NATIONAL QUALITY FORUM
Driving measurable health improvements together

MAP Rural Health Workgroup: Input on 2019-2020 Pre-Rulemaking Cycle

November 20, 21, and 22, 2019

Agenda

- Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives
- MAP Rural Health Workgroup 2019 Pre-Rulemaking Activities
- Measures Under Consideration 2019-2020
  - *Hospital*
  - *Clinician*
  - *PAC/LTC*
- Public and Member Comment
- Next Steps
- Adjourn

Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives

Project Staff

Karen Johnson
Senior Director

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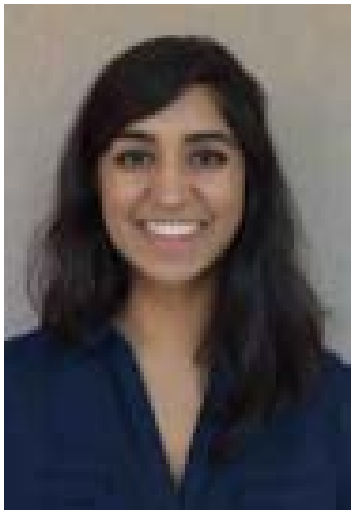
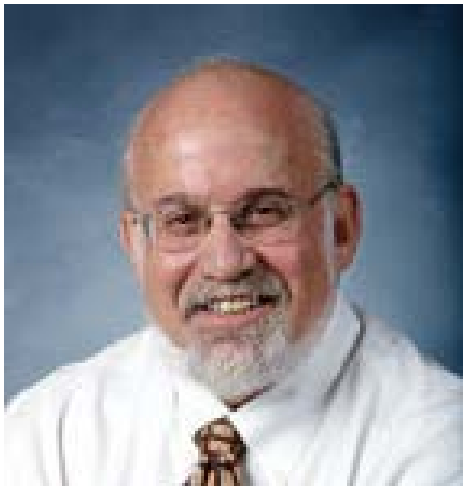


Ameera Chaudhry
Project Analyst

Welcoming Remarks from Workgroup Co-chairs



Ira Moscovice, PhD
University of Minnesota
School of Public Health

Aaron Garman, MD
Coal Country Community
Health Center

Rural Health Workgroup Membership

Workgroup Co-chairs: Ira Moscovice, PhD; Aaron Garman, MD

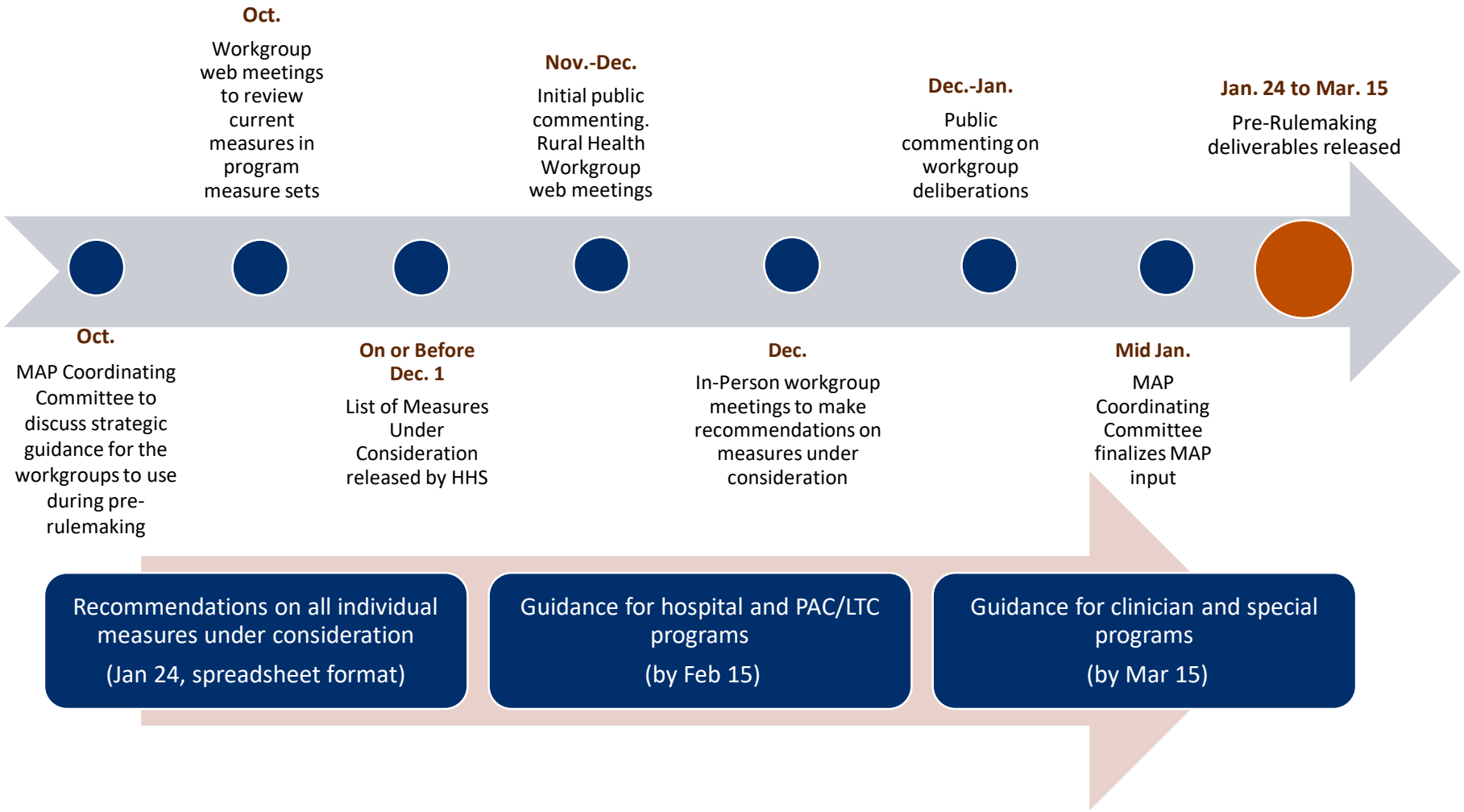
Organizational Members (voting)	
Alliant Health Solutions	Michigan Center for Rural Health
American Academy of Family Physicians (AAFP)	Minnesota Community Measurement
American Academy of Physician Assistants (AAPA)	National Association of Rural Health Clinics (NARHC)
American College of Emergency Physicians (ACEP)	National Rural Health Association (NRHA)
American Hospital Association (AHA)	National Rural Letter Carriers' Association (NRLCA)
American Society of Health-System Pharmacists (ASHP)	RUPRI Center for Rural Health Policy Analysis
Cardinal Innovations	Rural Wisconsin Health Cooperative (RWHC)
Geisinger Health	Truven Health Analytics LLC/IBM Watson Health Company
Intermountain Healthcare	

Rural Health Workgroup Membership

Individual Subject Matter Experts (Voting)
Michael Fadden, MD
John Gale, MS
Curtis Lowery, MD
Melinda Murphy, RN, MS
Jessica Schumacher, PhD
Ana Verzone, MS, APRN, FNP, CNM
Holly Wolff, MHA

Federal Government Liaisons (Nonvoting)
Federal Office of Rural Health Policy, Health and Human Services (HHS)/Health Resources and Services Administration (HRSA)
Center for Medicare and Medicaid Innovation (CMMI), HHS/Centers for Medicare and Medicaid Services (CMS)
Indian Health Services (IHS), HHS

MAP Pre-Rulemaking Approach



MAP Rural Health Workgroup 2019 Pre-Rulemaking Activities

Rural Health Workgroup Charge

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

Rural Health Workgroup Review of MUCs

The Rural Health Workgroup will review the MUCs and provide the following feedback to the setting-specific Workgroups:

- Relative priority/utility of MUC measures in terms of access, cost, or quality issues encountered by rural residents
- Data collection and/or reporting challenges for rural providers
- Methodological problems of calculating performance measures for small rural facilities
- Potential unintended consequences of inclusion in specific programs
- Gap areas in measurement relevant to rural residents/providers for specific programs

Rural Health Workgroup Review (continued)

Rural Health Workgroup feedback will be provided to the setting-specific Workgroups through the following mechanisms:

- Measure discussion guide
  - *A qualitative summary of Rural Health Workgroup's discussion of the MUCs*
  - *Voting results that quantify the Rural Health Workgroup's perception of suitability of the MUCs for various programs*
- In-person attendance of a Rural Health Workgroup liaison at all three pre-rulemaking meetings in December

Process for Today's Discussion

- NQF staff describes the program for which the measure is being proposed
- Lead discussants summarize the measure and proffer initial thoughts about inclusion of the measure
- Workgroup discusses the measure [specifically addressing: (1) relative priority/utility in terms of access, cost, or quality issues encountered by rural residents; (2) data collection and/or reporting challenges for rural providers; (3) methodological problems of calculating performance measures for small rural facilities; and (4) potential unintended consequences of inclusion in specific programs]
- Workgroup votes on the measure [agreement that the measure is suitable for use with rural providers within the specific program of interest (in terms of rural relevance, data collection and methodological challenges, and potential unintended consequences)]
- Workgroup discuses rural-relevant gaps at the program level

Measures Under Consideration 2019-2020

Measures Proposed for Hospital Programs

Programs to Be Considered by the Hospital Workgroup

End-Stage Renal Disease (ESRD) QIP

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR)

Inpatient Psychiatric Facility Quality Reporting (IPFQR)

Hospital Inpatient Quality Reporting (IQR) and

Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals

PPS-Exempt Cancer Hospital Quality Reporting (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

MUC2019-18: National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection Outcome Measure

- **Description**: Standardized Infection Ratio (SIR) of healthcare-associated, catheter-associated urinary tract infections (UTI) will be calculated among patients in bedded inpatient care locations, except level II or level III neonatal intensive care units (NICU). This includes acute care general hospitals, long-term acute care hospitals, rehabilitation hospitals, oncology hospitals, and behavior health hospitals.
- **LoA**: Facility
- **Lead Discussant**: AHA, Geisinger

MUC2019-19: National Healthcare Safety Network (NHSN) Central Line Associated Bloodstream Infection Outcome Measure

- **Description**: Standardized Infection Ratio (SIR) and Adjusted Ranking Metric (ARM) of healthcare-associated, central line-associated bloodstream infections (CLABSI) will be calculated among patients in bedded inpatient care locations.
- **LoA**: Facility
- **Lead Discussant**: Geisinger, AHA

Inpatient Psychiatric Facility Quality Reporting (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

MUC2019-22: Follow-Up After Psychiatric Hospitalization

- **Description**: Percentage of inpatient discharges with principal diagnoses of select mental illness or substance use disorders (SUD) for which the patient received a follow-up visit for treatment of mental illness or SUD. Two rates are reported:
  - *1. Percentage of discharges for which the patient received follow-up within 7 days of discharge*
  - *2. Percentage of discharges for which the patient received follow-up within 30 days of discharge*
- **LoA**: Facility
- **Lead Discussant**: Cardinal, NARHC

End-Stage Renal Disease (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.

MUC2019-64: Standardized Transfusion Ratio for Dialysis Facilities

- **Description**: Ratio of the number of eligible red blood cell transfusion events observed in patients dialyzing at a facility, to the number of eligible transfusion events expected under a national norm, after accounting for the patient characteristics within each facility.
  - *The risk adjusted facility level transfusion ratio is specified for all adult dialysis patients. Eligible transfusions are those that do not have any claims pertaining to the comorbidities identified for exclusion, in the one year look back period prior to each observation window.*
- **LoA**: Facility
- **Lead Discussant**: Intermountain, MNCM

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

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

- **Program Type:**
  - Pay for reporting and public reporting
- **Incentive Structure:**
  - Hospitals that do not participate, or participate but fail to meet program requirements, receive a one-fourth reduction of the applicable percentage increase in their annual payment update
- **Program Goals:**
  - Progress towards paying providers based on the quality, rather than the quantity of care they give patients
  - Interoperability between EHRs and CMS data collection
  - To provide consumers information about hospital quality so they can make informed choices about their care

MUC2019-114: Maternal Morbidity and Mortality

- **Description**: Structural Measure to address severe maternal morbidity in the inpatient hospital setting.
  - *Proposed for IQR only*
- **LoA**: Not yet tested
- **Lead Discussant**: Ana Verzone, Curtis Lowery

MUC2019-26: Hospital Harm - Severe Hyperglycemia

- **Description**: Proportion of hospital days with a severe hyperglycemic event for hospitalized patients 18 or older who have a diagnosis of diabetes mellitus, have received at least one administration of insulin or an anti-diabetic medication during the hospital admission, or have had an elevated blood glucose level (>200 mg/dL) during their hospital admission.
  - *Proposed for both IQR and PI*
- **LoA**: Facility
- **Lead Discussant**: Alliant, MCRH

Measures Proposed for Clinician Programs

Programs to Be Considered by the Clinician Workgroup

Merit-based Incentive Payment System (MIPS)

Medicare Shared Savings Program (SSP)

Medicare Part C and D Star Ratings

Merit-based Incentive Payment System (MIPS)

Merit-based Incentive Payment System (MIPS)

- Program Type: Quality Payment Program
- Incentive Structure:
  - *Pay-for-performance*
  - *There are four connected performance categories that affect a clinician's payment adjustment. Each performance category is scored independently and has a specific weight.*
  - *The MIPS performance categories and proposed 2020 weights:*
    - Quality (40%)
    - Promoting Interoperability (25%)
    - Improvement Activities (15%)
    - Cost (20%)
    - The final score (100%) will be the basis for the MIPS payment adjustment assessed for MIPS eligible clinicians.
- Program Goals:
  - *Improve quality of patient care and outcomes for Medicare FFS.*
  - *Reward clinicians for innovative patient care.*
  - *Drive fundamental movement toward value in healthcare.*

MUC2019-110: Emergency Department Utilization (EDU)

- **Description**: Assesses emergency department (ED) utilization among Medicare (18 and older) health plan members through an observed-to-expected ratio. Plans report observed rates of ED use and a predicted rate of ED use based on the health of the member population and other factors.
- **LoA**: Health Plan
- **Lead Discussant**: NRHA, NRLCA

MUC2019-27: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate

- **Description**: This measure is a re-specified version of the measure, Risk-adjusted readmission rate (RARR) of unplanned readmission within 30 days of hospital discharge for any condition (NQF 1789), which was developed for patients 65 years and older using Medicare claims. This re-specified measure attributes outcomes to MIPS participating clinician groups and assesses each group's readmission rate. The measure comprises a single summary score, derived from the results of five models, one for each of the following specialty cohorts (groups of discharge condition categories or procedure categories): medicine, surgery/gynecology, cardio-respiratory, cardiovascular, and neurology.
- **LoA**: Clinician group
- **Lead Discussant**: MNCM, AAPA

MUC2019-28: Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)

- **Description**: This measure is a re-specified version of the measure, Hospital-level Risk-standardized Complication rate (RSCR) following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) (NQF 1550), which was developed for patients 65 years and older using Medicare claims. This re-specified measure attributes outcomes to MIPS participating clinicians and/or clinician groups and assesses each provider's complication rate, defined as any one of the specified complications occurring from the date of index admission to up to 90 days post date of the index procedure.
- **LoA**: Individual clinician; clinician groups
- **Lead Discussant**: AAPA, Jessica Schumacher

MUC2019-66: Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate

- **Description**: Percentage of adult hemodialysis patient-months using a catheter continuously for three months or longer for vascular access attributable to an individual practitioner or group practice.
- **LoA**: Individual clinician
- **Lead Discussant**: Melinda Murphy, RUPRI

MUC2019-112: Acute Hospital Utilization (AHU)

- **Description**: This measure assesses the risk-adjusted ratio of observed-to-expected inpatient admission and observation stay discharges during the measurement year reported by surgery, medicine and total among members 18 years of age and older.
- **LoA**: Health plan
- **Lead Discussant**: RUPRI, RWHC

MUC2019-37: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

- **Description**: Annual risk-standardized rate of acute, unplanned hospital admissions among Medicare Fee-for-Service (FFS) patients aged 65 years and older with multiple chronic conditions (MCCs).
- **LoA**: Clinician group
- **Lead Discussant**: Jessica Schumacher, AAFP

Medicare Shared Savings Program (SSP)

Medicare Shared Savings Program (SSP)

- **Program Type**:
  - *Quality Payment Program*
- The Medicare Shared Savings Program (Shared Savings Program) is a voluntary program that was designed to facilitate coordination and cooperation among Accountable Care Organization (ACO) providers to improve
  - *Quality of care for Medicare Fee-For-Service beneficiaries*
  - *Reduce the rate of growth in health care costs.*
- In order to share shavings, ACOs must
  - *Demonstrate savings*
  - *Meet the Quality Performance Standard*
  - *Risk-based ACOs may owe loss*
  - *In December 2018, SSP underwent policy changes that redesigned the programs if they increase cost*

MUC2019-37: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

- **Description**: Annual risk-standardized rate of acute, unplanned hospital admissions among Medicare Fee-for-Service (FFS) patients aged 65 years and older with multiple chronic conditions (MCCs).
- **LoA**: ACO-level
- **Lead Discussant**: Jessica Schumacher, AAFP

Medicare Part C and D Star Ratings

Part C and D Star Ratings

- **Program Type:**
  - *Quality Payment Program and Public Reporting*
- **Incentive Structure:**
  - *Medicare Part C: Public reporting and Quality bonus payments—5% if 4 Stars or higher*
  - *Medicare Part D: Public reporting*
- **Program Goals:**
  - *Provide information about plan quality and performance indicators to help beneficiaries make informed plan choices*
  - *Incentivize high performing plans*

MUC2019-14: Follow-up after Emergency Department (ED) Visit for People with Multiple High-Risk Chronic Conditions

- **Description**: The percent of emergency department visits for Medicare beneficiaries ages 18 and older with multiple high-risk chronic conditions (MCC) who had a follow-up service within 7 days of the ED visit.
  - *Multiple high-risk chronic conditions include 2 or more of the following: Alzheimer's disease, atrial fibrillation, chronic kidney disease, COPD, depression, heart failure, cardiovascular disease evidenced by acute myocardial infarction, and stroke or transient ischemic attack. Appropriate follow-up services include but not limited to: an outpatient visit; telephone visit; transitional or complex care management services, outpatient or telehealth behavioral health visit, or observation visit.*
- **LoA**: Health plan
- **Lead Discussants**: ACEP, Holly Wolff

MUC2019-57: Use of Opioids at High Dosage in Persons without Cancer (OHD)

- **Description**: Percent of beneficiaries receiving opioid prescriptions with an average daily morphine milligram equivalent (MME) greater than or equal to 90 mg over a period of 90 days or longer.
- **LoA**: Medicare drug plan
- **Lead Discussant**: ASHSP, Cardinal

MUC2019-60: Use of Opioids from Multiple Providers in Persons without Cancer (OMP)

- **Description**: Percent of beneficiaries receiving opioid prescriptions from 4 or more prescribers and 4 or more pharmacies within 180 days or less.
- **LoA**: Medicare drug plan
- **Lead Discussant**: ASHSP, John Gale

MUC2019-61: Use of Opioids from Multiple Providers and at a High Dosage in Persons without Cancer (OHDMP)

- **Description**: Percent of beneficiaries receiving opioid prescriptions with an average daily morphine milligram equivalent (MME) greater than or equal to 90 mg over a period of 90 days or longer, and opioid prescriptions from 4 or more prescribers and 4 or more pharmacies within 180 days or less.
- **LoA**: Medicare drug plan
- **Lead Discussant**: AAFP, MRHRC

MUC2019-21: Transitions of Care between the Inpatient and Outpatient Settings including Notifications of Admissions and Discharges, Patient Engagement and Medication Reconciliation Post-Discharge

- **Description**: Percentage of discharges for members 18 years of age and older who had each of the following four indicators: notification of inpatient admission; receipt of discharge information; patient engagement after inpatient discharge; and medication reconciliation post-discharge. Plans report separate rates for individuals 18-64 years of age and those 65 years and older, as well as a total rate for each indicator in the measure.
- **LoA**: Health plan
- **Lead Discussant**: Michael Fadden, Intermountain

Measures Proposed for PAC/LTC Programs

Programs to Be Considered by the PAC/LTC Workgroup

Home Health Quality Reporting Program (HH QRP)

Hospice Quality Reporting Program (HQRP)

Home Health Quality Reporting Program (HH QRP)

Home Health Quality Reporting Program (HH QRP)

- **Program Type:**
  - *Penalty for failure to report; Data are reported on the Home Health Compare website.*
- **Incentive Structure:**
  - *The HH QRP was established in accordance with section 1895 of the Social Security Act. Home health agencies (HHAs) that do not submit data receive a 2 percentage point reduction in their annual HH market basket percentage increase.*
- **Program Information:**
  - *Data sources for the HH QRP include the Outcome and Assessment Information Set (OASIS) and Medicare FFS claims*

MUC2019-34: Home Health Within-Stay Potentially Preventable Hospitalization Measure

- **Description**: This measure reports a home health agency (HHA)-level rate of risk-adjusted potentially preventable hospitalizations or observation stays that occur within a home health (HH) stay for all eligible stays at each agency. A HH stay is a sequence of HH payment episodes separated from other HH payment episodes by at least two days.
- **LoA**: Facility
- **Lead Discussant**: NARHC, MCRH

Hospice Quality Reporting Program (HQRP)

Hospice Quality Reporting Program (HQRP)

- **Program Type:**
  - *Penalty for failure to timely report*
- **Incentive Structure:**
  - *The Hospice QRP was established under the Affordable Care Act. Beginning in FY 2014, Hospices that fail to submit quality data will be subject to a 2.0 percentage point reduction to their annual payment update.*
- **Program Goal:**
  - *Addressing pain and symptom management for hospice patients and meeting their patient-centered goals, while remaining primarily in the home environment.*
- **Program Information:**
  - *Data sources for the Hospice QRP include the Hospice Item Set (HIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey. HIS + CAHPS = Hospice QRP*

MUC2019-33: Hospice Visits in the Last Days of Life

- **Description**: The proportion of hospice patients who have received visits from a Registered Nurse or Medical Social Worker (non-telephonically) on at least two out of the final three days of the patient's life.
- **LoA**: Hospice provider
- **Lead Discussant**: MCRH, Alliant

Opportunity for NQF Member and Public Comment

Next Steps

Timeline of Upcoming Activities

Release of the MUC List – by November 19

Public Comment Period 1 – November 19-25

Rural Workgroup Web Meetings

- November 20, 21, 22

In-Person Meetings

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

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

Contact Information

- Project page
  - *http://www.qualityforum.org/MAP_Rural_Health_Workgroup.aspx*
- Workgroup SharePoint site
  - *http://share.qualityforum.org/Projects/MAP%20Rural%20Health/SitePages/Home.aspx*
- Email: MAP Rural Health Project Team
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Thank you!