Partnership for Quality Measurement
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Fall 2023 Primary Prevention Committee Endorsement Meeting

February 7, 2024

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Welcome

Meeting Objectives

The purpose of today's meeting is to:

- Review and discuss candidate measures submitted to the Primary Prevention committee for the Fall 2023 cycle;
- Review public comments received for the submitted candidate measures; and
- Render endorsement decisions for the submitted candidate measures.

Housekeeping Reminders for Recommendations Group*

- 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.

*Advisory Group members are asked to refrain from using the chat and the raise hand feature, as Advisory Group members will be listening to the Recommendations Group discussions and will cast their vote once discussions cease.

Meeting Ground Rules

- Be prepared, having reviewed the meeting materials beforehand
- Respect all voices
- Remain engaged and actively participate
- Base your evaluation and recommendations on the measure evaluation rubric
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

Project Team

- Nicole Brennan, MPH, DrPH, Executive Director
- Brenna Rabel, MPH, Deputy Director
- Jeff Geppert, Measure Science Team Lead
- Quintella Bester, PMP, Senior Program Manager
- Matthew Pickering, PharmD, Principal Quality Measure Scientist
- Amanda Overholt, MPH, Social Scientist III
- Isaac Sakyi, MSGH, Social Scientist III
- Lydia Stewart-Artz, PhD, Social Scientist III
- Jessica Ortiz, MA, Social Scientist II
- Olivia Giles, MPH, Social Scientist I
- Elena Hughes, MS, Social Scientist I
- Sarah Rahman, Social Scientist I

Agenda

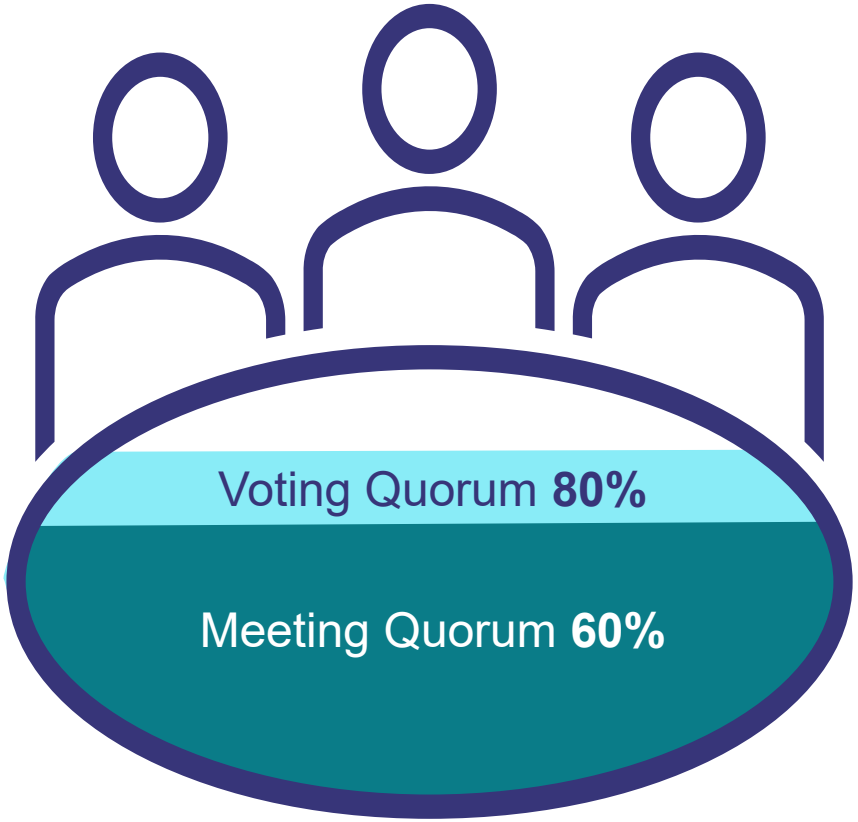
- Welcome and Review of Meeting Objectives
- Roll Call with Disclosures of Interest
- Overview of Evaluation Procedures and Measures for Endorsement Consideration
- Test Vote
- Evaluation of Candidate Measures
- Additional Measure Recommendations Discussion (if time permits)
- Opportunity for Public Comment
- Next Steps
- Adjourn

Roll Call with Disclosures of Interest

Quorum

- Meeting quorum requires that 60% of the Recommendations Group members are present during roll call at the beginning of the meeting.

- Endorsement decisions are rendered via a vote after Recommendations Group discussions. Voting quorum is at least 80% of active committee members (Recommendations Group + Advisory Group), who are not recused.



Primary Prevention Fall 2023 Cycle Committee – *Recommendations Group*

- John Kreuger, MD, MPH, ***(Non-Patient Co-Chair)***
- Quinyatta Mumford, DrPH, MPH, CHES ***(Patient Co-Chair)***
- Adelisa Perez- Hudgins, RN
- Christa Starkey, LLP, MCSP
- Daniel Kelley, MA
- Jenna Williams- Bader, MPH
- Jessica Hill, BA, CCHW
- Joanne Campione, PhD, MSPA
- Kevin Bowman, MD, MBA, MPH
- Pamela L. Sartin, RN
- Robert R. Mayo, MD
- Terra Stump, MS, BSN, RN-BC
- Tim Laios, MBA, MPH

Primary Prevention Fall 2023 Cycle Committee – *Advisory Group*

- Amir Qaseem, MD, PhD, MHA, MRCP (London), FACP
- David Pryor, MHA, CPHQ
- Heather Napier, MSN, RN, CPHQ, HACP
- Jean Morris, RN, MSM, CHCQM
- Jeff Brady, MD, MPH
- Jennifer Rozenich, BS, MBA
- Jon Burdick, MD
- Kimberly Rodgers
- Lawrence (Larry) Kraft, ABD for PhD, MA
- Lucy Marius
- Mahir Hussein
- Melissa Eggen, MPH, PhDc
- Michael Ho, MD, PhD
- Padmaja Patel, MD, FACLM, DipABLM
- Paula Farrell, MS, BSN, RN, CPHQ
- Peter Herrera
- Pooja Kothari, RN, MPH
- Ramsey Abdallah, MBA, PMP, CMQ/OE, CPHQ, CPPS, FACHDM
- Rebecca Angove, PhD
- Sandeep Vijan, MD
- Shoshana Levy, MD, MPH, FACPM
- Timothy Switaj, MD, MBA, MHA, CPE, CMQ, CPPS, FACHE, FAAFP
- Zhenqiu Lin, PhD

Overview of Evaluation Procedures

Roles of the Committee During the Endorsement Meeting

- **Evaluate** each measure against each domain of the Partnership for Quality Measurement Measure Evaluation Rubric
- **Indicate** the extent to which each criterion is met and the rationale for the rating
- **Review** comments submitted during the public comment period
- **Render endorsement decisions** for candidate measures

Roles of the Committee Co-Chairs During the Endorsement Meeting

	Collaborate with Battelle
• **Co-facilitate** virtual endorsement meetings, along with Battelle staff	●
• **Participate on the committee** as a full voting member for the entirety of your term	
• **Serve on the Appeals committee** ▪ Includes attending the half- to full-day virtual Appeals committee meeting at the end of every E&M cycle (contingent upon whether an appeal is received)	
• Work with Battelle staff to **achieve the goals** of the project	●
• Assist Battelle staff in **anticipating questions and identifying additional information** that may be useful to the committee	●

Roles of the Committee Co-Chairs During the Endorsement Meeting, *Continued 1*

Patient Representative Co-Chair

Ensure the patient community voice is considered

Non-Patient Representative Co-Chair

Ensure the Advisory group voice is considered

Evaluation and Voting Process

Non-consensus Measures

Step	Description	Interested Party
1	**Introduction of the measure in which consensus was lacking** • Presentation of the PQM Rubric domain rating results from the committee independent assessments and a summary of the committee's independent review, noting both strengths and limitations, and any potential conditions, as appropriate. • Summation of any public comments received prior to the endorsement meeting.	Battelle Staff
2	**Floor is open for any additional public comments with respect to the measure under review** • Commenters are kindly asked to keep their comments to two (2) minutes or less. • The committee does not respond directly to commenters, rather comments are shared for the committee's endorsement discussion.	Battelle Staff and Co-chairs
3	**Three-to-five (3-5) minute, high-level overview of the measure** • Presenters will kindly be asked to stop presenting if the time is over five (5) minutes. • Please refrain from using slides or screensharing of materials. • Overview may include initial Reponses to committee independent reviews and/or public comments	Developer and/or Steward

Evaluation and Voting Process

Non-consensus Measures, Continued 1

Step	Description	Interested Party
4	**Round-robin for clarifying questions** • Non-patient representative co-chair to confirm whether questions from A-group members (via independent assessments) have been considered. • Patient representative co-chair to confirm whether the patient partner questions have been considered. • After all questions have been collected, the developer/steward addresses measure-specific questions.	R-group discusses A-group listens Battelle Staff to facilitate with Co-chairs Developer and/or Steward
5	**Committee discussion of the measure elements in which consensus was lacking** • Facilitated discussion measure strengths and limitations based on PQM Measure Evaluation Rubric domain. • Determine potential resolutions that lead to committee consensus and any recommendations placed on the measure for the developer/steward to consider in the future. • The developer/steward may respond to questions posed by the committee. • Subject matter experts (SMEs) are called upon, accordingly, to address committee questions and to provide context and relevance about the measure for to the committee's consideration.	R-group discusses A-group listens Battelle Staff to facilitate with Co-chairs Developer and/or Steward SMEs

R-group: Recommendations group; A-group: Advisory group

Evaluation and Voting Process

Non-consensus Measures, Continued 2

Step	Description	Interested Party
6	**Responses to committee discussion** • After the committee discussion has concluded, prior to voting, the developer/steward is given a final opportunity to respond to the committee's discussion before the committee moves to a vote on endorsement. • Please try to keep responses brief, referring to information in the measure submission, as appropriate. • Please refrain from using slides or screensharing of materials.	Developer and/or Steward
7	**Committee vote** • Any conditions or recommendations are summarized prior to voting. • If consensus is not reached, based on the 75% threshold, the measure is not endorsed.	R-group and A-group Battelle Staff and Co-chairs summarize voting conditions

R-group: Recommendations group; A-group: Advisory group

Evaluation and Voting Process

Conditions for Voting Example

Step	Description	Interested Party
7	**Committee vote** • Any conditions or recommendations are summarized prior to voting. • If consensus is not reached, based on the 75% threshold, the measure is not endorsed.	R-group and A-group Battelle Staff and Co-chairs summarize voting conditions

Example: Some committee members raised concern with the measure testing occurring in only two or three U.S. states and recommended to see additional testing across are larger, more generalizable population, then:

- A vote to **Endorse** the measure means the committee agrees that the evidence provided to support the measure fully substantiates the measure claims.
- A vote to **Endorse with Conditions**, means the committee agrees that the evidence provided to support the measure doesn't fully substantiate the measure claims due to limited testing within 2-3 states. Therefore, the committee votes to endorse the measure with the condition that additional testing across a larger, more generalizable population be conducted by the next maintenance review.
- A vote to **Not Endorse/have Endorsement Removed**, means the committee agrees that the evidence provided to support the measure does not substantiate the claims for scientific acceptability due to the limited testing in only 2-3 U.S. states. Therefore, the committee raised concern with respect to the generalizability of the testing results. In addition, there are no reasonable changes to the measure (e.g., specifications, testing, evidence) that would allow the measure to receive conditional endorsement.

Evaluation and Voting Process

Consensus Measures

Step	Description	Interested Party
1	**Introduction of the measure in which consensus was reached** • Presentation of the PQM Rubric domain rating results from the committee independent assessments and a summary of the committee's independent review, noting both strengths and limitations, and any potential conditions, as appropriate. • Summation of any public comments received prior to the endorsement meeting.	Battelle Staff
2	**Floor is open for any additional public comments with respect to the measure under review** • Commenters are kindly asked to keep their comments to two (2) minutes or less. • The committee does not respond directly to commenters, rather comments are shared for the committee's endorsement discussion.	Battelle Staff and Co-chairs
3a	**Committee discussion of measures with consensus to endorse** • Confirm the measure strengths outweigh any limitations identified • Confirm if any conditions for endorsement • Co-chairs confirm the Advisory Group and the patient community voice have been considered (via independent assessments)	R-group discusses A-group listens Battelle Staff to facilitate with Co-chairs

Evaluation and Voting Process

Consensus Measures, Continued 1

Step	Description	Interested Party
3b	**Committee discussion of measures with <u>consensus to not endorse/remove endorsement</u>** • Confirm the measure limitations outweigh the strengths • Identify potential recommendations for the developer to improve the limitations • Co-chairs confirm the Advisory Group and the patient community voice have been considered (via independent assessments) • After the committee discussion, the developer/steward is given the opportunity to respond to the committee's review and discussion.	R-group discusses A-group listens Battelle Staff to facilitate with Co-chairs Developer and/or Steward
4	**Committee vote** • Any conditions or recommendations are summarized prior to voting. • If consensus is not reached, based on the 75% threshold, the measure is not endorsed.	R-group and A-group Battelle Staff and Co-chairs summarize voting conditions

Endorsement Decision Outcomes

Decision Outcome	Description	Maintenance Expectations
Endorsed	**Applies to new and maintenance measures.** There is 75% or greater agreement for endorsement by the E&M committee	Measures undergo maintenance of endorsement reviews every 5 years with an annual update review at 3 years.
Endorsed with Conditions	**Applies to new and maintenance measures**. There is 75% or greater agreement that the measure can be endorsed as it meets the criteria, but there are recommendations/areas committee reviewers would like to see when the measure comes back for maintenance. If these recommendations are not addressed, then a rationale from the developer/steward should be provided for consideration by the E&M committee review.	Measures undergo maintenance of endorsement reviews every 5 years with an annual update at 3 years, unless the condition requires the measure to be reviewed earlier. 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.** There is 75% or greater agreement to not endorse the measure by the E&M committee.	None
Endorsement Removed	**Applies to maintenance measures only.** Either: • There is 75% or greater agreement for endorsement removal by the E&M committee; or • A measure steward retires a measure (i.e., no longer pursues endorsement); or • A measure steward never submits a measure for maintenance and there is no response from the steward after targeted outreach; or • There is no longer a meaningful gap in care, or the measure has plateaued (i.e., no significant change in measure results for accountable entities over time)	None

Decision Outcomes:
Endorsed with Conditions

The types of conditions that may be placed on a measure include:

- Conducting/providing additional testing across a larger population, accountable entity-level, and/or different level of analysis
- Expanding the measure use beyond quality improvement and into an accountability application
- Providing implementation guidance or a near-term path forward for implementing the measure; providing clear system requirements for implementation of the measure

Battelle has identified several non-negotiable areas, meaning if a measure meets one or more of the following criteria, the measure cannot be endorsed, even with conditions:

- Lack of or unclear business case
- Lack of evidence supporting the business case
- Significantly poor feasibility for the measure to be implemented due to challenges, e.g., data availability or missingness
- Inappropriate methodology, calculations, formulas, or testing approach used to demonstrate reliability or validity
- Specifications, testing approach, results, or data descriptions are insufficient
- If a measure with an “Endorsed with Conditions” designation is evaluated for maintenance, but it has not met the prior conditions

What is the PQM Measure Evaluation Rubric?

The PQM Measure Evaluation Rubric (Rubric) consists of five (5) major domains:

1. **Importance** - Extent to which the measure is evidence-based AND is important for making significant gains in health care quality or cost where there is variation in or overall, less-than-optimal performance.

2. **Feasibility** - Extent to which the measure specifications (i.e., numerator, denominator, exclusions) require data that are readily available OR could be captured without undue burden AND can be implemented for performance measurement.

3. **Scientific Acceptability [i.e., Reliability and Validity]** - Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented.

4. **Equity (optional)** - Extent to which the measure can identify differences in care for certain patient populations, which can be used to advance health equity and reduce disparities in care.

5. **Use and Usability** - Extent to which potential audiences (e.g., consumers, purchasers, providers, and policymakers) are using or could use measure results for both accountability and performance improvement to achieve the goal of high quality, efficient health care for individuals or populations.

Consensus Voting for Final Determinations

Endorse (A)	Endorse with Conditions (B)	Do Not Endorse (C)	Consensus Voting Status
75% or More	0%	Less than 25%	A
75% or More		Less than 25%	B
Less than 25%		**75% or More**	C
26% to 74%		26% to 74%	No consensus

If no consensus is reached, based on the 75% threshold, the measure is not endorsed.

Overview of Fall 2023 Measures for Endorsement Consideration

Fall 2023 Measures for Committee Review

One measure were submitted to the Primary Prevention committee for endorsement consideration.

NUMBER OF MEASURES:

1

AREAS OF FOCUS

Safe Use of Opioids

NEW VS. MAINTENANCE

0 New Measure

1 Maintenance Measure

Fall 2023 Measures for Committee Review

CBE ID	Title	Importance (n=19)	Feasibility (n=19)	Scientific Acceptability (n=19)	Equity (n=19)	Use & Usability (n=19)
CBE #3316e	Safe Use of Opioids: Concurrent Prescribing	**No Consensus** 63% Met 32% Not Met, but Addressable 5% Not Met	**No Consensus** 47% Met 47% Not Met, but Addressable 5% Not Met	**Consensus** 16% Met 79% Not Met, but Addressable 5% Not Met	**No Consensus** 11% Met 16% Not Met, but Addressable 74% Not Met	**Consensus** 95% Met 5% Not Met, but Addressable 0% Not Met

Legend:
C – Consensus; NC – No consensus; n – number of committee independent reviews

Test Vote

Consideration of Candidate Measures

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

Item	Description
Measure 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.
Developer/Steward	• Mathematica/Centers for Medicare & Medicaid Services
New or Maintenance	• Maintenance
Current or Planned Use	• Payment program • Quality improvement (internal to the specific organization) • Regulatory accreditation programs

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Process	Adults (Age >18)	Hospital: Inpatient	Facility

CBE #3316e
Public Comments

Three comments received

- This comment is in support of endorsement. As pain is a top reason for opioid use, managing prescriptions may help protect patients from negative long-term use of opioids.

Support for Measure Endorsement **1**

- There is a lack of precision, refinement, and reliability in the measure that can increase risk for physicians, hospitals, and patients.

Increased Risk to Providers **1**

- As pain medications are an important aspect of functionality in the post-acute rehabilitation services patient population, the American Society of Geriatrics recommends adding this population to the exclusion list.

Population Exclusion **1**

CBE #3316e, Safe Use of Opioids-Concurrent Prescribing, continued 1

Importance - Extent to which the measure is evidence-based AND is important for making significant gains in health care quality or cost where there is variation in or overall, less-than-optimal performance.

Importance (n=19)	Strengths	Limitations
No Consensus 63% Met 32% Not Met, but Addressable 5% Not Met	• 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	• 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

CBE #3316e, Safe Use of Opioids-Concurrent Prescribing, continued 2

Feasibility - Extent to which the measure specifications (i.e., numerator, denominator, exclusions) require data that are readily available OR could be captured without undue burden AND can be implemented for performance measurement.

Feasibility (n=19)	Strengths	Limitations
No Consensus 47% Met 47% Not Met, but Addressable 5% Not Met	• Measure is currently reported by 4000+ hospitals on Care Compare, but developer should clarify feasibility and workflow assessments	• Developer reports challenges with diagnosis, disposition, and encounter codes • 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

CBE #3316e, Safe Use of Opioids-Concurrent Prescribing, continued 3

Scientific Acceptability [i.e., Reliability and Validity] - Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented.

Scientific Acceptability (n=19)	Strengths	Limitations
Consensus 16% Met 79% Not Met, but Addressable 5% Not Met	• 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	• 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

CBE #3316e, Safe Use of Opioids-Concurrent Prescribing, continued 4

Equity (optional) - Extent to which the measure can identify differences in care for certain patient populations, which can be used to advance health equity and reduce disparities in care.

Equity (n=19)	Strengths	Limitations
No Consensus 11% Met 16% Not Met, but Addressable 74% Not Met	• This optional criterion was not addressed	• This optional criterion was not addressed • Opportunities to evaluate equity include expanding testing sample of hospitals to smaller/rural locales and other hospital types

CBE #3316e, Safe Use of Opioids-Concurrent Prescribing, continued 5

Use and Usability - Extent to which potential audiences (e.g., consumers, purchasers, providers, and policymakers) are using or could use measure results for both accountability and performance improvement to achieve the goal of high quality, efficient health care for individuals or populations.

Use and Usability (n=19)	Strengths	Limitations
Consensus 95% Met 5% Not Met, but Addressable 0% Not Met	• 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	• 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

Consideration of Consensus Candidate Measures

Additional Measure Recommendations Discussion

Based on the measure discussions today, are there additional recommendations or solutions the developer can use to overcome any potential measure limitations?

Opportunity for Public Comment

Next Steps

Next Steps for Fall 2023

Meeting Summary

- Meeting summary will be posted to the E&M committee project page by February 26, 2024.

Appeals Period

- **Appeals Period:** February 26 – March 18
- Appeals committee will meet on March 27, 2024 to review eligible appeals. Please refer to the E&M Guidebook for more information about the appeals process.

Technical Report

- At the conclusion of the appeals period, a final technical report will be posted to the E&M Committee project page in April 2024.

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Thank You!

Have questions? Contact us at
PQMsupport@battelle.org

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