



Policy Brief

Advancing Whole-Person Outcomes in CMS Programs with the Human Flourishing Measure as a Patient-Reported Outcome Measure (PROM)

Tyler VanderWeele, PhD, Director, and Jennifer Wortham, Dr.PH, Research Associate, Human Flourishing Program, Harvard University.

Executive Summary

The **Human Flourishing Measure** is a brief, globally validated, person-reported instrument designed to capture whether individuals are truly doing well in their lives, not only physically, but emotionally, socially, and existentially. Developed within the [Human Flourishing Program](#) at Harvard University, the measure assesses core domains of wellbeing including health, happiness, meaning and purpose, character, relationships, and financial stability. Unlike condition-specific metrics, it provides a holistic, cross-cutting view of lived experience, making it well suited for use across diverse populations and care settings. Its concise format minimizes respondent burden while enabling meaningful insight into whether care, policy, or social conditions are improving what matters most to people's lives (**VanderWeele, T.J., 2017**).

The Centers for Medicare & Medicaid Services has made clear that the future of quality measurement must focus on outcomes that matter to people, reduce reporting burden, and support equity across populations. Over the past decade, CMS has taken meaningful steps in this direction through the expansion of patient experience measures and the gradual incorporation of patient-reported outcome measures (PROMs). Yet a critical gap remains. Current CMS measures are strong at assessing whether clinical processes were completed or whether utilization changed, but far weaker at answering a more fundamental question: whether care has improved how people are actually doing in their lives.

The Human Flourishing Measure offers CMS a practical and policy-aligned way to address this gap. Developed and validated through the Human Flourishing Program at Harvard University, the measure captures global wellbeing across domains that people consistently identify as central to quality of life, including health, emotional wellbeing, meaning and purpose, relationships, and stability. Because it is brief and person-reported, it is well suited to digital collection directly from beneficiaries and to integration into existing CMS PROM pathways.

The most appropriate way for CMS to introduce flourishing is to position it first as a Patient-Reported Outcome Measure rather than immediately as a performance metric. In CMS terms, a PROM is a validated questionnaire completed directly by beneficiaries that captures health or wellbeing outcomes from the patient's perspective and can later be aggregated to assess provider, plan, or system performance. This positioning aligns flourishing with CMS's existing



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measurement architecture and allows the agency to test feasibility, response rates, and scoring behavior before attaching performance implications.

CMS already has a well-defined pathway for converting PROMs into Patient-Reported Outcome–Based Performance Measures, or PRO-PMs. The Human Flourishing Measure fits squarely within this framework. A phased approach would allow CMS to learn quickly while minimizing risk. In an initial phase, flourishing could be tested through CMS Innovation Center models, Accountable Care Organizations, Medicare Advantage pilots, or select Medicaid demonstrations. These settings offer flexibility, strong infrastructure, and a policy mandate for innovation. Pilots would allow CMS to evaluate digital-first collection, beneficiary engagement, and how scores change over time in real-world workflows.

Following successful pilots, CMS could introduce flourishing in a reporting and benchmarking phase, allowing systems to build internal capability without financial penalties. This phase would enable CMS to establish normative ranges, examine disparities, and assess responsiveness to care across populations. Only after this validation work should flourishing be converted into a formal PRO-PM, with clear specifications, empirically derived thresholds for meaningful improvement, and appropriate risk adjustment and stratification.

Importantly, flourishing should be treated as a cross-cutting outcome rather than tied to a single disease or specialty. Many CMS beneficiaries live with multiple chronic conditions, functional limitations, or complex social needs. A global measure of wellbeing complements condition-specific metrics by capturing whether care is improving lived experience across domains that matter to people's daily lives. As a PRO-PM, flourishing could be specified in terms such as improvement in overall flourishing score or the percentage of beneficiaries achieving meaningful improvement over time, with safeguards to avoid unintended consequences for providers serving higher-need populations.

The Human Flourishing Measure also aligns closely with CMS's Meaningful Measures initiative. Meaningful Measures seeks to focus attention on outcomes that are meaningful to patients while reducing burden. Flourishing can be framed as a unifying, patient-centered outcome that complements existing measures of depression remission, readmissions, or functional status. A formal CMS crosswalk mapping flourishing domains to Meaningful Measures priorities and broader quality goals would support internal alignment, stakeholder buy-in, and justification for pilots and scale-up.

For successful implementation, flourishing should have clear programmatic "homes" within CMS. In the Quality Payment Program, it could be offered as an optional PRO-PM for primary care, geriatrics, behavioral health integration, oncology survivorship, or post-acute transitions,



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settings where the central question is how the person is doing, not just what services were delivered.

In Medicare Advantage and managed care, flourishing could initially serve as a beneficiary-reported wellbeing signal that complements CAHPS and HOS, beginning with reporting and benchmarking before any performance use. In Medicaid, particularly in home- and community-based services and complex-needs populations, flourishing aligns naturally with existing emphasis on whole-person outcomes rather than utilization alone.

To ensure fairness, usability, and low burden, CMS should specify simple and consistent design parameters. Collection should occur at baseline and annually, or at baseline and six to twelve months in targeted programs, using digital-first methods with equitable fallback options. Scoring should include both domain-level results and an overall composite, with meaningful change thresholds established empirically during pilots.

At a minimum, results should be stratified by dual eligibility, disability status, language, and social risk proxies to support equity monitoring and to prevent penalizing safety-net providers. Just as importantly, flourishing results should be fed back to patients and care teams, as PROMs are most effective when they inform care rather than serving solely as reporting tools.

From a governance perspective, flourishing can proceed through CMS's standard measure lifecycle, including testing, reliability and validity assessment, implementation guidance, and burden evaluation. CMS already defines quality measures broadly enough to include patient perceptions and outcomes, making flourishing a strong conceptual and regulatory fit.

In CMS-ready terms, flourishing can be succinctly positioned as follows: Flourishing is a brief, globally validated, person-reported wellbeing Patient-Reported Outcome Measure that can be piloted as a cross-cutting outcome and, after testing and risk adjustment, operationalized as a PRO-PM within CMS programs to advance Meaningful Measures priorities while minimizing burden through digital-first collection.

At its core, a PROM captures how people say they are doing, not what the system infers from diagnoses, utilization, or laboratory values. Clinical quality measures assess what providers do. Patient experience measures assess how care felt. PROMs assess whether a person's life is actually better. By introducing flourishing through a thoughtful, phased approach, CMS has an opportunity to strengthen its measurement strategy in a way that is person-centered, equitable, and aligned with the future of value-based care.

VanderWeele, T.J. (2017). *On the promotion of human flourishing. Proceedings of the National Academy of Sciences of the United States of America*, 114(31), 8148–8156.

<https://www.pnas.org/doi/10.1073/pnas.1702996114>



The Flourishing Measure

Please respond to the following questions on a scale from 0 to 10:

1. Overall, how satisfied are you with life as a whole these days?
0 = Not Satisfied at All, 10 = Completely Satisfied
2. In general, how happy or unhappy do you usually feel?
0 = Extremely Unhappy, 10 = Extremely Happy
3. In general, how would you rate your physical health?
0 = Poor, 10 = Excellent
4. How would you rate your overall mental health?
0 = Poor, 10 = Excellent
5. Overall, to what extent do you feel the things you do in your life are worthwhile?
0 = Not at All Worthwhile, 10 = Completely Worthwhile
6. I understand my purpose in life.
0 = Strongly Disagree, 10 = Strongly Agree
7. I always act to promote good in all circumstances, even in difficult and challenging situations.
0 = Not True of Me, 10 = Completely True of Me
8. I am always able to give up some happiness now for greater happiness later.
0 = Not True of Me, 10 = Completely True of Me
9. I am content with my friendships and relationships.
0 = Strongly Disagree, 10 = Strongly Agree
10. My relationships are as satisfying as I would want them to be.
0 = Strongly Disagree, 10 = Strongly Agree
11. How often do you worry about being able to meet normal monthly living expenses?
0 = Worry All of the Time, 10 = Do Not Ever Worry
12. How often do you worry about safety, food, or housing?
0 = Worry All of the Time, 10 = Do Not Ever Worry

These 12 items have been used around the world to assess various domains of flourishing, or human well-being: Happiness and Life Satisfaction (Items 1-2), Mental and Physical Health (3-4), Meaning and Purpose (5-6), Character and Virtue (7-8), and Close Social Relationships (9-10). A sixth domain, Financial and Material Stability (11-12) may be necessary to sustain the other domains over time. Additional empirical evidence for these items and the flourishing domains can be found in the Human Flourishing Program, at Harvard University, <https://hfh.fas.harvard.edu/>.