

ADVANCE THE DOCUMENTATION JOURNEY

And Explore the Challenges of a Complex Healthcare Environment



Meaningful Measures

Presented by: Maria Durham, Director, Division of Program and Measurement Support, Quality Measurement and Value-Based Incentives Group, Centers for Medicare & Medicaid Services





Discussion Topics

- Introduction
- Meaningful Measures
 - New Approach to Meaningful Outcomes
 - Four Strategic Goals
 - Objectives
 - Framework
 - Progress to Date
 - Next Steps
 - Resources
- Question & Answer Session



Introduction

- **Primary goal of Administration:** Remove obstacles that get in the way of the time clinicians spend with their patients
- **Patients Over Paperwork**
 - Shows CMS's commitment to patient-centered care and improving beneficiary outcomes
 - Includes several major tasks aimed at reducing burden for clinicians
 - Motivates CMS to evaluate its regulations to see what could be improved





A New Approach to Meaningful Outcomes

What is Meaningful Measures Initiative?

Launched in 2017, the purpose of the Meaningful Measures initiative is to:

- Improve outcomes for patients
- Reduce data reporting burden and costs on clinicians and other health care providers
- Focus CMS's quality measurement and improvement efforts to better align with what is most meaningful to patients



A New Approach to Meaningful Outcomes

Why Implement the Meaningful Measures Initiative?

- There are too many measures and disparate measures
- Administrative burden of reporting
- Lack of simplified ways to focus on critical areas that matter most for clinicians and patients



Empower patients and doctors to make decisions about their health care



Usher in a new era of state flexibility and local leadership

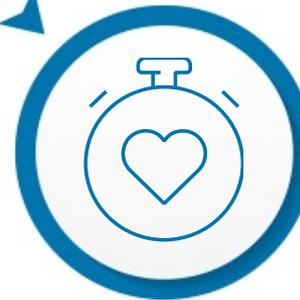


Meaningful Measures:
Guided by
Four Strategic Goals

Support innovative approaches to improve quality, accessibility, and affordability



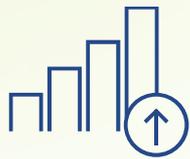
Improve the CMS customer experience





Meaningful Measures Objectives

Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help identify measures that:



Address high-impact measure areas that safeguard public health



Are patient-centered and meaningful to patients, clinicians and providers



Are outcome-based where possible



Fulfill requirements in programs' statutes



Minimize level of burden for providers



Identify significant opportunity for improvement



Address measure needs for population based payment through alternative payment models



Align across programs and/or with other payers

Meaningful Measures Framework

Meaningful Measure Areas Achieve



- High quality healthcare
- Meaningful outcomes for patients

Quality Measures



Criteria meaningful for patients and actionable for providers

Draws on measure work by:

- Health Care Payment Learning and Action Network
- National Quality Forum-*High Impact Outcomes*
- National Academy of Medicine –
IOM Vital signs Core Metrics

Includes perspectives from experts and external stakeholders:

- Core Quality Measures Collaborative
- Agency for Healthcare Research and Quality
- Many other external stakeholders



Vision for Quality Reporting

KEY LEVERS

Engage Patients and Providers

- Measures development begins from a person-centered perspective
- Involve patients and caregivers in measure development and public reporting efforts
- Involve first-line health care professionals on the front line are involved in measure development, implementation, and data feedback processes

Strengthen/Facilitate Interoperability

- Ongoing, timely information is provided to health care professionals
- Data collection and exchange is low burden
- Quality measure data is fed into planning and implementation of quality improvement initiatives

Optimize Public Reporting

- Relevant, actionable data is accessible to a variety of audiences
- Patients and caregivers have access to data

Aligned Measure Portfolio

- An enterprise-wide strategy for measure selection focuses on patient-centered, outcome, and longitudinal measures
- Infrastructure supports development of health IT enabled measures

Aligned Quality Reporting and Value-based Purchasing

- Aligned and streamlined policies and processes for quality reporting and value based purchasing programs
- CMS demonstration programs have flexibility to test innovative models, while maintaining a desired end state of alignment with legacy CMS programs

Promote Effective Communication & Coordination of Care



MEANINGFUL MEASURE AREAS:

MEDICATION MANAGEMENT

Measures

Use of High Risk Medications in the Elderly - [QPP](#)

Medication Reconciliation Post-Discharge - [MSSP](#)

Annual Monitoring for Patients on Persistent Medications (MPM) - [QRS](#)

Drug Regimen Review Conducted with Follow-Up for Identified Issues - [IRF QRP](#), [LTCH QRP](#), [SNF QRP](#), [HH QRP](#)

ADMISSIONS AND READMISSIONS TO HOSPITALS

Measures

Standardized Readmission Ratio (SRR) - [ESRD QIP](#)

Plan All-Cause Readmissions - [Medicaid & CHIP](#)

TRANSFER OF HEALTH INFORMATION AND INTEROPERABILITY

Measures

Use of an Electronic Health Record - [IPFQR](#), [QIO](#)

Programs Using Illustrative Measures

Quality Payment Program ([QPP](#))

Medicare Shared Savings Program ([MSSP](#))

Health Insurance Marketplace Quality Rating System ([QRS](#))

Inpatient Rehabilitation Facility Quality Reporting Program ([IRF QRP](#))

Skilled Nursing Facility Quality Reporting Program ([SNF QRP](#))

Long-Term Care Hospital Quality Reporting Program ([LTCH QRP](#))

Home Health Quality Reporting Program ([HH QRP](#))

End-Stage Renal Disease Quality Incentive Program ([ESRD QIP](#))

Medicaid and CHIP ([Medicaid & CHIP](#))

Inpatient Psychiatric Facility Quality Reporting ([IPFQR](#)) Program

Quality Improvement Organization ([QIO](#))

Promote Effective Prevention & Treatment of Chronic Disease



MEANINGFUL MEASURE AREAS:

PREVENTIVE CARE

Measures

Influenza
Immunization
Received for Current
Flu Season - [HH QRP](#)

Timeliness of
Prenatal Care (PPC)
- [Medicaid & CHIP](#)

Well-Child Visits in
the First
15 Months of Life (6
or More Visits) -
[Medicaid & CHIP](#)

MANAGEMENT OF CHRONIC CONDITIONS

Measures

Osteoporosis
Management in
Women Who Had a
Fracture - [QPP](#)

Hemoglobin A1c
Test
for Pediatric
Patients (eCQM) -
[Medicaid & CHIP](#)

PREVENTION, TREATMENT, AND MANAGEMENT OF MENTAL HEALTH

Measures

Follow-up after
Hospitalization for
Mental Illness -
[IPFQR](#)

PREVENTION AND TREATMENT OF OPIOID AND SUBSTANCE USE DISORDERS

Measures

Alcohol Use Screening -
[IPFQR](#)

Use of Opioids at High
Dosage - [Medicaid &
CHIP](#)

RISK ADJUSTED MORTALITY

Measures

Hospital 30-Day,
All Cause, Risk-
Standardized
Mortality Rate
(RSMR) Following
Heart Failure (HF)
Hospitalization -
[HVBP](#)

Programs Using Illustrative Measures

- Quality Payment Program (QPP)
- Home Health Quality Reporting Program (HH QRP)
- Medicaid and CHIP (Medicaid & CHIP)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
- Hospital Value-Based Purchasing (HVBP) Program



Getting to Measures that Matter

The Meaningful Measures initiative:

- Aligns with existing quality reporting programs and helps programs to identify and select individual measures
- Allows clinicians and other health care providers to focus on patients and improve quality of care in ways that are meaningful to them
- Intends to capture the most impactful and highest priority quality improvement areas for all clinicians including specialists
- Is used to guide rulemaking, measures under construction lists, and impact assessments



From Vision to Reality: Progress to Date



Meaningful Measures: Progress to Date

CMS is implementing the Meaningful Measures framework through the following:

- Measures Under Consideration(MUC) List for Medicare quality reporting and value-based purchasing programs
- Fiscal Year (FY) 2019 Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long Term Acute Care Hospital (LTCH) Prospective Payment System Proposed Rule
- Quality Payment Program Year 3 Notice of Proposed Rulemaking (NPRM)
- MACRA Funding Opportunity to Develop Measures for Quality Payment Program
- Merit-based Incentive Payment System (MIPS) Call for Measures and Activities for 2019 and 2020



Meaningful Measures: Progress to Date

MUC Lists

- Last year, narrowed the initial **184 measures** submitted during the open call for measures to **32 measures (83% reduction)**; this reduced stakeholder review efforts
- **The 32 measures:**
 - Focus on achieving high quality health care and meaningful outcomes for patients, while minimizing burden
 - Have the potential to drive improvement in quality across numerous settings of care, including clinician practices, hospitals, and dialysis facilities
- This year, experienced lower measure submissions because CMS was able to articulate the specific types of measures we were looking for; this reduced CMS and stakeholder review efforts



Meaningful Measures: Progress to Date

In the **FY 19 Medicare Hospital IPPS and LTCH Prospective Payment System Proposed Rule**, CMS proposed:

- Eliminating a **total of 19 measures** (and decreasing duplication for an additional 21 measures) that acute care hospitals are currently required to report across the 5 hospital quality and value-based purchasing programs
- Removing **8 of the 16 CQMs** to produce a smaller set of more meaningful measures and in alignment with the Hospital IQR Program beginning with the 2020 reporting period
- Removing certain measures that do not emphasize interoperability and the electronic exchange of health information
- Adding new measures, such as Query of the PDMP and Verify Opioid Treatment Agreement, related to e-prescribing of opioids



Meaningful Measures: Progress to Date

In the **Quality Payment Program Year 3 NPRM**, CMS proposed:

- Removing low-value and low-priority process measures
- Focusing on meaningful quality outcomes for patients
- Moving clinicians to a smaller set of Objectives and Measures with scoring based on performance for the Promoting Interoperability performance category
- Using the “ABC™ methodology” for public reporting on Physician Compare, to determine benchmarks on *historical* data to provide clinicians and groups with valuable information about the benchmark before data collection starts for the performance period; the goal is to help make measures more meaningful to patients and caregivers



Meaningful Measures: Progress to Date

MACRA Funding Opportunity to Develop Measures for Quality Payment Program:

- Accepting applications for a new funding opportunity to develop, improve, update, and expand quality measures for the Quality Payment Program
- Partnering directly with clinicians, patients, and other stakeholders – through cooperative agreements – to provide up to \$30 million of funding and technical assistance in development of quality measures over 3 years
- Aligning the priority measures developed, improved, updated or expanded under the cooperative agreements with the CMS Quality Measure Development Plan and the Meaningful Measures framework



Meaningful Measures: Progress to Date

MACRA Funding Opportunity to Develop Measures for Quality Payment Program (continued):

- The cooperative agreements prioritize the development of **outcome measures**, including patient reported outcome and functional status measures; patient experience measures; care coordination measures; and measures of appropriate use of services, including measures of overuse
- The goal is for CMS to provide the necessary support to help external organizations expand the Quality Payment Program quality measures portfolio with a **focus on clinical and patient perspectives and minimizing burden for clinicians**



Meaningful Measures: Progress to Date

MIPS Call for Measures and Activities

- Each year, CMS solicits feedback from the stakeholder community about new measures and activities for MIPS. This year, CMS invited submissions on:
 - Quality measures for 2020
 - Promoting Interoperability measures for 2020
 - Improvement Activities for 2019
- CMS reviews the measure and activities submissions with the Meaningful Measures framework in mind, **focusing on those that promote better outcomes for patients and reduced burden on clinicians.**

Meaningful Measures Next Steps

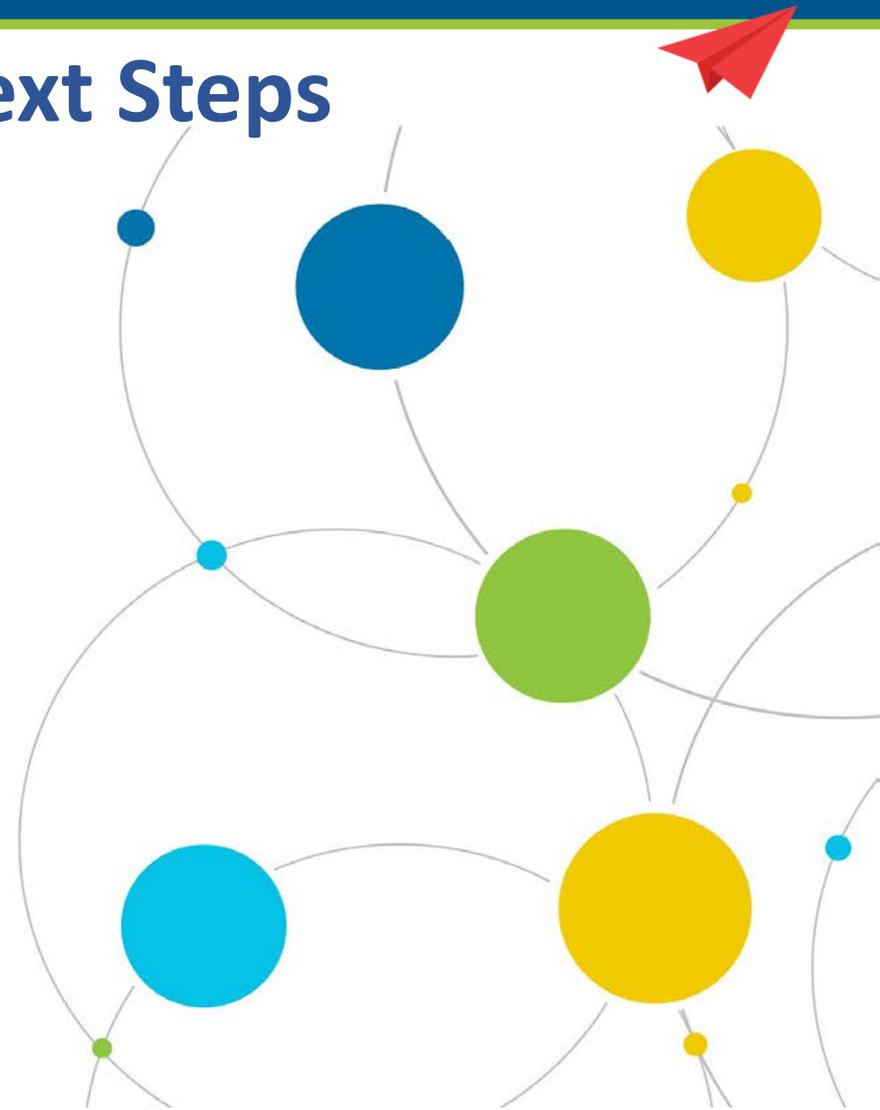
Address three dimensions of implementation:

1. Conduct a thorough review of existing measures and remove those that do not meet criteria
2. Develop meaningful measures to fill gap areas
3. Work to reduce the burden of reporting

Continue to solicit stakeholder input to further improve the Meaningful Measures framework

GIVE US YOUR FEEDBACK!

- MeaningfulMeasuresQA@cms.hhs.gov



Meaningful Measures Website



Go to:

[https://www.cms.gov/MedicaidandCHIPProgramsbyState/QualityInitiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html](https://www.cms.gov/MedicaidandCHIPProgramsbyState/QualityInitiatives/PatientAssessmentInstruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html)

Meaningful Measures Framework

CMS's new comprehensive initiative "Meaningful Measures" was launched in 2017 and identifies high priority areas for quality measurement and improvement. Its purpose is to improve outcomes for patients, their families and providers while also reducing burden on clinicians and providers.



Cross Cutting Connections

Meaningful Measures will move payment toward value through focusing everyone's efforts on the same quality areas and lend specificity, with the following principles for identifying measures that:

1. Address **high impact** measure areas that **safeguard public health**
2. Patient-centered and **meaningful to patients**
3. Outcome-based where possible
4. Fulfill requirements in programs' statutes
5. Minimize level of **burden for providers**
6. **Significant opportunity for improvement**
7. Address measure needs for **population based payment through alternative payment models**
8. **Align across programs and/or with other payers** (Medicaid, commercial payers)

"At CMS, our overall vision is to reinvent the agency to put patients first. We want to partner with patients, providers, payers, and others to achieve this goal. We aim to be responsive to the needs of those we serve."

Administrator Seema Verma
Center for Medicare and Medicaid Services

Featured video

"It is recommended to view the video below with Flash disabled in Chrome, Firefox, or Internet Explorer 11 browsers, due to known usability issues with other browsers."



Patients Over Paperwork

View more videos

YouTube requires JavaScript to view videos. You will need the latest version of Adobe Flash Player to watch the video.

Where to Find Meaningful Measures




About ▼

MEASURE INVENTORY
MEASURE STATUS BY PROGRAM
0 — MEASURE COMPARISON

? How do I search?

X
Q

TABLE CONTROLS
Show/Hide Columns ☰
Export Excel File 📄

2,301 MEASURE RESULTS | Show 10 rows ▼

4,911 MEASURE PROGRAM RESULTS

Measure Content Last Updated: 2017-12-30 ? What are the Status Definitions?

FILTERS ?

- + Programs
- + Current Status
- + Measure Groups
- + Development Stage

Add to Measure Comparison	Measure Title ?	NQF Endorsement Status	NQF ID	Programs	Meaningful Measure
<input type="checkbox"/>	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	✔ Endorsed	0089	<ul style="list-style-type: none"> • Medicare and Medicaid Electronic Health Record Incentive Program for Eligible Professionals (No Status) ? • Merit-Based Incentive 	Transfer of Health Information and Interoperability

CMS Measures Inventory Tool: cmit.cms.gov

Question 1: Which of the Areas are most critical to you, and why?



Promote Effective Communication & Coordination of Care Meaningful Measure Areas

- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability



Promote Effective Prevention & Treatment of Chronic Disease Meaningful Measure Areas

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality



Work With Communities to Promote Best Practices of Healthy Living Meaningful Measure Areas

- Equity of Care
- Community Engagement



Make Care Affordable Meaningful Measure Areas

- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care



Strengthen Person & Family Engagement as Partners in their Care Meaningful Measure Areas

- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Patient Reported Functional Outcomes



Make Care Safer by Reducing Harm Caused in the Delivery of Care Meaningful Measure Areas

- Healthcare-Associated Infections
- Preventable Healthcare Harm



Additional Questions?

Q & A