

Prevention and Population Health Spring 2023 Post-Comment Web Meeting

Battelle, a consensus-based entity (CBE), convened the Prevention and Population Health standing committee for the spring 2023 post-comment web meeting on [Thursday, October 19, 2023](#), from 11:00 am – 1:00 pm ET.

Welcome, Review of Meeting Objectives, and Attendance

Dr. Matthew Pickering, the endorsement and maintenance technical lead, welcomed the standing committee and provided an overview of the meeting's objectives:

- Review the [post-comment memo](#) and the [meeting summary](#) from the August 2023 measure evaluation meeting.
- Provide feedback on the [full text of all comments](#).
- Discuss and revote on the consensus not reached (CNR) measure.

Quorum (13 of 19 active members with no recusals) was not reached during the meeting. The committee discussed the CNR measure during the call but voting was conducted offline. Voting results for the CNR measure are provided below.

Voting Legend:

- *H – High; M – Moderate; L – Low; I – Insufficient*

Dr. Pickering reminded the Prevention and Population Health standing committee that it reviewed three measures during the measure evaluation meeting held on August 3, 2023 during the spring 2023 cycle. The committee recommended two measures for endorsement but did not reach consensus on the third measure.

- **Measures Recommended for Endorsement**
 - CBE #3748 Quality of Care Composite for Implantable Cardioverter-Defibrillator (ICD)/Cardiac Resynchronization Therapy Defibrillator (CRT-D) (American College of Cardiology)
 - CBE #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])
- **Consensus Not Reached Measure**
 - CBE #3747 Engagement in Community-Based Mental Health Care After a Mental Health Hospitalization (New York State Office of Mental Health)

The committee measure evaluation [meeting summary](#) was posted on the Partnership for Quality Measurement (PQM)TM website for public comment from August 25 to September 15, 2023. During this comment period, the committee received one comment from the developer of CBE #3747 pertaining to the committee's review of the measure. The comment was posted to the [PQM website](#).

Consideration of Consensus Not Reached Measures

Dr. Pickering reminded the committee it did not reach consensus on validity for CBE #3747 *Engagement in Community-Based Mental Health Care after Mental Health Hospitalization (New York State Office of Mental Health)* during the August 3 meeting due to concerns with the some of the concordance statistics being weak. Dr. Pickering also shared that the committee reviewed the face validity testing of the measure score and the additional empirical validity testing, in which the developer conducted a correlation analysis of CBE #3747 to [CBE #0576 Follow-Up After Hospitalization for Mental Illness \(FUH\)](#). The committee did not have any concerns with the face validity testing, nor with the correlation analysis to CBE #0576.

Dr. Pickering proceeded to summarize the developer's comment, stating it included three forms of validity testing: face validity, construct validity, and empirical validity, noting the committee had recognized the first two as being sufficient. The developer stated they believed the committee weighed the predictive and borderline concordance findings too heavily. Since this is a process measure, it is not always predictive of outcomes. Additionally, the claims data used for the measure did not allow for the adjustment for potential confounding factors, such as lack of housing. The developer further cited other measures with similar predictions for outcomes had passed for validity and been endorsed.

In discussion, committee members expressed the need for consistency in how measures are evaluated and endorsed. One committee member said the comparison to other measures with weak concordance statistics was a strong argument. Other committee members expressed the purpose of measures is to improve clinical outcomes, not to have measures for the sake of having measures, and endorsement of one measure does not guarantee endorsement of another.

One committee member emphasized the measure is intended to be a plan-level measure, and its correlation with the other plan-level measure, CBE #0576, is a positive indicator of validity. Combined with the measure's likelihood to improve access to behavioral health care for children means the concordance testing is not a sufficient reason to not endorse the measure. In response, several committee members expressed concern over the weak concordance statistics. One committee member responded by stating the developer had reported their statistics differently from how they are often presented to the committee and the committee likely would have passed the measure if the concordance statistics had not been included. One committee member asked if the Scientific Methods Panel (SMP) has developed validity testing thresholds. Dr. Pickering confirmed the SMP has not established acceptance thresholds for validity testing statistics, recognizing the complexity that goes into considering validity testing. Another committee member expressed there may be a potential concern for use of the measure at the provider-level. The committee recognized this concern is out of the control of the developer.

The developer responded to the committee's comments during the meeting by stating they included all the validity testing conducted for transparency and believed the measure to be more in line with clinical guidelines than other health plan measures.

Some committee members asked for clarification on whether the measure could be duplicated in other states, citing the measure exclusively uses New York state data. One committee

member mentioned it may be difficult for small states with fewer providers and behavioral health visits to report on the measure. Another asked about the measure's relevance to California, as California has separated behavioral health benefits. The developer responded by saying the measure is generalizable outside of New York because New York's population is so diverse. The developer believed the measure would also be relevant to California because New York has a fee-for-service model, and those data were included in the measure's development.

Since voting quorum was not reached during the meeting, the committee submitted their votes offline. Due to concerns with the concordance testing results, the committee did not pass the measure on validity, a must-pass criterion. Therefore, the overall suitability for endorsement vote was not taken.

- **Validity:** Total Votes: 13; H-0; M-7; L-5; I-1 (7/13 – 53.9 percent, Not Pass)
- **Overall Suitability for Endorsement:** Not Taken

Related and Competing Measures

Dr. Pickering reminded attendees the related and competing measures discussion was deferred to the post-comment meeting due to insufficient time during the measure evaluation meeting. Dr. Pickering noted since offline votes needed to be taken for CBE #3747, the related and competing discussion for this measure was not conducted. Dr. Pickering then reviewed the related measure for CBE #3748, which was [CBE #0965 Discharge Medications in Eligible ICD/CRT-D Implant Patients](#). Dr. Pickering noted CBE #3748 is a composite measure and the related measure is one of its components. The committee raised no concerns.

Opportunity for Public Comment

Dr. Pickering opened the web meeting to allow for public comment. One comment was received from Amy Moyer of Yale CORE, suggesting further guidance be provided to developers about how to best meet the validity criterion, considering the committee's discussions with CBE #3747.

Next Steps

Dr. Pickering reviewed the next steps, informing attendees the Consensus Standards Approval Committee (CSAC) will consider the standing committee's recommendations during its meeting on December 6, 2023. Following the CSAC meeting, the 30-day Appeals period will be held from December 9, 2023 - January 7, 2024. Dr. Pickering then thanked the committee, the chair, the developers, and others on the call, and adjourned the meeting.