

Implementation of Quality Measures : Meaningful Measures



Reena Duseja, MD, MS
Acting Group Director
Quality Measurement and
Value Based Incentives Group
Centers for Medicare and
Medicaid Services
May 15, 2018

Disclaimers

This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference

The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide.

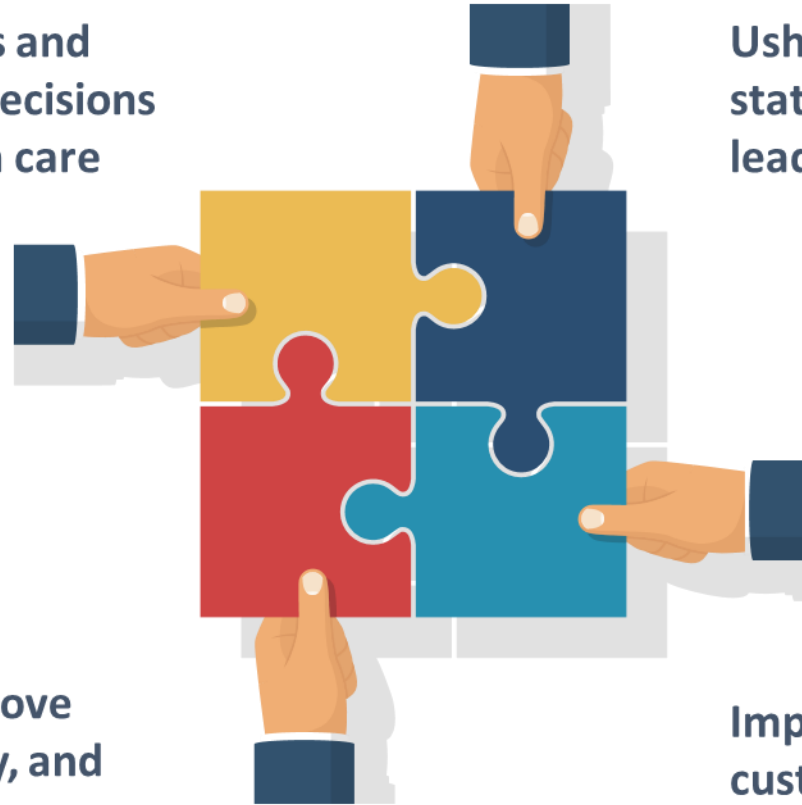
Objectives

- Meaningful Measure initiative in CMS
- How the Meaningful Measure initiative fits in embedded pragmatic clinical trials
- 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

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*

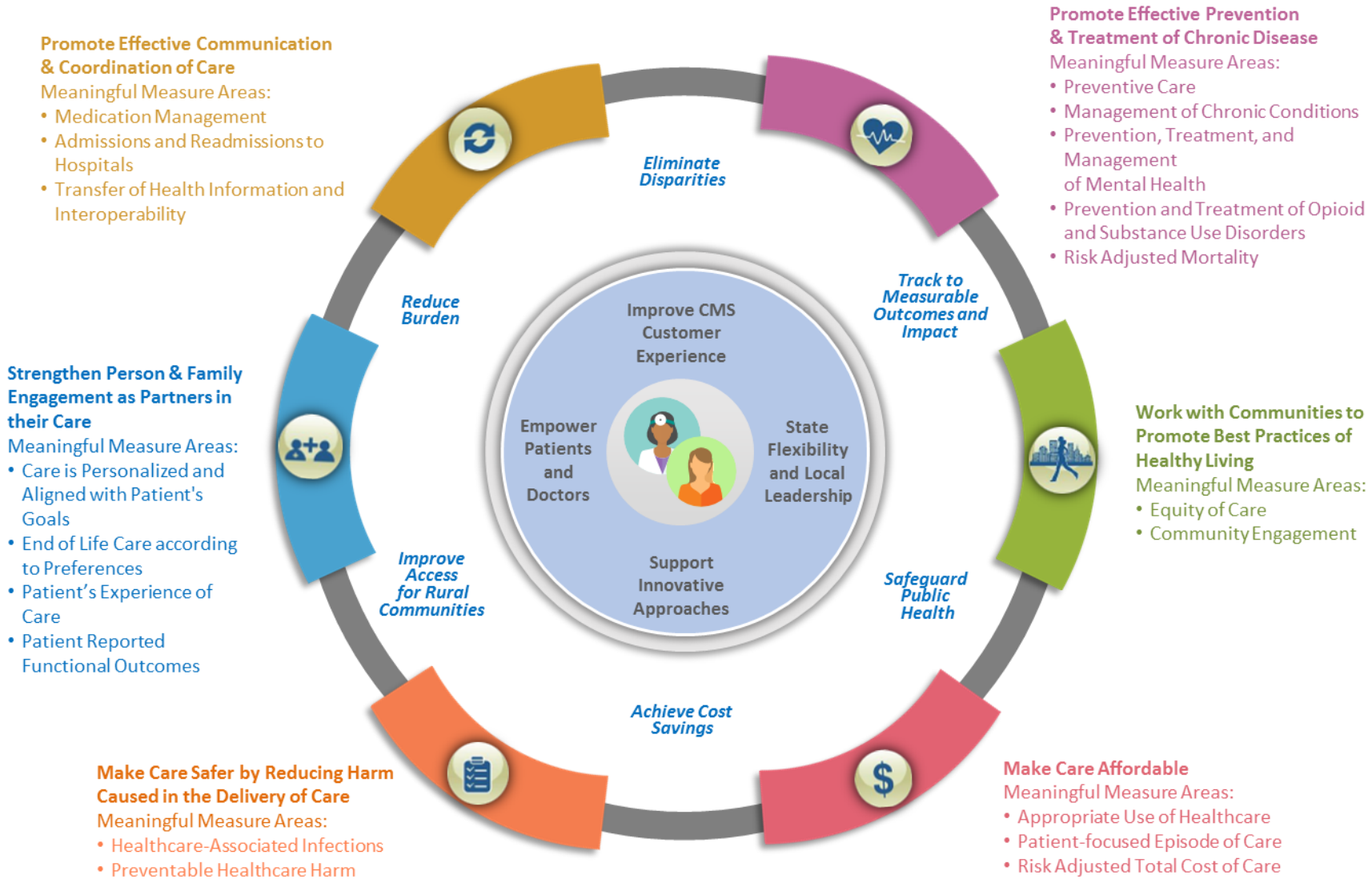
Includes perspectives from experts and external stakeholders:

- Core Quality Measures Collaborative
- Agency for Healthcare Research and Quality
- Many other external stakeholders

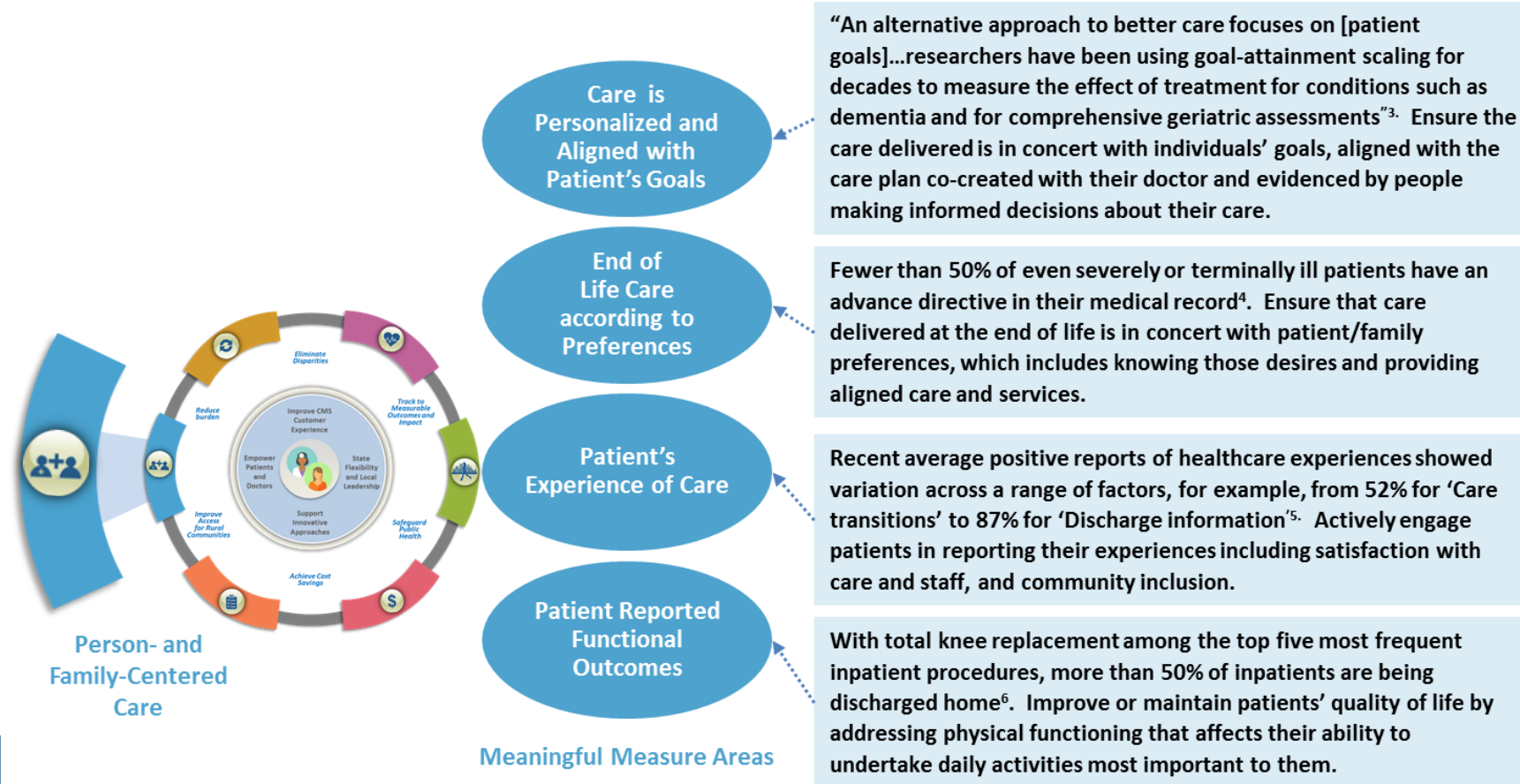
Quality Measures



Meaningful Measures

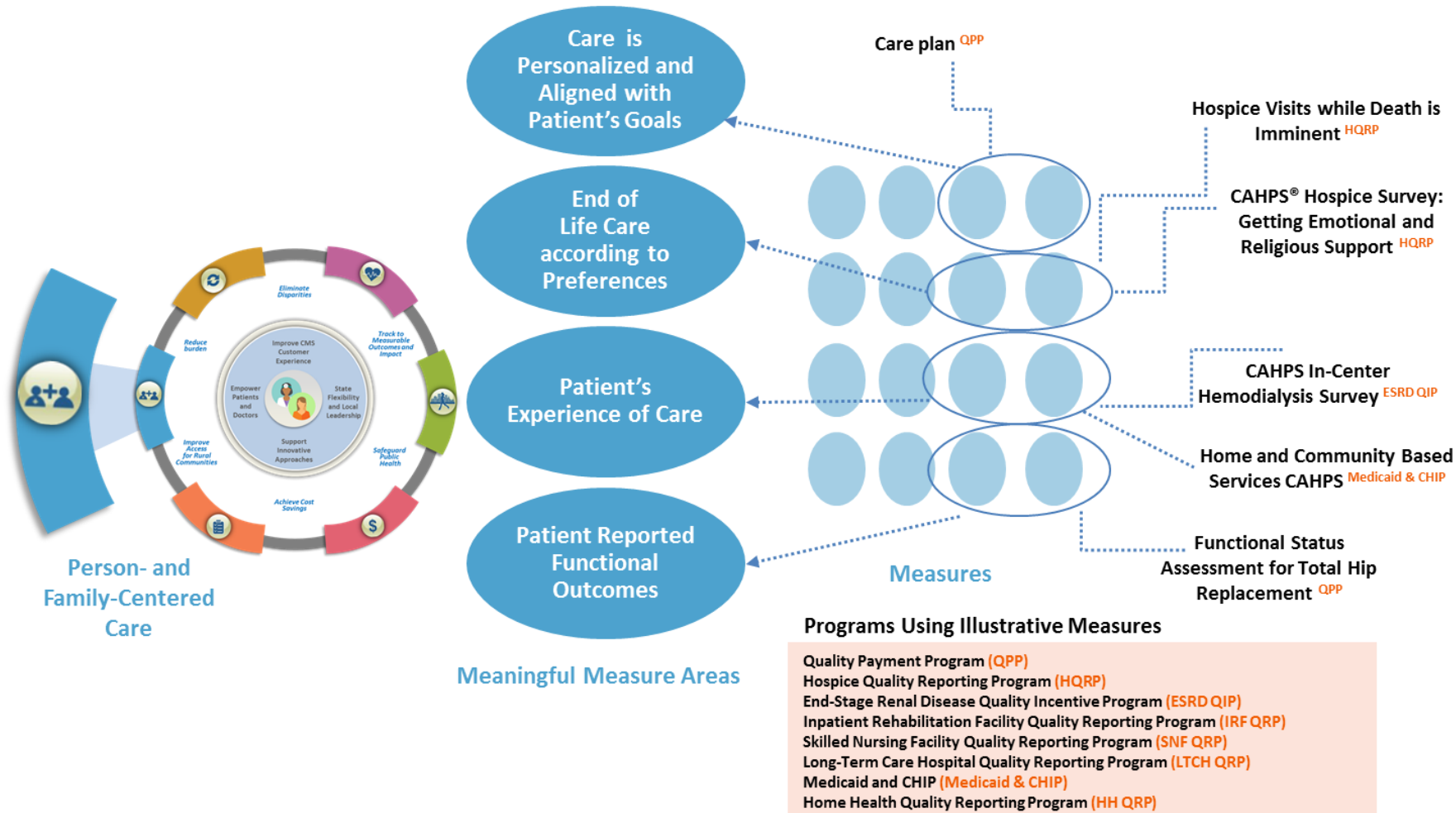


Strengthen Person & Family Engagement as Partners in their Care (1 of 2)

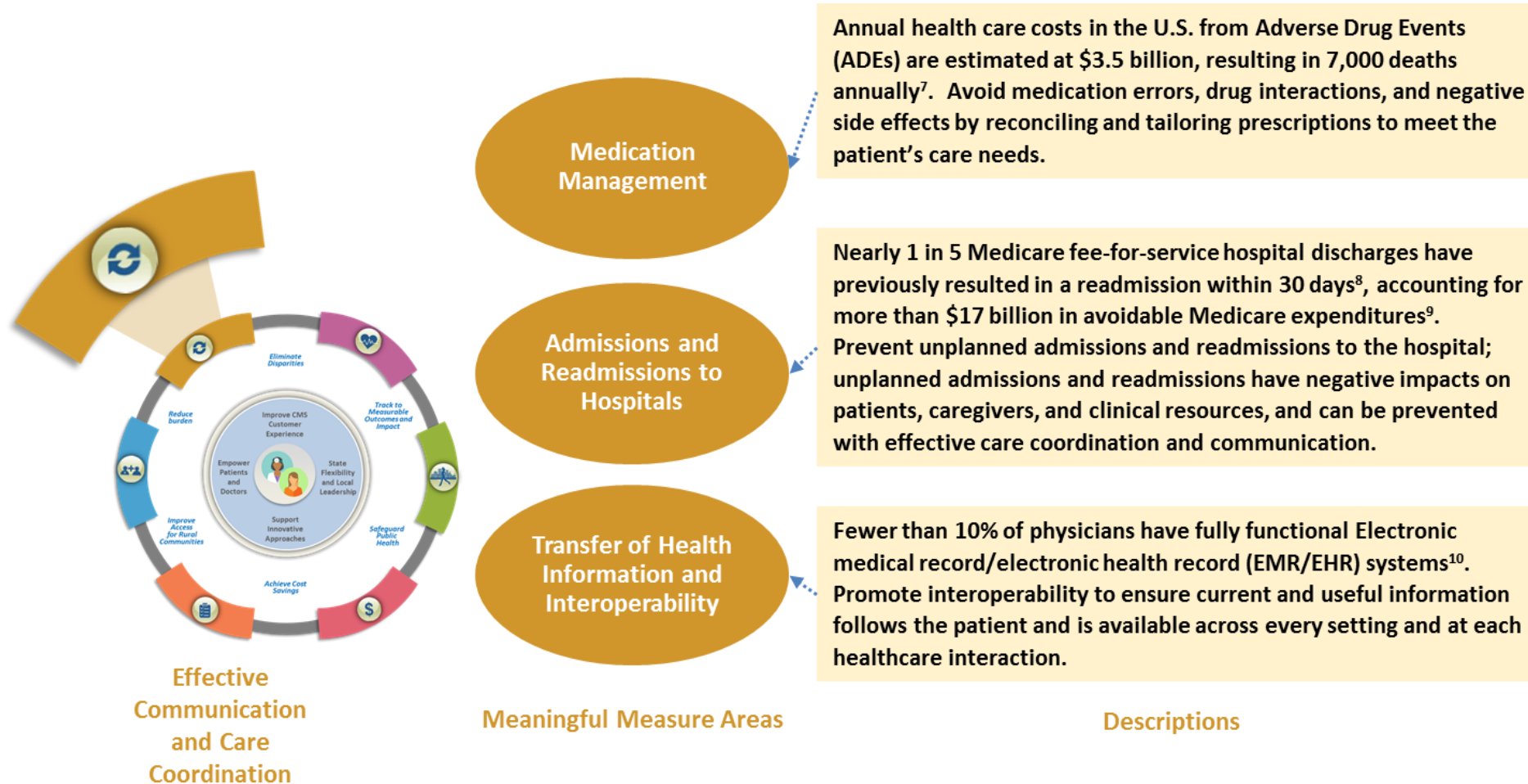


Descriptions

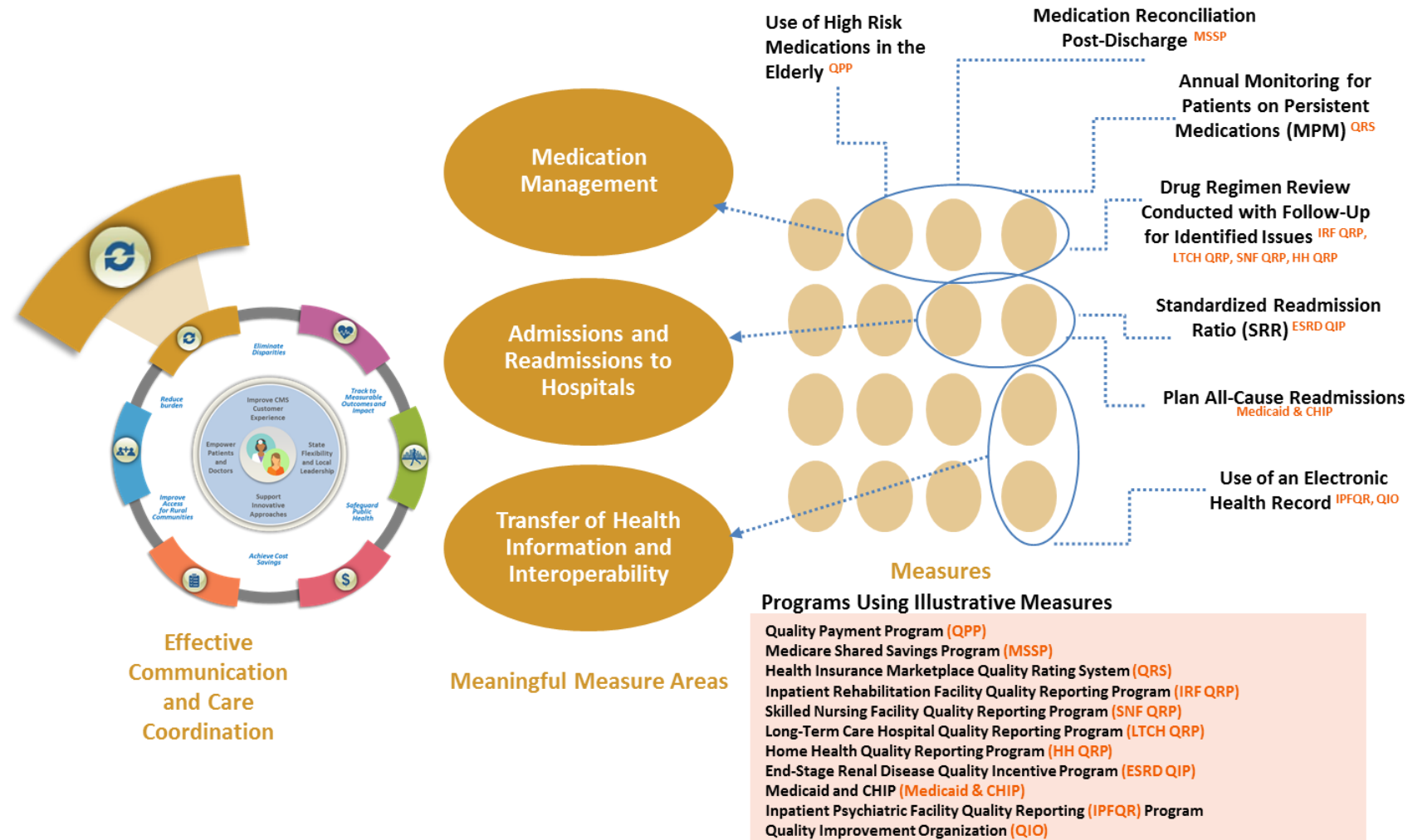
Strengthen Person & Family Engagement as Partners in their Care (2 of 2)



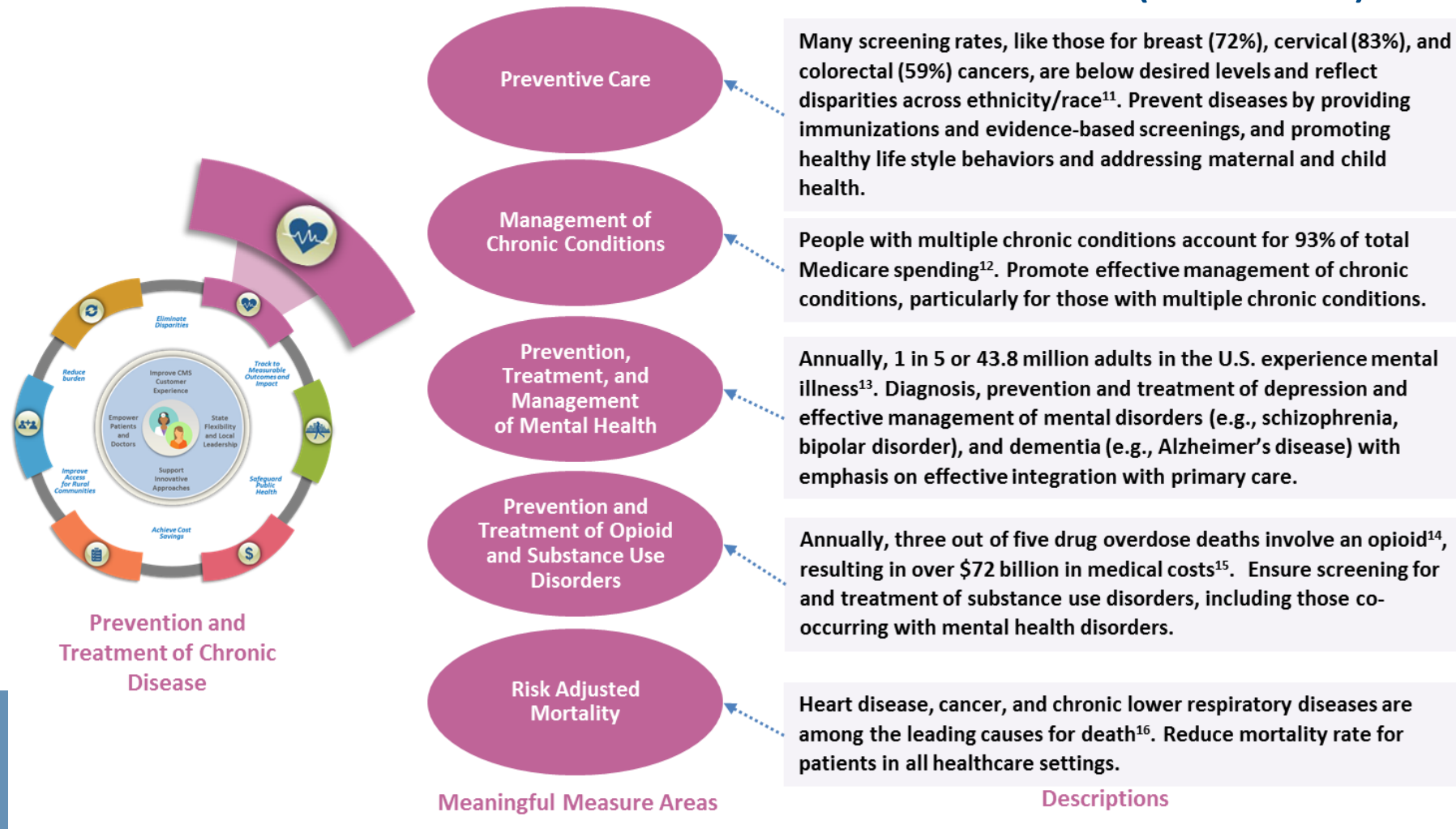
Promote Effective Communication & Coordination of Care (1 of 2)



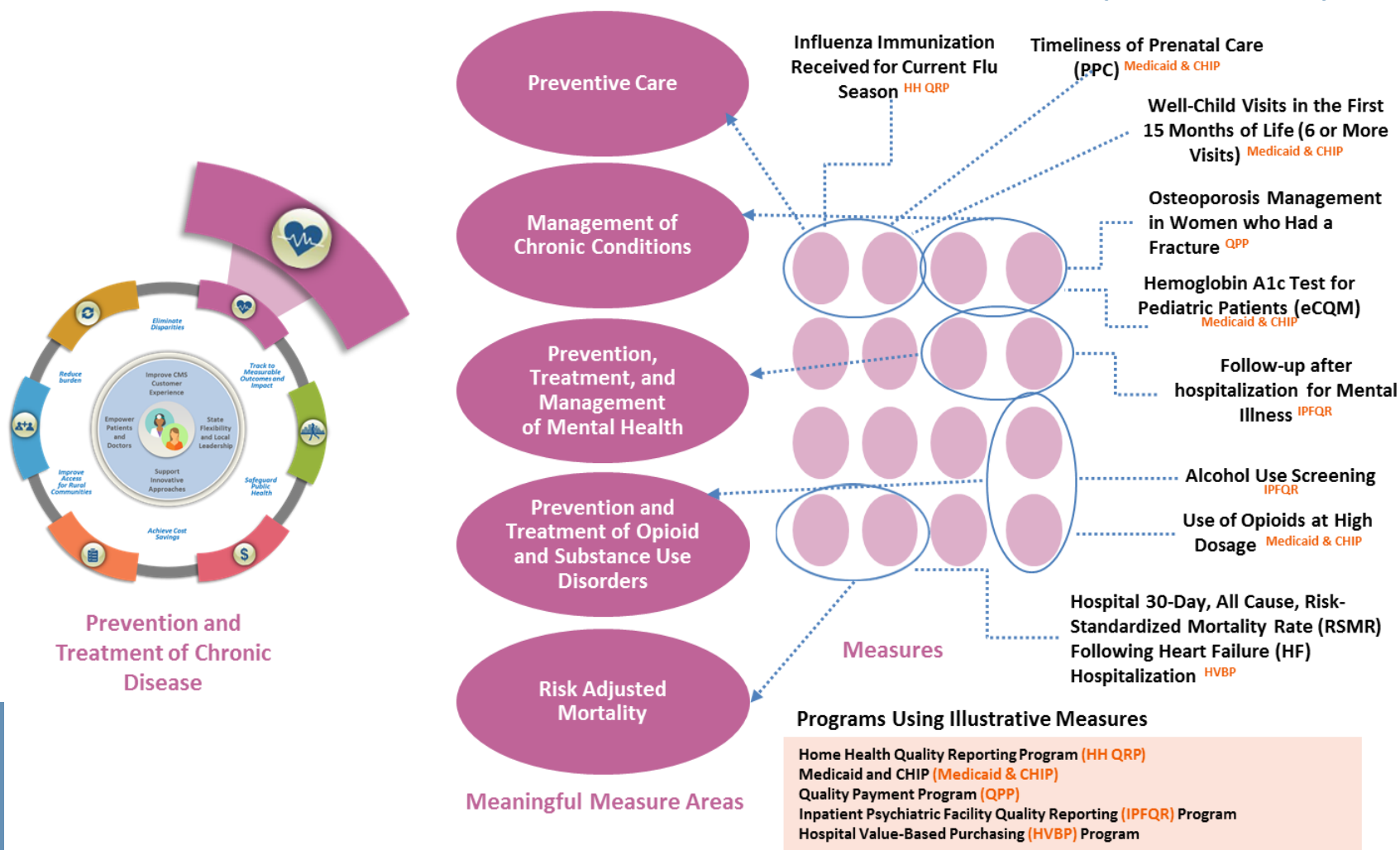
Promote Effective Communication & Coordination of Care (2 of 2)



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



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



How meaningful measures fit into embedded pragmatic clinical trials

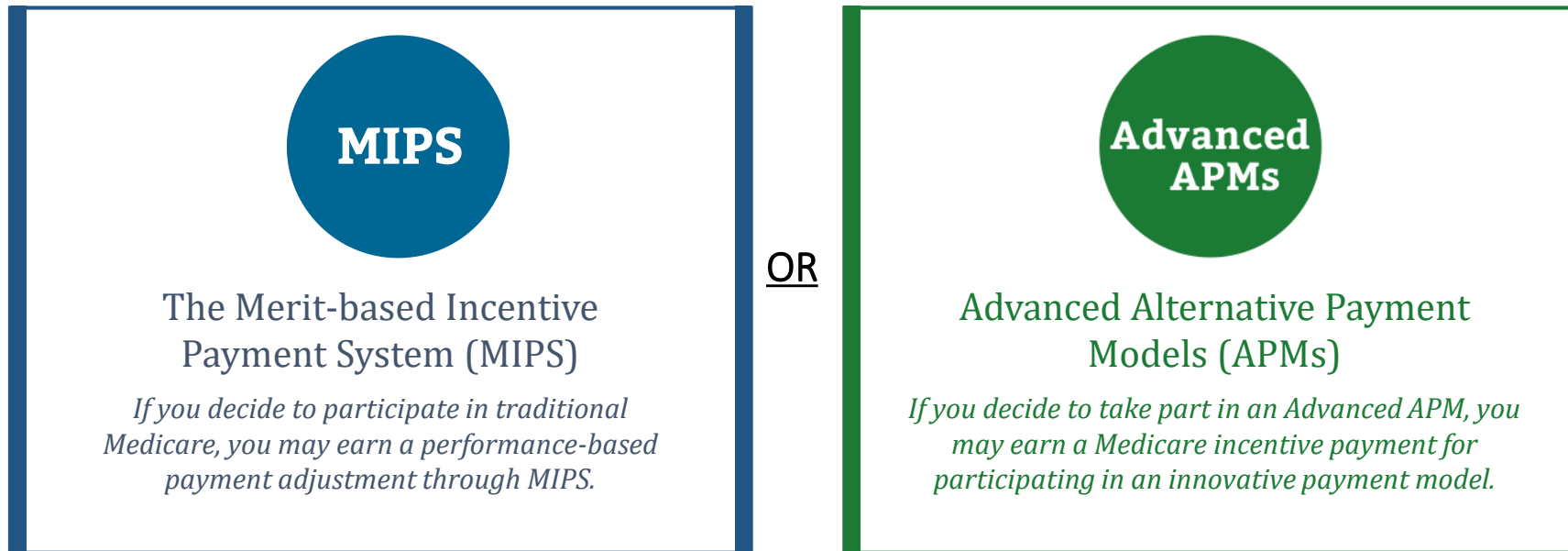
- Data
 - Short term: What measures can be implemented using data we have now?
 - Long term: What data do we need? What infrastructure do we need to build to get that data?
- Prioritize outcome measures
 - Demonstrate change in the outcomes that matter to patient and caregivers
- Prioritize involvement of patients and caregivers
 - Identify patient & caregiver-centric measure concepts during measure development
 - Obtain patient and caregiver input throughout testing and implementation
- Leverage existing evidence base
 - Improvements in symptom burden and patient satisfaction
 - Reductions in cost & utilization (e.g., ED visits, hospitalizations)

Moving forward

- Identify populations to focus efforts
 - Areas where evidence already exists
 - Pilot and build on success
- Prioritize measures and gaps
- Measurement burden

The Quality Payment Program

Clinicians have two tracks from which to choose:



Background – MACRA Snapshot



Medicare and CHIP Reauthorization Act (MACRA)

Section 101

**Advanced
Alternative
Payment
Models
(APMs)**

**Merit-based
Incentive
Payment
System
(MIPS)**

Section 102

**Measure
Development
Plan (MDP)**

**MDP Annual
Report**

**Quality Payment
Program (QPP)**



Clinician Measures

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](https://www.grants.gov).

Reena Duseja
Reena.duseja@cms.hhs.gov