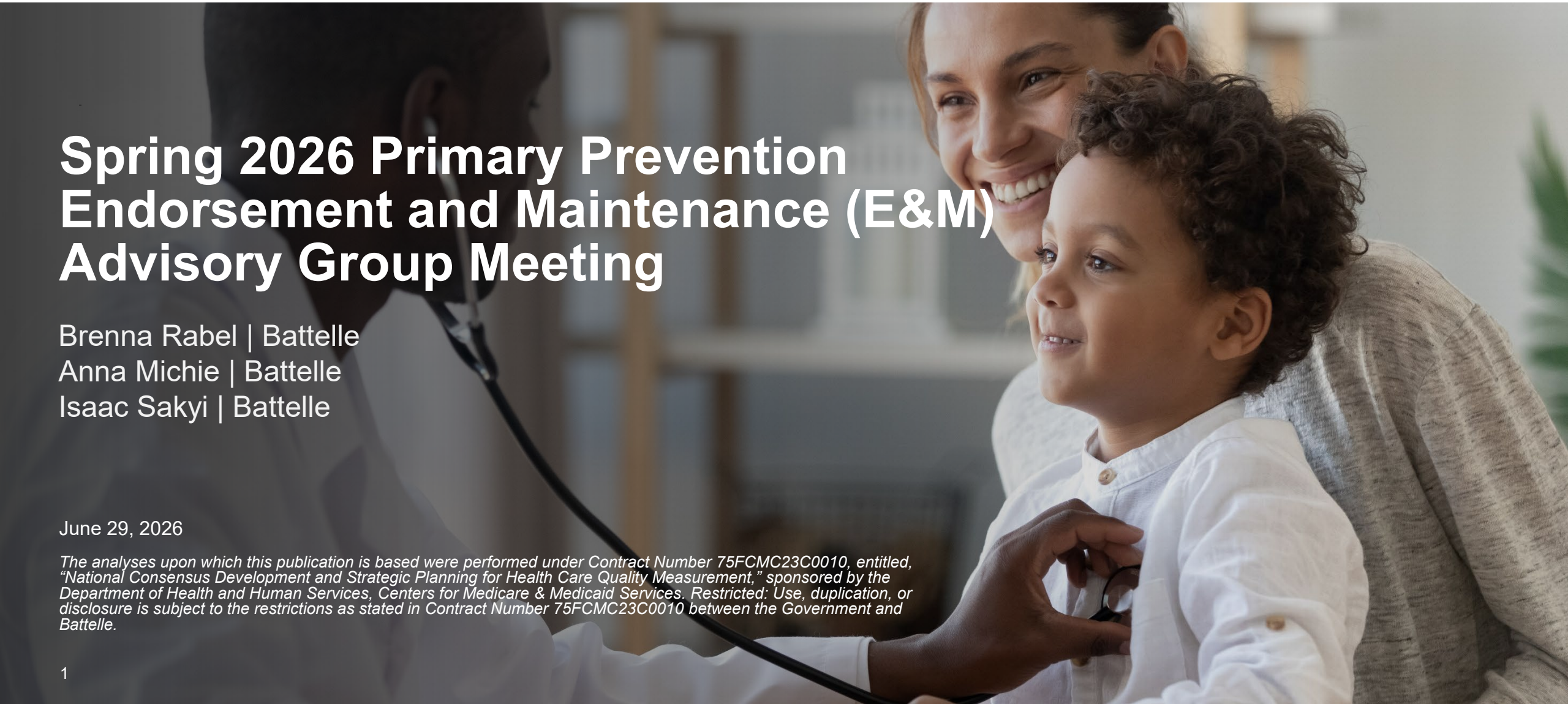
Partnership for Quality Measurement
Powered by Battelle



Spring 2026 Primary Prevention Endorsement and Maintenance (E&M) Advisory Group Meeting

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

June 29, 2026

The analyses upon which this publication is based were performed under Contract Number 75FCMC23C0010, entitled, "National Consensus Development and Strategic Planning for Health Care Quality Measurement," sponsored by the Department of Health and Human Services, Centers for Medicare & Medicaid Services. Restricted: Use, duplication, or disclosure is subject to the restrictions as stated in Contract Number 75FCMC23C0010 between the Government and Battelle.

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

Primary Prevention Committee

Advisory Group Members

- Christopher Babiuch, MD
- Robert Bailey, MPA, BS
- Edward Bailly, MSN, FNP-BC
- Poonam Bal, MS, BS
- Willie Berryhill^
- Kissley Booker, DNP, APRN, FNP-C
- Tina Cockrell, BS, MPH
- Bahar Davidoff, MBA, PharmD
- Melissa Davis, MBA, MD
- Megan Dickinson, MSN, RN, CNL
- Paula Farrell, MS, BSN, RN, CPHQ
- Beverly Green, MD, MPH, FAHA
- Thoma Hudson, BA, MPH
- Daniel Kelley, MA
- Roger Lacoy^
- Jenel Lansang, MSN, RN, MEDSURG-BC
- Emily Lee, BA^
- Rhonda Lovec-Theobald, MA, BSN
- John Martin, MPH, PhD
- Colleen McKiernan, MSPH, CPH
- Amy Moreno, MD^
- Erin O'Rourke, BS, MPH
- Kami Phillips, MD, FAAFP
- Amir Qaseem, MD, PhD, MHA, MRCP, FACP
- Nicholas Raposo, MPH, BSN, RNC-OB
- Suellen Shea, MSN
- Alexis Snyder^
- Celeste Surreira, DNP, FNP-BC, FNP-C, CNL, CEN
- Ashley Tait-Dinger, MBA^
- Elisa Tong, MD, MA
- Jeffrey Warren, MD, PhD
- Milli West, MBA, CPHQ
- Danielle Williams^
- Jenna Williams-Bader, MPH
- Jennifer Wiltz, MD, MPH

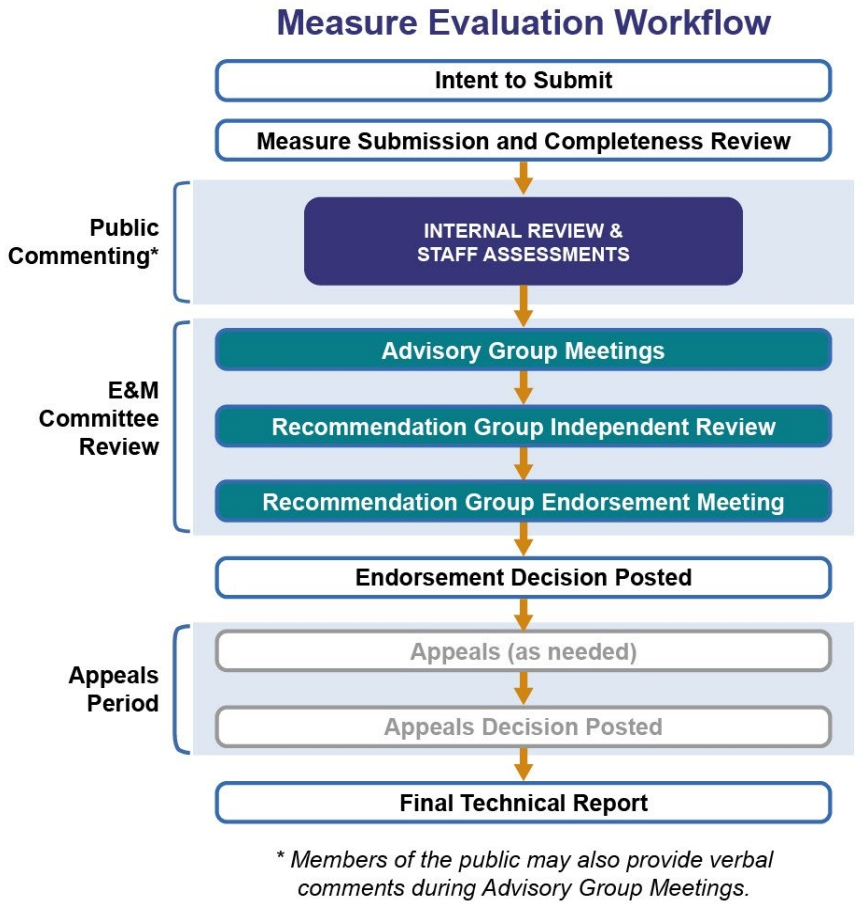
^Denotes committee member is a patient participant.

Overview of E&M Process and Meeting Procedures

E&M Process

Six major steps:

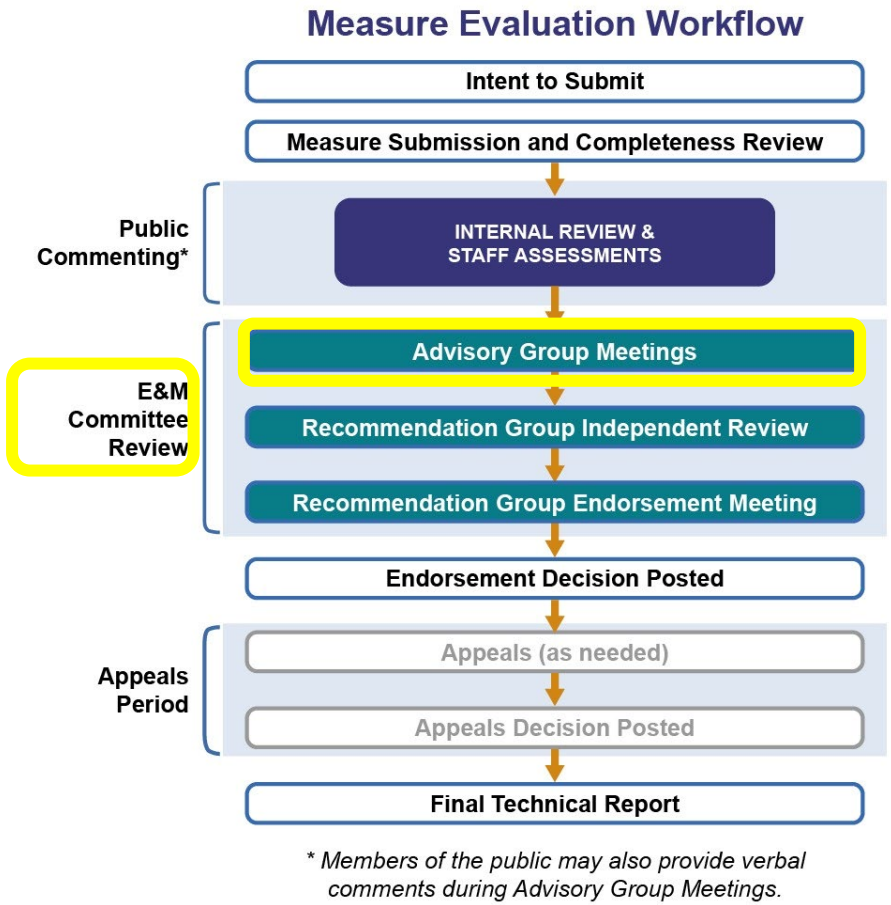
1. Intent to Submit
2. Full Measure Submission
3. Staff Internal Review and Measure Public Comment
   - Public Comment
4. E&M Committee Review
   - Advisory Group Meetings
   - Recommendation Group (RG) Independent Review
   - Recommendation Group Meetings
5. Appeals Period (as warranted)
6. Final Technical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

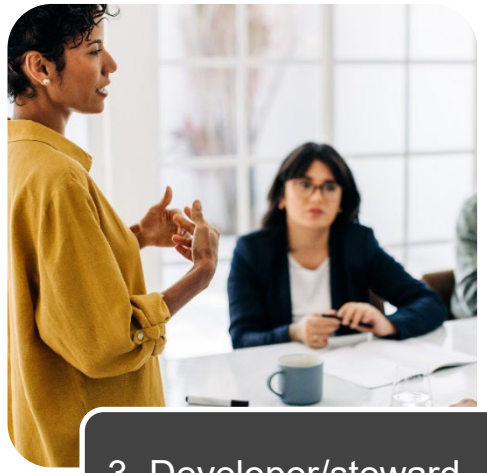
Measure Review Procedures

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 responds 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.

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

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.

Partnership for Quality Measurement
Powered by Battelle

Discussion of Spring 2026 Measures

Spring 2026 Measures for Committee Review

The Primary Prevention committee received two measures for endorsement consideration.

NUMBER OF MEASURES:

2

AREAS OF FOCUS

- Newborn Care
- Contraceptive Care

NEW VS. MAINTENANCE

- 1 New Measure
- 1 Maintenance Measure

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

CBE Number	Measure Title	New/Maintenance	Developer/Steward
#3543	Person-Centered Contraceptive Counseling [PCCC] measure: The percentage of contraceptive care patients giving “top box” scores on a PRE-PM focused on quality of contraceptive care at a specific visit	Maintenance	University of California, San Francisco
#5608e	ePC-06 Unexpected Complications in Term Newborns	New	The Joint Commission

CBE #3543 Person-Centered Contraceptive Counseling [PCCC] measure: The percentage of contraceptive care patients giving "top box" scores on a PRE-PM focused on quality of contraceptive care at a specific visit

Item	Description
Measure Description	The measure is a PRE-PM that calculates the percentage of contraceptive care patients who give a "top box" score for their experience of contraceptive counseling received during their clinical encounter. The measure is a four-question survey which asks patients about key components of patient-centered counseling, including respect and adequate information. A "top box" score is defined as a response which gives the highest score for each of the four questions.
Developer/ Steward	University of California, San Francisco
Current Use	Quality Improvement (Internal to the Specific Organization)
Measure Specification Changes	• Revised levels of analysis to reflect: (1) removal of the individual clinician level due to data availability limitations, and (2) shift from facility-level to clinician group/practice-level of analysis. • Updated the eligible age range from 15–45 years to 15–44 years to align with other contraceptive care measures (e.g., CBE #2902, #2903, #2904, #3699, #3682).

Measure Type

Patient-Reported Experience Performance Measure (PRE-PM)

Target Populations

Female patients aged 15-44 years

Care Setting

Ambulatory Care: Clinic
Ambulatory Care: Clinician Office
Ambulatory Care: Office
Clinician Office/Clinic
Other: Community Health Centers

Level of Analysis

Clinician: Group/Practice

New or Maintenance

Maintenance (Last Reviewed: Fall 2019)

Initial Endorsement

Fall 2019

CBE #3543 Person-Centered Contraceptive Counseling [PCCC] measure: The percentage of contraceptive care patients giving "top box" scores on a PRE-PM focused on quality of contraceptive care at a specific visit

Staff Assessment

Domain	Importance	Closing Care Gaps*	Feasibility	Scientific Acceptability	Use and Usability
Staff Rating	*Met*	*Met*	*Met*	*Reliability: Met* *Validity: Not Met, but Addressable*	*Met*
Strengths	• Provided a clear logic model. • Demonstrates benefits such as improved contraceptive continuation and engagement in care, with strong patient input confirming the measure's relevance and meaningfulness.	• Provided evidence of gaps in care • Analysis revealed significant differences in performance scores by racial groups.	• Well-documented feasibility assessment and clear and implementable data collection strategy. • No feasibility issues found requiring adjustment of the final measure specifications. • Transparent handling of patient confidentiality, burden, licensing, and fees.	• Applies signal-to-noise reliability testing at the accountable entity level; Majority of entities (>70%) meet the expected 0.6 reliability threshold. • Performed the required accountable entity level validity testing; calculated Pearson's correlation between the PCCC measure and two single Likert-scale items	• Provided summary of how accountable entities can use the measure results to improve performance.
Limitations	• None identified.	• Data on sexual orientation and disability status not collected.	• None identified.	• Restricted contraceptive method availability may truncate variance, limiting detectable correlations • Did not conduct risk adjustment or stratification but included rationale	• None identified

*Currently optional.

CBE #5608e ePC-06 Unexpected Complications in Term Newborns

Item	Description
Measure Description	ePC06 is a hospital level performance score reported as the rate per 1,000 full term newborns with no preexisting conditions who had Unexpected Newborn Complications, calculated per calendar year.
Developer/ Steward	The Joint Commission
Planned Use	• Regulatory and Accreditation Programs • Professional Certification or Recognition Program • Quality Improvement with Benchmarking (External Benchmarking to Multiple Organizations) • Quality Improvement (Internal to the Specific Organization)
Measure Specification Changes	N/A

Measure Type
Outcome
Target Populations
Children (0-17 years)
Care Setting
Hospital: Inpatient
Level of Analysis
Facility
New or Maintenance
New
Initial Endorsement
N/A

CBE #5608e ePC-06 Unexpected Complications in Term Newborns

Staff Assessment

Domain	Importance	Closing Care Gaps*	Feasibility	Scientific Acceptability	Use and Usability
Staff Rating	*Met*	*Met*	*Met*	*Met*	*Met*
Strengths	• Provided a clear logic model. • Addresses a significant issue by identifying unexpected severe and moderate newborn complications and serving as a balancing metric to detect unintended consequences of other maternal quality improvement efforts.	• Provided evidence of gaps in care related to the measures focus for subgroups.	• Required data elements routinely generated during care delivery. • eCQM Feasibility Scorecard results indicate that the measure is well-supported. • Transparent handling of patient confidentiality, burden, licensing, and fees.	• Conducted required reliability testing to demonstrate sufficient reliability at the data element-level. • Performed required data element validity testing confirming that the measure accurately reflects performance on quality and can distinguish good from poor performance. • Conducted optional accountable entity validity testing.	• Provided a summary of how accountable entities can use the measure results to improve performance.
Limitations	• Could be strengthened by expanding discussion of patient meaningfulness.	• Could be strengthened by investigating new literature or analyses.	• Some data elements were not consistently captured in structured fields and required workflow changes or manual data transfers across systems.	• Did not present percent agreement statistics individually for several data elements in the numerator. • Additional information needed about low match rates.	• Not required to assess progress in performance at this time

*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 meeting.

Upcoming Meetings

- **Endorsement Meeting:** August 5, 2026
- **Appeals Committee Meeting (if needed):** September 30, 2026

Upcoming Webinars

- **Enhancements to the Endorsement and Maintenance (E&M) Guidebook and Processes:** July 27, 2026

Questions:

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

Partnership for
Quality Measurement
Powered by **Battelle**