Measure Applications Partnership (MAP)

Hospital Workgroup In-Person Meeting

December 4, 2019

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

Agenda

- Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives
- CMS Opening Remarks and Meaningful Measures Update
- Overview of Pre-Rulemaking Approach
- Review Programs under Consideration
- Opportunity for Public Comment
- Summary of Day and Next Steps
- Adjourn

Hospital Workgroup Membership

Workgroup Co-chairs: R. Sean Morrison, MD; Cristie Upshaw Travis, MSHA

Organizational Members (voting)	
America's Essential Hospitals	Medtronic-Minimally Invasive Therapy Group
American Association of Kidney Patients	Molina Healthcare
American Case Management Association*	Mothers Against Medical Error
American Society of Anesthesiologists*	National Association for Behavioral Healthcare (formerly National Association of Psychiatric Health Systems)
American Hospital Association	Pharmacy Quality Alliance
Association of American Medical Colleges	Premier, Inc.
City of Hope*	Press Ganey*
Dialysis Patient Citizens*	Project Patient Care
Greater New York Hospital Association*	Service Employees International Union
Henry Ford Health Systems*	Society for Maternal-Fetal Medicine*
Intermountain Healthcare	UPMC Health Plan*

*New organizational workgroup members

Hospital Workgroup Membership

Individual Subject Matter Experts (Voting)
Andreea Balan-Cohen, PhD
Lindsey Wisham
Federal Government Liaisons (Non-voting)
Agency for Healthcare Research and Quality (AHRQ)
Centers for Disease Control and Prevention (CDC)
Centers for Medicare and Medicaid Services (CMS)

Workgroup Staff

- Samuel Stolpe, PharmD, MPH, Senior Director

- Madison Jung, Project Manager

- Jordan Hirsch, MHA, Project Analyst

- Taroon Amin, PhD, Consultant

Meeting Objectives

Review and provide input on Measures Under Consideration applicable to federal hospital quality programs.

Identify gaps in measures for federal hospital quality programs.

# CMS Opening Remarks and Meaningful Measures Update

INTRODUCTION TO THE MEANINGFUL MEASURES INITIATIVE

Patients Over Paperwork

- **CMS's Primary Goal**: Remove obstacles that get in the way of the time clinicians spend with their patients

- **Patients Over Paperwork**
  - Shows CMS's commitment to patient-centered care and improving beneficiary outcomes
  - Includes several major tasks aimed at reducing burden for clinicians
  - Motivates CMS to evaluate its regulations to see what could be improved

CMS Strategic Priorities
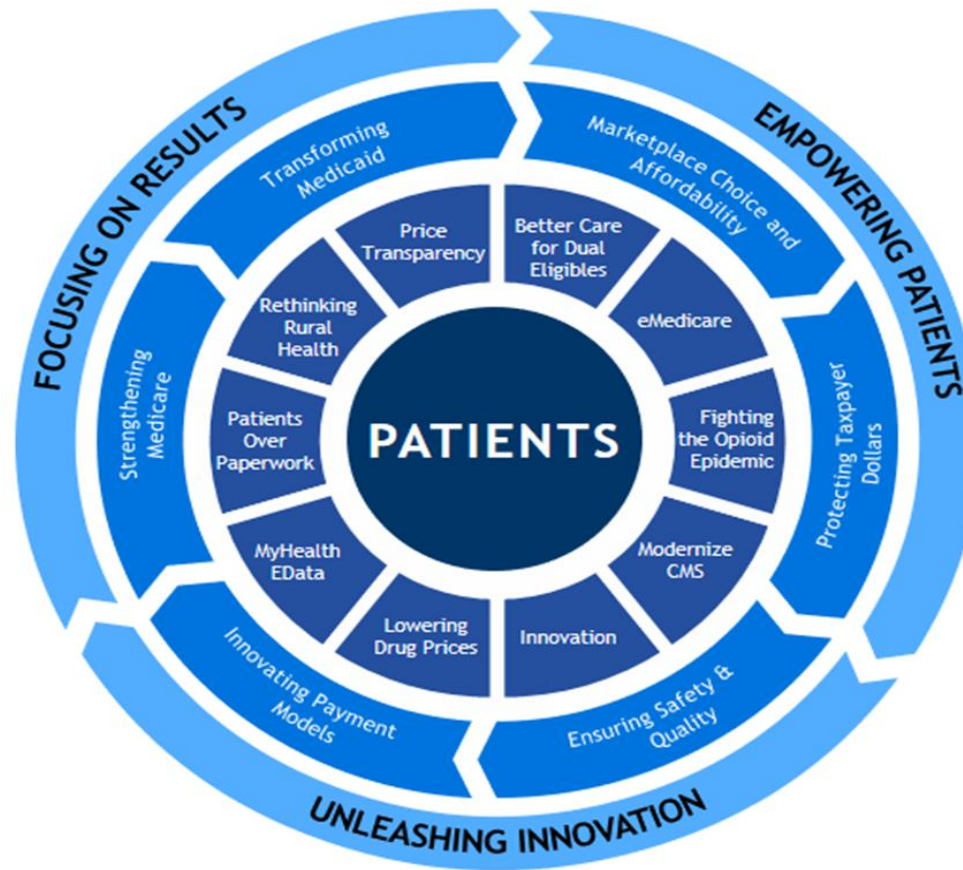
A New Approach to Meaningful Outcomes

What is the Meaningful Measures Initiative?

- Launched in 2017, the purpose of the Meaningful Measures initiative is to:
  - Improve outcomes for patients
  - Reduce data reporting burden and costs on clinicians and other health care providers
  - Focus CMS's quality measurement and improvement efforts to better align with what is most meaningful to patients

Meaningful Measures Objectives

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

Address high-impact measure areas that safeguard public health

Are patient-centered and meaningful to patients, clinicians and providers

Are outcome-based where possible

Fulfill requirements in programs' statutes

Minimize level of burden for providers

Identify significant opportunity for improvement

Address measure needs for population based payment through alternative payment models

Align across programs and/or with other payers

Meaningful Measures Framework

Promote Effective Communication & Coordination of Care

Meaningful Measure Areas:
- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

Promote Effective Prevention & Treatment of Chronic Disease

Meaningful Measure Areas:
- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Work with Communities to Promote Best Practices of Healthy Living

Meaningful Measure Areas:
- Equity of Care
- Community Engagement

Make Care Affordable

Meaningful Measure Areas:
- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

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

Meaningful Measure Areas:
- Healthcare-associated Infections
- Preventable Healthcare Harm

Strengthen Person & Family Engagement as Partners in their Care

Meaningful Measure Areas:
- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Functional Outcomes

Promote Effective Prevention & Treatment of Chronic Disease

Meaningful Measures Areas:

Preventive Care

Measures

Influenza Immunization Received for Current Flu Season - HH QRP

Timeliness of Prenatal Care (PPC) - Medicaid & CHIP

Well-Child Visits in the First 15 Months of Life (6 or More Visits) - Medicaid & CHIP

Management of Chronic Conditions

Measures

Osteoporosis Management in Women Who Had a Fracture - QPP

Hemoglobin A1c Test for Pediatric Patients (eCQM) - Medicaid & CHIP

Prevention, Treatment, & Management of Mental Health

Measures

Follow-up after Hospitalization for Mental Illness - IPFQR

Prevention & Treatment of Opioid & Substance Use Disorders

Measures

Alcohol Use Screening - IPFQR

Use of Opioids at High Dosage - Medicaid & CHIP

Risk Adjusted Mortality

Measures

Hospital 30-Day, All Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization - HVBP

FUTURE OF THE MEANINGFUL MEASURES INITIATIVE AND NEXT STEPS

Meaningful Measure Development Priorities

- Patient-reported outcome measures
- Electronic clinical quality measures (eCQMs)
- Appropriate use of opioids and avoidance of harm
- Nursing home infections and safety measures
- Maternal mortality
- Sepsis
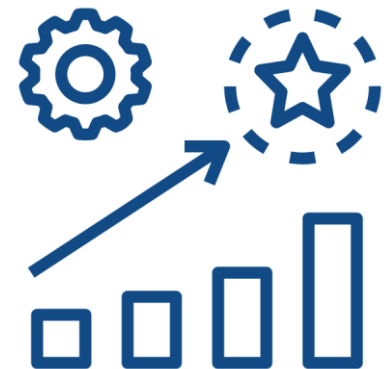
Considerations for Future Meaningful Measures

- Developing more APIs for quality measure data submission
- Prototype the use of the FHIR standard for quality measurement
- Interoperable electronic registries – incentivizing use
- Harmonizing measures across registries
- Timely and actionable feedback to providers
- Working across CMS on the use of artificial intelligence to predict outcomes

DISCUSSION

Appendix: Meaningful Measure Areas

Promote Effective Communication & Coordination of Care
Meaningful Measure Areas:
- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

Promote Effective Prevention & Treatment of Chronic Disease
Meaningful Measure Areas:
- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Work with Communities to Promote Best Practices of Healthy Living
Meaningful Measure Areas:
- Equity of Care
- Community Engagement

Make Care Affordable
Meaningful Measure Areas:
- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

Make Care Safer by Reducing Harm Caused in the Delivery of Care
Meaningful Measure Areas:
- Healthcare-associated Infections
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- Functional Outcomes

Overview of Pre-Rulemaking Approach

Preliminary Analyses

Preliminary Analysis of Measures Under Consideration

- The preliminary analysis is intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions.

- Staff use an algorithm developed from the MAP Measure Selection Criteria to evaluate each measure in light of MAP's previous guidance.
  - *This algorithm was approved by the MAP Coordinating Committee.*

MAP Preliminary Analysis Algorithm

Assessment	Definition	Outcome
1) The measure addresses a critical quality objective not adequately addressed by the measures in the program set.	• The measure addresses the key healthcare improvement priorities; or • The measure is responsive to specific program goals and statutory or regulatory requirements; or • The measure can distinguish differences in quality, is meaningful to patients/consumers and providers, and/or addresses a high-impact area or health condition.	Yes: Review can continue. No: Measure will receive a Do Not Support. MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.
2) The measure is evidence-based and is either strongly linked to outcomes or an outcome measure.	• For process and structural measures: The measure has a strong scientific evidence-base to demonstrate that when implemented can lead to the desired outcome(s). • For outcome measures: The measure has a scientific evidence-base and a rationale for how the outcome is influenced by healthcare processes or structures.	Yes: Review can continue No: Measure will receive a Do Not Support MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.
3) The measure addresses a quality challenge.	• The measure addresses a topic with a performance gap or addresses a serious reportable event (i.e., a safety event that should never happen); or • The measure addresses unwarranted or significant variation in care that is evidence of a quality challenge.	Yes: Review can continue No: Measure will receive a Do Not Support. MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm

Assessment	Definition	Outcome
4) The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.	• The measure is either not duplicative of an existing measure or measure under consideration in the program or is a superior measure to an existing measure in the program; or • The measure captures a broad population; or • The measure contributes to alignment between measures in a particular program set (e.g., the measure could be used across programs or is included in a MAP "family of measures") or • The value to patients/consumers outweighs any burden of implementation.	Yes: Review can continue No: Highest rating can be do not support with potential for mitigation *Old language: Highest rating can be refine and resubmit* MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.
5) The measure can be feasibly reported.	• The measure can be operationalized (e.g. the measure is fully specified, specifications use data found in structured data fields, and data are captured before, during, or after the course of care.)	Yes: Review can continue No: Highest rating can be do not support with potential for mitigation *Old language: Highest rating can be refine and resubmit* MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm

Assessment	Definition	Outcome
6) **The measure is applicable to and appropriately specified for the program's intended care setting(s), level(s) of analysis, and population(s)**	• The measure is NQF-endorsed; or • The measure is fully developed and full specifications are provided; and • Measure specifications are provided for the level of analysis, program, and/or setting(s) for which it is being considered.	Yes: Measure could be supported or conditionally supported. No: Highest rating can be Conditional support MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.
7) **If a measure is in current use, no unreasonable implementation issues that outweigh the benefits of the measure have been identified.**	• Feedback from end users has not identified any unreasonable implementation issues that outweigh the benefits of the measure; or • Feedback from implementers or end users has not identified any negative unintended consequences (e.g., premature discharges, overuse or inappropriate use of care or treatment, limiting access to care); and • Feedback is supported by empirical evidence.	If no implementation issues have been identified: Measure can be supported or conditionally supported. If implementation issues are identified: The highest rating can be Conditional Support. MAP can also choose to not support the measure, with or without the potential for mitigation. MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Voting Decision Categories

Decision Categories for 2019-2020

Decision Category	Definition	Evaluation Criteria
Support for Rulemaking	MAP supports implementation with the measure as specified and has not identified any conditions that should be met prior to implementation.	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	MAP supports implementation of the measure as specified but has identified certain conditions or modifications that would ideally be addressed prior to implementation.	The measure meets assessments 1-3, but may need 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 condition (e.g., measure requires NQF review or endorsement 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 MAP prior to rulemaking.
Do Not Support for Rulemaking with Potential for Mitigation	MAP does not support implementation of the measure as specified. However, MAP agrees with the importance of the measure concept and has suggested modifications required for potentials support in the future. Such a modification would considered to be a material change to the measure. A material change is defined as any modification to the measure specifications that significantly affects the measure result.	The measure meets assessments 1-3 but cannot be supported as currently specified. A designation of this decision category assumes at least one assessment 4-7 is not met.
Do Not Support for Rulemaking	MAP does not support the measure.	The measure under consideration does not meet one or more of assessments 1-3.

MAP Voting Process

Key Voting Principles

- Quorum is defined as 66 percent of the voting members of the Committee present in person or by phone for the meeting to commence.
  - Quorum must be established prior to voting. The process to establish quorum is constituted of 1) taking roll call and 2) determining if a quorum is present. At this time, only if a member of the Committee questions the presence of a quorum is it necessary to reassess the presence of the quorum.
  - If quorum is not established during the meeting, MAP will vote via electronic ballot after the meeting.

- MAP has established a consensus threshold of greater than or equal to 60 percent of voting participants voting positively AND a minimum of 60 percent of the quorum figure voting positively.
  - *Abstentions do not count in the denominator.*

- Every measure under consideration will receive a decision.

Key Voting Principles (cont.)

- 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).

- 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) and provide rationale to support how that conclusion was reached.

Workgroup Voting Procedure

- **Step 1.** Staff will review the Preliminary Analysis for each MUC using the MAP selection criteria and programmatic objectives, and Lead Discussants will review and present their findings. The rural liaison will then present information from the Rural Health Workgroup's review of each MUC.

- **Step 2.** The co-chairs will ask for clarifying questions from the Workgroup. The co-chairs will compile all Workgroup questions.
    - Measure developers will respond to the clarifying questions on the specifications of the measure.
    - NQF staff will respond to clarifying questions on the Workgroup decision.
    - Lead Discussants will respond to questions on their analysis.

- **Step 3.** Voting on acceptance of the preliminary analysis decision.
    - After clarifying questions have been resolved, the co-chairs will open for a vote on accepting the preliminary analysis assessment. This vote will be framed as a yes or no vote to accept the result.
    - If greater than or equal to 60% of the Workgroup members vote to accept the preliminary analysis assessment, then the preliminary analysis assessment will become the Workgroup recommendation. If less than 60% of the Workgroup votes to accept the preliminary analysis assessment, discussion will open on the measure.

Workgroup Voting Procedure

- **Step 4.** Discussion and Voting on the MUC
  - The co-chair will open for discussion among the Workgroup. 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 co-chair will open the MUC for a vote.
    - » NQF staff will summarize the major themes of the Workgroup's discussion.
    - » The co-chairs will determine what decision category will be put to a vote first based on potential consensus emerging from the discussions.
    - » If the co-chairs do not feel there is a consensus position to use to begin voting, the Workgroup will take a vote on each potential decision category one at a time. The first vote will be on support, then conditional support, then do not support with potential for mitigation, then do not support.

Workgroup Voting Procedure

- **Step 5:** Tallying the Votes:
  - If a decision category put forward by the co-chairs receives greater than or equal to 60% of the votes, the motion will pass and the measure will receive that decision.
  - If no decision category achieves greater than 60% to overturn the preliminary analysis, the preliminary analysis decision will stand. This will be marked by staff and noted for the Coordinating Committee's consideration.

MAP Rural Health Workgroup Charge

MAP Rural Health Workgroup Charge

- To provide timely input on measurement issues to other MAP Workgroups and committees and to provide rural perspectives on the selection of quality measures in MAP

- To help address priority rural health issues, including the challenge of low case-volume

Rural Health Workgroup Review of MUCs

- The Rural Health Workgroup will review the MUCs and provide the following feedback to the setting-specific Workgroups:

  - *Relative priority/utility of MUC measures in terms of access, cost, or quality issues encountered by rural residents*

  - *Data collection and/or reporting challenges for rural providers*

  - *Methodological problems of calculating performance measures for small rural facilities*

  - *Potential unintended consequences of inclusion in specific programs*

  - *Gap areas in measurement relevant to rural residents/providers for specific programs*

Rural Health Workgroup Review (cont.)

- Rural Health Workgroup feedback will be provided to the setting-specific Workgroups through the following mechanisms:
  - *Measure discussion guide*
    - » A qualitative summary of Rural Health Workgroup's discussion of the MUCs
    - » Voting results that quantify the Rural Health Workgroup's perception of suitability of the MUCs for various programs
  - *In-person attendance of a Rural Health Workgroup liaison at all three pre-rulemaking meetings in December*

Break

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

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 Program Measure Set

Type	NQF #	Measure Title	NQF Status
Outcome	0166	HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey	Endorsed
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 Three Days	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	3490	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Endorsed
Process	0383	Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology	Endorsed
Process	0431	Influenza Vaccination Coverage among Healthcare Personnel	Endorsed

PCHQR Program Measure Set Updates

Type	NQF #	Measure Title	NQF Status	Updates
Process	1822	External Beam Radiotherapy for Bone Metastases	Endorsement Removed	Removed for FY 2022
Outcome	3478	Surgical Treatment Complications for Localized Prostate Cancer	Under Review	Adopted for FY 2022

High-Priority Meaningful Measure Areas for Cancer Hospitals

Communication and Care Coordination	• Measures regarding care coordination with other facilities and outpatient settings, such as hospice care. • Measures of the patient's functional status, quality of life, and end of life.
Making Care Affordable	• Measures related to efficiency, appropriateness, and utilization (over/under-utilization) of cancer treatment modalities such as chemotherapy, radiation therapy, and imaging treatments.
Person and Family Engagement	• Measures related to patient-centered care planning, shared decision making, and quality of life outcomes. • Measures of the patient's end of life according to their preferences.
Promote Effective Prevention & Treatment of Chronic Disease	• Measures related to appropriate opioid prescribing and pain management best practices for cancer patients

Public Comment: PCHQR Measures Under Consideration

PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR)

- **MUC2019-18:** National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection Outcome Measure

- **MUC2019-19:** National Healthcare Safety Network (NHSN) Central Line Associated Bloodstream Infection Outcome Measure

Lunch

Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) Measures

Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)

- **Program Type:**
  - Pay for reporting and public reporting

- **Incentive Structure:**
  - Inpatient psychiatric facilities (IPFs) that do not submit data on all 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 healthcare options
  - Encourage hospitals and clinicians to improve the quality of inpatient psychiatric care by ensuring that providers are aware of and reporting on best practices

IPFQR Program Measure Set

Type	NQF #	Measure Title	NQF Status
Process	N/A	Screening for Metabolic Disorders	Not Endorsed
Process	640	Hours of Physical Restraint	Endorsed
Process	641	Hours of Seclusion Use	Endorsed
Process	1654	TOB-2 Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment	Endorsement Removed
Process	1663	SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention	Endorsement Removed
Process	1659	Influenza Immunization	Endorsed
Process	1656	TOB-3 Tobacco Use Treatment Provided or Offered at Discharge and the subset measure TOB-3a Tobacco Use Treatment at Discharge	Endorsement Removed
Process	1664	SUB-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge	Endorsement Removed
Process	560	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	Endorsed
Process	647	Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	Endorsement Removed
Process	648	Timely Transmission of Transition Record	Endorsement Removed
Process	576	Follow-Up After Hospitalization for Mental Illness (FUH)	Endorsed
Outcome	2860	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF	Endorsed

IPFQR Program Measure Set Updates

Type	NQF #	Measure Title	NQF Status	Updates
Process	3205	Medication Continuation Following Inpatient Psychiatric Discharge.	Endorsed	Finalized for adoption for FY 2020

High-Priority Meaningful Measure Areas for IPFQR

Strengthen Person and Family Engagement as Partners in their Care

- Patient and Family Engagement
  - Depression Measure
  - Patient Experience of Care
- Care is Personalized and Aligned with Patient's Goals
  - Caregiver Engagement Measure

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

- Preventable Healthcare Harm
  - Aggregate Harm Measure

Public Comment: IPFQR Measure Under Consideration

Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)

- **MUC2019-22:** Follow-Up After Psychiatric Hospitalization

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

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 2.0% per year.

- **Program Goals:**
  - Improve the quality of dialysis care and produce better outcomes for beneficiaries.

ESRD QIP Program Measure Set

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

ESRD QIP Program Measure Set Updates

Type	NQF #	Measure Title	NQF Status	Updates
Process	Based on NQF #2988	Medication Reconciliation for Patients Receiving Care at Dialysis Facilities (MedRec)	Not Endorsed	New for PY 2022
Process	3403	Percentage of Prevalent Patients Waitlisted (PPPW)	Failed Endorsement	New for PY 2022
Process	Based on NQF #0431	NHSN Healthcare Personnel Influenza Vaccination Reporting Measure	Not Endorsed	Removed for PY 2021
Outcome	N/A	Anemia Management Reporting Measure	Not Endorsed	Removed for PY 2021
Process	0255	Serum Phosphorus Reporting Measure	Endorsed	Removed for PY 2021
Process	Based on NQF #0420	Pain Assessment and Follow-up Reporting Measure	Not Endorsed	Removed for PY 2021
Process	3402	Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR)	Failed Endorsement	Not finalized for PY 2022 (previously proposed)

High-Priority Domains for ESRD
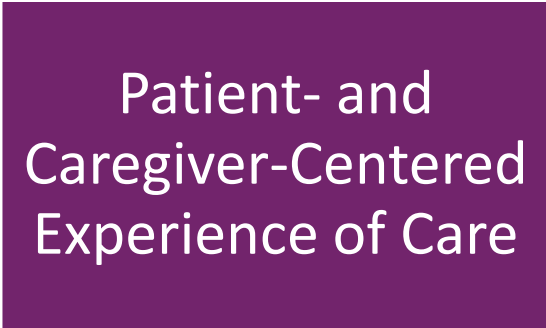
CMS identified the following as high-priority domains for future measure consideration:

Care Coordination

Safety

Patient- and Caregiver-Centered Experience of Care

Source: Center for Clinical Standards and Quality. 2019 Measures under Consideration List. Program Specific Measure Priorities and Needs. Baltimore, MD: Centers for Medicare & Medicaid Services (CMS); 2019.

Public Comment: ESRD QIP Measure Under Consideration

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

- **MUC2019-64:** Standardized Transfusion Ratio for Dialysis Facilities

Break

Hospital Inpatient Quality Reporting Program (IQR) and Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals Measures

Hospital Inpatient Quality Reporting Program (IQR) and Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals

- **Program Type:**
  - Pay for reporting and public reporting

- **Incentive Structure:**
  - Hospitals that do not participate, or participate but fail to meet program requirements, receive a one-fourth reduction of the applicable percentage increase in their 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

Hospital IQR Program Measure Set

Type	NQF #	Measure Title	NQF Status
Chart-abstracted Composite	0500	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	Endorsed
Chart-abstracted Process	0469	Elective Delivery	Endorsed
Claims-based Outcome	0351	Death among Surgical Inpatients with Serious, Treatable Complications	Endorsement Removed
Claims-based Outcome	2880	Excess Days in Acute Care after Hospitalization for Heart Failure	Endorsed
Claims-based Outcome	2881	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	Endorsed
Claims-based Outcome	2882	Excess Days in Acute Care after Hospitalization for Pneumonia	Endorsed
Claims-based Outcome	N/A	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke	Not Endorsed
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	3474	Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty	Endorsed

Hospital IQR Program Measure Set

Type	NQF #	Measure Title	NQF Status
eCQM Process	0371	Venous Thromboembolism Prophylaxis	Endorsement Removed
eCQM Process	0439	Discharged on Statin Medication	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	0497	Admit Decision Time to ED Departure Time for Admitted Patients	Endorsement Removed
eCQM Process	0372/2933	Intensive Care Unit Venous Thromboembolism Prophylaxis	Endorsement Removed
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
Patient Survey	166 (0228)	HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey (3-Item Care Transitions Measure (CTM-3))	Endorsed
Process	0431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed

Hospital IQR Program Measure Set Updates

Type	NQF #	Measure Title	NQF Status	Updates
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	Finalized for Removal for FY 2023
	N/A	Safe Use of Opioids - Concurrent Prescribing	Not Endorsed	Finalized for Adoption for FY 2023
Claims-based Outcome	1789	Hospital-Wide All-Cause, Unplanned Readmission Measure (HWR)	Endorsed	Finalized for Removal for FY 2026
Outcome	2879	Hybrid Hospital-Wide All-Cause Readmission (Hybrid HWR) Measure with Claims and Electronic Health Record Data	Endorsed	Finalized for Adoption for FY 2026; to replace NQF #1789

High-Priority Meaningful Measure Areas for Hospital IQR

Strengthen Person & Family Engagement as Partners in their Care	• Functional Outcomes • Care is Personalized and Aligned with Patient's Goals
Promote Effective Communication and Coordination of Care	• Seamless Transfer of Health Information • Measures of EMR safety, such as patient matching and correct identification
Promote Effective Prevention and Treatment of Chronic Disease	• Prevention and Treatment of Opioid and Substance Use Disorders
Make Care Safer by Reducing Harm Caused in the Delivery of Care	• Preventable Healthcare Harm

Public Comment: IQR and Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals Measures Under Consideration

Hospital Inpatient Quality Reporting Program (IQR) and Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals
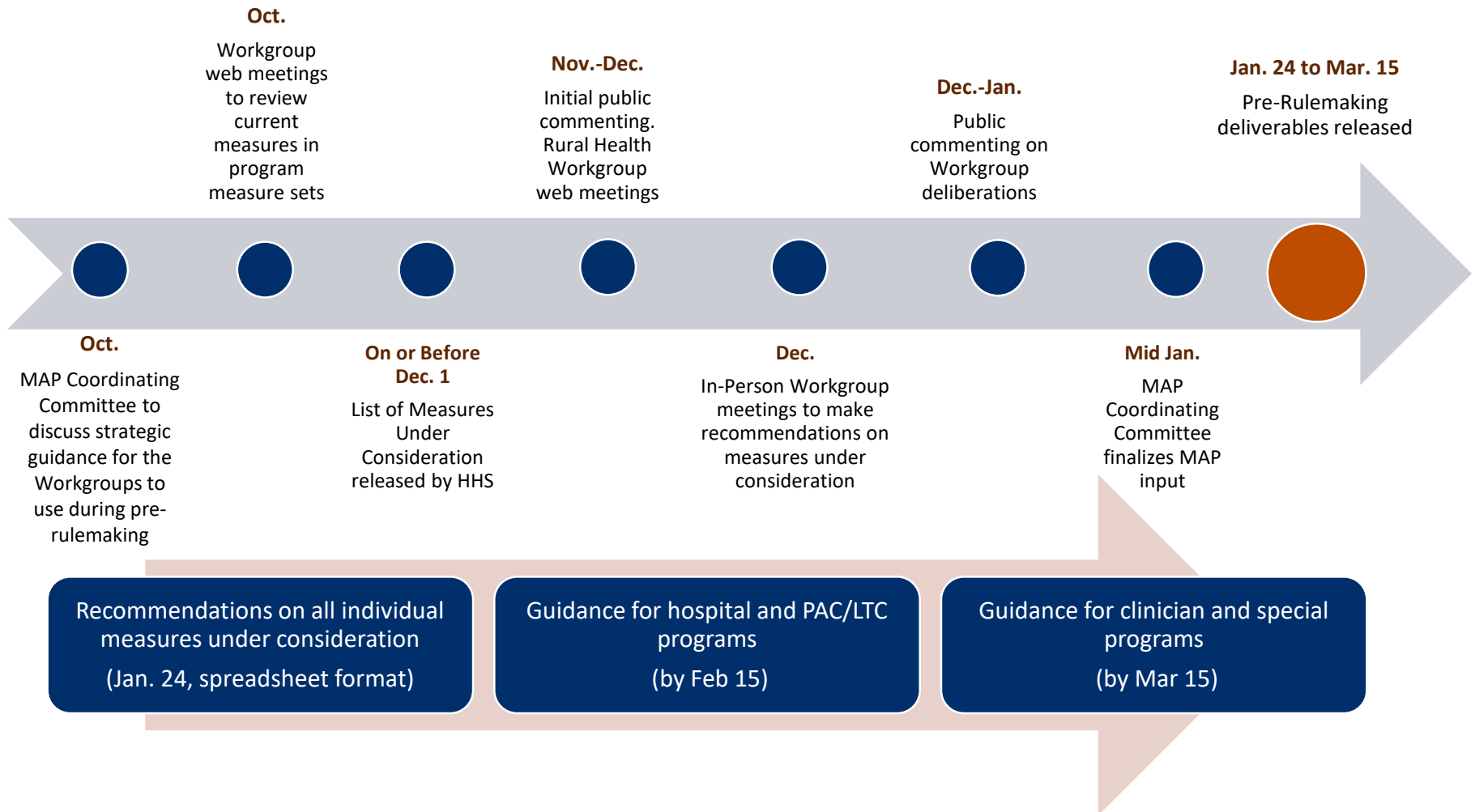
- **MUC2019-114:** Maternal Morbidity
- **MUC2019-26:** Hospital Harm - Severe Hyperglycemia

Opportunity for Public Comment

Summary of Day and Next Steps

MAP Pre-Rulemaking Approach

Oct.

Workgroup web meetings to review current measures in program measure sets

Nov.-Dec.

Initial public commenting. Rural Health Workgroup web meetings

Dec.-Jan.

Public commenting on Workgroup deliberations

Jan. 24 to Mar. 15

Pre-Rulemaking deliverables released

Oct.

MAP Coordinating Committee to discuss strategic guidance for the Workgroups to use during pre-rulemaking

On or Before Dec. 1

List of Measures Under Consideration released by HHS

Dec.

In-Person Workgroup meetings to make recommendations on measures under consideration

Mid Jan.

MAP Coordinating Committee finalizes MAP input

Recommendations on all individual measures under consideration
(Jan. 24, spreadsheet format)

Guidance for hospital and PAC/LTC programs
(by Feb 15)

Guidance for clinician and special programs
(by Mar 15)

Timeline of Upcoming Activities

- Public commenting period on Workgroup recommendations: December 18, 2019 – January 8, 2020

- Coordinating Committee In-Person Meeting: January 15, 2020

- Final recommendations to CMS: January 24, 2020

- PAC/LTC and Hospital Report: February 15, 2020

- Clinician Report: March 15, 2020

Contact Information

- Project page

  - http://www.qualityforum.org/MAP_Hospital_Workgroup.aspx

- Workgroup SharePoint site

  - http://share.qualityforum.org/Projects/MAP%20Hospital%20Workgroup/SitePages/Home.aspx

- Email: MAP Hospital Project Team

  - maphospital@qualityforum.org

Adjourn