Measure Applications Partnership

Coordinating Committee
In-Person Meeting

September 18, 2015

NATIONAL
QUALITY FORUM

Meeting Agenda

- Welcome

- Guidance on Potential and Actual Impact

- Guidance on Defining Gaps in Program Measure Sets

- Guidance on Operationalizing the Concept of Alignment in the Preliminary Analysis and Workgroup Recommendations

- Review Preliminary Analysis Algorithm

Disclosures of Interest

Approach to decision making-
Supporting deliberations with preliminary analysis

Standardized approach across all workgroups:

- The measures under consideration will be divided into related groups for the purposes of discussion and voting

- Each measure under consideration will undergo a preliminary analysis by staff based on a standard decision algorithm applying the MAP measure selection criteria

- Discussion guide will note the result of the preliminary analysis and provide rationale to support how that conclusion was reached

Guidance on Potential and Actual Impact

Potential and Actual Impact

- HHS has directed MAP to include an assessment of the potential impact of the recommendations for each measure under consideration

- Specifically, MAP "shall also consider the potential and actual impact of measures under consideration and provide an assessment of this impact as part of their official input with recommendations on the selection of quality and efficiency measures under consideration"

Potential and Actual Impact Proposed Approach

Rationale for the recommendation would address two areas:

1. What would the MUC add to the specific program measure set?
   - How does the MUC address specific program objectives and measure requirements that are not already addressed by existing measures?
   - Is the MUC a high-value measure?
   - Does the measure pose an undue implementation burden?
   - Does the measure have potential for unintended consequences?
2. What is the expected health impact of improvement in care resulting from use of this measure? Consider:
   - the relationship to patient outcomes
   - the opportunity for improvement
   - the disease burden in the measured population

Potential and Actual Impact Survey Themes

- Defining high-value may be challenging

- "Undue implementation burden" can be interpreted in many ways, and may limit adoption of new measures

- The process should be data driven but how quantitative can the MAP analysis be given the time and resource limitations?

Potential and Actual Impact Coordinating Committee Discussion

- What is the Coordinating Committee's reaction and feedback to the proposed approach? Are there any anticipated difficulties in applying this approach?

- What other considerations for "potential or actual impact" should be considered?

  - What information would be needed to make these assessments?

Guidance on Defining Gaps in Program Measure Sets

Defining Gaps in Program Measure Sets

- In the past, MAP workgroups have identified important gaps within individual programs

  - Compiled across all of the individual programs

  - Used to identify areas for measure development for each program

- The gaps identified may not address the highest areas of measurement across all programs

Defining Gaps Survey Themes

- MAP needs a more strategic and standard approach by which gaps are identified both across Workgroups/settings, and within programs.

- The strongest and most robust measure concepts should be aligned across levels and across measure programs

- The gaps list should be more clearly defined against key measurement concepts that are defined as high impact.

- After the list of gaps is identified, a prioritization exercise can help identify measure concepts that might be high impact.

- However, this may be a potentially vast undertaking as a set of core measurement concepts that are more actionable than the NQS goals, and more high-level than individual measures need to be determined.

Defining Gaps Survey Themes

- If there are no measures in this space or a small quantity of measures then a lower bar for change could be applied

- MAP should track and trend gaps for key measurement concepts year over year to assess progress

- Questions have been raised on whether it is the MAP's responsibility to fill gaps

  - MAP has only taken up the role of identifying and prioritizing measure gaps as a by-product of its assessment of existing measures under consideration

  - MAP is not responsible for making "progress" on filling the gaps

Defining Gaps Proposed Approach

- A more robust framework is needed to compare existing measures across programs and to identify gaps across programs

- MAP should consider gaps in two ways:
    - Within an individual program
    - Across all programs and settings

Defining Gaps Proposed Approach

Assessing gaps within a program:

- When reviewing measures within each program MAP workgroups should:
  - consider the individual program goals and objectives
  - review the CMS identified gap areas
  - consider if the current gap areas need refinement
- Individual programs will have different goals and objectives
  - Measurement gaps identified should be specific and actionable to the care setting, level of analysis, and data source
- MAP workgroups should consider the CMS identified measure gaps for each program, and recommend refinements if necessary
  - Refinements should be agreed upon by a majority of the Workgroup

Defining Gaps Proposed Approach

Assessing gaps across programs and settings:

The Coordinating Committee should consider developing MAP Core Measurement Concepts that would:

- represent the aspirational measurement goals across all of the programs and settings under the pre-rulemaking task

- represent a manageable list of measurement concepts that the MAP agrees address the most high impact areas of measurement

- not be at an individual measure level as this would be too difficult to implement given the multiple settings, level of analysis, and data sources

- be more granular and actionable than the National Quality Strategy

Core Concepts Examples and Potential Inputs

MAP previously identified gaps:

- Adverse drug events

- Alzheimer's disease

- Appropriateness of diagnostic and therapeutic services

- Behavioral health

- Diagnostic accuracy

- Multiple chronic conditions

- Palliative and end-life care

- Patient-centered care planning

- Patient-reported pain and symptom management

Core Concepts Examples and Potential Inputs

MAP PAC/LTC Core Concepts:

- The PAC/LTC Workgroup realized it was not possible to develop an alignment strategy around a particular measure due to differing populations, services provided, and data sources

- A person-centered approach that assesses care across the episode of care could:
  - allow measurement beyond site-specific approaches
  - integrate PAC/LTC measurement with measurement for hospital and clinician care.

- The Workgroup identified six highest-leverage areas for measurement for PAC and LTC providers. Within these areas for measurement, the group identified a set of 13 measure concepts.

- The Workgroup has used these concepts to unify their work across disparate settings, recognizing that, while aligning at the measure level might not be possible, measuring the same concepts can begin to make progress on these key areas.

Core Concepts Examples and Potential Inputs

MAP PAC/LTC Core Concepts:

Highest-Leverage Areas	Core Measure Concepts
Function	Functional and cognitive status assessment Mental health
Goal Attainment	Establishment of patient/family/caregiver goals Advanced care planning and treatment
Patient Engagement	Experience of care Shared decision-making
Care Coordination	Transition planning
Safety	Falls Pressure ulcers Adverse drug events
Cost/Access	Inappropriate medicine use Infection rates Avoidable admissions

Core Concepts Examples and Potential Inputs

IOM Vital Signs Report

- The IOM presented a core measure set to review the status of health and health care at the national, state, local, and institutional levels.

- This core measure is intended to:
  - draw attention to what is truly important
  - focus on results rather than processes
  - reduce the number of measures required for reporting
  - increase flexibility and capacity for innovation
  - enhance the effectiveness and efficiency of system performance.

- Vital Signs may serve as a starting point to help identify concepts that are important for the programs specifically under evaluation by the MAP Workgroups.

IOM Vital Signs Report

BOX
Core Measure Set with Related Priority Measures

1. Life expectancy
Infant mortality
Maternal mortality
Violence and injury
   mortality

2. Well-being
Multiple chronic conditions
Depression

3. Overweight and obesity
Activity levels
Healthy eating patterns

4. Addictive behavior
Tobacco use
Drug dependence/illicit use
Alcohol dependence/
   misuse

5. Unintended pregnancy
Contraceptive use

6. Healthy communities
Childhood poverty rate
Childhood asthma
Air quality index
Drinking water quality index

7. Preventive services
Influenza immunization
Colorectal cancer screening
Breast cancer screening

8. Care access
Usual source of care
Delay of needed care

9. Patient safety
Wrong-site surgery
Pressure ulcers
Medication reconciliation

10. Evidence-based care
Cardiovascular risk
   reduction
Hypertension control
Diabetes control composite
Heart attack therapy
   protocol
Stroke therapy protocol
Unnecessary care
   composite

11. Care match with patient goals
Patient experience
Shared decision making
End-of-life/advanced care
   planning

12. Personal spending burden
Health care–related
   bankruptcies

13. Population spending burden
Total cost of care
Health care spending
   growth

14. Individual engagement
Involvement in health
   initiatives

15. Community engagement
Availability of healthy food
Walkability
Community health benefit
   agenda

Core Concepts Examples and Potential Inputs

MACRA Quality Measure Development Plan

- The Medicare Access and CHIP Reauthorization Act of 2015 directs HHS to develop a draft plan for quality measures for MIPS by 1/1/16.

- This plan could help MAP identify core concepts at the clinician level to include in its Core Concepts.

Defining Gaps Coordinating Committee Discussion

- How should the workgroups consider measure gaps when evaluating the potential impact of a measure under consideration and its ability to advance alignment?

- Is there value in prioritizing or refining the gaps previously identified by MAP to make them more meaningful to developers?

Public and Member Comment

Guidance on Operationalizing the Concept of Alignment

Operationalizing Alignment

MAP has referred to alignment in differing ways:

- MAP promotes alignment as a critical strategy for:
  - accelerating improvement in priority areas
  - reducing duplicative data collection
  - enhancing comparability and transparency of healthcare information
- MAP assesses and promotes alignment of measurement across federal programs and between public- and private-sector initiatives to streamline the costs of measurement and focus improvement efforts

Operationalizing Alignment

- MAP continues to take strides toward promoting alignment and gap-filling through development of Families of Measures related to the NQS priority areas

- MAP determined that measures should align with the aims and priorities of the NQS

In the preliminary analysis, each MUC is evaluated on whether it supports alignment across programs. Further guidance is requested to evaluate alignment.

Operationalizing Alignment Survey Themes

Goals for alignment:

- To help encourage all to "row together" on important health concerns and measure concepts

- To reduce redundancy and strive for a comprehensive core measurement approach

- To send a clear and consistent message to providers regarding the expectations of payers, purchasers, and consumers

- To reduce the costs of collecting and reporting performance data, and thus produce information that will enable comparison of providers

- To transform care in priority areas with notable potential for improvement and avoid confusion, conflicts, disaffection, and duplication on the part of all of the stakeholders

Operationalizing Alignment Survey Themes

- High value/impact measure concepts should be identified across programs.

- The alignment concepts described in the proposed approach were generally considered relevant and important

- There is a balance between the needs/goals of individual programs and the goals of alignment

- Are the goals of the program implementers and patient populations sufficiently similar to justify alignment of the public and private sector?

- A concern is that at present, measure development often occurs, by program and by level, making it challenging to advance alignment

Operationalizing Alignment

- What is the goal and purpose of alignment?

- How do we balance the needs/goals of individual programs and the goals of alignment?

- Are the goals of the program implementers and patient populations sufficiently similar to justify alignment of the public and private sector?

- How do we balance alignment with the possibility of penalizing a provider multiple times for the same event?

Review Preliminary Analysis Algorithm

Preliminary Analysis for Measures Under Consideration (MUC)

MAP Recommendation Definitions

- **Support** measures that meet all the criteria above and are NQF-endorsed.

- **Conditionally support** measures that may have an issue that could be addressed as a condition.

- **Do not support** measures identified during the preliminary analysis above

Preliminary Analysis for Measures Under Consideration (MUC)

Part 1 – Program Measure Set framework - to be discussed and reviewed by the workgroups at the Fall web meeting:

- Using the critical program objectives, develop an organizing structure or framework for each program measure set

  - Consider how to incorporate the National Quality Strategy aims and priorities .

    - » Refer to MAP MSC #2 "Program measure set adequately addresses each of the NQS three aims."

- Using the framework, organize the measures currently finalized in the program.

Preliminary Analysis for Measures Under Consideration (MUC)

Part 2: Preliminary Analysis of MUCs - to be discussed and reviewed by the Workgroup at the in-person meeting

- Nine questions to guide the development of a preliminary recommendation and summary

- These recommendations will form the basis for the consent calendars the Workgroups will use to provide input on during their December meetings

Public and Member Comment

Next Steps: Upcoming Activities

Web Meetings

- Clinician Workgroup - **October 8**

- Hospital Workgroup - **October 13**

- PAC/LTC Workgroup - **October 16**

- All MAP Meeting- **November 13**

- Dual Eligible Beneficiaries Workgroup – **January 13**
  - *Reviews recommendations from other groups and provide cross-cutting input during the second round of public comment*

In-Person Meetings

- Clinician Workgroup - **December 9-10**
- PAC/LTC Workgroup - **December 14-15**
- Hospital Workgroup - **December 16-17**
- Coordinating Committee- **January 26-27**

Adjourn

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM