PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

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

Presentation Transcript

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Lisa Vinson: Good afternoon and thank you for joining us for today's educational event, entitled *Advancing the PCHQR Program: Exploring Aims, Goals, and Measures*. My name is Lisa Vinson and I am the PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR, Program Lead with the Hospital Inpatient Value, Incentives and Quality Reporting, or VIQR, Outreach and Education Support Contractor. We are fortunate to be joined by Nekeshia McInnis, who serves as the PCHQR Program Lead with the Quality Measurement and Value-Based Incentives Group, or QMVIG, Center for Clinical Standards and Quality, or CCSQ, for the Centers for Medicare and Medicaid Services, also known as CMS. You may have noticed that a few of our previous webinars have focused on certain areas or topics from CMS' perspective. Today's topic is no different in that we will be taking a closer look at the current aims, goals and measures as they relate to the PCHQR Program. Furthermore, if you have any questions about the content of today's presentation, please submit them using the chat function and we will answer as many of your questions as time allows. If your question is not addressed, the question-and-answer summary document will be available on *Quality Reporting Center* and *QualityNet* at a later date. Also, please remember that the slides, recording, and transcript will also be available.

Here is a list of commonly used acronyms and abbreviations in the PCHQR Program, some of which you will hear today during today's event include: CMMI for Center for Medicare and Medicaid Innovation; CCSQ for Center for Clinical Standards and Quality; HHS for Health and Human Services; PRO for Peer Review Organization; QIC for Qualified Independent Contractors; QMVIG, or QMVIG, for Quality Measurement and Value-Based Incentives Group; and OCM for Oncology Care Model. Of note, this acronym is also used for a measure set in the PCHQR Program, the Oncology Care Measures, as indicated on this slide.

The purpose of today's event is to provide an update on the PCHQR Program aims, goals and measures. Furthermore, at the conclusion of this event, we hope that you, as a program participant, are able to explain the

present aims and goals for the PCHQR Program from CMS's perspective and understand how this relates to the current program measures.

At this time, I would like to turn the presentation over to Nekeshia. Nekeshia?

Nekeshia McInnis: Thank you, Lisa. Good afternoon, everyone, and thank you again for joining us for today's webinar on *Advancing the PCHQR Program, Exploring Aims, Goals and Measures*. First, we would like to begin with our CMS strategic goals, much of which provides a foundation for all the work that we do in our program.

Currently, regulatory reform and reducing regulatory burden are high priorities for CMS. To reduce regulatory burden on the healthcare industry, lower healthcare costs, and enhance patient care, in late 2017, we launched the Meaningful Measures initiative. This initiative is one component of our agency-wide Patients Over Paperwork initiative, which is aimed at evaluating and streamlining regulations, with a goal to reduce unnecessary cost and burden, increase efficiencies, and improve beneficiary experience. The Meaningful Measures initiative is aimed at identifying the highest priority areas for quality measurement and quality improvement in order to assess the core quality of care issues that are most vital to advancing our work to improve patient outcomes. This initiative represents a new approach to quality measures that will foster operational efficiencies and will reduce costs, including data collection and public reporting burden, while producing quality measurement that is more focused on meaningful outcomes.

The Meaningful Measures framework is a strategic tool for putting patients over paperwork, by reducing measure reporting burden in alignment with national healthcare priorities. On our next slide, we will look at the Meaningful Measures framework objective in further detail.

Here we share a graphic that highlights, at a high level, the Meaningful Measures framework key areas, which include the following: Number one, promoting effective communication and coordination of care, where

examples include medication management, admissions and readmissions to hospitals, and transfer of health information and interoperability. Number two, promoting effective prevention and treatment of chronic disease, where examples include preventive care; management of chronic conditions; prevention, treatment, and management of mental health; prevention and treatment of opioid and substance use disorders; and risk-adjusted mortality. Number three, working with communities to promote best practices of healthy living, where examples include equity of care and community engagement. Number four, making care affordable, where examples include appropriate use of healthcare, patient-focused episode of care, and risk-adjusted total cost of care. Number five, making care safer by reducing harm caused in the delivery of care, where examples include healthcare-associated infections and preventable healthcare harm. And, lastly, number six, strengthening person and family engagement as partners in their care, where examples include personalized care and alignment with patients' goals, end-of-life care according to preferences, patients' experience of care, and patient-reported functional outcomes. However, we see at the center of all of this, is CMS' priorities to improve customer experience, support state flexibility and leadership, support innovative approaches, and empower patients and doctors.

Similarly, the CMS Meaningful Measures areas illustrate how the overarching quality priorities are being operationalized and are the connectors between CMS strategic goals and individual measures that demonstrate how high-quality outcomes for CMS beneficiaries are being achieved. There are a total of 19 meaningful measure areas and six quality priorities.

Similar to Slide 12, this table, which is continued on the next slide as well, highlights the six national quality priorities along with the related Meaningful Measures areas, which are a total of 19. Furthermore, by including Meaningful Measures in our programs, we believe that we can also address the following cross cutting measure criteria: Eliminating disparities, tracking measurable outcomes and impact, safeguarding public

health, achieving cost savings, improving access for rural communities, and reducing burdens.

Furthermore, we believe that the Meaningful Measures initiative will improve outcomes for patients, their families and healthcare providers while reducing burden and costs for clinicians and providers as well as promoting operational efficiencies.

Here is another graphic that CMS is using to further illustrate our latest goals and priorities. Between May and June 2018, approximately 151 hospital staff and leadership shared with CMS their experiences of reporting information to external and regulatory entities. This graphic illustrates the reporting interactions that pull hospitals away from their central focus of patient care and the burden they experience. Letter A, Caring for Patients, where an example is sending patient health records, medical orders and prescriptions to other providers, facilities and suppliers. Letter B, Accreditation and Certification, where examples include: Submitting corrective action plan for citations, captured on form CMS 2567 following an accreditation survey; submitting corrective action plan for citation; responding to complaint surveys conducted by the state on behalf of CMS. Letter C, Quality Reporting: Submitting core measures, electronic clinical quality measures, eCQMs, and hospital-acquired infections data, submitting quality measures as required by accrediting organizations, submitting quality measures as required by the state, and submitting quality measures as required by other payers. Letter D, Utilization and Case Management: Reviewing CMS coverage rules and guidance, coordinating care with other providers and exchanging patient health records, and reviewing other payers' coverage and coordinating benefits. Letter E, Cost Reporting, submitting cost reports and filing cost report appeals. Letter F, Coding, Billing and Appeal: Submitting claims, appeal letters and documentation to MACs, and submitting claims appeal letters and documentation to other payers. And letter G, Individual Provider Enrollment: Submitting credentials and applications for state licensure, submitting Medicaid provider enrollment applications,

submitting provider enrollment applications to commercial payers, and lastly, submitting Medicare provider enrollment applications.

To continue the complexity and burden concerns that were shared with CMS on the previous slide, here we display further notable information where we hope to gain continued awareness from our provider community in an effort to further improve our program. Specifically, in terms of burden experienced, providers mentioned the following: Number one, varying standards; number two, duplicative reporting; number three, pace of change; number four, insufficient dialogue; and number five, lack of transparency.

Now, here we see at a high level, our HHS strategic goals, which include strengthening and modernizing the nation's healthcare system; protecting the health of Americans where they live, learn, work and play; strengthening the economic and social well-being of Americans across their lifespan; foster sound and sustained advances in the sciences; and promoting effective and efficient management and stewardship. In addition, we display here how our CMS strategic goals, with the ultimate aim of putting patients first, aligned with overarching HHS strategic goals. Furthermore, we see how more specifically our Center for Clinical Standards and Quality, CCSQ, strategic goals and objectives, align with the HHS and CMS strategic goals, which include improving beneficiary health outcomes; enhancing provider and clinician experience; improving data, evidence and information sharing; improving product and system capacity; maximizing the value of program investments; and advancing workforce engagement and satisfaction.

To continue, we see here how the HHS, CMS, and CCSQ goals trickle down to our QMVIG goals at the group level and strategies that include, specifically: Number one, improving patient outcomes; value and experience of healthcare via meaningful quality measurement; development and alignment strategy across programs. And some examples include: Implementing and operationalizing the meaningful measurement strategy; alignment to the agency's quality goals; developing new approaches to quality measurements; identifying the highest priorities to improve patient outcomes; increasing proportion of outcome measures used across

programs by the end of 2018, which we've been able to do, thankfully; focusing clinicians on quality care and making patients healthier; and continuing efforts to measure quality and reward high quality of care for existing quality reporting programs. Number two, building, applying and spreading user-centered design capacity to engage providers and patients in program design. Some examples include: Applying user-centered designs and engagement approaches across settings, developing and applying eCQM strategy plans, continuing targeted inclusion of consumer/patient voices while working with clinicians, developing programs that display quality improvement in consumer-friendly formats such as star ratings, modernizing real-time measure reports to facilitate actionable quality improvement by providers, and developing a measures management system that engages users at a variety of levels. Number three, align programs to reduce burden and increase focus on interoperability and patient-focused care. Some examples include better aligning programs to reduce burden, an increasing focus on interoperability and patient focused care, making legislative and regulatory recommendations to reduce the burden of implementation, providing consumers with actionable information so that they can make informed healthcare choices, developing measures that align with the meaningful measurement strategy, ensuring the use of parsimonious clinically relevant standardized patient assessment data elements and post-acute care assessment-based quality measures, and focusing attention on the reduction of inequities related to healthcare disparities, SES/SRF, et cetera. Number four, achieve operational excellence. Some examples include: Successful on-time awarding of various procurement actions, transitioning to a SAFe Agile environment across programs, ensuring quality-related systems are routinely tested and audited for compliance with CMS IT requirements, streamlining procurement processes to ensure that contracts and budgets are accurate and in line with priorities, reducing procurement duplication, and creating flexible process improvement strategies, and spreading of best practices. And five, cultivating QMVIG culture through an engaged and satisfied workforce. And some examples include: Utilizing all mechanisms to hire, promote and optimize and retain staff; demonstrating management commitment to improvement and support of staff; empowering leadership

across all levels; providing more developmental coaching, mentoring and training opportunities across all levels; increasing communication and transparency across all levels; recognizing successes and accomplishments; celebrations, bolstering team culture and morale through quarterly events; and, lastly, improving processes for onboarding and retention via training and morale-building activities.

Now I will turn the presentation back to Lisa and will continue later on during this webinar. Lisa?

Lisa Vinson: Thank you, Nekeshia. At this time, we will now take a look at the PCHQR Program measures. As we move through this portion of the event, it is important to note that measures implemented in various CMS quality programs drive improvement in the quality of care provided to patients worldwide.

On this slide and the next is a list of the PCHQR Program measures broken out into two categories, outcome and process measures. This particular table displays the PCHQR Program outcome measures, which include five of the six HAI measures, CLABSI, CAUTI, SSI colon and abdominal hysterectomy, CDI and MRSA; HCAHPS; the three claims-based measures, two of which are currently active measures in the PCHQR Program, the Admissions and Emergency Department, or ED, Visits for Patients Receiving Outpatient Chemotherapy, and 30-Day Unplanned Readmissions for Cancer Patients; and the Surgical Treatment Complications for Localized Prostate Cancer measure, which was recently proposed for inclusion in the PCHQR Program in the Fiscal Year 2020 IPPS/LTCH PPS Proposed Rule; and, lastly, the four end-of-life measures, EOL-Chemo (Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life), EOL-ICU (Proportion of Patients Who Died from Cancer Admitted to the Intensive Care Unit, or ICU, in the Last 30 Days of Life); EOL-Hospice (Proportion of Patients Who Died from Cancer Not Admitted to Hospice); and EOL-3DH (Proportion of Patients Who Died from Cancer Admitted to Hospice for Less than Three Days).

Here are the PCHQR Program process measures, three of which remain active in the program. These measures include: The five Oncology Care Measures, or OCMs, four of which have been removed from the PCHQR Program, which are Oncology: Radiation Dose Limits to Normal Tissues; Oncology: Medical and Radiation—Pain Intensity Quantified; Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High Risk Prostate Cancer; Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients;, and, lastly, Oncology: Medical and Radiation—Plan of Care for Moderate to Severe Pain, which is the one OCM retained in the program; External Beam Radiotherapy for Bone Metastases, or EBRT, measure; and then the remaining HAI measure, Influenza Vaccination Coverage Among Healthcare Personnel, or HCP, measure. So, as you can see, the number of outcome measures outnumbers the amount of process measures currently used in the PCHQR Program. This aligns with CMS' goal to utilize more outcome measures in the program and across other quality reporting programs.

Now, I would like to discuss a tool you may find useful, the CMS Measures Inventory Tool. This resource can be accessed via the link provided on this slide. This inventory tool can be found on the Quality Measures page on CMS.gov. As the site indicates, the CMS measures inventory is a compilation of measures used by CMS in various quality reporting and payment programs. On the next series of slides, you will see how the inventory lists each measure by program, reporting measure specifications, including, but not limited to, the numerator, denominator, exclusion criteria, Meaningful Measures domain, measure type, and National Quality Forum, or NQF, endorsement status. In general terms, it is important to note that the measure approved for consideration of use in a Medicare program must clear CMS' pre-rulemaking and rulemaking processes for full implementation into the intended CMS program. The CMS Measure Inventory Tool is an interactive, web-based application with intuitive and user-friendly functions for quickly searching through CMS Measures Inventory. So, at this point, you may be wondering, how do I find the measures related to the PCHQR Program? To get started, you will need to utilize the Filters function as denoted by the red box on the

left-hand side of this page on this slide. By selecting Programs, you will be taken to the screen on the next slide.

Here is where you will select your desired program, which, for the purpose of this presentation and denoted by the red box, is Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program. Once this option is selected, you will need to click Apply Filters, which is shown in the upper right-hand corner of this slide. You will then be taken to the Measure Results page as shown on the next slide.

Here is where you can peruse the results by measure program, which is PCHQR. As I stated earlier, the provided details include: Measure name; NQF endorsement status, which will be either endorsed or not endorsed; the NQF ID; the applicable program or programs and status, which will reflect considered, removed or implemented; and the measure type, such as process or outcome. There's also a comparison option, which is denoted by the Add button. You are able to select up to three measures at a time for comparison. Once these measures are identified, you will select the Compare Measures button in the upper right-hand corner of the page.

This is a snapshot of the *Hospital Compare* landing page. The red box on the right-hand side highlights the link you can select to view the PCH data. As you may be aware, *Hospital Compare* has information about the quality of care at over 4,000 hospitals and facilities across the country. Providers that receive Medicare and Medicaid payments and participate in one or more of the various quality reporting programs provide information for this database. The Centers for Medicare and Medicaid Services, or CMS, and the nation's hospitals work collaboratively to create and publicly report hospital quality performance information on the *Hospital Compare* website. On this website, you will find hospital performance data in a consistent, unified manner to ensure the availability of credible information about the care delivered in the nation's hospitals. This information helps the consumer to make decisions about where to get their healthcare and encourages hospitals to improve the quality of the care they provide. More information is available by clicking the link provided above the images on this slide.

Once you access the PPS-Exempt Cancer Hospitals link, you will be taken to the PPS-Exempt Cancer Hospital Quality Reporting Program page. On this page, you have an option to visit Data.Medicare.gov and you are able to download the PCHQR Program datasets, as displayed here. The Explore all datasets page lists all the measures related to the PCHQR Program that are displayed on *Hospital Compare*. When you select a measure of your choice, you will be taken to the page displayed on the next slide.

Due to limited space, this slide captures the lower portion of the page, which displays the table preview of this particular data set for the Cancer Specific Treatment, or CST, measures. This dataset contains 33 rows and 16 columns. As shown on this slide, the columns include information such as the provider ID, hospital name, hospital type, address, city, state, zip code, and other details such as the numerator and denominator values. You can utilize the horizontal bar to scroll left and right, but you will need to select next to review the next set of rows of data.

As we discussed back in March during our educational event at that time, CMS launched its Patients Over Paperwork initiative in 2017 to address regulatory burden, with the primary goal of removing obstacles that get in the way of the time clinicians spend with their patients. Specifically, this initiative shows CMS' commitment to patient-centered care and improving beneficiary outcomes. It includes several major tasks aimed at reducing burden for clinicians and providers and motivate CMS to evaluate its regulations to see what can be improved. There is a wealth of information on this initiative on the CMS.gov page, which you can access by clicking the link above the image on this slide.

Additionally, there are valuable resources available to you to learn more about CMS' efforts with putting patients first. As displayed on this slide, you are able to sign up for email updates along with signing up to receive the Patients Over Paperwork newsletter, which will be delivered directly to your inbox. In addition to these correspondences, there are several links available that provide information to help you gain a better understanding of why this initiative is so important and the impact it has made since its inception.

Now, I will turn the presentation back over to Nekeshia to further discuss future considerations. Nekeshia?

Nekeshia McInnis: Thank you, Lisa. To continue, we would now like to share our PCHQR Program future considerations in an effort to further advance the program. And, of course, we always remain open to input from our stakeholder committee members such as yourself. Please do not hesitate to contact us.

First, we would like to discuss the topic of patient-reported outcomes. We hope to further collaborate and partner with the Center for Medicare & Medicaid Innovation (CMMI) Comprehensive Care For Joint Replacement Model Team to discuss developing peer review organization quality measures, sharing lessons learned, linking CJR participant hospitals' performance on quality measures to payment, public reporting quality measure results for hospitals participating in CJR, and consideration for the PCHQR Program.

Furthermore, to provide more details on another potential theme of cancer program partnership, we wanted to share another example from CMMI, which is the Oncology Care Model. CMMI is pursuing the opportunity to further its goal of improved quality of care at the same or lower cost through an oncology payment model. This five-year model, from 2016 to 2021, will test innovative payment strategies that promote high-quality and high-value cancer care. This episode-based care payment model targets chemotherapy and related care during a six-month period that begins with receipt of chemotherapy treatment. This model emphasizes practice transformation. Physician practices are required to implement "practice redesign activities" to improve the quality of care they deliver. And, lastly, OCM as a multi-payer model. The model includes Medicare fee-for-service and other payers working in tandem to leverage the opportunity to transform care for oncology patients across the practice's population.

Now, we would also like to further collaborate with our internal CMS affinity groups. Their primary goals are to build cross-component collaboration, enhance health quality programs, produce impactful

outcomes and demonstrate value, and implement the CMS quality strategy goals. Specifically, we have the following CMS affinity groups: We have a value-based purchasing group; population health group; nursing home convergence group, which has most recently been absorbed into other groups; patient and family engagement; home and community-based services; Alzheimer's and dementia; learning and diffusion; care transitions and post-acute care; behavioral health; ESRD; and palliative care. As you can see here, we focus on quite a few items that are common across all of our various CMS affinity groups, including strategic vision, feedback, coordination, strategic planning assistance, best practices, recommendations for alignment, spread and dissemination, collaboration, goal achievement, knowledge management, and, at the center of it all, is our Quality Improvement Council, who primarily oversees the direction and the steering of these various CMS affinity groups.

More specifically, we aim to partner with, number one, the Alzheimer's and dementia and palliative care affinity group. And their goal is to foster engagement and collaboration of CMS stakeholders and external agency stakeholders to discuss issues relevant to palliative care and to align Alzheimer's disease and related dementia efforts across the agency. And number two, the patient and family engagement affinity group. And their goal is to create an inclusive, collaborative and aligned national personal and family engagement framework, guided by person-centered values and drives genuine transformation in attitudes, behavior, and practice. Again, I will turn this back to Lisa. Lisa?

Lisa Vinson: Thank you, Nekeshia. I would now like to review some of our PCHQR Program key dates and reminders, starting with upcoming events and deadlines on our next slide.

As for upcoming events, our next educational webinar is tentatively scheduled for Wednesday, June 26. Our topic for this event will be an update on the Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy measure. Please be on the lookout for our customary Listserve communication, which will provide the exact date, title, purpose, and objectives for this event, starting approximately

two weeks prior to the event date. As for data submission deadlines, Wednesday, July 3, quarter one 2019 HCAHPS survey data is due. You should have received a reminder Listserve communication regarding this deadline earlier this week. Then, the next data submission deadline is Thursday, August 15. The data submission window opens Monday, July 1, and the data due includes quarter one 2019 HAI measure data for CAUTI, CLABSI, SSI, colon and abdominal hysterectomy, MRSA and CDI. In quarter one through quarter four 2018, oncology care measure data for all five measures and quarter one through quarter four 2018 for External Beam Radiotherapy for Bone Metastases, or EBRT, measure data. Please remember that, if you intend to submit a measure exception form for calendar year 2019 SSI measure data, the exception form must be submitted by the August 15 deadline.

The data that will be displayed for the upcoming July and October *Hospital Compare* refreshes are listed on this slide. Please note that, for the October 2019 refresh, the HAI measures listed are currently proposed for public display on *Hospital Compare* in the Fiscal Year 2020 IPPS/LTCH PPS Proposed Rule. Of note, the public comment period is open until Monday, June 24. Furthermore, all dates for public reporting are subject to change. And, as we get closer to the preview periods and refresh dates, we will always notify you of these exact dates via Listserve.

If you have a PCHQR Program-related inquiry, you are always welcome to submit your inquiry using the *QualityNet* questions-and-answers tool. By clicking the link denoted on this slide by the red box, you will be taken to the appropriate page to start the process. Please remember, if it is your first time using this tool, you will be required to complete a one-time only registration process.

So, now at this time, we would like to address questions received related to the information we've presented today. Please remember that we will address questions received as time allows. So feel free to submit your question via the chat box. If time does not allow us to address your question during this time, the question-and-answer summary document will be posted to *QualityNet.org* and *QualityReportingCenter.com* at a

later date. So let's get started. Our first question: Can you provide some more information about the human-centered design approach?

Nekeshia McInnis: Yes, thank you. Good afternoon again, everyone. Thank you, Lisa, and thank you for that question. This is Nekeshia McInnis, CMS PCHQR Program Lead again. And just, specifically, 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 CCSQ and broader CMS. In additional information, 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. And 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 leading [inaudible] our Office of Information Technology, as well as our group [inaudible] CCSQ, 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 undergoing various cross-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. Within that, 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 improvement activities.

Lisa Vinson: Thank you, Nekeshia. Our next question: How does CMS help to alleviate burden on providers when it comes to claims and payment?

Nekeshia McInnis: Yes. Thank you. Well, in terms of alleviating of burden, an example of that would be just within some of our programs. I guess I can think of the hospital value-based purchasing program, HVBP. When it comes to the annual payment adjustments for facilities—for providers participating in that program—just to, as much as possible, make it—the process, the payment process—as seamless as possible for folks who participate in that program. Internally, we send—once 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, the IQR Program. Then, we'll take that information internally and then we will translate that information to the MACs through our clinical direction letters and information of that nature. So that, as much as possible, facilities will not have to do that themselves. And so, in that way, we try to alleviate burden in that sense. And, I guess similar to that, too, and this kind of loops into the last question, with trying to find further ways to further support human-centered design and alleviate burden. With the HQR system, the hospital quality reporting system that basically is the foundation of 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.

Lisa Vinson: Thank you. Next question. How has CMS worked to address varying standards and duplicative reporting?

Nekeshia McInnis: Yes. Thank you for this question. A good—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. And 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. We've reduced some of the measures as well as in an effort to de-duplicate and to ensure that the measure sets are as parsimonious as possible in an effort to further alleviate burden. And, of course, 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 IPPS rule. Another example too of that I'm thinking right now is, in 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. And, as another example of us further—furthering to try to further streamline the process for the providers out there who have to meet requirements over to CMS and other accrediting organizations and payers out there.

Lisa Vinson: Thank you, Nekeshia. Next question. What is SAFe Agile?

Nekeshia McInnis: Yes, thank you. That is something really exciting—obviously, in my opinion—that we've been rolling out at CMS in the past at least 18 months. And I think our hospital programs have actually been the forerunners of this rolling out of this process through CMS. I think that's where we're rolling it out throughout other components within the agency. But, 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. Our CMS Office of Information Technology, for example, created the CMS expedited life cycle, as a streamlined model to guide and coordinate IT projects. And so, this access—this cycle, I guess, I would say—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. And 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 yeah and it also encourages rapid and flexible response to change, which we've definitely undergone over the past couple of years with the present administrator, Seema. We've definitely made a great effort and continue to forward her vision for our different quality programs and, specifically, required for the cancer program. So it remains—it's great to be nimble with the system and keeping in mind the objectives and goals that our leadership would like for us to ensure that we have.

Lisa Vinson: Thank you, Nekeshia. So that will end our questions-and-answers portion of the event. At this time, I would now like to turn the presentation over to Deb Price, who will explain our continuing education process. Deb?

Dr. Debra Price: This presentation has been approved for continuing education credit by the boards listed on this slide. If your board is not listed, you can forward your certificate to your own board and see if they accept this certificate across state lines.

There are three easy ways to get your credits. Number one, complete the survey at the end of the event. Number two, register as a new user or an existing user on HSAG's Learning Management Center. And, number three, print out your certificate from the Learning Management Center website. I have a couple of caveats, however, and let me just go over those real quick. First one is, this is a separate registration from the one that you

used for ReadyTalk. So please, if you are a new user, use your personal email. And that's because healthcare facilities have blocks on our automatic links. So sometimes they don't work.

This is what the survey will look like when you see it. It will pop up at the end of our slides and will also be sent to you within 48 hours. So you'll have a second one. When you're done, click on the done button down in the bottom right-hand corner.

And this is the page that pops up after you click that done button. You notice that there are two green links in the middle. The first one is if you have never attended or never received credits. Click that new user link. The second one is if you have been attending our events and you have not had any problems so far. Then, you click the existing user link.

And, depending on which link you clicked on, you will be taken to one of these two pages. For the new user link on the left, use your personal email and your personal phone number. If you've had any problems getting credits before, I'm asking that you go back and register as a new user with your personal email and personal phone number. If you are an existing user, the right-hand side of this screen is what pops up. You're going to use your entire email address as your username, and that's including what's after the @ sign.

And now I'd like to hand this webinar back to your host. Thank you for your time.

Nekeshia McInnis: Thank you again to all guests for attending today's presentation as well as your potential submission of ideas and suggestions for future consideration in our program. Looking forward to joining together again during our next webinar. But, until then, we hope you have a great day. Take care.