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CENTER FOR MEDICARE & MEDICAID INNOVATION

Implementation of Quality Measures :
Meaningful Measures

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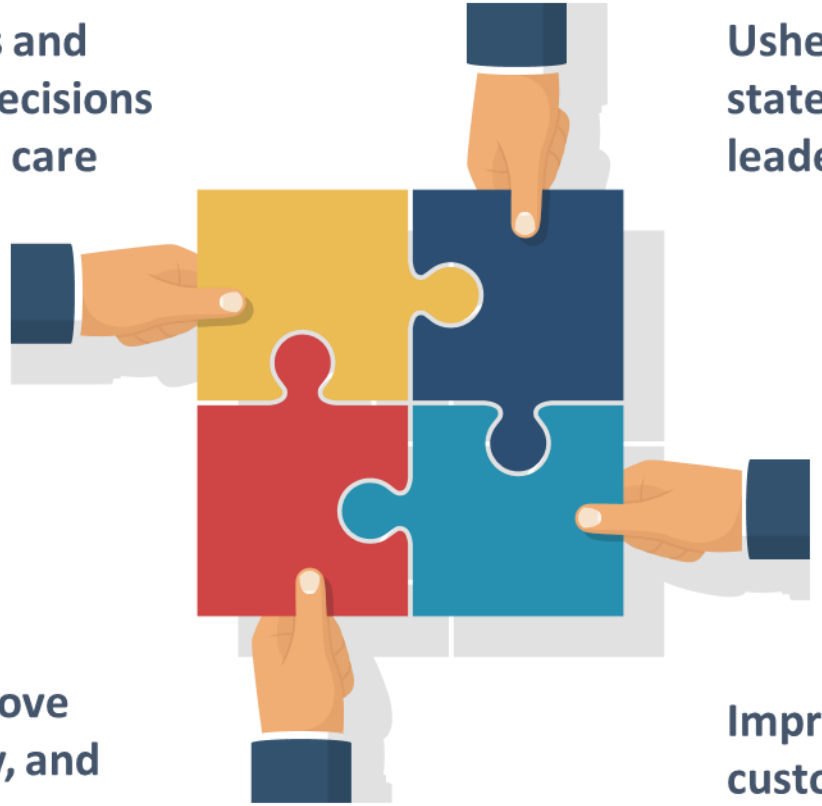
Share with the audience

- Meaningful Measure initiative in CMS
- Focus on intraoperability
- Quality Payment Program and opportunities with measure development

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

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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

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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

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

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

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

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Strengthen Person & Family Engagement as Partners in their Care (1 of 2)

Person- and Family-Centered Care

Meaningful Measure Areas	Descriptions
Care is Personalized and Aligned with Patient's Goals	"An alternative approach to better care focuses on [patient goals]…researchers have been using goal-attainment scaling for decades to measure the effect of treatment for conditions such as dementia and for comprehensive geriatric assessments"[3]. Ensure the care delivered is in concert with individuals' goals, aligned with the care plan co-created with their doctor and evidenced by people making informed decisions about their care.
End of Life Care according to Preferences	Fewer than 50% of even severely or terminally ill patients have an advance directive in their medical record[4]. Ensure that care delivered at the end of life is in concert with patient/family preferences, which includes knowing those desires and providing aligned care and services.
Patient's Experience of Care	Recent average positive reports of healthcare experiences showed variation across a range of factors, for example, from 52% for 'Care transitions' to 87% for 'Discharge information'[5]. Actively engage patients in reporting their experiences including satisfaction with care and staff, and community inclusion.
Patient Reported Functional Outcomes	With total knee replacement among the top five most frequent inpatient procedures, more than 50% of inpatients are being discharged home[6]. Improve or maintain patients' quality of life by addressing physical functioning that affects their ability to undertake daily activities most important to them.

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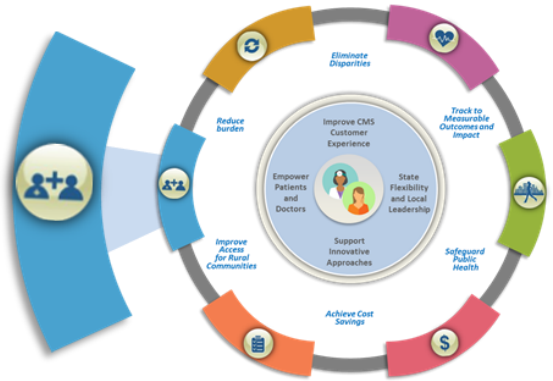
Strengthen Person & Family Engagement as Partners in their Care (2 of 2)



Person- and Family-Centered 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

Measures

- Care plan QPP
- Hospice Visits while Death is Imminent HQRP
- CAHPS® Hospice Survey: Getting Emotional and Religious Support HQRP
- CAHPS In-Center Hemodialysis Survey ESRD QIP
- Home and Community Based Services CAHPS Medicaid & CHIP
- Functional Status Assessment for Total Hip Replacement QPP

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)

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Promote Effective Communication & Coordination of Care (1 of 2)

Effective Communication and Care Coordination

Meaningful Measure Areas	Descriptions
Medication Management	Annual health care costs in the U.S. from Adverse Drug Events (ADEs) are estimated at $3.5 billion, resulting in 7,000 deaths annually[7]. Avoid medication errors, drug interactions, and negative side effects by reconciling and tailoring prescriptions to meet the patient's care needs.
Admissions and Readmissions to Hospitals	Nearly 1 in 5 Medicare fee-for-service hospital discharges have previously resulted in a readmission within 30 days[8], accounting for more than $17 billion in avoidable Medicare expenditures[9]. Prevent unplanned admissions and readmissions to the hospital; unplanned admissions and readmissions have negative impacts on patients, caregivers, and clinical resources, and can be prevented with effective care coordination and communication.
Transfer of Health Information and Interoperability	Fewer than 10% of physicians have fully functional Electronic medical record/electronic health record (EMR/EHR) systems[10]. Promote interoperability to ensure current and useful information follows the patient and is available across every setting and at each healthcare interaction.

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Promote Effective Communication & Coordination of Care (2 of 2)

Effective Communication and Care Coordination

Medication Management

Admissions and Readmissions to Hospitals

Transfer of Health Information and Interoperability

Meaningful Measure Areas

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

Measures

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)

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Promote Effective Prevention & Treatment of Chronic Disease (1 of 2)

Prevention and Treatment of Chronic Disease

Meaningful Measure Areas	Descriptions
Preventive Care	Many screening rates, like those for breast (72%), cervical (83%), and colorectal (59%) cancers, are below desired levels and reflect disparities across ethnicity/race[11]. Prevent diseases by providing immunizations and evidence-based screenings, and promoting healthy life style behaviors and addressing maternal and child health.
Management of Chronic Conditions	People with multiple chronic conditions account for 93% of total Medicare spending[12]. Promote effective management of chronic conditions, particularly for those with multiple chronic conditions.
Prevention, Treatment, and Management of Mental Health	Annually, 1 in 5 or 43.8 million adults in the U.S. experience mental illness[13]. Diagnosis, prevention and treatment of depression and effective management of mental disorders (e.g., schizophrenia, bipolar disorder), and dementia (e.g., Alzheimer's disease) with emphasis on effective integration with primary care.
Prevention and Treatment of Opioid and Substance Use Disorders	Annually, three out of five drug overdose deaths involve an opioid[14], resulting in over $72 billion in medical costs[15]. Ensure screening for and treatment of substance use disorders, including those co-occurring with mental health disorders.
Risk Adjusted Mortality	Heart disease, cancer, and chronic lower respiratory diseases are among the leading causes for death[16]. Reduce mortality rate for patients in all healthcare settings.

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Promote Effective Prevention & Treatment of Chronic Disease (2 of 2)

Prevention and 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

Meaningful Measure Areas

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
- Osteoporosis Management in Women who Had a Fracture QPP
- Hemoglobin A1c Test for Pediatric Patients (eCQM) Medicaid & CHIP
- 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

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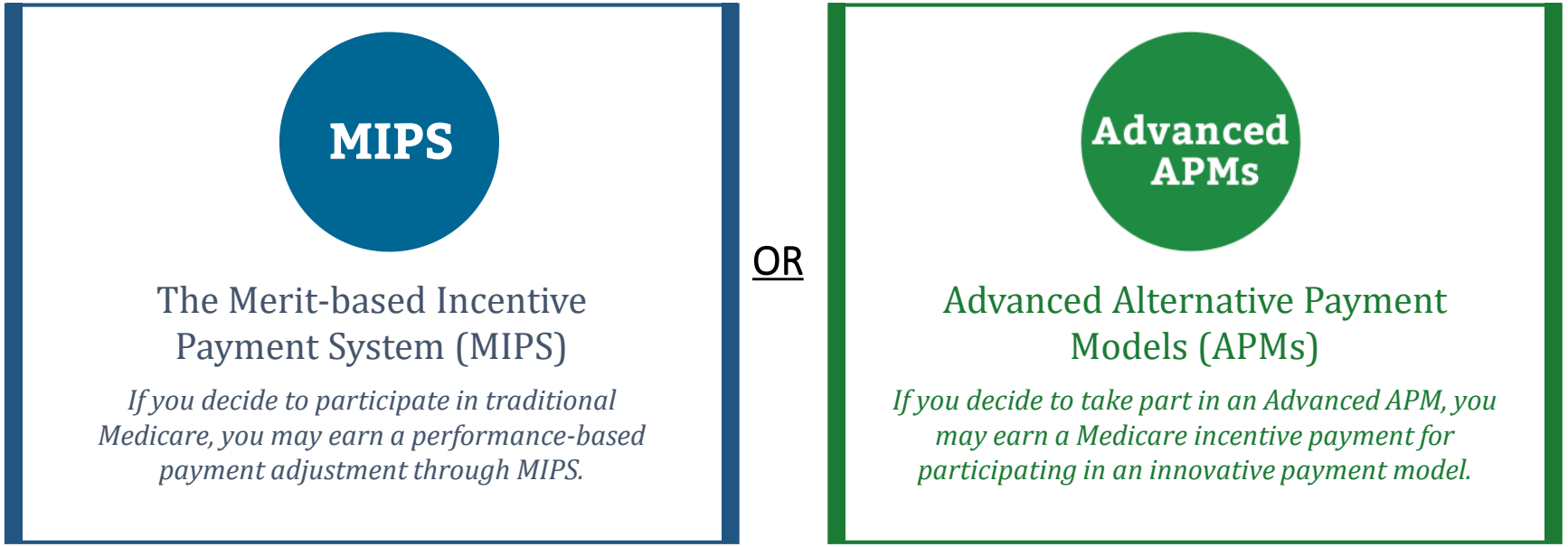
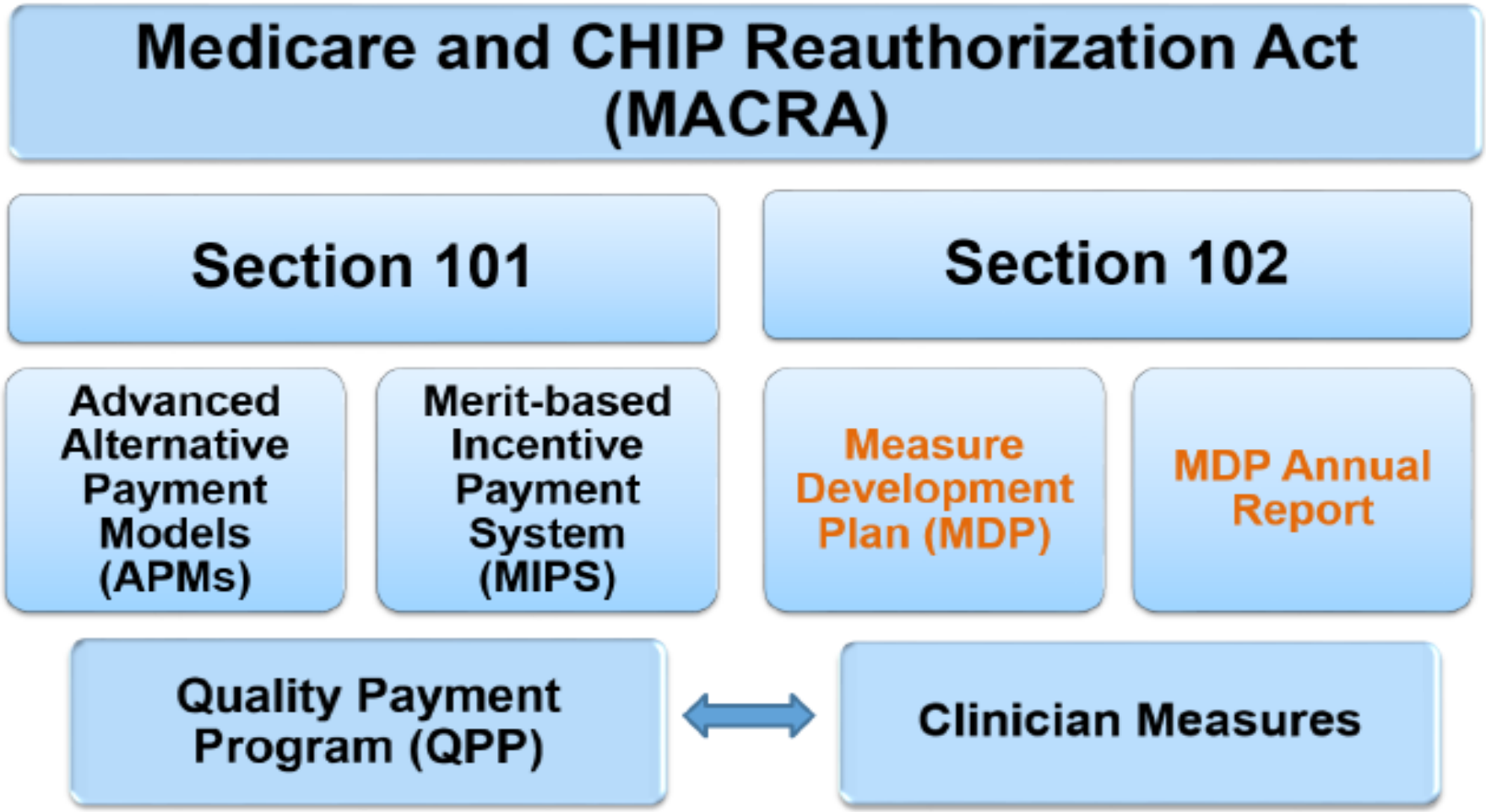
The Quality Payment Program

Clinicians have two tracks from which to choose:



Background – MACRA Snapshot



Introduction: Cooperative Agreement

MACRA Funding Opportunity

Purpose

This Funding Opportunity is to provide technical and funding assistance in the form of cooperative agreements to entities to develop, improve, update, or expand quality measures for use in the QPP.

Background

The Centers for Medicare & Medicaid Services (CMS) recognizes the benefits of measure development by external stakeholders with specific knowledge of clinician and patient perspectives. CMS believes clinical specialty societies, clinical professional organizations, patient advocacy organizations, educational institutions, independent research organizations, health systems, and other entities may be well suited for this development . On March 2, 2018 CMS published the "Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Funding Opportunity: Measure Development for the Quality Payment Program" on Grants.gov.

Priority Domain and Specialties

Measure development work should align with the priorities identified in the CMS MDP*

Priority Domain

- Clinical Care
- Safety
- Care Coordination
- Patient & Caregiver Experience
- Population Health & Prevention

Specialty Gap Areas

- Orthopedic Surgery
- Pathology
- Radiology
- Mental Health
- Oncology
- Emergency Medicine

CMS will accept applications for other specialty or cross-cutting measures which are high impact measures and/or fill a demonstrated existing gap

Concluding thoughts

- Importance of alignment across public of private payers
- Shifting to data sources that are less burdensome
- Focusing on meaningful measures as framework for identifying gaps in measurement
- Partnership with patients and front-line providers on measures that improve care