

CMS Quality Measure Development Plan/ Quality Measure Index Technical Expert Panel Meeting Summary

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Table of Contents

Introduction.....	1
Meeting Proceedings.....	1
Welcome and Opening Remarks.....	1
CMS Strategic Priorities for Quality Measurement.....	1
CMS National Quality Strategy.....	1
Use of Quality Measures in CMS Programs.....	2
Meaningful Measures Initiative.....	2
Key Principles	3
Supporting CMS.....	3
TEP Roll Call and Disclosures of Conflict of Interest.....	3
Patient/Caregiver Perspectives.....	4
Mary Baliker, BS – Patient & Caregiver Representative – New Member	4
Connie L. Montgomery, BS, OTR/L (Retired) – Patient Representative – New Member	4
Lindsey Wisham, MPA – Patient Representative – Returning Member	4
Overview of the Measure Development Plan (MDP)	5
MDP Annual Report.....	5
MDP Environmental Scan and Gap Analysis.....	5
MIPS Value Pathways (MVPs).....	6
Overview of the Quality Measure Index (QMI)	6
Incentives to Develop the QMI and Value of the QMI	6
Completed Milestones	6
QMI Structure.....	6
QMI Scoring Approach and Variable Scoring	7
Variable Scoring Example – <i>Evidence-Based</i>	7
Variable Scoring Example – <i>Feasibility</i>	8
Overview of TEP Objectives, Guiding Principles, Member Roles, and Charter Ratification	8
Project Timelines and Next Steps.....	9
Project Timeline – MDP.....	9
Project Timeline – QMI	9
Next Steps for TEP.....	9

Technical Expert Panel Meeting Summary

I. Introduction

The Centers for Medicare & Medicaid Services (CMS) has contracted with Health Services Advisory Group, Inc. (HSAG) to develop the CMS Quality Measure Development Plan: Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs) under Contract #75FCMC18D0026; Task Order #75FCMC19F0001. As part of this contract, HSAG (“the team”) is also tasked with developing the CMS Quality Measure Index (QMI).

As part of this contract, HSAG convenes a Measure Development Plan/Quality Measure Index technical expert panel (MDP/QMI TEP) of patients and family caregivers, clinicians and representatives of professional societies, consumer advocates, quality measurement experts, and health information technology specialists to provide multi-stakeholder input on project tasks and reports. The May 13, 2022, meeting was held to orient a newly formed TEP serving from 2022–2024.

II. Meeting Proceedings

Welcome and Opening Remarks

Presenter: Kyle Campbell, PharmD; HSAG

Dr. Campbell, HSAG project director, welcomed TEP members. After reviewing standard ground rules for the meeting, he presented the meeting objectives, which included:

- Providing an overview of CMS strategic priorities for quality measurement.
- Reviewing the Measure Development Plan (MDP) and Quality Measure Index (QMI) projects.
- Describing the TEP’s role and next steps.
- Discussing the project timelines.

CMS Strategic Priorities for Quality Measurement

Presenter: Michelle Schreiber, MD; CMS

Dr. Schreiber, Deputy Director for Quality and Value, CCSQ, CMS, presented an overview of CMS strategic priorities for quality measurement. She expressed her appreciation to the TEP members for their participation and emphasized how important their feedback is in setting strategic priorities and in the development of the QMI.

CMS National Quality Strategy

Dr. Schreiber reviewed the CMS National Quality Strategy, which will help guide CMS’ intentions for future measure development.

- The mission across CMS is for all persons to receive equitable, high-quality, and value-based care.
- As the largest payer and as a trusted partner, CMS will help to shape a resilient, high-value American health care system to achieve high-quality, safe, equitable, and accessible care for all.
- The eight CMS National Quality Strategy goals are the underpinnings of the national strategy:
 - Embed quality across the care journey – across the continuum of care, across age ranges, and across settings.
 - Advance health equity, which is a high priority for the administration. Many initiatives are ongoing across the government to help advance health care equity.

- Foster engagement with stakeholders focused on person- and family-centered care to ensure that measures reflect that care is aligned with the goals of the patient.
- Promote safety to achieve zero preventable harm. As learned during the COVID-19 pandemic, our systems of safety were not resilient. For multifactorial reasons, significant declines were seen in patient safety across the country in healthcare-acquired infections, falls, pressure ulcers, and complications. This suggests opportunities exist to strengthen our systems for safety.
- Strengthen resiliency in the health care system. This would include how to prepare for the post-pandemic world and how to make sure that we are avoiding future issues (not just infection-related, but climate change and other environmental issues).
- Embrace the digital age. This remains a key priority for CMS, including the ongoing commitment to move toward all digital measures.
- Incentivize scientific innovation and technology. This includes how measures are used with advanced analytics in more predictive modeling or real-time feedback.
- Increase alignment to promote seamless and coordinated health care. CMS is spending a great deal of time to align measures in CMS programs. CMS is also working with the Veterans Health Administration (VHA) and the U.S. Department of Defense (DoD) to align measures and with America's Health Insurance Plans (AHIP) through NQF to align measures across all payers.

Use of Quality Measures in CMS Programs

Dr. Schreiber noted the uses of quality measures are to drive improvement, evaluate the quality of care, reward the quality of care, provide this information to consumers so they can make the best care choice decisions, and identify areas to promote equitable care and reduce disparities.

Meaningful Measures Initiative

Dr. Schreiber discussed the Meaningful Measures Initiative (version 2.0), which outlines the highest priorities to improve patient care through quality measurement and quality improvement efforts. The initiative connects with the CMS National Quality Strategy, as CMS chooses the most appropriate measures to include in the nearly 30 value-based, Stars, or Compare programs. CMS is building toward value-based care that is patient-centered on the foundation of the patient and caregiver voice and equity.

The strategic priorities for quality measures include these key areas:

- Equity – Incorporate social drivers of health or how to best look at equity.
 - Dr. Schreiber encouraged measure developers to stratify measures for equity issues.
 - At some point, CMS will report select measures by stratification.
- Maternal safety – Focus on improving maternal care.
- Behavioral and mental health – Ensure patients with mental health diagnoses are not excluded from measures and incorporated appropriately.
- Safety – Ensure organizations have resilient, lasting, and deeply embedded safety systems; include newer areas such as diagnostic accuracy.
- Patient-reported data – Put measures in the framework of patient-reported data, patient-reported outcomes measures, patient-centered measures.
- Digital measurement – Base measures in foundational data elements that are digital and interoperable and approved by the United States Core Data for Interoperability (USCDI). Measure developers should stay up to date with USCDI and data elements that are being approved and proposed.

CMS is trying to move away from check-the-box process measures and toward outcome measures and measures that can be used in population health, such as accountable care organizations (ACOs). CMS is also considering appropriate bundles of care rather than a single element, e.g., the MIPS immunization measures.



Dr. Schreiber reminded the TEP that anyone can submit measures for the Measures Under Consideration (MUC) list. This year’s deadline closes on May 20, 2022. CMS considers the submitted measures and takes them forward to the Measure Applications Partnership, hosted by the National Quality Forum (NQF).

Dr. Schreiber explained that the QMI is a scoring tool to evaluate a measure’s scientific rigor, evidence, and impact. CMS is looking forward to the TEP’s feedback because CMS would like to share a non-biased tool across developers to understand the key elements that make a measure strong and use the tool to score measures within programs.

Key Principles

Dr. Schreiber summarized the key principles of CMS’ strategic priorities: Support the White House’s goal to improve health equity for the medically underserved; enhance accountability by monitoring and assessing CMS’ progress; inform CMS’ decisions in measure development, selection, and use; and incorporate input from patients and other stakeholders.

Supporting CMS

Dr. Schreiber reiterated the importance and value of the TEP’s input in the development of the MDP and the QMI. The TEP’s knowledge and insights will help inform CMS’ decisions and quality measure priorities.

TEP Roll Call and Disclosures of Conflict of Interest

Presenter: John Martin, PhD, MPH, TEP Co-Chair

Dr. Martin, TEP co-chair, conducted the roll call. Twelve of the 16-member panel attended the meeting.

Invited Attendees/Attendance:

TEP	CMS (optional)	HSAG
<input checked="" type="checkbox"/> Mary Baliker	<input checked="" type="checkbox"/> Erika Armstrong	<input checked="" type="checkbox"/> Kyle Campbell
<input checked="" type="checkbox"/> Crystal Barter	<input checked="" type="checkbox"/> Helen Dollar-Maples	<input checked="" type="checkbox"/> Marie Hall
<input checked="" type="checkbox"/> Heidi Bossley	<input checked="" type="checkbox"/> Melissa Gross	<input checked="" type="checkbox"/> Kendra Hanley
<input type="checkbox"/> Zeeshan Butt	<input checked="" type="checkbox"/> Michelle Schreiber	<input checked="" type="checkbox"/> Susan Hemmingway
<input checked="" type="checkbox"/> Catherine Eppes	<input checked="" type="checkbox"/> Nidhi Singh Shah	<input checked="" type="checkbox"/> Megan Keenan
<input type="checkbox"/> Nupur Gupta	<input type="checkbox"/> Marsha Smith	<input checked="" type="checkbox"/> Julia Mackeprang
<input checked="" type="checkbox"/> John Martin (<i>Co-Chair</i>)	<input checked="" type="checkbox"/> Daniel Standridge	<input checked="" type="checkbox"/> Kim Nguyen
<input checked="" type="checkbox"/> Amy Nguyen Howell		<input type="checkbox"/> Michelle Pleasant
<input checked="" type="checkbox"/> Shu-Xia Li		<input checked="" type="checkbox"/> Shalini Selvarajah
<input checked="" type="checkbox"/> Gregg Miller		<input type="checkbox"/> Rob Ziemba
<input checked="" type="checkbox"/> Connie Montgomery		
<input type="checkbox"/> Kristin Rising		
<input type="checkbox"/> Sarah Scholle		
<input checked="" type="checkbox"/> Anita Somplasky		
<input checked="" type="checkbox"/> Samantha Tierney (<i>Co-Chair</i>)		
<input checked="" type="checkbox"/> Lindsey Wisham		

Disclosures of Conflict of Interest

The following TEP members disclosed conflicts of interest:

- Dr. Eppes indicated as a possible conflict for disclosure that she has a CMS-funded grant focused on optimizing care for women with opioid use disorder throughout Texas.
- Dr. Martin disclosed that he owns stock in Premier Inc., where he is Vice President of Data Science.

Patient/Caregiver Perspectives

Presenters: Mary Baliker, BS, Connie L. Montgomery, BS, OTR/L, and Lindsey Wisham, MPA

Marie Hall, HSAG, introduced the TEP's three patient and caregiver representatives. Ms. Hall added that the purpose of their presence on the TEP is to ensure a balance between expert-level input and input from patients and caregivers. Their inclusion also helps maintain a patient-centered mindset when discussing measurement gaps for measure development and QMI criteria.

Mary Baliker, BS – Patient & Caregiver Representative – New Member

Ms. Baliker stated she was diagnosed with kidney disease at age 9. At the time, medical treatment did not include dialysis or kidney transplant for children. Ms. Baliker considers herself fortunate that medical science eventually changed. She received her first kidney transplant at age 17 from her brother as the living donor. Three more kidney transplants followed, the last in 1999, and she has undergone in-center hemodialysis.

Ms. Baliker also serves as a caregiver representative. She is a caregiver to her mother, whom she helps to navigate the health care system as a patient with arthritis. She also was a caregiver for her late father, who had cancer.

A retired organ procurement coordinator, Ms. Baliker now works as a consultant and gives talks internationally to teach people how to be their own health care advocates. She sits on the Kidney Health Initiative Parent & Family Partnership Council of the American Society of Nephrology, in addition to advocacy roles in organizations such as NephCure Kidney International.

Connie L. Montgomery, BS, OTR/L (Retired) – Patient Representative – New Member

Ms. Montgomery, a retired occupational therapist, shared that she was diagnosed with a rare bleeding disorder, congenital Factor VII, in her mid-30s after a car accident. It was a delayed diagnosis, as she was born with the disorder. Ms. Montgomery also is affected by insulin-dependent diabetes and chronic kidney disease.

In addition to being responsible for her own complex care needs, over the past two years she has taken care of her mother, who recently passed away, and her young adult brother, who has autism. She also has a family of her own, with a husband and two adult children.

Her advocacy includes membership in Patient Family Centered Care Partners, a national organization that helps health care agencies, hospitals, and associations pair well with patients and family members for engagement opportunities. She also is a consultant to the National Hemophilia Foundation and a family faculty member at Medical University of South Carolina and shares her experiences as a patient living with complex care needs and having to advocate for her needs and others.

Lindsey Wisham, MPA – Patient Representative – Returning Member

Ms. Wisham shared that in addition to being what she calls a “professional patient,” she is a wife and mother with a teenage daughter. She is affected by multiple chronic health conditions, having been diagnosed 22 years ago with lupus, a systemic autoimmune disease, and nine years ago with Crohn's disease. Because of lupus she developed a blood clotting disorder called antiphospholipid syndrome, which will require lifelong anticoagulation therapy, and most recently a rare complication of lupus called shrinking lung disorder.

Ms. Wisham stated that with multiple chronic conditions, her health data is stored in many disparate systems, portals, and even paper charts. Coordinating her care across five specialists often feels like a full-time job. Her physicians and nurses are her literal lifeline to preventing flares and managing her chronic health conditions. And just as much as providers, she added, patients want to see reduced measurement burden, a focus on meaningful measures, and more time for patient care.

She has represented the collective voice of lupus patients in several forums, including as chairwoman for the Lupus Foundation of America, Iowa Chapter, and serving as a patient representative in Patient Focused Drug Development forums to support the Food and Drug Administration by including patient perspectives throughout the research and drug approval process.

Director of Federal Health Solutions at Telligen, Ms. Wisham also serves on the NQF's Measure Applications Partnership and Hospital Workgroup.

Overview of the Measure Development Plan (MDP)

Presenter: Kyle Campbell, PharmD; HSAG

Dr. Campbell noted the purpose of the MDP is to provide a strategic framework to support measure development for the Quality Payment Program. The MDP is designed to inform stakeholders of CMS priorities for measurement development funded through the Medicare Access and CHIP Reauthorization Act (MACRA) and sets expectations for MACRA-funded measure developers.

MDP Annual Report

The MDP, mandated when MACRA was passed into law in 2015, was first posted in 2016. Since then, a series of annual reports have been published on the MDP's progress and implementation. These annual reports:

- Give an overview of CMS progress in developing measures for the Quality Payment Program (MIPS and Advanced Alternative Payment Models [APMs]).
- Provide detailed updates to the MDP, including new strategic priorities, newly identified gaps, and the status of previously identified gaps.
- Describe quality measures developed and in development in the prior year.
- Provide an inventory of measures in the Quality Payment Program.

MDP Environmental Scan and Gap Analysis

Dr. Campbell continued by describing the MDP environmental scan, which is a companion to the MDP annual reports. The environmental scan identifies the existing measures and measurement gaps within specific clinical areas and follows an established methodology. In completing the environmental scan, HSAG works with the TEP to prioritize new gaps for measure development and identify existing measures that could be considered for the Quality Payment Program.

Highlights of past environmental scans include:

- 2017 scan: Revealed seven initial specialty priorities, i.e., general medicine/crosscutting, mental health/substance use conditions, oncology, orthopedic surgery, palliative care, pathology, radiology
- 2018 scan: Added five specialty areas as CMS priorities, i.e., allergy/immunology, emergency medicine, neurology, physical medicine and rehabilitation, rheumatology
- 2020 scan: Shifted to support establishment of the MIPS Value Pathways (MVPs), a new reporting framework; focused on population health measures and the types of population health topics important to address in establishing MVPs.

The project team currently is working on the 2022 environmental scan and for that work will be seeking TEP expertise. The 2022 scan will focus on six additional areas for potential establishment of MVPs, specifically, behavioral health, diabetes, HIV/AIDS, hypertension, kidney disease, and women's health and maternal health.

MIPS Value Pathways (MVPs)

Dr. Campbell provided an overview of MVPs. They are intended to:

- Make the Quality Payment Program more meaningful by reducing burden.
- Align MIPS performance categories where feasible.
- Increase the ability to compare clinician performance, as clinicians would select measures within a smaller subset as part of the MVPs.

CMS anticipates that each MVP will have a common foundation of population health and promoting interoperability measures that are broadly applicable to most, if not all, conditions. CMS also hopes this program will support the transition to digital quality measures, reduce barriers to APM participation, and support more subgroup reporting that reflects services provided by multi-specialty groups.

Overview of the Quality Measure Index (QMI)

Presenter: Julia Mackeprang, MPH, PMP; HSAG

Julia Mackeprang, QMI project lead, stated that the QMI is a tool that can be used to assess the relative value of quality measures based on certain key measure characteristics. The QMI can help CMS prioritize measures for use in its quality programs, especially those measures that have not undergone NQF evaluation. It uses a standard and objective methodology meant to complement other expert review processes that might involve a more in-depth and subjective assessment of measure characteristics. Ms. Mackeprang then described aspects of the QMI and QMI project, as summarized below.

Incentives to Develop the QMI and Value of the QMI

A 2019 study by the Government Accountability Office (GAO) found that CMS used various approaches to assess measures for use and lacked a systematic method to ensure that measures met CMS strategic objectives. Measure information currently provided to CMS is heterogenous and imprecise, often lacking key data on a measure's scientific acceptability or impact. These factors limit fair comparisons in selecting measures for programs.

The QMI is intended to address the GAO recommendation for systematic measure assessment aligned with CMS quality objectives. It is designed to streamline and standardize required measure information submitted to CMS and assist CMS in prioritizing measures. The QMI also is meant to enhance existing endorsement and measure selection processes and is adaptable across the Measure Lifecycle and settings.

Completed Milestones

Since 2017, three comprehensive environmental scans have been conducted to identify desirable measure characteristics for constructing and refining QMI variables. Other milestones include:

- Testing of 215 clinician-level quality measures across all phases of the Measure Lifecycle.
- Assessing over 400 measures used in clinician- and facility-level quality programs.
- Integrating QMI variable information into the pre-rulemaking measure submission process.
- Developing a methodology report to obtain public comment.

QMI Structure

The QMI is structured by operationalizing key measure characteristics into two types of variables:

- *Classification variables* can be used to group or stratify the measures being assessed. These variables are not factored into the QMI score. They include:
 - *Meaningful Measures Classification*
 - *Measure Type*

- *Composite Measure*
- *Submission Method*
- *NQF Endorsement Status*
- *Development Phase*
- *Digital Measure*
- *CQMC Core Measure Set Measure*
- *Scoring variables* capture the information integral to the assessment of measures and are organized into three domains:
 - Importance
 - Scientific Acceptability
 - Feasibility & Usability

There are currently eight scoring variables in the QMI.

Thus far, information needed to assess measures and calculate the QMI score primarily has been obtained from publicly available measure information submitted to CMS or to NQF.

QMI Scoring Approach and Variable Scoring

The eight scoring variables, organized into three domains, include:

- Importance Domain – Three variables: *Evidence-Based*, *High Priority*, *Measure Performance*
- Scientific Acceptability Domain – Two to three variables, depending on measure type: *Reliability*, *Validity*, *Risk Adjustment*
- Feasibility & Usability Domain – Two variables: *Feasibility*, *Provider Burden*

The QMI scoring approach is as follows:

- Average the variable scores within a domain and multiply by 100 to calculate the domain score; domain scores range from 0 to 100.
- Average the domain scores to calculate the overall QMI score, which can range from 0 to 100.

Individual scoring variables are assigned scores based on four color-coded scoring categories: green, yellow, red, and grey. Each category has a numerical scoring value interpreted according to color; i.e., green, 1.0, preferred; yellow, 0.75, acceptable; red, 0.25, not preferred; grey, 0.0, unable to determine due to missing information.

Variable Scoring Example – Evidence-Based

Measures receive a score for this variable based on the strongest evidence provided by the developer. When more than one citation for evidence is provided, the QMI score gives priority to graded U.S. guidelines. Variable scores are assigned as follows:

- Green, 1.0: Outcome measures with at least one citation; other measures with strong or moderate guideline recommendation or U.S. Preventive Services Task Force (USPSTF) grade A, B, or D
- Yellow, 0.75: Other (non-outcome) measures with guideline based on expert opinion, or systematic review without guideline recommendation, or ungraded guideline
- Red, 0.25: Outcome measures without at least one citation; other measures with conditional or weak guideline recommendation, or USPSTF grade C or I, or cited literature without systematic review, or empiric data or other evidence
- Grey, 0.0: No evidence provided

Variable Scoring Example – *Feasibility*

The *Feasibility* variable assesses the extent to which the measure’s data elements are accurate and consistently available for quality measurement.

- Green, 1.0: All data elements in electronically defined fields
- Yellow, 0.75: Some data elements in electronically defined fields
- Red, 0.25: No data elements in electronically defined fields
- Grey, 0.0: Unable to determine format of data elements

Questions and Comments From the TEP

- A TEP member asked how the QMI incorporates health equity in the scoring.
 - HSAG Response: Health equity is incorporated as part of the *High Priority* variable. When developers indicate a measure meets the Meaningful Measures domain of Equity, the measure receives credit toward its *High Priority* score. The project team continues to think through this as the QMI evolves.

Overview of TEP Objectives, Guiding Principles, Member Roles, and Charter Ratification

Presenter: Marie Hall, RN; HSAG

Ms. Hall reviewed the TEP objectives, TEP guiding principles, and member roles and responsibilities. Related to these, she asked that members:

- Notify the project team if their ability to serve on the TEP changes.
- Remember that private/personal information will not be treated as confidential.
- Disclose conflicts of interest during roll calls.
- Review materials before TEP meetings.

Samantha Tierney, MPH, Co-Chair, facilitated the ratification of the TEP Charter. She asked if TEP members had questions.

Questions and Comments From the TEP

- A TEP member recommended that for future meetings, this part of the presentation occur earlier in the meeting.
- A TEP member asked if the Charter allows a member to send a delegate.
 - HSAG Response: We have in the past allowed for delegates. You would just need to work with the project team. We ask that only one person representing an organization or perspective attend a meeting at a time.
 - TEP member: Do we need to add that in the Charter?
 - HSAG Response: We could handle it procedurally outside of the charter if everyone is comfortable with that approach.
 - TEP member: I’m fine with that process.

With no further questions, Ms. Tierney called for a motion. A TEP member moved; another TEP member seconded the motion. TEP members voted with 100% members in attendance (11/11) agreeing to ratify the Charter.



Project Timelines and Next Steps

Presenter: Julia Mackeprang, MPH, PMP; HSAG

Ms. Mackeprang presented upcoming tasks and the associated timelines for the MDP and QMI, as well as the next steps for the TEP.

Project Timeline – MDP

The environmental scan is being finalized. The public posting of the 2022 MDP Annual Report will take place by the end of May. [Note: Post-TEP meeting, the report was posted on May 17, 2022.] The TEP will be asked to complete a pre-assessment in mid-June in preparation for two August TEP meetings to discuss existing measures and measurement gaps identified in the environmental scan.

Project Timeline – QMI

Preparation for the public comment period took place in April. The public comment period opened May 6, 2022, and is open through 11:59 p.m. on June 5, 2022. In late May and early June, the QMI will be used to assess measures submitted to the pre-rulemaking measure submission process. We will then hold a TEP workgroup meeting later in the summer to discuss public comments received.

Next Steps for TEP

For the MDP, members will participate in a TEP meeting in August to review identified measures and relevant gaps for select MVPs. TEP members will be polled soon for availability.

For the QMI, TEP members are invited to review the methodology report, which is posted for comment. The link was provided in the TEP slides and in an email after the meeting. We will be soliciting volunteers for a QMI workgroup to discuss public comments received later in the summer. Future workgroups will be determined based on the needs of the projects.

Ms. Mackeprang closed the meeting by thanking the TEP members for their attendance and engagement and thanking CMS for their support of these important projects. Ms. Mackeprang encouraged the TEP members to contact the HSAG team via email at MACRA-MDP@hsag.com with any questions.