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Measure Applications Partnership (MAP)

Hospital Workgroup Orientation Web Meeting

October 1, 2020

Agenda

- Welcome and Review of Meeting Objectives
- CMS Opening Remarks
- MAP Pre-Rulemaking Approach
- Overview of Programs Under Consideration
- Opportunity for Public Comment
- Next Steps

Welcome, Introductions, and Review of Meeting Objectives



Workgroup Staff

- **Matthew Pickering, PharmD**, Senior Director
- **Samuel Stolpe, PharmD, MPH**, Senior Director
- **Katie Berryman, MPAP**, Project Manager
- **Chris Dawson, MHA**, Manager
- **Carolee Lantigua, MPA**, Manager
- **Becky Payne, MPH**, Analyst
- **Taroon Amin, PhD**, Consultant

Hospital Workgroup Membership

Workgroup Co-Chairs: Akin Demehin, MPH; Sean Morrison, MD

Organizational Members (Voting)

- America's Essential Hospitals
- American Case Management Association
- American Society of Anesthesiologists
- American Society of Health-System Pharmacists
- Association of American Medical Colleges
- City of Hope
- Dialysis Patient Citizens
- Greater New York Hospital Association
- Henry Ford Health System
- Intermountain Health Care
- Medtronic
- Memphis Business Group on Health
- Molina Healthcare
- Mothers Against Medical Error
- National Association for Behavioral Healthcare
- Premier Healthcare Alliance
- Press Ganey
- Project Patient Care
- Service Employees International Union
- Society for Maternal-Fetal Medicine
- Stratis Health
- UPMC Health Plan



Individual Subject Matter Experts (Voting)

- Andreea Balan-Cohen, PhD
- Lindsey Wisham, MPA

Federal Government Liaisons (Nonvoting)

- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)



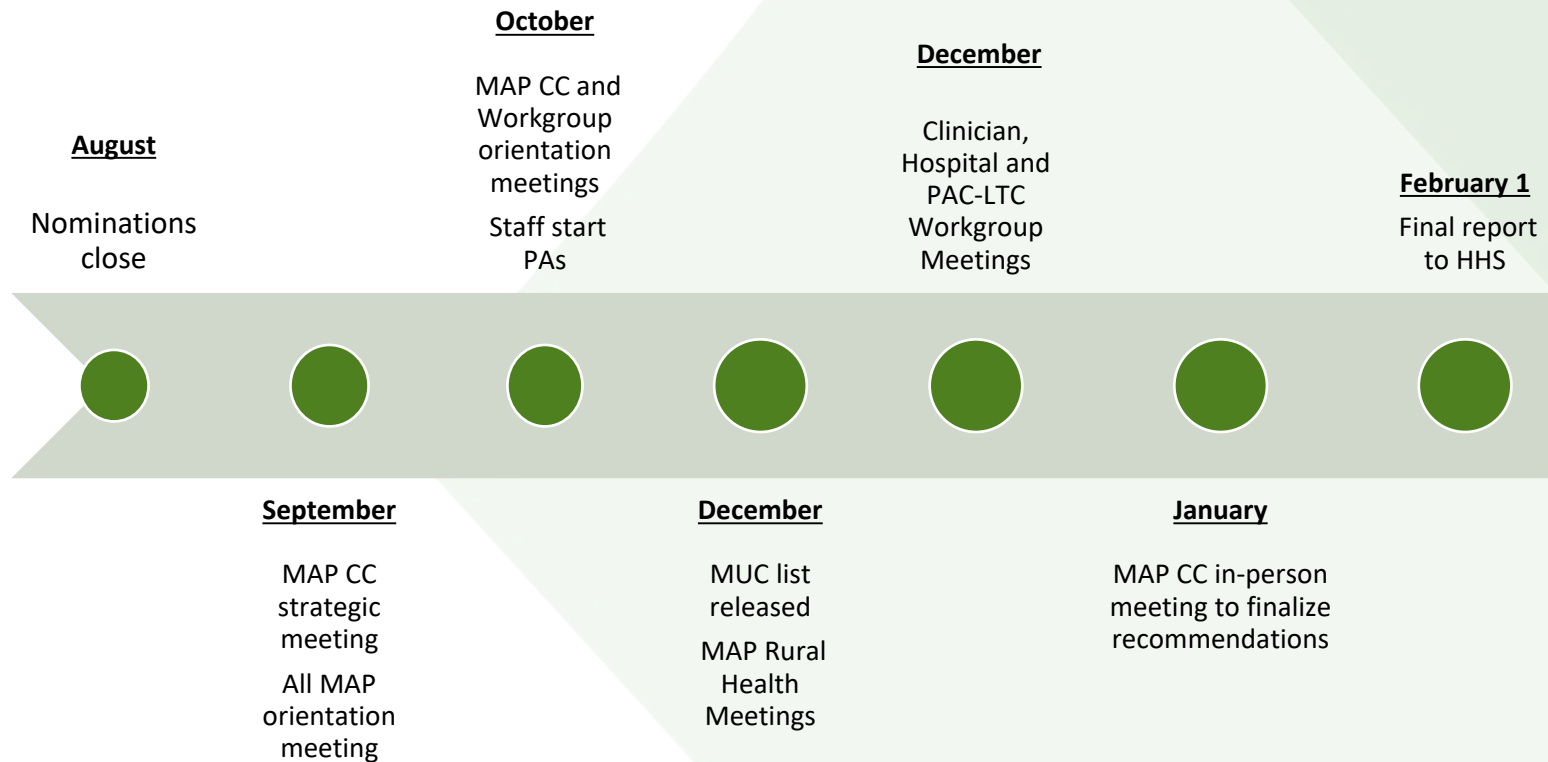
Objectives for Today's Meeting

- Review the goals and structure of each program
- Review the critical objectives of each program
- Identify measurement gap areas

CMS Opening Remarks

MAP Pre-Rulemaking Approach

Timeline of MAP Activities



Overview of Hospital Programs Under Consideration

Programs to be Considered by the Hospital Workgroup

End-Stage Renal
Disease (ESRD) QIP

PPS-Exempt Cancer
Hospital Quality
Reporting (PCHQR)

Ambulatory Surgical
Center Quality
Reporting (AS
QR)

Inpatient Psychiatric
Facility Quality
Reporting (IPFQR)

Hospital Outpatient
Quality Reporting
(HOQR)

Hospital Inpatient
Quality Reporting
(IQR)

Medicare and Medicaid
Promoting
Interoperability Programs
for Eligible Hospitals and
Critical Access Hospitals

Hospital Value-Based
Purchasing (VBP)

Hospital
Readmissions
Reduction Program
(HRRP)

Hospital-Acquired
Condition Reduction
Program (HACRP)



End-Stage Renal Disease Quality 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% per year.
- **Program Goal:** Improve the quality of dialysis care and produce better outcomes for beneficiaries

ESRD QIP Current Measures

Type	NQF #	Measure Title	NQF Status
Outcome	0258	CAHPS In-Center Hemodialysis Survey	Endorsed
Outcome	1454	Proportion of Patients with Hypercalcemia	Endorsed
Outcome	1463	Standardized Hospitalization Ratio (SHR) Clinical Measure	Endorsed
Outcome	2496	Standardized Readmission Ratio (SRR) for dialysis facilities	Endorsed
Outcome	2977	Hemodialysis Vascular Access: Standardized Fistula Rate Clinical Measure	Endorsed
Outcome	2978	Hemodialysis Vascular Access: LongTerm Catheter Rate Clinical Measure	Endorsed
Outcome	2979	Anemia of chronic kidney disease: Dialysis facility standardized transfusion ratio (STrR)	Endorsed
Process	2988	Medication Reconciliation for Patients Receiving Care at Dialysis Facilities (MedRec)	Endorsed

ESRD QIP Current Measures (Cont.)

Type	NQF #	Measure Title	NQF Status
Outcome	Based on NQF #1460	National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Patients	Not Endorsed
Outcome	N/A	Kt/V Dialysis Adequacy Comprehensive Clinical Measure	Not Endorsed
Process	Based on NQF #0418	Clinical Depression Screening and Follow-Up Reporting Measure	Not Endorsed
Process	N/A	Ultrafiltration Reporting Measure	Not Endorsed
Structural	N/A	National Healthcare Safety Network (NHSN) Dialysis Event Reporting Measure	Not Endorsed
Process	N/A	Percentage of Prevalent Patients Waitlisted	Not Endorsed



High-Priority Meaningful Measure Areas for ESRD QIP

- Care Coordination
- Safety
- Patient-and-Caregiver-Centered Experience of Care



Workgroup Discussion

- Does the Workgroup have suggestions for refinement or additions to these high-priority domains for future measurement?



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 Goal:** 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, and 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

PCHQR Current Measures

Type	NQF #	Measure Title	NQF Status
Outcome	0166	HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey	Endorsed
Intermediate Outcome	0210	Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life	Endorsed
Intermediate Outcome	0213	Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life	Endorsed
Intermediate Outcome	0215	Proportion of Patients Who Died from Cancer Not Admitted to Hospice	Endorsed
Intermediate Outcome	0216	Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days	Endorsed
Outcome	0138	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection(CAUTI) Outcome Measure	Endorsed
Outcome	0139	National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	Endorsed
Outcome	0753	American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	Endorsed

PCHQR Current Measures (Cont.)

Type	NQF #	Measure Title	NQF Status
Outcome	1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed
Outcome	1716	National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Endorsed
Outcome	3490	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Endorsed
Process	0383	Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology	Endorsed
Process	0431	Influenza Vaccination Coverage among Healthcare Personnel	Endorsed
Outcome	3478	Surgical Treatment Complications for Localized Prostate Cancer	Under Review
Process	1822	External Beam Radiotherapy for Bone Metastases	Endorsement Removed

High-Priority Meaningful Measure Areas for PCHQR

- Communication and Coordination of Care
 - ▣ Care Coordination with Other Facilities and Outpatient Settings
 - ▣ Patient's Functional Status, Quality of Life (QoL), and End of Life
- Making Care Affordable
 - ▣ Efficiency, Appropriateness, and Utilization of Cancer Treatment Modalities
- Person & Family Engagement
 - ▣ Patient-Centered Care Planning, Shared Decision-making, and QoL Outcomes
 - ▣ Patient's End of Life According to Their Preferences
- Promote Effective Prevention and Treatment of Chronic Disease
 - ▣ Appropriate Opioid Prescribing and Pain Management Best Practices for Cancer Patients



Workgroup Discussion

- Does the Workgroup have suggestions for refinement or additions to these high-priority domains for future measurement?



Ambulatory Surgical Center Quality Reporting Program (ASCQR)

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:** Ambulatory surgical centers (ASCs) that do not participate or fail to meet program requirements receive 2.0% reduction in annual payment update
- **Program Goal:** Promote higher quality, more efficient healthcare for Medicare beneficiaries through measurement, and allow consumers to find and compare the quality of care given at ASCs to inform decisions on where to get care

ASCQR Current Measures

Type	NQF #	Measure Title	NQF Status
Outcome	0263	ASC-1: Patient Burn	Endorsed
Outcome	0266	ASC-2: Patient Fall	Endorsed
Outcome	0267	ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Endorsed
Structural	0265	ASC-4: All-Cause Hospital Transfer/ Admission	Endorsed
Process	0658	ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Endorsed
Outcome	1536	ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Endorsed
Outcome	2539	ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Endorsed
Outcome *	3357	ASC-19: Facility-Level 7-Day Hospital Visits After General Surgery Procedures Performed at Ambulatory Surgical Centers	Endorsed

*ASC-19 Will be added and used in 2024

ASCQR Current Measures (Cont.)

Type	NQF #	Measure Title	NQF Status
Outcome	N/A	ASC-13: Normothermia Outcome	Not Endorsed
Outcome	N/A	ASC-14: Unplanned Anterior Vitrectomy	Not Endorsed
Outcome	N/A	ASC-15: Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey-based Measures (ASC-15a-e)	Not Endorsed
Intermediate Outcome	3470	ASC-17: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures	Not Endorsed
Intermediate Outcome	3366	ASC-18: Hospital Visits after Urology Ambulatory Surgical Center Procedures	Not Endorsed

High-Priority Meaningful Measure Areas for ASCQR

- Making Care Safer
- Person and Family Engagement
- Best Practices of Healthy Living
- Effective Prevention and Treatment
- Making Care Affordable
- Communication/Care Coordination



Workgroup Discussion

- Does the Workgroup have suggestions for refinement or additions to these high-priority domains for future measurement?



Inpatient Psychiatric Facility Quality Reporting Program (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% reduction in annual payment update
- **Program Goal:** Provide consumers with quality-of-care information to make more informed decisions about healthcare options, and encourage hospitals and clinicians to improve the quality of inpatient psychiatric care by ensuring that providers are aware of and reporting on best practices



IPFQR Current Measures

Type	NQF #	Measure Title	NQF Status
Process	N/A	Screening for Metabolic Disorders	Not Endorsed
Process	0640	Hours of Physical Restraint	Endorsed
Process	0641	Hours of Seclusion Use	Endorsed
Process	1654	TOB-2 Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment	Endorsed
Process	1663	SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention	Endorsed
Process	1656	TOB-3 Tobacco Use Treatment Provided or Offered at Discharge and the subset measure TOB-3a Tobacco Use Treatment at Discharge	Endorsed
Process	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

IPFQR Current Measures (Cont.)

Type	NQF #	Measure Title	NQF Status
Process	1659	Influenza Immunization	Endorsed
Process	0560	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	Endorsed
Process	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
Process	0648	Timely Transmission of Transition Record	Endorsed
Process	0576	Follow-Up After Hospitalization for Mental Illness (FUH)	Endorsed
Outcome	2860	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF	Endorsed
Process	3205	Medication Continuation Following Discharge from an Inpatient Psychiatric Facility	Endorsed

High-Priority Meaningful Measure Areas for IPFQR

- Strengthen Person & Family Engagement as Partners in their Care
 - ▣ Patient Experience and Functional Outcomes
 - » Depression Measure
 - » Patient's Experience of Care
 - ▣ Care is Personalized and Aligned with Patient's Goals
- Make Care Safer by Reducing Harm Caused in the Delivery of Care
 - ▣ Preventable Healthcare Harm
 - » Aggregate Harm Measure



Workgroup Discussion

- Does the Workgroup have suggestions for refinement or additions to these high-priority domains for future measurement?

Hospital Outpatient Quality Reporting Program (HOQR)

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:** Hospitals that do not report data on required measures receive a 2.0% reduction in annual payment update
- **Program Goal:** Provide consumers with quality-of-care information to make more informed decisions about healthcare options, and establish a system for collecting and providing quality data to hospitals providing outpatient services such as emergency department visits, outpatient surgery, and radiology services

HOQR Current Measures

Type	NQF #	Measure Title	NQF Status
Process	0496	OP-18: Median time from ED Arrival to ED Departure for Discharged ED Patients	Endorsed
Structural	0499	OP-22: Left Without Being Seen	Endorsement Removed
Process	0288	OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	Endorsement Removed
Process	0290	OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention	Endorsed
Process	0661	OP-23: 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
Efficiency	N/A	OP-10: Abdomen CT - Use of Contrast Material	Not Endorsed
Efficiency	0669	OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	Endorsed

HOQR Current Measures (Cont.)

Type	NQF #	Measure Title	NQF Status
Outcome	0514	OP-8: MRI Lumbar Spine for Low Back Pain	Endorsement Removed
Process	0658	OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Endorsed
Outcome	2539	OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Endorsed
Outcome	1536	OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary Measure)	Endorsed
Outcome	3490	OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Endorsed
Outcome	2687	OP-36 Hospital Visits after Hospital Outpatient Surgery	Endorsed
Outcome**	N/A	OP-37 Outpatient CAHPS Facilities and Staff	Not Endorsed

**OP-37 Finalized for the CY 2020 PD (81 FR79784). Implementation delayed beginning with the CY 2020 payment determination (CY 2018 data collection) until further action in future rulemaking (82 FR59433)

High-Priority Meaningful Measure Areas for HOQR

- Making Care Safer
- Person and Family Engagement
- Best Practices of Healthy Living
- Effective Prevention and Treatment
- Making Care Affordable
- Communication/Care Coordination



Workgroup Discussion

- Does the Workgroup have suggestions for refinement or additions to these high-priority domains for future measurement?



Hospital Inpatient Quality Reporting Program (IQR)

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:** Hospitals that do not participate, or participate but fail to meet program requirements, receive a one-fourth reduction of the applicable percentage increase in their annual payment update
- **Program Goal:** Progress towards paying providers based on the quality, rather than the quantity of care they give patients, and to provide consumers information about hospital quality so they can make informed choices about their care

IQR Current Measures

Type	NQF #	Measure Title	NQF Status
Claims-based Outcome	N/A	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke	Not Endorsed
Claims-based Outcome	1789	Hospital-Wide All-Cause, Unplanned Readmission Measure (HWR)	Endorsed
Claims-based Outcome	2881	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	Endorsed
Claims-based Outcome	2880	Excess Days in Acute Care after Hospitalization for Heart Failure	Endorsed
Claims-based Outcome	2882	Excess Days in Acute Care after Hospitalization for Pneumonia	Endorsed

IQR Current Measures (Cont.)

Type	NQF #	Measure Title	NQF Status
Claims-based Outcome	0351	Death among Surgical Inpatients with Serious, Treatable Complications	Endorsed
Cost/Resource Use	2431	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)	Endorsed
Cost/Resource Use	2436	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF)	Endorsed
Cost/Resource Use	2579	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode -of Care for Pneumonia	Endorsed
Cost/Resource Use	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)	Not Endorsed

IQR Current Measures (Cont.)

Type	NQF #	Measure Title	NQF Status
eCQM Process*	0497	Admit Decision Time to ED Departure Time for Admitted Patients	Endorsed
eCQM Process*	0480	Exclusive Breast Milk Feeding and the subset measure PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice	Endorsed
eCQM Process*	0435/ 3042	Discharged on Antithrombotic Therapy	Endorsed- Reserve
eCQM Process*	0436/ 3043	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Endorsed- Reserve
eCQM Process*	0438/ 3045	Antithrombotic Therapy by the End of Hospital Day Two	Endorsed- Reserve
eCQM Process*	0439	Discharged on Statin Medication	Endorsed
eCQM Process*	0371	Venous Thromboembolism Prophylaxis	Endorsed

*For CY 2021/FY 2023 hospitals are required to report only one, self-selected calendar quarter of data for four self-selected eCQMs out of the eight available eCQMs

IQR Current Measures (Cont.)

Type	NQF #	Measure Title	NQF Status
eCQM Process*	0372/ 2933	Intensive Care Unit Venous Thromboembolism Prophylaxis	Endorsed
eCQM Process**	3316e	Safe Use of Opioids – Concurrent Prescribing	Endorsed
Chart-abstracted Composite	0500	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	Endorsed
Chart-abstracted Process	0469	Elective Delivery	Endorsed
Patient Survey	0166 (0228)	HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey (including Care Transitions Measure)	Endorsed
Process	0431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed

*For CY 2021/FY 2023 hospitals are required to report only one, self-selected calendar quarter of data for four self-selected eCQMs out of the eight available eCQMs

**In CY 2022/FY 2024 hospitals are required to report one, self-selected calendar quarter of data for 3 self-selected eCQMs and the Safe Use of Opioids eCQM

High-Priority Meaningful Measure Areas for IQR

- Strengthen Person & Family Engagement as Partners in their Care
 - ▣ Functional Outcomes
 - ▣ Care is Personalized and Aligned with Patient's Goals
- Promote Effective Communication and Coordination of Care
 - ▣ Seamless Transfer of Health Information
 - » Measures of EMR safety, such as patient matching and correct identification
- Promote Effective Prevention and Treatment of Chronic Disease
 - ▣ Prevention and Treatment of Opioid and Substance Use Disorders
- Make Care Safer by Reducing Harm Caused in the Delivery of Care
 - ▣ Preventable Healthcare Harm



Workgroup Discussion

- Does the Workgroup have suggestions for refinement or additions to these high-priority domains for future measurement?

Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals and Critical Access Hospitals

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:** Eligible hospitals that fail to meet program requirements, including meeting the Clinical Quality Measure requirements, receive a three-fourth reduction of the applicable percentage increase.
- **Program Goal:** Promote interoperability between EHRs and CMS data collection

Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals and Critical Access Hospitals Current Measures

Type	NQF #	Measure Title	NQF Status
eCQM Process*	0497	Admit Decision Time to ED Departure Time for Admitted Patients	Endorsed
eCQM Process*	0480	Exclusive Breast Milk Feeding and the subset measure PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice	Endorsed
eCQM Process*	0435/3042	Discharged on Antithrombotic Therapy	Endorsed-Reserve
eCQM Process*	0436/3043	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Endorsed-Reserve
eCQM Process*	0438/3045	Antithrombotic Therapy by the End of Hospital Day Two	Endorsed-Reserve

*For CY 2021/FY 2023 hospitals are required to report only one, self-selected calendar quarter of data for four self-selected eCQMs out of the eight available eCQMs

Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals and Critical Access Hospitals Current Measures (Cont.)

Type	NQF #	Measure Title	NQF Status
eCQM Process*	0439	Discharged on Statin Medication	Endorsed
eCQM Process*	0371	Venous Thromboembolism Prophylaxis	Endorsed
eCQM Process*	0372/2933	Intensive Care Unit Venous Thromboembolism Prophylaxis	Endorsed
eCQM Process**	3316e	Safe Use of Opioids – Concurrent Prescribing	Endorsed

*For CY 2021/FY 2023 hospitals are required to report only one, self-selected calendar quarter of data for four self-selected eCQMs out of the eight available eCQMs

**In CY 2022/FY 2024 hospitals are required to report one, self-selected calendar quarter of data for 3 self-selected eCQMs and the Safe Use of Opioids eCQM

High-Priority Meaningful Measure Areas

- Strengthen Person & Family Engagement as Partners in their Care
 - ▣ Functional Outcomes
 - ▣ Care is Personalized and Aligned with Patient's Goals
- Promote Effective Communication and Coordination of Care
 - ▣ Seamless Transfer of Health Information
 - » Measures of EMR safety, such as patient matching and correct identification
- Promote Effective Prevention and Treatment of Chronic Disease
 - ▣ Prevention and Treatment of Opioid and Substance Use Disorders
- Make Care Safer by Reducing Harm Caused in the Delivery of Care
 - ▣ Preventable Healthcare Harm



Workgroup Discussion

- Does the Workgroup have suggestions for refinement or additions to these high-priority domains for future measurement?



Hospital Value-Based Purchasing Program (VBP)

- **Program Type:** Pay for Performance
- **Incentive Structure:** The amount equal to 2.0% of base operating DRG is withheld from reimbursements of participating hospitals and redistributed to them as incentive payments
- **Program Goal:** Improve healthcare quality by realigning hospitals' financial incentives, and provide incentive payments to hospitals that meet or exceed performance standards

VBP Current Measures

Type	NQF #	Measure Title	NQF Status
Efficiency and Cost Reduction	2158	Payment-Standardized Medicare Spending Per Beneficiary (MSPB)	Endorsed
Person and Community Engagement	0166 (0228)	HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey (including Care Transition measure 0228)	Endorsed
Clinical Care	0230	Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed
Clinical Care	0229	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) hospitalization.	Endorsed
Clinical Care	0468	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization	Endorsed
Clinical Care	1893	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Endorsed

VBP Current Measures (Cont.)

Type	NQF #	Measure Title	NQF Status
Clinical Care	1893	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Endorsed
Clinical Care	1550	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA).	Endorsed
Clinical Care	2558	Hospital 30-Day All-Cause Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft Surgery (CABG)	Endorsed
Safety	0138	NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	Endorsed
Safety	1717	NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed

VBP Current Measures (Cont.)

Type	NQF #	Measure Title	NQF Status
Safety	0139	NHSN Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	Endorsed
Safety	0753	ACS-CDC Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	Endorsed
Safety	1716	NHSN Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Endorsed
Safety	0531	CMS Patient Safety and Adverse Events Composite (CMS PSI 90)	Endorsed

High-Priority Meaningful Measure Areas for VBP

- Strengthen Person & Family Engagement as Partners in their Care
 - ▣ Functional Outcomes
- Promote Effective Prevention and Treatment of Chronic Disease
 - ▣ Prevention and Treatment of Opioid and Substance Use Disorders
 - ▣ Risk Adjusted Mortality



Workgroup Discussion

- Does the Workgroup have suggestions for refinement or additions to these high-priority domains for future measurement?

Hospital Readmissions Reduction Program (HRRP)

- **Program Type:** Pay for Performance and Public Reporting
- **Incentive Structure:** Medicare fee-for-service (FFS) base operating diagnosis-related group (DRG) payment rates are reduced for hospitals with excess readmissions. The maximum payment reduction is 3.0%
- **Program Goal:** Reduce excess readmissions in acute care hospitals paid under the Inpatient Prospective Payment System (IPPS), which includes more than three-quarters of all hospitals, and encourage hospitals to improve communication and care coordination efforts to better engage patients and caregivers, with respect to post-discharge planning

HRRP Current Measures

Type	NQF #	Measure Title	NQF Status
Outcome	0330	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization	Endorsed
Outcome	0505	Hospital 30-Day All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed
Outcome	0506	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization	Endorsed
Outcome	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
Outcome	1891	Hospital-Level, 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Endorsed
Outcome	2515	Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following Coronary Artery Bypass Graft (CABG) Surgery	Endorsed

High-Priority Meaningful Measure Areas for HRRP

- Promote Effective Communication and Coordination of Care
 - ▣ Admissions and Readmissions to Hospitals



Workgroup Discussion

- Does the Workgroup have suggestions for refinement or additions to these high-priority domains for future measurement?



Hospital-Acquired Condition Reduction Program (HACRP)

- **Program Type:** Pay for Performance and Public Reporting
- **Incentive Structure:** The worst performing 25% of hospitals in the program (as determined by the measures in the program) will have their Medicare payments reduced by 1.0%
- **Program Goal:** Encourage hospitals to reduce HACs through penalties, and link Medicare payments to healthcare quality in the inpatient hospital setting.

HACRP Current Measures

Type	NQF #	Measure Title	NQF Status
Composite	0531	CMS Patient Safety and Adverse Events Composite (CMS PSI 90)	Endorsed
Outcome	0138	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	Endorsed
Outcome	0139	National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	Endorsed
Outcome	0753	American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	Endorsed
Outcome	1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed
Outcome	1716	National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Endorsed

High-Priority Meaningful Measure Areas for HACRP

- Making Care Safer
 - ▣ Electronic Clinical Quality Measures (eCQMs)
 - ▣ Adverse Drug Events During the Inpatient Stay
 - ▣ Ventilator-Associated Events
 - ▣ Additional Surgical Site Infection Locations
 - ▣ Risk-Adjusted Outcomes
 - ▣ Diagnostic Errors
 - ▣ All-Cause Harm or Multiple Harms
 - ▣ Safety and/or High Reliability Practices and Outcomes



Workgroup Discussion

- Does the Workgroup have suggestions for refinement or additions to these high-priority domains for future measurement?

2019-2020 MAP Hospital Overarching Themes



Overarching Themes

Patient Safety

System View of Measurement Across Settings

Meaningful Measures Initiative Considerations for Hospitals



Patient Safety

- Patient safety-related events occur across healthcare settings and include healthcare-associated infections, medication errors, and other potentially avoidable events.
- MAP emphasized that patients and consumers value patient safety measures in public accountability programs, and facilities can improve patient safety through quality improvement programs.
- Proactively addressing patient safety will protect patients from harm and lead to more affordable, effective, and equitable care.

System View of Measurement Across Settings

- MAP discussed using a system-level measurement approach to capture the patient episode of care, identify priorities in measurement across settings, and determine the appropriate accountable entity and setting.
- Measures specified for a single care setting that address system-level issues with shared accountability pose challenges in determining which entity should be measured, and how.
- A system-level approach also requires the transfer of health information and use of electronic clinical quality measures (eCQMs).
- A significant portion of measurement burden comes from reporting different versions of the same measure for different payers.

Meaningful Measures Initiative Considerations for Hospitals

- MAP encouraged CMS to further narrow focus to the nation's highest priority areas and to include rationales for changes and prioritizations.
- MAP recommended CMS consider several important priorities across programs and settings, including workforce availability, provider burnout, licensure expansions and standardization across states, staffing standards, and training.
- MAP highlighted the shift of services traditionally delivered in the hospital into ambulatory settings and encouraged CMS to consider if care is being appropriately moved and to standardize cost and quality measures across settings.
- MAP supported CMS's general move toward eCQMs and encouraged CMS to engage with EHR vendors early in the measure development process.

MAP Rural Workgroup Review of MUC

MAP Rural Health Workgroup Charge

- To provide timely input on measurement issues to other MAP Workgroups and committees and to provide rural perspectives on the selection of quality measures in MAP
- To help address priority rural health issues, including the challenge of low case-volume

Rural Health Workgroup Review of MUCs

- The Rural Health Workgroup will review the MUCs and provide the following feedback to the setting-specific Workgroups:
 - ▣ Relative priority/utility of MUC measures in terms of access, cost, or quality issues encountered by rural residents
 - ▣ Data collection and/or reporting challenges for rural providers
 - ▣ Methodological problems of calculating performance measures for small rural facilities
 - ▣ Potential unintended consequences of inclusion in specific programs
 - ▣ Gap areas in measurement relevant to rural residents/providers for specific programs



Rural Health Workgroup Review (Cont.)

- Rural Health Workgroup feedback will be provided to the setting-specific Workgroups through the following mechanisms:
 - ▣ Measure discussion guide
 - » A qualitative summary of Rural Health Workgroup's discussion of the MUCs
 - » Voting results that quantify the Rural Health Workgroup's perception of suitability of the MUCs for various programs
 - ▣ Attendance of a Rural Health Workgroup liaison at the pre-rulemaking meeting in December

Opportunity for NQF Member and Public Comment

Next Steps



Timeline of Upcoming Activities

- **Release of the MUC List** – by December 1
- **Public Comment Period 1** – Timing based on MUC List release
- **Rural Workgroup Web Meetings**
 - ▣ December 4th, 7th, 9th
- **Virtual Forums**
 - ▣ PAC/LTC, Hospital, Clinician Workgroup – **December 17**
 - ▣ Coordinating Committee – **January 19**
- **Public Comment Period 2** – December 28, 2020 – January 13, 2021



Resources

- CMS Measurement Needs and Priorities Document:
<https://www.cms.gov/files/document/cms-measurement-priorities-and-needs.pdf>
- Pre-Rulemaking URL: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>
- MAP Member Guidebook:
<http://share.qualityforum.org/Projects/MAP%20Hospital%20Workgroup/CommitteeDocuments/MAP%20Member%20Guidebook%202020.pdf>

Questions



Contact Information

- **Project Page:**

[http://www.qualityforum.org/Project Pages/MAP Hospital Workgroup.aspx](http://www.qualityforum.org/Project_Pages/MAP_Hospital_Workgroup.aspx)

- **Workgroup SharePoint Site:**

<http://share.qualityforum.org/Projects/MAP%20Hospital%20Workgroup/SitePages/Home.aspx>

- **Email: MAP Hospital Project Team**

MAPHospital@qualityforum.org

THANK YOU.

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<http://www.qualityforum.org>