Navigating Measure Implementation

Turning Data into Actionable Results

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Welcome

The purpose of CMS's Measures Management System (MMS) Information Sessions are to:

- educate about quality measurement

- promote a standard approach to measure development and maintenance

- encourage public involvement throughout the Measure Lifecycle
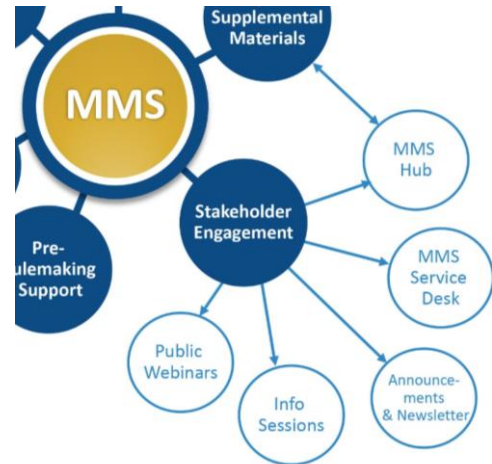
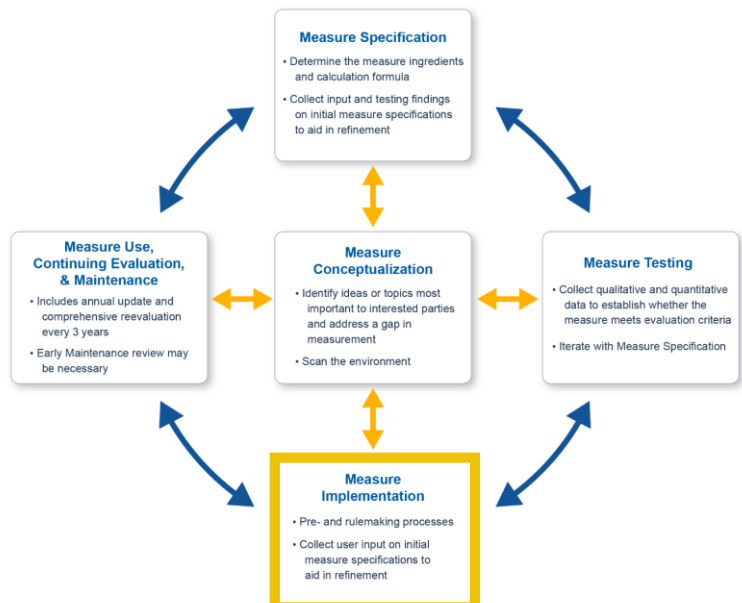1   7/26/2023

CMS is committed to providing *Education and Outreach* opportunities about the quality measure development process to interested stakeholders to improve understanding of the process. CMS also seeks continual feedback to improve and/or expand its offerings to the healthcare quality measure development community and interested stakeholders.

To date, CMS has implemented an *Education and Outreach* webinar series and has created resource materials that break down and explain various components and challenges in the measure development process. There are dedicated websites, listservs, and roadmap documents that are available to support those that are working in quality measure development, or are just curious and want to learn more about how it is done.

Presentation Objectives

- Define measure implementation
- Discuss factors impacting implementation
- Explore the rulemaking vs non-rulemaking measure selection process
- Provide an overview of the various implementation pathways
- Discuss measure rollout and a real-world example of dry runs

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Measure Implementation

Measure Specification
- Determine the measure ingredients and calculation formula
- Collect input and testing findings on initial measure specifications to aid in refinement

Measure Use, Continuing Evaluation, & Maintenance
- Includes annual update and comprehensive reevaluation every 3 years
- Early Maintenance review may be necessary

Measure Conceptualization
- Identify ideas or topics most important to interested parties and address a gap in measurement
- Scan the environment

Measure Testing
- Collect qualitative and quantitative data to establish whether the measure meets evaluation criteria
- Iterate with Measure Specification

Measure Implementation
- Pre- and rulemaking processes
- Collect user input on initial measure specifications to aid in refinement

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https://mmshub.cms.gov/measure-lifecycle/measure-implementation/overview

This slide contains a graphic from the MMS Hub which locates us in the measure lifecycle. "Measure implementation" highlighted in yellow in the bottom quadrant lies between "measure testing" on the right and "measure use, continuing evaluation and maintenance" on the left and is where we are in the measure lifecycle for this presentation.

What is Measure Implementation?

What is Measure Implementation?

- Quality measure implementation includes all activities associated with progressing a measure from the development state into an active, in-use state, including consensus endorsement, measure selection, and measure rollout processes.

- Measure implementation is the time to begin collecting user input on initial measure specification to aid in any refinements.

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Factors Impacting Implementation

Implementation processes for measures can vary from one measure set to another depending on several factors. For example:

– Scope of measure implementation

– Measured entity

– Data collection process

– Ultimate use of the measure (e.g., quality improvement, public reporting, pay-for-reporting, value-based purchasing)

– Program into which the measure is adopted

✓ Is this implementation in a new program?

✓ Is it a new measure in an existing program?

✓ Are we placing the measure forward for CBE endorsement?

✓ Will it be used for quality improvement?

✓ Will it be used for public reporting or for pay-for-reporting, or value-based purchasing (VBP)?

Measure Selection Process

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Candidate Measure Identification

- Identify measure gaps and priorities
- Search CMS Measures Inventory Tool (<u>CMIT</u>) and Partnership for Quality Measurement (<u>PQM</u>) Submission Tool and Repository (<u>STAR</u>) Measure Database for existing measures
- Call for measures
  - Pre-rulemaking and rulemaking
  - Programs not required to use pre- and rulemaking processes, e.g., Center for Medicare and Medicaid Innovation measures, Quality Rating System (Marketplace)

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✓ What are the measure focuses?

✓ What are the topics?

✓ What are the measure types of interest?

The Call for Measures is issued to gather candidate measures for implementation, and programs will announce that new measures can be submitted to address the identified gaps and priorities.

CMS Measure Selection Criteria[1]

- Does the candidate measure align with the quality priorities?
- Is the candidate measure a digital measure? An outcome measure? Patient-reported?
- Is the candidate measure fulfilling a Meaningful Measure domain gap for this program?
- Does the candidate measure address a performance gap?
- Does the candidate measure identify opportunities for improvement?

[1] Specific programs may have additional criteria, e.g., Qualified Clinical Data Registries (QCDRs)

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We use Meaningful Measures both to evaluate measures in CMS programs, but also to categorize measures and note gaps where new measures are needed.

CMS Measure Selection Criteria[1]

- Does the candidate measure improve upon or enhance any existing measures in the public or private sector? If so, could the existing measure be removed?
- Is the measure evidence-based, fully developed, and tested?
- Would the measure be burdensome to operationalize or result in other negative unintended consequences?
- Is the measure endorsed by the CMS consensus-based entity?

[1] Specific programs may have additional criteria, e.g., QCDRs

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The goal is to select the best measure, if there are similar measures in use and retain only the very most impactful and least burdensome measures. The CBE endorsement is the seal of approval and scientific merit of the attributes of the measure.

Specific programs may have additional criteria, e.g., QCDRs—Read the Call for Measures for your specific program along with any associated guidance carefully to ensure an understanding of those selection criteria.

Fully Developed Measure Definition

The measure developer has completed:

- Person/encounter-level testing, when appropriate, for each critical data element and the specifications do not need changes based on the results
- Reliability testing, when appropriate, at the accountable entity level and the specifications do not need changes based on the results
- Empiric validity testing at the accountable entity level, when appropriate, and the specifications do not need changes based on the results
  - Completion of face validity testing as the sole type of validity testing does not meet the criteria for fully developed. However, face validity will be accepted on a temporary basis for new measures only.

For measures based on survey data or patient-reported tools:

- The measure developer tested the survey or tool, and the instrument does not require
- changes based on the results

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The definition of a fully developed measure is when you can ensure the measure specifications are *stable* and do not require further modification based on the testing results. Further, the measure's scientific properties can adequately be assessed and evaluated during the measure selection process.

Implementation Pathways

- Not all programs follow the same processes for selection and implementation.
- Depending on the program, measures will go through one of these processes:
  - Pre-rulemaking and rulemaking
  - Call Letters (e.g., Health Insurance Marketplace Quality Initiatives)
  - Medicaid measure selection
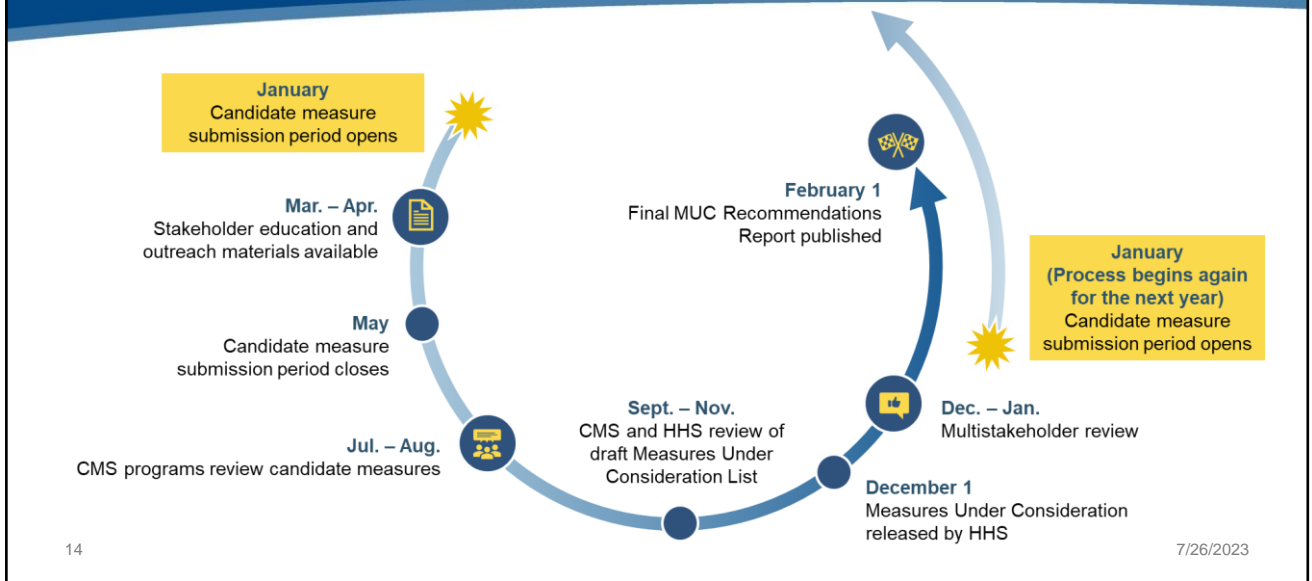 - Qualified Clinical Data Registry (QCDR)

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Pre-Rulemaking and Rulemaking

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Recursive & Overlapping Measure Implementation Process

January
Candidate measure
submission period opens

Mar. – Apr.
Stakeholder education and
outreach materials available

May
Candidate measure
submission period closes

Jul. – Aug.
CMS programs review candidate measures

Sept. – Nov.
CMS and HHS review of
draft Measures Under
Consideration List

February 1
Final MUC Recommendations
Report published

January
(Process begins again
for the next year)
Candidate measure
submission period opens

Dec. – Jan.
Multistakeholder review

December 1
Measures Under Consideration
released by HHS

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Beginning at the right upper corner in a clockwise fashion is the pre-rulemaking process which begins annually in January and continues into February of the following year, a 13-month cycle. So in January a candidate measure submission period opens and measure developers and stewards begin to submit their measures in MERIT.

Following the opening for candidate measures, a variety of stakeholder education and outreach activities occur through the spring and close in May. During the summer CMS reviews and selects candidate measures and assembles a draft MUC List which then undergoes review at CMS and HHS throughout the fall. The MUC List is statutorily required to be published and made publicly available by December 1st of each year. The measures on the MUC List undergo a multi-stakeholder review process and then final recommendations for the MUC List measures are published on February 1st.

Pre-Rulemaking — Medicare Programs

The pre-rulemaking process applies to certain Medicare programs

Quality Programs
Ambulatory Surgical Center Quality Reporting
End-Stage Renal Disease Quality Incentive
Home Health Quality Reporting
Hospice Quality Reporting
Hospital-Acquired Condition Reduction
Hospital Inpatient Quality Reporting
Hospital Outpatient Quality Reporting
Hospital Readmissions Reduction
Hospital Value-Based Purchasing
Inpatient Psychiatric Facility Quality Reporting

| Quality Programs continued |
| --- |
| Inpatient Rehabilitation Facility Quality Reporting |
| Long-Term Care Hospital Quality Reporting |
| Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs) |
| Medicare Shared Savings |
| Merit-based Incentive Payment System |
| Part C and D Star Rating |
| Prospective Payment System-Exempt Cancer Hospital Quality Reporting |
| Rural Emergency Hospital Quality Reporting Program |
| Skilled Nursing Facility Quality Reporting |
| Skilled Nursing Facility Value-Based Purchasing |

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The pre-rulemaking process we just discussed on that timeline applies only to the programs covered by Section 3014 of the Affordable Care Act (ACA). Those 20 programs are listed here on this slide.

Rulemaking

After CMS completes the pre-rulemaking process and selects measures to propose in rulemaking, the next steps in the cycle are:

- **Proposed rules**: the selected candidate measures added to the proposed rules and published in the Federal Register. A proposed rule is generally available for public comment for 60 days.
- **Final rules**: CMS considers the comments received, determines whether to finalize selection of the candidate measures, and publishes the measure determination in the final rules in the Federal Register.

> *CMS treats existing measures that undergo substantive changes as new measures.
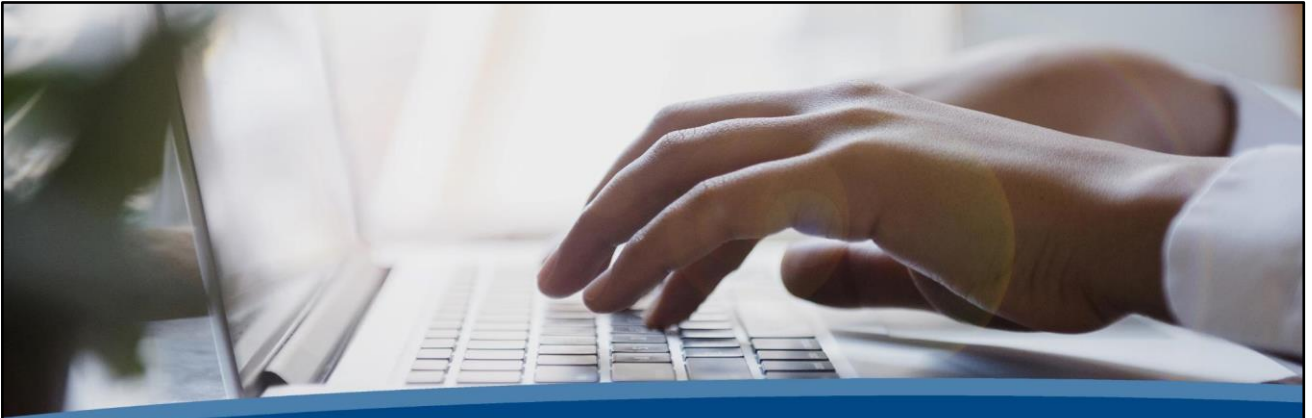
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Call Letters, Medicaid/CHIP Informational Bulletin, and QCDR Process Overview

Health Insurance Marketplace Example

February
Publish draft Call Letter proposing program refinements

April/May
Publish Final Letter

Proposed changes to:
- the Quality Rating System (QRS) measure set
- data collection and reporting methods

Potential changes to:
- the QRS scoring methodology
- QRS and Qualified Health Plan Enrollee Survey

30-day public comment

Provides guidance focused on changes and refers to previous letters for instances the guidance has not changed

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The first example refers to the Health Insurance Marketplace. The exchanges fall under ACA Section 1311(c)(1). In February they publish a draft call letter that proposes program refinements, such as proposed changes to the QRS measure set, proposed changes to the data collection and reporting methods, potential changes to the QRS scoring methodology, and potential refinements to the QRS in the Qualified Health Plan Enrollee Survey.

All interested parties are encouraged to submit their comments. It has a 30-day comment period, and then the Marketplace publishes a final letter in the April/May timeframe, and all of these are published on their website. The final letter provides guidance focusing on changes and refers to previous letters for instances in which the guidance has not changed.

So these call letters are on the Marketplace quality initiatives website. They then send

notifications through an email list and other communication channels such as CCIIO webinars and newsletters.

Non-Pre-Rulemaking Example

Health Insurance Marketplace Example (cont.)

- Publish in March:
  - Call for public comment on proposed changes to the Qualified Health Plan Enrollee Experience Survey in the Federal Register
  - Next year's measures' technical specifications
- Publish in May:
  - Quality Rating Information Bulletin

In March, the program publishes a Federal Register notice which is different from the other letter, which the Federal Register notice deals strictly with the PRA requirements for the information collection requests. It addresses any renewals or changes to OMB clearance. There is a 60-day comment period on this similar to rulemaking, and in May the program publishes a quality rating information bulletin on the MQI website, which provides information on a variety of topics pertinent to the quality rating system.

Medicaid and Children's Health Insurance Program (CHIP)

- Each state has its own measure selection and reporting processes.
- Currently, state measure reporting to CMS is voluntary.
- Mandatory reporting of the Child Core Set and Behavioral Health measures from the Adult Core Set beginning in 2024 are done via rulemaking.
- CMS publishes an annual Center for Medicaid and CHIP Services (CMCS) Informational Bulletin and updates to core set specifications
- CMS makes available Child, Adult, Maternity, Behavioral Health, and Home Health core measure sets.
- CMS provides technical assistance for all core sets and analytic support for Adult Core Set measures.

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QCDRs and Qualified Registries

QCDRs and qualified registries:
- Are usually specialty-based organization quality data repositories
- Use rulemaking processes as part of the Physician Fee Schedule
- Were introduced to reduce reporting burden, as many clinicians already reported to registries, and increase options for measure reporting for specialists

CMS publishes a <u>self-nomination toolkit</u> for QCDRs and registries annually that includes:
- QCDR Self-Nomination Fact Sheet
- Qualified Registries Self-Nomination Fact Sheet
- QCDR and Qualified Registry Self-Nomination User Guide
- QCDR Measure Development Handbook – processes and measure selection criteria

QCDR /qualified registries have been available for Merit-based Incentive Payment System (MIPS)-eligible clinician measure reporting since payment year 2019.

QCDRs and Qualified Registries (cont.)

Qualified registries can only submit MIPS measures (except Consumer Assessment of Healthcare Providers and Systems [CAHPS] for MIPS Survey and QCDR measures), improvement activities, and promoting interoperability on behalf of MIPS-eligible clinicians

QCDRs can submit for MIPS-eligible clinicians:
- MIPS quality measures
- Consensus-based entity endorsed measures
- QCDR measures developed by that QCDR – up to 30/year
- QCDR measures developed by other QCDRs with permission
- Subset of CAHPS for MIPS survey, but does not count as submitting CAHPS for MIPS survey
- Improvement activities
- Promoting interoperability

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Shown here are additional details of the QCDR and qualified registry program. All of the details are in the self-nomination toolkit, which is published every year and so there may be changes. Also note that the CAHPS are treated a little differently.
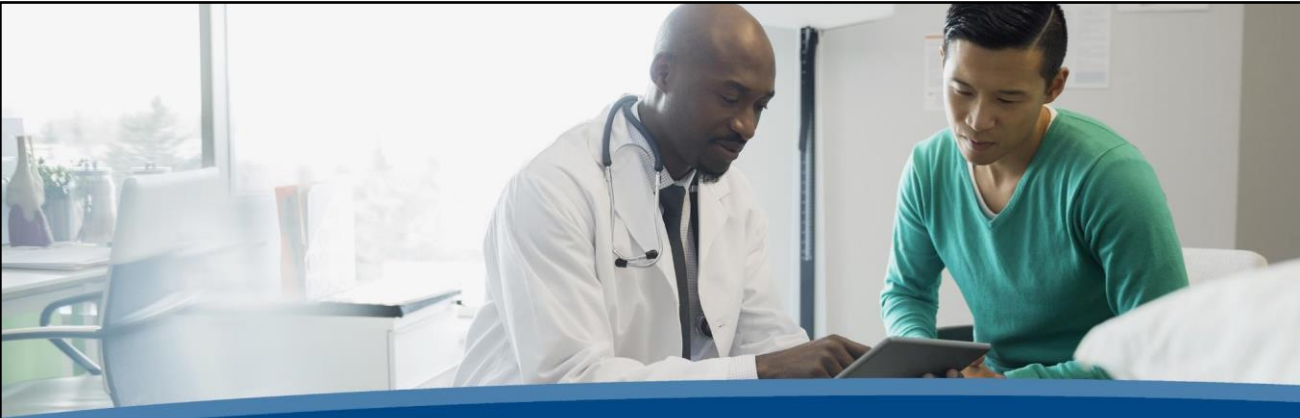
Measure Rollout

What is Measure Rollout?

Measure rollout occurs after the program adopts/finalizes a measure for use in a program. The rollout process may include collection of data for a dry run from all measured entities across the country and share calculated rates with the measured entities.

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Communication & Education

- When communicating and coordinating with all parties involved in the rollout, the measure developer must consider the timelines of other processes (for example, rulemaking, PQM projects, and quality alliances).
- The measure developer prepares and presents education for the end-users on what is being measured and how to interpret the results. The measure developer also documents the results of any educational activities and assesses whether the activities were adequate to meet the needs of the end users of the measure.

Example
The measure developer should report on the number of educational events, including the attendance at each:
- Conference call and recordings of the calls
- Web-based presentation and recordings of the presentations
- Workshop at conferences or scientific society meetings
- Train-the-trainer event

Communication can occur in multiple formats; for example, email blasts, announcements, webinars, and listening sessions. CMS-contracted measure developers conduct these communication activities in conjunction with CMS and report back to CMS about these activities.

Dry Runs

CMS does not use dry run data for payment but may use dry run data as a baseline for future payment years.

If a dry run occurs, the measure developer ensures the rollout plan includes support for the measured entities to:

- Improve the usability of the measure report to the measured entities in advance of implementation
- Identify and respond to questions and concerns about the measure
- Address issues with the report production process for process improvements prior to implementation

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Dry Runs

The measure developer documents the results from the dry run and assesses the measure's success in meeting the program's intentions for the dry run, such as:

- Adequacy (specificity, accuracy) of the measure specifications
- Accuracy of the data collection method(s) by the measured entities
- Adequacy of CMS data receipt system
- Accuracy of the measure results calculation(s)
- Identification of unintended consequences, gaming, or misrepresentation (if any)
- Accuracy and adequacy of the measured entity reports (whether they are useful to the measured entities involved and whether the measure developer is to respond to questions and concerns)

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Dry Run Example
Hospital Value-Based Purchasing (HVBP) Program

- ACA section 3001 – published January 5, 2010
  - Section (a)(1) - PROGRAM TO BEGIN IN FISCAL YEAR (FY) 2013.—The Program shall apply to payments for discharges occurring on or after October 1, 2012.
- 2011 IPPS proposed rule very briefly mentioned the HVBP Program
- Issued a proposed rule January 7, 2011, to implement the HVBP Program, final rule May 6, 2011
- Performed a dry run using April 1, 2008 – December 31, 2008, as the baseline period, and data from April 1, 2010 – December 31, 2010, as the hypothetical "performance" period
- Published Individualized HVBP "Dry Run" Reports February 28, 2012

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Finalized or required by ACA
- HVBP measures must come from those in use by the Hospital Inpatient Quality Reporting Program and published on Hospital Compare for at least 1 year
- Assess achievement and improvement by comparing baseline data with performance period data
- Budget-neutral adjustments to annual payment update, up to 2% + or – (CMS started with +/- 1%)
- Proposed and finalized 17 clinical process of care and Hospital CAHPS with a 3-quarter performance period beginning July 1, 2011 for FY 2013 payment period, baseline July 1, 2009 – March 31, 2010
- Complex scoring – achievement and improvement scores, thresholds, weighted domains

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Depicted on this slide is an example of a dry run which occurred for the HVBP. CMS and its contractors were able to revise/streamline the data information flow and refine the analytics. A particularly challenging aspect of the dry run implementation was the timing imposed by Congress. For those unfamiliar, there is additional information about the HVBP program on the right side.

Questions

Open the Zoom Q&A function

- Type your **question** into the question box

- Press **send** to submit

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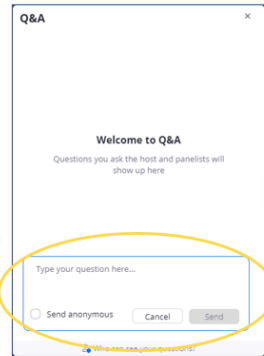
Resources and Links

- Patient Protection and Affordable Care Act
- CMS Measures Inventory Tool (CMIT)
- PQM Submission Tool and Repository (STAR)
- CMS MMS Hub
- Pre-Rulemaking
- Health Insurance Marketplace Quality Initiatives
- 2023 Medicaid/CHIP Child, Adult, Maternity, Behavioral Health, and Home Health core measure sets
- CMCS Annual Core Set Review and Selection Processes
- 2024 Self-Nomination Toolkit for QCDRs and Qualified Registries

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For More Information

CMS MMS Hub

Visit **mmshub.cms.gov** for:
- Quality measurement resources,
- Latest MMS news and events
- Opportunities to get involved in quality measurement through public comments and participation in technical expert panels

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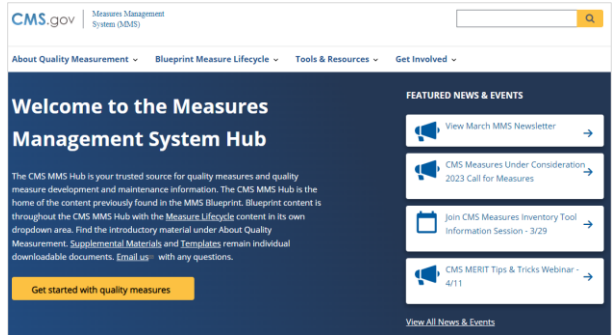
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