MMS Information Session

Get a Clue About Measure Reviews: PRMR, MSR, and E&M

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Objectives

The purpose of today's webinar is to explain similarities and differences in the goals and evaluation criteria for three distinct measure review processes managed by the Centers for Medicare & Medicaid Services (CMS) Consensus-Based Entity (CBE).
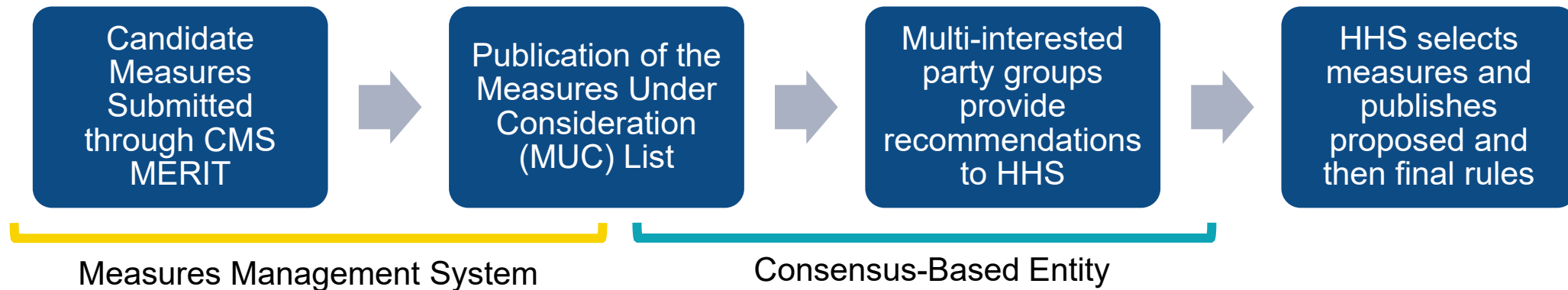
Objectives

- Describe the goals and evaluation criteria for Pre-Rulemaking Measure Review (PRMR), Measure Set Review (MSR), and Endorsement and Maintenance (E&M)

- Discuss the unique perspective PRMR/MSR, and E&M committees apply during their review

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Introduction

The Consensus-Based Entity

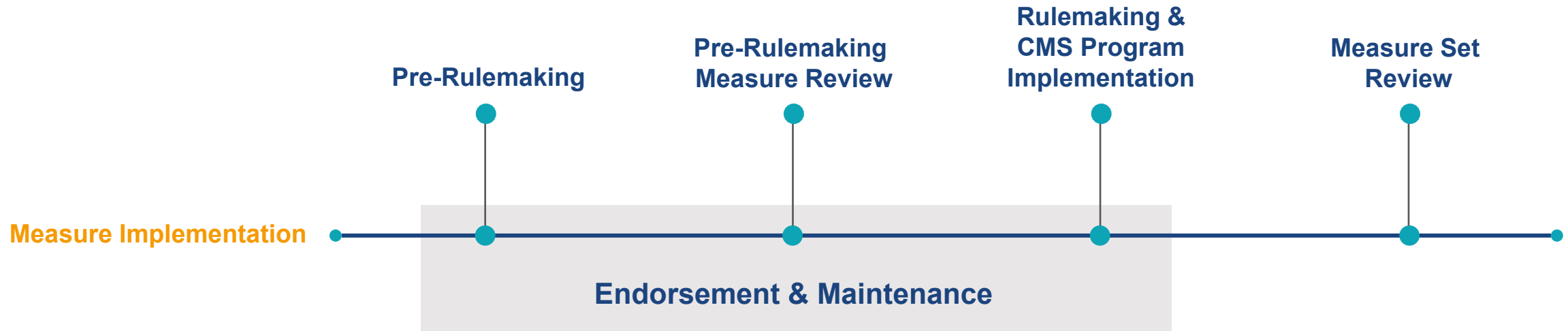| Candidate Measures Submitted through CMS MERIT	→	Publication of the Measures Under Consideration (MUC) List	→	Multi-interested party groups provide recommendations to HHS	→	HHS selects measures and publishes proposed and then final rules

Measures Management System   Consensus-Based Entity

- Battelle supports two CMS contracts—the Measures Management System (MMS) and the Consensus-Based Entity (CBE)—which work together to support the statutorily required pre-rulemaking process.

- Battelle formed the Partnership for Quality Measurement (PQM) to convene interested parties to perform measure reviews in support of PRMR, MSR, and E&M.

Acronyms: CMS MUC Entry/Review Information Tool (MERIT); Department of Health and Human Services (HHS)

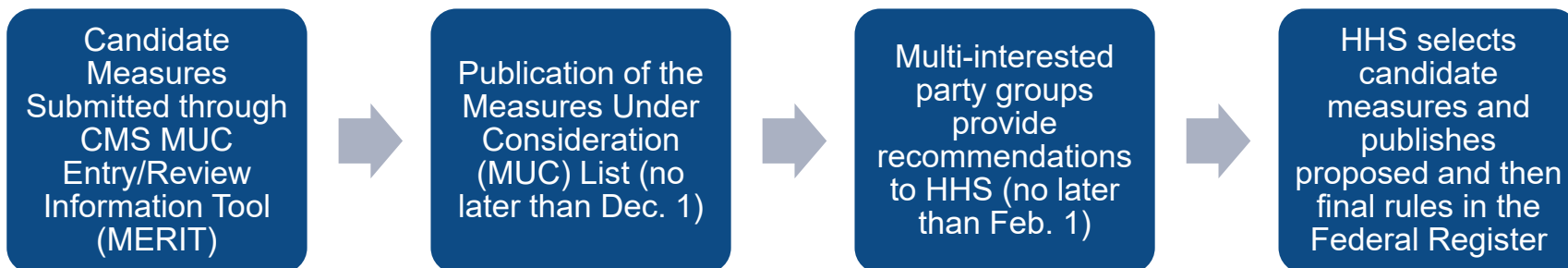6/25/2024

Measure Review Processes and When They Occur

Pre-Rulemaking

Pre-Rulemaking
Measure Review

Rulemaking &
CMS Program
Implementation

Measure Set
Review

Measure Implementation

Endorsement & Maintenance

Measure Review Process	Description	When The Process Occurs
Pre-Rulemaking Measure Review (PRMR)	Reviews and recommends measures to CMS for use in select Medicare quality reporting and value-based programs.	Early in measure implementation lifecycle, after publication of the MUC List.
Measure Set Review (MSR)	Reviews for continued use in select Medicare quality reporting and value-based programs.	Later in measure implementation lifecycle, after measure is adopted for use in a CMS program.
Endorsement and Maintenance (E&M)	Evaluates and endorses measures for use within an accountability application (e.g., public reporting, quality improvement, payment programs).	Initial endorsement review can occur at any time during the measure implementation lifecycle, but it most commonly occurs before, during, or shortly thereafter pre-rulemaking.

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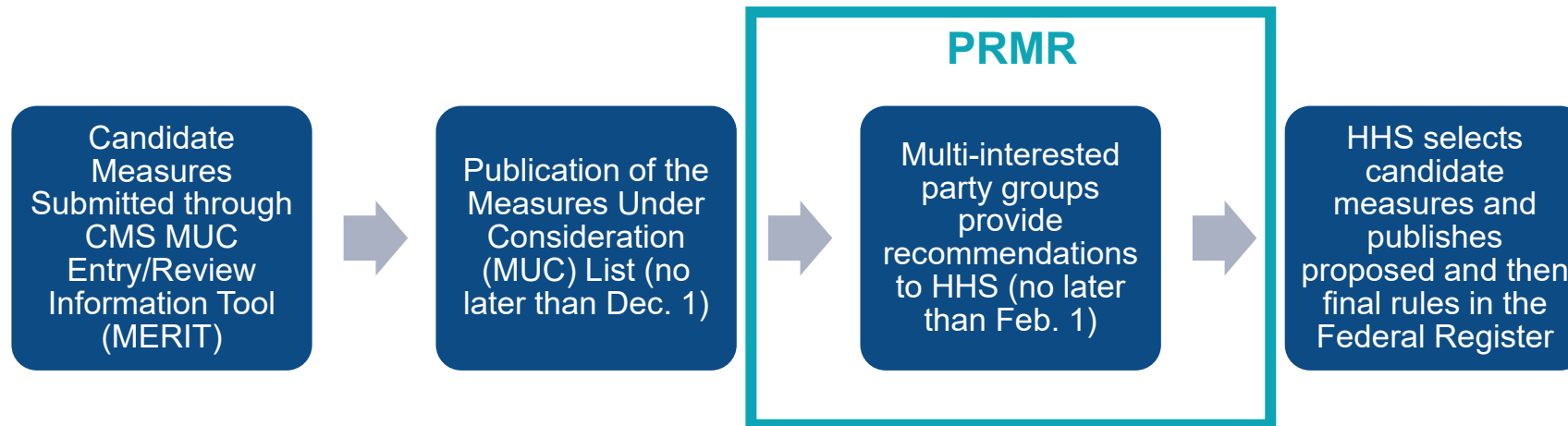# Pre-Rulemaking Measure Review (PRMR)

Pre-Rulemaking: MERIT Submission & the MUC List

- Quality and efficiency measures for use by HHS in select Medicare quality reporting and value-based programs are required by statute to go through a federal pre-rulemaking process.

- Each year, CMS invites measure developers/stewards to submit candidate measures through CMS MERIT.
  - May: The candidate measure submission period closes.
  - June to July: CMS programs review candidate measures.
  - August: MUC List is drafted.
  - September to November: CMS, HHS, and EOP review draft MUC List.

- The MUC List is published no later than December 1.

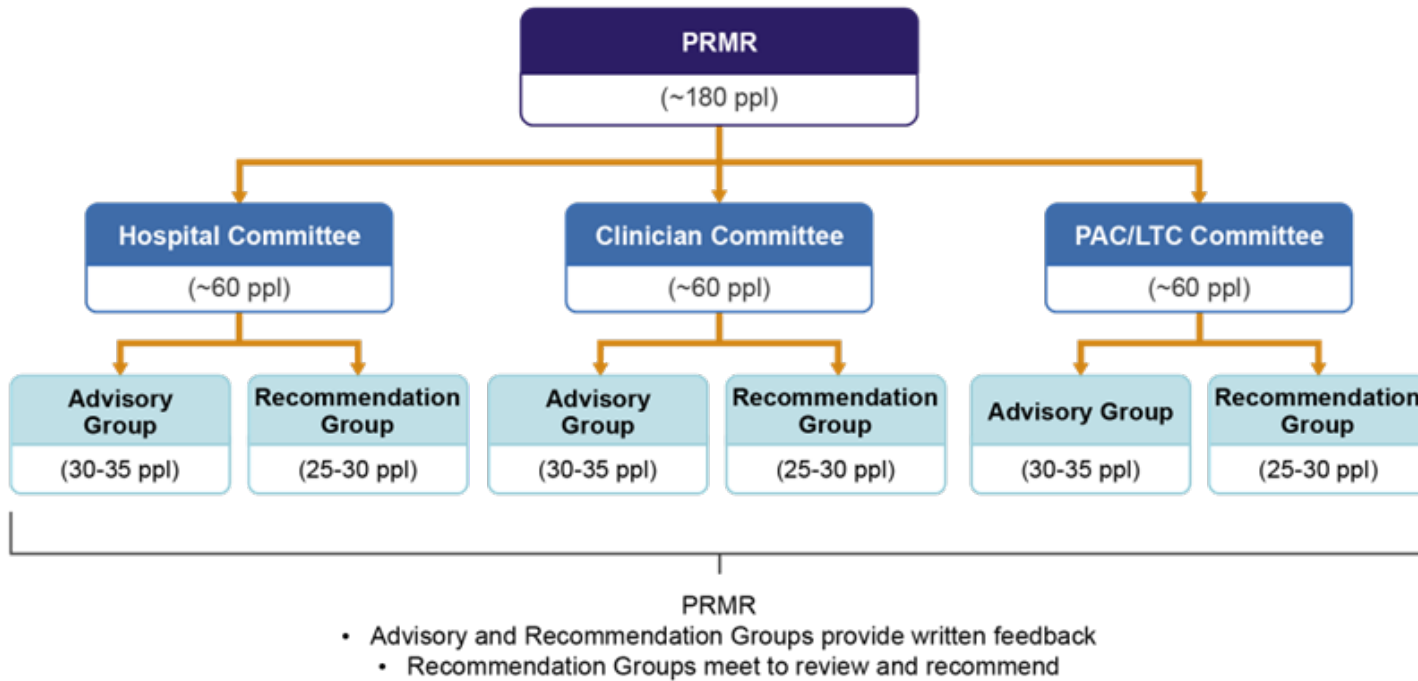| Candidate Measures Submitted through CMS MUC Entry/Review Information Tool (MERIT) | → | Publication of the Measures Under Consideration (MUC) List (no later than Dec. 1) | → | Multi-interested party groups provide recommendations to HHS (no later than Feb. 1) | → | HHS selects candidate measures and publishes proposed and then final rules in the Federal Register |

PRMR Background

- The Pre-Rulemaking Measure Review (PRMR) is a step-by-step process where a group of diverse individuals, representing a range of health care expertise and lived experiences, review and agree on which measures to recommend to the HHS for inclusion in CMS quality reporting programs.

- PRMR resources can be found on the [Partnership for Quality Measurement (PQM) website](#).

PRMR

| Candidate Measures Submitted through CMS MUC Entry/Review Information Tool (MERIT) | → | Publication of the Measures Under Consideration (MUC) List (no later than Dec. 1) | → | Multi-interested party groups provide recommendations to HHS (no later than Feb. 1) | → | HHS selects candidate measures and publishes proposed and then final rules in the Federal Register |

PRMR Overview

- Goal
  - To gather measure feedback from a diverse group of individuals, before rulemaking, thus increasing transparency, engagement, and input from interested parties.

- Purpose
  - Applies **measure selection criteria** to determine whether a measure included on the MUC List should be adopted in a measure set for a specific program.
  - PRMR uses a modified Novel Hybrid Delphi and Nominal Groups approach to build consensus among committee members around recommendations.
   - PRMR committees provide recommendations directly to CMS

Davies S, Romano PS, Schmidt EM, Schultz E, Geppert JJ, McDonald KM. Assessment of a novel hybrid Delphi and Nominal Groups technique to evaluate quality indicators. Health Serv Res. 2011 Dec;46(6pt1):2005-18. doi: 10.1111/j.1475-6773.2011.01297.x. Epub 2011 Jul 25. PMID: 21790589; PMCID: PMC3393032.

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PRMR Committee Composition

Committees are composed of:
- Patients, caregivers, and patient advocates
- Clinicians
- Facilities/institutions
- Clinician associations
- Facility associations
- Purchasers and plans
- Rural health experts
- Health equity experts
- Researchers in health services
- Other interested parties and experts

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PRMR Process and Timelines
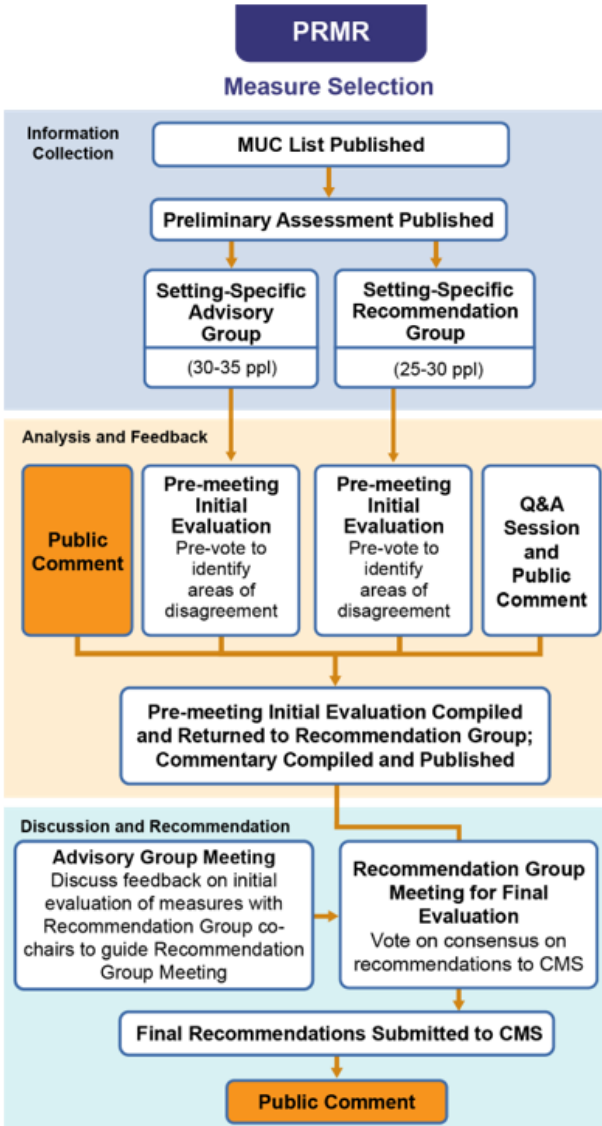
Month	Dec	Dec	Dec	Dec	Jan	Jan	Jan	Jan	Feb
Weeks	1	2	3	4	1	2	3	4	1
CMS releases MUC List; the public comments on MUC List	X	X	X						
PRMR committees provide written feedback (PIE)	X	X	X						
CMS and Battelle host listening sessions to facilitate Q&A and public comment		X							
Battelle synthesizes feedback from public comment and PIE			X	X	X				
Advisory Group meetings					X				
Recommendation Group meetings						X	X		
Battelle publishes PRMR recommendations spreadsheet								X	

Note: The process and timeline graphics above represent proposed changes from the 2023 process that may shift before the finalization of the 2024 PRMR/MSR Guidebook in July.

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PRMR Evaluation Criteria

Evaluation criteria are applied to information submitted by developers/stewards in CMS MERIT.

- **Meaningfulness of the concept of interest in the context of use**: Measure is evaluated and tailored to unique needs of specific program-target population

- **Appropriateness of scale:** Measure portfolio is balanced and scaled to meet target program- and population-specific goals, specifically, measure is evaluated in the context of all the measures currently within the program measure portfolio

- **Time to value realization:** Measure has plan for near- and long-term positive impacts on the targeted program and population as measure matures

Overall	Recommend	Recommend with conditions (Please specify the conditions)	Do not recommend
Measure under consideration			

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# Measure Set Review (MSR)

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MSR Background

- The Measure Set Review (MSR) is a step-by-step process where a group of diverse individuals, representing a range of health care expertise and lived experiences, review and agree on which measures should continue to be used in CMS quality reporting programs.

- MSR allows interested parties to consider the purpose of each program's measures and weigh the impact of these measures against the burden of their implementation.

- MSR resources can be found on the [Partnership for Quality Measurement (PQM) website](.).

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MSR Overview

- Goal
  - To review for continued use in CMS quality programs
- Purpose
  - To determine whether a measure(s) within a specific program should continue to be used
  - Optimizes the CMS measure portfolio

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MSR Recommendation Group

MSR uses a single Recommendation Group, whose members are drawn from all three PRMR committees.

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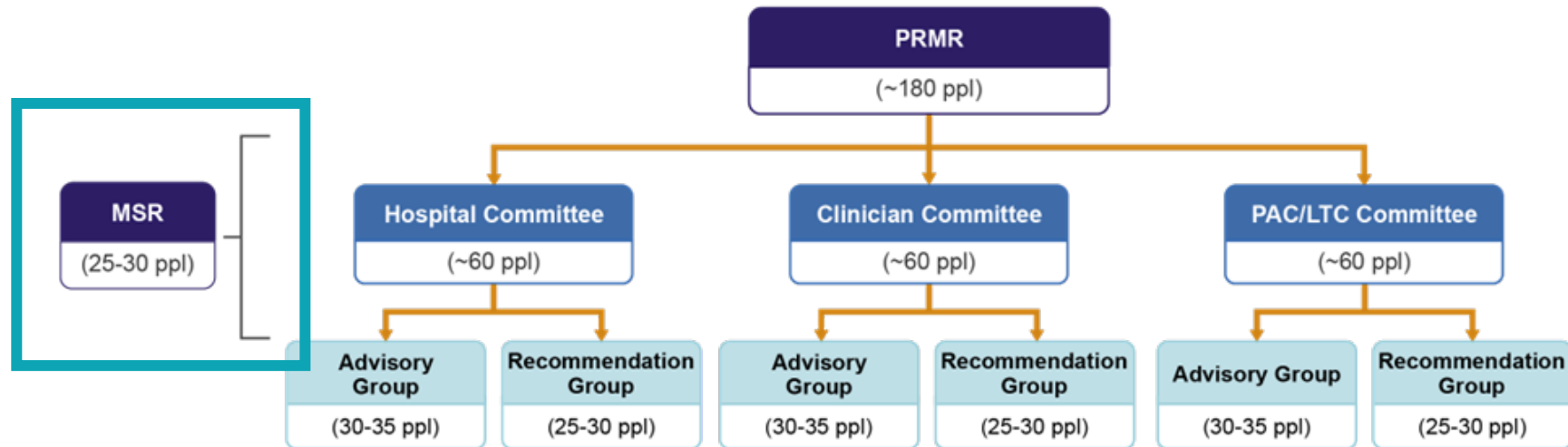
MSR Process and Timelines
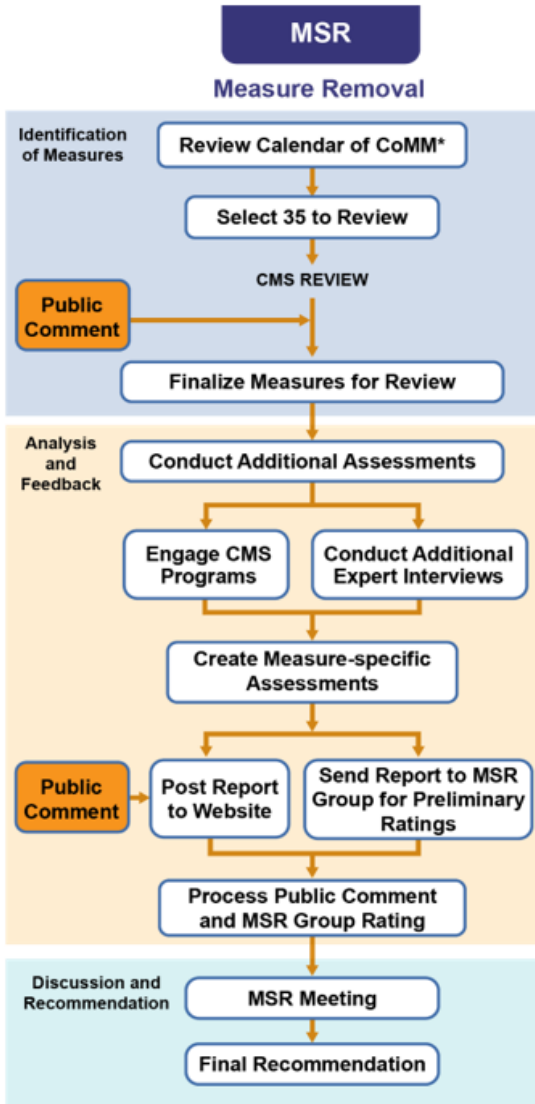
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
Battelle conducts internal review of the Cascade priorities and consults committee members to identify measures for MSR	X	X	X	X				
Public comments on measures initially identified for MSR review; Battelle and CMS finalize list of measures				X	X			
Battelle conducts measure evaluation (specific outreach with CMS program/measure leads, internal analyses, ad hoc expert interviews)				X	X			
Battelle develops PAs					X	X		
Public comment on PAs						X	X	
Measure Set Review: Recommendation Group meeting							X	X
Battelle submits final recommendations on MSR to CMS								X

Note: The process and timeline graphics above represent proposed changes from the 2023 process that may shift before the finalization of the 2024 PRMR/MSR Guidebook in July.

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Responsibilities of the CBE

MSR reviews measures across the CMS measure portfolio.

- Recommendations for continued use of a measure(s) are based on updated information on the measure's properties, performance trends (programmatic performance data, prior/updated testing data from developers), and whether the measure continues to support the program's needs and priorities
- The CBE reviews each measure's scientific acceptability, conducts ad hoc expert interviews, and syntheses information into a report for MSR committees to review

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Cascade of Meaningful Measures (CoMM)

- To make the MSR process manageable, the portfolio has been divided into three cycles using the [Cascade of Meaningful Measures](#) as a guide.
  - **Cycle A:** Patient-Centered and Outcome-Focused Care
  - **Cycle B:** Safety, Quality, and Equity in Health Care Delivery
  - **Cycle C:** Cost-Effectiveness and Efficiency in Health Care Utilization

Building Value-Based Care and Advancing Health Equity

Person-Centered Care	Equity
Safety	Affordability and Efficiency
Chronic Conditions	Wellness and Prevention
Seamless Care Coordination	Behavioral Health

Individual and Caregiver Voice

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MSR Evaluation Criteria

- **Meaningfulness in the context of use:** Measure set evaluated across program, target population, and time

- **Patient health care journey:** Measure set redundancy is identified and mitigated, specifically, by evaluating if the measure addresses the right aspect of care, in the right setting, and at the right point in a patient's journey to maximize the desired outcome

- **Entity data stream parsimony:** Measure set redundancy in data streams is identified and mitigated, specifically by evaluating the burden associated with reporting the measure and considering other related measures

Overall	Recommend	Do not recommend
Measure under review		

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Endorsement and Maintenance (E&M)

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E&M Background

- E&M is a consensus-based approach where a group of diverse individuals representing a range of health care expertise and lived experiences recommends to the CBE whether to endorse a measure

- The quality measure endorsement process is reliable, transparent, attainable, equitable, and most of all, meaningful

- Endorsement consideration typically occurs during the measure implementation phase of the measure lifecycle

- E&M resources can be found on the PQM website https://p4qm.org/EM

Measure Specification

Measure Use, Continuing Evaluation & Maintenance

Measure Conceptualization

Measure Testing

Measure Implementation

E&M

E&M Overview

- Goal
  - To determine if a measure is "safe and effective," meaning that the use of the measure:
    - Will increase the likelihood of desired health outcomes;
    - Will not increase the likelihood of unintended, adverse health outcomes; and
    - Is consistent with current professional knowledge.

- Purpose
  - Applies **measure evaluation criteria** to assess the merits of an individual measure, not in the context of a specific program
  - Evaluates if use of the measure in health care will increase the likelihood of desired health outcome (net benefit)

- Benefits of Endorsement
  - Signals to the quality measurement community that your measure has been reviewed by a group of diverse individuals representing a range of health care expertise and lived experiences and deemed safe, effective, and meaningful.
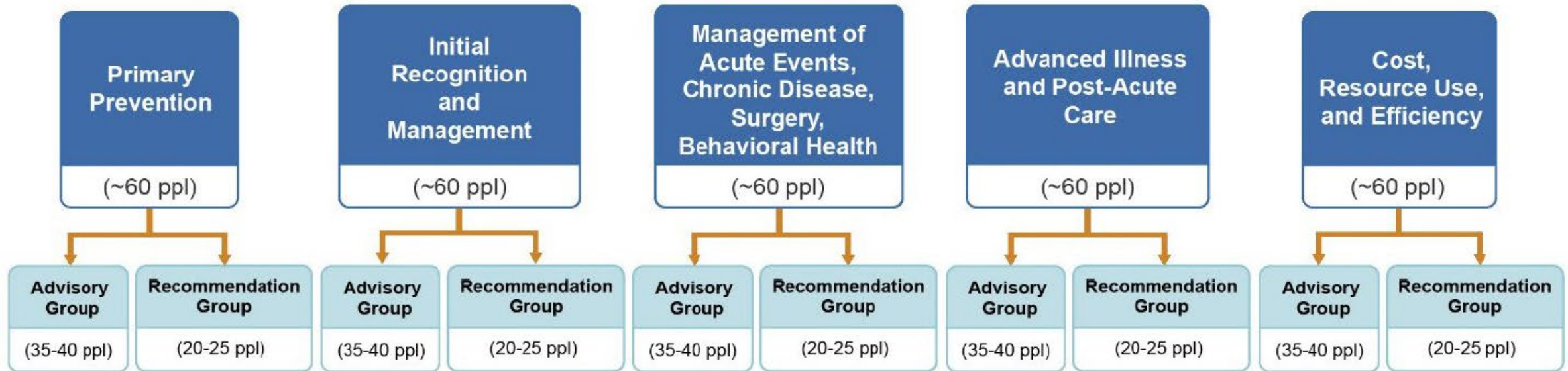
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Measure Evaluation Workflow

Intent to Submit

Measure Submission

SUBMISSION COMPLETENESS & INTERNAL REVIEW

Listening Sessions

Advisory Group Meetings

Public Commenting

E&M Committee Review

Endorsement Decision Posted

Appeals (as needed)

Appeals Period

Appeals Decision Posted

Final Technical Report
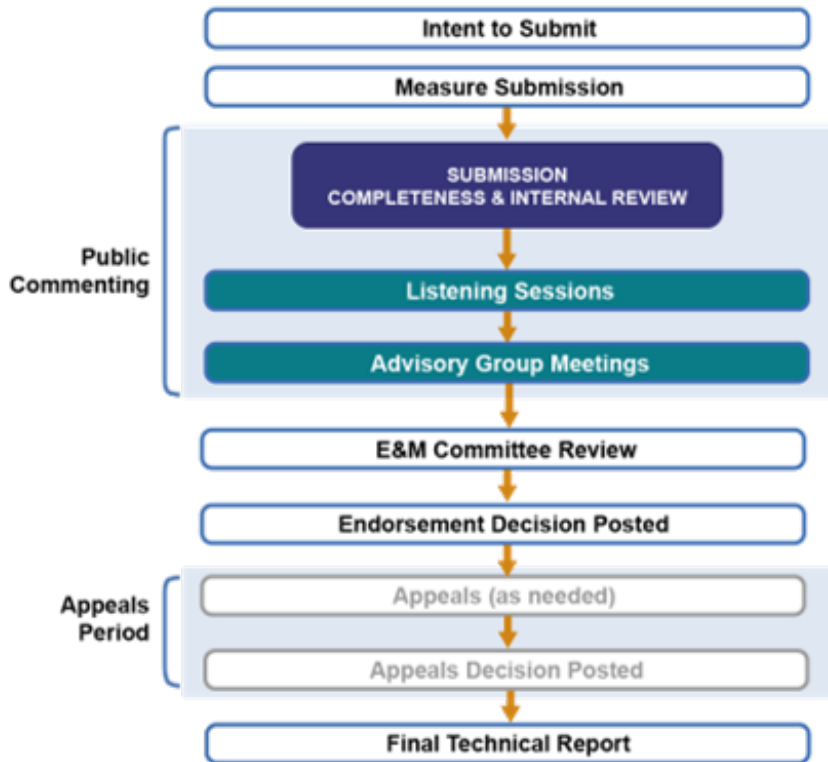
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Spring Measure Review Cycle						Fall Measure Review Cycle					
Intent to Submit	●						●					
Full Measure Submission		●						●				
Staff Assessments			▬						▬			
Measure Posted for 30-day Public Comment		▬							▬			
Listening Sessions			▬						▬			
Advisory Group Meetings				▬						▬		
Developer Responses				▬						▬		
Recommendations Group Independent Review					▬						▬	
Endorsement Meetings						▬					▬	
Endorsement Meeting Summaries Drafted and Posted						▬						▬
Appeals Period							▬					▬
Appeals Committee Meeting (as needed) and Final Decisions Posted							●					●

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E&M Committee Composition

	Primary Prevention (~60 ppl)		Initial Recognition and Management (~60 ppl)		Management of Acute Events, Chronic Disease, Surgery, Behavioral Health (~60 ppl)		Advanced Illness and Post-Acute Care (~60 ppl)		Cost, Resource Use, and Efficiency (~60 ppl)	
	Advisory Group (35-40 ppl)	Recommendation Group (20-25 ppl)	Advisory Group (35-40 ppl)	Recommendation Group (20-25 ppl)	Advisory Group (35-40 ppl)	Recommendation Group (20-25 ppl)	Advisory Group (35-40 ppl)	Recommendation Group (20-25 ppl)	Advisory Group (35-40 ppl)	Recommendation Group (20-25 ppl)

Project Title	Primary Prevention	Initial Recognition and Management	Management of Acute Events, Chronic Disease, Surgery, Behavioral Health	Advanced Illness and Post-Acute Care	Cost and Efficiency
Areas Covered	Education, prevention, and screening related to health status and/or health risk.	Recognition and timely diagnosis of conditions, including diagnostic accuracy, monitoring of early signs and symptoms of disease/condition.	Treatment of acute events, management of chronic disease, including structural or functional changes related to chronic disease, surgery, and related outcomes.	Advanced illness and/or end-stage disease management, palliative and hospice care, post-acute care, and home care.	The amount or frequency of health services applied to a population or event (e.g., procedures, encounters).

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E&M Evaluation Criteria

- **Importance:** Extent to which the measure is evidence-based, meaningful, AND is important for making significant gains in health care quality or cost where there is variation in or overall, less-than-optimal performance.

- **Feasibility:** Extent to which the measure specifications (i.e., numerator, denominator, exclusions) require data that are readily available OR could be captured without undue burden AND can be implemented for performance measurement.

- **Scientific Acceptability [i.e., Reliability and Validity]:** Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented.

- **Equity (optional)**: Extent to which the measure can identify differences in care for certain patient populations, which can be used to advance health equity and reduce disparities in care.

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E&M Evaluation Criteria (cont'd)

- **Use and Usability:** Extent to which potential audiences (e.g., consumers, purchasers, providers, and policymakers) are using or could use measure results for both accountability and performance improvement to achieve the goal of high quality, efficient health care for individuals or populations.

Met	The measure meets the assertions/aspirations of the respective domain.
Not Met, but Addressable	The measure does not meet the assertions/aspirations of the respective domain. However, the measure developer/steward can address any insufficiencies through reasonable changes to the measure (e.g., specifications, testing, evidence), which would improve its evaluation against the respective domain.
Not Met	The measure information does not meet the assertions/aspirations of the respective domain, and there are no reasonable changes to the measure (e.g., specifications, testing, evidence) that would allow the measure to meet the domain.

Measure Review Summary

	PRMR	MSR	E&M
Statute	Statutorily required under Section 3014 of the "Patient Protection and Affordable Care Act of 2010" (ACA) (P.L. 111-148) which created section 1890A of the Social Security Act	Statutorily enabled by the Consolidated Appropriations Act, 2021 Public Law 116–260	Statutorily required under Medicare Improvements for Patients and Providers Act of 2008 for HHS to contract with a CBE regarding performance measurement
Goal	To gather measure feedback from a diverse group of individuals, before rulemaking, thus increasing transparency, engagement, and input from interested parties	To review and agree on which measures should continue to be used in CMS quality programs	To determine if a measure is safe, effective, and meaningful for the patient and health care system more broadly
Purpose	To review and recommend measures to CMS for inclusion in CMS quality programs	To optimize the CMS measure portfolio and review measures for continued use	To assess the merits of an individual measure, not in the context of a specific program
Scope of Measures	Quality and efficiency measures on the MUC List, where CMS is considering the measure for select Medicare quality reporting and value-based programs	Quality and efficiency measures used by HHS in select Medicare quality reporting and value-based programs	Measures planned or currently used within an accountability application (e.g., public reporting, performance-based payment, accreditation) Does not have to be a CMS program.
Timeline	Annual (December – February)	Annual (Feb – September)	Bi-Annual (two six-month cycles) Spring: April – September; Fall: October – March
Committees	Recommendation & Advisory Groups	Recommendation Group only (subset of the PRMR committees)	Recommendation & Advisory Groups
Evaluation Criteria	1. Meaningfulness of the concept of interest in the context of use 2. Appropriateness of scale 3. Time to value realization	1. Meaningfulness in the context of use 2. Patient health care journey 3. Entity data stream parsimony	1. Importance 2. Feasibility 3. Scientific Acceptability (Reliability & Validity) 4. Equity 5. Use and Usability

Questions?

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Announcement

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Updated eCQM Specifications and Implementation Resources for 2025 Performance/Reporting Period

- The Centers for Medicare & Medicaid Services (CMS) has posted the electronic clinical quality measure (eCQM) specifications for the 2025 quality performance/reporting period.

- The updated eCQM specifications are available on the Electronic Clinical Quality Improvement (eCQI) Resource Center for EH/CAH, OQR, and EC pages under the 2025 performance/reporting period.

- The 2025 performance/reporting period eCQM value sets are available through the National Library of Medicine's Value Set Authority Center (VSAC).

- For questions regarding eCQMs, visit the eCQM Issue Tracker.

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