# May 2017 Issue

**Centers for Medicare & Medicaid Services**     **May 2017**     **[Volume 2, Edition 5]**

## *Welcome!*

This month's newsletter provides an overview of how to submit a public comment, as well as a closer look at process and outcome mesures.  Every edition includes links 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*
## How to Submit a Public Comment

The public comment process is an essential way that CMS ensures that its quality measures are developed using a transparent process with balanced input from relevant stakeholders. The public comment period provides an opportunity for a wide array of interested parties to provide input on the measures under development and to provide critical suggestions not previously considered by the measure developer or by the technical expert panel (TEP). Public comments obtained during measure development (and maintenance) are separate from, and complement, the public comments obtained during the National Quality Forum (NQF) endorsement process.

The public is encouraged to submit general comments on the entire measure set or comments specific to certain measures.  Relevant stakeholders may include, but are not limited to:

- Clinicians and other providers
- Provider groups that may be affected by the measures
- Medical and other professional societies
- Patients, families, and caregivers

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- Organizations that might help with recruiting appropriate patients/their caregivers
- Policy makers
- Payers
- Quality alliances
- Scientific organizations related to the measure topic
- NQF measure developer group

If you are providing comments on behalf of an organization, include the organization's name and your contact information.  If you are commenting as an individual, submit identifying or contact information. Please indicate which measure(s) you are commenting on.  Do not include personal health information in your comments.

When responding to comments, here are some best practices to consider:

- Understand what you are commenting on—read the documents carefully

- Be concise, but provide support for your comments (scientific evidence, how you will be impacted, etc.)
- State your expertise or experience with the subject matter or identify your specific interest in the topic
- Acknowledge differing perspectives that may not align with yours
- Acknowledge the cons of your position as well as the pros
- Offer alternatives if you disagree with the approach
- Be constructive

Providing comments is not voting for or against something, it is about offering support, different perspectives, and alternatives. A well supported comment can have a strong impact on the development of the measure.

The Call for Public Comment is posted on the website for at least two weeks to allow sufficient time for the public to provide comments. Commenters submit their comments via email or other tools, as directed by the specific post on the website. At the end of the public comment period, the measure developer prepares a preliminary Public Comment Summary Report that includes verbatim comments as well as a summary and analysis of the public comments that were received. After discussion with the TEP, the measure developer may make changes to the measures as a result of the public comments. The measure developer then finalizes the Public Comment Summary Report (including verbatim comments) and submits the report to be posted to the CMS MMS Public Comments website.

For information on the public comment process, please refer to the September 2016 Newsletter article *Measure Management & You – Public Comments*. To stay informed on opportunities to comment, see the CMS Events Calendar in the CMS MMS Resource Materials website, or the *Upcoming Opportunities* section of each month's newsletter.

## Measures Management Up Close

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

## Process and Outcome Measures

There are five categories of clinical quality measures at the Centers for Medicare & Medicaid Services (CMS):  Process, Access, Outcome, Structure, and Patient Experience.  This article will discuss two of those categories (process and outcome), including similarities, differences, and the relationship. CMS is prioritizing and realigning efforts towards the creation of outcome measures. The measures portfolio is continuously reviewed to ensure measures address gaps and meet the needs of CMS programs.

CMS uses priorities mandated under several laws to define its measure domains. As an example, the Affordable Care Act (ACA) discusses the development of quality measures in healthcare and specifically calls for the development of outcome measures for acute and chronic disease, as well as primary and preventive care. Therefore, CMS is interested in developing more outcome measures while understanding that these are impacted by processes within the healthcare system.

Measuring the quality of care is most often based on a combination of process and outcome measures. The process measures examine whether care is based on recommended guidelines and looks at the activities that are performed for, on behalf of, or by a patient. An example might be examining the amount of time it takes between a medication order and its delivery to the patient floor in a hospital.  The goal is to make more systematic improvements to the processes. Outcome measures look at the outcome resulting from that care to target desired improvements such as quality and cost. An example might be examining readmission rates for hospitalization. The goal is to assess the impact of employing those processes on the desired health outcome. Outcome and process measures used together can tell a more complete story.

Process measures look at what was done; outcome measures look at what happened as the result of those improvements in processes.  The advantages of process measures may include being more directly

measured and acted upon, which provides a more concrete or visible impact on quality of care. The disadvantages are that it may be difficult to agree on gold standard processes that should be used across systems and the emphasis on consistently using known best practices may inhibit innovation. The advantage of outcome measures is in looking at the results or the outcome of care. The disadvantages are that it may take years to collect and report on and it does not measure what happened along the way. Perception may also play a greater role in outcome measures as different stakeholders will have different viewpoints and goals that may not align.

There is value in both process and outcome measures and they can work together to make a difference in healthcare quality. 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 measures in the CMS Measures Management System Blueprint.

## Nomination Period for Quality Measurement Development – extended to May 26:
### Supporting Efficiency and Innovation in the Process of Developing CMS Quality Measures TEP

Battelle is seeking measure developers, clinicians, clinical specialty societies, patient advocacy groups, healthcare systems, and EHR vendors, with expertise in one or more of the following areas to participate in a Technical Expert Panel (TEP): Measure development and consensus endorsement processes, patient advocate perspective, performance measurement, quality improvement, purchaser perspective, and/or health care disparities. TEP objectives are to inform development of the Blueprint and measure developer technical assistance guides through the development of innovative recommendations designed to make the measure development process more efficient and agile.

TEP members will provide input during one two-hour TEP meeting via webinar and four full-day in-person meetings in Baltimore. Travel expenses associated with attending each of the in-person TEP meetings will be reimbursed in accord with General Services Administration (GSA) Schedule rates.

For more information and copies of the nomination materials please visit the: MMS TEP Website.

## JIRA Updates for 2017

**To get access to the JIRA MUC 2017 site:** First, users must have an ONC JIRA account in place. Then, send an email to MMSSupport@battelle.org. The JIRA MUC 2017 User Guide has been posted on the Pre-Rule Making website, for further information on how to request access to the separate 2017 MUC project website.

### Upcoming Events

*All times shown are Eastern Time zone*

- Navigating to Success: A Review of the Abstraction Process for the Transition Record Measures webinar on May 18, 2017 at 2:00 PM
    - Register for the event here

**Opportunities for Public Comment on quality measures**

- Quality Measure Development and Maintenance for CMS Programs Serving Medicare-Medicaid Enrollees and Medicaid-Only Enrollees: Medicaid enrollees with opioid use disorder
  - Public comment period opened April 20, 2017, and will close on May 10, 2017.

- Quality Measure Development and Maintenance for CMS Programs Serving Medicare-Medicaid Enrollees and Medicaid-Only Enrollees: Medicaid beneficiaries with complex care needs and high costs (BCNs)
  - Public comment period opened April 24, 2017, and will close on May 12, 2017.

- Development and Maintenance of Post-Acute Care Cross-Setting Standardized Assessment Data (Second Public Comment)
  - Public Comment period opened on April 26, 2017 and closes on June 26, 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 and Maintenance of Quality Measures for Skilled Nursing Facility Quality Reporting Program (SNF QRP)
  - TEP Nomination opened April 7, 2017, and will close on May 12, 2017.

- Development and Reevaluation of Outpatient Outcome Measures for the Merit-based Incentive Payment System (MIPS)
  - TEP Nomination opened April 18, 2017, and will close on May 16, 2017.

- Quality Measure Development: Supporting Efficiency and Innovation in the Process of Developing CMS Quality Measures
  - TEP Nomination opened April 25, 2017, and will close on May 26, 2017.

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

**Opportunities to participate in the Call for Measures**

- The Annual Call for Measures and Activities for the Merit-based Incentive Payment System (MIPS)

CMS is posting a fact sheet and hosting a webinar to walk stakeholders through the process for the Annual Call for Measures and Activities. This process allows organizations representing eligible clinicians, such as professional associations and medical societies, to identify and submit measures for consideration from the following categories:
  - Measures for the Quality performance category
  - Measures for the Advancing Care Information performance category
  - Activities for the Improvement Activities performance category

All information and supplemental documents must be submitted by June 30, 2017. The final MIPS measures and activities for 2018 will be posted by November 1, 2017.

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

*Please send comments and suggestions to [MMSSupport@battelle.org](mailto:MMSSupport@battelle.org).*