



Measure Management and You

Volume 3, Edition 2

Welcome!

This month’s newsletter provides an overview of structural measures as well as clinical practice guidelines. Every edition includes links to the CMS Blueprint (the version in use at the time of publication), as well as a calendar of upcoming events and opportunities.

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.

Measure Type: Structural Measures

A [structural quality measure](#) assesses features of a healthcare organization or clinician relevant to its capacity to provide healthcare. A structural measure ascertains the resources – human and material – and the organizational characteristics, e.g., policies and procedures.

It’s important to note the distinction, however, between having the capability to perform certain services or the technology and providing high quality care. Excellence in structural measures can be a strong indicator of the care to follow, but it’s not necessarily indicative of patient outcomes.

For more information on structural measures, see the [full article](#) on the MMS website.

MMS Newsletter BRIEF: Clinical Guidelines

Clinical practice guidelines (CPGs) are often the basis and justification for clinical quality measures (CQMs). Clinicians may not have the justification for CQMs at their fingertips even though clinicians are expected to keep up with the latest medical science literature. The number of randomized controlled trials published annually has grown exponentially

making it impossible for a clinician to keep up with the literature. This literature is extensive and requires additional research to uncover bias or application to target populations. CPGs seek to close the gap between the clinician and relevant literature by providing information, recommendations, and/or best practices on healthcare for specific circumstances, diagnostic and treatment options, or patient management. While CPGs are not meant to dictate care, and in some cases still require rigorous evaluation, they are guidelines

clinicians can consider, translating complex research findings into practical information and justification for CQMs that can ultimately enhance healthcare quality and outcomes. However, over the years, CPG development has received attention and scrutiny to ensure that bias is reduced, and quality and validity are maintained or even improved.

To learn more about CPGs, including revised criteria for guidelines, see the [full article](#) on the MMS website!

**Need a quick overview of 'How a Measure Becomes a Measure'?
Visit the [MMS Website](#) for information!**

The screenshot shows the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, FAQs, Archive, Share, Help, and Print. Below this is a search bar with the text "Learn about your health care options" and a search button. The main content area features a horizontal menu with categories: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. Below the menu is a breadcrumb trail: Home > Medicare > Measures Management System > Quality Measures Inventory. A secondary navigation bar contains buttons for Measures System Overview, Measures Development, Get Involved, Tools & Resources, New to Measures, and Popular Links. The main heading is "Quality Measures Inventory". The text below explains that the CMS Quality Measures Inventory is a compilation of measures used by CMS in various quality, reporting and payment programs. It lists each measure by program, reporting measure specifications including, but not limited to, numerator, denominator, exclusion criteria, National Quality Strategy (NQS) domain, measure type, and National Quality Forum (NQF) endorsement status. CMS publishes an updated Measures Inventory multiple times a year. It is important to note that any changes to measures (data, use, status, etc.) are validated through Federal Rules and/or CMS Program/Measure Leads. Any updates that occur after the CMS Quality Measures Inventory has been publicly posted will not be captured until the next posting. A second paragraph explains that the CMS Quality Measures Inventory also reports the pipeline/Measures under Development (MUD), which are measures that are in the process of being developed for eventual consideration for a CMS program. Measures submitted for consideration in the pre-rulemaking process, but which have not completed the process and been accepted into a program, are also included. The measure's information will be as complete as the resources used to populate the measure, and will include measure information such as anticipated CMS program, measure type, NQF endorsement status, measure steward, and measure developer. Measures on the MUD List are not developed enough to undergo a final determination of any kind with respect to inclusion into a CMS program. CMS provides this list of planned measures for the purposes of promoting transparency, measure coordination and harmonization, alignment of quality improvement efforts, and public participation. A final paragraph notes that in an effort to compile a comprehensive repository of quality measures, measures that were on previous Measures under Consideration (MUC) Lists are now included in the CMS Quality Measures Inventory. These are measures approved for consideration of use in a Medicare program covered under Affordable Care Act Section 3014, and must clear CMS's Pre-rulemaking and rulemaking processes for full implementation into the intended CMS program.

Special Announcements:

CMS Seeking Primary Care Practices to Participate in Testing Opportunity

CMS is currently seeking primary care practices to help test a potential change to an electronic clinical quality measure (eCQM) related to clinician referrals. The measure is entitled Closing the Referral Loop: Receipt of Specialist Report. The benefit to practices testing this measure is they will directly contribute to the refinement and validation of an eCQM that CMS uses in its quality reporting programs.

In addition, honoraria will range from \$2,000-\$4,000, depending on practices' level of testing participation.

Interested practices should be reporting this eCQM under the Merit-Based Incentive Payment System (MIPS). Data elements should be documented in structured fields of the electronic health record.

The testing activities will involve practice staff speaking with a project team from Mathematica Policy Research, a CMS contractor, about the practices' workflows and the data elements they capture in their EHRs. Practices will be asked to submit an extract of de-identified patient-level data from the EHR, including all of the data elements required to calculate the current and proposed revised versions of the measure. Additionally, practices will be asked to work with the Mathematica project team who will abstract data from a sample of charts to verify the accuracy of the data elements. None of the testing activities will involve an audit of the practices' performance scores reported to CMS quality reporting programs.

For more information or if you are interested in assisting with this activity, please contact Shari Glickman at SGlickman@mathematica-mpr.com and Omoniyi Adekanmbi at OAdekanmbi@mathematica-mpr.com.

Nomination Period Open for MACRA Episode-Based Cost Measures Clinical Subcommittees

CMS has contracted with Acumen, LLC to develop care episode and patient condition groups for use in cost measures to meet the requirements of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). As part of the measure development process, CMS asks contractors to convene groups of stakeholders who contribute thoughtful input to the developer.

The project's overall objective is to develop episode-based cost measures suitable for potential use in the Quality Payment Program. The Clinical Subcommittees for Wave 2 are a large body of clinicians that will select which episode groups to develop into cost measures. Smaller workgroups within each Clinical Subcommittee (based on specialty, expertise, or experience) will provide detailed input into the specifications for that episode-based cost measure.

Acumen is seeking nominations for clinicians in ten clinical areas: (1) Cardiovascular Disease Management; (2) Gastrointestinal Disease Management - Medical and Surgical; (3) Musculoskeletal Disease Management - Non-Spine; (4) Musculoskeletal Disease Management - Spine; (5) Neuropsychiatric Disease Management; (6) Oncologic Disease Management - Medical, Radiation, and Surgical; (7) Peripheral Vascular Disease Management; (8) Pulmonary Disease Management; (9) Renal Disease Management; and (10) Urologic Disease Management.

Nominations close on March 20, 2018 at midnight (ET). Clinicians interested in joining a Clinical Subcommittee for the first time may submit their nomination through [this web-based nomination form](#). Subcommittee members from Wave 1 interested in continuing their involvement must indicate interest in an abbreviated form shared directly via email. For more information, please see the [nomination form or this CMS webpage](#).

Upcoming Events

All times shown are Eastern Time zone

- Quality Measures at CMS: A Closer Look at the Measure Development Lifecycle and CMS' Meaningful Measures Initiative webinar on February 15, 2018 at 2:00 PM
 - Register for the event [here](#)
- Hospital Value-Based Purchasing Program: Overview of the Fiscal Year webinar on February 20, 2018 at 2:00 PM
 - Register for the event [here](#)
- Measure by Measure: Data for the Hospital Outpatient Quality Reporting webinar on February 21, 2018
 - Register for the event at [10:00 AM](#) or [2:00 PM](#)
- PCHQR Program: 2018 Updates to Measures webinar on February 22, 2018 at 2:00 PM
 - Register for the event [here](#)
- ESRD QIP: Final Rule for CY 2018 Call on February 22, 2018 at 1:00 PM
 - Register for the event [here](#)
- Cooking with CQL: or How to Incorporate CQL into HQMF for eQOMs webinar on February 22, 2018 at 4:00 PM
 - Register for the event [here](#)
- Measure by Measure: Data for the Ambulatory Surgical Center (ASC) Quality Reporting Program webinar on February 28, 2018 at 2:00 PM
 - Register for the event [here](#)

Upcoming Opportunities

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

- Hospital Harm – Hypoglycemia; Hospital Harm – Hospital-Acquired Pressure Injury; Hospital Harm – Opioid-Related Adverse Events; and Hospital Harm – Acute Kidney Injury
 - The call for public comment period opens on January 18, 2018 and closes on March 2, 2018
- Quality Measure Development and Maintenance for CMS Programs Serving Medicare-Medicaid Enrollees and Medicaid-Only Enrollees - Medicaid Beneficiaries with Substance Use Disorders
 - The Call for Public Comment period opens on January 25, 2018 and closes on February 14, 2018
- Quality Measure Development and Maintenance for CMS Programs Serving Medicare-Medicaid Enrollees and Medicaid-Only Enrollees - Medicaid Beneficiaries in Need of Physical and Mental Health (PMH) Integration
 - The Call for Public Comment period opens on January 25, 2018 and closes on February 14, 2018
- Claims-Only Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure, and Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure with Electronic Health Record Extracted Risk Factors
 - The Call for Public Comment period opens on January 29, 2018 and closes on February 27, 2018

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 \(TEP\)](#)

- Hospital Outcome Measurement for Patients with Social Risk Factors
 - The TEP nomination period opens on January 18, 2018 and closes on February 18, 2018
- Development of Potentially Preventable Hospitalization Measures for Home Health Agencies (HHAs)
 - The TEP nomination period opens on January 22, 2018 and closes on February 22, 2018
- MACRA Episode-Based Cost Measures – Call for Clinical Subcommittee
 - The nomination period for ten Clinical Subcommittees opens on February 6, 2018 and closes on March 20, 2018 at midnight ET

- Measure of Hospital-Level 90-Day, All-Cause Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery
 - The TEP nomination period opens on February 7, 2018 and closes on March 9, 2018.

Please check the [CMS Quality Measures Call for TEP Web Page](#) for current TEP membership lists and meeting summaries.

New to the listserv or missed a month? Find all our announcements as well as printer-friendly versions of past newsletters [here](#).



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