OREGON OFFICE ORH of RURAL HEALTH

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2024 ORH Hospital Quality Workshop

June 26-27, 2024
St. Charles Medical Center | Bend, OR

Measures Under Consideration (MUC) and Trends for the Future

Susan Runyan, CEO, Runyan Health Care Quality Consulting

Measures Under Consideration (MUC)….. and Trends for the Future

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Objectives

- Undercover the meticulous process involved in selecting and evaluating quality measures
- Recognize the critical role of stakeholder feedback in shaping healthcare policies
- Preview the horizon by discussing measures on the cusp of implementation

Orientation

PRMR and MSR

- October 2023
- Baltimore, MD
- Two Days
- MSR Committee for ESRD

Advancing Excellence

CMS National Quality Strategy and Quality Programs Promoting Quality Health Care

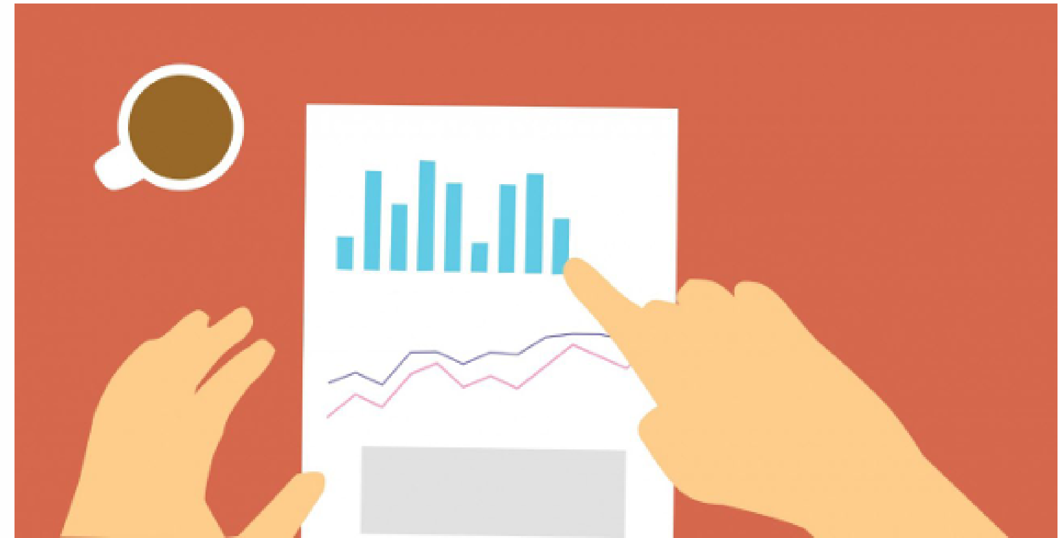
Slides from Michelle Schreiber, MD

Deputy Director of the Centers for Clinical Standards & Quality (CCSQ) for the Centers for Medicare & Medicaid Services (CMS)

Director, Quality Measurement and Value-Based Incentives Group (QMVIG)

What Makes a Good Measure?

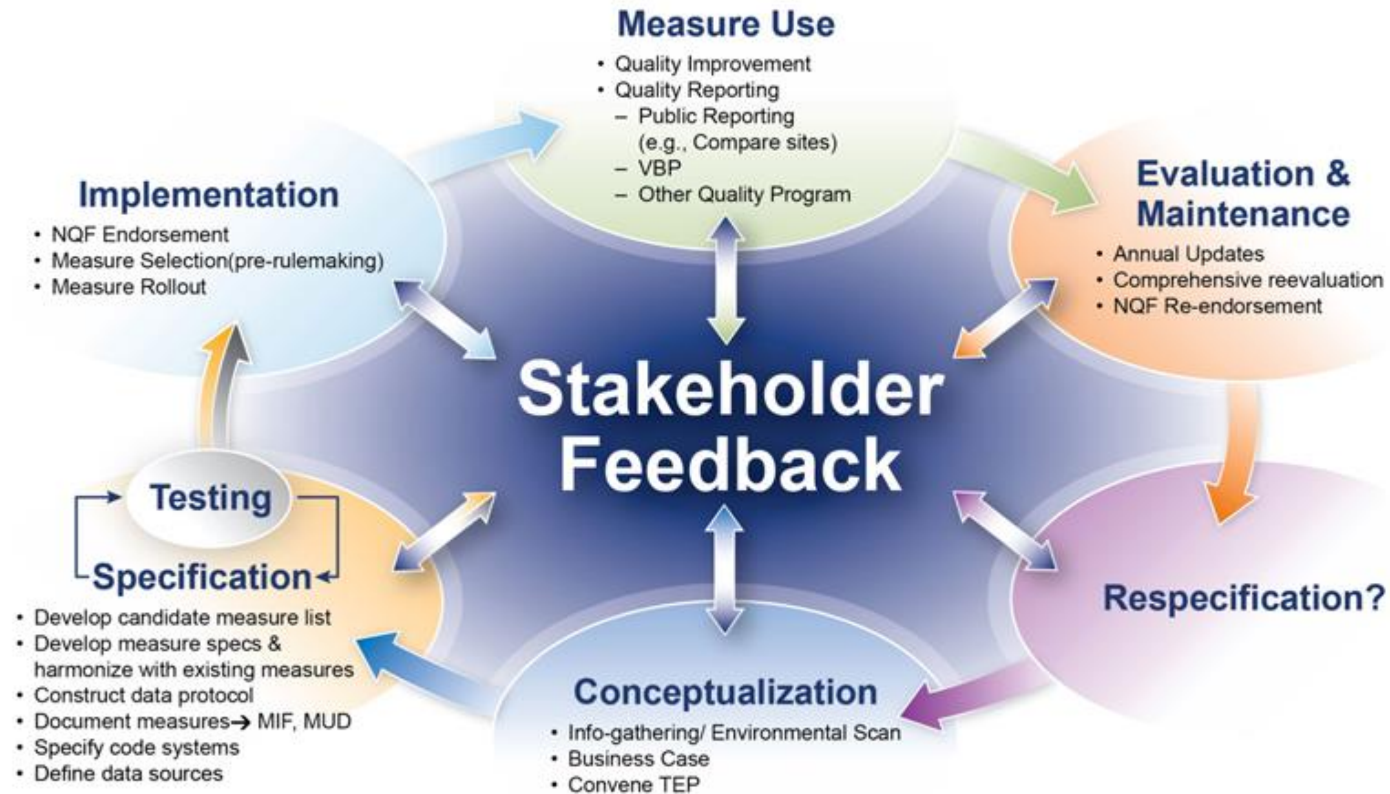
- High Impact
- Meaningful
- Supports Scientific Evidence and Best Practice
- No Unintended Consequences
- Valid
- Reliable
- Feasible
- Appropriate Risk Adjustment
- Attributable
- Actionable



Why Measure?

- Can't improve what you can't measure
- A method to understand performance
- Key part of ongoing continuous quality improvement and PDSA (plan, do, study, act)
- Linkage to payment programs/accountability
- Inform public and policy

Measure Lifecycle



Average time from concept to final development is 2-3 years. Additional time to implementation in program is another 2-3 years. Total time from concept to use in CMS program generally 4-5 years.

Using Measures to Drive Improved Performance

- Measures used to drive quality and outcomes improvement:
  - Should support ongoing performance improvement efforts and goals
  - May be used in incentives or penalties
  - Most programs start as incentives, or pay to report, and then transition to pay for performance
- Measures used to inform—transparent public reporting to inform consumers in making their health care choices
- Measures are for accountability through incentivizes/penalties for performance
- Link performance to payment as opposed to just pay for volume
- CMS goal—to have all health care payments in advanced value payment models (value = quality + safety + experience / cost)
- How do measures move us in a direction of advanced value payment models, and what measures are most valuable in this payment world?

CMS Quality Reporting and Payment Programs

Hospital	Clinician and Other	Post-Acute Care and Other
Hospital Inpatient Quality Reporting*	MIPS – Merit-Based Incentive Program+*	SNF Quality Reporting*
Hospital Readmissions Reduction+*	MSSP/ACO MIPS+*	SNF Value-Based Payment+*
Hospital Value-Based Purchasing+*	CMMI/APN Model Programs+	Home Health Value-Based Payment+*
Hospital-Acquired Conditions+*	Support Act – eRx Opioids	Home Health Quality Reporting*
Cancer-Exempt Hospitals*	ESRD Quality Improvement*	Inpatient Rehabilitation Facility*
Inpatient Psychiatric Hospitals*	Medicaid Adult Core Set	Long-Term Care Hospital*
Hospital Outpatient*	Medicaid Pediatric Core Set	Marketplace Quality Reporting
Ambulatory Surgery Center*	Promoting Interoperability (PI) Clinician+	Medicare Parts C&D+*
Rural Emergency Hospital*	PI – Hospital & Clinician+*	Hospice Quality Reporting*

Mission and Vision

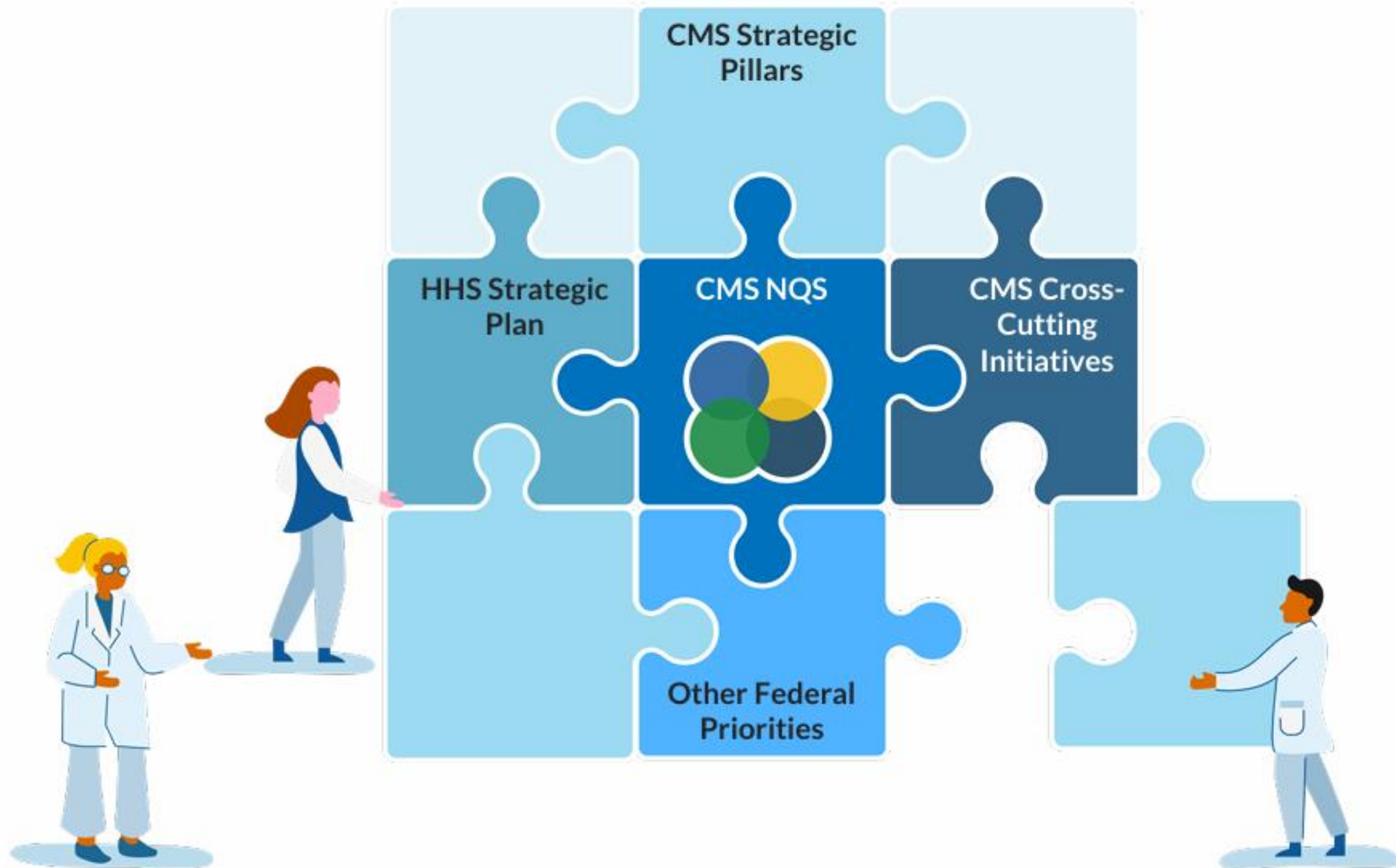
Vision

CMS, a trusted partner, is shaping a resilient, high-value American health care system that delivers high-quality, safe, and equitable care for all

Mission

To achieve optimal health and well-being for all individuals

The CMS NQS Is Part of a Larger Strategy to Improve Health Quality



CMS National Quality Strategy Goals

The Eight Goals of the CMS National Quality Strategy are Organized into Four Priority Areas:

Equity

Advance health equity and whole-person care

Engagement

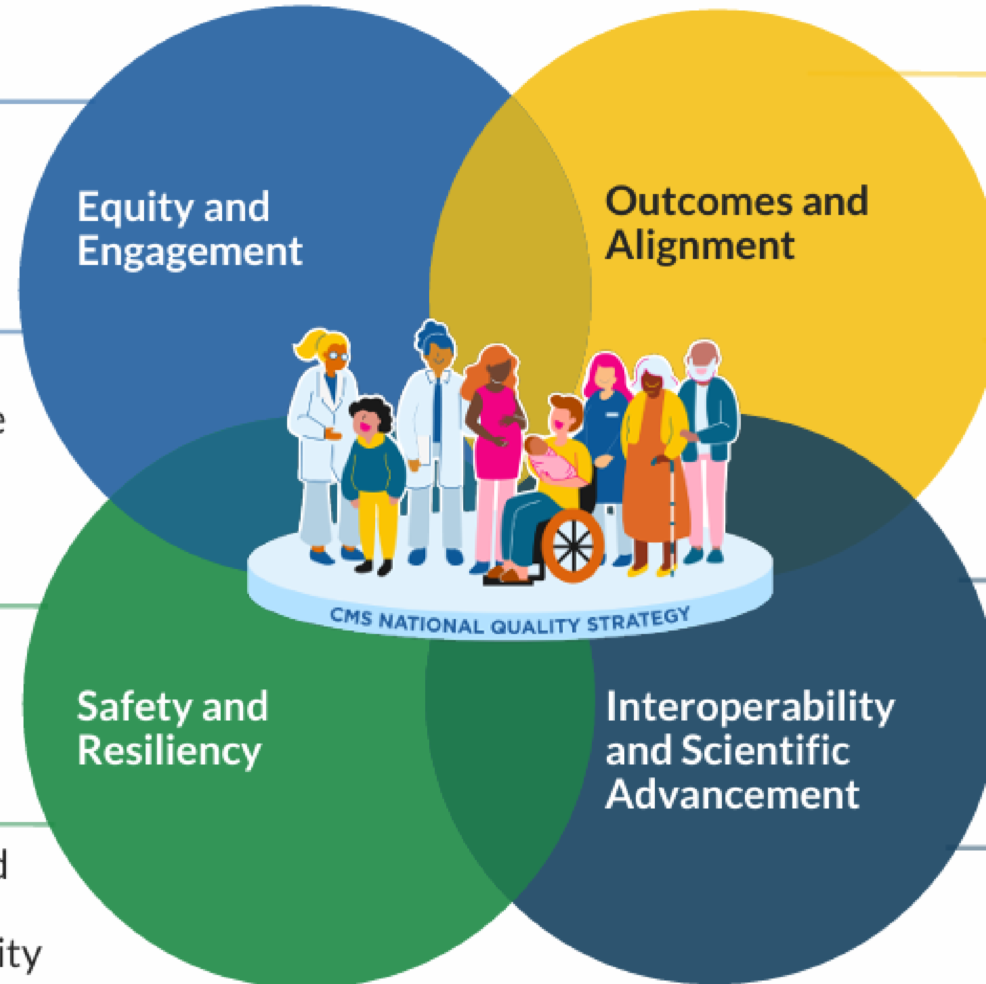
Engage individuals and communities to become partners in their care

Safety

Achieve zero preventable harm

Resiliency

Enable a responsive and resilient health care system to improve quality



Outcomes

Improve quality and health outcomes across the care journey

Alignment

Align and coordinate across programs and care settings

Interoperability

Accelerate and support the transition to a digital and data-driven health care system

Scientific Advancement

Transform health care using science, analytics, and technology

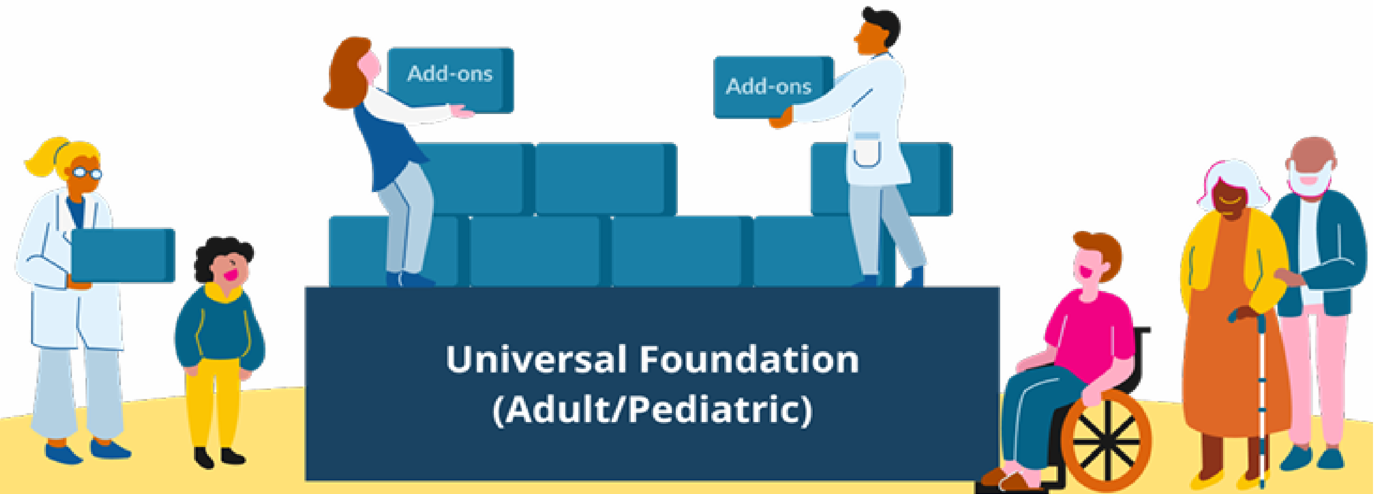
- CMS runs over 20 different quality programs, including programs for individual clinicians, hospitals, SNFs, health insurance plans, and various value-based arrangements, each with different statutory authorities
- CMS uses over 500 quality measures for quality reporting and performance evaluation
- Quality measures used in different value-based care and quality reporting programs are not always aligned. As a result:
  - It is difficult to make quality and equity comparisons across programs and settings
  - Provider attention is not focused on the most meaningful measures
  - The complexity of reporting requirements contributes to provider burden.
- There is inherent tension between incorporating measures that capture important aspects of quality in our health care system and developing a streamlined set of measures to drive quality improvement
- CMS convened the National Quality Strategy Quality Working Group (QWG), overseen by an Executive Steering Committee (CCSQ, CM, CMCS, CMMI, CCIIO, OMH, MMCO, OBRHI), to figure out a path forward

Overview

CMS is introducing a "Universal Foundation" of quality measures to advance the overall vision of the National Quality Strategy and increase alignment across CMS quality programs

The preliminary adult and pediatric measures were announced in an NEJM article published in February

- Additional measures for specific settings or populations will be identified as "add-ons" that can be implemented consistently across programs. These add-ons may include:
  - Maternal
  - Hospital
  - Specialty (MIPS Value Pathways)
  - Post-acute Care
  - Long-term Care



Challenges of Quality Measurement

- Costly
- Long time from concept to use
- Difference between “noise” and real improvement (meaningful)
- Need for constant updates
- Challenges to digital measures and data systems
- Lack of alignment—burden and confusion
  - Multiple efforts of alignment including Universal Foundation, CQMC (Core Quality Measures Collaborative with American’s Health Insurance Plans), LAN (Learning Action Network)
- AI—disrupter or future?

Considerations for Future Quality Measures

- Newer clinical conditions
- Transition to fully digital measures
- Prototype the use of the FHIR/FHIR API as standard for quality measurement
- Promoting interoperability of data including from devices and consumers
- Harmonizing measures across all programs and payers
- Timely and actionable feedback to providers—real time
- Use of artificial intelligence to predict outcomes
- Unleashing the voice of the patient—patient-reported outcomes and real-time patient feedback

Key Areas for Newer Measure Development

- High-impact clinical conditions
  - Maternal, nursing home safety, behavioral health, cancer, ESRD/transplant
  - Newer areas—HIV, Hepatitis C, Sickle Cell, frailty, Dementia, genomics
- Safety
  - Includes newer areas of EMR safety and diagnostic safety
- Equity
  - Includes data collection, stratification and identification of disparities
- Engagement of individuals (patients, caregivers, consumers)

Measures Under Development (MUD)

- During the April 2024 PQM Measure Strategy Summit in Baltimore, was the very first time CMS discussed the MUD list with PRMR committees
- CMS funds the development of measures
- Mix of new measures and measures that are currently in use but undergoing a substantive change that requires them to go through the MUC process again
- There will be an evolution of measures specifically around social drivers of health and patient safety
- For example, initially CMS developed measures on screening for SDoH and the next steps are measures that address the identified social needs
- CMS also has a few MUD in collaboration with other federal agencies – sepsis w/ CDC, nursing home CAHPS with AHRQ

Measures Under Development (MUD)

High-priority measure concepts for development:

- A smoking cessation measure for hospital inpatient and outpatient settings
- A safety measure for peritonitis in dialysis facilities
- A diabetes composite measure that includes vascular disease and amputation in the Merit-based Incentive Payment System (MIPS)
- A Hepatitis B vaccination measure, which is especially important in the dialysis facilities
- A measure of readmission and excess days in acute care for maternal health

I’m just a bill. Yes, I’m only a bill…..

PQM is the New NQF

Effective March 27, 2023, NQF is no longer the contracted consensus-based entity (CBE) for the Centers for Medicare & Medicaid Services (CMS). Battelle will serve as the CMS CBE for the Measure Applications Partnership (MAP). Materials posted to this site through the 2022-2023 Measures Under Consideration (MUC) cycle will continue to be available to the public. However, any materials for the 2023 Measure Set Review (MSR) and 2023-2024 MUC cycles and beyond can be found on the Battelle Partnership for Quality Measurement (PQM) website.

Partnership for Quality Measurement (PQM)

- Battelle is a Centers for Medicare & Medicaid Services (CMS) certified consensus-based entity.
- Battelle's PQM uses a consensus-based process involving a variety of experts - clinicians, patients, measure experts, and health information technology specialists - to ensure informed and thoughtful endorsement reviews of qualified measures.
- PQM's transparent, streamlined approach to consensus-building can be applied widely in the quality improvement field, including reviews for alternative payment models, clinical decision support, and quality improvement tools.

Process Overview

PRMR: Process to seek input on the measures CMS is considering for use in specific CMS Medicare quality programs

MSR: Process to make recommendations about measures for potential removal

Building Recommendations

- Novel Hybrid Delphi and Nominal Group Technique
- Multi-step review ensuring rigor
- Meaningful opportunities for public engagement ensuring transparency
- Recommendations are evidence-based and quantifiable

Key Participants

- Diverse representation
- Emphasis on patients'/recipients of care and caregivers' voices
- Emphasis on under-represented voices
- Rural health and health equity expertise embedded into the committees reducing siloed discussions

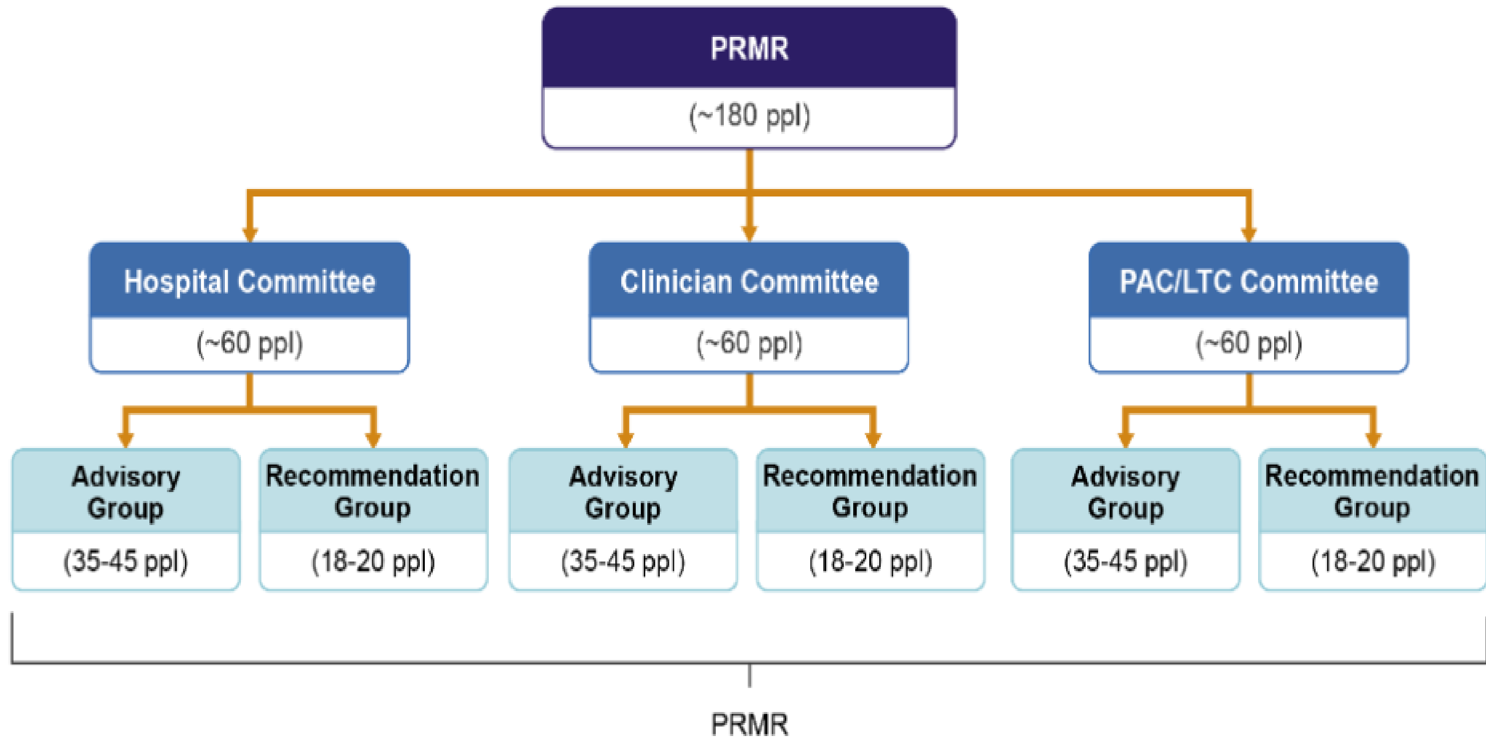
What Stayed the Same

What's New

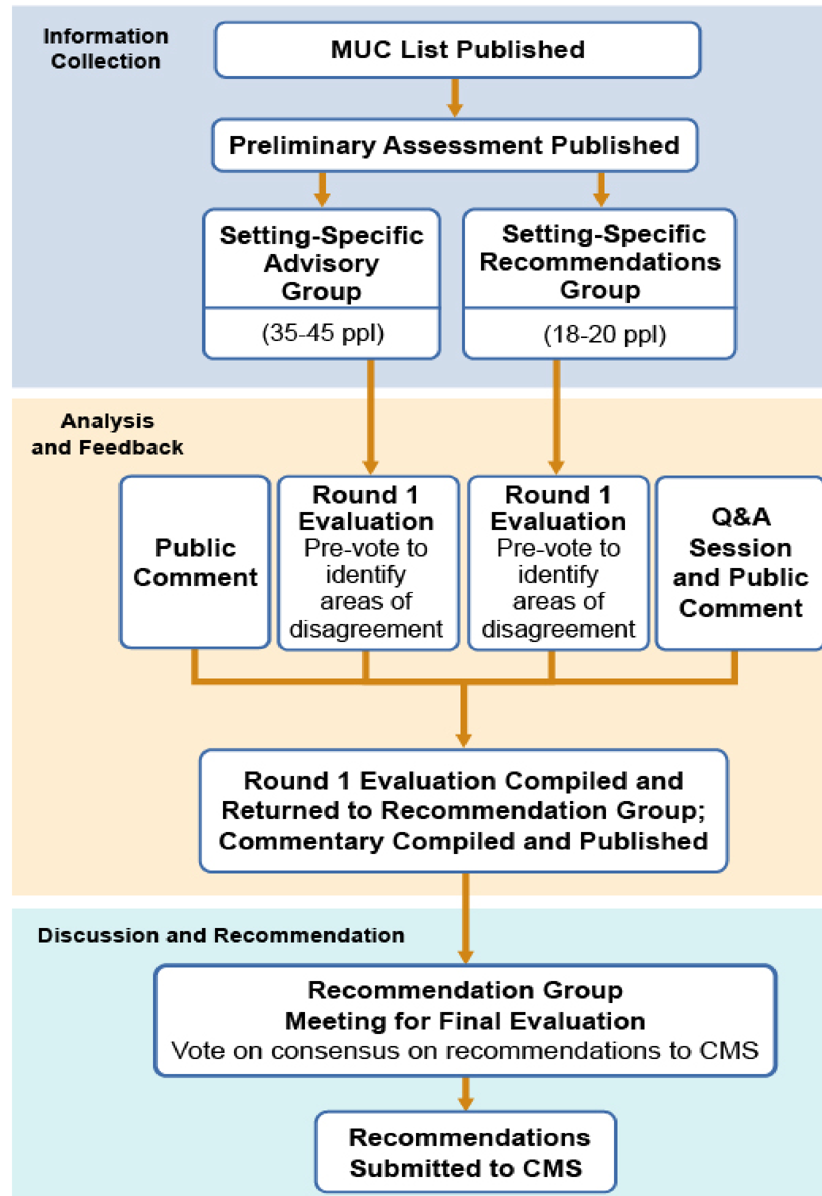
What's New

- Coordinating Committee and advisory workgroups integrated into the setting-specific committees, resulting in fewer committees overall
- More time allocated for public comment period
- Listening session
- Integrated process
  - Smaller discussion groups emphasizing balanced perspective
  - All PRMR meetings scheduled in January

Pre-Rulemaking Measure Review (PRMR)



PRMR Process



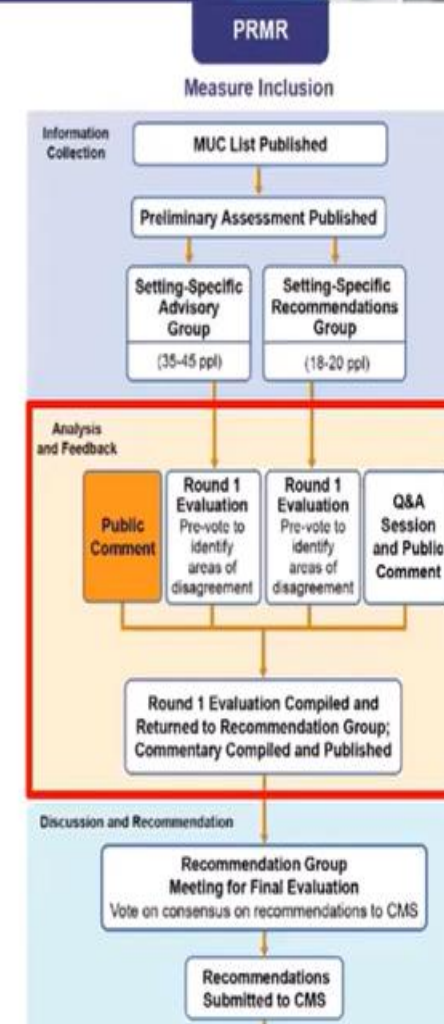
Round One Evaluation

Criteria/Assertions	Evidence is complete and adequate	Evidence is either incomplete or inadequate but there is a plausible path forward	Evidence is either incomplete or inadequate and there is no plausible path forward
Meaningfulness: Importance, feasibility, scientific acceptability, and usability & criteria met for measure considering the use across programs and populations			
Appropriateness of scale – Patients/recipients of care: measure is implemented on patients/ recipients of care appropriate to the purpose of the program			
Appropriateness of scale – Entities: measure is implemented on entities appropriate to the purpose of the program			
Time to value realization: measure has plan for near- and long-term positive impacts on the targeted program- population as measure matures			
Overall	Recommend	Recommend with conditions	Do not recommend

- **Meaningfulness**: Has it been demonstrated that this measure meets criteria associated with importance, scientific acceptability, feasibility, usability, and use for the target population and entities of the program under consideration?
- **Appropriateness of scale**: Is the measure balanced and scaled to meet program-target population specific goals? Examine how potential benefits and harms of the measure are distributed across subpopulations.
- **Time to value realization**: To what extent does current evidence suggest a clear pathway from measurement to performance improvement?

PRMR Process: Analysis and Feedback

- **Round One Evaluation**
  - Advisory group and recommendation group members review preliminary assessments (PAs). They submit initial ratings on the measures with explanations. On average we received:
    - 31 responses per Hospital measure.
    - 20 responses per Clinician measure.
    - 34 responses per PAC/LTC measure.
- **Public Comment and Listening Sessions**
  - Battelle held a 21-day call for public comment between Dec. 1 – Dec. 22.
    - 495 written public comments from 147 organizations and 49 patients
  - PQM hosted three public listening sessions in December, one per setting:
    - 458 attendees
    - 70 people provided comments



PRMR MEETING

Patients & Caregivers

Purchaser/ Health Plan

Rural Health Experts

Health Equity Experts

Health Service Researchers

212 Attendees

19 Recommendation Group Members

Clinicians & Clinician Associations

Measure Developers & Stewards

Centers for Medicare & Medicaid Services (CMS) Representatives

Representatives from Facilities & Institutions

HOSPITAL

Partnership for Quality Measurement (PQM) Representatives: Battelle, IHI and Rainmakers

January 18–19, 2024

PRMR Hospital Committee Recommendation Group

Roll Call & Disclosures of Interest

Co-chairs: Martin Hatlie & Kamyar Kalantar-Zadeh

- Akinluwa Demehin
- Amy Minnich
- David Kroll
- Erin O'Malley (inactive)
- Isis Zambrana
- Ivory Harding
- James Moore
- John Bott
- Kamyar Kalantar-Zadeh
- Lara Musser
- Marc Gruner
- Melissa Danforth
- Michael Lane
- Nikolas Matthes
- Rosie Bartel
- Susan Runyan
- Tilithia McBride
- Virginia Irwin-Scott
- Wei Ying

Table 1. PRMR Recommendation Group Voting Results by Measure and Program (Hospital Committee, MUC2023)

MUC ID	Measure Title	Program*	Determination	Recommend N (%)	Recommend with Conditions N (%)	Do not Recommend N (%)	Recusals
MUC2023-181	30-Day Risk-Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility Discharge	IPFQR	Recommend with Conditions	11 (58%)	7 (37%)	1 (5%)	0
MUC2023-138	ESRD Dialysis Patient Life Goals Survey (PaLS)	ESRD QIP	Consensus Not Reached	2 (11%)	10 (56%)	6 (33%)	1
MUC2023-172	Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, PRO-PM	OQR	Recommend with Conditions	9 (50%)	5 (28%)	4 (22%)	1
MUC2023-219	Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio Stratified for Oncology Locations	IQR	Recommend with Conditions	14 (74%)	4 (21%)	1 (5%)	0
MUC2023-220	Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio Stratified for Oncology Locations	IQR	Recommend with Conditions	14 (74%)	4 (21%)	1 (5%)	0
MUC2023-117	Excess Days in Acute Care (EDAC) after Hospitalization for Acute Myocardial Infarction (AMI)	HRRP	Consensus Not Reached	11 (58%)	3 (16%)	5 (26%)	0
MUC2023-119	Excess Days in Acute Care (EDAC) after Hospitalization for Heart Failure (HF)	HRRP	Recommend with Conditions	11 (58%)	4 (21%)	4 (21%)	0

MUC ID	Measure Title	Program*	Determination	Recommend N (%)	Recommend with Conditions N (%)	Do not Recommend N (%)	Recusals
MUC2023-120	Excess Days in Acute Care (EDAC) after Hospitalization for Pneumonia (PN)	HRRP	Recommend with Conditions	11 (58%)	4 (21%)	4 (21%)	0
MUC2023-196	Age Friendly Hospital Measure	IQR	Consensus Not Reached	14 (74%)	0 (0%)	5 (26%)	0
MUC2023-188	Patient Safety Structural Measure	IQR	Recommend with Conditions	8 (50%)	5 (31%)	3 (19%)	3
MUC2023-188	Patient Safety Structural Measure	PCHQR	Recommend with Conditions	9 (56%)	4 (25%)	3 (19%)	3
MUC2023-048	Hospital Harm - Falls with Injury	IQR	Recommend with Conditions	12 (63%)	6 (32%)	1 (5%)	0
MUC2023-048	Hospital Harm - Falls with Injury	IP EH CAH	Recommend with Conditions	12 (63%)	7 (37%)	0 (0%)	0
MUC2023-050	Hospital Harm - Postoperative Respiratory Failure	IQR	Recommend with Conditions	12 (63%)	5 (26%)	2 (11%)	0

MUC ID	Measure Title	Program*	Determination	Recommend N (%)	Recommend with Conditions N (%)	Do not Recommend N (%)	Recusals
MUC2023-050	Hospital Harm - Postoperative Respiratory Failure	IP EH CAH	Recommend with Conditions	12 (63%)	5 (26%)	2 (11%)	0
MUC2023-049	Thirty-day Risk-Standardized Death Rate among Surgical Inpatients with Complications (Failure-to-Rescue)	IQR	Recommend with Conditions	11 (61%)	5 (28%)	2 (11%)	1
MUC2023-146—149†	Hospital Patient Experience of Care	IQR	Recommend with Conditions	9 (47%)	8 (42%)	2 (11%)	0
MUC2023-146—149	Hospital Patient Experience of Care	VBP	Recommend with Conditions	10 (53%)	7 (37%)	2 (11%)	0
MUC2023-146—149	Hospital Patient Experience of Care	PCHQR	Recommend with Conditions	11 (58%)	6 (32%)	2 (11%)	0
MUC2023-175	Facility Commitment to Health Equity	ASCQR	Recommend	15 (79%)	2 (11%)	2 (11%)	0
MUC2023-176	Hospital Commitment to Health Equity	OQR	Recommend with Conditions	12 (63%)	4 (21%)	3 (16%)	0

MUC ID	Measure Title	Program*	Determination	Recommend N (%)	Recommend with Conditions N (%)	Do not Recommend N (%)	Recusals
MUC2023-176	Hospital Commitment to Health Equity	REHQR	Recommend with Conditions	13 (68%)	3 (16%)	3 (16%)	0
MUC2023-139	Hospital Equity Index (HEI)	IQR	Consensus Not Reached	4 (21%)	2 (11%)	13 (68%)	0
MUC2023-156	Screening for Social Drivers of Health (SDOH)	ASCQR	Recommend with Conditions	14 (74%)	3 (16%)	2 (11%)	0
MUC2023-156	Screening for Social Drivers of Health (SDOH)	OQR	Recommend with Conditions	12 (63%)	4 (21%)	3 (16%)	0
MUC2023-156	Screening for Social Drivers of Health (SDOH)	REHQR	Recommend with Conditions	13 (68%)	3 (16%)	3 (16%)	0
MUC2023-171	Screen Positive Rate for Social Drivers of Health (SDOH)	ASCQR	Consensus Not Reached	13 (68%)	1 (5%)	5 (26%)	0
MUC2023-171	Screen Positive Rate for Social Drivers of Health (SDOH)	OQR	Consensus Not Reached	11 (58%)	2 (11%)	6 (32%)	0

MUC ID	Measure Title	Program*	Determination	Recommend N (%)	Recommend with Conditions N (%)	Do not Recommend N (%)	Recusals
MUC2023-171	Screen Positive Rate for Social Drivers of Health (SDOH)	REHQR	Consensus Not Reached	13 (68%)	0 (0%)	6 (32%)	0
MUC2023-114	Global Malnutrition Composite Score	IQR	Recommend with Conditions	14 (74%)	3 (16%)	2 (11%)	0
MUC2023-114	Global Malnutrition Composite Score	IP EH CAH	Recommend with Conditions	13 (68%)	3 (16%)	3 (16%)	0
MUC2023-199	Connection to Community Service Provider	IQR	Consensus Not Reached	7 (37%)	2 (11%)	10 (53%)	0
MUC2023-210	Resolution of At Least 1 Health-Related Social Need	IQR	Consensus Not Reached	4 (21%)	2 (11%)	13 (68%)	0

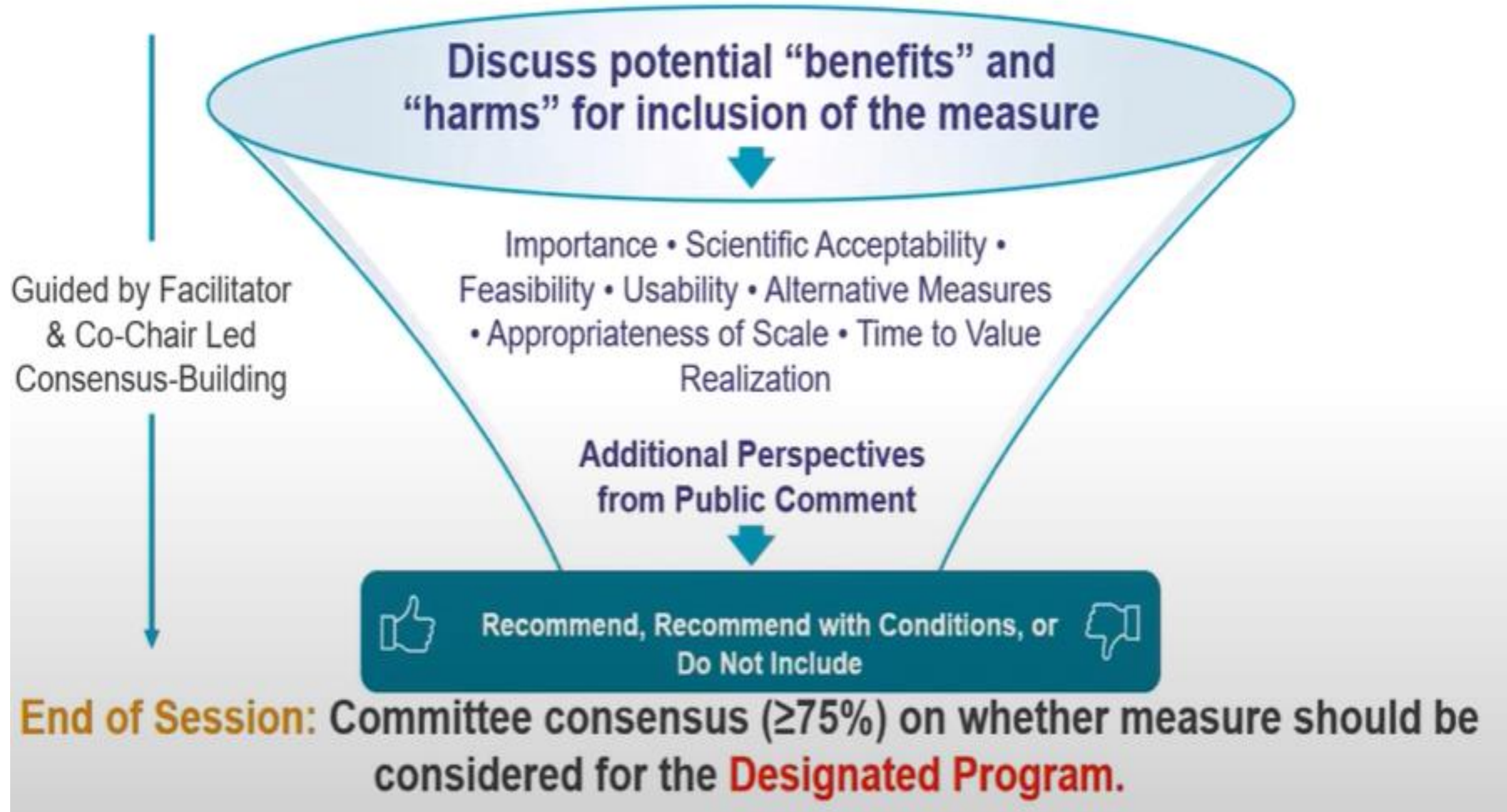
Note. Due to rounding, percentages may not sum to 100.
*IPFQR: Inpatient Psychiatric Hospital Quality Reporting Program; ESRD QIP: End-Stage Renal Disease Quality Incentive Program; OQR: Hospital Outpatient Quality Reporting Program; IQR: Hospital Inpatient Quality Reporting Program; HRRP: Hospital Readmission Reduction Program; PCHQR: PPS-Exempt Cancer Hospital Quality Reporting Program; IP EH CAH: Medicare Promoting Interoperability Program for Eligible Hospitals or Critical Access Hospitals; VBP: Hospital Value-Based Purchasing Program; ASCQR: Ambulatory Surgical Center Quality Reporting Program; REHQR: Rural Emergency Hospital Quality Reporting Program.
†The four sub-measures, MUC2023-146, MUC2023-147, MUC2023-148, and MUC2023-149, were voted on as a group.

Public Comment Period

MUC2023-117; 119; 120 Discussion Topics

- What impacts will these measures have on beneficiaries in underserved communities? Will they likely improve, worsen, or have no effect on health care inequity?
  - The Kansas Hospital Association questions the validity of the excess days in acute care (EDAC) measures - 117 - After Hospitalization for Acute MI (AMI); 119 - After Hospitalization for Heart Failure (HF); and 120 - After Hospitalization for Pneumonia (PN) with the readmissions being for all causes. If the measure is specific to a diagnosis, we believe that the readmission measure should be specific to the diagnosis as well.
- Do these EDAC measures fill a gap for the program(s)? How do they stack up against the existing readmissions measures?
  - Recommend. Replacing the current AMI readmissions measure with the EDAC measure would reduce excess utilization from ED visits and observation stays and ensure that patients are not subject to boarding to avoid counting as a readmission.

PQM


Committee members review measure information & discuss preliminary ratings.
Discuss potential "benefits" and "harms" for inclusion of the measure
Guided by Facilitator & Co-Chair Led Consensus-Building
Importance • Scientific Acceptability • Feasibility • Usability • Alternative Measures • Appropriateness of Scale • Time to Value Realization
Additional Perspectives from Public Comment
Recommend, Recommend with Conditions, or Do Not Include
End of Session: Committee consensus (≥75%) on whether measure should be considered for the Designated Program.

Measure Set Review Recommendation Group

PQM identifies 20 to 25 members from across the three PRMR committees (Hospital, Clinician, and Post-Acute Care/Long-Term Care) who represent a range of experience and expertise. These individuals are invited to serve on the MSR Recommendation Group. MSR follows a modified Novel Hybrid Delphi and Nominal Group technique and does not have advisory groups.

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What Can I Do?

Make A Difference

- Tune in – emails and list serves
- Read the MUC Lists in December
- Submit public comments for Pre-Rulemaking Measure Review (PRMR)
- Apply to become a committee member
- Listen in to committee discussions
- Submit public comments for Measure Set Review (MSR)
- Report data
- Structure improvement opportunities around data collected
- Start preparing for SDoH and HE

Battelle's Partnership for Quality Measurement (PQM)

- Ways to Get Involved:
  - Become a member
    - Individual
    - organizational
  - Join a committee
  - Provide public comment

- https://p4qm.org/get-involved

Final Thoughts

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Runyan Health Care Quality Consulting

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Thank you!

Susan Runyan

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