



Person and Family Engagement Network

Quality Measures – The Basics

PFEN Training Module #1:

Welcome to the Person and Family Engagement Network Member training module number one, Quality Measures – The Basics. This training module will help you better understand why the Centers for Medicare and Medicaid Services (CMS) uses quality measures, how we use measures in our programs, the definitions of basic terms that describe measures that you will hear in your meetings, and the measure development process. At the end of this training, you will receive additional resources to support your understanding of quality measures.

CMS and Quality Measures

Meaningful Measures is an initiative by CMS that identifies priority areas for quality measurement and improvement. Its goal is to improve health outcomes for persons, families, and to help healthcare providers deliver high quality care. CMS collects performance measures from the health care provider reporting the information.

Data sources that may capture information used in calculating quality measures are:

1. Administrative or claims data captured either through the patient registration or billing process
2. Electronic Health Records, or EHRs, are used in electronic Clinical Quality Measures or eCQMs. These are just one type of Digital Quality Measure, and
3. Patient surveys or assessments administered by a healthcare professional

Purpose of Quality of Measures

Quality measures supply clear information about the quality of patients' healthcare. They measure many aspects of care such as patient outcomes, safety, or healthcare delivery processes. Measures promote quality by motivating good performance and hold those with poor performance responsible through public reporting and performance tracking over time.

Using this information, patients, caregivers, and payers (collectively referred to as stakeholders) can make informed decisions by comparing the quality of care and patient outcomes from different healthcare settings and providers. Let's briefly define each group.

Stakeholders: Providers

Providers include clinics, hospitals, nursing homes, and any facility or individual that supplies medical care to patients. They use quality measures to help them improve the quality of patient outcomes, or to ensure they follow clinical guidelines for patient care. Providers report how well they are performing on quality measures to



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payers to receive payment and resources for their work. These payers can be health insurance companies, accreditation organizations, and CMS.

Stakeholders: Payers

Payers are private health insurance companies, Medicare, Medicaid, or sometimes the individual who pay for healthcare. They want to ensure patients receive **high-value care** while reducing unnecessary costs in healthcare. This means that payers pay for the quality of a provider's services aimed at improving their patient's health. Information from quality measures helps to hold those who deliver healthcare accountable for their services and patient outcomes. Measures can also help identify where providers may need extra assistance and resources in order to provide the highest quality of care to their patients.

Stakeholders: Patients and Families

Patients and families – often referred to as healthcare consumers can use quality measures to better decide where to get care. Quality measures are used to create new tools and programs that help this particular group of people decide on a provider. For example, Care Compare is a website that patients and caregivers can use to get information about providers based on cost, quality of care, volume of services, and other information. [Medicare.gov/care-compare/](https://www.medicare.gov/care-compare/) is a website where anyone can access information on the quality and cost of care for doctors, hospitals, nursing homes and other health care services. The link to Care Compare is included in the resource slide at the end of this presentation.

The Person and Family Engagement Network

Patients sometimes referred to as 'Persons' and families are ultimately the ones impacted by quality measures and whose voices have a growing impact in quality measure development. CMS supports the Person and Family Engagement Network or PFEN. Through this network, CMS and measure developers collaborate with members of diverse backgrounds on various quality measure development projects to prioritize and apply the most important and meaningful measures to improve healthcare.

Persons and families find issues that are meaningful from their experiences that might otherwise go unnoticed. Persons and families working together with measure developers on projects help produce high-quality, easily understood, relevant quality measures that are useful to many different people.

PFEN is part of CMS' National Quality Strategy Goals, which emphasizes equity, diversity, and engagement of persons and families in healthcare.

Quality Measure's Key Elements

Now that you have learned about why and how CMS uses quality measures, let's dig into some key elements of a quality measure. Quality measures each have a:





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- Title
- Description
- Identification number
- Rationale describing why a measure is important, and a
- Number to show the performance, sometimes called a performance rate. A performance rate helps to calculate payment for those measures that are included in one of CMS' Value Based programs.

Measure Types

Obviously, different quality measures assess many aspects of health care delivery processes and patient outcomes.

- Cost or resource use measures measure the cost or frequency of a healthcare service for a certain group of patients.
- Efficiency measures study the cost of care relative to the patient's improvement.
- Process measures find if a defined set of events occurred according to clinical guidelines.
- Outcome measures focus on the positive change in a patient's health status.
- One measure becoming more frequent is the patient-reported outcome-based measure. Here, patients supply input directly through questionnaires to track changes in performance.

Measure Life Cycle Overview

CMS follows a standard approach to developing, carrying out, and maintaining quality measures and encourages measure developers to include persons and families throughout all five phases of the measure's life. As a PFEN member, you may be engaged in projects during one or more of these stages.

- Stage one states what exactly needs to be measured. Input from a wide variety of stakeholders including providers, patients, family members, clinicians, and administrators is extremely valuable to ensure the measure is meaningful.
- Stage two defines how the measure is calculated.
- During stage three, the measure is tested by providers to ensure it is capturing information that can actually be collected and that the measure is really doing what it is supposed to do.
- Stage four puts the measuring tool to work. CMS puts the measure in one of its quality or value-based reporting programs. This is typically done through the federal rulemaking process. Finally, stage five involves continually watching the measure to ensure it still is meaningful and clinically relevant. This is called measure maintenance and typically occurs on an annual basis.



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Commonly Used Terms and Abbreviations in Quality Measures

Measure Development projects cover different topics and areas of interest. However, there are some common terms and abbreviations that are used across most measure development projects.

As a PFEN member, you may have the chance to be the PFEN voice on one of these projects. You may hear words and phrases that are new to you. Here are a few examples of terms that you may encounter.

Clinical Quality Measures or CQMs can be collected in many different ways. CMS has made it a priority to use measures that use digital information. This can help reduce the effort a provider may spend collecting a measure and allow them to have more time for their patients.

Digital Quality Measures or DQMs are measures that can be reported from any electronic source of information instead of being captured on paper.

One of the most common forms of DQMS is an eCQM or electronic Clinical Quality Measure. The information used in these measures comes from a provider's Electronic Health Record System or EHR.

You may also hear the term, measure specification. A measure specification is a document that explains what information is needed from the provider and how the measure will be calculated. It tells the provider how to collect and report on the information for a measure.

CMS has many programs that use measures. You may hear abbreviations that describe these programs. One of these programs is the Merit-based Incentive Payment System or MIPS. This program requires a provider to report certain information to CMS. Providers can participate by choosing to report information annually through the Quality Payment Program (QPP) or by participating in an Alternative Payment model or APM. These models are used to test new ways to pay providers and improve patient outcomes.

Resources

Quality measures are a core part of many CMS programs and are a key resource for persons and families wanting to be more engaged in their healthcare decisions.

Additional resources listed here give you detailed information on CMS's vision and use of quality measures. CMS's Quality Measures website and Measures Management website show you how to use and develop quality measures. The Care Compare website previously discussed provides information on a variety of healthcare settings performance on measures. The Quality Payment Program website supplies an overview of the reporting programs providers take part in. The eCQI Resource Center gives information on many of the electronic Clinical Quality Measures or eCQMs used by CMS today.



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CMS' Quality Measures website <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures>

CMS Care Compare

<https://www.medicare.gov/care-compare/>

CMS Measures Management System Website <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS>

ECQI Resource Center <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS>

Thank you

Thank you for your engagement as a PFEN member and for taking part in Training Module #1: Quality Measures – the Basics and Beyond. We hope you enjoyed it and found value in understanding these foundational measure topics. If you have any questions, please feel free to reach out to the PFEN by emailing the PFEN Coordinator, Victoria Danner at Victoria.danner@Raimakerssolutions.com.

Thank you for being a valued PFEN member and have a wonderful day.