

Fall 2024 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 Fall 2024 Measures
- 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 Fall 2024 cycle;
- Review public comments and Advisory Group feedback received and any corresponding developer/steward input for the submitted measures; and
- Render endorsement decisions for the submitted measures.

Housekeeping Reminders for Recommendation Group



- The system will allow you to mute/unmute yourself and turn your video on/off throughout the event.
- Please raise your hand and unmute yourself when called on.
- Please lower your hand and mute yourself following your question/comment.
- Please state your first and last name if you are a call-in user.
- We encourage you to keep your video on throughout the event.
- Feel free to use the chat feature to communicate with Battelle staff.
- If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at PQMsupport@battelle.org.

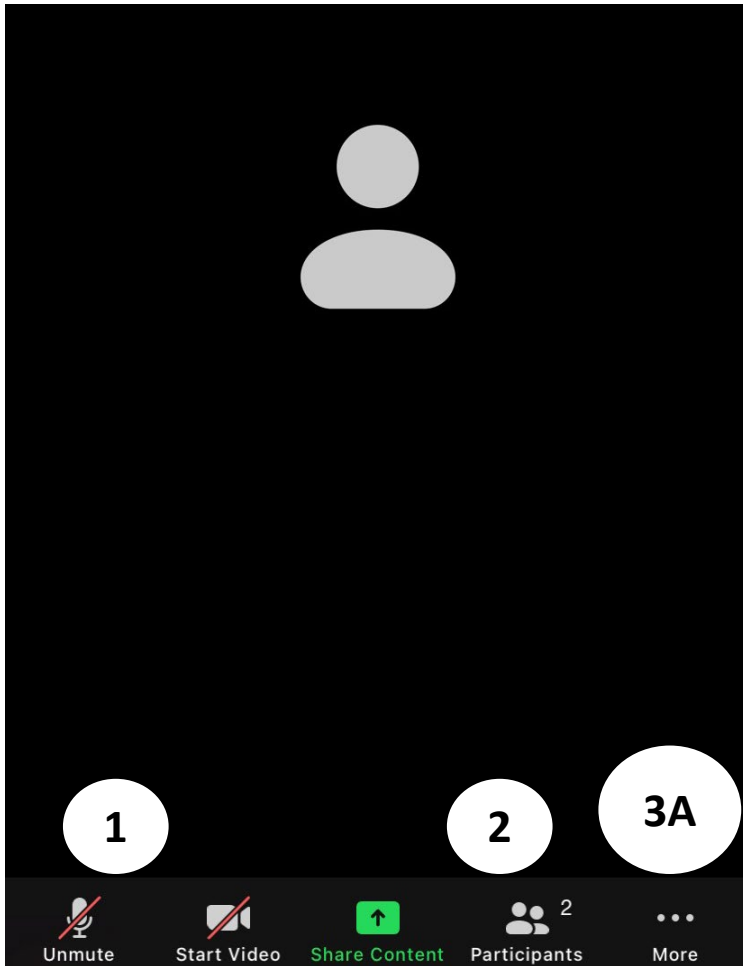
Using the Zoom Platform



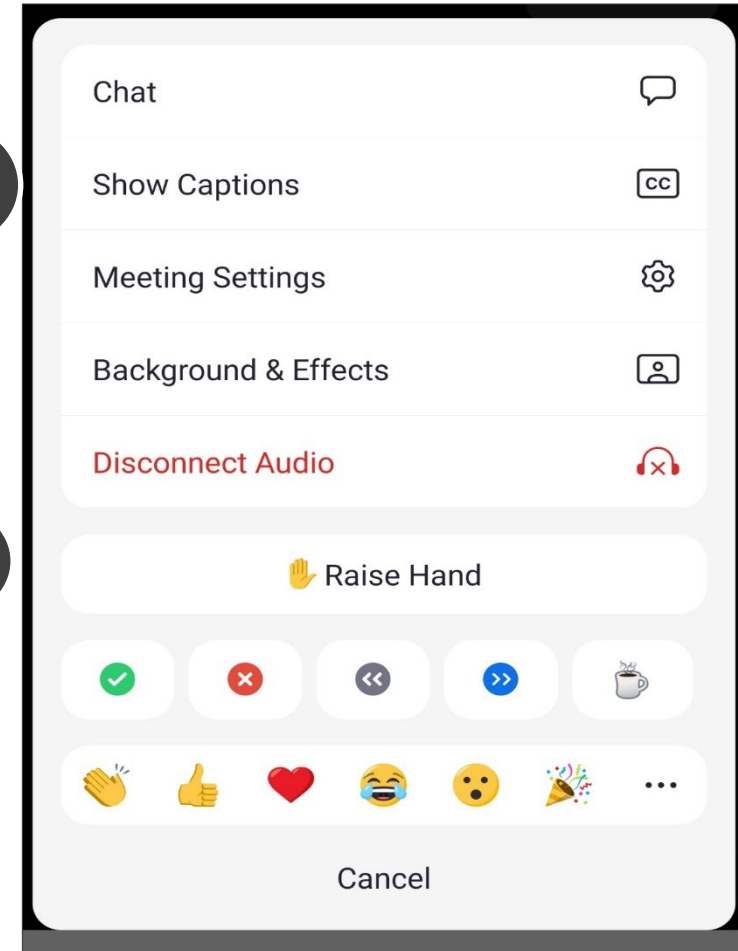
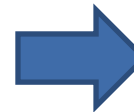
The screenshot shows a Zoom meeting interface. At the top, there are two video thumbnails: 'Host' on the left and 'Attendee 2' on the right. Below them is a larger video thumbnail for 'Attendee'. At the bottom, there is a toolbar with various icons. Three numbered callouts are present: 1. A white circle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

- 1 Click the lower part of your screen to mute/unmute or to start or pause video
- 2 Click on the participant or chat button to access the full participant list or the chat box
- 3 To raise your hand, select the raised hand function under the reactions tab

Using the Zoom Platform (Phone View)



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



Meeting Ground Rules



- Be prepared, having reviewed the meeting materials beforehand.
- Respect all voices.
- Remain engaged and actively participate.
- Base your evaluation and recommendations on the measure evaluation rubric.
- Keep your comments concise and focused.
- Be respectful and allow others to contribute.
- Share your experiences.
- Learn from others.

Project Team



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

Roll Call with Disclosures of Interest



Quorum

- Meeting quorum requires that 60% of the Recommendation Group members are present during roll call at the beginning of the meeting.
- Endorsement decisions are rendered via a vote after Recommendation Group discussions. Voting quorum is at least 80% of active committee members (Recommendation Group only) who are not recused.



Management of Acute Events and Chronic Conditions Fall 2024 Cycle Committee – *Recommendation Group*



- Charles (Kurt) Mahan, PharmD, PhC, FASHP, FCCP (***Non-Patient Co-Chair***)
- Florence Thicklin (***Patient Co-Chair***)
- Lisa Albers, MD
- Sharon Ayers
- Whitney Bowman-Zatzkin, MPA, MSR
- David Clayman, DPM, MBA
- Anna Doubeni, MD
- Marybeth Farquhar, PhD, MSN, RN
- Mika Gans, MS, LMFT, CPHQ
- Laurent Glance, MD
- Michael Hanak, MD, FAAFP
- Virna Little, PsyD, LCSWR
- Aileen Schast, PhD, CPHQ, CPPS
- David Shahian, MD
- Benjamin Shirley, BS, CPHQ
- Chloe Slocum, MD, MPH
- Lisa Suter, MD
- Ashley Tait-Dinger, MBA
- Misty Votaw
- Eric Youngstrom, PhD
- Bonnie Zima, MD, MPH

Fall 2024 Subject Matter Experts*



- **Emergency Medicine**
 - Dr. Arjun Venkatesh, MD, MBA, MHS
- **Nephrology/ Dialysis**
 - Dr. Jonathan Segal, MD

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

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

Overview of Evaluation Procedures

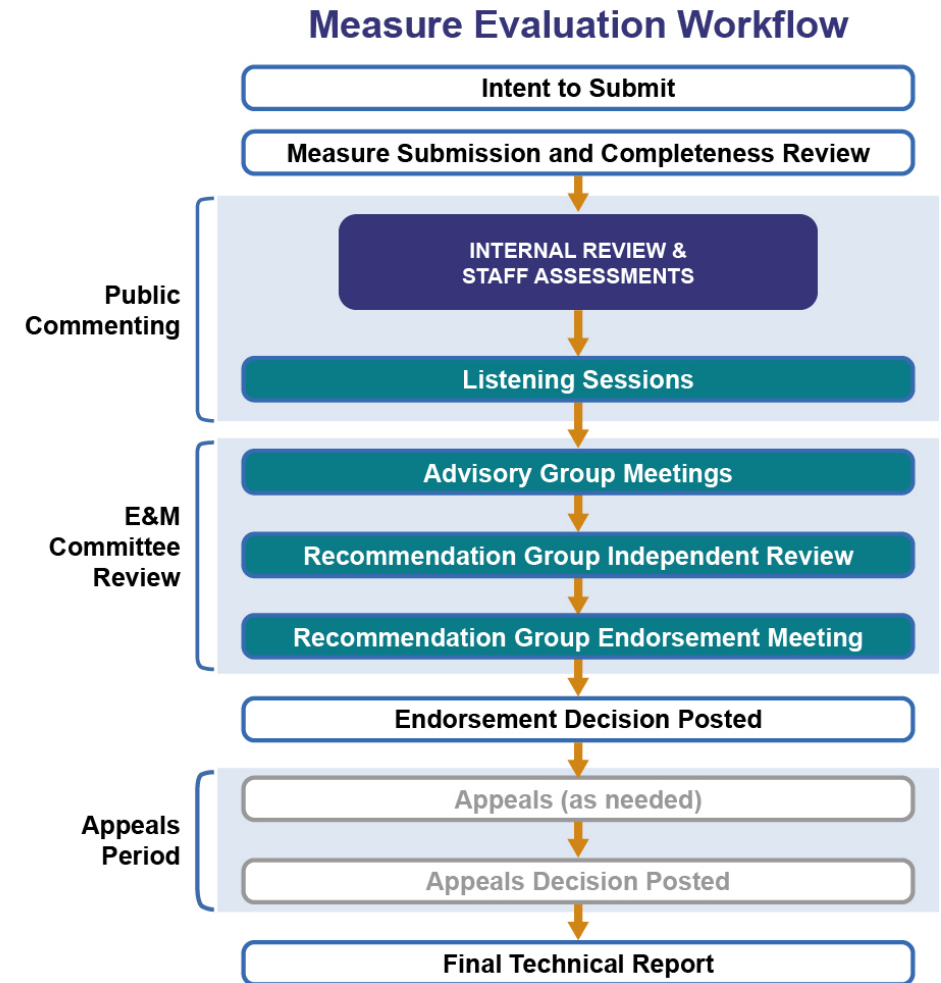


E&M Process



Six major steps:

1. Intent to Submit
2. Full Measure Submission
3. Staff Internal Review and Measure Public Comment Period
 - Public Comment Listening Sessions
4. E&M Committee Review
 - Advisory Group Meetings
 - Recommendation Group Independent Review
 - Recommendation Group Meetings
5. Appeals Period (as warranted)
6. Final Technical Report



E&M Committee Review

Recommendation Group Endorsement Meeting



- **Steps:**

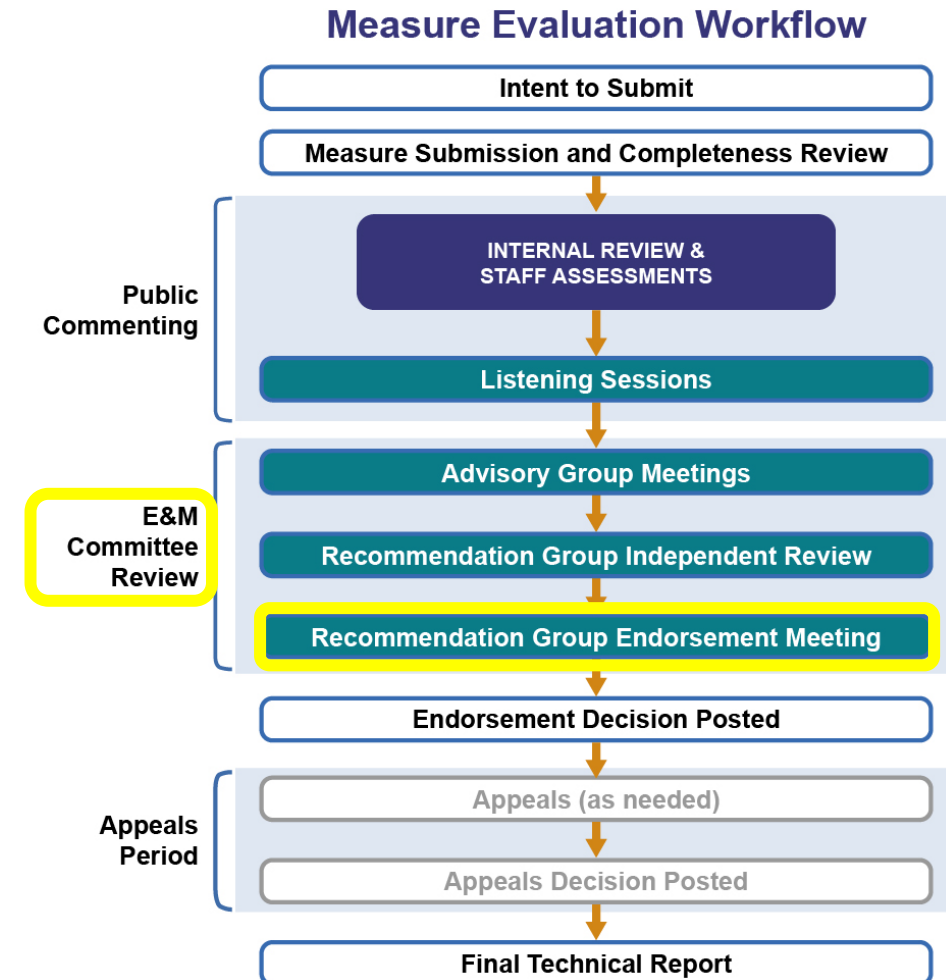
- The Recommendation Group of each E&M committee meets to review measures using aggregated feedback from the Advisory Group, public comment, staff assessments, and independent member reviews.
- Developers are encouraged to attend to present their measures and answer any questions from the Recommendation Group. Developers are encouraged to invite their SMEs to participate and support in answering questions.

- **Timing:**

- Early February (Fall) and late July/early August (Spring)

- **Outputs:**

- Endorsement decision posted to PQM website



Recommendation Group Meeting

Measure Review Procedures



1. Measure Introduction by Battelle

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



2. Developer/Steward Comments

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



3. Recommendation Group Discussion

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



4. Endorsement Vote

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

Patient Partner Feedback



- As a patient or caregiver, do you have experience with the measure topic that you would like to share?
- Do you think the measure is meaningful to patients and will help to improve their care?
- Is the measure respectful of and responsive to individual patient preferences, needs, and values?
- Are there aspects about the measure that may be difficult for patients to understand?
- Are there aspects about the measure that may be burdensome to patients?

PQM Measure Evaluation Rubric



- 1. Importance** - Extent to which the measure is evidence based AND is important for making significant gains in health care quality or cost where there is variation in or overall less-than-optimal performance.
- 2. Feasibility** - Extent to which the measure specifications (i.e., numerator, denominator, exclusions) require data that are readily available OR could be captured without undue burden AND can be implemented for performance measurement.
- 3. Scientific Acceptability (i.e., Reliability and Validity)** - Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented.
- 4. Equity (optional)** - Extent to which the measure can identify differences in care for certain patient populations, which can be used to advance health equity and reduce disparities in care.
- 5. Use and Usability** - Extent to which potential audiences (e.g., consumers, purchasers, providers, and policymakers) are using or could use measure results for both accountability and performance improvement to achieve the goal of high-quality, efficient health care for individuals or populations.

Decision Outcomes:

Endorsed with Conditions Examples



PQM Rubric Domain/Criterion*	Condition(s)	Example
Importance	<p>a. Conduct additional evaluation/assessment of meaningfulness to the patient community (e.g., patients, caregivers, advocates).</p> <p>b. [For maintenance] Expand performance gap testing to a larger population.</p>	<p>a. Developer/steward has not, or to a limited degree, provided evidence from literature, focus groups, expert panels, etc., that the target population (e.g., patients) values the measured outcome, process, or structure and finds it meaningful for improving health and health care.</p> <p>b. Maintenance measure has narrow gap, which may be due to limited data/testing within a population that may not be fully representative.</p>
Reliability	<p>a. Consider mitigation strategies to improve measure's reliability, such as increasing the case volume, including more than 1 year of data.</p> <p>For any facilities that are unable to exceed the threshold, give a rationale for why the reliability being below the threshold is acceptable for those specific facilities.</p>	<p>a. The developer/steward has performed measure score reliability testing (accountable entity-level reliability). Less than half of facilities did not meet the expected reliability value of 0.6.</p>
Feasibility	<p>a. Provide implementation guidance or a near-term path (within 1 year) for implementing the measure. This includes providing clear system requirements for implementation of the measure.</p>	<p>a. Measure has experienced or is projected to experience implementation challenges.</p>
Use and Usability	<p>a. Implement a systematic feedback approach to better understand if challenges exist with implementing the measure.</p> <p>b. [For maintenance] Collect additional feedback from providers to ascertain the reasons why the measure is leveling off and describe appropriate mitigation approaches.</p>	<p>a. Measure has limited feedback due to low use and/or non-systematic feedback approach.</p> <p>b. Trend data show a leveling off of measure performance.</p>

Non-Negotiable Considerations



Several non-negotiable areas exist for endorsement, meaning if a measure meets one or more of the following criteria, the measure cannot be endorsed, even with conditions:

- ❖ Lack of a clear business case (i.e., evidence suggesting that the measure can accomplish its stated purpose)
- ❖ Lack of evidence supporting the business case
- ❖ Significantly poor feasibility for the measure to be implemented due to challenges (e.g., data availability or missingness)
- ❖ Inappropriate methodology, calculations, formulas, or testing approach used to demonstrate reliability or validity
- ❖ Specifications, testing approach, results, or data descriptions are insufficient
- ❖ When a measure with an “Endorsed with Conditions” designation is evaluated for maintenance but it has not met the prior conditions

Consensus Voting for Final Determinations



Endorse (A)	Endorse with Conditions (B)	Do Not Endorse (C)	Consensus Voting Status
75% or More	0%	Less than 25%	A
75% or More		Less than 25%	B
Less than 25%		75% or More	C
26% to 74%		26% to 74%	No consensus

If no consensus is reached, based on the 75% threshold, the measure is not endorsed.

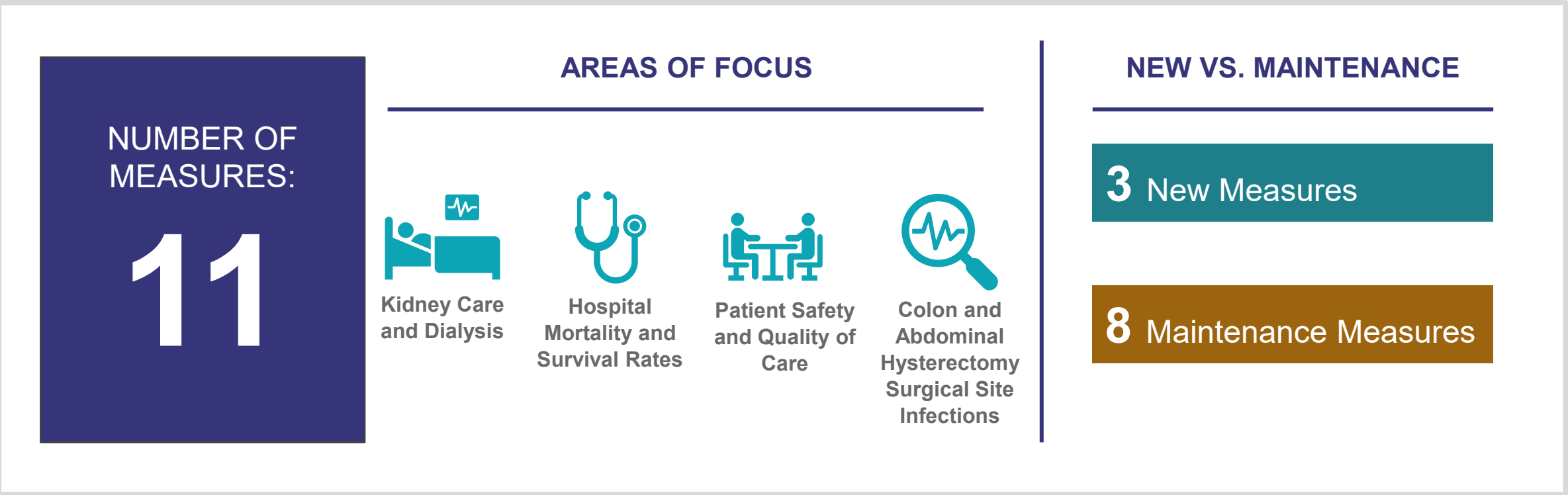
Overview of Fall 2024 Measures for Endorsement Consideration



Fall 2024 Measures for Committee Review



The Management of Acute Events and Chronic Conditions committee received 11 measures for endorsement consideration.



Fall 2024 Measures for Committee Review

(Cont., 1)



CBE Number	Measure Title	New/Maintenance	Developer/Steward
#3502e	Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure with Claims and Electronic Health Record Data	Maintenance	Yale Center for Outcomes Research and Evaluation (Yale CORE)/CMS
#4595	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke Hospitalization with Claims-Based Risk Adjustment for Stroke Severity	New	Yale CORE/CMS
#2706	Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V	Maintenance	University of Michigan (UMICH)/Centers for Medicare & Medicaid Services (CMS)
#1423	Minimum spKt/V for Pediatric Hemodialysis Patients	Maintenance	UMICH/CMS
#1425	Measurement of nPCR for Pediatric Hemodialysis Patients	Maintenance	UMICH/CMS
#0318	Delivered Dose of Peritoneal Dialysis Above Minimum	Maintenance	UMICH/CMS
#4650	Facility Level Percentage of Chronic Hyperphosphatemia in Dialysis Patients	New	UMICH/CMS

Fall 2024 Measures for Committee Review

(Cont., 2)



CBE Number	Measure Title	New/Maintenance	Developer/Steward
#0531	Patient Safety Indicator (PSI) 90: Patient Safety and Adverse Events Composite	Maintenance	Mathematica/CMS
#0753	30-Day Post-Operative Colon Surgery (COLO) and Abdominal Hysterectomy (HYST) Surgical Site Infection (SSI) Standardized Infection Ration (SIR)	Maintenance	Centers for Disease Control and Prevention (CDC)
#3309	Risk-Standardized Survival Rate (RSSR) for In-Hospital Cardiac Arrest	Maintenance	American Heart Association
#4580	Composite Measure for the Quality of Care Provided to Patients Undergoing Percutaneous Coronary Interventions (PCI)	New	American College of Cardiology

Test Vote



Voting Considerations and Troubleshooting



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

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

Evaluation of Fall 2024 Measures



CBE #3502e – Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure with Claims and Electronic Health Record Data



Item	Description
Measure Description	<ul style="list-style-type: none"> Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure with Claims and Electronic Health Record Data measure estimates a hospital-level 30-day risk-standardized mortality rate (RSMR), defined as death from any cause within 30 days after the index admission date for Medicare fee-for-service and Medicare Advantage patients who are between the ages of 65 and 94. Index admissions are assigned to one of 15 clinically cohesive and mutually exclusive divisions: six surgical divisions and nine non-surgical divisions, based on the reason for hospitalization. The surgical divisions are: Surgical Cancer (includes a surgical procedure and a principal discharge diagnosis code of cancer), Cardiothoracic Surgery, General Surgery, Neurosurgery, Orthopedic Surgery, and Other Surgical Procedures. The non-surgical divisions are: Cancer, Cardiac, Gastrointestinal, Infectious Disease, Neurology, Orthopedic, Pulmonary, Renal, Other Conditions. The final measure score (a single risk-standardized mortality rate) is calculated from the results of these 15 different divisions, modeled separately. Variables from administrative claims and electronic health records are used for risk adjustment.
Developer/Steward	<ul style="list-style-type: none"> Yale CORE/CMS
New or Maintenance	<ul style="list-style-type: none"> Maintenance (last reviewed: Spring 2019)
Current Use	<ul style="list-style-type: none"> Hospital Inpatient Quality Reporting (IQR) Program
Initial Endorsement	<ul style="list-style-type: none"> 2019

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Older adults (65-94 years)	Inpatient/Hospital	Facility

CBE #3502e Public Comments



One comment received

- The American Medical Association (AMA) noted the challenges with data collection and submission of measures that leveraged data from EHR systems and that the current measure specifications do not align with current workflows.

Validity and Intended
Use Concerns

1

CBE #3502e Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Reliability	Staff Assessment; Committee Independent Review	All Recommendation Group reviewers agreed with the staff assessment and rated this domain as Met.
Mixed	Usability	Advisory Group; Committee Independent Review	<p>The Advisory Group disagreed with how useful measure results would be for facilities and clinicians to make improvements. One Advisory Group member voiced support, but others disagreed.</p> <p>57% of Recommendation Group reviewers agreed with a staff assessment rating of Not Met, but Addressable. One reviewer noted concerns with the actual usability of such a high-level aggregate encompassing so many different conditions and procedures. Another reviewer stated that the ability to address 30-day mortality rates varies greatly between facilities based on resources. One reviewer rated Usability as as Not Met, arguing it could unfairly hold hospitals accountable for uncontrollable factors through global metrics. However, two reviewers rated this domain as Met, noting that there is meaningful use of the measure and feedback loops.</p>
	Importance	Committee Independent Review	Two Recommendation Group reviewers rated the Importance domain as Met noting an abundance of evidence demonstrating measure importance. One reviewer raised concern and expressed personal opposition to hospital-wide mortality measures, citing their lack of correlation with quality of care, the potential for good results in one area to mask poor outcomes in others, and limited actionability due to varying issues across different conditions/procedures. Another reviewer noted concern over hospital-wide measures given the many influences on mortality and quality of care over a 30-day period.
	Validity	Staff Assessment; Committee Independent Review	71% of Recommendation Group reviewers agreed with staff assessment and rated Validity as Met. Others rated this measure as Not Met, but Addressable citing the limitations indicated in the staff assessment. One reviewer stated that the submission included an excellent discussion of convergent validity.

CBE #3502e Key Discussion Themes (continued)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Dissenting	Feasibility	Advisory Group; Staff Assessment; Public Comment; Committee Independent Review	<p>The staff assessment identified that facilities reported challenges with EHR data submission and meeting CMS programmatic data reporting thresholds. The measure's initial voluntary reporting in 2024 saw limited participation, which poses challenges in generalizing improvements.</p> <p>A public comment from the American Medical Association (AMA) noted the challenges with data collection and submission of measures that leveraged data from EHR systems and that the current measure specifications do not align with current workflows.</p> <p>One Recommendation Group reviewer stated that the developer's response to the AMA comment indicates some of the challenges that have occurred with implementation resulting in an extension to the voluntary reporting period.</p>
	Measure Impact and Gap	Staff Assessment; Committee Independent Review	<p>While evidence-based recommendations are specific to certain diagnoses, they are suggested to influence broader mortality outcomes; however, the supporting evidence for this broader impact is not clearly substantiated in the summary provided. Analysis from Medicare FFS and MA data reveals less variation observed in hybrid datasets, possibly reflecting higher performance reporting.</p> <p>One Recommendation Group reviewer mentioned a narrow performance gap.</p>
Probing	Equity	Staff Assessment; Committee Independent Review	<p>For this optional domain, the developer evaluated social risk factors (dual eligibility and area deprivation index) finding minimal impact on adjusted measure scores and nearly identical correlation coefficients, leading to the decision not to adjust for these factors. However, the lack of stratification by social risk factors limits insights into outcome disparities.</p> <p>One Recommendation Group reviewer suggested additional Equity analyses due to the risks posed by preexisting health-related social needs (HRSN).</p>

CBE #4595 – Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke Hospitalization with Claims-Based Risk Adjustment for Stroke Severity



Item	Description
Measure Description	<ul style="list-style-type: none"> The measure estimates the hospital-level, risk-standardized mortality rate (RSMR) for Medicare patients (Fee-for-Service [FFS] and Medicare Advantage [MA]) discharged from the hospital with a principal discharge diagnosis of acute ischemic stroke. The outcome is all-cause 30-day mortality, defined as death from any cause within 30 days of the index admission date, including in-hospital death, for stroke patients. The measure includes the National Institutes of Health (NIH) Stroke Scale as an assessment of stroke severity upon admission in the risk-adjustment model.
Developer/Steward	<ul style="list-style-type: none"> Yale CORE/CMS
New or Maintenance	<ul style="list-style-type: none"> New
Planned Use	<ul style="list-style-type: none"> Public Reporting
Initial Endorsement	<ul style="list-style-type: none"> Not applicable

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Older adults (65 years and older)	Hospital: Critical Access; Hospital: Inpatient	Facility

CBE #4595 Public Comments



One comment received

- The AMA suggests a case minimum of 25 individuals should be required as part of this measure's endorsement. The 25 minimum would also ensure reliability closer to 0.7, which is also suggested to be standard for endorsed measures.

Case Minimum and
Reliability Concerns

1

CBE #4595 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Importance, Feasibility	Staff Assessment; Committee Independent Review	All Recommendation Group reviewers agreed with the staff assessment ratings of Met for the Importance and Feasibility domains.
Mixed	Usability	Advisory Group; Staff Assessment; Committee Independent Review	<p>The Advisory Group wondered whether facilities or clinicians could use the information from this measure to drive improvements.</p> <p>All Recommendation Group reviewers agreed with the staff assessment rating of Met for the Use and Usability domain.</p>
Dissenting	Reliability Testing	Staff Assessment; Public Comment; Committee Independent Review	<p>The staff assessment noted there are potential issues with the accuracy of the results using the current reliability metrics. However, the identified limitations are deemed addressable, as the developer may consider performing additional reliability testing such as split-half reliability.</p> <p>In addition, the American Medical Association requests that a case minimum of 25 individuals be established for this measure to ensure a minimum reliability close to 0.7.</p> <p>In their independent reviews, two Recommendation Group members questioned the benefit of generating a score for facilities with less than 25 admissions if it is unreliable.</p>
	Unintended Consequences	Advisory Group	The Advisory Group discussed potential unintended consequences that could stem from this measure, including its impact on under-resourced and rural communities.

CBE #4595 Key Discussion Themes (continued)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Probing	Equity	Staff Assessment; Committee Independent Review	<p>For this optional domain, the developer evaluated social risk factors (dual eligibility and area deprivation index) finding minimal impact on adjusted measure scores and nearly identical correlation coefficients, leading to the decision not to adjust for these factors. However, the lack of stratification by social risk factors limits insights into outcome disparities.</p> <p>One Recommendation Group reviewer recommended that results be stratified, and another reviewer suggested further exploration of the interesting preliminary findings.</p>
	Meaningfulness to Patients	Staff Assessment	<p>The developer did not provide evidence of direct patient input regarding the measure's meaningfulness but posits that the measure is intended to enhance transparency and accountability in stroke care, which should inform patients about hospital performance.</p>

Lunch

Meeting will resume at 12:20 PM ET



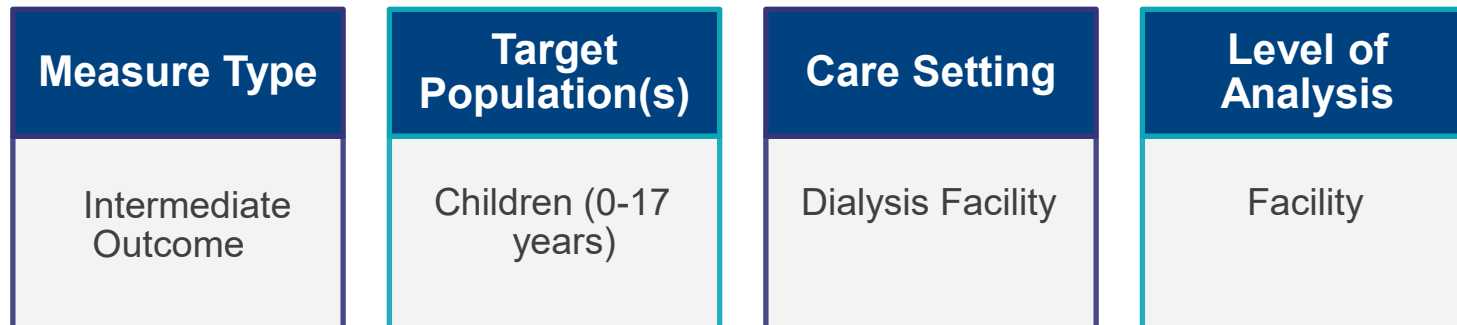
Evaluation of Fall 2024 Measures (continued)



CBE #2706 – Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V



Item	Description
Measure Description	<ul style="list-style-type: none"> Percentage of pediatric (< 18 years old) peritoneal dialysis patient-months whose delivered peritoneal dialysis dose was a weekly Kt/Vurea \geq 1.8 (dialytic + residual)
Developer/Steward	<ul style="list-style-type: none"> University of Michigan (UMICH)/Centers for Medicaid & Medicare Services (CMS)
New or Maintenance	<ul style="list-style-type: none"> Maintenance (last reviewed: Spring 2019)
Current Use	<ul style="list-style-type: none"> Dialysis Facility Care Compare
Initial Endorsement	<ul style="list-style-type: none"> 2015



CBE #2706 Public Comments



Three comments received

- The American Society of Pediatric Nephrology, American Society of Nephrology, and Kidney Care Partners expressed their support for continued endorsement for this measure, highlighting the importance of having measures that focus on pediatric population, the measure's alignment with the current Kidney Disease Outcomes Quality Initiative (KDOQI), and the measure's reliability and validity.

Support for Continued
Endorsement

3

CBE #2706 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	Importance	Advisory Group; Public Comment; Committee Independent Review	<p>The Advisory Group highlighted the importance of pediatric measures and that small sample sizes should not be a deterrent.</p> <p>The American Society of Pediatric Nephrology, American Society of Nephrology, and Kidney Care Partners support the continued endorsement of CBE #2706 emphasizing its alignment with KDOQI guidelines and its importance for accountability in treating pediatric patients, while recommending maintaining the pediatric-specific Kt/V goal of 1.7 rather than aligning with adult standards, despite the measure potentially being topped out.</p> <p>A few Recommendation Group members noted in their independent reviews this measure has a meaningful performance gap. One member noted pediatric health is an important area of health that need investigation.</p> <p>A patient Recommendation Group reviewer mentioned that the language requiring “cooperation of the patient” and a “commitment” to the treat plan seems out of touch with the patient population being served and wondered if the TEP was limited in individual with lived experience in this combination of pediatric care. This reviewer also expressed that this is an imperative measure for the youth population, but it primarily relies on enforced compliance rather than providing support or reasonable accommodations, which may lead to decreased participation and lower quality ratings for clinicians. Another reviewer stated that the requirement for patient cooperation in treatment is not evidence of meaningfulness.</p>
Dissenting	Evidence	Staff Assessment; Committee Independent Review	<p>The staff assessment identified that grading was not provided for the clinical guidelines cited, and the provided evidence is fairly dated (potentially due to a lack of updated clinical guidelines).</p> <p>A few Recommendation Group reviewers stated that the measure lacks robust evidence and recommended that the developer address the lack of guideline grading and improve the observational evidence summary.</p>

CBE #2706 Key Discussion Themes (continued)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Dissenting	Validity Testing and Risk Adjustment	Advisory Group; Staff Assessment; Independent Committee Review	<p>The Advisory Group questioned whether the measure should be risk adjusted.</p> <p>The staff assessment noted that while a risk-adjustment evaluation is not required for intermediate outcome measures, a discussion of risk adjustment would strengthen the submission.</p> <p>The developer conducted person- or episode-level validity testing on key data elements from 300 facilities, showing high agreement and low missing values, but did not perform accountable-entity level validity testing due to small pediatric sample sizes, as indicated by the narrow variation seen in performance gap Table 1 within the submission materials. The developer also did not systematically assess face validity. The staff assessment recommended a more robust logic model substantiated with face validity from the TEP would provide some modest support for a validity claim.</p> <p>88% of Recommendation Group reviewers agreed with the staff assessment rating of Not Met for the Validity domain and expressed concerns regarding small sample size, little variation, no risk adjustment, and no assessment of face validity.</p>
	Use and Usability	Staff Assessment; Independent Committee Review	One Recommendation Group reviewer rated this domain as Not Met, noting it was not well described and there was very little improvement in mean performance between 2017-2022. However, the majority (88%) of reviewers agreed with the staff assessment rating of Met.
Supportive	Feasibility	Staff Assessment; Committee Independent Review	All Recommendation Group reviewers agreed with the staff assessment rating of Met for the Feasibility domain. One reviewer thought the data was easy to collect and submit. Another reviewer inquired about estimates of missing data, given the measure specification allows for supplementing registry data with Medicare claims.

CBE #1423 – Minimum spKt/V for Pediatric Hemodialysis Patients



Item	Description
Measure Description	<ul style="list-style-type: none"> Percentage of patient months for all pediatric (<18 years old) in-center hemodialysis patients in which the delivered dose of hemodialysis (calculated from the last measurement of the month using the UKM or Daugirdas II formula) was $spKt/V \geq 1.2$.
Developer/Steward	<ul style="list-style-type: none"> UMICH/CMS
New or Maintenance	<ul style="list-style-type: none"> Maintenance (last reviewed: Spring 2019)
Current Use	<ul style="list-style-type: none"> Dialysis Facility Care Compare ESRD QIP
Initial Endorsement	<ul style="list-style-type: none"> 2011

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Intermediate Outcome	Children (0-17 years)	Dialysis Facility	Facility

CBE #1423 Public Comments



Three comments received

- The American Society of Pediatric Nephrology, American Society of Nephrology, and Kidney Care Partners expressed their support for continued endorsement for this measure, highlighting the importance of having measures that focus on the pediatric population, the measure's alignment with the current Kidney Disease Outcomes Quality Initiative (KDOQI), and the measure's reliability and validity.

Support for Continued
Measure Endorsement

3

CBE #1423 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Feasibility and Reliability	Staff Assessment; Committee Independent Review	All Recommendation Group reviewers agreed with the staff assessment rating of Met for the Feasibility and Reliability domains.
	Importance	Advisory Group; Public Comment; Committee Independent Review	<p>The Advisory Group highlighted that this measure is important for the pediatric population and noted that while the evidence might not be as robust because of the limited population size, these patients are some of the most vulnerable.</p> <p>The American Society of Pediatric Nephrology, American Society of Nephrology, and Kidney Care Partners all support the continued endorsement of pediatric dialysis adequacy measures CBE #1423 and CBE #2706, emphasizing their alignment with KDOQI guidelines and their importance for accountability in treating pediatric patients, while recommending maintaining the pediatric-specific Kt/V goal rather than aligning with adult standards, despite the measures potentially being topped out.</p> <p>88% of Recommendation Group reviewers agreed with staff assessment rating of Met for the Importance domain. One member noted the solid guideline base, although old, and that additional studies should be summarized. Three Recommendation Group members agreed with the professional societies that provided public comments in support of the measure's importance.</p>
Mixed	Reliability	Staff Assessment; Committee Independent Review	All reviewers agreed with the staff assessment and rated this domain as Met. However, one reviewer noted more information on bootstrapping/resampling is needed and another reviewer highlighted that in the 2022 analysis, only 15 facilities had the minimum of 11 eligible patients required for public reporting.

CBE #1423 Key Discussion Themes (continued)

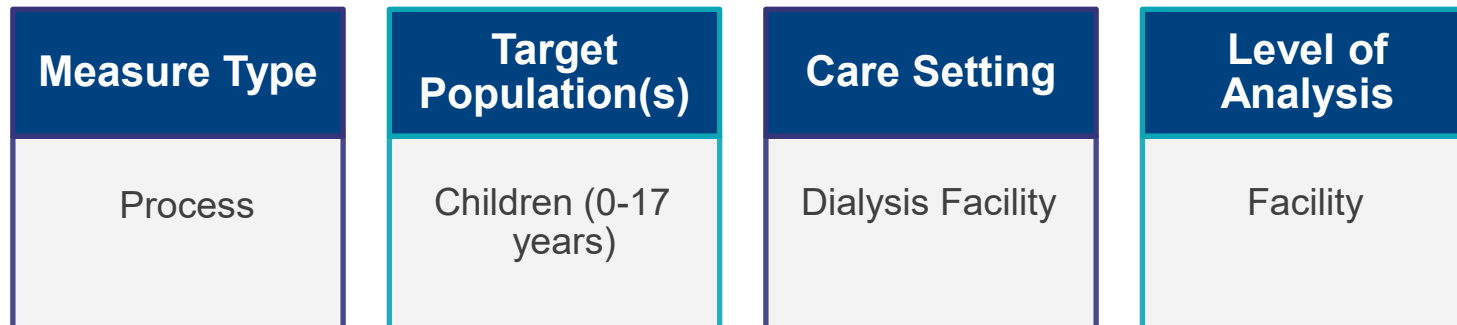


Discussion Category	Key Themes	Source of Comment	Summary of Comments
Dissenting	Validity Testing and Risk Adjustment	Advisory Group; Staff Assessment	<p>The Advisory Group questioned whether the measure should be risk adjusted.</p> <p>The staff assessment noted that while a risk-adjustment evaluation is not required for intermediate outcome measures, a discussion of risk adjustment would strengthen the submission.</p> <p>The developer conducted person- or episode-level validity testing on key data elements from 300 facilities, showing high agreement and low missing values but did not perform accountable-entity level validity testing due to small pediatric sample sizes, as indicated by the narrow variation seen in performance gap Table 1 within the submission materials. The developer also did not systematically assess face validity. The staff assessment recommended a more robust logic model substantiated with face validity from the technical expert panel (TEP) would provide some modest support for a validity claim.</p> <p>One Recommendation Group reviewer stated it is unclear why a small sample size prevents facility-level testing such as predictive or convergent/divergent validity.</p>
	Performance Gap and Patient Meaningfulness	Committee Independent Review	<p>One Recommendation Group reviewer stated that the requirement for patient cooperation in treatment is not evidence of meaningfulness. Another reviewer noted the performance gap looks somewhat limited.</p>

CBE #1425 – Measurement of nPCR for Pediatric Hemodialysis Patients



Item	Description
Measure Description	<ul style="list-style-type: none"> Percentage of patient months of pediatric (< 18 years old) in-center hemodialysis patients (irrespective of frequency of dialysis) with documented monthly normalized protein catabolic rate (nPCR) measurements.
Developer/Steward	<ul style="list-style-type: none"> UMICH/CMS
New or Maintenance	<ul style="list-style-type: none"> Maintenance (last reviewed: Spring 2019)
Current Use	<ul style="list-style-type: none"> Dialysis Facility Care Compare
Initial Endorsement	<ul style="list-style-type: none"> 2011



CBE #1425 Public Comments



Three comments received

- The American Society of Pediatric Nephrology, American Society of Nephrology, and Kidney Care Partners expressed their support for continued endorsement for this measure. They felt this measure is a step in the right direction for pediatric assessment of nutrition and ensures pediatric patients are being monitored with the most appropriate measurement that is currently available.

Support for Continued
Endorsement

3

CBE #1425 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	Importance	Public Comment; Committee Independent Review	<p>The American Society of Pediatric Nephrology, American Society of Nephrology, and Kidney Care Partners support the endorsement of CBE #1425 as a reasonable reporting measure for assessing pediatric nutrition; they acknowledged its limitations, such as the underlying data being primarily linked to adolescents and the measure not being perfect. However, they emphasized the measure's importance as a step toward incorporating pediatric-specific growth or nutrition measures in the ESRD QIP.</p> <p>75% of Recommendation Group reviewers rated this domain as Met; however, a few members rated this domain as Not Met or Not Met, but Addressable due to outdated guidelines, lack of rationale for not gathering patient input, and the fact that this measure is contingent on documentation.</p>
Probing	Moving Beyond a Process Measure	Advisory Group; Committee Independent Review	<p>The Advisory Group would like the Recommendation Group to consider whether this is still appropriate as a process measure or whether it would be possible to consider a new measure that recommends a range or threshold for nPCR.</p> <p>One Recommendation Group reviewer agreed with the limitations of a process measure and suggested adding a measure that provides actual protein intake information in the future.</p>

CBE #1425 Key Discussion Themes (continued)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Dissenting	Validity Testing	Staff Assessment; Committee Independent Review	<p>The developer conducted person- or episode-level validity testing on key data elements from 300 facilities, showing high agreement and low missing values, but did not perform accountable-entity level validity testing due to small pediatric sample sizes, as indicated by the narrow variation seen in performance gap Table 1 within the submission materials. The developer also did not systematically assess face validity. The staff assessment recommended a more robust logic model substantiated with face validity from the TEP would provide some modest support for a validity claim.</p> <p>88% of Recommendation Group reviewers agreed with staff assessment rating of Not Met, citing issues with small sample size and face validity. One reviewer stated it is unclear why small sample size prevents facility-level testing such as convergent validity.</p>
	Small Sample Size (Reliability and Usability)	Committee Independent Review	<p>Regarding reliability, one reviewer noted more information on bootstrapping/ resampling is needed and the sample sizes are very small.</p> <p>Concerns about the usability of performance results due to small sample sizes were also noted, questioning if the measure is topped out.</p>

Break

Meeting will resume at 1:45 PM ET



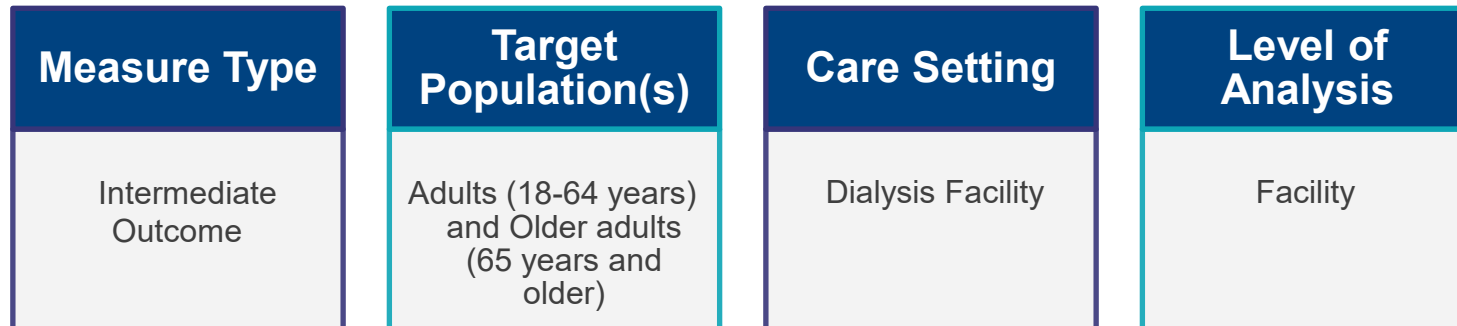
Evaluation of Fall 2024 Measures (continued)



CBE #0318 – Delivered Dose of Peritoneal Dialysis Above Minimum



Item	Description
Measure Description	<ul style="list-style-type: none"> Percentage of all patient months for adult patients (≥ 18 years old) whose delivered peritoneal dialysis dose was a weekly Kt/Vurea ≥ 1.7 (dialytic + residual).
Developer/Steward	<ul style="list-style-type: none"> UMICH/CMS
New or Maintenance	<ul style="list-style-type: none"> Maintenance (last reviewed: Spring 2019)
Current Use	<ul style="list-style-type: none"> Dialysis Facility Care Compare End-Stage Renal Disease (ESRD) Quality Improvement Program (QIP)
Initial Endorsement	<ul style="list-style-type: none"> 2007



CBE #0318 Public Comments



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

CBE #0318 Key Discussion Themes

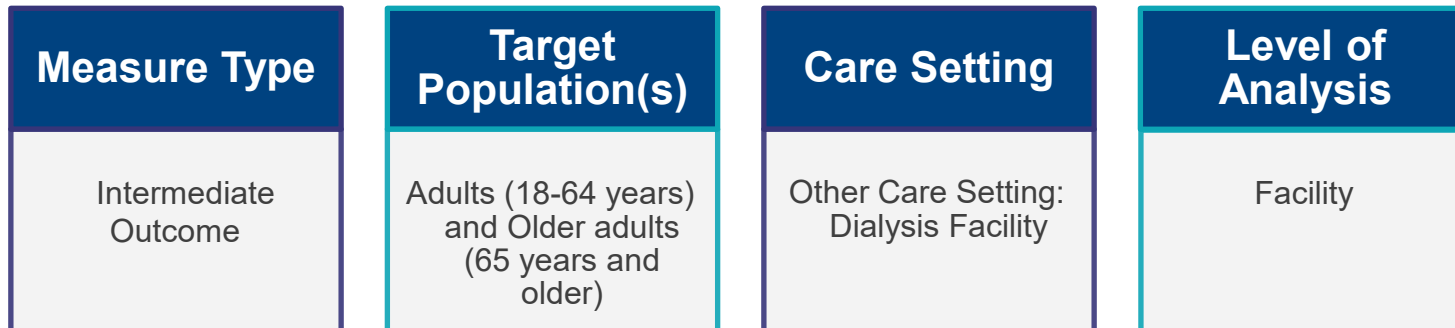


Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Importance, Feasibility, Reliability, Use and Usability	Staff Assessment; Committee Independent Review	All Recommendation Group reviewers agreed with the staff assessment ratings of Met for the Importance, Feasibility, Reliability, and Use and Usability domains.
Dissenting	Flexibility for Shared-Decision Making	Advisory Group	The Advisory Group questioned whether the measure left enough flexibility for patient-provider shared decision-making, as some patients appeared to be doing well on dialysis without having hit the 1.7 weekly Kt/V urea threshold.
	Risk Adjustment and Validity Testing	Advisory Group; Staff Assessment; Committee Independent Review	<p>The Advisory Group questioned whether the measure should be risk adjusted.</p> <p>The staff assessment noted that while a risk adjustment evaluation is not required for intermediate outcome measures, a discussion of risk adjustment would strengthen the submission. All Recommendation Group reviewers agreed with the staff assessment rating of Not Met but Addressable for validity.</p> <p>The developer provides empirical evidence of a facility-level co-variation between the measure focus and two material outcomes, mortality (not statistically significant) and hospitalization (statistically significant). The developer could strengthen the measure submission by including additional studies that either rule out potential confounding factors or describe features of potential mechanisms that strengthen casual claims.</p>
	Performance Gap	Advisory Group	Given the measure's age and high adherence rate, some Advisory Group members questioned whether the measure is still making a difference or whether it would be appropriate to shift focus to close any potentially still-existing performance gap.

CBE #4650 – Facility Level Percentage of Chronic Hyperphosphatemia in Dialysis Patients



Item	Description
Measure Description	<ul style="list-style-type: none"> Percentage of adult dialysis patients with a 6-month rolling average phosphorus value greater than or equal to 6.5 mg/dL.
Developer/Steward	<ul style="list-style-type: none"> UMICH/CMS
New or Maintenance	<ul style="list-style-type: none"> New
Planned Use	<ul style="list-style-type: none"> Public Reporting Payment Program
Initial Endorsement	<ul style="list-style-type: none"> Not applicable



CBE #4650 Public Comments



Two comments received

- One comment submitted on behalf of American Society of Nephrology said that the measure lacks supporting evidence and that they had concerns that the measure is not based on data. They stated they do not support CBE #4650 at this time.

Limited Supporting Evidence

1

- One comment submitted by Kidney Care Partners highlights the importance of this measure and the importance of addressing mineral and bone disorders (MBD). If MBD is not properly managed, individuals are at risk of experiencing further health complications, such as hyperphosphatemia.

Measure's Importance

1

CBE #4650 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Importance, Feasibility, Reliability, Use and Usability	Staff Assessment; Committee Independent Review	All Recommendation Group reviewers agreed with the staff assessment ratings of Met for the Importance, Feasibility, Reliability, and Use and Usability domains.
Dissenting	Risk Adjustment and Validity Testing	Advisory Group; Staff Assessment; Committee Independent Review	<p>The Advisory Group questioned whether the measure should be risk adjusted.</p> <p>The staff assessment noted that while a risk-adjustment evaluation is not required for intermediate outcome measures, a discussion of risk adjustment would strengthen the submission.</p> <p>The developer provides empirical evidence of a facility-level co-variation between the measure focus and two material outcomes, mortality and hospitalization. The developer could strengthen the measure submission by including additional studies that either rule out potential confounding factors or describe features of potential mechanisms that strengthen casual claims.</p> <p>One Recommendation Group reviewer suggested that the developer strengthen their case for the association between dialysis unit responses to the measure and measure focus. Another reviewer noted validity could be better addressed through efforts to understand environmental or other contributing factors showing in results.</p>
	Facility's Ability to Impact Performance	Advisory Group	The Advisory Group expressed concern that phosphorus levels are affected more by food insecurity and other community-based issues and that facilities would have limited means to change them.

CBE #4650 Key Discussion Themes (continued)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	Evidence	Public Comment	<p>A public comment from the American Society of Nephrology expressed concerns about the lack of evidence supporting the proposed metric, as there are no clinical trials establishing a specific serum phosphate level target to improve patient outcomes, and the hypoalbuminemia exception is not backed by quality data.</p> <p>However, Kidney Care Partners acknowledges the importance of addressing mineral and bone disorders in kidney failure patients, despite disagreements on the appropriate phosphorus target level, due to the risks associated with unmanaged hyperphosphatemia.</p>
Probing	Upcoming Changes	Advisory Group	<p>The Advisory Group discussed that January 1 changes to how phosphate binders are covered by insurance might make this a more important measure to track.</p>

CBE #0531 – Patient Safety Indicator (PSI) 90: Patient Safety and Adverse Events Composite



Item	Description
Measure Description	<ul style="list-style-type: none"> PSI 90 is a composite of ten adverse event indicators that summarizes hospitals' performance on patient safety for the CMS Medicare fee-for-service population. The timeframe used in the CMS Hospital Acquired Conditions Reduction Program (HACRP) and Care Compare public reporting are set within the Inpatient Prospective Payment Systems (IPPS) Final Rule annually. Typically, the performance periods use multiple months of claims data.
Developer/Steward	<ul style="list-style-type: none"> Mathematica/CMS
New or Maintenance	<ul style="list-style-type: none"> Maintenance (last reviewed: Fall 2020)
Current Use	<ul style="list-style-type: none"> Hospital-Acquired Condition Reduction Program (HACRP) Hospital Care Compare
Initial Endorsement	<ul style="list-style-type: none"> 2009

Measure Type

Composite Outcome

Target Population(s)

Adults (18-64 years) and Older adults (65 years and older)

Care Setting

Hospital: Acute Care Facility;
Hospital: Inpatient

Level of Analysis

Facility

CBE #0531 Public Comments



One comment received

- One comment submitted by the AMA expressed concern over the reliability of the individual measures in this composite measure. In addition, because this measure is based on administrative claims, the commenter questions if this measure is truly useful for accountability and improvement purposes.

Reliability,
Accountability, and
Improvement
Concerns

1

CBE #0531 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Feasibility and Validity	Staff Assessment; Committee Independent Review	All Recommendation Group reviewers agreed with the staff assessment rating of Met for the Feasibility and Validity domains. One reviewer complimented the proactive work with patient advisors and the reflections on the findings.
Mixed	Importance	Advisory Group; Staff Assessment; Committee Independent Review	<p>The Advisory Group, and particularly the patient members, highlighted the importance of this measure because it creates accountability and transparency and is meaningful to patients.</p> <p>However, the staff assessment rates Importance as “Not Met but Addressable” due to incomplete evidence grading and unclear endorsement of component measures, with a need for more thorough evidence presentation to enhance its importance.</p> <p>Recommendation Group reviewers were split between a rating of Met (50%) and Not Met but Addressable (50%). All reviewers concurred with the staff assessment that there is limited evidence for several component measures (PSI 09, PSI 14, PSI 15).</p>
	Reliability	Public Comment; Staff Assessment; Committee Independent Review	<p>The AMA questions the usefulness of the composite measure for accountability and improvement due to poor reliability, low intraclass correlation coefficient (ICC), and reliance on delayed administrative claims data. The AMA suggests the committee discuss requiring a case minimum to potentially improve reliability.</p> <p>All Recommendation Group reviewers agreed with the staff assessment rating of Met for Reliability.</p>
Probing	Equity	Staff Assessment; Committee Independent Review	<p>For this optional domain, the measure partially addresses equity in health care outcomes, but more information on methods and interpretation of disparities could enhance understanding and improvement efforts.</p> <p>83% of reviewers agreed with staff assessment rating of Not Met, but Addressable. One reviewer suggested that more information on variable impacts and solutions would be helpful. Another reviewer rated the measure as Met, appreciating the optional domain's pursuit and supporting the staff comments.</p>

Break

Meeting will resume at 3:40 PM ET



Evaluation of Fall 2024 Measures (continued)



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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Centers for Disease Control and Prevention (CDC)
New or Maintenance	<ul style="list-style-type: none"> Maintenance (last reviewed: Fall 2018)
Current or Planned Use	<ul style="list-style-type: none"> Hospital Inpatient Quality Reporting Program (HIQR) National Healthcare Safety Network (NHSN) Care Compare Sponsor: CMS The Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting Hospital Value-Based Purchasing Program Sponsor: CMS
Initial Endorsement	<ul style="list-style-type: none"> 2012

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

CBE #0753 Public Comments



Two comments received

- The Memorial Hermann Texas Medical Center and McGovern Medical School UTHealth Houston raised concerns about grouping trauma and non-trauma colon surgeries in the measure criteria. They and the AMA suggested excluding trauma-related surgeries or creating a separate category to enhance performance evaluation and healthcare improvements.

Impact of
Inclusion/Exclusion
Criteria on Trauma
Centers

2

- The AMA raised concern regarding the measure's reliability, stating the minimum reliability needs to be at least 0.7.

Insufficient Measure
Reliability

1

CBE #0753 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Feasibility, Reliability	Staff Assessment; Committee Independent Review	All Recommendation Group reviewers agreed with the staff assessment and rated Feasibility and Reliability as Met.
	Importance	Advisory Group; Committee Independent Review	<p>A few patient participants noted the importance of this measure, highlighting that evidence showed a 28% readmission rate due to infection following these surgeries, that there is opportunity to improve, and they believed this measure would be relatively comprehensible for a broad audience with various levels of health literacy.</p> <p>All reviewers agreed with staff assessment rating of Met. One reviewer noted there is clear evidence linking various quality improvement initiative and reduced SSIs.</p>
Mixed	Risk Adjustment	Advisory Group; Staff Assessment	<p>The Advisory Group talked at length about the risk adjustment for this measure, including whether facility-level and patient-level characteristics were appropriately included, whether hospital should be a fixed effect, whether hierarchical clustering should be done, and whether the feature selection method used is outdated and biased. The Advisory Group also felt the submission materials could have included more information and noted the C statistic was moderate.</p> <p>The staff assessment stated that the risk-adjustment methods are appropriate and demonstrate variation in the prevalence of risk factors across measured entities, contribute to unique variation in the outcome, and show the impact of risk adjustment for providers at high or low extremes of risk. The model performance is acceptable.</p>
	Usability	Staff Assessment; Committee Independent Review	<p>Improvement in hysterectomy SSIs was not clear, and this submission would be strengthened by providing a rationale for the lack of clear improvement.</p> <p>Recommendation Group reviewers were split between a rating of Met (43%) and Not Met but Addressable (57%), agreeing with the limitations described in the staff assessment. One reviewer stated there is a clear current use and feedback mechanism.</p>

CBE #0753 Key Discussion Themes (continued)

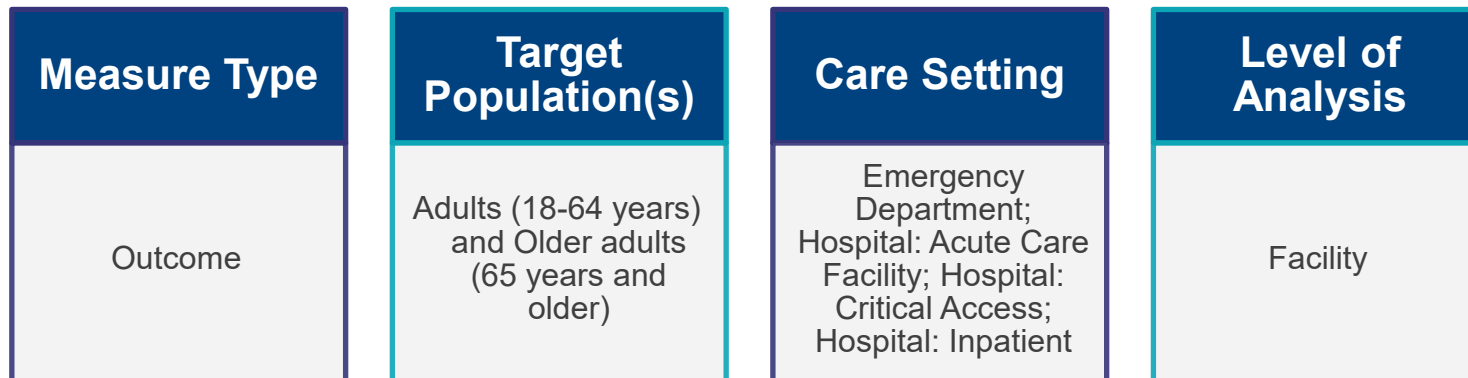


Discussion Category	Key Themes	Source of Comment	Summary of Comments
Dissenting	Trauma Cases (Recommended Exclusion)	Public Comment; Committee Independent Review	<p>The Memorial Hermann Texas Medical Center and McGovern Medical School UTHealth Houston urge the exclusion of trauma-related colon surgeries from SSI surveillance metrics due to their inherent high risk and impact on standardized infection ratios, advocating for separate categorization to ensure fair performance evaluation and targeted improvement. The American Medical Association supports this exclusion due to differing factors from elective cases.</p> <p>Two Recommendation Group reviewers rated the validity domain as Not Met, both agreeing with the public comment concerns related to the inclusion of trauma cases.</p>
	Minimum Case Volume	Public Comment	The American Medical Association calls for a case minimum to improve measure reliability.
Probing	Practical Improvement	Advisory Group	The Advisory Group asked the Recommendation Group to consider the practicalities that go into reducing infection rates in the real world and the complexities, resources, and dedication to time and attention that may go into that process.

CBE #3309 – Risk-Standardized Survival Rate (RSSR) for In-Hospital Cardiac Arrest



Item	Description
Measure Description	<ul style="list-style-type: none"> This measure estimates a hospital-level risk-standardized survival rate (RSSR) for patients aged 18 years and older who experience an in-hospital cardiac arrest.
Developer/Steward	<ul style="list-style-type: none"> American Heart Association
New or Maintenance	<ul style="list-style-type: none"> Maintenance (last reviewed: Fall 2018)
Current Use	<ul style="list-style-type: none"> Get With the Guidelines- Resuscitation
Initial Endorsement	<ul style="list-style-type: none"> 2019



CBE #3309 Public Comments



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

CBE #3309 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Reliability	Staff Assessment; Committee Independent Review	All Recommendation Group reviewers agreed with the staff assessment and rated Reliability as Met. One reviewer specifically mentioned good signal-to-noise and test-retest reliability results.
Dissenting	Importance	Staff Assessment; Committee Independent Review	<p>The staff assessment rated Importance as Not Met but Addressable due to potentially incomplete evidence review and insufficient patient input.</p> <p>One Recommendation Group reviewer was concerned with low event prevalence, and another stated additional literature would be helpful. A patient reviewer expressed that cardiac health patients and caregivers have a significant role in this work and should be included in the overall quality measurement efforts for this measure.</p>
	Usability	Staff Assessment; Committee Independent Review	<p>The approach to collecting and responding to feedback is not clear. In addition, there may not be a clear positive trend in performance scores.</p> <p>86% of Recommendation Group reviewers concurred with the staff assessment rationale.</p>
Probing	Risk Adjustment and Uncovering Inequity	Advisory Group	The Advisory Group discussed whether the measure should include patient-level risk factors. They asked that Recommendation Group to consider the importance of whether the measure might incidentally uncover inequities in the way that certain groups of patients are treated.
	Validity	Committee Independent Review	One reviewer requested details on the structure of the 30-day post-discharge in-hospital cardiac arrest survival metric, particularly if it includes only patients alive at discharge, and questioned if the measure's limited risk variables sufficiently represent the diverse patient types experiencing in-hospital cardiac arrest. Another reviewer sought the list of risk variables in both full and reduced models and asked for confirmation on the exclusion of hospice/palliative care patients. A third reviewer sought clarification on the rationale behind excluding patients with recurrent in-hospital cardiac arrest, as the exclusion hits a non-trivial number of patients.

CBE #4580 – Composite Measure for the Quality of Care Provided to Patients Undergoing Percutaneous Coronary Intervention (PCI)



Item	Description
Measure Description	<ul style="list-style-type: none"> This is a weighted composite measure comprised of six component measures: three all-cause risk-standardized outcome measures on all-cause mortality, bleeding, acute kidney injury, and three process measures focused on discharge on guideline-directed medical therapy, referral to a cardiac rehabilitation program, and PCI performed within ninety minutes of symptoms for patients with acute myocardial infarctions. The target population includes adults (age 18 and greater) undergoing percutaneous coronary interventions. The timeframe for reporting will be a rolling four quarters.
Developer/Steward	<ul style="list-style-type: none"> American College of Cardiology
New or Maintenance	<ul style="list-style-type: none"> New
Current Use	<ul style="list-style-type: none"> CathPCI Registry
Initial Endorsement	<ul style="list-style-type: none"> Not applicable

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

CBE #4580 Public Comments



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

CBE #4580 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Use and Usability	Staff Assessment; Committee Independent Review	All Recommendation Group reviewers agreed with the staff assessment and rated Use and Usability as Met.
Dissenting	Weighting	Advisory Group	The Advisory Group questioned whether the weighting of the individual components is appropriate.
	Feasibility	Staff Assessment; Committee Independent Review	<p>This domain is rated as “Not Met but Addressable” due to incomplete discussion of the feasibility assessment performed, adjustments made to the specifications based on feasibility, and requirements for participating in the registry to report the measure.</p> <p>83% of Recommendation Group reviewers agreed with staff assessment rating of Not Met, but Addressable, one reviewer mentioning participation in the National Cardiovascular Data Registry (NCDR) must be required with no limitations. Another reviewer is unclear on the participants and use of results from the Public Reporting Advisory Group. One reviewer rated this measure as Not Met, citing the need for more information.</p>
	Reliability	Staff Assessment; Committee Independent Review	<p>The current reliability metrics do not meet the established thresholds, indicating potential issues with the consistency and accuracy of the results across different settings and populations. However, the identified limitation is deemed addressable, as the developer may consider identifying sources of prior evidence for the additional 16 data elements.</p> <p>A few Recommendation Group reviewers cited issues with the coefficients not meeting standard thresholds for reliability.</p>

CBE #4580 Key Discussion Themes (continued)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	Importance	Advisory Group; Staff Assessment; Committee Independent Review	<p>A few Advisory Group members said this is an important topic and may help inform care, allowing people to make decisions and actively participate in their treatment.</p> <p>The staff assessment rated this domain as “Not Met but Addressable” due to a sparse logic model and potentially insufficient patient input.</p> <p>83% of reviewers agreed with the staff assessment rating of Not Met, but Addressable, specifically regarding strengthening of the logic model. One reviewer is unclear on the inclusion of patients during measure development efforts. One reviewer rated this domain as Not Met, citing the need for more information.</p>

Next Steps



Next Steps for Fall 2024



Meeting Summary

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



Appeals Period

- **Appeals Period:** March 4-March 24
- The Appeals Committee will meet on March 31, 2025, if needed, to review eligible appeals. Please refer to the [E&M Guidebook](#) for more information about the appeals process.



Technical Report

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

Thank You!

Have questions? Contact us at
PQMsupport@battelle.org





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