

Issue Brief

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Improving Patient Outcomes and Reducing Burden Through Meaningful Measures

In all the recently promulgated proposed fiscal year 2019 prospective payment system updates (IPPS, Hospice, Inpatient Rehabilitation, Inpatient Psychiatric and Skilled Nursing), the Centers for Medicare & Medicaid Services has addressed a so-called common Meaningful Measures Initiative. The 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. The Meaningful Measures Initiative represents a new approach to quality measures that fosters operational efficiencies, and will reduce costs including, the collection and reporting burden while producing quality measurement that is more focused on meaningful outcomes.”

CMS says that the Meaningful Measures framework has the following objectives:

- Address high-impact measure areas that safeguard public health;
- Patient-centered and meaningful to patients;
- Outcome-based where possible;
- Fulfill each program’s statutory requirements;
- Minimize the level of burden for health care providers (for example, through a preference for EHR-based measures where possible, such as electronic clinical quality measures;
- Significant opportunity for improvement;
- Address measure needs for population based payment through alternative payment models; and
- Align across programs and/or with other payers.

To achieve these objectives, CMS has identified 19 Meaningful Measures areas and mapped them to six overarching quality priorities as shown in the following table.

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continued

Quality Priority	Meaningful Measure Area
Making Care Safer by Reducing Harm Caused in the Delivery of Care	Healthcare-Associated Infections
	Preventable Healthcare Harm
Strengthen Person and Family Engagement as Partners in Their Care	Care is Personalized and Aligned with atient’s Goals
	End of Life Care According to Preferences
	Patient’s Experience of Care
	Patient Reported Functional Outcomes
Promote Effective Communication and Coordination of Care	Medication Management
	Admissions and Readmissions to Hospitals
	Transfer of Health Information and Interoperability
Promote Effective Prevention and Treatment of Chronic Disease	Preventive Care
	Management of Chronic Conditions
	Prevention, Treatment, and Management of Mental Health
	Prevention and Treatment of Opioid and Substance Use Disorders
Work with Communities to Promote Best Practices of Healthy Living	Risk Adjusted Mortality
	Equity of Care
Make Care Affordable	Community Engagement
	Appropriate Use of Healthcare
	Patient-focused Episode of Care
	Risk Adjusted Total Cost of Care

By including Meaningful Measures in its programs, CMS believes that it can also address the following cross-cutting measure criteria:

- Eliminating disparities;
- Tracking measurable outcomes and impact;
- Safeguarding public health;
- Achieving cost savings;
- Improving access for rural communities; and
- Reducing burden.

*Analysis provided for MHA
by Larry Goldberg,
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COMMENT

CMS’ initiative appears appropriate and thoughtful. While some reduction in quality reporting measures are being proposed for the FY 2019 PPS updates, questions about the true effectiveness of the initiative are still to be determined.