

Welcome!

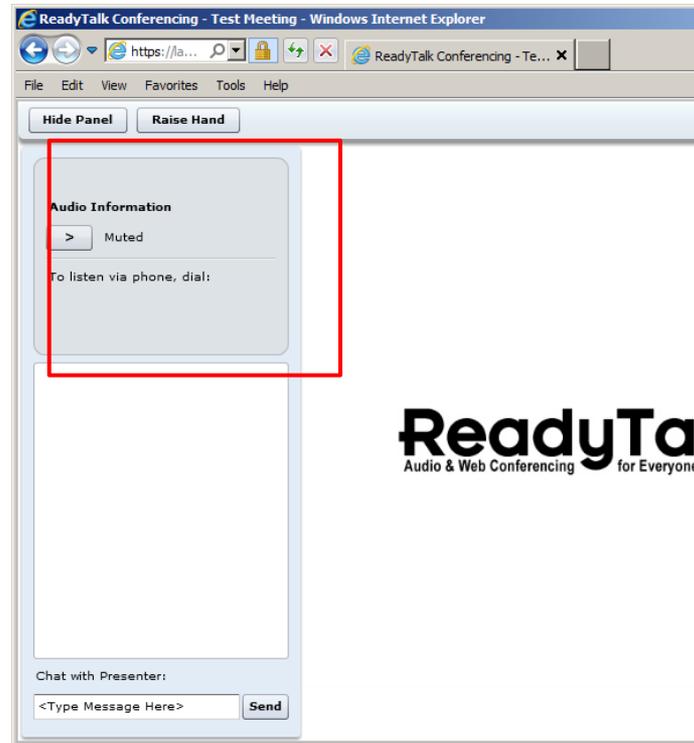
Audio for this event is available via ReadyTalk® Internet Streaming.
No telephone line is required.
Computer speakers or headphones are necessary to listen to streaming audio.
Limited dial-in lines are available.
Please send a chat message if needed.
This event is being recorded.



Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Pause button
- Wait 5 seconds
- Click Play button



Location of Audio Controls

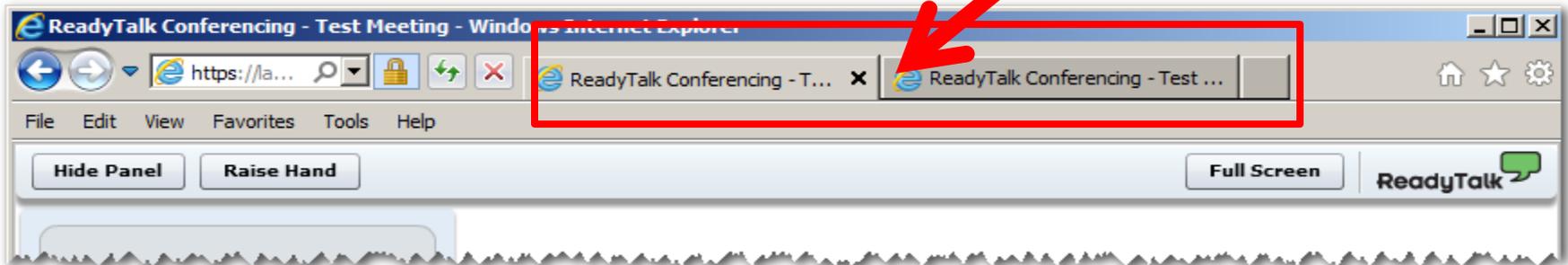


Troubleshooting Echo

Hear a bad echo on the call?

Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.

Close all but one browser/tab and the echo will clear up.



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.



A screenshot of a web application interface. The top bar contains buttons for "Hide Chat", "Leave Event", "Full Screen", and "ReadyToGo". The main content area is split into two sections. The top section features the CMS logo (Centers for Medicare & Medicaid Services) and the text "Welcome to Today's Event". The bottom section contains the text "Thank you for joining us today! Our event will start shortly." On the left side, there is a vertical chat window titled "Chat with Presenter" with a text input field containing "Type questions here." and a "Send" button. A yellow arrow points to this input field from the left.





The Lifecycle of Healthcare Quality Measures

Elizabeth Bainger, MS, RN

Participant Objectives

- 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.
- Reflect upon opportunities to impact the CMS Measures Management System.
- Identify quality measures in terms of structure, process, outcomes, and experience of care.

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, 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
- Transparency/public reporting
- Reimbursement/financial incentives

National Quality Strategy

- Patient Protection and Affordable Care Act (ACA) of 2010
- Three aims / Six domains
- Frames the CMS Measures Management System
- Prioritizes measures considered for implementation
- CMS Quality Strategy



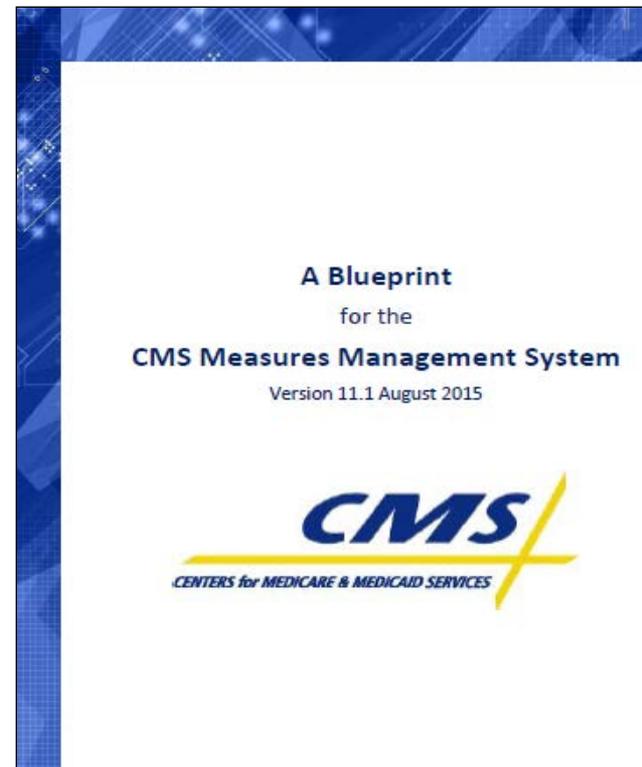
Scan QR code with your smart phone for information on the **CMS Quality Strategy** website.

National Quality Strategy -- Continued

- 3 Aims:
 - Better Care,
 - Smarter Spending,
 - Healthier People
- 6 Domains:
 - Patient and Family Engagement,
 - Patient Safety,
 - Care Coordination,
 - Population/Public Health,
 - Efficient Use of Healthcare Resources,
 - Clinical Process/Effectiveness

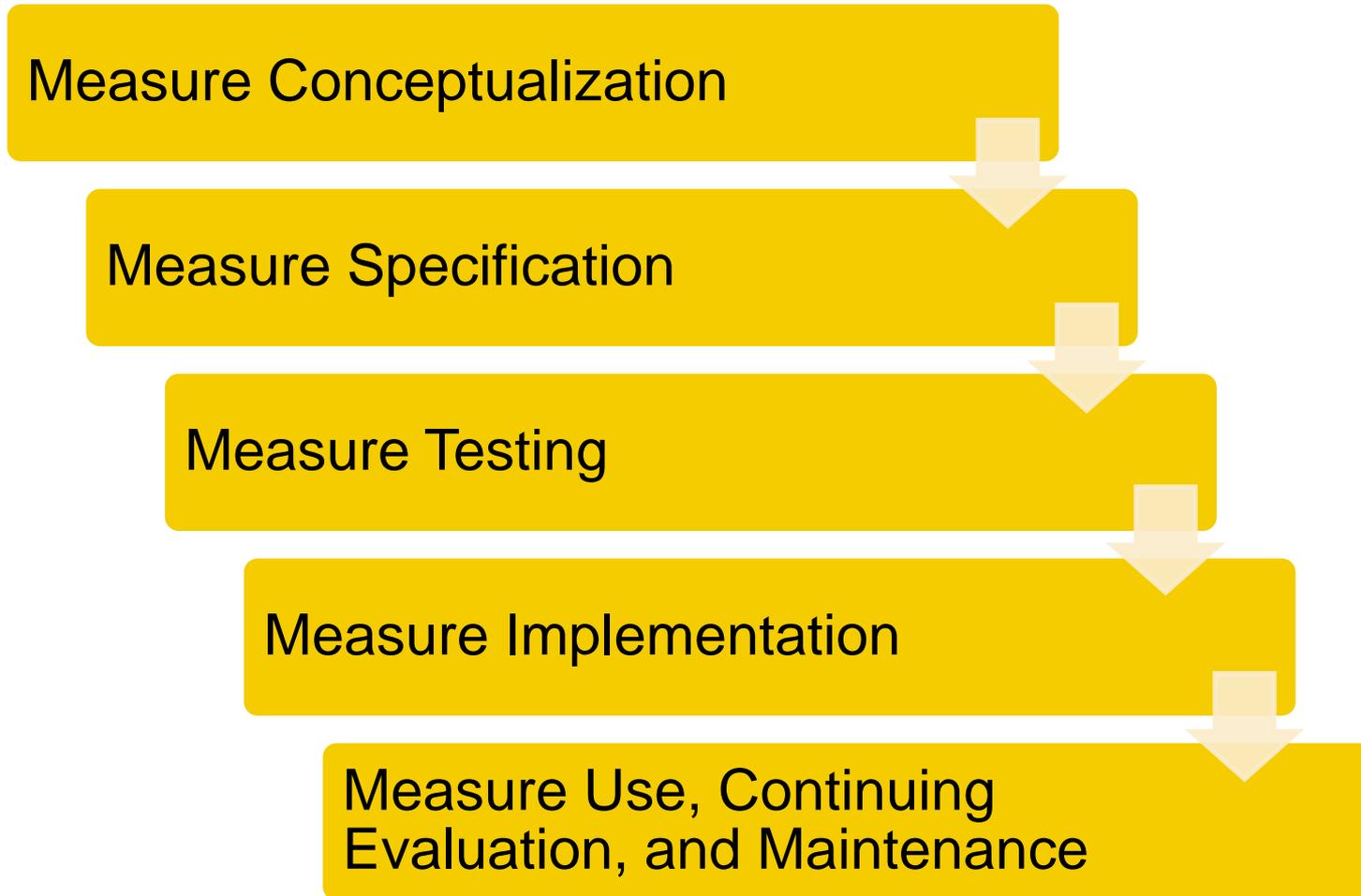
A Blueprint for the CMS Measures Management System

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



Retrieved from <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint111.pdf>

Measure Lifecycle



Measure Conceptualization

What

- Is it important?
- Can it be measured?
- Should it be measured?

How

- Gather information (gap analysis, environmental scanning, clinical practice guidelines, interviews, call for measures, etc.) 
- Develop and defend a business case
- Prepare list of candidate measures
- Evaluate by Technical Expert Panel (TEP)

Who

- Congress
- Professional Organizations
- Stakeholder groups
- Technical Expert Panel (TEP) 
- Public Comment 

Measure Specification

What

- What is the target population?
- How should the data be reported?
- Are there measures that could harmonize with it?

How

- Draft precise technical specifications
- Define data source
- Specify code sets
- Construct data collection protocols

Who

- Measure developers
- Organizations (e.g., TJC, AHRQ, AMA, ANA)

Measure Testing

What

- Can the data be collected?
- Do the results make sense?
- Is the information useful?

How

- Plan comprehensive measure testing
- Implement alpha and beta testing
- Analyze results
- Refine measure

Who

- Measure developers
- TEPs & stakeholders
- Pilot sites

Measure Implementation

What

- Is there consensus to adopt the measure?

How

- Compile list of measure under consideration 🚩
- Seek NQF endorsement 🚩
- Adhere to rulemaking process, providing public comment 🚩
- Rollout measure
- Provide education and outreach

Who

- NQF
- HHS
- Public comment

Measure Use, Continuing Evaluation, and Maintenance

What

- Is it working?

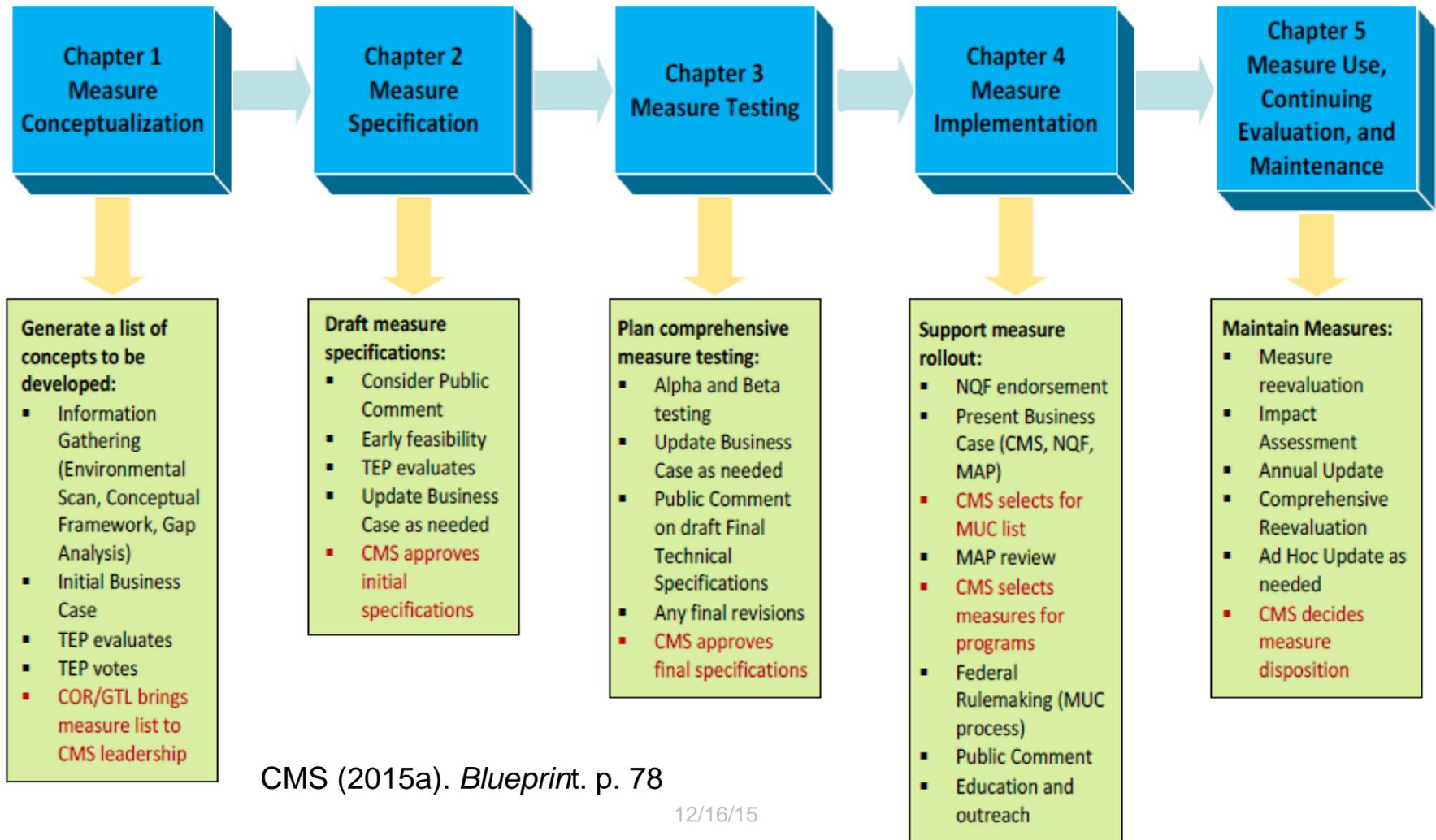
How

- Collect data and report measure results
- Evaluate: annual update, 3-year comprehensive reevaluation, ad hoc review
- Determine outcome: retire, retain, revise, suspend, or remove
- Consider *Impact Assessment* 🏆

Who

- Measure developers
- TEP
- NQF
- CMS

Measure Lifecycle



CMS (2015a). *Blueprint*. p. 78

Measure Classification

- **Structure:** Fixed attributes of the organizational setting and healthcare providers.
*Does the healthcare organization use CPOE?
(Meaningful Use Core Objective)*
- **Process:** Describe patient and provider relationships, as well as the technical steps involved in the provision of care.
Percentage of AMI patients who receive aspirin within 24 hours before or after hospital arrival (NQF #0286)

Measure Classification -- Continued

- Outcome: Broadly denote a change in the health status of patients and populations.

30-day risk-standardized mortality measures for patients with AMI (NQF #2473)

- Patient Experience: Patient/caregiver perspectives of care.

HCAHPS score for quietness at night (NQF #0166)

Vision for the Future of Performance Measurement

- Align measures with the NQS and CMS Quality Strategy
- Fill critical gaps within the six NQS domains
- Align measures across programs whenever appropriate
- Remove measures that are no longer appropriate
- Reduce provider burden while improving quality of care

Voluntary Survey

https://eSurv.org?u=CMS_Webinar

Questions



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 - <https://www.linkedin.com/in/elizabethbainger>

CONTINUING EDUCATION CREDIT PROCESS



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 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.

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

HSAG HEALTH SERVICES ADVISORY GROUP

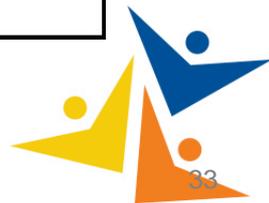
this is a secure site
please provide credentials to continue

Learning Management Center

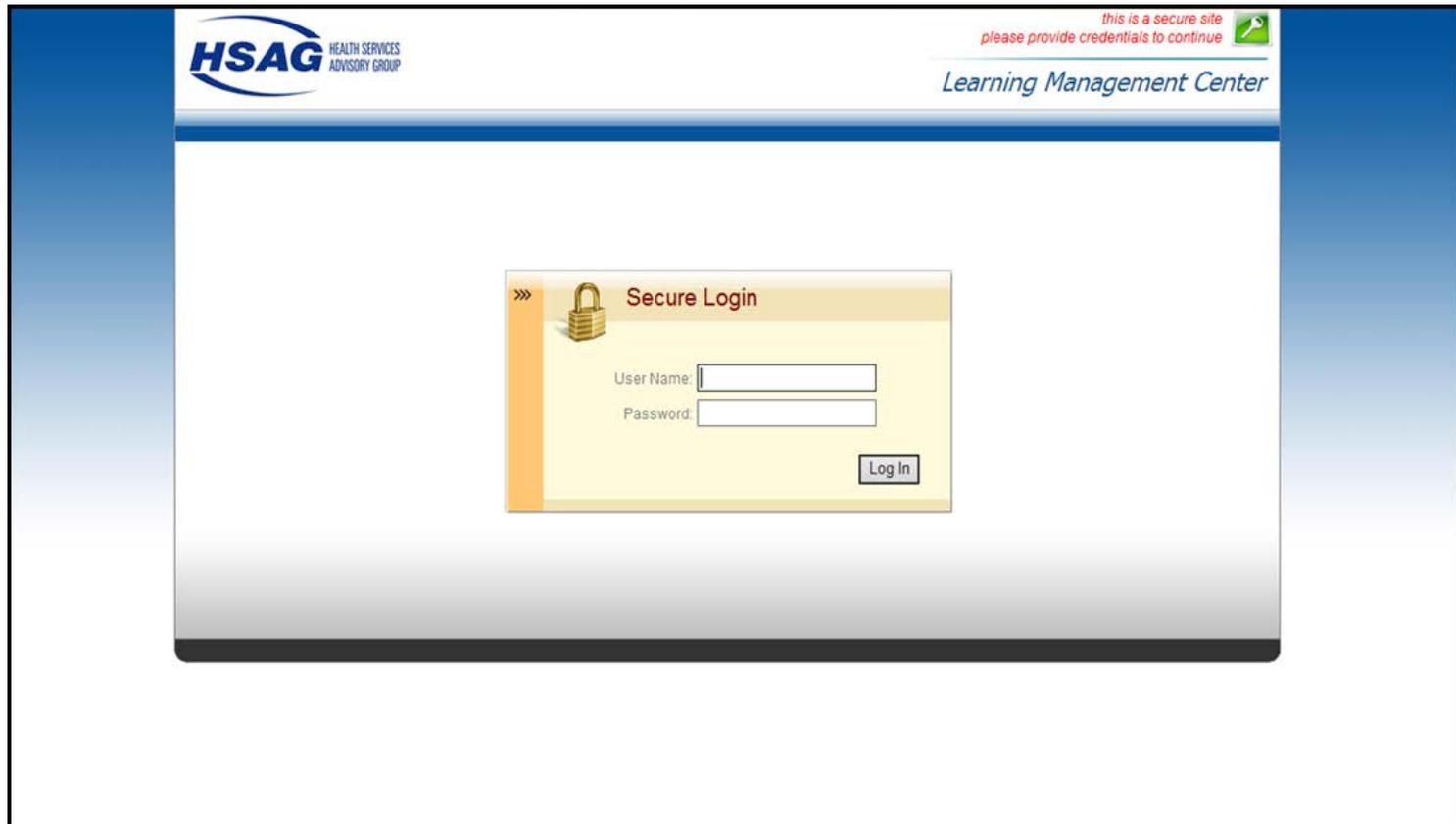
Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

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 (Health Services Advisory Group). At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box containing a padlock icon, the text "Secure Login", and two input fields for "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

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.



Voluntary Survey

https://eSurv.org?u=CMS_Webinar