National Consensus Development and Strategic Planning for Health Care Quality Measurement

Fall 2023 Initial Recognition and Management Meeting Summary

Overview

Battelle, the consensus-based entity (CBE) for the Centers for Medicare & Medicaid Services (CMS), convened the Initial Recognition and Management Committee on February 9, 2023, for discussion and voting on measures submitted to the committee for endorsement consideration for the Fall 2023 cycle.

Meeting participants, including the Recommendations and Advisory Group committee members, joined virtually through the Zoom meeting platform. The Recommendations Group was responsible for discussing the measures and both groups voted during the meeting using a virtual voting platform. Measure stewards/developers and members of the public were also in attendance.

The objectives of the meeting were to:

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

This summary provides an overview of the meeting, the committee's deliberations, and the endorsement decision outcomes. Full measure information, including all public comments received, staff preliminary assessments, and committee independent reviews, can be found on each respective measure page on the Partnership for Quality Measurement (PQM) website.

After the committee's endorsement meeting, measures and the committee's endorsement decisions enter an appeals period for three weeks, from February 26–March 18, 2024. Any interested party may submit an appeal, which will be reviewed 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 be convened to evaluate the appeal and determine whether to maintain or overturn an endorsement decision.

Welcome, Roll Call, and Disclosures of Interest

Nicole Brennan, Director of PQM, welcomed the attendees to the meeting and introduced her co-facilitator, Matthew Pickering. Dr. Brennan also introduced the committee co-chairs, Matt Austin and Patricia Merryweather-Arges, who each provided welcoming remarks.

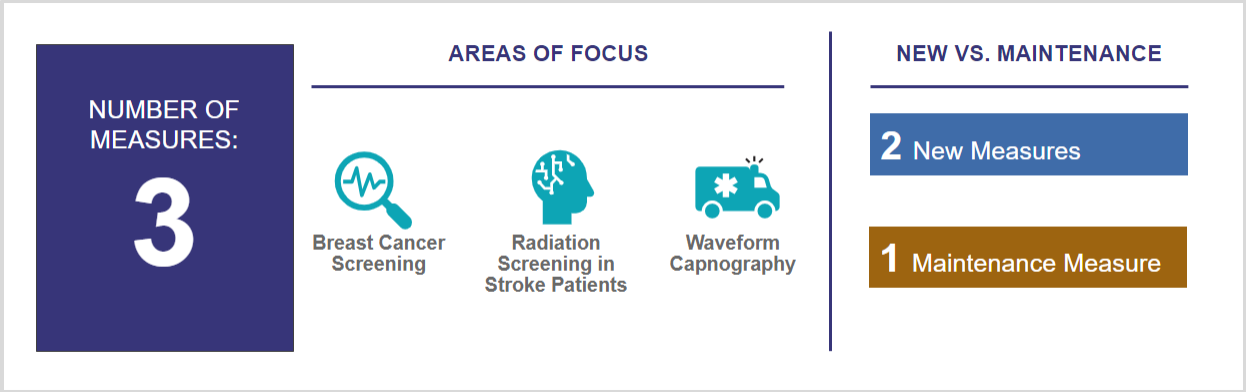
Dr. Pickering then conducted roll call and members disclosed any perceived conflicts of interest regarding the measures under review. One member was recused from voting based on Battelle's conflict of interest policy. For CBE #4220, Arjun Venkatesh was recused due to his

work as a measure developer under contract with CMS, which included CBE #4220. He has also supervised the work performed by the current measure developer, the Lewin Group.

After roll call, Battelle facilitators established whether quorum was met and outlined the procedures for discussing and voting on measures. The discussion quorum required the attendance of at least 60% of the active Recommendations Group members during roll call. Voting quorum required at least 80% of active Recommendations and Advisory Group members who had not recused themselves from the vote. Both discussion quorum and voting quorum were established and maintained throughout the meeting.

Evaluation of Candidate Measures

Dr. Pickering provided an overview of the three measures under review. For the Fall 2023 Cycle, the Initial Recognition and Management Committee received two new measures and one measure undergoing maintenance endorsement review (Figure 1). The measures focused on breast cancer screening, radiation screening in stroke patients, and waveform capnography.



At least three weeks prior to an E&M committee endorsement meeting, the Recommendations Group and the Advisory Group received the full measure submission details for each measure up for review, including all attachments, the PQM Measure Evaluation Rubric, the public comments, and the E&M team preliminary assessments.

Members of both groups were asked to review each measure, independently, against the PQM Measure Evaluation Rubric. Committee members assigned a rating of “Met,” “Not Met but Addressable,” or “Not Met” for each domain of the PQM Measure Evaluation Rubric. In addition, committee 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 committee, and to the respective measure developers and/or stewards, for review within one week of the endorsement meeting. These independent committee member ratings were compiled and used by Battelle facilitators and committee co-chairs to guide committee discussions.

During the endorsement meeting, the committee voted to endorse one measure with conditions and to not endorse/remove endorsement for two measures (Table 1). Summaries of the committee’s deliberations for each measure along with any conditions for endorsement are noted below.

Table 1. Fall 2023 Initial Recognition and Management Measure Endorsement Decisions

CBE ID	Measure Title	New / Maintenance	Endorsement Decision	Endorse | N (%)	Endorse with Conditions | N (%)	Not Endorse/Remove Endorsement | N (%)	Recusals
CBE #4220	Breast Cancer Screening Recall Rates	**New**	Not Endorse due to No Consensus	3 (8.33)	17 (47.22)	16 (44.44)	1
CBE #0661	Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation within 45 Minutes of ED Arrival	**Maintenance**	Endorse with Conditions	6 (16.67)	21 (58.33)	9 (25.00)	0
CBE #4045	Waveform Capnography in Ventilated Patients: Percent of patient transport contacts with advanced airways in whom continuous waveform capnography was used	**New**	Not Endorse due to No Consensus	7 (19.44)	14 (38.89)	15 (41.67)	0

CBE #4220 – Breast Cancer Screening Recall Rates [Centers for Medicare & Medicaid Services/The Lewin Group]

Specifications | Committee Independent Review Summary

Description: The Breast Cancer Screening Recall Rates measure calculates the percentage of beneficiaries with mammography or digital breast tomosynthesis (DBT) screening studies that are followed by a diagnostic mammography, DBT, ultrasound, or magnetic resonance imaging (MRI) of the breast in an outpatient or office setting within 45 days.

Committee Final Vote: Not Endorse due to No Consensus

Conditions:

- None.

Vote Count: Endorse (3 votes; 8.33%), Endorse with Conditions (17 votes; 47.22%), Not Endorse (16 votes; 44.44%); recusals (1).

Measure Discussion:

Dr. Brennan gave a brief introduction of CBE #4220, a new measure undergoing its first review. She noted no public comments were received for the measure but gave those present on the meeting the opportunity to provide a comment. None were received. The developer, The Lewin Group, gave an overview of the measure.

Dr. Brennan opened the discussion to any general clarifying questions for this measure. The committee asked the developer to confirm the level of analysis and how the measure would be tied to quality because this measure does not look at those patients who required a follow-up test and did not receive it but rather looks at the overall follow-up rate. The developer replied that this measure would serve as a tool facilities can use to identify cases with cancer. The developer added that, ideally, the exact rate of cancer would be known to identify which individuals need to be recalled. Without that level of information, the developer believes that based on the literature, the 5-12% recall range is a good indication of true cancer rates without missing patients or overexposing patients unnecessarily to follow-up. One committee member brought up a potential unintended consequence: facilities not falling within the range may withhold follow-ups in order to improve. The developer noted that the measure is pay-for-reporting and not pay-for-performance, so no financial consequence is associated with their performance. Another committee member followed up with a concern around facilities not having an incentive for improvement because the measure is not pay-for-performance. The developer responded that this measure would provide a tool that facilities can use for identifying opportunities to improve and align their care with clinical practice.

The committee patient co-chair asked the developer to explain how patients are represented in this measure. The developer responded that three patients are seated on the technical expert panel (TEP) including some who identify as patient advocates.

Regarding importance, one committee member brought up a concern about directly relating the measure to improved outcomes. The developer recognized the concern, stating that this is a process measure, and they hope there will be more related measures that can evaluate outcomes. Regarding feasibility, Dr. Brennan noted the committee reached consensus that the measure met the feasibility criteria. She noted a limitation identified in the committee reviews was the lack of geographic characteristics reported. In response, the developer noted they used state-level data and only four states fell out of the 5-12% range.

Dr. Brennan noted that the committee reviews concluded the measure met the equity criteria. One committee member noted the absence of information on how the rates vary in different populations. The developer responded that the American College of Radiology (ACR) guideline, which this measure is based on, has not established benchmarks for subpopulations. However, they noted that they have data that can show information based on age and sex. One limitation identified in the committee reviews was that the measure will not capture populations at risk for receiving inequitable recall rates and that the submission does not establish how the measure will address these differences. The developer did not comment on these limitations.

Regarding use and usability, the committee continued to discuss the lack of an association with improving patient outcomes. One committee member suggested expanding the measure's use within an accountability application to ensure a correlation between the measure and improved patient outcomes. The developer noted that this feedback can be taken back to CMS, the steward.

Dr. Brennan summarized conditions for endorsement articulated by committee members, such as excluding men, including an additional International Classification of Diseases (ICD)-10 code, providing more evidence in support of the logic model, and sharing information on how the measure is impacted by age, race, and ethnicity. The patient co-chair noted that the developer should consider including other ICD-10 codes because there are at least 15 other related codes including ones for breast density. The developer noted that an annual update to this measure includes ICD-10 codes.

Additional Recommendations: Not discussed.

CBE #0661 – Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation within 45 Minutes of ED Arrival [Centers for Medicare & Medicaid Services/Lantana Group]

Specifications | Committee Independent Review Summary

Description: This measure calculates the percentage of acute ischemic stroke or hemorrhagic stroke patients who arrive at the emergency department (ED) within two hours of the onset of symptoms and have a head computed tomography (CT) or magnetic resonance imaging (MRI) scan interpreted within 45 minutes of ED arrival. The measure is calculated using chart abstracted data, on a rolling, quarterly basis and is publicly reported, in aggregate, for one calendar year. The measure has been publicly reported, annually, by CMS as a component of its Hospital Outpatient Quality Reporting (OQR) Program since 2012.

Committee Final Vote: Endorse with Conditions

Conditions:

- Explore, with the developer's technical experts, and facilities why the measure has leveled out in performance ratings.

Vote Count: Endorse (6 votes; 16.67%), Endorse with Conditions (21 votes; 58.33%), Remove Endorsement (9 votes; 25.00%); recusals (0).

Measure Discussion:

Dr. Brennan presented an overview of CBE #0661, noting that no public comments were received prior to the meeting. She provided an opportunity for public comments during the call, and no public comments were received. The developer, Lantana Group, gave a description of the measure before Dr. Brennan opened the discussion to committee members for any clarifying questions.

A committee member inquired about the year the data in the Care Compare database corresponds with, and the developer confirmed the data presented are from early 2023. The committee member raised a concern about the low hospital reporting rate, highlighting that a significant number of hospitals in Chicago do not have any cases reported for this measure. The committee member suggested the ED aspect of the measure be removed because the reporting may be misleading as it appears that large university hospitals do not take stroke patients.

One committee member asked how the developer arrived at the 45-minute threshold, and the developer noted the measure focuses on imaging because treatment should not begin without imaging. The goal is for these patients to receive tissue plasminogen activator (tPA), which necessitates timely interpretation of scans upon ED arrival. They added that tPA, if administered in a timely manner, is associated with better physical function, cognitive ability, and general quality of life.

Regarding importance and feasibility, Dr. Brennan noted that the committee review reached consensus that the measure met the importance and the feasibility criteria. One committee member asked if the developer has considered a path for an electronic clinical quality measure (eCQM). The developer noted that an eCQM is not being considered at this time, and some of the data elements do not fit into current structured fields of electronic health record (EHR) systems, including CT interpretation time, which is a critical data element for this measure. Another committee member asked if users would need proprietary information to report on this measure. The developer clarified that no requirements are needed to use the measure.

Regarding scientific acceptability, Dr. Brennan gave the developer an opportunity to address committee concerns about the reliability testing and increasing the minimum case volume. The developer responded that hospitals with low deciles have no inherent differences as far as sample size and explained that the quality in those facilities is just inconsistent. A committee member noted that there may be other ways to evaluate stroke management, including time to thrombolytic therapy, rather than using CT/MRI interpretation time, as those results have been stagnant over the past years. The developer did not address these concerns.

Regarding equity, the developer did not have responses to the committee's review. For use and usability, the committee did not reach consensus on whether the measure met the criteria. Dr. Brennan highlighted the limitation of performance scores leveling out from 2015-2021 and the committee's concern for addressing barriers to improvement. The developer responded that since the measure has been endorsed, there has been improvement and although the numbers have been stable, the measure has not topped out.

The committee questioned the measure's ability to measure stroke management and questioned the integrity of the information in the database used for this measure. Another committee member suggested a complementary measure to address patients who are missed and continue the previous trend of improvement over time. One committee member suggested a condition of returning for maintenance review in three years rather than five, to understand why the measure seems to level out. The developer noted that the improvement of scores is dependent upon the facilities, but they could engage with facilities and the technical expert panel to understand more about performance trends. Finally, in response to concerns about why

this measure is important in the ED setting, the developer responded that the ability to obtain head imaging rapidly contributes to optimal treatment of stroke patients, and this imaging is increasingly done in an outpatient setting. Because hospitals are often too crowded to admit patients directly, this measure is important for the ED setting.

Additional Recommendations: Not discussed.

CBE #4045 – Waveform Capnography in Ventilated Patients: Percent of patient transport contacts with advanced airways in whom continuous waveform capnography was used [Ground & Air Medical Quality in Transport (GAMUT) Quality Improvement Collaborative]

Specifications | Committee Independent Review Summary

Description: This metric is designed to measure the critical care transport team's utilization of waveform capnography during critical care medical transport. Waveform capnography has evolved as the standard for the safe placement and maintenance of advanced airways (e.g., endotracheal tubes) in adult and pediatric patients. The metric specifically focuses on transported patients with advanced airways in whom continuous waveform capnography is appropriately used. This metric is stratified by age into the following three categories: neonatal (defined as infants <29 days), pediatric (defined as patients aged 29 days to <18 years), and adults (defined as age 18 or older). This metric is reported as "Percent of patients with advanced airways in whom waveform capnography was utilized." Transport programs track this metric for each applicable transport and report their average utilization percentage monthly.

Committee Final Vote: Not Endorse due to No Consensus

Conditions:

- None.

Vote Count: Endorse (7 votes; 19.44%), Endorse with Conditions (14 votes; 38.89%), Not Endorse (15 votes; 41.67%); recusals (0).

Measure Discussion:

No public comments were received for this measure. Committee members sought clarification from the developer around the definition of a patient in the context of critical care transport, specifically addressing scenarios where care is provided without transportation. The committee also had concerns around accountability and potential manipulation of statistics by selectively counting patients. The developer responded, defining patient contacts as the basis for accountability, emphasizing that the critical care transport teams are accountable regardless of transport. The developer also addressed concerns about accountability as it pertains to hospitals who own their transport teams, noting that the measure is designed to assess the performance of transport teams, not hospitals. The committee inquired about the evolving standard of care, the widespread capability of critical care transport teams, and their accessibility. The developer reinforced that critical care transport teams have the capability for waveform capnography; however, the adoption of such devices depends on organizational priorities.

A committee member asked about hospitals being aware of the differences between transport companies, especially in rural and remote areas. The developer emphasized that referring

hospitals are obligated by law to ensure safe patient transport, considering mode, team configuration, and capability. A committee member expressed concern about the continuous use of capnography and creating standards of care based on this measure. In response, the developer acknowledged existing literature supporting the use of capnography in different environments while also highlighting this measure as a supportive element rather than the sole basis for creating a standard. The developer highlighted a collaborative process involving two national consensus conferences in which waveform capnography was selected as one of the metrics identified as a necessary for ensuring the excellence of transport organizations. The committee suggested providing documentation within the measure submission of these consensus conferences.

Committee members raised concern about how consumers would gain access to this measure. Recognizing the importance of patient awareness, the developer opined that the health care system might not be at a point where patients are actively considering such information in decision-making. A committee member asked about the CMS program this measure would be reported to, and the developer shared the measure is not used in a CMS program.

Regarding importance, the committee did not reach consensus that the measure met the criteria. Dr. Pickering noted the limitations identified by the committee, including performance gap and room for improvement. The developer noted that there is room for improvement based on the standard used, which is the achievable benchmarks of care (ABCs). One committee member asked if the data is reported to GAMUT, and the developer confirmed it was. One committee member asked how big GAMUT is and how many programs are not being captured and how their performance stacks up to those who are included. The developer responded that it's difficult to know how many transport teams are in the U.S.; however, around 200 transport teams have participated in their program, and they have data on roughly 300 programs. When asked how the patient perspective has been incorporated into the measure, the developer noted that obtaining community input was not considered but is a fair suggestion. Dr. Pickering reminded the committee that because this is a new measure, the developer is required to have a plan for use, and the committee is welcome to consider a condition around public reporting and engaging patients the next time the measure comes around, if it is endorsed.

Regarding feasibility, the developer responded to concerns around limitations for collecting data manually, recognizing that unfortunately pen and paper is still widely used in the transport field. They added that the data reported is not audited regularly by GAMUT. However, starting this summer, GAMUT will accept reporting via comma-separated values (CSV) files, which may decrease potential errors. Regarding scientific acceptability, Dr. Pickering asked the developer to clarify if the measure includes emergency medical services (EMS) that hospitals might use. The developer responded that EMS are not required to participate, and no entities are required to participate because reporting is voluntary.

Regarding equity, Dr. Pickering asked the developer if they have the information needed to potentially stratify the measure. The developer responded that they do not collect protected health information (PHI and do not have information outside of age because it is not a patient-level measure. One committee member suggested stratifying by location. Another committee member noted that it would be useful to know any differences between rural and urban settings. Regarding use and usability, Dr. Pickering asked the developer to clarify if they are considering use of the measure beyond quality improvement. The developer noted that they are interested in and believe that the measure can be used to improve hospital care. They added that anecdotally, hospitals who have transport teams that participate in GAMUT have shown an increase in use of waveform capnography in their neonatal care units.

The patient committee co-chair recommended a condition around having a plan for use beyond GAMUT and a plan for confidentiality in reporting. Dr. Pickering reiterated the suggestion of expanding validity testing to be more empirical, especially at the accountable entity level.

Additional Recommendations: None.

Opportunity for Public Comment

Dr. Pickering opened the floor to public comments. No public comments were received.

Next Steps

Dr. Pickering noted that Battelle will post the meeting summary to the E&M committee project page by February 26, 2024. The summary will include any conditions placed on any of the measures. He noted that the appeals period for this cycle will begin February 26, 2024 and end March 18, 2024. He explained that any endorsement decision rendered by the committee can be appealed by any interested party based on the eligibility criteria, which can be found in the E&M Guidebook. The standing Appeals Committee meeting date is March 27, 2024. The Appeals Committee consists of all co-chairs from all project committees. Dr. Pickering closed the meeting by thanking participants, including committee members, members of the public, and the measure developers and stewards.