

Public Webinar

CMS Measure Development Education & Outreach



Measuring Quality to Improve Quality: Strengths and Limitations of Clinical Quality Measurement



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2:00-3:00pm EST

Introduction to CMS Quality Goals

- **Welcome!** This is our first of a two part series to engage the public in the work CMS is doing around quality measurement
- Aim to shed light on the processes and function of quality measurement in CMS programs and initiatives
- If you are new to quality measurement, stay tuned for available resources that can help navigate development and use

Agenda

1. Overview of the Measures Management System
2. Understanding health care quality
3. How quality measures are used and how they are developed
4. Strengths and limitations of quality measures
5. Meaningful Measures
6. Helpful resources

Overview of the Measures Management System

- CMS developed the Measures Management System (MMS) as a system of standardized processes and decision criteria that guide contracted measure developers in “developing, implementing, and maintaining quality measures to measure the quality of care delivered to CMS beneficiaries.”
 - Standardized for consistency, comparability
 - Flexible to allow innovation
 - Transparent to consumers, stakeholders
- The MMS oversees the CMS MMS Blueprint, which is the publicly available documented processes to ensure coherent, transparent, and effective quality measure development

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Index.html>

CMS MMS Website

- The MMS website provides a link to the Blueprint, measure development tools and resources, and is easily navigated for all measure development needs
 - Highlights best practices
 - Quick reference guides and deep dive webinars
 - Forms and templates



The screenshot shows the CMS.gov website interface. At the top, the CMS.gov logo is displayed with the text "Centers for Medicare & Medicaid Services". Below the logo, there are several navigation buttons: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, and Innovation Center. A breadcrumb trail indicates the current location: Home > Medicare > Measures Management System > Measure Development by Phase. A main navigation menu is visible, with "Measures Development" selected, showing a dropdown menu with the following items: MMS Blueprint, Measure Development by Phase (highlighted), and Stakeholder Engagement. The page content includes a section titled "Quality Measure Development Overview" with introductory text about quality measures and their role in healthcare improvement.



CMS Quality Measurement

Defining Health Care Quality

Quality is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

-National Academy of Medicine

What is a Clinical Quality Measure?

- A Clinical Quality Measure (CQM) is a tool that quantifies healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems and:
 1. Is associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care
 2. Is supported by evidence

Purpose of CQMs

- Goal 1: Improve the quality of healthcare provided to patients
 - A tool for making “good decisions”
 - One that makes it more likely that patients/providers will experience a good result and
 - Makes it less likely that the provider/patient will experience an adverse result
 - Low performing clinicians can choose to allocate resources to becoming high-performing
- Goal 2: Empower patients to make informed decisions
 - Patients can use quality measures to select high-performing clinicians
 - Ex., using Physician Compare or Hospital Compare

How CMS Uses CQMs

- Quality Improvement
 - Tracks and promotes healthcare that aligns with evidence-based practices and guidelines
- Public Reporting
 - Informs decision-making by consumers, employers, physicians, and policy-makers
- Pay-for-reporting
 - Increases accountability for healthcare quality
 - Promotes practices that will advance value-based purchasing models

Quality Measurement vs Quality Improvement

- Quality measurement and improvement go hand-in-hand
 - Both are necessary to achieve CMS's goals and priorities
- **Quality measures** are used across practices/health systems for accountability and payment
- **Quality improvement** is about learning, culture change, and capacity building; often the focus is on features that are unique to each organization and context

Components of a Clinical Quality Measure

- **Numerator:** Measure focus, aka the target process, condition, event, or outcome
- **Denominator:** The population evaluated by the measure
- **Exclusions:** Patients who should be removed from the measure population before determining if numerator criteria are met

$$\frac{\text{Numerator}}{(\text{Denominator} - \text{Exclusions})}$$

Example of a Clinical Quality Measure

Measure Title: Diabetes Care: Foot Exam

- **Numerator:** Patients who received visual, pulse, or sensory foot exams during the measurement period
- **Denominator:** Patients 18-75 years with diabetes with a visit during the measurement period
- **Exclusions:** Patients who
 - Have had bilateral amputation or both left and right amputation above or below the knee before or during the measurement year
 - Were in hospice care during the measurement year

Strengths of Quality Measurement



- Allows CMS to assess and reward quality of care for conditions that affect millions of Americans



- Improves accountability



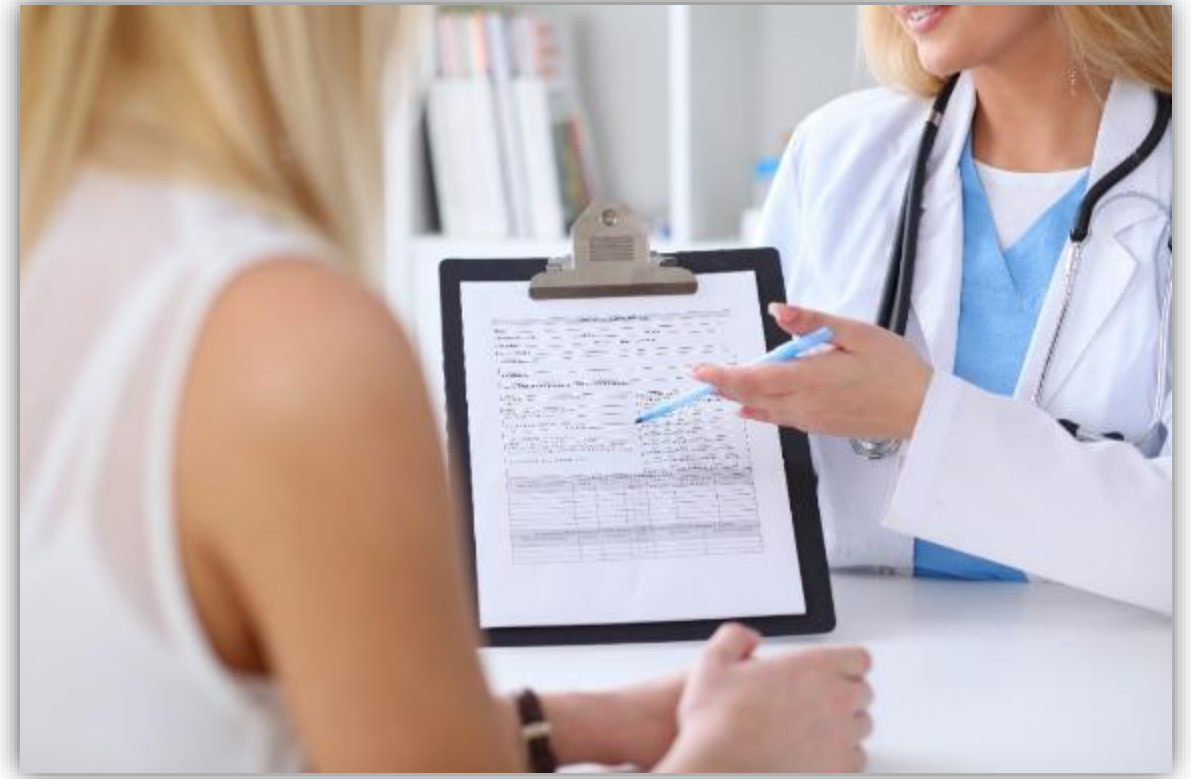
Strengths/Benefits of Quality Measures



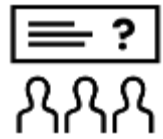
- Helps promote and track improvements in performance over time



- Drives progress aligned with clinical guidelines and best practices



Challenges of Quality Measures



- Still a developing field—measures will become more sophisticated as technological capacity improves



- Rare conditions are difficult to track with quality measures



Limitations/Challenges of Quality Measures



- Expensive to develop and maintain
 - Need to conduct testing to ensure that the measure is reliable and valid



- Implementation Burden





Meaningful Measures Initiative

Meaningful Measures Objectives

Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help identify measures that:



Address high-impact measure areas that safeguard public health



Are patient-centered and meaningful to patients, clinicians and providers



Are outcome-based where possible



Fulfill requirements in programs' statutes



Minimize level of burden for providers



Identify significant opportunity for improvement



Address measure needs for population based payment through alternative payment models



Align across programs and/or with other payers

Meaningful Measures Framework



Promote Effective Communication & Coordination of Care

Meaningful Measure Areas:

- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

Promote Effective Prevention & Treatment of Chronic Disease

Meaningful Measure Areas:

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Work with Communities to Promote Best Practices of Healthy Living

Meaningful Measure Areas:

- Equity of Care
- Community Engagement

Make Care Affordable

Meaningful Measure Areas:

- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

Make Care Safer by Reducing Harm Caused in the Delivery of Care

Meaningful Measure Areas:

- Healthcare-associated Infections
- Preventable Healthcare Harm

Strengthen Person & Family Engagement as Partners in their Care

Meaningful Measure Areas:

- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Functional Outcomes

Promote Effective Prevention & Treatment of Chronic Disease



MEANINGFUL MEASURE AREAS:

PREVENTIVE CARE

Measures

Influenza Immunization Received for Current Flu Season - [HH QRP](#)

Timeliness of Prenatal Care (PPC) - [Medicaid & CHIP](#)

Well-Child Visits in the First 15 Months of Life (6 or More Visits) - [Medicaid & CHIP](#)

MANAGEMENT OF CHRONIC CONDITIONS

Measures

Osteoporosis Management in Women Who Had a Fracture - [QPP](#)

Hemoglobin A1c Test for Pediatric Patients (eCQM) - [Medicaid & CHIP](#)

PREVENTION, TREATMENT, AND MANAGEMENT OF MENTAL HEALTH

Measures

Follow-up after Hospitalization for Mental Illness - [IPFQR](#)

PREVENTION AND TREATMENT OF OPIOID AND SUBSTANCE USE DISORDERS

Measures

Alcohol Use Screening - [IPFQR](#)

Use of Opioids at High Dosage - [Medicaid & CHIP](#)

RISK ADJUSTED MORTALITY

Measures

Hospital 30-Day, All Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization - [HVBP](#)

Programs Using Illustrative Measures

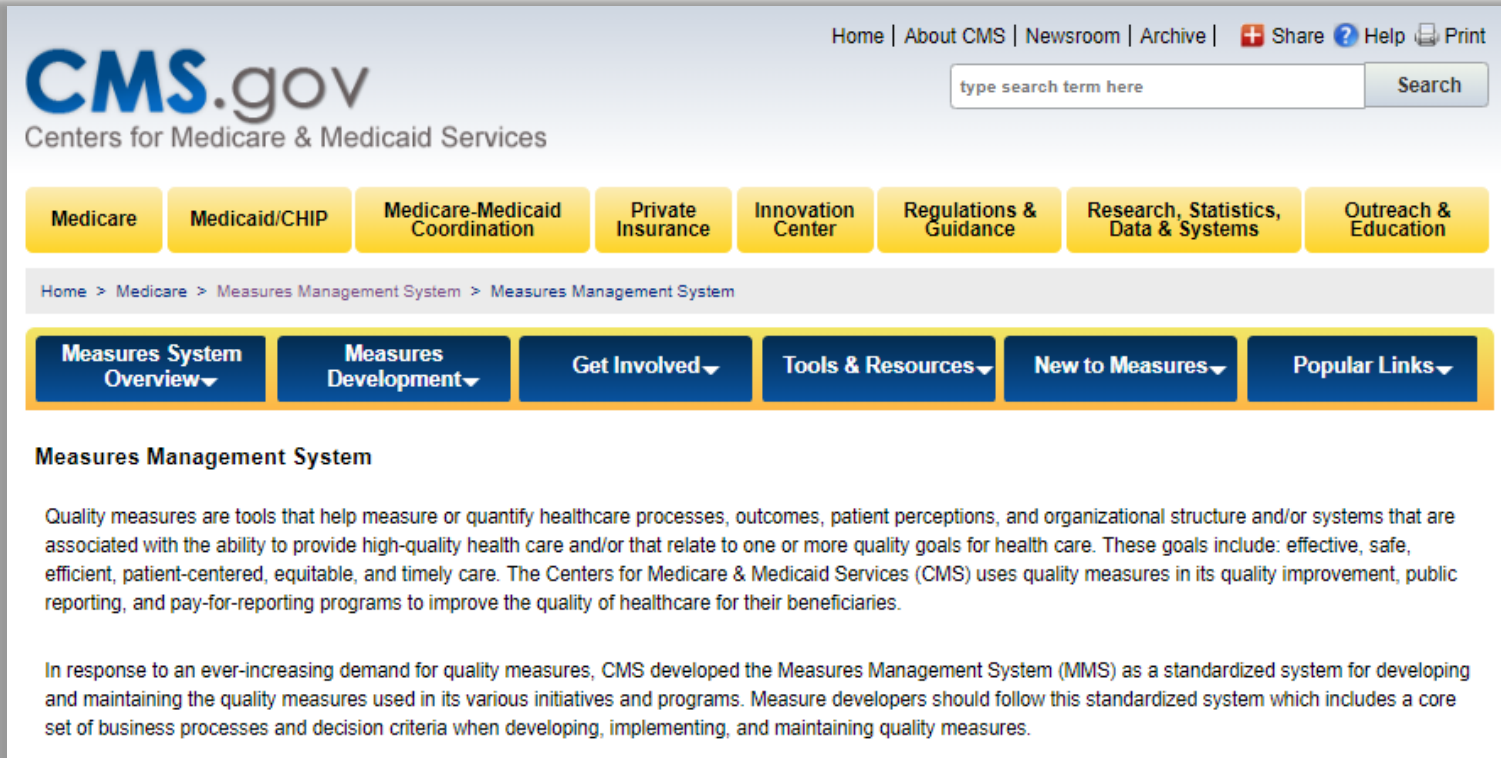
- Quality Payment Program (QPP)
- Home Health Quality Reporting Program (HH QRP)
- Medicaid and CHIP (Medicaid & CHIP)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
- Hospital Value-Based Purchasing (HVBP) Program



Resources for More Information

For more information and support:

- Go to our [Measures Management System](#) website
- Contact us at: MMSSupport@Battelle.org



The screenshot displays the CMS.gov website interface. At the top right, there are navigation links for Home, About CMS, Newsroom, Archive, Share, Help, and Print. Below these is a search bar with the placeholder text "type search term here" and a "Search" button. The main header features the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". A horizontal menu contains eight categories: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. Below this is a breadcrumb trail: Home > Medicare > Measures Management System > Measures Management System. A secondary menu includes: Measures System Overview, Measures Development, Get Involved, Tools & Resources, New to Measures, and Popular Links. The main content area is titled "Measures Management System" and contains two paragraphs of text. The first paragraph defines quality measures as tools for measuring healthcare processes, outcomes, and organizational systems. The second paragraph explains that CMS developed the MMS in response to increasing demand for quality measures, serving as a standardized system for development and maintenance.

Home | About CMS | Newsroom | Archive | Share Help Print

CMS.gov
Centers for Medicare & Medicaid Services

type search term here Search

Medicare Medicaid/CHIP Medicare-Medicaid Coordination Private Insurance Innovation Center Regulations & Guidance Research, Statistics, Data & Systems Outreach & Education

Home > Medicare > Measures Management System > Measures Management System

Measures System Overview Measures Development Get Involved Tools & Resources New to Measures Popular Links

Measures Management System

Quality measures are tools that help measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care. These goals include: effective, safe, efficient, patient-centered, equitable, and timely care. The Centers for Medicare & Medicaid Services (CMS) uses quality measures in its quality improvement, public reporting, and pay-for-reporting programs to improve the quality of healthcare for their beneficiaries.

In response to an ever-increasing demand for quality measures, CMS developed the Measures Management System (MMS) as a standardized system for developing and maintaining the quality measures used in its various initiatives and programs. Measure developers should follow this standardized system which includes a core set of business processes and decision criteria when developing, implementing, and maintaining quality measures.

Resources

- The [CMS Measures Inventory Tool \(CMIT\)](#) provides a searchable repository of the measures used across CMS quality programs and initiatives.

Centers for Medicare & Medicaid Services
CMS Measures Inventory Tool External Resources About

MEASURE INVENTORY MEASURE SUMMARY MEASURE COMPARISON ENVIRONMENTAL SCAN

How do I search? Enter keywords or ID to search the measures inventory

TABLE CONTROLS Show/Hide Columns Export Excel File

2,238 MEASURE RESULTS | View Results by Measure Program Show 10 rows << < 1 2 3 4 5 ... 224 > >>

Measure Content Last Updated: 2019-01-05 What are the Status Definitions? Compare Measures

Add to Measure Comparison	Measure Title	NQF Endorsement Status	NQF ID	Programs	Measure Type
Add +	3-Item Care Transitions Measure (CTM-3)	Endorsed	0228	<ul style="list-style-type: none"> Hospital Compare (Implemented) Hospital Inpatient Quality Reporting (Implemented) Hospital Value-Based Purchasing (Implemented) 	Outcome
Add +	30 Day Stroke and Death Rate for Asymptomatic Patients undergoing carotid stent placement	Not Endorsed	9999	<ul style="list-style-type: none"> Medicare Shared Savings Program (Declined) Merit-Based Incentive Payment System (MIPS) Program (Declined) 	Outcome
Add +	30 Day Stroke and Death Rate for Symptomatic Patients undergoing carotid stent placement	Not Endorsed	9999	<ul style="list-style-type: none"> Merit-Based Incentive Payment System (MIPS) Program 	Outcome

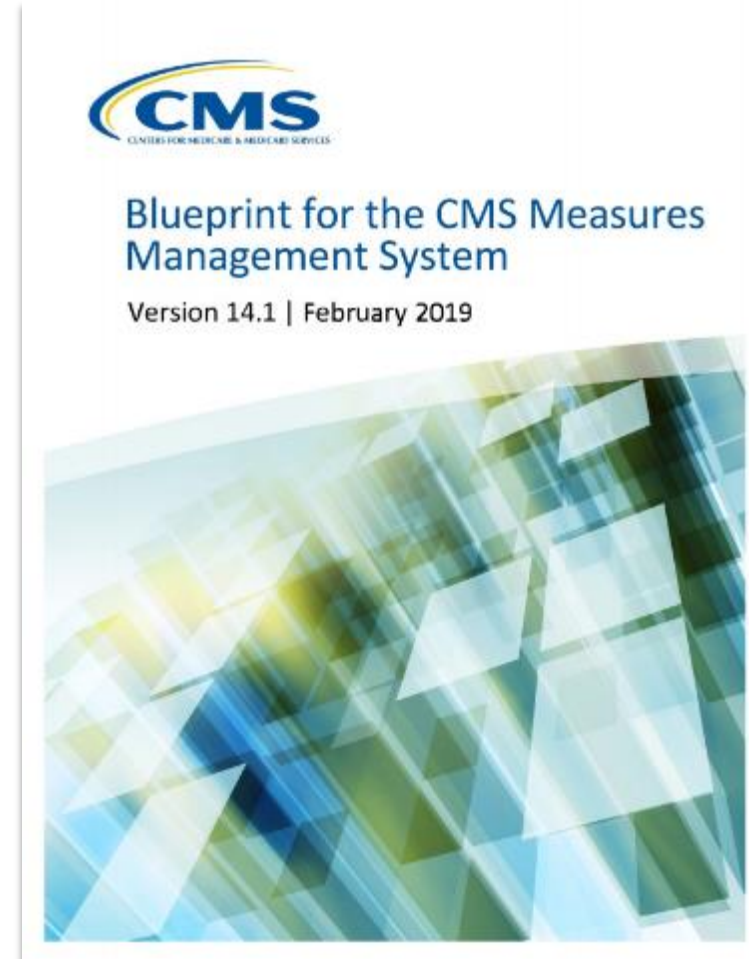
FILTERS

- Programs
- Current Status
- Measure Type
- NQF Endorsement Status
- Development Stage
- Meaningful Measure Area
- Measure Groups
- Healthcare Priority
- Reporting Level
- Purposes
- Care Settings

CMS Quality Measurement

CMS MMS Blueprint

- The [Blueprint](#) is a helpful resource whether your interest is in developing measures or in understanding the measure development process.
 - Six sections to guide measure development
 - Measure lifecycle
 - In-depth look on each step of the process
 - Forms and templates



Resources

- The [eCQI Resource Center](#) brings together stakeholders from across the eCQI community and provide a centralized location for news, information, tools, and standards related to eCQI and electronic clinical quality measures (eCQMs).



Featured Resources



Resources

- [Impact Assessment Reports](#) are written every three years. They assess the quality and efficiency impact of measures used in CMS programs.



Resources

- This website serves as a hub for information on the [Meaningful Measures Framework](#). There are several resources including videos, fact sheets, and Q&As which provide more detail on the 19 Meaningful Measure Areas.

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Upcoming Public Webinar

- **Patient-Centered Quality Measurement: What It Is and How to Get Involved**
 - Wednesday, July 24 at 2:00-3:00 pm EST ([Register here](#))
 - Thursday, July 25 at 3:00-4:00 pm EST ([Register here](#)) (Note: this will be the same presentation as 7/24)

Discussion Questions





Battelle

Measures Manager

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CMS

Kimberly Rawlings (CMS COR)

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