

Meaningful Measures Framework Across CMS Drawn from Multiple National Priorities and Programs' Feedback

Meaningful Measures Areas	Elevator Speech—Magnitude and meaning to beneficiaries, families, and caregivers for both their health and well-being	Illustrative Quality Measures and Initiatives—Currently in Use	Illustrative Quality Measures and Initiatives—Planned for Future Use ¹
MAKE CARE SAFER BY REDUCING HARM CAUSED IN THE DELIVERY OF CARE			
Healthcare-Associated Infections	On any given day, about one in 25 hospital patients has at least one healthcare-associated infection. ⁱⁱ Prevent healthcare-associated infections that occur in all healthcare settings.	<p>Hospital-Acquired Condition Reduction Program (HACRP):</p> <ul style="list-style-type: none"> • Central Line-Associated Bloodstream Infection (CLABSI) • Catheter-Associated Urinary Tract Infection (CAUTI) • Surgical Site Infection (SSI) – Colon and Hysterectomy • Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia • Clostridium Difficile Infection (CDI) <p>Long-Term Care Hospital and Inpatient Rehabilitation Facility Quality Reporting Programs (LTCH, IRF QRP):</p> <ul style="list-style-type: none"> • Central Line-Associated Bloodstream Infection (CLABSI) [only implemented in LTCH QRP] • Catheter-Associated Urinary Tract Infection (CAUTI) • NHSN Facility-Wide Inpatient Hospital-Onset Clostridium Difficile infection (CDI) Outcome Measure • NHSN Ventilator-associated Event (VAE) Outcome Measure [Only in implemented in LTCH QRP] <p>Hospital Inpatient Quality Reporting (IQR) Program:</p> <ul style="list-style-type: none"> • Surgical Site Infections (SSI) <p>Medicaid & CHIP:</p> <ul style="list-style-type: none"> • Central Line-Associated Bloodstream Infection (CLABSI) • Pediatric Central Line-Associated Bloodstream Infections Neonatal Intensive Care Unit and Pediatric Intensive Care Unit (CLABSI) 	<p>Hospital-Acquired Condition Reduction Program (HACRP):</p> <ul style="list-style-type: none"> • Measures that address adverse drug events during the inpatient stay and ventilator-associated events. • Additional surgical site infection locations that are not already covered within an existing measure in the program. • Outcome risk-adjusted measures that capture outcomes from hospital-acquired conditions and are risk-adjusted to account for patient and/or facility differences (e.g., multiple comorbidities, patient care location). <p>Hospital Inpatient Quality Reporting (IQR) Program:</p> <ul style="list-style-type: none"> • Measures that focus on important outcomes, including safety. <p>Quality Improvement Organizations</p> <ul style="list-style-type: none"> • Strategies for person-centered, comprehensive HAC reduction that target, among others, reducing central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), Clostridium difficile (C. diff) infections and ventilator-associated events.
Preventable Healthcare Harm	Each year, 2.8 million people are treated in emergency departments for fall injuries, with associated costs of \$31 billion. ⁱⁱⁱ 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,	<p>Post-Acute Care Quality Reporting Programs (IRF, LTCH, SNF, HH):</p> <ul style="list-style-type: none"> • Percent of Patients or Residents with Pressure Ulcers that are New or Worsened <p>Home Health Quality Reporting Program (HH QRP):</p> <ul style="list-style-type: none"> • Multifactor Fall Risk Assessment Conducted for All Patient Who Ambulate <p>Hospital Inpatient Quality Reporting (IQR) Program:</p> <ul style="list-style-type: none"> • Hospital Survey on Patient Safety Culture 	<p>Post-Acute Care Quality Reporting Programs (IRF, LTCH, SNF, HH):</p> <ul style="list-style-type: none"> • Patient safety is an important priority measurement area for post-acute care. In order to align patient safety concepts, the IMPACT Act delineates the implementation of quality measures that assess falls with major injuries and new and worsened pressure ulcers. <p>Hospital-Acquired Condition Reduction Program (HACRP):</p> <ul style="list-style-type: none"> • Measures that address diagnostic errors such as harm from receiving improper tests or treatment, harm from not receiving

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	and occurs in both inpatient and outpatient settings.	Medicare Shared Savings Program (MSSP): <ul style="list-style-type: none"> • Falls: Screening for Future Fall Risk Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program: <ul style="list-style-type: none"> • Hours of Physical Restraint Use • Hours of Seclusion Use Medicaid & CHIP: <ul style="list-style-type: none"> • Home and Community Based Services CAHPS • Early Elective Delivery • Antenatal Steroids 	proper tests or treatment, harm from failure to diagnose, or harm from improper diagnosis. <ul style="list-style-type: none"> • Measures that address causes of hospital harm such as an all-cause harm measure or a measure that encompasses multiple harms.
STRENGTHEN PERSON AND FAMILY ENGAGEMENT AS PARTNERS IN THEIR CARE			
Care is Personalized and Aligned with Patient's¹ Goals	“An alternative approach to better care focuses on [patient goals]...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”. ^{iv} Ensure the care delivered is in concert with individuals’ goals, aligned with the care plan co-created with their doctor and evidenced by people making informed decisions about their care.	Quality Payment Program (QPP): <ul style="list-style-type: none"> • Care Plan 	<i>Critical gap area to be addressed as part of Meaningful Measures Initiative</i>
End of Life Care according to Preferences	Fewer than 50% of even severely or terminally ill patients have an advance directive in their medical record. ^v Ensure that care delivered	Hospice Quality Reporting Program (HQR): <ul style="list-style-type: none"> • Percentage of Patient Stays with Chart Documentation that the Hospice Discussed (or Attempted to Discuss) Preference for Life Sustaining Treatments 	Hospice Quality Reporting Program (HQR): <ul style="list-style-type: none"> • Measurement of goal attainment is naturally linked to determining patient/family preferences. Quality care in hospice should address

¹ The word “patient” is often used as shorthand to comprise patients, families, caregivers, and consumers more broadly. This term is also used to include persons receiving support services, such as those with disabilities. This description is cited from the NQF Patient Reported Outcomes in Performance Measurement Report available at: <https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=72537>

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	at the end of life is in concert with patient/family preferences, which includes knowing those desires and providing aligned care and services.	<ul style="list-style-type: none"> • Hospice Visits while Death is Imminent • Beliefs/Values Address (if desired by the patient) • Treatment Preferences 	<p>not only establishing what the patient/family desires but also providing care and services in line with those preferences.</p> <ul style="list-style-type: none"> • Measures, preferably outcome, of medication management, provision of bereavement services, patient care preferences, symptom management.
Patient's Experience of 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'. ^{vi} Actively engage patients in reporting their experiences including satisfaction with care and staff, and community inclusion.	<p>End-Stage Renal Disease Quality Incentive Program (ESRD QIP):</p> <ul style="list-style-type: none"> • CAHPS In-Center Hemodialysis Survey <p>Medicare Shared Savings Program (MSSP):</p> <ul style="list-style-type: none"> • CAHPS for ACOs Survey <p>Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program:</p> <ul style="list-style-type: none"> • Assessment of Patient Experience of Care <p>Medicaid & CHIP:</p> <ul style="list-style-type: none"> • Home and Community Based Services CAHPS • Health Plan CAHPS 	<p>Ambulatory Surgical Center</p> <ul style="list-style-type: none"> • Outpatient and Ambulator Surgery Patient Experience of Care Survey (O/ASPECS) Before Procedure
Patient Reported Functional Outcomes	With total knee replacement among the top five most frequent inpatient procedures, more than 50% of inpatients are being discharged home. ^{vii} Improve or maintain patients' quality of life by addressing physical functioning that affects their ability to undertake daily activities most important to them.	<p>Quality Payment Program (QPP):</p> <ul style="list-style-type: none"> • Functional Status Assessment for Total Hip Replacement • Functional Status Assessment for Total Knee Replacement <p>PAC specific functional QMs (Examples listed: HH QRP, LTCH QRP):</p> <ul style="list-style-type: none"> • Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support (LTCH QRP) • Improvement in Ambulation (HH QRP) • Improvement in Bed Transfer (HH QRP) • Improvement in Bathing (HH QRP) 	<p>Quality Payment Program (QPP):</p> <ul style="list-style-type: none"> • Focus on patient reported outcome measures (PROMs). Person or family-reported experiences of being engaged as active members of the health care team and in collaborative partnerships with providers and provider organizations. <p>End-Stage Renal Disease Quality Incentive Program (ESRD QIP):</p> <ul style="list-style-type: none"> • Measures addressing issues such as physical function, independence, and cognition. Quality of Life measures should also consider the life goals of the patient where feasible, to the point of including Patient-Reported Outcomes. <p>Post-Acute Care Quality Reporting Programs (IRF, LTCH, SNF, HH):</p> <ul style="list-style-type: none"> • The IMPACT Act delineates the implementation of quality measures that assess functional status, cognitive function, and changes in function and cognitive function.

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			<ul style="list-style-type: none"> • Use of the Patient-Reported Outcomes Measurement Information System (PROMIS) to increase use of patient-reported outcomes across settings.
PROMOTE EFFECTIVE COMMUNICATION AND COORDINATION OF CARE			
Medication Management	Annual health care costs in the U.S. from Adverse Drug Events (ADEs) are estimated at \$3.5 billion, resulting in 7,000 deaths annually. ^{viii} Avoid medication errors, drug interactions, and negative side effects by reconciling and tailoring prescriptions to meet the patient's care needs.	Post-Acute Care Quality Reporting Programs (IRF, LTCH, SNF, HH): <ul style="list-style-type: none"> • Drug Regimen Review Conducted with Follow-Up for Identified Issues Health Insurance Marketplace Quality Rating System (QRS) <ul style="list-style-type: none"> • Annual Monitoring for Patients on Persistent Medications (MPM) Home Health Quality Reporting Program (HH QRP): <ul style="list-style-type: none"> • Drug Education on all Medications Provided to Patient/Caregiver Quality Payment Program (QPP): <ul style="list-style-type: none"> • Use of High Risk Medications in the Elderly Medicare Shared Savings Program (MSSP): <ul style="list-style-type: none"> • Medication Reconciliation Post-Discharge Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program: <ul style="list-style-type: none"> • Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (HBIPS-5) Medicaid & CHIP: <ul style="list-style-type: none"> • Medication Management for People with Asthma • Use of Multiple Concurrent Antipsychotics in Children and Adolescents • Annual Monitoring for Patients on Persistent Medications Value Modifier program: <ul style="list-style-type: none"> • CAHPS for PQRS (optional) • CAHPS for ACOs 	End-Stage Renal Disease Quality Incentive Program (ESRD QIP): <ul style="list-style-type: none"> • ESRD patients constitute a vulnerable population that depends on a large quantity and variety of medication, as well as frequent utilization of multiple providers, suggesting medication reconciliation is a critical issue. Post-Acute Care Quality Reporting Programs (IRF, LTCH, SNF, HH): <ul style="list-style-type: none"> • The IMPACT Act delineates the implementation of quality measures in the domain of medication reconciliation.
Admissions and Readmissions to Hospitals	Nearly 1 in 5 Medicare fee-for-service hospital discharges have previously resulted in a readmission	End-Stage Renal Disease Quality Incentive Program (ESRD QIP): <ul style="list-style-type: none"> • Standardized Hospitalization Ratio for Admissions • Standardized Readmission Ratio (SRR) Clinical Measure 	Hospital Readmission Reduction Program (HRRP): <ul style="list-style-type: none"> • Measures that address high impact conditions identified by the Medicare Payment Advisory Commission or the Agency for

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	<p>within 30 days^x, accounting for more than \$17 billion in avoidable Medicare expenditures. ^x 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.</p>	<p>Hospital Readmission Reduction Program (HRRP):</p> <ul style="list-style-type: none"> • 30-day Risk Standardized Readmission Measures for Acute Myocardial Infarction, Heart Failure, Pneumonia, Chronic Obstructive Pulmonary Disease, Elective Primary Total Hip and/or Total Knee Arthroplasty, Coronary Artery Bypass Graft Surgery <p>Quality Payment Program (QPP):</p> <ul style="list-style-type: none"> • All-Cause Hospital Readmission • Unplanned Hospital Readmission within 30 Days of Principal Procedure <p>Home Health Quality Reporting Program (HH QRP):</p> <ul style="list-style-type: none"> • Rehospitalization during the First 30 Days of Home Health • Acute Care Hospitalizations <p>Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP):</p> <ul style="list-style-type: none"> • Potentially Preventable 30-Day Post-Discharge Readmission Measure for IRF QRP <p>Long-Term Care Quality Reporting Program (LTCH QRP):</p> <ul style="list-style-type: none"> • Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) <p>Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) Program:</p> <ul style="list-style-type: none"> • Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility • Follow-up After Hospitalization for Mental Illness <p>Medicaid & CHIP:</p> <ul style="list-style-type: none"> • Diabetes Short Term Complications Admissions Rate • COPD or Asthma in Older Adults Admission Rate • Heart Failure Admission Rate • Asthma in Younger Adults Admission Rate • Plan all-cause readmissions 	<p>Healthcare Research and Quality Healthcare Cost and Utilization Project reports.</p> <p>Ambulatory Surgical Center Quality Reporting (ASCQR) Program:</p> <ul style="list-style-type: none"> • Measures to reduce unexpected hospital/emergency visits and admissions. <p>Quality Improvement Organizations</p> <ul style="list-style-type: none"> • Ongoing readmission reduction efforts through community-based coalitions of acute and post-acute providers, practitioners, long-term care services and supports, patients and their advocates, and other local stakeholders.

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		Medicare Shared Savings Program (MSSP): <ul style="list-style-type: none"> • Risk-Standardized, All-Condition Readmission • All-Cause Unplanned Admissions for Patients with Diabetes • All-Cause Unplanned Admissions for Patients with Heart Failure • All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions • Ambulatory Sensitive Condition Acute Composite (AHRQ Prevention Quality Indicator (PQI) #91 • Skilled Nursing Facility 30-Day All-Cause Readmission Measures (SNFRM) 	
Transfer of Health Information and Interoperability	Fewer than 10% of physicians have fully functional Electronic medical record/electronic health record (EMR/EHR) systems. ^{xi} Promote interoperability to ensure current and useful information follows the patient and is available across every setting and at each healthcare interaction.	Hospital Outpatient Quality Reporting (HOQR) Program: <ul style="list-style-type: none"> • The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program: <ul style="list-style-type: none"> • Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) • Timely Transmission of Transition Record (Discharge from an Inpatient Facility to Home/Self Care or Any Other Site of Care) • Use of an Electronic Health Record Electronic Health Records (EHR) Incentive Programs (Meaningful Use): <ul style="list-style-type: none"> • Patient Electronic Access Measure 1: Patient access view, download, or transmit • Patient Electronic Access Measure 2: View, download, or transmit to a third party Medicare Shared Savings Program (MSSP): <ul style="list-style-type: none"> • Use of Certified EHR Technology 	Post-Acute Care Quality Reporting Programs (IRF, LTCH, SNF, HH): <ul style="list-style-type: none"> • Under development: Transfer of Information at Post-Acute Care Admission, Start, or Resumption of Care from Other Providers/Settings • Under development: Transfer of Information at Post-Acute Care Discharge or End of Care to Other Providers/Settings Hospital Outpatient Quality Reporting (HOQR) Program: <ul style="list-style-type: none"> • Measures to embed best practices to manage transitions across practice settings. • Measures to enable effective health care system navigation. Quality Improvement Organizations <ul style="list-style-type: none"> • Ongoing promotion of implementation of Electronic Health Records
PROMOTE EFFECTIVE PREVENTION AND TREATMENT OF CHRONIC DISEASE			
Preventive Care	Many screening rates, like those for breast (72%), cervical (83%), and	Home Health Quality Reporting Program (HH QRP): <ul style="list-style-type: none"> • Influenza Immunization Received for Current Flu Season 	Ambulatory Surgical Center Quality Reporting (ASCQR) Program:

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	<p>colorectal (59%) cancers, are below desired levels and reflect disparities across ethnicity/race^{xii}. Prevent diseases by providing immunizations and evidence-based screenings, and promoting healthy life style behaviors and addressing maternal and child health.</p>	<p>Quality Payment Program (QPP):</p> <ul style="list-style-type: none"> • Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented • Age Appropriate Screening Colonoscopy <p>Medicare Shared Savings Program (MSSP):</p> <ul style="list-style-type: none"> • Preventive Care and Screening: Influenza Immunization • Pneumonia Vaccination Status for Older Adults • Preventive Care and Screening: Body Mass Index Screening and Follow-Up • Colorectal Cancer Screening • Breast Cancer Screening <p>Hospital Inpatient Quality Reporting (IQR) Program:</p> <ul style="list-style-type: none"> • Influenza Immunization (IMM-2) <p>Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program:</p> <ul style="list-style-type: none"> • Influenza Vaccination Coverage Among Healthcare Personnel • Screening for Metabolic Disorders <p>Medicaid & CHIP:</p> <ul style="list-style-type: none"> • Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents • Well-Child Visits in the First 15 Months of Life (6 or More Visits) • Timeliness of Prenatal Care (PPC) • Contraceptive Care-Postpartum Women ages 15-44 • Dental Sealants • Screening (chlamydia, cervical cancer, breast cancer) • Immunizations (child, adolescent, adult) 	<ul style="list-style-type: none"> • Measures to increase appropriate use of screening and prevention services. <p>Hospital Outpatient Quality Reporting (HOQR) Program:</p> <ul style="list-style-type: none"> • Measures that focus on primary prevention of disease or general screening for early detection of disease unrelated to a current or prior condition. <p>Quality Payment Program (QPP):</p> <ul style="list-style-type: none"> • HIV Screening. • HIV Screening for Patients with a Sexually Transmitted Infection (STI).
<p>Management of Chronic Conditions</p>	<p>People with multiple chronic conditions account for 93% of total Medicare spending.^{xiii} Promote effective management of chronic conditions, particularly for those with multiple chronic conditions.</p>	<p>Quality Payment Program (QPP):</p> <ul style="list-style-type: none"> • Adult Kidney Disease: Blood Pressure Management • Osteoporosis Management in Women Who Had a Fracture • Dementia: Management of Neuropsychiatric Symptoms • Diabetes: Hemoglobin A1c Poor Control (>9%) 	<p>Ambulatory Surgical Center Quality Reporting (ASCQR) Program:</p> <ul style="list-style-type: none"> • Measures which will improve the quality of care for patients with multiple chronic conditions.

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		<p>Medicaid & CHIP:</p> <ul style="list-style-type: none"> • Hemoglobin A1c Test for Pediatric Patients (eCQM) • Controlling High Blood Pressure • HIV Viral Load Suppression <p>Medicare Shared Savings Program (MSSP):</p> <ul style="list-style-type: none"> • Diabetes Mellitus: Hemoglobin A1c Poor Control • Diabetes: Eye Exam • Hypertension: Controlling High Blood Pressure • Statin Therapy for the Prevention and Treatment of Cardiovascular Disease • Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic 	
<p>Prevention, Treatment, and Management of Mental Health</p>	<p>Annually, 1 in 5 or 43.8 million adults in the U.S. experience mental illness.^{xiv} 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.</p>	<p>Health Insurance Marketplace Quality Rating System (QRS)</p> <ul style="list-style-type: none"> • Anti-Depressant Medication Management <p>Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program:</p> <ul style="list-style-type: none"> • Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification • Follow-Up After Hospitalization for Mental Illness <p>Quality Payment Program (QPP):</p> <ul style="list-style-type: none"> • Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan • Adherence to Antipsychotic Medications for Individuals with Schizophrenia <p>Medicare Shared Savings Program (MSSP):</p> <ul style="list-style-type: none"> • Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan • Depression Remission at 12 Months <p>End-Stage Renal Disease Quality Incentive Program (ESRD QIP):</p> <ul style="list-style-type: none"> • Clinical Depression Screening and Follow-Up Reporting Measure <p>Medicaid & CHIP:</p> <ul style="list-style-type: none"> • Antidepressant Medication Management 	<p>Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program:</p> <ul style="list-style-type: none"> • Quality of prescribing for antipsychotics and antidepressants. <p>Quality Payment Program (QPP):</p> <ul style="list-style-type: none"> • Cognitive Impairment Assessment Among Older Adults (75 Years and Older). <p>Transforming Clinical Practice Initiative Awards</p> <ul style="list-style-type: none"> • Ongoing alignment network to create a collaborative for emergency clinicians to coordinate with psychiatry and primary care providers on patient’s mental health needs

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		<ul style="list-style-type: none"> • Adherence to Antipsychotics for Individuals with Schizophrenia • Follow-up care for children prescribed ADHD medication • Use of first-line psychosocial care for children and adolescents on antipsychotics 	
Prevention and Treatment of Opioid and Substance Use Disorders	Annually, three out of five drug overdose deaths involve an opioid ^{xv} , resulting in over \$72 billion in medical costs. ^{xvi} Ensure screening for and treatment of substance use disorders, including those co-occurring with mental health disorders.	Quality Payment Program (QPP): <ul style="list-style-type: none"> • Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling • Documentation of Signed Opioid Treatment Agreement Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program: <ul style="list-style-type: none"> • Alcohol Use Screening • Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB–3a Alcohol and Other Drug Use Disorder Treatment at Discharge Medicaid & CHIP: <ul style="list-style-type: none"> • Initiation and Engagement of Alcohol and Other Drug Dependence Treatment • Use of opioids at high dosage 	Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program: <ul style="list-style-type: none"> • Screening and treatment for non-psychiatric comorbid conditions for which patients with mental or substance use disorders are at higher risk. • Appropriate monitoring for adverse events of opioid and psychiatric medications Medicaid & CHIP <ul style="list-style-type: none"> • Counseling regarding pharmacological treatment for opioid dependence
Risk Adjusted Mortality	Heart disease, cancer, and chronic lower respiratory diseases are among the leading causes for death ^{xvii} . Reduce mortality rate for patients in all healthcare settings.	Quality Payment Program (QPP): <ul style="list-style-type: none"> • Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft (CABG) Hospital Value-Based Purchasing (HVBP): <ul style="list-style-type: none"> • Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization 	End-Stage Renal Disease Quality Incentive Program (ESRD QIP): <ul style="list-style-type: none"> • ESRD patients are frequently immune-compromised, and experience high rates of blood stream infections, vascular access-related infections, and mortality.
WORK WITH COMMUNITIES TO PROMOTE BEST PRACTICES OF HEALTHY LIVING			
Equity of Care	Nearly 40 million persons in the United States have a disability with disparities in age, ethnicity, and socio-economic status ^{xviii} . Ensure high quality and timely care with equal access for all patients and consumers, including those with	Hospital Readmission Reduction Program (HRRP): <ul style="list-style-type: none"> • Stratification of hospitals into quintiles (five peer groups), creating peer groups that reflect the proportion of dual eligibles in the hospital's population 	Ambulatory Surgical Center Quality Reporting (ASCQR) Program: <ul style="list-style-type: none"> • Measures to improve behavioral health access and quality of care. End-Stage Renal Disease Quality Incentive Program (ESRD QIP): <ul style="list-style-type: none"> • Access to kidney transplants.

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	social risk factors, for all health episodes in all settings of care.		
Community Engagement	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. ^{xix} Increase the use and quality of home and community-based services (HCBS) to promote public health including a focus on health literacy.	Post-Acute Care Quality Reporting Programs (SNF, IRF, LTCH, HH): <ul style="list-style-type: none"> Discharge to Community-Post Acute Care 	Post-Acute Care Quality Reporting Programs (IRF, LTCH, SNF, HH): <ul style="list-style-type: none"> The IMPACT Act delineates the implementation of resource use and other measures including a discharge to the community measure.
MAKE CARE AFFORDABLE			
Appropriate Use of Healthcare	Overuse of services is estimated to account for nearly \$300 billion a year in expenditures. ^{xx} Ensure patients receive the care they need while avoiding unnecessary tests and procedures.	Health Insurance Marketplace Quality Rating System (QRS) <ul style="list-style-type: none"> Appropriate Treatment for Children with Upper Respiratory Infection Quality Payment Program (QPP): <ul style="list-style-type: none"> Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse) Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis Medicaid & CHIP: <ul style="list-style-type: none"> Caesarean Section ED Visits Medicare Shared Savings Program (MSSP): <ul style="list-style-type: none"> Use of Imaging Studies for Low Back Pain Hospital Value-Based Purchasing: <ul style="list-style-type: none"> Medicare Spending per Beneficiary measure 	Quality Payment Program (QPP): <ul style="list-style-type: none"> Measures that address appropriate use of services, including measures of overuse. Appropriate Use of DEXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture.
Patient-focused Episode of Care	Approximately 30% of healthcare spending is for services without health benefits to patients. ^{xxi} Improve care by optimizing health	Hospital Inpatient Quality Reporting (HIQR) Program: <ul style="list-style-type: none"> Spinal Fusion Clinical Episode-Based Payment (SFusion Payment) Measure 	Quality Payment Program (QPP): <ul style="list-style-type: none"> Measures addressing the affordability of healthcare including unnecessary health services and inefficiencies in health care delivery.

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	<p>outcomes and resource use associated with treating acute clinical conditions or procedures.</p>	<ul style="list-style-type: none"> • Aortic Aneurysm Procedure Clinical Episode-Based Payment Measure • Cholecystectomy and Common Duct Exploration Clinical Episode-Based Payment Measure • Kidney/Urinary Tract Infection Clinical Episode-Based Payment measure • Cellulitis Clinical Episode-Based Payment measure • Gastrointestinal Hemorrhage Clinical Episode-Based Payment measure • Hospital-Level Risk-Standardized Payment Associated with A 30-Day Episode-Of-Care for Acute Myocardial Infarction (AMI) • Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty <p>Hospital Value-Based Purchasing (HVBP) Program:</p> <ul style="list-style-type: none"> • Hospital-level, Risk-Standardized Payment Associated with a 30-day Episode-of-Care for Heart Failure (HF) <p>Quality Payment Program (QPP):</p> <ul style="list-style-type: none"> • Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2) • Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2) <p>Post-Acute Care Quality Reporting Programs (IRF, LTCH, SNF, HH):</p> <ul style="list-style-type: none"> • Medicare Spending Per Beneficiary- PAC 	<p>Post-Acute Care Quality Reporting Programs (IRF, LTCH, SNF, HH):</p> <ul style="list-style-type: none"> • The IMPACT Act delineates the implementation of resource use and other measures including a Medicare Spending per Beneficiary measure. <p>Medicaid & CHIP:</p> <ul style="list-style-type: none"> • Several value-based payment initiatives underway through Division of Quality, Innovation Accelerator Program, State Demonstrations and Waivers, and Medicaid Managed Care including but not limited to bundled or episode-based payments
<p>Risk Adjusted Total Cost of Care</p>	<p>In 2015, Medicaid spent \$545.1 billion and Medicare spent \$646.2 billion, with over 400 Medicare ACOs contributing more than \$466 million</p>	<p>Center for Medicare and Medicaid Innovation:</p> <ul style="list-style-type: none"> • Maryland All-Payer Model • Oncology Care Model • Comprehensive Primary Care Plus Model 	<p><i>Critical gap area to be addressed as part of Meaningful Measures Initiative</i></p>

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Meaningful Measures Areas	Elevator Speech—Magnitude and meaning to beneficiaries, families, and caregivers for both their health and well-being	Illustrative Quality Measures and Initiatives—Currently in Use	Illustrative Quality Measures and Initiatives—Planned for Future Use ⁱ
	<p>in total program savings.^{xxii} 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.</p>	<p>Physician Value Modifier Program:</p> <ul style="list-style-type: none"> • Total per Capita Cost for All Attributed Beneficiaries measure • Total Per Capita Costs for Beneficiaries with Specific Conditions measures: <ul style="list-style-type: none"> ○ diabetes ○ coronary artery disease ○ chronic obstructive pulmonary disease ○ heart failure 	

ⁱ Includes CMS measure related initiatives that are underway or planned to achieve the intermediary “Big Dot” and subsequent National Priority. Initiatives can include Measures Under Consideration, payment initiatives, and rule language.

ⁱⁱ Centers for Disease Control and Prevention. “Healthcare-associated Infections,” Available: <https://www.cdc.gov/hai/surveillance/>

ⁱⁱⁱ Centers for Disease Control and Prevention. “Home and Recreational Safety,” Available: <https://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>

^{iv} Reuben, D.B. & Tinetti, M.E. (2012). “Goal-Oriented Patient Care—An Alternative Health Outcomes Paradigm,” Available: <http://www.nejm.org/doi/citedby/10.1056/NEJMp1113631#t=citedby>

^v Centers for Disease Control and Prevention. “Advance Care Planning: Ensuring Your Wishes are Known and Honored If you are Unable to Speak for Yourself,” Available: <https://www.cdc.gov/aging/pdf/advanced-care-planning-critical-issue-brief.pdf>

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^{vii} Centers for Disease Control and Prevention. “Cancer Screenings in the United States,” Available: https://www.cdc.gov/cancer/dcpc/research/articles/screening_us.htm

^{viii} Centers for Medicare & Medicaid Services (2016, July). “Measure Specifications for Measures Adopted in the FY 2017 IRF QRP Final Rule,” Available: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/Measure-Specifications-for-FY17-IRF-QRP-Final-Rule.pdf>

^{ix} Y. Gorina, L. A. Pratt, E. A. Kramarow, and N. Elgaddal, “Hospitalization, Readmission, and Death Experience of Noninstitutionalized Medicare Fee-for-service Beneficiaries Aged 65 and Over,” National Health Statistics Report, CDC Available: <https://www.cdc.gov/nchs/data/nhsr/nhsr084.pdf>

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^{xii} Centers for Disease Control and Prevention. “Cancer Screening in the United States,” Available: https://www.cdc.gov/cancer/dcpc/research/articles/screening_us.htm

^{xiii} Centers for Disease Control and Prevention. “Multiple Chronic Conditions,” Available: <https://www.cdc.gov/chronicdisease/about/multiple-chronic.htm>

^{xiv} National Alliance on Mental Illness. “Mental Health by the Numbers,” Available: <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>

^{xv} Centers for Disease Control and Prevention. “Opioid Overdose,” Available: <https://www.cdc.gov/drugoverdose/data/index.html>

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^{xvi} Centers for Disease Control and Prevention. "Addressing Prescription Drug Abuse in the United States, Current Actions and Future Opportunities," Available:

https://www.cdc.gov/drugoverdose/pdf/hhs_prescription_drug_abuse_report_09.2013.pdf

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^{xviii} Centers for Disease Control and Prevention. "Adults with One or More Functional Disabilities—United States, 2011-2014," Available: <https://www.cdc.gov/mmwr/volumes/65/wr/mm6538a1.htm>

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