



Measure Applications Partnership (MAP)

Hospital Workgroup Orientation Web Meeting

October 31, 2019

Welcome, Introductions, and Review of Meeting Objectives

Agenda

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

Workgroup Staff

- Melissa Mariñelarena, RN, MPA, CPHQ, Senior Director
- Madison Jung, Project Manager
- Jordan Hirsch, MHA, Project Analyst

Hospital Workgroup Membership

Workgroup Co-chairs: R. Sean Morrison, MD; Cristie Upshaw Travis, MSHA

Organizational Members (voting)	
America's Essential Hospitals	Medtronic-Minimally Invasive Therapy Group
American Association of Kidney Patients	Molina Healthcare
American Case Management Association*	Mothers Against Medical Error
American Society of Anesthesiologists*	National Association for Behavioral Healthcare (formerly National Association of Psychiatric Health Systems)
American Hospital Association	Pharmacy Quality Alliance
Association of American Medical Colleges	Premier, Inc.
City of Hope*	Press Ganey*
Dialysis Patient Citizens*	Project Patient Care
Greater New York Hospital Association*	Service Employees International Union
Henry Ford Health Systems*	Society for Maternal-Fetal Medicine*
Intermountain Healthcare	UPMC Health Plan*

*New organizational workgroup members

Hospital Workgroup Membership

Individual Subject Matter Experts (Voting)

Andreea Balan-Cohen, PhD

Lindsey Wisham

Federal Government Liaisons (Non-Voting)

Agency for Healthcare Research and Quality (AHRQ)

Centers for Disease Control and Prevention (CDC)

Centers for Medicare and Medicaid Services (CMS)

MAP Pre-Rulemaking Approach

MAP Pre-Rulemaking Approach

October

- The Workgroups and Coordinating Committee meet via web meeting to:
 - Review the pre-rulemaking approach and evaluation of measures under consideration
 - Familiarize themselves with finalized program measure set for each program

November

- The Rural Health Workgroup meets via web meetings to provide rural perspectives on the selection of quality measures in MAP

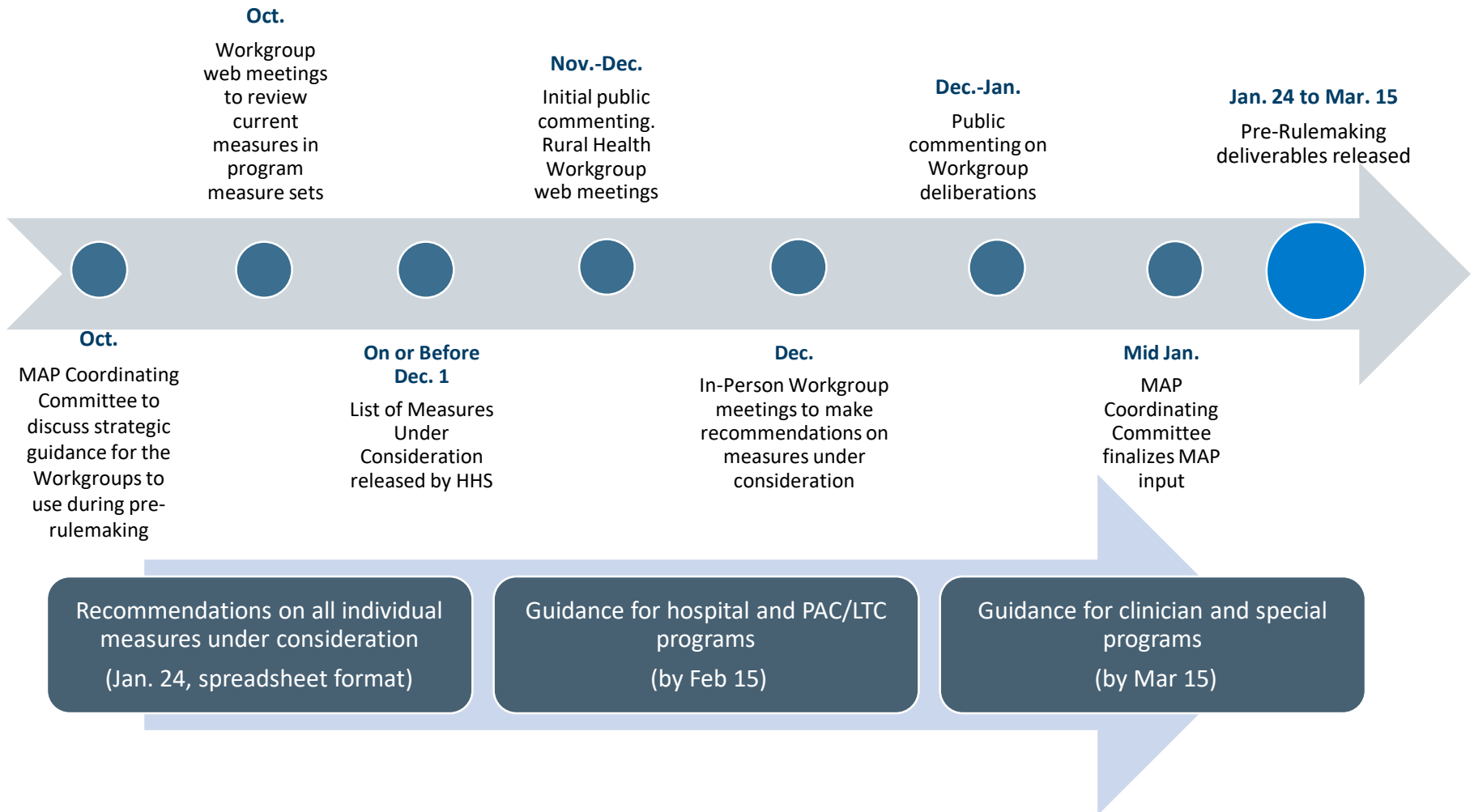
December

- The MAP setting-specific Workgroups will evaluate measures under consideration during their December in-person meetings informed by the preliminary evaluations completed by NQF staff

January

- The MAP Coordinating Committee will examine the MAP Workgroup recommendations and key cross-cutting issues

MAP Pre-Rulemaking Approach



MAP Pre-Rulemaking Approach — Goals for Today's Meeting

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

2018-2019 MAP Hospital Overarching Themes

Overarching Themes

**Informed Consumers Regarding
Their Care or About Their Care**

Person- and Family-Focused Care

Informed Consumers and their Care

- There is an increasing need to align the measures across hospitals and other settings. Providers are performing a growing number of surgeries and/or procedures across various settings that traditionally occurred in the inpatient setting (e.g., hospital operating room).
- Patients and their families might face challenges in distinguishing between inpatient and outpatient services while making informed choices about their care.
- MAP discussed the importance of aligning the measures for the surgeries and procedures that providers perform in both the inpatient and outpatient settings. Aligning the measures for similar surgeries and procedures in the different settings would help patients and their families make informed choices about their care.
- MAP reiterated that increasing the alignment of the measures used across programs could reduce burden on providers, as they are required to report to public- and private-sector payers.

Person- and Family-Focused Care

- MAP lauded CMS' Meaningful Measures initiative and its recent focus on minimizing the duplication of measures across programs while focusing on measures in high-priority areas.
- MAP supports CMS in its continued focus on reducing administrative burden on clinicians and providers.
- It is important that patient and family preferences are included when considering the plan of care. Future high-priority measures include person- and family-focused care that aligns with the patient's overall condition, goals of care, and preferences.

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 (ASCQR)

Inpatient Psychiatric
Facility Quality
Reporting (IPFQR)

Hospital Outpatient
Quality Reporting
(HOQR)

Hospital Inpatient Quality
Reporting (IQR) and
Medicare and Medicaid
Promoting Interoperability
Program for Eligible Hospitals
and Critical Access Hospitals

Hospital Value-Based
Purchasing (VBP)

Hospital
Readmissions
Reduction Program
(HRRP)

Hospital-Acquired
Conditions Reduction
Program (HACRP)

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 2.0% per year.

- **Program Goals:**

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

ESRD QIP Program Measure Set

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
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

High-Priority Meaningful Measure Areas for ESRD



Source: Center for Clinical Standards and Quality. 2019 Measures under Consideration List. Program Specific Measure Priorities and Needs. Baltimore, MD: Centers for Medicare & Medicaid Services (CMS); 2019.

Workgroup Discussion

- Does the Workgroup have suggestions for refinement or additions to these high-priority areas 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 Program Measure Set

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
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 Cancer Hospitals

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.
- Measures of the patient's end of life according to their preferences.

Promote Effective Prevention & Treatment of Chronic Disease

- Measures related to appropriate opioid prescribing and pain management best practices for cancer patients

Source: Center for Clinical Standards and Quality. 2019 Measures under Consideration List. Program Specific Measure Priorities and Needs. Baltimore, MD: Centers for Medicare & Medicaid Services (CMS); 2018.

Workgroup Discussion

- Does the Workgroup have suggestions for refinement or additions to these high-priority areas 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 healthcare for Medicare beneficiaries through measurement
- ▣ Allow consumers to find and compare the quality of care given at ASCs to inform decisions on where to get care

ASCQR Program Measure Set

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	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	N/A	ASC-17: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures	Not Endorsed
Intermediate Outcome	N/A	ASC-18: Hospital Visits after Urology Ambulatory Surgical Center Procedures	Not Endorsed

High-Priority Meaningful Measure Areas for ASCQR

Making Care Safer

Patient 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 areas 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 healthcare 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 Program Measure Set

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
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

High-Priority Meaningful Measure Areas for IPFQR

Strengthen Person and Family Engagement as Partners in their Care

- Patient and Family Engagement
 - Depression Measure
 - Patient Experience of Care
- Care is Personalized and Aligned with Patient's Goals
 - Caregiver Engagement Measure

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 areas 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 healthcare options
- ▣ Establish a system for collecting and providing quality data to hospitals providing outpatient services such as emergency department visits, outpatient surgery, and radiology services

HOQR Program Measure Set

Type	NQF #	Measure Title	NQF Status
Process	0496	Median time from ED Arrival to ED Departure for Discharged ED Patients	Endorsed
Structural	0499	Left Without Being Seen	Endorsement Removed
Process	0287	Median Time to Fibrinolysis	Endorsement Removed
Process	0288	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	Endorsement Removed
Process	0290	Median Time to Transfer to Another Facility for Acute Coronary Intervention	Endorsed
Process	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	N/A	Abdomen CT - Use of Contrast Material	Not Endorsed
Efficiency	0669	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	Endorsed
Outcome	0514	MRI Lumbar Spine for Low Back Pain	Endorsement Removed
Process	1822	External Beam Radiotherapy for Bone Metastases	Endorsed
Process	0658	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Endorsed
Outcome	2539	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Endorsed
Outcome	1536	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Endorsed
Outcome	3490	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Endorsed
Outcome	N/A	Outpatient CAHPS Facilities and Staff	Not Endorsed

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 areas for future measurement?

Hospital Inpatient Quality Reporting Program (IQR) and Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals

Hospital Inpatient Quality Reporting Program (IQR) and Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals

■ **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 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

Hospital IQR Program Measure Set

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
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

Hospital IQR Program Measure Set

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
eCQM Process	0372/2933	Intensive Care Unit Venous Thromboembolism Prophylaxis	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

High-Priority Meaningful Measure Areas for Hospital 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 the high-priority areas and gaps for future measurement?

Hospital Value-Based Purchasing Program (VBP)

Hospital Value-Based Purchasing Program (VBP)

- Program Type:
 - ▣ Pay for performance
- Incentive Structure:
 - ▣ The amount equal to 2% of base operating DRG is withheld from reimbursements of participating hospitals and redistributed to them as incentive payments.
- Program Goals:
 - ▣ Improve healthcare quality by realigning hospitals' financial incentives
 - ▣ Provide incentive payments to hospitals that meet or exceed performance standards

VBP Measure Set

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

VBP Measure Set

Type	NQF #	Measure Title	NQF Status
Efficiency and Cost Reduction Measure	2158	Payment-Standardized Medicare Spending Per Beneficiary (MSPB)	Endorsed
Person and Community Engagement Domain	0166 (0228)	HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey (including Care Transition measure 0228)	Endorsed
Clinical Care Domain	0230	Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed
Clinical Care Domain	0229	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) hospitalization.	Endorsed
Clinical Care Domain	0468	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization	Endorsed
Clinical Care Domain	1893	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Endorsed
Clinical Care Domain	1550	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA).	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 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

Source: Center for Clinical Standards and Quality. 2019 Measures under Consideration List. Program Specific Measure Priorities and Needs. Baltimore, MD: Centers for Medicare & Medicaid Services (CMS); 2019.

Workgroup Discussion

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

Hospital Readmissions Reduction Program (HRRP)

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%.

- **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.
- ▣ Encourage hospitals to improve communication and care coordination efforts to better engage patients and caregivers, with respect to post-discharge planning.

Readmissions Measure Set

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 Readmissions

Promote
Effective
Communication
and
Coordination of
Care

- All Cause:
Admissions and
Readmissions to
Hospitals

Source: Center for Clinical Standards and Quality. 2019 Measures under Consideration List. Program Specific Measure Priorities and Needs. Baltimore, MD: Centers for Medicare & Medicaid Services (CMS); 2019.

Workgroup Discussion

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

Hospital-Acquired Conditions Reduction Program (HACRP)

Hospital Acquired Condition Reduction Program (HACRP)

- **Program Type:**

- ▣ Pay for reporting 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 Goals:**

- ▣ Encourage hospitals to reduce HACs through penalties.
- ▣ Link Medicare payments to healthcare quality in the inpatient hospital setting.

HACRP Measure Set

Type	NQF #	Measure Title	NQF Status
Composite	0531	Patient Safety and Adverse Events Composite (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 Future Measure Consideration

Making Care Safer

- Adverse drug events
- Ventilator-associated events
- Additional surgical site infections
- Risk-adjusted outcomes
- Diagnostic Errors
- All-cause harm or multiple harms
- Safety and/or high reliability practices and outcomes

Source: Center for Clinical Standards and Quality. 2019 Measures under Consideration List. Program Specific Measure Priorities and Needs. Baltimore, MD: Centers for Medicare & Medicaid Services (CMS); 2019.

Workgroup Discussion

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

MAP Rural Workgroup Review of MUC

Rural Health Workgroup Charge

- To provide timely input on measurement issues to other MAP workgroups and committees
- To provide rural perspectives on the selection of quality measures for program use in the MAP process
- To help address to priority rural health issues, including the challenge of low case-volume and updating the rural-relevant core measure set

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
 - ▣ In-person attendance of a Rural Health Workgroup liaison at all three pre-rulemaking meetings 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

- November 18, 19, 20

In-Person Meetings

- PAC/LTC Workgroup – **December 3**
- Hospital Workgroup – **December 4**
- Clinician Workgroup – **December 5**
- Coordinating Committee – **January 15**

Public Comment Period 2 – December 18, 2019 – January 8, 2020

Resources

- CMS' Measurement Needs and Priorities Document:
 - [Final 4 29 2019 MUC Program Priorities Needs](#)
- Pre-rulemaking URL:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>
- MAP Member Guidebook:
 - <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=80515>

Questions?

Contact Information

- Project page
 - ▣ http://www.qualityforum.org/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

NATIONAL QUALITY FORUM ANNUAL CONFERENCE

20
20

Driving Value Through the Next Generation of Quality

March 23—25, 2020

OMNI SHOREHAM HOTEL, WASHINGTON, D.C.
QUALITYFORUM.ORG

#NQF20

[LEARN MORE ABOUT THIS PREMIER EVENT IN HEALTHCARE QUALITY](#)

Take a Peek at the Conversations Ahead

MAINSTAGE

- Approaches to Driving Improved Value in the Pharmaceutical Landscape
- The Future of Population Health: Addressing Challenges and Advancing Opportunities
- The ROI of 20 Years of Quality and the Road Ahead
- Healthcare Centers of Excellence: How Payers and Purchasers Define Success
- The Role of Healthcare Quality in Artificial Intelligence
- Hearing Directly from Patients and Consumers: Rating Systems and Activating Consumers

BREAKOUTS

- *Seeking Better Solutions for Marginalized Populations*
 - *How Quality is Responding to Public Health Crises*

Thank You