

A Beginner's Guide to the Battelle Endorsement & Maintenance Process

Version 1.1

December 2023





The Partnership for Quality Measurement (PQM):

A Beginner's Guide to the Battelle Endorsement & Maintenance Process

Battelle is a certified consensus-based entity (CBE) funded through the Centers for Medicare & Medicaid Services (CMS) National Consensus Development and Strategic Planning for Health Care Quality Measurement Contract. To support its CBE work, Battelle formed PQM, which ensures informed and thoughtful endorsement reviews of clinical quality and cost/resource use measures.

What is a measure, and why are they important?

A measure is a tool that helps us quantify health care processes, outcomes, costs, patient perceptions and experience, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care.¹

A measure is typically comprised of a denominator, which includes the patient population of interest, and a numerator, which is the measure focus. Let us consider the endorsed influenza vaccination measure, #0041 – Preventive Care and Screening: Influenza Immunization. The denominator includes all patients aged 6 months and older seen for a health care visit during a defined timeframe, in this case between October 1 and March 31, which is flu season (Figure 1). Since the measure is attempting to ensure these patients receive a flu vaccine, the numerator attempts to capture the number of those patients in the denominator, who received an influenza immunization OR who reported previously receiving an influenza immunization.

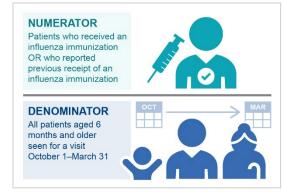


Figure 1. Measure numerator and denominator

Measures are used to assess and improve the quality of health care and are important because they can be used to drive progress, inform consumers, and influence payment for health care providers. Measures focus on different aspects of health care, such as processes, patient health outcomes, patient perceptions, and organizational structures and/or systems. Measures use various data sources to capture these aspects of care. These data sources may be paper-based (e.g., patient charts) or electronic/digital (e.g., claims data, electronic health records); the latter being of importance for reducing provider burden, increasing efficiency, and supporting alignment across the health care system. To learn more about quality measurement, you can visit CMS' Measures Management System website.

What is PQM?

To facilitate measure endorsement reviews, we formed the <u>Partnership for Quality Measurement</u>, or <u>PQM</u>, which is comprised of all health care voices, including but not limited to patients and caregivers, health care providers (e.g., clinicians, health plans, health systems), measure experts (e.g., developers, stewards, researchers), policymakers and



Figure 2. E&M Consensus-Based Process

measure implementers, and health information technology specialists. Membership to PQM is free.

PQM is powered by Battelle and ensures that measure reviews are conducted using a consensus-based process involving all health care voices (Figure 2). The process is straightforward, streamlined, and flexible and is designed to distinguish measures whose benefits to patients, clinicians, and payors outweigh potential burdens and risks to implement and report them. PQM ensures that the quality measure endorsement is reliable, transparent, attainable, equitable, and, most of all, meaningful.

Battelle | Version 1.1 | December 2023

¹ CMS Measures Management System. *New to Measures*. Last updated October 2023. Accessed at: <u>Quality Measure FAQs | The Measures Management System (cms.gov)</u>



What is Endorsement & Maintenance (E&M)?

The E&M process ensures measures submitted for endorsement are evidence-based, scientifically sound (i.e., reliable and valid), and both safe and effective, meaning use of the measure will increase the likelihood of desired health outcomes; will not increase the likelihood of unintended, adverse health outcomes; and is consistent with current professional knowledge. During each E&M cycle, submitted measures are reviewed by an E&M committee and a decision of endorsement is rendered (i.e., to endorse or not endorse a measure).

What are the key phases of E&M?

The E&M cycle happens twice a year (resulting in a Fall and a Spring measure review cycle).

Each E&M cycle has six major steps, which are in sequential order of:



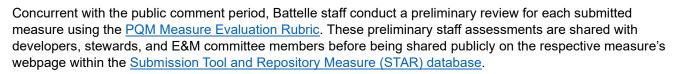
1. Intent to Submit (ITS): Measure developers and stewards inform Battelle via the PQM website by October (Fall cycle) or April (Spring cycle) of their intent to submit a measure to the upcoming endorsement cycle.



2. Full Measure Submission: 1-month after ITS, measure developers and stewards then submit all information about the measure (e.g., specifications, evidence, reliability and validity testing) to Battelle via the PQM website.

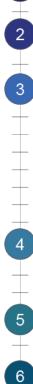


3. Battelle Staff Internal Review and Measure Public Comment Period: Battelle staff review the submissions for completeness and publish the measure information for a 30-day public comment period in which any member of the public can submit a comment of support or non-support for the measure. Battelle compiles a summary of all public comments, which is shared publicly.





4. E&M Committee Independent Review: E&M committee members review the measure information, public comments, and staff preliminary assessments for their respective measures and provide an individual preliminary review. Battelle staff aggregates these independent reviews to identify areas of disagreement amongst committee members, which will be discussed further during the endorsement meeting.



5. Endorsement Decision: E&M committee members meet to review and discuss the submitted measures as a group. Endorsement decisions are rendered via an E&M committee vote. The endorsement decisions are posted to the PQM website for a 21-day appeals period.



6. Appeals Period: Any interested party can submit an appeal for any E&M committee endorsement decision. Every appeal is first evaluated for eligibility before being considered by the Appeals Committee, which is comprised of all E&M committee co-chairs.

After a cycle is complete, Battelle produces a technical report, which includes the endorsement decisions and rationales for each submitted measure evaluated by an E&M committee.



How are the E&M committees structured?

Each cycle (Fall or Spring), there are up to five E&M project committees that may be convened for measure endorsement review (Figure 3), depending on the measures submitted to these E&M project committees by measure developers. Each project has its own committee. Each committee has two co-chairs and is then

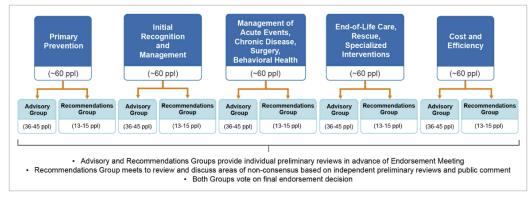


Figure 3. E&M Committee Structure

divided into two groups: an Advisory group and a Recommendations group.

Within E&M, members of each group review submitted measures, conduct independent reviews, attend the endorsement meeting, and vote on measure endorsement decisions. During the endorsement meeting, Advisory group members listen to the Recommendations group discussions before both groups cast an endorsement vote (Figure 4). This structure ensures a larger number of voices contributes to the consensus-building process.

Advisory Group



Recommendations Group

- Review and provide ratings and written comments on measures prior to the endorsement meeting.
- Attend the endorsement meeting to listen to the Recommendations Group discussions.
- Vote on measure endorsement decisions during the meeting.
- Review and provide ratings and written comments on measures prior to the endorsement meeting.
- Attend the endorsement meeting to discuss areas of disagreement (i.e., lack of consensus) identified from the preliminary measure ratings from both groups.
- Vote on measure endorsement decisions during the meeting.

Figure 4. E&M Advisory Group vs. Recommendations Group

As an E&M committee member, what are my roles and responsibilities?

During your term, you would be expected to:

- Work with Battelle staff to evaluate and endorse measures.
- Participate in scheduled calls and endorsement meetings.
- Review relevant E&M materials (e.g., measure submission, public comments, staff assessments) in advance of endorsement meetings.
- Conduct independent measure reviews using the <u>PQM Measure Evaluation Rubric</u> and the <u>PQM Measure Evaluation Worksheet</u> by established deadlines.
- Complete disclosure of interest forms.



What is the PQM Measure Evaluation Rubric?

The PQM Measure Evaluation Rubric consists of five major domains, by which measures are evaluated for endorsement. These domains are important because they help depict the relationship between the measure and improvements in health care quality and/or cost. The five domains are: Importance, Feasibility, Scientific Acceptability (i.e., Reliability and Validity), Equity, and Use and Usability. A description of these domains can be found in the E&M Guidebook and the PQM Measure Evaluation Worksheet, which provides guidance on the interpretation and application of the PQM Measure Evaluation Rubric.

Where can I learn more?

You can visit PQM's website, which includes the E&M Guidebook and an E&M Committee Orientation presentation.

Who should I contact if I have questions?

Please reach out to PQMsupport@battelle.org.