



NATIONAL
QUALITY FORUM

Measure Applications Partnership

Hospital Workgroup Web Meeting

October 18, 2016

Welcome, Introductions, and Review of Meeting Objectives

Agenda

- Welcome, Introductions, and Review of Meeting Objectives
- 2016 MAP Pre-Rulemaking Approach
- Review Federal Programs
- Opportunity for Public Comment
- Next Steps

MAP Hospital Workgroup Members

Workgroup Chairs (voting)	
Cristie Upshaw Travis, MSHHA	
Ronald S. Walters, MD, MBA, MHA, MS	
Organizational Members (voting)	Organizational Representative
American Hospital Association	Nancy Foster
America's Essential Hospitals	David Engler, PhD
Baylor Scott & White Health*	Marisa Valdes, RN, MSN
Blue Cross Blue Shield of Massachusetts	Wei Ying, MD, MS, MBA
Children's Hospital Association	Sally Turbyville, MS, DrPH
Geisinger Health System	Heather Lewis, MS, MBA
Kidney Care Partners	Allen Nissenson, MD
Medtronic-Minimally Invasive Therapy Group*	Karen Shehade, MBA

MAP Hospital Workgroup Members

Organizational Members (con't)	Organizational Representative
Mothers Against Medical Error	Helen Haskell, MA
National Association of Psychiatric Health Systems*	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

MAP Hospital Workgroup Members

Individual Subject Matter Experts (voting)	
Nursing	Gregory Alexander, PhD, RN, FAAN
Renal	Elizabeth Evans, DNP
Measure Methodology	Lee Fleisher, MD*
Patient Safety	Jack Jordon*
Palliative Care	R. Sean Morrison, MD
Mental Health	Ann Marie Sullivan, MD
Health Informatics	Lindsey Wisham, BA, MPA*
MAP Duals Workgroup Liaison (non-voting)	
New Jersey Hospital Association	Aline Holmes
Federal Government Liaisons (non-voting)	
Agency for Healthcare Research and Quality (AHRQ)	Pam Owens, PhD
Centers for Disease Control and Prevention (CDC)	Dan Pollock, MD
Centers for Medicare & Medicaid Services (CMS)	Pierre Yong, MD, MPH

MAP Hospital Workgroup Staff Support Team

- Melissa Mariñelarena: Senior Director
- Kate McQueston: Project Manager
- Desmirra Quinnonez: Project Analyst
- **Project Email: MAPHospital@qualityforum.org**

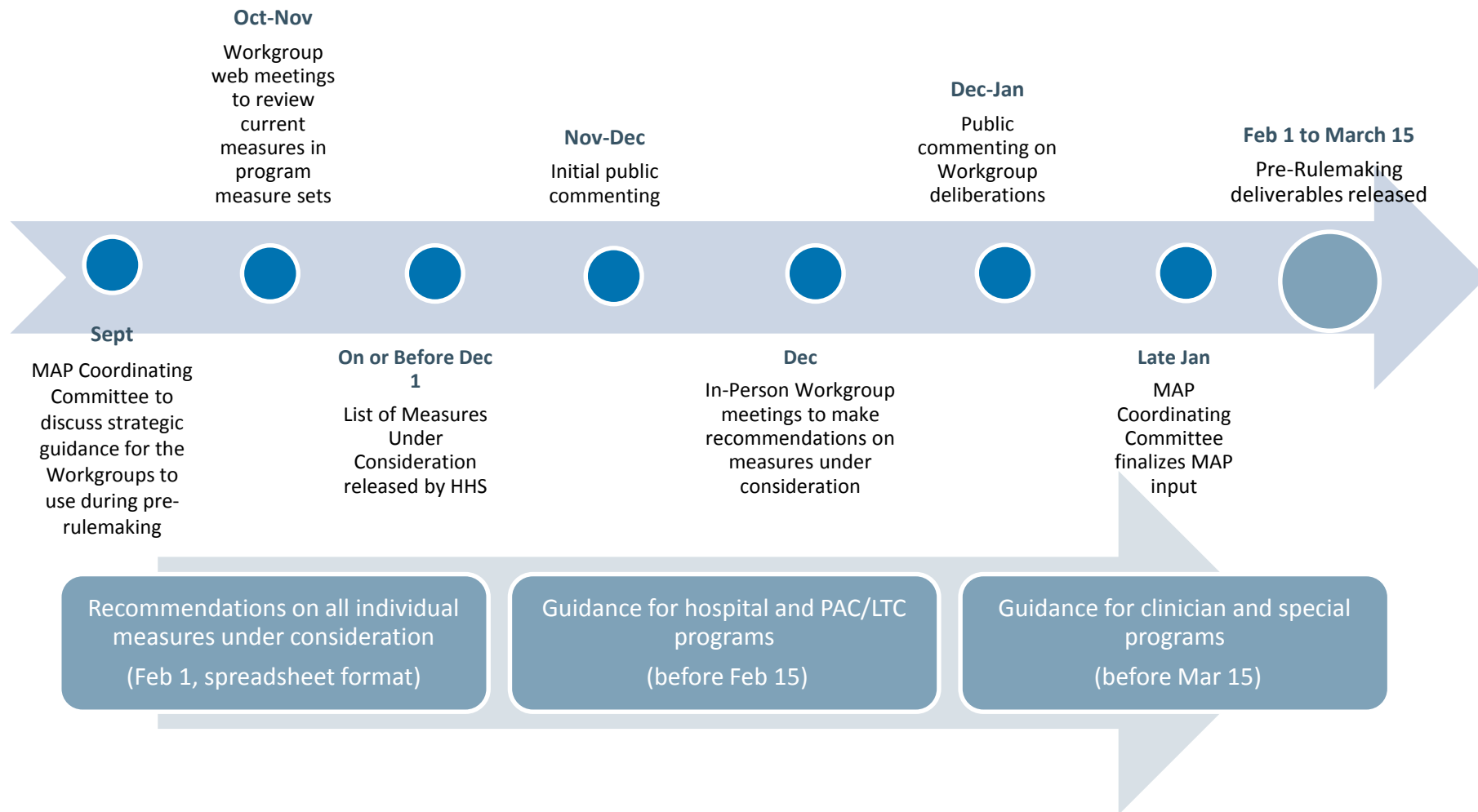
Meeting Objectives

- Orientation to MAP 2016 pre-rulemaking approach
- Review Hospital Workgroup programs
- Provide input on potential measure gaps

MAP Pre-Rulemaking Approach

MAP Approach to Pre-Rulemaking

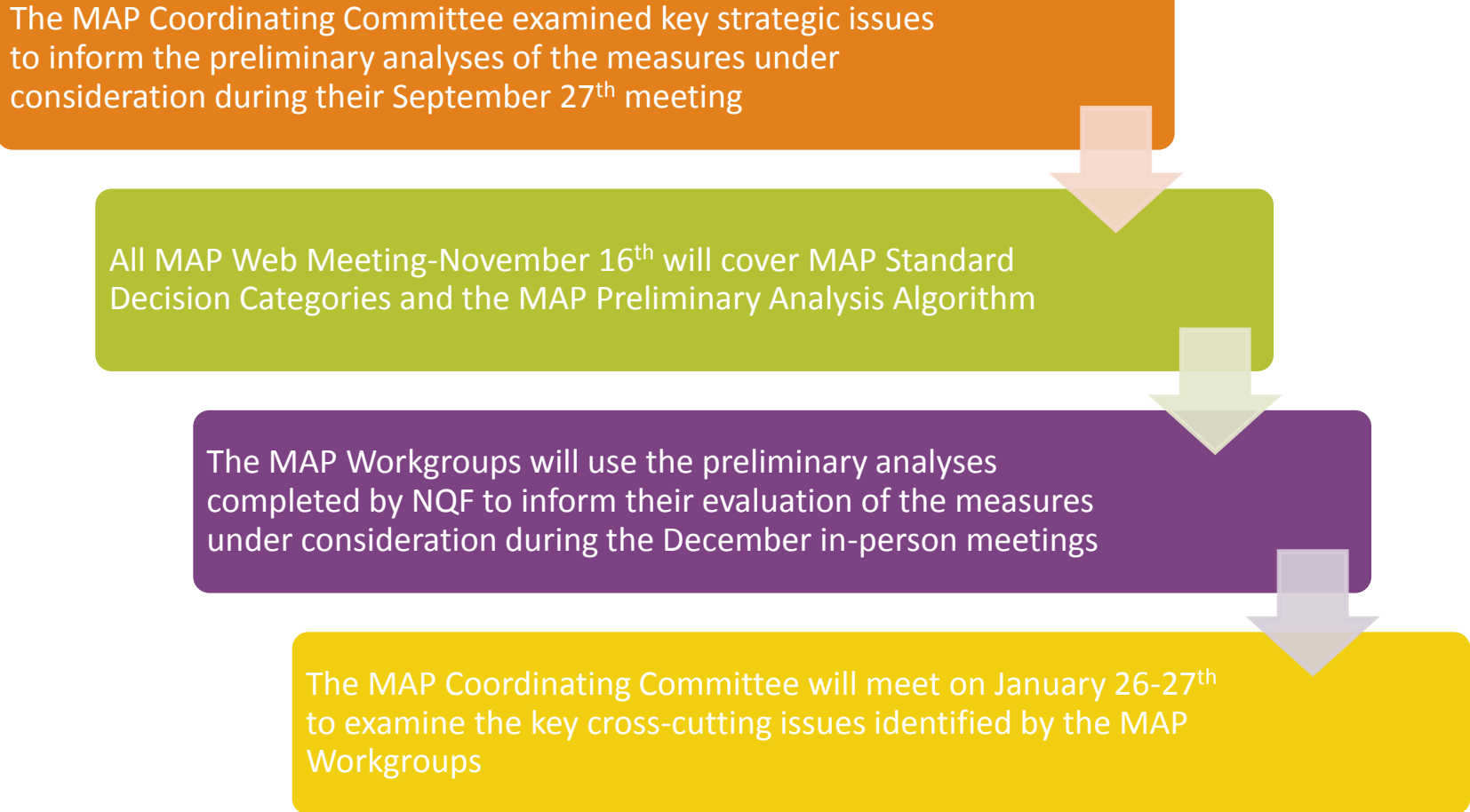
A look at what to expect



MAP Pre-Rulemaking Approach

A closer look into how recommendations will be made

The MAP Coordinating Committee examined key strategic issues to inform the preliminary analyses of the measures under consideration during their September 27th meeting



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graph TD; A[The MAP Coordinating Committee examined key strategic issues to inform the preliminary analyses of the measures under consideration during their September 27th meeting] --> B[All MAP Web Meeting-November 16th will cover MAP Standard Decision Categories and the MAP Preliminary Analysis Algorithm]; B --> C[The MAP Workgroups will use the preliminary analyses completed by NQF to inform their evaluation of the measures under consideration during the December in-person meetings]; C --> D[The MAP Coordinating Committee will meet on January 26-27th to examine the key cross-cutting issues identified by the MAP Workgroups];
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All MAP Web Meeting-November 16th will cover MAP Standard Decision Categories and the MAP Preliminary Analysis Algorithm

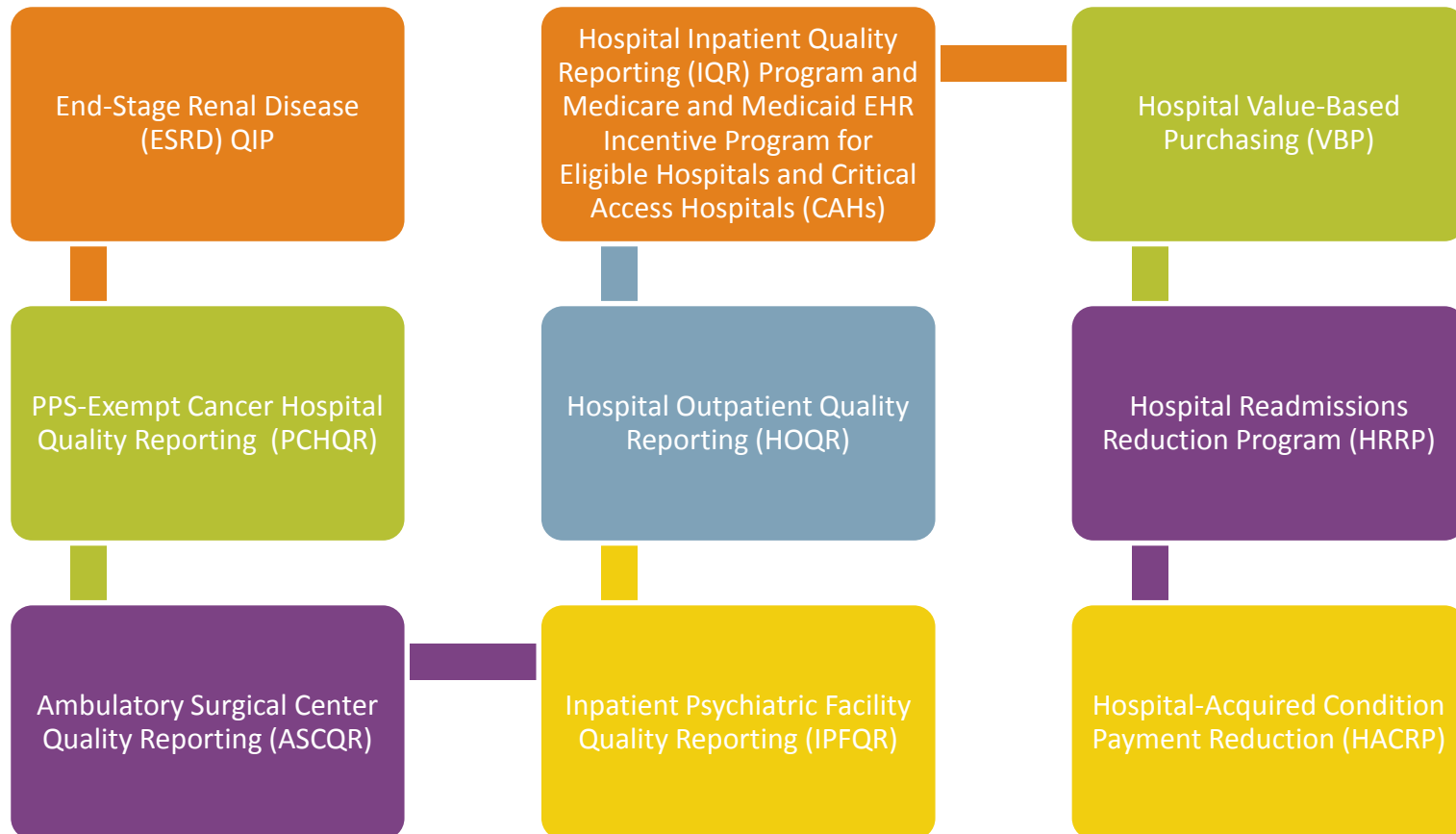
The MAP Workgroups will use the preliminary analyses completed by NQF to inform their evaluation of the measures under consideration during the December in-person meetings

The MAP Coordinating Committee will meet on January 26-27th to examine the key cross-cutting issues identified by the MAP Workgroups

MAP Approach to Pre-Rulemaking

- Goals for today's meeting:
 - Review the program type, incentive structure and goals for each program
 - Review the finalized measure set for each program
 - Review CMS' high priority domains for future measure consideration
 - Review the gaps identified by the 2015-2016 MAP Hospital Workgroup for each program
 - Provide input on gaps/high priority domains

MAP Hospital Workgroup Charge



2015-2016 MAP Hospital Overarching Themes

Overarching Issues

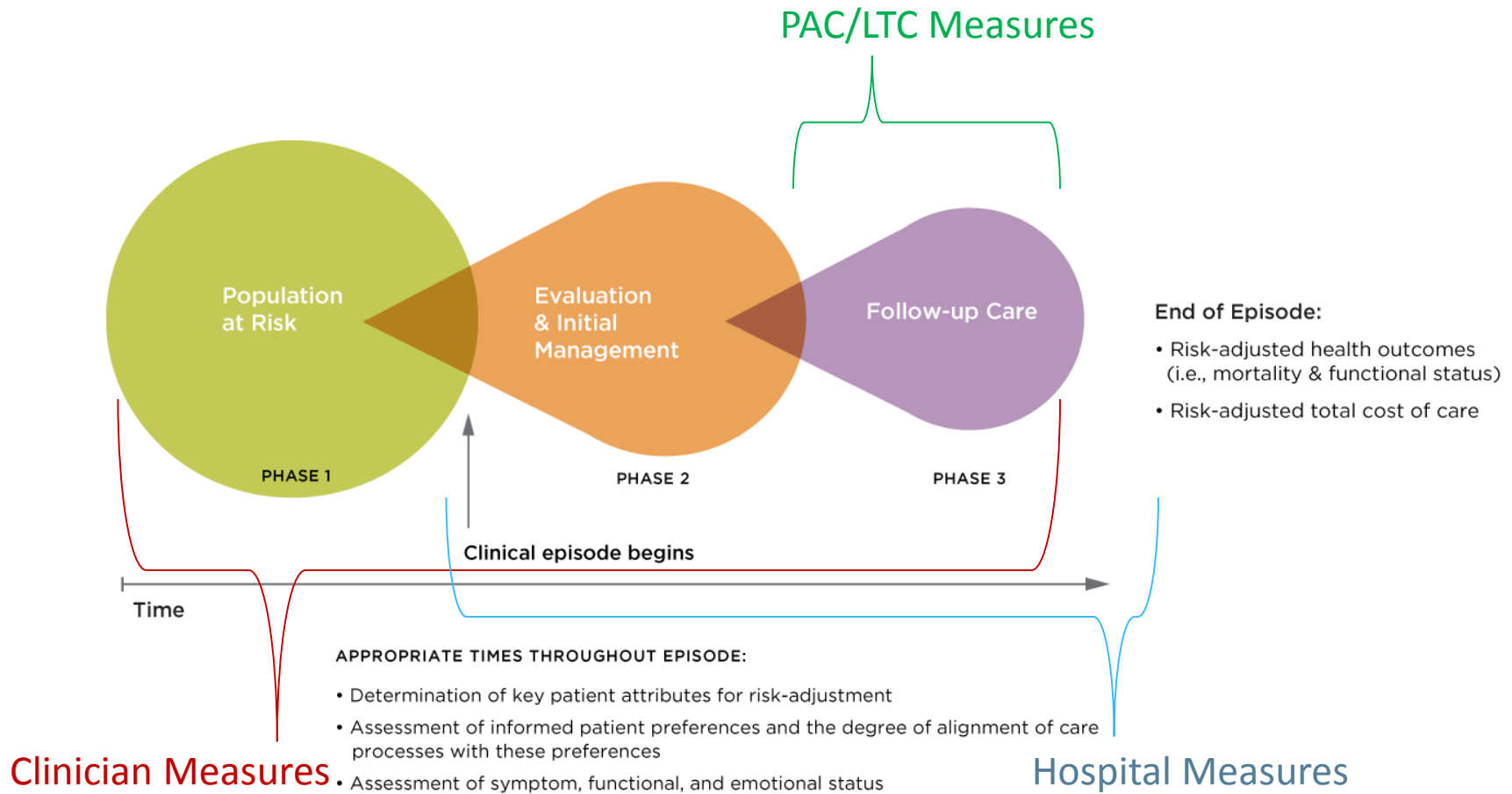


Measurement
to improve
quality across
the patient-
focused
episode of care

Engaging
patients and
their families
as partners in
care delivery

Driving
improvement
for all

Considering Measures as They Relate to the Continuum of Care



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

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 two percent per year.

- **Program Goals:**

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

ESRD QIP: Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Outcome	1460	National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Patients	Endorsed
	2496	Standardized Readmission Ratio (SRR) for dialysis facilities	Endorsed
	N/A	Anemia of chronic kidney disease: Dialysis facility standardized transfusion ratio (STrR)	Not Endorsed
	N/A	Kt/V Dialysis Adequacy Comprehensive Clinical Measure	Not Endorsed
	0256	Vascular Access Type – Catheter >= 90 Days	Endorsed
	0257	Vascular Access Type: AV Fistula	Endorsed
	1454	Proportion of patients with hypercalcemia	Endorsed
Process	N/A	Mineral Metabolism Reporting Measure	Not Endorsed
	N/A	Anemia Management Reporting Measure	Not Endorsed
	0258	CAHPS In-Center Hemodialysis Survey	Endorsed
	N/A	NHSN Healthcare Personnel Influenza Vaccination Reporting Measure	Not Endorsed
	N/A	Clinical Depression Screening and Follow-Up Reporting Measure	Not Endorsed
	N/A	Pain Assessment and Follow-up Reporting Measure	Not Endorsed

High Priority Domains for ESRD

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

Care Coordination

Safety

Patient- and
Caregiver-Centered
Experience of Care

Access to
Transplantation

Source: Center for Clinical Standards and Quality. 2016 Measures under Consideration List. Program Specific Measure Priorities and Needs.
Baltimore, MD: Centers for Medicare & Medicaid Services (CMS); 2016.

Previous Gaps Identified

Hospital
MAP
2015-2016
Identified
Gaps

- Fluid management
- Infection
- Vascular access
- Patient-centered care
- Medical therapy management

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 (PCHQR)

PPS-Exempt Cancer Hospital Quality Reporting Program (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

PCHQR : Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Outcome	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
Process	0384	Oncology: Medical and Radiation - Pain Intensity Quantified	Endorsed
	0383	Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology	Endorsed
	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
	0220	Adjuvant Hormonal Therapy	Endorsed
	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
	1822	External Beam Radiotherapy for Bone Metastases	Endorsed
	0431	Influenza Vaccination Coverage among Healthcare Personnel	Endorsed

High Priority Domains for Cancer Hospitals

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

Communication
and Care
Coordination

Making Care
Affordable

Person and
Family
Engagement

Hospital MAP 2015-2016 Identified Gaps:

Quality-of-life
measures for
patients living with
cancer

Source: Center for Clinical Standards and Quality. 2016 Measures under Consideration List. Program Specific Measure Priorities and Needs. Baltimore, MD: Centers for Medicare & Medicaid Services (CMS); 2016.

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)

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 Goals:**

- Promote higher quality, more efficient health care 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

ASCQR :Current Measure Set

Type	NQF #	Measure Title	NQF Status
Outcome	0263	Patient Burn	Endorsed
	0267	Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Endorsed
	0266	Patient Fall	Endorsed
Process	0264	Prophylactic Intravenous (IV) Antibiotic Timing	Endorsement Removed
Structural	9999	Safe Surgery Checklist Use	Not Endorsed
	9999	ASC Facility Volume Data on Selected ASC Surgical Procedures	Not Endorsed
	0265	All-Cause Hospital Transfer/ Admission	Endorsed
	1536	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Endorsed
Process	0431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed
	9999	ASC Facility Volume Data on Selected ASC Surgical Procedures	Not Endorsed
	0658	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Endorsed
	0659	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	Endorsed
Outcome	2539	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Endorsed

High Priority Domains for ASCQR

CMS High Priority Domains for Future Measure Consideration

Making Care Safer

Person and Family
Engagement

Best Practice of
Healthy Living

Effective Prevention
and Treatment

Communication/Care
Coordination

Source: Center for Clinical Standards and Quality. 2016 Measures under Consideration List. Program Specific Measure Priorities and Needs. Baltimore, MD: Centers for Medicare & Medicaid Services (CMS); 2016.

High Priority Domains for ASCQR

CMS High Priority Domains for Future Measure Consideration

Making Care Safer	Person and Family Engagement	Best Practice of Healthy Living	Effective Prevention and Treatment	Communication/Care Coordination
<ul style="list-style-type: none">•infection rates	<ul style="list-style-type: none">•improve experience of care for patients, caregivers, and families•promote patient self-management	<ul style="list-style-type: none">•increase appropriate use of screening and prevention services•improve the quality of care for patients with multiple chronic conditions•improve behavioral health access and quality of care	<ul style="list-style-type: none">•surgical outcome measures	<ul style="list-style-type: none">•embed best practice to manage transitions across practice settings•enable effective health care system navigation•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?

Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)

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 Goals:**

- Provide consumers with quality of care information to make more informed decisions about health care options
- 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 Measure Set

NQF #	Measure Title	NQF Status
1661	SUB-1 Alcohol Use Screening	Endorsed
1651	TOB-1 Tobacco Use Screening	Endorsed
N/A	Screening for Metabolic Disorders	Not Endorsed
0640	Hours of Physical Restraint	Endorsed
0641	Hours of Seclusion Use	Endorsed
1654	TOB-2 Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment	Endorsed
1663	SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention	Endorsed
1659	Influenza Immunization	Endorsed
1656	TOB-3 Tobacco Use Treatment Provided or Offered at Discharge and the subset measure TOB-3a Tobacco Use Treatment at Discharge	Endorsed
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
0560	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	Endorsed
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
0431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed
N/A	Use of Electronic Health Record	Not Endorsed
N/A	Assessment of Patient Experience of Care	Not Endorsed
N/A	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF	Not Endorsed

High Priority Domains for IPFQR

CMS High Priority Domains for Future Measure Consideration

Patient and
Family
Engagement

Effective
Prevention
and Treatment

Best Practices
of Healthy
Living

Making Care
Affordable

Source: Center for Clinical Standards and Quality. 2016 Measures under Consideration List. Program Specific Measure Priorities and Needs. Baltimore, MD: Centers for Medicare & Medicaid Services (CMS); 2016.

High Priority Domains for IPFQR

CMS High Priority Domains for Future Measure Consideration

Patient and Family Engagement	Effective Prevention and Treatment	Best Practices of Healthy Living	Making Care Affordable
<ul style="list-style-type: none">• patient experience of care	<ul style="list-style-type: none">• inpatient psychiatric treatment of geriatric patients, other adults, adolescents and children• quality of prescribing antipsychotics and antidepressants	<ul style="list-style-type: none">• screening and treatment of non-psychiatric comorbid conditions• access to care	<ul style="list-style-type: none">• efficiency and value-based

Previous Gaps Identified

Substance abuse

- alcohol
- tobacco
- opioids

Connections to care in the community

- integrate inpatient and outpatient care
- primary care provider

Avoidable readmissions
and emergency
department visits

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)

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 Goals:**

- Provide consumers with quality of care information to make more informed decisions about health care 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

HOQR: Current Program Measure Set

Type	NQF #	Measure Title	NQF Status
Process	0498	Door to Diagnostic Evaluation by a Qualified Medical Professional	Endorsement Removed
	0662	Median Time to Pain Management for Long Bone Fracture	Endorsed
	0496	Median time from ED Arrival to ED Departure for Discharged ED Patients	Endorsed
Structural	0499	Left Without Being Seen	Endorsement Removed
Efficiency	0289	Median Time to ECG	Endorsement Removed
	0287	Median Time to Fibrinolysis	Endorsement Removed
Process	0288	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	Endorsed
	0290	Median Time to Transfer to Another Facility for Acute Coronary Intervention	Endorsed
	0286	Aspirin at Arrival	Endorsement Removed
	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
Efficiency	9999	Mammography Follow-Up Rates	Not Endorsed
	0513	Thorax CT- Use of Contrast Material	Endorsed
	9999	Abdomen CT - Use of Contrast Material	Not Endorsed
	9999	Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT)	Not Endorsed
	0669	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	Endorsed
Outcome	0514	MRI Lumbar Spine for Low Back Pain	Endorsed
Process	1822	External Beam Radiotherapy for Bone Metastases	Endorsed
Process	0658	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Endorsed
	0659	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	Endorsed
Outcome	2539	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Endorsed
Structural	9999	Safe Surgery Checklist Use	Not Endorsed
	9999	Hospital Outpatient Department Volume on Selected Outpatient Surgical Procedures	Not Endorsed
Outcome	1536	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Endorsed
Structural	0489	The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data Elements	Endorsement Removed
	9999	Tracking Clinical Results between Visits	Not Endorsed
Process	0431	Influenza Vaccination Coverage among Healthcare Personnel	Endorsed

High Priority Domains for HOQR

CMS High Priority Domains for Future Measure Consideration

Making Care Safer

Best Practices of
Healthy Living

Patient and Family
Engagement

Communication/Care
Coordination

Source: Center for Clinical Standards and Quality. 2016 Measures under Consideration List. Program Specific Measure Priorities and Needs. Baltimore, MD: Centers for Medicare & Medicaid Services (CMS); 2016.

High Priority Domains for HOQR

CMS High Priority Domains for Future Measure Consideration:

Making Care Safer

- processes/outcomes designed to reduce risk in the delivery of health care (ED overcrowding/wait times)

Best Practices of Healthy Living

- primary prevention of disease
- general screening for early detection of disease unrelated to a current or prior condition

Patient and Family Engagement

- patient and family engagement in care
- patient decision-making that reflects cultural sensitivity and patient preferences

Communication/Care Coordination

- embed best practices to manage transitions across practice settings
- enable effective health care system navigation
- reduce unexpected hospital admissions and emergency room visits

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

IQR - EHR Incentive Program

- **Program Type:**

- Pay for reporting and public reporting

- **Incentive Structure:**

- Hospitals that do not participate or meet program requirements receive a ¼ 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

IQR –EHR Incentive Program Current Measure Set

NHSN			
Type	NQF #	Measure Title	NQF Status
Outcome	0138	NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	Endorsed
	1717	NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed
	0139	NHSN Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	Endorsed
	0753	ACS-CDC Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	Endorsed
	1716	NHSN Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Endorsed
Process	0431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed
Claims-based Payment			
Cost/Resource Use	2431	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)	Endorsed
	2436	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF)	Endorsed
	2579	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode -of Care for Pneumonia	Endorsed
	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)	Not Endorsed
	N/A	Cellulitis Clinical Episode-Based Payment Measure	Not Endorsed
	N/A	Gastrointestinal (GI) Hemorrhage Clinical Episode-Based Payment Measure	Not Endorsed
	N/A	Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure	Not Endorsed
	N/A	Aortic Aneurysm Procedure clinical episode-based payment (AA Payment) Measure*	Not Endorsed
	N/A	Cholecystectomy and Common Duct Exploration Clinical Episode-Based Payment Measure*	Not Endorsed
	N/A	Spinal Fusion Clinical Episode-Based Payment Measure*	Not Endorsed

*Newly finalized measures for the FY 2019 payment determination and for subsequent years.

IQR –EHR Incentive Program Current Measure Set

Claims-based Outcome		
NQF #	Measure Title	NQF Status
0230	Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed
2558	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) surgery	Endorsed
1839	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Endorsed
0229	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) hospitalization.	Endorsed
0468	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization	Endorsed
N/A	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke	Not Endorsed
0505	Hospital 30-Day All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed
2515	Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery	Endorsed
1891	Hospital-Level, 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Endorsed
0330	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization.	Endorsed
1789	Hospital-Wide All-Cause, Unplanned Readmission Measure (HWR)	Endorsed
0506	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization.	Endorsed
N/A	30-Day Risk-Standardized Readmission Rate Following Stroke Hospitalization	Not Endorsed
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
N/A	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	Not Endorsed
N/A	Excess Days in Acute Care after Hospitalization for Heart Failure	Not Endorsed
N/A	Excess Days in Acute Care after Hospitalization for Pneumonia*	Not Endorsed
1550	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA).	Endorsed
0351	Death among Surgical Inpatients with Serious, Treatable Complications	Endorsed
0531	Patient Safety for Selected Indicators, Modified PSI 90 (Updated Title: Patient Safety and Adverse Events Composite)	Endorsed

*Newly finalized measures for the FY 2019 payment determination and for subsequent years.

IQR –EHR Incentive Program Current Measure Set

Chart-abstracted			
Type	NQF #	Measure Title	NQF Status
Outcome	0495	Median Time from ED Arrival to ED Departure for Admitted ED Patients*	Endorsed
Process	0497	Admit Decision Time to ED Departure Time for Admitted Patients*	Endorsed
	1659	Influenza immunization	
	0469	Elective Delivery*	Endorsed
Composite	0500	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	Endorsed
Outcome	0376	Incidence of Potentially Preventable Venous Thromboembolism	Endorsement Removed
Electronic Clinical Quality Measures (eCQMs)			
Outcome	0495	Median Time from ED Arrival to ED Departure for Admitted ED Patients*	Endorsed
Process	0497	Admit Decision Time to ED Departure Time for Admitted Patients*	Endorsed
	0163/ 3048	Primary PCI Received within 90 minutes of hospital arrival	Endorsement Removed
	0338	Home Management Plan of Care Document Given to Patient/Caregiver	Endorsement Removed
	1354	Hearing screening before hospital discharge	Endorsed
	0469	Elective Delivery*	Endorsed
	0480	Exclusive Breast Milk Feeding and the subset measure PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice	Endorsed
	0435/ 3042	Discharged on Antithrombotic Therapy	Endorsed-Reserve
	0436/ 3043	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Endorsed-Reserve
	0438/ 3045	Antithrombotic Therapy by the End of Hospital Day Two	Endorsed-Reserve
	0439	Discharged on Statin Medication	Endorsed
	0440	Stroke Education	Endorsement Removed
	0441	Assessed for Rehabilitation	Endorsed-Reserve
	0371	Venous Thromboembolism Prophylaxis	Endorsed
	0372/ 2933	Intensive Care Unit Venous Thromboembolism Prophylaxis	Endorsed

*Both chart-abstracted and eCQM.

IQR –EHR Incentive Program Current Measure Set

Patient Survey

NQF #	Measure Title	NQF Status
0166	HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey	Endorsed
0228	3-Item Care Transitions Measure (CTM-3)	Endorsed

Structural Measures

N/A	Hospital Survey on Patient Safety Culture	Not Endorsed
N/A	Safe Surgery Checklist Use	Not Endorsed

High Priority Domains for IQR – EHR Incentive Program

CMS High Priority Domains for Future Measure Consideration:

Patient and
Family
Engagement

Best Practices
of Healthy
Living

Making Care
Affordable

Source: Center for Clinical Standards and Quality. 2016 Measures under Consideration List. Program Specific Measure Priorities and Needs. Baltimore, MD: Centers for Medicare & Medicaid Services (CMS); 2016.

High Priority Domains for IQR – EHR Incentive Program

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.

Making Care Affordable:

- Measures that effectuate changes in efficiency and reward value over volume.

Previous Gaps Identified

Obstetrics

Pediatrics

Measures addressing
the cost of drugs,
particularly specialty
drugs

All-harm or global-
harm eMeasure

Workgroup Discussion

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

Hospital Value-Based Purchasing Program (VBP)

Hospital Value-Based Purchasing Program (HVBP)

- Program Type:
 - Pay for performance
- Incentive Structure:
 - The amount withheld from reimbursements increases over time:
 - » FY 2016: 1.75%
 - » FY 2017 and future fiscal years: 2.0%
- Program Goals:
 - Improve healthcare quality by realigning hospitals' financial incentives
 - Provide incentive payments to hospitals that meet or exceed performance standards

VBP: Current Measure Set

NQF #	Measure Title	NQF Status
Safety Measures		
0138	NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	Endorsed
1717	NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed
0139	NHSN Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	Endorsed
0753	ACS-CDC Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	Endorsed
1716	NHSN Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Endorsed
0531	Patient Safety for Selected Indicators (PSI 90)	Endorsed
0469	Elective Delivery	Endorsed
Clinical Care Measures		
0505	Hospital 30-Day All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed
0330	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization.	Endorsed
0506	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization.	Endorsed
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
Efficiency and Cost Reduction Measure		
2158	Payment-Standardized Medicare Spending Per Beneficiary (MSPB)	Endorsed
Person and Community Engagement Domain		
0166	HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey	Endorsed

VBP: Current Measure Set

NQF #	Measure Title	NQF Status
Clinical Care Domain		
0230	Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed
0229	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) hospitalization.	Endorsed
0468	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization	Endorsed
1839	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Endorsed
1550	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA).	Endorsed
Efficiency and Cost Reduction Measures		
2431	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)	Endorsed
2436	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF)	Endorsed
Clinical Care Domain		
2558	Hospital 30-Day All-Cause Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft Surgery (CABG)	Endorsed

High Priority Domains for VBP

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.

Making Care Affordable:

Measures that effectuate changes in efficiency and reward value over volume.

Source: Center for Clinical Standards and Quality. 2016 Measures under Consideration List. Program Specific Measure Priorities and Needs. Baltimore, MD: Centers for Medicare & Medicaid Services (CMS); 2016.

Workgroup Discussion

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

Hospital Readmissions Reduction Program (HRRP)

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:**

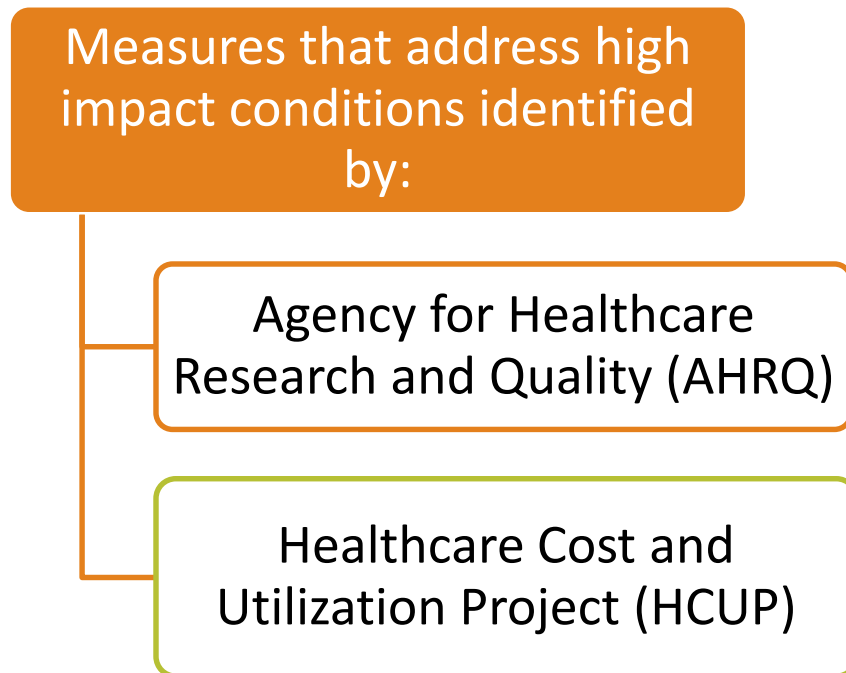
- Reduce excess readmissions in acute care hospitals paid under the Inpatient Prospective Payment System (IPPS), which includes more than three-quarters of all hospitals.
- Provide consumers with information to help them make informed decisions about their health care.

Readmissions: Current Measure Set

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

High Priority Domains for Readmissions

- CMS continues to emphasize the importance of the NQS priority of “Communication/Care Coordination” for this program.



Source: Center for Clinical Standards and Quality. 2016 Measures under Consideration List. Program Specific Measure Priorities and Needs. Baltimore, MD: Centers for Medicare & Medicaid Services (CMS); 2016.

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)

Hospital Acquired Condition Reduction Program (HACRP)

- **Program Type:**
 - Pay for reporting and public reporting
- **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 1.0%.
- **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

HAC: Current Measure Set

	Type	NQF #	Measure Title	NQF Status
Domain 1	Composite	0531	Patient Safety for Selected Indicators (PSI90 - Composite)	Endorsed
Domain 2	Outcome	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

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:

Prevention of
adverse drug
events

Pressure ulcers

Falls with harm

Acute renal
failure in the
hospital

General surgical
site infection
measures instead
of procedure-
specific
measures.

- Hospital MAP 2015-2016 Identified Gaps

Adverse
Drug Events

Ventilator
Associated
Events

Additional
Surgical Site
Infection
Locations

Outcome
Risk-
Adjusted
Measures

Diagnostic
Errors

All-Cause
Harm

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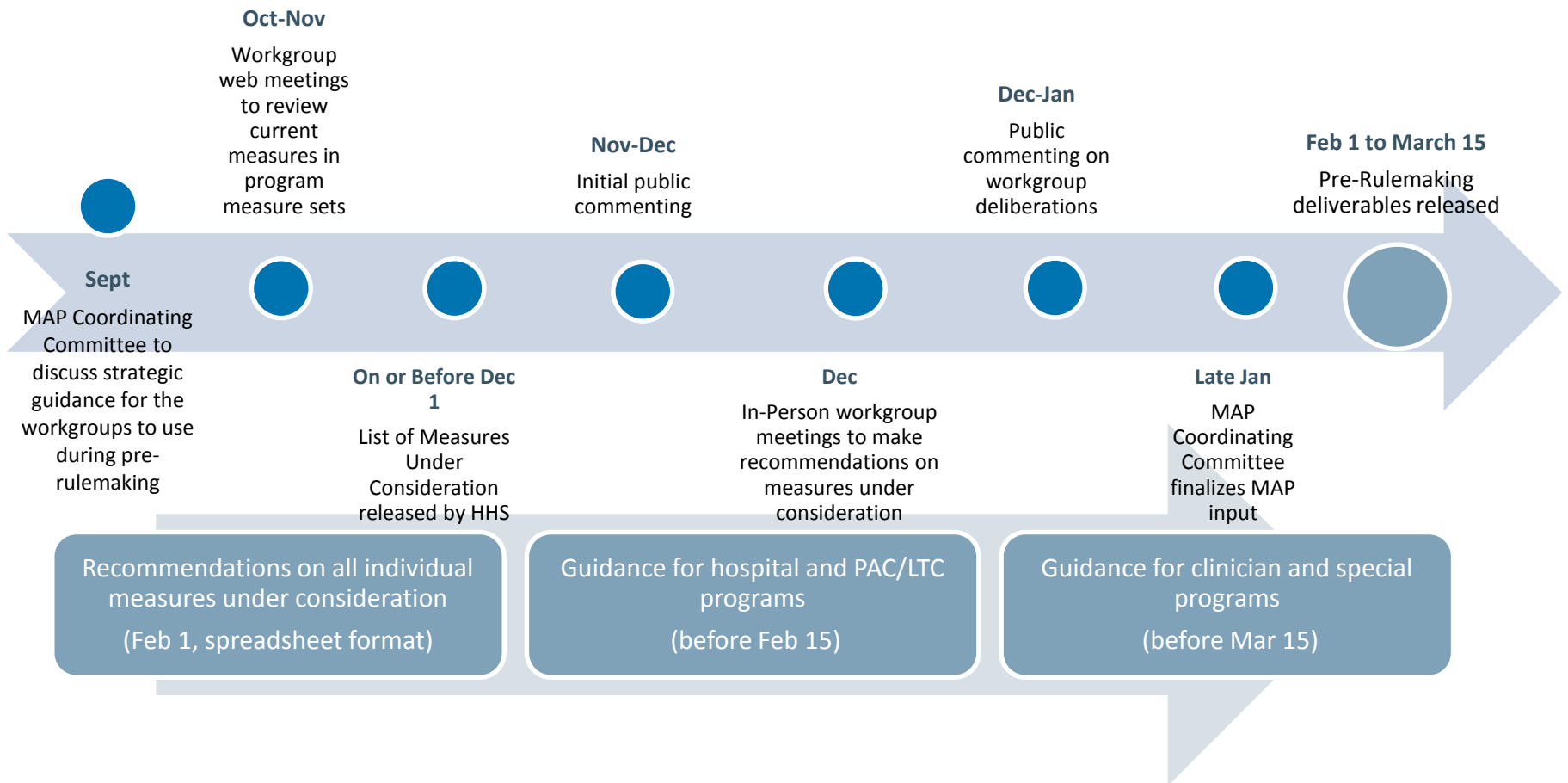
Workgroup Discussion

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

Public Comment

MAP Approach to Pre-Rulemaking

A look at what to expect



Next Steps: Upcoming Activities

- All MAP Web Meeting-November 16th
- In-Person Meeting-December 8-9th

Adjourn