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Dear PQM team,

We at the American Urological Association are pleased with many of the changes in the Endorsement and Maintenance (E&M) process to-date and we appreciate your desire for continuous improvement. Moreover, we understand the complexity of the process and understand the effort it takes to come up with solutions to unanticipated problems. We appreciate the opportunity to offer the following comments on the proposed changes to the Endorsement and Maintenance (E&M) process that are to be implemented for the Spring 2024 cycle and beyond.

#1: Adding an Advisory Group Meeting

We support changes to the process that would result in more effective capture of Advisory Group members' questions and concerns. More specifically, we support allowing Advisory Group members to discuss measures verbally rather than limiting their participation to "chat" during the E&M meetings. However, we are concerned with the proposed timing of this meeting. Rather than 2-3 months prior to the endorsement meeting, we believe the Advisory Group meeting should be held after the preliminary assessments by Battelle staff have been distributed. In addition, we believe that the Advisory Group Meeting must be of sufficient duration to allow full discussion of the measures by the Advisory Group. We agree that attendance at such an Advisory Group meeting by Recommendation Group members would be ideal, although this would add burden for that group. Therefore, if PQM moves forward with the proposed change to hold Advisory Group meetings, we recommend holding long-duration calls (as needed) shortly before the endorsement meeting (e.g., 6 weeks or less). Also, in addition to providing a summarized FAQ and developer/steward responses, we recommend that Battelle provide transcripts of the Advisory Group meetings, to ensure that the full context and nuance of the discussion is conveyed.

#2: Limiting voting to the Recommendations Group only

In the spirit of seating separate "recommendations" and "advisory" groups, it makes sense that only the "recommendations" group would vote (otherwise, the need for two groups is less apparent). Thus, we support this proposed change.

#3: Increasing the size of the Recommendations Group

We support this proposed change.



#4. Adding public listening sessions

We are somewhat ambivalent about this proposed change but generally do not support it. While we favor efforts to accommodate those who wish to make public comment, this change would increase the number of meetings for both measure developers/stewards, as well as for some E&M committee members and Battelle staff. We question whether additional opportunities for public comment are necessary and are concerned that this change might sway public commenters from offering written comments (which we prefer over oral comments that must be summarized by others). We would be more supportive of this proposed change if Battelle provided transcripts of these calls rather than (or in addition to) summaries of the comments.

#5: Pre-meeting ratings no longer required

We do not support this proposed change. We found the preliminary ratings by E&M committees to be a useful tool: it promotes accountability to conduct a thorough review in a timely manner, it provides food for thought when others call out different concerns and/or vote differently, and it provides transparency about which issues require in-depth discussion during the E&M meeting. Rather than abandoning the pre-meeting ratings, we recommend that Battelle provide examples of how to write informative rationale statements or otherwise share concerns with fellow committee members, so that the ratings themselves are more informative for all audiences.

Thank you again for the opportunity to comment.

Sincerely,

A handwritten signature in black ink that reads "Karen Johnson".

Karen Johnson, PhD
Director, Quality and Measurement
American Urological Association