



# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

### PCHQR Program Perspective: An Examination of the CMS Meaningful Measures Initiative

#### Questions and Answers

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*The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.*

**Question 1:**            **In terms of filling gaps, how does CMS prioritize which measures remain in the program and which are removed?**

In terms of filling the Meaningful Measure area gaps related to the framework and the broader initiative, of course, we try to take into consideration which is lower priority and higher priority. Of course, each measure is important. Otherwise, they wouldn't have been adopted into our programs and adopted the rigorous systematic manner in which we ensure that measures are approved; and, it happens to our program via rule making, going through the next cycle, as well as presenting them to the Measure Applications Partnership and things of that nature.

We do try to, under this initiative, systematically prioritize measures by categorizing them in terms of lower and higher priorities. Two good examples of those would be process measures and outcome measures. For example, for the most part, we would prioritize process measures as lower priorities. Outcome measures and similar have higher priorities under the Meaningful Measures and People [Patients] over Paperwork initiatives, you know, umbrella.

One reason for that, one example, is to understand I'm taking into consideration in broader context the large—not just the PCHQR Program—but the other hospital quality reporting programs, in particular the Hospital Inpatient Quality Reporting Program, IQR. To understand, many of these programs initially started out, and particularly that one, with a small subset of measures of course getting started, and many of those measures, if not all of them, were process measures.

Then over the course of time, we continue to adopt more outcome-based measures, rightfully so, and started to kind of phase out process measures for various reasons, but ultimately for the reason of what we were saying before in terms of one of our key message strategic goals is putting patients first.



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**Question 2: How does CMS report the impacts of the Meaningful Measures Initiative?**

So, as a response to how to see our program's support of and reported impact as a result of the Meaningful Measures Initiative, approximately, you know, every three years we're required by law to assess the impact of us using endorsed quality measures in our programs and initiatives that we administer and to post the results.

Like, for example, the 2018 Impact Assessment Report organized measure analyses under our six quality strategy priorities, which align closely with the healthcare quality priorities and the Meaningful Measures framework that we discussed during this webinar. The 2021 Impact Assessment Report, which hasn't been released yet, but will be soon hopefully, will assess how performance measures address each specific area of the Meaningful Measures framework which ultimately helps us to achieve our strategic goals.

We do have a key indicator dashboard, like those in the 2018 Impact Assessment Report, that will show progress and the core issues, important, or most important to the high-quality care and better patient outcomes perspective that we try to champion with this Meaningful Measures Initiative.

We do have a link that we can provide to our attendees here and for future reference. This is an example and a copy of our 2018 impact assessment, where you can also access the 2021 Impact Assessment Report when that is ready to be shared that most specifically links our work to the meaningful measures area.



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*Subject-matter experts researched and answered the following questions after the live webinar. This content may have been edited.*

**Question 3:**            **Of the CMS Meaningful Measure areas, which do you see as most important to cancer care?**

I believe that all Meaningful Measure areas are critical to cancer care; however, from my perspective, that, at its core, some of the most important areas fall under the National Quality Priority of Strengthen Person & Family Engagement as Partners in their Care. Specifically, the Meaningful Measure areas are Care is Personalized and Aligned with Patient's Goals, Patient's Experience of Care, and patient-reported Functional Outcomes. These areas are what I believe are at the heart of putting patients first; where patients have a voice to speak on their goals, priorities, and values that are most important to them. Nevertheless, each Meaningful Measure area is needed to work in unison as we continue to strive in achieving the best care for our cancer patients and community.

**Question 4:**            **Can Nekeshia speak to the importance of patient-reported outcomes in terms of data burden (to both patients and providers) and the importance of this outcome data?**

There is still much research to be done as we continue to consider ways to potentially introduce patient-reported outcomes (PROs) into the PCHQR Program. We are open to learning more on PROs as it relates to both patients and providers, particularly with regards to data burden. Outcome measure data help to better inform the future direction of the measures to be adopted into the program. Thus, we are continuing to monitor the research literature as we consider incorporating PROs into the program in the future.