NATIONAL QUALITY FORUM

Measure Applications Partnership

Hospital Workgroup Web Meeting

November 8, 2017

Welcome, Introductions, and Review of Meeting Objectives

Agenda

- Welcome, Introductions, and Review of Meeting Objectives
- CMS Opening Remarks
- Measures that Matter
- 2017 MAP Pre-Rulemaking Approach
- CMS Update on Prior Measures Under Consideration
- 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 Association of Kidney Patients*	Paul Conway
American Hospital Association	Nancy Foster
America's Essential Hospitals	David Engler, PhD
Association of American Medical Colleges*	Janis Orlowski, MD MACP
Baylor Scott & White Health	Marisa Valdes, RN, MSN
Blue Cross Blue Shield of Massachusetts	Wei Ying, MD, MS, MBA
Children's Hospital Association	Andrea Benin, MD
Geisinger Health System	George Godlewski, PhD
Kidney Care Partners	Keith Bellovich, MD
Medtronic-Minimally Invasive Therapy Group	Karen Shehade, MBA

*indicates new member organizations

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	Anna Dopp, PharmD
Premier, Inc.	Aisha Pittman, MPH
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
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**

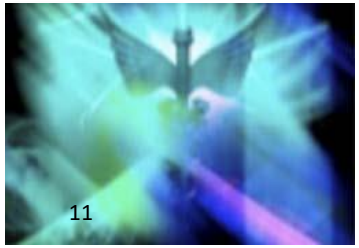
Meeting Objectives

- Orientation to MAP 2017 pre-rulemaking approach
- CMS Update on Prior Measures Under Consideration
- Review Hospital Workgroup programs
- Provide input on potential measure gaps

CMS Opening Remarks

Meaningful Measures

Meaningful Measures



A New Approach to Meaningful Outcomes

Empower patients and doctors to make decision about their health care

Usher in a new era of state flexibility and local leadership

Support innovative approaches to improve quality, accessibility, and affordability

Improve the CMS customer experience

Meaningful Measures Objectives

Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help:

- *Address high impact measure areas that safeguard public health*
- *Patient-centered and meaningful to patients*
- *Outcome-based where possible*
- *Relevant for and meaningful to providers*
- *Minimize level of burden for providers*
  - *Remove measures where performance is already very high and that are low value*
- *Significant opportunity for improvement*
- *Address measure needs for population based payment through alternative payment models*
- *Align across programs and/or with other payers (Medicaid, commercial payers)*

Meaningful Measures Framework

Meaningful Measure Areas Achieve:

- ✓ *High quality healthcare*
- ✓ *Meaningful outcomes for patients*

Criteria meaningful for patients and actionable for providers

Draws on measure work by:

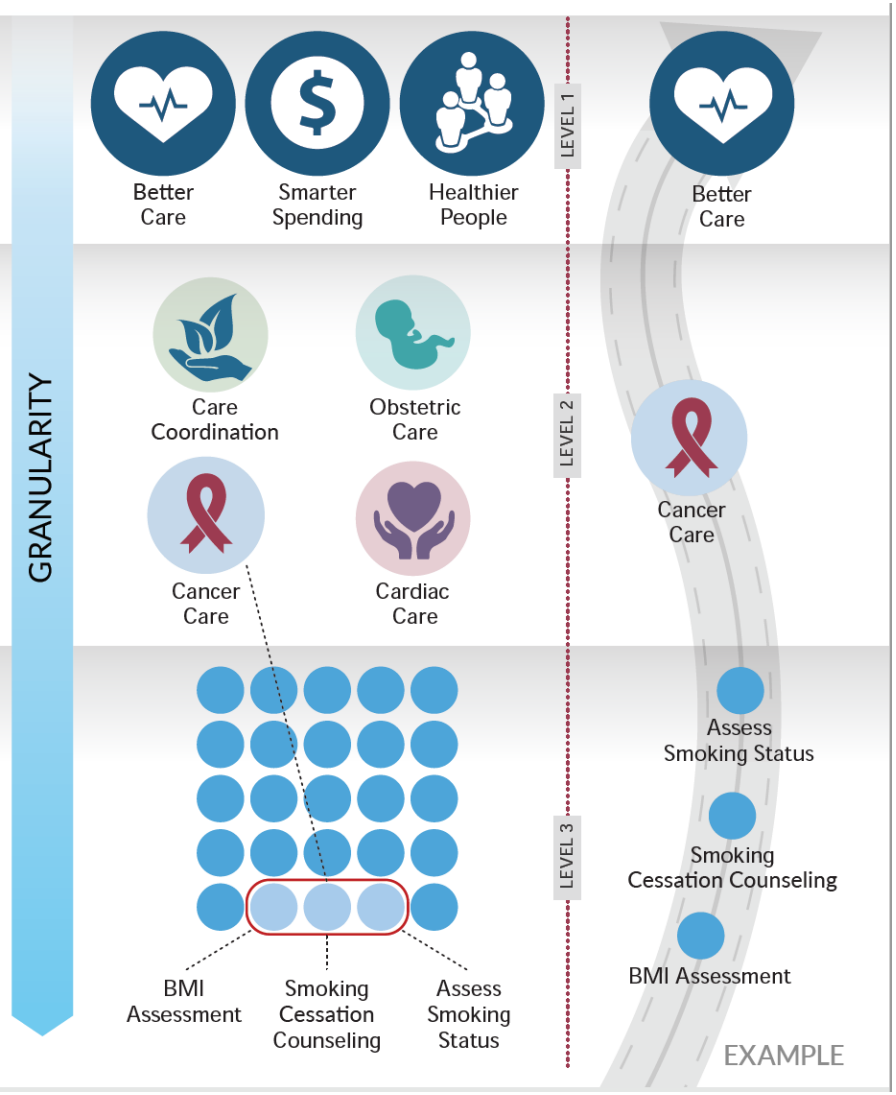
- Health Care Payment Learning and Action Network
- National Quality Forum – *High Impact Outcomes*
- National Academies of Medicine – *IOM Vital Signs Core Metrics*

Includes perspectives from experts and external stakeholders:

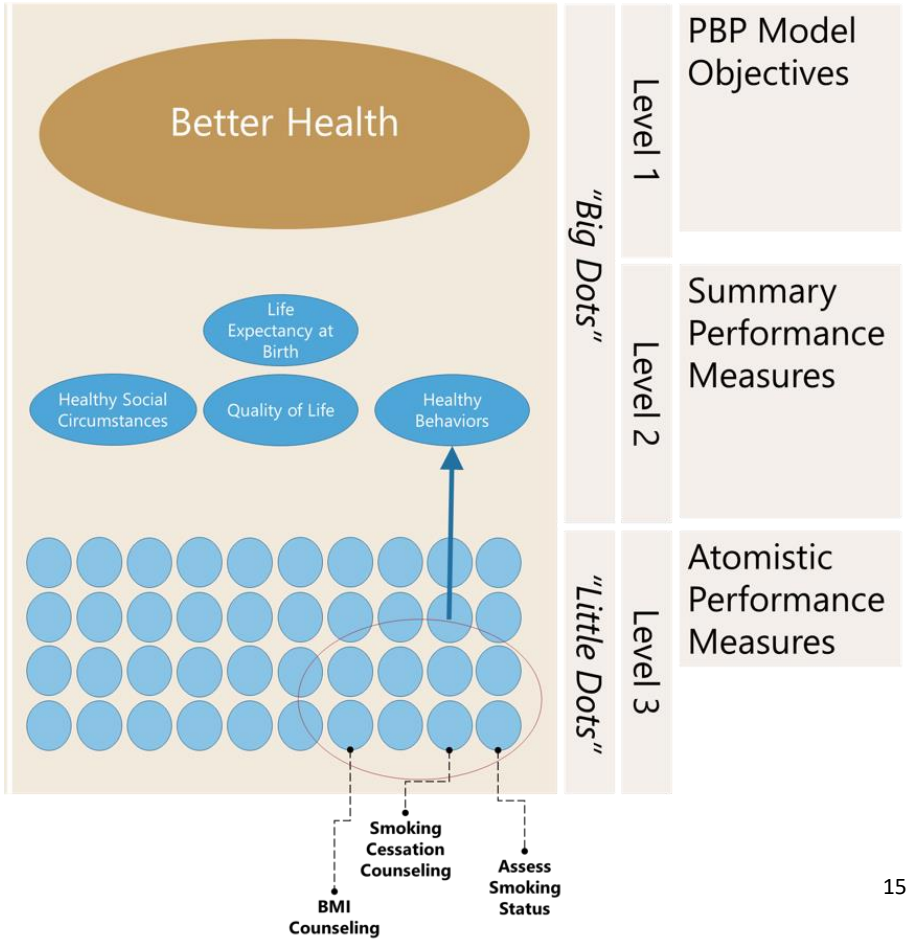
- Core Quality Measures Collaborative, led by America's Health Insurance Plans and American Hospital Association
- Agency for Healthcare Research and Quality

Quality Measures

Use Meaningful Measures to Achieve Goals, while Minimizing Burden



Drawing from the HCP LAN "Big Dot" Work

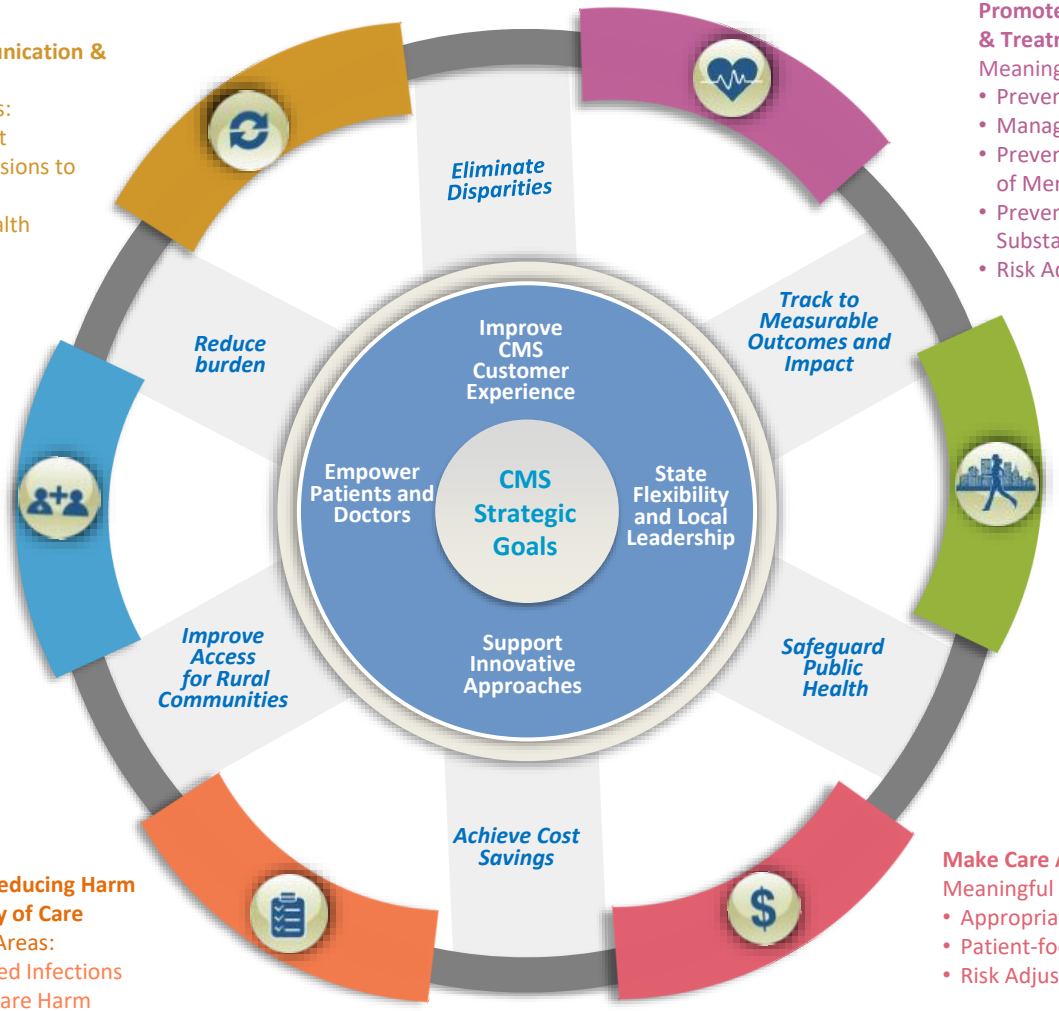


Meaningful Measures

Promote Effective Communication & Coordination of Care
Meaningful Measure Areas:
- Medication Management
- Admissions and Readmissions to Hospitals
- Seamless Transfer of Health Information

Promote Effective Prevention & Treatment of Chronic Disease
Meaningful Measure Areas:
- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Strengthen Person & Family Engagement as Partners in their Care
Meaningful Measure Areas:
- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience and Functional Outcomes

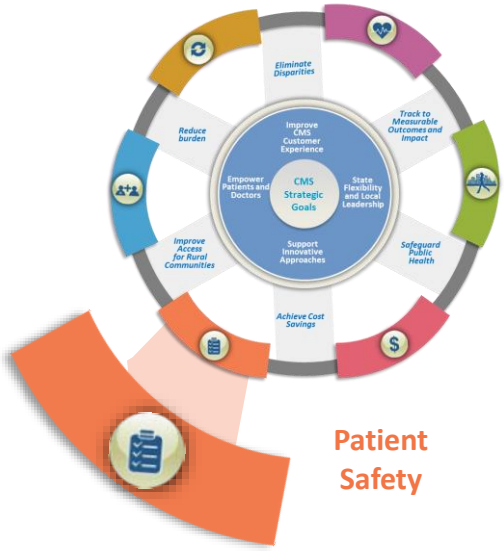


Work with Communities to Promote Best Practices of Healthy Living
Meaningful Measure Areas:
- Equity of Care
- Community Engagement

Make Care Safer by Reducing Harm Caused in the Delivery of Care
Meaningful Measure Areas:
- Healthcare-Associated Infections
- Preventable Healthcare Harm

Make Care Affordable
Meaningful Measure Areas:
- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

Make Care Safer by Reducing Harm Caused in the Delivery of Care



Patient Safety

Meaningful Measure Areas

- Healthcare-Associated Infections
- Preventable Healthcare Harm

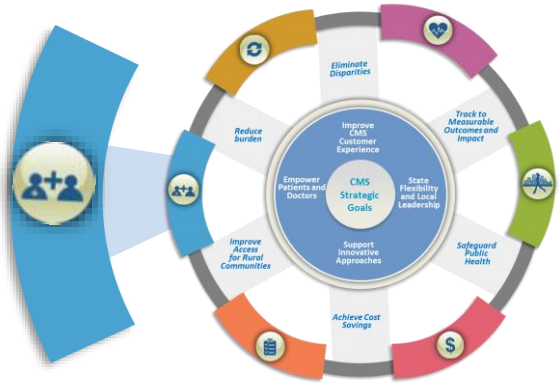
Measures

- Central Line-Associated Bloodstream Infection (CLABSI) HACRP, LTCH QRP, Medicaid & CHIP, QIO
- Surgical Site Infections (SSI) IQR
- Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia Outcome Measure LTCH QRP, IRF QRP
- Catheter-Associated Urinary Tract Infection (CAUTI) IRF QRP, LTCH QRP, QIO
- Early Elective Delivery Medicaid & CHIP
- Percent of Patients or Residents with Pressure Ulcers that are New or Worsened IRF QRP, LTCH QRP, SNF QRP, HH QRP

Programs Using Illustrative Measures

Hospital-Acquired Condition Reduction Program (HACRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Medicaid and CHIP (Medicaid & CHIP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Hospital Inpatient Quality Reporting (IQR) Program
Home Health Quality Reporting Program (HH QRP)
Quality Improvement Organization (QIO)

Strengthen Person & Family Engagement as Partners in their Care



Person- and Family-Centered Care

Care is Personalized and Aligned with Patient's Goals

End of Life Care according to Preferences

Patient's Experience and Functional Outcomes

Meaningful Measure Areas

The Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function IRF QRP, LTCH QRP, SNF QRP, HH QRP

Care plan QPP

Hospice Visits while Death is Imminent HQRP

CAHPS In-Center Hemodialysis Survey ESRD QIP

Home and Community Based Services CAHPS Medicaid & CHIP

Functional Status Assessment for Total Hip Replacement QPP

Measures

Programs Using Illustrative Measures

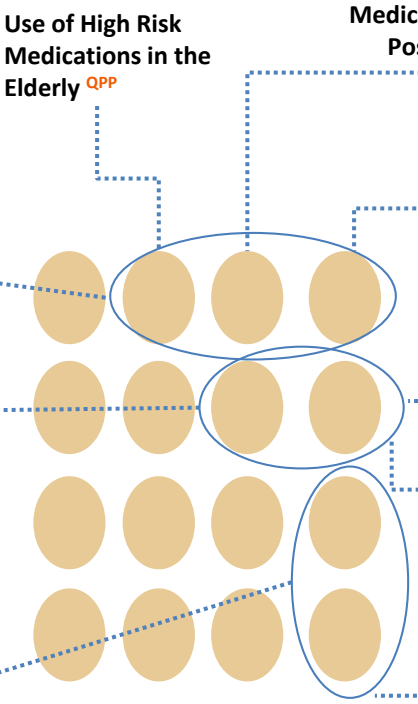
Quality Payment Program (QPP)
Hospice Quality Reporting Program (HQRP)
End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Medicaid and CHIP (Medicaid & CHIP)
Home Health Quality Reporting Program (HH QRP)

Promote Effective Communication & Coordination of Care

Effective Communication and Care Coordination

- Medication Management
- Admissions and Readmissions to Hospitals
- Seamless Transfer of Health Information

Meaningful Measure Areas



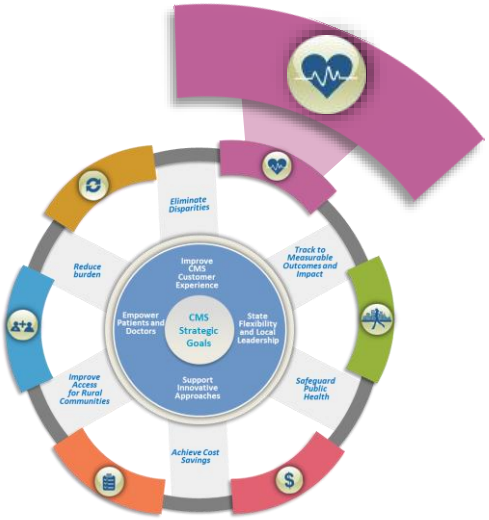
- Use of High Risk Medications in the Elderly QPP
- Medication Reconciliation Post-Discharge MSSP
- Drug Regimen Review Conducted with Follow-Up for Identified Issues IRF QRP, LTCH QRP, SNF QRP, HH QRP
- Standardized Readmission Ratio (SRR) ESRD QIP
- Plan All-Cause Readmissions Medicaid & CHIP
- Use of an Electronic Health Record IPFQR, QIO

Measures

Programs Using Illustrative Measures

Quality Payment Program (QPP)
Medicare Shared Savings Program (MSSP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Home Health Quality Reporting Program (HH QRP)
End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
Medicaid and CHIP (Medicaid & CHIP)
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Quality Improvement Organization (QIO)

Promote Effective Prevention & Treatment of Chronic Disease



Prevention and Treatment of Leading Causes of Morbidity and Mortality

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Meaningful Measure Areas

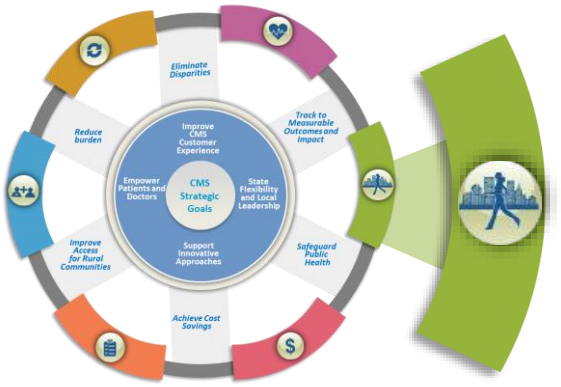
Measures

- Influenza Immunization Received for Current Flu Season HH QRP
- Timeliness of Prenatal Care (PPC) Medicaid
- Osteoporosis Management in Women who Had a Fracture QPP
- Follow-up after hospitalization for Mental Illness IPFQR
- Alcohol Use Screening IPFQR
- Use of Opioids at High Dosage Medicaid & CHIP
- Hospital 30-Day, All Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization HVBP

Programs Using Illustrative Measures

Home Health Quality Reporting Program (HH QRP)
Medicaid and CHIP (Medicaid & CHIP)
Quality Payment Program (QPP)
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Hospital Value-Based Purchasing (HVBP) Program

Work with Communities to Promote Best Practices of Healthy Living

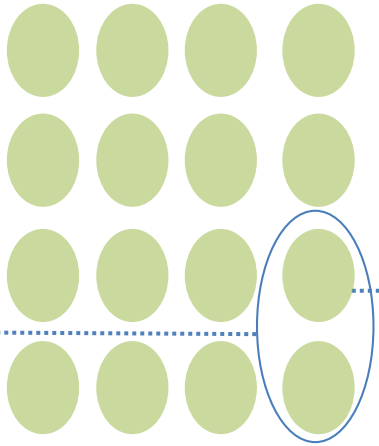


Health and Well-Being

Equity of Care

Community Engagement

Meaningful Measure Areas



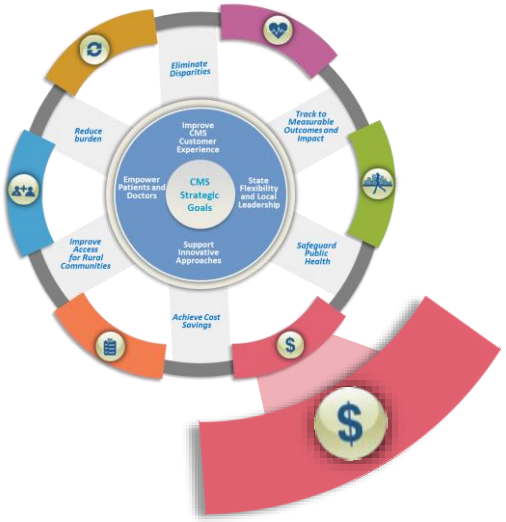
Measures

Discharge to Community-Post Acute Care HH QRP, LTCH QRP, IRF QRP, SNF QRP

Programs Using Illustrative Measures

Home Health Quality Reporting Program (HH QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

Make Care Affordable



Affordable Care

Appropriate Use of Healthcare

Patient-focused Episode of Care

Risk Adjusted Total Cost of Care

Meaningful Measure Areas

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis QPP

Caesarean Section Medicaid & CHIP

Spinal Fusion Clinical Episode-Based Payment (Sfusion Payment) Measure IQR

Medicare Spending Per Beneficiary IRF QRP, LTCH QRP, SNF QRP, HH QRP

Hospital-Level, Risk-Standardized Payment Associated with a 30-day Episode-of-Care for Heart Failure (HF) HVBP

Oncology Care Model CMMI

Total Per Capita Costs for All Attributed Beneficiaries VM

Measures

Programs Using Illustrative Measures

Quality Payment Program (QPP)
Hospital Inpatient Quality Reporting (IQR) Program
Hospital Value-Based Purchasing (HVBP) Program
Center for Medicare and Medicaid Innovation (CMMI)
Value Modifier (VM) Program
Home Health Quality Reporting Program (HH QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

Meaningful Measures Summary

Meaningful Measure Areas

Guiding CMS's efforts to achieve better health and healthcare for the patients and families we serve

Give us your feedback!

Pierre.Yong@cms.hhs.gov
Theodore.Long@cms.hhs.gov

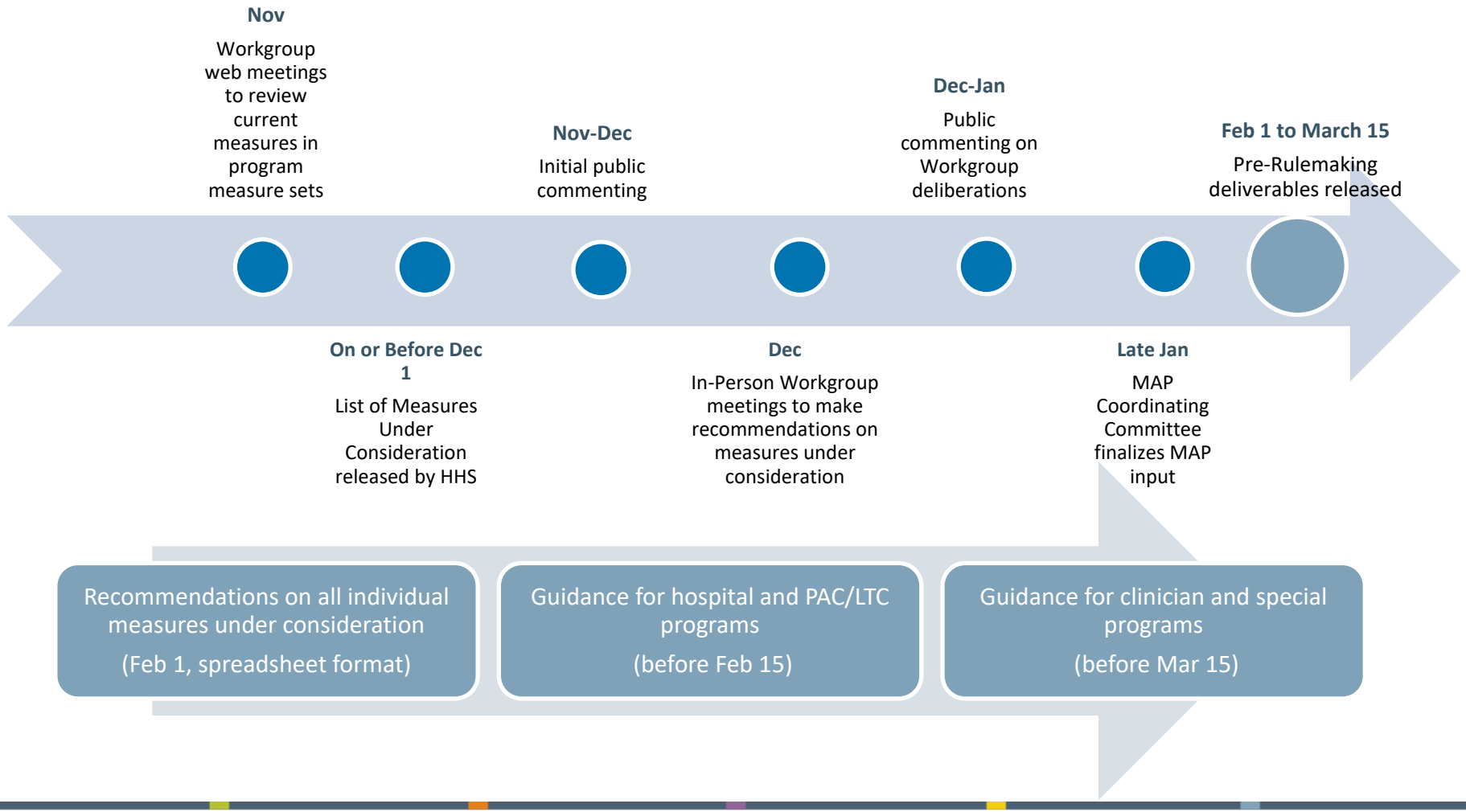
Meaningful Measures

Question & Answer

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

All MAP Web Meeting November 6th covered the MAP Standard Decision Categories and the MAP Preliminary Analysis Algorithm

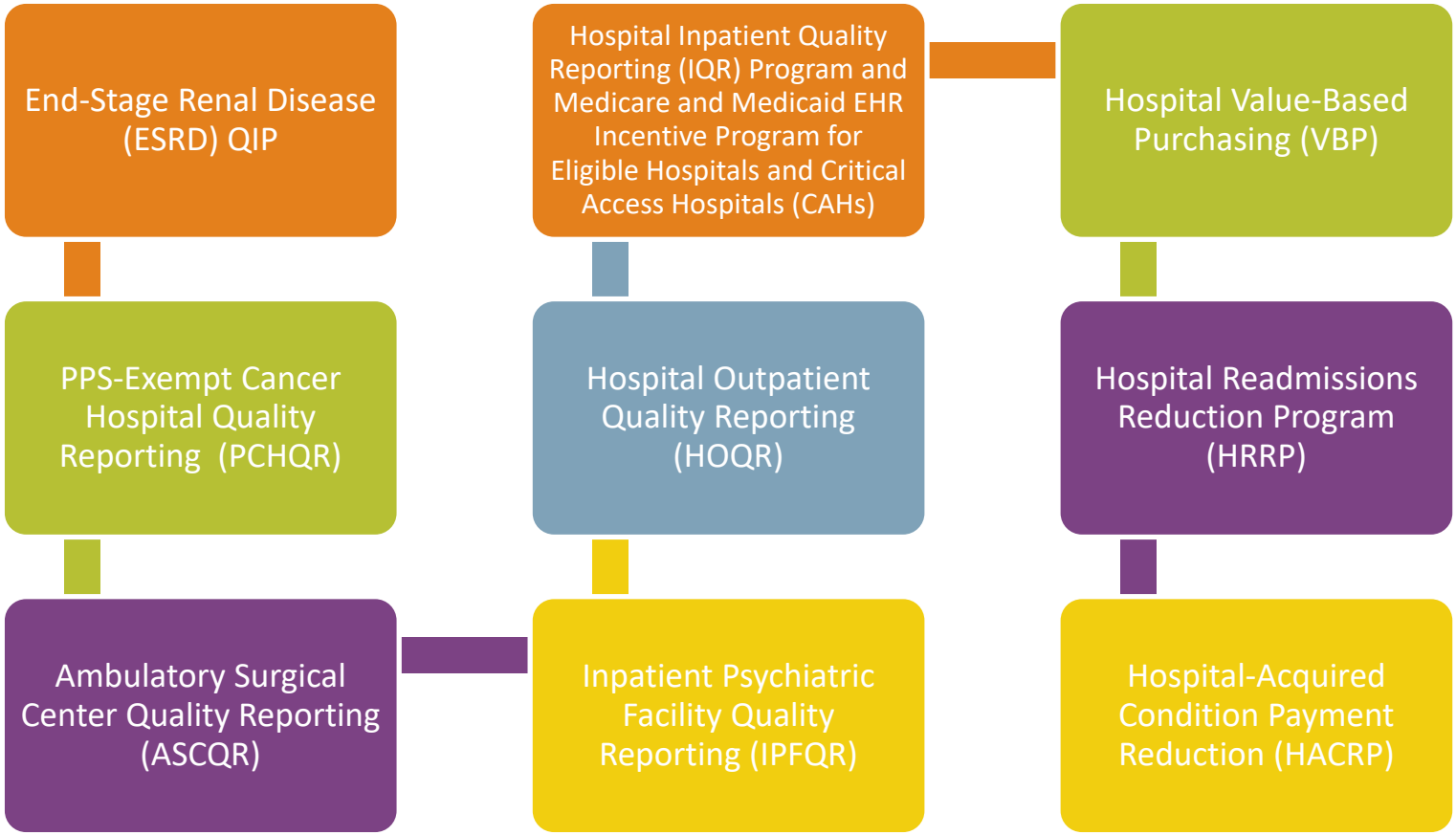
The MAP Workgroups will use the preliminary analyses completed by NQF to inform their evaluation of the measures under consideration during the December in-person meetings

The MAP Coordinating Committee will meet on January 25-26th 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 2016-2017 MAP Hospital Workgroup for each program
    - » Provide input on gaps/high priority domains

MAP Hospital Workgroup Charge



2016-2017 MAP Hospital Overarching Themes

Overarching Issues

Move to high-value measures

Reducing Measurement Burden

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

★ New for 2021

Type	NQF ID	Measure Title	NQF Status
Process	0255	Serum Phosphorus Reporting Measure	Endorsed
Outcome	1454	Proportion of Patients with Hypercalcemia	Endorsed
Outcome	Based on NQF 1460	National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Patients	Endorsed
Outcome	1463	Standardized Hospitalization Ratio (SHR) Clinical Measure	Endorsed
Outcome	2496	Standardized Readmission Ratio (SRR) for dialysis facilities	Endorsed
Outcome	2978 ★	Hemodialysis Vascular Access: Long Term Catheter Rate Clinical Measure	Endorsed
Outcome	2977 ★	Hemodialysis Vascular Access: Standardized Fistula Rate Clinical Measure	Endorsed
Outcome	0258	CAHPS In-Center Hemodialysis Survey	Endorsed
Outcome	2979	Anemia of chronic kidney disease: Dialysis facility standardized transfusion ratio (STrR)	Endorsed
Process	Based on NQF 0431	NHSN Healthcare Personnel Influenza Vaccination Reporting Measure	Not Endorsed
Process	Based on NQF 0418	Clinical Depression Screening and Follow-Up Reporting Measure	Not Endorsed
Outcome	Based on NQF 0420	Kt/V Dialysis Adequacy Comprehensive Clinical Measure	Not Endorsed
Process	N/A	Pain Assessment and Follow-up Reporting Measure	Not Endorsed
Structural	N/A	National Healthcare Safety Network (NHSN) Dialysis Event Reporting Measure	Not Endorsed
Process	N/A	Ultrafiltration Reporting Measure	Not Endorsed
Outcome	N/A	Anemia Management 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. 2017 Measures under Consideration List. Program Specific Measure Priorities and Needs. Baltimore, MD: Centers for Medicare & Medicaid Services (CMS); 2017.

Previous Gaps Identified

Hospital MAP 2016-2017 Identified Gaps

- Pediatrics
- Management of comorbid conditions (congestive heart failure, diabetes, and hypertension)
- Patient-reported outcomes

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
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	2936	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy1	Failed Endorsement
Process	0384	Oncology: Medical and Radiation - Pain Intensity Quantified	Endorsed
Process	0383	Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology	Endorsed
Process	0382	Oncology: Radiation Dose Limits to Normal Tissues2	Endorsed
Process	0390	Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients	Endorsed
Process	0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Endorsed
Process	1822	External Beam Radiotherapy for Bone Metastases	Endorsed
Process	0431	Influenza Vaccination Coverage among Healthcare Personnel	Endorsed
Intermediate Outcome	0216	Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days	Endorsed

PCHQR : Current Program Measure Information

New for 2022

Removed

Type	NQF ID	Measure Title	NQF Status
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 3 days	Endorsed
Process	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
Process	0220	Adjuvant Hormonal Therapy	Endorsed
Process	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

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 2016-2017 Identified Gaps:

- Global Harm
- Informed Consent

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 (ACSs) 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

Delayed (Now added CY 2020)
Proposed (CY 2021)
Proposed (CY 2022)
Removed (CY 2019)

Type	NQF #	Measure Title	NQF Status
Outcome	0263	ASC-1: Patient Burn	Endorsed
Process	0659	ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	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	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	0431	ASC-8: Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed
Process	0658	ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	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
Outcome	N/A	ASC-16: Toxic Anterior Segment Syndrome	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
Process	0264	ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing	Endorsement Removed
Process	N/A	ASC-6: Safe Surgery Checklist Use	Not Endorsed
Structural	N/A	ASC-7: Facility Volume Data on Selected ASC Surgical Procedures	Not Endorsed

High Priority Domains for ASCQR

CMS High Priority Domains for Future Measure Consideration

Making Care Safer	• Infection rates
Person and Family Engagement	• Improve experience of care for patients, caregivers, and families • Promote patient self-management
Best Practice of Healthy Living	• 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
Effective Prevention and Treatment	• Surgical outcome measures
Communication/Care Coordination	• Embed best practice to manage transitions across practice settings • Enable effective health care system navigation • Reduce unexpected hospital/emergency visits and admissions

Previous Gaps Identified

Hospital MAP 2016-2017 Identified Gaps

- Site infections
- Complications
- Patient and family engagement
- Appropriate pre-operative testing

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 heath 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

★ New for 2020

Type	NQF #	Measure Title	NQF Status
Process	1661	SUB-1 Alcohol Use Screening	Endorsed
Process	1651	TOB-1 Tobacco Use Screening	Endorsed
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	1659	Influenza Immunization	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	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
Process	0431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed
Process	N/A	Use of Electronic Health Record	Not Endorsed
Process	N/A	Assessment of Patient Experience of Care	Not Endorsed
Outcome	N/A	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF	Not Endorsed
Process	3205 ★	Medication Continuation Following Inpatient Psychiatric Discharge.	Endorsed

High Priority Domains for IPFQR

CMS High Priority Domains for Future Measure Consideration

Patient and Family Engagement	• Patient experience of care
Effective Prevention and Treatment	• Inpatient psychiatric treatment of geriatric patients, other adults, adolescents and children • Quality of prescribing antipsychotics and antidepressants
Best Practices of Healthy Living	• Screening and treatment of non-psychiatric comorbid conditions • Access to care
Making Care Affordable	• Efficiency and value-based

Previous Gaps Identified

Hospital MAP 2016-2017 Identified Gaps

- Medical comorbidities
- Emergency department patients not admitted to the hospital
- Discharge planning
- Readmissions
- Access to inpatient psychiatric services, especially in rural areas

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 heath 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
Process	0662	Median Time to Pain Management for Long Bone Fracture	Endorsed
Process	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
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	0286	Aspirin at Arrival	Endorsement Removed
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	Mammography Follow-Up Rates	Not Endorsed
Efficiency	0513	Thorax CT- Use of Contrast Material	Endorsed
Efficiency	N/A	Abdomen CT - Use of Contrast Material	Not Endorsed
Efficiency	N/A	Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT)	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
Process	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	N/A	Safe Surgery Checklist Use	Not Endorsed
Structural	N/A	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
Structural	N/A	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	• 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

Previous Gaps Identified

Hospital MAP 2016-2017 Identified Gaps

- Use of Evidence-based practice
- Communication and care coordination
- Falls
- Accurate Diagnosis

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

Type	NQF #	Measure Title	NQF Status
Claims-based Outcome	0230	Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed
Claims-based Outcome	2558	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) surgery	Endorsed
Claims-based Outcome	1893	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Endorsed
Claims-based Outcome	0229	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) hospitalization.	Endorsed
Claims-based Outcome	0468	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization	Endorsed
Claims-based Outcome	N/A	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke	Not Endorsed
Claims-based Outcome	0505	Hospital 30-Day All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed
Claims-based Outcome	2515	Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery	Endorsed
Claims-based Outcome	1891	Hospital-Level, 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Endorsed
Claims-based Outcome	0330	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization.	Endorsed
Claims-based Outcome	01789	Hospital-Wide All-Cause, Unplanned Readmission Measure (HWR)	Endorsed
Claims-based Outcome	0506	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization.	Endorsed
Claims-based Outcome	N/A	30-Day Risk-Standardized Readmission Rate Following Stroke Hospitalization	Not Endorsed
Claims-based 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
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	1550	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA).	Endorsed
Claims-based Outcome	0351	Death among Surgical Inpatients with Serious, Treatable Complications	Endorsed
Claims-based Outcome	0531	Patient Safety for Selected Indicators, Modified PSI 90 (Updated Title: Patient Safety and Adverse Events Composite)	Endorsed

IQR –EHR Incentive Program Current Measure Set

Type	NQF #	Measure Title	NQF Status
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	2158	Payment-Standardized Medicare Spending Per Beneficiary (MSPB)	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
Cost/Resource Use	N/A	Cellulitis Clinical Episode-Based Payment Measure	Not Endorsed
Cost/Resource Use	N/A	Gastrointestinal (GI) Hemorrhage Clinical Episode-Based Payment Measure	Not Endorsed
Cost/Resource Use	N/A	Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure	Not Endorsed
Cost/Resource Use	N/A	Aortic Aneurysm Procedure clinical episode-based payment (AA Payment) Measure	Not Endorsed
Cost/Resource Use	N/A	Cholecystectomy and Common Duct Exploration Clinical Episode-Based Payment Measure	Not Endorsed
Cost/Resource Use	N/A	Spinal Fusion Clinical Episode-Based Payment Measure	Not Endorsed

***Both chart-abstracted and eCQM.**

IQR –EHR Incentive Program Current Measure Set

Type	NQF #	Measure Title	NQF Status
eCQM Outcome	0495	Median Time from ED Arrival to ED Departure for Admitted ED Patients*	Endorsed
eCQM Process	0497	Admit Decision Time to ED Departure Time for Admitted Patients*	Endorsed
eCQM Process	0163/3048	Primary PCI Received within 90 minutes of hospital arrival	Endorsement Removed
eCQM Process	0338	Home Management Plan of Care Document Given to Patient/Caregiver	Endorsement Removed
eCQM Process	1354	Hearing screening before hospital discharge	Endorsed
eCQM Process	0469	Elective Delivery*	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	0440	Stroke Education	Endorsement Removed
eCQM Process	0441	Assessed for Rehabilitation	Endorsed-Reserve
eCQM Process	0371	Venous Thromboembolism Prophylaxis	Endorsed
eCQM Process	0372/2933	Intensive Care Unit Venous Thromboembolism Prophylaxis	Endorsed

***Both chart-abstracted and eCQM.**

IQR –EHR Incentive Program Current Measure Set

Type	NQF #	Measure Title	NQF Status
Chart-abstracted Composite	0500	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	Endorsed
Chart-abstracted Outcome	0495	Median Time from ED Arrival to ED Departure for Admitted ED Patients*	Endorsed
Chart-abstracted Outcome	0376	Incidence of Potentially Preventable Venous Thromboembolism	Endorsement Removed
Chart-abstracted Process	0497	Admit Decision Time to ED Departure Time for Admitted Patients*	Endorsed
Chart-abstracted Process	1659	Influenza immunization	Endorsed
Chart-abstracted Process	0469	Elective Delivery	Endorsed
Outcome	2879	★ Hybrid Hospital-Wide Readmission Measure with Claims and Electronic Health Record Data	Endorsed
Patient Survey	0166	★ HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey	Endorsed
Patient Survey	0228	3-Item Care Transitions Measure (CTM-3)	Endorsed
Process	0431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed
Structural	N/A	Hospital Survey on Patient Safety Culture	Not Endorsed
Structural	N/A	Safe Surgery Checklist Use	Not Endorsed
NHSN Outcome	0138	NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	Endorsed
NHSN Outcome	1717	NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed
NHSN Outcome	0139	NHSN Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	Endorsed
NHSN Outcome	0753	ACS-CDC Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	Endorsed
NHSN Outcome	1716	NHSN Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Endorsed

★ Voluntary CY 2018

★ Adopting 3 measures pain communication beginning FY2020

***Both chart-abstracted and eCQM.**

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

Patient-reported Outcomes

Dementia

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 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

Type	NQF #	Measure Title	NQF Status
Safety Measures	138	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	139	NHSN Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	Endorsed
Safety Measures	753	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	531 ★	Patient Safety for Selected Indicators (PSI 90)	Endorsed
Safety Measures	469	Elective Delivery	Endorsed
Clinical Care Measures	505	Hospital 30-Day All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed
Clinical Care Measures	330	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization	Endorsed
Clinical Care Measures	506	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization	Endorsed
Clinical Care Measures	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	166 ★	HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey	Endorsed

★ removed FY 2019

★ 3 pain management measures removed beginning FY 2018

VBP: Current Measure Set

Type	NQF #	Measure Title	NQF Status
Clinical Care Domain	230	Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed
Clinical Care Domain	229	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) hospitalization.	Endorsed
Clinical Care Domain	468	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization	Endorsed
Clinical Care Domain	1839	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
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
Efficiency and Cost Reduction Measures	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
Outcome	505	Hospital 30-Day All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed
Outcome	506	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 Domains for Readmissions

Measures that address high impact conditions identified by the Medicare Payment Advisory Commission or the Agency for Healthcare Research and Quality (AHRQ) Healthcare Cost and Utilization Project (HCUP) reports.

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
Composite	0531	Patient Safety for Selected Indicators Composite Measure (pressure ulcers, iatrogenic pneumothorax rate, post-op hip fracture rate, post-op hemorrhage or hematoma, physiologic and metabolic derangement, post-op respiratory failure, post-op PE or DVT, post-op sepsis, post-op wound dehiscence, and accidental puncture or laceration rate), Modified PSI 90 (Updated Title: Patient Safety and Adverse Events Composite) - Finalized for FY 2017	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 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
- Surgical site infection locations
- Hospital-acquired conditions (risk adjusted)
- Diagnostic Errors
- Hospital Harm

Source: Center for Clinical Standards and Quality. 2017 Measures under Consideration List. Program Specific Measure Priorities and Needs. Baltimore, MD: Centers for Medicare & Medicaid Services (CMS); 2017.

Workgroup Discussion

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

CMS Update on Prior Measures Under Consideration

Hospital Inpatient Quality (IQR) Reporting Program

Feedback Loop Update: HCAHPS—Communication about Pain

- Background
  - The new **Communication About Pain** questions ask how well hospital staff communicate with patients about pain.
    - Beginning with patients discharged January 1, 2018.
  - Removes ambiguity in the wording or intent of the questions.
  - The 2016-2017 MAP issued a Refine and Resubmit recommendation, noting that testing was not complete at that time. The MAP did not recommend inclusion in HVBP.

New "Communication About Pain" Questions

New HCAHPS Survey composite measure: "Communication About Pain"	Survey Item	Response Options
Q12	During this hospital stay, did you have any pain?	1=Yes 2=No → If No, Go to Question 15
Q13	During this hospital stay, how often did hospital staff talk with you about how much pain you had?	1=Never 2=Sometimes 3=Usually 4=Always
Q14	During this hospital stay, how often did hospital staff talk with you about how to treat your pain?	1=Never 2=Sometimes 3=Usually 4=Always

Feedback Loop Update: HCAHPS—Communication about Pain

- Developments since the MAP's recommendation:
  - Testing has been completed.
  - The Communication About Pain items and composite have strong psychometric properties:
    - Not subject to floor or ceiling effects.
    - New items have good to excellent hospital-level reliability.
    - Not redundant with current survey items.
    - Related in predictable manner to standard patient-mix adjustment characteristics.
    - Predictive of the global Hospital Rating item.
    - Do not vary systematically by survey mode.
    - High internal consistency as a composite (Crohnbach's alpha = 0.81).
  - More details at: http://www.hcahpsonline.org/modeadjustment.aspx#PCM0
  - Finalized for IQR in FY 2018 rulemaking beginning with the FY 2020 Annual Payment Update payment determination.
  - Removed the old HCAHPS Pain Management dimension from HVBP beginning with the FY 2018 program year in CY 2017 OPPS rulemaking.
    - We considered the new Communication About Pain items for HVBP, but did not propose.

Feedback Loop Update: HCAHPS—Communication about Pain

- We refined our initial proposal regarding public reporting:
  - Instead of publicly reporting results beginning with October of 2019 using CY 2018 data as proposed, we will delay public reporting of the new Communication About Pain measure on the Hospital Compare Web site until October 2020, using CY 2019 data.
  - We will provide performance results on the Communication About Pain measure to hospitals in confidential preview reports on a quarterly basis beginning with CY 2018 results.
  - We anticipate that the first confidential preview reports will be available in Summer 2019.

Hospital Outpatient Quality Reporting (OQR) Program

Feedback Loop Update: Risk-Standardized Hospital Visits Within 7 Days After Hospital Outpatient Surgery

- Background:
  - Facility-level, post-surgical risk-standardized hospital visit ratio (RSHVR) of the predicted to expected number of all-cause, unplanned hospital visits within 7 days of a same-day surgery at a hospital outpatient department (HOPD) among Medicare fee-for-service (FFS) patients aged 65 years and older.

Feedback Loop Update: Risk-Standardized Hospital Visits Within 7 Days After Hospital Outpatient Surgery

- Testing results:
  - Risk-adjustment model:
    - Measure adjusts for age, sex, comorbidities, and surgical procedural complexity.
    - Final model c-statistic (0.71) indicated good model discrimination.
    - Model performance was similar for two validation datasets.
  - Measure score:
    - Facility-level testing showed considerable variation in unplanned hospital visit rate after outpatient surgery.
    - Reliability testing showed moderate score reliability (ICC [2,1]=0.50).
    - Disparities testing indicated adjustment for SES or race has minimal impact on the measure score.

Feedback Loop Update: Risk-Standardized Hospital Visits Within 7 Days After Hospital Outpatient Surgery

- Endorsed by NQF: 1/14/2015.
- The 2015-2016 MAP supported this measure for use in HOQR.
- Developments since the MAP's recommendation:
  - Made minor technical improvements.
  - Incorporated routine updates to Planned Readmission Algorithm.
  - Incorporated ICD-10 codes.
  - Conducted a Dry Run in September 2017.
- Finalized in CY 2017 rulemaking for CY 2020 payment determination.

Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Feedback Loop Update: Hospital Visits After Ambulatory Surgical Center Orthopedic Procedures and Hospital Visits After Urology Ambulatory Surgical Center Procedures

- Background
  - Cohorts:

    Medicare FFS patients aged ≥65 years undergoing:
    - Orthopedic: orthopedic procedures performed at an ASC.
    - Urology: urology procedures performed at an ASC.
  - Outcome for both measures:
    - Hospital visits (emergency department visits, observation stays, and unplanned inpatient admissions) occurring within 7 days .
  - The 2016-2017 MAP issued Refine and Resubmit recommendations for these measures, citing incomplete testing and lack of NQF endorsement.

Feedback Loop Update: Hospital Visits After Ambulatory Surgical Center Orthopedic Procedures and Hospital Visits After Urology Ambulatory Surgical Center Procedures

- Developments since the MAP's recommendation
  - Risk-adjustment models were finalized:
    - Measures adjust for age, procedure complexity, and comorbidities.
    - Results showed good model fit, predictive ability, and discrimination (c-statistic: 0.66 for orthopedic; 0.61 for urology).
  - Measures were fully tested:
    - Facility-level testing showed variation in unplanned hospital visit rates among ASCs after risk adjustment.
    - Reliability testing showed fair measure score reliability for the orthopedic measure (ICC [2,1]=0.36 for ASCs with $\geq$250 cases) and moderate reliability for the urology measure (ICC [2,1] =0.45).
    - Validity testing results demonstrated measure scores are valid and useful measures of ASC surgical quality.

Feedback Loop Update: Hospital Visits After Ambulatory Surgical Center Orthopedic Procedures and Hospital Visits After Urology Ambulatory Surgical Center Procedures

- Developments since the MAP's recommendation
  - Finalized in CY 2018 rulemaking beginning with the CY 2022 payment determination.
  - CMS submitting to NQF in 2018.

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Feedback Loop Update: Medication Reconciliation at Admission

- Background
  - Measure originally specified as a composite that measured the average completeness of three components of the medication reconciliation process.
    - Comprehensive prior to admission (PTA) medication information gathering and documentation.
    - Completeness of critical PTA medication information.
    - Reconciliation action for each PTA.
- The 2016-2017 MAP issued a Refine and Resubmit recommendation, citing incomplete testing and lack of NQF endorsement.
- The measure developer obtained feedback from the NQF Behavioral Health Standing Committee during endorsement consideration in the spring of 2017.

Feedback Loop Update: Medication Reconciliation at Admission

- Developments since the MAP's recommendation
  - Revised measure to address MAP, NQF, and Stakeholder feedback:
    - Simplified measure scoring as pass/fail rather than composite.
    - Modified required data elements to reduce provider burden.
    - Increased timeframe to complete reconciliation action from within 24 hours of admission to by the end of Day 2 when the admission is Day 0.
- Revised measure description
  - Percentage of patients for whom a designated prior to admission (PTA) medication list was generated by referencing one or more external sources of PTA medications and for which all PTA medications have a documented reconciliation action by the end of Day 2 of the hospitalization when the admission is Day 0.

Feedback Loop Update: Medication Reconciliation on Admission

- Developments since the MAP's recommendation
  - Testing complete.
    - Broad variation in performance across 9 field testing facilities.

	IPF 1	IPF 2	IPF 3	IPF 4	IPF 5	IPF 6	IPF 7	IPF 8	IPF 9	Avg	Range
Measure Score	68	18	77	88	30	7	43	98	18	50	7–98
95% CI	59, 77	10, 26	69, 85	82, 94	21,39	2, 12	33, 53	95, 100	10, 26	N/A	N/A

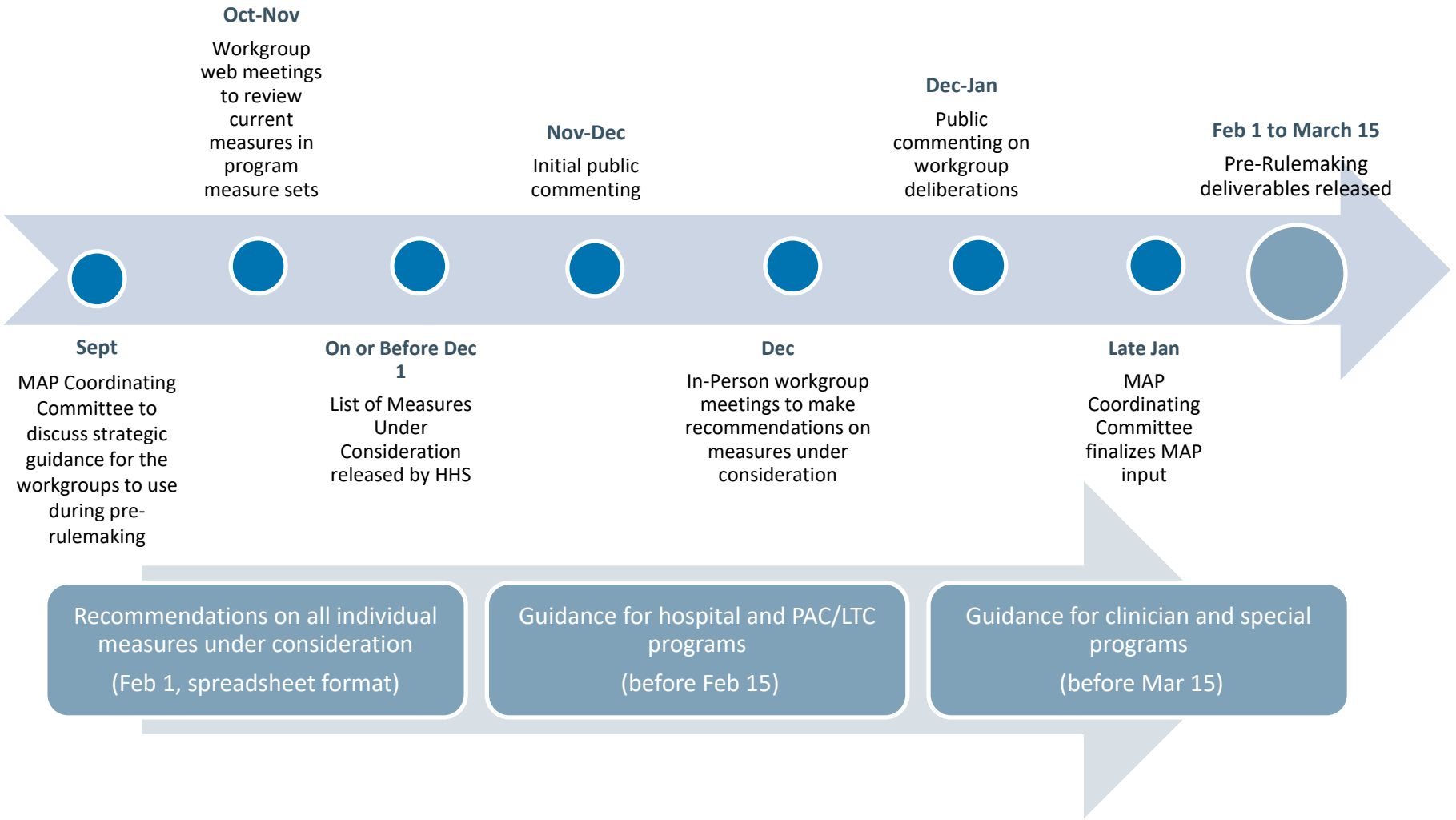
    - Measure scores are highly reliable with as few as 100 records.
    - Technical expert panel voted unanimously (19/19) in agreement with face validity of measure.
  - NQF endorsement: Submitted to NQF on November 1, 2017.

Appendix A: 2017 Refine and Resubmit Measures

Program	Measure Title
Hospital Inpatient Quality Reporting Program; EHR Incentive/EH/CAH	Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting
Hospital Inpatient Quality Reporting Program; EHR Incentive/EH/CAH	Tobacco Use Screening (TOB-1)
Hospital Inpatient Quality Reporting Program	Follow-Up After Hospitalization for Mental Illness
Hospital Inpatient Quality Reporting Program	Alcohol Use Screening (SUB-1)
Hospital Inpatient Quality Reporting Program	Communication about Pain During the Hospital Stay
Hospital Inpatient Quality Reporting Program	Completion of a Malnutrition Screening within 24 Hours of Admission
Hospital Inpatient Quality Reporting Program	Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 Hours of a Malnutrition Screening
Hospital Inpatient Quality Reporting Program	Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment
Hospital Inpatient Quality Reporting Program; Hospital Outpatient Quality Reporting Program	Safe Use of Opioids – Concurrent Prescribing
Inpatient Psychiatric Facility Quality Reporting Program	Identification of Opioid Use Disorder
Inpatient Psychiatric Facility Quality Reporting Program	Medication Continuation following Inpatient Psychiatric Discharge
Inpatient Psychiatric Facility Quality Reporting Program	Medication Reconciliation at Admission
Ambulatory Surgical Center Quality Reporting Program	Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures
Ambulatory Surgical Center Quality Reporting Program	Hospital Visits after Urology Ambulatory Surgical Center Procedures
End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)	Standardized Transfusion Ratio for Dialysis Facilities

Public Comment

MAP Approach to Pre-Rulemaking
A look at what to expect



Next Steps: Upcoming Activities

- In-Person Meeting-December 14th

Adjourn