NATIONAL QUALITY FORUM

Measure Applications Partnership

Hospital Workgroup In-Person Meeting

December 11, 2018

Welcome, Introductions, and Review of Meeting Objectives

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	Richard Knight, MBA
American Hospital Association	Nancy Foster
America's Essential Hospitals	Maryellen Guinan
Association of American Medical Colleges	Gayle Lee *(Substitute for Janis Orlowski, MD MACP)*
Baylor Scott & White Health	Marisa Valdes, RN, MSN
Children's Hospital Association	Sally Turbyville, DrPH, MS, MA
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	Lisa McGiffert *(Substitute for 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
Pharmacy Quality Alliance	Anna Dopp, PharmD
Premier, Inc.	Aisha Pittman, MPH
Project Patient Care	Martin Hatlie, JD
Service Employees International Union	Sarah Nolan
University of Michigan	Marsha Manning, MLIR, BSN, RN

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**

Agenda

- Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives
- CMS Opening Remarks
- MAP Rural Health Introduction and Presentation
- Overview of Pre-Rulemaking Approach
- Review Programs/Topic Areas
- Opportunity for Public Comment
- Summary of Day and Next Steps
- Adjourn

Meeting Objectives

Review and provide input on Measures Under Consideration applicable to federal hospital quality programs.

Identify gaps in measures for federal hospital quality programs.

CMS Opening Remarks

NATIONAL QUALITY FORUM

Recommendations from the 2018 MAP Rural Health Workgroup

NQF's MAP Rural Health Workgroup Project Team
and
Ira Moscovice, PhD, MAP Rural Health Workgroup co-chair

Overview of Presentation

- Overview of NQF's 2015 work in rural health and key activities of the MAP Rural Health Workgroup
- 2018 recommendations of the MAP Rural Health Workgroup
  - *Core set of measures, gaps in measurement, access to care*
- Next steps for the NQF and the Workgroup
- Discussion

NQF's 2015 Rural Health Project

- Overarching Recommendation
  - *Make participation in CMS quality measurement and quality improvement programs mandatory for all rural providers, but allow a phased approach for full participation across program types and explicitly address low case-volume*

- Some Supporting Recommendations
  - *Use guiding principles for selecting quality measures that are relevant for rural providers*
  - *Use a core set of measures, along with a menu of optional measures, for rural providers*
  - *Create a Measure Applications Partnership (MAP) workgroup to advise CMS on the selection of rural-relevant measures*

MAP Rural Health Workgroup
Key Activities for 2017-2018

- Assemble MAP Rural Health Workgroup
- Identify a core set of the best available rural-relevant measures
- Identify gaps in measurement and provide recommendations on alignment and coordination of measurement efforts
- Make recommendations regarding measuring and improving access to care for the rural population

MAP Rural Health Workgroup Recommendations

Rural Health Core Set

- 20 measures in the core set
  - *9 measures for the hospital setting (facility level of analysis)*
  - *11 measures for ambulatory setting (clinician level of analysis)*
- 7 additional measures for ambulatory setting, but currently endorsed for health plan/integrated delivery system levels of analysis
- Apply to majority of rural patients and providers
  - *NQF-endorsed*
  - *Cross-cutting*
  - *Resistant to low case-volume*
- Includes process and outcome measures
- Includes measures based on patient report
- Majority used in federal quality programs

Rural Health Core Set
Hospital Setting

NQF #	Measure Name
0138	National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure
0166	HCAHPS (includes 11 performance measures)
0202	Falls with injury
0291	Emergency Transfer Communication Measure
0371	Venous Thromboembolism Prophylaxis
0471	PC-02 Cesarean Birth
1661	SUB-1 Alcohol Use Screening
1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure
1789	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)

Rural Health Core Set
Ambulatory Care Setting

NQF #	Measure Name
0005	CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult, Child
0028	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
0041	Preventive Care and Screening: Influenza Immunization
0059	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
0097	Medication Reconciliation Post-Discharge
0326	Advance Care Plan
0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

Rural Health Core Set
Ambulatory Care Setting

NQF #	Measure Name
0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
0711	Depression Remission at Six Months
0729	Optimal Diabetes Care
2152	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

Additional Measures

Ambulatory Care Setting, Health Plan/Integrated Delivery System Level of Analysis (not clinician level)

NQF #	Measure Name
0018	Controlling High Blood Pressure
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
0032	Cervical Cancer Screening (CCS)
0034	Colorectal Cancer Screening (COL)
0038	Childhood Immunization Status (CIS)
2372	Breast Cancer Screening
2903	Contraceptive Care – Most & Moderately Effective Methods

2017-2018 MAP Rural Health Workgroup
Measurement Gaps

- Access to care
- Transitions in care
- Cost
- Substance use measures, particularly those focused on alcohol and opioids
- Outcome measures (particularly patient-reported outcomes)

Considering Access to Care from a Rural Perspective

- Identified facets of access that are particularly relevant to rural residents
- Documented key challenges to access-to-care measurement from the rural perspective
- Identified ways to address those challenges

- Some key aspects of discussion
  - *Access and quality difficult to de-link*
  - *Both clinician-level and higher-level accountability needed*
  - *Distance to care and transportation issues are vital issues*
  - *Telehealth can address several of the barriers to access, but there are still limitations to its use*

Key Domains of Access to Care from a Rural Perspective

- **Availability**
  - *Specialty care, appointment availability, timeliness*
  - *Address via: workforce policy; team-based care and practicing to top of license; telehealth; improving referral relationships; partnering with supporting services*
- **Accessibility**
  - *Transportation, health information, health literacy, language interpretation, physical spaces*
  - *Address via: tele-access to interpreters; community partnerships; remote technology; clinician-patient communication*
- **Affordability**
  - *Out-of-pocket costs; delayed care due to out-of-pocket costs*
  - *Address via: appropriate risk adjustment; policy/insurance expansion; protecting the safety net; monitoring patient balance after insurance*

A Final Recommendation from the MAP Rural Health Workgroup

- CMS should continue to fund the MAP Rural Health Workgroup
  - *View the current core set as a "starter set"*
  - *Would like the opportunity to refine the core set over time*
    - » New measures continually being developed
    - » Measures often are modified
    - » Need to monitor for unintended consequences
  - *Would like opportunity to provide a rural perspective on other topics going forward*

Post-Report Activities and Next Steps

Subsequent Activities by NQF Related to Rural Health

- Organized a Capitol Hill Briefing on the report and recommendations (September 2018)
- NQF's "splash screen" focused on the work
- Positive media coverage (at least 6 publications including Modern Healthcare)
- Health Affairs blog article

Next Steps for the MAP Rural Health Workgroup

- NQF has received continued funding to convene the Workgroup; key tasks include:
  - *Sharing recommendations with the Clinician, Hospital, and PAC/LTC Workgroups*
  - *Gather feedback from the Workgroup on clinician-specific measures included on the 2018 Measures Under Consideration (MUC) list*
  - *Convene a 5-person Technical Expert Panel (TEP) to develop recommendations on how to calculate healthcare measures when case volume is low*

Discussion

Discussion

- Core set
  - *Do you agree with the overall topic areas that were covered?*
    - » Is anything missing?
  - *Do you have any particular concerns or questions about particular measures?*
- Gaps
  - *What are your initial thoughts on the identified gaps?*
- Access to care
  - *What did you think of the approach?*
  - *Do the three domains seem like the right ones to focus on?*
  - *Was anything particularly surprising or intriguing?*
  - *Did we miss anything?*

MAP Pre-Rulemaking Approach

Approach

The approach to the analysis and selection of measures is a three-step process:

- Provide program overview
- Review current measures
- Evaluate MUCs for what they would add to the program measure set

Evaluate Measures Under Consideration

- MAP Workgroups must reach a decision about every measure under consideration
  - *Decision categories are standardized for consistency*
  - *Each decision should be accompanied by one or more statements of rationale that explains why each decision was reached*

Preliminary Analysis of Measures Under Consideration

To facilitate MAP's voting process, NQF staff will conduct a preliminary analysis of each measure under consideration.

The preliminary analysis is an algorithm that asks a series of questions about each measure under consideration. This algorithm was:

- Developed from the MAP Measure Selection Criteria, and approved by the MAP Coordinating Committee, to evaluate each measure
- Intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions

MAP Measure Selection Criteria

1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
2. Program measure set actively promotes key healthcare improvement priorities, such as those highlighted in CMS' "Meaningful Measures" Framework
3. Program measure set is responsive to specific program goals and requirements
4. Program measure set includes an appropriate mix of measure types
5. Program measure set enables measurement of person- and family-centered care and services
6. Program measure set includes considerations for healthcare disparities and cultural competency
7. Program measure set promotes parsimony and alignment

Decision Categories for 2018-2019

Decision Category	Definition	Evaluation Criteria
Support for Rulemaking	MAP supports implementation with the measure as specified and has not identified any conditions that should be met prior to implementation.	The measure is fully developed and tested in the setting where it will be applied and meets assessments 1-6 of the MAP Preliminary Analysis Algorithm. If the measure is in current use, it also meets assessment 7.
Conditional Support for Rulemaking	MAP supports implementation of the measure as specified but has identified certain conditions or modifications that would ideally be addressed prior to implementation.	The measure meets assessments 1-3, but may need modifications. A designation of this decision category assumes at least one assessment 4-7 is not met. MAP will provide a rationale that outlines each suggested condition (e.g., measure requires NQF review or endorsement OR there are opportunities for improvement under evaluation). Ideally, the modifications suggested by MAP would be made before the measure is proposed for use. However, the Secretary retains policy discretion to propose the measure. CMS may address the MAP-specified refinements without resubmitting the measure to MAP prior to rulemaking.
Do Not Support for Rulemaking with Potential for Mitigation	MAP does not support implementation of the measure as specified. However, MAP agrees with the importance of the measure concept and has suggested modifications required for potentials support in the future. Such a modification would considered to be a material change to the measure. A material change is defined as any modification to the measure specifications that significantly affects the measure result.	The measure meets assessments 1-3 but cannot be supported as currently specified. A designation of this decision category assumes at least one assessment 4-7 is not met.
Do Not Support for Rulemaking	MAP does not support the measure.	The measure under consideration does not meet one or more of assessments 1-3.

MAP Voting Instructions

Key Voting Principles

- Quorum is defined as 66 percent of the voting members of the committee present in person or by phone for the meeting to commence.
  - *Quorum must be established prior to voting. The process to establish quorum is constituted of 1) taking roll call 2) Determining if a quorum is present 3) proceeding with a vote. At this time, only if a member of the committee questions the presence of a quorum is it necessary to reassess the presence of the quorum.*
  - *If quorum is not established during the meeting, MAP will vote via electronic ballot after the meeting.*
- MAP has established a consensus threshold of greater than or equal to 60 percent of voting participants voting positively AND a minimum of 60% of the quorum figure voting positively.
  - *Abstentions do not count in the denominator.*
- Every measure under consideration will receive a decision.
- Staff will provide an overview of the process for establishing consensus through voting at the start of each in-person meeting.
- After additional introductory presentations from staff and the chair to give context to each programmatic discussion, voting will begin.
- The in-person meeting discussion guide will organize content as follows:
  - *Measures under consideration will be divided into a series of related groups for the purposes of discussion and voting. The groups are likely to be organized around programs (Hospital and PAC/LTC) or condition categories (Clinician).*
- Each measure under consideration will have been subject to a preliminary staff analysis based on a decision algorithm approved by the Coordinating Committee.
  - *The discussion guide will note the result of the preliminary analysis (i.e., support, do not support, or conditional support) and provide rationale to support how that conclusion was reached.*

Workgroup Voting Procedures

- Step 1. Staff will review the Preliminary Analysis for each MUC using the MAP selection criteria and programmatic objectives, and Lead Discussants will review and present their findings.
- Step 2. The co-chairs will ask for clarifying questions from the Workgroup. The chairs will compile all Workgroup questions.
  - *Measure developers will respond to the clarifying questions on the specifications of the measure.*
  - *NQF staff will respond to clarifying questions on the preliminary analysis.*
  - *Lead discussants will respond will respond to questions on their analysis.*
- Step 3. Voting on acceptance of the preliminary analysis decision.
  - *After clarifying questions have been resolved, the co-chair will open for a vote on accepting the preliminary analysis assessment. This vote will be framed as a yes or no vote to accept the result.*
  - *If greater than or equal to 60% of the Workgroup members vote to accept the preliminary analysis assessment, then the preliminary analysis assessment will become the Workgroup recommendation. If less than 60% of the Workgroup votes to accept the preliminary analysis assessment, discussion will open on the measure.*

Workgroup Voting Procedures

- Step 4. Discussion and Voting on the MUC
  - *The co-chair will open for discussion among the Workgroup. Workgroup members should participate in the discussion to make their opinions known. However, one should refrain from repeating points already presented by others in the interest of time.*
  - *After the discussion, the co-chair will open the MUC for a vote.*
    - NQF staff will summarize the major themes of the Workgroup's discussion.
    - The co-chairs will determine what decision category will be put to a vote first based on potential consensus emerging from the discussions.
    - If the co-chairs do not feel there is a consensus position to use to begin voting, the Workgroup will take a vote on each potential decision category, one at a time. The first vote will be on support, then conditional support, then do not support with potential for mitigation, then do not support.

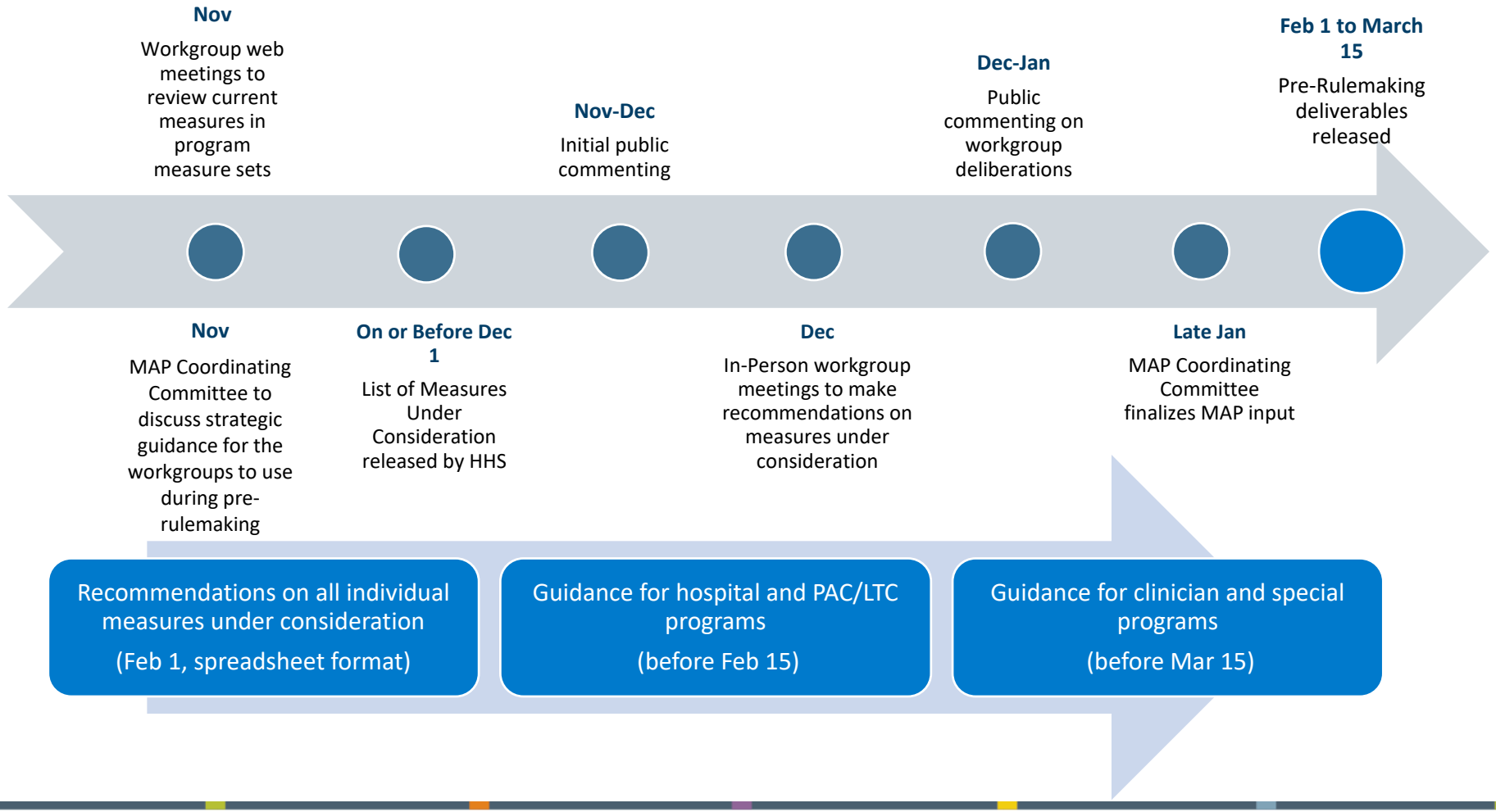
Workgroup Voting Procedures

- Step 5: Tallying the Votes:
  - *If a decision category put forward by the co-chairs receives greater than or equal to 60% of the votes, the motion will pass, and the measure will receive that decision.*
  - *If no decision category achieves greater than 60% to overturn the preliminary analysis, the preliminary analysis decision will stand. This will be marked by staff and noted for the Coordinating Committee's consideration.*

Commenting Guidelines

- Comments from the early public comment period have been incorporated into the discussion guide
- There will be an opportunity for public comment before the discussion on each program.
  - *Commenters are asked to limit their comments to that program and limit comments to **two minutes.***
  - *Commenters are asked to make any comments on MUCs or opportunities to improve the current measure set at this time.*
- There will be a global public comment period at the end of each day.
- Public comment on the Workgroup recommendations will run from December 21, 2018—January 10, 2019.
  - *These comments will be considered by the MAP Coordinating Committee and submitted to CMS.*

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



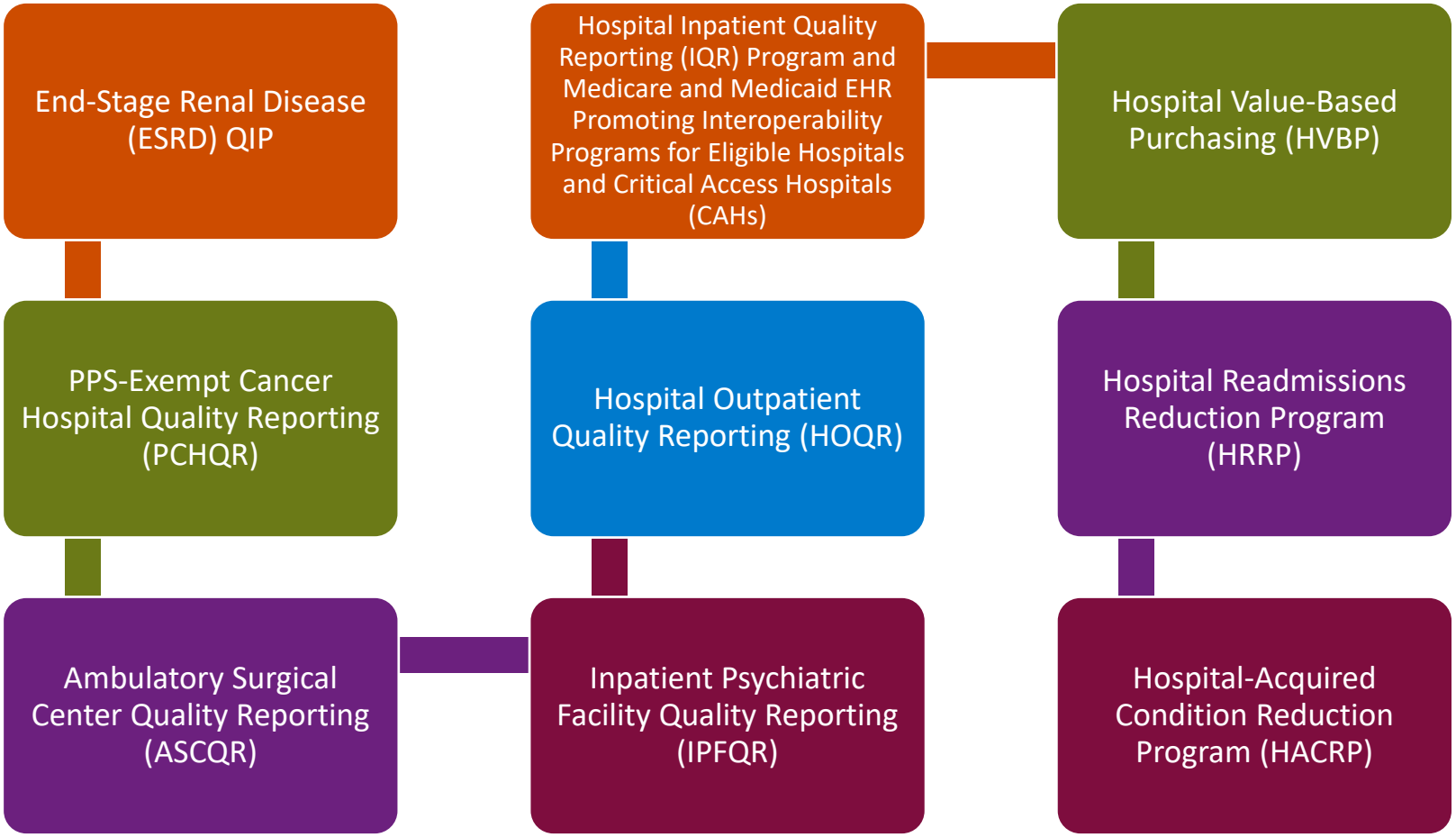
Addressing Pain Management through Quality Measurement

- CMS has removed the pain questions from HCAPHS because of the concern of potential unintended consequences of opioid use
- CMS is considering alternative pain questions to replace these questions, recognizing the importance of pain control to the quality of care
- Components under consideration include addressing a multifaceted approach to pain management, and a focus on overall pain management as opposed to focusing on opioid use
- What other areas should CMS consider? (open to discussion)

Break

Pre-Rulemaking Input

Programs to Be Considered by the Hospital Workgroup



Number of Measures Under Consideration by Program

CMS Program	Number of Measures Under Consideration
Ambulatory Surgical Center Quality Reporting Program	0
End-Stage Renal Disease Quality Incentive Program	0
Hospital-Acquired Condition Reduction Program	0
Hospital Inpatient Quality Reporting (IQR) Program and Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs)	3
Hospital Outpatient Quality Reporting Program	0
Hospital Readmissions Reduction Program	0
Hospital Value-Based Purchasing Program	0
Inpatient Psychiatric Facility Quality Reporting Program	0
Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program	1

Lunch

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	Under Review
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.

Public Comment

PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR)

- MUC18-150: Surgical Treatment Complications for Localized Prostate Cancer

Break

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 in their Annual Payment Update
- **Program Goals:**
  - Progress towards paying providers based on the quality, rather than the quantity of care they give patients
  - Interoperability between EHRs and CMS data collection
  - To provide consumers information about hospital quality so they can make informed choices about their care

Hospital IQR Program Measure Set 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

Public Comment

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

- MUC18-52: Cesarean Birth
- MUC18-107: Hospital Harm - Pressure Injury
- MUC18-109: Hospital Harm - Hypoglycemia

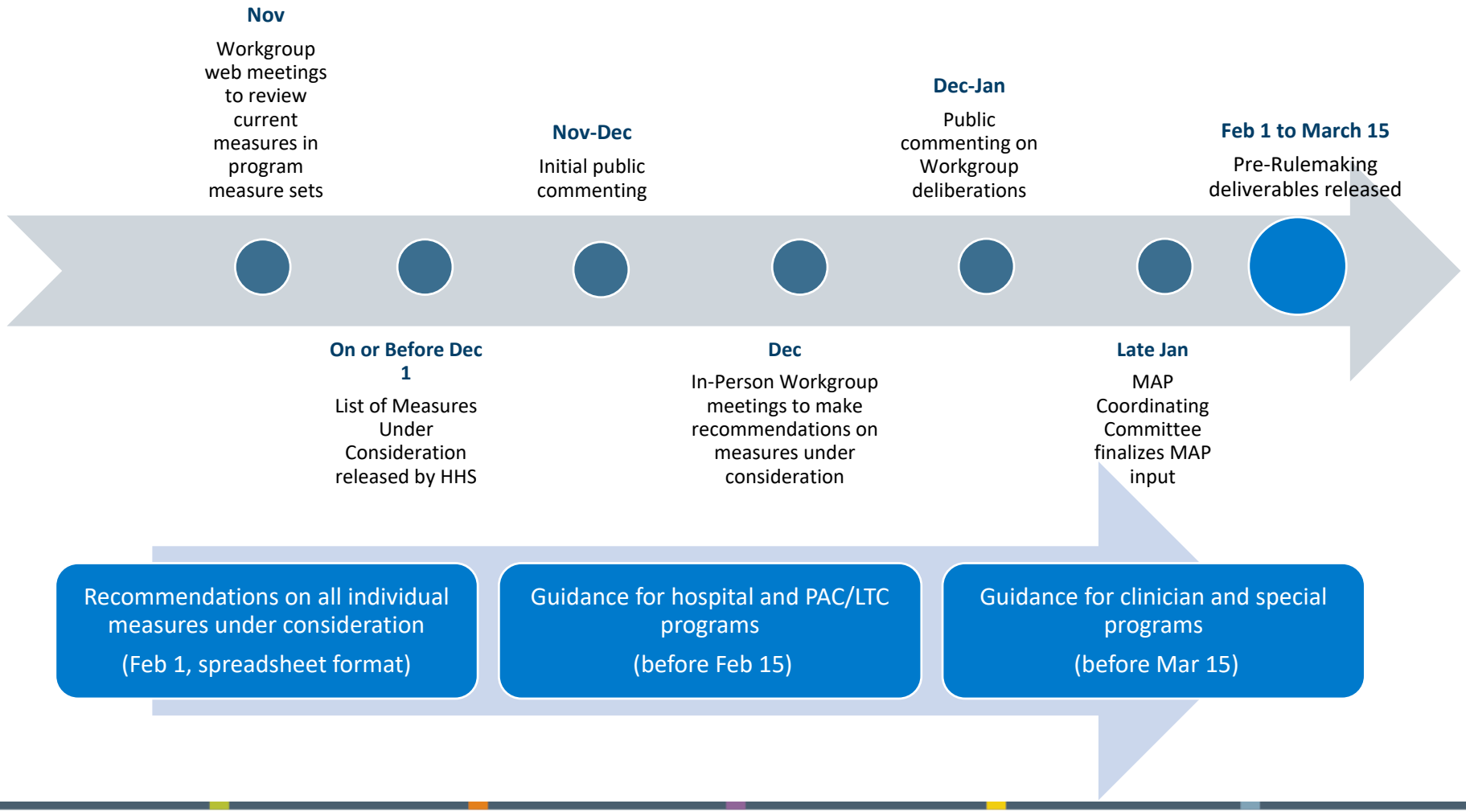
Break

Opportunity for NQF Member and Public Comment

Summary of Day and Next Steps

MAP Approach to Pre-Rulemaking

A look at what to expect



Next Steps: Upcoming Activities

In-Person Meetings

- PAC/LTC Workgroup – **December 10**
- Hospital Workgroup – **December 11**
- Clinician Workgroup – **December 12**
- Coordinating Committee – **January 22-23**

Public Comment Period #2: December 21, 2018 —January 10, 2019

Adjourn