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Welcome!

This month's newsletter provides an overview of the CMS evaluation criteria for quality measures, as well as a closer look at patient-reported outcome measures. 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.

Measures Management Up Close
CMS Evaluation Criteria for Quality Measures: Part One

The Centers for Medicare and Medicaid (CMS) established five measure evaluation criteria to support the selection of important and valuable quality measures: 1) importance to measure and report, 2) scientific acceptability of measure properties (reliability and validity), 3) feasibility, 4) usability and use, and 5) related and competing measures, or harmonization. The consensus development entity, the National Quality Forum (NQF), also uses these criteria when considering measure endorsement. Before NQF will consider a measure for endorsement, it must meet minimum requirements for the first two criteria, importance to measure and scientific acceptability.

The measure developer must provide strong evidence that the measure adds value and meets scientific standards to gain CMS approval for implementation into CMS programs. Each standardized criterion has sub-criteria to help the developer evaluate whether the measure meets the necessary standards. The measure

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developer documents these evaluation efforts in the Measure Evaluation Report, which can be found in the CMS Measures Management System Blueprint.

When developing the measure, the developers should identify any weaknesses in the measure and document their plans to mitigate them in the Measure Evaluation Report and the Measure Justification Form (template found in the CMS MMS Blueprint). CMS recommends updating the evaluations and mitigation plans regularly throughout the measure development process. Certain periods during measure development provide the best opportunities to evaluate the measure; these include information gathering, Technical Expert Panel (TEP) meetings, during specification development and refinement, and during testing. In addition, once implemented, stewards should evaluate the measure on a regular basis to ensure it still meets the criteria.

Importance to Measure and Report: Evidence and Performance Gap: Developers use this criterion

during the conceptualization phase to identify performance gaps and other quality-related measurement needs. For structure or process measures, empirical evidence must provide a moderate-to-high degree of certainty that the focus of the measure bears a close relationship to positive outcomes. Outcome measures should also be evaluated for importance to measure and report. For intermediate outcome measures, systematic assessment and grading of the quantity, quality, and consistency of the body of evidence of the outcome measure must lead to a desired outcome. Evidence is required for any outcome measure to demonstrate its purpose; and evaluation of the performance gap criterion must be met and should be demonstrated for each measure component. To address the performance gap sub-criteria, developers evaluate whether the measure focus is a quality problem, an opportunity for improvement with data showing considerable variation, overall less-than-optimal performance in the quality of care across providers, or disparities in care across population groups.

Scientific Acceptability of Measure Properties: Reliability and Validity: To understand this criterion it is important to identify the meaning of reliability and validity. *Reliability* reflects the specificity and precision of the measure. This means that the data gathered for the measure should consistently produce the same results a high proportion of the time given the same population during the same period. *Validity* means that the measure accurately represents the concept under evaluation and that the measure achieves its intended purpose. This includes face validity: the measure clearly identifies the concept being evaluated; construct validity: the measure comprises all necessary data elements, codes, and tables to detect a positive occurrence when one exists, and it uses all the necessary data sources to detect a positive occurrence when one exists. Measures must produce consistent (reliable) and credible (valid) results about the quality of care when implemented, and meet the subcriteria for both reliability and validity to pass the criterion of scientific acceptability and be evaluated against the remaining criteria.

This article addressed the purpose of the evaluation and reviewed the first two criteria. The final three criteria will be examined next month. **For more information about the measure evaluation criteria refer to Section 3, Chapter 24.1 in the** CMS Measures Management System Blueprint**.**

Measures Up Close

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

Patient-Reported Outcome Measures

Engaging patient and families as partners in their care, one of the National Quality Strategy and CMS Quality Strategy goals, is a critical dimension of the quality of patient care. Alongside clinical outcomes such as patient mortality, hospitalizations, and healthcare-acquired conditions, patient reports of their health and experience of care provide a comprehensive understanding of the quality of care offered by providers.

Patient-Reported Outcome (PRO) Measures are quality measures for which patients report directly on the status of a health condition, health behavior, or experience with healthcare. Patient-Reported Outcome measurement tools are used to collect patient reported outcomes, these include: The National Institute of Health's Patient-Reported Outcomes Measurement Information System (PROMIS) - to measure patient self-reported health status; and the Medicare Advantage Health Outcomes Survey (HOS) - to gather valid and reliable health status data in Medicare managed care for use in quality improvement activities, plan accountability, public reporting, and health improvement. However, the data collected by the tools are insufficient for measuring performance and cannot be used directly as part of accountability programs in their existing forms. A performance measure must be constructed that applies the outcome data collected by the tools to measure the quality of care.

Using the CAHPS as an example, the survey is a tool, but PRO quality measures that are based on CAHPS results, using all or portions of the reported data. The surveys capture a patient's experience with care covering such topics as communication with healthcare professionals, access to care and information, customer service, and coordination of care. The surveys use well-tested questions using a consistent methodology across a large sample of respondents, thus generating standardized and validated indicators of patient experience that providers, consumers, and others can rely on. The

quality measures CMS develops serve as mechanisms that apply those data to the purpose of establishing provider accountability.

CMS is committed to the development of high-caliber measures that stand up to review for reliability, validity, and importance. **You can learn more about these and other types of measures in Section 5 of the** CMS Measures Management System Blueprint**.**

Updated CMS Measures Inventory Now Posted

The CMS Measures Inventory and the Measures under Development (MUD) list have been updated and publicly posted on the CMS website (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/CMS-Measures-Inventory.html) on July 6th. The Inventory includes 30 programs, 2,180 unique measures - including the addition of the eCQMs, and is accompanied by the CMS Measures Inventory User Guide. The MUD List contains 30 programs and 535 unique measures. The next public posting will be in February 2018. For any questions regarding the Inventory or the MUD List, please contact MMSSupport@battelle.org.

Upcoming Events

All times shown are Eastern Time zone

- Hospital VBP: FY 2018 Percentage Payment Summary Report webinar on July 24, 2017 at 2:00 PM
    - Register for the event here
- CY 2017/FY 2019 Steps to Successful eCQM Submissions for Hospital Reporting webinar on July 25, 2017 at 2:00 PM
    - Register for the event here
- ESRD QIP: Proposed Rule for Payment Year 2021 Listening Session on July 26, 2017 at 2:00 PM
    - Register for the event here
- SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock: v5.2a Commonly Asked Questions & v5.3 Measure Updates webinar on July 26, 2017 at 2:00 PM
    - Register for the event here
- PCHQR Program Best Practices: Mitigating Outpatient Pain webinar on July 27, 2017 at 2:00 PM
    - Register for the event here
- OQR: CY 2018 OPPS/ASC Proposed Rule: For the Hospital OQR Program webinar on August 2, 2017 at 10:00 AM and 2:00 PM
    - Register for the events at 10:00 AM and 2:00 PM
- ASC: The CY 2018 OPPS/ASC Proposed Rule: For the ASCQR Program webinar on August 3, 2017 at 2:00 PM
    - Register for the event here

Opportunities for Public Comment on quality measures

- Development of a Facility-Level Quality Measure of Unplanned Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers
  - Public Comment period opened on July 11, 2017 and closes on August 7, 2017.

- Electronic Clinical Quality Measures for (1) Diabetes: Hemoglobin A1c Indicating Overtreatment in the Elderly and (2) Annual Wellness Assessment: Preventive Care
  - Public Comment period opens 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 July 28, 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.