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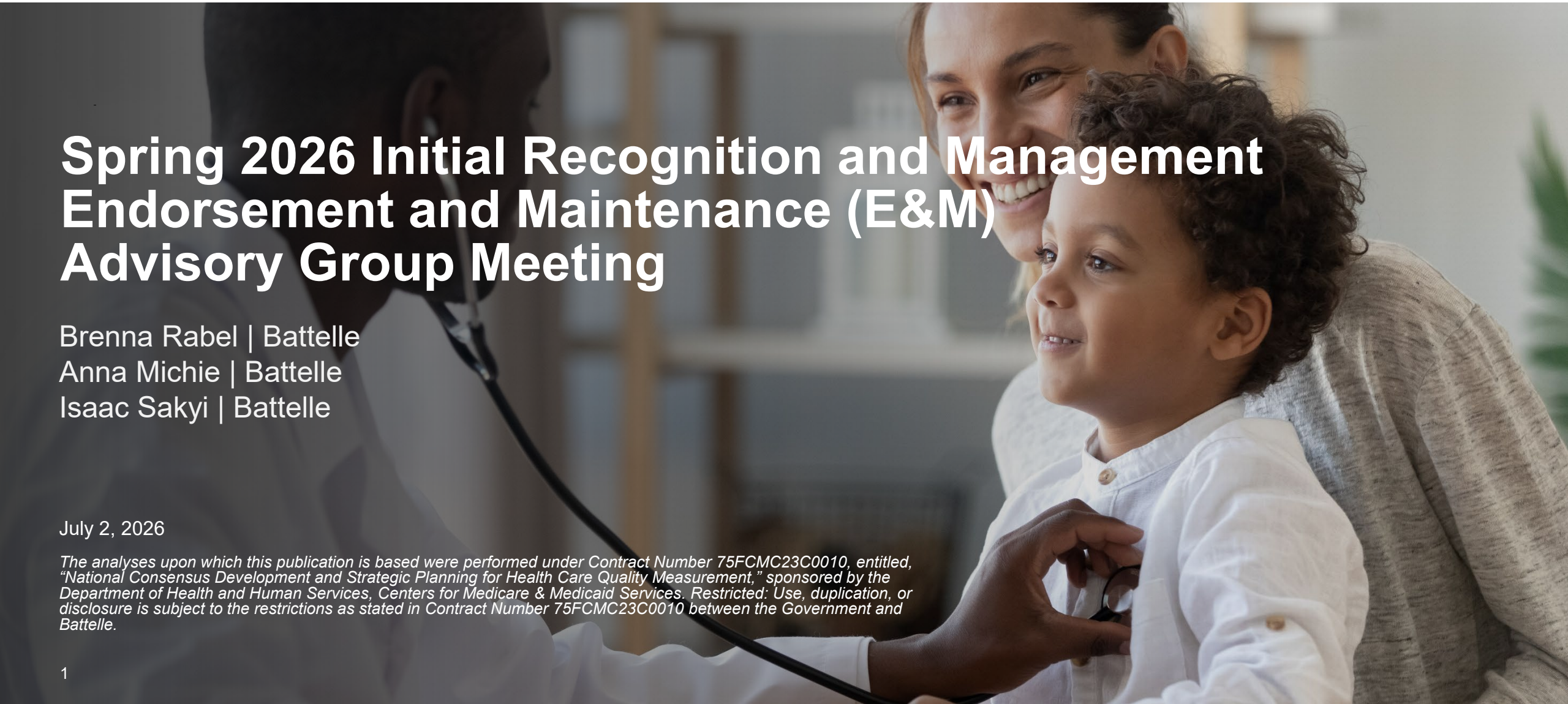

Spring 2026 Initial Recognition and Management Endorsement and Maintenance (E&M) Advisory Group Meeting

Brenna Rabel | Battelle
Anna Michie | Battelle
Isaac Sakyi | Battelle

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Agenda

- Welcome and Ground Rules
- Roll Call
- Overview of E&M Process and Advisory Group Meeting Procedures
- Public Comment
- Discussion of Spring 2026 Measures
- Next Steps
- Adjourn

Housekeeping Reminders

- State your first and last name if you are a call-in user.
- We encourage you to keep your video on; however, the system will allow you to turn your video off/on throughout the event.
- Use the raise hand button if you have a question/comment; when called on, unmute yourself.
- Lower your hand and mute yourself following your question/comment.
- If you are experiencing technical issues, please contact the project team via the chat feature 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
- Allow others to contribute
- Share your experiences
- Learn from others

Roll Call

Initial Recognition and Management Committee

Advisory Group Members

- Stephanie Abbott, MBA, CLSSBB FACHE^
- Hadeel Alkhairw, MD, FACP, MSHQS, CPHQ
- Hillary Alycon, DrPH, MPH, CIC, CPPS, CPHQ, CLSSBB
- Matt Austin, PhD
- Tom Banks
- Rebecca Bartles, DrPH, CIC, FAPIC
- Jacqueline Blauvelt, BSN, MSN
- Jill Blazier, MSN-ED, RN, CPHQ
- Emily Calvert, MSN, RN
- David Chand, MD, MSE, MBOE, CPC, FAAP, CHIE
- Carrie Davis, MHA, BSN, RN, EMT-P
- Carl Donovan^
- Karen Fernandes, RN, CPHQ^
- Ryan Hampton, MBA
- April Harris^
- Joseph Hayes, MD FACP
- Erin Holden, MBA
- Hannah Ingber, MPH
- Lindsey Irelan, BS, CPHQ
- Rebecca Jones, JD, DNP, MSN, RN, CPHQ, CPPS
- Kamyar Kalantar-Zadeh, MD, MPH, PhD
- Tammy Love, MSN, RN-BC, CPPS, LSSGB
- Laura Madarasz, MS, CCRC
- Precious McCowan^
- Rhelinda McFadden, BSN, RN, CPHIMS, PCMH-CCE
- Carmen Morehead, MSN, RN, CNL
- Denise Morse, BA, MBA
- Vanita Pindolia, PharmD, MBA
- Sharon Powell^
- Harshitha Ramanan, MHA
- Patrick Romano, MD, MPH
- Lisa Scott, BS, CPHQ
- David Seidenwurm, MD
- Aarthi Subramani, MD
- Phoebe Thriffiley, BSN, MPH
- Eric Weinhandl, PhD, MS

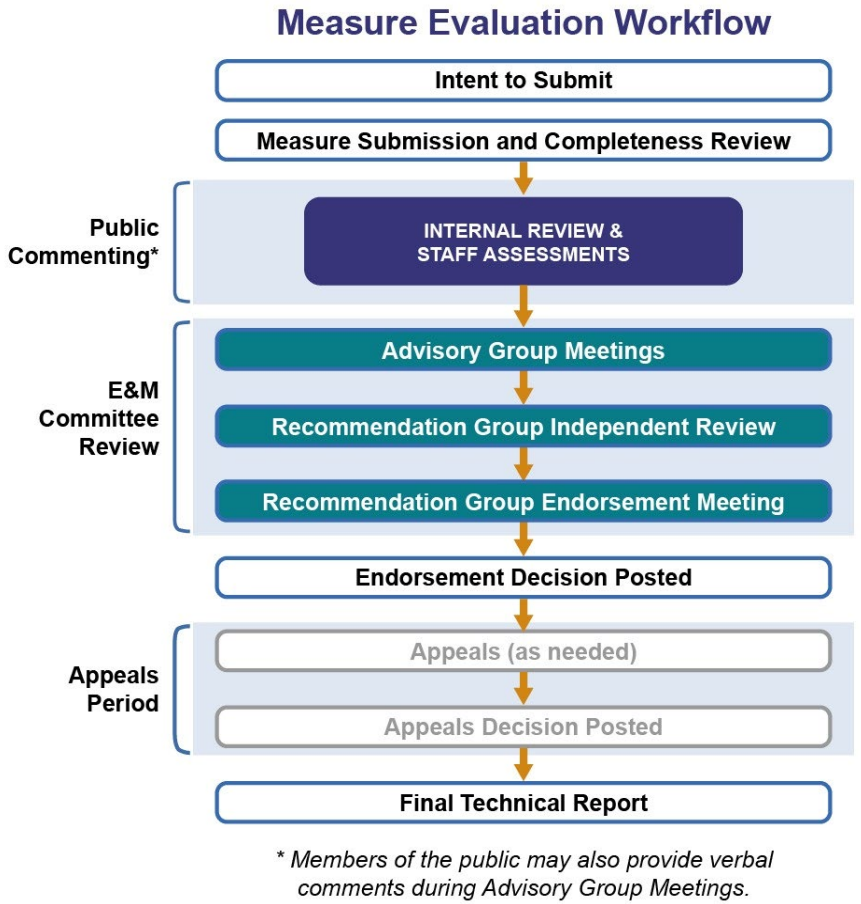
^*Denotes committee member is a patient participant.*

Overview of E&M Process and Meeting Procedures

E&M Process

Six major steps:

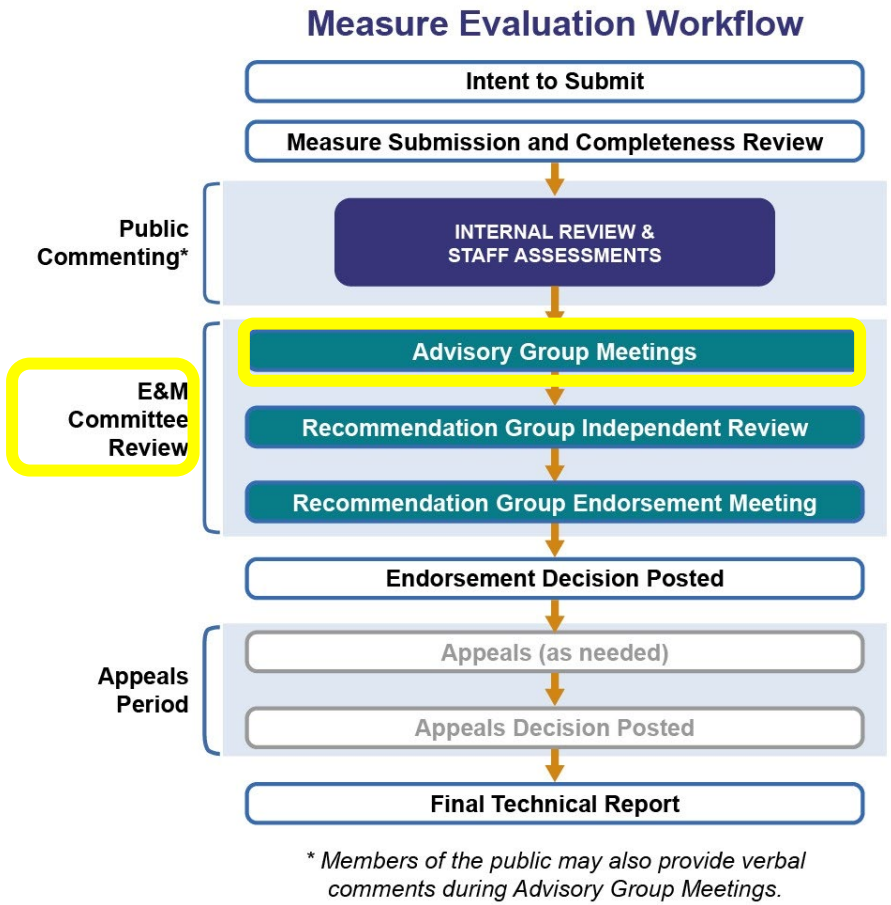
1. Intent to Submit
2. Full Measure Submission
3. Staff Internal Review and Measure Public Comment
   - Public Comment
4. E&M Committee Review
   - Advisory Group Meetings
   - Recommendation Group (RG) Independent Review
   - Recommendation Group Meetings
5. Appeals Period (as warranted)
6. Final Technical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



** Members of the public may also provide verbal comments during Advisory Group Meetings.*

E&M Committee Review
Advisory Group 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.
  - We encourage developers to attend and respond to questions/feedback from the Advisory Group members.
- **Timing:**
  - Early January (Fall) and June/July (Spring)
- **Outputs:**
  - Summary of Advisory Group member feedback, questions, and developer/steward responses on the PQM website.



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

Closing Care Gaps (optional) - Extent to which the measure can distinguish differences in care for certain patient subpopulations, which can be used to close gaps in care across those identified subpopulations.

3

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.

4

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.

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 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. Advisory Group discusses

- Patient partners have the floor first, then members assigned the relevant measure, and then the wider AG.
- We encourage members to note risks to the measure's safety and effectiveness for the RG to consider and discuss.

3. Developer/steward 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.

Patient Partner Feedback

- Have you had experiences related to this measure that you would like to share?
- Do you believe this measure is meaningful and can enhance patient care?
- Does this measure respect and respond to your individual preferences, needs, and values?
- Are there parts of this measure that might be hard to understand or burdensome?
- Would knowing your provider's performance on this measure be helpful to you?

Developer Response

Throughout the course of the measure discussion, developers will have the opportunity to respond to committee feedback and questions.

Developers may also choose to provide additional clarification or detail offline after the meeting.

If you have questions for the developer to address offline, you may share them in the chat following the discussion so they can provide detailed responses.

Public Comment

Advisory Group Meeting

Your Feedback in Action

Advisory Group

The Advisory Group raises potential major concerns about a measure.

Example: Maintenance measure shows minimal performance improvement (0.3 increase in performance scores from 2021-2022) despite multi-year use in a national accountability program.

Shared Feedback

The endorsement meeting materials flag the Advisory Group concerns.

The committee co-chairs present concerns as key discussion points to the RG.

Outcome

After RG discussion of major concern, if RG members agree, they may **place a condition on the measure**.

Example: When the measure returns for maintenance in 5 years, the developer should have worked with accountable entities to identify challenges and reasons for limited improvement over time as well as strategies to address them.

Public Comment Guidance

Public comment is now open. To comment on any of the project's measures:

✋ Raise hand — Use the **"raise hand"** feature to be recognized.

Please state your **name** and any **affiliation**. Please also state **the measure(s)** on which you intend to comment.

We kindly ask commenters to keep their comments to **2 minutes or less**.

Developers/stewards: Do not respond to commenters directly. You will have an opportunity to address feedback during the Advisory Group discussions.

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Discussion of Spring 2026 Measures

Spring 2026 Measures for Committee Review

The Initial Recognition and Management committee received one measure for endorsement consideration.

NUMBER OF MEASURES:

1

AREAS OF FOCUS

Kidney Health Evaluation in High-Risk Populations

NEW VS. MAINTENANCE

1 New Measures

0 Maintenance Measures

Spring 2026 Measures for Committee Review
(cont., 1)

CBE Number	Measure Title	New/Maintenance	Developer/Steward
#5611e	Rate of Annual Kidney Health Evaluation Among Adults with Diabetes and/or Hypertension	New	National Kidney Foundation

CBE #5611e Rate of annual Kidney Health Evaluation among adults with diabetes and/or hypertension

Item	Description
Measure Description	Percentage of patients aged 18-85 years with a diagnosis of diabetes and/or hypertension who received a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) within the measurement period.
Developer/ Steward	National Kidney Foundation
Planned Use	Public Reporting; Payment Program; Quality Improvement with Benchmarking (External Benchmarking to Multiple Organizations); Quality Improvement (Internal to the Specific Organization)
Measure Specification Changes	N/A

Measure Type
Process
Target Populations
Adults aged 18-85
Care Setting
Ambulatory Care: Clinic; Office; Clinician Office Clinician Office/Clinic
Level of Analysis
Clinician: Group/Practice; Individual
New or Maintenance
New
Initial Endorsement
N/A

CBE #5611e Rate of Annual Kidney Health Evaluation Among Adults with Diabetes and/or Hypertension

Staff Assessment

Domain	Importance	Closing Care Gaps*	Feasibility	Scientific Acceptability	Use and Usability
Staff Rating	*Not Met, but Addressable*	*Met*	*Met*	*Reliability: Met* *Validity: Not Met, but Addressable*	*Met*
Strengths	• The developer cites recent evidence showing rising CKD diagnoses and references graded clinical guidelines recommending eGFR and uACR testing for patients with diabetes and/or hypertension. • Documented performance gaps exist at both the clinician and practice levels. • Input from the Technical Expert Panel (TEP) indicated that patients wish they had known about their kidney health or been diagnosed with CKD earlier to better support decision-making and lifestyle changes.	• The developers reported performance scores stratified by hypertension status, sex, race, Hispanic ethnicity, payer, and group practice, finding statistically significant differences by sex (p=.002), race (p=.03), and practice site (p<.0001), and cited literature showing additional care gaps related to Medicare status and comorbidities.	• Most data elements required for the measure calculation were deemed accurate, captured in structured fields within the EHR, code to standard terminologies, and collected during routine care.	• The developer conducted required reliability testing and explained that data elements from unstructured fields are either captured through structured fields—where reliability is assumed—or are not collected in the clinics where testing occurred. • The developer noted that an existing measure (Kidney Health Evaluation – Quality ID #488, CMIT ID 00989-01-E-MIPS) uses the same data element as the proposed measure.	• The developer clearly defines the target population, accountable entities, and care settings, and explains that the Kidney Health Evaluation for People with Diabetes and/or Hypertension measure complements existing MIPS and HEDIS CKD trough expansion of the denominator to include hypertension and increasing applicability across programs. • The prior version of the measure has had no unexpected events, and no unintended consequences are expected from expansion of the denominator.
Limitations	• The logic model omits assumptions and external factors, and its activities are too broad. • The description of the Technical Expert Panel (TEP) does not include its composition (e.g., number of patients, caregivers) or information about quality measurement training.	• None identified	• Seven data elements—primarily hospice and palliative care–related exclusion criteria—were identified as not currently feasible based on the feasibility scorecard, and the developers proposed capturing them using diagnostic codes instead of assessment, encounter, or intervention codes.	• Accountable entity-level reliability testing is not required for initial endorsement and is not considered in the rating.	• None identified.

*Currently optional.

Next Steps

Next Steps for Spring 2026 E&M Cycle

Compiled Comments

- We will post all comments from today to the respective measure pages on the PQM website.
- We will share all public comments, 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 11, 2026
- **Appeals Committee Meeting (if needed):** September 30, 2026

Upcoming Webinars

- **Enhancements to the Endorsement and Maintenance (E&M) Guidebook and Processes:** July 2026

Questions:

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

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