



Partnership for  
Quality Measurement

# Prevention & Population Health, Spring 2023 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

August 3rd, 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 Prevention & Population Health 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)

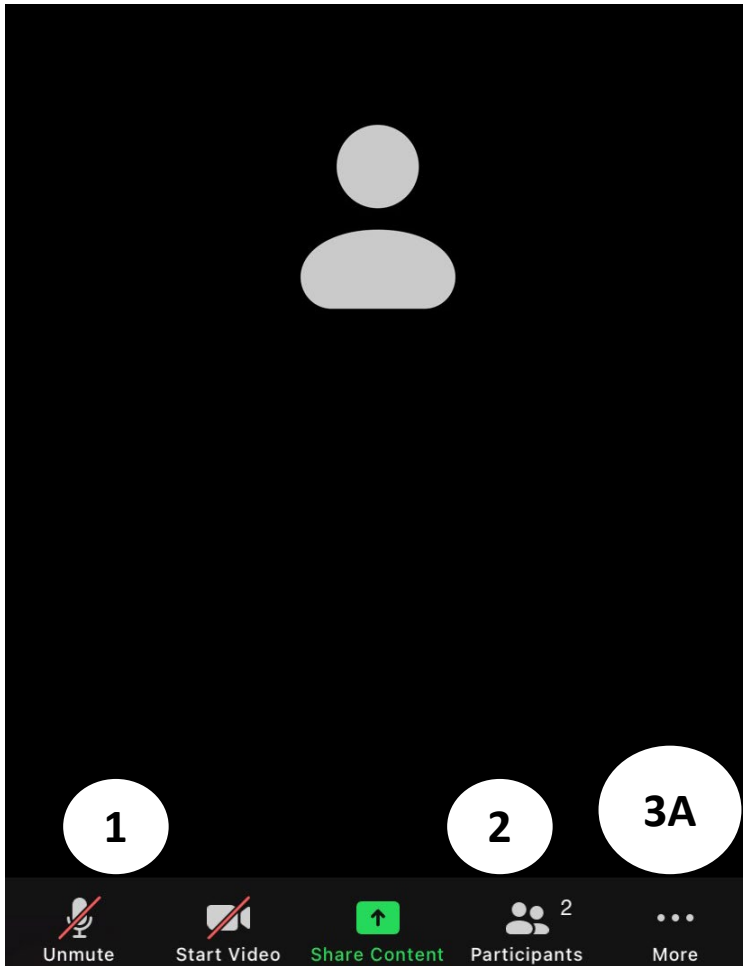
# Using the Zoom Platform



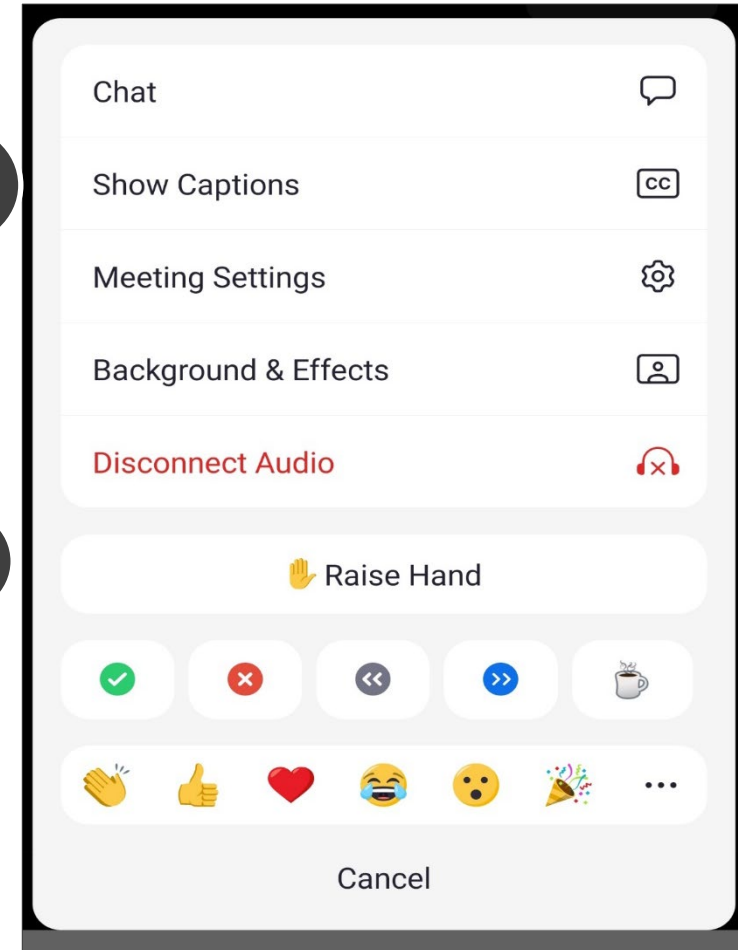
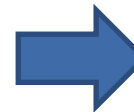
The screenshot shows a Zoom meeting in progress. The main window is split into three video tiles: 'Host' on the left, 'Attendee 2' in the center (highlighted with a yellow border), and 'Attendee' at the bottom. The bottom toolbar contains various controls. Three numbered callouts are present: 1. A white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

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

# Using the Zoom Platform (Phone View)



- 1 Click the lower part of your screen to mute/unmute, start or pause video
- 2 Click on the participant button to view the full participant list
- 3 Click on “more” button 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 – Prevention & Population Health 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



# Prevention & Population Health Spring 2023 Cycle Standing Committee



- Amir Qaseem, MD, PhD, MHA, MRCP, FACP (Chair)
- Ron Bialek, MPP, CQIA
- Whitney Bowman-Zatzkin, MPA, MSR
- Gigi Chawla, MD, MHA
- Favio Freyre, MD
- Barry-Lewis Harris, II, MD
- Catherine A. Hill, DNP, APRN, GNP-BC, CMC
- Amy Nguyen Howell, MD, MBA, FAAFP

- Julia Logan, MD, MPH
- Lisa Nichols, MSW
- Patricia Quigley, PhD, APRN, CRRN, FAAN, FAANP, FARN
- Anita Ravi, MD, MPH, MSHP, FAAFP (*Inactive*)
- Carol Siebert, OTD, OT/L, FAOTA
- Matt Stiefel, MPA, MS
- Arjun K. Venkatesh, MD, MBA, MHS

- Ruth E. Wetta, PhD, MPH, MSN, RN

## **Cardiovascular Standing Committee Members:**

- Charles (Kurt) Mahan, PharmD, PhC, RPh
- Thomas Kottke, MD, MSPH
- Tim Dewhurst, MD, FACC

## **Behavioral Health and Substance Abuse Standing Committee Members:**

- Julie Goldstein Grumet, PhD
- Bonnie Zima, 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, if needed, 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
- **Usability and Use:** 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



- **No Maintenance Measures for Standing Committee Review**
- **3 New Measures for Standing Committee Review**
  - **#3747** Engagement in Community-Based Mental Health Care After a Mental Health Hospitalization (New York State Office of Mental Health)
  - **#3748** Quality of Care Composite for Implantable Cardioverter-Defibrillator (ICD)/Cardiac Resynchronization Therapy Defibrillator (CRT-D) (American College of Cardiology)
  - **#3751** Risk Adjusted Post-Ambulance Provider Triage Emergency Department (ED) Visit Rate Measure (Centers for Medicare & Medicaid Services [CMS]/Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation [Yale CORE])



# 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



# #3747 Engagement in Community-Based Mental Health Care After a Mental Health Hospitalization



- **Measure Steward/Developer:** New York State Office of Mental Health
  - New Measure
- **Brief Description of Measure:**
  - The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had at least five follow-up community-based mental health care visits in the 90 days after discharge.

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	<ul style="list-style-type: none"><li>• Children</li><li>• Adults</li></ul>	<ul style="list-style-type: none"><li>• Behavioral Health</li><li>• Post-Acute Care</li></ul>	Health Plan

# #3747 Engagement in Community-Based Mental Health Care After a Mental Health Hospitalization

## *Pre-evaluation Meeting Public Comments*



- Number of comments: 4
- Number of comments in support as specified: 2
  - Topic mentioned:
    - Meets criteria for approval
- Number of comments not in support: 2
  - Topics mentioned:
    - Individuals dually enrolled in Medicaid and Medicare be included in the denominator
    - Ensure many varied types of mental health professionals, including occupational therapy practitioners, are within the inclusion criteria for this measure
    - It is critical that occupational therapy services be included in this measure
    - This measure may be challenging for patients living in small, rural, or medically-underserved communities where resources to outpatient behavioral health services may be unavailable in those communities

Lunch

*Committee Reconvenes at  
12:30 pm ET*



# #3748 - Quality of Care Composite for Implantable Cardioverter-Defibrillator (ICD)/Cardiac Resynchronization Therapy Defibrillator (CRT-D)



- **Measure Steward/Developer:** American College of Cardiology
  - New Measure
- **Brief Description of Measure:**
  - All-or-none composite of the number of patients following an ICD/CRT-D implant procedure who received prescriptions for all medications (Angiotensin-converting enzyme inhibitors (ACE-I)/ Angiotensin receptor blockers (ARB)/ Angiotensin receptor-neprilysin inhibitors (ARNI) and beta blockers) for which they are eligible at discharge and those patients with procedures that fulfill class I, IIa, or IIb guideline indication for implantation.

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Composite	Adults	Inpatient /Hospital	Facility

# #3748 - Quality of Care Composite for Implantable Cardioverter-Defibrillator (ICD)/Cardiac Resynchronization Therapy Defibrillator (CRT-D)

## *Pre-evaluation Meeting Public Comments*



- Number of comments: 1
- Number of comments in support as specified: 1
  - Topic mentioned:
    - Meets criteria for approval
- Number of comments not in support: 0

# #3751 Risk Adjusted Post-Ambulance Provider Triage Emergency Department (ED) Visit Rate Measure



- **Measure Steward/Developer:** (CMS/Yale CORE)
  - New Measure
- **Brief Description of Measure:**
  - Assesses the quality of the triage and decision making by ambulance providers who transport low acuity patients to an alternative destination (non-ED location), or facilitate Treatment In Place (TIP), by identifying whether patients have a subsequent ED visit or death within three days.

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Adults	Population – ambulance service provider geography	Population – ambulance service provider geography



# #3751 Risk Adjusted Post-Ambulance Provider Triage Emergency Department (ED) Visit Rate Measure

## *Pre-evaluation Meeting Public Comments*

- Number of comments: 1
- Number of comments in support as specified: 1
  - Topic Mentioned
    - Meets criteria for approval
- Number of comments not in support: 0



# 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.

# #3747 Related Measure



- Related Measure:
  - CBE #0576 Follow-Up After Hospitalization for Mental Illness

# #3747 Related Measure (continued, 1)



- **#0576 Follow-Up After Hospitalization for Mental Illness**

- Description: The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:
  - 1. The percentage of discharges for which the member received follow-up within 30 days after discharge.
  - 2. The percentage of discharges for which the member received follow-up within 7 days after discharge.
- Numerator: 30-Day Follow-Up: A follow-up visit with a mental health provider within 30 days after discharge, OR 7-Day Follow-Up: A follow-up visit with a mental health provider within 7 days after discharge.
- Denominator: Discharges from an acute inpatient setting with a principal diagnosis of mental illness or intentional self-harm on the discharge claim during the first 11 months of the measurement year (i.e., January 1 to December 1) for members 6 years and older.

# #3747 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?

# #3748 Quality of Care Composite for ICD/CRT-D Related Measure



- Related Measure:
  - #0965 Discharge Medications (ACE/ARB and beta blockers) in Eligible ICD/CRT-D Implant Patients



# #3748 Quality of Care Composite for ICD/CRT-D Related Measure (continued, 1)



- **#0965 Discharge Medications (ACE/ARB & beta blockers) in Eligible ICD/CRT-D Implant Patients**
  - Description: Proportion of patients undergoing ICD/CRT-D implant who received prescriptions for all medications (ACE/ARB and beta blockers) for which they are eligible at discharge.
  - Numerator: Generator patients who receive all medications for which they are eligible:
    - 1. ACE/ARB prescribed at discharge (if eligible for ACE/ARB as described in denominator) AND
    - 2. Beta blockers prescribed at discharge (if eligible for beta blockers as described in denominator)
  - Denominator: All generator patients surviving hospitalization who are eligible to receive either an ACE/ARB or beta blocker at discharge.

# #3748 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?

# 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 19, 11am – 2pm
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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