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Fall 2024 Cost and Efficiency Recommendation Group Endorsement Meeting

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William Golden | Co-Chair
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February 10, 2025

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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 Fall 2024 Measures
- Additional Measure Recommendation Discussion (if time permits)
- Next Steps
- Adjourn

Meeting Objectives

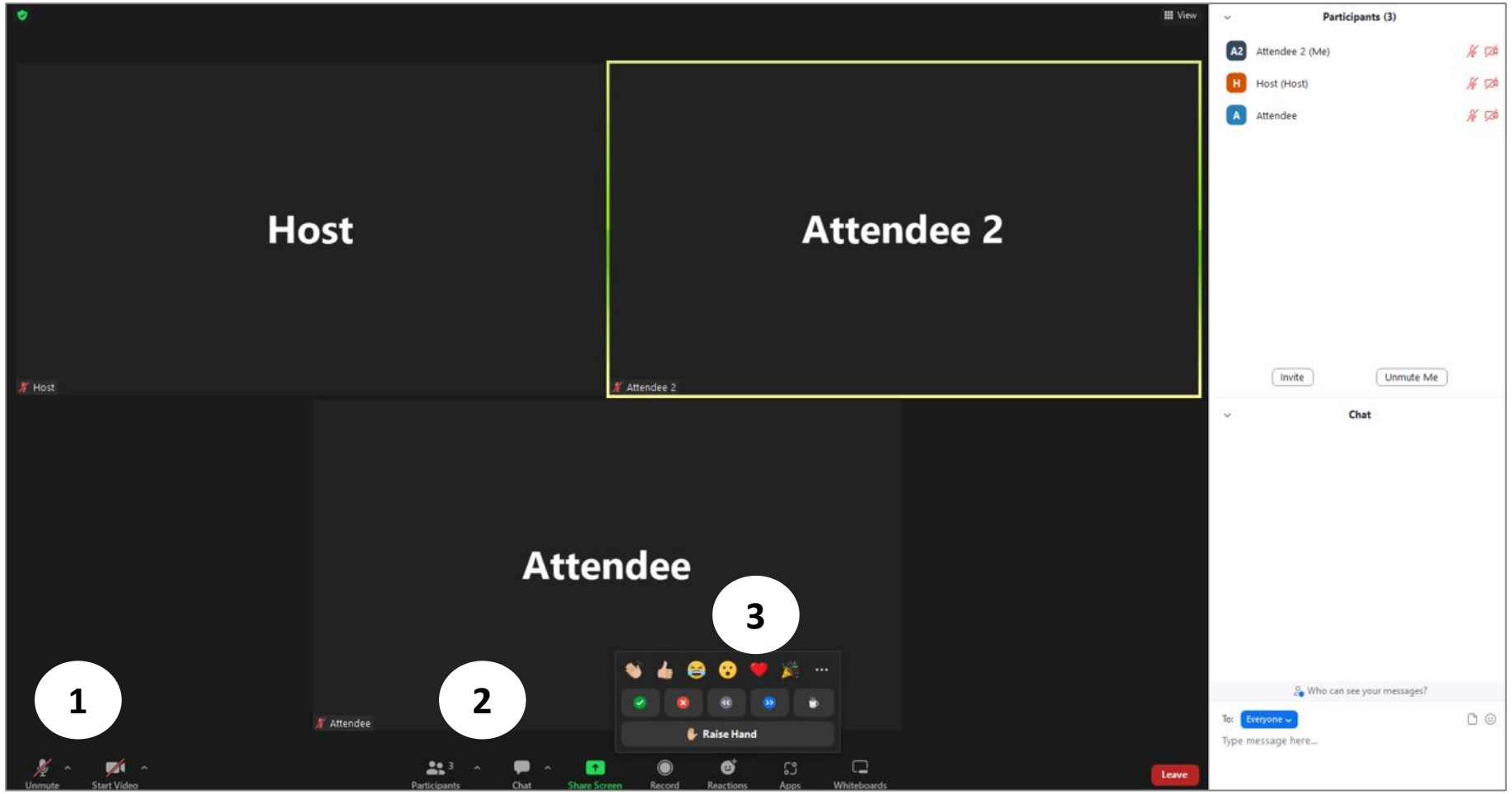
The purpose of today's meeting is to:

- Review and discuss measures submitted to the Cost and Efficiency committee for the Fall 2024 cycle;
- Review public comments and Advisory Group feedback received and any corresponding developer/steward input for the submitted measures; and
- Render endorsement decisions for the submitted measures.

Housekeeping Reminders for Recommendation Group

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

Using the Zoom Platform

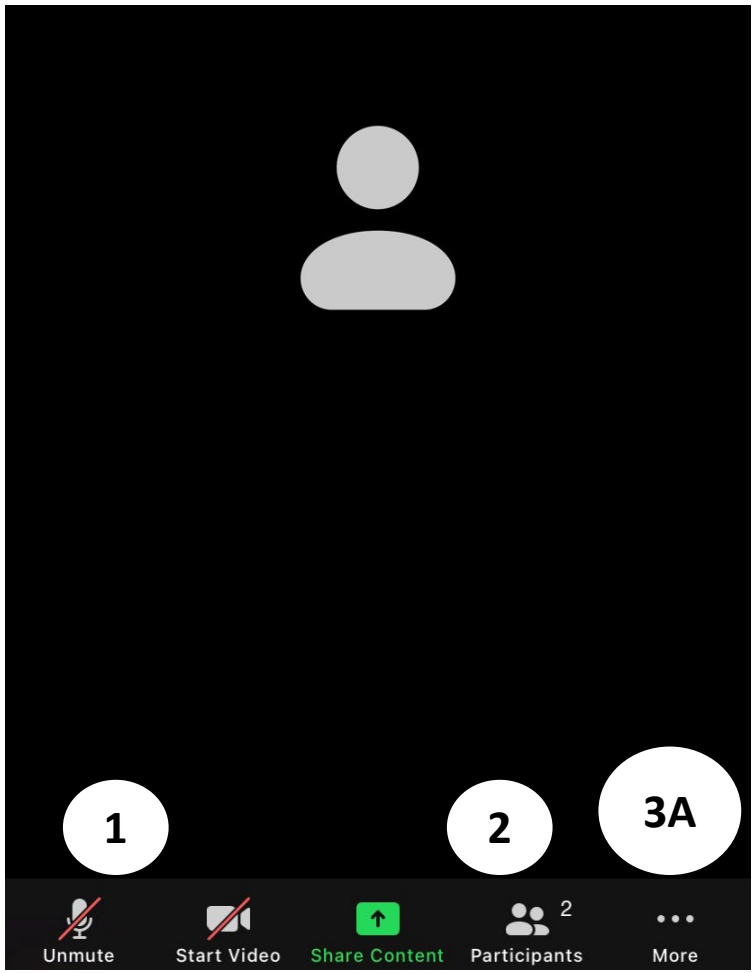


1. Click the lower part of your screen to mute/unmute or to start or pause video

2. Click on the participant or chat button to access the full participant list or the chat box

3. To raise your hand, select the raised hand function under the reactions tab

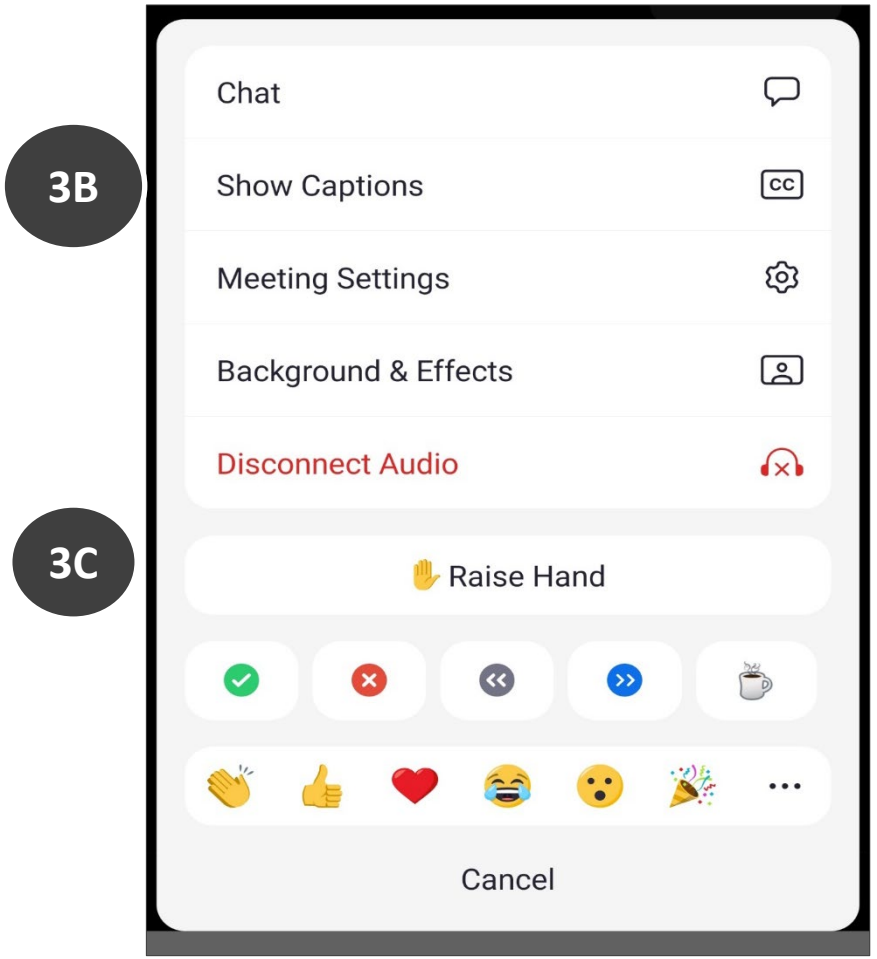
Using the Zoom Platform (Phone View)



1. Click the lower part of your screen to mute/unmute or start or pause video

2. Click on the participant button to view the full participant list

3. Click on “more” button (3A) to view the chat box, (3B) to show closed captions, or (3C) to raise your hand. To raise your hand, select the raised hand function under the reactions tab



Meeting Ground Rules

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

Project Team

- Nicole Brennan, MPH, DrPH, Executive Director
- Brenna Rabel, MPH, Technical Director
- Jeff Geppert, EdM, JD, Measure Science Lead
- Quintella Bester, PMP, Senior Program Manager
- Matthew Pickering, PharmD, E&M Task Lead
- Anna Michie, MHS, PMP, E&M Deputy Task Lead
- Beth Jackson, PhD, MA, Social Scientist IV
- Adrienne Cocci, MPH, Social Scientist III
- Stephanie Peak, PhD, Social Scientist III
- Isaac Sakyi, MSGH, Social Scientist III
- Jessica Lemus, MA, Social Scientist III
- Elena Hughes, MS, Social Scientist II
- Olivia Giles, MPH, 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 Fall 2024 Cycle Committee – *Recommendation Group*

- William Golden, MD, MACP ***(Non-Patient Co-Chair)***
- Seth Morrison, MA ***(Patient Co-Chair)***
- Sopida Andronaco, MSN, RN, PHN, CPHQ
- Alice Bell, PT, DPT
- Amy Chin, DrPHc, MS
- Sandeep Das, MD, MPH
- Marisa Elliott, BS
- Lynn Ferguson, BS
- Joan Gleason Scott, PhD, RN, CPHQ, CPPS
- Beth Godsey, MSPA, MBA
- Megan Guinn, MBA, BSN, RN
- Daniel Halevy, MD, FASN, CPC
- Emma Hoo, BA *
- John Martin, PhD, MPH
- Harold Miller, MS
- Jack Needleman, PhD, FAAN
- Rosa Plasencia, JD
- Pamela Roberts, PhD, MSHA, OTR/L, SCFES, FAOTA, CPHQ, FNAP, FACRM
- Mary Schramke, PhD, MBA
- Kim Tyree, MBA
- Margaret Woeppel, MSN, RN, CPHQ, FACHE

**Member is inactive for this cycle*

Fall 2024 Subject Matter Experts*

- **Orthopedics/Total Hip/Knee Arthroplasty Procedures**
  - Kevin Bozic, MD, MBA, FAOA, FAAOS

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

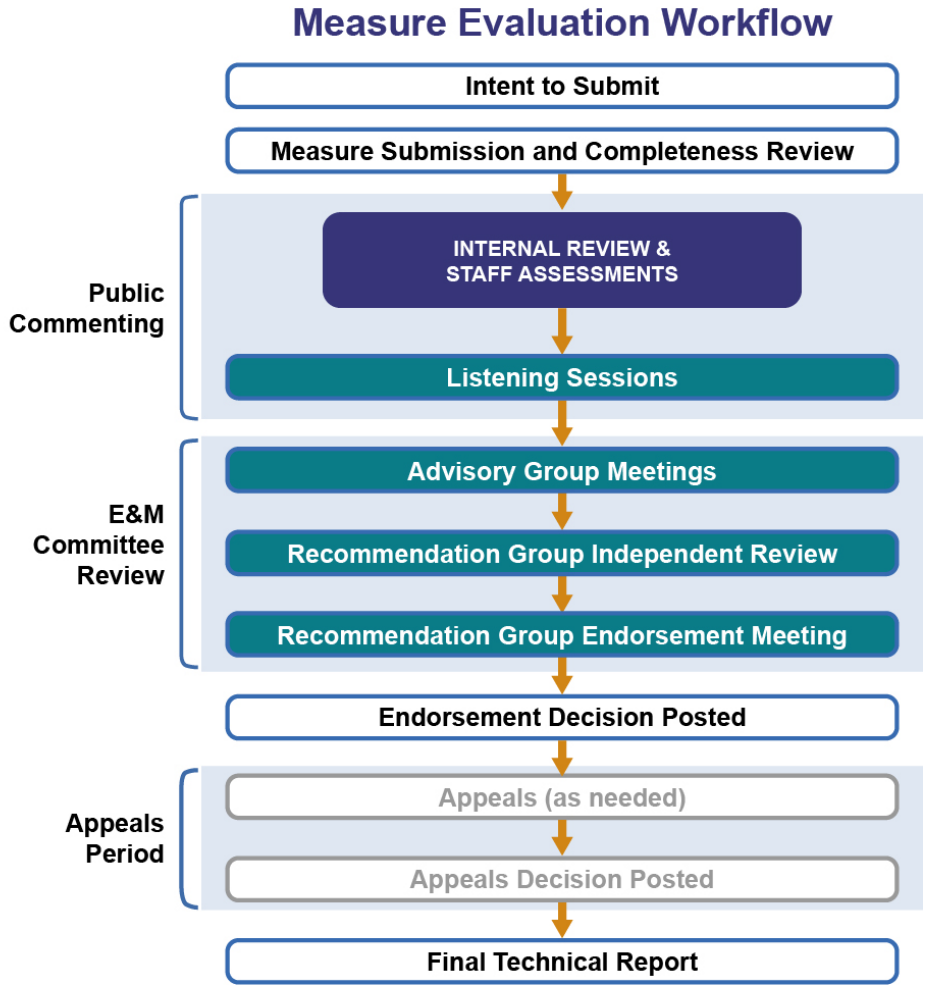
SMEs review the relevant measure(s) prior to the endorsement meeting and attend the endorsement meeting to provide input on and answer committee questions regarding the measure's clinical relevance, the supporting evidence, inclusion and exclusion criteria, measure validity, and risk-adjustment or stratification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

Overview of Evaluation Procedures

E&M Process

Six major steps:

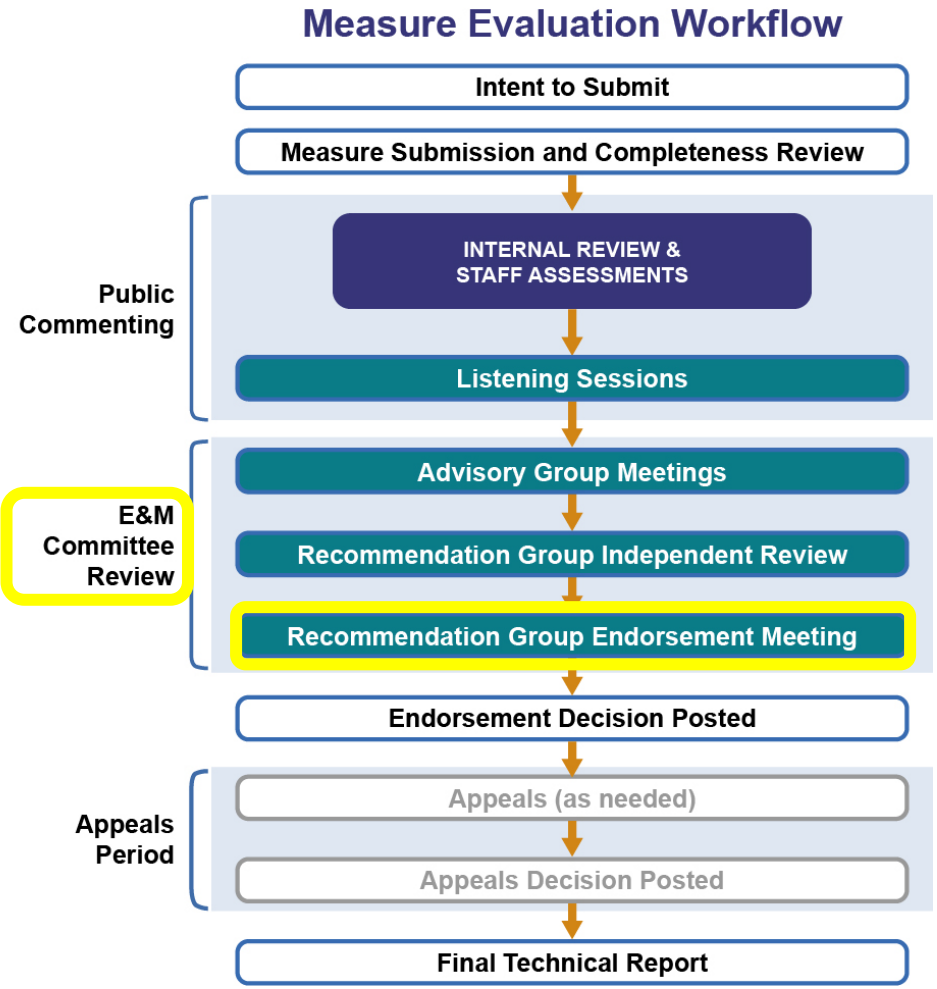
1. Intent to Submit
2. Full Measure Submission
3. Staff Internal Review and Measure Public Comment Period
   - Public Comment Listening Sessions
4. E&M Committee Review
   - Advisory Group Meetings
   - Recommendation Group Independent Review
   - Recommendation Group Meetings
5. Appeals Period (as warranted)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



E&M Committee Review

Recommendation Group Endorsement Meeting

- **Steps:**
  - The Recommendation Group of each E&M committee meets to review measures using aggregated feedback from the Advisory Group, public comment, staff assessments, and independent member reviews.
  - Developers are encouraged to attend to present their measures and answer any questions from the Recommendation Group. Developers are encouraged to invite their SMEs to participate and support answering questions.
- **Timing:**
  - Early February (Fall) and late July/early August (Spring)
- **Outputs:**
  - Endorsement decision posted to 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
  - Co-chairs present Advisory Group feedback
  - Patient partner feedback
  - Recommendation Group discussion
  - Developer/steward response

4. Endorsement Vote

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

Patient Partner Feedback

- 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	a. Conduct additional evaluation/assessment of meaningfulness to the patient community (e.g., patients, caregivers, advocates). b. [For maintenance] Expand performance gap testing to a larger population.	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. b. Maintenance measure has narrow gap, which may be due to limited data/testing within a population that may not be fully representative.
Reliability	a. Consider mitigation strategies to improve measure's reliability, such as increasing the case volume, including more than 1 year of data. 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.	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.
Feasibility	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.	a. Measure has experienced or is projected to experience implementation challenges.
Use and Usability	a. Implement a systematic feedback approach to better understand if challenges exist with implementing the measure. b. [For maintenance] Collect additional feedback from providers to ascertain the reasons why the measure is leveling off and describe appropriate mitigation approaches.	a. Measure has limited feedback due to low use and/or non-systematic feedback approach. b. Trend data show a leveling off of measure performance.

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 Fall 2024 Measures for Endorsement Consideration

Fall 2024 Measures for Committee Review

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

NUMBER OF MEASURES:

4

AREAS OF FOCUS

- Hospital Readmission Rates
- Complication Rates Following Elective Surgical Procedures
- Days at Home for Chronic Conditions

NEW VS. MAINTENANCE

1 New Measure

3 Maintenance Measures

Fall 2024 Measures for Committee Review
(Cont., 1)

CBE Number	Measure Title	New/Maintenance	Developer/Steward
#1891	Hospital 30-Day, All-cause, Risk-Standardized Readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization (withdrawn – deferred to Fall 2025)	Maintenance	Yale Center for Outcomes Research and Evaluation (Yale CORE)/Centers for Medicare & Medicaid Services (CMS)
#1550	Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	Maintenance	Yale CORE/CMS
#2879e	Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data	Maintenance	Yale CORE/CMS
#4555	Days at Home for Patients with Complex, Chronic Conditions	New	Yale CORE/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.
Do 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 Fall 2024 Measures

CBE #1550 – Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

Item	Description
Measure Description	• The measure estimates a hospital-level risk-standardized complication rate (RSCR) associated with elective primary THA and/or TKA procedures for Medicare patients (Fee-for-Service [FFS] and Medicare Advantage [MA]) aged 65 and older. The outcome (complication) is defined as any one of the specified complications occurring from the date of index admission to up to 90 days after the index admission. Complications are counted in the measure only if they occur during the index hospital admission or during a readmission. The complication outcome is a dichotomous (yes/no) outcome; if a patient experiences one or more of these complications in the applicable time period, the complication outcome for that patient is counted in the measure as a "yes."
Developer/Steward	• Yale CORE/CMS
New or Maintenance	• Maintenance (last reviewed: Fall 2020)
Current Use	• Hospital Inpatient Quality Reporting Program (IQR) • Hospital Value-Based Purchasing (HVBP) programs
Initial Endorsement	• 2012

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

CBE #1550 Public Comments

Two comments received

- The AMA suggests a case minimum of 25 individuals should be required as part of this measure's endorsement. The 25 minimum would also ensure reliability closer to 0.7, which is also suggested to be standard for endorsed measures.

Concerns with Case Minimum and Reliability

1

- The Center for Healthcare Quality and Payment Reform recommends endorsement should be removed from this measure. The commenter cited major concerns with the measure's validity, numerator and denominator (inclusion and exclusion criteria), risk-adjustment methodology, reliability of the measure, and overall lack of business case for the measure.

Endorsement Should be Removed

1

CBE #1550 Key Discussion Themes

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Dissenting	Range of Variation	Advisory Group; Staff Assessment	A few Advisory Group members had comments related to the range of variation in performance scores, noting that the performance gap is narrowing. The staff assessment also recognized that roughly half of the overall population fall in the first three deciles, which have the highest performance scores. This implies that there is less variation in care quality among the providers being measured.
	Limited Scope	Public Comment; Committee Independent Review	The Center for Healthcare Quality and Payment Reform raised concern that the measure is limited in scope, as it only looks at inpatient hip or knee surgeries, excluding any outpatient and observation-treated complications. One Recommendation Group member who rated this domain as Not Met raised a concern regarding the limited scope of the measure and how that impacts validity as it only counts inpatient admissions to a hospital and excludes observation stays, emergency department visits, or visits to a physical office. A patient reviewer noted that the exclusion of outpatient surgery centers, urgent care centers, and non-routine office visits limit the measure's relevance and utility for patients, especially when complications are treated outside of hospitals.
	Reliability Testing	Staff Assessment; Public Comment; Committee Independent Review	Current reliability metrics for RSRR may inaccurately reflect its true reliability, despite over 70% of entities meeting the 0.6 threshold. Addressing this issue may involve additional testing, such as split-half reliability. The American Medical Association recommends a minimum case threshold of over 25 individuals to ensure a reliability standard of at least 0.7. The Center for Healthcare Quality and Payment Reform commented that the results were poor due to small case volumes, which could lead to incorrect hospital classifications. 50% of reviewers agreed with staff assessment rating of Not Met, but Addressable. One Recommendation Group review rated this domain Not Met, stating that the signal-to-noise reliability was too low to justify using this measure for public reporting or other accountability purposes.

CBE #1550 Key Discussion Themes (continued)

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Dissenting	Risk Adjustment	Advisory Group; Public Comment; Committee Independent Review	A few Advisory Group members had questions related to the decision not to adjust for social risk factors and the calibration of dual-eligible patients. The Center for Healthcare Quality and Payment Reform raised concern with the lack of social risk factor adjustment and that the measure inappropriately adjusts for Medicare Advantage beneficiaries. A Recommendation Group reviewer that rated Validity Not Met stated that the risk adjustment methodology inappropriately rewards hospitals with a higher proportion of Medicare Advantage patients, and there is no adjustment for a patient income, level of home support, or access to outpatient care after discharge.
	Usability – Feedback Mechanism	Staff Assessment	Although there is a process for collecting and considering feedback, the developer does not mention whether feedback received led to any changes in the measure specifications.
	Importance	Staff Assessment; Committee Independent Review	Half of the Recommendation Group reviewers supported the staff assessment, while the other half deemed the domain as Not Met due to issues with small case size, a failure to analyze hospitals identified as "better" or "worse" than the national rate, the measure's unlikeliness to encourage improvements in quality of care, and weakness in the measure's methodology.

CBE #2879e – Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data

Item	Description
Measure Description	• Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data measures facility-level risk-standardized rate of readmission (RSRR) within 30 days of discharge from an inpatient admission, among Medicare Fee-For-Service (FFS) and Medicare Advantage (MA) patients aged 65 years and older. Index admissions are divided into five groups based on their reason for hospitalization (e.g., surgery/gynecology, general medicine, cardiorespiratory, cardiovascular, and neurology); the final measure score (a single risk-standardized readmission rate) is calculated from the results of these five different groups, modeled separately. Variables from administrative claims and electronic health records are used for risk adjustment.
Developer/Steward	• Yale CORE/CMS
New or Maintenance	• Maintenance (last reviewed: Full Year 2015)
Current Use	• Hospital Inpatient Quality Reporting Program (IQR)
Initial Endorsement	• 2016

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

CBE #2879e Public Comments

Four comments received

- The Center for Healthcare Quality and Payment Reform recommends endorsement should be removed from this measure due to major concerns with the measure's validity, numerator and denominator (inclusion and exclusion criteria), risk-adjustment methodology, reliability of the measure, and overall lack of business case for the measure.
- The American Medical Association (AMA) and the Federation of American Hospitals, expressed concern related to the specifications not aligning with current clinical workflows. Both the AMA and FAH raised concern over the validity and reliability of the measure due to the lack of alignment.
- The Society of Hospital Medicine, expressed concern over the readmission window, stating that 30 days is too long to provide actionable and meaningful feedback, and suggests the developers reassess the utility and acceptability of the 30-day window. Additionally, the comment raised concern over the double counting of patients across similar measures.

Concerns Regarding Measure Specifications, Importance, Feasiblity, and Scientific Acceptability

4

CBE #2879e Key Discussion Themes

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Dissenting	Measure Specifications	Public Comment	The Center for Healthcare Quality and Payment Reform criticizes the exclusion of certain post-discharge complications and deaths, while the Society of Hospital Medicine argues that the 30-day readmission window is too long and suggests a shorter window for more actionable feedback.
	Feasibility	Advisory Group; Staff Assessment; Public Comment; Committee Independent Review	A few Advisory Group members had questions about the feasibility of the measure, specifically related to its implementation and collection of EHR data. Hospitals expressed challenges with EHR data integration and standardization, particularly in meeting IQR reporting thresholds. The American Medical Association, the Center for Healthcare Payment Reform, and the Federation of American Hospitals noted significant burden and challenges with EHR data collection and alignment with clinical workflows. 88% of Recommendation Group reviewers agreed with the staff assessment Feasibility rating of Met. Some reviewers found the measure burdensome for hospitals, and one reviewer noted that many hospitals do not provide the necessary CCDE data, leading to patient exclusions.
	Usability	Staff Assessment; Committee Independent Review	88% of Recommendation Group reviewers agreed with the staff assessment Use and Usability rating of Not Met but Addressable. Concerns were raised about the usability of readmission measures, suggesting they are more suited for payment purposes than quality improvement.
	Risk Adjustment	Advisory Group; Public Comment; Committee Independent Review	A few Advisory Group members requested additional information on the approach to risk adjustment, with particular interest in the use of social determinants and the meaningfulness of the measure based on the risk-adjusted rates. A public comment expressed that the risk adjustment is inadequate, as it does not account for socioeconomic factors. One Recommendation Group member suggested in their independent review further refinement with risk adjustment would be helpful. Others suggested the inclusion of DE and ADI on the risk adjustment model.

CBE #2879e Key Discussion Themes (continued)

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	Validity; Unintended Consequences	Staff Assessment; Public Comment; Committee Independent Review	The staff assessment suggested the developer could strengthen the measure submission by including additional studies that either rule out potential confounding factors or describe features of potential mechanisms that strengthen casual claims. Public comments also raised concerns about the overlap of all-cause readmissions with condition-specific measures, potentially leading to double counting in federal programs. 50% of reviewers rated this measure as Met stating the measure demonstrated validity and meets the standards. 25% of the reviewers rated this measure as Not Met given the likelihood of negative unintended consequences due to unintended incentives to treat patients suboptimally and hospitals being held accountable for things outside their control. The remaining 25% of reviewers agreed with the staff assessment rating of Not Met but Addressable.
	Reliability	Staff Assessment; Committee Independent Review	75% of Recommendation Group reviewers agreed with the staff assessment that Reliability is Met. Two reviewers argued that signal-to-noise testing is methodologically feasible, contrary to the developer's claim. One reviewer rated Reliability as Not Met and recommended calculating the misclassification probability for individual hospitals. Another reviewer suggested that averaging over multiple split samples or reporting the distribution of ICCs would provide more confidence than a single split sample.
	Importance	Staff Assessment; Committee Independent Review	88% of reviewers agreed with staff assessment rating of Met, one reviewer highlighting this is an important measure for patients and caregivers. However, a patient reviewer noted that including Emergency Department, observation, and urgent care in separate measures might render this individual measure less useful to patients. One reviewer rated this measure as Not Met citing research that has demonstrated that hospital readmissions measures do not support high quality care.

Lunch

Meeting will resume at 1:00 PM ET

Evaluation of Fall 2024 Measures (continued)

CBE #4555 – Days at Home for Patients with Complex, Chronic Conditions

Item	Description
Measure Description	• This is an ACO[1]-level measure of days at home or in community settings (that is, not in acute care such as inpatient hospital or emergent care settings or post-acute skilled nursing) among adult Medicare Fee-for-Service (FFS) beneficiaries with complex, chronic conditions who are attributed to ACOs participating in the ACO REACH model. The measure includes risk adjustment for differences in patient mix across ACOs, with an additional adjustment based on patients' risk of death. A policy-based nursing home adjustment that accounts for patients' risk of transitioning to a long-term nursing home is also applied to incentivize community-based care. The performance period is one calendar year.
Developer/Steward	• Yale Core/CMS
New or Maintenance	• New
Planned Use	• Payment Program, Quality Improvement with Benchmarking (external benchmarking to multiple organizations)
Initial Endorsement	• Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Adults (18-64 years) and Older adults (65 years and older)	Behavioral Health: Inpatient; Emergency Department; Hospital: Acute Care Facility; Critical Access; Inpatient; Outpatient; Inpatient Rehabilitation Facility; Long-Term Acute Care Hospital; Nursing Home	Accountable Care Organization

[1]*Accountable Care Organization (ACO)*

CBE #4555 Public Comments

One comment received

- The Center for Healthcare Quality and Payment Reform recommends this measure should not be endorsed. The commenter cited major concerns with the numerator and denominator (exclusions), risk adjustment methodology, and reliability of the measure.

Measure Should not be Endorsed

1

CBE #4555 Key Discussion Themes

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Importance	Advisory Group	A few Advisory Group members shared their support of the measure, as it addresses a critical area of concern for patients and their communities.
	Feasibility	Staff Assessment; Committee Independent Review	All Recommendation Group reviewers agreed with staff assessment rating of Met, highlighting that since the measure is calculated from claims data, it makes it more feasible.
Dissenting	Measure Variation	Advisory Group; Staff Assessment	An Advisory Group member indicated that the 10th-90th percentile variation of measure performance is low. The staff assessment noted that performance gap results are not required for new measures. However, it is unclear what quality impact would be with respect to a difference of roughly 12 days (between decile 1 and 10).
	Risk Adjustment	Public Comment; Committee Independent Review	The Center for Healthcare Quality and Payment Reform commented that the measure's adjustments for mortality and nursing home transition risk are inappropriate and potentially misleading, while the risk-adjustment model is criticized for poor fit and lack of a comprehensive assessment. One Recommendation Group reviewer requested clarification on the decision to weight mortality risk at 1 and nursing home transition at 0.5 as it seems like arbitrary adjustment. Another reviewer noted the deviance R-squared was 0.0183, showing very poor model fit.
	Validity	Staff Assessment; Committee Independent Review	As a new measure submission, person- or encounter-level validity evidence was not provided. The data are largely from administrative or well-studied data sources, so the omission of this evidence may be less problematic. Further, the minimal variation in performance may not support a causal association between the entity and the measure focus. A few Recommendation Group members raised concerns around validity including wanting to see additional studies to address confounding variables, potential bias at the entity level, and concerns around adjustments the developers made and their overall value/impact.

CBE #4555 Key Discussion Themes (continued)

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Dissenting	Limited Applicability (Measure Population)	Public Comment; Committee Independent Review	The Center for Healthcare Quality and Payment Reform noted that the measure is limited in applicability due to excluding individuals with low-risk scores and those in Medicare Advantage. The measure only includes Medicare beneficiaries attributed to REACH ACOs. A few Recommendation Group members noted the lack of trend data due to the measure being implemented in 2023. Reviewers also highlighted that the small measure population is a limitation to the measure's value. Reviewers suggest expanding to a larger population (beyond the ACO REACH demonstration).
Mixed	Reliability	Public Comment; Committee Independent Review	The Center for Healthcare Quality and Payment Reform raised concern with the reliability testing relies on a single split sample, without evaluating misclassification probability for individual ACOs. 75% of reviewers agreed with staff assessment rating of Met. One reviewer mentioned the additional information from multiple split sample tests was helpful and reassuring. In contrast, another reviewer rated Reliability as Not Met, explaining that it is important to carefully assess the probability of misclassification for individual ACOs and the reliability of the measure over time, and that was not done.
Probing	Equity	Committee Independent Review	75% of reviewers rated this domain as Met regarding equity highlighting the inclusion of comparison by social determinants of health and data showing disparities in dual eligibility. In contrast, others raised concern regarding white vs. non-white being insufficient to pick up unique differences in minority groups and this measure's inability to identify disparities in care between patients with limited access to healthcare and other patient groups.

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 Fall 2024

Meeting Summary

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

Appeals Period

- **Appeals Period:** March 4-March 24
- The Appeals Committee will meet on March 31, 2025, if needed, to review eligible appeals. Please refer to the E&M Guidebook for more information about the appeals process.

Technical Report

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

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Thank You!

Have questions? Contact us at
PQMsupport@battelle.org

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