintenance of endorsement reviews every 5 years with an annual update review at 3 years.
Endorsed with Conditions	**Applies to new and maintenance measures**. There is 75% or greater agreement that the measure can be endorsed as it meets the criteria, but there are recommendations/areas committee reviewers would like to see when the measure comes back for maintenance. If these recommendations are not addressed, then a rationale from the developer/steward should be provided for consideration by the E&M committee review.	Measures undergo maintenance of endorsement reviews every 5 years with an annual update at 3 years, unless the condition requires the measure to be reviewed earlier. The E&M committee evaluates whether conditions have been met, in addition to all other maintenance endorsement minimum requirements.
Not Endorsed	**Applies to new measures only.** There is 75% or greater agreement to not endorse the measure by the E&M committee.	None
Endorsement Removed	**Applies to maintenance measures only.** Either: • There is 75% or greater agreement for endorsement removal by the E&M committee; or • A measure steward retires a measure (i.e., no longer pursues endorsement); or • A measure steward never submits a measure for maintenance and there is no response from the steward after targeted outreach; or • There is no longer a meaningful gap in care, or the measure has plateaued (i.e., no significant change in measure results for accountable entities over time)	None

Decision Outcomes:
Endorsed with Conditions

The types of conditions that may be placed on a measure include:

- Conducting/providing additional testing across a larger population, accountable entity-level, and/or different level of analysis
- Expanding the measure use beyond quality improvement and into an accountability application
- Providing implementation guidance or a near-term path forward for implementing the measure; providing clear system requirements for implementation of the measure

Battelle has identified several non-negotiable areas, meaning if a measure meets one or more of the following criteria, the measure cannot be endorsed, even with conditions:

- Lack of or unclear business case
- Lack of evidence supporting the business case
- Significantly poor feasibility for the measure to be implemented due to challenges, e.g., data availability or missingness
- Inappropriate methodology, calculations, formulas, or testing approach used to demonstrate reliability or validity
- Specifications, testing approach, results, or data descriptions are insufficient
- If a measure with an “Endorsed with Conditions” designation is evaluated for maintenance, but it has not met the prior conditions

What is the PQM Measure Evaluation Rubric?

The PQM Measure Evaluation Rubric (Rubric) consists of five (5) major domains:

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. **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.

3. **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.

4. **Equity (optional)** - Extent to which the measure can identify differences in care for certain patient populations, which can be used to advance health equity and reduce disparities in care.

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.

Consensus Voting for Final Determinations

Endorse (A)	Endorse with Conditions (B)	Do Not Endorse (C)	Consensus Voting Status
75% or More	0%	Less than 25%	A
75% or More		Less than 25%	B
Less than 25%		**75% or More**	C
26% to 74%		26% to 74%	No consensus

If no consensus is reached, based on the 75% threshold, the measure is not endorsed.

Overview of Fall 2023 Measures for Endorsement Consideration

Fall 2023 Measures for Committee Review

Five measures were submitted to the Cost and Efficiency committee for endorsement consideration. Two measures were withdrawn prior to committee review.

NUMBER OF MEASURES:

3

AREAS OF FOCUS

- Adult Hospitalizations
- Emergency Department Use

NEW VS. MAINTENANCE

- **1** New Measure
- **2** Maintenance Measures

Fall 2023 Measures for Committee Review

CBE ID	Title	Importance (n)	Feasibility (n)	Scientific Acceptability (n)	Equity (n)	Use & Usability (n)
CBE #2687	Hospital Visits after Outpatient Surgery	**No Consensus (21)** 67% Met; 19% Not Met, but Addressable; 14% Not Met	**Consensus (21)** 95% Met; 0% Not Met, but Addressable; 5% Not Met	**No Consensus (21)** 57% Met; 14% Not Met, but Addressable; 29% Not Met	**No Consensus (21)** 71% Met; 14% Not Met, but Addressable; 14% Not Met	**No Consensus (21)** 62% Met; 19% Not Met, but Addressable; 19% Not Met
CBE #4190	30-Day Risk Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility Discharge	**No Consensus (21)** 43% Met; 29% Not Met, but Addressable; 29% Not Met	**Consensus (21)** 90% Met; 0% Not Met, but Addressable; 10% Not Met	**No Consensus (21)** 14% Met; 48% Not Met, but Addressable; 38% Not Met	**No Consensus (21)** 62% Met; 24% Not Met, but Addressable; 14% Not Met	**No Consensus (21)** 14% Met; 48% Not Met, but Addressable; 38% Not Met
CBE #0695	Hospital 30-Day Risk-Standardized Readmission Rates following Percutaneous Coronary Intervention (PCI)	**Consensus (20)** 10% Met; 10% Not Met, but Addressable; 80% Not Met	**No Consensus (20)** 50% Met; 25% Not Met, but Addressable; 25% Not Met	**Consensus (20)** 5% Met; 10% Not Met, but Addressable; 85% Not Met	**No Consensus (20)** 5% Met; 30% Not Met, but Addressable; 65% Not Met	**Consensus (20)** 5% Met; 5% Not Met, but Addressable; 90% Not Met

Legend:
n – number of committee independent reviews

Test Vote

Consideration of Candidate Measures

CBE #2687 – Hospital Visits after Hospital Outpatient Surgery

Item	Description
Measure Description	• Hospital Visits after Hospital Outpatient Surgery measures facility-level risk-standardized rate of acute, unplanned hospital visits within 7 days of a procedure performed at a hospital outpatient department (HOPD) among Medicare Fee-For-Service (FFS) patients aged 65 years and older. An unplanned hospital visit is defined as an emergency department (ED) visit, observation stay, or unplanned inpatient admission.
Developer/Steward	• Yale New Haven Hospital Center for Outcomes Research and Evaluation/Centers for Medicare & Medicaid Services
New or Maintenance	• Maintenance
Current or Planned Use	• Public Reporting • Quality Improvement • Quality Improvement with Benchmarking

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Medicare Fee for Service patients over age 65	Hospital: Outpatient	Facility

CBE #2687
Public Comments

One comment received

- CBE #2687 should be removed from endorsement due to problems relating to the numerator, denominator, and the risk adjustment methodology.

Endorsement Should be Removed

1

CBE #2687 – Hospital Visits after Hospital Outpatient Surgery , continued 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.

Importance (n=21)	Strengths	Limitations
No Consensus 67% Met; 19% Not Met, but Addressable; 14% Not Met	• **Importance of the Measure:** The measure is crucial for hospitals and patients, driving quality improvements by reducing adverse outcomes related to same-day surgery preparation. • **Evidence Supporting the Measure:** Developers provided evidence supporting the measure, highlighting variability across departments and potential interventions. • **Benefit to the Measure:** 12 of the 13 TEP members moderately or strongly agreed that the measure can be used to distinguish between better and worse quality. • **Significance of the Measure**: The measure is significant as it provides insights into outpatient surgery care quality, examining potential post-surgery issues.	• **Lack of Specificity:** The current measure lacks specificity in areas such as non-hospital mortalities and urgent care visits. • Additional specifications for ED visits within 7 days could strengthen the measure and prevent penalizing overcautious patients and physicians. • The measure doesn't calculate quality separately for specific surgeries, limiting improvement insights. • All-cause events should be limited to the first 72 hours post discharge. This is a serious design flaw and injures the face validity of the measure. Not sure a global measure for all surgeries make sense - a facility with lots of cataracts will look different from a safety net hospital. • **Lack of Patient/Caregiver Input:** No information about the number of patients and caregivers in TEP or what their comments were.

CBE #2687 – Hospital Visits after Hospital Outpatient Surgery , continued 2

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.

Feasibility (n=21)	Strengths	Limitations
Consensus 95% Met; 0% Not Met, but Addressable; 5% Not Met	• **Claims-Based Measure:** The measure is based on claims data. This approach is feasible, reduces provider burden, and has been in use for a number of years. • **Automated Process:** The system to collect data and calculate the measure is an automated process using electronic standardized data. All data required as specified in this proposal is in the EMR. • **No Additional Burden or Fees:** The developer mentioned there are no fees, licensing, or other requirements to use this measure as specified.	• **Feasibility Concerns:** All-cause events should be limited to the first 72 hours post discharge.

CBE #2687 – Hospital Visits after Hospital Outpatient Surgery , continued 3

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.

Scientific Acceptability (n=21)	Strengths	Limitations
No Consensus 57% Met; 14% Not Met, but Addressable; 29% Not Met	• **Reliability Testing:** Facility-level reliability tested is completed with recent data (2022). Results indicate that the majority of facilities scored above the 0.6 threshold. • **Validity Testing - Correlation with Surgical Volume:** The developer presented the correlation between the measure and a related performance measure (surgical volume). There was an overall trend toward improved outcomes with increasing volume. The correlation coefficient between facility-level procedural volume and the hospital outpatient surgery measure score was -0.18, as hypothesized. • The TEP face validity check is okay. • **Risk Adjustment:** The risk adjustment seems sufficient.	• **Numerator and Denominator:** The measure's broad denominator and numerator that includes unrelated events can skew post-surgery visit rates. Concern with "all cause" readmission being used rather than more specific readmission rates. • **Empirical Validity:** The empirical validity for this measure does not support the convergent validity of the measure. The correlation between this measure and the criterion measure is very weak and not statistically significant (0.033; p=0.07). • **Model Comparison:** There is mention of the OP-32 colonoscopy measure but no additional comparison or mention if there is duplicity between this all-procedure measure vs. OP-32. Would recommend comparing model performance for the aggregated all procedure vs. individual groups of same/similar procedures to ensure complete information is captured and variation explained by the model. • **Risk Adjustment:** Comments note concerns with modeling approach and that several variables not addressed in the model (e.g., failure to adjust for outpatient surgeries performed at other facilities, for the propensity of patients to visit the hospital for other health problems, for type of surgery). A single model may be insufficient. The model uses surgical site but not surgical intensity or risk, raising concerns about noise and predictive power. Concerns are raised about hospital classification due to over- and under-prediction. The discriminatory c-statistic of 0.693 is not sufficient for a measure tied to payment.

CBE #2687 – Hospital Visits after Hospital Outpatient Surgery , continued 4

Equity (optional) - Extent to which the measure can identify differences in care for certain patient populations, which can be used to advance health equity and reduce disparities in care.

Equity (n=21)	Strengths	Limitations
No Consensus 71% Met; 14% Not Met, but Addressable; 14% Not Met	• **Dual Eligibility (DE) and Area Deprivation Index (ADI):** The developer's risk adjusted results based on dual eligibility status and area deprivation index are adequate. • Correlation analysis indicates that adjusting for area-based socioeconomic measures would have minimal impact on rankings. • **Stratification of the Measure:** Developers are addressing health care disparities by implementing a stratification methodology. • The measure is stratified using within- and between-hospital comparisons. • Stratifying by dual eligibility adequately addresses equity issues related to socioeconomic status variance.	• **Support Further Analysis:** Comments support further analysis related to social determinants reported due to likely effect on the measure outcome and patient care. • **Problematic Hospital Classification System:** Comments note measure methodology could inappropriately classify hospitals as "worse than expected." Relatedly, treatment of people within marginalized groups (those without access to primary care) could be affected by measure classification system.

CBE #2687 – Hospital Visits after Hospital Outpatient Surgery , continued 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.

Use and Usability (n=21)	Strengths	Limitations
No Consensus 62% Met; 19% Not Met, but Addressable; 19% Not Met	• **Measure Currently in Use:** The measure is currently in use in the HOQR. • **Feedback Mechanism:** Feedback on the measure can be submitted via Quality Net. Facilities receive confidential, detailed reports outlining patient-level information (e.g., unplanned visits, performance relative to state and national benchmarks).	• **Patient Impact:** It is not clear that all factors affecting patient satisfaction are addressed. A patient who is choosing where to have surgery wants to know whether a hospital delivers high-quality care for that specific type of surgery. This could potentially lead patients to avoid needed surgery or choose ill-equipped facilities. • **Incentive Issues:** The measure's weaknesses could lead to hospitals being mislabeled as "worse than expected," creating an incentive to avoid treating patients likely to have higher visit numbers.

CBE #4190 – 30-Day Risk Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility Discharge

Item	Description
Measure Description	• The 30-Day Risk Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility (IPF) Discharge (IPF ED Visit) measure assesses the proportion of patients ages 18 and older with an emergency department (ED) visit, including observation stays, for any cause, within 30 days of discharge from an IPF, without subsequent admission. The IPF ED Visit measure is an outcome-based measure.
Developer/Steward	• Mathematica/Centers for Medicare & Medicaid Services
New or Maintenance	• New
Current or Planned Use	• Public Reporting • Quality Improvement • Quality Improvement with Benchmarking • Other

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Patients 18 years and older with eligible index admissions to IPFs during the measurement period	Behavioral Health: Inpatient	Facility

CBE #4190
Public Comments

- Three comments received

- Endorsement should be removed from the measure due to problems with the numerator, denominator, and risk adjustment methodology, causing it to be an invalid measure of efficiency and quality of care.

Endorsement Should be Removed: 1

- Measure assess an important outcome, however, it should receive CBE endorsement prior to use.

Recommend Endorsement Prior to Use: 1

- Measure will support better follow-up care with this population, as well as improved cooperation between caregivers.

Support for Endorsement: 1

CBE #4190 – 30-Day Risk Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility Discharge, continued 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.

Importance (n=21)	Strengths	Limitations
No Consensus 43% Met; 29% Not Met, but Addressable; 29% Not Met	• **Emergency Department (ED) Visits and Readmissions:** There's a significant correlation between ED visits and readmissions in IPFs, suggesting a potential to merge these measures. • **Follow-up After Discharge:** Post-discharge follow-ups are crucial, with a community initiative increasing 30-day follow-up rates from 18% to 75%. • **Evidence Base and Relevance to the Measure:** Most literature supports reducing readmissions over just ED visits post-discharge in IPFs. This measure is backed by research and expert panels. • **Inclusion of Behavioral Health (BH) Conditions and Patients:** Including BH conditions and readmissions provides a comprehensive view of a BH patient's post-discharge experience. Long-term stability is a key goal for high-risk BH patients. • **Program IPF's Influence on Outcomes:** The developer has effectively outlined this measure's importance. It's exciting to review care quality and transitions from IPFs. More input is needed, but adding ER admission tracking is vital for patients.	• **Emergency Department (ED) Visits and Readmissions:** The measure includes all ED visits by adults, potentially skewing results. Unrelated visits without behavioral health issues aren't counted. • The timeframe for visits (30-days) isn't clear. The assumption of a 5% reduction in ED visits lacks justification, making the impact assessment on healthcare costs invalid. Cited studies are weak observational studies. • **Follow-up After Discharge:** Little evidence is provided on the significance of ED returns as a care gap. A measure on non-follow-up visits scheduled before discharge could be more clinically relevant. • **Program IPF's Influence on Outcomes:** The measure is useful but limited to program IPF, which may not influence outcomes. The TEP included technical experts and patient caregivers, but the information provided, especially from the dissenting caregiver, was incomplete. The measure's meaningfulness remains unclear.

CBE #4190 – 30-Day Risk Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility Discharge continued 2

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.

Feasibility (n=21)	Strengths	Limitations
Consensus 90% Met; 0% Not Met, but Addressable; 10% Not Met	• **Claims-Based Measure:** The measure is a claims-based measure and is feasible to collect. The system to collect data and calculate the measure is an automated process using electronic standardized data already routinely generated for billing purposes. • **Data Availability:** Data are readily available. The measure relies on readily available Medicare claims data, and no data availability issues were identified.	• **Feasibility Concerns:** The measure does not meet feasibility criteria as long-term, or no path is specified to support routine and electronic data capture with an implementable data collection strategy. Data collection can be onerous on already resource-challenged facilities. • **Patient Population and ED Visits:** The patient population included in this metric, particularly those who live in inner city areas, frequently visit multiple EDs belonging to different health systems, which reduces the ability of any one facility to reduce these ED visits significantly.

CBE #4190 – 30-Day Risk Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility Discharge continued 3

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.

Scientific Acceptability (n=21)	Strengths	Limitations
No Consensus 14% Met; 48% Not Met, but Addressable; 38% Not Met	• **Specifications Well-Defined:** Measure is well defined and specified. • **Reliability Testing:** Reliability testing shows over 50% of entities (from a 2019-2021 dataset of 1,483 entities) have a reliability >0.6. • **Measure Validity:** The measure's validity is supported by 12 published references, showing its association with discharge planning and post-discharge care. • **Risk Adjustment:** The risk adjustment approach is robust, with a C-statistic of 0.67, similar to other models, and uses a strong method for calibration.	• **Reliability Testing:** Nearly 50% of the entities could have a reliability <0.6. • **Validity Testing:** For face validity testing, which is acceptable for new measures, the submission references a TEP (N=7) but does not report results. • The submission references a TEP for face validity testing but doesn't report results. Empirical validity testing was performed with modest effects, but no rationale explaining the results based on the hypothesis was provided. • **Concerns with Numerator:** Concerns about all cause ED use rather than mental health associated visits. • **Risk Adjustment:** The risk adjustment model has serious flaws, including inadequate performance evaluation and failure to adjust for availability of community mental health care; for whether the patient was discharged to another facility; for propensity of patients to use the ED for chronic conditions; for factors affecting patient access to other types of health services.

CBE #4190 – 30-Day Risk Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility Discharge continued 4

Equity (optional) - Extent to which the measure can identify differences in care for certain patient populations, which can be used to advance health equity and reduce disparities in care.

Equity (n=21)	Strengths	Limitations
No Consensus 62% Met; 24% Not Met, but Addressable; 14% Not Met	• **Social Determinants of Health (SDOH):** The developer evaluated 17 SDOH for disparities in the measure. The measure developers gathered data on SDOH and risk-stratified data by SDOH. Multiple SDOH are tracked, enabling more detailed analysis. • **Equity:** Some respondents thought the assessment for equity was sufficient and that the developer did a good job in portraying the contribution to health equity.	• **Social Determinants of Health (SDOH):** SDOH variables were added to the risk model but had weak associations with the outcome and were not retained. • **Equity:** The measure doesn't evaluate performance related to reducing health care inequities, and it doesn't focus on healthcare disparities. Readmissions and outcomes could vary widely based on social factors. • **Access to Intensive Psychiatric Facility (IPF)**: The study did not sufficiently address access to IPF, which could be directly correlated to BH ED admissions.

CBE #4190 – 30-Day Risk Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility Discharge continued 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.

Use and Usability (n=21)	Strengths	Limitations
No Consensus 14% Met; 48% Not Met, but Addressable; 38% Not Met	• **Plan for Use:** The measure is planned for use in public reporting and internal/external QI. • **Strategies for Improving Post-Discharge Continuity of Care:** Developer suggests that IPFs focus on implementing strategies for improving post-discharge continuity of care.	• **Measure Utility:** Concerns about actionable information for improvement. Suggestion to include ED visits that result in admissions. • **Quality Improvement vs. Accountability:** Measure seen as usable for quality improvement but not for provider comparison. • **Measure Adjustments:** Suggestion that the measure's usability would improve with some adjustments, such as limiting to BH diagnoses and handling AMA-discharges. There's also a call for adjustments to the inclusion/exclusion criteria, such as not excluding patients who died after discharge.

Lunch

The committee will reconvene at:
1:00 pm ET

CBE #0695 – Hospital 30-Day Risk-Standardized Readmission Rates following Percutaneous Coronary Intervention (PCI)

Item	Description
Measure Description	• This measure estimates a hospital-level risk-standardized readmission rate (RSRR) following PCI for Medicare Fee-for-Service (FFS) patients who are 65 years of age or older. The outcome is defined as unplanned readmission for any cause within 30 days following hospital stays. The measure includes both patients who are admitted to the hospital (inpatients) for their PCI and patients who undergo PCI without being admitted (outpatient or observation stay). A specified set of planned readmissions do not count as readmissions. The measure uses clinical data available in the National Cardiovascular Disease Registry (NCDR) CathPCI Registry for risk adjustment and Medicare claims to identify readmissions. Additionally, the measure uses direct patient identifiers including Social Security Number (SSN) and date of birth to link the datasets.
Developer/Steward	• American College of Cardiology
New or Maintenance	• Maintenance
Current or Planned Use	• Not in use

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Individuals 65 years of age or older who receive a PCI	Hospital: Inpatient	Facility

CBE #695
Public Comments

No comments received

CBE #695 – Hospital 30-Day Risk-Standardized Readmission Rates following Percutaneous Coronary Intervention (PCI), continued 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.

Importance (n=20)	Strengths	Limitations
Consensus 10% Met; 10% Not Met, but Addressable; 80% Not Met	• **Importance of Measure:** The measure is important for assessing patient outcomes following Percutaneous Coronary Intervention (PCI) and comparing facilities performing PCIs. Literature, patient feedback, and expert face validity indicate the importance of this measure. • **Association between PCI treatments and complications:** Direct and indirect evidence supports the association between PCI treatments and complications which may lead to readmissions. • **Health System Monitoring:** Tracking readmissions and complications is important for health system monitoring.	• **Limited Literature:** Limited literature is provided justifying the causal relationship between low quality of care (as it relates to Percutaneous Coronary Intervention) and readmissions. • **Current Data:** Data presented is over 12 years old (2010-2011). • **Lack of Patient Involvement:** The measure lacks specific details regarding patient involvement in the measure development process. • **Provider Attribution:** The 30-day readmission window introduces factors into the outcome variable that cannot be solely attributed to provider care. It is suggested that the performing physician or his/her group practice should be the accountable party, not the acute care facility.

CBE #695 – Hospital 30-Day Risk-Standardized Readmission Rates following Percutaneous Coronary Intervention (PCI), continued 2

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.

Feasibility (n=20)	Strengths	Limitations
No Consensus 50% Met; 25% Not Met, but Addressable; 25% Not Met	• **Data Collection:** Measure is based on electronic claims data and registry information.	• **Registry Participation Barrier:** Acknowledge that some facilities do not/cannot participate in the particular registry. • **Data Linkage:** Concerns with consistent linking of data from CathPCI Registry and Medicare claims data.

CBE #695 – Hospital 30-Day Risk-Standardized Readmission Rates following Percutaneous Coronary Intervention (PCI), continued 3

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.

Scientific Acceptability (n=20)	Strengths	Limitations
Consensus 5% Met; 10% Not Met, but Addressable; 85% Not Met	• **Measure Specifications:** There are clearly defined inclusion/exclusion criteria. • **Data Validation:** Data elements from NCDR CathPCI data elements were validated and considered a reliable clinical source. Approach to validity testing using the ACC's audit program appears reasonable to confirm the accuracy of the data elements in the registry.	• **Outdated Data:** Data presented is over 12 years old (2010-2011). • **Concerns with Numerator and Denominator:** The denominator doesn't include PCIs performed in outpatient clinics and excludes facilities with less than 25 procedures. • No clinical or statistical justification as to why the 30-day window was used. Only hospital readmissions are included. If a patient dies after discharge from the hospital, that is also treated as a success since there is no readmission. • The denominator only includes PCIs performed in hospitals, not PCIs performed in ambulatory surgery centers (ASCs). • **Reliability:** Reliability testing falls below the acceptable 0.6 threshold (i.e., split-half reliability ICC of 0.3711). • **Validity:** The validity and discriminatory statistics are poor. Validity is asserted but not proven/identified. The submission lacks the necessary data to ensure its scientific validity.

CBE #695 – Hospital 30-Day Risk-Standardized Readmission Rates following Percutaneous Coronary Intervention (PCI), continued 4

Equity (optional) - Extent to which the measure can identify differences in care for certain patient populations, which can be used to advance health equity and reduce disparities in care.

Equity (n=20)	Strengths	Limitations
No Consensus 5% Met; 30% Not Met, but Addressable; 65% Not Met	• None	• **Lack of Equity Information:** No information provided by developer. Concerns with equity implications and lack of discussion of social determinant of health. Recommendations for an analysis of demographic data included in the registry. • **Percutaneous Coronary Intervention (PCI):** Comments mention that conditions requiring PCI are much more prevalent in populations of color and lower socioeconomic patients. A measure not taking these factors into account for this treatment is not useful for many patients most in need of the information.

CBE #695 – Hospital 30-Day Risk-Standardized Readmission Rates following Percutaneous Coronary Intervention (PCI), continued 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.

Use and Usability (n=20)	Strengths	Limitations
Consensus 5% Met; 5% Not Met, but Addressable; 90% Not Met	• **Support to Participants:** Support is provided to participants including calls, conferences, and support from clinical quality associates.	• **Not Currently in Use:** Measure is not in use. • **Limited Use:** Concerns with limited application to a subset of facilities (i.e., those that perform PCIs and participate in the CathPCI registry, no ambulatory surgery centers) and readmission measurement for a subset of patients (i.e., over 65 on Medicare). • **Data Issues:** The data set is outdated, with no current data indicating a clinical concern that needs to be addressed. There are also problems in connecting two data sources that have not been connected for a decade. • **Feedback and Improvement:** There is no information on feedback on measures, considerations from measure feedback, progress on improvement, and unexpected findings.

Additional Measure Recommendations Discussion

Based on the measure discussions today, are there additional recommendations or solutions the developer can use to overcome any potential measure limitations?

Opportunity for Public Comment

Next Steps

Next Steps for Fall 2023

Meeting Summary

- Meeting summary will be posted to the E&M committee project page by February 26, 2024.

Appeals Period

- **Appeals Period:** February 26 – March 18
- Appeals committee will meet on March 27, 2024 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 April 2024.

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Thank You!

Have questions? Contact us at
PQMsupport@battelle.org

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