

Implementation of Quality Measures : Meaningful Measures



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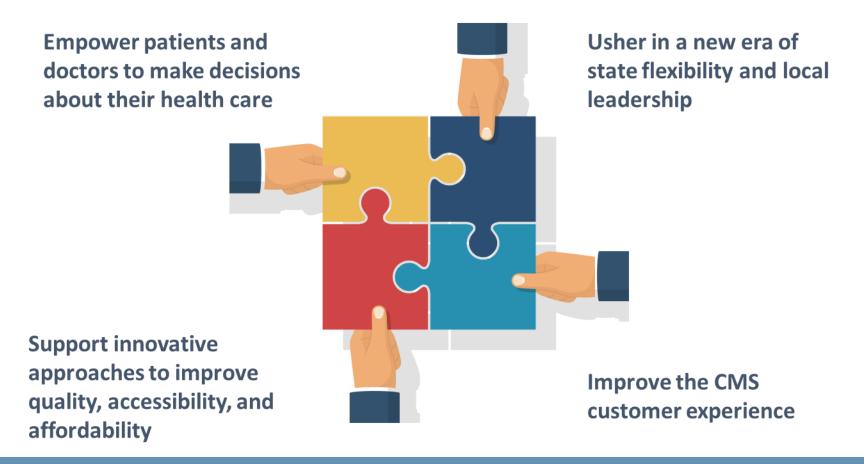
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Objectives

- 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





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:

- ✓ <u>High quality</u> healthcare
- ✓ <u>Meaningful outcomes</u> 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:

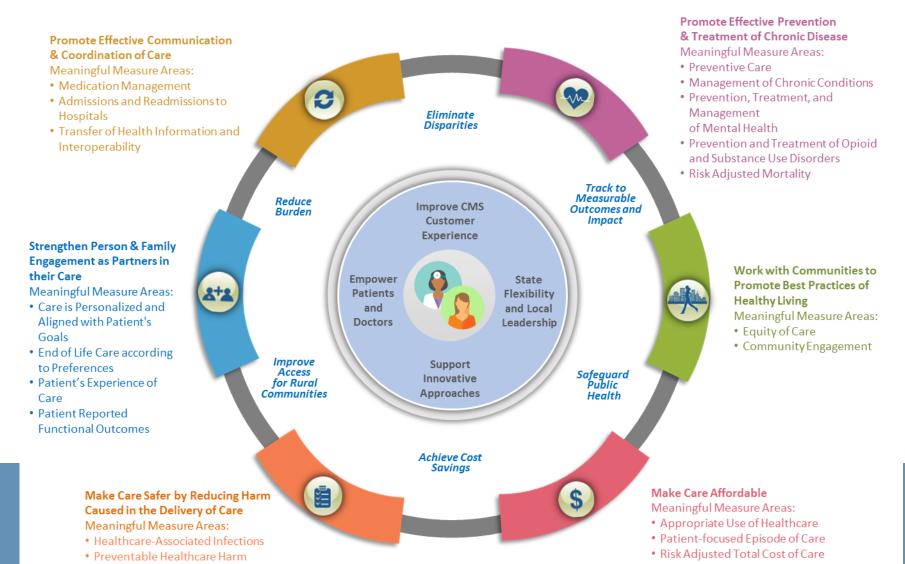
- Core Quality Measures Collaborative
- Agency for Healthcare Research and Quality
- Many other external stakeholders







Meaningful Measures





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

Care is Personalized and Aligned with Patient's Goals End of Life Care according to **Preferences** Patient's **Experience of Care Patient Reported Functional** Person- and Outcomes Family-Centered Care **Meaningful Measure Areas**

"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.

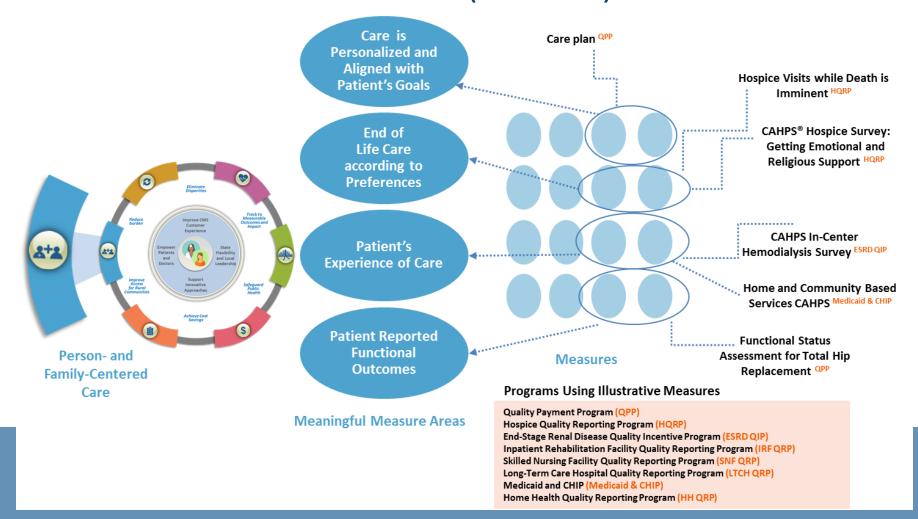
Fewer than 50% of even severely or terminally ill patients have an advance directive in their medical record⁴. Ensure that care delivered at the end of life is in concert with patient/family preferences, which includes knowing those desires and providing aligned care and services.

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.

With total knee replacement among the top five most frequent inpatient procedures, more than 50% of inpatients are being discharged home⁶. Improve or maintain patients' quality of life by addressing physical functioning that affects their ability to undertake daily activities most important to them.



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





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

Reduce Empower Experience Support

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Effective Communication and Care Coordination Medication Management

Admissions and Readmissions to Hospitals

Transfer of Health Information and Interoperability

Meaningful Measure Areas

Annual health care costs in the U.S. from Adverse Drug Events (ADEs) are estimated at \$3.5 billion, resulting in 7,000 deaths annually⁷. Avoid medication errors, drug interactions, and negative side effects by reconciling and tailoring prescriptions to meet the patient's care needs.

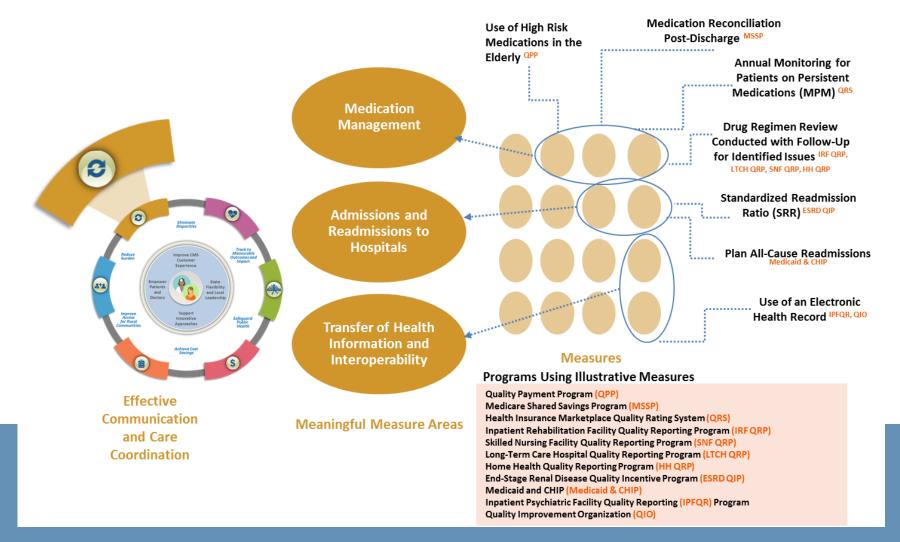
Nearly 1 in 5 Medicare fee-for-service hospital discharges have previously resulted in a readmission within 30 days⁸, accounting for more than \$17 billion in avoidable Medicare expenditures⁹. Prevent unplanned admissions and readmissions to the hospital; unplanned admissions and readmissions have negative impacts on patients, caregivers, and clinical resources, and can be prevented with effective care coordination and communication.

Fewer than 10% of physicians have fully functional Electronic medical record/electronic health record (EMR/EHR) systems¹⁰. Promote interoperability to ensure current and useful information follows the patient and is available across every setting and at each healthcare interaction.

Descriptions

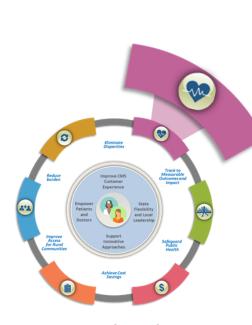


Promote Effective Communication & Coordination of Care (2 of 2)





Promote Effective Prevention & Treatment of Chronic Disease (1 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

Many screening rates, like those for breast (72%), cervical (83%), and colorectal (59%) cancers, are below desired levels and reflect disparities across ethnicity/race¹¹. Prevent diseases by providing immunizations and evidence-based screenings, and promoting healthy life style behaviors and addressing maternal and child health.

People with multiple chronic conditions account for 93% of total Medicare spending¹². Promote effective management of chronic conditions, particularly for those with multiple chronic conditions.

Annually, 1 in 5 or 43.8 million adults in the U.S. experience mental illness¹³. 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.

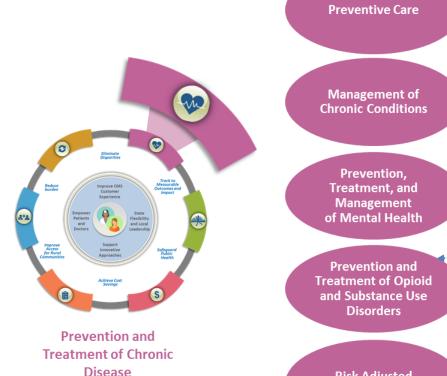
Annually, three out of five drug overdose deaths involve an opioid¹⁴, resulting in over \$72 billion in medical costs¹⁵. Ensure screening for and treatment of substance use disorders, including those cooccurring with mental health disorders.

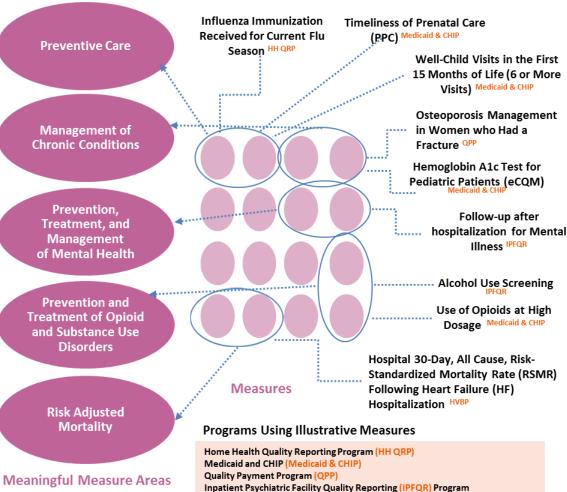
Heart disease, cancer, and chronic lower respiratory diseases are among the leading causes for death¹⁶. Reduce mortality rate for patients in all healthcare settings.

Descriptions



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





Hospital Value-Based Purchasing (HVBP) Program



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:

<u>OR</u>



The Merit-based Incentive Payment System (MIPS)

If you decide to participate in traditional Medicare, you may earn a performance-based payment adjustment through MIPS.



Advanced Alternative Payment Models (APMs)

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.



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 <u>develop</u>, <u>improve</u>, <u>update</u>, or <u>expand</u> 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.

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