

National Consensus Development and Strategic Planning for Health Care Quality Measurement Fall 2023 Primary Prevention Meeting Summary

Overview

Battelle, the consensus-based entity (CBE) for the Centers for Medicare & Medicaid Services (CMS), convened the Primary Prevention Committee on [February 7, 2024](#), for discussion and voting on the measure submitted to the committee for endorsement consideration for the Fall 2023 cycle.

Meeting participants, including the Recommendations and Advisory Group committee members, joined virtually through the Zoom meeting platform. The Recommendations Group was responsible for discussing the measure and both groups voted during the meeting using a virtual voting platform. Measure stewards/developers and members of the public were also in attendance.

The objectives of the meeting were to:

- Review and discuss the candidate measure submitted to the committee for the Fall 2023 cycle;
- Review public comments received for the submitted candidate measure; and
- Render an endorsement decision for the submitted candidate measure.

This summary provides an overview of the meeting, the committee's deliberations, and the endorsement decision outcomes. Full measure information, including all public comments received, the staff preliminary assessment, and committee independent reviews can be found on the respective measure page on the [Partnership for Quality Measurement \(PQM\) website](#).

After the committee's endorsement meeting, the measure and the committee's endorsement decision enter an appeals period for three weeks, from February 26–March 18, 2024. Any interested party may submit an appeal, which will be reviewed for eligibility according to the criteria within the endorsement and maintenance [\(E&M\) Guidebook](#). If eligible, the Appeals Committee, consisting of all co-chairs from the five E&M project committees, will be convened to evaluate the appeal and determine whether to maintain or overturn an endorsement decision.

Welcome, Roll Call, and Disclosures of Interest

Nicole Brennan, Executive Director of PQM, welcomed the attendees to the meeting and introduced her co-facilitator Matt Pickering, Endorsement & Maintenance Technical Lead, and the committee co-chairs, John Kreuger and Quinyatta Mumford, who each provided welcoming remarks.

Dr. Pickering then conducted roll call and members disclosed any perceived conflicts of interest regarding the measure under review. One member was recused from voting based on Battelle's [conflict of interest policy](#). For CBE #3316e, Terra Stump, was recused due to her employment by the measure developer, Mathematica.

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After roll call, Battelle facilitators established whether quorum was met and outlined the procedures for discussing and voting on measures. The discussion quorum required the attendance of at least 60% of the active Recommendations Group members (at least 8 of 13) during roll call. Voting quorum required at least 80% of active Recommendations and Advisory Group members (at least 28 of 35) who had not recused themselves from the vote. Both discussion quorum and voting quorum were established and maintained throughout the meeting.

Evaluation of Candidate Measures

Dr. Pickering provided an overview of the measure under review. For Fall 2023, the Primary Prevention Committee received one measure undergoing maintenance endorsement review (Figure 1). The measure focused on safe use of opioids.



Figure 1. Fall 2023 Measures for Committee Review

At least three weeks prior to an E&M committee endorsement meeting, the Recommendations Group and the Advisory Group received the full measure submission details for the measure up for review, including all attachments, the [PQM Measure Evaluation Rubric](#), the public comments received for the measure 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 rationales for each domain rating, which were 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 at least one week prior to the endorsement meeting. These independent committee member ratings were compiled and used by Battelle facilitators and committee co-chairs to guide committee discussions.

During the endorsement meeting, the committee voted to endorse one measure with conditions (Table 1). Summaries of the committee’s deliberations for the measure along with any conditions for endorsement are noted below.

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Table 1. Fall 2023 Primary Prevention Measure Endorsement Decision

CBE ID	Measure Title	New / Maintenance	Endorsement Decision	Endorse N (%)	Endorse with Conditions N (%)	Not Endorse/Remove Endorsement N (%)	Recusals
3316e	Safe Use of Opioids-Concurrent Prescribing	Maintenance	Endorse with Conditions	2 (7.14)	24 (85.71)	2 (7.14)	1

CBE #3316e – Safe Use of Opioids – Concurrent Prescribing [Mathematica/Centers for Medicare & Medicaid Services]

[Specifications](#) | [Committee Independent Review Summary](#)

Description: Proportion of inpatient hospitalizations for patients 18 years of age and older prescribed, or continued on, two or more opioids or an opioid and benzodiazepine concurrently at discharge.

Committee Final Vote: Endorse with Conditions

Conditions:

- Expand reliability and validity testing beyond the sample used in current submission to ensure a more diverse population and explore regional diversity within testing.
- Explore new versus current users of opioids and benzodiazepines on admission, and if feasible, stratify the data by these populations.

Vote Count: Endorse (2 votes; 7.14%), Endorse with Conditions (24 votes; 85.71%), Not Endorse/Remove Endorsement (2 votes; 7.14%); recusals (1).

Measure Discussion:

Battelle received three public comments prior to the meeting. A comment in support of the measure emphasized the importance of prescription management to protect patients from negative long-term use of opioids. Another comment noted the increased risk to providers due to the measure's lack of robustness. The third comment recommended the post-acute rehabilitation services patient population to be part of the measure's list of exclusions.

Prior to the committee discussion, committee members sought clarification from the developer on the current population size and the impact of opioid dependence. The developer stated that impact testing involved about 18,000 patients from 18 hospitals, with reporting now focused on 11 hospitals due to sample size considerations. The developer cited a lack of literature on long-term impact and challenges in following the population long term. Responding to a committee member's question about the concurrent prescribing of naloxone, benzodiazepines, and opioids, the developer clarified that naloxone and naloxone-containing drugs are not part of the measure's exclusions and would not be captured as concurrent prescribing. The committee also expressed concerns about the homogeneity of the patient population in the testing sample. In response, the developer noted they were limited to data from hospitals recruited to participate in the testing.

Committee members expressed concern about rapid tapering protocols for benzodiazepines and opioids. In response, the developer underscored the importance of timely communication between the discharging physician and the primary care physician in ensuring accountability and appropriate prescribing practices. A committee member suggested the developer stratify the performance rate, distinguishing between patients with concurrent medications at admission and those with new prescriptions during their inpatient visit. Additionally, the committee member emphasized the significance of adopting a community perspective when approaching this measure and highlighted the measure's capability to be reflective of management across the care spectrum.

A committee member expressed concern about the absence of the patient perspective, noting that it is vital to understand how patients and family members feel about this measure,

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particularly as it relates to patients relying on opioids for pain management and facing the prospect of losing that medication after their hospital stay. The developer confirmed patient input was not sought in their expert work group. Lastly, a committee member recommended educating patients about changes in their care.

In terms of importance, committee members commended the measure's significance to patient safety in both inpatient and outpatient settings but questioned the lack of patient perspective in the measure's development. Committee members were emphatic about the need for education at discharge, discharge planning, and consideration of patient preferences regarding medication. A committee member questioned the rationale behind the measure specifying the use of two or more opioids.

In terms of feasibility, the developer clarified that the measure has no proprietary components or fees associated with it. In addressing data element challenges, specifically the feasibility plan for Medication-Assisted Treatment data element, the developer noted issues with documentation and retrieval of electronic health records. However, the developer shared that collaborative efforts with hospitals were undertaken to align codes with defined value sets. A committee member asked about the percentage of exclusions attributable to measure authoring tool data elements. The developer noted that the largest exclusion, around 20%, was due to cancer.

In terms of scientific acceptability, the developer responded to the limitations identified by the committee. Regarding the lack of information on the types of hospitals included in the testing, the developer mentioned that most hospitals were in metropolitan areas but noted the intention to expand testing based on rural-urban area codes. Responding to concerns about the small sample size and lack of diversity, the developer cautioned against artificially increasing the sample size to reach a certain threshold, noting the strength of the sample size can reveal important information, especially in hospitals with high patient volumes where variability in standards of care may exist.

While discussing equity, committee members encouraged the developer to consider specific elements such as language spoken, area deprivation index, socioeconomic status, gender, ethnicity, and race for stratification to address equity-based concerns. The committee also urged the developer to consider the rural-urban divide and the complexity of self-identification. The developer acknowledged these suggestions as potential areas of exploration. A committee member sought clarification on how feedback on equity considerations will be handled, especially if the developer commits to addressing the raised equity concerns. Battelle noted that the developer may explore these issues by the next maintenance review of the measure. Battelle emphasized that while the equity domain is currently not required, it could be a requirement for developers in the future.

During the discussion on use and usability, the committee encouraged the developer to explore stratification elements focusing on opioid and benzodiazepine prescriptions on admission and discharge to understand if the rate of opioid and benzodiazepine prescription on admission changed over time and how this might impact the measure. The developer acknowledged the feedback but informed the committee that such stratification could potentially change the structure of the measure. The committee emphasized the importance of exploring this issue due to the potential for unintended consequences associated with taking current users off these medications.

Additional Recommendations: The committee encouraged the developer to explore the use of patient education videos and making those easily accessible via a smartphone application.

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Opportunity for Public Comment

Dr. Pickering opened the floor for additional public comments. A commenter emphasized the need to distinguish individuals at risk for secondary prevention, particularly those already experiencing chronic pain. The commenter highlighted the use of cannabinoids in managing chronic pain although the evidence for their efficacy is not robust, and lastly, the importance of consistent standards across hospitals and outpatient settings.

Next Steps

Dr. Pickering then went over next steps. He noted that Battelle will share a meeting summary by February 26, 2024. That then kicks off an appeals period that will last until March 18, 2024. If needed, the Appeals Committee will meet March 27, 2024. Then, Battelle will post a technical report in April. Dr. Pickering closed the meeting by thanking participants, including committee members, members of the public, and the measure developers and stewards.