

Attachment five: MERIT 2024 Data Template for Person-Centered Outcome - Achievement

PROPERTIES

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Information	001	*Measure Title	<p>Provide the measure title only (255 characters or less). Put any program-specific identification (ID) number under Characteristics, not in the title.</p> <p>Note: Do not enter the CMIT ID, consensus-based entity (endorsement) ID, former Jira MUC ID number, or any other ID numbers here (see other fields below). The CMS program name should not ordinarily be part of the measure title, because each measure record already has a required field that specifies the CMS program. An exception would be if there are several measures with otherwise identical titles that apply to different programs. In this case, including or imbedding a program name in the title (to prevent there being any otherwise duplicate titles) is helpful. For additional information on measure title, see:</p> <p>https://mmshub.cms.gov/measure-lifecycle/measure-specification/document-measure.</p>	Person-Centered Outcome - Achievement
Measure Information	002	*Measure Description	<p>Provide a brief description of the measure. For additional information on measure description, see:</p> <p>https://mmshub.cms.gov/measure-lifecycle/measure-specification/document-measure.</p>	The percentage of individuals 18 years of age and older with a complex care need who achieved their person-centered outcome goal within two weeks to six months of when the person-center outcome goal and goal attainment scaling (GAS) or person-centered outcome measure (PROM) were identified.

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Measure Information	003	*Select the CMS program(s) for which the measure is being submitted.	<p>Select all that apply. Please note, measures specified and intended for use at more than one level of analysis must be submitted separately for each level of analysis (e.g., individual clinician, facility).</p> <p>If you choose multiple programs for this submission, please ensure the programs fall under the same level of analysis. If you choose multiple programs and need guidance as to whether your selection represents multiple levels of analysis, please contact MMSSupport@battelle.org. There is functionality within CMS MERIT to decrease the data entry process for multiple submissions of the same measure. Please reach out to MMSSupport@battelle.org for guidance and support.</p> <p>If you are submitting for MIPS, there are two choices of program. Do NOT enter both MIPS-Quality and MIPS-Cost for the same measure. Choose MIPS-Quality for measures that pertain to quality and/or efficiency. Choose MIPS-Cost only for measures that pertain to cost.</p>	<input type="checkbox"/> Ambulatory Surgical Center Quality Reporting Program <input type="checkbox"/> End-Stage Renal Disease (ESRD) Quality Incentive Program <input type="checkbox"/> Home Health Quality Reporting Program <input type="checkbox"/> Hospice Quality Reporting Program <input type="checkbox"/> Hospital Inpatient Quality Reporting Program <input type="checkbox"/> Hospital Outpatient Quality Reporting Program <input type="checkbox"/> Hospital Readmissions Reduction Program <input type="checkbox"/> Hospital Value-Based Purchasing Program <input type="checkbox"/> Hospital-Acquired Condition Reduction Program <input type="checkbox"/> Inpatient Psychiatric Facility Quality Reporting Program <input type="checkbox"/> Inpatient Rehabilitation Facility Quality Reporting Program <input type="checkbox"/> Long-Term Care (LTC) Hospital Quality Reporting Program <input type="checkbox"/> Medicare Promoting Interoperability Program <input type="checkbox"/> Medicare Shared Savings Program <input type="checkbox"/> Merit-based Incentive Payment System-Cost <input checked="" type="checkbox"/> Merit-based Incentive Payment System-Quality <input type="checkbox"/> Part C Star Ratings <input type="checkbox"/> Part D Star Ratings <input type="checkbox"/> Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program <input type="checkbox"/> Rural Emergency Hospital Quality Reporting Program <input type="checkbox"/> Skilled Nursing Facility Quality Reporting Program <input type="checkbox"/> Skilled Nursing Facility Value-Based Purchasing Program

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Measure Information	005	*Completed Stage(s) of Development	<p>Select all stages of development that have been completed. There are five stages in the Measure Lifecycle: conceptualization; specification; testing; implementation; and use, continuing evaluation, and maintenance. Measure conceptualization is the first stage; however, the stages are not necessarily sequential. Instead, the stages are iterative and can occur concurrently.</p> <p>The measure conceptualization stage initiates information gathering and business case development. The measure specification stage involves establishing the basic elements of the measure, including the numerator, calculation algorithm, and data source identification.</p> <p>The measure testing stage examines the specifications, usually with a limited number of real settings, to make sure the measure is scientifically acceptable and feasible.</p> <p>Measure specification and measure testing are iterative.</p> <p>For additional information regarding stage of development, see: https://mmshub.cms.gov/blueprint-measure-lifecycle-overview.</p>	<input checked="" type="checkbox"/> Measure Conceptualization <input checked="" type="checkbox"/> Measure Specification <input checked="" type="checkbox"/> Measure Testing <input type="checkbox"/> Measure Use, Continuing Evaluation & Maintenance
Measure Information	006	*Stage of Development Details	<p>If testing is not yet completed, describe when testing is planned (i.e., specific dates), what type of testing is planned (e.g., alpha, beta) as well as the types of facilities in which the measure will be tested.</p> <p>For additional information, see: https://mmshub.cms.gov/blueprint-measure-lifecycle-overview.</p>	The measure has been tested in various settings: primary care/long-term services and supports (LTSS) sites and Certified Community Behavioral Health Clinics (CCBHCs).

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Measure Information	007	* Level of Analysis	<p>Select one. Select the level of analysis at which the measure is specified and intended for use. If the measure is specified and intended for use at more than one level, submit the other levels separately. Any testing results provided in subsequent sections of this submission must be conducted at the level of analysis selected here.</p> <p>For submission to the MIPS-Quality program, you must report, at minimum, the results of individual clinician-level testing. If testing is performed at both clinician-individual and clinician-group levels of analysis, you may select “Clinician: Individual and Group.” Please submit results of individual clinician-level testing in this form and group-level testing results in an attachment.</p> <p>For submission to the MIPS-Cost program, clinician group-level testing is sufficient.</p>	<p> <input type="checkbox"/> Accountable Care Organization <input type="checkbox"/> Clinician: Group <input type="checkbox"/> Clinician: Individual <input checked="" type="checkbox"/> Clinician: Individual and Group <input type="checkbox"/> Facility <input type="checkbox"/> Health plan <input type="checkbox"/> Integrated Delivery System <input type="checkbox"/> Medicaid program (e.g., Health Home or 1115) <input type="checkbox"/> Population: Community, County or City <input type="checkbox"/> Population: Regional and State </p>

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Measure Information	008	*In which setting(s) was this measure tested?	Select all that apply.	<input type="checkbox"/> Ambulatory surgery center <input type="checkbox"/> Ambulatory/office-based care <input checked="" type="checkbox"/> Behavioral health clinic <input type="checkbox"/> Community hospital <input type="checkbox"/> Dialysis facility <input type="checkbox"/> Emergency department <input checked="" type="checkbox"/> Federally qualified health center (FQHC) <input type="checkbox"/> Health and Drug Plans <input type="checkbox"/> Hospital outpatient department (HOD) <input type="checkbox"/> Home health <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital inpatient acute care facility <input type="checkbox"/> Inpatient psychiatric facility <input type="checkbox"/> Inpatient rehabilitation facility <input type="checkbox"/> Long-term care hospital <input type="checkbox"/> Nursing home <input type="checkbox"/> PPS-exempt cancer hospital <input type="checkbox"/> Skilled nursing facility <input type="checkbox"/> Veterans Health Administration facility <input type="checkbox"/> Not yet tested <input checked="" type="checkbox"/> Other (enter here): area agency on aging; home-based primary care; community-based organization; behavioral health home
Measure Information	009	*Multiple Scores	Does the submitter recommend that more than one measure score be separately reported for this measure (e.g., 7- and 30-day rate, rates for different procedure types, etc.)? This does not include index measures, where component measure scores result in one overall index score. Note: If "Yes", please describe one score only in this form. Submit separate attachments for each of the other scores.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Measure Information	010	*Measures with Multiple Scores: Number of Scores	How many measure scores are recommended for this measure?	3
Measure Information	011	*Measures with Multiple Scores: Names of Score Reported in MERIT Form	Please enter the name of the score described in this MERIT form.	Person-Centered Outcome - Achievement

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Measure Information	012	* Measures with Multiple Scores: Names of Scores	Please enter the names of all additional scores included in this measure but not described in this MERIT form. Please enter the names separated by a semicolon and do not enter any additional information in this field.	Person-Centered Outcome - Goal identification; Person-Centered Outcome - Follow-up
Measure Information	013	* Is the measure a composite and/or a paired measure?	<p>Select all that apply.</p> <p>A composite measure contains two or more individual measures, resulting in a single measure and a single score. This includes index measures. If this measure is a composite measure, please enter data pertaining to the overall composite measure into this form. Please attach any additional information pertaining to individual components.</p> <p>Paired measures have different measure scores, but results require them to be reported together to be interpreted appropriately. Note: Individual measures comprising a paired measure must be submitted individually.</p>	<input type="checkbox"/> Yes, this is a composite measure <input type="checkbox"/> Yes, this is a paired measure <input checked="" type="checkbox"/> No, this is neither a composite nor a paired measure

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Measure Information	016	*Numerator	The upper portion of a fraction used to calculate a rate, proportion, or ratio. An action to be counted as meeting a measure's requirements.	Individuals in the denominator who achieved their person-centered outcome goal within two weeks to six days of the encounter date during the intake period where a goal and a GAS or PROM score were identified.
Measure Information	017	*Numerator Exclusions	For additional information on exclusions/exceptions, see: https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/exclusions . If not applicable, enter 'N/A.'	N/A
Measure Information	018	*Denominator	The lower part of a fraction used to calculate a rate, proportion, or ratio. The denominator is associated with a given population that may be counted as eligible to meet a measure's inclusion requirements.	Individuals 18 years of age and older as of the start of the measurement period with complex care needs. A complex care need is defined as a need representing two or more concurrent chronic conditions, behavioral health diagnoses, and/or social challenges. Individuals may have multiple complex care needs.
Measure Information	019	*Denominator Exclusions	For additional information on exclusions/exceptions, see: https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/exclusions . If not applicable, enter 'N/A.'	<ul style="list-style-type: none"> • Episodes for persons with a date of death in the measurement period. • Episodes for persons living in institutionalized long-term care (LTI). • Episodes for persons in hospice or using hospice services.
Measure Information	020	*Denominator Exceptions	For additional information on exclusions/exceptions, see: https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/exclusions . If not applicable, enter 'N/A.'	N/A

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Measure Information	021	* Briefly describe the rationale for the measure	Briefly describe the rationale for the measure and/or the impact the measure is anticipated to achieve. Details about the evidence to support the measure will be captured in the Evidence section.	<p>There is broad agreement that patient goals and priorities should guide care and quality measures used to evaluate care.</p> <p>For older adults with multiple chronic conditions and functional limitations, clinical guidelines from the American Geriatrics Society have pointed to the importance of providing goal-based care. For this complex population, goal setting has been shown to reduce patient-reported treatment burden and receipt of unwanted care and correlates with greater physical and social wellbeing and care satisfaction.</p> <p>The Centers for Medicare and Medicaid Services (CMS) support aligning care with patients' goals as demonstrated by the "Meaningful Measures" initiative, which calls for quality measures where "care is personalized and aligned with patient's goals".</p>

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Measure Implementation	022	*Feasibility of Data Elements	<p>Select one. Select the extent to which the specified data elements are available in electronic fields. Electronic fields should include a designated location and format for the data in claims, EHRs, registries, etc.</p> <ul style="list-style-type: none"> • Select “ALL data elements are in defined fields in electronic sources” if the data elements needed to calculate the measure are all available in discrete and electronically defined fields. • Select “Some data elements are in defined fields in electronic sources” if the data elements needed to calculate the measure are not all available in discrete and electronically defined fields. • Select “No data elements are in defined fields in electronic sources” if none of the data elements needed to calculate the measure are available in discrete and electronically defined fields. • Select “Not applicable” ONLY for CAHPS measures. • Select “Unable to Determine” ONLY if a feasibility assessment has not yet been completed. <p>For a PRO-PM, select the most appropriate option based on the data collection format(s).</p>	<p><input type="checkbox"/> ALL data elements are in defined fields in electronic sources</p> <p><input checked="" type="checkbox"/> Some data elements are in defined fields in electronic sources</p> <p><input type="checkbox"/> No data elements are in defined fields in electronic sources</p> <p><input type="checkbox"/> Not applicable (applies only for CAHPS measures)</p> <p><input type="checkbox"/> Unable to determine (applies only if a feasibility assessment has not yet been completed)</p>
Measure Implementation	023	*USCDI Data Elements	<p>Select one. Indicate the extent to which the data elements that are in defined fields in electronic sources align with United States Core Data for Interoperability (USCDI) v4 or USCDI+ Quality draft standard definitions.</p> <p>For more information about USCDI, please refer to the HealthIT.gov website available at: https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi</p> <p>For more information about USCDI+ Quality, please refer to the HealthIT.gov website available at: https://www.healthit.gov/topic/interoperability/uscdi-plus</p>	<p><input type="checkbox"/> ALL data elements align with USCDI/USCDI+ Quality standard definitions</p> <p><input checked="" type="checkbox"/> Some data elements align with USCDI/USCDI+ Quality standard definitions</p> <p><input type="checkbox"/> None of the data elements align with USCDI/USCDI+ Quality standard definitions</p> <p><input type="checkbox"/> USCDI/USCDI+ Quality alignment not assessed</p>

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Measure Implementation	024	*Method of Measure Calculation	<p>Select one. Select the method used to calculate measure scores for the version of the measure proposed in this submission form. Please review guidance before making selections:</p> <ul style="list-style-type: none"> • Select “Electronically Derived Administrative Data (Claims and/or Non-Claims)” if the measure can be calculated exclusively from administrative data submitted electronically for billing or other purposes. • Select “eCQM” if the measure is exclusively specified and formatted to use data from electronic health record (EHRs) and/or health information technology systems, using the Quality Data Model (QDM) to define the data elements and Clinical Quality Language (CQL) to express measure logic. • Select “Other digital method” if the measure does not meet the definition of an eCQM as described above, but can be calculated electronically (e.g., registry, MDS, OASIS). • Select “Manual abstraction” if all data elements in the measure requires manual review of records, paper-based billing, or manual calculation (e.g., CAHPS). • Select “Combination” if two or more types of data sources are required to calculate the measure score. For all other measures that rely on patient surveys (e.g., PRO-PMs), select the option that best describes the way the measure is calculated. For example, if a patient survey is collected electronically and does not require manual abstraction, select "Other digital method" or "eCQM" depending on where the data are collected. 	<input type="checkbox"/> Electronically Derived Administrative Data (Claims and/or Non-Claims) <input type="checkbox"/> eCQM <input type="checkbox"/> Other digital method <input type="checkbox"/> Manual abstraction <input checked="" type="checkbox"/> Combination
Measure Implementation	025	*Combination measure: Methods of calculation	<p>Select all that apply. A minimum of two options must be selected.</p>	<input type="checkbox"/> Electronically Derived Administrative Data (Claims and/or Non-Claims) <input type="checkbox"/> eCQM <input checked="" type="checkbox"/> Other digital method <input checked="" type="checkbox"/> Manual abstraction

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Measure Implementation	026	*How is the measure expected to be reported to the program?	This is the anticipated data submission method. Select all that apply. Use the "Submitter Comments" field to specify or elaborate on the type of reporting data, if needed to define your measure.	<input type="checkbox"/> eCQM <input checked="" type="checkbox"/> Clinical Quality Measure (CQM) <input type="checkbox"/> Claims <input type="checkbox"/> Web interface <input type="checkbox"/> Other (enter here):

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Burden	027	*Did the provider workflow have to be modified to collect additional data needed to report the measure?	<p>Select one.</p> <p>Select “Yes” if workflow modifications impose moderate to significant additional data entry burden on a clinician or other provider to collect the data elements to report the measure because data are not routinely collected during clinical care, OR EHR interface changes were necessary.</p> <p>Select “No” if workflow modifications impose no or limited additional data entry burden on a clinician or other provider to collect the data elements to report the measure because data are routinely collected during the clinical care, AND no EHR interface changes were necessary.</p> <p>Select "Not applicable" if the measure imposes no data entry burden on the clinician or provider because:</p> <p>A) the measure is calculated by someone other than the clinician or provider AND uses data that are routinely generated (i.e., administrative data and claims), OR</p> <p>B) the data are collected by someone other than the clinician or provider (e.g., CAHPS), OR</p> <p>C) the measure repurposes existing data sets to calculate a measure score (e.g., HEDIS).</p> <p>Select "Unable to determine" if a workflow analysis was not completed and/or it cannot be determined whether the workflow modifications impose additional data entry burden to collect data needed to report the measure.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Unable to determine

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Groups	028	*Is this measure an electronic clinical quality measure (eCQM)?	Select 'Yes' or 'No'. If your answer is yes, the Measure Authoring Tool (MAT) ID number must be provided below. For more information on eCQMs, see: https://www.emeasuretool.cms.gov/	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Measure Score Level (Accountable Entity Level) Testing	032	*Reliability	<p>Indicate whether reliability testing was conducted for the accountable entity-level measure scores. Acceptable reliability tests include signal-to-noise (or inter-unit reliability) or random split-half correlation. For more information on accountable entity-level reliability testing, refer to the Blueprint content on the CMS Measures Management System (MMS) Hub (https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/reliability).</p> <p>Select "Yes" if acceptable accountable entity-level reliability testing has been completed as of submission of this form.</p> <p>Select "No" if you are not able to provide the results of acceptable accountable entity-level reliability testing in this submission. If testing results are incomplete, or if you are submitting a different type of reliability testing, provide as an attachment.</p> <p>Note: This section refers to the reliability of the accountable entity-level measure scores in the final performance measure. For testing of surveys or patient reported tools, refer to the Patient-Reported Data section. Note: for MIPS-Quality submissions, please provide individual clinician-level results. If the measure was also tested at the clinician group level, you may include those results in an attachment.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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Measure Score Level (Accountable Entity Level) Testing	033	*Reliability: Type of analysis	<p>Select all that apply.</p> <p>Signal-to-noise (or inter-unit reliability) is the precision attributed to an actual construct versus random variation (e.g., ratio of between unit variance to total variance) (Adams J. The reliability of provider profiling: a tutorial. Santa Monica, CA: RAND; 2009. http://www.rand.org/pubs/technical_reports/TR653.html).</p> <p>Random split-half correlation is the agreement between two measures of the same concept, using data derived from split samples drawn from the same entity at a single point in time.</p>	<input checked="" type="checkbox"/> Signal-to-Noise <input type="checkbox"/> Random Split-Half Correlation
Measure Score Level (Accountable Entity Level) Testing	034	*Signal-to-Noise: Level of Analysis	<p>Select the level of analysis at which the signal-to-noise analysis was conducted. If the measure is specified and intended for use at more than one level, ensure the results in this section are at the same level of analysis selected in the Measure Information section of this form.</p> <p>For MIPS-Quality submissions, you must report the results of individual clinician-level testing. If group-level testing is available, you may submit those results as an attachment.</p>	<input type="checkbox"/> Accountable Care Organization <input type="checkbox"/> Clinician – Group <input checked="" type="checkbox"/> Clinician – Individual <input type="checkbox"/> Facility <input type="checkbox"/> Health plan <input type="checkbox"/> Integrated Delivery System <input type="checkbox"/> Medicaid program (e.g., Health Home or 1115) <input type="checkbox"/> Population: Community, County or City <input type="checkbox"/> Population: Regional and State
Measure Score Level (Accountable Entity Level) Testing	035	*Signal-to-Noise: Sample size	<p>Indicate the number of accountable entities sampled to test the final performance measure. Note that this field is intended to capture the number of measured entities and not the number of individual patients or cases included in the sample.</p>	101
Measure Score Level (Accountable Entity Level) Testing	036	*Signal-to-Noise: Median Statistical result	<p>Indicate the median result for the signal-to-noise analysis used to assess accountable entity level reliability. Results should range from 0.00 to 1.00. Calculate reliability as the measure is intended to be implemented (e.g., after applying minimum denominator requirements, appropriate type of setting, provider, etc.).</p>	0.95

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Measure Score Level (Accountable Entity Level) Testing	037	*Signal-to-Noise: Interpretation of results	Describe the type of statistic and interpretation of the results (e.g., low, moderate, high). Provide the distribution of signal-to-noise results across measured entities (e.g., min, max, percentiles). List accepted thresholds referenced and provide a citation. If applicable, include the precision of the statistical result (e.g., 95% confidence interval) and/or an assessment of statistical significance (e.g., p-value).	<p>The signal-to-noise reliability is high, which passed the scientific acceptability threshold of 0.7 from Endorsement and Maintenance Guidebook from Battelle (p4qm.org).</p> <table border="1"> <tr> <td>Mean</td><td>SE</td><td colspan="2">95% CI</td></tr> <tr> <td>0.92</td><td>0.02</td><td>0.88</td><td>0.94</td></tr> </table> <table border="1"> <tr> <th colspan="7">Distribution of signal-to-noise reliability</th></tr> <tr> <td>min</td><td>p10</td><td>p25</td><td>median</td><td>p75</td><td>p90</td><td>max</td></tr> <tr> <td>0.34</td><td>0.81</td><td>0.90</td><td>0.95</td><td>1.00</td><td>1.00</td><td>1.00</td></tr> </table>	Mean	SE	95% CI		0.92	0.02	0.88	0.94	Distribution of signal-to-noise reliability							min	p10	p25	median	p75	p90	max	0.34	0.81	0.90	0.95	1.00	1.00	1.00
Mean	SE	95% CI																															
0.92	0.02	0.88	0.94																														
Distribution of signal-to-noise reliability																																	
min	p10	p25	median	p75	p90	max																											
0.34	0.81	0.90	0.95	1.00	1.00	1.00																											
Measure Score Level (Accountability Entity Level) Testing	042	*Empiric Validity	<p>Indicate whether empiric validity testing was conducted for the accountable entity-level measure scores. For more information on accountable entity level empiric validity testing, refer to the Blueprint content on the CMS MMS Hub (https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/validity)</p> <p>Note: This section refers to the empiric validity of the accountable entity level measure scores in the final performance measure. Refer to the Patient-Reported Data section for testing of surveys or patient reported tools.</p> <p>Note: for MIPS-Quality submissions, please provide individual clinician-level results. If the measure was also tested at the clinician group level, you may include those results in an attachment.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																													

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Measure Score Level (Accountable Entity Level) Testing	047	*Face validity	<p>Indicate if a vote was conducted among experts and patients/caregivers on whether the final performance measure scores can be used to differentiate good from poor quality of care.</p> <p>Select “No” if experts and patients/caregivers did not provide feedback on the final performance measure at the specified level of analysis or if the feedback was related to a property of the measure unrelated to its ability to differentiate performance among measured entities.</p> <p>This item is intended to assess whether face validity testing was conducted on the final performance measure and is not intended to assess whether patient-reported surveys or tools have face validity. Survey item testing results can be provided in an attachment and described in the Patient-Reported Data Section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Measure Score Level (Accountable Entity Level) Testing	048	*Face validity: Total number of voting experts and patients/caregivers	Indicate the number of experts and patients/caregivers who voted on face validity (specifically, whether the measure could differentiate good from poor quality care among accountable entities).	22
Measure Score Level (Accountable Entity Level) Testing	049	*Face validity: Number of experts and patients/caregivers who voted in agreement	Indicate the number of experts and patients/caregivers who voted in agreement that the measure could differentiate good from poor quality care among accountable entities. If votes were conducted using a scale, sum all responses in agreement with the statement. Do not include neutral votes. If more than one question was asked of the experts and patients/caregivers, only provide results from the question relating to the ability of the final performance measure to differentiate good from poor quality care.	15
Measure Score Level (Accountable Entity Level) Testing	050	Face validity: Interpretation	Briefly explain the interpretation of the result, including any disagreement with the face validity of the performance measure.	The results suggested high agreement among voters. We conducted the voting for two settings: primary care/LTSS and CCBHCs. For Primary care/LTSS settings, out of 12 voters, 10 agreed and 2 neither agreed nor disagreed. For CCBHC settings, out of 10 voters, 5 agreed and 5 neither agreed nor disagreed.

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Patient/Encounter Level (Data Element Level) Testing	051	*Patient/Encounter Level Testing	<p>Indicate whether patient/encounter level testing of the individual data elements in the final performance measure was conducted (i.e., measure of agreement such as kappa or correlation coefficient). Prior studies of the same data elements may be submitted.</p> <ul style="list-style-type: none"> • Select “Yes” if data element agreement was assessed at the individual data element level as of submission of this form. • Select “No” if you are not able to provide the results of data element agreement in this submission. If you are submitting preliminary testing results or a different type of data element testing, provide as an attachment. • Select “No” and skip to the Patient-Reported Data section if data element testing was only conducted for a survey or patient reported tool (e.g., internal consistency) rather than data element agreement for the final performance measure. • Select “Not applicable” if the measure relies entirely on administrative data. <p>Note: This section includes tests of both data element reliability and validity.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable

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Patient-Reported Data	057	* Does the performance measure use survey or patient-reported data?	Indicate whether the performance measure utilizes data from structured surveys or patient-reported tools.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Patient-Reported Data	058	<p>*Survey level testing methodology and results</p>	<p>List each survey or patient-reported outcome tool accepted by the performance measure. Indicate whether the tool(s) are being used as originally specified and tested or if modifications are required. If available, provide each survey or tool as a link or attachment.</p> <p>Describe the mode(s) of administration available (e.g., electronic, phone, mail) and the number of languages the survey(s) or tool(s) are available in.</p> <p>Indicate whether any of the surveys or tools is proprietary requiring licenses or fees for use.</p> <p>Briefly describe the method used to psychometrically test or validate the patient survey or patient-reported outcome tool. (e.g., Cronbach’s alpha, ICC, Pearson correlation coefficient, Kuder-Richardson test). If the survey or tool was developed prior to the development of the performance measure, describe how the intended use of the survey or tools for the performance measure aligns with the survey or tool as originally designed and tested. Indicate whether the measure uses all components within a tool, or only parts of the tool. Summarize the statistical results and briefly describe the interpretation of results.</p>	<p>The measure uses two types of tools: goal attainment scaling (GAS) and patient-reported outcome measures (PROMs). GAS is a reliable method to set and evaluate person-centered goals. The measures use all the steps in the GAS process with a five-point scale to scoring. Regarding PROMs, the measure uses all components within the included tools (below) and aligns with the tool as originally designed. All included tools (PROMIS-related tool, PHQ-9, GAD-7) do not require licenses or fees for use. All included tools are available for paper and electronic administration. PHQ-9 and GAD-7 have been translated into early 80 languages. PROMIS is available in Spanish and translated as requested with a fee. All the included tools are designed to assess various aspects of patients’ health status with standardized and validated instruments.</p> <p>The PCO achievement measure aims to enhance person-centered care by evaluating the outcome of goal-directed care, which involves comparing the scores from the baseline and follow-up structured assessments using the included tools for person-centered goals. The included tools provide standardized instruments for the scoring.</p>
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PROMs Tool	link
General Anxiety Disorder (GAD) - 7	Pfizer To Offer Free Public Access To Mental Health Assessment Tools To Improve Diagnosis And Patient Care Pfizer
PHQ-9	
PROMIS Ability to Participate in Social Roles and Activities - Short Form v2.0 - 8a	PROMIS (healthmeasures.net)
PROMIS Alcohol Use - Short Form v1.0 - 7a	
PROMIS Anger - Short Form v1.1 - (5a)	
PROMIS Anxiety Short Form 7a	
PROMIS Cognitive Function - Short Form v2.0 - 8a	
PROMIS Depression	
PROMIS Dyspnea Severity - Short Form v1.0 - 10a	

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE	
				PROMIS Fatigue - Short Form v1.0 - 7a	
				PROMIS Informational Support - Short Form v2.0 - 8a	
				PROMIS Instrumental Support- Short Form v2.0 - 8a	
				PROMIS Mobility Item Bank v2.1	
				PROMIS Pain behavior – v1.0 - 7a	
				PROMIS - Pain Interference - Short Form v1.0 - 6a	
				PROMIS Physical Function - Short Form v2.0 - 10a	
				PROMIS Satisfaction with Participation in Social Roles - Short Form v1.0 - 8a	
				PROMIS Self-Efficacy for Managing Daily Activities - Short Form v1.0 - 8a	
				PROMIS Self-Efficacy for Managing Emotions - Short Form v1.0 - 8a	
				PROMIS Self-Efficacy for Managing Medications and Treatments - Short Form v1.0 - 8a	
				PROMIS Self-Efficacy for Managing Symptoms - Short Form v1.0 - 8a	
				PROMIS Severity of Substance Use – Past 30 Days - Short Form v1.0 -7a	
				PROMIS Severity of Substance Use - Past 3 Months - Short Form v1.0-7a	
				PROMIS Sleep-Related Impairment - Short Form v1.0 - 8a	
				PROMIS Smoking: Negative Health Expectancies for All Smokers – Short Form v1.0 - 6a	
				PROMIS Smoking: Nicotine Dependence for All Smokers – Short Form v1.0 - 8a	
				PROMIS Social Isolation - Short Form v2.0 - 8a	
				PROMIS_ Smoking: Coping Expectancies for All Smokers – Short Form v1.0 - 4a	

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Patient-Reported Data	059	* Spanish development of the survey instrument.	Select all that apply. Survey instruments are expected to be developed in Spanish, in addition to English.	<input checked="" type="checkbox"/> Survey instrument was developed in Spanish and validated <input type="checkbox"/> Survey instrument was developed in Spanish but not yet validated <input type="checkbox"/> Working on Spanish version of survey instrument <input type="checkbox"/> There are no plans to develop a Spanish version of survey instrument
Measure Performance	060	* Measure performance - type of score	Select one. Measure performance score type should be at the level of accountable entity.	<input type="checkbox"/> Categorical (e.g., measured entity scores yes/no, pass/fail, or rating scale/score) <input type="checkbox"/> Composite scale/non-weighted score <input type="checkbox"/> Composite scale/weighted score <input type="checkbox"/> Continuous variable (e.g., average) <input type="checkbox"/> Count <input type="checkbox"/> Frequency Distribution <input checked="" type="checkbox"/> Proportion <input type="checkbox"/> Rate <input type="checkbox"/> Ratio
Measure Performance	061	* Measure performance score interpretation	Select one	<input checked="" type="checkbox"/> Better quality = Higher score <input type="checkbox"/> Better quality = Lower score <input type="checkbox"/> Better quality = Score within a defined interval <input type="checkbox"/> Passing score above a specified threshold defines better quality <input type="checkbox"/> Passing score below a specified threshold defines better quality
Measure Performance	062	* Number of accountable entities included in analysis	Provide the number of accountable entities included in the analysis of the distribution of performance scores. Please enter a single value and do not enter a range. If unknown or not available, enter 9999.	101
Measure Performance	063	* Number of accountable entities: unit	Provide the unit of accountable entities included in the analysis of the distribution of performance scores.	Individual clinician
Measure Performance	064	* Number of persons	Provide the number of persons included in the analysis of the distribution of performance scores	7170

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE											
Measure Performance	065	*10th percentile	<p>Provide the performance score at the 10th percentile for the testing sample that is relevant to the intended use of the measure.</p> <p>If this is a proportion measure, provide the 10th percentile score in percentage form, without the symbol. For example, if the 10th percentile performance score is 21.2%, enter 21.2 and not 0.212.</p> <p>If a 10th percentile performance score is not available, enter 9999.</p>	0.0											
Measure Performance	066	*50th percentile (median)	<p>Provide the median performance score (50th percentile) for the testing sample that is relevant to the intended use of the measure.</p> <p>Please enter only one value in the response field and do not enter a range of values.</p> <p>If this is a proportion measure, provide the median performance score in percentage form, without the symbol. For example, if the median performance score is 85.6%, enter 85.6 and not 0.856.</p> <p>If a median performance score is not available, enter 9999.</p>	4.5											
Measure Performance	067	*90th percentile	<p>Provide the performance score at the 90th percentile for the testing sample that is relevant to the intended use of the measure.</p> <p>If this is a proportion measure, provide the 90th percentile score in percentage form, without the symbol. For example, if the 90th percentile performance score is 85.6%, enter 85.6 and not 0.856.</p> <p>If a 90th percentile performance score is not available, enter 9999.</p>	23.5											
Measure Performance	068	*Additional measure performance information	<p>Provide the following additional measure performance information, <u>as applicable</u>:</p> <ul style="list-style-type: none">- Mean performance score across accountable entities in the test sample that is relevant to the intended use of the measure.- Minimum and maximum performance score for the testing sample that is relevant to the intended use of the measure.- Standard deviation of performance scores for the testing sample that is relevant to the intended use of the measure.- Passing score for the performance measure.- Performance score’s defined interval, including upper and lower limit of the performance score.	<table><tr><td>Mean</td><td>STD</td><td>Min</td><td>Max</td></tr><tr><td>10.0%</td><td>14.3%</td><td>0.0%</td><td>76.6%</td></tr></table>				Mean	STD	Min	Max	10.0%	14.3%	0.0%	76.6%
Mean	STD	Min	Max												
10.0%	14.3%	0.0%	76.6%												

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Performance	069	*Is there evidence for statistically significant gaps in measure score performance among select subpopulations of interest defined by one or more social risk factors?	Select one. Social risk factors may include age, race, ethnicity, linguistic and cultural context, sex, gender, sexual orientation, social relationships, residential and community environments, Medicare/Medicaid dual eligibility, insurance status (insured/uninsured), urbanicity/rurality, disability, and health literacy.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not tested

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Importance	070	*Meaningful to Patients. Did the majority of patients/caregivers consulted agree that the measure is meaningful and/or produces information that is valuable to them in making their care decisions?	Select one. Patients and/or caregivers can include any of the following: <ul style="list-style-type: none"> • Patients • Primary caregivers • Family • Other relatives 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not evaluated
Importance	071	*Description of input collected from patients/caregivers consulted	Describe the input collected from patient/caregivers consulted about the measure, including the number of patients/caregivers consulted and the number who agreed that the measure is meaningful and produces information that is valuable in making care decisions.	NCQA conducted extensive in-person and telephonic interviews with 52 patients and 10 caregivers. Interviewees were asked about their experiences in goal identification, goal follow-up, and goal achievement and the impacts this process had on their care. These individuals overwhelmingly supported the use of these processes, i.e., measures. Patients told NCQA that setting a goal was motivational, created a sense of accountability, and gave them something to focus on other than their illness and they also emphasized that they felt it helped their clinician get to know them better. Caregivers said that setting a goal helped them better understand and focus on what their patient could or could not accomplish. The caregivers also confirmed that setting and tracking goals provided another focus and motivation.
Importance	072	Description of input collected from measured entities.	Describe the input collected from measured entities, or others such as consumers, purchasers, policy makers, etc., using any of the following methods: <ul style="list-style-type: none"> • Focus groups • Structured interviews • Surveys of potential users Notes: <ul style="list-style-type: none"> • This is separate from face validity testing of the performance measure. 	We conducted 14 structured interviews with providers, advocates, insurers, state agencies, and other health departments. We have a focus group and interview with a total of 8 providers, including doctors, nurses, and social workers. We had structured interviews with 4 payors. Interviewees and physicians in the focus group and payor were generally supportive of the measure concept. The benefits of centering care around what matters to people are recognized across stakeholder groups.

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Background Information	073	*What is the history or background for including this measure on the current year MUC List?	<p>Select one</p> <p>Note:</p> <ul style="list-style-type: none"> “CMS program” in the response options refers only to the Medicare programs that undergo the Pre-Rulemaking process. A full list of these programs can be found on the CMS Program Measure Needs and Priorities report. 	<input checked="" type="checkbox"/> New measure never reviewed by Measure Applications Partnership (MAP) Workgroup, or Pre-Rulemaking Measure Review (PRMR) or used in a CMS program <input type="checkbox"/> Submitted previously but not included in MUC List <input type="checkbox"/> Measure previously submitted to MAP or PRMR, refined, and resubmitted per MAP or PRMR recommendation <input type="checkbox"/> Measure currently used in a CMS program being submitted without substantive changes for a new or different program <input type="checkbox"/> Measure currently used in a CMS program, but the measure is undergoing substantive change
Previous Measures	078	*Was this measure published on a previous year’s Measures Under Consideration List?	Select “Yes” or “No.” If yes, you are submitting an existing measure for expansion into additional CMS programs or the measure has substantially changed since originally published.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Data Sources	086	*What data sources are used for the measure?	<p>Select all that apply.</p> <p>For example, if the measure uses survey data that are captured both electronically and in paper format, select the “Applications: Patient-Reported Health Data or Survey Data (electronic)” from the “Digital Data Sources” category and “Patient-Reported Health Data or Survey Data (telephonic or paper-based)” from the “Non-Digital Data Sources” category.</p> <p>For more information about digital data sources, please refer to the “Digital Data Sources” section of the “dQMs - Digital Quality Measures” webpage on the eCQI Resource Center available at: https://ecqi.healthit.gov/dqm?qt-tabs_dqm=1</p>	<input type="checkbox"/> Digital-Administrative systems: Administrative Data (non-claims) <input type="checkbox"/> Digital-Administrative systems: Claims Data <input type="checkbox"/> Digital-Applications: Patient-Generated Health Data (e.g., home blood pressure monitoring) <input checked="" type="checkbox"/> Digital-Applications: Patient-Reported Health Data or Survey Data (electronic) <input type="checkbox"/> Digital-Case Management Systems <input type="checkbox"/> Digital-Clinical Registries <input checked="" type="checkbox"/> Digital-Electronic Clinical Data (non-EHR) or Social Needs Assessments <input type="checkbox"/> Digital-Electronic Health Record (EHR) Data <input type="checkbox"/> Digital-Health Information Exchanges (HIE) Data <input type="checkbox"/> Digital-Instrument Data (e.g., medical devices and wearables) <input type="checkbox"/> Digital-Laboratory Systems Data <input type="checkbox"/> Digital-Patient Portal Data <input type="checkbox"/> Digital-Prescription Drug Monitoring Program Data <input checked="" type="checkbox"/> Digital-Standardized Patient Assessment Data (electronic) <input type="checkbox"/> Digital-Other (enter here): <input type="checkbox"/> Non-Digital-Paper Medical Records <input checked="" type="checkbox"/> Non-Digital-Standardized Patient Assessments (paper-based) <input checked="" type="checkbox"/> Non-Digital-Patient-Reported Health Data or Survey Data (telephonic or paper-based) <input type="checkbox"/> Non-Digital-Other (enter here):
Data Sources	087	*Measure version that uses only digital data sources	Select one. Indicate whether there is a version of the measure that uses only digital data sources.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Data Sources	088	*Path to Digital Format	Select one. Indicate whether there is a viable path for the measure to be transitioned to an exclusively digital format.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

STEWARD

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Steward Information	089	*Measure Steward	Enter the current Measure Steward. Typically, this is an organization or other agency/institution/entity name.	National Committee for Quality Assurance
Steward Information	090	*Measure Steward Contact Information	Please provide the contact information of the measure steward.	<i>Zhou, Xiaofei</i> <i>National Committee for Quality Assurance</i> <i>Telephone number: 202-517-8001</i> <i>Email address: xzhou@ncqa.org</i>
Long-Term Steward Information	091	*Is the long-term steward different than the steward?	Entity or entities that will be the permanent measure steward(s), responsible for maintaining the measure and conducting CBE endorsement maintenance review. Select all that apply.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Submitter Information	093	Is primary submitter the same as steward?	Select "Yes" or "No."	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Submitter Information	094	*Primary Submitter Contact Information	If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address. NOTE: The primary and secondary submitters entered here do not automatically have read/write/change access to modify this measure in CMS MERIT. To request such access for others, when logged into the CMS MERIT interface, navigate to "About" and "Contact Us," and indicate the name and e-mail address of the person(s) to be added.	<i>Zhou, Xiaofei</i> <i>National Committee for Quality Assurance</i> <i>Telephone number: 202-517-8001</i> <i>Email address: xzhou@ncqa.org</i>
Submitter Information	095	Secondary Submitter Contact Information	If different from name(s) above: Last name, First name; Affiliation; Telephone number; Email address.	<i>Lawton, Daniela</i> <i>National Committee for Quality Assurance</i> <i>Telephone number: 202-955-5164</i> <i>Email address: lawton@ncqa.org</i>

CHARACTERISTICS

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
General Characteristics	096	* Measure Type	Select only one type of measure. For definitions, see: https://mmshub.cms.gov/about-quality/new-to-measures/types .	<input type="checkbox"/> Cost/Resource Use <input type="checkbox"/> Efficiency <input type="checkbox"/> Intermediate Outcome <input type="checkbox"/> Outcome <input checked="" type="checkbox"/> PRO-PM or Patient Experience of Care <input type="checkbox"/> Process <input type="checkbox"/> Structure
General Characteristics	097	* Assessment of patient experience of care	Select one. Indicate whether this measure assesses patient experience of care.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
General Characteristics	098	* Is this measure in the CMS Measures Inventory Tool (CMIT)?	Select Yes or No. Current measures can be found at https://cmit.cms.gov/cmit/#/MeasureInventory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
General Characteristics	101	* What is the target population of the measure?	What populations are included in this measure? E.g., Medicare Fee for Service, Medicare Advantage, Medicaid, Children's Health Insurance Program (CHIP), All Payer, etc.	Medicare Fee for Service, Medicare Advantage, Medicaid
General Characteristics	102	* What one area of specialty the measure is aimed to, or which specialty is most likely to report this measure?	Select the ONE most applicable area of specialty.	Geriatric Medicine
General Characteristics	103	* Evidence of performance gap	<p>Evidence of a performance gap among the units of analysis in which the measure will be implemented. Provide analytic evidence that the units of analysis have room for improvement and, therefore, that the implementation of the measure would be meaningful.</p> <p>If you have lengthy text add the evidence as an attachment, named to clearly indicate the related form field.</p>	<p>This is a pioneering measure in goal-directed care. We tested this measure in different settings. In general, the performance was low with big variation across testing sites from a minimum of 0.0 % to a maximum of 76.6%. The average and the median of the performance were low (avg/median=10.0%/4.5%). This indicated that there is big room for improvement in achieving good quality of the person-centered care and the goal-directed care that meets the personalized goals. Implementing this measure can help to promote high-quality goal-directed care.</p>

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
General Characteristics	104	*Unintended consequences	Summary of potential unintended consequences if the measure is implemented. Information can be taken from the CMS consensus-based entity Consensus Development Process (CDP) manuscripts or documents. If referencing CDP documents, you must submit the document or a link to the document, and the page being referenced.	A potential unintended consequence if the measure is implemented is resource allocation challenges. It may require additional resources, including staff time. It may be challenging in resource-constrained healthcare settings.
Evidence	105	*Type of evidence to support the measure	Select all that apply. Refer to the Blueprint content on the CMS MMS Hub (https://mmshub.cms.gov/measure-lifecycle/measure-conceptualization/information-gathering-overview) and the Environmental Scan supplemental material (https://mmshub.cms.gov/tools-and-resources/mms-supplemental-materials) to obtain updated guidance.	<input checked="" type="checkbox"/> Clinical Guidelines or USPSTF (U.S. Preventive Services Task Force) Guidelines <input checked="" type="checkbox"/> Peer-Reviewed Systematic Review <input checked="" type="checkbox"/> Peer-Reviewed Original Research <input type="checkbox"/> Empirical data <input type="checkbox"/> Grey Literature

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Evidence	106	* Outline the clinical guideline(s) supporting this measure	<p>Provide a detailed description of which guideline(s) support the measure and indicate for each, whether they are evidence-based or consensus-based.</p> <p>Summarize the meaning/rationale of the guideline statements that are being referenced, their relation to the measure concept and how they support the measure whether directly or indirectly, and how the guideline statement(s) relate to the measure's intended accountable entity. Describe the body of evidence that supports the statement(s) by describing the quantity, quality and consistency of the studies that are pertinent to the guideline statements/sentence. Quantity of studies represent the number of studies and not the number of publications associated with a study. If the statement is advised by 3 publications reporting outcomes from the same RCT at 3 different time points, this is considered a single study and not 3 studies.</p> <p>If referencing a standard norm which may or may not be driven by evidence, provide the description and rationale for this norm or threshold as reasoned by the guideline panel.</p> <p>If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a link between at least one process, structure, or intervention and the outcome.</p> <p>Document the criteria used to assess the quality of the clinical guidelines such as those proposed by the Institute of Medicine or ECRI Guideline's Trust (see the Information Gathering Overview on the CMS MMS Hub (https://mmshub.cms.gov/measure-lifecycle/measure-conceptualization/information-gathering-overview) and the Environmental Scan supplemental material section addressing evidence review (https://mmshub.cms.gov/tools-and-resources/mms-supplemental-materials)).</p> <p>If there is lengthy text, describe the guidelines in an evidence attachment.</p>	<p>The guideline "Person-Centered Care: A Definition and Essential Elements" from the American Geriatrics Society (AGS) provides a comprehensive framework for understanding and implementing person-centered care for older adults with chronic conditions and/or functional limitations.</p> <p>The definition of person-centered care from the guideline aligns with the measure by emphasizing the centrality of individual goals in care planning and delivery. The essential elements of person-centered care: individualized care plan, ongoing review of goals and care plan, performance measurement, and quality improvement by getting feedback from individuals and caregivers are used to measure outcomes. These essential elements are the key data elements in the person-centered outcome measures that NCQA developed.</p>

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Evidence	107	* Guideline citation	Provide any of the following: <ul style="list-style-type: none"> • Full citation for the primary clinical guideline in any established citation style (e.g., AMA, APA, Chicago, Vancouver, etc.) • URL • DOI or ISBN for clinical guideline document 	<input checked="" type="checkbox"/> Citation (enter here) American Geriatrics Society Expert Panel on Person-Centered Care, 2016 <input checked="" type="checkbox"/> URL (enter here) https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.13866 <input type="checkbox"/> DOI (enter here) <input type="checkbox"/> Not available

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Evidence	108	* List the guideline statement that most closely aligns with the measure concept.	<p>If there are more than one statement from this clinical guideline that may be relevant to this measure concept, document the statement that most closely aligns with the measure concept as it is written in the guideline document.</p> <p>For example, Statement 1: In patients aged 65 years and older who have prediabetes, we recommend a lifestyle program similar to the Diabetes Prevention Program to delay progression to diabetes. No more than one statement should be written in the text box. All other relevant statements should be submitted in a separate evidence attachment.</p>	<p>Definition</p> <p>“Person-centered care” means that individuals’ values and preferences are elicited and, once expressed, guide all aspects of their health care, supporting their realistic health and life goals. Person-centered care is achieved through a dynamic relationship among individuals, others who are important to them, and all relevant providers. this collaboration informs decision-making to the extent that the individual desires.</p> <p>Elements Essential to Realizing This Definition</p> <ol style="list-style-type: none"> 1. An individualized, goal-oriented care plan based on the person’s preferences. A thorough medical, functional, and social assessment provides a foundation for the person and family to consider their goals. For some people, the assessment should be conducted in their place of residence. 2. Ongoing review of the person’s goals and care plan. Reassessing the care plan on a regular basis helps to determine the plan’s effectiveness, to address the person’s evolving health and life goals, and to address changes in the person’s medical, functional, psychological, or social status. 3. Care supported by an interprofessional team in which the person is an integral team member. The team must be flexible in composition and adaptable to changes in the person’s health status, circumstances, and care and life goals. 4. Performance measurement and quality improvement using feedback from the person and caregivers. Measurable outcomes should focus on the successful implementation of care plans, evidence that the person’s goals are being met, and evidence that efforts are being made to minimize difficulties during transitions between healthcare providers and across care settings.

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Evidence	109	*Is the guideline graded?	A graded guideline is one which explicitly provides evidence rating and recommendation grading conventions in the document itself. Grades are usually found next to each recommendation statement. Select one.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Evidence	111	*For the guideline statement that most closely aligns with the measure concept, what is the associated strength of recommendation?	Select the associated strength of recommendation using the convention used by the guideline developer. Select one.	<input type="checkbox"/> USPSTF Grade A, Strong recommendation or similar <input type="checkbox"/> USPSTF Grade B, Moderate recommendation or similar <input type="checkbox"/> USPSTF Grade C or I, Conditional/weak recommendation or similar <input checked="" type="checkbox"/> Expert Opinion <input type="checkbox"/> USPSTF Grade D, Moderate or high certainty that service has no net benefit or harm outweighs benefit <input type="checkbox"/> Best Practice Statement/Standard Practice
Evidence	112	*Is the selected guideline statement used to support an inappropriate use/care measure?	Select one. Indicate whether the guideline statement mentioned in "List the guideline statement that most closely aligns with the measure concept" is used to promote the practice of not performing a specific action, process or intervention to support an inappropriate use or inappropriate care measure.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Evidence	114	* Briefly summarize the peer-reviewed systematic review(s) that inform this measure concept	<p>Summarize the peer-reviewed systematic review(s) that address this measure concept. For each systematic review, provide the number of studies within the systematic review that addressed the specifications defined in this measure concept, indicate whether a study-specific risk of bias/quality assessment was performed for each study, and describe the consistency of findings. Number of studies is not equivalent to the number of publications. If there are three publications from a single cohort study cited in the systematic review, report one when indicating the number of studies. If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a relationship between at least one process, structure, or intervention with the outcome.</p> <p>If there is lengthy text, submit details via an evidence attachment.</p>	<p>Kogan et al., 2016 comprised 132 nonduplicate journal articles, reports, books, editorials, and newspaper articles. During the literature review, 17 different descriptions or definitions of person-centered care. It indirectly demonstrates the relationship between person-centered care (PCC) processes and outcomes. The evidence presented in the paper suggests that implementing PCC practices, such as holistic care, respect, individualized care can lead to positive outcomes for older adults receiving healthcare services. For example, the emphasis on holistic care and respect indicates a shift towards considering the individual's overall well-being and preferences, potentially leading to improved patient satisfaction and quality of life.</p> <p>Kang et al., 2022 concluded that formulation of coping plan and follow-up are under implemented, which is considered important for supporting goal achievement and optimal outcomes, among the current goal-setting interventions for adults in rehabilitation from synthesis 22 articles.</p> <p>Ebrahimi et al., 2021 highlighted the importance of person-centered care in improving outcomes for older individuals, including enhanced well-being and increased independence from the results of synthesis 63 articles.</p>
Evidence	115	* Peer-reviewed systematic review citation	<p>If more than one article was identified, provide at least one of the following for one key article:</p> <ul style="list-style-type: none"> • Citation • URL • DOI <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p>	<p><input checked="" type="checkbox"/> Citation (enter here:) Kogan et al., 2016</p> <p><input checked="" type="checkbox"/> URL (enter here:) https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.13873</p> <p><input type="checkbox"/> DOI (enter here:)</p> <p><input type="checkbox"/> Not available</p>

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Evidence	116	*Peer-reviewed original research	<p>If the evidence synthesis provided to support this measure concept was performed using peer-reviewed original research articles, indicate whether a systematic search of the literature was conducted.</p> <p>If “Yes,” please provide documentation of the search strategy in an attachment (e.g., years searched, keywords and search terms used, databases used, etc.).</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Evidence	117	*Peer-reviewed original research citation	<p>If more than one article was identified, provide at least one of the following for one key article:</p> <ul style="list-style-type: none"> • Citation • URL • DOI <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p>	<input checked="" type="checkbox"/> Citation (enter here:) Giovannetti et al., 2020 <input checked="" type="checkbox"/> URL (enter here:) https://pubmed.ncbi.nlm.nih.gov/33037142/ <input type="checkbox"/> DOI (enter here:) <input type="checkbox"/> Not available
Evidence	122	*Does the evidence discuss a relationship between at least one process, structure, or intervention with the outcome?	Select “Yes” if the evidence that was discussed in the evidence section demonstrate a relationship between at least one process, structure, or intervention with the outcome.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Risk Adjustment and Stratification	123	*Is the measure risk adjusted?	<p>Indicate whether the final measure is risk adjusted.</p> <p>Note that if you select “Yes,” you are encouraged to upload documentation about the risk adjustment model as an attachment.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk Adjustment and Stratification	134	*Is the measure recommended to be stratified based on evidence from testing and/or literature?	<p>Select one. Indicate whether the final measure is recommended to be stratified. Indicate whether the recommended stratification is intended to address an equity gap.</p> <p>Health equity elements for stratification include sociodemographic data such as race, ethnicity, tribal sovereignty, language, geography, sex, sexual orientation and gender identity (SOGI), language, income, and disability status, as well as social determinants of health (SDOH) featured in the Healthy People 2030 SDOH Framework across five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.</p> <p>For more information about health equity elements, please refer to the Equity Data Standardization page on the CMS MMS Hub and the CMS Office of Minority Health white paper titled “The Path Forward: Improving Data to Advance Health Equity Solutions,” available at: https://mmshub.cms.gov/about-quality/quality-at-CMS/goals/cms-focus-on-health-equity/equity-data-standardization.</p>	<input type="checkbox"/> Yes, the measure is recommended to be stratified to address an equity gap <input type="checkbox"/> Yes, the measure is recommended to be stratified for reasons unrelated to an equity gap <input checked="" type="checkbox"/> Yes, the measure is recommended to be stratified both to address an equity gap AND for other reasons <input type="checkbox"/> No, the measure is not recommended to be stratified

Risk Adjustment and Stratification	135	*Stratification approach	<p>Describe the recommended stratification approach including the data elements used to stratify scores for subgroups. Demonstrate that there is sufficient sample size within measured entities to stratify measure scores.</p> <p>Indicate whether the recommendation to stratify the measure is based on evidence from testing and/or the literature.</p> <p>If findings from testing informed the recommendation to stratify the measure, summarize the findings indicating that stratification would improve interpretation of measure results. If more room is needed, provide testing results as an attachment and list the name of the attachment in this field.</p> <p>If evidence from the literature informed the recommendation to stratify the measure, provide citations supporting your stratification approach.</p>	<p>We recommend the measure stratify by clinician group type, e.g. primary care/LTSS site, CCBHCs, based on our testing results.</p> <p>Our testing results indicate that the demographic of the participants in CCBHCs is different from that in the primary care/LTSS site: the participants in CCBHCs are younger, and more uninsured compared to participants in primary care/LTSS sites. In addition, it's normal that patients in CCBHCs come and go quickly. Also, the staff in CCBHCs have higher turnover rate.</p> <table><tr><th>Primary Care/LTSS sites</th><th>CCBHCs</th></tr><tr><td><ul style="list-style-type: none">Average Age = 65 years oldMajority of individuals either had Medicaid (50.7%) or were Dual Eligible (35.1%)49.8% of individuals were Black or another minority with 45.5% being WhiteIndividual clinician level performance rate (avg/std=17.2%/19.3%)</td><td><ul style="list-style-type: none">Average Age = 41 years oldMajority of individuals were either uninsured (39.9%) or had Medicaid (34.9%)65.7% individuals who participated were WhiteIndividual clinician level performance rate (avg/std=5.7%/7.7%)</td></tr></table>	Primary Care/LTSS sites	CCBHCs	<ul style="list-style-type: none">Average Age = 65 years oldMajority of individuals either had Medicaid (50.7%) or were Dual Eligible (35.1%)49.8% of individuals were Black or another minority with 45.5% being WhiteIndividual clinician level performance rate (avg/std=17.2%/19.3%)	<ul style="list-style-type: none">Average Age = 41 years oldMajority of individuals were either uninsured (39.9%) or had Medicaid (34.9%)65.7% individuals who participated were WhiteIndividual clinician level performance rate (avg/std=5.7%/7.7%)
Primary Care/LTSS sites	CCBHCs							
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Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Healthcare Domain	137	*What one Meaningful Measures 2.0 priority is most applicable to this measure?	Select the ONE most applicable Meaningful Measures 2.0 priority. For more information, see: https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization	<input checked="" type="checkbox"/> Person-Centered Care <input type="checkbox"/> Equity <input type="checkbox"/> Safety <input type="checkbox"/> Affordability and Efficiency <input type="checkbox"/> Chronic Conditions <input type="checkbox"/> Wellness and Prevention <input type="checkbox"/> Seamless Care Coordination <input type="checkbox"/> Behavioral Health
Healthcare Domain	138	What, if any, additional Meaningful Measures 2.0 priorities apply to this measure?	Select up to two additional Meaningful Measures 2.0 priorities that apply to this measure. For more information, see: https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization	<input type="checkbox"/> Person-Centered Care <input type="checkbox"/> Equity <input type="checkbox"/> Safety <input type="checkbox"/> Affordability and Efficiency <input checked="" type="checkbox"/> Chronic Conditions <input type="checkbox"/> Wellness and Prevention <input type="checkbox"/> Seamless Care Coordination <input checked="" type="checkbox"/> Behavioral Health
Other Priorities	139	*Does this measure address CMS priorities to improve maternal health care or maternal outcomes?	Select one.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Endorsement Characteristics	140	*What is the endorsement status of the measure?	Select only one. For information on consensus-based entity (CBE) endorsement, measure ID, and other information, refer to: https://p4qm.org/	<input type="checkbox"/> Endorsed <input type="checkbox"/> Endorsed with conditions <input type="checkbox"/> Endorsement removed <input type="checkbox"/> Submitted <input type="checkbox"/> Failed endorsement or decision to not endorse <input checked="" type="checkbox"/> Never submitted
Endorsement Characteristics	141	*CBE ID (CMS consensus-based entity, or endorsement ID)	Four- or five-character identifier with leading zeros and following letter if needed. Add a letter after the ID (e.g., 0064e) and place zeros ahead of ID if necessary (e.g., 0064). If no CBE ID number is known, enter numerals 9999.	9999

SIMILAR MEASURES

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Related and Competing Measures	147	* Is this measure related to and/or competing with measure(s) already in a program?	Select either Yes or No. Consider other measures with related purposes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Related and Competing Measures	151	* Universal Foundation Measure	<p>Select one. Indicate whether this measure is a Universal Foundation quality measure.</p> <p>To be considered a Universal Foundation quality measure, the submitted measure's population must align with the population of the existing Universal Foundation measure (i.e., adult and/or pediatric).</p> <p>Please refer to the "Aligning Quality Measures Across CMS – the Universal Foundation" webpage for more information about Universal Foundation of quality measures available at: https://www.cms.gov/aligning-quality-measures-across-cms-universal-foundation</p>	<input checked="" type="checkbox"/> Measure is a Universal Foundation quality measure (populations must align) <input type="checkbox"/> Measure is not a Universal Foundation quality measure

ATTACHMENTS

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
N/A	152	Attachment(s)	<p>You are encouraged to attach the measure information form (MIF) if available. This is a detailed description of the measure used by the CMS consensus-based entity (CBE) during endorsement proceedings. If a MIF is not available, comprehensive measure methodology documents are encouraged.</p> <p>If you are submitting for MIPS (either Quality or Cost), you are required to download the MIPS Peer Reviewed Journal Article Template and attach the completed form to your submission using the “Attachments” feature. See https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rulemaking</p> <p>If your measure is risk adjusted, you are encouraged to attach documentation that provides additional detail about the measure risk adjustment model such as variables included, associated code system codes, and risk adjustment model coefficients</p> <p>If eCQM, you must attach MAT Output/HQMF, Bonnie test cases for this measure, with 100% logic coverage (test cases should be appended), attestation that value sets are published in VSAC, and feasibility scorecard.</p>	<p>Attachment One: Group-Level Testing Results</p> <p>Attachment Two: References for Evidence Section</p> <p>Attachment Three: MIPS Peer Review Journal Article Template</p>
N/A	153	MIPS Peer Reviewed Journal Article Template	Select Yes or No. For those submitting measures to MIPS program, enter “Yes.” Attach your completed Peer Reviewed Journal Article Template.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SUBMITTER COMMENTS

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
N/A	154	Submitter Comments	Any notes, qualifiers, external references, or other information not specified above.	The measure is intended to be used at the clinician group level.

Attachment One: Group Level Testing Results

Reliability

Table a provide the point estimate of mean signal-to-noise reliability, its standard error, and the 95% CI for clinician group. The reliability estimate is 0.997, and the 95% CI is (0.992, 0.999), indicating very good reliability, which pass the scientific acceptability threshold 0.7 from Endorsement and Maintenance Guidebook from Battelle (Endorsement and Maintenance Guidebook (p4qm.org)

Table a. signal-to-noise reliability: point estimate of mean, its SE, and the 95% CI

Number of groups	Number of Eligible participants per group	Mean	SE	95% CI	
10	48-2495	0.985	0.08	0.92	0.99

Table b summarizes the distribution of clinician group level signal-to-noise reliability estimates for the measure. The estimates range from 0.96 to 1.00. The minimum is 0.96, indicating very good reliability.

Table b. Distribution of signal-to-noise reliability

Number of Groups	min	p10	p25	median	p75	p90	max
10	0.84	0.87	0.96	0.98	1.00	1.00	1.00

Performance

Table c summarizes the distribution of group -level performance for the measures.

Table c. Distribution of performance

Number of Groups	Number of eligible participants	min	P10	median	P90	max	mean	std
10	7867	0.00%	2.62%	8.96%	14.48%	35.70%	10.23%	9.73%

Evidence of performance gap

This is a pioneering measure in goal-directed care. We tested this measure in different settings. In general, the performance was low with big variation across testing sites from minimum 0.0 % to maximum 35.7%. The average and the median of the performance was low (avg/median=10.2%/9.0%). This indicated that there is big room for improvement in achieving good quality of the person-centered care and the goal-directed care that meets the personalized goals. Implementing this measure can help to promote high quality of goal-directed care.

Attachment Two: References for Evidence Section

Guideline

American Geriatrics Society Expert Panel on the Care of Older Adults with Multimorbidity. (2012). Guiding Principles for the Care of Older Adults with Multimorbidity: An Approach for Clinicians. *Journal of the American Geriatrics Society*, 60(10), E1–E25.

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Attachment Three: 2024 MIPS Peer-Reviewed Journal Article Requirement Template

Section 101(c)(1) of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires submission of new measures for publication in applicable specialty-appropriate, peer-reviewed journals prior to implementing in the Merit-based Incentive Payment System (MIPS). Such measures will be submitted by the Centers for Medicare & Medicaid Services (CMS), to a journal(s), before including any new measure on the MIPS Quality Measures List. The measure submitter shall provide the required information for article submission under the MACRA per the MIPS Annual Call for Quality Measures submission process.

Interested parties submitting measures for consideration through the MIPS Annual Call for Quality Measures must complete the required information by the CMS Annual Call for Measures deadline (8 p.m. ET on May 10, 2024). Some of the information requested below may be listed in specific fields in the CMS Measures Under Consideration (MUC) Entry/Review Information Tool (MERIT); however, to ensure that CMS has all of the necessary information and avoid delays in the evaluation of your submission, please fully complete this form as an attached Word document. The information in MERIT must be consistent with the information below, including the following, but not limited to:

- **[Measure Title] Person-Centered Outcome – Achievement**
- **[Meaningful Measures 2.0 Framework Domain] Person-Centered Care**

Measure Steward: National Committee for Quality Assurance

Measure Developer: National Committee for Quality Assurance

Description: The percentage of individuals 18 years of age and older with a complex care need who achieved their person-centered outcome goal within two weeks to six months of when the person-center outcome goal and goal attainment scaling (GAS) or person-centered outcome measure (PROM) were identified.

I. Statement

- **Background/Environmental Scan**

There is broad agreement that individuals' priorities and goals should guide their health care, particularly for adults with complex care needs (i.e., multiple chronic conditions and functional limitations) (American Geriatrics Society Expert Panel on the Care of Older Adults with Multimorbidity, 2012). For these individuals, there is a growing movement to provide goal-based care. Goal-based care, rooted in person-centered goals, includes clinicians eliciting personal goals and preferences and engaging with their patients and caregivers in shared decision-making to develop a care or treatment plan that will help support achievement of those goals. (Blaum et al., 2018; Elwyn & Vermunt, 2019; Jennings et al., 2018; Naik et al., 2018; Tinetti et al., 2012, 2019). There is growing evidence that supports the use of person-centered care with personalized goal setting in different patient populations. The goal setting has been linked to more positive outcomes and improvements in health and functioning in a variety of populations, such as those with rehabilitation needs (Kang et al., 2022; Barnett et al. 2023), those with dementia (Chenoweth et al., 2022; Budgett et al., 2024), and those with mental or behavior disorders (Choy-Brown et al., 2020; Lee et al., 2022; Shimin et al., 2023).

The Centers for Medicare and Medicaid Services (CMS) support aligning care with patients' goals as demonstrated by the "Meaningful Measures" initiative, which calls for quality measures where "care is personalized and aligned with patient's goals". NCQA has taken steps

to develop quality measures focusing on goal-based care. This person-centered outcome-achievement measure is a pioneer measure on goal-based care realm.

II. Gap Analysis

- The measure is intended to use at the clinician group level. We tested this measure in different settings: primary care/LTSS setting and CCBHCs, in total 10 testing sites. In general, the performance was low with big variation across testing sites from minimum 0.0 % to maximum 35.7%. The average and the median of the performance was low (avg/median=10.2%/9.0%). This indicated that there is big room for improvement in achieving good quality of the person-centered care and the goal-directed care that meets the personalized goals. Implementing this measure can help to promote high quality of goal-directed care.
- The American Geriatric Society’ s Guiding Principles for the Care of Older Adults with Multimorbidity and Person - Centered Care: A Definition and Essential Elements recommend an individual’ s preferences and goals should guide their care (American Geriatrics Society Expert Panel on Person-Centered Care, 2016; American Geriatrics Society Expert Panel on the Care of Older Adults with Multimorbidity, 2012)

III. Reliability/Validity

This measure has completed the measure testing. The measure was tested and intended to use at the clinician group level. In addition, we provide individual clinician level results by attributing participants to individual clinician. We excluded the individual clinician with less than 30 participants in the individual clinician level results.

Reliability: signal-to-noise reliability

Clinician group level results

Table a provide the point estimate of mean signal-to-noise reliability, its standard error, and the 95% CI for clinician group. The reliability estimate is 0.997, and the 95% CI is (0.992, 0.999), indicating very good reliability, which pass the scientific acceptability threshold 0.7 from Endorsement and Maintenance Guidebook from Battelle (Endorsement and Maintenance Guidebook (p4qm.org)

Table a

Number of groups	Number of Eligible participants per group	Mean	SE	95% CI	
10	48-2495	0.985	0.08	0.92	0.99

Table b summarizes the distribution of clinician group level signal-to-noise reliability estimates for the measure. The estimates range from 0.96 to 1.00. The minimum is 0.96, indicating very good reliability.

Table b. Distribution of signal-to-noise reliability							
Number of Groups	min	p10	p25	median	p75	p90	max
10	0.84	0.87	0.96	0.98	1.00	1.00	1.00

Individual clinician level results

Table a provide the point estimate of mean signal-to-noise reliability, its standard error, and the 95% CI for clinician group. The reliability estimate is 0.997, and the 95% CI is (0.992, 0.999), indicating very good reliability, which pass the scientific acceptability threshold 0.7 from Endorsement and Maintenance Guidebook from Battelle (Endorsement and Maintenance Guidebook (p4qm.org)

Table a

Number of clinicians	Number of Eligible participants per clinicians	Mean	SE	95% CI	
101	30-371	0.92	0.02	0.88	0.94

Table b summarizes the distribution of clinician group level signal-to-noise reliability estimates for the measure. The estimates range from 0.96 to 1.00. The minimum is 0.96, indicating very good reliability.

Table b. Distribution of signal-to-noise reliability							
Number of clinicians	min	p10	p25	median	p75	p90	max
101	0.34	0.81	0.90	0.95	1.00	1.00	1.00

Face validity

The results suggested high agreement among voters. We conducted the voting for two settings: primary care/LTSS and CCBHCs. For Primary care/LTSS settings, out of 12 voters, 10 agreed, no disagreed. For CCBHCs settings, out of 10 voters, 5 agreed, no disagreed.

Exclusion frequency

Clinician group level results

Total number of excluded participants: 1,728

Individual clinician level results

Total number of excluded participants: 1,692

Risk stratification

We recommend the measure stratify by clinician group type, e.g. primary care/LTSS site, CCBHCs, based on our testing results. Our testing results indicates that the demographic of the participants in CCBHCs is different from that in the primary care/LTSS site: the participants in CCBHCs are younger, more uninsured compared to participants in primary care/LTSS sites. In addition, we observed that the performance in CCBHCs is higher with less variation compared to primary care/LTSS sites.

Data collection

Manual abstraction, other digital method, or combination

For Patient Reported Outcome Performance Measures:

The measure uses two types of tools: goal attainment scaling (GAS) and patient-reported outcome measures (PROMs). GAS is a reliable method to set and evaluate patient-centered goals. Th measures uses all the steps in GAS process with five-point scale to scoring.

Regarding PROMSs, the measure uses all components within the included tools (below) and aligns with the tool as originally designed.

All included tools (PROMIS related tool, PHQ-9, GAD-7) do not require licenses or fee for use. All included tools are available for paper and electronic administration. PHQ-9 and GAD-7 have translated in early 80 languages. PROMIS is available in Spanish and translated as requested with a fee. All the included tools are designed to assess various aspects of patients' health status with standardized and validated instruments.

IV. Endorsement

New measure never submitted for any endorsement.

V. Summary

This measure aligns with CMS meaningful measures 2.0 and fit into priorities: person-centered care, chronic conditions, and behavioral health.

This measure aligns with MIPS's goal of promoting high-quality care and improve patient outcomes by incentivizing healthcare provider. The target population of this measure includes population from Medicare Fee for Service, Medicare Advantage, Medicaid.