

## The CMS Meaningful Measures Initiative: Defining the Meaningful Measures Areas

Launched in 2017, CMS’s new comprehensive “[Meaningful Measures](#)” initiative identifies high priority areas for quality measurement and improvement to improve outcomes for patients, their families, and providers while also reducing burden on clinicians and providers.

### Meaningful Measure Areas—Defined

The chart below gives a more detailed description of each of the Meaningful Measure areas, its related quality category, and a brief description.

Meaningful Measure Area	Quality Category	Rationale
Healthcare-Associated Infections	Making Care Safer by Reducing Harm Caused in the Delivery of Care	On any given day, about one in 25 hospital patients has at least one healthcare-associated infection. Prevent healthcare-associated infections that occur in all healthcare settings.
Preventable Healthcare Harm	Making Care Safer by Reducing Harm Caused in the Delivery of Care	Each year, 2.8 million people are treated in emergency departments for fall injuries, with associated costs of \$31 billion. Avoid non-infectious harms like falls and complications like bed sores; harm that occurs during care is a leading cause of significant morbidity and mortality, and occurs in both inpatient and outpatient settings.
Care is Personalized and Aligned with Patient’s Goals	Strengthen Person and Family Engagement as Partners in Their Care	“...researchers have been using goal-attainment scaling for decades to measure the effect of treatment for conditions such as dementia and for comprehensive geriatric assessments.” Ensure the care delivered is in concert with individual goals, aligned with the care plan co-created with their doctor and evidenced by people making informed decisions about their care.
End of Life Care according to Preferences	Strengthen Person and Family Engagement as Partners in Their Care	Fewer than 50% of even severely or terminally ill patients have an advance directive in their medical record. Ensure that care delivered at the end of life is in concert with patient/family preferences, which includes knowing those desires and providing aligned care and services.
Patient’s Experience of Care	Strengthen Person and Family Engagement as Partners in Their Care	Recent average positive reports of healthcare experiences showed variation across a range of factors, for example, from 52% for ‘Care transitions’ to 87% for ‘Discharge information’. Actively engage patients in reporting their experiences including satisfaction with care and staff, and community inclusion.
Patient Functional Status	Strengthen Person and Family Engagement as Partners in Their Care	Slightly more than 15% of adults report physical functioning difficulties. Improve or maintain patient’s quality of life by addressing physical functioning that affects their ability to undertake daily activities most important to them.
Medication Management	Promote Effective Communication and Coordination of Care	Annual healthcare costs in the U.S. from Adverse Drug Events (ADEs) are estimated at \$3.5 billion, resulting in 7,000 deaths annually. Avoid medication errors, drug interactions, and negative side effects by reconciling and tailoring prescriptions to meet the patient’s care needs.



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Admissions and Readmissions to Hospitals	Promote Effective Communication and Coordination of Care	Nearly 1 in 5 Medicare fee-for-service hospital discharges have previously resulted in a readmission within 30 days, accounting for more than \$17 billion in avoidable Medicare expenditures. Prevent unplanned admissions and readmissions to the hospital; unplanned admissions and readmissions have negative impacts on patients, caregivers, and clinical resources, and can be prevented with effective care coordination and communication
Transfer of Health Information and Interoperability	Promote Effective Communication and Coordination of Care	Fewer than 10% of physicians have fully functional Electronic medical record/electronic health record (EMR/EHR) systems. Promote interoperability to ensure current and useful information follows the patient and is available across every setting and at each healthcare interaction.
Preventive Care	Promote Effective Prevention and Treatment of Chronic Disease	Many screening rates, like those for cancer, are below desired levels and reflect disparities across ethnicity/race. Prevent diseases by providing immunizations and evidence-based screenings, and promoting healthy life style behaviors and addressing maternal and child health.
Management of Chronic Conditions	Promote Effective Prevention and Treatment of Chronic Disease	People with multiple chronic conditions account for 93% of total Medicare spending. Promote effective management of chronic conditions, particularly for those with multiple chronic conditions.
Prevention, Treatment, and Management of Mental Health	Promote Effective Prevention and Treatment of Chronic Disease	Annually, 1 in 5 or 43.8 million adults in the U.S. experience mental illness. Diagnosis, prevention and treatment of depression and effective management of mental disorders (e.g., schizophrenia, bipolar disorder), and dementia (e.g., Alzheimer's disease) with emphasis on effective integration with primary care.
Prevention and Treatment of Opioid and Substance Use Disorders	Promote Effective Prevention and Treatment of Chronic Disease	Annually, three out of five drug overdose deaths involve an opioid, resulting in over \$72 billion in medical costs. Ensure screening for and treatment of substance use disorders, including those co-occurring with mental health disorders.
Risk Adjusted Mortality	Promote Effective Prevention and Treatment of Chronic Disease	Heart disease, cancer, and chronic lower respiratory diseases are among the leading causes for death. Reduce mortality rate for patients in all healthcare settings.
Equity of Care	Work with Communities to Promote Best Practices of Healthy Living	In 2015 compared to 1996 children and adults were more likely to visit a health provider. Ensure high quality and timely care with equal access for all patients and consumers, including those with social risk factors, for all health episodes in all settings of care.
Community Engagement	Work with Communities to Promote Best Practices of Healthy Living	It is estimated that a \$10 per person per year investment in community-based programs could save \$16 billion in medical cost savings per year reflective of improved health. Increase the use and quality of home and community-based services (HCBS) to promote public health including a focus on health literacy.
Appropriate Use of Healthcare	Make Care Affordable	Overuse of services is estimated to account for nearly \$300 billion a year in expenditures. Ensure patients receive the care they need while avoiding unnecessary tests and procedures.



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Patient-focused Episode of Care	Make Care Affordable	Approximately 30% of healthcare spending is for services without health benefits to patients. Improve care by optimizing health outcomes and resource use associated with treating acute clinical conditions or procedures.
Risk Adjusted Total Cost of Care	Make Care Affordable	In 2015, Medicaid spent \$545.1 billion and Medicare spent \$646.2 billion, with over 400 Medicare ACOs contributing more than \$466 million in total program savings. Hold healthcare providers accountable for the total costs of care to mitigate out of pocket costs to the patient, lower costs to the Medicare program, ensure efficient use of high value services, improve the quality of care, and safeguard the future of services and programs, with a focus on price transparency and continual improvements in quality.

## Next Steps

There are three dimensions to the implementation of Meaningful Measure areas:

1. Conduct thorough review of existing measures and remove ones that don't meet criteria;
2. Analyze measure sets to identify gaps based on the Meaningful Measures Framework; focus any new measures on filling these gaps and moving from lower value process measures towards higher value measures such as outcome measures; and
3. Work with clinicians, providers, registries, EHR vendors and other federal stakeholders to advance measurement systems to lower burden particularly around the area of reporting.

Additionally, there will be ongoing efforts to receive stakeholder input to further improve the Meaningful Measures Framework, work across CMS components to implement the Framework, and evaluate current measure sets to inform measure development.

## For More Information

Visit the CMS Website: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html>

