



Measure Management and You

Volume 2, Edition 12

Welcome!

This month's newsletter provides an overview of risk adjustments as well as a discussion on composite measures. Every edition includes links to the CMS Blueprint (the version in use at the time of publication), as well as a calendar of upcoming events and opportunities.

We hope you find this newsletter useful and we welcome any feedback or suggestions to make it even better. Please send comments or suggestions for future newsletters to MMSSupport@battelle.org.

Risk Adjustments

The stated purpose of risk-adjustment in quality measures is to enable the accurate comparison of clinician or facility performance. For example, a provider treating a large percentage of high risk patients would be expected to have less positive outcomes than a provider treating a population that is generally low risk. Without risk-adjustment, providers would be dis-incentivized to provide care to high risk patients because it would count against them in outcome measures. Therefore, risk-adjusted outcome measures account for patient characteristics that make the negative outcome more likely, when those characteristics exist prior to the episode of care. Example characteristics used in risk-adjustment might include the patient's age, past medical history, and other diseases or conditions (comorbidities) the patient had prior to the episode of care that are known to increase the patient's chance of the outcome. The specific selection of which

patient characteristics to use for risk-adjustment is based on evidence about the relationship between those characteristics and the outcome of interest. For more information, please see the full [article](#) on the MMS website.

Measure Type: Composite Measures

Using quality measures allows management and practitioners to [benchmark](#) their organization or services against similar performing facilities and track improvements over time. While individual measures are critical in assessing and measuring health care quality, sometimes a combination of two or more measures can provide an even more effective glimpse into the multiple dimensions of quality of care. A combined measure, known as a [composite measure](#) or "roll-up" measure, can summarize overall quality of care across multiple measures through the use of one value or piece of information. Composite measures do require testing in addition to the testing that was performed on the individual measures.

For example, type II diabetes is a major public health threat affecting over [30 million people](#). Diabetes impacts almost every part of the body, including eyes, feet, blood pressure, blood glucose, and cholesterol. While there are several process and outcome measures focused on diabetes quality of care, composite measures can be effective for measuring a holistic understanding of diabetes healthcare quality. Bundling condition-based measures into a composite measure can provide insight into the complexity of a disease such as diabetes. For more information, please see the full [article](#) on the MMS website.

Clinical Measures Inventory Tool (CMIT)

The Centers for Medicare & Medicaid (CMS) has implemented an innovative tool that will provide stakeholders enhanced visibility into the portfolio of CMS measures. The CMS Measures Inventory Tool (CMIT), an interactive web-based application replacing the Excel spreadsheet previously used, provides a comprehensive list of measures that are currently under development, implemented for use, and/or have been removed from a CMS quality program or initiative. CMIT lists each measure by program, dates of measure consideration and implementation, and measure specifications including, but not limited to, numerator, denominator, exclusion criteria, measure type, and National Quality Forum (NQF) endorsement status. CMIT is an innovative approach that will help to prevent duplication of measures and increase alignment across CMS programs. It is an easy to use valuable resource available to various stakeholders, including commercial payers, clinicians, patients, and measure developers. For more information about the CMS Measures Inventory, please visit the [Measures Management System](#) site. To access the tool, please visit CMIT.CMS.gov.



Special Announcements:

CMS Seeking Hospitals to Participate in Measure Development Testing Opportunity

CMS Seeking Hospitals to Participate in Measure Development Testing Opportunity

The Centers for Medicare & Medicaid Services (CMS) is currently seeking hospitals to help test multiple measures of adverse patient safety events that can be improved with high quality care.

Interested hospitals will need to have been electronically capturing the data elements required to calculate one or more of the patient safety measures under development, such as those related to: hypoglycemia, hospital acquired pressure injury, opioid-related adverse events, and acute kidney injury. The testing activities will involve hospital staff speaking with the Mathematica project team about their workflows and the data elements they capture in their electronic health record (EHR). Hospitals will be asked to extract patient-level data from the EHR including all of the data elements required to calculate the measure. Additionally, hospitals will be asked to verify the accuracy of the data elements by abstracting a sample of charts. The de-identified patient-level data will be shared with Mathematica for measure analysis. Hospitals will receive feedback from Mathematica about the success of their data extraction and verification as well as the results from their data including rates of patient harms.

If you are interested in assisting with this activity, please contact Shari Glickman at SGlickman@mathematica-mpr.com or Kirsten Barrett at KBarrett@mathematica-mpr.com.

Nomination Period Open for MACRA Measure Development Plan Technical Expert Panel

Health Services Advisory Group, Inc. (HSAG) is seeking nominations from representatives of the following areas to participate in a Technical Expert Panel (TEP):

- Consumer/patient/family (caregiver) perspective
- Frontline clinicians with experience in: Emergency medicine, neurology, allergy/immunology, rheumatology, or physical medicine and rehabilitation
- Individual clinical practices, medical groups, or accountable care organizations
- Consumer or patient advocacy
- Personal experience receiving care for a neurological condition, a rheumatic disease, asthma or other allergic or immunological disorder, a musculoskeletal disorder, or emergency medical care
- Experience as a family member or caregiver of a person receiving such care
- Clinical quality measurement, including domains such as care coordination, patient safety, appropriate use, and population health and prevention
- Qualified clinical data registries
- Health information technology

This TEP will provide expertise related to measure development for the Quality Payment Program. Nominations close at 11:59 p.m. (ET) December 20, 2017.

Upcoming Events

All times shown are Eastern Time zone

- PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program: A Year in Review and a Look Ahead webinar on December 14, 2017 at 2:00 PM
 - Register for the event [here](#)
- Hospital IQR Program Fiscal Year (FY) 2020 Chart-Abstracted Validation Overview for Randomly Selected Hospitals webinar on December 18, 2017 at 2:00 PM
 - Register for the event [here](#)
- Side-by-Side Comparison of an eCQM for Eligible Hospitals and Critical Access Hospitals (CAHs) Using CQL Webinar on December 18, 2017 at 1:00 - 2:00 PM
 - Register for the event [here](#)
- Side-by-Side Comparison of an eCQM for Eligible Professionals and Eligible Clinicians Using CQL Webinar December 19, 2017 at 1:00-2:00 PM
 - Register for the event [here](#)
- IPFQR Program Manual and Paper Tools Review webinar on December 19, 2017 at 2:00 ET
 - Register for the event [here](#)
- Fiscal Year 2018 Hospital VBP Program, HAC Reduction Program, and HRRP: Hospital Compare Data Update webinar on December 20, 2017 at 2:00 PM
 - Register for the event [here](#)

Upcoming Opportunities

Opportunities for [Public Comment](#) on quality measures

- CMS Quality Measure Development Plan: Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs)
 - Public Comment period opens on November 15, 2017 and closes on December 15, 2017.
- CHIPRA Electronic Clinical Quality Measure Validity Testing 2016
 - Public Comment period opens on November 21, 2017 and closes on December 20, 2017.

Please check the [CMS Quality Measures Public Comment Web Page](#) for current Public Comment announcements and summary reports.

Opportunities to participate in a [Technical Expert Panel \(TEP\)](#)

- CMS Quality Measure Development Plan: Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs)
 - The TEP nomination period opened December 7, 2017 and closes on December 20, 2017.
- Merit-based Incentive Payment System (MIPS) Improvement Activities (IA) Technical Expert Panel (TEP)
 - The TEP nomination period opened December 11, 2017 and closes on January 12, 2017.
- End-Stage Renal Disease Physician Level Measure Development
 - The TEP nomination period opened December 5, 2017 and closes on January 5, 2017.

Please check the [CMS Quality Measures Call for TEP Web Page](#) for current TEP membership lists and meeting summaries.

New to the Listserv?

New to the listserv or missed a month? Find all our announcements as well as printer-friendly versions of past newsletters [here](#).



Please send comments and suggestions to
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