



Partnership for  
Quality Measurement

# Patient Safety Spring 2023 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

August 1, 2023

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# Welcome



# Meeting Objectives



The purpose of today's meeting is to:

- Review and discuss candidate measures that were submitted to the Patient Safety standing committee for the Spring 2023 cycle
- Review the public comments that have been received for the submitted candidate measures; and
- Render endorsement recommendations for the submitted candidate measures.

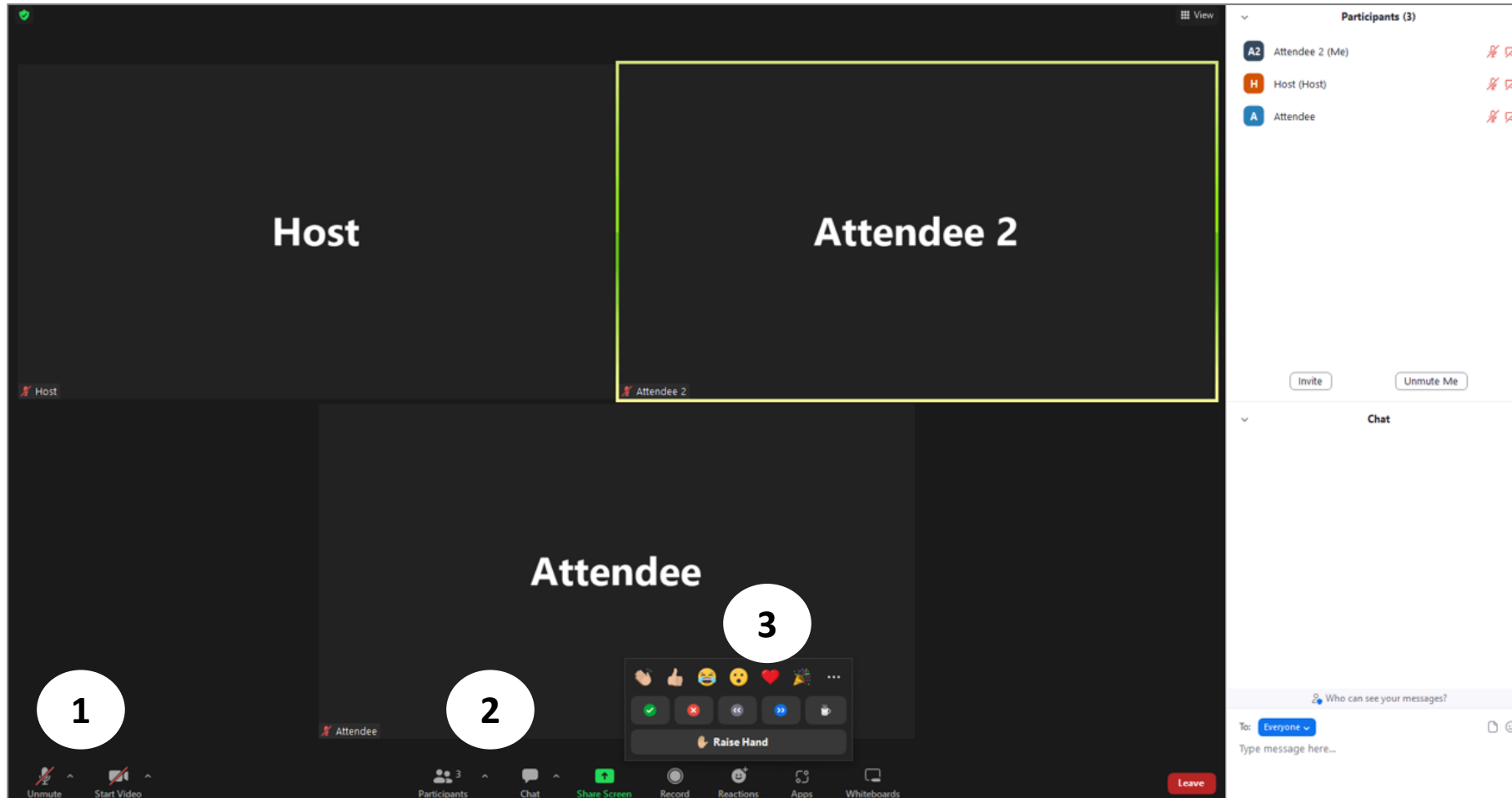


# Housekeeping Reminders



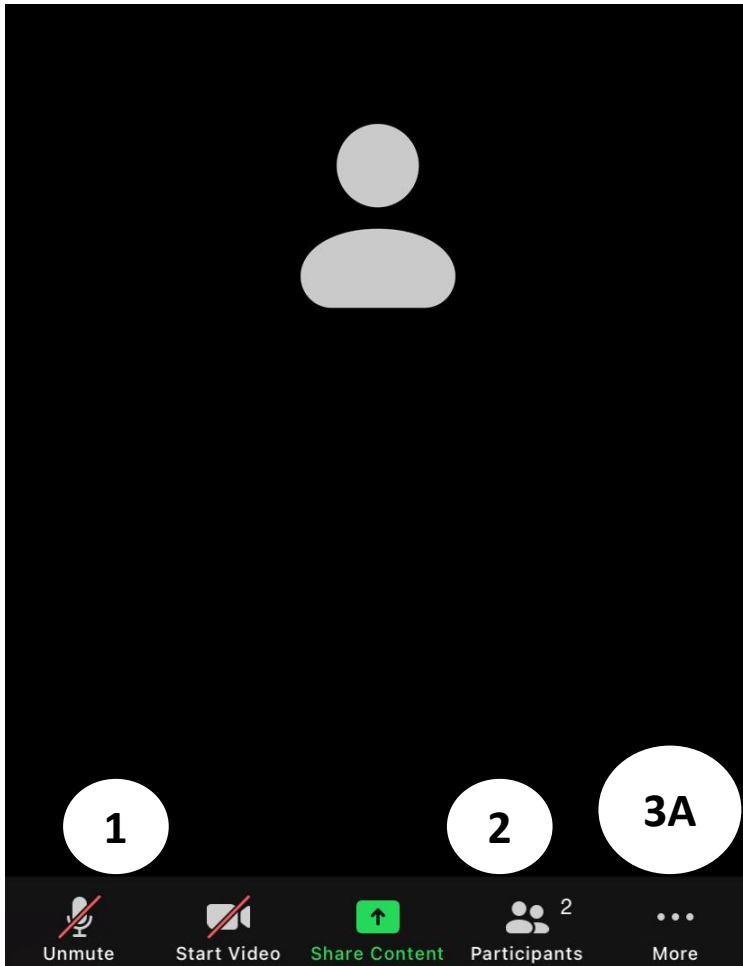
- Housekeeping reminders:
  - The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
  - Please raise your hand and unmute yourself when called on
  - Please lower your hand and mute yourself following your question/comment
  - Please state your first and last 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](mailto:PQMsupport@battelle.org)

# Using the Zoom Platform

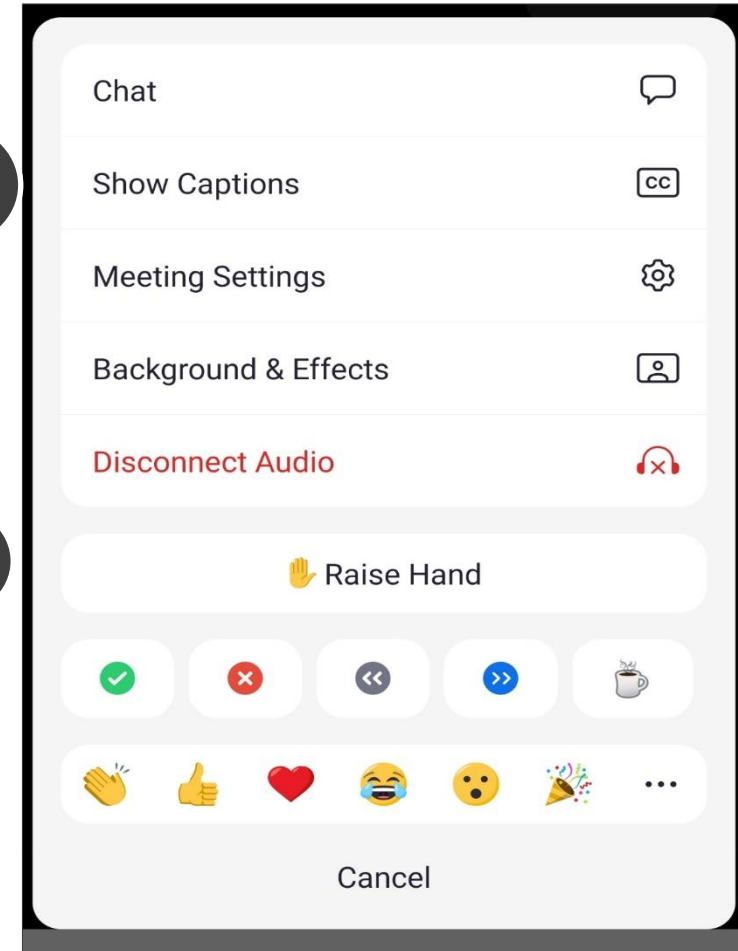
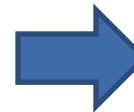


- 1 Click the lower part of your screen to mute/unmute, start, or pause video
- 2 Click on the participant or chat button to access the full participant list or the chat box
- 3 To raise your hand, select the raised hand function under the reactions tab

# Using the Zoom Platform (Phone View)



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



# Project Team – Patient Safety Committee



- Nicole Brennan, MPH, DrPH, Executive Director
- Brenna Rabel, MPH, Deputy Director
- Quintella Bester, PMP, Senior Program Manager
- Matthew Pickering, PharmD, Principal Quality Measure Scientist
- Lydia Stewart-Artz, PhD, Social Scientist III
- Isaac Sakyi, MSGH, Social Scientist III
- Jessica Ortiz, MA, Social Scientist II
- Elena Hughes, MS, Social Scientist I
- Rajbir Kaur, MPH, Social Scientist I

# Agenda



- Welcome and Review of Meeting Objectives
- Introductions and Disclosures of Interest
- Overview of Evaluation Process and Voting Process
- Voting Test
- Measures Under Review
- Consideration of Candidate Measures
- Related and Competing Measures
- Opportunity for Public Comment
- Next Steps
- Adjourn



# Introductions and Disclosures of Interest



# Patient Safety Spring 2023 Cycle Standing Committee



- John James, PhD (Co-chair)
- Geeta Sood, MD, ScM (Co-chair)
- Elissa Charbonneau, DO, MS
- Curtis Collins, PharmD, MS
- Theresa Edelstein, MPH, LNHA
- Jason Falvey, DPT, PhD
- Sara Hawkins, PhD, RN, CPPS
- Bret Jackson
- Arpana Mathur, MD, MBA

- Raquel Mayne, MS, MPH, RN
- Anne Myrka, RPh, MAT
- Edward Pollak, MD
- Jamie Roney, DNP, NPD-BC, CCRN-K
- David Seidenwurm, MD, FACR
- Iona Thraen, PhD, ACSW
- Yanling Yu, PhD

## **Perinatal and Women's Health Committee Members:**

- Martha Carter, DHSc, MBA, APRN, CNM, FACNM
- Sheila Owens-Collins, MD, MPH, MBA
- Christina Davidson, MD
- Kimberly Gregory, MD, MPH

# Overview of Evaluation Process and Voting Process



# Roles of the Standing Committee During Evaluation Meeting



- Evaluate each measure against each criterion
- Indicate the extent to which each criterion is met and the rationale for the rating
- Respond to comments submitted during the public comment period
- Make recommendations regarding endorsement

# Meeting Ground Rules



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



# Process for Measure Discussion and Voting



- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin the standing committee discussion for each criterion by:
  - Briefly explaining information on the criterion provided by the developer
  - Providing a brief summary of the pre-meeting evaluation comments
  - Emphasizing areas of concern or differences of opinion
  - Noting, if needed, the preliminary rating by Battelle staff
    - This rating is intended to be used as a guide to facilitate the standing committee's discussion and evaluation
- Developers will be available to respond to questions at the discretion of the standing committee
- The full standing committee will discuss, then vote on the criterion before moving on to the next criterion

# Endorsement Criteria



- **Importance to Measure and Report (Evidence and Performance Gap):** Extent to which the measure focus is evidence-based and critical to making significant gains in healthcare quality where there is variation in or overall, less-than-optimal performance (**must-pass**)
- **Scientific Acceptability (Reliability and Validity):** Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**)
- **Feasibility:** Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Use and Usability:** Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high quality, efficient healthcare (**Use is must-pass for maintenance measures**)
- **Comparison to Related or Competing Measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure

# Voting on Criteria

Votes will be taken after the discussion of each criterion



- **Importance to Measure and Report**

- Vote on Evidence (**must pass**)
- Vote on Performance Gap (**must pass**)
- Vote on Composite Rationale - Composite measures only (**must pass**)

- **Scientific Acceptability Of Measure Properties**

- Vote on Reliability (**must pass**)
- Vote on Validity (**must pass**)
- Vote on Composite Quality Construct - Composite measures only (**must pass**)

# Voting on Criteria (continued, 1)

Votes will be taken after the discussion of each criterion

- **Feasibility**
- **Usability and Use**
  - Use (must pass for maintenance measures)
  - Usability
- **Overall Suitability for Endorsement**
- **Related and Competing Discussion**



# Voting on Criteria (continued, 2)

Votes will be taken after the discussion of each criterion



- **Procedural Notes**

- If a measure fails on one of the must-pass criteria, there will be no further discussion or voting on the subsequent criteria for that measure; the standing committee discussion moves to the next measure
- If consensus is not reached, the discussion will continue with the next measure criterion, but a vote on overall suitability will not be taken



# Achieving Consensus



- Quorum: 66% of active standing committee members (15 of 22 members).

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% to 60% yes	Consensus Not Reached
<40% yes	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes based on the number of active and voting-eligible standing committee members who participate in the voting activity
- Consensus Not Reached (CNR) measures move forward to public comment, and the standing committee will re-vote during the post-comment web meeting
- Measures that are not recommended will also move on to public comment, but the standing committee will not re-vote on the measures during the post-comment meeting unless the standing committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer

# Committee Quorum and Voting



- Please let staff know if you need to miss part of the meeting.
- We must have a quorum to vote. Discussion may occur without quorum unless 50% attendance is not reached.
- If we do not have a quorum at any point during the meeting, live voting will stop, and staff will send a survey link and the meeting recording to complete voting. Any active member that was not in attendance during the meeting will be asked to review the meeting materials and recording and to cast their vote via the survey link.
- Standing committee member votes must be submitted within 48 hours of receiving the survey link from Battelle staff.
- If a standing committee member leaves the meeting and a quorum is still present, the standing committee will continue to vote on the measures. The standing committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the standing committee during their absence.

# Evaluation Process Questions?



# Voting Test



# Measures Under Review





# Spring 2023 Cycle Measures



- **2 Maintenance Measures for Standing Committee Review**

- #3636 Quarterly Reporting of COVID-19 Vaccination Coverage among Healthcare Personnel (Surveillance Branch, Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention [CDC])
- #3687e ePC-07 Severe Obstetric Complications (The Joint Commission)

- **3 New Measures for Standing Committee Review**

- #3728 Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (Centers for Medicare & Medicaid Services [CMS]/Acumen LLC)
- #3746 Avoid Hospitalization After Release with a Misdiagnosis—ED Stroke/Dizziness (Johns Hopkins Armstrong Institute for Patient Safety and Quality)
- #3749e Diagnostic Delay of Venous Thromboembolism (DOVE) in Primary Care (Brigham and Women's Hospital)

# Scientific Methods Panel



- The Scientific Methods Panel (SMP), consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The SMP's comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measures to be evaluated by the standing committee.
- Certain measures that do not pass on reliability and/or validity are eligible to be pulled by a standing committee member for discussion and a revote.
- For the Spring 2023 cycle, the SMP did not evaluate any measures under review.

# Consideration of Candidate Measures



# #3687e ePC-07 Severe Obstetric Complications



- **Measure Steward/Developer:** The Joint Commission
  - New Measure
- **Brief Description of Measure:**
  - Hospital-level measure scores are calculated as a risk-adjusted proportion of the number of delivery hospitalizations for women who experience a severe obstetric complication, as defined by the numerator, by the total number of delivery hospitalizations in the denominator during the measurement period. The hospital-level measure score will be reported as a rate per 10,000 delivery hospitalizations.

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome; Electronic Clinical Quality Measure	Women	Inpatient /Hospital	Facility

# #3687e ePC-07 Severe Obstetric Complications

## *Pre-evaluation Meeting Public Comments*



- Number of comments: 3
- Number of comments in support: 1
  - Topic mentioned:
    - Importance of this measure to increase quality of care for maternal health and women's health
- Number of comments not in support: 2
  - Topics mentioned include:
    - Consideration for including a specific numerator exclusion for transfusions to ensure appropriate severe maternal morbidity (SMM) is identified without penalizing providers for non-pregnancy related disorders
    - Removal of COVID-19 exclusion



# #3636 Quarterly Reporting of COVID-19 Vaccination Coverage among Healthcare Personnel



- **Measure Steward/Developer:** Surveillance Branch, Division of Healthcare Quality Promotion, CDC
  - Maintenance Measure
- **Brief Description of Measure:**
  - This quarterly measure identifies the average percentage of healthcare personnel (HCP) who are considered up to date with recommended COVID-19 vaccines among the total number of HCP who regularly work in the facility.
  - The measure is reported for a quarter (3-month period). The quarterly COVID-19 vaccination coverage is determined by selecting one week per month and calculating the percentage of HCP who are considered up to date with recommended COVID-19 vaccines, then averaging 3 weekly percentages (one week from each of the 3 months in the quarter).

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	Adults	<ul style="list-style-type: none"><li>• Inpatient/Hospital</li><li>• Acute Care Hospitals</li><li>• Outpatient Dialysis Facilities</li><li>• Ambulatory Surgical Centers</li><li>• Long-Term Care Hospitals</li><li>• Inpatient Psychiatric Facilities</li><li>• Post-Acute Care</li></ul>	Facility

# #3636 Quarterly Reporting of COVID-19 Vaccination Coverage among Healthcare Personnel

## *Pre-evaluation Meeting Public Comments*



- Number of comments received: 6
- Number of comments in support: 0
- Number of comments not in support as currently specified: 6
  - Topics mentioned include:
    - The burden and challenges of reporting COVID-19 vaccination data on hospitals and staff
    - Consideration of a decrease in data collection requests due to the end of the Public Health Emergency
    - Consideration of alternative measurement frequency, supporting annual reporting rather than quarterly

Lunch

*Committee Reconvenes at  
1:00 pm ET*



# #3728 Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI)



- **Measure Steward/Developer:** CMS/Acumen LLC
  - New Measure
- **Brief Description of Measure:**
  - SNF HAI is a one-year outcome measure that estimates the risk-standardized rate of healthcare-associated infections (HAIs) that are acquired during SNF care and result in hospitalization. HAIs that are acquired during SNF care and result in hospitalization are identified using the principal diagnosis on residents' Medicare inpatient claims.
  - The hospitalization must occur during the period beginning on day four after SNF admission and within three days after SNF discharge. The measure is risk-adjusted to allow for comparison based on residents with similar characteristics across SNFs. Since HAIs are not considered never-events, the measure's objective is to identify SNFs that have higher HAI rates than their peers. Overall, lower SNF HAI scores indicate better infection control and prevention among SNF providers.

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Adults	Post-Acute Care	Facility

# #3728 Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization

## *Pre-evaluation Meeting Public Comments*



- Number of comments: 2
- Number of comments in support: 2
  - Topics mentioned include:
    - Relevance & importance of this measure based on occurrence of healthcare-associated infections in skilled nursing facilities
    - Appropriateness of measure specification to focus on infections requiring inpatient hospitalization for management
- Number of comments not in support: 0

# #3746 Avoid Hospitalization After Release with a Misdiagnosis—ED Stroke/Dizziness



- **Measure Steward/Developer:** Johns Hopkins Armstrong Institute for Patient Safety and Quality
  - New Measure
- **Brief Description of Measure:**
  - This outcome measure tracks the rate of adult patients (aged 18 years and older) treated and released from the Emergency Department (ED) with either a non-specific, presumed benign symptom-only dizziness diagnosis or a specific inner ear/vestibular diagnosis (collectively referred to as “benign dizziness”) who were subsequently admitted to a hospital for a stroke within 30 days of their ED visit.
  - The measure accounts for the epidemiologic base rate of stroke in the population under study using a risk difference approach (observed [short-term incidence rate, reflecting days 0-30 days] minus expected [long-term incidence rate, reflecting days 91-360]).

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Adults	Ambulatory Care: ED	Facility



# #3746 Avoid Hospitalization After Release with a Misdiagnosis—ED Stroke/Dizziness

*Pre-evaluation Meeting Public Comments*



- Number of comments: 10
- Number of comments in support: 10
  - Topics mentioned include:
    - Relevance and value of this measure for emergency departments and frontline providers in enhancing clinical decision making
    - Potential impact of measure on diagnostic accuracy for frequently misdiagnosed patients, including those experiencing vestibular disorders
    - Patient safety improvements for early diagnosis of stroke, reducing delays and the burden of stroke-related complications
- Number of comments not in support: 0

# #3749e Diagnostic Delay of Venous Thromboembolism (DOVE) in Primary Care



- **Measure Steward/Developer:** Brigham and Women's Hospital
  - New Measure
- **Brief Description of Measure:**
  - This eCQM assesses the rate of delayed diagnosis of VTE in adults aged 18 years and older in the primary care setting. Delayed diagnosis is defined as diagnosis of VTE that occurs >24 hours following the index primary care visit where symptoms for the VTE were first present (within 30 days).

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Intermediate Clinical Outcome	Adults	Outpatient Care	<ul style="list-style-type: none"><li>• Clinician/Group Practice</li><li>• Integrated Health System</li></ul>

# #3749e Diagnostic Delay of Venous Thromboembolism (DOVE) in Primary Care

*Pre-evaluation Meeting Public Comments*



- Number of comments: 0
- Number of comments in support: 0
- Number of comments not in support: 0

Break

*Committee Reconvenes at  
4:15 pm ET*



# Related and Competing Discussion



# Related and Competing Measures



If a measure meets the four criteria **and** there are endorsed/new related measures (same measure focus **or** same target population) or competing measures (both the same measure focus **and** same target population), the measures are compared to address harmonization and/or selection of the best measure.

Target Population	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	<b>Competing measures - Select best measure</b> from competing measures or justify endorsement of additional measure(s).	<b>Related measures - Harmonize</b> on target patient population or justify differences.
Different target patient population	<b>Related measures - Combine</b> into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither a harmonization nor competing measure issue



# Related and Competing Measures (continued, 1)



- Related and competing measures will be grouped and discussed after the recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- The standing committee can discuss harmonization and make recommendations. The developers of each related and competing measure will be encouraged to attend any discussion.

# #3636 Quarterly Reporting of COVID-19 Vaccination Coverage among Healthcare Personnel Related Measure



- Related Measure:
  - #0431: Influenza Vaccination Coverage Among Healthcare Personnel

# #3636 Quarterly Reporting of COVID-19 Vaccination Coverage among Healthcare Personnel Related Measure (continued, 1)



- **#0431: Influenza Vaccination Coverage Among Healthcare Personnel (CDC)**
  - Percentage of healthcare personnel (HCP) who receive the influenza vaccination.
  - Numerator: HCP in the denominator population who during the time from October 1 (or when the vaccine became available) through March 31 of the following year:
    - (a) received an influenza vaccination administered at the healthcare facility, or reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere; or
    - (b) were determined to have a medical contraindication/condition of severe allergic reaction to eggs or to other component(s) of the vaccine, or history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination; or
    - (c) declined influenza vaccination
  - Denominator: Number of HCP in groups(a)-(c) below who are working in the healthcare facility for at least 1 working day between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.

# #3636 Related Measure Discussion



- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

# #3728 Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization Related Measures



- Related Measures:
  - #0684 Percent of Residents with a Urinary Tract Infection (Long-Stay)
  - #0138 National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infections
  - #0139 NHSN Central Line-Associated Bloodstream Infections
  - #1717 NHSN Facility-Wide Inpatient Hospital-onset Clostridium Difficile Infection
  - #2510 Skilled Nursing Facility 30-Day All-Cause Readmission measure

# # 3728 Related Measure



- **#0684 Percent of Residents with a Urinary Tract Infection (Long-Stay) (CMS)**
  - This measure reports the percentage of long-stay residents in a nursing home who have a urinary tract infection in the 30 days prior to the target assessment. This measure is based on data from the Minimum Data Set (MDS) 3.0 OBRA, PPS, and/or discharge assessments during the selected quarter. Long-stay nursing home residents are identified as those who have had 101 or more cumulative days of nursing home care.
  - Numerator: The numerator is the number of long-stay nursing home residents in the denominator sample with an episode during the selected quarter with a target assessment that indicates a urinary tract infection within the last 30 days.
  - Denominator: The denominator includes all long-stay residents in the nursing home who have an episode during the selected quarter with a qualifying target assessment (OBRA, PPS or discharge) and who do not meet the exclusion criteria.



# #3728 Related Measure (continued, 1)



- **#0138 National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infections (CAUTI) (CDC)**
  - Standardized Infection Ratio (SIR) of healthcare-associated, catheter-associated urinary tract infections (UTI) will be calculated among patients in bedded inpatient care locations, except level II or level III neonatal intensive care units (NICU).
  - Numerator: Total number of observed healthcare-associated CAUTI among patients in bedded inpatient care locations (excluding patients in Level II or III neonatal ICUs).
  - Denominator: Total number of predicted healthcare-associated CAUTI among inpatient care locations under surveillance for CAUTI during the data period, based on the national CAUTI baseline Data is calculated using the facility's number of catheter days and the following significant risk factors:
    - Acute Care Hospitals: CDC Location, Facility bed size, Medical school affiliation, and Facility type
    - Critical Access Hospitals: Medical school affiliation
    - Long-Term Acute Hospitals: Average length of stay, Setting type, and Location type
    - Inpatient Rehabilitation Facilities: Setting type, Proportion of admissions with traumatic and non-traumatic spinal cord dysfunction, Proportion of admissions with stroke

# #3728 Related Measure (continued, 2)



- **#0139 NHSN Central Line-Associated Bloodstream Infection (CLABSI) (CDC)**
  - Standardized Infection Ratio (SIR) and Adjusted Ranking Metric (ARM) of healthcare-associated, central line-associated bloodstream infections (CLABSI) will be calculated among patients in bedded inpatient care locations.
  - Numerator: Total number of observed healthcare-associated CLABSI among patients in bedded inpatient care locations.
  - Denominator: Total number of predicted healthcare-associated CLABSI among patients in bedded inpatient care locations, calculated using the facility's number of central line days and the following significant risk factors:
    - Acute Care Hospitals: CDC location, facility bed size, medical school affiliation, facility type, birthweight category (NICU locations only)
    - Critical Access Hospitals: no significant risk factors, calculation-based intercept only model
    - Inpatient Rehabilitation Facilities: Proportion of admissions with stroke, proportion of admissions in other non-specific diagnostic categories
    - Long Term Acute Care Hospitals: CDC location type , facility bed size, average length of stay, proportion of admissions on a ventilator, proportion of admissions on hemodialysis

## #3728 Related Measure (continued, 3)



- **#1717 NHSN Facility-Wide Inpatient Hospital-onset Clostridium Difficile Infection (CDI) (CDC)**
  - Standardized infection ratio (SIR) and Adjusted Ranking Metric (ARM) of hospital-onset CDI Laboratory-identified events (LabID events) among all inpatients in the facility, excluding well-baby nurseries and neonatal intensive care units (NICUs).
  - Numerator: Total number of observed hospital-onset incident CDI LabID events among all inpatients in the facility, excluding NICU, Special Care Nursery, babies in LDRP, well-baby nurseries, or well-baby clinics.
  - Denominator: Total number of predicted hospital-onset CDI LabID events, calculated using the facility's number of inpatient days, facility type, CDI event reporting from Emergency Department and 24-hour observation units, bed size, ICU bed size, affiliation with medical school, microbiological test method used to identify *C. difficile*, and community-onset CDI admission prevalence rate.

# #3728 Related Measure (continued, 4)



- **#2510 Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) (CMS)**
  - The SNFRM estimates the risk-standardized rate of all-cause, unplanned hospital readmissions for Skilled Nursing Facility (SNF) Medicare fee-for-service (FFS) beneficiaries within 30 days of discharge from a prior proximal acute hospitalization.
  - Numerator: The outcome for this measure is 30-day unplanned all-cause hospital readmissions of SNF patients. We define readmission as an inpatient admission for any cause, with the exception of certain planned admissions, within 30 days from the date of discharge from the patient's prior proximal acute hospitalization.
  - Denominator: The measure includes admissions for SNF Medicare fee for service (FFS) beneficiaries who have been admitted to a SNF within 1 day of discharge from a prior proximal hospitalization.

# #3728 Related Measure Discussion



- Are the measure specifications for the related measures harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

# Opportunity for Public Comment





# Next Steps



# Measure Evaluation Process After the Measure Evaluation Meeting



- Staff will prepare a meeting summary detailing the standing committee's discussion and recommendations
  - This summary will be released for a 20-day public comment period
- Staff compiles all comments received into meeting materials, which are shared with the developers and standing committee members in advance of the post-comment call
- Post-comment call: The standing committee will reconvene for a post-comment call to discuss the comments submitted
- Staff will incorporate comments and responses to comments into the meeting materials in preparation for the Consensus Standards Approval Committee (CSAC) meeting
- The CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision

# Activities and Timeline – Spring 2023 Cycle



Meeting	Date, Time*
Post-Measure Evaluation Public Comment Period	Aug 25 – September 13
Standing Committee Post-Measure Evaluation Web Meeting (if needed)	Oct 20, 10am – 1pm
CSAC Review	December 6, 10am – 5pm ET
Appeals Period (30 days)	Dec 9, 2023 – Jan 7, 2024

\* All times are Eastern

# Project Contact Information



- Email: [PQMsupport@battelle.org](mailto:PQMsupport@battelle.org)
- Project page: [Endorsement | Partnership for Quality Measurement \(p4qm.org\)](https://p4qm.org)

Questions?



Thank You







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