



Partnership for
Quality Measurement

Primary Care & Chronic Illness Spring 2023 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

July 31, 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 Primary Care & Chronic Illness 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

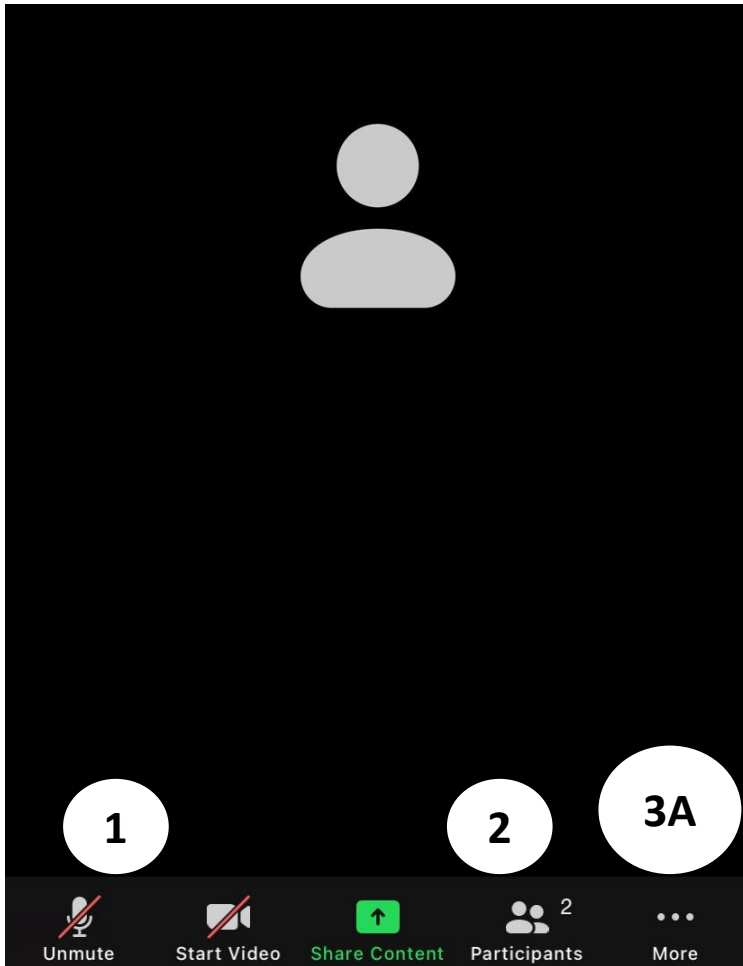
Using the Zoom Platform



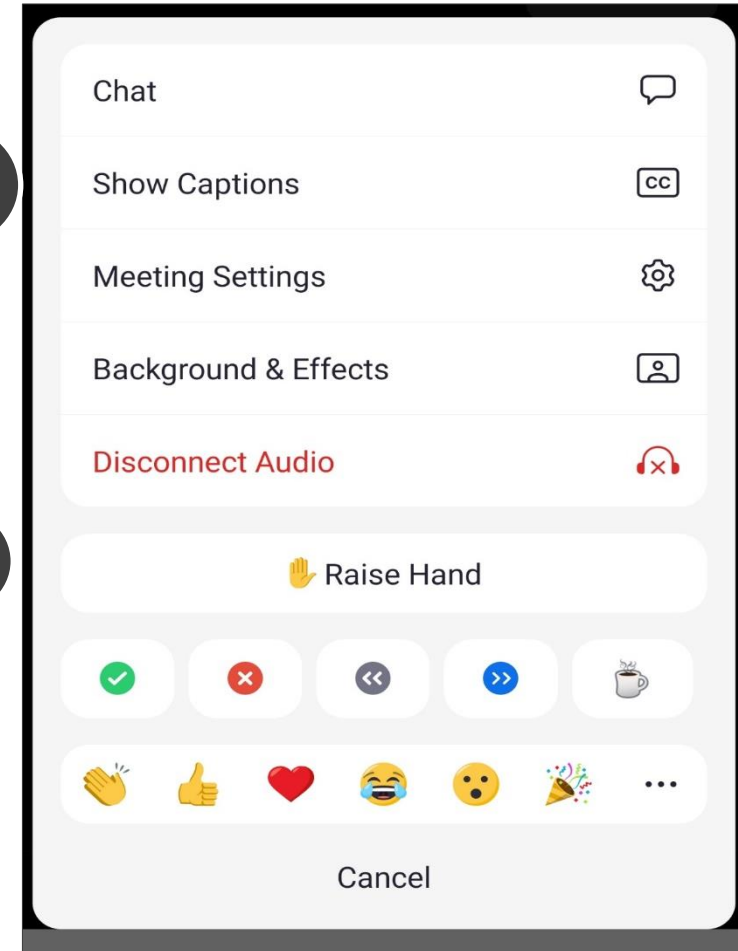
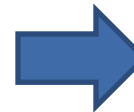
The screenshot shows a Zoom meeting interface. The main area is split into two video feeds: 'Host' on the left and 'Attendee 2' on the right. The 'Attendee 2' feed is highlighted with a yellow border. At the bottom, there is a toolbar with various icons. Three numbered callouts are present: 1. A white 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 over the 'Raise Hand' option. On the right side of the interface, there is a 'Participants (3)' panel listing 'Attendee 2 (Me)', 'Host (Host)', and 'Attendee'. Below this is a 'Chat' panel with a 'Type message here...' input field. At the bottom right, there is a 'Leave' button.

- 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 – Primary Care and Chronic Illness 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



Primary Care & Chronic Illness 2023 Cycle Standing Committee



- Dale Bratzler, DO, MPH (Co-chair)
- Adam Thompson, BA (Co-chair)
- Carlos Bagley, MD, FAANS
- Lindsay Botsford, MD
- William Curry, MD
- Kim Elliott, PhD
- William Glomb, MD, FCCP, FAAP
- James Mitchell Harris, PhD
- Starlin Haydon-Greatting, MS-MPH, BSPHarm, CDM, FAPha
- Ann E Kearns, MD, PhD
- Grace Lee, MD

- Anna McCollister
- Brooke Parish, MD
- James Rosenzweig, MD

Renal Standing Committee Members:

- Lorien Dalrymple, MD, MPH
- Renee Garrick, MD, FACP
- Alan Kliger, MD

Patient Experience and Function Committee Member:

- Christopher Dezii, MBA, RN, CPHQ

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 (**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 (12 of 18 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



- **1 Maintenance Measure for Standing Committee Review**
 - #3210e HIV Viral Suppression (Health Resources and Services Administration - HIV/AIDS Bureau)

- **5 New Measures for Standing Committee Review**
 - #3742 ESRD Dialysis Patient Life Goals Survey (PaLS) (Centers for Medicare & Medicaid Services [CMS]/University of Michigan Kidney Epidemiology and Cost Center)
 - #3753 Delay in Progression of Chronic Kidney Disease (CKD) Measure (CMS/Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation [Yale CORE])
 - #3754 Risk Standardized Mortality Ratio for Late-Stage Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD) (CMS/Yale CORE)
 - #3752e HIV Annual Retention in Care (Health Resources and Services Administration - HIV/AIDS Bureau)
 - #3755e STI Testing for People with HIV (Health Resources and Services Administration - HIV/AIDS Bureau)

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



#3210e HIV Viral Suppression



- **Measure Steward/Developer:** Health Resources and Services Administration - HIV/AIDS Bureau
 - Maintenance Measure
- **Brief Description of Measure:**
 - Percentage of patients, regardless of age, diagnosed with HIV prior to or during the first three months of the measurement period, with an eligible encounter in the first eight months of the measurement period, who have a last HIV viral load test has result of less than 200 copies/mL during the measurement period.

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Adults; Children	Outpatient Services	Clinician: Individual

#3210e HIV Viral Suppression

Pre-evaluation Meeting Public Comments



- Number of comments: 1
- Number of comments in support: 0
- Number of comments not in support: 1
 - Topic mentioned:
 - The importance of tracking viral suppression along with broader wellness related quality measures in order to get a wholistic view of quality care for those living with HIV

#3752e HIV Annual Retention in Care



- **Measure Steward/Developer:** Health Resources and Services Administration - HIV/AIDS Bureau
 - New Measure
- **Brief Description of Measure:**
 - Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two eligible encounters or at least one eligible encounter and one HIV viral load test that were at least 90 days apart within the measurement period.

Measure Type
Process

Target Population(s)
Adults; Children

Care Setting
Outpatient Services

Level of Analysis
Clinician: Individual

#3752e HIV Annual Retention in Care

Pre-evaluation Meeting Public Comments



- Number of comments: 1
- Number of comments in support as specified: 0
- Number of comments not in support as specified: 1
 - Topic mentioned:
 - Concern with duplication of measures, as this measure is similar to core measures called, “HIV Medical Visit Frequency”, developed by the HIV AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA).

Lunch

*Committee Reconvenes at
1:00 pm ET*



#3755e STI Testing for People with HIV



- **Measure Steward/Developer:** Health Resources and Services Administration - HIV/AIDS Bureau
 - New Measure
- **Brief Description of Measure:**
 - Percentage of patients 13 years of age and older with a diagnosis of HIV who had tests for syphilis, gonorrhea, and chlamydia performed within the measurement period.

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	Adults; Children	Outpatient Services	Clinician: Individual

#3755e STI Testing for People with HIV

Pre-evaluation Meeting Public Comments



- Number of comments: 2
- Number of comments in support: 1
 - Topic mentioned:
 - Relevance and importance of measure as STI cases are rising
- Number of comments not in support: 1
 - Topic mentioned:
 - Best to align the measure with the other measures from the HIV AIDS Bureau of the Health Resources and Services Administration. It would be preferred to adopt these other measures, rather than the one listed

#3742 ESRD Dialysis Patient Life Goals Survey (PaLS)



- **Measure Steward/Developer:** CMS/University of Michigan Kidney Epidemiology and Cost Center
 - New Measure
- **Brief Description of Measure:**
 - The PaLS is a patient self-report survey that includes eight items related to dialysis facility care team discussions about patient life goals. Six of the items are Likert-type items that are used to generate a “quality of facility care team discussion” score (described below). The remaining two items on the PaLS are checklist items: (1) a list of patient-reported life goals; and (2) a patient-reported list of dialysis care team members that the patient reports has talked with them about their life goals. These items are not scored. Instead, these items serve to provide contextual information for both the patient and the facility to guide care team discussions.

Measure Type
Process

Target Population(s)
<ul style="list-style-type: none">• Adults• Elderly• Dual Eligible Medicare/Medicaid• Multiple Chronic Conditions

Care Setting
Outpatient Services

Level of Analysis
US Chronic Dialysis Population (patient-level)

#3742 ESRD Dialysis Patient Life Goals Survey

Pre-evaluation Meeting Public Comments



- Number of comments: 18
- Number of comments in support: 1
 - Topic mentioned:
 - Importance of patient-centered care in ESRD quality and promoting the use of shared decision-making.
- Number of comments not in support: 17
 - Topics mentioned include:
 - Survey fatigue for patients with ESRD, feasibility of the survey
 - Lack of appropriateness for surveying regarding life goals, ESRD patients specified their life goal is to survive
 - How life goals will be achieved once identified
 - Lack of information regarding potential implementation issues, such as administrative burden with administering the survey
 - Lack of appropriate testing

#3753 Delay in Progression of Chronic Kidney Disease (CKD) Measure



- **Measure Steward/Developer:** CMS/Yale CORE
 - New Measure
- **Brief Description of Measure:**
 - The Delay in Progression of CKD Measure is an outcome measure to assess how well providers delay progression from Stage 4 CKD to end-stage renal disease (ESRD) requiring chronic dialysis. The measure includes adult Medicare Fee-For-Service (FFS) beneficiaries with Stage 4 CKD. The measure outcome captures beneficiaries with Stage 4 CKD who progress to ESRD and require chronic dialysis. This measure is for nephrology practices (also referred to as “providers” in this submission) who care for patients with Stage 4 CKD.

Measure Type
Outcome

Target Population(s)
Adults

Care Setting
Ambulatory care

Level of Analysis
Clinician: Group/Practice

#3753 Delay in Progression of Chronic Kidney Disease (CKD) Measure

Pre-evaluation Meeting Public Comments



- Number of comments: 7
- Number of comments in support: 0
- Number of comments not in support: 7
 - Topics mentioned include:
 - Staffing shortages in dialysis facilities
 - Testing and specification concerns, including risk factors and exclusions
 - Concern that the measure may show unreliable results given it relies on coding of the diagnosis while rates of testing and diagnosis are currently low
 - Concerns regarding how surveys will be beneficial and as currently specified, the measure does not accurately capture the intended patient cohort
 - Several acute and chronic disease states associated with limited life expectancy that should be accounted for in the denominator. Death as the competing event for CKD progression to ESRD has not been accounted for in this metric
 - Delaying CKD progression measures to the latter stages (i.e., stage 4) of CKD limits a provider's ability to make meaningful change in the trajectory of the patient's illness

#3754 Risk Standardized Mortality Ratio for Late-Stage Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD)



- **Measure Steward/Developer:** CMS/Yale CORE
 - New Measure
- **Brief Description of Measure:**
 - The Risk Standardized Mortality Ratio for Late-Stage CKD and ESRD is an outcome measure to assess how well providers prevent mortality among patients with stage 4 or 5 CKD or ESRD. This measure assesses nephrology practices who care for adult Medicare Fee-for-Service (FFS) beneficiaries with late-stage CKD and ESRD.

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Adults	Ambulatory Care	Clinician: Group /Practice

#3754 Risk Standardized Mortality Ratio for Late-Stage Chronic Kidney Disease and End Stage Renal

Pre-evaluation Meeting Public Comments



- Number of comments: 5
- Number of comments in support: 1
 - Topic mentioned:
 - Measure is supported due to driving improvement in CKD outcomes
- Number of comments not in support: 4
 - Topics mentioned include:
 - Concerns regarding staffing shortages in dialysis facilities
 - Concerns with measure attribution to nephrologists
 - Measure would be better applied at the health plan level than at the provider/facility level
 - Identification of stage 4 and 5 CKD cases
 - Lack of estimated glomerular filtration rate and albuminuria laboratory data
 - Concerns regarding reliability at small case volumes

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	Competing measures - Select best measure from competing measures or justify endorsement of additional measure(s).	Related measures - Harmonize on target patient population or justify differences.
Different target patient population	Related measures - Combine 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.

#3210e HIV Viral Suppression Related Measures



- Related Measures:
 - #3209e: HIV Medical Visit Frequency
 - #3211e: Prescription of HIV Antiretroviral Therapy
 - #0409: HIV/AIDS: Sexually Transmitted Diseases- Screening for Chlamydia, Gonorrhea, and Syphilis
 - #2080: Gap in HIV medical visits
 - #0405: HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis

#3210e HIV Viral Suppression Related Measure



- **#3209e: HIV Medical Visit Frequency**

- Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period within 24 months with a minimum of 60 days between medical visits.
- Numerator: Patients who had at least one medical visit in each 6-month of a consecutive 24 month period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period.
- Denominator: Patients, regardless of age, diagnosed with HIV during the first 3 months of the year preceding the measurement period or prior to the measurement period with at least one medical visit in the first 6 months of the year preceding the measurement period.

#3210e HIV Viral Suppression Related Measure (continued, 1)



- **#3211e: Prescription of HIV Antiretroviral Therapy**
 - Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year
 - Numerator: Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year.
 - Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

#3210e HIV Viral Suppression Related Measure (continued, 2)



- **#0409: HIV/AIDS: Sexually Transmitted Diseases- Screening for Chlamydia, Gonorrhea, and Syphilis**
 - Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, who have received chlamydia, gonorrhea, and syphilis screenings at least once since the diagnosis of HIV infection.
 - Numerator: Patients who have received chlamydia, gonorrhea, and syphilis screenings at least once since the diagnosis of HIV infection.
 - Denominator: All patients aged 13 years and older with a diagnosis of HIV/AIDS, who had at least two visits during the measurement year, with at least 90 days between visits.

#3210e HIV Viral Suppression Related Measure (continued, 3)



- **#2080: Gap in HIV medical visits**

- Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year.
- Numerator: Number of patients in the denominator who did not have a medical visit in the last 6 months of the measurement year (Measurement year is a consecutive 12-month period of time).
- Denominator: Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year. (The measurement year can be any consecutive 12-month period.)

#3210e HIV Viral Suppression Related Measure (continued, 4)



- **#0405: HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis**

- Percentage of patients aged 6 weeks or older with a diagnosis of HIV/AIDS, who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis.
- Numerator(s):
 - Numerator 1: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 200 cells/mm³
 - Numerator 2: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 500 cells/mm³ or a CD4 percentage below 15%
 - Numerator 3: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis at the time of HIV diagnosis.
- Denominator(s):
 - Denominator 1: All patients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4 count below 200 cells/mm³, who had at least two visits during the measurement year, with at least 90 days in between each visit; and,
 - Denominator 2: All patients aged 1 through 5 years of age with a diagnosis of HIV/AIDS and a CD4 count below 500 cells/mm³ or a CD4 percentage below 15%, who had at least two visits during the measurement year, with at least 90 days in between each visit; and,
 - Denominator 3: All patients aged 6 weeks through 12 months with a diagnosis of HIV, who had at least two visits during the measurement year, with at least 90 days in between each visit.

#3210e Related Measures 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?

#3753 Delay in Progression of Chronic Kidney Disease (CKD) Related Measure



- Related Measure:
 - #1662: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy

#3753 Delay in Progression of Chronic Kidney Disease (CKD) Related Measure (continued, 1)



- **#1662 Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy**
 - Percentage of patients aged 18 years and older with a diagnosis of CKD (not receiving RRT) and proteinuria who were prescribed ACE inhibitor or ARB therapy within a 12-month period
 - Numerator: Patients who were prescribed ACE inhibitor or ARB therapy within a 12-month period
 - Denominator: All patients aged 18 years and older with the diagnosis of CKD (Stages 1-5, not receiving RRT) and proteinuria
 - Proteinuria is defined as:
 1. >300mg of albumin in the urine per 24 hours OR
 2. ACR >300 mcg/mg creatinine OR
 3. Protein to creatinine ratio > 0.3 mg/mg creatinine

#3753 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?

#3754e Risk Standardized Mortality Ratio for Late-Stage Chronic Kidney Disease and End Stage Renal Disease Related Measure



- Related Measure:
 - #0369 Standardized Mortality Ratio for Dialysis Facilities

#3754e Risk Standardized Mortality Ratio for Late-Stage Chronic Kidney Disease and End Stage Renal Disease Related Measure (continued, 1)



- **#0369 Standardized Mortality Ratio for Dialysis Facilities**

- Standardized mortality ratio is defined to be the ratio of the number of deaths that occur for Medicare ESRD dialysis patients treated at a particular facility to the number of deaths that would be expected given the characteristics of the dialysis facility's patients and the national norm for dialysis facilities. This measure is calculated as a ratio but can also be expressed as a rate.
- Numerator: Number of deaths among eligible patients at the facility during the time period.
- Denominator: Number of deaths that would be expected among eligible dialysis patients at the facility during the time period, given the national average mortality rate and the patient mix at the facility.

#3754e 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?

#3752e HIV Annual Retention in Care Related Measures



- Related Measures:
 - #3209e: HIV Medical Visit Frequency
 - #3210e: HIV Viral Load Suppression
 - #3211e: Prescription of HIV Antiretroviral Therapy
 - #0409: HIV/AIDS: Sexually Transmitted Diseases- Screening for Chlamydia, Gonorrhea, and Syphilis

#3752e HIV Annual Retention in Care Related Measure



- **#3209e: HIV Medical Visit Frequency**

- Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period within 24 months with a minimum of 60 days between medical visits.
- Numerator: Patients who had at least one medical visit in each 6-month of a consecutive 24 month period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period.
- Denominator: Patients, regardless of age, diagnosed with HIV during the first 3 months of the year preceding the measurement period or prior to the measurement period with at least one medical visit in the first 6 months of the year preceding the measurement period.

#3752e HIV Annual Retention in Care Related Measure (continued, 1)



- **#3210e: HIV Viral Load Suppression**

- Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
- Numerator: Patients with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year. The outcome being measured is HIV viral suppression.
- Denominator: Patients, regardless of age, diagnosed with HIV during the first 3 months of the measurement year or prior to the measurement year who had at least one medical visit in the measurement year. The target population for this measure is all people living with HIV.

#3752e HIV Annual Retention in Care Related Measure (continued, 2)



- **#3211e: Prescription of HIV Antiretroviral Therapy**

- Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year
- Numerator: Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year.
- Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

#3752e HIV Annual Retention in Care Related Measure (continued, 3)



- **#409: HIV/AIDS: Sexually Transmitted Diseases- Screening for Chlamydia, Gonorrhea, and Syphilis**
 - Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, who have received chlamydia, gonorrhea, and syphilis screenings at least once since the diagnosis of HIV infection.
 - Numerator: Patients who have received chlamydia, gonorrhea, and syphilis screenings at least once since the diagnosis of HIV infection
 - Denominator: All patients aged 13 years and older with a diagnosis of HIV/AIDS, who had at least two visits during the measurement year, with at least 90 days between visits

#3752e Related Measures 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?

#3755e STI Testing for People with HIV Related Measures



- Related Measure:
 - #3209e: HIV Medical Visit Frequency
 - #3210e: HIV Viral Load Suppression
 - #3211e: Prescription of HIV Antiretroviral Therapy
 - #0409: HIV/AIDS: Sexually Transmitted Diseases- Screening for Chlamydia, Gonorrhea, and Syphilis

#3755e STI Testing for People with HIV Related Measure



- **#3209e: HIV Medical Visit Frequency**

- Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period within 24 months with a minimum of 60 days between medical visits.
- Numerator: Patients who had at least one medical visit in each 6-month of a consecutive 24 month period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period.
- Denominator: Patients, regardless of age, diagnosed with HIV during the first 3 months of the year preceding the measurement period or prior to the measurement period with at least one medical visit in the first 6 months of the year preceding the measurement period.

#3755e STI Testing for People with HIV Related Measure (continued, 1)



- **#3210e: HIV Viral Load Suppression**

- Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
- Numerator: Patients with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year. The outcome being measured is HIV viral suppression.
- Denominator: Patients, regardless of age, diagnosed with HIV during the first 3 months of the measurement year or prior to the measurement year who had at least one medical visit in the measurement year. The target population for this measure is all people living with HIV.

#3755e STI Testing for People with HIV Related Measure (continued, 2)



- **#3211e: Prescription of HIV Antiretroviral Therapy**

- Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year
- Numerator: Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year.
- Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

#3755e STI Testing for People with HIV Related Measure (continued, 3)



- **#409: HIV/AIDS: Sexually Transmitted Diseases- Screening for Chlamydia, Gonorrhea, and Syphilis**
 - Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, who have received chlamydia, gonorrhea, and syphilis screenings at least once since the diagnosis of HIV infection.
 - Numerator: Patients who have received chlamydia, gonorrhea, and syphilis screenings at least once since the diagnosis of HIV infection
 - Denominator: All patients aged 13 years and older with a diagnosis of HIV/AIDS, who had at least two visits during the measurement year, with at least 90 days between visits

#3755e Related Measures 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 30-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 16, 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
- Project page: [Endorsement | Partnership for Quality Measurement \(p4qm.org\)](https://www.p4qm.org)

Questions?



Thank You





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