

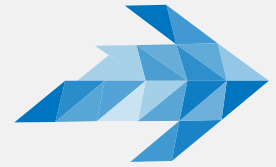
Unpacking the CMS Meaningful Measurement and Improvement Strategy



January 31, 2019

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Discussion Topics

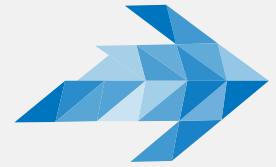
Introduction

Meaningful Measures Overview

- New Approach to Meaningful Outcomes
- Four Strategic Goals
- Objectives
- Framework
- Progress to Date
- Next Steps
- Resources

Panel of Speakers

Question & Answer Session



Learning Objectives

By the end of this presentation, participants should be able to:

1. Identify an objective of the Meaningful Measures initiative
2. Recognize the challenges with quality measures and quality measure development that have led to the need for the Meaningful Measures initiative
3. Recognize an example of how CMS has used the Meaningful Measures Framework to improve quality reporting.



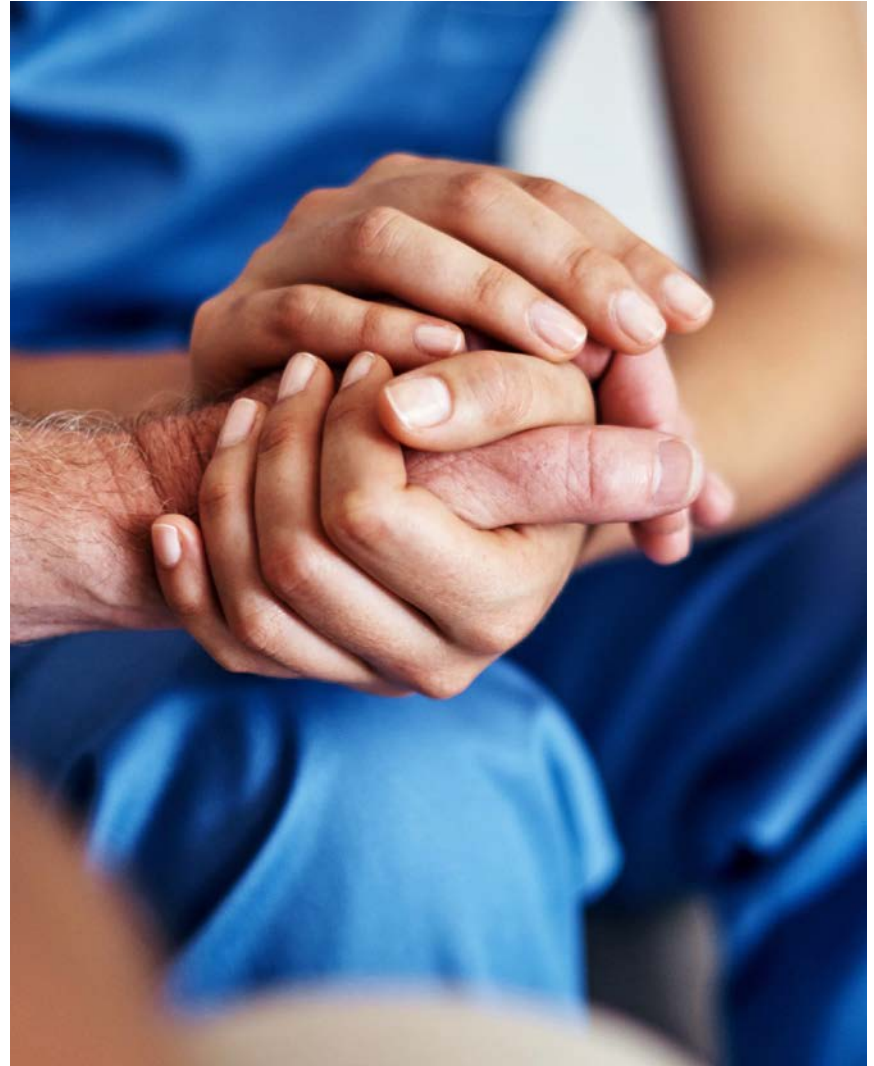
Introduction

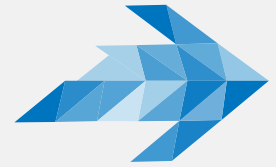
Primary goal of the Administration:

Remove obstacles that get in the way of the time clinicians spend with their patients

Patients Over Paperwork

- Shows CMS's commitment to patient-centered care and improving beneficiary outcomes
- Includes several major tasks aimed at reducing burden for clinicians
- Motivates CMS to evaluate its regulations to see what could be improved





Speakers

- Reena Duseja ,MD, MS
- Tamyra Garcia, MPH
- Kyle Campbell, PharmD
- Dale Bratzler, DO, MPH

Meaningful Measures Overview

Reena Duseja, MD, MS
Chief Medical Officer
Quality Measurement and Value-
Based Incentives Group
Centers for Medicare and
Medicaid



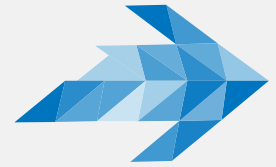


A New Approach to Meaningful Outcomes

What is Meaningful Measures Initiative?

Launched in 2017, the purpose of the Meaningful Measures initiative is to:

- Improve outcomes for patients
- Reduce data reporting burden and costs on clinicians and other health care providers
- Focus CMS's quality measurement and improvement efforts to better align with what is most meaningful to patients



A New Approach to Meaningful Outcomes (Cont.)

Why Implement the Meaningful Measures Initiative?

- There are too many measures and disparate measures
- Administrative burden of reporting
- Lack of simplified ways to focus on critical areas that matter most for clinicians and patients



CMS Strategic Goals

Empower patients
and doctors to make
decisions about their
health care



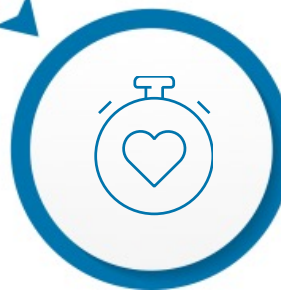
Usher in a new era
of state flexibility
and local leadership



Support innovative
approaches to improve
quality, accessibility,
and affordability



Improve the CMS
customer
experience



**Meaningful
Measures:**
Guided by
Four Strategic
Goals



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

Meaningful Measure Areas Achieve

- High quality healthcare
- Meaningful outcomes for patients

Quality Measures



Criteria meaningful for patients and actionable for providers

Draws on measure work by:

- Health Care Payment Learning and Action Network
- National Quality Forum- *High Impact Outcomes*
- National Academy of Medicine – *IOM Vital signs Core Metrics*

Includes perspectives from experts and external stakeholders:

- Core Quality Measures Collaborative
- Agency for Healthcare Research and Quality
- Many other external stakeholders



Visions for Quality Reporting

KEY LEVERS

Engage Patients and Providers

- Measures development begins from a person-centered perspective
- Involve patients and caregivers in measure development and public reporting efforts
- Involve first-line health care professionals on the front line are involved in measure development, implementation, and data feedback processes

Strengthen/Facilitate Interoperability

- Ongoing, timely information is provided to health care professionals
- Data collection and exchange is low burden
- Quality measure data is fed into planning and implementation of quality improvement initiatives

Optimize Public Reporting

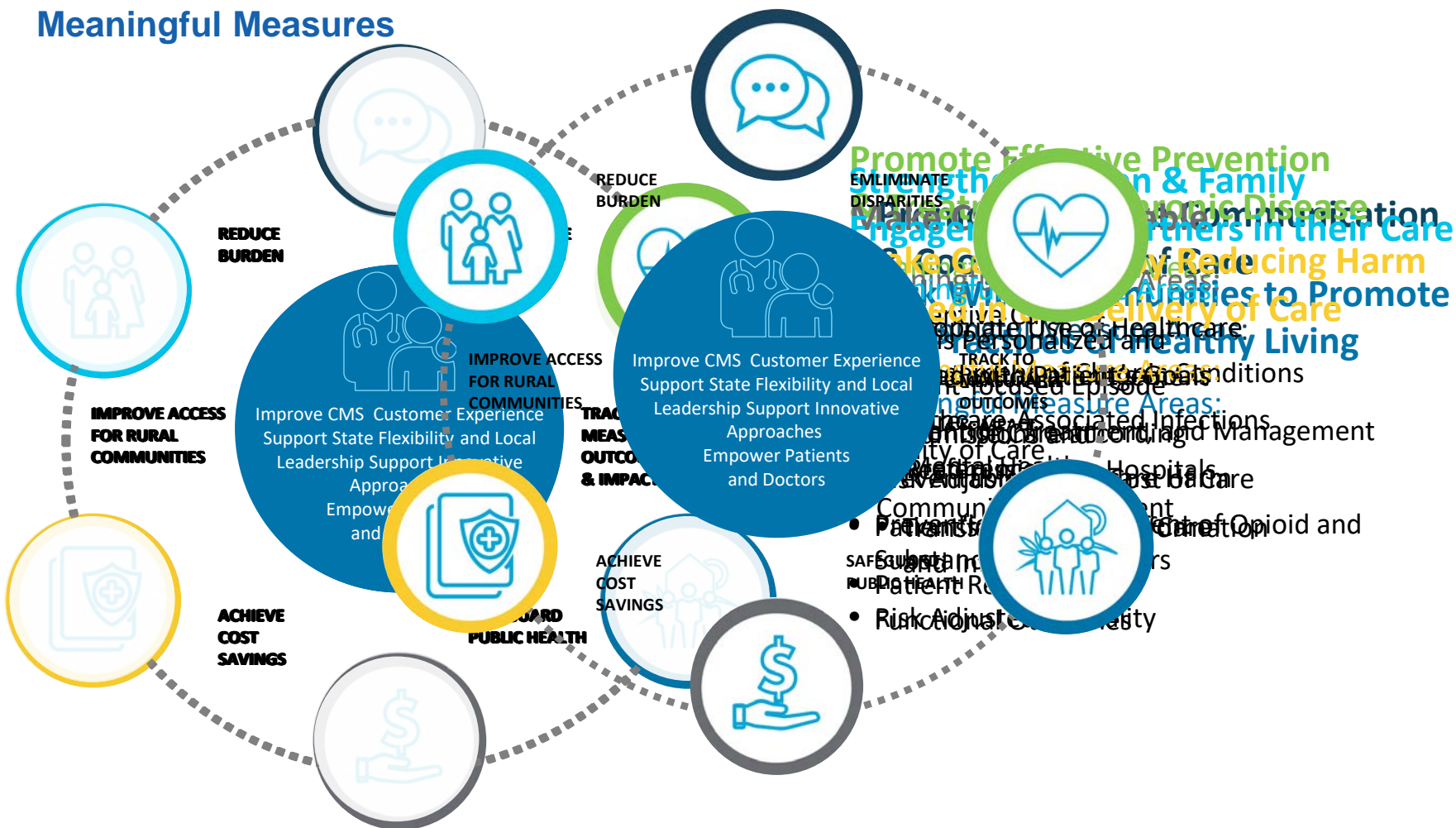
- Relevant, actionable data is accessible to a variety of audiences
- Patients and caregivers have access to data

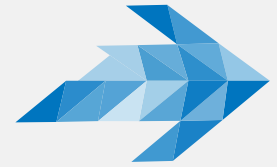
Aligned Measure Portfolio

- An enterprise-wide strategy for measure selection focuses on patient-centered, outcome, and longitudinal measures
- Infrastructure supports development of health IT enabled measures

Aligned Quality Reporting and Value-based Purchasing

- Aligned and streamlined policies and processes for quality reporting and value based purchasing programs
- CMS demonstration programs have flexibility to test innovative models, while maintaining a desired end state of alignment with legacy CMS programs





Promote Effective Communication & Coordination of Care



MEANINGFUL MEASURE AREAS:

MEDICATION MANAGEMENT

Measures

Use of High Risk Medications in the Elderly - [QPP](#)
 Medication Reconciliation Post-Discharge - [MSSP](#)
 Annual Monitoring for Patients on Persistent Medications (MPM) - [QRS](#)
 Drug Regimen Review Conducted with Follow-Up for Identified Issues - [IRF QRP](#), [LTCH QRP](#), [SNF QRP](#), [HH QRP](#)

ADMISSIONS AND READMISSIONS TO HOSPITALS

Measures

Standardized Readmission Ratio (SRR) - [ESRD QIP](#)
 Plan All-Cause Readmissions - [Medicaid & CHIP](#)

TRANSFER OF HEALTH INFORMATION AND INTEROPERABILITY

Measures

Use of an Electronic Health Record - [IPFQR](#), [QIO](#)

Programs Using Illustrative Measures

Quality Payment Program (QPP)
 Medicare Shared Savings Program (MSSP)
 Health Insurance Marketplace Quality Rating System (QRS)
 Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
 Skilled Nursing Facility Quality Reporting Program (SNF QRP)

Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
 Home Health Quality Reporting Program (HH QRP)
 End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
 Medicaid and CHIP (Medicaid & CHIP)
 Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
 Quality Improvement Organization (QIO)



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](#)

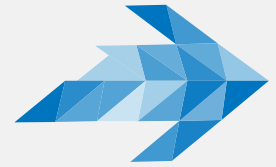
RISK ADJUSTED MORTALITY

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



Getting to Measures that Matter

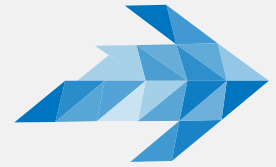
The Meaningful Measures Initiative:

- Aligns with existing quality reporting programs and helps programs to identify and select individual measures
- Allows clinicians and other health care providers to focus on patients and improve quality of care in ways that are meaningful to them
- Intends to capture the most impactful and highest priority quality improvement areas for all clinicians including specialists
- Is used to guide rulemaking, measures under construction lists, and impact assessments



From Vision to Reality: Progress to Date





Meaningful Measures: Progress to Date

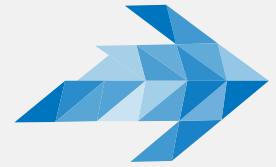
MUC Lists

In 2017, narrowed the initial **184 measures** submitted during the open call for measures to **32 measures (83% reduction)**; this reduced stakeholder review efforts

The 32 measures:

- Focus on achieving high quality health care and meaningful outcomes for patients, while minimizing burden
- Have the potential to drive improvement in quality across numerous settings of care, including clinician practices, hospitals, and dialysis facilities

In 2018, experienced lower measure submissions because CMS was able to articulate the specific types of measures we were looking for; this reduced CMS and stakeholder review efforts



Meaningful Measures: Progress to Date

In the FY 19 Medicare Hospital IPPS and LTCH Prospective Payment System

Proposed Rule, CMS proposed:

- Eliminating **a total of 19 measures** (and decreasing duplication for an additional 21 measures) that acute care hospitals are currently required to report across the 5 hospital quality and value-based purchasing programs
- Removing **8 of the 16 CQMs** to produce a smaller set of more meaningful measures and in alignment with the Hospital IQR Program beginning with the 2020 reporting period
- Removing certain measures that do not emphasize interoperability and the electronic exchange of health information
- Adding new measures, such as Query of the PDMP and Verify Opioid Treatment Agreement, related to e-prescribing of opioids



Meaningful Measures: Progress to Date

In the **Quality Payment Program Year 3 NPRM**, CMS proposed:

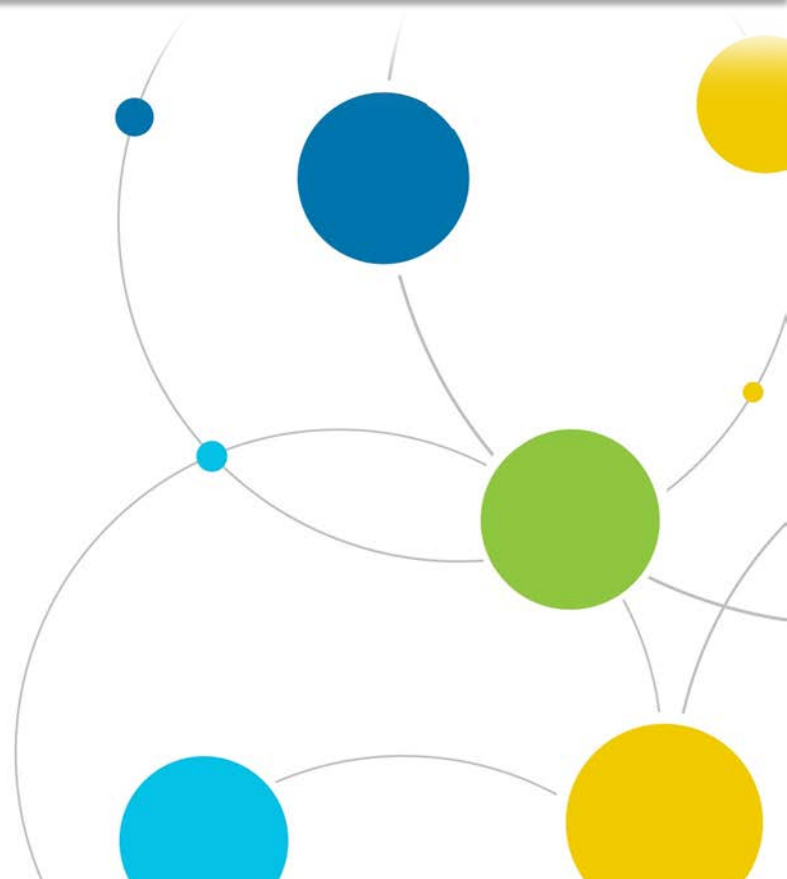
- Removing low-value and low-priority process measures
- Focusing on meaningful quality outcomes for patients
- Moving clinicians to a smaller set of Objectives and Measures with scoring based on performance for the Promoting Interoperability performance category
- Using the “ABC™ methodology” for public reporting on Physician Compare, to determine benchmarks on *historical* data to provide clinicians and groups with valuable information about the benchmark before data collection starts for the performance period; the goal is to help make measures more meaningful to patients and caregivers



Meaningful Measures Future Direction

Use the foundation of the Meaningful Measures framework to:

- Engage with key stakeholders to help move towards achieving high value outcomes in our CMS programs.
- Better support providers who invest in practice innovation, care re-design and coordination through new and revised alternative payment models.
- Advance options for feedback and data analysis, improving data collection and submission systems through technology, and enhancing population health management initiatives.



GIVE US YOUR FEEDBACK!

- MeaningfulMeasuresQA@cms.hhs.gov



Meaningful Measures Website

Go to:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMIS-Quality-Strategy.html>

Meaningful Measures Framework

CMS's new comprehensive initiative "Meaningful Measures" was launched in 2017 and identifies high priority areas for quality measurement and improvement. Its purpose is to improve outcomes for patients, their families and providers while also reducing burden on clinicians and providers.



Cross Cutting Connections

Meaningful Measures will move payment toward value through focusing everyone's efforts on the same quality areas and lend specificity, with the following principles for identifying measures that:

1. Address high impact measure areas that safeguard public health
2. Patient-centered and meaningful to patients
3. Outcome-based where possible
4. Fulfill requirements in programs' statutes
5. Minimize level of burden for providers
6. Significant opportunity for improvement
7. Address measure needs for population based payment through alternative payment models
8. Align across programs and/or with other payers (Medicaid, commercial payers)

"At CMS, our overall vision is to reinvent the agency to put patients first. We want to partner with patients, providers, payers, and others to achieve this goal. We aim to be responsive to the needs of those we serve."

Administrator Seema Verma
Center for Medicare and Medicaid Services

Featured video

"It is recommended to view the video below with Flash disabled in Chrome, Firefox, or Internet Explorer 11 browsers, due to known usability issues with other browsers."



Patients Over Paperwork

View more videos

YouTube requires JavaScript to view videos. You will need the latest version of Adobe Flash Player to watch the video.



Meaningful Measures Fact Sheets



MEANINGFUL MEASURES Initiative

Overview of the CMS Meaningful Measures Initiative

Launched in 2017, CMS's new comprehensive "Meaningful Measures" initiative identifies high priority areas for quality measurement and improvement to improve outcomes for patients, their families, and providers while also reducing burden on clinicians and providers.

The Meaningful Measures initiative draws on prior measure work performed by the Health Care Payment Learning and Action Network, National Quality Forum, and National Academies of Medicine. It includes perspectives from patient representatives and additional experts such as the Core Quality Measures Collaborative, and many other external stakeholders.

Principles for Identifying Meaningful Measures

Meaningful Measures will move payment toward value by focusing everyone's efforts on the same goals and advancing specificity by identifying measures that:

- Are patient-centered and meaningful to patients, clinicians, and providers
- Address high-impact measure areas that safeguard public health
- Are outcome-based where possible
- Minimize level of burden for providers
- Create significant opportunity for improvement
- Address measure needs for population-based payment through alternative payment models
- Align across programs

Rethinking Our Approach to Meaningful Outcomes

The Meaningful Measures Framework builds upon multiple concepts that defined high impact areas as "Meaningful Measures" and quality improvement. We refer to these high impact areas as "Meaningful Measure Areas" (see Meaningful Measures graphic below). These Meaningful Measure Areas focus on:

- Offer more granular details in terms of what measurement of meaningful quality
- Use a new approach to development and implementation of meaningful quality
- Reducing the burden of quality reporting on all clinicians and providers

Mapping It Out—The Framework

The following Meaningful Measures Framework shows how at CMS the patient is everything we do. Our strategic goals surround the patient:

1. Improve the CMS customer experience
2. Improve the CMS customer experience
3. Support innovative approaches to improve quality, accessibility, and affordability
4. Empower patients and doctors to make decisions about their health care

MEANINGFUL MEASURES Initiative

The CMS Meaningful Measures Initiative: What It Means to Patients, Families, Clinicians and Providers

Launched in 2017, CMS's new comprehensive "Meaningful Measures" initiative identifies high priority areas for quality measurement and improvement to improve outcomes for patients, their families, and providers while also reducing burden on clinicians and providers.

Measures that Matter - What You Need to Know

Meaningful Measures focus health care quality efforts on what is really important to patients, families and caregivers including making informed decisions about their care, aligning care with the patient's goals and preferences and improving quality of life and patient outcomes. It is intended to highlight that the patient—the patient's needs, values, preferences and health outcomes—is fundamental to the Meaningful Measures areas and quality domains. For example, in addition to identifying distinct Meaningful Measure areas including Patient's Experience of Care and Patient Functional Status to focus on the quality domain of Strengthening Caregivers of the importance of health care quality measurement to improve patient outcomes. With everyone's efforts focusing on the same high impact quality areas, there will be less burden of reporting for clinicians and providers and in turn, an even better ability to focus on patients and provide appropriate care that is meaningful to them.

How Will the Meaningful Measures Initiative Reduce Burden for Clinicians and Providers?

The Meaningful Measures Initiative Reduce Burden for Clinicians and Providers? Measure and help guide the removal of lower value quality measures across CMS programs while keeping measures that have less burden and are most meaningful with the greatest impact on patient outcomes. This will allow clinicians and providers to focus on patients and improve quality of care in ways that are meaningful to them—instead of focusing on reporting and paperwork. CMS is prioritizing the use of outcome measures through high priority process measures will continue to be considered in cases where outcome measures might not be possible.

What Does This Initiative Mean for Clinicians Including Specialists?

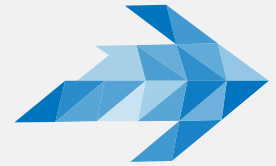
The Meaningful Measures initiative is intended to capture the most impactful and highest priority quality improvement areas for all clinicians, including specialists. For example, functional outcomes and health care associated infections are cross-cutting areas for measurement across all settings of care.

Taking orthopedic surgeons as an example, we have heard from patients and surgeons that the patient's functional outcomes after surgery are important to them. Measuring patient-reported functional outcomes data can help illuminate whether the surgery has been effective in improving or maintaining patients' quality of life. In addition, for specialists such as surgeons and clinicians performing procedures, we know that prevention of complications such as infections is an important outcome. It is applicable from both to death throughout the lifespan of a patient across care settings.

How the Meaningful Measure Areas Affect Existing CMS Programs

Meaningful Measures will help programs identify and select individual measures. Meaningful Measure areas are intended to increase measure alignment across CMS programs and other public and private initiatives. Additionally, it will point to high priority areas where there may be gaps in available quality measures while helping guide CMS's effort to develop and implement quality measures to fill those gaps.

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/MMF/Shareable-Tools.html>



Where to Find Meaningful Measures

Measures Inventory Tool
Centers for Medicare & Medicaid Services

About ▾

MEASURE INVENTORY MEASURE STATUS BY PROGRAM 0 — MEASURE COMPARISON

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

TABLE CONTROLS Show/Hide Columns Export Excel File

2,301 MEASURE RESULTS |
4,911 MEASURE PROGRAM RESULTS
Measure Content Last Updated: 2017-12-30

Show 10 rows ▾
« < 1 2 3 4 5 ... 231 > »
What are the Status Definitions?

FILTERS ⓘ
+ Programs
+ Current Status
+ Measure Groups
+ Development Stage

Add to Measure Comparison	Measure Title ⓘ	NQF Endorsement Status	NQF ID	Programs	Meaningful Measure ⓘ
<input type="checkbox"/>	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	✓ Endorsed	0089	<ul style="list-style-type: none"> Medicare and Medicaid Electronic Health Record Incentive Program for Eligible Professionals (No Status) ⓘ Merit-Based Incentive 	Transfer of Health Information and Interoperability

CMS Measures Inventory Tool: cmit.cms.gov

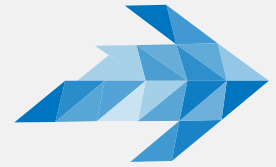
Tamyra Garcia, MPH

Acting Deputy Group Director

Quality Measurement and Value-Based Incentives Group

Centers for Medicare and Medicaid





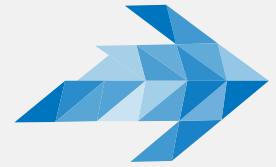
Applying the Meaningful Measures Framework to CMS Program

Goal: To create the most clinically meaningful, parsimonious measures set for each program.

- (1) Applied the clinical priorities set forth in the Meaningful Measures Initiative
- (2) Leveraged Guiding Principals to inform decisions
- (3) Engaged CMS Leadership using red-yellow-green approach
- (4) Solicited public comment
- (5) Finalized measures based on public comment

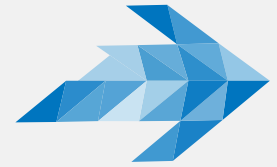
Current State: Identifying gaps for further measure development.





Meaningful Measurement takes many concepts into account to determine the future of a measure

- Meaningful Measures Framework *Guiding Principals to inform measure by measure decisions:*
 - How do external stakeholders (ex. Beneficiaries, clinicians, specialty societies, quality improvement organizations, providers) use this measure?
 - Does this measure fulfill a statutory requirement? Is there another measure that can meet the statutory requirement?
 - Consider alignment with other programs. Do other programs/payers use of the measure?
 - Is this measure used in conjunction with another measure to ascertain performance? What is the measure's relationship with other measures in the program? Is the measure a part of a core set?
 - What is the level of reporting burden for providers?
 - What does the performance and trend data tell? Do we see improvement over time?



Inpatient Quality Reporting Program EXAMPLE

Measure proposed for Removal

Influenza Immunization	Chart <i>Prevention / Pop. Health</i>	IQR: Used in IPFQR; Used by The Joint Commission; Part of HRSA MBQIP's core measure set. <u>Trends:</u> IQR - Topped out; Measure rate was 86 in Q1 2012, now 93.6 in Q4 2016.	Remove
------------------------	--	--	--------

Measure “to be retained” in HVBP and proposed for removal in IQR

Hospital-Level Risk-Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty	Claims <i>Outcome – Clinical Care</i>	IQR: Used in CMMI's Comprehensive Joint Replacement Model. HVBP: HVBP will begin using for FY 2019 payment adjustments. Data collected through IQR. <u>Trends:</u> IQR & HVBP - Not topped-out; median rate 3.26 in Q3 2010-Q2 2013, now 2.74 in Q2 2013-Q1 2016.	Under Discussion	Retain
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What have we learned?

What is next?

Identifying gaps for further measure development

Kyle Campbell, PharmD

Vice President, Pharmacy and
Quality Measurement, HSAG





Applying Meaningful Measures to Our Work

Used Meaningful Measures to support:

- Measure Development
- Measure Evaluation
- CMS Measure Development Plan (MDP) and Annual Report

Key Benefits:

- Provides a focused conceptual framework to address national healthcare priorities
- Establishes clear objectives for quality measures (e.g., minimize burden)
- Supports consistency between measure development and evaluation activities







Conceptual Framework Supporting Clinician Specialty Measure Development

Meaningful Measures Priority/ MACRA Domain	Meaningful Measure Area	Specialty				
		Allergy/ Immunology	Emergency Medicine	Neurology	Physical Medicine and Rehabilitation	Rheumatology
Effective Prevention and Treatment/ Clinical Care	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					
Making Care Safer/ Safety	Healthcare-Associated Infections					
	Preventable Health Care Harm					
Communication and Coordination/ Care Coordination	Medication Management					
	Admissions and Readmissions to Hospitals					
	Transfer of Health Information and Interoperability					
Person and Family Engagement/ Patient and Caregiver Experience	Care Is Personalized and Aligned With Patient's Goals					



Preventable Harm Dashboard from the 2018 Impact Assessment Report

Measure Name (NQF #)/ Program Use	Progress/ AAPC ^b	Most Recent # of Providers Included/ Type	Most Recent # of Patients Included/ Method	Baseline Result ^c / Year	Most Recent Result ^c / Year	Achievable Result ^d
7 – Complications Following Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA) (NQF #1550)^e (↓ = Favorable)						
Hospital: IQR, VBP	 -4.1% ^b	3,483 Hospitals	906,663 Population	3.4% ^c 2012	3.0% ^c 2015	1.4% ^d
8 – Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened^e (↓ = Favorable)						
NHQI (Short-Stay) (NQF #0678)	 -12.8% ^b	47,256 Nursing homes	18,578,724 Population	1.9% ^c 2011	1.1% ^c 2015	0.1% ^d
NHQI (Long-Stay) (NQF #0679)	 -4.3% ^b	46,527 Nursing homes	10,844,827 Population	7.8% ^c 2011	6.6% ^c 2015	1.8% ^d
9 – Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) (NQF #0674)^e (↓ = Favorable)						
NHQI	 0.2% ^b	46,911 Nursing homes	15,200,513 Population	3.2% ^c 2011	3.3% ^c 2015	0.3% ^d

Dale Bratzler, DO, MPH

Enterprise Chief Quality Officer,
Oklahoma University Health
Sciences Center





Q&A



Thank you!