NATIONAL QUALITY FORUM
Driving measurable health improvements together

Measure Applications Partnership (MAP)

Hospital Workgroup Orientation Web Meeting

November 2, 2021

Agenda

- Welcome, Introductions, Review of Meeting Objectives

- CMS Welcoming Remarks

- MAP Pre-Rulemaking Approach

- Overview of Programs Under Consideration

- 2020 – 2021 MAP Overarching Themes

- MAP Rural Health and Health Equity Advisory Groups Review of Measures Under Consideration (MUCs)

- Opportunity for Public Comment

- Next Steps

- Adjourn

Welcome, Introductions, and Review of Meeting Objectives

Workgroup Staff

- **Matthew Pickering, PharmD,** Senior Director
- **Ivory Harding, MS,** Manager
- **Ashlan Ruth, BS IE,** Project Manager
- **Becky Payne, MPH,** Senior Analyst
- **Joelencia LeFlore,** Coordinator
- **Taroon Amin, PhD,** Consultant

Hospital Workgroup Membership

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

Organizational Members (Voting)

- America's Essential Hospitals
- American Case Management Association
- American Society of Anesthesiologists
- American Society of Health-System Pharmacists
- Association of American Medical Colleges
- City of Hope
- Dialysis Patient Citizens
- Greater New York Hospital Association
- Henry Ford Health System
- Kidney Care Partners

- Medtronic
- Memphis Business Group on Health
- National Association for Behavioral Healthcare
- Premier Healthcare Alliance
- Press Ganey
- Project Patient Care
- Service Employees International Union
- Society for Maternal-Fetal Medicine
- Stratis Health
- UPMC Health Plan

Hospital Workgroup Membership (continued)

Individual Subject Matter Experts (Voting)

- Lindsey Wisham, MPA
- Richard Gelb, MA
- Suellen Shea, MSN, RN-BC, CPHQ, CPPS, LSSGB

Federal Government Liaisons (Non-voting)

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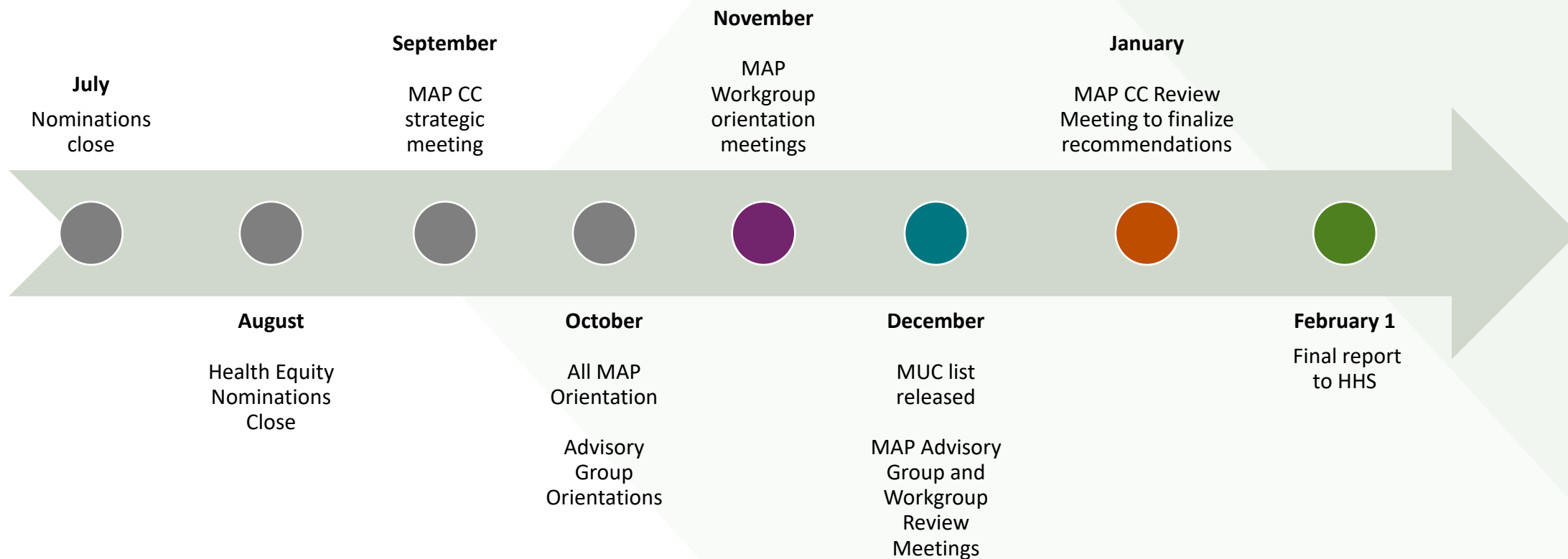- Centers for Medicare & Medicaid Services (CMS)

Objectives for Today's Meeting

- Review the 2021-2022 pre-rulemaking approach
- Review the goals and structure of each program
- Review the critical objectives of each program
- Identify measurement gap areas

CMS Welcoming Remarks

MAP Pre-Rulemaking Approach

Timeline of MAP Activities

July
Nominations close

August
Health Equity Nominations Close

September
MAP CC strategic meeting

October
All MAP Orientation

Advisory Group Orientations

November
MAP Workgroup orientation meetings

December
MUC list released

MAP Advisory Group and Workgroup Review Meetings

January
MAP CC Review Meeting to finalize recommendations

February 1
Final report to HHS

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Measure Set Review (MSR) – 2021 Pilot and Future State

- In partnership with CMS, NQF developed a pilot process and measure review criteria (MRC) for federal quality programs covering the Clinician, Hospital and Post-Acute Care/Long-Term Care (PAC/LTC) settings.

- For the 2021-2022 cycle, the MAP Coordinating Committee conducted a pilot MSR meeting and provided input on the MRC.
  - Measures were reviewed from Hospital programs
  - The MSR final report is available online

- For the 2022-2023 cycle, the MAP will fully implement the MSR to include input from all workgroups and advisory groups.
  - Further information will be provided in early 2022

Overview of Hospital Programs Under Consideration

Programs to be Considered by the Hospital Workgroup

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

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Hospital Outpatient Quality Reporting Program (Hospital OQR Program)

Hospital Inpatient Quality Reporting Program (Hospital IQR Program)

Medicare Promoting Interoperability Program for Hospitals

Hospital Value-Based Purchasing (VBP) Program

Hospital Readmissions Reduction Program (HRRP)

Hospital-Acquired Condition Reduction Program (HACRP)

End-Stage Renal Disease Quality Program (ESRD QIP)

- **Program Type:** Pay for Performance and Public Reporting

- **Incentive Structure:** As of 2012, payments to dialysis facilities are reduced if facilities do not meet or exceed the required total performance score. Payment reductions will be on a sliding scale, which could amount to a maximum of 2.0% per year.

- **Program Goal:** Improve the quality of dialysis care and produce better outcomes for beneficiaries

ESRD QIP Current Measures

Type	NQF #	Measure Title	NQF Status
Outcome	0258	CAHPS In-Center Hemodialysis Survey	Endorsed
Outcome	1454	Proportion of Patients with Hypercalcemia	Endorsed
Outcome	1463	Standardized Hospitalization Ratio (SHR) Clinical Measure	Endorsed
Outcome	2496	Standardized Readmission Ratio (SRR) for dialysis facilities	Not Endorsed
Outcome	2977	Hemodialysis Vascular Access: Standardized Fistula Rate Clinical Measure	Endorsed
Outcome	2978	Hemodialysis Vascular Access: LongTerm Catheter Rate Clinical Measure	Endorsed
Outcome	2979	Anemia of chronic kidney disease: Dialysis facility standardized transfusion ratio (STrR)	Endorsed
Process	2988	Medication Reconciliation for Patients Receiving Care at Dialysis Facilities (MedRec)	Endorsed

ESRD QIP Current Measures (Continued)

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

*Based off NQF #2701 - Avoidance of Utilization of High Ultrafiltration Rate (>/= 13 ml/kg/hour)

High-Priority Meaningful Measure Areas for ESRD QIP

- Care Coordination

- Patient-and-Caregiver-Centered Experience of Care

Workgroup Discussion – ESRD QIP

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

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR)

- **Program Type:** Pay for Reporting and Public Reporting

- **Incentive Structure:** PCHQR is a voluntary quality reporting program. Data are published on Hospital Compare

- **Program Goal:** Provide information about the quality of care in cancer hospitals, in particular the 11 cancer hospitals that are exempt from the Inpatient Prospective Payment System and the Inpatient Quality Reporting Program, and encourage hospitals and clinicians to improve the quality of their care, to share information, and to learn from each other's experiences and best practices

PCHQR Current Measures

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

PCHQR Current Measures (Continued)

Type	NQF #	Measure Title	NQF Status
Outcome	1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed
Outcome	1716	National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Endorsed
Outcome	3490	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Endorsed
Process	0383	Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology	Endorsed
Process	0431	Influenza Vaccination Coverage among Healthcare Personnel	Endorsed
Outcome	3478	Surgical Treatment Complications for Localized Prostate Cancer	Not Endorsed
Process	1822	External Beam Radiotherapy for Bone Metastases	Endorsement Removed
Process	n/a	COVID-19 Vaccination Coverage Among HCP	Not Endorsed

High-Priority Meaningful Measure Areas for PCHQR

- Patient-Reported Outcome-Based Performance Measures (PRO-PMs)

- Care Coordination

- Behavioral Health

Workgroup Discussion – PCHQR

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

Ambulatory Surgical Center Quality Reporting Program (ASCQR)

- **Program Type:** Pay for Reporting and Public Reporting

- **Incentive Structure:** Ambulatory surgical centers (ASCs) that do not participate or fail to meet program requirements receive 2.0% reduction in annual payment update

- **Program Goal:** Promote higher quality, more efficient healthcare for Medicare beneficiaries through measurement, and allow consumers to find and compare the quality of care given at ASCs to inform decisions on where to get care

ASCQR Current Measures

Type	NQF #	Measure Title	NQF Status
Outcome	0263	ASC-1: Patient Burn	Endorsement Removed
Outcome	0266	ASC-2: Patient Fall	Endorsement Removed
Outcome	0267	ASC-3:Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Endorsement Removed
Structural	0265	ASC-4: All-Cause Hospital Transfer/ Admission	Endorsement Removed
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	Endorsement Removed
Outcome	2539	ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Endorsed
Outcome	3357	ASC-19: Facility-Level 7-Day Hospital Visits After General Surgery Procedures Performed at Ambulatory Surgical Centers*	Endorsed

*ASC-19 Will be added and used in 2024

ASCQR Current Measures (Continued)

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

High-Priority Meaningful Measure Areas for ASCQR

- Person and Family Engagement

- Best Practices of Healthy Living

- Effective Prevention and Treatment

- Making Care Affordable

- Communication/Care Coordination

Workgroup Discussion - ASCQR

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

Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)

- **Program Type:** Pay for Reporting and Public Reporting

- **Incentive Structure:** Inpatient psychiatric facilities (IPFs) that do not submit data on all required measures receive a 2.0% reduction in annual payment update

- **Program Goal:** Provide consumers with quality-of-care information to make more informed decisions about healthcare options, and encourage hospitals and clinicians to improve the quality of inpatient psychiatric care by ensuring that providers are aware of and reporting on best practices

IPFQR Current Measures

Type	NQF #	Measure Title	NQF Status
Process	N/A	Screening for Metabolic Disorders	Not Endorsed
Process	0640	Hours of Physical Restraint	Endorsed
Process	0641	Hours of Seclusion Use	Endorsed
Process	1654	TOB-2 Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment	Endorsed
Process	1663	SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention	Endorsed
Process	1656	TOB-3 Tobacco Use Treatment Provided or Offered at Discharge and the subset measure TOB-3a Tobacco Use Treatment at Discharge	Endorsed
Process	1664	SUB-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge	Endorsed

IPFQR Current Measures (Continued)

Type	NQF #	Measure Title	NQF Status
Process	1659	Influenza Immunization	Endorsed
Process	0560	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	Endorsed
Process	0647	Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	Endorsed
Process	0648	Timely Transmission of Transition Record	Endorsed
Process	0576	Follow-Up After Hospitalization for Mental Illness (FUH)	Endorsed
Outcome	2860	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF	Endorsed
Process	3205	Medication Continuation Following Discharge from an Inpatient Psychiatric Facility	Endorsed

High-Priority Meaningful Measure Areas for IPFQR

- Patient Experience of Care in an Inpatient Psychiatric Facility

- All-cause post-discharge mortality

- Depression focused patient-reported outcome performance measure (PRO-PM)

Workgroup Discussion – IPFQR

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

Hospital Outpatient Quality Reporting Program (Hospital OQR Program)

- **Program Type:** Pay for Reporting and Public Reporting

- **Incentive Structure:** Hospitals that do not report data on required measures receive a 2.0% reduction in annual payment update

- **Program Goal:** Provide consumers with quality-of-care information to make more informed decisions about healthcare options, and establish a system for collecting and providing quality data to hospitals providing outpatient services such as emergency department visits, outpatient surgery, and radiology services

Hospital OQR Program Current Measures

Type	NQF #	Measure Title	NQF Status
Process	0496	OP-18: Median time from ED Arrival to ED Departure for Discharged ED Patients	Endorsement Removed
Structural	0499	OP-22: Left Without Being Seen	Endorsement Removed
Process	0288	OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	Endorsement Removed
Process	0290	OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention	Endorsed
Process	0661	OP-23: ED- Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 Minutes of Arrival	Endorsed
Efficiency	N/A	OP-10: Abdomen CT - Use of Contrast Material	Not Endorsed
Efficiency	0669	OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	Endorsement Removed

Hospital OQR Program Current Measures (Continued)

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

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

High-Priority Meaningful Measure Areas for the Hospital OQR Program

- Making Care Safer

- Person and Family Engagement

- Best Practices of Healthy Living

- Effective Prevention and Treatment

- Making Care Affordable

- Communication/Care Coordination

Workgroup Discussion – Hospital OQR Program

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

Hospital Inpatient Quality Reporting Program (Hospital IQR Program)

- **Program Type:** Pay-for-Reporting and Public Reporting

- **Incentive Structure:** Hospitals that do not participate, or participate but fail to meet program requirements, receive a one-fourth reduction of the applicable percentage increase in their annual payment update

- **Program Goal:** Progress towards paying providers based on the quality, rather than the quantity of care they give patients, and to provide consumers information about hospital quality so they can make informed choices about their care

Hospital IQR Program Current Measures

Type	NQF #	Measure Title	NQF Status
Hybrid-Outcome*	3502	Hybrid Hospital-Wide All- Cause Risk Standardized Mortality (Hybrid HWM)	Endorsed
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

*The hybrid measure adds 10 clinical risk variables, derived from a set of core clinical data elements (CCDE) extracted from the EHR.

Hospital IQR Program Current Measures (Continued)

Type	NQF #	Measure Title	NQF Status
Claims-based Outcome	0351	Death among Surgical Inpatients with Serious, Treatable Complications	Endorsed
Cost/ Resource Use	2431	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)	Endorsed
Cost/ Resource Use	2436	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF)	Endorsed
Cost/ Resource Use	2579	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode -of Care for Pneumonia	Endorsed
Cost/ Resource Use	N/A	Hospital-Level, Risk-Standardized Payment Associated with a 90-Day Episode -of Care for Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)	Endorsed
Process	N/A	Maternal Morbidity Structural Measure	Not Endorsed
Process	N/A	COVID-19 Vaccination Coverage Among Healthcare Personnel	Not Endorsed

Hospital IQR Program Current Measures (Continued 2)

Type	NQF #	Measure Title	NQF Status
eCQM Process**	3503e	Hospital Harm—Severe Hypoglycemia	Endorsed
eCQM Process**	3533e	Hospital Harm—Severe Hyperglycemia	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*	0371	Venous Thromboembolism Prophylaxis	Endorsed
eCQM Process*	0372/ 2933	Intensive Care Unit Venous Thromboembolism Prophylaxis	Endorsed

*In CY 2022/FY 2024 hospitals are required to report three self-selected calendar quarters of data for 3 self-selected eCQMs and the Safe Use of Opioids eCQM
**Data collection beginning with the CY 2023 reporting period/FY 2025 payment determination

Hospital IQR Program Current Measures (Continued 3)

Type	NQF #	Measure Title	NQF Status
eCQM Process*	3316e	Safe Use of Opioids – Concurrent Prescribing	Endorsed
eCQM Process***	0439	Discharged on Statin Medication	Endorsed
eCQM Process***	0497	Admit Decision Time to ED Departure Time for Admitted Patients	Endorsed
eCQM Process***	0480	Exclusive Breast Milk Feeding	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

*In CY 2022/FY 2024 hospitals are required to report three self-selected calendar quarters of data for 3 self-selected eCQMs and the Safe Use of Opioids eCQM
***Finalized for removal beginning with the CY 2024 reporting period/FY 2026 payment determination

High-Priority Meaningful Measure Areas for the Hospital IQR Program

- PRO-PMs

- Care Coordination

- Radiology Safety

- Outcome eCQMs
  - All Hospital IQR Program eCQMs are reportable in the Medicare Promoting Interoperability Program for Hospitals

Workgroup Discussion – Hospital IQR Program

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

Medicare Promoting Interoperability Program for Hospitals

- **Program Type:** Pay for Reporting and Public Reporting

- **Incentive Structure:** Eligible hospitals that fail to meet program requirements, including meeting the Clinical Quality Measure requirements, receive a three-fourth reduction of the applicable percentage increase.

- **Program Goal:** Promote interoperability using Certified Electronic Health Record Technology (CEHRT), to improve patient and provider access to patient data.

Medicare Promoting Interoperability Program for Hospitals Current Measures

Type	NQF #	Measure Title	NQF Status
eCQM Process**	3503e	Hospital Harm—Severe Hypoglycemia	Endorsed
eCQM Process**	3533e	Hospital Harm—Severe Hyperglycemia	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*	0371	Venous Thromboembolism Prophylaxis	Endorsed
eCQM Process*	0372/ 2933	Intensive Care Unit Venous Thromboembolism Prophylaxis	Endorsed

*In the CY 2022 EHR reporting period, hospitals are required to report three self-selected calendar quarters of data for 4 self-selected eCQMs of the eight available eCQMs, and the Safe Use of Opioids eCQM
**Data collection beginning with the CY 2023 EHR reporting period

Medicare Promoting Interoperability Program for Hospitals Current Measures (Continued)

Type	NQF #	Measure Title	NQF Status
eCQM Process*	3316e	Safe Use of Opioids – Concurrent Prescribing	Endorsed
eCQM Process***	0439	Discharged on Statin Medication	Endorsed
eCQM Process***	0497	Admit Decision Time to ED Departure Time for Admitted Patients	Endorsed
eCQM Process***	0480	Exclusive Breast Milk Feeding	Endorsed

*In CY 2022/FY 2024 hospitals are required to report three self-selected calendar quarters of data for 4 self-selected eCQMs of the eight available eCQMs, and the Safe Use of Opioids eCQM
***Finalized for removal beginning with the CY 2024 EHR reporting period

High-Priority Meaningful Measure Areas for the Medicare Promoting Interoperability Program for Hospitals

- PRO-PMs

- Care Coordination

- Radiology Safety

- Outcome eCQMs
  - All Hospital IQR Program eCQMs are reportable in the Medicare Promoting Interoperability Program for Hospitals

Workgroup Discussion – Medicare Promoting Interoperability Program for Hospitals

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

Hospital Value-Based Purchasing Program (VBP)

- **Program Type:** Pay for Performance

- **Incentive Structure:** The amount equal to 2.0% of base operating DRG is withheld from reimbursements of participating hospitals and redistributed to them as incentive payments

- **Program Goal:** Improve healthcare quality by realigning hospitals' financial incentives, and provide incentive payments to hospitals that meet or exceed performance standards

VBP Current Measures

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

VBP Current Measures (Continued)

Type	NQF #	Measure Title	NQF Status
Clinical Care	2558	Hospital 30-Day All-Cause Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft Surgery (CABG)	Endorsed
Safety	0138	NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	Endorsed
Safety	1717	NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed
Safety	0139	NHSN Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	Endorsed
Safety	0753	ACS-CDC Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	Endorsed
Safety	1716	NHSN Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Endorsed
Safety	0531*	CMS Patient Safety and Adverse Events Composite (CMS PSI 90)	Endorsed

*Measure finalized for removal beginning with the FY 2023 program year

High-Priority Meaningful Measure Areas for VBP

- PRO-PMs

- eCQMs

Workgroup Discussion – VBP

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

Hospital Readmissions Reduction Program (HRRP)

- **Program Type:** Pay for Performance and Public Reporting

- **Incentive Structure:** Medicare fee-for-service (FFS) base operating diagnosis-related group (DRG) payment rates are reduced for hospitals with excess readmissions. The maximum payment reduction is 3.0%.

- **Program Goal:** Reduce excess readmissions in acute care hospitals and encourage hospitals to improve communication and care coordination to better engage patients and caregivers with post-discharge planning.

HRRP Current Measures

Type	NQF #	Measure Title	NQF Status
Outcome	0330	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization	Endorsed
Outcome	0505	Hospital 30-Day All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed
Outcome	0506	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization	Endorsed
Outcome	1551	Hospital-level 30 day, all-cause, risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	Endorsed
Outcome	1891	Hospital-Level, 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Endorsed
Outcome	2515	Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following Coronary Artery Bypass Graft (CABG) Surgery	Endorsed

High-Priority Meaningful Measure Areas for HRRP

- Improving scope by covering more clinical conditions

- Considering Agency priorities and possible application strategies on health equity

Workgroup Discussion – HRRP

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

Hospital-Acquired Condition Reduction Program (HACRP)

- **Program Type:** Pay for Performance and Public Reporting

- **Incentive Structure:** The worst performing 25% of hospitals in the program (as determined by the measures in the program) will have their Medicare payments reduced by 1.0%.

- **Program Goal:** Encourage hospitals to reduce HACs through penalties, and link Medicare payments to healthcare quality in the inpatient hospital setting.

HACRP Current Measures

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

High-Priority Meaningful Measure Areas for HACRP

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

Workgroup Discussion – HACRP

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

2020 - 2021 MAP Overarching Themes

Overarching Themes

Measures to Address COVID-19 Vaccination Rates

Evolving Trends in Service Setting

Connections Between Cost Measures and Quality Measures

Measure Burden and Digital Measures

Composite Measures

Care Coordination

Measures to Address COVID-19 Vaccination Rates

- COVID-19 measures can help providers understand how they are performing at vaccinating their patients, and for patients to understand the extent to which providers are vaccinating their personnel

Evolving Trends in Service Setting

- Clinical services are increasingly moving from inpatient to ambulatory settings

- Increasing shift towards outpatient and ambulatory services may jeopardize certain minimum case thresholds over time, as the inpatient volume decreases

- Encourage CMS explore the major groupings of the types of services and procedures offered in the outpatient setting to identify gaps for measure development

Connections Between Cost Measures and Quality Measures

- MAP expressed concerns related to explicit connections between cost and quality for measures considered for Merit-based Incentive Payment System (MIPS)

- Currently no clear standard or consensus among stakeholders on how to use appropriately correlated cost and quality measures together to assess health system efficiency

- Cost measures carry implicit concern associated with care stinting

- There is a need for clear connections to upstream interventions that result in downstream cost savings, and for further analysis of episode-based cost measures that focus on chronic conditions

Measure Burden and Digital Measures

- Digital quality measures, especially eCQMs, give opportunities for real-time feedback to providers

- Many eCQMs are not entirely ready for use in accountability programs, and electronic health record (EHR) vendors should be engaged throughout the process to ensure that such measures are ready for deployment

- There is a need to ensure that digital quality measures are transparent to all entities

- Potential to decrease measurement costs and burden through alignment between public and private payors on core measures

- PRO-PMs are more burdensome to collect and require additional infrastructure and support

Composite Measures

- Composite measures may provide an important comprehensive view of how a given provider is performing on a series of important measures

- It is challenging for the provider to determine how to deploy quality improvement resources to improve performance if the individual measure rates are not presented

- Individual components of such measures should not always be equally weighted

Care Coordination

- Coordination across and among all providers helps enable the most effective team-based care for patients

- Communication and the transfer of information should be components under the larger umbrella of coordination of care

- Care coordination remains a prioritized gap for various programs
  - Patients receiving care from providers can be clinically complex and may frequently transition between care settings
  - The ability to manage care and services after discharge has a direct impact on patient and caregiver burden and on patient readmissions

MAP Rural Health Advisory Group Review of Measures Under Consideration (MUCs)

MAP Structure 2021
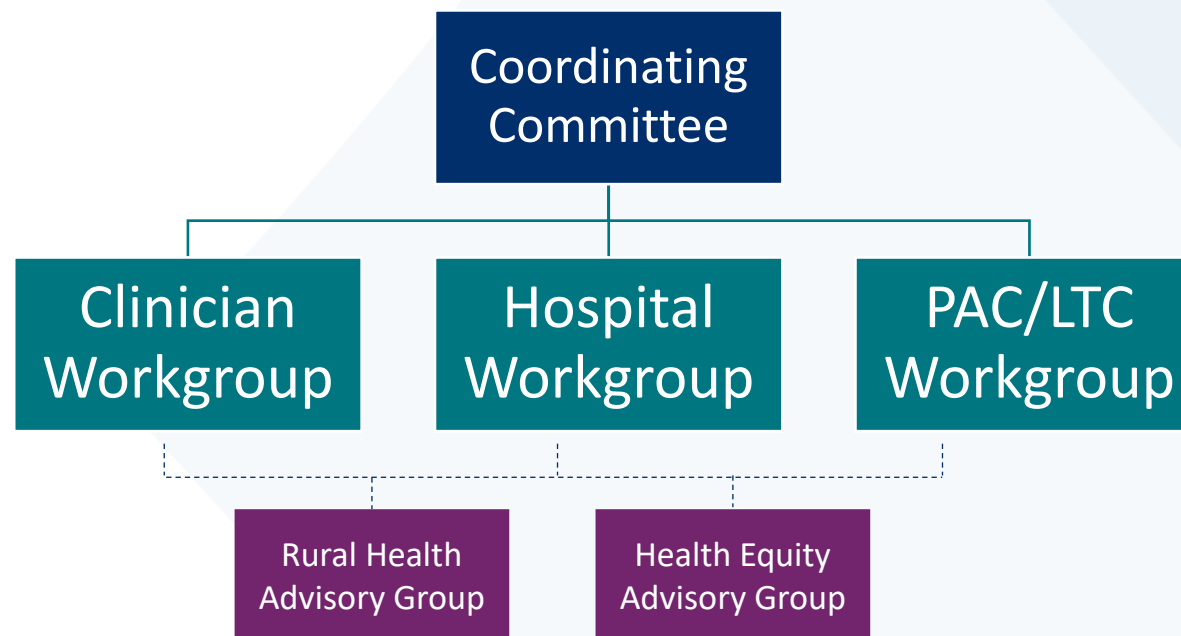
MAP Rural Health Advisory Group Charge

- To help address priority rural health issues, including the challenge of low case-volume

- To provide:
  - Timely input on measurement issues to other MAP Workgroups and committees
  - Rural perspectives on the selection of quality measures in MAP

Rural Health Advisory Group Review of MUCs

- The Rural Health Advisory Group will review all the MUCs and provide the following feedback to the setting-specific Workgroups:
  - Relative priority/utility 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 related to rural health if the measure is included in specific programs
  - Gap areas in measurement relevant to rural residents/providers for specific programs
- The Rural Health Advisory Group will be polled on whether the measure is suitable for use with rural providers within the specific program of interest

Rural Health Advisory Group Review of MUCs (Continued)

- Rural Health Advisory Group feedback will be provided to the setting-specific Workgroups through the following mechanisms:
  - The preliminary analyses (PAs):
    - » A qualitative summary of Rural Health Advisory Group's discussion of the MUCs
    - » Polling results that quantify the Rural Health Advisory Group's perception of suitability of the MUCs for various programs
      - Average polling results
  - Rural Health Advisory Group discussion will be summarized at the setting-specific Workgroup pre-rulemaking meetings in December

MAP Health Equity Advisory Group Review of MUCs

MAP Health Equity Advisory Group Charge

- Provide input on MUCs with a lens to measurement issues impacting health disparities and the over 1,000 United States critical access hospitals

- Provide input on MUCs with the goal to reduce health differences closely linked with social, economic, or environmental disadvantages

Health Equity Advisory Group Review of MUCs

- The Health Equity Advisory Group will review all the MUCs and provide the following feedback to the setting-specific Workgroups:
  - Relative priority in terms of advancing health equity for all
  - Data collection and/or reporting challenges regarding health disparities
  - Methodological problems of calculating performance measures adjusting for health disparities
  - Potential unintended consequences related to health disparities if the measure is included in specific programs
  - Gap areas in measurement relevant to health disparities and critical access hospitals for specific programs
- The Health Equity Advisory Group will be polled on the potential impact on health disparities if the measure is included within the specific program of interest

Health Equity Advisory Group Review of MUCs (Continued)

- Health Equity Advisory Group feedback will be provided to the setting-specific Workgroups through the following mechanisms:
  - The PAs:
    - » A qualitative summary of Health Equity Advisory Group's discussion of the MUCs
    - » Polling results that quantify the Health Equity Advisory Group's perception of the potential impact on health disparities if the measure is included within the specific program
      - Average polling results
  - Health Equity Advisory Group discussion will be summarized at the setting-specific Workgroup pre-rulemaking meetings in December

Opportunity for 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

- **Advisory Group Review Meetings**
  - Rural Health: **December 8**
  - Health Equity: **December 9**

- **Workgroup & Coordinating Committee Review Meetings**
  - Clinician Workgroup – **December 14**
  - Hospital Workgroup – **December 15**
  - PAC/LTC Workgroup – **December 16**
  - Coordinating Committee – **January 19, 2022**

- **Public Comment Period 2** – December 30, 2021 – January 13, 2022

Resources

- CMS 2021 Program-Specific Measurement Needs and Priorities Document

- Pre-Rulemaking Website

- MAP Member Guidebook

Questions

Contact Information

- **Project Page:** MAP Hospital Webpage
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THANK YOU.

NATIONAL QUALITY FORUM

https://www.qualityforum.org