

Measure Applications Partnership

Hospital Workgroup
In-Person Meeting
Day 1

December 16-17, 2015



NATIONAL
QUALITY FORUM

***Welcome, Introductions,
Disclosures of Interest and
Review of Meeting Objectives***

MAP Hospital Workgroup Membership

WORKGROUP CO-CHAIRS (VOTING)

Ronald Walters, MD, MBA, MHA, MS

Cristie Upshaw Travis, MSHHA

ORGANIZATIONAL MEMBERS (VOTING)

AFT Nurses and Health Professionals	Kelly Trautner
American Hospital Association	Nancy Foster
America's Essential Hospitals	David Engler, PhD
ASC Quality Collaboration	Donna Slosburg, BSN, LHRN, CASC
Blue Cross Blue Shield of Massachusetts	Wei Ying, MD, MS, MBA
Children's Hospital Association	Andrea Benin, MD
Geisinger Health Systems	Heather Lewis, RN
Kidney Care Partners	Allen Nissenson, MD, FACP, FASN, FNKF

MAP Hospital Workgroup Membership

ORGANIZATIONAL MEMBERS (CONTINUED)

Mothers Against Medical Error	Helen Haskell, MA
National Coalition for Cancer Survivorship	Shelley Fuld Nasso
National Rural Health Association	Brock Slabach, MPH, FACHE
Pharmacy Quality Alliance (American Society of Health-System Pharmacists)	Shekhar Mehta, PharmD, MS
Premier, Inc.	Leslie Schultz, PhD, RN, NEA-BC, CPHQ
Project Patient Care	Martin Hatlie, JD
Service Employees International Union	LaDawna Howard
St. Louis Area Business Health Coalition	Karen Roth, RN, MBA, CPA
The Society of Thoracic Surgeons	Jeff Jacobs, MD

MAP Hospital Workgroup Membership

SUBJECT MATTER EXPERTS (VOTING)

University of Missouri School of Nursing	Gregory Alexander, PhD, RN, FAAN
Patient Experience	Floyd J. Fowler, PhD
Patient Safety	Mitchell Levy, MD, FCCM, FCCP
Palliative Care	R. Sean Morrison, MD
State Policy	Dolores Mitchell, MSHA, RN, CCM, FACHE
Emergency Medicine	Michael Phelan, MD
Mental Health	Ann Marie Sullivan, MD

FEDERAL GOVERNMENT LIAISONS (NON-VOTING)

Agency for Healthcare Research and Quality	Pamela Owens, PhD
Centers for Disease Control and Prevention (CDC)	Daniel Pollock, MD
Centers for Medicare & Medicaid Services (CMS)	Pierre Yong, MD, MPH

MAP Hospital Workgroup Membership

MAP Duals Liaison (NON-VOTING)

iCare

Thomas H. Lutzow, PhD, MBA

MAP Coordinating Committee Co-Chairs

Columbia University

Harold Pincus, MD

Kaiser Permanente Center for Effectiveness and
Safety Research

Elizabeth A. McGlynn, PhD, MPP

MAP Hospital Workgroup Staff Support Team



**Melissa Mariñelarena,
Senior Director**

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Agenda – Day 1

- Welcome, Introductions, and Review of Meeting Objectives
- Pre-Rulemaking Input:
 - *Hospital Inpatient Quality Reporting (IQR)*
 - *Hospital Value-Based Purchasing Program*
 - *Hospital Acquired Condition Reduction Program*
 - *PPS-Exempt Cancer Hospital Quality Reporting Program*
- Opportunity for Public Comment
- Adjourn Day 1

Agenda – Day 2

- Review Day 1
- Pre-Rulemaking Input:
 - *End-Stage Renal Disease Quality Improvement Program*
 - *Hospital Outpatient Quality Reporting Program*
 - *Ambulatory Surgical Center Quality Reporting Program*
 - *Inpatient Psychiatric Facilities Quality Reporting Program*
- Opportunity for Public Comment
- Adjourn Day 2

Meeting Objectives

- Review and provide input on measures under consideration for use in federal programs
- Finalize input to the MAP Coordinating Committee on measures for use in federal programs; and
- Identify gaps in measures for federal hospital quality programs.

CMS Opening Remarks

MAP 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 is 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

MAP Decision Categories

- MAP Workgroups must reach a decision about every measure under consideration
 - Decision categories are standardized for consistency
 - Each decision should be 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	<ul style="list-style-type: none">• Addresses a previously identified measure gap.• Core measure not currently included in the program measure set.• Promotes alignment across programs and settings.
Conditional Support	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Overlaps with a previously finalized measure.• A different NQF-endorsed measure better addresses the needs of the program.

MAP Decision Categories for Measures Under Development and Example Rationales

MAP Decision Category	Rationale (Examples)
Encourage continued development	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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 MAP's consent calendar voting process, NQF staff has conducted a preliminary analysis of each measure under consideration.

The preliminary analysis is 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

MAP Voting Instructions

Key Voting Principles

- Every measure under consideration will be subject to a vote, either individually or as part of a consent calendar
- Workgroups will be expected to reach a decision on every measure under consideration
 - There will no longer be a category of “split decisions” where the MAP Coordinating Committee makes a decision on a measure under consideration
 - However, the Coordinating Committee may decide to continue discussion on a particularly important matter of program policy or strategy in the context of a measure for a program

Key Voting Principles

- After introductory presentations from staff and the Chair to give context to each programmatic discussion, the discussion and voting will begin using the electronic Discussion Guide
- A lead discussant will be assigned to each group of measures
- The Discussion Guide will organize content as follows:
 - The measures under consideration will be divided into a series of related groups for the purposes of discussion and voting
 - Each measure under consideration will have a preliminary staff analysis
 - The discussion guide will note the result of the preliminary analysis (i.e., support, do not support, or conditional support) and provide rationale to explain how that conclusion was reached

Voting Procedure

Step 1. Staff will review a Preliminary Analysis Consent Calendar

- Staff will present each group of measures as a consent calendar reflecting the result of the preliminary analysis using MAP selection criteria and programmatic objectives

Voting Procedure

Step 2. MUCs can be pulled from the Consent Calendar and become regular agenda items

- The co-chairs will ask the Workgroup members to identify any MUCs they would like to pull off the consent calendar. Any Workgroup member can ask that one or more MUCs on the consent calendar be removed for individual discussion.
- Once all of the measures the Workgroup would like to discuss are removed from the consent calendar, the co-chair will ask if there is any objection to accepting the preliminary analysis and recommendation of the MUCs remaining on the consent calendar.
- If no objections are made for the remaining measures, the consent calendar and the associated recommendations will be accepted (no formal vote will be taken).

Voting Procedure

Step 3. Voting on Individual Measures

- Workgroup member(s) who identified measures for discussion will describe their perspective on the measure and how it differs from the preliminary analysis and recommendation in the Discussion Guide.
- Workgroup member(s) assigned as lead discussant(s) for the group of measures will respond to the individual(s) who requested discussion. Lead discussant(s) should state their own point of view, whether or not it is in agreement with the preliminary recommendation or the divergent opinion.
- Other Workgroup members should participate in the discussion to make their opinions known. However, in the interest of time, one should refrain from repeating points already presented by others.
- After discussion of each MUC, the Workgroup will vote on the measure with three options:
 - Support
 - Support with conditions
 - Do not support

Voting Procedure

Step 4: Tallying the Votes

- If a MUC receives $\geq 60\%$ for Support -- the recommendation is Support
- If a MUC receives $\geq 60\%$ for the SUM of Support and Conditional support – the recommendation is Conditional support. Staff will clarify and announce the conditions at the conclusion of the vote
- If a MUC receives $< 60\%$ for the SUM of Support and Conditional support - the recommendation is “Do not support”
- Abstentions are discouraged but will not count in the denominator

Commenting Guidelines

- Comments from the early public comment period have been incorporated into the discussion guide.
- There will be an opportunity for public comment before the discussion on each program.
 - Commenters are asked to limit their comments to only MUCs for that program and limit comments to **two minutes**.
- There will be a global public comment period at the end of each day.
- Public comment on the Workgroup recommendations will run from December 23-January 12.
 - These comments will be considered by the MAP Coordinating Committee and submitted to CMS.

Overview of Programs Under Consideration

***Hospital Inpatient Quality
Reporting (IQR) and Medicare
and Medicaid EHR Incentive
Program for Hospitals and CAHs
(Meaningful Use or MU)***

Hospital Inpatient Quality Reporting Program (IQR)

- **Program Type:**

- Pay-for-Reporting and Public Reporting

- **Incentive Structure:**

- Hospitals receive $\frac{1}{4}$ of the applicable percentage point of the annual market basket (AMB)* payment update. Hospitals that choose not to participate in the program also receive a reduction by that same amount.

- **Program Goals:**

- To provide an incentive for hospitals to report quality information about their services
- To provide consumers information about hospital quality so they can make informed choices about their care

*AMB is the measure of inflation in costs of goods and services used by hospitals in treating Medicare patients

Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (CAHs)

■ Program Type:

- Pay for Reporting. The Medicare and Medicaid EHR Incentive Programs provide incentive payments to eligible professionals, eligible hospitals, and critical access hospitals (CAHs) as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology.

■ Incentive Structure:

- Eligible hospitals and CAHs are required to report on electronically specified clinical quality measures (eCQMs) using certified electronic health record (EHR) technology (CEHRT) in order to qualify for incentive payments. As of 2015, eligible hospitals that do not demonstrate meaningful use will be subject to a payment *reduction* of $\frac{3}{4}$ of the applicable percentage point of the annual market basket (AMB)* payment update .

■ Program Goals:

- Promote widespread adoption of certified EHR technology by providers.
- Incentivize “meaningful use” of EHRs by hospitals to:
 - » Improve quality, safety, efficiency, and reduce health disparities
 - » Engage patients and family
 - » Improve care coordination, and population and public health
 - » Maintain privacy and security of patient health information

*AMB is the measure of inflation in costs of goods and services used by hospitals in treating Medicare patients

Adult Local Current Smoking Prevalence (MUC15-1013)



Measure Summary and Concept

- Adult Local Current Smoking Prevalence measures the percentage of adult smokers at county-level.
 - Data is obtained from CDC's Behavioral Risk Factor Surveillance System (BRFSS) which is NQF endorsed at state level (NQF # 2020)
- Why a geographic measure for IQR?
 - Evidence shows there is a lack of uptake of multimodal interventions which reinforce inpatient interventions with a community-based approach
 - County-based measures signal the need for hospital collaboration

Issues Related to County as a Geographic Boundary

- Why county, as opposed to some other geographic denominator that mirrors hospital service areas?
 - Data at the county-level are readily available, unlike other denominators (e.g. hospital referral region)
- What about counties served by multiple hospitals?
 - All hospitals in a county could receive the same community rating, encouraging collaboration across hospitals and with other key stakeholders (e.g. local health departments)
- Why should hospitals be connected with county-wide smoking rates?
 - Hospital care impacts a large portion of the general population each year which presents major opportunities to improve inpatient outcomes.
 - A population-based measure creates an incentive for hospitals to form robust clinical-community linkages to support cessation

How Will Hospitals Impact Smoking Rates at the County Level?

- Evidence-based interventions are available to hospitals (e.g. USPHS, USPSTF, Community Guide), including:
 - Inpatient care: consistent with Joint Commission guidelines and measure set
 - Best practices as employers: First-dollar coverage of cessation for employees and families, smoke-free campus policies
 - Community partners for evidence-based policies:
 - Increasing age of purchase of tobacco products to 21
 - Increasing price of tobacco products
 - Cessation campaigns
- CDC is developing a toolkit to help hospitals identify evidence-based interventions to address tobacco use in their communities

Opportunity for Public Comment

Hospital Inpatient Quality Reporting Program (IQR)

Consent Calendar - 1

1. Adult Local Current Smoking Prevalence (MUC15-1013)
2. American College of Surgeons-Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure (MUC15-534)
3. INR Monitoring for Individuals on Warfarin after Hospital Discharge (MUC15-1015)
4. IQI-22: Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated (MUC15-1083)
5. National Healthcare Safety Network (NHSN) Antimicrobial Use Measure (MUC15-531)

Hospital Inpatient Quality Reporting Program (IQR)

Consent Calendar - 2

1. Aortic Aneurysm Procedure Clinical Episode-Based Payment Measure (MUC15-835)
2. Cholecystectomy and Common Duct Exploration Clinical Episode-Based Payment Measure (MUC15-836)
3. Hospital-level, risk-standardized 30-day episode-of-care payment measure for pneumonia (MUC15-378)
4. Spinal Fusion Clinical Episode-Based Payment Measure (MUC15-837)
5. Transurethral Resection of the Prostate (TURP) for Benign Prostatic Hyperplasia Clinical Episode-Based Payment Measure (MUC15-838)

Hospital Inpatient Quality Reporting Program (IQR)

Consent Calendar - 3

1. Excess Days in Acute Care after Hospitalization for Pneumonia (MUC15-391)
2. Hospital 30-Day Mortality Following Acute Ischemic Stroke Hospitalization Measure (MUC15-294)
3. Hybrid 30-Day Risk-Standardized Acute Ischemic Stroke Mortality Measure with Claims and Clinical Electronic Health Record (EHR) Risk Adjustment Variables (MUC15-1135)
4. Hybrid 30-Day Risk-Standardized Acute Ischemic Stroke Mortality Measure with Electronic Health Record (EHR)-Extracted Risk Adjustment Variables (MUC15-1033)
5. Patient Safety for Selected Indicators /AHRQ Patient Safety Indicator Composite (MUC15-604)

Break



**Episode-Based Payment Measures
for the
Hospital Value-Based Purchasing
Program (HVBP) Measures Under
Consideration (MUC) List**

Clinical Episode-Based Payment Measures

Designed to assess the resources used for clinically-related services provided in the treatment of an episode of care.

Principal goal of episode cost reporting is to encourage efficient patterns of care whereby hospitals can better identify opportunities for coordination and improve health care affordability.

Resource Use Measures in HVBP

Section 3001 of the Affordable Care (ACA) requires measures adopted into HVBP “include efficiency measures, including measures of Medicare Spending Per Beneficiary” (MSPB).

Currently MSPB is the only cost measure in the program; CMS is considering the role of additional cost measures.

Therefore, we appreciate the MAP Hospital Workgroup’s careful consideration of various episode-based payment measures.

Episode-Based Payment Measures Under Consideration for HVBP and Complementary Quality Measures in HVBP or Another Hospital Quality Program

	Cellulitis Clinical Payment Measure	Gastrointestinal (GI) Hemorrhage Payment Measure	Kidney / Urinary Tract Infection Payment Measure	Total Hip and/or Knee Arthroplasty (THA/TKA) Payment Measure	Pneumonia Payment Measure	Acute Myocardial Infarction (AMI) Payment Measure	Heart Failure (HF) Payment Measure
Mortality Measures (Currently in HIQR and HVBP)					★	★	★
Readmission Measures (Currently in HIQR and HRRP; not eligible for HVBP)				★	★	★	★
Complications Measure (Currently in HIQR and HVBP in FY 2019)				★			

Hospital Value-Based Purchasing Program

Hospital Value-Based Purchasing Program (HVBP)

- **Program Type:**

- Pay for Performance

- **Incentive Structure:**

- Medicare bases a portion of hospital reimbursement on performance through the Hospital Value-Based Purchasing Program (VBP). Medicare began by withholding 1 percent of its regular hospital reimbursements from all hospitals paid under its inpatient prospective payment system (IPPS) to fund a pool of VBP incentive payments. The amount withheld from reimbursements increases over time:
 - » FY 2016: 1.75%
 - » FY 2017 and future fiscal years: 2%
- Hospitals are scored based on their performance on each measure within the program relative to other hospitals as well as on how their performance on each measure has improved over time. The higher of these scores on each measure is used in determining incentive payments.

- **Program Goals:**

- Improve healthcare quality by realigning hospitals' financial incentives.
- Provide incentive payments to hospitals that meet or exceed performance standards.

Opportunity for Public Comment

Hospital Value-Based Purchasing Program (HVBP)

Consent Calendar - 1

1. Hospital-level, risk-standardized 30-day episode-of-care payment measure for pneumonia (MUC15-378)
2. Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI) (MUC15-369)
3. Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure (HF) (MUC15-322)
4. Hospital-level, risk-standardized payment associated with an episode of care for primary elective total hip and/or total knee arthroplasty (THA/TKA) (MUC15-295)

Hospital Value-Based Purchasing Program (HVBP)

Consent Calendar - 2

1. Cellulitis Clinical Episode-Based Payment Measure (MUC15-1143)
2. Gastrointestinal Intestinal (GI) Hemorrhage Clinical Episode-Based Payment Measure (MUC15-1144)
3. Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure (MUC15-1145)

Hospital Value-Based Purchasing Program (HVBP)

Consent Calendar – 3

1. ACS-CDC Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure (MUC15-534)
2. Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery (MUC15-395)
3. Patient Safety for Selected Indicators /AHRQ Patient Safety Indicator Composite (MUC15-604)

Lunch

Hospital Acquired Condition Reduction Program

Hospital Acquired Condition Reduction Program (HACRP)

- **Program Type:**
 - Pay-for-Performance and Public Reporting. HAC scores are reported on the Hospital Compare website as of December 2014.
- **Incentive Structure:**
 - The 25% of hospitals that have the highest rates of HACs (as determined by the measures in the program) will have their Medicare payments reduced by 1%.
 - The measures in the program are classified into two domains: Domain 1 includes the Patient Safety Indicator (PSI) 90 measure, a composite of eight administrative claims based measures and Domain 2 includes infection measures developed by the Centers for Disease Control and Prevention's (CDC) National Health Safety Network (CDC NHSN).
- **Program Goals:**
 - Provide an incentive to reduce the incidence of HACs to improve both patient outcomes and the cost of care
 - Heighten awareness of HACs and eliminate the incidence of HACs that could be reasonably prevented by applying evidence-based clinical guidelines.
 - Support a broader public health imperative by helping to raise awareness and action by prompting a national discussion on this important quality problem.
 - Drive improvement for the care of Medicare beneficiaries, but also privately insured and Medicaid patients, through spill over benefits of improved care processes within hospitals.

Opportunity for Public Comment

Hospital Acquired Condition Reduction Program (HACRP)

Consent Calendar

1. American College of Surgeons-Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure (MUC15-534)
2. Patient Safety and Adverse Events Composite (MUC15-604)

PPS-Exempt Cancer Hospital Quality Reporting Program

PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR)

- **Program Type:**

- Data Reporting

- **Incentive Structure:**

- PCHQR is a voluntary quality reporting program. Data are published on Hospital Compare.

- **Program Goals:**

- Provide information about the quality of care in cancer hospitals, in particular the 11 cancer hospitals that are exempt from the inpatient prospective payment system and the Inpatient Quality Reporting Program.
- Encourage hospitals and clinicians to improve the quality of their care, to share information, and to learn from each other's experiences and best practices

Opportunity for Public Comment

PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR)

Consent Calendar

1. Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy (MUC15-951)
2. American College of Surgeons-Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure (MUC15-534)
3. National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (MUC15-533)
4. National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (MUC15-532)
5. Oncology: Radiation Dose Limits to Normal Tissues (MUC15-946)

Summary of the Day

Adjourn Day 1

Measure Applications Partnership

Hospital Workgroup
In-Person Meeting
Day 2

December 17, 2015



NATIONAL
QUALITY FORUM

Welcome and Review of Day 1

Agenda – Day 2

- Review Day 1
- Pre-Rulemaking Input:
 - *End-Stage Renal Disease Quality Improvement Program*
 - *Hospital Outpatient Quality Reporting Program*
 - *Ambulatory Surgical Center Quality Reporting Program*
 - *Inpatient Psychiatric Facilities Quality Reporting Program*
- Opportunity for Public Comment
- Adjourn Day 2

End-Stage Renal Disease Quality Incentive Program (ESRD QIP)

End-Stage Renal Disease Quality Incentive Program (ESRD QIP)

- **Program Type:** Pay for Performance, Public Reporting
- **Incentive Structure:** As of 2012, payments to dialysis facilities are reduced if facilities do not meet or exceed the required total performance score. Payment reductions will be on a sliding scale, which could amount to a maximum of two percent per year.
- **Program Goals:** Improve the quality of dialysis care and produce better outcomes for beneficiaries.

Opportunity for Public Comment

End-Stage Renal Disease Quality Incentive Program (ESRD QIP)

Consent Calendar

1. Avoidance of Utilization of High Ultrafiltration Rate (≥ 13 ml/kg/hour) (MUC15-758)
2. ESRD Vaccination: Full-Season Influenza Vaccination (MUC15-761)
3. Measurement of Phosphorus Concentration (MUC15-1136)
4. Proportion of Patients with Hypercalcemia (NQF #1454) (MUC15-1165)
5. Standardized Hospitalization Ratio – Modified (MUC15-693)
6. Standardized Mortality Ratio – Modified (MUC15-575)
7. Standardized Readmission Ratio (SRR) for dialysis facilities (MUC15-1167)

Break

Hospital Outpatient Quality Reporting Program

Hospital Outpatient Quality Reporting Program (OQR)

- **Program Type:**

- Pay for Reporting – Information is reported on the Hospital Compare website.

- **Incentive Structure:**

- Hospitals that do not report data on the required measures will receive a 2 percent reduction in their annual Medicare payment update.

- **Program Goals:**

- Establish a system for collecting and providing quality data to hospitals providing outpatient services such as clinic visits, emergency department visits, and critical care services.
- Provide consumers with quality of care information that will help them make informed decisions about their health care.

Opportunity for Public Comment

Hospital Outpatient Quality Reporting Program (OQR)

Consent Calendar

1. Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy (MUC15-951)
2. Risk-standardized hospital visits within 7 days after hospital outpatient surgery (MUC15-982)

Lunch

Ambulatory Surgical Center Quality Reporting Program

Ambulatory Surgical Centers Quality Reporting Program (ASCQR)

■ Program Type:

- Pay for Reporting – Performance information is current reported to the Centers for Medicare & Medicaid Services (CMS) but it is expected to be publicly available in the future.

■ Incentive Structure:

- Ambulatory surgical centers (ASCs) that treat Medicare beneficiaries and fail to report data will receive a 2.0 percent reduction in their annual payment update.

■ Program Goals:

- Promote higher quality, more efficient care for Medicare beneficiaries.
- Establish a system for collecting and providing quality data to ASCs.
- Provide consumers with quality of care information that will help them make informed decisions about their health care.

Opportunity for Public Comment

Ambulatory Surgical Centers Quality Reporting Program (ASCQR)

Consent Calendar

1. Toxic Anterior Segment Syndrome (TASS) Outcome (MUC15-1047)

Inpatient Psychiatric Facilities Quality Reporting Program

Inpatient Psychiatric Facilities Quality Reporting Program (IPFQR)

- **Program Type:**

- Pay for Reporting

- **Incentive Structure:**

- Inpatient psychiatric hospitals or psychiatric units that do not report data on the required measures will receive a 2 percent reduction in their annual federal payment update.

- **Program Goals:**

- Provide consumers with quality information to help inform their decisions about their healthcare options.
- Improve the quality of inpatient psychiatric care by ensuring providers are aware of and reporting on best practices.
- Establish a system for collecting and providing quality data for inpatient psychiatric hospitals or psychiatric units.

Opportunity for Public Comment

Inpatient Psychiatric Facilities Quality Reporting Program (IPFQR)

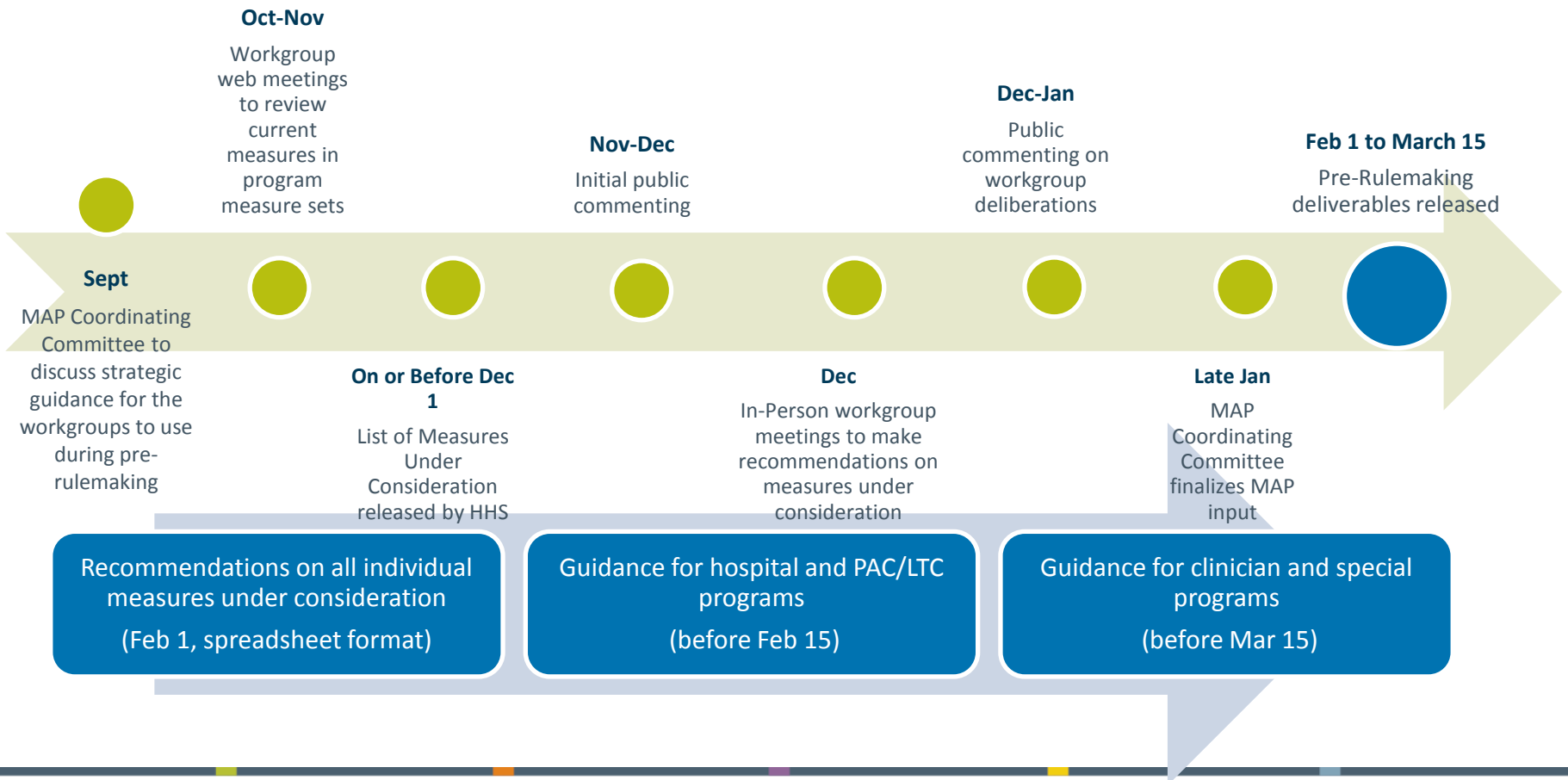
Consent Calendar

1. Substance Use Core Measure Set (SUB)-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge (MUC15-1065)
2. Thirty-day all-cause unplanned readmission following psychiatric hospitalization in an Inpatient Psychiatric Facility (IPF) (MUC15-1082)

Next Steps

MAP Approach to Pre-Rulemaking

A look at what to expect



Next Steps

Member and Public Comment	December 23, 2015- January 12, 2016
Coordinating Committee Review of Recommendations	January 26, 2016
Spreadsheet of Recommendations on All Individual Measures Under Consideration Released	February 1, 2016
Guidance For Hospital And PAC/LTC Programs	February 15, 2016
Guidance For Clinician And Special Programs	March 15, 2016

Thank You!