

Robust Measures Project

CENTERS FOR MEDICARE & MEDICAID SERVICES FACT SHEET February 18, 2004

Quality health care for people with Medicare is a high priority for President Bush, the Department of Health and Human Services (HHS), and the Centers for Medicare & Medicaid Services (CMS). In November 2001, HHS Secretary Tommy G. Thompson announced the Quality Initiative, his commitment to assure quality health care for all Americans through published consumer information coupled with health care quality improvement support through Medicare's Quality Improvement Organizations.

The CMS Hospital Quality Initiative, launched in 2003, uses a variety of tools to stimulate and support a significant improvement in the quality of hospital care. The initiative aims to refine and standardize hospital data, data transmission, and performance measures in order to construct a single robust, prioritized and standard quality measure set for hospitals. The ultimate goal is that all private and public purchasers, oversight and accrediting entities, payers and providers of hospital care would use the same measures in their public reporting activities. Among the tools we will use to achieve this objective are collaborations with providers, purchasers and consumers, technical support from Quality Improvement Organizations, research and development of standardized measures, and commitment to assuring compliance with our conditions of participation.

Overview

The Robust Measures Project is a key element of the CMS Hospital Quality Initiative. It will identify a robust and comprehensive measure set for hospital public reporting, and thereby support the efforts of the National Voluntary Hospital Reporting Initiative (NVHRI), future CMS 'pay for performance' efforts, the Quality Improvement Organization program and other CMS hospital quality efforts.

CMS is beginning to engage the broad stakeholder community to identify its wishes for what should be included in this expanded, robust set of measures for hospital public reporting. With input from public and private sectors and consumers, CMS will identify a robust and prioritized set of measures. CMS anticipates that the process will identify some measures that are ready for the immediate next phase of public reporting and others needing refinement or final testing, as well as areas where additional measures development will be necessary to adequately address priority areas identified by the Institute of Medicine and others. After reviewing the set of measures determined to be appropriate for public reporting, CMS will ask the National Quality Forum to consider formally any measures that it has not yet endorsed. Public input sessions will be conducted around the country and will commence in April 2004 in Boston, coincident with the National Quality Forum Membership meeting.

Relation to the National Voluntary Hospital Reporting Initiative

Under the auspices of the NVHRI, hospitals are currently voluntarily reporting a “starter set” of 10 clinical performance measures for three clinical conditions (heart attack (acute myocardial infarction), heart failure, and pneumonia). This phase will be completed during 2004, and the Voluntary effort is expected to turn its attention to the collection and publication of additional measures. The Robust Measures Project satisfies one of the CMS commitments to the Voluntary effort by serving as the vehicle for identifying the expanded set of measures for public reporting. We expect that the collaborators in the Voluntary effort will contribute to the Robust Measures Project and that they will choose from among the results of the project for their next voluntarily-reported measures.

Structured Public Dialogue

To be effective in this endeavor, the development of an expanded set of hospital performance measures must be a collaborative and structured public dialogue with individual hospital leaders and their associations, physicians and other clinicians, federal and state agencies, Quality Improvement Organizations (QIOs), private purchasers, accreditation organizations, and consumer advocates.

At the heart of the robust measures build-out process will be a structured public dialogue process that will engage national and local stakeholders as well as the Federal agencies represented on the federal Quality Interagency Coordination Task Force (QuIC) in a discussion of priority areas for measurement and desired measures. The initial stages of this public dialogue process will consist of a series of town hall meetings that will occur starting in April 2004, in Boston. Information concerning the meetings will be announced in the Federal Register and/or posted on the www.cms.hhs.gov/quality/hospital website.

Current Status

CMS is working with a contractor, IPRO, New York’s Quality Improvement Organization (QIO), to develop an initial set of available and potential performance measures, that are associated with the IoM’s recently-identified 20 priority areas. While the public dialogue will not be limited to either the initial measure set or the 20 IoM priority areas, the initial list will serve as a starting point for discussion with the various national and local stakeholders.

The public meetings will occur over the next several months, and we expect to have the results of this process available to the public later this year. The final product from this project will be a list of measures for hospital public reporting that CMS believes to be most important to consumers, patients, clinicians, providers, federal partners and others. Implementation of these measures will follow this project, as feasible.