

DEVELOPING AND SELECTING STANDARDIZED QUALITY MEASURES

CMS has worked collaboratively with health care providers in an effort to develop measures of quality in various settings and to reduce the burden of their collection.

Development of Hospital Quality Measures

CMS and the Hospital Quality Alliance (HQA), which has representation from consumers, hospitals, practitioners, purchasers, and accreditation organizations, collectively selected a starter set of ten consensus-derived performance measures for public reporting. The measures were endorsed by the National Quality Forum (NQF) through a consensus development process that includes input from consumers, purchasers, clinicians, providers, researchers and quality improvement experts. The NQF is a non-profit organization that represents a broad range of health care stakeholders and provides endorsement of consensus-based national performance standards for measurement and public reporting.

This starter set of measures was incorporated into section 501(b) of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the MMA), which provided a financial incentive for those hospitals that reported these measures. These measures are available at the following link on the CMS website:

<http://www.cms.hhs.gov/quality/hospital/StarterSet.pdf>. On April 1, 2005, we launched the Hospital Compare website, which allows comparison of data on these measures from over 4,200 hospitals.

CMS and the HQA have identified an expanded set of measures that hospitals may choose to report without payment ramifications. An additional seven measures were released on April 1, 2005. These measures are available at the following link on the CMS website:

<http://www.cms.hhs.gov/quality/hospital/HospitalQualityMeasures.pdf>. An additional five measures have been endorsed by the NQF and are due to be released later this year.

Development of Nursing Homes Measures

CMS currently uses data submitted via the Minimum Data Set (MDS) by facilities to produce 15 measures, endorsed by the NQF, for public reporting on Nursing Home Compare. These measures are available at the following link on the CMS website:

<http://www.cms.hhs.gov/quality/nhqi/Snapshot.pdf>.

CMS has been working closely with consumer groups and nursing home leaders through the Nursing Home Quality Initiative, a collaborative effort to improve quality of care in nursing homes. A key element of this effort is the development and improvement of specific quality measures. In addition to the 15 measures reported via the MDS, we are considering expanding this starter set to include measures that assess safety, patient functional status, patient experience, and personnel management. Safety measures would assess adverse events, such as inappropriate medication use or falls and other injuries. In addition, recent research has identified additional measures to assess functional status in short-stay Medicare patients, although many of the

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measures also reflect care provided to long-term patients as well. We are also interested in measuring the experience of care from the perspective of both patients and their families. Other possible measures might include assessing such items as: nursing home staff turnover rates; nursing director tenure; and staff immunization rates. Further, in its March 2005 report, MedPAC recommended the collection of data on a few admissions and discharge measures in order to provide insight into whether treatment goals (particularly for functional status) were met.

Development of Home Health Measures

Similar to the nursing home quality activities, CMS has also been working with leaders and advocates for the home health industry through our Home Health Quality Initiative. Under this initiative, measures are reported to CMS that provide information on how well the home health agencies provide care. Examples include: the status of a patient's physical and mental health; maintenance or improvement in the patient's ability to perform basic daily activities; and patient medical emergencies. These measures are based on information collected on Medicare or Medicaid patients who receive care at a Medicare certified home health agency.

In its March 2005 report, MedPAC recommended using the outcomes-based quality indicators (OBQIs) with appropriate risk adjustment as pay-for-performance metrics. The measures recommended by MedPAC include an assessment in improvement in the lives of home health patients and markers for adverse events that prompt home health agencies and surveyors to investigate further. OBQI measures are now in common use and have been studied for some time. A number of such measures have been endorsed by the NQF and are evidence based, well accepted, and not unduly burdensome. MedPAC has also recommended that an initial set of measures focus on improving patient's health and functioning as well as measures of stabilization, recognizing that often the goal of the home health agency is to simply stabilize the patient's condition.

Development of Dialysis Facility Measures

Initiated in 1998, CMS's Clinical Performance Measures (CPM) Project currently monitors 16 quality measures that are based on the National Kidney Foundation's Kidney Disease Outcomes Quality Initiative (K-DOQI) Clinical Practice Guidelines. These measures report the quality of dialysis services provided under Medicare in the areas of adequacy of hemodialysis and peritoneal dialysis, anemia management, and vascular access management. In addition to the CPMs, CMS also collects data on patient nutrition and is developing additional measures related to kidney transplant referral and ESRD bone metabolism.

CPM data are collected on a national random sample of adult in-center hemodialysis patients, all in-center hemodialysis patients less than 18 years of age, and a national random sample of adult peritoneal dialysis patients. Thirteen of the CPMs are calculated, and an annual report of these findings is published and made available to the public at the following link: www.cms.hhs.gov/esrd/1.asp. CPM data are not collected in numbers sufficient for calculating dialysis facility-specific rates. However, CMS is currently collaborating with the

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dialysis organizations to collect and transmit CPM data electronically on all their dialysis patients. We are also interested in measuring care from the patients' perspective.

Development of Physician Measures

Ambulatory care measures have also been developed by the American Medical Association's Physician Consortium for Performance Improvement, the National Committee for Quality Assurance (NCQA) and CMS. A set of about 99 ambulatory care measures was submitted to NQF for endorsement. These measures are available at the following link on the CMS website: <http://www.cms.hhs.gov/quality/AmbulatoryMeasures.pdf>. Although the endorsement process is still underway, to date 49 draft ambulatory measures have been endorsed. We expect that the final set will be released in July 2005. In addition, nine final diabetes measures, also known as the Diabetes Alliance measures have been endorsed by NQF.

A starter set of the ambulatory care measures, which is a subset of the measures submitted to NQF, has been developed by the Ambulatory care Quality Alliance (AQA), which is comprised of the Agency for Healthcare Research and Quality (AHRQ), America's Health Insurance Plans (AHIP), American College of Physicians (ACP) and American Family Physicians (AFP). We have been working closely with the AQA to develop this starter set of consensus-derived ambulatory quality measures for physician offices. We are also collaborating with many specialty societies to develop quality measures that reflect important aspects of the care of specialists and sub-specialists. For example, we are working closely with oncologists to develop measures of the adequacy of treatment planning and follow-up that oncologists furnish as part of their evaluation and management services; with cardiologists on measures of cardiac care for heart attack or heart failure conditions; and with cardiovascular surgeons on measures related to cardiac surgery.