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New Measures Under Consideration Mark a Milestone for CMS’s Reimagined Quality Strategy to Increase Digital Innovation and Reduce Burden

Measures advance better quality care

The Centers for Medicare & Medicaid Services (CMS) today unveiled its 2020 list of quality and efficiency measures under consideration. Quality measures are tools the agency uses to collect data from providers on the effectiveness, safety, efficiency, and timeliness of care beneficiaries receive. Every year, CMS evaluates all measures in its programs, proposing to remove those that have become less relevant and proposing new measures that may be more meaningful based on review by external health care experts. This year, almost all of the measures proposed would be collected digitally, meaning information comes from claims and other electronic sources, and would not require doctors to retrieve data manually. As a signal for CMS’s broader direction as the agency puts patients over paperwork in the push for quality and innovation, the 2020 list of measures under consideration represents “a first” on several important fronts, particularly where digital innovation and reducing administrative burden are concerned.

Releasing the list is the first step in the “pre-rulemaking process,” when measures under consideration go to the National Quality Forum’s Measure Applications Partnership (MAP). Funded by CMS, the MAP is an independent, voluntary collaborative of organizations representing a broad group of stakeholders interested in or affected by the use of quality and efficiency measures and convened per statute to provide input on their selection. In a broader “CMS first,” a majority of measures under consideration in 2020 also rely on digital reporting of existing information, which can help providers spend more time with patients and

less time collecting data. Coupled with a limited number of non-digital measures emphasizing patient-reported health outcomes, another priority for CMS, this digital innovation continues the reimagined quality strategy announced by CMS Administrator Seema Verma in 2017 as part of the Meaningful Measures initiative.

“We launched Meaningful Measures because too many providers were wasting precious time and resources reporting on quality metrics, many of which were barely relevant to their specialty,” said CMS Administrator Verma. “Over the last four years, this initiative has delivered better, less onerous metrics that are actually useful to those who use them. The measures we are announcing today represent more of the same. They prioritize health outcomes, reduce burden, and give providers more time to do the work they entered medicine to do: treat patients.”

Quality measures form the backbone of CMS’s ongoing effort to promote health for millions of Americans. The previously adopted measure for controlling high blood pressure, for example, helps CMS evaluate the quality of care by collecting data on the percentage of beneficiaries 18-85 years old whose high blood pressure has been adequately controlled during the measurement period, meaning their blood pressure readings were less than 140/90 mmHg. Additionally, reporting on these measures holds clinicians accountable for ensuring the best possible outcomes for beneficiaries.

However, many quality measures have required intensive manual data collection and individual chart reviews, robbing doctors and other health professionals of valuable time spent caring for Americans. Over the last several years, CMS has been working to reduce provider burden by shifting toward measures that can be collected digitally using existing data. That strategy has the next iteration of the Meaningful Measures framework – or Meaningful Measures 2.0, the comprehensive initiative launched in 2017 to identify high-priority areas for quality measurement and improvement – at its heart.

Though including a measure on the consideration list does not guarantee its adoption, the list represents a key first step and one built on collaboration between CMS and providers. Annually, the agency invites health care specialty societies and other stakeholder groups to submit candidate measures, due this year by June 30, narrowed down to identify promising candidates that warrant expert review as “measures under consideration.” The 2020 list – which includes a number of new measures, as well as several updates to modernize or replace existing measures – features:

- Five outcome measures (measures that focus on the results of health care provided through Medicare), such as the rate of health care-associated infections requiring hospitalization for residents of skilled nursing facilities;
- Five process measures (measures that emphasize efforts to promote standardized best practices), such as conducting kidney health evaluations

or implementing interventions for patients with pre-diabetes (the medical term for blood glucose levels that are high but not yet high enough for a type-2 diabetes diagnosis). Importantly, the 2020 list includes three process measures for the coronavirus disease 2019 (COVID-19) vaccine. The measures under consideration list proposes looking at:

- Vaccination coverage among health care personnel,
- Vaccination by clinicians, and
- Vaccination coverage for patients in End-Stage Renal Disease (ESRD) facilities;
- Five cost/resource use measures (measures that evaluate how frequently health care items or services may be used, as well as how much they might cost) – including, for example, episode-based costs associated with addressing diabetes or asthma/chronic obstructive pulmonary disease;
- Three composite measures (which summarize overall quality of care across multiple measures through the use of one value or piece of information); and
- Two patient reported outcomes measures (measures where the information comes directly from the patient).

All but three measures under consideration rely on digital rather than traditional “pen-and-paper” data collection. Of the non-digital measures, two are measures aimed at assessing COVID-19 vaccinations among health care personnel and patients in ESRD facilities, and the other reflects key patient-reported health outcomes, which help prioritize patient voices and empower patients to take an active role in their health.

CMS expects to receive the MAP’s input on the 2020 measures under consideration by February 1, 2021. Experts at CMS and the Department of Health and Human Services will work collaboratively based on this assessment to select final measures available for further public comment through a notice of proposed rulemaking in the Federal Register.

For more information or to review the 2020 list of measures under consideration, please visit: <https://www.cms.gov/files/document/measures-under-consideration-list-2020-report.pdf>.

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