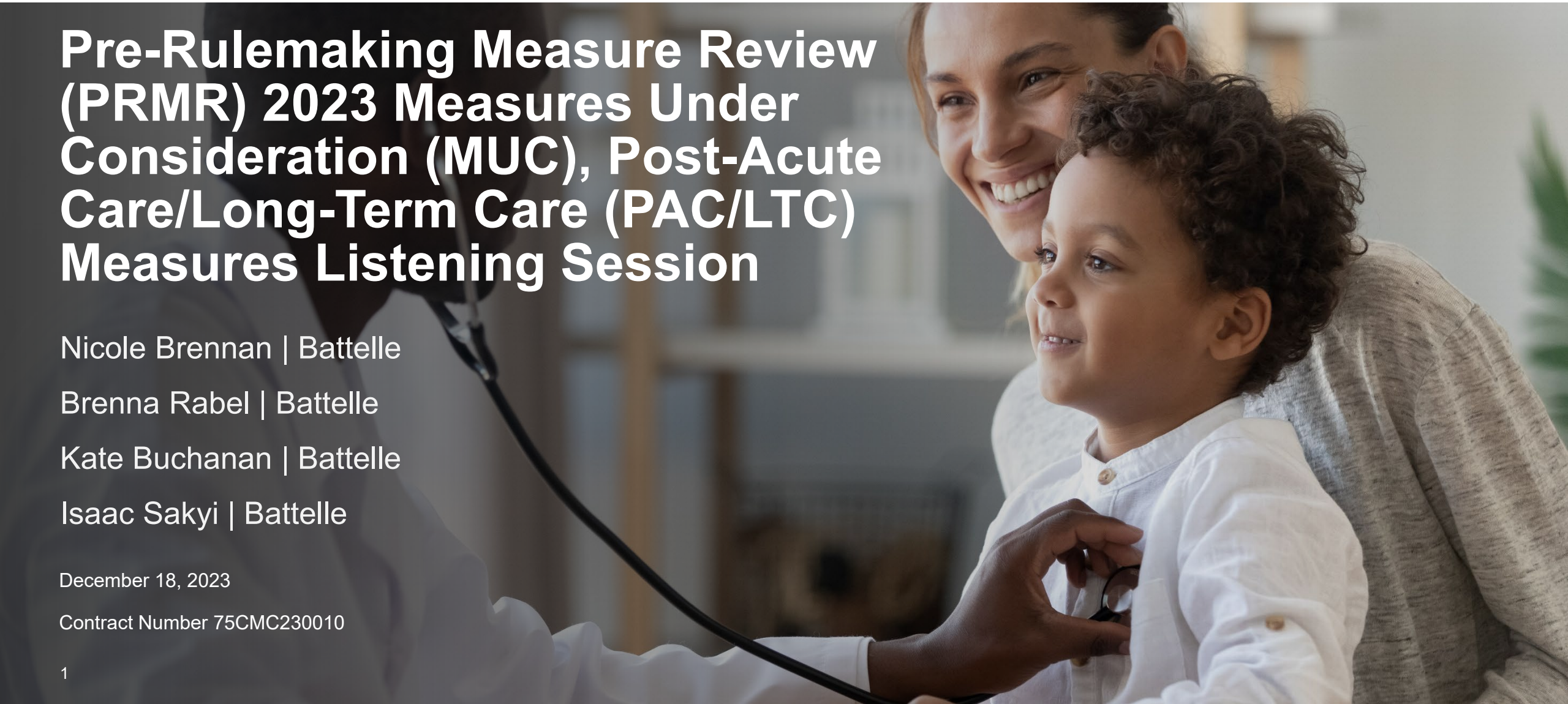
Partnership for Quality Measurement

Pre-Rulemaking Measure Review (PRMR) 2023 Measures Under Consideration (MUC), Post-Acute Care/Long-Term Care (PAC/LTC) Measures Listening Session



Nicole Brennan | Battelle

Brenna Rabel | Battelle

Kate Buchanan | Battelle

Isaac Sakyi | Battelle

December 18, 2023

Contract Number 75CMC230010

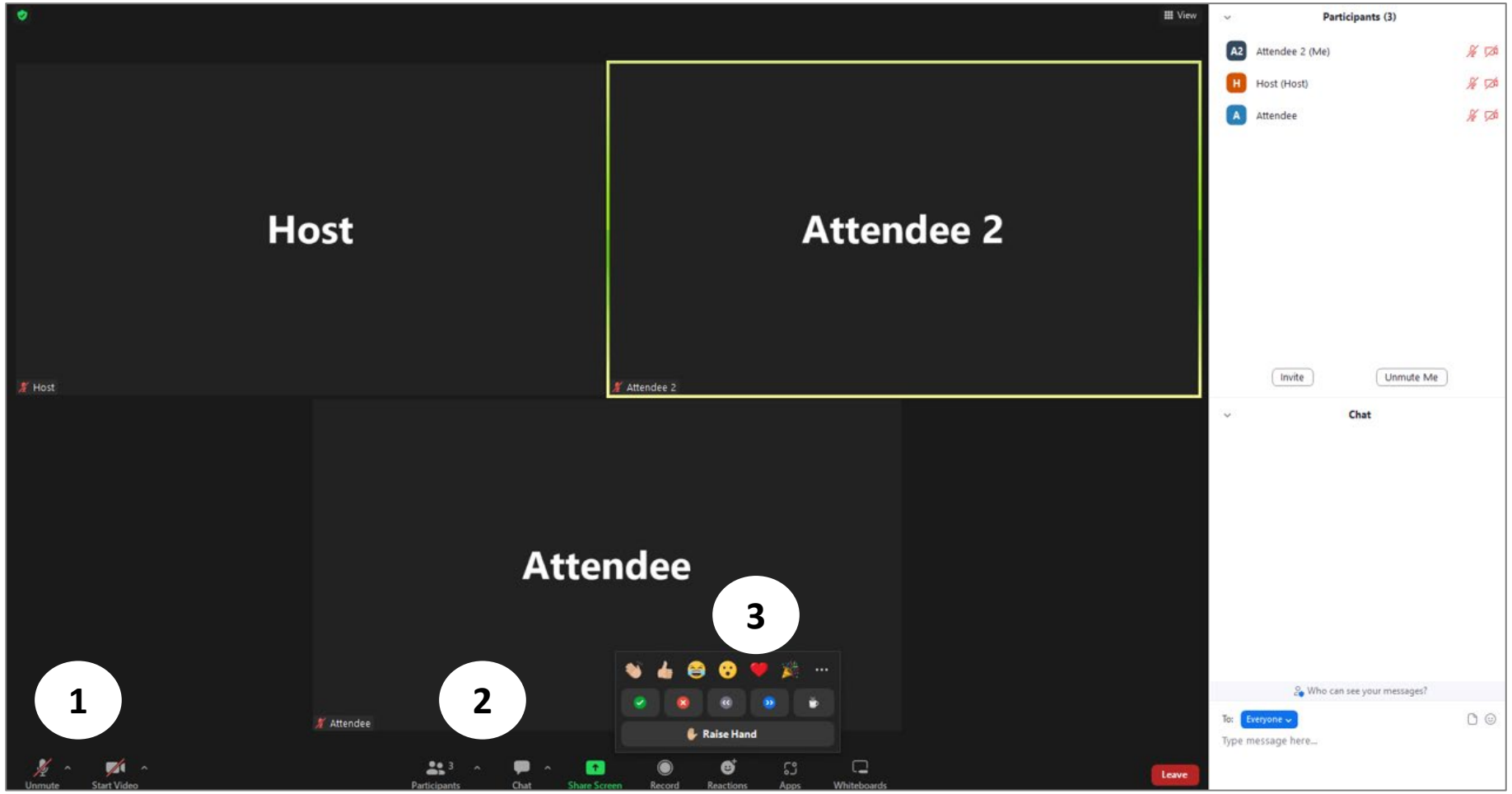
Agenda

- Welcome and introduction
- Ground rules
- CMS opening remarks
- Overview of CMS programs; PAC/LTC workgroup
- Discussion of PAC/LTC committee measures by group
- Next steps and key timeline

Housekeeping Reminders

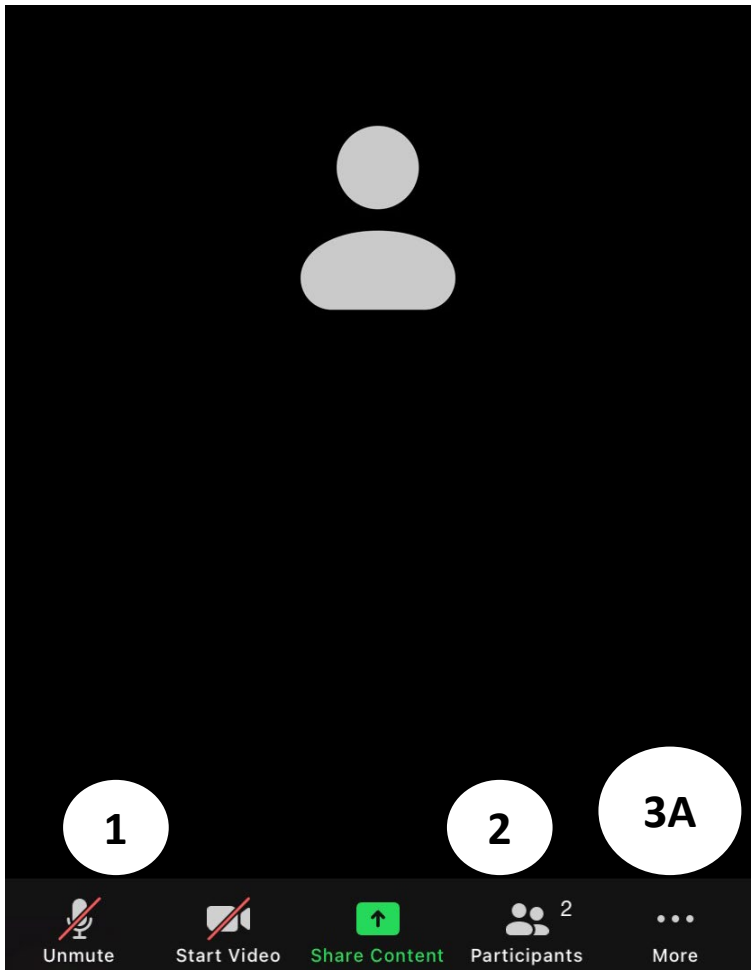
- Housekeeping reminders:
  - The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
  - Please raise your hand and unmute yourself when called on
  - Please lower your hand and mute yourself following your question/comment
  - Please state your first and last name if you are a call-in user
  - We encourage you to keep your video on throughout the event
  - Feel free to use the chat feature to communicate with Battelle staff
- If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at PQMsupport@battelle.org

Using the Zoom Platform



1. Click the lower part of your screen to mute/unmute, start, or pause video
2. Click on the participant or chat button to access the full participant list or the chat box
3. To raise your hand, select the raised hand function under the reactions tab

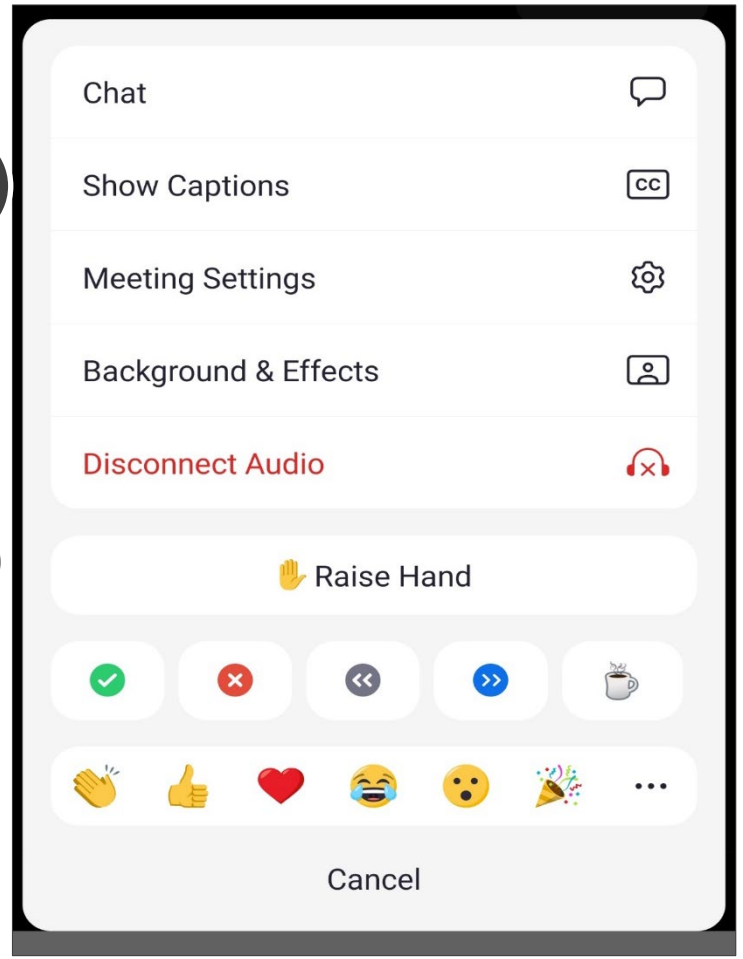
Using the Zoom Platform (Phone View)



1. Click the lower part of your screen to mute/unmute, start or pause video

2. Click on the participant button to view the full participant list

3. Click on “more” button to (3A) view the chat box, (3B) show closed captions, or to (3C) raise your hand. To raise your hand, select the raised hand function under the reactions tab



Meeting Ground Rules

- Respect all voices
- Remain engaged and actively participate
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

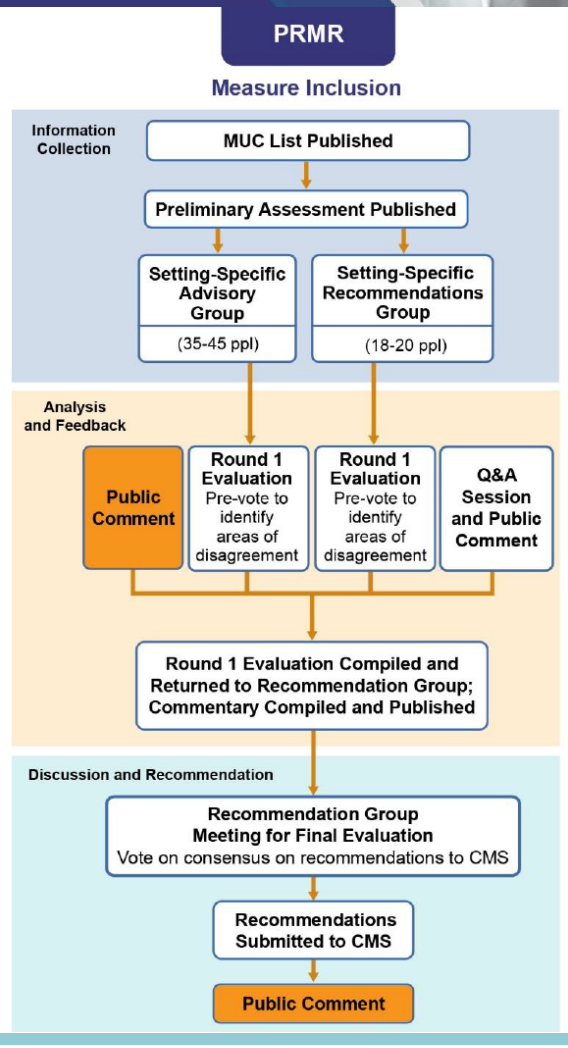
PRMR Process

PRMR Process

The PRMR process builds consensus regarding MUC list measures as to whether they are appropriate for consideration for CMS quality reporting programs and value-based programs

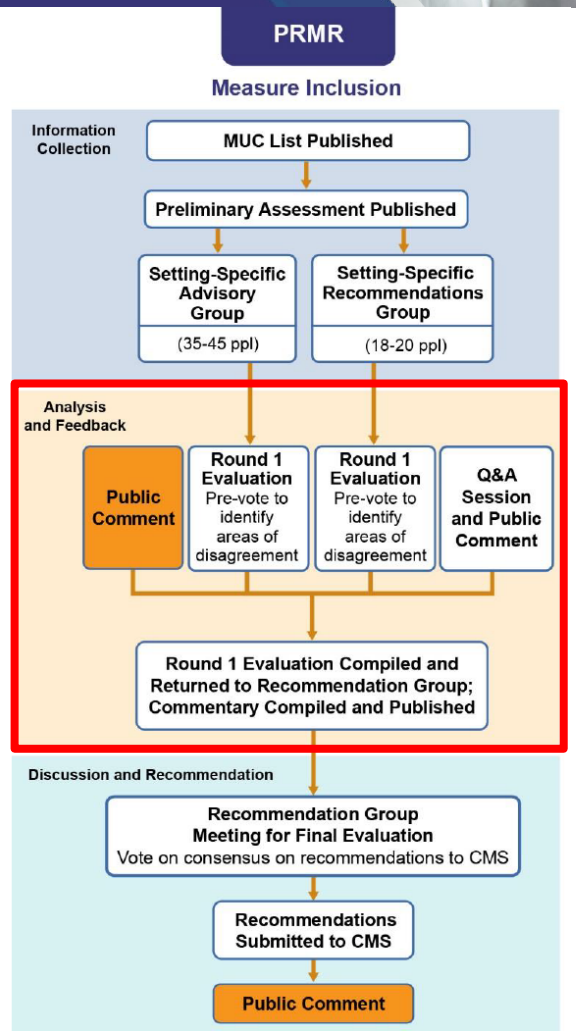
Three major phases:

1. Information collection
2. Analysis and feedback
3. Discussion and recommendation



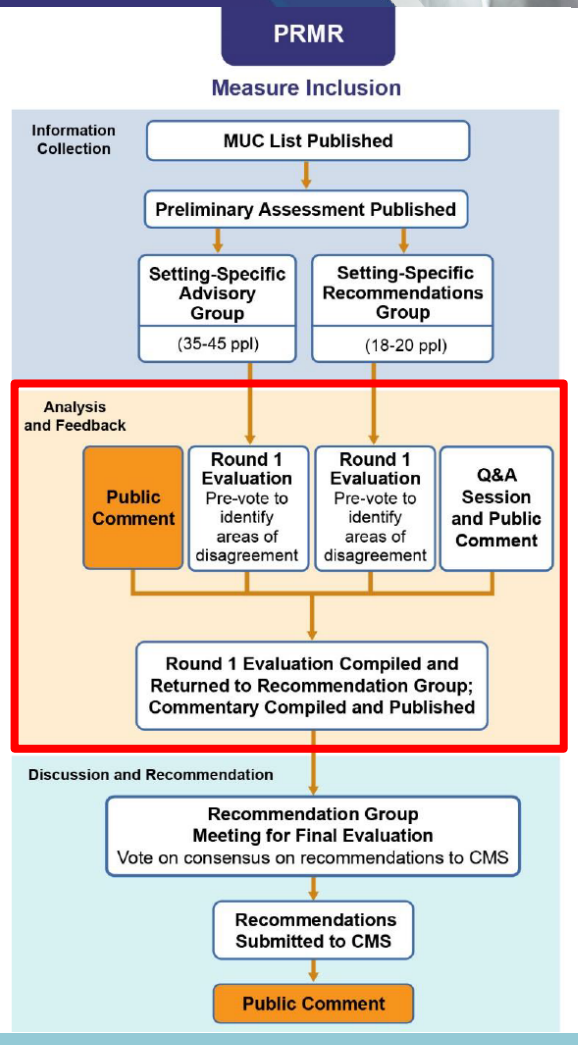
PRMR Process: Analysis and Feedback

- **Round One Evaluation**
  - Advisory group and recommendation group members review PAs. They submit initial ratings on the measures with explanations.
  - Ratings are used to determine areas of non-consensus. This helps focus discussion during the recommendation group meeting.
- **Public Comment and Listening Sessions**
  - A 21-day call for public comment occurs with the MUC list release.
  - PQM will host three public listening sessions, one per setting, where CMS, Battelle staff, and measure developers/stewards address questions.
  - Comments received through the comment process and during listening sessions will be made publicly available on the PQM website.



PRMR Process: Analysis and Feedback
(cont.)

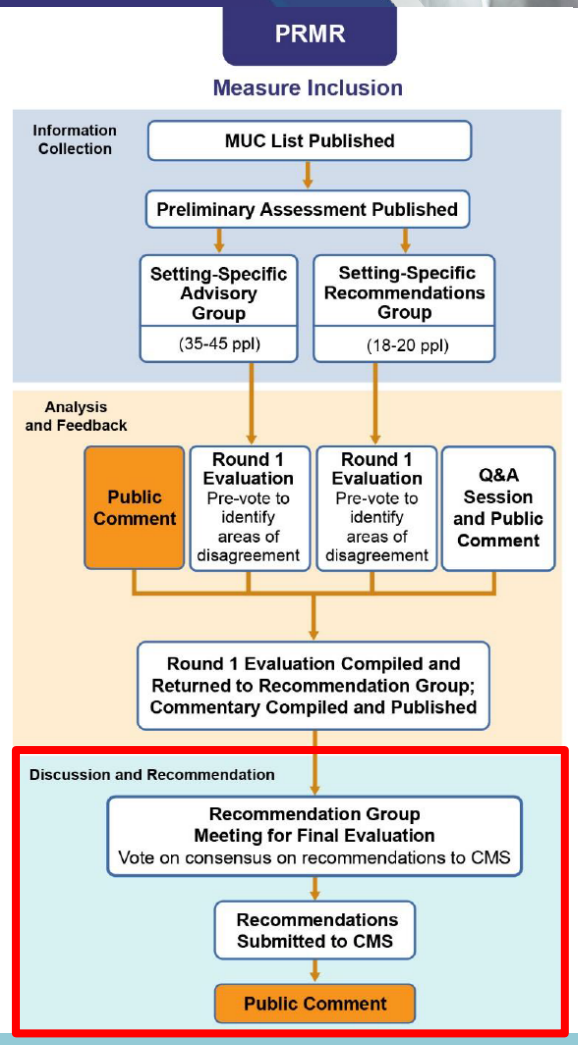
- Information collected from the public comment process, listening sessions, and written feedback from PRMR groups is compiled and synthesized.
  - Round One Evaluations are used to identify areas of non-consensus. Areas of non-consensus are emphasized in the recommendation group meetings for final evaluation agenda.
  - Feedback from the advisory groups and recommendation groups, along with public comments, are provided to the recommendation groups to consider as they vote.



PRMR Process: Discussion and Recommendation

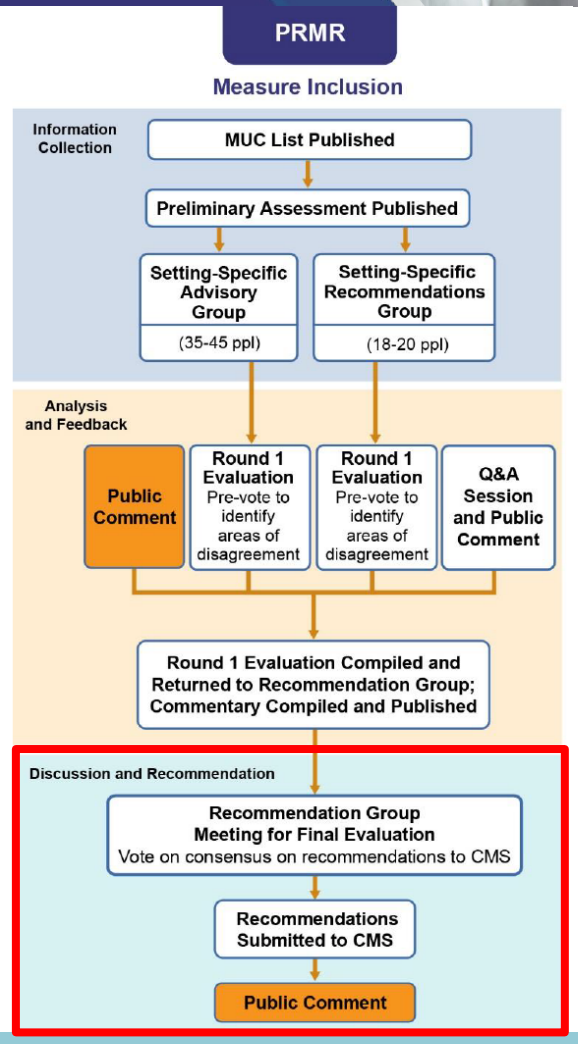
Recommendation Group Meeting for Final Evaluation

- In January, the recommendation groups meet to discuss issues/concerns raised during the public comment period and feedback from the advisory groups.
- The meeting agenda prioritizes areas of non-consensus identified in the analysis and feedback phase.
- The recommendation group meetings for final evaluation involves:
  - An efficient iterative voting process to ensure a meaningful approach for making final recommendations
  - Trained facilitators and committee-selected lead discussants
- Recommendations from the meeting are submitted to CMS.



PRMR Process: Discussion and Recommendation (cont.)

- Final recommendations from the recommendation group are published February 1 on the PQM website.
- There is a 15-day second public comment period.
- The intent of this comment opportunity is to provide additional feedback on MUC and the final recommendations to CMS.



Review of PAC/LTC Programs

Michelle Schreiber, MD, Deputy Director of the Center for Clinical Standards and Quality (CCSQ) for the Centers for Medicare & Medicaid Services (CMS)

Overview of Quality Measurement at CMS

What Makes a Good Measure

- High Impact
- Meaningful
- Supports Scientific Evidence and Best Practice
- No Unintended Consequences
- Valid
- Reliable
- Feasible
- Appropriate Risk Adjustment
- Attributable
- Actionable

Using Measures to Drive Improved Performance

- Measures used to drive quality and outcomes improvement
  - Should support ongoing performance improvement efforts and goals
  - May be used in incentives or penalties
  - Most programs start as incentives, or pay to report, and then transition to pay for performance
- Measures used to inform – transparent public reporting to inform consumers in making their health care choices.
- Measures are for accountability through incentivizes/penalties for performance
- Link performance to payment as opposed to just pay for volume
- CMS goal – to have all healthcare payments in advanced value payment models (value = quality + safety + experience / cost)
- How do measures move us in a direction of advanced value payment models, and what measures are most valuable in this payment world

CMS National Quality Strategy

Mission

To achieve optimal health and well-being for all individuals.

Vision

CMS, a trusted partner, is shaping a resilient, high-value American health care system that delivers high-quality, safe, and equitable care for all.

CMS National Quality Strategy serves as our framework for quality measurement

CMS National Quality Strategy Goals

The Eight Goals of the CMS National Quality Strategy are Organized into Four Priority Areas:

Equity

Advance health equity and whole-person care

Engagement

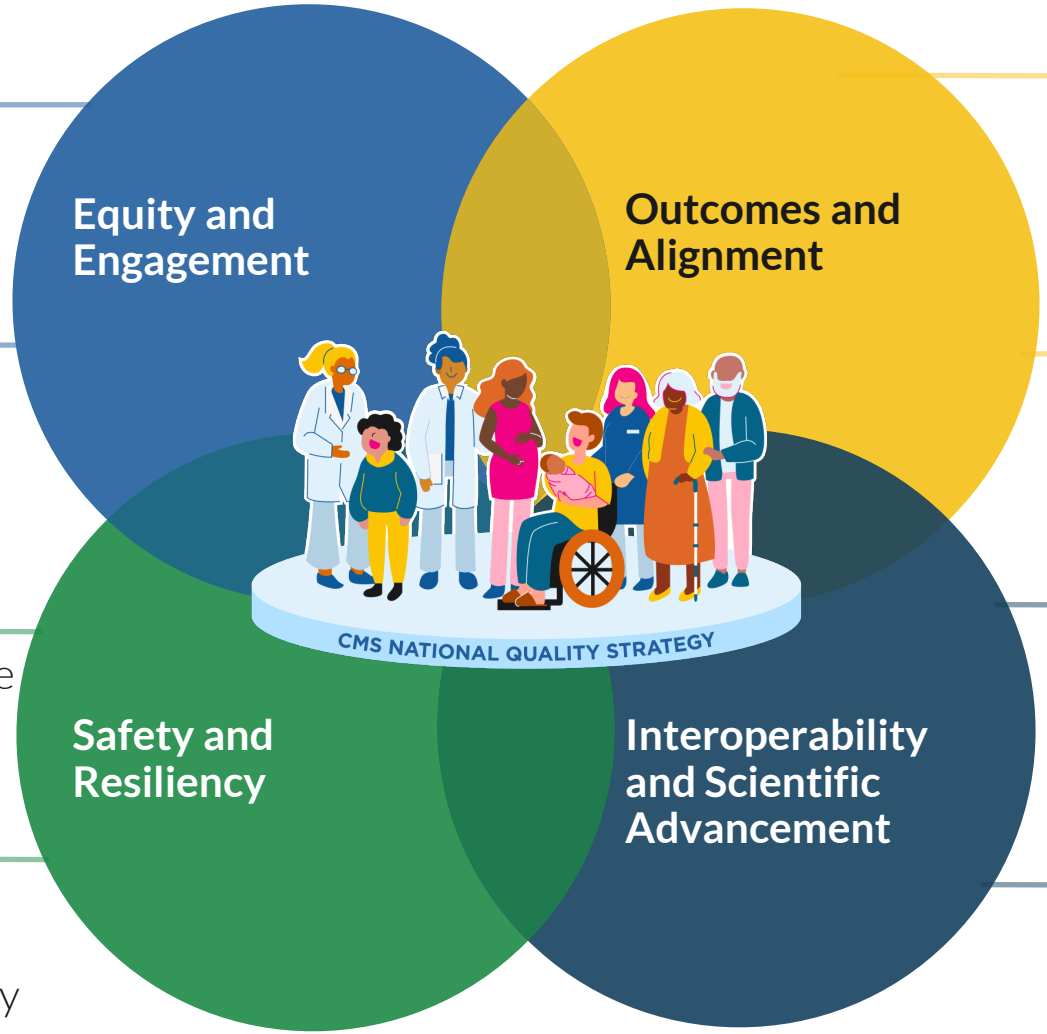
Engage individuals and communities to become partners in their care

Safety

Achieve zero preventable harm

Resiliency

Enable a responsive and resilient health care system to improve quality



Outcomes

Improve quality and health outcomes across the care journey

Alignment

Align and coordinate across programs and care settings

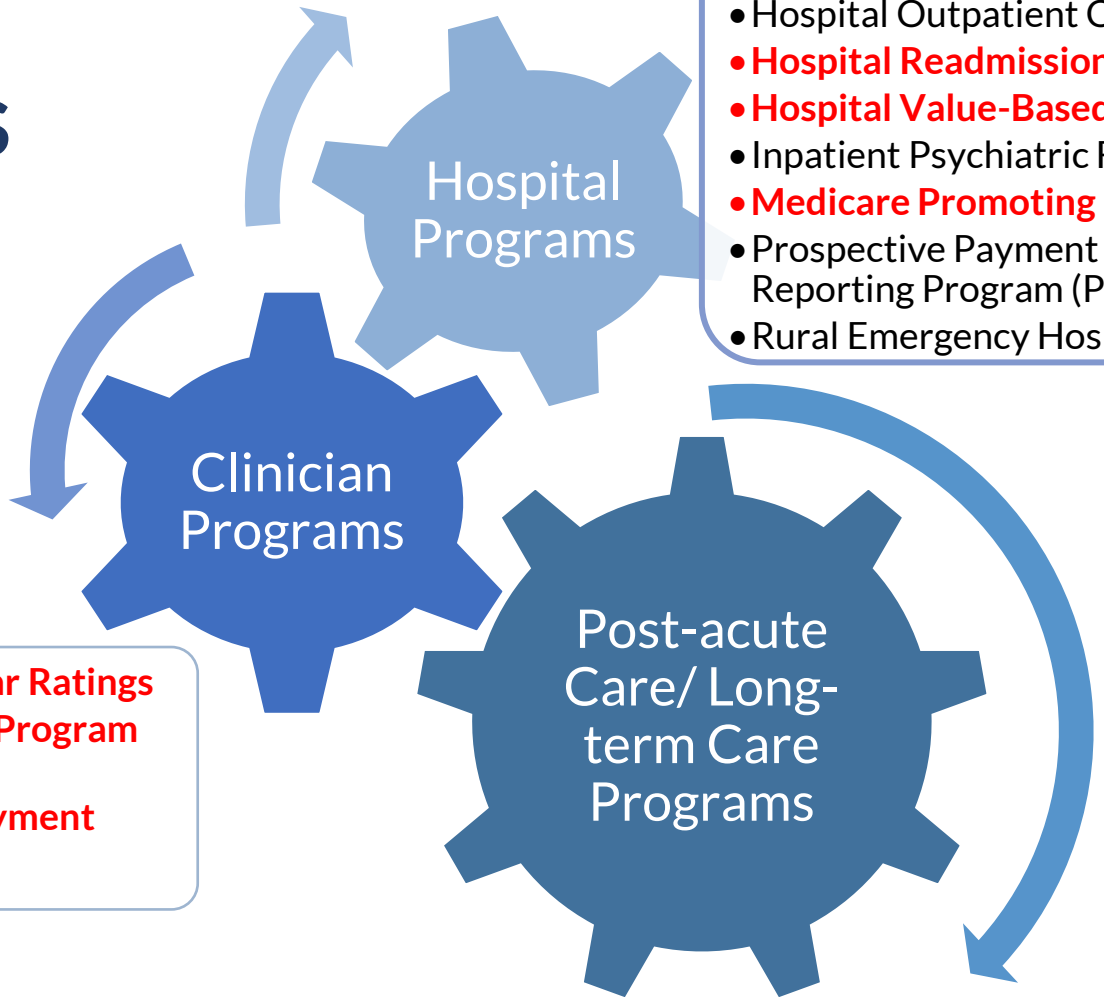
Interoperability

Accelerate and support the transition to a digital and data-driven health care system

Scientific Advancement

Transform health care using science, analytics, and technology

Medicare Quality Programs



- Ambulatory Surgical Center Quality Reporting Program (ASCQR)
- End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
- **Hospital-Acquired Conditions Reduction Program (HACRP)**
- Hospital Inpatient Quality Reporting (Hospital IQR Program)
- Hospital Outpatient Quality Reporting (Hospital OQR Program)
- **Hospital Readmissions Reduction Program (HRRP)**
- **Hospital Value-Based Purchasing Program (HVBP)**
- Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)
- **Medicare Promoting Interoperability Program (PI)**
- Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting Program (PCHQR)
- Rural Emergency Hospital Quality Reporting Program (REHQR)

- **Medicare Part C and D Star Ratings**
- **Medicare Shared Savings Program (Shared Savings Program)**
- **Merit-based Incentive Payment System (MIPS) Program**

- Home Health Quality Reporting Program (Home Health QRP)
- **Home Health Value-Based Purchasing Program (Home Health VBP)**
- Hospice Quality Reporting Program (HQRP)
- Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
- Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
- Skilled Nursing Facility Quality Reporting Program (SNF QRP)
- **Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP)**

Red/Bold connotes PAY FOR PERFORMANCE; others are PAY FOR REPORTING

Measure Implementation

Measure Submission

January—May 2023:

Developers submit measures through the MUC Entry/ Review Information Tool (MERIT)

MUC List Development

June—November 2023:

Review of the MUC List by CMS, HHS, and OMB

PRMR

December 2023—January 2024:

Process to seek broad, represent-ative input on the MUC List with recommend-ations posted February 1

Rulemaking

2024:

Notices of Proposed Rulemaking (NPRM) publish

Final Rules Publish

Implementation

Collection may begin as early as 2025 with reporting 1-2 years after collection

2023 MUC List Overview

The 42 measures on the 2023 MUC List include

- 18 outcome measures (including intermediate and Patient-Reported Outcome-based Performance Measure (PRO-PM)),
- 12 process measures,
- 4 structure measures, and
- 8 cost/resource use measures.

CMS highlights the following about the 2023 MUC List:

- 95% of the measures are digitally sourced, advancing the CMS National Quality Strategy goal of prioritizing the development of interoperable and digital quality measures.
- 43% of measures are outcome focused, promoting the CMS National Quality Strategy priority of alignment and improved health outcomes across the care journey.
- 26% of the measures address the Person-Centered Care Meaningful Measures Priority 2.0, accelerating equity and engagement for all individuals.

Thank you

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PAC/LTC Committee Measures

Pain and Symptom Management

MUC2023-163 Timely Reassessment of Pain Impact

- **Measure Steward:** Centers for Medicare & Medicaid Services (CMS)
- **Brief Description of Measure:**
  - The Timely Reassessment of Pain Impact measure captures the percent of hospice patient assessments that have a pain reassessment within 2 days when pain impact was initially assessed as moderate or severe.

*New Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
Process	All hospice patients	Not Endorsed	Facility

MUC2023-166 Timely Reassessment of Non-Pain Symptom Impact

- **Measure Steward:** CMS
- **Brief Description of Measure:**
  - The Timely Reassessment of Non-Pain Symptom Impact measure captures the percent of hospice patient assessments that have non-pain symptom(s) reassessment within 2 days when symptom impact was initially assessed as moderate or severe.

*New Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
Process	All hospice patients	Not Endorsed	Facility

Pain and Symptom Management

MUC2023-163 Timely Reassessment of Pain Impact

Measure Steward: Centers for Medicare & Medicaid Services (CMS)

MUC2023-166 Timely Reassessment of Non-Pain Symptom Impact

Measure Steward: CMS

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Opportunity for Public Comment

- MUC2023-163 Timely Reassessment of Pain Impact
- MUC2023-166 Timely Reassessment of Non-Pain Symptom Impact

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Questions

- MUC2023-163 Timely Reassessment of Pain Impact
- MUC2023-166 Timely Reassessment of Non-Pain Symptom Impact

CAHPS Hospice Survey Measure

Begins at 2:10 pm ET

MUC2023-183 CAHPS Hospice Survey-Care Preferences

- **Measure Steward:** CMS
- **Brief Description of Measure:**
  - Care Preferences is a multi-item measure derived from the CAHPS Hospice Survey, Version 9.0, a 39-item standardized questionnaire and data collection methodology. The survey is intended to measure the care experiences of hospice decedents and their primary caregivers. The Care Preferences measure is composed of responses that address the care team's effort to listen to the things that mattered most to the patient/family and provision of care that respected patient wishes.

*New Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
PRO-PM or Patient Experience of Care	All Payer	Endorsed	Facility

MUC2023-191 CAHPS Hospice Survey Hospice Team Communication

- **Measure Steward:** CMS
- **Brief Description of Measure:**
  - Hospice Team Communication is a multi-item measure derived from the CAHPS Hospice Survey, Version 9.0, a 39-item standardized questionnaire and data collection methodology. The survey is intended to measure the care experiences of hospice decedents and their primary caregivers. The Hospice Team Communication measure is composed of responses to the following five Hospice Team Communication focused survey items.
    - How often did the hospice team let you know when they would arrive to care for your family member?
    - How often did the hospice team explain things in a way that was easy to understand?
    - How often did the hospice team keep you informed about your family member's condition?
    - How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?
    - While your family member was in hospice care, how often did the hospice team listen carefully to you?

*Existing Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
PRO-PM or Patient Experience of Care	All Payer	Endorsed	Facility

MUC2023-192 CAHPS Hospice Survey Getting Hospice Care Training

- **Measure Steward:** CMS
- **Brief Description of Measure:**
  - Hospice Team Communication is a multi-item measure derived from the CAHPS Hospice Survey, Version 9.0, a 39-item standardized questionnaire and data collection methodology. The survey is intended to measure the care experiences of hospice decedents and their primary caregivers. The Getting Hospice Care Training measure is composed of responses to a survey item on receipt of training on caring for a family member.

*Existing Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
PRO-PM or Patient Experience of Care	All Payer	Endorsed	Facility

CAHPS® Hospice Survey

MUC2023-183,191 & 192 CAHPS Hospice Survey

Measure Steward: Centers for Medicare & Medicaid Services (CMS)
Includes: Care Preferences, Hospice Team Communication, and Getting Hospice Care Training

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Opportunity for Public Comment

- MUC2023-183,191 & 192 CAHPS Hospice Survey

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Questions

- MUC2023-183,191 & 192 CAHPS Hospice Survey

Next Steps

Public Comment and Review Meetings

- **CMS measure and program leads had the opportunity to review the Preliminary Analyses prior to publication.**
  - Received November 13 and due back to Battelle on November 28.
- **Public comments will be made public approximately 1 week after the public comment period closes for review.**
  - Estimated timeline: delivery December 29-January 3.
- **CMS measure and program leads will have an opportunity to meet with Battelle staff to discuss the areas of consensus and disagreement across the measures.**
  - Meeting January 4 for all programs (CMS leads only).
  - Battelle will provide one-page summary of public comment themes and verbal discussion of comments.
  - CMS leads, measure developers, and stewards will receive updated written materials week prior to the review meetings.

November 2023

S	M	T	W	T	F	S
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

December 2023

S	M	T	W	T	F	S
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

January 2024

S	M	T	W	T	F	S
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3

PRMR Meetings

- **PRMR CMS Program and Measure Lead Preparation Meeting (CMS Leads Only):** January 4, 2024, 12:00-3:00 p.m. ET
- **Measure Review Meetings (all day)**
  - Clinician Recommendation Group Meeting: January 16-17, 2024
  - Hospital Recommendation Group Meeting: January 18-19, 2024
  - PAC/LTC Recommendation Group Meeting: January 22, 2024

Questions:

Contact us at p4qm.org/contact
or by emailing pqmsupport@battelle.org

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