



QReport

APRIL

Quarterly Member Update from NQF

Collaboration to achieve a high-quality healthcare system has never been more important. Collaboration lies at the heart of work NQF is prioritizing in 2013. We have been focused on identifying unique roles NQF can play in supporting members in their work and facilitating positive change, including:

- Taking on a more active role in the beginning of measure development to help catalyze measurement gap-filling;
- Providing expert guidance that creates a path forward on emerging measurement issues, such as patient-reported outcomes, and socioeconomic status and performance;
- Collaborating with a broad set of health IT stakeholders, including EHR vendors, to ensure effective development and deployment of eMeasures;
- Working with public and private purchasers to promote aligned use of measures; and
- Systematically collecting data on the use and usefulness of measures through feedback loops to demonstrate measure impact and learn from the field.

Many of these ideas were at the heart of our recent Annual Meeting here in Washington. We were delighted to see a record number of members enthusiastically engaged in various discussions. You've told us the importance of having more time to talk with each other, and to work together across council distinctions; the feedback we have received thus far on the event reinforces how much you value these interactions. Working with our wonderful council leadership, we will continue to explore ways the councils can be more meaningfully engaged with each other. For those members unable to attend the event, we've attached an accompanying special edition of the Q Report that summarizes the major themes of the conference.

Collaboration is a guiding principle of our multi-stakeholder approach to measure review. As this model has been maturing over the last several years, the external world and demands for performance measures have also been rapidly changing. NQF has dedicated itself to re-engineering the current multi-stakeholder consensus process to ensure it meets the healthcare system's needs. Led by the Board-appointed 'Consensus Task Force,' this redesign is intended to facilitate more rapid review and endorsement of measures needed most by those who rely on them to improve care and make healthcare decisions. Please stay tuned for multiple opportunities to help us shape these emerging ideas.

As we hope you can see, much of our work ahead will be informed by you, our members, who so often provide valuable input and perspective to our efforts. We look forward to working together to achieve these goals.

Performance Measures Endorsement Work

JANUARY-MARCH 2013

QUICK LINKS

INFECTIOUS DISEASE MEASURES

The NQF Board of Directors has endorsed 16 **infectious disease quality measures**, addressing issues such as appropriate treatment for upper respiratory infections, screening for tuberculosis and sexually transmitted diseases in HIV/AIDS patients, and vaccination and treatment for hepatitis C. Other measures address **severe sepsis management and hepatitis C testing**.

- >Endorsement summary
- >Project information
- >Find infectious disease measures

NEUROLOGY MEASURES

The NQF Board of Directors has endorsed five additional neurological measures related to **imaging and care for dementia and epilepsy**, after endorsing 14 measures focused on stroke treatment in November 2012.

- >Endorsement summary
- >Project information
- >Find neurology measures

PATIENT SAFETY: COMPLICATIONS MEASURES

The NQF Board of Directors has endorsed two additional safety measures related to **patient falls**. The measures were originally evaluated in phase 2 of NQF's patient safety: complications measure endorsement project, which had 12 measures endorsed in December 2012.

- >Endorsement summary
- >Project information
- >Find patient safety measures

PULMONARY MEASURES

The NQF Board of Directors has endorsed three additional measures related to pulmonary care. The measures focus on **mortality rates for patients hospitalized with chronic obstructive pulmonary disease (COPD)**, as well as **readmission rates for patients with pneumonia and COPD**.

- >Endorsement summary
- >Project information
- >Find pulmonary measures

REPORTS

NQF publishes a variety of reports, covering a range of topics most critical to healthcare quality improvement. Check out our most recent additions, or explore our **Reports Directory** to access our full collection:

- 2013 NQF Report to Congress
- MAP Pre-Rulemaking Report
- Gastrointestinal/Genitourinary Phase I Measure Endorsement
- 2012 NQF Report on Measure Gaps and Inadequacies

NQF-Convened MAP Submits Second Annual Pre-Rulemaking Report

On February 1, the Measure Applications Partnership (MAP), a public-private partnership convened by NQF, submitted its second annual Pre-Rulemaking Report regarding performance measures under consideration for use in federal programs.

MAP's work on the Pre-Rulemaking Report started on December 1, 2012, when they received and began to review the list of more than 500 measures under consideration for twenty federal programs covering clinician, hospital, and post-acute care/long-term care settings.

Over the course of two months, NQF hosted six in-person and web meetings with the MAP clinician, hospital, and post-acute care/long-term care workgroups, as well as the MAP Coordinating Committee, to review the measures under consideration. Each measure was reviewed against the MAP's previously established measure selection criteria. The nearly 110 experts participating in the meetings were representative of MAP's diverse nature and unique collaborative process, which ensures varied, thoughtful recommendations on the measures under consideration by HHS from those who are on the frontlines of using measures and measurement information.

"Measurement is an integral step toward achieving care of the highest value. One of MAP's priorities is to help identify high-impact measures that work together across settings, prevent unnecessary measurement burden, and help assess the value of the healthcare services being

provided," said George Isham, MD, MS, co-chair of the MAP Coordinating Committee.

Of the original set of measures under consideration, MAP supported the immediate application of 141 measures in federal programs and supported the direction of another 166 measures, contingent on further development, testing, or NQF endorsement. MAP did not support 165 measures under consideration for inclusion in federal programs. In addition, MAP recommended phased removal of 64 current measures, while also recommending six measures that are not on HHS' list of measures under consideration be added to programs.

MAP also identified priority measure gaps and proposed solutions to filling them by working closely with measure developers to stimulate development and testing for the highest priority gaps.

Engagement in MAP activities was evident this year. In total, 93 stakeholders submitted 374 comments on the MAP's draft recommendations, signaling a marked increase in engagement and awareness of MAP's work.

[> Learn more about the MAP Pre-Rulemaking process, or view the full report](#)

524

Measures under consideration

110

MAP participants

374

Total number of public comments received

93

Total number of public commenters

144

Total number of MAP Supported Measures

Recent Meetings

MAP COORDINATING COMMITTEE MEETING

JAN 8/9

The Coordinating Committee of the Measure Applications Partnership (MAP) met in person in order to finalize MAP's recommendations to HHS in the annual MAP Pre-Rulemaking Report. More than 100 participants attended sessions outlining NQF's 2013 planning activities, updates of efforts to align measurement across programs, and an overview of activities underway to identify and address high priority measure gaps. Members were updated on the MAP pre-rulemaking approach and finalized their recommendations for hospital, clinician, and post-acute/long-term care programs. Additionally, the group discussed the establishment of feedback loops and recommended approaches for obtaining useful data.

[> Meeting slides](#) | [Meeting summary](#)

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) MEETINGS

JAN 11
MAR 22

During two conference calls in January and March, HITAC members discussed the electronic measurement work NQF is currently engaged in and future directions to be considered in the eMeasure space. Committee members also discussed expanding the eMeasure Learning Collaborative, proposed updates to the Quality Data Model, and the eMeasure Feasibility draft report and its impact on measure endorsement. Strategic discussions among HITAC members focused on where NQF could add value to the growing eMeasurement space. These discussions explored creating a measure incubator—where developers can come together to fill critical measure gaps in a streamlined process—increased collaboration with external entities, such as HIMSS, EHR vendors, and HL7, and value set harmonization.

[> January 11 meeting slides](#) | [March 22 meeting slides](#)

MEASURE DEVELOPER WEBINARS

JAN 22
FEB 19
MAR 18

The most recent measure developer webinars covered a variety of topics, including an update on the projected 2013 maintenance schedules and a discussion on the eMeasure Feasibility Project as it relates to measure development. Furthermore, staff presented updates made to NQF taxonomy and explained what effect these updates will have on specific items included on the measure submission form. In addition, staff facilitated discussion around the ongoing measure composites work, the recently completed patient-reported outcomes project, and updates to ICD-10.

[> January 22: meeting slides](#) | [meeting recording](#)

[> February 19: meeting slides](#) | [meeting recording](#)

[> March 18: meeting slides](#) | [meeting recording](#)

MAR 28

NATIONAL PRIORITIES PARTNERSHIP (NPP) MEETING

The National Priorities Partnership (NPP) met in-person on March 28 to engage in strategic planning for 2013, and focus on NPP's role in advancing and monitoring the National Quality Strategy (NQS) interlinked aims of better health, better care, and lower costs. The meeting also served as an opportunity to formally welcome Susan Frampton, PhD, president of Planetree as the group's new co-chair. Dr. Cassel, NQF's incoming president and CEO and a founding member of the NPP, was also introduced to the group and shared her own insights on the accomplishments of the Partnership.

Co-chairs Bernie Rosof and Susan Frampton led the group through a series of discussions, covering the alignment of public-and private-sector efforts in support of the NQS, the prioritization and filling of critical measure gaps, and the initiation of feedback loops for continuous input and learning from the field.

Over the course of the interactive meeting, participants remained highly engaged in discussion about how best to move forward the goals of the NQS. The success of the NPP maternity and readmissions action teams' approach to reaching the goals of the NQS was noted, as participants discussed the best ways to potentially continue and expand this particular effort in the future. Participants also discussed the importance of balancing the work between identifying measures and measure gaps and getting out into the field to see what measurement programs were seeing successes and if they could be replicated.

[> Learn more about the NPP](#)

WELCOME NEW NQF MEMBERS

- Academic Consortium for Complementary and Alternative Health Care, Seattle, WA
Member Council: Health Professionals
- Alliance of Wound Care Stakeholders, Bethesda, MD
Member Council: Health Professionals
- Association of State and Territorial Health Officials (ASTHO), Arlington, VA
Member Council: Public-Community Health Agency Council
- Greater New York Hospital Association, New York, NY
Member Council: Provider Organizations Council
- Puget Sound Health Alliance, Seattle, WA
Member Council: Public-Community Health Agency Council
- Syus, Inc., Nashville, TN
Member Council: QMRI Council
- WellCare Health Plans, Inc., Tampa, FL
Member Council: Health Plans

Federal Corner

LEGISLATION

In January, the Congressional Budget Office (CBO) released their cost projections for the repeal of the Sustainable Growth Rate formula, or SGR. The SGR is a formula used since the late 1990's to curb the rapid rise of Medicare spending. CBO's projection, which states that repealing the SGR would cost \$138 billion over the next ten years, is dramatically lower than the roughly \$300 billion that had been previously estimated.

This score prompted lawmakers, physician groups, and other stakeholders to think optimistically about simultaneously repealing the SGR formula and reforming the physician payment system this year.

- In early February, the House Ways and Means Committee and the Energy and Commerce Committee released a payment reform proposal with three phases: 1) repealing the SGR and replacing it with defined payment rates during a period of transition; 2) *transforming the fee for service system into a performance-based system*; and a final phase that would 3) add an incentive payment program based on efficiency of care. The Committees proposal is still high level but does envision payment models that are linked to performance measures. Committee staff asked for feedback on this proposal which engendered more than 70 comment letters from diverse stakeholders. Also, the Energy and Commerce Committee held a [hearing](#) on physician payment reform in February to further discuss ideas for moving forward.
- Also in early February, Representatives Allyson Schwartz (D-PA) and Joe Heck (R-NV) reintroduced their bill on physician payment reform, the Medicare Physician Payment Innovation Act of 2013. The legislation would permanently repeal the SGR formula, would increase payment rates for primary care physicians by 2.5 percent from 2015-2018, and would require physicians to participate in new payment models developed and tested by CMS by 2019. Physicians who continue to use the traditional fee-for-service model would be penalized through reduced payment rates. *The proposed legislation does not explicitly address quality measurement, but instead puts the onus for quality measurement onto CMS as they develop the new payment models.*
- Other members of Congress are developing proposals as are physician specialty societies.

CAPITOL HILL ACTIVITIES

As nearly all of the proposed ideas to reform physician payment revolve around performance measurement, NQF is in a position to offer technical advice and insight to lawmakers and their staff as they develop and evolve their proposals. In March, NQF briefed Republican and Democratic staffers from the committees of jurisdiction on physician level performance measurement, including the types of measures available, what measures are in the pipeline, and the challenges in measuring performance at the individual physician level. NQF will continue its outreach on Capitol Hill, and expects to continue serving as a resource for lawmakers as they evolve their proposals for reforming the physician payment system.

RULES

Health insurance exchanges are a key provision in the Affordable Care Act, and although states had the option to choose to run their own state exchange or rely on the federal government, 26 states will rely on the federal government to administer their exchanges, seven states are planning for a partnership with HHS, and 17 states and the District of Colombia have decided to run their own state exchanges. Although no detailed requirements for quality and performance measurement in the exchanges has been released, CMS has stated that exchanges will be held to quality standards.