The Partnership for Quality Management
P.O. Box 1532
Brunswick, GA 31521

RE: CBE IDs: 5601, 5602, 5603, 5604

Dear Partnership for Quality Measurement (PQM) Team:

The Center for Organ Recovery & Education (CORE) appreciates the opportunity to provide comments on the proposed PQM measures (CBE IDs 5601, 5602, 5603, and 5604).

CORE supports the development of measures that more accurately assess OPO performance and promote quality improvement across the donation process. We offer the following considerations for implementation:

5601: First, the proposed denominator relies on data from CDC WONDER, which may not be available in a timely manner. This lag could delay performance measurement and limit the usefulness of the measures for real-time quality improvement and operational decision-making.

Additionally, CORE recommends further evaluation of the exclusion criteria used to define the denominator. In our experience, patients with diagnoses such as perforated bowel (K63.1), intra-abdominal sepsis (A40–A41), HIV infection identified by serologic or molecular testing (B20), and certain malignancies (C00–C97, excluding non-melanoma skin cancers and eligible primary CNS tumors) may still be evaluated and, in appropriate circumstances, ruled in as potential organ donors. Excluding these patients may not fully reflect current clinical practice and could unintentionally underestimate donation opportunities.

5602: No comment

5603: The measure specifications should clearly address how cases are counted when authorization for donation is obtained, but the patient subsequently becomes medically unsuitable for organ donation. Additional guidance is needed to ensure these cases are consistently classified and that OPO performance is not adversely affected when authorization is successfully obtained but donation cannot proceed due to factors outside the OPO's control.

Additionally, clarification is requested regarding situations in which a patient's family independently initiates a discussion about organ donation despite the patient not meeting typical medical suitability criteria. It is unclear whether these family-driven conversations would be considered an "approach" under the measure specifications and whether such cases would be

included in the numerator or denominator. Clear guidance on these scenarios will promote consistent measure implementation across OPOs.

5604: First, CORE recommends aligning the measure's definition of an organ donor with the current CMS definition of a donor—an individual from whom at least one organ is transplanted. Using a different definition creates inconsistency between regulatory and quality measurement frameworks and represents a departure from the standard currently used to evaluate OPO performance. Aligning the measure with the existing CMS definition would improve consistency, comparability, and clarity across programs.

Additionally, as proposed, the denominator relies on CDC WONDER data, which may not be available in a timely manner. The resulting lag could delay performance reporting and limit the measure's usefulness for ongoing quality improvement and timely operational feedback. CORE encourages consideration of approaches that would provide more current denominator data while maintaining the scientific integrity of the measure. Similarly to 5601, CORE recommends further evaluation of the exclusion criteria for the same reason as above.

Thank you for the opportunity to provide these comments and for your consideration of these important measures.

Sincerely,

Susan A. Stuart

President/CEO

On behalf of:

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