Advancing the PCHQR Program: Exploring Aims, Goals, and Measures

Questions and Answers

Speaker

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June 6, 2019
2 p.m. ET

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

Question 1: **Can you provide some more information about the human-centered design approach?**

Just to go into more detail on human-centered design, also known as HCD internally, it is a process that we use to better understand the stakeholders for whom CMS are writing policies and creating programs and services for. More so, specifically, the needs, motivations, and limitations of the people utilizing the quality services that we provide are definitely considered, even more so now under our current culture within the Center for Clinical Standards and Quality (CCSQ) and broader CMS. In addition, the successful practice of HCD means our PCHQR Program team is ultimately meeting the grander mission of CMS to ensure that the voices and needs of the populations we represent are present at the agency in terms of developing and evaluating its programs and policies. Some examples of HCD as we've been rolling it out, we've been undergoing various trainings over the past several months that have been led by our Office of Information Technology, as well as our IT group within CCSQ, the Information Systems Group, who handle many of our IT packages and systems that support our various programs across the board for our hospital programs, and even outside of our hospital programs, like post-acute care and other systems. They've been encouraging us to attend these trainings so that you may learn more about it and then relay the information to key stakeholders such as yourselves and to better serve you all as much as possible and, ultimately, of course, the Medicare beneficiaries. Then, also similar to that, we've been experiencing greater partnership across various components; I would say cross-pollination efforts to learn from each other as to what methods have been working, what has not been working. So, we're definitely always interested in looking to continually improve. That's definitely the motto here within CMS. Through the culture of LEAN that folks may recall over the past few years, we've been steadily rolling that out and now under the guise of teaching continuous improvement activities.

Question 2: **How does CMS help to alleviate burden on providers when it comes to claims and payment?**

Well, in terms of alleviating burden, an example of that would be just within some of our programs, such as within the Hospital Value-Based Purchasing Program, or HVBP. When it comes to the annual payment adjustments for facilities for providers participating in that program, we aim to, as much as possible, make the payment process as seamless as

possible for folks who participate in that program. Internally, we get the final list of providers participating, as well as whether or not they received either downward or upward payment adjustments based upon them meeting the requirements for the Hospital Value-Based Purchasing Program and, even prior to that, you know, the Inpatient Quality Reporting Program. Then, we'll take that information internally. Then, we will translate that information to the Medicare Administrative Contractors through our clinical [Technical] Direction Letters and information of that nature so that, as much as possible, facilities will not have to do that themselves. So, in that way, we try to alleviate burden in that sense. Similar to that too, and this kind of loops into the last question, we are trying to find further ways to further support human-centered design and alleviate burden with the Hospital Quality Reporting system, which is the hospital quality reporting system that basically provides the foundation for all of our programs and undergirds our various websites and IT systems and many of our internal processes. We're always looking to ways to support ultimately you all both internally and externally.

Question 3: **How has CMS worked to address varying standards and duplicative reporting?**

We have quite a few examples; but, the most immediate one that I can think of was, if you all, of course, have been following this, especially during the past couple of years, that we've been able to streamline many of our hospital programs in particular very considerably recently to address these concerns based upon the feedback that was provided to our senior leadership at CMS, particularly to our administrator, Seema Verma. So, as you all probably, of course, witnessed in the cancer program, we have reduced a number of our measures as well as in some of the other hospital programs in an effort to de-duplicate and to ensure that the measure sets are as parsimonious as possible in an effort to further alleviate burdens. Of course, it's always with the understanding that we try our best to continue to retain the measures in our programs that we feel that absolutely continue to fill the gaps in our programs and remain open to continuing to add further measurements to our programs, such as some of the measures that have been proposed for adoption in the Fiscal Year 2020 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System Final Rule. Also, another example of that from the past, at least up until recently, we've worked with The Joint Commission on certain measures in specific hospital programs in an effort to seek alignment on requirements. This is an example of us trying to further streamline the process for participating providers who must meet requirements for CMS and other accrediting organizations and payers.

Question 4: **What is SAFe Agile?**

That is something really exciting that we've been rolling out at CMS in the past, at least, 18 months. I think our hospital programs have actually been the forerunners of this rolling out of this process through CMS. Ultimately, CMS is committed to strengthening the system development life cycle processes. IT speak, I know. Given the need to respond quickly to various business demands that are required upon CMS, the CMS Office of Information Technology, for example, created the CMS eXpedited Life Cycle (XLC), a streamlined model to guide and coordinate IT projects which provides a flexible approach, more adaptable approach to our various IT projects, and the execution thereof, and the governance that is directly associated with the projects' complexities. This kind of refers to, at least to, something I mentioned earlier related to the HQR system. That was one of our first systems that we worked on as we've rolled out this SAFe Agile approach. In comparison to, some folks on the line may be familiar with the term waterfall production or development. That was the previous system up until now, and there are definitely pros and cons to that system. So, we've been experimenting with the new system of Agile in comparison to the waterfall approach; but, the ultimate purpose of Agile, and whatnot, is to balance speed and oversight, as well as to promote agility and effective project review and establish appropriate oversight early in the process. We tend to bring in our various teams, IT teams from all over the country, at least on a quarterly basis for our various programs and systems, to come together and communicate with each other as to what is being required for different programs per regulations, per rules, and how to implement them and roll them out as quickly as possible and as seamlessly as possible, so that you providers will have the best use, the best experience of our programs and systems, as process. So, yes, it also encourages rapid and flexible response to change, which we've definitely undergone over the past couple of years. We've definitely made a great effort and continue to forward the current CMS vision for our different quality programs, specifically for the cancer program. It's great to be nimble with the system, keeping in mind the objectives and goals that our leadership would like for us to ensure that we have.

Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.

Question 5: **In the CMS Measures Inventory Tool, there are many PCHQR Program measures that have a "Current Status" of "Declined" or "Considered." Can you please elaborate on what these mean? At what level (CMS, MAP, other?) was this designation assigned?**

These designations were assigned by CMS, and you will find descriptions here: https://cmit.cms.gov/CMIT_public/ViewMeasureInventory_#data.

Question 6: **Will testing of the Center for Medicare & Medicaid Innovation Oncology Care Model affect reimbursement for PPS-Exempt Cancer Hospitals in the future?**

Please refer to https://innovation.cms.gov website for additional information.

Question 7: **Is CMS thinking of updating the way PCHQR Program data are displayed in *Hospital Compare* (slide 28)? It is very difficult to interpret for the public who are not familiar with information. Perhaps display the data similar to regular acute care hospitals?**

We are in the process of completing *Hospital Compare* website improvements which will be ready for public display during Spring 2020, and we look forward to your feedback then.