



PATIENT-CENTERED QUALITY MEASUREMENT: WHAT IT IS AND HOW TO GET INVOLVED

CMS Webinar

Date: 7/25/19

YouTube: <https://www.youtube.com/watch?v=IEdHEOq4kbc>

Presenters

- Kim Rawlings, CMS; Lead for the Measures Manager
- Brenna Rabel, Battelle; Oversees Education and Outreach of the MMS contract funded by CMS
- Dr. Nicole Brennan, Battelle; Senior Project Director

Goal

To provide an overview of clinical quality measures and how patients and other stakeholders are considered and involved in the process of developing them.

Agenda

1. Introduction to CMS and Quality Goals
2. What quality measures are and how they are used
3. Meaningful Measures
4. Stakeholder involvement throughout the quality measure lifecycle
5. Additional resources

Acronyms

- AHRQ (Agency for Healthcare Research and Quality)
- CMIT (CMS Measures Inventory Tool) — provides a searchable repository of the measures used across CMS quality programs and initiatives
- CMS (Centers for Medicare & Medicaid Services) — strives to improve health outcomes of patients, make sure that patients receive good results and that care is aligned with up-to-date and evidence-based guidelines
- CQMs (Clinical Quality Measures) — tools that quantify health care quality
- MacPAC (Medicaid and CHIP Payment and Access Commission)
- MAP (Measure Applications Partnership)
- MACRA (Medicare Access and CHIP Reauthorization Act)
- MDP (Measure Development Program)
- MedPAC (Medicare Payment Advisory Committee)
- MIF (Measurement Information Form)
- MMAs (Meaningful Measure Areas)
- MMS (Measures Management System)
- MUC (Measures Under Consideration)
- MUD (Measurement Under Development)

- NQF (National Quality Forum)
- PFAB (Patient/Family Advisory Board)
- PROs (Patient-Reported Outcomes)
- TEPs (Technical Expert Panels) — experts (patients are considered experts of their lived experiences) convened by a measure developer to support measure development

Meaningful Measures and the Meaningful Measures Framework

Presenter: Kim Rawlings, CMS

Types of CQMs (Using Diabetes as an Example)

- Quantifying a process
 - The percentage of diabetic patients who receive a foot exam (i.e., the measure) during their annual wellness visits
- Tracking patient experience
 - Whether the patient was able to get the necessary appointment and care as quickly as they needed it
- Tracking patient outcomes
 - Number of hospitalizations or deaths attributable to poorly controlled blood sugar in diabetic patients
- Looking at the organizational structure
 - Whether a health care facility has the appropriate lab equipment or staff to process the relevant lab tests needed to take care of a patient with diabetes

Requirements of CQMs

- Must be tested to demonstrate their relationship to the provision of high-quality care and/or the quality goals for health care
- Must be supported by good evidence, meaning there must be information either in peer-reviewed literature or clinical guidelines that aligns with the measure's intent

Purpose of CQMs

- Goal 1: Improve the quality of health care provided to patients — tools for making good decisions
 - Provide the data to identify if change is necessary
- Goal 2: Empower patients to make informed decisions — patients can select high-performing clinicians by way of quality information that balances that of cost
 - Publicly recorded quality measures can be found on websites such as Physician Compare, Hospital Compare, Nursing Home Compare, etc.

Priorities When Forming CQMs

- Meaningful Measures Initiative
- Legislative mandates
 - Most CMS quality reporting and incentive programs are born out of legislation that describes requirements that need to be considered when developing a measurement

- Patients, public, and other stakeholders
 - Inputs received through public comment, TEPs, MAP workgroups, etc.
- Other reports/documents
 - Inputs received through MedPAC or MacPAC reports and other agencies like AHRQ
 - Plans for specific programs such as the quality MDP for MACRA
 - Environmental scans of gaps in analysis

Meaningful Measures Initiative — Framework

- Objective/strategic goals: Focus everyone’s efforts (patient-centered) on the same quality areas and lend specificity
 - Improve CMS customer experience
 - Support state flexibility and local leadership
 - Support innovative approaches
 - Empower patients and doctors

Priorities and MMAs

- Promote effective communication and coordination of care
 - Medication management
 - Admissions/readmissions to hospitals
 - Transfer of health information and interoperability
- Promote effective prevention and treatment of chronic disease
 - Prevention care
 - Management of chronic diseases
 - 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
 - Equality of care
 - Community engagement
- Make care affordable
 - Appropriate use of health care
 - Patient-focused episode of care
 - Risk-adjusted total cost of care
- Make care safer by reducing harm caused in the delivery of care
 - Health-care-associated infections
 - Preventable health care harm
- Strengthen person and family engagements as partners in their care
 - Care is personalized and assigned
 - End-of-life care
 - Functional outcomes

Patient-Centered Quality Measurement

Presenter: Brenna Rabel, Battelle

To be considered patient-centered, measures must be developed in some way for and by the patient, e.g.:

- Measures developed with input from patients
 - Best treatment options, areas for improvement, etc.
- Measures that are meaningful or useful to patients
 - Factor in patient perspectives and balance them against clinical guidelines/evidence and align with information in clinical literature (requiring input from clinicians as well)
- Measures of PROs or patient experience
 - Information is gathered directly from patients about their symptoms or experiences with health care, and that direct information is what's used to determine the quality of care being delivered to patients

Measure Development Activities: Ways to Gather Patient and Stakeholder Input

- TEPs
 - Patients talk about their experiences with the health care system and perspectives that might give context around perspectives of clinicians/methodology experts participating
 - CMS measure developers are required to post calls for TEPs on the MMS website
- Public comment
 - Measures are typically posted online for ~30 days, during which time anyone can review the measure information and submit a comment with feedback about the MUD
- Testing
 - Focus groups/interviews of clinicians/patients or on-site testing at hospitals/practices
 - These opportunities are typically advertised via the MMS newsletter
- Other ways for patients to get involved
 - Patient advocacy groups
 - Serve as a conduit between patients and measure developers
 - Help those involved stay in the loop about opportunities to participate in measure development activities
 - Upcoming webinars or information sessions and relevant public comment

Measure Lifecycle

1. Measure Conceptualization

- Information gathering — e.g., literature review
- Gap analysis: Find similar/related measures to identify gaps in the landscape
- Initial business case: How development will impact health care costs and quality
- Stakeholder involvement: TEPs/interviews/public comment; diversity of input
 - Patient feedback: Experiences and their perceptions of what makes “quality” care
 - Clinician feedback: Workflows, burdens, perceptions about existing guidelines

2. Measure Specification

- Attributes: Description, numerator/denominator/exclusions, rationale, evidence
 - Numerator: Target process, condition, event, or outcome

- Denominator: Population evaluated — exclusions
- Develop candidate measure list and technical specifications, update MIF, define data source, and specify code systems/construct data protocol
- Stakeholder involvement
 - Patient feedback: Positive/negative impacts on their interactions with doctors, whether the measure is meaningful/important, unintended consequences
 - Clinician feedback: Impact on workflows, validity, input on exclusions, unintended consequences

3. Measure Testing

- Draft and implement a testing plan (two phases), identify potential measure improvements
 - Alpha testing: Preliminary qualitative testing; collecting feedback about the measure’s feasibility, usability, and validity
 - Beta testing: Rigorous quantitative testing
- Stakeholder involvement — TEPs, PFABs, and focus groups
 - Patient feedback: Focus groups and interviews
 - Clinician feedback: Interpret findings and their generalizability, refinements

4. Measure Implementation

- Submit measure specification to CMS, MAP workgroup recommendations, CMS rulemaking process
 - Designed to promote transparency and allow public to weigh in

5. Measure Uses, Continuing Evaluation, and Maintenance

- Data collection, literature review, evaluation of business case, measure updates, ad hoc review
- When these result in substantive changes, those measures usually need to undergo another public comment period

Resources for More Information

Presenter: Dr. Nicole Brennan, Battelle

- CMS MMS website for more information about getting involved: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MMS-Blueprint.html>
 - TEPs: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Technical-Expert-Panels.html>
 - Measures open for public comment: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Public-Comments.html>
 - CMS newsletters: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MMS-Listserv.html>
 - CMIT: https://cmit.cms.gov/CMIT_public/ListMeasures
 - Meaningful Measures Framework: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html>
 - Impact Assessment Reports — provided every three years, assess the quality and efficiency impact of measures in CMS programs



- 2018 report: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/2018-Impact-Assessment-Report.pdf>
- Jira — platform measure developers use when submitting measures to CMS for the MUC list
 - Quick start guide: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/CMS_Jira_Quick_Start_2019.pdf