PUBLIC WEBINAR

CMS Quality Measurement

Where it's headed and how we will get there

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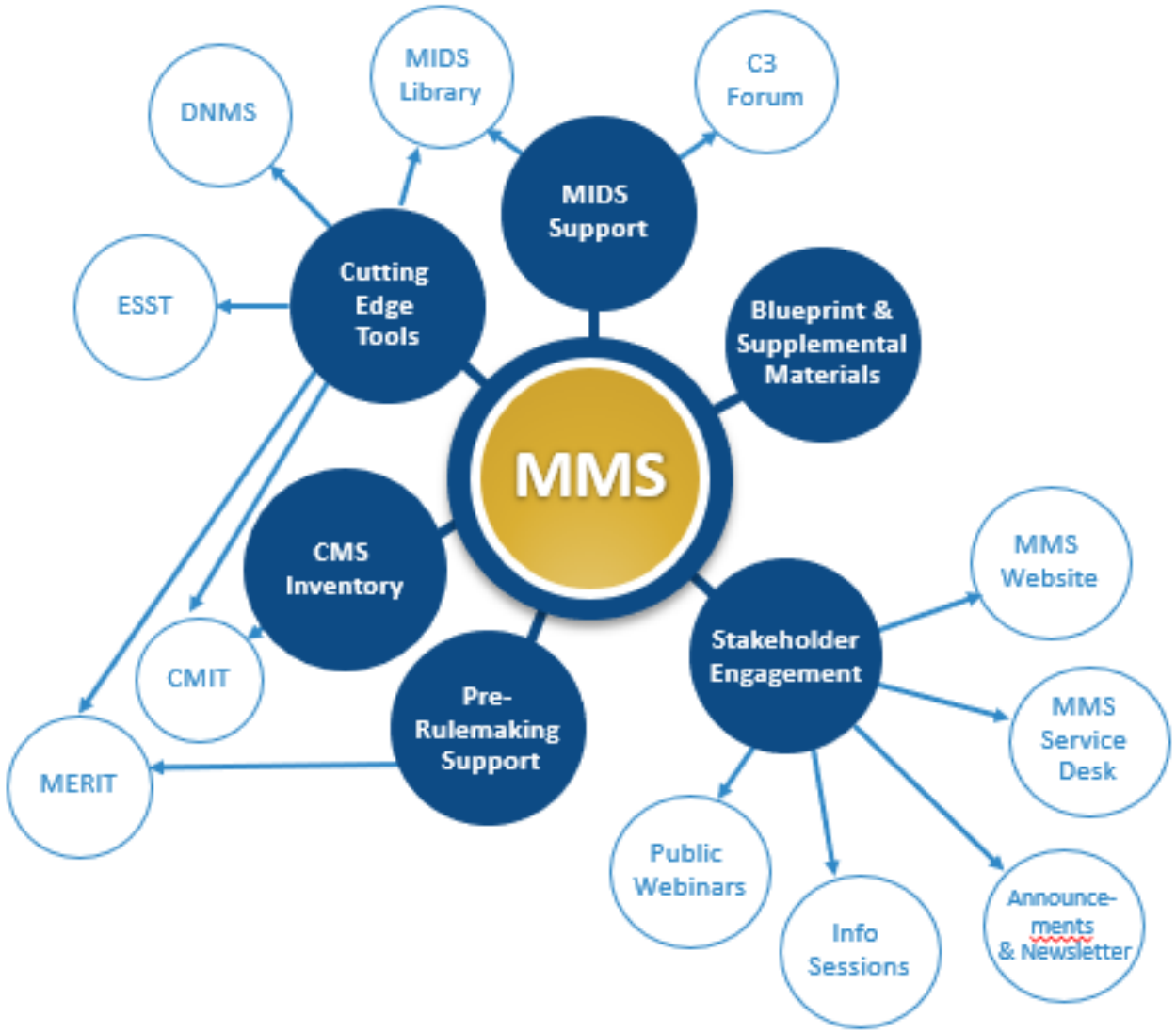
Learning Objectives

- **Understand how CMS plans to build on successes of Meaningful Measures**
  - Meaningful Measures 2.0
  - Burden reduction
  - Alignment initiatives
- **Identify key themes from the CMS Digital Quality Measurement Blueprint**

Overview of the Measures Management System

- CMS developed the MMS to foster and support standardization, flexibility, and innovation in quality measurement through a series of channels

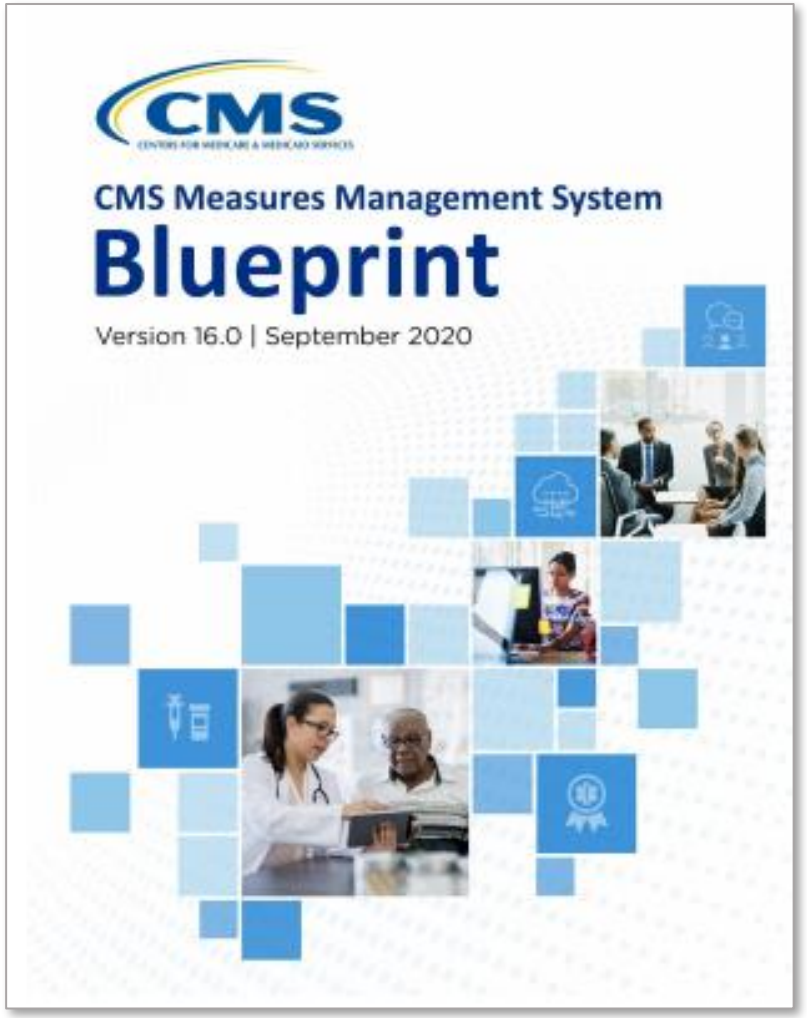
- The MMS conducts stakeholder outreach and education, which includes annual public webinars, monthly information sessions, a newsletter, and other ad hoc outreach activities



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

MMS Blueprint

- Documents processes and decision-making criteria for measure development, implementation, and maintenance
- The processes outlined in the document ensure measure developers meet the evaluation criteria CMS requires
- While required for CMS developers, it is useful for anyone developing measures, especially those submitting measures for consideration into CMS programs.



Quality Measurement at CMS

Impacts and Next Steps

MEANINGFUL MEASURES 1.0

Since 2017, CMS has made progress in streamlining measurement and reducing burden by:

- Eliminating measures that are redundant, not clinically relevant, and/or low impact from our programs
- Removing 15% of measures from CMS programs (IQR 60% reduction in inpatient quality reporting and 22% reduction in MIPS)
- Identifying gap areas across programs
- Prioritizing outcome (including patient reported) over process measures.

FUTURE STATE

Build on MM 1.0 to:

- Continue efforts to streamline quality measurement
- More effectively leverage measures to drive outcome improvement
- Transition to digital measures and use of advanced analytics
- Increase patient-centeredness through patient-direct quality measures and increased transparency
- Promote equity and close gaps in care via quality measures

Vision for the Next 5-10 Years

Use **impactful quality measures**
to ***improve health outcomes***
and ***deliver value*** by

Empowering persons to make informed care decisions

While reducing burden to measured entities

Known Challenges in Quality Measurement

- Burden on measured entities
- Large number of measures
- Perceived gap between quality measurement and quality improvement
- Challenges associated with EHR data for quality measurement
- Ensuring measures are meaningful and useful to patients
- Measuring disparities in social determinants of health to inform equity improvement

Major Goals

1. Streamline quality measurement
2. Leverage measures to drive improvement in health outcomes more effectively
3. Transition to digital measures and use of advanced analytics
4. Increase patient-centeredness through patient-reported quality measures and increase transparency
5. Promote health equity and close gaps in care via quality measures

Streamlime Quality Measurement

Meaningful Measures 2.0 will serve as the basis for streamlining measurement by:

- Utilizing only quality measures of highest value and impact focused on key quality domains.
- Aligning measures across value-based programs and across partners, including CMS, federal, and private entities.
- Prioritizing outcome and patient reported measures.
- Transforming measures to fully digital by 2025 and incorporate all-payer data.
- Developing and implementing measures that reflect social determinants of health

Meaningful Measures Framework 2.0

Meaningful Measures 2.0 will:

- Address priorities and measure gaps
- Promote digital quality measurement
- Promote better collection and integration of consumer and caregiver voices
- Promote better alignment across CMS programs

Steps Toward Streamlining

- Engage a CMS Agency-wide Work Group to identify measure alignment/reduction opportunities among CMS programs
  - Focus on measure standards: are we measuring the right aspects of care?
- Prioritize outcome and digital measures through measure development, measure selection/implementation, and alignment activities
  - Retiring manually abstracted measures and low-value process measures

Prioritizing High Impact Measures

		Impact (of measurement)	
		Low	**High**
Likelihood (of measure focus)	**Low**	**Do not measure** (accept the risk of low quality)	**Quality improvement** (transfer the risk of low quality)
	High	**Communication or monitoring** (control the risk of low quality)	**Measure** (avoid the risk of low quality)

Characterizing Burden

What drives burden in quality measurement?

- Large numbers of measures, especially redundant or minimally harmonized measures
- Different measure requirements across payors/programs
- Measures that require special data collection (i.e., data not collected during the normal course of care)
- EHR requirements (e.g., the creation of new data fields)

Characterizing Burden: Whose Burden Is it?

Measured entities
(clinicians, hospitals, health plans, etc.)

- Administrative costs associated with staff time
- Costs associated with EHR modifications
- Training costs
- Time spent entering data vs. time spent with patients

Patients

- Increased paperwork before, during, and after visits
- Repetitive/formulaic questions from providers
- Reliance on disparate patient portals

Reducing Burden

- Reduce the total number of measures
- Align measures across programs to minimize the number of measures a given entity must report
- Identify only the most important aspects of care to measure
- Leverage emerging technologies (like FHIR) to simplify data collection
- Engage patients to ensure that only measures that patients find to be meaningful are used in programs

The Journey from Paper to Digital

Traditional

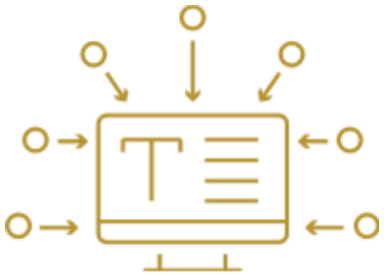
Paper Quality Measures
Data from claims, manual chart extractions and patient experience surveys.

eCQMs

Electronic Clinical Quality Measures (eCOMs)
Data primarily from electronic health records (EHRs).

dQMs

Digital Quality Measures (dQMs)
Data from EHRs, registries, HIEs, claims, patient experience surveys, etc.



Digital Quality Measurement Blueprint

CMS has set the ambitious and critical goal of transitioning to digital quality measurement by 2025

CMS has set a new course for quality measurement aimed at contributing to a learning health system (LHS) to optimize patient safety, outcomes, and experience

Enable a future in which **care quality is only measured electronically**, using standardized, interoperable data

Reduce the burden of electronic health record (EHR) data transfer by leveraging **Fast Healthcare Interoperability Resources (FHIR®) application programming interface (API) technology that is already required for interoperability**

Provide usable, timely data from multiple sources to support delivery of high quality of care and quality improvement

Produce reliable and valid measurement results common across multiple programs and payers

To achieve this vision, CMS needs a coordinated strategy that builds on recent and current activities

- Recent rules require provider and health plan FHIR APIs that will **make data more accessible for interoperability**
- Meaningful Measures 2.0 identifies **priority areas and focuses on digital quality measures**
- CCSQ QMVIG Strategy Project is building tools for specifying and testing electronic clinical quality measures (eCQMs) in FHIR, and ISG is building a FHIR server for data storage
- Health Level Seven (HL7®) FHIR Accelerator multi-stakeholder private and public-private groups are advancing FHIR standards for use cases

The Office of the National Coordinator for Health Information Technology

ONC Rule

Certification EHR technology (CEHRT) requires FHIR-based APIs supporting exchange of all **U.S. Core Data for Interoperability (USCDI) version 1 data elements** according to the US Core Implementation Guide by December 31, 2022

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CMS Rule

Regulated health plans must implement FHIR-based APIs

- For patient access of claims, encounter, and USCDI data by July 2021
- To transfer USCDI among payers by January 2022

Sources:

https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization
https://www.federalregister.gov/documents/2020/05/01/2020-07419/21st-century-cures-act-interoperability-information-blocking-and-the-onc-health-it-certification
https://www.federalregister.gov/documents/2020/05/01/2020-05050/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-interoperability-and

Goals

- Quality measurement system that is fully based on digital measures, which reduces burden of reporting, are able to provider many dimensions of data in a timely fashion, enable rapid feedback and transparent reporting
- Digital measures leveraged for advanced analytics to define, measure and predict key quality issues
- Quality measures are a secondary product from routine data generation of normal workflow (less burden)
- This new quality measurement paradigm can only be accomplished through digital measures combined with interoperability, ideally through FHIR API technology

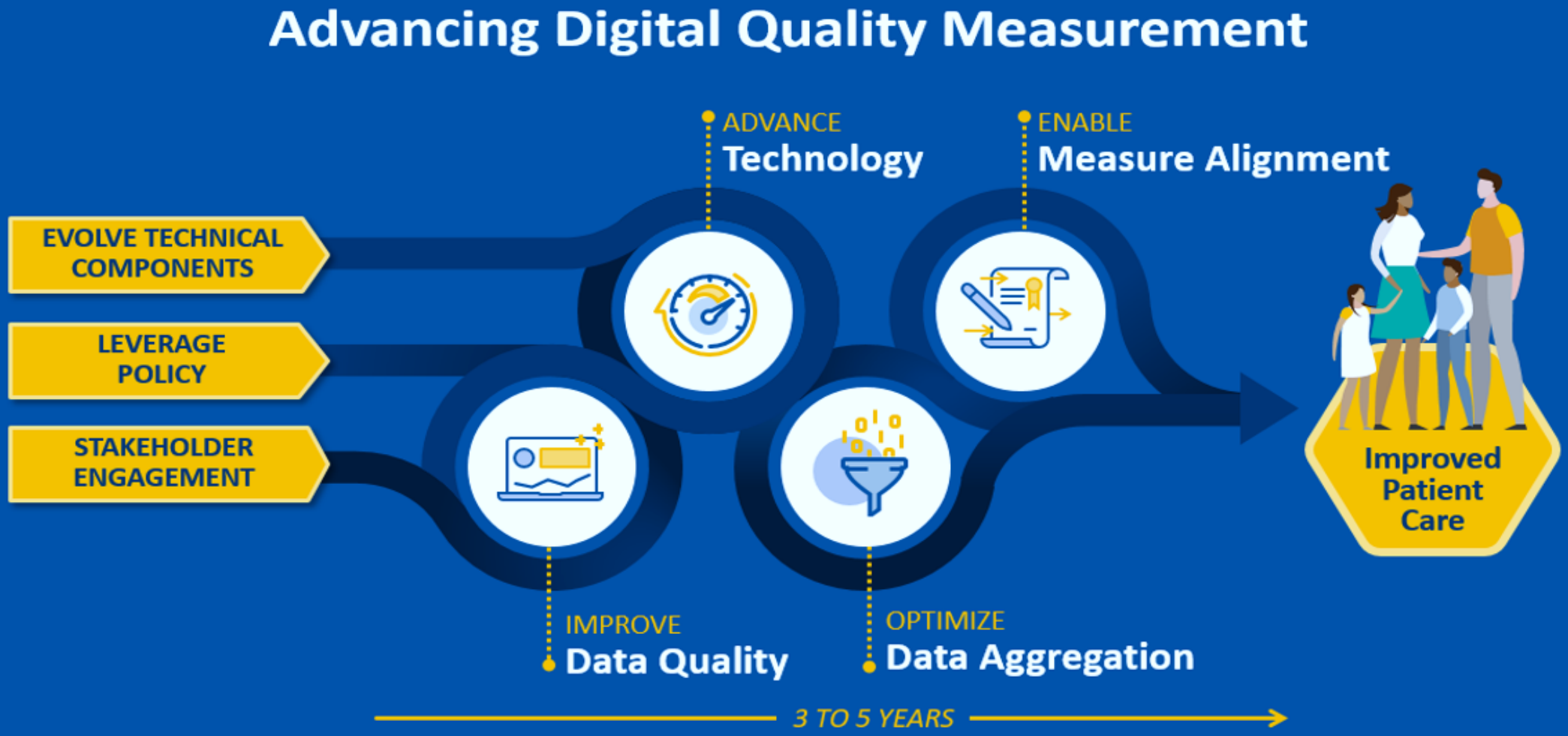
What is FHIR®?

- FHIR® – Fast Healthcare Interoperability Resources (http://hl7.org/fhir)
- FHIR is a next-generation standards framework created by Health Level Seven International (HL7)
- Provides an Interoperable Platform for Healthcare data
  - Defines a common way to structure health data known as ‘Resources’
  - Enables automated data exchange through Application Programming Interfaces (APIs)
- FHIR uses latest technologies to be developer-friendly
- Gaining widespread adoption in both commercial and government settings

Digital quality measures (dQMs) defined

- dQMs are quality measures that use one or more sources of health information that are captured and can be transmitted electronically via interoperable systems
- Potential data sources for dQMs include, but are not limited to:
  - EHRs
  - Administrative systems
  - Case management systems
  - Instruments (e.g., medical devices, wearable devices)
  - Patient portals or applications (e.g., for collection of patient-generated health data)
  - Data from health information exchanges (HIEs) or registries
  - Data from post-acute assessments
- dQMs will leverage advances in technology (e.g., FHIR APIs) to access and electronically transmit interoperable data for dQMs will reinforce the aggregation of data across multiple data sources, rapid-cycle feedback, and alignment of programmatic requirements

CMS is developing a strategy for advancing dQM centered around four key domains



Reduce collection burden with structured, standard data

CURRENT STATE

Providers' struggle to implement current eCQMs

- Limitations and slow adoption of current standards
- Lack of provider data mapping and quality assurance (QA) of required data
- Required changes to clinical workflows

FUTURE STATE

dQM implementation is seamless and at the push of a button

- Focus on **standardized data** – FHIR, USCDI, and supplemental standards that enable automated extraction
- Standardized and automated data collection facilitates **valid and reliable data mapping** and streamlined auditing processes
- Eliminate workflow changes required only for measurement and focus on measures that also **align with quality improvement priorities**

Leverage FHIR APIs to implement a low-burden measurement approach that facilitates learning

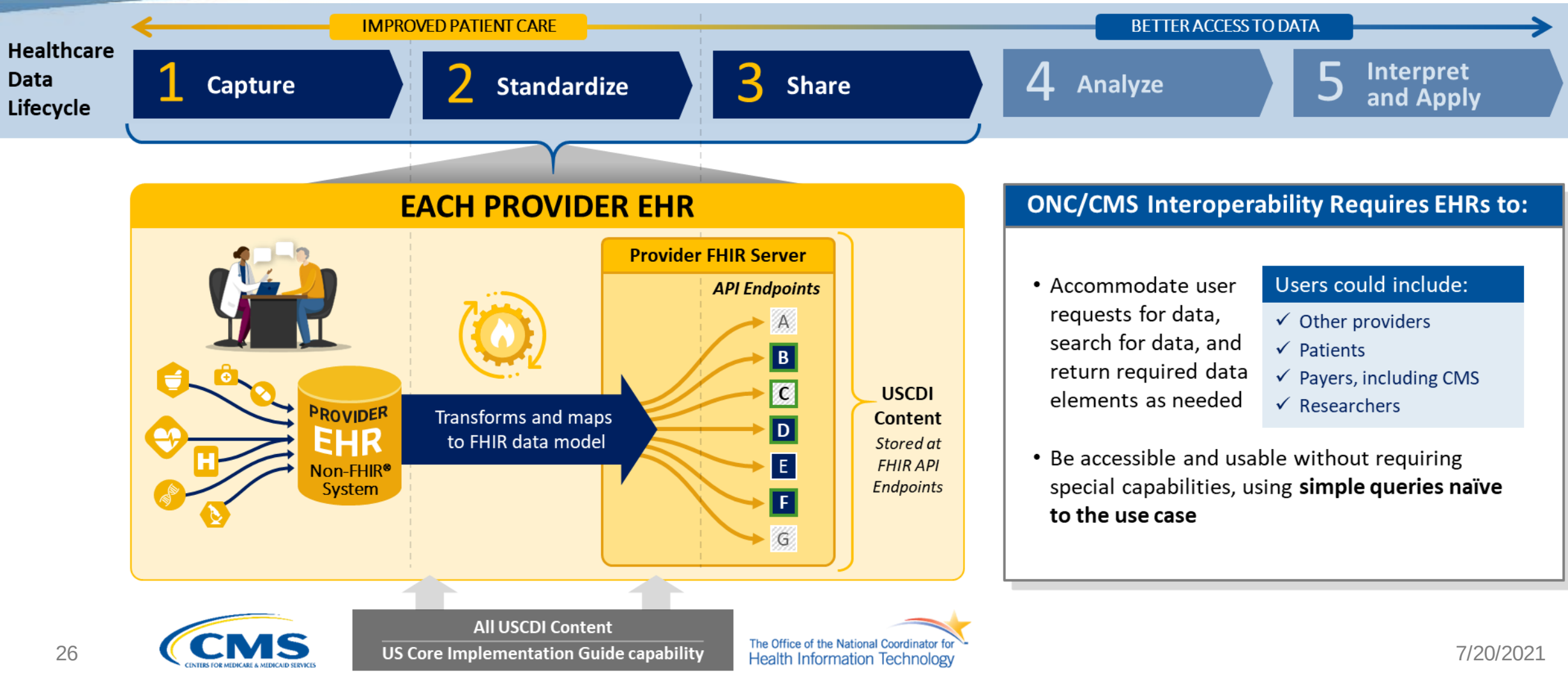
CURRENT STATE

- Data sharing supports sharing of whole patient record not individual data elements
- Electronic data extraction for eCQMs is burdensome or impossible due to differences in EHR set-ups and requirement to map to the Quality Data Model
- Hospitals' and other providers' work to implement measures has no collateral benefit

FUTURE STATE

- Measures are defined in FHIR, a versatile model used across multiple applications that **supports access to "atomic" data**
- FHIR-based measure applications are components of a **service-oriented** architecture
- Quality measures query data from **FHIR APIs** mandated for interoperability
- Work done to implement measures **advances quality improvement and research**, and **measures are developed as modules** within the larger healthcare ecosystem

Providers have to implement FHIR APIs that perform transformation functions for data interoperability



ONC/CMS Interoperability Requires EHRs to:

- Accommodate user requests for data, search for data, and return required data elements as needed

Users could include:

- ✓ Other providers
- ✓ Patients
- ✓ Payers, including CMS
- ✓ Researchers

- Be accessible and usable without requiring special capabilities, using **simple queries naïve to the use case**

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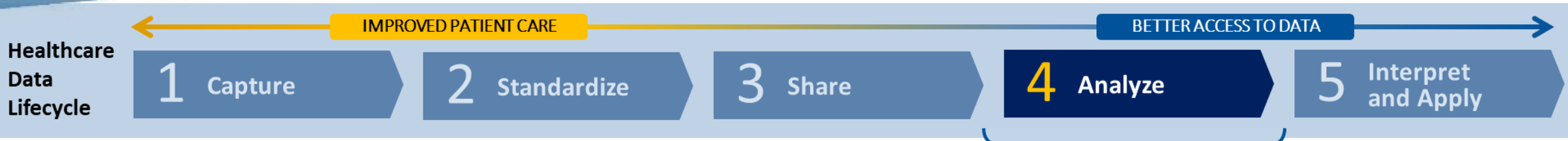
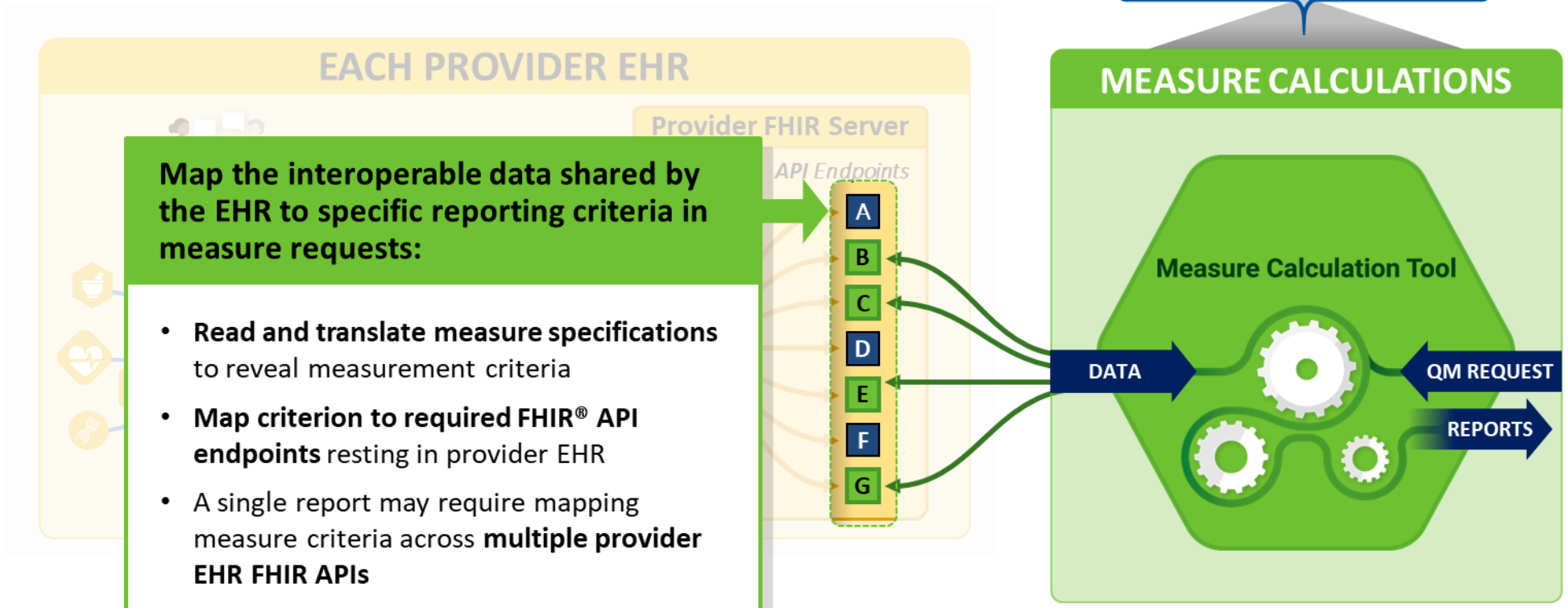
Modular Measure Calculation Tools can bridge the gap between interoperable EHR data and dQM requests





Map the interoperable data shared by the EHR to specific reporting criteria in measure requests:

- **Read and translate measure specifications** to reveal measurement criteria
- **Map criterion to required FHIR® API endpoints** resting in provider EHR
- A single report may require mapping measure criteria across **multiple provider EHR FHIR APIs**

Progress on other lanes facilitates alignment

CURRENT STATE

- Program-, payer-, and setting-specific
- Strides toward interoperability
- Providers must support many measures
- Measures create burden for the provider
- Data are fragmented across capture systems, thereby limiting the feasibility of measures that capture the full patient course

FUTURE STATE

- Common dQM portfolio across payers and agencies
  - Aligned measures
  - Consistent data
- Data resources, standards, measures, and tools are shared across the healthcare ecosystem
- Reporting across payers is low burden
- Health system learning is coordinated and shared, and promotes rapid-cycle feedback

Goals of the CMS Quality Measurement Action Plan

CMS's active engagement with a broad set of stakeholders is critical to the success of forming, operationalizing, and maintaining the dQM Blueprint

- Both the federal government and the private sector play key roles in accessing health data to improve care
  - For example, private sector develops technologies and measures
- Alignment opportunities
  - Cross-agency
  - Federal/states
  - Federal/private sector

CMS is currently requesting comments on plans to modernize its quality measurement enterprise

- *Fiscal Year (FY) 2022 Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long Term Care Hospital (LTCH) Rates Proposed Rule (CMS-1752-P)*
- Areas for comment
  - Definition of digital quality measures
  - Using the Fast Healthcare Interoperability Resources (FHIR®) standard for eCQMs
  - Standardizing data required for quality measures for collection via Application Programming Interfaces (APIs)
  - Leveraging technological opportunities to facilitate digital quality measurement
  - Supporting data aggregation
  - Developing a common portfolio of measures for potential alignment
- To learn more about this request, review the
  - Proposed rule: https://www.federalregister.gov/public-inspection/2021-08888/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the
  - Rule fact sheet: https://www.cms.gov/newsroom/fact-sheets/fiscal-year-fy-2022-medicare-hospital-inpatient-prospective-payment-system-ipps-and-long-term-care

Challenges

- Systems, vendors and users need to adapt to new digital healthcare environment (Digital transition – Improves American Healthcare Infrastructure)
- Need for public/private partnerships to accelerate improvement
- Adequacy of workforce
- Standardization of data elements; improvement of quality measurement

Announcements

- **Round 2!**
  - Driving Quality in the US: How CMS Evaluates its Measure Portfolio
    - Tuesday, July 13, 2021, from 1:00 – 2:00 pm ET (Register here)
    - Wednesday, July 14, 2021, from 3:00 – 4:00 pm ET (Register here)
- **Additional webinars**
  - June MMS Info Session, June 23, from 2:00 – 3:00 pm ET
  - July MMS Info Session, July 28, from 2:00 – 3:00 pm ET

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- **QualityNet:** qnetsupport@hcqis.org
  - This is also where the Hospital IQR program information can be found
- **ONC Project Tracking System (Jira):** https://oncprojectracking.healthit.gov/
- **Meaningful Measures Hub:** MeaningfulMeasuresQA@cms.hhs.gov