AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION

July 27, 2023

Submitted electronically via PQM Endorsement and Maintenance (E&M) Guidebook Comment website

Re: Partnership for Quality Measurement (PQM) Endorsement and Maintenance (E&M) Guidebook

The American Medical Rehabilitation Providers Association (AMRPA) appreciates the opportunity to submit comments on the **PQM Endorsement and Maintenance (E&M) Guidebook**. AMRPA is the national trade association representing more than 700 freestanding inpatient rehabilitation facilities and rehabilitation units of acute-care general hospitals (IRFs).[1] The vast majority of our members are Medicare participating providers. In 2021, IRFs served 335,000 Medicare Fee-for-service (FFS) beneficiaries with more than 379,000 IRF stays among 1,181 IRFs.[2] Meaningful and effective quality reporting in the IRF program has always been a top AMRPA policy priority, and we look forward to close engagement with Battelle and the PQM moving forward.

AMRPA recognizes the importance of a consensus-based entity (CBE) and the process related to the endorsement and maintenance of quality measures that distinguish high-quality care in and among IRFs and other post-acute care providers. We also recognize how critical the E&M process is, and the amount of scientific rigor, public input, and committee consideration that is dedicated to every measure. We agree that the E&M process should result in the endorsement of measures that are safe, effective, and promote the likelihood of desired outcomes. AMRPA is hopeful that the new PQM E&M process will build upon the previous PQM process and provide a more collaborative and transparent mechanism for measure development and endorsement.

While AMRPA supports the PQM E&M concept, our review of the E&M Guidebook has identified a few concerns related to the committee assignments and structure, as well as the process for considering measures for endorsement. We note that many of these recommendations complement the separate comments we provided on the PQM Guidebook of Policies and Procedures for Pre-Rulemaking Measure Review (PRMR) and Measure Set Review (MSR) and urge Battelle to incorporate these refinements across both documents. We offer our recommendations in the following sections.

[1] Inpatient rehabilitation facilities (IRFs) – both freestanding and units located within acute-care hospitals – are fully licensed hospitals that must meet Medicare Hospital Conditions of Participation (COPs) and provide hospital-level care to high acuity patients. IRFs' physician-led care, competencies, equipment and infection control protocols are just some of the features that distinguish the hospital-level care provided by IRFs from most other PAC providers.
[2] Medicare Payment Advisory Committee (MedPAC) March 2023 Report to the Congress – Medicare Payment Policy, Chapter 9. Pages 263 and 266.

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1. **IRFs and their patients will be underrepresented or misrepresented in the PQM E&M process**

Both the E&M committee structure and process create circumstances where IRFs and their patients will be underrepresented or misrepresented. While AMRPA appreciates PQM and the efforts to consolidate some of the former E&M committees, the five project topical areas do not align and are not easily identifiable with quality concepts for IRFs and their patients. Several AMRPA members who were previously serving on National Quality Forum (NQF) E&M committees have expressed confusion and concern related to the five project topical areas and whether they are applicable to their prior quality measure endorsement experience. For example, one of the topics of interest for IRFs is patient experience and function, which had a specific project committee for the NQF E&M process. While the PQM E&M Project Topical Area titled "Management of Acute Events, Chronic Disease, Surgery, Behavioral Health" appears to suggest that it will cover the areas of "Structural changes or functional impairment", the title and measures included in the example if the guidebook do not provide enough information to suggest that this would be the appropriate project area for those interested in patient experience and function. Because the five project topical areas are not well defined and do not provide a clear and concise transition from the NQF E&M committees, AMRPA is concerned that those who have expertise in IRF care and quality measurement will defer their participation in the nomination process until such a time as the project topical areas reflect concepts important to IRFs and their patients.

AMRPA also is concerned that the E&M Committee Composition does not explicitly provide for a targeted number of individuals from IRFs or with experience in IRF care. While we recognize that between the various roster categories there are a number of opportunities for representatives from IRFs, we believe that PQM should specifically target at least one individual from an IRF or with experience in IRF care across each of the five E&M project topical areas. This would ensure that each measure considered for endorsement and/or maintenance would be evaluated for the potential impact it may have on IRFs and their patients.

While having an IRF representative on each of the five E&M project topical areas may help, AMRPA is also concerned that if the IRF representative is assigned to the Advisory (Delphi) Group and not the Recommendations (Nominal) Group, procedurally their involvement is limited to only review, rating, and written recommendation. There is no guarantee that the information provided by a member of the Advisory (Delphi) Group is discussed during the Recommendations (Nominal) Group endorsement meeting, suggesting that it is possible for measures impacting IRFs and their patients to become endorsed or maintain endorsement without adequate representation.

For these reasons, AMRPA encourages PQM to ensure that IRFs and their patients are adequately represented in the E&M process and committees. We ask PQM to consider targeting at least one IRF representative to be placed on the Recommendations (Nominal) Group for each of the five project topical areas to ensure that IRFs and their patients are not underrepresented or misrepresented during consideration of measures for endorsement or maintenance.

2. **Endorsement or removal of endorsement of a measure should require complete or 100% agreement**

AMRPA members are concerned that quality measures impacting IRFs and their patients have the opportunity to be endorsed or removed from endorsement regardless of the recommendation or consideration from IRF representatives. Historically, the endorsement of quality measures impacting IRFs without meaningful support from the IRF community have created a myriad of issues for both patients and IRF providers. For example, AMRPA members report increased administrative burden to support data collection and management of quality measures that lack value for IRFs and their patients and fail to differentiate performance among providers that would promote desired outcomes. While we recognize that consensus is defined as having general agreement, we believe that the endorsement or removal of endorsement for setting-specific quality measures should not proceed without complete agreement from those representatives the measure may impact. In other words, endorsement or removal of endorsement for a quality measure that is applicable to IRFs should not proceed if the IRF representative(s) is/are not in agreement, regardless of whether 75% or more of the remaining committee members are in agreement.

AMRPA recommends that PQM consider 100% agreement for endorsement or removal of endorsement or at a minimum that 100% agreement is achieved from setting-specific representatives for any setting-specific measures. This will ensure that endorsed measures are supported and applicable to those impacted by the measure.

3. **PQM should not allow for voting to be completed off-line in instances where a voting quorum is not present**

AMRPA is concerned that when a voting quorum is not present for voting on endorsement decisions, the Guidebook provides that "those members not present for voting will have 48 hours (2 business days) after the meeting to vote off-line." Given the critical nature of endorsement decisions, we believe that voting should be done only when a voting quorum is present and should be done live. Allowing those not present the opportunity to vote off-line within 48 hours following the live voting presents the potential for biased or skewed voting results, where those not present may not have heard or been involved in the preceding discussion of the measure and may instead vote based upon feedback from those present for the discussion and live vote. AMRPA believes that voting should be done live following a discussion of the measure and only when a voting quorum is present.

AMRPA recommends that PQM remove the opportunity to allow voting to be performed off-line within 48 hours after the endorsement meeting, and instead require that voting is done live during the meeting when a voting quorum is present.

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AMRPA thanks Battelle and the PQM for allowing us the opportunity to provide feedback on the Partnership for Quality Measurement (PQM) Endorsement and Maintenance (E&M) Guidebook.

In sum, AMRPA supports the PQM E&M process but believes that this process could be improved by better including IRF representation, ensuring that setting-specific measures obtain complete agreement from setting-specific representative, and requiring that voting be performed live when a voting quorum is present following a full discussion of each measure. AMRPA stands ready to work with Battelle and the PQM to help ensure meaningful quality measures continue to be considered for endorsement. Should you wish to discuss these comments further, please contact Troy Hillman, AMRPA Director of Quality and Health Policy (thillman@amrpa.org / (202) 207-1129) or Kate Beller, JD, AMRPA Executive Vice President for Government Relations and Policy Development (kbeller@amrpa.org / 202-207-1132).

Sincerely,

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