American Board of Family Medicine (ABFM) Public Comments
PQM Endorsement and Maintenance (E&M) Process

ABFM is a not-for-profit, private organization whose mission is to improve the health of the public through Board Certification, Residency Training, Research, Leadership Development, and promote the development of the specialty of Family Medicine. The ABFM has more than 100,000 Diplomates and is the third largest of 24 boards that make up the American Board of Medical Specialties (ABMS). ABFM's primary role is to support family physicians who are committed to achieving excellence in improving the health of their patients, their families, and their communities. The ABFM respectfully submits the following feedback to PQM on the new Endorsement and Maintenance (E&M) process.

The ABFM is pleased with the improvements the PQM has made to the national endorsement process, particularly:

1. Streamlining the process to a six-month cycle time.
2. Reducing the number of committees and changing the structure of the committees to include more diversity of expertise to address a range of topic areas in a more flexible approach that maximizes engagement during each cycle.
3. Recruiting subject matter experts as needed from PQM membership to provide more specific clinical knowledge when called for by the measure under review.
4. Utilizing a facilitated Novel Hybrid Delphi and Nominal Groups (NHDNG) technique to promote consistency in measure evaluation reviews and to ensure there is focused, facilitated discussion that is inclusive of all interested party perspectives.
5. Retiring the Consensus Standards Approval Committee in order to empower E&M committees and to increase patient and consumer voice in the process.

The ABFM has identified areas needing further clarification, particularly:

1. Five Topical Areas – for measures that are not disease specific, such as those being developed by the ABFM, i.e., Person Centered Primary Care Measure PRO-PM, Continuity of Care, Comprehensiveness of Care, Physician Trust PRO-PM, it is not clear where they would fit into the proposed five topical areas (Primary Prevention; Initial Recognition and Management; Management of Acute Events, Chronic Disease, Surgery, Behavioral Health; End-of-Life Care, Rescue, Specialized Interventions; Cost and Efficiency) and we request clarifying language on how these types of measures would be classified.
2. Advisory/Recommendation Group – after the initial staff preliminary assessments and Advisory and Recommendations Group Independent Reviews, we suggest that these written reviews are shared with the measure developers and the measure developers are given the opportunity to respond and answer any questions that may remain from the reviews. This will assist measure developers in understanding what the issues are and help facilitate preparation for verbal conversations with the Advisory/Recommendation Groups.
3. Verbal feedback/input from measure developers – following the written response to the Advisory/Recommendation Groups outlined in #2 above, the measure developer should be

allowed to verbally answer any remaining questions from the committees. We suggest this step be documented when it will occur in the process.

4. Testing Requirements – it is not clear what the specific testing requirements are for both endorsement and re-endorsement. Will re-endorsement require both data element and performance score re-testing or can the previous testing analysis be submitted? We request that these requirements be explicitly described along with a templated document of those requirements.
5. Business Case and Systematic Review – it is not clear to what extent these two requirements play in the endorsement process and if they are a "must-pass" in order for the measure to become endorsed. For example, does the business case need to be as extensive as what is outlined in the CMS Blueprint? Will the committees accept a literature review or is a graded systematic review a requirement in order to pass endorsement? We request clarifying language on these questions and also request that PQM provide an example of "what good looks like."
6. Providing templates for all requirements, i.e., measure submission form, testing documents, evidence review, business case, systematic review, logic model, conceptual model along with an example of "what good looks like."
7. Ask for a second round of feedback/public commenting once measure developers have had the opportunity to submit measures using the new process.

We appreciate the opportunity to provide feedback and are happy to have a verbal conversation with you if that is helpful. We look forward to partnering with you on this process.

Sincerely,

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