

National Consensus Development and Strategic Planning for Health Care Quality Measurement

Spring 2024 Management of Acute Events and Chronic Conditions Endorsement Meeting Summary

Overview

Battelle, the consensus-based entity (CBE) for the Centers for Medicare & Medicaid Services (CMS), convened the Recommendation Group of the Management of Acute Events and Chronic Conditions committee on [July 30, 2024](#), for discussion and voting on measures under endorsement consideration for the Spring 2024 cycle. Meeting participants joined virtually through a Zoom meeting platform. Measure stewards/developers and members of the public were also in attendance.

The objectives of the meeting were to:

- Review and discuss measures submitted to the committee for the Spring 2024 cycle;
- Review staff preliminary assessments, Advisory and Recommendation Group feedback, public comments, and developer responses regarding the measures under endorsement review; and
- Render endorsement decisions using a virtual voting platform.

This summary provides an overview of the meeting, the Recommendation Group deliberations, and the endorsement decision outcomes. Full measure information, including all public comments, staff preliminary assessments, Advisory Group feedback, and committee independent reviews can be found on the project committee's webpage on the [Partnership for Quality Measurement \(PQM\) website](#).

After the endorsement meeting, measures and endorsement decisions enter an appeals period for 3 weeks, from August 30-September 20, 2024. Any interested party may submit an appeal, which will be reviewed for eligibility according to the criteria within the [Endorsement and Maintenance \(E&M\) Guidebook](#). If eligible, the Appeals Committee, consisting of all co-chairs from the five E&M project committees, will convene to evaluate the appeal and determine whether to maintain or overturn an endorsement decision.

Welcome, Roll Call, and Disclosures of Interest

Matt Pickering, PharmD, Battelle's E&M task lead, welcomed the attendees to the meeting and introduced his co-presenters, Anna Michie, E&M deputy task lead, and Isaac Sakyi, and his co-facilitator Nicole Brennan, executive director of PQM. Dr. Pickering also introduced the committee co-chairs, Marybeth Farquhar, PhD, MSN, RN, and Whitney Bowman-Zatkin, MPA, MSR, who each provided welcoming remarks.

Mr. Sakyi then conducted roll call, and members disclosed any perceived conflicts of interest regarding the measures under review. Two members were recused from voting based on Battelle's [conflict of interest policy](#). Jason H. Wasfy was recused from voting on CBE #0133 because he collaborated with the measure developer in his role as committee chair evaluating

the measure. Lisa Suter was recused from voting on CBE #3455 because she works for the measure developer.

After roll call, Battelle staff established whether quorum was met and outlined the procedures for discussing and voting on measures. The discussion quorum requires the attendance of at least 60% of the active Recommendation Group members (n=14). Voting quorum requires at least 80% of active Recommendation Group members who have not recused themselves from the vote (n=18, except for CBE #0133 and CBE #3455 in which n=17). Voting quorum was not established during the committee roll call; however, discussion quorum was achieved. Consequently, endorsement decisions were not finalized during the meeting. The Recommendation Group members in attendance discussed the measures and submitted their endorsement votes. After the endorsement meeting, the E&M team shared the meeting recording with Recommendation Group members who were not present during the meeting and requested they submit their endorsement vote via an offline voting tool within 2 business days.

Evaluation of Candidate Measures

Ms. Michie provided an overview of the five measures under review. For the Spring 2024 cycle, the Management of Acute Events and Chronic Conditions committee received one new measure and four measures for maintenance review (Figure 1). The measures focused on care for ischemic vascular disease (IVD) patients, in-hospital mortality for percutaneous coronary intervention, bloodstream infections in hemodialysis outpatients, follow-up after acute exacerbations of chronic conditions, and hospitalized patients with chest imaging confirmation.

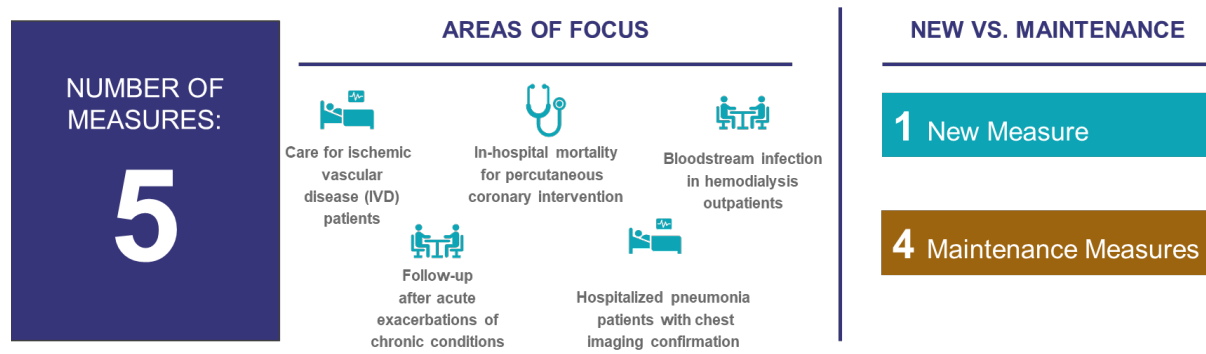


Figure 1. Management of Acute Events and Chronic Conditions measures for Spring 2024.

Battelle convened a public Advisory Group meeting on [June 3, 2024](#) to gather initial feedback and questions regarding the measures under endorsement review. Battelle summarized the Advisory Group’s feedback and questions and shared them with developers/stewards for review and written response. Battelle shared the Advisory Group feedback and questions, along with the developer/steward responses, with the Recommendation Group a week prior to the endorsement meeting.

On June 17, 2024, the Recommendation Group received the full measure submission details for each measure up for review, including all attachments, the [PQM Measure Evaluation Rubric](#), the public comments received for the measure under review, and the staff preliminary assessments.

Recommendation Group members were asked to independently review each measure against the PQM Measure Evaluation Rubric. Recommendation Group members assigned a rating of “Met,” “Not Met but Addressable,” or “Not Met” for each domain of the PQM Measure Evaluation Rubric. In addition, Recommendation Group members provided associated rationales for each

domain rating, which were based on the rating criteria listed for each domain. Battelle staff [aggregated](#) and [summarized](#) the results and distributed them back to the Recommendation Group, and to the respective measure developers/stewards, for review within 1 week of the endorsement meeting. Battelle staff compiled these independent committee member ratings, and Battelle facilitators and committee co-chairs used them to guide committee discussions.

During the endorsement meeting, the Recommendations Group voted to endorse four measures and to endorse one measure with conditions (Table 1). Summaries of the Recommendation Group's deliberations for each measure along with any conditions for endorsement are noted below.

Table 1. Spring 2024 Management of Acute Events and Chronic Conditions Endorsement Decisions

CBE ID	Measure Title	New/ Maintenance	Endorsement Decision	Endorse N (%)	Endorse with Conditions N (%)	Not Endorse/Remove Endorsement N (%)	Recusals
0076	Optimal Vascular Care	Maintenance	Endorse	18 (100.00%)	N/A	0 (0.00%)	0
0133	In-Hospital Risk Standardized Mortality for Percutaneous Coronary Intervention (Excluding Cardiogenic Shock and Cardiac Arrest)	Maintenance	Endorse	17 (100.00%)	N/A	0 (0.00%)	1
1460	Bloodstream Infection in Hemodialysis Outpatients	Maintenance	Endorse with Conditions	13 (68.42%)	6 (31.58%)	0 (0.00%)	0
3455	Timely Follow-Up After Acute Exacerbations of Chronic Conditions	Maintenance	Endorse	18 (100.00%)	N/A	0 (0.00%)	1
4440e	Percent of Hospitalized Pneumonia Patients with Chest Imaging Confirmation	New	Endorse	17 (89.47%)	N/A	2 (10.53%)	0

N/A - indicates that no conditions were raised, so the "Endorsed with Conditions" option was not applicable for the measure.

CBE #0076: Optimal Vascular Care [Minnesota Community Measurement]

[Specifications](#) | [Discussion Guide](#)

Description: The percentage of patients 18-75 years of age who had a diagnosis of ischemic vascular disease (IVD) and whose IVD was optimally managed during the measurement period as defined by achieving ALL of the following:

- Blood pressure less than 140/90 mmHg
- On a statin medication, unless allowed contraindications or exceptions are present
- Non-tobacco user
- On daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present

Committee Final Vote: Endorse

Vote Count: Endorse (18 votes; 100.00%), Remove Endorsement (0 votes; 0.00%); recusals (0).

Public Comments: One public comment was received prior to the meeting in support of the measure.

Measure Discussion:

Discussion Topic/Theme	Recommendation Group Discussion
Importance and Evidence	<ul style="list-style-type: none"> • A few Recommendation Group members noted clinical guidelines support the components of this measure, particularly aspirin use for secondary prevention. • The developer also explained this measure is predominantly focused on providers to ensure they are providing optimal care to their patients. • Recommendation Group members agreed that this measure is important given the large number of Americans who are afflicted with various vascular and cardiovascular diseases. • A few Recommendation Group members highlighted that the measure focuses on evaluating provider behavior (e.g., appropriate prescribing and treatment) as opposed to patient adherence.
Performance Scores	<ul style="list-style-type: none"> • In response to comments received from the Advisory Group regarding the decrease in performance scores from 2022 to 2021, the developer reported that rates went down during the pandemic. The developer added that they are seeing more stabilization and increased rates in 2023 data.
Equity Considerations	<ul style="list-style-type: none"> • A Recommendation Group member inquired about the use of telehealth services within the measure. • The developer clarified they added the telehealth option to ensure they could capture more patients. • The developer added that although they did not submit data for the optional equity domain, it is very important to them, and they have compared results across several sub-populations (race, ethnicity, country of origin, preferred language) for 2021 and 2022. The developer is focused on identifying significant lags in care across these sub-populations and providing information to medical groups to drive improvement.

Discussion Topic/Theme	Recommendation Group Discussion
Composite	<ul style="list-style-type: none"> A Recommendation Group member inquired whether patients are excluded from the measure if they do not meet all four areas of the composite. The developer confirmed that the composite is all or none with an exception for aspirin use. If a patient is unable to take aspirin but meets the other three criteria, they are considered as meeting all four criteria.

Additional Recommendations: None.

CBE #0133: In-Hospital Risk Standardized Mortality for Percutaneous Coronary Intervention (Excluding Cardiogenic Shock and Cardiac Arrest) [American College of Cardiology]

[Specifications](#) | [Discussion Guide](#)

Description: This measure estimates a hospital-level risk standardized mortality rate (RSMR) in adult patients without cardiogenic shock or cardiac arrest undergoing percutaneous Coronary Intervention (PCI). The outcome is defined as in-hospital mortality following a PCI procedure performed during the episode of care. Mortality is defined as death for any cause during the episode of care.

Committee Final Vote: Endorse

Vote Count: Endorse (17 votes; 100.00%), Remove Endorsement (0 votes; 0.00%); recusals (1).

Public Comments: One public comment was received prior to the meeting. The commenter asked a measure specification question.

Measure Discussion:

Discussion Topic/Theme	Recommendation Group Discussion
Inpatient vs. 30-day Mortality	<ul style="list-style-type: none"> A Recommendation Group member noted the importance of the current measure focus (i.e., inpatient mortality) and described the challenges of differentiating between all-cause mortality and PCI-related mortality after discharge (e.g., accuracy issues with cause of death).
Performance Gap/Use and Usability	<ul style="list-style-type: none"> Recommendation Group members discussed the performance gap, specifically in terms of quality improvement and whether facilities and providers have a mechanism for understanding how they can improve (e.g., other process measures). The developer indicated that the CathPCI Registry captures a suite of process and outcome measures that can be paired with this mortality measure to drive improvement.
Equity	<ul style="list-style-type: none"> The developer considered several variables related to equity including age, sex, proportion of non-white individuals, and Medicaid status. They found performance was generally distributed similarly across each of the different subpopulations.

Discussion Topic/Theme	Recommendation Group Discussion
	<ul style="list-style-type: none"> The developer noted they have added a feature to their electronic dashboard that allows users to stratify their process and outcome measures by different groups to help them see how they are performing and to ensure equitable care.
Risk Adjustment	<ul style="list-style-type: none"> A Recommendation Group member asked whether the measure adjusts for hospitals with a low volume of PCI procedures. The developer explained that they used a risk-standardized approach, which accounts for differences in case volume.

Additional Recommendations: None.

CBE #1460: Bloodstream Infection in Hemodialysis Outpatients [Centers for Disease Control and Prevention, National Healthcare Safety Network]

[Specifications](#) | [Discussion Guide](#)

Description: Annual standardized infection ratio (SIR) of bloodstream infections (BSIs) among children and adults receiving maintenance hemodialysis at outpatient hemodialysis facilities. BSIs are defined as positive blood cultures for hemodialysis patients which are reported monthly by participating facilities. The SIR is reported for a yearly period (calendar year) and is calculated by dividing the number of observed BSIs by the number of predicted BSIs during the year.

Committee Final Vote: Endorse with Conditions

Conditions:

- Update the BSI rate baseline year (2014 in current submission) by measure maintenance.

Vote Count: Endorse (13 votes; 68.42%), Endorse with Conditions (6 votes; 31.58%), Remove Endorsement (0 votes; 0.00%); recusals (0).

Public Comments: No public comments were received prior to the meeting.

Measure Discussion:

Discussion Topic/Theme	Recommendation Group Discussion
Importance/Infection Attribution	<ul style="list-style-type: none"> Several Recommendation Group members noted the importance of this measure. A Recommendation Group member explained that, while there may be concerns about infection attribution to the dialysis facility and potential overreporting, this measure ensures that these serious events are being caught and reported and assists with prevention efforts and education.
Predisposition to Infections	<ul style="list-style-type: none"> A Recommendation Group member inquired as to whether access type might predispose an infection. The developer indicated that access type was the most salient factor they found to be associated with the incidence of BSIs. As a result, they collect information about the patient’s access type, and this is accounted for in the SIR calculation. The developer added

Discussion Topic/Theme	Recommendation Group Discussion
Reliability	<p>that they will be including additional covariates beyond access type to their model for additional discrimination in BSI incidents.</p> <ul style="list-style-type: none"> Another Recommendation Group member noted that lack of education regarding a patient's health and their inability to care for themselves might predispose them to a higher risk of infections. <hr/> <ul style="list-style-type: none"> Recommendation Group members acknowledged the low reliability results across entities with a low number of expected events. One Recommendation Group member suggested the developer explore a minimum-case threshold to improve the results. The developer explained that the measure captures many facilities with variation in the volume of exposure. BSIs are rare enough that 30% of facilities report zero events. Thus, if the developer were to prioritize achieving a reliability score of 0.7 or higher, they would be restricted to a small subset of facilities with enough exposure to meet that signal-to-noise reliability score. In response to a Recommendation Group member's suggestion to have a minimum threshold of expected events to help increase reliability, the developer explained they considered having a bare minimum of one event in the denominator. However, clinicians noted that many facilities would not meet this criterion and, thus, would be excluded from assessment. Given the importance of monitoring for any BSI event, they decided to err on the side of inclusion and include any positive number of events.
Baseline Data	<ul style="list-style-type: none"> Recommendation Group members recommended updating the baseline year from 2014. The developer explained that they plan on updating the baseline year. The Recommendation Group placed one condition on the measure, which was to update the baseline year by the next measure maintenance.

Additional Recommendations: None.

[CBE #3455: Timely Follow-Up After Acute Exacerbations of Chronic Conditions \[Yale CORE/CMS\]](#)

[Specifications](#) | [Discussion Guide](#)

Description: This is a measure of follow-up clinical visits for patients with chronic conditions who have experienced an acute exacerbation of one of six conditions (eight categories) of interest (coronary artery disease [CAD] {high or low acuity}, hypertension {high or medium acuity}, heart failure [HF], diabetes, asthma, and chronic obstructive pulmonary disease [COPD]) and are among adult Medicare Fee-for-Service (FFS) beneficiaries who are attributed to entities participating in the CMMI Accountable Care Organization (ACO) Realizing Equity, Access, and Community Health (REACH) model.

Committee Final Vote: Endorse

Vote Count: Endorse (18 votes; 100.00%), Remove Endorsement (0 votes; 0.00%); recusals (1).

Public Comments: Two supportive public comments were received prior to the meeting.

Measure Discussion:

Discussion Topic/Theme	Recommendation Group Discussion
Importance to Patients	<ul style="list-style-type: none"> Recommendation Group members noted the importance of this measure to the patient population.
Reporting Windows	<ul style="list-style-type: none"> A Recommendation Group member asked if there was a rationale behind the different follow-up windows for the different chronic conditions. The member also requested clarification about the exclusion criteria for readmitted patients. The developer explained that they used evidence-based guidelines to determine the follow-up intervals. The recommendations are different based on the patient’s condition (e.g., some less-severe conditions may not require follow-up as soon as others). The developer clarified that the measure does not exclude any acute exacerbations. There is an exclusion for another visit within 2 days of the initial visit because it is considered a continuation of the same visit.
Provider Types	<ul style="list-style-type: none"> In response to comments from the Advisory Group meeting regarding the providers that could fulfill the measure, the developer highlighted that over 180 codes can count for the follow-up visit (e.g., rehabilitation visits, behavioral health, telehealth with physicians or other health care providers, and home visits with physicians or other healthcare providers).

Additional Recommendations: A Recommendation Group member noted that pharmacists are not recognized as providers in the Social Security Act despite being highly trained professionals. Looking at the codes in the measure, pharmacists likely would not be able to bill for most services provided. The member noted it would be helpful for pharmacists to be included as providers so they can help with these types of measures. Another Recommendation Group member echoed this sentiment and noted the importance of ensuring that pharmacists can seek reimbursement as they are becoming the most accessible health care practitioner to some patients.

CBE #4440e: Percent of Hospitalized Pneumonia Patients with Chest Imaging Confirmation [University of Utah]

[Specifications](#) | [Discussion Guide](#)

Description: The chest imaging-confirmed measure of pneumonia diagnosis is a process measure of inpatient hospitalizations that identifies the proportion of adult patients hospitalized with a discharge diagnosis of pneumonia and who received systemic or oral antimicrobials at any time during admission who received chest imaging that supported the diagnosis of pneumonia, as recommended by clinical practice guidelines.

Committee Final Vote: Endorse

Vote Count: Endorse (17 votes; 89.47%), Not Endorse (2 votes; 10.53%); recusals (0).

Public Comments: One supportive public comment was received prior to the meeting.

Measure Discussion:

Discussion Topic/Theme	Recommendation Group Discussion
Equity Considerations	<ul style="list-style-type: none"> • A Recommendation Group member asked if a facility, such as a critical access hospital or rural hospital, might not perform a chest X-ray because of having access to fewer resources. • The developer explained that some health care settings might not be appropriate to receive a chest X-ray due to higher risk to the patient or patient cost or burden. However, the developer chose the inpatient population as the denominator because chest imaging with radiography is 100% available across all U.S. emergency departments and hospitals.
Antimicrobial Use	<ul style="list-style-type: none"> • A Recommendation Group member asked if there was a longer-term metric that might also look at the inappropriate prescription of antimicrobials. • The developer indicated that this measure complements other measures focused on the judicious use of antibiotics. They detailed ways clinicians might change diagnoses to warrant the use of antibiotics; however, the standard of care for treating pneumonia is to also receive a chest image.
Potential Overuse of CT Scans	<ul style="list-style-type: none"> • Recommendation Group members discussed the potential overuse of CT scans, mentioning the Choosing Wisely campaign, which encourages providers to reduce the numbers of tests they order. • The developer explained that a chest X-ray might not be accurate or appropriate in all circumstances. In discussions with patients, the developer said that many expressed a strong preference to go through a CT scan and take the radiation risk if that would improve their chances of receiving an accurate diagnosis. • A patient representative collaborating with the developer shared their personal experience with CT scans and chest X-rays. They indicated their radiographs are often difficult to read and CT scans are helpful because they allow for comparison over time and easier recognition of pneumonia. • Patient representatives from the Recommendation Group appreciated hearing from a patient and expressed the importance of ensuring that measures center the patient as the ultimate decision-maker.

Additional Recommendations: None.

Next Steps

Battelle staff shared that a meeting summary would be published by August 30, 2024. The appeals period will run from August 30 – September 20, 2024. If an eligible appeal is received, the appeals committee will meet on September 30, 2024, to evaluate the appeal and determine whether to maintain or overturn an endorsement decision.