

Spring 2025 Initial Recognition and Management Recommendation Group 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 2025 Measure
- Next Steps
- Adjourn

Meeting Objectives



The purpose of today's meeting is to:

- Review and discuss the measure submitted to the Initial Recognition and Management committee for the Spring 2025 cycle;
- Review public comments, Advisory Group feedback, and any corresponding developer/steward input for the submitted measure; and
- Render an endorsement decision for the submitted measure.

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.

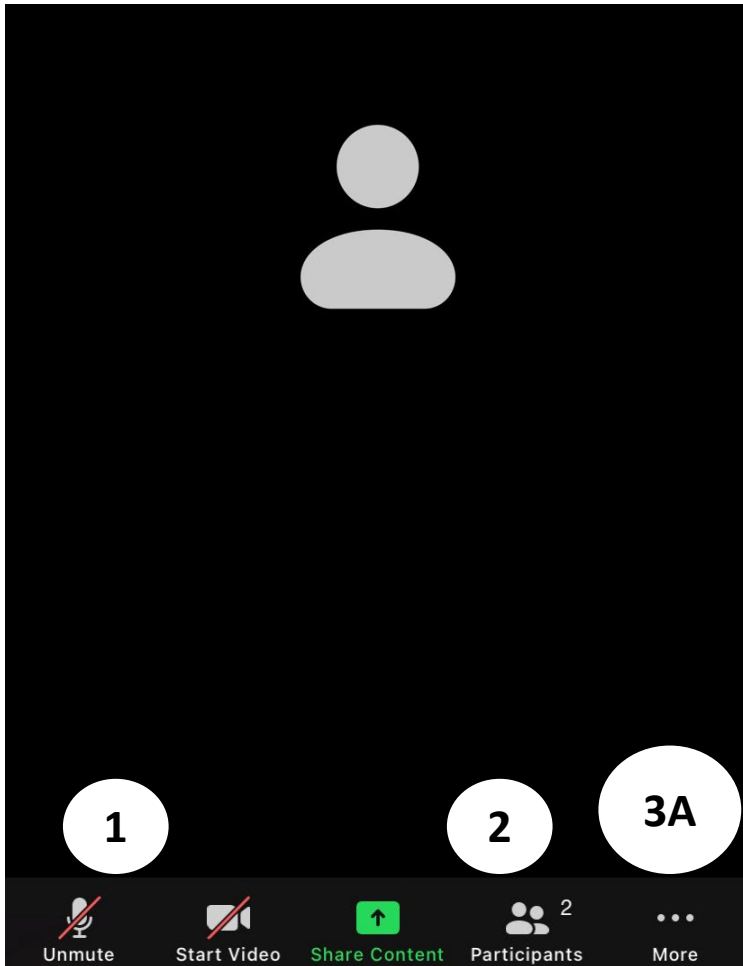
Using the Zoom Platform



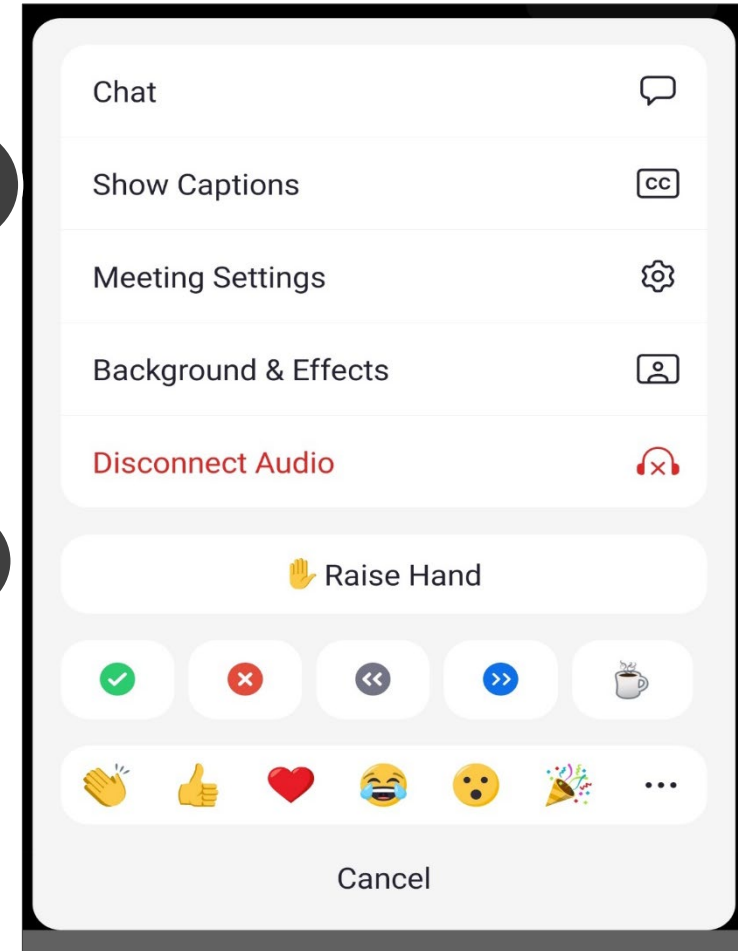
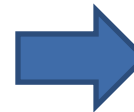
The screenshot shows a Zoom meeting interface. At the top, there are two video thumbnails: 'Host' on the left and 'Attendee 2' on the right. Below them is another 'Attendee' thumbnail. At the bottom, there is a toolbar with various icons. Three numbered callouts are present: 1. A white circle with the 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' tab in the bottom toolbar. On the right side of the screenshot, there is a 'Participants (3)' panel with a list of attendees: 'Attendee 2 (Me)', 'Host (Host)', and 'Attendee'. Below this list are 'Invite' and 'Unmute Me' buttons. At the bottom right, there is a 'Chat' panel with a 'Who can see your messages?' dropdown and a 'Type message here...' input field.

- 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



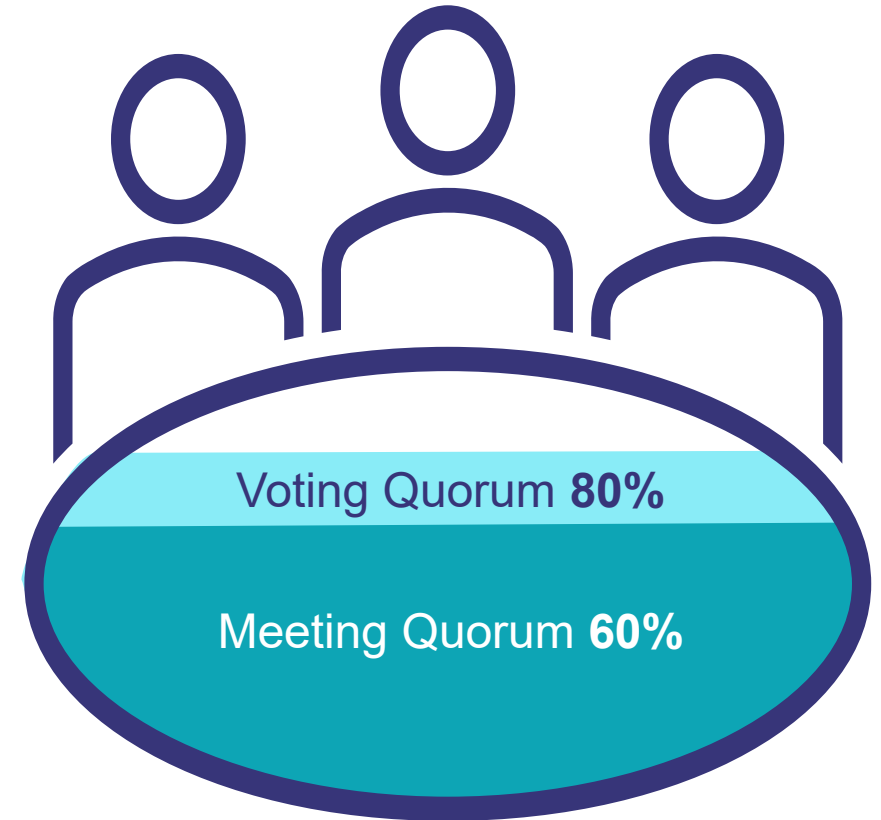
- Nicole Brennan, MPH, DrPH, Executive Director
- Brenna Rabel, MPH, Deputy Director
- Jeff Geppert, EdM, JD, Measure Science Team Lead
- Quintella Bester, PMP, Senior Program Manager
- Matthew Pickering, PharmD, E&M Task Lead
- Anna Michie, MHS, PMP, E&M Deputy Task Lead
- Beth Jackson, PhD, MA, Social 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 III
- Olivia Giles, MPH, Social Scientist II
- Elena Hughes, MS, Social Scientist II
- 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.



Initial Recognition and Management Spring 2025 Cycle Committee – *Recommendation Group*



- Raymund Dantes, MD, MPH (*Non-Patient Co-Chair*)
- Carole Hemmelgarn, MS (*Patient Co-Chair*)
- Kobi Ajayi, PhD, MPH, MBA
- Kory Anderson, MD, FACP, CHCQM
- Matt Austin, PhD
- Jill Blazier, MSN-ED, RN, CPHQ
- Gregory Bocsi, DO
- Kent Bream, MD
- Ashley Comiskey, MSN, RN, CCDS
- Mark Ellison, BA
- Oren Guttman, MD, MBA*
- Janet Hurley, MD, FAAFP
- Hannah Ingber, MPH
- Barbara Kivowitz, MA, MSW
- Marianne Kraemer, RN, MPA, M. Ed., CENP, CCRN-K *emeritus*
- Lisa Leckrone, MHA, CPHQ
- Tammy Love, MSN, RN-BC, CPPS, LSSGB
- Cinci McElhaney, BS
- Patricia Merryweather-Arges, MA
- Sheila Owens-Collins, MD, MPH, MBA
- Talia Sasson, MD, FSIR
- Thomas Spiegel, MD, MBA, MS, FACEP
- Jean-Luc Tilly, MPA, PMP
- Arjun Venkatesh, MD, MBA, MHS
- Janice Young, DNP, RN, HRM, CPHQ, CPPS

Overview of Evaluation Procedures

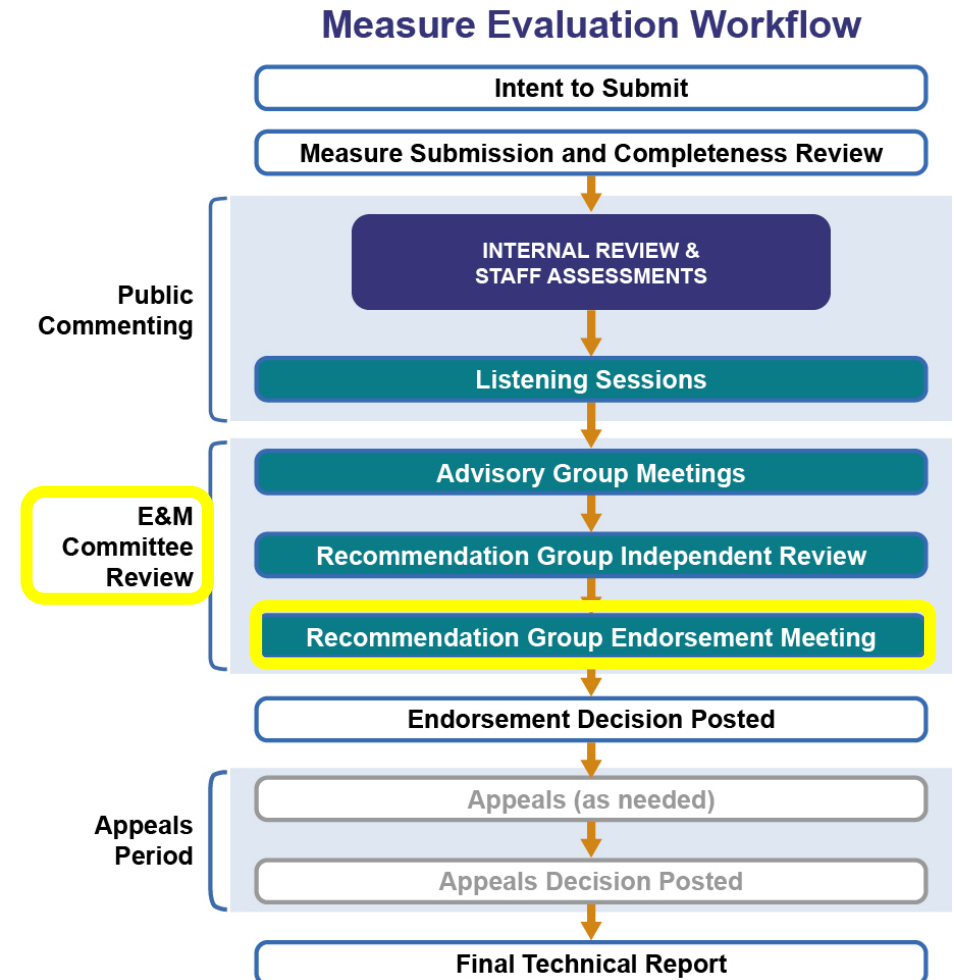


E&M Process



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



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
 - Advisory Group 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



- Have you had experiences related to this measure that you'd like to share?
- Do you believe this measure is meaningful and can enhance patient care?
- Does this measure respect and respond to your individual preferences, needs, and values?
- Are there parts of this measure that might be hard to understand or burdensome?
- Would knowing your provider's performance on this measure be helpful to you?

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. Closing Care Gaps (optional)** - Extent to which the measure can identify differences in care for certain patient populations, which can be used to improve care for all.
- 3. 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.
- 4. 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.
- 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.

Out-of-Scope Topics for Measure Endorsement



- Endorsement confirms a quality measure is safe and effective as specified.
- While committee members are encouraged to suggest exploring other patient populations, care settings, or alternative uses, these suggestions should not prevent endorsement if the measure meets the specified criteria.
- Endorsement should proceed if the measure is safe and effective as specified.

Consensus Voting for Final Determinations



Scenario	Endorse (A)	Endorse with Conditions (B)	Do Not Endorse (C)	Consensus Voting Status
1	75% or More	0%	Less than 25%	A
2	75% or More		Less than 25%	B
3	Less than 25%		75% or More	C
4	26% to 74%		26% to 74%	No consensus
4a*	60% to 74%	0%	26% to 40%	No consensus – Reconsidered at the end of endorsement meeting
4b*	60% to 74%		26% to 40%	No consensus – Reconsidered at the end of endorsement meeting

*Maintenance measures that fail to reach the 75% consensus threshold but receive between 60% and 74% of votes to retain endorsement (i.e., endorse and/or endorse with conditions) are reconsidered at the end of the endorsement meeting.

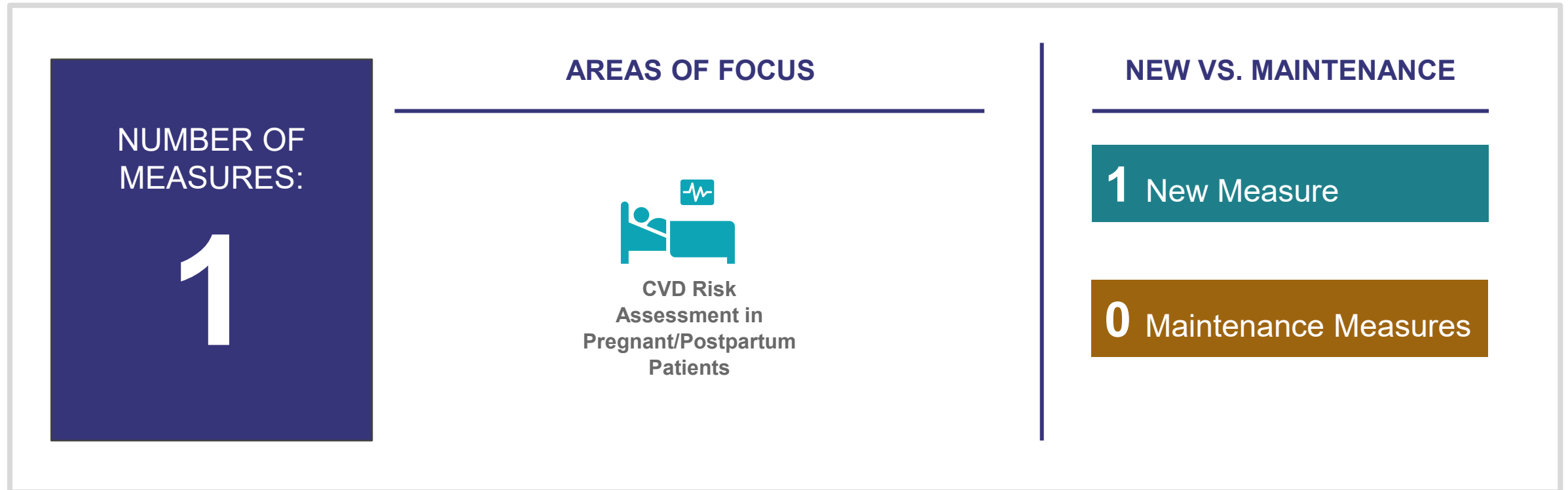
Overview of Spring 2025 Measure for Endorsement Consideration



Spring 2025 Measure for Committee Review



The Initial Recognition and Management committee received one measure for endorsement consideration.



Spring 2025 Measure for Committee Review

(Cont., 1)



CBE Number	Measure Title	New/Maintenance	Developer/Steward
#4715	CVD Risk Assessment Measure- Proportion of Pregnant/Postpartum Patients who Receive CVD Risk Assessment with a Standardized Tool	New	University of California, Irvine

Test Vote



Voting Considerations and Troubleshooting



- A link to Poll Everywhere was sent to your email from “pqm@battelle.org.”
 - Do not share the voting link in the Zoom chat.
 - 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 2025 Measure



CBE #4715 – CVD Risk Assessment Measure- Proportion of Pregnant/Postpartum Patients who Receive CVD Risk Assessment with a Standardized Tool



Item	Description
Measure Description	<ul style="list-style-type: none"> 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.
Developer/Steward	<ul style="list-style-type: none"> University of California, Irvine
New or Maintenance	<ul style="list-style-type: none"> New
Current or Planned Use	<ul style="list-style-type: none"> Quality Improvement with Benchmarking (external benchmarking to multiple organizations); The CVD Risk Assessment Measure- Proportion of Pregnant/Postpartum Patients that Receive CVD Risk Assessment with a Standardized Tool was included in the 2024 CMS Merit-based Incentive Payment (MIPS) Value Pathways (MVPS).
Initial Endorsement	<ul style="list-style-type: none"> N/A

Measure Type
Process

Target Population(s)
Age 8-55 years

Care Setting
Ambulatory Care: Clinic; Ambulatory Care: Clinician Office; Birthing Center; Clinician Office/Clinic; Hospital: Outpatient

Level of Analysis
Clinician: Group/Practice; Facility

CBE #4715 Public Comments



14 comments received

- Comments strongly support the CVD risk assessment measure, highlighting its crucial role in enhancing maternal and infant health outcomes.
- Commenters emphasized its potential to identify high-risk patients, enable timely interventions, and reduce preventable maternal morbidity and mortality.

Support for the Measure

12

- Comments focused on the importance of integrating the measure into clinical practice using evidence-based approaches.
- Commenters noted the need for prospective validation, use of standardized tools, and seamless integration into EHRs.*
- Some commenters described positive experiences with implementation.

Implementation and Validation

10

- Comments raised questions and concerns regarding the measure's scope and technical details.
- Commenters sought clarification on 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.

Clarification Questions

3

CBE #4715 Advisory Group Feedback

Patient Partner Feedback



Key Themes	Summary of Comments	Summary of Developer Response
Support for the Measure and Patient Experience	<ul style="list-style-type: none">• Patient partners expressed strong support for the measure, emphasizing its importance in raising awareness of CVD risk and addressing maternal morbidity and mortality.• One patient partner shared a personal experience involving friends who had unexpected cardiac issues after giving birth.	<ul style="list-style-type: none">• The developers did not provide any responses to this comment.

CBE #4715 Advisory Group Feedback

Non-Patient Partner Feedback



Key Themes	Summary of Comments	Summary of Developer Response
Patient Burden, Clinician Training, and Implementation Feasibility	<ul style="list-style-type: none"> Concerns about patient burden, clinician training for sensitive conversations, EHR integration, workflow impact, and feasibility in safety net settings. (Flagged for RG) 	<ul style="list-style-type: none"> Clinicians are trained. The tool is minimally burdensome, EHR compatible, quick to use, and adaptable. Adoption is growing, and implementation is flexible.
Evidence, Impact, and Outcome Linkage	<ul style="list-style-type: none"> Questions about evidence linking screening to improved outcomes, the clinical significance of findings, and the need for outcome rather than process measures. (Flagged for RG) 	<ul style="list-style-type: none"> Direct outcome linkage is complex, but standardized assessment improves practice and behavior. Early data support continued evaluation, and outcome tracking is under consideration.
Measure Design, Calculation, and Methodology	<ul style="list-style-type: none"> Concerns about calculation methods, numerator/denominator sequencing, codebook inconsistencies, and methodology alignment with standard practices. (Flagged for RG) 	<ul style="list-style-type: none"> Errors in calculation and codebook were acknowledged and corrected. Updates ensure alignment with clinical definitions and standard methodology.
Population Stratification and Timing	<ul style="list-style-type: none"> Concerns about combining prenatal and postpartum populations, recommending stratification by timing and demographics for clarity and utility. (Flagged for RG) 	<ul style="list-style-type: none"> Most assessments are prenatal, but postpartum screening is important. The measure allows flexible timing, with future refinements planned.

CBE #4715 Advisory Group Feedback

Non-Patient Partner Feedback (Cont'd 1)



Key Themes	Summary of Comments	Summary of Developer Response
Applicability to Diverse and High-Risk Populations	<ul style="list-style-type: none"> Suggestions to strengthen rationale with demographic data, address high-risk groups, and consider rural, obese, and older pregnant patients. 	<ul style="list-style-type: none"> The tool is valuable for high-risk and rural populations, improving care and clinician awareness, with positive outcomes reported in these settings.
Clinician Roles and Reliability	<ul style="list-style-type: none"> Questions about which clinicians should conduct assessments and the reliability of results across provider types. 	<ul style="list-style-type: none"> Training is provided to various provider types, with planned reliability analyses to assess differences.
Exclusions, Privacy, and Measure Scope	<ul style="list-style-type: none"> Questions about exclusions for terminated pregnancies, privacy concerns, and whether abortion providers should use the tool. 	<ul style="list-style-type: none"> Specification clarified to include all patients who establish prenatal care, regardless of pregnancy outcome, and to address privacy concerns.

CBE #4715 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Closing Care Gaps	<ul style="list-style-type: none"> • Staff Assessment • Committee Independent Review 	<ul style="list-style-type: none"> • The measure identifies care gaps by race, insurance, and geography. The developer shows how entities can use the measure to address disparities, citing improved CVD screening in rural patients through postpartum doula home visits. • RG* members strongly supports the measure’s focus on closing care gaps, with minor questions about assessment timing.
Dissenting	Measure Design and Validity	<ul style="list-style-type: none"> • Advisory Group • Staff Assessment • Committee Independent Review 	<ul style="list-style-type: none"> • AG* members and staff raised concerns about calculation methods, codebook inconsistencies, and methodology alignment. <ul style="list-style-type: none"> • The developer corrected errors to meet clinical standards. • Staff noted limited empirical validity, but the developer reported routine data availability and some validity testing, with further review ongoing. • Most RG members rated validity as “Not Met but Addressable,” citing the need for stronger evidence
Mixed	Importance	<ul style="list-style-type: none"> • Committee Independent Review 	<ul style="list-style-type: none"> • 89% of RG members rated this domain as Met, citing the measure’s importance for preventing pregnancy-related CVD deaths and strong specialty support. Two reviewers felt evidence for screening impact was insufficient.

*AG: Advisory Group
RG: Recommendation Group

CBE #4715 Key Discussion Themes (cont. 1)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	Feasibility and Implementation	<ul style="list-style-type: none"> • Staff Assessment • Public Comment • Advisory Group • Committee Independent Review 	<ul style="list-style-type: none"> • AG members and staff raised concerns about patient burden, clinician training, EHR integration, workflow, and feasibility—especially in safety net and small/remote settings. Staff also noted unclear data needs, confidentiality risks, and manual workload. <ul style="list-style-type: none"> • The developer stated the tool is quick, minimally burdensome, EHR-compatible, adaptable, and poses no extra confidentiality risk. • Public comments stressed evidence-based integration and mixed implementation experiences. • Some RG members questioned follow-up and potential burdens on patients. • Most found feasibility Met, but some called for more clarity and support for smaller practice.
	Use and Usability	<ul style="list-style-type: none"> • Staff Assessment • Committee Independent Review 	<ul style="list-style-type: none"> • No use or usability limitations; the measure offers clear accountability and actionable data. Developer notes possible patient financial burden, with clinician guidance provided. • 89% of RG members found the measure usable in large systems, but some raised concerns about calculation clarity, provider burden, and usability in small or rural settings, recommending clearer guidance and support.

CBE #4715 Key Discussion Themes (cont. 2)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	Evidence, Impact, and Outcome Linkage	<ul style="list-style-type: none"> • Staff Assessment • Public Comment • Advisory Group 	<ul style="list-style-type: none"> • Staff, public comment, and AG emphasized the importance of this measure in addressing CVD-related maternal deaths caused by delayed recognition. Evidence shows a performance gap, and earlier risk assessment could reduce maternal morbidity and mortality. • AG raised questions about evidence linking screening to improved outcomes, the clinical significance of findings, and the need for outcome rather than process measures.
	Reliability	<ul style="list-style-type: none"> • Staff Assessment • Advisory Group • Committee Independent Review 	<ul style="list-style-type: none"> • Staff rated as “Met” based on sufficient patient, encounter, and entity-level testing. • An AG member questioned whether different clinician types might affect reliability due to varying approaches to the assessment. • 78% of RG members found reliability to be “Met,” however, a few reviewers wanted clearer evidence and explanation of reliability metrics. One review noted the need for more rigorous and transparent reliability testing.

Next Steps



Next Steps for Spring 2025



Meeting Summary

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



Appeals Period

- Appeals Period: August 27-September 16
- The Appeals Committee will meet on September 30, 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 November 2025.

Thank You!

Have questions? Contact us at
PQMsupport@battelle.org





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