



NATIONAL
QUALITY FORUM

Measure Applications Partnership

Hospital Workgroup In-Person Meeting

December 14, 2017

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

MAP Hospital Workgroup Members

Workgroup Chairs (voting)

Cristie Upshaw Travis, MSHHA

Ronald S. Walters, MD, MBA, MHA, MS

Organizational Members (voting)	Organizational Representative
American Association of Kidney Patients*	Paul Conway
American Hospital Association	Nancy Foster
America's Essential Hospitals	Maryellen Guinan, J.D.
Association of American Medical Colleges*	Janis Orłowski, MD MACP
Baylor Scott & White Health	Marisa Valdes, RN, MSN
Blue Cross Blue Shield of Massachusetts	Wei Ying, MD, MS, MBA
Children's Hospital Association	Andrea Benin, MD
Geisinger Health System	Joan Brennan, DNP
Kidney Care Partners	Keith Bellovich, MD
Medtronic-Minimally Invasive Therapy Group	Karen Shehade, MBA

*indicates new member organizations

MAP Hospital Workgroup Members

Organizational Members (con't)	Organizational Representative
Mothers Against Medical Error	Helen Haskell, MA
National Association of Psychiatric Health Systems	Frank Ghinassi, PhD, ABPP
National Rural Health Association	Brock Slabach, MPH, FACHE
Nursing Alliance for Quality Care	Kimberly Glassman, PhD, RN, NEA-BC, FAAN
Pharmacy Quality Alliance	Anna Dopp, PharmD
Premier, Inc.	Aisha Pittman, MPH
Project Patient Care	Martin Hatlie, JD
Service Employees International Union	Sarah Nolan
The Society of Thoracic Surgeons	Jeff Jacobs, MD
University of Michigan	Marsha Manning

MAP Hospital Workgroup Members

Individual Subject Matter Experts (voting)

Nursing	Gregory Alexander, PhD, RN, FAAN
Renal	Elizabeth Evans, DNP
Measure Methodology	Lee Fleisher, MD
Patient Safety	Jack Jordon
Palliative Care	R. Sean Morrison, MD
Mental Health	Ann Marie Sullivan, MD
Health Informatics	Lindsey Wisham, BA, MPA

Federal Government Liaisons (non-voting)

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

MAP Hospital Workgroup Staff Support Team

- Melissa Mariñelarena: Senior Director
- Kate McQueston: Project Manager
- Desmirra Quinnonez: Project Analyst
- **Project Email: MAPHospital@qualityforum.org**

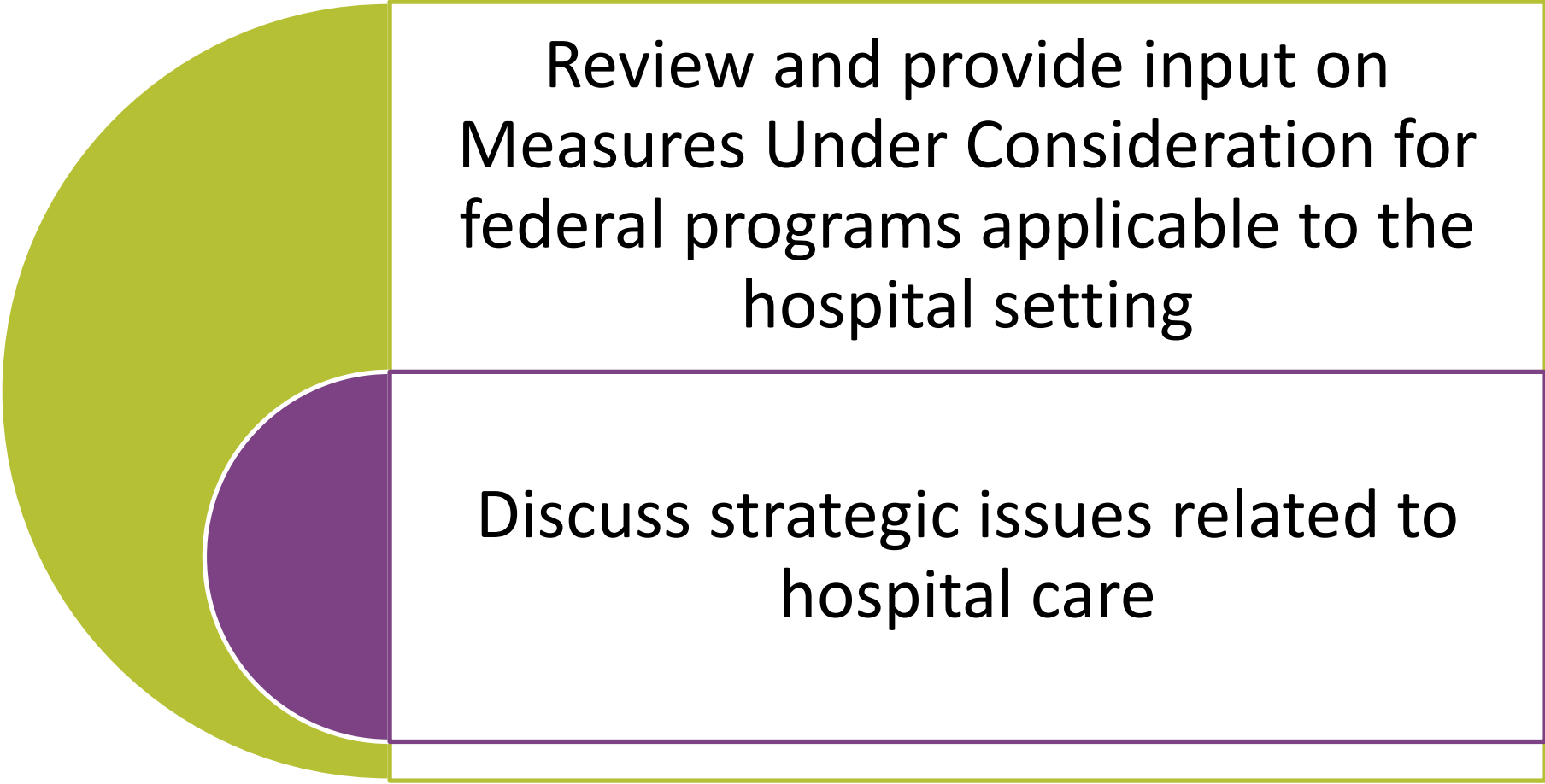
Agenda (Morning):

- Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives
- CMS Opening Remarks and Review of Meaningful Measures Framework
- Overview of Hospital-Acquired Condition (HAC) Reduction Program and Discussion of Future Measures
- Overview of Pre-Rulemaking Approach Pre-Rulemaking Input:
 - *ESRD QIP*
 - *PPS-PCHQR*
 - *ASCQR*

Agenda (Afternoon):

- Lunch
- MAP Rural Health Introduction and Presentation
- Pre-Rulemaking Input
 - *HOQR*
 - *HIQR*
- Input on Measure Removal Criteria
- Cross-Cutting Themes
- Summary of Day and Next Steps

Meeting Objectives



Review and provide input on
Measures Under Consideration for
federal programs applicable to the
hospital setting

Discuss strategic issues related to
hospital care

CMS Opening Remarks and Review of Meaningful Measures Framework



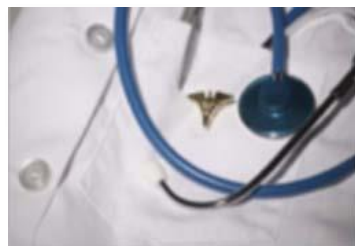
Meaningful Measures

December 14, 2017

Jean Moody-Williams, RN, MPP

Pierre Yong, MD, MPH, MS

Theodore G Long, MD, MHS



A New Approach to Meaningful Outcomes

Empower patients and doctors to make decision about their health care

Usher in a new era of state flexibility and local leadership



Support innovative approaches to improve quality, accessibility, and affordability

Improve the CMS customer experience

Meaningful Measures Objectives

Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help:

- Address high impact measure areas that safeguard public health
- Patient-centered and meaningful to patients
- Outcome-based where possible
- Relevant for and meaningful to providers
- Minimize level of burden for providers
 - Remove measures where performance is already very high and that are low value
- Significant opportunity for improvement
- Address measure needs for population based payment through alternative payment models
- Align across programs and/or with other payers (Medicaid, commercial payers)

Meaningful Measures Framework

Meaningful Measure Areas Achieve:

- ✓ High quality healthcare
- ✓ Meaningful outcomes for patients

Criteria meaningful for patients and actionable for providers

Draws on measure work by:

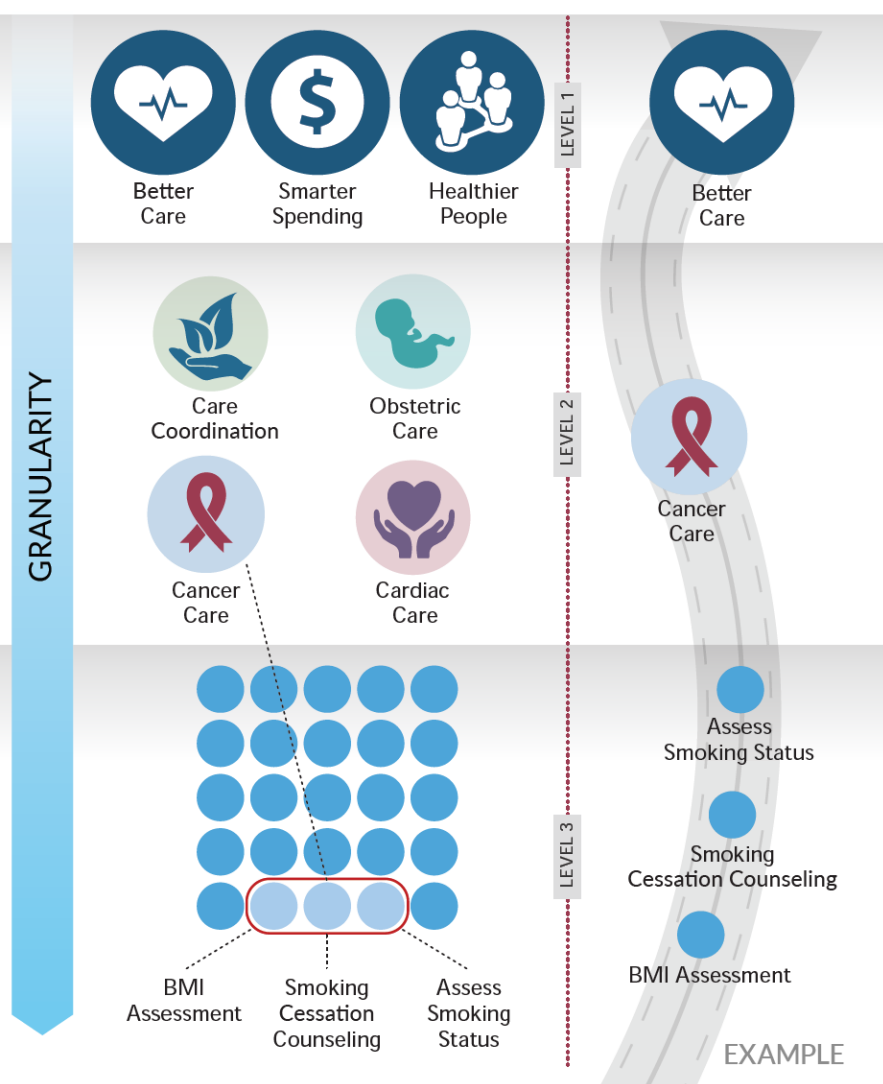
- Health Care Payment Learning and Action Network
- National Quality Forum – *High Impact Outcomes*
- National Academies of Medicine – *IOM Vital Signs Core Metrics*

Includes perspectives from experts and external stakeholders:

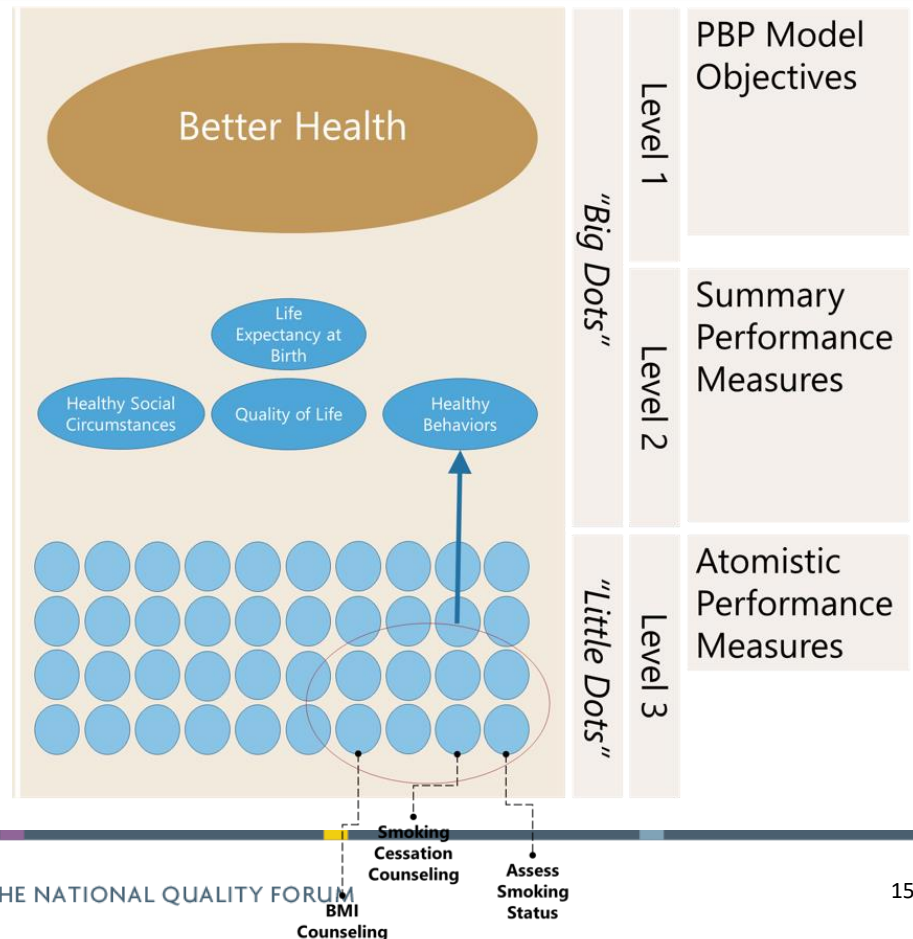
- Core Quality Measures Collaborative
- Agency for Healthcare Research and Quality
- Many other external stakeholders



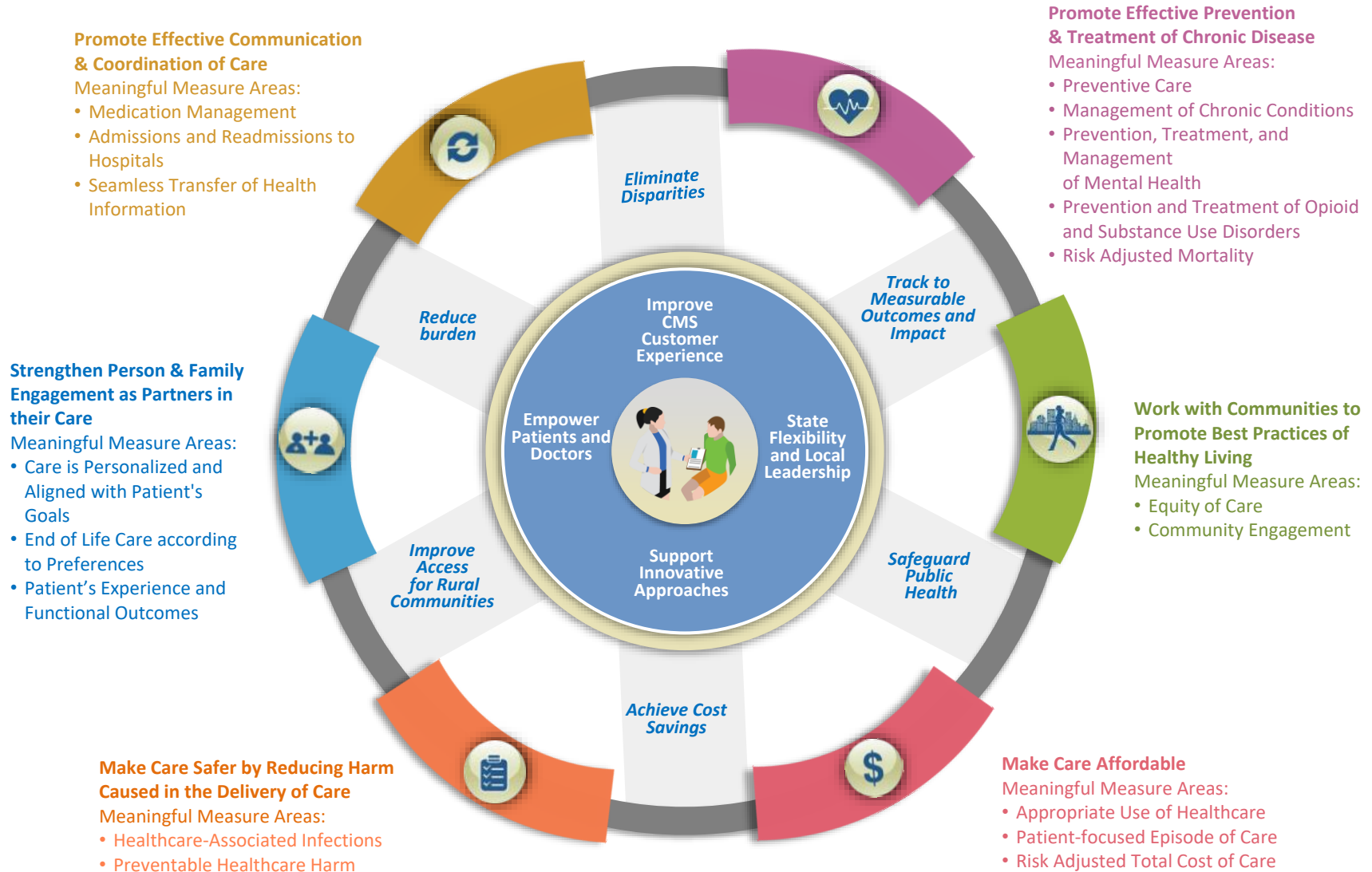
Use Meaningful Measures to Achieve Goals, while Minimizing Burden



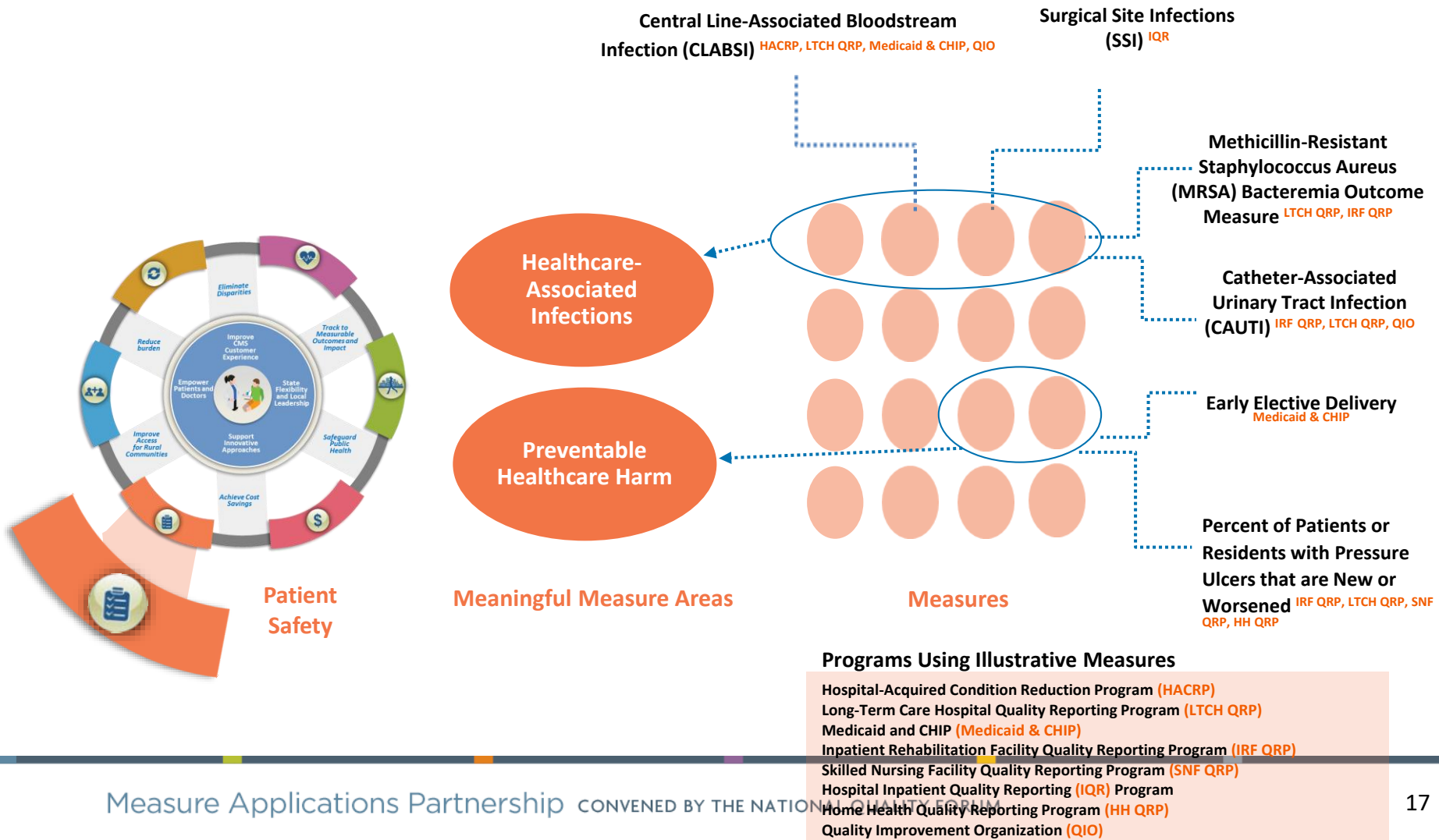
Drawing from the HCP LAN “Big Dot” Work



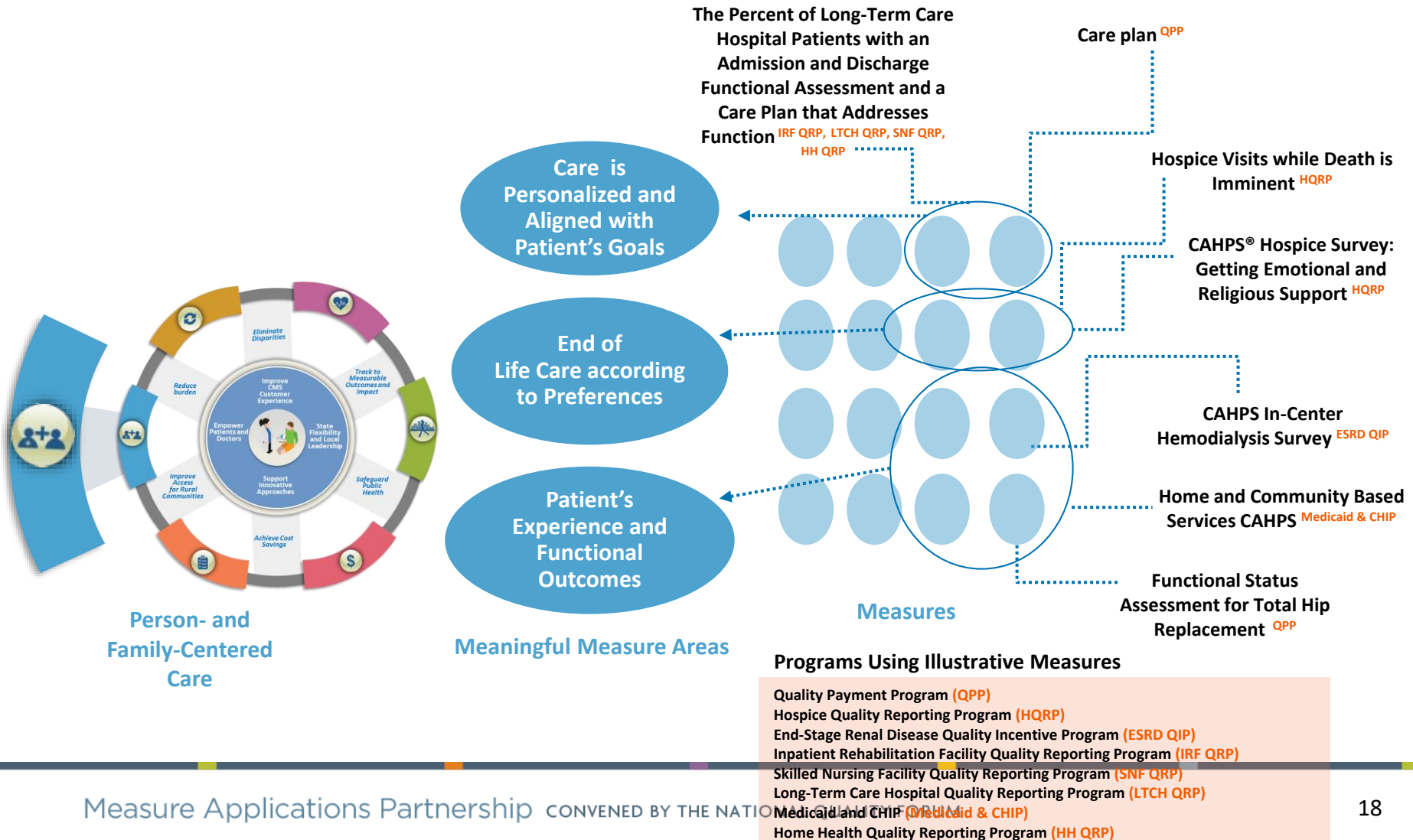
Meaningful Measures



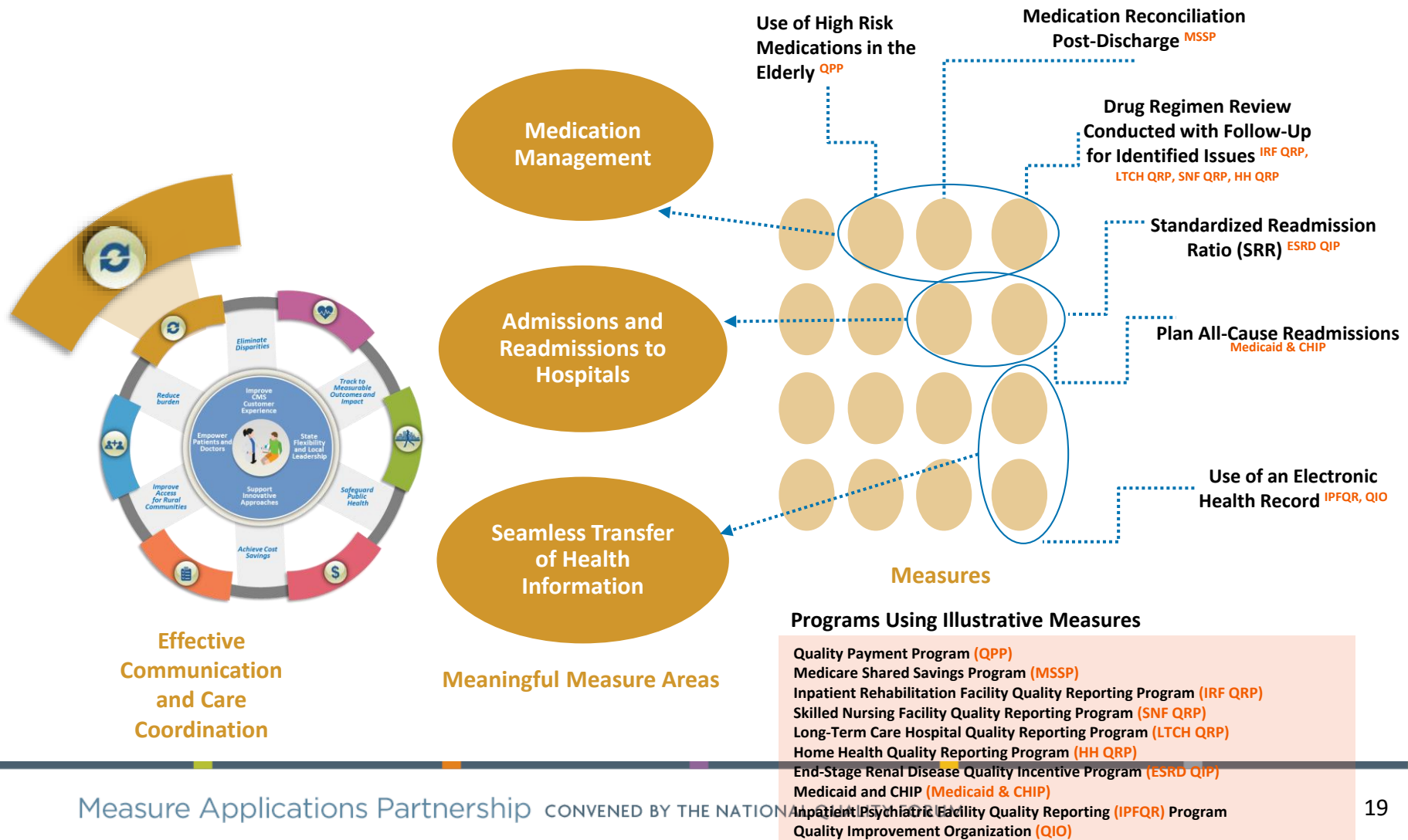
Make Care Safer by Reducing Harm Caused in the Delivery of Care



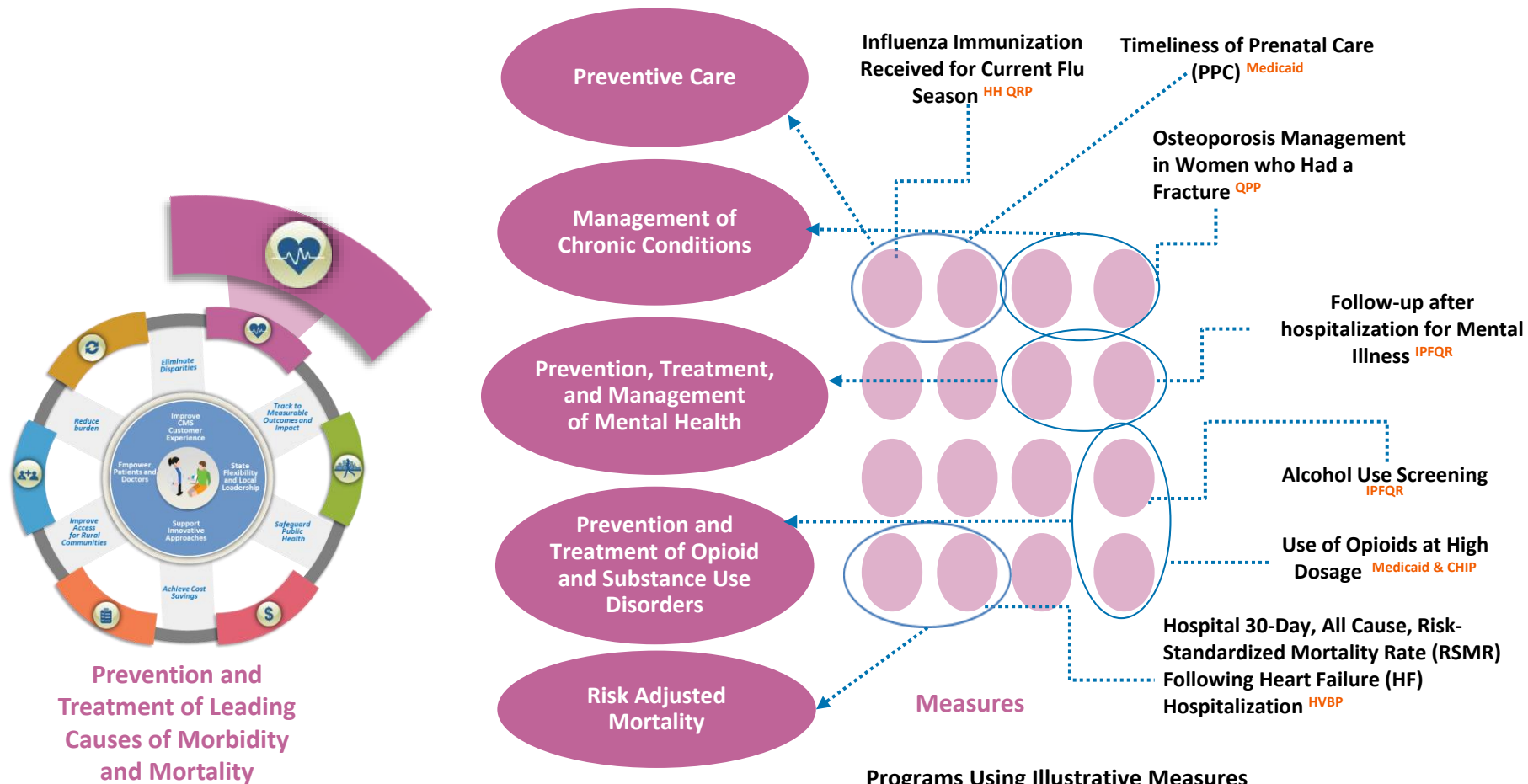
Strengthen Person & Family Engagement as Partners in their Care



Promote Effective Communication & Coordination of Care



Promote Effective Prevention & Treatment of Chronic Disease



Programs Using Illustrative Measures

Home Health Quality Reporting Program (**HH QRP**)
 Medicaid and CHIP (**Medicaid & CHIP**)
 Quality Payment Program (**QPP**)
 Inpatient Psychiatric Facility Quality Reporting (**IPFQR**) Program
 Hospital Value-Based Purchasing (**HVBP**) Program

Work with Communities to Promote Best Practices of Healthy Living

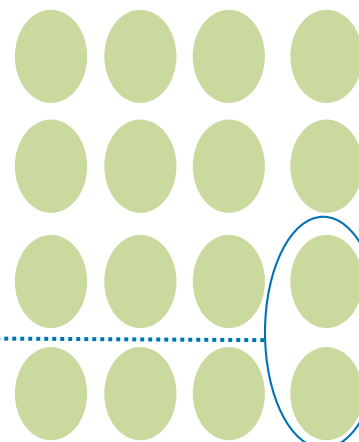


Health and Well-Being

Equity of Care

Community Engagement

Meaningful Measure Areas



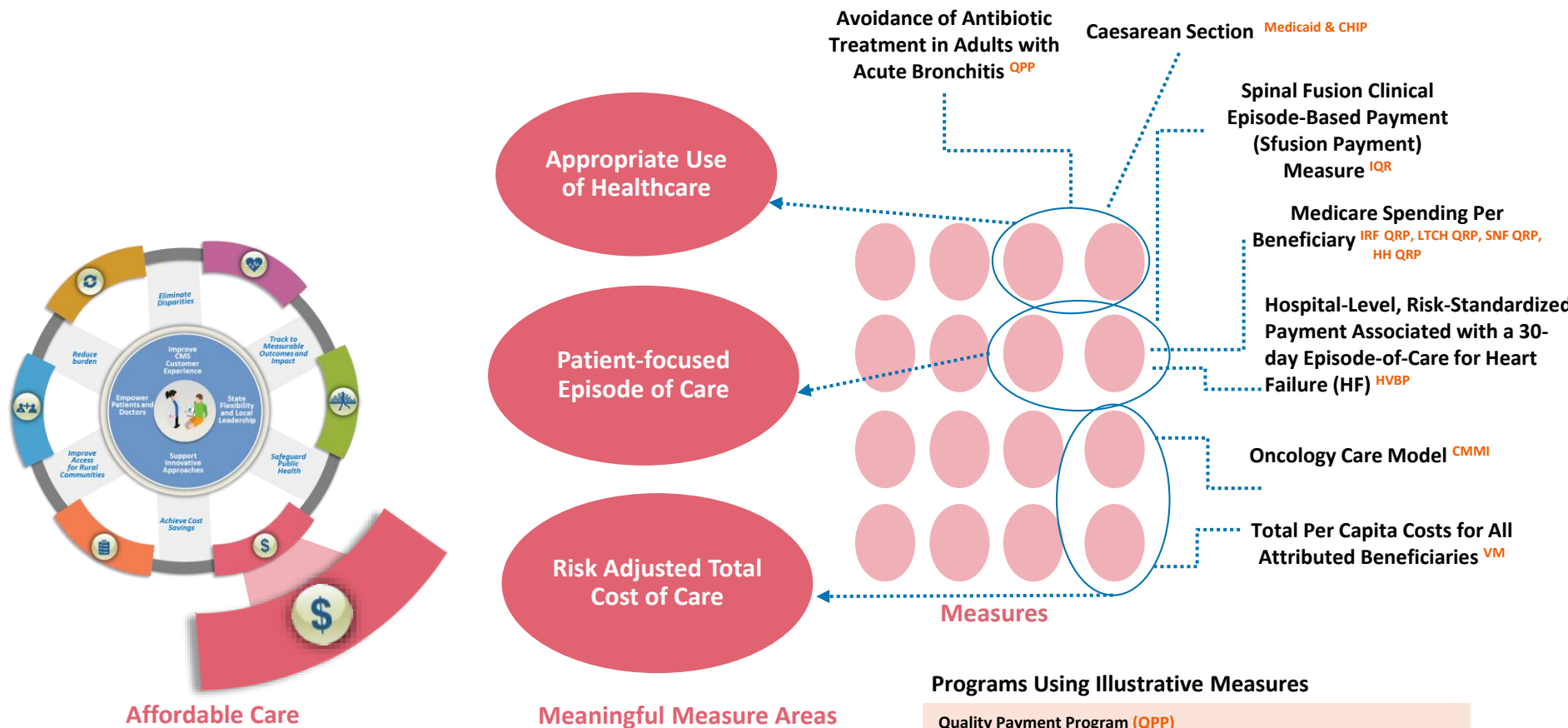
Measures

Discharge to Community-
Post Acute Care ^{HH QRP,}
^{LTCH QRP, IRF QRP, SNF QRP}

Programs Using Illustrative Measures

Home Health Quality Reporting Program (HH QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

Make Care Affordable



Programs Using Illustrative Measures

Quality Payment Program (**QPP**)
 Hospital Inpatient Quality Reporting (**IQR**) Program
 Hospital Value-Based Purchasing (**HVBP**) Program
 Center for Medicare and Medicaid Innovation (**CMMI**)
 Value Modifier (**VM**) Program
 Home Health Quality Reporting Program (**HH QRP**)
 Skilled Nursing Facility Quality Reporting Program (**SNF QRP**)
 Long-Term Care Hospital Quality Reporting Program (**LTCH QRP**)
 Inpatient Rehabilitation Facility Quality Reporting Program (**IRF QRP**)

Meaningful Measures Next Steps

- Get stakeholder input to further improve the Meaningful Measures framework
- Work across CMS components to implement the framework
- Evaluate current measure sets and inform measure development



Meaningful Measures Summary



Meaningful Measure Areas

Guiding CMS's efforts to achieve better health and healthcare for the patients and families we serve

Give us your feedback!

Pierre.Yong@cms.hhs.gov

Theodore.Long@cms.hhs.gov



Question & Answer

To ask a question, please dial:

1-877-388-2064



MAP Pre-Rulemaking Approach

Kate McQueston, Project Manager, NQF

Approach

The approach to the analysis and selection of measures is a three-step process:

- Provide program overview
- Review current measures
- Evaluate MUCs for what they would add to the program measure set

Evaluate Measures Under Consideration

- 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*

Preliminary Analysis of Measures Under Consideration

To facilitate MAP's consent calendar voting process, NQF staff will conduct 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 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

MAP Decision Categories

Decision Category	Evaluation Criteria
Support for Rulemaking	The measure is fully developed and tested in the setting where it will be applied and meets assessments 1-6 of the MAP Preliminary Analysis Algorithm. If the measure is in current use, it also meets assessment 7.
Conditional Support for Rulemaking	The measure is fully developed and tested and meets assessments 1-6. MAP will provide a rationale that outlines the conditions (e.g., NQF endorsement) based on assessments 4-7 (reference Table 2 below) that should be met. Ideally the conditions specified by MAP would be met before the measure is proposed for use. However, the Secretary retains policy discretion to propose the measure. CMS may address the MAP-specified conditions without resubmitting the measure to MAP prior to rulemaking.
Refine and Resubmit for Rulemaking	The measure meets assessments 1-3, but needs modifications. A designation of this decision category assumes at least one assessment 4-7 is not met. MAP will provide a rationale that outlines each suggested refinement (e.g., measure is not fully developed and tested OR there are opportunities for improvement under evaluation). Ideally the modifications suggested by MAP would be made before the measure is proposed for use. However, the Secretary retains policy discretion to propose the measure. CMS may address the MAP-specified refinements without resubmitting the measure to the MAP prior to rulemaking. CMS may informally, without deliberations and voting, review these refinements via the “feedback loop” with the MAP. These updates may occur during the web meetings of the MAP workgroups scheduled annually in the fall.
Do Not Support for Rulemaking	The measure under consideration does not meet one or more of assessments 1-3.

Guidance on Refine and Resubmit

- Concerns were raised about this category during the fall web meetings
- The Coordinating Committee created this category with the thought that MUCs receiving this designation would be brought back to MAP before implementation.
- HHS Secretary has statutory authority to propose measures after considering MAP's recommendations.
- The feedback loop was implemented to provide MAP members updates on measures on prior MUC lists.
- The Coordinating Committee will review the decision categories at their January meeting.

Guidance on Refine and Resubmit

- The Coordinating Committee discussed the concerns raised by the Workgroups during its 11/30 meeting
 - *Reiterated the intent of the decision was to support the concept of a measure but recognize a potentially significant issue that should be addressed before implementation*
- The Committee suggested this category should be used judiciously
 - *The Coordinating Committee recommended that the Workgroups use this decision when a measure needs a substantive change*
 - *The Committee also noted the need for Workgroups to clarify the suggested refinement to the measure*

MAP Voting Instructions

Key Voting Principles

- MAP has established a consensus threshold of greater than 60 percent of participants.
 - *Multiple stakeholder groups would need to agree to reach this threshold.*
 - *Abstentions do not count in the denominator.*
- Every measure under consideration receive a decision, either individually or as part of a slate of measures.
- Workgroups and will be expected to reach a decision on every measure under consideration. There will not be a category of “split decisions” that would mean the Coordinating Committee decides on that measure. However, the Coordinating Committee may decide to continue discussion on a particularly important matter of program policy or strategy.

Key Voting Principles

- Staff will provide an overview of the process for establishing consensus through voting at the start of each in-person meeting.
- After additional introductory presentations from staff and the chair to give context to each programmatic discussion, voting will begin.
- The in-person meeting Discussion Guide will organize content as follows:
 - *Measures under consideration will be divided into a series of related groups for the purposes of discussion and voting. The groups are likely to be organized around programs (Hospital and PAC/LTC) or condition categories (Clinician/Medicaid).*
- Each measure under consideration will have been subject to a preliminary staff analysis based on a decision algorithm approved by the Coordinating Committee.
 - *The discussion guide will note the result of the preliminary analysis (i.e., support, do not support, or conditional support, refine and resubmit) and provide rationale to support 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. Workgroup members are asked to identify any MUCs to be pulled off for individual discussion prior to the in-person meeting, if possible.
- Workgroup members should clarify if they are pulling a measure for discussion only or if they disagree with the preliminary analysis and would like to vote on a new motion.
- Measures pulled for discussion will focus on resolving clarifying questions.
 - *If during the course of discussion, a workgroup member determines the discussion has shown the need for a new vote a workgroup member can put forward a motion.*
- Measures pulled for a vote should meet one of the following criteria:
 - *Disagreement with the preliminary analysis*
 - *New information is available that would change the results of the algorithm*
- Once all measures that 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 vote will occur at this time)

Voting Procedure

Step 3. Discussion and Voting on Measures Identified for a New Motion

- Workgroup member(s) who identified the need for discussion describe their perspective on the use of the measure and how it differs from the preliminary recommendation in the discussion guide.
 - *If a motion is for conditional support or refine and resubmit the member making the making should clarify and announce the conditions or suggested refinements.*
- Workgroup member(s) assigned as lead discussant(s) for the relevant group of measures will be asked to 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.
- The co-chair will then open for discussion among the Workgroup. Other workgroup members should participate in the discussion to make their opinions known. However, one should refrain from repeating points already presented by others in the interest of time.
- After the discussion, the Workgroup member who made the motion has the option to withdraw the motion. Otherwise, the Workgroup will be asked to vote on the motion.
 - *If the motion is for conditional support or refine and resubmit the chair can accept additional conditions or suggested refinement based on the Workgroup's discussion.*
 - *If the named conditions or refinements directly contradict each other, the chair should ask for a separate motion after the original motion has been subject to a vote.*

Voting Procedure

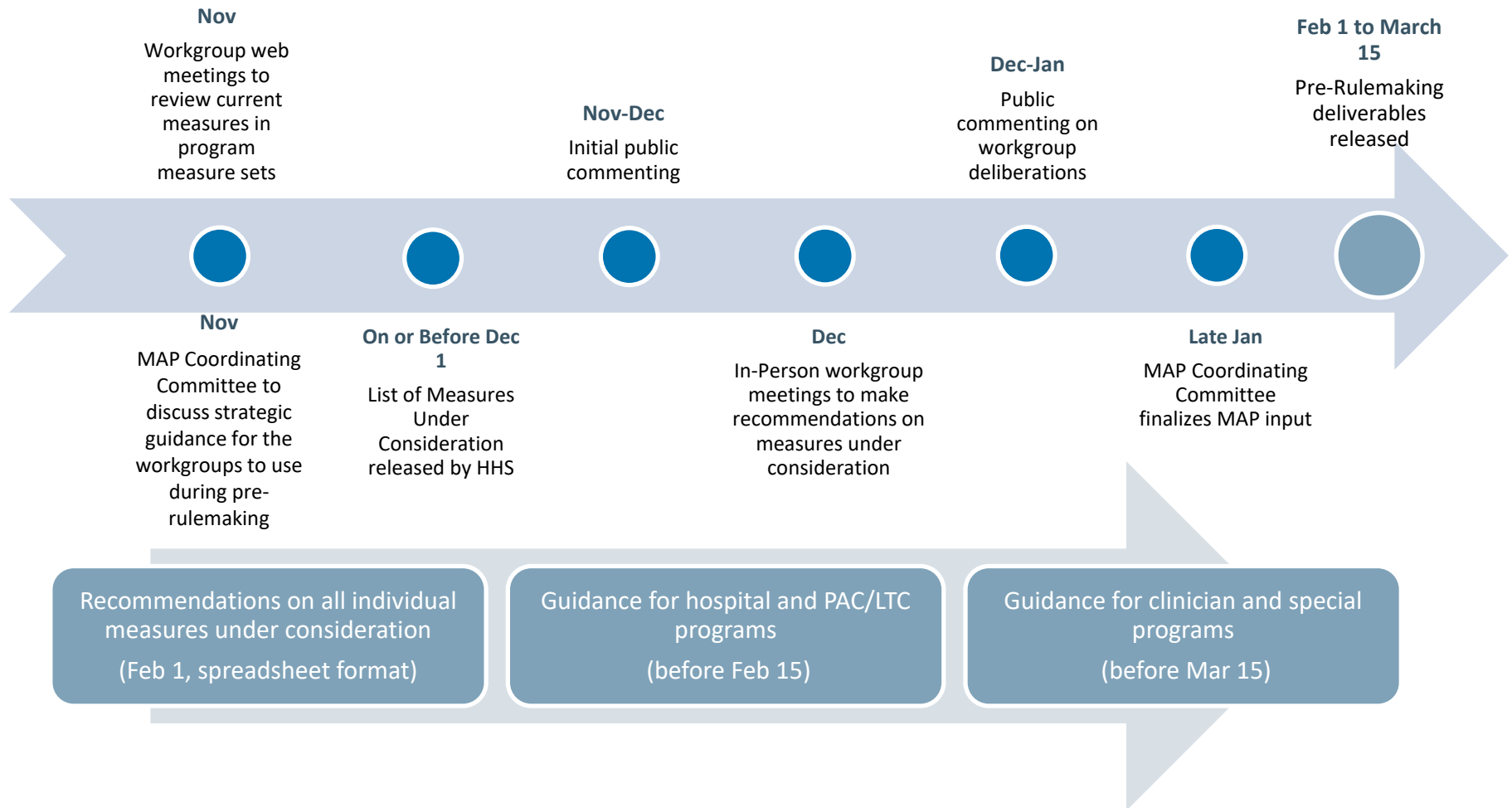
Step 4: Tallying the Votes

- If the motion put forward by the workgroup member receives greater than 60% of the votes, the motion will pass and the measure will receive that decision.
- If the motion does not receive greater than 60% of the votes, the co-Chairs will resume discussion to develop another motion. After the conclusion of discussion, the co-Chairs will put forward another motion. If that motion receives greater than 60% of the votes, the motion will pass. If not, discussion will resume.
- If a no motion put forward by the Workgroup achieves greater than 60% the preliminary analysis decision will stand.
- Abstentions are discouraged but will not count in the denominator

Commenting Guidelines

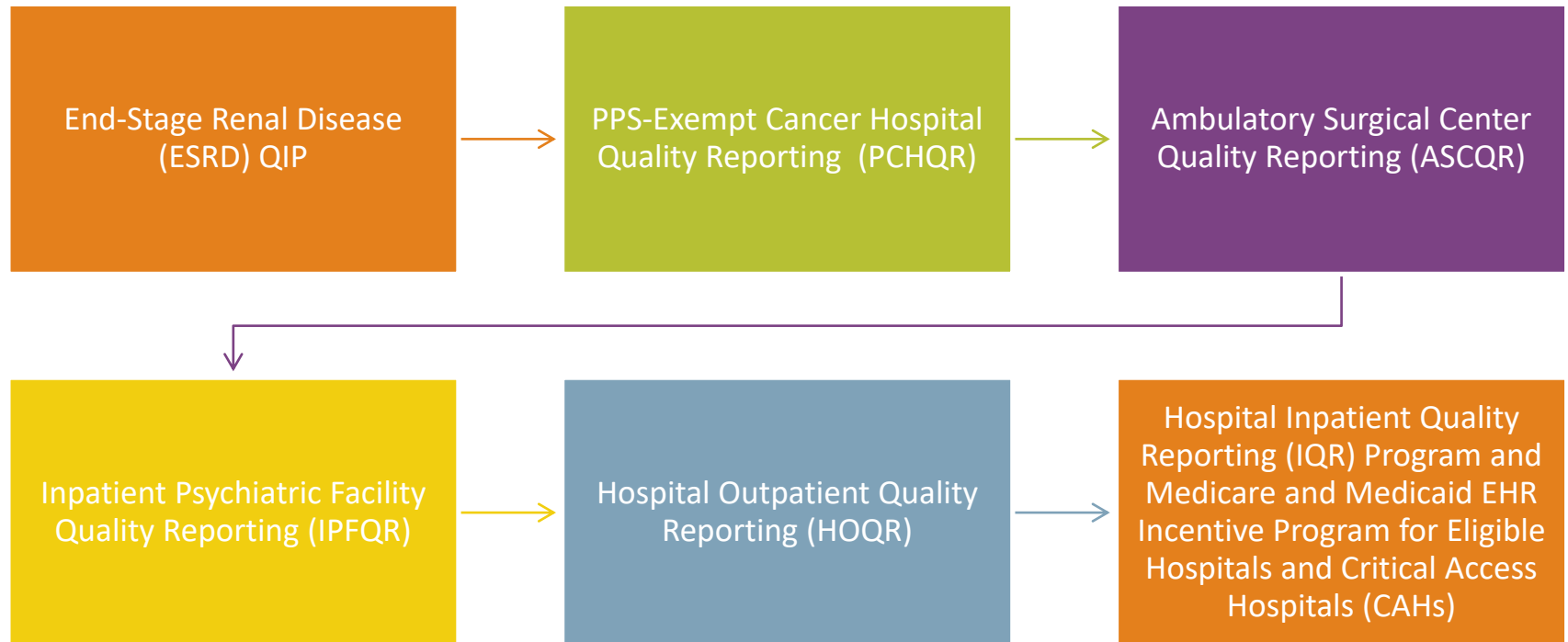
- Comments from the early public comment period have been incorporated into the discussion guide
- There will be an opportunity for public comment before the discussion on each program.
 - *Commenters are asked to limit their comments to that program and limit comments to **two minutes**.*
 - *Commenters are asked to make any comments on MUCs or opportunities to improve the current measure set at this time*
- There will be a global public comment period at the end of each day.
- Public comment on the Workgroup recommendations will run from December 21st 2016—January 11th, 2017.
 - *These comments will be considered by the MAP Coordinating Committee and submitted to CMS.*

MAP Approach to Pre-Rulemaking: A look at what to expect



Pre-Rulemaking Input

MAP Hospital Workgroup Charge: Programs to be Discussed During Today's Meeting



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

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

- **Program Type:**

- Pay for performance and 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.

High Priority Domains for ESRD

CMS identified the following domains as high-priority for future measure consideration:

Care Coordination

Safety

Patient- and
Caregiver-Centered
Experience of Care

Access to
Transplantation

Source: Center for Clinical Standards and Quality. 2017 Measures under Consideration List. Program Specific Measure Priorities and Needs.
Baltimore, MD: Centers for Medicare & Medicaid Services (CMS); 2017.

ESRD QIP: Current Program Measure Information

★ New for 2021

Type	NQF ID	Measure Title	NQF Status
Process	0255	Serum Phosphorus Reporting Measure	Endorsed
Outcome	1454	Proportion of Patients with Hypercalcemia	Endorsed
Outcome	Based on NQF 1460	National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Patients	Endorsed
Outcome	1463	Standardized Hospitalization Ratio (SHR) Clinical Measure	Endorsed
Outcome	2496	Standardized Readmission Ratio (SRR) for dialysis facilities	Endorsed
Outcome	2978 ★	Hemodialysis Vascular Access: Long Term Catheter Rate Clinical Measure	Endorsed
Outcome	2977 ★	Hemodialysis Vascular Access: Standardized Fistula Rate Clinical Measure	Endorsed
Outcome	0258	CAHPS In-Center Hemodialysis Survey	Endorsed
Outcome	2979	Anemia of chronic kidney disease: Dialysis facility standardized transfusion ratio (STrR)	Endorsed
Process	Based on NQF 0431	NHSN Healthcare Personnel Influenza Vaccination Reporting Measure	Not Endorsed
Process	Based on NQF 0418	Clinical Depression Screening and Follow-Up Reporting Measure	Not Endorsed
Outcome	Based on NQF 0420	Kt/V Dialysis Adequacy Comprehensive Clinical Measure	Not Endorsed
Process	N/A	Pain Assessment and Follow-up Reporting Measure	Not Endorsed
Structural	N/A	National Healthcare Safety Network (NHSN) Dialysis Event Reporting Measure	Not Endorsed
Process	N/A	Ultrafiltration Reporting Measure	Not Endorsed
Outcome	N/A	Anemia Management Reporting Measure	Not Endorsed

Public Comment

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

■ Consent Calendar 1:

- *MUC17-176: Medication Reconciliation for Patients Receiving Care at Dialysis Facilities*
- *MUC17-241: Percentage of Prevalent Patients Waitlisted (PPPW)*
- *MUC17-245: Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR)*

PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR)

PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR)

- **Program Type:**

- Quality Reporting Program

- **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








PCHQR : Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Outcome	0166	HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey	Endorsed
Outcome	0138	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection(CAUTI) Outcome Measure	Endorsed
Outcome	0139	National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	Endorsed
Outcome	0753	American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	Endorsed
Outcome	1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed
Outcome	1716	National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Endorsed
Outcome	2936	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy1	Failed Endorsement
Process	0384	Oncology: Medical and Radiation - Pain Intensity Quantified	Endorsed
Process	0383	Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology	Endorsed
Process	0382	Oncology: Radiation Dose Limits to Normal Tissues2	Endorsed
Process	0390	Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients	Endorsed
Process	0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Endorsed
Process	1822	External Beam Radiotherapy for Bone Metastases	Endorsed
Process	0431	Influenza Vaccination Coverage among Healthcare Personnel	Endorsed
Intermediate Outcome	0216	Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days	Endorsed

PCHQR : Current Program Measure Information

 New for 2022

 Removed

Type	NQF ID	Measure Title	NQF Status
Intermediate Outcome	0210 	Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life	Endorsed
Intermediate Outcome	0213 	Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life	Endorsed
Intermediate Outcome	0215 	Proportion of Patients Who Died from Cancer Not Admitted to Hospice	Endorsed
Intermediate Outcome	0216 	Proportion of patients who died from cancer admitted to hospice for less than 3 days	Endorsed
Process	0559 	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB - III hormone receptor negative breast cancer	Endorsed
Process	0220 	Adjuvant Hormonal Therapy	Endorsed
Process	0223 	Adjuvant Chemotherapy is Considered or Administered Within 4 Months (120 days) of Diagnosis to Patients Under the Age of 80 with AJCC III (lymph node positive) Colon Cancer	Endorsed

High Priority Domains for Cancer Hospitals

CMS identified the following categories as high-priority for future measure consideration:

Communication
and Care
Coordination

Making Care
Affordable

Person and
Family
Engagement

Hospital MAP 2016-2017 Identified Gaps:

Global
Harm

Informed
Consent

Source: Center for Clinical Standards and Quality. 2016 Measures under Consideration List. Program Specific Measure Priorities and Needs. Baltimore, MD: Centers for Medicare & Medicaid Services (CMS); 2016.

Public Comment

PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR)

- **Consent Calendar 2:**

- *MUC17-178: 30-Day Unplanned Readmissions for Cancer Patients*

Ambulatory Surgical Center Quality Reporting Program (ASCQR)

Ambulatory Surgical Center Quality Reporting Program (ASCQR)

- **Program Type:**

- Pay for reporting and public reporting

- **Incentive Structure:**

- Ambulatory surgical centers (ASCs) that do not participate or fail to meet program requirements receive 2.0 % reduction in annual payment update

- **Program Goals:**

- Promote higher quality, more efficient health care for Medicare beneficiaries through measurement
- Allow consumers to find and compare the quality of care given at ASCs to inform decisions on where to get care

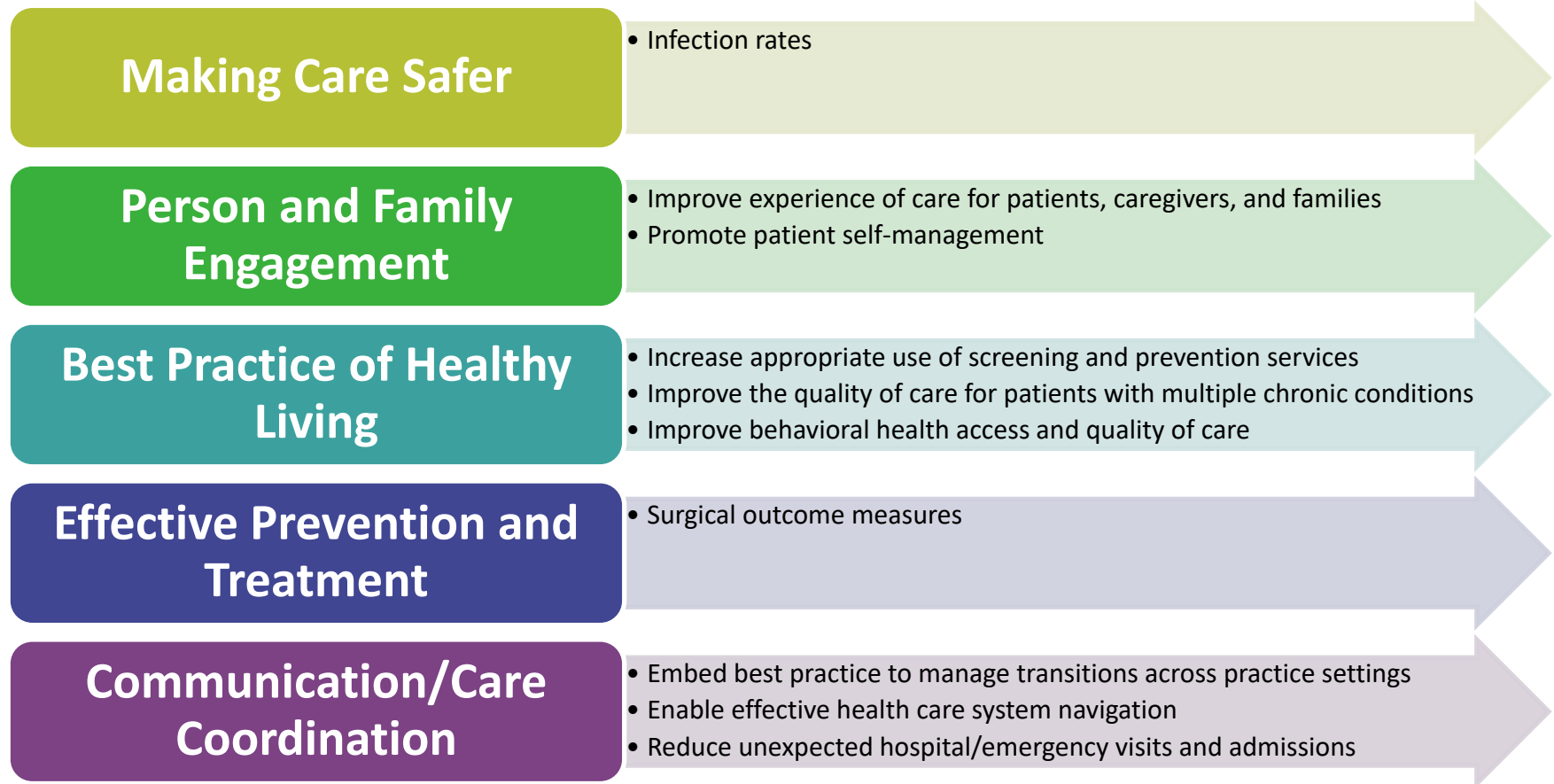
- ★ Delayed (Now added CY 2020)
- ★ Proposed (CY 2021)
- ★ Proposed (CY 2022)
- ★ Removed (CY 2019)

ASCQR :Current Measure Set

Type	NQF #	Measure Title	NQF Status
Outcome	0263	ASC-1: Patient Burn	Endorsed
Process	0659	ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	Endorsed
Outcome	1536	ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Endorsed
Outcome	2539	ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Endorsed
Outcome	N/A	ASC-13: Normothermia Outcome.	Not Endorsed
Outcome	N/A	ASC-14: Unplanned Anterior Vitrectomy.	Not Endorsed
Outcome	0266	ASC-2: Patient Fall	Endorsed
Outcome	0267	ASC-3:Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Endorsed
Structural	0265	ASC-4: All-Cause Hospital Transfer/ Admission	Endorsed
Process	0431	ASC-8: Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed
Process	0658	ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Endorsed
Outcome	N/A	★ ASC-15: Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey-based Measures (ASC-15a-e)	Not Endorsed
Outcome	N/A	★ ASC-16: Toxic Anterior Segment Syndrome	Not Endorsed
Intermediate Outcome	N/A	★ ASC-17: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures	Not Endorsed
Intermediate Outcome	N/A	★ ASC-18: Hospital Visits after Urology Ambulatory Surgical Center Procedures	Not Endorsed
Process	0264	★ ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing	Endorsement Removed
Process	N/A	★ ASC-6: Safe Surgery Checklist Use	Not Endorsed
Structural	N/A	★ ASC-7: Facility Volume Data on Selected ASC Surgical Procedures	Not Endorsed

High Priority Domains for ASCQR

CMS High Priority Domains for Future Measure Consideration



Public Comment

Ambulatory Surgical Center Quality Reporting Program (ASCQR)

- **Consent Calendar 3:**

- MUC17-233: Hospital Visits following General Surgery Ambulatory Surgical Center Procedures

Hospital Outpatient Quality Reporting Program (HOQR)

Hospital Outpatient Quality Reporting Program (HOQR)

- **Program Type:**

- Pay for reporting and public reporting

- **Incentive Structure:**

- Hospitals that do not report data on required measures receive a 2.0% reduction in annual payment update

- **Program Goals:**

- Provide consumers with quality of care information to make more informed decisions about health care options
- Establish a system for collecting and providing quality data to hospitals providing outpatient services such as emergency department visits, outpatient surgery and radiology services

HOQR: Current Program Measure Set

Type	NQF #	Measure Title	NQF Status
Process	0498	Door to Diagnostic Evaluation by a Qualified Medical Professional	Endorsement Removed
Process	0662	Median Time to Pain Management for Long Bone Fracture	Endorsed
Process	0496	Median time from ED Arrival to ED Departure for Discharged ED Patients	Endorsed
Structural	0499	Left Without Being Seen	Endorsement Removed
Efficiency	0289	Median Time to ECG	Endorsement Removed
Process	0287	Median Time to Fibrinolysis	Endorsement Removed
Process	0288	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	Endorsement Removed
Process	0290	Median Time to Transfer to Another Facility for Acute Coronary Intervention	Endorsed
Process	0286	Aspirin at Arrival	Endorsement Removed
Process	0661	ED- Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 Minutes of Arrival	Endorsed
Efficiency	N/A	Mammography Follow-Up Rates	Not Endorsed
Efficiency	0513	Thorax CT- Use of Contrast Material	Endorsed
Efficiency	N/A	Abdomen CT - Use of Contrast Material	Not Endorsed
Efficiency	N/A	Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT)	Not Endorsed
Efficiency	0669	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	Endorsed
Outcome	0514	MRI Lumbar Spine for Low Back Pain	Endorsement Removed
Process	1822	External Beam Radiotherapy for Bone Metastases	Endorsed
Process	0658	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Endorsed
Process	0659	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	Endorsed
Outcome	2539	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Endorsed
Structural	N/A	Safe Surgery Checklist Use	Not Endorsed
Structural	N/A	Hospital Outpatient Department Volume on Selected Outpatient Surgical Procedures	Not Endorsed
Outcome	1536	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Endorsed
Structural	0489	The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data Elements	Endorsement Removed
Structural	N/A	Tracking Clinical Results between Visits	Not Endorsed
Process	0431	Influenza Vaccination Coverage among Healthcare Personnel	Endorsed

High Priority Domains for HOQR

CMS High Priority Domains for Future Measure Consideration:

Making Care Safer

- Processes/outcomes designed to reduce risk in the delivery of health care (ED overcrowding/wait times)

Best Practices of Healthy Living

- Primary prevention of disease
- General screening for early detection of disease unrelated to a current or prior condition

Patient and Family Engagement

- Patient and family engagement in care
- Patient decision-making that reflects cultural sensitivity and patient preferences

Communication/Care Coordination

- Embed best practices to manage transitions across practice settings
- Enable effective health care system navigation
- Reduce unexpected hospital admissions and emergency room visits

Public Comment

Hospital Outpatient Quality Reporting Program (HOQR)

- **Consent Calendar 4:**

- ▣ MUC17-223: Lumbar Spine Imaging for Low Back Pain

Lunch

Hospital Inpatient Quality Reporting Program (IQR) and Medicare and Medicaid EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals (CAHs)

IQR - EHR Incentive Program

- **Program Type:**

- Pay for reporting and public reporting

- **Incentive Structure:**

- Hospitals that do not participate or meet program requirements receive a $\frac{1}{4}$ reduction of the annual payment update

- **Program Goals:**

- Progress towards paying providers based on the quality, rather than the quantity of care they give patients
- Interoperability between EHRs and CMS data collection
- To provide consumers information about hospital quality so they can make informed choices about their care

IQR –EHR Incentive Program Current Measure Set

Type	NQF #	Measure Title	NQF Status
Claims-based Outcome	0230	Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed
Claims-based Outcome	2558	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) surgery	Endorsed
Claims-based Outcome	1893	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Endorsed
Claims-based Outcome	0229	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) hospitalization.	Endorsed
Claims-based Outcome	0468	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization	Endorsed
Claims-based Outcome	N/A	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke	Not Endorsed
Claims-based Outcome	0505	Hospital 30-Day All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed
Claims-based Outcome	2515	Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery	Endorsed
Claims-based Outcome	1891	Hospital-Level, 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Endorsed
Claims-based Outcome	0330	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization.	Endorsed
Claims-based Outcome	01789	Hospital-Wide All-Cause, Unplanned Readmission Measure (HWR)	Endorsed
Claims-based Outcome	0506	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization.	Endorsed
Claims-based Outcome	N/A	30-Day Risk-Standardized Readmission Rate Following Stroke Hospitalization	Not Endorsed
Claims-based Outcome	1551	Hospital-level 30 day, all-cause, risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	Endorsed
Claims-based Outcome	2881	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	Endorsed
Claims-based Outcome	2880	Excess Days in Acute Care after Hospitalization for Heart Failure	Endorsed
Claims-based Outcome	2882	Excess Days in Acute Care after Hospitalization for Pneumonia	Endorsed
Claims-based Outcome	1550	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA).	Endorsed
Claims-based Outcome	0351	Death among Surgical Inpatients with Serious, Treatable Complications	Endorsed
Claims-based Outcome	0531	Patient Safety for Selected Indicators, Modified PSI 90 (Updated Title: Patient Safety and Adverse Events Composite)	Endorsed

IQR –EHR Incentive Program Current Measure Set

Type	NQF #	Measure Title	NQF Status
Cost/Resource Use	2431	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)	Endorsed
Cost/Resource Use	2436	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF)	Endorsed
Cost/Resource Use	2579	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode -of Care for Pneumonia	Endorsed
Cost/Resource Use	2158	Payment-Standardized Medicare Spending Per Beneficiary (MSPB)	Endorsed
Cost/Resource Use	N/A	Hospital-Level, Risk-Standardized Payment Associated with a 90-Day Episode -of Care for Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)	Not Endorsed
Cost/Resource Use	N/A	Cellulitis Clinical Episode-Based Payment Measure	Not Endorsed
Cost/Resource Use	N/A	Gastrointestinal (GI) Hemorrhage Clinical Episode-Based Payment Measure	Not Endorsed
Cost/Resource Use	N/A	Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure	Not Endorsed
Cost/Resource Use	N/A	Aortic Aneurysm Procedure clinical episode-based payment (AA Payment) Measure	Not Endorsed
Cost/Resource Use	N/A	Cholecystectomy and Common Duct Exploration Clinical Episode-Based Payment Measure	Not Endorsed
Cost/Resource Use	N/A	Spinal Fusion Clinical Episode-Based Payment Measure	Not Endorsed

*Both chart-abstracted and eCQM.

IQR –EHR Incentive Program Current Measure Set

Type	NQF #	Measure Title	NQF Status
eCQM Outcome	0495	Median Time from ED Arrival to ED Departure for Admitted ED Patients*	Endorsed
eCQM Process	0497	Admit Decision Time to ED Departure Time for Admitted Patients*	Endorsed
eCQM Process	0163/3048	Primary PCI Received within 90 minutes of hospital arrival	Endorsement Removed
eCQM Process	0338	Home Management Plan of Care Document Given to Patient/Caregiver	Endorsement Removed
eCQM Process	1354	Hearing screening before hospital discharge	Endorsed
eCQM Process	0469	Elective Delivery*	Endorsed
eCQM Process	0480	Exclusive Breast Milk Feeding and the subset measure PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice	Endorsed
eCQM Process	0435/3042	Discharged on Antithrombotic Therapy	Endorsed-Reserve
eCQM Process	0436/3043	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Endorsed-Reserve
eCQM Process	0438/3045	Antithrombotic Therapy by the End of Hospital Day Two	Endorsed-Reserve
eCQM Process	0439	Discharged on Statin Medication	Endorsed
eCQM Process	0440	Stroke Education	Endorsement Removed
eCQM Process	0441	Assessed for Rehabilitation	Endorsed-Reserve
eCQM Process	0371	Venous Thromboembolism Prophylaxis	Endorsed
eCQM Process	0372/2933	Intensive Care Unit Venous Thromboembolism Prophylaxis	Endorsed

*Both chart-abstracted and eCQM.

IQR –EHR Incentive Program Current Measure Set

Type	NQF #	Measure Title	NQF Status
Chart-abstracted Composite	0500	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	Endorsed
Chart-abstracted Outcome	0495	Median Time from ED Arrival to ED Departure for Admitted ED Patients*	Endorsed
Chart-abstracted Outcome	0376	Incidence of Potentially Preventable Venous Thromboembolism	Endorsement Removed
Chart-abstracted Process	0497	Admit Decision Time to ED Departure Time for Admitted Patients*	Endorsed
Chart-abstracted Process	1659	Influenza immunization	Endorsed
Chart-abstracted Process	0469	Elective Delivery	Endorsed
Outcome	2879	★ Hybrid Hospital-Wide Readmission Measure with Claims and Electronic Health Record Data	Endorsed
Patient Survey	0166	★ HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey	Endorsed
Patient Survey	0228	3-Item Care Transitions Measure (CTM-3)	Endorsed
Process	0431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed
Structural	N/A	Hospital Survey on Patient Safety Culture	Not Endorsed
Structural	N/A	Safe Surgery Checklist Use	Not Endorsed
NHSN Outcome	0138	NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	Endorsed
NHSN Outcome	1717	NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed
NHSN Outcome	0139	NHSN Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	Endorsed
NHSN Outcome	0753	ACS-CDC Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	Endorsed
NHSN Outcome	1716	NHSN Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Endorsed

★ Voluntary CY 2018

★ Adopting 3 measures pain communication beginning FY2020

*Both chart-abstracted and eCQM.

High Priority Domains for IQR – EHR Incentive Program

Patient and Family Engagement

- Measures that foster the engagement of patients and families as partners in their care.

Best Practices of Healthy Living:

- Measures that promote best practices to enable healthy living.

Making Care Affordable:

- Measures that effectuate changes in efficiency and reward value over volume.

Overview of Hospital-Acquired Condition (HAC) Reduction Program and Discussion of Future Measures

Future Measure Considerations for the Hospital-Acquired Condition Reduction Program

**Measure Applications Partnership
Hospital Workgroup In-Person Meeting
December 14, 2017**

Reena Duseja, MD, MS; Director, Division of Quality Measurement

Joseph Clift, EdD, MPH, MS, PMP; Healthcare Analyst & HAC Reduction Program Measures Lead

Brief Overview of Hospital-Acquired Condition (HAC) Reduction Program

- The HAC Reduction Program is a pay-for-performance program established under Section 3008 of the Affordable Care Act (ACA).
- CMS adjusts Medicare payments for hospitals that rank in the worst-performing 25 percent of all subsection (d) hospitals on key quality measures.
- Payment adjustments started with Federal Fiscal Year (FY) 2015 discharges (i.e., beginning on October 1, 2014). CMS reduces these hospitals' payments by 1 percent.
- Section 1886(p)(6)(B) of the ACA requires the Secretary of Health and Human Services to ensure eligible hospitals can review, and submit corrections for, their HAC-related data before public reporting.

HAC Reduction Program Measures

- Currently six measures in the program across two domains
- Domain 1 – Recalibrated PSI-90
 - *Updated in 2015 and re-endorsed by NQF.*
 - *Includes three additional indicators and removed catheter-related blood stream infection because of overlap with National Healthcare Safety Network (NHSN) measure.*
 - *Includes harm-based weighting in addition to risk adjustment.*
- Domain 2 – Healthcare-Associated Infection Measures
 - *Five CDC NHSN measures: CLABSI, CAUTI, MRSA, C. diff., and SSI (colon and abdominal hysterectomy).*
 - *Recently re-baselined using 2015 data.*

Measures for Future Consideration

- CMS is moving toward meaningful outcome measures for its programs including the HAC Reduction Program.
 - *e.g., measures that address high impact areas, outcome-based, meaningful to patients and providers, low burden*
- CMS has sought comment in past rules for potential measure topics including falls with injury, glycemic events, adverse drug events (ADEs), and ventilator associated events (VAEs).

MAP Discussion

- Are there other measures that you think are meaningful and should be considered for HAC Reduction Program?
 - *Measures that are low burden and address gaps in quality?*
 - *Potential use of the eCQM opioid harm measure in the Hospital Inpatient Quality Reporting Program?*
 - » What are your thoughts about this type of measure in the HAC Reduction Program?

Public Comment

IQR - EHR Incentive Program

■ **Consent Calendar 5:**

- *MUC17-210: Hospital Harm Performance Measure: Opioid Related Adverse Respiratory Events*
- *MUC17-195: Hospital-Wide All-Cause Risk Standardized Mortality Measure*
- *MUC17-196: Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure*

Input on Measure Removal Criteria

Workgroup Discussion

- What criteria should CMS consider as it reviews the measure sets for its quality reporting and value-based purchasing programs?

Considerations for Measure Removals

- **Meaningful to patients and providers**
 - *Patient-centered high priority quality measures current with clinical guidelines. May also need to meet specific statutory requirements.*
- **Measure Type**
 - *Outcome measures are preferred.*
- **Variation in performance**
 - *Measure should demonstrate variation in performance.*
- **Burden**
 - *Consider amount of burden associated with the measure.*

CMS Criteria for Measure Removals

- **Unintended consequences**
 - *Consider unintended consequences from use of the measure.*
- **Operational issues**
 - *Consider operational issues that may impact the measure.*
- **Alignment**
 - *Consider alignment of similar measures with private payers, and across and within CMS programs while minimizing unnecessary duplication of measures and measure concepts.*

Public Comment

MAP Rural Health Introduction and Presentation

2015 Rural Project: Purpose and Objectives

- To provide multistakeholder information and guidance on performance measurement issues and challenges for rural providers
 - *Make recommendations regarding measures appropriate for use in CMS pay-for-performance programs for rural hospitals and clinicians*
 - *Make recommendations to help mitigate measurement challenges for rural providers, including the low-case volume challenge*
 - *Identify measurement gaps for rural hospitals and clinicians*

Key Issues Regarding Measurement of Rural Providers

- Geographic isolation
- Small practice size
- Heterogeneity
- Low case-volume

Previous Rural Work: Overarching Recommendation

- Make participation in CMS quality measurement and quality improvement programs **mandatory** for all rural providers, but allow a **phased approach** for full participation across program types and explicitly address **low-case volume**

Previous Rural Work: Supporting Recommendations for Measure selection

- Use guiding principles for selecting quality measures that are relevant for rural providers
- Use a core set of measures, along with a menu of optional measures, for rural providers
- Consider measures that are used in Patient-Centered Medical Home models
- Create a Measures Applications Partnership (MAP) workgroup to advise CMS on the selection of rural-relevant measures

Objectives for 2017-2018 MAP Rural Health Workgroup

- Advise MAP on selecting performance measures that address the unique challenges, issues, health care needs and other factors that impact of rural residents
 - *Develop a set of criteria for selecting measures and measure concepts*
 - *Identify a core set(s) of the best available (i.e., “rural relevant”) measures to address the needs of the rural population*
 - *Identify rural-relevant gaps in measurement*
 - *Provide recommendations regarding alignment and coordination of measurements efforts across programs, care settings, specialties, and sectors (both public and private)*
 - *Address a measurement topic relevant to vulnerable individuals in rural areas*

Interaction With Other MAP Workgroups and Coordinating Committee

- NQF staff will introduce the Rural Workgroup and represent rural perspective at Nov-Dec 2017 Workgroup and Coordinating Committee meetings
- The MAP Coordinating Committee will consider input from the MAP Rural Health Workgroup during pre-rulemaking activities
- MAP Coordinating Committee will review and approve the Rural Health Workgroup's recommendations before finalizing (August 2018)

Progress to date

- Seated the Workgroup
 - *18 organizational members*
 - *7 subject matter experts*
 - *3 federal liaisons*
- Convened orientation meeting on November 29
- Obtained initial guidance on criteria for identifying core set measures
 - *NQF endorsement*
 - *Addresses low case volume*
 - *Cross-cutting*
 - *Several “must-have” topic areas/conditions*

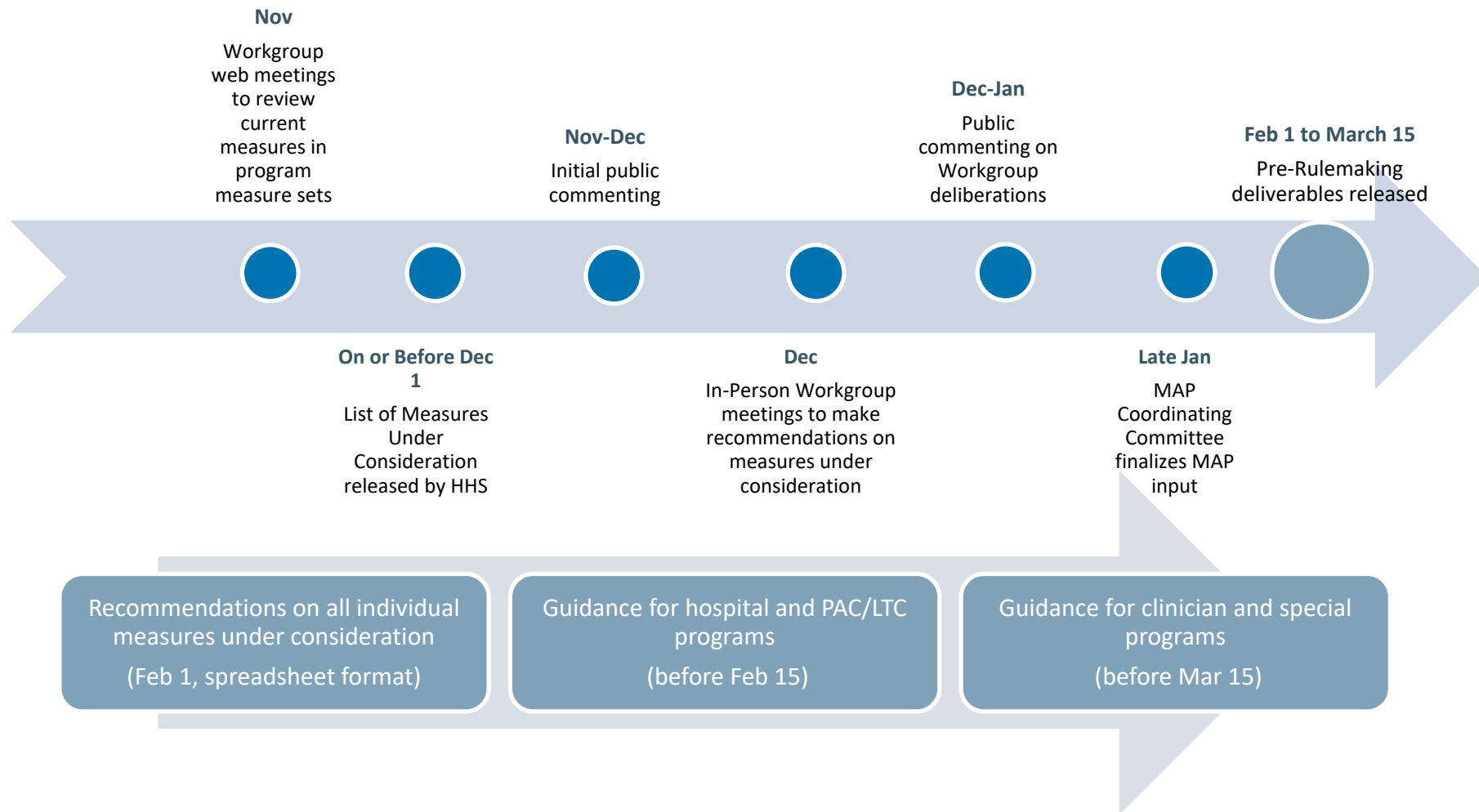
Discussion Questions: Your Advice to the Rural Health MAP Workgroup

- What are the key issues measurement for hospital programs that you want to RH WG to keep in mind?
- Does the initial guidance from the RH WG concerning core measures (e.g., cross-cutting, etc.) ring true? Any concerns? Any additions?
- Going forward, what information/guidance/input from the RH WG be helpful to your work on MAP?
- What advice can you give this new WG vis-à-vis serving on a MAP Workgroup?

Summary of Day and Next Steps

MAP Approach to Pre-Rulemaking

A look at what to expect



Next Steps: Upcoming Activities

In-Person Meetings

- Clinician Workgroup – **December 12**
- PAC/LTC Workgroup – **December 13**
- Hospital Workgroup – **December 14**
- Coordinating Committee – **January 25-26**

Public Comment Period #2: December 21st 2016—January 11th, 2017

Adjourn