NATIONAL QUALITY FORUM

Measure Applications Partnership

Hospital Workgroup Web Meeting

November 8, 2018

Welcome, Introductions, and Review of Meeting Objectives

Agenda

- Welcome, Introductions, and Review of Meeting Objectives

- 2018 MAP Pre-Rulemaking Approach

- Review Federal Programs

- CMS Update on Prior Measures Under Consideration

- 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	Maryellen Guinan
Association of American Medical Colleges	Janis Orlowski, MD MACP
Baylor Scott & White Health	Marisa Valdes, RN, MSN
Children's Hospital Association	Kahari McCall
Intermountain Healthcare	Shannon Phillips, MD, MPH
Kidney Care Partners	Keith Bellovich, MD
Medtronic-Minimally Invasive Therapy Group	Karen Shehade, MBA
Molina Healthcare	Deborah Wheeler

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 Coalition for Hospice and Palliative Care	R. Sean Morrison, MD
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

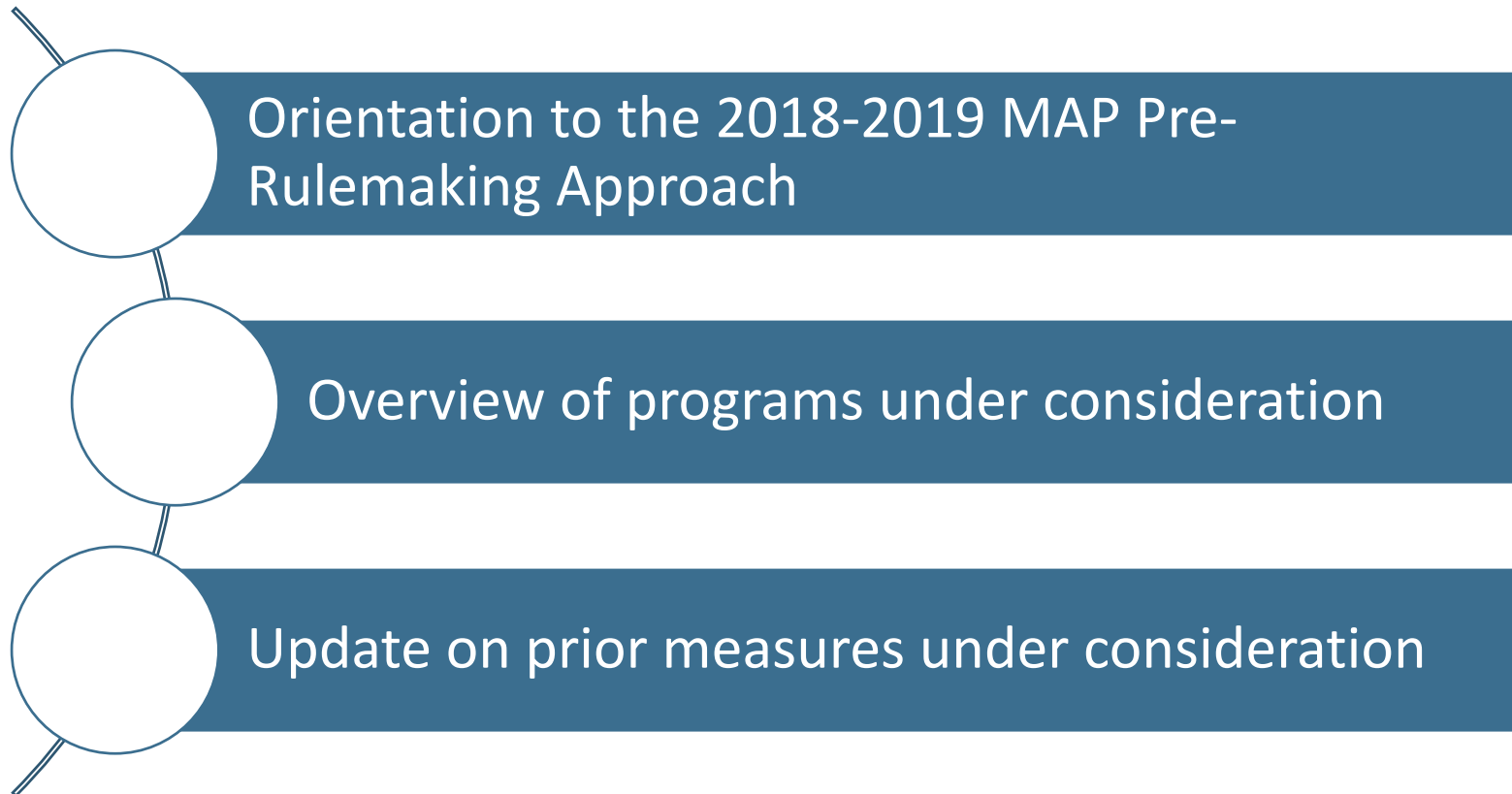| Individual Subject Matter Experts (voting)	
Health Economics	Andreea Balan-Cohen, PhD
Measure Methodology	Lee Fleisher, MD
Patient Safety	Jack Jordon
Mental Health	Ann Marie Sullivan, MD
Health Informatics	Lindsey Wisham, BA, MPA
Federal Government Liaisons (nonvoting)	
Agency for Healthcare Research and Quality (AHRQ)	Pam Owens, PhD
Centers for Disease Control and Prevention (CDC)	Dan Pollock, MD
Centers for Medicare & Medicaid Services (CMS)	Reena Duseja, MD

MAP Hospital Workgroup Staff Support Team

- Melissa Mariñelarena: Senior Director
- Madison Jung: Project Manager
- Desmirra Quinnonez: Project Analyst

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

Meeting Objectives

Orientation to the 2018-2019 MAP Pre-Rulemaking Approach

Overview of programs under consideration

Update on prior measures under consideration
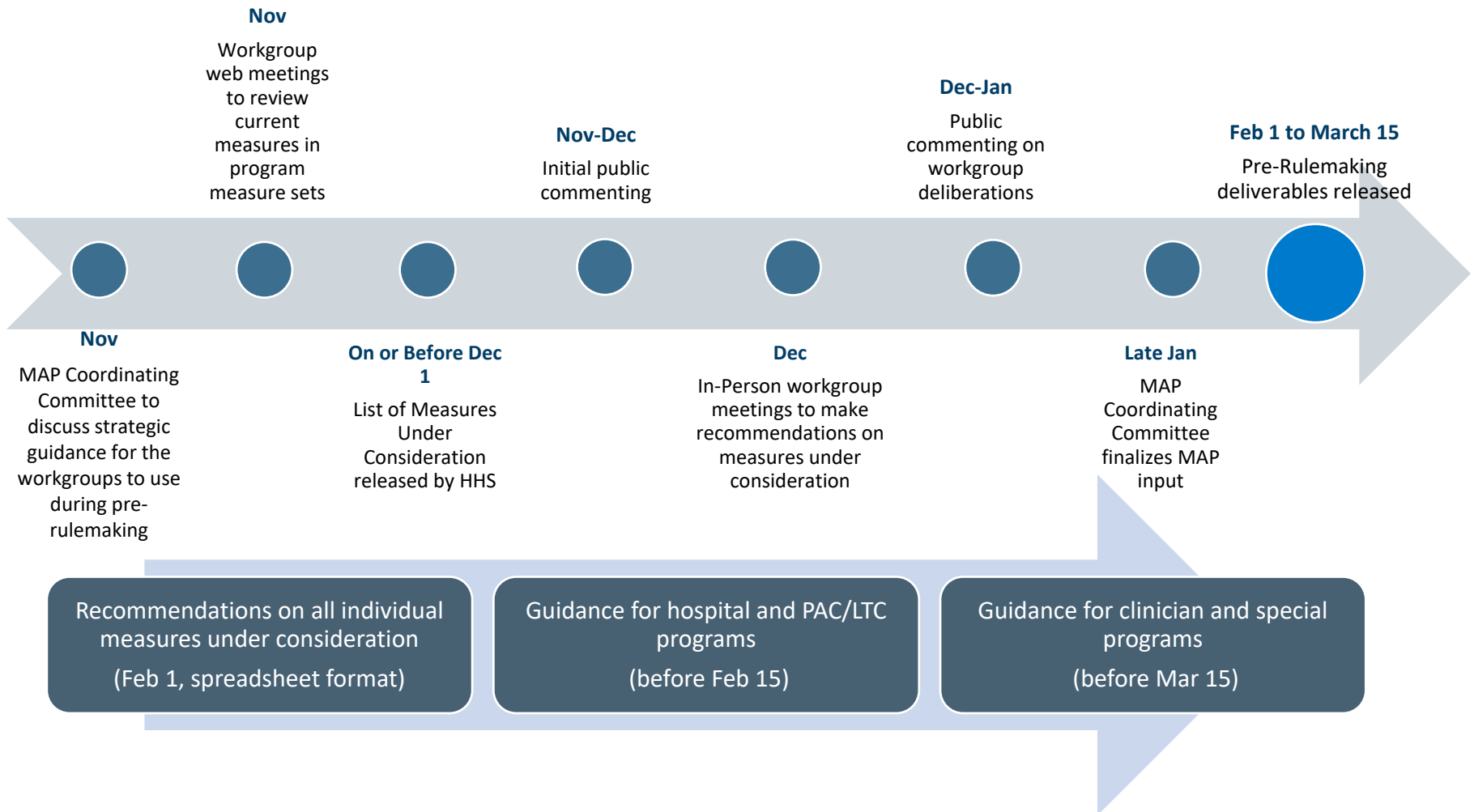
MAP Pre-Rulemaking Approach

MAP Pre-Rulemaking Approach
A closer look into how recommendations will be made

- **November**
    - *The MAP Coordinating Committee examined key strategic issues to inform preliminary evaluations of measures under consideration*
    - *During today's meeting the Workgroup will familiarize themselves with finalized program measure set for each program*

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

- **January**
    - *The MAP Coordinating Committee will examine the MAP workgroup recommendations and key cross-cutting issues*

MAP Pre-Rulemaking Approach
A look at what to expect

Nov

Workgroup web meetings to review current measures in program measure sets

Nov-Dec

Initial public commenting

Dec-Jan

Public commenting on workgroup deliberations

Feb 1 to March 15

Pre-Rulemaking deliverables released

Nov

MAP Coordinating Committee to discuss strategic guidance for the workgroups to use during pre-rulemaking

On or Before Dec 1

List of Measures Under Consideration released by HHS

Dec

In-Person workgroup meetings to make recommendations on measures under consideration

Late Jan

MAP Coordinating Committee finalizes MAP input

Recommendations on all individual measures under consideration
(Feb 1, spreadsheet format)

Guidance for hospital and PAC/LTC programs
(before Feb 15)

Guidance for clinician and special programs
(before Mar 15)

Programs to Be Considered by the Hospital Workgroup

End-Stage Renal Disease (ESRD) QIP

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

Hospital Value-Based Purchasing (VBP)

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR)

Hospital Outpatient Quality Reporting (HOQR)

Hospital Readmissions Reduction Program (HRRP)

Ambulatory Surgical Center Quality Reporting (ASCQR)

Inpatient Psychiatric Facility Quality Reporting (IPFQR)

Hospital-Acquired Condition Payment Reduction (HACRP)

MAP Pre-Rulemaking Approach
Goals for today's meeting

- Review the goals and structure of each program

- Review the critical objectives of each program

- Identify measurement gap areas

2017-2018 MAP Hospital Overarching Themes

Overarching Themes

Promoting Alignment and Harmonization to Reduce Provider Burden and Provide Better Information to Patients

Balancing the Need to Address Quality Concerns with the Need to Ensure Fair Measurement

Overview of Hospital Programs under Consideration

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

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

- **Program Type:**
  - Pay for performance and public reporting
- **Incentive Structure:**
  - As of 2012, payments to dialysis facilities are reduced if facilities do not meet or exceed the required total performance score. Payment reductions will be on a sliding scale, which could amount to a maximum of 2.0% per year.
- **Program Goals:**
  - Improve the quality of dialysis care and produce better outcomes for beneficiaries.

ESRD QIP Program Measure Set

Type	NQF #	Measure Title	NQF Status
Outcome	1454	Proportion of Patients with Hypercalcemia	Endorsed
Outcome	Based on NQF 1460	National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Patients	Not 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 Ration (STrR)	Endorsed
Process	Based on NQF 0418	Clinical Depression Screening and Follow-Up Reporting Measure	Not Endorsed
Outcome	N/A	Kt/V Dialysis Adequacy Comprehensive Clinical 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
Process	0255	Serum Phosphorus Reporting Measure	Endorsed
Process	Based on NQF 0431	NHSN Healthcare Personnel Influenza Vaccination Reporting Measure	Not Endorsed
Process	Based on NQF 0420	Pain Assessment and Follow-up 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

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

Workgroup Discussion

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

Type	NQF #	Measure Title	NQF Status	Updates
Outcome	3188	30-Day Unplanned Readmissions for Cancer Patients	Endorsed	New for FY 2021
Process	0384	Oncology: Medical and Radiation - Pain Intensity Quantified	Endorsed	Removed for FY 2021
Process	0382	Oncology: Radiation Dose Limits to Normal Tissues	Endorsement Removed	Removed for FY 2021
Process	0390	Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients	Endorsed	Removed for FY 2021
Process	0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Endorsed	Removed for FY 2021

PCHQR Program Measure Set

Type	NQF #	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 Chemotherapy	Failed Endorsement
Process	0383	Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology	Endorsed
Process	1822	External Beam Radiotherapy for Bone Metastases	Endorsement Removed
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

High Priority Domains for Cancer Hospitals

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

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

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

Workgroup Discussion

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

ASCQR Program Measure Set

Type	NQF #	Measure Title	NQF Status
Outcome	0263	ASC-1: Patient Burn	Endorsed
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

Patient and Family Engagement

Effective Prevention and Treatment

Making Care Affordable

Communication/Care Coordination

Workgroup Discussion

- Does the Workgroup have suggestions for refinement or additions to these high-priority 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 healthcare options
  - Encourage hospitals and clinicians to improve the quality of inpatient psychiatric care by ensuring that providers are aware of and reporting on best practices

IPFQR Program Measure Set Updates

Type	NQF #	Measure Title	NQF Status	Updates
Process	1661	SUB-1 Alcohol Use Screening	Endorsed	Removed for FY 2019
Process	1651	TOB-1 Tobacco Use Screening	Endorsed	Removed for FY 2019
Process	0431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed	Removed for FY 2019
Process	N/A	Use of Electronic Health Record	Not Endorsed	Removed for FY 2019
Process	N/A	Assessment of Patient Experience of Care	Not Endorsed	Removed for FY 2019

IPFQR Program Measure Set

Type	NQF #	Measure Title	NQF Status
Process	N/A	Screening for Metabolic Disorders	Not Endorsed
Process	0640	Hours of Physical Restraint	Endorsed
Process	0641	Hours of Seclusion Use	Endorsed
Process	1654	TOB-2 Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment	Endorsed
Process	1663	SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention	Endorsed
Process	1656	TOB-3 Tobacco Use Treatment Provided or Offered at Discharge and the subset measure TOB-3a Tobacco Use Treatment at Discharge	Endorsed
Process	1664	SUB-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge	Endorsed
Process	1659	Influenza Immunization	Endorsed
Process	0560	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	Endorsed
Process	0647	Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	Endorsed
Process	0648	Timely Transmission of Transition Record	Endorsed
Process	0576	Follow-Up After Hospitalization for Mental Illness (FUH)	Endorsed
Outcome	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

Strengthen Person and Family Engagement as Partners in their Care

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

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

- Preventable Healthcare Harm
  - Aggregate Harm Measure

Workgroup Discussion

- Does the Workgroup have suggestions for refinement or additions to these high-priority 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 healthcare options
  - Establish a system for collecting and providing quality data to hospitals providing outpatient services such as emergency department visits, outpatient surgery, and radiology services

HOQR Program Measure Set

Type	NQF #	Measure Title	NQF Status
Process	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

HOQR Program Measure Set

Type	NQF #	Measure Title	NQF Status
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	Patient and Family Engagement	Best Practices of Healthy Living
Effective Prevention and Treatment	Making Care Affordable	Communication/Care Coordination

Workgroup Discussion

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

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

Hospital IQR Program

- **Program Type:**
  - Pay for reporting and public reporting
- **Incentive Structure:**
  - Hospitals that do not participate or meet program requirements receive a one-fourth 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

Hospital IQR Program Measure Set Updates

Type	NQF #	Measure Title	NQF Status	Updates
NHSN Outcome	0138	NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	Endorsed	Removed for FY 2022
NHSN Outcome	1717	NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed	Removed for FY 2022
NHSN Outcome	0139	NHSN Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	Endorsed	Removed for FY 2022
NHSN Outcome	0753	ACS-CDC Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	Endorsed	Removed for FY 2022
NHSN Outcome	1716	NHSN Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Endorsed	Removed for FY 2022
Cost/Resource Use	2158	Payment-Standardized Medicare Spending Per Beneficiary (MSPB)	Endorsed	Removed for FY 2020
Cost/Resource Use	N/A	Cellulitis Clinical Episode-Based Payment Measure	Not Endorsed	Removed for FY 2020
Cost/Resource Use	N/A	Gastrointestinal (GI) Hemorrhage Clinical Episode-Based Payment Measure	Not Endorsed	Removed for FY 2020
Cost/Resource Use	N/A	Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure	Not Endorsed	Removed for FY 2020
Cost/Resource Use	N/A	Aortic Aneurysm Procedure clinical episode-based payment (AA Payment) Measure	Not Endorsed	Removed for FY 2020
Cost/Resource Use	N/A	Cholecystectomy and Common Duct Exploration Clinical Episode-Based Payment Measure	Not Endorsed	Removed for FY 2020
Cost/Resource Use	N/A	Spinal Fusion Clinical Episode-Based Payment Measure	Not Endorsed	Removed for FY 2020

Hospital IQR Program Measure Set Updates

Type	NQF #	Measure Title	NQF Status	Updates
Claims-based Outcome	0230	Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed	Removed for FY 2020
Claims-based Outcome	2558	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) surgery	Endorsed	Removed for FY 2022
Claims-based Outcome	1893	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Endorsed	Removed for FY 2021
Claims-based Outcome	0229	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) hospitalization.	Endorsed	Removed for FY 2020
Claims-based Outcome	0468	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization	Endorsed	Removed for FY 2021
Claims-based Outcome	0505	Hospital 30-Day All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed	Removed for FY 2020
Claims-based Outcome	2515	Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery	Endorsed	Removed for FY 2020
Claims-based Outcome	1891	Hospital-Level, 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Endorsed	Removed for FY 2020
Claims-based Outcome	0330	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization.	Endorsed	Removed for FY 2020
Claims-based Outcome	0506	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization	Endorsed	Removed for FY 2020
Claims-based Outcome	N/A	30-Day Risk-Standardized Readmission Rate Following Stroke Hospitalization	Not Endorsed	Removed for FY 2020
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	Removed for FY 2020
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	Removed for FY 2023
Claims-based Outcome	0531	Patient Safety and Adverse Events Composite	Endorsed	Removed for FY 2020

Hospital IQR Program Measure Set Updates

Type	NQF #	Measure Title	NQF Status	Updates
Chart-abstracted Outcome	0495	Median Time from ED Arrival to ED Departure for Admitted ED Patients	Endorsed	Removed for FY 2021
Chart-abstracted Process	0497	Admit Decision Time to ED Departure Time for Admitted Patients	Endorsed	Removed for FY 2022
Chart-abstracted Process	1659	Influenza immunization	Endorsed	Removed for FY 2021
Chart-abstracted Outcome	0376	Incidence of Potentially Preventable Venous Thromboembolism	Endorsement Removed	Removed for FY 2021
eCQM Process	0163/3048	Primary PCI Received within 90 minutes of hospital arrival	Endorsement Removed	Removed for FY 2022
eCQM Process	0338	Home Management Plan of Care Document Given to Patient/Caregiver	Endorsement Removed	Removed for FY 2022
eCQM Process	1354	Hearing screening before hospital discharge	Endorsed	Removed for FY 2022
eCQM Process	0469	Elective Delivery	Endorsed	Removed for FY 2022
eCQM Process	0440	Stroke Education	Endorsement Removed	Removed for FY 2022
eCQM Process	0441	Assessed for Rehabilitation	Endorsed-Reserve	Removed for FY 2022
eCQM Outcome	0495	Median Time from ED Arrival to ED Departure for Admitted ED Patients	Endorsed	Removed for FY 2022
Structural	N/A	Hospital Survey on Patient Safety Culture	Not Endorsed	Removed for FY 2020
Structural	N/A	Safe Surgery Checklist Use	Not Endorsed	Removed for FY 2020

Hospital IQR Program Measure Set

Type	NQF #	Measure Title	NQF Status
Claims-based Outcome	N/A	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke	Not Endorsed
Claims-based Outcome	1789	Hospital-Wide All-Cause, Unplanned Readmission Measure (HWR)	Endorsed
Claims-based Outcome	2881	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	Endorsed
Claims-based Outcome	2880	Excess Days in Acute Care after Hospitalization for Heart Failure	Endorsed
Claims-based Outcome	2882	Excess Days in Acute Care after Hospitalization for Pneumonia	Endorsed
Claims-based Outcome	0351	Death among Surgical Inpatients with Serious, Treatable Complications	Endorsed
Cost/Resource Use	2431	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)	Endorsed
Cost/Resource Use	2436	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF)	Endorsed
Cost/Resource Use	2579	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode -of Care for Pneumonia	Endorsed
Cost/Resource Use	N/A	Hospital-Level, Risk-Standardized Payment Associated with a 90-Day Episode -of Care for Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)	Not Endorsed

Hospital IQR Program Measure Set

Type	NQF #	Measure Title	NQF Status
eCQM Process	0497	Admit Decision Time to ED Departure Time for Admitted Patients	Endorsed
eCQM Process	0480	Exclusive Breast Milk Feeding and the subset measure PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice	Endorsed
eCQM Process	0435/3042	Discharged on Antithrombotic Therapy	Endorsed-Reserve
eCQM Process	0436/3043	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Endorsed-Reserve
eCQM Process	0438/3045	Antithrombotic Therapy by the End of Hospital Day Two	Endorsed-Reserve
eCQM Process	0439	Discharged on Statin Medication	Endorsed
eCQM Process	0371	Venous Thromboembolism Prophylaxis	Endorsed
eCQM Process	0372/2933	Intensive Care Unit Venous Thromboembolism Prophylaxis	Endorsed
Chart-abstracted Composite	0500	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	Endorsed
Chart-abstracted Process	0469	Elective Delivery	Endorsed
Patient Survey	0166 (0228)	HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey (including Care Transitions Measure)	Endorsed
Process	0431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed

High Priority Domains for Hospital IQR

Strengthen Person & Family Engagement as Partners in their Care	• Patient Reported Functional Outcomes • Care is Personalized and Aligned with Patient's Goals
Promote Effective Communication and Coordination of Care	• Seamless Transfer of Health Information
Promote Effective Prevention and Treatment of Chronic Disease	• Prevention and Treatment of Opioid and Substance Use Disorders
Make Care Safer by Reducing Harm Caused in the Delivery of Care	• Preventable Healthcare Harm

Workgroup Discussion

- Does the Workgroup have suggestions for refinement or additions to the high-priority 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 Measure Set Updates

Type	NQF #	Measure Title	NQF Status	Updates
Safety Measures	0469	Elective Delivery	Endorsed	Removed FY 2021
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	Removed FY 2019
Efficiency and Cost Reduction Measures	2436	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF)	Endorsed	Removed FY 2019
Efficiency and Cost Reduction Measures	2579	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode -of Care for Pneumonia	Endorsed	Removed FY 2019

VBP Measure Set

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

VBP Measure Set

Type	NQF #	Measure Title	NQF Status
Efficiency and Cost Reduction Measure	2158	Payment-Standardized Medicare Spending Per Beneficiary (MSPB)	Endorsed
Person and Community Engagement Domain	0166 (0228)	HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey (including Care Transition Measure)	Endorsed
Clinical Care Domain	0230	Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization	Endorsed
Clinical Care Domain	0229	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) hospitalization.	Endorsed
Clinical Care Domain	0468	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization	Endorsed
Clinical Care Domain	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
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:

Strengthen Person & Family Engagement as Partners in their Care

Patient-Reported Functional Outcomes

Effective Prevention and Treatment of Chronic Disease

Prevention and Treatment of Opioid and Substance Use Disorders

Risk-Adjusted Mortality

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

Workgroup Discussion

- Does the Workgroup have suggestions for refinement or additions to these high-priority 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 healthcare.

Readmissions Measure Set

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

High-Priority Domains for Readmissions

Promote Effective Communication and Coordination of Care

- Admissions and Readmissions to Hospitals

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

Workgroup Discussion

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

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

High-Priority 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	Ventilator-associated events	Additional surgical site infections
Risk-adjusted outcomes	Diagnostic Errors	All-cause harm or multiple harms

Workgroup Discussion

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

CMS Updates on Prior Measures Under Consideration (MUCs)

Hospital Inpatient Quality (IQR) Reporting Program

Feedback Loop Update:
Hospital Harm—Opioid Related Adverse Events

» Background

– Proportion of hospitalized patients age 18 years and older who suffer the harm of receiving a narcotic antagonist (naloxone), outside of the operating room.

– The 2017-2018 MAP recommended that the measure be refined and resubmitted, requesting that the measure be submitted for NQF endorsement and demonstrate reliability and validity.

Feedback Loop Update:
Hospital Harm—Opioid Related Adverse Events

» Developments since the MAP's recommendation

- Sought comment in FY 2019 IPPS/LTCH PPS rulemaking as a potential future measure.

- Separately, additional feedback was sought through a public comment period which closed in March 2018.

- Measure was simplified to not include a respiratory stimulant and only to require documentation of an opioid administration prior to naloxone within the first 24-hours of the hospitalization.

- Currently completing testing and intend to submit to NQF in January 2019.

Feedback Loop Update:
Safe Use of Opioids – Concurrent Prescribing

» Background

– Patients age 18 years and older prescribed two or more opioids or an opioid and benzodiazepine concurrently at discharge from a hospital-based encounter.

– The 2016-2017 MAP recommended that the measure be refined and resubmitted, requesting that the measure developer consider situations where concurrent prescriptions of opioids and benzodiazepines might be appropriate.

Feedback Loop Update:
Safe Use of Opioids – Concurrent Prescribing

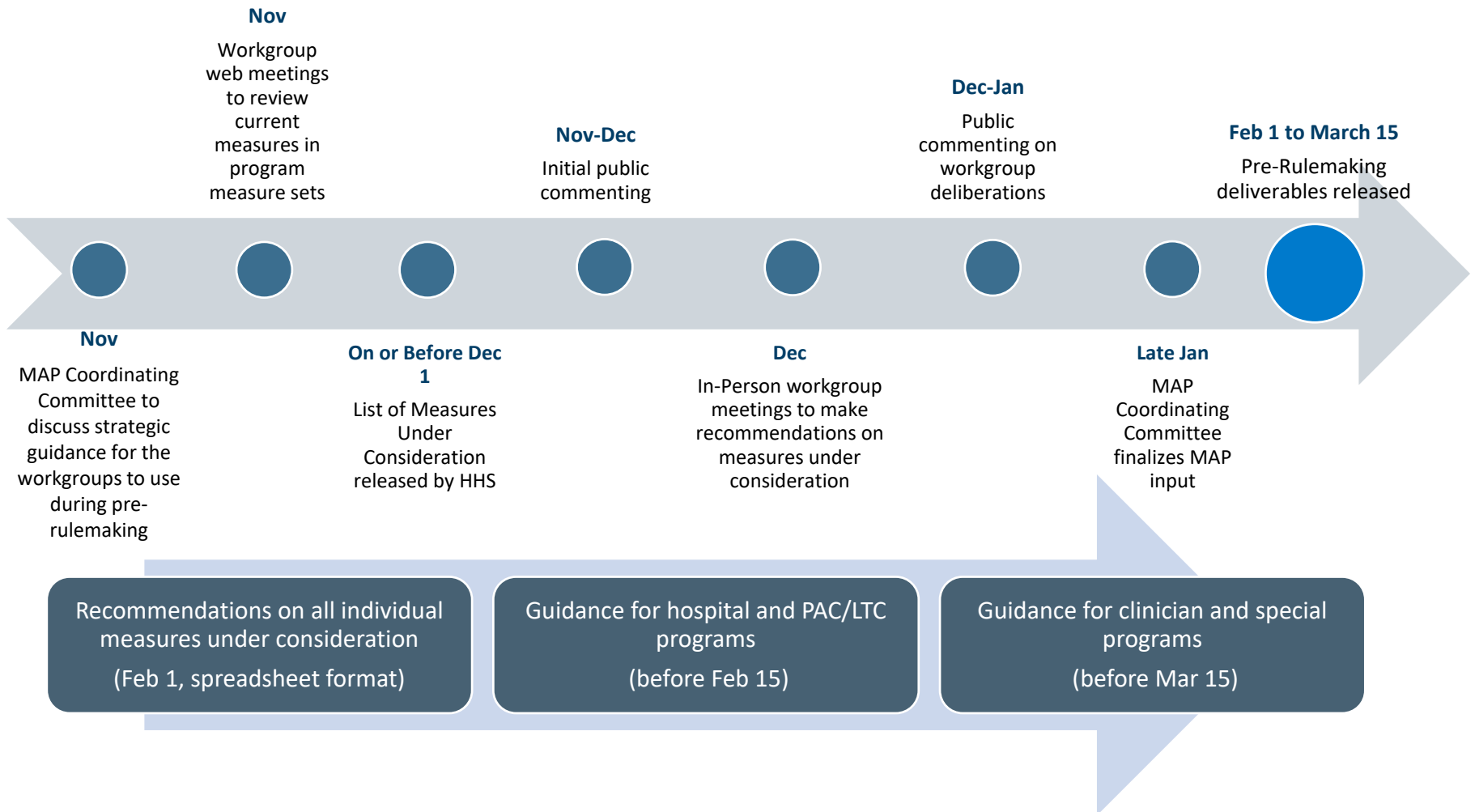» Developments since the MAP's recommendation

- Sought comment in FY 2017 IPPS/LTCH PPS rulemaking as a potential future measure.

- Testing completed in June 2017, and submitted to NQF in late 2017.

- Separately, additional feedback was sought through a public comment period in March 2018.

- The measure received NQF endorsement in May 2018.

Opportunity for NQF Member and Public Comment

Next Steps

MAP Pre-Rulemaking Approach
A look at what to expect

Nov

Workgroup web meetings to review current measures in program measure sets

Nov-Dec

Initial public commenting

Dec-Jan

Public commenting on workgroup deliberations

Feb 1 to March 15

Pre-Rulemaking deliverables released

Nov

MAP Coordinating Committee to discuss strategic guidance for the workgroups to use during pre-rulemaking

On or Before Dec 1

List of Measures Under Consideration released by HHS

Dec

In-Person workgroup meetings to make recommendations on measures under consideration

Late Jan

MAP Coordinating Committee finalizes MAP input

Recommendations on all individual measures under consideration

(Feb 1, spreadsheet format)

Guidance for hospital and PAC/LTC programs

(before Feb 15)

Guidance for clinician and special programs

(before Mar 15)

Next Steps: Upcoming Activities

- Release of the MUC List – by December 1

- Public Comment Period #1 – Timing based on MUC list release

- In-Person Workgroup Meeting – December 11

- Public Comment Period #2 – Following Workgroup In-Person Meetings

- Coordinating Committee – January 22-23

Resources

- CMS' Measurement Needs and Priorities Document:

  - *Final_5_29_2018_MUC_Program_Priorities_Needs*

- Pre-Rulemaking URL:

  - *https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html*

- MAP Member Guidebook:

  - *http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=80515*

Questions?

Contact Information

- Project page

  - http://www.qualityforum.org/MAP_Hospital_Workgroup.aspx

- Workgroup SharePoint site

  - http://share.qualityforum.org/Projects/MAP%20Hospital%20Workgroup/SitePages/Home.aspx

- Email Hospital Team

  - MAPHospital@qualityforum.org