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Meaningful Measures Initiative

Session 41, March 6, 2018

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Conflict of Interest

Kate Goodrich, MD, MHS

Pierre Yong, MD, MPH, MS

Has no real or apparent conflicts of interest to report.

Learning Objectives

- Discuss high-impact measure areas that safeguard public health

- Respond to providers' feedback and minimize burden

- Discuss measure alignment across programs and/or with other payers

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 <u>high impact</u> measure areas that <u>safeguard public health</u>*
- *Are patient-centered and <u>meaningful to patients, clinicians and providers</u>*
- *Are outcome-based where possible*
- *Minimize level of <u>burden for providers</u>*
- *<u>Identify significant opportunity for improvement</u>*
- *Address measure needs for <u>population based payment through alternative payment models</u>*
- *<u>Align across programs and/or with other payers</u>*

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Meaningful Measures Framework

Meaningful Measure Areas Achieve:
- ✓ _High quality_ health care
- ✓ _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_
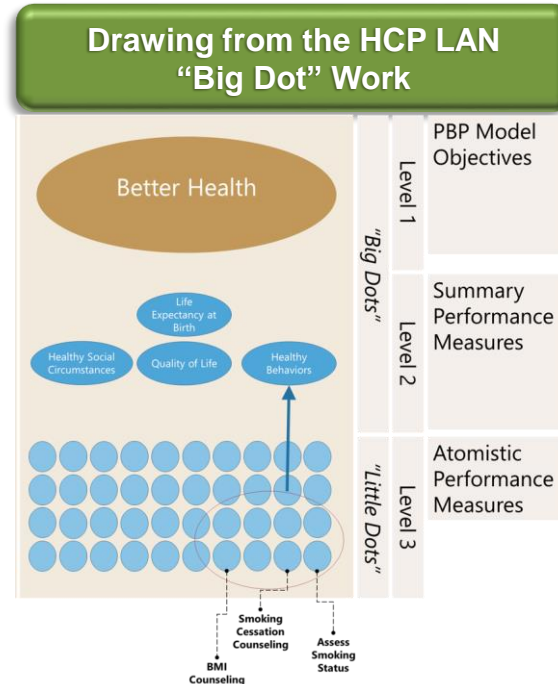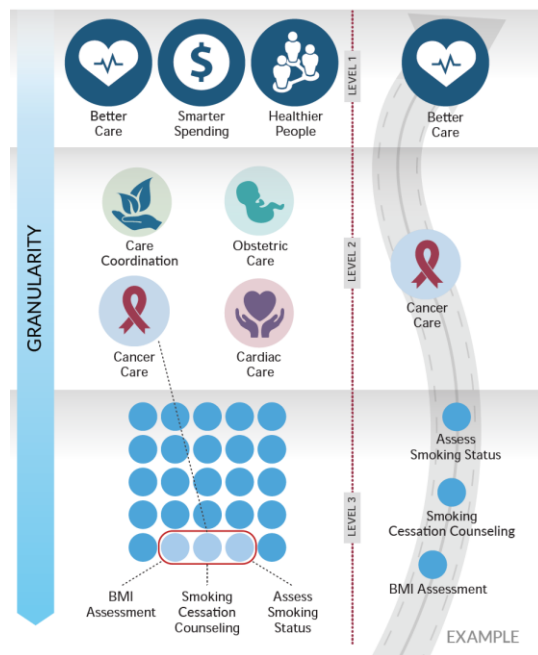
Includes perspectives from experts and external stakeholders:
- Core Quality Measures Collaborative
- Agency for Healthcare Research and Quality
- Many other external stakeholders

Quality Measures

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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
- 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

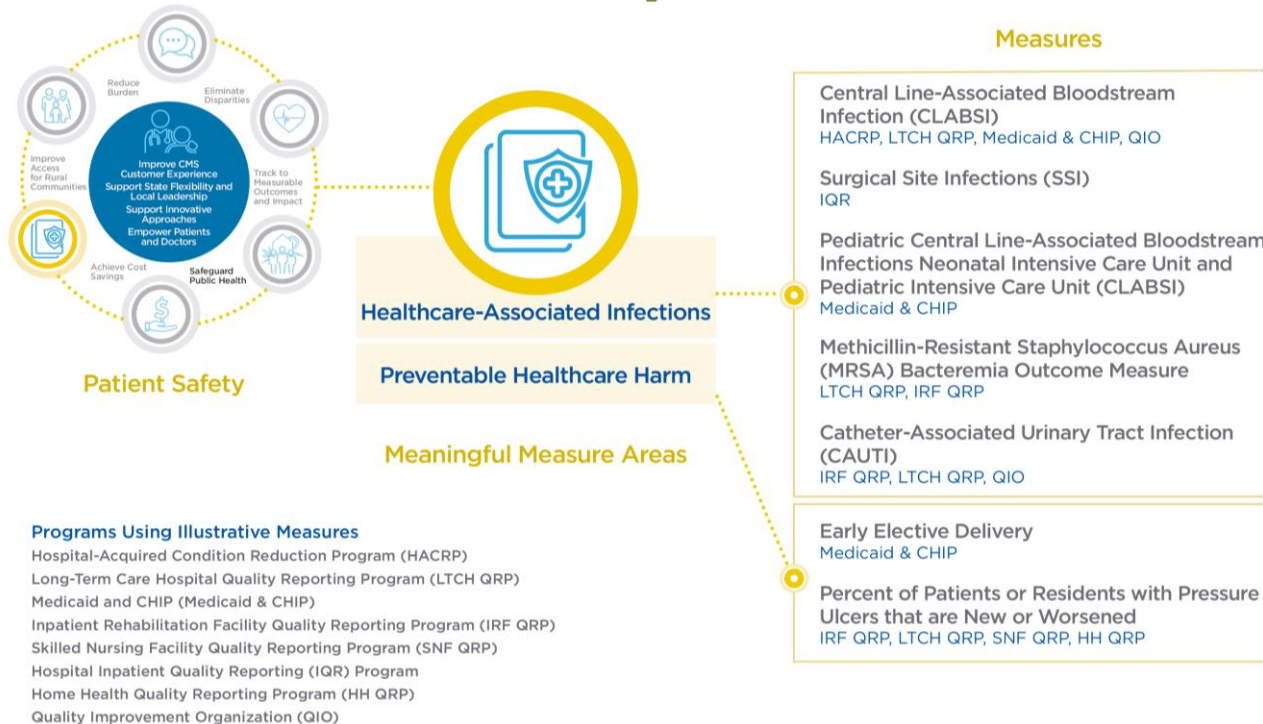**Strengthen Person & Family Engagement as Partners in their Care**
Meaningful Measure Areas:
- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
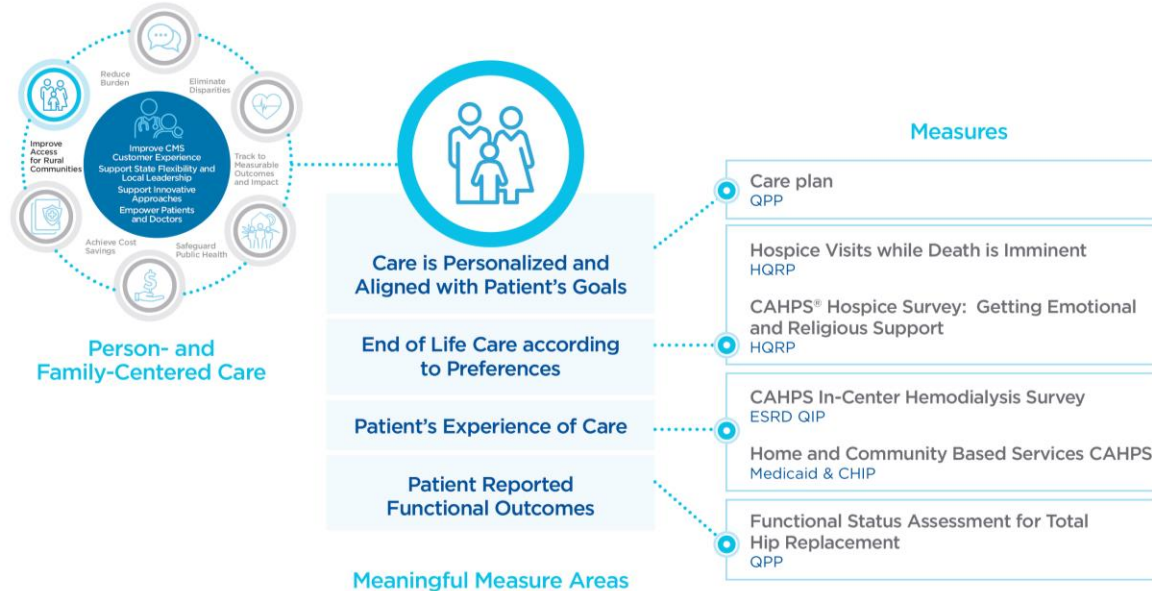- Patient Reported Functional Outcomes

Examples of Meaningful Measure Areas and What They Mean

Meaningful Measure Area	Quality Domain	Description
Healthcare-Associated Infections	Making Care Safer by Reducing Harm Caused in the Delivery of Care	On any given day, about one in 25 hospital patients has at least one healthcare-associated infection. Prevent healthcare-associated infections that occur in all healthcare settings.
Patient Functional Status	Strengthen Person and Family Engagement as Partners in Their Care	With total knee replacement among the top five most frequent inpatient procedures, more than 50% of inpatients are being discharged home. Improve or maintain patient's quality of life by addressing physical functioning that affects their ability to undertake daily activities most important to them.
Medication Management	Promote Effective Communication and Coordination of Care	Annual healthcare costs in the U.S. from Adverse Drug Events (ADEs) are estimated at $3.5 billion, resulting in 7,000 deaths annually. Avoid medication errors, drug interactions, and negative side effects by reconciling and tailoring prescriptions to meet the patient's care needs.
Prevention and Treatment of Opioid and Substance Use Disorders	Promote Effective Prevention and Treatment of Chronic Disease	Annually, three out of five drug overdose deaths involve an opioid, resulting in over $72 billion in medical costs. Ensure screening for and treatment of substance use disorders, including those co-occurring with mental health disorders.
Equity of Care	Work with Communities to Promote Best Practices of Healthy Living	Nearly 40 million persons in the United States have a disability with disparities in age, ethnicity, and socio-economic status. Ensure high quality and timely care with equal access for all patients and consumers, including those with social risk factors, for all health episodes in all settings of care.
Appropriate Use of Healthcare	Make Care Affordable	Overuse of services is estimated to account for nearly $300 billion a year in expenditures. Ensure patients receive the care they need while avoiding unnecessary tests and procedures.

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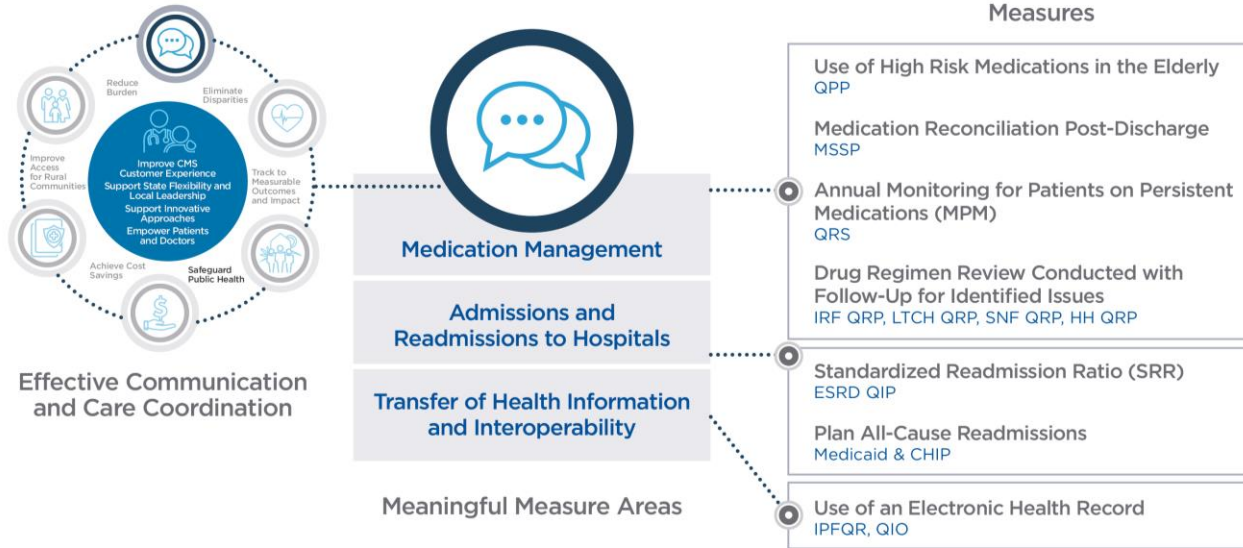# Make Care Safer by Reducing Harm Caused in the Delivery of Care

Patient Safety

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

Healthcare-Associated Infections

Preventable Healthcare Harm

Meaningful Measure Areas

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)

Measures

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

Surgical Site Infections (SSI)
IQR

Pediatric Central Line-Associated Bloodstream Infections Neonatal Intensive Care Unit and Pediatric Intensive Care Unit (CLABSI)
Medicaid & CHIP

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, HH QRP

Strengthen Person & Family Engagement as Partners in their Care

Promote Effective Communication & Coordination of Care

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

Standardized Readmission Ratio (SRR)
ESRD QIP

Plan All-Cause Readmissions
Medicaid & CHIP

Use of an Electronic Health Record
IPFQR, QIO

Medication Management

Admissions and Readmissions to Hospitals

Transfer of Health Information and Interoperability

Meaningful Measure Areas

Effective Communication and Care Coordination

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

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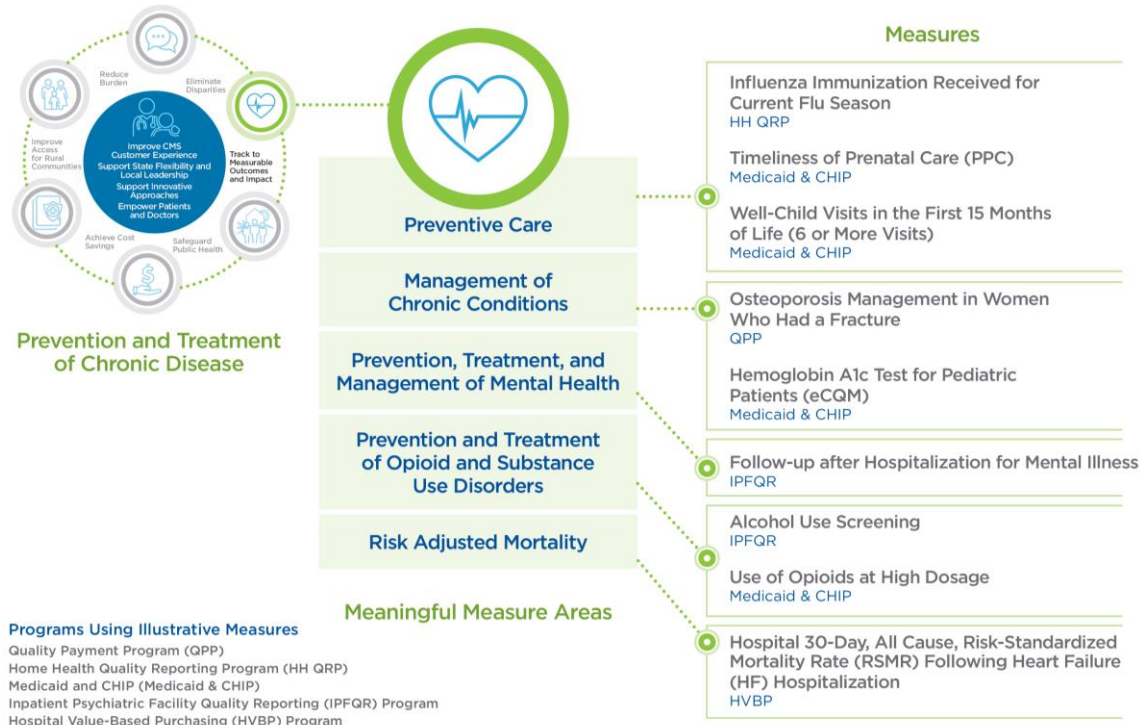Safeguard Public Health

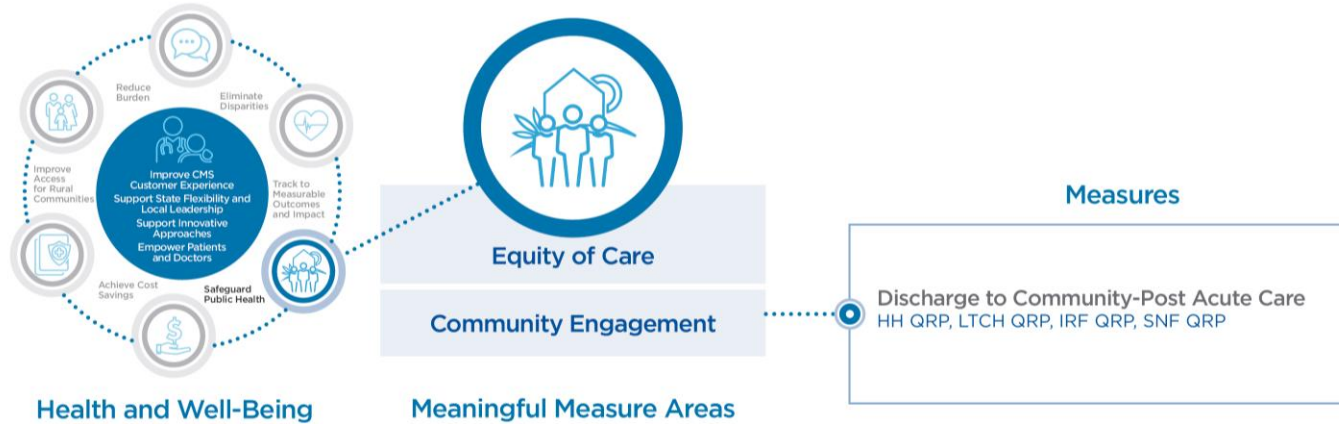**Programs Using Illustrative Measures**

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)

Work with Communities to Promote Best Practices of Healthy Living

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

Reduce Burden

Eliminate Disparities

Improve Access for Rural Communities

Track to Measurable Outcomes and Impact

Achieve Cost Savings

Safeguard Public Health

Health and Well-Being

Equity of Care

Community Engagement

Meaningful Measure Areas

Measures

Discharge to Community-Post Acute Care
HH QRP, LTCH QRP, IRF QRP, SNF QRP

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)
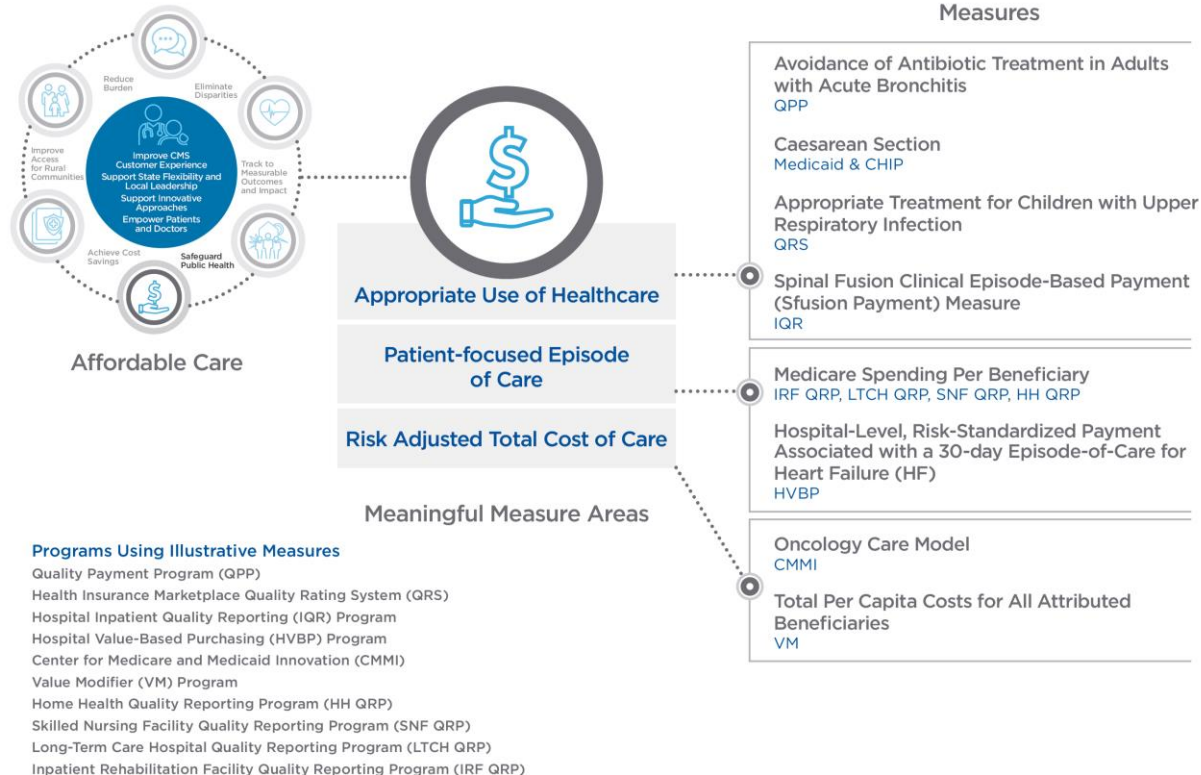
Getting to Measures that Matter

How do Meaningful Measure Areas Relate to Existing CMS Programs?

- Do not replace any existing programs, create new requirements, or mandate new measures, but will help programs identify and select individual measures
- Intended to increase measure alignment across CMS programs and other public and private initiatives
- Point to high priority areas where there may be gaps in available quality measures while helping guide CMS's effort to develop and implement quality measures to fill those gaps.

How will this initiative reduce burden for clinicians and providers?

- Allow clinicians and providers to focus on patients and improve quality of care in ways that are meaningful to them instead of reporting and paperwork
- Prioritize the use of outcome measures though high priority process measures will continue to be considered in cases where outcome measures might not be possible

What does this initiative mean for clinicians, including specialists?

- Intended to capture the most impactful and highest priority quality improvement areas for all clinicians, including specialists
- It is applicable across the lifespan and care settings
- Taking orthopedic surgeons as an example, we have heard from patients and surgeons that measuring patient-reported functional outcomes after surgery is important to determine if the surgery has been effective in improving or maintaining patients' quality of life.

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

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

Meaningful Measures Website

Questions & Answers

Additional CMS Education Sessions

Session	Date	Time	Location
Quality Payment Program Year 2	Tuesday, March 6	2:30-3:30 p.m.	Lando 4204
Quality Payment Program: Advancing Care Information	Wednesday, March 7	10-11 a.m.	Lando 4204
Advanced Alternative Payment Models (APMs)	Wednesday, March 7	1-2 p.m.	Lando 4204
Innovation in the Medicaid Enterprise: A State and Federal Priority Partnership	Thursday, March 8	11:30 a.m.-12:30 p.m.	Lando 4204
Quality Payment Program Developer Tools & EHRs Town Hall	Thursday, March 8	1-2 p.m.	Lando 4204
New Medicare Card (SSNRI)	Thursday, March 8	2:30-3:30 p.m.	Lando 4204

CMS Office Hours Schedule - Tuesday

Booth #10110	
Advanced Alternative Payment Models	12:30-1:30 p.m.
Technical Support for CMS Web-based Platforms	1-2 p.m.
Data Element Library	1-2 p.m.
New Medicare Card (SSNRI)	1-2:30 p.m.
Meaningful Measures	1:30-2:30 p.m.
Donating Data for Research with Blue Button 2.0 API & Sync for Science	2-3 p.m.
Electronic Clinical Quality Measures	2:30-4:30 p.m.
EHR Incentive Program – Medicaid	3-5 p.m.
QPP	4-5 p.m.

CMS Office Hours Schedule - Wednesday

Booth #10110	
New Medicare Card (SSNRI)	9:30-11 a.m.
Blue Button 2.0 API Technical Experts	10:30-11:30 a.m.
Data Element Library	11 a.m.-12 p.m.
Advancing Care Information	11:30 a.m.-12:30 p.m.
New Medicare Card (SSNRI)	1-3 p.m.
Advanced Alternative Payment Models	2:30-3:30 p.m.
Blue Button 2.0 API	2:30-3:30 p.m.
EHR Incentive Program – Hospitals	3-4 p.m.
CMS Quality Systems Improvements to Data Access	3-4 p.m.
Blue Button 2.0 API	4-4:30 p.m.
QPP	4:30-5:30 p.m.

CMS Office Hours Schedule - Thursday

Booth #10110	
New Medicare Card (SSNRI)	9:30-11 a.m.
QPP	10-11:30 a.m.
Blue Button 2.0 API	11 a.m.-12 p.m.
Data Element Library	11 a.m.-12 p.m.
Advanced Alternative Payment Models	11:30 a.m.-1 p.m.
New Medicare Card	1-3 p.m.
Electronic Clinical Quality Measures	1:30-3:30 p.m.
CMS Quality Systems Improvements to Data Access	2-3 p.m.
Advancing Care Information	2:30-3:30 p.m.
Blue Button 2.0 API	2:30-4 p.m.