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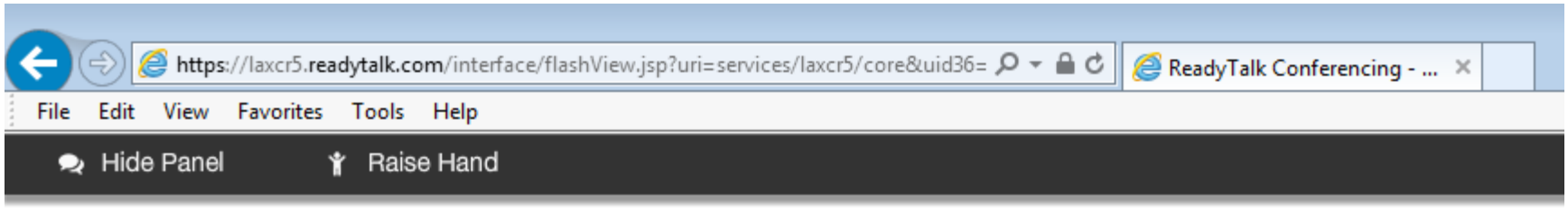
F5 Key
Top row of Keyboard



Location of Buttons

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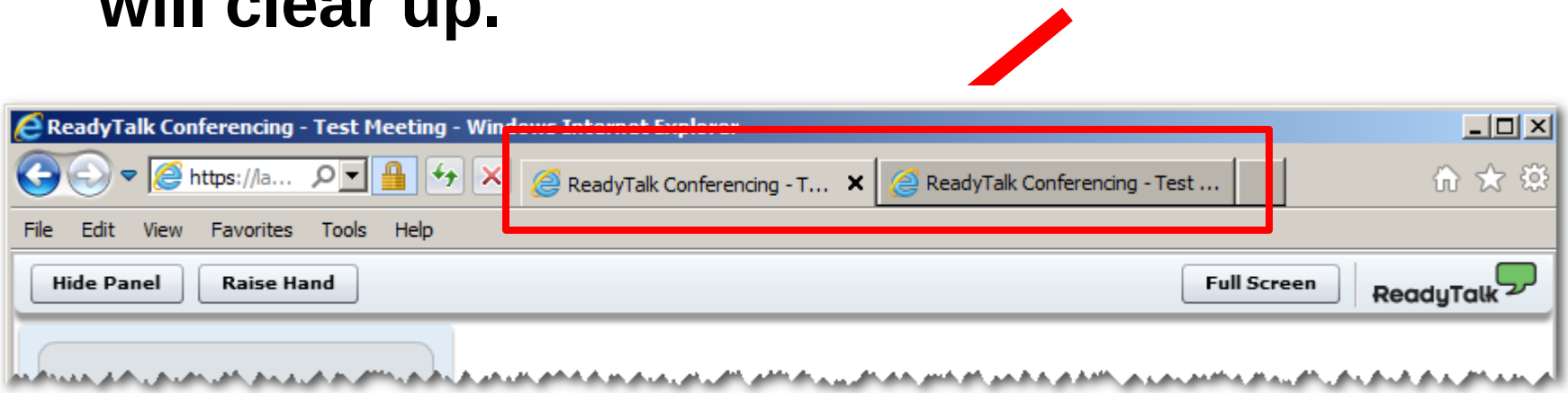

Example of Two Browsers Tabs open in Same Event

Submitting Questions

Type questions in the "Chat with Presenter" section, located in the bottom-left corner of your screen.

Development and Selection of Quality Metrics for the PCHQR Program

March 24, 2016

Speakers

Elizabeth Bainger, MS, RN, CPHQ

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Vice President, Quality Safety & Value and Chief Quality Officer, Seattle Cancer Care Alliance

Tracy Spinks, BBA

Program Director, Cancer Care Delivery, The University of Texas MD Anderson Cancer Center

Acronyms and Abbreviations

ADCC	Alliance of Dedicated Cancer Centers
ACA	Affordable Care Act
AHRQ	Agency for Healthcare Research and Quality
AMA	American Medical Association
ANA	American Nurses Association
CAUTI	Catheter-Associated Urinary Tract Infections
CCN	CMS Certification Number
CDI	*Clostridium difficile* Infection
CE	Continuing Education
CLABSI	Central Line-Associated Bloodstream Infection
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
CST	Cancer-Specific Treatment
DACA	Data Accuracy and Completeness Acknowledgement
EBRT	External Beam Radiotherapy
FY	Fiscal Year
HAI	Healthcare-Associated Infection
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey
HCP	Healthcare Personnel
HHS	Health and Human Services
HQR	Hospital Quality Reporting
ICD	International Classification of Diseases
IPF	Inpatient Psychiatric Facility
IPPS	Inpatient Prospective Payment System
LabID	Laboratory-Identified
LTCH	Long-Term Care Hospital
MAP	Measure Application Partnership
MUC	Measures Under Consideration
N/A	Not Available
NHSN	National Healthcare Safety Network
NQF	National Quality Forum
OCM	Oncology Care Measure
OQR	Outpatient Quality Reporting
PCH	PPS-Exempt Cancer Hospital
PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
PR	Public Reporting
Q	Quarter
SBRT	Stereotactic Body Radiation Therapy
SC	Support Contractor
SRS	Stereotactic Radiosurgery
TEP	Technical Expert Panel
TBD	To be determined
TJC	The Joint Commission
VIQR	Value, Incentives, and Quality Reporting

Purpose

This presentation will provide participants with an overview of how the 22 current PCHQR Program measures, as well as future measures, are developed, selected, and implemented.

Objectives

Upon completion of this presentation participants will be able to:

- Recognize the historical and legislative context of CMS Hospital Quality Reporting Programs
- Describe how the National Quality Strategy frames the CMS Measures Management System
- Summarize the five stages of the CMS quality measure lifecycle
- Describe how this process is applied in the development and selection of measures for the PCHQR Program
- Describe the experience of the ADCC in selecting, developing, and proposing quality measures to the NQF

Historical and Legislative Context of Hospital Quality Reporting

2000	*To Err is Human: Building a Safer Health System*
2001	*Crossing the Quality Chasm: A New Health System for the 21st Century*
2001	Quality Initiative
2003	Hospital Quality Initiative
2003	Medicare Prescription Drug, Improvement, and Modernization Act (links the reporting of quality data to reimbursement)
2005	*Hospital Compare* Website (public display of reported quality data)

Purpose of Measurements in Hospital Quality Reporting Programs

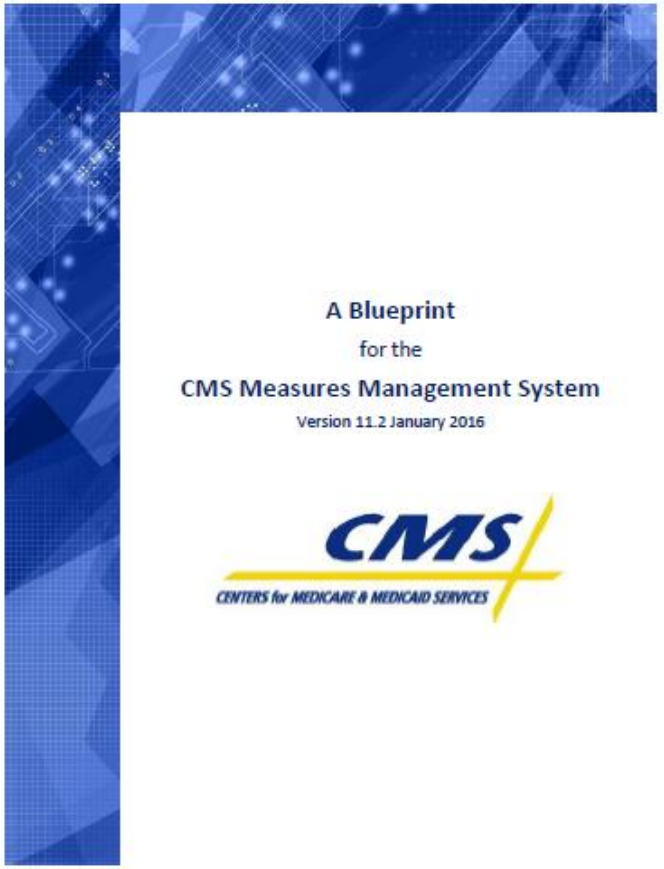
- Support quality improvement activities
- Bolster transparency in public reporting
- Drive reimbursement/financial incentives

National Quality Strategy

- Patient Protection and Affordable Care Act of 2010
- Three aims and Six domains
  - Three Aims:
    - Better Care
    - Smarter Spending
    - Healthier People
  - Six Domains:
    - Patient and Family Engagement
    - Patient Safety
    - Care Coordination
    - Population/Public Health
    - Efficient Use of Healthcare Resources
    - Clinical Process/Effectiveness
- Frames the CMS Measures Management System
- Prioritizes measures considered for implementation

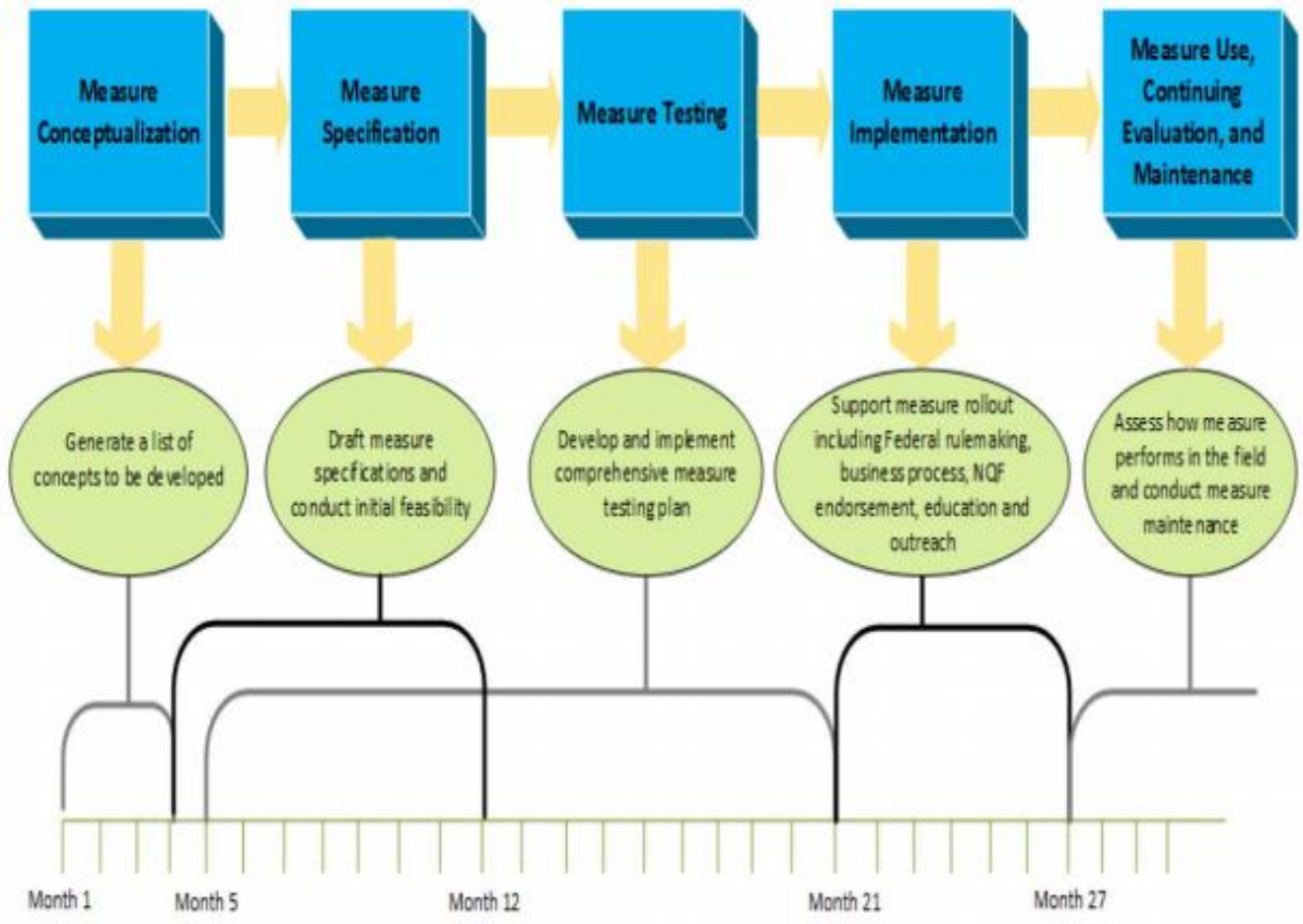
A Blueprint for the CMS Measures Management System

- Purpose: to inform measure developers how to develop scientifically sound, important, feasible, and usable measures
- Content: Describes the flow of the measure lifecycle



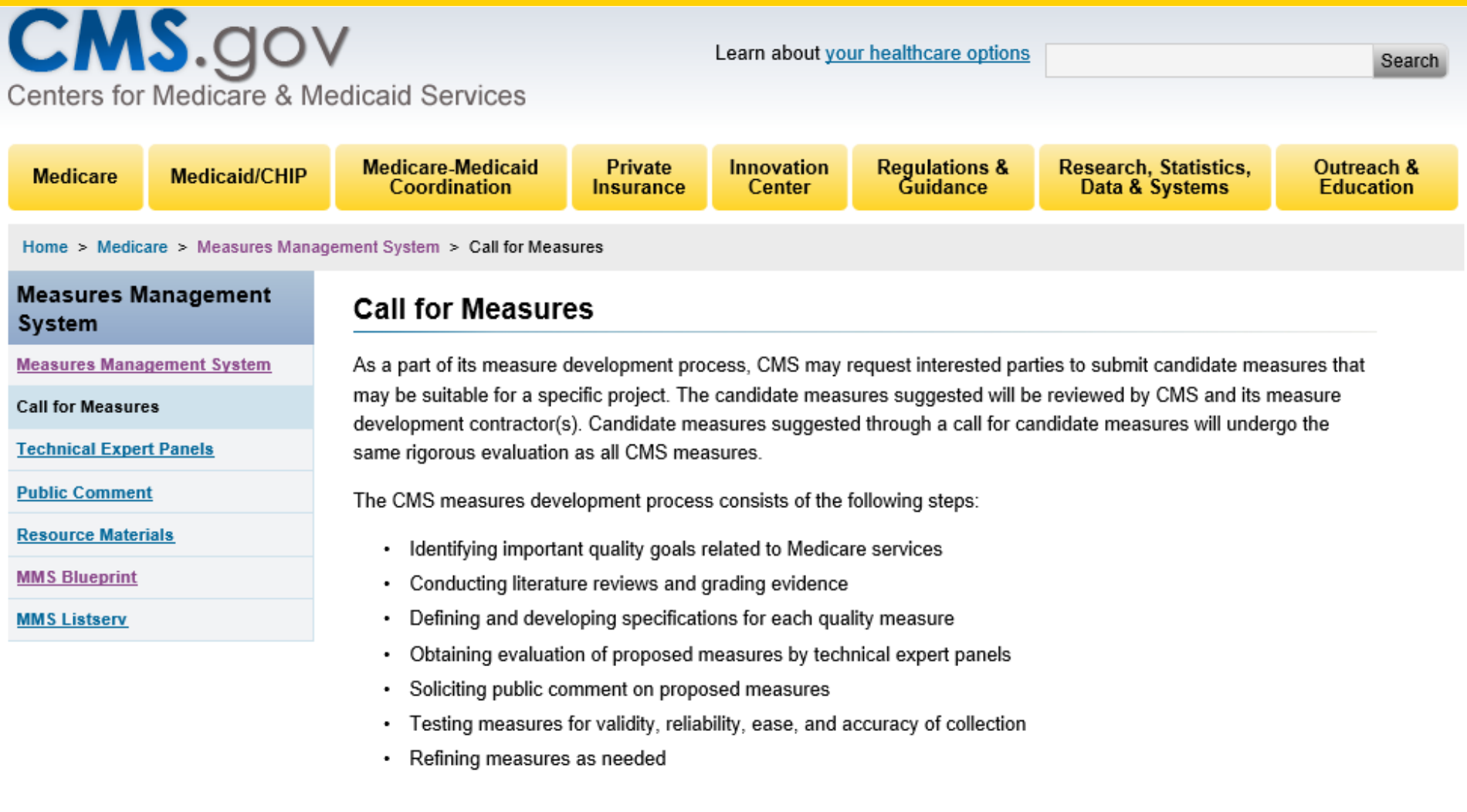
Retrieved from https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint112.pdf

Measure Lifecycle



CMS (2016). *Blueprin*t. p. 93

Measure Conceptualization
Call for Measures



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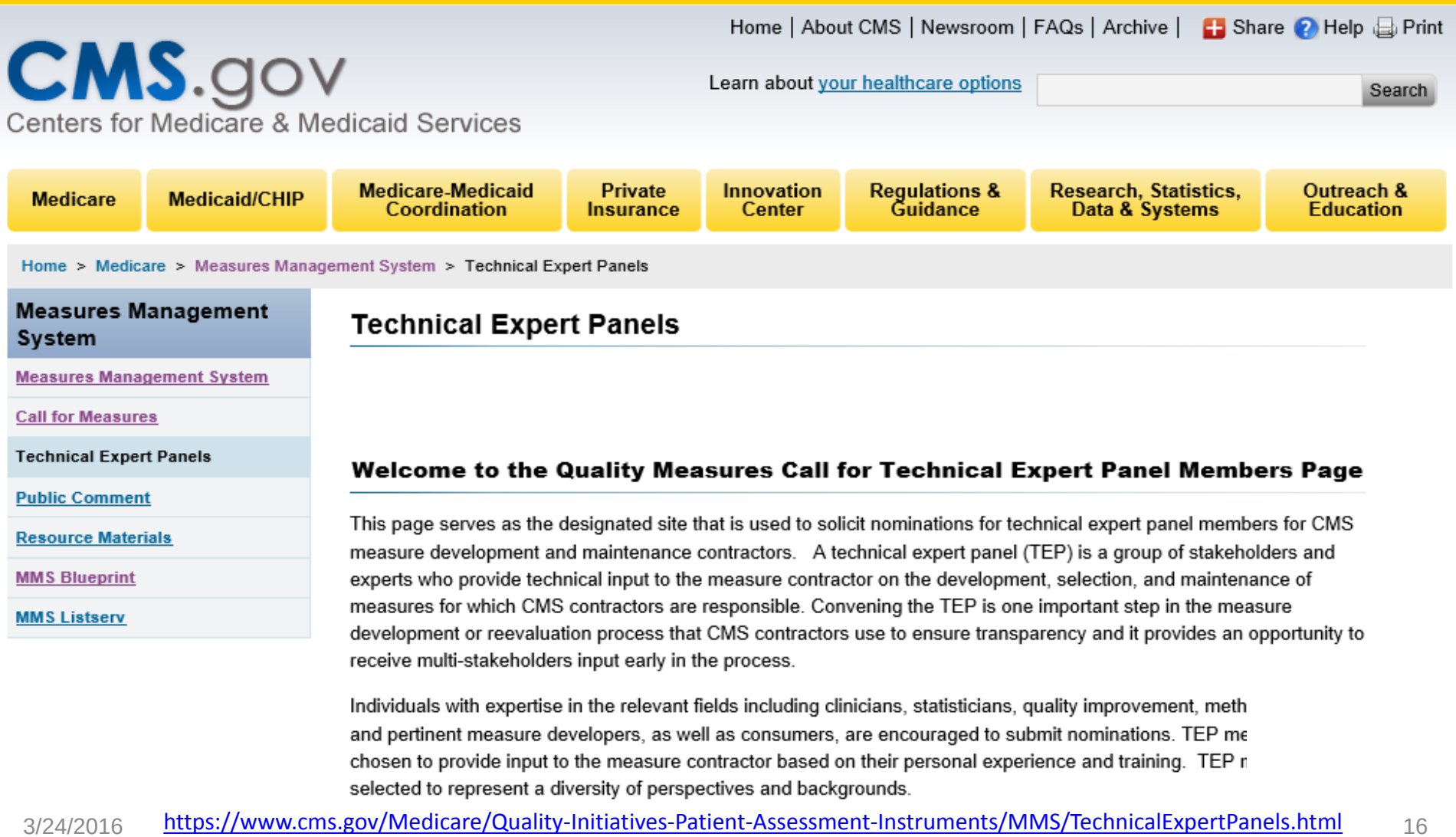
Measure Conceptualization Technical Expert Panel



https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/TechnicalExpertPanels.html

Measure Conceptualization Technical Expert Panel

Project Title: Development of Facility-Level Quality Measures of Hospital Visits after Ambulatory Surgical Center Procedures

Dates:

- The Technical Expert Panel (TEP) nomination period opens on **March 2** and closes on **March 30**. Please submit all nomination materials by the closing date.

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) is developing administrative claims-based measures of adverse outcomes following outpatient procedures performed at ambulatory surgical centers (ASCs). Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (CORE) is leading the work under contract to CMS. The contract name is "Development, Reevaluation, and Implementation of Outpatient Outcome/Efficiency Measures," and the contract number is HHSM-500-2013-13018I. Specifically, CORE/CMS are exploring measures of near-term hospital visits and complications that patients experience at or post discharge from ASCs to better assess the quality of care provided at these facilities. CMS plans to use these measures to report on the quality of ASCs and prompt improvements in care for Medicare beneficiaries. As part of its measure development process, CORE/CMS are convening a panel of stakeholders and experts to contribute to measure development.

Project Objectives:

- The primary goal of this project is to develop administrative claims-based outcome measures of ASC quality.

Measure Conceptualization Technical Expert Panel

TEP Requirements:

We are seeking a TEP of approximately *10-15* individuals with the following perspectives and areas of expertise:

- Subject matter expertise: outpatient surgery, ambulatory care, expertise in procedures and surgeries conducted at ASCs (e.g., orthopedic surgery, urology, general surgery)
- Consumer/patient/family perspective
- Healthcare disparities
- Performance measurement
- Quality improvement
- Purchaser perspective

Potential TEP members must be aware that participation on the TEP is voluntary. As such, individuals wishing to participate on the TEP should understand that their input will be recorded in the meeting minutes. Proceedings of the TEP will be summarized in a report that is disclosed to the general public. If a participant has disclosed private, personal data by his or her own choice, then that material and those communications are not deemed to be covered by patient-provider confidentiality. If patient participants (only) wish to keep their names confidential, that request can be accommodated. Any questions about confidentiality will be answered by the TEP organizers.

All potential TEP members must disclose any current and past activities that may pose a potential conflict of interest for performing the tasks required of the TEP. All potential TEP members should be able to commit to the anticipated time frame needed to perform the functions of the TEP.

Measure Conceptualization Technical Expert Panel

Patient Nominees:

CORE is seeking patients to participate on a TEP. We are seeking patients who are aged 18 years or older to join the TEP, but has a preference for patients age 65 and older, since the measures may focus on this age group. Patients who have undergone a procedure at an ASC can provide unique and essential input on quality measures based on their own experience and perspective. Patient nominees should submit a completed and signed TEP Nomination Form and letter of interest as described below but are not required to submit a curriculum vitae.

TEP Expected Time Commitment:

- Two or three teleconference meetings lasting approximately 90 minutes each between April and September 2016.

Required Information:

- A completed and signed TEP Nomination form located in the download section below. The nomination form includes a consent and confidentiality statement.
- A letter of interest (not to exceed two pages) highlighting experience/knowledge relevant to the expertise described above and involvement in measure development.
- Curriculum vitae or a summary of relevant experience for a maximum of 10 pages.
- Patient participants are not required to submit a curriculum vitae and may elect to keep their names confidential in public documents.
- The Nomination forms and proposed TEP Charter are found in the download section below.

If you wish to nominate yourself or other individuals for consideration, please complete the form and email it to: <ascmeasures@yale.edu>.

Measure Conceptualization Public Comment

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Home > Medicare > Measures Management System > Public Comment

Measures Management System

- Measures Management System
- Call for Measures
- Technical Expert Panels
- Public Comment
- Resource Materials
- MMS Blueprint
- MMS Listserv

Public Comment

Welcome to CMS Quality Measures Public Comment Page

This page serves as the designated site for CMS to solicit public comments on proposed quality measures that are included in the individual project pages. The public comment period provides an opportunity for the widest array of interested parties to provide input on the measures under development and can provide critical suggestions not previously considered by the measure contractor or its technical expert panel (TEP).

Details of the Public Comment Period:

- The public is encouraged to submit general comments relevant to both measures or comments specific to certain measures
- Information about each measure is found in the Downloads section below
- Do not include personal health information in your comments
- At the end of the public comment period, all public comments will be posted on the website along with a public comment summary report

Measure Conceptualization Public Comment

Project Title: End Stage Renal Disease Dialysis Facility Compare (DFC) Star Ratings Technical Expert Panel (TEP)

Dates:

- The Call for Public Comment period opens on **February 16, 2016** and closes on **March 16, 2016**.

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with The University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) to review the methodology developed to produce the DFC Star Ratings. The contract name is the ESRD Quality Measure Development, Maintenance, and Support contract. The contract number is HHSM-500-2013-13017I. CMS requests interested parties to submit comments on the Planned Changes to the DFC Star Ratings Methodology.

Project Objectives:

The TEP was held to evaluate and make recommendations on the DFC star rating methodology and display. Specific objectives included:

- Review of the statistical methodology behind the star rating calculations
- Review of the measures used in the star ratings
  a. Consider measures for retirement
  b. Consider measures for future implementation
- Review the readability and presentation of the star ratings on the DFC website

Documents and Measures for Comment:

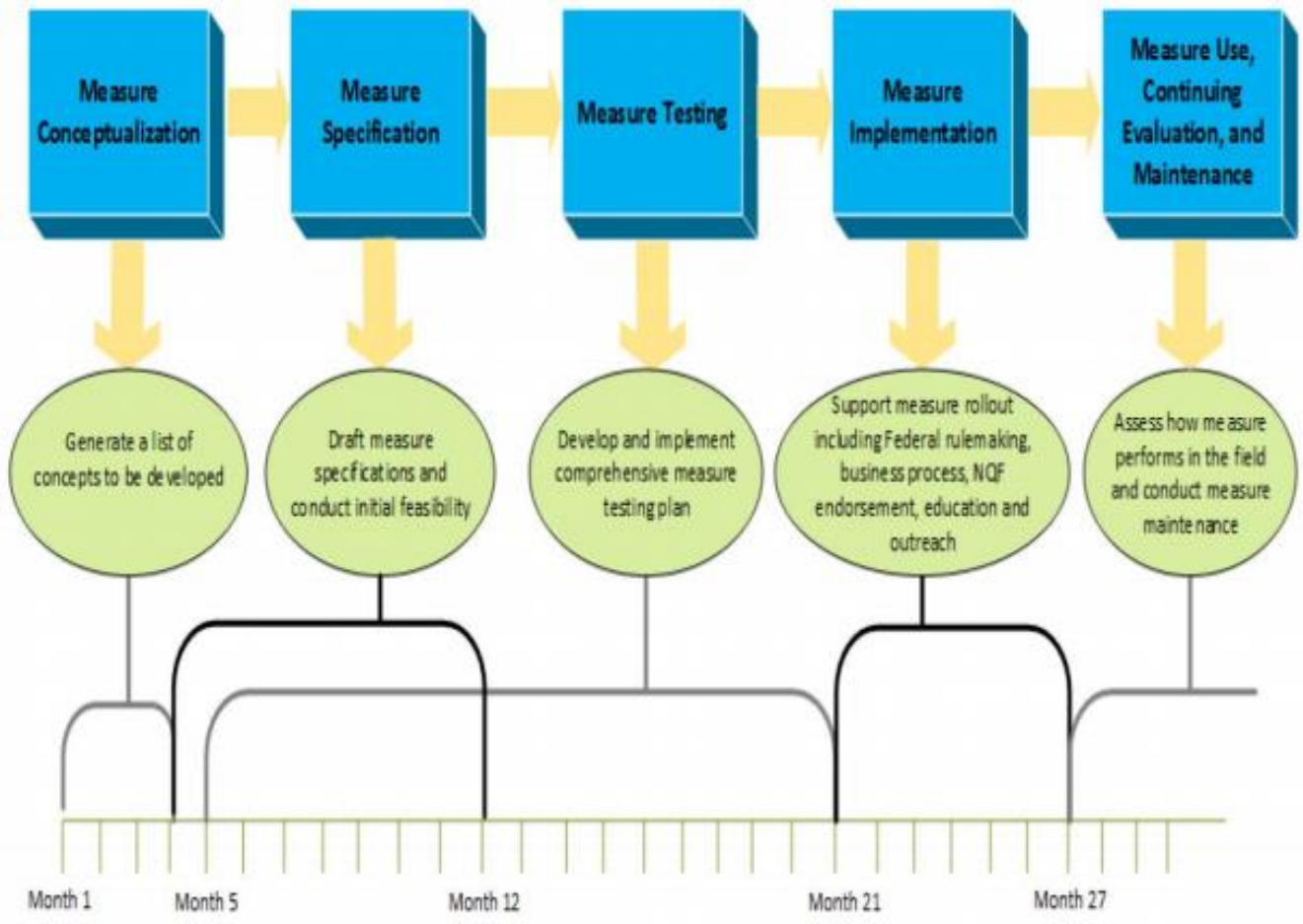
The following document is provided for your review and comment. The file can be found below in the Download section.

- Planned Changes to DFC Star Rating Methodology

Project Specific Instructions:

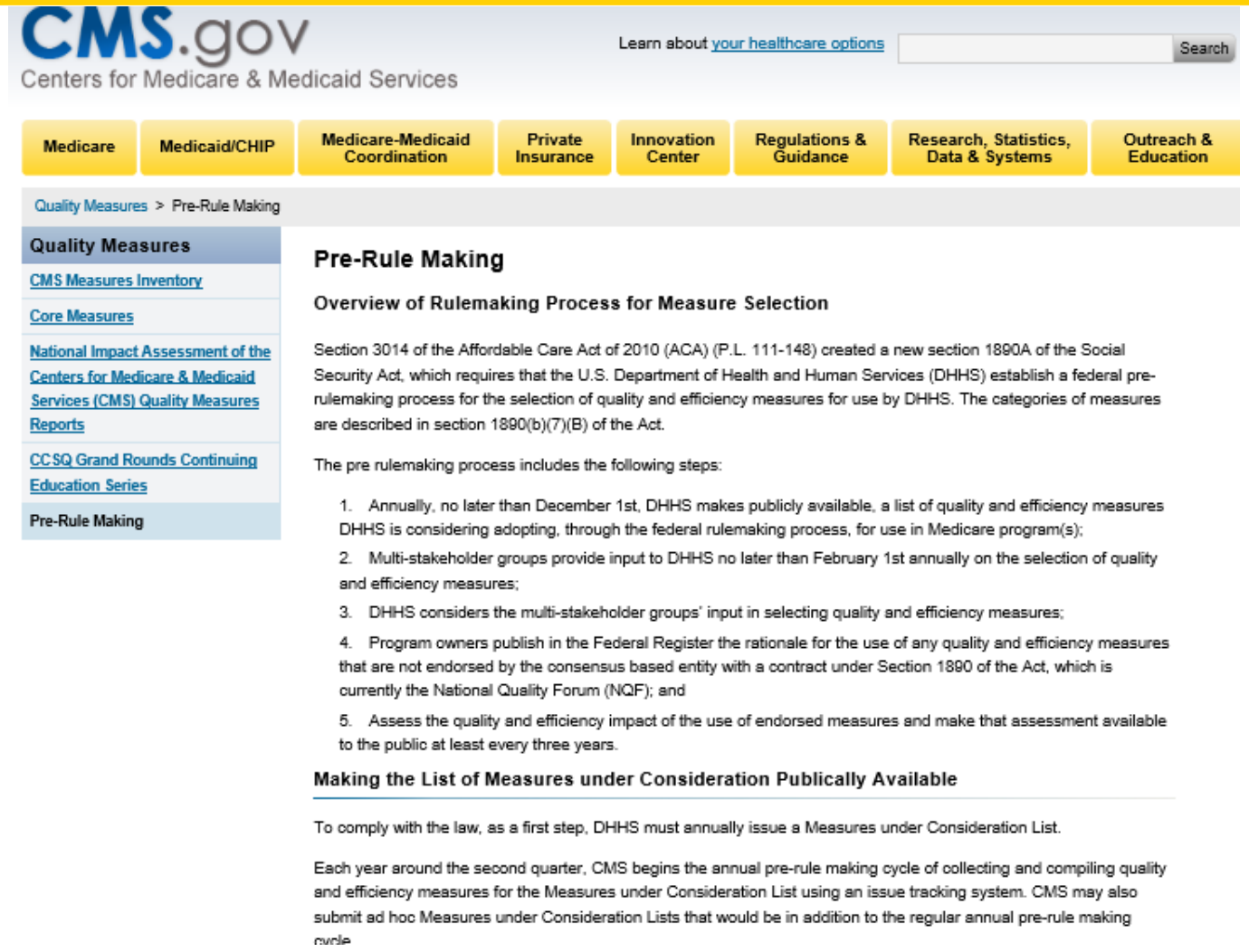
- Do not include personal health information in your comments.
- If you are providing comments on behalf of an organization, include the organization's name and your contact information.
- If you are commenting as an individual, submit identifying or contact information.
- Please send all comments to **dialysisdata@umich.edu** no later than **March 15, 2016**.

Measure Lifecycle



CMS (2016). *Blueprin*t. p. 93

Measure Implementation
Measures Under Consideration



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Quality Measures > Pre-Rule Making

Quality Measures

- CMS Measures Inventory
- Core Measures
- National Impact Assessment of the Centers for Medicare & Medicaid Services (CMS) Quality Measures Reports
- CCSQ Grand Rounds Continuing Education Series
- Pre-Rule Making

Pre-Rule Making

Overview of Rulemaking Process for Measure Selection

Section 3014 of the Affordable Care Act of 2010 (ACA) (P.L. 111-148) created a new section 1890A of the Social Security Act, which requires that the U.S. Department of Health and Human Services (DHHS) establish a federal pre-rulemaking process for the selection of quality and efficiency measures for use by DHHS. The categories of measures are described in section 1890(b)(7)(B) of the Act.

The pre rulemaking process includes the following steps:

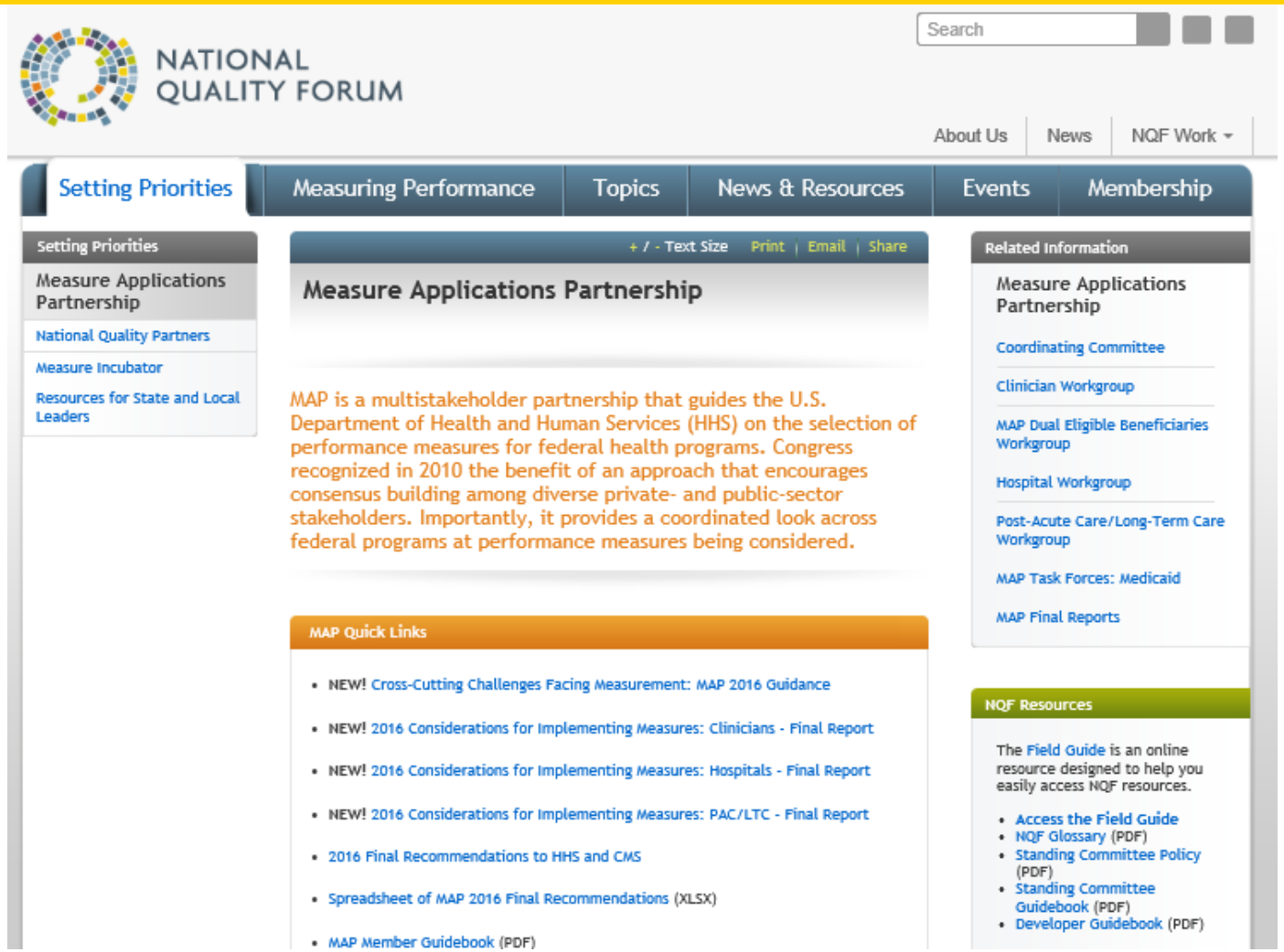
1. Annually, no later than December 1st, DHHS makes publicly available, a list of quality and efficiency measures DHHS is considering adopting, through the federal rulemaking process, for use in Medicare program(s);
2. Multi-stakeholder groups provide input to DHHS no later than February 1st annually on the selection of quality and efficiency measures;
3. DHHS considers the multi-stakeholder groups' input in selecting quality and efficiency measures;
4. Program owners publish in the Federal Register the rationale for the use of any quality and efficiency measures that are not endorsed by the consensus based entity with a contract under Section 1890 of the Act, which is currently the National Quality Forum (NQF); and
5. Assess the quality and efficiency impact of the use of endorsed measures and make that assessment available to the public at least every three years.

Making the List of Measures under Consideration Publically Available

To comply with the law, as a first step, DHHS must annually issue a Measures under Consideration List.

Each year around the second quarter, CMS begins the annual pre-rule making cycle of collecting and compiling quality and efficiency measures for the Measures under Consideration List using an issue tracking system. CMS may also submit ad hoc Measures under Consideration Lists that would be in addition to the regular annual pre-rule making cycle

Measure Implementation National Quality Forum

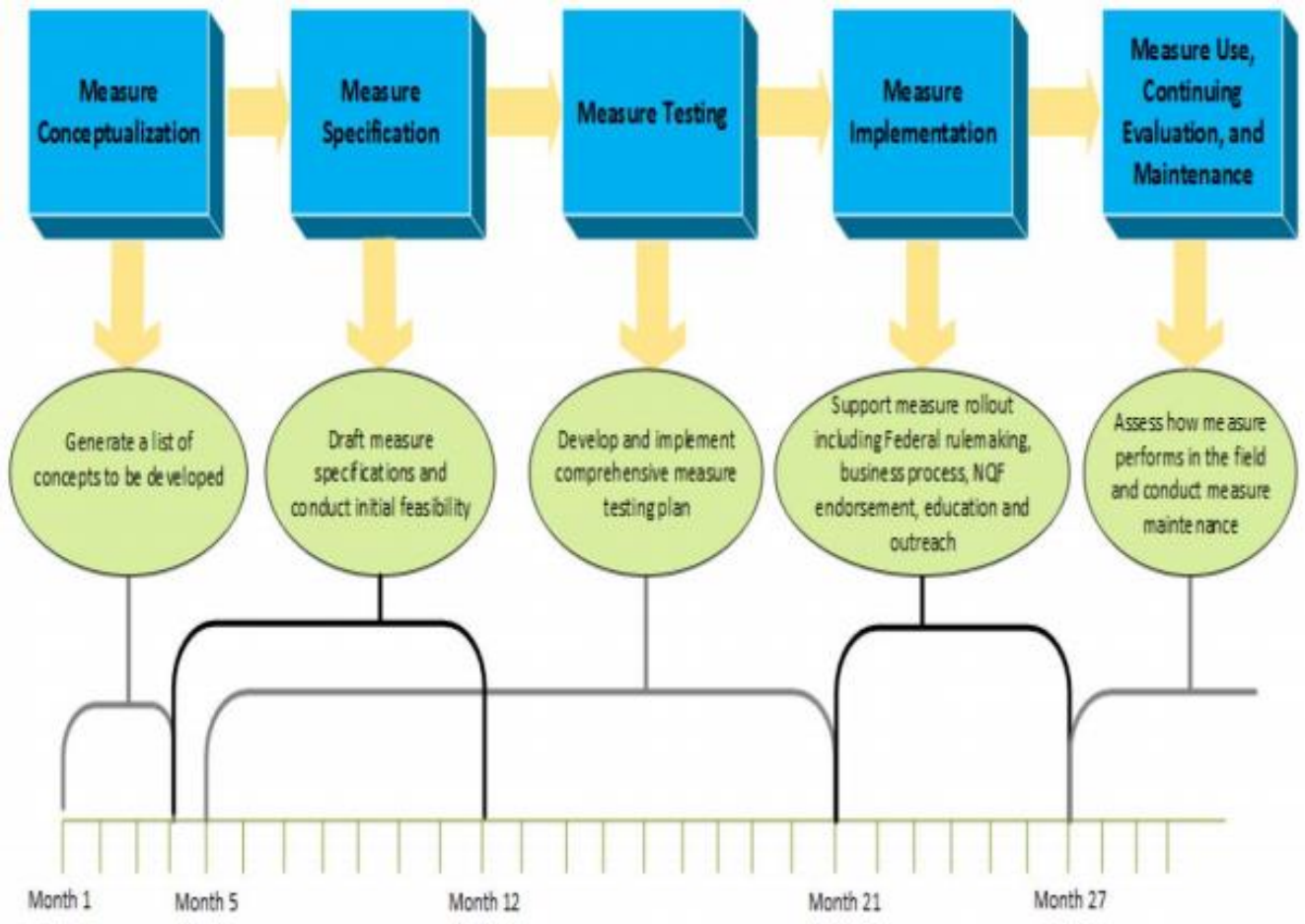


http://www.qualityforum.org/map/

Measure Implementation Public Comment

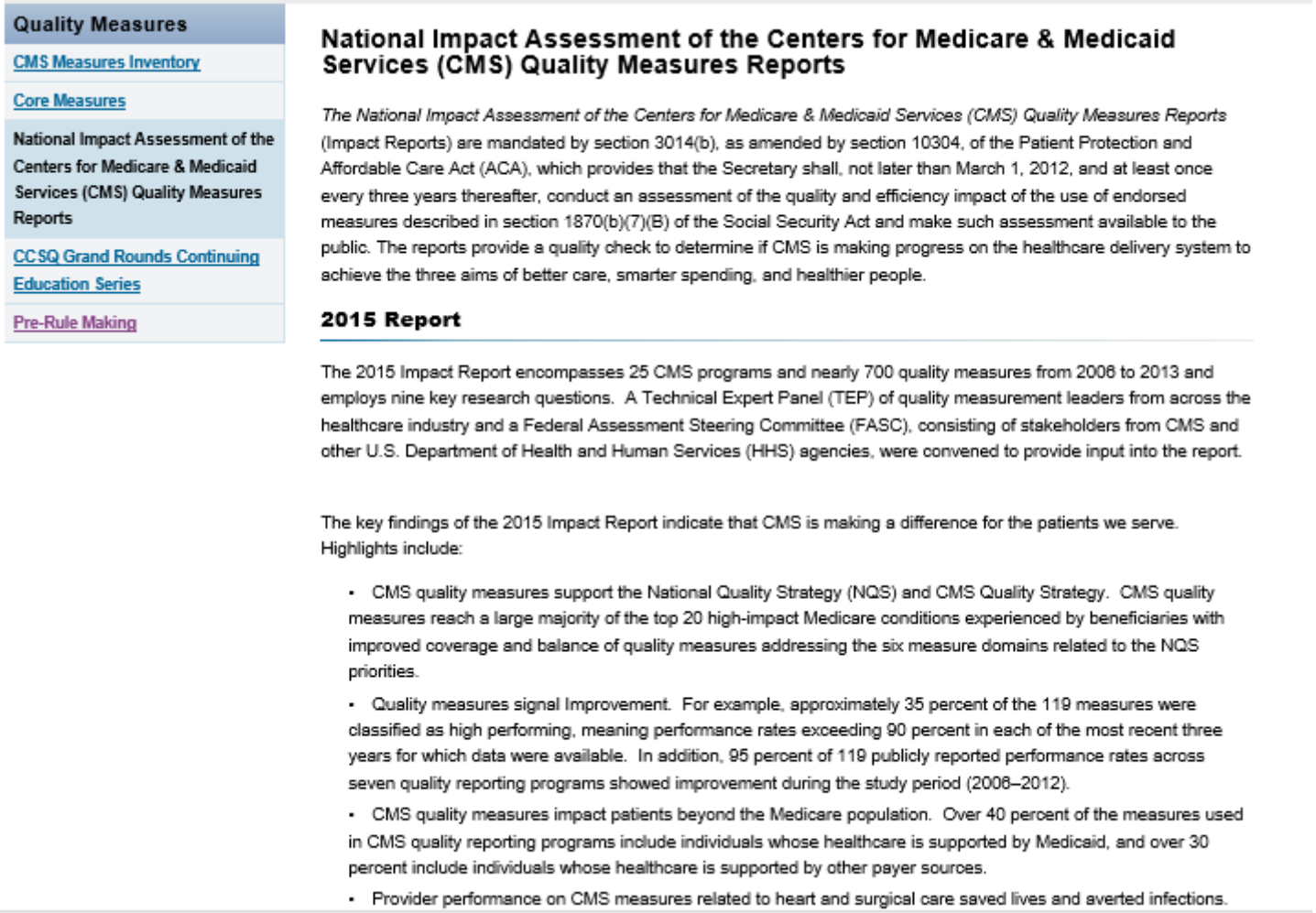
http://www.regulations.gov

Measure Lifecycle



CMS (2016). *Blueprin*t. p. 93

Measure Use, Continuing Evaluation, and Maintenance



Quality Measures

- CMS Measures Inventory
- Core Measures
- National Impact Assessment of the Centers for Medicare & Medicaid Services (CMS) Quality Measures Reports
- CCSQ Grand Rounds Continuing Education Series
- Pre-Rule Making

National Impact Assessment of the Centers for Medicare & Medicaid Services (CMS) Quality Measures Reports

The National Impact Assessment of the Centers for Medicare & Medicaid Services (CMS) Quality Measures Reports (Impact Reports) are mandated by section 3014(b), as amended by section 10304, of the Patient Protection and Affordable Care Act (ACA), which provides that the Secretary shall, not later than March 1, 2012, and at least once every three years thereafter, conduct an assessment of the quality and efficiency impact of the use of endorsed measures described in section 1870(b)(7)(B) of the Social Security Act and make such assessment available to the public. The reports provide a quality check to determine if CMS is making progress on the healthcare delivery system to achieve the three aims of better care, smarter spending, and healthier people.

2015 Report

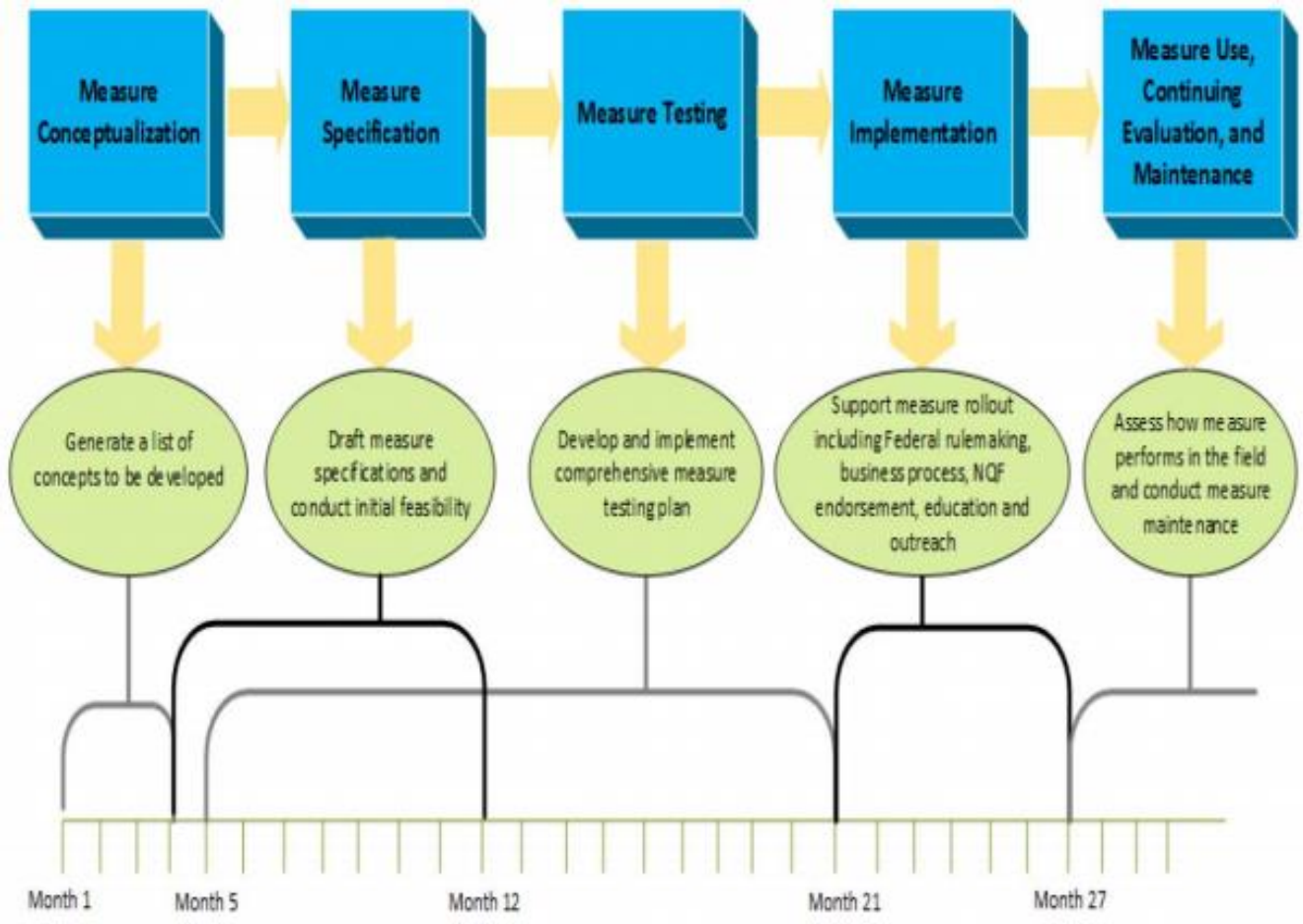
The 2015 Impact Report encompasses 25 CMS programs and nearly 700 quality measures from 2006 to 2013 and employs nine key research questions. A Technical Expert Panel (TEP) of quality measurement leaders from across the healthcare industry and a Federal Assessment Steering Committee (FASC), consisting of stakeholders from CMS and other U.S. Department of Health and Human Services (HHS) agencies, were convened to provide input into the report.

The key findings of the 2015 Impact Report indicate that CMS is making a difference for the patients we serve. Highlights include:

- CMS quality measures support the National Quality Strategy (NQS) and CMS Quality Strategy. CMS quality measures reach a large majority of the top 20 high-impact Medicare conditions experienced by beneficiaries with improved coverage and balance of quality measures addressing the six measure domains related to the NQS priorities.
- Quality measures signal Improvement. For example, approximately 35 percent of the 119 measures were classified as high performing, meaning performance rates exceeding 90 percent in each of the most recent three years for which data were available. In addition, 95 percent of 119 publicly reported performance rates across seven quality reporting programs showed improvement during the study period (2006–2012).
- CMS quality measures impact patients beyond the Medicare population. Over 40 percent of the measures used in CMS quality reporting programs include individuals whose healthcare is supported by Medicaid, and over 30 percent include individuals whose healthcare is supported by other payer sources.
- Provider performance on CMS measures related to heart and surgical care saved lives and averted infections.

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/National-Impact-Assessment-of-the-Centers-for-Medicare-and-Medicaid-Services-CMS-Quality-Measures-Reports.html

Measure Lifecycle



CMS (2016). *Blueprin*t. p. 93

Selecting Measures for Development for the PCHQR Program

CMS prioritizes development based on:

- Recognizing performance gaps
- Addressing HHS National Quality Strategy priorities
- Selecting patient-centered measures that address high-cost, high-volume issues with high rates of performance variation

Selecting Measures for Development for the PCHQR Program (Continued)

Decision domains take into consideration reward and risk factors such as:

- Importance (societal rewards)
  - Incidence or prevalence
  - Morbidity and mortality
- Opportunity (net reward for CMS)
  - Useful in multiple programs
  - Requires novel methods
- Technical success (development risks)
  - Probability of developing a valid, reliable, feasible measure
  - Use in CMS quality reporting programs
- Resources required to complete development (development risk)
  - Length of development cycle
  - Cost to develop, maintain, and implement

The Measure Development Process Applied to the PCHQR

- Conduct an environmental scan, including review of journal literature (Referenced pg. 21 CMS Blueprint)
- Create potential measure concepts

  The business case, in the form of a report, must clearly state the following:
  - Scientific and literary evidence justifying the importance of the measure concept
  - Quality improvement goals and objectives CMS hopes to achieve by developing the measure concept
  - Outcomes the process to which the measure concept is directly linked
  - Population affected by the quality of care issue and the proposed population that will be measured
  - Analytic evidence indicating the quality of care performance gap, which includes high-cost, high-volume, and performance variation data

The Measure Development Process Applied to the PCHQR (Continued)

- Review and input provided by TEP for refinement of potential measure concepts
- Allow for public comment by interested stakeholders to provide feedback on potential measure concept
- Conduct alpha-testing (testing for feasibility in PCH and considering harmonization with other measures or for use across multiple CMS programs)
- Execute a second TEP review opportunity to provide input for refinement of potential measure concepts

The Measure Development Process Applied to the PCHQR (Continued)

- Subject the measure to beta-testing for reliability, validity, and feasibility under the scrutiny of the NQF endorsement process. (Blueprint pg. 53 – measures are preferred if NQF endorsed or are likely to gain endorsement)
- Involve TEP and stakeholder feedback as an important consideration in measure development (societal rewards, scientifically sound, and relevant to current practice)
- Make accessible for testing data (methodology reports available)
- Create submission plans for NQF endorsement

PCHQR Measures on the MUC List

- May 2 – July 15: MUC List is officially opened
- December 1: Measures Under Consideration List is Published
- December: Measures Application Partnership Meetings
- CMS considers gap areas in the program, program needs, and the future direction of the program when choosing measures for the MUC List

PCHQR Measures on the MUC List (Continued)

- MUC List measures are taken to the Hospital WG of the MAP.
- The MAP provides their recommendation:
  - Support
  - Do Not Support
  - Conditional Support
- The public has the opportunity to comment on MAP recommendations, after the Hospital WG MAP meetings.
- The MAP Coordinating Committee meets in January to finalize MAP recommendations.

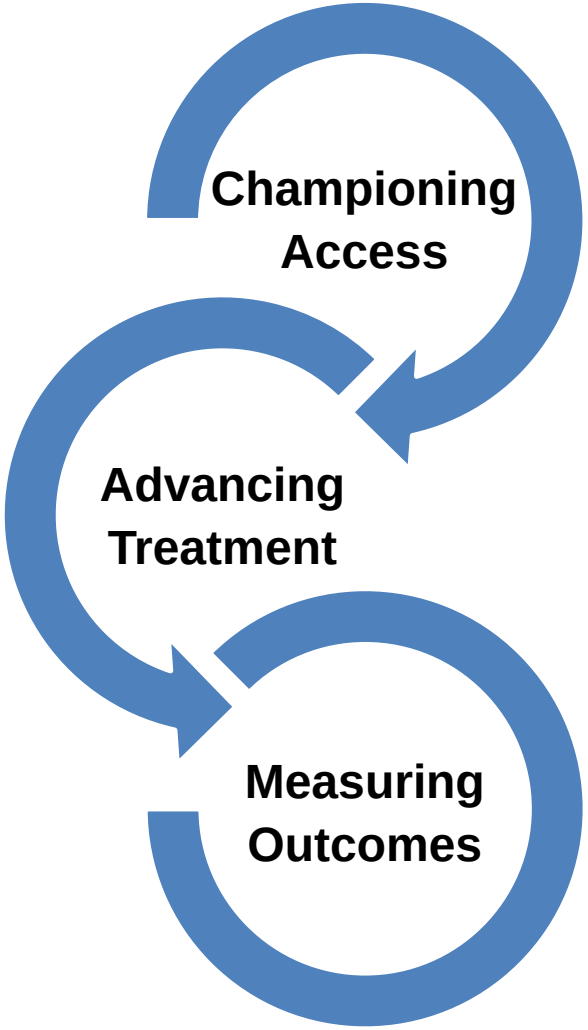
Preparing the Proposed Rule

- CMS begins preparing the Proposed Rule in January each year.
- CMS utilizes the MAP's recommendations on measures for determining their use in CMS programs.
- The PCHQR Program is included in the IPPS Rule.
- The IPPS Proposed Rule is published in early April of each year.
- The Public Comment period lasts three months.

From Proposed to Final Rule

- Final Rule drafting begins once the public comment period ends.
- CMS analyzes public comments on the proposals and decides whether to finalize, modify, or to not finalize the proposals based on public comments.
- Some factors that CMS evaluates are information regarding the burden of proposed measures, proposals for other measures on the same or similar topics, and potential unintended consequences of implementing the proposed measure.
- IPPS Final Rule is published in August.

The Alliance of Dedicated Cancer Centers



Our survival rates are higher than at other hospitals, and we believe *all* patients should have access to the best care available.

Dedicated cancer centers create robust, breakthrough clinical trials that are changing the face of cancer treatment.

ADCC, a leader in measuring the quality of cancer treatments, seeks to replace process-oriented measurements with ones far more meaningful to patients and families – in a word, outcomes.

Measure Development

Focus on outcomes that:

- Are meaningful for cancer patients and caregivers
- Highlight opportunities for real improvement
- Measure outcomes at the condition level
- Are capable of demonstrating value and differentiating quality of care

Current Measure Development

Submitted to National Quality Forum

- Cancer-specific unplanned readmissions

Testing in progress

- Early-stage prostate cancer[1]
  - Patient-reported outcomes
  - Treatment complications
- Late-stage lung cancer[1]
  - End of life/quality of death

---

[1] Leveraging condition-level sets of measure concepts developed by the International Consortium for Health Outcome Measurement.

Experiences Learned on the Measure Development Journey

A multidisciplinary approach that includes:

- Clinicians
- Quality, health policy, and data experts

A well-defined structure and iterative process with:

- Dedicated project management
- Centralized oversight
- Wise use of physician time
- Pragmatic timeline

Flexibility for adapting to variations in patient populations, practice patterns, and data systems

Future Directions in Measure Development

Condition-level outcome sets

- Breast cancer[1]
- Colorectal cancer[1]
- TBD gynecologic cancer
- TBD hematologic cancer

---

[1] Leveraging condition-level sets of measure concepts developed by the International Consortium for Health Outcome Measurement.

Important Upcoming Dates and Milestones

Data points

- April 6, 2016: 4Q 2015 HCAHPS
- April 21, 2016: April Hospital Compare Release
- April 22 – May 21, 2015: July Public Reporting Preview Period
- May 15, 2016: Data Submission
  - 1Q 15 Hormonal Measure
  - 3Q 15 Chemo Measures
  - 4Q 15 CLABSI, CAUTI, SSI Measures

Important Upcoming Dates and Milestones (Continued)

Upcoming Webinars

- April 28, 2016: *Updates to the Oncology Care Measures and NQF #1822*
- May 26, 2016: *Proposed FY 2017 PCHQR Rule*
- June 23, 2016: *PCH Analysis of LabID Event Reporting*
- July 28, 2016: *Using NHSN for Reporting Influenza Vaccination Coverage Among Healthcare Personnel*

2017 Proposed IPPS/LTCH Rule Release

- Tentatively scheduled for April release

Public Reporting Update

Public Reporting is proposed to begin starting with the December 2016 refresh of *Hospital Compare* for the HCAHPS Survey and OCM data.

- HCAHPS will be the second quarter of 2015 through the first quarter 2016 results
- OCM data will be the first quarter through the fourth quarter 2015 data

Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
  - It is your responsibility to submit this form to your accrediting body for credit.

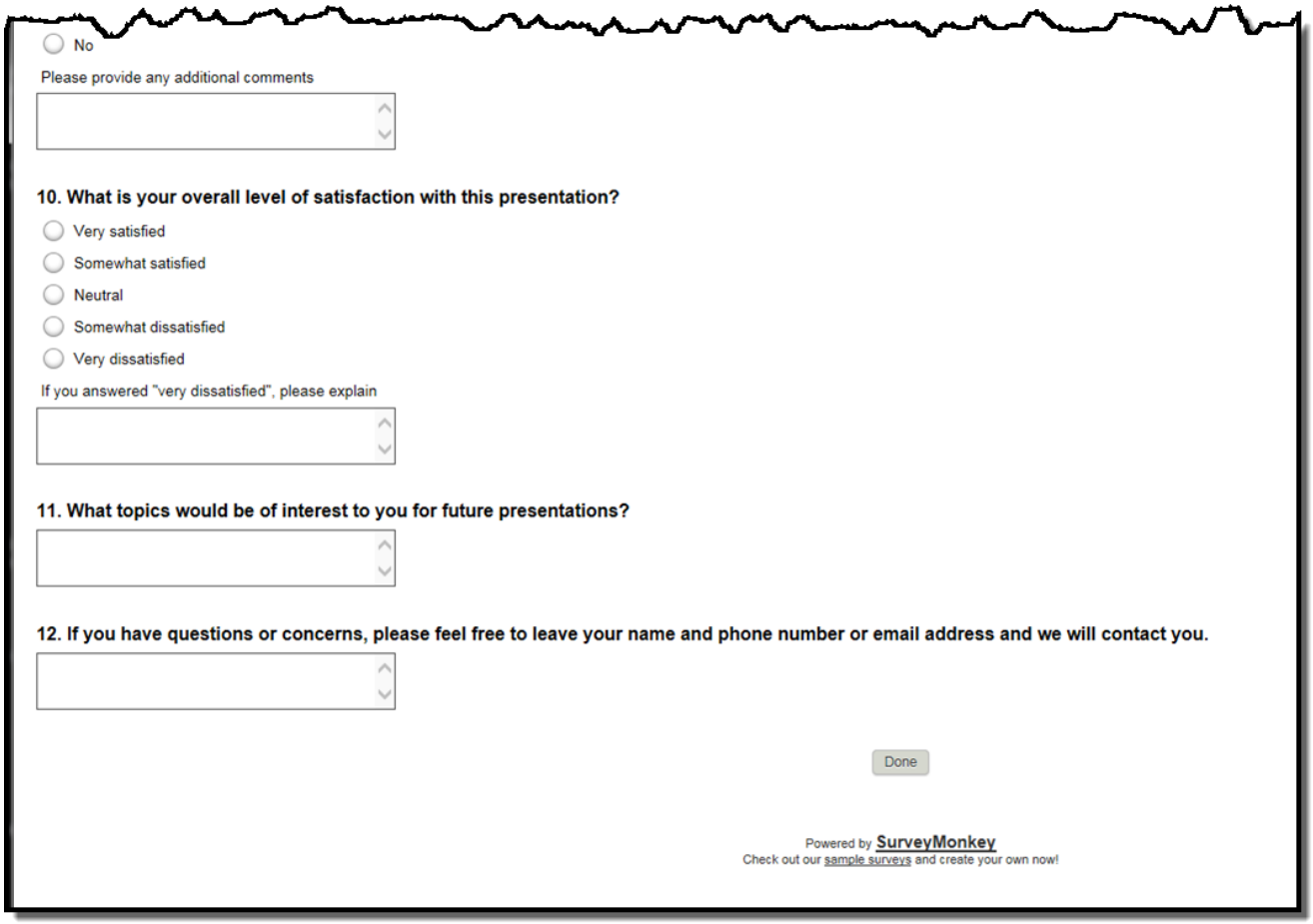
CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
  - This is a separate registration from ReadyTalk®.
  - Please use your PERSONAL email so you can receive your certificate.
  - Healthcare facilities have firewalls up that block our certificates.

CE Certificate Problems?

- If you do not immediately receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that is sent out.
- Please go back to the **New User** link and register your personal email account.
  - Personal emails do not have firewalls.

CE Credit Process: Survey



No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

If you answered "very dissatisfied", please explain

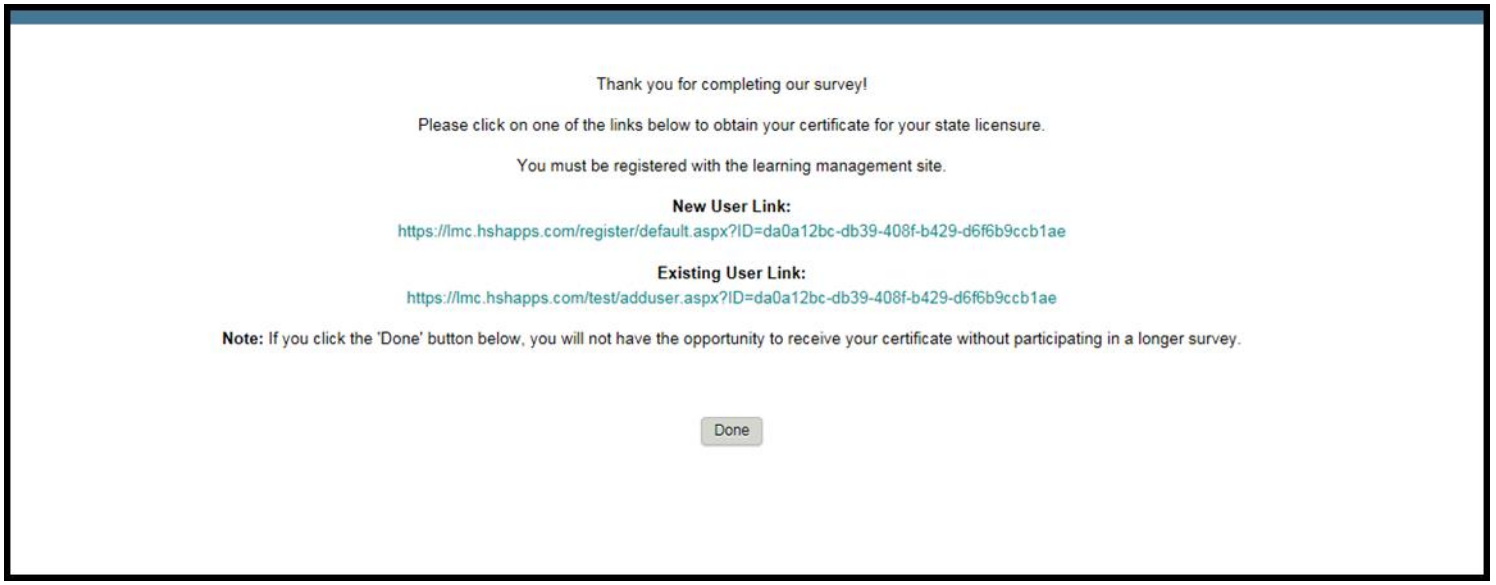
11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

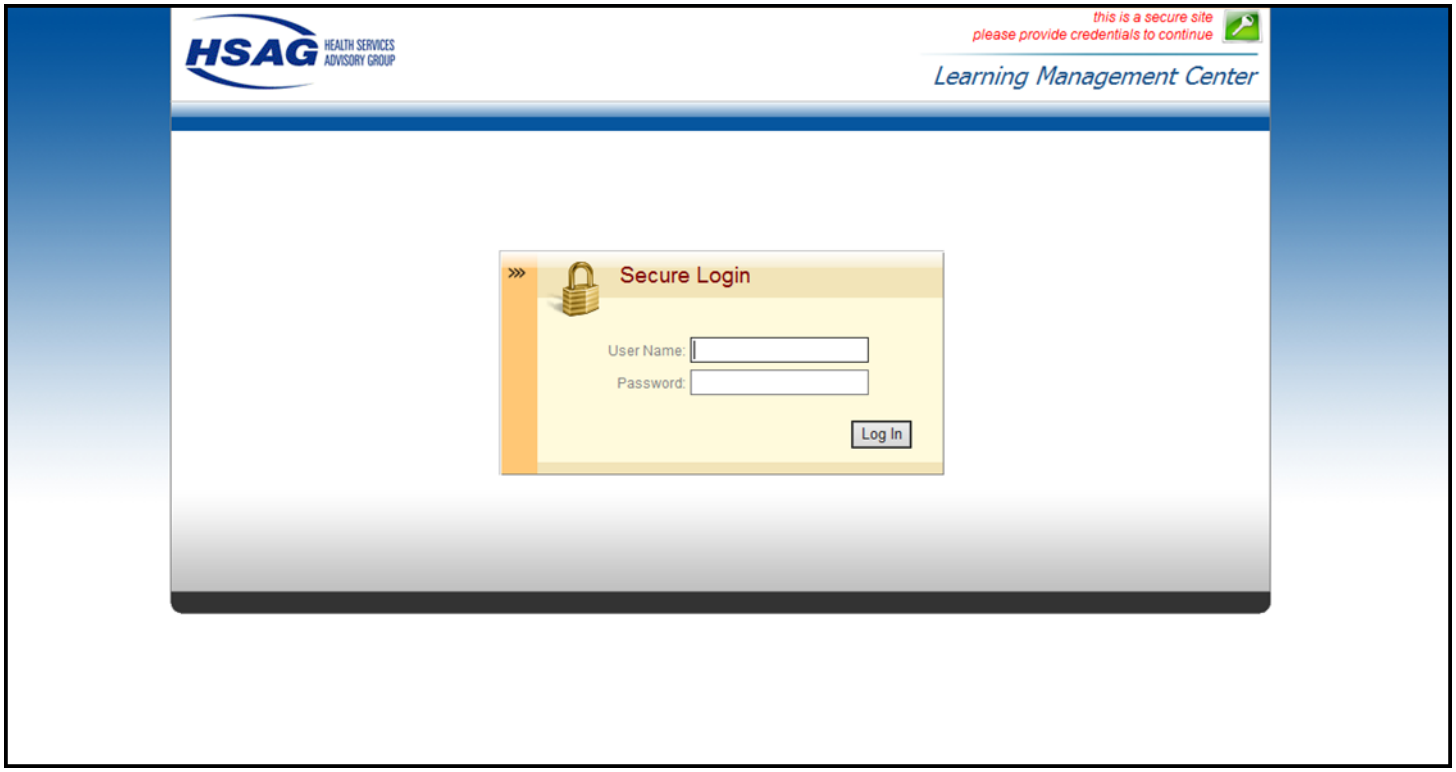
Powered by SurveyMonkey
Check out our sample surveys and create your own now!

CE Credit Process



CE Credit Process: New User

CE Credit Process: Existing User



QUESTIONS?