Meaningful Measures

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A New Approach to Meaningful Outcomes

Empower patients and doctors to make decisions about their health care

Support innovative approaches to improve quality, accessibility, and affordability

Usher in a new era of state flexibility and local leadership

Improve the CMS customer experience
Meaningful Measures focus everyone’s efforts on the same quality areas and lend specificity, which can help:

- **Address high impact measure areas that safeguard public health**
- **Patient-centered and meaningful to patients**
- **Outcome-based where possible**
- **Relevant for and meaningful to providers**
- **Minimize level of burden for providers**
  - Remove measures where performance is already very high and that are low value
- **Significant opportunity for improvement**
- **Address measure needs for population based payment through alternative payment models**
- **Align across programs and/or with other payers** (Medicaid, commercial 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
Use Meaningful Measures to Achieve Goals, while Minimizing Burden
Meaningful Measures

**Promote Effective Communication & Coordination of Care**
- Meaningful Measure Areas:
  - Medication Management
  - Admissions and Readmissions to Hospitals
  - Seamless Transfer of Health Information

**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 and Functional Outcomes

**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 Safer by Reducing Harm Caused in the Delivery of Care**
- Meaningful Measure Areas:
  - Healthcare-Associated Infections
  - Preventable Healthcare Harm

**Achieve Cost Savings**

**Eliminate Disparities**

**Support Innovative Approaches**

**State Flexibility and Local Leadership**

**Improve CMS Customer Experience**

**Track to Measurable Outcomes and Impact**

**Reduce burden**

**Safeguard Public Health**

**Improve Access for Rural Communities**
Make Care Safer by Reducing Harm Caused in the Delivery of Care

Central Line-Associated Bloodstream Infection (CLABSI) HACRP, LTCH QRP, Medicaid & CHIP, QIO

Surgical Site Infections (SSI) IQR

Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia Outcome Measure LTCH QRP, IRF QRP

Catheter-Associated Urinary Tract Infection (CAUTI) IRF QRP, LTCH QRP, QIO

Early Elective Delivery Medicaid & CHIP

Percent of Patients or Residents with Pressure Ulcers that are New or Worsened IRF QRP, LTCH QRP, SNF QRP

Healthcare-Associated Infections

Preventable Healthcare Harm

Meaningful Measure Areas

Measures

Programs Using Illustrative Measures

- Hospital-Acquired Condition Reduction Program (HACRP)
- Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
- Medicaid and CHIP (Medicaid & CHIP)
- Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
- Skilled Nursing Facility Quality Reporting Program (SNF QRP)
- Hospital Inpatient Quality Reporting (IQR) Program
- Home Health Quality Reporting Program (HH QRP)
- Quality Improvement Organization (QIO)
Strengthen Person & Family Engagement as Partners in their Care

Care is Personalized and Aligned with Patient’s Goals

End of Life Care according to Preferences

Patient’s Experience and Functional Outcomes

Meaningful Measure Areas

The Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function
- IRF QRP
- LTCH QRP
- SNF QRP
- HH QRP

Care plan

Care plan

Hospice Visits while Death is Imminent

CAHPS® Hospice Survey: Getting Emotional and Religious Support

CAHPS In-Center Hemodialysis Survey

Home and Community Based Services CAHPS

Functional Status Assessment for Total Hip Replacement

Programs Using Illustrative Measures
- Quality Payment Program (QPP)
- Hospice Quality Reporting Program (HQRP)
- End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
- 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)
- Medicaid and CHIP (Medicaid & CHIP)
- Home Health Quality Reporting Program (HH QRP)
Promote Effective Communication & Coordination of Care

Medication Management

Admissions and Readmissions to Hospitals

Seamless Transfer of Health Information

Use of High Risk Medications in the Elderly (QPP)

Medication Reconciliation Post-Discharge (MSSP)

Drug Regimen Review Conducted with Follow-Up for Identified Issues (RF QRP, LTCH QRP, SNF QRP, HH QRP)

Standardized Readmission Ratio (SRR) (ESRD QIP)

Plan All-Cause Readmissions (Medicaid & CHIP)

Use of an Electronic Health Record (IPFQR, QIO)

Programs Using Illustrative Measures

- Quality Payment Program (QPP)
- Medicare Shared Savings Program (MSSP)
- 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

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

Influenza Immunization Received for Current Flu Season
Timeliness of Prenatal Care (PPC) Medicaid
Osteoporosis Management in Women who Had a Fracture QPP
Follow-up after hospitalization for Mental Illness IPFQR
Alcohol Use Screening IPFQR
Use of Opioids at High Dosage Medicaid & CHIP
Hospital 30-Day, All Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization HVBP

Programs Using Illustrative Measures
- Home Health Quality Reporting Program (HH QRP)
- Medicaid and CHIP (Medicaid & CHIP)
- Quality Payment Program (QPP)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
- Hospital Value-Based Purchasing (HVBP) Program
Work with Communities to Promote Best Practices of Healthy Living

Healthy and Well-Being

Equity of Care

Community Engagement

Meaningful Measure Areas

Discharge to Community-Post Acute Care

Programs Using Illustrative Measures

- Home Health Quality Reporting Program (HH QRP)
- Skilled Nursing Facility Quality Reporting Program (SNF QRP)
- Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
- Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
Make Care Affordable

Appropriate Use of Healthcare

Patient-focused Episode of Care

Risk Adjusted Total Cost of Care

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (QPP)

Caesarean Section

Medicaid & CHIP

Spinal Fusion Clinical Episode-Based Payment (Spinal Fusion Payment) Measure (IQR)

Medicare Spending Per Beneficiary (IRF QRP, LTCH QRP, SNF QRP, HH QRP)

Hospital-Level, Risk-Standardized Payment Associated with a 30-day Episode-of-Care for Heart Failure (HF) (HVBP)

Oncology Care Model (CMMI)

Total Per Capita Costs for All Attributed Beneficiaries (VM)

Programs Using Illustrative Measures

- Quality Payment Program (QPP)
- Hospital Inpatient Quality Reporting (IQR) Program
- Hospital Value-Based Purchasing (HVBP) Program
- Center for Medicare and Medicaid Innovation (CMMI)
- Value Modifier (VM) Program
- Home Health Quality Reporting Program (HH QRP)
- Skilled Nursing Facility Quality Reporting Program (SNF QRP)
- Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
- Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
Meaningful Measures Next Steps

• Get stakeholder input to further improve the Meaningful Measures framework

• Work across CMS components to implement the framework

• Evaluate current measure sets and inform measure development
Meaningful Measures

Question & Answer