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Spring 2025 Management of Acute Events and Chronic Conditions Recommendation Group Endorsement Meeting

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Welcome

Agenda

- Welcome and Review of Meeting Objectives and Ground Rules
- Roll Call with Disclosures of Interest
- Overview of Evaluation Procedures and Measures for Endorsement Consideration
- Test Vote
- Evaluation of Spring 2025 Measures
- Maintenance Measure Reconsideration
- Next Steps
- Adjourn

Meeting Objectives

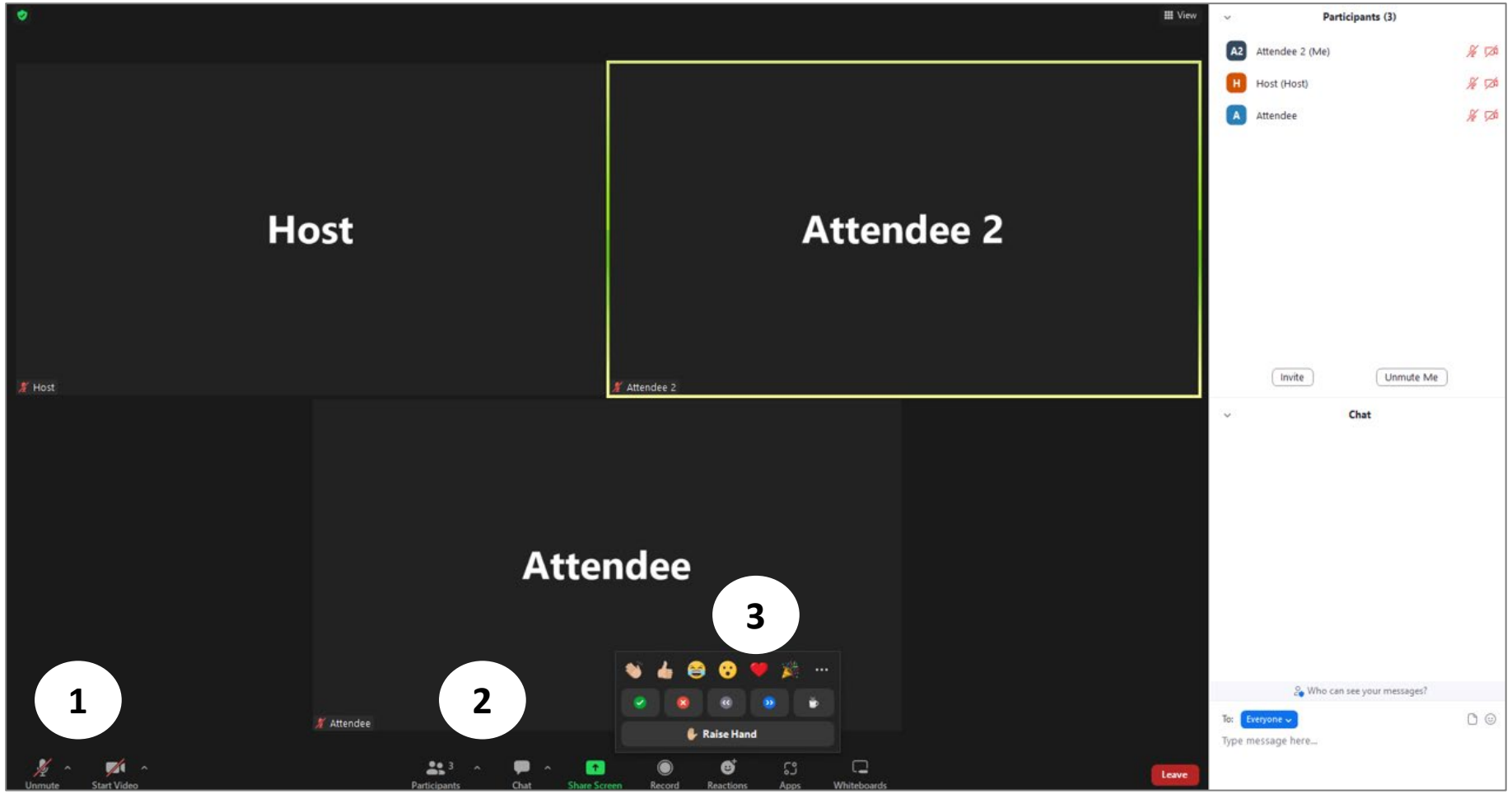
The purpose of today's meeting is to:

- Review and discuss measures submitted to the Management of Acute Events and Chronic Conditions committee for the Spring 2025 cycle;
- Review public comments and Advisory Group feedback 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

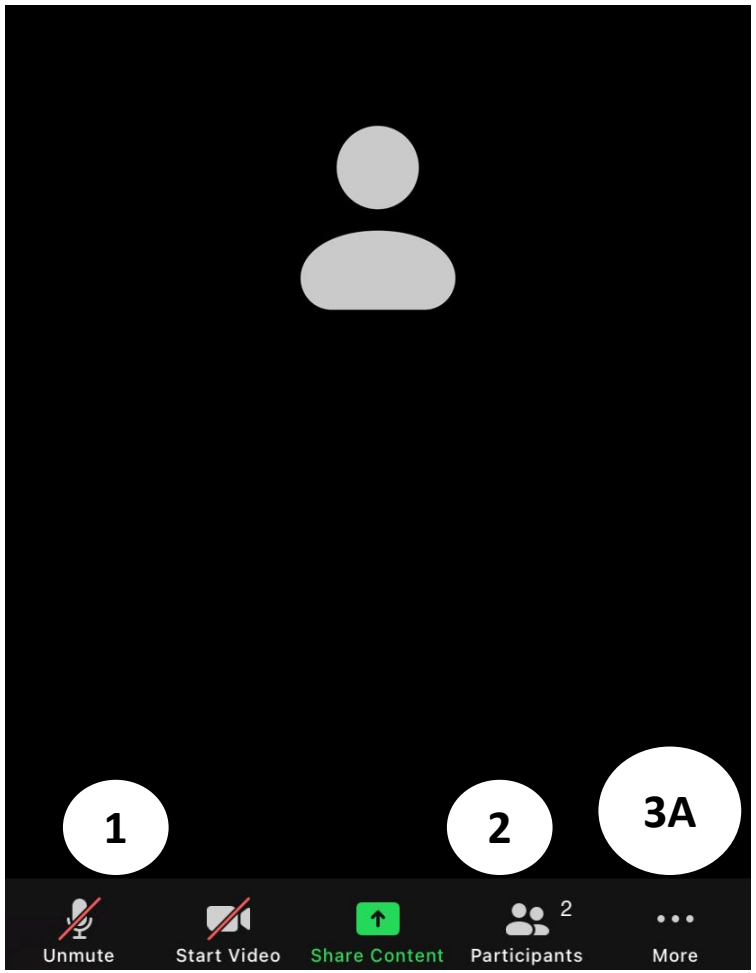


1. Click the lower part of your screen to mute/unmute or to start or pause video

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

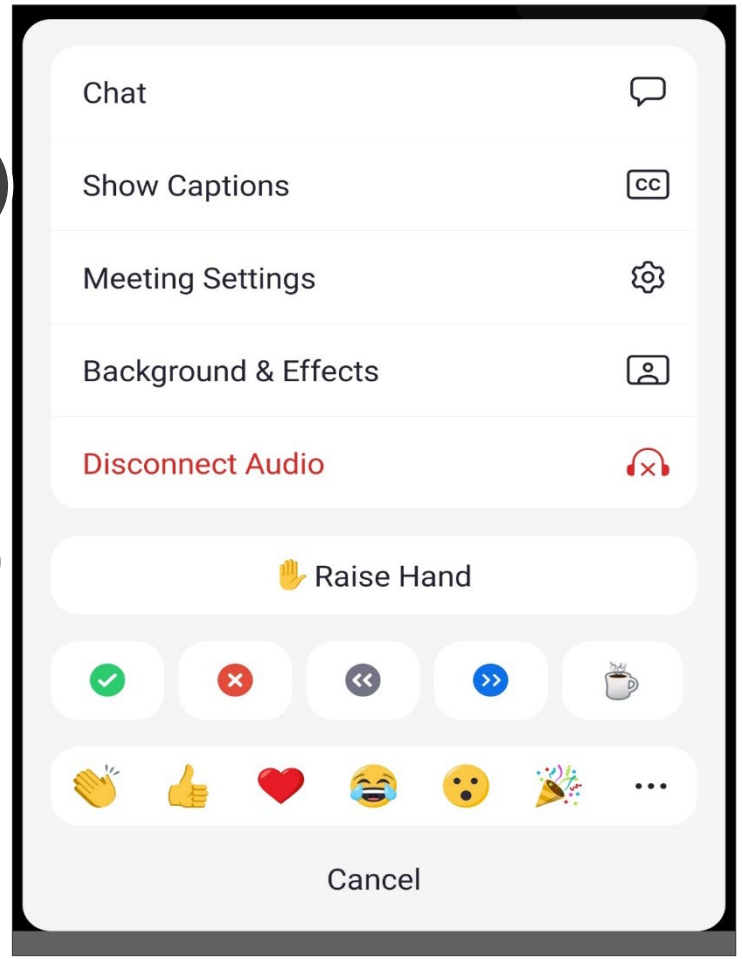
Using the Zoom Platform (Phone View)



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, Deputy Director
- Jeff Geppert, EdM, JD, Measure Science Team Lead
- Quintella Bester, PMP, Senior Program Manager
- Matthew Pickering, PharmD, E&M Task Lead
- Anna Michie, MHS, PMP, E&M Deputy Task Lead
- Beth Jackson, PhD, MA, Social Scientist IV
- Adrienne Cocci, MPH, Social Scientist III
- Stephanie Peak, PhD, Social Scientist III
- Isaac Sakyi, MSGH, Social Scientist III
- Jessica Lemus, MA, Social Scientist III
- Olivia Giles, MPH, Social Scientist II
- Elena Hughes, MS, Social Scientist II
- Sarah Rahman, Social Scientist I

Roll Call with Disclosures of Interest

Quorum

- Meeting quorum requires that 60% of the Recommendation Group members are present during roll call at the beginning of the meeting.

- Endorsement decisions are rendered via a vote after Recommendation Group discussions. Voting quorum is at least 80% of active committee members (Recommendation Group only) who are not recused.

Management of Acute Events and Chronic Conditions Spring 2025 Cycle Committee – *Recommendation Group*

- Kurt Mahan, PharmD, PhC, FASHP, FCCP ***(Non-Patient Co-Chair)***
- Florence Thicklin ***(Patient Co-Chair)***
- Lisa Albers, MD
- Sharon Ayers
- Rosie Bartel, MA
- Whitney Bowman-Zatzkin, MPA, MSR
- David Clayman, DPM, MBA
- Anna Doubeni, MD
- Marybeth Farquhar, PhD, MSN, RN
- Emily Fondahn, MC, FACP
- Mika Gans, MS, LMFT, CPHQ
- Laurent Glance, MD
- Michael Hanak, MD, FAAFP
- Virna Little, PsyD, LCSWR
- Abate Mammo, PhD
- David Shahian, MD
- Benjamin Shirley, BS, CPHQ
- Chloe Slocum, MD, MPH
- Lisa Suter, MD
- Ashley Tait-Dinger, MBA
- Eleni Theodoropoulos, MBA, CPHIMS
- Samantha Tierny, MPH
- Misty Votaw*
- Bonnie Zima, MD, MPH

**Denotes committee member is under inactive status for the current cycle.*

Spring 2025 Subject Matter Experts*

- **Post-Surgical Complications**
  - Kathleen Dwyer, BS, OT

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

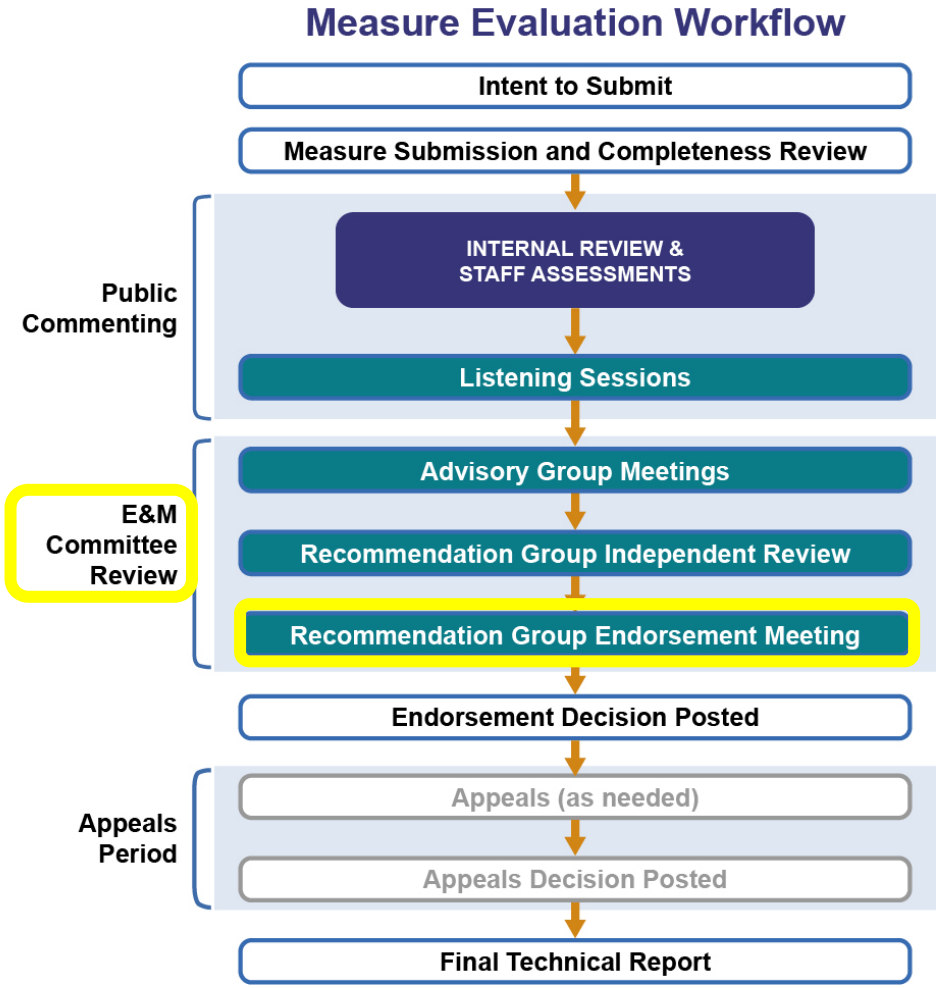
SMEs review the relevant measure(s) prior to the endorsement meeting and attend the endorsement meeting to provide input on and answer committee questions regarding the measure's clinical relevance, the supporting evidence, inclusion and exclusion criteria, measure validity, and risk-adjustment or stratification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



Recommendation Group Meeting

Measure Review Procedures

1. Measure Introduction by Battelle

- Battelle introduces the measure and salient points from discussion guide, staff assessments, and public comment.

2. Developer/Steward Comments

- Developers/stewards provide 3–5-minute commentary about the measure for committee consideration.

3. Recommendation Group Discussion

- Battelle conducts facilitated discussion by topic:
  - SME input on relevant discussion items
  - Patient partner feedback
  - Advisory Group feedback
  - Recommendation Group discussion
  - Developer/steward response

4. Endorsement Vote

- Co-chairs recommend any conditions for consideration based on committee discussions.
- Recommendation Group votes.

Patient Partner Feedback

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

PQM Measure Evaluation Rubric

1. **Importance** - Extent to which the measure is evidence based AND is important for making significant gains in health care quality or cost where there is variation in or overall less-than-optimal performance.

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

3. **Feasibility** - Extent to which the measure specifications (i.e., numerator, denominator, exclusions) require data that are readily available OR could be captured without undue burden AND can be implemented for performance measurement.

4. **Scientific Acceptability [i.e., Reliability and Validity]** - Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented.

5. **Use and Usability** - Extent to which potential audiences (e.g., consumers, purchasers, providers, and policymakers) are using or could use measure results for both accountability and performance improvement to achieve the goal of high-quality, efficient health care for individuals or populations.

Out-of-Scope Topics for Measure Endorsement

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

Consensus Voting for Final Determinations

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

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

Overview of Spring 2025 Measures for Endorsement Consideration

Spring 2025 Measures for Committee Review

The Management of Acute Events and Chronic Conditions committee received nine measures for endorsement consideration.

NUMBER OF MEASURES:

9

AREAS OF FOCUS

- Surgical Outcomes
- Medication Management and Safety
- Cardiac Care
- Standardized Infection Ratios

NEW VS. MAINTENANCE

0 New Measures

9 Maintenance Measures

Spring 2025 Measures for Committee Review
(Cont., 1)

CBE Number	Measure Title	New/ Maintenance	Developer/Steward
#0642	Cardiac Rehabilitation Patient Referral from an Inpatient Setting	Maintenance	American College of Cardiology
#0964	Therapy with Aspirin, P2Y12 Inhibitor, and Statin at Discharge Following PCI in Eligible Patients	Maintenance	American College of Cardiology
#3493	Risk-standardized Complication Rate (RSCR) following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) for Eligible Clinicians and Eligible Clinician Groups	Maintenance	Yale Center for Outcomes Research and Evaluation (Yale CORE)/CMS
#3503e	Rate of Severe Hypoglycemia Among Hospitalized Patients	Maintenance	Mathematica/CMS

Spring 2025 Measures for Committee Review
(Cont., 2)

CBE Number	Measure Title	New/ Maintenance	Developer/Steward
#0138	Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio	Maintenance	Centers for Disease Control and Prevention (CDC), National Healthcare Safety Network
#0139	Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio	Maintenance	CDC, National Healthcare Safety Network
#0753	30-Day Post-Operative Colon Surgery (COLO) and Abdominal Hysterectomy (HYST) Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)	Maintenance	CDC
#3558	Initial Opioid Prescribing for Long Duration (IOP-LD)	Maintenance	Pharmacy Quality Alliance (PQA, Inc.)
#1879	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Maintenance	American Institutes for Research (AIR)/CMS

Test Vote

Voting Considerations and Troubleshooting

- A link to Poll Everywhere was sent to your email from “pqm@battelle.org.”
  - Do not share the voting link in the Zoom chat.
  - If you cannot find the voting link, please direct message the “PQM Co-host” or let us know verbally.
- If, at any point, you are having difficulties voting, try refreshing your page or opening the link in a different internet browser.
  - If you are still having difficulties, please let us know.

Decision Outcome	Description
Endorse	**Applies to new and maintenance measures.** You believe the measure meets all the criteria of endorsement.
Endorse with Conditions	**Applies to new and maintenance measures**. You believe the measure can be endorsed as it meets the criteria but also agree with any conditions identified for endorsement.
Not Endorse	**Applies to new measures only**. You believe the measure does not meet the criteria of endorsement.
Remove Endorsement	**Applies to maintenance measures only.** You believe the measure does not meet all the criteria of endorsement.

Evaluation of Spring 2025 Measures

CBE #0642 – Cardiac Rehabilitation Patient Referral from an Inpatient Setting

Item	Description
Measure Description	• Percentage of patients aged 18 years and older admitted to a hospital with a primary diagnosis of an acute myocardial infarction or chronic stable angina or who during hospitalization have undergone coronary artery bypass (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery (CVS), or cardiac transplantation who are referred to an early outpatient cardiac rehabilitation/secondary prevention program.
Developer/Steward	• American College of Cardiology
New or Maintenance	• Maintenance (last reviewed: 2017)
Current or Planned Use	• Payment Program; Quality Improvement with Benchmarking (external benchmarking to multiple organizations); Quality Improvement (internal to the specific organization0
Initial Endorsement	• 2010

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

CBE #0642 Public Comments

One comment received

- One commenter shared personal challenges in accessing cardiac rehab and emphasized that referrals alone are not enough.
- Given the growth of Medicare Advantage plans, this commenter suggested quantitative access to rehab facilities needs to be reported at the plan level.

Access to Care

1

CBE #0642 Advisory Group Feedback

Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Transparency in Closing Care Gaps	• A patient representative expressed appreciation for the developer's transparency in disclosing findings related to the Closing Care Gaps domain, specifically noting differences in referrals by insurance type, age, and race.	• N/A.
Patient Experience and Access Barriers	• Patient representatives emphasized the need for a balancing measure that captures the patient experience after referral due to access issues such as rural or urban location, health care deserts, and long wait times. • They also stressed the importance of focusing on long-term outcomes rather than just the referral process.	• The measure is designed to track whether a referral is provided, not what happens after the referral. A task force is reviewing the measure, and results will be published. • Referrals on their own are important, especially when physicians may be reluctant to refer if they doubt patient attendance.

CBE #0642 Advisory Group Feedback

Non-Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Balancing Measure and Patient Experience	• Committee members called for a balancing measure to capture patient experience after referral, highlighting barriers such as location, health care deserts, and long wait times. • They questioned hospital responsibility for these barriers and suggested broader collaboration in measure development.	• The measure tracks referrals, not follow-up. A task force is reviewing the measure, and encouraging referrals remains important.
Travel Time and Transportation Barriers	• Committee members questioned the 60-minute travel time standard, potential disadvantages for safety net hospitals, and the exclusion of telehealth.	• Travel time and telehealth concerns were not directly addressed. Denominator exceptions are based on patient status, not hospital resources. Telehealth was phased out post-pandemic.
Validity and Measure Improvements	• Committee members expressed concern about reliance on face validity and the lack of stronger improvements over time.	• No comparable measures exist. No specific response to improvement concerns.
Patient-Centered Care and Education	• A committee member stressed the need for patient-centered care and creative measure design, with a focus on physician education.	• No specific response.

CBE #0642 Key Discussion Themes

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	**Closing Care Gaps**	• Advisory Group	• An AG member expressed appreciation for the developer's transparency in disclosing findings related to the Closing Care Gaps domain, specifically noting differences in referrals by insurance type, age, and race.
	Use and Usability	• Staff Assessment • Committee Independent Review	• Staff rated as "Met" due to demonstrated accountability use, systematic feedback for updates, and positive performance trends. • 100% of RG reviewers also rated Use and usability as "Met," though one noted some limitations and questioned targeting a 100% referral rate.
	Reliability	• Staff Assessment • Committee Independent Review	• The rated as "Met" as the developer reported signal-to-noise reliability for 100% of entities and both registries included in the testing and had scores above the threshold of 0.6. • 100% of RG reviewers rated Reliability as "Met."

*AG: Advisory Group
RG: Recommendation Group

CBE #0642 Key Discussion Themes *(cont.)*

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Dissenting	**Importance**	• Staff Assessment • Advisory Group • Public Comment • Committee Independent Review	• Rated “Not Met but Addressable” due to unclear significance, limited evidence, and insufficient demonstration of patient meaningfulness; stronger literature review and patient input recommended. • AG stressed capturing real patient experiences post-referral and addressing barriers like location and wait times, noting referrals alone are insufficient for good outcomes. • A public commenter suggested reporting quantitative access to rehab at the plan level. • Most RG reviewers agreed, viewing the measure as necessary but not sufficient, and recommended stronger evidence linking it to patient care.

CBE #0642 Key Discussion Themes *(cont. 2)*

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Dissenting	**Validity**	• Staff Assessment • Advisory Group • Committee Independent Review	• Rated “Not Met but Addressable” due to a plausible logic model and trend data, but lacking strong validity evidence, failing “topped-out” criteria, and showing ambiguous face validity consensus. • AG raised concerns about unaddressed confounders, limited mechanism studies, and overreliance on face validity without strong empirical support. • Most RG reviewers agreed with the staff, noting that while data shows variation and improvement, stronger correlation with outcomes or other process measures is needed.
	Feasibility	• Staff Assessment • Committee Independent Review	• Rated as “Not Met but Addressable” due to incomplete assessment of burden and costs. Recommend detailing barriers and addressing burdens in data collection, entry, validation, and analysis. • Most RG reviewers agreed with the staff assessment rating citing the same reasonings.

CBE #0964 – Therapy with Aspirin, P2Y12 Inhibitor, and Statin at Discharge Following PCI in Eligible Patients

Item	Description
Measure Description	• This is a process measure of the annual proportion of eligible patients ≥ 18 years of age, who were prescribed aspirin, P2Y12 inhibitor, and statin at discharge following PCI with or without stenting.
Developer/Steward	• American College of Cardiology
New or Maintenance	• Maintenance (last reviewed: Fall 2018)
Current or Planned Use	• Quality Improvement with Benchmarking (external benchmarking to multiple organizations); Quality Improvement (internal to the specific organization)
Initial Endorsement	• 2012

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

CBE #0964 Public Comments

This measure did not receive any public comments during the public comment period.

CBE #0964 Advisory Group Feedback

Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Closing Care Gaps	• A committee member appreciated that the developer disclosed their findings related to the optional Closing Care Gaps domain.	• The developer is focused on equity and diversity and intends to incorporate concepts such social determinants of health (SDOH) into their measures.
Patient Experience and Barriers to Medication Access	• Several committee members, including a patient representative, expressed concern that the measure does not address the real gaps affecting patient outcomes, such as the ability to travel to a pharmacy, insurance coverage, and pharmacy resources. • A committee member noted that insurance does not cover aspirin, making it difficult to track whether patients obtain and take the medication.	• The developer is interested in more patient input. Patient follow-up was originally planned, but CMS privacy rules prevented access to prescription fill data.

CBE #0964 Advisory Group Feedback

Non-Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Patient Experience and Gaps in Medication Access	• Concern that the measure does not address barriers to accessing medication, like travel to a pharmacy, insurance coverage, and pharmacy resources. • Questioned whether the measure targets the right gap to improve patient outcomes and suggested a new measure may be needed. • A committee member acknowledged that tracking actual medication distribution is challenging and potentially costly but noted that methodologies exist to do so.	• The developer is interested in more patient input. Patient follow-up was originally planned, but CMS privacy rules prevented access to prescription fill data.
Reliability and Methodology	• A committee member asked why the developer chose to use split-half methodology and Cronbach's alpha for agreement between the samples, believing there are better methods for the developer's intended purposes.	• The developer's statisticians did not attend the meeting, so the developer did not have a response during the meeting.
Contraindications	• A committee member asked if the measure considers individuals who have secondary conditions for which aspirin would be contraindicated.	• The measure's exclusions include contraindications.

CBE #0964 Key Discussion Themes

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	**Closing Care Gaps**	• Advisory Group	• A committee member expressed appreciation for the developer's transparency in disclosing findings related to the Closing Care Gaps domain, specifically noting differences in referrals by insurance type, age, and race.
Dissenting	**Importance**	• Staff Assessment • Committee Independent Review	• Staff rated the domain "Not Met but Addressable" due to unclear significance, limited evidence, and insufficient patient input, recommending a stronger literature review and more robust patient input. • Most RG reviewers agreed, citing the need for more detail on affected populations and measure impact. One noted insufficient literature synthesis, unclear public health significance, and unclear opportunity for improvement.
	Feasibility	• Staff Assessment • Committee Independent Review	• Staff rated the domain "Not Met but Addressable" due to incomplete cost details. Fees were mentioned but not estimated. Recommend specifying data collection requirements, hospital costs, and all associated fees. • Most RG reviewers agreed with the staff assessment rating citing similar concerns.
	Use and Usability	• Staff Assessment • Committee Independent Review	• Staff rated the domain "Not Met but Addressable" as the developer does not fully address actions that accountable entities can take to improve performance. Additionally, most hospitals have seen minimal improvement since 2015/2016. • Most RG reviewers agreed with the staff assessment rating citing similar concerns.

CBE #0964 Key Discussion Themes *(cont.)*

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Dissenting	**Validity**	• Staff Assessment • Committee Independent Review	• Staff rated scientific acceptability as “Not Met but Addressable” due to minimal validity support, failure to meet “topped-out” criteria, limited evidence for ruling out confounders, and ambiguous face validity. • There is a need for more explicit consideration of confounders and mechanisms as explanations for variation. Additionally, the evidence for face validity is ambiguous and lacks clear consensus. • Most RG reviewers agree with the staff assessment rating citing similar concerns specifically mentioning ambiguous face validity.
	Reliability	• Staff Assessment • Advisory Group • Committee Independent Review	• Staff rated as “Not Met but Addressable” due to unclear sample splitting, missing ICC reporting, and inadequate entity-level reliability assessment; stronger methods and clearer reporting are needed. • The developer noted that the entity-level reliability table was provided post-submission after completeness checks. • An AG member questioned the use of split-half methodology and Cronbach’s alpha, suggesting better methods exist. • Most RG members agreed with staff, citing similar concerns about missing ICC, incomplete reporting, and sample splitting.

Break

Meeting will resume at 12:15 PM ET

When returning from lunch, please type “Present” in the Zoom chat.

CBE #3493 – Risk-standardized Complication Rate (RSCR) following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) for Eligible Clinicians and Eligible Clinician Groups

Item	Description
Measure Description	• The primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) complication measure assesses risk-standardized complication rates (RSCRs) for individual clinicians or groups of clinicians to improve the quality of care delivered to their patients. This re-specified measure includes THA/TKA procedures performed in both inpatient and outpatient (hospital outpatient department and Ambulatory Surgery Centers [ASC]) settings among eligible Medicare Fee-For-Service (FFS) beneficiaries who are at least 65 years of age. The measure captures specific coded complications that occur at the index admission/encounter or during a readmission, observation stay, emergency department (ED) visit, or ASC encounter.
Developer/Steward	• Yale CORE/CMS
New or Maintenance	• Maintenance (last reviewed: Spring 2019)
Current or Planned Use	• Payment Program
Initial Endorsement	• 2019

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Older adults (65 years and older)	Ambulatory Surgery Center; Hospital: Inpatient; Hospital: Outpatient	Clinician: Group/Practice; Clinician: Individual

CBE #3493 Public Comments

One comment received

- The American Medical Association (AMA) expressed concern that the data used for measure testing overlaps with the COVID-19 pandemic, questioning if the data reflects typical care.
- The AMA additionally recommends requiring a minimum of 20 admissions to ensure sound reliability for endorsement.

Data Validity and Measure Reliability

1

CBE #3493 Advisory Group Feedback

Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Consideration of Alternative Methods	• A patient representative asked if the measure encourages or considers alternative treatments before surgery.	• *The Battelle facilitator stated that alternative methods are outside the measure's scope.* • This measure only captures once the THA or TKA procedures begin, but earlier interventions can be effective, and insurance usually only covers these procedures if those earlier interventions have already happened.
Importance	• A few patient representatives said they considered this to be an important measure.	• N/A.
Measure Expansion to Younger and Medicare Advantage Patients	• A few patient representatives encouraged expanding the measure to include patients under 65 and those with Medicare Advantage, as it currently only covers fee-for-service Medicare patients.	• *The Battelle facilitator stated that the developer is limited by use of Medicare data, which only covers adults 65 and over.* • The developer indicated that there is no national source of claims data to capture people under 65. Payers and individual hospitals could use the measure to capture those younger individuals, but the results would not be public. • The developer will let CMS know of the suggestion to include Medicare Advantage.
Emphasis on Patient-Reported Outcomes	• A patient representative requested greater emphasis on patient-reported outcomes, either by integrating them into this measure or developing a complementary measure.	• *The Battelle facilitator said that a patient-reported outcome measure for THA/TKA already exists (CBE #3639 Clinician-Level and Clinician Group-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty [THA and TKA] Patient-Reported Outcome-Based Performance Measure [PRO-PM]).*

CBE #3493 Advisory Group Feedback

Non-Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Unplanned Readmission Rates as Complications	• A committee member asked if unplanned readmission rates should be considered a complication.	• *The Battelle facilitator shared that a complementary measure does look at readmission rates (CBE #1551 Hospital-level 30-day risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty [TKA]).* • The developer noted limitations in tracking readmissions from hospital outpatient departments (HOPD) to inpatient but can track transitions from ambulatory surgical centers (ASC) to inpatient and will consider adding this.

CBE #3493 Key Discussion Themes

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	**Feasibility**	• Staff Assessment • Committee Independent Review	• Staff rated as “Met” due to the data elements being derived in structured fields from electronic sources during the normal process of care. The measure has minimal impact on provider burden and there are no concerns with patient confidentiality. The measure is also not proprietary. • 100% RG reviewers rated Feasibility as “Met.”
	Importance	• Staff Assessment • Advisory Group • Committee Independent Review	• Staff rated as “Met” for its strong logic model, evidence base, and ongoing performance gap, but suggested improvements include clinician feedback on feasibility, cost savings estimates, and direct patient input. • Patient representatives considered the measure important. • 100% RG reviewers rated Importance as “Met.”
	Validity	• Committee Independent Review	• Most RG reviewers rated Validity as “Met”, citing strong face validity, risk adjustment, and clear trends at higher volumes.
Dissenting	**Inclusion of COVID-19 Data**	• Staff Assessment • Public Comment	• Staff noted the COVID-19 exclusion will be removed after implementation, but testing included it. This material change requires off-cycle review, though the National Quality Forum (NQF) allowed pandemic-related changes without extra review. • AMA questioned if pandemic-era data reflects typical care.

CBE #3493 Key Discussion Themes *(cont.)*

Discussion Category	Key Themes	Source of Comment	Summary of Comments

Dissenting	**Reliability**	• Staff Assessment
		• Public Comment
		• Committee Independent Review
			• Staff rated as “Not Met but Addressable” due to insufficient reliability results for this maintenance measure, suggesting use of the Spearman-Brown formula and a higher minimum case number for clinicians.
			  • The developer provided updated data showing over 70% of EC groups meet the 0.6 reliability threshold, but less than 60% of individual clinicians do.
			  • Staff agreed EC group reliability is sufficient, but not for individuals, and recommend increasing the minimum case count, as also suggested by the AMA.
			• Most RG reviewers agreed, citing insufficient reliability information, need for decile data, and questions about methodology. One suggested increasing the minimum case number.

	Use and Usability	• Staff Assessment • Committee Independent Review	• Staff rated as “Not Met but Addressable” as at least one accountability application uses the measure and the developer identified actions to improve performance. Improvements could include summarizing how ECs and EC groups use results, gathering input on resource feasibility, and providing trend data. • The developer noted the measure has been greatly expanded and is not comparable to prior specifications. • Most RG reviewers rated this domain as either “Not Met” or “Not Met but Addressable,” citing a lack of performance data and trends over time.

CBE #3503e – Rate of Severe Hypoglycemia Among Hospitalized Patients

Item	Description
Measure Description	• This electronic clinical quality measure (eCQM) assesses the proportion of inpatient hospitalizations for patients aged 18 years and older who were administered at least one medication known to cause hypoglycemia (hypoglycemic medication) during their hospitalization, and who suffered a severe hypoglycemic event (blood glucose less than 40 mg/dL) during the hospitalization.
Developer/Steward	• Mathematica/CMS
New or Maintenance	• Maintenance (last reviewed: Spring 2019)
Current or Planned Use	• Public Reporting; Payment Program
Initial Endorsement	• 2019

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

CBE #3503e Public Comments

One comment received

- One commenter argues that requiring a re-draw of glucose after 5 minutes is not feasible due to lab processing times.
- This commenter suggests excluding such cases from the numerator from the denominator exclusion if the lab calls the panic value and a re-draw is then performed within a certain timeframe.

Feasibility 1

CBE #3503e Advisory Group Feedback
Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Importance and Impact of the Measure	• A patient representative emphasized the measure's importance for monitoring rapidly deteriorating patients and appreciated its role in improving outcomes and reducing costs.	• N/A.
Inclusion Criteria	• A patient representative asked if the measure includes patients who are hospitalized for other medical issues and then have a hypoglycemic issue or patients who are required to turn off their personal insulin devices upon admission.	• If they are administered hypoglycemic medication, they are included in the measure.

CBE #3503e Advisory Group Feedback

Non-Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Measure Scope: 24-Hour Window, Inclusions, and Exclusions	• A committee member expressed concern about focusing on the initial 24 hours of hospitalization, questioned which patients are included or excluded, and asked how the measure accounts for different patient conditions.	• Any patient-administered hypoglycemic medication is included, while critically ill and do-not-resuscitate patients are unlikely to be included. • Clinical guidelines advise that a severe hypoglycemic event (<40 mg/dL) should never occur. • The measure allows for a re-test to confirm results, and the developer will bring feedback on treatment uncertainty to their expert workgroup.
Measure Improvements and Feasibility	• Committee members asked if a non-electronic version exists, about demonstrated improvement over time, and about the feasibility of the measure as an eCQM.	• Only an electronic version exists. The measure is currently voluntary and will be mandatory in 2026. Data show improvement over time, although early data had a small sample size. The developer did not specifically address feasibility during the meeting.

CBE #3503e Key Discussion Themes

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	**Scientific Acceptability and Use and Usability**	• Staff Assessment • Committee Independent Review	• Rated as “Met” for reliability, validity, and usability, with sufficient reliability testing and empirical validity support. No risk adjustment was performed, but rationale was supported by literature and expert agreement. Staff encouraged clearer articulation of causal pathways. • At least one accountability program with systematic feedback uses the measure, though trend data are not yet available. The developer clarified scoring, correlation with related measures, and minimum reporting requirements. • 100% of RG reviewers rated Reliability and Validity as “Met.”
Mixed	**Importance**	• Staff Assessment • Advisory Group • Committee Independent Review	• Rated as “Not Met but Addressable” due to incomplete and low-quality evidence, with recommendations to improve evidence quality, quantity, and consistency. • The developer cited Endocrine Society and ADA recommendations, noting most are based on low-certainty evidence, acknowledged the need for stronger evidence, and highlighted ongoing research and anticipated improvements. • Patient representatives emphasized the measure’s importance for outcomes and cost reduction. • Most RG reviewers agreed with the staff rating, expressing concerns about the limited performance gap and the measure’s narrow focus on a severe but treatable side effect.

CBE #3503e Key Discussion Themes *(cont.)*

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	**Feasibility**	• Staff Assessment • Public Comment • Advisory Group • Committee Independent Review	• Rated as “Met” for feasibility due to strong assessment, clear data collection, and transparent handling of confidentiality, burden, and fees. The eCQM Feasibility Scorecard showed strong EHR support and no limitations. • One commenter questioned the feasibility of a 5-minute glucose re-draw due to lab processing times, suggesting exclusions. A committee member also inquired about eCQM feasibility. • 100% of RG reviewers rated Feasibility as “Met.”

Maintenance Measure Reconsideration

Reconsideration Process for Maintenance Measures

- Maintenance measures receiving **60%–74% of votes** to retain endorsement (endorse or endorse with conditions) but failing to reach the 75%* consensus threshold are eligible for reconsideration at the end of the meeting.
  - Battelle staff will lead a focused discussion aimed at resolving areas of disagreement.
  - There will be a subsequent revote to determine whether the consensus threshold is met.
  - Endorsement is removed if the measure does not reach the 75% consensus threshold at this stage.
- Maintenance measures that fail to reach the 75% consensus threshold and receive **less than 60% of votes** to retain endorsement are not endorsed.
- This reconsideration step is critical to ensuring that the committee's final decision reflects a comprehensive and balanced evaluation.
- This reconsideration approach only applies to maintenance measures only.

*The consensus threshold will be adjusted to 70% in cases where there are fewer than 20 voting members.

Evaluation of Spring 2025 Measures – Day 2

CBE #0138 – Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio

Item	Description
Measure Description	• Annual risk-adjusted standardized infection ratio (SIR) of catheter-associated urinary tract infections (CAUTI) among adults and children hospitalized as inpatients at acute care hospitals, oncology hospitals, long-term acute care hospitals, and acute care rehabilitation hospitals. SIR is reported annually and is calculated by dividing the number of observed CAUTIs into the number of predicted CAUTIs.
Developer/Steward	• CDC, National Healthcare Safety Network
New or Maintenance	• Maintenance (last reviewed: Spring 2019)
Current or Planned Use	• Public Reporting; Public Health/Disease Surveillance; Payment Program; Regulatory and Accreditation programs; Quality Improvement with Benchmarking (external benchmarking to multiple organizations); Quality Improvement (internal to the specific organization)
Initial Endorsement	• 2009

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Children (0-17 years), adults (18-64 years), and older adults (65 years and older)	Hospital: Acute Care Facility; Hospital: Critical Access; Hospital: Inpatient: Inpatient Rehabilitation Facility; Long-Term Acute Care Facility	Facility

CBE #0138 Public Comments

Three comments received

- Encompass Health and the American Medical Rehabilitation Providers Association (AMRPA) argue CBE #0138 is not meaningful or actionable for many rehabilitation facilities, is not properly validated outside acute care, and misrepresents facility performance in public reporting.

Validity, Usability, and Misleading Reporting **2**

- AMRPA and a joint letter from ASIA[1], ASCIP[2], and the United Spinal Association warn of increased harm and adverse events from premature or aggressive catheter removal, especially in the spinal cord injury population, and urge measure adjustments or exclusions for these groups.

Unintended Consequences and Patient Harm **2**

[1]American Spinal Injury Association
[2]Academy of Spinal Cord Injury Professionals

CBE #0138 Advisory Group Feedback

Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Importance of the Measure for Patient Safety	• Patient representatives emphasized the importance of this measure, noting that rigorous adherence leads to better patient safety and outcomes, especially for vulnerable populations.	• N/A.
Variation in Hospital Practices	• A patient representative asked how differences in hospital practices (e.g., timing of catheter removal) affect infection tracking and outcome prediction.	• Facilities should use a variety of clinical practice guidelines to determine the best approach for their patients and settings.
Inclusion Criteria	• Patient representatives asked if the measure includes patients with acutely placed catheters, those admitted with catheters, and if it tracks external catheters.	• Patients admitted with a catheter are eligible for CAUTI reporting starting on day 3. External catheters are not currently tracked, but the developer is open to exploring this in the future.

CBE #0138 Advisory Group Feedback

Non-Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Importance, Reliability, and Hospital Practices	• Committee members highlighted the measure's importance for patient safety and outcomes, particularly for vulnerable populations. • Some raised concerns about the measure's reliability for smaller hospitals in public reporting and how differences in hospital practices, such as infection prevention strategies, may impact outcomes.	• The developer acknowledged that lower case volumes in small hospitals can reduce reliability and is actively researching ways to address this. • Facilities are encouraged to consult a variety of clinical practice guidelines to determine the most appropriate infection prevention strategies for their patient populations.
Methods, Calculation, and False Positives	• Committee members sought clarification on the use of predicted versus actual CAUTI numbers in the measure calculation, the inclusion of facility-level variables, the feature-selection process, and the statistical methods used. • They raised concerns around the potential for facility-level variables to obscure quality of care, the use of outdated feature-selection methods, and the lack of decile plots and analytical pipeline. • They also raised concerns about false positives, particularly in teaching hospitals where new staff may be learning proper sample collection.	• The developer provided detailed tables of eligible risk variables and explained that model discrimination was assessed using dispersion-based pseudo R-squared, with calibration checked via decile plots and Root Mean Square Error (RMSE) calculations. • The conceptual model and additional resources are publicly available. • Regarding false positives, the developer noted that further validation is needed, but improving sample collection practices is a facility-level responsibility. Hospital type is included in the risk model to account for differences in teaching environments.

CBE #0138 Advisory Group Feedback
(cont.) Non-Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Public Comment on Spinal Cord Injury Exclusion	• Committee members raised questions about whether the measure includes patients with acutely placed or pre-existing catheters, tracks external catheters, and how it addresses the unique needs of spinal cord injury (SCI) patients.	• Patients admitted with a catheter are eligible for CAUTI reporting from day 3, and the developer is open to exploring the tracking of alternative catheters. • In response to public comments, the CDC's National Healthcare Safety Network (NHSN) introduced a new data field in January 2025 to identify CAUTI events in patients with spinal cord injury-associated neurogenic bladder (SCI-NB). This field is optional for 2025 and will become mandatory in 2026, pending Office of Management and Budget (OMB) approval. The developer emphasized that data from this field will inform future measure modifications and analytics for this population. • They also referenced multiple guidelines recommending individualized, evidence-based catheter management and alternatives to indwelling catheters, with decisions made through shared decision-making between clinicians and patients. • Facility staff are encouraged to prioritize safe bladder management and CAUTI prevention while focusing on improving clinical practices and infection prevention for SCI-NB patients.

CBE #0138 Key Discussion Themes

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	**Feasibility**	• Staff Assessment • Advisory Group • Committee Independent Review	• Rated as “Met” due to its well-documented feasibility assessment, clear and implementable data collection strategy, and transparent handling of patient confidentiality, burden, licensing, and fees. • Patient representatives emphasized the importance of this measure, especially for vulnerable populations. • 100% of RG reviewers rated Feasibility as “Met”.
Mixed	**Validity and Reliability**	• Staff Assessment • Public Comment • Advisory Group • Committee Independent Review	• Rated as “Met” for Validity due to empirical support for the measure’s causal focus. • Public comments from Encompass Health and AMRPA questioned the measure’s relevance and validation for rehab facilities. • Reliability rated as “Not Met but Addressable,” as estimates do not meet thresholds for acute care and critical access hospitals, raising concerns about consistency and accuracy across settings. An AG member also raised concerns about reliability for smaller hospitals in public reporting. • Most RG reviewers rated Validity as “Met.” Most RG members agreed with the “Not Met but Addressable” rating for Reliability citing similar concerns as the staff assessment, though 43% rated this domain as “Met.”

CBE #0138 Key Discussion Themes *(cont.)*

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	**Importance**	• Staff Assessment • Committee Independent Review	• Rated as “Met” due to the significance of the problem addressed, modest evidence base, documented performance gap, and well-articulated logic model. • Most RG reviewers rated this domain as “Met”; one rated it “Not Met but Addressable,” citing a disconnect between the measure and its impact on leadership knowledge, cost reduction, and behavior change, and suggesting clearer guidance on translating data into action.
	Usability	• Staff Assessment • Public Comment • Advisory Group • Committee Independent Review	• Rated Usability as “Met” due to active use in accountability applications, incorporation of systematic stakeholder feedback, and positive performance trends. • Public comments warned of harm from premature catheter removal in spinal cord injury patients and urged measure adjustments. • The developer responded by adding a new data field to track these cases, referencing evidence-based guidelines, and emphasizing individualized, safe catheter management and ongoing refinement. • Most RG reviewers rated this domain as “Met”; one rated it “Not Met but Addressable” due to usability concerns for specific populations and risk of unintended negative outcomes if applied too broadly.

CBE #0139 – Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio

Item	Description
Measure Description	• Annual risk-adjusted standardized infection ratio (SIR) of central line-associated bloodstream infections (CLABSI) among adults and children hospitalized as inpatients at acute care hospitals, critical access hospitals, oncology hospitals, and long-term acute care hospitals. SIR is reported annually and is calculated by dividing the number of observed CLABSIs by the number of predicted CLABSIs.
Developer/Steward	• CDC, National Healthcare Safety Network
New or Maintenance	• Maintenance (last reviewed: Spring 2019)
Current or Planned Use	• Public Reporting; Public Health/Disease Surveillance; Payment Program; Regulatory and Accreditation programs; Quality Improvement with Benchmarking (external benchmarking to multiple organizations); Quality Improvement (internal to the specific organization)
Initial Endorsement	• 2009

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Children (0-17 years), adults (18-64 years), and older adults (64 years and older)	Hospital: Acute Care Facility; Hospital: Critical Access; Hospital: Inpatient; Long-Term Acute Care Facility	Facility

CBE #0139 Public Comments

This measure did not receive any public comments during the public comment period.

CBE #0139 Advisory Group Feedback

Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Importance	• A patient representative emphasized that this measure is important for improving patient safety and outcomes, especially for vulnerable populations.	• N/A.
Broad Measure Topic	• A patient representative noted the measure is broad and asked if it could be broken into smaller categories.	• While facilities may need different processes for different populations and scenarios, the measure is intended to function at a high level and encourage facilities to drive infection prevention across the board.
Catheter Type	• A patient representative asked if the type of catheter matters with respect to inclusion criteria.	• Any catheter that meets the central line catheter definition within the NHSN is included and not risk adjusted separately.

CBE #0139 Advisory Group Feedback

Non-Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Measure Calculation	• A committee member asked for clarification on why the denominator uses the predicted number of infections rather than the actual number.	• All the developer's SIR measures are a ratio of actual events divided by predicted. In other words, the numerator is the actual or observed number of infections; the denominator is based on patient-level and facility-level risk factors and how many infections would be predicted based on those.
Reliability for Smaller Hospitals	• A committee member expressed concern about the reliability of the measure for smaller hospitals, especially when used in public reporting (e.g., Hospital Compare).	• The developer acknowledged that lower volume can reduce reliability and is researching ways to better account for this. The measure also models patients in the Neonatal Intensive Care Unit (NICU) and specialized care.
Methods Concerns	• Committee members sought clarification on the use of predicted versus actual CAUTI numbers in the measure calculation, the inclusion of facility-level variables, the feature-selection process, and the statistical methods used. • They expressed concerns about the potential for facility-level variables to obscure quality of care, the use of outdated feature-selection methods, and the lack of decile plots and analytical pipeline.	• The developer provided tables of tested facility-level risk variables and explained that model discrimination was assessed using dispersion-based pseudo R-squared, with calibration checked via decile plots and Root Mean Square Error (RMSE) calculations. • For each model, calibration plots showed no significant deviation, and RMSE values were low. • The developer noted the conceptual model was appropriate, referencing a publicly available model, a recent workshop, and resource documents outlining best practices and comprehensive measure endorsement strategies.

CBE #0139 Key Discussion Themes

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	**Importance, Feasibility, Validity, Use and Usability**	• Staff Assessment • Advisory Group • Independent Committee Reviews	• Staff rated as “Met” based on the measure’s significance, strong evidence, performance gap, and clear logic model. The measure shows positive trends, uses appropriate risk adjustment, is actively used, and receives ongoing feedback. It is feasible, transparent, and sustainable. • Several AG members, including patient representatives, emphasized its importance for improving patient safety and outcomes, especially for vulnerable populations. • 100% of RG reviewers rated Importance, Feasibility, Validity, Use, and Usability as “Met.”
Mixed	**Reliability**	• Staff Assessment • Advisory Group • Committee Independent Reviews	• Staff rated as “Met” based on required testing showing sufficient reliability at the accountable entity level for LTAC and AC hospitals. • An AG member expressed concern about reliability for smaller hospitals, especially in public reporting (e.g., Hospital Compare). • 100% of RG reviewers rated Reliability as “Met.”

CBE #0753 – 30-Day Post-Operative Colon Surgery (COLO) and Abdominal Hysterectomy (HYST) Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)

Item	Description
Measure Description	• Annual risk-adjusted standardized infection ratio (SIR) of observed over predicted deep incisional primary and organ/space surgical site infections (SSIs), over a 30-day post-operative surveillance period, among hospitalized adults who are ≥18 years of age with a date of admission and date of discharge that are different calendar days, and the patient underwent a colon surgery (COLO) or abdominal hysterectomy (HYST) at an acute care hospital or oncology hospital. The 30-day postoperative surveillance period includes SSIs detected upon admission to the facility or a readmission to the same facility or a different facility (other than where the procedure was performed) and via post-discharge surveillance.
Developer/Steward	• CDC
New or Maintenance	• Maintenance (last reviewed: Fall 2018)
Current or Planned Use	• Public Reporting; Public Health/Disease Surveillance; Payment Program; Regulatory Accreditation Programs; Quality Improvement with Benchmarking (external benchmarking to multiple organizations); Quality Improvement (internal to the specific organization)
Initial Endorsement	• 2012

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

CBE #0753 Public Comments

Two comments received

Measure Reliability — 1

- The AMA believes the current reliability for this measure is insufficient and suggests applying a case minimum to ensure that minimum reliability achieves at least 0.7.

Exclusion of Trauma Cases — 2

- The Memorial Hermann Texas Medical Center/McGovern Medical School UTHealth Houston argues that including high-risk trauma-related colon surgeries in SSI metrics disproportionately inflates infection rates for trauma centers.
- They recommend excluding these cases or creating a separate category for fair and effective surveillance.
- The AMA also believed that trauma cases should be excluded because these cases have different factors to consider compared to elective cases.

CBE #0753 Advisory Group Feedback

Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Importance of the Measure and Missed Infections	• A patient representative with lived experience in this area of health care said this measure was important to them because surgical site infections sometimes are missed or not reported.	• N/A.
Hysterectomy Rates	• A patient representative said they were surprised that the HYST is the second-most-common surgery and asked if it was possible that the procedure is happening too frequently.	• The developer did not specifically address this comment during the meeting.
Immunocompromised Patients	• A patient representative asked how the measure considers patients with pre-existing immunocompromised statuses.	• Immunocompromised patients are included in the measure because data are not collected on whether a patient is immunocompromised.

CBE #0753 Advisory Group Feedback

Non-Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Measure Scope and Relevance	• Committee members questioned the focus on only COLO and HYST procedures, suggesting a single measure for all surgeries or inclusion of newer surgical techniques. • They also raised concerns about the high rate of hysterectomies and the inclusion of trauma and immunocompromised patients.	• Different surgeries have unique risk factors, so separate models are used. Laparoscopic and qualifying robotic procedures are included. Trauma is a risk factor in the COLO model, and immunocompromised status is not specifically collected. • The developer will consider feedback on measure scope for future updates.
Risk Adjustment and Facility-Level Variables	• Committee members debate the inclusion of facility-level variables in risk adjustment, with some members arguing for only patient-level variables and others supporting facility-level adjustments to avoid penalizing certain providers.	• The developer primarily uses patient-level data but includes facility-level factors such as trauma center status when relevant to explain outcome variation.
Methods, Reliability, and Validation	• Committee members raised concerns about the feature-selection method, availability of decile plots and conceptual models, calculation of between- and within-facility variance, and the impact of shrinking denominators as more surgeries move to outpatient settings. • They also questioned the consistency of infection reporting across facilities and emphasized the need for ongoing measure refinement.	• The developer clarified their stage-wise approach to feature selection, provided access to decile plots and conceptual models, and described their use of signal-to-noise reliability estimation based on established methods. • They offer annual training and toolkits for consistent reporting, acknowledged that fewer cases can affect reliability, and emphasized their commitment to continuous improvement and adapting to changes in surgical practice.

CBE #0753 Key Discussion Themes

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	**Importance and Feasibility**	• Staff Assessment • Advisory Group • Committee Independent Review	• Staff rated both as “Met” due to a strong evidence base, clear logic model, thorough feasibility assessment, and transparent data collection and confidentiality practices, making the measure essential for addressing surgical site infections after colon surgery and abdominal hysterectomy. • A patient representative emphasized the measure’s importance, noting that surgical site infections are sometimes missed or unreported. • 100% of RG reviewers rated Importance and Feasibility as “Met.”
Mixed	**Reliability**	• Staff Assessment • Public Comment • Advisory Group • Committee Independent Review	• Staff rated as “Met” based on sufficient reliability testing at the entity level for both COLO and HYST measures, though noted that fewer cases and the shift to outpatient settings may affect reliability. The developer is committed to ongoing improvement. • The AMA, in a public comment, argued reliability is insufficient and recommended a case minimum to achieve a 0.7 threshold. A committee member questioned inclusion of outpatient procedures and whether reliability had been reassessed. • 100% of RG reviewers rated Reliability as “Met,” though one noted reliability is borderline but still acceptable.

CBE #0753 Key Discussion Themes *(cont.)*

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	**Use and Usability**	• Staff Assessment • Committee Independent Review	• Rated as “Not Met, but Addressable.” While accountability applications are actively using the measure, performance improvements for HYST SIR remain small and inconsistent, and the developer has not explained why improvements are seen for COLO SIR but not HYST SIR. • 63% of RG reviewers rated this domain as “Met,” while 38% rated it as “Not Met, but Addressable,” citing public comments about usability concerns, especially for trauma cases and the need for possible exclusion criteria updates.
Probing	**Exclusion of Trauma Cases**	• Public Comment • Advisory Group	• Two public comments called for the exclusion of trauma cases as they disproportionately inflate infection rates for trauma centers and different factors must be considered between trauma cases versus elective cases. • AG members asked how trauma cases are handled in the measure and whether trauma is included in risk adjustment.

Break

Meeting will resume at 12:00 PM ET

When returning from break, please type “Present” in the Zoom chat.

CBE #3558 – Initial Opioid Prescribing for Long Duration (IOP-LD)

Item	Description
Measure Description	• The percentage of individuals ≥18 years of age with ≥1 initial opioid prescriptions for >7 cumulative days' supply during the measurement year.
Developer/Steward	• Pharmacy Quality Alliance (PQA, Inc.)
New or Maintenance	• Maintenance (last reviewed: Spring 2020)
Current or Planned Use	• Public Reporting
Initial Endorsement	• 2020

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	Adults (18-64 years) and older adults (65 years and older)	Other: Health Plan	Health Plan

CBE #3558 Public Comments

Three comments received

- UnitedHealthcare and the AMA raised concerns that this measure could restrict access to necessary pain medications, lacks adequate clinical exclusions, and may not align with current evidence or guidelines. The AMA highlights the risk of patient harm, specifically for vulnerable populations.

Unintended Consequences and Lack of Alignment to Clinical Guidelines

2

- Prime Therapeutics supports the continued endorsement of CBE #3558 stating it is a feasible, actionable, and evidence-based measure that can improve patient safety.

Support for Continued Endorsement

1

CBE #3558 Advisory Group Feedback

Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Closing Care Gaps	• Several committee members, including patient representatives, highlighted the importance of this measure for closing care gaps, particularly because overdose death rates increase depending on race.	• N/A
Continuous Enrollment Requirement	• A patient representative suggested removing the continuous Medicare Part D enrollment requirement, noting that people with unstable jobs or income are less likely to be continuously enrolled and may be at higher risk for opioid use. They also noted that frequent insurance changes make tracking initial prescriptions difficult.	• The developer acknowledged both benefits and drawbacks of the requirement. Continuous enrollment helps ensure accurate identification of initial prescriptions, but the measure includes a 90-day lookback to help address gaps. The measure errs on the side of not limiting access if patient history is unclear.
Opioid Access: Balance Between Overuse and Need	• Patient representatives shared personal stories about both overprescribing and difficulty accessing opioids for chronic pain. They emphasized the need to balance preventing misuse with ensuring access for those who need pain management and to be careful in defining “long duration.”	• The developer agreed, noting the measure aims to promote care coordination, not restrict access. The measure is designed to minimize unintended effects and allows for timely re-evaluation and follow-up prescriptions if needed.
Dentists and Provider Types	• Patient representatives expressed concern that dentists, who often prescribe large quantities of opioids, may not be adequately monitored. They also asked if the measure differentiates by provider type and about “doctor shopping.”	• Prescriptions filled through a health plan are captured regardless of provider type, including dentists. The measure does not specifically track provider type or “doctor shopping.”

CBE #3558 Advisory Group Feedback
(cont.) Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Prescription Claims Limitations	• A patient representative noted the measure misses individuals who pay for medications out of pocket, not through insurance.	• The developer acknowledged this as a limitation of the health care system, especially regarding medication affordability.
Inclusion Criteria	• A patient representative asked if patients with both private insurance and Medicaid/Medicare are included.	• Anyone enrolled in a Part D plan and using the prescription benefit is included in the measure.
State Comparisons	• A patient representative noted that differences in Medicaid implementation across states could make comparisons difficult.	• The developer did not specifically address this comment.

CBE #3558 Advisory Group Feedback
Non-Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Timeframe and Cumulative Days	• A committee member asked for clarification on how the measure counts cumulative days of opioid use.	• The measure counts the days of supply from the initial prescription plus 2 additional days, totaling the supply within that window to determine if it exceeds 7 days.
Pediatric Population	• Committee members wanted the measure to include teenagers, as they are increasingly prescribed opioids after surgery.	• The developer is interested in examining the evidence for pediatrics and will convey the committee members' feedback. Rather than expanding this measure, they would likely create a complementary measure.
Validity	• A committee member asked if the developer had considered validating the measure using data from large health plans.	• The measure was originally tested with health plan data and is currently used within the Part D program.
Strong Analyses	• A committee member praised the developer for their thorough analyses (noting that they included social risk factors) and clear presentation of all results. They suggested using a penalized regression feature-selection method.	• The developer did not provide any responses to this comment.

CBE #3558 Key Discussion Themes

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	**Importance**	• Staff Assessment • Public Comment • Committee Independent Review	• Staff rated as “Met” due to strong evidence base, clear performance gap, robust logic model, and essential role in addressing opioid use, misuse, and overdose. • A public comment from Prime Therapeutics supported continued endorsement, highlighting the measure’s feasibility, actionability, and evidence base. • 100% of RG reviewers rated Importance as “Met.”
Dissenting	**Unintended Consequences and Lack of Alignment to Clinical Guidelines**	• Public Comment	• Public comments from UnitedHealthcare and the AMA raise concerns that this measure could restrict access to necessary pain medications, lacks adequate clinical exclusions, and may not align with current evidence or guidelines. The AMA highlights the risk of patient harm, specifically for vulnerable populations. • The AMA encourages removal of endorsement for this measure.
Probing	**Use and Usability**	• Committee Independent Review	• 100% of RG reviewers rated as “Met.” One reviewer questioned the significance of changes in adherence rated and noted limited information on user experience.

CBE #3558 Key Discussion Themes *(cont.)*

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	**Feasibility, Reliability, and Validity**	• Staff Assessment • Committee Independent Review	• Staff rated these domains as “Met” due to the measure’s feasibility, transparency, reliable testing, active use, positive performance trends, and ongoing updates based on stakeholder feedback. • A public comment from Prime Therapeutics supported continued endorsement, highlighting feasibility, actionability, and evidence base. • Most RG reviewers rated Feasibility, Reliability, and Validity as “Met”; however, some rated these domains as “Not Met, but Addressable,” citing concerns about opioid prescription duration and exclusions for certain populations (e.g., severe burns, neuralgia), limitations such as signal-to-noise ratio and reliance on developer data, and disagreement with staff’s assessment of “plausible causal association” and the sufficiency of face validity.

CBE #1879 – Adherence to Antipsychotic Medications for Individuals with Schizophrenia

Item	Description
Measure Description	• Percentage of individuals at least 18 years of age as of the beginning of the performance period with schizophrenia or schizoaffective disorder who had at least two prescriptions filled for any antipsychotic medication and who had a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications during the performance period.
Developer/Steward	• AIR/CMS
New or Maintenance	• Maintenance (last reviewed: Spring 2018)
Current or Planned Use	• Public Reporting; Payment Program
Initial Endorsement	• 2012

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Intermediate Outcome	Adults (18-64 years) and older adults (65 years and older)	Ambulatory Care: Clinic, Clinician Office, Office; Behavioral Health: Outpatient; Clinician Office/Clinic; Hospital Outpatient	Clinician: Group/Practice, Individual

CBE #1879 Public Comments

One comment received

- The AMA recommends requiring a case minimum of 20 individuals to ensure the measure's minimum reliability is close to 0.7, which the AMA believes should be the standard for endorsed measures.

Measure Reliability

1

CBE #1879 Advisory Group Feedback

Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Importance of the Measure and Adherence Interventions	• A few committee members, including a patient representative, emphasized the importance of the measure, especially because it includes interventions to improve medication adherence. Another committee member noted that adherence is crucial for reducing mortality and hospitalizations and emphasized that the measure should not lose endorsement because of its difficulty.	• The developer agreed that medication adherence is important and positively impacts patients' lives and functionality.
Community Health Organizations and Support	• A patient representative asked how the measure considers community health organizations and other organizations that help with adherence and access.	• The developer did not specifically examine the role of these types of organizations.

CBE #1879 Advisory Group Feedback

Non-Patient Partner Feedback

Key Themes	Summary of Comments	Summary of Developer Response
Depot Medications	• A committee member asked for clarification on how the measure accounts for depot injections.	• Depot injections are captured using Medicare Part D data, with a standard 28-day supply. Adherence is generally higher for depot medications than for oral or short-acting medications.
Improvements	• A few committee members asked the developer to talk about the improvements they have seen from the measure.	• Improvements are difficult to measure due to self-selection in reporting (MIPS program). Self-reported adherence is high, but claims data show lower rates. The measure still has substantial uptake, indicating ongoing utility.
Clinician Access to Information	• A committee member asked how measure information comes back to the clinician.	• Part of the framework of the measure is that clinicians who are not able to report on and receive performance results will not participate in the measure.
Insurance Status and Data Limitations	• A committee member noted the measure may miss uninsured individuals, as it relies on insurance claims.	• The measure uses Medicare data, so it cannot capture those outside Medicare. In terms of Closing Care Gaps, while the developer did not analyze insurance status, they did analyze adherence by race/ethnicity and geography.
Feasibility and Reporting Burden	• A committee member noted that reporting on the measure could be burdensome and costly for systems trying to implement the measure, although this may not be a major issue given the measure's history.	• The burden of how health systems interact with vendors to collect measure data is not specific to this measure.
Psychiatric Patients vs. General Population	• A committee member asked if improvement rates differ between psychiatric patients and the general population.	• No difference observed.

CBE #1879 Key Discussion Themes

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	**Feasibility**	• Staff Assessment • Committee Independent Review	• Staff rated Feasibility as “Met” due to the measure being feasible, reliable, actively used, and shows positive trends. • 100% of Recommendation Group members rated Feasibility as “Met”.
Mixed	**Use and Usability**	• Staff Assessment • Committee Independent Review	• Staff rated as “Met” due to the measure’s feasibility, reliability, active use, and positive trends. • Most RG reviewers agreed; however, one noted that measuring antipsychotic adherence in primary care is less meaningful due to factors outside clinicians’ control and suggested limiting the measure to psychiatric settings, though some primary care offices may still meet eligibility thresholds.
	Reliability	• Staff Assessment • Public Comment • Committee Independent Review	• Staff rated as “Met” based on required testing and sufficient reliability at the accountable entity level. • A public comment from the AMA recommended a case minimum of 20 to ensure reliability meets the 0.7 standard for endorsed measures. • Most RG reviewers rated Reliability as “Met,” citing adequate methodology and findings.

CBE #1879 Key Discussion Themes *(cont.)*

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	**Importance and Validity**	• Staff Assessment • Advisory Group • Committee Independent Review	• Staff rated these domains as “Met” based on the measure’s significance, strong evidence, clear performance gap, and robust logic model for improving antipsychotic adherence in schizophrenia. The measure is feasible, reliable, actively used, and shows positive trends, though stronger patient input and clearer validity evidence are needed. The developer did not perform risk adjustment, citing a consistent standard of care, but did not address external risk factors. • A few committee members, including a patient representative, emphasized the measure’s importance, especially for interventions to improve medication adherence. • Most RG reviewers rated as “Met”; however, some cited limited patient/caregiver input, need for broader patient representation (e.g., informed consent, coercion), and called for more risk adjustment for demographic and social factors. Additional concerns included limited support for causal claims, reliance on face/construct validity, and need for case-mix adjustment for confounders like substance use and social determinants.

Maintenance Measure Reconsideration

Reconsideration Process for Maintenance Measures

- Maintenance measures receiving **60%–74% of votes** to retain endorsement (endorse or endorse with conditions) but failing to reach the 75%* consensus threshold are eligible for reconsideration at the end of the meeting.
  - Battelle staff will lead a focused discussion aimed at resolving areas of disagreement.
  - There will be a subsequent revote to determine whether the consensus threshold is met.
  - Endorsement is removed if the measure does not reach the 75% consensus threshold at this stage.
- Maintenance measures that fail to reach the 75% consensus threshold and receive **less than 60% of votes** to retain endorsement are not endorsed.
- This reconsideration step is critical to ensuring that the committee's final decision reflects a comprehensive and balanced evaluation.
- This reconsideration approach only applies to maintenance measures only.

*The consensus threshold will be adjusted to 70% in cases where there are fewer than 20 voting members.

Next Steps

Next Steps for Spring 2025

Meeting Summary

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

Appeals Period

- **Appeals Period:** August 27-September 16
- The Appeals Committee will meet on September 30, 2025, if needed, to review eligible appeals. Please refer to the E&M Guidebook for more information about the appeals process.

Technical Report

- At the conclusion of the appeals period, a final technical report will be posted to the E&M committee project page in November 2025.

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Thank You!

Have questions? Contact us at
PQMsupport@battelle.org

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