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

Support innovative approaches to improve quality, accessibility, and affordability

Meaningful Measures: Guided by Four Strategic Goals

Usher in a new era of state flexibility and local leadership

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

Improve CMS Customer Experience
Support State Flexibility and Local Leadership
Support Innovative Approaches
Empower Patients and Doctors

- Track to Measurable Outcomes & Impact
- Safeguard Public Health
- Achieve Cost Savings
- Improve Access for Rural Communities
- Reduce Burden
- Eliminate Disparities
Improve CMS Customer Experience
Support State Flexibility and Local Leadership Support Innovative Approaches
Empower Patients and Doctors

Safeguard Public Health
Track to Measurable Outcomes & Impact
Achieve Cost Savings
Reduce Burden
Eliminate Disparities
Improve Access for Rural Communities

Make Care Affordable

Meaningful Measure Areas:
• Appropriate Use of Healthcare
• Patient-focused Episode of Care
• Risk Adjusted Total Cost of Care
Meaningful Measures

- Improve CMS Customer Experience
- Support State Flexibility and Local Leadership
- Support Innovative Approaches
- Empower Patients and Doctors
- Safeguard Public Health
- Track to Measurable Outcomes & Impact
- Achieve Cost Savings
- Improve Access for Rural Communities
- Eliminate Disparities
- Reduce Burden

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
Improve CMS Customer Experience
Support State Flexibility and Local Leadership
Support Innovative Approaches
Empower Patients and Doctors

- Achieve Cost Savings
- Safeguard Public Health
- Track to Measurable Outcomes & Impact
- Improve Access for Rural Communities
- Reduce Burden
- Eliminate Disparities
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:
Where to Find Meaningful Measures

CMS Measures Inventory Tool: cmit.cms.gov
Questions

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