National Consensus Development and Strategic Planning for Health Care Quality Measurement

Spring 2024 Cycle Endorsement and Maintenance (E&M) Technical Report

PRIMARY PREVENTION

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Executive Summary

For over 2 decades, the United States (U.S.) has focused on improving health care quality for Americans. One of the ways this has been done is by developing and implementing clinical quality measures to quantify the quality of care provided by health care providers and organizations. These clinical quality measures are based on standards related to the effectiveness, safety, efficiency, person-centeredness, equity, and timeliness of care.[1]

At Battelle, we have a strong collective interest in ensuring that the health care system works as well as it can. Quality measures are used to support health care improvement, benchmarking, and accountability of health care services and to identify weaknesses, opportunities, and disparities in care delivery and outcomes.[1,2]

Battelle is a certified consensus-based entity (CBE) funded through the Centers for Medicare & Medicaid Services (CMS) National Consensus Development and Strategic Planning for Health Care Quality Measurement Contract. As a CMS-certified CBE, we facilitate the review of quality measures for endorsement. To support our consensus-based process, we formed the Partnership for Quality

Figure 1. E&M Consensus Based Process
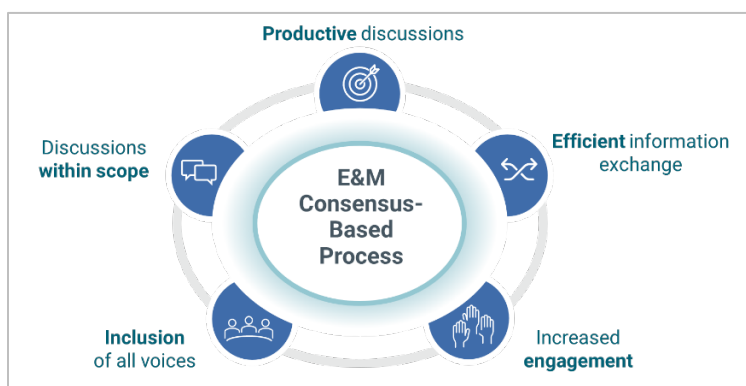
Measurement (PQM), which ensures informed and thoughtful endorsement reviews of quality measures across a range of focus areas that align with a person's journey through the health care system. Battelle engages PQM members to carry out the consensus-based E&M process, which relies on robust and focused discourse, efficient information exchange, effective engagement, inclusion of diverse voices (Figure 1).

One of those focus areas is the primary prevention, which includes measures related to self-managed health care. Self-management—a key component of a well-managed care plan—refers to a set of strategies that help people manage their physical and mental health and live well with chronic conditions.[3,4] Self-management education has been shown to complement traditional patient education and improve clinical outcomes and reduce costs for patients with chronic conditions.[5] Additionally, improved self-management can help patients psychosocially by reducing stress and subsequently improving physical health. The measure reviewed this cycle uses survey data to assess an individual's knowledge, skills, and confidence in managing their health and health care. Termed "patient activation," the measure uses a Patient Activation Measure (PAM) score to monitor changes over time to quantify improvement in a person's activation in their care.[6] With over half of the U.S. having a diagnosis of at least one chronic condition and nearly 30% with two or more, patient activation is an essential element to evaluate and strengthen person-centered care.[7]

For this measure review cycle, developers submitted one measure to the Primary Prevention committee for endorsement consideration (Figure 2). The Primary Prevention committee endorsed the measure with conditions based on the PQM Measure Evaluation Rubric (version 1.2) of the E&M Guidebook (Table 1).

Table 1. Measures Reviewed by the Primary Prevention Committee

CBE Number	Measure Title	New/Maintenance	Developer/Steward	Final Endorsement Decision
2483	Gains in Patient Activation Measure (PAM) Scores at 12 Months	Maintenance	Insignia Health	Endorsed with Conditions

Figure 2. Spring 2024 Measures for Committee Review
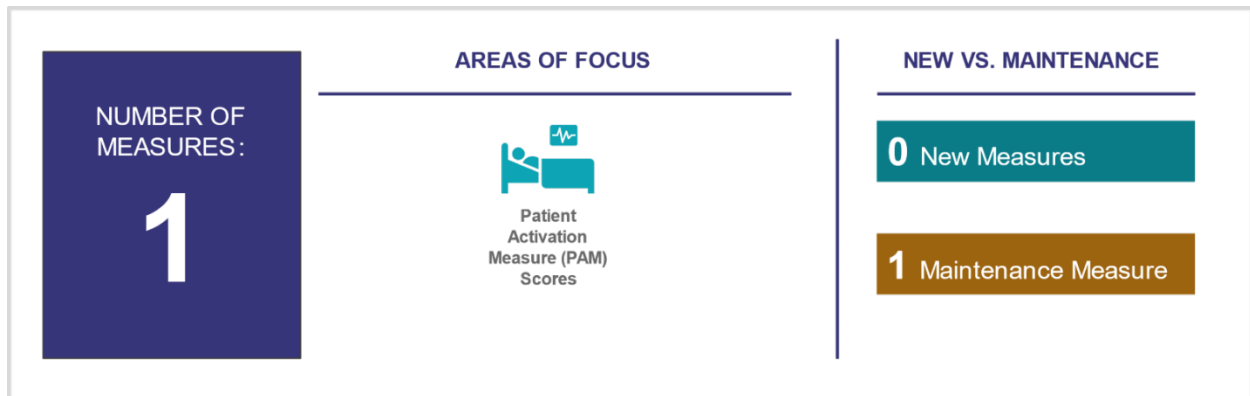
Endorsement and Maintenance (E&M) Overview

Battelle's E&M process ensures measures submitted for endorsement are evidence based, scientifically sound, and both safe and effective, meaning use of the measure will increase the likelihood of desired health outcomes; will not increase the likelihood of unintended, adverse health outcomes; and is consistent with current professional knowledge.

We organize measures for E&M by five project areas. Each project topical area has a committee that evaluates, discusses, and assigns endorsement decisions for measures under endorsement review. These E&M committees are composed of diverse PQM members, representing all facets of the health care system. Each E&M committee is divided into an Advisory Group and a Recommendation Group (Figure 3).

Figure 3. E&M Committee Structure
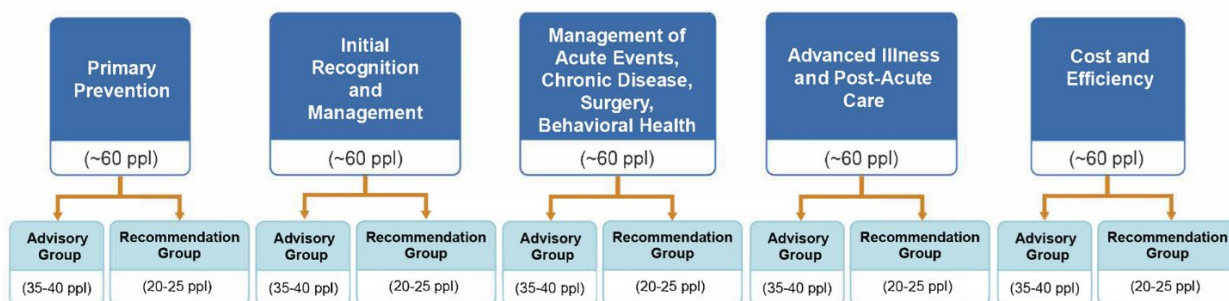
The goal is to create inclusive committees that balance experience, expertise, and perspectives. The E&M process convenes and engages interested parties throughout the cycle. The interested parties include those who are impacted or affected by quality and cost/resource use and represent a diverse group of people and perspectives (Figure 4).

Figure 4. E&M Interested Parties

For the Primary Prevention committee, membership for the Spring 2024 cycle consisted of 10 patient partners (e.g., patients, caregivers, advocates) and 17 clinicians, with specialties in family medicine, preventive medicine, internal medicine, and others (Figure 5). The committee also included four experts in rural health and five in health equity.

While a list of committee members is provided in Appendix A, full committee rosters and bios are posted on the respective project pages on the PQM website.

Figure 5. Primary Prevention Committee Members

Within 35 Primary Prevention Committee members are:

- 10 **Patient** Partners
- 17 **Clinicians**
- 4 **Rural Health Experts**
- 5 **Health Equity Experts**

At the beginning of each E&M cycle, committee members complete a measure-specific disclosure of interest (MS-DOI) form identifying potential conflicts with the measures under endorsement review for the respective E&M cycle. Members are recused from voting on measures potentially affected by a perceived conflict of interest (COI) based on Battelle's COI policy.

Each E&M cycle (i.e., Fall or Spring) has a designated Intent to Submit deadline, when measure developers/stewards must submit key information (e.g., measure title, type, description, specifications) about the measure. One month after the Intent to Submit deadline (Table 2), measure developers/stewards submit the full measure information by the respective Full Measure Submission deadline.

Table 2. Intent to Submit and Full Measure Submission Deadlines by Cycle

E&M Cycle	Intent to Submit*	Full Measure Submission*
Fall	October 1	November 1
Spring	April 1	May 1

*Deadlines are set at 11:59 p.m. (ET) of the day indicated. If the deadline falls on a weekend or holiday, the deadline will be the next immediate business day.

We then publish measures to the PQM website for a 30-day public comment period, which occurs prior to the endorsement meeting and concurrently with the development of the E&M staff preliminary assessments. The intent of this 30-day comment period is to solicit both supportive and non-supportive comments with respect to the measures under endorsement review. Any interested party may submit a comment on any of the measures up for endorsement review for a given cycle (i.e., Fall or Spring). Prior to the close of the public comment period, we host Public Comment Listening Sessions to gather additional public comments on the measures; these virtual sessions are organized by project with measures grouped by topic/condition. Any interested party may attend to give a brief verbal statement on one or more of the measures.

All public comments received during this 30-day period, including those shared during the Public Comment Listening Sessions, are posted to the respective measure page on the PQM website. A summary of the comments received for the measure submitted to Primary Prevention for the Spring 2024 cycle is provided below.

Following the Public Comment Listening Sessions, we convene the Advisory Group of each E&M project for a public virtual meeting. The purpose of these meetings is to gather initial

feedback and questions about the measures under endorsement review. We summarize the feedback and questions received from the Advisory Group members and share that information, along with all public comments received, with developers/stewards for review and written response. For Primary Prevention, the Advisory Group convened on June 3, 2024, and a summary of the member feedback and developer/steward responses is published on the PQM website.

Prior to the Recommendation Group endorsement meeting, we share the full measure submission details, including all attachments, the PQM Measure Evaluation Rubric, the staff preliminary assessments, the public comments, Advisory Group feedback, and the developer/steward responses with the Recommendation Group for review. For Primary Prevention, the Recommendation Group convened on July 26, 2024. Brief summaries of the Recommendation Group deliberations and voting results are provided below, while a detailed meeting summary is available on the PQM website.

During the endorsement meeting, the Recommendation Group focuses their discussions on key themes identified from the public comments, the Advisory Group meetings, the associated developer/steward responses, independent reviews, and the E&M project staff preliminary assessments. Measure developers/stewards attend endorsement meetings to provide a measure overview and answer questions. The Recommendation Group considers the various inputs and renders a final endorsement decision via a vote. Consensus is reached when there is 75% or greater agreement among all active, non-recused Recommendation Group members (Table 3). However, if no consensus is reached, the measure is not endorsed due to no consensus.

Table 3. Endorsement Decision Outcomes

Decision Outcome	Description	Maintenance Expectations
Endorsed	**Applies to new and maintenance measures.** The E&M committee agrees by 75% or more to endorse the measure.	Measures undergo maintenance of endorsement reviews every 5 years with a status report review at 3 years (*see Evaluations for Maintenance Endorsement for more details*).± Developers/stewards may request an extension of up to 1 year (two consecutive cycles), except if it has been more than 6 years since the measure's date of last endorsement.
Endorsed with Conditions*	**Applies to new and maintenance measures**. The E&M committee agrees by 75% or greater that the measure can be endorsed as it meets the criteria, but committee reviewers have conditions they would like addressed when the measure	Measures undergo maintenance of endorsement reviews every 5 years with a status report at 3 years, unless the condition

Decision Outcome	Description	Maintenance Expectations
	comes back for maintenance. If these recommendations are not addressed, the developer/steward should provide a rationale for consideration by the E&M committee review.	requires the measure to be reviewed earlier (*see Evaluations for Maintenance Endorsement for more details*). The E&M committee evaluates whether conditions have been met in addition to all other maintenance endorsement minimum requirements.
Not Endorsed°	**Applies to new measures only**. The E&M committee agrees by 75% or greater to not endorse the measure.	None
Endorsement Removed°	**Applies to maintenance measures only.** Either: • The E&M committee agrees by 75% or greater to remove endorsement; or • A measure steward retires a measure (i.e., no longer pursues endorsement); or • A measure steward never submits a measure for maintenance, and the steward does not respond after targeted outreach; or • There is no longer a meaningful gap in care, or the measure has topped out (i.e., no significant change in measure results for accountable entities over time).	None

±*Maintenance measures may be up for endorsement review earlier if an emergency/off-cycle review is needed (see Emergency/Off-Cycle Reviews for more details).*

**Conditions are determined by the E&M committee, with the consideration as to what is feasible and appropriate for the developer/steward to execute by the time of maintenance endorsement review.*

°*Measures that fail to reach the 75% consensus threshold are not endorsed.*

The "Endorsed with Conditions" category serves as a means of endorsing a measure but with conditions set by the Recommendation Group. These conditions take into consideration what is feasible and appropriate for the developer/steward to execute by the time of maintenance endorsement review.

After the E&M endorsement meeting, committee endorsement decisions and associated rationales are posted to the PQM website for 3 weeks, which serves as the appeals period. During this time, any interested party may request an appeal regarding any E&M committee endorsement decision. If a measure's endorsement, including an "Endorsed with Conditions" decision, is being appealed, the appeal must:

• Cite evidence the appellant's interests are directly and materially affected by the measure, and provide evidence that the CBE's endorsement of the measure has had, or will have, an adverse effect on those interests; and

- Cite the existence of a CBE procedural error or information that was available by the cycle's Intent to Submit deadline but was not considered by the E&M committee at the time of the endorsement decision that is reasonably likely to affect the outcome of the original endorsement decision.

In the case of a measure not being endorsed, the appeal must be based on one of two rationales:

- The CBE's measure evaluation criteria were not applied appropriately. For this rationale, the appellant must specify the evaluation criteria they believe were misapplied.

- The CBE's E&M process was not followed. The appellant must specify the process step, how it was not followed properly, and how this resulted in the measure not being endorsed.

If Battelle determines that an appeal is eligible, we convene the Appeals Committee, consisting of the co-chairs from all five E&M project committees (n=10), to review and discuss the appeal. The Appeals Committee concludes its review of an appeal by voting to uphold (i.e., overturn a committee endorsement decision) or deny (i.e., maintain the endorsement decision) the appeal. Consensus is determined to be 75% or greater agreement via a vote among members.

For the Spring 2024 cycle, the appeals period opened on August 30 and closed on September 20, 2024. No appeals were received for the measure reviewed by the Primary Prevention committee.

Primary Prevention Measure Evaluation

For this measure review cycle, the Primary Prevention committee evaluated one measure undergoing maintenance review against standard measure evaluation criteria. During the Recommendation Group endorsement meeting, the committee voted to endorse the measure with conditions. (Table 4).

Table 4. Number of Spring 2024 Primary Prevention Measures Submitted and Reviewed

	Maintenance	New	Total
Number of measures submitted for endorsement review	1	0	1
Number of measures withdrawn from consideration*	0	0	0
Number of measures reviewed by the committee	1	0	1
Number of measures endorsed	0	0	0
Number of measures endorsed with conditions	1	0	1
Number of measures not endorsed/ endorsement removed	0	0	0

Measure developers/stewards can withdraw a measure from measure endorsement review at any point before the committee endorsement meeting.

Public Comments Received Prior to Committee Evaluation

Battelle accepts comments on measures under endorsement review through the PQM website. For this evaluation cycle, the public comment period opened on May 16, 2024, and closed on June 14, 2024, during which time we hosted a Public Comment Listening Session on May 29, 2024. The measure received ten public comments, and Battelle published the comments to the respective measure page on the PQM website. A summary of all comments is under the measure's evaluation summary below, and developer/steward responses to public comments are available on the PQM website.

Summary of Potential High-Priority Gaps

The committee did not identify any high-priority measure gap areas during evaluation of the measure.

Summary of Major Concerns or Methodological Issues

The following brief summaries of the measure evaluation highlight the major concerns and/or methodological issues that the committee considered.

Survey Administration Burden

Committee members shared concerns about the burden of the survey on clinicians because it exists outside the electronic health record (EHR) system, as well as patient survey fatigue and level of accessibility. In response to concerns about clinician burden, the developer indicated that they have been partnering with EHR systems to increase accessibility. The committee placed a condition on the measure, stipulating that the survey should be integrated into the EHR by the time the measure comes back for maintenance in 5 years. In response to concerns about patient burden, the developer stated that the PAM survey is brief, actionable, and quick to complete, and designed to provide helpful information to the health care team. Additionally, the PAM survey is written at a 5th-6th grade reading level.

Measure Evaluation Summaries

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 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).

Summary of Public Comments: The measure received ten comments 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.

Summary of Measure Evaluation: This measure was last endorsed in spring 2016 and is used within the CMS Merit-based Incentive Payment System (MIPS) and for quality improvement internal to organization. The Advisory Group voiced concerns about bias toward healthier individuals and the lack of integration into the EHR. Advisory Group members also asked whether the measure allows for proxies to complete the survey and why the target population age includes 14, as adolescents may require parents to complete the survey. In response, the developer clarified that if a patient population started at a lower baseline with the survey, the accountable entity's ability to improve over time is not impacted by those baseline scores. The developer also acknowledged the limitation of an electronic format and is pursuing use of the measure in EHR systems. The developer added that the PAM survey currently does not allow for proxies, but they will consider developing a proxy measure. Lastly, age 14 is included due to evidence that the PAM survey does work with younger populations—specifically adolescents who are dealing with chronic illness. The Recommendation Group had similar concerns and questions as the Advisory Group, namely the importance of integrating the measure into EHRs and the potential for bias. The Recommendation Group sought information about whether the developer found any evidence of social desirability bias and whether an analysis had been done

regarding non-respondents and individuals that had a first measurement score but not a latter one. The developer responded that with respect to social desirability bias, the impact is negligible. The Recommendation Group ultimately endorsed the measure but with two conditions for when the measure returns for maintenance: progress on EHR integration and evaluation of bias due to changes in the population over time.

Appeals: None.

Additional Recommendations for the Developer/Steward: 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 follow-up as well as individuals who are non-respondents).

References

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5. Bodenheimer T, Lorig K, Holman H, Grumbach K. Patient self-management of chronic disease in primary care. Jama. 2002;288(19):2469-2475.

6. Yu JS, Xu T, James RA, Lu W, Hoffman JE. Relationship Between Diabetes, Stress, and Self-Management to Inform Chronic Disease Product Development: Retrospective Cross-Sectional Study. JMIR Diabetes. Dec 23 2020;5(4):e20888. doi:10.2196/20888

7. Boersma P, Black LI, Ward BW. Prevalence of Multiple Chronic Conditions Among US Adults, 2018. Prev Chronic Dis. Sep 17 2020;17:E106. doi:10.5888/pcd17.200130

Appendix A: Primary Prevention Committee Roster

Spring 2024 Cycle

Member	Affiliation/ Organization	Perspective(s)	Advisory/Recommendation Group
Quinyatta Mumford (Patient Representative Co-chair)	Mumford and Associates	Patient Partner; Health Equity Expert; Other Interested Parties	Recommendation
John Kreuger (Non-Patient Representative Co-chair)	The Chickasaw Nation Department of Health	Rural Health Expert; Clinician; Facility/Institutional; Purchaser and Plan; Health Equity Expert; Other Interested Parties	Recommendation
Adelisa Perez-Hudgins	New Jersey Health Care Quality Institute	Other Interested Parties; Clinician	Recommendation
Amir Qaseem	American College of Physicians	Clinician; Other Interested Parties	Advisory
Christa Starkey	S.W. Zimostrad and Associates P.C.	Clinician; Patient Partner	Recommendation
Daniel Kelley	Wellframe	Patient Partner	Recommendation
David Pryor	Intermountain Health	Facility/Institutional; Clinician; Health Equity Expert	Recommendation
Heather Napier	Baptist Health Corbin	Facility/Institutional; Clinician	Recommendation
Jean Morris	Maricopa Integrated Health System	Facility/Institutional	Recommendation
Jeff Brady	Enterprise Research & Innovation, Highmark Health	Purchaser and Plan; Clinician; Health Services Researcher; Other Interested Parties	Recommendation
Jenna Williams-Bader	National Quality Forum	Other Interested Parties	Recommendation
Jennifer Rozenich	Cook County Health System	Rural Health Expert; Facility/Institutional	Recommendation
Jessica Hill	--	Patient Partner	Recommendation

Member	Affiliation/ Organization	Perspective(s)	Advisory/Recommendation Group
Joanne Campione	Westat	Health Services Researcher; Other Interested Parties	Recommendation
Jon Burdick	St Joseph Hospital	Clinician; Facility/Institutional	Advisory
Kevin Bowman (Inactive)	Elevance	Purchaser and Plan; Clinician	Recommendation
Kimberly Rodgers	--	Patient Partner	Recommendation
Lucy Marius	Federal Highway Administration	Patient Partner	Advisory
Mahir Hussein	--	Health Equity Expert; Patient Partner	Advisory
Melissa Eggen	University of Louisville School of Public Health and Information Sciences	Purchaser and Plan; Rural Health Expert; Health Services Researcher; Other Interested Parties	Advisory
Michael Ho	VA Eastern Colorado Health Care System and University of Colorado School of Medicine and American Heart Association	Health Services Researcher; Purchaser and Plan; Clinician; Facility/Institutional; Rural Health Expert	Recommendation
Padmaja Patel	American College of Lifestyle Medicine; World Lifestyle Medicine Organization; Wellvana	Clinician; Facility/Institutional	Recommendation
Pamela L. Sartin	Chota Community Health Services	Health Equity Expert; Clinician; Facility/Institutional	Recommendation
Paula Farrell	Lantana Consulting Group	Other Interested Parties; Clinician	Advisory
Peter Herrera	--	Patient Partner	Advisory
Pooja Kothari	X4 Health	Patient Partner; Other Interested Parties	Advisory
Ramsey Abdallah	Northwell Health	Facility/Institutional	Advisory

Member	Affiliation/ Organization	Perspective(s)	Advisory/Recommendation Group
Rebekah Angove	Patient Advocate Foundation	Patient Partner; Health Services Researcher; Health Equity Expert	Advisory
Robert R. Mayo	Rochester Regional Health	Clinician; Facility/Institutional	Recommendation
Sandeep Vijan	University of Michigan Health	Facility/Institutional; Clinician; Other Interested Parties	Recommendation
Shoshana Levy	CVS/Aetna	Purchaser and Plan; Clinician	Advisory
Terra Stump	Quality Insights; Mathematica	Other Interested Parties; Clinician	Recommendation
Tim Laios	Health Services Advisory Group, Inc.	Other Interested Parties	Recommendation
Timothy Switaj	West Region, WellSpan Health	Facility/Institutional; Clinician	Recommendation
Zhenqiu Lin	Yale Center for Outcomes Research and Evaluation	Other Interested Parties	Advisory

Partnership for Quality Measurement Organizations

Battelle

Institute for Healthcare Improvement

Measure Stewards

Insignia Health