Measure Applications Partnership

Coordinating Committee
In-Person Meeting

January 26-27, 2016

NATIONAL QUALITY FORUM

Welcome &
Review of Meeting Objectives

Disclosures of Interest

MAP Coordinating Committee Members

- **Elizabeth McGlynn, PhD, MPP (Co-Chair)**
- **Harold Pincus, MD (Co-Chair)**
- Lynda Flowers, JD, MSN, RN
- Marissa Schlaifer, RPh, MS
- Steven Brotman, MD, JD
- Shaun O'Brien
- Aparna Higgins, MA
- R. Barrett Noone, MD, FACS
- Amir Qaseem, MD, PhD, MHA
- Frank G. Opelka, MD, FACS
- David Gifford, MD, MPH
- Rhonda Anderson, RN, DNSc, FAAN
- Carl Sirio, MD
- Sam Lin, MD, PhD, MBA
- Marla J. Weston, PhD, RN
- Trent T. Haywood, MD, JD
- Lisa McGiffert
- Chip N. Kahn, III, MPH
- Richard Gundling, FHFMA, CMA
- Mark R. Chassin, MD, FACP, MPP, MPH
- Melissa Danforth
- Gail Hunt
- Foster Gesten, MD, FACP
- Steve Wojcik
- Mary Barton, MD, MPP
- Carol Sakala
- Elizabeth Mitchell
- William E. Kramer, MBA
- Christopher M. Dezii, RN, MBA, CPHQ
- Richard Antonelli, MD, MS
- Bobbie Berkowitz, PhD, RN, CNAA, FAAN
- Marshall Chin, MD, MPH, FACP
- Richard Kronick, PhD/Nancy J. Wilson, MD, MPH
- Chesley Richards, MD, MH, FACP
- Patrick Conway, MD, MSc
- Kevin Larsen, MD, FACP

Meeting Objectives

- Finalize recommendations to HHS on measures for use in federal programs for the clinician, hospital, and post-acute care/long-term care settings;
- Review MAP's progress over the past five years, the evolution of the measures and programs under consideration and make recommendations for enhancements; and
- Consider cross cutting issues that span across all of the MAP Workgroups.

Meeting Agenda: Day 1

- MAP Pre-Rulemaking Approach Updates
- MAP Pre-Rulemaking Strategic Issues
- MAP Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations
  - PAC/LTC Programs
  - Clinician Programs
  - Hospital Programs

MAP Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations – *At a Glance*

- NQF Staff / WG Chairs present measures and the programs evaluated
- NQF Staff / WG Chairs will outline the strategic issues that emerged and relevant input from MAP Duals
- MAP CC Chairs will ask CC members if any individual measures need to be pulled for discussion
- CC member will identify which part of the WG recommendation they disagree with
- All other measures will be considered ratified by the MAP CC

Overview of Pre-Rulemaking Approach

MAP Pre-Rulemaking Approach

MAP revised its approach to pre-rulemaking deliberations for 2015/2016. The approach to the analysis and selection of measures was a three-step process:

- Develop program measure set framework
- Evaluate measures under consideration for what they would add to the program measure sets
- Identify and prioritize measure gaps for programs and settings

The Dual Eligible Beneficiaries Workgroup provides cross-cutting input via liaisons to the other workgroup and to the Coordinating Committee.

MAP Decision Categories

- MAP Workgroups were asked by the Coordinating Committee to reach a decision on every measure under consideration.
  - Decision categories were standardized for consistency
    - » Decision categories were determined for two pathways depending on the extent of testing noted by CMS;
      - *Measures under development (measures that have not completed testing), and;*
      - *Fully-developed measures (completed testing)*
  - Each decision by the Workgroups is accompanied by one or more statements of rationale that explains why each decision was reached.

MAP Decision Categories for Fully Developed Measures and Example Rationales

MAP Decision Category	Rationale (Examples)
Support	• Addresses a previously identified measure gap • Core measure not currently included in the program measure set • Promotes alignment across programs and settings
Conditional Support	• Not ready for implementation; should be submitted for and receive NQF endorsement • Not ready for implementation; measure needs further experience or testing before being used in the program.
Do Not Support	• Overlaps with a previously finalized measure • A different NQF-endorsed measure better addresses the needs of the program. • Not appropriate for the program

MAP Decision Categories for Measures Under Development and Example Rationales

MAP Decision Category	Rationale (Examples)
Encourage continued development	• Addresses a critical program objective, and the measure is in an earlier stage of development. • Promotes alignment, and the measure is in an earlier stage of development
Do not encourage further consideration	• Overlaps with finalized measure for the program, and the measure is in an earlier stage of development. • Does not address a critical objective for the program, and the measure is in an earlier stage of development.
Insufficient Information	• Measure numerator/denominator not provided

MAP Measure Selection Criteria

1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
2. Program measure set adequately addresses each of the National Quality Strategy's three aims
3. Program measure set is responsive to specific program goals and requirements
4. Program measure set includes an appropriate mix of measure types
5. Program measure set enables measurement of person- and family-centered care and services
6. Program measure set includes considerations for healthcare disparities and cultural competency
7. Program measure set promotes parsimony and alignment

Preliminary Analysis of Measures Under Consideration

To facilitate the MAP workgroup consent calendar voting process, NQF staff conducted a preliminary analysis of each measure under consideration.

The preliminary analysis was an algorithm that asks a series of questions about each measure under consideration.

This algorithm was:

- Developed from the MAP Measure Selection Criteria, and approved by the MAP Coordinating Committee, to evaluate each measure .
- Intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions.

Lessons Learned from 2015-2016 Measures Under Development Pathway

- There were 141 measures evaluated in the 2015-2016, pre-rulemaking cycle:
  - 91 were measures under development (65%), and 50 were fully developed measures (35%).
- Several stakeholders raised concern that the measures under development pathway recommendations may not be treated differently from recommendations for measures that are fully-developed.
- Thus, MAP may be making positive recommendations to "encourage continued development" for measures under development but this recommendation is received by CMS and the broader community as a "support" for these measure concepts without conditions.
- Conversely, some stakeholders have expressed concerns that having a measure go through the under development pathway will slow its implementation.

Lessons Learned from 2015-2016 Measures Under Development Pathway

- MAP does not have a mechanism to bring back measures under development once the measures are fully specified, tested, or NQF-endorsed.
- Several MAP members requested considering a new decision category, such as “revise and resubmit for consideration” for measures under development.

Lessons Learned from 2015-2016 Pre-Rulemaking Approach

- Submitting measures for consideration on the MUC list:
  - Stakeholders requested clarification from CMS and MAP on how measures not on the formal MUC list can be considered during the pre-rulemaking process.
  - CMS has indicated that measures can be submitted through their JIRA tool for consideration prior to finalizing the MUC list, and MAP is encouraged to identify additional measures as gaps in the programs for future CMS consideration.
  - MAP does not have the ability to add a measure to the MUC list during the pre-rulemaking process but can suggest additional measures as gaps for CMS to consider in future rulemaking cycles.
    - These measures are included in the written deliverables.
    - It is difficult to evaluate these measures formally as there is limited information available.

Coordinating Committee Discussion

- Is there feedback the Coordinating Committee wishes to give to CMS and other stakeholders about use of the measures under development pathway?
  - Beyond clarifying the intent of the measures under development pathway, should MAP consider other process changes to address stakeholder concerns?
- How can MAP best consider suggested measures that are not on the formal MUC list?

Break

MAP Pre-Rulemaking Strategic Issues

MAP Pre-Rulemaking Strategic Issues

- Across the MAP workgroup meetings, several strategic issues emerged during the discussion:
  - The need for special consideration of issues that disproportionately effect the dually eligible population;
  - The importance of appropriate risk-adjustment of measures for socioeconomic status and other demographic factors;
  - The challenge of performance measure attribution and the need for shared accountability;
  - And finally, the importance of feedback loops.

Issues that Disproportionately Affect the Dually Eligible Population

- Care Coordination
  - Encourage continued development, in and out of healthcare settings
  - Define and measure discharge to community
- Community Resources
  - Providers should facilitate access to community resources
  - Improved integration of healthcare and community resources
- Person-Centered and Clinical Measures
  - Support individuals' health goals by incorporating goals into clinical measures while continuing to support clinicians in quality improvement with clinically relevant measures
- Impact of Risk Adjustment

Issues that Disproportionately Affect the Dually Eligible Population

- Recommendations:
  - Encourage NQF and MAP to continue to be forward thinking and anticipatory of the changing needs in health care quality measurement
  - Reinforce the need to explore and understand the differences and implications of risk adjustment for diverse factors, including clinical and social
  - Continue to push forward with goals to align and prioritize measures across settings, providers, and intended audiences, specifically consumers

Risk Adjustment for Socioeconomic Status and Other Demographic Factors

- MAP workgroups noted the importance of reducing disparities in health care by selecting performance measures that:
  - Identify inadequate resources
  - Poor patient-provider communication
  - Lack of culturally competent care
  - Inadequate linguistic access
  - And other contributing factors to healthcare disparities
- All members of the health care community have a role promoting appropriate treatment of all patients

Risk Adjustment for Socioeconomic Status and Other Demographic Factors

- MAP workgroups conditionally supported several measures under consideration pending a review by their relevant NQF Standing Committees in the NQF SDS trial period to determine if SDS adjustment is appropriate.
- MAP workgroups encouraged the Standing Committees to ensure that decisions to include SDS factors in an outcome measure's risk adjustment model should be made on a measure-by-measure basis, and should be supported by strong conceptual and empirical evidence.

Risk Adjustment for Socioeconomic Status and Other Demographic Factors

- MAP workgroups noted the need for a high-level roadmap for disparities measurement and reduction to proactively reduce disparities
- There was support for the NQF Disparities Standing Committee with this charge, along with the opportunity to provide technical expertise to the MAP in the future

Measure Attribution and Shared Accountability

- Across several MAP workgroups and measure-specific discussions, the importance of identifying the appropriate accountable entity for patients' care and outcomes was discussed
- MAP workgroups encouraged shared accountability across providers for important patient outcomes; however, the MAP workgroups often found it challenging to define how to appropriately assign patients and their outcomes to multiple organizations and providers who often have a role in influencing these outcomes

Measure Attribution and Shared Accountability

- MAP workgroups noted the challenge of attribution and the importance of shared accountability in several illustrative examples:
  - 30-day readmission measures, mortality measures, or episode-based payment measures
  - Clinician-level measurement when there is an increasing emphasis on team-based care
  - Population health goals, such as smoking cessation

Measure Attribution and Shared Accountability

- MAP workgroups cautioned that measures and programs need to recognize that multiple entitles are involved in delivering care and there is an individual and a joint responsibility to improve quality and cost performance
- There is a need for a multi-stakeholder evaluation of these attribution issues to provide guidance on the theoretical and empirical approaches to attribution to help guide measure selection in future rulemaking activities

Importance of Feedback Loops

- MAP workgroup members discussed the need for feedback loops from those using measures that are under consideration by the MAP workgroups.
- User experience can help:
  - Identify trends in the measures overall performance, or variation in performance,
  - Provide guidance on the specific interventions that lead to performance measurement,
  - Understand whether the measure is having the intended effect, and
  - Understand the extent to which the measure is being used.
- Feedback loops can help provide guidance on measures under development
- MAP workgroups encouraged feedback through its enhanced public commenting process to gain insight into users' experience with select measures.

Discussion

- How can MAP work to ensure that disparities in healthcare are reduced?
- How can MAP better learn from the field about how measures under consideration are being used?
- Given the increased focus on shared accountability brought about by ACA, IMPACT, and MACRA, what guidance does MAP have about the attribution issues discussed?

Public and Member Comment

Lunch

Finalize Pre-Rulemaking Recommendations for PAC/LTC Programs

Presented By:

Carol Raphael, Workgroup Co-Chair

Sarah Sampsel, Senior Director, NQF

MAP Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations – *At a Glance*

- NQF Staff / WG Chairs present measures and the programs evaluated
- NQF Staff / WG Chairs will outline the strategic issues that emerged and relevant input from MAP Duals
- MAP CC Chairs will ask CC members if any individual measures need to be pulled for discussion
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MAP Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations for PAC/LTC Programs

- The MAP PAC/LTC Workgroup reviewed 32 measures under consideration for six setting specific federal programs addressing post-acute care and long-term care:
  - Inpatient Rehabilitation Facility Quality Reporting Program (5 measures)
  - Long Term Care Quality Reporting Program (7 measures)
  - Skilled Nursing Facility Quality Reporting Program (11 measures)
  - Skilled Nursing Facility Value Based Purchasing Program (1 measure)
  - Home Health Quality Reporting Program (6 measures)
  - Hospice Quality Reporting Program (2 measures)

IMPACT Act

- MAP alignment of measurement across settings using standardized patient assessment data and acknowledged the importance of preventing duplicate efforts, maintaining data integrity, and reducing burden.
- MAP and public commenters recognized the challenging timelines required to meet IMPACT Act legislation, but also expressed some discomfort supporting measures with specifications that have not been fully defined, delineated, or tested.
- MAP cautioned the consideration of the costs per beneficiary measures as inclusive under quality, recommended ensuring cost measures should be considered under the concept of value.

Shared Accountability Across the Continuum

- MAP discussed the importance of incentivizing creative and improved connections in post-acute and long-term care with hospital care. MAP emphasized the following:
  - The need to promote shared accountability, engage patients and caregivers as partners, ensure effective care transitions and communicate effectively across transitions.
  - Recognize the uniqueness and variability of care provided by the home health industry.
  - Discharge to community measures require further development to ensure they are defined appropriately for each setting and promote intended consequences.

Shared Accountability Across the Continuum

- Partnerships between hospitals and PAC/LTC providers are critical to successful transitions and improved discharge planning.
- Identified need to go beyond planning to the actual transition of care and meeting goals defined collaboratively between providers, patients and caregivers.
- Identified need for better data sharing and interoperability of data to facilitate discharge planning and transitions of care.

Considerations for Specific Programs

- *Inpatient Rehabilitation Facility Quality Reporting Program*
  - Measure focus continues to be on implementation of the IMPACT Act, while ensuring other high priority leverage areas have gaps in measurement filled.
  - Encouraged CMS to ensure attribution is appropriate to the level of care that most impacts both the discharge decision and admission to the IRF.
- *Long-Term Care Hospital Quality Reporting Program*
  - MAP urged CMS to consider the implications of the inclusion or exclusion of patients with bipolar disorder in any of the measures focused on antipsychotic use and suggested further thought on how duration of exposure to psychotic medications could impact the measure specifications.
- *Home Health Quality Reporting Program*
  - Recommended a parsimonious group of measures that address the burden to provider, retiring topped out measures, and exploring opportunities to implement composite measures that utilize existing data sources.

Considerations for Specific Programs

- *Skilled Nursing Facility Quality Reporting Program*
  - Functional status measures are important; promote alignment of assessment tools and measure reporting across settings
  - Antipsychotic use measure is important in nursing home populations, special considerations due to prevalence of dementia
- *Skilled Nursing Facility Value Based Purchasing Program*
  - Importance of the SNF 30-day potentially preventable readmission measures due to high rates of readmissions
- *Hospice Quality Reporting Program*
  - Continues to be gaps in tested and endorsed outcome measures for hospices across domains of care
  - The meaningfulness of hospice visits and care provided, as reported by patients and caregivers/families is important in assessing quality

MAP PAC/LTC Core Concepts

- MAP added quality of life as a high leverage area and identified symptom management, social determinants of health, autonomy and control and access to lower levels of care.
- MAP emphasized moving beyond concepts addressing processes to concepts that assess outcomes.
- MAP updated the 'establishment of patient/family/caregiver goals' to the 'achievement of patient/family/caregiver goals'.
- MAP discussed the importance of including patients and their families as partners in their care and added education to help ensure they have the tools to be empowered as a core concept.

Dual Eligible Beneficiaries Workgroup Input to the Coordinating Committee

- Perspective on PAC/LTC Recommendations:
  - Strongly encourage the use of appropriate, aligned measures across settings.
  - Identified the need to have a common definition of discharge to the community, and measurement of this concept across settings.
  - Community resources vary, and discharge planning should incorporate them appropriately while taking availability into account.

MAP PAC/LTC Workgroup
Coordinating Committee Discussion Questions

- Are there measures in development that could potentially be considered for future MUC lists that would close gaps in key leverage areas, core concepts or IMPACT Act domains?
- What can MAP do to promote shared accountability between PAC/LTC settings and hospital and outpatient care?

Measure Ratification by MAP Coordinating Committee

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Public and Member Comment

Finalize Pre-Rulemaking Recommendations for Clinician Programs

Presented By:

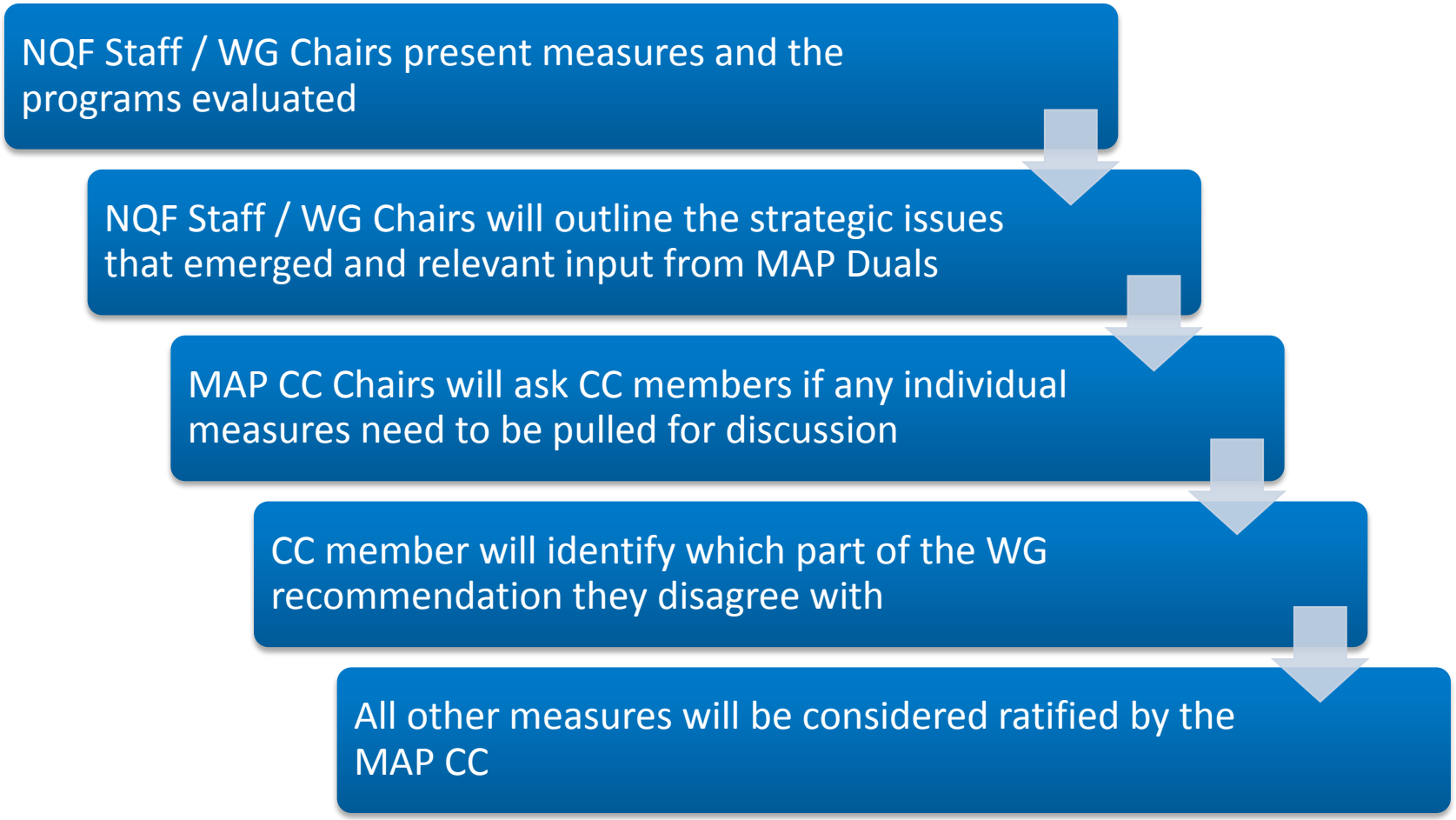
Bruce Bagley, Workgroup Chair

Eric Whitacre, Workgroup Chair

Reva Winkler, Senior Director, NQF

Andrew Lyzenga, Senior Director, NQF

MAP Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations – *At a Glance*



MAP Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations for Clinician Programs

Merit-Based Incentive Payment System (MIPS)

- MIPS is a new program that combines parts of the Physician Quality Reporting System (PQRS), the Value Modifier (VM or Value-based Payment Modifier), and the Medicare Electronic Health Record (EHR) incentive program into one single program that will adjust eligible providers' Medicare payments based on performance.
- 58 measures were reviewed for the MIPS program
  - Only four fully developed measures; all other measures were under development in a variety of topic areas.
  - Most measures were for specialties with few measures

MAP Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations for Clinician Programs

Medicare Shared Savings Program (MSSP)

- MSSP is designed to facilitate coordination and cooperation among providers to improve the quality of care for Medicare Fee-For-Service (FFS) beneficiaries and reduce the rate of growth in health care costs.
- Eligible providers, hospitals, and suppliers may participate in the Shared Savings Program by creating or participating in an Accountable Care Organization (ACO). If ACOs meet program requirements and the ACO quality performance standard, they are eligible to share in savings, if earned.
- Five measures were reviewed for the MSSP program.
  - All are either in the current set or on the MUC list.

New MIPS program

- Aligns the clinician measures into a single program.
- Measures for the quality portion of MIPS are expected to come from the 280+ current clinician measures.
- Measures under consideration proposed for potential implementation in 2017 to collect data for use in the MIPS program in 2019.
- Workgroup members were pleased to have the opportunity to discuss the new program directly with CMS at the meeting.

Challenges for Measures Under Development

- Highly specialized/technical measures in new areas
  - Developers did not attend the meeting; need content experts
- No data on opportunity for improvement
  - Unable to assess potential impact of the measure
  - Some measures seemed to be “standard of care” or “expected outcome” measures
- Workgroup suggestions to redirect development of process measures to more meaningful measures, i.e., PROs, composites
  - Uncertain what impact MAP feedback will have on further measure development

Specificity vs. Generalizability in Measurement

- Many of the measures under consideration for the MIPS program are narrowly-focused on specific procedures or conditions, and are applicable only to particular specialty or subspecialty providers.
- MAP affirmed that a limited set of broadly-applicable measures is an important goal for federal programs.
- However, the practices of some physicians can be very highly specialized, and in these instances correspondingly-specialized measures are needed to appropriately evaluate the quality of care being provided.

Notable Measure Discussions

- **Non-Recommended PSA-Based Screening (MIPS)**
  - eMeasure in development based on revised USPSTF recommendations - controversial
  - More than 33 public comments opposed to the measure
  - WG did not encourage further development of the measure for all populations while there is controversy
- **MUC15-1169 Potential Opioid Overuse (MIPS)**
  - Important topic – serious public health problem
  - May force patients to specialists that are inconvenient to access
  - Concerns about specified dosages (recently changed)
  - Palliative care organizations' comments against the measure for potential limitations in use in end-of-life care

Notable Measure Discussions (cont.)

- **PQI composite measures for hospitalizations (MSSP and MIPS)**
  - PQI 91 (acute conditions) may promote inappropriate use of antibiotics
  - PQI 92 (chronic conditions) may be significantly affected by sociodemographic factors
  - Revised specifications and new risk models in development
  - Comments mixed:
    - Originally developed for populations – may not be appropriate for ACOs or clinicians; composite constructs, attribution, weighting and other issues have not been vetted by experts outside of AHRQ
    - Risk-adjustment and sociodemographic factors important
    - Some components already in use in VBPM at clinician level

MAP Recommendations for NQF Review

- **MUC 15-415(NQF#216) Proportion admitted to hospice for less than 3 days (MIPS) - Support**
  - MAP recommends re-evaluating the timeframe –3 days seemed short
  - NQF to review in upcoming Cancer project
    - » Commenters support NQF review
- **MUC 15-275 Ischemic Vascular Disease All or None Outcome Measure (Optimal Control) (MSSP and MIPS) – Conditional support**
  - Competes with NQF #0076 Optimal Vascular Care composite previously recommended by MAP -NQF to compare both in Cardiovascular project (2016)
  - MAP recommends the composite resulting from NQF review
  - MAP recommends a composite even if the individual components are also used
  - Commenters generally supportive but have concerns on data collection burden and actionability of a composite

Public Reporting – Information Needs of Consumers

- Public reporting of clinician measures is ramping up
- All PQRS/MIPS and MSSP measures available for public reporting on Physician Compare
  - CMS asked MAP for feedback on which measures appropriate for most visible clinician web pages
- Generally used existing MAP Clinician Principles for Physician Compare, i.e., outcomes, PROs, composites, appropriateness, etc.
- Two types of consumer audiences with different needs:
  - General information about provider
  - Information about specific conditions or procedures

Dual Eligible Beneficiaries Workgroup Input to the Coordinating Committee

- Perspective on Clinician Recommendations
  - Push for including a person's goals of care into measurement, while recognizing this is very difficult with current measurement science
  - Recommend re-evaluating clinical practice guidelines with appropriateness for high-risk populations
    - » Move away from measures of tight control of clinical values that may have unintended consequences for individuals with Multiple Chronic Conditions
    - » Incorporate appropriate exclusions in currently available measures
  - Accelerate the development of consumer-facing quality measures

MAP Clinician Workgroup: Coordinating Committee Discussion Questions

- How do we balance the need for a wide array of measures that are applicable to particular specialty or subspecialty providers vs. the goal of a limited number of measures applicable to a broader population?
- After major guidelines are revised, how much time is appropriate to investigate the impact of the changes and integrate them into measurement efforts?
- How should MAP approach the evaluation of measures for which there is limited or no information on the opportunity for improvement (e.g., whether there are gaps in care or overall low performance)?

Measure Ratification by MAP Coordinating Committee

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Public and Member Comment

Break

Finalize Pre-Rulemaking Recommendations for Hospital Programs

Presented by:
Cristie Upshaw Travis, MAP Hospital Workgroup Co-Chair
Ronald Walters, MAP Hospital Workgroup Co-Chair
Melissa Mariñelarena, Senior Director, NQF
Erin O'Rourke, Senior Director, NQF

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MAP Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations for Hospital Programs

- The MAP Hospital Workgroup reviewed 44 measures under consideration for eight setting-specific federal programs:
  - Hospital Inpatient Quality Reporting (15 measures)
  - Hospital Value-Based Purchasing (10 measures)
  - Hospital Outpatient Quality Reporting (2 measures)
  - Ambulatory Surgical Center Quality Reporting (1 measure)
  - Inpatient Psychiatric Facility Quality Reporting (2 measures)
  - Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting (5 measures)
  - Hospital Acquired Condition (HAC) Reduction Program (2 measures)
  - End Stage Renal Disease Quality Incentive Payment (7 measures)

Measure Quality and Cost Performance Across Episode of Care

- Performance measures should foster better coordination across the care continuum
  - Need for integrated measures
  - Post-acute/long-term coordination
  - EHR integration and better information sharing
- Carefully evaluate SDS adjustments to accurately capture performance
- Encourage holistic care from all providers (including setting or treatment-specific)

Engage Patients and Families as Partners

- Measure commitment to and documentation of patients' treatment goals and care preferences
- Support balanced approach to patient accountability, and encourage relationship with patients and families and their communities
- Measures should address outcomes that matter to patients:
  - Cognitive or functional outcomes
  - Safety
  - Patient activation
  - Quality of life

Drive Improvement for All

- Expand beyond Medicare and Medicaid populations and expand services covered
  - Better measures for perinatal and pediatric care
- Develop a global measure of harm
- Access to care is a key gap across programs

Considerations for Specific Programs

- Inpatient Quality Reporting Program
  - Resource use is not indicative of quality of care
  - Support for community-based measures, e.g. smoking prevalence
  - Global harm measure, other services are critical gaps
    - » While the majority of the comments received agreed with MAP's preliminary recommendations, there were a few specific measures where there was disagreement.
- Hospital Value-Based Purchasing
  - Measure parsimony will reduce burden, increase interpretability
  - Expand beyond current slate of safety measures
  - Closely monitor new CABG mortality measure
    - » Commenters supported the parsimonious approach to cost measurement. Some commenters expressed concern with use of the Patient Safety and Adverse Events Composite. Commenters expressed concerns about potential unintended consequences of the CABG mortality measure.

Considerations for Specific Programs

- Hospital-Acquired Condition Reduction Program
  - Updated measures are significant improvements
  - Updates to measures should be clearly communicated to both providers and the public
    - Commenters expressed concerns about the Patient Safety and Adverse Events Composite and that not enough is known about the measure changes and their ability to alter hospital performance.
- Hospital Outpatient Quality Reporting
  - New measures of hospital admissions fill gaps, but SDS and general risk adjustment should be closely monitored
  - Need measures of high-volume outpatient services
    - Public comments on MAP's recommendations cautioned that admissions measures may affect treatment decisions, particularly for cancer patients, and concurred with MAP's recommendation that risk-adjustment strategies be carefully considered prior to implementation.

Considerations for Specific Programs

- Ambulatory Surgical Center Quality Reporting Program
  - New measure addresses surgical quality, but gaps persist across other surgery types
    - » Public comments supported MAP's recommendation, noting the concordance of the measure with recently published professional guidelines and the potential to better understand the prevalence of TASS.
- PPS-Exempt Cancer Hospital Quality Reporting
  - Better symmetry between PCHQR and IQR program
  - Gaps include quality of life measures
    - » A few commenters indicated their concerns on the absence of detailed measure specifications on the Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy measure. Commenters expressed that there could be potential unintended consequences if the measure is implemented without proper testing and validation and encouraged that MAP should not support the measure.

Considerations for Specific Programs

- Inpatient Psychiatric Facility Quality Reporting
  - Support new substance abuse, readmissions measures
  - Measures needed to assess connection to primary care
    - The majority of commenters supported MAP's conclusions. Commenters noted that the readmissions measure should be considered for the impact of SDS factors.
- End-Stage Renal Disease Quality Incentive Program
  - Consider measures from ESRD Seamless Care Organizations
  - Do not support measures that are topped out or when there are better competing measures
    - A few commenters disagreed with MAP's decision to conditionally support the Standardized Readmission Ratio for Dialysis Facilities measure. Another set of comments expressed their concern with the quality of the studies that informed the Measurement of Phosphorous Concentration measure and the Avoidance of Utilization of High Ultrafiltration measure.

Dual Eligible Beneficiaries Workgroup Input to the Coordinating Committee

- Perspective on Hospital Recommendations
  - Promote shared accountability for communication and transitions in care
  - Support alignment of measures across programs and settings
  - Encourage prioritization of measures within and across hospital settings

MAP Hospital Workgroup
Coordinating Committee Discussion Questions

- What is MAP's role in re-evaluating measures under development that have been supported?
- How can MAP incorporate implementation data into program deliberations?
- What are the limits to a hospital's responsibility for its surroundings?
- Should hospitals be accountable for community involvement/service delivery?
- How can MAP better assess performance across the patient-focused episode of care?

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Public and Member Comment

Adjourn Day 1

Meeting Agenda: Day 2

- Welcome
- Day 1 Recap
- MAP at 5 Years: Evolution and Vision for the Future
- Development of MAP Core Concepts
- Improving MAP's Processes
- Public Comment
- Closing Remarks
- Adjourn

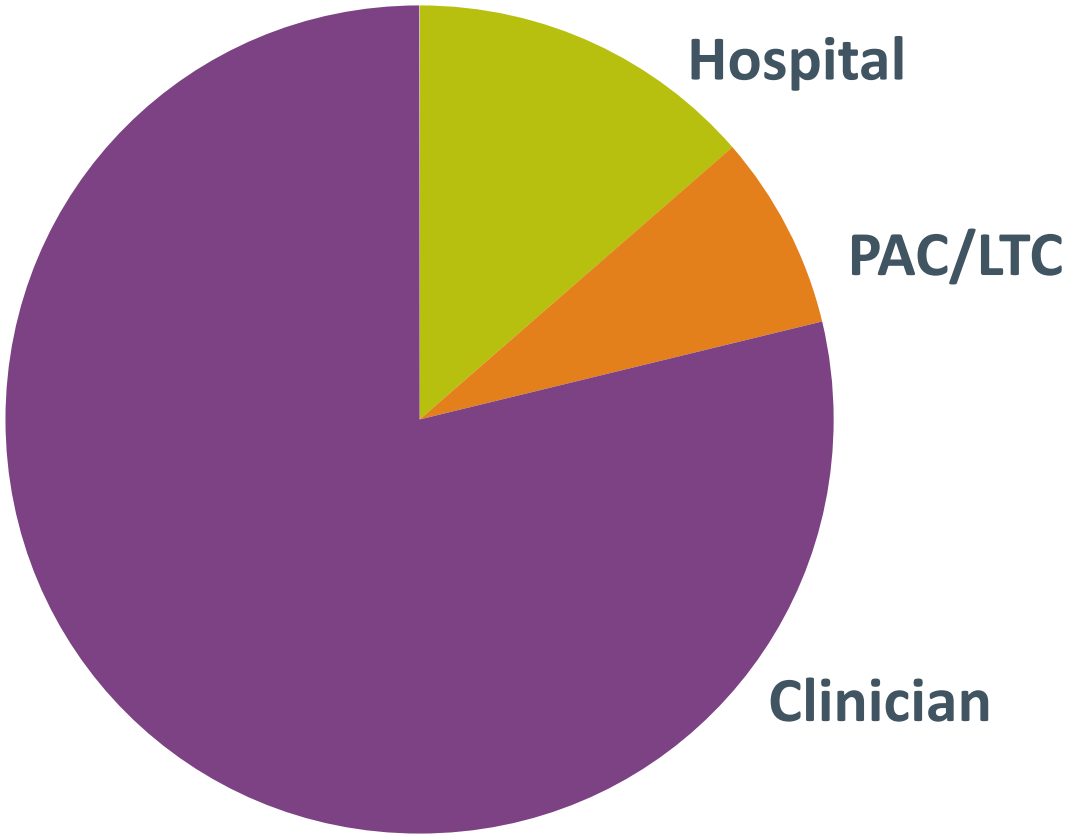
Day 1: Recap

MAP at 5 Years: Impact and Future Direction

Evolution of Measures Submitted

- Over the past five years, MAP has made significant strides in strengthening the use of measures within federal programs
- To date, there are over 1,543 measures that have been submitted for consideration by the MAP for use in over 20 federal programs
- Of these, nearly 50% have been process measures, and just over one-third has been outcome measures

Evolution of Measures :2011–2016

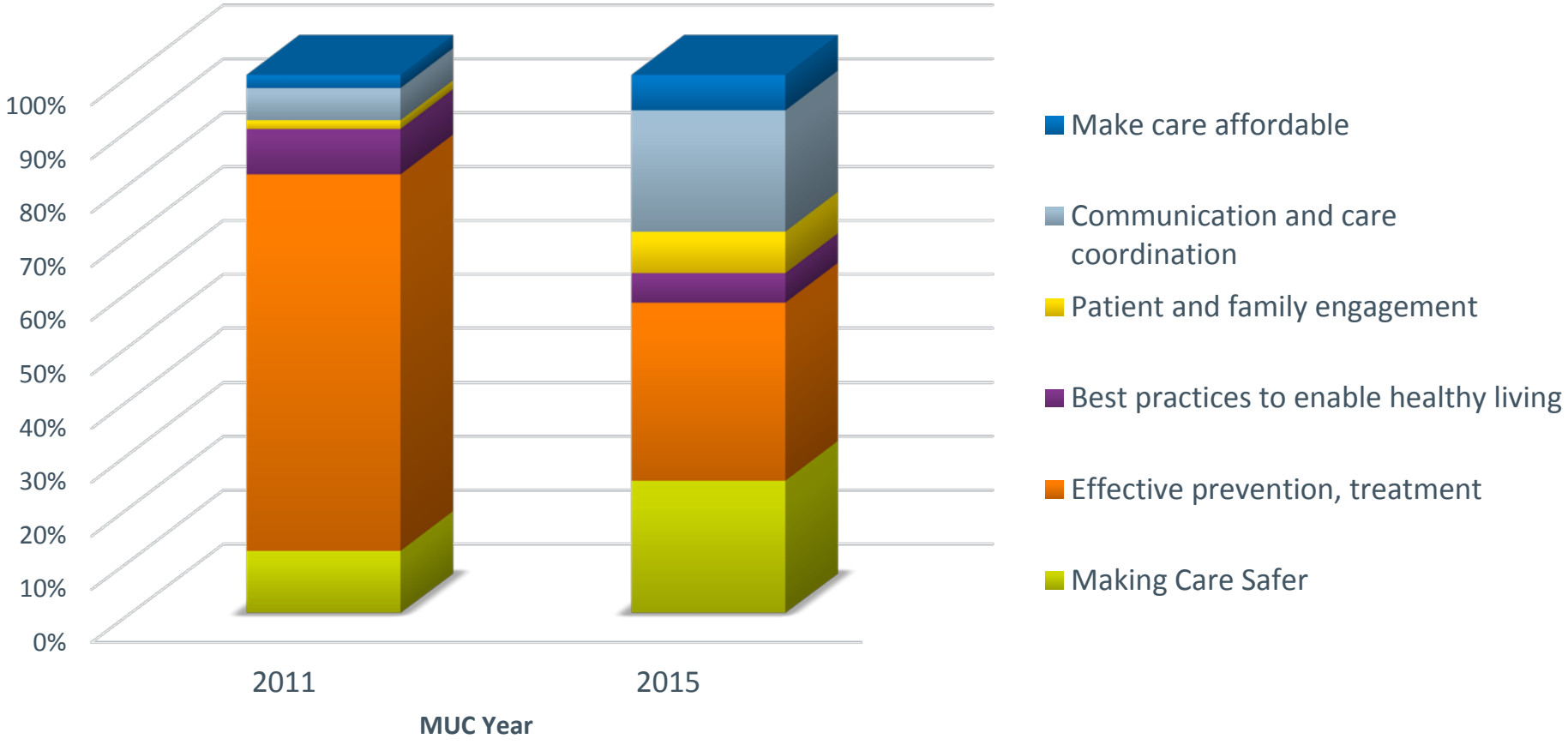


Evolution of Measures Submitted

- DHHS has increasingly looked to the MAP to provide upfront guidance prior to investments in measure testing

- In 2015, **more than 60%** of measures submitted for consideration were under development not fully tested
  - **Less than 30%** of measure submitted to MAP have been endorsed by NQF, likely due to their stage of development

CMS Measures Under Consideration Profile: NQS Priority



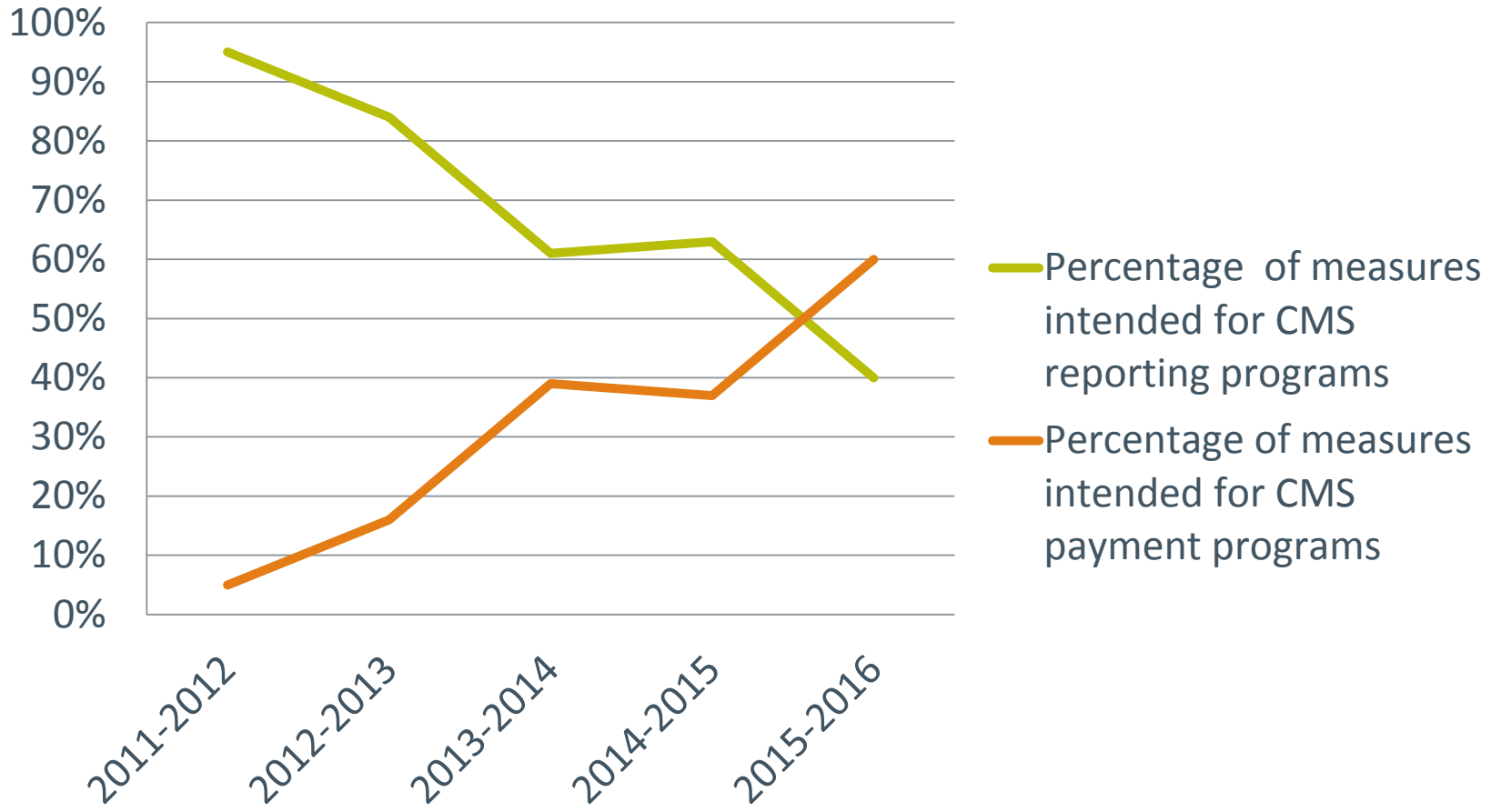
Changes in CMS Quality Programs

- In addition to changes in the performance measures, there have been strategic shifts in the nature of the quality initiative programs.
- MAP was created by the ACA which ushered in the era of value-based purchasing, creating a number of the pay-for-performance initiatives, particularly for hospitals.
- DHHS has continued to show its commitment to value-based purchasing, best illustrated by the January 2015 announcement that it has set a goal of tying 90% of all traditional Medicare payments to quality or value by 2018 through its quality initiative programs.

Changes in CMS Quality Programs

- Medicare Access and CHIP Reauthorization Act (MACRA) legislation
  - Demonstrates a changing environment as it repeals the Sustainable Growth Rate in an attempt to continue to tie physician payment to value rather than volume.
  - Consolidation of clinician quality improvement initiatives into Merit-Based Incentive Payment System (MIPS).
- Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014
  - Seeks to improve care for Medicare beneficiaries by implementing and standardizing quality measurement and resource utilization for post-acute care providers.
  - Increased attention is needed on ensuring consistent performance measurement across the various post-acute settings.

Shift in the Intended Use of Measures Submitted to MAP Over its 5 Years



MAP Impact and Success Readmissions

- Early results show the impact that value-based purchasing can have on health care quality and the influence of MAP's recommendations.
- Since the introduction of the Hospital Readmissions Reduction Program, readmission rates have dropped below 18%.
- MAP supported the measures currently used in this program.
- MedPAC reported that the reduction for conditions subjected to HRRP was greater than the reduction for all causes.

MAP Impact and Success

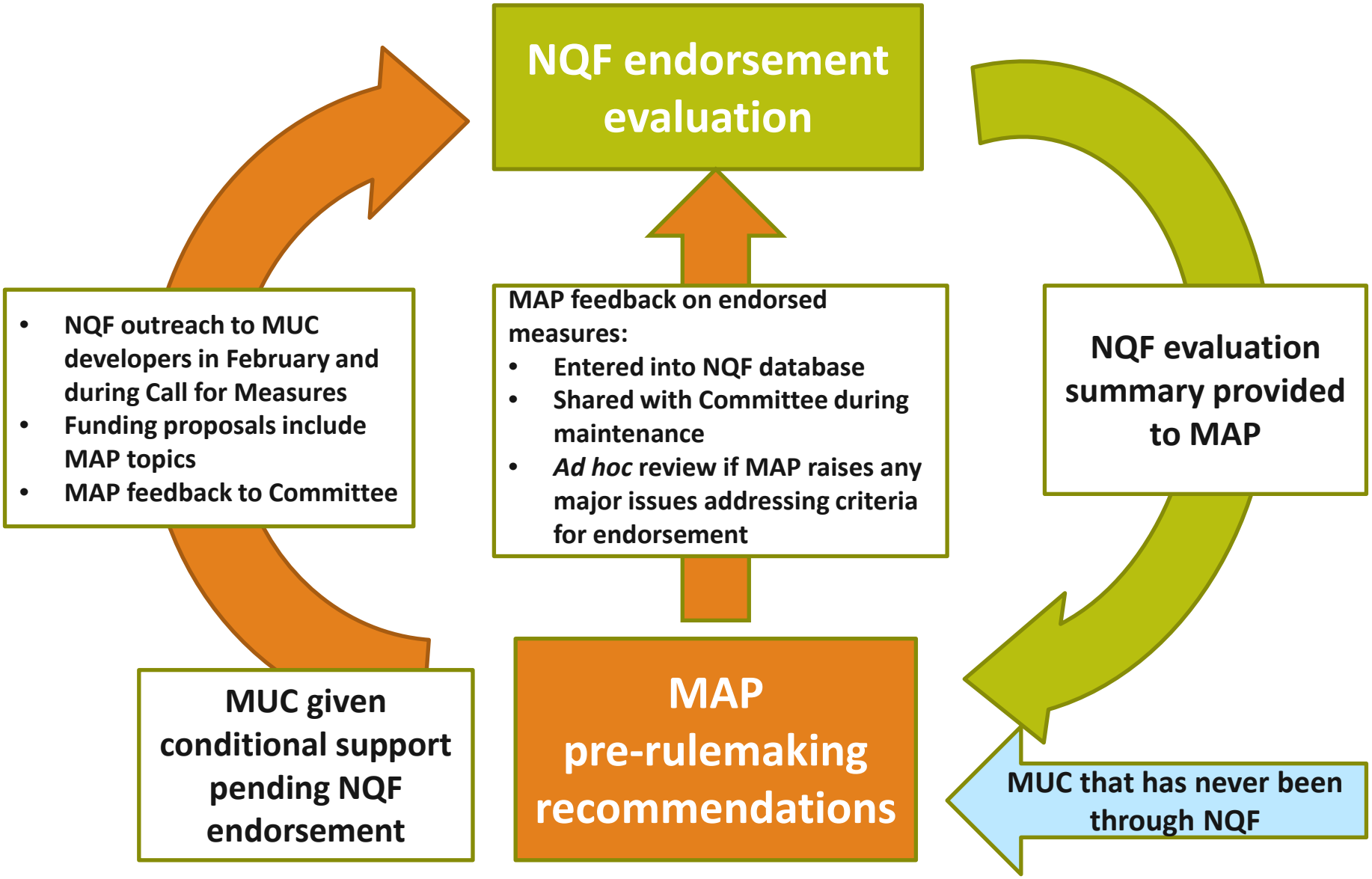
Hospital Acquired Condition (HAC) Reduction

- MAP was also instrumental in making recommendations for the measures used in the Hospital Acquired Condition (HAC) Reduction Programs.
- MAP was supportive of using the Center for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) measures and the Agency for Healthcare Research and Quality's (AHRQ) Patient Safety for Selected Indicators composite measure.
- Rates of HACs have declined 17% from 2010 to 2014, a change from 145 to 121 HACs per 1,000 discharges. Because of this patients experienced 2.1 million fewer HACs and 87,000 lives were saved as a result of the reduction in HACs.
- Additionally, this reduction in HACs translates into approximately $20 billion in savings.

Vision for the Future
MAP/CDP Alignment

- MAP depends on the NQF Consensus Development Process (CDP) measure endorsement process to ensure that there is sound testing and robust evidence to support the measure focus.
- As MAP continues to review measures earlier in their lifecycle, there is also a need to ensure that MAP's recommendations are known to the Standing Committees and Consensus Standards Approval Committee (CSAC) as they make their endorsement decisions.

CDP-MAP INTEGRATION – INFORMATION FLOW



Vision for the Future
CDP Intended Use

- A recent NQF-convened expert panel that considered how the intended use of a measure should be considered in the NQF Consensus Development Process for measure endorsement.
- The expert panel did not recommend including the specific use of a measure in the endorsement process noting that there is limited evidence that different use cases require different level of evidence or testing.

Vision for the Future
CDP Intended Use

- However, the expert panel did recommend the development of a “NQF+” designation for measures that meet the highest levels evidence and testing to make it more transparent to measure users.
- The Panel encouraged MAP to consider how the “NQF+” designation can be used when selecting individual measures for specific programs.
- For example, in an effort to align program and measure attributes, the MAP may determine that an individual program requires “NQF+” measures.

Discussion

- **Does the increasing shift to pay-for-performance change how MAP should make its pre-rulemaking recommendations?**
- **How can MAP better align with the CDP process?**
- **How can MAP best use the "NQF+" designation in its pre-rulemaking work?**

Break

MAP Core Concepts

Developing MAP Core Concepts

- During the September in-person meeting of the Coordinating Committee, they agreed that a more strategic and standard approach by which gaps are identified both across Workgroups/settings, and within programs was needed.
- The strongest and most robust measure concepts should be aligned across levels and across measure programs.
- The gaps list should be more clearly defined against key measurement concepts that are defined as high impact.
- After the list of gaps is identified, a prioritization exercise can help identify measure concepts that might be high impact.

Developing MAP Core Concepts

- In the past, MAP workgroups have identified important gaps within individual programs
  - Compiled across all of the individual programs
  - Used to identify areas for measure development for each program
- The gaps identified may not address the highest areas of measurement across all programs

Developing MAP Core Concepts

The Coordinating Committee agreed to develop a set of MAP Core Measurement Concepts that would:

- represent the aspirational measurement goals across all of the programs and settings under the pre-rulemaking task
- represent a manageable list of measurement concepts that the MAP agrees address the highest impact areas of measurement
- not be at an individual measure level as this would be too difficult to implement given the multiple settings, level of analysis, and data sources
- be more granular and actionable than the National Quality Strategy

Using the Core Concepts

- Filling gaps:
  - Currently difficult to interpret and prioritize gaps.
  - Serve as a set of shared priorities to better identify gaps, sending stronger signals about where measure development is needed and allowing MAP to track progress in gap filling.
- Promoting alignment:
  - Alignment is frequently interpreted as using the same measure across programs, however this is not always feasible.
  - Allow high value measure concepts to be identified across programs.
  - Provide consistency on where performance measurement could have the most impact across the continuum giving a more complete view of the quality of care delivered across an episode.

Developing MAP Core Concepts

- To ensure collaboration with CMS around a shared strategy and framework, MAP will build its core concepts around the CMS Quality Strategy.
- The CMS Quality Strategy aligns with the three broad aims of the National Quality Strategy (NQS) and its six priorities.
- The MAP Core Concepts build off the goals of the CMS Quality Strategy:
  - Making care safer
  - Strengthening person and family engagement
  - Promoting effective communication and coordination of care
  - Promoting effective prevention and treatment
  - Working with communities to promote best practices of healthy living
  - Making care affordable

Developing MAP Core Concepts

- MAP will also adopt the objectives CMS has established to achieve these goals.
- However, the MAP Core Concepts would seek to operationalize these goals by adding areas of focus to each CMS objective.
- The objectives would show what MAP is trying to achieve; the areas of focus would show how MAP will do so.
- The areas of focus will represent the measurement topics MAP will seek to promote across programs.

Example of the MAP Core Concept Framework

NQS Priority	MAP Core Concept/CMS Objective	Example Areas of Focus
Strengthen Person and Family Engagement	Ensure care delivery incorporates patient and caregiver preferences	Shared Decision Making Experience of Care
	Improve experience of care for patients, caregivers and families	Physical Functioning Mental/Behavioral health Patient reported pain and symptom management
	Promote patient self-management	Care Matched with Patient Goals Establishment of patient/family/caregiver goals Advanced care planning and treatment/palliative and end-life care Patient Centered Care Planning

The Intended Use of Core Concepts

- The development of MAP Core Concepts will allow the Coordinating Committee and the Workgroups to assess progress in key areas within and across programs;
- These core concepts will allow for more focus on critical measurement topics that need to be addressed within programs and inform future recommendations by Workgroups and the Coordinating Committee;
- And finally, the Core Concepts help to identify the role of each setting and provider to address key measurement domains, driving alignment, and providing focus to invest measure development resources to fill gaps.

Illustrative Example of Core Concepts in Use Across MAP Workgroups

			MAP Hospital	MAP Clinician	MAP PAC/LTC
Strengthen Person and Family Engagement	Improve experience of care for patients, caregivers and families	Physical Functioning			
		Mental/Behavioral health			
		Patient reported pain and symptom management			

Illustrative Example of Core Concepts in Use Within MAP Workgroups

			Inpatient Rehabilitation Facility Quality Reporting Program	Long Term Care Quality Reporting Program	Skilled Nursing Facility Quality Reporting Program	Skilled Nursing Facility Value Based Purchasing Program	Home Health Quality Reporting Program	Hospice Quality Reporting Program
Strengthen Person and Family Engagement	Improve experience of care for patients, caregivers and families	Physical Functioning						
		Mental/Behavioral health						
		Patient reported pain and symptom management						

Input to Developing MAP Core Concepts

- Using a number of sources, staff developed a straw person:
  - MAP previously identified gaps
  - MAP PAC/LTC Core Concepts
  - IOM Vital Signs Report
  - MAP families of measures
  - CMS Quality Measure Development Plan
- MAP Workgroup members were asked to provide input via survey.

MAP Previously Identified Gaps

- Adverse drug events
- Alzheimer's disease
- Appropriateness of diagnostic and therapeutic services
- Behavioral health
- Diagnostic accuracy
- Multiple chronic conditions
- Palliative and end-life care
- Patient-centered care planning
- Patient-reported pain and symptom management

MAP PAC/LTC Core Concepts

- The PAC/LTC Workgroup realized it was not possible to develop an alignment strategy around a particular measure due to differing populations, services provided, and data sources.
- A person-centered approach that assesses care across the episode of care could:
  - allow measurement beyond site-specific approaches
  - integrate PAC/LTC measurement with measurement for hospital and clinician care.
- The Workgroup identified six highest-leverage areas for measurement for PAC and LTC providers. Within these areas for measurement, the group identified a set of 13 measure concepts.
- The Workgroup has used these concepts to unify their work across disparate settings, recognizing that, while aligning at the measure level might not be possible, measuring the same concepts can begin to make progress on these key areas.

MAP PAC/LTC Core Concepts

Highest-Leverage Areas	Core Measure Concepts
Function	Functional and cognitive status assessment Mental health
Goal Attainment	Establishment of patient/family/caregiver goals Advanced care planning and treatment
Patient Engagement	Experience of care Shared decision-making
Care Coordination	Transition planning
Safety	Falls Pressure ulcers Adverse drug events
Cost/Access	Inappropriate medicine use Infection rates Avoidable admissions

IOM Vital Signs Report

- The IOM presented a core measure set to review the status of health and health care at the national, state, local, and institutional levels.
- This core measure set is intended to:
  - draw attention to what is truly important
  - focus on results rather than processes
  - reduce the number of measures required for reporting
  - increase flexibility and capacity for innovation
  - enhance the effectiveness and efficiency of system performance.
- Vital Signs may serve as a starting point to help identify concepts that are important for the programs specifically under evaluation by the MAP Workgroups.

IOM Vital Signs Report

BOX
Core Measure Set with Related Priority Measures

1. Life expectancy
Infant mortality
Maternal mortality
Violence and injury mortality

2. Well-being
Multiple chronic conditions
Depression

3. Overweight and obesity
Activity levels
Healthy eating patterns

4. Addictive behavior
Tobacco use
Drug dependence/illicit use
Alcohol dependence/ misuse

5. Unintended pregnancy
Contraceptive use

6. Healthy communities
Childhood poverty rate
Childhood asthma
Air quality index
Drinking water quality index

7. Preventive services
Influenza immunization
Colorectal cancer screening
Breast cancer screening

8. Care access
Usual source of care
Delay of needed care

9. Patient safety
Wrong-site surgery
Pressure ulcers
Medication reconciliation

10. Evidence-based care
Cardiovascular risk reduction
Hypertension control
Diabetes control composite
Heart attack therapy protocol
Stroke therapy protocol
Unnecessary care composite

11. Care match with patient goals
Patient experience
Shared decision making
End-of-life/advanced care planning

12. Personal spending burden
Health care–related bankruptcies

13. Population spending burden
Total cost of care
Health care spending growth

14. Individual engagement
Involvement in health initiatives

15. Community engagement
Availability of healthy food
Walkability
Community health benefit agenda

Breakout Sessions

Lunch

Finalization of MAP Core Concepts

- Does the Coordinating Committee agree with the areas of focus selected by each breakout group?

Improving MAP's Processes

Improvements to the 2015-2016 Pre-Rulemaking Cycle

- Based on feedback from the MAP workgroups, Coordinating Committee, and other stakeholders, several improvements were made during this year's pre-rulemaking effort.
- These include:
  - Development of MAP Core Concepts
  - Clarification of MAP guidance on several key issues: impact, gaps, and alignment
- MAP also identified several key cross cutting issues, including attention to disparities and socio-demographic adjustment, the need for guidance on appropriate attribution, and the need for information on measure implementation experience.

Discussion

- Was the Fall Coordinating Committee meeting effective? - - - How can MAP best use this time with the Coordinating Committee?
- What is the best use of the Fall Workgroup web meetings?
- How can MAP improve the public comment process?
- How can the meeting materials be improved?
- Are there any ways to improve the pre-rulemaking process overall?

Public and Member Comment

Next Steps

Final Recommendations on Measures Under Consideration	February 1, 2016
Member and Public Commenting Period: Proposed Core Concepts	February 8 – 29, 2016
Guidance For Hospital and PAC/LTC Programs	February 15, 2016
Guidance For Clinician Program and Cross-Cutting Themes	March 15, 2016

Closing Remarks

Adjourn