



## Measure Applications Partnership MAP Coordinating Committee Web Meeting

**July 18, 2014 | 12:00 pm - 2:00 pm ET**

The National Quality Forum (NQF) convened a web meeting of the Measure Applications Partnership (MAP) Coordinating Committee on Friday, July 18, 2014. An online archive of the meeting is available by clicking [here](#).

### **Welcome and Review of Meeting Objectives**

Session was led by George Isham and Beth McGlynn, MAP Coordinating Committee Co-Chairs, with additional presentation by Sarah Lash, Senior Director, NQF.

Following opening remarks from Ms. Lash, Drs. Isham and McGlynn reviewed the following meeting objectives:

- Finalize 2014 MAP Dual Eligible Beneficiaries Workgroup Report
- Finalize 2014 recommendations to HHS on the Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid
- Receive updates on MAP Kaizen process improvement activities

### **2014 Recommendations to HHS on the Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid**

Session was led by Harold Pincus, MAP Medicaid Task Force Chair, with additional presentation by Elizabeth Carey, Project Manager, NQF.

Ms. Carey provided background information on the Medicaid enrollee population as well as the Medicaid Adult Core Set. Ms. Carey's presentation included CMS' three-part goal for the Medicaid Adult Core Set ("Adult Core Set"), the number of measures in the set mapped to the National Quality Strategy Priorities and major clinical conditions, and the number of states reporting each measure.

Dr. Pincus discussed the themes from the MAP Medicaid Task Force's review of the Adult Core Set:

- Value of considering states' experiences during the Task Force's discussion and decisionmaking process;
- Importance of the measure set remaining stable to enable states to gain experience and build capacity for reporting; and,
- Support for the majority of the measures in the Adult Core Set for continued use in the program.

Dr. Pincus presented three measures recommended for phased addition to the Adult Core Set (#0059, #1799, and #0647) and one measure the task force recommended for removal due to its retirement from HEDIS following guideline changes (#0063).

Requesting guidance from the Coordinating Committee, Dr. Pincus presented two measures the task force conditionally supported for continued use in the Adult Core Set:

- [NQF# 2371](#) Annual Monitoring for Patients on Persistent Medications
- [NQF# 1768](#) Plan All Cause Readmission

The Adult Core Set currently contains NQF# 2371. This measure had NQF endorsement removed at one point in time, but has now been updated and gained the approval of the NQF Safety Standing Committee. The task force conditionally supported the continued use of this measure if its endorsement is renewed but considered it to be narrowly designed. Focusing on a single point in time, condition, or prescription fails to reflect the overall quality of medication management. The Medicaid Task Force noted a preference for the inclusion of a measure of adherence or shared decision-making about medication choices, and suggested further review of additional medication management measures. In public comment prior to the Coordinating Committee meeting, the Pharmacy Quality Alliance (PQA) suggested [NQF# 0541](#) Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category as it is an adherence measure.

The Coordinating Committee supported the inclusion of a broader measure of medication management, and several committee members supported PQA's suggestion of #0541 as a possible alternative or additional measure for inclusion in the measure set. The Coordinating Committee noted that #2371 and #0541 measure different topics. Therefore, MAP supports the continued use of the annual monitoring measure due to its safety focus, but recommended the inclusion of the adherence measure as it is closely tied to healthcare outcomes. If it is only possible for CMS to include one of the medication measures, MAP expressed a slight preference for #0541.

Dr. Pincus then described that the Adult Core Set currently contains NQF #1768, a measure of readmissions at the health plan level of analysis. The task force conditionally supported this measure for continued inclusion to maintain stability in the measure set, noting that it needs a Medicaid-specific risk adjustment methodology. In response to the possibility of considering another measure of all-cause readmissions calculated at the facility level of analysis, [NQF# 1789](#) Hospital-Wide All-Cause Unplanned Readmission Measure, CMS should consider fit-for-purpose in determining which measure is preferred for use.

Similar to the Coordinating Committee's discussion of the medication measures, MAP supported the inclusion of both measures, if possible, as both may provide valuable information for different purposes. The Coordinating Committee recommended that the measure that is most actionable and best lends itself to national standardization, stratification, and the ability to make valid comparisons be selected by CMS.

## **2014 MAP Report from the Dual Eligible Beneficiaries Workgroup**

Session was led by Alice Lind, MAP Dual Eligible Beneficiaries Workgroup chair with additional presentation by Megan Duevel Anderson, Project Manager, NQF.

Ms. Lind discussed the key themes from the MAP Dual Eligible Beneficiaries Workgroup's draft report:

- Maintaining the Family of Measures
- Supporting improved quality of life outcomes
- Gathering stakeholder experience

Ms. Lind's presentation also discussed high priority measures gaps that persist for the dual beneficiary population. The workgroup continued to call for measures related to person-centered care planning, coordination, addressing psychosocial needs, and community integration. Ms. Anderson presented on the approach for gathering stakeholder feedback that focused two areas: measure alignment and impact.

Coordinating Committee discussion first focused on the structure and types of information collected in the proposed feedback loop. Coordinating Committee members suggested reaching out to advocates involved in Medicaid systems, regional quality measurement collaboratives, and state agencies currently using and developing measures for dual eligible beneficiaries.

The Coordinating Committee then provided feedback on potential future topics for the Dual Eligible Beneficiaries Workgroup including: measures for advanced illness care, possibilities for collaborating with the Patient Centered Outcomes Research Institute (PCORI), shifting to a wellness-directed model of care as it relates to population health management and new payment models, and expanding the use of diverse data sources for measurement (e.g., vital statistics, lab and pharmacy data).

### **Opportunity for Public Comment**

One public commenter suggested reaching out to patient and consumer advocacy organizations such as Families USA, Family Voices/Family-to-Family Health Information Centers, and the National Health Law Program for greater involvement in the MAP Dual Eligible Beneficiaries Workgroup work.

### **MAP Continuous Improvement – Updates**

Session was led by Rob Saunders, Senior Director, NQF. Dr. Saunders provided an update on the efforts to improve the MAP pre-rulemaking process, including streamlining deliverables by separating measure input from guidance on programs and policy, simplifying meeting materials for committee deliberations, and extending public comment windows and making comments available for MAP discussions

### **Summary and Next Steps**

Session was led by Dr. Isham, who concluded the meeting with a brief discussion of next steps:

- **Through July 30:** Public comment on draft report on Adult Medicaid Core Set
- **July 29:** Dual Eligible Beneficiaries Workgroup teleconference to consider public comments and Coordinating Committee feedback
- **August 29:** MAP's reports on Adult Medicaid Core Set and Dual Eligible Beneficiaries due to HHS

**Attachment: MAP COORDINATING COMMITTEE MEMBERS IN ATTENDANCE**

<b>George Isham, Co-Chair</b>
<b>Elizabeth McGlynn, Co-Chair</b>
Steven Brotman, AdvaMed
Andrea Caballero, Catalyst for Payment Reform (substitute)
Marshall Chin, Subject Matter Expert: Disparities
Maureen Dailey, American Nurses Association (substitute)
Shari Davidson, National Business Group on Health
Christopher M. Dezii, Pharmaceutical Research and Manufacturers of America (PhRMA)
Nancy Foster, American Hospital Association (substitute)
Foster Gesten, National Association of Medicaid Directors
Kate Goodrich, Centers for Medicare & Medicaid Services (CMS)
Tom Granatir, American Board of Medical Specialties (substitute)
Aparna Higgins, America's Health Insurance Plans
Gail Hunt, National Alliance for Caregiving
Gail Janes, Centers for Disease Control and Prevention (CDC)
Chip Kahn, Federation of American Hospitals
William Kramer, Pacific Business Group on Health
Sam Lin, American Medical Group Association
Lisa McGiffert, Consumers Union
Elizabeth Mitchell, Maine Health Management Coalition
Frank Opelka, American College of Surgeons
Peggy O'Kane, National Committee for Quality Assurance
Harold Pincus, Subject Matter Expert and Chair, MAP Medicaid Task Force
Carol Raphael, Subject Matter Expert
Marissa Schlaifer, Academy of Managed Care Pharmacy
Gerry Shea, AFL-CIO
Alison Shippy, National Partnership for Women and Families
Carl Sirio, American Medical Association
Margaret VanAmringe, The Joint Commission (substitute)
Nancy Wilson, Agency for Healthcare Research and Quality (AHRQ)