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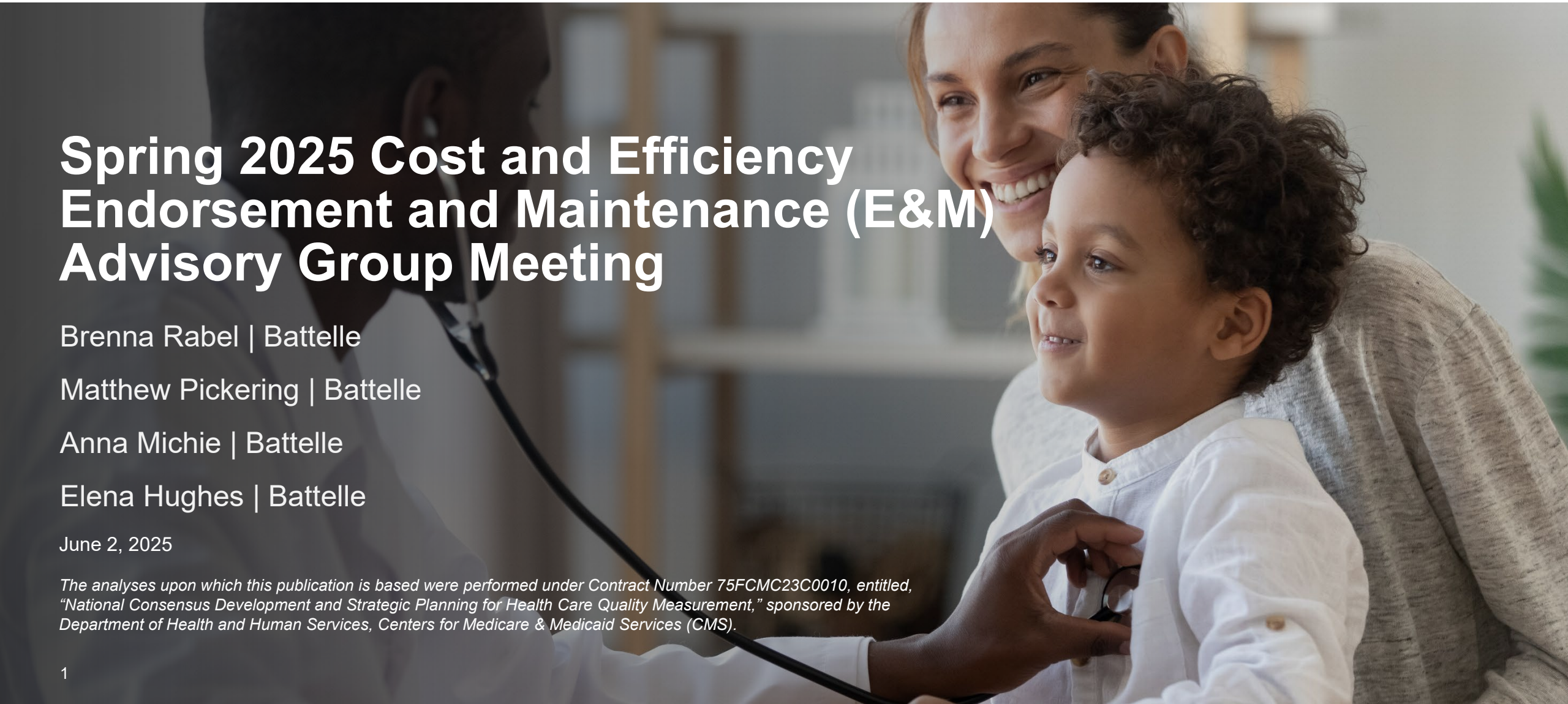

Spring 2025 Cost and Efficiency Endorsement and Maintenance (E&M) Advisory Group Meeting

Brenna Rabel | Battelle

Matthew Pickering | Battelle

Anna Michie | Battelle

Elena Hughes | Battelle

June 2, 2025

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Agenda

- Welcome and Review of Meeting Ground Rules
- Roll Call
- Overview of E&M Process and Advisory Group Meeting Procedures
- Discussion of Spring 2025 Measures
- Next Steps
- Adjourn

Housekeeping Reminders

- Housekeeping reminders:
  - The system will allow you to mute/unmute yourself and turn your video on/off throughout the event.
  - Please raise your hand and unmute yourself when called on.
  - Please lower your hand and mute yourself following your question/comment.
  - Please state your first and last name if you are a call-in user.
  - We encourage you to keep your video on throughout the event.
  - Feel free to use the chat feature to communicate with Battelle staff.
- If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at PQMsupport@battelle.org.

Meeting Ground Rules

- Respect all voices.
- Remain engaged and actively participate.
- Keep your comments concise and focused.
- Be respectful and allow others to contribute.
- Share your experiences.
- Learn from others.

Project Team

- Nicole Brennan, MPH, DrPH, Executive Director
- Brenna Rabel, MPH, Principal Quality Measure Scientist
- Jeff Geppert, Measure Science Team Lead
- Quintella Bester, PMP, Senior Program Manager
- Matthew Pickering, PharmD, Principal Quality Measure Scientist
- Anna Michie, MHS, PMP, Senior Quality Measure Scientist
- Beth Jackson, PhD, MA, Social Scientist IV
- Adrienne Cocci, MPH, Social Scientist III
- Stephanie Peak, PhD, Social Scientist III
- Isaac Sakyi, MSGH, Social Scientist III
- Jessica Lemus, MA, Social Scientist III
- Elena Hughes, MS, Social Scientist II
- Olivia Giles, MPH, Social Scientist I
- Sarah Rahman, Social Scientist I

Roll Call

Cost and Efficiency Committee

Advisory Group Members

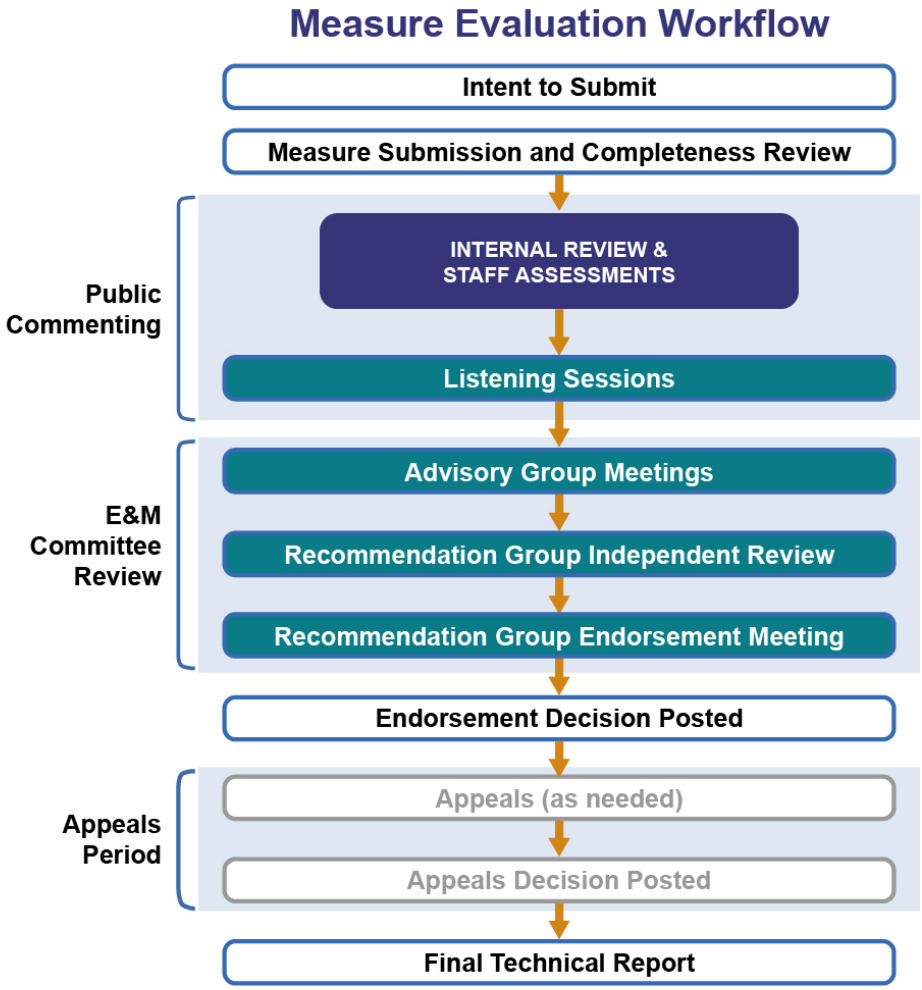
- Jacqueline Alikhaani, BS
- Nishant Anand, MD, FACEP
- Melody Beaty, BSN, RN, CEN
- Bijan Borah, PhD, MSc
- Lauren Campbell, MA, PhD
- Erin Crum, MPH
- Anne Deutsch, BSN, MS, PhD
- Maria Fernandez, BA, MHA
- Stephanie Fitzgerald, RN RAC-CTA
- Carrie I. Freeman-Wright, DBA, MM, HRM
- Olga Gross-Balzano, CPA, NHA, PMP
- Michelle Hammer, BS
- Stephanie Hansen, DO, MBA
- Charles Hawley, BS, MA
- Sharon Hibay, DNP, RN
- Kristal Higgins
- Christina Hurst
- Sunny Jhamnani, MD
- Robert Jones, MD, FACP
- Jessica Peterson, MD, MPH
- Susan Roberts, MS
- Lynden Schuyler, MPH, MBA
- Shalini Selvarajah, MD, MPH, MA, CPH, CPHQ, FRSPH
- Trisha Jean Smith, MPH
- Steven Spivack, PhD, MPH

Overview of E&M Process

Spring 2025 E&M Process

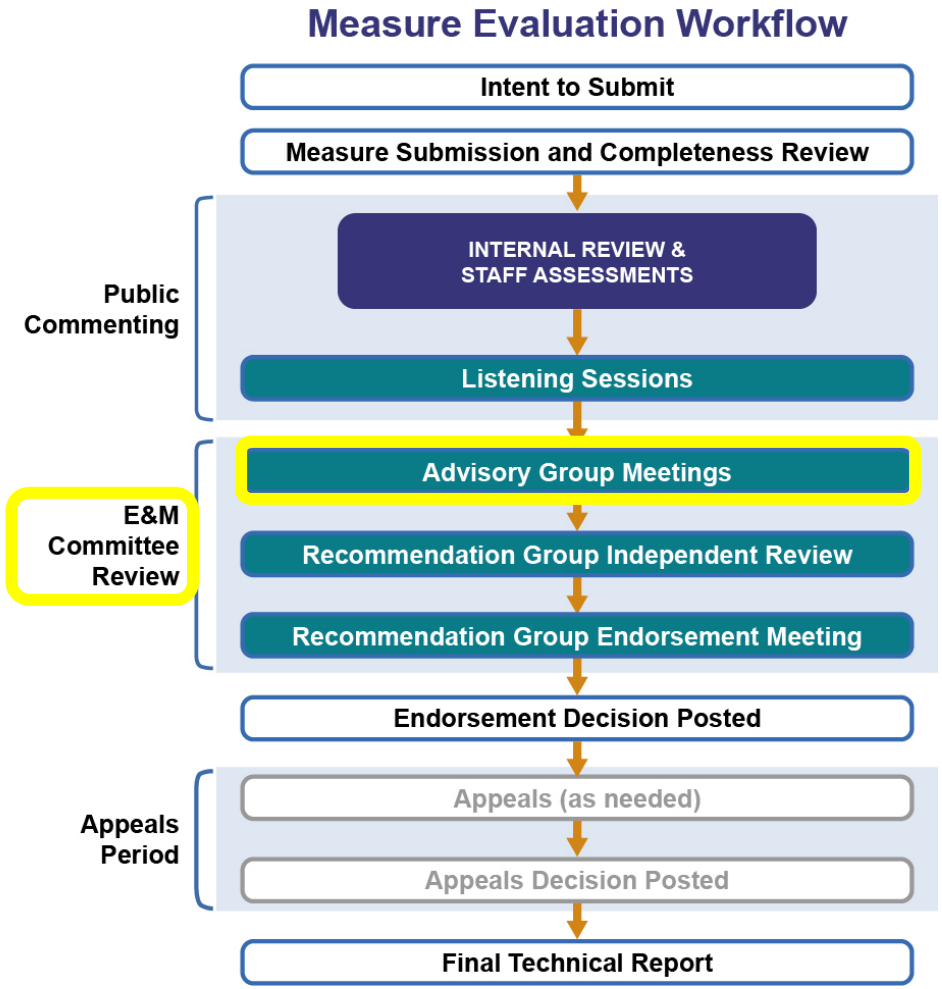
Six major steps:

1. Intent to Submit
2. Full Measure Submission
3. Staff Internal Review and Measure Public Comment
   - Public Comment Listening Sessions
4. E&M Committee Review
   - Advisory Group Meetings
   - Recommendation Group Independent Review
   - Recommendation Group Meetings
5. Appeals Period (as warranted)
6. Final Technical Report



E&M Committee Review
Advisory Group Endorsement Meeting

- **Steps:**
  - The Advisory Group from each E&M committee convenes to comment on strengths and limitations of submitted measure(s) and ask questions of developers.
  - Developers are encouraged to attend and to respond to questions/feedback from the Advisory Group members.
- **Timing:**
  - First 2 weeks in December (Fall) and June (Spring)
- **Outputs:**
  - Summary of Advisory Group member feedback, questions, and developer/steward responses are posted to the PQM website.



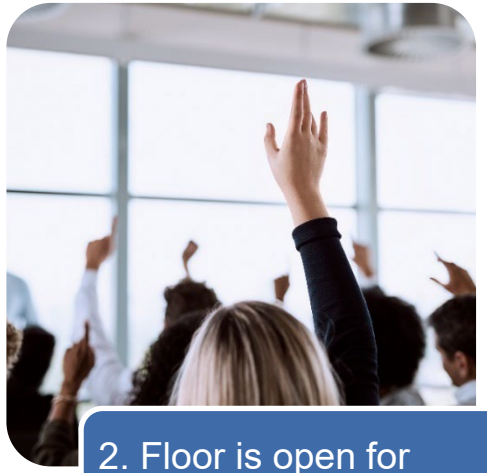
Advisory Group Meeting Procedures

Advisory Group Meeting

Measure Review Procedures

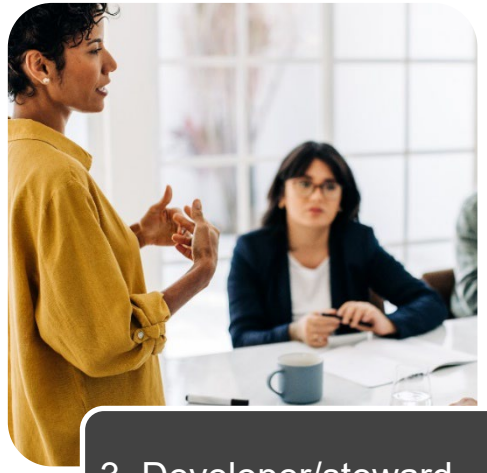
1. Measure introduction by Battelle

- Battelle introduces the measure, highlighting basic information about the measure (e.g., description, measure type, target population, current/planned use).



2. Floor is open for Advisory Group member questions and feedback

- Co-chairs and Battelle staff conduct facilitated discussion by topic:
  - Patient partner feedback
  - Advisory Group clarification questions and feedback, **noting what the Recommendation Group should discuss/consider**



3. Developer/steward asked to respond to feedback and questions

- Developer/steward respond to questions by topic.
- Before moving to next measure, developer/stewards provide final response to the discussion.

PQM Measure Evaluation Rubric

1. **Importance** - Extent to which the measure is evidence based AND is important for making significant gains in health care quality or cost where there is variation in or overall less-than-optimal performance.

2. **Feasibility** - Extent to which the measure specifications (i.e., numerator, denominator, exclusions) require data that are readily available OR could be captured without undue burden AND can be implemented for performance measurement.

3. **Scientific Acceptability [i.e., Reliability and Validity]** - Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented.

4. **Closing Care Gaps (optional)** - Extent to which the measure can identify differences in care for certain patient populations, which can be used to reduce disparities in care.

5. **Use and Usability** - Extent to which potential audiences (e.g., consumers, purchasers, providers, and policymakers) are using or could use measure results for both accountability and performance improvement to achieve the goal of high-quality, efficient health care for individuals or populations.

Advisory Group Discussion Questions

Patient Partner Feedback

- As a patient or caregiver, do you have experience with the measure topic that you would like to share?
- Do you think the measure is meaningful to patients and will help to improve their care?
- Are there aspects about the measure that may be difficult for patients to understand?
- Are there aspects about the measure that may be burdensome to patients?

Non-Patient Partner Feedback

- Do you have any clarification questions that will assist in your understanding of the measure?
- What do you find as a strength for the measure?
- Are there any limitations or challenges with the measure that you would like the Recommendation Group to consider?

Advisory Group Meeting
Measure Review Examples

- **Example 1 - Evidence of Measure Importance and Anticipated Impact:**
  - While the proposed measure focuses on the percentage of diabetes patients with controlled hemoglobin A1c (HbA1c) levels, the measure submission provides limited evidence on how this measure correlates with reductions in long-term diabetes complications, such as neuropathy, nephropathy, and cardiovascular diseases.
    - *The Recommendation Group should consider whether the measure has a business case that connects HbA1c control with specific long-term health outcomes in diabetic patients. Additionally, the Recommendation Group should consider whether an impact on health outcomes can be expected if this measure is implemented.*

Advisory Group Meeting

Measure Review Examples, Cont'd 1

- **Example 2 - Patient Meaningfulness and Stakeholder Input:**
  - The measure proposes to evaluate patient satisfaction with pain management within the hospital. However, the committee would like to understand whether patients prioritize pain management as a key aspect of their hospital experience. The measure submission materials do not clearly state whether the developer has incorporated patient input (e.g., surveys, focus groups, or patient advisory councils) into the measure.
    - *The Recommendation Group should consider how the measure reflects the aspects of care that are most important to patients, specifically regarding pain management.*

Advisory Group Meeting

Measure Review Examples, Cont'd 2

- **Example 3 - Reliability Testing and Statistical Results:**
  - The measure proposes to evaluate adherence to antihypertensive medication, which is critical for managing hypertension effectively. However, the accountable entity-level reliability testing concluded that 40% of the providers had a reliability estimate less than 0.6.
    - *The Recommendation Group should consider whether the developer can implement reliability statistics that will improve the reliability for these providers.*

Advisory Group Meeting

Measure Review Examples, Cont'd 3

- **Example 4 - Use, Usability, and Actions for Improvement:**
  - The measure focuses on reducing the time to initial antibiotic administration in sepsis patients, which is crucial for improving patient outcomes. However, it is important for the developer to clearly identify – and for the committee to thoroughly discuss – the specific actions hospitals can take to enhance performance on this measure, as well as the potential challenges they may face during implementation. The developer provided certain actions with evidence from one integrated health system, including rapid diagnostic testing and implementing screening tools.
    - *The Recommendation Group should consider whether the specific actions noted by the developer are generalizable as well as the feasibility and difficulty of those actions by evaluating factors such as resource availability, staff training, and system integration.*

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Discussion of Spring 2025 Measures

CBE #2881 – Excess Days in Acute Care (EDAC) After Hospitalization for Acute Myocardial Infarction (AMI)

Item	Description
Measure Description	• This measure assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for acute myocardial infarction (AMI) to provide a patient-centered assessment of the post-discharge period. This measure is intended to capture the quality of care transitions provided to discharged patients hospitalized with AMI by collectively measuring a set of adverse acute care outcomes that can occur post-discharge: emergency department (ED) visits, observation stays, and unplanned readmissions at any time during the 30 days post-discharge. In order to aggregate all three events, we measure each in terms of days. The Centers for Medicare & Medicaid Services (CMS) annually reports the measure for patients who are 65 years or older, are enrolled in Medicare Fee-For-Service (FFS) or Medicare Advantage (MA), and are hospitalized in non-federal short-term acute care hospitals (including Indian Health Service hospitals) and critical access hospitals.
Developer/Steward	• Yale Center for Outcomes Research and Evaluation (CORE)/Centers for Medicare & Medicaid Services (CMS)
New or Maintenance	• Maintenance (last reviewed: Full Year 2015)
Current or Planned Use	• Public Reporting
Initial Endorsement	• 2016

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Older Adults (65 years and older)	Hospital: Inpatient	Facility

CBE #3188 – 30-Day Unplanned Readmissions for Cancer Patients

Item	Description
Measure Description	• 30-Day Unplanned Readmissions for Cancer Patients measure is a cancer-specific measure. It provides the rate at which all adult cancer patients covered as Fee-for-Service Medicare beneficiaries have an unplanned readmission within 30 days of discharge from an acute care hospital. The unplanned readmission is defined as a subsequent inpatient admission to a short-term acute care hospital, which occurs within 30 days of the discharge date of an eligible index admission and has an admission type of “emergency” or “urgent.”
Developer/Steward	• Alliance of Dedicated Cancer Centers
New or Maintenance	• Maintenance (last reviewed: Full Year 2017)
Current or Planned Use	• Public Reporting, Payment Program, Quality Improvement (internal and external)
Initial Endorsement	• 2017

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Adults (18-64 years) and Older Adults (65 years and older)	Hospital: Inpatient	Facility

Next Steps

Next Steps for Spring 2025 E&M Cycle

Compiled Comments

- We will share Advisory Group feedback and questions, along with developer/steward clarifications, publicly and with the Recommendation Group in advance of the endorsement meetings.

Upcoming Meetings

- **Endorsement Meeting:** August 6, 2025
- **Appeals Committee Meeting (if needed):** September 30, 2025

Upcoming Webinars

- **Enhancements to the Endorsement and Maintenance (E&M) Guidebook and Processes:** July 17, 2025

Questions:

Contact us at p4qm.org/contact
or by emailing PQMsupport@battelle.org

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