

Consensus Standards Approval Committee Discussion Guide

FALL 2022 EVALUATION CYCLE

July 24 and 26, 2023

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The analyses upon which this publication is based were performed under Contract Number 75FCMC23C0010, entitled, "National Consensus Development and Strategic Planning for Health Care Quality Measurement," sponsored by the Department of Health and Human Services, Centers for Medicare & Medicaid Services.

Background

The Consensus Standards Approval Committee (CSAC) is an advisory committee that reviews measure endorsement recommendations from endorsement & maintenance (E&M) standing committees, which are convened to review and recommend submitted measures for endorsement.

The CSAC reviews the submitted measures based on a set of criteria, which focus on the strategic importance of measures within the portfolio, cross-cutting issues concerning measure properties, and E&M process concerns. The CSAC may uphold a standing committee's recommendation(s) or send the measure(s) back to a standing committee for reconsideration.

This Discussion Guide contains details of the measure evaluation proceedings and the subsequent standing committee endorsement recommendations made by the standing committees during the Fall 2022 review cycle. Measures that did not have any concerns, as noted in the key considerations criteria on [page 3 of this Discussion Guide](#), will not be discussed during the CSAC meeting. Measures that did not meet these criteria are pulled for CSAC discussion.

This Discussion Guide also contains links to the respective committee meeting summaries and public comments received for the standing committee's measure evaluation deliberations. The CSAC utilizes this document during measure evaluation meetings to facilitate conversations between the CSAC, standing committee co-chairs, and Battelle staff. For this cycle, the CSAC will consider 28 measures for endorsement consideration. Of these measures, 12 require a CSAC discussion and vote. Sixteen measures are included within the consent calendar because they meet all the key considerations criteria. No measures were pulled from the consent calendar by CSAC members in advance of the CSAC meeting for further discussion. For the 16 measures that remained on the consent calendar (i.e., were not pulled by the CSAC in advance of the meeting), the standing committee's endorsement recommendations for these measures are upheld by the CSAC.

After the CSAC reviews measures, Battelle will publish the voting results and the meeting summary on the [Partnership for Quality Measurement \(PQM\)TM](#) website. After a measure has been formally endorsed by the CSAC, it enters a 30-day appeals period. Any interested party or member of the public may request an appeal of a CSAC decision, except in the case when a standing committee does not recommend a measure for endorsement and the CSAC concurs. CSAC decisions to endorse a measure with reserve status or to approve a measure for trial use are not appealable.

Measures Under Review

The CSAC will review the recommendations from the respective standing committees for the consensus-based entity (CBE) measures listed below during its July 24 and 26, 2023 endorsement meetings and determine whether to uphold the standing committee recommendations proposed.

The measure review procedures for the CSAC are twofold. First, the CSAC will review a consent calendar of measures, which indicates measures that will not be discussed during the meeting, as noted below. Measures will not be discussed if they meet **all of the following** key considerations criteria:

1. The measure received 80 percent or greater passing votes for overall suitability for endorsement.
2. No process concern(s) were identified that may have affected the endorsement decision of a measure.
3. No reconsideration request was received for either the standing committee's or the CSAC's adjudication.
4. The standing committee accepted the Scientific Methods Panel's (SMP) ratings (i.e., did not overturn the SMP's decision), if applicable.
5. No new information was received through public comment that was not available or discussed during the standing committee's measure evaluation meeting that conflicts with the standing committee's recommendation(s).
6. The measure was not pulled for discussion by a CSAC member.
7. No additional concerns were identified that require CSAC discussion (Note: These concerns should reside within [the purview of the CSAC](#)).

Prior to the CSAC meeting, the CSAC reviews the measures on the consent calendar and may submit a request to pull a measure from the consent calendar, along with a clear and compelling rationale that is based on the key considerations criteria noted above. If a measure is pulled by the CSAC for discussion during the meeting, Battelle staff will notify the measure developer/steward and the respective standing committee co-chairs.

For the measures that remained on the consent calendar (i.e., were not pulled by the CSAC in advance of the meeting), the standing committee's endorsement recommendations are upheld by the CSAC for these measures, and they will not be discussed during the CSAC meeting. During the meeting, the CSAC will review and vote on the measures that require discussion, considering they do not meet all the key considerations criteria noted above and/or have been pulled by a CSAC member in advance of the meeting. For these measures, the respective project team and standing committee co-chairs will present the respective standing committee deliberations, overarching issues, and recommendations for each measure. The CSAC will have an opportunity to ask clarifying questions and then will move to an endorsement vote for each measure. CSAC members will vote on the acceptance of the standing committee's recommendation:

- Accept the standing committee's recommendation (i.e., to endorse or not endorse)
- Do not accept the standing committee's recommendation and return the measure to the standing committee for reconsideration.

Table 1: Consent Calendar

Topic Area	Consent Calendar Measures	Measures for Discussion (Maintenance/New) [Criteria Not Met]
All-Cause Admissions and Readmissions	<ul style="list-style-type: none"> • CBE #3490 Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy (Maintenance) 	<ul style="list-style-type: none"> • CBE #3474 Hospital-Level, Risk-Standardized Payment Associated With a 90-Day Episode of Care for Elective Primary Total Hip and/or Total Knee Arthroplasty (Maintenance) [1]
Cardiovascular	<ul style="list-style-type: none"> • CBE #2377 Overall Defect-Free Care for AMI (Maintenance) • CBE #2558 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery (Maintenance) 	<ul style="list-style-type: none"> • CBE #3716 CVD Risk Assessment Measure – Proportion of Pregnant/Postpartum Patients That Receive CVD Risk Assessment With a Standardized Tool (New) [1] • CBE #3735 CVD Risk Follow-Up Measure – Proportion of Patients With a Positive CVD Risk Assessment Who Receive Follow-Up Care (New) [1]
Geriatrics and Palliative Care	<ul style="list-style-type: none"> • CBE #0091 COPD: Spirometry Evaluation (Maintenance) • CBE #2651 CAHPS® Hospice Survey, Version 9.0 (Maintenance) • CBE #3726 Serious Illness Survey for Home-Based Programs (New) 	<ul style="list-style-type: none"> • CBE #3672 Ratio of Observed Over Predicted Rates for Diagnosis of Dementia (New) [1] • CBE #3707 Ratio of Observed Over Predicted Rates for Diagnosis of Mild Cognitive Impairment (New) [1] • CBE #3729 Ratio of Observed Over Predicted Rates for Diagnosis of Cognitive Impairment of Any Stage (New) [1]
Patient Safety	<ul style="list-style-type: none"> • CBE #3025 Ambulatory Breast Procedure Surgical Site Infection Outcome Measure (Maintenance) • CBE #3498e Hospital Harm-Pressure Injury (New) • CBE #3686 CDC, National Healthcare Safety Network (NHSN) Hospital-Onset Bacteremia & Fungemia Outcome Measure (New) • CBE #3688 CDC, NHSN Healthcare Facility-Onset, Antibiotic-Treated Clostridioides Difficile Infection Outcome Measure (New) • CBE #3713e Hospital Harm-Acute Kidney Injury (New) 	<ul style="list-style-type: none"> • None

Topic Area	Consent Calendar Measures	Measures for Discussion (Maintenance/New) [Criteria Not Met]
Patient Experience and Function	<ul style="list-style-type: none"> • CBE #3718 <i>Patient-Reported Pain Interference Following Chemotherapy Among Adults With Breast Cancer</i> (New) • CBE #3734 <i>Alignment of Person-Centered Service Plan (PCSP) With Functional Assessment Standardized Items (FASI) Needs</i> (New) 	<ul style="list-style-type: none"> • CBE #2958 <i>Informed, Patient-Centered (IPC) Hip and Knee Replacement Surgery</i> (Maintenance) [1] • CBE #2962 <i>Shared Decision-Making Process</i> (Maintenance) [1] • CBE #3720 <i>Patient-Reported Fatigue Following Chemotherapy Among Adults With Breast Cancer</i> (New) [1]
Prevention and Population Health	<ul style="list-style-type: none"> • CBE #0028 <i>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</i> (Maintenance) • CBE #0038 <i>Childhood Immunization Status (CIS)</i> (Maintenance) • CBE #1407 <i>Immunizations for Adolescents</i> (Maintenance) 	<ul style="list-style-type: none"> • None
Renal	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • CBE #3719 <i>Prevalent Standardized Waitlist Ratio (PSWR)</i> (New) [1] • CBE #3722 <i>Home Dialysis Rate</i> (New) [1] • CBE #3725 <i>Home Dialysis Retention</i> (New) [1]
Total	16	12

*Measures pulled for discussion prior to the CSAC meeting.

Standing Committee Summaries

The measures that will be discussed and voted on by the CSAC are summarized below in conjunction with the respective standing committee key considerations criteria. The associated key considerations checklist for each committee provides a high-level indication of any concerns that require CSAC consideration and discussion. Additionally, links to the meeting summary and the post-comment memo are provided below for each standing committee, accordingly.

All-Cause Admissions and Readmissions (ACR)

During this measure review cycle, the All-Cause Admissions and Readmissions standing committee evaluated two measures undergoing maintenance review against standard endorsement criteria. The standing committee recommended one measure for endorsement but did not recommend the second measure for endorsement.

ACR Meeting Summary

The [measure evaluation meeting summary](#) presents the results of the standing committee's evaluation of the measures considered for endorsement.

Comments and Their Disposition

During the post-measure evaluation public comment period, Battelle received four comments from four organizations and/or individuals pertaining to the measures under review and the committee endorsement recommendations. The standing committee reviewed all the submitted comments (general and measure-specific) and developer responses.

A [post-comment memo](#), which includes the themes identified and responses to the public comments, is posted to the [ACR project webpage](#) for CSAC review, along with the [post-comment meeting summary](#).

CSAC Action Required

Following the approval of the consent calendar, the CSAC is asked to consider the standing committee's endorsement recommendation(s) of one candidate consensus measure, as it does not meet all the key considerations criteria.

Below is the measure that requires CSAC discussion and voting. The key considerations criteria not met for this measure are described in further detail in the checklist table below. The CSAC should review and discuss the measure for endorsement consideration.

Measure Not Recommended for Endorsement

- **CBE #3474** *Hospital-Level, Risk-Standardized Payment Associated With a 90-Day Episode of Care for Elective Primary Total Hip and/or Total Knee Arthroplasty [THA/TKA]* (Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation [Yale CORE]/Centers for Medicare & Medicaid Services [CMS]) (Maintenance)
 - The ACR standing committee did not vote on overall suitability for endorsement because the measure did not pass on validity, a must-pass criterion.
 - **Validity:** Total Votes: 15; H-0; M-7; L-7; I-1 (7/15 – 47.0 percent, Not Pass)

Key Considerations Checklist

The checklist table below lists the standing committee’s key considerations for the CSAC’s review and discussion of the measures submitted for endorsement consideration.

Key Consideration Criteria	Yes/No	Notes
1. Received less than 80 percent passing votes for overall suitability for endorsement.	Yes	Not Recommended for Endorsement <ul style="list-style-type: none"> • CBE #3474
2. Were there any process concerns raised? If so, briefly explain.	No	*
3. Did the standing committee or the CSAC receive a request for reconsideration? If so, briefly explain.	No	*
4. Did the standing committee overturn any of the SMP’s ratings of Scientific Acceptability? If so, state the measure and why the measure was overturned.	No	*
5. Was there any new information received through public comment that was not available or discussed during the standing committee’s measure evaluation meeting that conflicts with the standing committee’s recommendation(s)? If so, note the measure and briefly explain.	No	*
6. Were any measures pulled for discussion by a CSAC member? If so, briefly explain the rationale.	No	*
7. Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	*

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Additional Consideration Not Included in the Consent Calendar Criteria	Yes/No	Notes
<p>Were there any “consensus not reached” measures voted on during post-comment meeting?</p>	<p>Yes</p>	<p>CBE 3474 – Validity: Total Votes: 15; H-0; M-7; L-7; I-1 (7/15 – 47 percent, Not Pass)</p> <ul style="list-style-type: none"> • During the February measure evaluation meetings, the ACR standing committee raised validity concerns regarding (1) the extent to which cost variation was observed between the 30- and 90-day period, (2) how facilities participating in both accountable care organizations’ (ACOs) arrangements and fee-for-service (FFS) arrangements were accounted for in the measure, and (3) if the developer included dual eligibility (DE) in the risk adjustment model. The standing committee also highlighted how the social determinants of health (SDOH) variables considered by the developer exerted a significant effect on the relative ranking of the measure scores, which may warrant consideration for adjustment. • The committee revoted on validity during the June post-comment meeting after review and discussion of the comments received, which were largely non-supportive of the measure due to similar concerns noted by the committee. The developer also submitted a comment for committee consideration, which was in response to the public comments and committee concerns. • After its review of the concerns from the February measure evaluation meeting, the public comments submitted, and the developer’s responses, the ACR committee continued to have concerns with the risk model not including SDOH variables, like DE. Additionally, even though this is not required for cost measures, the committee voiced the need for correlation analyses between cost measures to quality measures to ensure that quality is not jeopardized due to driving down cost.

Cardiovascular

During this measure review cycle, the Cardiovascular standing committee evaluated four measures, two new measures and two measures undergoing maintenance review, against standard endorsement criteria. The standing committee recommended two measures for endorsement but did not recommend the remaining two measures for endorsement.

Cardiovascular Meeting Summary

The [measure evaluation meeting summary](#) presents the results of the standing committee's evaluation of the measures considered for endorsement.

Comments and Their Disposition

During the post-measure evaluation public comment period, Battelle received four comments from two organizations pertaining to the measures under review and the committee endorsement recommendations. The standing committee reviewed all the submitted comments (general and measure-specific) and developer responses.

A [post-comment memo](#), which includes the themes identified and responses to the public comments, is posted to the [Cardiovascular project webpage](#) for CSAC review, along with the [post-comment meeting summary](#).

CSAC Action Required

Following the approval of the consent calendar, the CSAC is asked to consider the standing committee's endorsement recommendations of two candidate consensus measure, as they do not meet all the key considerations criteria.

Below are the measures that require CSAC discussion and voting. The key considerations criteria not met for these measures are described in further detail in the checklist table below. The CSAC should review and discuss the measures for endorsement consideration.

Measures Not Recommended for Endorsement

- **CBE #3716** *CVD Risk Assessment Measure – Proportion of Pregnant/Postpartum Patients That Receive CVD Risk Assessment With a Standardized Tool* (University of California, Irvine) [New]
 - The Cardiovascular standing committee did not vote on overall suitability for endorsement because the measure did not pass on evidence, a must-pass criterion.
 - **Evidence:** Total Votes-16; H-0; M-3; L-4; I-9 (3/16 – 19.0%, No Pass)

- **CBE #3735** *CVD Risk Follow-Up Measure – Proportion of Patients With a Positive CVD Risk Assessment Who Receive Follow-Up Care* (University of California, Irvine) [New]
 - The Cardiovascular standing committee did not vote on overall suitability for endorsement because the measure did not pass on evidence, a must-pass criterion.
 - **Evidence:** Total Votes-18; H-0; M-1; L-2; I-15 (1/18 – 6.7%, No Pass)
 - **Insufficient Evidence With Exception:** Total Votes-18; Insufficient Evidence With Exception – 2; No exception – 16 (2/18 – 11.1%, No exception)

Key Considerations Checklist

The checklist table below lists the standing committee’s key considerations for the CSAC’s review and discussion of the measures submitted for endorsement consideration.

Key Consideration Criteria	Yes/No	Notes
1. Received less than 80 percent passing votes for overall suitability for endorsement.	Yes	Not Recommended for Endorsement <ul style="list-style-type: none"> • CBE #3716 • CBE #3735
2. Were there any process concerns raised? If so, briefly explain.	No	*
3. Did the standing committee or the CSAC receive a request for reconsideration? If so, briefly explain.	No	*
4. Did the standing committee overturn any of the SMP’s ratings of Scientific Acceptability? If so, state the measure and why the measure was overturned.	No	*
5. Was there any new information received through public comment that was not available or discussed during the standing committee’s measure evaluation meeting that conflicts with the standing committee’s recommendation(s)? If so, note the measure and briefly explain.	No	*
6. Were any measures pulled for discussion by a CSAC member? If so, briefly explain the rationale.	No	*
7. Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	*

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Additional Consideration Not Included in the Consent Calendar Criteria	Yes/No	Notes
Were there any “consensus not reached” measures voted on during post-comment meeting?	No	*

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Geriatrics and Palliative Care (GPC)

During this measure review cycle, the Geriatrics and Palliative Care (GPC) standing committee evaluated six measures, four of which are new measures and two measures are undergoing maintenance review, against standard endorsement criteria. The standing committee recommended three out of the six measures for endorsement and failed to recommend the remaining three measures for endorsement.

GPC Meeting Summary

The [measure evaluation meeting summary](#) presents the results of the standing committee's evaluation of the measures considered for endorsement.

Comments and Their Disposition

During the post-measure evaluation public comment period, Battelle received seven comments from one organization pertaining to the measures under review and the committee endorsement recommendations. The standing committee reviewed all the submitted comments (general and measure-specific) and developer responses.

A [post-comment memo](#), which includes the themes identified and responses to the public comments, is posted to the [GPC project webpage](#) for CSAC review, along with the [post-comment meeting summary](#).

CSAC Action Required

Following the approval of the consent calendar, the CSAC is asked to consider the standing committee's endorsement recommendations of three candidate consensus measures, as they do not meet all the key considerations criteria.

Below are the measures that require CSAC discussion and voting. The key considerations criteria not met for these measures are described in further detail in the checklist table below. The CSAC should review and discuss the measures for endorsement consideration.

Measures Not Recommended for Endorsement

- **CBE #3672** *Ratio of Observed Over Predicted Rates for Diagnosis of Dementia (USC)* (New)
 - The GPC standing committee did not vote on overall suitability for endorsement because the measure did not pass on evidence, a must-pass criterion.
 - **Evidence:** Total Votes-16; H-0; M-1; L-12; I-3 (1/16 – 6.3%, No Pass)

- **CBE #3707** *Ratio of Observed Over Predicted Rates for Diagnosis of Mild Cognitive Impairment (University of Southern California [USC])* (New)
 - The GPC standing committee did not vote on overall suitability for endorsement because the measure did not pass on evidence, a must-pass criterion.
 - **Evidence:** Total Votes-15; H-1; M-0; L-8; I-6 (1/15 – 6.7%, No Pass)

- **CBE #3729** *Ratio of Observed Over Predicted Rates for Diagnosis of Cognitive Impairment of Any Stage (USC)* (New)
 - The GPC standing committee did not vote on overall suitability for endorsement because the measure did not pass on evidence, a must-pass criterion.
 - **Evidence:** Total Votes-16; H-0; M-2; L-14; I-0 (2/16 – 12.5%, No Pass)

Key Considerations Checklist

The checklist table below lists the standing committee’s key considerations for the CSAC’s review and discussion of the measures submitted for endorsement consideration.

Key Consideration Criteria	Yes/No	Notes
1. Received less than 80 percent passing votes for overall suitability for endorsement.	Yes	Not Recommended for Endorsement <ul style="list-style-type: none"> • CBE #3672 • CBE #3707 • CBE #3729
2. Were there any process concerns raised? If so, briefly explain.	No	*
3. Did the standing committee or the CSAC receive a request for reconsideration? If so, briefly explain.	No	*
4. Did the standing committee overturn any of the SMP’s ratings of Scientific Acceptability? If so, state the measure and why the measure was overturned.	No	*
5. Was there any new information received through public comment that was not available or discussed during the standing committee’s measure evaluation meeting that conflicts with the standing committee’s recommendation(s)? If so, note the measure and briefly explain.	No	*
6. Were any measures pulled for discussion by a CSAC member? If so, briefly explain the rationale.	No	*
7. Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	*

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Additional Consideration Not Included in the Consent Calendar Criteria	Yes/No	Notes
Were there any “consensus not reached” measures voted on during post-comment meeting?	No	*

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Patient Safety

During this measure review cycle, the Patient Safety standing committee evaluated five measures, four new measures and one measure undergoing maintenance review, against standard endorsement criteria. The standing committee recommended all five measures for endorsement.

Patient Safety Meeting Summary

The [measure evaluation meeting summary](#) presents the results of the standing committee's evaluation of the measures considered for endorsement.

Comments and Their Disposition

During the post-measure evaluation public comment period, Battelle received six comments from organizations and individuals pertaining to the measures under review and the committee endorsement recommendations. The standing committee reviewed all the submitted comments (general and measure-specific) and developer responses.

A [post-comment memo](#), which includes the themes identified and responses to the public comments, is posted to the [Patient Safety project webpage](#) for CSAC review, along with the [post-comment meeting summary](#).

CSAC Action Required

Since all measures reviewed by the standing committee are included in the consent calendar, no additional CSAC action is required.

Key Considerations Checklist

The checklist table below lists the standing committee’s key considerations for the CSAC’s review and discussion of the measures submitted for endorsement consideration.

Key Consideration Criteria		Yes/No	Notes
1.	Received less than 80 percent passing votes for overall suitability for endorsement.	No	*
2.	Were there any process concerns raised? If so, briefly explain.	No	*
3.	Did the standing committee or the CSAC receive a request for reconsideration? If so, briefly explain.	No	*
4.	Did the standing committee overturn any of the SMP’s ratings of Scientific Acceptability? If so, state the measure and why the measure was overturned.	No	*
5.	Was there any new information received through public comment that was not available or discussed during the standing committee’s measure evaluation meeting that conflicts with the standing committee’s recommendation(s)? If so, note the measure and briefly explain.	No	*
6.	Were any measures pulled for discussion by a CSAC member? If so, briefly explain the rationale.	No	*
7.	Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	*

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Additional Consideration Not Included in the Consent Calendar Criteria	Yes/No	Notes
<p>Were there any “consensus not reached” measures voted on during post-comment meeting?</p>	<p>Yes</p>	<p>CBE #3025 – Performance Gap: Total Votes: 15; H-3; M-11; L-0; I-1 (14/15 – 93.3 percent, Pass)</p> <p>Overall Suitability for Endorsement: Total Votes: 15; Yes-15; No-0 (15/15 – 100 percent, Pass)</p> <ul style="list-style-type: none"> • During the February measure evaluation meeting, the standing committee acknowledged the absence of updated data for performance gap. The previous data, from 2010 to 2013, showed an overall unadjusted surgical site infection (SSI) rate of 0.25 percent. The developer provided a verbal update from the past four years, which showed a consistent 0.26 percent unadjusted SSI rate. Additionally, those data showed variability among facilities with a standardized infection ratio (SIR) ranging from zero to 6.9. The standing committee expressed concern about the low rate and low volume of procedures in some facilities. • The committee re-voted on performance gap after the June post-comment meeting (as quorum was lost) and after review and discussion of the comments received, which were in support of the measure. • During the June meeting, the developer provided a comment for the committee’s consideration, which noted that Ambulatory Surgical Centers (ASCs) play an important role in the current health care delivery system, that outcome measures in the ASC space are lacking, and in response to the coronavirus disease 2019, CMS had recommended that non-essential procedures performed at these facilities, including breast procedures, be postponed. Since ASCs had a backlog once there were able to perform surgeries again, the developer was unable to demonstrate a performance gap or an opportunity for improvement for this current measure endorsement cycle and further cited evidence that breast surgeries are classified as clean procedures, however SSI risk in breast surgery is higher than other clean surgical procedures with rates between 2-38%. When some committee members questioned whether the COVID-19 public health emergency justified a lack of data demonstrating a performance gap, the developer noted that ASCs faced

Additional Consideration Not Included in the Consent Calendar Criteria	Yes/No	Notes
<p>Were there any “consensus not reached” measures voted on during post-comment meeting?</p>	<p>Yes</p>	<p>limitations in redirecting their focus and allocating resources away from the public health emergency. The developer further noted its ongoing discussions with ASCs to expand the uptake of this measure and address its regulatory implications. The developer assured the committee that when sufficient data are available, the measure can distinguish and identify facilities with higher infection rates. One committee member urged the committee to shift its focus from evaluating whether SIR is an effective way to determine the quality of surgical outcomes and prevent infections to whether this measure is suitable for assessing and providing actionable information for patients and health care facilities.</p> <ul style="list-style-type: none"> • After its review of the concerns from the February measure evaluation meeting, the public comments submitted, and the developer’s responses, the Patient Safety committee voted to pass the measure on performance gap and recommended the measure for endorsement.

Patient Experience and Function (PEF)

During this measure review cycle, the Patient Experience and Function standing committee evaluated five measures, three new measures and two measures undergoing maintenance review, against standard endorsement criteria. The standing committee recommended all five measures for endorsement.

PEF Meeting Summary

The [measure evaluation meeting summary](#) presents the results of the standing committee's evaluation of the measures considered for endorsement.

Comments and Their Disposition

During the post-measure evaluation public comment period, Battelle received two comments from two organizations pertaining to the measures under review and the committee endorsement recommendations. The standing committee reviewed all the submitted comments (general and measure-specific) and developer responses.

A [post-comment memo](#), which includes the themes identified and responses to the public comments, is posted to the [PEF project webpage](#) for CSAC review, along with the [post-comment meeting summary](#).

CSAC Action Required

Following the approval of the consent calendar, the CSAC is asked to consider the standing committee's endorsement recommendations of three candidate consensus measures, as they do not meet all the key considerations criteria.

Below are the measures that require CSAC discussion and voting. The key considerations criteria not met for these measures are described in further detail in the checklist table below. The CSAC should review and discuss the measure for endorsement consideration.

Measures Recommended for Endorsement

- **CBE #2958** *Informed, Patient-Centered (IPC) Hip and Knee Replacement Surgery* (Massachusetts General Hospital) (Maintenance)
 - **Overall Suitability for Endorsement:** Total Votes – 13; Yes-10; No-3 (10/13 – 76.9%, Pass)

- **CBE #2962** *Shared Decision-Making Process* (Massachusetts General Hospital) (Maintenance)
 - **Overall Suitability for Endorsement:** Total Votes – 13; Yes-10; No-3 (10/13 – 76.9%, Pass)

- **CBE #3720** *Patient-Reported Fatigue Following Chemotherapy Among Adults With Breast Cancer* (Purchaser Business Group on Health) (New)
 - **Overall Suitability for Endorsement:** Total Votes – 12; Pass-8; No Pass-4 (8/12 – 66.7%, Pass)

Key Considerations Checklist

The checklist table below lists the standing committee’s key considerations for the CSAC’s review and discussion of the measures submitted for endorsement consideration.

Key Consideration Criteria	Yes/No	Notes
1. Received less than 80 percent passing votes for overall suitability for endorsement.	Yes	Recommended for Endorsement <ul style="list-style-type: none"> • CBE #2958 • CBE #2962 • CBE #3720
2. Were there any process concerns raised? If so, briefly explain.	No	*
3. Did the standing committee or the CSAC receive a request for reconsideration? If so, briefly explain.	No	*
4. Did the standing committee overturn any of the SMP’s ratings of Scientific Acceptability? If so, state the measure and why the measure was overturned.	No	*
5. Was there any new information received through public comment that was not available or discussed during the standing committee’s measure evaluation meeting that conflicts with the standing committee’s recommendation(s)? If so, note the measure and briefly explain.	No	*
6. Were any measures pulled for discussion by a CSAC member? If so, briefly explain the rationale.	No	*
7. Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	*

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Additional Consideration Not Included in the Consent Calendar Criteria	Yes/No	Notes
<p>Were there any “consensus not reached” measures voted on during post-comment meeting?</p>	<p>Yes</p>	<p>CBE #3734 – Reliability: Total Votes: 16; M-11; L-3; I-2 (11/16 – 69.0 percent, Pass)</p> <p>Overall Suitability for Endorsement: Total Votes: 16; Yes-12; No-4 (12/16 – 75.0 percent, Pass)</p> <ul style="list-style-type: none"> • During the February measure evaluation meeting, the standing committee noted that the data elements are clearly defined but that high quality services are subjective and may lead to variation in the reliability of the results. The standing committee asked about the Kappa value of 0.02, which was low, for people with intellectual and developmental disabilities (IDDs). The developer confirmed that the low Kappa value was accurate and that it did not have an explanation as to why it was low. • No comments were submitted for this measure, so the committee re-voted on reliability during the June post-comment meeting after review and discussion of the reliability concerns from the February meeting. • During the June meeting, some standing committee members expressed concern about the survey responses, specifically about consent being given by individuals with IDD, and questioned the appropriateness of excluding a suboptimal subgroup due to low reliability. The developer responded, assuring the committee that having support from caregivers is acceptable and emphasized the importance of having the individual present and actively engaged in the conversation. The developer also noted that due to contractual obligations with the steward of this measure (CMS), it could not remove the IDD population from the measure. The developer shared that individuals were included in the assessment process regardless of their cognitive and communicative abilities and further stated the forms were

Additional Consideration Not Included in the Consent Calendar Criteria	Yes/No	Notes
<p>Were there any “consensus not reached” measures voted on during post-comment meeting?</p>	<p>Yes</p>	<p>completed in a manner consistent with usual practice, involving the person if they were able to participate independently or with the presence of a caregiver, if that was the norm. The committee recognized the importance of the measure and its performance within other subpopulations. The committee also expressed that while it agrees the instrument is very important, there are still some areas that are critical to address. If endorsed, the committee would like to see additional data supporting the IDD population at the time of endorsement maintenance review.</p> <ul style="list-style-type: none"> • After its review of the concerns from the February measure evaluation meeting and the developer’s responses to the committee’s concerns, the PEF committee voted to pass the measure on reliability and recommended the measure for endorsement.

Prevention and Population Health (PPH)

During this measure review cycle, the Prevention and Population Health standing committee evaluated three measures undergoing maintenance review against standard endorsement criteria. The standing committee recommended all three measures for endorsement.

PPH Meeting Summary

The [measure evaluation meeting summary](#) presents the results of the standing committee's evaluation of the measures considered for endorsement.

Comments and Their Disposition

During the post-measure evaluation public comment period, Battelle did not receive any comments from organizations and/or individuals pertaining to the measures under review and the committee endorsement recommendations. Since no comments were received, Battelle staff, along with the standing committee chair, decided to cancel the post-comment web meeting scheduled for June 12, 2023.

This cancellation was announced in a [post-comment cancellation memo](#), which is posted to the [PPH project webpage](#) for CSAC review.

CSAC Action Required

Since all measures reviewed by the standing committee are included in the consent calendar, no additional CSAC action is required.

Key Considerations Checklist

The checklist table below lists the standing committee’s key considerations for the CSAC’s review and discussion of the measures submitted for endorsement consideration.

Key Consideration Criteria		Yes/No	Notes
1.	Received less than 80 percent passing votes for overall suitability for endorsement.	No	*
2.	Were there any process concerns raised? If so, briefly explain.	No	*
3.	Did the standing committee or the CSAC receive a request for reconsideration? If so, briefly explain.	No	*
4.	Did the standing committee overturn any of the SMP’s ratings of Scientific Acceptability? If so, state the measure and why the measure was overturned.	No	*
5.	Was there any new information received through public comment that was not available or discussed during the standing committee’s measure evaluation meeting that conflicts with the standing committee’s recommendation(s)? If so, note the measure and briefly explain.	No	*
6.	Were any measures pulled for discussion by a CSAC member? If so, briefly explain the rationale.	No	*
7.	Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	*

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Additional Consideration Not Included in the Consent Calendar Criteria	Yes/No	Notes
Were there any “consensus not reached” measures voted on during post-comment meeting?	No	*

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Renal

During this measure review cycle, the Renal standing committee evaluated three measures undergoing initial endorsement review against standard endorsement criteria. The standing committee did not recommend all three measures for endorsement.

[Renal Meeting Summary](#)

The [measure evaluation meeting summary](#) presents the results of the standing committee's evaluation of the measures considered for endorsement.

[Comments and Their Disposition](#)

During the post-measure evaluation public comment period, Battelle received two comments in total from two organizations pertaining to the three measures under review and the committee endorsement recommendations. The standing committee reviewed all the submitted comments (general and measure-specific) and developer responses.

A [post-comment memo](#), which includes the themes identified and responses to the public comments, is posted to the [Renal project webpage](#) for CSAC review, along with the [post-comment meeting summary](#).

[CSAC Action Required](#)

Following the approval of the consent calendar, the CSAC is asked to consider the standing committee's endorsement recommendations of three candidate consensus measures, as they do not meet all the key considerations criteria.

Below are the measures that require CSAC discussion and voting. The key considerations criteria not met for these measures are described in further detail in the checklist table below. The CSAC should review and discuss the measure for endorsement consideration.

Measures Not Recommended for Endorsement

- **CBE #3719** *Prevalent Standardized Waitlist Ratio (PSWR)* (University of Michigan-Kidney Epidemiology Cost Center [UM-KECC]/CMS) (New)
 - The Renal standing committee did not vote on overall suitability for endorsement because the measure did not pass on validity, a must-pass criterion.
 - **Validity:** Total Votes-17; H-1; M-4; L-11; I-1 (5/17 – 29.4%, No Pass)

- **CBE #3722** *Home Dialysis Rate* (Kidney Care Quality Alliance) (New)
 - The Renal standing committee did not vote on overall suitability for endorsement because the measure did not pass on evidence, a must-pass criterion.
 - **Evidence:** Total Votes-12; H-0; M-3; L-7; I-2 (3/12 – 25.0%, No Pass)

- **CBE #3725** *Home Dialysis Retention* (Kidney Care Quality Alliance) (New)
 - The Renal standing committee did not vote on overall suitability for endorsement because the measure did not pass on evidence, a must-pass criterion.
 - **Evidence:** Total Votes-13; H-0; M-4; L-7; I-2 (4/13 – 30.7%, No Pass)

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Key Considerations Checklist

The checklist table below lists the standing committee's key considerations for the CSAC's review and discussion of the measures submitted for endorsement consideration.

Key Consideration Criteria	Yes/No	Notes
1. Received less than 80 percent passing votes for overall suitability for endorsement.	Yes	Not Recommended for Endorsement <ul style="list-style-type: none"> • CBE #3719 • CBE #3722 • CBE #3725
2. Were there any process concerns raised? If so, briefly explain.	No	*
3. Did the standing committee or the CSAC receive a request for reconsideration? If so, briefly explain.	No	*
4. Did the standing committee overturn any of the SMP's ratings of Scientific Acceptability? If so, state the measure and why the measure was overturned.	No	*
5. Was there any new information received through public comment that was not available or discussed during the standing committee's measure evaluation meeting that conflicts with the standing committee's recommendation(s)? If so, note the measure and briefly explain.	No	*
6. Were any measures pulled for discussion by a CSAC member? If so, briefly explain the rationale.	No	*
7. Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	*

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Additional Consideration Not Included in the Consent Calendar Criteria	Yes/No	Notes
Were there any "consensus not reached" measures voted on during post-comment meeting?	No	*

*Cells intentionally left blank.