

Fall 2024 Primary Prevention Recommendation Group Endorsement Meeting

Brenna Rabel | Battelle
Matthew Pickering | Battelle
Anna Michie | Battelle
Isaac Sakyi | Battelle
Sandeep Vijan | Co-Chair
Pooja Kothari | Co-Chair

February 13, 2025

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 (CMS).

Welcome



Agenda



- Welcome and Review of Meeting Objectives and Ground Rules
- Roll Call with Disclosures of Interest
- Overview of Evaluation Procedures and Measures for Endorsement Consideration
- Test Vote
- Evaluation of Fall 2024 Measures
- Additional Measure Recommendation Discussion (if time permits)
- Next Steps
- Adjourn

Meeting Objectives



The purpose of today's meeting is to:

- Review and discuss measures submitted to the Primary Prevention committee for the Fall 2024 cycle;
- Review public comments and Advisory Group feedback received and any corresponding developer/steward input for the submitted measures; and
- Render endorsement decisions for the submitted measures.

Housekeeping Reminders for Recommendation Group



- 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.

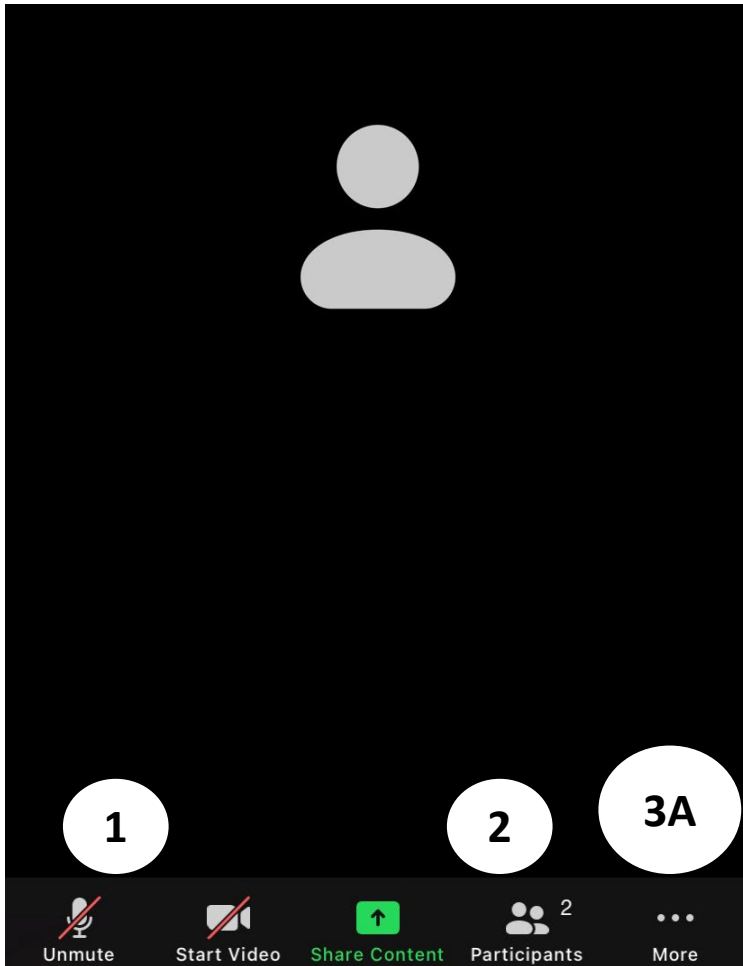
Using the Zoom Platform



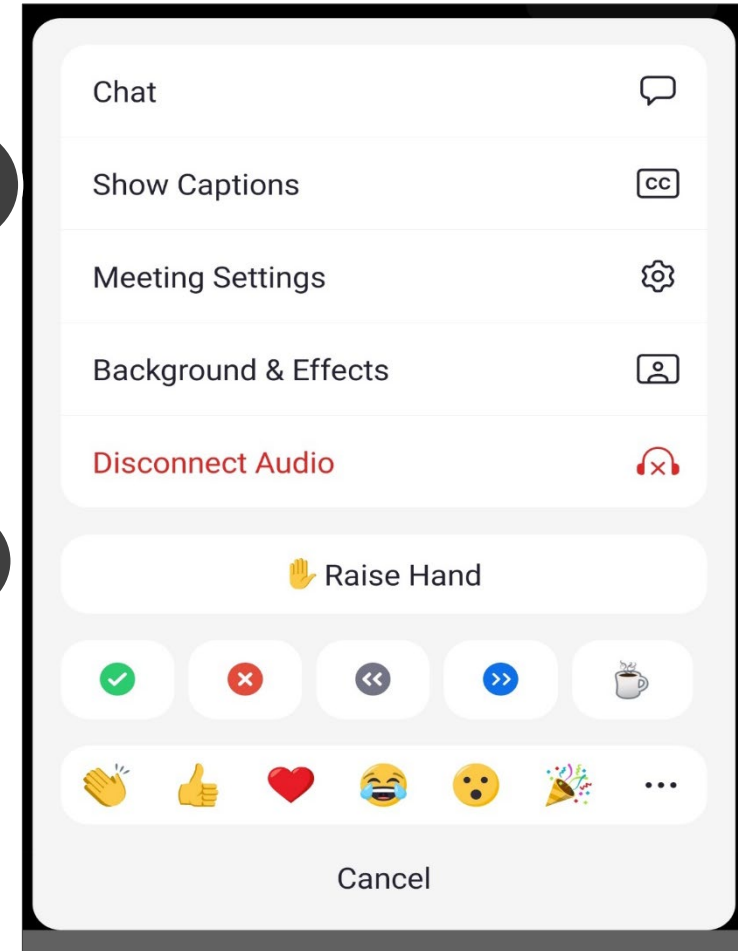
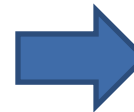
The screenshot shows a Zoom meeting interface. At the top, there are two video thumbnails: 'Host' on the left and 'Attendee 2' on the right. Below them is a larger video thumbnail for 'Attendee'. At the bottom, there is a toolbar with various icons. Three callouts are present: a white circle with the number '1' pointing to the bottom toolbar; a white circle with the number '2' pointing to the 'Participants' button; and a white circle with the number '3' pointing to the 'Reactions' icon in the bottom toolbar. On the right side of the screenshot, there is a sidebar with a 'Participants (3)' list containing 'Attendee 2 (Me)', 'Host (Host)', and 'Attendee'. Below the list are 'Invite' and 'Unmute Me' buttons. At the bottom of the sidebar is a 'Chat' section with a dropdown menu for 'Who can see your messages?' and a text input field.

- 1 Click the lower part of your screen to mute/unmute or to start or pause video
- 2 Click on the participant or chat button to access the full participant list or the chat box
- 3 To raise your hand, select the raised hand function under the reactions tab

Using the Zoom Platform (Phone View)



- 1 Click the lower part of your screen to mute/unmute or start or pause video
- 2 Click on the participant button to view the full participant list
- 3 Click on “more” button (3A) to view the chat box, (3B) to show closed captions, or (3C) to raise your hand. To raise your hand, select the raised hand function under the reactions tab



Meeting Ground Rules



- Be prepared, having reviewed the meeting materials beforehand.
- Respect all voices.
- Remain engaged and actively participate.
- Base your evaluation and recommendations on the measure evaluation rubric.
- 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, Technical Director
- Jeff Geppert, EdM, JD, Measure Science Lead
- Quintella Bester, PMP, Senior Program Manager
- Matthew Pickering, PharmD, E&M Task Lead
- Anna Michie, MHS, PMP, E&M Deputy Task Lead
- 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 with Disclosures of Interest



Quorum

- Meeting quorum requires that 60% of the Recommendation Group members are present during roll call at the beginning of the meeting.
- Endorsement decisions are rendered via a vote after Recommendation Group discussions. Voting quorum is at least 80% of active committee members (Recommendation Group only) who are not recused.



Primary Prevention Fall 2024 Cycle Committee – *Recommendation Group*



- Sandeep Vijan, MD (***Non-Patient Co-Chair***)
- Pooja Kothari, MPH (***Patient Co-Chair***)
- Ramsey Abdallah, MBA, PMP, CMQ/OE, CPHQ, CPPS, FACHDM
- Rebekah SM Angove, PhD
- Jeff Brady, MD, MPH
- Paula Farrell, MS, BSN, RN, CPHQ
- Michael Ho, MD, PhD
- Mahir Hussein*
- John Krueger, MD, MPH
- Shoshana Levy, MD MPH, FACPM
- Zhenqui Lin, PhD
- Jean Morris, RN MSM, CHCQM
- Quinyatta Mumford, DrPH, MPH, CHES
- Heather Napier, MSN, RN, CPHQ, HACP
- Padmaja Patel, MD, FACLM, DipABLM
- David Pryor, MHA, CPHQ
- Amir Qaseem, MD, PhD, MHA, MRCP (London), FACP
- Kimberly Rodgers
- Jennifer Rozenich, BS, MBA
- Timothy Switaj, MD, MBA, MHA, CPE, CMQ, CPPS, FACHE, FAAFP

**Member is inactive this cycle*

Fall 2024 Subject Matter Experts*



- **Family Medicine Physician**
 - Sheila Kredit, MD

*Subject matter experts (SMEs) serve as non-voting participants to provide relevance and context to the committee's measure endorsement review and discussions.

SMEs review the relevant measure(s) prior to the endorsement meeting and attend the endorsement meeting to provide input on and answer committee questions regarding the measure's clinical relevance, the supporting evidence, inclusion and exclusion criteria, measure validity, and risk-adjustment or stratification approach (if applicable).

Overview of Evaluation Procedures

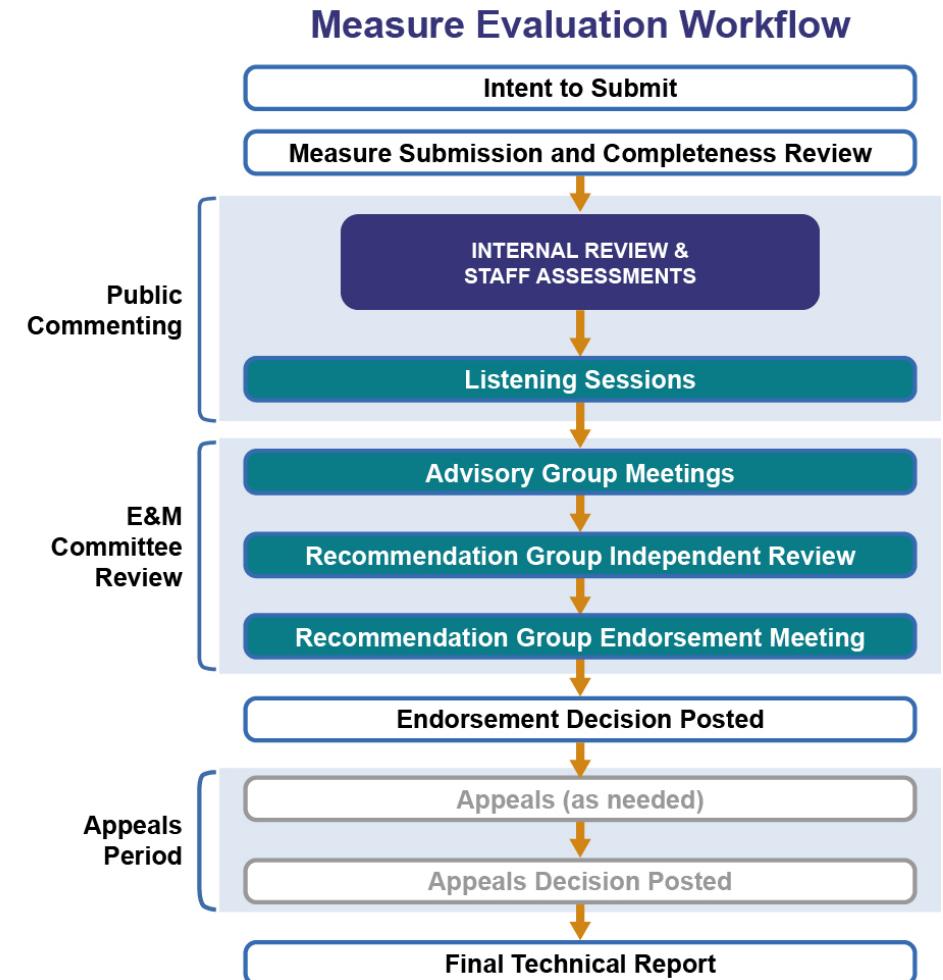


E&M Process



Six major steps:

1. Intent to Submit
2. Full Measure Submission
3. Staff Internal Review and Measure Public Comment Period
 - 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

Recommendation Group Endorsement Meeting



- **Steps:**

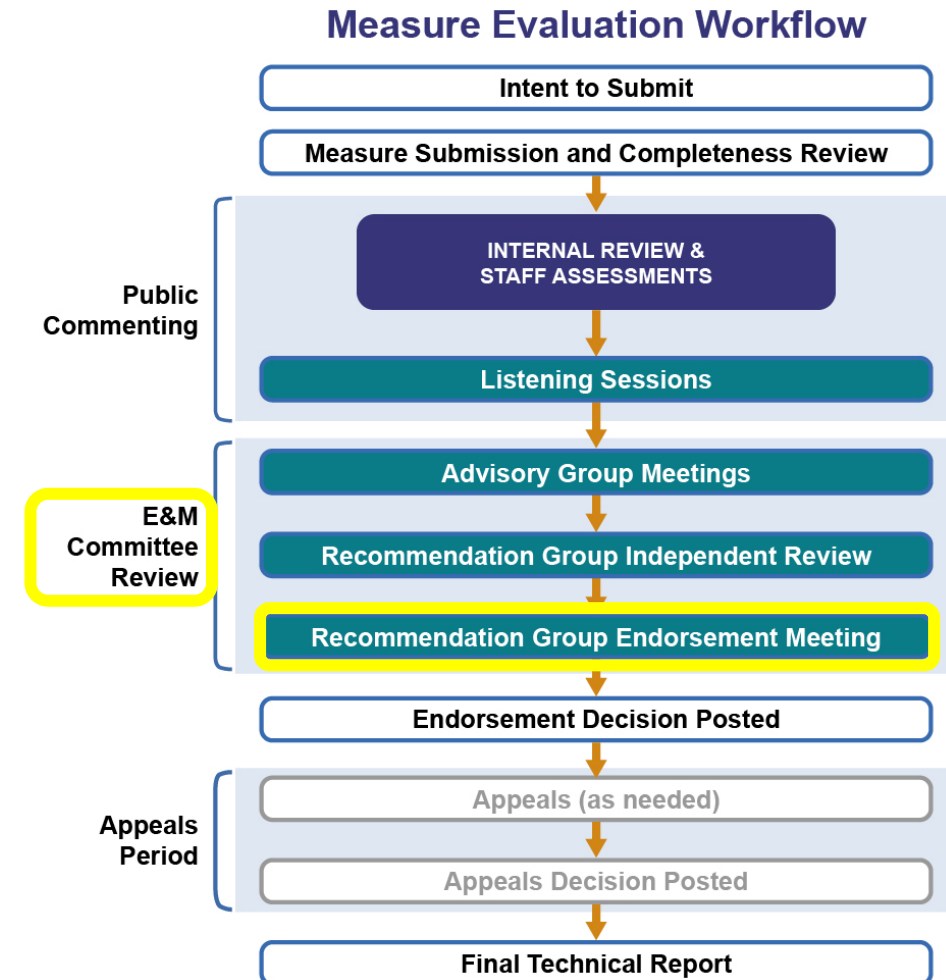
- The Recommendation Group of each E&M committee meets to review measures using aggregated feedback from the Advisory Group, public comment, staff assessments, and independent member reviews.
- Developers are encouraged to attend to present their measures and answer any questions from the Recommendation Group. Developers are encouraged to invite their SMEs to participate and support answering questions.

- **Timing:**

- Early February (Fall) and late July/early August (Spring)

- **Outputs:**

- Endorsement decision posted to PQM website



Recommendation Group Meeting

Measure Review Procedures



1. Measure Introduction by Battelle

- Battelle introduces the measure and salient points from discussion guide, staff assessments, and public comment.



2. Developer/Steward Comments

- Developers/stewards provide 3–5-minute commentary about the measure for committee consideration.



3. Recommendation Group Discussion

- Battelle conducts facilitated discussion by topic:
 - SME input on relevant discussion items
 - Co-chairs present Advisory Group feedback
 - Patient partner feedback
 - Recommendation Group discussion
 - Developer/steward response



4. Endorsement Vote

- Co-chairs recommend any conditions for consideration based on committee discussions.
- Recommendation Group votes.

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?
- Is the measure respectful of and responsive to individual patient preferences, needs, and values?
- 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?

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. Equity (optional)** - Extent to which the measure can identify differences in care for certain patient populations, which can be used to advance health equity and 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.

Decision Outcomes:

Endorsed with Conditions Examples



PQM Rubric Domain/Criterion*	Condition(s)	Example
Importance	<p>a. Conduct additional evaluation/assessment of meaningfulness to the patient community (e.g., patients, caregivers, advocates).</p> <p>b. [For maintenance] Expand performance gap testing to a larger population.</p>	<p>a. Developer/steward has not, or to a limited degree, provided evidence from literature, focus groups, expert panels, etc., that the target population (e.g., patients) values the measured outcome, process, or structure and finds it meaningful for improving health and health care.</p> <p>b. Maintenance measure has narrow gap, which may be due to limited data/testing within a population that may not be fully representative.</p>
Reliability	<p>a. Consider mitigation strategies to improve measure's reliability, such as increasing the case volume, including more than 1 year of data.</p> <p>For any facilities that are unable to exceed the threshold, give a rationale for why the reliability being below the threshold is acceptable for those specific facilities.</p>	<p>a. The developer/steward has performed measure score reliability testing (accountable entity-level reliability). Less than half of facilities did not meet the expected reliability value of 0.6.</p>
Feasibility	<p>a. Provide implementation guidance or a near-term path (within 1 year) for implementing the measure. This includes providing clear system requirements for implementation of the measure.</p>	<p>a. Measure has experienced or is projected to experience implementation challenges.</p>
Use and Usability	<p>a. Implement a systematic feedback approach to better understand if challenges exist with implementing the measure.</p> <p>b. [For maintenance] Collect additional feedback from providers to ascertain the reasons why the measure is leveling off and describe appropriate mitigation approaches.</p>	<p>a. Measure has limited feedback due to low use and/or non-systematic feedback approach.</p> <p>b. Trend data show a leveling off of measure performance.</p>

Non-Negotiable Considerations



Several non-negotiable areas exist for endorsement, meaning if a measure meets one or more of the following criteria, the measure cannot be endorsed, even with conditions:

- Lack of a clear business case (i.e., evidence suggesting that the measure can accomplish its stated purpose)
- Lack of evidence supporting the business case
- Significantly poor feasibility for the measure to be implemented due to challenges (e.g., data availability or missingness)
- Inappropriate methodology, calculations, formulas, or testing approach used to demonstrate reliability or validity
- Specifications, testing approach, results, or data descriptions are insufficient
- When a measure with an “Endorsed with Conditions” designation is evaluated for maintenance but it has not met the prior conditions

Consensus Voting for Final Determinations



Endorse (A)	Endorse with Conditions (B)	Do Not Endorse (C)	Consensus Voting Status
75% or More	0%	Less than 25%	A
75% or More		Less than 25%	B
Less than 25%		75% or More	C
26% to 74%		26% to 74%	No consensus

If no consensus is reached, based on the 75% threshold, the measure is not endorsed.

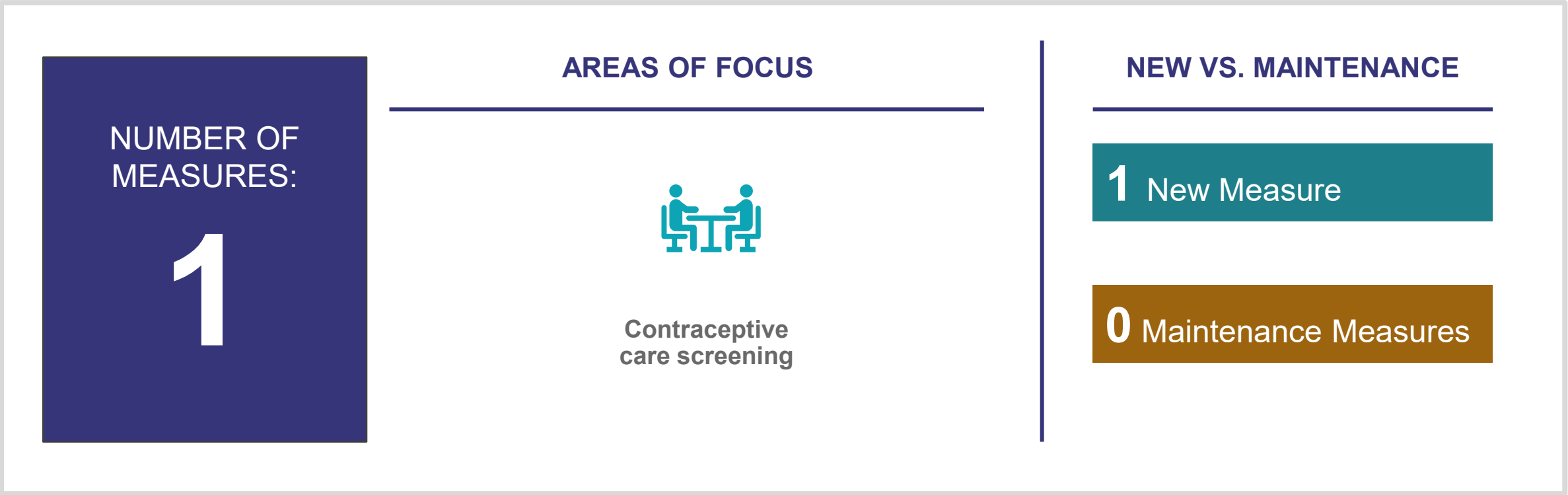
Overview of Fall 2024 Measure for Endorsement Consideration



Fall 2024 Measure for Committee Review



The Primary Prevention committee received one measure for endorsement consideration.



Fall 2024 Measures for Committee Review

(Cont., 1)



CBE Number	Measure Title	New/Maintenance	Developer/Steward
#4655e	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)	New	University of California, San Francisco

Test Vote



Voting Considerations and Troubleshooting



- Your voting link was sent to your email from “Voteer.”
 - Do not share your voting link with anyone, as it contains your personal voting code.
 - If you cannot find the voting link, please direct message the “PQM Co-host” or let us know verbally.
- If, at any point, you are having difficulties voting, try refreshing your page or opening the link in a different internet browser.
 - If you are still having difficulties, please let us know.

Decision Outcome	Description
Endorse	Applies to new and maintenance measures. You believe the measure meets all the criteria of endorsement.
Endorse with Conditions	Applies to new and maintenance measures. You believe the measure can be endorsed as it meets the criteria, but also agree with any conditions identified for endorsement.
Do Not Endorse	Applies to new measures only. You believe the measure does not meet the criteria of endorsement.
Remove Endorsement	Applies to maintenance measures only. You believe the measure does not meet all the criteria of endorsement.

Evaluation of Fall 2024 Measure



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)



Item	Description
Measure Description	<ul style="list-style-type: none"> 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 infecund or have had female sterilization from the denominator.
Developer/Steward	<ul style="list-style-type: none"> University of California, San Francisco
New or Maintenance	<ul style="list-style-type: none"> New
Planned Use	<ul style="list-style-type: none"> Public Reporting, Payment Program, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (Internal to the specific organization)
Initial Endorsement	<ul style="list-style-type: none"> Not applicable

Measure Type
Process

Target Population(s)
Females at birth, ages 15-44 years

Care Setting
Ambulatory Care: Clinic, Ambulatory Care: Clinician Office, Ambulatory Care: Office, Clinician Office/Clinic

Level of Analysis
Clinician: Group/Practice, Facility

CBE #4655e Public Comments



Nine comments received

- All nine comments emphasized the importance of person-centered care and reproductive health equity and autonomy, including the Coalition to Expand Contraceptive Access, the American College of Obstetricians and Gynecologists, and the National Family Planning & Reproductive Health Association

Support

9

- A few commenters expressed some concern about data privacy and the potential misuse of reproductive health data.
- Highlighted the importance of administrative burden and potential provider burnout.

Data Privacy and
Administrative
Burden

3

CBE #4655e Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Importance	Public Comment; Committee Independent Review	<p>Several public comments have expressed strong support for this measure, including the Coalition to Expand Contraceptive Access, the American College of Obstetricians and Gynecologists, and the National Family Planning & Reproductive Health Association.</p> <p>100% of Recommendation Group members rated the measure as Met, in agreement with the staff assessment. Members highlighted the measure's high impact, strong evidence base, and significant performance gaps.</p>
	Reliability	Committee Independent Review	100% of Recommendation Group members rated the measure as Met. One member noted that the measure effectively distinguishes performance across entities, including diverse clinical settings.
Dissenting	Expanding the Question	Advisory Group	A few Advisory Group members raised a concern about using service-based versus intention-based questions, noting that intention-focused questions may not apply to all patients. They suggested including a question about pregnancy intention to facilitate preconception planning. Another member recommended adding an initial screening question about fertility, suggesting that if someone is planning a pregnancy, contraception might not need to be addressed.
	Exclusion and Inclusion Criteria	Advisory Group	Several Advisory Group members discussed the exclusion and inclusion criteria, raising concerns about 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. They also debated the measure's age limit and emphasized the need for inclusivity and expansion to diverse care settings to better serve gender minorities and vulnerable populations.
	Question Sensitivity	Advisory Group	Some Advisory Group members discussed how the question is implemented with patients who might experience discomfort about the topic of pregnancy prevention and contraceptive care.

CBE #4655e Key Discussion Themes

(Cont., 1)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	Use and Usability	Committee Independent Review	89% of reviews rated the measure as Met, citing its clear implementation plan and potential for quality improvement. One reviewer rated the measure as Not Met, but Addressable, stating that including this measure in a payment program requires careful consideration of the barriers faced by primary care providers in providing contraceptive care (e.g., lack of training in residency, health systems financial choices, insurance challenges).
	Benefits and Limitations of eCQMs	Advisory Group; Public Comment; Committee Independent Review	<p>Some Advisory Group members discussed eCQMs' limitations and benefits, focusing on electronic medical records' accuracy in capturing conditions like sterilization.</p> <p>Public comments raised concerns about the administrative burden on primary care providers and privacy risks with electronic data, especially under restrictive reproductive health policies.</p> <p>89% of Recommendation Group reviewers rated the measure as Met for Feasibility, aligning with the staff assessment. One Recommendation Group member rated it as Not Met, but Addressable, citing feasibility testing concerns and data standardization and workflow challenges.</p>
	Validity	Committee Independent Review	22% of Recommendation Group members rated the measure as Not Met, but Addressable, citing concerns with accessibility to EHR data, low sensitivity of some of the data elements, and the data elements not being standardized in structured fields.
Probing	Frequency	Advisory Group	A few Advisory Group members inquired about the frequency with which the question is asked over the course of a year.
	Equity	Staff Assessment; Committee Independent Review	<p>Though the developer provided some information on inequities, no empirical testing was completed for this optional domain.</p> <p>89% of Recommendation Group members agreed with the staff assessment rating of Not Met, but Addressable while one reviewer rated the measure as Not Met due to the lack of empirical testing.</p>

Additional Measure Recommendations Discussion

Based on the measure discussions today, are there additional recommendations or solutions the developer can use to overcome any potential measure limitations?



Next Steps



Next Steps for Fall 2024



Meeting Summary

- Meeting summary will be posted to the E&M committee project page by March 4, 2025.



Appeals Period

- **Appeals Period:** March 4-March 24
- The Appeals Committee will meet on March 31, 2025, if needed, to review eligible appeals. Please refer to the [E&M Guidebook](#) for more information about the appeals process.



Technical Report

- At the conclusion of the appeals period, a final technical report will be posted to the E&M Committee project page in April 2025.

Thank You!

Have questions? Contact us at
PQMsupport@battelle.org





Partnership for
Quality Measurement
Powered by Battelle