

Measure Applications Partnership

Hospital Workgroup
Web Meeting

October 13, 2015



NATIONAL
QUALITY FORUM

Welcome, Introductions, and Review of Meeting Objectives

Agenda

- Welcome, Introductions, and Review of Meeting Objectives
- MAP Pre-Rulemaking Approach
- Review Hospital Programs
- Opportunity for Public Comment
- Next Steps

MAP Hospital Workgroup Membership

WORKGROUP CO-CHAIRS (VOTING)

Ronald Walters, MD, MBA, MHA, MS

Christie Upshaw Travis, MSHHA

ORGANIZATIONAL MEMBERS (VOTING)

AFT Nurses and Health Professionals	Kelly Trautner
American Hospital Association	Nancy Foster
America's Essential Hospitals	David Engler, PhD
ASC Quality Collaboration	Donna Slosburg, BSN, LHRN, CASC
Blue Cross Blue Shield of Massachusetts	Wei Ying, MD, MS, MBA
Children's Hospital Association	Andrea Benin, MD
Geisinger Health Systems	Heather Lewis, RN
Kidney Care Partners	Allen Nissenson, MD, FACP, FASN, FNKF

MAP Hospital Workgroup Membership

ORGANIZATIONAL MEMBERS (CONTINUED)

National Rural Health Association	Brock Slabach, MPH, FACHE
Pharmacy Quality Alliance (American Society of Health-System Pharmacists)	Shekhar Mehta, PharmD, MS
Premier, Inc.	Richard Bankowitz, MD, MBA, FACP
Project Patient Care	Martin Hatlie, JD
Service Employees International Union	Jamie Brooks Robertson, JD
St. Louis Area Business Health Coalition	Louise Probst, MBA, RN
The Society of Thoracic Surgeons	Jeff Jacobs, MD

MAP Hospital Workgroup Membership

SUBJECT MATTER EXPERTS (VOTING)

University of Missouri School of Nursing	Gregory Alexander, PhD, RN, FAAN
Patient Experience	Floyd J. Fowler Jr., PhD
Patient Safety	Mitchell Levy, MD, FCCM, FCCP
Palliative Care	R. Sean Morrison, MD
State Policy	Dolores Mitchell, MSHA, RN, CCM, FACHE
Emergency Medicine	Michael Phelan, MD
Mental Health	Ann Marie Sullivan, MD

FEDERAL GOVERNMENT LIAISONS (NON-VOTING)

Agency for Healthcare Research and Quality	Pamela Owens, PhD
Centers for Disease Control and Prevention (CDC)	Daniel Pollock, MD
Centers for Medicare & Medicaid Services (CMS)	Pierre Yong, MD, MPH

MAP Hospital Workgroup Staff Support Team



**Melissa Mariñelarena,
Senior Director**

**Erin O'Rourke,
Senior Project Manager**



**Project Email:
MAPHospital@qualityforum.org**



**Zehra Shahab,
Project Manager**

**Jean-Luc Tilly,
Project Analyst**



Meeting Objectives

- Orientation to MAP 2015 pre-rulemaking approach
- Review Hospital Workgroup programs
- Provide input on potential measure gaps

MAP Pre-Rulemaking Approach

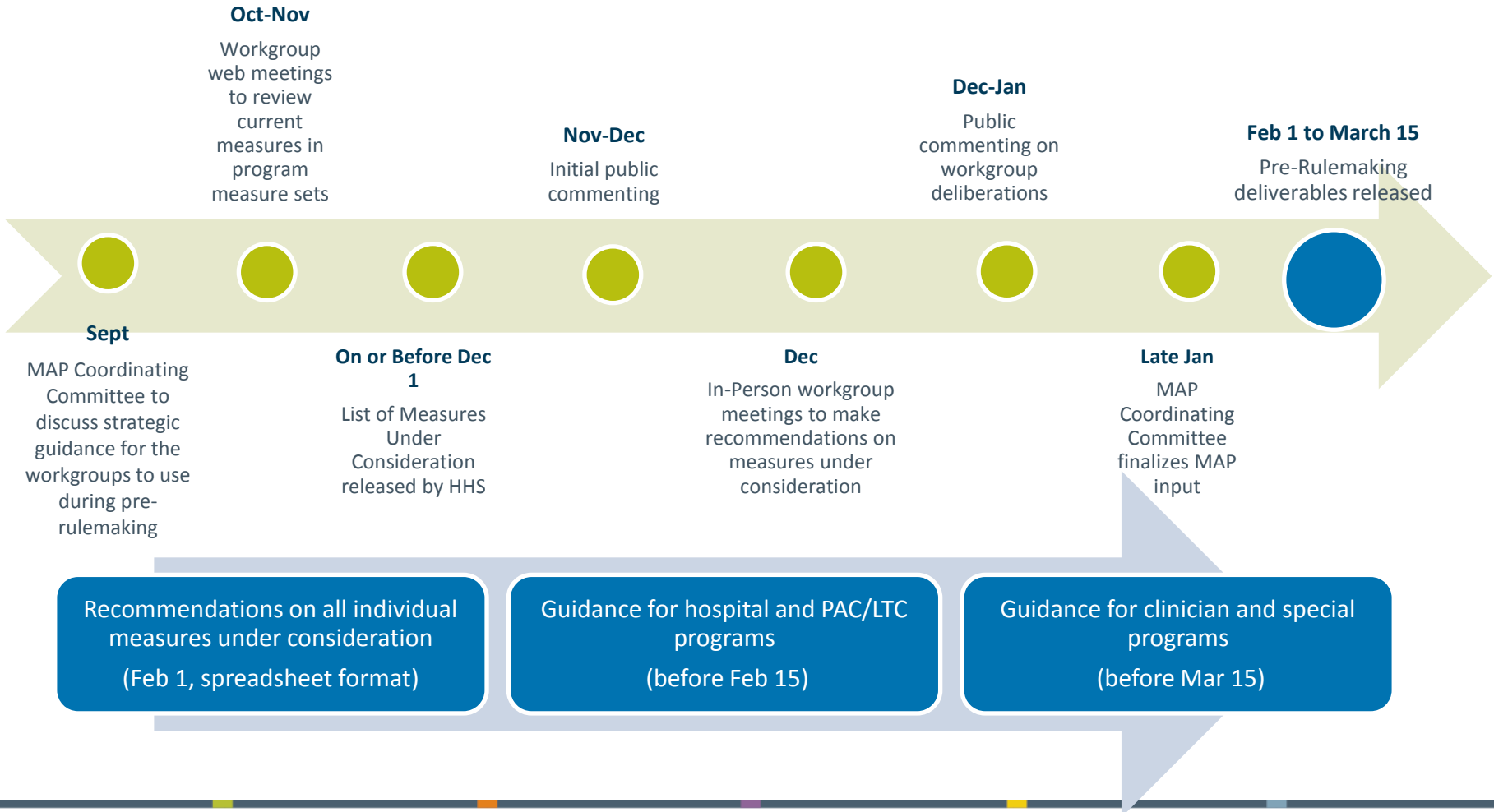
MAP Pre-Rulemaking Approach

A closer look into how recommendations will be made

- The MAP Coordinating Committee examined key strategic issues during their September 18th meeting to inform preliminary analyses of measures under consideration;
- During today's meeting, the Workgroup will familiarize themselves with finalized measure set for each program and identify gaps in the current measure sets;
- The MAP workgroups will evaluate measures under consideration during their December in-person meetings informed by the preliminary analyses completed by NQF staff;
- The MAP Coordinating Committee will examine the key cross-cutting issues identified by the MAP workgroups during their January 26-27th in-person meeting.

MAP Approach to Pre-Rulemaking

A look at what to expect



Potential Programs To Be Considered by the Hospital Workgroup

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

MAP Approach to Pre-Rulemaking

Goals for today's meeting

- We will review the structure of each program and the measures that have been finalized for that program.
- NQF staff has developed a framework to show which measures are in the program.
 - Measures are mapped to:
 - » National Quality Strategy Priority
 - » Topic Area/Condition
- The Workgroup will be asked to review the list of measure gaps and provide input on potential refinements.

Inpatient Psychiatric Facilities Quality Reporting Program

Inpatient Psychiatric Facilities Quality Reporting Program (IPFQR)

- **Program Type:**

- Pay for Reporting

- **Incentive Structure:**

- Inpatient psychiatric hospitals or psychiatric units that do not report data on the required measures will receive a 2 percent reduction in their annual federal payment update.

- **Program Goals:**

- Provide consumers with quality information to help inform their decisions about their healthcare options.
- Improve the quality of inpatient psychiatric care by ensuring providers are aware of and reporting on best practices.
- Establish a system for collecting and providing quality data for inpatient psychiatric hospitals or psychiatric units.

Current Program Measure Information

NQS Priority	Condition	Measure
Effective Communication and Care Coordination	Behavioral Health	Follow-up after hospitalization for mental illness (NQF #0576)
	Mental Health	Hours of physical restraint use (National Quality Forum [NQF] #0640);
		Hours of seclusion use (NQF #0641);
		Patients discharged on multiple antipsychotic medications with appropriate justification (NQF #0560)
	Care Coordination	Transition Record with Specified Elements Received by Discharged Patients (NQF #0647)
		Timely Transmission of Transition Record (NQF #648)
		Use of an Electronic Health Record
Health and Well-Being	Prevention: Immunization	Influenza Immunization (NQF #1659)
		Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)
	Mental Health	Alcohol use screening (NQF #1661)
		Alcohol Use Brief Intervention Provided or Offered (NQF #1663)
	Prevention: Tobacco Use	Tobacco Use Screening (NQF #1651)
		Tobacco Use Treatment Provided or Offered and Tobacco Use Treatment (NQF #1654)
		Tobacco Use Treatment Provided or offered at Discharge (NQF #1656)
		Screening for Metabolic Disorders
Person and Family Oriented Care	Patient Survey	Assessment of Patient Experience of Care

High Priority Domains for Future Measure Consideration

CMS identified the following categories as high-priority for future measure consideration:

- Patient and Family Engagement
 - Patient experience of care
- Effective Prevention and Treatment
 - Inpatient psychiatric treatment and quality of care of geriatric patients and other adults, adolescents, and children
 - Quality of prescribing for antipsychotics and antidepressants
- Communication/Care Coordination
 - Readmissions and re-hospitalizations
- Best Practices of Healthy Living
 - Screening and treatment for non-psychiatric comorbid conditions for which patients with mental or substance use disorders are at higher risk
 - Access to care
- Making Care Affordable
 - Measures which effectuate changes in efficiency and that reward value over volume.

Workgroup Discussion

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

Hospital Value-Based Purchasing Program

Hospital Value-Based Purchasing Program (HVBP)

- **Program Type:**

- Pay for Performance

- **Incentive Structure:**

- Medicare bases a portion of hospital reimbursement on performance through the Hospital Value-Based Purchasing Program (VBP). Medicare began by withholding 1 percent of its regular hospital reimbursements from all hospitals paid under its inpatient prospective payment system (IPPS) to fund a pool of VBP incentive payments. The amount withheld from reimbursements increases over time:
 - » FY 2016: 1.75%
 - » FY 2017 and future fiscal years: 2%
- Hospitals are scored based on their performance on each measure within the program relative to other hospitals as well as on how their performance on each measure has improved over time. The higher of these scores on each measure is used in determining incentive payments.

- **Program Goals:**

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

Current Program Measure Information

Domain (Weight)	Measure
Patient and Caregiver-Centered Experience of Care/Care Coordination (25%)	HCAHPS (NQF #0166) 3-Item Care Transition Measure (NQF #0228)
Clinical Care (25%)	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Infarction Hospitalization (NQF #0230) Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Heart Failure Hospitalization (#0229) Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Pneumonia Hospitalization (NQF #0468) Hospital-Level Risk-Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty (FY 2019) (NQF #1550) Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Chronic Obstructive Pulmonary Disease Hospitalization) (FY 2021) (NQF #1893)
Safety (25%)	PSI-90 (NQF #0531) NHSN CAUTI Measure(NQF #0138) NHSN CLABSI Measure (NQF #0139) NHSN CDI Measure (NQF #1717) NHSN MRSA Measure (NQF #1716) CDC Harmonized Procedure Specific SSI Measure (NQF #0753) Elective Delivery (NQF #0469)
Efficiency and Cost Reduction (25%)	Payment-Standardized Medicare Spending Per Beneficiary (NQF #2158)

High Priority Domains for Future Measure Consideration

CMS identified the following categories as high-priority for future measure consideration:

- Patient and Family Engagement
 - Measures that foster the engagement of patients and families as partners in their care.
- Best Practices of Healthy Living
 - Measures that promote best practices to enable healthy living.
- Make Care Affordable
 - Measures that effectuate changes in efficiency and reward value over volume.

Measurement Gaps for Future Measure Consideration

- CMS identified the following topics/areas as high-priority for future measure consideration:
 - Adverse drug events
 - Behavioral health
 - Cancer
 - Care transitions
 - Palliative and end of life care
 - Medication reconciliation

Workgroup Discussion

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

***Hospital Inpatient Quality
Reporting (IQR) and Medicare
and Medicaid EHR Incentive
Program for Hospitals and CAHs
(Meaningful Use or MU)***

Hospital Inpatient Quality Reporting Program (IQR)

- **Program Type:**

- Pay-for-Reporting and Public Reporting

- **Incentive Structure:**

- Hospitals that do not report data on the required measures will receive a 2 percent reduction in their annual Medicare payment update.

- **Program Goals:**

- To provide an incentive for hospitals to report quality information about their services
- To provide consumers information about hospital quality so they can make informed choices about their care

Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (CAHs)

- **Program Type:**

- Pay for Reporting. The Medicare and Medicaid EHR Incentive Programs provide incentive payments to eligible professionals, eligible hospitals, and critical access hospitals (CAHs) as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology.

- **Incentive Structure:**

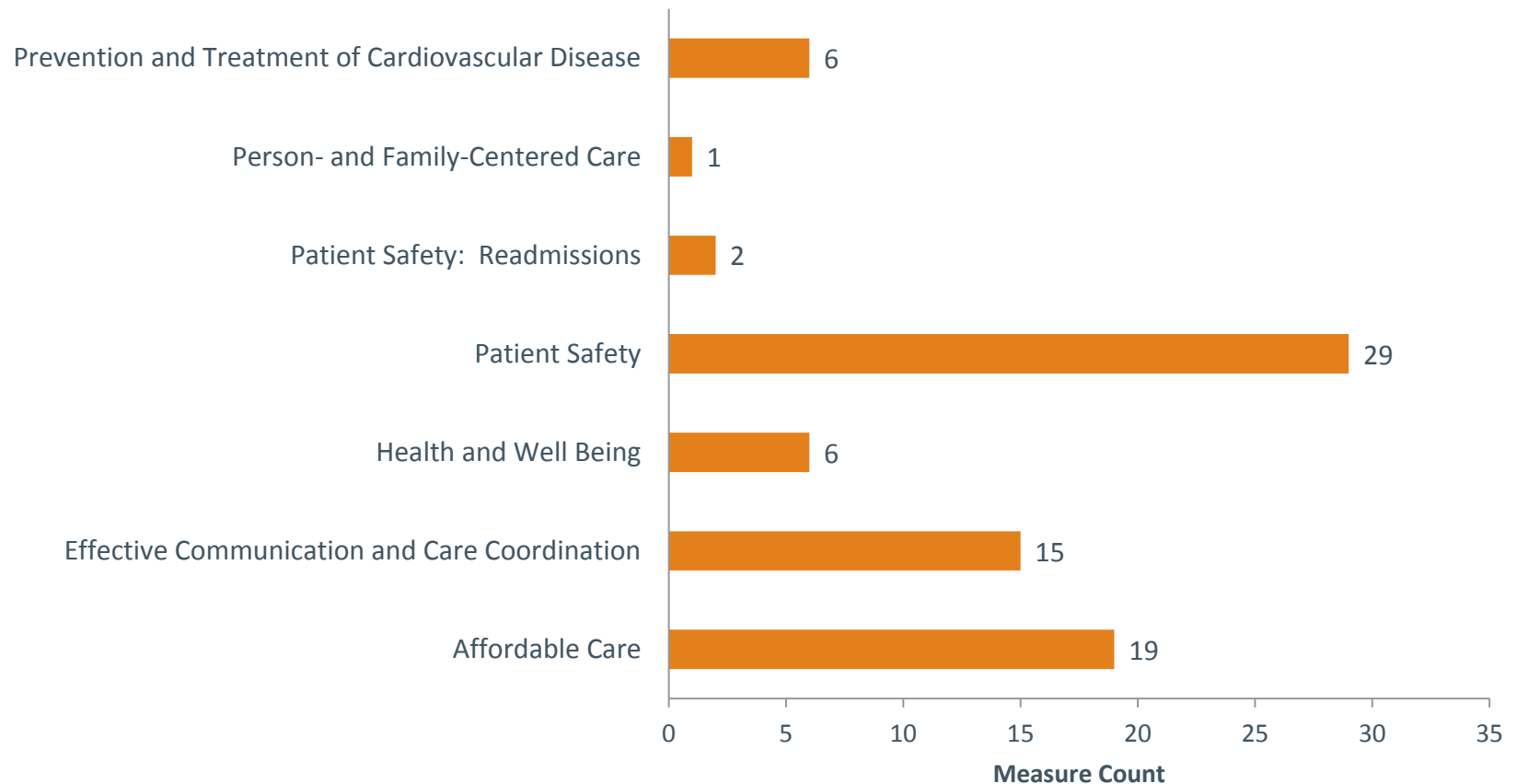
- Eligible hospitals and CAHs are required to report on electronically specified clinical quality measures (eCQMs) using certified electronic health record (EHR) technology (CEHRT) in order to qualify for incentive payments. As of 2015, eligible hospitals that do not demonstrate meaningful use will be subject to Medicare payment reductions.

- **Program Goals:**

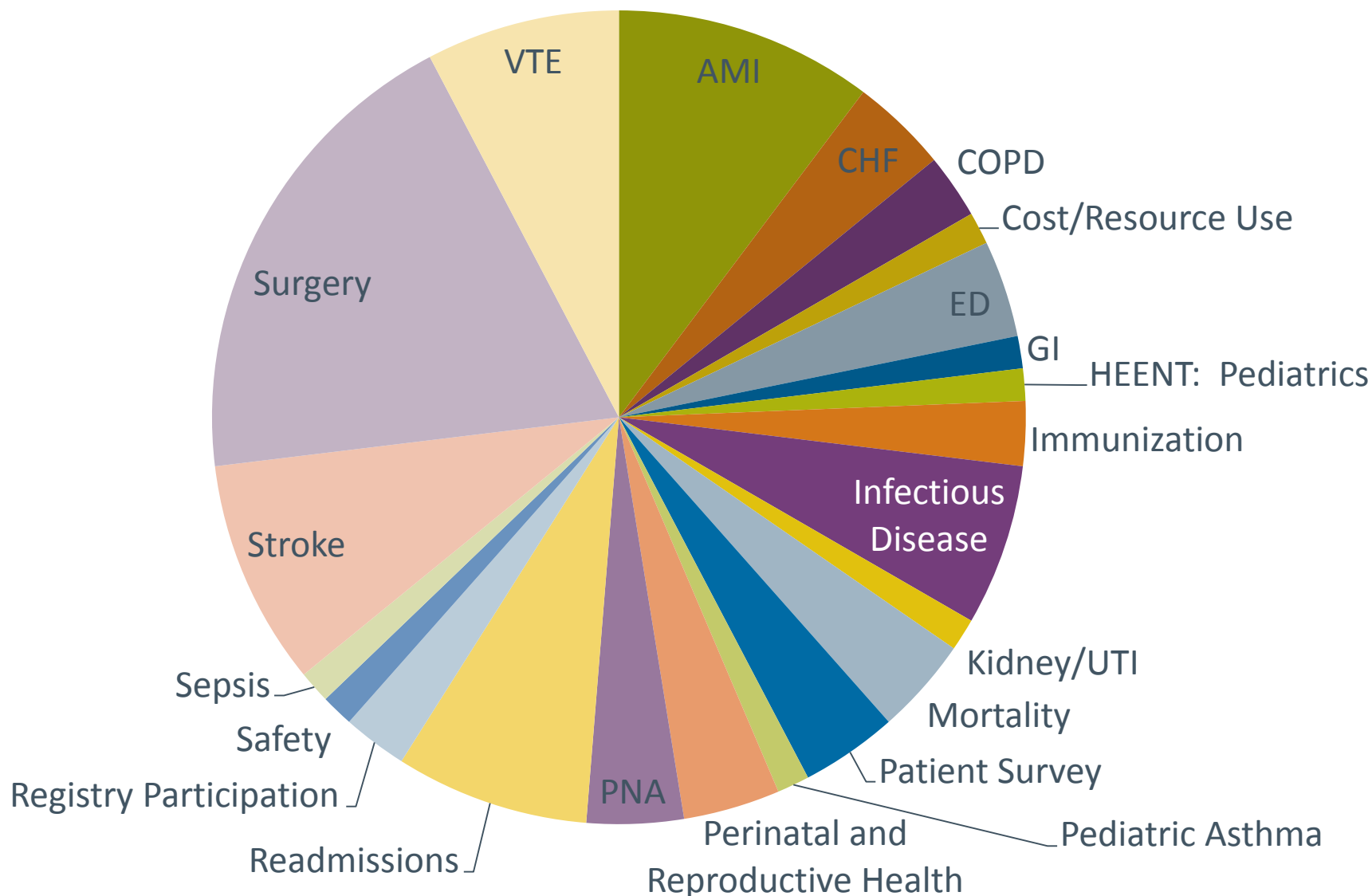
- Promote widespread adoption of certified EHR technology by providers.
- Incentivize “meaningful use” of EHRs by hospitals to:
 - » Improve quality, safety, efficiency, and reduce health disparities
 - » Engage patients and family
 - » Improve care coordination, and population and public health
 - » Maintain privacy and security of patient health information

Current Program Measure Information

Measure Count by NQS Priority



Proportion of Measures Addressing a Given Condition



High Priority Domains for Future Measure Consideration

CMS identified the following categories as high-priority for future measure consideration:

- Patient and Family Engagement
 - Measures that foster the engagement of patients and families as partners in their care.
- Best Practices of Healthy Living
 - Measures that promote best practices to enable healthy living.
- Make Care Affordable
 - Measures that effectuate changes in efficiency and reward value over volume.

Measurement Gaps for Future Measure Consideration

- CMS identified the following topics/areas as high-priority for future measure consideration:
 - Adverse drug events
 - Behavioral health
 - Cancer
 - Care transitions
 - Palliative and end of life care
 - Medication reconciliation

Workgroup Discussion

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

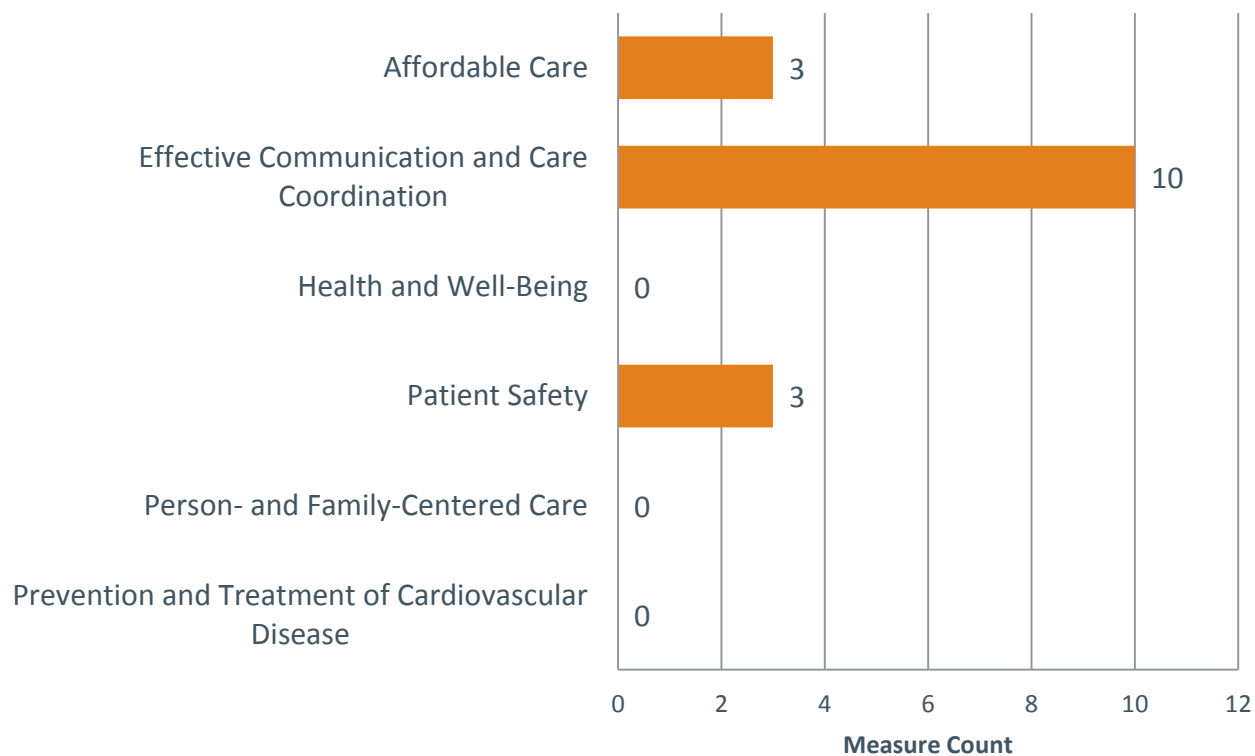
End-Stage Renal Disease Quality Incentive Program (ESRD QIP)

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

- **Program Type:** Pay for Performance, 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 two percent per year.
- **Program Goals:** Improve the quality of dialysis care and produce better outcomes for beneficiaries.

Current Program Measure Information

Measure Count by NQS Priority



High Priority Domains for Future Measure Consideration

CMS identified the following 3 domains as high-priority for future measure consideration:

- Care Coordination:
 - Medication reconciliation
 - Preparing dialysis patients for kidney transplants
 - Coordination of dialysis-related services among transient patients
- Safety:
 - Blood stream infections
 - Vascular access-related infections
 - Mortality
 - Measures that protect against overutilization of oral-only medications
- Patient- and Caregiver-Centered Experience of Care:
 - Quality of life including physical function, independence, and cognition, and life goals
 - Patient-Reported Outcome measures

Workgroup Discussion

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

Hospital Readmissions Reduction Program

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%.
- **Program Goals:**
 - Reduce 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 health care.

Current Program Measure Information

Applicable conditions:

- Acute myocardial infarction
- Heart failure
- Pneumonia
- Chronic obstructive pulmonary disease
- Elective total knee and total hip arthroplasty
- Coronary artery bypass graft surgery (starting with the FY 2017 payment determination)

High Priority Domains for Future Measure Consideration

- CMS continues to emphasize the importance of the NQS priority of “Communication/Care Coordination” for this program.
- Measures that address high impact conditions identified by the Medicare Payment Advisory Commission or the Agency for Healthcare Research and Quality (AHRQ) Healthcare Cost and Utilization Project (HCUP) reports.

Workgroup Discussion

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

Hospital Acquired Condition Reduction Program

Hospital Acquired Condition Reduction Program (HACRP)

- **Program Type:**
 - Pay-for-Performance and Public Reporting. HAC scores are reported on the Hospital Compare website as of December 2014.
- **Incentive Structure:**
 - The 25% 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%.
 - The measures in the program are classified into two domains: Domain 1 includes the Patient Safety Indicator (PSI) 90 measure, a composite of eight administrative claims based measures and Domain 2 includes infection measures developed by the Centers for Disease Control and Prevention's (CDC) National Health Safety Network (CDC NHSN).
- **Program Goals:**
 - Provide an incentive to reduce the incidence of HACs to improve both patient outcomes and the cost of care
 - Heighten awareness of HACs and eliminate the incidence of HACs that could be reasonably prevented by applying evidence-based clinical guidelines.
 - Support a broader public health imperative by helping to raise awareness and action by prompting a national discussion on this important quality problem.
 - 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.

Current Program Measure Information

Domain	Measures
Domain 1	PSI-90
Domain 2	CAUTI
	CLABSI
	Surgical Site Infection (beginning in FY 2016)
	MRSA (beginning in FY 2017)
	Clostridium difficile infection (beginning in FY 2017)

High Priority Domains for Future Measure Consideration

- CMS identified the following topics as areas within the NQS priority of “Making Care Safer” for future measure consideration:
 - Adverse Drug Events
 - Ventilator Associated Events
 - Additional Surgical Site Infection Locations
 - Outcome Risk-Adjusted Measures

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 Program

PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR)

- **Program Type:**

- Data Reporting

- **Incentive Structure:**

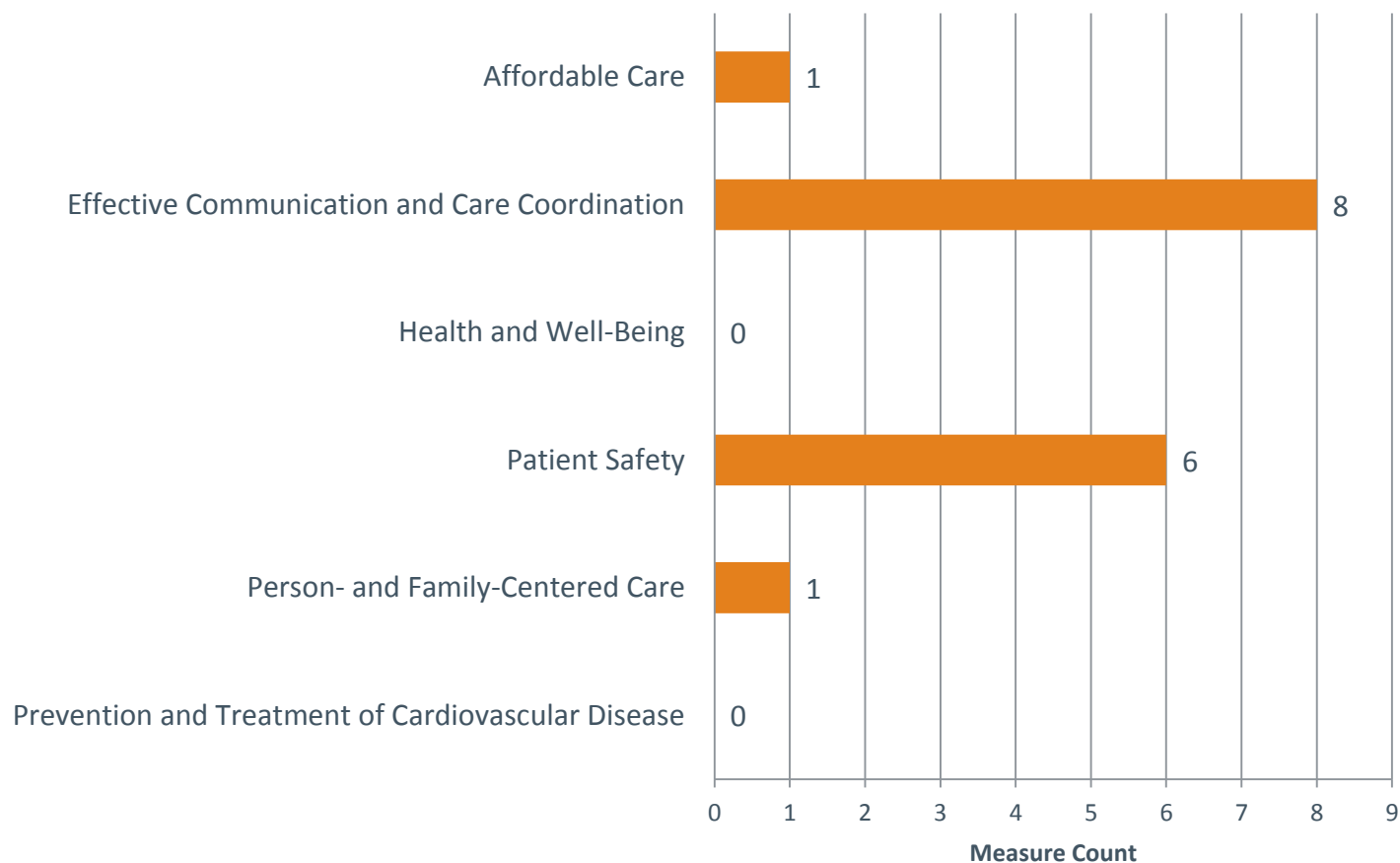
- PCHQR is a voluntary quality reporting program. Data are published on Hospital Compare.

- **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

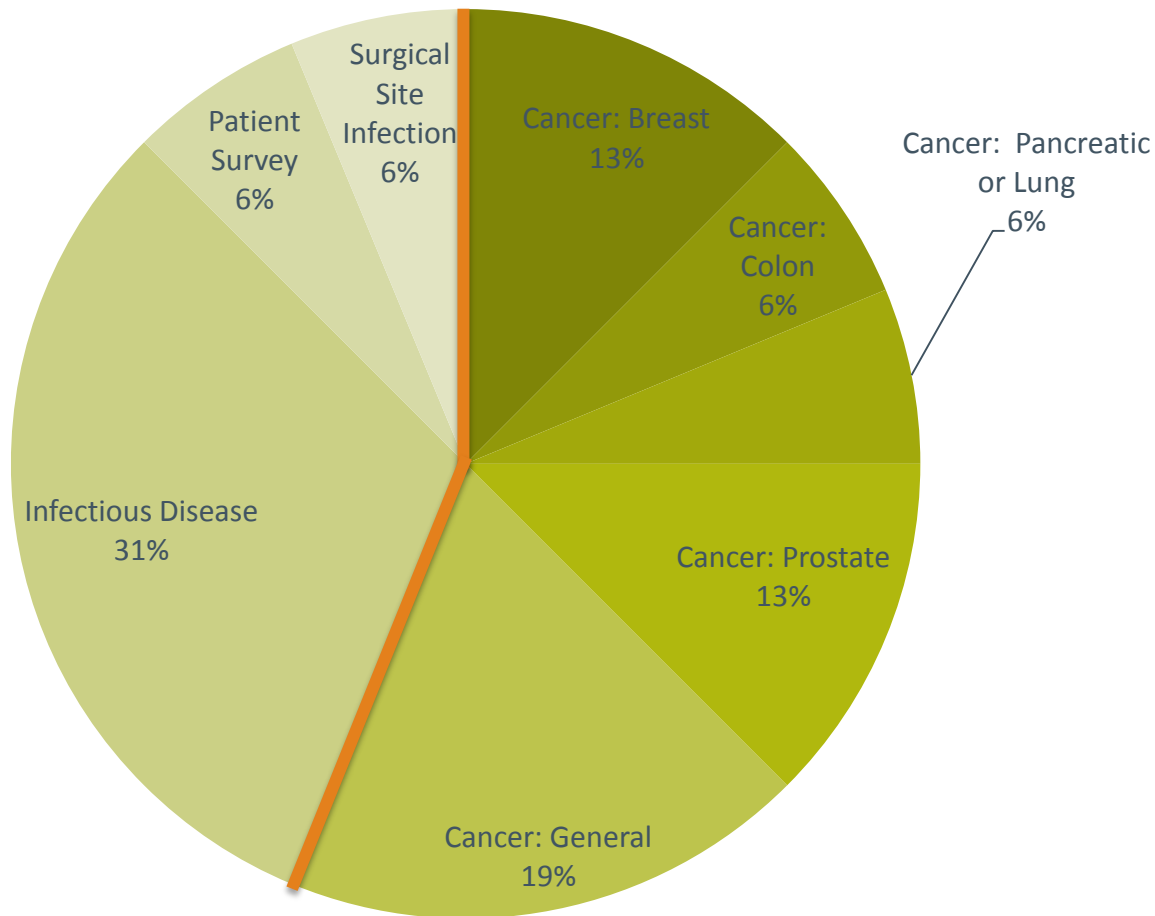
Current Program Measure Information

Measure Count by NQS Priority



Current Program Measure Information

Proportion of Measures Addressing a Given Condition



High Priority Domains for Future Measure Consideration

CMS identified the following categories as high-priority for future measure consideration:

- Communication and Care Coordination
 - Measures regarding care coordination with other facilities and outpatient settings, such as hospice care.
 - Measures of the patient's functional status, quality of life, and end of life.
- Making Care Affordable
 - Measures related to efficiency, appropriateness, and utilization (over/under-utilization) of cancer treatment modalities such as chemotherapy, radiation therapy, and imaging treatments.
- Person and Family Engagement
 - Measures related to patient-centered care planning, shared decision-making, and quality of life outcomes.

Workgroup Discussion

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

Hospital Outpatient Quality Reporting Program

Hospital Outpatient Quality Reporting Program (OQR)

- **Program Type:**

- Pay for Reporting – Information is reported on the Hospital Compare website.

- **Incentive Structure:**

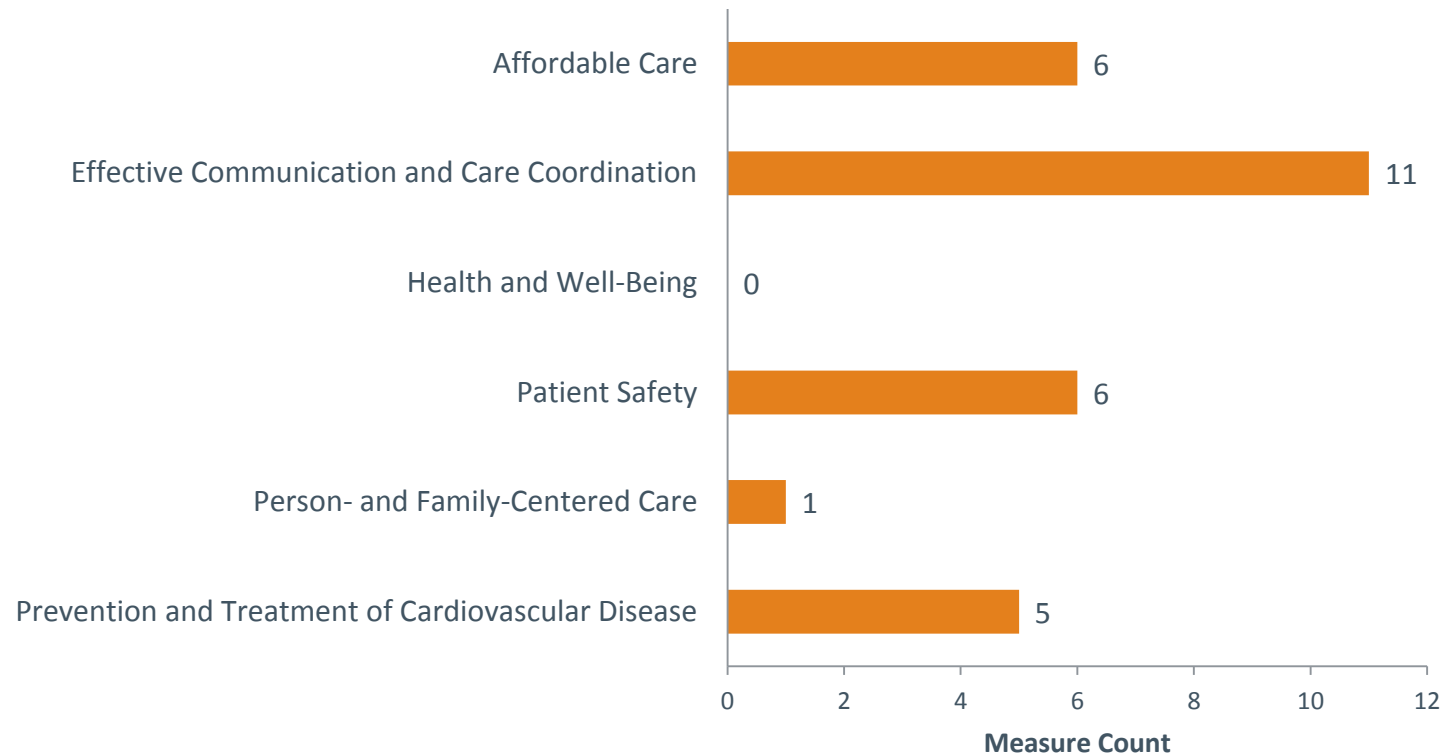
- Hospitals that do not report data on the required measures will receive a 2 percent reduction in their annual Medicare payment update.

- **Program Goals:**

- Establish a system for collecting and providing quality data to hospitals providing outpatient services such as clinic visits, emergency department visits, and critical care services.
- Provide consumers with quality of care information that will help them make informed decisions about their health care.

Current Program Measure Information

Measure Count by NQS Priority



High Priority Domains for Future Measure Consideration

CMS identified the following categories as high-priority for future measure consideration:

- Making Care Safer:
 - Measures that address processes and outcomes designed to reduce risk in the delivery of health care, e.g., emergency department overcrowding and wait times.
- Best Practices of Healthy Living:
 - Measures that focus on primary prevention of disease or general screening for early detection of disease unrelated to a current or prior condition.
- Patient and Family Engagement:
 - Measures that address engaging both the person and their family in their care.
 - Measures that address cultural sensitivity, patient decision-making support or care that reflects patient preferences.
- Communication/Care Coordination:
 - Measures to embed best practices to manage transitions across practice settings.
 - Measures to enable effective health care system navigation.
 - Measures to reduce unexpected hospital/emergency visits and admissions.

Workgroup Discussion

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

Ambulatory Surgery Center Quality Reporting Program

Ambulatory Surgical Centers Quality Reporting Program (ASCQR)

■ Program Type:

- Pay for Reporting – Performance information is current reported to the Centers for Medicare & Medicaid Services (CMS) but it is expected to be publicly available in the future.

■ Incentive Structure:

- Ambulatory surgical centers (ASCs) that treat Medicare beneficiaries and fail to report data will receive a 2.0 percent reduction in their annual payment update.

■ Program Goals:

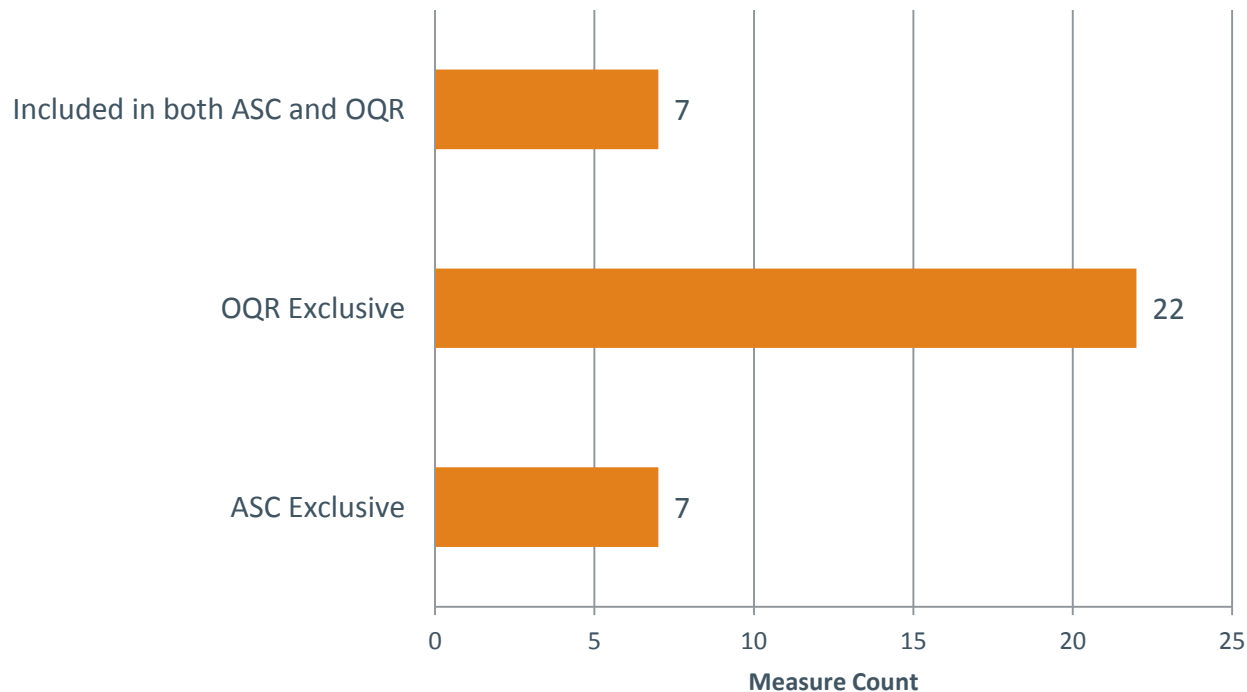
- Promote higher quality, more efficient care for Medicare beneficiaries.
- Establish a system for collecting and providing quality data to ASCs.
- Provide consumers with quality of care information that will help them make informed decisions about their health care.

Current Program Measure Information

NQS Priority	Condition	Measure
Affordable Care	GI	ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use (NQF#0659)
Effective Communication and Care Coordination	GI	ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (NQF#0658)
	HEENT	ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (NQF#1536)
	Surgery	ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures
Health and Well-Being	Infectious Disease	ASC-8: Influenza Vaccination Coverage Among Healthcare Personnel (NQF#0431)
Patient Safety	GI	ASC-12: Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy (NQF#2539)
	HEENT	Unplanned Anterior Vitrectomy
	Surgery	ASC-2: Patient Fall (NQF#0266)
		ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant (NQF#0267)
		ASC-4: All-Cause Hospital Transfer/ Admission (NQF#0265)
		ASC-1: Patient Burn (NQF#0263)
		ASC-6: Safe Surgery Checklist
		Normothermia Outcome
		ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing (NQF#0264)

Current Program Measure Information

ASC and OQR: Measures in Common



High Priority Domains for Future Measure Consideration

CMS identified the following categories as high-priority for future measure consideration:

- Making Care Safer
 - Measures of infection rates
- Person and Family Engagement
 - Measures that improve experience of care for patients, caregivers, and families.
 - Measures to promote patient self-management.
- Best Practice of Healthy Living
 - Measures to increase appropriate use of screening and prevention services.
 - Measures which will improve the quality of care for patients with multiple chronic conditions.
 - Measures to improve behavioral health access and quality of care.
- Effective Prevention and Treatment
 - Surgical outcome measures.
- Communication/Care Coordination
 - Measures to embed best practice to manage transitions across practice settings.
 - Measures to enable effective health care system navigation.
 - To reduce unexpected hospital/emergency visits and admissions.

Workgroup Discussion

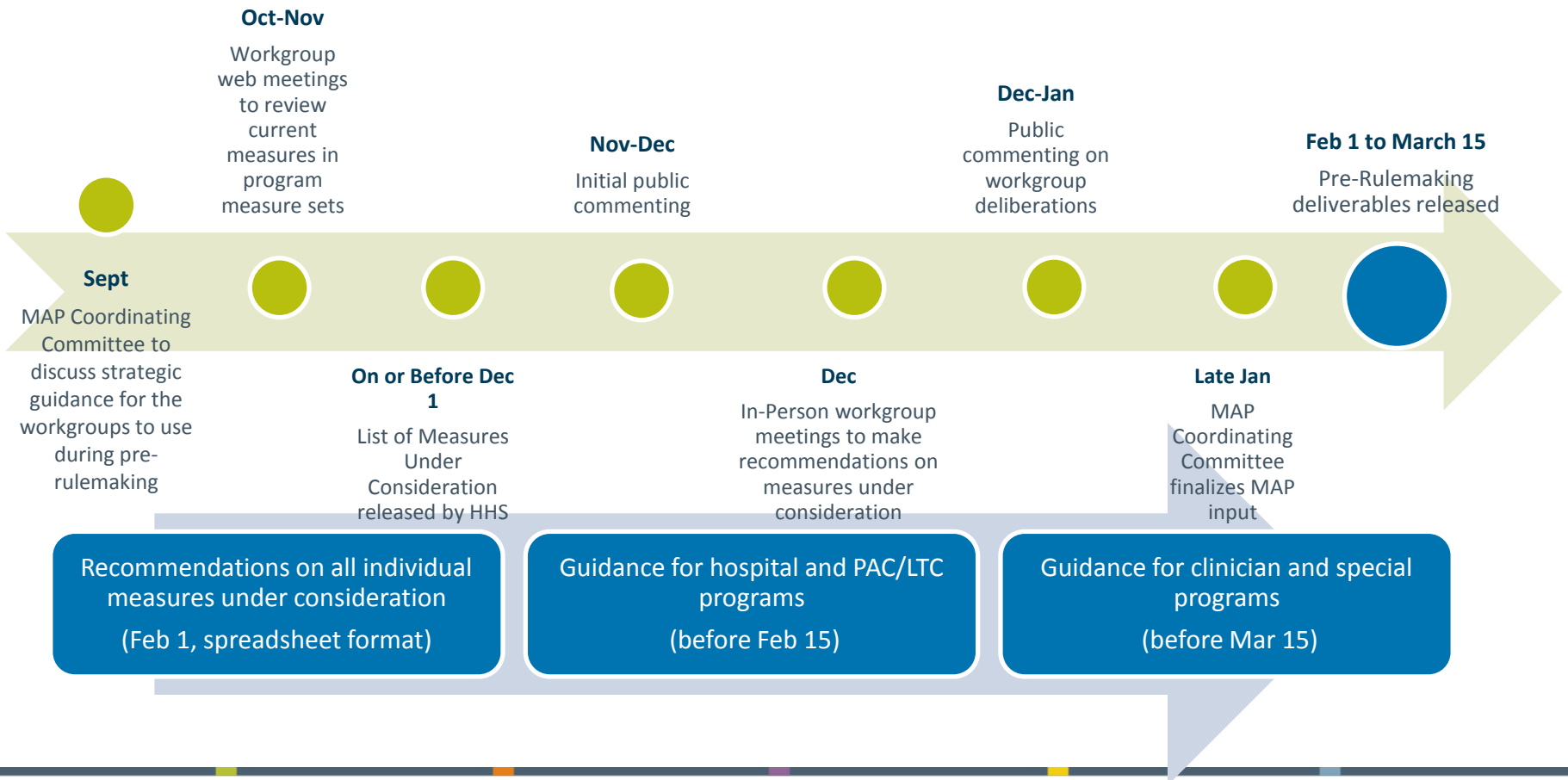
- Does the Workgroup have suggestions for refinement or additions to these high priority domains for future measurement?

Opportunity for Public Comment

Next Steps

MAP Approach to Pre-Rulemaking

A look at what to expect



Next Steps: Upcoming Activities

- **All MAP Web Meeting-November 13**
- **In-Person Meeting-December 16-17**

NQF Project Staff

- Zehra Shahab, Project Manager:
zshahab@qualityforum.org
- Erin O'Rourke, Senior Project Manager:
eorourke@qualityforum.org
- Jean-Luc Tilly, Project Analyst:
jtilly@qualityforum.org
- Melissa Mariñelarena, Senior Director:
mmarinelarena@qualityforum.org

Adjourn