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Meaningful Measures



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Conflict of Interest

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Have no real or apparent conflicts of interest to report.

Agenda

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



Learning Objectives

1. Understand the purposes of the Meaningful Measures initiative
2. Learn about the Meaningful Measures framework and how CMS uses it to streamline quality measures across its quality reporting programs
3. Obtain feedback on how to update and improve the Meaningful Measures framework to focus on measures that matter most to clinicians and patients



Introduction

- **CMS's Primary Goal:** 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
- Promote alignment across continuum and across payers
- Promote innovation in new types of measures



Empower patients and doctors to make decisions about their health care



Usher in a new era of state flexibility and local leadership

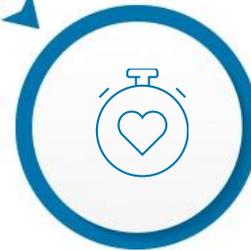


Meaningful Measures: Guided by Four Strategic Goals

Support innovative approaches to improve quality, accessibility, and affordability



Improve the CMS customer experience



Meaningful Measures Objectives

Meaningful Measures focus on 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



Meaningful Measures



Promote Effective Communication & Coordination of Care

Meaningful Measure Areas:

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

Meaningful Measures



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

Meaningful Measures



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 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](#)



Promote Effective Communication & Coordination of Care

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



Promote Effective Communication & Coordination of Care

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.**



Future of the Meaningful Measures Initiative and Next Steps

Meaningful Measure Development

- Appropriate use of opioids and avoidance of harm
- Nursing home safety measures
- Interoperability and care transitions
- Appropriate use of services
- Patient-reported outcome measures



Ideal Future State for Meaningful Measures

- Developing more APIs for quality measure data submission
- Prototype the use of the FHIR standard for quality measurement
- Interoperable electronic registries – incentivizing use
- Harmonizing measures across registries
- Timely and actionable feedback to providers
- Working with CMMI on use of artificial intelligence to predict outcomes



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/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html>



Meaningful Measures Fact Sheets



MEANINGFUL MEASURES Initiative

MEANINGFUL MEASURES Initiative

Overview of the CMS Meaningful Measures Initiative

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

The Meaningful Measures initiative draws on prior measure work performed by the Health Care Payment Learning and Action Network, National Quality Forum, and National Academies of Medicine. It includes perspectives from patient representatives and additional experts such as the Core Quality Measures Collaborative, and many other external stakeholders.

Principles for Identifying Meaningful Measures

Meaningful measures will move payment toward value by focusing everyone's efforts on the same goal and adopting specificity by identifying measures that:

- Are patient-centered and meaningful to patients, clinicians, and providers
- Address high-impact measure areas that safeguard public health
- Are outcome-based where possible
- Minimize level of burden for providers
- Maximize quality opportunity for improvement
- Create significant opportunity for payment through alternative payment models
- Address measure needs for population-based payment through alternative payment models
- Align across programs

Rethinking Our Approach to Meaningful Outcomes

The Meaningful Measures Framework builds upon multiple concepts that defined high tier measurement and quality improvement. We refer to these high impact areas as "Meaningful Measures Areas" (see Meaningful Measures graphic below). These Meaningful Measures Areas focus on measurement and impact details in terms of what measurement areas to focus on:

- Offer more granular details in terms of what measurement areas to focus on
- Use a new approach to development and implementation of meaningful quality reducing the burden of quality reporting on all clinicians and providers

Mapping It Out—The Framework

The following Meaningful Measures Framework shows how at CMS the patient is at the center of everything we do. Our strategic goals surround the patient:

1. Improve the CMS customer experience
2. Support innovative approaches to improve quality, accessibility, and affordability
3. Support innovative approaches to improve quality, accessibility, and affordability
4. Empower patients and doctors to make decisions about their health care

MEANINGFUL MEASURES Initiative

The CMS Meaningful Measures Initiative: What It Means to Patients, Families, Clinicians and Providers

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

Measures that Matter - What You Need to Know

Meaningful Measures focus health care quality efforts on what is really important to patients, families and caregivers including making informed decisions about their care, addressing the patient's goals and needs, values, preferences and health outcomes. It is intended to highlight that the patient—the Person and Family Engagement as Partners in Their Care, all other Meaningful Measures areas are centered around the importance of health care quality measurement to improve patient outcomes. With everyone's efforts focusing on the same high-impact quality areas, there will be less burden on reporting for clinicians and providers and an even better ability to focus on patients and provide appropriate care that is meaningful to them.

How Will the Meaningful Measures Initiative Reduce Burden for Clinicians and Providers?

The Meaningful Measures Framework opens a series of cross-cutting criteria that will apply to every quality measure and help guide the removal of lower value quality measures across CMS programs while meeting the needs of clinicians and providers. It will allow clinicians and providers to focus on the greatest impact on patient outcomes, through high priority focusing on reporting and payment. CMS is prioritizing the use of outcome measures that are meaningful to patients and providers and provide appropriate care that is meaningful to them.

What Does This Initiative Mean for Clinicians (Including Specialists)?

The Meaningful Measures initiative is intended to capture the most impactful and highest priority quality improvement areas for all clinicians, including specialists. For example, functional outcomes and health care associated infections are cross-cutting areas for measurement across all settings of care.

Taking orthopedic surgeons as an example, we have heard from patients and surgeons that the patient's functional outcomes after surgery are important to them. Meaningful patient reported functional outcomes can help surgeons understand whether the surgery has been effective in improving or maintaining patients' quality of life. In addition, for specialists such as surgeons and clinicians performing procedures, we know that prevention and complications such as infections are an important outcome. It is applicable from time to time throughout the lifespan of a patient across care settings.

How the Meaningful Measures Areas Affect Existing CMS Programs

Meaningful Measures will help programs identify and select individual measures. Meaningful Measures areas are intended to increase measure alignment across CMS programs and other public and private initiatives. Additionally, we support high priority areas where there may be gaps in available quality measures while helping guide CMS efforts to develop and implement quality measures to fill those gaps.

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/MMF/Shareable-Tools.html>

Where to Find Meaningful Measures

CMS Measures Inventory Tool
Centers for Medicare & Medicaid Services

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 [v]
4,911 MEASURE PROGRAM RESULTS
Measure Content Last Updated: 2017-12-30

What are the Status Definitions?

FILTERS []	Add to Measure Comparison		NQF Endorsement Status	NQF ID	Programs	Meaningful Measure
	<input type="checkbox"/>	Measure Title []	<input checked="" type="checkbox"/>			
<ul style="list-style-type: none"> Programs Current Status Measure Groups Development Stage 	<input type="checkbox"/>	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	<input checked="" type="checkbox"/> 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

Questions

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