2018 Pre-Rulemaking Kickoff

Measures Under Consideration and Measure Applications Partnership Overviews

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April 3, 2018

Housekeeping

» The meeting is moderated.

» All lines will be muted during the presentation.

» The meeting is being recorded and will be uploaded to the CMS website for future viewing. The meeting facilitator will send the link to the recording in a follow-up email.

» Questions will be accepted later in the presentation.

Agenda

» Meaningful Measure Initiative
» Pre-rulemaking
» MIPS Journal Article Review
» eCQM Readiness Overview
» CMS Measures Inventory Tool
» Measure Applications Partnership (MAP)
» Lessons Learned/Updates
» Live Demonstration of JIRA
» Question and Answer Session

A New Approach to Meaningful Outcomes

Empower patients and doctors to make decisions about their health care

Usher in a new era of state flexibility and local leadership
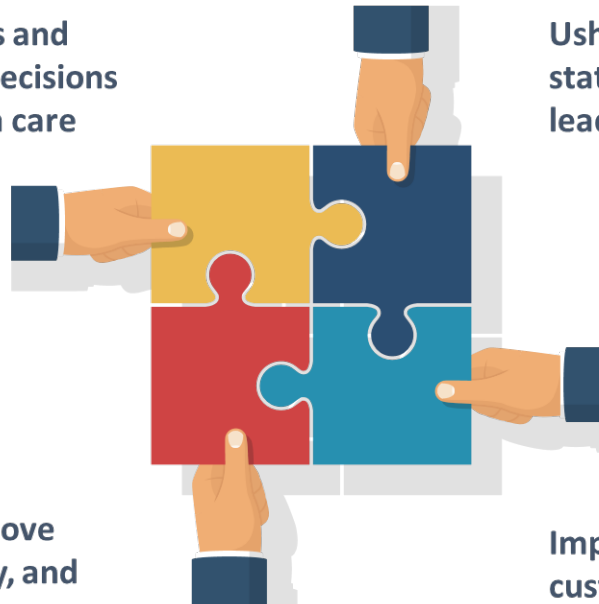
Support innovative approaches to improve quality, accessibility, and affordability

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*

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 Academies 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

Quality Measures

Promote Effective Prevention & Treatment of Chronic Disease

Prevention and Treatment of Chronic Disease

- 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

Meaningful Measure Areas

Descriptions

Many screening rates, like those for breast (72%), cervical (83%), and colorectal (59%) cancers are below desired levels and reflect disparities across ethnicity/race.[11] Prevent diseases by providing immunizations and evidence-based screenings, and meriting healthy life style behaviors and addressing maternal and child health.

People with multiple chronic conditions account for 93% of total Medicare spending.[12] Promote effective management of chronic conditions, particularly for those with multiple chronic conditions.

Annually, 1 in 5 or 43.8 million adults in the U.S. experience mental illness.[13] 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.

Annually, 3 out of 5 drug overdose deaths involve an opioid,[14] resulting in over $72 billion in medical costs.[15] Ensure screening for and treatment of substance use disorders, including those co-occurring with mental health disorders.

Heart disease, cancer, and chronic lower respiratory diseases are among the leading causes for death.[16] Reduce mortality rate for patients in all healthcare settings.

Promote Effective Prevention & Treatment of Chronic Disease
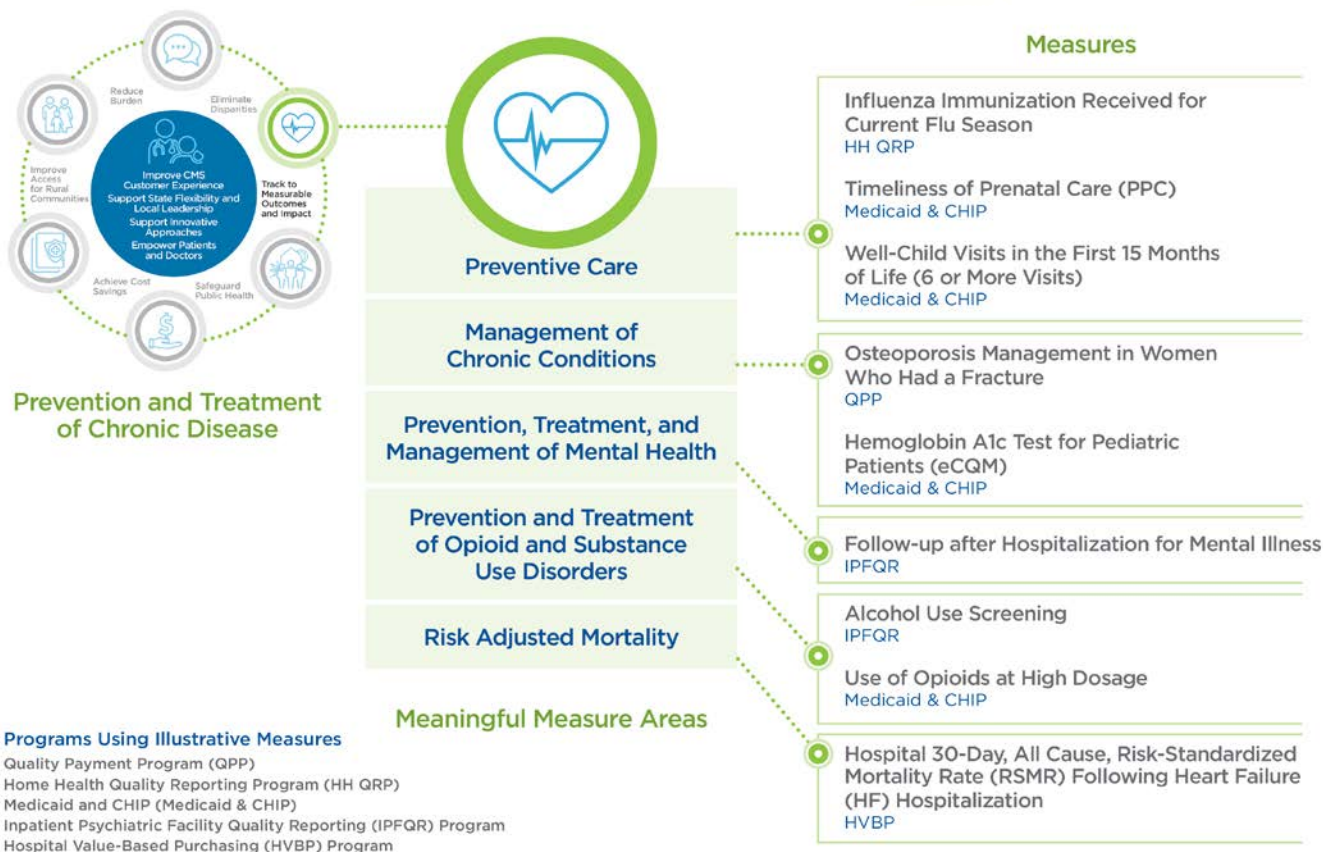
Promote Effective Prevention & Treatment of Chronic Disease — Example
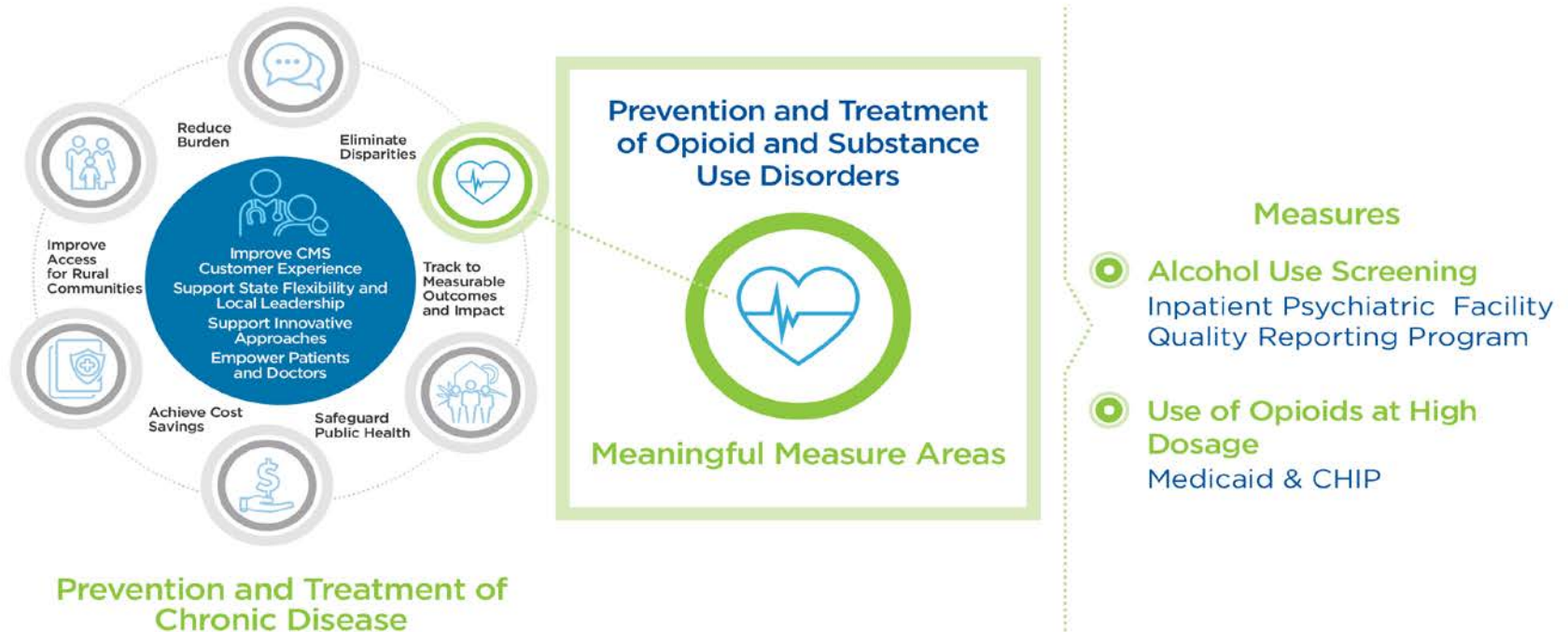
Getting to Measures that Matter

» **How do Meaningful Measure Areas Relate to Existing CMS Programs?**

» **How will this initiative reduce burden for clinicians and providers?**

» **What does this initiative mean for clinicians, including specialists?**

» **How are current programs/documents going to incorporate this information?**

Meaningful Measures Website

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html

Meaningful Measures Next Steps

» Three Dimensions of Implementation
» Ongoing stakeholder input to further improve the Meaningful Measures framework

Give us your feedback!
MeaningfulMeasuresQA@cms.hhs.gov

Overview of Pre-Rulemaking

Pre-Rulemaking

» **Statutory Reference**

– Section 3014 of the Patient Protection and Affordable Care Act

– Section 1890 and 1890A of the Social Security Act

» **Pre-rulemaking Steps**

1. CMS annually publishes the Measures under Consideration (MUC) List by December 1
2. National Quality Forum (NQF) convenes Multi-Stakeholder Groups Measure Applications Partnership (MAP)
3. MAP provides recommendations and feedback to the Secretary annually by February 1

Caveats

» Measures in current use do not need to go on the Measures under Consideration List again

  – Exceptions are measure being expanded into other CMS program(s) or measure undergoing substantial changes

» Submissions will be accepted this year if the measure was submitted to be on a prior year's MUC List, but was not accepted by any CMS program(s).

» Measure specifications may change over time. If a measure has significantly changed, you may submit it again for consideration

Pre-Rulemaking Process - Medicare Programs

The pre-rulemaking process applies to certain programs and measures.

Medicare Programs	
Ambulatory Surgical Center Quality Reporting	Inpatient Psychiatric Facility Quality Reporting
End-Stage Renal Disease Quality Incentive	Inpatient Rehabilitation Facility Quality Reporting
Home Health Quality Reporting	Long-Term Care Hospital Quality Reporting
Hospice Quality Reporting	Medicaid and Medicare EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals
Hospital-Acquired Condition Reduction	Medicare Shared Savings
Hospital Inpatient Quality Reporting	Merit-based Incentive Payment System
Hospital Outpatient Quality Reporting	Prospective Payment System-Exempt Cancer Hospital Quality Reporting
Hospital Readmissions Reduction	Skilled Nursing Facility Quality Reporting
Hospital Value-Based Purchasing	Skilled Nursing Facility Value-Based Purchasing

Pre-Rulemaking Process

Measure selection considerations include the following:

- Does the submission align with the quality priorities?
- Is the candidate measure fulfilling a Meaningful Measure area gap for this program?
- Take a cascading look across programs to identify potential duplication of measures from both the private and public sectors; if so, maybe the newer version is enhanced in some way? In this scenario, could the original measure be removed?
- Is the measure evidence-based, fully developed and tested; would the measure be burdensome to operationalize?
- Endorsement status?

Measures Development Timeline

Approximation in Months							
← 1	4	8	12	16	20	24	28 →
Develop & test new measure initial concept (ongoing process)	Submit measures to MUC process	Review and clearance	MUC List published annually	MAP public process and workgroup recomm.	HHS and CMS develop Proposed Rules for measures	Issue Final Rules	Measures adopted in the field

Measures under Consideration List Publishing

March 1
JIRA opened for new candidate measures

June 1
JIRA closes for MIPS-Quality program measures only

June 15
JIRA closes for all other CMS program measures

July 20
Draft MUC List prepared

August 2
Federal-Only Stakeholder Meeting (preview MUC List)

August 20
MUC clearance process begins

Recursive Process of Measure Development
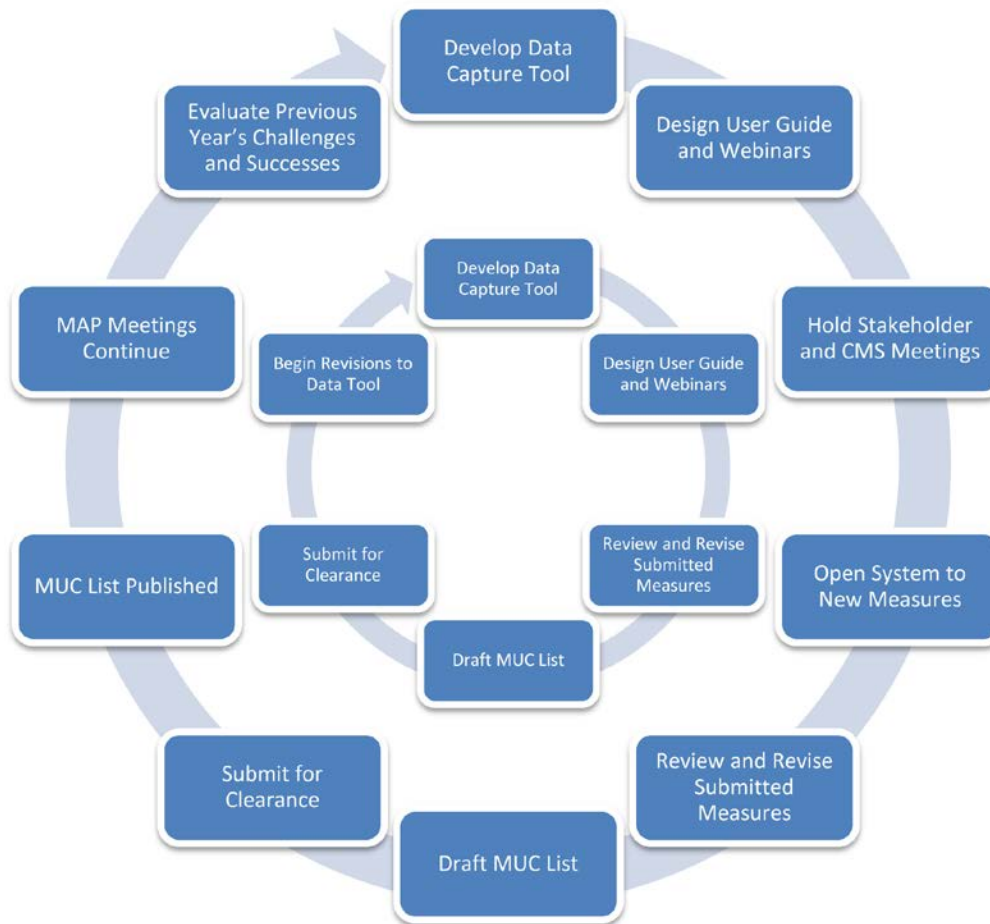
Measures under Consideration List Trends

Year	2011	2012	2013	2014	2015	2016	2017
Number of Measure Records	366	507	234	202	131	97	32

- CMS publishes the MUC List annually by December 1
- The National Quality Forum (NQF) publishes the MAP Final Recommendations report in the first quarter of each subsequent year
- A complete repository of these Lists and Reports is located at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html

Lessons Learned from 2017

» Importance of documenting testing status, measure rationale/justification, and evidence
» Peer-review documentation for MIPS
» Test data for candidate eCQMs

2018 Next Steps

» Pre rulemaking Meeting Series

  – CMS Program Measurement Needs and Priorities Session on Tuesday, April 10, from 1 to 3 PM ET

  – Open Forum Discussions – Thursday, April 5 and 12 from 1 to 2 PM ET

» CMS Pre-Rulemaking Resources

  – https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html

MIPS Peer Review Journal Requirement

MIPS Peer Review Journal Requirement

» Section 1848(q)(2)(D)(iv) of the Act, as added by Section 101(c)(1) of the Medicare Access and CHIP Reauthorization Act (MACRA)

  – Submit to applicable specialty-appropriate, peer-reviewed journals potential new measures *before* including such measures in the final list of annual CQM under MIPS.

  – Information shall include the method for developing and selecting such measures, including clinical and other data supporting such measure

MIPS Peer Review Journal Requirement

» Benefits of this requirement:
  – Provide clinicians with information on clinical quality measures, including specialties, who do not have access to or involvement with the MUC and MAP processes.

» Eligible professionals will be more aware of the types of quality measures that can be reported to CMS quality programs.

MIPS Peer Review Journal Requirement

❖ **Required information**

– Submit as an attachment using the template

– Comprehensive reliability and validity testing information is necessary

– It is recommended to copy/paste any duplicative information present in the JIRA submission into the Peer Review Template form to ensure consistency

❖ Blank template and completed examples (non-eCQMs and eCQMs) are available on the CMS Pre-Rulemaking website and in the Call for Quality Measures Fact Sheet.

Microsoft Word
Document

MIPS Peer Review Journal Requirement

» This will be the standardized process for collecting required information

» The template is subject to change each year

Access the latest version of the MIPS Peer Reviewed Template and Examples here:

» https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html

» https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html

eCQM Readiness

eCQM Readiness, Step 1: Assess and document eCQM characteristics

eCQM characteristic	Testing activity	Documentation for CMS
Is the eCQM **feasible** to implement?	Evaluate feasibility of reporting eCQM data elements	NQF's feasibility scorecard
Is the eCQM a **valid** measure and/or are the data elements in the eCQM valid?	Evaluate validity of the (a) measure score and/or (b) data elements	(a) Correlation of eCQM score with external gold standard measure and/or (b) for each data element: prevalence, kappa agreement rates, sensitivity, specificity between EHR extracted and gold standard data element
What is the level of precision (**reliability**) associated with the eCQM performance score?	Estimate eCQM reliability using (a) signal-to-noise ratio or (b) split-half correlation	(a) Median and interquartile range of signal to noise estimate or (b) Intraclass Correlation Coefficient

eCQM Readiness, Step 2: Specification readiness

Requirement	Tool	Documentation for CMS
Specify eCQM according to latest CMS and ONC standards	Measure Authoring Tool (MAT)	MAT output to include, at minimum, HQMF and human readable files
Create value sets that use current, standardized terminologies	The National Library of Medicine's Value Set Authority Center (VSAC)	Published value sets in the VSAC that have been validated against the most recent terminology expansion with 100% active codes
Test eCQM logic using a set of test cases that cover all branches of logic with 100% pass rate	Bonnie	Excel file of test patients showing testing results (Bonnie export)

eCQM Readiness: Resources

» Value Set Authority Center: https://vsac.nlm.nih.gov/

» Bonnie: https://bonnie.healthit.gov/

» eCQI Resource Center: https://ecqi.healthit.gov/

» CMS Measures Management System Blueprint: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MMS-Blueprint.html

» National Quality Forum eCQM testing (feasibility): http://www.qualityforum.org/Electronic_Quality_Measures.aspx

Overview of the CMS Measures Inventory Tool

CMS Measures Inventory Tool

» CMIT is an interactive web-based application with intuitive and user-friendly functions for quickly searching through the CMS Measures Inventory
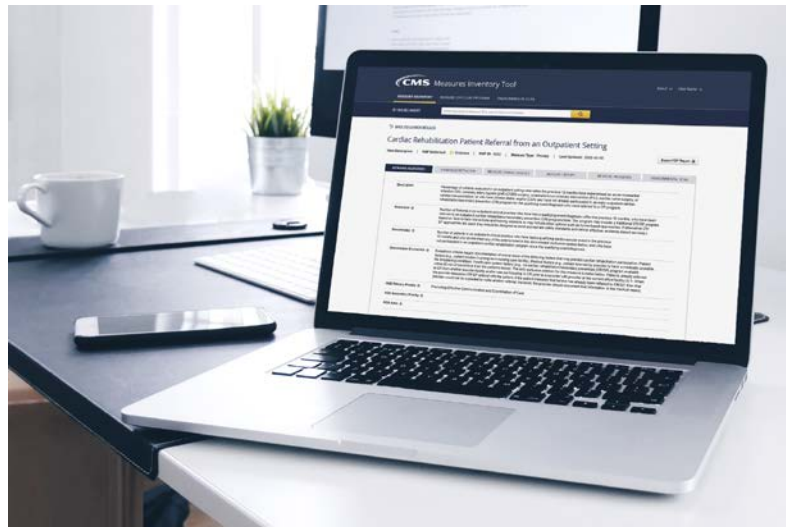
CMS Measures Inventory Tool

» Data includes measures under development, considered, or in use for a CMS Program or Initiative

» Data are updated 3 times per year in alignment with the Pre-rulemaking and Rulemaking schedules

» Measure information includes specifications like

- Title
- Description
- Numerator
- Denominator
- Exclusions
- NQF status
- Healthcare Priority
- Meaningful Measure Domain
- Type
- Data Source

CMS Measures Inventory Tool

» Can be useful for measure submissions in Jira to help identify:

- – If the measure is used in another program

- – If there are similar or competing measures already in use by a program

- – Find measures that have been published on previous MUC Lists with their MUC year and MUC ID

CMS Measures Inventory Tool

» CMIT Demo

  – cmit.cms.gov

National Quality Forum (NQF)

Overview of the Measure Applications Partnership (MAP)

The Role of MAP

To promote healthcare improvement priorities, MAP:

» Informs the selection of performance measures to achieve the goal of improvement, transparency, and value for all

» Provides input to HHS during pre-rulemaking on the selection of performance measures for use in public reporting, performance-based payment, and other federal programs

» Identifies gaps for measure development, testing, and endorsement

» Encourages measurement alignment across public and private programs, settings, levels of analysis, and populations to:

   – Promote coordination of care delivery

   – Reduce data collection burden

What is the value of pre-rulemaking input?

» Facilitates multi-stakeholder dialogue that includes HHS representatives

» Allows for a consensus-building process among stakeholders in a transparent open forum

» Proposed laws are "closer to the mark" because the main provisions related to performance measurement have already been vetted by the affected stakeholders

» Reduces the effort required by individual stakeholder groups to submit official comments on proposed rules

MAP Structure
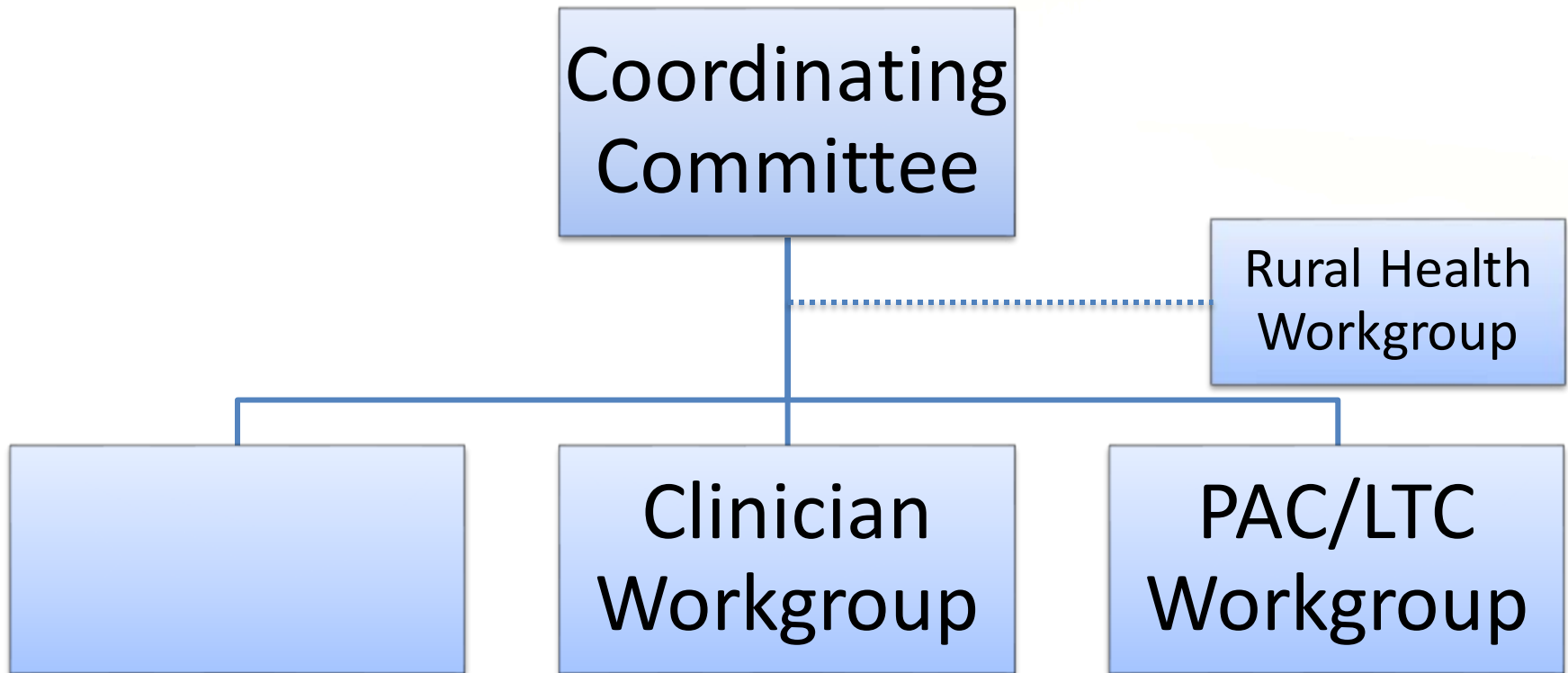
MAP Members

Three types of members:

» **Organizational Representatives**
  – Constitutes the majority of MAP members
  – Include those that are interested in or affected by the use of measures
  – Organizations designate their own representatives
» **Subject Matter Experts**
  – Serve as individual representatives bringing topic specific knowledge to MAP deliberations
  – Chairs and co-chairs of MAP's Coordinating Committee, workgroups, and task forces are considered subject matter experts
» **Federal Government Liaisons**
  – Serve as ex-officio, non-voting members representing a Federal agency

Approach

The approach to the analysis and selection of measures is a three-step process:

1. Develop program measure set framework
2. Evaluate MUCs for what they would add to the program measure set
3. Identify and prioritize gaps for programs and settings

MAP Measure Selection Criteria

1. NQF-endorsed measures are recommended for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective

2. Program measure set adequately addresses the CMS Healthcare Priorities

3. Program measure set is responsive to specific program goals and requirements

4. Program measure set includes an appropriate mix of measure types

5. Program measure set enables measurement of person- and family-centered care and services

6. Program measure set includes considerations for healthcare disparities and cultural competency

7. Program measure set promotes parsimony and alignment

8. Program measure set considers burden/operational criteria

Evaluate Measures Under Consideration

» MAP Workgroups must reach a decision about every measure under consideration

– Decision categories are standardized for consistency

– Each decision should be accompanied by one or more statements of rationale that explains why each decision was reached

MAP Decision Categories

- Support for Rulemaking

- Conditional Support for Rulemaking

- Refine and Resubmit Prior to Rulemaking

- Do Not Support for Rulemaking

Preliminary Analysis of Measures Under Consideration

To facilitate MAP's consent calendar voting process, NQF staff will conduct a preliminary analysis of each measure under consideration.
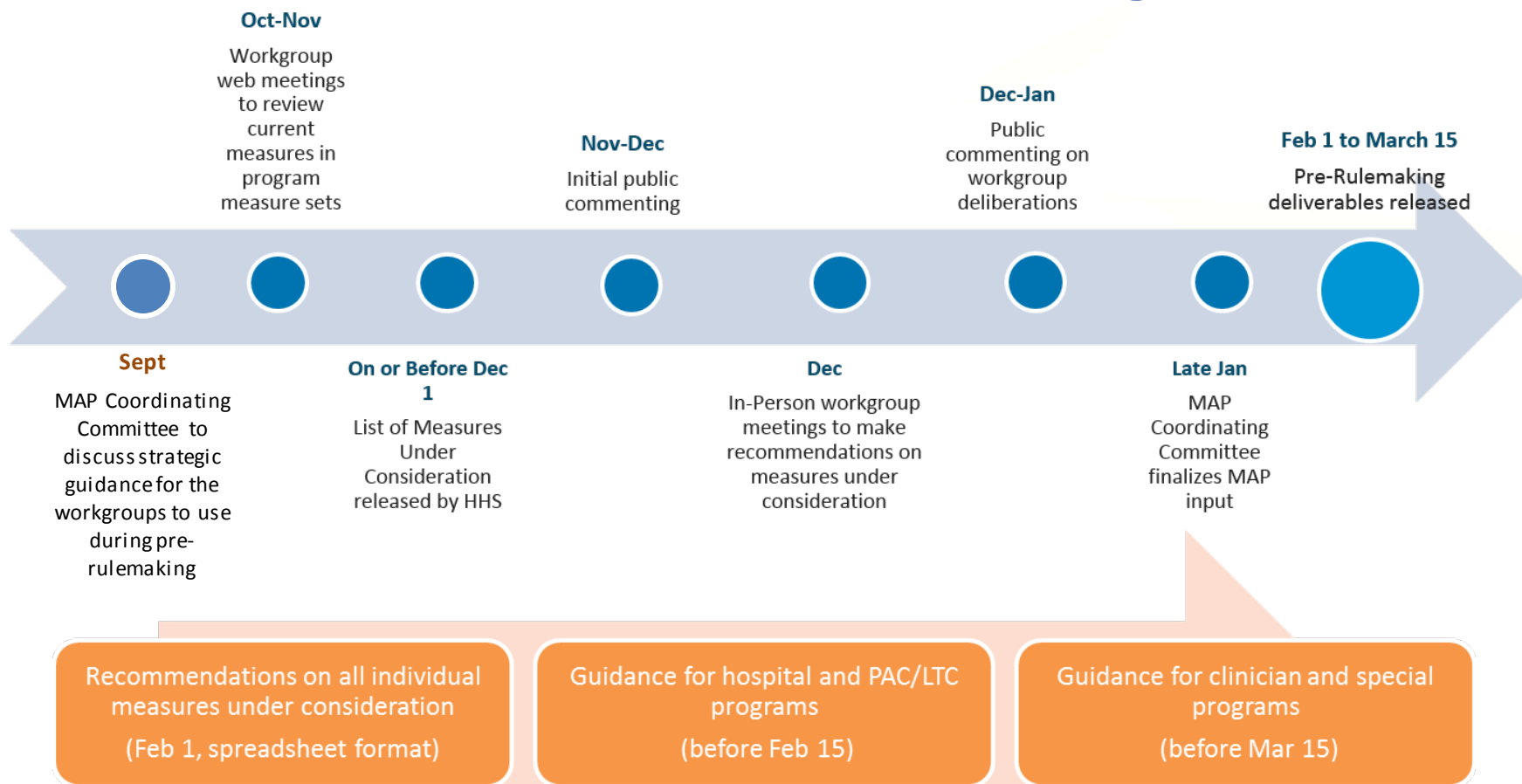
The preliminary analysis is an algorithm that asks a series of questions about each measure under consideration. This algorithm was:

» Developed from the MAP Measure Selection Criteria, and approved by the MAP Coordinating Committee, to evaluate each measure

» Intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions

MAP Preliminary Analysis Algorithm

1. The measure addresses a critical quality objective not currently, adequately addressed by the measures in the program set.
2. The measure is an outcome measure or is evidence-based.
3. The measure addresses a quality challenge.
4. The measure contributes to efficient use of resources and/or supports alignment of measurement across programs.
5. The measure can be feasibly reported.
6. The measure is NQF-endorsed or has been submitted for NQF-endorsement for the program's setting and level of analysis.
7. If a measure is in current use, no implementation issues have been identified.

MAP Approach to Pre-Rulemaking

Oct-Nov
Workgroup web meetings to review current measures in program measure sets

Nov-Dec
Initial public commenting

Dec-Jan
Public commenting on workgroup deliberations

Feb 1 to March 15
Pre-Rulemaking deliverables released

Sept
MAP Coordinating Committee to discuss strategic guidance for the workgroups to use during pre-rulemaking

On or Before Dec 1
List of Measures Under Consideration released by HHS

Dec
In-Person workgroup meetings to make recommendations on measures under consideration

Late Jan
MAP Coordinating Committee finalizes MAP input

Recommendations on all individual measures under consideration
(Feb 1, spreadsheet format)

Guidance for hospital and PAC/LTC programs
(before Feb 15)

Guidance for clinician and special programs
(before Mar 15)

Nominations to Serve on the MAP

» One-third of the seats on MAP are eligible for reappointment each year

» The formal call for nominations occurs in the early Spring but NQF accepts nominations year round

» For more information and to apply, please visit the NQF Committee Nominations webpage at http://www.qualityforum.org/nominations/

» Nominations are sought from organizations and individual subject matter experts

JIRA 2018

New for 2018

- » MIPS-Quality and MIPS-Cost are separated
- » Must select one healthcare priority
- » Must select one Meaningful Measure
- » New field for how measure will be reported

Live Demonstration of JIRA

» Illustrate new fields

» Changes to requirements and screen guidance

» Adding new users

» Complete blank template offline

» Complete each record in one session

» Change requests/questions/feedback

Questions ?

Contacts for Pre-rulemaking

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