

Fall 2023 Endorsement and Maintenance (E&M) Committee Independent Review Summary

PRIMARY PREVENTION COMMITTEE

Prepared by:

Battelle
505 King Avenue
Columbus, Ohio 43201
January 2024

The analyses upon which this publication is based were performed under Contract Number 75FCMC23C0010, entitled, "National Consensus Development and Strategic Planning for Health Care Quality Measurement," sponsored by the Department of Health and Human Services, Centers for Medicare & Medicaid Services.

Table of Contents

Independent E&M Committee Member Reviews Overview	2
Measure-Specific Summary	3
CBE #3316e – Safe Use of Opioids- Concurrent Prescribing	3

Summary of Committee Independent Reviews

Independent E&M Committee Member Reviews Overview

At least three (3) weeks prior to an E&M committee endorsement meeting, the Recommendations Group and the Advisory Group of each E&M committee receive the full measure submission details for each measure up for review, including all attachments, the Partnership for Quality Measurement (PQM) Measure Evaluation Rubric, the public comments received for the measure(s) under review, and the E&M team preliminary assessments.

Members of both groups were asked to review each measure, independently, against the PQM Measure Evaluation Rubric. Committee members assigned a rating of “Met,” “Not Met but Addressable,” or “Not Met” for each domain of the PQM Measure Evaluation Rubric. In addition, committee members provided associated rationale for each domain rating, which is based on the rating criteria listed for each domain. Battelle staff aggregated and summarized the results and distributed them back to the committee, and to the respective measure developers and/or stewards, for review within one (1) week of the endorsement meeting.

These independent committee member ratings are compiled and used by Battelle facilitators and committee co-chairs to guide committee discussions.

Figure 1. Fall 2023 Measures for Committee Review



For the Fall 2023 cycle, the Primary Prevention committee received one (1) measure undergoing maintenance endorsement review (Figure 1). The measure focused on safe use of opioids.

Measure-Specific Summary

The following brief summary includes themes and considerations gathered from the committee’s independent reviews for each of the five domains of the PQM Measure Evaluation Rubric. Themes were assessed and categorized with respect to the strengths and limitations of the measure under endorsement review. Corresponding to the themes are the number of committee reviews received and stratified by the ratings of “Met,” “Not Met,” and “Not Met, but Addressable.”

CBE #3316e – Safe Use of Opioids- Concurrent Prescribing

Number of Committee Reviews: 19

Importance (n=19)	Strengths	Limitations
<p>No Consensus</p> <p>63% Met</p> <p>32% Not Met, but Addressable</p> <p>5% Not Met</p>	<ul style="list-style-type: none"> • Prescribing higher doses of opioids, or opioids in combination with benzodiazepines is associated with increased risk of overdose • Measure is aligned with CDC opioid prescribing guidelines • Evidence of variation in prescribing practices across hospitals and of a performance gap • Safety is important to patients 	<ul style="list-style-type: none"> • Evidence review does not clearly demonstrate the risk of concurrent prescribing, and CDC guidelines based on a dose-dependent association with risk for overdose are not graded • No evidence is cited that the number of opioid medications prescribed influences overdose risk • Differences in prescribing practices by subgroup should be considered • More information should be provided regarding activities to improve performance • No discussion of how to mitigate potential adverse effects of untreated pain • Importance of the measure to patients was not evaluated

Feasibility (n=19)	Strengths	Limitations
<p>No Consensus</p> <p>47% Met</p>	<ul style="list-style-type: none"> • Measure is currently reported by 4000+ hospitals on Care Compare, but developer should 	<ul style="list-style-type: none"> • Developer reports challenges with diagnosis, disposition, and encounter codes

Feasibility (n=19)	Strengths	Limitations
<p>47% Not Met, but Addressable</p> <p>5% Not Met</p>	<p>clarify feasibility and workflow assessments</p>	<ul style="list-style-type: none"> • Data elements are not routinely captured in the course of care • Developer should offer a feasibility plan for Medication Assisted Treatment data element • Feasibility scorecard has several deficiencies, such as unclear number of sites, missing EHR vendors, incorrect data elements • Unclear if the measure contains proprietary components

Scientific Acceptability (n=19)	Strengths	Limitations
<p>Consensus</p> <p>16% Met</p> <p>79% Not Met, but Addressable</p> <p>5% Not Met</p>	<ul style="list-style-type: none"> • Median signal-to-noise reliability of 0.82, with majority of hospitals over the threshold (0.6) • Data element validity showed 88% agreement or higher for all data elements • Measure can successfully discriminate between subgroups 	<ul style="list-style-type: none"> • There is no discussion of the types of hospitals included in testing • Sample was small and lacked diversity: 11 urban teaching hospitals, 10 of which belong to the same system, in two states • There should be a mitigation for low-volume providers (current minimum threshold is too low at 10) • While measure can discriminate groups, no rationale is provided for expecting higher rates among Medicare beneficiaries • While data element agreement is strong, challenges were noted with systematically capturing several data elements, and the sample of encounters used for testing is not clear

Equity (n=19)	Strengths	Limitations
<p>No Consensus</p> <p>11% Met</p> <p>16% Not Met, but Addressable</p> <p>74% Not Met</p>	<ul style="list-style-type: none"> This optional criterion was not addressed 	<ul style="list-style-type: none"> This optional criterion was not addressed Opportunities to evaluate equity include expanding testing sample of hospitals to smaller/rural locales and other hospital types

Use and Usability (n=19)	Strengths	Limitations
<p>Consensus</p> <p>95% Met</p> <p>5% Not Met, but Addressable</p> <p>0% Not Met</p>	<ul style="list-style-type: none"> Measure is currently in use in IQR and reported on Care Compare Developers have updated the measure based on provider feedback Potential actions entities can take to improve performance are described, including community engagement and monitoring systems 	<ul style="list-style-type: none"> Unintended consequences may include providers inappropriately reducing the number of opioid medications prescribed, and not providing needed pain relief to patients whose diagnoses are not excluded It is difficult for clinicians to de-prescribe opioids at discharge that a patient was on when admitted, and improvement may hinge on education of clinicians in the community

