

2018 CMS Program-Specific Measure Needs and Priorities

Pre-Rulemaking

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CMS Program/Measures Leads

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Welcome

- » 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.

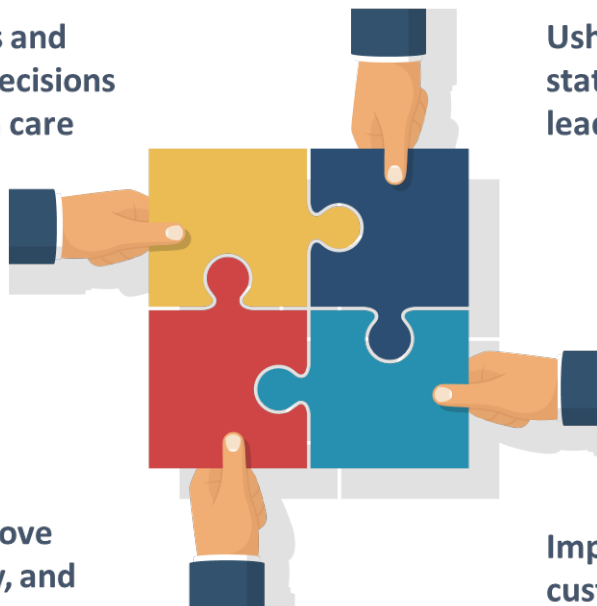
Agenda

- » Welcome
- » Brief Meaningful Measures Initiative Overview
- » Brief Overview of Pre-rulemaking
- » Program Needs and Priorities
 - Segment 1: Chronic and Post-Acute Care Measures
 - Segment 2: Clinician Measures
 - Segment 3: Hospital Measures

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



Meaningful Measures



● 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

● Make Care Safer by Reducing Harm Caused in the Delivery of Care

Meaningful Measure Areas:

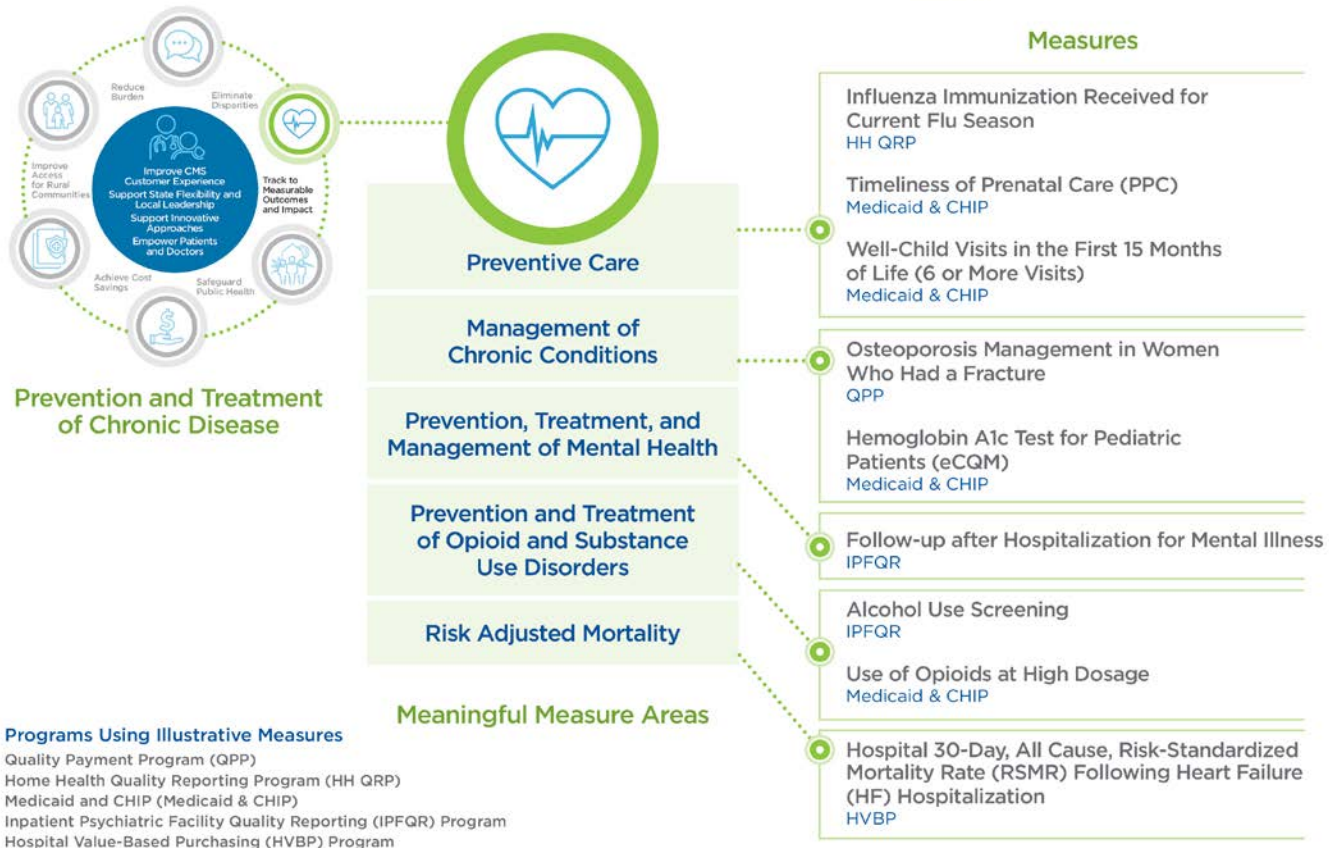
- Healthcare-associated Infections
- Preventable Healthcare Harm

● 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


Promote Effective Prevention & Treatment of Chronic Disease



Meaningful Measures Website

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.

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

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. Annually Publish Measures under Consideration (MUC) List by *December 1*
2. Multi-Stakeholder Groups, National Quality Forum's Measures Application Partnership (MAP)
3. Annually by *February 1* the MAP provides recommendations and feedback to the Secretary

Basic Measure Requirements: All Programs

- » Measure reporting is feasible to implement and measures have been fully developed and tested for reliability and validity
- » Sensitive to program goals and statutory requirement
- » Important condition/topic with a performance gap
- » Aligns with CMS programs and across HHS as well as private payer programs
- » Identifies opportunities for improvement
- » No duplicates
- » Feasibility testing for eQMs
- » Title, numerator, denominator, exclusions, measure steward, link to full specs, established mechanism for data collection

Measure Submission

- » Measures, Change Requests, MUC questions, and Feedback accepted via JIRA web-based system
 - Set up your JIRA user account
 - Email MMSSupport@battelle.org to request access for the current Measures under Consideration project in JIRA
 - Requests are reviewed by respective CMS Program Lead
 - See User Guide on CMS Pre-Rulemaking web site:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>

Center for Clinical Standards and Quality

2018 MUC LIST: PROGRAM NEEDS AND PRIORITIES

Chronic and Post-Acute Care

- » Inpatient Rehabilitation Facilities Quality Reporting Program
 - Tara McMullen
- » Long-Term Care Hospital Quality Reporting Program
 - Lorraine Wickiser
- » Home Health Quality Reporting Program
 - Carol Schwartz
- » Hospice Quality Reporting Program
 - Carol Schwartz
- » Skilled Nursing Facility Quality Reporting Program
 - Tara McMullen

Ask a Question

» Moderator will provide instruction.

Clinician

- » Merit-Based Incentive Payment System (MIPS)
 - Jennifer Harris
- » Medicare Shared Savings Program
 - Fiona Larbi

Ask a Question

» Moderator will provide instruction.

Hospital

- » Hospital-Acquired Condition Reduction Program
 - Robert Morgan
- » Hospital Readmissions Reduction Program
 - Erin Patton
- » Hospital Inpatient Quality Reporting Program and
 - Robert Morgan
- » Prospective Payment System-Exempt Cancer Hospitals Quality Reporting Program
 - Joel Andress

Hospital cont.

- » End-Stage Renal Disease Quality Incentive Program
 - Jesse Roach
- » EHR Incentive Program for Eligible Hospitals and CAHs and
 - Robert Morgan
- » Hospital Value-Based Purchasing Program
 - Robert Morgan
- » Ambulatory Surgical Center Quality Reporting Program
 - Vinitha Meyyur
- » Hospital Outpatient Quality Reporting Program
 - Vinitha Meyyur
- » Inpatient Psychiatric Facility Quality Reporting Program
 - Vinitha Meyyur
- » Skilled Nursing Facility Value-Based Purchasing Program
 - Alan Levitt

Ask a Question

» Moderator will provide instruction.

Next Steps

- » 2018 Measures under Consideration JIRA Open Forum #2 on April 12 from 1:00 PM to 2:00 PM ET
- » August 2 Federal-Only Stakeholder Meeting
- » Resource for everything MUC
 - [Pre-Rulemaking Web Site](#)

Contact for MUC List

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