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National Consensus Development and Strategic Planning for Health Care Quality Measurement

2025-2026 Pre-Rulemaking Measure Review (PRMR) Recommendation Group Final Meeting Summary

POST-ACUTE CARE/LONG-TERM CARE (PAC/LTC) COMMITTEE

February 2026

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Pre-Rulemaking Measure Review (PRMR)

Battelle staff convened the PRMR Recommendation Group for the Post-Acute Care/Long-Term Care (PAC/LTC) Committee on January 14, 2026, for discussion on the 2025 Measures Under Consideration (MUC).

The goal of this meeting was to discuss the Advance Care Planning measure for future consideration for Centers for Medicare & Medicaid Services (CMS) PAC/LTC programs through the perspective of interested parties impacted by the measure. This meeting summary provides an overview of the meeting. For reference, a list of acronyms can be found on the Partnership for Quality Measurement (PQM) glossary page.

Figure 1. PRMR Meeting Attendance

Meeting participants joined virtually through the Zoom meeting platform. Figure 1 outlines overall meeting attendance. From the PAC/LTC Committee, 26 active Recommendation Group members and 19 Advisory Group members attended and engaged in the measure discussion. These committee members represented the interested parties shown in Figure 1. CMS, partners at other federal agencies, and PQM representatives also attended the meeting. Twelve members of the public joined the call in “listen only” mode.

Overview and Purposes

Brenna Rabel, MPH, technical director of the PQM, welcomed the attendees to the meeting. Ms. Rabel noted that this year had been atypical, specifically with the government shutdown, which impacted publication of the MUC List, and, therefore, this year’s meeting looked different than those in the past. She noted late-breaking updates with the measure also impacted the day’s meeting’s structure. Ms. Rabel emphasized that attendees’ contributions directly shape patient care standards and thanked the group for their participation. Ms. Rabel then handed the discussion to Dr. Michelle Schreiber, MD, the deputy director of the Center for Clinical Standards and Quality (CCSQ) and the director of the Quality Measurement and Value-Based

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Incentives Group (QMVIG) at CMS. Dr. Schreiber welcomed everyone and thanked them for their participation. She explained that the one measure for discussion, Advance Care Planning, is important for documentation of end-of-life care decisions. She emphasized that the discussion would focus on whether the Advance Care Planning measure belongs in post-acute care settings and how the measure might need to be respecified for future consideration. As such, CMS is not currently considering the measure for use in specific programs during this pre-rulemaking cycle, and, therefore, the committee would not vote on the current version of the measure. Dr. Schreiber thanked Battelle for organizing the meeting, as well as CMS staff, measure developers, and committee members for attending.

Ms. Rabel introduced her co-facilitator Dr. Meridith Eastman PhD, MSPH, PRMR/Measure Set Review (MSR) task lead, as well as other Battelle and CMS staff. After a brief overview of the day's objectives and agenda, Kate Buchanan, MPH, PRMR/MSR deputy task lead, conducted roll call, and Recommendation Group members introduced themselves. Recommendation Group co-chairs Janice Tufte, patient co-chair, and Dr. Carol Siebert, MS, OTD, technical co-chair, shared their relevant perspectives and motivation for serving in this role.

PRMR PAC/LTC Committee Measure Discussion

After opening remarks, Battelle facilitators outlined the procedures for discussing the measure.

MUC2025-020 Advance Care Planning (ACP) [CMS]

Description: Percentage of patients aged 18 years and older at the start of the measurement period with one or more inpatient encounters during the measurement period who have an advance care planning document or documentation of an advance care planning discussion resulting in a documented decision in the electronic health record (EHR) by the time of hospital discharge for at least one hospital encounter during the measurement period.

Voting: CMS excluded the measure from voting because it is not specified for or tested in post-acute care setting. The committee discussed it but did not vote.

Measure Discussion:

CMS Opening Remarks: CMS emphasized the critical importance of the ACP measure, noting that while voting cannot occur in the PAC/LTC setting because the measure is not currently tested at the correct level of analysis, CMS is eager to hear stakeholder input. The intent of the measure is to normalize ACP conversations between patients and their caregivers so that individuals can designate a health care proxy and discuss their wishes before a crisis occurs. CMS noted that the measure's technical expert panel (TEP) clarified that naming a health care proxy satisfies the numerator requirement and that the TEP acknowledged that detailed medical decisions can overwhelm patients. CMS emphasized that the ACP measure goes beyond asking whether the conversation occurred and requires documentation of the outcome from the discussion. CMS's view is that ACP is essential across all care settings to ensure care teams honor patients' wishes throughout their health care journey.

Battelle Summary of Public Comment: Dr. Eastman noted that the measure received 100 written comments and 10 spoken comments. Commenters encouraged taking every opportunity to engage patients in conversations about their end-of-life wishes, as ACP is vital for documenting values and preferences to ensure care aligns with what matters most to individuals. Commenters noted that systematic ACP discussions across all care settings can improve quality of care, reduce unnecessary interventions, and conserve resources. They stressed that ACP should occur early and often throughout serious or chronic conditions, not just at end-of-life, and that better data collection and reporting can enhance care for older adults and those with serious illnesses. However, commenters raised concerns about clarifying what constitutes a "documented decision," especially when patients defer decisions, and about the risk of excessive ACP discussions causing fatigue or confusion. Some public commenters also expressed concerns about interoperability of the measure across settings, the measure's focus on documentation rather than conversation quality, and the need for staff training to ensure meaningful discussions. Some commenters questioned applicability in short-stay rehabilitation settings, suggesting denominator exclusions for patients with quick transfers.

Closing Gaps of Care Considerations: Battelle's literature review found that people living in rural areas have fewer opportunities for ACP; patients eligible for both Medicare and Medicaid face fragmented care, which can impact the completion and efficacy of ACP; and that people with limited English proficiency experience barriers in end-of-life decision-making and care planning, which may lead to more aggressive interventions at end of life and lower rates of comfort measures and do-not-resuscitate orders. The review also noted that Medicare patients are more likely to have preoperative ACP documentation in the EHR than those with other insurance types.

Committee Discussion:

Patient-centered, meaningful ACP conversations: Committee members agreed that ACP should move beyond documentation and reflect meaningful, patient-centered conversations. They emphasized the importance of starting these discussions with what matters most to the individual, rather than focusing narrowly on technical decisions such as resuscitation or hospitalization. Committee members shared personal and professional experiences that highlighted the importance and complexity of ACP. Their stories illustrated how decision-making often excludes patients, especially younger individuals or those with chronic conditions, and how perspectives can change over time due to age, health status, or life events. The committee affirmed that ACP is essential to honor patient preferences and improve care quality.

Training and cultural sensitivity: Several members highlighted the importance of proper training for end-of-life conversations and cautioned against untrained non-clinical staff conducting these conversations. Several committee members emphasized the importance of cultural sensitivity, because, in their personal experience, certain communities avoid ACP discussions due to stigma or mistrust.

Practical, flexible implementation: Committee members discussed practical considerations for implementing the measure. They proposed aligning ACP updates with existing care planning timelines, such as quarterly or annual reviews, and triggering reassessment after significant

health changes or transitions of care. They advised against imposing strict deadlines and instead recommended adopting a flexible approach to address individual circumstances. Several members raised concerns about unintended consequences, such as “ACP fatigue” or superficial documentation rather than promoting a meaningful conversation. The group noted that the measure is feasible because CMS already implemented it in several of the quality programs. CMS representatives indicated that feedback would inform future refinements of the measure. The committee agreed that successful implementation will require thoughtful specification, cultural sensitivity, and system-level support to ensure that ACP becomes a meaningful, empowering process rather than a burdensome requirement.

Additional Considerations and Future Directions:

Committee members emphasized the need for a national repository or secure digital lockboxes to ensure portability and accessibility of ACP documents across states and care settings. Members identified electronic health record field standardization and interoperability as a critical step to make ACP documentation actionable during transitions of care and to ensure documentation is actionable at the point of care. Members also called for clear implementation guidance to prevent the measure from becoming a mere checkbox exercise, recommending that CMS monitor for unintended consequences and differences in completion due to language, culture, or setting. They also raised the importance of reimbursement models and advocacy group involvement to support adoption and suggested incorporating cultural sensitivity and patient-centered approaches to ensure ACP reflects individual values and goals rather than rigid protocols.

Next Steps

Dr. Eastman thanked all attendees for their enthusiastic participation and rich discussion. Ms. Buchanan reviewed the next steps for the committee and shared important dates, including:

- January 30, 2026: Final MUC Recommendations Spreadsheet published on PQM website
- February 2-16, 2026: Final MUC Recommendations Spreadsheet public comment period
- February 12, 2026: Final PRMR PAC/LTC Recommendation Group Meeting Summary and Recording published on PQM website
- February 25, 2026: Final MUC Recommendations Report published on PQM website

She added that the public comment period for the MUC Recommendations Spreadsheet is an opportunity for additional feedback on measures but does not alter the voting results from the meetings.

Closing Acknowledgements

Acknowledging the committee’s diverse perspectives and heartfelt personal stories, Dr. Schreiber thanked members for their dedication to improving health care quality and thanked Battelle for excellent facilitation. She emphasized that CMS values and listens closely to the committee’s input and adjourned the meeting.

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