



Partnership for
Quality Measurement

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Spring 2024 Primary Prevention Endorsement Meeting

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July 26, 2024

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 Measure for Endorsement Consideration
- Test Vote
- Evaluation of the Spring 2024 Measure
- 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 Spring 2024 cycle;
- Review public comments and Advisory Group feedback received and any corresponding developer/steward responses 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.

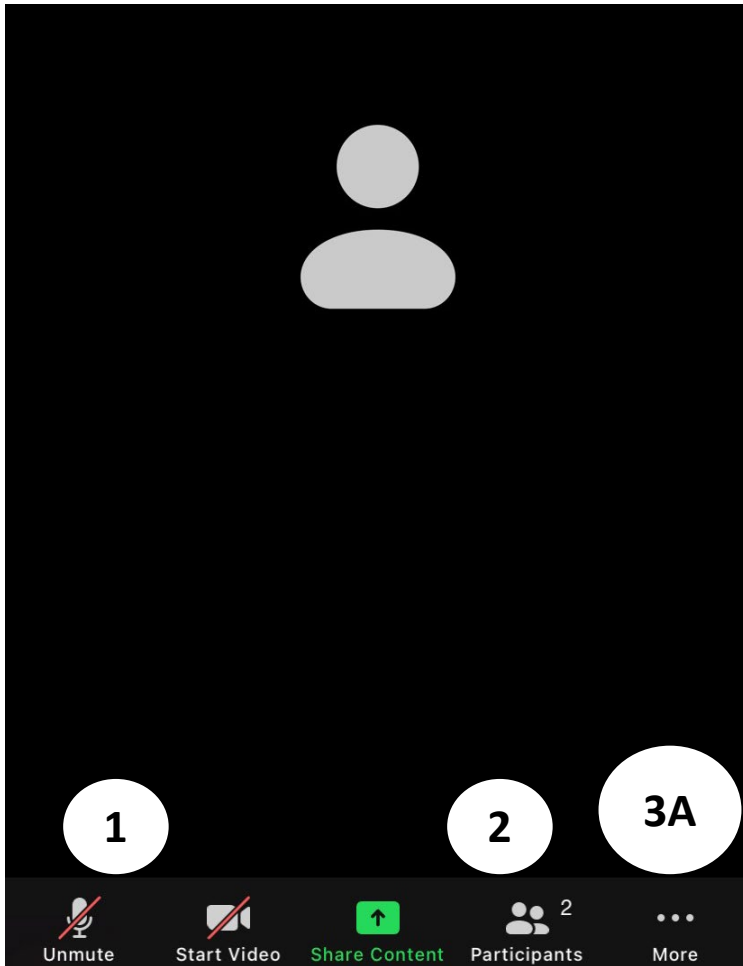
Using the Zoom Platform



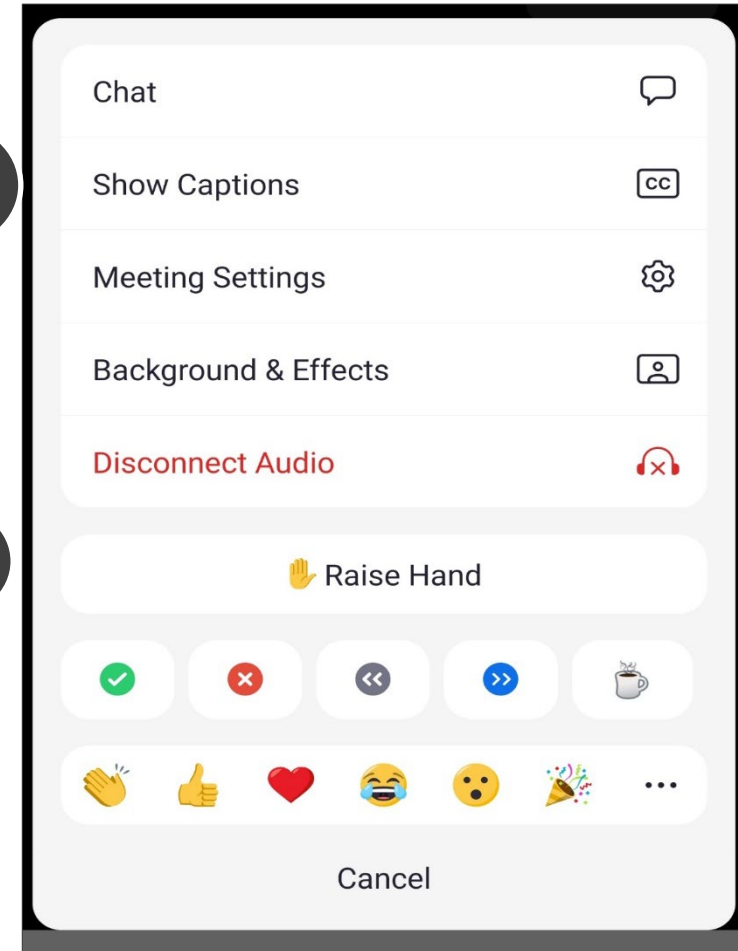
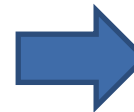
The screenshot shows a Zoom meeting interface. At the top, there are two video thumbnails: 'Host' on the left and 'Attendee 2' on the right. Below them is a large 'Attendee' video thumbnail. At the bottom, there is a toolbar with various icons. Three numbered callouts are present: 1. A white circle with the number '1' is positioned over the bottom toolbar. 2. A white circle with the number '2' is positioned over the 'Participants' button in the bottom toolbar. 3. A white circle with the number '3' is positioned over the 'Reactions' menu, specifically highlighting the 'Raise Hand' option.

- 1 Click the lower part of your screen to mute/unmute, 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, 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, Deputy Director
- Jeff Geppert, Measure Science Team 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 II
- Olivia Giles, MPH, Social Scientist I
- Elena Hughes, MS, 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 – *Recommendation Group*



- John Kreuger, MD, MPH (**Non-Patient Co-Chair**)
- Quinyatta Mumford, DrPH, MPH, CHES (**Patient Co-Chair**)
- Adelisa Perez-Hudgins, RN
- Christa Starkey, LLP, MCSP
- Daniel Kelley, MA
- David Pryor, MHA, CPHQ
- Heather Napier, MSN, RN, CPHQ, HACP
- Jean Morris, RN MSM, CHCQM
- Jeff Brady, MD, MPH
- Jenna Williams-Bader, MPH
- Jennifer Rozenich, BS, MBA
- Jessica Hill, BA, CCHW
- Joanne Campione, PhD, MSPA
- Kevin Bowman, MD, MBA, MPH
- Kimberly Rodgers
- Michael Ho, MD, PhD
- Padmaja Patel, MD, FACLM, DipABLM
- Pamela L. Sartin, RN
- Robert R. Mayo, MD
- Sandeep Vijan, MD
- Terra Stump, MS, BSN, RN-BC
- Tim Laios, MBA, MPH
- Timothy Switaj, MD, MBA, MHA, CPE, CMQ, CPPS, FACHE, FAAFP

Spring 2024 Subject Matter Experts*



- **Survey Strategy and Design**

- Paul Kallaur, MA, BA

* 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).

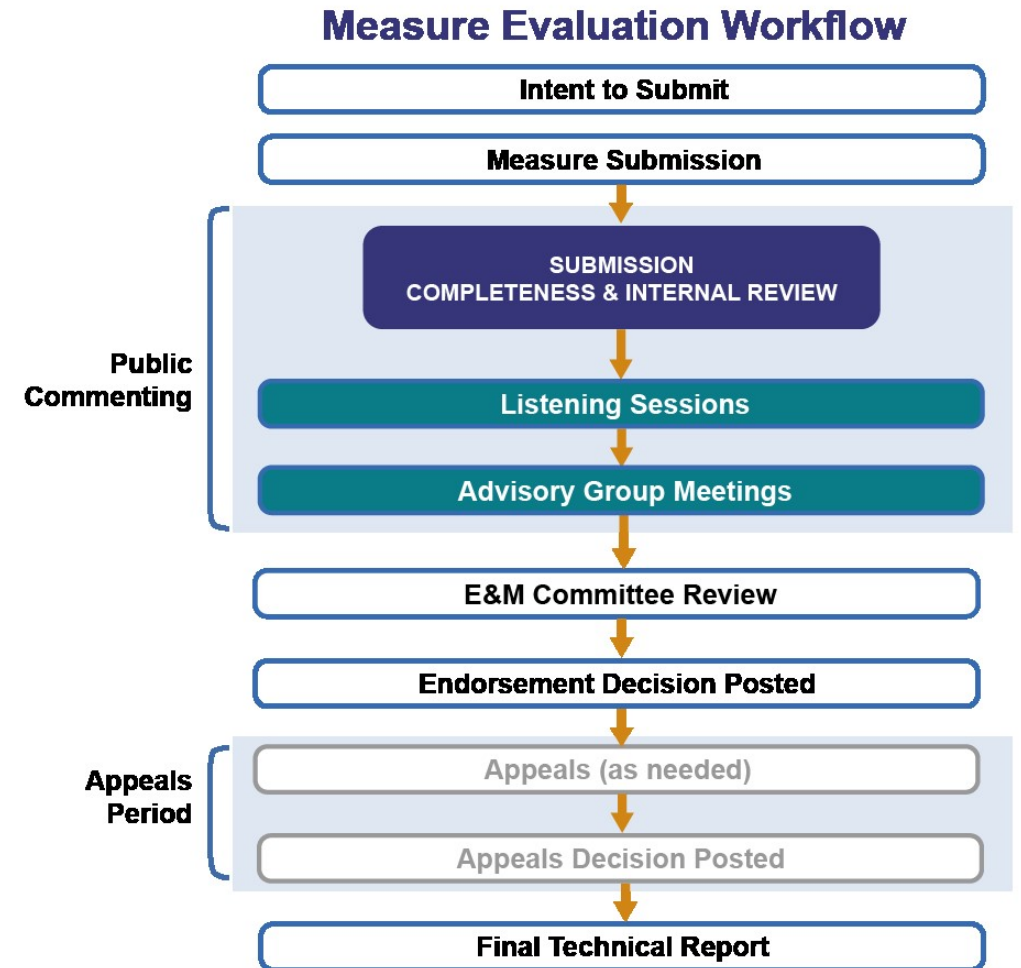
Overview of Evaluation Procedures



Six Major Steps of the E&M Process



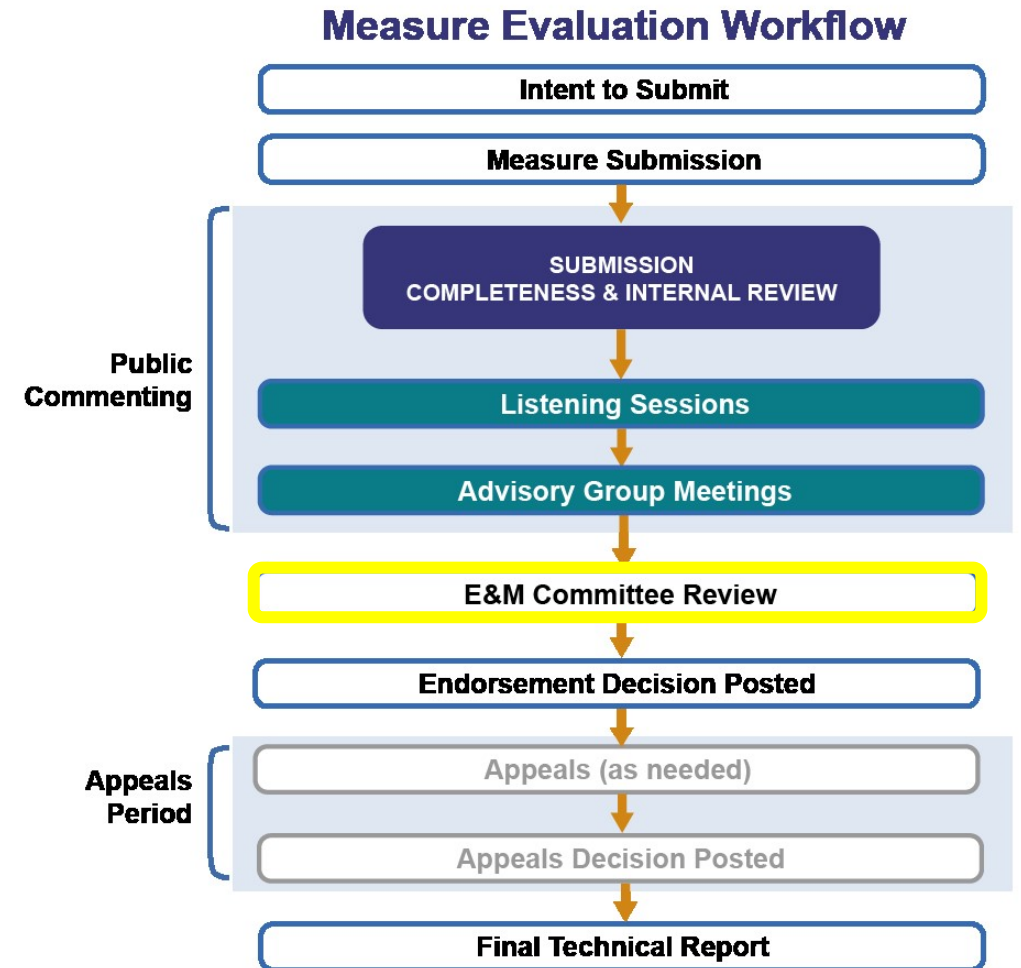
1. Intent to Submit
2. Full Measure Submission
3. Measure Public Comment Period
 - Public Comment Listening Sessions
 - Advisory Group Meetings
4. E&M Committee Review
5. Endorsement Decision
 - Recommendation Group Meetings
6. Appeals Period (as warranted)



Endorsement Meeting



- **Step:**
 - Recommendation Group members convene to review measures and conduct endorsement voting.
 - Developers/stewards respond to Recommendation Group member questions and feedback.
- **Timing:**
 - 1-2 months after Advisory Group meetings.
- **Outputs:**
 - Summary of Recommendation Group member proceedings, including final endorsement decisions, to be posted on the Partnership for Quality Measurement (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
 - 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.

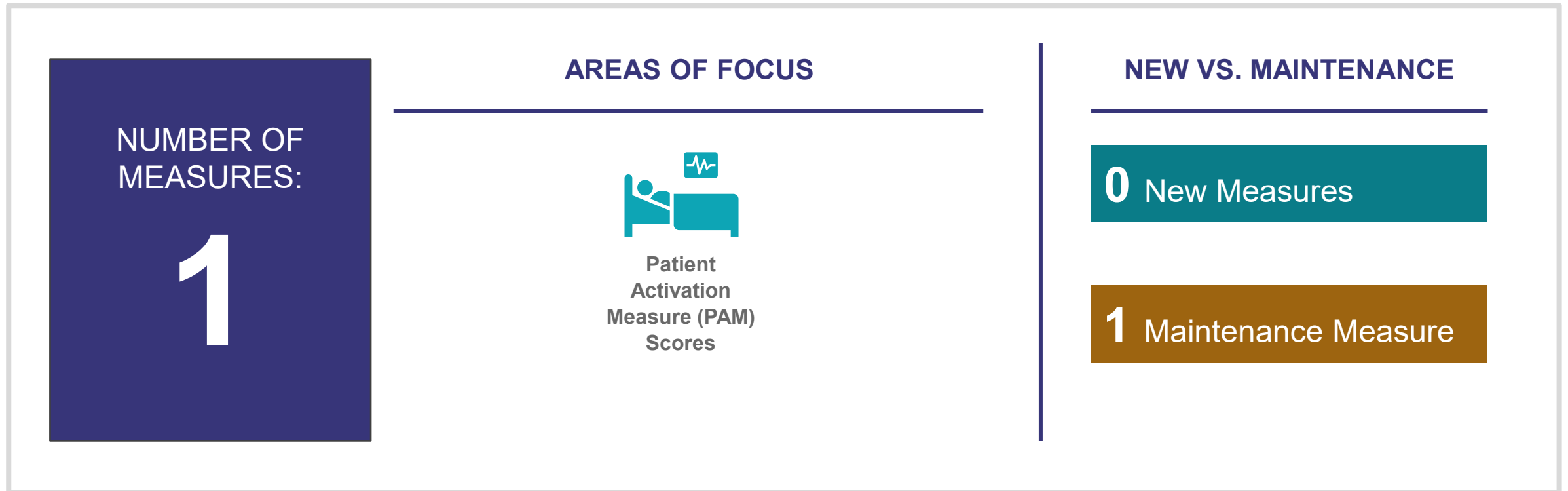
Overview of Spring 2024 Measure for Endorsement Consideration



Spring 2024 Measure for Committee Review



1 measure was submitted to the Primary Prevention committee for endorsement consideration.



Spring 2024 Measure for Committee Review, continued 1



CBE Number	Measure Title	New/Maintenance	Developer/Steward
#2483	Gains in Patient Activation Measure (PAM) Scores at 12 Months	Maintenance	Insignia Health

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.
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 Spring 2024 Measure



CBE #2483 – Gains in Patient Activation Measure (PAM) Scores at 12 Months



Item	Description
Measure Description	<p>The measure is the percentage of patients who achieve a 3-point increase in their Patient Activation Measure® (PAM®) survey score within 12 months. The outcome measure demonstrates how a clinician group performed in providing best care to its patients by quantifying the proportion of patients who had at least a 3-point score change.</p> <p>The PAM surveys the knowledge, skill, and confidence necessary for self-management on a 0-100 point scale that can be broken down into 4 levels from low activation to high activation. The 13 (or 10) item survey has strong measurement properties and is predictive of most health behaviors, many clinical outcomes, and patient experience. PAM® scores are also predictive of health care costs, with lower scores predictive of higher costs.</p>
Developer/Steward	Insignia Health
New or Maintenance	Maintenance (last reviewed: Spring 2016)
Current or Planned Use	Payment Program; Quality Improvement (internal to the specific organization)

Measure Type

Patient-reported Outcome-Based Performance Measure (PRO-PM)

Target Population(s)

Eligible patients with at least two PAM scores no less than 6 months and not more than 12 months apart

Care Setting

Clinician Office/Clinic

Level of Analysis

Clinician: Group/Practice

CBE #2483 Public Comments



- 10 comments received

• Nine comments expressed support for re-endorsement of this measure. Support from clinical perspectives as well as patient perspectives were represented through these comments.

Support for Measure
Re-Endorsement

9

• One individual raised a question related to the topic of the measure's threshold and what that looks like at the individual level.

Measure Threshold at
the Individual Level

1

CBE #2483 Staff Assessment



PQM Domain	Rating	Considerations
Importance	Met	<ul style="list-style-type: none"> The developer cites several systematic reviews that have demonstrated an association between patient activation and material outcomes such as avoidable ED use and health-related quality of life. Overall, use of this measure informed decision-making for entities and individuals, and the measure has modest potential for improvement.
Feasibility	Met	<ul style="list-style-type: none"> Data are collected using a relatively low burden survey instrument. Overall, the measure has been used for many years in multiple settings.
Scientific Acceptability (Reliability)	Met	<ul style="list-style-type: none"> The measure is well-defined. Reliability was assessed at the entity-level. Reliability statistics are above the established thresholds for all but a few entities.
Scientific Acceptability (Validity)	Met	<ul style="list-style-type: none"> Overall, based on the strength of the body of clinical study evidence, the measure has a strong demonstration of the association between the entity and the measure focus.
Equity *	Met	<ul style="list-style-type: none"> Overall, there does not appear to be detectable differences in performance scores across subgroups, and some reason to claim that increasing patient activation would reduce disparities.
Use and Usability	Met	<ul style="list-style-type: none"> The developer reference studies that demonstrate approaches to overcoming barriers to increasing patient activation in challenging populations (e.g., chronic conditions). The measure also is used in a structured quality improvement program.

CBE #2483 Committee Independent Review



Importance (n=12)	Feasibility (n=12)	Reliability (n=12)	Validity (n=12)	Equity (n=12)	Use & Usability (n=12)
C – Met 92% Met; 8% Not Met, but Addressable; 0% Not Met	NC 42% Met; 50% Not Met, but Addressable; 8% Not Met	C – Met 75% Met; 25% Not Met, but Addressable; 0% Not Met	NC 58% Met; 42% Not Met, but Addressable; 0% Not Met	C – Met 75% Met; 25% Not met but addressable; 0% Not Met	C – Met 83% Met 17% Not met but addressable 0% Not Met

- Reviewers largely agreed with the staff assessment for Importance, Reliability, Equity, and Use and Usability, with a rating of “Met.”
- Reviewers raised questions regarding Feasibility related to lack of implementation clarity, clinician burden, and patient survey fatigue.
- With respect to Scientific Acceptability, reviewers did not reach consensus on Validity. Those rating the measure as “Not Met, but Addressable,” questioned whether there are performance data for individual clinicians, whether older adults should be considered separately via stratification or risk-adjustment due to the difference seen by age, and what is the impact of PAM scores with clinical outcome improvement (e.g., annual screenings, lab values)? One member raised concern that the data sets are limited to nephrology-related practices/settings focused on patients with end-stage renal disease (ESRD).
- Eight reviewers agreed with the staff assessment and three rated as “Not Met, but Addressable,” stating that the survey does not apply to all populations, it would be helpful to see data on PAM scores at lower resource clinics or Federally Qualified Health Centers, and no mention of specific Medicare population testing to assess the >65 age population and the impact of exclusion criteria on this subgroup.

CBE #2483 Key Discussion Points



- **Bias:** Is the measure biased towards healthier patients and how response bias is handled?
 - The developer responded, noting that the measure focus is on gains in scores over time, so if a patient population started at a lower baseline, the accountable entity's ability to improve over time is not impacted by those baseline scores. Regarding response bias, the developer noted that this is handled at the program level and improving re-administration rates would be the best potential safeguard.
- **Feasibility:** Some Recommendation Group members raised concerns regarding Feasibility related to lack of implementation clarity, clinician burden, and patient survey fatigue.
- **Electronic Use of the Measure:** Will the measure be available within electronic health record systems?
 - The developer noted that they are pursuing having this measure used within EHR systems.
- **Proxies:** Does the measure allow for any proxy use?
 - The developer noted that this measure is strictly for patient primary report and would consider a proxy measure in the future.
- **Target Population Age:** Why does the age range include 14 years of age and is there any information on health literacy and its impact on survey use?
 - The developer noted that the PAM survey has been shown to work in adolescents. With respect to health literacy, the developer noted that the survey is at a grade school reading level, with close to 50 linguistic translations.

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 Spring 2024 E&M Cycle



Meeting Summary

- **Publish Meeting Summary:** August 30, 2024



Upcoming Meetings

- **Appeals Committee Meeting:** September 30, 2024



Final Report

- **Publish Final Technical Report:** October/November 2024

A Special Thank You To Our Committee Members!



- Adelisa Perez-Hudgins
- Christa Starkey
- Daniel Kelley
- Jenna Williams-Bader
- Jessica Hill
- Joanne Campione
- Kevin Bowman
- Pamela Sartin
- Robert Mayo
- Terra Stump
- Tim Laios

Thank You!

Have questions? Contact us at
PQMsupport@battelle.org





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