NATIONAL QUALITY FORUM

Measure Applications Partnership

Review of 2018 Medicaid Adult and Child Workgroup and MAP Rural Health Workgroup Reports

Coordinating Committee Web Meeting

August 14, 2018

Meeting Agenda

- Welcome and review of meeting objectives
- MAP overview
- Review of reports
  - *2018 Medicaid Child Workgroup report*
  - *2018 Medicaid Adult Workgroup report*
  - *2018 MAP Rural Health Workgroup report*

Meeting Objectives

- Review public comments for the Medicaid Adult, Medicaid Child, and MAP Rural Health draft reports
- Finalize 2018 Medicaid Child Workgroup Report, 2018 Medicaid Adult Workgroup Report, and 2018 MAP Rural Health Workgroup Report

MAP Coordinating Committee Members

Committee Chairs: Charles Kahn, III, MPH; Harold Pincus, MD

Organizational Members (voting)	
Academy of Managed Care Pharmacy	Health Care Service Corporation
AFL-CIO	The Joint Commission
America's Health Insurance Plans	The Leapfrog Group
American Board of Medical Specialties	Medicare Rights Center
American Academy of Family Physicians	National Alliance for Caregiving
American College of Physicians	National Association of Medicaid Directors
American College of Surgeons	National Business Group on Health
American HealthCare Association	National Committee for Quality Assurance
American Hospital Association	National Partnership for Women and Families
American Medical Association	Network for Regional Healthcare Improvement
American Nurses Association	Pacific Business Group on Health
AMGA	Pharmaceutical Research and Manufacturers of America (PhRMA)
Consumers Union	

MAP Coordinating Committee Members (cont.)

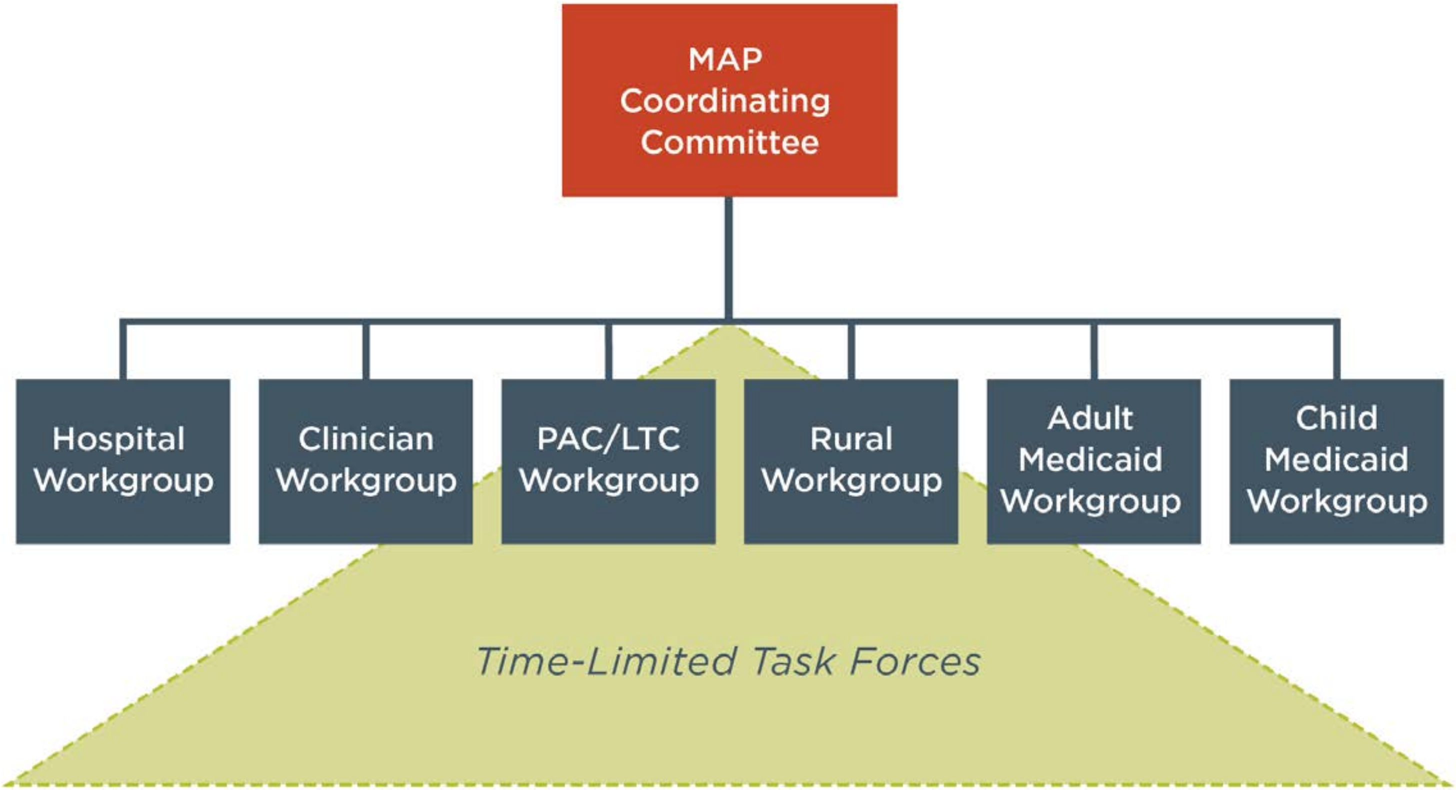
Individual Subject Matter Expert (Voting)
Richard Antonelli, MD, MS

Federal Government Liaisons (Non-Voting)
Agency for Healthcare Research and Quality (AHRQ)
Centers for Disease Control and Prevention (CDC)
Centers for Medicare & Medicaid Services (CMS)
Office of the National Coordinator for Health Information Technology (ONC)

MAP Coordinating Committee Charge

- Advise HHS on the coordination of performance measurement strategies across public sector programs, across settings of care, and across public and private payers;
- Set the strategic direction for the Measure Applications Partnership; and
- Give direction to and ensure alignment among the MAP advisory workgroups.

MAP Structure



2018 Medicaid Child and Adult Workgroup Overview

Charge of the Medicaid Adult and Child Workgroups

- Each year, the Medicaid Workgroups provide input to the MAP Coordinating Committee on recommendations to HHS for strengthening the Adult and Child Core Sets of measures by:
  - *Reviewing states' experiences voluntarily reporting measures*
  - *Refining previously identified measure gap areas*
  - *Recommending potential measures for addition or removal from the sets, with a focus on addressing high-priority measure gap areas*

CMS Goals
Child and Adult Core Sets

- Three-part goal for Child and Adult Core Sets:
  1. *Increase number of states reporting Core Set measures*
  2. *Increase number of measures reported by each state*
  3. *Increase number of states using Core Set measures to drive quality improvement*

- CMS uses the Core Set data to obtain a snapshot of quality and to inform Medicaid policy and program decisions.

2018 Medicaid Child Workgroup Report

Medicaid Child Workgroup Membership

Workgroup Chairs (voting)	
Richard Antonelli, MD	
Lindsay Cogan, PhD	
Organizational Members (voting)	**Organizational Representative**
Aetna Medicaid	Angela N Moemeka MD MBA FAAP
American Academy of Pediatrics (AAP)	Terry Adirim, MD, MPH
American Nurses Association (ANA)	Rhonda Anderson, RN
Anthem Indiana Medicaid	Julie Keck, MD
Children's Hospital Association (CHA)	Gary Freed, M.D., M.P.H.
National Association of Medicaid Directors (NAMD)	Fred Oraene
National Association of Pediatric Nurse Practitioners (NAPNAP)	Shayna Dahan, BSN, RN, MSN, CPNP, PMHS
National Partnership for Women & Families	Carol Sakala, PhD, MSPH
Ohio Department of Medicaid	Mary Applegate, MD
Sargent Shriver National Center on Poverty Law	Stephanie Altman, JD

Medicaid Child Workgroup Membership

Individual Subject Matter Experts (voting)	
Kamala Allen, MHS	
David Einzig, MD	
Amy Houtrow, MD, PhD	
David Kelley, MD, MPA	
Stephen Lawless, BS, MD, MBA, FAAP, FCCM, FSMB	
Kenneth Schellhase, MD	
Jeff Schiff, MD, MBA	
Margaret Tomcho, MD, MPH	
Federal Government Members (non-voting)	
Agency	**Agency Representative**
Agency for Healthcare Research and Quality (AHRQ)	Kamila Mistry, PhD, MPH
Centers for Medicare & Medicaid Services (CMS)	Marsha Smith, MD, MPH, FAAP
Health Resources and Services Administration	Suma Nair, MS, RD

Medicaid and CHIP

BACKGROUND

- >40% of births in the U.S. are financed by Medicaid[1]
- Medicaid and the Children's Health Insurance Program (CHIP) covered nearly 35 million children in August 2017[2]
  - *Better health*
  - *Lower rates of mortality*
  - *Higher educational and economic outcomes*
- Promote access to care among children with special health care needs[3]
- Children with special health needs[4]
  - *15% of children have special healthcare needs*
  - *36% covered by public insurance*
  - *58% have ≥4 functional difficulties*

[1] Medicaid.gov. Medicaid & CHIP: Strengthening Coverage, Improving Health. Jan 2017.
[2] Medicaid.gov. September 2017 Medicaid and CHIP Enrollment Data Highlights.
[3] Paradise,J. The Impact of the Children's Health Insurance Program (CHIP): What Does the Research Tell Us? Jul 2014.
[4] National Survey of Children with Special Health Care Needs, NS-CSHCN 2009/10.

Medicaid Child Core Set

- The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) requires HHS to publish the Child Core Set.
  - *Initial Child Core Set of measures was published in 2009*
- Annually, states voluntarily submit data to CMS
  - *50 states voluntarily reported at least one Child Core Set measure*
  - *States reported a median of 18 measures*
  - *Most frequently reported measures assess children's access to primary care, well-child visits, use of dental services, receipt of childhood immunizations, chlamydia screening, and ED visits*

Medicaid and CHIP Child Core Set Measures for FFY 2018 Use

Primary Care Access and Preventive Care

NQF #	Measure Name	Measure Steward
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents (WCC-CH)	NCQA
0033	Chlamydia Screening in Women Ages 16–20 (CHL-CH)	NCQA
0038	Childhood Immunization Status (CIS-CH)	NCQA
1392	Well-Child Visits in the First 15 Months of Life (W15-CH)	NCQA
1407	Immunizations for Adolescents (IMA-CH)[a]	NCQA
1448*	Developmental Screening in the First Three Years of Life (DEV-CH)	OHSU
1516	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34-CH)	NCQA
0418/ 0418e†	Screening for Depression and Follow-Up Plan: Ages 12-17 (CDF-CH)	CMS
N/A	Child and Adolescent Access to Primary Care Practitioners (CAP-CH)	NCQA
N/A	Adolescent Well-Care Visit (AWC-CH)	NCQA

*No longer NQF-endorsed.
NCQA = National Committee for Quality Assurance; OHSU = Oregon Health and Science University; CMS = Centers for Medicare & Medicaid Services

† Newly Added Measure

Medicaid and CHIP Child Core Set Measures for FFY 2018 Use, cont.

Maternal and Perinatal Health

NQF #	Measure Name	Measure Steward
0139	Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH)	CDC
0471	PC-02: Cesarean Section (PC02-CH)	TJC
1360	Audiological Evaluation No Later Than 3 Months of Age (AUD-CH)	CDC
1382	Live Births Weighing Less Than 2,500 Grams (LBW-CH)	CDC
1517*	Prenatal and Postpartum Care- Timeliness of Prenatal Care (PPC-CH)	NCQA
2902	Contraceptive Care – Postpartum Women Ages 15–20 (CCP-CH)	OPA
2903†	Contraceptive Care- Most and Moderately Effective Methods: Ages 15-20 (CCW-CH)	OPA

† Newly Added Measure

*No longer NQF-endorsed
AMA-PCPI = American Medical Association-Physician Consortium for Performance Improvement; CDC = Centers for Disease Control and Prevention; NA = Measure is not NQF-endorsed; NCQA = National Committee for Quality Assurance; OPA = U.S. Office of Population Affairs.

Medicaid and CHIP Child Core Set Measures for FFY 2018 Use, cont.

Behavioral Health Care

NQF #	Measure Name	Measure Steward
0108	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	NCQA
0576	Follow-Up After Hospitalization for Mental Illness: Ages 6–20 (FUH-CH)	NCQA
2801	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	NCQA
NA	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)	AHRQ-CMS CHIPRA NCINQ

AHRQ = Agency for Healthcare Research and Quality; AMA-PCPI = American Medical Association-Physician Consortium for Performance Improvement; CHIPRA = Children's Health Insurance Program Reauthorization Act; CMS = Centers for Medicare & Medicaid Services; NCINQ = National Collaborative for Innovation in Quality Measurement; NCQA = National Committee for Quality Assurance

Medicaid and CHIP Child Core Set Measures for FFY 2018 Use, cont.

Dental and Oral Health Services

NQF #	Measure Name	Measure Steward
2508	Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk (SEAL-CH)	DQA (ADA)
NA	Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)	CMS

Care of Acute and Chronic Conditions

NQF #	Measure Name	Measure Steward
NA	Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)	NCQA
1800†	Asthma Medication Ratio: Ages 5-18 (AMR-CH)	NCQA

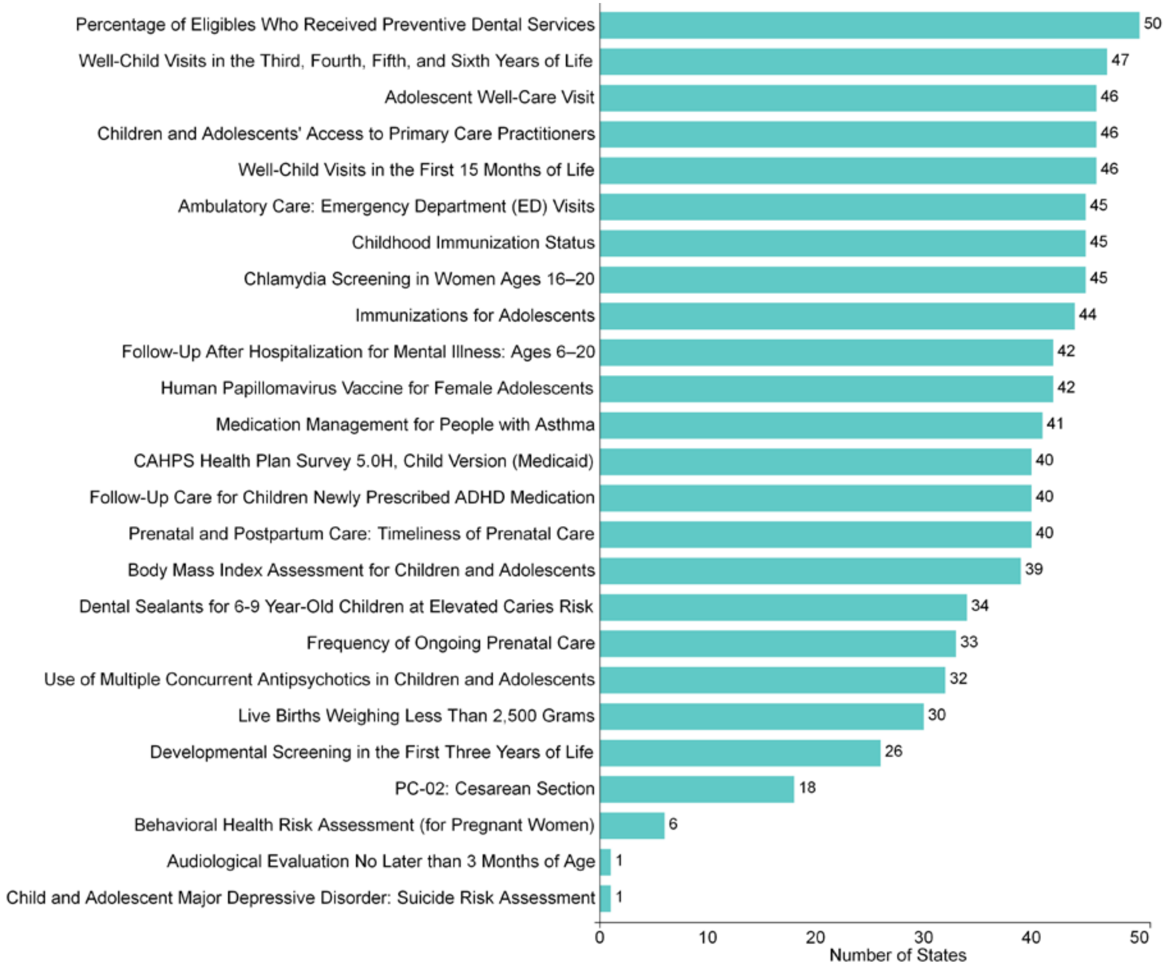
Experience of Care

NQF #	Measure Name	Measure Steward
NA	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH)	NCQA

† Newly Added Measure

DQA (ADA) = Dental Quality Alliance (American Dental Association); CMS = Centers for Medicare & Medicaid Services; NCQA = National Committee for Quality Assurance

Number of States Reporting the Child Core Set Measures, FFY 2016



50

states voluntarily reported at least one Child Core Set measure for FFY 2016

Sources: Mathematica analysis of MACPro reports and Form CMS-416 reports for the FFY2016 reporting cycle.

Florida's Experience Collecting and Reporting the Child Core Set

- Florida reports on 20 Child Core Set measures
- State highlights include:
  - A single, streamlined query and mandatory statewide Performance Improvement Plans (PIP) enabled Florida to better capture specific Core Set measures
  - Success in capturing dental services is fostered through:
    - Internal support for PIPs
    - A consumer engagement/social media campaign
    - Intensive technical assistance from federal partners
    - Regulatory approaches such as specific targets for health plan contracts.
  - Targeted consumer and health plan engagement resulted in an annual dental visit increase of 15 percentage points since 2010.

Minnesota's Experience Collecting and Reporting the Core Sets

- Recommendations and Key Considerations for Core Set Maintenance
  - States should collect social determinants of health (SDOH) related information.
  - Provider focused accountability models can improve health outcomes.
  - Accountability models must account for both clinical and community based efforts.
  - Address gap in services between public/population health and clinical services.
  - Address need for wrap-around support services in the community (e.g., programs focused on housing and food insecurity).

Child Task Force Measure-Specific Recommendations

- The Child Workgroup supports all measures in the 2018 Child Core Set for continued use
- The Child Workgroup recommended six measures for phased addition:

Rank	NQF # and Measure Title
1	3166 Antibiotic Prophylaxis Among Children with Sickle Cell Anemia
2	2393 Pediatric All-Condition Readmission Measure
3	2800 Metabolic Monitoring for Children on Multiple Antipsychotics
4	1885 Depression Response at Twelve Months- Progress Towards Remission
5	2797 Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia
6	2548 Child Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)

High-Priority Gaps in Child Core Set

- The Workgroup's gaps discussion centered on overall domains, which house gaps.
  - ***Behavioral Health Domain:***
    - Screening Abuse and Neglect (part of primary care as well)
    - Substance Abuse
    - Mental Health (including primary care integration)
    - Care Coordination/Integration
  - ***Public Health Domain:***
    - Behavioral Health
    - Social Determinants of Health
      - *Adverse Childhood Experiences*
    - Maternity Care (including experience of care and breastfeeding)
    - Cost (including finance reform for behavioral health)
    - Duration of child health insurance coverage over 12 months
    - Care Coordination

Review of Public Comments

21 comments submitted by 8 organizations

Measure-Specific Comments

- Most commenters supported all recommendations for phased addition to the Child Core Set.
- Commenters did not support the Child Workgroup's recommendations to add six measures to the Core Set:
  - *Do not support the addition of NQF #s: 3166, 2797, 2548, 1885, 2393, and 2800*

Review of Public Comments

Strategic/General Comments

- Encouragement for future focus and development for pediatric measures:
  - Measures that reflect the diversity of pediatric care
  - Measures that represent what providers can do to promote child health
  - Evidence-based or evidence informed measures
  - Measures feasible for providers serving the pediatric population
  - Measures emphasizing prevention and early intervention as it relates to social risk factors
  - Measures on prescription medications as well medication management and counseling

Review of Public Comments

Strategic/General Comments

- Requested actions for CMS
  - The Core Set should not be used to test and refine new measures.
  - Measure addition to Core Set should be based on measures already in use by state Medicaid agencies
  - Caution against the addition of measures to the Core Set that are not yet tested/specified at the state level such as NQF #1885. These concerns are specifically related to feasibility of data collection and reporting at the state level.

Review of Public Comments

Strategic/General Comments

- Support the following:
  - Support acknowledgement of measures that address substance use disorders and its integration with behavioral health
  - Support efforts to improve quality measurement by maximizing utility and decreasing collection burden
  - Recommend addition of “seclusion of restraints” for ‘Screening for Abuse and Neglect’ under the Behavioral Health domain

MAP Coordinating Committee Discussion

- Does the MAP Coordinating Committee have specific responses to public commenters or direction to reflect the comments in the final Child Core Set report?

- How can MAP support the development of new measures and/or methodologies to address persistent gaps?

2018 Medicaid Adult Workgroup Report

Medicaid Adult Workgroup Membership

Workgroup Chairs (voting)	
Harold Pincus, MD	
Marissa Schlaifer, RPh, MS	
Organizational Members (voting)	**Organizational Representative**
American Association on Health and Disability	Clarke Ross, DPA
American Association of Retired Persons (AARP)	Lynda Flowers, JD, RN, MSN
American College of Obstetricians and Gynecologists (ACOG)	Michelle H. Moniz, MD, MSc
American Association of Nurse Practitioners (AANP)	Sue Kendig, JD, WHNP-BC, FAAPN
American Occupational Therapy Association	Joy Hammel, PhD
Association for Community Affiliated Plans (ACAP)	Deborah Kilstein, RN, MBA, JD
Human Services Research Institute	David Hughes, PhD
Intermountain Health	Jesse Spencer, MD
National Association of Medicaid Directors (NAMD)	Rachel La Croix, PhD
Ohio Department of Medicaid	Mary Applegate, MD

Medicaid Adult Workgroup Membership

Individual Subject Matter Experts (voting)
Kim Elliott, PhD, CPHQ
Diana Jolles, PhD, CNM, FACNM
SreyRam Kuy, MD, MHS, FACS
Julia Logan,MD
Lisa Patton, PhD
Janice Tufte
Judy Zerzan, MD

Federal Government Members (non-voting)

Agency	Agency Representative
Centers for Medicare & Medicaid Services (CMS)	Marsha Smith, MD, MPH, FAAP
Health Resources and Services Administration	Suma Nair, MS, RD
Substance Abuse and Mental Health Services Administration	Laura Jacobus-Kantor, PhD

Medicaid Adult Population

- In FY 2016, Medicaid covered:[1]
  - 27 million adults
  - 9 million blind and disabled
  - 6 million aged
- In 2015, Medicaid covered roughly 21 percent of adults with mental illness, 26 percent of adults with serious mental illness, and 17 percent of adults with substance use disorder.[2]
- 5 percent of Medicaid beneficiaries with complex care needs account for 54 percent of total Medicaid expenditures.[3]

1. Congressional Budget Office. Detail of Spending and Enrollment for Medicaid for CBO's January 2017 Baseline. https://www.cbo.gov/sites/default/files/recurringdata/51301-2017-01-medicaid.pdf. Accessed February 2017.
2. Kaiser Family Foundation. Medicaid's Role in Financing Behavioral Health Services for Low-Income Individuals. https://www.kff.org/medicaid/issue-brief/medicaids-role-in-financing-behavioral-health-services-for-low-income-individuals/. Accessed December 2017.
3. Medicaid.gov. Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs. https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/beneficiaries-with-complex-needs/beneficiaries-with-complex-needs.html. Accessed December 2017.

Medicaid Adult Core Set

- The Affordable Care Act (ACA) called for the creation of a core set of quality measures for adults enrolled in Medicaid.
  - *Initial Adult Core Set of measures was published in 2012*
- Annually, states voluntarily submit data to CMS
  - *41 states voluntarily reported at least one Adult Core Set measure*
  - *States reported a median of 17 measures*
  - *Most frequently reported measures assess women's access to primary and preventive care, diabetes care, prenatal and postpartum care, and behavioral healthcare*

Medicaid Adult Core Set Measures for FFY 2018 Use

Primary Care Access and Preventive Care

NQF #	Measure Name	Measure Steward
0032	Cervical Cancer Screening (CCS-AD)	NCQA
0033	Chlamydia Screening in Women Ages 21–24 (CHL-AD)	NCQA
0039	Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)	NCQA
0418/ 0418e	Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	CMS
2372	Breast Cancer Screening (BCS-AD)	NCQA
N/A	Adult Body Mass Index Assessment (ABA-AD)	NCQA

Maternal and Perinatal Health

NQF #	Measure Name	Measure Steward
0469/ 2829	PC-01: Elective Delivery (PC01-AD)	TJC
0476	PC-03: Antenatal Steroids (PC03-AD)	TJC
2902	Contraceptive Care – Postpartum Women Ages 21–44 (CCP-AD)	OPA
2903†	Contraceptive Care – All Women Ages 21-44 (CCW-AD)	OPA
1517*	Prenatal and Postpartum Care: Postpartum Care (PPC-AD)	NCQA

CMS = Centers for Medicare & Medicaid Services; NCQA = National Committee for Quality Assurance; NQF = National Quality Forum; TJC = The Joint Commission; OPA = U.S. Office of Population Affairs

† Newly Added Measure

* No longer NQF-endorsed

Medicaid Adult Core Set Measures for FFY 2018 Use, cont.

Care of Acute and Chronic Conditions

NQF #	Measure Name	Measure Steward
0018	Controlling High Blood Pressure (CBP-AD)	NCQA
0057	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C-AD)	NCQA
0059	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD)	NCQA
0272	PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)	AHRQ
0275	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)	AHRQ
0277	PQI 08: Heart Failure Admission Rate (PQI08-AD)	AHRQ
0283	PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)	AHRQ
1800†	Asthma Medication Ratio	NCQA

† Newly Added Measure

NCQA: National Committee for Quality Assurance; AHRQ: Agency for Healthcare Research & Quality

Medicaid Adult Core Set Measures for FFY 2018 Use, cont.

Care of Acute and Chronic Conditions

NQF #	Measure Name	Measure Steward
1768	Plan All-Cause Readmissions (PCR-AD)	NCQA
2082	HIV Viral Load Suppression (HVL-AD)	HRSA
2371	Annual Monitoring for Patients on Persistent Medications (MPM-AD)	NCQA

Experience of Care

NQF #	Measure Name	Measure Steward
0006	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid) (CPA-AD)	AHRQ

NCQA = National Committee for Quality Assurance; AHRQ = Agency for Healthcare Research and Quality; HRSA = Health Resources and Services Administration

Medicaid Adult Core Set Measures for FFY 2018 Use, cont.

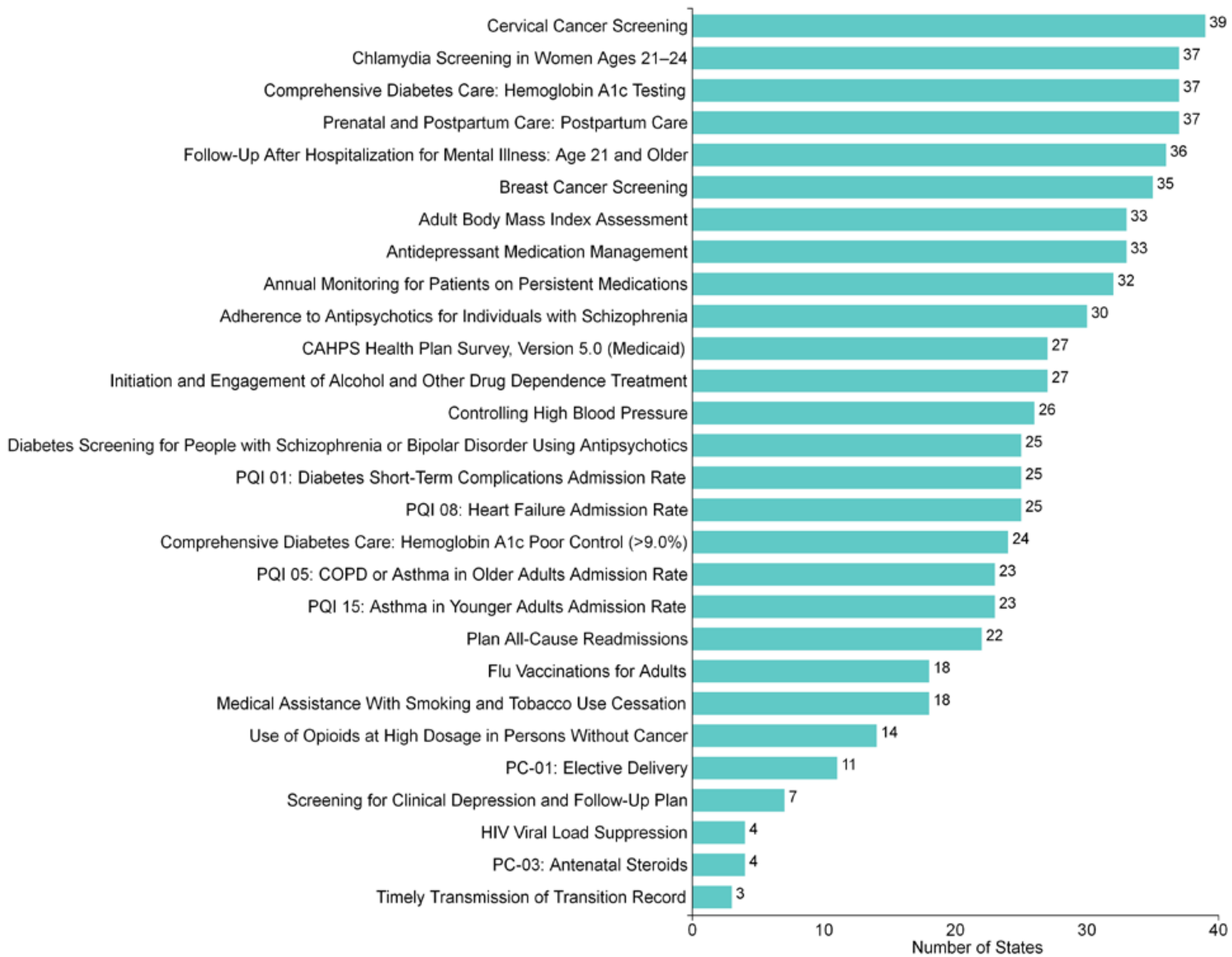
Behavioral Health Care

NQF #	Measure Name	Measure Steward
0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)	NCQA
0027	Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	NCQA
0105	Antidepressant Medication Management (AMM-AD)	NCQA
0576	Follow-Up After Hospitalization for Mental Illness: Age 21 and Older (FUH-AD)	NCQA
1879	Adherence to Antipsychotics for Individuals with Schizophrenia (SAA-AD)	CMS
1932	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	NCQA
2605	Follow-Up After Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence (FUA-AD)	NCQA
2607	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)	NCQA
N/A	Use of Opioids at High Dosage (OHD-AD)	PQA
N/A†	Concurrent Use of Opioids and Benzodiazepines	PQA

NCQA = National Committee for Quality Assurance; CMS = Centers for Medicare & Medicaid Services;
PQA = Pharmacy Quality Alliance

† Newly Added Measure

Number of States Reporting the Adult Core Set Measures, FFY 2016



41

states voluntarily reported at least one Adult Core Set measure for FFY 2016

Sources: Mathematica analysis of MACPro reports for the FFY 2016 reporting cycle

Note: The term "states" includes the 50 states and the District of Columbia

Pennsylvania's Experience Collecting and Reporting the Adult Core Set

- Pennsylvania reports on 21 Adult Core Set measures
- Recommendations and Key Considerations for Core Set Maintenance
  - *Core Set stability is critical in keeping MCOs focused on priority measures.*
  - *Population-based measures with national benchmarks serve as useful tools to gauge performance across states, regardless of NQF endorsement status.*
  - *Pennsylvania views reporting burden, such as chart audits, as one of the principal reasons for excluding a Core Set measure from its portfolio.*

Minnesota's Experience Collecting and Reporting the Core Sets

- Recommendations and Key Considerations for Core Set Maintenance
  - States should collect social determinants of health (SDOH) related information.
  - Provider focused accountability models can improve health outcomes.
  - Accountability models must account for both clinical and community based efforts.
  - Address gap in services between public/population health and clinical services.
  - Address need for wrap-around support services in the community (e.g., programs focused on housing and food insecurity).

Adult Task Force Measure-Specific Recommendations

- The Adult Workgroup supports 31 of 33 measures in the 2018 Adult Core Set for continued use and eight measures for phased addition to the 2019 Adult Core Set
- The Workgroup recommended the removal of
  - *NQF #0476 PC-03 Antenatal Steroids (The Joint Commission)*
    - The Workgroup recommended removal to reduce duplication and burden at the state level as well as increase bandwidth for reporting other measures.
  - *NQF #2082 HIV Viral Load Suppression (HRSA)*
    - The Workgroup recommended removal due to reporting challenges (e.g., data source and strict confidentiality laws associated with HIV and AIDS related clinical data).

Adult Task Force Measure-Specific Recommendations, cont.

- The Adult Workgroup recommended eight measures for phased addition.

Rank	NQF # and Measure Title
1	NQF #2967 CAHPS® Home and Community Based Services (HCBS) Measures
2	NQF #2950 Use of Opioids from Multiple Providers in Persons Without Cancer
3	NQF #0712e Depression Utilization of the PHQ-9 Tool
	NQF #0028: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention*
4	NQF #0104e: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
5	NQF #3175 Continuity of Pharmacotherapy for Opioid Use Disorder
6	NQF #2152 Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
	NQF #0541 Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category: Renin Angiotensin System (RAS) Antagonists, Diabetes Medications, Statins Would move and discuss with other med measure

*Conditionally supported measure

High-Priority Gaps in Adult Core Set

- Interpregnancy interval
- Planning and transition to well woman care post-pregnancy
  - *Minimize low value care*
- Disparities and equity focused measures in conjunction with social determinants of health
- Beneficiary reported outcomes
  - *Perception of care*
- Behavioral health
  - *Integration of substance use disorders with mental health*

Review of Public Comments

34 comments submitted by 13 organizations

Measure-Specific Comments

- Most commenters supported all recommendations for phased addition and removal from the Adult Core Set.
- Commenters did not support the Adult Workgroup's recommendations to add five measures and remove one measure from the Core Set
  - *Do not support the addition of NQF #s 2967, 2950, 0712e, 0104e, and 2152*
  - *Do not support the removal of Viral Load Suppression measure*

Review of Public Comments

Strategic/General Comments

- Encouragement for future focus and development in measurement areas:
  - Adult vaccination and immunization measures, especially for pregnant women and persons with multiple chronic conditions
  - Development of measures drawn from the Personal Outcome Measures survey, National Core Indicators (NCI) survey, and National Core Indicators – Aging and Disabilities (NCI-AD) Adult Consumer Survey
  - Prescription medications as well medication management and counseling
  - Social risk factors
  - Integration of community-based services and supports with person-centered outcomes and patient/consumer experience

Review of Public Comments

Strategic/General Comments

- Requested actions for CMS
  - Request standardization for the assessments and/or screenings that can be used to satisfy measures NQF #2152 and #0104e
  - Request more technical assistance for states on collecting data for measures that depend on access to provider EHR systems, such as NQF #0712e
  - Request clarification with regards to the HCBS populations included in NQF #2967, especially if added to the Adult Core Set.
  - Standardize the administration of the HCBS survey and certify vendors to conduct the survey.
  - Caution the addition of measures to the Core Set that are not yet tested/specified at the state level such as NQF #0028.

Review of Public Comments

Strategic/General Comments

- Support the following:
  - Focus on addressing existing needs of gap areas versus expanding the list of gap areas
  - Move towards population-based, cross-cutting measures in future core sets

MAP Coordinating Committee Discussion

- Does the MAP Coordinating Committee have specific responses to public commenters or direction to reflect the comments in the final Adult Core Set report?
- How can MAP support the development of new measures and/or methodologies to address persistent gaps?

Opportunity for Public Comment

MAP Coordinating Committee Approval

- Are there objections to the MAP Child Workgroup's recommendations for the FY2019 Child Core Set?
- Are there objections to the MAP Adult Workgroup's recommendations for the FY2019 Adult Core Set?

2018 MAP Rural Health Workgroup Report

Background: NQF's 2015 Rural Health Project
Key Issues Regarding Measurement of Rural Providers

- Geographic isolation
  - *Limited provider availability*
  - *Limited IT capabilities*
  - *Transportation difficulties*
- Small practice size
  - *Limited time, staff, and/or finances for QI*
  - *Multiple & disparate staff responsibilities across facilities*
- Heterogeneity
  - *Heterogeneity in settings and patient population*
  - *Implications for adjustment, reliability, and use of measures*
- Low case-volume
  - *Insufficient volume to achieve reliable and valid measurement*
  - *Limited set of available healthcare services may limit applicability of measures*

Background: NQF's 2015 Rural Health Project
Overarching Recommendation

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

Background: NQF's 2015 Rural Health Project
Supporting Recommendations for Measure selection

- Use guiding principles for selecting quality measures that are relevant for rural providers
- Use a core set of measures, along with a menu of optional measures, for rural providers
- Create a Measure Applications Partnership (MAP) workgroup to advise CMS on the selection of rural-relevant measures

MAP Rural Health Workgroup Roster

Workgroup Co-Chairs: Aaron Garman, MD, and Ira Moscovice, PhD

Organizational Member (Voting)	Organizational Representatives
Alliant Health Solutions	Kimberly Rask, MD, PhD, FACP
American Academy of Family Physicians	David Schmitz, MD, FAAFP
American Academy of Physician Assistants	Daniel Coll, MHS, PA-C, DFAAPA
American College of Emergency Physicians	Steve Jameson, MD
American Hospital Association	Stephen Tahta, MD
Geisinger Health	Karen Murphy, PhD, RN
Health Care Service Corporation	Shelley Carter, RN, MPH, MCRP
Intermountain Healthcare	Mark Greenwood, MD
Michigan Center for Rural Health	Crystal Barter, MS
MN Community Measurement	Julie Sonier, MPA
National Association of Rural Health Clinics	Bill Finerfrock
National Center for Frontier Communities	Susan Wilger, MPA
National Council for Behavioral Health	Sharon Raggio, LPC, LMFT, MBA
National Rural Health Association	Brock Slabach, MPH, FACHE
National Rural Letter Carriers' Association	Cameron Deml
RUPRI Center for Rural Health Policy Analysis	Keith Meuller, PhD
Rural Wisconsin Health Cooperative	Tim Size, MBA
Truven Health Analytics LLC/IBM Watson Health Company	Cheryl Powell, MPP

MAP Rural Health Workgroup Roster

Individual Subject Matter Experts (Voting)
John Gale, MS
Curtis Lowery, MD
Melinda Murphy, RN, MS
Ana Verzone, FNP, CNM
Holly Wolff, MHA

Federal Liaisons (Non-Voting)	
Center for Medicare and Medicaid Innovation, CMS	Susan Anthony, DrPH
Federal Office of Rural Health Policy, DHHS/HRSA	Craig Caplan
Indian Health Service	Juliana Sadovich, PhD, RN

MAP Rural Health Workgroup

Key Activities for 2017-2018

- Identify a core set of the best available rural-relevant measures
- Identify gaps in measurement and provide recommendations on alignment and coordination of measurement efforts
- Make recommendations regarding measuring and improving access to care for the rural population

MAP Rural Health Workgroup
Process and Timeline

- Five webinars to identify core set of measures
- Two webinars to discuss access to care
- Two draft reports, the 2nd released for 30-day public and NQF member comment

- Updated environmental scan of measures
- Identified initial measure selection criteria
- Quantitative exercise to tag/weight measures to narrow number of potential measures for core set
- Consensus-building discussions to finalize core set and consider access to care

Summary of Comments Received

Feedback on Draft Report Collected via Several Sources

- MAP Rural Health Workgroup
- CMS and HRSA colleagues
- 30-day NQF member and public comment period
  - *14 comments from 8 organizations representing a variety of stakeholders*

Feedback from Workgroup

- Overall report
  - *Supportive of majority of report, including format*
- Core set
  - *No suggestions for additional inclusions or exclusions, but a few concerns about data collection/meaningfulness for some of the hospital measures*
  - *Happy with mix of measures and alignment with other programs, although including only one transition measure*
- Access to care
  - *Specific suggestions provided to strengthen the subtopic narratives*

Feedback from Public and NQF Members

Report and Future Directions

- Supportive of the work overall
  - *Agreement with selection criteria focusing on cross-cutting measures, those resistant to low case-volume, and transitions of care measures*
  - *Focus on access and the three domains (availability, accessibility, and affordability)*
- Continued need for rural-relevant measure development and/or modification to existing measures to make them more applicable to a rural environment
- Create measure sets specific to major categories of provider types

Feedback from Public and NQF Members

Core Set

Generally positive feedback on the Core Set

- Desire for specifics about how the Core Set would be used
- Concern about limiting to NQF-endorsed measures
- One recommendation to include #**1789** Hospital-Wide All-Cause Unplanned Readmission Measure
- Recommendations to remove (or consider removing) 8 measures
  - *All but one were hospital measures*
  - *Rationale for removal include concerns related to low case-volume/lack of services and risk-adjustment concerns*

Feedback from Public and NQF Members
Access to Care

In general, supportive of the Workgroup's recommendations

- Encouraged the development of access to care measures
- Noted utility of telehealth for improving access to care
- Liked approach of suggesting potential solutions/ways to address challenges
- Appreciated acknowledgement of provider ability to affect an outcome for access to care even if they are not held accountable
- The domains align with priorities of other agencies

MAP Rural Health Workgroup Recommendations

Rural Health Core Set

- Nine measures for the hospital setting
- Eleven measures for ambulatory setting
- Seven measures for ambulatory setting, endorsed for health plan/integrated delivery system level of analysis
- Apply to majority of rural patients and providers
  - *NQF-endorsed*
  - *Cross-cutting*
  - *Resistant to low case-volume*
- Includes process and outcome measures
- Includes measures based on patient report
- Majority used in federal quality programs

Rural Health Core Set

Hospital Setting

NQF #	Measure Name
0138	National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure
0166	HCAHPS (includes 11 performance measures)
0202	Falls with injury
0291	Emergency Transfer Communication Measure
0371	Venous Thromboembolism Prophylaxis
0471	PC-02 Cesarean Birth
1661	SUB-1 Alcohol Use Screening
1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure
1789	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)

Rural Health Core Set
Ambulatory Care Setting

NQF #	Measure Name
0005	CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult, Child
0028	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
0041	Preventive Care and Screening: Influenza Immunization
0059	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
0097	Medication Reconciliation Post-Discharge
0326	Advance Care Plan
0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

Rural Health Core Set

Ambulatory Care Setting

NQF #	Measure Name
0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
0711	Depression Remission at Six Months
0729	Optimal Diabetes Care
2152	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

Rural Health Core Set

Ambulatory Care Setting, Health Plan/Integrated Delivery System Level of Analysis (not clinician level)

NQF #	Measure Name
0018	Controlling High Blood Pressure
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
0032	Cervical Cancer Screening (CCS)
0034	Colorectal Cancer Screening (COL)
0038	Childhood Immunization Status (CIS)
2372	Breast Cancer Screening
2903	Contraceptive Care – Most & Moderately Effective Methods

2017-2018 MAP Rural Health Workgroup
Measurement Gaps

- Access to care
- Transitions in care
- Cost
- Substance use measures, particularly those focused on alcohol and opioids
- Outcome measures (particularly patient-reported outcomes)

Considering Access to Care from a Rural Perspective

- Identified facets of access that are particularly relevant to rural residents
- Documented key challenges to access-to-care measurement from the rural perspective
- Identified ways to address those challenges

- Some key aspects of discussion
  - *Access and quality difficult to de-link*
  - *Both clinician-level and higher-level accountability needed*
  - *Distance to care and transportation issues are vital issues*
  - *Telehealth important, but there are still limitations*

Access to Care from a Rural Perspective

- Availability
  - *Specialty care, appointment availability, timeliness*
  - ***Address via:** workforce policy; team-based care and practicing to top of license; telehealth; improving referral relationships; partnering with supporting services*
- Accessibility
  - *Transportation, health information, health literacy, language interpretation, physical spaces*
  - ***Address via:** tele-access to interpreters; community partnerships; remote technology; clinician-patient communication*
- Affordability
  - *Out-of-pocket costs; delayed care due to out-of-pocket costs*
  - ***Address via:** appropriate risk-adjustment; policy/insurance expansion; protecting the safety net; monitoring patient balance after insurance*

Coordinating Committee Discussion

MAP Coordinating Committee Discussion

- Does the Coordinating Committee have specific responses to public commenters or directions/comments to reflect in the final report?

Opportunity for Public Comment

MAP Coordinating Committee Approval

- Are there objections to the MAP Rural Health Workgroup recommendations?

Next Steps

Next Steps: Reports Finalized and Submitted

- **August 31**: Reports on Medicaid Adult Core Set, the Medicaid Child Core Set, and the MAP Rural Health Workgroup are due to HHS.

Thank You for Participating!