Measures Management and You

Centers for Medicare & Medicaid Services   **October 2016**   **[Edition 9, Volume 1]**

Welcome!

This month's newsletter discusses Information Gathering, the first step in the Measure Conceptualization phase of the CMS Measures Management System (MMS). Endorsement is also reviewed as a key result of successful quality measure implementation.

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.

Contents

Measures Management & You
Information Gathering

The CMS Quality Strategy defines areas of interest for which measurement programs are initiated and maintained. Measurement programs must then determine, more specifically, which topics should be further defined with new or updated quality measures. Information Gathering , which is the first step of the Measure Conceptualization phase in the measure development process, explores these selected topics and potential measures.

During Information Gathering, developers research data and collect evidence for the concepts and elements that describe and make up quality measures. The data and evidence collected during this step is captured in a knowledge base, which should ultimately contain the quality goals, the strength of scientific evidence (or lack thereof) pertinent to the measure topics, and enough information to guide the prioritization of potential new or updates to existing measures.

Information Gathering is conducted in six distinct steps, which may or may not occur sequentially:

- Conduct an environmental scan
- Conduct an empirical data analysis, as appropriate
- Evaluate information collected during environmental scan and empirical data analysis
- Apply measure evaluation criteria and propose a list of potential measures
- Submit an information gathering report
- Prepare an initial list of measures or measure topics

To support the selection of pertinent and valuable quality measures, five measure evaluation criteria are used as a guide for conducting information gathering activities and for identifying priority topics – importance, scientific acceptability of measure properties, feasibility, usability and use, and related and competing measures. The fifth criterion, consideration of related and competing measures, refers to measure harmonization and should be considered from the very beginning of measure development.

The data and evidence collected for the measure concepts are then reviewed by stakeholders in the measure management process, and their input is critical for selecting measure topics that will get further developed, tested and implemented. Measure

concept reviews held by Technical Expert Panels (TEPs) include patients, healthcare providers, medical societies, and advocacy groups. A schedule of these TEP reviews is posted online for everyone to see, and for anyone to apply to participate. For a list of active and upcoming TEPs that you might be interested in joining, see the Technical Expert Panels page in the CMS MMS website.

For further detail about Information Gathering, and on the related steps involved in the Measure Conceptualization phase of measure development, see Section 3, Chapter 6 of the latest version of the MMS Blueprint. You may also download and view the Blueprint 101 Webinar on Measure Conceptualization from the Resource Page on the MMS website.

Measures Management Up Close

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

Endorsement in the Measures Management System Process

The Centers for Medicare & Medicaid (CMS) is committed to developing and promoting excellent quality measures to achieve effective and efficient healthcare quality improvement in support of the three-part aim. The process to achieve this starts with the identifying evidence that the measure is constructed soundly and that it either adds value to existing measurement programs or that it brings great strength to a new measurement program. The National Quality Forum (NQF) serves as the consensus-based entity regarding performance measurement for HHS so to the extent possible, CMS wishes to develop and promote measures that are consistent with NQF evaluation criteria.

The NQF endorsement process assesses a measure's satisfaction of five measure evaluation criteria, including Importance (the "so what?" criterion), Scientific Acceptability (reliability and validity), Feasibility (data availability), Usability and Use (level of measurement effort), and Related and Competing Measures (harmonization opportunities).

The standard NQF measure endorsement process follows an annual schedule. The process begins when NQF posts its public call for nominations on its website to identify Steering Committee members. Once selected, this committee follows a seven-month timeline that starts with measure submission, ends with an appeals period, and leads to continuous maintenance.

Measure developers conduct a search for related and competing measures (such as the HHS measures inventory or the CMS measures inventory) early in the Information Gathering phase of development and again before endorsement submission. The measure developer attests that it has considered and addressed all opportunities for harmonization with related measures and issues with competing measures, as appropriate, before NQF considers the measure for endorsement.

Not all endorsements are the same. Among the several options are:

Full endorsement—the measure developer and/or steward presented adequate evidence to support endorsement.

Defer endorsement—the Consensus Standards Approval Committee (CSAC) requires more evidence from the measure developer/steward before it can make an endorsement decision.

Decline endorsement—the evidence supplied do not meet NQF endorsement criteria.

Trial approval—in the case of eMeasures, CSAC can approve a limited live testing period (without endorsement) to give time for an otherwise adequate measure. This approval requires that the developer/steward provide CSAC with an adequate testing plan that includes a timeline for testing and release of results to CSAC. Measures granted this status must provide results within the proposed period or obtain an extension or risk loss of status as indicated in the NQF Trial Use Approval Policy.

The rigor of the Quality Measures Endorsement Process provides the U.S. healthcare system with measures that allow monitoring of quality improvements in support of the three-part aim.

Keeping the endorsement process in mind from the outset helps measure developers create measures that can achieve endorsement and make it possible to collect quality data with the highest possible value and the lowest possible effort on the parts of the providers. CMS offers a few tips for successful submissions and the NQF Frequently Asked Questions site will answer most questions about the content or information needed for online submission.

If you are planning to submit a quality measure for endorsement—or even if you are not but want a rigorous process to underpin your development efforts—you may obtain copies of the Measure Information Form (MIF), Measure Justification Form (MJF), and the Measure Evaluation Report Template from the Blueprint appendices. Not only is the content of these forms required for NQF endorsement, these documents provide excellent guidance along the development and endorsement trajectory.

For detailed information and related topics of measure endorsement, see Section 3, Chapter 23 of the latest version of the MMS Blueprint.

Upcoming Events

IMPACT Act: Data Elements and Measure Development Call on October 13, 2016 at 1:30 – 3:00 PM ET
  o   Register for the event here

IPFQR Program Public Reporting and Fiscal Year 2017 Data Review on October 13, 2016 at 2 PM ET
  o   Register for the event here

A Demonstration for Submitting QRDA Category I Files for CY 2016 Reporting on October 14, 2016 at 2 PM ET
  o   Register for the event here

ASC: Influenza Vaccination Summary for ASCs on October 26, 2016 at 2 PM ET
  o   Register for the event here

How to Report Across 2016 Medicare Quality Programs Call on November 1, 2016 at 1:30 – 3:00 PM ET
  o   Register for the event here

Opportunities for Public Comment on quality measures

Development of Functional Outcome Quality Measures for Skilled Nursing Facilities (SNFs)
- Public comment period opened October 7, 2016, and will close on November 4, 2016.

Refinement of Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (Short-Stay) (NQF #0678) and Language Modifications Being Explored with the Term "Pressure Injury"
- Public comment period opened October 12, 2016, and will close on November 9, 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)

Hospice Quality Reporting Program Technical Expert Panel
- TEP nominations open October 12, 2016 and will close October 26, 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.