



Roundtable: Administration Priorities for Quality Measurement

Dr. Michelle Schreiber | Centers for Medicare & Medicaid Services (CMS)

Dr. Tara McMullen | CMS

Dr. Susannah Bernheim | CMS

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Welcome and Introductions

Brenna Rabel | Battelle



Housekeeping Reminders



We are so pleased to have you join us and want to create a meaningful exchange.



To participate in the discourse, type in the chat or raise your hand. Battelle staff will serve as virtual moderators.



If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at PQMsupport@battelle.org.

Community Guidance



- 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.

Acronyms



- ACO: Accountable Care Organization
- AG: Advisory Group
- CBE: Consensus-Based Entity
- CMIT: CMS Measures Inventory Tool
- CMS: Centers for Medicare & Medicaid Services
- CoMM: Cascade of Meaningful Measures
- E&M: Endorsement and Maintenance
- EHR: Electronic Health Record
- MERIT: MUC Entry/Review Information Tool
- MSR: Measure Set Review
- MUC: Measures Under Consideration
- PA: Preliminary Assessment
- PAC/LTC: Post-Acute Care/Long-Term Care
- PIE: Pre-Meeting Initial Evaluation
- PRMR: Pre-Rulemaking Measure Review
- PQM: Partnership for Quality Measurement
- RG: Recommendation Group
- STAR: Submission Tool and Repository

Introductions



Battelle Staff

- Brenna Rabel, MPH, Partnership for Quality Measurement (PQM) Technical Director
- Jeff Geppert, JD, EdM, Measure Science Team Lead
- Dr. Meridith Eastman, PhD, MSPH, PRMR/MSR Task Lead
- Kate Buchanan, MPH, PRMR/MSR Deputy Task Lead
- Dr. Lydia Stewart-Artz, PhD, MHS, PRMR/MSR Evaluation Lead

CMS Staff

- Dr. Michelle Schreiber, MD, Deputy Director of the Center for Clinical Standards and Quality for the Centers (CCSQ) and the Director of the Quality Measurement and Value-Based Incentives Group (QMVIG)
- Dr. Tara McMullen, PhD, MPH, FGSA, Deputy Director, Division of Quality Measurement (DQM), CCSQ, CMS
- Dr. Susannah Bernheim, MD, MHS, Chief Quality Officer and Acting Chief Medical Officer at the CMS Innovation Center (CMMI)
- Helen Dollar-Maples, RN, Acting Deputy Director for QMVIG, CCSQ, CMS
- Nidhi Singh Shah, MPH, Acting Director, Division of Program Measurement Support, QMVIG, CCSQ, CMS
- Charlayne Van, JD, CMS Contracting Officer's Representative
- Melissa Gross, BSN, CMS PRMR/MSR Lead

CMS Opening Remarks

Dr. Michelle Schreiber | Centers for Medicare & Medicaid Services
(CMS)



Roundtable: Administration Priorities for Quality Measurement Overview

Dr. Michelle Schreiber | CMS

Dr. Tara McMullen | CMS

Dr. Dr. Susannah Bernheim | CMS



Roundtable: Administration Priorities for Quality Measurement



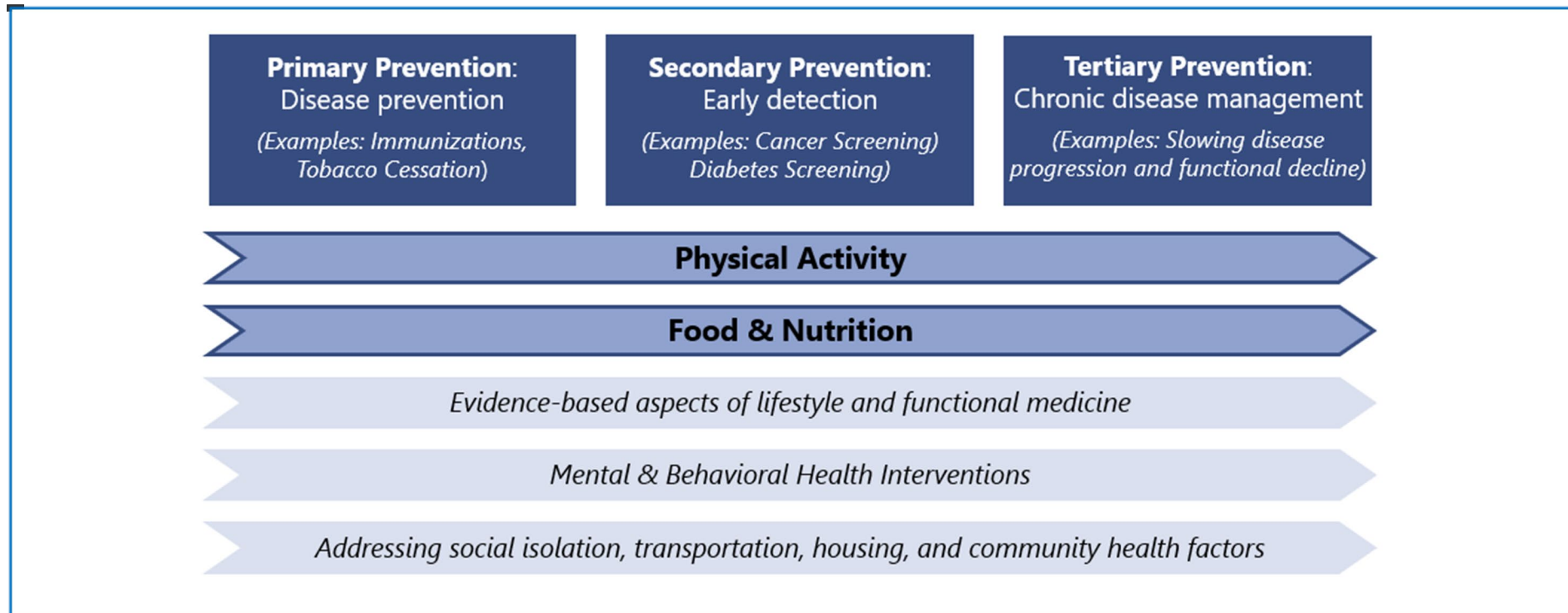
Goal:

- Committee will discuss the benefits and limitations of these quality measures and concepts and identify alternatives to consider.
- CMS will determine whether these concepts are appropriate to be re-specified and expanded to other CMS programs, which will support alignment and help to meet the administration's quality measurement priorities.

Prevention to Improve Population Health



Make America Healthy Again (MAHA) represents a shift toward patient-centered approaches, emphasizing primary, secondary, and tertiary prevention, patient empowerment, nutrition, physical activity, and improving overall well-being and quality of life.



Efforts Underway to MAHA



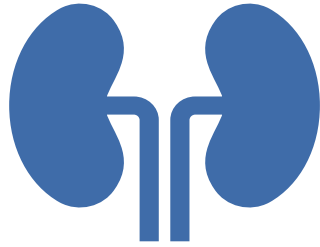
- CCSQ MAHA Roundtable
 - Will gather comment and explore next steps in CMS's measure strategy focused on prevention and priorities supporting MAHA.
- CMS Well-Being and Wellness Workgroups
 - Internal workgroups to better understand, develop, and align strategies and framework for well-being and wellness.
- IQIIG QIN-QIO focus
 - **Focus Areas:** Disease prevention, quality and patient safety, chronic conditions management, behavioral health, emergency preparedness, care coordination, and workforce challenges.
- CMMI: The Make America Healthy Again: Enhancing Lifestyle and Evaluating Value-based Approaches Through Evidence (MAHA ELEVATE) Model
 - Will evaluate up to 30 evidence-based proposals with proven success to determine which may best support conventional care and suit the health promotion and disease prevention needs of people with Original Medicare.

CMMI: Key Prevention Domains



Absence of Disease:

Primary and secondary prevention measures that reduce clinical risk.



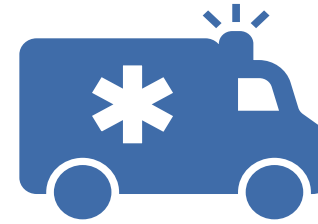
Reduction of Disease Progression:

Tertiary prevention measures that slow or prevent progression of existing conditions.



Function/Health Status/Well-Being:

Measures of patient function, health status, and well-being.



Adverse Events and Acute Care Utilization:

Measures addressing avoidable acute care use and adverse events.



Time at Home:

Measures that promote independence and reduce reliance on long-term care.

MAHA Measures Identified



Discharge
Function
Score



Malnutrition
Care Score



Well-Being
Signs



Low Density
Lipoprotein
Cholesterol
(LDL-C)
Monitoring
and
Management



Preventive
Care and
Screening:
Body Mass
Index (BMI)
Screening
and Follow-
Up Plan

CMS is considering these measures because they were identified as measures that could fulfill the Administration's priorities, including those outlined under the MAHA initiative. MAHA reflects a shift toward patient-centered care, emphasizing primary, secondary, and tertiary prevention; patient empowerment; nutrition and physical activity; and improvements in overall well-being and quality of life.

Public Comment Overview

Dr. Meredith Eastman | Battelle

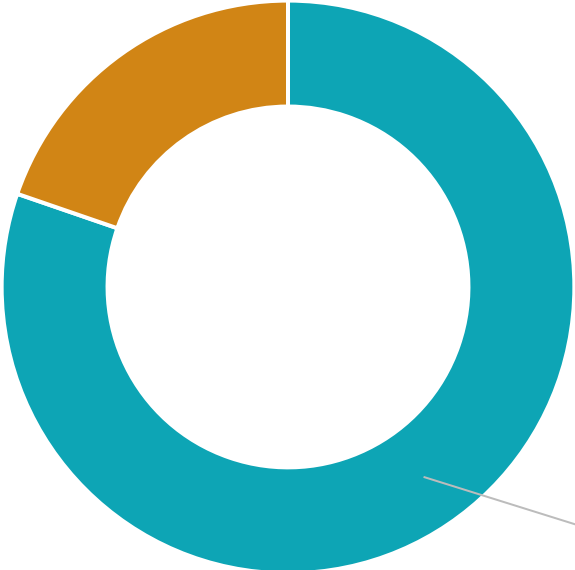


Roundtable Measure Public Comments



Total Roundtable Measure Public Comments
December 16 – January 6
xx total comments

xx spoken
comments on
Roundtable
measures



15 written
comments on
Roundtable
measures

Today's Discussion Priorities



Assess alignment with MAHA priorities

- Confirm whether the measure supports stated MAHA goals
- Determine fit within primary, secondary, and/or tertiary prevention

Identify cross-CMS program applicability

- Evaluate which other CMS programs could adopt this measure
- Recommend modifications needed for broader program alignment

Identify measurement gaps

- Highlight critical outcomes or indicators not currently being measured
- Propose new metrics to strengthen impact and accountability

Roundtable Measure Discussion



Discharge Function Score



Discharge Function Score



| Item | Description |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Measure Steward | CMS |
| Measure History | Currently in use in: <ul style="list-style-type: none">• Home Health Quality Reporting Program• Inpatient Rehabilitation Facility Quality Reporting Program• Long-Term Care (LTC) Hospital Quality Reporting Program• Skilled Nursing Facility Quality Reporting Program |
| Measure Purpose | Evaluates whether patients achieve a discharge function score at or above an expected, risk-adjusted level. Supports standardized functional outcome measurement across care settings per the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). |

Priority Topic Area

Physical Activity/Functional Outcomes

Measure Type

Outcome

Level of Analysis

Facility

Discharge Function Score (cont.)



| Item | Description |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| How the Measure Works | <ul style="list-style-type: none">• Compares observed vs. expected discharge function score• Uses standardized functional items (e.g., eating, oral hygiene, transfers, walking/wheeling)• Accounts for patient characteristics via risk adjustment |
| Measure Population & Exclusions | <ul style="list-style-type: none">• Total number of patient stay-level Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) records with a discharge date in measure target period• Excludes patients <18, discharged to hospice, had an incomplete stay (<3 days), patient left AMA, death, discharged due to medical emergency, and patients with the severe medical conditions (e.g. coma, complete tetraplegia) |

Priority Topic Area

Physical Activity/Functional Outcomes

Measure Type

Outcome

Level of Analysis

Facility

Discharge Function Score Discussion



- Would you agree that this measure aligns with the MAHA objectives and prevention goals?
- How could this measure be expanded to other CMS quality programs?
- Are there other measures that should be adopted to better address this concept?

Low Density Lipoprotein Cholesterol (LDL-C) Monitoring and Management



Low Density Lipoprotein Cholesterol (LDL-C) Monitoring and Management



| Item | Description |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Measure Steward | American Heart Association |
| Measure History | New measure; not previously reviewed by MAP or PRMR, not yet used in CMS programs |
| Measure Purpose | Promotes care for adult patients with clinical atherosclerotic cardiovascular disease, ensuring patients diagnosed with this condition are tested for LDL-C and achieve an outcome of less than 70mg/dL |
| How the Measure Works | Calculates the percentage of patients aged 18 years and older with clinical Atherosclerotic Cardiovascular Disease (ASCVD) who had a low density lipoprotein cholesterol (LDL-C) tested via a lipid panel and who achieved an LDL-C of <70 mg/dL on the most recent test during the 12-month measurement period |
| Measure Population & Exclusions | <ul style="list-style-type: none"> • Patients 18 years and older with ASCVD • Excludes patients who are pregnant, who have end stage renal disease (ESRD), who are over age 66+ with advanced illness, frailty, or dementia medications |

Priority Topic Area

Prevention

Measure Type

Outcome

Level of Analysis

Clinician (individual and group)

Low Density Lipoprotein Cholesterol (LDL-C) Monitoring and Management Discussion



- Would you agree that this measure aligns with the MAHA objectives and prevention goals?
- How could this measure be expanded to other CMS quality programs?
- Are there other measures that should be adopted to better address this concept?

Malnutrition Care Score (MCS)



Malnutrition Care Score (MCS)



| Item | Description |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Measure Steward | The Academy of Nutrition and Dietetics |
| Measure History | Measure is undergoing substantive changes and is currently in use in: <ul style="list-style-type: none"> • Hospital Inpatient Quality Reporting Program • Medicare Promoting Interoperability Program |
| Measure Purpose | Evaluates the quality and completeness of malnutrition care across screening, assessment, diagnosis, and care planning. Promotes early identification and coordinated, multidisciplinary nutrition care. Total Malnutrition Care Score reflects completion of appropriate steps based on patient risk and status |
| How the Measure Works | Continuous composite score based on four care components: <ul style="list-style-type: none"> • Malnutrition risk screening • Nutrition assessment • Malnutrition diagnosis • Nutrition care plan |
| Measure Population & Exclusions | <ul style="list-style-type: none"> • Adult inpatient hospitalizations (≥ 24 hours, age ≥ 18) • Excludes hospice encounters |

Priority Topic Area

Nutrition

Measure Type

Composite, digital (eCQM) – Intermediate outcome

Level of Analysis

Facility

Malnutrition Care Score (MCS) Discussion



- Would you agree that this measure aligns with the MAHA objectives and prevention goals?
- How could this measure be expanded to other CMS quality programs?
- Are there other measures that should be adopted to better address this concept?

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan



Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan



| Item | Description |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Measure Steward | CMS |
| Measure History | Measure is being submitted without substantive changes and is currently in use in: <ul style="list-style-type: none"> • Merit-based Incentive Payment System • Medicare Shared Savings Program |
| Measure Purpose | Promotes routine BMI screening in adults and appropriate follow-up plans when BMI is outside the normal range and supports early identification of obesity-related risk and referral to evidence-based interventions |
| How the Measure Works | <ul style="list-style-type: none"> • Counts patients with documented BMI, and when abnormal, a documented follow-up plan • Follow-up may include counseling, referral, or treatment aligned with clinical guidelines |
| Measure Population & Exclusions | <ul style="list-style-type: none"> • Adults age ≥ 18 with a qualifying encounter • Excludes pregnancy and hospice/palliative care • Allows medical and patient-refusal exceptions |

Priority Topic Area

Obesity

Measure Type

Process, digital (eCQM)

Level of Analysis

Clinician (Group)

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan Discussion



- Would you agree that this measure aligns with the MAHA objectives and prevention goals?
- How could this measure be expanded to other CMS quality programs?
- Are there other measures that should be adopted to better address this concept?

Well-Being Signs



Well-Being Signs



| Item | Description |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Measure Steward | Veterans Health Administration |
| Measure History | New measure; not previously reviewed by MAP or PRMR, not yet used in CMS programs |
| Measure Purpose | Assesses whole-person well-being, focusing on what matters most to patients, and expands quality measurement beyond disease-specific outcomes |
| How the Measure Works | <ul style="list-style-type: none">• All active patients complete a brief patient-reported well-being instrument• Performance based on completion rates; uses total WBS score only |
| Measure Population & Exclusions | All active users in participating settings |

Priority Topic Area

Well-Being

Measure Type

Patient-reported outcome performance measure (PRO-PM) or patient experience of care

Level of Analysis

Clinician (individual)

Well-Being Signs



Finalized Well-Being Signs Tool

For these questions, please consider the most important things that you do, or wish to do, in your daily life. *[This might include having a job, spending time with family and friends, participating in leisure-time activities, or managing your health or finances, for example].*

If you are not sure which response to choose, please make your best guess.

Over the past month, on average how often have you been:

- 1. Fully satisfied** with how things are going?
- 2. Regularly involved** in things that are important to you?
- 3. Functioning your best** in the most important things you do?

| | | | | | | | | | | |
|------------------|---|---|---|---|---|---|---|---|---|-----------------|
| None of the time | | | | | | | | | | All of the time |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Well-Being Signs Discussion



- Would you agree that this measure aligns with the MAHA objectives and prevention goals?
- How could this measure be expanded to other CMS quality programs?
- Are there other measures that should be adopted to better address this concept?

Closing Remarks

Centers for Medicare & Medicaid Services (CMS)



Resources

The PRMR and MSR Guidebook

introduces processes and incorporates changes as suggested by interested parties through a public comment period.

Become a PQM member – it's free!



Guidebook of Policies and Procedures for Pre-Rulemaking Measure Review (PRMR) and Measure Set Review (MSR)



Questions or Comments?

Contact us at p4qm.org
or by emailing PQMsupport@battelle.org





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