



CMS Quality Measure Development Plan
2023 Annual Report
For the Quality Payment Program



CMS Quality Measure Development Plan

2023 Annual Report

For the Quality Payment Program

Prepared by Health Services Advisory Group, Inc.

Suggested citation: Centers for Medicare & Medicaid Services, Health Services Advisory Group. CMS Quality Measure Development Plan 2023 Annual Report for the Quality Payment Program. Baltimore, MD: US Department of Health and Human Services; 2023. <https://www.cms.gov/Medicare/Quality-Payment-Program/Measure-Development/Measure-development>



Table of Contents

Executive Summary	1
1. Introduction.....	2
Objectives	2
Report Organization.....	3
2. Statutory Requirements for the CMS MDP Annual Report.....	4
Efforts to Implement the Measure Development Plan	4
<i>Funding New Measure Development</i>	<i>4</i>
<i>Identifying and Developing Meaningful Measures</i>	<i>4</i>
<i>Partnering with Clinicians and Professional Societies.....</i>	<i>8</i>
<i>Partnering with Patients, Families, and Caregivers in Measure Development.....</i>	<i>9</i>
<i>Reducing Clinician Burden of Data Collection for Quality Measure Reporting.....</i>	<i>9</i>
Additional HHS Efforts to Support the MDP	10
<i>Health Equity Initiatives of the Consensus-Based Entity.....</i>	<i>10</i>
<i>eCQI Resource Center and eCQM Standardization</i>	<i>10</i>
<i>Updates to the Measure Database</i>	<i>11</i>
3. Quality Measures Developed and In Development During the Previous Year	12
Quality Measures Developed During the Previous Year.....	12
Quality Measures in Development at the Time of This Report.....	13
4. Closing Measurement Gaps by Advancing the MDP	15
Closing Previously Identified Gaps	15
<i>Measures Under Consideration List Applicable to Identified Gaps</i>	<i>15</i>
Identifying New Gaps for Measure Development.....	16
5. Inventory of Applicable Quality Measures	18
MIPS Measures Included in the CY 2023 PFS Final Rule.....	18
APM Performance Pathway	18
QCDR Measures Approved for 2023 MIPS Reporting.....	20
Advanced APM Quality Measures	20
6. Conclusion	21
References.....	22



Executive Summary

The 2023 Centers for Medicare & Medicaid Services (CMS) Quality Measure Development Plan (MDP) Annual Report describes accomplishments in fiscal year (FY) 2022 to advance the Quality Payment Program (QPP). This report tracks the development of clinician-level quality measures for the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs). This annual publication also fulfills statutory requirements to disclose the past fiscal year’s expenditures for QPP measure development and support activities, the status of measurement gaps in the program, and characteristics of the current performance year measure inventory.

Developing clinician-level quality measures that reflect national health care priorities and address care gaps supports the agency’s overarching mission—articulated in the CMS National Quality Strategy—to achieve a more equitable, accessible, and resilient health care system. CMS continually seeks feedback from a diverse group of clinicians and specialty societies, patients, and other stakeholders to reduce administrative burden and apply appropriate quality metrics. Such collaborations have informed incremental changes in the program and the recent significant shift to new reporting options: MIPS Value Pathways (MVPs) and the APM Performance Pathway (APP).

2023 Quality Payment Program Measure Inventory

Merit-based Incentive Payment System (MIPS)	Qualified Clinical Data Registries
196 total quality measures for all specialties (23% eCQMs*)	CMS-approved: 45
Outcome/intermediate outcome: 40	# of specialties prioritized in the Measure Development Plan and Annual Reports with an applicable QCDR: 12
Patient-reported outcome-based performance measures (PRO-PMs): 17	
Efficiency: 5	
Process: 131	Advanced Alternative Payment Models (APMs)
Patient experience: 2	CMS-approved: 10
Structural: 1	

*electronic clinical quality measures

\$3.95 million*

expended for FY 2022

\$3.04 million for measure development

\$915,264 for support activities

* Authorized by section 1848(s)(6) of the Social Security Act, as added by section 102 of the Medicare Access and Children’s Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA)

Key CMS Accomplishments Supporting Measure Development

- Introduced the CMS National Quality Strategy to enhance equity, quality, safety, and digital innovation
- Expanded the Meaningful Measures 2.0 framework with the Cascade of Meaningful Measures tool, designed to help organize and identify quality measures
- Finalized five new MVPs in the areas of cancer care, kidney care, episodic neurological conditions, wellness, and neurodegenerative conditions, making a total of 12 available for performance year 2023
- Developed a roadmap to modernize and digitize quality measurement
- Took proactive steps to promote health equity and to understand and reduce disparities through data collection and standardization

8 Measures Developed in FY 2022

<u>Composite:</u>	1
<u>Outcome:</u>	1
<u>Process:</u>	5
<u>PRO-PM:</u>	1

3 Measures Still in Development in FY 2023

<u>Patient engagement/experience:</u>	1
<u>Process:</u>	1
<u>PRO-PM:</u>	1



1. Introduction

This annual report—the seventh since 2017—describes priorities for clinician quality measurement and progress made in achieving goals defined in the *CMS Quality Measure Development Plan*ⁱ (the MDP). The *2023 MDP Annual Report for the Quality Payment Program* documents ongoing efforts by CMS and the U.S. Department of Health and Human Services (HHS) to develop quality measures for use in MIPS and Advanced APMs. The report further documents how CMS addresses clinician quality measurement gaps and the funding used for related measure development.

Section 1848(s)(6) of the Social Security Act (the Act)ⁱ authorizes the transfer of \$15 million each fiscal year (FY) from 2015 through 2019, available through the end of FY 2022, for the development of quality measures for the QPP and other activities specified in section 1848(s) of the Act. The 2023 MDP Annual Report estimates funding, which totaled \$3.95 million in FY 2022:

- \$3.04 millionⁱⁱ for measure development funded by section 1848(s)(6) of the Act
- \$915,264 related to QPP support activities carried out pursuant to section 1848(s) (e.g., development of the MDP Annual Report, identification of performance measurement gaps, developing approaches for systematic measure assessment, and the patient engagement support contract).

Objectives

The 2023 MDP Annual Report fulfills specific requirements of section 1848(s) of the Actⁱⁱⁱ:

- **Reports on the progress made in developing quality measures for the QPP^{iv} and the HHS Secretary’s efforts to implement the MDP.^v** Eight measures intended for MIPS, MIPS APMs, or Advanced APMs were completed in FY 2022, and seven are still in development.
- **Provides other information the Secretary determines to be appropriate.^{vi}** HHS leads industry partners in seeking to modernize measurement technology while exploring how associated policy levers can alleviate health inequities.
- **Details updates to the MDP, including newly identified gaps and the status of previously identified gaps.^{vii}** Progress in filling recognized measurement gaps is evident in finalizing seven new measures for MIPS and 12 MVPs for launch in performance year 2023. Among other priorities, CMS has identified additional clinical specialties and conditions as well as digital and equity measures.

ⁱ As added by section 102 of the Medicare Access and Children’s Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA), Pub. L. 114–10.

ⁱⁱ Includes an estimated \$400,000 in expenditures related to measurement maintenance, production support, or overhead costs.

ⁱⁱⁱ Appendix A contains excerpts of the statutory language.

^{iv} Section 1848(s)(3)(A) of the Act.

^v Section 1848(s)(3)(B)(i) of the Act.

^{vi} Section 1848(s)(3)(B)(v) of the Act.

^{vii} Section 1848(s)(3)(B)(iv) of the Act.

- **Describes the quality measures developed during the previous year^{viii} (FY 2022, October 1, 2021–September 30, 2022).** The report includes detailed measure information: name, Meaningful Measures 2.0 priority, quality domain specified in the Act, developer, steward, type, endorsement status, and whether electronically specified. The total number of quality measures developed and estimated expenditures for each type of measure are provided.
- **Describes quality measures in development at time of the report (as of September 30, 2022).**^{ix} An estimate of the time of completion is provided if available, along with the same details described for fully developed measures.
- **Provides an inventory of applicable measures.**^x The inventory available for 2023 reporting in the QPP consists of measures approved for MIPS, MVPs, the APP, QCDRs, and Advanced APMs.

Report Organization

Chapter 2 – *Statutory Requirements for the CMS MDP Annual Report* describes FY 2022 activities of CMS components, in partnership with contractors, to support implementation of the MDP, as well as HHS’ endeavors to support and coordinate with measure developers. Chapter 3 – *Quality Measures Developed and in Development During the Previous Year* details progress in measure development. Chapter 4 – *Closing the Measurement Gaps by Advancing the MDP* examines the status of measurement gaps in the QPP. Chapter 5 – *Inventory of Applicable Quality Measures* describes the measures approved for clinician reporting for calendar year (CY) 2023 performance and is followed by a brief *Conclusion* (Chapter 6).

Appendices supplement the report information:

Appendix A – *Statutory Language Excerpts*

Appendix B – *Acknowledgments*

Appendix C – *CMS-Funded Quality Measures Developed During the Previous Year*

Appendix D – *CMS-Funded Quality Measures in Development*

Appendix E – *CMS Advanced APM Quality Measures Inventory*

^{viii} Section 1848(s)(3)(B)(ii) of the Act.

^{ix} Section 1848(s)(3)(B)(iii) of the Act.

^x Section 1848(s)(3)(B)(iv) of the Act.



2. Statutory Requirements for the CMS MDP Annual Report

Efforts to Implement the Measure Development Plan

The MDP establishes measure priorities for the two tracks of the QPP while meeting requirements of section 1848(s) of the Act and adhering to CMS' strategic priorities. The MDP Annual Report records progress in developing clinician quality measures, updating policy to meet clinician and patient needs, and implementing the MDP.

Funding New Measure Development

Section 1848(s) of the Act provides funding for measure development and related activities through FY 2022. During the past year, CMS supported the development of four outcome measures, two patient-reported outcome performance measures (PRO-PMs), two composites; one patient engagement/experience measure, and six process measures. Eight of those measures were completed; seven remain in development. Details on the measures can be found in Chapter 3 – *Quality Measures Developed and in Development During the Previous Year*.

Identifying and Developing Meaningful Measures

CMS National Quality Strategy and Meaningful Measures

The CMS National Quality Strategy advances excellence by promoting quality outcomes, safety, equity, and accessibility for all individuals and enables a responsive, equitable, and resilient health care system.² Through the strategic use of quality measurement, quality improvement, data and reporting, and other levers, CMS can raise the bar in four priority areas:

- Equity, person-centered care, and engagement
- Improving quality, outcomes, and alignment
- Safety and resiliency
- Digital transition, innovation, and technology

Aligned with the goals of the CMS National Quality Strategy are five interrelated goals of the Meaningful Measures Initiative, which has informed quality measurement policy since 2017:

- Empower consumers to make good health care choices through patient-directed quality measures and public transparency.
- Leverage quality measures to promote health equity and close gaps in care.
- Use the Meaningful Measures Initiative to streamline quality measurement.
- Leverage measures to drive outcome improvement through public reporting and payment programs.
- Improve quality measure efficiency by transitioning to digital measures and using advanced data analytics.³

To support the streamlining of quality measurement, CMS developed the Cascade of Meaningful Measures. The tool maps measures to the Meaningful Measures 2.0 framework,⁴ which encompasses eight health care quality priorities: Person-Centered Care, Equity, Safety,

Affordability and Efficiency, Chronic Conditions, Wellness and Prevention, Seamless Care Coordination, and Behavioral Health.

The Cascade shows in increasing detail how CMS measures aspects of health care. Figure 1 illustrates relationships between one priority (Safety) and a related goal (Safety for Special Populations), objectives (Elder Care/Geriatrics/Nursing Home Residents), and measures (*Elder Maltreatment Screen and Follow-Up Plan* and *Use of High-Risk Medications in the Elderly*).

Figure 1. Cascade of Meaningful Measures Example



The Cascade helps to categorize and prioritize existing health care quality measures, align or eliminate redundant measures, and identify measurement gaps. CMS encourages measurement programs to transition from narrow outcome and process measures to more expansive outcome measures and composites at the objective and goal levels.⁴ CMS considers measure reduction or alignment activities where the Cascade identifies too many or too similar measures and proposes measure development where gaps exist in high-priority areas.

Leveraging both Meaningful Measures 2.0 and the Cascade, CMS is actively working to develop and implement measures that incorporate social drivers of health, promote outcome and patient-reported measures, and align measures across value-based programs, all while striving to reduce measurement burden, transition to digital quality measurement, and better address health care priorities and gaps.³

CMS' Approach to Advancing Health Equity

CMS is committed to improving the quality, accuracy, and completeness of data that can be used to better identify disparities and track progress toward health equity. The *CMS Framework for Health Equity 2022–2032*⁵ includes five strategic priorities that encompass system- and community-level interventions to achieve health equity and eliminate disparities:

1. Expand the collection, reporting, and analysis of standardized data.
2. Assess causes of disparities within CMS programs, and address inequities in policies and operations to close gaps.
3. Build capacity of health care organizations and the workforce to reduce health and health care disparities.
4. Advance language access, health literacy, and the provision of culturally tailored services.
5. Increase all forms of accessibility to health care services and coverage.

A 2022 white paper by the CMS Office of Minority Health, *The Path Forward: Improving Data to Advance Health Equity Solutions*,⁶ outlines how CMS intends to expand the collection,

reporting, analysis, and use of standardized sociodemographic data aligned with the United States Core Data for Interoperability (USCDI) where applicable and appropriate. CMS identified the following objectives to achieve its equity goals.

- Improve completeness of health equity data and alignment to standards.
- Expand disaggregated standardized data and stratified reporting for sociodemographic elements.
- Gradually implement health equity scores.
- Assess and minimize potential bias in data and data algorithms.

CMS partners with the Rural Health Council and stakeholders such as clinical providers, quality improvement organizations, and beneficiaries to design individual approaches to expand access to equitable health care and improve health outcomes in rural and frontier communities, tribal nations, and U.S. territories.⁷

CMS recently considered two new health equity measures for the QPP. *Screen Positive Rate for Social Drivers of Health* and *Screening for Social Drivers of Health* both were submitted to the National Quality Forum (NQF) Measure Applications Partnership (MAP) on the 2021 Measures Under Consideration list.^{8,9} The CY 2023 Physician Fee Schedule final rule finalized *Screening for Social Drivers of Health* for MIPS reporting in performance year 2023.¹⁰(p. 70253-70259)

In addition, a CMS contractor completed an information-gathering task that identified broadly applicable equity-related measures for potential inclusion in MVPs, the future state of the clinician quality program. The contractor also identified 12 potential health equity measurement topics and prioritized six for CMS consideration, based on expert input. Concepts for measure development would address (1) capturing the availability of patient demographic data, (2) stratifying existing disparities-sensitive measures by patient characteristics, (3) stratifying existing MVP foundational measures, (4) communication or language needs/services, (5) health literacy, and (6) social determinants of health screening and referrals.

CMS Innovation Center

The Center for Medicare & Medicaid Innovation (CMS Innovation Center) works in consultation with clinicians to test new payment and service delivery models that reduce program costs and improve quality and outcomes for Medicare and Medicaid beneficiaries. After a decade of testing and learning important policy and operational insights from these models, the Innovation Center is implementing a strategic refresh with five objectives to help execute CMS' vision and priorities¹¹:

- Drive accountable care.
- Advance health equity.
- Support innovation.
- Address affordability.
- Partner to achieve health system transformation.

Together with federal partners, beneficiaries and caregivers, and other external stakeholders, such as primary care, specialty, and other providers, the Innovation Center is building a foundation for a health system that achieves equitable outcomes through high-quality, affordable, person-centered care.

The redesigned Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) Model is one example of CMS' effort to increase access to advanced, high-quality primary and preventive care in underserved communities. An estimated 2.1 million beneficiaries receive care from the ACO REACH Model's 132 participating ACOs, which in 2023 include 824 federally qualified health centers, rural health clinics, and critical access hospitals.¹² For details on the ACO REACH model, see Table E-3 in Appendix E.

Through multipayer alignment and program coordination, CMS aims to reach a goal that by 2030, the vast majority of Medicare beneficiaries will be in a care relationship with accountability for quality and total cost of care.¹¹

Other Strategic Initiatives

COVID-19 considerations for measure development – CMS acknowledges that the coronavirus disease 2019 (COVID-19) public health emergency has had a varying impact on providers and measure developers. In performance year 2022, MIPS permitted eligible clinicians to request an extreme and uncontrollable circumstance exception, which reweighted one or more MIPS performance categories. (For more information, see the QPP webpage: <https://qpp.cms.gov/resources/covid19>.) Measure developers cited continued efforts to adjust measure specifications to account for the effects of COVID-19. Challenges noted in the development process for COVID-19-related measures include an evolving science base and insufficient data history to conduct formal validity testing.

Quality Measure Index – The Quality Measure Index (QMI) is a scoring tool based on standardized definitions of quantifiable measure characteristics. The tool was developed to address a Government Accountability Office¹³ recommendation that CMS develop new procedures to systematically assess quality measures for use in federal programs. The 2021 and 2022 pre-rulemaking cycles incorporated the QMI to assess clinician- and facility-level measures as a complement to existing endorsement and measure selection processes.

A public comment period in 2022 invited feedback on the QMI Methodology Report V 1.0¹⁴ regarding the tool's variables and operational definitions, weighting scheme, reliability and validity testing options, inclusion of health equity and disparities, and alignment efforts with CBE evaluation criteria. A technical expert panel (TEP) workgroup reviewed the public comment, which informed the potential updates to the QMI methodology. The *2022 QMI Public Comment Summary Report*¹⁵ is available on the CMS Measures Management System (MMS) Hub. Automation of QMI scoring is under way for the 2023 pre-rulemaking cycle.

Alignment of measures – CMS partners with health insurance issuers and purchasers, medical associations, and consumer groups in the Core Quality Measures Collaborative (CQMC). Over the past year, the CQMC convened workgroups to update the 10 core measure sets available for use across health care settings by any payer. The CQMC also identified measurement gaps across the core sets where measures do not exist or are insufficient.¹⁶

The CQMC established a Health Equity Workgroup in 2022 to provide guidance on how the CQMC core sets could be used to advance health equity. The workgroup issued a draft report seeking public comment on strategies for identifying and prioritizing disparities-sensitive measures in CQMC core sets.¹⁷ The *CQMC Health Equity Final Report* evaluates 150 measures

across 10 CQMC core sets and identifies 137 as disparities-sensitive.¹⁸ The report also presents opportunities for CQMC to address equity measurement by:

- Encouraging stratification of all existing measures in the core sets to help assess and address disparities.
- Incorporating into each core set measures that directly assess drivers of health equity (e.g., social needs assessment, access to care).
- Supporting and aligning with initiatives related to standardizing health equity-related electronic data elements.
- Facilitating the dissemination of best practices to stratify data to evaluate disparities and leverage those data to address identified disparities.
- Closing identified measurement gaps to embed a health equity approach in CQMC work.

Partnering with Clinicians and Professional Societies

Measures Management System and Outreach

In May 2022, CMS launched the MMS Hub, an integrated website connecting resources for stakeholders across the measure development continuum. The MMS Blueprint is newly formatted to enhance user navigation.¹⁹ In place of annual updates in a report structure, the website will post updates on a rolling basis to remain responsive to policy changes and advancements in measurement science. Supplemental materials and templates remain available for download. A news and events section informs interested parties about public comment and technical expert panel opportunities. The MMS Hub also hosts educational events such as information sessions and public webinars.

The Measures Under Consideration Entry/Review Information Tool (MERIT) is the tool measure developers use to submit their clinical quality measures for consideration in CMS programs.²⁰ MERIT has had two notable updates since its launch in 2021: Users can adapt a previous submission to start a new one, and a co-submitter can be added to a submission.

The resources, tools, and outreach of the Measures Management System provide opportunities for clinicians and professional societies to learn about and engage with CMS quality efforts and measure development. Engagement and transparency increase as more information becomes available, supporting the partnerships with clinicians, professional societies, and others interested in CMS quality measurement.

Quality Payment Program Educational Resources

The QPP organizes year-round opportunities to aid eligible clinicians with their program requirements. Resources include regulatory updates for MIPS and APMs, as well as orientation and educational outreach, such as office hours and webinars.²¹ Some topics covered in the 2022 webinars were an overview of MIPS, the CMS Call for Measures, and the transition from the Web Interface to alternative reporting methods.

Development of Episode-Based Cost Measures for MIPS

Five newly developed episode-based cost measures were field-tested in 2022 for consideration in MIPS.²² The Wave 4 measures represent three episode groups: acute inpatient medical conditions, chronic conditions, and specific setting of care.²³ The clinical areas include emergency medicine, heart failure, lower back pain, major depressive disorder, and psychoses/

related conditions. Eligible clinicians have 24 episode-based cost measures plus *Total Per Capita Cost* available in the cost performance category for MIPS performance year 2023.²⁴

Partnering with Patients, Families, and Caregivers in Measure Development

The updated *Person and Family Engagement Toolkit*²⁵ enhances the available resources for measure developers to onboard and orient patient and family partners. The latest edition of the toolkit adds scenario-based examples for each phase of stakeholder engagement (i.e., plan, recruit, prepare, facilitate, follow up, and refine).

The public webinar *Technical Expert Panels and Public Comments: Ways for Stakeholders to Provide Input on Quality Measures* described how patients, families, and caregivers can influence measure development.²⁶ Through TEPs, members weigh in on the value of new quality measurement topics and provide insight about policy ideas and future directions for federal quality programs. When a new panel is established, a public Call for Nominations period invites interested parties to apply. The MMS Hub lists all TEP opportunities on the Technical Expert Panel webpage.²⁷

Public comment periods also engage patients, families, and caregivers in measure development. Public posting of quality measures in development and for consideration in federal programs provides a platform for stakeholders to express supportive or critical feedback. Throughout the year, the MMS Hub posts opportunities to comment on specific measures in development.

To comment on a proposed rule for a federal quality program—such as the Physician Fee Schedule proposed rule for MIPS—one would submit comments to the *Federal Register*.²⁸ A comment period typically lasts two months after a proposed rule is posted. Additional guidance can be found on the MMS Hub Public Comment information webpage.²⁹

Reducing Clinician Burden of Data Collection for Quality Measure Reporting

MIPS Value Pathways

In the future state of the QPP, traditional MIPS will sunset and reporting through MVPs will become mandatory. Five new MVPs were finalized in the CY 2023 Physician Fee Schedule (PFS) final rule.^{10(p. 70032)} Seven existing MVPs were modified to broaden topic areas and revise measures and activities. For example, the Advancing Care for Heart Disease MVP expanded to include interventionists and subspecialists in electrophysiology and heart failure.

Participation in an MVP remains voluntary during the transition to this new reporting option, designed to simplify reporting and provide more meaningful performance feedback. CMS offers 12 specialty- or condition-specific measure sets for the inaugural performance year:

- Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
- Advancing Cancer Care (new)
- Advancing Care for Heart Disease
- Advancing Rheumatology Patient Care
- Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
- Improving Care for Lower Extremity Joint Repair
- Optimizing Chronic Disease Management
- Optimal Care for Kidney Health (new)
- Optimal Care for Patients with Episodic Neurological Conditions (new)
- Patient Safety and Support of Positive Experiences with Anesthesia

- Promoting Wellness (new)
- Supportive Care for Neurodegenerative Conditions (new)

Additional HHS Efforts to Support the MDP

Health Equity Initiatives of the Consensus-Based Entity

During the 2021–2022 MAP pre-rulemaking cycle, the consensus-based entity (CBE) specified pursuant to section 1890 of the Act initiated a Health Equity Advisory Group to provide input on the measures under consideration. The group reviews the measures in each cycle and delivers input on measurement issues affecting health disparities and the 1,000+ U.S. critical access hospitals in rural, often underserved communities. Specifically, with the goal of reducing health differences closely linked with social drivers of health, the group³⁰:

- Provided input to the MAP’s clinician, hospital, and post-acute care/long-term care workgroups on measurement issues affecting health disparities and critical access hospitals.
- Identified measurement gaps related to health disparities.
- Recommended actions to reduce health differences closely linked to social determinants (also termed drivers) of health.

The CBE convened the MAP Rural Health Advisory Group to discuss a set of rural health measures created in 2017–2018. That advisory group summarized updates to current rural health measures, listed new rural health measures, and addressed emerging issues for rural populations in its May 2022 report, *Leveraging Quality Measurement to Improve Rural Health – Final Environmental Scan*.³¹

In other work relevant to QPP stakeholders:

- The CBE solicited recommendations from measure developers and other key stakeholders to identify and reduce barriers to the development of digital PRO-PMs, which it compiled in the Developer Feedback report *Building a Roadmap From Patient-Reported Outcome Measures to Patient-Reported Outcome Performance Measures*.³²
- The NQF Leadership Consortium identified three foundational elements of addressing the nation’s most pressing health care priorities: (1) health equity, (2) clinician experience, and (3) patient and caregiver experience. The consortium recommended convening expert panels/action teams to: (a) advance the collection and use of sociodemographic data through the dissemination of best and promising practices; (b) identify measure concepts to evaluate and improve clinician and care team well-being; and (c) identify and evaluate measures and measure concepts that support the delivery of person-centered care.³³

eCQI Resource Center and eCQM Standardization

The Electronic Clinical Quality Improvement (eCQI) Resource Center is the main resource for electronic clinical quality measure (eCQM) developers and other stakeholders.³⁴ The eCQI website provides tools and resources for all phases of eCQM development and maintenance.

Whereas eCQMs advanced measurement technology by gathering data from electronic health records (EHRs), CMS is undertaking a further transition to digital quality measures (dQMs),

which can also include data sources such as registries, health information exchanges, claims, and patient surveys.

In March 2022, the eCQI Resource Center published the *Digital Quality Measurement Strategic Roadmap*,³⁵ which addresses how an efficient digital measurement ecosystem would improve all phases of the health care data lifecycle and, ultimately, patient safety and health. The Roadmap outlines four domains in which CMS intends to modernize quality measurement:

- Improve accuracy and expand the standardization, transmissibility, and use of digital data accessible via standards-based application programming interfaces (APIs).
- Redesign quality measure data collection, calculation, and reporting with self-contained measure calculation tools.
- Modernize processes to optimize data aggregation.
- Better align measures, data requirements, and tools across reporting programs, federal and state programs and agencies, and the private sector.

The CMS digital quality strategy leverages Fast Healthcare Interoperability Resources (FHIR[®]) standards to advance digital quality measurement and interoperability. The eCQI Resource Center educates measure stewards about FHIR and supports the creation and maintenance of FHIR API specifications.

Updates to the Measure Database

The CMS Measures Inventory Tool (CMIT) launched a streamlined interface in 2022 with new search features and measure organization.³⁶ The home page includes pre-filters that allow users to quickly search sets of measures, such as digital measures, endorsed measures, or eCQMs. Searches can be customized and saved.



3. Quality Measures Developed and In Development During the Previous Year

Quality Measures Developed During the Previous Year

CMS stewarded the development of eight measures intended for potential inclusion in MIPS, MIPS APMs, or Advanced APMs—all specific to a condition or clinician specialty. Combined development expenditures for these measures in FY 2022 were estimated at \$1.32 million^{xi}:

- \$42,920 for one outcome measure
- \$298,935 for one PRO-PM
- \$630,470 for five process measures
- \$351,511 for one composite measure

For a measure to be implemented in a CMS program, it must be fully developed with valid and reliable testing results. In addition, CMS assesses burden on providers and potential impact of a measure. Because of the rigorous process of measure selection, not all measures that complete development will necessarily be implemented in a program.

Table 1 groups the eight developed measures by Meaningful Measures 2.0 priority/quality domain, identifies the steward or developer, and notes whether they are electronically specified.

Table 1: Summary of CMS-Funded Measures Developed in FY 2022

Meaningful Measures 2.0 Priority/Quality Domain* - Measure Name (Steward/Developer[s])	# of Measures	# of eQMs
Affordability and Efficiency	0	N/A
Behavioral Health/Clinical Care	0	N/A
Chronic Conditions/Clinical Care <u>Outcome measure:</u> - Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions [^] (CMS/Yale Center for Outcomes Research and Evaluation [CORE])	1	0
Equity/Patient and Caregiver Experience	0	N/A
Person-Centered Care/Patient and Caregiver Experience <u>Patient-reported outcome performance measures:</u> - Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA) Measure for Merit-based Incentive Payment System (MIPS) (CMS/Yale CORE) <u>Process measures:</u> - Percentage of Prevalent Patients Waitlisted (PPPW) (CMS/University of Michigan Kidney Epidemiology and Cost Center [UM-KECC]) - Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW) (CMS/UM-KECC) - First Year Standardized Waitlist Ratio (FYSWR) (CMS/UM-KECC) - Prevalent Standardized Waitlist ratio (PSWR) (CMS/UM-KECC)	5	0
Safety/Safety	0	N/A

^{xi} This figure is specific to measure development and implementation activities; it does not include measure maintenance, production support, or overhead costs.



3. QUALITY MEASURES DEVELOPED AND IN DEVELOPMENT DURING THE PREVIOUS YEAR

Meaningful Measures 2.0 Priority/Quality Domain* - Measure Name (Steward/Developer[s])	# of Measures	# of eQMs
Seamless Care Coordination/Care Coordination	0	N/A
Wellness and Prevention/Population Health and Prevention	2	1
<u>Composite measure:</u> - Preventive Care and Wellness ^z (CMS/Mathematica)		
<u>Process measure:</u> - Adult COVID-19 Vaccination Status (CMS/Mathematica)		
Total	8	1

* CMS will update the measure priority/domain if a more suitable option is identified during development.

[^] Although this measure was identified as completing development during FY 2021 in the 2022 MDP Annual Report, section 1848(s) funding was spent on the initial CBE process during FY 2022.

^z Planned to be electronically specified

See Appendix C – CMS-Funded Quality Measures Developed During the Previous Year for measure details.^{xii}

Quality Measures in Development at the Time of This Report

Seven measures intended for potential inclusion in MIPS, MIPS APMs, or Advanced APMs were in development but not completed during FY 2022 (Table 2). One is being developed as an eQCM. The combined expenditures were estimated at \$1.32 million^{xiii}:

- \$82,158 for one composite measure
- \$385,038 for three outcome measures
- \$363,835 for one patient engagement/experience measure
- \$438,650 for one PRO-PM
- \$45,900 for one process measure

Table 2: Summary of CMS-Funded Measures in Development in FY 2022^{xiv}

Meaningful Measures 2.0 Priority/Quality Domain* - Measure Name (Steward/Developer[s])	# of Measures	# of eQMs
Affordability and Efficiency	0	N/A
Behavioral Health/Clinical Care		
<u>Outcome measure:</u> - Behavioral health integration [^] (CMS/Mathematica)	3	0
- Opioid-related emergency department (ED) visits [^] (CMS/Mathematica)		
- Concurrent prescription-related ED visits [^] (CMS/Mathematica)		
Chronic Conditions/Clinical Care	1	0
<u>Composite measure:</u> - Diabetes-related amputation composite [^] (CMS/Mathematica)		

^{xii} Section 1848(s)(3)(B)(ii) of the Act.

^{xiii} This figure is specific to measure development activities; it does not include measure maintenance, production support, or overhead costs.

^{xiv} As of November 1, 2022, to allow for estimated funding for the entire FY 2021 and for federal review and clearance of this report.



3. QUALITY MEASURES DEVELOPED AND IN DEVELOPMENT DURING THE PREVIOUS YEAR

Meaningful Measures 2.0 Priority/Quality Domain* - Measure Name (Steward/Developer[s])	# of Measures	# of eQMs
Equity/Patient and Caregiver Experience Patient engagement/experience measure: - <i>Addressing Social Needs (eCQM)</i> ^Σ (CMS/Yale CORE) Patient-reported outcome performance measure: - <i>Cancer Health Equity PRO-PM for Preventive Screening and Counseling</i> (CMS/Yale CORE) Process measure: - <i>Health Equity in Language Services Measure Concept</i> (CMS/Mathematica)	3	1
Person-Centered Care/Patient and Caregiver Experience	0	N/A
Safety/Safety	0	N/A
Seamless Care Coordination/Care Coordination	0	N/A
Wellness and Prevention/Population Health and Prevention	0	N/A
Total	7	1

* CMS will update the measure priority/domain if a more suitable option is identified during development.

^ CMS stopped measure development during FY 2022.

Σ Planned to be electronically specified

Measure conceptualization, specification, and testing—the first three phases in the measure lifecycle—are critical to vet and assess the viability of a measure concept prior to implementation. The measures described in Table 2 were at different phases of development at the time of this report.^{xv} The *Addressing Social Needs eCQM* is in the conceptualization phase. Both *Cancer Health Equity PRO-PM for Screening and Counseling* and *Health Equity in Language Services* measures are being specified. These measures can be considered for inclusion in the QPP once all testing has been completed. See Appendix D – *CMS-Funded Quality Measures in Development* for additional details about these measures, including developers and timelines for completion.^{xvi}

CMS stopped development on four measures (see Table D-1 in Appendix D for details):

- It was determined that Medicare fee-for-service claims were not the most appropriate data source for pursuing three opioid-focused outcome measures (*Behavioral health integration*, *Concurrent prescription-related ED visits*, and *Opioid-related ED visit*). Each concept was applicable to limited number of clinician types, which did not meet the intent of a broadly applicable, important measure.
- Based on an expert workgroup’s recommendation, the *Diabetes-related amputation composite* measure stopped development. Primary, secondary, and tertiary prevention components are done by different clinicians (e.g., primary care providers, specialists) and were not feasible to combine in a single composite measure.

^{xv} As of November 1, 2022, to allow for estimated funding for the entire FY 2021 and for federal review and clearance of this report.

^{xvi} Section 1848(s)(3)(B)(iii) of the Act.



4. Closing Measurement Gaps by Advancing the MDP

Closing Previously Identified Gaps

Measure development in FY 2022 demonstrates progress toward addressing the measurement gaps identified in the 2017–2022 MDP Annual Reports.³⁷⁻⁴² Five of the eight measures that completed development in FY 2022, covering two of the prioritized specialties (Table 3), could fill an identified gap for which no measures were found in the *2018 CMS MDP Environmental Scan and Gap Analysis Report*⁴³ or the *2022 CMS MDP Environmental Scan and Gap Analysis Report*.⁴⁴

Table 3: Recently Developed Measures Corresponding to Identified Gaps

Measure Title	Gap Identified in MDP E-Scan
General Medicine/Crosscutting	
- Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with Heart Failure for the Merit-based Incentive Payment System*	Admission
Kidney Disease	
- Percentage of Prevalent Patients Waitlisted (PPPW)**	Planning for disease progression
- Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW)**	Planning for disease progression
- First Year Standardized Waitlist Ratio (FYSWR)**	Planning for disease progression
- Prevalent Standardized Waitlist ratio (PSWR)	Planning for disease progression

*This measure was finalized in the CY 2023 PFS final rule for use in MIPS.^{10(p. 70266-70271)}

**This measure was included on the 2022 Measures Under Consideration List.²²

Two of the four measures proceeding in development in FY 2022 (Table 2 in *Quality Measures in Development at the Time of This Report*) also address gap areas identified in the *2017 CMS MDP Environmental Scan for the Quality Payment Program*.⁴⁵ Both are measures of health equity: one aimed at preventive care and screening (intended for oncologists), the other assessing whether a patient receives health care communication via a preferred language (intended for general medicine).

Measures Under Consideration List Applicable to Identified Gaps

Each year the Measures Under Consideration List identifies quality and efficiency measures under review by the Secretary of HHS for use in certain Medicare quality programs.⁴⁶ The *2022 MDP Annual Report*⁴² mentioned 10 quality measures on the 2021 Measures Under Consideration List for MIPS.⁸ CMS proposed to adopt seven of those 10 measures and received stakeholder feedback on the measures. All seven measures were subsequently adopted for MIPS in the CY 2023 PFS final rule.^{10(p. 70250-70274)}

Sixteen potential MIPS quality measures were included on the 2022 Measures Under Consideration List.²² As part of the pre-rulemaking process, the multi-stakeholder MAP convened by the CBE reviewed all submitted measures.^{xvii}

Six of the measures submitted for consideration directly relate to subtopic gaps identified in previous MDP Environmental Scan and Gap Analysis Reports^{44,45} (Table 4). The MAP conditionally supported five of the measures for rulemaking; it did not support the sixth measure but noted the potential for mitigation of its concerns.⁴⁷ CMS considers the MAP recommendations when reviewing measures for potential use in programs.

Table 4: Measures Under Consideration Corresponding to Identified Gaps

Measure Title	Gap Noted in MDP E-Scans	MAP Recommendation
Behavioral Health		
- <i>Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder</i>	Opioid use disorder – recovery	Conditional support
General Medicine		
- <i>Connection to Community Service Provider</i>	Healthy communities	Conditional support
- <i>Resolution of At Least 1 Health-Related Social Need</i>	Healthy communities	Conditional support
Kidney Disease		
- <i>First Year Standardized Waitlist Ratio (FYSWR)</i>	Planning for disease progression	Do not support with potential for mitigation
- <i>Percentage of Prevalent Patients Waitlisted (PPPW) and Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW)</i>	Planning for disease progression	Conditional support
Palliative Care		
- <i>Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood</i>	Patient/caregiver experience	Conditional support

Identifying New Gaps for Measure Development

CMS annually publishes needs and priorities for each program that falls under the pre-rulemaking process.⁴⁸ High-priority measurement gaps for MIPS include the following:

- **Specialties:** interventional cardiology, non-patient facing (e.g., pathology, radiology), dentistry, podiatry, nutrition/dietician, pain management, plastic surgery, behavioral health
- **Clinical conditions:** opioid epidemic, maternal health, behavioral health, chronic conditions, avoidance of amputation for diabetes
- **Other topics:** outcomes, coordination, digital measures, replacements for topped out measures in a specialty set, equity, COVID-19, shared decision-making, experience of care

CMS also identified six clinical areas for future MVP development: behavioral health, diabetes, HIV/AIDS, hypertension, kidney disease, and women’s health and maternal care. The MDP

^{xvii} Comprehensive information about the MAP and MAP processes is available at: http://www.qualityforum.org/MAP_Initiates_Review_of_Performance_Measures_for_Federal_Programs.aspx.

project team completed an environmental scan and gap analysis⁴⁴ focused on those areas and sought feedback from the MDP TEP on priorities for potential measure development.⁴⁹

Through an online assessment, TEP members rated identified measurement gaps as high, medium, or low priorities for potential measure development. The following are some highly rated gaps, listed by clinical priority^{xviii}:

- Behavioral health: ED–initiation of medications of opioid use disorder, overdose management follow-up, non-opiate pain management
- Diabetes: patient activation–disease awareness, diabetes-specific nutrition/lifestyle education, management of diabetes
- HIV/AIDS: HIV medication outcomes–medication adherence, testing for at-risk populations, HIV testing through pregnancy
- Kidney disease: quality of life in end-stage renal disease patients, patient activation, care goal achievement (patient-reported outcome)
- Women’s health: maternal mortality, maternal morbidity, postpartum depression

The complete list of rated gaps is available in the October 2022 MDP TEP Meeting Summary.⁴⁹

^{xviii} No quality measurement gaps were identified for hypertension.

5. Inventory of Applicable Quality Measures

The inventory of quality measures available for eligible clinicians and clinician groups to report in 2023 consists of MIPS measures, a subset of which are designated for the APP; MVP measures; MIPS QCDR measures; and measures approved for use in Advanced APMs.

MIPS Measures Included in the CY 2023 PFS Final Rule

MIPS measures were posted for stakeholder review and input through the rulemaking process, which culminated in the publication of the CY 2023 PFS final rule, which took effect on January 1, 2023.¹⁰ Thirteen MIPS quality measures were removed from the 200 that were available for the CY 2022 performance period,^{10(p. 70530-70548)} and nine new measures were added.^{10(p. 70250-70274)} The inventory for the CY 2023 performance period includes 40 intermediate outcome or outcome measures, 17 PRO-PMs, 131 process measures, five efficiency measures, two patient engagement/experience measures, and one structural measure. Of those 196 quality measures, 131 are categorized as high-priority, a designation that encompasses outcome (including intermediate outcome and patient-reported outcome), appropriate use, patient safety, efficiency, patient experience, care coordination, and opioid- or health equity–related quality measures.^{10(p. 70048)}

MIPS eligible clinicians must report six measures, including one outcome measure or, in the absence of an applicable outcome measure, another high-priority measure. CMS includes at least one high-priority measure in every specialty set so that MIPS eligible clinicians can select a measure that both reflects their scope of practice and meets MIPS reporting requirements.^{10(p. 70275-70529)} An interactive tool to view the comprehensive list of MIPS measures is available at <https://qpp.cms.gov/mips/quality-measures>.

For the CY 2023 performance period, CMS created new combined specialty measure sets by adding “Psychiatry” to the title of the Mental/Behavioral Health measure set and “Optometry” to the title of the Ophthalmology measure set. CMS also modified specialty measure sets based on a review of updates to quality measure specifications, changes finalized through rulemaking, and feedback from specialty societies.^{10(p. 70275)}

Twelve MVPs are available for MIPS eligible clinicians to voluntarily report for the CY 2023 performance period. The MVP list is posted at: <https://qpp.cms.gov/mips/explore-mips-value-pathways>.

APM Performance Pathway

The APP is a reporting option available to MIPS eligible clinicians participating in MIPS APMs, who are scored on the quality performance category for a fixed set of MIPS clinical quality measures (CQMs) (Table 5):

- 10 measures via the Web Interface^{xix} or three MIPS CQMs/eCQMs
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS patient experience survey
- One readmission measure and one admission measure, both calculated from administrative claims

^{xix} The APP is required for all Medicare Shared Savings Program ACOs. The CMS Web Interface will be available only through the CY 2024 performance period.

Table 5: Measures Included in the Final APM Performance Pathway Measure Set for Performance Year 2022 and Subsequent Performance Years¹⁰(p. 69862)

Quality ID #	Measure Title	Collection Type	Submitter Type	Meaningful Measures 2.0 Priority	Measure Type
321	CAHPS for MIPS	CAHPS for MIPS Survey	Third Party Intermediary	Person-Centered Care	PRO-PM
479	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative claims	N/A	Affordability and Efficiency	Outcome
484	Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Administrative claims	N/A	Affordability and Efficiency	Outcome
001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	eCQM/ MIPS CQM/ CMS Web Interface	APM Entity/ Third Party Intermediary	Chronic Conditions	Intermediate outcome
134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM/ MIPS CQM/ CMS Web Interface	APM Entity/ Third Party Intermediary	Behavioral Health	Process
236	Controlling High Blood Pressure	eCQM/ MIPS CQM/ CMS Web Interface	APM Entity/ Third Party Intermediary	Chronic Conditions	Intermediate outcome
318	Falls: Screening for Future Fall Risk	CMS Web Interface	APM Entity/ Third Party Intermediary	Safety	Process
110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface	APM Entity/ Third Party Intermediary	Wellness and Prevention	Process
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	APM Entity/ Third Party Intermediary	Behavioral Health	Process
113	Colorectal Cancer Screening	CMS Web Interface	APM Entity/ Third Party Intermediary	Wellness and Prevention	Process
112	Breast Cancer Screening	CMS Web Interface	APM Entity/ Third Party Intermediary	Wellness and Prevention	Process
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	APM Entity/ Third Party Intermediary	Chronic Conditions	Process
370	Depression Remission at Twelve Months	CMS Web Interface	APM Entity/ Third Party Intermediary	Behavioral Health	Outcome

Additional information about MIPS APMs and the APP is available in the CY 2023 PFS final rule¹⁰ and on the QPP website at <https://qpp.cms.gov/apms/mips-apms> or <https://qpp.cms.gov/mips/apm-performance-pathway>.

QCDR Measures Approved for 2023 MIPS Reporting

QCDRs are clinical data registries approved by CMS to expand reporting options for MIPS eligible clinicians, including those without sufficient MIPS quality measures applicable to their specialties. QCDRs may report on MIPS quality measures and/or measures developed for those registries and submitted for CMS consideration.

For the CY 2023 MIPS performance period, CMS approved 45 unique QCDRs, listed with corresponding approved measures in the *2023 Qualified Clinical Data Registries (QCDRs) Qualified Posting*⁵⁰ at <https://qpp.cms.gov/about/resource-library>.

Most clinical specialties prioritized in the MDP or subsequent gap analyses, including general medicine/crosscutting, are well-represented among the QCDRs approved for 2023 reporting. The counts in Table 6 add up to more than 45 because some QCDRs are applicable to more than one prioritized specialty.

Each QCDR has at least one outcome or other high-priority measure among six or more quality measures, consistent with the 2023 requirement for eligible clinicians reporting under MIPS. The CY 2023 PFS final rule delayed a requirement that a QCDR measure be fully tested for reliability and validity at the clinician level until the CY 2024 performance period/2026 MIPS payment year.^{10(p. 70034)}

Table 6: QCDRs Applicable to MDP-Prioritized Specialties

Specialty	# of QCDRs
Allergy/immunology	1
Behavioral health/substance use	2
Emergency medicine	6
General medicine/crosscutting	11
Neurology	6
Nephrology	1
Oncology	4
Orthopedic surgery	3
Pathology	2
Physical medicine and rehabilitation	6
Radiology	4
Rheumatology	2

A QCDR was counted as applicable if it self-identified as specialty-specific and included at least one relevant condition- or specialty-specific measure.

Advanced APM Quality Measures

The Center for Medicare & Medicaid Innovation (CMS Innovation Center) works in consultation with clinicians to test new payment and service delivery models. Models are designed to reduce expenditures while preserving or enhancing the quality of care for beneficiaries. Eligible clinicians who achieve Qualifying APM Participant (QP) status in the Advanced APM track of the QPP are excluded from the MIPS reporting requirements and payment adjustment. QPs for the year are eligible to receive a 5 percent lump-sum incentive payment through the 2024 payment year, a 3.5 percent lump-sum incentive payment during the 2025 payment year, and a differential payment update under the PFS for payment years beginning in 2026.^{10(p. 70031)}

One criterion for Advanced APMs is that they must base payment for items and services in part on MIPS-comparable quality measures—that is, determined by CMS to be reliable and valid and have an evidence-based focus and at least one being an outcome measure.^{10(p. 70116)} See Appendix E – *CMS Advanced APM Quality Measures Inventory* for a list of measures for each model in the 2023 QPP.

6. Conclusion

The 2023 MDP Annual Report provides a detailed accounting of the QPP’s accomplishments in developing quality measures and supporting clinicians, patients, and families. This seventh annual report notes the end of the section 1848(s)(6) funding for clinician quality measure development. Funds remaining for CY 2022 supported development of 15 clinical quality measures, of which eight were completed. The CY 2023 PFS final rule made 196 MIPS measures^{10(p. 70250-70274)} and 45 QCDRs⁵⁰ available for the 2023 performance year. It is anticipated that 10 Advanced APMs will be approved for use under the QPP.

CMS introduced the Cascade of Meaningful Measures tool, expanding upon the Meaningful Measures 2.0 framework.⁴ The Cascade adds specificity by including goals and objectives under each health care priority. Classifying quality measures within the Cascade of Meaningful Measures framework informs CMS when there are too many or too few measures for certain objectives and goals and communicates overall needs and priorities to stakeholders.

Integrating patient, caregiver, and family voices into measure development activities is paramount to create meaningful improvements in the lives of beneficiaries. The *Person and Family Engagement Toolkit*²⁵ supports contractors in conducting patient, caregiver, and family engagement. The newly launched MMS Hub resource center guides patients, caregivers, and families seeking opportunities to participate in technical expert panels and public comment.

Two recent reports outline CMS’ proactive steps to eliminate disparities in care and outcomes and to promote health equity for all. *The Framework for Health Equity 2022–2032*⁵ outlines community- and system-level interventions to expand data collection, assess and address inequities in CMS programs, build capacity, and advance accessibility of health care services. *The Path Forward: Improving Data to Advance Health Equity*⁶ describes how CMS is enhancing data collection capabilities and promoting use of standardized socioeconomic data to track and address inequities aligned with the [USCDI](#) where applicable and appropriate.

The *Digital Quality Measurement Strategic Roadmap*³⁵ describes efforts to modernize quality measure reporting in four domains: expanding digital data, improving measure data collection, optimizing data aggregation, and aligning efforts across reporting programs. The eCQI Resource Center remains the “one-stop shop” for stakeholders engaged in electronic quality improvement.

Newly identified high-priority measurement gaps for MIPS include specialty areas such as pathology, dentistry, podiatry, and pain management; clinical conditions such as the opioid epidemic, maternal health, and behavioral health; and additional topics of equity, shared decision-making, and experience of care. Further, the *2022 MDP Environmental Scan and Gap Analysis Report* assessed measurement gaps within the clinical areas of behavioral health, diabetes, HIV/AIDS, hypertension, kidney disease, and women’s health and maternal care.⁴⁴

This annual report provides an overview of measure development activities in support of the QPP. Combined with efforts to implement the Measure Development Plan, CMS has shown its commitment to partnering with clinicians, patients, and families to build a more equitable and meaningful health care system.

References

1. Centers for Medicare & Medicaid Services, Center for Clinical Standards and Quality. *CMS Quality Measure Development Plan: Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs)*. Baltimore, MD: US Department of Health and Human Services; 2016.
2. Centers for Medicare & Medicaid Services. *What is the CMS National Quality Strategy?* Baltimore, MD: US Department of Health and Human Services; 2022.
3. Centers for Medicare & Medicaid Services. *Meaningful Measures 2.0: Moving from measure reduction to modernization*. Baltimore, MD: US Department of Health and Human Services; 2022. <https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization>. Accessed April 25, 2023.
4. Centers for Medicare & Medicaid Services. *Cascade of Measures*. Baltimore, MD: US Department of Health and Human Services; 2022. <https://www.cms.gov/medicare/meaningful-measures-framework/cascade-measures>. Accessed April 25, 2023.
5. Centers for Medicare & Medicaid Services Office of Minority Health. *CMS Framework for Health Equity 2022-2032*. Baltimore, MD: US Department of Health and Human Services; 2022.
6. Centers for Medicare & Medicaid Services Office of Minority Health. *The Path Forward: Improving Data to Advance Health Equity Solutions*. Baltimore, MD: US Department of Health and Human Services; 2022.
7. Centers for Medicare & Medicaid Services. *CMS Strategic Plan*. Baltimore, MD: US Department of Health and Human Services; 2022. <https://www.cms.gov/cms-strategic-plan>. Accessed April 25, 2023.
8. Centers for Medicare & Medicaid Services. *List of Measures Under Consideration for December 1, 2021*. Baltimore, MD: US Department of Health and Human Services; 2021.
9. National Quality Forum. *Measure Applications Partnership*. Washington, DC: National Quality Forum; 2020. <https://www.qualityforum.org/map/>. Accessed January 11, 2023.
10. Medicare and Medicaid Programs; CY 2023 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Implementing Requirements for Manufacturers of Certain Single-dose Container or Single-use Package Drugs To Provide Refunds With Respect to Discarded Amounts; and COVID-19 Interim Final Rules; Final Rule. *Fed Regist*. 2022; 87(222): 69404-70699.
11. Center for Medicare & Medicaid Innovation. *Person-Centered Innovation – An Update on the Implementation of the CMS Innovation Center’s Strategy*. Baltimore, MD: US Department of Health and Human Services; 2022.

12. Centers for Medicare & Medicaid Services. *CMS Announces Increase in 2023 in Organizations and Beneficiaries Benefiting from Coordinated Care in Accountable Care Relationships*. Baltimore, MD 2022.
13. US Government Accountability Office. *Health Care Quality: CMS Could More Effectively Ensure Its Quality Measurement Activities Promote Its Objectives*. Washington, DC: US Government Accountability Office; 2019.
14. Centers for Medicare & Medicaid Services. *Quality Measure Index (QMI) Methodology Report, Version 1.0*. Baltimore, MD: US Department of Health and Human Services; 2022.
15. Centers for Medicare & Medicaid Services. *Development of the Quality Measure Index (QMI) Public Comment Summary Report*. Baltimore, MD: US Department of Health and Human Services; 2022.
16. Core Quality Measures Collaborative. *CQMC Core Sets*. Washington, DC: National Quality Forum; 2022. http://www.qualityforum.org/CQMC_Core_Sets.aspx. Accessed April 25, 2023.
17. Core Quality Measures Collaborative. *Core Quality Measures Collaborative (CQMC) Health Equity Workgroup Web Meeting 4 Summary*. Washington, DC: National Quality Forum; 2022.
18. Core Quality Measures Collaborative. *CQMC Health Equity Final Report*. Washington, DC: National Quality Forum; 2022.
19. Lesh K, Gross M, Rawlings K. *MIDS Communication, Coordination, and Collaboration (C3) Forum CMS Measures Management System Hub: Tips and Tricks*. Baltimore, MD: Centers for Medicare & Medicaid Services; 2022.
20. Eastman M, Rawlings K. *MIDS Communication, Coordination, and Collaboration (C3) Forum CMS MERIT: New Features and Demonstration*. Baltimore, MD: Centers for Medicare & Medicaid Services; 2022.
21. Centers for Medicare & Medicaid Services. *Quality Payment Program resource library*. Baltimore, MD: US Department of Health and Human Services; 2022. <https://qpp.cms.gov/resources/resource-library>. Accessed April 25, 2023.
22. Centers for Medicare & Medicaid Services. *List of Measures Under Consideration for December 1, 2022*. Baltimore, MD: US Department of Health and Human Services; 2022.
23. Centers for Medicare & Medicaid Services. *2022 Episode-Based Cost Measures Field Testing Wave 4 Measure Development Process*. Baltimore, MD: U. S. Department of Health and Human Services; 2022.
24. Centers for Medicare & Medicaid Services. *2023 cost measures: traditional MIPS*. Baltimore, MD: US Department of Health and Human Services; nd. <https://qpp.cms.gov/mips/explore-measures?tab=costMeasures&py=2023>. Accessed April 25, 2023.

25. Centers for Medicare & Medicaid Services. *Person and Family Engagement (PFE) Toolkit: A Guide For Measure Developers*. Baltimore, MD: US Department of Health and Human Services; 2022.
26. Rabel B, Danner V. *Technical Expert Panels and Public Comment: Ways for Stakeholders to Provide Input on Quality Measures*. Baltimore, MD: Centers for Medicare & Medicaid Services; 2022.
27. Centers for Medicare & Medicaid Services. Measures Management Services Technical Expert Panels. Baltimore, MD: US Department of Health and Human Services; 2022. <https://mmshub.cms.gov/get-involved/technical-expert-panel/overview>. Accessed April 25, 2023.
28. Office of the Federal Register. Federal Register. College Park, MD: National Archives and Records Administration; nd. <https://www.federalregister.gov/>. Accessed April 25, 2023.
29. Centers for Medicare & Medicaid Services. Measures Management System Public Comments. Baltimore, MD: US Department of Health and Human Services; 2022. <https://mmshub.cms.gov/get-involved/public-comments/overview>. Accessed April 25, 2023.
30. National Quality Forum. MAP Health Equity Advisory Group. Washington, DC: National Quality Forum.; 2022. <https://www.qualityforum.org/ProjectDescription.aspx?projectID=95514>. Accessed January 11, 2023.
31. National Quality Forum. *Leveraging Quality Measurement to Improve Rural Health, Telehealth, and Healthcare System Readiness Final Environmental Scan Report*. Washington, DC: National Quality Forum; 2022.
32. National Quality Forum. *Building a Roadmap From Patient-Reported Outcome Measures to Patient-Reported Outcome Performance Measures: Environmental Scan*. Washington, DC: National Quality Forum; 2022.
33. National Quality Forum. *National Quality Forum Leadership Consortium 2022 Priorities for Action*. Washington, DC: National Quality Forum; 2021.
34. eCQI Resource Center. Electronic Clinical Quality Improvement (eCQI) resource center. Baltimore, MD: US Department of Health and Human Services.; nd. <https://ecqi.healthit.gov/>. Accessed April 25, 2023.
35. Centers for Medicare & Medicaid Services. *Digital Quality Measurement Strategic Roadmap*. Baltimore, MD: US Department of Health and Human Services; 2022.
36. Zias S, Rawlings K. *MIDS Communication, Coordination, and Collaboration (C3) Forum: Improving the Way We View CMS Measures: CMIT 2.0 Key Features*. Baltimore, MD: Centers for Medicare & Medicaid Services; 2022.
37. Centers for Medicare & Medicaid Services, Center for Clinical Standards and Quality. *CMS Quality Measure Development Plan: Supporting the Transition to The Quality Payment Program 2017 Annual Report*. Baltimore, MD: US Department of Health and Human Services; 2017.

38. Centers for Medicare & Medicaid Services, Center for Clinical Standards and Quality. *CMS Quality Measure Development Plan 2018 Annual Report*. Baltimore, MD: US Department of Health and Human Services; 2018.
39. Centers for Medicare & Medicaid Services, Center for Clinical Standards and Quality. *CMS Quality Measure Development Plan 2019 Annual Report*. Baltimore, MD: US Department of Health and Human Services; 2019.
40. Centers for Medicare & Medicaid Services, Center for Clinical Standards and Quality. *CMS Quality Measure Development Plan 2020 Annual Report For the Quality Payment Program*. Baltimore, MD: US Department of Health and Human Services; 2020.
41. Centers for Medicare & Medicaid Services, Center for Clinical Standards and Quality. *CMS Quality Measure Development Plan 2021 Annual Report for the Quality Payment Program*. Baltimore, MD: US Department of Health and Human Services; 2021.
42. Centers for Medicare & Medicaid Services, Center for Clinical Standards and Quality. *CMS Quality Measure Development Plan 2022 Annual Report for the Quality Payment Program*. Baltimore, MD: US Department of Health and Human Services; 2022.
43. Centers for Medicare & Medicaid Services, Health Services Advisory Group. *2018 CMS Quality Measure Development Plan Environmental Scan and Gap Analysis Report*. Baltimore, MD: US Department of Health and Human Services; 2018.
44. Centers for Medicare & Medicaid Services, Health Services Advisory Group. *CMS Quality Measure Development Plan 2022 Environmental Scan and Gap Analysis Report for the Quality Payment Program*. Baltimore, MD: US Department of Health and Human Services; 2022.
45. Centers for Medicare & Medicaid Services, Health Services Advisory Group. *CMS Quality Measure Development Plan Environmental Scan and Gap Analysis Report (MACRA, Section 102)*. Baltimore, MD: US Department of Health and Human Services; 2017.
46. Centers for Medicare & Medicaid Services. Measure implementation: pre-rulemaking overview. Baltimore, MD: US Department of Health and Human Services; nd. <https://mmshub.cms.gov/measure-lifecycle/measure-implementation/pre-rulemaking/overview>. Accessed April 25, 2023.
47. National Quality Forum, Measure Applications Partnership. *2022-2023 MAP Final Recommendations*. Washington, DC: National Quality Forum; 2023.
48. Centers for Medicare & Medicaid Services. *2022 Measures Under Consideration List Program-Specific Measure Needs and Priorities*. Baltimore, MD: US Department of Health and Human Services; 2022.
49. Health Services Advisory Group. *CMS Quality Measure Development Plan Technical Expert Panel Meeting Summary (MACRA, Section 102) - Meeting Dates: October 11 & October 18, 2022*. Baltimore, MD: US Department of Health and Human Services; 2022.
50. Centers for Medicare & Medicaid Services. *2023 Qualified Clinical Data Registries (QCDR) Qualified Posting*. Baltimore, MD: US Department of Health and Human Services; 2022.