



MAP Coordinating Committee Web Meeting: Review of Dual Eligible Beneficiaries and Medicaid Reports

August 20, 2015 | 2:00pm – 4:00pm ET

The National Quality Forum (NQF) convened a web-based meeting of the Measure Applications Partnership (MAP) Coordinating Committee on Thursday, August 20, 2015. An [online archive](#) of the meeting is available. The list of MAP Coordinating Committee members in attendance is available in [Appendix A](#).

Welcome and Review of Meeting Objectives

Harold Pincus and Elizabeth McGlynn, MAP Coordinating Committee co-chairs, offered welcoming remarks to MAP members and the public audience. Sarah Lash, Senior Director, NQF, conducted roll-call of the MAP Coordinating Committee members and established quorum. Dr. Pincus reviewed the meeting objectives:

- Review public comments on three draft MAP reports
- Finalize the 2015 MAP Dual Eligible Beneficiaries Workgroup Report, 2015 MAP Medicaid Child Task Force Report, and 2015 MAP Medicaid Adult Task Force Report
- Examine cross-cutting issues affecting low-income Medicaid and dual eligible beneficiaries, including measurement gaps and fit-for-purpose

2015 Dual Eligible Beneficiaries Measurement Recommendations

Presentation of the 2015 Dual Eligible Beneficiaries Workgroup Report by Jennie Chin Hansen, MAP Dual Eligible Beneficiaries Workgroup Co-Chair, and Megan Duevel Anderson, Project Manager, NQF.

Ms. Duevel Anderson presented an introduction to the MAP work on the dual eligible beneficiary population and an overview of the MAP Family of Measures for Dual Eligible Beneficiaries that highlighted recent additions. A family of measures is a tool to support those developing or implementing measurement programs in the selection of the best-available measures from across the continuum of care. In 2015, MAP added 18 newly-endorsed measures: 12 behavioral health measures, one care coordination measure, and five admission and readmission measures. Despite the importance of these measures, high-priority gap areas persist.

Ms. Chin Hansen shared the workgroup's approach to considering measure alignment (using the same measures across settings or programs) and stakeholder feedback to inform MAP decisionmaking. One of the key findings from the alignment analysis is that state-level financial alignment demonstrations include approximately 60 percent of the family of measures. Ms. Chin Hansen also summarized feedback

from interviews with stakeholders about the use and utility of the measures in the family. Several participants offered additional measure gap topic areas and ideas for new measures.

Ms. Chin Hansen then presented issues MAP considered on the topic of advancing person- and family-centered care. MAP stressed the importance of further understanding health disparities and improving care for vulnerable populations. MAP recognized promising strategies some organizations are implementing to address the needs of complex populations, such as trauma-informed care, team-based care, and integrating multiple disciplines.

NQF received 36 public comments from 14 organizations on the draft report. Overall, commenters supported improved alignment across programs, the updates to the Family of Measures and high-priority gaps, and the discussion of person- and family-centered care. Commenters expressed varied positions on the use of risk adjustment and stratification in measures applied to dual eligible and other vulnerable populations.

MAP Coordinating Committee Discussion of Dual Eligible Beneficiaries Recommendations

The MAP Coordinating Committee approved without objection the 2015 MAP Dual Eligible Beneficiaries report. During their review of the recommendations, one Coordinating Committee member emphasized the importance of identifying the measures necessary to assess and drive quality improvement. The absolute number of measures needed may vary across topics, populations, and settings. Another member suggested that future work should promote strategies to integrate primary care into behavioral health settings, specifically for severely mentally ill and drug dependent populations.

2015 Medicaid Child Core Set Recommendations

Foster Gesten, MAP Medicaid Child Task Force Chair and Nadine Allen, Project Manager, NQF presented the 2015 Medicaid Child Core Set recommendations. Ms. Allen acknowledged the Task Force members' hard work in the review of the Child Core Set and provided a brief background on the Medicaid and Children's Health Insurance Program (CHIP) enrollee population. She also discussed the three-part goal of the Centers for Medicare & Medicaid Services (CMS) for to increase states' voluntary participation in submitting measures from the Child and Adult Core Sets.

Dr. Gesten highlighted that Child Core Set participation is strong, with room for improvement on the number of states reporting each measure. For this annual review, MAP supported all of the FFY 2015 Child Core Set measures for continued use and recommended six measures for phased addition (Table 1). The use of the recommended six measures would strengthen the measure set by promoting measurement of a variety of high-priority quality issues, including maternity care and behavioral health.

Table 1. Measures Recommended for Phased Addition to the Child Core Set

Ranking	Measure Number and Title	MAP Recommendation
1/2 (tie)	NQF #0477: Under 1500g Infant Not Delivered at Appropriate Level of Care	Support

Ranking	Measure Number and Title	MAP Recommendation
	Use of multiple concurrent antipsychotics in children and adolescents (not NQF-endorsed)	Conditional Support, pending successful NQF endorsement
3	Effective Postpartum Contraception Access (not NQF-endorsed)	Conditional Support, pending successful NQF endorsement
4	Use of Contraceptive Methods by Women Aged 15-20 Years (not NQF-endorsed)	Conditional Support, pending successful NQF endorsement
5/6 (tie)	NQF #1360: Audiological Evaluation no later than 3 months of age (EHDI-3)	Support
	NQF #2393: Pediatric All-Condition Readmission Measure	Support

NQF held a 30-day public comment period on the draft report and received 48 public comments from 25 organizations. Many comments focused on the measures of contraception use; most were supportive but a minority expressed concerns about their specifications and possible resistance from stakeholders. Public comment also yielded numerous requests for reconsideration of measure #2337 Antipsychotic Use in Children Under 5 Years Old. MAP had previously discussed this measure as well as seven other measures on antipsychotic use. MAP ultimately favored the measure of multiple concurrent antipsychotics, citing that it is more broadly applicable. Measure #2337 was felt to be strong, but capacity to add measures to the Core Set is limited. Members of the Coordinating Committee raised these issues during the discussion, as explained in a following section.

2015 Medicaid Adult Core Set Recommendations

Harold Pincus, MAP Medicaid Adult Task Force Chair and Zehra Shahab, Project Manager, NQF presented the 2015 Medicaid Adult Task Force report. Ms. Shahab expressed gratitude for the Task Force's hard work in developing recommendations and identifying gaps to strengthen the Medicaid Adult Measure Set. She provided background on both the Medicaid enrollee population and the Medicaid Adult Core Set. MAP's 2015 review is its third set of annual recommendations to CMS.

Dr. Pincus provided an overview of the current Medicaid Adult Core Set, including CMS' most recent updates. Dr. Pincus discussed the level of state participation in reporting the core set, acknowledging that it is strong but there is room for improvement in both the total number of states submitting measurement data and the number of states reporting each measure. Currently, there are 26 measures in the set. MAP has recommended one measure for removal ([#0648](#)) because of consistently low levels of reporting and observations that it is too facility-centric for state Medicaid agencies to take action. Dr. Pincus presented the nine measures recommended for phased addition to the Adult Core Set (Table 2).

Table 2. Measures Recommended for Phased Addition to the Adult Core Set

Ranking	Measure Number and Title	MAP Recommendation
1	Use of Contraceptive Methods by Women Aged 21-44 Years (<i>not NQF endorsed</i>)	Conditional Support, pending successful NQF endorsement

Ranking	Measure Number and Title	MAP Recommendation
2	NQF #2602: Controlling High Blood Pressure for People with Serious Mental Illness	Support
3/4/5 (tie)	NQF #1927: Cardiovascular Health Screening for People With Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications NQF #1932: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) Effective Postpartum Contraception Access (<i>not NQF endorsed</i>)	Support Support Conditional Support, pending successful NQF endorsement
6	Use of Opioids from Multiple Providers at High Dosage in Persons Without Cancer: Multi-provider, High Dosage (<i>not NQF endorsed</i>)	Conditional Support, pending successful NQF endorsement
7	Use of Opioids from Multiple Providers at High Dosage in Persons Without Cancer: Multiple Prescribers and Multiple Pharmacies (<i>not NQF endorsed</i>)	Conditional Support, pending successful NQF endorsement
8/9 (tie)	NQF #1799: Medication Management for People with Asthma (MMA) Use of Opioids from Multiple Providers at High Dosage in Persons Without Cancer: Opioid High Dosage (<i>not NQF endorsed</i>)	Conditional Support, pending update from NQF annual review Conditional Support, pending successful NQF endorsement

MAP received 35 public comments from 16 organizations on its draft recommendations during the 30-day public comment period. Many were similar to the comments received about the Child Core Set. Comments generally supported the measurement changes MAP recommended and further amplified strategic issues.

MAP Coordinating Committee Discussion of the Medicaid Recommendations

Coordinating Committee members asked that MAP consider alternative asthma medication management measures, as had been suggested in the public comments received. Specifically, NQF #1800: Asthma Medication Ratio (AMR) is thought to be superior to NQF #1799: Medication Management for People with Asthma (MMA). Because MAP did not have the opportunity to conduct a detailed review of the suggested measures, it was determined that all of the asthma measures will be deliberately examined in the next annual review of the Child and Adult Core Sets.

Coordinating Committee members also asked that MAP reconsider measure #2337 Antipsychotic Use in Children Under 5 Years Old, citing the fact that there are no approved uses of antipsychotic medication in this age group yet rates are rising, thus risking serious side effects including rapid weight gain and potential for diabetes. MAP members recognized the value of the measure but ultimately deferred to the original finding of the Task Force that it not be included in the Child Core Set at this time. Dr. Gesten noted that cases in which this class of medication is prescribed to a young child tend to be highly complex and lacking clear clinical guidelines. Similarly, State Medicaid stakeholders have collaborated on quality improvement related to antipsychotic use and may already be tracking this independent of the

Child Core Set reporting program. The Coordinating Committee decided that the final report will be revised to provide more details about the measures MAP examined but did not ultimately support for use in the program at this time.

The MAP Coordinating Committee approved without objection the Medicaid Adult and Child recommendations to HHS. MAP's reports will inform the next annual updates of the Core Sets, scheduled to take place by January 2016.

Cross-Cutting Issues Affecting Low-Income Populations

Presentation by Sarah Lash, Senior Director, NQF. Ms. Lash reviewed cross-cutting issues affecting low-income populations observed across the three projects. First, it is important for MAP to have a thorough understanding of programs and policy goals alongside measure use experience when recommending measures for use. MAP also recognized that the prompt removal of measures found to be ineffective is important for better use of limited measurement resources. Finally, MAP observed a stubborn lack of measures available to address the complex care needs of Medicaid and Medicare-Medicaid enrollees, such as person-centered planning and care coordination. Dr. McGlynn encouraged participants to submit additional thoughts on these issues to NQF. The committee may have the opportunity to revisit these themes at a future meeting.

Opportunity for Public Comment

Public comments provided feedback on measure gaps, including those related to infrastructure and measuring priorities for systemic quality improvement initiatives. One comment also mentioned an organization pursuing measure development, but progress is stalled for lack of financial support. In response to a comment that an additional concept be added to an existing measure, NQF clarified that it is beyond the ability of MAP to edit measures because they are the property of their developers. However, suggestions can be relayed to developers and measure modifications may be possible, particularly during the consensus development process (CDP) for measures submitted for NQF endorsement.

Next Steps

- **August 31:** MAP's reports on the Medicaid Adult and Child Core Sets and Dual Eligible Beneficiaries will be submitted to HHS and made available to the public through the NQF website.
- **September 18:** An in-person meeting of the MAP Coordinating Committee will be held in Washington, DC. Members will be receiving a survey to gather preliminary thoughts on defining impact, goals for alignment, and an approach to identifying measure gaps.

Appendix A. Committee Members in Attendance

Name	Organization
Harold Pincus, MD	Coordinating Committee Co-Chair
Elizabeth McGlynn, PhD, MPP	Coordinating Committee Co-Chair
Jennie Chin Hansen, RN, MS, FAAN	Dual Eligible Beneficiaries Workgroup Co-Chair
Lynda Flowers, JD, MSN, RN	AARP
Marissa Schlaifer, RPh, MS	Academy of Managed Care Pharmacy
Steven Brotman, MD, JD	AdvaMed
Shaun O'Brien	AFL-CIO
Amir Qaseem, MD, PhD, MHA	American College of Physicians
Frank Opelka, MD, FACS	American College of Surgeons
Rhonda Anderson, RN, DNSc, FAAN	American Hospital Association
Carl Sirio, MD	American Medical Association
Sam Lin, MD, PhD, MBA	American Medical Group Association
Maureen Dailey (<i>Substitute</i>)	American Nurses Association
Aparna Higgins, MA	America's Health Insurance Plans
Chad Mulvany (<i>Substitute</i>)	Healthcare Financial Management Association
David Baker, MD, MPH, FACP (<i>Substitute</i>)	The Joint Commission
Melissa Danforth	The Leapfrog Group
Foster Gesten, MD, FACP	National Association of Medicaid Directors
Sepheen Byron (<i>Substitute</i>)	National Committee for Quality Assurance
Carol Sakala, PhD, MSPH	National Partnership for Women and Families
Christopher Dezii, RN, MBA, CPHQ	Pharmaceutical Research and Manufacturers of America (PhRMA)
Richard Antonelli, MD, MS	Subject Matter Expert
Nancy J. Wilson, MD, MPH	Agency for Healthcare Research and Quality (AHRQ)