ECRI Comments in Support of CMS Measures Under Consideration (MUC)

Tuesday, January 6, 2026

Executive Summary

Centers for Medicare & Medicaid Services (CMS) released its annual Measures Under Consideration (MUC) List, including 24 measures CMS may adopt pending a systematic review. CMS-reported measures play a significant role in driving providers' focus on quality and safety.

In response to CMS's request for feedback from advocacy organizations and the public, ECRI, a global nonprofit advancing evidence-based healthcare, has submitted the following comments on the MUC, with an emphasis on measures most relevant to patient safety and diagnostic excellence.

In support of ECRI's mission to reduce preventable harm in healthcare and improve the efficiency and effectiveness of health system interventions, these comments focus on two measures of diagnostic safety (abnormal mammograms and colorectal cancer screenings); and three measures related to sepsis (mortality ratios, core elements of sepsis prevention programs, and readmission rates).

ECRI Supports MUC List

ECRI supports the CMS Measures Under Consideration (MUC) List and its role in advancing meaningful, high-value measurement. Of particular significance are the measures focused on chronic disease management and diagnostic safety. Strengthening measurements in these domains supports more efficient, timely, and coordinated care across the healthcare system to better serve patients.

Relevant Clinical Expertise

ECRI is an independent, nonprofit organization dedicated to improving the safety, quality, and efficiency of patient care. ECRI has spent decades leading work related to sepsis prevention, advanced care planning, and other patient safety threats reflected in the MUC list. Annual research reports on patient safety threats and health technology hazards, informed by ECRI's massive dataset of 7 million+ patient adverse events and expert clinical teams, have addressed numerous topics in these MUC measures. These reports address persistent challenges that prevent health systems and clinicians from the swift and effective response to threats like sepsis, plus evidence-based strategies to reduce risk and design systems that provide high-quality, safe interventions. ECRI has guided health systems and clinicians in incorporating patient-reported outcomes and the importance of empowering patients as a partner in their own care to improve outcomes. Through the ECRI and ISMP Patient Safety Organization (PSO), one of the nation's largest PSOs, and ECRI's Evidence-Based Practice Center (EPC) combined with ECRI's independent medical device evaluation labs, ECRI helps providers navigate challenges in creating safer systems for many of the complex conditions these MUC measures cover.

Patient-Reported Outcomes Measures

ECRI also stresses the importance of CMS including the two new patient-reported outcome (PRO) measures under consideration. PROs provide essential insight into patients' experiences, capturing outcomes like symptom burden, status, and quality of life which may not be reflected in clinical or administrative data. Incorporating these measures will strengthen person-centered care, improve shared decision-making, and ensure that quality measurement more accurately reflects what matters most to patients, especially patients managing chronic conditions or complicated diagnoses.

Minimize Unnecessary Reporting Burdens

Although ECRI supports the CMS MUC list, ECRI's quality and safety experts warn that clinicians should not be overburdened with additional, complex data collection and reporting responsibilities to support the required measures. According to the MUC, CMS continues to align measures across programs and transition to digital measures wherever applicable. ECRI applauds CMS's efforts to prioritize the development of interoperable, digital quality measures. CMS should further streamline quality measurement programs by reducing unnecessary or overly burdensome reporting to the greatest extent possible.

Rationale for Patient and Diagnostic Safety Measures

ECRI is aligned with other national organizations advancing patient safety, such as Patients for Patient Safety (PFPS), in advocating the following rationale related to the MUC measures.

<u>Diagnostic Safety</u>

Timely Follow-up on Abnormal Screening Mammograms for Breast Cancer Detection (MUC2025-042)

This measure assesses the percentage of women ages 40–75 with an abnormal screening mammogram who receive diagnostic resolution within 60 days. Timely follow-up is critical, as breast cancer outcomes are strongly dependent on stage at diagnosis, with significantly higher survival rates when detected early. CMS is considering this as a new clinician payment program measure, and it would fill an important gap, as no current measures address timely follow-up after abnormal screening mammograms.

Timely Follow-up on Positive Stool-based Tests for Colorectal Cancer Detection (MUC2025-043)

This measure evaluates the percentage of patients ages 45–75 with a positive stool-based colorectal cancer screening test who complete a follow-up colonoscopy within 180 days. Timely diagnostic follow-up is critical to prevent disease progression and improve survival. CMS is considering this as a new clinician quality measure, and it fills an important gap, as no current measures address timely follow-up after positive stool-based screening tests.

Sepsis

Adult Community-Onset (CO) Sepsis Standardized Mortality Ratio (MUC2025-045)

This measure would give facilities a nationally benchmarked metric for community-onset sepsis mortality to assess and improve sepsis care. Sepsis is a leading cause of hospital death, affecting at least 1.7 million U.S. adults annually and contributing to at least 350,000 deaths, according to the CDC. Because sepsis lacks a definitive diagnostic test and is inconsistently diagnosed and coded, a standardized mortality ratio measure is essential for producing timely, consistent, and clinically meaningful comparisons across hospitals.

Hospital Sepsis Program Core Elements Score (MUC2025-047)

This measure will assess hospitals' adoption of evidence-based sepsis program best practices outlined in the CDC Hospital Sepsis Program Core Elements, supporting improved sepsis management and patient outcomes. Effective sepsis programs rely on leadership, multidisciplinary collaboration, dedicated resources, standardized screening and care pathways, rapid response protocols, and education for staff, patients, and caregivers. Patient feedback on the measure's technical expert panel underscored the importance of this focus, and the measure will track hospital attestation to having these practices in place.

Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate Following Sepsis Hospitalization (MUC2025-055)

This measure will support hospital efforts to further optimize quality of care for patients with sepsis, particularly the quality of transitional care, by providing a comprehensive assessment of post-discharge events. The measure will also provide detailed information about post discharge readmission rates. The measure will incentivize improved transitions of care, including easy-to-understand discharge summaries and discharge instructions, medication reconciliation, and coordinated post-discharge care.

Venous Thromboembolism

Hospital Harm - Postoperative Venous Thromboembolism (MUC2025-067)

This measure evaluates the proportion of adult surgical patients who experience a postoperative venous thromboembolism (VTE) during or within 30 days of surgery. In 2019, 2021, and 2022, U.S. patients experienced 51,586 perioperative VTEs, highlighting opportunities to reduce preventable harm. Incorporating this measure into CMS programs would incentivize hospitals to adopt evidence-based strategies to prevent VTEs and improve patient outcomes.