



Partnership for
Quality Measurement

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Spring 2024 Cost and Efficiency Endorsement Meeting

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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 2024 Measures
- Additional Measure Recommendation Discussion (if time permits)
- 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 2024 cycle;
- Review public comments and Advisory Group feedback received and any corresponding developer/steward responses 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.

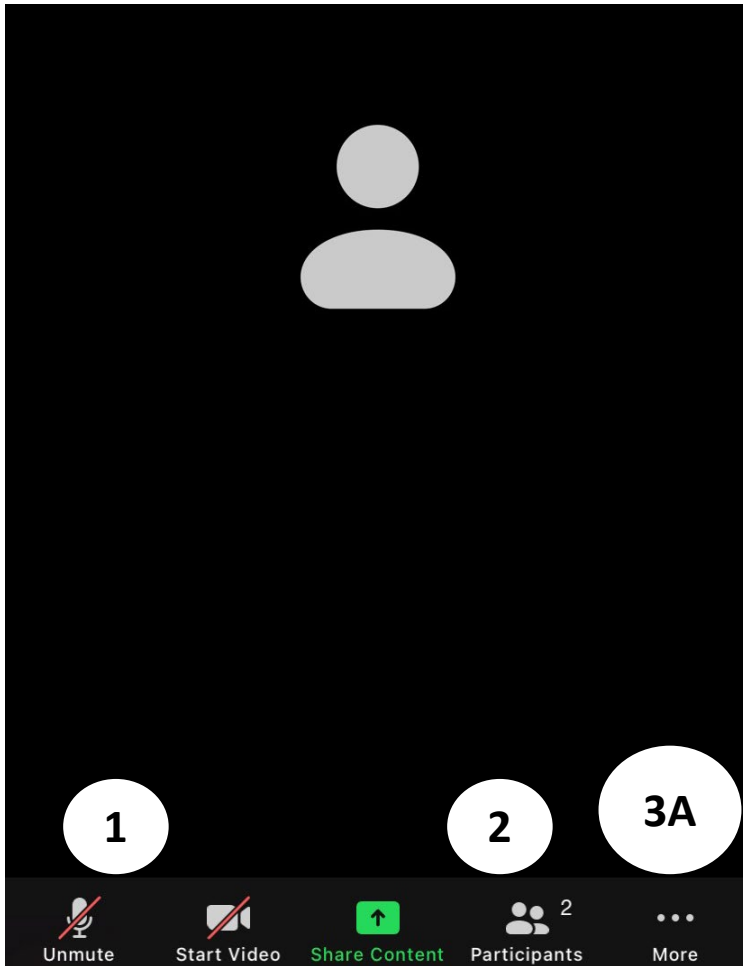
Using the Zoom Platform



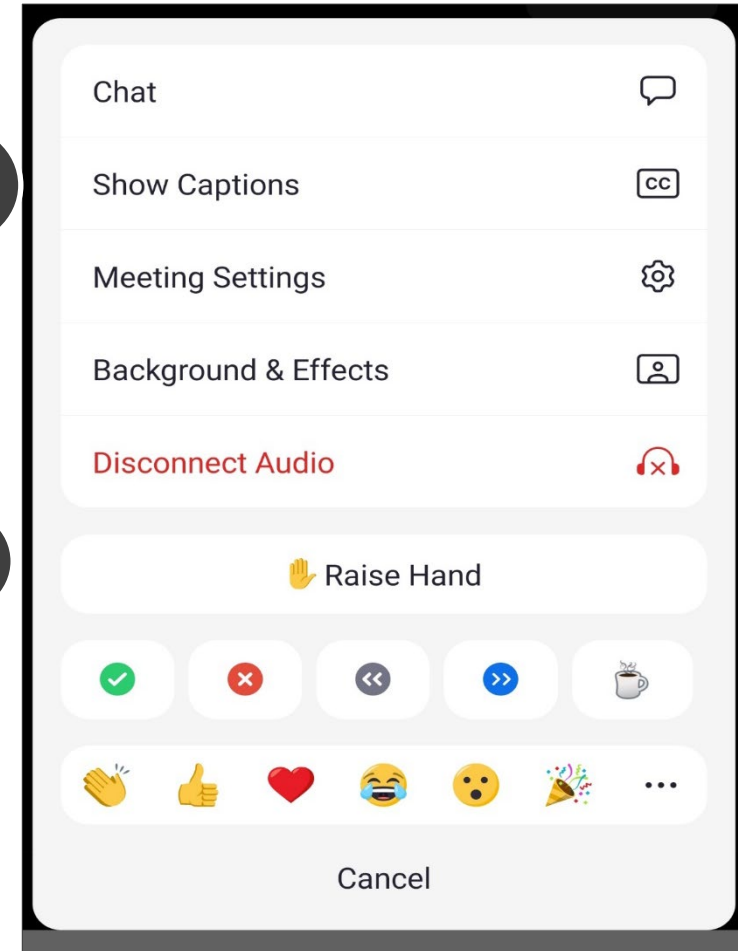
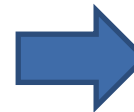
The screenshot shows a Zoom meeting interface. At the top, there are two video thumbnails: 'Host' on the left and 'Attendee 2' on the right. Below them is a large 'Attendee' video thumbnail. At the bottom, there is a toolbar with various icons. Three callouts are present: 1. A white circle with the number '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' menu, specifically the 'Raise Hand' option.

- 1 Click the lower part of your screen to mute/unmute, 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, 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, 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 II
- Olivia Giles, MPH, Social Scientist I
- Elena Hughes, MS, Social Scientist I
- 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.



Cost and Efficiency Spring 2024 Cycle Committee – *Recommendation Group*



- Amy Chin, DrPHc, MS
(***Non-Patient Co-Chair***)
- Mary Schramke, PhD, MBA
(***Patient Co-Chair***)
- Alice Bell, PT, DPT
- Benjamin Schleich, PhD, MS,
MBA, BS, CPPS, LSSBB,
DSHS, ITIL4
- Christopher Dezii, RN, MBA
- Danny Van Leeuwen, OPA, RN,
MPH
- Daniel Halevy, MD, FASN, CPC
- David Schultz, MD
- Dmitriy Poznyak, PhD
- Hal McCard, JD
- Kimberly Geoffry
- Mahil Senathirajah, MBA, BASc
- Marisa Elliott, CPC,
CDEO, CHONC, RH-CBS
- Megan Guinn, MBA, BSN, RN
- Pamela Roberts, PhD, MSHA,
OTR/L, SCFES, FAOTA, CPHQ,
FNAP, FACRM
- Paul Kallaur, MA, BA
- Pranavi Sreeramoju, MD, MPH,
MBA, FIDSA, FSHEA
- Rosa Plasencia, JD
- Sandeep Das, MD, MPH
- Sopida Andronaco, MSN, RN,
PHN, CPHQ
- Sunny Jhamnani, MD
- Tera Heidtbrink, MSN, RN

Spring 2024 Subject Matter Experts*



- **Surgery**

- David May, MD, MBA, FACS, CPHQ
- Tarik Yuce, MD, MS

- **Home- and Community Based Services (HCBS)**

- Morris Hamilton, PhD
- Margherita Labson, BSN, MSHSA, CCM, CPHQ

*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).

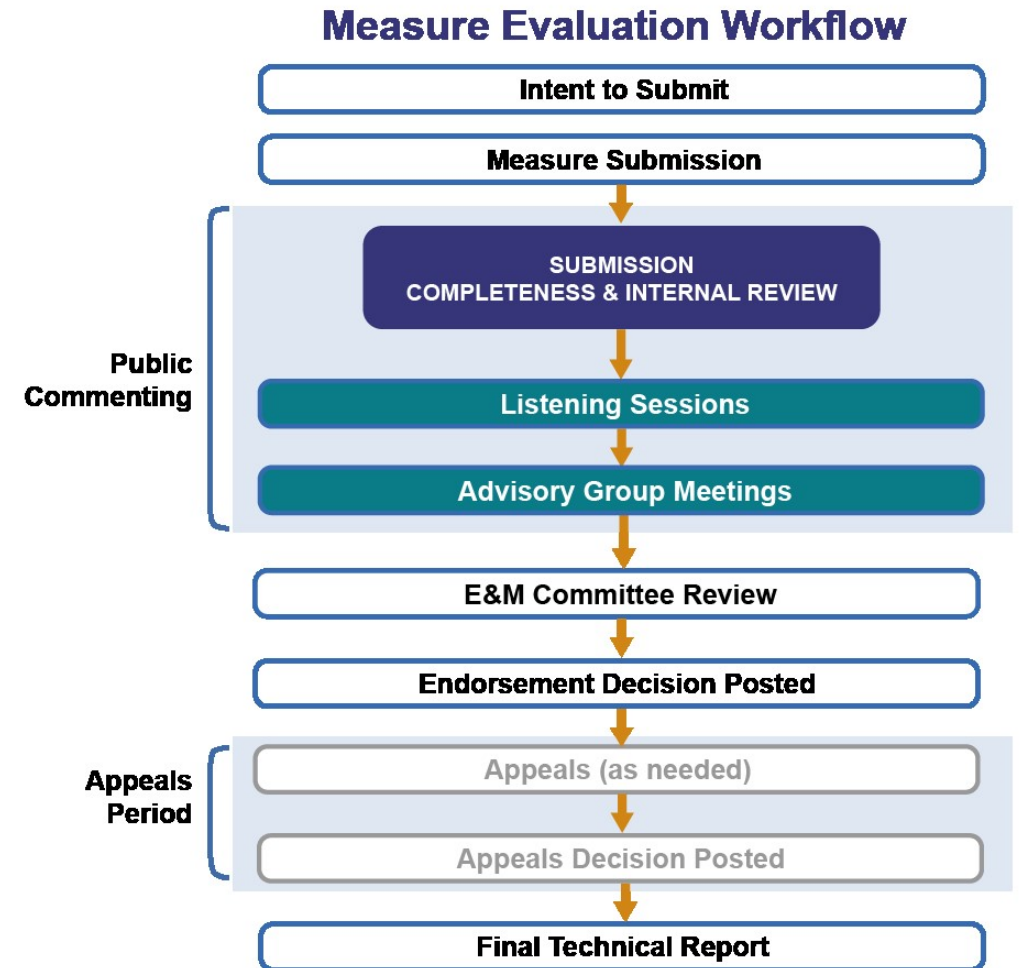
Overview of Evaluation Procedures



Six Major Steps of the E&M Process



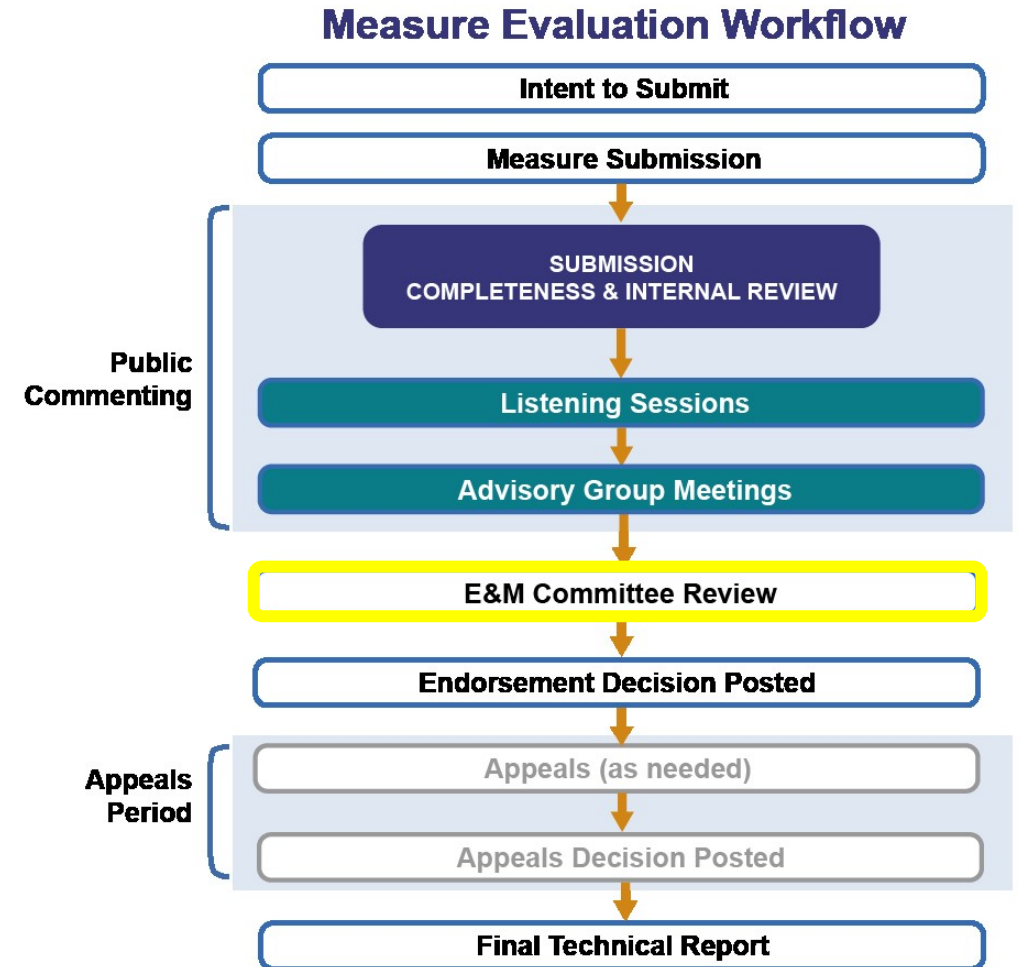
1. Intent to Submit
2. Full Measure Submission
3. Measure Public Comment Period
 - Public Comment Listening Sessions
 - Advisory Group Meetings
4. E&M Committee Review
5. Endorsement Decision
 - Recommendation Group Meetings
6. Appeals Period (as warranted)



Endorsement Meeting



- **Step:**
 - Recommendation Group members convene to review measures and conduct endorsement voting.
 - Developers/stewards respond to Recommendation Group member questions and feedback.
- **Timing:**
 - 1-2 months after Advisory Group meetings.
- **Outputs:**
 - Summary of Recommendation Group member proceedings, including final endorsement decisions, to be posted Partnership for Quality Measurement (PQM) website.



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
 - Recommendation Group discussion on discussion topics
 - Developer/steward response



4. Endorsement Vote

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

Patient Partner Feedback



- As a patient or caregiver, do you have experience with the measure topic that you would like to share?
- Do you think the measure is meaningful to patients and will help to improve their care?
- Is the measure respectful of and responsive to individual patient preferences, needs, and values?
- Are there aspects about the measure that may be difficult for patients to understand?
- Are there aspects about the measure that may be burdensome to patients?

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. 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.

Decision Outcomes:

Endorsed with Conditions Examples



PQM Rubric Domain/Criterion*	Condition(s)	Example
Importance	<p>a. Conduct additional evaluation/assessment of meaningfulness to the patient community (e.g., patients, caregivers, advocates).</p> <p>b. <i>[For maintenance]</i> Expand performance gap testing to a larger population.</p>	<p>a. Developer/steward has not, or to a limited degree, provided evidence from literature, focus groups, expert panels, etc. that the target population (e.g., patients) values the measured outcome, process, or structure and finds it meaningful for improving health and health care.</p> <p>b. Maintenance measure has narrow gap, which may be due to limited data/testing within a population that may not be fully representative.</p>
Reliability	<p>a. Consider mitigation strategies to improve measure's reliability, such as increasing the case volume, including more than 1 year of data.</p> <p>For any facilities that are unable to exceed the threshold, give a rationale for why the reliability being below the threshold is acceptable for those specific facilities.</p>	<p>a. The developer/steward has performed measure score reliability testing (accountable entity-level reliability). Less than half of facilities did not meet the expected reliability value of 0.6.</p>
Feasibility	<p>a. Provide implementation guidance or a near-term path (within 1 year) for implementing the measure. This includes providing clear system requirements for implementation of the measure.</p>	<p>a. Measure has experienced or is projected to experience implementation challenges.</p>
Use and Usability	<p>a. Implement a systematic feedback approach to better understand if challenges exist with implementing the measure.</p> <p>b. <i>[For maintenance]</i> Collect additional feedback from providers to ascertain the reasons why the measure is leveling off and describe appropriate mitigation approaches.</p>	<p>a. Measure has limited feedback due to low use and/or non-systematic feedback approach.</p> <p>b. Trend data show a leveling off of measure performance.</p>

Non-Negotiable Considerations



Several non-negotiable areas exist for endorsement, meaning if a measure meets one or more of the following criteria, the measure cannot be endorsed, even with conditions:

- Lack of a clear business case (i.e., evidence suggesting that the measure can accomplish its stated purpose)
- 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
- When a measure with an “Endorsed with Conditions” designation is evaluated for maintenance, but it has not met the prior conditions

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 Spring 2024 Measures for Endorsement Consideration



Spring 2024 Measures for Committee Review



Six measures were submitted to the Cost and Efficiency committee for endorsement consideration.

NUMBER OF MEASURES: 6	AREAS OF FOCUS			NEW VS. MAINTENANCE	
	 Hospital visits after ambulatory surgical center (ASC) procedures	 Hospitalizations for ambulatory care-sensitive conditions	 Readmission rate for Merit-Based Incentive Payment System (MIPS) eligible clinician groups	1 New Measure	5 Maintenance Measures

Spring 2024 Measures for Committee Review, *continued 1*



CBE Number	Measure Title	New/Maintenance	Developer/Steward
2539	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Maintenance	Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (Yale CORE)/Centers for Medicare & Medicaid Services (CMS)
3357	Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers	Maintenance	Yale CORE/CMS
3366	Hospital Visits After Urology Ambulatory Surgical Center Procedures	Maintenance	Yale CORE/CMS
3470	Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures	Maintenance	Yale CORE/CMS
3495	Hospital-Wide 30-Day, All-Cause, Unplanned Readmission Rate (HWR) for the Merit-Based Incentive Payment System (MIPS) Eligible Clinician Groups	Maintenance	Yale CORE/CMS
4490	Hospitalizations for Ambulatory Care Sensitive Conditions among Home and Community Based Service (HCBS) Participants	New	The Lewin Group/CMS

Test Vote



Voting Considerations and Troubleshooting



- Your voting link was sent to your email from “Voteer.”
 - Do not share your voting link with anyone, as it contains your personal voting code.
 - 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 2024 Measures



CBE #3357 – Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers



Item	Description
Measure Description	Facility-level risk-standardized ratio of acute, unplanned hospital visits within 7 days of a general surgery procedure performed at an ambulatory surgical center (ASC) 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 CORE/CMS
New or Maintenance	Maintenance (last reviewed: Fall 2017)
Current or Planned Use	Public Reporting; Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Measure Type

Outcome

Target Population(s)

Medicare FFS patients aged 65 years and older, undergoing outpatient general surgery procedures in ASCs

Care Setting

Ambulatory Surgery Center

Level of Analysis

Facility

CBE #3357 Public Comments



- 5 comments received

• Two supportive comments shared personal experiences emphasizing the importance of this measure.

Supportive

2

• Two comments opposed endorsement of this measure, criticizing its risk adjustment model, reliability, and lack of business case.

Non-supportive

2

• One comment questioned the rationale behind setting the age limit at 65 and older and proposed expanding the age range to include younger patients, potentially in their 50s.

Patient Age

1

CBE #3357 Staff Assessment



PQM Domain	Rating	Considerations
Importance	Met	The measure is supported by evidence of interventions that can reduce hospitalizations. The measure score range of 0.59 to 1.84 indicates variation across entities.
Feasibility	Met	There are no feasibility challenges, fees, or proprietary components with this measure.
Scientific Acceptability (Reliability)	Met	Signal-to-noise reliability scores on 2 years of data (1/21-12/22). Reliability statistics are above the established expectations for at least 70% of the entities.
Scientific Acceptability (Validity)	Not met but addressable	Validity testing was conducted using three methods: (1) face validity during measure development, (2) validity through association with volume, and (3) validation of the outcome. Results from face validity and the outcome validation are supportive. However, it is unclear how facility procedural volume supports the validity of the measure. Volume may indicate higher number of surgeons or increased quality control and resources, but this is not clearly articulated in the submission.
Equity*	Not met but addressable	The developer did not identify whether the measure rates are different across different patient populations.
Use and Usability	Not met but addressable	The measure is in use in an accountability application and has a feedback mechanism. The developer describes how the measure results can be used to improve on the measure. However, the developer did not report any findings on the progress on improvement due to changes in eligible procedures over time.

*Equity is an optional domain

CBE #3357 Committee Independent Review



Importance (n=7)	Feasibility (n=7)	Reliability (n=7)	Validity (n=7)	Equity (n=7)	Use & Usability (n=7)
C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 86% Met; 14% Not Met but Addressable; 0% Not Met	NC 29% Met; 71% Not Met but Addressable; 0% Not Met	C – Not Met but Addressable 0% Met; 86% Not Met but Addressable; 14% Not Met	C – Not Met but Addressable 0% Met; 86% Not Met but Addressable; 14% Not Met

- Reviewers largely agreed with the staff assessment, finding that Importance, Feasibility, and Reliability were met.
- A few committee members raised concerns around scientific acceptability, namely regarding the impact of procedure volumes by facility and whether measure should include a narrower list of admission diagnoses.
- Equity received several considerations for the developer, including examining differences across populations and including patients with higher social risk factors in future analyses, such as transportation and appointment access. Additional settings should also be considered, such as home care, satellite clinics, portal communication, and telehealth.
- Seven reviewers noted that the developer did not report any findings on the progress improvement over time.

Legend:

C – Consensus; NC – No consensus; n – number of committee independent reviews

CBE #3357 Key Discussion Points



- **All-Cause Outcome:** Does the committee have any questions regarding the all-cause outcome, considering the developer's inclusion of the top 25 reasons for a hospital visit being related to the procedure?
- **Bias of the Outcome:** Does the committee have any questions regarding the developer's response to the Advisory Group feedback of the lack of urgent care or office visits being captured in the measure?
- **Low Outcome Rates:** The developer responded to Advisory Group feedback that low outcome rates are mitigated by (1) minimum case volume thresholds for public reporting; (2) the statistical method that pulls measure scores for small facilities to the mean; and (3) that the measure is used in a pay-for-reporting program, not for pay-for-performance. Does the committee have any questions?
- **Reliability:** Considering the developer's response to Advisory Group feedback and that greater than 70% of reliability estimates are above the expected value of 0.6, does the committee agree that the measure has sufficient reliability?
- **Validity:** Does the committee have questions with the volume-outcome validity testing?
- **Use and Usability:** Does the committee agree that the measure results can be used by ASCs to improve their scores over time?

CBE #3366 – Hospital Visits After Urology Ambulatory Surgical Center Procedures



Item	Description
Measure Description	Facility-level risk-standardized rate of acute, unplanned hospital visits within 7 days of a urology procedure performed at an ambulatory surgical center (ASC) 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 CORE/CMS
New or Maintenance	Maintenance (last reviewed: Fall 2018)
Current or Planned Use	Public Reporting; Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Measure Type

Outcome

Target Population(s)

Medicare FFS patients, aged 65 years and older, who have undergone a urology procedure in ASCs

Care Setting

Ambulatory Surgery Center

Level of Analysis

Facility

CBE #3336 Public Comments



- 4 comments received

• One comment shared personal experiences emphasizing the importance of this measure.

Supportive

1

• Two comments opposed endorsement of this measure, criticizing its risk adjustment model, low reliability, and a lack of business case.

Non-supportive

2

• One comment questioned the rationale behind setting the age limit at 65 and older and proposed expanding the age range to include younger patients, potentially in their 50s.

Patient Age

1

CBE #3336 Staff Assessment



PQM Domain	Rating	Considerations
Importance	Met	The measure is supported by evidence of interventions that can reduce hospitalizations. Variation of performance remains, with more 30% of ASCs scoring above the facility-level average.
Feasibility	Met	There are no feasibility challenges, fees, or proprietary components with this measure.
Scientific Acceptability (Reliability)	Met	The measure is well-defined and precisely specified. The developer conducted signal-to-noise analysis of the measure score with a minimum procedure volume of 35. The developer reports an overall reliability estimate of 0.706 with a decile range of 0.422-0.949. Roughly 20% of ASCs have a signal-to-noise estimate less than 0.6.
Scientific Acceptability (Validity)	Not met but addressable	Validity testing was conducted using three methods: (1) face validity during measure development, (2) validity through association with volume, and (3) validation of the outcome. Results from face validity and the outcome validation are supportive. However, it is unclear how facility procedural volume supports the validity of the measure. Volume may indicate higher number of surgeons or increased quality control and resources, but this is not clearly articulated in the submission.

*Equity is an optional domain

CBE #3336 Staff Assessment Continued



PQM Domain	Rating	Considerations
Equity*	Not met but addressable	The developer reports that ASCs do not serve a high proportion of patients with social risk factors with the median facility proportion of patients with the dual eligibility variable being 0% (count of 0 patients) and for the high Area Deprivation Index, 1% (count of 1 patient). However, the developer did not identify whether the measure rates are different across other patient populations or how this measure may help to reduce disparities.
Use and Usability	Not met but addressable	The measure is in use in an accountability application and has a feedback mechanism. The developer describes how the measure results can be used to improve on the measure. However, the developer did not report any findings on the progress on improvement due to changes in eligible procedures over time.

*Equity is an optional domain

CBE #3366 Committee Independent Review



Importance (n=7)	Feasibility (n=7)	Reliability (n=7)	Validity (n=7)	Equity (n=7)	Use & Usability (n=7)
C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 86% Met; 14% Not Met but Addressable; 0% Not Met	NC 14% Met; 71% Not Met but Addressable; 14% Not Met	NC 0% Met; 71% Not Met but Addressable; 29% Not Met	C – Not Met but Addressable 0% Met; 86% Not Met but Addressable; 14% Not Met

- Reviewers largely agreed with the staff assessment, finding that Importance, Feasibility, and Reliability were met.
- A few committee members raised concerns around scientific acceptability, namely regarding the impact of procedure volumes by facility and how a trauma admission/cardiac/renal etc. have anything to do with the urological procedures. One reviewer noted that ASCs with lower volume are not accounted for and the testing sample did not include Medicare Advantage.
- For Equity, reviewers agreed with the staff assessment asking how this measure may help to reduce disparities and why data were not stratified.
- One committee member raised additional areas of consideration, stating the measure would be more useful if it considered the corporatization of health care with associated increased out-of-pocket expenses and the shift to group practices.

Legend:

C – Consensus; NC – No consensus; n – number of committee independent reviews

CBE #3366 Key Discussion Points



- **All-Cause Outcome:** Does the committee have any questions regarding the all-cause outcome, considering the developer's inclusion of the top 25 reasons for a hospital visit being related to the procedure?
- **Bias of the Outcome:** Does the committee have any questions regarding the developer's response to the Advisory Group feedback of the lack of urgent care or office visits being captured in the measure?
- **Low Outcome Rates:** The developer responded to Advisory Group feedback that low outcome rates are mitigated by minimum case volume thresholds for public reporting; (2) the statistical method that pulls measure scores for small facilities to the mean; and (3) that the measure is used in a pay-for-reporting program, not for pay-for-performance. Does the committee have any questions?
- **Reliability:** Considering the developer's response to Advisory Group feedback and that greater than 70% of reliability estimates are above the expected value of 0.6, does the committee agree that the measure has sufficient reliability?
- **Validity:** Does the committee have questions with the volume-outcome validity testing?
- **Use and Usability:** Does the committee agree that the measure results can be used by ASCs to improve their scores over time?

Lunch

Meeting will resume at 12:50 PM ET



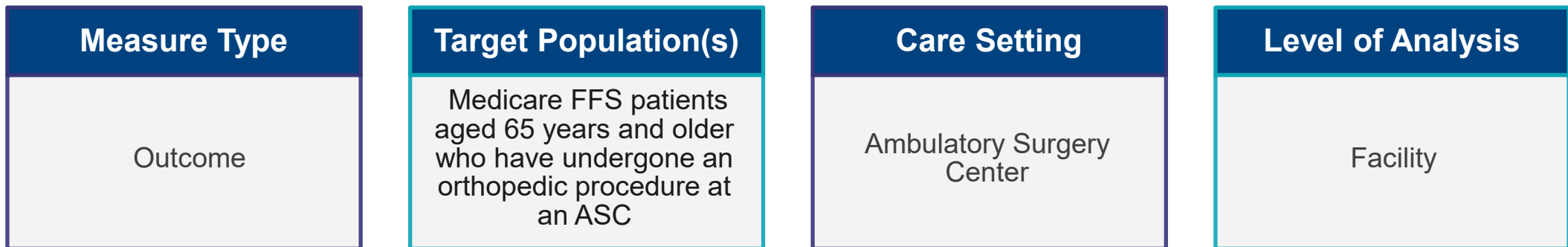
Evaluation of Spring 2024 Measures



CBE #3470 – Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures



Item	Description
Measure Description	Facility-level risk-standardized rate of acute, unplanned hospital visits within 7 days of an orthopedic procedure performed at an ambulatory surgical center (ASC) 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 CORE/CMS
New or Maintenance	Maintenance (last reviewed: Fall 2018)
Current or Planned Use	Public Reporting; Quality Improvement with Benchmarking (external benchmarking to multiple organizations)



CBE #3470 Public Comments



- 5 comments received

• Two comments expressed personal experiences and enthusiasm for the measure's potential to lead to better outcomes for patients undergoing similar procedures.

Supportive

2

• Two comments opposed endorsement of this measure, criticizing its risk adjustment model, low reliability, and a lack of business case.

Non-supportive

2

• One comment questioned the rationale behind setting the age limit at 65 and older and proposed expanding the age range to include younger patients, potentially in their 50s.

Patient Age

1

CBE #3470 Staff Assessment



PQM Domain	Rating	Considerations
Importance	Met	The developer cites evidence of interventions ASCs can implement to improve hospitalizations. Variation remains for this measure, a decile distribution of scores ranging from 1.88 to 2.62.
Feasibility	Met	There are no feasibility challenges, fees, or proprietary components with this measure.
Scientific Acceptability (Reliability)	Met	Reliability testing was conducted using the signal-to-noise method calculated on 2 years of data (1/21-12/22) for the risk adjusted measure across 1754 entities and results show >0.6 for about 75% of the entities. The estimated lower quartile is 0.605.
Scientific Acceptability (Validity)	Not met but addressable	Validity testing was conducted using three methods: (1) face validity during measure development, (2) validity through association with volume, and (3) validation of the outcome. Results from face validity and the outcome validation are supportive. However, it is unclear how facility procedural volume supports the validity of the measure. Volume may indicate higher number of surgeons or increased quality control and resources, but this is not clearly articulated in the submission.

CBE #3470 Staff Assessment, *continued 1*



PQM Domain	Rating	Considerations
Equity*	Not met but addressable	The developer reports that ASCs do not serve a high proportion of patients with social risk factors with the median facility proportion of patients with the dual eligibility variable being 0% (count of 0 patients) and for the high Area Deprivation Index, 1% (count of 1 patient). However, the developer did not identify whether the measure rates are different across other patient populations or how this measure may help to reduce disparities.
Use and Usability	Not met but addressable	The measure is in use in an accountability application and has a feedback mechanism. The developer describes how the measure results can be used to improve on the measure. However, the developer did not report any findings on the progress on improvement due to changes in eligible procedures over time.

*Equity is an optional domain

CBE #3470 Committee Independent Review



Importance (n=7)	Feasibility (n=7)	Reliability (n=7)	Validity (n=7)	Equity (n=7)	Use & Usability (n=7)
C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 86% Met; 14% Not Met but Addressable; 0% Not Met	C – Not Met but Addressable 14% Met; 18% Not Met but Addressable; 0% Not Met	C – Not Met but Addressable 0% Met; 86% Not Met but Addressable; 14% Not Met	C – Not Met but Addressable 0% Met; 86% Not Met but Addressable; 14% Not Met

- Reviewers largely agreed with the staff assessment, finding that Importance, Feasibility, and Reliability were met.
- A few committee members raised concerns around scientific acceptability, namely regarding the impact of procedure volumes by facility.
- For Equity, reviewers agreed with the staff assessment asking how this measure may help to reduce disparities.
- Reviewers agreed with the staff assessment for Use and Usability, noting the developer did not report any findings on the progress improvement.

Legend:

C – Consensus; NC – No consensus; n – number of committee independent reviews

CBE #3470 Key Discussion Points



- **All-Cause Outcome:** Does the committee have any questions regarding the all-cause outcome, considering the developer's inclusion of the top 25 reasons for a hospital visit being related to the procedure?
- **Bias of the Outcome:** Does the committee have any questions regarding the developer's response to the Advisory Group feedback of the lack of urgent care or office visits being captured in the measure?
- **Low Outcome Rates:** The developer responded to Advisory Group feedback that low outcome rates are mitigated by minimum case volume thresholds for public reporting; (2) the statistical method that pulls measure scores for small facilities to the mean; and (3) that the measure is used in a pay-for-reporting program, not for pay-for-performance. Does the committee have any questions?
- **Reliability:** Considering the developer's response to Advisory Group feedback and that greater than 70% of reliability estimates are above the expected value of 0.6, does the committee agree that the measure has sufficient reliability?
- **Validity:** Does the committee have questions with the volume-outcome validity testing?
- **Use and Usability:** Does the committee agree that the measure results can be used by ASCs to improve their scores over time?

CBE #2539 – Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy



Item	Description
Measure Description	Facility-level risk-standardized rate of acute, unplanned hospital visits within 7 days of a colonoscopy procedure performed at a hospital outpatient department (HOPD) or ambulatory surgical center (ASC) 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. The measure is calculated separately for ASCs and HOPDs.
Developer/Steward	Yale CORE/CMS
New or Maintenance	Maintenance (last reviewed: Spring 2020)
Current or Planned Use	Public Reporting; Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Measure Type
Outcome

Target Population(s)
FFS patients aged 65 years and older

Care Setting
Ambulatory Surgery Center; Hospital: Outpatient

Level of Analysis
Facility

CBE #2539 Public Comments



- 5 comments received

• One comment shared a personal experience in this focus area and emphasized the importance of this measure.

Supportive

1

• Three commenters opposed endorsement of this measure, criticizing its risk adjustment model, reliability, and inclusion criteria.

Non-supportive

3

• One comment questioned the rationale behind setting the age limit at 65 and older and proposed expanding the age range to include younger patients, potentially in their 50s.

Patient Age

1

CBE #2539 Staff Assessment



PQM Domain	Rating	Considerations
Importance	Met	The developer cites evidence of interventions ASCs can implement to improve hospitalizations. Variation remains for this measure, with mean scores of 13.18 (HOPDs) and 9.92 (ASCs) and approximately 30% of HOPDs and ASCs scoring higher than their national averages.
Feasibility	Met	There are no feasibility challenges, fees, or proprietary components of this measure.
Scientific Acceptability (Reliability)	Met	The measure is well-defined. Reliability was assessed at the entity level. Reliability statistics are above the established accepted value for at least 70% of the entities across HOPDs and ASCs.
Scientific Acceptability (Validity)	Not met but addressable	Validity testing was conducted using three methods: (1) face validity during measure development, (2) validity through association with volume, and (3) validation of the outcome. Results from face validity and the outcome validation are supportive. However, it is unclear how facility procedural volume supports the validity of the measure. Volume may indicate higher number of surgeons or increased quality control and resources, but this is not clearly articulated in the submission.
Equity*	Met	The developer found that HOPDs show higher unadjusted hospital visit rates for patients with dual eligibility (23.8%) compared to those without (12.6%), and similar trends were observed for patients with high Area Deprivation Index (ADI) versus those without. This pattern also holds for ASCs.

*Equity is an optional domain

CBE #2539 Staff Assessment, *continued 1*



PQM Domain	Rating	Considerations
Use and Usability	Met	The measure is in use in an accountability application and has a feedback mechanism. The developer describes how the measure results can be used to improve on the measure. The national rate of hospital visits per 1,000 colonoscopies among HOPDs declined from 16.4 in 2018 reporting to 14.8 in 2019 reporting and 13.2 in 2023 reporting (current data).

*Equity is an optional domain



CBE #2539 Committee Independent Review



Importance (n=7)	Feasibility (n=7)	Reliability (n=7)	Validity (n=7)	Equity (n=7)	Use & Usability (n=7)
C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	NC 71% Met; 29% Not Met but Addressable; 0% Not Met	C – Not Met but Addressable 14% Met; 86% Not Met but Addressable; 0% Not Met	C – Met 86% Met; 0% Not Met but Addressable; 14% Not Met	C – Met 86% Met; 0% Not Met but Addressable; 14% Not Met

- Reviewers largely agreed with the staff assessment, finding that Importance, Feasibility, Reliability, Equity, and Use and Usability were met.
- A few committee members raised concerns around scientific acceptability, namely regarding the impact of procedure volumes by facility, how complications and care coordination are addressed, and whether the measure should include a narrower list of admission diagnoses.
- One committee member raised additional areas of consideration for equity, stating the measure would be more useful if it considered the corporatization of health care with associated increased out-of-pocket expenses and the shift to group practices.
- One member commented that the measure should consider more settings of follow-up as well as transportation and appointment access.

Legend:

C – Consensus; NC – No consensus; n – number of committee independent reviews

CBE #2539 Key Discussion Points



- **All-Cause Outcome:** Does the committee have any questions regarding the all-cause outcome, considering the developer's inclusion of the top 25 reasons for a hospital visit being related to the procedure?
- **Bias of the Outcome:** Does the committee have any questions regarding the developer's response to the Advisory Group feedback regarding the lack of urgent care or office visits being captured in the measure?
- **Low Outcome Rates:** The developer responded to Advisory Group feedback that low outcome rates are mitigated by (1) minimum case volume thresholds for public reporting; (2) the statistical method that pulls measure scores for small facilities to the mean; and (3) that the measure is used in a pay-for-reporting program, not for pay-for-performance. Does the committee have any additional concerns?
- **Reliability:** Considering the developer's response to Advisory Group feedback and that greater than 70% of reliability estimates are above the expected value of 0.6, does the committee agree that the measure has sufficient reliability?
- **Validity:** Does the committee have any questions regarding the volume-outcome validity testing?

Break

Meeting will resume at 2:30 PM ET



Evaluation of Spring 2024 Measures



CBE #3495 – Hospital-Wide 30-Day, All-Cause, Unplanned Readmission Rate (HWR) for the Merit-Based Incentive Payment System (MIPS) Eligible Clinician Groups



Item	Description
Measure Description	This measure is a re-specified version of the hospital-level measure, “Hospital-Wide All-Cause, Unplanned Readmission Measure” (NQF #1789), which was developed for patients who are 65 years or older, are enrolled in Fee-for-Service (FFS) Medicare and are hospitalized in non-federal hospitals. This re-specified measure attributes hospital-wide index admissions to up to three participating MIPS Eligible Clinician Groups (“providers”), rather than to hospitals. It assesses each provider’s rate of 30-day readmission, which is defined as unplanned, all-cause readmission within 30 days of hospital discharge for any eligible condition. The measure reports a single summary risk adjusted readmission rate (RARR), derived from the volume-weighted results of five different models, one for each of the following specialty cohorts based on groups of discharge condition categories or procedure categories: surgery/gynecology; general medicine; cardiorespiratory; cardiovascular; and neurology.
Developer/Steward	Yale CORE/CMS
New or Maintenance	Maintenance (last reviewed: Fall 2019)
Current or Planned Use	Public Reporting; Payment Program; Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Measure Type
Outcome

Target Population(s)
Patients 65 and older enrolled in FFS Medicare and Hospitalized in non-Federal Hospitals

Care Setting
Clinician Office/Clinic; Hospital: Inpatient

Level of Analysis
Clinician: Group/Practice

CBE #3495 Public Comments



- 5 comments received

• Two comments shared personal experiences with respect to the measure focus and emphasized the importance of this measure.

Supportive

2

• Two comments opposed endorsement of this measure, criticizing its risk adjustment model and low reliability.

Non-supportive

2

• One comment asked why the measure did not provide evidence, performance gap analysis, and reliability and validity testing for accountable care organizations (ACOs) that are part of MIPS.

Evidence for ACOs

1

CBE #3495 Staff Assessment



PQM Domain	Rating	Considerations
Importance	Met	The developer cites evidence of effective hospital interventions to improve readmission rates. Data from 2021 show a readmission rate of 15.32% with a performance range from 13.62 to 17.41%, indicating less-than-optimal performance. The developer cites patient interviews, highlighting the negative impacts of readmissions such as confusion and frustration.
Feasibility	Met	There are no feasibility challenges, fees, or proprietary components of this measure.
Scientific Acceptability (Reliability)	Met	Reliability testing was conducted using signal-to-noise method. Minimum reliability values are above 0.6 for all clinician groups with at least 200 patients except for the surgical cohort, which has a mean reliability of 0.84 and a minimum of 0.49.
Scientific Acceptability (Validity)	Met	The developer correlated the measure scores with CMS Star Ratings, finding weak and negative correlations that support the measure's validity. A technical expert panel confirmed its validity, with 70% approval for its utility in improving the quality of care. Statistical risk adjustments included relevant patient-level factors, excluding minimal-impact social risks, and the measure showed good discrimination with C-statistics between 0.63 and 0.68.
Equity*	Not met but addressable	The developer identified differences in unadjusted patient-level outcomes in patients with dual eligibility and Area Deprivation Index, but it is unclear if these are statistically significant.

*Equity is an optional domain

CBE #3495 Staff Assessment, *continued 1*



PQM Domain	Rating	Considerations
Use and Usability	Not met but addressable	The measure is currently used in the MIPS program. The developer cites evidence of interventions that can improve readmissions, as noted previously. The developer describes various mechanisms in which feedback on the measure was obtained. The developer states that it does not have access to data that would span a time period for sufficiently comparing performance.

*Equity is an optional domain



CBE #3495 Committee Independent Review



Importance (n=7)	Feasibility (n=7)	Reliability (n=7)	Validity (n=7)	Equity (n=7)	Use & Usability (n=7)
C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	NC 71% Met; 29% Not Met but Addressable; 0% Not Met	NC 71% Met; 14% Not Met but Addressable; 14% Not Met	NC 0% Met; 71% Not Met but Addressable; 29% Not Met	NC 14% Met; 71% Not Met but Addressable; 14% Not Met

- Reviewers largely agreed with the staff assessment, finding that Importance and Feasibility are met.
- For Scientific Acceptability, one reviewer raised concern with the attribution methodology, which links the physicians responsible for the greatest costs (e.g., surgeon) with a hospital readmission, which may be beyond their control.
- For Equity, most reviewers agreed with the staff assessment, advocating for further examination of social risk factors to determine impact on measurement.
- For Use and Usability, most reviewers agreed with the staff assessment, asking when data will become available for comparing performance over time.

Legend:

C – Consensus; NC – No consensus; n – number of committee independent reviews

CBE #3495 Key Discussion Points



- **Attribution:** Feedback from the Advisory Group noted that the measure may inaccurately categorize clinicians into performance deciles. Given the developer's response, does the committee have any questions?
 - The developer noted that at least six attribution approaches and members of a technical expert panel agreed that the three-provider attribution approach was the most relevant to the way care is delivered and the fairest to providers.
- **Mortality:** Does the committee have any questions regarding the absence of mortality assessments within the measure, given the developer's response regarding competing risks?
 - The developer noted they are exploring ways to address these competing risks, including coding adjustments related to end-of-life care such as DNR (Do Not Resuscitate) and palliative care. The developer confirmed that competing risks do not majorly compromise the measure's effectiveness.
- **Use and Usability:** Does the committee agree that the measure results can be used by clinician groups to improve their scores over time?

CBE #4490 – Hospitalizations for Ambulatory Care Sensitive Conditions among Home and Community Based Service (HCBS) Participants



Item	Description
Measure Description	For Medicaid HCBS participants aged 18 years and older, this measure calculates the state level observed and risk-adjusted rates of hospital admissions for ambulatory care sensitive conditions, including select behavioral health conditions, per 1,000 participants for chronic and acute ambulatory care sensitive conditions. This measure has three rates reported for potentially avoidable acute inpatient hospital admissions: chronic conditions composite; acute conditions composite; and chronic and acute conditions composite.
Developer/Steward	The Lewin Group/CMS
New or Maintenance	New
Current or Planned Use	Public Reporting; Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Measure Type

Outcome

Target Population(s)

Medicaid HCBS participants aged 18 years and older

Care Setting

Hospital: Inpatient;
Other (Home and community-based services)

Level of Analysis

Population or Geographic Area (State)

CBE #4490 Public Comments



- 3 comments received

• One comment expressed confusion on the title of the measure. The commenter asked for clarification on the term "Hospitalizations for ambulatory care-sensitive conditions."

Measure Title

1

• Two comments expressed support for the measure, highlighting the importance of this measure in addressing gaps in HCBS quality reporting, identifying areas for improvement, and enhancing overall health outcomes.

Supportive

2

CBE #4490 Staff Assessment



PQM Domain	Rating	Considerations
Importance	Met	The developer cites a few studies demonstrating the cost impact of potentially avoidable hospital admissions. The developer also notes that persons receiving Medicaid may be more likely to experience these admissions. Empirical data demonstrated a significant opportunity for improvement
Feasibility	Met	No added burden of reporting as all required data elements are routinely generated and there are no proprietary components of the measure.
Scientific Acceptability (Reliability)	Not met but addressable	Signal-to-noise reliability was conducted on 2019 data for chronic, acute, and total admissions for both the observed rates and the expected. Reliability for observed and risk-adjusted rates is >0.6 for all measures and all states. Reliability was assessed for the observed rates and expected rates only. It's not possible to determine the reliability of the ratio of observed to expected based on the reliability of the individual values. Reliability should be tested on the measure as it is intended to be reported.
Scientific Acceptability (Validity)	Not met but addressable	The face validity results were equivocal. The accountable entity is the state, so the claim that needs substantiation is whether there are differences in state actions between better- and worse-performing states. Overall, the developer should provide a more robust logic model, literature review, and face validity process.

*Equity is an optional domain

CBE #4490 Staff Assessment, *continued 1*



PQM Domain	Rating	Considerations
Equity*	Met	Empirical data demonstrates differences in performance across gender and race. The submission might benefit from a stronger conceptual rationale for equity differences across states.
Use and Usability	Met	Planned use in public reporting programs and quality improvement with benchmarking

*Equity is an optional domain

CBE #4490 Committee Independent Review



Importance (n=7)	Feasibility (n=7)	Reliability (n=7)	Validity (n=7)	Equity (n=7)	Use & Usability (n=7)
C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Not Met but Addressable 14% Met; 86% Not Met but Addressable; 0% Not Met	C – Not Met but Addressable 14% Met; 86% Not Met but Addressable; 0% Not Met	C –Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C –Met 100% Met; 0% Not Met but Addressable; 0% Not Met

- Reviewers agreed with the staff assessment, finding that Importance, Feasibility, Equity, and Use and Usability are met.
- Reviewers also agreed with the staff assessment of “Not Met, but Addressable” for Scientific Acceptability, both for reliability and validity.

Legend:

C – Consensus; NC – No consensus; n – number of committee independent reviews

CBE #4490 Key Discussion Points



- **Feasibility:** Considering the Advisory Group feedback expressed regarding Medicaid data availability and the developer's response, does the committee have any questions with respect to data availability?
 - The developer responded stating that administrative claims data from 2018 and 2019 represent the best picture for hospitalizations for ambulatory care-sensitive conditions when accounting for COVID-19 and capturing a full year of data (as 12 months of 2022 claims for Medicare and Medicaid populations are not yet available). Newer data will be used to calculate state-level performance once they are available later this year.
- **Reliability and Validity:** Reliability was assessed for the observed rates and expected rates only. Face validity did not determine if the score is an indicator of quality due to differences in state actions. Does the committee have questions regarding the reliability and validity results?
- **Variation of HCBS:** Considering the Advisory Group feedback related to variation of HCBS services and the developer's response, to what extent does the committee have questions regarding the measure's potential impact and interpretation of performance?
 - The developer stated that through the Ensuring Access to Medicaid Services rule, Medicaid is making substantial improvements in standardization of measurement within and across states. Future results for CBE #4490 will reflect implementation of the rule and provide a more stable definition of HCBS.

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?



Next Steps



Next Steps for Spring 2024 E&M Cycle



Meeting Summary

- **Publish Meeting Summary:** August 30, 2024



Upcoming Meetings

- **Appeals Committee Meeting:** September 30, 2024



Final Report

- **Publish Final Technical Report:** October/November 2024

A Special Thank You To Our Committee Members!



- Benjamin Schleich
- Christopher Dezii
- Danny Van Leeuwen
- David Schultz
- Dmitriy Poznyak
- Hal McCard
- Kimberly Geoffrey
- Mahil Senathirajah
- Paul Kallaur
- Pranavi Sreeramoju
- Sunny Jhamnani
- Tera Heidtbrink

Thank You!

Have questions? Contact us at
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