

# A Day in the Life of a CMS Quality Measure

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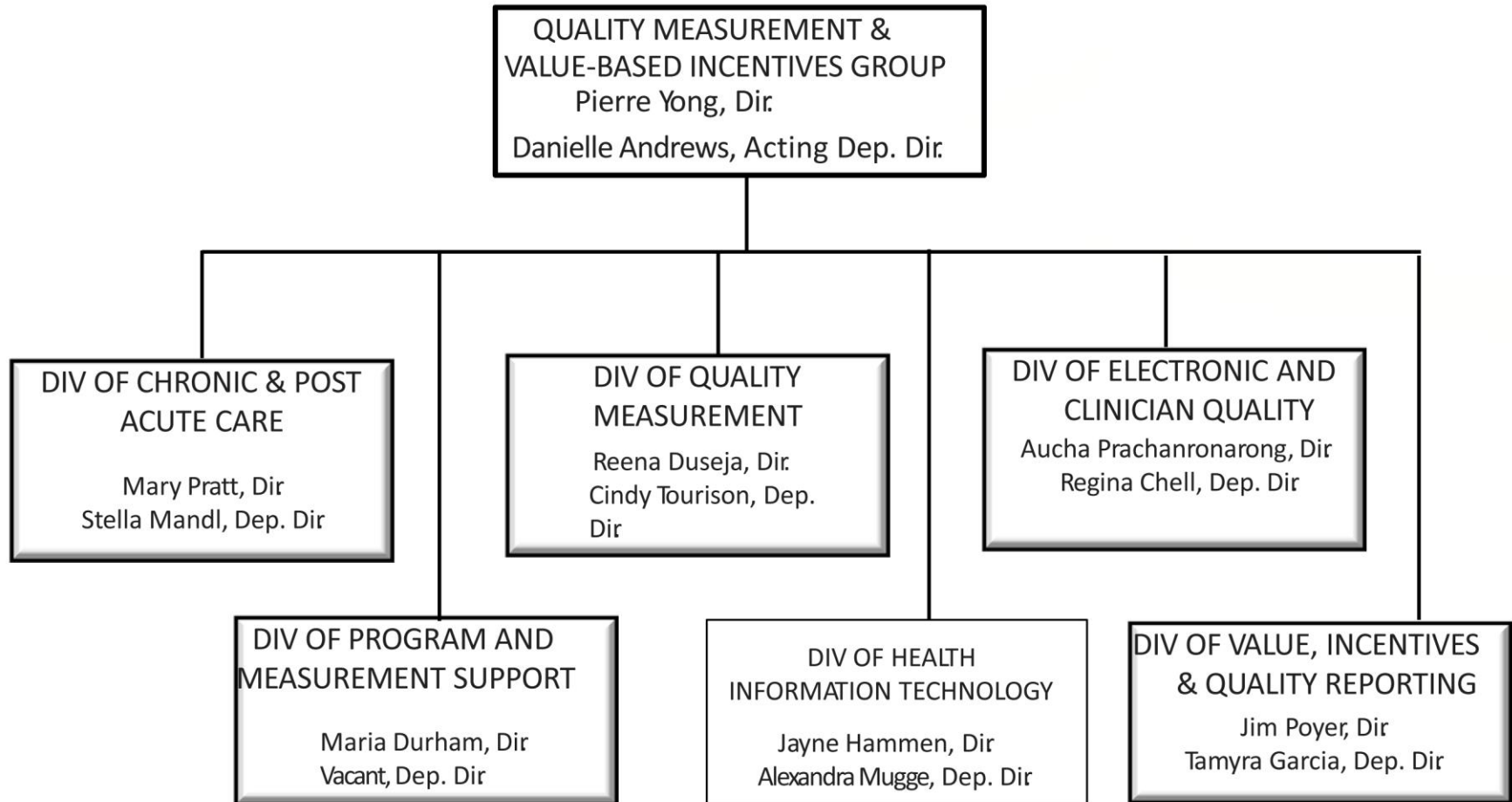
## Agenda

- » National and CMS' Quality Strategies Linked
- » Overview of Prerulemaking
- » Overview of Rulemaking
- » Measures Endorsement
- » Question and Answer Session



# CMS' Center for Clinical Standards & Quality:

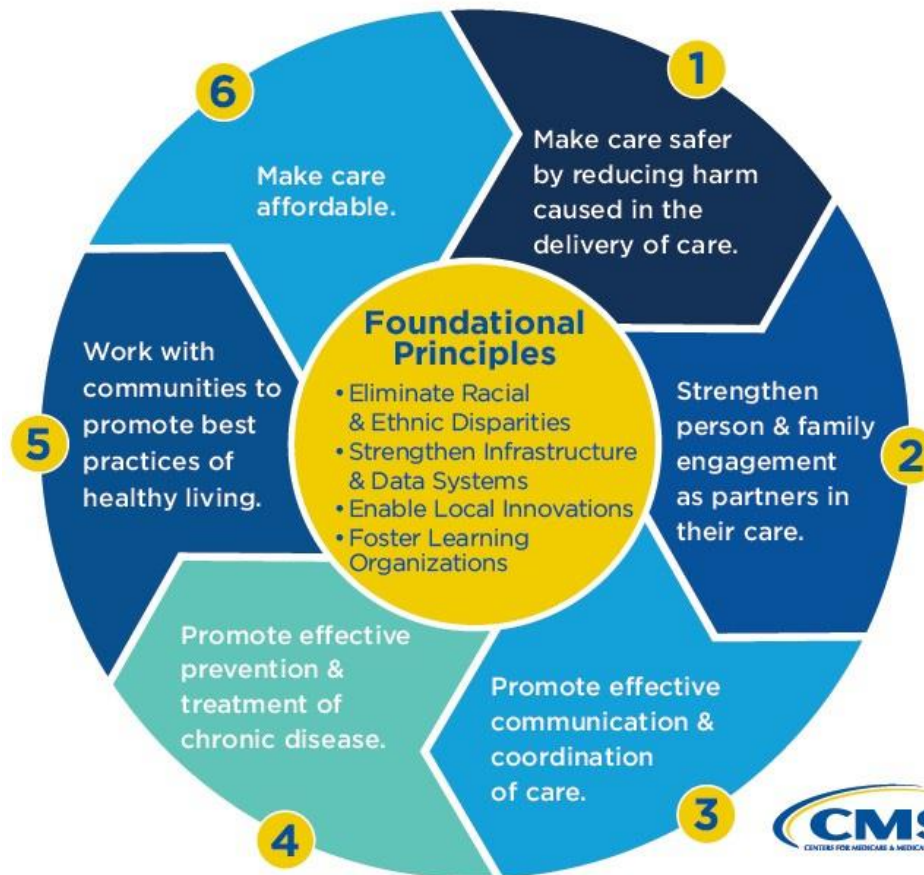
## Home to the Pre-Rulemaking Process



# CMS Quality Strategy Aims and Goals



# CMS Quality Strategy Goals and Foundational Principles





# Pre-Rulemaking

## » **Statutory Reference**

- Section 3014 of the Patient Protection and Affordable Care Act
- Section 1890 and 1890A of the Social Security Act

## » **Pre-rulemaking Steps**

1. CMS annually publishes the Measures under Consideration (MUC) List by December 1
2. National Quality Forum's (NQF) convenes Multi-Stakeholder Groups Measure Applications Partnership (MAP)
3. MAP provides recommendations and feedback to the Secretary annually by February 1

## Caveats

- » Measures in current use do not need to go on the Measures under Consideration List again
  - The exception is if you are proposing to expand the measure into other CMS programs, proceed with the measure submission but only for the newly proposed program
- » Submissions will be accepted if the measure was previously proposed to be on a prior year's published MUC List, but was not accepted by any CMS program(s).
- » Measure specifications may change over time, if a measure has significantly changed, proceed with the measure submission for each applicable program

# Pre-Rulemaking Process - Medicare Programs

The pre-rulemaking process applies to certain programs and measures.

Medicare Programs	
Ambulatory Surgical Center Quality Reporting	Inpatient Psychiatric Facility Quality Reporting
End-Stage Renal Disease Quality Incentive	Inpatient Rehabilitation Facility Quality Reporting
Home Health Quality Reporting	Long-Term Care Hospital Quality Reporting
Hospice Quality Reporting	Medicaid and Medicare EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals
Hospital-Acquired Condition Reduction	Medicare Shared Savings
Hospital Inpatient Quality Reporting	Merit-based Incentive Payment System
Hospital Outpatient Quality Reporting	Prospective Payment System-Exempt Cancer Hospital Quality Reporting
Hospital Readmissions Reduction	Skilled Nursing Facility Quality Reporting
Hospital Value-Based Purchasing	Skilled Nursing Facility Value-Based Purchasing



# Pre-Rulemaking Process

Measure selection considerations include the following:

- Does the submission align with the NQS priorities?
- Is the candidate measure fulfilling a NQS gap for this program?
- Take a cascading look across programs to identify potential duplication of measures from both the private and public sectors; if so, maybe the newer version is enhanced in some way? In this scenario, could the original measure be removed?
- Is the measure evidence-based, fully developed and tested; would the measure be burdensome to operationalize?
- Endorsement status?

# Measures Development Timeline

Approximation in Months							
← 1	4	8	12	16	20	24	28 →
Develop & test new measure initial concept (ongoing process)	Submit measures to MUC process	Review and clearance	MUC List published annually	MAP public process and workgroup recomm.	DHHS and CMS develop Proposed Rules for measures	Issue Final Rules	Measures adopted in the field

# Measures under Consideration List Publishing

**January 31:**

JIRA opened  
for new  
candidate  
measures

**May 1:**

Official MUC  
season starts

**June 30:**

JIRA closes  
for measure  
submission

**July 21:**

Draft MUC  
List prepared

**August 3:**

Federal  
Stakeholder  
Meeting  
(preview MUC  
List)

**August 21:**

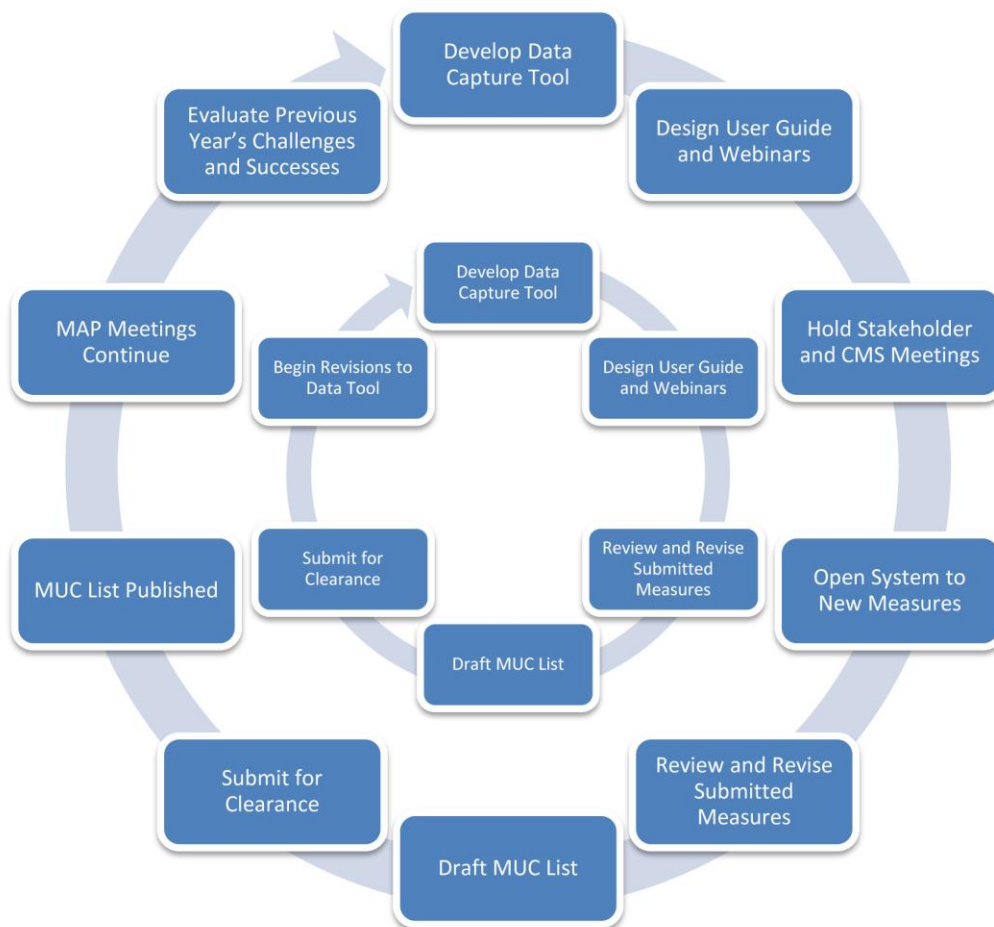
MUC  
Clearance  
Process  
Begins

## Measures under Consideration List Trends

Year	2011	2012	2013	2014	2015	2016
Number of Measure Records	366	507	234	202	131	97

- Annually, the MUC List is published by December 1<sup>st</sup>.
- Each year, the National Quality Forum (NQF), publishes the MAP Final Recommendations report in the first Quarter of the subsequent year.
- A complete repository of these Lists and Reports is located at:  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>

# Recursive Process of Measure Development



## 2017 Next Steps

- » June 30<sup>th</sup> Measures under Consideration JIRA Project Closes
- » August 3<sup>rd</sup> Federal Only Stakeholder Meeting
- » CMS Pre-Rulemaking Resources
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>



# **National Quality Forum (NQF)**

Overview of the Measure Applications Partnership  
(MAP)

# The Role of MAP

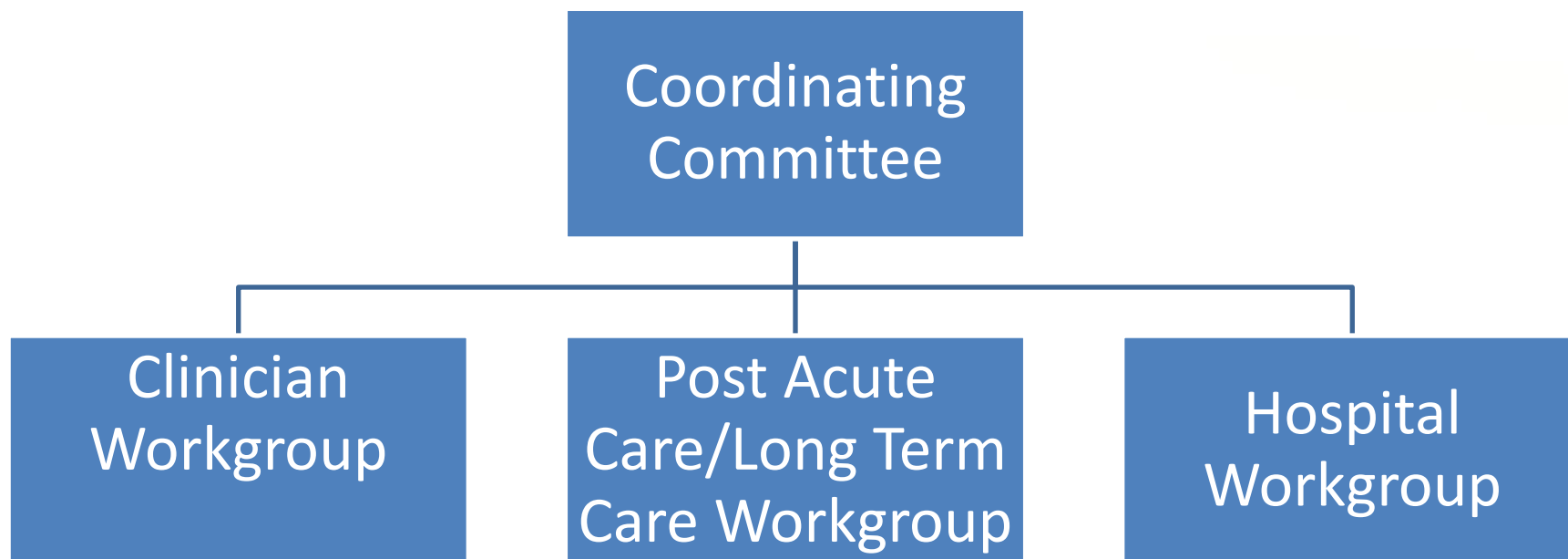
## In pursuit of the National Quality Strategy, the MAP:

- » Informs the selection of performance measures to achieve the goal of improvement, transparency, and value for all
- » Provides input to HHS during pre-rulemaking on the selection of performance measures for use in public reporting, performance-based payment, and other federal programs
- » Identifies gaps for measure development, testing, and endorsement
- » Encourages measurement alignment across public and private programs, settings, levels of analysis, and populations to:
  - Promote coordination of care delivery
  - Reduce data collection burden

## What is the value of pre-rulemaking input?

- » Facilitates multi-stakeholder dialogue that includes HHS representatives
- » Allows for a consensus-building process among stakeholders in a transparent open forum
- » Proposed laws are “closer to the mark” because the main provisions related to performance measurement have already been vetted by the affected stakeholders
- » Reduces the effort required by individual stakeholder groups to submit official comments on proposed rules

# MAP Structure



# MAP Members

## Three types of members:

### » **Organizational Representatives**

- Constitutes the majority of MAP members
- Include those that are interested in or affected by the use of measures
- Organizations designate their own representatives

### » **Subject Matter Experts**

- Serve as individual representatives bringing topic specific knowledge to MAP deliberations
- Chairs and co-chairs of MAP's Coordinating Committee, workgroups, and task forces are considered subject matter experts

### » **Federal Government Liaisons**

- Serve as ex-officio, non-voting members representing a Federal agency

## Approach

The approach to the analysis and selection of measures is a four-step process:

1. Develop program measure set framework
2. Evaluate MUCs for what they would add to the program measure set
3. Identify and prioritize gaps for programs and settings
4. Develop input on current measures



# MAP Measure Selection Criteria

1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
2. Program measure set adequately addresses each of the National Quality Strategy's three aims
3. Program measure set is responsive to specific program goals and requirements
4. Program measure set includes an appropriate mix of measure types
5. Program measure set enables measurement of person- and family-centered care and services
6. Program measure set includes considerations for healthcare disparities and cultural competency
7. Program measure set promotes parsimony and alignment
8. Program measure set considers burden/operational criteria

## Evaluate Measures Under Consideration

- » MAP Workgroups must reach a decision about every measure under consideration
  - Decision categories are standardized for consistency
  - Each decision should be accompanied by one or more statements of rationale that explains why each decision was reached
  
- » The decision categories were updated for the 2016-2017 pre-rulemaking process
  - MAP no longer evaluates measures under development using different decision categories

# MAP Decision Categories

- Support for Rulemaking
- Conditional Support for Rulemaking
- Refine and Resubmit Prior to Rulemaking
- Do Not Support for Rulemaking

# Preliminary Analysis of Measures Under Consideration

To facilitate MAP's consent calendar voting process, NQF staff will conduct a preliminary analysis of each measure under consideration.

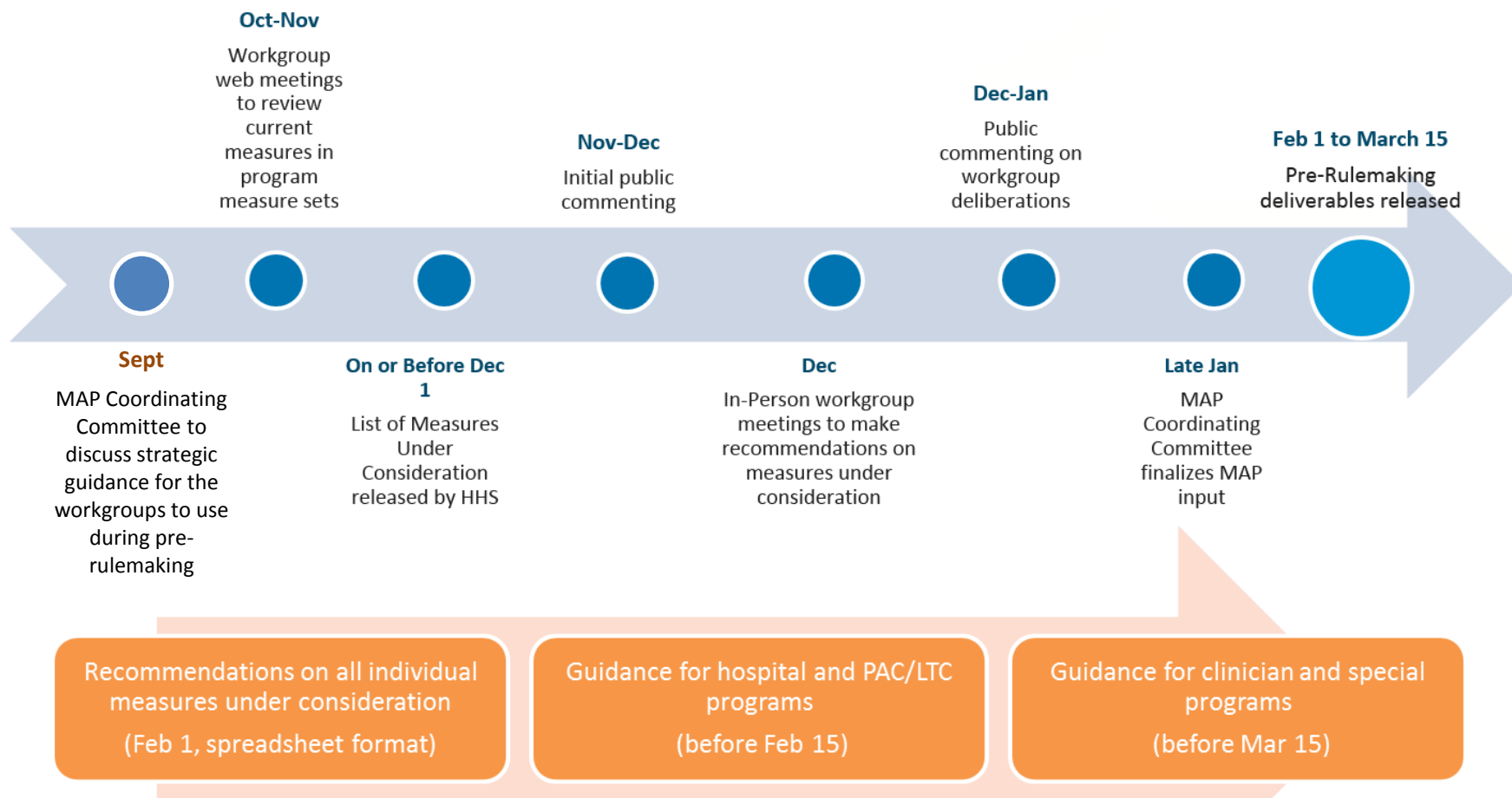
The preliminary analysis is an algorithm that asks a series of questions about each measure under consideration. This algorithm was:

- » Developed from the MAP Measure Selection Criteria, and approved by the MAP Coordinating Committee, to evaluate each measure
- » Intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions

# MAP Preliminary Analysis Algorithm

1. The measure addresses a critical quality objective not currently, adequately addressed by the measures in the program set.
2. The measure is an outcome measure or is evidence-based.
3. The measure addresses a quality challenge.
4. The measure contributes to efficient use of resources and/or supports alignment of measurement across programs.
5. The measure can be feasibly reported.
6. The measure is NQF-endorsed or has been submitted for NQF-endorsement for the program's setting and level of analysis.
7. If a measure is in current use, no implementation issues have been identified.

# MAP Approach to Pre-Rulemaking





## Nominations to Serve on the MAP

- » One-third of the seats on MAP are eligible for reappointment each year
- » The formal call for nominations occurs in the early Spring but NQF accepts nominations year round
- » For more information and to apply, please visit the NQF Committee Nominations webpage at <http://www.qualityforum.org/nominations/>
- » Nominations are sought from organizations and individual subject matter experts

# Rulemaking

- » Timelines vary by program
- » Statutes may require certain measures to be adopted
- » Refer to appropriate measure / program lead for more information about rulemaking timelines

# Rulemaking - Medicare Programs

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## Endorsement Process

- » Once a measure is fully developed, it may be submitted to National Quality Forum (NQF) for endorsement
  - NQF sends out a “Call for Measures” (based on specific topic areas: e.g., Cardiac, Infectious Disease, ESRD, etc.)
  - NQF provides technical assistance to developers to submit their measure
  - The measure is reviewed by a Standing Committee of SMEs convened by NQF for the specific topic area
    - The Standing Committee evaluates each submitted measure against a standard set of criteria (importance, scientific acceptability, feasibility, and use & usability)

## Endorsement Process cont'd.

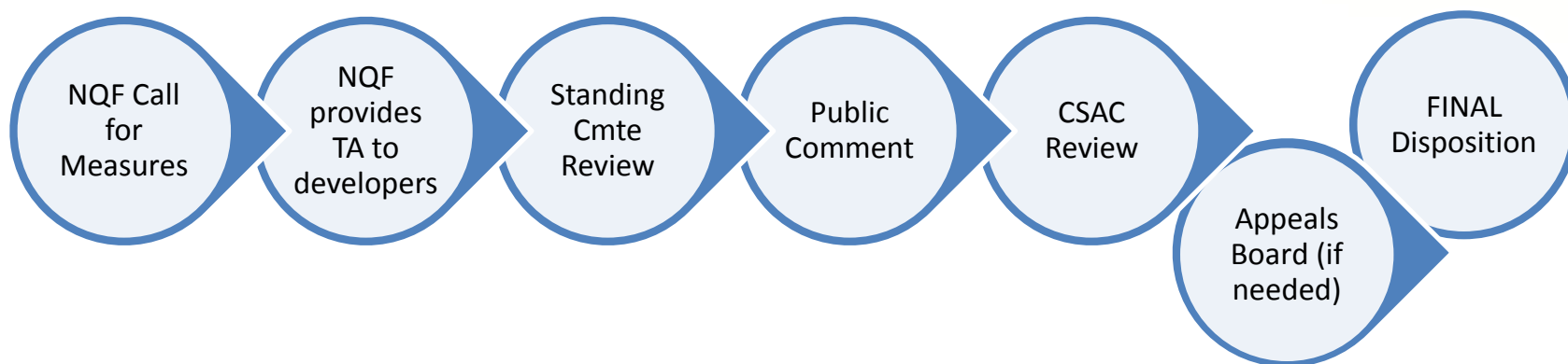
- The measure is posted for public comment
  - Comments are reviewed and adjudicated by the Standing Committee
- The Standing Committee's recommendations are reviewed by the Consensus Standards Approval Committee (CSAC), which renders a final endorsement decision
- Endorsement decisions may be appealed on grounds of (1) a procedural error; or (2) new information or evidence unavailable at the time CSAC made its decision
  - Appeals may be filed by any member of the public
  - If an appeal is received, the measure goes to the Appeals Board for review and a final disposition

## Measure Maintenance

- » Once a measure is endorsed by NQF, that measure will undergo review every 3 years or as projects come available
  - Same process as Endorsement
  - If endorsement is retained, goes back into 3 year cycle
  - If endorsement is lost, may resubmit after measure is updated and when an appropriate project is open



# Path to Endorsement



## Endorsement Process Information

- » For more information on NQF's Endorsement Process, go to:
  - [http://www.qualityforum.org/Measuring\\_Performance/ABCs/How\\_Endorsement\\_Happens.aspx](http://www.qualityforum.org/Measuring_Performance/ABCs/How_Endorsement_Happens.aspx)
- » CMS POC on NQF's Endorsement Process:
  - Helen Dollar-Maples, CCSQ/QMVIG/DPMS
  - Email: [helen.dollar-maples@cms.hhs.gov](mailto:helen.dollar-maples@cms.hhs.gov)

# Questions ?

# Contact Information

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