

Welcome!

This month's newsletter discusses the purpose and benefits of CMS' Quality Strategies. This newsletter also highlights the 2016 Measures Under Consideration as part of the Pre-Rulemaking process.

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.

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

Measures Management & You Quality Strategies

CMS selects measures to develop and implement based on several key inputs, most important of which is the National Strategy for Quality Improvement in Healthcare (National Quality Strategy) and the CMS Quality Strategy. The National Quality Strategy sets a course through three aims of better care, health people/health communities, and smarter spending to improve the quality of health and healthcare for all Americans. First released in 2013 and updated in 2016, the CMS Quality Strategy pursues and aligns with the three broad aims of the NQS and its six priorities.

The CMS Quality Strategy serves as a framework for healthcare stakeholders across the country—patients; providers; employers; health insurance companies; academic researchers; and local, state, and federal governments—that helps prioritize quality improvement efforts, share lessons, and measure collective successes through six strategy goals.

Contents

Welcome!	1
Measures Management & You <i>Quality Strategies</i>	1
Measures Management Up Close <i>2016 Measures Under Consideration (Pre-Rulemaking)</i>	2
Upcoming Events	3
Upcoming Opportunities	4

1. Make care safer by reducing harm caused in the delivery of care
2. Strengthen persons and their families as partners in their care
3. Promote effective communication and coordination of care
4. Promote effective prevention and treatment of disease
5. Work with communities to promote healthy living
6. Make care affordable.

To support these goals, CMS requires measure developers to fully incorporate the CMS Quality Strategy and explicitly link proposed measure concepts to the goals while addressing the foundational principles. Aligning measure development with the goals of the CMS Quality Strategy will result in improved health care quality across the nation.

To learn more about the CMS Quality Strategy, visit: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html>

Measures Management Up Close

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

2016 Measures Under Consideration (Pre-Rulemaking)

Section 3014 of the Affordable Care Act of 2010 (ACA) (P.L. 111-148) created a new section 1890A of the Social Security Act, which requires that the U.S. Department of Health and Human Services (DHHS) establish a federal pre-rulemaking process for the selection of quality and efficiency measures for use by DHHS. The categories of measures are described in section 1890(b)(7)(B) of the Act. The Measures Under Consideration (MUC) List accomplishes the pre-rulemaking process requirement by making publicly available a list of measures the Department of Health and Human Services (DHHS) is considering adopting through the federal rulemaking process for use in a select number of Medicare payment program(s).

The pre rulemaking process includes the following steps:

1. Annually, no later than December 1st, DHHS makes publicly available, a list of quality and efficiency measures DHHS is considering adopting, through the federal rulemaking process, for use in Medicare program(s);
2. Multi-stakeholder groups provide input to DHHS no later than February 1st annually on the selection of quality and efficiency measures;
3. DHHS considers the multi-stakeholder groups' input in selecting quality and efficiency measures;
4. Program owners publish in the Federal Register the rationale for the use of any quality and efficiency measures that are not endorsed by the consensus based entity with a contract under Section 1890 of the Act, which is currently the National Quality Forum (NQF); and
5. Assess the quality and efficiency impact of the use of endorsed measures and make that assessment available to the public at least every three years.

On November 22, 2016, CMS and the National Quality Forum (NQF) concurrently published this

year's list of Measures Under Consideration, with 97 unique measures across 15 CMS programs. Issued in both PDF report and XLS worksheet formats, the list has 57 process measures, 38 outcome measures, and two structure measures.

The CMS programs involved in pre-rulemaking include those responsible for chronic and post-acute care measures, ambulatory care and meaningful use measures, and hospital measures. However, measures may be submitted to the Measures Under Consideration list from organizations other than CMS – for example, in this year the American College of Surgeons has defined a set of 16 measures to be considered as a group. Among the variety of measures on the 2016 list are several related to pressure ulcers, hospice care, prostate cancer, tobacco use, and transfer of information at admission or discharge.

CMS collected the measures from measure stewards, owners, and other measure development organizations from January to mid-July 2016. Following the annual data collection period, the measures are reviewed for completeness, state of development and testing, and harmonization with existing measures. The respective CMS program representatives and CMS managers then decide whether to accept or reject each measure for publication on the annual list.

Both CMS and NQF invite comment on the annual lists of Measures under Consideration. Through December and January, Measure Application Partnership (MAP) workgroups meet, confer, and make recommendations as to which measures should move forward toward rulemaking, more detailed public comment, and eventual program implementation by CMS and DHHS. The MAP meetings occur this week and are open to the public.

For more information, visit the CMS Pre-Rulemaking web site: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html> and the NQF MAP web site: <http://www.qualityforum.org/map/>.

For additional information on the CMS Measure Management System, and on Pre-Rulemaking and the MUC List, in particular, please refer to Section 3, Chapter 24 of the [latest version of the MMS Blueprint](#). You may also send questions to MMSSupport@battelle.org.

Upcoming Events

- The Joint Commission: Pioneers in Quality Expert to Expert Series: eSTK 2, 3, 5 webinar on December 13, 2016 at 12:00-1:00 PM ET
 - Register for the event [here](#)
- Hospital IQR Program Fiscal Year (FY) 2019 Chart-Abstracted Validation Overview for Randomly Selected Hospitals webinar on December 14, 2016 at 2:00-3:00 PM ET
 - Register for the event [here](#)
- ASC 2017 Specifications Manual Update webinar on December 15, 2016 at 2:00-3:00 PM ET
 - Register for the event [here](#)
- PCHQR Program: A Year in the Life of the Program webinar on December 15, 2016 at 2:00-3:00 PM ET
 - Register for the event [here](#)
- The Joint Commission: Pioneers in Quality Expert to Expert Series: eCAC-3 & eEHDI-1a webinar on December 15, 2016 at 12:00-1:00 PM ET
 - Register for the event [here](#)
- FY 2017 HAC Reduction Program, Hospital VBP Program, and HRRP: Hospital Compare Data Update webinar on December 16, 2016 at 2:00-3:00 PM ET
 - Register for the event [here](#)
- IRF-PAI Therapy Information Data Collection Call on January 12, 2017 at 1:30-3:00 PM ET
 - Register for the event [here](#)

Upcoming Opportunities

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

- Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure
 - Public comment period opened November 15, 2016, and will close on December 14, 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 \(TEP\)](#)

- End Stage Renal Disease (ESRD) Dialysis Facility Compare (DFC) Star Ratings Technical Expert Panel (TEP)
 - TEP nomination opened November 22, 2016, and will close on December 22, 2016.
- Hospital Harm Performance Measure
 - TEP nomination opens December 16, 2016, and will close on January 16, 2016.

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.

