



Measure Management and You

Volume 3, Edition 11

Welcome!

This month’s newsletter provides an overview of how to learn about and get more involved in the measure lifecycle and explains the measure status and definitions in the CMS Measures Inventory Tool (CMIT). 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.

How to Learn About and Get More Involved in the Measure Lifecycle

CMS offers many resources to help you learn more about clinical quality measurement. Whether you’re a measure developer, your work involves measures, or you just want to learn more, you may find the resources below useful to learning more and getting more involved.

- New to measures? Start with the [New to Measures section](#) of the MMS website.
- Already familiar with measure development? Find specific information by exploring dozens of [documents and webinars on the MMS website](#).
- There are several links and resources available that show how measures are developed, managed, and used to improve healthcare:
 - [Blueprint for the CMS Measures Management System \(v. 14.0\)](#)
 - [CMS Measures Inventory Tool](#)
 - [Meaningful Measures Framework](#)
 - [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#)
 - [National Quality Forum \(NQF\)](#)

- There are numerous ways to be a part of the measure lifecycle:
 - [Respond to a Call for Measures](#)
 - [Participate in a Technical Expert Panel \(TEP\)](#)
 - [Share your ideas through Public Comments](#)
- Stay connected to receive news about measures.
 - For general questions, email MMSSupport@battelle.org
 - Keep track of opportunities to participate on the [CMS Resource Calendar](#)
 - Stay up to date with CMS’ [Twitter](#) and [YouTube](#) channels.

Clinical quality measures work best when a diverse group of people provide input. Use these resources to learn more and become part of the efforts to make healthcare better through quality measures. For more information on how to learn about and get more involved, see the [full article](#) on the MMS website.

Measure Statuses and Definitions in CMIT

A measure in the CMS Measures Inventory Tool (CMIT) can have one of 10 different statuses within a program. While it is important to know the

meaning of each measure status, it is also important to know how they relate to each other. Here is how a measure progresses through each status:

1. A measure starts by being **developed**. It can be **discontinued** if for any reason it is no longer being developed for use in a CMS program.
2. Once developed and submitted to the pre-rulemaking process, if a measure is accepted and cleared through the HHS clearance process and published in the annual “Measures Under Consideration” (MUC) list, it then becomes **considered** (see [MUC page](#) on the CMS MMS website for more information). Alternatively, a measure can be **declined** for consideration in a CMS program.
3. A measure then reaches **proposed** status once it has been proposed in a published Federal Rule for possible use in a CMS program.
4. After it is proposed, a measure will be **finalized** when a specific time frame for its publication has been set, otherwise it will be **rescinded** if it will not be used in a CMS program.
5. After being finalized, a measure will either be **implemented** or

suspended. An implemented measure is currently being used in one or more CMS programs. A suspended measure, on the other hand, has been suspended from current use and is no longer implemented in a CMS program.

6. A measure can also be **removed** from use in a CMS program via a Federal

Rule or Call Letter. Most measures in CMIT go through the pre-rulemaking and rule-writing processes, however, there are some programs that have an annual measure update process that uses a published Call Letter. These programs have measures that would not have **considered** or **declined** as a status as they are not submitted through pre-rulemaking.

Additionally, when the measures are actively a part of the program, since the process is slightly different, they will have statuses of **implemented** or **removed**.

The Measures Inventory shows the status of a measure for each program with which it is associated in the “Programs” column. The status is in parenthesis following the program name.

Add to Measure Comparison	Measure Title	Endorsement Status	NQF ID	Programs	Measure Type
<input type="checkbox"/>	3-Item Care Transitions Measure (CTM-3)	Endorsed	022	<ul style="list-style-type: none"> Hospital Compare (Implemented) Hospital Inpatient Quality Reporting (Implemented) Hospital Value-Based Purchasing (Implemented) 	Outcome

Not all measures will have the same status across different programs. It is important to know the differences between each measure status to prevent duplication, ensure that new measures will fill a gap or an unmet need, and to understand when measures will be used in or removed from individual programs. For more information, visit cmit.cms.gov.

Spotlight Announcement

Seeking Practices to Help Test a Measure in Development

The Centers for Medicare & Medicaid Services (CMS) has engaged a contractor to develop and test an electronic clinical quality measure (eCQM) titled, Documentation of a Health Care Partner for Patients with Dementia or Mild Cognitive Impairment. The measure requires that the contact information (email address and/or phone number) of a patient’s health care surrogate or partner is documented in structured fields of the electronic health record (EHR).

The contractor is recruiting practices that would like to help test this eCQM. As testing participants, the contractor will ask practice staff—clinicians and managers—to speak with them about practice staff workflows and the data elements they capture in their EHRs. The contractor will also ask staff to submit an extract of de-identified patient-level data from the EHR for analysis and calculation of the eCQM. In addition, the contractor will ask practices to permit trained chart abstractors to review the data elements in a sample of patient charts.

Practices will receive feedback from the contractor about their data, including how frequently care partners’ contact information is documented in the EHR for patients with dementia or mild cognitive impairment. The contractor will not identify specific practices when they report the results of the data analyses to CMS. The contractor will not be auditing practices’ performance scores reported to CMS quality-reporting programs.

If you would like to help with this activity, please contact Shari Glickman at SGlickman@mathematica-mpr.com or (609) 275-2383 for more information.

Upcoming Events

All times shown are Eastern Time zone

- IRF Payment and Coverage Policies: FY 2019 Final Rule Call on November 15, 2018 at 1:30-3:00 PM
 - Register for the webinar [here](#)
- Specifications Manual for National Hospital Inpatient Quality Measures v5.5a Update on November 15, 2018 at 2:00 PM
 - Register for the webinar [here](#)
- Physician Fee Schedule Final Rule: Understanding 3 Key Topics Call on November 19, 2018 at 2:00 PM
 - Register for the webinar [here](#)
- Electronic Clinical Quality Measure (eCQM) Clinical Quality Language (CQL) Basics Webinar for Eligible Professionals and Eligible Clinicians on November 27, 2018 at 12:00 PM
 - Register for the webinar [here](#)
- Hospital OQR Program Support - Public Reporting and You on November 28, 2018 at 10:00 AM and 2:00 PM
 - Register for the webinar [here](#)
- ONC's 2018 Annual Meeting on November 29 and 30 in Washington, DC
 - Register for the meeting [here](#)

Upcoming Opportunities

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

- Hospital Harm – Severe Hyperglycemia and Medication-Related Bleeding
 - The public comment period opened on October 1, 2018 and closes on November 20, 2018.
- Hospital Outcome Measurement for Patients with Social Risk Factors
 - The public comment period opened on October 29, 2018 and closes on November 30, 2018.
- Development of 90-Day Coronary Artery Bypass Graft (CABG), All-Cause, Risk Standardized Mortality Measure Intended for Use in 90-day Alternate Payment Models
 - The public comment period opened on November 5, 2018 and closes on December 5, 2018.

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 \(TEP\)](#)

- MACRA Episode-Based Cost Measures – Call for Clinical Subcommittee
 - The TEP nomination period closed on March 20th, but nominations are being accepted on a continuous basis.

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 MMSSupport@battelle.org