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CMS Takes Steps to Advance the "Meaningful Measures" Initiative /

CMS removes 25 existing hospital quality measures in the Proposed FY2019 Inpatient Prospective Payment System (IPPS) Rule as part of its broader effort to focus on measures that matter.

Since taking the helm at CMS, Administrator Seema Verma has articulated a commitment to reducing provider burden, increasing efficiencies at the agency, and ensuring providers focus on matters that have the greatest impact on patients. The *Patients Over Paperwork and Meaningful Measures* initiatives are cornerstones of this effort.

This commitment was showcased in CMS' recently released proposed payment rules focused on the hospitals, psychiatric facilities and skilled nursing facilities. In the proposed IPPS for FY19, CMS proposes to remove 25 measures, deeming them unnecessary, redundant, and process-oriented, instead of outcomes-driven.

Meaningful Measures Initiative. Under this initiative, an effort within the larger *Patients over Paperwork* initiative, CMS seeks to determine high priority areas for quality measurement most closely linked to improved clinical outcomes for patients and families, while also reducing the administrative burden experienced by clinicians. CMS' priorities for measurement will be focused on:

- Patient-centric measures meaningful to patients, clinicians, and providers
- High impact measurement of areas that safeguard public health
- Clinical outcomes, where possible
- Minimizing level of burden for providers
- Demonstrated opportunities for quality improvement
- Population-based payment through alternative payment models
- Alignment across CMS programs

This initiative is aligned with other efforts by CMS like the Core Quality Measures Collaborative and other work performed by the National Quality Forum and National Academies of Medicine.

Meaningful Measures Implementation in the IPPS. In the IPPS rule, CMS proposes a staged removal of measures impacting hospital payment across four major hospital quality programs. Measures proposed for full removal include:

- Structural patient safety measures including Safe Surgery Checklist Use
- Episode-based payment measures for cellulitis, gastrointestinal hemorrhage, kidney/UTI, aortic aneurysm, cholecystectomy, and spinal fusion
- Process measures targeting influenza immunization, preventable venous thromboembolism, and emergency department wait time
- Process-based eCQMs focused on AMI treatment, hearing screening, elective delivery, and stroke education and rehabilitation assessment

The shifts in the measure portfolio is expected to reduce reporting burden and associated costs (projected to save providers close to four million hours and more than $144M as they take into effect in 2019 and 2020) and significantly affect performance incentives for the participating hospitals and long-term care facilities.

Impact to Healthcare Stakeholders. For clinicians and hospitals, these changes (1) reduce reporting burden and streamlines the feedback hospitals receive on their performance; (2) increase the importance of performance on outcomes measures for value-based payment; (3) eliminate the duplicative incentives currently in place for focusing on patient safety; and (4) reduce the number of available eCQMs, but maintains current eCQM reporting requirements.

Professional societies, patient advocacy organizations, industry, and other key stakeholders, will need to ensure their measure development strategies are focused on outcomes over process measures as much as feasible. Additionally, these changes to the measure landscape will provide an opportunity for stakeholders to consider new ways to demonstrate their value in helping providers improve upon outcomes.
In addition, given the multiple references to the Meaningful Measures Initiative, we expect a similar outcome for the Merit-Based Incentive Payment System (MIPS) proposed rule, which is expected later this year. As such, healthcare stakeholders at-large should begin to analyze how these shifts in hospital value-based payments may be replicated in physician-based performance incentive programs.

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