NATIONAL QUALITY FORUM

Measure Applications Partnership

MAP Coordinating Committee Web Meeting

November 30, 2017

Welcome

Agenda

- NQF Strategic Initiatives
- Meaningful Measures Framework
- Overview of the Rural Health Workgroup
- Incorporating the Dual Eligible Beneficiary Perspective
- Input on Measure Removal Criteria
- Opportunity for Public Comment
- Next Steps
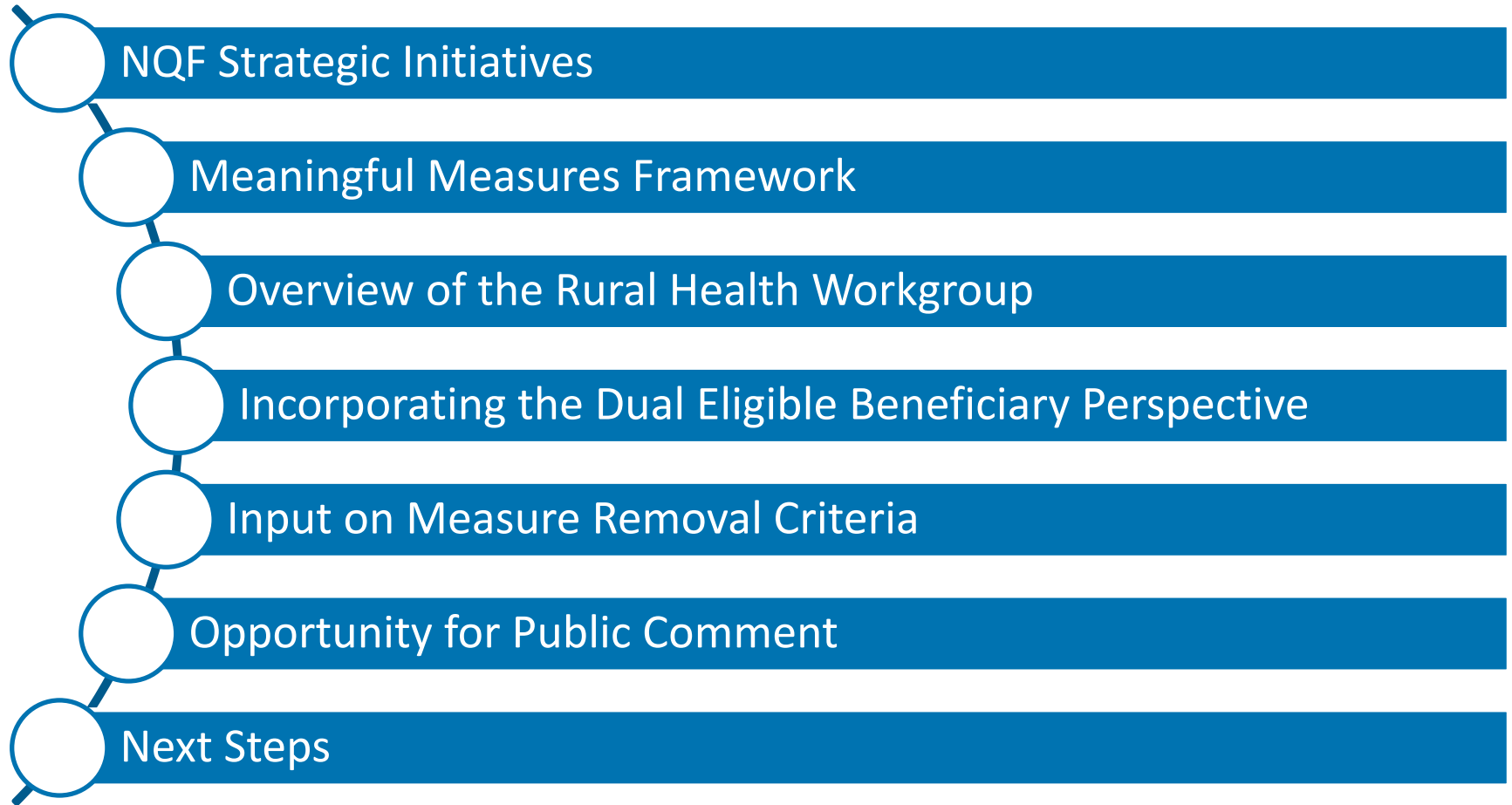
MAP Coordinating Committee Members

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

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

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)

Meeting Objectives

Update on measurement strategy by NQF and CMS

Orientation to the Rural Health Workgroup

Develop guidance on how MAP can ensure a focus on dually eligible individuals in its work

CMS Opening Remarks

Guidance on Coordinating Committee Process Changes

Guidance on Refine and Resubmit

- Concerns were raised about this category during the fall web meetings
- The Coordinating Committee created this category with the thought that MUCs receiving this designation would be brought back to MAP before implementation.
- HHS Secretary has statutory authority to propose measures after considering MAP's recommendations.
- The feedback loop was implemented to provide MAP members updates on measures on prior MUC lists
- The Coordinating Committee will review the decision categories at their January meeting.

Input on Measure Removal Criteria

Process for Input

- The setting-specific Workgroups will be asked to provide input at their in-person meetings
- The Coordinating Committee will review the Workgroup's input and provide final input to CMS on potential criteria for removing measures

NQF Strategic Initiatives

NQF's Measure Prioritization and Feedback Strategic Initiatives

John Bernot

Prioritize Measures

Strategic Vision

Prioritize measures

Reduce, select, and endorse measures

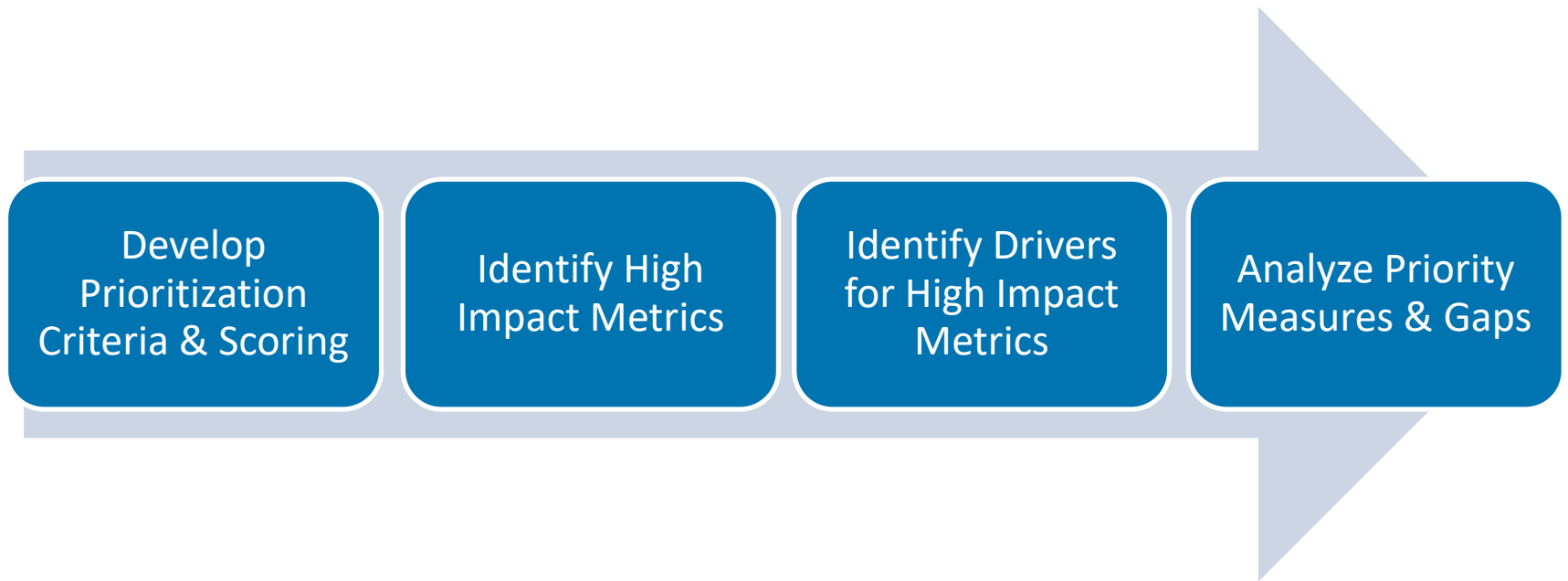**Collect and act on feedback from the field**

Accelerate innovation

NQF Measure Prioritization Initiative

- Pilot project
- Would like feedback from Committees on:
  - *Draft process and criteria*
  - *Definitions*
    - » National priorities
    - » Driver measures
    - » Priority measures
    - » Improvement strategies
- During initial 6 to 12 months, NQF staff will:
  - » Finalize definitions
  - » Develop driver diagrams for each high impact outcome

NQF Measure Prioritization Initiative

Develop Prioritization Criteria & Scoring

Identify High Impact Metrics

Identify Drivers for High Impact Metrics

Analyze Priority Measures & Gaps

Prioritization Criteria: Environmental Scan

- National Quality Strategy
- IOM Vital Signs
- NQF Prioritization Advisory Committees
- Healthy People 2020 Indicators
- Kaiser Family Foundation Health Tracker
- Consumer priorities for Hospital QI and Implications for Public Reporting, 2011
- IOM: Future Directions for National Healthcare Quality and Disparities Report, 2010
- IHI Whole System Measures
- Commonwealth Fund International Profiles of Healthcare Systems, 2015

- OECD Healthcare Quality Project
- OECD Improving Value in Healthcare: Measuring Quality
- Conceptual Model for National Healthcare Quality Indicator System in Norway
- Denmark Quality Indicators
- UK NICE standards – Selecting and Prioritizing Quality Standard Topics
- Australia's – Indicators used Nationally to Report on Healthcare, 2013
- European Commission Healthcare Quality Indicators
- Consumer-Purchaser Disclosure Project – Ten criteria for meaningful and usable measures of performance

NQF Prioritization Criteria

Outcome-focused

- Outcome measures and measures with strong link to improved outcomes and costs

Improvable and actionable

- Actionable measures with demonstrated need for improvement and evidence-based strategies for doing so

Meaningful to patients and caregivers

- Person-centered measures with meaningful and understandable results for patients and caregivers

Support systemic and integrated view of care

- Measures that reflect care that spans settings, providers, and time to ensure that care is improving within and across systems of care
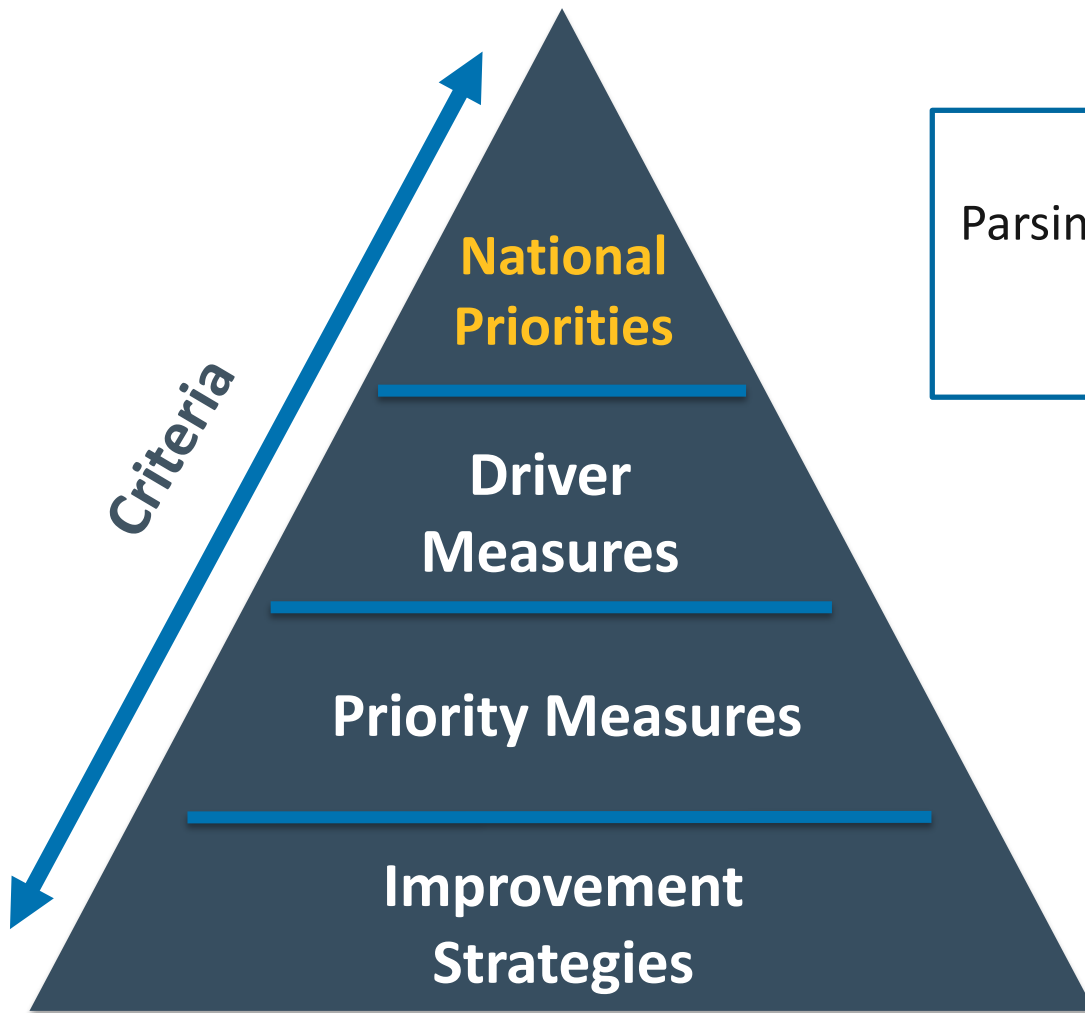
Prioritization Criteria and Approach: Phased Implementation

- Prioritization criteria and approach have been pilot tested with Standing Committees
  - » Palliative and End-of-Life Care
  - » Cancer
  - » Renal
  - » Neurology

Prioritization Framework
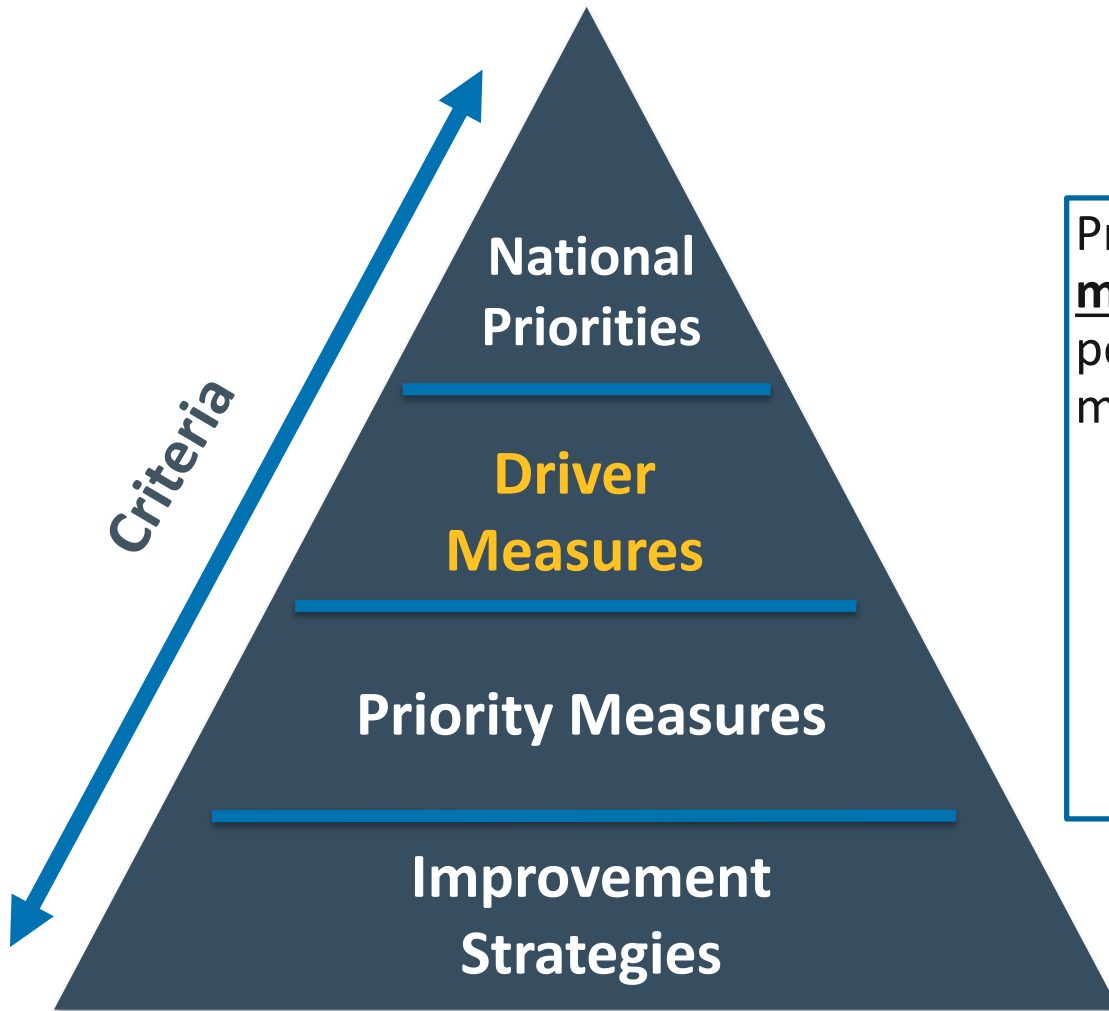
Prioritization Framework

Criteria

National Priorities

Driver Measures

Priority Measures

Improvement Strategies

Parsimonious set of national priorities to assess progress as a nation.

National Priorities

| National Priorities	Translation into Patient Voice
Health outcomes (including mortality, functional status)	*Are you getting better?*
Patient experience (including care coordination, shared decision making)	*How was your care?*
Preventable harm/complications	*Did you suffer any adverse effects from your care?*
Prevention/healthy behaviors	*Do you need more help staying healthy?*
Total cost/low value care	*Did you receive the care you needed and no more?*
Access to needed care	*Can you get the care you need when and where you need it?*
Equity of care	*Are you getting high quality care regardless of who you are or where you live?*

Prioritization Framework

Criteria

National Priorities

Driver Measures

Priority Measures

Improvement Strategies

Prioritized **accountability measures** to drive toward higher performance on high-impact metrics

- 4-10 driver measures per high impact metric
- Agnostic to setting, population, and condition

Prioritization Framework

Criteria

National Priorities

Driver Measures

Priority Measures

Improvement Strategies
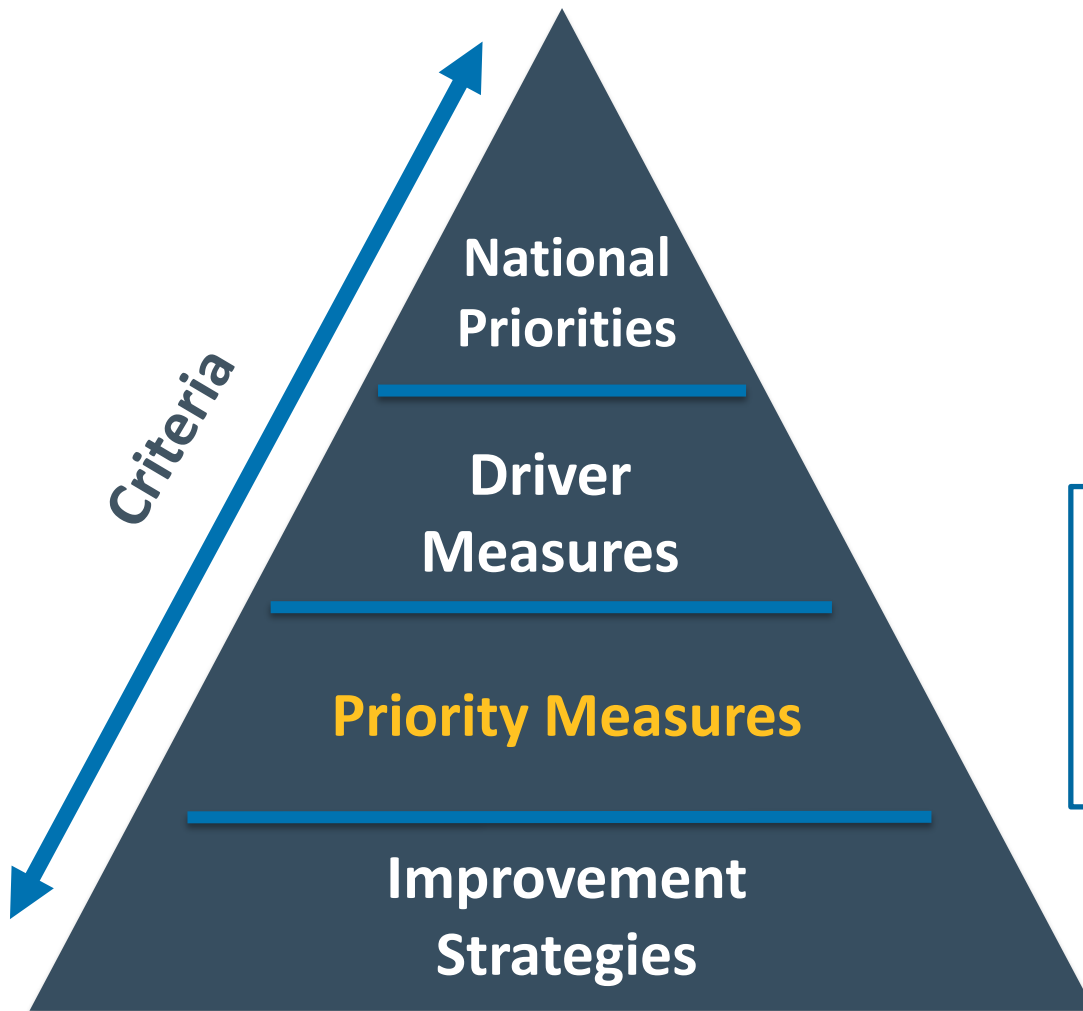
Priority measures in **specific settings and conditions** that contribute to high-impact metrics

Prioritization Framework

Criteria

National Priorities

Driver Measures

Priority Measures

Improvement Strategies
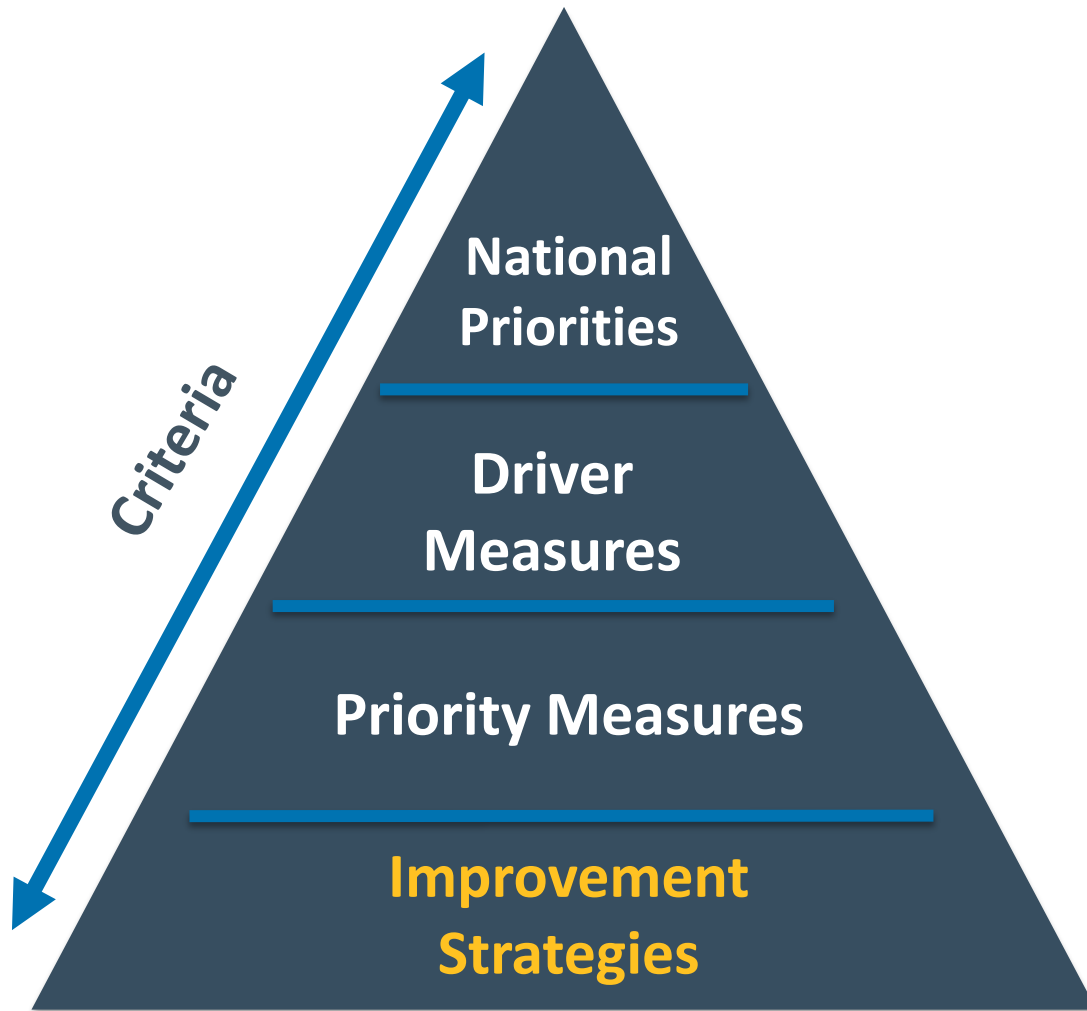
Prioritized measures/strategies to drive improvement: standardize & share

Ideal State

Literature   **Ideal State**   *Consensus*
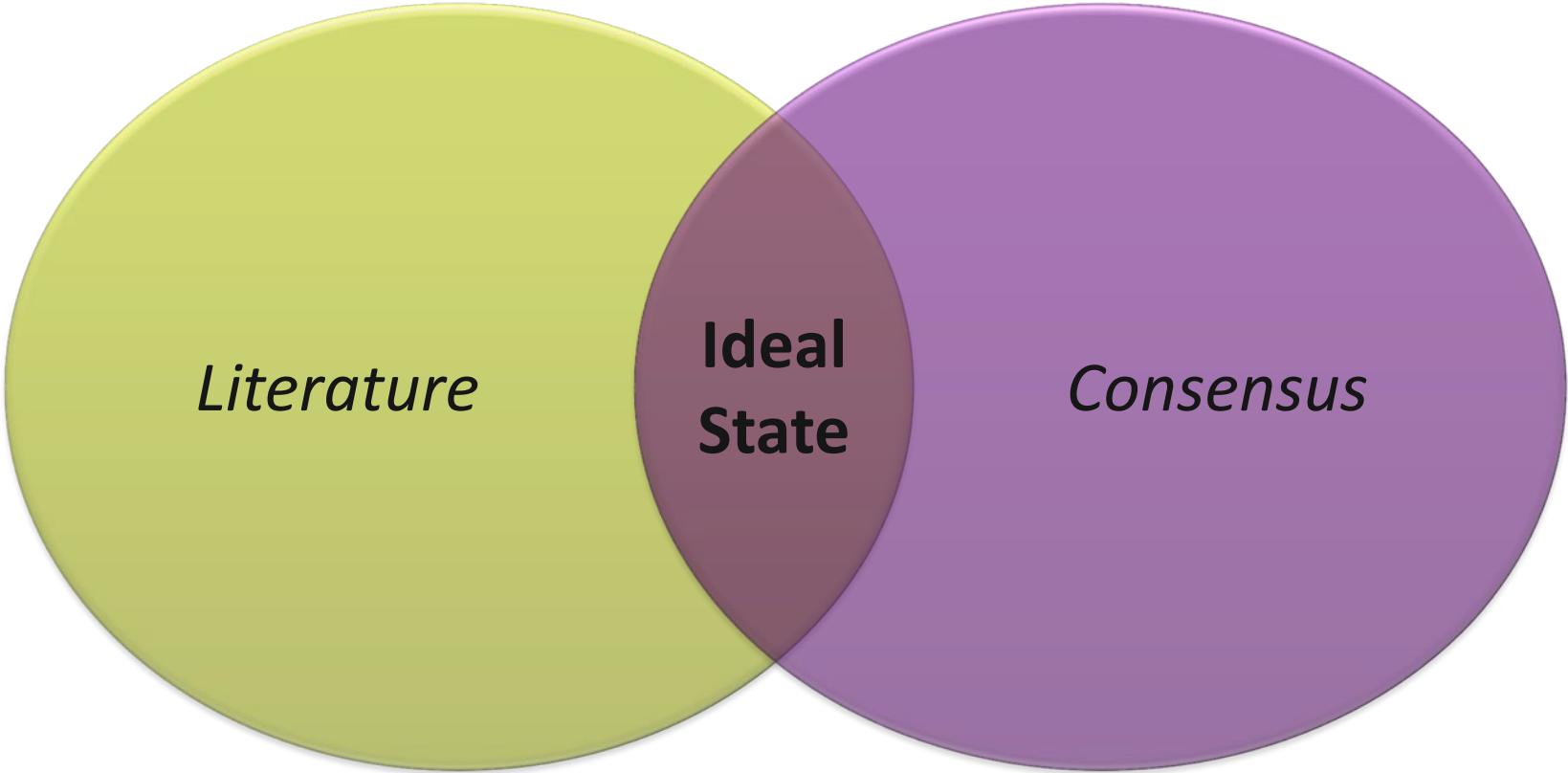
Ideal State
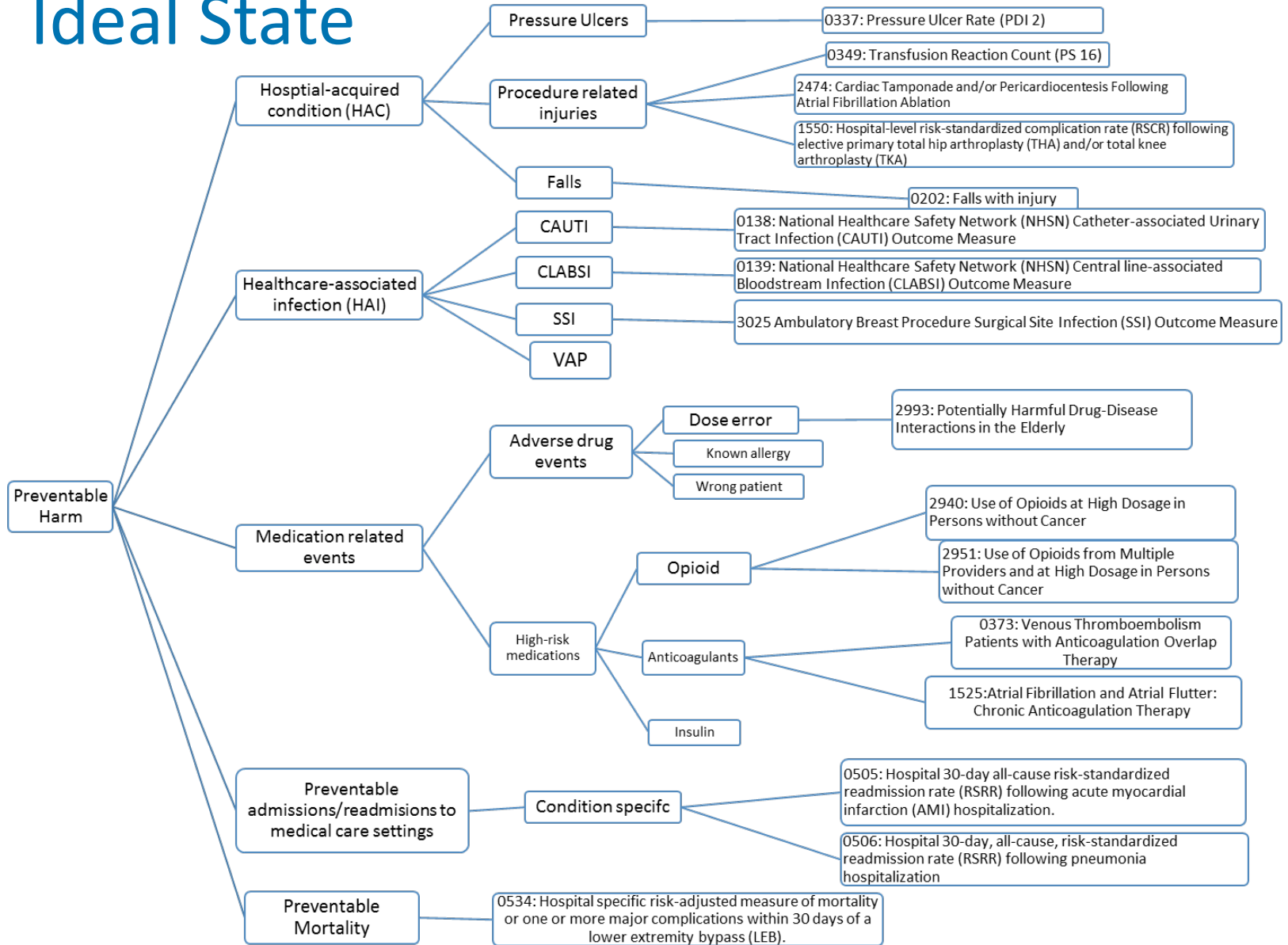
Measure Feedback

Strategic Vision

Prioritize measures

Reduce, select, and endorse measures

Collect and act on feedback from the field

Accelerate innovation

Collecting Measure Feedback

Accept feedback on "'Any Measure at Any Time"

Collaborate with partner members to facilitate ongoing submission of feedback

Develop targeted outreach campaigns to solicit feedback on specific measures

Enhance commenting capability on NQF's Website
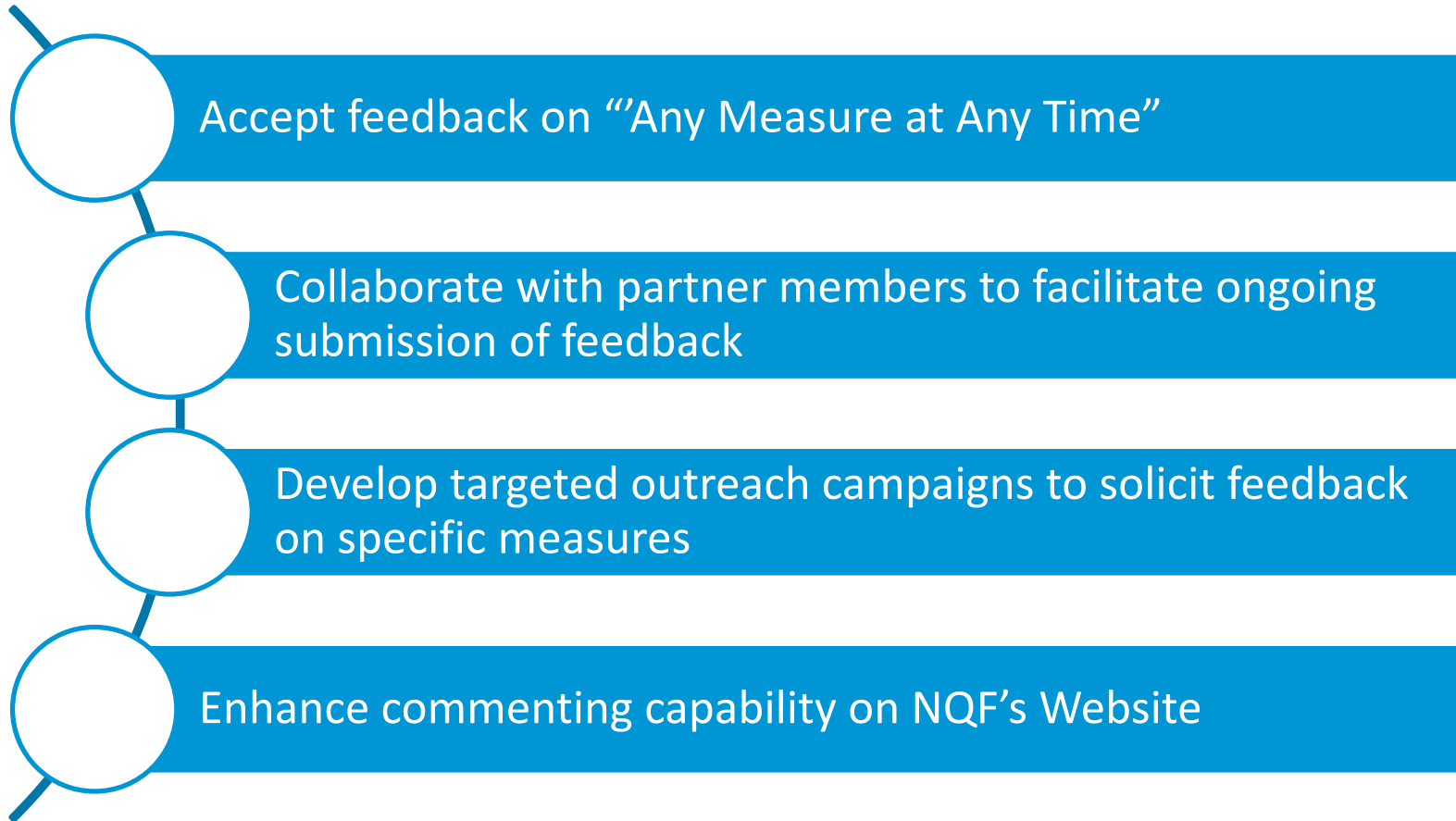
Identifying Stakeholder Priorities

Measurement Feedback Stakeholders

- Measure Feedback Advisory Group
- Consensus Standard Approval Committee (CSAC)
- Measure Developers and Stewards
- Quality Innovation Network (QIN)-Quality Improvement Organizations (QIOs)
- Interested NQF Members
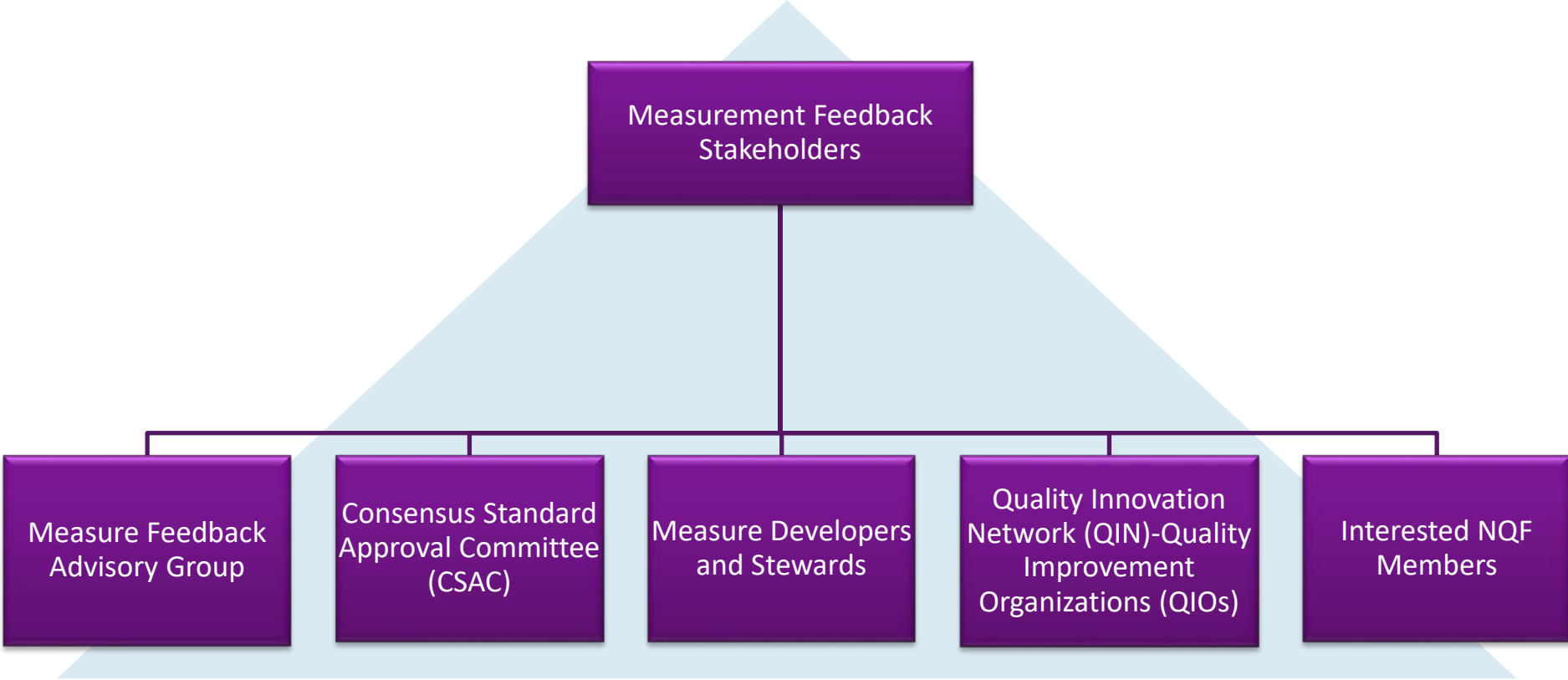
Maintenance Criteria Update

- Use: Change to **must-pass** for maintenance measures
  - *In use in accountability program within 3 years and publicly reported within 6 years*
  - *Measure has been vetted by those being measured or others*
- Usability*: still not must-pass
  - *Demonstrated improvement*
  - *Benefits outweigh evidence of unintended negative consequences to patients*

* Information for these two subcriteria may be obtained via literature, feedback to NQF, and from developers during the submission process.

NQF Measure Feedback

Meaningful Measures Framework

Meaningful Measures

A New Approach to Meaningful Outcomes

Empower patients and doctors to make decision about their health care

Usher in a new era of state flexibility and local leadership

Support innovative approaches to improve quality, accessibility, and affordability

Improve the CMS customer experience

Meaningful Measures Objectives

Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help:

- *Address <u>high impact</u> measure areas that <u>safeguard public health</u>*
- *Patient-centered and <u>meaningful to patients</u>*
- *Outcome-based where possible*
- *Relevant for and <u>meaningful to providers</u>*
- *Minimize level of <u>burden for providers</u>*
  - *Remove measures where performance is already very high and that are low value*
- *<u>Significant opportunity for improvement</u>*
- *Address measure needs for <u>population based payment through alternative payment models</u>*
- *<u>Align across programs and/or with other payers</u> (Medicaid, commercial payers)*

Meaningful Measures Framework

Meaningful Measure Areas Achieve:
✓ *High quality healthcare*
✓ *Meaningful outcomes for patients*

Criteria meaningful for patients and actionable for providers

Draws on measure work by:
- Health Care Payment Learning and Action Network
- National Quality Forum – *High Impact Outcomes*
- National Academies of Medicine – *IOM Vital Signs Core Metrics*

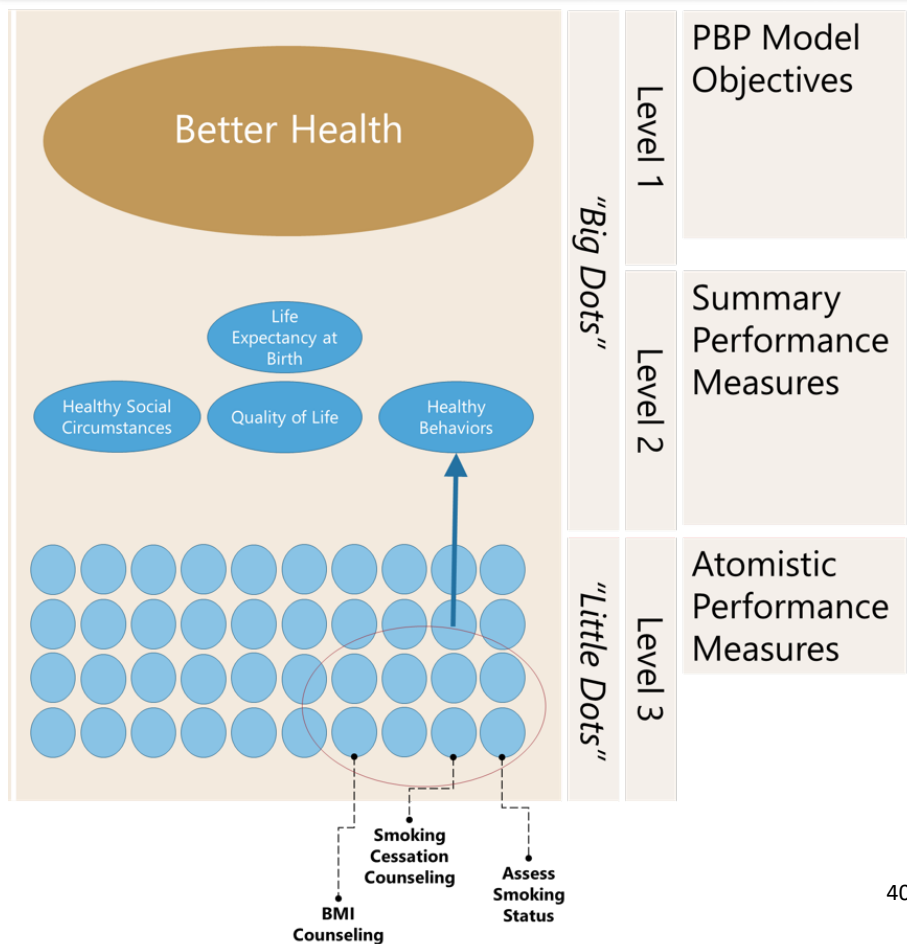**Includes perspectives from experts and external stakeholders:**
- Core Quality Measures Collaborative
- Agency for Healthcare Research and Quality
- Many other external stakeholders

Quality Measures

Use Meaningful Measures to Achieve Goals, while Minimizing Burden
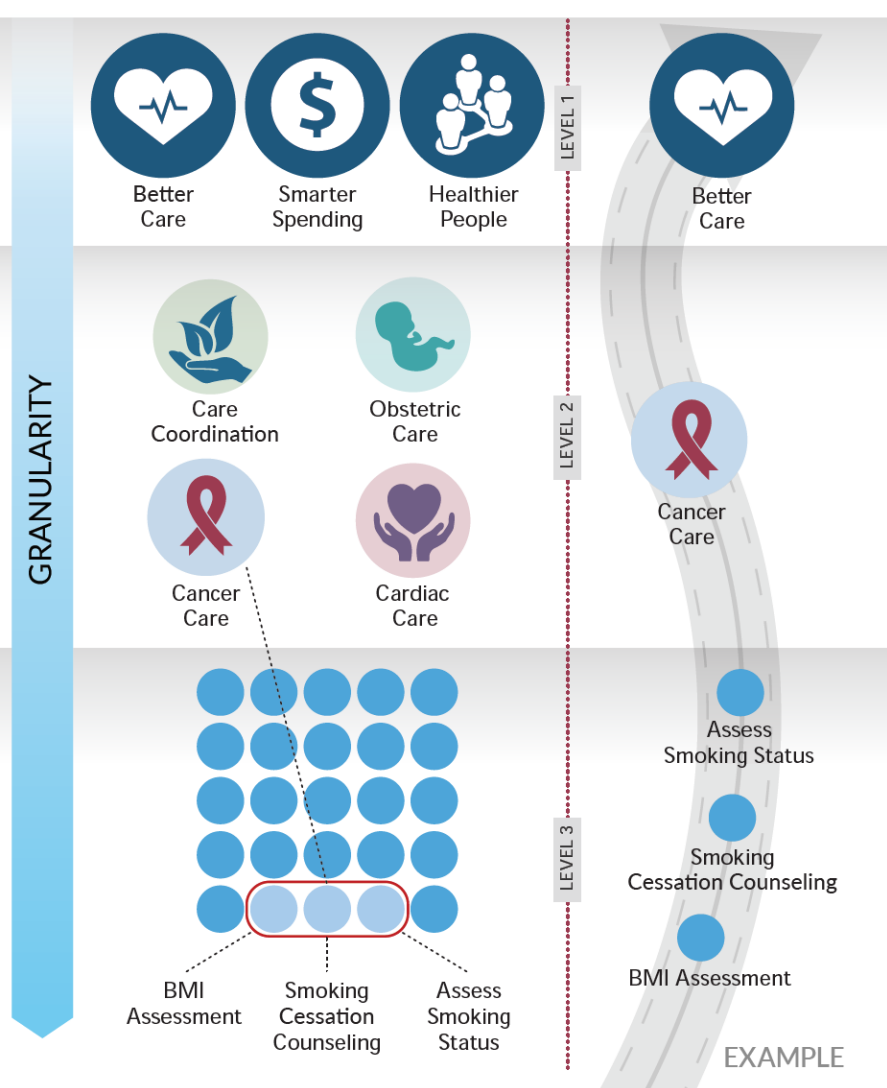
Meaningful Measures

Promote Effective Communication & Coordination of Care
Meaningful Measure Areas:
• Medication Management
• Admissions and Readmissions to Hospitals
• Seamless Transfer of Health Information

Promote Effective Prevention & Treatment of Chronic Disease
Meaningful Measure Areas:
• Preventive Care
• Management of Chronic Conditions
• Prevention, Treatment, and Management of Mental Health
• Prevention and Treatment of Opioid and Substance Use Disorders
• Risk Adjusted Mortality

Strengthen Person & Family Engagement as Partners in their Care
Meaningful Measure Areas:
• Care is Personalized and Aligned with Patient's Goals
• End of Life Care according to Preferences
• Patient's Experience and Functional Outcomes

Work with Communities to Promote Best Practices of Healthy Living
Meaningful Measure Areas:
• Equity of Care
• Community Engagement

Make Care Safer by Reducing Harm Caused in the Delivery of Care
Meaningful Measure Areas:
• Healthcare-Associated Infections
• Preventable Healthcare Harm

Make Care Affordable
Meaningful Measure Areas:
• Appropriate Use of Healthcare
• Patient-focused Episode of Care
• Risk Adjusted Total Cost of Care

Eliminate Disparities

Track to Measurable Outcomes and Impact

Reduce burden

Improve CMS Customer Experience

Empower Patients and Doctors

State Flexibility and Local Leadership

Improve Access for Rural Communities

Support Innovative Approaches

Safeguard Public Health

Achieve Cost Savings

Make Care Safer by Reducing Harm Caused in the Delivery of Care

Central Line-Associated Bloodstream Infection (CLABSI) HACRP, LTCH QRP, Medicaid & CHIP, QIO

Surgical Site Infections (SSI) IQR

Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia Outcome Measure LTCH QRP, IRF QRP

Catheter-Associated Urinary Tract Infection (CAUTI) IRF QRP, LTCH QRP, QIO

Early Elective Delivery Medicaid & CHIP

Percent of Patients or Residents with Pressure Ulcers that are New or Worsened IRF QRP, LTCH QRP, SNF QRP, HH QRP

Healthcare-Associated Infections

Preventable Healthcare Harm

Patient Safety

Meaningful Measure Areas

Measures

Programs Using Illustrative Measures

Hospital-Acquired Condition Reduction Program (HACRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Medicaid and CHIP (Medicaid & CHIP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Hospital Inpatient Quality Reporting (IQR) Program
Home Health Quality Reporting Program (HH QRP)
Quality Improvement Organization (QIO)

42

Strengthen Person & Family Engagement as Partners in their Care

Person- and Family-Centered Care

Care is Personalized and Aligned with Patient's Goals

End of Life Care according to Preferences

Patient's Experience and Functional Outcomes
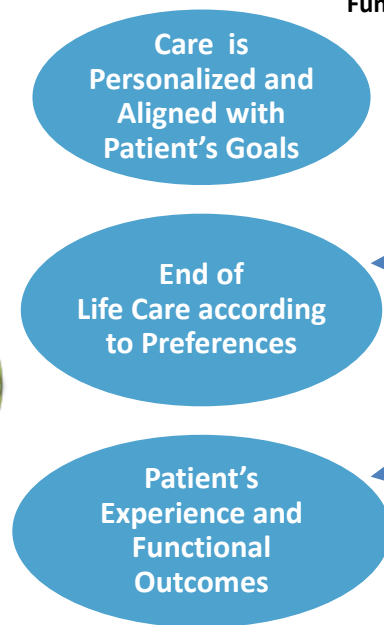
Meaningful Measure Areas

Measures

The Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function IRF QRP, LTCH QRP, SNF QRP, HH QRP
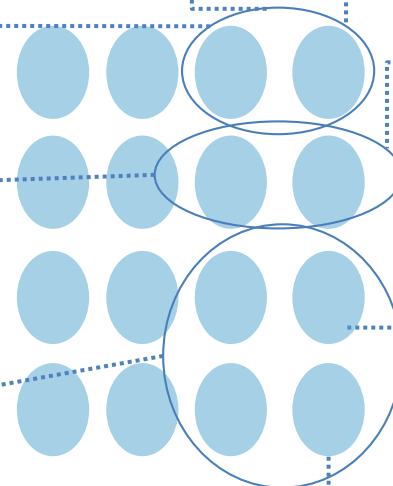
Care plan QPP

Hospice Visits while Death is Imminent HQRP

CAHPS® Hospice Survey: Getting Emotional and Religious Support HQRP

CAHPS In-Center Hemodialysis Survey ESRD QIP

Home and Community Based Services CAHPS Medicaid & CHIP

Functional Status Assessment for Total Hip Replacement QPP

Programs Using Illustrative Measures

Quality Payment Program (QPP)
Hospice Quality Reporting Program (HQRP)
End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Medicaid and CHIP (Medicaid & CHIP)
Home Health Quality Reporting Program (HH QRP)

43

Promote Effective Communication & Coordination of Care

Use of High Risk Medications in the Elderly QPP

Medication Reconciliation Post-Discharge MSSP

Drug Regimen Review Conducted with Follow-Up for Identified Issues IRF QRP, LTCH QRP, SNF QRP, HH QRP

Standardized Readmission Ratio (SRR) ESRD QIP

Plan All-Cause Readmissions Medicaid & CHIP

Use of an Electronic Health Record IPFQR, QIO

Medication Management

Admissions and Readmissions to Hospitals

Seamless Transfer of Health Information

Measures

Effective Communication and Care Coordination
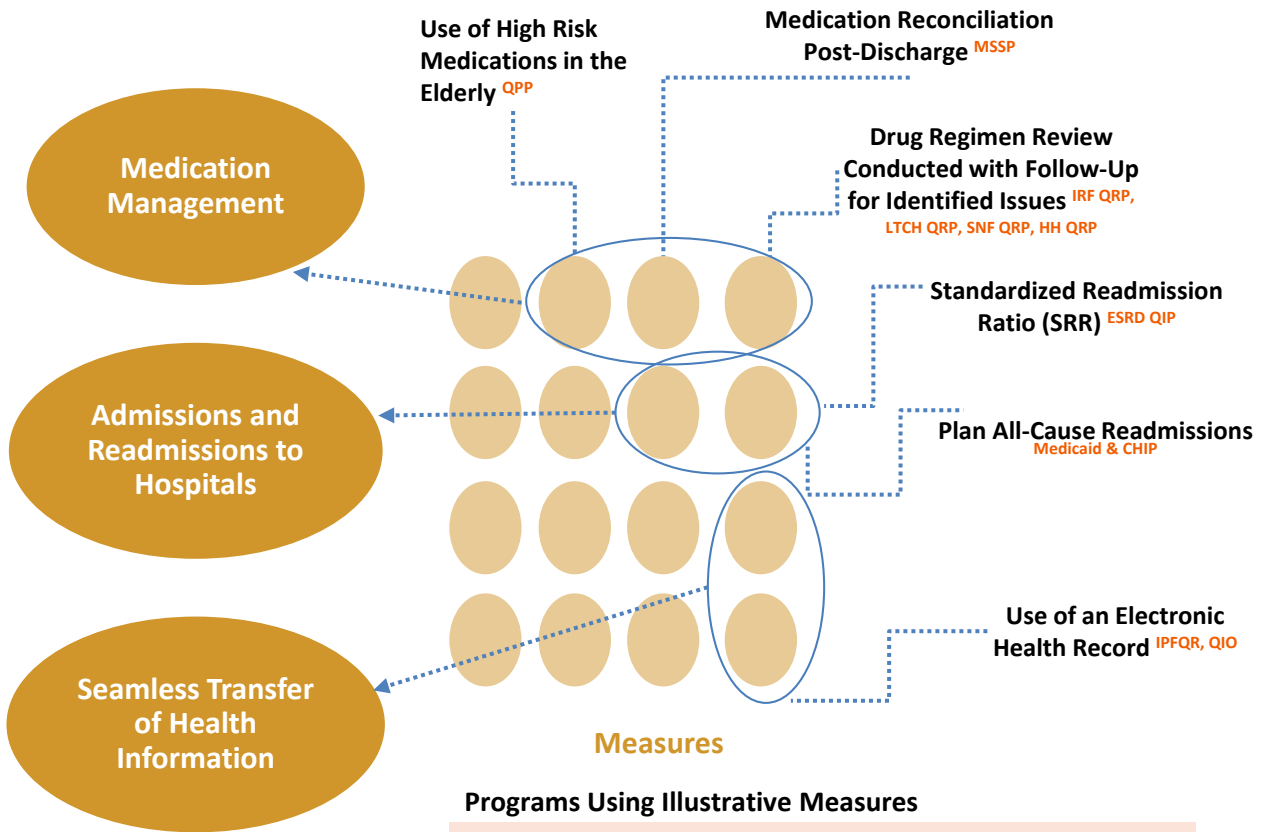
Meaningful Measure Areas

Programs Using Illustrative Measures

Quality Payment Program **(QPP)**
Medicare Shared Savings Program **(MSSP)**
Inpatient Rehabilitation Facility Quality Reporting Program **(IRF QRP)**
Skilled Nursing Facility Quality Reporting Program **(SNF QRP)**
Long-Term Care Hospital Quality Reporting Program **(LTCH QRP)**
Home Health Quality Reporting Program **(HH QRP)**
End-Stage Renal Disease Quality Incentive Program **(ESRD QIP)**
Medicaid and CHIP **(Medicaid & CHIP)**
Inpatient Psychiatric Facility Quality Reporting **(IPFQR)** Program
Quality Improvement Organization **(QIO)**

44

Promote Effective Prevention & Treatment of Chronic Disease

Prevention and Treatment of Leading Causes of Morbidity and Mortality

Meaningful Measure Areas

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Measures

Influenza Immunization Received for Current Flu Season HH QRP

Timeliness of Prenatal Care (PPC) Medicaid

Osteoporosis Management in Women who Had a Fracture QPP

Follow-up after hospitalization for Mental Illness IPFQR

Alcohol Use Screening IPFQR

Use of Opioids at High Dosage Medicaid & CHIP

Hospital 30-Day, All Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization HVBP

Programs Using Illustrative Measures

Home Health Quality Reporting Program **(HH QRP)**
Medicaid and CHIP **(Medicaid & CHIP)**
Quality Payment Program **(QPP)**
Inpatient Psychiatric Facility Quality Reporting **(IPFQR)** Program
Hospital Value-Based Purchasing **(HVBP)** Program

Work with Communities to Promote Best Practices of Healthy Living

Health and Well-Being

Equity of Care

Community Engagement

Meaningful Measure Areas
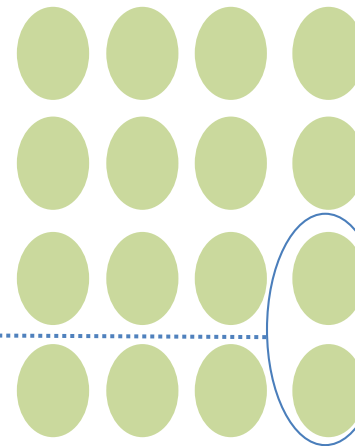
Measures

Discharge to Community-Post Acute Care HH QRP, LTCH QRP, IRF QRP, SNF QRP

Programs Using Illustrative Measures

Home Health Quality Reporting Program (HH QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

Make Care Affordable

Affordable Care

Meaningful Measure Areas

- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

Measures

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis QPP

Caesarean Section Medicaid & CHIP

Spinal Fusion Clinical Episode-Based Payment (Sfusion Payment) Measure IQR

Medicare Spending Per Beneficiary IRF QRP, LTCH QRP, SNF QRP, HH QRP

Hospital-Level, Risk-Standardized Payment Associated with a 30-day Episode-of-Care for Heart Failure (HF) HVBP

Oncology Care Model CMMI

Total Per Capita Costs for All Attributed Beneficiaries VM

Programs Using Illustrative Measures

Quality Payment Program **(QPP)**
Hospital Inpatient Quality Reporting **(IQR)** Program
Hospital Value-Based Purchasing **(HVBP)** Program
Center for Medicare and Medicaid Innovation **(CMMI)**
Value Modifier **(VM)** Program
Home Health Quality Reporting Program **(HH QRP)**
Skilled Nursing Facility Quality Reporting Program **(SNF QRP)**
Long-Term Care Hospital Quality Reporting Program **(LTCH QRP)**
Inpatient Rehabilitation Facility Quality Reporting Program **(IRF QRP)**

47

Meaningful Measures Next Steps

- Get stakeholder input to further improve the Meaningful Measures framework

- Work across CMS components to implement the framework

- Evaluate current measure sets and inform measure development

Meaningful Measures Summary

Meaningful Measure Areas

Guiding CMS's efforts to achieve better health and healthcare for the patients and families we serve

Give us your feedback!
Pierre.Yong@cms.hhs.gov
Theodore.Long@cms.hhs.gov

Coordinating Committee Discussion

- Does the Coordinating Committee have any feedback on Meaningful Measures?
- How can MAP incorporate Meaningful Measures into its work?

Overview of the MAP Rural Health Workgroup

2015 Rural Project: Purpose and Objectives

- To provide multistakeholder information and guidance on performance measurement issues and challenges for rural providers
  - *Make recommendations regarding measures appropriate for use in CMS pay-for-performance programs for rural hospitals and clinicians*
  - *Make recommendations to help mitigate measurement challenges for rural providers, including the low-case volume challenge*
  - *Identify measurement gaps for rural hospitals and clinicians*

2015 Rural Project Supporting Recommendation

- 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*
  - *Consider measures that are used in Patient-Centered Medical Home models*
  - *Create a Measures Applications Partnership (MAP) workgroup to advise CMS on the selection of rural-relevant measures*

Objectives for 2017-2018 MAP Rural Health Workgroup

- Advise MAP on selecting performance measures that address the unique challenges, issues, health care needs and other factors that impact of rural residents
    - *Develop a set of criteria for selecting measures and measure concepts*
    - *Identify a core set(s) of the best available (i.e., "rural relevant") measures to address the needs of the rural population*
    - *Identify rural-relevant gaps in measurement*
    - *Provide recommendations regarding alignment and coordination of measurements efforts across programs, care settings, specialties, and sectors (both public and private)*
    - *Address a measurement topic relevant to vulnerable individuals in rural areas*

Interaction With Other MAP Workgroups and Coordinating Committee

- NQF staff will introduce the Rural Workgroup and represent rural perspective at Nov-Dec 2017 Workgroup and Coordinating Committee meetings

- The MAP Coordinating Committee will consider input from the MAP Rural Health Workgroup during pre-rulemaking activities

- MAP Coordinating Committee will review and approve the Rural Health Workgroup's recommendations before finalizing (August 2018)

Incorporating the Dual Eligible Beneficiary Perspective

Dual Eligible Beneficiaries

- A growing population of more than 11 million individuals with complex needs who require high levels of services and supports*

- High cost population[γ]
    - *Comprise 20% of Medicare beneficiaries but account for 34% of the spending*
    - *Similarly, comprise 15% of Medicaid beneficiaries but account for 33% of spending*

- Referred to as "high-risk" because of their higher incidence of multiple disabilities and complex clinical conditions which poverty compounds

*CMS. People Enrolled in Medicare and Medicaid Fact Sheet. Baltimore, MD: CMS, Medicare-Medicaid Coordination Office; 2017.
[γ]MedPAC, MACPAC. Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid. Washington, DC: MACPAC; 2017.

MAP Dual Eligible Beneficiaries Workgroup

- Supported by CMS 2011-2017; Duals Workgroup on hiatus while CMS focuses resources on implementing workgroup's recommendations
- Workgroup charge
  - *Consider a range of measurement issues relevant to individuals with complex medical and social needs, such as:*
    - » Persistent gaps in available measures
    - » Stratification and risk adjustment
    - » Multiple chronic conditions (MCC)
    - » Shared accountability
  - *Maintain a "family of measures" relevant to dual eligible beneficiaries to promote uptake and alignment of these measures across a variety of programs*

Role of Duals Workgroup in Pre-Rulemaking

- The Workgroup assigned a Duals Liaison to attend the December setting-specific in-person meetings
  - *Provided the Duals perspective during measure deliberation*

- Convened the Duals Workgroup prior to the MAP CC in-person meeting to
  - *Review recommendations by MAP setting-specific Workgroups during pre-rulemaking deliberations*
  - *Consider strategic issues for federal measurement programs relevant to dual eligible beneficiaries*
  - *Develop cross-cutting pre-rulemaking input for the Coordinating Committee*

NQF Efforts to Incorporate Dual Eligible Perspective

- The NQF Board of Directors added members of the Dual Eligible Beneficiary Workgroup to the PAC/LTC Workgroup and Coordinating Committee

- NQF staff will continue to flag measures under consideration as duals sensitive in the preliminary analysis provided during pre-rulemaking
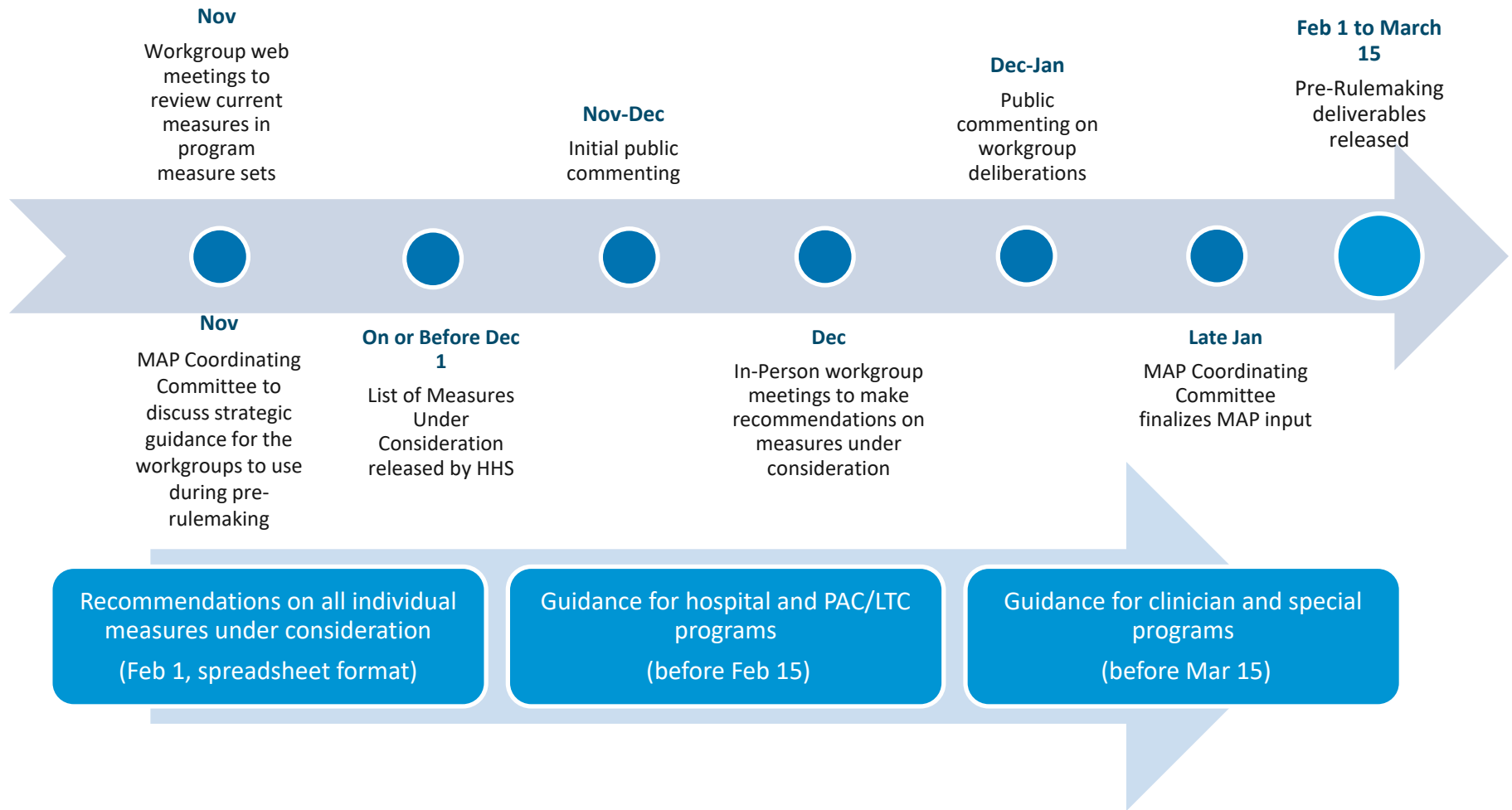
Coordinating Committee Discussion

- How can MAP continue to ensure a focus on the need of dual eligible beneficiaries?

Opportunity for Public Comment

Next Steps

MAP Approach to Pre-Rulemaking:
A look at what to expect

Nov

Workgroup web meetings to review current measures in program measure sets

Nov-Dec

Initial public commenting

Dec-Jan

Public commenting on workgroup deliberations

Feb 1 to March 15

Pre-Rulemaking deliverables released

Nov

MAP Coordinating Committee to discuss strategic guidance for the workgroups to use during pre-rulemaking

On or Before Dec 1

List of Measures Under Consideration released by HHS

Dec

In-Person workgroup meetings to make recommendations on measures under consideration

Late Jan

MAP Coordinating Committee finalizes MAP input

Recommendations on all individual measures under consideration

(Feb 1, spreadsheet format)

Guidance for hospital and PAC/LTC programs

(before Feb 15)

Guidance for clinician and special programs

(before Mar 15)

Timeline of Upcoming Activities

Release of the MUC List – by December 1

Public Comment Period #1 – Timing based on MUC list release

In-Person Meetings

- Clinician Workgroup – **December 12**
- PAC/LTC Workgroup – **December 13**
- Hospital Workgroup – **December 14**
- Coordinating Committee – **January 25-26**

Public Comment Period #2 – Following Workgroup In-Person Meetings

Contact Information

- Erin O'Rourke: Senior Director
- Kate Buchanan: Project Manager
- Yetunde Ogungbemi: Project Analyst
- Taroon Amin: Consultant

- **Project Email: MAPCoordinatingCommittee@qualityforum.org**

- **SharePoint Site: http://share.qualityforum.org/Projects/MAP%20Coordinating%20Committee/SitePages/Home.aspx**

Adjourn