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National Consensus Development and Strategic Planning for Health Care Quality Measurement

Fall 2025 Cycle Endorsement and Maintenance (E&M) Technical Report

MANAGEMENT OF ACUTE EVENTS AND CHRONIC CONDITIONS

April 2026

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Executive Summary

For over 2 decades, the United States (U.S.) has focused on improving health care quality for Americans. One of the ways this has been done is by developing and implementing clinical quality measures to quantify the quality of care provided by health care providers and organizations. These clinical quality measures are based on standards related to the effectiveness, safety, efficiency, person-centeredness, and timeliness of care.[1]

At Battelle, we have a strong collective interest in ensuring that the health care system works as well as it can. Health care professionals use quality measures to support health care improvement, benchmarking, and accountability of health care services and to identify weaknesses, opportunities, and gaps in care delivery and outcomes.[1,2]

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. As a CMS-certified CBE, we facilitate the review of quality measures for endorsement. Battelle's Partnership for Quality Measurement (PQM) members support consensus-based processes by serving on committees, ensuring informed and thoughtful reviews of quality measures across a range of focus areas aligned with a person's journey through the health care system. Battelle engages PQM members to carry out the consensus-based E&M process, which relies on robust and focused discourse, efficient information exchange, effective engagement, and inclusion of a multitude of voices that represent the health care community (Figure 1).

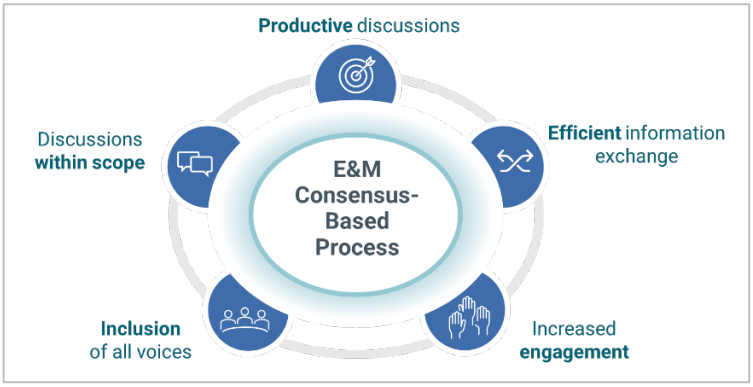

Figure 1. E&M Consensus-Based Process

One of those focus areas is Management of Acute Events and Chronic Conditions, which focuses on topics that aim to improve quality of life through disease management, behavioral health management, patient safety, and pre- and post-operative care. Fall 2025 cycle measures focused on infection prevention and control; hospital harm; and risk-standardized bleeding rates. Health care-associated harm remains a significant and preventable threat to patient safety. Adverse events are common, costly, and frequently preventable. The Centers for Disease Control and Prevention (CDC) report that, on any given day, about one in 31 U.S. hospital patients has a health care-associated infection,[3] underscoring the need for continued focus on quality and safety.

Major bleeding events pose significant patient-safety risks, making risk-standardized measurement essential for targeted improvement. Patients who experience major bleeding during percutaneous coronary intervention (PCI) face worse outcomes, with an in-hospital mortality rate of 5.26% compared to 1.87% in those without bleeding.[4] Bleeding also contributes to avoidable health care use, as 12% of PCI patients were readmitted to the hospital within 30 days,[5] increasing strain on hospital resources. Collectively, major bleeding events present a substantial burden with far-reaching implications for patient outcomes resource utilization.

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For this measure review cycle, developers submitted six measures to the Management of Acute Events and Chronic Conditions committee for endorsement consideration. Of the six measures reviewed by the committee (Figure 2), the committee endorsed one measure, endorsed four measures with conditions, and did not endorse one measure (Table 1) based on the PQM Measure Evaluation Rubric within version 2.1 of the E&M Guidebook.

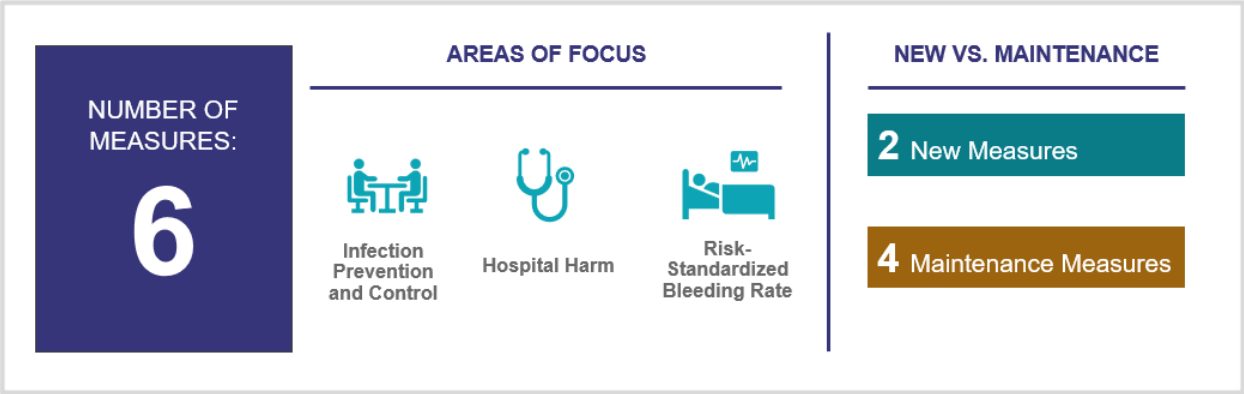

Figure 2. Fall 2025 Measures for Committee Review

Table 1. Measures Reviewed by the Management of Acute Events and Chronic Conditions Committee

CBE Number	Measure Title	New/ Maintenance	Developer/ Steward	Final Endorsement Decision
1716	Methicillin-resistant Staphylococcus Aureus (MRSA) Bacteremia LabID Event Standardized Infection Ration (SIR)	Maintenance	CDC National Healthcare Safety Network (NHSN)	Endorse with Conditions
1717	Clostridioides difficile (CDI) LabID Event Standardized Infection Ration (SIR)	Maintenance	CDC NHSN	Endorse with Conditions
2459	Risk Standardized Bleeding Rate for Patient Undergoing Percutaneous Coronary Intervention (PCI)	Maintenance	American College of Cardiology (ACC)	Endorse
3533e	Hospital Harm – Severe Hyperglycemia	Maintenance	Mathematica/ CMS	Endorse with Conditions
5265	Hospital Sepsis Program Core Elements Score	New	CDC NHSN	Not Endorsed due to No Consensus[1]

[1] New measures that do not reach consensus are not endorsed.

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CBE Number	Measure Title	New/ Maintenance	Developer/ Steward	Final Endorsement Decision
5325e	Hospital Harm – Postoperative Venous Thromboembolism	New	Mathematica /CMS	Endorse with Conditions

Endorsement and Maintenance (E&M) Overview

Battelle's E&M process ensures that measures submitted for endorsement are evidence based, scientifically sound, and both safe and effective. This means that the 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.

We organize measures for E&M by five project areas. Each project topical area has a committee that evaluates, discusses, and assigns endorsement decisions for measures under endorsement review. PQM members representing all facets of the health care system make up these committees. Each E&M committee has an Advisory Group and a Recommendation Group (Figure 3).

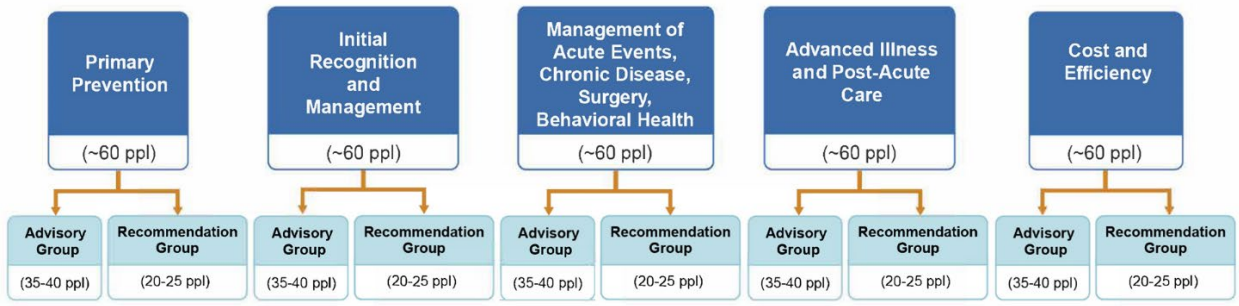

Figure 3. E&M Committee Structure

The goal is to create inclusive committees, made up of interested parties, that balance experience, expertise, and perspectives. The interested parties include those who are impacted or affected by quality and cost/resource use. Figure 4 gives an overview of the perspectives that members represent on E&M committees.

Figure 4. E&M Interested Parties

For the Fall 2025 cycle, the Management of Acute Events and Chronic Conditions committee had 11 patient partners (i.e., patients, caregivers, advocates) and 15 clinicians, with specialties in nephrology, surgery, nursing, and other areas of practice (Figure 5). The committee also included eight population health experts.

Appendix A provides a list of committee members, and the PQM website has the full committee rosters and bios on the respective project pages.

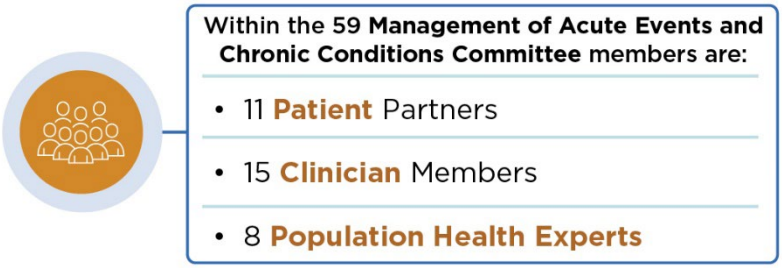

Figure 5. Management of Acute Events and Chronic Conditions Committee Members

At the beginning of each E&M cycle, committee members complete a measure-specific disclosure of interest (MS-DOI) form identifying potential conflicts with the measures under endorsement review for the respective E&M cycle. Members are recused from voting on measures potentially affected by a perceived conflict of interest (COI) based on Battelle's COI policy.

Each E&M cycle (i.e., Fall or Spring) has a designated Intent to Submit (ITS) deadline, when measure developers/stewards must submit key information (e.g., measure title, type, description, specifications) about the measure. One month after the ITS deadline (Table 2), measure developers/stewards submit the full measure information by the respective Full Measure Submission (FMS) deadline.

Table 2. Intent to Submit and Full Measure Submission Deadlines by Cycle

E&M Cycle	Intent to Submit*	Full Measure Submission*
Fall	October 1	November 1
Spring	April 1	May 1

**Deadlines are set at 11:59 PM (ET) of the day indicated. If the deadline falls on a weekend or holiday, the deadline will be the next immediate business day.*

We then publish measures to the PQM website for a 30-day public comment period, which occurs prior to the endorsement meeting and concurrently with the development of the staff preliminary assessments (PAs). For this evaluation cycle, the public comment period opened on November 17, 2025, and closed on December 16, 2025. The public comment period solicits both supportive and non-supportive comments with respect to the measures under endorsement review. Any interested party may submit a comment on any of the measures up for endorsement review for a given cycle (i.e., Fall or Spring). Developers/stewards can provide written responses to any public comments received directly on the measure's webpage. These responses are under the "Comments" tab of each measure page on the PQM website.

Prior to the close of the public comment period, we host a Public Comment Listening Session to gather additional public comments on the measures; these virtual sessions are organized by project with measures grouped by topic/condition. Any interested party may attend to give a brief spoken statement on one or more of the measures. This cycle's session was on December 10, 2025.

We post all public comments received during this 30-day period, including those shared during the Public Comment Listening Session, to the respective measure page on the PQM website.

We received five public comments for the measures this cycle. If a measure received any comments, the measure's evaluation summary includes a summary of these comments.

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Following the Public Comment Listening Session, we convene the Advisory Group of each E&M project during a public virtual meeting. The purpose of these meetings is to gather initial feedback and questions about the measures under endorsement review. Developers/stewards can share written responses to Advisory Group feedback after these meetings. This process ensures comprehensive input and engagement from all stakeholders involved. For the Management of Acute events and Chronic Conditions committee, the Advisory Group convened on December 8, 2025, and we published a summary of the member feedback and developer/steward responses on the PQM website.

Prior to the Recommendation Group endorsement meeting, we share the full measure submission details, including all attachments, the PQM Measure Evaluation Rubric, the staff PAs, the public comments, Advisory Group feedback, and the developer/steward responses with the Recommendation Group for review. The Management of Acute Events and Chronic Conditions Recommendation Group convened on February 4 and February 5, 2026. The Measure Evaluation Summaries section of this report includes brief summaries of the Recommendation Group deliberations and voting results, and the PQM website has a detailed meeting summary.

During the endorsement meeting, the Recommendation Group focuses their discussions on key themes from the public comments, the Advisory Group meetings, the associated developer/steward responses, independent reviews, and the staff PAs. Measure developers/stewards attend endorsement meetings to provide a measure overview and answer questions from the Recommendation Group.

The Recommendation Group then considers the various inputs and renders a final endorsement decision via a vote. If the Recommendation Group has 20 or more members, consensus is 75% or greater agreement among all active, non-recused Recommendation Group members (Table 3). If the group has fewer than 20 members, the threshold for agreement is 70%. Maintenance measures that fail to reach the 75% consensus threshold but receive between 60% and 74% of votes to retain endorsement (i.e., endorse and/or endorse with conditions) are reconsidered at the end of the endorsement meeting. If the consensus threshold is 70%, maintenance measures are reconsidered if they receive between 60% and 69% of votes to retain endorsement. If the Recommendation Group does not reach consensus via vote after the reconsideration discussion, then the measure loses endorsement.

Table 3. Endorsement Decision Outcomes

Decision Outcome	Description	Maintenance Expectations
Endorsed	**Applies to new and maintenance measures.** The E&M committee agrees by 75% or greater (when 20 members or more) or 70% or greater (when fewer than 20 voting members) to endorse the measure.	Measures undergo maintenance of endorsement reviews every 5 years with a status report review at 3 years (*see Evaluations for Endorsement Maintenance for more details*).± Developers/stewards may request an extension of up to 1 year (two consecutive cycles), except if it has been more than 6 years since the measure's date of last endorsement.
Endorsed with Conditions*	**Applies to new and maintenance measures**. The E&M committee agrees by 75% or	Measures undergo maintenance of endorsement reviews every 5 years with a status report review at 3 years (*see*

Decision Outcome	Description	Maintenance Expectations
	greater (when 20 members or more) or 70% or greater (when fewer than 20 voting members) that the measure can be endorsed as it meets the criteria, but committee reviewers have conditions they would like addressed when the measure comes back for maintenance. If the developer/steward has not addressed these recommendations, they should provide a rationale for the E&M committee to consider.	*Evaluations for Endorsement Maintenance for more details*).± Developers/stewards may request an extension of up to 1 year (two consecutive cycles), except if it has been more than 6 years since the measure's date of last endorsement.
Not Endorsed°	**Applies to new measures only**. The E&M committee agrees by 75% or greater (when 20 members or more) or 70% or greater (when fewer than 20 voting members) to not endorse the measure.	None.
Endorsement Removed°	**Applies to maintenance measures only.** Either: • The E&M committee agrees by 75% or greater (when 20 members or more) or 70% or greater (when fewer than 20 voting members) to remove endorsement; or • A measure steward retires a measure (i.e., no longer pursues endorsement); or • A measure steward never submits a measure for maintenance, and the steward does not respond after targeted outreach; or • There is no longer a meaningful gap in care, or the measure has topped out (i.e., no significant change in measure results for accountable entities over time).	None.

± Maintenance measures may be up for endorsement review earlier if an emergency/off-cycle review is needed (see Emergency/Off-Cycle Reviews for more details).

** The E&M committee determines the conditions, with the consideration of what is feasible and appropriate for the developer/steward to execute by the time of maintenance endorsement review.*

°Measures that fail to reach the consensus threshold are not endorsed.

The "Endorsed with Conditions" category serves as a means of endorsing a measure but with conditions set by the Recommendation Group. These conditions take into consideration what is

feasible and appropriate for the developer/steward to execute by the time of maintenance endorsement review.

After the E&M endorsement meeting, Battelle posts committee endorsement decisions and associated rationales to the PQM website for 3 weeks for the appeals period. During this time, any interested party may request an appeal regarding any E&M committee endorsement decision.

In the case of a measure being endorsed or endorsed with conditions, the appeal must:

- Cite evidence of the appellant's interests that are directly and materially affected by the measure, and provide evidence that the CBE's endorsement of the measure has had, or will have, an adverse effect on those interests; and
- Cite the existence of a CBE procedural error or show that the E&M committee did not consider information that was available by the cycle's Intent to Submit deadline and that information is reasonably likely to affect the outcome of the original endorsement decision.

In the case of a measure not being endorsed, the appeal must be based on one of two rationales:

- The committee did not apply the CBE measure evaluation criteria appropriately. For this rationale, the appellant must specify the evaluation criteria they believe were misapplied.
- The committee did not follow the CME E&M process. The appellant must specify the process step, how it was not followed properly, and how this resulted in the measure not being endorsed.

If Battelle determines that an appeal is eligible, we convene the Appeals Committee, consisting of the co-chairs from all five E&M project committees (n=10), to review and discuss the appeal. The Appeals Committee concludes its review by voting to uphold (i.e., overturn a committee endorsement decision) or deny (i.e., maintain the endorsement decision) the appeal. Consensus is 75% or greater agreement via a vote among members.

For the Fall 2025 cycle, the appeals period opened on February 25 and closed on March 17, 2025. The measures reviewed by Management of Acute Events and Chronic Conditions committee did not receive any appeals.

Management of Acute Events and Chronic Conditions Measure Evaluation

Summary of Potential High-Priority Gaps

The committee did not discuss any potential high-priority gaps.

Summary of Major Concerns

Data Element Validity

In discussion of CBE #5265, Advisory and Recommendation Group members, including patient partners, raised concerns that the measure relies on subjective, attestation-based scoring with vague elements, which could undermine accuracy, reliability, and consistency across hospitals. To meet E&M requirements for new measures, developers must provide evidence of data element reliability and validity. The developer provided some evidence of reliability but did not provide evidence for validity. The subject matter expert (SME) cautioned that such a self-reported structural measure is better for internal improvement than cross-hospital comparison; they recommended clearer definitions, standardized guidance, and domain-to-outcome testing.

Summary of Methodological Issues

The following brief summaries of the measure evaluation highlight the methodological issues the committee considered.

Risk Adjustment

Recommendation Group members expressed concern that CBE #3533e lacks risk adjustment, potentially penalizing hospitals treating higher-acuity patients, because hyperglycemia is closely tied to illness severity. One member called the absence of risk adjustment a “fatal flaw” for public reporting or potential future payment applications. Recommendation Group members argued that administrative data already includes necessary indicators that could support risk adjustment. The developer, supported by specialty societies and the SME, opposed risk adjustment, arguing that once initial glucose levels are excluded, subsequent hyperglycemia reflects hospital management and adjusting for it would weaken accountability. The Recommendation Group imposed a condition upon the measure for the developer to consider the potential for risk adjustment through empirical analysis when the measure returns for maintenance (5 years).

Advisory and Recommendation Group members questioned whether the risk-adjustment model for CBE #5325e sufficiently captures variation in surgical and patient-level venous thromboembolism (VTE) risk, noting that using only two procedure categories overlooks substantial risk differences. A Recommendation Group member suggested adding complexity indicators and established risk factors. The developer indicated that while they evaluated these factors, not all were statistically significant in the testing sample; however, the developer is committed to refining the model as more data become available. Some Recommendation Group members raised concerns that CBE #5325e does not account for social risk factors, such as transportation, medication costs, food insecurity, home support, insurance status, or limited rural

resources that can affect postoperative follow-up but are beyond hospitals' control. The developer acknowledged this feedback and plans to review post-implementation data to assess whether the risk-adjustment model should be refined. The Recommendation Group imposed a condition upon the measure for the developer to explore other risk factors that may impact post-discharge VTE (e.g., social determinants of health) when the measure returns for maintenance (5 years).

Reliability, Validity, and Facility-Level Factors in Risk Adjustment

In discussion of CBE #1716 and CBE #1717, Advisory and Recommendation Group members flagged low reliability due to small denominators and rare events, especially in critical access hospitals (CAHs), raising questions about valid inference and the need for multi-year aggregation. They highlighted the tradeoff between reliability and actionability: aggregating multiple years improves reliability above the 0.6 threshold but makes results less current, while excluding small hospitals improves reliability but reduces transparency. The developer added that standardization and risk adjustment compress variation, further lowering reliability for small facilities, although multi-year reporting can raise reliability to acceptable levels. The developer additionally noted that they are exploring alternative methods to address rare-event concerns and noted that the predicted value is risk-adjusted to allow fairer comparisons across hospitals.

Advisory and Recommendation Group members questioned the use of facility-level factors in the risk-adjustment model for CBE #1716 and #1717, warning that they may mask true quality differences and unfairly penalize hospitals serving certain populations (e.g., dual-eligible, race/ethnicity groups, persons who are homeless) that face higher MRSA risk due to social determinants of health independent of hospital quality. They emphasized the need for stronger patient-level risk adjustment and cautioned that adjusting for early stay prevalence could inflate expected rates and hide underperformance. The developer said community-onset data help account for incoming risk and noted plans to shift toward patient-level adjustment using Fast Healthcare Interoperability Resources® (FHIR®).

Feasibility and Burden

In discussion of CBE #5265, Advisory Group members raised concerns about the burden and complexity of collecting accurate data across varied units, patient populations, and transfers. A Recommendation Group member warned that the 28 core elements create substantial burden, not only for survey completion but for practical implementation, especially in hospitals with very low sepsis volumes, where added staffing, workflow changes, or electronic health record (EHR) updates may be disproportionate to case volume. They noted that hospitals currently average only 21 of 28 elements, reflecting the difficulty of full implementation, and drew parallels to other structural measures that have been burdensome even for well-resourced systems. While many hospitals already report some of these data, the committee emphasized that the measure's broad scope makes full compliance challenging and that a more focused set of high-impact elements could improve feasibility and value. The developer responded they reduced the list from 50 elements to 28 based on stakeholder input. They designed the measure to be flexible across settings. In addition, the developer emphasized that burden should be minimal because CDC has already collected these data from over 5,000 hospitals and the measure simply formalizes existing NHSN survey responses.

A committee member who voted to not endorse this measure noted high burden, as the attestation process is costly and time prohibitive for low-resource facilities. Another Recommendation Group member noted too many elements require significant investment and

administrative burden and that the developer should revise the measure to focus on the most critical components and solicit additional input from clinical teams and health systems.

Measure Evaluation Summaries

CBE #1716 – Methicillin-resistant Staphylococcus Aureus (MRSA) Bacteremia LabID Event Standardized Infection Ration (SIR) [CDC NHSN] – Maintenance

Specifications | Comment Summary Guide

***Substantive Changes: None**

Description: Annual risk-adjusted standardized infection ratio (SIR) of methicillin-resistant staphylococcus aureus (MRSA) bacteremia LabID Events among adults, children, and neonates hospitalized as inpatients at acute care and oncology hospitals. SIR is reported annually and is calculated by dividing the number of observed MRSA bacteremia LabID Events into the number of predicted MRSA bacteremia LabID Events.

Committee Final Vote: Endorse with Conditions

Conditions: When the measure comes back for maintenance in 3 years, the developer will have:

- Explored the possibility of using other all-payer data sources to expand the use of patient-level factors in the risk adjustment model and reduce reliance on facility-level factors.

Vote Count: Endorse (2 votes; 10%), Endorse with Conditions (14 votes; 70%), Remove Endorsement (4 votes; 20%), Recusals (0).

Summary of Public Comments: Battelle received one comment from the University of California Davis Health prior to the meeting. University of California Davis Health argued that the measure fails PQM Reliability criterion (>50% of facilities are below the threshold of 0.6), likely violates Poisson assumptions (overdispersion), and requires a longer performance period or higher minimum denominator for reliability.

Summary of Measure Evaluation: An endorsement committee last reviewed this maintenance measure during the Fall 2018 cycle. The CDC NHSN, CMS Care Compare, CMS Hospital-Acquired Condition Reduction Program (HACRP), CMS Hospital Inpatient Quality Reporting (HIQR) Program, CMS Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program, and CMS Hospital Value-Based Purchasing Program currently use the measure.

Discussion Topic/Theme	Committee Discussion Summary
Validity and Risk Adjustment Approach	• Advisory and Recommendation Group members questioned the model's reliance on facility-level variables, warning that it can mask true quality differences and unfairly penalize facilities serving certain populations (e.g., dual-eligible, race/ethnicity groups, persons who are homeless) that face higher MRSA risk due to social determinants of health independent of hospital quality. Committee members emphasized adding patient-level factors, especially given the measure's maturity, and cautioned that adjusting for early-stay prevalence may raise expected rates and mask underperformance.

Discussion Topic/Theme	Committee Discussion Summary
	• The developer noted that the community-onset signal accounts for incoming risk, and they are moving toward patient-level risk adjustment via FHIR. • The Recommendation Group argued MedPAR data (ages 65+) would enable patient-level claims risk adjustment but would exclude about 60% of events, resulting in poor reliability and coverage. The developer noted linkage and completeness challenges in data merges. • Based on this discussion, the Recommendation Group imposed a condition upon the measure for the **developer to explore the possibility of using other all-payer data sources to expand the use of patient-level factors in the risk adjustment model and reduce reliance on facility-level factors when the measure returns for maintenance (3 years).** • Despite the condition, one member still favored removal of endorsement and a redesigned model.
Reliability	• Advisory Group members flagged low overall reliability due to small denominators and rare events, especially in CAHs, and they questioned inference validity and the need for multi-year aggregation. They emphasized reliability's importance for payer programs, citing the measure's use in a payment accountability application. • The Recommendation Group discussed the tension between reliability and actionability, indicating rare events and small denominators reduce reliability for small hospitals, and aggregating 2 to 3 years of data to raise reliability above the 0.6 threshold makes results less actionable and less current. The committee noted that excluding smaller facilities improves reliability but removes transparency, whereas including smaller facilities may reduce reliability but sustain fair visibility. The developer noted that standardization and risk adjustment compress exposure, lowering signal-to-noise reliability for small facilities, and that multi-year reporting raises reliability above the threshold. • The developer clarified that they are working on alternate approaches that may address any rare events concerns. In addition, the predicted value is calculated via risk adjustment to account for differences in patient mix and context so hospitals can be compared more fairly.

Appeals: None.

CBE #1717 – Clostridioides difficile (CDI) LabID Event Standardized Infection Ratio (SIR) [CDC NHSN] – Maintenance

Specifications | Comment Summary Guide

***Substantive Changes: None**

Description: Annual risk-adjusted standardized infection ratio (SIR) of *Clostridioides difficile* (CDI) LabID events among adults and pediatrics hospitalized as inpatients at acute care hospitals, critical access hospitals, oncology hospitals, long-term acute care hospitals, and

acute care rehabilitation hospitals. SIR is reported annually and is calculated by dividing the number of observed CDIs into the number of predicted CDIs.

Committee Final Vote: Endorse with Conditions

Conditions: When the measure comes back for maintenance in 3 years, the developer will have:

- Explored the possibility of using other all-payer data sources to expand the use of patient-level factors in the risk adjustment model and reduce reliance on facility-level factors

Vote Count: Endorse (1 vote; 6%), Endorse with Conditions (14 votes; 78%), Remove Endorsement (3 votes; 17%), Recusals (0).

Summary of Public Comments: This measure did not receive any public comments.

Summary of Measure Evaluation: An endorsement committee last reviewed this maintenance measure during the Fall 2018 cycle. The CDC NHSN, CMS Care Compare, CMS HACRP, CMS HIQR Program, CMS PCHQR Program, CMS IRF Quality Reporting Program, CMS LTCH Quality Reporting Program, and CMS Hospital Value-Based Purchasing Program currently use the measure.

Discussion Topic/Theme	Committee Discussion Summary
Reliability	• See CBE #1716.
Risk Adjustment	• A patient partner on the Recommendation Group suggested that risk adjustment could obscure facility-caused infection and stated they did not want their experience "adjusted away" due to unrelated patient characteristics. • The committee members agreed this measure shares the same risk adjustment concerns as CBE #1716 (i.e., the risk adjustment model's reliance on facility-level variables and such factors "adjusting away" poor performance, thus making hospitals with higher infection burdens appear average). • The developer clarified the early stay prevalence variable is intended to capture incoming risk from the community, not to obscure facility performance. • Based on this discussion, the Recommendation Group imposed a condition upon the measure for the **developer to explore the possibility of using other all-payer data sources to expand the use of patient-level factors in the risk adjustment model and reduce reliance on facility-level factors when the measure returns for maintenance (3 years).**
Importance	• Patient partners from the Advisory and Recommendation Group emphasized the importance of CDI prevention and affirmed that CDI is a highly consequential and emotionally tragic hospital-acquired infection. Patient partners shared personal experiences highlighting gaps in infection control practices, such as delays in isolation, inconsistent availability of gowns, and environmental cleaning challenges. • A few patient partners from the Advisory Group identified specific practices that the logic model should include, such as testing for cure protocols before rooming and discharge and incorrect reliance on alcohol-based sanitizers that do not kill spores.

Appeals: None.

CBE #2459 – Risk Standardized Bleeding Rate for Patients Undergoing Percutaneous Coronary Intervention (PCI) [ACC] – Maintenance

Specifications | Comment Summary Guide

***Substantive Changes:**

1. **Now excludes cardiogenic shock and cardiac arrest patients.**
2. **Use of mechanical ventricular support is no longer an exclusion.**
3. **Numerator: updated bleeding definition: transfusion criteria is now stratified by PCI indication with two separate Hgb thresholds (8 and 10 g/dL), and added improved clarity on timing (post-procedure) for hemorrhagic stroke, tamponade, etc.**

Description: Risk standardized rate of intra and post procedure bleeding for patients age 18 and over without cardiogenic shock or cardiac arrest undergoing PCI.

Committee Final Vote: Endorse

Vote Count: Endorse (18 votes; 95%), Remove Endorsement (1 vote; 5%), Recusals (0).

Summary of Public Comments: Battelle received one comment from the University of California Davis Health prior to the meeting. University of California Davis Health questioned the justification for excluding patients who die within 24 hours of PCI or undergo coronary artery bypass graft (CABG) during the episode of care, asserting that these events often reflect postoperative bleeding complications the measure should capture. They agreed that exclusions for cardiogenic shock and cardiac arrest are appropriate preoperative conditions but deemed the other exclusions as inappropriate.

Summary of Measure Evaluation: An endorsement committee last reviewed this maintenance measure during the Fall 2018 cycle. The CathPCI Registry currently uses the measure.

Discussion Topic/Theme	Committee Discussion Summary
Numerator	• A few Advisory Group members expressed concern about the inclusion of hemorrhagic stroke within 72 hours post-PCI as a bleeding event, given its distinct mechanism (e.g., limited blood loss but high clinical impact due to intracranial location) and whether the conceptual rationale ties hemorrhagic stroke to peri-procedural anticoagulation. • Advisory Group members challenged the exclusion of patients who died on the day of PCI and asked if the developer had considered including bleeding disorders in the measure. • A Recommendation Group member and a public commenter questioned the scientific validity of excluding patients who die within 24 hours of PCI, arguing that these early deaths may relate to catastrophic bleeding events and thus should be counted as numerator events. Another committee member noted the

Discussion Topic/Theme	Committee Discussion Summary
	developer explained that a separate measure (CBE #0133) captures PCI deaths within 24 hours.
Consideration of Pre-Procedure Hemoglobin in Risk Adjustment	• A few Recommendation Group members discussed whether the risk adjustment model should include pre-procedure hemoglobin. Members, including a patient partner, emphasized the importance of accounting for baseline hemoglobin, as it is one of the strongest predictors of transfusion need, and noted that the numerator partly uses transfusions to identify bleeding complications. • The developer examined potential variables during model development, and pre-procedure hemoglobin did not show a strong, independent correlation in their testing dataset, and they cited concerns about variability in measurement and overfitting. • Recommendation Group members requested the developer revisit the inclusion of baseline hemoglobin in future model updates.

Appeals: None.

CBE #3533e – Hospital Harm – Severe Hyperglycemia [Mathematica/CMS] – Maintenance

Specifications | Comment Summary Guide

***Substantive Changes:**

1. **Denominator inclusion criteria: Updated from patients with a blood glucose reading of *greater than* 200 mg/dL to a blood glucose reading of *greater than or equal to* 200 mg/dL.**
2. **Exclusions: Inpatient hospitalizations for patients:**
   - **With a glucose result of >600 mg/dL anytime between 1 hour prior to the start of the encounter to 6 hours after the start of the encounter**
   - **Who have comfort care measures ordered or provided during the encounter**
   - **Who have a discharge disposition of hospice care at home or in a health care facility**

Description: This measure assesses the ratio of inpatient hospital days for patients ages 18 and older with a severe hyperglycemic event per the total qualifying inpatient hospital days for that encounter.

Committee Final Vote: Endorse with Conditions

Conditions: When the measure returns for maintenance review in 5 years, the developer will have:

- Considered the potential for risk adjustment through empirical analysis

Vote Count: Endorse (4 votes; 21%), Endorse with Conditions (12 votes; 63%), Remove Endorsement (3 votes; 16%), Recusals (0).

Summary of Public Comments: Battelle received one comment from the American Medical Association (AMA) prior to the meeting. The AMA urged continuous validation of electronic clinical quality measures (eCQMs) and broader testing across EHR vendors and hospital types before continued endorsement. The AMA also noted reliability can be very low with small denominators and recommended adding case minimums to avoid attributing performance to low-volume hospitals.

Summary of Measure Evaluation: An endorsement committee last reviewed this maintenance measure during the Fall 2019 cycle. CMS's Hospital Inpatient Quality Reporting (IQR) Program and CMS Medicare Promoting Interoperability Program currently use the measure.

Discussion Topic/Theme	Committee Discussion Summary
Risk Adjustment	• Recommendation Group members raised concerns that the lack of risk adjustment could unfairly penalize hospitals caring for high-acuity patients, given hyperglycemia's strong link to illness severity. One Recommendation Group member described the lack of risk adjustment as a "fatal flaw" for public reporting and payment and noted administrative data could support risk adjustment. • The developer, citing input from specialty societies and a SME, opposed risk adjustment, arguing that after excluding initial glucose levels, subsequent hyperglycemia reflects hospital management. They said adjusting would weaken accountability. • Recommendation Group members suggested broadening technical expert panel (TEP) representation, as other specialty societies may offer differing perspectives. The developer noted they are collecting subpopulation data to determine whether future exclusions, not risk adjustment, may be appropriate. • Based on this discussion, the Recommendation Group imposed a condition upon the measure for **the developer to consider the potential for risk adjustment through empirical analysis when the measure returns for maintenance (5 years).**
Reliability	• The Recommendation Group discussed the AMA's concerns around low case volumes, noting that small denominators can affect reliability. • The developer clarified that while all hospitals submitted testing data, CMS programs set a minimum denominator of 25 cases, preventing public comparisons of small-volume hospitals.
Lack of Longitudinal Performance Data	• The staff assessment noted the lack of longitudinal performance data as a limitation in the Use and Usability of the measure. • Advisory and Recommendation Group members raised questions about improvement trends since the measure's last endorsement. The Advisory Group asked whether any trends are evident, while the Recommendation Group cautioned that limited use and data currently hinder evaluation and emphasized reassessing trends as data mature.

Discussion Topic/Theme	Committee Discussion Summary
	• The developer explained that mandatory reporting was delayed due to the CMS rulemaking process and to give hospitals time to adjust workflows, and 2023 is the earliest data reporting year.
Validity	• Recommendation Group members expressed interest in whether testing data justify updates to the measure, particularly new exclusion and logic changes. One committee member specifically asked about the feasibility of excluding the initial elevated glucose value and sought clarification on the measure's "time zero," noting that drivers of hyperglycemia may occur prior to admission. • The developer confirmed the CBE testing dataset included the new exclusion (including high glucose at encounter start) and clarified that encounter "start" includes emergency department (ED) and observation time.

Appeals: None.

Additional Recommendations for the Developer/Steward: Recommendation Group members recommended developers implement risk adjustment, reassess exclusions with evidence, and broaden TEP participation to include groups such as AMA and American Heart Association.

CBE #5265 – Hospital Sepsis Program Core Elements Score [CDC NHSN] – New

Specifications | Comment Summary Guide

Description: Annual, non-weighted score, assessing acute care hospitals on their leadership support, personnel resources, implementation of quality improvement tools and practices to improve the recognition and care of patients with sepsis.

Committee Final Vote: Not Endorsed due to No Consensus

Vote Count: Endorse (11 votes; 58%), Not Endorse (8 votes; 42%), Recusals (0).

Summary of Public Comments: Battelle received one comment from the AMA prior to the meeting. The AMA stated they support efforts to improve sepsis care but oppose endorsing attestation-based structural measures. The AMA urged focusing on data-driven, outcome-oriented measures and intervention directly linked to improving patient safety and care.

Summary of Measure Evaluation: The endorsement committee reviewed this new measure for initial endorsement. The developer noted that the measure is planned for use in public reporting, public health/disease surveillance, regulatory and accreditation programs, quality improvement with benchmarking (external benchmarking to multiple organizations), and quality improvement (internal to the specific organization).

Discussion Topic/Theme	Committee Discussion Summary
Importance	• Recommendation Group patient partners, based on their lived experience, emphasized the urgency and value of a structural sepsis measure. They supported assessing hospital readiness but called for clearer, more meaningful

Discussion Topic/Theme	Committee Discussion Summary
	foundational questions so the score reflects actions that truly improve patient safety and reduce missed sepsis diagnoses. • One patient partner shared their significant personal losses to sepsis, underscoring the measure's importance.
Feasibility and Burden	• The Advisory Group raised concerns about the burden and complexity of collecting accurate data across diverse units, patient populations, and inter-facility transfers. • A Recommendation Group member raised concerns that the 28 core elements represent a substantial burden in terms of survey completion and in the practical implementation of multiple elements, particularly for hospitals with very low annual sepsis volumes. In such settings, requirements for new staff, major workflow modifications, or electronic record changes may represent a disproportionate investment relative to case volume. The committee member noted hospitals averaged 21 of 28 elements, highlighting the challenge of full implementation, and drew parallels to other recent structural measures that have proven burdensome for well-resourced systems. While many hospitals already report some data, committee feedback highlighted that the measure's broad scope makes full compliance difficult for even well-resourced hospitals, and a more focused set of high-impact elements could enhance both feasibility and value. • The developer said they narrowed the original guidance for the elements (50) to 28 via broad stakeholder input. The items are intentionally flexible to accommodate diverse contexts and system-level structures, balancing relevance and feasibility with limited subjectivity. They said they have not observed substantial burden, and the CDC has collected these data form over 5,000 hospitals for 2 years. In addition, the effort formalized NHSN survey responses into a score with no additional data collection.
Reliability, Validity, and Subjectivity	• Several Advisory Group members, including patient partners, stressed that the measure's attestation-based, non-weighted scoring across vague elements (e.g., "sufficient leadership support") raises accuracy and reliability concerns, and that subjectivity could permit gaming or inconsistent stringency. They suggested gathering responses from multiple frontline leaders across departments to enable inter-rater reliability, reduce leadership bias, and require documentation to support attestations. • The staff assessment noted concerns with the lack of data element validity testing, and the technical co-chair requested clarification on the status of an audit tool. The SME cautioned that a self-reported, attestation-based structural measure with vague wording is better for internal quality improvement than for cross-hospital comparison and urged clearer definitions, standardized guidance, and domain-to-outcome testing. • The developer acknowledged item subjectivity and explained that they are drafting an audit tool to validate the most subjective items through documentation, rather than auditing all elements; while the developer has not yet implemented the tool, they could finalize it quickly based on initial pilot work by the Michigan Hospital Medicine Safety Consortium and existing working drafts.

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Discussion Topic/Theme	Committee Discussion Summary
Scoring Logic	• A few Advisory Group members questioned the unweighted sum of elements, noting that unweighted scoring can mask critical gaps. They suggested considering weighing, thresholds, or reliability-based algorithms. A few Advisory Group members sought evidence that each element reduces sepsis. • During the endorsement meeting, the SME asked about the scoring logic in the multiprofessional expertise domain. They sought clarification on why intensive care unit (ICU) engagement is required and whether this disadvantages hospitals without ICU involvement. The SME also questioned the threshold of needing four disciplines for multidisciplinary representation. • The developer clarified that only hospitals with at least 10 critical care beds require ICU engagement; otherwise, it is not required, and that scoring draws from multiple question components and early NHSN survey items (e.g., critical care bed count) to tailor requirements to hospital context. The goal is demonstrating true multidisciplinary participation. The developer said they believed four disciplines was reasonable, despite no formal analysis, and said their stakeholders did not object to this choice.

Appeals: None.

CBE #5325e – Hospital Harm – Postoperative Venous Thromboembolism [Mathematica/CMS] – New

Specifications | Comment Summary Guide

Description: The proportion of inpatient hospitalizations for patients age 18 and older, who have at least one surgical procedure performed inside the operating room during the encounter, and who suffer the harm of a postoperative venous thromboembolism (VTE) during the encounter or within 30 days after the first surgical procedure. This measure is adjusted by patient-level risk factors (bleeding disorders, cancer, respiratory operations, central venous catheter insertion, vascular surgeries, obesity, stroke, and history of VTE).

Committee Final Vote: Endorse with Conditions

Conditions: When the measure comes back for maintenance in 5 years, the developer will have:

- Explored other risk factors that may impact post-discharge VTE (e.g., social determinants of health)

Vote Count: Endorse (2 votes; 11%), Endorse with Conditions (15 votes; 79%), Not Endorse (2 votes; 11%), Recusals (0).

Summary of Public Comments: Battelle received one comment from the AMA prior to the meeting. The AMA did not support endorsement of this measure, citing insufficient evidence for the 30-day post-discharge window, limited data element validity across only two EHR vendors with unclear capture of post-discharge VTE, and the absence of social risk factor testing in the risk adjustment model. The AMA stated these gaps raise significant potential for misrepresenting hospital performance.

Summary of Measure Evaluation: The committee reviewed this new measure for initial endorsement. The developer has noted that public reporting and payment programs plan to use the measure.

Discussion Topic/Theme	Committee Discussion Summary
Risk Adjustment	• Advisory and Recommendation Group members questioned whether the risk-adjustment model adequately captures differences in surgical and patient-level VTE risk. They asked how the model accounts for differences across procedure types, given it currently uses only two categories. • A Recommendation Group member explained that VTE risk varies widely across procedure types and suggested adding complexity indicators and established risk factors. The developer said they evaluated these factors but not all were statistically significant in the test sample; they committed to continuing refinement as more data become available.
Importance and Validity	• Patient partners in the Recommendation Group expressed support for the measure's intent, as postoperative VTE is a serious, preventable safety issue. They also underscored the need for greater reassurance and clarity regarding the AMA's concerns. They emphasized that the AMA's critique raises substantive issues that should be addressed, possibly through recommendations or conditions attached to endorsement, rather than dismissing the concerns outright. One patient partner highlighted the AMA's concern regarding the limited testing across only two EHR vendors, which may affect fairness and validity across hospitals. • The developer tested with Epic and Meditech EHRs, which represent a substantial share of hospitals and meet PQM's criteria for two EHR vendors. The developer will continue data collection as the measure is implemented. • In response to the AMA's feedback about insufficient evidence for the 30-day post-discharge window, the developer cited evidence that most postoperative VTEs occur within 2 to 4 weeks, supporting the 30-day window.
Social Determinants of Health and Hospital Accountability	• A few Recommendation Group members expressed concern that the measure does not adjust for social risk factors that affect postoperative adherence and follow-up but are outside of hospitals' control. The developer acknowledged these concerns and indicated that they plan to continue to collect post-implementation data to determine whether the risk-adjustment model needs refinement. • Based on this discussion, the Recommendation Group imposed a condition upon the measure for the **developer to explore other risk factors that may impact post-discharge VTE (e.g., social determinants of health) when the measure returns for maintenance (5 years).**
Surveillance Bias and Unintended Consequences	• An Advisory Group member described postoperative VTE as a well-known area for surveillance bias, emphasizing that detection depends heavily on how aggressively hospitals investigate (e.g., imaging practices) and local practice patterns. Other committee members agreed that more aggressive surveillance identifies more events, while limited surveillance may miss true cases. • A few Recommendation Group members raised concerns about unintended consequences from the measure's clinical logic, particularly for thoracic

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Discussion Topic/Theme	Committee Discussion Summary
	epidural pain management, because some postoperative anticoagulation options contraindicate epidurals. A few committee members suggested considering subcutaneous heparin, which a committee member described as the safest prophylaxis for epidural patients, to avoid undermining standard practice, and stressed ensuring the measure does not reduce care quality or create conflicting incentives. • The developer stated that the measure is not intended to promote use of prophylactic anticoagulants; rather, it emphasizes movement, compression stockings, and follow-up.
Post-Discharge Data Capture	• The Recommendation Group highlighted significant challenges in identifying VTE events after discharge, particularly when a different hospital, outpatient imaging center, or ED diagnosis the event. Additionally, Recommendation Group members expressed concern that the measure may penalize hospitals, particularly tertiary centers whose patients return to community hospitals for deep vein thrombosis (DVT)/pulmonary embolism (PE) evaluation, for events they cannot observe. • The Recommendation Group questioned whether the numerator definition could under-capture true postoperative VTE rates, affecting reliability and potentially biasing comparisons based on local care-seeking patterns, and noted that diagnosis is increasingly occurring outside inpatient settings. • The developer indicated that the measure only captures events when the patient is admitted as an inpatient and receives both imaging confirmation and treatment; thus, many outpatient events will not populate the numerator.

Appeals: None.

References

1. Claxton G, Cox C, Gonzales S, Kamal R, Levitt L. Measuring the quality of healthcare in the U.S. Kaiser Family Foundation. September 10, 2015. Accessed September 18, 2024. https://www.healthsystemtracker.org/brief/measuring-the-quality-of-healthcare-in-the-u-s/

2. Quality Measurement and Quality Improvement. Centers for Medicare & Medicaid Services. Updated 09/10/2024. Accessed September 18, 2024. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Quality-Measure-and-Quality-Improvement-

3. Centers for Disease Control and Prevention. (2026, January 30). *HAIs: Reports and data*. https://www.cdc.gov/healthcare-associated-infections/php/data/index.html

4. Chhatriwalla, A. K., Amin, A. P., Kennedy, K. F., et al. (2013). Association between bleeding events and in-hospital mortality after percutaneous coronary intervention. *JAMA, 309*(10), 1022–1029. https://doi.org/10.1001/jama.2013.1556

5. Tripathi, A., Abbott, J. D., Fonarow, G. C., Khan, A. R., Barry, N. G. IV, Ikram, S., Coram, R., Mathew, V., Kirtane, A. J., Nallamothu, B. K., Hirsch, G. A., & Bhatt, D. L. (2017). Thirty-day readmission rate and costs after percutaneous coronary intervention in the United States. *Circulation: Cardiovascular Interventions, 10*(12), e005925. https://doi.org/10.1161/CIRCINTERVENTIONS.117.005925

Appendix A: Management of Acute Events and Chronic Conditions Committee Roster

Fall 2025 Cycle

Member	Affiliation/ Organization	Primary Perspective	Advisory or Recommendation Group
Lauren Agoratus *(Patient Representative Co-Chair)*	--	Patient Participant	Recommendation
Vilma Joseph *(Technical Co-Chair)*	Albert Einstein College of Medicine/Montefiore	Clinician	Recommendation
Sharon Ayers	--	Patient Participant	Recommendation
Jeni Barham	Mainline Health Systems	Clinician	Advisory
Rosie Bartel	--	Patient Participant	Recommendation
Nakia Bolden	Milliman	Population Health Expert	Advisory
Whitney Bowman-Zatzkin	Rare Dots, Inc.	Patient Participant	Recommendation
Carrie Bramlee	--	Patient Participant	Advisory
Frankie Catalfumo	Association for Professionals in Infection Control and Epidemiology (APIC) Center for Research, Practice, and Innovation	Other Interested Party	Advisory
Maurine Cobabe	Intermountain Health	Facility/Institution	Advisory
Marybeth Farquhar	American Urological Association	Researcher	Recommendation
Angela Flanagan	Lantana	Clinician	Advisory
Emily Fondahn	University of Missouri Healthcare	Clinician	Recommendation
Mika Gans	Colorado Access	Purchaser/Plan	Recommendation
Byron Geoffrey	--	Patient Participant	Advisory
Laurent Glance	University of Rochester Medical Center; RAND Corporation	Researcher	Recommendation
Pankaj Gupta	VNS Health Plans	Purchaser/Plan	Advisory

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Member	Affiliation/ Organization	Primary Perspective	Advisory or Recommendation Group
Shawn-Marie Herring	Texas Health Resources; University of Texas (UT) Arlington	Other Interested Party	Advisory
Kyle Hultz	Memorial Hospital West	Facility/Institution	Advisory
Jennifer Hunt	--	Patient Participant	Advisory
Wiley Jenkins *(Inactive)*	Southern Illinois University School of Medicine	Population Health Expert	Recommendation
Sarah Johnson	--	Patient Participant	Advisory
Sachie Koufalis	Healthfirst	Population Health Expert	Advisory
Abate Mammo	New Jersey Hospital Association	Other Interested Party	Recommendation
Kristin Mattingly		Facility/Institution	Advisory
Chisa Nosamiefan	The Labalaba Foundation	Patient Participant	Advisory
Tamare Ojeda	Commission on Dietetic Registration	Clinician	Recommendation
Adelisa Perez-Hudgins	New Jersey (NJ) Health Care Quality Institute	Clinician	Advisory
Jennifer Plathe	--	Population Health Expert	Advisory
Heidi Porter	--	Facility/Institution	Advisory
Dmitriy Poznyak	National Quality Forum (NQF)	Researcher	Advisory
Monika Ray	University of California (UC) Davis, School of Medicine	Researcher	Advisory
Rena Sackett	American Society of Health-Systems Pharmacists (ASHP); Sibley Memorial Hospital	Facility/Institution	Advisory
Nagaraju Sarabu	MetroHealth	Clinician	Advisory
Antoinette Schoenthaler	New York University (NYU) Langone	Population Health Expert	Recommendation
Maureen Seckel	Christiana Care Health System	Clinician	Advisory
Vikram Shah	Cigna	Purchaser/Plan	Recommendation

Member	Affiliation/ Organization	Primary Perspective	Advisory or Recommendation Group
David Shahian	Harvard; Massachusetts General Hospital	Clinician	Advisory
Benjamin Shirley	Pharmacy Quality Alliance	Other Interested Party	Advisory
Kenneth Shitara	UCLA Health	Population Health Expert	Advisory
Pavel Sinyagovskiy	Yuma Regional Medical Center	Clinician	Advisory
Chloe Slocum	Harvard Medical School; Spaulding Rehabilitation Network at Mass General Brigham; Harvard Medical School Department of Physical Medicine and Rehabilitation	Clinician	Recommendation
Annie Slye	Oracle Health Federal Solutions	Population Health Expert	Advisory
Megan Streur	University of Washington School of Nursing	Researcher	Advisory
Terra Stump	Mathematica	Other Interested Party	Advisory
Jeff Susman	--	Clinician	Advisory
Lisa Suter	Yale Center for Outcomes Research and Evaluation (CORE)	Clinician	Recommendation
Eleni Theodoropoulos	URAC	Other Interested Party	Recommendation
Florence Thicklin	--	Patient Participant	Recommendation
Samantha Tierney	American College of Physicians (ACP)	Other Interested Party	Recommendation
Sara Toomey	Boston Children's Hospital; Harvard	Clinician	Advisory
Michael Trangle	HealthPartners	Clinician	Advisory
Carissa van den Berk-Clark	St. Louis University's Ambulatory Research Community Health Network (ARCHNet)	Researcher	Advisory
John Wagner	NYC Health + Hospitals/Kings County	Facility/Institution	Recommendation

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Member	Affiliation/ Organization	Primary Perspective	Advisory or Recommendation Group
Sharronne Ward	Grand Prairie Services	Population Health Expert	Advisory
Wei Ying	Blue Cross Blue Shield of Massachusetts	Purchaser/Plan	Advisory
Bianca Young	--	Patient Participant	Recommendation
Tarik Yuce	Indiana University; Regenstreif Institute	Researcher	Recommendation
Bonnie Zima	University of California, Los Angeles (UCLA) Mental Health Informatics and Data Science (MINDS) Hub	Researcher	Advisory

Partnership for Quality Measurement Organizations

Battelle

Measure Stewards

American College of Cardiology (ACC)

Centers for Disease Control and Prevention (CDC)

Centers for Medicaid & Medicare Services (CMS)

Measure Developers

Mathematica

Appendix B: Acronyms

Please note: The following list encompasses acronyms that Battelle commonly encounters and uses in its work as a CBE. Not all the acronyms will appear in this document.

Acronym	Definition
ACA	Affordable Care Act
ACC	American College of Cardiology
ACO	Accountable Care Organization
AGC	After Government Contract
AHIP	Formerly known as American Health Insurance Plans
AHRQ	Agency for Healthcare Research and Quality
AI Pilot	Artificial Intelligence Pilot
AIPAC	Advanced Illness and Post-Acute Care
AIR	American Institutes for Research
ANOVA	Analysis of Variance
ASCO	American Society of Clinical Oncology
ASCQR	Ambulatory Surgical Center Quality Reporting Program
ASCs	Ambulatory Surgical Centers
C&E	Cost and Efficiency
CAH	Critical Access Hospital
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CBE	Consensus-Based Entity
CBE ID	Consensus-Based Entity Identification
CDC	Centers for Disease Control and Prevention
CDS	Clinical Decision Support
CDSS	Clinical Decision Support System
CIS	Clinical Information Systems
CMIT	CMS Measures Inventory Tool
CMMI	Center for Medicare and Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
CO	Contracting Officer
COIs	Conflicts of Interest
COR	Contracting Officer's Representative
CPG	Clinical Practice Guidelines

Acronym	Definition
CQL	Clinical Quality Language
CQM	Clinical Quality Measure
CQMC	Core Quality Measures Collaborative
CSAC	Consensus Standards Approval Committee
DEL	CMS Data Element Library
Del.	Deliverable
DOI	Disclosure of Interest
dQMs	Digital Quality Measures
DRC	Direct Reference Code
E&M	Endorsement and Maintenance
EC	Electronic Copy
eCQI	Electronic Clinical Quality Improvement
eCQM	Electronic Clinical Quality Measures
ED	Emergency Department
EHR	Electronic Health Record
EPC	Evidence-Based Practice Center
ESRD QIP	End-Stage Renal Disease Quality Improvement Program
EVI	Expected Value of Information
FAQs	Frequently Asked Questions
FFS	Fee-For-Service
FHIR®	Fast Healthcare Interoperability Resources®
FMS	Full Measure Submission
FY	Fiscal Year
HACRP	Hospital-Acquired Conditions Reduction Program
HCBS	Home and Community-Based Services
HCD	Human-Centered Design
HEDIS	Healthcare Effectiveness Data and Information Set
HH QRP	Home Health Quality Reporting Program
HH VBP	Home Health Value-Based Purchasing
HHS	Department of Health and Human Services
HIQR	Hospital Inpatient Quality Reporting
HOPD	Hospital Outpatient Department
HOPE	Hospice Outcomes and Patient Evaluation

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Acronym	Definition
HOQR	Hospital Outpatient Quality Reporting
HQMF	Health Quality Measurement Format
HQR	Hospice Quality Reporting
HQRP	Hospice Quality Reporting Program
HRRP	Hospital Readmission Reduction Program
HSAG	Health Services Advisory Group
HTML	Hypertext Markup Language
HVBP	Hospital Value-Based Purchasing
IAW	In Accordance With
ICD	International Classification of Diseases (International Statistical Classification of Diseases and Related Health Problems)
IHI	Institute for Healthcare Improvement
IMPACT Act	Improving Medicare Post-Acute Care Transformation Act
IPF	Inpatient Psychiatric Facilities
IPF QRP	Inpatient Psychiatric Facility Quality Reporting Program
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
IR	Initial Recognition
IRF	Inpatient Rehabilitation Facilities
IRF QRP	Inpatient Rehabilitation Facility Quality Reporting Program
IT	Information Technology
ITS	Intent to Submit
LLMs	Large Language Models
LTACH	Long-Term Acute Care Hospitals
LTCH	Long-Term Care Hospital
LTCH QRP	Long-Term Care Hospital Quality Reporting Program
MA	Medicare Advantage
MACRA	Medicare Access and CHIP Reauthorization Act
MACS	Medicaid: Adult Core Set
MAQIP	Medicare Advantage Quality Improvement Program
MAT	Measure Authoring Tool
MCCS	Medicaid: Child Core Set
MCO	Managed Care Organization

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Acronym	Definition
MERIT	Measures Under Consideration Entry/Review Tool
MIPPA	Medicare Improvement for Patients and Providers Act of 2008
MIPS	Merit-based Incentive Payment System
MLTSS	Managed Long-Term Service and Support
MMS	Measures Management System
MS-DOI	Measure-Specific Disclosure of Interest
MSR	Measure Set Review
MSSP	Medicare Shared Savings Program
MUC	Measures Under Consideration
n	Sample Size
NCDC	National Consensus Development and Strategic Planning for Health Care Quality Measurement Contract
NCQA	National Committee for Quality Assurance
NHDNG	Novel Hybrid Delphi and Nominal Groups
NHQI	Nursing Home Quality Initiative
NLP	Natural Language Processing
NQF	National Quality Forum
NQS	CMS National Quality Strategy
NTTAA	National Technology Transfer and Advancement Act
OMB	Office of Management and Budget
OP	Option Period
OY	Option Year
PA	Preliminary Assessment
PAC/LTC	Post-Acute Care/Long-Term Care
PaLS	Patient Life Goals Survey
PAM	Patient Activation Measure
PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
PDF	Portable Document Format
PIE Form	Pre-Meeting Initial Evaluation Form
PL	Project Leader
PM	Project Manager
PMP	Project Management Plan
POC	Point of Contact
PPS	Prospective Payment System

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Acronym	Definition
PQA	Pharmacy Quality Alliance
PQM	Partnership for Quality Measurement
PRA	Paperwork Reduction Act
PRMR	Pre-Rulemaking Measure Review
PRO	Patient-Reported Outcome
PROM	Patient-Reported Outcome Measure
PRO-PMs	Patient-Reported Outcome Performance Measures
Q&A	Question & Answer
QC	Quality Control
QCDR	Qualified Clinical Data Registries
QDM	Quality Data Model
QI	Quality Improvement
QMDSA	Quality Measure Developer and Steward Agreement
QPP	Quality Payment Program
REHQR	Rural Emergency Hospital Quality Reporting (Program)
SDOH	Social Determinants of Health
SES	Socioeconomic Status
SLIN	Subline Item Number
SMEs	Subject Matter Experts
SMP	Scientific Measures Panel
SNF	Skilled Nursing Facilities
SNF QRP	Skilled Nursing Facility Quality Reporting Program
SNF VBP	Skilled Nursing Facility Value-Based Purchasing
SOP	Standard Operating Procedure
SOW	Statement of Work
SSA	Social Security Administration
STAR	Submission Tool and Repository
SUD	Substance Use Disorder
TBD	To Be Determined
TEP	Technical Expert Panel
TL	Task Lead
UMLS	Unified Medical Language System
USCDI	United States Core Data for Interoperability

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Acronym	Definition
VSAC	Value Set Authority Center
Yale CORE	Yale Center for Outcomes Research and Evaluation

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