MEASURE APPLICATIONS PARTNERSHIP

MAP 2017 Considerations for Implementing Measures in Federal Programs: Hospitals

FINAL REPORT

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NATIONAL QUALITY FORUM

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GUIDANCE ON CROSS-CUTTING ISSUES

Summary

- MAP recognized a need for measures across programs that evaluate the appropriate use of health interventions and testing, including pre-operative testing.
- Effective care transitions are a pivotal lever for improving healthcare quality and are essential to appropriate follow-up care after hospitalization.
- MAP underscored the importance of patient-reported outcomes (PROs), and identified the need for measures based on patient-reported outcomes
- Measure selection should weigh data collection and reporting burden against potential to improve quality of care and patient outcomes. MAP emphasized that providers may have limited resources for measurement and that the addition of new measures to the programs should be balanced with the removal of measures that may no longer be needed.

The Measure Applications Partnership (MAP) Hospital Workgroup reviewed measures under consideration for seven hospital and setting-specific programs:

- End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
- Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR)
- Ambulatory Surgical Center Quality Reporting (ASCQR)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR)
- Hospital Outpatient Quality Reporting (OQR)
- Hospital Inpatient Quality Reporting (IQR) and Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (CAHs) (Meaningful Use)
- Hospital Value-Based Purchasing (VBP)

In addition, MAP provided feedback on the current measure sets for these programs, as well as the two hospital-specific programs listed below:

- Hospital-Acquired Condition Reduction Program (HACRP)
- Hospital Readmissions Reduction Program (HRRP)

MAP's pre-rulemaking recommendations for a measure in these programs reflect the MAP Measure Selection Criteria (MSC) and how well the measures address the goals of the program. The MSC are designed to highlight characteristics of an ideal measure set. The MSC are intended to complement program-specific statutory and regulatory requirements. The MSC focus on selecting high-quality measures that optimally address the National Quality Strategy's (NQS) three aims, fill critical measure gaps, and increase alignment among programs. The selection criteria seek measures that are NQF-endorsed whenever possible, address a performance gap, diversify the mix of measures types, relate to person- and family-centered care and services, relate to disparities and cultural competency, and promote parsimony and alignment among public and private quality programs.

OVERARCHING THEMES

Move to High-Value Measures

MAP noted the need for measures that address high priority areas. The group pointed out several key areas where future measure development is needed including appropriate use, care transitions, and patient-reported outcomes.

MAP recognized a need for measures across programs that evaluate the appropriate use of health interventions and testing, including pre-operative testing. MAP recognized the need for measures to address both overuse of testing, as well as to monitor the appropriate use of testing. This theme was recognized as a priority because of its impact on efficiency, outcomes, and cost and resource use. MAP noted that patients often receive unnecessary incremental tests and that measures related to appropriate testing are also pivotal to improving care coordination. MAP observed an existing measure in the Hospital Outpatient Program, NQF #0669, which evaluates cardiac imaging for pre-operative risk assessment for noncardiac low-risk patients and suggested that similar measures might be considered for other programs that cover surgery.

In addition to testing, MAP stressed the importance of appropriate prescribing practices, in particular, as they relate to pain management and opioid prescription. MAP noted the need for measures that assess opioid follow-up, prescription, and appropriate prescribing. Finally, MAP identified imaging as an area where measurement could also be used to encourage appropriate use.

MAP also recognized the need for additional measures assessing care transitions and measuring coordination between hospitals and other settings. MAP discussed the importance of effective care transitions across the care continuum and the importance of ensuring access to appropriate follow-up care after hospitalizations. For example, MAP suggested possible measures related to primary care appointments following emergency hospitalizations for psychiatric conditions or measures related to the quality of the care environment to which patients are discharged after hospitalization.

MAP emphasized the need for measures based on patient-reported outcomes (PRO-PMs). MAP members noted that these measures could provide value particularly in the Inpatient Quality Reporting (IQR) program and the Hospital Value-Based Purchasing Program. MAP identified several areas where new measures could be used to help providers support patients/consumers in making decisions about their care. MAP also discussed the need for new approaches to capturing patient-reported outcomes and developing those into performance measures and measures to help patients/consumers better understand their care and their own health.

The MAP 2016 In-Person Meeting included an overview and discussion of the Patient-Reported Outcomes Measurement Information System (PROMIS). MAP supported use of PRO-PMs in hospital programs, emphasizing the need to measure and improve the outcomes that matter most to patients. However, MAP did have concern as to how the tool could be feasibly used in accountability metrics. First, MAP members raised concerns about the potential burden of administering PRO instruments for both the patient and the provider. MAP members also noted challenges in standardizing self-reported outcomes across populations and cautioned that PRO-PMs should be appropriately risk-adjusted. MAP members raised questions about whether PRO-PMs would be based on changes in score and noted that it may be more appropriate to consider the changes within a facility rather than to compare to national averages. MAP also recognized the potential to use measures based on PROMIS to assess population health.

Reducing Measurement Burden

When considering the addition of new measures, MAP emphasized the need for measures that will drive improvement and address unwarranted variation among providers. MAP recognized the importance of balancing the effort required for data collection and reporting with the potential a measure has to improve quality of care and patient outcomes. As noted above, the group said that special consideration should be given when a measure may put more burden on the patient to complete instruments. MAP reiterated that providers may have limited resources for measurement and that the addition of new measures to the programs should be balanced with the removal of measures that may no longer be needed. The group recommended removal of measures that are topped out, have unintended consequences, have lost NQF endorsement, or are no longer aligned with the current evidence or the program's goals. . However, MAP recognized that in order for CMS to act on these recommendations, it will likely need to engage in rulemaking as well as consider other programmatic needs not taken into account by the MAP process. Details on MAP's recommendations on existing measures can be found in **Appendix C**.

MAP looked to electronic clinical quality measures (eCQMs) as a means to reduce data collection and reporting burden. MAP discussed several measures under consideration (MUCs) that would be an eCQM option for an existing chart-abstracted measure in the program set. MAP members supported the inclusion of the eCQMs because they reduced hospital burden in reporting the measures, but noted that several of the chart-abstracted measures were topped out. For example, there was discussion about Influenza Immunization (IMM-2) (MUC16-053), which is an eCQM similar to the chart-abstracted version, MUC16-055. Because of uniformly high performance across providers, this measure would not meet the NQF criteria for endorsement. However, MAP noted that if topped out measures are maintained in hospital programs, use of eCQMs for surveillance could reduce the burden of data collection.

CONSIDERATIONS FOR SPECIFIC PROGRAMS

End-Stage Renal Disease Quality Incentive Program (ESRD QIP)

The End-Stage Renal Disease Quality Incentive Program (ESRD QIP) is a pay-for-performance and public reporting program established to promote high-quality services in outpatient dialysis facilities treating patients with ESRD.

In its 2016-2017 pre-rulemaking deliberations, MAP reviewed three measures under consideration for the ESRD QIP program. MAP supported two measures intended to replace the current vascular access measures in the ESRD QIP program.

MAP recommended that one measure, Standardized Transfusion Ratio for Dialysis Facilities (MUC16-305), be refined and resubmitted prior to rulemaking. MAP noted the importance of this measure, recognizing the impact that anemia can have on a patient's quality of life and the potential consequences of a blood transfusion. However, some MAP members raised concerns that the dialysis facility may not have control over decisions about administering blood transfusions as patients may receive the transfusion in other care settings. MAP also discussed the variability in blood transfusion coding practices that could inadvertently affect a dialysis facility's performance on this measure. Overall, MAP stressed the importance of managing anemia and avoiding unnecessary blood transfusions in patients with ESRD and encouraged better care coordination between dialysis facilities and hospitals.

MAP reviewed the current measure set and noted the need for a comprehensive measure set that looks at both treatment and outcomes that would drive quality and safety for those with ESRD. MAP identified several gap areas including pediatrics and gaps relating to management of comorbid conditions, such as congestive heart failure, diabetes, and hypertension. There was a strong interest in patient-reported outcomes (PROs) for the dialysis population. A dialysis provider raised a concern regarding the possibility of surveillance bias for the blood stream infection measure. MAP recommended that non-endorsed measures used in the ESRD program be submitted for endorsement review (e.g., anemia and mineral reporting measures). Overall, MAP identified four out of the 18 current measures that could be removed from the program to reduce burden and provide opportunities to include higher-value measures. MAP also suggested that the current bloodstream infection measure (NQF #1460) could be modified to include thresholds for testing to allow for accurate comparisons between facilities and to ensure facilities are performing blood cultures appropriately. Details on MAP's comments on the current measures can be found in **Appendix C**.

Commenters agreed with the MAP recommendations overall, though commenters did have suggestions for improvements for specific measures, such adjustments to the specifications.

Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR)

The Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) program is a voluntary quality reporting and public reporting program. The program's goal is to provide information about the quality of care that is provided in the 11 cancer hospitals that are exempt from the Medicare Inpatient Prospective Payment System (IPPS).

In its 2016-2017 pre-rulemaking deliberations, MAP reviewed five measures for the PCHQR program. MAP supported four measures related to end-of-life care. MAP has stressed the importance of end-of-life care as an area of cancer care needing

improvement. MAP noted that the measures under consideration could help encourage the use of hospice care and could help avoid aggressive treatment in the last days of life. MAP noted that unnecessary treatment at the end of life has been found to have a negative impact on a person's quality of life and that these measures could help improve patient and caregiver experience.

MAP did not support one measure, PRO Utilization in Non-Metastatic Prostate Cancer Patients (MUC16-393), because it is a structural measure related to the measurement of PRO utilization rather than a patient-reported outcome measure. MAP noted that patients value the results of PROs; however, the value of this structural measure to patients/consumers was not clear.

Public comments differed regarding MUC16-393, as many commenters noted the increasing importance of patient-reported outcomes to CMS and to value-based care. Commenters generally agreed with the MAP recommendations regarding the end-of-life measures.

MAP reviewed the current measure set and recommended that three treatment-specific measures related to breast cancer, prostate cancer, and colon cancer be removed from the program in the future. MAP discussed the need for measures (including PRO-PMs) that could be used for patients with different types of cancer. Other gap recommendations from MAP included measures of global harm in inpatient settings and understanding of informed consent from a patient perspective. There was also a recommendation to consider which cancer measures should be routinely stratified to assess disparities. MAP also suggested increased alignment between the IQR and PCHQR programs, as the majority of cancer care does not occur in specialty cancer hospitals. MAP identified four out of the 17 current measures that could be removed from the program to reduce measurement burden. MAP also recommended that the Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy be revised as suggested by the NQF Cancer Standing Committee and resubmitted for NQF endorsement. Additional details on MAP's recommendations on current measures can be found in **Appendix C**.

Ambulatory Surgical Center Quality Reporting (ASCQR)

The Ambulatory Surgical Center Quality Reporting (ASCQR) program is a pay-for performance and public reporting program. Ambulatory Surgical Centers (ACSs) that do not participate or fail to meet program requirements, receive a 2 percent reduction in annual payment update. The goals for the ASCQR program include: (1) promoting higher-quality, more efficient healthcare for Medicare beneficiaries through measurement, and (2) providing consumers with quality information that will allow them compare the quality of care given at ASCs and help them make informed decisions about where they receive care.

In its 2016-2017 pre-rulemaking deliberations, MAP reviewed three measures under consideration for the ASCQR program. MAP conditionally supported MUC16-155 Ambulatory Breast Procedure Surgical Site Infection (SSI) Outcome Measure pending NQF endorsement and additional testing and monitoring before use in a value-based purchasing (VBP) program.

MAP recommended that two measures related to hospital visits after orthopedic and urological procedures be refined and resubmitted prior to rulemaking because they are still undergoing field testing and should be submitted to NQF for endorsement review.

MAP reviewed the measures currently included in the ASCQR program and noted that only six out of the 15 measures in the measure set are currently NQF-endorsed. MAP recommended the future removal of measures are not NQF-endorsed. MAP identified two out of the 15 measures that could potentially be removed. The program includes measures that have been previously endorsed but

not submitted for maintenance review. An ASC measure developer commented that resource availability may be a limiting factor for submission and maintenance of measures. Public comments supported MAP's recommendations; however, a commenter noted that NQF endorsement is not required by the Social Security Act for measures adopted for the ASCQR Program.

MAP identified a significant number of measure gaps in the ASCQR program. MAP noted the need for measures addressing surgical quality regardless of where it is done, including site infections and complications, and measures of patient and family engagement. MAP highlighted the need for measures of efficiency, noting the need for appropriate pre-operative testing.

Inpatient Psychiatric Facility Quality Reporting (IPFQR)

The Inpatient Psychiatric Facility Quality Reporting (IPFQR) program is a pay-for-reporting and public reporting program that requires inpatient psychiatric facilities (IPFs) to submit data on all required measures, to avoid receiving a 2 percent reduction in annual payment update. The IPFQR program goals are to provide consumers with quality of care information that will enable them to make more informed decisions regarding healthcare options, and encourage hospitals and clinicians to improve the quality of inpatient psychiatric care by ensuring that providers are both aware of and reporting on best practices.

In its 2016-2017 pre-rulemaking deliberations, MAP reviewed three measures for the IPFQR program. MAP recommended that all three measures, Medication Continuation following Inpatient Psychiatric Discharge (MUC16-048), Medication Reconciliation at Admission (MUC16-049), and Identification of Opioid Use Disorder (MUC16-428) be refined and resubmitted prior to rulemaking. MAP noted that the measures are currently undergoing testing and the results should demonstrate reliability and validity at the facility level in the hospital setting before implementation in an accountability program. In addition, regarding measure MUC16-048, MAP discussed details in the measure specifications that need additional clarification such as (1) the definition of medication dispensation (2) how does the facility know the medication was dispensed? and (3) Medicare Part D is optional: how does this affect the measure? Regarding MUC16-049, MAP had a lengthy discussion about the intent of the measure (i.e., timeliness versus accuracy of medication reconciliation) and chart abstraction burden. Finally, MAP also recommended that all three of the measures be submitted to NQF for endorsement review.

The majority of commenters supported MAP's recommendations. Commenters noted that measures (such as MUC16-428) may lead to over testing. There were also general comments regarding the MAP-identified gap area of access—where commenters were concerned that hospitals have limited control over this domain.

When reviewing the current measure set, MAP recommended that measures that have never been reviewed by NQF be submitted for endorsement review. MAP also noted the high number of alcohol and tobacco measures included in the program, and suggested that, while such measures are important, they should not be the highest priority indicators for quality treatment in psychiatric hospitals. Overall, MAP identified seven of the 20 current measures that could potentially be considered for removal from the program.

MAP identified areas for further development including medical comorbidities, emergency department patients not admitted to the hospital, discharge planning, and readmissions. Another gap area related to access to inpatient psychiatric services, especially in rural areas. MAP also suggested aligning the measures in the IPFQR program with measures in the IQR program when possible.

Hospital Outpatient Quality Reporting (OQR)

The Hospital Outpatient Quality Reporting Program (OQR) is a pay-for-reporting and public reporting program. The goals of the program are to establish a system for collecting and providing quality data to hospitals providing outpatient services and provide consumers with quality-of-care information to make more informed decisions about their healthcare options.

In the 2016-2017 pre-rulemaking deliberations, MAP reviewed three measures under consideration for the OQR program. MAP conditionally supported Median Time from ED Arrival to ED Departure for Discharged ED Patients (MUC16-055) for rulemaking. The conditions for support included that (1) the testing data demonstrate that this eCQM more accurately determines patient arrival and discharge times compared to the chart-abstracted version of the measure (NQF #0496) currently in the HOQR and HIQR programs and (2) this eCQM is submitted to NQF for endorsement review. MAP members did express concern that without the right safeguards, implementation of this measure might lead to unintended negative consequences—such as patients being moved to observation, admitting patients without proper cause, and/or discharging patients unsafely.

The measure, Time to Pain Management for Long Bone Fracture (MUC16-056), was not supported by MAP because NQF endorsement was removed in 2014. The NQF Musculoskeletal Steering Committee noted that the evidence supporting this measure did not sufficiently link the process of measuring and reporting the time gap between arrival and administration of pain medication for long bone fractures to improved clinical outcomes. The Musculoskeletal Steering Committee agreed that less time to administration is likely better, but the evidence was also lacking to support a particular timeframe for treating pain in long bone fractures. In addition, MAP noted that the patient population and types of conditions may affect the performance of this measure because ED discharge may be delayed intentionally for patient safety or other patient-specific reasons. MAP also acknowledged the potential for unintended consequences such as inappropriate and/or unsafe discharges to the community or patients moved to observation status.

A measure for evaluating Safe Use of Opioids, Concurrent Prescribing (MUC16-167), was given a recommendation of revise and resubmit due to the importance of the topic and the need for measures to address the ongoing opioid crisis. MAP noted that the specifications of the measure should be revised as there are times when concurrent prescriptions of opioids and benzodiazepines are appropriate. MAP was concerned that patients may unintentionally suffer withdrawal symptoms if previously prescribed opioids and/or benzodiazepines are reduced and/or stopped prior to discharge. Public comments varied regarding the discussion of MUC16-167, both supporting MAP's recommendation and suggesting that the measure be refined and resubmitted prior to rulemaking. Regarding MUC16-055, commenters noted that making it an eCQM would not fix the inherent problems with the measure.

When providing feedback on the current measure set, MAP recommended the future removal of measures that failed NQF endorsement review. Additionally, MAP members suggested the removal of the measure 0496 (Chart Abstracted Median Time from ED Arrival to ED Departure for Discharged ED Patients) as it is burdensome to collect. MAP noted that the current Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy measure should be modified as suggested by the NQF Cancer Standing Committee and resubmitted for endorsement review. Overall, MAP noted that 13 out of the 29 measures currently in the program (52 percent) could potentially be removed. Additional details on MAP's recommendations on current measures can be found in Appendix C.

MAP suggested that the measure set would be improved by adding measures that allow

consumers and purchasers to make informed choices when choosing outpatient facilities. For example, the set could include measures that incentivize facility use of evidence-based practices. MAP also noted a need for a greater emphasis on communication and care coordination. As an example, MAP noted the importance of appropriate follow-up for patients discharged from the emergency department following a drug overdose. Finally, the group suggested the addition of measures around falls and accurate diagnosis.

Inpatient Quality Reporting Program (IQR)/Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (Meaningful Use)

The Hospital Inpatient Quality Reporting Program (IQR) is a pay-for-reporting and public reporting program that requires hospitals paid under the Inpatient Prospective Payment System (IPPS) to report on process, structure, outcomes, patient perspectives on care, efficiency, and costs of care measures. The program has two goals: (1) to provide an incentive for hospitals to report quality information about their services, and (2) to provide consumers information about hospital quality so they can make informed choices about their care. Many measures in this program overlap with the Medicare and Medicaid EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals (CAHs), which provides incentives eligible hospitals and CAHs that do not successfully demonstrate meaningful use by reducing Medicare payments.

MAP reviewed 15 measures for rulemaking for the IQR and/or Meaningful Use programs. MAP supported one measure, MUC16-179 Alcohol Use Screening, because it encourages hospitals to screen patients for alcohol use and can prevent alcohol withdrawal syndrome, which can be life-threatening. However, MAP emphasized that it did not support alcohol screening in order to identify brief interventions. MAP did not support the measures related to brief alcohol intervention and treatment prescription/referral provided at discharge because no evidence was provided demonstrating the impact of these processes on alcohol use. Similarly, MAP did not support the MUC16-068 Patient Panel Smoking Prevalence, because the evidence provided does not demonstrate that implementing this measure leads to a decrease in smoking prevalence. MAP also discussed several concerns regarding this measure including the impact of sociodemographic (SDS) factors, geographic region, attribution, and other factors beyond the hospital's control.

MAP recommended that the communication about pain composite measure (HP1, HP2, and HP3) be revised and resubmitted prior to rulemaking because the measure has only undergone field testing and results have not been published. MAP noted that measure is intended to replace the Pain Management composite measure in the HCAHPS Survey. MAP emphasized the need to include nonpharmacological options used to treat pain. MAP recommended that the testing results demonstrate reliability and validity for the Inpatient Quality Reporting (IQR) program. MAP also recommended that the measure be submitted to NQF for endorsement review.

MAP discussed the inclusion of four separate malnutrition measures under consideration for the IQR and EHR Incentive programs. MAP engaged in a lengthy discussion about the concerns identified by the Health and Well-Being Standing Committee currently reviewing the measures—and ultimately recommended that three of the measures be refined and resubmitted prior to rulemaking, and did not support the remaining measure. MAP concluded that completing a malnutrition assessment provided the most potential value to the measure set and quality of care. MAP encouraged the measure developer to test the individual malnutrition measures as a composite in an effort to balance the number of measures in the IQR program yet fill the gap on malnutrition.

MAP supported Influenza Immunization (IMM-2) (MUC16-053) for rulemaking with the condition that this eCQM serve as an option for facilities to report influenza vaccination rates to CMS. The current chart-abstracted version of this measure (NQF #1659) was recently recommended for Inactive Endorsement with Reserve Status by NQF's Health and Well-Being Standing Committee due to its high levels of performance and limited opportunity for further improvement. MAP acknowledged this eCQM's limited ability to improve quality due to the high levels of performance on the chart-abstracted version of this measure (NQF #1659), but highlighted potential for in data collection burden by eCQMs. MAP considered Measure of Quality of Informed Consent Documents for Hospital-Performed, Elective Procedures (MUC16-262), but did not support the measure for rulemaking because it captures the quality of informed consent documents rather than the quality of communication between patients and their providers. MAP acknowledged the importance of quality informed consent and recommended that future measures on informed consent be patient-centered.

When reviewing the current measure set for IQR, MAP highlighted the need for alignment among hospital programs. In particular, MAP members noted the passage of the 21st Century Cures Act and its provisions requiring considerations for the proportion of fully dually eligible patients served by a facility in the HRRP. MAP recommended that CMS explore ways to align the readmissions measures used for both IQR and HRRP and that CMS consider the recommendations of the Assistant Secretary for Planning and Evaluation (ASPE) in the *Report to Congress: Social Risk Factors and Performance Under Medicare's Value-Based Purchasing Programs* as required by the IMPACT Act of 2014.

MAP recognized the burden created by the large number of measures required by the IQR program and recommended that CMS remove measures that are no longer driving improvements in patient care. MAP recommended the removal of measures that did not pass NQF endorsement initially or have lost NQF endorsement. MAP also recommended that measures in use in the program that have never been reviewed for NQF endorsement be submitted for review. MAP also recommended that CMS examine measures where performance is high and there is limited variation among providers to ensure there is still value in keeping these measures in the IQR set. Overall, MAP recommended the removal of six out of the 62 current measures that were not previously finalized for removal. Additional details on MAP's recommendations on current measures can be found in **Appendix C**.

Additionally, MAP recommended that measures in the IQR set that have not been reviewed by NQF be submitted for endorsement review. In particular, the MAP expressed concerns about the episode-based payment measures that have been added to IQR for FY 2019 and recommended that the measures be submitted for review by the NQF Cost and Resource Use Standing Committee.

Finally, MAP stressed the need for measures that matter most to patients. In particular, the group noted the need for more patient-reported outcomes and measures related to dementia in the IQR set. MAP suggested that the measure sets might consider more nuanced outcomes, providing insight on quality beyond mortality measures.

NQF received over 50 comments regarding IQR measures. The majority of commenters agreed with MAP recommendations. Commenters that disagreed with MAP's recommendations primarily commented on the malnutrition measures as well as MUC16-262 Measure of Quality of Informed Consent Documents for Hospital-Performed, Elective Procedures.

Hospital Value-Based Purchasing (VBP)

The Hospital Value-Based Purchasing (VBP) program is a pay-for-reporting program. A portion of hospital reimbursement is withheld and used to fund a pool of incentive payments that hospitals can earn back over time. The goals of this program are to improve quality by realigning financial incentives and to provide incentive payments to providers that meet or exceed performance standards.

MAP did not support Communication about Pain During the Hospital Stay (MUC16-263) (HP1, HP2, and HP3) for rulemaking because it did not meet the program requirements for the HVBP program. The composite measure must be in IQR and publicly reported for at least one year before it may be considered for potential adoption in the HVBP program. Commenters agreed with the MAP recommendation and agreed that there was need for further debate and revision of this measure.

When reviewing the current measure set for VBP, the group made three recommendations. First MAP again recommended that CMS consider ASPE's recommendations for ways to mitigate the effect of the VBP program on safety net hospitals. Secondly, MAP members expressed concern with the reliability, actionability, and usability of Patient Safety Indicator (PSI) 90 Composite and recommended that CMS strive to develop the next generation of patient safety measures. Finally, some members expressed concern with the overlap between the efficiency measures used in the program and noted that this overlap could result in a hospital being rewarded or penalized multiple times for the same episode.

Hospital Readmissions Reduction Program (HRRP)

The Hospital Readmissions Reduction Program is a value-based purchasing program that aims to reduce readmission to acute care hospitals paid under the IPPS. Diagnosis-related group (DRG) payment rates are reduced based on a hospital's ratio of actual to expected readmissions.

There were no measures under consideration for the HRRP in the 2016-2017 pre-rulemaking deliberations. However, MAP reviewed the current measure set and recommended that CMS consider ASPE's recommendations to mitigate the impact of the HRRP on safety net hospitals.

Hospital-Acquired Condition Reduction Program (HACRP)

The Hospital-Acquired Condition Reduction Program (HACRP) is a value-based purchasing and public reporting program that provides an incentive to reduce the incidence of hospital-acquired conditions (HACs) to improve patient outcomes and the cost of care. HAC scores are reported on the Hospital Compare website, and the hospitals with the highest rates of HACs will have their Medicare payments reduced by 1 percent.

There were no measures under consideration for the HACRP in the 2016-2017 pre-rulemaking deliberations. However, MAP reviewed the current measure set and reiterated concerns about PSI-90. The group recommended that CMS develop measures that could replace PSI-90 in the HACRP.

APPENDIX A:
Program Summaries

The material in this appendix was drawn from the CMS Program Specific Measure Priorities and Needs document, which was released in April 2016, as well as the CMS website.

End-Stage Renal Disease Quality Incentive Program (ESRD QIP)

Program Type

- Pay for performance and public reporting

Incentive Structure

- As of 2012, payments to dialysis facilities are reduced if facilities do not meet or exceed the required total performance score. Payment reductions will be on a sliding scale, which could amount to a maximum of 2.0 percent per year.

Program Goals

- Improve the quality of dialysis care and produce better outcomes for beneficiaries.

Measure Requirements

- Measures for anemia management reflecting FDA labeling, as well as measures for dialysis adequacy.
- Measure(s) of patient satisfaction, to the extent feasible.
- Measures of iron management, bone mineral metabolism, and vascular access, to the extent feasible.
- Measures should be NQF-endorsed, save where due consideration is given to endorsed measures of the same specified area or medical topic.
- Must include measures considering unique treatment needs of children and young adults.
- May incorporate Medicare claims and/or CROWNWeb data; alternative data sources will be considered dependent upon available infrastructure.

Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR)

Program Type

- Quality Reporting Program

Incentive Structure

- PCHQR is a voluntary quality reporting program. Data are published on Hospital Compare.

Program Goals

- Provide information about the quality of care in cancer hospitals, in particular the 11 cancer hospitals that are exempt from the inpatient prospective payment system and the Inpatient Quality Reporting program
- Encourage hospitals and clinicians to improve the quality of their care, to share information, and to learn from each other's experiences and best practices

Measure Requirements

- Measures must adhere to CMS statutory requirements.
  - Measures are required to reflect consensus among affected parties, and to the extent feasible, be endorsed by the national consensus entity with a contract under

Section 1890(a) of the Social Security Act.

  - The Secretary may select a measure in an area or topic in which a feasible and practical measure has not been endorsed by the entity with a contract under Section 1890(a) of the Social Security Act, as long as endorsed measures have been given due consideration.

- Measure specifications must be publicly available.
- Measure steward will provide CMS with technical assistance and clarifications on the measure as needed.
- Promote alignment with specific program attributes and across CMS and HHS programs.
- Measure alignment should support the measurement across the patient's episode of care, demonstrated by assessment of the person's trajectory across providers and settings.
- Potential use of the measure in a program does not result in negative unintended consequences (e.g., inappropriate reduced lengths of stay, overuse or inappropriate use of care or treatment, limiting access to care).
- Measures must be fully developed and tested, preferably in the PCH environment.
- Measures must be feasible to implement across PCHs (e.g., calculation, and reporting).
- Measure addresses an important condition/ topic with a performance gap and has a strong scientific evidence base to demonstrate that the measure when implemented can lead to the desired outcomes and/or more appropriate costs.
- CMS has the resources to operationalize and maintain the measure.

Ambulatory Surgical Center Quality Reporting (ASCQR)

Program Type

- Pay-for-reporting and public reporting

Incentive Structure

- Ambulatory surgical centers (ACSs) that treat Medicare beneficiaries and fail to report data will receive a 2.0 percent reduction in their annual payment update. The program includes ASCs operating exclusively to provide surgical services to patients not requiring hospitalization.

Program Goals

- Promote higher quality, more efficient healthcare for Medicare beneficiaries through measurement.
- Allow consumers to find and compare the quality of care given at ASCs to inform decisions on where to get care.

Measure requirements

- Measure must adhere to CMS statutory requirements, including specification under the Hospital IQR program and posting dates on the Hospital Compare website.
  - Measures are required to reflect consensus among affected parties, and to the extent feasible, be endorsed by the national consensus entity with a contract under Section 1890(a) of the Social Security Act, currently the National Quality Forum (NQF).
  - The Secretary may select a measure in an area or topic in which a feasible and practical measure has not been endorsed, by the entity with a contract under Section 1890(a) of the Social Security Act, as long as endorsed measures have been given due consideration.

- Measure must address a NQS priority/CMS strategy goal, with preference for measures addressing the high-priority domains for future measure consideration.
- Measure must address an important condition/topic for which there is analytic evidence that a performance gap exists and that measure implementation can lead to improvement in desired outcomes, costs, or resource utilization.
- Measure must be field tested for the ASC clinical setting.
- Measure that is clinically useful.
- Reporting of measure limits data collection and submission burden since many ASCs are small facilities with limited staffing.
- Measure must supply sufficient case numbers for differentiation of ASC performance.
- Measure must promote alignment across HHS and CMS programs.
- Measure steward will provide CMS with technical assistance and clarifications on the measure as needed.

Inpatient Psychiatric Facilities Quality Reporting (IPFQR)

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 percent reduction in annual payment update.

Program Goals

- Promote higher quality, more efficient healthcare for Medicare beneficiaries through measurement.
- Allow consumers to find and compare the quality of care given at ASCs to inform decisions on where to get care.

Measure Requirements

- Measure must adhere to CMS statutory requirements.
  - Measures are required to reflect consensus among affected parties, and to the extent feasible, be endorsed by the national consensus entity with a contract under Section 1890(a) of the Social Security Act.
  - The Secretary may select a measure in an area or topic in which a feasible and practical measure has not been endorsed by the entity with a contract under Section 1890(a) of the Social Security Act, as long as endorsed measures have been given due consideration.
- Measure must address an important condition/topic for which there is analytic evidence that a performance gap exists and that measure implementation can lead to improvement in desired outcomes, costs, or resource utilization.
- The measure assesses meaningful performance differences between facilities.
- The measure addresses an aspect of care affecting a significant proportion of IPF patients.
- Measure must be fully developed, tested, and validated in the acute inpatient setting.
- Measure must address a NQS priority/CMS strategy goal, with preference for measures addressing the high-priority domains for future measure consideration.
- Measure must promote alignment across HHS and CMS programs.
- Measure steward will provide CMS with technical assistance and clarifications on the measure as needed.

Hospital Outpatient Quality Reporting (OQR)

Program Type

- Pay-for-reporting and public reporting

Incentive Structure

- Hospitals that do not report data on required measures receive a 2.0 percent reduction in annual payment update.

Program Goals

- Provide consumers with quality of care information to make more informed decisions about healthcare options.
- Establish a system for collecting and providing quality data to hospitals providing outpatient services such as emergency department visits, outpatient surgery, and radiology services.

Measure Requirements

- Measure must adhere to CMS statutory requirements.
  - Measures are required to reflect consensus among affected parties, and to the extent feasible, be endorsed by the national consensus entity with a contract under Section 1890(a) of the Social Security Act.
  - The Secretary may select a measure in an area or topic in which a feasible and practical measure has not been endorsed by the entity with a contract under Section 1890(a) of the Social Security Act, as long as endorsed measures have been given due consideration.
- Measure must address a NQS priority/CMS strategy goal, with preference for measures addressing the high priority domains for future measure consideration.
- Measure must address an important condition/topic for which there is analytic evidence that a performance gap exists and that measure implementation can lead to improvement in desired outcomes, costs, or resource utilization.
- Measure must be fully developed, tested, and validated in the hospital outpatient setting.
- Measure must promote alignment across HHS and CMS programs.
- Feasibility of Implementation: An evaluation of feasibility is based on factors including, but not limited to:
  - The level of burden associated with validating measure data, both for CMS and for the end user.
  - Whether the identified CMS system for data collection is prepared to accommodate the proposed measure(s) and timeline for collection.
  - The availability and practicability of measure specifications (e.g., measure specifications in the public domain).
  - The level of burden the data collection system or methodology poses for an end user.
- Measure steward will provide CMS with technical assistance and clarifications on the measure as needed.

Hospital Inpatient Quality Reporting (IQR) Program and Medicare and Medicaid EHR Incentive Program for Eligible Hospitals and (CAHs)

Program Type

- Pay-for-reporting and public reporting

Incentive Structure

- Hospitals that do not participate or meet

program requirements receive a 25 percent reduction of the annual payment update

Program Goals

- Progress towards paying providers based on the quality, rather than the quantity of care they give patients.
- Interoperability between EHRs and CMS data collection.
- To provide consumers information about hospital quality so they can make informed choices about their care.

Measure Requirements

- Measure must adhere to CMS statutory requirements.
  - Measures are required to reflect consensus among affected parties, and to the extent feasible, be endorsed by the national consensus entity with a contract under Section 1890(a) of the Social Security Act, currently the National Quality Forum (NQF).
  - The Secretary may select a measure in an area or topic in which a feasible and practical measure has not been endorsed by the entity with a contract under Section 1890(a) of the Social Security Act, as long as endorsed measures have been given due consideration.
- Measure must be claims-based or an electronically specified clinical quality measure (eCQM).
  - A Measure Authoring Tool (MAT) number must be provided for all eCQMs, created in the HQMF format.
  - eCQMs must undergo reliability and validity testing including review of the logic and value sets by the CMS partners, including, but not limited to, MITRE and the National Library of Medicine.
  - eCQMs must have successfully passed feasibility testing.
- Measure may not require reporting to a proprietary registry.
- Measure must address an important condition/topic for which there is analytic evidence that a performance gap exists and that measure implementation can lead to improvement in desired outcomes, costs, or resource utilization.
- Measure must be fully developed, tested, and validated in the acute inpatient setting.
- Measure must address a NQS priority/CMS strategy goal, with preference for measures addressing the high-priority domains and/or measurement gaps for future measure consideration.
- Measure must promote alignment across HHS and CMS programs.
- Measure steward will provide CMS with technical assistance and clarifications on the measure as needed.

Hospital Value-Based Purchasing (VBP)

Program Type

- Pay for performance

Incentive Structure

The amount withheld from reimbursements increases over time:

- FY 2016: 1.75 percent
- FY 2017 and future fiscal years: 2.0 percent

Program Goals

- Improve healthcare quality by realigning hospitals' financial incentives.
- Provide incentive payments to hospitals that meet or exceed performance standards.

Measure Requirements

- Measure must adhere to CMS statutory requirements, including specification under the Hospital IQR program and posting dates on the Hospital Compare website.
  - Measures are required to reflect consensus among affected parties, and to the extent feasible, be endorsed by the national consensus entity with a contract under Section 1890(a) of the Social Security Act, currently the National Quality Forum (NQF).
  - The Secretary may select a measure in an area or topic in which a feasible and practical measure has not been endorsed by the entity with a contract under Section 1890(a) of the Social Security Act, as long as endorsed measures have been given due consideration.
- Measure may not require reporting to a proprietary registry.
- Measure must address an important condition/topic for which there is analytic evidence that a performance gap exists and that measure implementation can lead to improvement in desired outcomes, costs, or resource utilization.
- Measure must be fully developed, tested, and validated in the acute inpatient setting.
- Measure must address a NQS priority/CMS strategy goal, with preference for measures addressing the high-priority domains and/or measurement gaps for future measure consideration.
- Measure must promote alignment across HHS and CMS programs.
- Measure steward will provide CMS with technical assistance and clarifications on the measure as needed.

Hospital Readmissions Reduction Program (HRRP)

Program Type

- Pay for performance and public reporting. HRRP measure results are publicly reported annually on the Hospital Compare website.

Incentive Structure

- Diagnosis-related group (DRG) payment rates will be reduced based on a hospital's ratio of predicted to expected readmissions. The maximum payment reduction is 3 percent.

Program Goals

- Reduce excess readmissions in acute care hospitals paid under the Inpatient Prospective Payment System (IPPS), which includes more than three-quarters of all hospitals.
- Provide consumers with information to help them make informed decisions about their healthcare.

Measure Requirements

- CMS is statutorily required to select measures for applicable conditions, which are defined as conditions or procedures selected by the Secretary in which readmissions are high volume or high expenditure.
- Measures selected must be endorsed by the consensus-based entity with a contract under Section 1890 of the Act. However, the Secretary can select measures which are feasible and practical in a specified area or medical topic determined to be appropriate by the Secretary, that have not been endorsed by the entity with a contract under Section 1890 of the Act, as long as endorsed measures have been given due consideration.
- Measure methodology must be consistent with other readmissions measures currently

implemented or proposed in the HRRP.

- Measure steward will provide CMS with technical assistance and clarifications on the measure as needed.

Hospital Acquired Condition Reduction Program (HACRP)

Program Type

- Pay-for-reporting and public reporting

Incentive Structure

- The 25 percent of hospitals that have the highest rates of HACs (as determined by the measures in the program) will have their Medicare payments reduced by 1 percent.

Program Goals

- Provide an incentive to reduce the incidence of HACs to improve both patient outcomes and the cost of care.
- Drive improvement for the care of Medicare beneficiaries, but also privately insured and Medicaid patients, through spill over benefits of improved care processes within hospitals.

Measure Requirements

- Measures must be identified as a HAC under Section 1886(d)(4)(D) or be a condition identified by the Secretary.
- Measures must address high-cost or high-volume conditions.
- Measures must be easily preventable by using evidence-based guidelines.
- Measures must not require additional system infrastructure for date submission and collection.
- Measures must be risk-adjusted.
- Measure steward will provide CMS with technical assistance and clarifications on the measure as needed.

APPENDIX B:
MAP Hospital Workgroup Roster and NQF Staff

WORKGROUP CHAIRS (VOTING)

Christie Upshaw Travis, MSHHA (Co-Chair)

Ronald S. Walters, MD, MBA, MHA, MS (Co-Chair)

ORGANIZATIONAL MEMBERS (VOTING)

America's Essential Hospitals
David Engler, PhD

American Hospital Association
Nancy Foster

Baylor Scott & White Health (BSWH)
Marisa Valdes, RN, MSN

Blue Cross Blue Shield of Massachusetts
Wei Ying, MD, MS, MBA

Children's Hospital Association
Andrea Benin, MD

Kidney Care Partners
Allen Nissenson, MD

Geisinger Health Systems
Heather Lewis, RN

Medtronic-Minimally Invasive Therapy Group
Karen Shehade, MBA

Mothers against Medical Error
Jennifer Eames Huff, MPH

National Association of Psychiatric Health Systems (NAPHS)
Frank Ghinassi, PhD, ABPP

National Rural Health Association
Brock Slabach, MPH, FACHE

Nursing Alliance for Quality Care
Kimberly Glassman, PhD, RN, NEA-BC, FAAN

Pharmacy Quality Alliance
Woody Eisenberg, MD

Premier, Inc.
Mimi Huizinga, MD

Project Patient Care
Martin Hatlie, JD

Service Employees International Union
Sarah Nolan

The Society of Thoracic Surgeons
Jeff Jacobs, MD

University of Michigan
Marsha Manning

INDIVIDUAL SUBJECT MATTER EXPERTS (VOTING)

Gregory Alexander, PhD, RN, FAAN

Elizabeth Evans, DNP

Lee Fleisher, MD

Jack Jordan

R. Sean Morrison, MD

Ann Marie Sullivan, MD

Lindsey Wisham, BA, MPA

FEDERAL GOVERNMENT LIAISONS (NON-VOTING)

Agency for Healthcare Research and Quality (AHRQ)
Pamela Owens, PhD

Centers for Disease Control and Prevention (CDC)
Daniel Pollock, MD

Centers for Medicare & Medicaid Services (CMS)
Pierre Yong, MD, MPH

DUAL ELIGIBLE BENEFICIARIES WORKGROUP LIAISON (NON-VOTING)

New Jersey Hospital Association
Aline Holmes

NATIONAL QUALITY FORUM STAFF

Helen Burstin, MD, MPH
Chief Scientific Officer

Marcia Wilson, PhD, MBA
Senior Vice Present, Quality Measurement

Elisa Munthali, MPH
Vice President, Quality Measurement

Melissa Mariñelarena, RN, MPA
Senior Director

Kate McQueston, MPH
Project Manager

Desmirra Quinnonez
Project Analyst

APPENDIX C:
MAP Comments on Final Measures

TABLE C1. ESRD QIP CURRENT MEASURE COMMENTS

NQF #	Measure Title	NQF Status	National Rates	Comments
1460	National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Patients	Endorsed		MAP stressed that blood stream infections are a critical issue for dialysis patients. Overall, MAP did not support the removal of this measure but MAP members raised concerns that facilities that perform blood cultures more frequently may have higher rates on this measure. MAP suggested at a threshold for testing to ensure facilities are performing blood cultures appropriately.
2979	Anemia of chronic kidney disease: Dialysis facility standardized transfusion ratio (STrR)	Currently under review		
0257	Vascular Access Type: AV Fistula	Endorsed	66%	
0256	Vascular Access Type – Catheter >= 90 Days	Endorsed	11%	
1454	Proportion of Patients with Hypercalcemia	Endorsed	1%	MAP members noted the small performance gap for this measure. MAP recognized the legislative requirement for a bone and mineral metabolism measure but raised concerns about the clinical impact of this measure.
2496	Standardized Readmission Ratio (SRR) for dialysis facilities	Endorsed		
0369	Standardized Hospitalization Ratio for Dialysis Facilities	Endorsed		
1463	Standardized Mortality Ratio for Dialysis Facilities	Endorsed		
	Kt/V Dialysis Adequacy Comprehensive Clinical Measure			
0249	Adult Hemodialysis Adequacy	Endorsed	93%	MAP members raised concerns that this measure may be topped out.

NQF #	Measure Title	NQF Status	National Rates	Comments
0318	Adult Peritoneal Dialysis Adequacy	Endorsed	84%	
1423	Pediatric Hemodialysis Adequacy	Endorsed	89%	
N/A	Pediatric Peritoneal Dialysis Adequacy	Not Endorsed	56%	
0258	CAHPS In-Center Hemodialysis Survey	Endorsed		
N/A	Mineral Metabolism Reporting Measure	Not Endorsed		
N/A	Anemia Management Reporting Measure	Not Endorsed		
0431	NHSN Healthcare Personnel Influenza Vaccination Reporting Measure	Endorsed		
0418	Clinical Depression Screening and Follow-Up Reporting Measure	Endorsed		MAP recommended that CMS move to a patient-reported outcome measure to assess depression.
0420	Pain Assessment and Follow-up Reporting Measure	Endorsed		MAP recommended that CMS move to a patient-reported outcome measure to assess pain.

TABLE C2. PCHQR CURRENT MEASURE COMMENTS

NQF #	Measure Title	NQF Status	National Rates	Comments
0166	HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey	Endorsed		
0138	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection(CAUTI) Outcome Measure	Endorsed		
0139	National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	Endorsed		
0753	American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	Endorsed		
1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed		
1716	National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Endorsed		
2936	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Failed Initial Endorsement		MAP recommended that this measure be removed from the program as it failed NQF endorsement.
0384	Oncology: Medical and Radiation - Pain Intensity Quantified	Endorsed		
0383	Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology	Endorsed		

NQF #	Measure Title	NQF Status	National Rates	Comments
0382	Oncology: Radiation Dose Limits to Normal Tissues	Endorsed		
0559	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB - III hormone receptor negative breast cancer	Endorsed	94%	MAP noted universally high performance on this measure and recommended that it could be removed in the future.
0220	Adjuvant Hormonal Therapy	Endorsed	97%	MAP noted universally high performance on this measure and recommended that it could be removed in the future.
0390	Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients	Endorsed		
0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Endorsed		
0223	Adjuvant Chemotherapy is Considered or Administered Within 4 Months (120 days) of Diagnosis to Patients Under the Age of 80 with AJCC III (lymph node positive) Colon Cancer	Endorsed	94%	MAP noted universally high performance on this measure and recommended that it could be removed in the future.
1822	External Beam Radiotherapy for Bone Metastases	Endorsed		
0431	Influenza Vaccination Coverage among Healthcare Personnel	Endorsed		

TABLE C3. ASCQ CURRENT MEASURE COMMENTS

NQF #	Measure Title	NQF Status	National Rate 2014	National Rate 2013	Comments
0263	Patient Burn	Endorsement Removed	0.364	0.247	
0267	Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Endorsement Removed	0.028	0.039	
0266	Patient Fall	Endorsed	0.095	0.156	
0264	Prophylactic Intravenous (IV) Antibiotic Timing	Failed Maintenance Endorsement	960.04	962.43	MAP recommended that this measure be removed from the program as it failed NQF endorsement.
N/A	Normothermia Outcome: 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)	Never Submitted			
9999	Safe Surgery Checklist Use	Not Endorsed	99.75		MAP recommended that this measure be removed given the lack of variation in performance.
9999	ASC Facility Volume Data on Selected ASC Surgical Procedures	Not Endorsed	3978		
0265	All-Cause Hospital Transfer/ Admission	Endorsed	0.475	0.537	
1536	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Endorsed			
0431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed	74.62		
0658	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Endorsed	78.38		

NQF #	Measure Title	NQF Status	National Rate 2014	National Rate 2013	Comments
0659	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	Endorsed	80.38		
2539	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Endorsed			
N/A	Unplanned Anterior Vitrectomy	Never Submitted			
N/A	OAS CAHPS (five measures)	Never Submitted			

TABLE C4. IPFQR CURRENT MEASURE COMMENTS

NQF #	Measure Title	NQF Status	National Rate	Comments
1661	SUB-1 Alcohol Use Screening	Endorsed	71.01	MAP noted the importance of addressing substance abuse but recommended that CMS prioritize measures that will better address the quality of mental health care.
1651	TOB-1 Tobacco Use Screening	Endorsed		MAP noted the importance of tobacco cessation but recommended that CMS prioritize measures that will better address the quality of mental health care.
N/A	Screening for Metabolic Disorders	Never Submitted		
0640	Hours of Physical Restraint	Endorsed	0.41	
0641	Hours of Seclusion Use	Endorsed	0.21	
1654	TOB-2 Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment	Endorsed		MAP noted the importance of tobacco cessation but recommended that CMS prioritize measures that will better address the quality of mental health care.
1663	SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention	Endorsed		MAP noted the importance of addressing substance abuse but recommended that CMS prioritize measures that will better address the quality of mental health care.
1659	Influenza Immunization	Endorsed	94%	
1656	TOB-3 Tobacco Use Treatment Provided or Offered at Discharge and the subset measure TOB-3a Tobacco Use Treatment at Discharge	Endorsed		MAP noted the importance of tobacco cessation but recommended that CMS prioritize measures that will better address the quality of mental health care.
1664	SUB-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge	Endorsed		MAP noted the importance of addressing substance abuse but recommended that CMS prioritize measures that will better address the quality of mental health care.
0560	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	Endorsed	36.62	

NQF #	Measure Title	NQF Status	National Rate	Comments
0647	Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	Endorsed		
0648	Timely Transmission of Transition Record	Endorsed		
0576	Follow-Up After Hospitalization for Mental Illness (FUH)	Endorsed	Not Available	MAP recommended that this measure be re-specified for acute care and submitted for NQF endorsement.
0431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed		
N/A	Use of Electronic Health Record	Never Submitted		
N/A	Assessment of Patient Experience of Care	Never Submitted		
2860	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF	Endorsed		
0557	Post Discharge Continuing Care Plan Created	Endorsement Removed		MAP noted that this measure has been removed from IPFQR Program for FY 2018 Payment Determination & Subsequent Years. MAP recommends the removal of measures that have had NQF endorsement removed.
0558	Post Discharge Continuing Care Plan Transmitted to Next Level of Care at Discharge	Endorsement Removed		MAP noted that this measure has been removed from IPFQR Program for FY 2018 Payment Determination & Subsequent Years. MAP recommends the removal of measures that have had NQF endorsement removed.

TABLE C5. HOQR CURRENT MEASURE COMMENTS

NQF #	Measure Title	NQF Status	National Rate	Comments
0498	Door to Diagnostic Evaluation by a Qualified Medical Professional	Failed Maintenance Endorsement	25 Minutes	MAP recommended the removal of measures that have failed maintenance endorsement.
0662	Median Time to Pain Management for Long Bone Fracture	Failed Maintenance Endorsement	52 Minutes	MAP recommended the removal of measures that have failed maintenance endorsement.
0496	Median time from ED Arrival to ED Departure for Discharged ED Patients	Endorsed	148 Minutes	MAP noted the potential burden in collecting this measure and recommended that it could be removed to allow for the implementation of a higher value measure.
0499	Left Without Being Seen	Failed Maintenance Endorsement	2%	MAP recommended the removal of measures that have failed maintenance endorsement.
0289	Median Time to ECG	Failed Maintenance Endorsement	7 Minutes	MAP recommended the removal of measures that have failed maintenance endorsement.
0287	Median Time to Fibrinolysis	Failed Maintenance Endorsement	56%	MAP recommended the removal of measures that have failed maintenance endorsement.
0288	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	Failed Maintenance Endorsement	58%	MAP recommended the removal of measures that have failed maintenance endorsement.
0290	Median Time to Transfer to Another Facility for Acute Coronary Intervention	Endorsed	57 Minutes	
0286	Aspirin at Arrival	Failed Maintenance Endorsement	0.96	MAP recommended the removal of measures that have failed maintenance endorsement.
0661	ED- Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 Minutes of Arrival	Endorsed	0.68	
9999	Mammography Follow-Up Rates	Failed Initial Endorsement	8.9%	MAP recommended the removal of measures that failed NQF endorsement.
0513	Thorax CT- Use of Contrast Material	Endorsed	2.1%	
9999	Abdomen CT - Use of Contrast Material	Failed Initial Endorsement	8.4%	MAP recommended the removal of measures that failed NQF endorsement.

NQF #	Measure Title	NQF Status	National Rate	Comments
9999	Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT)	Failed Initial Endorsement	2.9%	MAP recommended the removal of measures that failed NQF endorsement.
0669	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	Endorsed	4.8%	
0514	MRI Lumbar Spine for Low Back Pain	Endorsed	39.5%	
1822	External Beam Radiotherapy for Bone Metastases	Endorsed		
0658	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Endorsed	74%	
0659	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	Endorsed	80%	
2539	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Endorsed		
9999	Safe Surgery Checklist Use	Not Endorsed		MAP noted that this measure is not endorsed and that measures should be submitted for NQF endorsement. MAP also noted the uniformly high performance and questioned if there was still an opportunity for improvement on this measure.
9999	Hospital Outpatient Department Volume on Selected Outpatient Surgical Procedures	Not Endorsed		MAP noted that this measure is not endorsed and that measures should be submitted for NQF endorsement. MAP also noted that the procedures included in this measure may not be highly sensitive to volume.
1536	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Endorsed		

NQF #	Measure Title	NQF Status	National Rate	Comments
0489	The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data Elements	Failed Maintenance Endorsement		MAP recommended the removal of measures that have failed maintenance endorsement.
9999	Tracking Clinical Results between Visits	Not Endorsed		MAP recommended that this measure be submitted for NQF endorsement.
0431	Influenza Vaccination Coverage among Healthcare Personnel	Endorsed		
2936	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Failed Initial Endorsement		MAP recommended that this measure be removed from the program as it failed NQF endorsement.
2687	Hospital Visits after Hospital Outpatient Surgery	Endorsed		
N/A	OAS CAHPS (five measures)	Never Submitted		MAP recommended that this measure be submitted for NQF endorsement.

TABLE C6. IQR CURRENT MEASURE COMMENTS

NQF #	Measure Title	NQF Status	National Rate	Comments
0138	NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	Endorsed	N/A	
1717	NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed	N/A	
0139	NHSN Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	Endorsed	N/A	
0753	ACS-CDC Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	Endorsed	N/A	
1716	NHSN Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Endorsed	N/A	
0431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed	86%	
2431	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)	Endorsed	$22,760	
2436	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF)	Endorsed	$15,959	
2579	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia	Endorsed	$14,817	
2158	Payment-Standardized Medicare Spending Per Beneficiary (MSPB)	Endorsed		
N/A	Hospital-Level, Risk-Standardized Payment Associated with a 90-Day Episode-of-Care for Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)	Never Submitted		MAP recommended that this measure be submitted for NQF endorsement.
N/A	Cellulitis Clinical Episode-Based Payment Measure	Never Submitted		MAP recommended that this measure be submitted for NQF endorsement.
N/A	Gastrointestinal (GI) Hemorrhage Clinical Episode-Based Payment Measure	Never Submitted		MAP recommended that this measure be submitted for NQF endorsement.
N/A	Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure	Never Submitted		MAP recommended that this measure be submitted for NQF endorsement.

NQF #	Measure Title	NQF Status	National Rate	Comments
N/A	Aortic Aneurysm Procedure clinical episode-based payment (AA Payment) Measure	Never Submitted		MAP recommended that this measure be submitted for NQF endorsement.
N/A	Cholecystectomy and Common Duct Exploration Clinical Episode-Based Payment Measure	Never Submitted		MAP recommended that this measure be submitted for NQF endorsement.
N/A	Spinal Fusion Clinical Episode-Based Payment Measure	Never Submitted		MAP recommended that this measure be submitted for NQF endorsement.
0230	Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed	14.1%	
2558	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) surgery	Endorsed	3.2%	
1839	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Endorsed	8.0%	
0229	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) hospitalization.	Endorsed	12.1%	
0468	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization	Endorsed	16.3%	
0505	Hospital 30-Day All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed	16.8%	
2515	Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery	Endorsed	14.4%	
1891	Hospital-Level, 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Endorsed	20.0%	

NQF #	Measure Title	NQF Status	National Rate	Comments
0330	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization.	Endorsed	21.9%	
1789	Hospital-Wide All-Cause, Unplanned Readmission Measure (HWR)	Endorsed	15.6%	
0506	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization.	Endorsed	17.1%	
N/A	30-Day Risk-Standardized Readmission Rate Following Stroke Hospitalization	Withdrawn	12.5%	MAP recommended that this measure be submitted for NQF endorsement.
1551	Hospital-level 30 day, all-cause, risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	Endorsed	4.6%	
2881	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	Currently under review		
2880	Excess Days in Acute Care after Hospitalization for Heart Failure	Currently under review		
2882	Excess Days in Acute Care after Hospitalization for Pneumonia	Currently under review		
1550	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA).	Endorsed	3.0%	
0351	Death among Surgical Inpatients with Serious, Treatable Complications	Endorsed	136.48 per 1,000 patient discharges	
0531	Patient Safety for Selected Indicators, PSI 90 (Iatrogenic pneumothorax, perioperative PE or DVT, post-op wound dehiscence, accidental puncture or laceration, pressure ulcers, central venous catheter-related blood stream infection, post-op hip fracture, post-op sepsis)	See updated specifications below	0.90	

NQF #	Measure Title	NQF Status	National Rate	Comments
0531	Patient Safety for Selected Indicators Composite Measure (pressure ulcers, iatrogenic pneumothorax rate, post-op hip fracture rate, post-op hemorrhage or hematoma, physiologic and metabolic derangement, post-op respiratory failure, post-op PE or DVT, post-op sepsis, post-op wound dehiscence, and accidental puncture or laceration rate), Modified PSI 90 (Updated Title: Patient Safety and Adverse Events Composite) - Finalized for FY 2019 Payment Determination and Subsequent Years	Endorsed	N/A	
0495	Median Time from ED Arrival to ED Departure for Admitted ED Patients	Endorsed		
0497	Admit Decision Time to ED Departure Time for Admitted Patients	Endorsed	280 Minutes	
1659	Influenza immunization	Currently under review	94%	
0469	Elective Delivery	Endorsed	3%	
0500	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	Endorsed		
0376	Incidence of Potentially Preventable Venous Thromboembolism	Failed Maintenance Endorsement		MAP recommended that measures that failed NQF endorsement be removed from the program.
N/A	Median Time from ED Arrival to ED Departure for Admitted ED Patients*	Never Submitted		MAP recommended that this measure be submitted for NQF endorsement.
N/A	Admit Decision Time to ED Departure Time for Admitted Patients	Never Submitted		MAP recommended that this measure be submitted for NQF endorsement.
N/A	Primary PCI Received within 90 minutes of hospital arrival	Never Submitted		MAP recommended that this measure be submitted for NQF endorsement.
N/A	Home Management Plan of Care Document Given to Patient/ Caregiver	Never Submitted		MAP recommended that this measure be submitted for NQF endorsement.
3058	Hearing screening before hospital discharge	Endorsed		
2829	Elective Delivery	Endorsed		

NQF #	Measure Title	NQF Status	National Rate	Comments
2830	Exclusive Breast Milk Feeding and the subset measure PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice	Endorsed		
3042	Discharged on Antithrombotic Therapy	Failed Initial Endorsement		MAP recommended that measures that failed NQF endorsement be removed from the program.
3043	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Failed Initial Endorsement		MAP recommended that measures that failed NQF endorsement be removed from the program.
3045	Antithrombotic Therapy by the End of Hospital Day Two	Failed Initial Endorsement		MAP recommended that measures that failed NQF endorsement be removed from the program.
3046	Discharged on Statin Medication	Failed Initial Endorsement		MAP recommended that measures that failed NQF endorsement be removed from the program.
N/A	Stroke Education	Never Submitted		MAP recommended that this measure be submitted for NQF endorsement.
3047	Assessed for Rehabilitation	Failed Initial Endorsement		MAP recommended that measures that failed NQF endorsement be removed from the program.
N/A	Venous Thromboembolism Prophylaxis	Never Submitted		MAP recommended that this measure be submitted for NQF endorsement.
N/A	Intensive Care Unit Venous Thromboembolism Prophylaxis	Never Submitted		MAP recommended that this measure be submitted for NQF endorsement..
0166	HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey	Endorsed		
0228	3-Item Care Transitions Measure (CTM-3)	Endorsed		
N/A	Hospital Survey on Patient Safety Culture	Never Submitted		
N/A	Safe Surgery Checklist Use	Never Submitted		MAP recommended that this measure be submitted for NQF endorsement. MAP cautioned that performance on this measure may be high and there is limited opportunity for improvement.
0437	Thrombolytic Therapy	Endorsed		MAP noted that this measure has been finalized for removal for FY 2019.
0375	VTE Discharge Instructions	Endorsement Removed		MAP noted that this measure has been finalized for removal for FY 2019.

NQF #	Measure Title	NQF Status	National Rate	Comments
N/A	Aspirin Prescribed at Discharge for AMI			MAP noted that this measure has been finalized for removal for FY 2019.
N/A	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival			MAP noted that this measure has been finalized for removal for FY 2019.
N/A	Statin Prescribed at Discharge			MAP noted that this measure has been finalized for removal for FY 2019.
N/A	Healthy Term newborn			MAP noted that this measure has been finalized for removal for FY 2019.
N/A	Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients			MAP noted that this measure has been finalized for removal for FY 2019.
N/A	Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision			MAP noted that this measure has been finalized for removal for FY 2019.
N/A	Prophylactic Antibiotic Selection for Surgical Patients			MAP noted that this measure has been finalized for removal for FY 2019.
N/A	Urinary Catheter Removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2) with Day of Surgery Being Day Zero.			MAP noted that this measure has been finalized for removal for FY 2019.
N/A	Thrombolytic Therapy			MAP noted that this measure has been finalized for removal for FY 2019.
N/A	Venous Thromboembolism Patients with Anticoagulation Overlap Therapy			MAP noted that this measure has been finalized for removal for FY 2019.
N/A	Venous Thromboembolism Patients Receiving Unfractionated Heparin (UFH) with Dosages/ Platelet Count Monitoring by Protocol (or Nomogram).			MAP noted that this measure has been finalized for removal for FY 2019.
N/A	Venous Thromboembolism Discharge Instructions.			MAP noted that this measure has been finalized for removal for FY 2019.
N/A	Incidence of Potentially Preventable VTE			MAP noted that this measure has been finalized for removal for FY 2019.
N/A	Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care			MAP noted that this measure has been finalized for removal for FY 2019.
N/A	Participation in a Systematic Clinical Database Registry for General Surgery			MAP noted that this measure has been finalized for removal for FY 2019.

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