

National Consensus Development and Strategic Planning for Health Care Quality Measurement

Fall 2024 Primary Prevention Endorsement Meeting Summary

Overview

Battelle, the consensus-based entity (CBE) for the Centers for Medicare & Medicaid Services (CMS), convened the Recommendation Group of the Primary Prevention committee on [February 13, 2025](#), for discussion and voting on measures under endorsement consideration for the Fall 2024 cycle. Meeting participants joined virtually through a Zoom meeting platform. Measure stewards/developers and members of the public also attended.

The objectives of the meeting were to:

- Review and discuss measures submitted to the committee for the Fall 2024 cycle;
- Review staff preliminary assessments, Advisory and Recommendation Group feedback, public comments, and developer responses regarding the measures under endorsement review; and
- Render endorsement decisions using a virtual voting platform.

The Recommendation Group endorsed one measure (Table 1). This summary provides an overview of the meeting, the Recommendation Group deliberations, and the endorsement decision outcomes. Full measure information, including all public comments, staff preliminary assessments, Advisory Group feedback, and committee independent reviews can be found on the project committee's webpage on the [Partnership for Quality Measurement \(PQM\) website](#).

After the endorsement meeting, measures and endorsement decisions enter an appeals period for 3 weeks, from March 4-24, 2025. Any interested party may submit an appeal, which Battelle will review for eligibility according to the criteria within the [Endorsement and Maintenance \(E&M\) Guidebook](#). If eligible, the Appeals Committee, consisting of all co-chairs from the five E&M project committees, will convene to evaluate the appeal and determine whether to maintain or overturn an endorsement decision.

Welcome, Roll Call, and Disclosures of Interest

Brenna Rabel, PQM technical director, welcomed the attendees to the meeting and introduced her co-facilitators, Anna Michie, E&M deputy task lead, and Matt Pickering, E&M task lead. Ms. Rabel also introduced the committee co-chairs, Pooja Kothari, patient representative co-chair, and Sandeep Vija, non-patient representative co-chair, who each provided welcoming remarks. The role of the co-chairs during the meeting is to summarize feedback from the Advisory Group to ensure the Recommendation Group takes it into account during their deliberations. Additionally, the co-chairs confirm the proposed conditions placed on measures. They also actively engage with and support patient representatives on the committee. Lastly, they summarize the deliberations of the Recommendation Group before proceeding to an endorsement vote.

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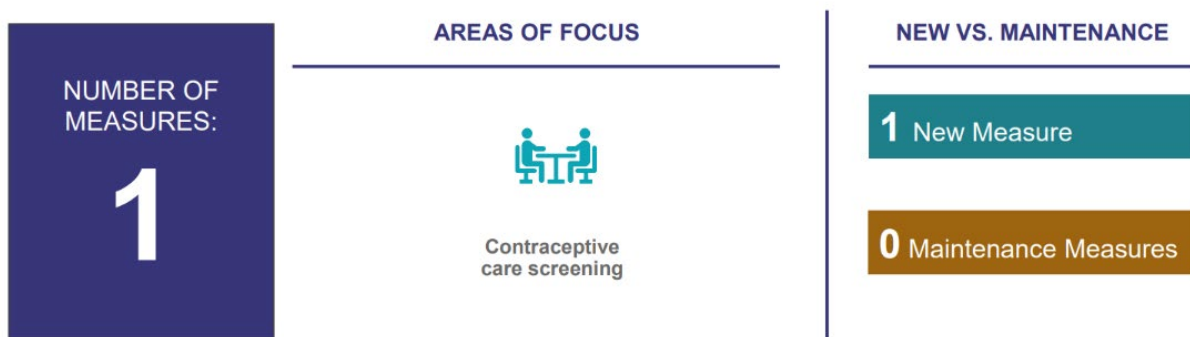
Isaac Sakyi, a staff member of Battelle, then conducted roll call, and members disclosed any perceived conflicts of interest regarding the measures under review. No members were recused from voting based on Battelle’s [conflict of interest policy](#).

After roll call, Battelle staff established whether quorum was met and outlined the procedures for discussing and voting on measures. The discussion quorum requires the attendance of at least 60% of the active Recommendation Group members (n=10). The voting quorum requires at least 80% of active Recommendation Group members who have not recused themselves from the vote (n=13). Both discussion quorum and voting quorum were established and maintained throughout the meeting.

Evaluation of Candidate Measures

Ms. Michie provided an overview of the single measure under review. For the Fall 2024 cycle, the Primary Prevention committee received one new measure (Figure 1). The measure focused on contraceptive care screening for patients assigned female at birth.

Figure 1. Primary Prevention measures for Fall 2024



Battelle convened a public Advisory Group meeting on [December 9, 2024](#), to gather initial feedback and questions about the measure under endorsement review. Developers had the opportunity to provide additional clarifications following the Advisory Group meetings. Battelle then shared the Advisory Group feedback and questions, along with the developer/steward responses, with the Recommendation Group a week prior to the endorsement meeting.

Battelle also provided Recommendation Group members the full measure submission details for each measure up for review, including all attachments, the [PQM Measure Evaluation Rubric](#), the public comments received for the measures under review, and the staff preliminary assessments.

Recommendation Group members conducted independent reviews for each measure against the PQM Measure Evaluation Rubric. Recommendation Group members assigned a rating of “Met,” “Not Met but Addressable,” or “Not Met” for each domain of the PQM Measure Evaluation Rubric. In addition, Recommendation Group members provided associated rationales for each domain rating, which were based on the rating criteria listed for each domain. Battelle staff aggregated and summarized the results and distributed them back to the Recommendation Group, and to the respective measure developers/stewards, for review within 1 week of the endorsement meeting.

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Table 1. Fall 2024 Primary Prevention Measure Endorsement Decisions

CBE ID	Measure Title	New/ Maintenance	Endorsement Decision	Endorse N (%)	Endorse with Conditions N (%)	Do Not Endorse/Remove Endorsement N (%)	Recusals
#4655e	The percentage of patients assigned female at birth ages 15-44 who were asked the Self-Identified Need for Contraception (SINC) question with a recorded response, among patients with a qualifying encounter. (Contraceptive Care Screening eCQM)	New	Clinician Group/Practice Level: Endorse	14 (100%)	0 (0%)	0 (0%)	0
			Facility Level: Endorse	14 (100%)	0 (0%)	0 (0%)	0

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CBE #4655e The percentage of patients assigned female at birth ages 15-44 who were asked the Self-Identified Need for Contraception (SINC) question with a recorded response, among primary care patients with a qualifying encounter. (Contraceptive Care Screening eCQM) [University of California, San Francisco]

[Specifications](#) | [Discussion Guide](#)

Description: Percentage of patients assigned female at birth and ages 15-44 who were asked if they wanted to talk about contraception or pregnancy prevention and had their response recorded during the measurement period (which is a calendar year), among patients with a qualifying encounter; to focus on the population of non-postpartum women, the measure excludes those individuals who had a live birth making them eligible for postpartum contraceptive services, and also excludes those who are anatomically infertile or have had female sterilization from the denominator

Committee Final Vote: Endorse

Vote Count for Clinician Group/Practice Level and Facility Level: Endorse (14 votes; 100%), Endorse with Conditions (0 votes; 0%), Do Not Endorse (0 votes; 0%); recusals (0).

Public Comments: Battelle received nine comments prior to the meeting. The comments collectively emphasized the significance of person-centered care and reproductive health equity and autonomy. The Coalition to Expand Contraceptive Access, the American College of Obstetricians and Gynecologists, and the National Family Planning & Reproductive Health Association supported this perspective. Additionally, three commenters expressed concern about the potential misuse of reproductive health data and highlighted the importance of considering the administrative burden and the risk of provider burnout.

Advisory Group Comments: Advisory Group members inquired about the frequency of questions asked annually and raised concerns about service-based versus intention-based questions, suggesting the inclusion of pregnancy intention and fertility screening questions. They debated exclusion and inclusion criteria, emphasizing the need for inclusivity in diverse care settings to better serve gender minorities and vulnerable populations. Concerns were also raised about patient discomfort with pregnancy prevention topics and the limitations and benefits of eCQMs, particularly regarding the accuracy of electronic medical records in capturing conditions like sterilization.

Measure Discussion:

Discussion Topic/Theme	Source of Comment ¹	Recommendation Group Discussion
Patient-Centered Care and Inclusion of Patient Voices	<ul style="list-style-type: none"> Public Comment Patient Partner Recommendation Group 	<ul style="list-style-type: none"> Echoing the public comments, a patient partner on the Recommendation Group applauded the inclusion of patient voices in the measure development process and emphasized the importance of patient-centered measure implementation. Several Recommendation Group members also recognized the importance of this measure.
Cultural Sensitivity	<ul style="list-style-type: none"> Recommendation Group 	<ul style="list-style-type: none"> One Recommendation Group member emphasized the need for the measure to account for cultural sensitivities and potential biases in provider-patient interactions. They stressed the importance of flexibility and patient-centeredness, highlighting that cultural considerations are crucial when discussing contraceptive care. The developer acknowledged these challenges and explained their efforts to ensure the measure remains patient centered. They also shared plans for implementation guidance that will allow adaptability to accommodate different cultural contexts, recommending that the question be asked in a way that minimizes power dynamics. The developer acknowledged that while performance measures are rudimentary, they strive to balance data collection with contextual nuances. The developer emphasized the importance of excluding certain data, such as sterilization availability, to enhance patient-centeredness, despite limitations in capturing cultural sensitivity through electronic health record (EHR) data. Lastly, the developer noted that improving cultural sensitivity in contraceptive care is a recognized priority for organizations such as the American College of Obstetrics and Gynecology, the Centers for Disease Control and Prevention (CDC), and the National Association of Community Health Centers. The developer believes that developing measures using relevant data elements will incentivize ongoing improvements and enhance patient care documentation.

¹ Patient partners are committee members representing the patient perspective.

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Discussion Topic/Theme	Source of Comment ¹	Recommendation Group Discussion
Feasibility	<ul style="list-style-type: none"> Public Comment Advisory Group Recommendation Group 	<ul style="list-style-type: none"> Both the Advisory Group and Recommendation Group discussed the importance of standardizing data collection within EHRs to ensure the measure's feasibility and validity. The Recommendation Group recognized the potential challenges with data elements, such as those related to sterilization and live births, but noted that these could be addressed with ongoing improvements in EHR documentation practices. One Recommendation Group member noted that this single-item measure can be easily integrated into existing clinical workflows, especially for those already using other eQMs. A few other Recommendation Group members emphasized that the measure is feasible to implement, particularly for health care systems already familiar with eQMs. These members saw the flexibility to adapt the measure within different EHR systems and the potential for standardization as key factors in supporting the measure's implementation.
Accountability Readiness	<ul style="list-style-type: none"> Recommendation Group 	<ul style="list-style-type: none"> One Recommendation Group member raised concerns about the measure's readiness for use in payment programs, highlighting the need to ensure its robustness and reliability before tying it to financial incentives. The developer emphasized that the measure is not yet ready for a pay-for-performance approach. Instead, it focuses on identifying patient needs for contraception, which can be addressed through referrals or counseling, even in systems with limited options, such as Catholic health care systems. The measure aims to identify needs rather than prescribe contraception directly. Several committee members encouraged refining the measure through rapid-cycle improvement to ensure its suitability for accountability contexts. The goals of this refinement should be to prevent unintended consequences and to maintain a balance between accountability applications and allowing for flexibility due to variation in clinical workflows and resource availability. The Recommendation Group supported this measure at the clinician group/practice and facility level, as currently specified, but not at the individual clinician level until specified and tested for this level of accountability.
Inclusion and Exclusions Criteria	<ul style="list-style-type: none"> Advisory Group Recommendation Group 	<ul style="list-style-type: none"> The Recommendation Group acknowledged the Advisory Group's discussion and developer's responses regarding the exclusion of patients with live births and those prescribed contraceptives and whether specific care settings such as Title X and student health services are included. The Recommendation Group did not raise any concerns. One Recommendation Group member asked if the measure excluded visits related to peripartum care. The developer confirmed that peripartum visits were excluded, as the clinical workflow for that patient population is often separate and the question required by this measure may be

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Discussion Topic/Theme	Source of Comment ¹	Recommendation Group Discussion
		<p>redundant to the current peripartum contraceptive standard of care. This measure would be relevant to a peripartum population 3 months after live birth.</p> <ul style="list-style-type: none"> • Another Recommendation Group member asked for clarification from the developer on the visit types included in the denominator. • The developer clarified that qualifying encounters included preventative care visits either in office or through telehealth. They shared that they would include consideration around specialty visits outside of the primary care context in the measure implementation guide.
Measure Impact	<ul style="list-style-type: none"> • Advisory Group • Recommendation Group 	<ul style="list-style-type: none"> • Like the Advisory Group, the Recommendation Group considered the measure's potential impact. • The developer highlighted that this measure leads to fostering more patient-centered care and workflows, increasing trust in the reproductive health system, and improving satisfaction with contraceptive methods. This would be achieved through better counseling about side effects, method switching, and increased contraceptive provision. • The developer further commented that their work has shown some improvement in contraceptive use rates, indicating that improved screening and identification can lead to better meeting the needs of individuals seeking contraception. This is an area they plan to continue developing over time, as early data suggests positive outcomes.

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Next Steps

Battelle staff shared that they would publish a meeting summary by March 4, 2025. The appeals period will run from March 4-24, 2025. If an eligible appeal is received, the Appeals Committee will meet on [March 31, 2025](#), to evaluate the appeal and determine whether to maintain or overturn an endorsement decision.