



Partnership for
Quality Measurement

Pre-Rulemaking Measure Review (PRMR) 2023 Measures Under Consideration (MUC), Hospital Measures Listening Session

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December 15, 2023

Contract Number 75CMC230010



Agenda



- Welcome and introduction
- Ground rules
- CMS opening remarks
- Overview of CMS programs; hospital workgroup
- Discussion of hospital 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

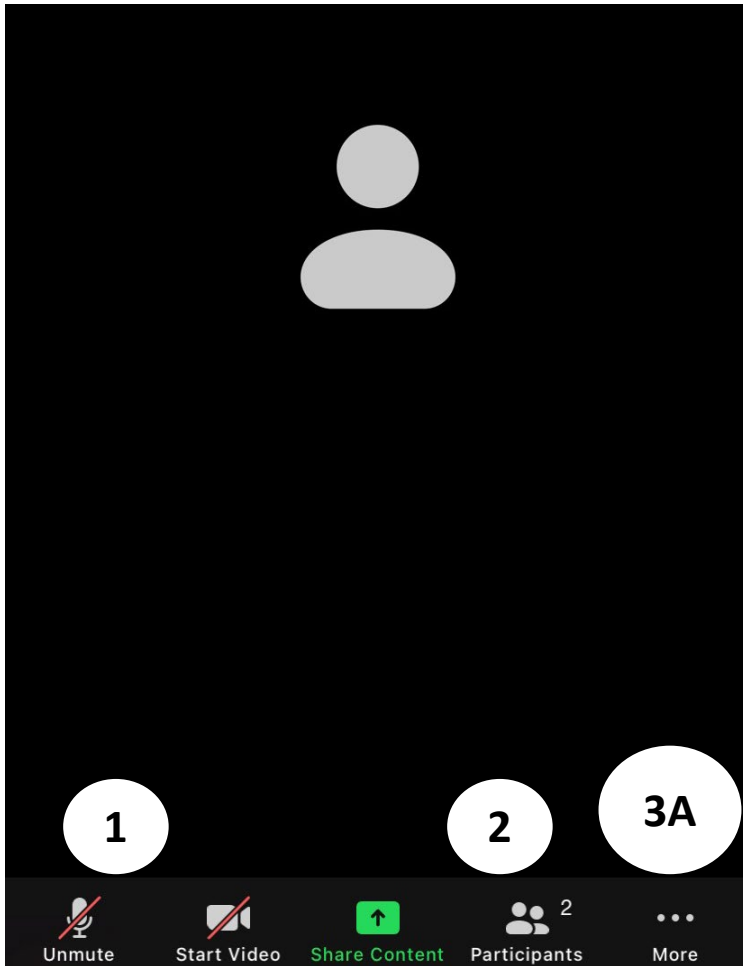
Using the Zoom Platform



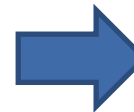
The screenshot shows a Zoom meeting interface. At the top, there are two video thumbnails: 'Host' on the left and 'Attendee 2' on the right. Below them is a large 'Attendee' video thumbnail. At the bottom, there is a toolbar with various icons. Three numbered callouts are present: 1. A white circle with the number '1' is positioned over the bottom toolbar. 2. A white circle with the number '2' is positioned over the 'Participants' button in the bottom toolbar. 3. A white circle with the number '3' is positioned over the 'Raise Hand' button in the reactions menu, which is open over the 'Attendee' video thumbnail. On the right side of the screenshot, there is a 'Participants (3)' panel showing a list of participants: 'Attendee 2 (Me)', 'Host (Host)', and 'Attendee'. Below this list are 'Invite' and 'Unmute Me' buttons. Below that is a 'Chat' panel with a 'Who can see your messages?' dropdown and a 'Type message here...' input field.

- 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)

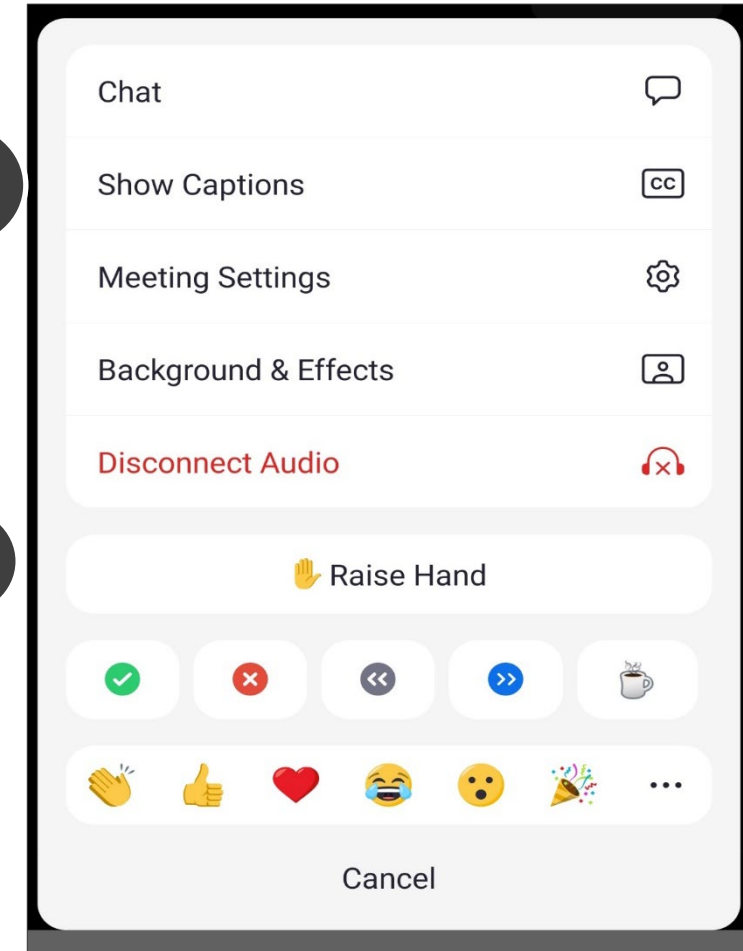


- 1 Click the lower part of your screen to mute/unmute, start or pause video
- 2 Click on the participant button to view the full participant list
- 3 Click on “more” button to (3A) view the chat box, (3B) show closed captions, or to (3C) raise your hand. To raise your hand, select the raised hand function under the reactions tab



3B

3C



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

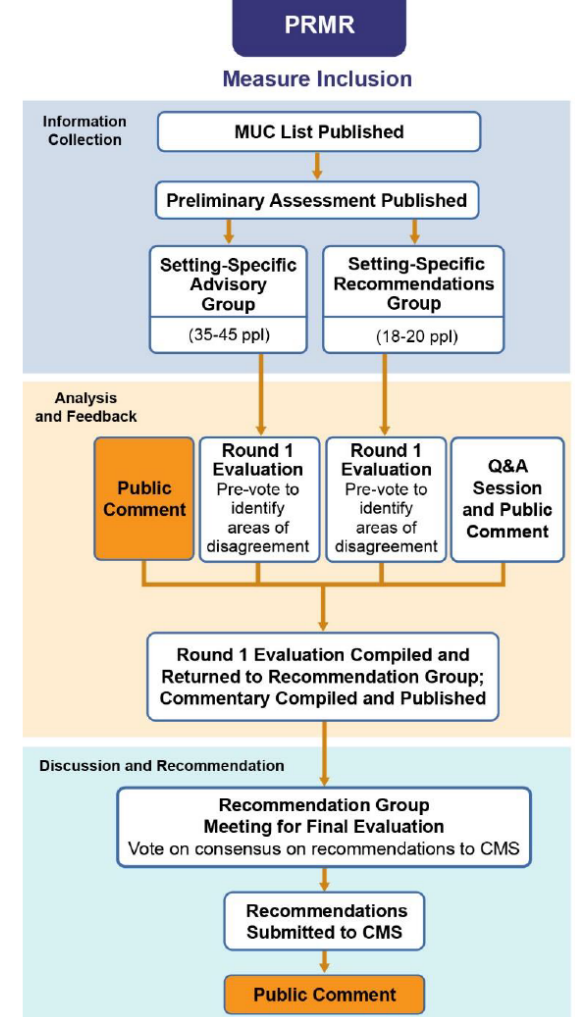


PRMR Process

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

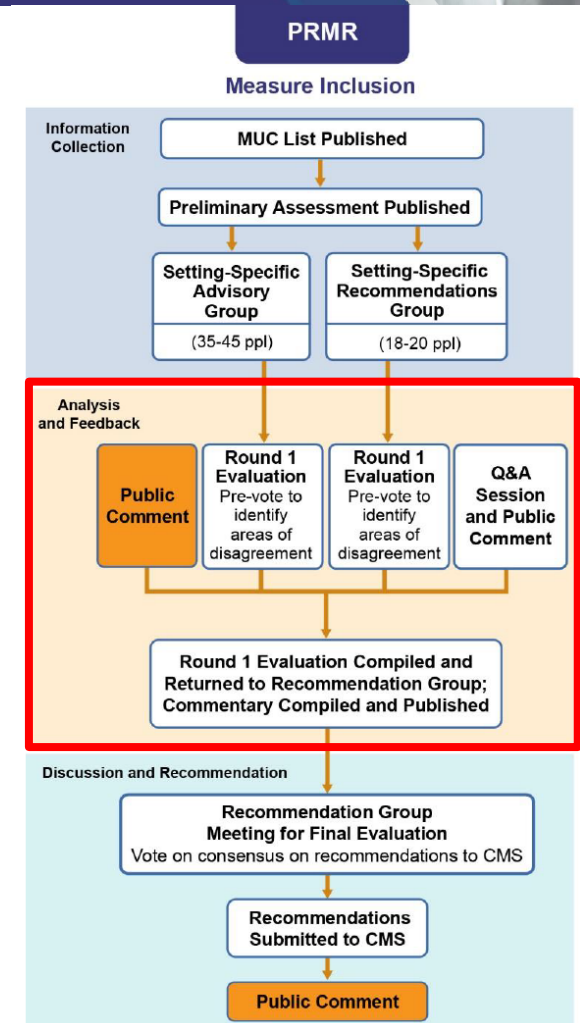


• Round One Evaluation

- 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.

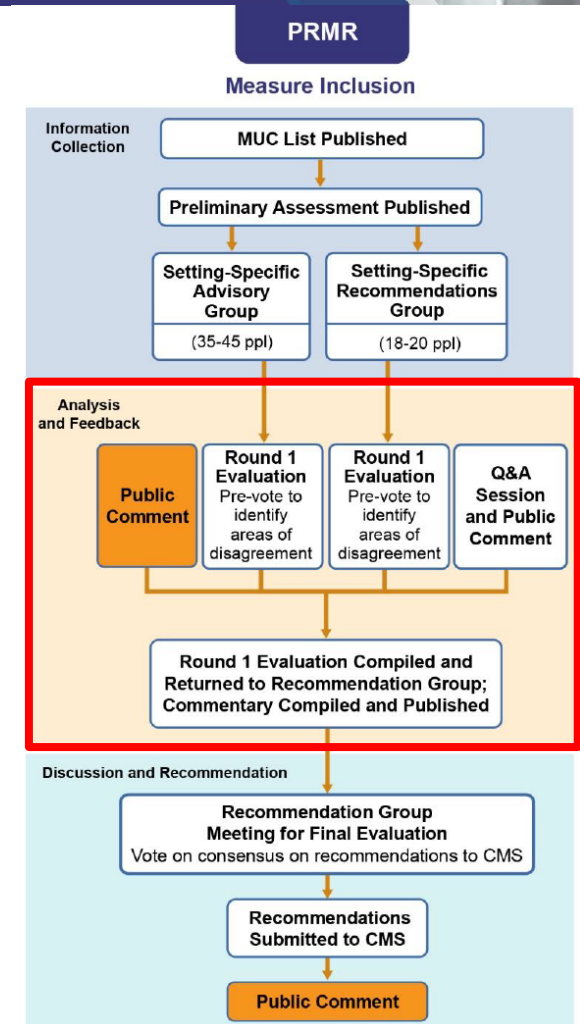


PRMR Process: Analysis and Feedback

(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.

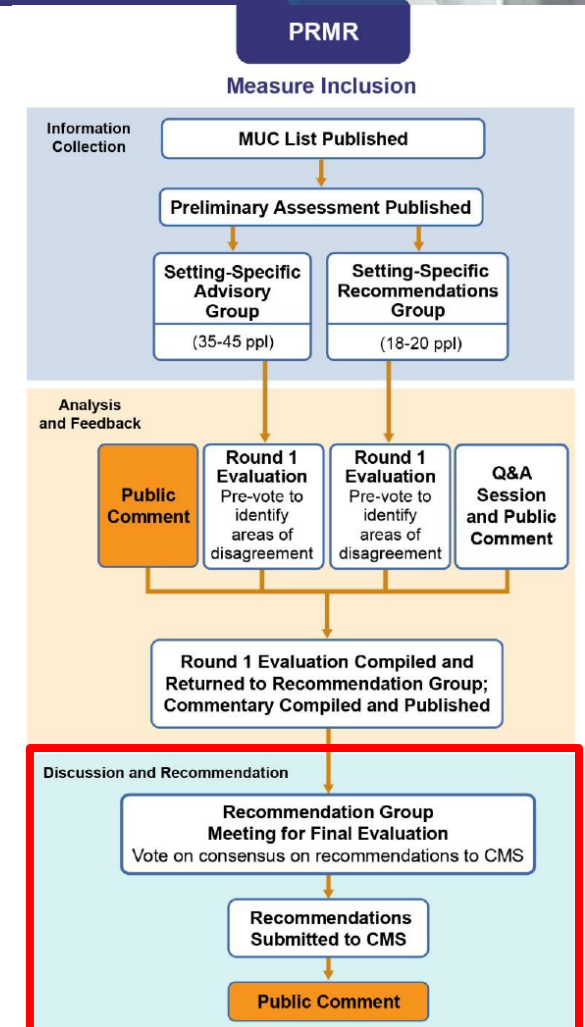


PRMR Process: Discussion and Recommendation



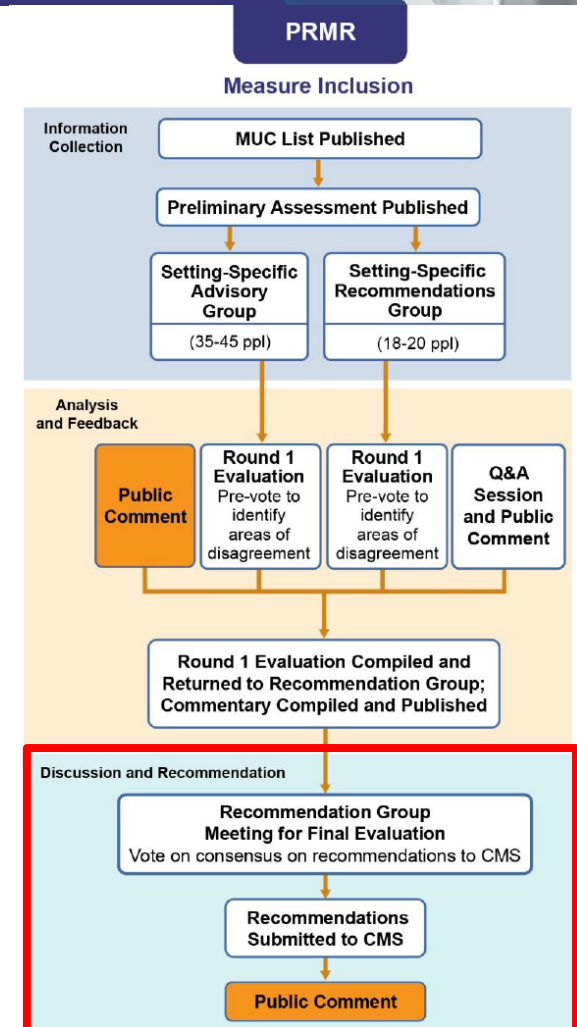
Recommendation Group Meeting for Final Evaluation

- 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 will be 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.



CMS Opening Remarks & Review of Hospital 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.

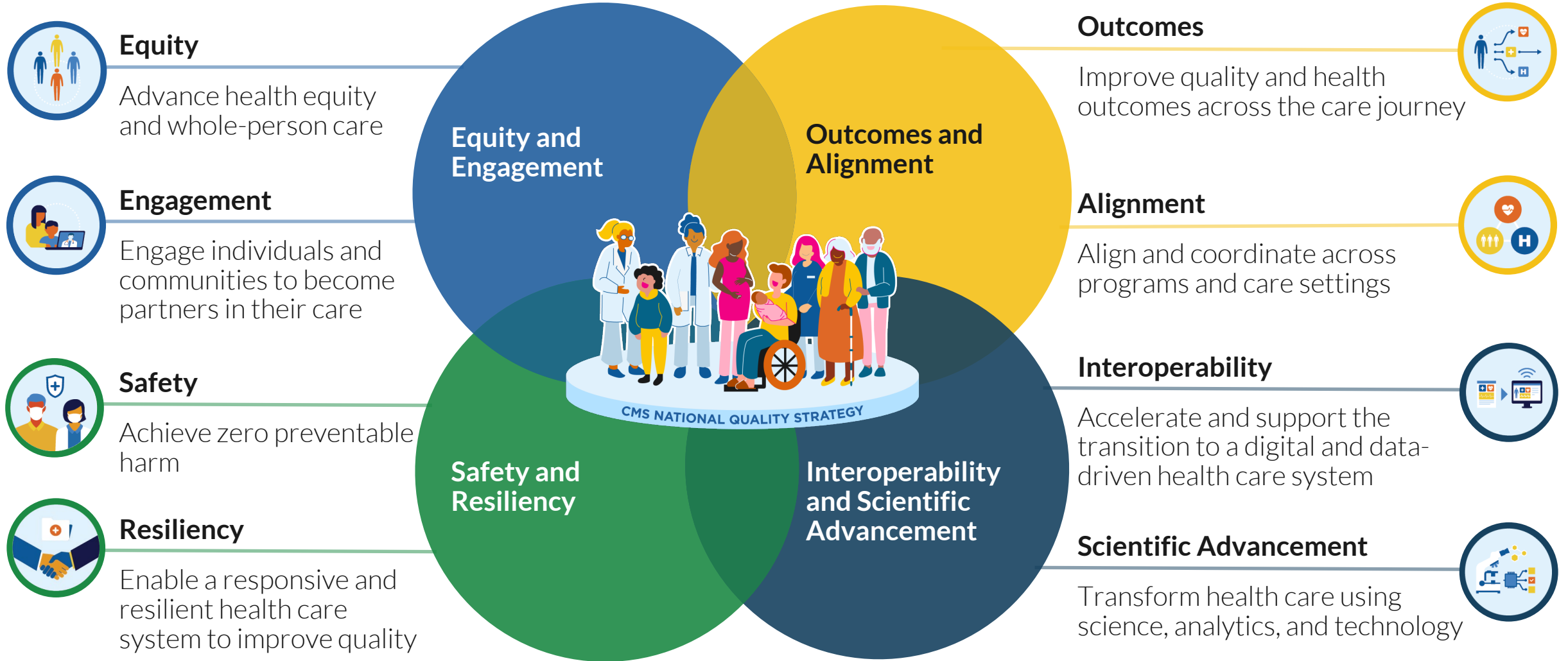
Vision

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

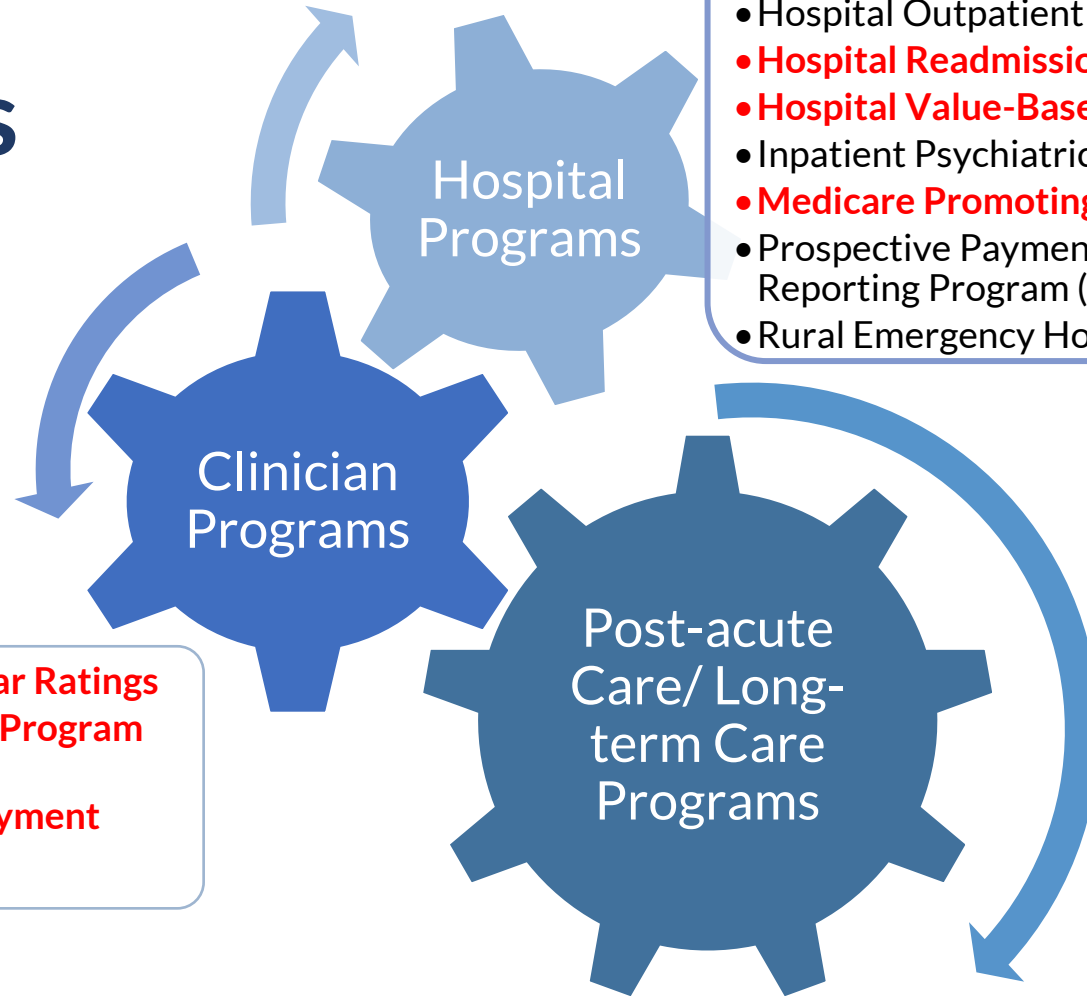


CMS National Quality Strategy Goals

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



Medicare Quality Programs

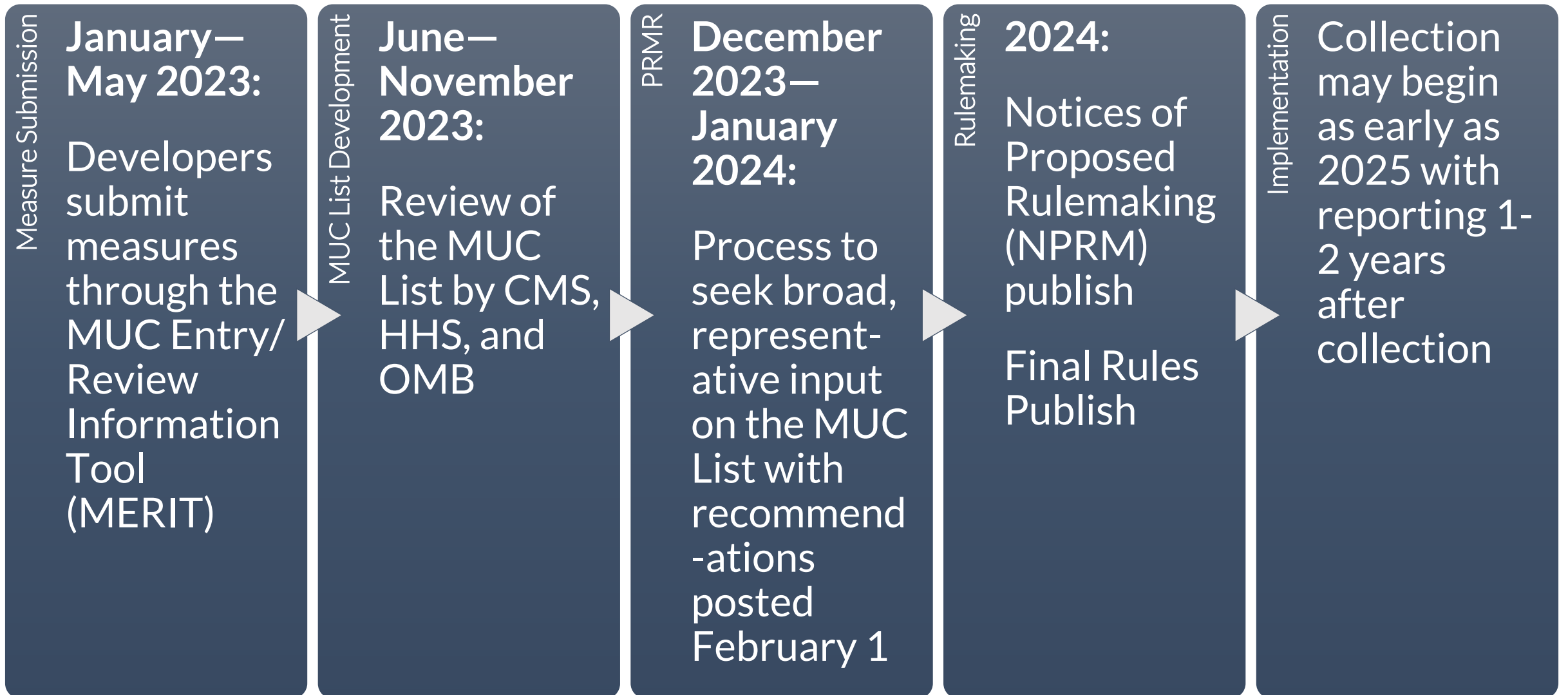


- Medicare Part C and D Star Ratings
- Medicare Shared Savings Program (Shared Savings Program)
- Merit-based Incentive Payment System (MIPS) Program

- 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)

- 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)**

Measure Implementation



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

Hospital Committee Measures



Health Equity



MUC2023-139 Hospital Equity Index (HEI)



- **Measure Steward:** Centers for Medicare & Medicaid Services (CMS)
- **Brief Description of Measure:**
 - The HEI is a prototype method for a single score that summarizes several measurements of disparity in care at a hospital. The final score, centered around a value of 0.00 due to the method of standardization used, will summarize results of the Centers for Medicare and Medicaid Services (CMS) Disparity Methods (stratified measure results) across a range of measures and social and demographic risk factors, to provide more accessible information about variations in healthcare disparity across hospitals.

*New Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
Outcome	Medicare Fee for Service	Not Endorsed	Facility

MUC2023-175 Facility Commitment to Health Equity



- **Measure Steward:** CMS
- **Brief Description of Measure:**
 - This structural measure assesses facility commitment to health equity using a suite of equity-focused organizational competencies aimed at achieving health equity for racial and ethnic minority groups, people with disabilities, members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community, individuals with limited English proficiency, rural populations, religious minorities, and people living near or below poverty level.

*Existing Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
Structure	Medicare Fee for Service	Not Endorsed	Facility

MUC2023-176 Hospital Commitment to Health Equity



- **Measure Steward:** CMS
- **Brief Description of Measure:**
 - This structural measure assesses hospital commitment to health equity using a suite of equity-focused organizational competencies aimed at achieving health equity for racial and ethnic minority groups, people with disabilities, members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community, individuals with limited English proficiency, rural populations, religious minorities, and people living near or below poverty level.

*Existing Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
Structure	Medicare Fee for Service	Not Endorsed	Facility



MUC2023-139 Hospital Equity Index (HEI)

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

MUC2023-175 Facility Commitment to Health Equity

Measure Steward: CMS

MUC2023-176 Hospital Commitment to Health Equity

Measure Steward: CMS

Opportunity for Public Comment

- MUC2023-139 Hospital Equity Index (HEI)
- MUC2023-175 Facility Commitment to Health Equity
- MUC2023-176 Hospital Commitment to Health Equity



Questions

- MUC2023-139 Hospital Equity Index (HEI)
- MUC2023-175 Facility Commitment to Health Equity
- MUC2023-176 Hospital Commitment to Health Equity



Social Drivers of Health and Malnutrition

Begins at 12:05 pm ET



MUC2023-156 Screening for Social Drivers of Health (SDOH)



Measure Steward: CMS

- **Brief Description of Measure:**

- The Screening for SDOH is a process measure that assesses the total number of patients, who were 18 years or older on the date of service, screened for social risk factors (specifically, food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety) during their outpatient facility, Ambulatory Surgical Center (ASC), and rural emergency hospital (REH) care.

*Existing Measure

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

MUC2023-171 Screen Positive Rate for Social Drivers of Health (SDOH)



Measure Steward: CMS

- Brief Description of Measure:**

- The Screen Positive Rate for SDOH is a process measure that provides information on the percent of patients receiving care at an outpatient facility, Ambulatory Surgical Center (ASC), and rural emergency hospital (REH), who were 18 years or older on the date of service, who were screened for all five health-related social needs (HRSNs), and who screened positive for one or more of the following five HRSNs: food insecurity, housing instability, transportation problems, utility difficulties, or interpersonal safety.

*Existing Measure

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

MUC2023-199 Connection to Community Service Provider



- **Measure Steward:** OCHIN
- **Brief Description of Measure:**
 - Percent of patients 18 years of age or older who screen positive for one or more of the following health-related social needs (HRSNs): food insecurity, housing instability, transportation problems, utility help needs, or interpersonal safety; and had contact with a Community Service Provider (CSP) for at least one of their HRSNs within 60 days after discharge.

*Existing Measure

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

MUC2023-210 Resolution of At Least 1 Health-Related Social Need



- **Measure Steward:** OCHIN
- **Brief Description of Measure:**
 - Percent of patients 18 years or older who screen positive for one or more of the following health related social needs (HRSNs): food insecurity, housing instability, transportation problems, utility help needs, or interpersonal safety; and report that at least 1 of their HRSNs was resolved within 12 months after discharge.

*New Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
Outcome	All Payer	Not Endorsed	Facility

MUC2023-114 Global Malnutrition Composite Score



- **Measure Steward:** Academy of Nutrition and Dietetics
- **Brief Description of Measure:**
 - This measure assesses the percentage of hospitalizations for adults aged 18 years and older at the start of the measurement period with a length of stay equal to or greater than 24 hours who received optimal malnutrition care during the current inpatient hospitalization where care performed was appropriate to the patient's level of malnutrition risk and severity.

*Existing Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
Intermediate Outcome	Inpatient hospitalizations with a length of stay of 24 hours or more among individuals 18 years of age and older	Endorsed	Facility

Social Drivers of Health and Malnutrition



MUC2023-156 Screening for Social Drivers of Health (SDOH)

Measure Steward: CMS

MUC2023-171 Screen Positive Rate for Social Drivers of Health (SDOH)

Measure Steward: CMS

MUC2023-199 Connection to Community Service Provider

Measure Steward: OCHIN

MUC2023-210 Resolution of At Least 1 Health-Related Social Need

Measure Steward: OCHIN

MUC2023-114 Global Malnutrition Composite Score

Measure Steward: Academy of Nutrition and Dietetics

Opportunity for Public Comment

- MUC2023-156 Screening for Social Drivers of Health (SDOH)
- MUC2023-171 Screen Positive Rate for Social Drivers of Health (SDOH)
- MUC2023-199 Connection to Community Service Provider
- MUC2023-210 Resolution of At Least 1 Health-Related Social Need
- MUC2023-114 Global Malnutrition Composite Score

Questions

- MUC2023-156 Screening for Social Drivers of Health (SDOH)
- MUC2023-171 Screen Positive Rate for Social Drivers of Health (SDOH)
- MUC2023-199 Connection to Community Service Provider
- MUC2023-210 Resolution of At Least 1 Health-Related Social Need
- MUC2023-114 Global Malnutrition Composite Score



Patient Safety

Begins at 1:10 pm ET



MUC2023-048 Hospital Harm - Falls with Injury



Measure Steward: CMS

• Brief Description of Measure:

- This ratio measure assesses the number of inpatient hospitalizations where at least one fall with a major or moderate injury occurs among the total qualifying inpatient hospital days for patients aged 18 years and older.

*New Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
Outcome	All Payer	Not Endorsed	Facility

MUC2023-050 Hospital Harm - Postoperative Respiratory Failure



Measure Steward: CMS

- **Brief Description of Measure:**

- This electronic clinical quality measure (eCQM) assesses the proportion of elective inpatient hospitalizations for patients aged 18 years and older without an obstetrical condition who have a procedure resulting in postoperative respiratory failure (PRF).

*New Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
Outcome	All Payer	Not Endorsed	Facility

MUC2023-049 Thirty-day Risk-Standardized Death Rate among Surgical Inpatients with Complications (Failure-to-Rescue)



Measure Steward: CMS

- **Brief Description of Measure:**

- Percentage of surgical inpatients who experienced a complication and then died within 30 days from the date of their first “operating room” procedure. Failure-to-rescue is defined as the probability of death given a postoperative complication.

*Existing Measure: redesigned and risk adjusted.

Measure Type	Target Population	Endorsement Status	Level of Analysis
Outcome	<ul style="list-style-type: none">• Medicare Fee for Service• Medicare Advantage	Not Endorsed	Facility

MUC2023-188 Patient Safety Structural Measure



Measure Steward: CMS

- **Brief Description of Measure:**

- The Patient Safety Structural Measure is an attestation-based measure that assesses whether hospitals demonstrate having a structure and culture that prioritizes patient safety.

*New Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
Structure	Hospitals in the HIQR and PCHQR	Not Endorsed	Facility

MUC2023-196 Age Friendly Hospital Measure



- **Measure Steward:** American College of Surgeons (ACS), American College of Emergency Physicians (ACEP), and Institute for Healthcare Improvement (IHI)
- **Brief Description of Measure:**
 - This programmatic measure assesses hospital commitment to improving care for patients = 65 years of age receiving services in the hospital, operating room, or emergency department.

*Existing Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
Structure	All Payer, patients 65 and older	Not Endorsed	Facility

Patient Safety



MUC2023-048 Hospital Harm - Falls with Injury

Measure Steward: CMS

MUC2023-050 Hospital Harm - Postoperative Respiratory Failure

Measure Steward: CMS

MUC2023-049 Thirty-day Risk-Standardized Death Rate among Surgical Inpatients with Complications (Failure-to-Rescue)

Measure Steward: CMS

MUC2023-188 Patient Safety Structural Measure

Measure Steward: CMS

MUC2023-196 Age Friendly Hospital Measure

Measure Steward: American College of Surgeons (ACS), American College of Emergency Physicians (ACEP), and Institute for Healthcare Improvement (IHI)

Opportunity for Public Comment

- MUC2023-048 Hospital Harm - Falls with Injury
- MUC2023-050 Hospital Harm - Postoperative Respiratory Failure
- MUC2023-049 Thirty-day Risk-Standardized Death Rate among Surgical Inpatients with Complications (Failure-to-Rescue)
- MUC2023-188 Patient Safety Structural Measure
- MUC2023-196 Age Friendly Hospital Measure





Questions

- MUC2023-048 Hospital Harm - Falls with Injury
- MUC2023-050 Hospital Harm - Postoperative Respiratory Failure
- MUC2023-049 Thirty-day Risk-Standardized Death Rate among Surgical Inpatients with Complications (Failure-to-Rescue)
- MUC2023-188 Patient Safety Structural Measure
- MUC2023-196 Age Friendly Hospital Measure



Break

Meeting resumes at 2:30 pm ET



Health Care-Associated Infections

Begins at 2:30 pm ET



MUC2023-219 Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio Stratified for Oncology Locations



- **Measure Steward:** Centers for Disease Control and Prevention (CDC)
- **Brief Description of Measure:**
 - Annual risk-adjusted standardized infection ratio (SIR) of central line-associated bloodstream infections (CLABSI) among adults and children hospitalized as inpatients at acute-care hospitals, oncology hospitals, and long-term acute-care hospitals.

*Existing Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
Outcome	Inpatients at acute-care hospitals on oncology units	Endorsed	Facility

MUC2023-220 Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio Stratified for Oncology Locations



- **Measure Steward:** CDC
- **Brief Description of Measure:**
 - Annual risk-adjusted standardized infection ratio (SIR) of catheter-associated urinary tract infections (CAUTI) among adults and children hospitalized as inpatients at acute-care hospitals, oncology hospitals, long-term acute-care hospitals, and acute-care rehabilitation hospitals.

*Existing Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
Outcome	Acute-care hospitals, oncology hospitals, long-term acute-care hospitals, and acute-care rehabilitation hospitals	Endorsed	Facility

Health Care-Associated Infections



MUC2023-219 Central Line-Associated Bloodstream Infection (CLABSI)
Standardized Infection Ratio Stratified for Oncology Locations

Measure Steward: Centers for Disease Control and Prevention (CDC)

MUC2023-220 Catheter-Associated Urinary Tract Infection (CAUTI) Standardized
Infection Ratio Stratified for Oncology Locations

Measure Steward: CDC

Opportunity for Public Comment

- MUC2023-219 Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio Stratified for Oncology Locations
- MUC2023-220 Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio Stratified for Oncology Locations



Questions

- MUC2023-219 Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio Stratified for Oncology Locations
- MUC2023-220 Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio Stratified for Oncology Locations



Excess Days in Acute Care

Begins at 2:55 pm ET



MUC2023-117 Excess Days in Acute Care (EDAC) after Hospitalization for Acute Myocardial Infarction (AMI)



- **Measure Steward:** CMS
- **Brief Description of Measure:**
 - This measure estimates days spent in acute care within 30 days post discharge from an inpatient hospitalization for acute myocardial infarction (AMI). The acute-care outcomes include 1) ED visits, 2) observation stays (OBSs), and 3) unplanned readmissions. Unplanned readmissions are defined using the planned readmission algorithm (PRA).

*Existing Measure: modified from the IQR version and is being submitted as a new measure for HRRP.

Measure Type	Target Population	Endorsement Status	Level of Analysis
Outcome	Patients 65 years or older and enrolled in FFS Medicare and hospitalized in non-federal hospitals.	Endorsed	Facility

MUC2023-119 Excess Days in Acute Care (EDAC) after Hospitalization for Heart Failure (HF)



- **Measure Steward:** CMS
- **Brief Description of Measure:**
 - This measure estimates days spent in acute care within 30 days post discharge from an inpatient hospitalization for heart failure (HF). The acute-care outcomes include 1) ED visits, 2) observation stays (OBSs), and 3) unplanned readmissions.

*Existing Measure: modified from the IQR version and is being submitted as a new measure for HRRP.

Measure Type	Target Population	Endorsement Status	Level of Analysis
Outcome	Patients 65 years or older and enrolled in FFS Medicare and hospitalized in non-federal hospitals.	Endorsed	Facility

MUC2023-120 Excess Days in Acute Care (EDAC) after Hospitalization for Pneumonia (PN)



- **Measure Steward:** CMS
- **Brief Description of Measure:**
 - This measure estimates days spent in acute care (i.e., time spent in ED, unplanned readmission and observation stays) within 30 days of discharge from an inpatient hospitalization for pneumonia.

*Existing Measure: modified from the IQR version and is being submitted as a new measure for HRRP

Measure Type	Target Population	Endorsement Status	Level of Analysis
Outcome	Patients 65 years or older and enrolled in FFS Medicare and hospitalized in non-federal hospitals.	Endorsed	Facility/Hospital/Agency

Excess Days in Acute Care



MUC2023-117 Excess Days in Acute Care (EDAC) after Hospitalization for Acute Myocardial Infarction (AMI)

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

MUC2023-119 Excess Days in Acute Care (EDAC) after Hospitalization for Heart Failure (HF)

Measure Steward: CMS

MUC2023-120 Excess Days in Acute Care (EDAC) after Hospitalization for Pneumonia (PN)

Measure Steward: CMS

Opportunity for Public Comment

- MUC2023-117 Excess Days in Acute Care (EDAC) after Hospitalization for Acute Myocardial Infarction (AMI)
- MUC2023-119 Excess Days in Acute Care (EDAC) after Hospitalization for Heart Failure (HF)
- MUC2023-120 Excess Days in Acute Care (EDAC) after Hospitalization for Pneumonia (PN)





Questions

- MUC2023-117 Excess Days in Acute Care (EDAC) after Hospitalization for Acute Myocardial Infarction (AMI)
- MUC2023-119 Excess Days in Acute Care (EDAC) after Hospitalization for Heart Failure (HF)
- MUC2023-120 Excess Days in Acute Care (EDAC) after Hospitalization for Pneumonia (PN)



Emergency Department Visit

Begins at 3:40 pm ET



MUC2023-181 30-Day Risk-Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility Discharge (IPF ED Visit measure)



- **Measure Steward:** CMS
- **Brief Description of Measure:**
 - This measure assesses the proportion of patients ages 18 and older with an emergency department (ED) visit, including observation stays, for any cause within 30 days of discharge from an IPF, without subsequent admission.

*New Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
Outcome	Medicare Part A and B FFS recipients ages 18+ who were admitted to an IPF with a principal discharge diagnosis of a psychiatric disorder or dementia/Alzheimer's disease.	Not Endorsed	Facility

Opportunity for Public Comment

- MUC2023-181 30-Day Risk-Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility Discharge (IPF ED Visit measure)



Questions

- MUC2023-181 30-Day Risk-Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility Discharge (IPF ED Visit measure)



End Stage Renal Disease (ESRD) and Patient-Reported Outcome-Based Performance Measure (PRO-PM)

Begins at 4:25 pm ET



MUC2023-138 ESRD Dialysis Patient Life Goals Survey (PaLS)



- **Measure Steward:** CMS
- **Brief Description of Measure:**
 - The PaLS is a patient self-report survey that includes eight items related to dialysis facility care team discussions about patient life goals.

*New Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
Process	All prevalent adult chronic dialysis patients treated by the facility (both In-Center and Home Dialysis) for greater than 90 days during the reporting period, who read and understand English.	Submitted for Endorsement	Population: Community, County, or City

MUC2023-172 Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance Measure (Information Transfer PRO-PM)



- **Measure Steward:** CMS
- **Brief Description of Measure:**
 - The Information Transfer PRO-PM collects information from patients aged 18 years or older who had a surgery or procedure at a hospital outpatient Department (HOPD). The measure reports the average score patients rated the hospitals' ability to communicate clear, personalized, discharge instructions using a 9-item survey. Patients are asked to answer a brief electronic survey, comprised of three domains: applicability; medications; and daily activities. The survey was designed for patients to receive the survey within two to seven days post-procedure. An individual score is calculated for each patient who answers more than four questions. Individual scores are calculated using a top-box approach, which accounts for the percentage of the total number of items respondents selected the most favorable responses out of the total number of items respondents deemed applicable to their surgery/procedure.

*New Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
PRO-PM or Patient Experience of Care	All payer types	Not Endorsed	Facility

ESRD and PRO-PM



MUC2023-138 ESRD Dialysis Patient Life Goals Survey (PaLS)

Measure Steward: CMS

MUC2023-172 Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance Measure (Information Transfer PRO-PM)

Measure Steward: CMS

Opportunity for Public Comment

- MUC2023-138 ESRD Dialysis Patient Life Goals Survey (PaLS)
- MUC2023-172 Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance Measure (Information Transfer PRO-PM)



Questions

- MUC2023-138 ESRD Dialysis Patient Life Goals Survey (PaLS)
- MUC2023-172 Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance Measure (Information Transfer PRO-PM)



Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Measure

Begins at 4:45 pm ET



MUC2023-146 Care Coordination - Hospital Patient Experience of Care



- **Measure Steward:** CMS

- **Brief Description of Sub-Measure:**

- The Care Coordination – Hospital Patient Experience of Care measure is a newly developed sub-measure to be added to the HCAHPS Survey measure and is composed of the three following new survey questions or items.
 - During this hospital stay, how often were doctors, nurses, and other hospital staff informed and up-to-date about your care?
 - During this hospital stay, how often did doctors, nurses, and other hospital staff work well together to care for you?
 - Did doctors, nurses, or other hospital staff work with you and your family or caregiver in making plans for your care after you left the hospital?

*New Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
PRO-PM or Patient Experience of Care	All payer types	Not Endorsed	Facility

MUC2023-147 Restfulness of Hospital Environment – Hospital Patient Experience of Care



- **Measure Steward:** CMS
- **Brief Description of Sub-Measure:**
 - The Restfulness of Hospital Environment – Hospital Patient Experience of Care sub-measure is a newly developed sub-measure to be added to the HCAHPS Survey measure and is composed of the following three survey questions or items (two new items and one individual item on current survey).
 - During this hospital stay, how often were you able to get the rest you needed?
 - During this hospital stay, did doctors, nurses, and other hospital staff help you to rest and recover?
 - During this hospital stay, how often was the area around your room quiet at night?

*New Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
PRO-PM or Patient Experience of Care	All payer types	Not Endorsed	Facility



MUC2023-148 Responsiveness of Hospital Staff - Hospital Patient Experience of Care



- **Measure Steward:** CMS

- **Brief Description of Sub-Measure:**

- The Responsiveness of Hospital Staff – Hospital Patient Experience of Care sub-measure is a revised sub-measure in the HCAHPS Survey measure and is composed of the following two survey questions or items (one new item and one item on the current survey).
 - During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed?
 - How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

*New Measure

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

MUC2023-149 Information about Symptoms – Hospital Patient Experience of Care Standalone Item



- **Measure Steward:** CMS
- **Brief Description of Sub-Measure:**
 - The Information About Symptoms – Hospital Patient Experience of Care Standalone Item sub-measure is a new sub-measure in the HCAHPS Survey measure and is composed of the following new item: “During this hospital stay, did doctors, nurses, or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?”

*New Measure

Measure Type	Target Population	Endorsement Status	Level of Analysis
PRO-PM or Patient Experience of Care	All payer types	Not Endorsed	Facility

HCAHPS Survey Measure



MUC2023-146 - 149 Hospital Patient Experience of Care

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

Includes: Care Coordination, Restfulness of Hospital Environment, Responsiveness of Hospital Staff, and Information about Symptoms

Opportunity for Public Comment

MUC2023-146 - 149 Hospital Patient Experience of Care



Questions

MUC2023-146 - 149 Hospital Patient Experience of Care



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



- **Listening Sessions**
 - PAC/LTC Listening Session Meeting: December 18, 2023, 1:00-3:00 pm ET
- **PRMR CMS Program and Measure Lead Preparation Meeting (CMS Leads Only):** January 4, 2024, 12:00 – 3:00 pm 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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