American Urological Association

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Dear PQM team,

We at the American Urological Association appreciate the opportunity to offer comment on your new measure Endorsement and Maintenance (E&M) process. Overall, we support many of the changes you have made to the process. We are particularly intrigued with the move to the Novel Hybrid Delphi and Nominal Group (NHDNG) methodology for achieving consensus regarding endorsement. We look forward to seeing how the various changes in the E&M process improve the overall measurement enterprise.

However, we do have several and questions/concerns, as follows:

- *Committee responsibilities*. With the change to only five evaluation committees, each committee will be responsible for many measures. Will all measures for a particular topic be evaluated by all committee members? If so, we believe the workload may be excessive; if not, PQM should clarify how it plans to allocate the measures between committee members. Also, will topic committees continue to be responsible for the overall portfolio of measures within their topic area? If so, in what ways will they fulfill this responsibility? If not, how does PQM envision reallocating this responsibility?
- *Subject matter experts*. The guidebook states that subject matter experts (SMEs) will be recruited as needed from PQM membership "when called for by the measure under review". More information about this process is needed, including how and when this recruitment will be done, how SME input will be obtained, and whether SMEs will be able to make endorsement recommendations.
- *Topic areas*. Because measures may reasonably be slotted to multiple topic areas, we encourage PQM to provide a full crosswalk of all endorsed measures to anticipated topic areas as soon as possible, and to discuss if, why, and how measures might be moved to a different-than-anticipated topic area.
- *Endorsement decisions*. We are concerned about the addition of an "endorsed with conditions" option. We would like more information on what types of recommendations could be included for this option, how such an endorsement decision should be interpreted by measure implementers, and what impact there might be on future endorsement decisions if recommendations are not met. Per the "endorsement removed" option, we encourage PQM to document the removal reason in STAR.
- *Scientific acceptability of measures*. In the absence of measure-by-measure evaluation by the Scientific Methods Panel, how can you guarantee that PQM staff and/or Committees will have the requisite expertise to evaluate the scientific acceptability of measures and/or that concerns about scientific acceptability are given adequate attention in the evaluation process?

- *Evolution of evaluation criteria*. Under the NQF process, the Consensus Standards Approval Committee was responsible for approval (or not) of proposed changes to the endorsement evaluation criteria, typically in response to consensus-based recommendations by special committees and extensive public comment. It is not clear who will make decisions about changes to evaluation criteria going forward and what that process would entail. We strongly oppose allowing such decisions to be made solely by PQM staff, even if informed by public comment. Instead, we encourage PQM to develop a process whereby changes to evaluation criteria are based on stakeholder consensus. We also encourage PQM to commit to a minimum amount of time (e.g., one year) between revising criteria and implementing the changes.
- *Staff assessments and committee recommendations*. It is not clear whether and when staff preliminary assessments and committee recommendations (both initial and post-meeting) will be made publicly available. We encourage full transparency of all information as close to "real time" as possible.
- *Off-line Voting*. We were confused about when off-line voting would be required (i.e., for any advisory or recommendation group member not present during a meeting, or only if voting quorum for the meeting is not achieved). Also, the 48-hour time period for off-line voting seems very short: how will PQM ensure members who need to vote off-line have the necessary information to make an informed vote?
- *Measure concepts*. Page 22 of the Guidebook references measure concepts; however, measure concepts are not discussed elsewhere in the Guidebook. Please clarify.
- *Measure evaluation criteria*. We were under the impression that PQM would not be changing the evaluation criteria without input from stakeholders, and that developers would be given ample time to prepare for any future changes. However, the Guidebook implies several changes to the criteria that appear to be in play for the Fall 2023 endorsement cycle. We strongly encourage PQM to reverse any such changes for the present. We also ask PQM to publish the evaluation criteria and guidance as a separate document and to release any proposed changes to the criteria, with an associated rationale, for public comment. We are particularly concerned with the following, which we believe indicates a substantive change to the criteria or, if not meant to be a change to the criteria, requires much more explanation:
    - eCQM testing: seemingly changed from previous NQF requirement of testing in systems from more than one EHR vendor to testing of more than one system in more than one vendor
    - Requirement for high-quality evidence or strong recommendation to support a measure
    - Requirement for an "adequate business case" to support importance
    - Requirement of meaningfulness to patients for measures that are not instrument-based
    - Requirement of a feasibility scorecard—unclear if this applies beyond eCQMs

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- Reliability thresholds (supported by the SMP, but unclear if officially incorporated into NQF criteria)
- No mention of completeness/unambiguity of measure specifications as part of reliability
- Levels of reliability and validity testing—seems to suggest that both patient/encounter AND accountable entity testing required for all measure types
- No mention of threats to validity (e.g., exclusions and missing data)
- Entirely new criterion related to equity that seems to require testing for differences in population subgroups (and perhaps requires a finding of differences in population subgroups)
- No mention of which criteria are "must-pass"

Please feel free to reach out if you have any questions.

Sincerely,

Karen Johnson

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