Partnership for Quality Measurement
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National Consensus Development and Strategic Planning for Health Care Quality Measurement

Spring 2024 Primary Prevention Endorsement Meeting Summary

Overview

Battelle, the consensus-based entity (CBE) for the Centers for Medicare & Medicaid Services (CMS), convened the Recommendation Group of the Primary Prevention committee on July 26, 2024, for discussion and voting on measures under endorsement consideration for the Spring 2024 cycle. Meeting participants joined virtually through a Zoom meeting platform. Measure stewards/developers and members of the public were also in attendance.

The objectives of the meeting were to:

- Review and discuss measures submitted to the committee for the Spring 2024 cycle;
- Review staff preliminary assessments, Advisory and Recommendation Group feedback, public comments, and developer responses regarding the measures under endorsement review; and
- Render endorsement decisions using a virtual voting platform.

This summary provides an overview of the meeting, the Recommendation Group deliberations, and the endorsement decision outcomes. Full measure information, including all public comments, staff preliminary assessments, Advisory Group feedback, and Recommendation Group independent reviews can be found on the project committee's webpage on the Partnership for Quality Measurement (PQM) website.

After the endorsement meeting, measures and endorsement decisions enter an appeals period for 3 weeks, from August 30-September 20, 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 convene to evaluate the appeal and determine whether to maintain or overturn an endorsement decision.

Welcome, Roll Call, and Disclosures of Interest

Matt Pickering, PharmD, Battelle's E&M task lead, welcomed the attendees to the meeting and introduced his co-presenters Anna Michie, E&M deputy task lead and Isaac Sakyi. Dr. Pickering also introduced the committee co-chairs, John Krueger, MD, MPH, and Quinyatta Mumford, DrPH, MPH, CHES, who each provided welcoming remarks.

Mr. Sakyi then conducted roll call, and members disclosed any perceived conflicts of interest regarding the measures under review. No members were recused from voting.

After roll call, Battelle presenters established whether quorum was met and outlined the procedures for discussing and voting on measures. The discussion quorum requires the attendance of at least 60% of the active Recommendation Group members (n=14). Voting

quorum requires at least 80% of active Recommendation Group members who have not recused themselves from the vote (n=18). Both discussion quorum and voting quorum were established and maintained throughout the meeting.

Evaluation of Candidate Measures

Dr. Pickering provided an overview of the one measure under review. For the Spring 2024 cycle, the Primary Prevention committee received no new measures and one measure for maintenance endorsement review (Figure 1). The measure focused on Patient Activation Measure (PAM) scores.

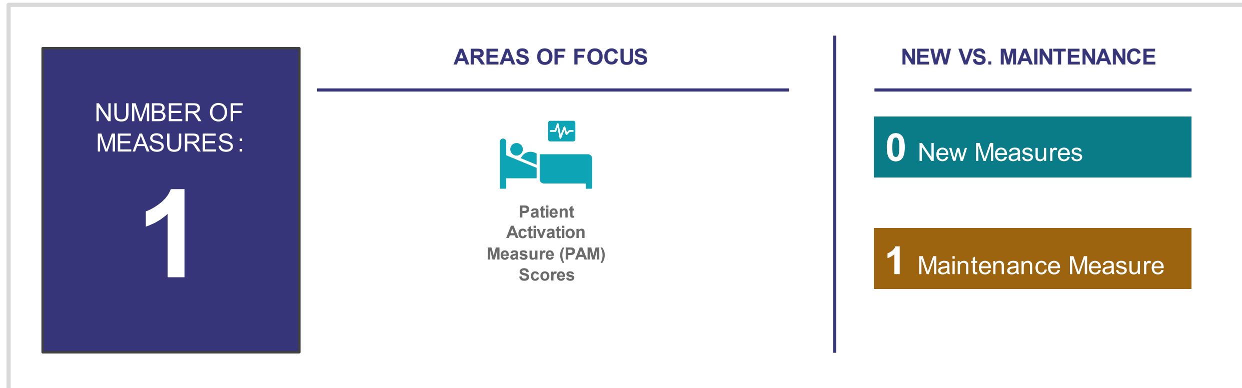

Figure 1. Primary Prevention measures for Spring 2024.

Battelle convened a public Advisory Group meeting on June 3, 2024 to gather initial feedback and questions about the measure under endorsement review. Battelle summarized the Advisory Group's feedback and questions and shared them with developers/stewards for review and written response. Battelle then shared the Advisory Group feedback and questions, along with the developer/steward responses, with the Recommendation Group a week prior to the endorsement meeting.

On June 17, 2024, Battelle provided Recommendation Group members the full measure submission details for the measure under review, including all attachments, the PQM Measure Evaluation Rubric, the public comments received, and the staff preliminary assessments.

Recommendation Group members were asked to independently review each measure against the PQM Measure Evaluation Rubric. Recommendation Group members assigned a rating of "Met," "Not Met but Addressable," or "Not Met" for each domain of the PQM Measure Evaluation Rubric. Recommendation Group members also provided 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 Recommendation Group, and to the respective measure developers/stewards, for review within 1 week of the endorsement meeting. Battelle staff compiled these independent Recommendation Group member ratings, and Battelle facilitators and committee co-chairs used them to guide committee discussions.

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

Table 1. Spring 2024 Primary Prevention Measure Endorsement Decisions

CBE ID	Measure Title	New/ Maintenance	Endorsement Decision	Endorse | N (%)	Endorse with Conditions | N (%)	Not Endorse/Remove Endorsement | N (%)	Recusals
2483	Gains In Patient Activation Measure (PAM) Scores at 12 Months	Maintenance	Endorse with Conditions	3 (16.67%)	14 (77.78%)	1 (5.56%)	0

CBE #2483 – Gains in Patient Activation Measure (PAM) Scores at 12 Months [Insignia Health]

Specifications | Discussion Guide

Description: The measure is the percentage of patients who achieve a 3-point increase in their Patient Activation Measure® (PAM®) survey score within 12 months. The outcome measure demonstrates how a clinician group performed in providing best care to its patients by quantifying the proportion of patients who had at least a 3-point score change. The PAM surveys the knowledge, skill, and confidence necessary for self-management on a 0–100 point scale that can be broken down into 4 levels from low activation to high activation. The 13 (or 10) item survey has strong measurement properties and is predictive of most health behaviors, many clinical outcomes, and patient experience. PAM® scores are also predictive of health care costs, with lower scores predictive of higher costs.

Committee Final Vote: Endorse with Conditions

Conditions:

- When the measure returns for maintenance, the committee would like to see:
  - Progression on electronic health record (EHR) integration
  - Evaluation of bias due to changes in the population over time

Vote Count: Endorse (3 votes; 16.67%), Endorse with Conditions (14 votes; 77.78%), Remove Endorsement (1 vote; 5.56%); recusals (0).

Public Comments: Ten comments were received prior to the meeting. Nine comments expressed support for re-endorsement. One comment raised a question related to the topic of the measure's threshold and what that looks like at the individual level.

Measure Discussion

Discussion Topic/Theme	Recommendation Group Discussion
Implementation Variation Between Practices	• In his opening remarks, the subject matter expert (SME) on survey strategy and design said he had concerns over implementation clarity; he said those concerns could be mitigated if practices are directed to be consistent in administration method (e.g., phone, digital).

Discussion Topic/Theme	Recommendation Group Discussion
	• Recommendation Group members agreed with these concerns, asking if the variation introduces bias and if testing has been done to quantify the variability. • The developer responded that they expect variation between clinician groups in how they administer and intervene and that is how the groups are judged on their ability to improve. Clinician groups are directed to remain internally consistent in their fielding. The developer agreed that upfront training can mitigate differences in how the PAM survey is administered.
Minors as Part of Target Population	• The SME recommended that the measure developer consider whether 14- to 18-year-olds should be considered as part of the target population. • A Recommendation Group member said the measure documentation showed clear, consistent evidence that these scores are valuable, generally, for patients 65 and over with chronic conditions. They asked if there were studies for broader, healthier populations. • The developer said there is currently less data in regard to adolescents. They believe this age group is one they should monitor; however, they believe this population is of importance because they are of an age when they are starting to take more responsibility for their health and act independently. The PAM survey may help them with the transition period, particularly if they have a chronic illness.
Survey Fatigue	• Several Recommendation Group members brought up survey fatigue and that the measure is potentially burdensome to patients. • Other Recommendation Group members mentioned the similarities between this measure, the Person-Centered Primary Care measure (PCPCM), and a Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. • The developer said CAHPS and PCPCM are not measuring patient activation. They said the PAM survey provides information to a health care team on which patients may benefit from additional time and resources. Therefore, they said that PAM is short, easy to understand, and actionable.
Survey Accessibility	• A few Recommendation Group members asked what grade level the survey is written at and reminded the developer and committee that “patient friendliness” is of particular importance in the medical realm. • The developer said the survey is written at a 5th or 6th grade reading level and that some patient populations who might have more difficulty understanding the survey for cognitive reasons could be potential exclusions.
Electronic Health Record Integration/Clinician Burden	• Recommendation Group members expressed concerns over how feasible the measure is if it exists outside of EHR, particularly if a practice must pay money for the survey license. Battelle staff reminded the committee that the measure is currently in the Merit-based Incentive Payment System (MIPS), so practices do not have to pay for the license through that program or through the Center for Medicaid and Medicaid Innovation (CMMI) models. • The developer said they are sympathetic to the notion that clinicians must live in the EHR; they said they are partnering with EHRs to

Discussion Topic/Theme	Recommendation Group Discussion
	increase accessibility and that some practices have already integrated into their portal. • The Recommendation Group placed a condition on the measure, which is to show progression on EHR integration by measure maintenance in 5 years.
Bias	• Several Recommendation Group members expressed concerns over bias. • One Recommendation Group member mentioned that he was concerned over “social desirability bias,” and whether patients would be honest about their health status. • The developer said they had found the impact of social desirability is relatively negligible. • Another Recommendation Group member asked about population subgrouping and how risk adjustment had been performed; Battelle staff responded that the developer had explored this, finding that results were mixed in terms of the conclusions that can be drawn from the effects of patient-level differences or socioeconomic status. As the measure is expanded in its use, the developer will continue to monitor the impact of socioeconomic factors in assessments of accountable entity performance. • Recommendation Group members also expressed concerns over whether analysis had been done regarding non-respondents and individuals that had a first measurement score but not a latter one. A committee member said practices could potentially game the measure by purposefully not giving a patient the survey again later to generate a second score. • The Recommendation Group placed a condition on the measure, which was to evaluate bias due to changes in the population over time by measure maintenance in 5 years.
Mode of Administration	• A Recommendation Group member asked if the survey was ever given anonymously. • The developer responded that they had found that mode of administration did not significantly impact scores. They added that they are waiting for mode effect data from their first year in MIPS.
Importance	• Several Recommendation Group members emphasized that they found this to be an important topic and that patient activation is a key element to empower patients to take control of their health and to create appropriate resources.
Marker of Improvement	• A Recommendation Group member asked why 3 points was chosen as the marker of improvement in score and if there was evidence to support this decision. • The developer said the threshold is conceptual and empirical; they said early and subsequent research shows that even a 1-point change may be consequential, and several studies have shown that a mean/median change of 3 points confers the benefits the developer outlined in their model.
Patients Being Appropriate for Follow-up	• Recommendation Group members expressed concern over how individuals who already had a high activation score were accounted for. • The developer clarified that PAM is scored 0-100 and scores are sorted into four different categories. Those in the category with the highest scores (Level IV) are excluded from follow-up. The

Discussion Topic/Theme	Recommendation Group Discussion
	developer emphasized that their focus is on those who will benefit from intervention.

Additional Recommendations: The developer's bias evaluation should include a longitudinal analysis of changes in the population (zero to one) over time (e.g., patients who did not receive or who are lost to follow-up as well as individuals who are non-respondents).

Next Steps

Battelle staff shared that a meeting summary would be published by August 30, 2024. The appeals period will run from August 30 – September 20, 2024. If an eligible appeal is received, the appeals committee will meet on September 30, 2024 to evaluate the appeal and determine whether to maintain or overturn an endorsement decision.