# Measure Applications Partnership

## All MAP Member Web Meeting

November 13, 2015

# Welcome

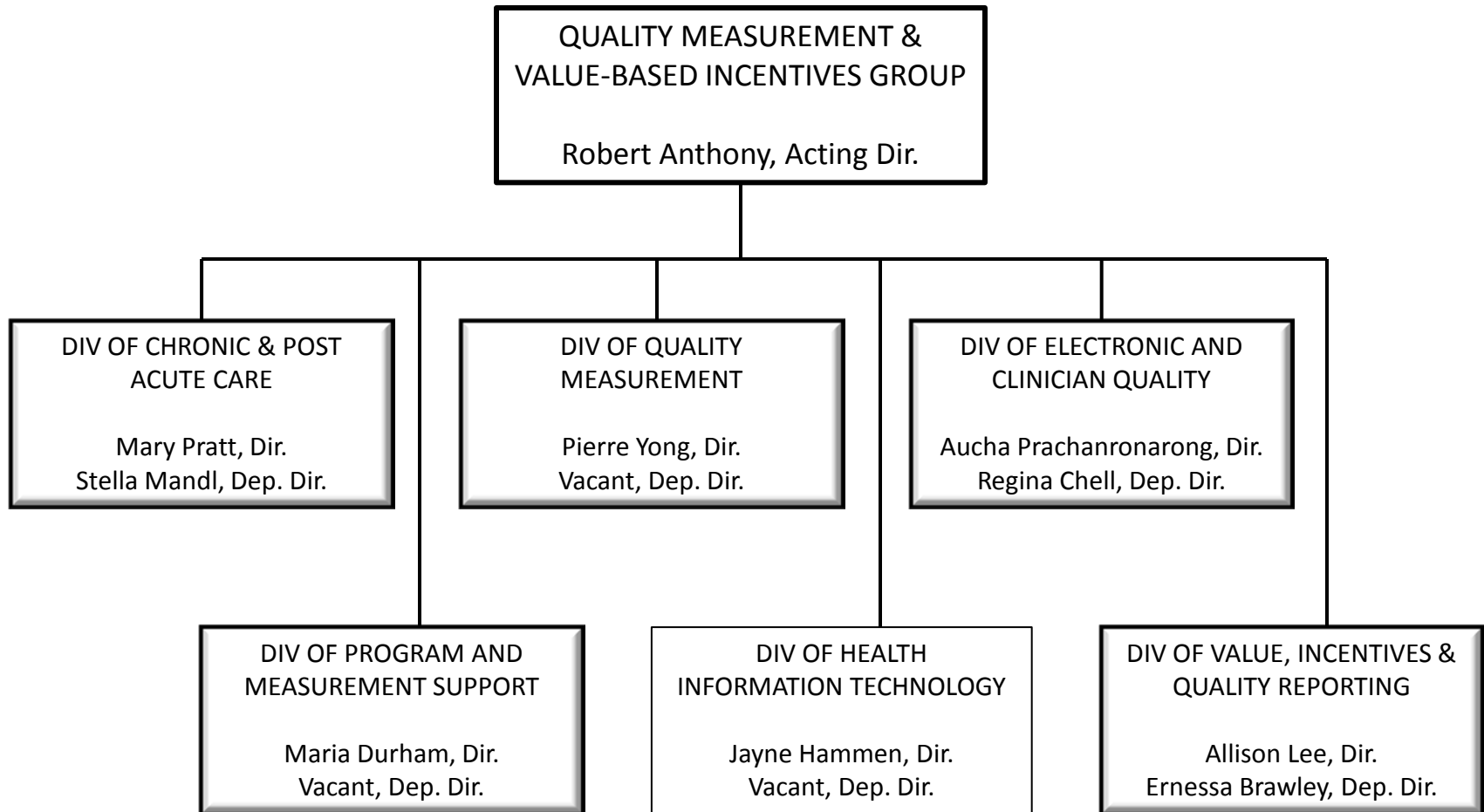Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

# Meeting Overview

- **Creation of the Measures Under Consideration List**

- Debrief of September Coordinating Committee Meeting

- Review of the MAP Pre-Rulemaking Approach

- Preliminary Analysis Algorithm

- Voting Process

- Discussion Guide

- Public Comment

- Next Steps

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

# CMS' Center for Clinical Standards & Quality: Home to the Pre-Rulemaking Process

**QUALITY MEASUREMENT & VALUE-BASED INCENTIVES GROUP**

Robert Anthony, Acting Dir.

**DIV OF CHRONIC & POST ACUTE CARE**

Mary Pratt, Dir.
Stella Mandl, Dep. Dir.

**DIV OF QUALITY MEASUREMENT**

Pierre Yong, Dir.
Vacant, Dep. Dir.

**DIV OF ELECTRONIC AND CLINICIAN QUALITY**

Aucha Prachanronarong, Dir.
Regina Chell, Dep. Dir.

**DIV OF PROGRAM AND MEASUREMENT SUPPORT**

Maria Durham, Dir.
Vacant, Dep. Dir.

**DIV OF HEALTH INFORMATION TECHNOLOGY**

Jayne Hammen, Dir.
Vacant, Dep. Dir.

**DIV OF VALUE, INCENTIVES & QUALITY REPORTING**

Allison Lee, Dir.
Ernessa Brawley, Dep. Dir.

# Statutory Authority: Pre-Rulemaking Process

*Under section 1890A of the Act and ACA 3014, DHHS is required to establish a pre-rulemaking process under which a consensus-based entity (currently NQF) would convene multi-stakeholder groups to provide input to the Secretary on the selection of quality and efficiency measures for use in certain federal programs. The list of quality and efficiency measures DHHS is considering for selection is to be publicly published no later than December 1 of each year.  No later than February 1 of each year, NQF is to report the input of the multi-stakeholder groups, which will be considered by DHHS in the selection of quality and efficiency measures.*

# CMS Goals:
# Measures under Consideration List

- Engage HHS stakeholders early and often in the process

- Measure Priorities and Needs Webinar

- Federal Only- Stakeholder Meeting

# Pre-rulemaking Process: Measure Selection

Pre-rulemaking Process – provides for more formalized and thoughtful process for considering measure adoption:

- Early public preview of potential measures

- Multi-stakeholder groups feedback sought and considered prior to rulemaking (MAP feedback considered for rulemaking)

- Review of measures for alignment and to fill measurement gaps prior to rulemaking

- Endorsement status considered favorable; lack of endorsement must be justified for adoption.

- Potential impact of new measures and actual impact of implemented measures considered in selection determination

# CMS Quality Strategy



**Better Care**

**Healthier People**

**Smarter Spending**

Foundational Principles
- Enable Innovation
- Foster learning organizations
- Eliminate disparities
- Strengthen infrastructure and data systems

## Goals

- Make care safer

- Strengthen person and family centered care

- Promote effective communications and care coordination

- Promote effective prevention and treatment

- Promote best practices for healthy living

- Make care affordable

# Measure Inclusion Requirements

- Respond to specific program goals and statutory requirements.

- Address an important topic with a performance gap and is evidence based.

- Focus on one or more of the National Quality Strategy priorities.

- Identify opportunities for improvement.

- Avoid duplication with other measures currently implemented in programs.

- Include a title, numerator, denominator, exclusions, measure steward, data collection mechanism.

# Why do we need rules?

- Better identify measure gaps

- Priorities for measure development

- Consistent measure categorization across HHS

# Decision Rules Conclusions

- Guidance for program decision-making

- Allow for variance by parties categorizing measures

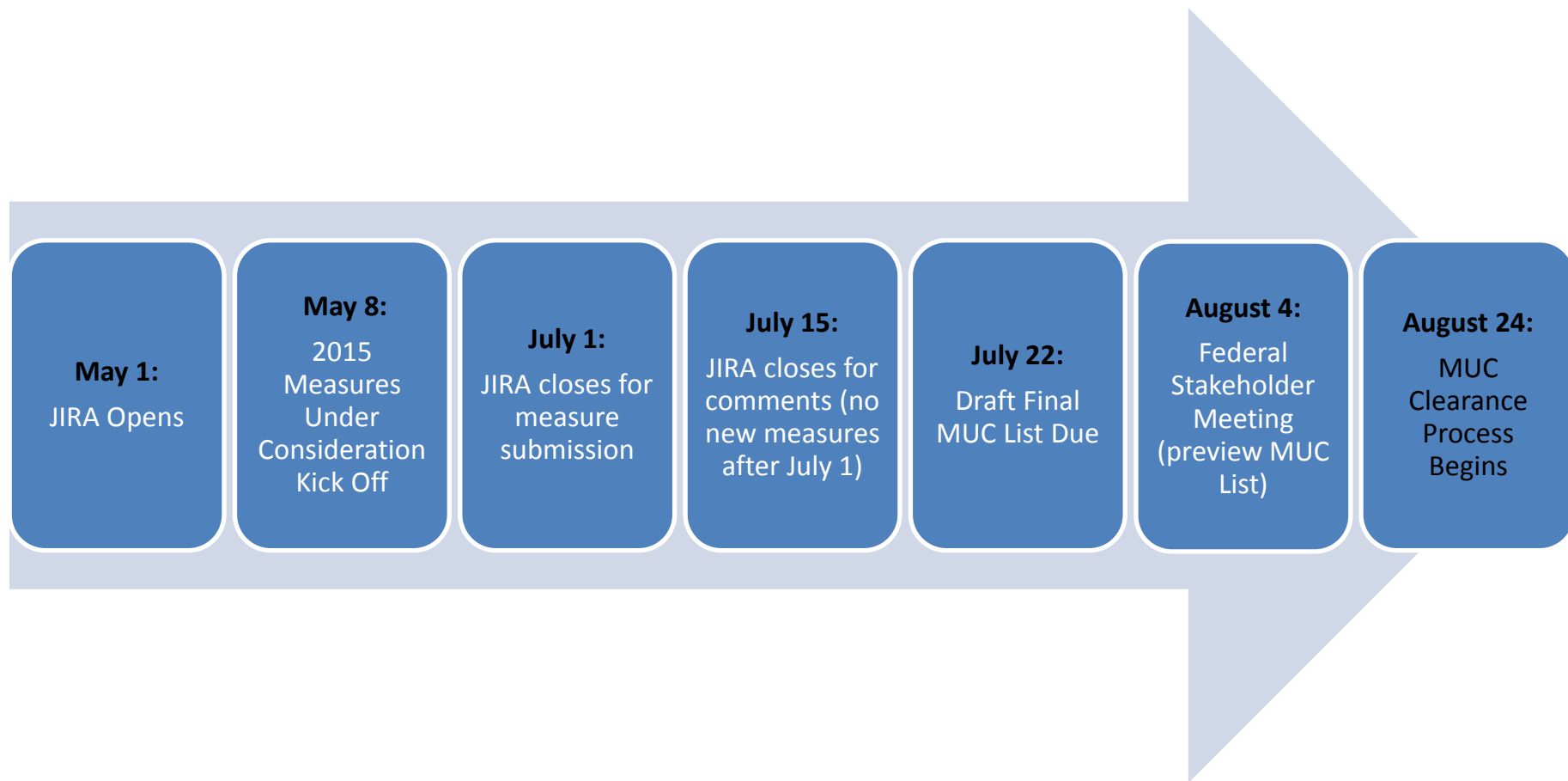- This framework is also a guide for helping make decisions when deviations occur

# Caveats

- Measures in current use do not need to go on the Measures under Consideration List again
  - The exception is if you are proposing to expand the measure into other CMS programs, proceed with the measure submission but only for the newly proposed program
- Only measures subject to rulemaking for Medicare quality reporting and pay for performance programs will be on the list
- Submissions will be accepted if the measure was previously proposed to be on a prior year's published MUC List, but was not accepted by any CMS program(s).
- Measure specifications may change over time, if a measure has significantly changed, proceed with the measure submission for each applicable program

# MUC List - Programs Included

- End-Stage Renal Disease QIP
- Skilled Nursing Facility Value-Based Purchasing Program
- Inpatient Rehabilitation Facility Quality Reporting
- Long-Term Care Hospital Quality Reporting
- Home Health Quality Reporting
- Hospice Quality Reporting
- Skilled Nursing Facility Quality Reporting Program
- Merit-Based Incentive Payment System (MIPS)
- Medicare Shared Savings Program

- Hospital-Acquired Condition Reduction Program
- Hospital Readmissions Reduction Program
- Hospital Inpatient Quality Reporting & Medicaid and Medicare EHR Incentive Program for EH/CAH
- Hospital Value-Based Purchasing
- Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program
- Inpatient Psychiatric Facility Quality Reporting
- Ambulatory Surgical Center Quality Reporting
- Hospital Outpatient Quality Reporting

# Measures Under Consideration Calendar

**May 1:** JIRA Opens

**May 8:** 2015 Measures Under Consideration Kick Off

**July 1:** JIRA closes for measure submission

**July 15:** JIRA closes for comments (no new measures after July 1)

**July 22:** Draft Final MUC List Due

**August 4:** Federal Stakeholder Meeting (preview MUC List)

**August 24:** MUC Clearance Process Begins

# Q&A

- Creation of the Measures Under Consideration List

- **Debrief of September Coordinating Committee Meeting**

- MAP Pre-Rulemaking Approach

- Preliminary Analysis Algorithm

- Voting Process

- Pre-Rulemaking Discussion Guide

- Public Comment

- Next Steps

# Themes from September Coordinating Committee Meeting

The MAP Coordinating Committee met September 18 to review and update the MAP pre-rulemaking approach the Workgroups will use. Several key themes emerged:

- Refinements should be made to the MAP's definition of several key terms used in the preliminary analysis algorithm; including impact, gaps, and alignment

- There is a need for MAP to establish a clear set of priorities across Workgroups that will drive performance improvement without overburdening the system

  - The Coordinating Committee will develop a set of MAP Core Concepts based on output from the Workgroups during its January 2016 meeting.

# Impact

The MAP Coordinating Committee recommended a two-pronged approach to assess a measure's impact on improving population health and lowering cost and resource use:

- Consider how the measure addresses the program's measure set and relates to its goals
- Estimate the health impact of improvement in care resulting from use of this measure

While better information is needed to assess impact for the proposed measures, the MAP should weigh value of a measure against burden and unintended consequences, and consider impact in the context of how the measure is used.

# Gaps – Development of Core Concepts

The Coordinating Committee recommended that the MAP develop a set of Core Concepts to better assesses gaps within and across programs, settings, and populations. These core concepts will:

- Identify a set of priorities that would cut across the MAP Workgroups and the programs they review.

- Provide a clear picture of where measurement gaps exist within and across programs

- Allow better understanding of the measures currently in the programs

- Clarify if a measure under consideration addresses a key area for improvement to drive improvement across the continuum

# Alignment

The Coordinating Committee identified that following goals for measure alignment by MAP:

- Reduce redundancy and strive towards a comprehensive core measurement approach
- Send a clear and consistent message regarding the expectations of payers, purchasers, and consumers
- Reduce the costs of collecting and reporting data
- Transform care in priority areas with notable potential for improvement
- Avoid confusion conflicts and duplication on the part of all stakeholders

# Alignment

The development of MAP Core Concepts will also promote alignment by allowing high value concepts to be identified across programs.

- Not always feasible to use the same measure across programs
- Core concepts will provide consistency about key areas to improve

The Coordinating Committee also provided caution about alignment:

- Balance unique needs and goals of an individual program with the goal of alignment
- Alignment should not limit program or measure innovation

# Q&A

- Creation of the Measures Under Consideration List

- Debrief of September Coordinating Committee Meeting

- **MAP Pre-Rulemaking Approach**

- Preliminary Analysis Algorithm

- Voting Process

- Pre-Rulemaking Discussion Guide

- Public Comment

- Next Steps

# MAP Pre-Rulemaking Approach

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

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

# MAP Decision Categories

- MAP Workgroups must reach a decision about every measure under consideration

    □ Decision categories are standardized for consistency

    □ Each decision should be accompanied by one or more statements of rationale that explains why each decision was reached

# MAP Decision Categories for Fully Developed Measures and Example Rationales

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

# MAP Decision Categories for Measures Under Development and Example Rationales

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

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

# 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

# Q&A

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

- Creation of the Measures Under Consideration List

- Debrief of September Coordinating Committee Meeting

- MAP Pre-Rulemaking Approach

- **Preliminary Analysis Algorithm**

- Voting Process

- Pre-Rulemaking Discussion Guide

- Public Comment

- Next Steps

# 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

# Preliminary Analysis – *At a Glance*

- Does the Measure Under Consideration (MUC) meet the program goals and objectives?

- Is this a high-value measure?

- Does it fill a gap in the program measures set?

- Is the MUC fully specified?

- Is the MUC tested for the appropriate setting and/or level of analysis for the program?

- Is the MUC currently in use?

- Does the MUC contribute to alignment and efficient use of measurement resources?

- NQF endorsement status

# Does the MUC meet the Program Goals and Objectives?

- Using the CMS 2015 Program Specific Measure Priorities and Needs Assessment:

  - Determine how/whether the MUC addresses the program goals and objectives

  - How does the MUC address specific program objectives and measure requirements that are not already addressed by existing measures?

  - If the measure does not address a critical program objective, MUC to receive a **Do Not Support** for its preliminary analysis

- Refer to *MAP MSC #3 "Program measure set is responsive to specific program goals and requirements"* and *CMS MUC Measure Selection Requirement (MSR) 2a " Measure is responsive to specific program goals and statutory requirements."*

# Is this a high-value measure?

- **MAP has identified the following measure types as high-value:**
  - Outcome measures (e.g., mortality, adverse events, functional status, patient safety, complications, or intermediate outcomes, e.g., BP value, lab test value – not just the test is performed)
  - Patient –reported outcomes where the patient provides the data about their results of treatment, level of function and health status (Not the clinician administering a tool/questionnaire for the patient to fill out – the measure must use the results of the information in the tool or questionnaire)
  - Measures addressing patient experience, care coordination, population health, quality of life or impact on equity. *MAP MSC # 5 and 6*
  - Appropriateness, overuse, efficiency and cost of care measures
  - Composite measures
  - Process measures close to outcomes with a strong evidence link

# Does it fill a gap in the program measures set?

- Does it fill a gap in the MAP Families of measures?

- Does it fill a gap identified by the MAP?

- Does it address a high priority domain identified by CMS that does not have adequate measures in the program set?

- If the measure does not fill a gap, MUC to receive a **Do Not Support** for its preliminary analysis.

# Is the MUC fully specified?

- If the measure development status on the MUC list is "early development" or "field testing"; the MUC is not fully developed → Go to **"Measure Under Development" pathway**

- If the MUC is fully specified and tested, move ahead and assess testing.

  - *CMS MSR 2e "Measure reporting is feasible and measures have been fully developed and tested. In essence, measures must be tested for reliability and validity."*

# Is the MUC tested for the appropriate setting and/or level of analysis for the program?

- If the measure is specified and tested for a different setting or level of analysis that is not appropriate for this program (e.g., a MUC for clinician programs that is specified/tested/endorsed at the health plan level only):

  - Hospital -→ **Do not support**

  - PAC/LTC: Could a hospital measures be used in the PAC/LTC setting or "tweaked" to use in the PAC/LTC setting? If yes, continue on to Step 4 but note that any support must be conditional on the measure being tested at the with PAC/LTCs before being used in a public reporting or payment program. If no, →**Do not support**

  - Clinician: Could the measure be used at the clinician level or "tweaked" to use at the clinician level? If yes, continue on to Step 4 but note that any support must be conditional on the measure being tested at the clinician level before being used in a public reporting or payment program. If no, →**Do not support**

    - *Is the measure appropriate for clinician-level analysis?*

# Is the MUC currently in use?

- Determine if the MUC is currently in use in another federal program or in a private program. The MUC list generally indicates use in other programs.

- If no performance data is identified, note "no data found".

- Identify any "red flags":

  - What is current performance?  Is the measure performance close to 100%, i.e., is it topped out?

  - Is there a history of implementation challenges (e.g., data source issues)?

  - Does the measure lead to misalignment (if information on specification is available)?

  - Are there any known unintended consequences?

  - Does the measure have a low selection rate amongst providers (for PQRS measures)?

# Does the MUC contribute to alignment and efficient use of measurement resources?

**Consider the burden and cost of measurement (*MAP MSC #2-7*):**

- Is the measure used in other programs?

- Is this the best measure available (e.g. outcome measures are preferred over process measures)?

- Not duplicative of an existing measure BUT also consider whether the MUC is a better measure

- Captures the broadest population

- If the topic area already has outcome measures, is this process measure needed?

- Composite measures

- The burden of implementation should weigh the value of the measures for patients (e.g., implementing PROs may be burdensome but is extremely high value). Consider the cost-benefit balance.

- If the measure does not contribute to the efficient use of resources or support alignment across programs, MUC to receive a **Do Not Support** for its preliminary analysis. If yes, go to Step 8.

# NQF endorsement status

*MAP MSC # 1 "NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective."*

- NQF-endorsed, or likely to receive NQF-endorsement in the near future at the level of analysis and for the setting in the program: MUC to receive a **Support** for its preliminary analysis

- Never submitted for NQF endorsement; OR
  failed initial endorsement submission but has since been modified to reflect NQF feedback; OR a measure not specified at the clinician level that could be used at the clinician-level: → **Conditional Support** for its preliminary analysis. State condition that must be met.

- Submitted for NQF endorsement, but not recommended by NQF: MUC to receive a **Do Not Support** for its preliminary analysis.

# Measures Under Development Pathway

- For measures still in development, MAP may not have all the information to answer these questions

- To encourage development of innovative new measures, MAP will use an abbreviated version of the algorithm

- For measures under development, the preliminary analysis algorithm asks:

  - Does the MUC meet CMS <u>Program Goals and Objectives?</u>
  - Is the MUC a high-value measure?
  - Does it fill a gap in the program measures set?
  - Is the MUC fully specified?
  - Does the MUC contribute to the efficient use of measurement resources (burden and cost of measurement)?

# Q&A

- Creation of the Measures Under Consideration List

- Review of Pre-Rulemaking Approach

- Review of the Preliminary Analysis Algorithm

- **Review of the Voting Process**

- Review of the Pre-Rulemaking Discussion Guide

- Public Comment

- Next Steps

# Key Voting Principles

- Every measure under consideration will be subject to a vote, either individually or as part of a consent calendar

- Workgroups will be expected to reach a decision on every measure under consideration

  - There will no longer be a category of "split decisions" where the MAP Coordinating Committee makes a decision on a measure under consideration

  - However, the Coordinating Committee may decide to continue discussion on a particularly important matter of program policy or strategy in the context of a measure for a program

- Staff will provide an overview of the process for establishing consensus through voting at the start of each in-person meeting

# Key Voting Principles

- After introductory presentations from staff and the Chair to give context to each programmatic discussion, and discussion and voting will begin using the electronic Discussion Guide

- A lead discussant will be assigned to each group of measures.

- The Discussion Guide will organize content as follows:
  - The measures under consideration will be divided into a series of related groups for the purposes of discussion and voting
  - Each measure under consideration will have a preliminary staff analysis
  - The discussion guide will note the result of the preliminary analysis (i.e., support, do not support, or conditional support) and provide rationale to explain how that conclusion was reached

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

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

- The co-chairs will ask the Workgroup members to identify any MUCs they would like to pull off the consent calendar. Any Workgroup member can ask that one or more MUCs on the consent calendar be removed for individual discussion

- Once all of the measures the Workgroup would like to discuss are removed from the consent calendar, the co-chair will ask if there is any objection to accepting the preliminary analysis and recommendation of the MUCs remaining on the consent calendar

- If no objections are made for the remaining measures, the consent calendar and the associated recommendations will be accepted (no formal vote will be taken)

# Voting Procedure
## Step 3. Voting on Individual Measures

- Workgroup member(s) who identified measures for discussion will describe their perspective on the measure and how it differs from the preliminary analysis and recommendation in the Discussion Guide.

- Workgroup member(s) assigned as lead discussant(s) for the group of measures will respond to the individual(s) who requested discussion. Lead discussant(s) should state their own point of view, whether or not it is in agreement with the preliminary recommendation or the divergent opinion.

- Other Workgroup members should participate in the discussion to make their opinions known. However, in the interests of time, one should refrain from repeating points already presented by others.

- After discussion of each MUC, the Workgroup will vote on the measure with three options:
  - Support
  - Support with conditions
  - Do not support

- If a MUC receives <u>></u> 60% for Support -- the recommendation is Support

- If a MUC receives <u>></u> 60% for the SUM of Support and Conditional support – the recommendation is Conditional support. Staff will clarify and announce the conditions at the conclusion of the vote

- If a MUC receives < 60% for the SUM of Support and Conditional support - the recommendation is "Do not support"

- Abstentions are discouraged but will not count in the denominator

# Voting Procedure
## Step 4: Tallying the Votes

| DO NOT SUPPORT | CONDITIONAL SUPPORT | SUPPORT |
|---|---|---|
| > 60% consensus of do not support | ≥ 60% consensus of conditional support | ≥60% consensus of support |
| < 60% consensus for the combined total of conditional support and support | ≥ 60% consensus of both conditional support and support | N/A |

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

## 25 Committee Members
## 2 members abstain from voting

| Voting Results | |
| --- | --- |
| Support | 10 |
| Conditional Support | 4 |
| Do Not Support | 9 |
| Total: | 23 |

## 10+4 = 14/23 = 61%
## The measure passes with Conditional Support

# Q&A

- Creation of the Measures Under Consideration List

- Review of Pre-Rulemaking Approach

- Review of the Preliminary Analysis Algorithm

- Review of the Voting Process

- **Review of the Pre-Rulemaking Discussion Guide**
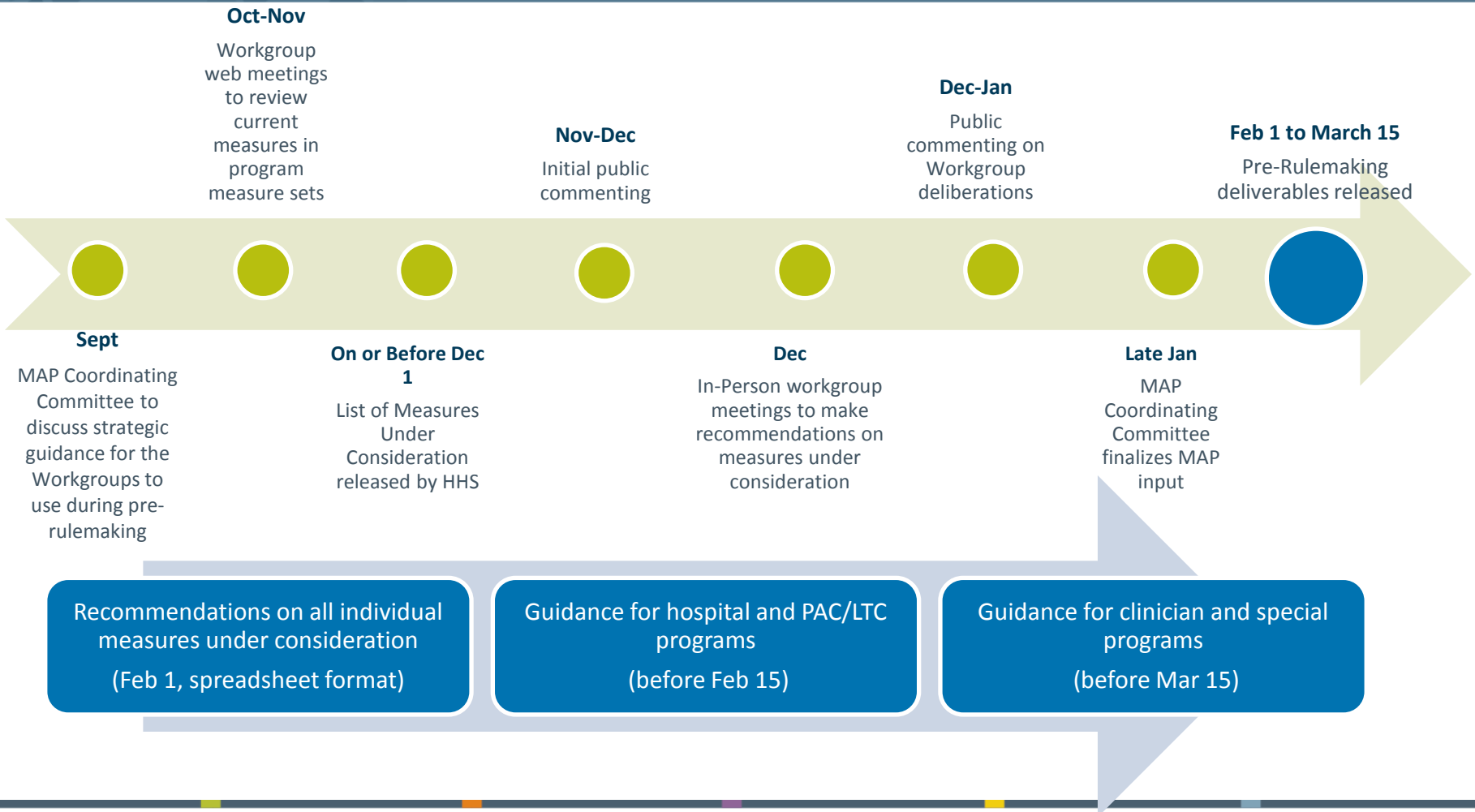
- Public Comment

- Next Steps

# Q&A

# **Public and Member Comment**

# Next Steps

**Oct-Nov**
Workgroup web meetings to review current measures in program measure sets

**Nov-Dec**
Initial public commenting

**Dec-Jan**
Public commenting on Workgroup deliberations

**Feb 1 to March 15**
Pre-Rulemaking deliverables released

**Sept**
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

**Late Jan**
MAP Coordinating Committee finalizes MAP input

Recommendations on all individual measures under consideration
(Feb 1, spreadsheet format)

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

Guidance for clinician and special programs
(before Mar 15)

# Next Steps: Upcoming Activities

- **Release of the MUC List- by December 1**

- **Public Comment Period #1- Following release of the MUC list**

- **In-Person Meetings**

  - Coordinating Committee- **September 18**

  - Clinician Workgroup - **December 9-10**

  - PAC/LTC Workgroup - **December 14-15**

  - Hospital Workgroup - **December 16-17**

  - Dual Eligible Beneficiaries Workgroup - **January 13**

  - Coordinating Committee- **January 26-27**

- **Public Comment Period #2- December 23- January 12**

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM