NATIONAL QUALITY FORUM

Agenda

Measure Applications Partnership
Hospital Workgroup Meeting Follow Up Web-Meeting

January 18, 2018| 3:00 pm – 4:00 pm ET

Participant Instructions:

Materials for all MAP Workgroup meetings are available on the NQF Public SharePoint Page as well as the project web pages.

Participant Instructions:

Audio Playback Online

- Direct your web browser to: http://nqf.commpartners.com/se/Meetings/Playback.aspx?meeting.id=176100

3:00 pm **Welcome**
Cristie Upshaw Travis, MAP Hospital Workgroup Co-Chair
Ronald Walters, MAP Hospital Workgroup Co-Chair

3:05 pm **Overview of Hospital-Acquired Condition (HAC) Reduction Program and Discussion of Future Measures**
Reena Duseja, CMS
Joseph Clift, CMS

3:30 pm **MAP Rural Health Introduction and Presentation**
Karen Johnson, Senior Director, NQF
- Introduce and discuss the newly created MAP Rural Health Workgroup

3:50 pm **Public Comment**

4:00 pm **Adjourn**

NATIONAL QUALITY FORUM

Measure Applications Partnership

Hospital MAP Follow-up Web Meeting: HACs and MAP Rural

January 18, 2018

Overview of Hospital-Acquired Condition (HAC) Reduction Program and Discussion of Future Measures

Future Measure Considerations for the Hospital-Acquired Condition Reduction Program

Measure Applications Partnership
Hospital Workgroup In-Person Meeting
December 14, 2017

Reena Duseja, MD, MS; Director, Division of Quality Measurement

Joseph Clift, EdD, MPH, MS, PMP; Healthcare Analyst & HAC Reduction Program Measures Lead

Brief Overview of Hospital-Acquired Condition (HAC) Reduction Program

- The HAC Reduction Program is a pay-for-performance program established under Section 3008 of the Affordable Care Act (ACA).
- CMS adjusts Medicare payments for hospitals that rank in the worst-performing 25 percent of all subsection (d) hospitals on key quality measures.
- Payment adjustments started with Federal Fiscal Year (FY) 2015 discharges (i.e., beginning on October 1, 2014). CMS reduces these hospitals' payments by 1 percent.
- Section 1886(p)(6)(B) of the ACA requires the Secretary of Health and Human Services to ensure eligible hospitals can review, and submit corrections for, their HAC-related data before public reporting.

HAC Reduction Program Measures

- Currently six measures in the program across two domains
- Domain 1 – Recalibrated PSI-90
  - *Updated in 2015 and re-endorsed by NQF.*
  - *Includes three additional indicators and removed catheter-related blood stream infection because of overlap with National Healthcare Safety Network (NHSN) measure.*
  - *Includes harm-based weighting in addition to risk adjustment.*
- Domain 2 – Healthcare-Associated Infection Measures
  - *Five CDC NHSN measures: CLABSI, CAUTI, MRSA, C. diff., and SSI (colon and abdominal hysterectomy).*
  - *Recently re-baselined using 2015 data.*

Measures for Future Consideration

- CMS is moving toward meaningful outcome measures for its programs including the HAC Reduction Program.
  - *e.g., measures that address high impact areas, outcome-based, meaningful to patients and providers, low burden*

- CMS has sought comment in past rules for potential measure topics including falls with injury, glycemic events, adverse drug events (ADEs), and ventilator associated events (VAEs).

MAP Discussion

- Are there other measures that you think are meaningful and should be considered for HAC Reduction Program?
  - *Measures that are low burden and address gaps in quality?*
  - *Potential use of the eCQM opioid harm measure in the Hospital Inpatient Quality Reporting Program?*
    - » What are your thoughts about this type of measure in the HAC Reduction Program?

MAP Rural Health Introduction and Presentation

2015 Rural Project: Purpose and Objectives

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

Key Issues Regarding Measurement of Rural Providers

- Geographic isolation
- Small practice size
- Heterogeneity
- Low case-volume

Previous Rural Work: Overarching Recommendation

- Make participation in CMS quality measurement and quality improvement programs mandatory for all rural providers, but allow a phased approach for full participation across program types and explicitly address low-case volume

Previous Rural Work: Supporting Recommendations for Measure selection

- Use guiding principles for selecting quality measures that are relevant for rural providers
- Use a core set of measures, along with a menu of optional measures, for rural providers
- Consider measures that are used in Patient-Centered Medical Home models
- Create a Measures Applications Partnership (MAP) workgroup to advise CMS on the selection of rural-relevant measures

Objectives for 2017-2018 MAP Rural Health Workgroup

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

Interaction With Other MAP Workgroups and Coordinating Committee

- NQF staff will introduce the Rural Workgroup and represent rural perspective at Nov-Dec 2017 Workgroup and Coordinating Committee meetings
- The MAP Coordinating Committee will consider input from the MAP Rural Health Workgroup during pre-rulemaking activities
- MAP Coordinating Committee will review and approve the Rural Health Workgroup's recommendations before finalizing (August 2018)

Progress to date

- Seated the Workgroup
  - *18 organizational members*
  - *7 subject matter experts*
  - *3 federal liaisons*
- Convened orientation meeting on November 29
- Obtained initial guidance on criteria for identifying core set measures
  - *NQF endorsement*
  - *Addresses low case volume*
  - *Cross-cutting*
  - *Several "must-have" topic areas/conditions*

Discussion Questions: Your Advice to the Rural Health MAP Workgroup

- What are the key issues measurement for hospital programs that you want to RH WG to keep in mind?
- Does the initial guidance from the RH WG concerning core measures (e.g., cross-cutting, etc.) ring true? Any concerns? Any additions?
- Going forward, what information/guidance/input from the RH WG be helpful to your work on MAP?
- What advice can you give this new WG vis-à-vis serving on a MAP Workgroup?

Public Comment

Adjourn