Measures Management and You

Centers for Medicare & Medicaid Services   **August 2016**   **[Edition 7, Volume 1]**

Welcome!

This month's newsletter discusses the CMS Quality Measure Development Plan, as well as a review of the Use, Continuing Evaluation and Maintenance Phase of the CMS Measures Management System (MMS). Every edition includes a link to the latest CMS Blueprint as well as a calendar of upcoming opportunities and events.

We hope you find this newsletter useful and we welcome any feedback or suggestions to make it even better.

Contents

Please send comments or suggestions for future newsletters to MMSSupport@battelle.org.

Measures Management & You
CMS Quality Measure Development Plan

On May 2, 2016 CMS finalized the Quality Measure Development Plan (MDP), mandated under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) to support the new Merit-based Incentive Payment System (MIPS) and advanced alternative payment models (APMs). Further, MACRA supports a transition to value-based payment incentives for physicians and other clinicians to be based on quality, rather than quantity, of care.

The CMS Quality Measure Development Plan is an essential resource in this transition, as it provides the foundation and a strategic framework for building and implementing a measure portfolio to support the quality payment programs under MACRA. The CMS Quality MDP highlights known clinical and specialty measurement and performance gaps and recommends prioritized approaches to close these gaps through the development, adoption, and refinement of quality measures.

Through the application of the principles included in the MDP and the quality measure development funded by MACRA, CMS is committed to increased transparency and partnerships with persons and families, clinicians, and professional societies to develop measures that are meaningful, applicable, and useful across payers and health

care settings. These quality measures are essential to address critical performance gaps, facilitate alignment across settings and payers, and promote efficient data collection. CMS intends for the Quality Measure Development Plan and related quality measures to be key levers of delivery system reform, promoting movement toward paying for value rather than volume and improved national health care delivery.

For more information, please view the CMS Quality Measure Development Plan.

Measures Management Up Close

Each month, we will bring you an introspective look at a measures management topic.

Use, Continuing Evaluation and Maintenance Phase of the Measures Management System Process

Quality measures help drive improvement in performance and quality of care. Evaluating quality measures looks at whether the measures are working well and are providing meaningful information about care. As part of the evaluation process, conducting reviews of implemented measures helps determine whether: 1) there has been a change in scientific evidence, 2) collecting the data has imposed a burden, and 3) the data collected tells a story about the care. Evaluation answers the question, is the measure still adding value?

Measure use and maintenance includes collecting data, responding to questions about the measures, scanning the environment for new information on the measure, reporting on results, monitoring those results, and evaluating measure and results data as needed. All of this is used by the Centers for Medicare and Medicaid Services (CMS) to inform decisions about priorities and if a measure should continue to be used.

There are three types of maintenance reviews: measure updates, comprehensive reevaluations and ad hoc reviews. Measure updates look at the specifications, specifically reliability and validity, and whether there are opportunities for harmonization. Every three years, measures undergo a comprehensive reevaluation to gather information (including a review of recent studies and guidelines), analyze performance rates and synthesize feedback. Often, a technical expert panel (TEP) will look at the results of the review. Ad hoc reviews are done as needed, such as when evidence appears that may have a significant, adverse effect on the measure or its implementation. These reviews may overlap and/or be conducted simultaneously.

The data and reports that result from measure use, evaluation and maintenance provide essential input for CMS to determine whether a measure should be retired, retained, revised, suspended or removed.

For detailed information on measure use, continuing evaluation and maintenance, see Section 2, Chapter 5 of the latest version of the MMS Blueprint.

Upcoming Events

PQRS Feedback Reports and the PQRS Informal Review Process for Program Year 2015 Results webinar on August 10, 2016 at 1:30-3:00 p.m. ET
- o Register for the event here

Comparative Billing Report on IHC and Special Stains Webinar on August 10, 2016 at 3:00-4:30 p.m. ET.
- o Register for the event here

Inpatient Rehabilitation Facility QRP Provider Training – 2 day in-person training event also available via Web Cast on August 9 and 10, 2016
- o Find more information about the event here

Long-Term Care Hospital Quality Reporting Program Provider Training – 1 day in-person training event also available via Web Cast on August 11, 2016 in Chicago, Illinois
- o Register for the event here

Data Collection on Resources Used in Furnishing Global Services Information Session on August 11, 2016 at 2:00-3:00 p.m. ET
- o Register for the event here

2016 PQRS Measure Series - Session 1 on August 16, 2016 at 1:00-2:00 p.m. ET
- o Register for the event here

Skilled Nursing Facility Quality Reporting Program Provider Training – 1-day in-person training on August 24, 2016
- o Find more information about the event here

Comparative Billing Report on Modifier 25: Physician Assistant Webinar on August 24, 2016 at 3:00-4:30 p.m. ET
- o Register for the event here

IMPACT Act: Data Elements and Measure Development Call on August 31, 2016 at 1:30-3:00 p.m. ET
- o Register for the event here

National Partnership to Improve Dementia Care and QAPI Call on September 15, 2016 at 1:30-3:00 p.m. ET
- o Register for the event here

Opportunities for [Public Comment](#) on quality measures

Measure of Quality of Informed Consent Documents for Hospital-Performed, Elective Procedures
- Public comment period opens July 18, 2016, and will close on August 17, 2016.

Hospital- Level Patient-Reported Outcome-Based Performance Measure for Patients Undergoing non-Emergent Percutaneous Coronary Intervention
- Public comment period opens July 18, 2016, and will close on August 17, 2016.

Please check the [CMS Quality Measures Public Comment Web Page](#) for current Public Comment announcements and summary reports.

Opportunities to participate in a [Technical Expert Panel (TEP)](#)

Quality measures to satisfy the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) domain of: Transfer of Health Information and Care Preferences When an Individual Transitions.
- TEP nominations open August 8 and will close August 21.

Please check the CMS Quality Measures Call for TEP Web Page for current TEP membership lists and meeting summaries.

Opportunity to provide public comments on [Patient Relationship Categories](#)

CMS is announcing the public posting of the Patient Relationship Categories draft list as required under section 101(f) of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Please submit any comments to patientrelationshipcodes@cms.hhs.gov by August 15, 2016.

You can find all the previous [Measures Management & You newsletters](#) on the Listserv page of the MMS website.

New to the listserv or miss a month? Find all of our announcements [here](#).

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