Partnership for Quality Measurement
Powered by Battelle

Fall 2024 Initial Recognition and Management Recommendation Group Endorsement Meeting

Brenna Rabel | Battelle
Matthew Pickering | Battelle
Anna Michie | Battelle
Isaac Sakyi | Battelle
Elena Hughes | Battelle
Raymund Dantes | Co-Chair
Carole Hemmelgarn | Co-Chair

February 12, 2025

The analyses upon which this publication is based were performed under Contract Number 75FCMC23C0010, entitled, "National Consensus Development and Strategic Planning for Health Care Quality Measurement," sponsored by the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS).

Partnership for Quality Measurement
Powered by Battelle

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

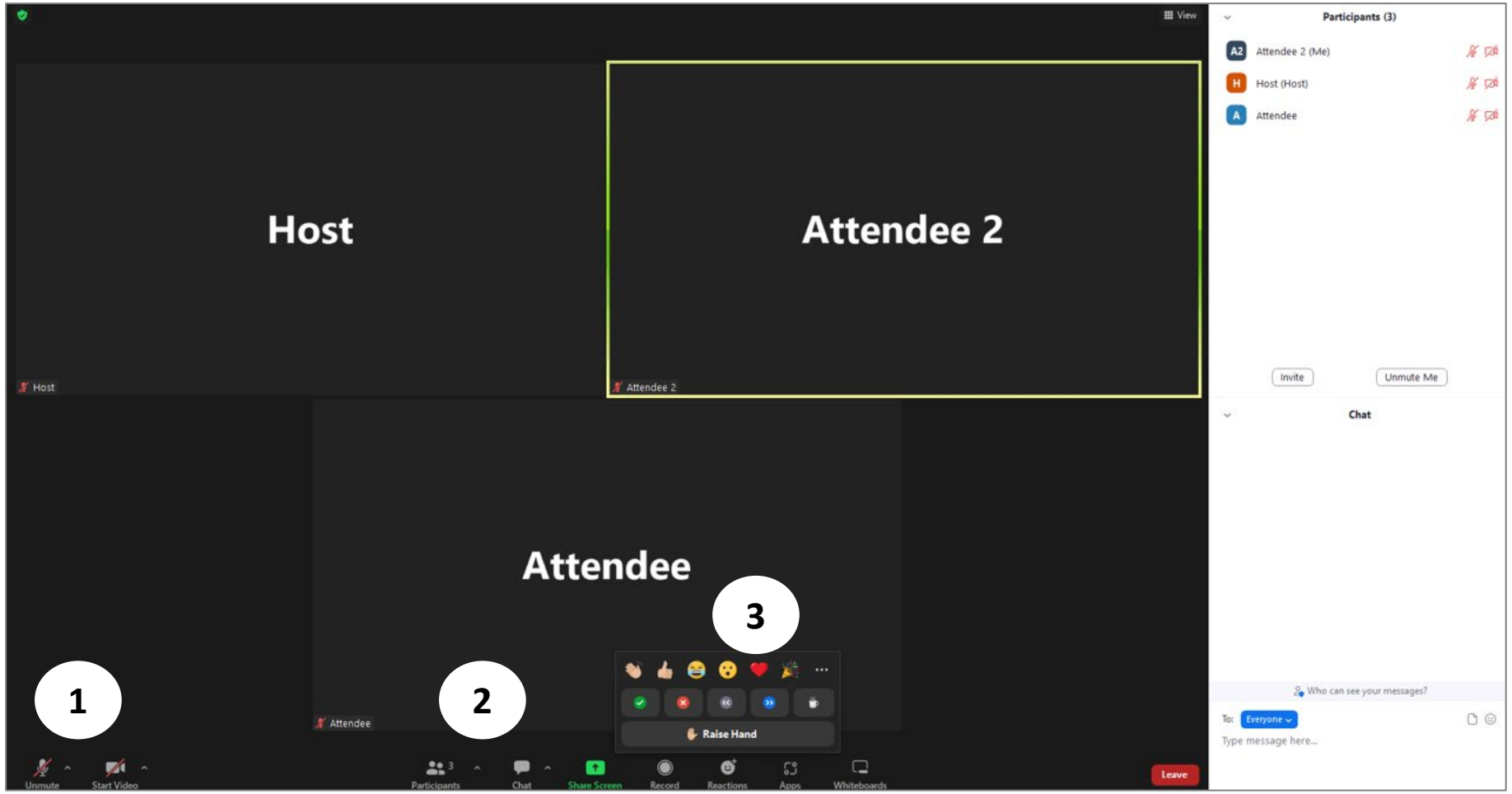
The purpose of today's meeting is to:

- Review and discuss measures submitted to the Initial Recognition and Management 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

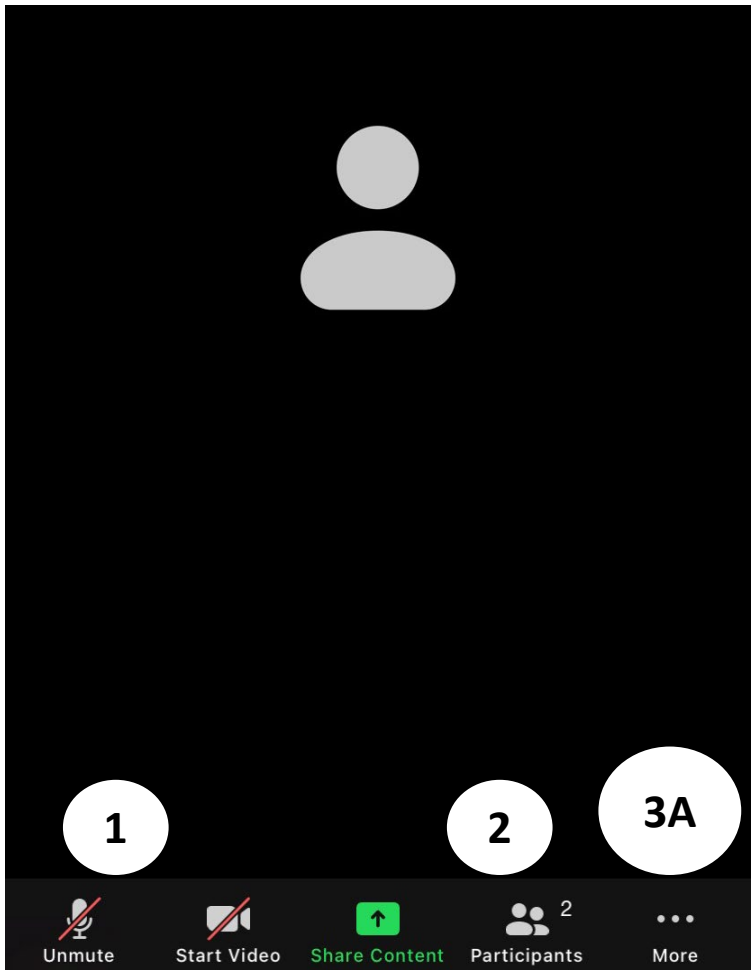


1. Click the lower part of your screen to mute/unmute or to start or pause video

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

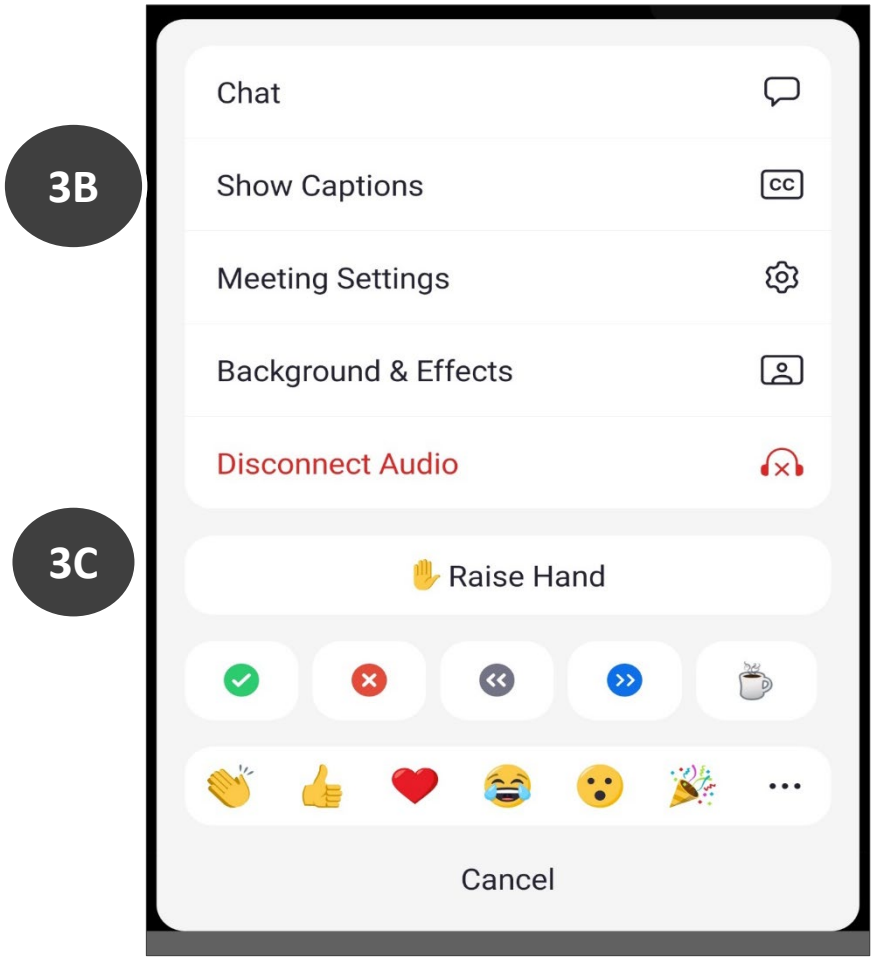
Using the Zoom Platform (Phone View)



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.

Initial Recognition and Management Fall 2024 Cycle Committee – *Recommendation Group*

- Raymund Dantes, MD, MPH ***(Non-Patient Co-Chair)***
- Carole Hemmelgarn, MS ***(Patient Co-Chair)***
- Kobi Ajayi, PhD, MPH, MBA
- Matt Austin, PhD
- Juliet Bartsch, RN
- Jill Blazier, MSN-ED, RN, CPHQ
- Janet Hurley, MD, FAAFP
- Gregary Bosci, DO
- Kent Bream, MD
- Ashley Comiskey, MSN, RN, CCDS
- Mark Ellison, BA
- Oren Guttman, MD MBA *
- Hannah Ingber, MPH
- Marianne Kraemer, RN, MPA, M. Ed., CENP, CCRN-K *emeritus*
- Lisa Leckrone, MHA, CPHQ, ASCP
- Tammy Love, MSN, RN-BC, CPPS, LSSGB
- Patricia Merryweather-Arges, MA
- Sheila Owens-Collins, MD, MPH, MBA
- Thomas Spiegel, MD, MBA, MS, FACEP
- Jean-Luc Tilly, MPA, PMP
- Arjun Venkatesh, MD, MBA, MHS

**Member is inactive for this cycle*

Fall 2024 Subject Matter Experts*

- **Oncology**
  - Ronald S. Walters, M.D., MBA, MHA

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

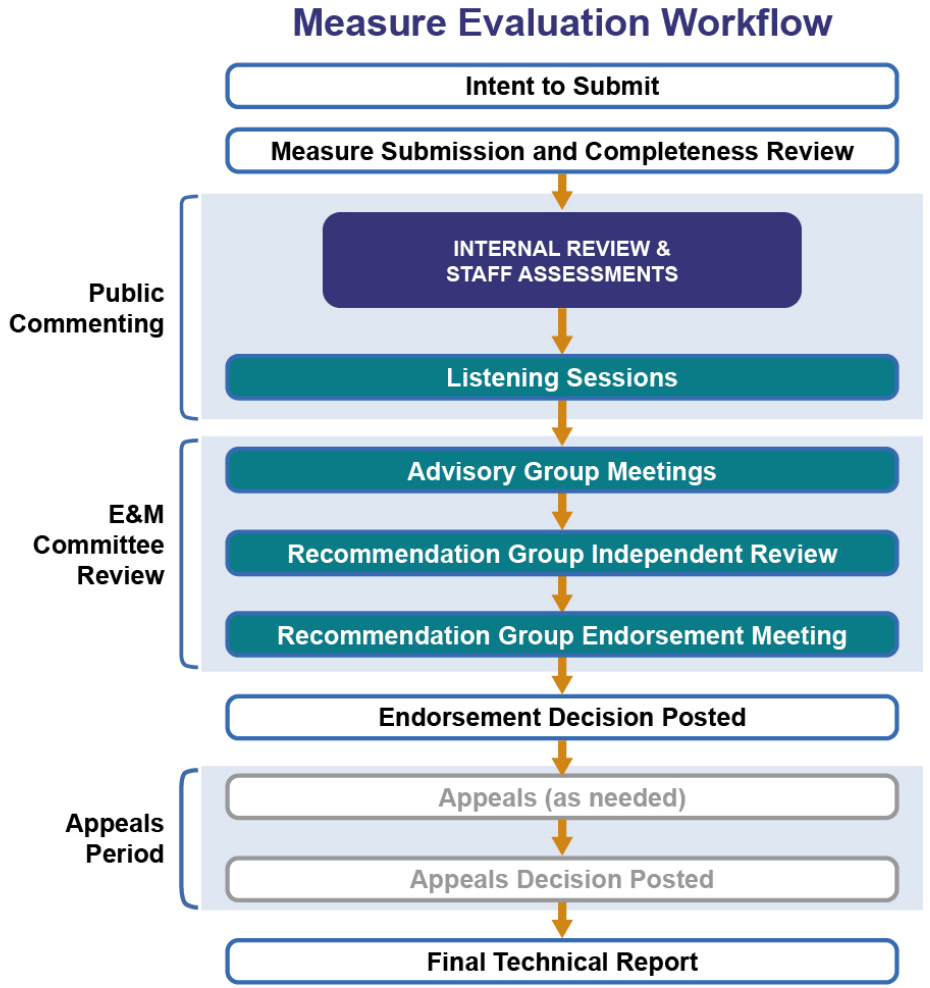
SMEs review the relevant measure(s) prior to the endorsement meeting and attend the endorsement meeting to provide input on and answer committee questions regarding the measure's clinical relevance, the supporting evidence, inclusion and exclusion criteria, measure validity, and risk-adjustment or stratification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

Overview of Evaluation Procedures

E&M Process

Six major steps:

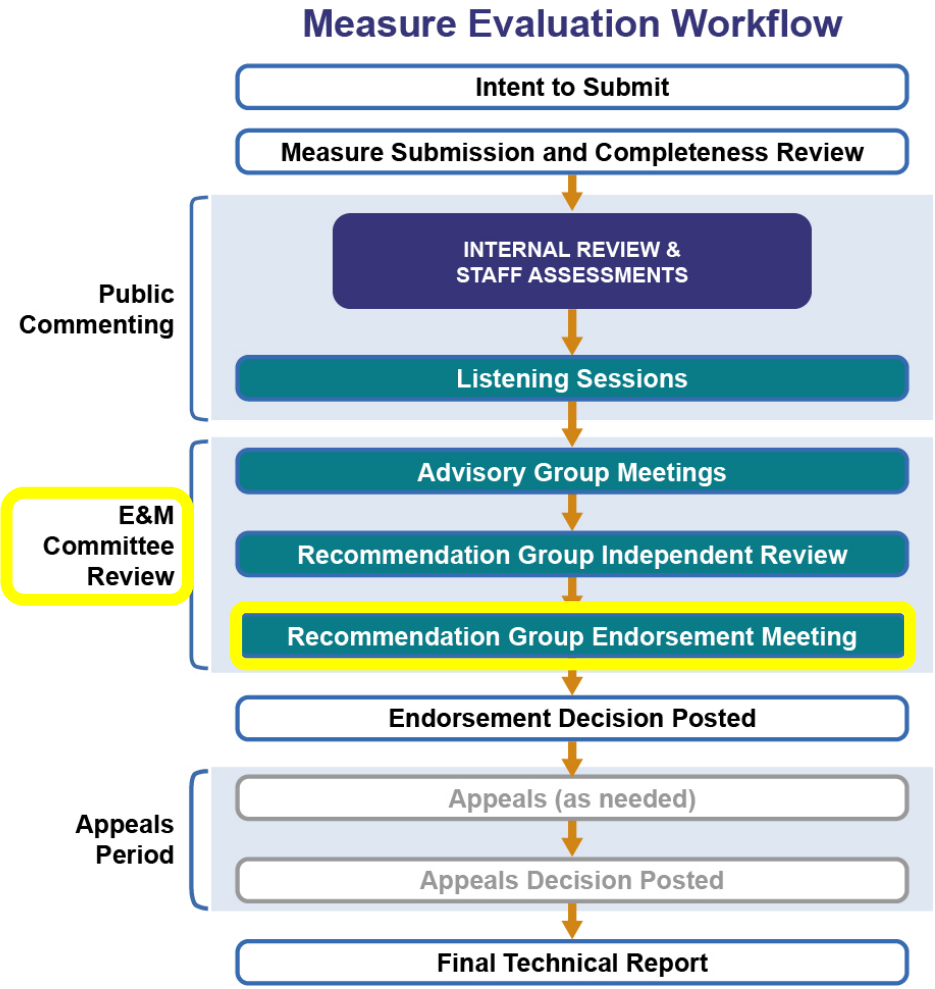
1. Intent to Submit
2. Full Measure Submission
3. Staff Internal Review and Measure Public Comment Period
   - Public Comment Listening Sessions
4. E&M Committee Review
   - Advisory Group Meetings
   - Recommendation Group Independent Review
   - Recommendation Group Meetings
5. Appeals Period (as warranted)
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 Initial Recognition and Management committee received five measures for endorsement consideration.

NUMBER OF MEASURES:

5

AREAS OF FOCUS

- **Excess antibiotic treatment for pneumonia patients**
- **Emergency care capacity**
- **Timely follow-up after breast and colon cancer screenings**

NEW VS. MAINTENANCE

5 New Measures

0 Maintenance Measures

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

CBE Number	Measure Title	New/Maintenance	Developer/Steward
#4625e	Emergency Care Capacity and Quality eCQM	New	Acumen/Centers for Medicare and Medicaid Services (CMS)
#4540e	Excess Antibiotic Duration for Adult Hospitalized Patients with Uncomplicated Community-Acquired Pneumonia	New	University of Utah
#4545e	Inappropriately Broad Empiric Antibiotic Selection for Adult Hospitalized Patients with Uncomplicated Community-Acquired Pneumonia	New	University of Utah
#4705e	Rate of Timely Follow-up on Positive Stool-based Screening Tests for Colorectal Cancer Detection	New	Brigham and Women's Hospital
#4700e	Rate of Timely Follow-up on Abnormal Screening Mammograms for Breast Cancer Detection	New	Brigham and Women's Hospital

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 #4625e – Emergency Care Capacity and Quality eCQM

Item	Description
Measure Description	• This measure captures variation in emergency care, including measuring capacity and quality, to support hospital quality improvement. The measure aims to reduce patient harm and improve outcomes for patients requiring emergency care in an emergency department (ED). Emergency care capacity is inclusive of several concepts pertaining to boarding and crowding in an ED. This is intended to align with incentives to promote improved care in EDs and throughout the broader health system. This measure captures the proportion of visits for patients of all ages that experience any one of four access barriers during a 1-year performance period: The patient waited longer than 1 hour to be placed in a treatment room or dedicated treatment area that allows for audiovisual privacy during history-taking and physical examination, or the patient left the ED without being evaluated by a physician/advanced practice nurse/physician's assistant, or the patient boarded (time from Decision to Admit (order) to ED departure for admitted patients) in the ED for longer than 4 hours, or the patient had an ED length of stay (LOS) (time from ED arrival to ED physical departure as defined by the ED depart timestamp) of longer than 8 hours.
Developer/Steward	• Acumen/Centers for Medicare and Medicaid Services (CMS)
New or Maintenance	• New
Planned Use	• Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations)
Initial Endorsement	• Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Intermediate Outcome	Children (0-17 years), Adults (18-64 years), and Older adults (65 years and older)	Emergency Department	Facility

CBE #4625e Public Comments

Thirty comments received

- Commenters emphasized support for this measure, recognizing the need for setting standards, collecting data, and creating financial incentives to address emergency room boarding.

Support of the Measure **30**

- The American College of Emergency Physicians (ACEP) and San Jose State University emphasize the need to consider equity and potential disparities in treatment, suggesting that the measure should include stratification by factors such as age, race, and payer type.

Equity Stratification **2**

- ACEP requested the exclusion of ED visits with a transfer-out, as rural hospitals often face challenges in transferring patients and larger hospitals bear the responsibility for coordinating such transfers.
- They suggest future targets for shorter durations, recommend reporting without volume standardization for certain outcomes, and structuring the measure as a composite measure, with boarding weighted more heavily.

Measure Specifications **1**

CBE #4625e Key Discussion Themes

Discussion Categories	Key Themes	Source of Comment	Summary of Comments
Supportive	Importance	Advisory Group; Public Comment; Committee Independent Review	Several Advisory Group members, particularly the patient participants, and members of the public highlighted that this is an important measure to the public, as many individuals are affected by lengthy wait times in the ER. 83% of Recommendation Group members agreed with the staff assessment rating of Met with one reviewer noting this measure is an important step in resolving a critical quality of care issue.
	Validity	Committee Independent Review	100% of Recommendation Group members rated the measure as Met, in agreement with the staff assessment. One reviewer inquired about how results differ based on trauma designation. Another reviewer commended the submission, noting it is the most robust validity they have reviewed.
	Feasibility, Reliability, and Use and Usability	Committee Independent Review	100% of Recommendation Group members rated the measure as Met for feasibility, reliability, and use and usability, in agreement with the staff assessment.
Dissenting	Actionability	Advisory Group	Several Advisory Group members expressed concern over the actionability of the measure, given that many factors that contribute to lengthy ED wait times are complex and outside the control of the facility.
	Evidence	Advisory Group	Several Advisory Group members voiced concerns with the expectation that all patients be placed within a treatment room within 1 hour, stating that this is not backed by evidence.
	Triage	Advisory Group	Several Advisory Group members stated that the measure should consider the patient's severity, such as through using Emergency Severity Index (ESI).
	Unintended Consequences	Advisory Group	Several Advisory Group members emphasized their concern that the measure would result in unintended consequences that are contrary to the purpose of the measure and would possibly jeopardize the safety of some patients.

CBE #4625e Key Discussion Themes *(cont., 1)*

Discussion Categories	Key Themes	Source of Comment	Summary of Comments
Mixed	Measure Specifications and Applicability	Advisory Group; Public Comment	The Advisory Group discussed whether additional exclusions should be applied to the measure, focusing predominantly on psychiatric patients and pregnant patients. ACEP's public comment suggested excluding ED visits with transfer-out status to reflect care quality accurately, noting rural hospitals' transfer challenges. They emphasized privacy, clarity on patients leaving without evaluation, and supported a 4-hour boarding time, suggesting future shorter targets. ACEP recommended age group stratification and reporting without volume standardization for certain outcomes, proposing a composite measure with boarding weighted more heavily. One Recommendation Group member rated the measure as Not Met, but Addressable and requested clarification about the decision to include four numerator components and suggested the potential benefit of understanding each component separately.
Probing	Equity	Committee Independent Review	67% of Recommendation Group member rated the Equity as Not Met, indicating interest in examining performance across different populations but acknowledging that this criterion is optional.

Lunch

Meeting will resume at 12:10 PM ET

CBE #4540e – Excess Antibiotic Duration for Adult Hospitalized Patients with Uncomplicated Community-Acquired Pneumonia

Item	Description
Measure Description	• The Excess Antibiotic Duration for Adult Hospitalized Patients with Uncomplicated Community-Acquired Pneumonia measure is a process measure representing the annual percentage of hospitalized adults with uncomplicated community-acquired pneumonia who receive an excess antibiotic duration. The measure will be calculated using electronic health record (EHR) data and is intended for use at the facility level for both quality improvement and pay-for-performance.
Developer/Steward	• University of Utah
New or Maintenance	• New
Current Use	• The Michigan Hospital Medicine Safety Consortium
Initial Endorsement	• Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	Adults (18-64 years) and older adults (65 years and older)	Hospital: Acute Care Facility; Hospital: Critical Access; Hospital: Inpatient	Facility

CBE #4540e Public Comments

Seven comments received

- Organizations like the Centers for Disease Control and Prevention, Society of Infectious Diseases Pharmacists, and Patients for Patient Safety US emphasize the importance of antibiotic stewardship programs in hospitals to combat antimicrobial resistance. The measure supports these efforts by providing a framework for responsible antibiotic use.
- Multiple organizations advocate for the endorsement of the measure.

Support for Endorsement **5**

- The measure is designed to be feasible, using routine healthcare data without adding burdens. Electronic measures allow for efficient data collection and assessment, reducing the need for manual chart reviews.
- The measure aligns with existing quality efforts and complements antibiotic use monitoring systems.

Feasibility and Alignment **4**

- Concerns include the measure's applicability in smaller or rural hospitals and whether it should be hospital-level or provider-level. The need for EHR vendor engagement is highlighted to ensure successful implementation.

Measure Applicability **3**

CBE #4540e Key Discussion Themes

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Importance and Evidence	Advisory Group; Public Comment; Committee Independent Review	An Advisory Group member praised the measure for its basis in strong evidence, stating that the measure could help reduce cost, length of hospitalization, and antibiotic resistance. Public comments received on this measure further support its importance, expressing that the measure is interoperable and aligns with recommendations from organizations such as the Centers for Disease Control and Prevention (CDC), The Joint Commission, and CMS. 33% of Recommendation Group members rated the measure as Met for Importance in their independent reviews, with one reviewer noting that despite limited evidence from the literature, the two studies presented suggest that patients are concerned about antibiotic overutilization.
	Use and Usability	Committee Independent Review	100% of Recommendation Group members rated the measure as Met, in agreement with the staff assessment.
Dissenting	Value Sets	Advisory Group	An Advisory Group member stated that several of the value sets were not functioning in the matter in which the developer described.

CBE #4540e Key Discussion Themes *(cont., 1)*

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	Validity Testing	Staff Assessment; Committee Independent Review	The validity testing results support a relatively strong inference of validity for the measure, confirming that the measure accurately reflects performance on quality or resource use and can distinguish good from poor performance. However, additional data element testing within at least two EHR vendors is needed. 67% of Recommendation Group members rated the measure as Met; however, they also noted the importance of testing in additional EHRs.
	Feasiblity	Advisory Group; Committee Independent Review	Despite this being an eCQM, an Advisory Group member stated that they believed this will still be a burdensome measure for facilities due to the lengthy exclusions list. A few Advisory Group members also expressed concern over how accurately coding would reflect clinical practice. 100% of Recommendation Group members rated the measure as Met, in agreement with the staff assessment. Acknowledging a public comment, one reviewer suggested the developer explore feasibility of antibiotic stewardship programs that extend into post-discharge prescribing in more diverse settings.
	Denominator	Advisory Group	Advisory Group members discussed the inclusion of sepsis and respiratory failure in the measure's denominator. They indicated that while they understood the developer's intention to catch instances of pneumonia where a facility might be "upcoding," but questioned why sepsis and respiratory failure were considered "uncomplicated." They also added that, as how the denominator is currently worded, they misunderstood that the measure includes 1) pneumonia or 2) sepsis and respiratory failure, believing that individuals could be included for 1) pneumonia, 2) sepsis, or 3) respiratory failure.

CBE #4540e Key Discussion Themes *(cont., 2)*

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	Exclusions	Advisory Group; Committee Independent Review	A few Advisory Group members stated that the exclusion criteria seemed sound for trying to identify the appropriate patient population. One Recommendation Group member was concerned with the exclusion of pregnant women, citing that the literature suggests that catastrophic antiphospholipid syndrome (CAPS) is a debilitating condition during pregnancy and the developers do not mention or address this population in their measure.
	Meaningfulness to Patients	Staff Assessment; Public Comments; Committee Independent Review	Meaningfulness to patients was partially assessed. The information available in the literature was limited and the TEP only included clinicians. In their independent reviews, several Recommendation Group members also noted the small size of the TEP and its lack of patient input as concerns. However, a public comment shared by Patients for Patient Safety (PFPS) US, an advocacy group, expressed the importance of CBE #4545e and #4540e. Several Recommendation Group Members acknowledged PFPS US's strong support of the measure.
Probing	Equity	Staff Assessment; Committee Independent Review	Although the developer provided some information on inequities, no empirical testing was completed. 67% of Recommendation Group members agreed with the staff assessment rating of Not Met, but Addressable due to the lack of empirical testing and the measure not accounting for key populations (e.g., people with low socioeconomic status, pregnant women).

CBE #4545e – Inappropriately Broad Empiric Antibiotic Selection for Adult Hospitalized Patients with Uncomplicated Community-Acquired Pneumonia

Item	Description
Measure Description	• The Inappropriately Broad Empiric Antibiotic Selection for Adult Hospitalized Patients with Uncomplicated Pneumonia measure is a process measure representing the annual percentage of hospitalized adults with uncomplicated community-acquired pneumonia who receive non-guideline concordant overtreatment with anti-MDRO (multidrug-resistant organism) therapy. The measure will be calculated using electronic health record (EHR) data and is intended for use at the facility level for both quality improvement and pay-for-performance.
Developer/Steward	• University of Utah
New or Maintenance	• New
Planned Use	• Payment Program, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (internal to the specific organization)
Initial Endorsement	• Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	Adults (18-64 years) and older adults (65 years and older)	Hospital: Acute Care Facility; Hospital: Critical Access; Hospital: Inpatient	Facility

CBE #4545e Public Comments

Nine comments received

- Organizations like the Centers for Disease Control and Prevention, Society of Infectious Diseases Pharmacists, and Patients for Patient Safety US emphasize the importance of antibiotic stewardship programs in hospitals to combat antimicrobial resistance. The measure supports these efforts by providing a framework for responsible antibiotic use.
- Multiple organizations advocate for the endorsement of the measure.

Support for Endorsement

5

- The measure is designed to be feasible, using routine healthcare data without adding burdens. Electronic measures allow for efficient data collection and assessment, reducing the need for manual chart reviews.
- The measure aligns with existing quality efforts and complements antibiotic use monitoring systems.

Feasibility and Alignment

5

- Concerns include the measure's applicability in smaller or rural hospitals and whether it should be hospital-level or provider-level. The need for EHR vendor engagement is highlighted to ensure successful implementation.

Measure Applicability

3

CBE #4545e Key Discussion Themes

Discussion Categories	Key Themes	Source of Comment	Summary of Comments
Supportive	Importance and Evidence	Advisory Group; Public Comment	Several Advisory Group members highlighted the importance of the measure. Public comments received on this measure further support its importance, expressing that the measure is interoperable and aligns with recommendations from organizations such as the CDC, The Joint Commission, and CMS. 57% of Recommendation Group members rated the measure as Met on Importance, noting the measure had adequate evidence from the literature. One reviewer stated that, despite limited evidence from the literature, the two studies presented suggest that patients are concerned about antibiotic overutilization.
	Reliability and Use and Usability	Committee Independent Review	100% of Recommendation Group members rated the measure as Met for reliability and use and usability, in agreement with the staff assessment. One Recommendation Group member felt that 56 beds for acceptable reliability appears small and is curious if other committee members think this will capture enough hospitals.
Dissenting	Value Sets	Advisory Group	An Advisory Group member stated that several of the value sets were not functioning in the matter in which the developer described.

CBE #4545e Key Discussion Themes *(cont., 1)*

Discussion Categories	Key Themes	Source of Comment	Summary of Comments
Mixed	Validity Testing	Staff Assessment; Committee Independent Review	The validity testing results support a relatively strong inference of validity for the measure, confirming that the measure accurately reflects performance on quality or resource use and can distinguish good from poor performance. However, additional data element testing with at least two EHR vendors is needed. 57% of reviewers rated the measure as Met, the validity was adequate despite the limited data element testing. One reviewer noted that, given the limited number of data elements in use and the strong confidence in feasibility, they don't foresee any issues with validity when applied in a different EHR.
	Denominator	Advisory Group; Public Comment	Advisory Group members discussed the inclusion of sepsis and respiratory failure in the measure's denominator. They indicated that while they understood the developer's intention to catch instances of pneumonia where a facility might be "upcoding," but questioned why sepsis and respiratory failure were considered "uncomplicated." They also added that, as how the denominator is currently worded, they misunderstood that the measure includes 1) pneumonia or 2) sepsis and respiratory failure, believing that individuals could be included for 1) pneumonia, 2) sepsis, or 3) respiratory failure.
	Feasibility	Advisory Group; Committee Independent Reviews	Several Advisory Group members expressed concern over the feasibility of the measure, highlighting its "potential burden on hospitals, issues with missing data, and variation in EMRs. 100% of Recommendation Group members rated the measure as Met for feasibility.

CBE #4545e Key Discussion Themes *(cont., 2)*

Discussion Categories	Key Themes	Source of Comment	Summary of Comments
Mixed	Meaningfulness to Patients	Staff Assessment; Public Comment; Committee Independent Review	Meaningfulness to patients was partially assessed. The information available in the literature was limited, and the technical expert panel (TEP) only included clinicians. In their independent reviews, several Recommendation Members also expressed concern about this lack of direct patient input. However, a public comment shared by Patients for Patient Safety (PFPS) US, an advocacy group, expressed the importance of CBE #4545e and #4540e. Several Recommendation Group members acknowledged strong measure support from PFPS US.
Probing	Equity	Staff Assessment; Committee Independent Review	Although the developer provided some information on inequities, no empirical testing was completed. 57% of Recommendation Group members agreed with the staff assessment rating of Not Met, but Addressable due to a lack of testing.

Break

Meeting will resume at 2:00 PM ET

Evaluation of Fall 2024 Measures (continued)

CBE #4705e – Rate of Timely Follow-up on Positive Stool-based Screening Tests for Colorectal Cancer Detection

Item	Description
Measure Description	• This electronic clinical quality measure (eCQM) reports the percentage of patients aged 45 to 75 years with at least one positive stool-based colorectal cancer screening test (i.e., high-sensitivity guaiac fecal occult blood test, fecal immunochemical test, or Cologuard) during the measurement period (i.e., calendar year) who completed a colonoscopy within 180 days after their index (i.e., first) positive stool-based test result date.
Developer/Steward	• Brigham and Women's Hospital
New or Maintenance	• New
Planned Use	• Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (internal to the specific organization)
Initial Endorsement	• Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	Universal Colorectal Cancer Screening Age (45-75 years)	Hospital: Outpatient; Integrated Delivery System	Integrated Delivery System

CBE #4705e Public Comments

Three comments received

- The American Medical Association (AMA), Guardant Health, and the American College of Gastroenterology (ACG) and American Society for Gastrointestinal Endoscopy (ASGE), emphasize the need to include blood-based tests in the measure.
- Patients with positive blood-based colorectal cancer (CRC) screening tests should also be included, as they require follow-up colonoscopies.

Inclusion of Blood-based Tests **3**

- Concerns were raised about the measure's validity testing, with AMA and ACG/ASGE noting that it was only tested on one electronic health record (EHR) system.
- ACG/ASGE also question the performance target of ≥80%, suggesting it may be too high and should be based on evidence, proposing a target of at least ≥50%.

Measure Validity, Testing, and Performance Targets **3**

- AMA and ACG/ASGE highlight potential issues with patients receiving follow-up care at different facilities, which could affect measure performance. They suggest including exceptions for these scenarios to avoid penalizing facilities unfairly.

Generalizability **2**

CBE #4705e Key Discussion Themes

Discussion Categories	Key Themes	Source of Comment	Summary of Comments
Supportive	Use and Usability	Committee Independent Review	100% Recommendation Group members rated the measure as Met, with one reviewer highlighting the measure's importance and significance in preventing colorectal cancer morbidity and mortality.
Dissenting	Importance	Advisory Group; Staff Assessment; Public Comment; Committee Independent Review	The Advisory Group debated the appropriateness of a 180-day follow-up for colonoscopies, with differing opinions on its length. The staff assessment noted the lack of grading for this period and suggested improvements like reducing site-related barriers and using interventions to enhance follow-up rates. 100% of Recommendation Group rated the measure Not Met, but Addressable, with suggestions to explore optimal follow-up timeframes and consider patient demographics. In a public comment, the ACG and ASGE suggested adjusting performance targets to be evidence based rather than set at ≥80%.
	Generalizability	Advisory Group; Public Comment	Several members of the Advisory Group raised concerns about the measure's applicability nationwide, especially for rural practices, and noted unrepresentative testing sites. A hybrid measure was suggested to address these issues. In a public comment, the AMA shared concern with the measure's inability to account for follow-up care received at different facilities, potentially skewing performance data, while the ACG and ASGE recommended exceptions for follow-ups outside a health system to prevent unfair penalties.

CBE #4705e Key Discussion Themes *(cont., 1)*

Discussion Categories	Key Themes	Source of Comment	Summary of Comments
Dissenting	Inclusion of Positive Blood Tests	Public Comment	Several public comments expressed that while the U.S. Preventive Services Task Force does not currently include blood-based tests among its recommendations for methods for screening for CRC, patients with positive blood-based CRC screening tests should be included in the measure, as they require a follow-up colonoscopy.
Mixed	Testing	Advisory Group; Staff Assessment; Committee Independent Review; Public Comment	An Advisory Group member found the reliability and validity information confusing, noting that the intra-class correlation coefficient (ICC) should be under reliability, which was identified in the staff assessment. Further testing at more sites is needed. The staff assessment validity rating is based on patient-/episode-level testing, suitable for a new eCQM. Half of the Recommendation Group reviewers rated the validity as Met, while the other half agreed with the staff assessment, finding data interpretation challenging and urging testing at diverse sites. Public comments called for expanded testing, highlighting that only one EHR system was used instead of the required two.
	Patient Reluctancy	Advisory Group	A few members of the Advisory Group expressed that they felt the measure would be difficult to implement because patients are reluctant to return for colonoscopies.
Probing	Equity	Staff Assessment; Committee Independent Review	The analytic approach and interpretation of results were not specified in the submission. 83% of reviewers agreed with the staff assessment rating of Not Met, but Addressable citing limited patient involvement in measure development and the need for additional testing. One reviewer commended the developers for stratifying the data by different subgroups.

CBE #4700e – Rate of Timely Follow-up on Abnormal Screening Mammograms for Breast Cancer Detection

Item	Description
Measure Description	• This electronic clinical quality measure (eCQM) reports the percentage of female patients aged 40 to 75 years with at least one abnormal screening (BI-RADS 0) or screening-to-diagnostic (BI-RADS 4, 5) mammogram during the measurement period (i.e., calendar year) who received follow-up imaging with negative/benign/probably benign results or a diagnostic sample extraction procedure within 60 days after their index (i.e., first) abnormal screening mammogram. Negative/benign/probably benign follow-up imaging was defined as diagnostic mammography, breast ultrasound or magnetic resonance imaging (MRI) with BI-RADS ratings of 1, 2, or 3. Relevant diagnostic sample extraction procedures were defined as breast biopsy, fine needle aspiration, and surgical excision. Breast Imaging – Reporting and Data System (BI-RADS) ratings: 0-incomplete, 1-negative, 2-benign, 3-probably benign, 4-suspicious, 5-highly suggestive of malignancy.
Developer/Steward	• Brigham and Women's Hospital
New or Maintenance	• New
Planned Use	• Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (internal to the specific organization)
Initial Endorsement	• Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Intermediate Outcome	Universal Breast Cancer Screening Age for Females (40-75 years)	Hospital: Outpatient, Integrated Delivery System	Facility, Other: Integrated Delivery System

CBE #4700e Public Comments

One comment received

- The AMA supports the measure but raises concerns about its validity testing on only one EHR system, the reliability of BI-RADs data extraction, and external factors like workforce shortages and follow-up at other facilities, which may affect the measure's effectiveness and fairness.

Validity Testing Concerns and Potential Outside Factors

1

CBE #4700e Key Discussion Themes

Discussion Categories	Key Themes	Source of Comment	Summary of Comments
Supportive	Use and Usability	Committee Independent Review	100% of reviewers rated the measure as Met, in agreement with the staff assessment.
Dissenting	Timeframe	Advisory Group	The Advisory Group discussed at length whether the 60-day timeframe is appropriate. Most of the Advisory Group agreed that it was, with consideration given to patient anxiety during wait times, capabilities of rural and under-resourced facilities, and alignment with other measures.
	Testing	Advisory Group; Staff Assessment; Public Comment; Committee Independent Review	The validity rating in the staff assessment is based on patient-/episode-level (data element) testing only, which is acceptable for a new eCQM. However, only one EHR vendor was used for validity testing, which was also noted in a public comment submitted by the AMA. The staff assessment and Advisory Group also noted the ICC should be reported under reliability, not validity. Further testing with additional sites is necessary for the future. 43% of Recommendation Group members rated the measure as Met for validity while 57% of reviewer agreed with the staff assessing rating of Not Met, but Addressable due to the small size of the TEP and limited testing across multiple EHRs.
	Age	Advisory Group; Committee Independent Review	A few patient participants on the Advisory Group expressed that women over the age of 75 still need to have mammograms. Another member of the committee emphasized that the measure follows current guidelines and that another measure may be needed to address the needs the other Advisory Group members highlighted. A Recommendation Group member questioned why the measure only includes first abnormal screenings and its implications for younger patients under 40, given rising breast cancer rates in this group.

CBE #4700e Key Discussion Themes *(cont., 1)*

Discussion Categories	Key Themes	Source of Comment	Summary of Comments
Mixed	Importance	Advisory Group; Staff Assessment; Committee Independent Review	The Advisory Group highlighted that this is an important measure, given that breast cancer is a treatable cancer, and that early detection is key. The staff assessment identified that the developer's logic model does not clearly depict what inputs and activities are needed to report and improve on this metric. 71% of Recommendation Group members agreed with the staff assessment rating of Not Met, but Addressable, citing limited provider, patient, and caregiver input as a concern. Conversely, 29% of Recommendation Group members rated the measure as Met highlighting its strong evidence and the significant performance gap.
	Feasibility	Advisory Group; Committee Independent Review; Public Comment	The Advisory Group raised concerns about the measure's ability to track follow-up care or second opinions across different health systems, especially if they use different EMRs. They also noted that not all sites may have structured fields to capture final diagnoses like BI-RADS, a point echoed by the AMA in public comments. 71% of Recommendation Group reviewers agreed with the staff assessment, rating the measure as Met. One Recommendation Group member rated it as Not Met, but Addressable, seeking clarification on defining the target population in MagView reports.
Probing	Equity	Staff Assessment; Committee Independent Review	The analytic approach and interpretation of results were not specified in the submission. 57% of Recommendation Group members rated the measure as Not Met, but Addressable, in agreement with the staff assessment, citing concerns around the lack of input from provider, patient, family member, and diverse health systems and limited testing across diverse populations.

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.

Partnership for Quality Measurement
Powered by Battelle

Thank You!

Have questions? Contact us at
PQMsupport@battelle.org

Partnership for Quality Measurement

Powered by **Battelle**