PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

PCHQR Program Perspective: An Examination of the CMS Meaningful Measures Initiative

Presentation Transcript

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Lisa Vinson: Good afternoon and thank you for joining today's educational event, entitled *PCHQR Program Perspective: An Examination of the CMS Meaningful Measures Initiative*. My name is Lisa Vinson, and I serve as the PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR, Program Lead with the Hospital Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. I will be your speaker for today. During last year's proposal presentation, information pertaining to the Meaningful Measures Initiative was introduced. This year, when I suggested this topic to our CMS Program Lead Nekeshia McInnis, she thought this would be a good topic to revisit, focusing more on the initiative and how it relates to the PCHQR Program. Before I introduce our guest speaker, I would like to remind you that, if you have a question during today's event, please use the chat function as we will not be recognizing the raised hand feature. As time allows, we will address your question during today's event. If time does not allow for your question to be answered, please note that the recording, transcript, and questions-and-answers summary document will be posted on *QualityNet.org* and *QualityReportingCenter.com* at a later date.

Our guest speaker today is Nekeshia McInnis. Nekeshia is the PCHQR Program Lead for the Quality Measurement And Value-Based Incentives Group, or QMVIG, and Center for Clinical Standards and Quality, or CCHQ, with the Centers for Medicare and Medicaid Services, or CMS. Nekeshia came on board as the CMS PCHQR Program Lead in October 2018. Prior to becoming the PCHQR Program Lead, Nekeshia was the subject-matter expert for the Hospital Inpatient Quality Reporting, or IQR, and Hospital Value-Based Purchasing, or HVBP Programs. Before joining the quality measurement and quality reporting arena, she was entrenched in quality improvement. Nekeshia was the subject-matter expert for the Nursing Home Task in the Quality Innovation Network-Quality Improvement Organizations program, also known as the QIN-QIOs. Prior to this, she was the lead for the BFCC Oversight and Review Center for Beneficiary and Family Centered Care-Quality Improvement Organizations, or the BFCC-QIOs, focusing on data validation. Nekeshia was also the coordinator for escalated beneficiary complaints that were

oftentimes sent to the House of Representatives, members of Congress, and CMS senior leadership, and she was the lead for the beneficiary satisfaction survey. Before her quality improvement experience, she was involved in the payment arena, where she was a regulation writer for the physician fee schedule in the Center for Medicare.

Here is the acronyms and abbreviations slide. This slide lists some of the acronyms and abbreviations you will hear during today's presentation, which include CMS, for Centers of Medicare & Medicaid Services; EOL, for End-of-Life; HAI, for Healthcare Associated Infection; and NQF, for National Quality Forum.

The purpose of today's event is to provide an overview of the CMS Meaningful Measures Initiative and explore how this initiative relates to the PCHQR Program. Nekeshia will provide an overview of the CMS Meaningful Measures Initiative and I will further discuss how this initiative relates to the PCHQR Program and program measures. We will also give you information on where to locate valuable resources that you can use as a reference to further enhance your understanding of this initiative.

At the end of today's event, we hope that the PCHQR Program participants will be able to understand the purpose and goals of the CMS Meaningful Measures Initiative, align PCHQR Program measures with the Meaningful Measures Initiative Areas and National Quality Priorities, and locate resources related to the Meaningful Measures Initiative. At this time, I would like to turn the presentation over to Nekeshia to begin our discussion on the Meaningful Measures Initiative. Nekeshia?

Nekeshia McInnis: Thank you, Lisa. Good afternoon everyone and thank you for attending today’s webinar. I would like to start our discussion today with an introduction to our Meaningful Measures Initiative. The Meaningful Measures Initiative was developed in collaboration with the input from a wide variety of stakeholders. It also draws from prior work performed by the Health Care Payment Learning & Action Network, other agencies, the National Quality Forum, and the National Academies of Medicine. In addition, it includes perspectives from patient representatives, clinicians,

providers, measure developers, and other experts, such as the Core Quality Measures Collaborative.

Regulatory reform and reducing regulatory burden are high priorities for CMS. To reduce regulatory burden on the healthcare industry, lower healthcare costs, and enhance patient care, in October 2017, we launched the Meaningful Measures Initiative. This initiative is one component of our agency-wide Patients Over Paperwork Initiative, which is aimed at evaluating and streamlining regulation for the goal to reduce unnecessary costs and burden, increase efficiencies, and improve beneficiary experience. The Meaningful Measures Initiative is aimed at identifying the highest priority areas for quality measurement and quality improvement in order to assess the core quality of care issues that are most vital to advancing our work to improve patient outcomes. This initiative represents a new approach to quality measures that will foster operational efficiencies and will reduce costs, including collection and reporting burdens, while producing quality measurement that is more focused on meaningful outcomes.

Similarly, CMS launched the Patients Over Paperwork Initiative in 2017, with the primary goal of removing obstacles that get in the way of the time clinicians spend with their patients. Specifically, this initiative shows the commitment CMS has to patient-centered care, as well as improving beneficiary outcomes. Patients Over Paperwork includes several major tasks aimed at reducing burden for clinicians and providers and motivates CMS to evaluate its regulations to see what could be improved. The Meaningful Measures Initiative is encompassed in the Patients Over Paperwork Initiative, but both initiatives have at the heart of it the goal of putting patients first.

Now, concerning CMS Strategic Goals, the CMS overarching strategy of putting patients first is outlined through four goals. Number one, empower patients and doctors to make decisions about their healthcare, and that includes, specifically, the following points: Reduce burdensome regulations so that doctors and providers can focus on providing high-quality healthcare to their patients; put policies in place that build a

patient-centered system of care that increases competition, quality,- and access; empower patients to take ownership of their health; and ensure that patients have the flexibility in information to make choices as they seek care. Number two, usher in a new era of state flexibility and local leadership that includes, specifically, providing states and local communities flexibility so they can design innovative, fiscally responsible programs that meet their citizens' unique needs and holding states accountable for achieving outcomes and results. Number three, support innovative approaches that improve quality, accessibility, and affordability, which includes using data driven insights to ensure cost effective care that also leads to improvement in patient outcomes and leverage technology to prevent and identify waste, fraud, and abuse, so that taxpayer dollars can focus on providing high quality care to beneficiaries. And, lastly, number four, improve the CMS customer experience, which includes providing patients and providers with the tools and information they need to make decisions that work best for them and empowering states with their efforts to drive innovation to improve quality and health outcomes.

Furthermore, the Meaningful Measures Framework is a strategic tool for putting patients over paperwork by reducing measure reporting burdens in alignment with the national healthcare priorities. On our next slide, we will examine the Meaningful Measures Framework objectives.

To continue, here's a graphic that highlights, at a high level, the Meaningful Measures Framework key areas, which include the following: One, promoting effective communication and coordination of care; two, promoting effective prevention and treatment of chronic disease; three, working with communities to promote best practices of healthy living; four, making care fordable; five, making care safer by reducing harm caused in the delivery of care; and six, strengthening person and family engagement as partners in their care.

With regard to the Meaningful Measures Areas, there are a total of 19 Meaningful Measure Areas and six [National] Quality Priorities which illustrate how the overarching quality priorities are being operationalized

and act as the connectors between CMS Strategic Goals and individual measures that demonstrate how high-quality outcomes with CMS beneficiaries are being achieved.

Similar to slide 16, this table, which is continued on the next slide as well, highlights the six [National] Quality Priorities, along with the related Meaningful Measures Areas. By including meaningful measures in our programs, we believe that we can also address the following cross cutting measure criteria, such as eliminating disparities, tracking measurable outcomes and impact, safeguarding public health, achieving cost savings, improving access for rural communities, and reducing burden. Furthermore, we believe that the Meaningful Measures Initiative will improve outcomes for patients, their families, and healthcare providers, while reducing burden and cost to clinicians and providers, as well by promoting operational efficiencies.

In terms of impact, the Meaningful Measures Areas are intended to increase measure alignment across CMS programs and other public and private initiatives. They point to high priority areas where gaps in available quality measures may exist. The areas help guide, which is linked here, describes CMS efforts to develop and implement quality measures to fill those gaps.

Ultimately, the goal is to focus everyone’s efforts on the same quality areas and lend specificity, which can help identify measures that one, address high impact measure areas that safeguard public health; two, are patient-centered and meaningful to patients, clinicians, and providers; three, are outcome based where possible; four, fulfill each program’s statutory requirements; five, minimize the level of burden for healthcare providers; six, identify significant opportunity for improvements; seven, address measure needs for population-based payment through alternative payment models; eight, align across programs and or with other payers. In order to achieve objectives, the 19 Meaningful Measure Areas discussed earlier were developed, and CMS developed them to the six overarching quality priorities, as shown on slide 17 and 18.

Regarding progress to date, in the Fiscal Year 2019 Inpatient Prospective Payment System/ Long-Term Care Hospital Prospective Payment System Proposed Rule, CMS proposed to eliminate a total of 19 measures that acute care hospitals were then required to report across the five hospital quality and value-based purchasing programs, which would decrease duplication for an additional 21 measures; remove eight of the 16 Clinical Quality Measures, CQMs, to produce a smaller set of more meaningful measures in alignment with the Hospital Inpatient Quality Reporting Program, beginning with the fiscal year 2020 reporting period; remove certain measures that do not emphasize interoperability; and the electronic exchange of health information; and lastly, add new measures related to e-prescribing of opioids. You may find that the published fiscal year 2019 final rule on the *Federal Register*, where you can see what policies were finalized across our programs.

In terms of the future direction, CMS plans to continue engaging with key stakeholders to help move toward achieving high-value outcomes in our CMS programs; better supporting providers who invest in practice innovation, care redesign, and coordination through new and revised alternative payment models; and advancing options for feedback and data analysis, improving data collection and submission systems through technology and enhancing population health management initiatives. Lisa will now go into further detail as to how these areas relate specifically to our PCHQR Program measures. Thank you.

Lisa Vinson: Thank you, Nekeshia. Now, we will take some time to discuss the relationship between the information Nekeshia presented to the PCHQR Program. In last year's Fiscal Year 2019 IPPS/LTCH PPS Proposed Rule, CMS proposed a number of new policies for the PCHQR Program, which were developed after conducting an overall review of the program under the Meaningful Measures Initiative. Under this initiative, CMS focused their efforts to ensure that the PCHQR Program measure set continues to promote improved health outcomes for beneficiaries, while minimizing reporting burdens, the burden associated with complying with other programmatic requirements, and the burden associated with compliance

with other applicable federal and or state regulations. CMS also aimed to reduce duplicative reporting and streamlining the process of analyzing publicly reported quality measure data, which ultimately leads to minimizing beneficiary confusion. Overall, along these same lines, CMS continues its efforts to improve the usefulness of the data that are publicly reported in the PCHQR Program by improving the usefulness of CMS quality programs data, by providing providers with adequate measure information from one program, and improving the customer's understanding of the data publicly displayed on *Hospital Compare* or another website by eliminating the reporting of duplicative measure data in more than one program that applies to the same provider setting.

During Nekeshia's presentation, specifically slide 17 and 18, she highlighted the six National Quality Priorities and noted that there were a total of 19 Meaningful Measure Areas. For the purpose of today's presentation, on this slide and the next slide, we created a PCHQR Program measure crosswalk which matches the program measure with the respective Meaningful Measure Area and National Quality Priority. As you can see on this slide, the healthcare-Associated Infections Meaningful Measures Area corresponds to the Make Care Safe by Reducing Harm Caused [in] the Delivery of Care National Quality Priority, which encompasses the Central Line-Associated Bloodstream Infection, or CLABSI, measure; Catheter-Associated Urinary Tract Infection, or CAUTI measure; Surgical Site Infection for Colon And Abdominal Hysterectomy Measure; *Clostridium difficile* Infection, or CDI measure; and Methicillin-Resistant *Staphylococcus aureus* Bacteremia measure. The Preventive Care Meaningful Measures Area corresponds to the Promote Effective Communication and Coordination of Care National Quality Priority, which are related to the Influenza Vaccination Coverage among Healthcare Personnel, or HCP, measure. Then, the End-of-Life measures, EOL-Chemo, EOL-ICU, EOL Hospice, and EOL 3DH correlate to the End-of-Life Care According to Preferences Meaningful Measure Area and Strengthen Person and Family Engagement as Partners in Their Care National Quality Priority.

Here, the Patient's Experience of Care Meaningful Measures Area corresponds to the Strengthen Person and Family Engagement as Partners in Their Care National Quality Priority, which are related to the Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS, survey data. Both claims-based outcome measures, Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy and [the] 30-Day Unplanned Readmissions for Cancer Patients, correspond to the Admissions and Readmissions to Hospitals Meaningful Measures Area, and Promote Effective Communication and Coordination of Care National Quality Priority. Last, the Management of Chronic Conditions Meaningful Measures Area also corresponds to the Promote Effective Prevention and Treatment of Chronic Disease National Quality Priority. This includes the PCHQR Program measure Oncology: Plan of Care for Pain - Medical Oncology and Radiation Oncology, or known to participants as NQF # 0383. With the foundational information provided at the beginning of this webinar, we hope that this crosswalk will help you better understand how the PCHQR Program measures fit within the construct of the Meaningful Measures Initiative. Although there are multiple program measures that fit within various Meaningful Measures Areas and National Quality Priorities, on the next series of slides, we will focus on the Healthcare- Associated Infection, or HAI, and End-of-Life Meaningful Measures Areas.

Starting with the HAIs, as we previously established, this Meaningful Measures Area corresponds to the Making Care Safer by Reducing Harm Caused in the Delivery of Care National Quality Priority. The Centers for Disease Control and Prevention has a designated page for preventing infections in cancer patients, which is accessible via the link on this slide. There is information for patients and caregivers, healthcare providers, and educational providers. As we can see from the statistics on this slide, at a glance, there are areas of improvement when it comes to promoting awareness and preventing infections in the cancer patient population.

Throughout the year, the VIQR support contractor supplies CMS with an analysis of the data submitted by the PCHs. All national data on the

dashboard are aggregate rates. The bar graph on this slide and subsequent slides are snapshots of this information. So, we will begin with CLABSI and CAUTI. For both measures and for this particular report, the reported numerators and denominators are used to calculate the aggregate rates. These rates are based on the data submitted by your facility to the CDC via the National Healthcare Safety Network, or NHSN, which is then transmitted to the CMS warehouse. Here, the reported CLABSI numerators and reported CLABSI denominators, which includes all PCH wards in the 11 PCH facilities, are added up individually as a total for each quarter, Quarter 3 2017, Quarter 4 2017, Quarter 1 2018, and Quarter 2 2018. The quarterly aggregate average rate displayed here is calculated by dividing the aggregate numerator by the aggregate denominator and multiplying by 1,000. The PCH CLABSI rates range from 2.38 to 2.61. It is important to note that lower rates indicate a better performance.

Here are the CAUTI rates, the reported CAUTI numerators, and reported CAUTI denominators, again, which include all PCH wards in the 11 PCH facilities, added up individually as a total for each quarter. The quarterly aggregate average rate displayed here is calculated by dividing the aggregate numerator by the aggregate denominator and multiplying by 1,000. The PCH CAUTI rates range from 1.10 to 1.39. Again, lower rates indicate better performance.

For the Surgical Site Infection for Colon and Abdominal Hysterectomy measure, the VIQR support contractor analytics team use the Standardized Infection Ratio, or SIR, numerator and denominator to calculate the aggregate rates. The SIR is defined as a summary statistic that compares the number of HAIs that were reported to the number of HAIs that were predicted to occur, based on a calculation using data for HAI events that occurred in a given reference time period. Both colon and abdominal hysterectomy rates for Quarters 3 and 4 2017 and Quarters 1 and 2 2018 are displayed on the graph on this slide. The green bars reflect the aggregate rate for the SSI-colon data and the light blue bars reflect the aggregate rates for the SSI-abdominal hysterectomy data. The SSI-colon rates range from 0.86 to 1.20 and the SSI-abdominal hysterectomy rates

range from 0.20 to 1.41. For the SSI measures, SIR rates at or below 1.00 are ideal. This would mean that there were the same amount of infections as predicted, 1.00 or less infections than were predicted, less than 1.00.

Since *Clostridium difficile* Infection, or CDI, and Methicillin-Resistant *Staphylococcus aureus*, or MRSA, measure rates are not calculated by NHSN for the purpose of the data values presented on this slide and the next slide, the report numerator and number of patient days were used to calculate the aggregate rates. For Quarters 3 and 4 2017 and Quarters 1 and 2 2018, the CDI rates range from 1.08 to 1.26. Again, lower rates indicate a better performance. On this slide, for the MRSA measure, the aggregate rate for Quarters 3 and 4 2017 and Quarters 1 and 2 2018 range from 0.06 to 0.14. Now, we will take a look at the End-of-Life measures on the next slide.

The End-of-Life, or EOL, measures listed on this slide correspond to the Strengthen Person and Family Engagement as Partners in Their Care National Quality Priority and the Meaningful Measures Area entitled End-of-Life Care According to Preferences. Patient and family engagement is a hallmark of high-quality, palliative, and End-of-Life care. Engagement can be facilitated by soliciting goals of care and treatment preferences from both the patient and the family and incorporating these into the plan of care. To manage symptoms effectively, providers must engage with both patients and families to understand the genesis and scope of symptoms, both prior to and after initiation of treatment. The EOL measures were finalized for inclusion in the PCHQR Program in the Fiscal Year 2018 IPPS/LTCH PPS Final Rule, beginning with the fiscal year 2020 program year. The quality of end-of-life care has been identified as an area of care that continues to need improvement. Palliative care is generally defined as multifaceted, holistic care that anticipates, prevents, and alleviates suffering. By including these four EOL measures in the PCHQR Program, CMS’s intent is to assess the quality of end-of-life care provided to patients in the PCH setting. On the next series of slides, we will take a look at each of the four EOL measures in hopes that you will be

able to identify and understand how each measure relates to their designated Meaningful Measures Area and National Quality Priority.

The Proportion of Patients Who Die from Cancer Receiving Chemotherapy in the Last 14 Days of Life, or EOL-Chemo measure, is a process measure that addresses an additional National Quality Priority, Promoting Effective Communication and Coordination of care. This measure seeks to assess the use of chemotherapy at the end of life, a practice advanced with the intent to alleviate disease symptoms but has also been shown to be associated with reduced quality of life and increased cost. Its inclusion in the PCHQR Program evaluates how often chemotherapy is administered near the end of life in PCHs. Research has shown that the quality of life for both the patient and family members is negatively affected when patients receive unnecessary or ineffective treatment such as chemotherapy near the end of life. Ultimately, either less use of chemotherapy at the end of life or more frequent end-of-life discussions could improve the quality of those patients' end-of-life care.

Although only one of the National Quality Priorities was identified initially as related to the Proportion of Patients who Die from Cancer Admitted to the Intensive Care Unit, or ICU, in the Last 30 Days of Life, or EOL-ICU measure, it also supports two other priorities, Making Care Safer by Reducing Harm Caused in the Delivery of Care and Promoting Effective Communication and Coordination of Care. This measure assesses whether cancer patients were admitted to the ICU in the last 30 days of their life. This measure was finalized for inclusion to assess the frequency of end-of-life admissions to the ICU in the PCHs. As research has shown, interventions provided in the ICU to patients with irreversible disease can be futile and may negatively impact a patient's quality of life. Research has also determined that cancer care can become more aggressive at the end of life, which can result in a lower quality of life. Conversely, patients who are not admitted to the ICU, or involved in other aggressive mechanisms of care in their final week of life, have been shown to experience higher quality of life via less physical and emotional distress.

The Proportion of Patients Who Die from Cancer Not Admitted to Hospice, or EOL-Hospice, measure also addresses the Promoting Effective Communication and Coordination of Care National Quality Priority. This process measure assesses the proportion of patients who die from cancer who are not admitted to hospice and seeks to evaluate simply whether patients were admitted to hospice are not. The follow up measure, EOL-3DH, which we will be discussing next, will then assess whether those patients admitted to hospice were admitted in a timely manner to derive the maximum benefit from hospice services. Patients with advanced cancer who die while admitted to the hospital have been shown to have lower quality of life than those who die at home with hospice services. By contrast, studies have shown that cancer patients enrolled in hospice were hospitalized less frequently and receive fewer procedures than those who were not receiving hospice care.

As stated previously, the Proportion of Patients who Died from Cancer Admitted to hospice for Less than Three Days, or EOL-3DH measure, is a tie-in to the EOL-Hospice measure. This measure also addresses an additional National Quality Priority, which is Promoting Effective Communication and Coordination of Care. Research studies found that hospice care was not utilized to mitigate symptoms, but only to manage death. Patients with cancer have been identified as the largest users of hospice but are also the cohort with the highest rates of hospice stays of less than three days. Also, cancer patients' family members [and] loved ones were more likely to report that the patients received excellent end-of-life care when hospice was initiated earlier than three days. It is evident that earlier discussions with patients about palliative care can positively impact the care received at the end of life, including timely admission to hospice. Ultimately, the longer patients receive hospice services before the end of life, the more improvements in their quality of life and mood are observed.

At this time, I would like to provide you with more information on where and how to locate resources on the topics we have discussed today, that you can refer to in the future.

If at any point in time you would like to provide feedback to CMS on the Meaningful Measures Initiative, you may send an email to the address listed on this slide, which is the first bulleted item, MeaningfulMeasuresQA@cms.hhs.gov. Next, the CMS.gov website, which we will look at closer on the next slides, is an invaluable resource. On this website, you are able to find a wealth of information on various topics, but as it pertains to today's event, there is a lot of information on both the Meaningful Measures Initiative and Patients Over Paperwork.

Here is the CMS.gov home page. From here, you have several options and you are able to navigate to a variety of programs and topics. This is your starting point to accessing the Meaningful Measures and Patients Over Paperwork pages. To navigate to the Meaningful Measures page, you will click the yellow box labeled Medicare in the banner towards the left side of the page and then, under the Quality Initiatives Patient Assessment Instruments header, you will click the link that says Meaningful Measures Framework. By doing this, you will be taken to the page displayed on the next slide.

The Meaningful Measures Framework page contains all the background information you need to know. Under the Learn More header, the link I found most useful was the Meaningful Measures Hub. Next slide, please.

This is the Meaningful Measures Hub page. The Quick Content links will take you directly to the content listed. Whichever link you select, the page will automatically scroll to that portion of the screen or page. As noted on this slide by the red rectangle, the blue boxes here are very resourceful as well. By selecting Home, you will be taken to the page on the previous slide, the Meaningful Measures Framework page. The Meaningful Measures Hub is the page displayed on this slide. By selecting the Webinars link, a Health Learning & Action Network, or HLAN, webinar is available to view. There are also links available under Related Content. The Tools & FAQs, or frequently asked questions, link will provide you with a variety of resources made publicly available for sharing more information about the CMS Meaningful Measures Initiative. Those links are towards the bottom of the page, whereas the top portion of the page

has the FAQs. Finally, the Contact Us link provides guidance on which areas CMS is seeking feedback on the Meaningful Measures Initiative. Again, the email address provided previously is provided on this page as well.

Last is the Patients Over Paperwork resource page. Here you will find several links on various topics pertaining to this initiative and additional resources that I'm sure you will find useful. Please note that at the bottom of this page, you do have the option to sign up for email updates and to receive the latest Patient Over Paperwork newsletters.

We will conclude today's event with a few important PCHQR Program dates and reminders.

First, our next educational event is tentatively scheduled for Thursday, April 25, 2019. As always, we will communicate the exact dates, title, purpose, and objectives for this event with you via Listserve communication, starting approximately two weeks prior to the event date. Second, the next data submission deadline is April 3, 2019, which includes Quarter 4 2018 HCAHPS survey data. Our preliminary analytics reports indicate that all PCHs have submitted this required data. So, thank you for your diligence in meeting this deadline in advance. Then, there will be the quarterly submission of your HAI data, which is due Wednesday, May 15, 2019, which will include Quarter 4 2018 CLABSI, CAUTI, SSI for colon and abdominal hysterectomy, CDI, and MRSA measure data, and Quarter 4 2018 through Quarter 1 2019 Influenza Vaccination Among Healthcare Personnel, or HCP, measure data.

As a reminder, the HCP measure data submission falls under the CMS-granted blanket exception for those PCHs impacted by the California wildfires. This Listserve notification was sent out back in January to those who are subscribed to receive PCHQR Program notifications. The affected counties designated by the Federal Emergency Management Agency, or FEMA, were included in this communication. Again, the red box on this slide indicates that the upcoming May 15 submission of the HCP flu vaccination data for the 2018-2019 flu season, which covers Quarter 4

2018 through Quarter 1 2019, falls under this exception. This specific communication can be found on the PCHQR Program page on *QualityNet* under the Email Notifications header. To sign up for these and other notifications, the link is located on the *QualityNet* home page.

The data for the upcoming April and July *Hospital Compare* refreshes are listed on this slide. As always, please remember that all dates for public reporting are subject to change. As we get closer to the preview period and refresh dates, we will always notify you of the exact dates via Listserve.

If you have a PCHQR Program-related inquiry, you are always welcome to submit your inquiry using the *QualityNet* questions and answers tool. By clicking the link denoted on this slide by the red box, you will be taken to the appropriate page to start this process. If it is your first time using the tool, please note that you will be required to complete a one-time registration process. So, it looks like we have a few minutes here to address some of the questions that were received. Again, as time allows, we will address as many questions as possible. If we are not able to address your question at this time, the response will be posted at a later date on both *QualityNet* and *Quality Reporting Center* websites. So, for our first question, we have: In terms of filling gaps, how does CMS prioritize which measures remain in the program and which are removed? Nekeshia?

Nekeshia McInnis: Yes. Thank you so much, Lisa. Good afternoon, everyone, again. In terms of us filling the Meaningful Measures Area gaps related to the framework and the broader initiative, of course, we try to take in consideration which is lower priority and higher priority. Of course, each measure is important. Otherwise, they wouldn't have been adopted into our programs and adopted the rigorous systematic manner in which that we ensure that measures are approved and it happens to our program via rule making, going through the next cycle, as well as presenting them to the MAP and things of that nature. But, we do try to, under this initiative, systematically prioritize measures by categorizing them in terms of lower and higher priorities. Two good examples of those would be process measures and outcome measures. For example, for the most part, we would prioritize

process measures as lower priorities and outcome measures, and similar, have higher priorities under the Meaningful Measures and People Over Paperwork Initiatives, you know, umbrella. And one reason for that, one example, is to understand I'm taking into consideration in broader context the large, not just the PCHQR Program, but the other hospital quality reporting programs, in particular the Hospital Inpatient Quality Reporting Program, IQR. To understand, many of these programs initially started out, and particularly that one, with a small subset of measures, of course, getting started and many of those measures, if not all of them, were process measures. But then, over the course of time, we continue to adopt more outcome-based measures, rightfully so, and started to kind of phase out process measures for various reasons but, ultimately, for the reason of what we were saying before in terms of one of our key message strategic goals is putting patients first.

Lisa Vinson: Thank you, Nekeshia, and it looks like we do have time for one more question. The second question being: How does CMS report the impacts of the Meaningful Measures Initiative?

Nekeshia McInnis: Yes. Thank you, again. So, as a response to see how we report impact with Meaningful Measures Initiative, approximately, you know, every three years we're required by law to assess the impact of us, you know, using endorsed quality measures in our programs and initiatives that we administer and to post the results. Like, for example, the 2018 Impact Assessment Report, organized measure analyses under our six quality strategy priorities, which align closely with the healthcare [National] Quality Priorities and the Meaningful Measures Framework that we discussed during this webinar. The 2021 Impact Assessment Report, which hasn't been released yet, but will be soon, hopefully, will assess how performance measures address each specific area of the Meaningful Measures Framework, and how [they] help us to achieve our strategic goals. We do have a key indicator dashboard, like those in the 2018 Impact Assessment Report, that will show progress and the core issues, important, or most important to the high-quality care and better patient outcomes perspective that we try to champion with this Meaningful

Measures Initiative. And we do have a link that we can provide to our attendees here and for future reference, an example and a copy of our 2018 impact assessment, where you can access the 2021 Impact Assessment Report when that is ready to be shared that most specifically links our work to the Meaningful Measures Area.

Lisa Vinson: Thank you, Nekeshia. So, now I would like to turn the presentation over to Deb Price to review the continuing education process. Deb?

Dr. Debra Price: Thank you, Lisa and Nekeshia, and this slide shows you the different boards that will receive our credits. If your board is not listed, you can forward the certificate to your board and see if they accept across state lines. Next slide, please. Next slide, please. Okay, thank you.

There are three easy ways to get your credit. The first way, of course, is to take the survey at the end of this event. It will pop up and then you register as either a New User or an Existing User, and then the third step is to print out your certificate from the learning management center website. Just a note that this is a separate registration from ReadyTalk, and you should use your personal email because we have found that healthcare facilities seem to be blocking our automatic links. Next slide, please.

Once you take the survey, if you see the slide right here, this is what the bottom of the survey will look like. So, once you take the survey, you click the little Done gray button at the bottom. Next slide.,

And, this will pop up. There are two green links, the New User link, If you had problems before getting certificates, or if you are a New User and have not received certificates before. And the second link is the Existing User link. Click Done when you are done. Next slide.

And one of these two slides will open up. If you click the green New User link, the left-hand side is what’s going to pop up. You put in your personal email and your phone number and then that slide will take you directly to that email. If you are an Existing User, please click on the right-hand side there and you put in your entire email address, including what's after the @ sign, and then, of course, your password. If you forgot your password, click

in the box and you will be taken to an area to create a new password. And, now I'd like to pass this back to Lisa to finish out the event. Lisa?

Lisa Vinson: Thank you, Deb. I would like to thank everyone for their time and attention during today's event. I would also like to thank our CMS Program Lead, Nekeshia McInnis, for joining us today as well. We hope that you were able to gain better insight into the Meaningful Measures Initiative and how it relates to the PCHQR Program measures. Please remember that we welcome and encourage you to provide feedback on future webinar topics related to the PCHQR Program. And you can submit your suggestions via the *QualityNet* questions-and-answers tool, or via the post-event survey. Please refer to question number nine for that. Thank you again and please enjoy the rest of your day.