



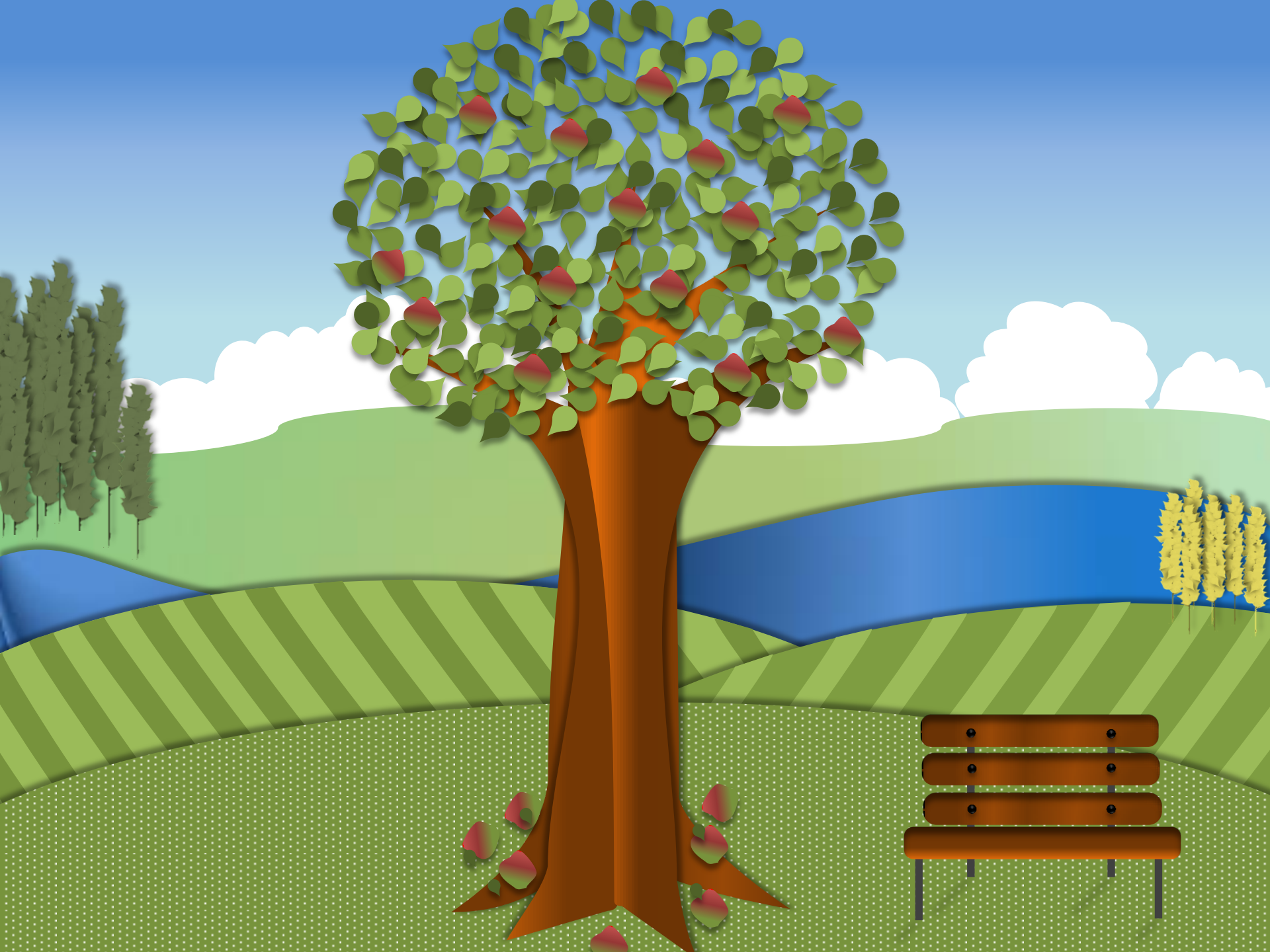
The Life and Times of a Measure: An Overview of the Measure Development Process

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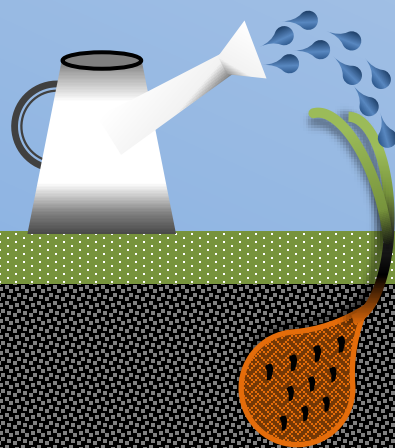
Learning Objectives

At the conclusion of the presentation, attendees will be able to:

- ✓ Summarize the stages of the Centers for Medicare & Medicaid Services (CMS) measure development process.
- ✓ List at least four measure classifications.
- ✓ Describe how the rulemaking process affects measure implementation for this program.



The Life and Times of a Measure: Ambulatory Surgical Center Quality Reporting (ASCQR) Program



The Beginning

Principles of Measure Development

- Emphasize what is best for patients
- Align with Meaningful Measures as well as stakeholders
- Address a performance gap
- Collaborate among measure developers and share best practices
- Focus on patient-centered outcomes that span clinical settings

More Principles

- Emphasis on outcome measures
- Identify and eliminate disparities in care
- Avoid unintended consequences
- Reduce burden to providers
- Be meaningful to patients, caregivers, and providers

CMS Goals and Priorities

- Improve the CMS customer experience
- Usher in an era of state flexibility and local leadership
- Support innovative approaches to improve quality, accessibility, and affordability
- Empower patients and clinicians to make decisions about their healthcare

Meaningful Measures

Promote Effective Communication
& Coordination of Care

Promote Effective Prevention
& Treatment of Chronic Disease

Strengthen Person & Family Engagement
as Partners in their Care

Work with Communities to Promote
Best Practices of Healthy Living

Make Care Safer by Reducing Harm
Caused in the Delivery of Care

Make Care Affordable

Meaningful Measures Framework



Meaningful Measures Initiative: Minimizing Costs

Promote improved health outcomes while minimizing costs such as:

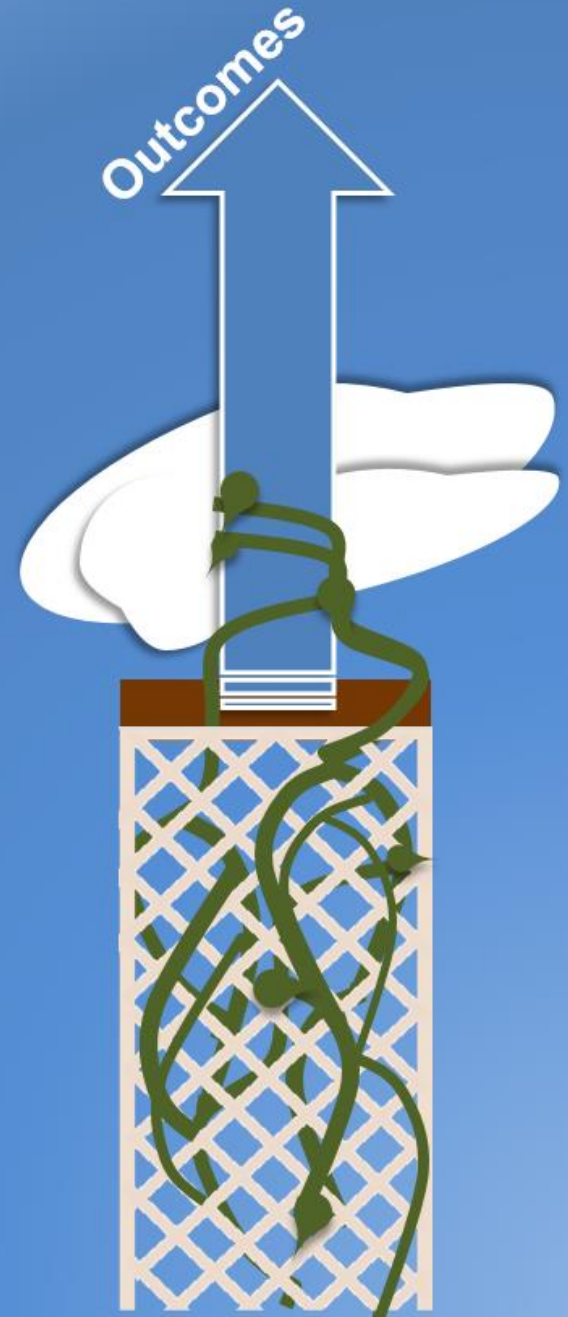
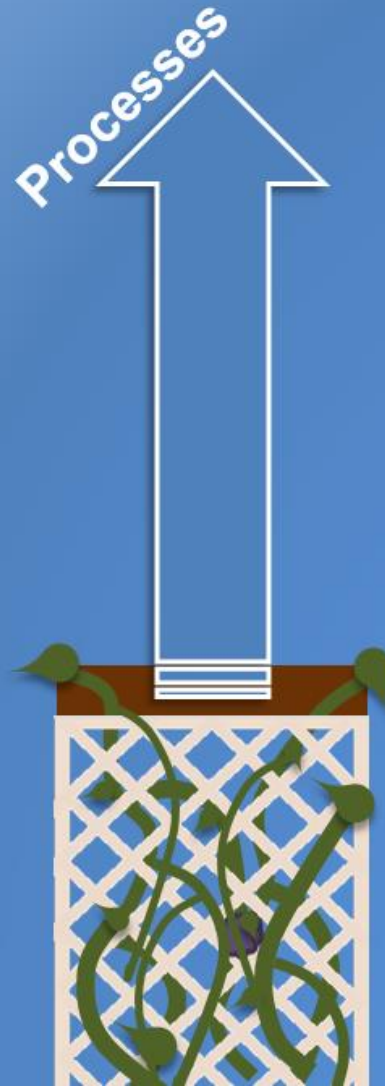
- Collection burden and related costs of quality reporting
- Compliance with requirements of other quality programs
- Tracking similar or duplicative measures
- Program oversight by CMS
- Compliance with federal and/or state regulations

Meaningful Measures Initiative: Improving Data Usefulness

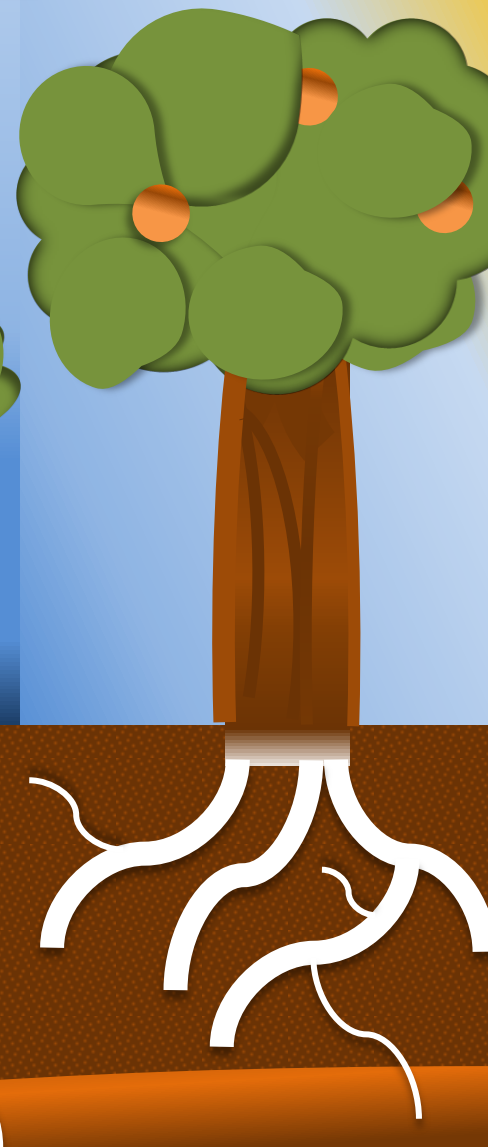
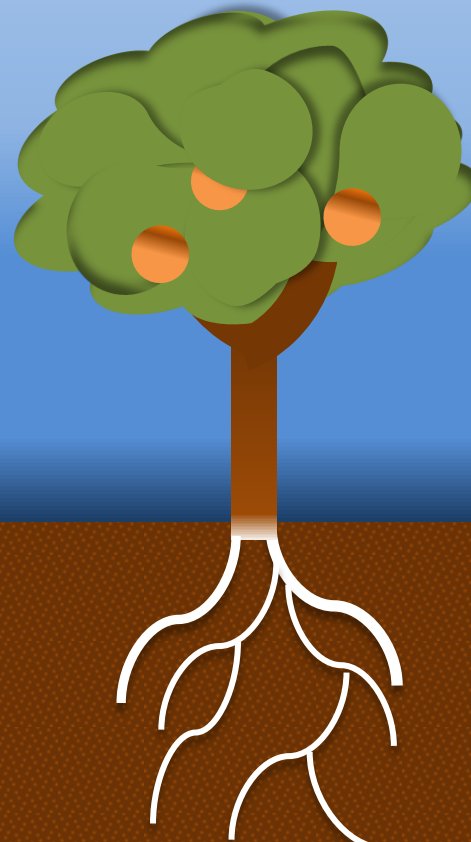
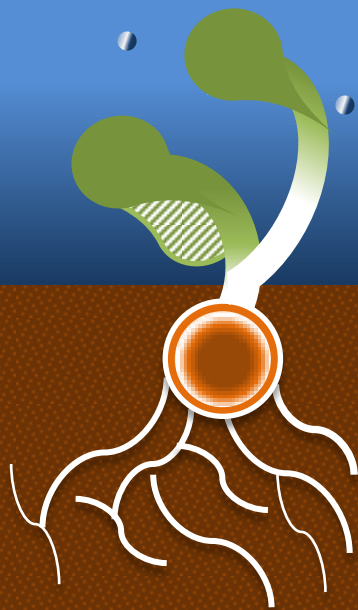
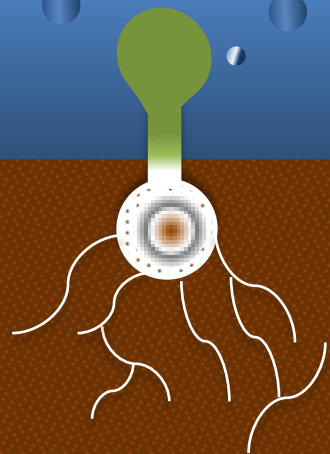
Improve the usefulness of data publicly reported by improving:

- How facilities report and access data
- Consumer understanding of data reported publicly on a Compare website

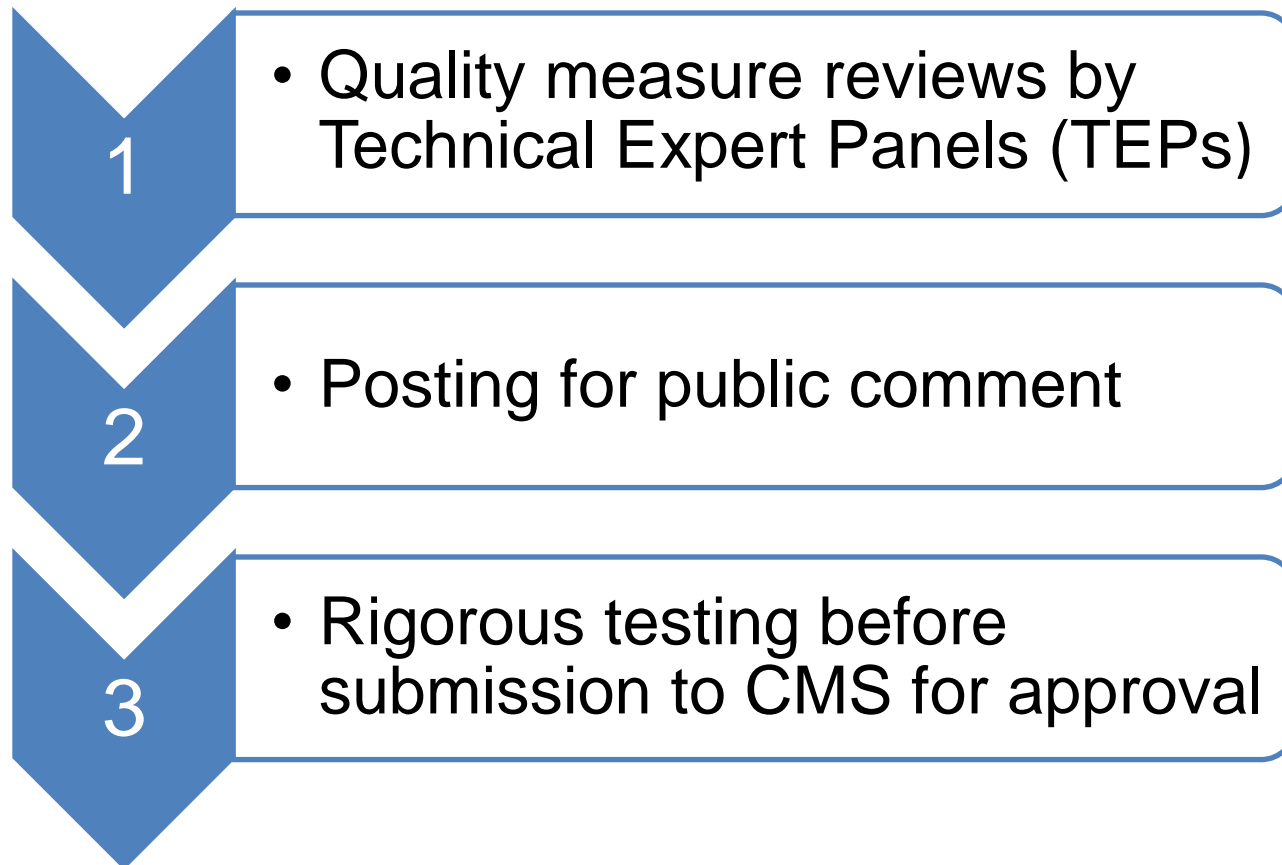
Measures Moving Forward



Life Cycle of a Measure



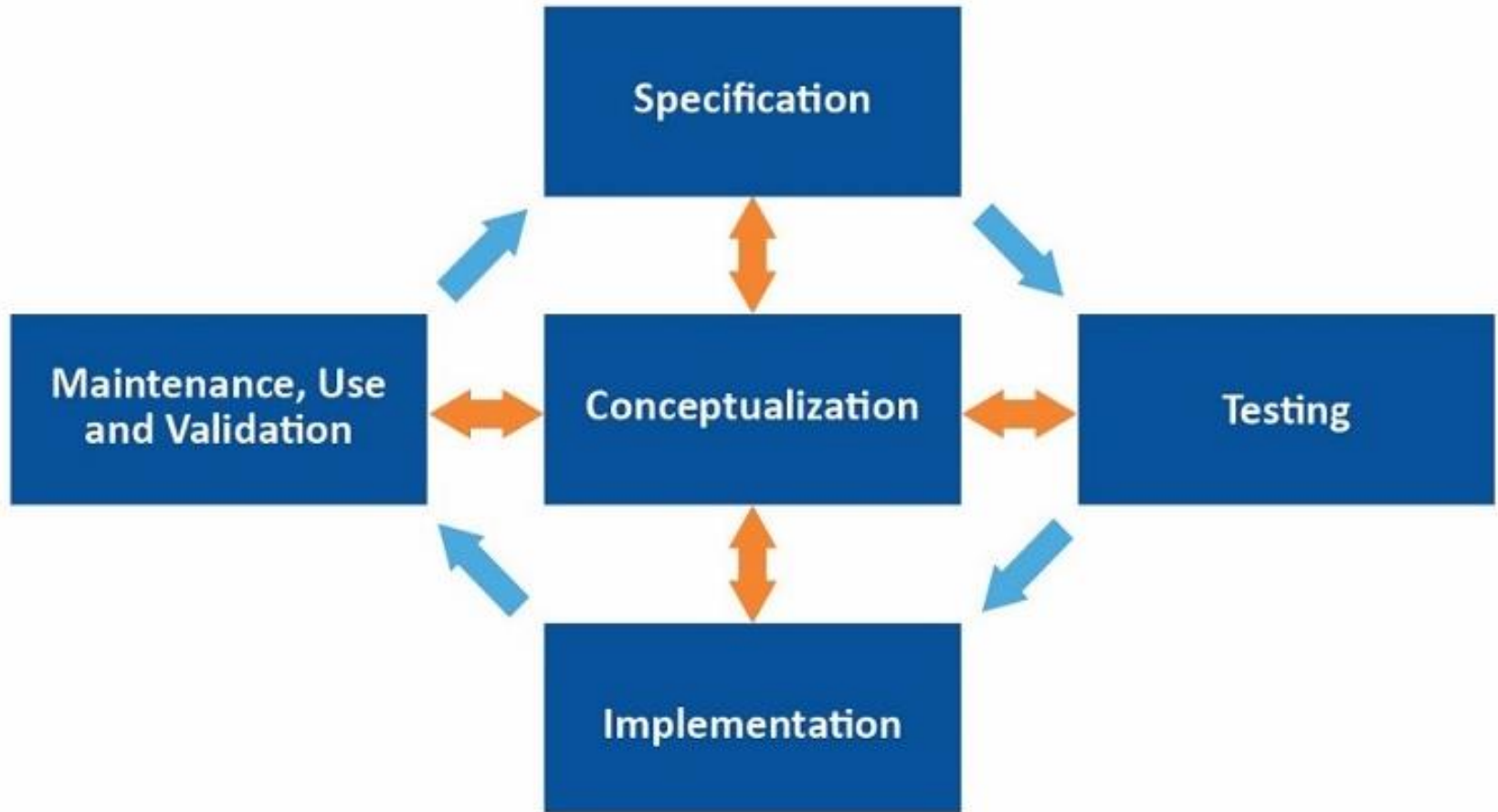
Standardized Measure Development Processes



Working Together

- National Quality Forum (NQF)
 - Provides input on Measures Under Consideration (MUC)
- Measures Application Partnership (MAP)
- Collaborate to:
 - Recommend measures across federal programs
 - Maintain transparency
 - Encourage public engagement

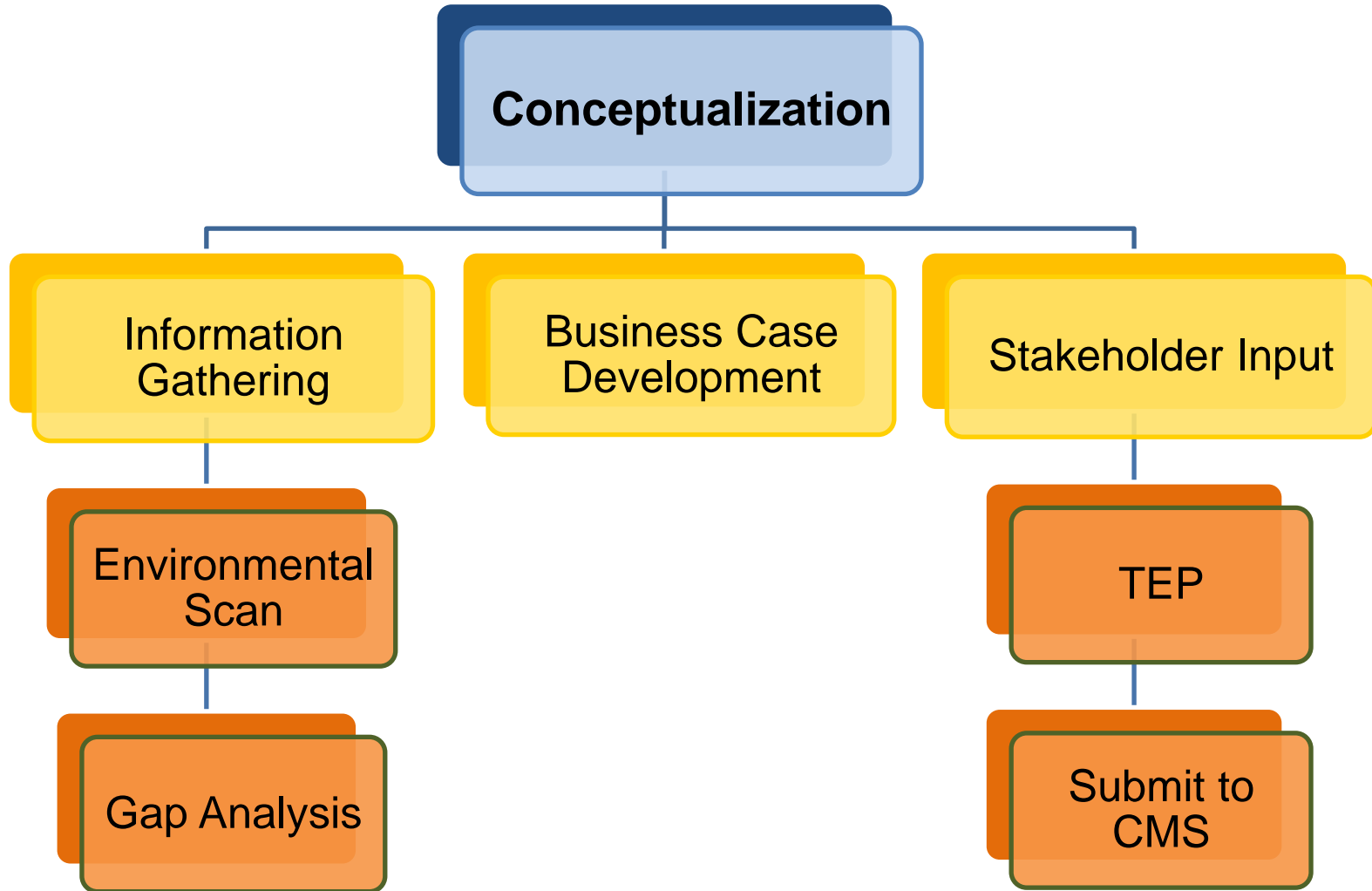
Measure Cycle



<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Measure-Development-by-Phase.html>

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Measure Conceptualization



Conceptualization: Summary

What:

The
concept

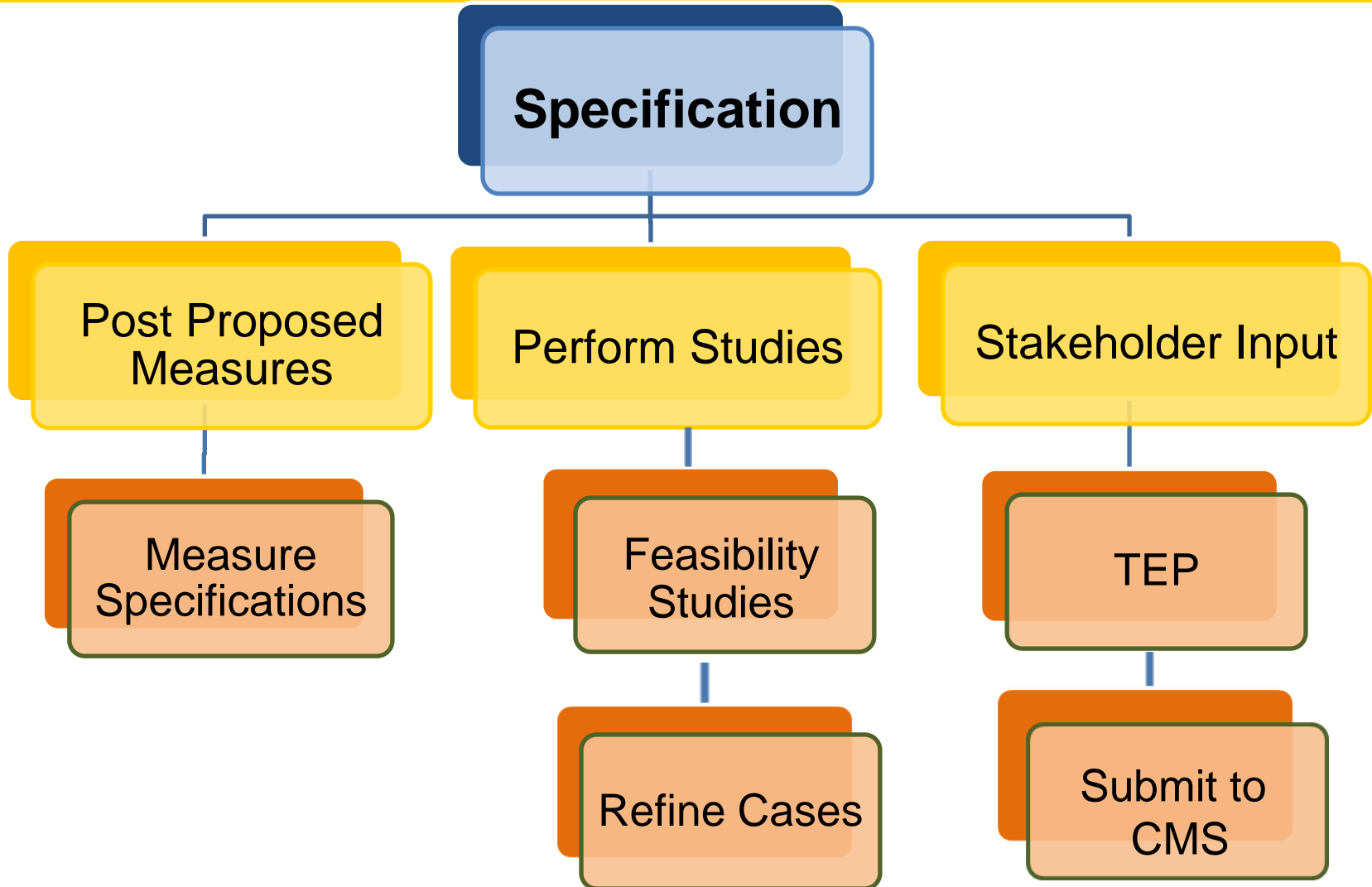
How:

Gathering the information
and defending it

Who:

TEP, professional
organizations, public
comment

Measure Specification



Specification: Summary

What:

Target population,
how data will be
reported

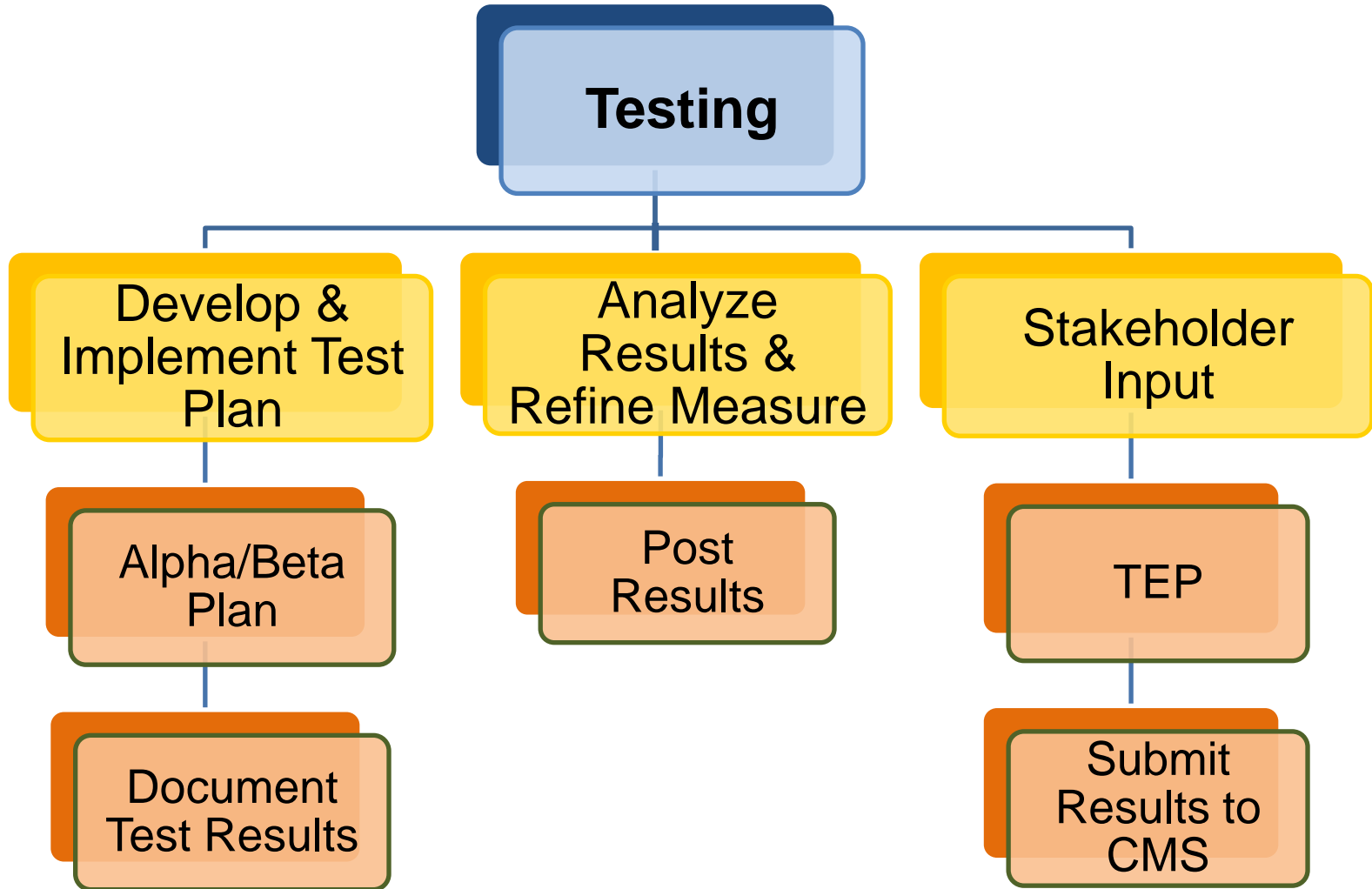
How:

Data collection and
defining, drafting

Who:

Measure developers
and organizations

Measure Testing



Testing: Summary

What:

Data
collected

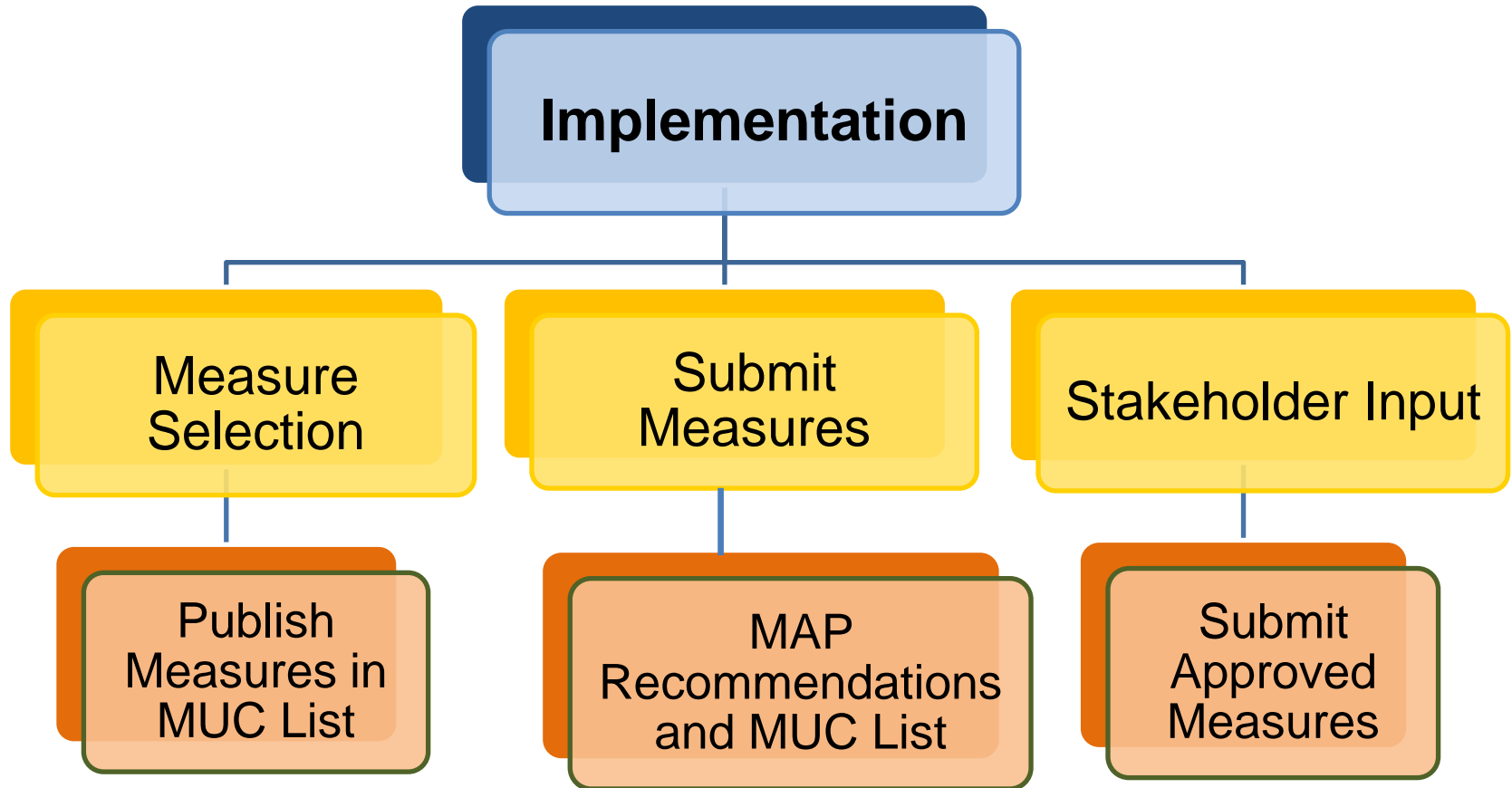
How:

Measure testing, including
alpha and beta results,
and refinement

Who:

TEP and other stakeholders,
measure developers, and
pilot sites

Measure Implementation



Implementation: Summary

What:

Possible adoption of the measure

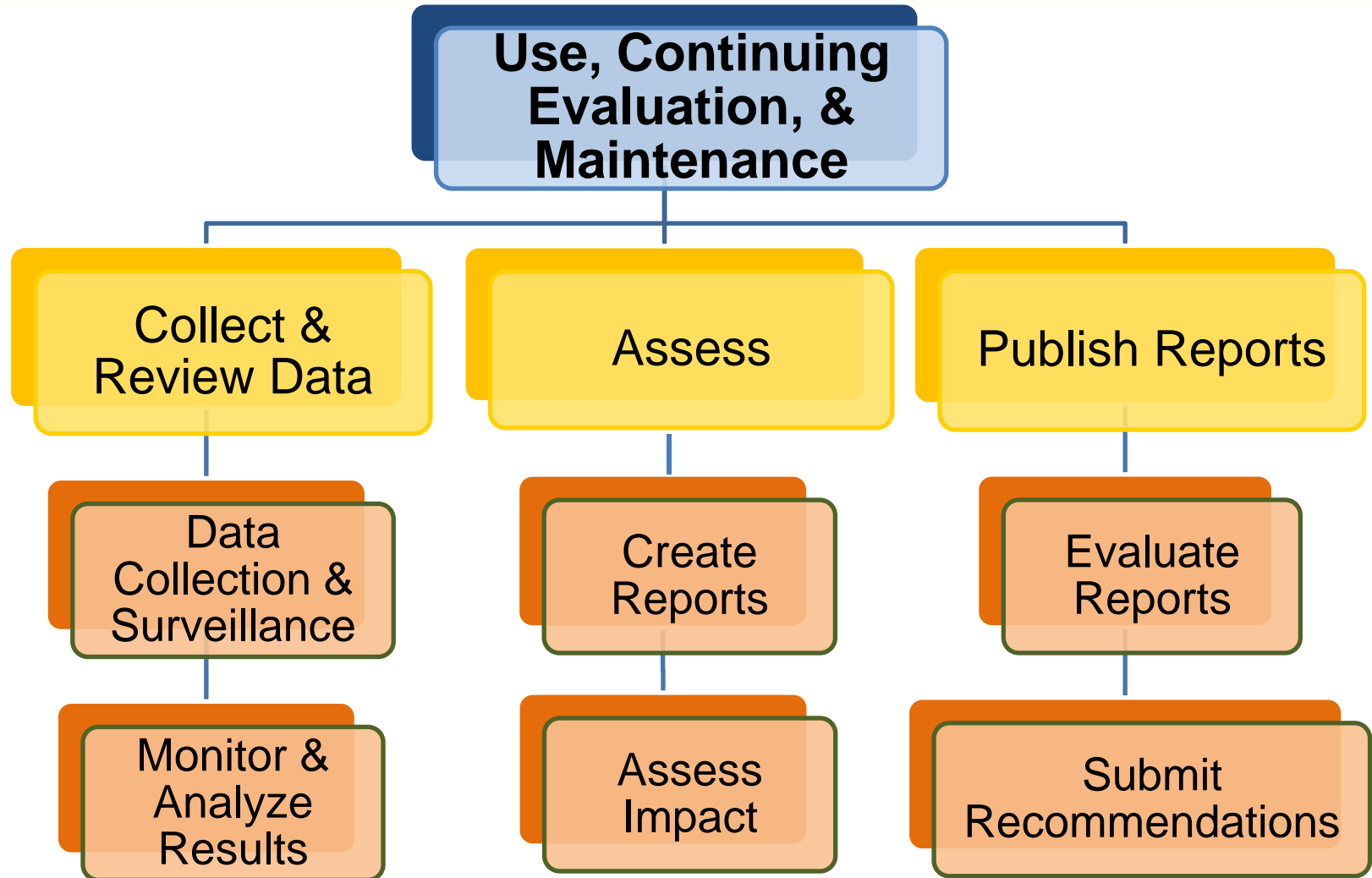
How:

Compile MUC List, rulemaking, rollout, and education

Who:

NQF, Health and Human Services, public comment

Measure Use, Continuing Evaluation, and Maintenance



Measure Use, Continuing Evaluation, and Maintenance: Summary

What:

Results of the measure

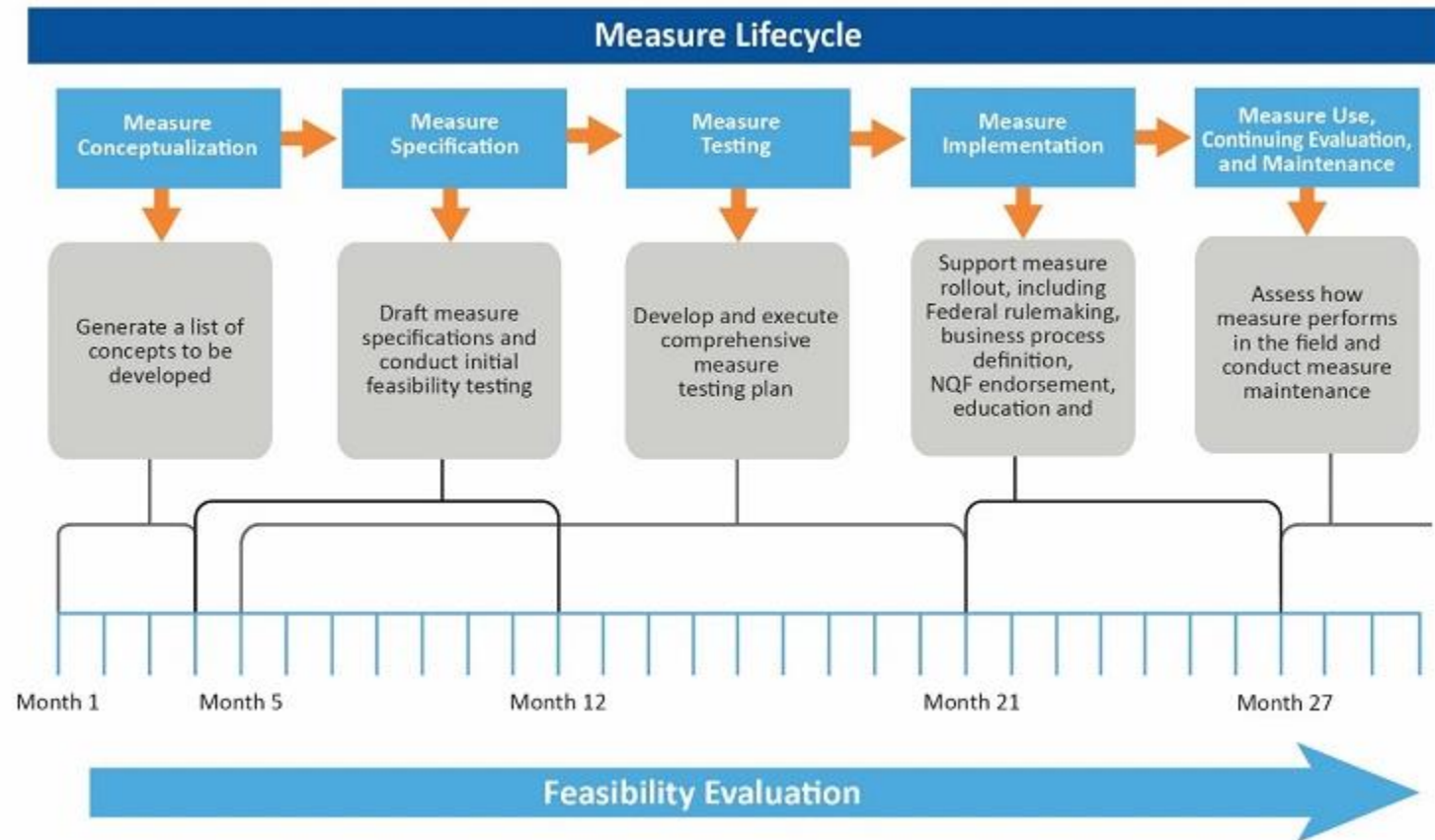
How:

Collect and report data, determine outcome (retire, retain, revise, suspend, or remove)

Who:

Measure developers, TEPs, NQF, and CMS

Measure Development Timeline



<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Measure-Development-by-Phase.html>

Accessed on: February 18, 2019.

Measure Classification



Classifications

Measure Type	Definition
Composite	A measure that contains two or more individual measures, resulting in a single measure and a single score. Composite measures may be composed of one or more process measures and/or one or more outcome measures.
Cost/Resource	Broadly applicable and comparable measures of health-service counts. A resource measure counts the frequency of defined health system resources; some may further apply a dollar amount to each unit of resource.
Efficiency	A measure concerning the cost of care associated with a specified level of health outcome.
Outcome	A measure that assesses the results of healthcare that are experienced by patients: clinical events, recovery and health status, experiences in the health system, and efficiency/cost.

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/BlueprintVer14.pdf>

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Classifications (cont.)

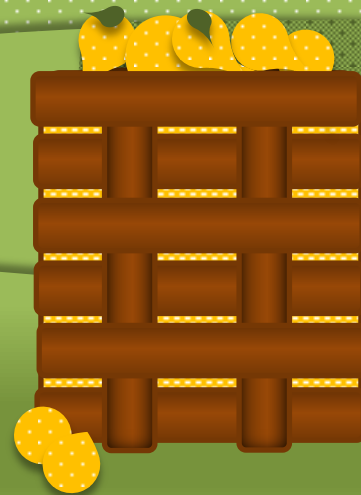
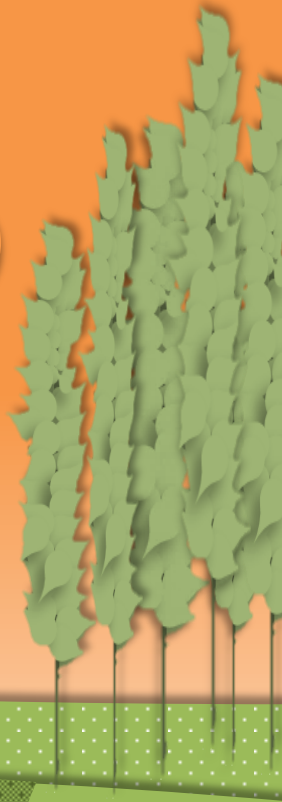
Measure Type	Definition
Patient-Reported Outcome	A measure that focuses on a patient's report concerning observations of and participation in healthcare.
Process	A measure that focuses on steps that should be followed to provide good care. There should be a scientific basis for believing that the process, when executed well, will increase the probability of achieving a desired outcome.
Structural	A measure that assesses features of a healthcare organization or clinician relevant to its capacity to provide healthcare.

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/BlueprintVer14.pdf>

Accessed on: February 18, 2019

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Harvesting the Fruits of the Labor



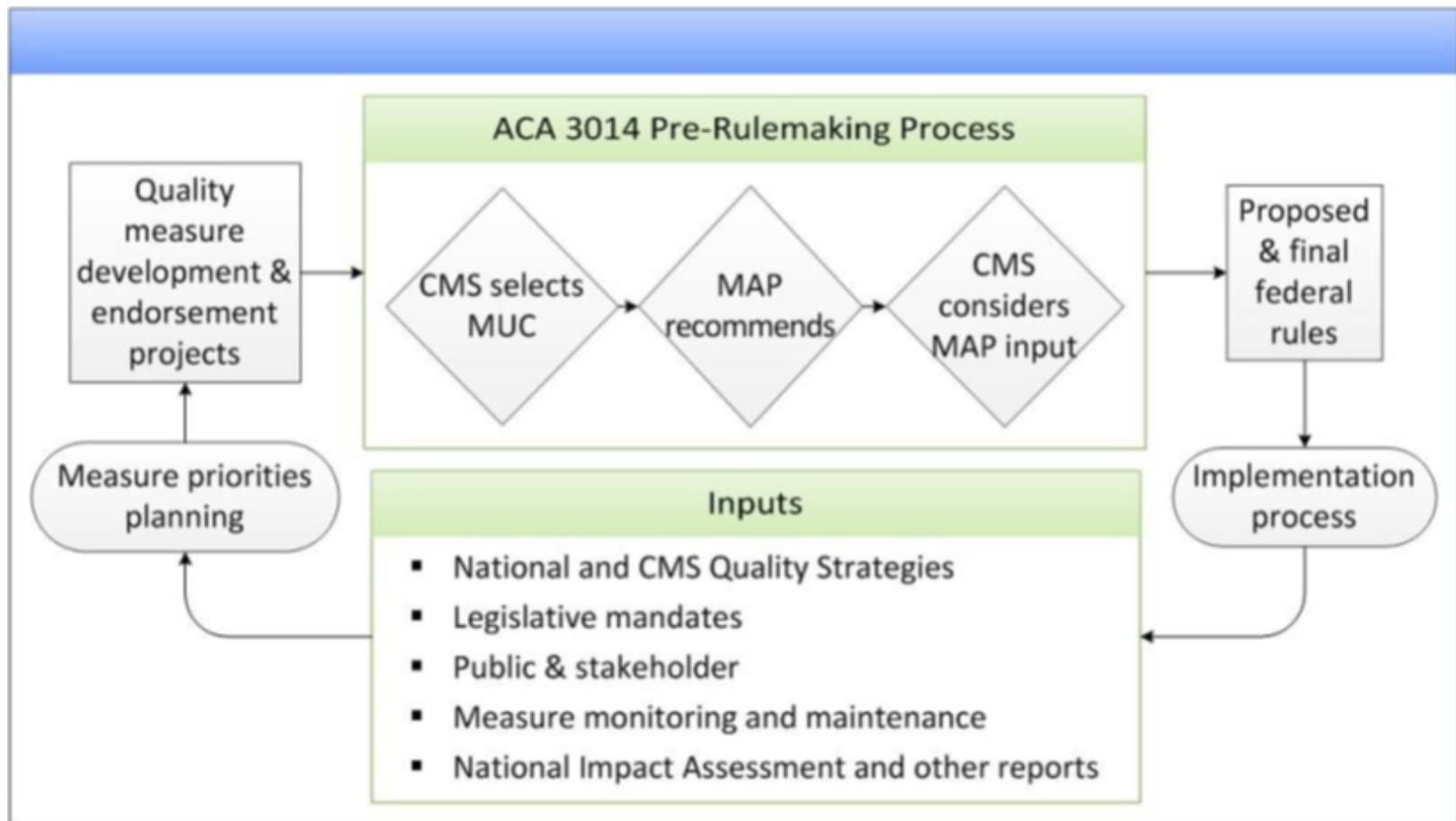
Decision Criteria

- Importance of the measure
- Scientific acceptability
- Feasibility
- Usability

Non-Pre-rulemaking Process

- Not all measures go through pre-rulemaking
 - CMS issues a call letter to solicit measures.
 - Submitted measures go through the clearance process.
 - Measures may go to MAP for review, decision, and public comment.
 - CMS issues a final letter.

Pre-Rulemaking



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

Accessed on February 18, 2019.

Rulemaking Process

- This process is the method by which CMS adopts measures for use in their programs and initiatives.
- Measures for this program go through pre-rulemaking.
- Each program that participates publishes one Proposed Rule and one Final Rule annually.
- The public can provide feedback on the Proposed Rule via public comment.

Rule Process

- Proposed Rule is published in July
 - Comment period is open for sixty days
- Final Rule is published in November

Questions



Thank You for Participating!

Please contact the Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at www.qualitynet.org

Or

- Call the Support Contractor at 866.800.8756.

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 separate from registering for the webinar. If you have not registered at the Learning Management Center, you will **not** receive your certificate.
 - Please use your **personal** email so you can receive your certificate.
 - Healthcare facilities have firewalls that block our certificates.

CE Certificate Problems?

- If you do not immediately receive a response to the email you used to register in the Learning Management Center, a firewall is blocking the survey link.
- Please go back to the New User link and register your personal email account.
- If you continue to have problems, please contact Deb Price at dprice@hsag.com.

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

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a CE credit course. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the text "Learning Management Center" is displayed. The main heading for the registration is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The entire registration form is enclosed in a white box with a blue border.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

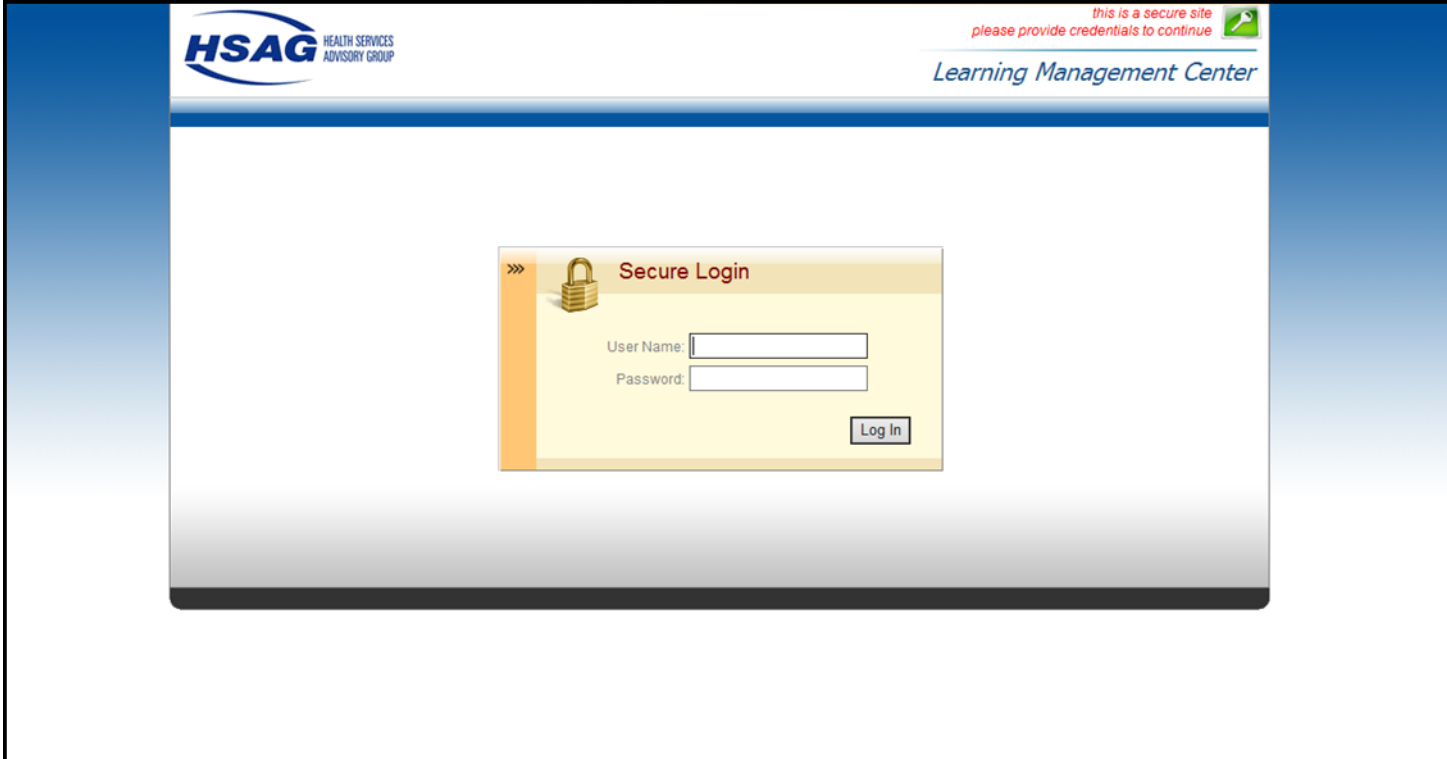
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning reads "this is a secure site please provide credentials to continue" next to a small icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

References

- Donabedian, A. (2005) Evaluating the quality of medical care. *Milbank Quarterly*, 83(4), 691- 729. (Reprinted from Donabedian, A. [1966]. Evaluating the quality of medical care. *Milbank Memorial Fund Quarterly*, 44[3], 166-203) doi:10.1111/j.1468-0009.2005.00397.
- Goodrich, K., Garcia, E., & Conway, P. H. (2012) A history of and a vision for CMS quality measurement programs. *Joint Commission Journal on Quality & Patient Safety*, 38(10), 465-470.
- Goodrich, K & Ling, S. (2013) The national quality strategy and you: How CMS quality measures affect policy and practice. *Medscape*. Retrieved from http://www.medscape.org/viewarticle/803358_2.
- Institute of Medicine. (2000) *To err is human: Building a safer health system*. Washington, DC: National Academies Press. Retrieved from <http://www.nap.edu/catalog/9728/to-err-is-human-building-a-safer-health-system>.
- Institute of Medicine. (2001) *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academies Press. Retrieved from http://www.nap.edu/openbook.php?record_id=10027.
- Institute of Medicine. (2003) *Health professions education: A bridge to quality*. Washington, DC: National Academies Press. Retrieved from http://www.nap.edu/openbook.php?record_id=10681 doi: 10.1097/01.NUMA.0000359201.21834.c7.
- National Quality Forum. (2013) *MAP 2013 pre-rulemaking report: 2013 recommendations on measures under consideration by HHS*. Washington, DC: U.S. Government Printing Office. Retrieved from <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=72746>.

References (cont.)

Centers for Medicare & Medicaid Services. (2015) *A blueprint for the CMS measures management system: Version 11.1*. Baltimore, MD: Centers for Medicare & Medicaid Services. Retrieved from <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MeasuresManagementSystemBlueprint.html>.

Centers for Medicare & Medicaid Services. (2015). *2015 national impact assessment of the Centers for Medicare & Medicaid Services (CMS) quality measures report*. Baltimore, MD: Centers for Medicare & Medicaid Services. Retrieved from <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/2015-National-Impact-Assessment-Report.pdf>.

Department of Health and Human Services. (2001) *Improving nursing home quality: Introducing choice and competition into nursing care*. Retrieved April 10, 2015 from <http://archive.hhs.gov/news/speech/2001/011119.html>.

National Quality Forum. (2015) *MAP 2015 considerations for selection of measures for federal programs: Hospitals*. Washington, DC: U.S. Government Printing Office.

Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 et seq. (2010).

U.S. Department of Health and Human Services. (2011). *2011 report to Congress: National strategy for quality improvement in health care*. Retrieved from <http://www.ahrq.gov/workingforquality/reports/annual-reports/nqs2011annlrpt.htm>.

References (cont.)

- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Quality-Measure-Development-Lifecycle-Overview.pdf>
- <https://www.communitycatalyst.org/resources/publications/document/Resource-for-Advocates-on-Quality-Measurement-Life-Cycle-Final.pdf>
- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Quality-Measure-Development-Lifecycle-Overview.pdf>
- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/BlueprintVer14.pdf>

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