National Consensus Development and Strategic Planning for Health Care Quality Measurement

Spring 2025 Cycle Endorsement Meeting Summary

INITIAL RECOGNITION AND MANAGEMENT COMMITTEE

SEPTEMBER 2025

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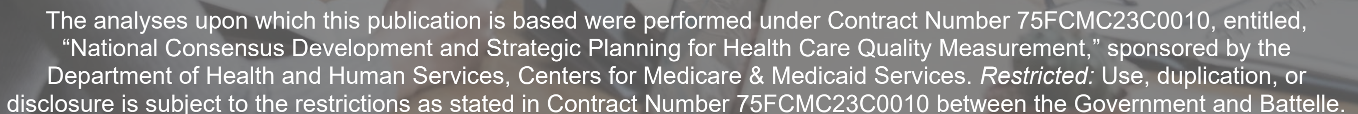
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Spring 2025 Initial Recognition and Management Endorsement Meeting Summary

Overview

Battelle, the consensus-based entity (CBE) for the Centers for Medicare & Medicaid Services (CMS), convened the Recommendation Group of the Initial Recognition and Management committee on August 12, 2025, for discussion and voting on measures under endorsement consideration for the Spring 2025 cycle. Meeting participants joined virtually through a Zoom meeting platform. The measure developer and members of the public also attended.

The objectives of the meeting were to:

- Review and discuss the measure submitted to the committee for the Spring 2025 cycle;
- Review staff preliminary assessments, Advisory and Recommendation Group feedback, public comments, and developer responses regarding the measure under endorsement review; and
- Render an endorsement decision using a virtual voting platform.

The Recommendation Group voted to endorse one measure with conditions (Table 1). This summary provides an overview of the meeting, the Recommendation Group deliberations, and the endorsement decision outcomes. Full measure information, including all public comments, staff preliminary assessments, Advisory Group feedback, and committee independent reviews can be found on the project committee's webpage on the Partnership for Quality Measurement (PQM) website.

After the endorsement meeting, the measure and its endorsement decision enter an appeals period for 3 weeks, from August 27-September 16, 2025. Any interested party may submit an appeal, which Battelle will review for eligibility according to the criteria within the Endorsement and Maintenance (E&M) Guidebook. If eligible, the Appeals Committee, consisting of all co-chairs from the five E&M project committees, will convene to evaluate the appeal and determine whether to maintain or overturn an endorsement decision.

Welcome, Roll Call, and Disclosures of Interest

Brenna Rabel, PQM deputy director, welcomed the attendees to the meeting and introduced the co-facilitators, Matt Pickering, E&M task lead, and Anna Michie, E&M deputy task lead. Ms. Rabel also introduced the committee co-chairs, Raymund Dantes, the non-patient co-chair, and Carole Hemmelgarn, the patient co-chair. Ms. Hemmelgarn and Dr. Dantes provided welcoming remarks. The role of the co-chairs during the meeting is to summarize feedback from the Advisory Group to ensure the Recommendation Group takes it into account during their deliberations. Additionally, the co-chairs confirm the proposed conditions placed on measures. They also actively engage with and support patient representatives on the committee. Battelle facilitators summarize the deliberations of the Recommendation Group before proceeding to an endorsement vote.

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Elena Hughes, social scientist, then conducted roll call and members disclosed any perceived conflicts of interest regarding the measures under review. No members were recused from voting based on Battelle's conflict of interest policy.

After roll call, Battelle staff established whether quorum was met and outlined the procedures for discussing and voting on the measure. The discussion quorum requires the attendance of at least 60% of the active Recommendation Group members (n=14). Voting quorum requires at least 80% of active Recommendation Group members who have not recused themselves from the vote (n=17). Both discussion quorum and voting quorum were established and maintained throughout the meeting. During the meeting, some committee members stepped away temporarily, so Battelle collected voting counts to ensure that each vote met quorum.

Evaluation of Candidate Measure

Dr. Pickering provided an overview of the one measure under review by the Initial Recognition and Management committee for Spring 2025 (Figure 1). The measure focused on assessing cardiovascular disease (CVD) risk in pregnancy and postpartum populations.

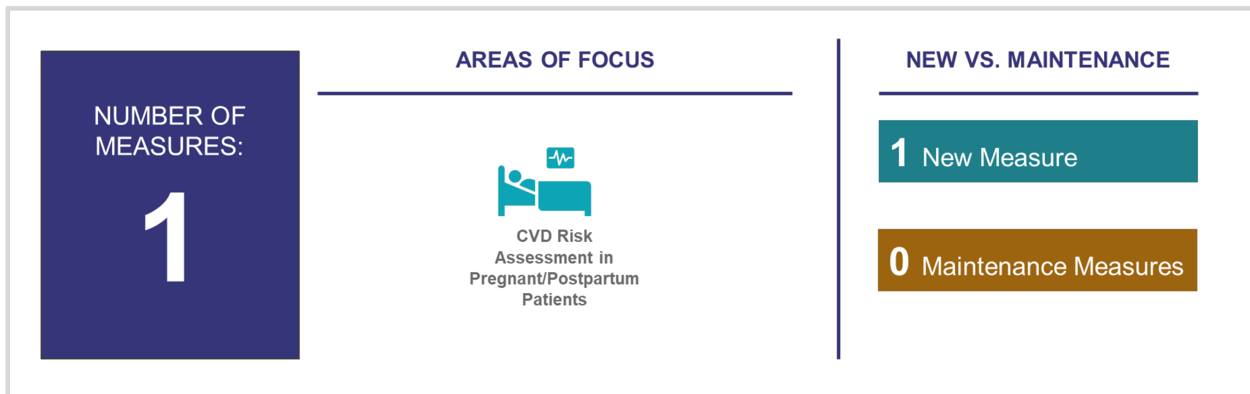

Figure 1. Initial Recognition and Management Measure for Spring 2025

Battelle convened a public Advisory Group meeting on June 5, 2025, to gather initial feedback and questions about the measure under endorsement review. The developer had the opportunity to provide additional clarifications following the Advisory Group meeting. Battelle then shared the Advisory Group feedback and questions, along with the developer responses, with the Recommendation Group a week prior to the endorsement meeting.

On July 28, 2025, Battelle provided Recommendation Group members the full measure submission details for the measure up for review, including all attachments, the PQM Measure Evaluation Rubric, the public comments received for the measure under review, and the staff preliminary assessment.

Recommendation Group members conducted independent reviews for the measure against the PQM Measure Evaluation Rubric. Recommendation Group members assigned a rating of "Met," "Not Met but Addressable," or "Not Met" for each domain of the PQM Measure Evaluation Rubric. In addition, Recommendation Group members provided associated rationales for each domain rating, which were based on the rating criteria listed for each domain. Battelle staff aggregated and summarized the results and distributed them back to the Recommendation

Group, and to the respective measure developer, for review within 1 week of the endorsement meeting.

Table 1. Spring 2025 Initial Recognition and Management Measure Endorsement Decisions[1]

CBE ID	Measure Title	New/ Maintenance	Endorsement Decision	Endorse | n (%)	Endorse with Conditions | n (%)	Not Endorse/ Remove Endorsement | n (%)	Recusals
4715	CVD Risk Assessment Measure-Proportion of Pregnant/Postpartum Patients who Receive CVD Risk Assessment with a Standardized Tool	New	Clinician/ Group Practice Level: Endorse with Conditions	5 (28%)	8 (44%)	5 (28%)	0
			Facility Level: Endorse with Conditions	5 (28%)	10 (56%)	3 (17%)	0

[1] Note: Percentages may not add up to 100% due to rounding.

CBE #4715 – CVD Risk Assessment Measure- Proportion of Pregnant/Postpartum Patients who Receive CVD Risk Assessment with a Standardized Tool [University of California, Irvine]

Specifications | Comment Summary Guide

Description: The Cardiovascular Disease (CVD) Risk Assessment Measure represents the proportion of pregnant and postpartum individuals assessed for CVD risk using a standardized tool at the clinic and facility levels of health care service delivery. The CVD risk assessment identifies pregnant and postpartum individuals without an existing CVD diagnosis who may have CVD or are at an increased risk of developing CVD, thus necessitating further evaluation.

Committee Vote for Clinician/Group Practice Level: Endorse with Conditions

Committee Vote for Facility Level: Endorse with Conditions

Conditions: When the measure returns in 3 years for maintenance endorsement, the developer would have:

- Explored the impact of including patient refusal as an exclusion.
- Conducted further outreach and research with smaller or rural entities to explore potential burden associated with implementation and cost.

Vote Count for Clinician/Group Practice Level: Endorse (5 votes; 28%), Endorse with Conditions (8 votes; 44%), Do Not Endorse (5 votes; 28%); Recusals (0).

Vote Count for Facility Level: Endorse (5 votes; 28%), Endorse with Conditions (10 votes; 56%), Do Not Endorse (3 votes; 18%); Recusals (0).

Advisory Group Comments: Patient representatives in the Advisory Group expressed strong support for the measure, emphasizing the importance of raising awareness about CVD in pregnant and postpartum populations and addressing maternal mortality and morbidity. However, Advisory Group members also voiced several concerns. They highlighted issues related to patient burden and the need for adequate clinician training as well as the feasibility of implementing the measure. Committee members raised questions about the evidence linking the screening to improved outcomes and the clinical significance of the findings. They expressed concerns regarding the calculation methods, codebook inconsistencies, and the alignment of the methodology with standard practices, particularly when combining prenatal and postpartum populations. The Advisory Group provided suggestions for addressing care gaps and recommended that the developer consider rural, obese, and older pregnant patients. Additionally, they inquired about how clinicians should conduct assessments, the reliability of results across different provider types, and considerations for exclusions and privacy concerns. Committee members also commented that the measure needs to consider terminated pregnancies.

Public Comments: Battelle received 14 comments prior to the meeting, with commenters expressing strong support for the measure. They highlighted its role in enhancing maternal and infant health outcomes, including the potential to identify high-risk patients, enable timely interventions, and reduce maternal mortality and morbidity. Commenters discussed the importance of using evidence-based approaches to integrate the measure into clinical practice, with some sharing their positive experiences with the measure's implementation. They emphasized the need for prospective validation, the use of standardized tools, and the need for

seamless integration into electronic health records (EHRs). Additionally, commenters sought clarification on various aspects of the measure, including the rationale for specific age ranges, alignment with clinical guidelines, the validity of the assessment tool, and the measure's ability to drive quality improvement.

Measure Discussion:

Discussion Topic/Theme	Recommendation Group Discussion
Clinician Training	• A patient representative suggested that clinicians be trained on how to talk to patients about the results of the assessment and their implications. • The developer reported that training is provided in scripts for providers to discuss risk and next steps with patients.
Informed Consent and Burden	• A patient representative asked whether the process included informed consent for patients, such as providing them with information on the assessment and asking their permission to continue. A few Recommendation Group members also shared concerns about a patient's ability to opt out of the assessment, stating that this would impact provider scores and should be an explicit exclusion criterion. • The developer indicated that the assessment is integrated in most institutions' EHRs as part of the standard intake questions patients are asked during their prenatal or postpartum visit. Patients provide general consent for their care and there is no separate informed consent for the risk assessment. The developer agreed that patients who opt out should be excluded; however, they noted that no patients have declined participating in the assessment since it was implemented. • A few Recommendation Group members discussed the cost of the risk assessment as well as additional costs associated with follow-up testing based on the results of the assessment. A Recommendation Group member noted that the cost of the risk assessment should be negligible as there are typically no high costs associated with questionnaires like this. One patient representative expressed concern about the affordability of follow-up testing, questioning that CVD screenings could lead to additional unnecessary (and expensive) testing for patients, while another stated that the choice to assume any added costs should be left to patients and families to decide. • The developer indicated that a cost analysis of follow-up testing after the assessment is ongoing.
Risk Score Applicability and Feasibility	• A Recommendation Group member noted that the documentation for this measure only requires the use of a cardiovascular risk score but does not specify that it must be the risk score associated with this measure. They expressed concern that health systems could use a different tool, such as the commonly used Atherosclerotic Cardiovascular Disease (ASCVD) risk calculator, and still receive credit for meeting the metric, even though the tool they used may not be appropriate for the target population (the ASCVD risk calculator only applies to individuals aged 40 to 79). As a result, patients who would be identified as at-risk and referred for further testing using the intended risk

Discussion Topic/Theme	Recommendation Group Discussion
	assessment might be missed if a different, less suitable risk score is used. • The developer stated that the existing ASCVD risk tool does not apply to the measure's target population and focuses on specific types of CVD, hence the need to have a separate assessment tool. • A Recommendation Group member expressed their agreement with the importance of assessing CVD and stated that large health systems and those with good EHRs would have minimal challenge in implementing this measure. However, they shared their concern about the feasibility of implementing the assessment in rural or resource-limited settings where the measure could potentially exacerbate existing challenges with obtaining maternal care due to providers not wanting to assume additional risk or burden. • The developer indicated that a paper version of the tool has been used in communities with limited resources and implemented by different providers such as doulas. They indicated that the tool has successfully identified CVD risk in patients who might not have been identified otherwise.
Reliability and Validity	• A few Recommendation Group members expressed concerns about the limited empirical validity and unclear face validity of the measure. Recommendation Group members also noted concerns with the reliability of the data elements. • *The Battelle facilitator indicated the developer cited evidence from existing literature to support reliability testing of all data elements. However, they did not provide evidence to support validity testing and the facilitator asked the developer to speak to any evidence or process they used to validate critical data elements.* • The developer indicated that they did not have any issues with the data elements coming directly from the EHR and described their internal auditing process, where they conduct manual chart reviews to ensure the correct data elements were used so that the risk scores were calculated correctly.
Use and Usability	• A Recommendation Group member asked about the proprietary status of the risk assessment tool. • The developer clarified that the tool is publicly available and not proprietary.

Committee members who chose not to endorse the measure cited the following key concerns for both levels of accountability:

- The measure does not specify which screening tool should be used nor does it define criteria for what makes a tool acceptable. Without a specified tool, different providers could use different risk assessments, resulting in inconsistent and incomparable quality actions.
- There is no evidence of correlation between the tool and predicting CVD.

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Next Steps

Battelle staff shared that they would publish a meeting summary by September 4, 2025. The appeals period will run from August 27-September 16, 2025. If an eligible appeal is received, the Appeals Committee will meet on September 30, 2025, to evaluate the appeal and determine whether to maintain or overturn an endorsement decision.

Appendix A: Acronyms

Please note: The following list encompasses acronyms that Battelle commonly encounters and uses in its work as a CBE. Not all the acronyms will appear in this document.

Acronym	Definition
ACA	Affordable Care Act
ACC	American College of Cardiology
ACO	Accountable Care Organization
AGC	After Government Contract
AHIP	Formerly known as American Health Insurance Partnership
AHRQ	Agency for Healthcare Research and Quality
AI Pilot	Artificial Intelligence Pilot
AIPAC	Advanced Illness and Post-Acute Care
AIR	American Institutes for Research
ANOVA	Analysis of Variance
ASCO	American Society of Clinical Oncology
ASCQR	Ambulatory Surgical Center Quality Reporting Program
ASCs	Ambulatory Surgical Centers
C&E	Cost and Efficiency
CAH	Critical Access Hospital
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CBE	Consensus-Based Entity
CBE ID	Consensus-Based Entity Identification
CDC	Centers for Disease Control and Prevention
CDS	Clinical Decision Support
CDSS	Clinical Decision Support System
CIS	Clinical Information Systems
CMIT	CMS Measures Inventory Tool
CMMI	Center for Medicare and Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
CO	Contracting Officer
COIs	Conflicts of Interest
COR	Contracting Officer's Representative

Acronym	Definition
CPG	Clinical Practice Guidelines
CQL	Clinical Quality Language
CQM	Clinical Quality Measure
CQMC	Core Quality Measures Collaborative
CSAC	Consensus Standards Approval Committee
DEL	CMS Data Element Library
Del.	Deliverable
DOI	Disclosure of Interest
dQMs	Digital Quality Measures
DRC	Direct Reference Code
E&M	Endorsement and Maintenance
EC	Electronic Copy
eCQI	Electronic Clinical Quality Improvement
eCQM	Electronic Clinical Quality Measures
ED	Emergency Department
EHR	Electronic Health Record
EPC	Evidence-Based Practice Center
ESRD QIP	End-Stage Renal Disease Quality Improvement Program
EVI	Expected Value of Information
FAQs	Frequently Asked Questions
FFS	Fee-For-Service
FHIR	Fast Healthcare Interoperability Resources
FMS	Full Measure Submission
FY	Fiscal Year
HACRP	Hospital-Acquired Conditions Reduction Program
HCBS	Home and Community-Based Services
HCD	Human-Centered Design
HEDIS	Healthcare Effectiveness Data and Information Set
HH QRP	Home Health Quality Reporting Program
HH VBP	Home Health Value-Based Purchasing
HHS	Department of Health and Human Services
HIQR	Hospital Inpatient Quality Reporting

Acronym	Definition
HOPD	Hospital Outpatient Department
HOPE	Hospice Outcomes and Patient Evaluation
HOQR	Hospital Outpatient Quality Reporting
HQMF	Health Quality Measurement Format
HQR	Hospice Quality Reporting
HQRP	Hospice Quality Reporting Program
HRRP	Hospital Readmission Reduction Program
HSAG	Health Services Advisory Group
HTML	Hypertext Markup Language
HVBP	Hospital Value-Based Purchasing
IAW	In Accordance With
ICD	International Classification of Diseases (International Statistical Classification of Diseases and Related Health Problems)
IHI	Institute for Healthcare Improvement
IMPACT Act	Improving Medicare Post-Acute Care Transformation Act
IPF	Inpatient Psychiatric Facilities
IPF QRP	Inpatient Psychiatric Facility Quality Reporting Program
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
IR	Initial Recognition
IRF	Inpatient Rehabilitation Facilities
IRF QRP	Inpatient Rehabilitation Facility Quality Reporting Program
IT	Information Technology
ITS	Intent to Submit
LLMs	Large Language Models
LTACH	Long-Term Acute Care Hospitals
LTCH	Long-Term Care Hospital
LTCH QRP	Long-Term Care Hospital Quality Reporting Program
MA	Medicare Advantage
MACRA	Medicare Access and CHIP Reauthorization Act
MACS	Medicaid: Adult Core Set
MAQIP	Medicare Advantage Quality Improvement Program
MAT	Measure Authoring Tool

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Acronym	Definition
MCCS	Medicaid: Child Core Set
MCO	Managed Care Organization
MERIT	Measures Under Consideration Entry/Review Tool
MIPPA	Medicare Improvement for Patients and Providers Act of 2008
MIPS	Merit-based Incentive Payment System
MLTSS	Managed Long-Term Service and Support
MMS	Measures Management System
MS-DOI	Measure-Specific Disclosure of Interest
MSR	Measure Set Review
MSSP	Medicare Shared Savings Program
MUC	Measures Under Consideration
n	Sample Size
NCDC	National Consensus Development and Strategic Planning for Health Care Quality Measurement Contract
NCQA	National Committee for Quality Assurance
NHDNG	Novel Hybrid Delphi and Nominal Groups
NHQI	Nursing Home Quality Initiative
NLP	Natural Language Processing
NQF	National Quality Forum
NQS	CMS National Quality Strategy
NTTAA	National Technology Transfer and Advancement Act
OMB	Office of Management and Budget
OP	Option Period
OY	Option Year
PA	Preliminary Assessment
PAC/LTC	Post-Acute Care/Long-Term Care
PaLS	Patient Life Goals Survey
PAM	Patient Activation Measure
PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
PDF	Portable Document Format
PIE Form	Pre-Meeting Initial Evaluation Form
PL	Project Leader
PM	Project Manager

Acronym	Definition
PMP	Project Management Plan
POC	Point of Contact
PPS	Prospective Payment System
PQA	Pharmacy Quality Alliance
PQM	Partnership for Quality Measurement
PRA	Paperwork Reduction Act
PRMR	Pre-Rulemaking Measure Review
PRO	Patient-Reported Outcome
PROM	Patient-Reported Outcome Measure
PRO-PMs	Patient-Reported Outcome Performance Measures
Q&A	Question & Answer
QC	Quality Control
QCDR	Qualified Clinical Data Registries
QDM	Quality Data Model
QI	Quality Improvement
QMDSA	Quality Measure Developer and Steward Agreement
QPP	Quality Payment Program
REHQR	Rural Emergency Hospital Quality Reporting (Program)
SDOH	Social Determinants of Health
SES	Socioeconomic Status
SLIN	Subline Item Number
SMEs	Subject Matter Experts
SMP	Scientific Measures Panel
SNF	Skilled Nursing Facilities
SNF QRP	Skilled Nursing Facility Quality Reporting Program
SNF VBP	Skilled Nursing Facility Value-Based Purchasing
SOP	Standard Operating Procedure
SOW	Statement of Work
SSA	Social Security Administration
STAR	Submission Tool and Repository
SUD	Substance Use Disorder
TBD	To Be Determined

Acronym	Definition
TEP	Technical Expert Panel
TL	Task Lead
UMLS	Unified Medical Language System
USCDI	United States Core Data for Interoperability
VSAC	Value Set Authority Center
Yale CORE	Yale Center for Outcomes Research and Evaluation

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