CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Booz | Allen | Hamilton

ASSESSMENT OF QUALITY MEASURES AND PROGRAMS

QUALITY MEASURE INDEX TECHNICAL EXPERT PANEL SUMMARY (D4-14)

SUBMITTED FEBRUARY 10, 2025

Prepared exclusively for the Centers for Medicare & Medicaid Services

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LIST OF EXHIBITS

1.0 REPORT PURPOSE

The purpose of the Quality Measure Index (QMI) Technical Expert Summary (TEP) Report (D4-14) is to summarize the key takeaways and recommendations presented by the TEP members for consideration by Booz Allen Hamilton and its partner, Lantana Consulting Group — herein known as the QMI project team or team — during the QMI TEP meeting (D4-13) held on December 9, 2024. This report does not include the QMI project team's recommendations or responses based on TEP input from this most recent meeting; rather, TEP feedback will inform the team's recommendations for future QMI refinements.

2.0 TEP OVERVIEW

The QMI supports the assessment and selection of quality measures that provide meaningful quality performance information and align with the national health care quality priorities. It also promotes standardization of measure assessments across programs and prioritizes measures that promote positive patient outcomes. The QMI systematically and transparently displays the strengths and limitations of quality measures to facilitate comparisons and aid the Centers for Medicare & Medicaid Services (CMS) in selecting the best measures to develop, implement, and continue to use in quality programs. The QMI project team is convening experts, patients/caregivers, and other stakeholders to provide input on the QMI. Convening the TEP is an important step to promote transparency and obtain balanced input from multiple stakeholders with diverse backgrounds and perspectives. TEP members advise the QMI project team in refining the methodology of the QMI, validating variables used to assess measures, and adapting the index for broader use in CMS quality programs while minimizing burden on programs, developers, and entities involved in measurement.

The TEP is composed of 20 members with differing areas of expertise and perspectives, including quality measures, digital quality measures and measure development, consumer/patient advocacy, clinical experience, payer perspectives, health care economics, and health equity. Amy Chin and John Martin served as TEP co-chairs for the December QMI TEP Meeting, Catherine Major served as the internal TEP chair from Booz Allen. Appendix A provides the list of confirmed TEP members, including names, affiliations, and credentials.

3.0 MEETING SUMMARY

The QMI project team convened the TEP via Zoom for Government on December 9, 2024. Of the 20 QMI TEP members, 19 attended the meeting. Appendix A provides QMI TEP members' attendance at the meeting and Appendix B provides a list of CMS and QMI project team members.

3.1 MEETING OBJECTIVES

The objectives of the QMI TEP meeting were:

- Review the QMI TEP overall project objective and TEP member responsibilities and cast vote on TEP Charter
- Provide an overview of the background and evolution of the QMI
- Discuss preliminary QMI environmental scan findings, gathering input from TEP members on potential refinements to the QMI methodology and variables

Exhibit 1 describes the December QMI TEP Meeting's accomplishments and key takeaways.

Exhibit 1: Accomplishments and Key Takeaways

Accomplishments and Key Takeaways

The QMI project team accomplished the TEP Meeting objectives by:
 	
Acknowledging TEP Roles and Responsibilities
• **Key Takeaway:**
  ○ The QMI TEP members approved the Charter.
 	
Reviewing QMI Background and Evolution
• **Key Takeaway:**
  ○ The QMI TEP requested additional educational materials about the QMI methodology and scoring distribution. The project team will share additional resources with the TEP following the meeting.
 	
Discussion of Environmental Scan Themes
• **Alignment Across Programs Key Takeaways:**
  ○ Alignment and burden reduction continue to be priorities and should be represented in the QMI. Alignment is currently represented through whether a measure is part of the Universal Foundation; there may be opportunity to expand how alignment is defined and scored.
  ○ The project team should explore how to best define alignment in the QMI scoring methodology, especially due to the differing requirements and policies across CMS programs. The project team should also consider how to incorporate alignment across settings or alignment outside of CMS programs.
• **Strengthening Health Equity Key Takeaways:**
  ○ Challenges remain with the ability to capture and incorporate structured health equity data into measurement.
  ○ The TEP supports how the current QMI methodology represents health equity and did not suggest updates at the time. The QMI scoring components related to health equity include whether a measure addresses equity or is stratified to address an equity gap. The QMI Scoring methodology also considers whether there is evidence for gaps in measure score performance among subpopulations of interest defined by social risk factors.
  ○ CMS can explore potential updates to the methodology related to health equity in the coming years as the health equity measurement field continues to evolve.
• **Scoring Patient Experience Measures Key Takeaways:**
  ○ The QMI has not been tested to score patient experience measures.
  ○ At least one TEP member suggested the project team test patient experience measures using the current QMI methodology as a next step to scoring this important measure type.
• **Defining Impact Variables Key Takeaway:**
  ○ Determining how to assess an individual measure's impact in a standardized way is complex.
  ○ At least one TEP member suggested considering a component of "impact" as whether a measure addresses a specialty area with a current measurement gap.
  ○ The TEP agreed on the importance of incorporating "impact" into the QMI and requested additional time to discuss this topic at a future meeting.
  ○ The TEP suggested further conversation on previous potential impact variables: Meaningful to Patients and Clinicians, Reach of Measure, Clinical Significance, Value of Health Outcomes, and Potential Return on Investment.

3.2 TEP ROLES AND MEMBER RESPONSIBILITIES

This project year, TEP members will participate in two, two-hour working meetings to advise the project team on:

- Refining the methodology of the QMI
- Validating variables used to assess measures
- Adapting the index for broader use in CMS quality programs while minimizing burden on programs, developers, and entities involved in measurement

QMI TEP members are expected to:

- Adhere to the terms of the Confidentiality and Disclosure Agreement
- Review and consider the content within the information and questions provided
  - Arrive at each meeting prepared to provide feedback and recommendations on the distributed materials
  - Proactively seek to provide input to the QMI project team if unable to attend a meeting
- Offer expertise and engage in constructive debate to create an open and productive environment
- Make every attempt to attend all scheduled meetings
  - Accept or decline each meeting invitation, providing timely updates to the QMI project team upon any change in status
  - If unable to fulfill TEP duties on an ongoing basis, notify the QMI project team immediately

19 of 19 TEP members present voted to approve the QMI TEP Charter.

3.3 QMI BACKGROUND AND EVOLUTION

The QMI is a scoring tool that provides an objective quality measure assessment based on the measure's attributes and ten important characteristics. The index is currently internal to CMS and supports the assessment of the relative value of a quality measure to aid CMS in measure selection, pre-rulemaking, specialty gap analysis, program implementation, and similar ongoing quality measurement efforts. Measures assessed by the QMI tool can be filtered and sorted by various measure characteristics and/or identified priorities to enable comparisons among measures. This supports CMS in selecting measures for implementation across quality reporting programs and informs measure development and continued use or removal from programs. The QMI has been tested and used to score outcome, intermediate outcome, process, structure, and patient-reported outcome-based performance measures (PRO-PMs). It has not been tested and used to score cost, resource use, patient experience of care, and structural measures with categorical scores. The QMI is aligned with the consensus-based entity (CBE) evaluation criteria, where appropriate.

The QMI's purpose is to:

- Provide CMS with a repeatable and reliable assessment of quality measures
- Prioritize measures for development, implementation, and continued use/removal
- Inform CMS regarding quality measures that can be adapted to more closely align with national health care priorities

The QMI tool provides an objective quantification of quality measure's value that is:

- Applicable across CMS programs
- Applicable at all stages of the measure life cycle
- Evaluable over time

Based on TEP member questions, the QMI project team provided additional information about the purpose of the QMI and how it is used. The QMI tool is aligned with the CBE endorsement criteria where feasible (e.g., evidence, reliability, validity, feasibility) and complements the current endorsement and selection processes. The goal of the QMI is to objectively and rapidly assess the quality of measures using standardized information submitted to CMS by stewards. The QMI helps address a Government Accountability Office recommendation that CMS establish a systematic method to assess measures and to determine how measures meet CMS' quality measurement strategic objectives.

A member suggested the project team analyze the correlation between QMI scoring and the recommendations of other processes in place to assess and make recommendations on quality measures (e.g., measure endorsement). The project team shared that there has been testing to compare QMI scores with the results of other processes,

such as CBE and pre-rulemaking. The project team will share a summary of these findings following the meeting and consider what future analyses may be valuable.

QMI scores may change over time, for example, if the measure progresses along the measure lifecycle stages, if performance on the measure changes, or if updated testing results are available. QMI scores are internal to the CMS team and program leads. TEP members encouraged CMS to consider opportunities to increase transparency of the QMI and measure scores for external stakeholders. The project team stated it will explore this consideration with CMS.

QMI scores are generated for Measures Under Consideration (MUCs) and select Measures in Use (MIUs) and Measures Under Development (MUDs). There is no QMI score threshold; QMI scores are meant to be informative and another piece of information to support CMS decision making.

Next, the team reviewed the scoring history and the number of measures scored with each QMI version (Exhibit 2). The QMI has evolved over time from scoring only MUCs to also scoring select MIUs and MUDs.

Exhibit 2: QMI Scoring History

QMI Version	Number of Measures Scored
QMI Beta Version 3	June/July 2021: 34 measures from the 2021 Call for Measures
QMI Beta Version 1.0	December 2021: 391 measures in use in CMS programs
QMI Beta Version 1.1	June 2022: 72 measures from the 2022 Call for Measures
QMI Beta Version 2.0	May 2023: 39 measures from the 2023 Call for Measures June 2023: 8 measures under development; 33 measures in use in CMS programs; 34 health plan-level and structural measures in use in CMS programs/submitted to the 2023 Call for Measures
QMI Beta Version 2.1 (Current Version)	May 2024: 42 measures from the 2024 Annual Call for Measures June 2024: 31 measures in use in CMS programs

The project team outlined the QMI methodology. MUCs and MIUs are scored using four primary domains comprised of 10 scoring variables. The team reviewed the difference between the methodology of MUCs and MIUs compared to MUDs.

MUCs and MIUs include the following domains and variables:

- Agency High Priority: Measure Focus, Digital Data Source, and Preferred Measure Type
- Importance: Evidence-Based, Measure Performance, and Patient Engagement
- Scientific Acceptability: Measure Score Reliability (Empiric Measure Score Validity, Data Element Validity), Validity (Face Validity, Risk Adjustment)
- Feasibility: Feasibility of Data Elements and Provider Burden (Impact on Workflow)

MUDs have modifications to account for the unavailability of certain data at this stage of the measurement life cycle. Therefore, they include:

- Agency High Priority: Measure Focus, Digital Data Source, and Preferred Measure Type
- Importance: Evidence-Based and Patient Engagement
- Feasibility: Feasibility of Data Elements and Provider Burden (Impact on Workflow)

Each scoring variable is assigned a value based on its operational definition. These scores are then averaged per domain.

The QMI has 14 classification variables that are used to categorize measures based on important measure characteristics. The QMI classification variables are:

- Completed Measure Lifecycle Stage

- Fully Developed Measures
- Measure Type
- Measure Calculation Method
- Data Source
- Meaningful Measures 2.0 Priorities
- Maternal Health Measures
- Universal Foundation Measure
- United States Core Data for Interoperability Data Elements
- CBE Endorsement Status
- Stratified Measure
- Composite Measure
- Paired Measure
- Measure with Multiple Scores

3.4 ENVIRONMENTAL SCAN AND VARIABLE DISCUSSION

The QMI project team provided an overview of the purpose of the Environmental Scan. The research questions were: (1) How should the current QMI scoring variables be updated based on changes in evidence and the policy landscape? and (2) Which impact variables should be considered for incorporation into the QMI methodology? The literature search included peer-reviewed and grey literature, industry standards, and program-specific regulations. The project team performed searches using PubMed, Google Scholar, and various CMS-related websites, focusing on literature published between January 1, 2020, and September 13, 2024. Initial findings included 222,227 articles, of which 55 were deemed relevant for review, and 16 articles pertinent to QMI and CMS priorities. The team also identified and included 16 industry sources.

Initial environmental scan findings suggested there is evidence to support the current scoring variables and how they are defined. Alignment across CMS programs remains a priority among CMS and stakeholders and there may be an opportunity to strengthen how alignment is represented in QMI scoring. Language access, health literacy, social determinants of health (SDOH), and social risk adjustment are priorities that also remain focus areas across the landscape and there may be an opportunity to strengthen how health equity is represented through the QMI methodology. Patient experience measures remain a CMS focus; however, the QMI is not currently tested on or used to score patient experience measures. The TEP co-chairs facilitated discussion of each of these themes, providing input to the project team about whether QMI variables related to these areas should remain the same or be updated, and whether new variables to address these topics should be explored.

3.4.1 Alignment Across Programs

Initial findings from the environmental scan that suggested that alignment across programs remains a priority and there may be an opportunity to strengthen its representation within QMI scoring. Evidence suggests that reducing the amount of quality measures can further reduce provider burden, as well as identify measurement gaps. The TEP was asked “Should alignment across CMS programs be considered for inclusion within the QMI methodology and is there a way to be proactive about alignment?”

The project team provided additional details regarding the current state of alignment within QMI:

- Alignment across programs as a classification variable is presented by classifying if a measure is part of the Universal Foundation or not.
- Universal Foundation measures are also a preferred measure type (along with outcome measures, intermediate outcome measures, and PRO-PMs) in the Agency High Priority scoring domain.

The project team requested feedback on whether there is potential to score measures based on whether they are best suited for use across programs, regardless of whether they are included within the Universal Foundation or not. The project team also inquired if a measure would add unique value or if it is duplicative of an existing measure.

The team should explore how to best define alignment in the QMI scoring methodology and consider if and how to incorporate alignment across settings or alignment outside CMS programs.

- There was agreement among members that "alignment across CMS programs" should be as expansive as possible when represented in the methodology.
- One TEP member expressed that CMS programs may come and go; it may be more beneficial to consider measure alignment across settings rather than programs (e.g., a delirium measure used for both outpatient and inpatient purposes).
- The TEP agreed that alignment across settings is important, as well as alignment across programs, which would ensure that programs work together.
- The TEP also agreed that reducing provider burden can be accomplished by aligning measure specifications within CMS programs to improve the overall patient experience.
- There were several challenges expressed by TEP members:
  - Defining "alignment" due to the differing requirements/policies across CMS programs, which may require further consensus and CMS guidance
  - How the transition to digital quality measures affects alignment across programs when measures have different collection types
  - Clear data definitions and barriers related to electronic health records and how information can be retrieved

3.4.2 Strengthening Health Equity

The project team reviewed how health equity is currently represented in QMI scoring. Within the Measure Focus variable, the QMI gives credit if a measure addresses equity (among other priority areas) or if the measure is stratified to address an equity gap. Under the risk adjustment component of the Validity variable, for outcome measures, intermediate outcomes measures, and PRO-PMs, risk adjustment should be incorporated or there should be a rationale for not incorporating risk adjustment or stratification. The Measure Performance scoring variable within the Importance domain also includes whether there are gaps in performance among subpopulations defined by social risk factors.

The environmental scan identified the benefits of considering the incorporation of advancing language access for survey measures (e.g., if the measure is a survey measure, that the tool is available in Spanish, another language, or multiple languages). The project team asked the TEP to consider whether there should be more specification or expectations around social risk adjustment, and specifically, whether the current approach is most appropriate and feasible. The team also recognized health and health care priorities, opportunities, and challenges of care delivery and quality measurement specific to rural health and health care as a key component of health equity.

TEP members were asked the following questions:

- Are there opportunities to strengthen how the QMI represents health equity?
- Should CMS consider advancing language access for inclusion within the QMI methodology?
- Should CMS update the methodology to better account for considerations around SDOH and social risk adjustment?

The TEP discussed if there are opportunities to strengthen how the QMI represents health equity:

- The QMI can consider use of regions, zip codes, and dual eligibility as a proxy to identify and address health equity.
- The TEP suggested the QMI could consider measure performance for certain groups that score under a certain threshold. Topped out measures may not be representative of performance across all populations.
- The TEP raised several challenges that the QMI should consider as it seeks to address health equity:
  - Data to determine gaps based on social risk factors are not always available as part of measure development within the data, but should be required.
  - Advancing health equity is complex; it can be difficult to close disparity gaps, especially with limited resources.
  - Some organizations are struggling to capture the data elements required to identify and address health equity.

TEP members supported the current method for addressing health equity in the QMI methodology. The TEP recommended revisiting the health equity QMI components in a couple of years as the field continues to mature and evolve.

The TEP discussed if CMS should consider advancing language access for inclusion and agreed that language access is important. At least one member shared support for the QMI scoring to consider if surveys are offered in different languages.

The TEP discussed if the methodology should better account for considerations around SDOH and social risk adjustment:

- There are no standard criteria for social risk adjustment of measures used for public reporting/payment purposes.
- The TEP concluded that the QMI methodology should not have additional requirements or specifications related to social risk adjustment.

3.4.3 Scoring Patient Experience Measures

Patient Experience measures assess aspects of health care delivery that patients value highly when they seek and receive care. Elevating patient-centered care, including experience is emphasized by CMS, and Consumer Assessment of Healthcare Providers and Systems (CAHPS) overall rating measures is included in the Universal Foundation. The QMI does not currently score Patient Experience measures due to their unique characteristics (e.g., progress toward digital data sources, feasibility, and provider burden) that would require updates to the QMI scoring methodology for scoring this measure type or if scored as is, that may limit the ability to draw conclusions about this measure type, compared to other measures.

The TEP was asked the following questions:

- Should the QMI methodology score patient experience measures?
- What are methodological considerations for scoring patient experience measures?

The TEP discussed if the QMI methodology should score patient experience measures:

The TEP agreed on the importance of patient experience measures and supported testing patient experience measures using the current QMI methodology.

- The TEP agreed that patient experience measures have always been of interest and are important for organizations.
- At least one TEP member encouraged the QMI team to begin testing scoring patient experience measures.
- TEP members expressed that there has been a decline in CAHPS survey response rates. TEP members provided general feedback about the need for patient experience surveys that are short, structured, and manageable to respond to, and that they provide real-time feedback.

- The TEP suggested CMS consider whether individual survey items are reliable and valid, in addition to determining whether overall survey measure performance is reliable and valid.

3.4.4 Defining Impact Variables

The team introduced the topic by sharing that CMS is considering incorporating "impact variables" into the QMI methodology. An impact variable would assess an individual measure's effect on outcomes. Determining how to define and assess impact is complex, and initial environmental scan results did not identify an agreed-upon approach to determine the impact of an individual measure.

The project team discussed the following impact variables that were previously explored with the TEP in 2019: meaningful to patients and clinicians, reach of measure, clinical significance, value of health outcomes, and potential return on investment. At that time, the TEP found these variables conceptually important, but identified feasibility challenges with incorporating them into the methodology.

TEP members were asked the following questions:

- How should CMS define an impact variable?
- What are your ideas for which impact variables to explore?
- Could Impact Assessment Report findings be incorporated into QMI scoring?

The TEP shared the following input:

The TEP expressed the importance of incorporating "impact" into the QMI methodology but recognized the methodological complexity of assessing the impact of an individual measure. The TEP requested to continue discussing impact variables at a future meeting.

- One way to measure impact using the QMI would be to determine if a measure is applicable to a specialty in which there is a measurement gap.
- A TEP member suggested further exploring if a measure is making a clinically meaningful difference and whether a measure would have an impact at the patient level.
- TEP members discussed that context around how the measure is used (e.g., which program it is in) and the opportunity for improvement in a certain area influences a measure's impact.
- The TEP requested more time to provide feedback on impact variables and recommended that the impact variables that were previously identified should continue to be explored and discussed.

The TEP did not have the opportunity to provide feedback on whether Impact Assessment Report findings should be incorporated into the QMI scoring and will continue to discuss the topic of impact variables at the next TEP meeting.

4.0 NEXT STEPS

The QMI project team provided an overview of next steps:

- The QMI project team will summarize the TEP meeting and share considerations with CMS.
- The QMI project team will update the environmental scan draft based on TEP feedback, if necessary.
- The next TEP meeting is planned for April 2025. Topics may include:
  - Continuing to discuss and reach consensus on considerations from the December 2024 TEP meeting
  - Potential updates to the Measures Under Consideration Entry/Review and Information Tool data template related to QMI fields for the 2026 Pre-Rulemaking cycle
  - Opportunities to increase efficiency and automate scoring for MIUs and MUDs
  - Exploring ways to build on prior QMI reliability and validity testing
  - Considering scoring of structure measures with categorical scores and cost/resource use measures

- MUCs are planned for scoring in May 2025. MUDs will be scored in early 2025, and MIUs will be scored in Spring 2025.
- The project team will provide follow-up materials to TEP members on the QMI methodology, scoring distribution, and previous analyses.

Appendix A. QMI TEP Members

Exhibit 3 identifies the QMI TEP members and whether they attended the December 2024 TEP meeting.

Exhibit 3: QMI TEP Members and Attendance

Member Name, Role, Organization[1]	Present at Meeting
John Marc Alban, MS, RN Associate Director Quality Measurement and Informatics, *Joint Commission*	X
Mary Baliker, BS*¥ Patient	X
Amy Chin, MS (Co-chair) Assistant Vice President Value Management Office, *Hospital for Special Surgery*	X
Anne Coltman, MSHA, MS, RDN, LDN, FAND, FACHE Senior Director of Quality, Standards, and Interoperability *Commission on Dietetic Registration*	X
Elizabeth Drye, MD, SM Chief Scientific Officer & Vice President, Quality Measurement National Quality Forum & Joint Commission	X
Tricia K. Elliott, DHA, MBA, CPHQ, FNAHQ Vice President of Quality Implementation *National Committee for Quality Assurance*	X
Jacqueline N. Grady, MS Director of Measure Specification, Reporting Production and Implementation, *Yale/YNHHS Center for Outcomes Research and Evaluation*	X
Amy Nguyen Howell, MD, MBA, FAAFP¥ Adjunct Associate Professor *University of Southern CA, Sol Price School of Public Policy*	X
Emily Kircher MPH, BSN, RN Quality Program Manager *Vituity*	X
Joseph Kunisch PhD, RN, CPHQ Vice President of Quality Programs *Harris Health System*	X
Robert C. Lloyd, PhD Senior Advisor Improvement Science and Methods *Institute for Healthcare Improvement*	
Carolyn Lockwood, MSN, RN Senior Director, Performance Measurement, *Pharmacy Quality Alliance*	X
Paloma Luisi, MPH Research Scientist/Bureau Director New York State Department of Health	X
John Martin, PhD, MPH (Co-chair) ¥ VP, Data Science, *Premier, Inc.*	X

[1] An asterisk [*] denotes a consumer/patient-caregiver representative; a yen symbol [¥] denotes continuing TEP members from 2022 to 2024.

Member Name, Role, Organization[1]	Present at Meeting
Connie Lee Montgomery*¥ Patient/ Family Caregiver and Retired OTR	X
Erin O'Rourke, BS Executive Director, Clinical Performance and Transformation *America's Health Insurance Plans*	X
Jill Shuemaker, RN, CPHIMSS, FHIMSS Director, Clinician Measures *The American Board of Family Medicine Foundation* *Center for Professionalism & Value in Health Care*	X
Sam Simon, PhD Senior Fellow *Mathematica*	X
Samantha Tierney, MPH¥ Senior Scientist, Performance Measurement *American College of Physicians*	X
Janice Tufte* Patient *Person and Family Engagement Network Advisory*	X

Appendix B. CMS and QMI Project Team Members

Exhibit 4 indicates CMS and the QMI project team members.

Exhibit 4: CMS and QMI Project Team

CMS	
Gregory Stark	Contracting Officer's Representative
Helen Dollar-Maples, RN, MSN	Director, Division of Program and Measurement Support
Marsha Smith, MD	CMS Medical Officer
Mei Zhang	Data Scientist, Division of Program and Measurement Support; QMI Lead
Nidhi Singh-Shah, MPH	Deputy Director, Division of Program and Measurement Support; QMI Lead

QMI Project Team	
Catherine Major, MBA	QMI TEP Chair *Booz Allen Hamilton*
Christina Marsh, PhD	Program Director *Booz Allen Hamilton*
Christina Hedge	Officer in Charge *Booz Allen Hamilton*
Jamie Pilla, MHSA, CPHQ	Project Manager *Booz Allen Hamilton*
Nicolette Mehas, PharmD, CPHQ	QMI Workstream Lead *Booz Allen Hamilton*
Neil McNinch, PhD(c.), MS, RN	Methodology Lead *Booz Allen Hamilton*
Matt Sapiano, PhD	Director of Data Science *Lantana Consulting Group*
Cate Knockenhauer, MSc	Statistician II *Lantana Consulting Group*
Hector Cariello, MPH	Research Analyst II *Lantana Consulting Group*
Ola Fakorede, PMP	Project Manager *Lantana Consulting Group*
Olga Kogan, BSN, RN	Research Analyst II *Lantana Consulting Group*
Ulaina Tariq, MSc	Public Health Data Analyst *Lantana Consulting Group*

Appendix C. QMI TEP Meeting Agenda

Quality Measure Index (QMI) Technical Expert Panel (TEP)

Meeting Agenda: December 9, 2024; 1:00 pm – 3:00 pm Eastern Time

Time	Topic
1:00-1:05 PM	Welcome • Welcome and overview of meeting agenda
1:05-1:15 PM	Roll Call and Disclosures • TEP member introductions
1:15-1:25 PM	TEP Objectives and Member Responsibilities • Overview of objectives and vote to approve TEP Charter
1:25-1:35 PM	QMI Background and Evolution • Summary of QMI history and methodology
1:35-2:55 PM	Environmental Scan and Variable Discussion • Gather input on literature review themes and potential QMI evolution
2:55-3:00 PM	Next Steps • Closing remarks and next steps