Using a Preliminary Assessment (PA) in PRMR

Quick Reference

Partnership for Quality Measurement
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This quick reference sheet provides the basic information needed to use a Preliminary Assessment (PA) during Pre-Rulemaking Measure Review (PRMR). Save or print this sheet to use when reading a PA to get a refresher on the different parts of the analysis.

SECTIONS ON A PA

A PRMR PA has two major sections. These are listed below, along with a short explanation of what is in each section.

Section Name	Contents
I. Measure Overview	Basic information about the measure.
II. Evaluation	The main areas that are checked to see if the measure meets Program needs.

MEASURE OVERVIEW

The **Measure Overview** section gives basic information about why the measure exists, what is included or left out, and other key details. Here is an example of a PRMR PA **Measure Overview** with key parts called out:

Rationale
The reason(s) the measure exists and how using it is expected to improve health care.

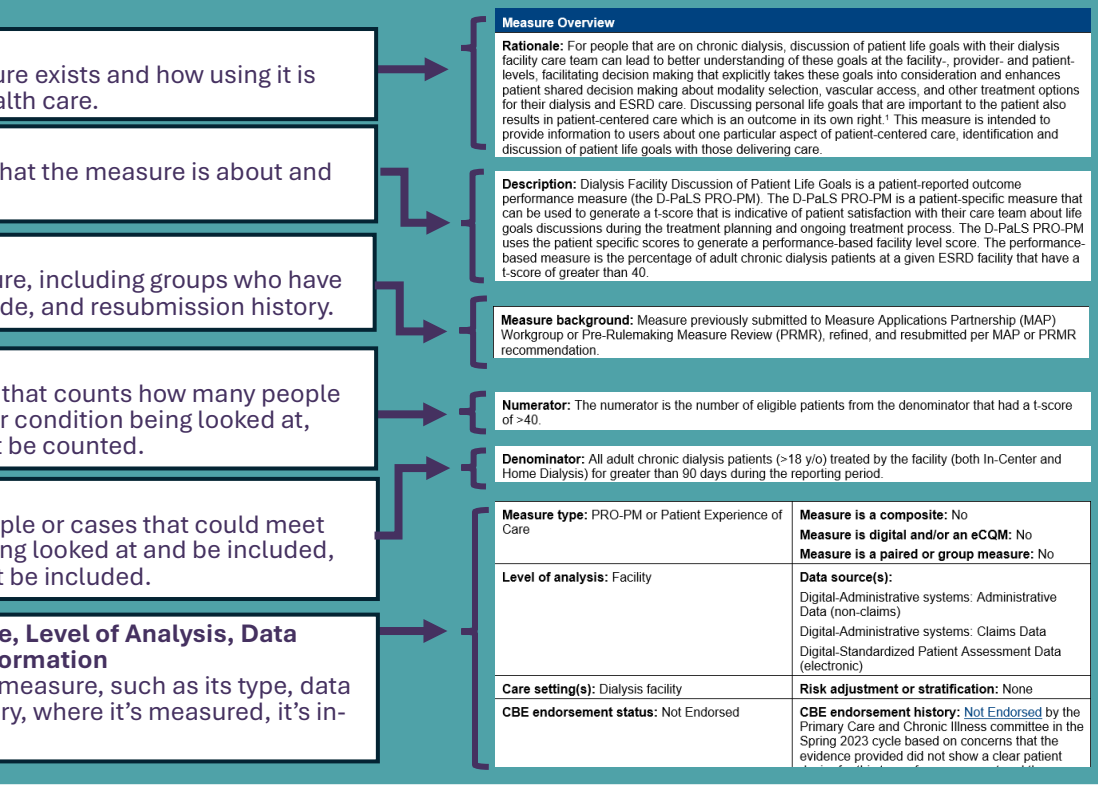
Description
A short explanation of what the measure is about and what it is checking.

Measure Background
The history of the measure, including groups who have reviewed it, changes made, and resubmission history.

Numerator
The part of the measure that counts how many people or cases meet the rule or condition being looked at, and who or what will not be counted.

Denominator
The total number of people or cases that could meet the rule or condition being looked at and be included, and who or what will not be included.

Changes, Measure Type, Level of Analysis, Data Sources, and Other Information
Other details about the measure, such as its type, data used for it, change history, where it's measured, it's in-use status, and more.



Measure Overview

Rationale: For people that are on chronic dialysis, discussion of patient life goals with their dialysis facility care team can lead to better understanding of these goals at the facility-, provider- and patient-levels, facilitating decision making that explicitly takes these goals into consideration and enhances patient shared decision making about modality selection, vascular access, and other treatment options for their dialysis and ESRD care. Discussing personal life goals that are important to the patient also results in patient-centered care which is an outcome in its own right.[1] This measure is intended to provide information to users about one particular aspect of patient-centered care, identification and discussion of patient life goals with those delivering care.

Description: Dialysis Facility Discussion of Patient Life Goals is a patient-reported outcome performance measure (the D-PaLS PRO-PM). The D-PaLS PRO-PM is a patient-specific measure that can be used to generate a t-score that is indicative of patient satisfaction with their care team about life goals discussions during the treatment planning and ongoing treatment process. The D-PaLS PRO-PM uses the patient specific scores to generate a performance-based facility level score. The performance-based measure is the percentage of adult chronic dialysis patients at a given ESRD facility that have a t-score of greater than 40.

Measure background: Measure previously submitted to Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR), refined, and resubmitted per MAP or PRMR recommendation.

Numerator: The numerator is the number of eligible patients from the denominator that had a t-score of >40.

Denominator: All adult chronic dialysis patients (>18 y/o) treated by the facility (both In-Center and Home Dialysis) for greater than 90 days during the reporting period.

Measure type: PRO-PM or Patient Experience of Care	**Measure is a composite:** No **Measure is digital and/or an eCQM:** No **Measure is a paired or group measure:** No
Level of analysis: Facility	**Data source(s):** Digital-Administrative systems: Administrative Data (non-claims) Digital-Administrative systems: Claims Data Digital-Standardized Patient Assessment Data (electronic)
Care setting(s): Dialysis facility	**Risk adjustment or stratification:** None
CBE endorsement status: Not Endorsed	**CBE endorsement history:** Not Endorsed by the Primary Care and Chronic Illness committee in the Spring 2023 cycle based on concerns that the evidence provided did not show a clear patient

EVALUATION CRITERIA

Evaluation Criteria are the different standards used to judge if a measure does what it is supposed to. During the PRMR process, the measure is checked from many angles to see if it is useful, fair, and meets program needs and requirements.

ABOUT PRMR MEASURE EVALUATION CRITERIA

The boxes below provide a summary of the PRMR **Measure Evaluation Criteria**:

MEANINGFULNESS

IMPORTANCE

Importance means showing why a measure matters, how it improves health care, and why the results are meaningful to patients and care teams.

CONFORMANCE

Conformance means checking if the details of the measure support and match the original quality focus, intent of the measure, and goals of the proposed CMS program(s).

FEASIBILITY

Feasibility means looking at whether the tools, steps, and people needed to use and report the measure are available to the groups in the program.

USABILITY

Usability means checking if the measure results are easy to understand and useful for improving care without unintended consequences. It looks at whether the results can guide patients, providers, and programs to make better decisions.

SCIENTIFIC ACCEPTABILITY

RELIABILITY

Reliability means checking if the results of the measure are consistent and really show changes in care quality. It looks at whether differences in scores are caused by actual improvements in how care is given.

VALIDITY

Validity means checking if the data and methods show that the group being measured can improve their performance on the measure.

APPROPRIATENESS OF SCALE

Appropriateness of scale means that the measure is fair and designed to fit the goals for the people in the program. It is balanced and able to address the goals of the entire target population.

TIME-TO-VALUE REALIZATION

Time-to-value realization means that the measure has a plan for how the measure will help the program and its people both soon and in the future as it improves over time. The measure is designed to continue to deliver positive impacts for the program and the target population as the measure matures.

ABOUT DATA TABLES

Some PAs will contain **Tables.** Tables organize numbers and information into rows and columns to make it easier to see patterns, compare groups, and understand results. Tables can help show how data is spread out to quickly find details that support decisions about care and performance. Table 1 shows Performance Score data broken out into **deciles**—groups of 10%. For the sample measure, a lower score indicates better quality of care, so the mean score of 23.1% shows that there is room for improvement.

Table 1. MUC2025-064 Performance Score Deciles

Highest Performers ← → Lowest Performers

	Overall	Min	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Max
Mean Score	23.1%	0%	7.8%	13.4%	16.0%	18.4%	20.6%	22.9%	25.4%	28.3%	32.1%	45.8%	100%
Entities	7,497	15	749	750	749	751	749	750	750	746	754	749	28

Table 2 is an example of a Reliability Table. Reliability Tables provide a standard format to assess reliability across measures. This table shows how many groups have a reliability greater than 0.6. When at least 70% of the groups have a reliability greater than 0.6, then the measure is considered capable of differentiating groups by quality of performance.

Table 2. MUC2025-023 Mean Reliability (by Reliability Decile)

Mean	SD	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
0.74	0.18	0.41	0.60	0.69	0.75	0.77	0.80	0.82	0.83	0.86	0.90

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