



Partnership for
Quality Measurement

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Spring 2024 Initial Recognition and Management 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 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 Spring 2024 cycle;
- Review public comments and Advisory Group feedback received and any corresponding developer/steward responses 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.

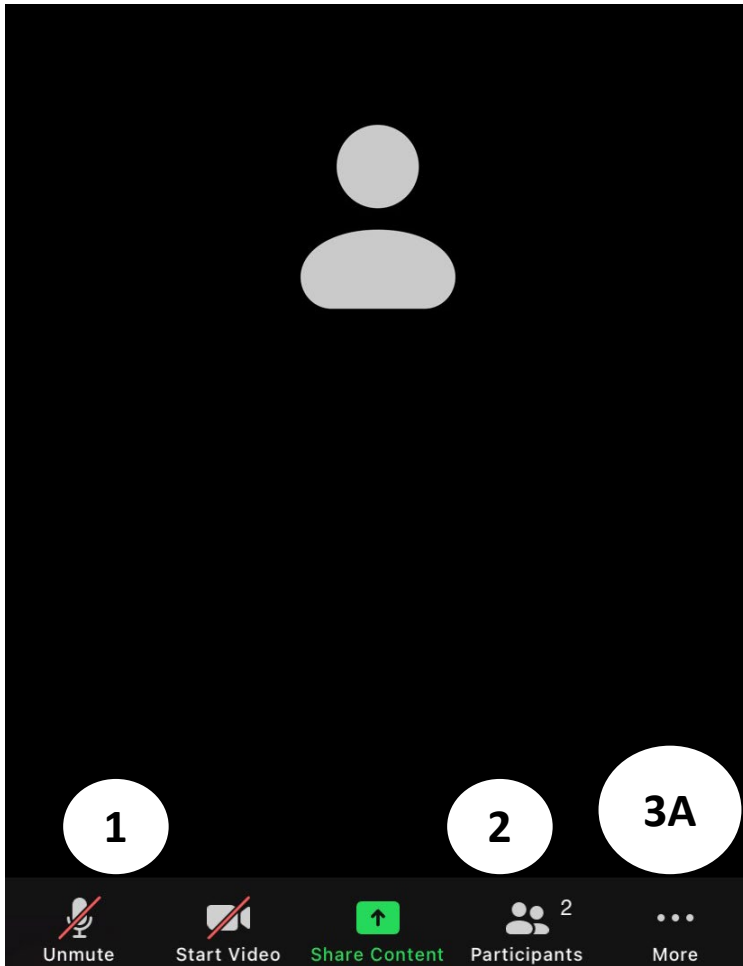
Using the Zoom Platform



The screenshot shows a Zoom meeting in progress. The main window is split into three video tiles: 'Host' (top left), 'Attendee 2' (top right, highlighted with a yellow border), and 'Attendee' (bottom center). The bottom toolbar contains various controls. Three numbered callouts are present: 1. A white circle with the number '1' is positioned over the bottom toolbar. 2. A white circle with the number '2' is positioned over the 'Participants' button in the bottom toolbar. 3. A white circle with the number '3' is positioned over the 'Reactions' menu, specifically highlighting the 'Raise Hand' option.

- 1 Click the lower part of your screen to mute/unmute, 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)

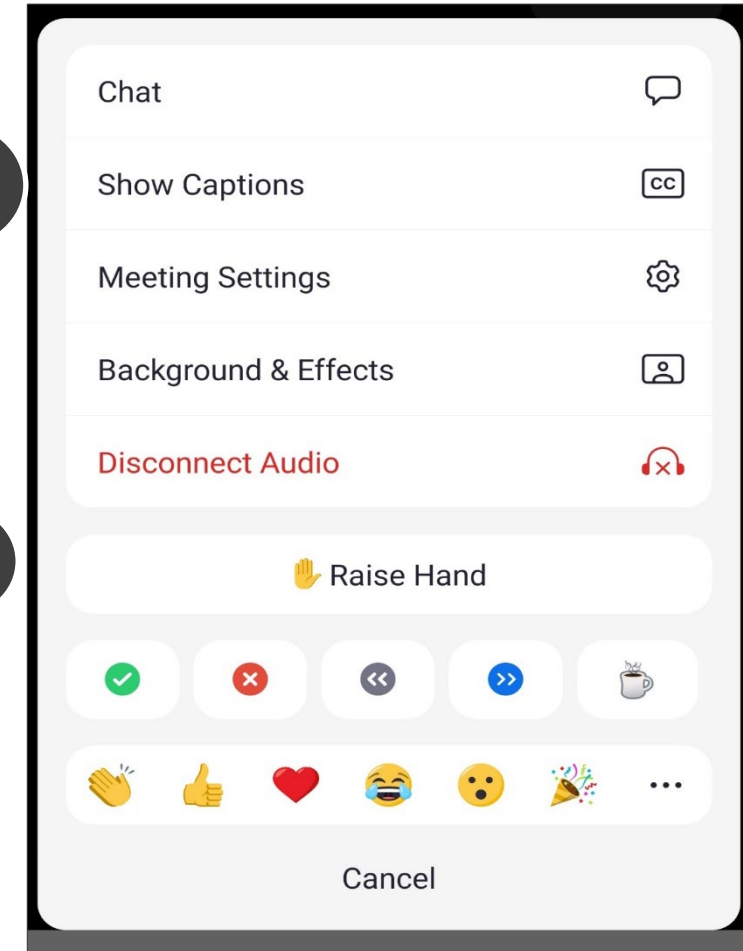


- 1 Click the lower part of your screen to mute/unmute, start or pause video
- 2 Click on the participant button to view the full participant list
- 3 Click on “more” button (3A) to view the chat box, (3B) to show closed captions, or (3C) to raise your hand. To raise your hand, select the raised hand function under the reactions tab



3B

3C



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, 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 I
- Elena Hughes, MS, 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 Spring 2024 Cycle Committee – *Recommendation Group*



- Matt Austin, PhD (***Non-Patient Co-Chair***)
- Patricia Merryweather-Arges, MA (***Patient Co-Chair***)
- Ashley Comiskey, MSN, RN, CCDS
- Carol Sakala, PhD, MSPH
- Cecilia Purcell
- Danny Barker, MBA, RRT
- Edward Bailly, MSHCDL, MSN, FNP-BC
- Geeta Sood, MD, ScM
- Gregory Bosci, DO
- Helen Haskell, MA
- Jean-Luc Tilly, MPA, PMP
- Jennifer Bailit, MD, MPH
- Jill Blazier, MSN-ED, RN, CPHQ
- Karen Fernandes, RN, CPHQ
- Karen Johnson, PhD
- Karen Wilding, BS
- Kyle Campbell, PharmD
- Marianne Kraemer, RN, MPA, M. Ed., CENP, CCRN-K-emeritus
- Pranali Trivedi, CPHQ
- Selena McCord, MPH
- Sherly Binu, MBA, MS, RN
- Tamaire Ojeda, MHSA, RDN, LD

Spring 2024 Subject Matter Experts*



- **Substance Use Disorder**
 - Mika Gans, MS, LMFT, CPHQ

*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).

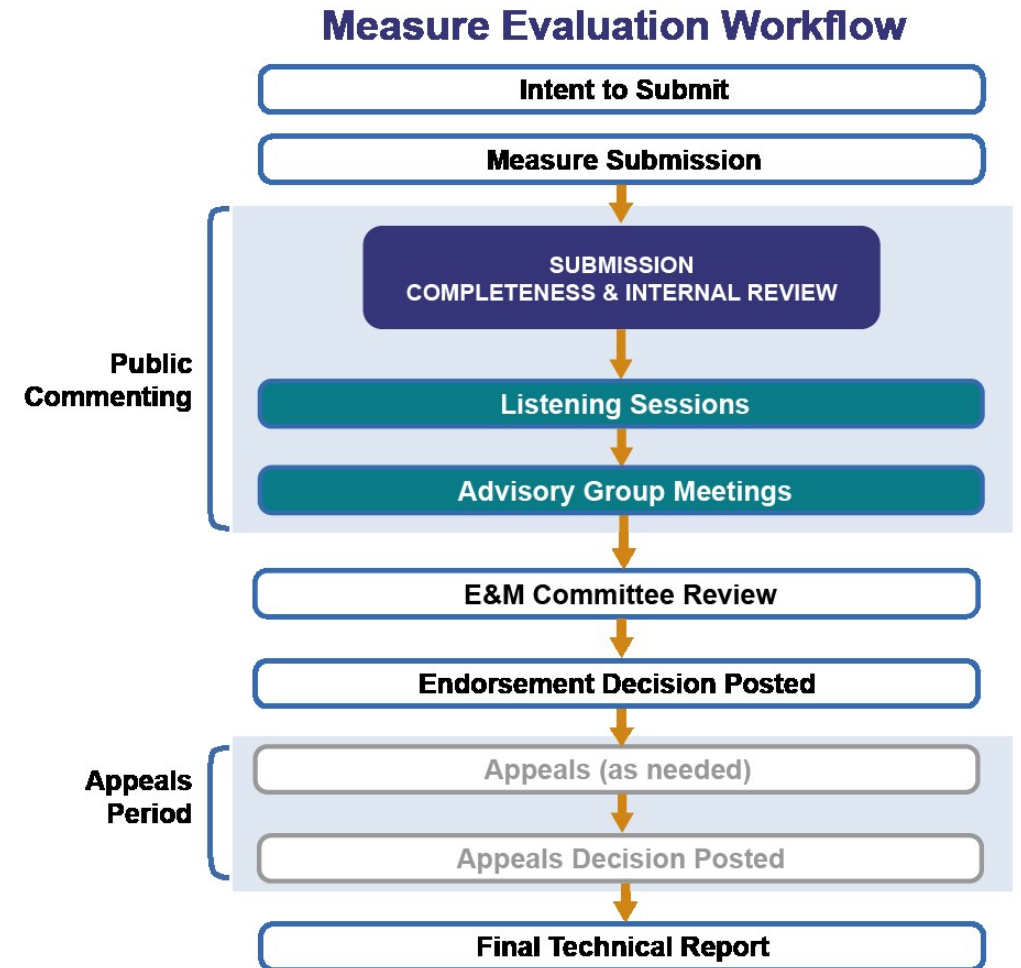
Overview of Evaluation Procedures



Six Major Steps of the E&M Process



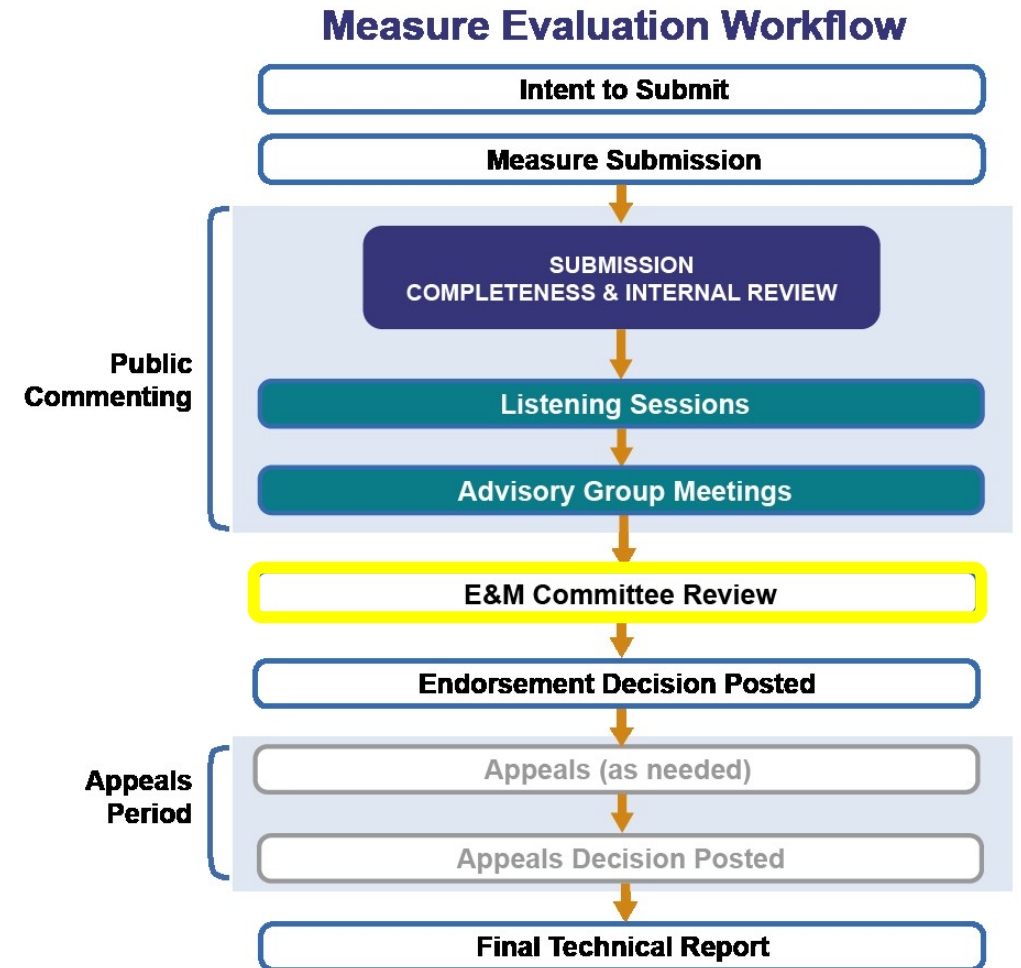
1. Intent to Submit
2. Full Measure Submission
3. Measure Public Comment Period
 - Public Comment Listening Sessions
 - Advisory Group Meetings
4. E&M Committee Review
5. Endorsement Decision
 - Recommendation Group Meetings
6. Appeals Period (as warranted)



Endorsement Meeting



- **Step:**
 - Recommendation Group members convene to review measures and conduct endorsement voting.
 - Developers/stewards respond to Recommendation Group member questions and feedback.
- **Timing:**
 - 1-2 months after Advisory Group meetings.
- **Outputs:**
 - Summary of Recommendation Group member proceedings, including final endorsement decisions, to be posted Partnership for Quality Measurement (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
 - Patient partner feedback
 - Recommendation Group discussion on discussion topics
 - 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	<p>a. Conduct additional evaluation/assessment of meaningfulness to the patient community (e.g., patients, caregivers, advocates).</p> <p>b. [For maintenance] Expand performance gap testing to a larger population.</p>	<p>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.</p> <p>b. Maintenance measure has narrow gap, which may be due to limited data/testing within a population that may not be fully representative.</p>
Reliability	<p>a. Consider mitigation strategies to improve measure's reliability, such as increasing the case volume, including more than 1 year of data.</p> <p>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.</p>	<p>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.</p>
Feasibility	<p>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.</p>	<p>a. Measure has experienced or is projected to experience implementation challenges.</p>
Use and Usability	<p>a. Implement a systematic feedback approach to better understand if challenges exist with implementing the measure.</p> <p>b. [For maintenance] Collect additional feedback from providers to ascertain the reasons why the measure is leveling off and describe appropriate mitigation approaches.</p>	<p>a. Measure has limited feedback due to low use and/or non-systematic feedback approach.</p> <p>b. Trend data show a leveling off of measure performance.</p>

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.

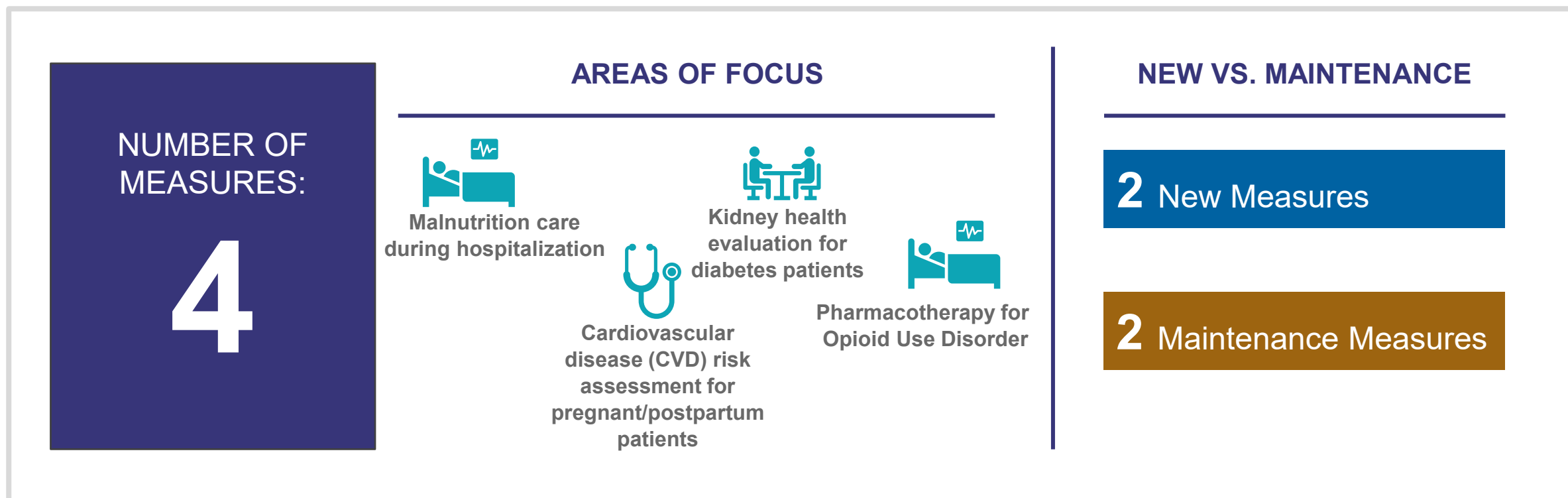
Overview of Spring 2024 Measures for Endorsement Consideration



Spring 2024 Measures for Committee Review



Four measures were submitted to the Initial Recognition and Management committee for endorsement consideration.



Spring 2024 Measures for Committee Review, *continued 1*



CBE Number	Measure Title	New/Maintenance	Developer/Steward
3592e	Global Malnutrition Composite Score	Maintenance	Commission on Dietetic Registration
4360	CVD Risk Assessment Measure - Proportion of Pregnant/Postpartum Patients Who Receive CVD Risk Assessment with a Standardized Tool	New	University of California, Irvine
4315e	Kidney Health Evaluation	New	National Kidney Foundation
3400	Use of Pharmacotherapy for Opioid Use Disorder	Maintenance	The Lewin Group/Centers for Medicare & Medicaid Services (CMS)

Test Vote



Voting Considerations and Troubleshooting



- Your voting link was sent to your email from “Voteer.”
 - Do not share your voting link with anyone, as it contains your personal voting code.
 - If you cannot find the voting link, please direct message the “PQM Co-host” or let us know verbally.
- If, at any point, you are having difficulties voting, try refreshing your page or opening the link in a different internet browser.
 - If you are still having difficulties, please let us know.

Decision Outcome	Description
Endorse	Applies to new and maintenance measures. You believe the measure meets all the criteria of endorsement.
Endorse with Conditions	Applies to new and maintenance measures. You believe the measure can be endorsed as it meets the criteria but also agree with any conditions identified for endorsement.
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 2024 Measures



CBE #3592e – Global Malnutrition Composite Score



Item	Description
Measure Description	This composite measure assesses the percentage of hospitalizations for adults aged 18 years and older at the start of the inpatient encounter during the measurement period with a length of stay equal to or greater than 24 hours who received optimal malnutrition care during the current inpatient hospitalization where care performed was appropriate to the patient's level of malnutrition risk and severity. A version of this measure, assessing performance only for adults aged 65 years and older, is currently endorsed and active in the Hospital Inpatient Quality Reporting Program (IQR); this submission describes a substantive change in the measure, as the population is changed to all adults aged 18 and older.
Developer/Steward	Commission on Dietetic Registration
New or Maintenance	Maintenance (last reviewed: Fall 2020)
Current or Planned Use	Public Reporting; Regulatory and Accreditation Programs; Quality Improvement

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Composite	Adults: 18 and older	Hospital: Acute Care Facility, Critical Access, Inpatient	Facility

CBE #3592e Public Comments



- 1 comment received

- One comment was supportive that the developer had changed the age to 18 and above. Before, this measure did not incorporate individuals with digestive disease or eating disorders.

Supportive of age change

1

CBE #3592e Staff Assessment



PQM Domain	Rating	Considerations
Importance	Not met but addressable	There is a business case for the measure with some supporting evidence. More recent evidence showing the importance of the measure to patients should be considered.
Feasibility	Not met but addressable	The developer conducted a feasibility assessment across three hospital systems representing two electronic health record (EHR) vendors, Epic and Meditech. They identified some issues with data element availability, accuracy, and standards at one of the three hospital systems but said issues would be resolved with measure implementation. They did not indicate whether all required data elements used to calculate this measure are routinely generated and used during care delivery.
Scientific Acceptability-Reliability	Met	The measure is well-defined. Reliability was assessed at both the patient and entity level. Reliability statistics are above the established thresholds.
Scientific Acceptability-Validity	Met	The developer assessed measure validity using accountable entity-level empirical validity, data element-level validity, and face validity. The interpretation of the empirical results supports an inference of validity.
Equity*	Met	The developer evaluated disparities in performance by race/ethnicity. The developer assessed how the measure contributes to efforts to address inequities in health care.
Use and Usability	Not met but addressable	Currently used in the Hospital IQR Program. The developer describes actions measured entities can take to improve performance on each component if the observation has a low score. The developer did not report any findings on the progress on improvement as data from measure reporting are not yet available.

*Equity is an optional domain

CBE 3592e Committee Independent Review



Importance (n=8)	Feasibility (n=8)	Reliability (n=8)	Validity (n=8)	Equity (n=8)	Use & Usability (n=8)
NC 50% Met; 50% Not Met but Addressable; 0% Not Met	NC 63% Met; 38% Not Met but Addressable; 0% Not Met	C – Met 88% Met; 0% Not Met but Addressable; 13% Not Met	C – Met 88% Met; 13% Not Met but Addressable; 0% Not Met	C – Met 88% Met; 13% Not Met but Addressable; 0% Not Met	NC 50% Met; 50% Not Met but Addressable; 0% Not Met

- A few reviewers requested for additional graded evidence and expressed concern that malnutrition is a post-admission problem.
- Reviewers who disagreed with the staff’s assessment for Feasibility noted that the feasibility issues identified may be unique to specific sites.
- Reviewers who disagreed with staff assessment for Use and Usability stated that although data are not yet available, the measure meets the evaluation criteria.

Legend:

C – Consensus; NC – No consensus; n – number of committee independent reviews

CBE #3592e Key Discussion Points



- **Importance:** The cited 2011 clinical practice guidelines from American Society for Parenteral and Enteral Nutrition have moderate to low grading and more recent evidence showing the importance of the measure to patients should be considered.
 - The developer noted the measure also follows the Nutrition Care Process, which standardizes terminology and improves consistency in malnutrition care. Also, 2023 input from the TEP included strong support for expanding the target population to include all adults aged 18+.
- **Feasibility:** Data element value sets not being coded.
 - The developer explained the data elements needed for the measure are part of the current standardized workflow, but few were mapped to associated codes/value sets for eCQM reporting because, outside of malnutrition diagnosis, prior nutrition-specific mapping was not clinically nor operationally indicated.
- **Measure Performance:** Range of performance across the testing sites was narrow.
 - The developer conducted a topped-out analysis that revealed the measure is not topped-out. While Measure Observation (MO) 1 may present with higher scores, the remaining components—MO2, MO3, and MO4—display notable variations.
- **Use and Usability:** Improvement data from measure reporting are not yet available.
 - The developer noted that calendar year 2024 offers the first opportunity for facilities to collect and report measure data on older adults.

CBE #4360 – CVD Risk Assessment Measure - Proportion of Pregnant/Postpartum Patients Who Receive CVD Risk Assessment With a Standardized Tool



Item	Description
Measure Description	This measure determines the percentage of pregnant or postpartum patients at a given clinic who were assessed for cardiovascular disease (CVD)* risk with a standardized tool, such as the CVD risk assessment algorithm developed by the California Maternal Quality Care Collaborative (CMQCC). The aim is to perform CVD risk assessment using a standardized tool on all (100%) eligible pregnant/postpartum patients.
Developer/Steward	University of California, Irvine
New or Maintenance	New
Current or Planned Use	Payment Program; Quality Improvement with Benchmarking; Other

Measure Type

Process

Target Population(s)

Patients receiving prenatal care and postpartum care at a health care facility

Care Setting

Birth Center, Clinician Office/Clinic, Emergency Department, Hospital: Inpatient, Hospital: Outpatient, Urgent Care - Ambulatory

Level of Analysis

Clinician: Group/Practice, Clinician: Individual

CBE #4360 Public Comments



- 61 comments received

- 59 of the comments were supportive, highlighting the potential to significantly reduce maternal mortality and improve health care quality by identifying high-risk cardiovascular conditions in pregnant and postpartum patients. In addition:
 - integration of the tool into EHR systems can streamline screening processes; and
 - early detection and management of CVD risk factors is important and can lead to timely and effective interventions.

Highly supportive

59

- One commenter asked for clarification on whether the measure is based on clinical guidelines that would outline how frequently the assessment should occur. They further stated they were unable to determine a performance gap and if the level of testing performed aligns with the levels of analysis.

Is this based on clinical guidelines?

1

- The commenter supports allowing those implementing the measure to modify the CQMCC risk assessment tool with additional data on CVD risk assessment or using an alternative method when available.
- The commenter noted that the CQMCC tool includes African American race as a variable, which is a proxy for implicit bias rather than a biological variable.

Implicit bias

1

CBE #4360 Staff Assessment



PQM Domain	Rating	Considerations
Importance	Met	Measure focus is well supported by empirical data, and similar assessments have been endorsed by clinician groups, including American College of Obstetricians and Gynecologists (ACOG). CVD is the leading cause of maternal mortality and many of these cases are preventable. The developer indicates that a measure assessing clinician performance in this area is lacking. It would be helpful to know what resources they reviewed before drawing this conclusion.
Feasibility	Met	The measure includes an algorithm to be integrated into EHRs, and once this is done the measure is easily generated, assuming appropriate training. While not categorized as an eCQM, the committee could consider whether this submission would benefit from more information regarding completeness of data elements across EHR systems, and if the implementation guide is sufficient. The developer does not describe any feasibility assessment performed for the paper option. The measure contains some proprietary code but there are no fees associated with the measure.
Scientific Acceptability-Reliability	Met	The measure is well-defined. Reliability was assessed at the entity level. Reliability statistics are above the established thresholds for all entities.
Scientific Acceptability-Validity	Met	The developer conducted empirical accountable entity-level validity testing. The developer also collected face validity feedback from a technical expert panel, 100% of which agreed that the measure is consistent with CVD diagnosis. The developer reported high (100%) face validity but provided no details regarding how this was assessed. While this criterion is scored as “Met,” the committee should consider requesting more information regarding the establishment of face validity for this measure. In addition, the committee should explore whether the performance characteristics of the instrument have been sufficiently evaluated.
Equity*	Not Met but Addressable	For this new measure, the developer cites empirical research that establishes disparities by race in maternal morbidity and mortality, including CVD. The developer did not report whether they explored potential disparities in their testing data.
Use and Usability	Met	The developer reports that the measure is currently used in the 2024 Merit-based Incentive Payment System Value Pathways (MIPS MVPs). The developer lists actions entities can take to improve performance, including identifying clinics or clinicians who underperform, prioritizing clinician training, integrating training into onboarding residents and new hires, and mentoring from experienced clinicians. The committee should consider whether there is a system for collecting and acting on feedback about the measure and if there have been any unintended consequences with its use.

CBE #4360 Committee Independent Review



Importance (n=9)	Feasibility (n=9)	Reliability (n=9)	Validity (n=9)	Equity (n=9)	Use & Usability (n=9)
C – Met 78% Met; 22% Not Met but Addressable; 0% Not Met	NC 56% Met; 44% Not Met but Addressable; 0% Not Met	C – Met 78% Met; 11% Not Met but Addressable; 11% Not Met	NC 67% Met; 22% Not Met but Addressable; 11% Not Met	NC 56% Met; 44% Not Met but Addressable; 0% Not Met	C – Met 78% Met; 11% Not Met but Addressable; 11% Not Met

- Overall, reviewers indicated that the measure was important, yet it lacked essential evidence to fully support.
- For Feasibility, four reviewers asserted that further systematic assessment is needed or a description of a strategy to make routine data capture feasible at the levels of analysis and settings listed.
- Concern with validity testing, as face validity was not well described. Data element testing was not conducted, and for the empiric accountable entity-level testing, 13 of those screened had confirmed CVD while 11 of those not screened had confirmed CVD (i.e., the same rate).
- For Equity, the developer did not report whether they explored potential disparities in their testing data.

Legend:

C – Consensus; NC – No consensus; n – number of committee independent reviews

CBE #4360 Key Discussion Points



- **General Support/Importance:** Many health care professionals, organizations, and patient advocacy groups indicated strong support: maternal mortality rates are an important issue with a large gap.
- **Feasibility and EHR Integration:** Further systematic assessment is needed or a description of a strategy to make routine data capture feasible at the levels of analysis and settings listed, including implementing the tool into EHR systems.
 - The developer noted the CVD Risk Assessment Tool has been successfully implemented in various institutions including two of the most used EHR systems (Epic and Cerner) and it takes about 20 hours of IT time to develop and integrate into EHRs. Although integration into EHR systems requires an IT investment, the time required is comparable to other EHR system changes; and this burden should be weighed against the immense potential benefit to patients.
- **Rescreening:** Advisory Group members questioned the frequency of rescreening.
 - The developer noted the measure is intended for use during the pregnancy episode limited to visits for direct obstetrical care. A banner alerts providers to complete the CVD Risk Assessment once a pregnancy episode is initiated in the electronic record. The banner changes colors after the risk assessment is completed, preventing unnecessary screening. Institutions without an EMR may establish an alternate process based on their resources.
- **Validity Testing:** Face validity was not well described. Data element testing was not conducted, and for the empiric accountable entity-level testing, 13 of those screened had confirmed CVD while 11 of those not screened had confirmed CVD (i.e., the same rate).

Lunch

Meeting will resume at 12:50 PM ET



Evaluation of Spring 2024 Measures



CBE #4315e – Kidney Health Evaluation



Item	Description
Measure Description	Percentage of patients aged 18-85 years with a diagnosis of diabetes who received a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) within the 12-month measurement period.
Developer/Steward	National Kidney Foundation
New or Maintenance	New
Current or Planned Use	Payment Program



CBE #4315e Public Comments



- Four comments received.

• One comment expressed that this measure is important, and they were glad it is an eCQM and that the developer added the secondary eGFR.

Supportive

1

• Two comments recommended modifications by 1) aligning with National Committee for Quality Assurance's Kidney Health Evaluation for Patients with Diabetes (KED) HEDIS, and 2) lowering the age limit to 75 years to reduce the likelihood of including persons with less than 5 years of life expectancy.

Modifications-
alignment and age

2

• One comment questioned whether the measure produces scores that are sufficiently reliable as the minimum reliability was .042.

Reliability

1

CBE #4315e Staff Assessment



PQM Domain	Rating	Considerations
Importance	Met	There is a business case for the measure along with supporting evidence for the importance of the measured process with demonstrated gap in performance.
Feasibility	Not met but addressable	The developer conducted a feasibility assessment across two ambulatory practices. The developer identified some data elements that, while available in the EHR, were not in structured fields. Additional feasibility testing should be considered by the developer.
Scientific Acceptability-Reliability	Not met but addressable	Overall, the reliability testing shows at least 75% of accountable entities are above 0.6. At least six clinicians included in the analysis have only one patient each. These clinicians would each have reliability equal to 1.0 because they do not have multiple patients so within-clinician variability is 0.0. The developer may consider expanding the testing to a larger sample for future evaluations.
Scientific Acceptability-Validity	Not met but addressable	The developer conducted data element validity testing in two ambulatory practices, finding agreement rates to be high for the denominator (94% overall agreement) and denominator exclusions (84% overall agreement) and moderate for the numerator (50% overall agreement). Kappa values for two data elements critical to the calculation of the numerator (eGFR and uACR) were lower than 0.4 (indicating “poor” agreement). Additional testing to assess numerator validity in other sites should be considered by the developer.
Equity*	Met	The developer evaluated disparities in performance by subgroups (age, sex, race, ethnicity). The developer assessed how the measure contributes to efforts to address inequities in health care.
Use and Usability	Met	The measure is currently used in the MIPS program. The developer describes actions measured entities can take to improve performance.

CBE #4315e Committee Independent Review



Importance (n=9)	Feasibility (n=9)	Reliability (n=9)	Validity (n=9)	Equity (n=9)	Use & Usability (n=9)
C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	NC 33% Met; 67% Not Met but Addressable; 0% Not Met	NC 33% Met; 67% Not Met but Addressable; 0% Not Met	NC 22% Met; 67% Not Met but Addressable; 11% Not Met	NC 67% Met; 11% Not Met but Addressable; 22% Not Met	NC 67% Met; 33% Not Met but Addressable; 0% Not Met

- Reviewers noted that the developer identified some data elements that, while available in the EHR, were not in structured fields. Additional feasibility testing should be considered by the developer.
- Reviewers raised similar concerns as the staff assessment with respect to the measure’s reliability and validity testing.
- Overall, members found the measure valuable and important, but called for additional data and testing to better evaluate the measure.

Legend:

C – Consensus; NC – No consensus; n – number of committee independent reviews

CBE #4315e Key Discussion Points



- **Feasibility and Validity:** Kappa values for two data elements critical to the calculation of the numerator (eGFR and uACR) were lower than 0.4 (indicating “poor” agreement).
 - The developer explained that the clinical sites that participated in testing are part of a system that provides ambulatory care and have more limitations in accessing laboratory data in discrete fields. However, in many health care systems (including ambulatory only) these elements are available for electronic reporting and agreement is expected to be higher. Does the committee have any concerns based on the developer’s response?
- **Measure Alignment:** Two public comments expressed the need to align with National Committee for Quality Assurance’s (NCQA) Kidney Health Evaluation for Patients with Diabetes (KED) HEDIS, and to lower the age limit to 75 years to reduce the likelihood of including persons with less than 5 years of life expectancy.
 - The developer noted that NKF will be employing the same value sets used by NCQA in their annual update to ensure alignment between these measures. The developer added that the age range in this measure is harmonized across the Merit-based Incentive Payment System and HEDIS quality measure platforms.
- **Reliability:** At least six clinicians included in the analysis have only one patient each. These clinicians would each have reliability equal to 1.0 because they do not have multiple patients so within-clinician variability is 0.0. The developer may consider expanding the testing to a larger sample for future evaluations.

CBE #3400 – Use of Pharmacotherapy for Opioid Use Disorder



Item	Description
Measure Description	The Use of Pharmacotherapy for Opioid Use Disorder measure evaluates the percentage of Medicaid or Medicare-Medicaid participants, aged 18 years and older, who have been diagnosed with an opioid use disorder (OUD) who filled a prescription for, were administered, or dispensed, a Food and Drug Administration (FDA)-approved medication to treat or manage OUD during the measurement year.
Developer/Steward	The Lewin Group/Centers for Medicare & Medicaid Services (CMS)
New or Maintenance	Maintenance (last reviewed: Spring 2018)
Current or Planned Use	Quality Improvement with Benchmarking (external benchmarking to multiple organizations); Quality Improvement (Internal to the specific organization)

Measure Type

Process

Target Population

Medicaid or dual-eligible beneficiaries aged 18 years and older

Care Setting

Behavioral Health: Inpatient, Outpatient; Emergency Department; Hospital: Acute Care Facility, Critical Access, Inpatient, Outpatient; Inpatient, Outpatient Rehabilitation Facility; Pharmacy

Level of Analysis

Population or Geographic Area

CBE #3400 Public Comments



- One comment received.

- One comment asked if the developer had looked at Medicare Advantage as older populations have a higher incidence of overdose. The commenter felt the measure was very important.

Supportive

1

CBE #3400 Staff Assessment



PQM Domain	Rating	Considerations
Importance	Met	There are no current measures that include a state-level analysis and require medication fulfillment within the measurement year.
Feasibility	Met	Data are comprised of administrative claims. No feasibility issues identified.
Scientific Acceptability-Reliability	Met	The measure is well-defined. Reliability is assessed at the state level. Reliability statistics are above 0.6.
Scientific Acceptability-Validity	Met	The technical expert panel agreed on support the face validity of the measure. For empirical testing, the results show a strong correlation (0.7 or greater) between CBE #3400 and CBE#3453 and the HEDIS IET measures.
Equity*	Met	The developer described meaningful differences in measure rates for patients of different ages, races, sex, and dual eligibility status.
Use and Usability	Not met but addressable	The current use of the measure is documented; however, usability feedback was inconclusive and additional data are needed to understand barriers to use.

*Equity is an optional domain

CBE #3400 Committee Independent Review



Importance (n=9)	Feasibility (n=9)	Reliability (n=9)	Validity (n=9)	Equity (n=9)	Use & Usability (n=9)
C – Met 89% Met; 11% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 100% Met; 0% Not Met but Addressable; 0% Not Met	C – Met 89% Met; 11% Not Met but Addressable; 0% Not Met	C – Met 78% Met; 22% Not Met but Addressable; 0% Not Met	NC 56% Met; 44% Not Met but Addressable; 0% Not Met

- Reviewers largely agreed with the staff assessment for all domains, except Use and Usability. Committee members did not reach consensus on Use and Usability as some argued that the measure is usable for guiding decision-making and improving health care quality and health outcomes. In addition, no feedback had been received indicating any issues with the measure.

Legend:

C – Consensus; NC – No consensus; n – number of committee independent reviews

CBE #3400 Key Discussion Points



- **Usability:** The current use of the measure is documented; however, usability feedback was inconclusive and additional data are needed to understand barriers to use.
 - The developer reported that no substantive comments have been received on this measure from the public or accountable entities.
- **Unintended Consequence:** A few Advisory Group members expressed concern over encouraging the use of pharmacotherapy to the detriment of the patient themselves or other therapies that may already be working or be more appropriate for a certain patient. Does the committee have concerns?
 - The developer noted that the goal of this measure is to provide information rather than penalization, and that the goal is not to reach 100%, as pharmacotherapy may not be appropriate for everyone. The developer further noted that it will continue to explore this topic with CMS.

Break

Meeting will resume at 2:30 PM ET



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 Spring 2024 E&M Cycle



Meeting Summary

- **Publish Meeting Summary:** August 30, 2024



Upcoming Meetings

- **Appeals Committee Meeting:** September 30, 2024



Final Report

- **Publish Final Technical Report:** October/November 2024

A Special Thank You To Our Committee Members!



- Carol Sakala
- Cecilia Purcell
- Danny Barker
- Edward Bailly
- Geeta Sood
- Helen Haskell
- Jennifer Bailit
- Karen Fernandes
- Karen Johnson
- Karen Joswick (Wilding)
- Kyle Campbell
- Pranali Trivedi
- Sherly Binu
- Tamaire Ojeda

Thank You!

Have questions? Contact us at
PQMsupport@battelle.org





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