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 - ▣ We will do a full roll call once the meeting begins
 - ▣ Feel free to use the chat feature to communicate with NQF staff
 - ▣ We will be using the hand raising feature during open discussion

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Measure Applications Partnership (MAP) Measure Set Review (MSR) Meetings

Day 1

September 8, 2021

*Funding provided by the Centers for Medicare & Medicaid Services, Task Order HHSM-500-T0003
Option Year 3*

Agenda

- Welcome, Introductions, and Disclosures of Interest (DOIs)
- CMS Opening Remarks
- Review of MSR Process and Measure Review Criteria (MRC)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Measures - Miscellaneous
- Lunch
- IPFQR Measures - Tobacco and Alcohol
- Ambulatory Surgical Center Quality Reporting (ASCQR) Measures
- Opportunity for Public Comment
- Coordinating Committee Discussion

Welcome, Introductions, and Disclosures of Interests (DOIs)

Coordinating Committee Membership

Workgroup Co-Chairs: Chip Kahn, MPH; Misty Roberts, MSN

Organizational Members (Voting)

- American Academy of Hospice and Palliative Medicine
- American Association on Health and Disability
- American College of Physicians
- American Health Care Association
- American Medical Association
- American Nurses Association
- America's Health Insurance Plans
- AmeriHealth Caritas
- Blue Cross Blue Shield Association
- Covered California
- HCA Healthcare
- The Joint Commission
- The Leapfrog Group
- National Committee for Quality Assurance
- National Patient Advocate Foundation
- Network for Regional Healthcare Improvement
- Patient & Family Centered Care Partners
- Purchaser Business Group on Health

Individual Subject Matter Experts (Voting)

- Dan Culica, MD, PhD
- Janice Tufte
- Ronald Walters, MD, MBA, MHA

Federal Government Liaisons (Nonvoting)

- 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)

Committee Staff

- **Tricia Elliott, MBA, CPHQ, FNAHQ**, Senior Managing Director
- **Katie Berryman, MPAP, PMP**, Senior Project Manager
- **Udara Perera, DrPHc, MPH**, Senior Manager
- **Ivory Harding, MS**, Manager
- **Susanne Young, MPH**, Manager
- **Ashlan Ruth, BS IE**, Project Manager
- **Becky Payne, MPH**, Senior Analyst
- **Victoria Freire, MPH, CHES**, Analyst
- **Joelencia LeFlore**, Coordinator
- **Gus Zimmerman, MPP**, Coordinator

CMS Opening Remarks

Review of MSR Process and Measure Review Criteria (MRC)

MSR Process

- After the MSR Education Meeting on August 9, Coordinating Committee members selected measures for review at this meeting.
- NQF staff compiled the results and the top 22 measures selected for review are included in these slides. Additional information on these measures is available in the measure summary document.

MSR Discussion Process

- NQF staff will provide an overview of each program to give context for the discussion.
- Measures are grouped on the agenda by program and topic area for ease of discussion.
- Co-chairs will begin discussion by asking lead discussants to share rationales for selecting measures for removal, referencing any relevant measure removal criteria.
- Co-chairs will continue the discussion, calling on Committee members in a round robin manner. Committee members should share their opinions and thoughts on their support for removing the measures, referencing any relevant measure removal criteria.

MSR Voting Process

- After the discussion, the co-chair will open a vote on each individual measure.
- Committee members will vote, indicating support for removal from the program – yes (remove) or no (do not remove)

Measure Review Criteria (Pilot Year)

1. Measure does not contribute to the overall goals and objectives of the program
2. Performance or improvement on the measure does not result in better patient outcomes
3. Measure is not NQF endorsed
4. Evidence base for measure has changed and measure no longer reflects current evidence
5. Measure performance is uniformly high and lacks variation in performance overall and by subpopulation
6. Measure is not feasible to implement
7. Measure is duplicative of other measures in the program
8. Measure has negative unintended consequences

Questions on MSR Process and Measure Review Criteria (MRC)?

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Measures - Miscellaneous

IPFQR Miscellaneous Measures for Review

| Centers for Medicare & Medicaid Services Measure Inventory Tool (CMIT) ID | Program | Measure Title | MSR Selection Count |
|---|--|---|---------------------|
| 2584 | Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) | Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) | 4 |
| 1645 | IPFQR | Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification | 3 |
| 2725 | IPFQR | Screening for Metabolic Disorders | 3 |

Inpatient Psychiatric Facility Quality Reporting Program

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:**
 - ▣ Inpatient psychiatric facilities (IPFs) that do not submit data on all required measures receive a 2.0% reduction in annual payment update.
- **Program Goals:**
 - ▣ Provide consumers with quality-of-care information to make more informed decisions about healthcare options, and encourage hospitals and clinicians to improve the quality of inpatient psychiatric care by ensuring that providers are aware of and reporting on best practices.

CMIT 2584: Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)

- **Description:** Percentage of patients, regardless of age, discharged from an inpatient facility (e.g., hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home or any other site of care, or their caregiver(s), who received a transition record (and with whom a review of all included information was documented) at the time of discharge including, at a minimum, all of the specified elements.
- **Reporting Level:** Facility
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 4
- **Lead Discussants:** AmeriHealth Caritas, The Leapfrog Group, National Patient Advocate Foundation, Network for Regional Health Improvement
- **Criteria/Rationale:** NQF endorsement removed, measure is a process measure that does not ensure care coordination with PCP or post-discharge behavioral health provider



CMIT 1645: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification

- **Description:** The proportion of patients discharged from a hospital-based inpatient psychiatric setting on two or more antipsychotic medications with appropriate justification. This measure is a part of a set of seven nationally implemented measures that address hospital-based inpatient psychiatric services (HBIPS-1: Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths completed, HBIPS-2: Physical Restraint, HBIPS-3: Seclusion, HBIPS-4: Multiple Antipsychotic Medications at Discharge, HBIPS-6: Post Discharge Continuing Care Plan and HBIPS-7: Post Discharge Continuing Care Plan Transmitted) that are used in The Joint Commission's accreditation process. Note that this is a paired measure with HBIPS-4 (Patients discharged on multiple antipsychotic medications).
- **Reporting Level:** Facility
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 3
- **Lead Discussants:** AmeriHealth Caritas, The Leapfrog Group, National Patient Advocate Foundation, Network for Regional Health Improvement
- **Criteria/Rationale:** NQF endorsement removed, data may be burdensome to collect, there has been a change in standard of care

CMIT 2725: Screening for Metabolic Disorders

- **Description:** Percentage of patients discharged from an Inpatient Psychiatric Facility (IPF) with a prescription for one or more routinely scheduled antipsychotic medications for which a structured metabolic screening for four elements was completed in the 12 months prior to discharge either prior to or during the index IPF stay.
- **Reporting Level:** Facility
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** 3
- **Lead Discussants:** AmeriHealth Caritas, The Leapfrog Group, National Patient Advocate Foundation, Network for Regional Health Improvement
- **Criteria/Rationale:** Not NQF-endorsed, measure evidence base is absent, measure does not assure that routine metabolic screening is occurring

Opportunity for Public Comment on IPFQR Measures

Lunch Break

IPFQR Measures – Tobacco and Alcohol Measures

IPFQR Tobacco and Alcohol Measures for Review

| CMIT ID | Program | Measure Title | MSR Selection Count |
|---------|--|--|---------------------|
| 1677 | Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) | Tobacco Use Treatment Provided or Offered | 8 |
| 2588 | IPFQR | Tobacco Use Treatment | 8 |
| 2589 | IPFQR | Tobacco Use Treatment at Discharge | 8 |
| 2590 | IPFQR | Tobacco Use Treatment Provided or Offered at Discharge | 7 |
| 2591 | IPFQR | Alcohol Use Brief Intervention | 7 |
| 2592 | IPFQR | Alcohol Use Brief Intervention Provided or Offered | 6 |
| 5555 | IPFQR | (SUB)-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge | 3 |

CMIT 1677: Tobacco Use Treatment Provided or Offered

- **Description:** The measure is reported as an overall rate which includes all hospitalized patients 18 years of age and older to whom tobacco use treatment was provided during the hospital stay within the first three days after admission, or offered and refused, and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment during the hospital stay within the first three days after admission. These measures are intended to be used as part of a set of 4 linked measures addressing Tobacco Use (TOB-1 Tobacco Use Screening; TOB-3 Tobacco Use Treatment Provided or Offered at Discharge; TOB-4 Tobacco Use: Assessing Status After Discharge.)
- **Reporting Level:** Facility
- **Endorsement Status:** Endorsement Removed
- **MSR Selection Count:** 8
- **Lead Discussants:** American College of Physicians, Covered California, The Leapfrog Group, Purchaser Business Group on Health
- **Criteria/Rationale:** NQF endorsement removed, specifications flawed, further clarification needed for definition of “inpatient”, measure of compliance with standard of care

CMIT 2588: Tobacco Use Treatment

- **Description:** Subset of measure TOB-2. The measure is reported as an overall rate which includes all hospitalized patients 18 years of age and older to whom tobacco use treatment was provided during the hospital stay, or offered and refused, and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment during the hospital stay. Refer to section 2a1.10 Stratification Details/Variables for the rationale for the addition of the subset measure. These measures are intended to be used as part of a set of 4 linked measures addressing Tobacco Use (TOB-1 Tobacco Use Screening; TOB-3 Tobacco Use Treatment Provided or Offered at Discharge; TOB-4 Tobacco Use: Assessing Status After Discharge.)
- **Reporting Level:** Facility
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 8
- **Lead Discussants:** American College of Physicians, Covered California, The Leapfrog Group, Purchaser Business Group on Health
- **Criteria/Rationale:** NQF endorsement removed, challenging to collect as part of a set, treatment may be better addressed in an outpatient behavioral health/primary care setting or through outcomes-focused measures in an inpatient setting

CMIT 2589: Tobacco Use Treatment at Discharge

- **Description:** Subset of TOB-3a The measure is reported as an overall rate which includes all hospitalized patients 18 years of age and older to whom tobacco use treatment was provided, or offered and refused, at the time of hospital discharge, and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment at discharge. Treatment at discharge includes a referral to outpatient counseling and a prescription for one of the FDA-approved tobacco cessation medications. Refer to section 2a1.10 Stratification Details/Variables for the rationale for the addition of the subset measure. These measures are intended to be used as part of a set of 4 linked measures addressing Tobacco Use (TOB-1 Tobacco Use Screening; TOB 2 Tobacco Use Treatment Provided or Offered During the Hospital Stay; TOB-4 Tobacco Use: Assessing Status After Discharge).
- **Reporting Level:** Facility
- **Endorsement Status:** Endorsement Removed
- **MSR Selection Count:** 8
- **Lead Discussants:** American College of Physicians, Covered California, The Leapfrog Group, Purchaser Business Group on Health
- **Criteria/Rationale:** NQF endorsement removed, challenging to collect as part of a set, treatment may be better addressed in an outpatient behavioral health/primary care setting or through outcomes-focused measures in an inpatient setting

CMIT 2590: Tobacco Use Treatment Provided or Offered at Discharge

- **Description:** The measure is reported as an overall rate which includes all hospitalized patients 18 years of age and older to whom tobacco use treatment was provided, or offered and refused, at the time of hospital discharge, and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment at discharge. Treatment at discharge includes a referral to outpatient counseling and a prescription for one of the FDA-approved tobacco cessation medications. These measures are intended to be used as part of a set of 4 linked measures addressing Tobacco Use (TOB-1 Tobacco Use Screening; TOB 2 Tobacco Use Treatment Provided or Offered During the Hospital Stay; TOB-4 Tobacco Use: Assessing Status After Discharge).
- **Reporting Level:** Facility
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 7
- **Lead Discussants:** American College of Physicians, Covered California, The Leapfrog Group, Purchaser Business Group on Health
- **Criteria/Rationale:** NQF endorsement removed, challenging to collect as part of a set, treatment may be better addressed in an outpatient behavioral health/primary care setting or through outcomes-focused measures in an inpatient setting

CMIT 2591: Alcohol Use Brief Intervention

- **Description:** The measure is reported as an overall rate which includes all hospitalized patients 18 years of age and older to whom a brief intervention was provided, or offered and refused, and a second rate, a subset of the first, which includes only those patients who received a brief intervention. The Provided or Offered rate (SUB-2), describes patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay. The Alcohol Use Brief Intervention (SUB-2a) rate describes only those who received the brief intervention during the hospital stay. Those who refused are not included.
- **Reporting Level:** Facility
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 7
- **Lead Discussants:** American College of Physicians, Covered California, The Leapfrog Group, Purchaser Business Group on Health
- **Criteria/Rationale:** NQF endorsement removed, little room for improvement, high burden due to chart abstraction, may penalize rural providers where patients have limited access to counseling services

CMIT 2592: Alcohol Use Brief Intervention Provided or Offered

- **Description:** The measure is reported as an overall rate which includes all hospitalized patients 18 years of age and older to whom a brief intervention was provided, or offered and refused, and a second rate, a subset of the first, which includes only those patients who received a brief intervention. The Provided or Offered rate (SUB-2), describes patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay. The Alcohol Use Brief Intervention (SUB-2a) rate describes only those who received the brief intervention during the hospital stay. Those who refused are not included.
- **Reporting Level:** Not available
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 6
- **Lead Discussants:** American College of Physicians, Covered California, The Leapfrog Group, Purchaser Business Group on Health
- **Criteria/Rationale:** NQF endorsement removed, little room for improvement, high burden due to chart abstraction, treatment may be better addressed in an outpatient behavioral health/primary care setting of through outcomes-focused measures in an inpatient setting



CMIT 5555: (SUB)-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge

- **Description:** The measure is reported as an overall rate which includes all hospitalized patients 18 years of age and older to whom alcohol or drug use disorder treatment was provided, or offered and refused, at the time of hospital discharge, and a second rate, a subset of the first, which includes only those patients who received alcohol or drug use disorder treatment at discharge. The Provided or Offered rate (SUB-3) describes patients who are identified with alcohol or drug use disorder who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder, OR who receive or refuse a referral for addictions treatment. The Alcohol and Other Drug Disorder Treatment at Discharge (SUB-3a) rate describes only those who receive a prescription for FDA-approved medications for alcohol or drug use disorder OR a referral for addictions treatment. Those who refused are not included.
- **Reporting Level:** Facility
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 3
- **Lead Discussants:** American College of Physicians, Covered California, The Leapfrog Group, Purchaser Business Group on Health
- **Criteria/Rationale:** NQF endorsement removed, difficult for hospitals to collect data, evidence base supports alternative treatments, rural health providers may be unfairly penalized due to lack of access

Opportunity for Public Comment on the Tobacco and Alcohol Measures (IPFQR)

Break

Ambulatory Surgical Center Quality Reporting (ASCQR) Measures

ASCQR Individual Measures for Review

| CMIT ID | Program | Measure Title | MSR Selection Count |
|---------|--|---|---------------------|
| 1049 | Ambulatory Surgical Center Quality Reporting Program (ASCQR) | Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery | 7 |
| 1061 | ASCQR | Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients | 3 |
| 2936 | ASCQR | Normothermia Outcome | 3 |

Ambulatory Surgical Center Quality Reporting Program

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:**
 - ▣ Ambulatory surgical centers (ASCs) that do not participate or fail to meet program requirements receive 2.0% reduction in annual payment update.
- **Program Goals:**
 - ▣ Promote higher quality, more efficient healthcare for Medicare beneficiaries through measurement, and allow consumers to find and compare the quality of care given at ASCs to inform decisions on where to get care.

CMIT 1049: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

- **Description:** Percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery,[based on completing a preoperative and post-operative visual function survey].
- **Reporting Level:** Clinician: Individual
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 7
- **Lead Discussants:** HCA Healthcare, National Patient Advocate Foundation, Network for Regional Healthcare Improvement, Purchaser Business Group on Health
- **Criteria/Rationale:** NQF endorsement removed, designed for physician use and not tested for current level of measurement and setting, measure performance is uniformly high and there is a similar measure

CMIT 1061: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

- **Description:** Percentage of patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.
- **Reporting Level:** Facility
- **Endorsement Status:** Endorsed
- **MSR Selection Count:** 3
- **Lead Discussants:** HCA Healthcare, National Patient Advocate Foundation, Network for Regional Healthcare Improvement, Purchaser Business Group on Health
- **Criteria/Rationale:** Measure was designed for physician use and has not been tested for this level of measurement and setting, there is a need for more robust measures for ASCs, measure has unintended consequences of increased frequency of screening with provider outreach reminders issued at 5 years

CMIT 2936: Normothermia Outcome

- **Description:** The percentage of patients having surgical procedures under general or neuraxial anesthesia of 60 minutes or more in duration who are normothermic within 15 minutes of arrival in the post-anesthesia care unit (PACU).
- **Reporting Level:** Facility
- **Endorsement Status:** Not Endorsed
- **MSR Selection Count:** 3
- **Lead Discussants:** HCA Healthcare, National Patient Advocate Foundation, Network for Regional Healthcare Improvement, Purchaser Business Group on Health
- **Criteria/Rationale:** Not NQF-endorsed, chart abstraction creates burden, measure captures compliance with standard of care, part of Surgical Care Improvement Program (SCIP) measures that were retired in 2015 due to high performance, MIPS average performance rate for this measure is 98.0%

Opportunity for Public Comment on the ASCQR Measures

Coordinating Committee Discussion – Day 1

Feedback: Frequency of Changes to Measures in the Rules

- What are the pros and cons of extending the cycle of changes in the rules to longer than one year?

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Measure Applications Partnership (MAP) MSR Meetings

Day 2

September 9, 2021

*Funding provided by the Centers for Medicare & Medicaid Services, Task Order HHSM-500-T0003
Option Year 3*

Agenda – Day 2

- Welcome and Summary of Day 1
- Roll Call
- Hospital Readmissions Reduction Program (HRRP) Measures
- Lunch
- Mortality Measures
- Hospital Inpatient Quality Reporting Program (Hospital IQR Program) Measures
- Coordinating Committee Discussion
- Opportunity for Public Comment
- Closing Remarks
- Next Steps

Summary of Day 1

Roll Call

Coordinating Committee Membership²

Workgroup Co-Chairs: Charles Kahn, III, MPH; Misty Roberts, MSN

Organizational Members (Voting)

- American Academy of Hospice and Palliative Medicine
- American Association on Health and Disability
- American College of Physicians
- American Health Care Association
- American Medical Association
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- America's Health Insurance Plans
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- Purchaser Business Group on Health

Individual Subject Matter Experts (Voting)²

- Dan Culica, MD, PhD
- Janice Tufte
- Ronald Walters, MD, MBA, MHA

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- 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)

Hospital Readmissions Reduction Program (HRRP) Measures

HRRP Measures for Review

| CMIT ID | Program | Measure Title | MSR Selection Count |
|---------|--|---|---------------------|
| 78 | Hospital Readmissions Reduction Program (HRRP) | Heart failure (HF) 30-day Readmission Rate | 2 |
| 80 | HRRP | Acute Myocardial Infarction (AMI) 30-day Readmission Rate | 2 |
| 899 | HRRP | Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) 30-day Readmission Rate | 2 |

Hospital Readmissions Reduction Program

- **Program Type:** Pay for Performance and Public Reporting
- **Incentive Structure:** Medicare fee-for-service (FFS) base operating diagnosis-related group (DRG) payment rates are reduced for hospitals with excess readmissions. The maximum payment reduction is 3.0%.
- **Program Goal:** Reduce excess readmissions in acute care hospitals paid under the Inpatient Prospective Payment System (IPPS), which includes more than three-quarters of all hospitals, and encourage hospitals to improve communication and care coordination efforts to better engage patients and caregivers, with respect to post-discharge planning.
- **NOTE:** Measures for condition specific readmissions is a statutory requirement

CMIT 78: Heart failure (HF) 30-day Readmission Rate

- **Description:** This measure estimates a hospital-level, 30-day RSRR for patients discharged from the hospital with a principal diagnosis of HF. Readmission is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. A specified set of planned readmissions do not count as readmissions. The Centers for Medicare & Medicaid Services (CMS) annually reports the measure for patients who are 65 years and older and are Medicare fee-for-service (FFS) beneficiaries hospitalized in non-federal hospitals or Veterans Health Administration (VA) hospitals.
- **Reporting Level:** Facility
- **Endorsement Status:** Endorsed
- **MSR Selection Count:** 2
- **Lead Discussants:** American College of Physicians, HCA Healthcare, Ronald Walters
- **Criteria/Rationale:** Measure should be combined in a properly risk-adjusted overall readmission measure that is not disease specific

CMIT 80: Acute Myocardial Infarction (AMI) 30-day Readmission Rate

- **Description:** This measure estimates a hospital-level, 30-day risk-standardized readmission rate (RSRR) for patients discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI). The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. A specified set of planned readmissions do not count as readmissions. The Centers for Medicare & Medicaid Services (CMS) annually reports the measure for patients who are 65 years and older and are Medicare fee-for-service (FFS) beneficiaries hospitalized in non-federal hospitals.
- **Reporting Level:** Facility
- **Endorsement Status:** Endorsed
- **MSR Selection Count:** 2
- **Lead Discussants:** American College of Physicians, HCA Healthcare, Ronald Walters
- **Criteria/Rationale:** Measure should be combined in a properly risk-adjusted overall readmission measure that is not disease specific, results more likely to be influenced by outside factors than in a shorter interval, question accuracy of risk-adjustment

CMIT 899: Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) 30-day Readmission Rate

- **Description:** This measure estimates a hospital-level, 30-day RSRR following elective primary THA and/or TKA. The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. A specified set of planned readmissions do not count as readmissions. The Centers for Medicare & Medicaid Services (CMS) annually reports the measure for patients who are 65 years and older and are Medicare fee-for-service (FFS) beneficiaries hospitalized in non-federal hospitals.
- **Reporting Level:** Facility
- **Endorsement Status:** Endorsed
- **MSR Selection Count:** 2
- **Lead Discussants:** American College of Physicians, HCA Healthcare, Ronald Walters
- **Criteria/Rationale:** Measure should be combined in a properly risk-adjusted overall readmission measure that is not disease specific, patient population for elective procedures is shifting to the outpatient setting

Discussion Point: Condition-Specific Readmission Measures Versus Hospital-Wide Readmission Measurement

- Although condition-specific measures of readmission is a statutory requirement, CMS has requested strategic input from the Committee on the value of different types of readmission measures for the HRRP.

Opportunity for Public Comment on the HRRP Measures

Lunch Break (Day 2)

Mortality Measures – Hospital Value-Based Purchasing Program (VBP) and Hospital Inpatient Quality Reporting Program (Hospital IQR Program)

Mortality Measures for Review

| CMIT ID | Program | Measure Title | MSR Selection Count |
|---------|---|--|---------------------|
| 1357 | Hospital Inpatient Quality Reporting Program (Hospital IQR Program) | CMS Death Rate among Surgical Inpatients with Serious Treatable Complications | 4 |
| 89 | Hospital Value-Based Purchasing Program (VBP) | Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate Following Heart Failure (HF) Hospitalization | 3 |
| 86 | VBP | Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Infarction (AMI) Hospitalization | 2 |
| 902 | Hospital IQR Program | Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke | 2 |

Hospital Value-Based Purchasing Program (VBP)

- **Program Type:** Pay for Performance
- **Incentive Structure:** The amount equal to 2.0% of base operating DRG is withheld from reimbursements of participating hospitals and redistributed to them as incentive payments.
- **Program Goal:** Improve healthcare quality by realigning hospitals' financial incentives, and provide incentive payments to hospitals that meet or exceed performance standards.

CMIT 89: Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate Following Heart Failure (HF) Hospitalization

- **Description:** The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR). Mortality is defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of heart failure (HF). CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.
- **Reporting Level:** Facility
- **Endorsement Status:** Endorsed
- **MSR Selection Count:** 3
- **Lead Discussants:** America's Health Insurance Plans, AmeriHeath Caritas, Janice Tufte, Ronald Walters
- **Criteria/Rationale:** Measure should be combined in a properly risk-adjusted overall mortality measure that is not disease specific, measure requires significant financial resources and risk of penalizing under-resourced hospitals

CMIT 86: Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Infarction (AMI) Hospitalization

- **Description:** This measure estimates a hospital-level, 30-day risk-standardized mortality rate (RSMR) for patients discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI). Mortality is defined as death from any cause within 30 days after the index admission date. The Centers for Medicare & Medicaid Services (CMS) annually reports the measure for patients who are 65 years and older and are Medicare fee-for-service (FFS) beneficiaries hospitalized in non-federal hospitals.
- **Reporting Level:** Facility
- **Endorsement Status:** Endorsed
- **MSR Selection Count:** 2
- **Lead Discussants:** America's Health Insurance Plans, AmeriHeath Caritas, Janice Tufte, Ronald Walters
- **Criteria/Rationale:** Measure should be combined in a properly risk-adjusted overall mortality measure that is not disease specific, patient populations requiring more care could be penalized and targeting mortality rates would require significant resources to make minimal impact

Hospital Inpatient Quality Reporting Program

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:**
 - ▣ Hospitals that do not participate, or participate but fail to meet program requirements, receive a one-fourth reduction of the applicable percentage increase in their annual payment update.
- **Program Goals:**
 - ▣ Progress towards paying providers based on the quality, rather than the quantity of care they give patients, and to provide consumers information about hospital quality so they can make informed choices about their care.

CMIT 1357: CMS Death Rate among Surgical Inpatients with Serious Treatable Complications

- **Description:** In-hospital deaths per 1,000 surgical discharges, among patients ages 18 through 89 years or obstetric patients, with serious treatable complications (shock/cardiac arrest, sepsis, pneumonia, deep vein thrombosis/ pulmonary embolism or gastrointestinal hemorrhage/acute ulcer). Includes metrics for the number of discharges for each type of complication. Excludes cases transferred to an acute care facility. A risk-adjusted rate is available. The risk-adjusted rate of PSI 04 relies on stratum-specific risk models. The stratum-specific models are combined to calculate an overall risk-adjusted rate.
- **Reporting Level:** Facility/Agency
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 4
- **Lead Discussants:** America's Health Insurance Plans, AmeriHeath Caritas, Janice Tufte, Ronald Walters
- **Criteria/Rationale:** NQF endorsement removed, measure is duplicative of other measures in the program

CMIT 902: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke

- **Description:** The measure estimates a hospital-level, risk-standardized mortality rate (RSMR) for patients discharged from the hospital with a principal diagnosis of acute ischemic stroke. Mortality is defined as death from any cause within 30 days of the index admission date for patients discharged from the hospital with a principal diagnosis of acute ischemic stroke.
- **Reporting Level:** Facility
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** 2
- **Lead Discussants:** America's Health Insurance Plans, AmeriHeath Caritas, Janice Tufte, Ronald Walters
- **Criteria/Rationale:** Not NQF endorsed, measure should be combined in a properly risk-adjusted overall mortality measure that is not disease specific



Discussion Point: Condition-Specific Mortality Measures Versus Hospital-Wide Mortality Measurement

- CMS has requested strategic input from the Committee on the value of different types of mortality measures for use in its programs.

Hospital Inpatient Quality Reporting Program (Hospital IQR Program) Measures

Hospital IQR Program Individual Measures for Review

| CMIT ID | Program | Measure Title | MSR Selection Count |
|---------|---|---|---------------------|
| 1017 | Hospital Inpatient Quality Reporting Program (Hospital IQR Program) | Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) | 3 |
| 5756 | Hospital IQR Program* | Exclusive Breast Milk Feeding (eCQM) | 2 |

**Measure was finalized for removal from program in fiscal year (FY) 2022 beginning with the FY 2026 payment determination*

CMIT 1017: Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)

- **Description:** This measure focuses on adults 18 years and older with a diagnosis of severe sepsis or septic shock. Consistent with Surviving Sepsis Campaign guidelines, the measure contains several elements, including measurement of lactate, obtaining blood cultures, administering broad spectrum antibiotics, fluid resuscitation, vasopressor administration, reassessment of volume status and tissue perfusion, and repeat lactate measurement. As reflected in the data elements and their definitions, these elements should be performed in the early management of severe sepsis and septic shock.
- **Reporting Level:** Facility
- **Endorsement Status:** Endorsed
- **MSR Selection Count:** 3
- **Lead Discussants:** American Health Care Association, Janice Tufte
- **Criteria/Rationale:** Measure is not evidence-based and is extremely difficult to collect, measure excludes clinical judgement and could lead to unintended consequences or harm by treating patients who appear to be infected but are not

CMIT 5756: Exclusive Breast Milk Feeding (eCQM)*

- **Description:** PC-05 Exclusive breast milk feeding during the newborn's entire hospitalization. The measure is reported as an overall rate which includes all newborns that were exclusively fed breast milk during the entire hospitalization.
- **Reporting Level:** Facility
- **Endorsement Status:** Endorsed
- **MSR Selection Count:** 2
- **Lead Discussants:** American Health Care Association, Janice Tufte
- **Criteria/Rationale:** Duplicative of another measure, intent of measure

**Measure was finalized for removal from program in fiscal year (FY) 2022 beginning with the FY 2026 payment determination*

Opportunity for Public Comment on the Mortality Measures and Hospital IQR Program Measures

Break (Day 2)

Coordinating Committee Discussion – Day 2

Feedback: MSR Process and MRC

- What worked well during the pilot of the MSR process?
- What would help the MSR process be even better?
- What worked well with the measure review criteria (MRC)?
- What could work even better with the MRC?

Opportunity for Public Comment

Closing Remarks

Next Steps

MSR Timeline (Pilot Year)



Next Steps (Day 2)

- Please contact the team if you have not received a calendar invitation to the MAP Coordinating Committee Strategic Meeting on **September 15, 2021**.
 - ▣ This meeting will also kick off the MAP Coordinating Committee pre-rulemaking activities.
- Contact MAPCoordinatingCommittee@qualityforum.org with any additional thoughts, concerns, or questions.

THANK YOU. (Day 2)

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