August 2017 Issue

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Welcome!

This month's newsletter provides an overview of the CMS evaluation criteria for quality measures (feasibility, usability and use, and harmonization). Every edition includes links to the CMS Blueprint (the version in use at the time of publication), 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. Please send comments or suggestions for future newsletters to MMSSupport@battelle.org.

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Measures Development In-Depth

CMS Evaluation Criteria for Quality Measures: Part Two

Last month in the July 2017 edition of the MMS Newsletter, we discussed the first two measure evaluation criteria the Centers for Medicare and Medicaid (CMS) established to support the selection of important and valuable quality measures. The first was about the importance to measure and report, and the second about the scientific acceptability of measure properties (reliability and validity). We also discussed the role of the measure developer in evaluating these criteria. In this edition, we will provide an overview of the remaining three criteria: 3) feasibility, 4) usability and use, and 5) related and competing measures, or harmonization.

The first step in measuring quality in healthcare is to have consumers, providers, payers, developers, and other stakeholders agree that (1) a concept is important to measure, (2) it is measurable through strong scientific methods, and that (3) providers can use the results of measurement to improve care. Both the Blueprint for the CMS Measures Management System and the National Quality Forum (NQF) Measure Evaluation Criteria provide consistent, standardized evaluation information.

Measure Feasibility: Developers can determine measure feasibility by running a variety of tests (such as systematic surveys, validity testing, and/or focus groups composed of professionals responsible for measure implementation) to determine the answers to these five features: 1) availability of data; 2) extent of missing or inaccurate data; 3) cost of burden of data collection and analysis; 4) barriers in implementing performance measure specification, calculation and reporting; and 5) ability to collect information that maintains patient confidentiality. To be feasible, a measure requires not only that reliable, standardized data exist; it must also be easy to obtain and use. For example, data could include lab tests (e.g., hemoglobin A1C), blood pressure readings, and prescribing information from providers. These data

might be available directly from the electronic health record (EHR) or from other sources.

Measure Usability and Use: The measure developer may choose to ask their Technical Expert Panel (TEP) to conduct a review of the measure characteristics to determine usability of the measure for performance improvement and decision making. CMS may then choose to conduct a more formal review to assess measure usability by holding focus groups, doing interviews, and/or surveying a measure's respective audience. Usability and use address whether the measurement is worth the burden. The question that comes out of this part of measurement justification is generally, "What happens next and to whom?" Usability and use also support accountability (Who is responsible?), transparency (Is the responsible party making the changes? …or changing the reporting to look better?), and benefit (Do the changes to improve the topic cause overall improvement or do they cause unintended harm elsewhere?). These issues and questions require input from consumers, providers, experts, payers, and others. Often, these issues may not be apparent initially but may be recognized once they are in use —which is why measures regularly go through maintenance reviews.

Measure Harmonization: All measures must undergo comparison and evaluation against measures that cover the same topic or similar topics, to eliminate unnecessary redundancy. As an example, let's look at two measures that use ACE/ARB to reduce mortality. One of them focuses on people with coronary artery disease (NQF #0551) and another on chronic kidney disease (NQF #1662). Adding a ACE/ARB measure focused on decreasing kidney disease or high blood pressure in patients with diabetes would require comparisons of the importance, reliability, validity, feasibility, and burden, as well as data sources and intended results. Since this new concept focuses on a disease different from the existing measures, there is no competition. Instead the goal is to harmonize parts of the new and existing measures to reduce reporting and response burden. If another ACE/ARB measure directly competed with this concept, the goal would be to compare the two measures to determine which was the better measure. If developers make these comparisons early, the public can invest in the best measure and save resources.

The measure evaluation criteria are a roadmap to guide developers toward making the best measure to do the job for a good reason and in a meaningful way. They also give evaluators and policy makers a tool to decide whether a measure matters and is worth the cost of using and enforcing it. These criteria reduce the challenge and increase the value of measurement.

For more information about the measure evaluation criteria refer to Section 3, Chapter 24 of the CMS Measures Management System Blueprint**.**

Upcoming Events

All times shown are Eastern Time zone

- IPFQR Program Keys to Successful FY 2018 Reporting webinar on June 20, 2017 at 2:00 PM
  - Register for the event here

Upcoming Opportunities

Opportunities for Public Comment on quality measures

- Electronic Clinical Quality Measures for (1) Diabetes: Hemoglobin A1c Indicating Overtreatment in the Elderly and (2) Annual Wellness Assessment: Preventive Care
    - Public Comment period opened on July 17, 2017 and closes on August 17, 2017.

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)

- Development of Inpatient Outcome Measures for the Merit-based Incentive Payment System (MIPS)
    - The TEP nomination period opened on June 30, 2017 and closes on August 8, 2017.
- Development of the Hospice Quality Reporting Program HEART Comprehensive Patient Assessment Instrument
    - The TEP nomination period opened on July 26, 2017 and closes on August 9, 2017.
- Quality Measure Development: Supporting Efficiency and Innovation in the Process of Developing CMS Quality Measures
    - The TEP nomination period opened on July 28, 2017 and closes on August 14, 2017.

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

New to the listserv or miss a month? Find all of our announcements here.

Please send comments and suggestions to MMSSupport@battelle.org.